Positive Ageing Strategy
2013 - 2017

FINAL DRAFT for Comment
14th February 2013

“And in the end, it's not the years in your life that count. It's the life in your years.”
Abraham Lincoln
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Please Note:
- The Alpine Positive Ageing Issues Paper (December 2012) contains significant background information to this strategy. It details frameworks, directions and data at the International, national, state, regional and local level. It includes local population and service profiles and the identification of issues and opportunities for Alpine Shire. The Issues Paper is referred to throughout this strategy and should be accessed for more detailed information.
- The Consultation Outcomes Report (January 2013) is summarised in this document and provides important input into the strategy. The full report details the themes arising from the community conversations and community engagement work carried out for the development of the Alpine Health Service Plan 6, Alpine Shire Council’s Liveability Plan and the Alpine Positive Ageing Strategy. The full report should be accessed for the more detailed information.
Executive Summary

Context

Positive ageing refers to enhancing quality of life by providing opportunities for improving and preserving physical and mental health, independence, participation and security.

The Alpine Positive Ageing Strategy (2013-2017) articulates a plan to optimise the quality of life of older people in the Alpine Shire which also has a positive impact on the community as a whole.

Alpine Health and Alpine Shire Council support the active, healthy, productive, positive or successful ageing approach that sees ageing in terms of opportunity and capacity rather than decline and degeneration. The purpose of the Alpine Positive Ageing Strategy is to maximise the quality of life, participation and social recognition of older people living and visiting Alpine Shire.

According to the World Health Organisation the world is rapidly ageing with people living longer, healthier lives. It is predicted that by 2050 there will be “more older people than children (aged 0-14 years) in the population for the first time in human history”. This change is described as being “unprecedented, unparalleled, persistent and profound” in its immensity. It presents both challenges and opportunities in terms of economy and living standards, health and welfare, and the wellbeing and quality of life for all regardless of age or state of health.

The growth in the ageing population is considered primarily to be a result of reduced fertility rates and increased life expectancy. Importantly, people are not just living longer lives, but healthy longer lives in that regardless of how long a person lives, severe ill health and disability is concentrated in the last 2-4 years of life.

This worldwide change is amplified locally in the Alpine Shire where those aged 60 years and over will increase from an already high 29% of the population in 2010 to almost 41% in 2025. [This is an increase from 3,647 people aged 60 years and older in 2010, to 4,802 people aged 60 years or older in 2025.] This compares with national and Victorian increases from approximately 19% to 24% over the same period.

As the Alpine Shire population changes, community services and infrastructure will require change to adapt to the needs of this demographic group. To achieve this, there needs to be an agreed understanding of the key issues and the opportunities that may be present within the Shire. Additionally there needs to be an agreed way forward that involves all the key stakeholders to ensure the best possible outcomes for both older people and the broader communities of Alpine Shire.

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**Positive Ageing Strategy**

This Positive Ageing Strategy has been jointly produced by a partnership between Alpine Shire Council and Alpine Health.

Alpine Shire Council is committed to ensuring that the needs of older adults are considered in the future provision of services and infrastructure. Alpine Health aims to provide and improve integrated and sustainable health services for people in the Alpine Shire. The development of the Positive Ageing Strategy provides direction to both organisations. However, it is acknowledged in this Strategy that, given the breadth of the impact of an ageing population, it is apparent that there is a need for governments, business, non-government organisations and the community to all work together in addressing the current and future needs of the ageing Alpine Community. Therefore the strategy aims to encompass a whole of community approach as it cannot and should not be solely the responsibility of council and health services.

The Strategy refers to older people as being 60 years and over. It is acknowledged that chronological age does not determine quality of life as people age at different rates and for different reasons. Indeed, many prevention strategies would benefit from starting much earlier i.e. 45 years. Also, ageing populations are not all the same as groups have a diverse set of needs, expectations and priorities formed primarily from their life experiences. Factors such as culture, linguistic diversity, gender and sexuality need consideration.

**Vision**

“The Alpine Shire – a place where older people are fully embraced and celebrated, and where together solutions are created to enhance quality of life”

The purpose of the Alpine Positive Ageing Strategy is to maximise the quality of life, participation and social recognition of older people living and visiting Alpine Shire.

**Strategies:**

1. Enable Basic Needs to be Met
2. Optimise Physical and Mental Health and Wellbeing
3. Maximise Independence for Frail and Disabled
4. Promote Community and Social Engagement
5. Build a Supportive Culture for Positive Age
The desired outcomes are:

**Strategy One: Enable Basic Needs to be Met**
- Affordable housing is available to residents of Alpine Shire
- Housing is modified to accommodate mobility and safety
- Neighbourhoods are liveable and safe
- People have sufficient access to affordable, nutritious, culturally appropriate food
- Assistance services are available and residents know how to access them

**Strategy Two: Optimise Physical and Mental Health and Wellbeing**
- Community promotes and provides access to necessary and preventative services
- Opportunities for physical activity are available and used
- Obstacles for accessing necessary medical care are minimised
- Palliative care services are available and promoted

**Strategy Three: Maximise Independence for the Frail and Disabled**
- Transportation is accessible and affordable and meets the need of older people
- The community service system enables people to live comfortably and safely at home
- Health and medical services meet the needs of the frail and disabled

**Strategy Four: Promote Social and Civic Engagement**
- Residents maintain meaningful connections with family neighbours and friends
- Civic, cultural, religious and recreational activities include older adults
- Opportunities for meaningful voluntary work are available
- Community residents help and trust each other
- Appropriate paid work is available to those who want it

**Strategy Five: Build a Supportive Culture for Positive Ageing**
- Contributions of older people are acknowledged and celebrated
- Opportunities for older people to participate in community decision making is strengthened.
- Services within the Alpine Shire are staffed with skilled and knowledgeable advocates who lead by example.

In developing the Plan the guiding principles that have been used by Alpine Health to underpin their Service Plan were tested, and found to be strongly supported. As a result they have also been taken into account in developing the Positive Ageing Strategy:

1. Independence of the individual
2. Individuals are responsible for improving their health and well-being
3. Choice of service delivery
4. Home is better as the place for service delivery than institutions
5. Appropriate local service delivery is better than distant service delivery
6. Responsiveness to the needs of individuals
7. Action and accountability
**Development of the Strategy**

The Alpine Positive Ageing Strategy was developed through research and extensive community and agency consultation.

The Regional Development Company was engaged as independent consultants to develop the strategy through community and service provider consultation and engagement, and extensive research relating to older people ranging from international frameworks and policy to local service provision and activities.

A range of methods were used to consult with the community and service providers across the Alpine Shire for this project including face to face conversations and phone interviews, ‘Have a Say’ sessions and focus groups with place-based or demographic cohorts, as well as service providers and key government agencies.

Key action areas identified include:

- Services need to increase with the growth in demand and must be flexible, in their town and in their home
- There is a need to specifically address housing and transport issues
- Agencies have a role in assisting older people to stay active and connected – physically, socially, and intellectually

The Alpine Positive Ageing Issues Paper was finalised in December 2012. This sixty two page report contains significant background information to this strategy. It details frameworks, policy directions and data at the international, national, state, regional and local level. This document was important for ensuring the Alpine Positive Ageing Strategy is evidence based and appropriately linked with relevant policies and strategies such as the Hume Region Integrated Aged Care Plan, Alpine Health’s Strategic and Corporate Plans and Alpine Shire Council’s 2030 Community Vision, Liveability Plan and Corporate Plan.

The Issues Paper also identified the AdvantAge Initiative – An Elder Friendly Community as a useful framework for preparing the Strategy. This framework builds on the World Health Organisation’s Age Friendly Cities Guide (2007.)

**Implementation of the Strategy**

The Alpine Positive Ageing Strategy has been developed with the fundamental perspective that healthy and resilient individuals and communities exist when they have control of their own lives. Therefore the strategy is embedded with enabling and empowering strategies that support the participation of older persons in solution generation and service planning.

The Alpine Positive Ageing Strategy therefore recommends the establishment of a community based steering group, which connects with existing committees, in order to successfully implement and strengthen the strategy. The group would be representative of the geographical and social diversity that exists within the shire and would comprise of older people, representatives from partner and stakeholder agencies and business as well as Alpine Shire Council and Alpine Health. Specifically, for example, representative from organisations such as Senior Citizens, University of the Third Age and Community and Health Advisory Groups will be sought.
Introduction

It is predicted that those aged 60 years and over in the Alpine Shire will increase from an already high 29% of the population in 2010 to almost 41% in 2025. The Alpine Shire is not alone in facing an ageing population, as people are living longer healthier lives worldwide in addition to a reduction in fertility and birth rate. However, the predicted increase in the proportion of older people in Alpine Shire is well above the Victorian state increase of 19% in 2010, to 24% in 2025. This presents some challenges and opportunities for Alpine Shire.

As the Alpine Shire population changes, community services and infrastructure will need to change to adapt to the needs of this demographic group. To achieve this, there needs to be an agreed understanding of the key issues and the opportunities that may be present within the Shire. Additionally there needs to be an agreed way forward that involves all the key stakeholders to ensure the best possible outcomes for both older people and the broader communities of Alpine Shire.

Alpine Shire Council and Alpine Health play a significant role in planning, in service and facility provision, and in providing advocacy and support to both older people and the broader community.

Specifically Alpine Shire Council is responsible for:

- Environmental services such as natural resource management
- Health services such as public health and food regulations
- Emergency management services such as response and recovery
- Transport and infrastructure services such as roads, footpaths and cycle paths
- Planning and building services such as land use planning, economic development and environmental conservation
- Social and community services such as disability support, early childhood services and public libraries

Alpine Health is responsible for providing a full range of health, aged care and community support services including health promotion and prevention, early intervention and treatment services. Alpine Health also manages relationships for service delivery and provision. These organisational relationships are both within and out of the Shire.

Both Alpine Shire Council and Alpine Health have a range of functions that directly and indirectly impact on the well-being of older adults. Therefore, an integrated approach to planning is not only appropriate but essential to ensure the most effective and efficient use of resources and to maximise the potential outcomes for Alpine Shire.

