

---

**Health and Wellbeing Needs of Older People in the  
Eastern Region of Melbourne**

---

**Grey Literature Review - September 2016**



## ACKNOWLEDGEMENTS

Inner East Primary Care Partnership (IEPCP) would like to thank the following organisations for their valuable contributions to this grey literature review:

Carrington Health

Chinese Community Social Services Centre Inc.

City of Boroondara

City of Monash

City of Whitehorse

EACH Social and Community Health

Eastern Melbourne Primary Health Network (EMPHN)

Eastern Volunteers

Inner East Community Health Service

Knox City Council

Knox Community Health Service

Maroondah City Council

Manningham City Council

Manningham community health service

Migrant Information Centre (Eastern Melbourne)

Outer East Health and Community Support Alliance

Toolangi Castella District Community House Inc.

Yarra Ranges Council

In addition, the IEPCP acknowledges the significant contribution of Vivian Yin in conducting this review.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	1
TABLE OF CONTENTS .....	2
LIST OF ACRONYMS .....	2
1. INTRODUCTION.....	3
2. METHODOLOGY .....	4
3. KEY THEMES.....	5
4. LIMITATIONS OF THE REVIEW .....	8
5. CONCLUSION.....	8
6. REFERENCES .....	9
7. APPENDIX 1 Summary of Findings .....	11
8. APPENDIX 2 Health and Wellbeing Indicators.....	19

## LIST OF ACRONYMS

CALD	Culturally and Linguistically Diverse
EMR	Eastern Metropolitan Region
GP	General Practitioner
IEPCP	Inner East Primary Care Partnership
LGA	Local Government Area
OH&S	Occupational Health and Safety
U3A	University of the Third Age

## 1. INTRODUCTION

The Health and Wellbeing Needs Analysis of Older People Living in the Eastern Metropolitan Region (EMR) Project aims to address the research question of what older people in the EMR need to maintain health, wellbeing, independence and safety as our population ages.

As part of this project, a grey literature review was conducted between February and June 2016. The objectives of the review were to identify, collect and synthesise existing reports that illuminate the health, wellbeing, independence and safety needs of older people in the EMR; determine the strengths and barriers for older people in the EMR; and identify potential gaps and areas of common interest.

The grey literature included community consultations and evaluations completed by organisations in the EMR, including the local government areas of Boroondara, Manningham, Monash, Whitehorse, Knox, Maroondah and Yarra Ranges. Twenty-five (25) documents were reviewed from 18 organisations.

To analyse the health and wellbeing needs of older people living in the EMR, a list of indicators (see Appendix 2) was developed based on the social determinants of health and indexes which aim to measure the ageing experience and wellbeing. The grey literature was examined using these indicators as a guide:

- Demographics
- Need for support
- Social and economic factors
- Community safety
- Physical environment
- Health, including mental health

The grey literature will contribute to the overall needs analysis findings through the process of triangulation of evidence. Further consultations may be required when priority areas are identified.

*This review is part of a larger project to identify the health and wellbeing needs of older people in the eastern region of Melbourne.*

*For more information:*

<http://iepcp.org.au/key-project/older-people-health-wellbeing/>

*Telephone: (03) 8843 2305*

## 2. METHODOLOGY

Introductory emails about the project and purpose of the grey literature collection were sent to relevant organisations based in EMR and followed up with phone calls and emails. The types of services and organisations included were Councils, Community Health Services, Neighbourhood Houses, Primary Care Partnerships, volunteer services, aged cared services, palliative care and the Eastern Melbourne Primary Health Network (EMPHN). More than 100 documents were collected from 28 services and organisations as grey literature. As only 24 documents exactly matched the inclusion criteria, the criteria was adjusted, for example including documents that recorded the views of carers and support workers as well as community members.

### 2.1. Inclusion Criteria

Criteria	Description
<b>Types of grey literature</b>	<ul style="list-style-type: none"><li>• Community consultations</li><li>• Project evaluations</li><li>• Program evaluations</li></ul>
<b>Region</b>	Seven local government areas (LGA's) of the EMR including Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges. Inclusion criteria: <ul style="list-style-type: none"><li>• Organisations based in the EMR</li><li>• Fieldwork conducted in the EMR</li><li>• Community members live in the EMR</li></ul>
<b>Age range of community members</b>	55+
<b>Year of publication</b>	From 2011 to 2016

### 3. KEY THEMES

Most of the findings from the grey literature related to the social and economic indicators that contribute to health, wellbeing, independence and safety. The main exceptions are findings regarding transport which sit within the physical environment indicators, and findings regarding physical activity which link to the health indicators. The themes arising can be grouped under the headings of financial stress, health literacy (communication and information), community engagement and participation and transport. An additional section on community strengths has been added.

#### 3.1 Financial Stress

There were a number of financial issues that were seen to have an impact on the health and wellbeing of older people in the EMR.

Six documents had some findings related to financial stress. The key issues identified were affordability of housing and housing related costs, particularly for people living alone; and the lack of disposable income limited access to healthy food, physical activity and recreation; and services. Community members said there is a need for more information about financial matters such as financial planning, affordability of nursing homes, information on pensions and how to qualify, and affordable supports and services. Carers particularly identified the importance of financial support in their caring role (Clifford (1), 2015).

