





Age-Friendly Northeast Victoria is a collaborative partnership of older people, state and local governments, community-based nongovernment organisations, and researchers. It is a common platform for action to improve the health and wellbeing of older people, now and in the future, for themselves and their communities through the creation of an age-friendly northeast Victoria.

Central Hume Primary Care Partnership is the host organisation for Age-Friendly Northeast Victoria

The Age-Friendly Rural Victoria Checklist was prepared by Dr Kathleen Brasher, Principal Strategic Advisor - Age-Friendly Communities, and Dr Rachel Winterton, Senior Research Fellow John Richards Centre for Rural Ageing Research, La Trobe University.

Authorised by Huw Brokensha, Executive Officer, Central Hume PCP.



- 56 Samaria Road Benalla
 Victoria 3672, Australia
- 03 5761 4217
- admin@centralhumepcp.org

ISBN 978-0-6488242-3-7

Acknowledgements

Age-Friendly Northeast Victoria Alliance is grateful to residents and staff of Benalla Rural City, Indigo Shire Council and Mansfield Shire Council for access to their data and constructive feedback on earlier drafts of this Checklist.

We thank La Trobe University, through the WAVE project with Northeast Health Wangaratta, along with Dr Melanie Davern (RMIT University) and the Upper Hume Primary Care Partnership through their work to develop liveability indicators through an age-friendly lens in the shires of Indigo and Towong, who made available their data and considerable knowledge of healthy ageing in rural communities.

Introduction

Supporting communities to become age friendly is one of the most effective strategies to create thriving places in which everyone can live, learn, work, play and age to the best of their abilities.

Many people are growing old in the towns and communities where they have always lived. At the same time, many people are moving into rural communities in later life perhaps to escape an unsupportive urban environment. Tourists of all ages spend time in rural communities and are essential for the economic prosperity of our region.

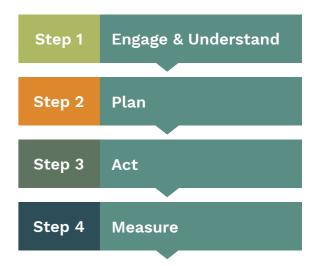
Creating age-friendly environments is crucial for communities to be places where older people can continue to develop personally, contribute to their communities, and age safely in a place that is right for them. Such places promote health, remove barriers to participation, and provide support to people experiencing losses in mental or physical capacity.

The Age Friendly Rural Victoria Checklist is a tool from the Age-Friendly Northeast Victoria Handbook, a step-by-step guide for communities interested in implementing the World Health Organization Global Network for Age Friendly Cities and Communities (WHO AFCC) approach.

WHO AFCC employs a simple, effective four-step approach to creating age-friendly communities.

This Checklist can assist with the first step in the process—understanding how aspects of community life enable, or create barriers, to healthy ageing.

The Checklist is a way for communities to come together to see themselves from the perspective of older people. It provides an opportunity to identify and understand what's working well, and areas that could be improved to become more age-friendly.



How was the checklist developed?

The Age Friendly Rural Victoria Checklist is based on the WHO Checklist of Essential Features of Age-friendly Cities (2007) and Public Health Agency Canada's Age Friendly Rural and Remote Communities: A Checklist (2007). Both these documents are used extensively internationally, and in Australia, to assist communities to assess the age-friendliness of their local urban and rural communities. However, many elements of these Checklists may not always be relevant to Australian communities.

We adapted these guides following a review of Australian and international research on

what helps people live a good later life in rural settings, and the views of older people found in local data collections.

Residents in all communities across the Mansfield Shire Council, through their Age-Friendly Mansfield project, trialled the Checklist, providing constructive advice and valuable feedback.

The Age Friendly Rural Victoria Checklist follows the eight domains of the original WHO Checklist, reflecting the essential, interconnected areas of life that impact on our ability to age well.