The two organisations currently jointly operate the Alpine@Home program which aims to provide seamless delivery of the community care services within the shire by operating under one combined management structure. This includes Home and Community Care (HACC), District Nursing Service, Packaged Care (Community Aged Care Packages and Flexible High Care Places) and the Alpine@Home Activity Group. The two organisations have extended their existing partnership to produce the Alpine Positive Ageing Strategy. This integrated approach to the development and implementation of the strategy is listed as a priority in the Alpine Liveability Plan 2009.
Alpine Health and Alpine Shire Council support the active, healthy, productive, positive or successful ageing approach that sees ageing in terms of opportunity and capacity rather than decline and degeneration. Therefore the purpose of the Alpine Positive Ageing Strategy is to maximise the quality of life, participation and social recognition of older people living and visiting Alpine Shire.

This includes:

- Forming a common base of research, analysis and issue identification and develop priorities for action specifically including liveability, services and workforce, planning and infrastructure.
- Articulating a vision and goals for positive ageing based upon sound planning, detailed research and rigorous consultation that:
  - meets the challenges of increasing service demand and how to best use existing and available resources
  - responds to issues raised by members of the Alpine community
  - continues to support ageing in place and independent living
  - is integrated, seamless, and innovative, and
  - demonstrates leadership by Alpine Health and Alpine Shire Council in the area of positive ageing

The development of the Alpine Positive Ageing Strategy is based on research and consultation.

There are two supporting documents developed for this Strategy:

- **Alpine Positive Ageing Issues Paper (December 2012):** The full Paper details frameworks, directions and data at the international, national, state, regional and local level. It includes local population and service profiles and the identification of issues and opportunities for Alpine Shire. The Issues Paper is referred to throughout this strategy and should be accessed for more detailed information.

- **Alpine Positive Ageing Consultation Outcomes Report (January 2013):** The full report details the themes arising from the community conversations and community engagement work carried out for the development of the Alpine Health Service Plan 6, Alpine Shire Council Council’s Liveability Plan and the Alpine Positive Ageing Strategy. The full report should be accessed for the more detailed information.

The planning framework that has been chosen for the Alpine Positive Ageing Strategy is the **AdvantAge Initiative – An Elder Friendly Community.** This framework builds on the World Health Organisation’s **“Age Friendly Cities Guide (2007)”**.

The governance, implementation and evaluation are outlined in this strategy and highlight the importance of an integrated, inclusive and transparent process throughout.

This strategy has been written to complement and integrate with such plans as the Hume Region Integrated Aged Care Plan, Alpine Health’s Strategic and Corporate Plans and Alpine Shire Council Council’s 2030 Community Vision, Liveability Plan and Corporate Plan.
The strategy aims to encompass a whole of community approach as it cannot and should not be solely the responsibility of council and health services. It recognises that all people have a right to age well as valued citizens within their communities and not be seen as burden on society. It also recognises that ageing should be seen as broad phases such as entering old age, active old age, frailty and dependency in old age. These phases are not age specific and that ageing is a diverse experience as older persons are individuals with varied needs, experiences, interests, skills, circumstances and choices.

Additionally the strategy recognises the importance of addressing health inequity through community empowerment and enablement and by taking a systems approach. Alpine Health and Alpine Shire Council understand that relative disadvantage affects the whole community, not just individuals, and without bold action to change the current service system the impact of an ageing population that is faced with systemic inequity will result in a decline in quality of life and longevity.

In this spirit, the strategy recommends the establishment of a community based advisory group in order to successfully implement and strengthen the strategy. The group would be comprised of older people, representatives from stakeholder agencies and business in addition to Alpine Shire Council and Alpine Health.

Additionally, the strategy recommends workforce development actions to support and enable the proposed service changes. It is important that this workforce reform works hand in hand with the service reform to ensure the successful integration of services and community, planning and producing together.

Whilst the background documentation explores frameworks and population changes over the next ten years and beyond, the strategy focuses on the immediate five years ahead.
What is Positive Ageing?

A number of different terms are used when referring to positive ageing e.g. healthy ageing, active ageing and positive ageing. However the concept is consistent and refers to enhancing quality of life by providing opportunities for improving and preserving physical and mental health, independence, participation and security.

“Healthy ageing is not just about health; health is a resource for quality of life and participation in society.”

“Healthy ageing will benefit both individuals and Australian society. Individuals can expect an additional two to three decades of life beyond the current retirement age with more years in good health. Healthy ageing should bring the choice of spending longer in paid work, more opportunities for contributing to the community and engaging with their families and more years of independence in their own homes.”

The majority of the international and national documents reviewed referred to older people being those over 60 years. However some strategies for positive ageing commenced at 45 years given the importance and impact of prevention strategies for chronic disease and overall health and wellbeing.

The WHO Active Ageing Policy Framework emphasised that chronological age does not determine quality of life and states:

“It is important to acknowledge that chronological age is not a precise marker for the changes that accompany ageing. There are dramatic variations in health status, participation and levels of independence among older people for the same age. Decision-makers need to take this into account when designing policy and programs for their ‘older’ populations. Enacting broad social policies based on chronological age alone can be discriminatory and counterproductive to well-being in older age.”

This is particularly important in the Australian context where the average life expectancy for the Indigenous population is ten years below that of the non–Indigenous population.

It is important to also consider that ageing populations are not homogenous. That is, different population groups have a diverse set of needs, expectations and priorities formed primarily from their life experiences. Issues of cultural and linguistic diversity, gender, experience, and sexuality must be considered.

The absence of positive ageing would affect the whole community. It could be measured by such things as a reduction in volunteerism and the potential demise of the community events and services they operate; a negative economic impact with businesses closing due to inability to recruit staff; a culture of disrespect with mentoring opportunities lost; and a model of service dependency where services cannot meet demand with significant waiting lists. Ultimately, the potential outcome is a reversal in the trend of living longer as the gains that have been made in chronic disease prevention and management fall away.

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3 Promoting Healthy Ageing in Australia (2012) Prime Minister’s Science, Engineering and Innovation Council
Why Develop a Positive Ageing Strategy

According to the World Health Organisation the world is rapidly ageing with people living longer, healthier lives. It is described as being “unprecedented, unparalleled, persistent and profound” in its immense challenges to the structure of society. Primarily this is a result of reduced fertility rates and increased life expectancy.

“The number of people aged 60 and over as a proportion of the global population will double from 11% in 2006 to 22% by 2050. By then, there will be more older people than children (aged 0–14 years) in the population for the first time in human history.”

This worldwide change is amplified locally in the Alpine Shire where those aged 60 years and over will increase from an already high 29% (n=3,647) in 2010 to almost 41% (n=4,802) in 2025. This compares with national and Victorian increases from approximately 19% to 24% over the same period.

This increase in the number and proportion of older adults within the population results both from increased life expectancy and from the large numbers of baby boomers (those born between 1946-1961) reaching their sixties and older.

The current life expectancy for females in Alpine (84.4 years) is similar to Victoria (84.4 years) whilst male life expectancy in Alpine (78.5 years) is less than Victoria (80.3 years).

Evidence from the OECD countries show that as life expectancy increases, people are not simply living longer in ill health, but rather people actually have more healthy years.

“Severe ill health and disability tends to be concentrated in the last 2-4 years of life, regardless of how long a person lives.”

The ageing population presents both challenges and opportunities for Australian society in terms of economy and living standards, health and welfare, and the wellbeing and quality of life for all regardless of age or state of health. This challenge can be viewed in two ways:

1. “it can be considered as something unchangeable, a demographic time bomb which will place a great burden on health and welfare services and younger taxpayers.”
2. “an alternative view is the active, healthy, productive, positive or successful ageing approach that sees ageing in terms of opportunity and capacity rather than decline and degeneration.”

This second approach recognises there are actions which can support or impede positive ageing outcomes.

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8 Vic Dept of Health (2012) Population Health Profile - Alpine
10 Prime Minister’s Science, Engineering and Innovation Council (2012) Promoting Healthy Ageing in Australia
11 Prime Minister’s Science, Engineering and Innovation Council (2012) Promoting Healthy Ageing in Australia
12 Prime Minister’s Science, Engineering and Innovation Council (2012) Promoting Healthy Ageing in Australia
Positive Ageing is multifaceted and therefore is not and cannot be the responsibility of one OR two agencies. The breadth of the frameworks and policies outlined in the Issues Paper and summarised here in the Strategy clearly highlight the need for governments, business, non-government organisations and the community to all work together is addressing the current and future needs of the ageing Alpine Community.

This requires the development of a comprehensive and inclusive strategy which honours community engagement and empowerment.
Development of the Strategy

Alpine Shire Council and Alpine Health have joined forces to develop and drive the Alpine Positive Ageing Strategy. Together they engaged The Regional Development Company through an open tender process to coordinate the project.

The following steps were used in the production of the Strategy:

**Inception and planning**

A Project Reference Group was established with representatives from both partners to assist guide the project. This consisted of:

- Alison Banks, Manager Community, Alpine Shire Council
- Trevor Britton, Director Corporate and Community, Alpine Shire Council
- Mark Ashcroft, Business Development Manager, Alpine Health
- The Regional Development Company Consultant Team

An initial meeting was used to confirm the planning approach, identify key stakeholders to consult, and to agree on timelines and communication processes. Expectations of the Project Reference Group were identified and communication protocols were also established.

A project plan was then developed which documented the agreements, key dates, milestones and consultation plans.

The Project Reference Group was then used to provide feedback on the draft Issues Paper and draft Strategy.
Information Gathering

The Information Gathering stage aimed to provide an understanding of the opportunities and challenges that face older people in the Alpine Shire – now and into the future. This understanding was critical and formed the basis of the Positive Ageing Strategy.

This was achieved through an extensive literature research and analysis, document review, consultation with the community, stakeholder consultation and key staff interviews.

