



Rural Liveability for the Aged

Western Victoria

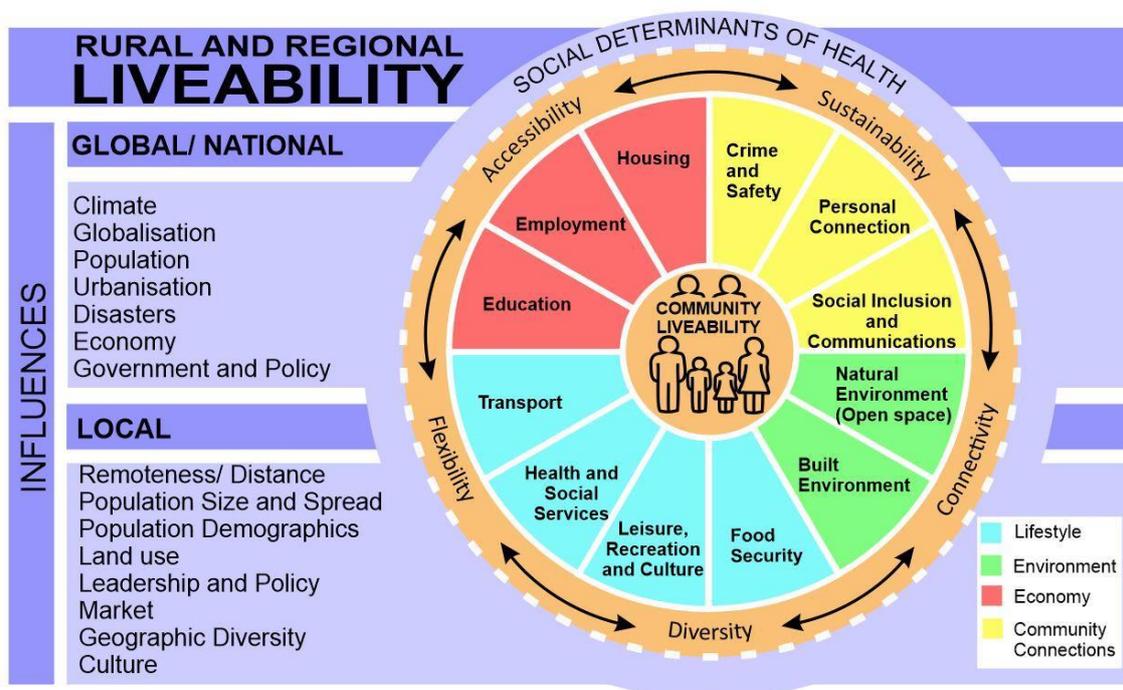
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Background

A range of data illustrates that as rurality increases, life expectancy decreases.¹ Living in regional or remote Victoria can provide many obstacles, where statistics show that different factors affect people in regional and rural areas than those in urban settings. People living in urban area are close to hospitals, primary health care, and daily resources; all these factors, which are available in regional or rural Victoria but limited by distance, availability or cost, become even more unavailable as the population ages. Other factors come into play including the physicality of the task, transport, technological use and other restrictive health factors. These factors can be addressed in multiple ways, to ensure that regional Victoria's ageing population is not left feeling isolated and alone during their day to day lives. Some community programs have been introduced to addresses these isolating factors, these will be discussed in this report. In Victoria, the 10 shires that make up the Wimmera



¹ AIHW - <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health>



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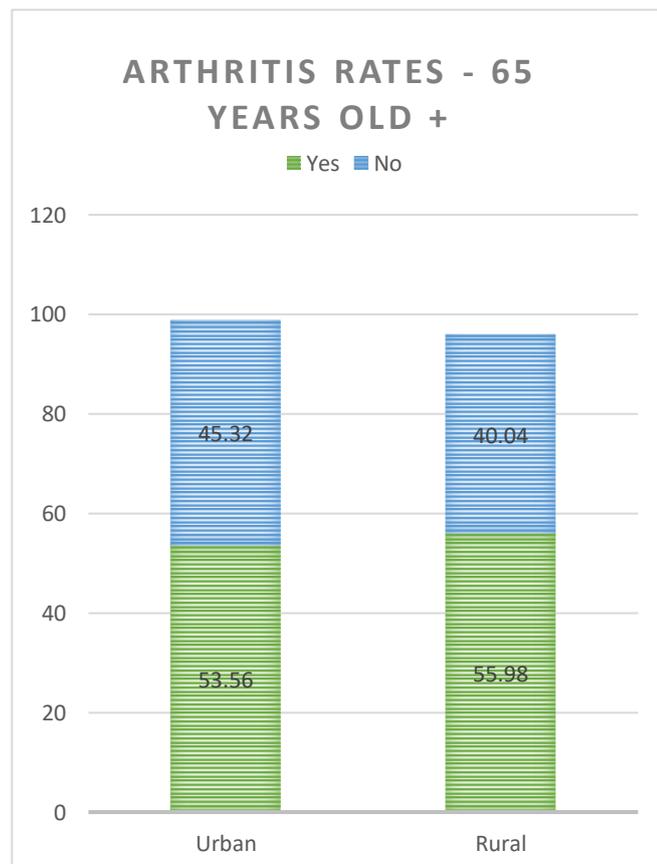
South West region have collaborated to create the above framework, aimed to investigate and address different factors that affect the communities and their ability to thrive.

