

A Framework to Support Ageing Well in the Torres Strait and Northern Peninsula Area



The Healthy Ageing Research Team

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Acknowledgements

We pay our respects to the Aboriginal and Torres Strait Islander peoples of this land, their spirits and their legacy.

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of this country and recognise their connection to land, wind, water and community.

We acknowledge those of the past, the ancestors whose strength has nurtured this land and its people, and who have passed on their wisdom. We acknowledge those of the present for their leadership and ongoing effort to protect and promote Aboriginal and Torres Strait Islander peoples and cultures. We acknowledge those of the future, the Elders not yet born, who will inherit the legacy of these efforts.

Ageing Well Logo – Jimi K Thaiday, Erub Island



Depicted in the design are motifs representing healthy ageing. The coconut trees in the design represents the islands of the Torres Strait. The twelve turtles swimming clockwise, represents the twelve months of the year. The clockwise motion signifies the time moving forward, Ageing. The flower signifies celebrations and happiness, with the light behind the trees representing the dawning of a new day, being happy with a new light (perspective) on life and ageing. The water represents the islanders being surrounded by the sea, knowing that the sea can be sometimes rough and also smooth, just like life. Lastly the designs and the intricate pattern in the background depicts the Culture and Traditions we have as Torres Strait Islanders.

Jimi K Thaiday.

The Healthy Ageing Research Team



The Healthy Ageing Research Team (HART) are a team of clinician researchers based at James Cook University in Cairns and on Thursday Island. They have been delivering aged care services and working in research partnerships in the Torres Strait and NPA for over two decades.

Between 2015 and 2018, HART conducted a large-scale dementia prevalence study across all 18 island communities and five mainland communities in the NPA, with a focus on risk factors for dementia. The findings from that study showed that the prevalence of dementia was 14.2%, which was almost 3 times higher than that in the wider Australian population, along with high rates of falls risk, pain, impaired hearing and vision, polypharmacy, poor mobility and incontinence. High rates of chronic disease such as chronic kidney disease, cerebrovascular disease and diabetes were also reported^{1,2}. When discussing the findings with communities, community members identified the need to develop a framework that took a strengths-based approach to supporting older people in the community to age well. This request resulted in HART securing grant funding to develop the Ageing Well Framework.

FOREWORD



We would like to thank all the people that came along to the yarning circles to share their stories and wisdom with us about ageing well, without whom this study could not have been completed.

We would like to thank the staff at Warraber PHCC, Ngurupai PHCC, Wug (St. Pauls) PHCC, Bamaga PHCC and the PARAC team for their contributions to the framework.

We would also like to thank members of the Knowledge Circle who shared their expertise, knowledge and provided guidance on this study.

As health workers, we recognise the importance of addressing challenges to healthy ageing in the region. It has always been a priority for us that the research we are doing has meaningful outcomes for our communities and our older people. We hope that the framework empowers individuals, communities and health services to support people to age well now and into the future. We are grateful to be part of this team as we work hand in hand in delivering the best care for our ageing families and communities.

Eso

Betty Sagigi and Chenoa Wapau

Executive Summary

As with all ageing populations, Aboriginal and Torres Strait Islander Peoples seek to age well by remaining active, healthy, and independent for as long as possible³. Around the world people – including Aboriginal and Torres Strait Islander Peoples – are living longer⁴, however increased longevity does not always equate to prolonged good health⁵. The Health Ageing Research Team (HART) has been working with Torres Strait and Northern Peninsula Area (NPA) communities to develop strategies that can foster healthy ageing. This can then enable people to maintain their cultural, physical, cognitive, and social, functional ability into older age, allowing them to remain living at home and within their communities.

The Ageing Well Framework was developed through yarning with four Torres Strait Island communities and two NPA communities and working in partnership with five Primary Health Care Centres, to produce strategies and recommendations that support people and communities to age well.

The Ageing Well Framework sets out recommendations and strategies at three levels:

1. Community
2. Primary Health Care
3. Individual



Purpose and Scope

The purpose of the Ageing Well Framework is to provide evidence-based, community-supported strategies, principles and resources that can support Torres Strait Island and NPA communities to age well.

Within the framework, we emphasise the need for a whole of community response, that brings together health services, Councils, non-government organisations, aged care providers, academia and the private sector to enable older adults to flourish, remain connected, and live a life that is meaningful to them.