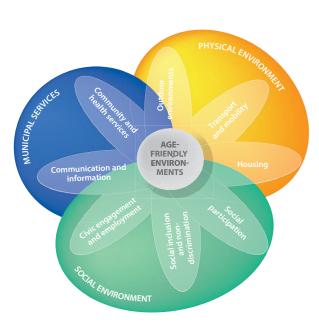


Figure 1, WHO Regional Office for Europe: The eight domains reflect the social determinants of ageing.

Physical Environment

The first three domains (Outdoor Space and Buildings, Transport and Housing) provide key features of the physical environment. These aspects strongly influence personal mobility and access, safety, physical health and social participation.

Social Environment

The following three domains (Social Participation, Respect and Inclusion, Civic Participation and Employment) list aspects of the social environment and culture that affect income, participation, security and subjective wellbeing of people.

Municipal Services

The last two areas (Communication and Information and Community Support and Health Services) list the factors that shape the ways older people develop knowledge of the world around them with a specific focus on the social and health services available to them.

Who should use this checklist?

The Age Friendly Rural Victoria Checklist was developed to provide a baseline assessment of the age-friendliness of rural and regional communities. This assessment is part of the first step in the World Health Organization (WHO) Global Network for Age-friendly Cities and Communities approach (GNAFCC).

The guide can help:

- Communities at the beginning of their age-friendly journey to understand the perspective of older residents, tourists, businesses and employees.
- Local Governments with well-established community consultation approaches by reviewing their processes through an agefriendly lens.
- Form the baseline age-friendliness of a community and to monitor progress over time.
- Identify areas that impact on older people's capacity to age well that may not have been considered previously.
- Build more effective communication between residents, elected councillors, council staff, community-based organisations and government departments.
- Provide an opportunity for residents to work alongside council staff to contribute equally to the creation of an age-friendly community.

When undertaking the assessment it is essential to include the active participation of the diversity of older people in the community. It must be undertaken in a way that supports their involvement.

In order for older people to be equal collaborators, the following principles, developed by the WHO GNAFCC and the National Development Team for Inclusion, should be considered:

- Involve the diversity of older people living in the community from the beginning to the end of the assessment.
- Provide a range of ways in which older people can contribute in ways that are meaningful to them.
- Ensure meetings, materials, and venues are accessible – all older people can get there, are able to prepare for the meeting, and be heard, hear, and follow the progress of creating an age-friendly community.
- Create spaces where everyone feels safe to speak up and to be listened to.
- Use the skills, knowledge and experiences of older people in multiple, different ways.
- Ensure decision-making is transparent.

Using the Checklist will give a view of the community through the knowledge, experience and perspectives of older residents. This will provide the work with an important source of evidence for the parts of the community that support healthy ageing now, and what features need to be improved.

How to use this checklist

The aim of assessing the age-friendliness of the community using the Age Friendly Rural Victoria Checklist is to ensure that future actions reflect the needs and preferences of the whole community. It also establishes a sound baseline against which the progress of work can be measured.

There is no prescriptive way of using the Checklist. It is important to determine what approach will work best for the community, given its geography, timeframe and resources. One community may choose to use the whole Checklist, while another may focus on one domain at a time, or a cluster of domains. Individual items in the Checklist might also be used as a basis for surveys or conversations with residents, businesses, government or services.

However it is used, the assessment should be conducted over a set period of time with a firm date for reporting back to the organising body and the community.

Below are some of the ways in which communities might consider using the Checklist:

Follow the Vancouver protocol

The Vancouver protocol is widely used in communities around the globe. It was the research protocol for the collaborating groups in cities that led to the development of the WHO Global Age-Friendly Cities Guide and companion, Checklist of Essential Features of Age-Friendly Cities.

The protocol is straightforward, requires a minimum of material and technical resources, and is adaptable to varying cultural and economic contexts. Separate focus groups are conducted with a diversity of older people, including those with physical and cognitive impairments, informal carers, and providers of services, council staff from planning, social and health services, chambers of commerce, restaurants and cafes, tourism and recreation, religious organisations and volunteer organisations.

