NORTHERN COLLABORATIVE PROJECT

HEALTHY AGEING STRATEGY

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HEALTHY-AGEING COMMUNITY

INTRODUCTION

The Northern Collaborative Project (NCP) is a regional project[1] funded through the Home and Community Care (HACC) program to improve client outcomes, efficiencies and resource usage for services provided to the ageing population. It is an inclusive project in supporting the needs of all older community members including:

- Members with a disability who are ageing;
- Indigenous Australians; and
- Community members from culturally and linguistically diverse backgrounds.

Population ageing raises many fundamental questions for policy makers and programme sustainability. How do we help people remain independent and active as they age, and strengthen the community's formal and informal support networks? People are living longer, so how can the quality of life in old age be improved? How do we acknowledge and support the major role that people play as they age in caring for others?

The Healthy-Ageing Strategy is designed to address these questions and other concerns about population ageing in the Northern Metropolitan Region of Adelaide. It targets the government and non-government sector agencies, all of whom are responsible for the formulation of policy and programming. It approaches health and ageing from a broad social perspective and acknowledges the fact that health can only be created and sustained through a 'community settings approach' and the participation of multiple sectors.

HEALTHY-AGEING

The NCP has identified ***Healthy-Ageing*** as an important regional priority, with a clear emphasis on prevention and health promotion as identified by the World Health Organisation (WHO). WHO has adopted the term 'active ageing' to express the process for achieving healthy ageing[2]. The NCP's priority is based on the current socio-demographic data and significant population projections, current high usage of health and welfare services[3], and the evidence-based factors that contribute to older person's health and illness. Plus the fact that older people are demanding and supportive of such an approach.

Healthy-Ageing as a regional priority has been informed by the:

- NCP's Community Capacity Building Framework, Northern Region Aged Care Planning Framework developed (2000/2001),
- NCP workshop (September 2002),

[1] City of Salisbury, Playford, Tea Tree Gully and the Town of Gawler
[2] World Health Organisation, 2002, Active Ageing A Policy Framework.
[3] Social Health Atlas of SA 1996, Regional Health Profile: Northern Metro Health Profile (DHS) 1998

- NCP Consultation with regional service agencies and community (see attached Appendix)

- Moving Ahead, A Strategic Plan for Human Services for Older People in SA 1999-2004.

  - The SA Government's Generational Health Review (2003)

  - Five Pillars for Health Reform (SA Government)
    - Improving the quality and safety of services
    - Greater opportunities for inclusion and community participation
    - Strengthening and reorientating services towards prevention and primary health care
    - Developing service integration and cooperation
    - Developing whole of government approaches to advance and improve health status.

  - The Commonwealth's 'A New Strategy for Community Care' March 2003.

  - City of Salisbury Ageing Strategy 2001 - 2004

  - City of Tea Tree Gully Ageing Strategy 2001 - 2011.

Healthy-Ageing defined

Healthy-Ageing is a concept that acknowledges that older people are independent, active and well for the majority of their old age. The concept embraces the World Health Organisation's definition of health as a state of complete physical and social wellbeing. Healthy ageing is then more than the absence of disease, but the maintenance of physical, emotional and mental well being of older people, and active engagement with life. It extends beyond the health and community services sectors as the well being of older Australians is affected by many different factors including socio-economic status, family and broader social interactions, employment and participation, housing and transport.

Improvements in longevity can be accompanied by a 'compression of morbidity' prior to death; but with older people living longer the focus on illness has to change. The World Health Organisation recommended putting the emphasis on prevention and health promotion and recognised that while it is important to provide individuals with tools to improve their health, it is equally important to make the social and physical environment conducive to good health, and to make healthy choices easier. Investing more in preventative measures offers the promise of gains that would vastly improve the health and quality of life of older people. The Jakarta Declaration (WHO 1997) reinforced the importance of a ***settings approach*** and the need for partnerships between different sectors.

The settings approach is very compatible with the increasing focus on the importance of the social context in which older people live, that is, family, friends and

neighbours. Positive social support and meaningful engagement in life are now being viewed as critical along with the physical layout of communities. The nature of housing and transport systems is vital components to promoting healthy-ageing. Urban supports and structures need to be developed which maximise the independence and mobility of older people.

Older people need to live in communities and urban settings that are sensitive to their needs including access to shops, and facilities such as swimming pools, libraries, education and other services. As people grow older and become less mobile their lives become more focussed on their immediate surroundings. Places within walking distance may become more important to them, than those accessible by car or public transport.

'Ageing in Place' is a concept which emphasises the importance of, as well as the strategies for, supporting older people in their homes and communities for as long as possible. Policies and programs designed to provide support structures enabling older people to age in place are important because the well being and stated preference of older people is to live at home in the community.

