

Improving communications with Older Queenslanders

Summary of findings



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Queensland has an ageing population and the disability burden will continue to increase as the population ages, driving demand across health services.

The primary objective of this research was to establish a greater understanding of the ways in which Queensland Health can provide Older Queenslanders, and those that influence their decision making (e.g. families and carers), with information to support a positive ageing experience. This research defined Older Queenslanders as those aged 65 years or more and, as a point of reference, Queenslanders aged 45-64 years were also included in the research.

Health communications

- Among Older Queenslanders, GPs are the primary ‘go to’ for health information and advice with the relationship strengthening with advancing age.
- Online information is being used, one in four Older Queenslanders access health information this way. The Queensland Health website and the 13Health helpline are accessed less often (1% of Older Queenslanders respectively).
- Preferred communication channels include verbal, handwritten, electronic or demonstration. Ideally available in more than one format.
- Older Queenslanders’ appetite for communication around healthy ageing and the type of communications they are looking for is influenced by their health needs, they are not -proactively looking for preventative health messages.
- Older Queenslanders cited information on the services available in the community, how to maintain health, prevent illness and public hospital specialist wait times as communication opportunities for the health system.

Successful healthy ageing communications have to:

Be local, outside of the health system, where everyday interactions and activities occur.	Recommend safe, ideally free and easy to access services.
Be from a trusted source and culturally safe.	Communicate achievable actions and provide real benefits.
Be relevant and relatable to me.	Be in a language I understand.
Be fun.	Consider my assessment of my health.

Key insights



GPs are seen as the one source of truth. Communication strategies need to support GPs to ensure they have the capacity to effectively support the ageing Queensland population.

“I trust my GP, we have a good relationship. Our family have been seeing him for years”

Older Queenslanders, 65+ years



Health information is not something proactively sought out. Communication strategies and touchpoints need to stretch beyond the healthcare system and be pushed/delivered into existing social and cultural contexts.



Age is just a number. Communications need to consider the relativity of “being healthy” in the context of how Older Queenslanders actually feel, as they commonly perceive their health to be better than it actually is.



Social connection is integral to feeling ‘healthy’. Social connection needs to be promoted as an essential element that contributes to healthy ageing.



Value and respond to diversity. Healthy ageing information needs to be relatable and inclusive, valuing older people and diversity.

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Health knowledge

Older Queenslanders understand that a healthy lifestyle involves good nutrition, physical activity, mental stimulation and social connection.

They describe the benefits of leading a healthy lifestyle as staying in control of health conditions (increasing in importance with age), remaining independent, having freedom and choice, living longer, weight control and slowing the effects of ageing.

Health planning

Older Queenslanders, particularly those who consider themselves healthy, don't tend to proactively engage in preventative health measures until a trigger event occurs such as retirement, driving licence renewal, travel insurance premiums or a health at home assessment. There is a lack of awareness of health risks increasing with age and of preventative actions that can be taken such as strength based exercises, age-related health checks and vaccinations.

Health perceptions

Older Queenslanders often have a positive bias when assessing their own health and tend to assess whether they are healthy or not by comparison with their peers. Perception of their current physical health and mental health is generally very positive, more so than those aged 45-64 years. Their ability to lead a healthy lifestyle is also relative to individual circumstances and environments as much as knowledge and motivations. Financial, social, mobility and mental health factors can also have an impact on day-to-day lives.

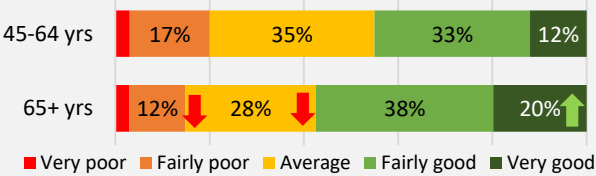
Opportunities

- Target health messaging at various ages and stages maximising prevention and early intervention topics.
- Provide credible, relevant and relatable health information packaged into connected bitesize pieces so people feel inspired but not overwhelmed.
- Step out of location based health services and into the lives of Queenslanders to educate, engage and motivate healthy ageing preventive and early intervention actions, target those aged 45 years or more.
- Acknowledging cultural and traditional health practices in a respectful and genuine way will also assist Queensland Health reach out and connect with Queensland's diverse ageing population.