The Alpine Positive Ageing Issues Paper was finalised in December 2012. This comprehensive report contains significant background information to this strategy. It details frameworks, policy directions and data at the international, national, state, regional and local level. The Issues Paper is referred to throughout this strategy and should be accessed for more detailed information.

A Sense Making Workshop was held following the release of the Draft Issues Paper in November 2012 with key stakeholders from Alpine Health and Alpine Shire Council. This provided the opportunity to provide feedback on the draft, discuss the issues raised and consider ideas for the development for preparing the Positive Ageing Strategy.

A range of methods were used to consult with the community and service providers across the Alpine Shire for this project including face to face conversations and phone interviews, ‘Have a Say’ sessions and focus groups with place-based or demographic cohorts.

During the December/January consultation period twenty-three residents and fourteen service providers within Myrtleford, Bright and Mt Beauty were consulted specifically for the Positive Ageing Strategy. In addition another one hundred and seventy-six people were engaged through ‘Have A Say’ sessions, focus groups and interviews as part of the community consultations undertaken for the Alpine Health’s Service Plan 6 and Alpine Shire Council Council’s Liveability Strategy.

Specifically, the consultations involved:

- service provider/agency representatives meeting
- community focus groups across the Shire
- face-to-face or phone interviews
- 176 people were engaged during the process of developing the outputs for Service Plan 6 and the Liveability Strategy, most contributing comments relate to positive ageing in the Alpine Shire

Initial consultations focussed on broad questions around the theme of health, liveability and wellbeing in the Alpine Shire. Many responses focused on the needs and expectations of people as they are ageing: this is seen as an important area to be addressed.

A final round of consultations (interviews and focus groups) focused specifically on ‘What matters to people as they age?’ with discussion and input as to how this impacts planning and service provision in the future.

A Consultation Outcomes Report was produced in January 2013.
Development of the Strategy

The draft strategy was developed using the information gathered in the Issues Paper and the Consultation Outcomes Report. The draft was then distributed to the Project Reference Group and a meeting held to seek initial feedback.

Modifications were made to the draft and it was presented to Alpine Health and Alpine Shire Council Directors and Alpine Shire Council Counsellors in February 2013.

Following approval from Alpine Shire Council and Alpine Health the strategy was made available for public exhibition and feedback.

Finalisation of the Positive Ageing Strategy

Feedback from the public exhibition was considered and incorporated into the draft Positive Ageing Strategy during March 2013 and the document was finalised and published.
Summary of the Policy and Social Context

Responding to the needs and opportunities an ageing population presents is a world wide issue and as such a number of frameworks and policies have been produced both internationally and at all levels of government in Australia. The following is a snapshot of those summarised in the Alpine Positive Ageing Issues Paper (December 2012) which have been considered.

**International**

- Principles for Older Persons, United National General Assembly (1991)\(^{13}\)
- Five Ways To Wellbeing, New Economics Foundation UK (2008)\(^{15}\)
- The AdvantAge Initiative – Elder Friendly Community, USA (2012)\(^{16}\)
- Ageing Well, Harvard University, USA (2001)\(^{17}\)
- NSW Whole of Government Ageing Strategy (2011) international study summary\(^{18}\)

The United Nations General Assembly adopted eighteen Principles for Older Persons in 1991. These are grouped in the following five key themes; Independence, Participation, Care, Self – Fulfilment, and Dignity.

The World Health Organisation produced the Age Friendly Cities Guide in 2007. According to the WHO, an age-friendly community has policies, services, settings and structures in place that support and enable people to age actively by:

1. Recognizing the wide range of capacities and resources among older people;
2. Anticipating and responding flexibly to ageing-related needs and preferences;
3. Respecting their decisions and lifestyle choices;
4. Protecting those who are most vulnerable; and
5. Promoting their inclusion in and contribution to all areas of community life.

Research in the United Kingdom to improve personal wellbeing now and into the future resulted in the development of the “Five Ways to Wellbeing”. These are:

2. Be Active – find a physical activity that you enjoy and participate regularly
3. Take Notice – be aware of the world around you and what you are feeling
4. Keep Learning – learning is fun, engaging, and confidence building
5. Give – seeing yourself, and your happiness, linked to the wider community can be rewarding and creates connections with the people around you.

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\(^{13}\) United Nations (1991) Principles for Older Persons
\(^{14}\) WHO (2007) Global Age Friendly Cities Guide
\(^{16}\) Centre for Home Care Policy and Research, Visiting Nurse Service of New York (2012) The Advantage Initiative
The Advantage Initiative has a framework for an ‘elder friendly community’, which has four key themes. These themes and areas within each are:

- Addresses basic needs – housing, safety, food, information
- Optimises physical and mental health and wellbeing – mental health awareness and services, opportunities for appropriate exercise, access to medical care and palliative care
- Maximised independence for the frail and disabled – transport, community services, at home care, support for carers
- Promotes social and civic engagement – connection with family and friends, recreational activities, volunteer opportunities, appropriate paid work available.

According to a review conducted for the preparation of the NSW Whole of Government Ageing Strategy (2011), the results from both surveys and focus groups involving older adults from Australia, the US, the UK and Hong Kong suggest a consistent set of attributes were perceived as important for successful ageing. These included:

- Good physical and cognitive health
- Social participation
- Social and family networks and support
- Independence
- Adaptability
- Financial security
- Personal safety

**National**

- An Older Australia, Challenges and Opportunities for All, Australian Government (2001)
- A Positive Ageing Agenda – Advisory Panel Report, DOHA (Dec 2011) 19
- Promoting Healthy Ageing in Australia, Prime Minister’s Science, Engineering and Innovation Council (Feb 2012) 20
- Healthy Ageing Quiz, National Ageing Research Institute & National Seniors Productive Ageing Centre (2010) 22

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20 Promoting Healthy Ageing in Australia (2012) Prime Minister’s Science, Engineering and Innovation Council
22 National Seniors Productive Ageing Centre (2010) Healthy Ageing Quiz: Practical tips for ageing well
The Australian Government is contributing significant funding and resources to optimise the inevitable ageing population and manage the potential risk to prosperity. The National Strategy launched in 2001 was modelled on the work of the United Nations and World Health Organisation and set a comprehensive framework for action and provided a strong platform for the more recent reports and Aged Care Reform Package that follow.

The Australian Government's Advisory Panels' Report, “A Positive Ageing Agenda”, has six themes; age discrimination, housing, participation, lifelong learning, active ageing, and volunteering and philanthropy. Work commenced on the Agenda includes the establishment of a Cabinet Minister responsible for Housing and Homelessness, the Liveable Housing Design initiative and a full time Age Discrimination Commissioner.

Prime Minister's Science, Engineering and Innovation Council produced a report titled 'Promoting Healthy Ageing in Australia' in February 2012. The report emphasises that health is a resource for quality of life and participation in society which benefits both the individual and society. Seven important messages are highlighted in the report:

1. Ageing is an opportunity
2. There are adverse trends in risk factors for chronic disease
3. A whole of life approach to healthy ageing – never too late, never too early
4. Small improvements in disease risk across the whole population have major benefits
5. Making healthy choices easy choices
6. A multi-disciplinary collaborative approach is needed
7. There is a major research agenda to promote healthy ageing

Recommendations are for a national physical activity strategy (45 years +), a multi-disciplinary approach to nutrition, explore the determinants of labour force participation and community and family contributions by older people, assist maintain independence through innovative planning, design, technology and building, and to establish a network for healthy ageing research.

The Australian Government's Aged Care Reform Package, ‘Living Longer Living Better’, was published in April 2012 and is a $3.7 billion 10 year plan to build a system that “provides older Australians with more choices, more control and easier access to a full range of services, where they want it and when they need it”.

The reforms will more than double the number of home care packages available over the next 10 years from 60,000 to around 140,000. It will also increase residential aged care places by 65,000. An important shift is toward Consumer Directed Care where consumers and carers have greater control over their own lives by making choices about the type of care they access, including who will deliver the service and when.

The ten key priorities and initiatives are:

1. Staying at Home
2. Supporting Carers
3. Residential Care
4. Workforce
5. Consumer Support and Research
6. Better Health Connections
7. Tackling Dementia
8. Older Australians from Diverse Backgrounds
9. Building a System for the Future
10. Redirecting Funding to Support Reform

The Healthy Ageing Quiz, produced by the National Ageing Research Institute on behalf of the National Seniors Productive Ageing Centre (2010) can be completed on line or paper based and provides older adults with an opportunity to assess their current state of health using an evidence-based and user friendly tool. A benefit of this particular tool is that it provides immediate feedback about the results as well as specific recommendations for improving health.

Published in August 2012 and prepared on behalf of the Australian Government’s Consultative Forum on Mature Age Participation, ‘Barriers to Mature Age Employment’ provides evidenced based advice on ways to overcome 14 key barriers to employment participation confronting many mature aged people i.e. Discrimination in employment on the basis of age, and caregiving responsibilities.

**State**

- Positive Ageing A Strategy for Current and Future Senior Victorians, Office of Senior Victorians (2005) \(^{24}\)

The Victorian Government has released a number of documents over the past decade with specific relation to positive ageing. These formed the foundation for the development of Victoria’s positive ageing strategy. The strategy is underpinned by five key principles, that is, senior Victorians should have:

1. Confidence that their rights will be upheld, their autonomy accepted and their dignity respected.
2. Certainty that they are valued and listened to for their past, current and future contributions.
3. Opportunities to fully participate in their communities
4. Access to information, support and services to maximise their independence and maintain their health and wellbeing.
5. Government services and communities which are responsive to their particular needs and interests and which recognise the increasing diversity of our community.

In 2008 the Victorian Government released a discussion paper titled “Ageing in Victoria” which covered topics such as health, information, transport, housing and training. Council on the Ageing Victoria responded to the paper recommending four main perspectives that should inform strategic action in order to take a holistic view of the ageing experience. These are:

1. Longevity – the impact of increasing longevity should include analysis of:
   - Transition to and length of retirement
   - Intergenerational issues
   - Participation and inclusion
   - Income and standard of living
   - Health

2. Life course perspective – to address health inequalities and prevention of illness. Recognition to be given to the importance of addressing health issues from early to later life, and at the significant transition points throughout the life course.

