



# Chapter 8

## Older adults' health

# Chapter 8: Older adults' health

## Introduction

This priority area focuses on the health and wellbeing of older adults living in the ACT. Older adults are defined by the AIHW, as people who are 65+ years old, or First Nations Australians who are 50+ years old.

Subgroups within the older adult population that experience unique challenges have been analysed and discussed, identifying specific health needs. The varied cohorts in the population are acknowledged, with understanding that health and service needs for some in the population may be entirely different to needs of others. In particular, older people living in the community have different needs and require different support than people who live in residential aged care.

As the PHN of the ACT region, CHN aims to improve primary health care provision to older people living in the region, to improve the health and wellbeing outcomes in that population. CHN ensures that all older adults receive appropriate and effective primary care by supporting primary care service providers, improving accessibility of services for older adults and ensuring the system is integrated and connected.

The role of CHN is also to investigate and understand the needs of older adults in the ACT, acknowledging the barriers and challenges faced by this cohort. Understanding these health needs, helps to effectively commission services and implement appropriate programs to improve the overall health status of older adults in the ACT.

### Older adults in the ACT

In 2022, there were an estimated 62,140 people living in the ACT aged 65+ years (1), equating to 13.6% of the total population. Over half of the older population in the ACT was aged 65-74 years (57.4%), with the proportion decreasing as age progresses. A greater proportion of older people were female (54.8%) than male (45.2%) (2).

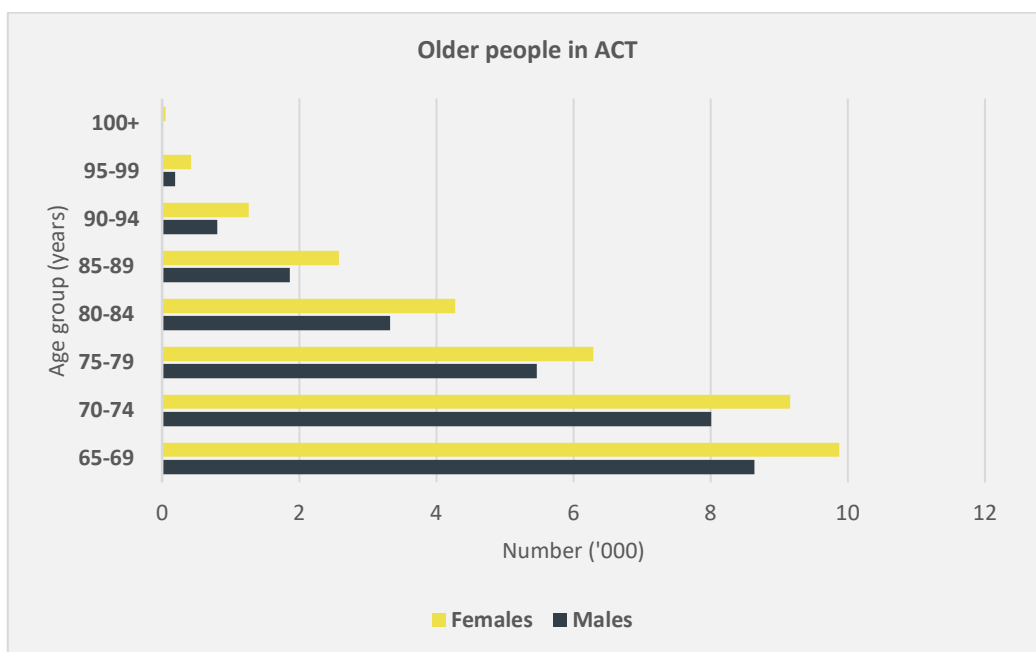
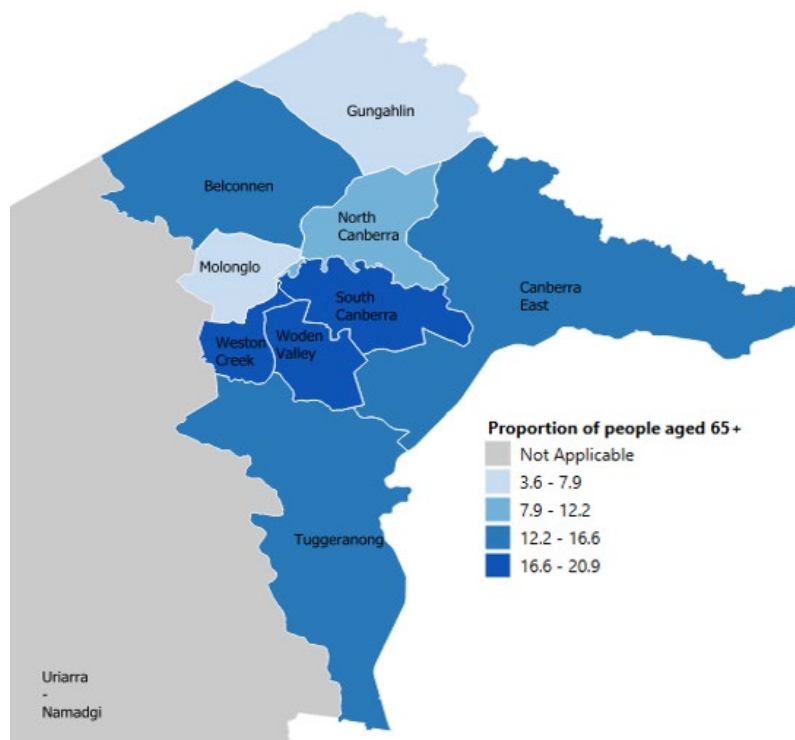
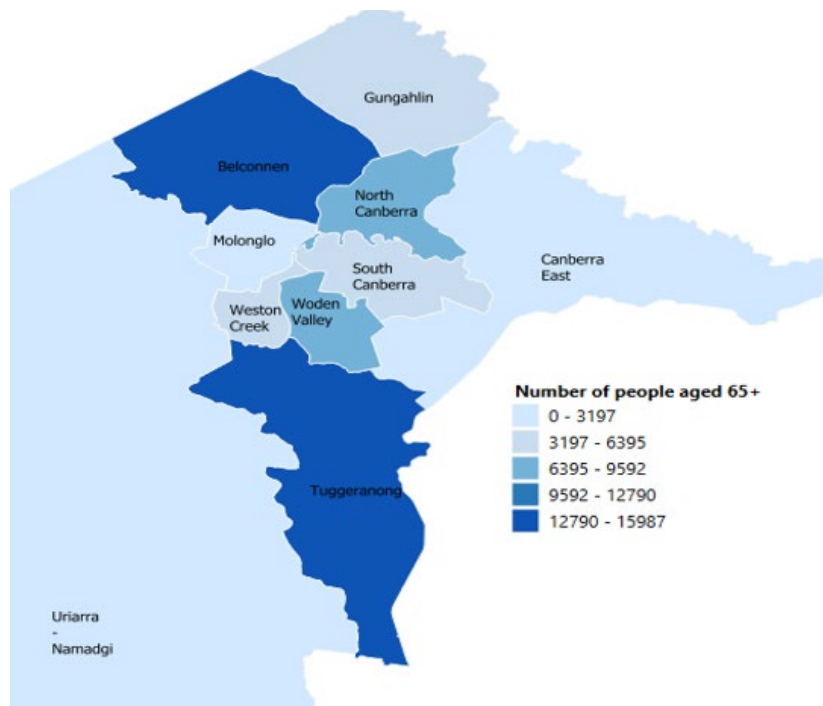


Figure 99: Age distribution of older people in ACT, (ABS Census 2021)

Belconnen (15,987) and Tuggeranong (13,953) have the greatest number of people aged 65+ years in the ACT, in line with their large populations, however areas in the inner south have the highest proportion of people aged 65+ years (Weston Creek (20.9%), South Canberra (18.5%) and Woden Valley (18.5%)) (1).

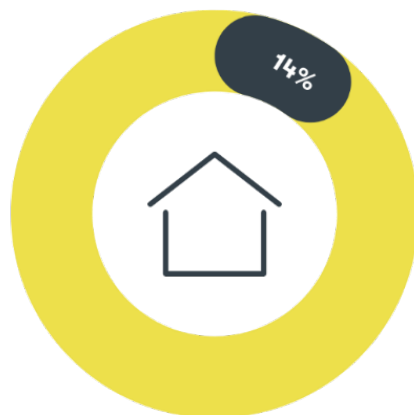


Figures 100 and 101: Number and proportion of people aged 65+ years by SA3

## Health needs

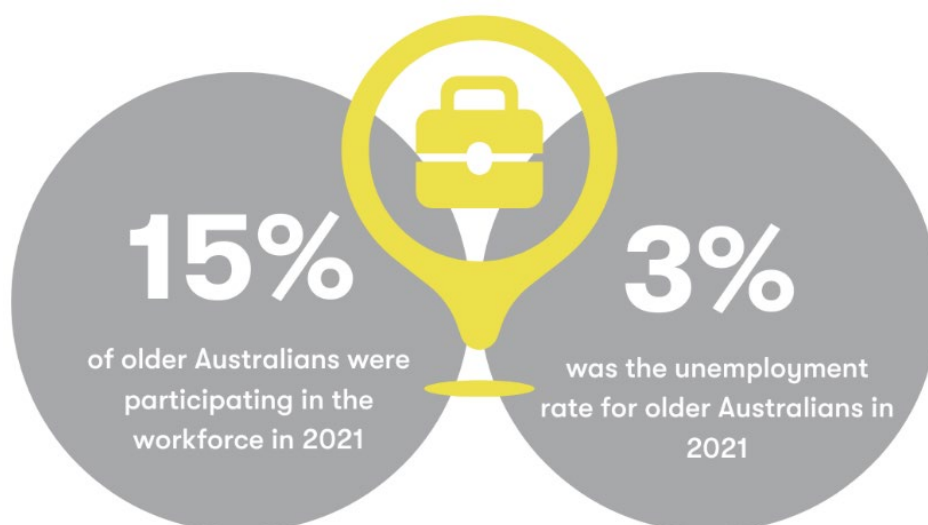
### Determinants of health

As discussed in previous chapters, determinants of health are the factors and circumstances that impact personal and community overall level of health and wellbeing. They include the physical, social and economic environment as well as individual characteristics and behaviours.

