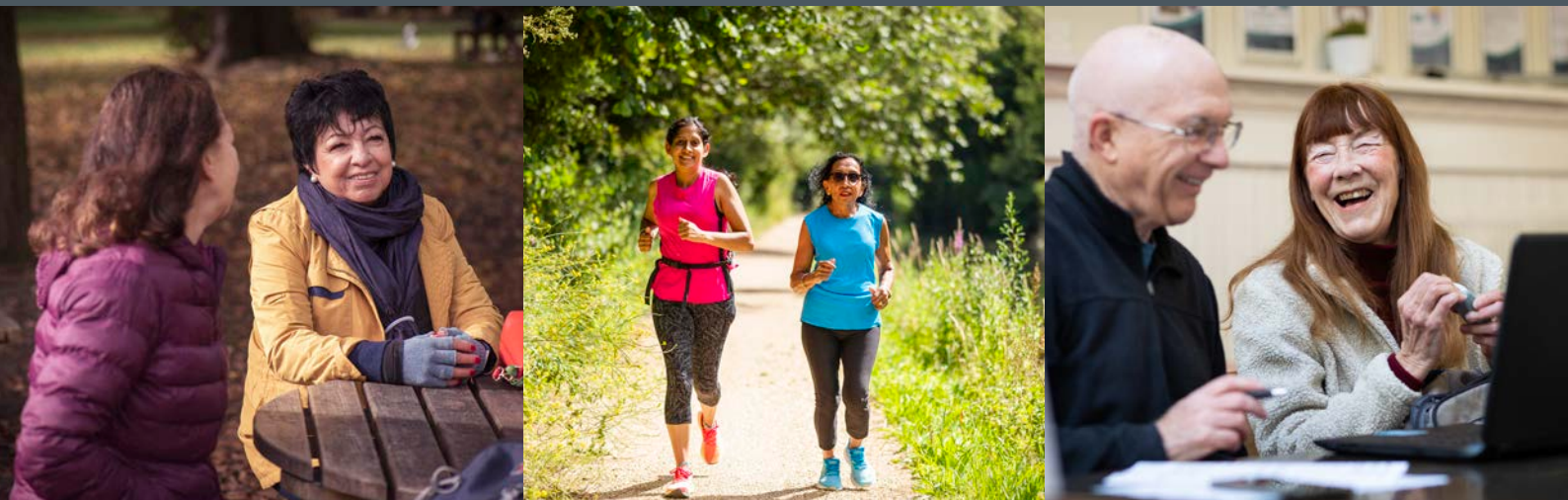


Building healthy ageing into Municipal Public Health and Wellbeing Plans

A resource guide



Produced by the Council on the Ageing (COTA) Victoria and the Municipal Association of Victoria
with the support of the Victorian Government - JULY 2024

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Key points

- 1** As Victoria's population gets older, planning for healthy ageing is a growing public health and wellbeing challenge - now more than ever, councils want to support older people to be healthy and active in ways that reflect their own priorities, interests, and rights.
- 2** The next round of Municipal Public Health & Wellbeing Plans (MPHWP) is happening at a time of big change for councils' ageing & aged care functions – MPHWP can support and help drive this transition.
- 3** While not a formal requirement, a healthy ageing lens in MPHWP can support integrated planning for communities across the lifespan and underpin complementary ageing well plans.
- 4** MPHWP can recognise the impact of health and aged care services on population health, and help to identify ways to reduce demand on formal care through prevention and community support.
- 5** Older people benefit from being actively engaged to inform MPHWP development. This can serve as a good example of council's broader commitment to civic engagement.
- 6** Plans will ideally reflect the diversity of older people in the community and recognise how ageing intersects with other key aspects of population diversity.
- 7** Achieving this focus in the next round of MPHWP may require engagement with a range of new and different partners with interest in healthy ageing.

Purpose and audience

This guide aims to support councils across Victoria to incorporate a stronger, evidence-based focus on healthy ageing in their next MPHWP (2025-2029)¹. It has been developed by COTA Victoria in conjunction with the MAV, with input from leading councils and older Victorians.

The resource is designed to stimulate discussion within councils and with partners as they embark on planning. It is not a prescription or how-to manual but offers ideas on strategic and practical issues that councils may consider at various stages.

There is significant variation between councils in how they approach planning for healthy ageing. This is set to expand as councils take different paths to producing MPHWP in conjunction with council plans and complementary ageing plans. For this reason, we are not specific about where relevant content might appear.

Individual councils will make their own decisions on how much focus to give this issue. The resource includes a range of questions to ask themselves, whether taking first steps or ready for more advanced approaches.

The guide is chiefly targeted to local government health and social planners, ageing-focused staff, and others across council structures who may be involved in MPHWP processes. It may also inform older citizens participating in engagement as part of MPHWP development.

¹ The term "healthy ageing" (see definition at Section 3.1) is used in this document to focus attention on health issues although in practice it overlaps significantly with broader concepts of ageing well, positive ageing, and active ageing.



Part A: Foundations

1 Benefits of incorporating healthy ageing in MPHWP

This section sets out the benefits to councils of incorporating focus on older people in MPHWP, the policy basis for this, and key healthy ageing planning frameworks. This should be read in conjunction with broader guidance on MPHWP from the Department of Health and the MAV. Some of the formal requirements for MPHWP are to:

- have regard to the State Public Health and Wellbeing Plan
- identify goals and strategies based on available evidence for creating a local community in which people can achieve maximum health and wellbeing
- provide for the involvement of people in the local community in the development, implementation and evaluation of the public health and wellbeing plan
- specify measures to prevent and respond to the needs of victims of family violence, and in regard for climate change

Previous guidance on MPHWP has emphasised addressing the causes of health problems rather than dealing with the symptoms - including factors contributing to health inequalities - and identifying and committing to social and environmental solutions to shared health challenges, as well as the role of local services <https://www.mav.asn.au/what-we-do/policy-advocacy/public-health-safety/leading-healthy-communities>.

Note: References to MPHWP here are intended to cover whatever form of plan councils use to fulfill their responsibilities under the Victorian Health and Wellbeing Act, not only to standalone plans.

1.1 Changing local government roles in ageing

Local government in Victoria is in the middle of a significant reshaping of its role in ageing. This involves important decisions on planning, delivery, and oversight of aged care and associated functions, and broader directions for how councils impact on the lives of their older residents.