The Ageing Well Framework identifies strategies, and recommendations that aim to provide shared directions and resource for partners, leaders, and stakeholders in the region.

Resources for topics discussed, are accessible in the Appendix, and where available are highlighted in the document as:



LINKS to appropriate resources can be accessed in the Appendix

The Development of the Framework

In 2020, the Healthy Ageing Research Team (HART), received funding from the National Health and Medical Research Council for a five-year study to develop a framework for ageing well in the Torres Strait and NPA.

Between November 2021 - May 2023, HART facilitated nine yarning circles with 45 community members from Ngurupai Island, Kirriri Island, St Paul's (Wug) community on Moa Island, Warraber Island, Bamaga and New Mapoon, to explore what ageing well meant to them. The eight attributes that facilitated ageing well were:

- Living a Torres Strait Islander way of life: This included maintaining strong connections to Island home, family, friends and the community.

- Practicing Torres Strait Islander identity: This included maintaining culture, traditions and living a traditional lifestyle.
- Living a healthy lifestyle: This included a holistic approach of physical, mental, and spiritual wellbeing.
- Displaying strong leadership and good role models: This included demonstrating values, respect and leading by example.
- Passing on knowledge, tradition and cultural practices: This included being taught from the Elders about how to live well.
- Overcoming adversity: This included dealing with the impacts of colonisation, modern day living, inequitable access to health and aged care services, and the social determinants of health.
- Demonstrating strong sustained life: This included a having a positive attitude, resilience, doing the things that make you happy and have meaning, and keeping occupied.

All these attributes are embedded within the Cultural Determinants of Health

The findings from these yarns have been summarised in the following four formats:

- *Growing old good way in the Torres Strait*. A booklet
- *Growing old good way in the Torres Strait*. A YouTube animation
- “*Following in Elders’ footsteps: Yarning about ageing well in the Torres Strait*”- A published paper
- *Ageing well is following in the footsteps that went before us* – Thesis Chapter



LINKS to these resources are in the Appendix

HART then worked with Primary Health Care Centres (PHCCs) staff on St. Paul's, Warraber, Horn and Bamaga, and with the Post-Acute Rehabilitation and Aged Care (PARAC) team on TI, using Continuous Quality Improvement (CQI) initiatives to understand how the health centres could support their communities to age well. This work was conducted between August 2022 to March 2025.

The findings from the yarning circles, clinical audits and CQI initiatives with the PHCCs formed the basis of this Ageing Well Framework.

Within the Framework are 'Exemplars' of activities already happening within the communities reflecting the strategies that support ageing well.

The Ageing Well Framework

Guiding principles

Five principles underpinned this work and guided the development of the ageing well strategies. The principles came from the findings of the yarning circles, and the results of the clinical audits and CQI activities within the PHCCs.

These are:

Valuing and respecting older adults

- Acknowledging older adults are valued and revered in their communities.
- Acknowledging many older adults are ageing well and highlighting and celebrating those achievements including the significant contribution older adults make to society.
- Honouring the wisdom and experience of older adults.
- Recognising that trust and respect are central.
- Acknowledging the impacts that culture, and history, including the continued impacts of colonisation, racism, discrimination, and socioeconomic disadvantage, have on ageing.

Life course approach

- Recognising that a life-course approach is crucial to effectively addressing ageing and promoting long term health outcomes.
- Prioritising early interventions – such as healthy lifestyle choices –that can greatly enhance individuals' ability to age well.
- Ensuring people are connected to the support they need across the life course.

Equity of access and equitable outcomes

- Ensuring equity of access to quality care in all regions of the Torres Strait and NPA.
- This includes equity of access across the region as well as equity for the region compared to the rest of Australia.
- Ensuring health service delivery is place based, flexible and contextually relevant.
- Ensuring health services are accessible, affordable, available when needed and provided in an acceptable way.
- Ensuring that the care provided is high quality, culturally safe, consistent and provides the continuity of care.

Supporting self-determination

- Centring people in decision-making and involving them in their own care.
- Respecting the choices made by individuals, families or communities.
- Recognising the needs, preferences and capabilities of all.
- Incorporating Indigenous culture, beliefs, and ways of doing to co-exist equally with Western biomedical perspectives and approaches.
- Understanding the holistic way of being that incorporates social, emotional, spiritual and physical health and wellbeing
- Knowing that health care should be provided simultaneously with traditional, holistic, trauma-specific, and strengths-based healing approaches and worldviews.

