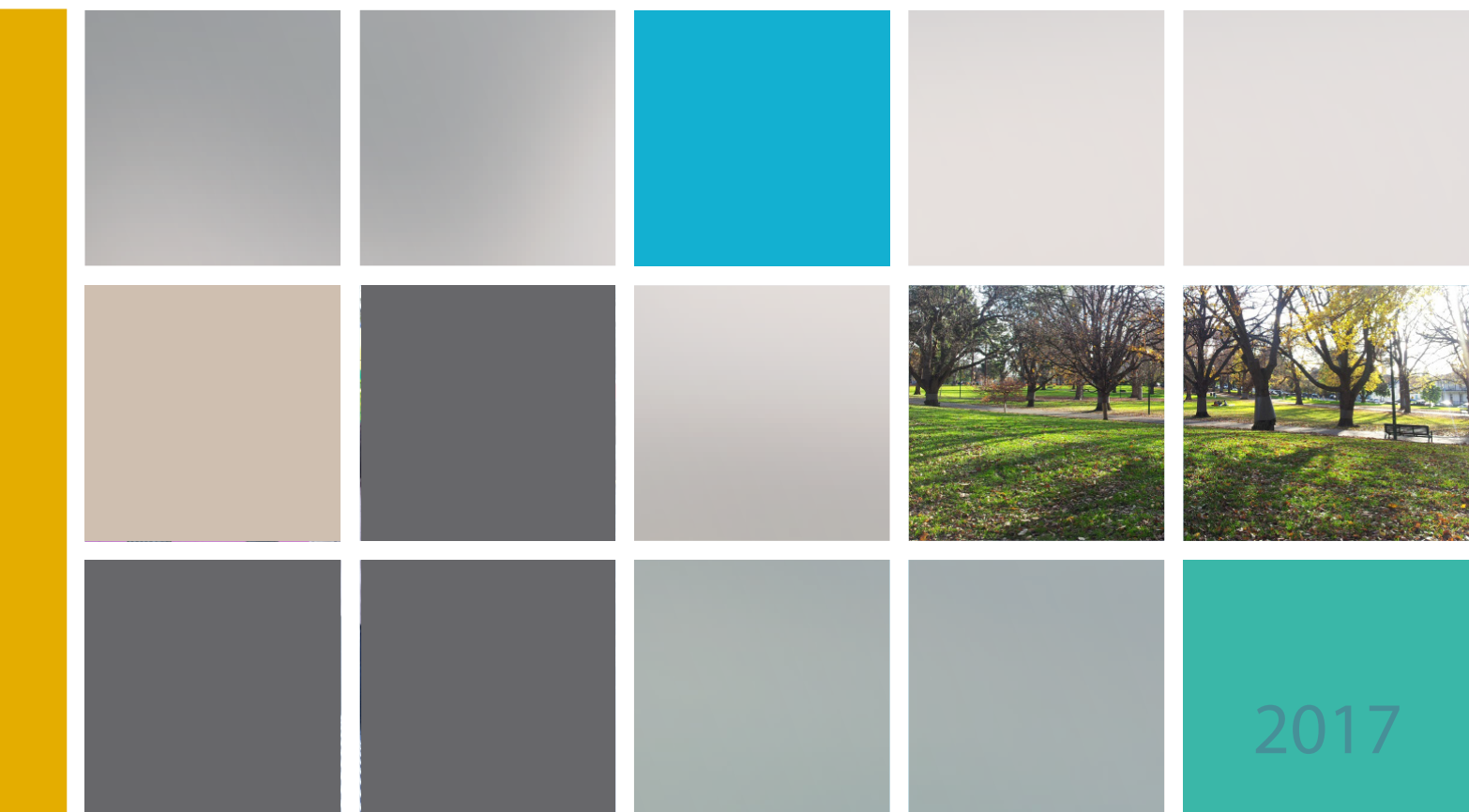# Liveability with an Age-Friendly Lens in rural Victoria:

Linking Liveability Indicators and Age Friendly principles across the Shires of Indigo and Towong.