In semi-structured focus groups, participants are asked by a facilitator to identify the positive and negative features of their community in each of these eight domains, using the items in the Checklist as prompts. This Checklist can be used the same way.

In Hong Kong, the Vancouver Protocol was adapted with focus groups comprising of a mix of older people who were representatives of place-based organisations, government representatives, academics and representatives of commercial companies.

Community group meetings

The Age Friendly Rural Victoria Checklist can be used as the basis for community group meetings, public forums, or 'listening posts'. These can be held for the whole community, or in smaller meetings using existing groups.

Consider the groups that are already formed in the community. Approach them to complete the Checklist in one of their meetings. This might include: Senior Citizens, University of the Third Age (U3A), Red Cross, CWA, CFA, Historical Society, Men's Shed, Carers groups, sports clubs such as golf, football, cricket, netball or walking; bushwalking groups; hobby groups such as quilting, sewing, wood work; performing and visual arts groups; or volunteer groups.

Mansfield Shire Council in Victoria brought together older people in each township to complete the Checklist. Through lively, engaging conversations, participants discussed each item, reaching agreement on some items, and noting the different perspectives on others.

In Montreal, Canada, the Mayor held a townhall meeting, with councillors facilitating a table of older people from their particular ward. Each table worked through the WHO Checklist over the course of the day.

Walking assessment

Walking around a defined part of the community is a very effective way of completing many items in the Checklist. Existing walking groups can be encouraged to take part, or small groups of community members can be brought together to walk and discuss their findings.

In Hamilton, Canada, a walking assessment of the built environment was led by Occupational Therapy students, while in the United States of America, Portland brought together intergenerational groups of residents with a Councilor and senior Council staff member to complete an age-friendly assessment of parts of their community.

In Tweed Heads, Australia, older people used an iPad app with a modified version of the WHO Checklist pre-loaded. They were asked to complete a 400 metre walk in a radius from a central point at various times across a month, making notes and taking photographs of what was, and was not, age-friendly.

Community surveys

The Checklist can be adapted to a paper or electronic survey. Particular items might be selected for a brief survey held over a short period of time, perhaps one month, and then a new set of items for each month over a year. Alternatively, a larger survey might be undertaken covering a selected number of items from each of the eight domains.

Benalla, in Northeast Victoria, Australia employed a survey at the beginning of their Age-friendly journey. Comprising many of the Checklist items, the survey was widely distributed across Benalla Rural City, with trained older people assisting with data collection.

Report the results of the assessment

Drawing together the results of the assessment is an equally important task that should be completed as soon as possible after the assessment with a range of people taking part.

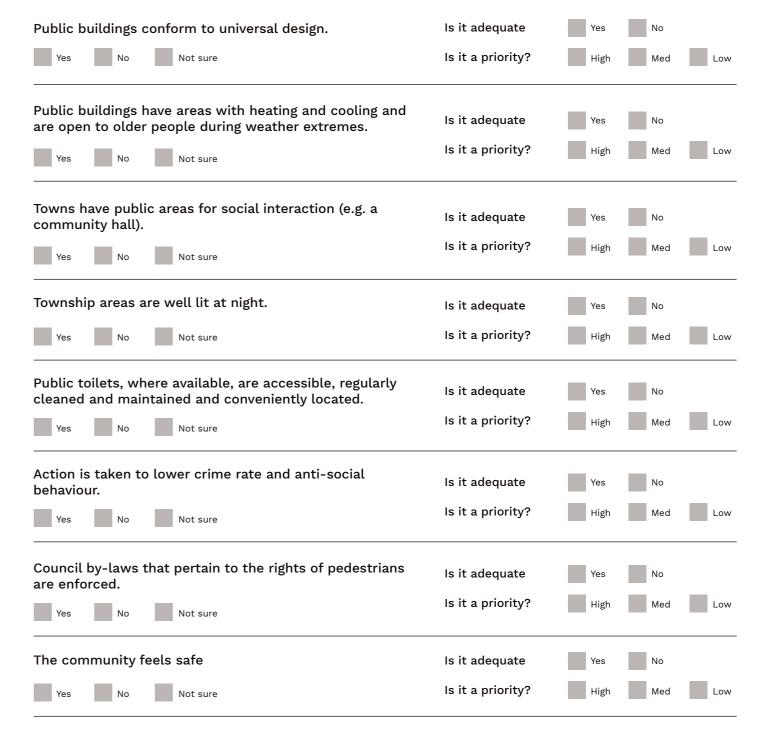
The report should include how the assessment was conducted, who undertook the assessment, and what it found. Not all the findings will be in agreement. The report should highlight those areas identified as community strengths, along with the areas identified for improvement.