Co-designing services

- Recognising that a strengths-based approach emphasising resilience, empowerment and active engagement is required in the development of programs.
- Recognising that community participation in solution design is crucial.
- Acknowledging decolonising approaches to facilitate ageing well are needed.
- Knowing that older adults' voices are imperative in providing understanding of their experiences.
- Understanding that models of care need to be holistic and integrated.
- New services need to complement rather than duplicate existing services.

Strategies for community action



AIMS:

- For people of all ages to access programs and services across the life course that promote cultural, physical, mental, and social health and wellbeing, and facilitate the ability to age well.
- Older adults are actively engaged in their communities, fostering a sense of purpose through social, cultural and intergenerational connections, while promoting age-friendly environments that encourage ageing well.
- Older individuals are able to age in place, with access to necessary supports, such appropriate housing and social supports, as well as comprehensive health and aged care services.
- Families and carers receive the support, information and training they need to assist older adults in remaining functionally independent at home, while also being supported in maintaining their own health and wellbeing.

STRATEGIES:

Creating age-friendly environments

Age-friendly environments are designed to enhance the quality of life for people of all ages, particularly older adults, supporting the needs and aspirations to age well in a place that is right for them. These environments eliminate physical and social barriers, and incorporate policies, systems, services, products, and technologies that:

- Promote health and maintain physical and mental capacity throughout the life course; and
- Enable individuals, even when facing reduced ability, to continue engaging in activities they value⁶.

Such environments foster ageing well, supporting wellbeing throughout life. They allow people to remain independent for as long as possible, while also providing care and support when needed, ensuring that older adults' autonomy and dignity are respected⁷.

Housing

- *Accessible:* Affordable and timely home modifications can facilitate older adults to remain living at home.
- *Cluster 'Village' model:* Specifically designed houses co-located close to community services can facilitate efficient delivery, or on-site provision, of home care supports, allied health services and overnight assistance.

Transport

- *Buses:* Free or subsidised bus services can facilitate older adults accessing shops, family and other social activities.
- *Ferry:* Free or subsidised evening ferry services can facilitate sporting and cultural events between island communities, which promotes physical activity and social engagement for residents all ages.

Public spaces

- *Outdoor activity:* Outdoor exercise equipment provides opportunity for free access to engage in physical activity.
- *Age-friendly outdoor spaces:* Accessible, well-maintained footpaths; rest benches / seats; shade; public toilets; ramp access to buildings can all improve mobility, independence and quality of life of older people as they go about their daily lives beyond the comfort of their homes.
- *Recreational spaces:* Free or subsidised, well-maintained recreational spaces, with activity coordinators/gym instructors and structured exercise classes can promote physical activity in all ages.
- *Safe spaces:* Environments free of roaming animals makes it safer to exercise outdoors.

Economic and financial support

- *Employment opportunities:* Communities that offer opportunities for older adults to continue working, volunteering, or sharing their skills through paid positions can improve financial security and provide a sense of purpose.
- *Financial assistance:* Assistance with access to eligible pensions, subsidies, entitlements, payments and allowances that address the specific economic needs of older adults can reduce financial stress and ensure access to necessary resources.

Strengthening capacity of a local workforce

- To ensure culturally-safe and sustainable services, workforce models that attract, recruit, develop and support local residents – “Grow Your Own⁸” - models are required.
- Initiatives to encourage a new generation of workers that are interested in health and aged care includes, schools facilitating student work experience with aged care providers and local TAFE providing aged care and health worker courses locally.

- Ongoing professional development opportunities for existing health and aged care workforce including placement opportunities for medical, allied health and nursing students to build a workforce who want to live and work in remote areas.
- Recognising the importance of partnerships between health services, community organisations, and community members in both increasing health providers knowledge of community needs and the community organisations knowledge on how to support ageing well. This could include sharing or resources and data to support ageing well more holistically.

Providing community programs

- Community run programs are an opportunity to provide education, early interventions that support physical, mental, social wellbeing, and promote cultural and intergenerational connectedness.
- Locally designed and run programs understand the local health needs and can tailor programs effectively, incorporating holistic and integrated care principles.
- Facilitators for these programs would include locally employed staff, free or subsidised community spaces, training for program co-coordinators, and transport.

Exemplar:

The Wug community garden group

This group was created to promote a return to growing and eating local garden food. It also facilitates leadership, with younger men volunteering their time to help older residents. Supported by TSIRC, volunteers work with older residents to manage their gardens. The council provides fertilisers and tools required.