#### 3.2 Health Literacy (communication and information)

Health literacy is critical to empowering people to manage their own health by health education; improving people's access to health information; and improving people's capacity to use this information effectively (World Health Organization , 2016). Health Literacy is defined as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health." (World Health Organization , 2016).

The impact of low health literacy was reflected in many aspects of the literature review and affected a wide range of health and wellbeing issues. These included: limited understanding of services available and eligibility requirements, information about chronic conditions, lack of skills and access to the internet and IT based technology. There was also an expressed need for a stronger understanding of the health system, in particular aged care options and costs.

The documents showed that language and culture also impact on health literacy significantly. People from culturally and linguistically diverse backgrounds have reduced ability to access information about health, wellbeing and services and to participate in the community. More information is needed through culturally appropriate translated information or delivered by bilingual workers rather than interpreters. Free English classes are acceptable to improve language skills but CALD community members need support to access services.

A key finding from community consultations was that more education about health issues is needed, for example, evaluators of the Cooking Small Eating Well pilot program found from clients' feedback that some community members lack knowledge of being underweight (Outer East Health and Community Support Alliance , 2015); people with a chronic condition felt it is difficult to get information about their health conditions and how to manage a chronic condition (Clifford (2), 2015); and Chinese and Vietnamese people with diabetes all identified a lack of diabetes related information (Gill, 2015).

Suggested approaches to provide more information were through information hubs organised by Councils, GPs, and health education forums, talks and events. It is important to understand the health information seeking habits of individuals to provide the best information.

### 3.3 Community engagement and participation

There were many aspects of older people's lives that had an impact on their ability to connect with others. People who are particularly vulnerable to social isolation are those who live alone, those living in retirement villages and nursing homes, carers and people with chronic conditions. Generally, older people have more difficulties getting out and about to join in activities. Contributing factors to social isolation included living alone, living away from family, lack of time, financial stress, poor health, limited mobility, transport, language and culture, feelings of stigma, and lack of knowledge about activities and services available. Lack of access to or interest in the internet and other relevant technologies also contributed to social isolation, particularly for people aged over 80.

The documents indicated a preference for affordable or free activities with accessible transport options; activities that take into account the older person's preferences, involving older people in decision making, offering intergenerational activities and providing more spaces with good facilities.

While there were limited findings about older people's participation in physical activity, it is worth noting the findings which are similar to those for community engagement and participation. The findings about physical activity confirmed that walking is the preferred physical activity type. Other activity types enjoyed included cycling, gym, strength training, gardening, golf, bowls, swimming and tai chi. Groups most at risk of physical inactivity were people over 80 years old, carers and people living with chronic conditions. Factors that affected physical activity included self-motivation, medical conditions, weather, time, cost and safety fears such as fear of falling.

### 3.4 Transport

Transport issues can limit older people's ability to participate in social, physical and recreational activities, and their ability to attend medical appointments and manage their own health and wellbeing.

There were a number of findings from the grey literature analysis about transport issues for older people. The issues identified included a lack of public transport options, particularly in the outer east, including frequency of services and limited routes and destinations. Other issues were the cost of fares, difficulties using MYKI, safety concerns when boarding and disembarking and safety at night. On the positive side, older people in Monash and Boroondara rated access to public transport quite high.

People most likely to experience transport issues were carers, people with chronic conditions, people with mental health issues, and people who are socially isolated.

There were some findings about transport options other than public transport: Taxis were seen as not reliable, providing a limited service and not available for short trips. Driving is limited by availability of suitable parking. Community transport is highly valued but not well known and also limited, particularly by volunteer requirements.

The findings also suggested that older people want more transport options, including community transport with a helpful driver who can escort people door to door to medical appointments and shopping. In addition grab rails could be installed in pedestrian traffic areas and public transport frequency, reach and accessibility could be improved.

### 3.5 Community Strengths

While one of the aims of the needs analysis is to highlight community strengths and areas where people are doing well to maintain their own health and wellbeing, there were limited findings about this from the documents collected. The community strengths identified in the grey literature were mostly related to the inner east area and included:

- Good access to public transport, particularly in Monash and Boroondara;
- Access to leisure activities such as Men’s Sheds, arts and related activities; parks and open spaces; senior citizens clubs; U3A, and other social and educational activities;
- Good quality parks and open spaces identified in Maroondah, Monash, Boroondara and Whitehorse.

Although not identified as a community strength, comments were also made that older people living in the EMR who own their own homes are asset rich. The negative aspect of this is that they may also have insufficient finances to manage their daily expenses.

### 3.6 Gaps in the findings

There was a significant gap in the findings about many of the risk factors for maintaining physical health, such as alcohol consumption, tobacco use, and healthy eating and about participation in prevention activities such as regular health checks, cancer screening and immunisation. There were no findings about the impact of socio-economic disadvantage on health and wellbeing nor on sexuality. Some indicators had limited findings including feelings of community safety, the physical environment and how this contributes to health and wellbeing, and need for support.

In addition, topics identified as issues by the community from the grey literature are not included in the agreed health and wellbeing indicators: climate change (City of Whitehorse, 2012); emergency management (Clifford (1), 2015; City of Whitehorse, 2012); and bushfires (Mackay, 2015).