There is increasing recognition that community based care forms a significant part of any overall 'ageing in place' strategy and therefore, cannot be considered separately from the broader range of age and community and acute care services, all of which have a role in the delivery of services and programs.

So our starting point in this Healthy-Ageing Strategy is not disease categories nor services, but the place where people live. We have taken a very straightforward setting and context approach: the suburb and the community, the context in which people live, and how they live within their context. What we are doing is being precise about the entry point, and starting from where health is created.

Health Promotion and Prevention Strategies[4]

The definition of health adopted in the Ottawa Charter for Health Promotion (1986), the Jakarta Declaration for Health Promotion (1997), and the recommendations of the Mexico International Health Promotion Conference regarding effective practice is being used in this report and for the development of regional strategies by the Northern Collaborative Project. This definition describes health as a 'resource for everyday living, a positive concept emphasising social and personal resources, as well as physical capacities'[5].

Health promotion is the process of enabling people to take control over and to improve their health. Disease prevention includes the prevention and management of the conditions that are particularly common as individual's age.

- Health promotion strategies should be developed at all levels of the service system – be it primary (avoidance of tobacco use), secondary (screening for the early

[4] Health Promotion Prevention Framework, Department of Human Services, December 2001
[5] Ottawa Charter for Health Promotion 1986

detection of chronic disease) or acute levels (appropriate clinical management of disease) of the system.

- Health promotion strategies can be targeted at all members of the population group including people who are well, people at risk of a health problem or disability and people who have an illness or disability.

- Health promotion interventions are concerned with increasing wellbeing in the community (promotion) and preventing the initial occurrence of a health problem or disability (prevention).

- Prevention in relation to people at risk of a health problem or disability seeks to detect and intervene early in order to prevent a condition from occurring.

- Prevention in relation to people with an existing condition aims to lessen the severity of a health problem or disability by enhancing a person's protective factors and reducing their risk factors, and assisting them to deal effectively with their existing symptoms.

- Health promotion, prevention and early intervention can also include recognising and appropriately responding to other conditions that may occur as a consequence of the original condition.

Healthy Ageing Outcomes (many identified in Moving Ahead[6])

- ♦ *Improved quality of life and independence*
- ♦ *Improved community attitudes towards ageing and older people*
- ♦ *Increased participation of older people in all aspects of community life e.g. sporting, educational, recreational and cultural pursuits.*
- ♦ *Increased participation of older people in decisions around their own health management*
- ♦ *Increased participation of older people involved in planning, development and evaluation of services.*
- ♦ *Improved continuum of flexible and integrated services*
- ♦ *Older people have access to support services as early as possible*
- ♦ *Improved health status.*
- ♦ *Older people are better informed about a range of health issues.*

Performance Measure: ***Ratio of health promotion, primary/early intervention to other service funding.***

Ratio of health and welfare utilisation falls from high to medium across the region

Population health status increases from low to good across the region.

[6] Department of Human Services (1999) 'Moving Ahead: A Strategic Plan for Human Services for Older People in South Australia 1999-2004.

Healthy Ageing Framework

Strategies for a **Healthy-Ageing Community** has been developed within the World Health Organisation Ottawa Charter framework:

- **Developing Personal Skills**
- **Creating supportive environments for health**
- **Strengthening Community Action**
- **Building Healthy Public Policies**
- **Reorienting Health Services**

Implementation

Implementation of the Healthy-Ageing Strategy requires the support from government (Commonwealth, State and Local) and commitment from all service agencies in the Northern Metropolitan Region. The consultations identified strong support for the vision and tangible evidence that agencies and services were developing and implementing programs in line with the framework strategies outlined in this report. Many of these have been identified throughout and given endorsement for continued development.

Primary tasks for implementation:

Establishment of a Healthy-Ageing Workgroup

Development of:

a staged action plan for the healthy-ageing vision
a review and evaluation plan
workforce training modules

HEALTHY-AGEING FRAMEWORK

DEVELOPING PERSONAL SKILLS

The aim is to ensure that older people, their carers and families have the relevant information, skills and opportunities to help maintain independence, and that they are able to increase or maintain participation in all aspects of community life.

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health and wellbeing.

Outcomes

Older people are supported in maintaining their independence and health through the provision of appropriate personal and social development, and information.

Information is available or developed in an accurate, culturally relevant, disability sensitive and comprehensive manner.

Strategies/Actions

Health Promotion

Provide resourcing for a Health Promotion Project Officer to be based in the Northern Metropolitan Region to work with state, local government and non-government sector agencies -

- Training regional workers in health promotion strategies.
- Identify and develop opportunities for collaborative projects/programs across sectors.

Establish adaptive training programs for those older members with a disability.

