



# MURRAY HEALTH REPORT





## Acknowledgement of Country

Murray PHN acknowledges the Traditional Owners of the land on which we work and live. We recognise, celebrate and respect Aboriginal and Torres Strait Islander people as the First Australians.

We acknowledge their unique cultural and spiritual relationships to the land and waters, as we strive for healing, equality and safety in health care.

We pay our respects to elders past, present and emerging, and extend that respect to all First Nations peoples.

Murray PHN aspires to be an anti-racist organisation, embedding cultural humility as a daily practice, to improve health outcomes and health equity in our communities. We recognise cultural humility as a life-long commitment to self-reflection, personal growth and redressing power imbalances in our society.

## Living a long and healthy life

In our grandparents' generation, "getting old" began at 40, with parenting long past and societal or health pressures leading to an expected decline and, too often, death in a person's 60s.

Those who returned from war, and those who loved them, are now known to have struggled with the impact of unrecognised and untreated mental health issues, while high rates of smoking in our communities led to heart, lung and arterial diseases that shortened the lives of many. Life was more physical and many people felt worn out by their 60s.

Today, we say that life begins at 40 and it is clear that most people of 60 do not see themselves as old in any way. People's post-retirement years can be a time of new beginnings – travelling, learning new skills, taking up fresh exercise opportunities, spending more time with friends and family or volunteering in the community.

With increased scientific knowledge and modern medicines, we understand that we can stave off many of the traditional diseases of ageing with a good diet, regular exercise, mental stimulation, social engagement and personal health awareness.

The population of the Murray PHN region is getting older, with a quarter of our residents projected to be aged over 65 by 2030. Issues such as homelessness, mental illness, or social or economic disadvantage can make it harder for people to achieve good health outcomes in older age.

We know that our First Nations communities face greater health challenges, at an earlier age, with a gap in life expectancy of up to nine years, compared with non-Indigenous people.

Four preventable chronic conditions - cardiovascular disease, diabetes, cancer and mental illness - are the most significant direct contributors to that life expectancy gap and need to continue to be addressed.

COVID has had a disproportionate impact on older Australians in rates of severe disease and death, but also in social isolation which saw them separated from family, friends and regular activities. Those who live in aged care were locked down for their physical safety, but bore the brunt of the emotional and social damage that isolation caused.



Murray PHN has worked throughout the pandemic with aged care facilities in our region, supporting the Commonwealth's vaccination activity and helping address health issues related to lockdown, isolation and COVID-19 itself.

While understanding the issues of our ageing population has been a health priority for the six years of Murray PHN's existence, we recently received more than \$11 million in aged care funding over four years to support region-specific projects.

These funds will support increased telehealth access for aged care facilities, including increasing the capacity of aged care staff to use telehealth, improving coordination of care for out of hours medical care for residents and early intervention to benefit those who hope to age well while remaining at home.

We hope that the Murray Health Report: Healthy Ageing in our Region will give readers an insight into the challenges that our communities, our health system and our families face as our population grows older.

Growing older is a natural part of living and healthy ageing is something we can all aspire to.



Matt Jones  
CEO, Murray PHN

**The population of the Murray PHN region is getting older, with a quarter of our residents projected to be aged over 65 by 2030. Issues such as homelessness, mental illness, or social or economic disadvantage can make it harder for people to achieve good health outcomes in older age.**





# MURRAY HEALTH REPORT

As part of our role in improving our local health systems, Murray PHN gathers a vast amount of data and local intelligence that we use to inform and support the work of Commonwealth, state and local governments, primary health care in general practices, and other community, clinical and allied health services.

Primary health care is generally the first contact a person has with Australia's health system. Often primary care comes from your local GP, but it can also include help from nurses, allied health professionals, midwives, pharmacists, dentists and Aboriginal health workers.

We help to strengthen the partnerships between primary health care in our communities and the acute care provided through hospitals, to help people navigate paths to better health. We do this by coordinating and commissioning new services through GPs, Aboriginal Community Controlled Health Organisations (ACCHOs), community health and local health networks.

Much of the information we gather can be found in detailed documents published on our website, but it can be challenging for non-clinical community members to sift through and find the information that reflects their own health experiences.

The Murray Health Report, published twice a year, provides active information to our rural and regional communities on the health priorities that matter most to them.

We welcome suggestions and feedback from our communities, so please [click here](#) if you would like to make any comment.

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If any of the information contained within this report causes you concern, or you feel you need to seek mental health support for yourself or others close to you, please call **Head to Health** on **1800 595 212** during business hours.

If you or someone you know needs some help around the house or think it's time to look into aged care homes visit: [myagedcare.gov.au](http://myagedcare.gov.au)

## What ageing looks like in the Murray PHN region



1 in 2 people 65+ years receive an aged pension. Highest LGAs: Mitchell (70%), Mount Alexander (69.8%), Greater Bendigo (68.2%)



1 in 3 people 65+ years do not have internet access in their home. Highest LGAs: Buloke (43%), Gannawarra (38.6%), Loddon (37.5%)



1 in 4 people aged 65 and older live alone



1 in 5 people are aged 65 and older

Residential care places per 10,000 aged 70 and older\*



79.3-117.9

North west Victoria

73.6-98.2

Central Victoria

69.6-106.3

Goulburn Valley

64.1-103.7

North east Victoria

Number of aged care services and outlets in the Murray PHN region, 2020



134

Residential care



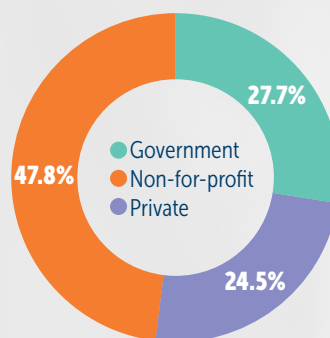
125

Home care



155

Home support



Aged care by organisation type in the Murray PHN region, 2020 (excluding home care and home support)

'Triple jeopardy' – living alone, with a disability, low income, and aged 65 and older %\*



2.5-3.3

North west Victoria

1.7-2.8

Central Victoria

2.0-2.8

Goulburn Valley

1.6-3.3

North east Victoria

Community-living aged 65 and older with a profound/severe disability %\*



10.7-15.8

North west Victoria

9.2-13.4

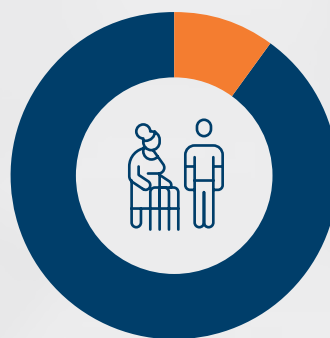
Central Victoria

9.7-14.0

Goulburn Valley

11.0-15.8

North east Victoria



At least 10% of people aged 65+ live with at least one disability

\*Murray PHN operates across 22 local government areas, many of which have distinct and different characteristics. Some of our measurements will show a range of figures in each of our four regions. This range reflects the differences from one local government area to another in any one region.

## Overview of our region



On average, Australians living in rural and remote areas have shorter lives, higher levels of disease and injury, and poorer access to and use of health services, compared with people living in metropolitan areas.

Australia's older generation - those aged 65 years and older or 50 years for First Nations Peoples (to reflect the life expectancy gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians) - continues to grow and is projected to more than double by 2057.

The ageing of the population creates both pressures and opportunities for Australia's health and welfare sectors.

Poor mental health is common at individual and community levels among culturally and linguistically diverse communities, with issues including family separation, pre- and post-arrival experiences and social isolation. Support for ongoing connection to culture and customs is important for mental health and to support family structures, particularly as people age.

In the Murray PHN region, there are also service system challenges relating to in and out of hours GP coverage for residential aged care facility (RACF) residents, as well as other specialist services such as palliative care.

Before people can enter an aged care facility, they or their family must find a GP who is able to manage their care, including visits to the resident at the facility.

Increasingly, the number of GPs who are taking new RACF patients is decreasing, leading to a bigger burden on fewer practitioners and delays in older adults moving into RACFs for much needed care.