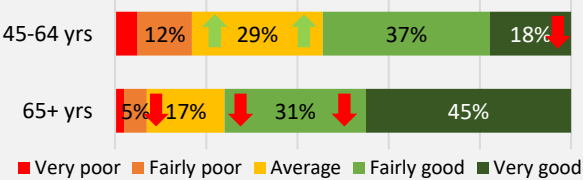
"It worries me that because I live on my own I am not talking to people day to day. I worry about the impact that has on keeping my mind healthy"

Older Queenslanders, 65+ years

Physical health perception



Mental health perception

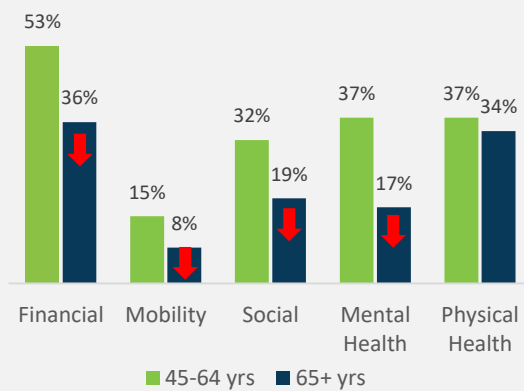


"As people get older they don't realise they are at increased risk of certain preventable illnesses especially if they're feeling fit and healthy"

Public Health & Prevention professional – In-depth interview

Day-to-day impacts

Factors 'Often' or 'Sometimes' impacting day-to-day life



QB.3 Thinking about your overall physical health, would you say that in general your physical health is... (65+ years n=473; 45-64 years n=478)

QB.4 Thinking about your overall mental health and wellbeing, would you say that in general your mental and emotional health is... (65+ years n=473; 45-64 years n=478)

QB.2 How often, if at all, do the following factors reduce your ability to carry out day-to-day activities? On a five point scale from strongly agree to strongly disagree. (65+ years n=473; 45-64 years n=478)

↓ ↑ Denotes statistically significant difference at 95% confidence level.

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Healthy behaviours

Those who consider themselves to be in better health are more likely to engage in healthy behaviours every day or most days.

However, even among those who rate their physical health and mental health highly, there are low levels of engagement in balance and strength exercises, social activities and physical activity/exercise (27%, 41%, 63% and 24%, 42%, 58% respectively).

There also appears to be gaps between what is perceived as healthy and what is recommended. For example, while 89% of Older Queenslanders reported eating a mix of nutritious foods every day or most days, according to *The health of Queenslanders 2018*, Report of the Chief Health Officer Queensland, less than 9% of adults aged 65 years or more eat the recommended daily serves of vegetables.

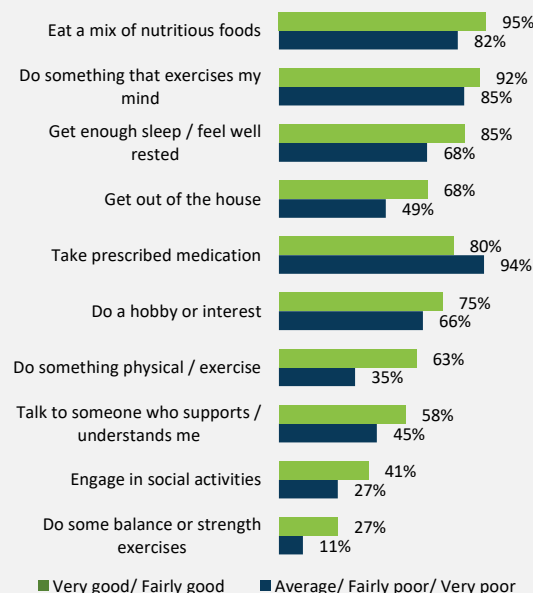
Enablers and barriers to adopting healthy behaviours:

	Enablers	Barriers
Diet	Willingness to engage in healthy eating, health literacy, financial resources	Low levels of meal planning and participation in cooking, social gatherings, information overload
Exercise	Access to opportunities, health literacy, financial resources	Chronic conditions such as arthritis, concerns for personal safety (i.e. safety of neighbourhood), climate (i.e. too hot) , access, knowledge of local low or no cost options
Socialising	Support, connectedness (to friends, family), stimulation (social opportunities /with interest groups), cultural norms, community	Isolation, loneliness, hearing loss, physical disability, incontinence
Prevention	Proactive medical practitioners encouraging regular check ups	Access to services, knowledge about services, lack of financial resources
Balance	Retirement, more time	Commitments (long working hours or family), lack of resources (time/money)
Family	Support, connectedness, cultural connections	Geographical distance, dependents
Mental Health	Mental stimulation, contribution/sense of purpose, cognitive capacity	Isolation, substance use

