



## GOVERNOR-GENERAL of the COMMONWEALTH OF AUSTRALIA

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### Speech

ADDRESS BY

HER EXCELLENCY THE HONOURABLE QUENTIN BRUCE AC CVO

GOVERNOR-GENERAL OF THE COMMONWEALTH OF AUSTRALIA

ON THE OCCASION OF

OPENING THE AUSTRALIAN ASSOCIATION OF GERONTOLOGY 42ND ANNUAL CONFERENCE

NATIONAL CONVENTION CENTRE, CANBERRA

25 NOVEMBER 2009

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Ladies and gentlemen, thank you for your warm welcome to me. May I in turn make you sincerely welcome to our capital.

I want you to know how delighted I am to join you at the outset of this important conference – this crossing of paths in one of our most central and significant issues.

I feel privileged to be in your company today: to open a conversation about ageing with researchers in gerontology and geriatrics, practitioners and allied health professionals; with policy makers and social planners, consumers and providers of aged care, as well as those with an intimate and personal experience of ageing.

It's a phenomenon that affects us all: individually and collectively; socially, medically, economically, politically, and culturally.

It's a fact of human life that we all take account of.

As I get older, I think more and more about what it means: the challenges it brings, as well as a new stature and view; becoming an elder, a grandmother; enjoying the poignancy of memories, friendships, keepsakes, and wisdom, collected over a lifetime.

In my present role, our elderly and ageing are often in my thoughts and works.

I encounter them every week, wherever I go: in hospitals and care facilities; in communities and neighbourhoods, many of them leading full and vigorous lives; many living with the debilitating or immobilising effects of age.

To me, they are the reality and expression of what we know, statistically, to be our ageing population. We hear this phrase frequently, but I wonder if we really comprehend its import?

We hear the numerical predictions – that by 2047, one quarter of Australia's population will be 65 or over; that our healthcare expenditure will double in that time.

But do we compute that in our imaginings of what our future will look like? How our communities and cities will function? How our healthcare system will accommodate this shift?

As I ponder these questions, I am reassured by your presence and expertise, your attention from multi-disciplinary perspectives.

Not only the physical aspects of ageing – how it affects our bodies and brains, but the social and psycho-social aspects – how we encounter it, how we ensure independence, mobility, connectedness and enrichment for people as they age.

I am reassured, and, I must say, fascinated by the extent and breadth of your disciplines.

The way gerontology has moved rapidly from a pioneering endeavour to an indispensable body of knowledge, stewarded by remarkable professionals, scientists and practitioners.

I had an opportunity recently to learn more about what you do, and about what you are learning.

In August, I met with Dr Sally Redman, one of our finest epidemiologists, and Chief Executive Officer of the Sax Institute.

I listened carefully as Dr Redman shared with me her insights on this demographic change.

She described the situation as 'urgent!' but suggested that we are making significant progress in understanding the complex interactions between biological ageing, physical wellbeing, and social environment.

Australia, she told me, 'has some wonderful health research resources to help us understand the needs of people as they age and how best to meet them.'

One of them, run by her Institute, is the '45 and Up Study.' This is the largest long-term study of health in the southern hemisphere.

There are 260,000 participants, 10% of whom are now 80 or over; there are more than 120 collaborating researchers.

The findings of this study will be invaluable in shaping health policy and services.

Dr Redman gave me the key issues that have already emerged from the Study.

Health and wellbeing are the obvious ones – with corollary emphases on nutrition, exercise, activity and engagement; staying socially and mentally engaged is a vital preventive measure.

Mental health is a serious issue for ageing people – not only for the 20% of people over 80 affected by dementia, but for those in their 80s more likely to experience depression and anxiety than they were in their 50s and 60s.

Of course aged care and housing are perennial concerns. There is evidence that safe homes and neighbourhoods are part of preventing injury, staying active, and staying connected.

A recent report from the World Health Organisation described the characteristics of 'age-friendly' cities: They have safe and accessible buildings and outdoor space; affordable and accessible public transport; housing that fits into the social and environmental structure of the city – with ready access to doctors and health services, to shops and libraries, to all the elements of a rich and active community life.

The Study also recognises the importance of home and community-based care, while noting that many older people are themselves carers.

In this age bracket, women are three times as likely as men to be carers. Indeed they are the majority of our ageing population.

Their special needs and circumstances are the subject of another longitudinal study, Women's Health Australia – which I'm sure Professor Eyles, as its Co-Director, will tell you more about.

I have had a keen interest in women and ageing ever since my involvement in one of the first national surveys of older women.

In the early 80s I was convening the National Women's Advisory Council. We surveyed 1154 women over 60, and appointed Dr Alice Tey – then a Visiting Fellow in the Ageing and the Family Project at the ANU – to prepare a full report for submission. We tabled the report in 1984, and held a conference on the subject in Brisbane.

I remember it vividly – we packed out the town hall, and Hazel Hawke gave the keynote address. The audience hung on her every word.

Twenty-five years ago, there was little consultation and scant understanding of age as a 'gendered' phenomenon. What emerged from our survey was a set of needs rarely spoken about in public, and a common experience for which there was no professional, medical, or social vocabulary.

I recall being deeply moved by the words and voices of the women who wrote to us. They talked of how hard it was to cope with physical degeneration, about social isolation, about difficulty in making ends meet.

Their stories and letters have stayed with me, fuelling what has become for me a very personal interest, something I want to encourage all Australians to think carefully and truthfully about.

When I visit inland and remote towns, I often stop by at the aged care centre. Some of those tiny places do it so well.

There might be a kindergarten, a school, and a nursing home all within streets of one another, and all connected and involved with the wider community.

The kids see their grandparents and great aunts and uncles on their way home from school. They share afternoon tea, sing to them, read books on their beds, and push their chairs in the gardens.

This is a lovely picture of what an age-friendly society might look like. In these communities, ageing is seen as a natural part of life.

My friends, as I enjoy this picture, I have no doubt of the challenges it presents: to our structures and infrastructures, to the pattern and velocity of modern life.

Yet our solutions will lie in precisely the kinds of collaborations this conference fosters: looking at ageing from many perspectives, working together on its different facets, nurturing a robust and intrepid national conversation about how, together, we will face it.

I am convinced that how we care for our growing elderly population, whatever extra burdens they might bear in their later years, is a manifest sign of the health, well-being, and humanity of our entire nation.

I am glad to entrust that signature to your capable minds and hands.

It's now my great pleasure to open the 42nd national conference of the Australian Association of Gerontology.



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