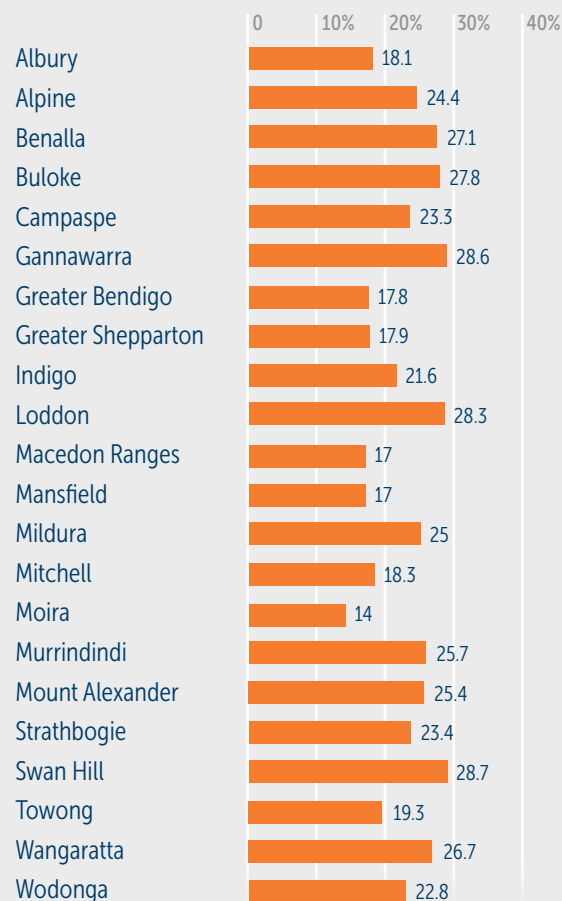
Aged care facilities have shared their concerns about the difficulty in maintaining GP access for residents and the impact it can have on filling beds, regardless of the demand for those beds. GP visits generally require coordination between staff to organise and extended appointment times to assess usually frail residents with complex needs.

Limited funding for this complexity makes it even more challenging. While some GPs are willing to provide an onsite service, others prefer to conduct in-practice visits. This requires aged care staff to attend the general practice with both the resident and the appropriate paperwork. Other challenges include the high turnover of the aged care workforce and increasing complexities of residents that require specialist and multidisciplinary team care.

Compounding these challenges, older people in our region have limited access to specialty geriatric care. For those seeking assistance to help them stay in the community for long as possible, accessing home care packages can also be complex and time-consuming. See [page 19](#) for more information.

At the end of February 2022, the expected wait time for home care packages to be approved was three to six months for Level 1 care and six to nine months for Levels 2, 3 and 4.

**LGAs in the Murray PHN region with percentage of population aged over 65 years (this compares with a national average of 16%)**





# WHAT IS healthy AGEING?

More and more people are living full and productive lives well into their 80s and 90s.

Research shows that if you start living a healthy lifestyle earlier, you have a much better chance of staying healthy as you get older. Staying physically active, eating well and socialising can help people to live a longer, healthy, happy and active life.

Some of the benefits of staying active as we age include increasing wellbeing and participation, recovering from illness more quickly, reducing the risk of getting chronic disease or dementia, and preventing falls.

Having regular health checks or speaking to a doctor if you experience any worrying symptoms is a good way of looking after your health.

Healthy ageing doesn't just cover your physical health – it is also making sure that you experience good mental health through your older years.

Getting older can bring its own set of challenges and sometimes you may feel sad or have more worries than usual. It's important during these times that you seek help if those feelings continue or get worse.

Consumer feedback recently captured by NOUS through their report, 'Stocktake and Analysis of Activities for Older People at the Interface of the Aged Care Health and Disability Systems: Consumer Engagement Feedback', provides an insight into the experiences of older people and their carers currently engaged in the aged care system.

The feedback identifies positive engagement and experience in the service system, while also highlighting areas of continuing difficulty. The analysis of this feedback resulted in the identification of a proposed "person-centred needs framework" identifying eight priorities as:

- I need to know information and services available to me
- I need to navigate the systems to best meet my needs
- I need to have access to preventative care and early intervention
- I need services to be accessible
- I need appropriate, safe and acceptable care
- I sometimes need access to emergency care and hospitalisation
- I need high-quality timely specialist care
- I am supported in transitions between systems.



(continued from page 7)

Many older people in our communities make the choice to live at home for as long as possible, as there are many benefits that come with maintaining independence for longer. People who feel independent have a stronger sense of self and more confidence that they can meet the challenges that come with ageing. Lack of independence can lead to people feeling like their life has been taken out of their control.

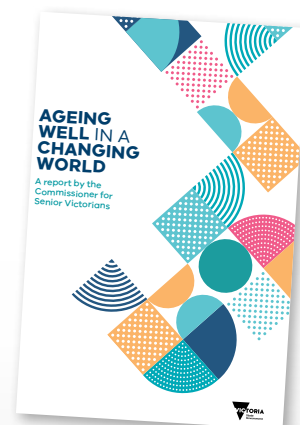
Most older people and their families will need to consider the level of support necessary to remain largely independent. They may need help to maintain hobbies and interests, have different transport options available to them and be encouraged to look after themselves, including reaching out for more support when it is needed.

The United Nations Decade of Healthy Ageing (2021-2030) is a global collaboration that aims to improve the lives of older people, their families and the communities in which they live through engagement, capacity building, connection, research and innovation. It focuses on four areas of action including: age-friendly environments, combatting ageism, integrated care and long-term care.

The US Institute for Healthcare Improvement has created the 4Ms framework to create age-friendly health systems that focus on what matters, medication, mentation (mind and mood) and mobility.

In Australia, the Ageing Well in a Changing World report was released in November 2020. The report was based on consultation with almost 5000 participants aged 60 years and older and is believed to be one of Australia's largest pieces of research examining the views of seniors.

The report identified "eight attributes of ageing well" which include: respect, financial and personal security, health autonomy and mobility. Read more at: [seniorsonline.vic.gov.au](https://seniorsonline.vic.gov.au)



## ATTRIBUTES TO AGEING WELL

- 1 A positive attitude
- 2 Life has purpose and meaning
- 3 Respected and respectful
- 4 Connected to family, friends and society
- 5 In touch with a changing world
- 6 Safe and secure at home and financially
- 7 Able to manage health issues including mental health
- 8 Able to get around

AGEING WELL IN A CHANGING WORLD REPORT 2020



## The impact of ageism in our community

Age is naturally one of the first things we notice about other people. Yet ageist perceptions can reinforce exclusion, discrimination and marginalisation, and affect the relationship between generations. Sometimes it leads to unfair comparisons between younger and older people.

In March 2022, the Council on the Ageing (COTA) advocacy group noted that ageist attitudes still prevailed around employment, with 55 to 64-year-olds taking an average of 36 weeks to secure a job, compared with 14 weeks for other age groups.

Ageism can also affect people's physical, mental and cognitive health and wellbeing. For older adults, ageism can be associated with poorer health outcomes,

increasing the risk of social isolation and financial insecurity, and decreasing a person's quality of life.

In September 2021, the Australian Human Rights Commission released a report, [What's age got to do with it?](#), which stated that 90 per cent of Australians said that ageism exists.

People aged 62 years and older often experienced being viewed by others as frail or being helped when they had not asked for assistance.

While most Australians (74%) had an overall positive attitude to older people, they considered them to have declining skills, viewing them more as onlookers, rather than active participants in society.

## The importance of the local environment

Health and wellbeing are determined not only by our genes and personal characteristics, but by the physical and social environments in which we live our lives.

Where a neighbourhood's medical services are located, how much green space it offers and how willing its volunteers are, can all affect the ability of older Australians to successfully age at home and importantly, to continue to do the things they value.

Age-friendly environments foster health and wellbeing and the participation of people as they age. They are accessible, equitable, inclusive, secure and supportive,

and promote good health to prevent or delay the onset of disease or functional decline. These types of environments allow older people to age safely in a place that is right for them, and to contribute to their communities while retaining autonomy, health and dignity.

The John Richards Centre for Rural Ageing Research undertakes research, including locally, that looks at four key areas including 'ageing in place.' See more at: [latrobe.edu.au/research/jrc](http://latrobe.edu.au/research/jrc)

## What's available to seniors in your local area?

Local government plays an important role in supporting the Victorian Public Health and Wellbeing Act 2008 by protecting, improving and promoting public health and wellbeing within their municipality.

Some councils have a range of additional positive ageing or ageing well strategies, active and healthy ageing guides or programs. Macedon Ranges Shire Council, for example, is a member of the World Health Organisation's global network for age-friendly communities - to learn more, visit: [who.int/agefriendlyworld](http://who.int/agefriendlyworld)

Councils can provide assistance to older people through a range of activities and support services that include senior citizens' groups and centres; meals; home, personal and respite care, and community transport.

Many local councils also provide free or low-cost exercise classes and fitness programs for older people, so it's worth seeing what is available in your local government area.

See our website [murrayphn.org.au/lgaplans](http://murrayphn.org.au/lgaplans) to access each of our region's local council health and wellbeing plans and for links to services.

