



BRIEFING

to the Minister of Health

Hon Tony Ryall

from

Age Concern New Zealand
He Manaakitanga Kaumatua Aotearoa

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Age Concern is committed to serving the needs of older people, koroua and kuia. Through a national office and a nationwide federation of 34 members, branches and associates, we provide services, information and advocacy to older people in response to local needs. We are active and vocal on issues affecting older people, taking every opportunity to work towards our vision of an inclusive society where older people are respected, valued, supported and empowered.

The aim of this Briefing paper is threefold:

to alert you to key issues for older New Zealanders and for our organisation

to explain what Age Concern is doing to make a difference

to encourage you to support us in our work for older people.

THE BIG FOUR: ATTITUDES, CHRONIC LONELINESS, INCOME AND HEALTH

Responding to what older people are telling us, Age Concern New Zealand is currently active on **four main policy fronts**.

We are working to change **attitudes** to older people, so as to end elder abuse and neglect (see section 1 below). We are working to combat **chronic loneliness**, thereby improving the health and wellbeing of vulnerable older people (section 2). We are working to ensure that older people have an adequate **income** (section 3) and that they receive the **health care** they need (section 4).

While the last of these areas obviously falls within the Health portfolio, it should be noted that ageist attitudes, chronic loneliness and inadequate income all have health implications. This briefing outlines the ways in which the Minister of Health can make a difference in all four areas.

1.0 Attitudes - elder abuse and neglect must end

1.1 The issues as we see them

Age Concern Elder Abuse and Neglect Prevention Services are, on average, dealing with **two cases of verified elder abuse every working day**. But we know this is just the tip of the iceberg. International prevalence estimates suggest that up to 50,000 older New Zealanders may be being subjected to abuse or neglect.

At present, only **25 services** exist to meet this potential need. 24 of these are part-funded by MSD. While the funding of elder abuse and neglect prevention (EANP) services falls under the Social Development portfolio, the Health of Older People Strategy commits the Ministry of Health to working with the EANP services to “protect vulnerable older people from abuse.”

The **health implications of abuse and neglect** must not be underestimated. Abuse and neglect can have wide-ranging and long-term detrimental effects on an older person’s quality of life and their physical and mental health. In fact, Age Concern figures show that in over half of cases, elder abuse will have a significant effect on the older person’s general health. As a result, older people who have been subjected to abuse or neglect are more likely to be admitted to residential care.

In addition to these reductions in quality of life, elder abuse can also **shorten an individual’s life expectancy**: one large longitudinal study reported that those experiencing elder abuse were over three times more likely to die within three years of the abuse taking place.

Elder abuse results in increased spending on health services, reduced participation of older people in communities and increased poverty amongst older people. It is imperative, therefore, that we **strengthen our collective response** to elder abuse and neglect.

Support to existing elder abuse and neglect prevention services must be increased. In addition, the number of elder abuse and neglect services must be increased to cover geographical gaps in the following areas: Far North; Rodney; Thames-Coromandel; Bay of Plenty; Rotorua; Marlborough; Ashburton and Greymouth-Hokitika.

Elder abuse in residential care

Older people living in **residential care facilities** are vulnerable to abuse and neglect. Many have nobody to protect their interests. Even when this is not the case, family and friends are often reluctant to speak out about abuse or

neglect, for fear of the consequences for their loved one. For this reason many events go unreported, yet anecdotal evidence abounds to indicate that the rate of elder abuse and neglect in residential care is much higher than the number of cases confirmed by EANP services. When the profit motive overrides the needs of residents, the climate is right for elder abuse and neglect. When practices are dictated by what is expedient for staff and management rather than what is best for residents, elder abuse and neglect is likely to result.

There is no excuse for elder abuse and neglect in any context, particularly not in the very places that exist to care for us in our final and most vulnerable years. Age Concern New Zealand wants residential care facilities to commit to a **'zero tolerance'** approach to elder abuse and neglect. Education and awareness-raising programmes for staff and management alike are integral to adopting such an approach. These should not, as is currently the case, merely be optional. We would like to see training in the recognition and prevention of elder abuse and neglect made mandatory for *all* residential care staff and managers.

Negative attitudes

Attitudes and behaviours go hand in hand. Changing ageist attitudes will help to improve the quality of residential care, just as it will help prevent all forms of elder abuse and neglect.