An MAV sector forum in 2023 explored ways councils might think about their future role in a broad ageing well framework. This may retain elements that deliver or support aged care but this will not be the main focus for many. For them, this involves a strategic shift from seeing ageing as a transactional, service delivery focussed responsibility to a broader set of programs and activities focussed on positive ageing.

While MPHWP is not the vehicle for aged care delivery reform, it can help guide this shift and provide a platform for pursuing new directions emerging from reform. The common factor between the two areas is an interest in health, wellbeing, and safety for older people as a group. MPHWP also have potential to reduce demand for formal care through prevention and community support.

MPHWP have not always been well integrated with council ageing plans, often because aged care was seen as “business as usual” and operational in nature. The two areas of effort should now move in close alignment and be mutually reinforcing.

An MAV survey in March 2024 indicated that the majority of councils have some form of non-statutory ageing well plan or strategy. This is a great start although there is huge diversity in the scope and status of plans, the extent to which they cover public health matters and how they interrelate with MPHWP.

1.2 Statewide policy frameworks

Department of Health guidance to councils for their 2021 MPHWP noted that an ageing population was one of the key challenges underpinning and needing to be addressed in public health planning. While not a formal requirement, the issue is of growing relevance as we move towards 2025.

Victorian Government commitment to improved experiences and outcomes older people is set out in the Ageing Well in Victoria Action Plan 2022-2026 www.vic.gov.au/ageing-well-action-plan. The main areas addressed in the plan are:

1. Resilient, connected seniors
2. Tech-savvy seniors
3. Valuing senior Victorians
4. Health self-care

Issues relevant to MPHWP sit across these four areas. A specific commitment – and the basis for this guide - is to support “incorporation of the evidence-based elements of ageing well in guidance to councils for their municipal health and wellbeing plans.”

These commitments compliment other state government commitments such as seniors participation and volunteering initiatives, elder abuse prevention and response services, and action to support older Victorians from migrant and refugee backgrounds. Importantly, the Plan also commits to applying an “ageing well lens” in all government services and programs.

The Victorian Public Health and Wellbeing Plan 2023-2027 sets out ten broad priorities, with an emphasis on health equity (see more detail in Part B). For references to other statewide health and wellbeing strategies and plans relevant to older people, see Victorian public health and wellbeing plan 2023-2027: Appendix 2 <https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27>.



1.3 Links with other areas of council business

Healthy ageing engages many parts of council business beyond aged care. MPHWP content targeted to older people may cross-reference or in lead other areas that contribute to health and wellbeing outcomes for older people including – environment, business development, employment, infrastructure, housing, culture and recreation, transport, community service delivery.

The connections between these areas are complex. All are part of the social determinants of health for older people and hence a potential basis for public health action. At the same time, healthy ageing can itself drive improved local outcomes in areas such as employment participation, civic engagement, and creation of a vibrant social and cultural environment. Councils may also want to consider how healthy ageing can be supported by initiatives in their disability action plans.

Council approaches to healthy ageing will ideally align with the different roles that councils play across their overall business. These are likely to cluster around five principal functions:

- **Planning and coordination** – acting as a key coordination point and community planner for ageing population health and wellbeing issues and programs, including supporting and advising partner organisations
- **Service provision** – delivering or supporting the delivery of ageing related health and wellbeing services and initiatives (including but not limited to aged care)
- **Facility and infrastructure** – planning, developing, and/or maintaining a range of physical infrastructure, buildings and spaces that support healthy ageing (this may include enforcement of regulations)
- **Advocacy** – lobbying and advocating to state and federal governments and other decision-makers on matters that relate to health ageing in local communities
- **Community capacity building** - facilitating and leading community education, connections, and participation in decision-making by and for older people

Many actions to address healthy ageing will be based on the principle of “universal design” – making environments, services and events work for people of all ages. In fact, this is preferred solution where possible. Often it will be a concern with older people that stimulates a universal design action.

Another key perspective for MPHWP is the expectation older residents have of councils. COTA Victoria’s discussions with older people suggest that awareness of their councils’ public health role varies widely – from high levels of appreciation of the support councils provide to very limited understanding and low rating of relevance to their lives. Addressing healthy ageing in MPHWP is one way in which councils can foster positive and engaged relationships with their older citizens.

Questions for discussion

- Does your council have a good understanding of the current state policy basis for healthy ageing and other relevant policy frameworks?
- Is your council evolving its role in ageing and how could the next MPHWP support the change?

This section highlights key datasets that may assist councils in planning. While there is no universally agreed definition of older age, we are concerned mainly with people as they age beyond 60 or 65 years but for some groups - including Indigenous people and people who have experienced chronic homelessness – older age is defined as over 50.

Data on healthy ageing in Victoria has not been drawn together into a single repository that allows easy interrogation at a local level. Councils will need to rely to a large extent on statewide and regional data and consider how to these apply to their local demographics.

National datasets on older people across multiple domains are identified and findings summarised in the Australian Institute of Health and Welfare (AIHW) webpage for older people. This covers eight domains including Health Status and Risk Factors [Older Australians, About - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/older-people).

2.1 Local profiles of ageing populations

Demographic data on ageing populations at LGA level may underpin decisions about the healthy ageing focus in MPHWP. Many councils will have already extracted this data for other purposes. Detailed Census data including projections by LGA can be accessed at

<https://discover.data.vic.gov.au/dataset/vif2023-lga-population-age-sex-projections-to-2036>.

Key considerations in reviewing demographic data in the context of MPHWP include:

- **Where does your council sit in comparison to the state average of 22% of the population 60 or over and 17% 65 or over?** At LGA level, the proportion over 65 ranges from 10% to 35%. While this is only one element in decision-making, any council with figures over around 20% would have a strong argument for ageing focus in their MPHWP.
- **How is your older population split between age cohorts?** Breaking the profile down into an emerging older group (50-65 years), a middle ageing cohort (65-80), and an older group (80 plus) may help identify different health issues and needs. The rate of increase of each sub-group is also important (eg the statewide percentage of the 80 plus group is projected to double over the next 20 years).
- **How is your older population spread geographically?** Your LGA may have areas with very high concentrations of people who have aged in place versus areas with more mixed age profiles. In some small LGAs over half the population is older than 60 years and similar pockets of high ageing density exist within many larger municipalities.
- **How diverse is your older population?** Think about how ageing intersects with other aspects of health inequalities including gender, CALD, First Nations, LGBTQIA+, and people with a disability. Analysis by both age and diversity factors such as these can help create an intersectional health risk profile that recognises the combined impact of different factors.
- **Which other subgroups of older people may be important?** Other subgroups that may warrant profiling for healthy ageing action include: people living with dementia, widows/widowers, people receiving welfare payments, older carers, veterans, people who are “digitally excluded”, and those who are homeless. Data for these are derived mainly from targeted surveys or administrative data sets, and are less likely to be available at LGA level. Community surveys can help to gain a good understanding of these factors.