The Victorian Department of Health funds active and healthy ageing advisers in Bendigo and Shepparton to promote, build and support the health and wellbeing of older people. To contact them, visit: [health.vic.gov.au](http://health.vic.gov.au)

COTA Aged Care Navigators can offer free advice and information to guide people through the aged care system, visit: [cotavic.org.au/information/aged-care-navigator-service](http://cotavic.org.au/information/aged-care-navigator-service)

The Older Persons Advocacy Network helps people work through issues with their aged care. Call 1800 700 600.

## Volunteering for good health

Bendigo Health Volunteer Services Director Sharon Walsh has worked with hundreds of local hospital volunteers, with an average age of around 67 years – although the hospital's oldest volunteer retired recently at 93.

"For many people, volunteering is a way to continue to contribute to their communities after retirement. But it also gives people something to look forward to each day. They have a reason to get up and get going in the morning, they smile at people they don't know and get smiles back; they get a cognitive advantage when they have to explain things to people and they get lots of incidental exercise.

"Our volunteers look forward to coming in and doing their work. It gives them a purpose, social connection, a sense of helping others and having colleagues and strangers say, 'thank you'. We all need a pat on the back sometimes to reassure us of our worth."

Sharon said COVID had prevented many volunteers from coming into the organisation's health services over the past two years. "Some of them have now resigned, telling me they have lost confidence, been more anxious and depressed or have lost their mobility. Unfortunately, these themes are replicated right across the entire Loddon Mallee region and more broadly across the volunteering sector.



**1 in 4 people 65+ years volunteer**  
Highest LGAs are Wangaratta (35.3%), Indigo and Alpine (31.7%) and Gannawarra (31.3%)

"We are now supporting others as they try to re-engage with the health service and regain their confidence.

"Volunteering is a health matter and while volunteers are vital for organisations like Bendigo Health, the health and wellbeing benefits for our volunteers must not be underestimated."

### Volunteering supports health through:

- Provision of support to those needing care in 1000s of community services and programs
- Increases the health experience of those recipients of care and their families
- Increases the physical/mental/emotional health and wellbeing of individual volunteers
- Increases the level of health information provided to community by volunteers
- Increases the level of connectedness for volunteers
- Decreases the level of isolation for volunteers
- Increases the level of skills, experience and opportunity for volunteers
- Is a pathway to education and employment.



If you or a friend or family member are experiencing difficulties returning to normal activities after the last two years, there are some useful tips here: [wisecare.com.au](https://www.wisecare.com.au)

## The importance of your GP or local health centre

It is vital to have regular check-ups with a primary health care provider – usually your local GP, practice nurse or allied health professional.

The Commonwealth Government offers free, regular health screening for older Australians, including screening for breast and bowel cancers. The earlier diseases are found, the more likely your chances of a complete recovery. So, if you get a reminder in the mail, make sure you make an appointment.

The Royal Australian College of General Practitioners (RACGP) says that as more than 90 per cent of older people live in the community, GPs are vital to keeping people well and in their home. GPs work closely with other medical specialists, nurses, allied health professionals, support workers and administrative staff to deliver services to older people. Services include health risk assessments, disease prevention, immunisation, medication de-prescribing (medicine reviews) and management of chronic disease.

Murray PHN supports general practice with programs that help them provide care to people across all stages of life, including quality improvement activities, a business resilience program and continuing professional education opportunities.



MBS-subsided GP telehealth support in the Murray PHN catchment is the second largest in Australia (1.29/100 people), and the highest in Victoria among aged patients (1.79 per 100 people aged between 65-79 years old; 1.94 per 100 people aged 80 years and older)



In 2018-19, 41.5% of people aged 65 or over had a GP health assessment in the Murray PHN region, which is lower than the regional rate of 49.7% and the national rate of 45.8%



In 2018-19, the number of GP attendances in RACF per patient who received at least one GP attendance in a facility was 14.5 for the Murray PHN region, which is lower than the national average (17.8)



There were 123,655 MBS services provided by GPs to more than 8500 people in residential aged care facilities in the Murray PHN region during 2018-19

The RACGP considers that high-quality care for older people requires:

- general practitioner (GP)-led multidisciplinary care
- recognition of the spectrum of health care needs and preferences of older people with diverse characteristics and experiences
- continuity of information about patients and their care
- proactive place-based community care
- residential services with sufficient capacity and capability
- collaborative engagement between all staff, family members, carers and the treating GP
- technology and physical infrastructure which is fit-for-purpose
- co-design by care providers and users of the system.







## Fostering good mental health in older people

The experience of mental illness changes as people get older and can be very damaging, especially if someone also has physical illnesses or dementia to deal with.

While it may sometimes be difficult for people to recognise the overlap between their mental health and physical health symptoms, depression is not a part of normal ageing. So, it is of particular concern that more than half of all permanent residents in residential aged care facilities exhibit symptoms of depression.

Many older generations did not grow up with the same knowledge or understanding of mental illness as we have today. This means many are reluctant to talk about it, seeing mental illness as a weakness or dismissing their feelings as just “having an off day”. Self-stigma and discrimination may prevent or delay a person seeking the help they need, when they need it.

In 2020, males aged 85 years and older had the highest suicide rate in Australia. The reasons for suicide are complex, but maintaining good mental health can help to reduce suicide risk.

Our mental health can be impacted by a range of issues including reduced financial security, social isolation, loss of independence, loneliness and losses of different kinds.

Being lonely or a feeling of a lack of companionship can result in people feeling less connected to others. It is well known that social support and family interactions can help boost the dignity and wellbeing of older adults, and provide a protective role in mental health outcomes.

Finding meaning and purpose, and opportunities to contribute, can provide older people with a sense of accomplishment, doing something outside of themselves and giving back to their community.

Older people should be encouraged to try new things, get creative and practice mindfulness. It is never too late to learn something new.



**In 2020, more than one person aged 65 years or older tragically took their life each day**



**17.3% of males and 22.4% of females aged 65 years and older had a current long-term mental or behavioural disorder in 2017-18**



**1 in 10 older Australians have symptoms of depression or anxiety, increasing to almost 1 in 2 for those living in residential aged care facilities**



## Improving social connection

The Community Visitors Scheme is a free service that aims to provide companionship to older people and help them develop social connections. Volunteers are matched with a socially isolated older person who may live in a government-subsidised residential aged care facility or at home and receiving a home care package. Volunteers receive basic training for their role and visit their older person regularly, aiming for at least an hour once a fortnight.

Regular visits can help to improve an older person's quality of life, while providing a rewarding experience for the volunteer. Throughout the COVID pandemic when face-to-face visits have not been possible, volunteers have stayed connected to older people through phone calls, video chats and letters. To find out more, visit: [health.gov.au/initiatives-and-programs/community-visitors-scheme-cvs](https://health.gov.au/initiatives-and-programs/community-visitors-scheme-cvs)

A similar scheme funded by the Victorian Government is available for elderly LGBTQIA+ people: [lchs.com.au/assets/uploads/2020/06/Out\\_\\_About\\_FAQ.pdf](https://lchs.com.au/assets/uploads/2020/06/Out__About_FAQ.pdf)

## Caring for the carer

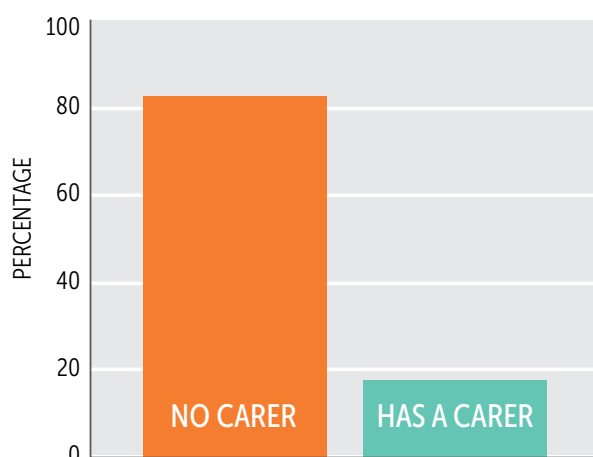
Around one in 10 general practice patients is also a carer. Carers provide a vital role in helping those who they care for with independence, wellness and quality of life. But carers can themselves experience a range of negative health, social or financial impacts as a result of their caring role.

If you are a carer, there are several ways you can take a break from caring for a few hours, days or weeks while the person you care for is looked after by someone else, either inside or outside the home.

For support, visit: [carersaustralia.com.au](https://carersaustralia.com.au) or for other support including practical and financial support visit: [carergateway.gov.au](https://carergateway.gov.au)

GPs can also access training at: [murrayphn.org.au/gp-carer-awareness-training](https://murrayphn.org.au/gp-carer-awareness-training)

CARER STATUS OF PEOPLE IN THE MURRAY PHN REGION USING HOME SUPPORT 2019-20



## The impact of abuse on older persons

The abuse of older persons is any act which causes harm to an older person and that is carried out by someone they know and trust, such as family and friends. Sadly, the most common form of older persons abuse is financial abuse, but there is information and help available.