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Table of Contents

An introduction to the Healthy Liveable Cities Group at RMIT University

The *Healthy Liveable Cities Group* is located within the Centre for Urban Research at RMIT University[1]. The research program is led by Director, Professor Billie Giles-Corti, with Co-Directors Dr Melanie Davern, Associate Professor Hannah Badland and Dr Jonathan Arundel bringing together a multidisciplinary research team investigating the influence of urban design and planning on community health and wellbeing. The team's policy focussed research is developed in partnership with stakeholders across industry, state government and local government to inform best practice policy and planning through the creation of liveability indicators. Team expertise has been developed from multiple disciplines, including epidemiology, psychology, spatial analysis, computer science, policy analysis and economic evaluation with a strong focus on research translation and engagement.

Liveability research is the core interest of the *Healthy Liveable Cities Group* and our research program was established in 2012 under the leadership of Prof Billie Giles-Corti and has built on policy partnered research development and application. Our definition of liveability has been adopted by the Victorian Department of Health and Human Services and informed Plan Melbourne, the metropolitan planning scheme shaping the city and the state over the next 35 years. The *Healthy Liveable Cities Group* is also currently developing a Liveability Index for Melbourne that will be applied to other national cities across Australia as part of the NHMRC Centre for Research Excellence in Healthy Liveable Cities. This is arguably the world's first liveability index designed and built specifically to enhance population health outcomes. Most recently our research Group has released the *Creating Liveable Cities in Australia*[2] report which measures liveability across Australian capital cities. In early 2018 the research Group will also launch a new interactive online Urban Observatory of liveability indicators for public access of our urban liveability indicators.

Age-Friendly Rural Communities at Northeast Health Wangaratta

For the first time in history, most Australians can expect to live for twenty or more years after their 65th birthday; a startling shift from 1955 when we expected to live only another two years. This extraordinary change means there are more adults in our lives than children; more adults over 65 than children under 15 on our streets, in parks, shops, gyms, libraries, work spaces and community events. This transformation of our population has far-reaching consequences for the way individuals, families, organisations and communities come together.

Population ageing is particularly significant in regional and rural Australia. In northeast Victoria, almost one third of the population is over 65 years of age, with half living outside the more urban areas of Wangaratta, Benalla and Wodonga. This number of older people is projected to double in the next decade.[3] Rural Victoria also has a significant indigenous older population. The rate of increase of the Aboriginal population over 55 years of age is three times the rate of the non-Aboriginal population.

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[1] http://cur.org.au/research-programs/healthy-liveable-cities-group/
[2] http://cur.org.au/project/national-liveability-report/
[3] Hume Population profile

In March 2017, the Victorian Department of Health and Human Services East Division provided strategic support and seed funding for the establishment of an Age-Friendly Rural Communities initiative in north-east Victoria. In collaboration with Northeast Health Wangaratta, Age-Friendly Rural Communities seeks to bring together all levels of governments, academic, public and private sectors, community and volunteer groups across the area to form the Age-Friendly Ovens Murray Alliance.

Background Understanding of Liveability and Age Friendly Communities

Liveability is becoming an increasingly popular construct and well known to a range of different stakeholders within government, planning, property, health and the general community. A number of liveability indicators have also been used and proposed and in 2012 the Healthy Liveable Cities Group at RMIT University completed a thorough review of booth academic and grey literature on the topic. This led to an international review of these indicators and proposal of a new definition of a liveable community as:

> *safe, attractive, socially inclusive and cohesive, environmentally sustainable with affordable and diverse housing, linked by convenient public transport, walking and cycling infrastructure to employment, education, local shops and community services, leisure and cultural opportunities and public open space* (Lowe et al., 2013).