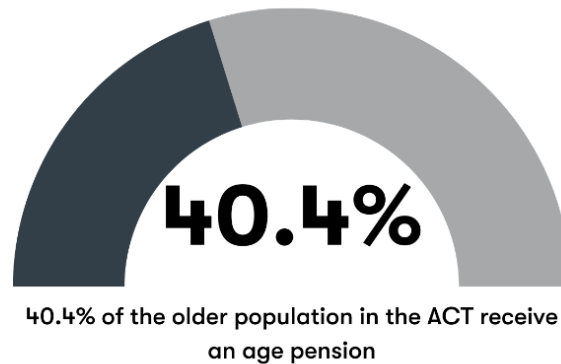


**14% of households with a primary occupant aged 65+ were rented**

Housing, employment and income are three socioeconomic factors that can have a significant impact on the health of older Australians. Nationally in 2017-18 (74%), around three in four households with a primary occupant aged 65+ years were owned without a mortgage, while one in seven (14%) were renters (3). Older people living in rental accommodation, especially private rental accommodation, are at greater risk of poverty and negative impacts on health and wellbeing (3). Older people account for 3.9% of homelessness services consumers in the ACT (4).



Participation in the labour force for older adults in Australia is rising. In 2021, with 15% of older adults participating in the workforce, a number that has more than doubled in the last 20 years. The unemployment rate (that is, people actively looking for work) for older adults across Australia was 3% in 2021 (3).

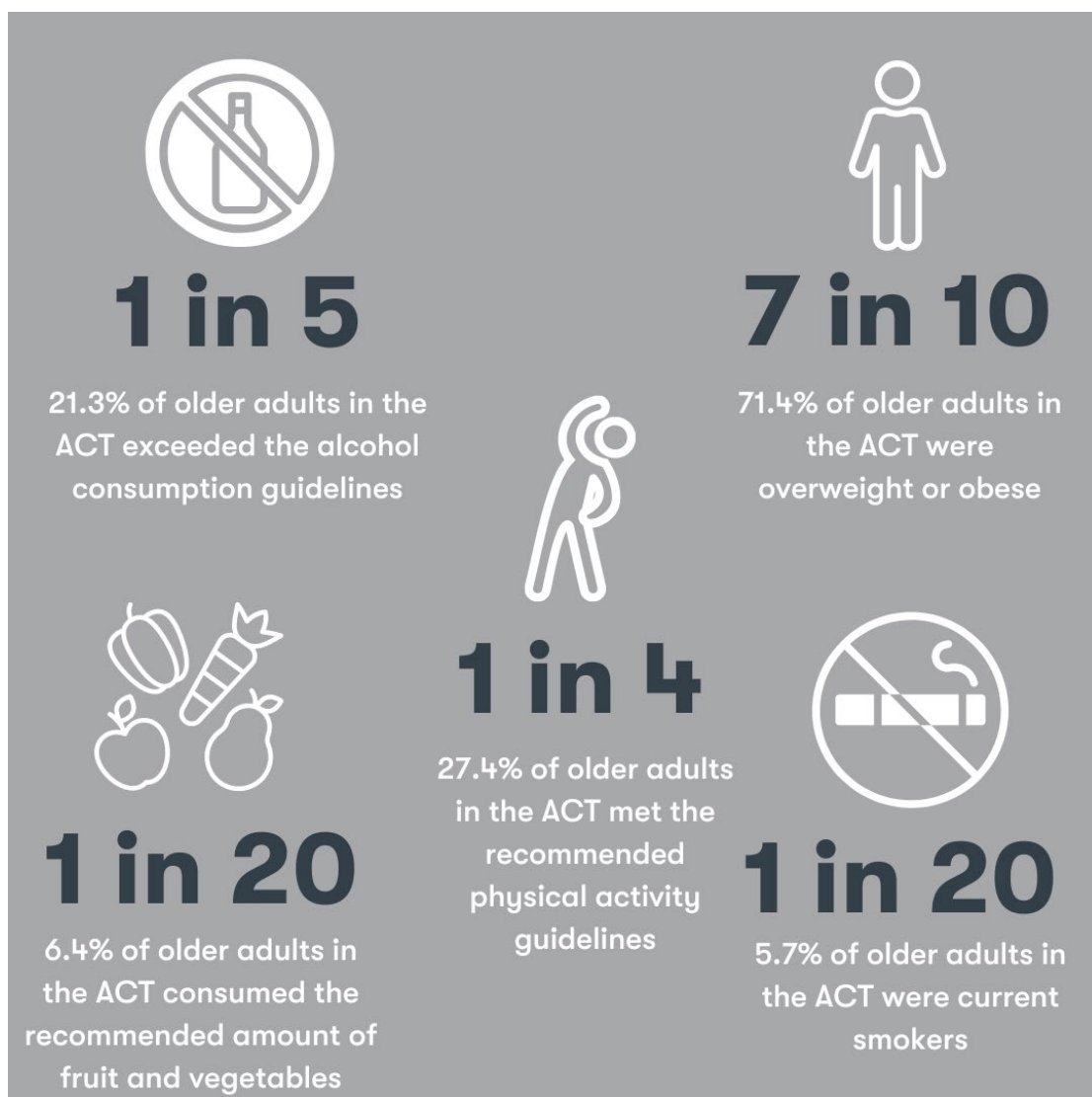


Income and wealth can indicate the financial security of older adults, providing insights into their ability to manage cost of living and cover essential needs as they age. Government income support payments to older Australians include the Age Pension, Disability Support Pension and Carer Payment (3). In June 2023, over 25,000 people in the ACT received Age Pension, accounting for approximately 40.4% of the older population (1). Just fewer than 10,000 (15.7%) older adults who were not eligible for Commonwealth Government income support payments, but met income thresholds, held a Commonwealth Seniors Health Card, which provided eligibility for subsidised medical expenses.

## Health behaviours

As across all stages of the lifespan, personal behaviours and decisions can impact health and wellbeing. Consumption of alcohol, smoking or vaping, poor diet and inadequate physical activity contribute to burden of disease and increase the risk of negative health outcomes. According to the NHS, in 2022 (5):

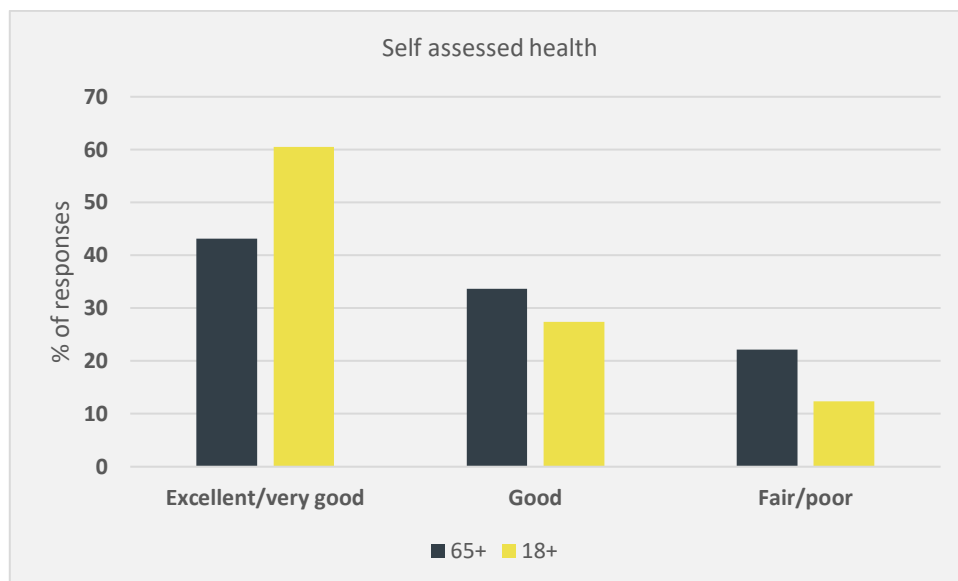
- One in five (21.3%) older adults in the ACT exceeded the alcohol consumption guidelines
- seven in ten (71.4%) older adults in the ACT were overweight or obese
- only one in twenty (6.4%) older adults in the ACT consumed the recommended amount of fruit and vegetables
- one in four (27.4%) met the recommended physical activity guidelines
- one in twenty (5.7%) older adults in the ACT were smokers.



## Health status

### Self\_assessed.health

According to the NHS in 2022, older adults in the ACT were much less likely to rate their health as 'excellent' or 'very good' than those aged below 65 years (5). Only 43.2% of older adults rated their health as 'excellent' or 'very good', while one in five (22.2%) rated their health as 'fair' or 'poor'. There was a discrepancy between gender, with females significantly more likely to rate their health as excellent/very good and less likely to rate it as fair/poor (5).



Figures 102 and 103: Self assessed health of older people in ACT (ABS – National Health Survey 2022)

### Chronic conditions and disability

As Australians get older, the likelihood of living with a chronic condition or disability increases. It was estimated that approximately four in five older Australians live with a chronic condition (3). As discussed in the relevant chapter, chronic conditions contribute significantly to burden of disease and people’s function and wellbeing. That creates greater health needs, with many older adults requiring health care services and assistance for core daily functions.

The Survey of Disability, Ageing and Carers (SDAC) in 2022 showed that just over one in four (26.9%) of older adults in Australia aged 65+ years required assistance for personal activities, while almost two in five (39.8%) required assistance for daily activities (6). The level of assistance required increases with age, with over 75% of people aged 85+ years needing daily help. The level of assistance required increases for people living in residential aged care, with 96.8% requiring daily assistance.

### Mental health

Maintaining positive mental health as people age is an important factor for older adults’ health and wellbeing. Poor mental health and psychological distress are associated with poor physical health and are linked to chronic conditions and disability. Factors such as social isolation, loss of independence and dealing with grief and bereavement are more likely to occur as people age, potentially impacting mental wellbeing. Subgroups of older people may also be at higher risk of developing poor mental health, such as carers, people in hospital and people living in residential aged care.