Never feel ashamed to ask for help, or to call out abusive behaviour if you witness it.

If you feel you are being financially or physically abused, or bullied or pressured to do things by someone you know; you do not have to accept it.

If someone you rely on is neglecting you, threatening you or failing to look after you as they have promised - speak up and call Seniors Rights Victoria on 1300 368 821 (10am-5pm, Monday to Friday).

For concerns about financial abuse visit: [statetrustees.com.au](https://statetrustees.com.au)

# THE FULL SPECTRUM OF



We know that health outcomes depend on a range of factors being met; not only where a person lives or how much money they have, but more simply, how their cognitive or mental health, social and emotional health, physical health, and cultural and spiritual needs are being met.

Emotional wellbeing includes satisfaction, optimism, self-esteem, feeling in control, having a purpose in life, and a sense of belonging and support. Cultural and spiritual needs also provide people with connection and purpose. Emotional wellbeing is often linked with social wellbeing, particularly in First Nations cultures, and all of which help foster better mental health.

The mind and body are intrinsically linked and bad physical health can cause mental health concerns. In turn, mental health issues can stop people maintaining good physical health.

Australians' self-assessment of their health status declines with age, with only 42 per cent of people aged 64 years and older rating their health as 'excellent or very good'.

Worryingly, almost three quarters (71.9%) say they receive insufficient physical activity. Regular physical activity helps to improve physical and mental functions, to keep people mobile, maintain independence, recover from illness and reduce their high risk of disease.

As people get older, the size of muscle fibres decrease, bone density declines and joints can become stiff. This can lead to balance and mobility issues, as well as an increase in falls.

The current physical activity guidelines recommend at least 30 minutes or more five days a week which don't have to be completed all in one session. Exercise doesn't have to be rigorous and can be completed in the home with everyday objects - even while seated.

Whatever your age, you can enjoy the benefits of physical activity. It is never too late to get fit.

If you are starting a new physical exercise routine, it can be wise to visit your doctor for a check up to make sure it is suitable for you. If you get chest pain, are out of breath or feel dizzy when exercising, always stop and get medical advice.

## Common myths

- Older people are frail and physically weak
- Some people are too old to start exercising
- Gyms are just for younger people
- The human body doesn't need as much physical activity as it ages
- Exercising is hazardous for older people because they may injure themselves
- Only vigorous and sustained exercise is of any use.



## Falls

Falls are common in people aged 65 and older, with 30-40 per cent falling at least once a year.

One in four falls results in an injury and a small portion result in a serious injury, such as a bone break or fracture.

Falls are the leading cause of injury-related hospitalisation and mortality in older people, and the most common reason for premature admission into an aged care facility.

People can take a long time to heal from falls, both physically and mentally if a fear of falling again develops, but falls can be prevented.

The Falls, Balance and Injury Research Centre at Neuroscience Research Australia (NeuRA) has created the Standing Tall website to provide information and tools that can assist people to prevent falls. To learn more, visit: [standingtall.org.au](http://standingtall.org.au)



## Pain

Older people can be undertreated for pain because of misconceptions about ageing and pain.

Some older people are also less likely to report pain as they don't want to be a nuisance to aged or health care staff, or they worry that pain signals disease progression, which could lead to loss of independence. Language, cognitive or sensory impairments may also be a barrier to identifying pain.

Common causes of pain in older people include arthritis, cancer, circulatory problems, bowel disease, pressure sores, old injuries, and urinary tract and other infections.

## Incontinence

Incontinence can make feel people embarrassed and result in them withdrawing from social situations. It can also increase a person's chances of developing a urinary tract infection (UTI).

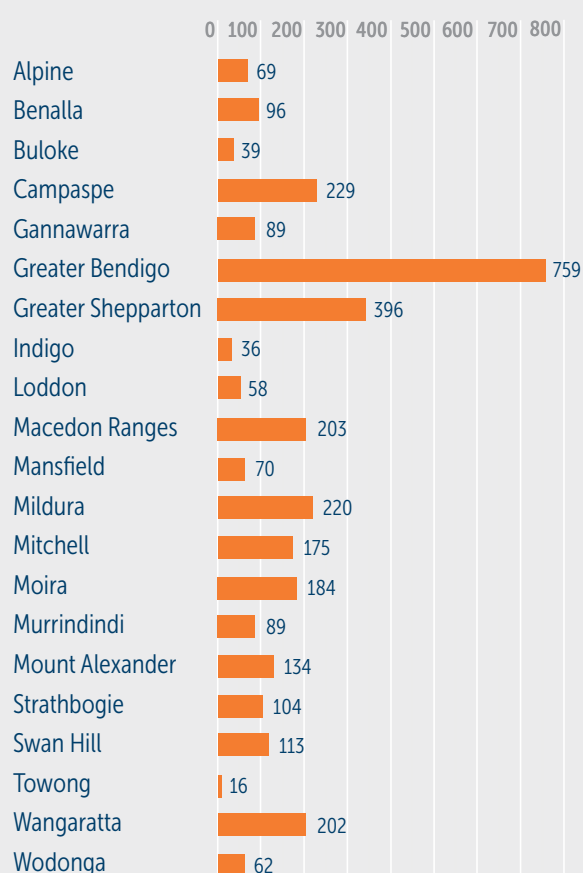
We know that kidney and urinary tract infections are a common cause of potentially preventable hospitalisations.

Older people are more at risk due to natural changes in the body, which mean that their bladders no longer empty as effectively, or their physical ailments compromise their personal hygiene.

While common UTI signs usually include burning or stinging during urination, older adults can often show other symptoms such as confusion, falls, a decreased appetite or a lack of voluntary control over their urination. If left untreated, a UTI can spread to the kidneys and cause damage or, in severe cases, kidney failure.

There are a range of health professionals - GPs, nurses, geriatricians, occupational and physiotherapists - who can assist people to live safely and independently with incontinence, both within and outside of the home.

**Unintentional falls of people aged 60+ requiring hospitalisation in 2018-2019**



(actual/ age standardised rate per 100,000)



## Cognitive health

Many older adults worry about memory loss and thinking abilities as they age.

Cognitive health — the ability to clearly think, learn and remember — is an important component of performing everyday activities.

Delirium and dementia are both cognitive impairment disorders. They can occur separately or at the same time and dementia makes the brain more susceptible to developing delirium.

Lots of activities can keep the mind active, for example: reading, playing games, volunteering, or learning a new skill or hobby. While they are not a cure for cognitive-related disorders, they are thought to lower the risk of them developing.

## Delirium

Delirium is where there is a recent change in a person's thinking and behaviour that can come and go. Its causes can be numerous and complex, but it is most commonly caused by changes in a person's health, such as an infection, a medication change, constipation, dehydration or pain. It frequently leads to or occurs during hospitalisation and can often be misdiagnosed.

Delirium is potentially preventable in up to two-thirds of hospitalised patients. It is best managed, with decreased complications, if it is recognised early and its causes are identified and addressed quickly.

## Dementia

Dementia is a syndrome involving deterioration in memory, thinking, behaviour and the ability to perform everyday activities such as dressing, eating, personal hygiene and toilet activities. It generally affects older people, although it is not a normal part of ageing.

While there are different forms of dementia, Alzheimer's disease is the most common.

The exact number of people with dementia in Australia is currently not known. It was estimated that in 2020, there were between 400,000 and 459,000 Australians with dementia, with Alzheimer's disease accounting for up to 70 per cent of diagnosed cases.

The National Dementia Helpline operates 8am-8pm, Monday to Friday and can be accessed by calling 1800 100 500, or for more resources and support, visit: [dementia.org.au/support](https://dementia.org.au/support). Or to learn more about dementia-friendly environments, visit: [health.vic.gov.au/ageing-and-aged-care/dementia-friendly-environments](https://health.vic.gov.au/ageing-and-aged-care/dementia-friendly-environments)



**Emergency department presentations attributed to dementia increased by 24% in 2019-20 from 2018-19 in the Murray PHN region, which is higher than the state average of 15.3%**



**44.9% of people using permanent residential care in the Murray PHN region on 30 June 2020 had a diagnosis of dementia**

## Nutrition

The risk of being poorly nourished increases with age. Reasons for this can include chronic medical conditions, decreased appetite and dehydration, lack of interest in cooking, chewing problems and even loneliness.

It is estimated that 30 per cent of people aged 60 years or older and living independently are at risk of malnutrition. These people tend to become sick more often and take longer to recover than those who are well nourished.