Outdoor Spaces & Buildings

Pathways, where present, are well-maintained, promptly cleared of debris and obstructions.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
There are traffic islands on wide streets or safe roadside		_	_	
spaces to enable pedestrians to move to the side in the face of approaching vehicles.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
There are signs warning vehicle users to slow down when a rural road goes through a town.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
There are clearly marked pedestrian crossings in townships and traffic light signal timing is adequate to	Is it adequate	Yes	No	
enable safe crossing.	Is it a priority?	I I Sala	Mad	
Yes No Not sure	is it a priority:	High	Med	Low
There is access to the natural environment and access to green space with seating.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
There is adequate, accessible seating on pathways that is shaded.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Services are grouped together, linked by footpaths with		_	_	
kerb ramps that can accommodate wheelchairs and scooters	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
There is a consistent and continuous wayfaring system,				
including direction signs, emergency and hazard warnings, for people with low vision or blindness	Is it adequate	Yes	No	_
Yes No Not sure	Is it a priority?	High	Med	Low
Signage in outdoor spaces and buildings, including				
information notice boards and location signs, are clear, easy to read and understand, properly lit at night, visible	Is it adequate	Yes	No	
and well located.	Is it a priority?	High	Med	Low
Yes No Not sure				



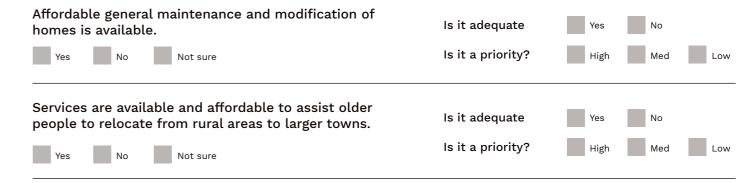


Roads in townships are well-maintained, well-lit and supported by visible signage. Yes No Not sure	Is it adequate Is it a priority?	Yes High	No Med	Low
Paths, roads and tracks are cleared regularly of overgrown vegetation and unnecessary obstacles.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Practical driver refresher courses are available and affordable.	ls it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Parking is located close to amenities; parking regulations are enforced; drop-off and pick-up areas are clearly marked; and there are a sufficient number of disabled parking spots No Not sure	Is it adequate Is it a priority?	Yes High	No Med	Low
Scooter recharge points are available.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Affordable and accessible community transport services are available, including for people with a variety of disabilities. Yes No Not sure	Is it adequate Is it a priority?	Yes High	No Med	Low
Public transport is affordable and there are known, accessible outlets to purchase tickets. Yes No Not sure	Is it adequate	Yes High	No Med	Low
Public transport connects smaller towns with larger service centres throughout the day and evening. Yes No Not sure	Is it adequate	Yes High	No Med	Low
Where public transport exists in towns, it is accessible, operates at various times, and connects older people with the services they need. Yes No Not sure	Is it adequate Is it a priority?	Yes High	No Med	Low