### 3.7 Inter-relationships between the indicators

This analysis of grey literature highlights the inter-relationship between indicators for health, wellbeing, independence and safety. Any single indicator cannot be looked at in isolation but should be considered in the context of a range of other indicators. Table 1 below highlights what the findings tell us about the inter play between the indicators:

Table 1: Inter-relationship between health and wellbeing indicators

Indicators	Can be impacted by	
<b>Community participation &amp; engagement</b>	Financial issues Low level of health literacy Retirement Language barriers Physical inactivity	Chronic disease Transport issues Disability Caring role Living independently
<b>Transport</b>	Financial issues Chronic disease Mental health issues Physical inactivity	Safety issues Caring role Disability Living independently
<b>Physical in/activity</b>	Financial issues Chronic disease Public open space and walkability	Caring role Safety issues Disability

Indicators	Have impacts on	
<b>Financial issues</b>	Housing Community engagement Physical activity	Nutritious food consumption transport service access
<b>Low health literacy</b>	Community engagement Nutritious food consumption	Living independently Service access
<b>Language and cultural barriers</b>	Health literacy Community engagement	Service access

## 4. LIMITATIONS OF THE REVIEW

As the grey literature review is based on existing consultations, evaluations and program reports, the conclusions drawn need to be qualified by the limitations of the data.

Firstly, the use of existing reports and consultations limited the scope of the reports to the needs of the organisations' that contributed them, rather than the aim of this needs analysis. This includes the types of questions asked, the range of community members consulted and the reason for collecting the information. For example, some findings were related to CALD communities and Aboriginal and Torres Strait Islanders, but most findings were based on the general population. Most of the documents consulted with people use formal services rather than those living in the general community living fully independently. The exception would be documents from Councils who consult more broadly than with just service users. More consultations with a range of community members from specific communities or with specific characteristics would be helpful to better understand their health and wellbeing needs.

Secondly, the number of collected documents is limited and only 24 documents match the inclusion criteria. Not all organisations had relevant reports and consultations to contribute and not all geographic areas were covered in the same depth. Valid documents were mainly from Councils, Community Health Services, Neighbourhood Houses, Migrant Information Centre, Primary Care Partnership and Volunteer services. There is a gap of organisation types, for example, Aged Cared Services, other CALD Community Services besides Chinese and Vietnamese services, Palliative Care, and Health services.

## 5. CONCLUSION

This grey literature review of consultations, evaluations and program reports gives some insight into the health, wellbeing, independence and safety needs of older people living in the EMR. While there were some limitations with the breadth and scope of the documents analysed, key issues were identified about financial stress, health literacy, community engagement and participation, and transport and how these impact on older people and their ability to stay healthy and well. The inter relationship between indicators of health and wellbeing was also clear and highlights that individual indicators cannot be looked at in isolation as a measure of health and wellbeing.

## 6. REFERENCES

- Alzheimer's Australia. (2013). *Dementia Prevalence in Victoria: the Statistics 2013*. Melbourne: Alzheimer's Australia.
- Cancer Council Victoria. (2015). *Cancer in Victoria Statistics & Trends 2014*. Melbourne: Cancer Council Victoria.
- Carrington Health. (2015). Chinese Friends of Health Evaluation. Whitehorse, VIC, Australia.
- Chinese Community Social Services Centre Inc. (2014). *PAG Consumers' Feedback Summary Report ( Focus group) – 2014/2015*. Whitehorse: Chinese Community Social Services Centre.
- City of Boroondara. (2014). *Creating an Age-friendly Boroondara 2014-19*. Boroondara: City of Boroondara.
- City of Monash. (2010). *Positive Ageing Action Plan 2010-2014*. Monash: City of Monash.
- City of Whitehorse. (2012). *Positive Ageing Strategy 2012-2017*. Whitehorse: City of Whitehorse.
- Clifford (1), S. (2015). *HealthPathways Melbourne Community Resource Project Carer Consultation Report: Understanding carers' needs from the GP perspective*. Whitehorse: Inner East Primary Care Partnership.
- Clifford (2), S. (2015). *HealthPathways Melbourne Community Resource Project Consumer Consultation Report: Services making a difference to managing chronic illness*. Whitehorse: Inner East Primary Care Partnership.
- Department of Health & Human Services . (2014). *Eastern Metropolitan Region*. Melbourne: Department of Health & Human Services .
- EACH Social and Community Health. (2016). *Matter of Trust – Preventing Financial Elder Abuse in CaLD Communities*. Maroondah: EACH.
- Gill, M. (2015). *Improving Access and Coordination of Diabetes Education in the EMR - Community Consultations*. EMR Diabetes Initiatives Steering Committee.
- Kellard , K., & Fishman, A. (2014). *Inner East Community Health Service Health Communication in Inner East Melbourne*. North Melbourne: The Social Research Centre.
- Knox City Council . (2012). Stringybark Festival compilation of surveys 2012. Knox, VIC, Australia.
- Knox City Council. (2013). *Knox@50 Final Report*. Knox: Knox City Council.
- Knox Community Health Service. (2013). *Working Together Client Survey Report 2013*. Knox: Knox Community Health Service.
- Mackay, K. (2015). *Fit for Free Program Evaluation Report*. Yarra Ranges: Toolangi Castella District Community House Inc.
- Manningham City Council. (2012). *Ageing Well in Manningham Strategy 2012 -2018*. Manningham: Manningham City Council.
- Manningham City Council. (2012). *Report to the Victorian Government of the Service Needs Analysis for the Municipality of Manningham*. Manningham: Manningham City Council.
- Manningham community health service. (2014). *Strategic Issue Report: Community Gym*. Manningham: Manningham community health service.
- Migrant Information Centre (Eastern Melbourne). (2015). *Supporting CALD Communities Project*. Whitehorse: Migrant Information Centre (Eastern Melbourne).