Many of the recommended programs incorporate several of the following components:

Physical activity

Engaging in physical activity or exercise, across the life course, is an important component of ageing well.

- Being physically active can help reduce chronic diseases, falls, pain, osteoporosis, and memory problems including dementia.
- See *above* for strategies to engage in physical activity in public spaces.
- Physical activity programs can include a wide range of activities including strengthening, cardio, balance, and flexibility. Finding an activity that is enjoyable is most important.
- Possibilities for programs in the region include walking clubs, running clubs, aerobic classes, water-aerobic classes, gym classes, yoga, tai chi, Pilates, competitive and non-competitive sports, and Island dancing.

Exemplar:

Torres Strait Healthy Lifestyle Program

This program was set up on one local outer island to encourage residents to take up physical activity as part of a healthy lifestyle program.

Nutrition and diet

Maintaining a healthy, balanced diet is an important component of ageing well.

- A healthy balanced diet of nutrient-rich foods such as fruit and vegetables, whole grains, lean proteins and healthy fats can help reduce chronic diseases, help maintain physical and cognitive functioning and promote healthy ageing.

- Possibilities for programs in the region include cooking classes, nutrition education sessions, and recipe cards that give ideas for using traditional foods in a healthy way.
- Strategies need to consider issues around food security, freight costs and locally produced food.
- Promoting community gardens and other ways of producing foods locally can help address food security and nutrition issues. This requires infrastructure support such as council rubbish pick-up service of green waste to encourage people to work in their gardens

Exemplar:

Community gardens and locally produced food

CEQ has been working closely with a number of key stakeholder groups in seeking to establish commercial size crop growing, which would create jobs, bring down the cost of fresh produce for locals and improve shelf life owing to reduced transit times.

Social connectedness

Social isolation in older adults can significantly impact both physical and mental health.

- Those who maintain strong social connections and relationships tend to experience a better quality of life, greater satisfaction as they age, a slower progression of dementia and cognitive decline, reduced need for home support, and increased independence.
- Social isolation is a risk factor for dementia⁹. Staying socially connected can lower the risk of early death by as much as 50%¹⁰.

- Recreational programs such as island dancing, music groups, singing groups, bible-groups, yarning groups, bingo, and community-access groups can foster social connectedness.
- Models elsewhere have shown the benefit of employing a local coordinator to connect people with programs and recreational activities.
- Having health professionals connect patients to community-based activities and services can improve health and wellbeing, address social determinants of health and promote social inclusion. This is termed social prescribing¹¹.

Cultural engagement

The cultural determinants of health such as connection to culture and community are protective factors for ageing well³. Communities highlighted that:

- Communities that actively preserve and promote Indigenous languages, traditions, ceremonies, and customs allow older adults to maintain a strong cultural identity and a sense of belonging, which is essential for mental and emotional wellbeing.
- Communities that uphold the traditional value of respecting elders empower older adults by recognising their wisdom, experience, and role in passing down knowledge. This fosters dignity and a sense of purpose.
- Programs suggested by community groups include: Men's groups involving traditional activities such as making harpoons and spears; Women's groups that include craft classes, cooking classes, sewing and weaving classes; and educational classes on weather, tides, seasonal gardening, teaching of history and traditional languages classes.
- Linking with Indigenous Knowledge Centres is a good way of facilitating access and serves as a repository of cultural resources.

Exemplar:

St. Pauls Father-Son reconnections group

This group was designed to reconnect relationships between father and son ensuring traditional cultural practices are passed on between the generations. This provides opportunities for older community members to share knowledge and traditional protocols with the younger generation. The program supports the development of leadership roles within the community, strengthening community cohesion.

Intergenerational activities

Intergenerational programs that bring older and younger generations together facilitate ageing well.

- They not only support social connectedness, cultural continuity and foster interactions between generations, but they can also improve mental wellbeing, physical activity levels and also provide older adults with a sense of purpose and value.
- Communities where older adults are actively involved in teaching younger generations about traditional knowledge, customs, and languages foster an environment of mutual respect and knowledge sharing. Intergenerational activities are rewarding and enriching for people of all ages.
- Older adults can share their knowledge, traditions, and experiences, while younger generations assist elders with new technologies and modern practices.
- Possibilities for programs in the region include aged care clients and child day care centres / play groups having shared spaces and activities, mentoring programs, reading programs in schools, shared school library spaces, community volunteering programs.