A subsequent literature review of available indicators suggested 11 initial domains of liveability indicators that have been used previously: natural environment; crime and safety; education, employment and income; health and social services; housing; leisure and culture; local foods and other goods; public open space; social cohesion and local democracy; and transport (Badland et al., 2014). Starting with this review, the Healthy Liveable Cities Group condensed these into seven *spatially attributable* domains of liveability and has developed conceptual models for each domain. These domains of liveability are provided in Figure 1 below:

EMPLOYMENT

FOOD

HOUSING

PUBLIC OPEN SPACE

SOCIAL INFRASTRUCTURE

TRANSPORT

WALKABILITY

Figure 1: The 7 Domains of Liveability (courtesy of Associate Professor Hannah Badland, Healthy Liveable Cities Group, RMIT University)

Social Infrastructure is the most comprehensive domain and includes: hospitals, health services and medical centres; primary and secondary schools; kindergartens and child care; libraries, community centres and neighbourhood houses; public transport, walking and cycling options; community support agencies; movie theatres, museums and art galleries; pools, gyms, parks; police, ambulance and fire stations; aged care and retirement accommodation; social housing and a diverse range of housing options for all ages and demographic groups.

The seven domains of liveability also closely align to the social determinants of health which describe the conditions in which people are born, grow, live, work and age which contribute to health inequities or differences in health outcomes across areas (World Health Organisation, 2017). Our definition of a liveable community (Lowe, 2013) has been adopted in the Victorian Public Health and Wellbeing Plan 2015-2019 (Victorian Department of Health and Human Services, 2014) emphasising the importance of place, land use planning and urban design within neighbourhoods on the health and wellbeing of residents. However, much of the existing literature and research on liveability has been based within major urban centres which provide very different contexts to rural communities. Not only is the built and natural environment very different and towns of smaller scale, but many rural areas across Australia have a significantly different population structure than urban centres. As the Australian Bureau of Statistics makes clear:

> A distinctive feature in the age distribution of Australia at June 2016 was the higher representation of people aged 20 to 44 years residing in capital cities. … This reflects the attraction of younger adults to education, employment and other opportunities in capital cities. In contrast, older adults aged 45 years and over made up a smaller proportion of the population in capital cities (37%) than in the rest of Australia (45%). [4]

For example, in Victoria the most recent 2016 Australian Bureau of Statistics Census reveals that 28.7% of the Shire of Indigo is 60 years or older with a median age of 46[5] (in comparison to the Victorian average of 37), while 34.3% of the Shire of Towong is 60 years or older with a median age of 50[6].

Population ageing in rural towns provide a unique context for understanding the concept of rural liveability. Rural communities are smaller in size, serve small populations and are geographically separated by considerable distances. To understand liveability within a rural context new research is needed to investigate the overlap between liveability what is needed to create age-friendly rural communities.

Age-Friendly Rural Communities (AFRC) initiative is guided by the WHO Global Network of Age-Friendly Cities and Communities (AFCC)[7]. Age-friendly communities are places where older people live safely, enjoy good health and stay involved. In 2006, following the release of a systematic review of the international literature on the determinants of healthy ageing, the WHO brought together 33 cities of varying sizes across the world to undertake a qualitative study to discover what makes a city a good place in which to grow old. In the same year, using the same approach, the Canadian Government worked with small rural communities to find out what makes small communities age-friendly.

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[4] http://www.abs.gov.au/ausstats/abs@.nsf/0/151AA7593B394934CA2573210018DA4A?Opendocument
Accessed 10 Sept. 2017
[5] www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA23350?opendocument
[6] www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/LGA26670?opendocument
[7] extranet.who.int/agefriendlyworld/