In the ACT, rates of psychological distress and mental health conditions were lower for older adults than the general adult population. In 2022, approximately 5,300 older adults in the ACT were predicted to have a high or very high level of psychological distress, accounting for 9.4% of this population. Three in four (74.2%) older adults reported low levels of psychological distress, significantly higher than any other age bracket in the ACT (5).

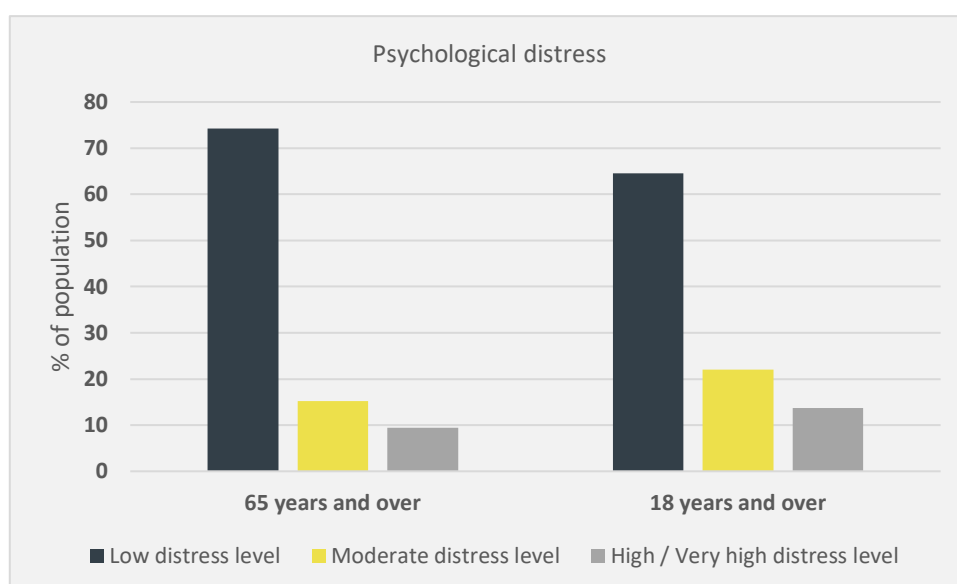


Figure 104: Psychological distress in older people in ACT, (ABS – National Health Survey 2022)

The 2023, the ACT General Health survey found that self-rated mental health was higher in older adults in the ACT, with 61.9% rating their mental health as ‘excellent’ or ‘very good’ compared to only half (51%) of the adult population (7).



Figure 105: Self assessed mental health of older people in ACT, (ACT General Health Survey 2023)

The 2023, the ACT General Health survey also found that one in four (25.4%) older adults had been diagnosed with a mental health condition, slightly below the rate for all adults (29%). This trend was present for anxiety, depression and other mental health conditions (7).

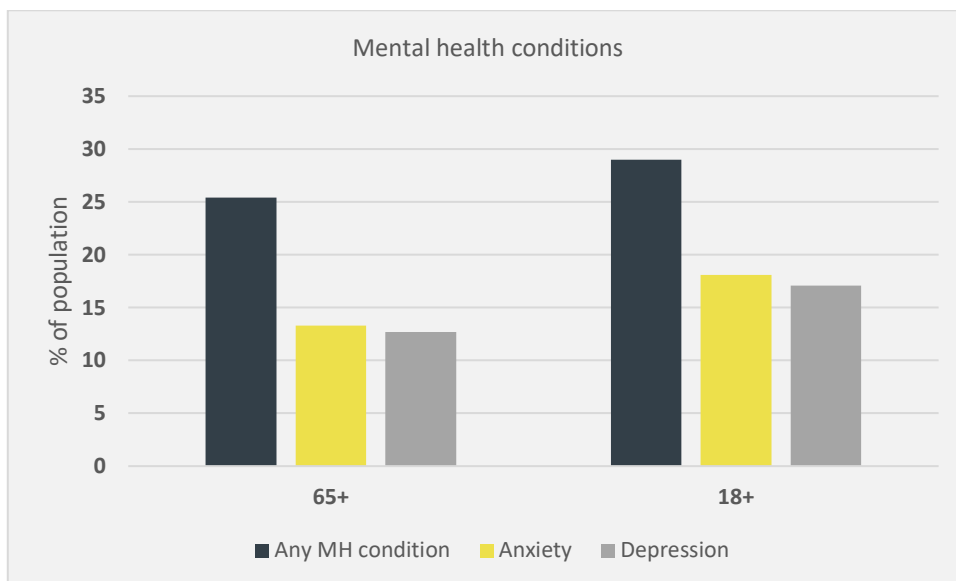


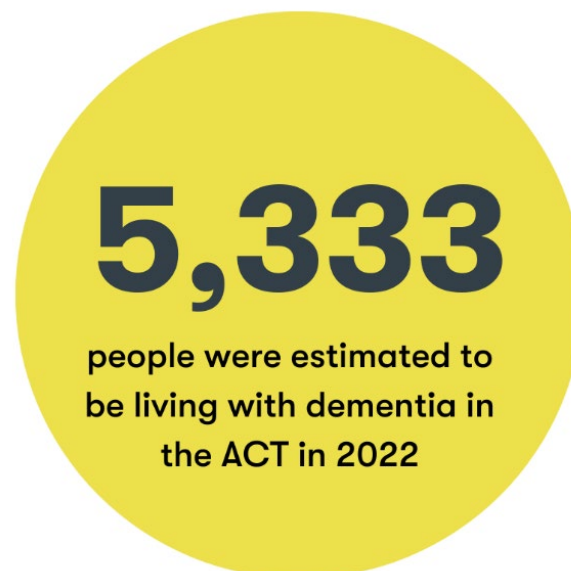
Figure 106: Mental health conditions prevalence in older people in ACT, (ACT General Health Survey 2023)

## Dementia

Dementia describes a group of conditions characterised by a gradual impairment of brain function. It is commonly associated with memory loss, but also affects speech, cognition, mobility, personality and behaviour (8). As the natural course of the disease leads to gradual decline, most sufferers are older adults. Dementia gradually impairs function and the ability to undertake daily living activities, increasing service needs and care requirements for those diagnosed.



In 2023, it was estimated around 411,100 people in Australia were living with dementia. This is equivalent to 15 people with dementia per 1,000 population. However, the rate increased to 84 people with dementia per 1,000 people aged 65+ years (9). It is the second leading cause of death in Australia and the second leading cause of burden of disease for all age groups. Modifiable health behaviours, including obesity, physical activity and tobacco smoking, contribute substantially to the burden of dementia.



An estimated 5,533 people lived with dementia in the ACT in 2022, with approximately two-thirds of these women (9). Most recent estimates from 2019 suggested a relatively even split between those living in the community and those living in residential aged care facilities.

Regardless of living arrangement, people with dementia often have increased care and service needs, resulting in high service usage. In 2021-22, people with dementia living in the community used an average 38 MBS services (compared to 22 for people without dementia), while people living in permanent residential aged care used an average 45 MBS services (compared to 52 for people without dementia). GP attendances were the most common MBS services used, followed by pathology, specialists, imaging and allied health (9).

Common activities in which people with dementia need assistance include health care (84%), mobility (78%), cognitive tasks (72%) and self-care (70%) (10).

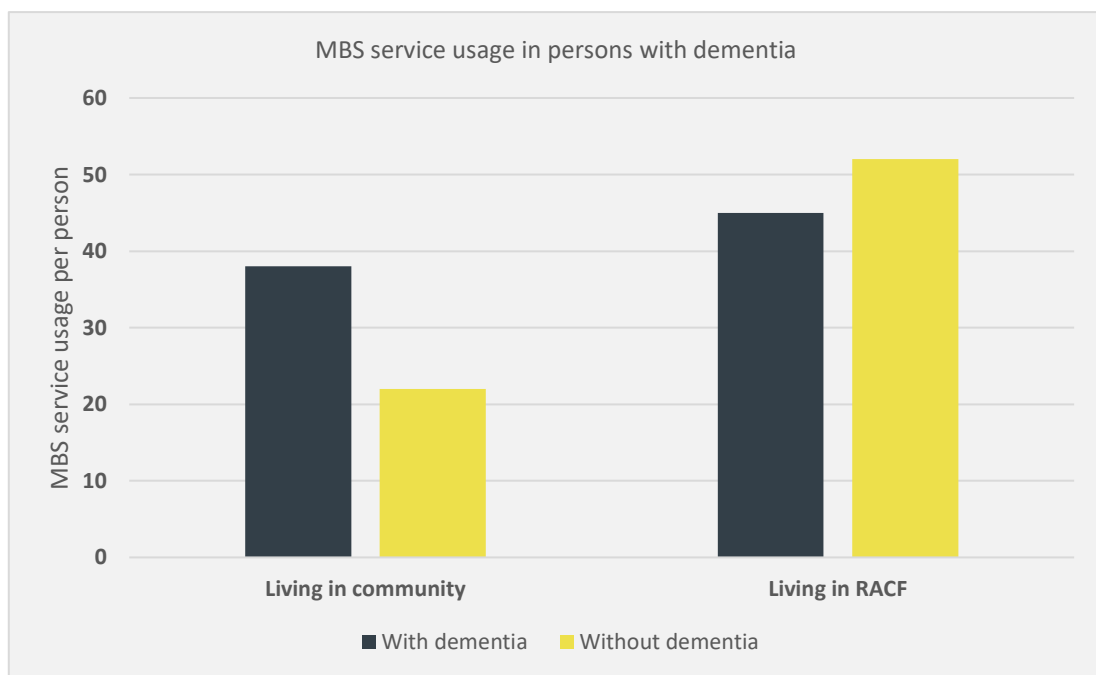


Figure 107: MBS services used by people with dementia in ACT, 2020-21 (AIHW – Dementia in Australia, Primary health care services 2024)

## Service needs

### Primary care

Older Australians are more likely to use primary care services than younger adults. The proportion and rate of the ACT population who use GP services, specialists and allied health services all increase with age (11). As seen in Figures 108 and 109, services were used more frequently by older Australians.