2.2 Data on public health issues for older Victorians

A range of data sources are critical to exploring the health issues facing local older populations.

- The Victorian Population Health Survey (VPHS) is the cornerstone of population health surveillance in Victoria and a foundational tool for MPHWP. This survey of adult Victorians has a strong focus on social determinants of health and health behaviours. As well as risk factors such as smoking and exercise levels, the VPHS includes valuable measures based on rating scales, such as psychological distress, loneliness and subjective wellbeing, which may be especially useful for healthy ageing action.

A large scale VPHS is currently conducted every three years which enables age-specific estimates at LGA level. A smaller survey is conducted in intervening years. The latest surveys were conducted in 2022 (large) and 2023 (smaller). Reports are available at <https://www.health.vic.gov.au/population-health-systems/victorian-population-health-survey>. Councils may - individually or collectively – request further tailored reports from the Department of Health.

- A useful secondary resource is a review on healthy ageing commissioned by the Victorian Department of Health and Human Services in 2016 [healthy-ageing-literature-review.pdf](#). As part of their analysis of effective healthy ageing interventions, the National Ageing Research Institute (NARI) summarises data across ten topics which correlate closely with VPHWP priorities. While some data is now outdated, the report will guide councils to primary sources of more recent data.

- Local Public Health Units (LPHUs) use data, combined with local knowledge and engagement to tailor public health initiatives within their catchments (incorporating 6 to 12 LGAs). As part of their own planning, LPHUs analyse a wide range public health and health service data sets, together with conducting selective surveys of their own. For links to LPHU websites, see <https://www.health.vic.gov.au/local-public-health-units>.
- Health service utilisation data can help shape prevention strategies, especially for Ambulatory Care Sensitive Conditions (ACSCs) - conditions for which hospitalisation may be avoidable through public health interventions and early management. This includes emergency department visits and admissions related to falls, cardiovascular and respiratory conditions, and conditions associated with environmental factors like extreme heat. Reports can be accessed here <https://vahi.vic.gov.au/reports/victorian-health-services-performance>.
- Monash University's Victorian Injury Surveillance Unit (VISU) has surveillance data on injury deaths, hospital admissions and emergency department presentations in Victoria, much of which can be disaggregated by postcode/LGA and demographics. [Accident Research Centre - Accident Research Centre \(monash.edu\)](#).
- More extensive local information on health service and aged care use is available in particular areas. An excellent resource for the Frankston-Mornington Peninsula region is the Healthy Ageing Data Platform established by the National Centre for Healthy Ageing (NCHA) formed by integrating various administrative data sets <https://www.monash.edu/medicine/national-centre-for-healthy-ageing/data-platform/research>.

2.3 Surveys of older people's views

An important aspect of data to support MPHWP is older people's own health experiences, perspectives and expectations. Large scale surveys of older people that include material on health and wellbeing include:

- COTA Victoria has participated in three waves of the **COTA State of the Older Nation survey** designed to understand the views, life experiences and needs of Australians aged 50+. The survey includes a specific section on Health and Health Services as well as a range of other topics that go to views on older people's wellbeing and broader social determinants of health. The most recent report from 2023 is available at <https://cota.org.au/policy/state-of-the-older-nation>.
- The **National Seniors Social Survey** conducted annually since 2012 generally attracts between 4,000 and 6,000 participants over 50, giving the survey a wide range of older people's experiences to report. National Seniors Australia also conducts a series of additional smaller topic specific surveys. These have included surveys on healthcare, quality of life, and changing local communities. Reports can be accessed at <https://nationalseniors.com.au/research/reports>.
- In 2019 the Commissioner for Senior Victorians surveyed 5,000 older people in the **Victorian Ageing Well survey**, asking about what it means to age well and about opportunities and barriers to achieving ageing well in a changing world. Outcomes were released in the 2020 report, see [summary-report-ageing-well-in-a-changing-world-2020.pdf](#) (seniorsonline.vic.gov.au).

These surveys generally only provide meaningful data down to a statewide level. Their value for MPHWP may be more to highlight issues worth investigating further at a local level.

Local community or household surveys can be invaluable for testing local relevance of statewide data and drilling down on the perspectives of local residents. Such surveys may be specifically about health and ageing, or more broadly focussed. They may be conducted as part of the community consultation for MPHWP and/or positive ageing plans and include questions about potential solutions. Good examples of community surveys based on established indicators of healthy ageing include those undertaken by Banyule, Geelong, and Ballarat.

More regular or ad hoc surveys designed to elicit older people's feedback on council services or activities related to health and wellbeing can be a useful input to planning and prioritising specific aspects of MPHWP actions. Care should be taken however in extrapolating the views of a small group of service users to the wider ageing population.

In constructing community surveys, councils should consider collection methodologies that will be suitable for older people (many of whom will be less comfortable with or able to access online tools) and to ensure that samples obtained are not unduly biased in terms of the diversity of older people who respond.

Questions for discussion

- On the basis of available demographic and epidemiological data, do you have a strong case for prioritising healthy ageing in your next MPHWP?
- What sources of information do you have on the health and wellbeing issues that are of concern, or are likely to be of concern, to older residents in your locality?

3 Contemporary frameworks for healthy ageing

3.1 Healthy ageing and health equity

Healthy Ageing is defined by the World Health Organisation (WHO) as “the process of developing and maintaining the functional ability that enables wellbeing in older age.” This underpins the current United Nations Decade of Healthy Ageing (2021–2030) [Healthy ageing and functional ability \(who.int\)](#).

This aligns with the VPHWP and MPHWP frameworks, including the idea of wellbeing. This is a combination of a person’s physical, mental, emotional and social health. It involves objective and subjective measures - both of which can be monitored using robust indicators such as rating scales on whether one is satisfied with one’s life.

Healthy ageing depends on individual genetic and behavioural factors, as well as broader environmental and socioeconomic determinants. The WHO framework helps understand how social, personal, and behavioural determinants interact with the physical environment and services to enable active ageing.

A key element of this approach is to identify factors that either facilitate or limit opportunities for healthy lifestyle and create health inequalities on based on age. Efforts to foster positive community attitudes to older people, and to combat ageism and aged-based discrimination and marginalisation, are an essential aspect of healthy ageing.