Good nutrition is important to optimise health, independence and quality of life. For older adults, this may mean extra calcium requirements for good bone health, protein for muscles and higher energy foods to increase stamina.

As people age, it is generally better for them to carry a little extra weight as this will help to see them through illness and times when their appetite is poor.

However, for people with health conditions such as high blood pressure, cholesterol or diabetes, it may mean still adhering to special diets. In some cases, deliberate weight loss may also be necessary to ease arthritis or improve mobility.

For more see: [betterhealth.vic.gov.au](http://betterhealth.vic.gov.au)

Older people struggling with meeting their nutrition needs can be supported in a range of ways. These include:



Contacting their local council to see if Meals on Wheels type organisations or community meals are available



Purchasing pre-prepared meals from local organisations and supermarkets



Adding snacks to their diets



Asking if support workers can help to prepare meals



Cooking larger meals and freezing portions



Inviting guests as an incentive to cook or order home-delivered meals from a restaurant.





# AGEING WELL IN AGED CARE

Aged care is not a single service and ranges from low-level support to more intensive services.

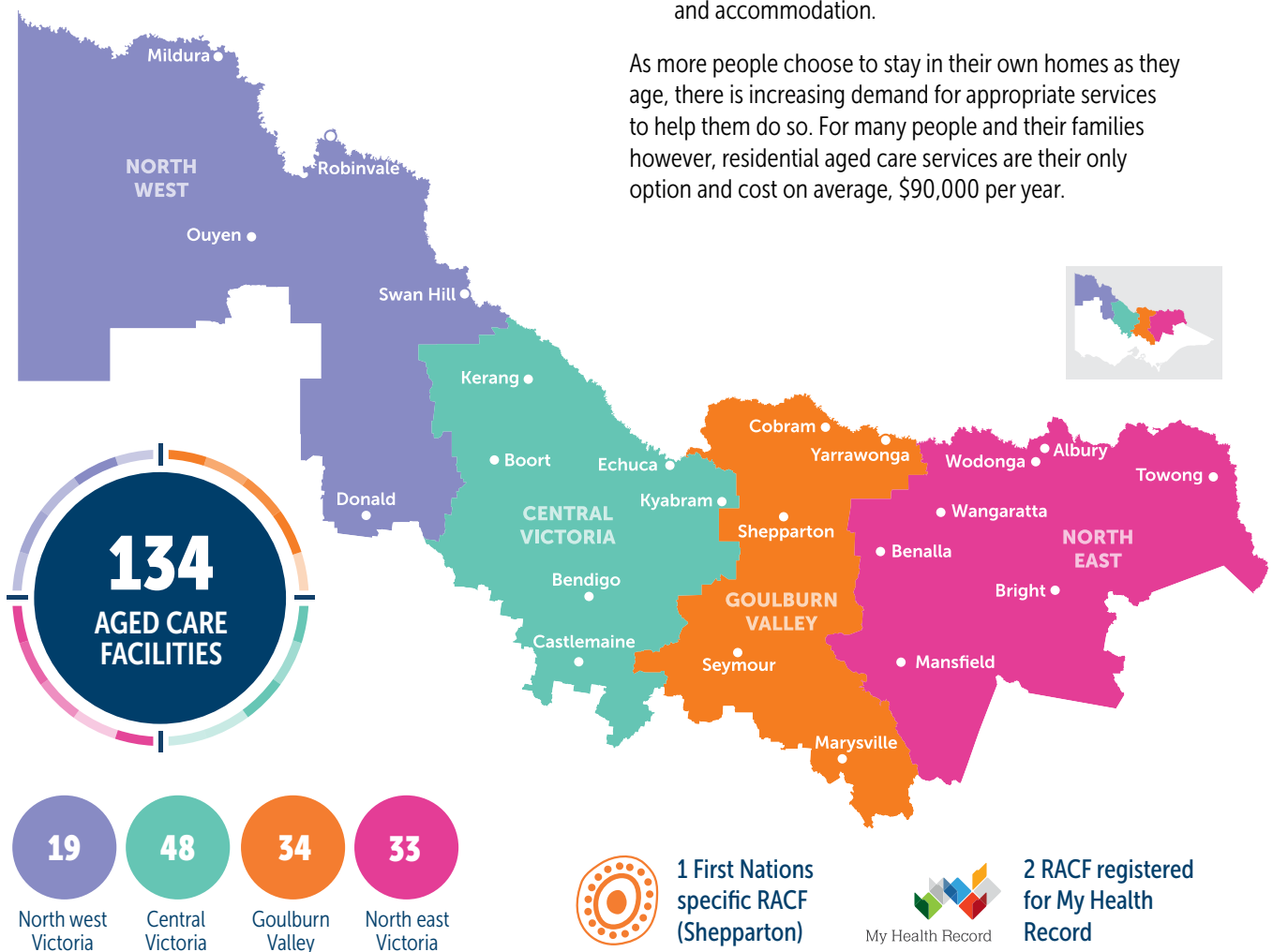
While people commonly think of nursing homes, aged care consists of care provided in people's homes, in the community and in residential aged care settings.

Aged care includes assistance with everyday living activities, such as:

- cleaning, laundry, shopping, meals and social participation
- respite
- equipment and home modifications, such as handrails
- personal care, such as help getting dressed, eating and going to the toilet
- health care, including nursing and allied health care and accommodation.

As more people choose to stay in their own homes as they age, there is increasing demand for appropriate services to help them do so. For many people and their families however, residential aged care services are their only option and cost on average, \$90,000 per year.

## Residential aged care facilities in the Murray PHN region



(continued from page 18)

In more rural and remote areas, aged care places are extremely limited and long-term strategies are needed to address our ageing population.

The aged care system has come under constant scrutiny, with more than 35 major public reviews conducted over the past 40 years.

At the end of October 2019, the Royal Commission released the Aged Care Quality and Safety's Interim Report titled 'Neglect', in which the Commissioners stated:

***"As a nation, Australia has drifted into an ageist mindset that undervalues older people and limits their possibilities. Sadly, this failure to properly value and engage with older people as equal partners in our future has extended to our apparent indifference towards aged care services. Left out of sight and out of mind, these important services are floundering. They are fragmented, unsupported and underfunded. With some admirable exceptions, they are poorly managed."***

The final report of the Royal Commission into Aged Care Quality and Safety was released in March 2021 and was titled Care, Dignity and Respect. It contained 148 recommendations in five broad areas of home care, residential aged care quality and safety (governance,

diversity, dementia, food and nutrition), residential aged care services and sustainability, workforce and governance. To read the report, visit: [agedcare.royalcommission.gov.au](https://agedcare.royalcommission.gov.au)

Hal Swerissen, Emeritus Professor at La Trobe University and Health; Aged Care Fellow at the Grattan Institute and Murray PHN Board member, says that unlike in sectors such as disability and mental health, Australia doesn't have a clearly defined, rights-based framework of outcomes for older people when they need care.

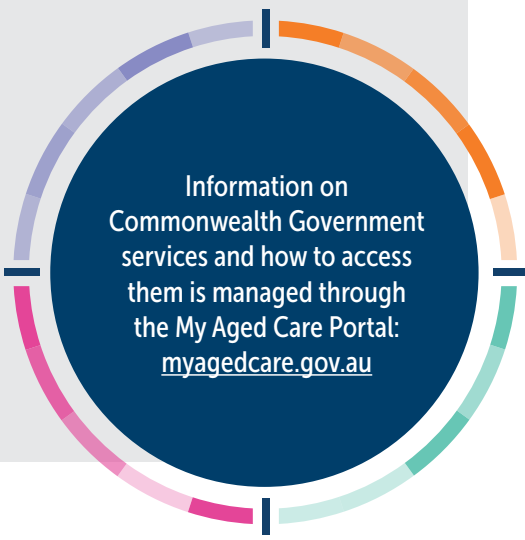
"There has been too much emphasis on cost and profit for providers and not enough on quality and outcomes for residents. The result has been residential care staff are poorly paid and it's hard to attract and retain them. By international standards, more than half of aged care residents live in facilities with unacceptable levels of staffing."

Professor Swerissen says that the system requires a restructure, which will cost more but will provide a better balance quality and cost.

"Residential care should be required to provide small scale, home-like environments; better integration with community services and facilities for residents; improved staffing ratios and staff qualifications."

The aged care system currently offers care under three main types of service: the Commonwealth Home Support Program, Home Care Packages and residential care.