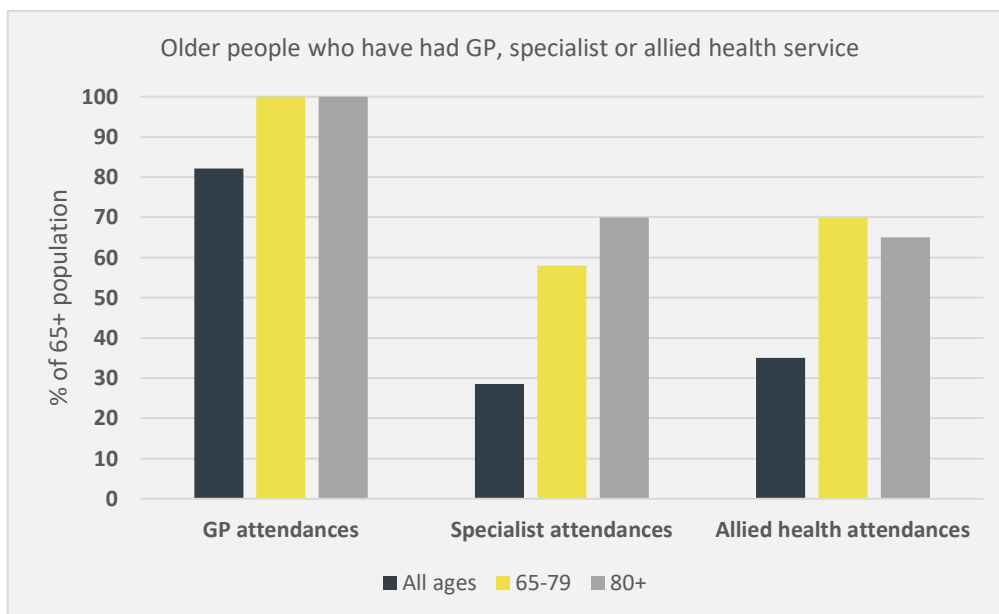


Figure 108: Proportion of older people in ACT who saw GP, specialist or allied health service, 2022-23 (AIHW – Medicare subsidised GP, allied health and specialist services across local areas, 2022-23)

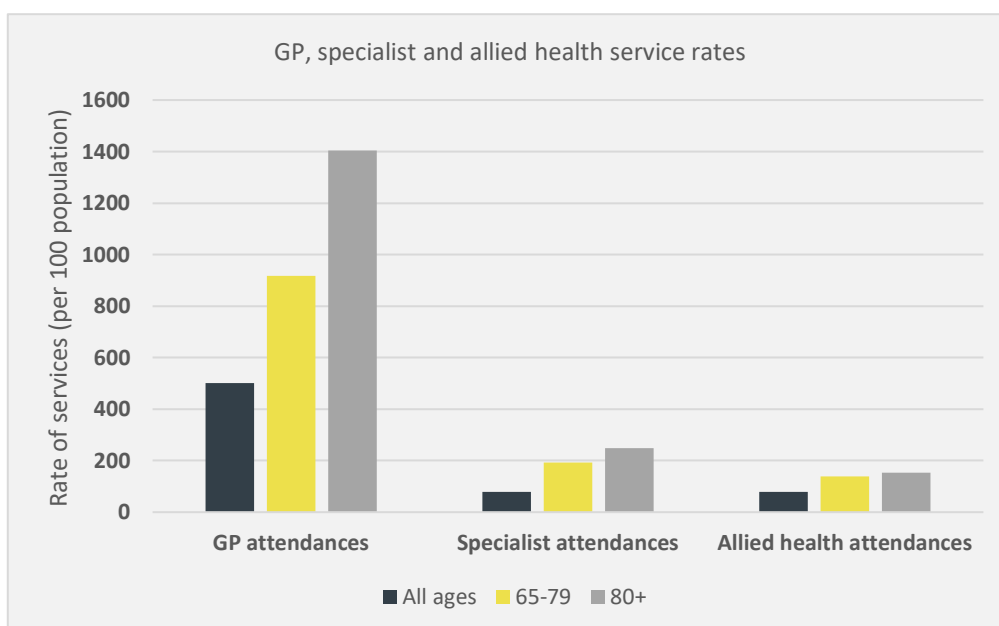


Figure 109: Rate per 100 people of GP, specialist or allied health services used by older people in ACT, 2022-23 (AIHW – Medicare subsidised GP, allied health and specialist services across local areas, 2022-23)

Older adults aged 75+ years are eligible for annual MBS subsidised GP health assessments to manage their health and wellbeing. Local data suggests that 10,888 older adults living in the ACT received a subsidised health assessment between July 2022 and June 2024, at a rate of 0.18 health assessments per target population (12). Improving the proportion of people aged 75+ years receiving regular health checks from their GP may improve health outcomes, as potential issues could be screened earlier and care plans could be updated regularly.

The number of older adults' health assessments for each SA3 region are highlighted below, with people living in Belconnen (3,569), Gungahlin (1,431) and Weston Creek (1,365) receiving the most assessments (12).

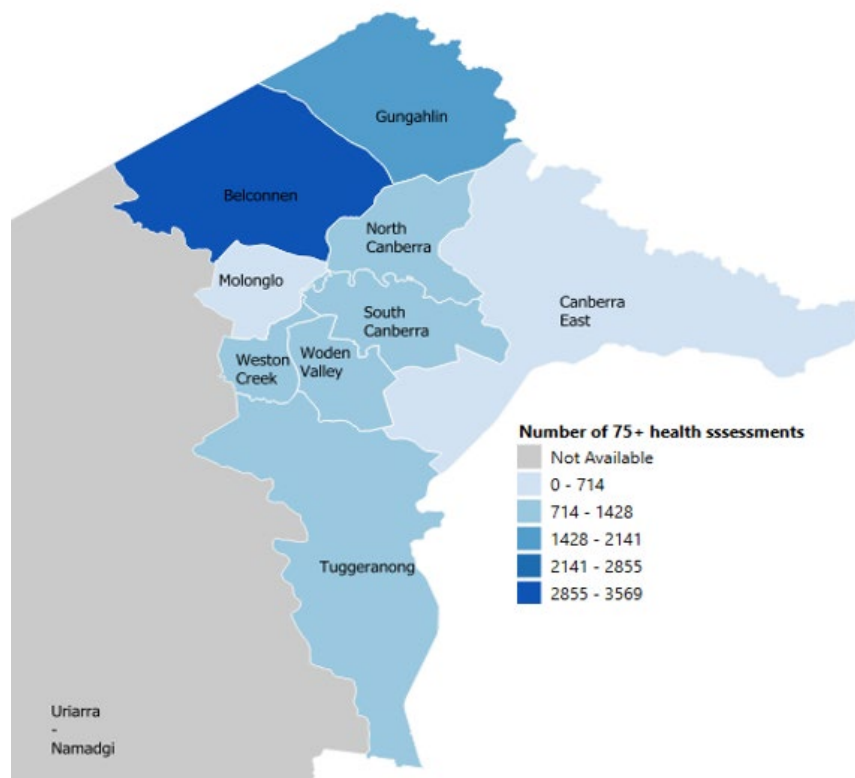


Figure 110: Number of health assessments for 75+ year adults by SA3

## Hospital services

### Potentially preventable hospitalisations

Older people in the ACT are almost three times more likely to have hospitalisations that may have been prevented by providing primary health care. In 2021-22, there were 2,946 PPHs for people aged 65+ years, at an age standardised rate of 5,047.2 per 100,000 population. This rate is lower than the national rate of PPH (1).

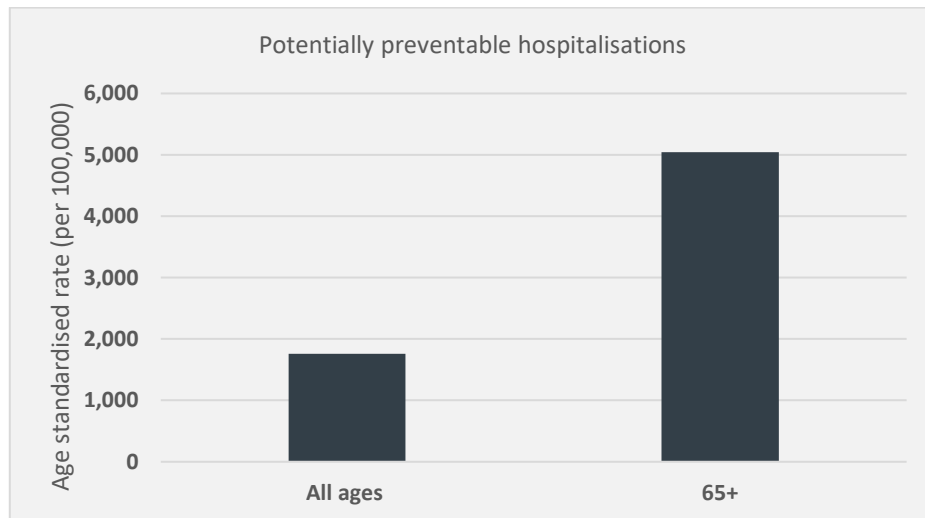


Figure 111: Age standardised rate of potentially preventable hospitalisations in older people, 2020-21 (PHIDU)

The greatest number of PPHs were for people living in Belconnen (816) and Tuggeranong (661), where the rates per population are also highest across the Canberra region (1).