Such efforts will ideally take into account the ways in which other forms of diversity and discrimination – based for example on gender, sexuality, disability, Indigeneity and ethnicity - combine with ageing to increase risks to health and wellbeing. Councils are encouraged to explore this “intersectional” perspective in addressing healthy ageing.

3.2 Local ecosystems for healthy ageing

A key idea here is that local ecosystems underpin older people’s health and wellbeing and, in turn, provide the basis for strategies to protect and improve health and wellbeing. Responses include policy development, design of physical environments and community development activities – all of which can contribute to healthy ageing without specific programs.

The WHO Age-Friendly Cities framework [Age-Friendly Cities and Communities | MAV website](#) sets out eight domains or systems that interact with each other to form an ecosystem for positive ageing. For example, lack of affordable transport isolates older people who no longer drive and make participation in community life difficult, increasing risk of isolation and loneliness. When transport is available and adapted to seniors’ needs, it facilitates mobility, social participation and psychological wellbeing.

Although this goes broader than health, it provides an invaluable framework for addressing the determinants of health and for integrating health concerns into a broader network of services and supports.

The framework has been championed in Victoria in a series of projects, promotional activities and tailored resources. The Victorian Government signed an Age-Friendly Declaration with the MAV in 2016. A resource kit was developed by MAV and COTA Victoria in 2017 https://www.mav.asn.au/data/assets/pdf_file/0018/7083/Age-friendly-cities-and-communities-information-kit-for-local-government-Jul-2017.pdf and a number of councils have joined the Global Network of Age-friendly Cities and Communities. This work continues to underpin focussed efforts in many councils. The MPHWP is an ideal place to embed these key elements into local planning.

3.3 Evidence on healthy ageing interventions

The National Ageing Research Institute (NARI) is Australia's preeminent body providing an evidence base for healthy ageing interventions and programs. The resource bank on NARI's website ([National Ageing Research Institute Limited \(nari.net.au\)](http://nari.net.au)) includes a wide range of research reports, guidelines, fact sheets and resource kits on topics relevant to MPHWP including elder abuse prevention, falls prevention, physical activity promotion, economic participation, living with dementia and intergenerational connection, just to name some.

NARI's review of the literature on healthy ageing commissioned by the Victorian Department of Health and Human Services in 2016 remains a good source of guidance on effective interventions, organised around ten areas which correlate closely with current VPHWP priorities [healthy-ageing-literature-review.pdf](#). Broad elements emerging from the review include:

- Structured group-based programs with a strong social component for physical activity, healthy eating, mental health, and other behavioural health issues
- Strategies for building age-friendly environments that empower older people and engage them throughout the whole process, addressing local needs and using multiple interventions
- Approaches that build health literacy of older people, particularly in relation to use of online sources of information and advice, and taking into account language barriers
- Stopping elder abuse through legal and other support to deal with emerging abuse, make decisions, resolve conflict, and enhance family relationships
- Targeted information to increase awareness of and encourage self-management of risk for injury on roads and at home, combined with tailored modification of physical environment

- Efforts to avoid and combat commonly held ageist stereotypes that are harmful to older people's psychological wellbeing and physical and cognitive functioning, and negatively affect the social environment
- Use of volunteering to improve physical functioning, self-reported health, social integration, life satisfaction, and quality of life, as well as decreased depression and mortality
- Intergenerational programs and activities that encourage and facilitate interactions between different generations

Planners may also find it useful to search online databases of evidence on effective public health interventions (including economic evaluation) - to identify programs relevant to healthy ageing. A good guide to these can be found at <https://www.health.vic.gov.au/population-health-systems/external-sources-of-evidence>.

Questions for discussion

- Is your council's approach to older people's health and wellbeing broadly consistent with the ideas outlined here?
- Are there any components that align with other priorities in your MPHWP or in other council plans?

4.1 Ageing issues in MPHWP 2021-2025

Desktop analysis of 2021-2025 MPHWP undertaken by COTA Victoria and MAV provides a useful overall picture of the extent of and ways in which healthy ageing is addressed in current plans.

Across 41 standalone MPHWP and 38 integrated council plans, older people and ageing issues do not figure strongly overall. There is minimal tie-in with the aged care business of councils, although some MPHWP refer to the role of community services in improving population health and wellbeing.

Around half of MPHWP cross-reference a positive ageing or ageing well plan (see below) but there is little specific identification of the health and wellbeing content of these parallel plans. The paucity of ageing content in many MPHWP is clearly sometimes due to a decision not to duplicate other plans.

Healthy ageing priorities

Most plans included statewide VPHWP priorities (as of 2021) that were clearly relevant to older people: increasing active living, preventing all forms of violence, and improving mental wellbeing. Other priorities relevant to older people included in MPHWP were social connection, equity and diversity, housing and homelessness, and service access.

Around a third of plans identified priority population groups in some way, with older people among the seven most common and in sixth ranking overall. At the level of broad priorities, 4% of plans nominated older people, compared to 8% children and young people and 5% Aboriginal health.

Irrespective of whether specific ageing related priorities were included, plans found various ways to bring in older people under other priorities. The most common were:

- Preventing all forms of violence – most plans focused on family violence and violence in public spaces, with a small number identifying elder abuse in this context (although a few others dealt with elder abuse under an ageing specific priority). A few plans identified safety of isolated older people as a distinct issue.

- Increase active living – active and passive physical activity opportunities “for all ages” were identified in some plans and a small number specifying older people (slightly more focusing on disability). Age-friendly spaces was sometimes included here (Wyndham) as was digital inclusion/connection (Monash).
- Improving mental wellbeing – the main tie-in here was with social connection where that was not included as a discrete priority. Beyond this, mental health strategies mainly focussed on younger people and those affected by trauma.
- Reducing injury – nominated as a priority in some 12 plans mostly in relation to road safety and occasionally referring to community safety. Falls prevention for older people was explicitly referenced in a surprisingly small number of plans given the scale of the issue (Glen Eira, Stonnington).

A few plans only made connections to older people in their strategies for alcohol and drug issues, gambling, homelessness, climate impact, and public emergencies. Several mentioned older people in relation to combating discrimination (ageism) and in relation to human services and transport infrastructure.

Other observations

A small number of plans took a more comprehensive life stage approach that incorporated older age as a focus (Glen Eira, Casey). Banyule provides an example of a discrete approach to healthy ageing planning, through a parallel process linked to WHO Aged Friendly Cities movement.