Putting an end to ageism will also improve the overall health of older people, for negative attitudes take their toll on body and mind: recent research shows that negative stereotypes and 'internalised' ageism can undermine an older person's memory, balance and ability to recover from illness. Ending ageism will, therefore, in the long term, result in savings to the health system.

1.2 What is Age Concern doing?

Providing elder abuse and neglect prevention services

Age Concern has been active in preventing elder abuse and neglect in New Zealand for 20 years and is currently the largest provider of elder abuse and neglect prevention services in the country. Of the 25 elder abuse and neglect prevention services operating in New Zealand, 19 are run by Age Concerns, with Age Concern New Zealand providing support and coordination to all 25 services.

The Services provide free and confidential support, advocacy and information to people facing elder abuse. Age Concern Elder Abuse and Neglect Prevention Services receive, on average, two cases of verified elder abuse every working day.

The services offer education and training programmes for people working with and caring for older people. We regard education and training as integral to the detection and prevention of elder abuse. If resources were available, we would extend our education programmes to all retirement villages and residential care facilities in the country.

The awareness-raising activities provided by the services aim to promote early identification and prevention of elder abuse and neglect. The services use World Elder Abuse Awareness Day, 15 June, as an opportunity to provide a range of events and activities to raise awareness in the community. Last year, Age Concern New Zealand and local Age Concerns marked this day with a powerful campaign about the importance of respect – “respect not neglect, respect not threats”. We believe that **respect is the key** to ending elder abuse and neglect.

Age Concern New Zealand is also taking the lead in long-term planning to prevent elder abuse and neglect. We are working in partnership with the Older People’s Policy Team at the Ministry of Social Development to develop priorities for action on elder abuse and neglect prevention. In December 2008, a joint paper was presented to the Taskforce for Action on Violence within Families recommending priority areas for action, among others improving the health sector’s response to elder abuse and neglect.

Monitoring the quality of residential care

Currently elder abuse and neglect prevention services run **education and training programmes** for staff and managers of residential care facilities and retirement villages when invited to do so. We are calling for training in the recognition and prevention of elder abuse and neglect to be made mandatory for *all* staff and managers of residential care facilities and retirement villages.

Age Concern New Zealand has been calling for DHB audits of residential care facilities to be made public. When this happens, we plan to provide links to the audit report summaries from our website. More importantly, we wish to provide guidance to older people and their families on how to interpret the reports.

Changing ageist attitudes - the Age Concern New Zealand Patron's Award

In July 2007, Age Concern New Zealand released a training and awareness-raising DVD entitled ***It's All About Respect***. The message in that title has since become our mantra. As part of our drive to encourage respect and positive attitudes, we have launched the Age Concern New Zealand Patron's Award.

The Award is aimed at encouraging New Zealand journalists, media, public relations companies and advertising agencies to use their skills to change attitudes to older people for the better. They will have until July 2009 to enter work which fosters positive attitudes to older people, and the winner will be announced on 1 October 2009 as part of our annual celebration of the International Day of Older Persons.

1.3 What actions can the Minister of Health take?

- recognise the fact that ageist attitudes and elder abuse and neglect have health implications
- commit to 'zero tolerance' of elder abuse and neglect
- make audits of aged residential care facilities public sooner rather than later
- institute mandatory elder abuse and neglect prevention training for all residential care staff and managers
- accept nothing less than the highest standard of care in residential care facilities
- fund and support DHBs to implement the Family Violence Intervention Guidelines: Elder Abuse and Neglect
- support the work being carried out by Age Concern New Zealand and MSD to prevent elder abuse and neglect
- encourage your colleague the Minister for Social Development to fund the development of Elder Abuse and Neglect Prevention Services in Far North; Rodney; Thames-Coromandel; Bay of Plenty; Rotorua; Marlborough; Ashburton, Greymouth-Hokitika
- encourage Health agencies to enter the Age Concern New Zealand Patron's Award to change attitudes to older people.

2.0 Chronic loneliness is a health matter

2.1 The issues as we see them

Chronic loneliness and social isolation, like ageist attitudes, have serious health consequences. Research shows links between chronic loneliness and cardiovascular disease, Alzheimer's disease, depression, overall physical and mental health and the ability to remain independent and age in the community. The *Positive Ageing Indicators 2007* showed that 15% of people over 65 experienced loneliness and social isolation in 2006. This means that 76,000 older New Zealanders are potentially at risk.