Establish and conduct strengths focussed health, disability and mental health promotion activities –

- e.g. *Consumer Controlled Health Promotion Project* – (COTA, Helping Hand, ARAS)
- Chronic illness self-help – identify issues around living with chronic illness (skill development)
- Further develop and coordinate the Falls Prevention programs that are in place in the northern metropolitan area – Anglicare SA, Support Link in conjunction with other organisations

Advocate for consumer focused brokerage funds to access opportunities for personal skills training.

Establish Peer Group programs to develop and improve the availability of health promotion activities and information about community activities and services for older community members -

- Reflect on the work and outcomes already achieved through COTA
- Build on those outcomes achieved
- Develop a northern network of peer educators

Information

Facilitate the provision of, and access to, consistent and comprehensive information on community services and activities at the local level.

- Local Government to take a lead role in the development of regional information service model/s –

    - Develop multiple points that switch through to one information bank – regionally focussed.

    - Develop partnership with the Seniors Information Service and Commonwealth Carelink Centres.

    - Develop and promote standards related t the provision and accuracy of information about community activities and services. eg disability accessible.

    - Work with older people to assess and improve the comprehensiveness and availability of information available at the local level.

- COTA to continue to develop the role of peer education strategies in information dissemination.

Potential Partners

Commonwealth Government
State Government
Local Government
non-Government Sector agencies
Division of General Practice
Community Groups

CREATING SUPPORTIVE ENVIRONMENTS

Our societies are complex and interrelated. Health and wellbeing cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health and wellbeing. The overall guiding principle is the need to encourage reciprocal maintenance – to take care of each other and our communities.

Encouraging good urban design, to create more age and disability friendly local community environments, which help to develop a more inclusive society where all members can contribute, and older people enjoy better physical access to all services/facilities.

Outcomes

Communities build and maintain supportive environments (physical and social), which assist older people to lead healthy and independent lives.

There will be more housing options for older people.

More community members will be living in their own homes as they age, supported by dramatically improved community care services and more 'age and disability friendly' housing

Development of strong, supportive linkages between individuals, their neighbourhood and the wider community.

Strategies/Actions

Health and Fitness

Develop a regional environment, which is conducive to the development and participation of active and passive recreational opportunities.

- Support the development of affordable and accessible opportunities for older people including those with disabilities to participate in physical activity, through increased private and community service provision. This would include:

  Private and Council Recreation/Gymnasium Centres to develop products and fee structures, which are accessible to older people and those with disabilities

  Community/neighbourhood centres to develop physical activity opportunities

  eg. Develop a partnership with COTA's *'Living Longer-Living Stronger'* Program, Jack Young Centre and Grenville Centre.

Eg. Positive Ageing Community Sponsorship Grant – *"Keep Fit Classes for Older People"* Anglicare SA, Centre for Physical Activity and Ageing Hampstead Centre, and Grenville Centre

Support the ongoing development in the northern region of the Supportive Environments for Physical Activity (SEPA) Project in all greenfield and urban renewal developments.

Social Development

Develop networks within local communities, which foster linkages, information sharing and supportive environments.

- Work with older people to identify specific factors, which contribute to isolation in their community.

  eg. *Toward Community Inclusion – Action Research Project* (Northern Healthy Ageing Project)

- Identify and forge linkages between formal and informal systems operating in people's lives.

  eg. *Community Inclusion* – Anglicare SA

- Investigate the breaking down of linkages and identify replacement opportunities.

  eg. *Community Inclusion* – Anglicare SA

- Strengthen the capacity of informal systems to support and sustain individuals.

- Consult with the community to develop avenues for meaningful contribution and involvement for older people.

Housing

Develop and implement a Northern Metropolitan Housing Strategy, which enables older people to maintain maximum independence by increasing housing options.

- To include:
  - Particular strategies for older people who are in
    - current tenants of SAHT
    - private rental accommodation.
  - Community based and Adaptable Housing models
  - Supported Accommodation – Group Housing
  - Information and education strategies on relocation choices
  - Safety strategies – for example, Home Assist safety/energy audits
  - Advocacy on housing choices that is appropriate to need
  - Better land use planning for local government

Regional agencies to provide strong support to the policy direction of 'Ageing in Place', and 'Ageing in My Place' through the development of appropriate and effective community and home based support programs.

- In partnership with Local Government Home Assist Program, Metropolitan Domiciliary Care 'Stitch in Time program', RDNS.
- Investigate and develop models of respite care within communities and home-based.

Transport

Develop and implement a Regional Integrated Community and Public Transport Strategy to improve coordination between public, private and community transport provision.

- Work in partnership with existing projects, such as: Salisbury Transport Action Group (STAG), Playford/Salisbury Transport Project, City of Tea Tree Gully Draft Community Transport and Accessibility Strategy.

