



Information Sheet SP31

Information for service providers working with Lifetime Care or Workers Care

This document provides information for staff and providers who are working with Lifetime Care participants and Workers Care workers 65+ years, or First Nations people 55+ years. It provides a background to both general and icare specific contexts regarding ageing, and a summary of age-related preventative screening measures and physical activity guidelines recommended for the active management of chronic health conditions that can occur as people age.

This document provides general guidance only and is based on information gathered from freely available resources. This document does not offer guidance on icare funding for services and interventions for participants and workers. Funding advice on behalf of a participant or worker should be requested through their icare contact.

Ageing

General context

There is no typical older person, with people having highly diverse abilities and circumstances. There is a strong correlation between health inequities seen in society and the uneven distribution of social determinants such as money, power, and resources.^{1,2} These inequalities have profound impacts on opportunities for optimal health. Addressing this issue is beyond the capacity of one agency, however, it is now well recognised that government, health, social, and community service organisations have a responsibility to effectively contribute to meeting the needs of clients and communities.

The cultural, sexual, and gender diversity of older Australians also requires consideration to help address barriers to accessing services, supports, and care. Recent Australian Bureau of Statistics (ABS) Censuses have found:

- approximately 13.5% of First Nations people are aged 55 and over³
- 37% of all people aged 65 and over were born overseas.⁴

Key Takeaways

- The world's population is ageing, with increasing incidence and prevalence of older participants and workers in our schemes
- Older people are an incredibly diverse group, especially in relation to health, physicality, culture, and sexuality
- icare has a role in promoting and improving the health literacy of our participants and workers and ensuring they have access to appropriate injury-related supports and services
- There are key age-related preventative screening measures recommended for all people in Australia which are accessible through their GP
- There are significant health benefits to increasing physical activity and reducing sedentary behaviour
- Maintaining social connectedness and relationships is central to the well-being, mental capacity, and functional capability of older people
- Frailty is associated with ageing, but not necessarily a consequence. Unlike ageing, steps can be taken to prevent, slow, or possibly reverse frailty
- Considerations specific to older people with TBI and SCI are covered in further information sheets



Language barriers can result in difficulty accessing healthcare and aged care supports that can lead to services that are not culturally appropriate. Many First Nations people have experiences of systemic racism and trauma relating to interactions with government services that affect their willingness to access services. Cultural and family practices influence how services are accessed and what a person needs from a service, e.g., informal family-care arrangements may be preferred over formal care programs. Connection with culture and language is also important for older people living in residential aged care.

There are limited statistics relating to LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer or otherwise diverse in gender, sex, or sexuality) older Australians. The 2021 census was the first census that provided an option for a non-binary gender, and the 2016 census only captured information about same-sex relationships. Each LGBTIQ+ community has its own experiences and needs. Aged care service models have previously assumed that their clients are heterosexual, and historical discrimination and stigma faced by older LGBTIQ+ Australians has led to a fear of disclosure and/or failure to access aged care and health services.⁵

icare context

The Australian and NSW populations are ageing. People are living longer due to advances in technological, medical, and surgical interventions.² As a result, there is a greater likelihood that older people may require the support of our schemes. They are also more likely to have concurrent health issues and pre-injury disability.

People with severe injury require more complex health management. Evidence shows that ageing with an injury results in a greater risk of increasing disability and decreasing intrinsic capacity. Some specific injuries are related to an increased risk of certain chronic health conditions and a need for associated screening.²

icare has a role in ensuring access to appropriate injury related supports and services that promote independence, health, and wellbeing to participants and workers as they age.

This information sheet is a part of an overall strategy to promote and improve the health literacy of our older participants and workers so they can self-manage their health, rehabilitation, and wellness effectively, and achieve greater autonomy for long term quality of life.

Preventative screening

GPs manage the screening measures listed below and most measures are available to the entire population. Some tests are only conducted for those considered to be at risk.

First Nations people can access a free annual health check that includes a wide range of important health screens through an Aboriginal Health Service or bulk-billing clinic. Those working with older First Nations people should ensure that their clients are offered the opportunity to connect with culturally appropriate healthcare providers and programs such as the [National Aboriginal and Torres Strait Islander Flexible Aged Care Program \(NATSIFACP\)](#) where available.

In Australia, preventative screen measures recommended for older people include: ^{6,7,8,9,10}

Annual:

- health Assessment for people aged 75 years and over
- Aboriginal and Torres Strait Islander Peoples Health Assessment (over 55 years)
- blood pressure – more often for those at higher risk*
- falls screening – every six months for those at risk*
- hearing – screen by GP
- immunisations and vaccinations – influenza, COVID, and others
- kidney disease screening – every 1 – 2 years for those at risk*
- oral and dental health
- osteoporosis risk assessment
- stroke risk assessment – annually for those at risk*
- urinary incontinence – for those at higher risk*
- vision – if symptomatic

*Requires prior review with a General Practitioner to determine risk level



Biannual:

- absolute cardiovascular disease (CVD) risk assessment if not known to have CVD
- colorectal cancer screening:
- faecal occult blood test –for asymptomatic (average risk) population from 50 years until 74 years with repeated negative findings
- additional screening, investigations, and tests for those at risk*
- diet and nutrition –every 6 months for those at high risk*
- mammograms – biannually to age 74
- pap smear –up to 70 years (for those who are average risk and have had two normal tests in last 5 years)
- weight and BMI – every 12 months if at risk*

Infrequent or Opportunistic:

- cholesterol and other lipids – every 5 years or more regularly where risk factors exist*
- diabetes risk assessment – every 3 years or more often where risk factors exist*
- dementia – opportunistic assessment recommended if signs and symptoms noted
- depression – opportunistic screening if risk factors, signs, and symptoms are noted
- immunisations and vaccinations – shingles (Herpes zoster), pneumococcal
- intimate partner violence screening – opportunistic screening
- sexually transmitted diseases – if sexually active and at risk
- *Requires prior review with a General Practitioner to determine risk level

Guidelines on physical activity and sedentary behaviour

The World Health Organisation (WHO) Guidelines on physical activity and sedentary behaviour provides evidenced-based public health recommendations on the amount of physical activity required to offer significant health benefits and mitigate health risks.¹¹ The WHO Guidelines provide specific advice for children, adolescents, adults, and older adults, as well as for subpopulations, such as people living with chronic conditions or disability.

Physical Activity

Physical activity reduces the onset of chronic health conditions, contributes to healthy ageing, and increases longevity. It can improve mental health symptoms, cognitive health, sleep, and weight management. Physical activity is especially important in preventing falls and falls related injuries and declines in bone health and functional ability.

All older adults are advised^{2,11} to undertake regular physical activity involving:

- each week at least 150–300 minutes of moderate-intensity aerobic physical activity; or 75–150 minutes of vigorous-intensity aerobic physical activity; or an equivalent combination of both for substantial health benefits
- increase aerobic physical activity to more than the above recommended amounts for additional health benefits
- muscle strengthening activities at moderate or greater intensity that involve all major muscle groups on 2 or more days a week as these provide additional health benefits

*Requires prior review with a General Practitioner to determine risk level



For older adults living with disability, a varied multicomponent physical activity that emphasizes functional balance and strength training at moderate or greater intensity on 3 or more days a week is recommended to enhance functional capacity and prevent falls.

Sedentary Behaviour

In older adults, higher amounts of sedentary behaviour are associated with higher risk of early death and onset of chronic health conditions.

Older adults are advised to:

- limit the amount of time spent being sedentary. Replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits
- aim to do more than the recommended levels of moderate- to vigorous-intensity physical activity to help reduce the detrimental effects of high levels of sedentary behaviour on health.

Social Participation and Connectedness

Maintaining social connectedness and relationships is central to the well-being, mental capacity, and functional capability of older people. A sense of belonging amongst informal networks with shared interests can provide motivation to engage in activities that build physical ability, while contributing to wellbeing and good mental health. Social relationships importantly both maintain autonomy and act as a safeguard via trust and practical, social, and emotional support. Strong social networks can enhance longevity, independence, quality of life, promote resilience, and protect against functional decline. When faced with declining capacity and functional ability it can become increasingly difficult to maintain social networks without good support.

Loneliness and social isolation are associated with decreases in health status and quality of life. The complex interaction between social isolation and poor health can have significant impacts on an older person's risk of functional limitations, increasing disability, and death. It is important to identify older people at risk of loneliness and social isolation early and ensure that interventions consider opportunities for social interaction and the ability to contribute socially. This may include identifying barriers to access, local social groups, opportunities for volunteering, and even return to the workforce where appropriate.¹²

Frailty

Frailty is a progressive condition that can be defined as an impairment of function of multiple systems that increases susceptibility to physical and psychological stressors. Frailty is a risk factor for injury, and its presence can be a predictor of poor recovery following injury and other health conditions. Frailty is associated with ageing, but not necessarily a consequence. Unlike ageing, steps can be taken that may prevent, slow, or reverse frailty.^{2,13}

Regular monitoring by a GP, completion of preventative screening, regular vaccinations for preventable diseases, and adherence to physical activity guidelines can help with prevention of frailty. Additional preventative measures include monitoring of mobility, cognition, and promoting adequate dietary intake with a focus on sufficient protein, vitamin, and mineral intake.¹⁴

Definitions

Social Determinants of Health

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems can include economic policies, development agendas, social norms, social policies, and political systems.¹

Older person

A participant of the Lifetime Care Scheme or worker of the Workers Care Program who is aged 65 years and over, or 55 years and over for First Nation participants and workers.

References

More Information

Further information and considerations can be found at:

- [icare Ageing with a TBI resource](#)
- [icare Ageing with a SCI resource](#)
- [First Nations older people](#)
- [Culturally and linguistically diverse older Australians](#)
- [LGBTIQ+ older people](#)

The following are the academic references and websites used to develop our ageing resources:

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14. Lang, P, Michel, P, Zekry, D. Frailty Syndrome: A Transitional State in a Dynamic Process. Gerontology. 2009. 55:539-549. doi: 10.1159/000211949

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