Taking action to combat chronic loneliness will support this group of people to age in good health. It will increase their ability to remain independent and for many it will delay the move into residential care – the ASPIRE study of 2006 showed that an older person who is socially isolated or depressed is almost **twice** as likely to enter residential care.

Here again, benefits to the individual translate into government savings. A delay of a year for a small number of people (21) represents a saving of around \$850,000 to Government (approx \$769 in Residential Care Subsidy per person per week). Services such as the Age Concern Accredited Visiting Service are currently generating significant savings, but much more could be achieved. Put another way, the contribution Government is making to rest homes could be \$40,000 per person per year (excludes pension and other income abatements). The contribution Government is making to Age Concern's service is around \$500 per person per year.

2.2 What is Age Concern doing?

The **Age Concern Accredited Visiting Service** (AVS) was established in 1989 and is currently provided by 18 Age Concerns.

AVS links chronically lonely older people with accredited volunteers who visit on a regular basis. Visitors provide older people with increased social support, social connectedness and social interaction and are also trained to notice and report developing problems. The service has a restorative focus aimed at increasing the client's social independence and integration. In this way, AVS helps to mitigate the adverse health consequences of chronic loneliness and social isolation and can in some cases help to delay a move into residential care.

AVS was originally funded directly through Vote: Health, but in 2001 funding was devolved to the DHBs, and the national contract is now managed by

Capital and Coast DHB. Not all DHBs were receiving the service at the time of devolution and due to a lack of funding for expansion, these gaps in coverage remain. AVS is currently able to reach between 1600 and 1700 clients at any one time. There is obviously scope for delivering the service to much greater numbers of chronically lonely and very isolated older people, but funding remains a constraint. Around two-thirds of costs are currently being covered by volunteers and the Age Concerns. Increased travel expenses, mostly borne by our trained volunteers, are making it difficult to continue to recruit people willing to give their time.

The Age Concern Accredited Visiting Service has the potential to meet the needs of the growing number of older people at risk of chronic loneliness and social isolation. In order to realise this potential, we have approached Capital and Coast DHB and the Ministry of Health for funding to increase the geographical coverage of the service, and meet the travel costs of volunteers.

2.3 What actions can the Minister of Health take?

- recognise that chronic loneliness has health implications
- acknowledge that older people prefer to age at home rather than in rest homes and programmes, such as the Age Concern Accredited Visitors Service, help keep older people living at home.
- note that by keeping **one** person at home rather than in a rest home, savings of \$40,000 can be made; note also that funding for Age Concerns Services is cost effective at around \$500 per person.
- fund the Age Concern Accredited Visiting Service to reach its full potential to prevent the downstream health effects of chronic loneliness and increased cost of care in rest homes. (See attached funding bid)

3.0 Low income is a health risk

3.1 The issues as we see them

Most older people have planned to live on New Zealand Superannuation and a little extra. In recent times that 'little extra' has for many been significantly diminished by failed investments and lower interest rates. This means that many New Zealand seniors are managing on \$12,000 to \$15,500 a year, or \$231 to \$297 per week. The annual April CPI adjustment to NZ Superannuation and the 1 October 2008 tax cuts have not been enough to offset the rising cost of items like food and energy, which are essential to good health.

Food prices increased almost 10% in the year to January 2009 – for some older people that means choosing to buy cheaper, less healthy food instead of fresh fruit and vegetables.

Some older people are having difficulty heating their homes in winter, thus increasing their risk of respiratory illness.

Many older people think twice before they go to the dentist or the eye specialist and, despite the increased hearing aid subsidy, many older people still find the combined cost of aids and fitting prohibitive.

Fresh food, a warm home, the ability to chew, see and hear - these are integral to staying well and enjoying life. Cost-cutting at this basic level is detrimental to health.

3.2 What is Age Concern doing?

We are **raising awareness** of the hardship faced by older people, both with central and local government. As the first port of call for older people, local Age Concerns ensure that seniors are made aware of the benefits that are available and are referred to Work and Income to apply for them.

We are calling for an **increase in New Zealand Superannuation** to the maximum allowed by the Act.

We are calling for the **real value of NZ Superannuation to be maintained** through more regular CPI adjustments – currently the adjustments run up to a year behind.