Advocate for all taxis to be accessible and for greater accessibility to vouchers.

Information Technology

Increase the range of options for older people to access education opportunities, particularly in the information technology area.

- Work in conjunction with Neighbourhood/Community Houses, Libraries, and University of the Third Age.

Work in partnership within and across sectors to develop appropriate technology, which assists older people and those with disabilities to access services and reduces the effects of isolation experienced by some older people.

Advocate and develop opportunities to make low cost technology available for people within the region.

POTENTIAL PARTNERS

Commonwealth Government
State Government
Local Government
non-Government Sector Agencies
Sustainable Regions Funding
Community Groups
Public/Private/non-Government Sector Housing Groups
Public/Private/Community Transport Groups

STRENGTHEN COMMUNITY/CONSUMER PARTICIPATION

Participation is important for quality of life, health and wellbeing and is an important mechanism for service improvement.

Strengthening community participation looks at ways of building knowledge and skills to enhance both personal and collective capacity. It seeks to create meaningful and sustainable linkages between individuals at the neighbourhood, community and wider systems level.

Providing opportunities for consumers to be involved in service systems can have a positive impact on health outcomes. A primary health care approach to service delivery has consumer participation as a cornerstone. There is evidence to support an investment in consumer participation leads to more responsive and appropriate services and better health outcomes for individuals and communities. Community/consumer participation can be useful as a health promotion, prevention and early intervention technique.

The provision of culturally appropriate and aware services is important and can only be done if services enter into partnership with those for whom it provides services. There is a range of population groups for whom issues of access, culturally appropriate services and communication apply. These include people from culturally and linguistically diverse backgrounds, indigenous community, people with disabilities and people with a mental health issue.

Community members need adequate resources, education and support if they are to participate in service and care decisions in more than a tokenistic way.

OUTCOME

Older people have increased control over decisions that affect them.

Increased opportunities for older people and their carers to participate in decisions regarding the provision of services and care, and confusion reduced.

Developed culturally appropriate consumer centred participation models and processes of service planning, delivery and evaluation.

The Northern Metropolitan Region has champions who can advocate, lobby and raise the profile of community participation.

STRATEGIES/ACTIONS

Participation

Promote and support opportunities for older people's involvement and contribution in care management plans, service agencies and in their local community.

- Create opportunities for older people and their carers to participate in decision-making processes about care management plans, service and program planning and policies.
    - Establish a community development model in community participation in partnership with Division of GP's, Local Government, Aged Care and Disability Agencies, Ethnic Link, ARAS and LMHS.
    - Support and/or develop a 'Community Advocacy Body' for the northern metropolitan region.
    - Develop a consumer participation training module for workers in the aged and disability sector.
    - Develop a similar care management plan format for all agencies across the northern metro region.

- Establish service standards for effective and appropriate community and consumer participation

- Provide recognition through the NCP to staff and agencies who have shown commitment to community participation.

- Support older volunteers in their continuing participation in service agencies, community houses and in their local community.

Valuing Older People

Identify and support opportunities for older people to promote and celebrate their value and contribution to society, especially those from culturally and linguistically diverse backgrounds, Aboriginal elders and those with a disability.

Leadership

Support/Fund community leadership positions across the region. These positions would have the role of raising the valuable contribution of older people, and assisting and enabling agencies and communities to develop community participation strategies and mechanisms.

POTENTIAL PARTNERS

Commonwealth Government
State Government
Local Government
non-Government Sector Agencies
Division of General Practice
Community Groups

REORIENTING HEALTH AND AGED CARE SERVICES

Reorienting services requires attention to research and planning as well as changes in professional practice, education and training. This must lead to a change of programs and services that refocus on the total needs of the individual.

At an organisational level (be it primary, secondary, tertiary sector) it is critical that there is a strong emphasis on health promotion, illness prevention within service planning and development. This will enhance the ability of service providers to practice effective health promotion and prevention and thereby improve the capacity of the northern region to promote and sustain health and wellbeing.

Health promotion and prevention practice includes:

- The integration of health promotion into everyday work practice of all primary, secondary and tertiary sector service agencies.

- Health promotion and prevention projects that are either a project worker's role or part of a practitioner's role.

OUTCOMES

Strong partnerships developed within the health and aged care sector (government and non-Government).

Older people are able to enhance their quality of life through an integrated and coordinated service system.

The health and aged care services will have (organisations, teams and individual workers) the resources, skills, knowledge, policies and structural supports to undertake quality health promotion, prevention and early intervention work.

Older people, regardless of cultural background have equal access to a broad range of appropriate services.

Services for older people have adopted an increased health promotion approach.

Community based rehabilitation services are provided for older people as an integral part of service provision.