Data analysis accompanying plans sometimes but not often drilled down to ageing dimensions. Several councils included aged population data from their own household surveys and/or analysis of the Victorian Population Health Survey (Banyule). Very few measures and indicators of progress were based on older people’s views.

A range of partners are mentioned in relation to healthy ageing, particularly Primary Care Partnerships (their core function now delivered by Local Public Health Units) and community health services. Some plans drew on existing healthy ageing reference groups (Bayside, Port Philip) and a few drew on broader leadership initiatives such as Positive Ageing Ambassadors (Frankston).

4.2 Associated ageing plans

As noted above, the majority of councils have some form of parallel plan focussed on ageing population issues. These exist in a range of different overlapping or complementary relationships with MPHWP. Most of these parallel plans are non-statutory and operate on a variety of time frames.

As of mid-2023, a total of 52 councils had some form of ageing focussed plan. A little under half of these were in the form of standalone ageing well or positive ageing plans. A further 20 were reported by councils to be combined with their MPHWP and 6 with overall council plans. Other variations included aged friendly city plans, and a few plans encompassing a combination of population cohort concerns.

Content priorities across all these plans varied widely. Health and wellbeing was a high-level priority in 65% of the plans, elder abuse and ageism in 46%, and social connection in 69% - all issues that would be core to MPHWP. Other priorities that relate closely to MPHWP interests include civic participation (in 29%), housing (33%) and outdoor spaces (17%).

4.3 Enhancing the way MPHWP present healthy ageing issues

COTA Victoria asked a group of experienced older people to review a range of existing MPHWP and comment on what they found from an ageing population perspective – and what they think could be improved. Key points they emphasised in their feedback included:

- Use plain language and a variety of communications media and approaches to be accessible to older people, bearing in mind digital literacy challenges
- Concentrate on a smaller number of priorities and target population groups in more depth rather than trying to cover everything
- Apply an explicit life cycle approach to plans and draw out older age – preferably broken down into several phases – as a key component of this
- Be clearer what actions will be taken or considered, and how these link with the health outcomes sought for older people
- Incorporate evidence as to engagement with older residents and ensure that this reflects a good diversity of voices rather than just “the usual suspects”
- Explore a greater range of partnerships with older people’s services and peer groups, and relevant local businesses, to extend the ambit and influence of the plans
- Commit to regular reporting (including in forms and vehicles suited to older people) and to evaluation processes
- If claiming to incorporate an ageing well plan into the MPHWP make this a more clearly signposted component

Questions for discussion

- Was your Council’s treatment of healthy ageing in its current MPHWP the result of a conscious decision to give healthy ageing a certain level of priority, the existence of other plans, or other factors?
- Which of the above suggestions for enhancing plans from an ageing population perspective could be applied in your next plan?

Part B: Public health priorities

5 Select focus areas for healthy ageing

This Section provides brief guidance on how a healthy ageing focus in MPHWP may align with select priority areas in the Victorian public health and wellbeing plan 2023-27. This is not intended to comprehensively cover each area but to stimulate consideration of possible council objectives and responses.

The tables below provide an outline of how older people are impacted by the health issue, model objectives the MPHWP might adopt, advice on sub-groups of particular relevance, some examples of actions/strategies, and a selection of resources to explore. The topics covered form a suggested core set of healthy ageing focus areas:

- Increasing active living (physical activity)
- Increasing healthy eating (nutrition and food security)
- Improving wellbeing (depression and isolation)
- Preventing all forms of violence (elder abuse)
- Reducing injury (falls prevention)

Councils may also consider other health issues, including those more often associated with younger people but have significant relevance to many older people, such as alcohol, tobacco, and other drug use and other addictive behaviours like gambling. The impacts of climate change – a required focus for MPHWP – may also be addressed from an ageing population perspective.

We also encourage councils to target actions to specific sub-populations of older people – such as those described in the table on page 16 – including consideration of gender differences. This may be done in more detail during implementation stages.



Older sub-groups that may warrant particular focus

Older people who are digitally excluded

Levels of digital exclusion rise steeply with age despite many older people being very competent users of technology. Nationally, 25% of 65-74 year olds are regarded as “highly digitally excluded” rising to 42% of those over 75. This has significant impact on opportunities for social connectedness and service access, as well as accessing important health information and education.

People who have dementia

Specific attention to the growing number of dementia sufferers and their elderly carers may be warranted given the particular challenges they face in maintaining good health and active living. Local responses may include design or adaptation of physical environments and tailored social support programs.

Older people losing partners

Losing a lifelong partner is a common life-changing experience for many older people, bringing heightened risk of mental and physical health problems, including social disconnection and exposure to elder abuse. Public health strategies may be usefully targeted to widows/widowers and other older people dealing with grief and learning to cope on their own.

Migrants from culturally and linguistically diverse backgrounds

Many health issues are impacted by ethnic background and migrant status, from smoking to physical inactivity, and psychological impacts of isolation. Different strategies may be required for older migrants who have aged in place compared to those who have come more recently to join children who have migrated earlier and often lack strong community connections.

Older people with severe disability and chronic conditions

While a large proportion of older people have some form of disability or chronic condition, focus may be warranted on the increasing numbers with lifelong or acquired severe disabilities living longer into old age, often housebound. Ensuring opportunities for their active community participation and access to health self-care support is critical.

Aboriginal Elders and older people

Government ageing programs usually include ATSI people aged 50 and over, reflecting the impact of colonisation and entrenched disadvantage leading to poor health and low life expectancy. Being an Elder is not defined by age specifically, but through earning the respect of their community through wisdom and leadership. This often includes approaches to health promotion emphasising social and cultural connectedness.

Older LGBTQIA+ people

Increasing numbers of people are now entering older age identifying as LGBTQIA+. Many have experienced stigma, discrimination, and lack of acceptance through their lives with deep impact on their mental and physical health. Local social inclusion and health promotion efforts should consider tailored ways to address these issues and help people positively embrace their sexual and gender identity.

Older homeless people

The rising housing crisis in Australia is affecting an increasing number of older people, particularly older women. The health dimensions of this are significant as those without secure housing are at much higher risk of poor nutrition, psychological distress, injury, and abuse.

Veterans

Veterans are often a neglected and invisible group in communities. They face high risk for both mental and physical health problems. While not all are in the ageing population, many (such as Vietnam veterans) are now in older age, having experienced extensive ongoing trauma and social discrimination.

Objectives for older people:

Participation in physical activity is central to maintaining mental and physical health, social engagement and independence as we age. Those over 65 are the least active group and activity levels drop off further as older people deal with challenges of health, disability, social isolation, perceived social norms, and lack of appropriate opportunities.