We regard the lack of subsidised general dental care for older people as a health risk. As a first step, we are calling for a **free annual dental check-up** for people over 65. (See also section 4 below)

We are calling for a **free annual eye examination** for people over 65. (See also section 4 below)

We are asking for **hearing aids to be fully-funded** for people over 65. This could be done by negotiating a favourable price with a hearing aid manufacturer to enable government to fully subsidise one brand of basic, mid-range and high-tech hearing aid. (See also section 4 below)

We are working with the Domestic Energy Users' Network to highlight the **impact of energy poverty** on the health and wellbeing of older people. Homes that are hard to heat cause illness. We are therefore calling for a long-term programme of **home energy retrofits**. This will reduce the amount older people spend on energy and at the same time improve their health.

We are also calling for the **rates rebate** to be increased to \$1000 and the threshold for eligibility to be raised to \$27,000.

3.3 What actions can the Minister of Health take?

- acknowledge the link between low income and poor health
- call for an increase in NZ Superannuation to the maximum level allowed by the Act
- call for more regular CPI adjustments to NZ Superannuation
- institute a free annual dental check-up for people over 65
- fully fund hearing aids to people over 65
- institute a free eye examination for people over 65
- call for a long-term programme of home energy retrofits, with priority given to older people on low incomes
- support rates rebate increase to \$1,000 and threshold for eligibility to \$27,000.

4.0 Health

4.1 The issues as we see them

Teeth, ears, eyes

When teeth, ears and eyes stop working well, quality of life often suffers dramatically. Sadly, cost is a real barrier to receiving timely and appropriate care.

Bad **dental health** can lead to serious health problems, but recent New Zealand research confirms that affordability is forcing older people to make compromises. They put off going to the dentist in order to save money - and risk incurring much greater costs later on.

When making a decision about treatment, older people will often opt to have a tooth extracted, rather than pay for restoration work – the 2006/2007 NZ Health Survey showed that 81% of women and 84% of men in the 65-74 age bracket had had one or more extractions due to decay, abscess, infection or gum disease. For the 75+ bracket the percentages were even higher. While tooth extraction may be the cheapest course of action, it will eventually compromise the individual's ability to chew and digest certain foods, and in the worst cases can result in malnutrition.

More needs to be done to highlight the link between oral health and general health, particularly to staff of residential care facilities. In response to the recent case of a 90-year-old resident whose missing dental plate was found down his throat, New Zealand Dental Association Executive Director David Crum said that rest home staff often failed to appreciate the importance of helping the elderly to look after their teeth on a daily basis, and it was "something that really needs to be addressed. Few rest homes have a facility for those in their care to be seen by a dentist and transport to a dentist is often difficult to arrange."

Despite the importance of good dental health, Government support to adults is limited to subsidies towards emergency dental treatment, and dentures for people on low incomes. There is no subsidised general dental care for older people, unlike in the UK where reduced cost dental care is provided under the National Health Service, with additional reductions for people on low incomes.

Age Concern New Zealand regards the lack of subsidised general dental care for older people as a serious health risk. A free annual dental check-up for people over 65 could help catch problems in time, prevent the need for costly dental work and improve general health and quality of life.

In the long term we believe that **subsidised general dental care for older people must be made a government priority.**

Faced with a recommendation to purchase **hearing aids**, an older person will often settle for the cheapest aid, rather than the one that provides the best hearing. We welcome the recent increase in the hearing aid subsidy, but consider that more needs to be done to make the mid-range and hearing aids affordable. Basic aids do little more than amplify sound and do not function well in group interactions and meetings. A good hearing aid can enable an older person to continue to be active in the community. Conversely, a poor hearing aid or none at all can result in social isolation with all the concomitant negative effects on mental and physical health.

We are asking for **hearing aids to be fully-funded** for people over 65. This could be done by negotiating a favourable price with a hearing aid manufacturer to enable government to fully subsidise one brand of basic, mid-range and hearing aid, thus giving older people access to the kind of aid that best suits their needs.

An inability to afford **eye care** can be equally debilitating, and can result in a person becoming housebound or having to make a premature move into residential care. A **state-funded annual eye examination** for every New Zealander over 65 could go some way to preventing this kind of escalation.