STRATEGIES/ACTIONS

Partnership/Integrated Services

Develop strong partnerships within the aged care sector (government and non-government) and with the community to address common health and wellbeing issues.

Build partnerships, which facilitate collaborative approaches within and across sectors (primary, secondary, tertiary), to enhance integrated service provision.

Develop integrated care planning and service systems with primary health care, aged care services and hospitals

- Build on existing community based transitional care/discharge planning processes, (*GP Homelink*) to ensure collaboration between Hospital, General Practitioners and Aged Care Services.
- Develop single health record (electronic) used across primary, tertiary, residential and community care settings.
- Discharge plans sent to community providers and community care plans sent to hospitals.

Consumer Centred Care

Develop individualised plans in collaboration with, and agreed to by older people and their carers.

Develop forward planning approach to healthcare/life changes/transitions that involves individuals and service providers.

Consumer Participation – care plans, service planning, delivery and evaluation

Develop clear and effective processes for recruiting, training and supporting consumers and their carers.

Establish and implement service standards for effective and appropriate community and consumer participation.

Agencies to develop performance indicators for community participation models and processes of service planning, delivery and evaluation.

Rehabilitation

Ensure a focus on rehabilitation is built into all stages of a health continuum, and is provided locally.

Promote the development of community based rehabilitation services for older people.

Local service provider's work with older people to increase their understanding of the value of community based rehabilitation and assist them to incorporate rehabilitative habits in their daily routine.

Service Development

Health services and aged care services develop organisational support and resources to support health promotion practice early intervention and prevention.

- Polices, structures and strategic plans.
- Human, information and financial.

Develop leadership at all levels of the service system (e.g. people to champion health promotion and prevention capacity building).

Develop culturally appropriate process of service planning, delivery and evaluation.

Workforce Development

Improve the skills and knowledge of the regional workforce in health promotion, early intervention and prevention, and community participation.

- Develop and implement workforce-training modules in
    - Health promotion, early intervention and prevention.
    - Effective consumer/community participation in case management plans and service development.
    - Using culturally relevant approaches in service delivery.
    - Recognising the needs of older people with disabilities.

Incentives and Funding

Provide resource incentives for the development of health promotion activities and community participation – improve quality of life from the client's viewpoint.

- Develop funding incentives around facilitating client outcomes rather than client outputs.

- Performance agreements need to address a re-focus on health promotion and address community participation with clear accountability arrangements.

POTENTIAL PARTNERS

Commonwealth Government
State Government
Local Government
non-Government Sector Agencies
Division of General Practice
Community Groups

APPENDIX 1 - WHO ARE WE

REGION

Northern Metropolitan Region of Adelaide

The Northern Metropolitan Region of Adelaide, in the context of the Northern Collaborative Project, comprises the local government areas of Playford, Salisbury, Tea Tree Gully and the town of Gawler.

Regional Demographics

Figure 1 shows the current population of aged 65 years and over as per the 2001 census. Figures 2/3 show the Northern Metropolitan Region is projected to have a 21% (6,359), 21% (7,583), 25% (11,097) steady increase in the population of 65 plus across the successive 5-year periods of 2001-2006, 2006-2011, 2011-2016.

Growth in the Indigenous community from 1996 – 2001 show a 23% increase from 3,205 – 3,941

Figure 1

Older People aged 65 years and over, by selected Local Government Areas (LGA) Northern Metropolitan, 2001

LGA	65 - 79		80+		65+		
	Females	Males	Females	Males	Females	Males	Persons
City of Salisbury	4246	3935	1216	659	5462	4594	10056
Central	1148	995	465	212	1613	1207	2820
Inner North	564	527	111	84	675	611	1286
North-East	903	875	201	129	1104	1004	2108
South-East	1494	1397	424	221	1919	1618	3537
Balance	136	141	12	15	148	156	304
City of TTGully	3932	3391	1197	644	5129	4035	9164
Central	1000	834	270	153	1270	987	2257
Hills	454	466	103	72	557	538	1095
North	710	598	100	58	810	656	1466
South	1768	1493	722	362	2490	1855	2675
City of Playford	3282	2943	851	520	4133	3463	7596
East Central	531	485	133	75	664	560	1224
Elizabeth	1910	1539	576	335	2486	1874	4360
Hills	74	79	14	9	88	88	176
West	320	381	47	35	367	416	783
West Central	447	459	82	64	529	523	1052
Town of Gawler	1125	940	457	231	1582	1171	2753