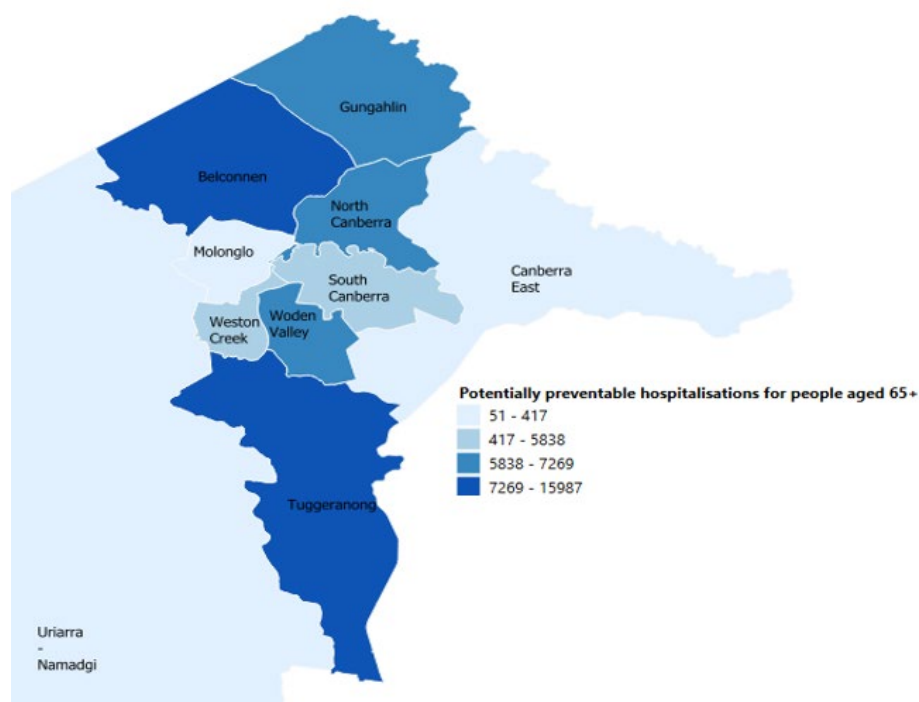


Figure 112: Potentially preventable hospitalisations for people aged 85+ years by SA3

## ED presentations

In 2020-21, there were 26,472 presentations to the emergency department in the ACT by people aged 65+ years (1). The rate of ED presentations remained steady for all age ranges until the age of 75 years, when there was a spike in the rate of presentations. This spike highlights a possible lack of accessibility to primary care services for this cohort, creating strain on the secondary health care system.

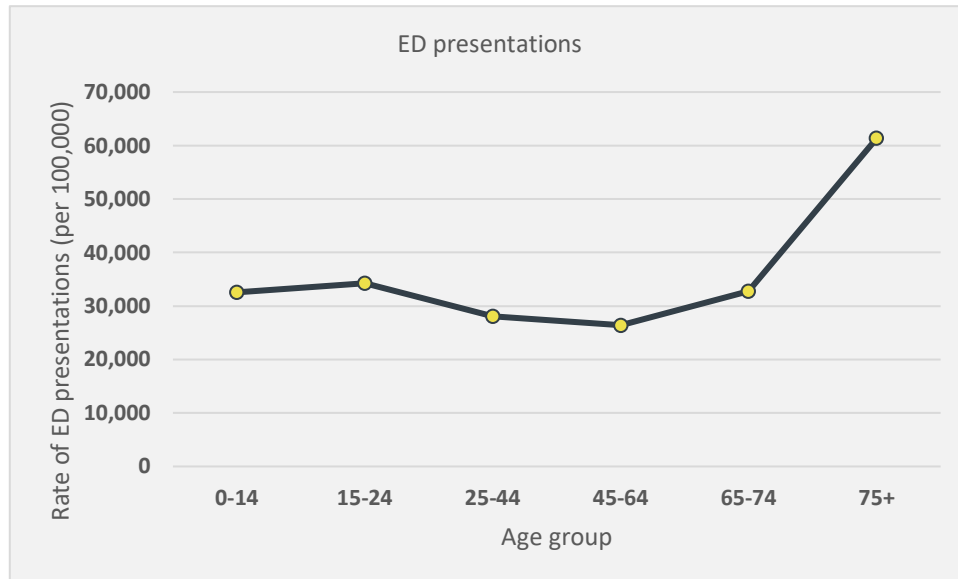


Figure 113: Age standardised rate of ED presentations by age, 2020-21 (PHIDU)

In a similar trend to PPH rates, the most ED presentations were by older adults living in Belconnen (7,509) and Tuggeranong (5,704), with the highest rates per population for people aged 75+ years also indicated in these regions (1).

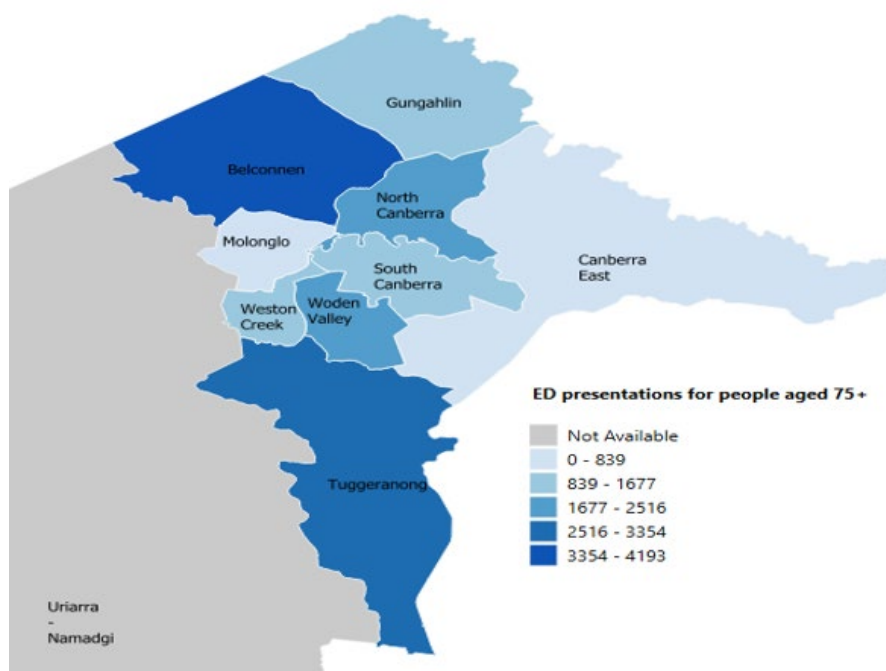
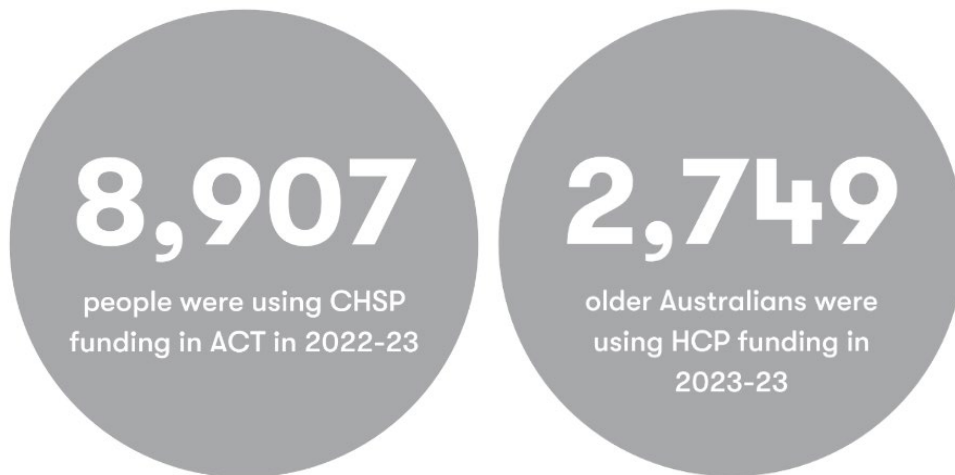


Figure 114: Emergency department presentations for people aged 75+ years by SA3

## Community aged care services

Older adults living in the community can access government funded aged care services to live safely and independently at home. After receiving an Aged Care Assessment, the level of funding is determined based on care needs. Funding can be used to access allied health services, nursing and caring services, domestic assistance and home maintenance and other supports. The two most common support packages are the Commonwealth Home Support Programme (CHSP), for people with lower-level care needs, and Home Care Packages (HCP), for people with more complex needs. According to GEN aged care data, there were 39 services providing home care (HCP) and 54 services providing home support (CHSP) in the ACT in 2023 (13).



In 2022-23, there were 8,907 people in ACT using CHSP funding, at a rate of 139.5 people for every 1,000 people aged 65+ years. Females accounted for over two-thirds (68.1%), one in nine (11.1%) had a carer and almost one-third (29.7%) had a disability. Almost two in five (38.8%) people using CHSP services were born outside Australia, while only 1.2% identified as First Nations Australians. The most commonly used services in 2023 were domestic assistance, followed by transport, social supports and allied health services (13).

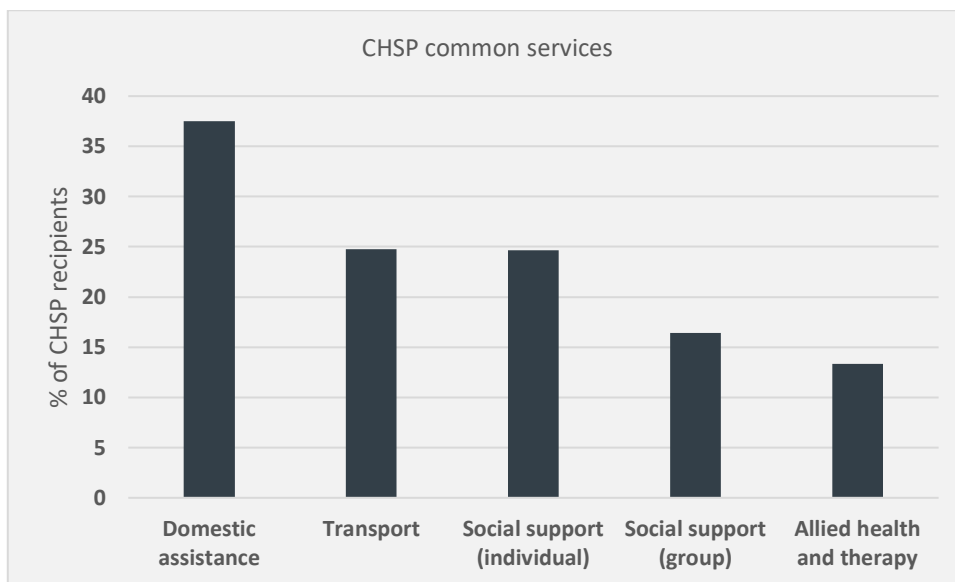


Figure 115: Most commonly used CHSP services in ACT, 2022-23 (AIHW – GEN Aged care data)

A total of 2,749 older adults in Australia used HCP funding in 2022-23, with over two-thirds (67.2%) receiving level 3 and level 4 packages, indicating higher care needs (13).