MPHWP can address this by:

- ensuring adequate provision of age-appropriate and safe physical environments for older people to be physically active
- integrating active living principles into land-use planning including age-focused design of urban places and support for active transport that is within capacities of older people
- facilitating ongoing or new participation of older people in sport and organised active recreation
- incorporating physical activity opportunities and promotion into social and community events, care services, classes, and other programs targeted to older people

Subgroups to consider

Older people with chronic health conditions and disabilities, including those having dementia, who face access barriers to physical activity but also stand to achieve health benefits

Widowed people and others at risk of social isolation, for whom physical activity can also be key to connectedness and mental wellbeing

Migrants and older people from ethnic communities for whom certain forms of physical activity are not culturally appropriate

Possible action (examples)

Council role

Partners

Undertake a “walkability” audit and improvement plan involving older people advising on barriers and concerns in specific neighbourhoods

Manage and facilitate process and plan

Older residents, urban planners, maintenance departments

Support specific older persons’ fitness facilities and participation opportunities in council auspiced programs like Neighbourhood Houses and privately run recreation facilities

Sponsor/fund programs and groups

Community facility managers, local recreation providers

Implement a Walking Sports initiative to make traditional and new sports more accessible to older people

Fund or support in kind and promote

Local sports clubs and fitness providers

Resources

- VicHealth Be Active Local Government program report www.vichealth.vic.gov.au/programs-and-projects/be-active
- Victoria Walks resources for councils www.victoriawalks.org.au/resources-councils-inspire-walking
- National Ageing Research Institute advice on inclusive aged friendly outdoor environments for physical activity www.nari.net.au/enjoy
- City of Stonnington Walking Action Plan 2022-2030 <https://connectstonnington.vic.gov.au/wp>

AREA 2

Increasing healthy eating (nutrition and food security)

Objectives for older people:

As people get older, their nutritional needs and goals change and may require different behaviours. While it is generally better not to be obese, the focus for people over 65 should also be on maintaining healthy weight as a protective factor against illness and frailty. The local environment and socio-economic conditions have major impact on healthy eating opportunities for older people including food security and safety concerns.

MPHWP can address this by:

- Ensuring that healthy eating and food safety advice tailored to older people is regularly incorporated in council publications and events
- Facilitating the operations of community organisations, and local traders to address food insecurity among older residents
- Support the efforts of local traders including supermarkets, and food producers to provide affordable fresh food that can be easily accessed by older people

Subgroups to consider

Older people losing lifelong partners and others living alone (especially men)

Ageing migrants from non-English speaking backgrounds

People with dementia and their elderly carers

Older homeless people

Possible action (examples)

Support community centres and ethnic organisations to provide group food preparation and discussion sessions for older men living alone

Run a Seniors Market Nutrition Program in which traders at fresh food markets provide low-income seniors with discounted produce in return for council promotion

Council role

Facilitate and promote

Facilitate and fund

Partners

Neighbourhood Houses, Men's Sheds, ethno-specific agencies, community health services

Fresh produce traders, markets

Resources

- VicHealth webpage on healthy eating and sustainable food systems www.vichealth.vic.gov.au/our-health/promoting-healthy-eating
- Australian Dietary Guidelines for Older people www.eatforhealth.gov.au/eating-well/healthy-eating-throughout-all-life/healthy-eating-when-you%27re-older
- Nutrition Australia webpage on Nutrition and Older Adults nutritionaustralia.org/fact-sheets/nutrition-and-older-adults-2

AREA 3

Improving wellbeing (depression and isolation)

Objectives for older people:

Older people experience diverse mental health problems, most commonly depression and anxiety. This can stem from chronic social isolation and loneliness (estimated to affect at least 10% of senior Victorians), distress related to loss of purpose and capacity, grief, and particular conditions of ageing. It can also be related to mental health issues and trauma they have carried with them for decades.

MPHWP can address this by:

- Providing or facilitating tailored social connection opportunities through accessible local venues and groups
- Promoting or directly supporting services that help older people maintain meaning and purpose including and beyond paid work, including volunteer programs
- Delivering brief interventions and risk assessment for mental health problems through social care and activities

Subgroups to consider

Older people losing lifelong partners and others living alone

Older people with severe disability and chronic conditions (including mental illness)

Veterans entering older age especially those with ongoing trauma

Older LGBTIQ+ people

Older people who are digitally excluded

Possible action (examples)

Work with council auspiced groups like Men's Sheds, Neighbourhood Houses and service clubs to provide inclusive, empowering activities for those most at risk of depression

Train council staff and local agencies running social care to deliver brief counselling, and "mental health first aid" focussed on common signs of psychosocial distress in older people

Provide grants to community agencies (eg LGBTIQ+ or ethno-specific groups) to work with aged and schools and youth groups to plan and implement structured intergenerational activities

Council role

Facilitate and lead

Manage and fund

Promote and fund

Partners

Local community inclusion facilities and service clubs

Local mental health services, beyond blue and other NGOs

Community agencies, schools

Resources

- Victorian Government mental health and wellbeing webpage (including forthcoming Wellbeing in Victorian Strategy) www.health.vic.gov.au/mental-health/prevention-and-promotion
- Beyond blue resource materials on older people and emotional wellbeing www.beyondblue.org.au/mental-health/resource-library

AREA 4

Preventing all forms of violence (elder abuse)

Objectives for older people:

Elder abuse involves physical, emotional, financial or sexual abuse on an older person. It includes coercive control that limits the victim's freedom and independence. Elder abuse is a form of family violence; it includes intimate partner violence and, most commonly, abuse by adult children. It is experienced by around 15% of Australians over 65 across all social groups. It is less strongly slanted to women than family violence generally, but still often has a gendered aspect.