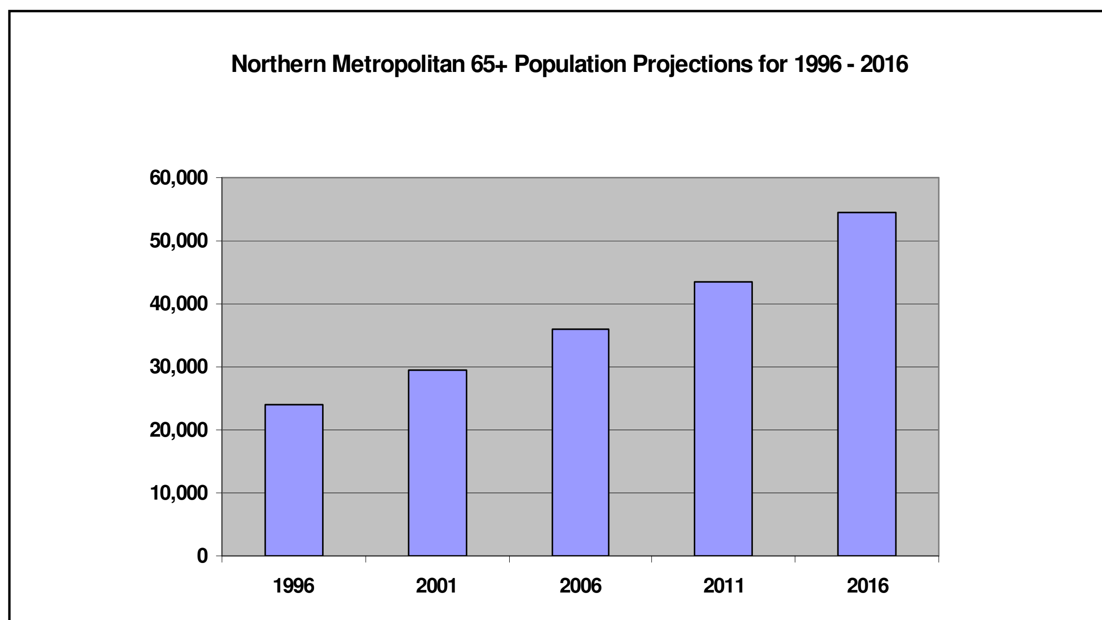
Source: ABS 2001 Census of Population and Housing, B03, Age By Sex

Figure 2

Northern Metropolitan 65+ population projections for 1996 –2016					
LGA	**1996**	**2001**	**2006**	**2011**	**2016**
Gawler	2,393	2,753	3,312	3,769	4,463
Playford	6,239	7,596	8,871	10,108	12,020
Salisbury	8,173	10,056	12,570	15,287	19,324
Tea Tree Gully	7,292	9,164	11,175	14,347	18,801
Northern Metro	**24,097**	**29,569**	**35,928**	**43,511**	**54,608**

Department of Human Services, October 2002.

Figure 3



Source: Department of Human Services October 2002

Culturally and Linguistically Diverse Backgrounds[7]

1996 – 2006

65 Years and Over

- During this period the Northern Metropolitan planning area is projected to experience an increase in its 65+ CALDB population of 44.2%, from 4,927 to 7,105 persons aged 65 years and over.

[7] The CALDB section is directly quoted from, 2002, Strategic Directions for Older People from Culturally and Linguistically Diverse Backgrounds, DHS. SA Government. DHS Source: AIHW (2001) Projections of Older Immigrants – People from Culturally and Linguistically Diverse Backgrounds, 1996 – 2026, Australia; Appendix A. Copies can be obtained from DHS, Population and Equity Strategies Branch, phone 8226 6398 or email cldreport@dhs.sa.gov.au.

- People born in Italy will account for the majority of this increase with 25% (548 persons) of the growth in the CALDB 65+ population.

- Other birthplace groups contributing to the increase in Northern Metropolitan's 65+ CALDB population include Greece-born persons, accounting for 15% of the increase (330 persons); and Germany-born persons, 9% of the increase (199 persons).

80 years and over

- Within the CALDB population aged 80 years and over, an increase of 157.9% will be experienced, with this population cohort rising from 596 to 1,537 persons.

- People born in Italy will account for the majority of this increase with 21% (193 persons) of the growth in the CALDB 80+ population.

- Other birthplace groups contributing to the increase in Northern Metropolitan's 80+ CALDB population include Germany-born persons, accounting for 16% of the increase (150 persons); and Netherlands-born persons, 12% of the increase (111 persons).

2006 – 2016

65 Years and Over

- In the 10 year period from 2006 – 2016, the Northern Metropolitan planning area's rate of growth in the 65+ CALDB population is projected to slow slightly from that experienced in the 10 years to 2006, with an increase of 37.2% (from 7,105 to 9,745 persons aged 65 years and over).

- The majority of this increase will be accounted for by people born in Germany, with individuals from this group comprising 16% (430 persons) of the total growth in the CALDB 65+ population.