- The Commonwealth Home Support Program (CHSP) helps senior Australians access entry-level support services to live independently and safely at home. It subsidises a variety of services to make it easier for people to access them.
- Home Care Packages are one of the ways that older Australians can access affordable care services to get some help at home. They are designed for those with more complex care needs that go beyond what the Commonwealth Home Support Program can provide. There are four levels of care with different funding amounts – the higher the needs, the higher the funding available.
- An aged care home, sometimes known as a nursing home or residential aged care facility, is for older people who can no longer live at home and need ongoing help with everyday tasks or health care. There are different types of aged care homes, including retirement or independent living units, some of which are funded by the Commonwealth and others that are privately funded.



Information on Commonwealth Government services and how to access them is managed through the My Aged Care Portal: [myagedcare.gov.au](https://myagedcare.gov.au)

## Managing chronic disease in aged care

Chronic diseases are long-lasting conditions with persistent effects. Their social and economic consequences can impact on peoples' quality of life. Chronic conditions are becoming increasingly common and are a priority for action in the health sector.

The Australian Institute of Health and Welfare commonly reports on 10 major chronic condition groups: arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease (COPD), diabetes, chronic kidney disease, mental health conditions and osteoporosis.

In 2017-2018, one in two Australians had one or more of these conditions, which can pose significant health problems. But in many instances, action can be taken to prevent their occurrence or severity. To read more, visit: [aihw.gov.au](http://aihw.gov.au)

Some of the most common causes of age-associated chronic diseases are lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption.



Arthritis



Asthma



Back pain



Cancer



Cardiovascular disease



COPD



Diabetes



Kidney disease



Mental Health



Osteoporosis

## Caring for First Nations elders

Aboriginal Elders play a vital role in their communities, providing leadership, caring for family, and transmitting cultural knowledge and practices. Respect for Elders must be at the centre of any aged care service model for supporting First Nations Peoples in the Murray PHN region.

Understanding and enabling connection to culture, community and Country are required to experience wellness and healing. When any one of these aspects is removed or not accessible, ill-health can arise.

Racism is a key barrier to Aboriginal and Torres Strait Islander people's access to medical care. Our [Health Needs Assessment](#) identified a lack of cultural competency across our catchment in mainstream services delivering care. Culturally unresponsive health services lead to poorer self-reported health status, resulting in underused services, delays in seeking care, failure to follow recommendations, distrust, interruptions in care and avoidance.

Part of the solution includes boosting culturally responsive clinical care. It is critical that mainstream services provide care that is seen by community as both culturally responsive, and culturally safe. This includes understanding a patient's culture, acknowledging differences (and being mindful and respectful of these), and acknowledging racism and its impact on First Nations Peoples.

Culturally responsive services can reduce clinical variations, provide cost effective and efficient care,

reduce racism and discrimination, and increase understanding and cultural capacity. Benefits for First Nations community include improved patient perceptions and experiences of care, greater ability to have family involved and improved wellbeing, access and equality.

It is recognised that supporting self-determination is the best way to address the health and wellbeing needs of First Nations Peoples. Aboriginal Community Controlled Health Organisations (ACCHOs) play a central role in this practice by ensuring that First Nations Peoples' rights to culture are respected and upheld, and involving them in decision-making, particularly in relation to their own health and wellbeing.

The Royal Commission into Aged Care outlined the systemic failure of the aged care system to respect and care for older Aboriginal and Torres Strait Islander people. Aged care services that centre on cultural safety are essential for addressing the specific needs of First Nations Peoples, along with implementing recommendations from the Royal Commission for culturally safe care for all people.

Health professionals wanting to learn more about the importance of asking the question, 'Are you of Aboriginal or Torres Strait Islander origin?', can visit: [murrayphn.org.au/portfolio-view/asking-question](http://murrayphn.org.au/portfolio-view/asking-question)

The Older Persons Advocacy Network helps people work through issues with their aged care. Call 1800 700 600.



## Creating inclusive care

Older Australians are a diverse cohort, with different backgrounds, values and preferences.

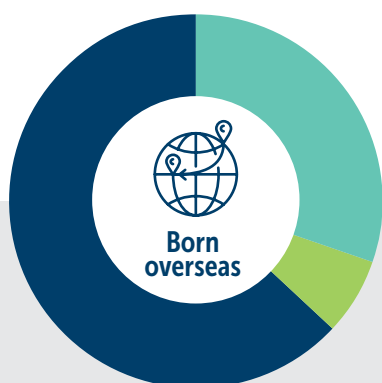
Veterans, older people with a disability, those who are lesbian, gay, bisexual, trans and gender diverse, intersex, queer, asexual or other sexually or gender diverse (LGBTIQA+), or from culturally and linguistically diverse (CALD) backgrounds are all likely to have experienced violence, stigma and discrimination throughout their lives.

As a result, they may be withdrawn, have increased anxiety and depression, and be reluctant to disclose their identities or histories to health and aged care services, to avoid having to relive past trauma.

Increasingly, people and services are becoming more culturally aware and inclusive. Creating safe spaces and targeted health and wellbeing programs is helping to improve health outcomes.

LGBTIQA+ Health Australia has a project to support aged people accessing health services and also offer a booklet on supporting people with dementia, see:

- [lgbtiqhealth.org.au/silver\\_rainbow](https://lgbtiqhealth.org.au/silver_rainbow)
- [lgbtiqhealth.org.au/lgbti\\_and\\_dementia\\_understanding\\_changes\\_in\\_behaviour\\_resource](https://lgbtiqhealth.org.au/lgbti_and_dementia_understanding_changes_in_behaviour_resource)

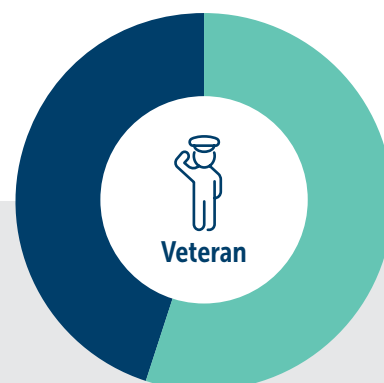


In 2016, 1.2 million older Australians had been born overseas, representing more than one-third (37%) of all people aged 65 and over

Almost one in five (18%) of them spoke a language other than English at home



Half of older Australians (aged 65 and over) had a disability in 2018



55% of all Department of Veteran Affairs clients were aged 65 and over in June 2020



**4,800**

Cohabiting older partners (aged 65 and over) in same-sex couples

# WHAT MURRAY PHN IS DOING NOW

## Funded mental health programs

Our region has an ageing population, yet we know that adults aged 75-85 use mental health services much less frequently than other age groups, while up to 39 per cent of all permanent aged care residents are estimated to be living with mild-moderate depression.

Mental ill-health in older age, if left untreated, can lead to poorer overall health, increased hospital visits and an earlier move into residential aged care.

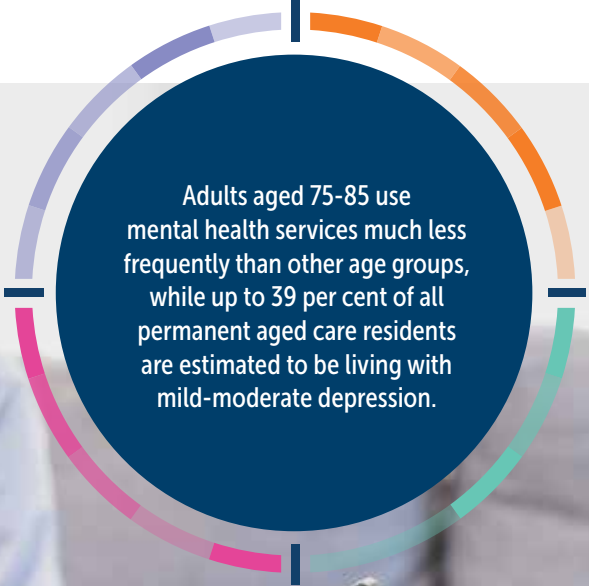
In 2020/21, Murray PHN funded the expansion of Psychological Therapy Services in residential aged care facilities. The program provides residents who have a diagnosed mental illness, or who are at-risk of developing mental illness, with access to support via a multidisciplinary clinical care team.

Access to the program is simple and can be initiated by the resident themselves, their carers or family members, the resident's regular GP, or by personal care workers, nursing staff and allied health professionals.

Initially, the program began in two of Murray PHN's four regions, providing support to 70 facilities with up to 400 eligible residents. It has since expanded to include a further 45 facilities.

During COVID, Murray PHN funded access to online and local mental health support through Head to Health centres (formerly called HeadtoHelp). Head to Health services are available to Victorians of all ages, whether their mental health issues are pre-existing or have emerged during the pandemic.