Liveability measures are created to reach health and wellbeing goals for the 10 shires; this can be used to create progress, measure the progress and make improvements for the future. This diagram will help different sectors, such as shires and sub-regions measure liveability with qualitative and quantitative data.

The Australian Bureau of Statistics (ABS) defines the 'older Australia' population as those over the age of 65 years. The Western District of Victoria (as defined by the Department of Health and Human Services) is a collection of 10 local government agency's (LGAs) extending from Corangamite as its furthest east point to the South Australian border, and the South West Coast to Yarrumbiack as the furthest north point. Meaning this area is very large and holds an extensive proportion of the state. The rural classification for these area's is confirmed by The Australian Statistical Geography Standard (ASGS), created in 2001 by the ABS.

Examples of Adverse Health Outcomes – Rural and Regional

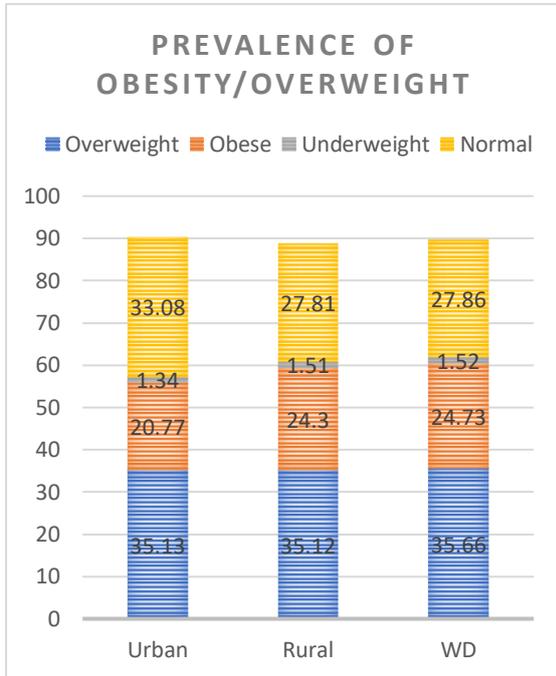
In conducting my research for this report, many data points presented a range of health conditions at a higher incidence in Western District of Victoria. Similar trends are shown in a number of aspects of social capital factors and economic factors. There are many examples of this, however the following are just a small sample of this finding. For example, conditions such as arthritis are higher in Western Victoria in comparison to the urban Victoria (56% versus 53% respectively).





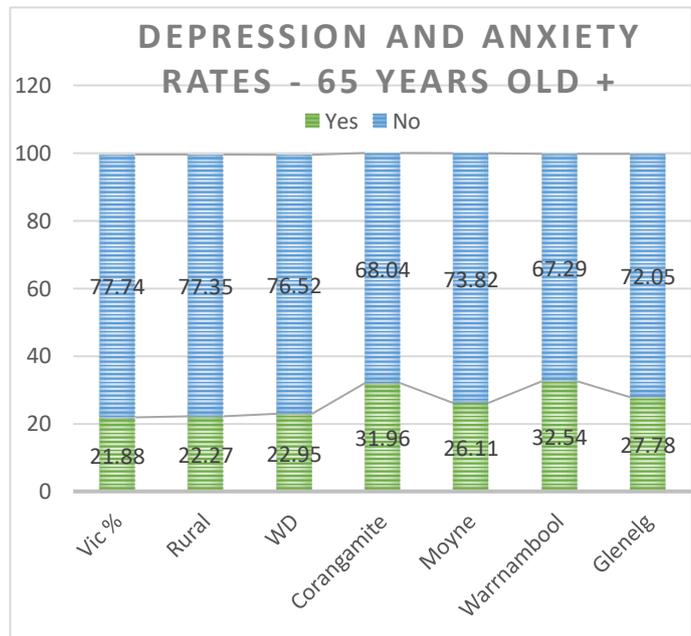
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Obesity is also higher in Western District and Rural Victoria compared to metropolitan and urban areas (25% in WD, 24% in Rural compared to 21% in urban).