3. Diversity of the ageing population – a variety of cohorts are within the ageing population.

4. Combating ageism – a robust, sustainable and resourced approach is required to ensure the rights, dignity, participation and independence of older people are foremost in the development of a whole of government strategic framework.

Additionally, four important issues need to be addressing in a whole of government approach to positive ageing. These being climate change, housing stress, poverty, and health promotion and illness prevention.

**Regional**

- Hume Region Integrated Aged Care Plan 2010-2015, Department Health Hume Region (2010) 26
- Hume Medicare Local
- Primary Care Partnership
- Hume Closing the Health Gap Plan 2009-2013 27

The following five recommendations were made for the Hume Region to progress working toward integrated and person centred care within the Integrated Aged Care Plan:

1. Promote effective collaboration between aged care providers through further development of Hume Region’s partnership approaches, planning structures and processes
2. Improve mechanisms to provide and share information among providers and ensure service information is accessible to consumers
3. Facilitate innovative approaches to building and maintaining capacity and capability in the aged care workforce to meet current and projected demand.
4. Promote innovative and flexible service models to enable service providers to better respond to the needs of older people and their carers
5. Promote health and wellbeing for older people

Suggested priorities and strategies for Alpine were:

1. Explore mechanisms to gain greater access to allied health, home based services including discussion with rehabilitation services. Support early intervention and Active Service Model (ASM)

2. Promotion of Active Service Model (and rationale) more broadly across services and community

3. Promote service/funding flexibility similar to MPS approach, for example Alpine Health able to fund care coordination position

4. Explore options to create a seamless ‘continuum' across rehabilitation services, transition care and Active Service Model, potentially supported through same workforce

5. Support seamlessness through better usage of Service Coordination Tool Templates (SCTT) across services, potentially led through Primary Care Partnership

The Hume Medicare Local and Hume Primary Care Partnerships are important partners in the development of the Alpine Positive Ageing Strategy.

As part of the national health reform, the Hume Medicare Local (HML) aims to improve and tailor primary care services for people and communities. The HML plays an important role in supporting primary care providers to adopt and meet quality standards and to work in partnership to identify and address gaps in service provision both from an individual and population health perspective.

Alpine is a member of both the Central Hume and Upper Hume Primary Care Partnerships (PCP). The PCP is a voluntary alliance between primary care providers, local government and other agencies with the aim to improve inter-agency coordination for needs identification, planning, service delivery and health promotion. In addition to strategies addressing service coordination, integrated chronic disease management and population health the PCP hosts an Aged Care Planning and Service Development Coordinator.

In 2008 the Council of Australian Governments (COAG) agreed to six ambitious targets for closing the gap between Indigenous and non-indigenous Australians regarding life expectancy, child mortality, education and employment. Significant funds have been invested “to reduce the biggest health risk factors, such as smoking, to improve chronic disease management and follow-up, and to expand the capacity of the health workforce to tackle chronic disease in the indigenous population”.

Within this context, the Hume Region’s Closing the Gap Plan 2009-13 details the following priority areas:

- Improve the interface (client journey) between hospital and primary care services
- Increase the cultural competency of the service system across the Hume Region
- Identify health needs and develop service models for the Aboriginal communities living in Central Hume and Lower Hume PCP catchments
- Improve the service programs available to address the health and wellbeing of young Aboriginal women
- Reduce the rate of tobacco use in Aboriginal communities

Local

- 2030 Community Vision, Alpine Shire Council (2009)
- Liveability Plan 2009, Alpine Shire Council
- Council Plan 2009-2013, Alpine Shire Council
- Building for the Future – Strategic Directions Service plan 5 2008-2013, Alpine Health
- Corporate Plan 14, 2012-2013, Alpine Health
- Disability Action Plan, Alpine Health and Alpine Shire Council (2011)

The Alpine Shire Council 2030 Community Vision provides a holistic view to Alpine being “a place where people can enjoy an exceptional lifestyle, natural beauty and contentment, knowing that the right services, jobs, infrastructure and community, support their ongoing needs”. It specifically references the ageing population in key direction five ‘Services and Facilities - health, wellbeing and lifestyle’.

The Alpine Shire Council 2009 Liveability Plan identifies an Older Adults priority (10.4) which confirms the Council’s commitment to supporting the needs of Older Adult population.

This priority states a policy statement of “Council is committed to ensuring that the needs of older adults are considered in the future provision of services and infrastructure”, which is supported through the identification of an objective and five strategies for success.

The strategies identified for Older Persons (within the Liveability Plan) are:

1. Develop and implement an Older Persons Strategy in partnership with other stakeholders.
2. Work with Alpine Health, community health services providers and the private sector to ensure sufficient and appropriate planning for future aged care facilities and services.
3. Provide Home and Community Care services to residents through the adoption of best practice service models and standards.
4. Support Alpine Health, community health service providers and North East Division of General Practice to deliver quality general practice and health services locally.
5. Continue to provide and further develop accessible programs and support local based delivery

Alpine Health aims to provide and improve integrated and sustainable health services for people in the Alpine Shire. Guiding Principles Underpinning the Plan:

1. Independence of the individual
2. Individuals are responsible for improving their health and well-being
3. Choice of service delivery
4. Home is better as the place for service delivery than institutions
5. Appropriate local service delivery is better than distant service delivery
6. Responsiveness to the needs of individuals
7. Action and accountability

Key strategies in their strategic directions service plan 5 include:

1. Tackling the causes – strengthening prevention and underlying primary interventions
2. Supporting the vulnerable – specific need groups and life stage transitioning
3. Building partnerships – networks for flexible, efficient and effective care
4. Protecting the Future – enhancing capacity, innovative and flexible services

These strategies depend on the two critical factors of supporting and improving the workforce and capital investment and improvement.

This approach is considered part of a workforce development strategy and is an important enabling component of service development and delivery. Increasingly integrating workforce and the community will be an important positive ageing planning priority now and into the future.

Alpine Health’s Corporate Plan 14 lists 21 key actions regarding the ageing population for 2012-2013. These actions range from strategic deliverables such as developing the Positive Ageing Strategy with Alpine Shire Council and advocating for additional services to establishing a Men’s Shed in Mount Beauty. Relevant actions have been incorporated into the Positive Ageing Strategy.

The Alpine Disability Action Plan 2011 lists 30 strategies to address four key objectives:

1. Reduce barriers to access
2. Reduce barriers to employment
3. Promote inclusion and participation
4. Achieve tangible changes in attitude
Demographic Analysis

The Alpine Shire includes the towns of Bright, Mount Beauty and Myrtleford, plus eight villages and thirty-one rural districts. In 2006, 12,103 residents nominated Alpine Shire as their usual place of residence. According to the preliminary 2011 Census report this has increased to 12,879 in 2011.

Population projection data based on the 2006 Census identifies a significant increase in the number and proportion of those aged over 60 years and a slow decline in the number of younger people in the coming years. The graph below highlights a dramatic increase expected in those aged 65 years – 84 years from 2010 to 2025 from 18.5% of the population to 27.7% of the population.

Indigenous persons accounted for 0.67% of the population and 20% of the residents were born overseas. 127 people reported that they could not speak English or could not speak English well.

Myrtleford and Mount Beauty score below the regional Victorian average on the SEIFA Index of Relative Disadvantage. 43–48% of the population of these towns have low incomes (under $400 per week), which is not all that different to the Victorian averages however combining this with the details below explains the disadvantage measure for these towns i.e.

- Lower than average public housing in Mount Beauty.
- Greater proportion of people aged over 65
- Greater proportion of people over 75 years living alone
- Greater proportion of people with disability
- Larger proportion of single parent families in Myrtleford
- Higher than average multicultural mix in Myrtleford. ²⁹

²⁹ Department of Planning and Community Development (2011) Change and Disadvantage in the Hume Region, Victoria.
This being said, the Community Indicators Victoria's report on measures of community strength highlights a number of indicators where Alpine Shire exceeds both the Hume and the Victorian average i.e. volunteering, citizen engagement, feelings of safety, attendance at local community events. Areas of improvement include housing affordability, transport and facilities and services.

The preliminary 2011 Census data suggests an increasing trend for people over 65 years to continue working at some level. In Alpine Shire in 2006 there were 188 people aged over 65 years participating in the workforce. Figures are not yet available to determine if this trend is true for Alpine Shire.

Of those aged 65 and over, 692 males and 927 females are living on less than $400 per week, a total of 1619 people.

There were 2,716 persons aged over 65 years in Alpine Shire at June 2009. Of these, 1,889 people were on the Age Pension (69.6%). Additionally there were 467 people in the Alpine Shire on a Disability Support Pension. In 2011 there were 396 people aged over 65 years living in Alpine Shire with a profound or severe disability. Of these, 253 were living in the community.30

According to the Department of Health Hume Region HACC Annual Supplement there were 2,728 people eligible for HACC services in 2009.

Twenty-five percent of the 4,741 private dwellings in the Alpine Shire have no internet connection in 2011.

A snap shot of key health risk factors for Alpine:

- 31% of males did not meet physical activity guidelines, compared to 27.5% for Victoria. However only 17% of females, compared to 27.2% of females across Victoria did not meet the physical activity guidelines.
- Almost half the population (48.5%) did not meet the dietary requirements for fruit and vegetable intake, similar to Victoria (48.2%).
- Approximately one in five Alpine residents smoke (19.7%) which is similar to the state (19.1%).
- 11.6% are at risk of short term harm from alcohol consumption compared to Victoria (10.2%).
- Breast screening rates were lower in Alpine (41.1%) than for Victoria (55.9%).

Major health conditions include type-two diabetes and overweight and obesity whilst the top three preventable hospital admissions include diabetes complications, chronic obstructive pulmonary disease and dental.

The major causes of death in Alpine is similar to the state being cancer, circulatory diseases, respiratory diseases, external factors (road traffic and suicide) and other.