Head to Health offers free mental health support to people of any age. To access the service, call 1800 595 212 between 8.30am and 5pm, Monday to Friday except on public holidays, to speak to a mental health clinician. Callers can receive immediate support and be referred to an existing service or a Head to Health hub located in more than 20 locations across Victoria.



Adults aged 75-85 use mental health services much less frequently than other age groups, while up to 39 per cent of all permanent aged care residents are estimated to be living with mild-moderate depression.

## Vaccination in private aged care facilities

Murray PHN played a pivotal role in planning, coordinating and communicating with general practice and the health system more broadly, as part of the Commonwealth Government's vaccination goals, supported by the state's delivery mechanisms.

This included assisting 73 private residential aged care facilities to get their residents and workers vaccinated, with the help of three Commonwealth vaccination teams and several local general practice clinics.

In total, 14,353 doses were administered by vaccination teams to private facility staff and residents over 240 visits up to October 2021.

Both private residential aged care facility residents and staff reached 99 per cent vaccination milestones the month earlier.



An in-reach program for boosters has occurred and Murray PHN expanded its, It Starts With You COVID vaccination campaign to include resources for older people and aged care staff.



## Helping aged care residents

Aged care facilities were greatly affected by COVID outbreaks that resulted in many infections and deaths. The restrictions put facilities into strict lockdowns and residents spent much of their days in their rooms. The social impacts were significant, and with normal exercise and access to the outside impossible, the lack of physical activity led to muscle loss and weakness.

Murray PHN provided the three most affected facilities in our region with funding to increase residents' access to allied health services, specifically physiotherapists, exercise physiologists and occupational therapists.

The funding gave 269 residents the opportunity to participate in two hours of face-to-face group therapy per week, per participant, over a minimum of two sessions, and up to 26 weeks, at no cost to the resident or their family. Seventy-seven per cent of participating residents showed an improvement in their physical strength.



## Providing telehealth services for aged care residents

We know that delayed primary health care can lead to preventable deterioration and hospitalisation.

The impact of GP and aged care nursing workforce shortages, combined with the lack of time and incentives available to appropriately manage residents with complex needs, mean that local aged care facilities often experience difficulty in getting their residents' health care needs met. The extent to which telehealth services are currently used in residential aged care facilities, and the technologies used, is not yet known.

Telehealth is not a solution for every health condition, but can provide additional reliability and increased access to appointments, particularly in rural areas and after hours, without the need to transport patients and cause them extra distress.

To increase the quality of and access to virtual primary health care for aged care residents, Murray PHN began the telehealth in aged care (TEAC) project in August 2021. The project has focused on forming connections with facilities and other aged care stakeholders to identify key issues relating to primary health care access and their possible solutions.

Murray PHN also funds a service that helps people who experience an urgent health condition at night, on the weekend or on a public holiday, and cannot wait for treatment during regular business hours.

My Emergency Doctor provides nurse-led patient consultations with a doctor using a telehealth video call, especially in locations where there are vulnerable communities and minimal GP services to support urgent care centres after hours.

In 2020, Murray PHN extended My Emergency Doctor to provide support to residential aged care facilities, to minimise the risk of exposure to COVID-19 and unnecessary transfers to hospital. In a 12-month period, 2822 consultations were provided across local urgent care centres and residential aged care facilities.



MBS-subsided GP telehealth support in the Murray PHN catchment is the second largest in Australia (1.29/100 people), and the highest in Victoria among aged patients (1.79 per 100 people aged between 65-79 years old; 1.94 per 100 people aged 80 years and older)

## My Health Record

Older Australians often have more complex medical and health care needs.

Having a digital My Health Record means that you do not have to recall the details of medicines or carry around copies of tests and scans. You can request that health professionals involved in your care upload information to your My Health Record, or you can upload information yourself.

As well as encouraging better communication between medical practitioners, your My Health Record travels with you, is accessible wherever you go and is vital for Australians who travel regularly.



## My Health Record

My Health Record can also detail your care preferences in emergency situations and speak for you if you are unable to communicate your wishes yourself.

To read more about the benefits or to learn how to log in to your My Health record, visit: [digitalhealth.gov.au](https://digitalhealth.gov.au)

## Using technology to help chronic disease patients

A growing number of apps and wearable devices are available to support good mental and physical health. They can provide peace of mind and a sense of security to vulnerable older people, their families and carers.

Murray PHN's remote patient monitoring program works to improve a patient's health literacy and their ability to self-manage their chronic condition - high blood pressure, or heart or lung disease. At the same time, clinicians receive alerts about changes in the patient's vital signs, enabling early medical intervention and preventing further deterioration.

Almost two thirds of patients enrolled in the program are aged 61 and older, with people over 80 most likely to adhere to the program – showing that older adults can be motivated to use digital technologies to improve their health.

## Navigating the health system

Murray PHN has commissioned Health System Navigators in four regional health services to help and advocate for people who face barriers in accessing the health system. Their core focus has been to improve health literacy and health outcomes.

Two of our health navigator services employ bi-cultural workers to assist refugee communities, while the other two support people who live in rural and remote communities and with complex and chronic health conditions. We estimate that between 60 and 70 per cent of our health navigator services are supporting people over 65 years of age.

## Prescribing social activities

Social prescription is an approach to reducing loneliness by linking participants to social activities in their own communities.

Murray PHN is funding the City of Greater Bendigo to pilot a social prescription program for health professionals, encouraging them to refer people who live with a chronic or complex health care condition and who would benefit from increased social interaction.

For more information, visit: [bendigo.vic.gov.au/Services/Community-and-Care/Social-prescribing](https://bendigo.vic.gov.au/Services/Community-and-Care/Social-prescribing)

## Advance care planning

Most people would like to die comfortably at home, surrounded by their family and friends and with the support of necessary services. But in reality, for those aged 65 or older, more than 85 per cent die in residential aged care facilities or hospitals.

Death continues to remain somewhat of a taboo topic, often surrounded by fear or denial, and not something that is generally discussed until it needs to be.

If you become seriously ill or injured and you haven't documented your preferences or identified a substitute decision-maker, doctors will make treatment decisions based on their assessment of your best interests. This may include treatments that you would not want, if you were able to speak for yourself.

Advance care planning is a heartfelt conversation and a personal statement that we - young or old, healthy or not - can make to let people know of our choices at our end of life. By documenting our preferences for future care in an advanced care directive, we can help reduce anxiety and distress for those who love us.

The early introduction of advance care planning across general practices, residential aged care facilities and community has the potential to avoid patient suffering and decrease unnecessary hospital presentations and procedures.

Murray PHN is in the early stages of a project that aims to improve the health outcomes and end of life care journey of people living with a life-limiting illness. We are also funding an after hours service that is able to provide palliative care services and supports people to have their end of life wishes met.

To learn more, you can visit: [advancecareplanning.org.au](https://advancecareplanning.org.au)

## HealthPathways for general practice

Murray PHN has developed a suite of 14 clinical referral and information pathways to help health professionals in caring for their older patients. These pathways have been developed in collaboration with local occupational and physiotherapists, palliative care and dementia nurses, doctors, geriatricians, pharmacists and dieticians.