Similar to physical health, the mental health of an older person, tends to be worse if situated in a rural area; with depression or anxiety rates sitting at 23% of the overall rural population and 21% of urban. However, these rates dramatically increase when looking at individual Local Government Areas. Specifically, Warrnambool and Corangamite have a very high rate with 32% of the whole population diagnosed with depression or anxiety. Statistics like this can be caused by a myriad of factors; ranging from dietary intake affected by food security to available transportation, or social isolation/lack of family networks and friendship supports.





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Link to Rural Liveability

With a myriad of factors affecting aged population in rural and regional areas, the factors can be broken down into different sections and areas of rural liveability. These factors include, but cannot be limited to, social isolation, food security, transport, employment or income and crime and safety. These specific factors are of particular issue in Western Victoria and require particular attention, in the form of programs to address underlying issues. First each of these factors will be broken down, and later, examples of these programs will be identified.

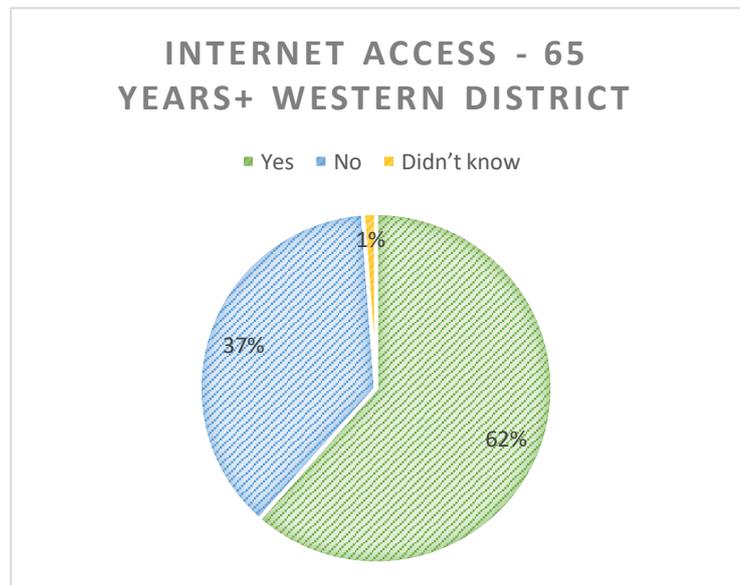
Age-friendly cities

The World Health Organization presented a document and a checklist of features that are essential to 'age-friendly cities.' This document outlines different aspects of the previously mentioned rural liveability framework and elements such as ramps that should be available in specific areas to ensure access for people. Pivotal elements include public transport, access to services available at night and on weekends, which is not the case for many regional cities or towns in Victoria. The purpose of the Age Friendly Cities document is to enhance elements of cities that promote active aging and ensure that people can optimise their health and therefore quality of life, by thriving in their community. With the population of people over the age of 65 expected to double by the year 2050, it is the appropriate time now to make adjustments to community elements that provide support to this demographic as soon as possible. There are elements in these reports that have wide application to rural and regional areas also.

Social Isolation

Firstly, social isolation; as defined by Berg and Cassells²(1992) is 'the absence of social interactions, contacts, and relationships with family and friends.' Present examples of this include a person over the age of 65 living alone, with limited family members visiting. Causes to this may be a small social circle or family, other factors can include external factors such as Covid-19. Instances like this are rare but provide large barriers due to the lack of preparedness for occurrence. Further, isolation can be hindered by lack of access to social outputs such as video calling due to technological use or

internet access. This chart shows that 38% of the ageing rural population do not have access to internet at home. Of the 62% that reported access; the data does not specify the speed of connection, their ability to use the service, the consistency of the service or the ability to afford.