Service Profile

Approximately 40 organisations provide health and community services to the Alpine Shire.

Of these there are four main publically funded providers: Alpine Health, Ovens and King Community Health (outreach to Myrtleford and Bright), Gateway Community Health (outreach to Mount Beauty), and Alpine Shire Council (HACC and Maternal and Child Health).

<table>
<thead>
<tr>
<th>Service/Town</th>
<th>Bright</th>
<th>Mount Beauty</th>
<th>Myrtleford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Service (1)</td>
<td>9 beds</td>
<td>10 beds</td>
<td>15 beds</td>
</tr>
<tr>
<td>Acute, subacute, emergency, residential aged care and community services.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alpine Shire Council - Alpine@Home, Maternal &amp; Child Health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Community Health (2)</td>
<td>O&amp;K outreach</td>
<td>Gateway CHC</td>
<td>O&amp;K CHC</td>
</tr>
<tr>
<td>Medical Centres (4)</td>
<td>1 + Falls Creek</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>General Practitioners (12)</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Registrars (4)</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Visiting Specialists (4)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Carer Respite (1)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chiropractors (7)</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Masseurs (12)</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Naturopaths (2)</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

Aged Care Service and Providers 31

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Dependence</td>
<td>Alpine Health</td>
</tr>
<tr>
<td>Acute</td>
<td>Alpine Health</td>
</tr>
<tr>
<td>Package Providers</td>
<td>Alpine Health, Goulburn Valley Health, North East Health Wangaratta, Rumbalara, Villa Maria, Rural City of Wangaratta</td>
</tr>
<tr>
<td>Low Care</td>
<td>Alpine Health</td>
</tr>
<tr>
<td>Assessment</td>
<td>North East Health Wangaratta, Ovens and King CHS</td>
</tr>
<tr>
<td>Respite Care, Carers Support</td>
<td>Villa Maria</td>
</tr>
<tr>
<td>Supported Residential Services</td>
<td>Nil pension one SRS</td>
</tr>
<tr>
<td>Group housing/Retirement villages/Independent Living Units</td>
<td>Alpine Health</td>
</tr>
<tr>
<td>In-home services &amp; AH &amp; CRC</td>
<td>Alpine Shire Council, Ovens and King Community Health Service</td>
</tr>
<tr>
<td>Information, Active Ageing, Early Intervention and Health Promotion</td>
<td>Alpine Health, Alpine Shire Council, Ovens &amp; King Community Health</td>
</tr>
</tbody>
</table>

31 Alpine Health (2008) Alpine Health Service Plan 5 Final
32 DoH (2010) Hume Region Integrated Aged Care Plan
Residential Services

<table>
<thead>
<tr>
<th>Service/Town</th>
<th>Bright</th>
<th>Mount Beauty</th>
<th>Myrtleford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Care (100)</td>
<td>40</td>
<td>0</td>
<td>60 (private)</td>
</tr>
<tr>
<td>High Care (50)</td>
<td>6 (flexible acute/low care)</td>
<td>20</td>
<td>30</td>
</tr>
</tbody>
</table>

Aged Care Packages 33

<table>
<thead>
<tr>
<th>Package</th>
<th>Provision 2009</th>
<th>Wait List 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Aged Care (CACPS)</td>
<td>52</td>
<td>75</td>
</tr>
<tr>
<td>Extended Aged Care (EACH) / Flexible High Care Places (Alpine Health)</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>Extended Aged Care Disability (EACHD)</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Projected Aged Care Service Needs 34

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 70yrs+</td>
<td>1,850</td>
<td>2,127</td>
<td>2,482</td>
<td>2,790</td>
</tr>
<tr>
<td>Low and High Level Residential Aged Care Needs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 places per 1,000 population aged 70+ (0.044) each</td>
<td>81.4</td>
<td>93.59</td>
<td>109.21</td>
<td>122.76</td>
</tr>
<tr>
<td>Community Aged Care Packages (CACPS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 CAPC per 1,000 population aged 70+ (0.021)</td>
<td>38.85</td>
<td>44.67</td>
<td>52.12</td>
<td>58.59</td>
</tr>
<tr>
<td>Extended Aged Care Packages (EACH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 EACH packages per 1,000 population 70+ (0.004)</td>
<td>7.4</td>
<td>8.51</td>
<td>9.93</td>
<td>11.16</td>
</tr>
<tr>
<td>Extended Aged Care Disability Packages (EACHD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 EACHD packages per 1,000 population 70+ (0.004)</td>
<td>7.4</td>
<td>8.51</td>
<td>9.93</td>
<td>11.16</td>
</tr>
<tr>
<td>Home and Community Care (HACC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>385.6 HACC packages per 1,000 population 70+ (0.3856)</td>
<td>715.03</td>
<td>820.17</td>
<td>957.06</td>
<td>1075.82</td>
</tr>
</tbody>
</table>

Note: The above stated rates are based on the national planning benchmarks 2010. These figures are being revised as the National Aged Care Reform is being implemented and therefore should only be used as a guide. The Social Health Atlas (Jan 2013) has already included an increase in the rates.

34 DoH (2010) Hume Region Integrated Aged Care Plan
There were 197 DVA clients over 70 years in the Alpine Shire in 2009 making up 11% of the over 70 years population.

Alpine@Home

During 2011 Alpine Health and Alpine Shire Council integrated their home and community services with the development of the Alpine@Home service model which aims to provide seamless delivery of the community care services within the shire by operating under one combined management structure. This includes Home and Community Care (HACC), District Nursing Service, Packaged Care (Community Aged Care Packages and Flexible High Care Places) and the Alpine@Home Activity Group.

Services offered within this model include:
- Home and Community Care (HACC )
- Respite Care
- Friendly Visiting Service
- Home Maintenance
- Lunch Club
- Meals on Wheels Service
- Planned Activity Groups (Alpine Leisure Groups)

Alpine would benefit by replicating this concept and the principles that underpin Alpine@Home with more service integration.

Ovens and King Community Health also provide in home services in the Ovens Valley through allied health. This includes physiotherapy, dietetics, speech pathology, occupational therapy. They also deliver the Aged Care Assessment Service in the Alpine Shire.

Allied Health

Allied Health Services include physiotherapy, occupational therapy, diabetes services, dietician services, diversional therapy, speech pathology and podiatry.

Health Promotion

Health Promotion services in Alpine Shire are primarily offered by Alpine Health and Ovens and King Community Health Service.

The health promotion priority for the Hume Region 2013-2015 is healthy eating and nutrition. The Central Hume Primary Care Partnership priority is alcohol and other drugs. The Upper Hume Primary Care Partnership priority is physical activity.

Alpine Health has focused much of its health promotion work already on the regional priorities. Additionally, health coaching with an emphasis on chronic disease prevention and self-management has been a focus.

35 Alpine Health and Alpine Shire (2011) Alpine@Home Community Care Service Model
**Physical Activity**

The benefits of exercise for older adults have been demonstrated by a significant body of evidence. Activities that are popular and of great benefit to older adults include: Walking, Tai Chi, Strength Training and Water Exercise. Those in Alpine Shire include:

- Pole Walking groups operate in Bright by the U3A.
- Lifeball (walking ball game) operates in Myrtleford auspiced by U3A.
- Tai Chi operates in Myrtleford and Bright by Ovens and King Community Health.
- Weights and Strength Program operates in Myrtleford and Bright by Ovens and King Community Health Service.

Alpine Shire has nine different health and fitness centres (including dance). It is not clear if/how many Alpine Shire based instructors are specifically trained in Certificate IV Special Populations – Older Adults. The Bright Sports Centre, now operated by Alpine Shire Council, includes an older adult program and employs fitness leaders with certificate IV as well as the required swim life saving qualifications.

The Alpine Shire Council Community Directory lists over twenty different sporting clubs spread across the shire. Some cater for older adults and some currently do not.

Swimming pools are located in each of the major centres, however only Bright has an indoor heated pool.

The Alpine Shire also hosts the Able Management Group. Their mission is to provide access to the Alpine region through the development of adaptive equipment and facilities, so that people with disabilities can participate in sport and recreational activities currently beyond their reach.

**Adult Education**

The following adult education services are located within the Alpine Shire:

- Mount Beauty Neighbourhood Centre
- University of the Third Age (U3A) – Bright and Mount Beauty
- Bright Adult Education Incorporated – Bright
- Myrtleford Neighbourhood Centre – Myrtleford
- Alpine Institute – Alpine Health

**Social Connection**

The Alpine Shire Council Community Directory contains a list of clubs, groups associations and committees operating in the shire that bring together people of all ages. Some that are relevant to the ageing population include the follow:

---

Senior Citizens Clubs - Bright, Mt Beauty and Myrtleford

Country Women's Association – Myrtleford and Rosewhite

Men’s Shed – Bright United, Mt Beauty and District, Myrtleford

Service Clubs – Myrtleford Apex Club, Bright Lions Club, Bright Lions Ladies Auxiliary, Lions Club of Myrtleford, Lions Club of Kiewa Valley Inc., Alpine Probus Clubs of Bright Inc, Probus Club of Bright Inc. Probus Club of Mt Beauty Inc, Probus Club of Myrtleford, Rotary Clubs of Mt Beauty/Bright/Myrtleford.

Red Cross – Bright, Gundowring, Myrtleford, Tawonga

Support Groups - Myrtleford Access Awareness Group, Ovens Valley Awareness Group, Alpine Aged Care Advisory Service

Arts - Acting/Theatre Groups, Art & Craft organisations, Bright Film Society, Historical society (x4), radio station, Bright/Alpine Brass Band, Mt Beauty & District Community Band, Myrtleford/Bright Camera Club, Bright Singers Inc., Sing Australia Bright,

Faith Based Agencies - There are 16 churches across the shire.


Multicultural Groups – Circolo Calabrese of Myrtleford and District Inc., Circolo Trentino of Myrtleford and District Club Inc., Circolo Vicentini di Myrtleford Inc., Italian Pensioner Group of Myrtleford (Circolio Pensionati Di Myrtleford) North East Multicultural Association, Trevisani Nel Mondo Myrtleford and District Inc.