MPHWP can address this by:

- Promoting respect and dignity for older people and combating ageism as a key driver for elder abuse across the community through settings and communications influenced by councils
- Training and mobilising a wide range of council staff to recognise risks and signs of elder abuse and respond appropriately
- Advocating and exerting pressure on particular systems that can function to protect older people from abuse such as the banking industry

Subgroups to consider

Older people losing lifelong partners and others living alone

People with dementia

Older people with severe disability and chronic conditions

Older women, Indigenous and LGBTIQ+ people

Older migrants (noting many ethnic cultures promote strong respect for older people)

Possible action (examples)

Undertake a training program tailored to council staff across all portfolios on how they can integrate elder abuse prevention into their ongoing business

Support regional Elder Abuse Prevention Networks and/or Integrated Family Violence Services Partnerships to plan and implement local initiatives to combat elder abuse

Initiate intergenerational activity-based programs to combat ageism and foster respectful connection

Council role

Facilitate

Partner, Fund, Facilitate

Sponsor, fund and/or promote

Partners

Seniors Rights Victoria

Elder Abuse Prevention Networks, Integrated Family Violence Partnerships

Community youth groups and seniors activity programs

Resources

- A wide range of information and references on elder abuse is provided at Senior Rights Victoria's website available at <https://seniorsrights.org.au/>
- An overview paper on Challenging Ageism published by COTA Victoria and SRV can be found at <https://seniorsrights.org.au/wp-content/uploads/2021/04/COTA-SRV-ChallengingAgeism-Feb2017-R1a.pdf>
- See also a range of educational materials at <https://elearning.dffh.vic.gov.au/>

AREA 5

Reducing injury (falls prevention)

Objectives for older people:

One in three older people fall each year with 30% of these falls needing medical attention. In 2018-19, 3% of Victorians over 65 were admitted to hospital as a result of a fall – eight times the rate of those under 65. Fear of falling can seriously affect older people’s anxiety and restrict their physical and social activities. Tested strategies to prevent falls are numerous; many involve modification of environmental factors within the influence of councils.

MPHWP can address this by:

- Ensuring all infrastructure and spaces overseen by councils are accessible and hazard free
- Encourage older people to identify home safety concerns and help them address these
- Increase capacity and knowledge of council home care workers/ volunteers around falls risk identification and mitigation strategies
- Increase access to community-based exercise programs for older people that build strength, balance and confidence

Subgroups to consider

Older cohorts of the ageing population including those with frailty (especially women)

Older people with chronic conditions (including those on certain medications)

People with dementia

Older people with hoarding problems creating additional risks in the home

Possible action (examples)

Promote home safety audits for older residents and link them with local home modification advice services

Instigate regular review of council property and spaces against the Australian Standards for Access and Inclusion, with participation of older residents to ensure focus on factors of most concern to them

Run peer education and information sessions on how to protect against falls, trips and slips, and promote health service falls prevention services

Council role

Facilitate and promote

Manage

Facilitate and support

Partners

Health services, occupational therapists, home modification businesses

Council staff with roles in buildings and public spaces

Health services, occupational therapists

Resources

- Preventing falls at home <https://www.betterhealth.vic.gov.au/health/healthyliving/falls-prevention-at-home>
- Guide To Promoting Safety and Preventing Injury For Local Government www.injurymatters.org.au
- Stay on Your Feet program materials www.injurymatters.org.au/programs/stay-on-your-feet/

Part C Putting planning into practice

6 Engaging older people in MPHWP

Older people are the best experts on their own health and wellbeing. Yet they often face barriers being heard and having their views respected in processes such as MPHWP. This may stem from misperceptions about their interest and capacity to be involved in planning – often underpinned by unconscious ageism – and lack of attention to practical barriers to participation.

This section considers how councils engage older people in the development and implementation of MPHWP. As for other groups, this may require tailored opportunities and communications for older people, as well as measures to support their participation in whole-of-community planning activities.

Councils have a strong ethos of civic participation and involving older residents in MPHWP is a good way to demonstrate this. Planners may seek further advice and support on this from organisations dedicated to older people's voice and advocacy, including COTA Victoria. It may also be usefully discussed in communities of practice run by bodies such as the MAV.

As with other aspects of this guide, we encourage councils to think about whether they want to take a basic approach or whether they are ready to take a more fully fledged set of actions to engage older people in MPHWP. For example:

- A basic quick win might be to set up a small older persons advisory group to specifically to support the MPHWP development
- A more advanced action might be to establish an ongoing policy development structure led by older people that involves peer educators and regular consultative activities

6.1 General considerations

- **Make targeted invitations to older residents –** Many older people feel they are not relevant to a process like MPHWP and need to be actively encouraged to participate. Councils should promote the fact that healthy ageing is part of the MPHWP and that older people's views are sought.
- **Think about initial 'educative' steps –** Councils may need to clearly explain how their responsibilities encompass healthy ageing and address a lack of appreciation amongst older people of the relevance of local government in improving health and wellbeing.
- **Challenge ageist stereotypes -** This may include mistaken assumptions about what health issues older people are interested in (eg neglecting continued relevance of sexual health) and what opportunities they would like to have access to (eg better access to gyms and sporting clubs).
- **Create different approaches for sub-groups of older people –** A one-size-fits-all approach will not engage all older people. Diversity needs to be reflected in different communication channels, sites for engagement and the way conversations are conducted on culturally sensitive issues.

6.2 Participation processes

- **Consider different forms of advisory structures** – Avoid relying on the same narrow group of participants but also allow time for older people from different backgrounds who may not be used to such processes to become familiar with committee processes.
- **Be upfront about expectations placed on older participants and their role in shaping outcomes** – It can be useful to consider this on a spectrum from informing to consulting, all the way through to full co-design https://www.vichealth.vic.gov.au/sites/default/files/2023-08/2FM_Leading-the-Way-Engaging-young-voices-for-change.pdf.
- **Use peer-led processes to make older people feel comfortable and promote ownership** – This could involve existing leaders (such as Ambassadors for Positive Ageing) and volunteering opportunities for older people. Older people also relish opportunities to engage with young people willing to listen respectfully to their views.
- **Seek the support of local groups that engage older people effectively** – Good examples include Neighbourhood Houses, Men’s Sheds, OMNI groups, U3A events, Community Information Centres, church and other faith-based groups, and service clubs such as RSL, Rotary, and VIEW.
- **Use community surveys to elicit views from a wide cross-section of older citizens** – This can be useful to get input on broad priorities for healthy ageing and ideas on innovative strategies. Online surveys offer simple, cheap ways to survey people but non-digital options should also be offered.
- **Create opportunities for one-to-one discussion** – Consider ways to capture input from older people who are more isolated or not comfortable sharing views in public or online. Activities like pop-up stalls in shopping areas to canvass community views could be applied to MPHWP and healthy ageing.