If older people cannot afford to care for their teeth, ears and eyes, the detrimental effects on health and wellbeing can be far-reaching, and often out of proportion to the original problem. In many cases, the technology exists to prevent such an unnecessary reduction in quality of life. Age Concern New Zealand believes that it is inexcusable not to make that technology affordable.

Waiting times for elective surgery

There must be more recognition of the fact that older people are suffering unnecessarily as a result of extended waiting times for surgery for hips, knees and cataracts. While it is difficult to accurately determine the level of demand, anecdotal evidence confirms the Minister's own observation that "New Zealanders need to be sicker to qualify for surgery." Older people are having trouble getting on the public waiting lists for these operations and are often waiting for longer than is acceptable. Many of the older people who are waiting for elective surgery have paid taxes for 40 years or more. They have been instrumental in building up our health system, but are now being denied its benefits.

If forced to wait too long for operations to restore mobility or sight, older people are more likely to experience an irreversible reduction in quality of life

and independence - they might, for example, have a fall, become isolated or be forced to move out of their home prematurely. Such events in turn have considerable costs, both social and fiscal. The social and fiscal/economic costs of NOT treating may be just as high as, or higher than, the cost of treating. These costs should not be disregarded simply because they are more difficult to measure.

We welcome the Minister's commitment to continuing the growth in health spending over the next three years and urge him to earmark some of this money for elective surgery for older people.

Lack of discharge plans

Local Age Concerns are telling us that it is not uncommon for older people to be discharged from hospital and sent home to look after themselves without a plan to provide support or follow-up care. This is **completely unacceptable** and bordering on neglect. Older people should not be discharged from hospital unless community care that meets their needs has been arranged and can commence **immediately**.

Long Term Conditions [LTCs]

Age Concern endorses work being done by the Ministry on the establishment of a Long Term Conditions framework. We are aware that although GP care is a vital component of a well functioning system for those with LTCs, **cost can be a barrier**. Low cost practices exist but so do higher cost practices with variable co-payments over and above the Government subsidy for 65 plus. Shortages of GPs in many areas means that people do not always have the choice of changing to a low cost practice. This may all lead to diagnosis delay and/or no follow-up by their GP resulting in greater personal suffering, greater demand on families and on the health system as well.

This cost barrier could be reduced through the introduction of a scheme whereby people with two or more long term conditions would be subsidized at a higher level and helped further if PHO practices agreed to charge no more than \$10 per visit. This would be comparable to arrangements for 6-18 year-olds now. Under-6s are free and 6-18 year-olds may be charged no more than \$10 per visit.

DHBNZ

As Government is seeking to effect cost savings from all sectors, we ask whether it would not be appropriate and much more cost effective for the Ministry of Health to perform the role and functions of DHBNZ.

Importance of health promotion and prevention

Disease and disability amongst older people must not be accepted as inevitable and irreversible. While increased longevity can result in increased healthcare costs, careful long-term planning, coupled with an emphasis on healthy lifestyles, can help ensure that the health system is able to meet the challenges of demographic change.

Sustained health promotion is one of the keys to improving quality of life and reducing the incidence of the chronic conditions that afflict both young and old. Cutting prevention programmes in order to save health dollars in the short term is a false economy that will result in greater costs in the long term.

Health of Older People Strategy

Age Concern New Zealand supports the Health of Older People Strategy and we believe that DHBs must be encouraged to work harder to achieve its objectives. DHBNZ, in its Briefing to the Minister, admits that Health of Older People “Has been given low and ad hoc attention for some time.” Similarly, the 2008 Hope Foundation evaluation of DHB implementation of the Strategy confirmed that it is difficult to know how far DHBs have come since 2002 and how close they are to integrating the Strategy into their services and plans. More consistent and regular reporting against the milestones would improve both accountability and performance.

We urge the Minister to retain the Strategy, not to water down any of its objectives in the coming review, and to make its implementation a priority.

ACC

ACC statistics indicate that older people are not making full use of the scheme. This may be due to a lack of understanding of the fact that coverage is 24/7 and ‘no fault’. It could equally be the result of not being asked the right questions by ACC contact centres. More needs to be done to ensure that barriers to access to the scheme are identified and removed.

When they do access the scheme, older people are not always offered the social rehabilitation and treatment provided for in the Act. Age Concerns tell us of older people who are not receiving adequate rehabilitation after a personal injury and therefore ending up in residential care. They also report a lack of home-based support, a lack of communication between ACC and providers and inadequate monitoring of providers; removal of care packages with very little warning; older people having difficulty dealing with the paperwork and difficulty getting the information they need from their case manager.