Returned Services League of Australia – Bright RSL Sub-branch inc., Bright RSL Women’s Auxiliary, Mt Beauty RSL sub-branch, Myrtleford RSL sub-branch inc.

Legacy - Bright

Masonic Lodges – Bright, Myrtleford

Libraries – High Country Library Corporation Bright/Mt Beauty/Myrtleford, Friends of Bright Library, Pre-School Story Time Bright/Mt Beauty.

Fire Brigades – there are 16 groups across the shire

SES – Bright, Myrtleford
Summary of the Consultation Findings

A variety of consultation formats were used to see input from both service providers and the community. Overall the sense was:

- The current level and model of service delivery is appropriate and effective but needs to expand to meet the increasing need over time. This includes appreciation for Alpine@Home and the various allied health services.
- High quality planning is seen as important. This needs to be done in partnership with other service providers and the community. The Primary Care Partnership is considered an important mechanism for this. Plans should also be linked with other relevant plans i.e. Hume Region Integrated Aged Care Plan.
- A community development approach is recommended as a method for honouring the spirit of the AdvantAge Initiative and a Positive Ageing Strategy.
- Ageing involves change management. Skills in this would be beneficial.
- Choice was considered very important.
- The media can portray negative and counterproductive images and messages about ageing. This should be considered in the strategy.
- The strategy should not only encompass the shire as a whole but also consider each town and village individually.
- Establishing Alpine Shire as a place of best practice in Positive Ageing could benefit the community through economic and professional growth by attracting people to relocate to Alpine Shire.
- Transport is consistently a concern.
- The need for an appropriate level and range of aged care, home based or residential.

Addressing Basic Needs

- Housing needs to be accessible, affordable and able to be maintained.
- Feeling safe including mobility, accessibility, lighting, tree management, ongoing consultative planning. As well as a sense of being valued by the community.
- Full range of aged care facilities/services in all towns to enable continuity of community connection, embracing ‘flexible beds’ model for residential facilities.
- Support ageing in place with person centred care, increased health promotion and prevention, flexible delivery of funding and support.
- Service information needs to readily available and clearly understandable. It should be targeted and well timed.
Optimising Physical and Mental Health and Wellbeing

- Support physical activity with further walking tracks and programs.
- Links between mental health, physical health, social connectedness, engagement and learning were acknowledged by service providers.
- Need for planning that better provides for dementia clients and their families including secure accommodation options.
- A position to assist individuals and families plan and prepare for ageing.
- Technology seen as important tool to stay connected, learn and be informed. Affordable internet access and mobile phones are important.
- Education in sexual health, grief and loss, anger management, elder abuse, grand-parenting in step-family roles.

Maximising Independence for the Frail and People with Disabilities

- Accessible public spaces
- Lack of sufficient transport to support mobility and choice important. More creative solutions than public transport or systemised transport required i.e. expanding the concept of the Transport Connections Project and the Ovens Valley Medical Transport Scheme.
- Increased provision of health and support services to meet demand.
- Gap in service provision is affordable home maintenance
- Implement creative student placement initiatives to encourage local recruitment by using local accommodation in the low season.
- Strong support for variable, flexible person centred care models that move away from institutionalised care to ageing in place.
- Further resource Alpine @ Home
- Financial affordability of health and medical services, and recreation activities and groups needed.
- Support cultural diversity and language barriers as people often revert to their first language as they age.

Promoting Social and Community Engagement

- Encourage useful contribution and a sense of purpose.
- Provide volunteering opportunities that are interesting, challenging, meaningful, temporary and flexible and utilise existing skills.
- Support connectedness and intergenerational contact. Consider co-location of childcare services with aged care facilities i.e. Aloaka Lodge in Kilcoy Queensland.
- Address isolation geographically, physically and socially.
- Continue to grow the learning opportunities provided by University of the Third Age, Neighbourhood Houses and Adult Education.
- Continue to support programs and services that provide social engagement.
- Continue to support Men’s Sheds particularly the planned Mt Beauty Men’s Shed.
Strategic and Service Implications

Based on the findings from the information gathered in the Positive Ageing Issues Paper and the Consultation Outcomes Report, the strategic and service implications for Alpine Shire Council, Alpine Health and key stakeholder agencies include the following.

The increase in the number of older people specifically impacts on aged health care service requirements. That is, if the ratio of needs per 1,000 population remains the same as it is currently, then the services (facilities, beds, staff etc) will need to increase to match.

Aged care services provided within Alpine Shire rely heavily on state and federal funding. It is essential that aged care providers in Alpine ensure they receive their quota of packages and funding and stay attuned to changes to eligibility criteria. Additionally there may be a need to meet funding gaps; therefore consideration must be given to other funding possibilities, efficiencies, improved coordination between service providers and illness prevention.

However, another perspective is the need to focus on reducing the ratio of needs per 1,000 population and thereby the demand, by taking bold steps to redesign services to empower and enable people to do more for themselves so they don’t need expensive professional services. This is a shift from a dependency model to an empowerment and co-production model, where organisations help people to plan services and to take back elements of services which do not need to be delivered by a health professional. It also includes shifting the imbalance that exists between treating ill health toward more prevention and health promotion strategies. This would require a significant cultural change both within the health services and the community and would therefore need to be well planned and communicated.

Numerous policy documents emphasise the need for increasing health promotion and prevention activities. It is essential that a focus be given to enabling and ensuring people are adequately physically active, have a healthy diet (including adequate water), do not smoke, limit alcohol, get adequate sleep, are socially connected and participate in community life. Strategies need to be planned incorporating aged cohorts starting at 45 years and over.

The impact of an increase in the proportion of older people within Alpine Shire affects the whole community. Consideration needs to be given to the needs of an ageing workforce, ageing volunteers, and the market forces etc. Additionally, the change in balance of age distribution can have opposite effect of creating new minority groups whose needs will require review.

Given this shift in population affects the whole community, the responsibility for addressing it also lies here. It cannot be the sole responsibility of Alpine Shire Council and Alpine Health Service. The breadth of the frameworks and policies clearly highlight the need for governments, business, non-government organisations and the community to all work together in addressing the current and future needs of the ageing Alpine Community. Consideration needs to be given to whom, how and when could other key stakeholders be involved.

There is now a strong compatibility between consumer and government goals of supporting people to age well and develop age friendly communities. All want to support people to remain as independent as possible for as long as possible. This has been demonstrated by the long list of policies, frameworks, and consultations at national, state, and regional level. However, at the local
level there may be a need to bring stakeholders up to speed with current ageing information and best practice strategies. Indeed some may not be aware just how much this shift will affect them and their business and the opportunities this may bring.

Although Alpine Shire rates well on the SIEFA index of relative disadvantage, Myrtleford and Mount Beauty both score below the regional state average and have a number of specific areas of concern such as high multicultural mix in Myrtleford and low public housing in Mount Beauty. Both have higher than average proportion of people over 75 years living alone and people with disabilities. This information is important because there is a direct and negative correlation between relative disadvantage and both quality of life and longevity. Additionally the negative affects are felt not only by the individuals experiencing the disadvantage but by the whole community.

Addressing relative disadvantage and the systemic unfairness that underpins this will require real commitment and a systematic approach. A great place to start is by building on existing confidence, resilience and aspiration by supporting communities to take control of their environment and the services that surround them. Importantly this includes involving communities in broad solution generation for social problems as well as in service planning. The benefit of prioritising strategies that support equity in this way is the cycle of deprivation that exists across generations can be broken. Opportunities for building social capital, resilience, and empowerment need to be considered in addition to specific equity strategies.

The Community Indicators report identified a number of strengths within Alpine Shire that have been taken into account in this Positive Ageing Strategy. These include the participation in citizen engagement, volunteering and community groups. However transport was highlighted as a significant problem in the Community Indicators report, and also continued as a theme during the community consultations. It is acknowledged that the Transport Connections project has been underway in the Alpine Shire however transport is still an issue of importance.

The community and service provider consultation reiterated many of the research findings and there were clear messages that:

- Services need to increase with the growth in demand and must be flexible, in their town and in their home
- There is a need to specifically address housing and transport issues
- Agencies have a role in assisting older people to stay active and connected – physically, socially, and intellectually
The Planning Framework

The Ad vantAge Initiative Framework has been chosen as the basis of the planning framework for the Alpine Positive Ageing Strategy.

The Adv antAge Initiative Framework focuses on ‘ageing in place’ and helps to define an age friendly community by organising 33 indicators into 4 domains. Addressing the 4 domains specifically supports older adults however it also benefits the community as a whole. The following diagram summaries the framework. A fifth domain has been added to meet the priorities of the Alpine Positive Ageing Strategy namely “Build a Supportive Culture for Positive Ageing”.

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The Alpine Positive Ageing Strategy

Vision

“Alpine Shire – a place where older people are fully embraced and celebrated, and where together solutions are created to enhance quality of life”

The purpose of the Alpine Positive Ageing Strategy is to maximise the quality of life, participation and social recognition of older people living and visiting Alpine Shire.

Strategies:

1. Enabling Basic Needs to be Met
2. Optimise Physical and Mental Health and Wellbeing
3. Maximise Independence for Frail and Disabled
4. Promote Community and Social Engagement
5. Build a Supportive Culture for Positive Ageing

The Alpine Positive Ageing Strategy has been developed with the fundamental perspective that healthy and resilient individuals and communities exist when they have control of their own lives. Therefore the following strategy is embedded with enabling and empowering strategies that support the participation of older persons in solution generation and service planning.