- Other birthplace groups contributing to the increase in the CALDB 65+ population within the Northern Metropolitan planning area include Netherlands-born persons, accounting for 15% of the growth (297 persons; Italy-born persons, 13% (351 persons); and Viet Nam-born persons, 9% (233 persons).

80 years and Over

- In the ten year period from 2006 – 2016, the Northern Metropolitan planning area's rate of growth in the 80+ CALDB population will slow slightly from that experienced in the ten years to 2006, with an increase of 58.7% (from 1,537 to 2,439 persons aged 80 years and over).

- People born in Italy will account for the majority of this increase, with 27% (247 persons) of the total growth in the CALDB 80+ population.

- Other overseas-born persons contributing to the increase in the Northern Metropolitan's 80+ CALDB population include Greece-born persons, accounting for 18% of the increase (166 persons); Germany-born persons, 21% (153 persons); and Viet Nam-born persons, 8% of the increase (69 persons)

Figure 4

Older People aged 65 years and over, by selected countries of birth, Northern Metropolitan, 1996 to 2016

Country of Birth	Population 1996			Population 2006			Population 2016		
	65-79	80+	65+	65-79	80+	65+	65-79	80+	65+
Germany	766	66	832	815	216	1,031	1,095	366	1,461
Netherlands	481	72	553	486	183	669	848	218	1,066
Italy	901	178	1,079	1,256	371	1,627	1,360	618	1,978
Poland	323	37	360	226	124	350	324	96	420
Former Yugosl	144	12	156	239	45	284	265	81	346
India	124	16	140	154	36	190	159	61	220
Greece	216	22	238	510	58	568	525	224	749
Malta	83	8	91	123	16	139	200	42	242
Hungary	74	10	84	137	28	165	117	53	170
Austria	91	10	101	114	32	146	157	55	212
Phillipines	22	1	23	45	9	54	151	21	172
China	38	8	46	39	21	60	90	20	110
Croatia	63	3	66	188	12	200	220	49	269
Viet Nam	95	7	102	181	34	215	345	103	448
Lebanon	17	0	17	26	2	28	49	8	57
Former Chech	72	0	72	63	20	83	69	26	95
Malaysia	9	1	10	28	2	30	92	7	99
Ukraine	94	13	107	47	45	92	22	33	55
Other CLDB	718	132	850	891	283	1,174	1,218	358	1,576
Total CLDB Population	**4,331**	**596**	**4,927**	**5,568**	**1,537**	**7,105**	**7,306**	**2,439**	**9,745**
Total Population	**20,892**	**4,283**	**25,175**	**28,116**	**7,648**	**35,764**	**43,051**	**10,858**	**53,909**

Figure 5

Older People aged 65 years and over, by main (non-English) language spoken at home, selected countries by birth, Northern Metropolitan, 1996 to 2016									
Main Language Spoken at Home	**Population 1996**			**Population 2006**			**Population 2016**		
	65-79	**80+**	**65+**	**65-79**	**80+**	**65+**	**65-79**	**80+**	**65+**
Italian	853	179	1,032	1,237	367	1,604	1,246	655	1,901
German	745	102	847	771	246	1,017	451	385	836
Greek	229	30	259	559	74	633	575	256	831
Netherlandic	344	60	404	299	135	434	252	149	401
Polish	229	31	260	176	98	274	382	80	462
Vietnamese	91	7	98	175	43	218	332	117	449
Croatian	59	3	62	159	17	176	206	45	251
Spanish	65	7	72	113	23	136	192	47	239
Hungarian	55	7	62	98	14	112	119	36	155
Maltese	55	1	56	86	12	98	103	36	139
Cantonese	43	8	51	50	21	71	109	32	141
Other CLDB	578	86	664	818	228	1,046	1,334	360	1,694
Total CLDB Population	**3,346**	**521**	**3,867**	**4,541**	**1,278**	**5,819**	**5,301**	**2,198**	**7,499**
Undetermined	**420**	**184**	**604**	**267**	**212**	**479**	**258**	**176**	**434**
Total Population	**20,892**	**4,283**	**25,175**	**28,116**	**7,648**	**35,764**	**43,051**	**10,858**	**53,909**

APPENDIX 2 – CONSULTATIONS

Northern Collaborative Project
Consultation Forums 12th – 30th May 2003

The **Northern Collaborative Project** is running a series of agency and worker consultation forums on the vision and development of A Healthy-Ageing Community in the Northern Metropolitan Region of Adelaide. Outcomes and recommendations from the forums will the basis of a report and an action plan for the Northern Metropolitan Region.

Workshop Outline

Consultation workshops will run for three hours to provide a forum for aged care and disability sector workers and organizations to link together and discuss the concept of healthy ageing for the northern metropolitan region.