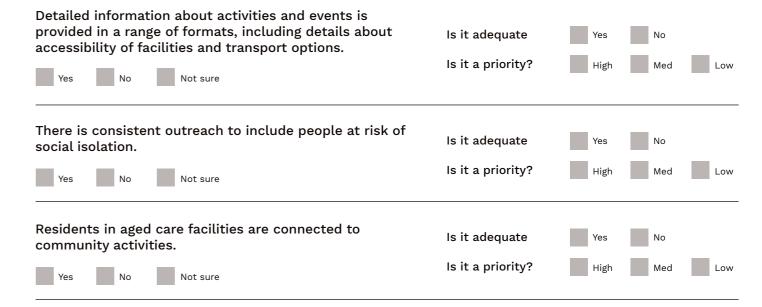


A range of comfortable, accessible, affordable housing options for sale and rent are available including one, two or three bedroom separate houses, flats, units or Is it adequate apartments; multi-unit dwellings, independent living Is it a priority? units and residential aged care. No Not sure Affordable assisted living and residential aged care is Is it adequate available and located within the community. Is it a priority? Subsidised housing is available, comfortable and Is it adequate accessible. Is it a priority? Subsidies are available for utilities and other housing-Is it adequate related costs and charges. Is it a priority? Not sure New housing is designed and built for accessibility, Is it adequate comfort and ease of use to meet the needs of people across the life-course. Is it a priority? Housing is located close to key services. Is it adequate Not sure Is it a priority? Housing is located to take advantage of the natural Is it adequate environment and provides access to green space. Is it a priority? Older people are supported to heat and cool their Is it adequate homes. Is it a priority? Affordable services and supports are available to enable Is it adequate older people to remain at home. Is it a priority?