The reports from both these projects were released in 2007: A Guide WHO Global Age-friendly Cities Guide; and the Canadian Age Friendly Rural and Remote Guide.[8] Eight domains, reflecting the essential, interconnected areas of life that impact on older people's health and wellbeing, were identified by the WHO.
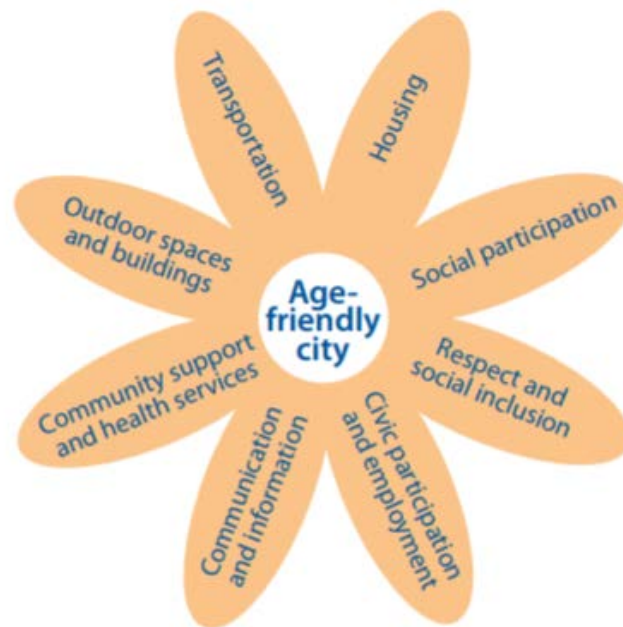

Figure 2: Age Friendly City Topic Areas (World Health Organisation, 2007, p.9)

Three domains (Outdoor Space and Buildings, Transport and Housing) describe key features of the physical environment. These aspects strongly influence personal mobility and access, safety, health and social participation. Three domains (Social Participation, Respect and Inclusion, Civic Participation and Employment) describe the social environment that affect older people's ability to participate fully in their communities, their security, and sense of wellbeing. The remaining two areas (Communication and Information and Social and Health Services) describe the ways and means older people develop and share knowledge of the world around them, with a focus on social and health services. These eight domains reinforce the need to improve the built and social environment at the same time as changing the delivery of community and health services to meet the needs of older people.

This report describes a rural case study example that was developed to explore the linkage between liveability domains and Age Friendly Rural Communities in the rural Shires of Indigo and Towong in north-eastern region of Victoria. The project was developed in response to the needs of the Upper Hume Primary Care Partnership and in partnership with the Department of Health and Human Services Eastern Division and Northeast Health Wangaratta.

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[8] World Health Organisation, Global age-friendly cities: a guide. Geneva: WHO; 2007;
Federal/Provincial/Territorial Ministers Responsible for Seniors. Age-friendly Rural and Remote Communities: A Guide. Ottawa: PHAC; 2007.

Project Aims

The aims of the project was to gain a better understanding about the concept of liveability in rural areas and similarities or differences in rural liveability to age friendly rural communities within the Victorian Shires of Indigo and Towong. The project also aimed to develop a proposed set of indicators that could be used to assess liveability through an age-friendly lens for both rural LGAs in the future.

Project Partners

Jenny Donnelly, Executive Officer, Upper Hume Primary Care Partnership
Dr Kathleen Brasher, Principal Lead Age-Friendly Rural Communities, North East Health Wangaratta
Dr Melanie Davern, Healthy Liveable Cities Group RMIT University

Project Method

A workshop with a range of stakeholders and community members was facilitated by Dr Melanie Davern and Dr Kathleen Brasher on the 14th of September 2017 in Tallangatta, Victoria. The workshop was attended by 21 people who held multiple roles as local residents, employees and volunteers. This included 10 people who identified themselves as local, 1 volunteer, 2 academics, 21 health service representatives (including 2 Chief Executive Officers), 4 from local government or Rural Councils Victoria, 1 tertiary student and 1 business owner.

The workshop began by introducing the concepts of indicators, principles of Results Based Accountability, liveability research and the WHO Age Friendly Cities and Communities (AFCC) approach. Interactive group work was used in the second half of the workshop to gain an understanding about the lived experiences of liveability and age-friendliness within the rural Shires of Indigo and Towong.

Results

Qualitative responses on liveability and age-friendliness were collected during the workshop. These responses are analysed and presented in Table 1 according to the domains of liveability and AFCC to highlight the interaction and overlap between these concepts. Results are presented according to this cross-linkage to identify commonalities between the concepts to assist with identification of suggested indicators to assess liveability through an age-friendly lens.