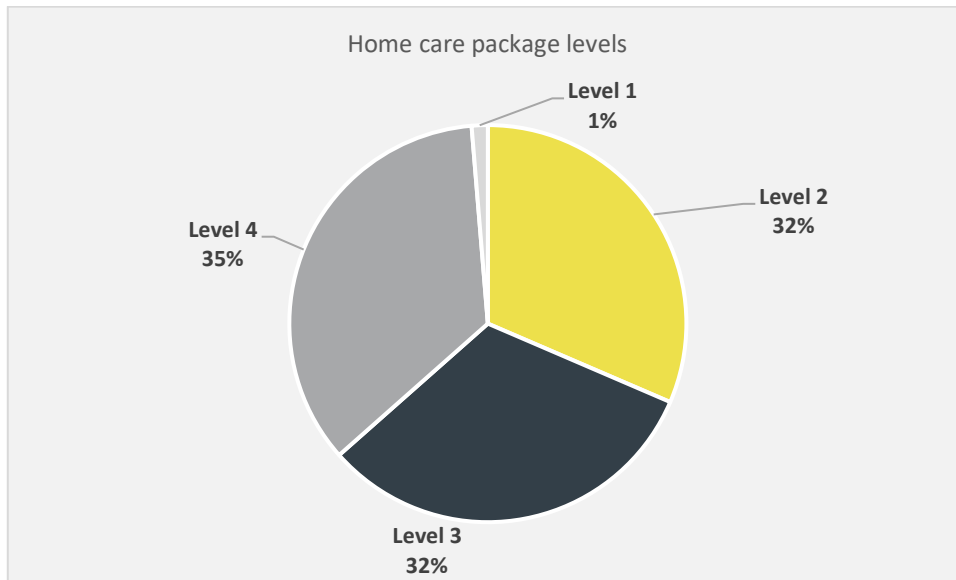
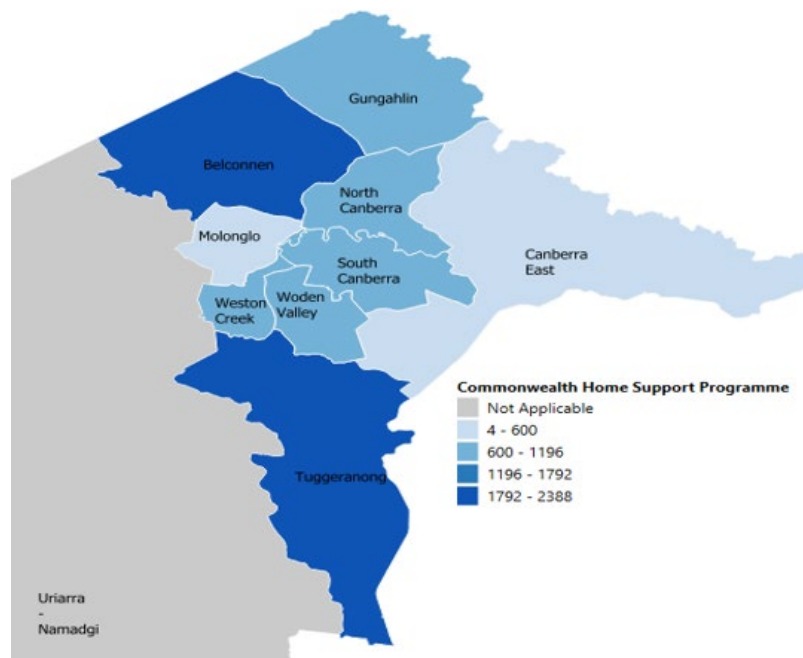
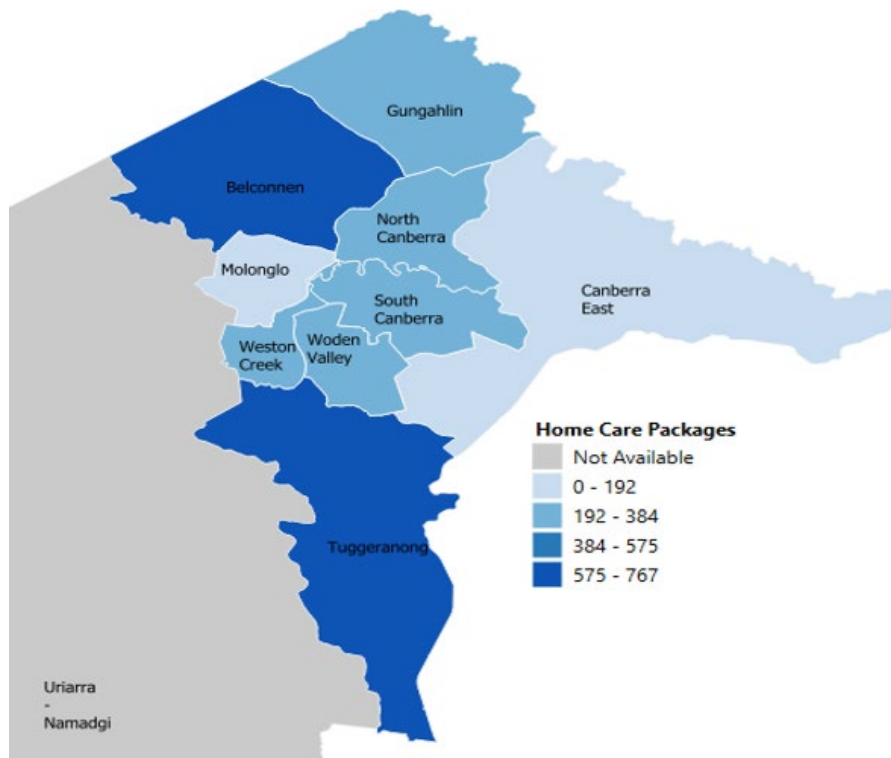


Figure 116: Home care package levels in ACT, 2022-23 (AIHW – GEN Aged care data)

GEN figures show the geographical distribution of both CHSP and HCP clients, with the greatest number living in Belconnen and Tuggeranong. The distribution between SA3's is shown below (14).



Figures 117: Number of people receiving CHSP support by SA3 areas



Figures 118: Number of people receiving home care packages (HCP) by SA3 areas

Overall, GEN figures show approximately 18.8% of older people in the ACT accessed community aged care services. Compared to estimates of 27% of older adults requiring assistance for personal activities and 40% of older adults who require assistance for daily activities (6), the numbers suggest a gap between service usage and need in the ACT. Improving access to, and provision of, community aged care services in the ACT is recommended to address the gap.

## Residential aged care services

Residential aged care is available to support people as an alternative to home care, or when they cannot live safely and independently in their own homes. Residential aged care facilities provide around the clock assistance, including activities of daily living (ADLs), nursing and allied health support for people with higher care needs.

### Residential aged care places in ACT

In 2023, there were 2,745 residential aged care places available across 27 residential aged care facilities in the ACT. This is equivalent to 62.3 residential aged care beds for every 1,000 people aged over 70 years living in the ACT (1). A further 139 beds were available for transitional care and short term restorative care. On 30 June 2023, there were 2,386 permanent residents at an occupancy rate of around 87% (13).

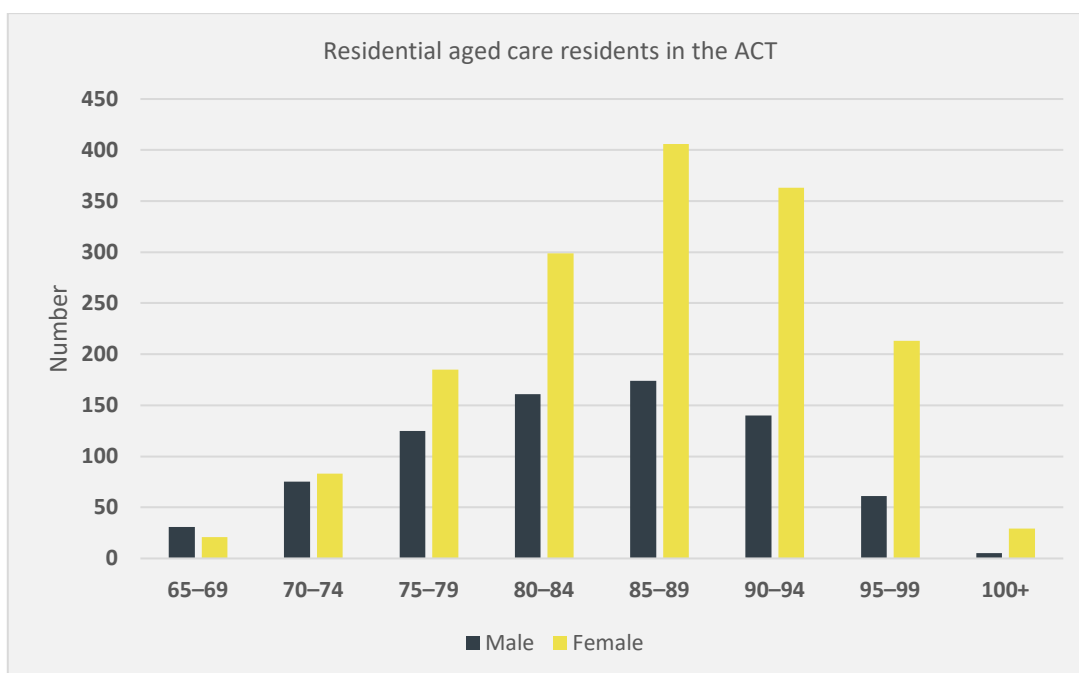


Figure 119: Residential aged care residents in ACT by age and sex, 2022-23 (AIHW – GEN Aged care data)

Approximately one-third (33.7%) of residential aged care places were in the north of Canberra, with the remaining two thirds situated south (1). While these beds are spread relatively evenly by SA3 region, Belconnen (51.3) and Tuggeranong (41.4) have a low number of places per target population, while Gungahlin has zero residential aged care places, despite a target population of 4,150. While residential aged care operators will take consumers from all regions, location is an important factor for many when considering moving into residential care. A large proportion of people prefer to stay close to where they lived independently or close to family members.