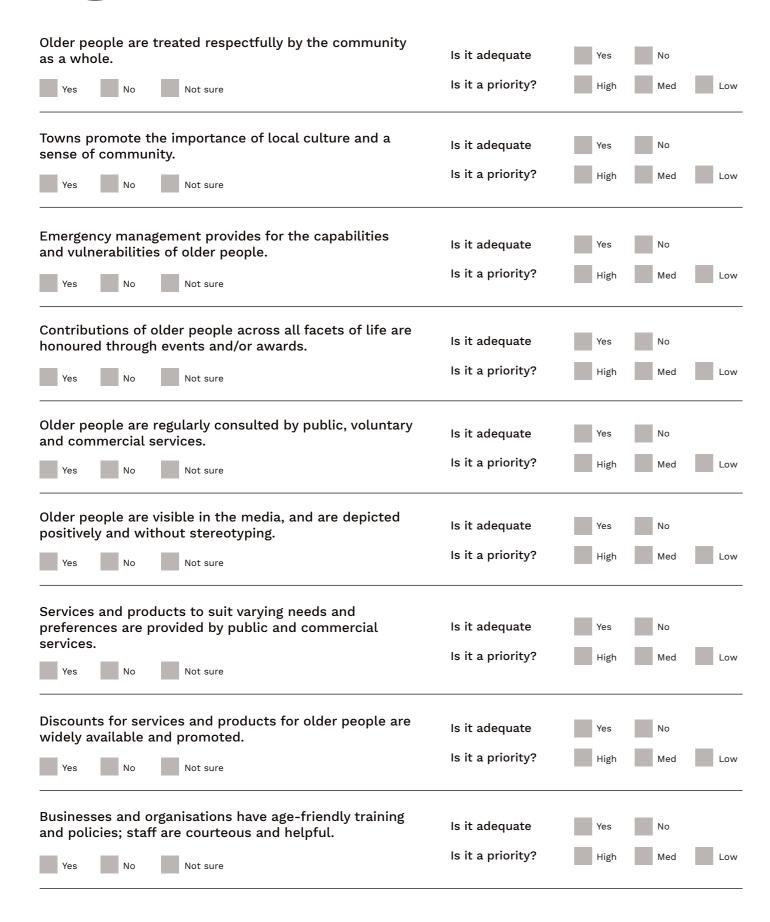


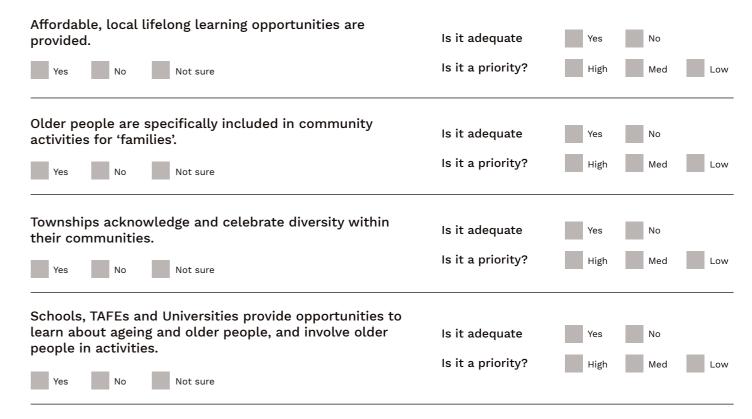
Venues for events and activities are conveniently located, accessible, with restrooms, well-lit and easily reached by public transport. No Not sure	Is it adequate	Yes High	No Med	Low
A wide variety of indoor and outdoor activities is offered to appeal to the diverse population of older people. Yes No Not sure	Is it adequate	Yes High	No Med	Low
Activities are hosted by a wide range of organisations. Yes No Not sure	Is it adequate	Yes High	No Med	Low
Community gatherings include older people and are held in various local community spots, such as recreation centres, schools, libraries, community centres, churches and parks.	Is it adequate	Yes High	No Med	Low
Activities are available and promoted that provide for intergenerational and diverse groups to mix. No Not sure	Is it adequate Is it a priority?	Yes High	No Med	Low
Events are held at times convenient for older people. Yes No Not sure	Is it adequate	Yes High	No Med	Low
Activities and events can be attended alone or with a companion. Yes No Not sure	Is it adequate	Yes High	No Med	Low
Activities and attractions are affordable, with no hidden or additional participation costs.	Is it adequate	Yes High	No Med	Low
The rights of older people who are not interested in participating in community life are respected. Yes No Not sure	Is it adequate	Yes High	No Med	Low





Respect & Social Inclusion







Civic Participation & Employment

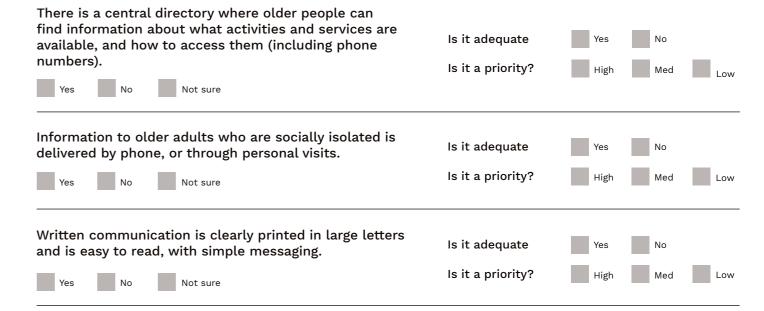
Older people are encouraged to volunteer and remain engaged in the community by providing them with a range of flexible and accessible opportunities.	Is it adequate	Yes	No	_
Yes No Not sure	Is it a priority?	High	Med	Low
Individuals are approached personally to participate in volunteer activities.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Volunteers are supported in their volunteer work with training, guidance and compensation for personal costs.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Volunteering options allow for intergenerational involvement.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Older people who are not interested in volunteering are respected.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
There is a range of paid employment opportunities for older people.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
The qualities of older employees are well promoted.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Age-discrimination policies are enacted to ensure all people are treated equally in the hiring, retention, promotion and training of employees.	Is it adequate	Yes High	No Med	Low
Yes No Not sure				
Older people are fairly compensated for their work.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low