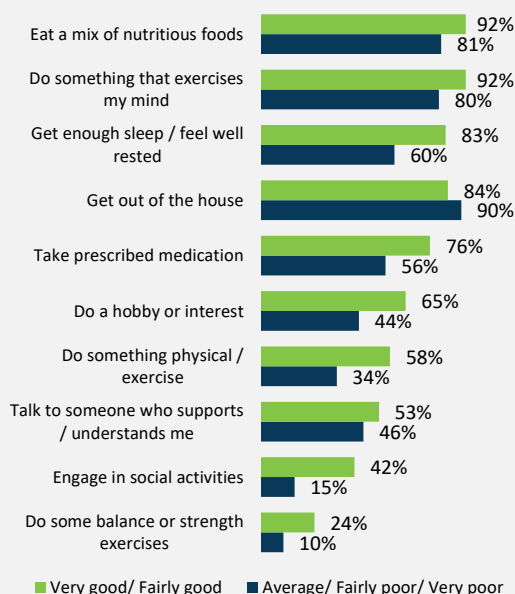
Items in **bold text** are more prominent amongst those aged 65+ years.

Source: Qualitative in depth interviews and focus groups

Health behaviours undertaken every day or most days split by Physical Health Perception



Healthy behaviours undertaken everyday or most days by Mental Health Perception



Base: QB.1 How often, if at all, do you do each of the following? On a six point scale – everyday, most days, once or twice per week, once or twice per month, less than once a month, never. (65+ years n=473)

QB.3 Thinking about your overall physical health, would you say that in general your physical health is... (65+ years, very good or fairly good n=271; average, poor or very poor n=202)

QB.4 Thinking about your overall mental health and wellbeing, would you say that in general your mental and emotional health is... (65+ years, very good or fairly good n=364; average, poor or very poor n=109)

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Influencers

- GPs and consulting specialists together have the most influence on Older Queenslanders.
- The majority of Older Queenslanders believe they are influenced by or have an influence on their family and friends regarding health and wellbeing choices. However, qualitative findings suggest this resource is often only activated if the person has direct responsibility for someone's care (i.e. are their carer, legal guardian or next of kin).

Opportunities

- Unlock the potential for individuals to influence the health and wellbeing choices of Older Queenslanders by first connecting people to the idea that they don't need to be a carer to be an influencer. It can be as simple as being a supportive listener, assisting with appointments and discussing health, diet and exercise
- Once engaged, for influencers to be effective they need access to reliable, accurate and easy to follow health and wellbeing information. This could include information about preventative health care, health services, community resources, residential care, financial and legal information. Centralised online access in addition to a physical one stop shop would be beneficial.

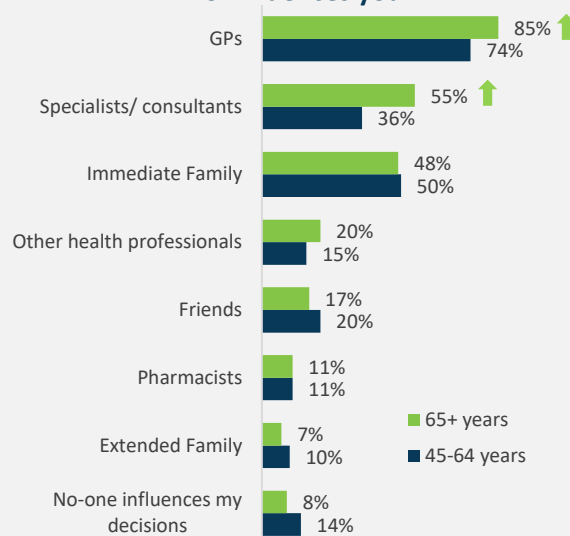
Knowledge and perceptions of the health system

- Older Queenslanders tend to consider GP's to be trusted advisors and as such they are not actively empowering themselves by looking beyond their GP for information related to healthy behaviours or the health system.
- GPs are trusted by most to facilitate access to the health system. GPs and Queensland Health clinicians report difficulty in staying abreast of community health and social services that might support Older Queenslanders.
- Public hospitals, including emergency services are perceived as 'stretched' and some Older Queenslanders feel guilty for using them.