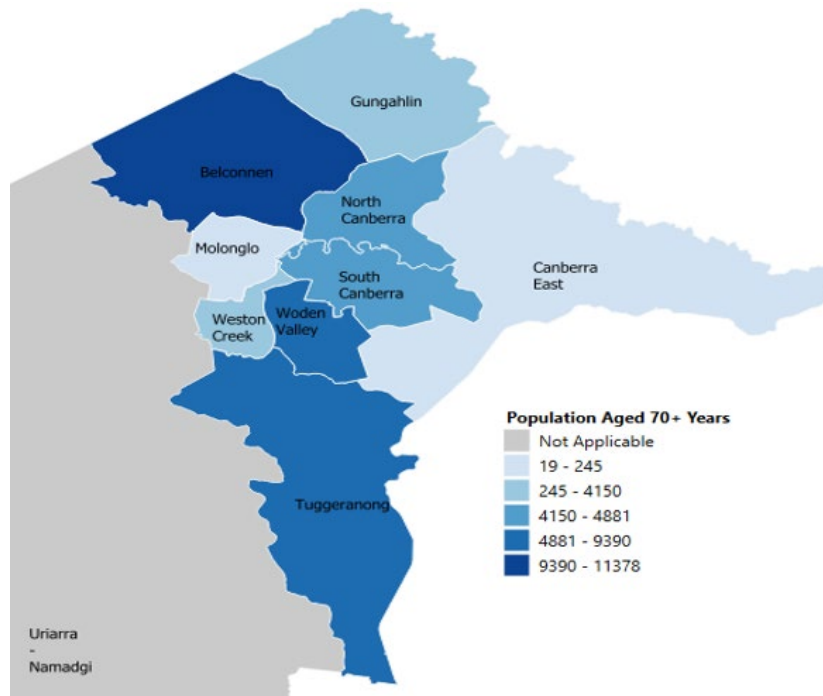


Figure 120: Number of people aged 70+ years by SA3

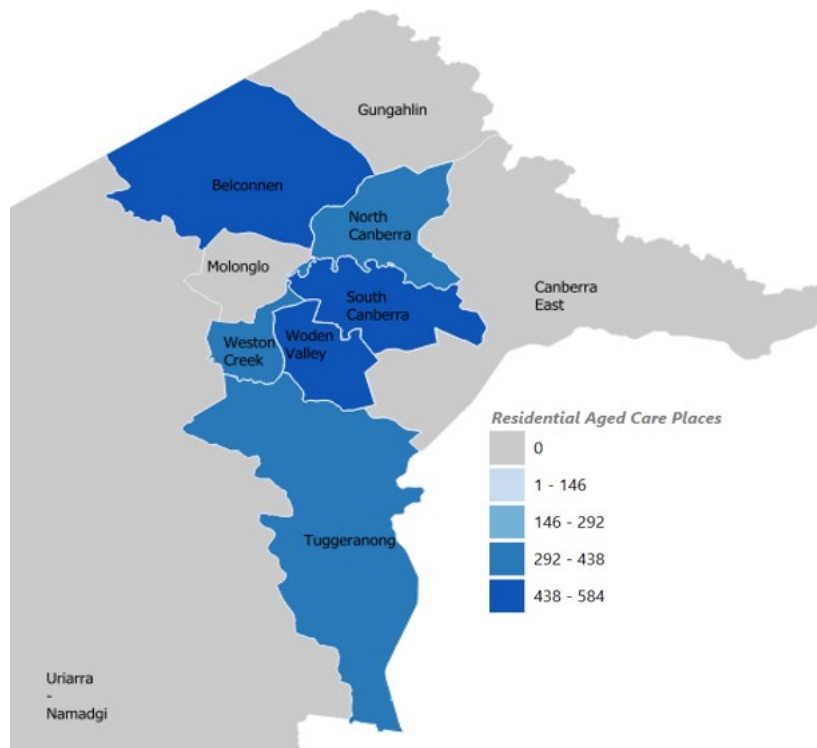


Figure 121: Residential aged care places by SA3

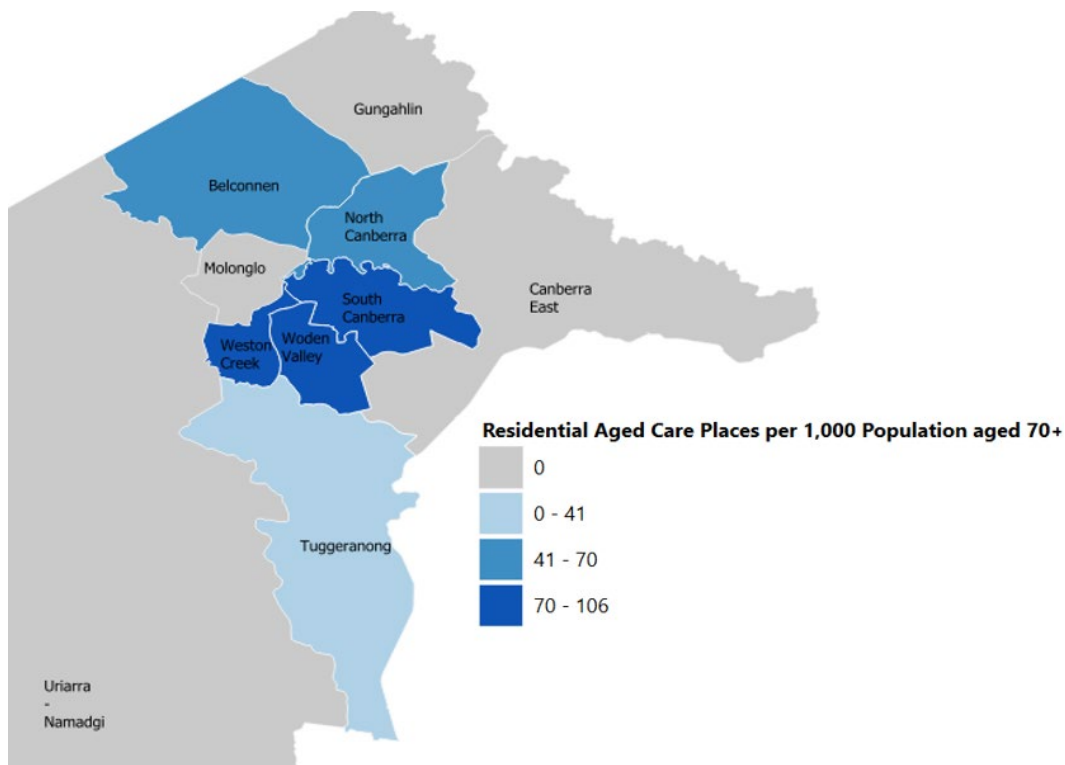


Figure 122: Residential aged care places per 1,000 people aged 70+ years by SA3

### Care needs

People's care needs when living in residential aged care can range from independent to requiring high levels of care for complex needs. Data on care needs of people in residential care in ACT in 2021-22 showed (13):

- Over half had high care needs for activities of daily living (ADLs)
- over half had high care needs for cognition and behaviour
- approximately 45% had complex health care needs.

Staffing and nursing requirements are higher in facilities where there is a greater proportion of residents with high care needs, placing greater stress on the workforce. Ensuring that residential aged care facilities are funded and well equipped to handle the complexity of care required for their resident cohort is essential for reducing the burden on health care services and hospitals in the ACT.

## Palliative care services

Palliative care aims to prevent and relieve suffering and improve the quality of life of people with life limiting illnesses (15). While palliative care can support people of any age, a recent AIHW report showed that approximately 87% of people receiving palliative care services in their final year of life, and 87% of those who needed palliative care, were older adults aged 65+ years (16).

Data collection and identifying palliative care services remain a national issue, with limited data available across data collections and health settings. In 2022, AIHW released the National Palliative Care and End of Life Care Information Priorities Report, outlining challenges and potential solutions (15).

## Hospitalisations

In 2021-22, there were 1,156 palliative care related hospitalisations in the ACT region (15). The rate of 25.5 palliative care related hospitalisations per 10,000 population was the lowest of all 31 PHNs across Australia. The rate of primary palliative care hospitalisations, where the primary care type was palliative, was 15.6 (15).

## Medications

In 2022-23, the rate of PBS Palliative Care Schedule prescriptions in the ACT was 5,141 prescriptions per 100,000 population (15). The majority of palliative care related prescriptions were for pain relief, followed by gastrointestinal symptoms and neurological symptoms. Rates in the ACT are similar to national rates overall, with a slightly higher proportion of prescriptions for pain relief.

## Residential aged care

In 2021-22, a total of 19.9 residential aged care residents received palliative care services (as described by ACFI appraisal) per 100,000 population (15). This is the third highest rate in Australia, behind Tasmania (31.4) and NSW (22.2).

## Stakeholder perspectives

Stakeholder raised several recurring themes related to older adults' health and aged care. Perspectives and opinions shared by stakeholders have been analysed and grouped into common ideas, with these key themes summarised below.

### Complexity of the aged care system

A common thought across aged care stakeholders related to complexity of the aged care system in the ACT, creating challenges for consumers and providers. The vast aged care sector can be difficult to engage with for many older adults, creating gaps or stagnancy in service provision and, ultimately, affecting health outcomes of older Canberrans.

#### Key themes

- **Understanding the aged care system:**  
The size, breadth and capacity of the aged care system makes interaction challenging. A high level of health literacy is required to understand the services people need, how to access those services and who to speak to about specific issues. A lack of self-efficacy for people dealing with the health and aged care system can manifest in avoiding care or asking for assistance. A common challenge for many in the community is understanding the differences between the Commonwealth Home Support Programme (CHSP) and a Home Care Package (HCP), including how to access and organise services, fee contributions and costs, as well as how the funding is provided.
- **Service navigation:**  
For many older adults in ACT, it is challenging finding the best service that to meet their personal needs. This may be compounded for people who lack family and social supports, and for people from CALD backgrounds with language barriers. Services such as care finders try to address this issue. However, they cannot support the entire older population.
- **Service fragmentation:**  
A common point raised was the lack of integration of services across the aged care and health care systems. Referrals and transitions between services are often fragmented, impacting continuity of care. Collaboration across sectors, particularly between aged care services and medical services, were highlighted as an area for improvement.