² Berg and Cassells – The Second Fifty Years

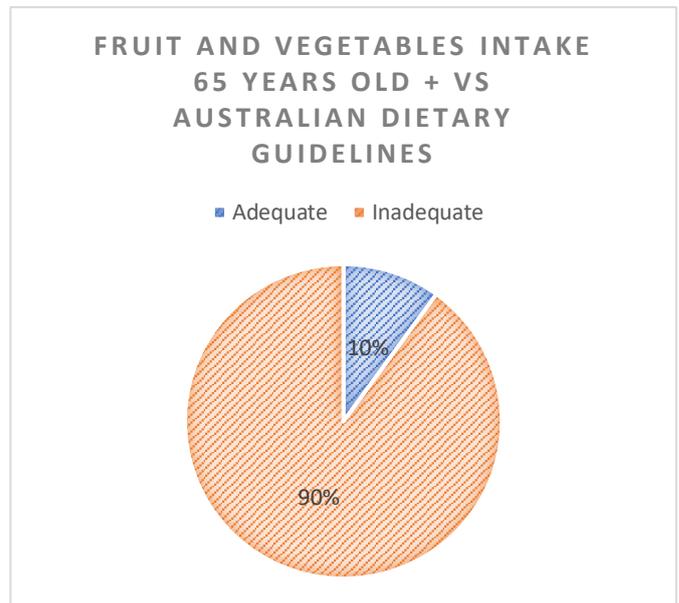


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Food Consumption and Security

Nutrition Australia reports the Australia dietary guidelines entail consuming 5-6 vegetables and 2 piece of fruit per day for adults. Australian Bureau of Statistics, published the National Health Survey results in 2014³, explaining that 90% of 65-year old's and over have inadequate intake of fruit and vegetables recommended by the Australian dietary guidelines. This is illustrated in the graph; meaning that only 10% of people over the age of 65 years has adequate intake of fruit and vegetables. People not having or difficulty accessing to proper fruit and vegetables could lead to a large deficiency in nutrients and therefore decrease in health status. It may also be explained by healthy eating education gaps as data shows Western District has some of the lowest level of food insecurity amongst elderly people. This suggests that choice is a part of the issue here. Ensuring adequate access to, and correct consumption of, nutrients can ensure people over the age of 65 years have the best chance of living a healthy and happy life.



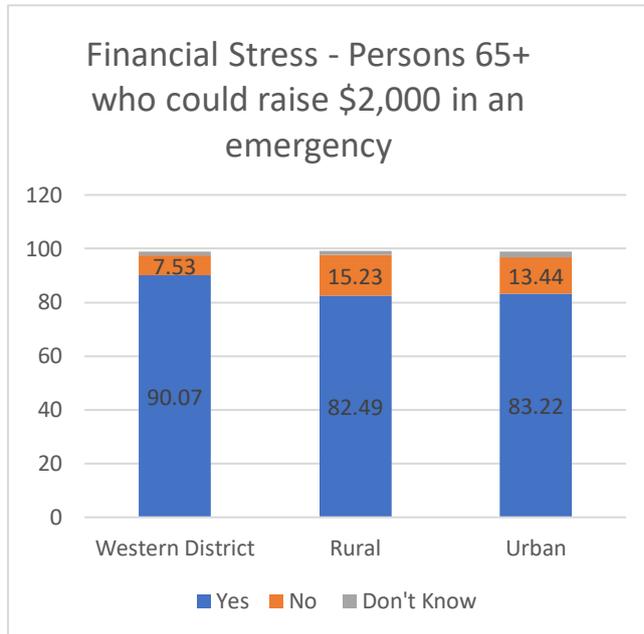
Transport

According to Corcoran, James and Ellis (2004), approximately 50% of people over the age of 65 years do not have access to public transport. Looking into the Victorian train system, and specifically the Warrnambool VLINE service – with trains or buses running 3-4 times per day, with a high frequency of being late – this service becomes unreliable to people, especially when needing to attend medical appointments at specific times. Of those that do have access to transport, how accessible is it or is the cost too expensive to justify the trip? For people over the age of 65 years, money can already be a scarce and the need to spend annually on public transport that may be expensive and unreliable can be a burden. These factors further disadvantage people with no other mode of transport to fall back on. There are many other factors that come into play with transport, ranging from a taxi service's availability to connecting trains and buses between home and major stations. With more rideshare options becoming available, this may see a decrease in people using transport, but the cost factor still very much comes into play, especially if walking is not an option due to distance, physical ability or lack of safe infrastructure.