6.3 Communication approaches

- **Remember that older people are more likely to experience communication barriers** – This may require more repetition and reinforcement and use of complementary visual materials, as well availability of assistive technologies to overcome cognitive or sensory impairment.
- **Consider the best mix of digital and non-digital communications** – While many older people are very comfortable with digital communications, rates of “digital exclusion” are significantly higher for older age groups. Further advice on this can be found at <https://cotavic.org.au/policy/publication/inclusive-use-of-digital-and-non-digital-communications-a-guide-for-commonwealth-home-support-program-providers/>.
- **Be alert to sensitivities around language and sharing of health information** – This may be particularly relevant when engaging with older people from ethnic and faith communities, and in regard to discussion about issues like mental health, gender, and sexuality.
- **Establish “culturally safe” spaces for discussion** – Input on health and wellbeing will often be most effective when it comes from personal experience which needs to be shared in a safe and supportive environment. Particular issues apply to Aboriginal elders, older LGBTIAQ+ people, and those from certain ethnic communities.

Questions for discussion

- Do you have an adequate number and diversity of older residents on existing or planned advisory bodies for your MPHWP?
- What local agencies could assist Council in engaging with older people in MPHWP development and how will you ensure a good mix of communication methods?

7 Partners for healthy ageing planning

7.1 Statewide bodies

There are many statewide organisations in Victoria that may provide useful advice and support to Councils on healthy ageing aspects of MPHWP. Some may also be valuable partners in ongoing implementation of strategies and initiatives. Some examples of these are:

Peak bodies for older people and ageing issues

- Council on the Ageing (COTA) Victoria and Seniors Rights Victoria
- Municipal Association of Victoria (MAV)
- Carers Victoria
- National Seniors Australia (Victorian branches)
- Elder Rights Victoria (part of the Older Person's Action Network of Australia)

Health promotion agencies with interest in older people

- Victorian Health Promotion Foundation
- Cancer Council Victoria
- The Heart Foundation (Victorian Office)
- Monash University Accident Research Centre
- Diabetes Victoria
- Musculoskeletal Australia (Victorian Office)
- Dementia Australia (Victorian office)

Bodies advancing the health of particular populations

- Ethnic Communities Council of Victoria (ECCV)
- Rainbow Health Australia (incorporating Val's Ageing and Aged Care)
- Victorian Aboriginal Community Controlled Health Organisations (VACCHO)
- Women with Disabilities Victoria
- Centre for Culture, Ethnicity and Health

7.2 Local agencies

Individual councils are best placed to consider which local agencies to engage on healthy ageing aspects of MPHWP. The following information may help stimulate useful connections.

There has been significant change in the public health landscape since councils undertook their last MPHWP. This includes the establishment of the Local Public Health Units (LPHU) and the transition of the Victorian Primary Care Partnership health promotion functions to the health services operating LPHUs. The Department of Health continues to work with councils to support the development and implementation of municipal public health and wellbeing plans.

Local Public Health Units (LPHU)

Established in 2020 during the COVID-19 pandemic, LPHUs took on other public health functions from 2022, working with local health services, primary and community health services, other state government agencies and local government. Their community work follows on from that of Primary Care Partnerships. There are 9 LPHUs each covering up to 12 LGAs. Some have done work on directly relevant issues such as falls prevention in the elderly. Details and contacts are available at www.health.vic.gov.au/local-public-health-units.

Health services

Staff from local health services may be useful contributors to MPHWP plans based on their direct experience with older clients and their own involvement in population health and health promotion activities. In particular:

- Public health services, including metropolitan and regional hospitals, small rural health services, and private hospitals and clinics with an aged persons focus
- Community Health Services and Regional Women's Health Services which have a strong interest in the social determinants of health and health promotion activities
- Mental health and wellbeing locals which support Victorian adults (including older adults) to get mental health and wellbeing treatment, care and support closer to home.

Aged care sector

An increasing number of aged care providers are engaging in broader community activities for wellbeing and civic improvement to complement direct care provision. This applies especially to larger networks such as Bolton Clarke, Benetas and Baptcare, and Better Place Australia which focuses on relationship-based psychological support for older people.

Community support sector

Councils have close ties with, or directly manage, a wide range of community support agencies that are heavily used by older people. Such agencies may be key partners in MPHWP even if their primary interest is not in health per se. Key examples include Neighbourhood Houses, Men's Sheds, service clubs like Rotary, RSL, and VIEW, and welfare groups involved in food security, psychological support, and other wellbeing services.

Questions for discussion

- Are there new agencies or businesses in your area since 2021 that could offer different perspectives or fill gaps left by departing agencies?
- Which statewide agencies have a profile in your area and might be interested in lending advice or support to local healthy ageing action?



The following ten steps may help ensure that healthy ageing issues are well considered and incorporated in MPHWP, should a council decide to give this issue focussed attention. These are not strictly sequential and will in practice be carried out as an integral part of overall MPHWP development.

1 Position healthy ageing planning

Clarify how healthy ageing will be positioned across council planning documents and what processes are required. Assign responsibility for leading and coordinating this work. Define the relationship with aged care transition processes.

2 Review background documents and policy frameworks

Identify aspects of federal, state and local policies, strategies and plans that impact on healthy ageing, together with frameworks from key NGOs that can shape MPHWP healthy ageing content for your area.

3 Develop engagement and partnership approaches

Determine community bodies, agencies and engagement channels to help develop healthy ageing content and establish early dialogue. Consider how to get sustained community involvement and engage “harder to reach” older people.

4 Collate and analyse data on ageing population health

Develop or review a demographic and health status profile of the local older population. Consider key sub-groups for more in-depth and intersectional analysis, and map relevant activities and services.

5 Determine vision and priorities for healthy ageing

Decide key directions and goals for improving health and wellbeing of older people in MPHWP. These could be adapted from existing ageing well plan, or be designed to guide complementary work flowing from the MPHWP.

6 Identify ageing dimensions of other elements of MPHWP

Liaise with those developing other aspects of MPHWP to ensure that healthy ageing issues are well integrated and that broader framing of MPHWP is consistent with the vision for healthy ageing.

7 Develop and test proposed responses and commitments

Depending how action-oriented the MPHWP will be, describe strategies and/or initiatives to tackle priority healthy ageing issues, including further action plans if relevant.

8 Define implementation monitoring and review approach

Describe approach to monitoring and reporting on implementation of relevant activities. If possible, identify indicators for improving healthy ageing outcomes through MPHWP data collection tools, including older people’s perspectives.

9 Draft healthy ageing content for MPHWP

Write up MPHWP healthy ageing content with a view to visibility of older people, accessibility of language to older people, and transparency of responsibilities. Test presentation with older people.

10 Finalise, endorse, and promote plan

Share final draft with older people’s advisory groups, get endorsement of key council staff with ageing related responsibilities, and actively disseminate Plan across older people’s agencies, groups and services.



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