- Outer East Health and Community Support Alliance . (2015). *Cooking Small Eating Well Pilot Program Evaluation Report* . Yarra Ranges: Yarra Ranges Council.
- Porteous, S. (2016, April). Health and Wellbeing Needs Analysis of Older People Living in the Eastern Metropolitan Region: Background & Context . Whitehorse, VIC, Australia.
- Porteous, S. (2016). Health and Wellbeing Needs Analysis of Older People Living in the Eastern Region of Melbourne: Development of Health and Wellbeing Indicators. Whitehorse, VIC, Australia.
- Porteous, S. (2016, May). Health and Wellbeing Needs Analysis of Older People Living in the Eastern Region of Melbourne: Project Brief. Whitehorse, VIC, Australia.
- Suich, K. (2016). *Eastern Get-About Supported Community Transport Pilot Project: The Partners in Recovery Consultation Summary Report February 2016*. Maroondah: Eastern Volunteers .
- Thornton, K., & Renehan, S. (2012). *Maroondah Dietetic Needs Assessment and EACH Dietetic Service Review*. Maroondah: EACH.
- World Health Organization . (2016). *Track 2: Health literacy and health behaviour*. Retrieved from World Health Organization : <http://www.who.int/healthpromotion/conferences/7gchp/track2/en/>
- Yarra Ranges Council. (2013). Active Ageing Forums for 2013 and 2014. Yarra Ranges, VIC, Australia.

## 7. APPENDIX 1 Summary of Findings

### 7.1. Need for Support

Indicators	Findings	References
<b>Disability</b>	<p><b>Community recommended solutions and needs</b></p> <p>There is a need for:</p> <ul style="list-style-type: none"> <li>• More disabled parking around shopping areas and health and wellbeing services;</li> <li>• More accessible places for disabled older people to socialise;</li> <li>• Improved disabled toilets;</li> <li>• More accessible public transport for disabled older people.</li> </ul>	<p>(City of Boroondara, 2014)</p> <p>(City of Monash, 2010)</p> <p>(Knox City Council, 2013)</p> <p>(Clifford (1), 2015)</p>
<b>Living Independently</b>	<p><b>Identified issues</b></p> <ul style="list-style-type: none"> <li>• Strong desire to stay living independently at home, with support if required</li> <li>• Difficulties accessing to transport;</li> <li>• Difficulties maintaining the house, including waste collection and gardening;</li> <li>• A lack of awareness about available in-home support services;</li> <li>• Mobility issues and reliance on others;</li> <li>• Issues on affordability of living in one's own home.</li> </ul>	<p>(City of Boroondara, 2014)</p> <p>(City of Monash, 2010)</p> <p>(Yarra Ranges Council, 2013)</p> <p>(Maroondah City Council, 2015)</p>

### 7.2. Social and Economic Indicators

Indicators	Findings	References
<b>Financial</b>	<p><b>Identified issues</b></p> <ul style="list-style-type: none"> <li>• Older people who rent and live alone had financial stress due to housing-related costs which were more than 30 per cent of their income;</li> <li>• Financial stress is one of the major barriers that prevents older people from participating in social, physical and recreational activities;</li> <li>• It is expensive to buy foods from local supermarkets, and healthy food is more expensive than convenience or highly processed foods;</li> <li>• Lack of understanding of financial implications is one of the barriers for service access.</li> </ul>	<p>(City of Monash, 2010)</p> <p>(City of Whitehorse, 2012)</p> <p>(Yarra Ranges Council, 2013)</p> <p>(Clifford (1), 2015)</p>
	<p><b>Community recommended solutions and needs</b></p> <ul style="list-style-type: none"> <li>• General Practitioners (GPs) can support low income carers and their recipients by using HealthPathways to find information on appropriate support groups and facilities;</li> <li>• Information sessions about financial planning including information on affordability of nursing homes, with or without owning a home; and information on pensions and how to qualify are preferred.</li> </ul>	<p>(Clifford (1), 2015)</p> <p>(Knox City Council, 2013)</p> <p>(Manningham community health service, 2014)</p>