³ ABS National Health Survey 2014



Employment/Income



People in regional or rural Australia are at a higher risk of experiencing hardship than those in urban areas and this can place many people over the age of 65 years in a situation where they do not have the money for the important elements of life. With a large proportion of the aged population having a low income and a proportion experiencing financial stress⁴, this places them in a high-risk category for not attending to the necessities of life. These include medical treatment, spending enough to eat healthily or commit to their physical health through programs that may have associated costs such as gym programs or swimming sessions. An ability to raise money in an emergency may not adequately describe the total cost

of day to day accumulated expenses when factoring the additional costs of living in a rural or regional setting. A way that we could address this issue could be:

- using funding to increase the amount of free or cheaper classes available at community centres for people over the age of 65
- have a range of options that are modifiable for all fitness levels
- provide a local bus that transports people to ensure they can safely access the service

Of course, suggestions like these are already in play in some centres, but not as widely available and not providing to multiple levels of fitness in the one class. Or on the opposite end of the scale, the programs are available, but they are through a gym, which costs participants a relatively larger proportion of their weekly income compared to younger age groups.

Crime and Safety

According to the Regional Wellbeing Survey results (2016)⁵, approximately 16% of adults living in regional and remote Victoria rate their access to aged care services as poor. This puts elderly people at a significant disadvantage, and can lead to an increased level of anxiety, when it comes to the decision of whether to choose to live at home or move into a facility to receive care. This rating could be due to a myriad of factors such as cost, location or standard care or facility. Ensuring that people have a safe environment to live in is vital to their life. Living in an environment that is not catered to their mobility, or does not allow for family or a carer to provide support when needed, can lead to an increase in incidence of falls and/or medical episodes where treatment is required or is administered long after desired. Addressing social inequities such as safety is important to ensure

⁴ Victorian Population Health Survey 2017

⁵ Regional Wellbeing Survey - <https://www.regionalwellbeing.org.au/>



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that the physical health and mobility of a person is strong for as long as possible. Independence is often cited as a reason for elderly people wanting to remain in their home. Crime plays a role in these decisions. It may be a risk factor that is not as high in regional or rural Australia, but just as vital to address, especially if a person over the age of 65 years has concerns or does not feel safe in their home or traversing their local area.

Outcomes Conclusions and Recommendations

The Local Government Area's focused on will be Corangamite, Moyne, Glenelg, Warrnambool and Southern Grampians Shire. These LGAs make up a large portion of the Western District. There are many programs and initiatives already in place within these LGAs to combat these kinds of discrepancies, some of these examples are included below:

Technology Assistance – Archie Graham and Camperdown Community House

The Archie Graham Community Centre in Warrnambool, which outlines other people in the community willing to volunteer their time to help with technological issues. In places such as their newsletter, they have provided readers with specific people who have a set amount of skills in particular areas such as apple products or 'windows users'. This is an important initiative and can provide people that have access to the internet, the ability to use it to its full advantage. This will also combat issues that arise when people do have access to an internet service, but still cannot use it to be socially connected with their community. This particular initiative will be very beneficial during regular times and perhaps even more important now that we are affected by a global pandemic. Into the future, it will provide a service for people, and the ability for others to help people where and when they can. Similar programs are being adopted and rolled out by Camperdown Community House.

Patient Call-Back and Outreach – Timboon and Mortlake Health Service

Terang and Mortlake Health Service (TMHS), is a multi-agency health service in Victoria's Western District. With an aged-care facility onsite, as well as a hospital with an emergency department, and a day centre. They are a health hub that service the needs of the local towns of Terang and Mortlake and the myriad of 15 towns in the nearby radius. During the COVID-19 pandemic, where many people are isolated from their support networks, especially people over 65, TMHS has provided an extra service for people that have had procedures done at their hospital. Extra services include care packs and phone calls to patients now at home. Initially it was thought that video conferencing programs could be used to check on their clients, but technological issues proved a large barrier. During these unprecedented times, although it may be a simple task, TMHS calling their clients and providing them with the care packages can ensure they feel less isolated in trying times; as well as giving a person something to look forward to. Additional services, such as patient contact after discharge are beneficial in response to COVID-19, but could be a great addition to regular practices in the future, and time allowed to attempt to break the barrier of technological issues, this could reduce the isolation felt by patients, especially if they are still feeling effects of their time in hospital.

Service Provision in Home – WDEA Works

Western District Employment Agency (WDEA) is an employment service that distributes people into the workforce where they are needed. WDEA have many programs including NDIS employment opportunities, that provide people with a disability with employment in many different fields



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including gardening, woodwork, printing and finishing services and cleaning services. Specifically, programs such as WDEA's Clear Cut Gardening, provide a service, for a fee, for people in the Warrnambool and surrounding community. This service is used by many people above the age of 65. This is beneficial to this age group, especially if they are socially isolated, because they may not have anyone in their social connections that can assist them with these activities, or ensure they are not doing any harm to their physical wellbeing. It also can lower the mental load, and anxiety that can come with an overgrown garden, especially during fire and snake seasons. Whilst this does provide a service for the aged population, it also provides a person with a disability paid employment by which they can become independent and thrive in their community.