In addition, the sections of the Act which exclude personal injury caused wholly or substantially by a gradual process and by the ageing process are sometimes being interpreted in such a way as to decline treatment to older people who have a legitimate case for cover.

We believe it is unacceptable that older people who have suffered a personal injury should be forced to fight to obtain the care to which they are entitled.

We also consider that older people should be able to receive New Zealand Superannuation in addition to their ACC weekly compensation for lost income. People who continue to receive an income from work after reaching the New Zealand Superannuation qualification age are not asked to choose between that income and New Zealand Superannuation. Why then should a person who is entitled to weekly compensation - *a payment made in lieu of income* - be penalised by having to make that choice?

ACC is a good scheme, an enlightened and revolutionary scheme – but it does not serve older people as well as it serves other groups. Age Concern New Zealand looks forward to working with ACC to effect change for the better.

4.2 What is Age Concern doing?

Teeth, ears, eyes

The Ministry of Health is currently carrying out background research on dental health services for people with poor oral health outcomes, including older people. Age Concern New Zealand will be meeting with the Ministry to discuss this work and put forward some of the issues facing older New Zealanders.

Age Concern New Zealand regards the lack of subsidised general dental care for older people as a serious health risk. We are calling for a **free annual dental check-up** for people over 65 to help catch problems in time, prevent the need for costly dental work and improve general health and quality of life. In the long term we wish to see subsidised general dental care for older people made a government priority.

We are calling for **hearing aids to be fully funded** for people over 65 and are exploring the ways in which this could be achieved.

We are calling for a **free annual eye examination** for people over 65. As with oral care, we see this as a first step to better subsidised care.

We are also taking every opportunity to raise awareness of the fact that if older people cannot afford to care for their teeth, ears and eyes, the effects

on their health can be dramatic and life-changing – out of proportion to the original problem. Likewise, **the costs to the health system can be far greater** than the cost of providing care when it is first needed.

Waiting times for elective surgery

Age Concern New Zealand has for some time been calling for hip replacements, knee replacements and cataract removal to be given higher priority by the public health system. We are also attempting to ascertain the actual demand for these operations.

Health promotion

Our organisation has a strong health promotion and positive ageing focus. We are contracted by the Ministry of Health to deliver health promotion programmes for older people through local Age Concerns. These local programmes include health education, community development, injury prevention and advocacy.

Our work in this area has led us to recognise the need for a preventative health check up for all men at 50 years of age.

Age Concern celebrates International Men's Health week annually to raise awareness of men's health issues. We encourage local Age Concerns to hold men's health promotion activities in their communities.

Health of Older People Strategy

Age Concern was involved in the drafting of the Health of Older People Strategy. We support the Strategy and have continued to call for government to give it a higher priority. In February 2008, we conducted a survey of political parties which revealed that all major parties support the Health of Older People Strategy.

Age Concern New Zealand requests progress reports against the Health of Older People Strategy annually, and we make it our business to remind the Ministry of Health that it remains difficult to assess the progress being made by individual DHBs.

ACC

Age Concern New Zealand has been contracted by ACC to establish and chair the Older People Advisory Group to ACC. The purpose of the Group is to help ACC to identify and remove barriers to access and to ensure that older people are well-served by the scheme.

Age Concern New Zealand will continue to call for older people to have much fairer entitlement to ACC weekly compensation.

4.3 What actions can the Minister of Health take?

- make the dental health of older people a priority – starting with a free annual check-up for people over 65
- fully fund hearing aids to people over 65
- institute a free annual eye examination for people over 65
- ensure that older people who need hip and knee replacements and cataract operations are put on waiting lists and receive the operation
- ensure that older people are *never* discharged from hospital without the support that they need
- introduce a scheme whereby people with two or more long term conditions would be subsidised at a higher level and PHO practices agree to charge no more than \$10 per visit
- review cost effectiveness of DHBNZ with a view to devolving its roles and responsibilities to the Ministry of Health
- ensure health promotion and prevention for older people is available in all parts of New Zealand
- support the introduction of a preventative health check up for all men at 50
- commit to the objectives of the Health of Older People Strategy and call on DHBs to implement them.