<p><b>Housing</b></p>	<p><b>Identified issues</b></p> <p>Some older people own large houses but have insufficient financial support to maintain their daily expenses, but deterrents identified to downsizing to smaller properties were:</p> <ul style="list-style-type: none"> <li>• Lack of smaller and affordable properties;</li> <li>• The possibility of losing the pension and benefit entitlements due to the sale of a property;</li> <li>• The possibility of attracting high stamp duty costs due to the sale of a property.</li> <li>• Need for quality and affordable support services to stay living at home independently</li> </ul> <p>Importance of having housing that suits changing needs as you age.</p>	<p>(City of Boroondara, 2014) (Knox City Council, 2013) (Maroondah City Council, 2015); (Wayfarer Consulting, 2014)</p>
<p><b>Education (Health Literacy)</b></p>	<p><b>Identified issues</b></p> <ul style="list-style-type: none"> <li>• Valued information already provided through range of avenues such as community directory and bulletins</li> <li>• Lack knowledge on health issues, especially chronic conditions;</li> <li>• Lack awareness and knowledge of health and wellbeing services. These services are: <ul style="list-style-type: none"> <li>○ Community health services and allied health services, including diabetes services</li> <li>○ Aged care service</li> <li>○ Services for carers</li> </ul> </li> <li>• Lack awareness of eligibility for services.</li> <li>• Expect to receive information via a range of communication methods; importance of getting information to socially isolated people.</li> </ul>	<p>(Carrington Health, 2015); (City of Boroondara, 2014); (Clifford (1), 2015); (Clifford (2), 2015); (Gill, 2015); (Kellard &amp; Fishman, 2014); (Outer East Health and Community Support Alliance, 2015); (Thornton &amp; Renehan, 2012); (Maroondah City Council, 2015); (Wayfarer Consulting, 2014)</p>
	<p><b>Contributing factors to identified issues</b></p> <ul style="list-style-type: none"> <li>• A feeling of shame or stigmatisation</li> <li>• No access to a computer or the internet</li> <li>• Language barriers</li> <li>• Health-information seeking habits</li> </ul>	<p>(Kellard &amp; Fishman, 2014) (Knox City Council, 2013) (Gill, 2015)</p>
	<p><b>Community recommended solutions and needs</b></p> <ul style="list-style-type: none"> <li>• Enhance the role of the councils as information hubs;</li> <li>• Enhance the role of GPs as a primary source of guidance;</li> <li>• Health education including health forums, expos, workshops, talks and service tours are needed;</li> <li>• Community events can increase older people’s health knowledge and awareness of health services;</li> <li>• Service providers should put emphasis on language needs;</li> <li>• Consider community members’ health-information seeking habits, including newspapers, printed materials, advertisements; mails; internet; social media; senior clubs and other clubs; radio and television.</li> </ul>	<p>(Carrington Health, 2015) (Clifford (1), 2015) (Clifford (2), 2015) (City of Boroondara, 2014) (City of Monash, 2010) (Gill, 2015) (Kellard &amp; Fishman, 2014) (Migrant Information Centre (Eastern Melbourne), 2015)</p>

	<ul style="list-style-type: none"> <li>Have dedicated avenues for delivering information to older people such as column in council news.</li> </ul>	(Thornton & Renehan, 2012); (Wayfarer Consulting, 2014)
Retirement	<p><b>Identified issues</b></p> <ul style="list-style-type: none"> <li>There is a lack of smaller affordable properties, especially in retirement villages;</li> <li>Retirees can be socially isolated after moving to a retirement village;</li> <li>Lack of understanding of the financial implications for self-funded retirees.</li> </ul>	(City of Boroondara, 2014) (City of Whitehorse, 2012) (Clifford (1), 2015)
	<p><b>Community recommended solutions and needs</b></p> <ul style="list-style-type: none"> <li>A need for strategies to address the affordability of existing retirement homes;</li> <li>A need for share housing options as an alternative to retirement villages;</li> <li>A need for more retirement homes built where there is easy access to facilities including green spaces;</li> <li>A need for educational sessions that assist those who are retired to become involved in the community.</li> </ul>	(Knox City Council, 2013)
Language and Culture	<p><b>Identified issues:</b></p> <ul style="list-style-type: none"> <li>Older people with low English proficiency have difficulties accessing information and health and wellbeing services;</li> <li>Low English proficiency affects older people's ability to participate in community life.</li> </ul>	(Carrington Health, 2015) (City of Boroondara, 2014) (Gill, 2015) (Manningham City Council, 2012); (Maroondah City Council, 2015); (Wayfarer Consulting, 2014)
	<p><b>Community concerns about language related issues:</b></p> <ul style="list-style-type: none"> <li>It is a challenge for older people to learn English as they may lose their ability to learn a new language;</li> <li>The use of language interpreters may not be preferred as service coordination and health knowledge can be complex.</li> </ul>	(City of Whitehorse, 2012) (Gill, 2015)
	<p><b>Community recommended solutions and needs</b></p> <ul style="list-style-type: none"> <li>Older people prefer to see health professionals who can speak their own language;</li> <li>Although It is a challenge for them to learn English at their age, they are happy to attend free English classes;</li> <li>Support is needed for non-English speaking carers who need to make decisions about health and wellbeing services including aged care services;</li> <li>A need for more language-specific health education, information, services and activities.</li> </ul>	(Carrington Health, 2015) (City of Whitehorse, 2012) (Gill, 2015) (Knox City Council, 2013) (Migrant Information Centre (Eastern Melbourne), 2015);