The One Stop Shop – Lyndoch Living/ACAS

There are many aged care facilities in Western District of Victoria. This includes Lyndoch Living, a multi-agency facility which provides support to people on site with residential services, or in-home support off site, to those still living at home. As part of the Victorian approach to aged care, some aged care providers will complete an in-home support assessment, this will provide you, your family and the support agency with the understanding of your current living needs, and what type of support would be best. This includes a physical and mental health assessment. This kind of local service can provide people 65 years and over, with the peace of mind that regardless of their situation, support is there and can be tailored exactly to the needs of the client, ranging from minimal help, to respite care, to full time intensive care. Some of these services require the ongoing financial commitment of governments to continue to provide these essential services.

Although these initiatives address the large proportion of the population, and the outliers in the statistics in aged population, the current statistics remain unchanged, and more needs to be done to address these areas. These types of initiatives include in-home support that is more extended and widely available.

Gap Analysis

Looking at the programs that are available now, and the potential for programs in the future, there is a large gap in scope. There are many things as communities, hubs, businesses and support programs that can be implemented and brain-stormed to increase the health of our aging population. The current measures that link to rural liveability, and implementations provide a foundation of the work that can be done, but the kind of programs that can be implemented can yield results that positively impact the lives of people and ensure that their lives are enriched. With so much potential in the Western District, with countless programs already started, increasing availability of programs, reach of participants and addressing access issues will no doubt see an increase in attendance, and therefore, reduce factors that isolate people over the age of 65 years and the adverse health outcomes that arise.



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Recommendations

Based on the examples provided and the problems areas indicated, it is evident that programs that are currently running are beneficial, but they need to have a broader scope and a larger reach. Yielding more participants and providing more access to different demographics can increase both the physical and mental health of the aged population and therefore the overall health status of the population.

Using what we have learnt from COVID-19, and the impacts of its isolation – we can attempt to combat some isolating issues that are not COVID-19 related and present themselves at different times. Increasing access to the internet for the aged population would be a great starting point. Although this is a large ‘umbrella’ issue, there are many ways that problems can be addressed. Depending on funding available – people with technological knowledge, the ability to follow a budget and can communicate with telco companies could either be paid or volunteer their time to assist a household to either gain access to the internet or increase the yield of their current service. This would have to include a reasonable budget set by the household, and information on how much data would be suitable and might involve multiple visits, to first understand their current internet situation and then a follow up visit to install a service, with a quick introduction on how to use the service. Primarily this service would be used by people over the age of 65 years, to have someone completely set up their internet system, and connect to any necessary devices. It may even be incorporated into the existing home care package system.

Although this program may not solve all the issues of the internet service in the Western District, it could certainly get the maximum benefit out of what exists and enable places such as the Terang Mortlake Health Service, with the ability to video conference their patients post-op, facilitate GP Telehealth appointments and reduce the fatigue associated with physically making and travelling to appointments.

Another advantage may be the increase in yield of programs. For example, yoga at a local day centre could run a bus for people in the town of Warrnambool and it could add, by way of a good camera and internet connection, enable the residents who live out of town and cannot make it to the session the opportunity to participate. This not only allows participation but includes being social, visible and present in their community. Once comfortable with the process, other issues could be resolved as we entice more people to get a telehealth appointment. For example, a person that doesn’t return a bowel cancer screening test, or for some reason does not receive one – might address a symptom with their GP with telehealth and gain a diagnosis through that channel instead of the test, which might otherwise be missed.

There are many different layers and factors involved in rural liveability, and even more so for the 65years and over age group. With many alarming health indicators outlined, and the implications of the current pandemic not yet addressed, now is a better time than any to try and reduce the isolation to the aging population. After all, the number of people over the age of 65 is going to continue to increase. If we choose not to adequately address the negative statistics now, then they will continue to worsen. Programs implemented during and before COVID-19 are prime examples that change is do-able, but just needs to be increased and adjusted to suit more people. With so many excellent programs available in the regions of the Western District, now is the time to increase these services to cater for the growing population in the future.



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Brigette MacDonald completed this report as part of her final year work placement as part of a partnership with LaTrobe University, Health Sciences Faculty, Bendigo, Victoria