Table 1: Age Friendly domains (horizontally) combined with Liveability domains (vertically)

*Note: Blue text represents Age Friendly; Red represents Liveability; and * for domains coded twice.*

	Outdoor spaces & buildings	Transport	Housing	Social participation	Respect & Social inclusion	Civic Participation & Employment	Communication & Information	Community support & Health services
Employment						Embraced flexible employment options Learning, training, mentoring for farming and business across the generations Employment opportunities (hospitality, agriculture, manufacturing, health services, government, tourism, digital economy)		
Food Environment								Good access to affordable, fresh and healthy food Sustainable fresh water

	Outdoor spaces & buildings	Transport	Housing	Social participation	Respect & Social inclusion	Civic Participation & Employment	Communication & Information	Community support & Health services
Housing			Diversity of housing options that accommodate changes in housing circumstances Support to affordably heat and cool homes * Aged care facilities that are socially inter-connected across the community Diversity of housing stock including social housing affordable housing					

	Outdoor spaces & buildings	Transport	Housing	Social participation	Respect & Social inclusion	Civic Participation & Employment	Communication & Information	Community support & Health services
Public Open Spaces	Shade important; access to green both big and small (i.e. garden, bush, space) for repair and connection to nature * Active green spaces with walking paths Places and opportunities to gather							

*Note: Blue text represents Age Friendly; Red represents Liveability; and * for domains coded twice.*

	Outdoor spaces & buildings	Transport	Housing	Social participation	Respect & Social inclusion	Civic Participation & Employment	Communication & Information	Community support & Health services
Social Infrastructure	Spaces that adapt with needs of the life-course			Affordable, local life-long learning Diversity of recreational and cultural activities Positive community culture Thriving sports clubs and swimming pools	Hub to meet and be with people *Aged Care facilities that are socially interconnected across the community Towns that are cross purpose Difference is everywhere in terms of towns, climate, activities and people	High level of volunteerism (Lions club, council, School council etc.) Education opportunities across the lifespan	Promotion and community awareness of health service, community groups, activities and opportunities to volunteer	Community Health centres providing a range of programs Access to GP's who also bulk bill More incentives for GP's to provide bulk billing services Health services that meet the needs of communities Access to services Not only for good transport but work – innovation e.g. telehealth, community care and time banking Libraries

*Note: Blue text represents Age Friendly; Red represents Liveability; and * for domains coded twice.*

	Outdoor spaces & buildings	Transport	Housing	Social participation	Respect & Social inclusion	Civic Participation & Employment	Communication & Information	Community support & Health services
Transport		Accessible and affordable transport options Transport influenced by change in the community						
Walkability	Pedestrian friendly and dementia supportive with way-finding and footpaths Walking paths in green spaces							

*Note: Blue text represents Age Friendly; Red represents Liveability; and * for domains coded twice.*

	Outdoor spaces & buildings	Transport	Housing	Social participation	Respect & Social inclusion	Civic Participation & Employment	Communication & Information	Community support & Health services
Social cohesion **(connected community)** *This new domain is not currently included within urban liveability because it is believed to be a longer term outcome of a good living environment rather than an input factor in building liveable places. This is contestable in rural contexts.*					Understanding or culture about importance of interconnection in the local community Socially connected community Inclusion/ Exclusion/Visibility Opportunities to meet with diverse people with different opinions (heterogeneity of opinions and mixing) Opportunities to be a connected community Belonging and connection to people place, identity and connection to country The 'vibe' Self-determined and engaged community with leadership and shared sense of purpose	High level of volunteerism * Self-determined and engaged community with leadership and shared sense of purpose	Digital connection- especially for families, to connect people across communities, entrepreneurship, business and volunteering Community awareness of the people who are in need in the community e.g. people with dementia being helped to find their way back home	

Note: Blue text represents Age Friendly; Red represents Liveability;

	Outdoor spaces & buildings	Transport	Housing	Social participation	Respect & Social inclusion	Civic Participation & Employment	Communication & Information	Community support & Health services
Un-coded factors					Safety Younger people and families coming back in		Good telecommunications	

Of these un-coded comments good telecommunications is a good fit within an age-friendly community while safety is believed to be a longer term outcome of a more liveable environment – a favourable outcome because of good essential ingredients that produce liveability. The idea of attracting younger families back to rural areas is also likely to be a longer term outcome of a liveable place rather than an input factor.