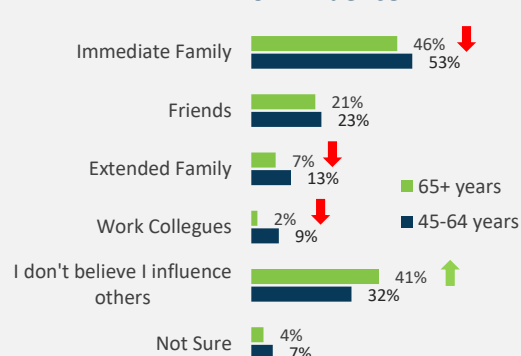
Opportunities

- GPs and Queensland Health clinicians need ongoing support from Queensland Health to continue to act as a central point of reference for health information and service referral for Older Queenslanders.
- Health services, in particular hospital services, could be more effective at communicating expected wait times and prioritisation systems for appointments and treatments.

Who influences you



Who I Influence



GPs as trusted advisors

Older Queenslanders respondents who 'agree' or 'strongly agree' with each statement

96%	I feel comfortable asking questions about the information and advice given to me by my GP
93%	I feel as involved as I want to be regarding decisions about my healthcare
90%	I feel my GP gives me as much information as I want about health issues
92%	I feel my GP listens to me
96%	I feel able to ask my GP questions that are important to me

QE.1. Who influences your decisions regarding your health and wellbeing choices? Please select all that apply (n=951)

QE.2. Do you influence any of the following people in relation to their health and wellbeing choices? Please select all that apply (n=951)

QD.2. Below is a list of statements about your treatment and care with your GP. To what extent, if at all, do you agree or disagree with the following statements (on the five point scale)? (65+ years only; n=349)

↑ ↓ Denotes statistically significant difference at 95% confidence level.

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Responding to Aboriginal and Torres Strait Islander Peoples’ needs

- The views of the Mujunjali Elders who participated in this research were that their people have a clear picture of what it means to live a healthy and an unhealthy lifestyle, but there are many barriers that currently prevent them from achieving a healthy lifestyle. These barriers are of a different magnitude to those experienced by non-Indigenous Queenslanders in this research.
- Many of the barriers are associated with broader social issues and a lack of trust in the health system.

Opportunities

There are opportunities to convey health messaging with cultural and community relevance by building a genuine understanding of each community, building partnerships and upskilling local people

To communicate with cultural integrity with Aboriginal communities it is vital to appreciate the principles of knowing, being and doing.



Knowing

If you don’t know me, how can you help me?

Knowing and understanding history, culture, customs and beliefs.



Being

If I can’t be me, then how can I be healthy?