Attendees will

- Identify emerging trends in the area and have the opportunity to examine both the practical and conceptual aspects of healthy ageing.
- Discuss what is currently happening across the northern region.
- Further develop the NCP Healthy Ageing Strategy and develop an Action Plan for the Northern Metropolitan Region.
- Commit to developing actions within their own agencies.

WORKSHOPS

5 workshops will be held across the northern region at the following Local Government venues

City of Salisbury	12 James Street Salisbury
City of Playford	Warooka Drive, Smithfield
City of TTGully	571 Montague Road Modbury
Gawler Town Council	Elderly Centre, 37 Fourteenth St Gawler

Workshops will be based on common sector and agency groupings. The following **is to be used simply as an example or guide of like agencies**.

NCP Workgroup workshop	***Volunteers, Dementia, Respite, Rehabilitation workgroups***
Local Government workshop	HACC workers in respective LG agencies and those with whom local government interface.
Disability Sector workshop	Workers, agencies that interface within the disability/aged sector.
Health Interface workshop	Lyell McEwin Hospital, Division of General Practice, Metropolitan Domiciliary Care, GP Homelink, Support link, Residential Care Providers.
NCP Steering Committee	Members of the NCP Steering Committee plus agencies/workers that fall outside of the above categories.

WORKSHOP TIMES 1.00 – 4.00PM and VENUES

Tuesday	13th May	City of Playford	Health Interface
Wednesday	14th May	City of Salisbury	Local Govt workshop
Wednesday	21st May	City of TTGully	Disability Sector
Wednesday	28th May	Gawler Council	NCP Work Groups
Thursday	29th May	City of Salisbury	NCP Steering Cmte

CONTACT FOR FURTHER INFORMATION AND TO REGISTER

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HEALTHY-AGEING CONSULTATIONS

PARTICIPANTS

Name	Organisation
Gail Jackson	City of TTG
Pat Thomas	City of TTG
Sharron Irwin	City of TTG
Debby Thomson	Metro Dom care
John Leicester	Helping Hand Northern Healthy Ageing Project
Heather Lane	City of TTG
Pru Blackwell	City of Salisbury
Denni Wilson	City of Salisbury
Barb Giurassi	Narooma
Jacqui Hearst	MDC Northern
Marie Paul	Italian Village
Belinda Loveless	Adelaide North East Division of GP's
Briony Glastonbury	Adelaide North East Division of GP's
Megan Corlis	Helping Hand Aged Care
Linda Brown	City of Playford
Sian Campbell	City of Playford
Michelle Elding	COTA
Sandra Waite	City of Salisbury
David Plumridge	NCP
Christopher Millington	Support-Link
Sandra Obst	Anglicare SA
Pam Pindral	City of Salisbury
Sue Upton	Helping Hand Aged Care
Connie Adsett	RDNS
Sue McKinnon	A&CC
Deborah Kenefrick	MDC – NR
Dallas McIntyre	Options Coordination
Indy Bhaguanam	International Work/Home Healthcare Products and Rehabilitation Services
Kerry Sierp	Outreach Nurse-Spina Bifida & Hydrocephaus Assoc of SA
Barbara Harris	Bakuma Community Support – Team Leader Metro
Robyn Brody	City of Salisbury
Mike Taggart	City of Salisbury
Val Shaughnessy	Gawler Health Service
Chris Janssen-Dehle	Gawler Health Service
Rita Lobban	Ethnic Link Services (Northern Region Coordinator)
Bronwyn Osman	Metro Dom Care – Northern Region
Claire Taylor	Gawler Council
Glenda Mace	City of Salisbury.

HEALTHY AGEING – COMMUNITY CONSULTATIONS – NCP.
Grenville Centre. City of Salisbury Gallery July 2003.

Summary of Issues

TRANSPORT available for services
Medical/shopping/visiting
Accessible /timely

SECURITY around the streets – neighbourhoods
Having each others phone numbers/door keys in street
Security blinds
About neighbours helping
Cheaper emergency alarms

HOUSING choices - not out of area
Stay near friends
Cluster units – good choice
Housing Trust – need to have controlled rents

SUPPORT SERVICES
Social Support
Information Support
Telephone and telelink – creates new circles of friends.
Services like Jack Young Centre
Grenville Centre

HAPPY HOME ENVIRONMENT
Recreation
People
Mobility
Healthy Food
Healthy Friends
Learning
Good neighbours

INDEPENDENCE not to move in with family!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

NUTRITIONAL MEALS
Learning how to cook for one

INFORMATION Grenville Centre, Council Offices, Post Office, Library, Doctors

SUPPORT GROUPS Trauma in Families
Depression

PRESENCE OF SERVICES Doctors, Police

POWER OF ATTORNEY