	<ul style="list-style-type: none"> <li>Information including translated resources, services and activities should be culturally-appropriate</li> <li>Given that, some health and wellbeing services may not exist in culturally and linguistically diverse (CALD) community's culture, there is a need for more culturally-appropriate service expos and service tours to enhance aged CALD community members' understanding of health and wellbeing services.</li> </ul>	
<b>Volunteering</b>	<p><b><u>Community recommended solutions and needs</u></b></p> <p>Aged community members regard volunteers as important to support their health and wellbeing needs and suggested more volunteers are needed:</p> <ul style="list-style-type: none"> <li>Older people consider "word-of-mouth" as one of the most effective means for them to communicate with the community. Thus, the volunteer sector can be a potential community connector;</li> <li>Volunteer work was regarded as the most helpful social support for older people with a chronic illness;</li> <li>More volunteers are needed to support older people's transport needs.</li> <li>Positive about volunteering opportunities available.</li> </ul>	(City of Boroondara, 2014) (Clifford (2), 2015); (Knox City Council, 2013); (Manningham community health service, 2014); (Maroondah City Council, 2015); (Wayfarer Consulting, 2014)
<b>Community Engagement (Family, social and civic participation)</b>	<p><b><u>Identified issues</u></b></p> <ul style="list-style-type: none"> <li>Older people have difficulties getting out and about;</li> <li>Lack of family living locally increases risk of social isolation;</li> <li>Find it hard to keep active and join in activities;</li> <li>Inner east councils had positive feedback about Men's Sheds, arts &amp; related activities; parks and open spaces; senior citizens clubs; U3A, other social and educational activities.</li> <li>Want to continue to be engaged in community life.</li> <li>Respect and social inclusion are important.</li> <li>Lack of employment and training opportunities apart from volunteering.</li> </ul>	(City of Whitehorse, 2012); (Yarra Ranges Council, 2013); (Maroondah City Council, 2015); (Wayfarer Consulting, 2014)
	<p><b><u>Contributing factors to identified issues</u></b></p> <ul style="list-style-type: none"> <li>Time constraints</li> <li>Financial stress</li> <li>Health conditions</li> <li>Mobility limitations</li> <li>Disability</li> <li>Transport accessibility and limitations</li> <li>Ethnicity and sexuality</li> <li>Language barriers</li> <li>Stigma</li> <li>Lack of knowledge about available services and activities</li> </ul>	(City of Boroondara, 2014); (City of Monash, 2010); (City of Whitehorse, 2012); (Suich, 2016); (Maroondah City Council, 2015); (Wayfarer Consulting, 2014)
	<p><b><u>Groups at risk of social isolation</u></b></p> <ul style="list-style-type: none"> <li>Older people who live alone</li> <li>Older people who live in a retirement village or a nursing home</li> <li>Aged carers</li> <li>Older people with a chronic condition</li> </ul>	(City of Boroondara, 2014) (City of Whitehorse, 2012) (Clifford (1), 2015) (Clifford (2), 2015)

	<p><b>Community recommended solutions and needs</b></p> <ul style="list-style-type: none"> <li>• Focusing on older people’s preferences of activities;</li> <li>• More intergenerational activities;</li> <li>• More affordable or free social activities;</li> <li>• More affordable and accessible transport services;</li> <li>• More meeting spaces with good facilities;</li> <li>• Being involved in decision making;</li> <li>• More information in variety of formats</li> </ul>	<p>(City of Boroondara, 2014)          (City of Monash, 2010)          (City of Whitehorse, 2012)          (Clifford (1), 2015)          (Clifford (2), 2015)          (Knox City Council, 2013)          (Manningham City Council, 2012);          (Maroondah City Council, 2015);          (Wayfarer Consulting, 2014)</p>
<p><b>Community Engagement (Access to Internet or use of technology)</b></p>	<p><b>Identified issues:</b></p> <ul style="list-style-type: none"> <li>• Lack of access to or interest in the Internet and relevant technologies was identified as one of the causes of social isolation;</li> <li>• Many older people were reported to have very limited access to the Internet or other technologies, especially those who are in their 80s.</li> </ul>	<p>(City of Boroondara, 2014)          (City of Whitehorse, 2012)          (Knox City Council, 2013)</p>

### 7.3. Community Safety

Indicators	Findings	References
<p><b>Community Safety</b></p>	<p><b>Identified issues</b></p> <ul style="list-style-type: none"> <li>• People over 70 years of age are more likely to feel unsafe on public transport at night than people under 60 years of age;</li> <li>• Personal or property crime, public spaces safety and public transport safety are all areas of concern;</li> <li>• There is a concern about walking at night and lack of safe walking paths.</li> </ul>	<p>(City of Boroondara, 2014)          (City of Whitehorse, 2012)          (Yarra Ranges Council, 2013)</p>

### 7.4. Physical Environment

Indicators	Findings	References
<p><b>Transport</b></p>	<p>Transport issues can limit older people’s ability to participate in social, physical and recreational activities, and their ability to attend medical appointments and manage their own health and wellbeing.</p> <p><b>Identified issues for accessing public transport:</b></p> <ul style="list-style-type: none"> <li>• Lack of public transport options;</li> <li>• A poor frequency of service;</li> <li>• Public transport routes and destinations are limited;</li> <li>• Public transport fares added to cost of living pressures;</li> <li>• Difficulties with MYKI cards;</li> <li>• Getting on and off – navigating access points</li> </ul>	<p>(City of Boroondara, 2014)          (City of Monash, 2010)          (City of Whitehorse, 2012)          (Knox City Council, 2013)          (Suich, 2016)          (Yarra Ranges Council, 2013)</p>