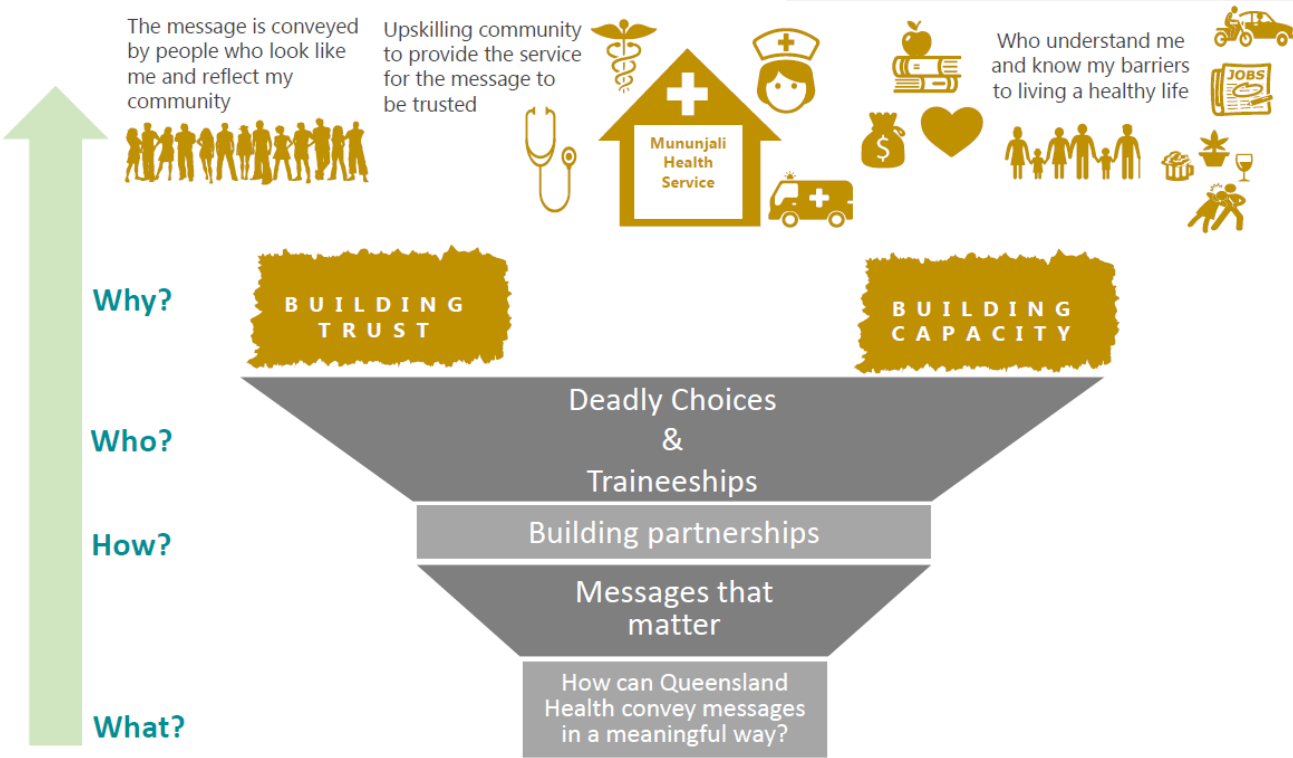
Awareness, authenticity and openness to examining own values and beliefs



Doing

Just support me to be who I am, and I will be healthy.

Culturally appropriate action and behaviour.



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Responding to cultural and linguistic diversity

Queenslanders aged 45 years or more from culturally and linguistically diverse (CALD) communities demonstrated a greater need than those from a non-CALD background to stay closely connected to family, friends, social networks, cultural practices and traditions to stay healthy as they age.

Having access to, and understanding information and advice, from health professionals can be more problematic for those who move to Australia either recently or later in life.

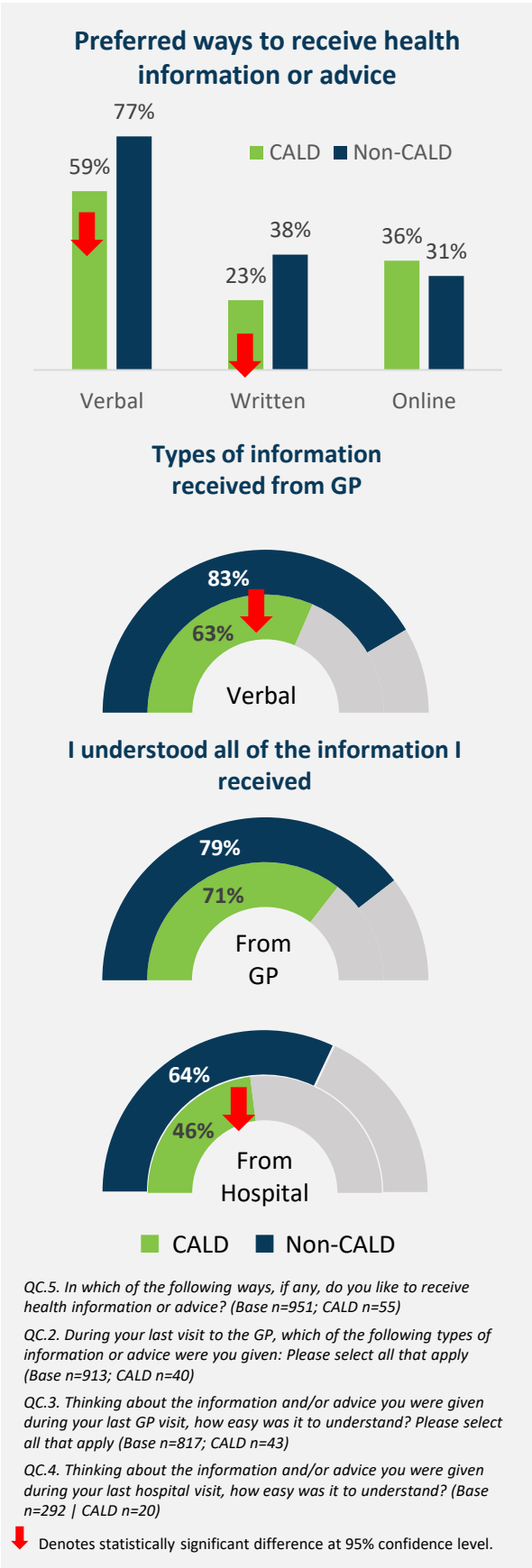
CALD respondents had lower rates of preference for verbal and written methods as a way to receive health information or advice than those from a non-CALD background.

