

Information Submission

From

Southern Gold Coast 60 & Better Program Inc.

To the
Standing Committee on Ageing
Inquiry

Terms of Reference

To inquire into and report on the long term strategies to address ageing of the Australian population over the next 40 years.

Information Paper Contents

- Overview of Healthy Ageing Programs
- Comments of limitations of Queensland Health Community Care Strategies 2002-2007
- Example Model

Attachments

- Map of Programs
- Resource Manual
- Network Newsletter
- Annual Report (Report and Attendance/Volunteer Hours examples) • Program Activity Flyer

Background Statement

Twenty-six 60 & Better 'Healthy Ageing' programs have been established and successfully operating in a number of towns throughout Queensland, throughout the rural, regional and metropolitan areas for over eight years. These healthy ageing programs began as an initiative of Queensland Health. The programs use the concept of community development. In today's terms this is often called community capacity building.

The programs receive basic funding for a worker and some operational funds to develop a program suited to given towns. For example, rural areas would have different operating models to more centralized programs along the coastal fringe of Queensland- Sunshine Coast and Gold Coast being an example of having much larger populations who generally have migrated or retired to these areas while the rural programs have to consider communication through newsletters and take into account the distance people have to travel to participate in activities.

The programs welcomed the development of National Healthy Ageing Strategies Policy during the International Year of Older Persons in 1997 and have looked forward to further development in the area of health and well-being of an older population. Their vision is to see this community managed model of health to be included in the concept of Community Care of the future.

Attached to this submission is a Resource Manual for 60 & Better Programs which has been developed in partnership with all programs and Queensland Health. The manual provides a really good overview of the framework and structure of programs. Also attached is a flyer which motivates older people to join in activities of their choice/s and a readout which demonstrates attendances in a given year at these activities.

Successes thus far

The twenty-six programs have had a great deal of success with each program having their own committees and helpers/volunteers to operate the programs and set up activities which generate healthy active lifestyles. Some have auspices, some are incorporated in their own right.

Each has a 3 year service agreement with Queensland Health for the setting up and running of programs, with goals, strategies and indicators set to achieve. There is over 6,000 members within Queensland and a newsletter reaches out to a wider audience of older people who may be socially isolated and unable to attend activities, the latter providing information on health and issues related to older citizens and community news.

Support to the model

Queensland's Framework for Ageing 'Our Shared Future' supports the principles and processes of Community Participation, building of Community Infrastructure and Health and well-being. These are focal points within the 60 & Better Program model - to promote opportunities for older people to participate fully in all aspects of community life, promote access through appropriate facilities and promote improved health and well-being for older people in Queensland,

The Queensland Government's Strategic Directions for Older People's Health Services 2001-2006 Background Paper also makes mention of the successes of 60 & Better Programs as a Healthy Ageing Strategy. Within this document mention is made of the blurring of 'service areas' between 'health services' and aged care services' outcomes and the difficulty in distinguishing between them. However, both refer to similar outcomes-improvement in quality of life and functional health status.

The draft Aged Care Strategy 2002-2007 promotes a people-centred approach to health care choices in Queensland documents wisely the need to introduce appropriate strategies for the aged care services of the future. However, the document when detailing specific strategies and action statements does not reflect health promotion as an integral part of 'care' and 'access' to choices.

Some Specific Comments on The Queensland Health Aged Care Strategy 2002-2007

This document has a section `what strategies will be undertaken to enable older people's choices to be met in 2007?

The strategy mentions a strong focus on Commonwealth and State governments providing a framework for respective roles and responsibilities and a system of community aged care, which the community groups are certainly in agreement.

Our programs demonstrate "access" to suitable activities, socialization and health education within 60 & Better Programs. With appropriate funding, community organizations have developed networks and/or links to strengthen community `action' to keep older people healthy and active. The programs historically reflect the `economic viability' of engaging older people to participate and manage health programs.

However, the concepts are not included in the `aged service' strategy and actions paper which was distributed for the information of invitees at the Community Forum held at *the* Gold Coast. They are however, included in the Strategic Directions background paper within the concept of healthy ageing and recommends a whole of government approach to exploring and developing activities centred around quality of life and health promotion.

There is a lot of detail about HACC services in the document but little mention of an infrastructure on how to go about how the community itself in partnership with governments can provide an answer to sustaining good health and active healthy lifestyles of older people. Where is the actual link with community organizations not `dependent on service models', under the umbrella of Aged Care Services, realizing that they are included under the health of a broader picture of `Health Services.' It is important to establish such links especially when fiscal planning is required for `appropriate services'.

Mention is also made in the statement under the broad strategy of Continuum of care - revitalized Commonwealth/State framework that HACC is the start of the continuum. We would like to think that primary health care with the older community involved in providing and participating in health activities should rather be at the beginning of the continuum rather than have to start at the dependent level which is very necessary for planning, but however, is not always the reality of a beginning of a health continuum.

This is important to consider as it often gets shoved aside as there is not always professionals who can lobby this aspect. Givers of care are vocal, often the community is not able to get its voice across. This tested and successful 60 & Better program model/framework could be one avenue to go down to effectively plan for 40 years of aged care.

Example of an Initiative

This submission to your committee will focus on the Southern Gold Coast 60 & Better Program Inc. as an example of a health model that works and demonstrate just how effective it could be if the model was used nationally to pursue policy and funding. The long term would be maintenance of health, inhibiting of ill-health and cost effectiveness for government with community organizations using the skills of older people to run programs.

We have attached for your perusal a flyer which is distributed to older people on the Gold Coast to provide information about choices. This has been highly successful. As well, the working together in partnership with local Community Health and allied organizations as well as community groups encourages networking and linkages.

Further attachments demonstrate the viability of the program through the Annual Report, databases of attendances and costings of volunteer administration and a valuable network newsletter which shows the state linkage of all the 60 & Better Programs. A Research study has also been performed by the University of Queensland through Professor Margaret Shapiro which reflects the viability of these programs as a working model which would be suitable to be developed as a national model/framework. Governments working with community do work within this framework.

Recommendations

I submit to the Standing Committee Inquiry on Ageing this proposal.

- That this community capacity/community development model of health and well-being be funded on a national basis, with programs set up throughout all states, in the rural, regional and metropolitan areas.
- That HACC Aged Care Service planning have this framework included in its Strategic Planning and Discussions to enable a wholistic approach to aged care to be implemented economically and with the provision of improved quality of life of older people of Australia.

References:

Brown J. *Background Paper: Strategic directions for Older People 's Health Services 2001-2006*, Queensland Government.

House of Representatives Standing committee on Ageing: Media Release 26 June 2002

Our Shared Future : *Queensland's Framework for Ageing Overview 2000-2004*

Queensland Health: *Older people's health service: Draft for Consultation: August 2002*,

Shapiro M.C. and Martinek P.B. *Working with the Community: 60 and Better Evaluation*, March 1996: UQ