	<ul style="list-style-type: none"> <li>• Safety issues, including boarding, sitting down, disembarking and feeling unsafe on public transport during the evening;</li> <li>• In the outer east, older residents from Yarra Ranges expressed their concerns about the public transport availability, especially when they are outside the town; and those from Knox said there was a lack of appropriate linkages across the suburbs and the availability of public transport after hours.</li> <li>• In the inner east, access to transport was rated highly amongst older community members in the Cities of Monash and Boroondara.</li> </ul>	<p>(Maroondah City Council, 2015); (Wayfarer Consulting, 2014)</p>
	<p><b>Identified issues for accessing other modes of transport:</b></p> <p>Taxis:</p> <ul style="list-style-type: none"> <li>• Taxis are not reliable</li> <li>• Taxi services are limited;</li> <li>• Discourtesy and refusal to take short trips by taxi drivers was reported.</li> </ul> <p>Driving:</p> <ul style="list-style-type: none"> <li>• Driving itself is an issue; loss of license affects independence.</li> <li>• Parking is limited, including disabled parking.</li> </ul> <p>Community Bus:</p> <ul style="list-style-type: none"> <li>• Community bus is highly valued but also not well known in the community;</li> <li>• Community transport is limited;</li> <li>• Lack of volunteer Insurance and Occupational Health and Safety (OH&amp;S) legislation can be barriers to the use of community buses.</li> </ul>	<p>(City of Boroondara, 2014) (City of Whitehorse, 2012) (Clifford (2), 2015) (Knox City Council , 2012) (Yarra Ranges Council, 2013); (Wayfarer Consulting, 2014)</p>
	<p><b>Groups at risk of transport issues:</b></p> <ul style="list-style-type: none"> <li>• Carers</li> <li>• People with a chronic conditions</li> <li>• People with a mental health issues</li> <li>• Socially isolated older people</li> <li>• People who are living in residential hubs</li> </ul>	<p>(Clifford (1), 2015) (Clifford (2), 2015) (Knox City Council, 2013) (Suich, 2016) (Yarra Ranges Council, 2013)</p>
	<p><b>Community recommended solutions and needs</b></p> <ul style="list-style-type: none"> <li>• Carers expressed a desire for a helpful driver who can come to the door and escort care recipients to their destination; and a trip companion who can travel with them and assist them with their medical appointments and shopping;</li> <li>• More transport options were required by older people who are living in residential hubs; more community transport;</li> <li>• Grab Railing is required at all key pedestrian traffic areas to assist older people maintaining their independence;</li> <li>• The frequency, reach and accessibility of public transport needs to be improved;</li> <li>• Advocacy with taxis to encourage providing short trips.</li> </ul>	<p>(City of Boroondara, 2014) (Knox City Council, 2013) (Suich, 2016); (Wayfarer Consulting, 2014)</p>

<b>Public Open Space and Walkability</b>	<p><b>Identified issues</b></p> <ul style="list-style-type: none"> <li>• Lack of access to adequate and appropriate walking tracks;</li> <li>• Broken or uneven footpaths;</li> <li>• Branches overhanging footpaths;</li> <li>• Steepness of walking paths;</li> <li>• Safety issues during evening;</li> <li>• Older people's physical activity can be affected by above issues.</li> <li>• Residents from Maroondah, Monash, Boroondara and Whitehorse all had positive feedback on the quality of parks and open spaces in local areas.</li> </ul>	<p>(City of Boroondara, 2014)          (City of Monash, 2010)          (City of Whitehorse, 2012)          (Yarra Ranges Council, 2013)          (Maroondah City Council, 2015);          (Wayfarer Consulting, 2014)</p>
	<p><b>Community recommended solutions and needs</b></p> <p>There is a need for on-going infrastructure development</p> <ul style="list-style-type: none"> <li>• Accessible and high quality walking pathways</li> <li>• More green spaces around retirement homes</li> <li>• Well-maintained amenities such as street seating</li> </ul>	<p>(Knox City Council, 2013)          (Manningham City Council, 2012)          (Yarra Ranges Council, 2013);          (Wayfarer Consulting, 2014)</p>

## 7.5. Health

Indicators	Findings	References
<b>Physical in/activity</b>	<p><b>Popular physical activity for older people</b></p> <ul style="list-style-type: none"> <li>• Walking (No.1)</li> <li>• Cycling</li> <li>• Home exercise</li> <li>• Gym</li> <li>• Strength training</li> <li>• Gardening</li> <li>• Golf</li> <li>• Bowls</li> <li>• Swimming</li> <li>• Tai Chi</li> </ul>	<p>(City of Monash, 2010)          (Manningham community health service, 2014)</p>
	<p><b>Groups at risk of physical inactivity</b></p> <ul style="list-style-type: none"> <li>• People who are aged 80 years and over</li> <li>• Carers</li> <li>• People with a chronic condition</li> </ul>	<p>(City of Boroondara, 2014)          (Clifford (2), 2015)          (Manningham community health service, 2014)</p>
	<p><b>Contributing factors to identified issues:</b></p> <ul style="list-style-type: none"> <li>• Willpower</li> <li>• Medical conditions</li> <li>• Weather</li> <li>• Time</li> <li>• Cost</li> <li>• Safety concerns including fear of falls</li> </ul>	<p>(Mackay, 2015)          (Manningham community health service, 2014)          (Yarra Ranges Council, 2013)</p>
	<p><b>Identified issues</b></p>	<p>(City of Boroondara, 2014)</p>