It is with this in mind that the strategy recommends the establishment of a Positive Ageing Steering Group which connects with existing committees, in order to successfully implement and strengthen the strategy. The group would be representative of the geographical and social diversity that exists within the shire and would comprise of older people, representatives from partner and stakeholder agencies and business as well as Alpine Shire Council and Alpine Health. Specifically, for example, representative from organisations such as Senior Citizens, University of the Third Age and Community and Health Advisory Groups will be sought.
## Strategy 1: Enable Basic Needs to be Met

<table>
<thead>
<tr>
<th>Outcome</th>
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<th>Lead Agency</th>
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<tbody>
<tr>
<td>1.1 Affordable housing is available to residents of Alpine Shire</td>
<td>Further investigate and quantify the predicted demand for affordable housing and living needs and their diversity. Advocate for increased availability of a diverse range of affordable housing. Explore and promote individual financial offsets to improve living affordability i.e. taking in a boarder, shared living arrangements. Explore the value of producing information material on housing options within Alpine Shire.</td>
<td>% of people aged 65+ who spend &gt;30% of their income on housing. % of people 65+ who want to remain in their current home and are confident they will be able to afford to do so.</td>
<td>RH</td>
<td>RH, ASC, AH, O&amp;K and GH Finance Counsellors</td>
<td>ASC Liveability Plan AH Services Plan Rural Housing Strategy</td>
</tr>
<tr>
<td>1.2 Housing is modified to accommodate mobility and safety</td>
<td>Continue to educate local designers, developers and builders on ‘universal access principles’. Seek funds to expand the home modification program. Explore options for home, property and garden maintenance services including volunteer programs, unemployment programs and intergenerational ideas. Support the development of a community monitoring and reporting system.</td>
<td>% of householders 65+ with met/unmet housing maintenance and modifications needs</td>
<td>ASC</td>
<td>ASC, AH, DoH</td>
<td>ASC Liveability Plan</td>
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### Strategy 1: Enable Basic Needs to be Met

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<tr>
<td>1.3 Neighbourhoods are liveable and safe</td>
<td>Review the communities within Alpine using the World Health Organisation ‘Age Friendly City Checklist’, the Victorian Police ‘Crime Prevention through Environment Design’ principles and the Heart Foundations ‘Healthy by Design’ principles. Ensure that township master plans and the annual capital works program are developed in partnership with older people and agencies and supports mobility. Raise awareness of elder abuse and violence against women and take action to prevent this.</td>
<td>% of people 65+ who feel safe in their homes &lt;br&gt; % of people 65+ who feel safe in their neighbourhood. &lt;br&gt; % of people 65+ who report few/multiple problems in their neighbourhood. &lt;br&gt; % of people 65+ who are satisfied with the neighbourhood.</td>
<td>ASC</td>
<td>PCP, O&amp;K, Police</td>
<td>ASC 2030 Community Vision &lt;br&gt; ASC Council Plan &lt;br&gt; ASC Liveability Plan &lt;br&gt; AH Service Plan &lt;br&gt; AH and ASC Disability Action Plan</td>
</tr>
<tr>
<td>1.4 People have sufficient access to affordable, nutritious, culturally appropriate food.</td>
<td>Review food security(^{38}) and food sovereignty(^{39}) status within Alpine and explore opportunities to address gaps. Develop a plan of action. Work with local cafes and restaurants to better understand and cater for the needs of older people including review portion sizes and considering menu options for full and half serves and/or seniors card holder discounts.</td>
<td>% of people 65+ who report running out of food and not having enough money to buy more.</td>
<td>AH and ASC</td>
<td>DoH, PCP, AWRFSA, AWRFS</td>
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\(^{38}\) Food Security exists “when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life” (WHO 1996)

\(^{39}\) Food Sovereignty is “a food system in which people have the opportunity to choose, create and manage their food supply from paddock to plate”. (Food Sovereignty Alliance Australia 2011)
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<tr>
<td>1.5 Assistance services are available and residents know how to access them.</td>
<td>Ensure Alpine@Home is well resourced and promoted.</td>
<td>% of people 65+ who know whom to call if they need information about services in the community.</td>
<td>A@H</td>
<td>PCP, CHAG</td>
<td>Service Plan</td>
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<td></td>
<td>Support individuals and families plan and prepare for positive ageing and change in health and living circumstances.</td>
<td>% people 65+ who are aware/unaware of selected services in their community.</td>
<td>A@H</td>
<td>PCP, CHAG</td>
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<td></td>
<td>Provide information on available services, including eligibility criteria, both on the internet and in printed form. Particularly focus on education service providers/key contact people.</td>
<td>% people 65+ with/without adequate assistance with daily living activities</td>
<td>A@H</td>
<td>PCP, CHAG</td>
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<td>Promote a cycle of information provision about needs and solutions between the community and service providers.</td>
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<td></td>
<td>Investigate the root cause of service demand and identify solutions as appropriate.</td>
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### Strategy 2: Optimise Physical and Mental Health and Wellbeing

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<tr>
<td>2.1 Community promotes and provides access to necessary and preventative health services</td>
<td>Improve chronic disease prevention efforts targeting middle aged (including partner agency’s workforce.) Advocate for, promote and provide increased access to health screenings including workplace health assessments, GP assessments and self assessments such as the National Seniors Healthy Ageing Quiz. Assist individuals to take action following their screening results through services such as health coaching. Encourage and promote life long learning opportunities for older adults by consulting about their interests and aspirations and supporting local access. Ensure kits for new residents have up to date and relevant information for older residents. Advocate for discounted rates by complementary health services and other preventive services for older adults with health care card.</td>
<td>% of people 65+ who are adequately screened for risk factors and health conditions. % of people 65+ who felt depressed or anxious and have not seen a health care professional for this. % of people 65+ whose physical or mental health interfered with their activities in the past month.</td>
<td>AH and Mt BMC AH AH ASC ASC CHAG</td>
<td>HMCL, PCP HP GPs GPs, PCP HP Mt BNC, U3A, BAEd, MNC, AI AH, CHAG, O&amp;K Advocacy Group</td>
<td>AH Service Plan ASC Liveability Plan ASC 2030 Community Vision</td>
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<tr>
<td>2.2 Opportunities for physical activity are available and used</td>
<td>Develop a physical activity plan for older adults, which includes scoping key interest areas, barrier identification and solution generation. Support existing physical activity providers to better understand the needs of older people and the opportunities for engaging them. Support providers to improve and expand their operations to better include older people and maintain sustainability.</td>
<td>% of people 65+ who participate in regular physical activity of 100 minutes per week.</td>
<td>ASC</td>
<td>AH, O&amp;K</td>
<td>AH Service Plan, ASC 2030 Community Vision, ASC Liveability Plan, ASC Council Plan, ASC Recreation and Open Spaces Plan</td>
</tr>
<tr>
<td>2.3 Obstacles for accessing necessary medical care are minimised.</td>
<td>Improve access to doctors. Improve access to bulk billing services. Support and encourage carers to access support services. Remain abreast of health reform implementation and changes to eligibility criteria in order to lobby and apply for flexible and the maximum aged care packages and funding for residential aged care services to better meet the demand.</td>
<td>% of people 65+ who with a usual source of care. % of people 65+ who failed to obtained needed medical care. % of people 65+ who had problems paying for medical care. % of people 65+ who had problems paying for prescription drugs.</td>
<td>CHAGS</td>
<td>HMCL, GPs</td>
<td>AH Service Plan, ASC Liveability Plan, A@H Annual Service Plan</td>
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## Strategy 2: Optimise Physical and Mental Health and Wellbeing

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<tr>
<td>2.4 Palliative care services are available and promoted</td>
<td>Ensure palliative care services are sufficiently funded, staffed and promoted.</td>
<td>% of people 65+ who have used or know how to access palliative care services.</td>
<td>AH</td>
<td>@AH, NEHW, AWH, O&amp;K</td>
<td>ASC Liveability Plan</td>
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### Strategy 3: Maximise Independence for Frail and Disabled

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</table>
| 3.1 Transportation is accessible and affordable and meets the needs of older people | Review progress of the Transport Connections Project and assist localise appropriate strategies of the new Upper Hume “Getting There Network” such as: 40  
- Community Vehicle Pool Borrower/Lender Program  
- Safe Driver Refresher Program  
- Transport Experts Program  
- Travel Training Program  
- Volunteer Driver Pool Program  
- Travel Companions Program  
- [www.GettingThere.org.au](http://www.GettingThere.org.au) (website) | % of people 65+ who have access to suitable transportation that meets their needs | CA Inc. | AH, ASC | AH and ASC Alpine Disability Action Plan.  
AH Service Plan  
ASC 2030 Community Vision  
ASC Liveability Plan |

40 These strategies and included in essence in the Transport Connections Project

Continue to advocate for a transport system that better meets the needs of the community as it changes.

Maximise opportunities for safe usage of scooters including implementation of the Recharge Scheme.