Communication & Information

A basic, effective communication system reaches all residents.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Information and communication technology (ICT), including telephones, public access terminals (such as				
automated teller machines and points of ticket sale), television, information technology, and websites, are	Is it adequate	Yes	No	
fully accessible for older people including those with sensory and physical disabilities.	Is it a priority?	High	Med	Lov
Yes No Not sure				
Digital connections are affordable, useable and available, especially for older people in isolated areas.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Access to computers and the internet is available at a local centre open to the public.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Lov
Training on new technologies is available and accessible to older people in an appropriate setting.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Lov
There is regular and reliable distribution of information				
about events and programs (including contact information) through local government and/or voluntary organizations.	Is it adequate	Yes	No	_
Yes No Not sure	Is it a priority?	High	Med	Low
Information is disseminated/ posted where older				
people conduct their daily activities—such as the post office, gyms, places of worship, local shopping centres and town halls and at regularly occurring community	Is it adequate	Yes	No	
gathering.	Is it a priority?	High	Med	Low
Yes No Not sure				
Local channels, including local newsletters, newspapers,		_	_	
TV and radio, provide information, advertise community events and news items of interest to older people.	Is it a priority?	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low





Community Support & Health Services

There is an adequate range of community support and health services for promoting, maintaining and restoring health.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Primary health services (e.g. general practitioners, dentists, pharmacists) are available, affordable and accessible in a timely manner.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Telehealth services are available and meet the needs of older people.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Economic barriers impeding access to health and community support services are minimized.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Delivery of community support and health services is coordinated and administratively simple.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Community support and health services are fully accessible, conveniently located and accessible by all means of transport.	Is it adequate	Yes High	No Med	Low
Yes No Not sure				
Specialty services are regularly available in the community.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Services are available to assist older people in their emergency planning.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low
Evacuation centres meet the needs of older people.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Low

All staff are respectful, helpful and trained to work with older people.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Lov
Home care services include health, personal care, housekeeping and gardening are available in a timely	Is it adequate	Yes	No	
manner.		ies	INO	_
Yes No Not sure	Is it a priority?	High	Med	Lov
Voluntary community support and home services by	Is it adequate	Yes	No	
people of all ages are encouraged and supported.		_	=	_
Yes No Not sure	Is it a priority?	High	Med	Lov
Community members provide support to people with cognitive and other impairments in their everyday	Is it adequate	Yes	No	
interactions.	•		140	_
Yes No Not sure	Is it a priority?	High	Med	Lo
Community-based services are available to assist older	Is it adequate	Yes	No	
people plan transitions in later life.	ls it a priority?	LUC etc		
Yes No Not sure	is it a priority:	High	Med	Lov
Affordable meal programs are available.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Lo
Physical activity programs are available and welcoming	Is it adequate	Yes	No	
of older people.	ls it a priority?	High	Med	Lo
Yes No Not sure				
Respite and support services are available for caregivers.	Is it adequate	Yes	No	
Yes No Not sure	Is it a priority?	High	Med	Lo
There are sufficient and accessible grave sites; burial	Is it adequate	Yes	No	
and cremation options are available and affordable.	Is it a priority?	High	Med	Lo
Yes No Not sure		,g.ii	Wica	



References

Davern M. & Brasher K. 2017 Liveability with an Age-Friendly Lens in rural Victoria: Linking Liveability Indicators and Age Friendly principles across the Shires of Indigo and Towong. RMIT University.

Hancock S, Winterton R, Wilding C, Blackberry I. 2019 *Understanding ageing well in Australian rural and regional settings: Applying an age-friendly lens. Australian Journal of Rural Health.* 27:298-303.

National Development Team for Inclusion. (nd) *Personalisation – don't just do it – co-produce it and live it.* NDTi.

Public Health Agency Canada Federal/Provincial/Territorial Ministers Responsible for Seniors 2007 Age-friendly Rural and Remote Communities: A Checklist. PHAC.

World Health Organization 2015 World report on ageing and health. WHO.

World Health Organization 2007 Checklist of Essential Features of Age-friendly Cities. WHO.

World Health Organization 2005 Vancouver Protocol. Available from WHO Publications.

WHO Regional Office for Europe 2016 Creating age-friendly environments in Europe: A tool for local policy-makers and planners. WHO.