Barriers

- The gender of health professionals can influence what people are willing to discuss and the health screens they are willing to receive.
- Language and cultural differences can cause social isolation to be magnified for Older Queenslanders.

Improve communication by...

Multi-channel delivery of health messages, prioritising online and social media.	Using health workers with language and cultural connection will build trust and understanding.
Delivering health messaging through existing community contexts.	Relatable imagery, understandable language, translated or translatable resources.



Improving communications with Older Queenslanders

Research Methodology

Background

Queensland's population is ageing, placing increased stress on our economy, our society and our healthcare system.

Objectives

The research had five primary objectives:

- Understand Older Queenslanders' knowledge and perceptions of the health system.
- Identify awareness and concerns regarding ageing.
- Understand knowledge and perceptions of "leading a healthy lifestyle".
- Explore communication opportunities with Older Queenslanders in relation to ageing, "leading a healthy lifestyle" and services available.
- Understand more about Older Queenslanders' influencers and/or joint decision makers.

Scope

The focus of this research was Older Queenslanders aged 65 years or more. Queenslanders aged 45 to 64 were also sampled to obtain perception of key influences and to identify relevant generational differences.

Methodology

Phase 1 Secondary research: Available research reviewed to provide context.

Phase 2 Stakeholder interviews: 15 individuals representing public health, primary health, gerontology medicine and health services strategy, planning and program delivery were consulted.

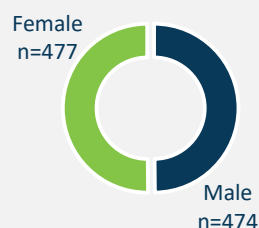
Phase 3 Quantitative online survey: 951 research participants representing Queenslanders aged 45 plus across Metropolitan, Regional and Rural Queensland, took part in a 20-minute survey.

Phase 4 Qualitative in-depth interviews and focus groups:

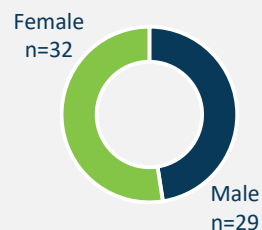
61 participants across Brisbane, Mackay and Beaudesert participated of which 12 people were consulted via 120-minute face to face in-depth interviews, and 46 people participated in 90-minute focus groups. 11 people identified as being Mununjali (Aboriginal Community Elders from the Beaudesert region of South East Queensland), eight people were from a culturally and linguistically diverse background.

Quantitative

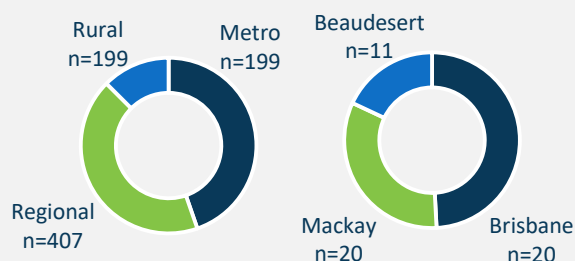
Gender



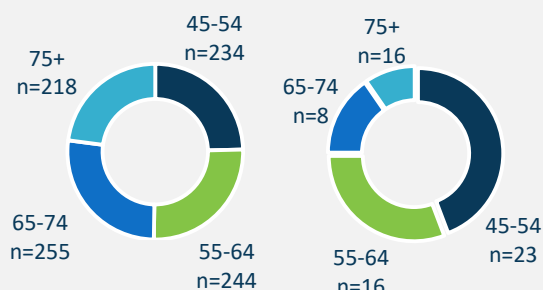
Qualitative



Reside



Age



To find out more...

Please contact the Department of Health's Strategy and Insights Team here:
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