## General practitioners and aged care

As health declines and care needs increase, being able to easily access a GP is vital for older people. GPs play a key role in identifying risks, coordinating services and preventing decline in people as they age. Key areas where GP input is vital were raised consistently throughout the process.

### Key themes

- **Awareness of and coordination with aged care services:**

While acknowledging the challenges faced with the daily requirements on GPs, many aged care stakeholders highlighted collaboration with GPs as a key area for improvement in the ACT. As the first point of call in the primary care space, maintaining knowledge of available aged care services and the relevant referral processes is important to direct older adults to the right service. Conversely, regular feedback and communication from aged care services to the referring GP would improve cooperation and health outcomes.

- **Referral processes:**

A referral from a GP is a requirement to access many aged care services. Many older people must return to their GP regularly when care needs change and new services are recommended, highlighting the importance of GP accessibility. If older adults cannot get an appointment with their regular GP, it may delay or prevent them accessing required care.

## Cost and affordability for older people

As identified across all populations, the costs of accessing health care are a key factor to maintaining health and wellbeing. As older people tend to face more health issues with age, the number of appointments with GPs, allied health professionals, specialists and others often increases. Ensuring older people are able to receive the care they need without creating extra financial stress is a concern for many stakeholders.

### Key themes

- **Bulk billing GP services:**

The difficulty in obtaining a bulk billed GP appointment across Canberra is a common barrier to receiving health care. Older adults are likely to require more frequent appointments, while cost of living pressures are stressful for many, particularly people who rely on government payments such as Age Pension. Inability to access bulk billed appointments may lead to delay or avoiding health care, worsening health outcomes.

- **Primary and secondary costs:**

As well as the primary costs of aged care services and medical appointments, stakeholders highlighted the secondary costs of accessing services as impactful for older people. Transport costs, parking and loss of income for people still in the workforce are smaller, often less obvious costs which may accumulate, creating further financial pressure.

- **Fee contributions:**

Many service providers in the ACT report that fee contributions are an initial barrier to access community aged care services. CHSP and HCP services are means tested, so consumers are required to contribute to service costs. People may be unaware of the requirements, and some will forgo services rather than make the payments.

## Challenges associated with ageing

As adults get older, they may face physical, social and emotional challenges. These challenges can directly affect people's health or limit their capacity to access services to manage their wellbeing. While some factors may not be modifiable, stakeholders felt it is important for service providers, community and decision makers to be aware of the challenges and understand their potential impacts.

### *Key themes*

- **Physical and cognitive decline:**

Some physical and cognitive decline is natural as people age. These changes may affect overall health and wellbeing and people's ability to access health and aged care services. Poor physical function may limit attendance at appointments and transport options and can affect daily living activities. Declining cognition increases need for social supports and may make engaging with health professionals, managing appointments and understanding health status difficult. Ensuring that services are equipped to cater for people with physical and cognitive limitations is an important aspect of service delivery.

- **Transport:**

Stakeholders felt that transport often limits older people in the ACT region. While an issue that affects the entire population, older people are more likely to rely on public transport. Factors such as frequency of service, proximity of bus and tram stations and stops to reduce walking distance and physical accessibility of public transport vehicles are pertinent and potential barriers for older people.

- **Social isolation:**

As age advances, many older people begin to lose their social support system, as family, friends and carers may live elsewhere or die. This increases the risk of social isolation, where older people do not engage with their surrounding community. Stakeholders report that there are many older adults in the ACT in this category, impacting their social, mental and physical health, while also limiting their ability to access health and aged care services.

- **Lack of trust:**

A common challenge for the aged care system reported by numerous stakeholders is that older adults in the ACT may hesitate to engage with medical and aged care services due to previous poor experiences. Therefore, it is important for service providers to understand this and work to rebuild trust through positive interactions.

## Transitioning to residential aged care

Many older people need to move into residential aged care as their care needs grow and they can no longer live safely and independently. While this decision is often made to ensure people receive the care and assistance they need, the process of transitioning into residential aged care presents specific challenges. The challenges below were prominent in discussions with aged care stakeholders.

### Key themes

- **Loss of identity and fear:**  
Many older adults living in the community fear moving into a residential aged care. A prime concern is loss of identity, stigma associated with loss of independence and pride about not receiving increased care. Managing these concerns and fears is important to overcome barriers and ensure a smooth transition.
- **Cost and coordination of relocation:**  
Stakeholders report that when a decision is made to move into residential aged care, the process of relocation is challenging for many in the ACT. Financial costs, time pressures and the mental toll of relocation are all barriers. Many felt there is a lack of services and supports to assist. These barriers may exacerbate health concerns and create further stressors at such a vulnerable time.
- **Lack of RACH places:**  
Despite data showing an occupancy rate of 87%, many stakeholders felt that there is a lack of residential aged care beds available in the ACT. Proposed contributing factors include funding of beds, location of places and eligibility criteria. This could prevent people who cannot pay out of pocket costs, people who do not want to travel too far from their previous residence or family, or people whose care needs may exceed the requirements of the available beds.

## Challenges faced by residential aged care providers

Older people who live in residential aged care often have higher and more complex care needs than people living in the community. This in turn creates greater care demands and challenges for providers.

### Key themes

- **Lack of crisis services:**  
Stakeholders reported a lack of crisis support services available for aged care residents. Particularly relevant for residents with dementia or mental health conditions, staff are often ill-equipped to manage situations where residents decline and are in crisis. A lack of external services to assist in these situations with demand based specialised response often means facilities cannot properly care for residents in need. The challenges often impact intake processes, as providers may be unable to accept new or returning residents assessed as high risk.
- **Workforce challenges:**  
Providers regularly report staff retention and recruitment are ongoing challenges. High

turnover, low volume and training requirements often place greater stress on existing staff, exacerbating the challenging nature of the work, affecting the care provided, including residents' health and wellbeing.

## Digital literacy

Use of digital tools and technologies in healthcare is growing rapidly. Stakeholders felt that the digital health tools and a changing health landscape present great challenges for older people in the ACT. Ability to confidently use digital technology, understand the benefits and interact safely in the digital world are key considerations for many.

### Key themes

- **Digital skills and competence:**

Stakeholders felt that, while many older people have high skill levels, a proportion struggle to engage with digital tools and technology. This can create challenges in areas such as booking appointments, receiving scripts and referrals and attending virtual appointments. Service providers must understand the challenges that some people face to ensure that everyone has an equal opportunity to access services and health outcomes are not affected.

- **Trust in digital tools:**

Stakeholders felt that older people in ACT lack trust in using digital tools. Borne from a combination of low competence, mistrust in sharing private information widely and concerns about data breaches and scams, many older adults hesitate to use digital tools. This can disconnect them from the health care system, reduce opportunities to engage and impact the ability for services to provide streamlined, integrated care.

## Lack of service availability

Across consultations, there were a range of services that were consistently identified as difficult to access for older people in the ACT. These services are set out below.

- **Gardening and domestic services:**

Sourcing available providers for gardening and domestic services was almost universally raised as a challenge for CHSP recipients in the ACT. Potential impacts include overgrown or untidy premises which may increase fall risks for frail aged adults.

- **Allied health services:**

There are long waiting lists for services such as occupational therapy, physiotherapy and podiatry through CHSP and HCP. Delays in receiving services may exacerbate people's decline in function.

- **Hoarding and squalor:**

Many community aged care providers reported a lack of hoarding and squalor services in the ACT. While not affecting many people, it can be difficult to access services when they are needed. Often hoarding and squalor concerns need to be addressed before further health needs can be identified and targeted, creating barriers for further care provision.

## Identified needs

### Priority 1

- Improve coordination and collaboration between GPs and aged care services.
- Improve provision of palliative care services for older adults in the ACT.
- Improve supports to older adults at risk of PPH and ED presentations in the ACT, providing alternative supports where appropriate.
- Improve the rates of older adults' MBS health assessments delivered in the ACT to support ongoing care and management of people at risk of functional decline.
- Enhance care navigation supports for older adults to navigate the health and aged care system in ACT.

### Priority 2

- Improve support to older adults with poor self-rated health in ACT.
- Improve provision of affordable health and aged care services in the ACT.
- Improve the process of transitioning into a residential aged care facility in ACT, including both community supports and residential aged care assistance.

### Priority 3

- Improve take up of, and competence with, digital health tools by older adults in the ACT.
- Improve accessibility to primary care services for older adults living in residential aged care.
- Improve provision of primary health care for older adults with dementia in the ACT.

## Reference list

1. [Data Workbooks - Phidu \(torrens.edu.au\)](https://www.torrens.edu.au)
2. ABS (2021), ABS Census of Population and Housing, 2021, [Search Census data | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au)
3. AIHW (2024), Older Australians, [Older Australians, About - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)
4. AIHW (n.p), Explore SHS clients location – Interactive map, [SHS 2023: Client Geography by Statistical Area 4 \(Dashboard\) \(arcgis.com\)](https://www.arcgis.com)
5. ABS (2023), National Health Survey, [National Health Survey, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au)
6. ABS (2024), Disability, Ageing and Carers, Australia: Summary of Findings, [Disability, Ageing and Carers, Australia: Summary of Findings, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au)
7. ACT Health (n.p), Statistics and indicators, [Statistics and indicators - ACT Government](https://www.act.gov.au)
8. AIHW (2024), Dementia, [Dementia Overview - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)
9. AIHW (2024), Dementia in Australia, [Dementia in Australia, About - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)
10. ABS (2020), Dementia in Australia, [Dementia in Australia | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au)
11. AIHW (2024), Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23, [Medicare-subsidised GP, allied health and specialist health care across local areas: 2022-23, About - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)
12. CHN local data
13. AIHW (2024), GEN Aged Care Data, [My aged care region - AIHW Gen \(gen-agedcaredata.gov.au\)](https://www.gen-agedcaredata.gov.au)
14. AIHW (2024), GEN data: People using aged care by region, [GEN data: People using aged care by region - AIHW Gen \(gen-agedcaredata.gov.au\)](https://www.gen-agedcaredata.gov.au)
15. AIHW (2024), Palliative care services in Australia, [Palliative care services in Australia, Summary - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)
16. AIHW (2024), Palliative care and health service use for people with life-limiting conditions, [Palliative care and health service use for people with life-limiting conditions, About - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au)