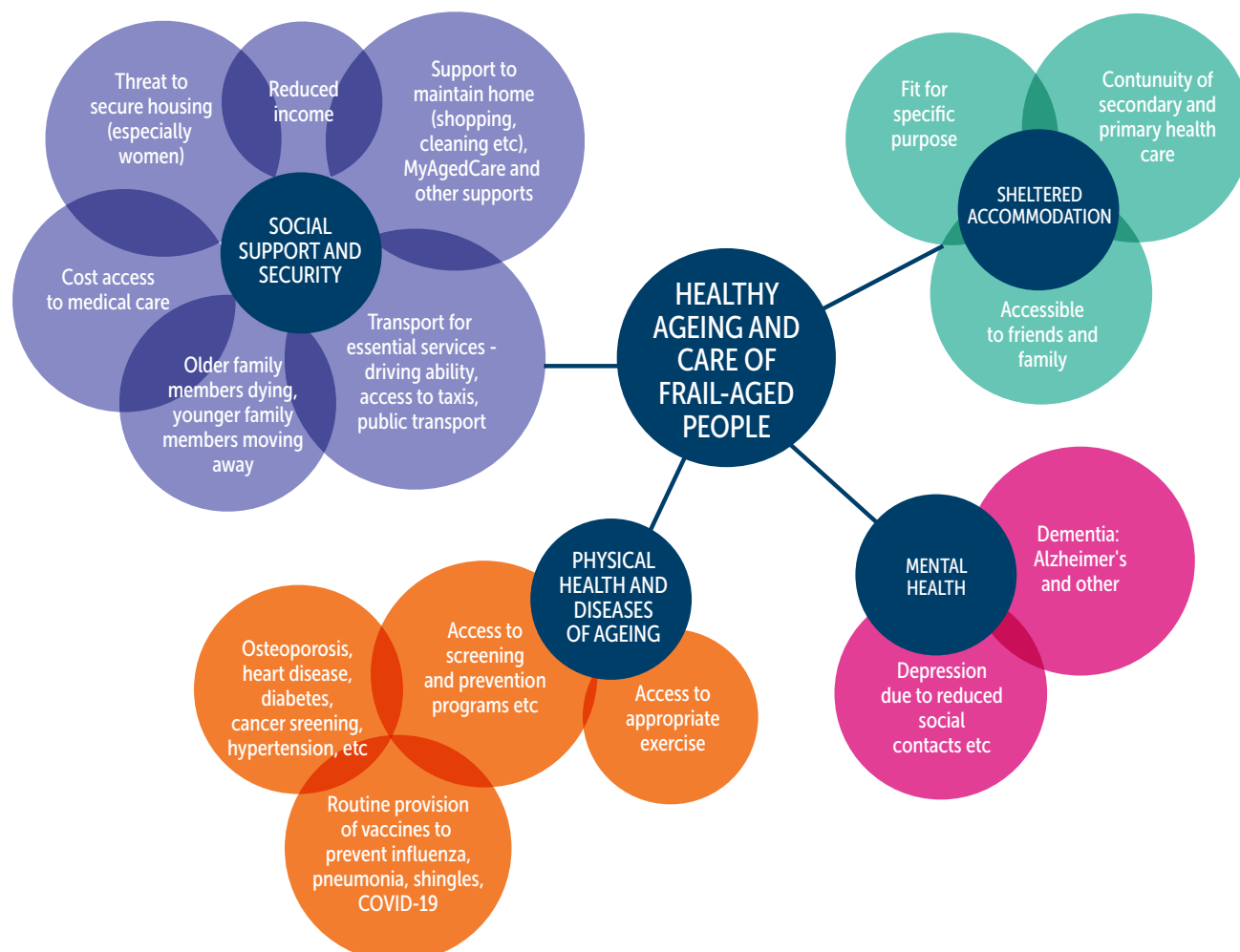
# LISTENING TO OUR EXPERTS AND COMMUNITIES

## Determining health needs

Murray PHN reviews regional health data annually to help guide the funding decisions we make to support and improve the primary health system.

Every three years, Murray PHN conducts a major Health Needs Assessment with expert health data analysis, supported by community consultation to provide a complete picture of local needs.

As 2021 marked a new, three-year Health Needs Assessment, Murray PHN held 20 community and health professional forums and telephone interviews with 100 participants, alongside an online survey that generated more than 600 responses, in areas that included healthy ageing. These were the main themes of those conversations:









## Advisory council **feedback**

In February 2022, we sought comment and advice about healthy ageing from our community and clinical advisory councils on the strengths and challenges of new aged care funding opportunities (see [page 28](#)) and any other options that should be considered.

As this is a major step forward in an area of significance to our catchment and to the families of regional and rural areas, we asked council members to provide a critical lens of how things could work practically on the ground in their communities, even if they were not an expert on aged care.

Consultations with the community and the aged care sector are continuing to assist our planning. Our initial conversations have been themed into the following areas:

 <b>Partnership building</b>	 <b>Systems enhancement</b>	 <b>Integrating programs</b>	 <b>Targeting outcomes and experiences</b>
<ul style="list-style-type: none"> <li>• Engagement</li> <li>• Communication</li> <li>• Coordination</li> <li>• Advocacy</li> <li>• Systems change</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce development</li> <li>• Governance improvement</li> <li>• Digital systems development</li> <li>• Care planning development</li> </ul>	<ul style="list-style-type: none"> <li>• Murray PHN investments</li> <li>• Other sector investments</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access and satisfaction with care experiences</li> <li>• Models support multi-dimensional needs</li> <li>• Achievement of early intervention and prevention of unnecessary hospitalisations</li> <li>• Sustainable workload, satisfied and retained providers</li> </ul>



# OPPORTUNITIES AND PRIORITIES

## FOR FUTURE MURRAY PHN ACTIVITY



For the first time, Murray PHN has received significant and dedicated funding of more than \$11 million to support better health, wellbeing and primary care for older Australians living in our communities and in public and private residential aged care facilities until 2024.

This work will focus on supporting residential care homes to provide digital health solutions for their residents and with access to after hours care, and increasing early intervention initiatives to help prevent hospitalisations.

It aligns with Murray PHN's other programs and services and our role in primary health care coordination. The funding will help us work towards addressing some of the other complex issues faced in the sector and mentioned by the Royal Commission, including the fragmentation of links between the different systems – health, disability and aged care; lack of access to GPs and allied health professionals and the needs of our First Nations Peoples.

Our new Strategy and Performance Unit is leading this work, using consultation with our clinical and advisory council members, medical advisors, Board and executive teams, Aboriginal Community Controlled Health Organisations and aged care facilities, to discuss issues and opportunities.

Challenges that we will need to overcome include pandemic and workforce pressures; software interoperability; cultural responsiveness; funding sustainability; and the different and varying needs of providers across the region.

To get the most out of this opportunity, our work will aim to be integrated, aligned with federal and state government reports and strategies, and linked to emerging policy areas. Importantly, it will build on partnerships and, where possible, link with existing activity that has produced positive outcomes.

Our new Outcomes and Experiences Framework will help us monitor, refine and report on the progress and outcomes of any approach that we take. It will help us discuss ideas and share lessons with other PHNs to encourage greater change across the system.

The aged care activity funding will complement and build on Murray PHN's existing work in aged care. This funding is part of the Commonwealth Government's response to the Royal Commission, targeted to support RACFs, give residents greater access to telehealth from primary health care providers and develop after hours action plans. The funding will also provide early intervention initiatives to reduce avoidable hospitalisations for older Australians in our communities.

## Telehealth and after hours support

Timely access to primary health care professionals in residential aged care facilities is a common issue, that in some cases, can lead to potentially preventable emergency department presentations and hospitalisations for residents.

Communication processes and actions between the staff, the resident, family members and key health care providers such as the GP, are often not documented, nor agreed to. Telehealth has the ability to close some of this health care gap, particularly in the after hours period when residents can experience deterioration in their health, but when immediate transfer to hospital is not always clinically necessary.

However, this requires aged care facilities to have adequate equipment, available staff and staff skills to be able to know what care needs to be provided face-to-face and what support can be provided via virtual consultations, with considerations also given to a resident's medical records and advanced care directives, if in place.

## Early intervention programs to support healthy ageing and chronic conditions

Ageing predicts an increase in chronic disease. Effective preventative and primary health care improves healthy ageing, meaning that people can live longer and fuller lives.

As the population ages, the demands on aged care are escalating and healthy ageing will be the key to keeping people in the community for longer.

Some communities have a greater proportion of older people who can't access services locally, and so, have more enhanced needs for community-based services to allow them to live healthier lives at home for as long as possible.

Best practice models of care in early intervention are equally important and needed for First Nations communities. The impact of colonialisation, Stolen Generations and racism in health cannot be underestimated; either can the importance of connection to culture, community and Country on healthy ageing.

## Our strategic priorities

Murray PHN's strategic health priorities focus on the health issues that have the greatest impact on the lives of our communities.

Our health priority areas are based on national targets set by the Commonwealth Government for all PHNs. We then refine those priorities by analysing local data, community and clinical input, to provide an effective and strategic focus for our work in our region.

An in-depth analysis of each health priority is completed annually in our [Needs Assessment](#), where we also scan for emerging priorities in our communities. The Needs Assessment details a range of factors including incidence of disease and hospitalisation, social and health-related risk factors and behaviours, access and workforce issues, and screening and prevention activities.

Examining these priorities closely enables us to plan, design and fund targeted primary care activities, and to monitor performance to deliver improved health outcomes across our region.



Aged care



Chronic disease



First Nations health and healing



Children's health



Alcohol and other drugs



Mental health



General practice



Health workforce



Digital health



## Primary data sources

All data in this report is drawn from Murray PHN, government, universities and public health bodies including Commonwealth Department of Health, Australian Institute of Health and Welfare, Victorian State Government, Department of Health and Human Services, Public Health and Information Development Unit.

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## FURTHER INFORMATION

- For details on data, consultation sources and funding, please see the [Murray PHN Needs Assessment and our Activity Summary](#)
- Our [Strategic Plan](#) and details of our board and executive can be found on our website [murrayphn.org.au](http://murrayphn.org.au), along with our annual [Report to the Community](#)
- You can also read [Mental Health in our Region here](#) and [Health in our Region here](#)

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