Continue to implement the transport actions identified in the Alpine Disability Action Plan.
### Strategy 3: Maximise Independence for Frail and Disabled

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</table>
| 3.2 The community service system enables people to live comfortably and safety at home | Align with Outcome 1.5  
Resource and expand Alpine@Home  
Implement the HACC Active Service Model  
Improve information and provision of carer respite. | % people 65+ with/without adequate assistance with daily living activities | A@H         | Hume Integrated Aged Care Plan  
AH Service Plan  
ASC Liveability Plan  
ASC Council Plan  
A@H Annual Service Plan | | |
| 3.3 Health and medical services anticipate and meet the needs of the frail and disabled | Remain abreast of health reform implementation and changes to eligibility criteria in order to lobby and apply for flexible and the maximum aged care packages and funding for residential aged care services to better meet the demand.  
Investigate other funding possibilities, efficiencies, improved coordination between service providers and illness prevention.  
Investigate the root cause of service demand and identify solutions as appropriate.  
Continue to improve seamlessness with better use of Service Coordination Tool Templates and ensuring a knowledgeable well informed workforce. | % of people on waiting list for Aged Care Packages. | AH          | AH Service Plan  
Hume Integrated Aged Care Plan  
ASC Liveability Plan  
AH Corporate Plan | | |
## Strategy 3: Maximise Independence for Frail and Disabled

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<tr>
<td></td>
<td></td>
<td>Continue to attract skilled employees and up-skill existing employees and community.</td>
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ALPINE SHIRE
Positive Ageing Strategy – FINAL DRAFT
February 2013
### Strategy 4: Promote Community and Social Engagement

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<tbody>
<tr>
<td>4.1 Residents maintain meaningful connections with family, neighbours and friends</td>
<td>Provide opportunities for neighbours to interact i.e. Street BBQs, community gardens, Support older people who are at risk of social isolation to participate in community activities and networks. Explore opportunities for intergenerational activities and interaction i.e. co-location of child/youth and older person services, or activities such as younger people teaching older people computer skills or mentoring etc Encourage and support learning opportunities provided by University of the Third Age, Neighbourhood Houses, Adult Education and Alpine Institute. Advocate and support affordable internet and mobile phone access, possibly through the learning agencies listed above and local libraries. Ensure a variety of housing and care options are available in each of the towns and strengthen planning for ageing in place. Enhance older people’s opportunity to participate in decision making and planning in the community.</td>
<td>% of people 65+ who socialised with friends or neighbours in the past week Committee membership reflects the demographics.</td>
<td>AH</td>
<td>LCBI</td>
<td>ASC 2030 Community Vision ASC Liveability Plan ASC Facility Strategies ASC Economic Development Strategy ASC Recreation and Open Spaces Strategy</td>
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## Strategy 4: Promote Community and Social Engagement

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<tr>
<td>4.2 Civic, cultural, religious and recreational activities include older residents</td>
<td>Support groups to better understand the needs of older people and the opportunities for including them.</td>
<td>% of people 65+ who attended church, temple or other in the past week.</td>
<td>ASC</td>
<td>ASC</td>
<td>ASC Liveability Plan&lt;br&gt;ASC Recreation and Open Spaces Strategy&lt;br&gt;Township Facility Strategies</td>
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<tr>
<td>Support groups to improve and expand their operations to better include older people.</td>
<td>% of people 65+ who attended movies, sport events, clubs or group events in the past week.</td>
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<tr>
<td>Support infrastructure and operational needs of community groups and encourage sustainability strategies.</td>
<td>% of people 65+ who engaged in at least one social, religious, or cultural activity in the past week.</td>
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<tr>
<td>4.3 Opportunities for meaningful voluntary work are available</td>
<td>Encourage volunteering opportunities that are interesting, challenging, meaningful, temporary and flexible, and utilise existing skills i.e. BlazeAid</td>
<td>% of people 65+ who participate in volunteer work</td>
<td>ASC, AH</td>
<td>A@H, O&amp;K, CHAG, Visitor Information Centre, Community Groups</td>
<td>ASC 2030 Community Vision&lt;br&gt;ASC Liveability Plan&lt;br&gt;ASC Council Plan&lt;br&gt;ASC Volunteer Strategy&lt;br&gt;AH Service Plan</td>
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<tr>
<td>Promote volunteering opportunities to older people in a timely and inspiring way which fosters aspirations, confidence and resilience.</td>
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<td>4.4 Community residents help and trust each other</td>
<td>Promote a community culture of awareness, trust and care through connecting with others and valuing older people in the community.</td>
<td>% of people 65+ who feel they live in a helping community</td>
<td>ASC</td>
<td>ASC</td>
<td>ASC Liveability Plan&lt;br&gt;ASC Council Plan&lt;br&gt;AH Service Plan</td>
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### Strategy 4: Promote Community and Social Engagement

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<tr>
<td>4.5</td>
<td>Appropriate paid work is available to those who want it</td>
<td>Support employers to better understand the needs of older people and the opportunities for employing them.</td>
<td>% of people 65+ who would like to be and are in paid employment</td>
<td>ASC</td>
<td>CoC, Economic Development, NEVRT, Employment Agencies</td>
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<td></td>
<td></td>
<td>Support employers to improve and expand their operations to better include older people.</td>
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<td>ASC</td>
<td>AH Service Plan</td>
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<td>Support career development opportunities within the Shire.</td>
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<td>Establish Alpine Health and Alpine Shire Council as ‘age friendly’ employers through addressing barriers to mature age employment and leveraging their strengths such as utilising experienced staff as mentors and coaches.</td>
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<td>ASC, AH</td>
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## Strategy 5: Build a Supportive Culture for Positive Ageing

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<tr>
<td>5.1</td>
<td>Contributions of older people are acknowledged and celebrated.</td>
<td>% of people 65+ who feel valued and respected within Alpine Shire.</td>
<td>A@H</td>
<td>ASC</td>
<td>Corporate Plan</td>
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<td></td>
<td></td>
<td>A@H Annual Service Plan</td>
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<td></td>
<td></td>
<td></td>
<td>ASC Liveability Plan</td>
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<tr>
<td></td>
<td>Create and support opportunities for older people to share their stories and experiences between each other and with the broader community.</td>
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<td>Formally acknowledge local older people’s achievements through such actions as nominations in the Premiers Victorian Senior of the Year Award and the Council on the Ageing Victoria’s Seniors Achievers Award.</td>
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<td>Celebrate the Seniors Festival in October each year.</td>
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<td>Develop a communication strategy for positive ageing that highlights key messages and appropriate language, dispels myths and excites with opportunities and vision. This should also include a portfolio of positive images of ageing and should be targeted both at the community and the media.</td>
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<td>Identify local positive ageing champions and ambassadors to assist promote the strategy and its concepts.</td>
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### Strategy 5: Build a Supportive Culture for Positive Ageing

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<tr>
<td>5.2 Opportunities for older people to participate in community decision making is strengthened</td>
<td>Establish a Positive Ageing Steering Group to Strengthen, successfully implement and evaluate the strategy.</td>
<td>% of people 65+ who feel valued, respected and engaged within Alpine Shire.</td>
<td>AH, ASC</td>
<td>Older people, Key agency reps, Community group and business reps</td>
<td>ASC 2030 Community Vision, ASC Council Plan</td>
</tr>
<tr>
<td>5.3 Services within the Alpine Shire are staffed with skilled and knowledgeable advocates who lead by example.</td>
<td>The model of the Aged Care Advisory Group is replicated across the Shire.</td>
<td>% of people 65+ who feel well informed and supported within Alpine Shire.</td>
<td>A@H</td>
<td>ACAG</td>
<td>AH Corporate Plan</td>
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</tbody>
</table>
Governance, Implementation and Evaluation of the Strategy

The Alpine Positive Ageing Strategy has been jointly produced by a partnership between Alpine Shire Council and Alpine Health and was funded by the Victorian Department of Health.

The governance of this, the first part of the project, included senior representatives from Alpine Shire Council and Alpine Health as the Project Reference Group. This group will continue to provide governance and to manage the implementation and evaluation of the Strategy. It is acknowledged that the success of this Strategy relies on clear, adequately resourced and accountable structures for its implementation and evaluation.

Given the identified need for governments, business, non-government organisations and the community to all work together is addressing the current and future needs of the ageing Alpine Community and the explicit commitment for working in partnership expressed by both Alpine Health and Alpine Shire Council it is of no surprise that the Alpine Positive Ageing Strategy recommends the establishment of a community based steering group in order to strengthen and successfully implement and evaluate the strategy. The group would comprise of older people, representatives from partner and stakeholder agencies and business as well as Alpine Shire Council and Alpine Health. The roles and responsibilities for the group will be outlined through the development of a Terms of Reference.

The Alpine Positive Ageing Strategy has been prepared as a high level document providing themed directions and key strategies. It is not an action plan. These will be developed as required for each of the various strategies with the appropriate level of detail and will utilise the expertise of the Positive Ageing Steering Group.

This strategy spans the period 2013 – 2017 and includes the establishment of monitoring and evaluation methods and indicators throughout the full period. A final evaluation review will be conducted nearing the end of 2017 that will provide updates and recommendations for the future.
**Acronym Key**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>A@H</td>
<td>Alpine@Home</td>
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<tr>
<td>ACAG</td>
<td>Alpine Residential Aged Care Advocacy Group</td>
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<tr>
<td>AH</td>
<td>Alpine Health</td>
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<tr>
<td>AI</td>
<td>Alpine Institute – Alpine Health</td>
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<tr>
<td>ASC</td>
<td>Alpine Shire Council</td>
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<td>AWH</td>
<td>Albury Wodonga Health</td>
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<tr>
<td>AWRFSA</td>
<td>Albury Wodonga Regional Food Security Alliance</td>
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<td>AWRFS</td>
<td>Albury Wodonga Regional FoodShare</td>
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<td>BAEd</td>
<td>Bright Adult Education</td>
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<td>CA Inc.</td>
<td>Community Accessibility Incorporated</td>
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<td>CAP</td>
<td>Community Advisory Program</td>
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<td>CoC</td>
<td>Chamber of Commerce</td>
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<td>CHAG</td>
<td>Consumer Health Advisory Groups</td>
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<td>Department of Health</td>
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<td>GPs</td>
<td>General Practitioners</td>
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<td>HMCL</td>
<td>Hume Medicare Local</td>
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<td>LCBI</td>
<td>Local Community Building Initiatives</td>
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<tr>
<td>Mt BMC</td>
<td>Mount Beauty Medical Centre</td>
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<tr>
<td>Mt BNC</td>
<td>Mt Beauty Neighbourhood Centre</td>
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<tr>
<td>MNC</td>
<td>Myrtleford Neighbourhood Centre</td>
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<td>NEHW</td>
<td>North East Health Wangaratta</td>
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<td>NEVRT</td>
<td>North East Victoria Regional Tourism</td>
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<td>O&amp;K</td>
<td>Ovens and King Community Health</td>
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<td>PCP</td>
<td>Primary Care Partnership</td>
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<td>PCP HP</td>
<td>Primary Care Partnership Health Promotion</td>
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<td>Rural Housing</td>
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<td>TCSC</td>
<td>Transport Connections Steering Committee</td>
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<tr>
<td>U3A</td>
<td>University of the Third Age</td>
</tr>
<tr>
<td>WHGNE</td>
<td>Women's Health Goulburn North East</td>
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</tbody>
</table>
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