<b>Nutritious food</b>	<ul style="list-style-type: none"> <li>• Many older people and people with a chronic condition believed that fresh and healthy food is more expensive than convenience or highly processed food;</li> <li>• Insufficient income makes it difficult to maintain a healthy diet.</li> </ul>	(City of Whitehorse, 2012) (Clifford (2), 2015) (Yarra Ranges Council, 2013)
	<p><b><u>Community recommended solutions and needs</u></b></p> <ul style="list-style-type: none"> <li>• Food vouchers provided by relevant services;</li> <li>• Dietitians to provide good advice on health eating;</li> <li>• Information sessions on healthy eating, good food, and cooking.</li> </ul>	(Clifford (2), 2015) (Knox City Council , 2012) (Manningham community health service, 2014) (Thornton & Renehan, 2012)
<b>Mental Health</b>	<p><b><u>Identified issues</u></b></p> <ul style="list-style-type: none"> <li>• A proportion of older people are depressed after moving to a retirement village or nursing home;</li> <li>• Grief and loss were identified as hidden mental health problems for many older people, especially after the death of a spouse;</li> <li>• Changing roles within families could be a source of stress, for example, an older person who becomes a carer for their partner affects the dynamic of the relationship;</li> <li>• Emotional stress was regarded as one of the most challenging aspects of the caring role;</li> <li>• Those with mental health issues expressed their difficulties to seek out information because of a feeling of shame;</li> <li>• Bushfires can cause psychological and emotional issues.</li> </ul>	(City of Whitehorse, 2012) (Clifford (1), 2015) (Kellard & Fishman, 2014) (Mackay, 2015)
<b>Injuries</b>	<p><b><u>Identified issues</u></b></p> <ul style="list-style-type: none"> <li>- Potential high falls risks in Inner East and Yarra Ranges related to uneven footpaths, low hanging branches, polypharmacy</li> </ul>	(Eastern Melbourne Primary Health Network, 2016)
<b>Hospital presentations and admissions</b>	<p><b><u>Identified Issues</u></b></p> <ul style="list-style-type: none"> <li>- Possible increased admissions for palliative patients due to lack of knowledge by GPs of palliative care, end of life and after hours options</li> </ul>	(Eastern Melbourne Primary Health Network, 2016)

## 8. APPENDIX 2 Health and Wellbeing Indicators

<b>Demographics</b>
Age, Gender, Country of Birth, Language, New Arrivals, Aboriginal and Torres Strait Islander
<b>Need for Support</b>
Live Alone, Need for Assistance with Core Activities, Disability Rates, Degree of Impairment, Presence of Carer/Unpaid Carer Status
<b>Social and Economic Indicators</b>
Disadvantage (SEIFA)
Weekly Income, Income Support Recipients, Rent, Rent Related Financial Stress, Housing Type and Affordability, Gambling Incidence
Educational Attainment, Employment, Workforce Participation, Age at Retirement
Sexuality
English Proficiency
Volunteering, Citizen Engagement, Participation in Sporting & Social Activities, Feeling Part of the Community, Contact with Family and Friends, Access to Internet/Use of Technology
Wellbeing Index
<b>Community Safety</b>
Incidence of Elder Abuse, Community Safety Perceptions, Being Comfortable to Walk Day/Night
<b>Physical Environment</b>
Proximity to Transport, Use of Public Transport, Other Options, Walkability, Public Open Space and Proximity to, Food Accessibility
<b>Health</b>
<b>Indicators for Chronic Disease</b>
Body Weight, High Blood Pressure, Cholesterol
Diabetes - Risk Factors, Prevalence, Complications, Hospitalisations, Deaths, Disability
Asthma
<b>Behavioural Indicators for Chronic Disease</b>
Physical Inactivity (Sedentary or Insufficient Activity), Smoking, Fruit and Vegetable Consumption, Alcohol Consumption, Consumption of Sugar-Sweetened Soft Drinks
<b>Other Health Indicators</b>
Life Expectancy, Avoidable Mortality
Incidence of Disease (Respiratory, Cardiovascular, Coronary, Cerebrovascular, Peripheral Vascular), Cancer Prevalence, Dementia Prevalence, Bone and Joint Diseases
Oral Health
Injuries/Falls
Influenza Vaccination Rates, Screening Rates
Emergency Department Presentations, Ambulatory Care Sensitive Conditions
<b>Mental Health</b>
Prevalence in Older People – Depression, Anxiety, Severe & Persistent, Psychological Distress, Suicide
<b>Availability of Health and Community Services – Geographic &amp; Population Based</b>
e.g. GPs, Health Services/Hospitals, Community Services, Aged Care Packages & Residential, HACC, Allied Health, Dental, Pharmacies, Transport, Locum & After Hours, Service Demand, Waiting List Numbers, Funding Provisions