Based on the results provided in Table 1, the following indicators are suggested to assess liveability through an age-friendly lens – an understanding of rural liveability that is based on community needs and an age-friendly environment. The indicators provided below are consistent with a spatial or place focused assessment of liveability consistent with previous research and reviews conducted into liveability within the Healthy Liveable Cities Group at RMIT University. These indicators are provided as a suggested list for the Upper Hume PCP to consider before spatial liveability assessment can begin. Other data sources are available at the Local Government Area level but will not provide a fine grained town-based assessment that is possible with the spatial measures recommended.

Table 2: Suggested Indicators to Assess Liveability across the Lifecourse in Indigo and Towong Shires

Unemployment	People who are unemployed (% labour force)
Employment	People who are employed (% over 15 years)
	People who are employed (% over 60 years)
	People who are working full time (% over 15 years working 40 hours or more)
Food Environment	Access to supermarkets
	Access to fast food outlets
	Proportion of population that has access to a sustainable safe water supply*
Housing diversity	Number of different housing types present
Housing affordability	Housing costs 30% or more of gross income
	Housing costs 30% or more for the lowest 2 income quintiles
	Occupied Private Dwellings which are Government-Owned Rental Dwellings
Public Open Space	Distance to nearest Public Open Space (within towns)
	Greenness of the area (NDVI)
Walkability	Walkability for Transport Index (within towns)*
	Proportion of township with footpaths*
Education	People Aged 25 years and over with a Bachelor Degree or Higher
Transport	Households with access to 1 or more motor vehicles
	Access to community transport
	Access to Public Transport bus services
Access to GPs	Number of medical clinics
	Average distance to clinic
Access to Services for Older People	Index of Access to Services for older people**

Internet Access	Internet access at home
	Mobile phone coverage
Social Infrastructure	Access to Social infrastructure (within towns)***
	Mix of social infrastructure (within towns) ***
New Social Cohesion domain****	Social infrastructure measures listed above
	Proportion of population who have volunteered in the last 12 months

* No current data source has been identified for this measure.

** includes key services of hospitals, GPs, Aged Care facilities, public transport stops, supermarkets, community centres, libraries and Universities of the 3rd Age.

*** this could include Community Centres, Cinema / Theatre, Libraries, Museums / Art Galleries, Childcare, Childcare (out of school hours), State Primary Schools, State Secondary Schools, Aged Care Facilities, Community Health Centres, Dentists, General Practitioner Clinics, Maternal/Child Health, Swimming Pools, Sport Facilities. Minimum services can be edited or services separated out into single indicators or new measures can be created (e.g. access to swimming pools/ access to sporting facilities/ number of sporting clubs registered within townships).

****The difficulty with the social cohesion domain is the availability of data at the township level. This domain is highly related to the social infrastructure content because these places provide the infrastructure for people to come together and meet. It is also difficult to capture community driven efforts that aren't recorded via available data. For example, the farming family who initiated the Friday evening barbeque that began during the years of the drought and still continues today.

Conclusions and Next Steps

The suggested liveability indicators based on an examination of liveability through an age-friendly lens highlight the importance of considering liveability across the life course. They are recommended for consideration in future liveability assessments of the Indigo and Towong Shires. The Healthy Liveable Cities Group at RMIT University would be please to work further on this project with the Upper Hume PCP to assess liveability across the lifespan for the rural areas. It is also understood that use of these indicators will not answer or capture all of the liveability issues (both strengths and weaknesses) in these rural areas but this initial pilot project is expected to provide useful evidence for planning and advocacy into the future. Indicators effectively provide a tip of the iceberg assessment of issues (Davern et al., 2017) and are designed to start important community conversations and link research, policy and action.

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