- Other ideas for programs include parental classes, financial management classes, mental health support programs, the family Wellbeing Program¹².

Exemplar

Mura Kosker Social programs

Mura Kosker provides opportunities for older residents to connect, yarn, and participate in activities such as beading. Programs also provide activities for younger children and parents thereby fostering connections between generations whilst keeping people connected to family, friends and community.

Delivering community responsive aged care services

The Commonwealth Government funds aged care services in different ways including

- Flexible Aged Care Program, which provides culturally appropriate care for older Aboriginal and Torres Strait Islander people. It allows people to be cared for close to home and community, with a flexible mix of residential care; day care; respite care; and community-based aged care. It facilitates financially viable cost-effective and co-ordinated services outside of the existing mainstream programs.
- The Community Home Support Program (CHSP) formerly known as HACC
- Home Care Packages (HCP)
- Multi-purpose Health Services

Respite

All of the above services support older adults to remain living at home. Community feedback emphasised the need for additional respite in the form of more day respite, overnight respite, and cottage style respite. The innovative use of funding from these services has helped to improve equity of access to respite in other

locations. Examples such as flexible aged care in Mount Isa—Injilinj Aboriginal and Torres Strait Islander Corporation—could be adapted for local implementation.

Exemplar:

Injilinj Aged Care provides Aboriginal and Torres Strait Islander Peoples with high and low care residential services, and community care Aged Care support services.

The Aged Care program commenced in 1998 when Injilinj was contracted by Commonwealth Health to provide a flexible delivery service for frail and aged Indigenous people in Mount Isa. Two components were identified—Community Aged Care Packages and a Residential Aged Care facility. These services are combined to deliver residential care, residential respite and community home care.

Meals

Provision of Meals on Wheels for older adults beyond those residing on Thursday Island is problematic. Alternative ways of supplying meals through school canteens/tuck shops, community volunteer programs, and flexible aged care funding is warranted.

Providing carer support

Informal carers provide the majority of care to older Australians and this unpaid personal care, support and assistance from family or friends is crucial in assisting older people to remain living at home¹³.

- Support for carers is required to enable them to provide that assistance, whilst maintaining their own health and wellbeing.
- Building carer's capacity to care safely and sustainability at home is vital. Initiatives for supporting carers includes carers support via a carer's

network/support group, carer training and education, access to respite services, and provision of carer resources.

- Ensuring adequate home care support and respite options are available delays or prevents the older person going into residential care.



Tailor-made carer support guidelines and resources for carers in the Torres Strait and NPA are in the Appendix

Delivering community education

Having an understanding health conditions, specifically around chronic disease and dementia, is vital for communities, services, and individuals to address the risk factors and protective factors of those diseases.

- Community-based health literacy programs and a range of resources are required, including use of creative communication media to promote healthy lifestyle behaviours and messages.

Exemplar:

CEQ Healthy Ways campaign

The Healthy Ways Campaign celebrates First Nations traditional health practices, focusing on whole foods, water, family, and cultural connection to promote wellbeing in remote communities.

- Use of Digital Notice Boards in IBIS stores to promote health service events and reminders for the community.
- Information is also required in a range of formats, on initiatives, services, clubs and programs that are available in the region.

- Information hubs within communities have been shown to be successful in providing information to the public around service availability and access.

Exemplar:

The Elder Care Support Program (ECS)

The Apunipima Elder Care Training Support Program are partnering with NPAFACS, Gidgee Healing Mt Isa, PICC Palm Island, Mulungu in Mareeba and Apunipima in Cape York to deliver training to the Elder Care Support program in the northern region.

This program aims to increase workforce capability and capacity in community-controlled aged care support and empower the community-controlled sector to coordinate place-based care needs. The ECS Program achieves these objectives through assisting Elders and older Aboriginal and Torres Strait Islander people and their families to access and navigate aged care services, and by engaging community stakeholders to build workforce capacity within community-controlled settings (including assisting ACCHOs and ACCOs to coordinate care and ensure culturally safe support).



A link to a locally produced podcast to promote ageing well and dementia risk reduction information is in the Appendix

Strategies for primary healthcare action



AIMS:

- That people of all ages can access health care that is integrated and comprehensive. This includes prevention, treatment and rehabilitation delivered across all settings that supports ageing well across the life course and aligns with cultural values.
- To ensure that older adults are an active partner in their own care. That the care they receive is effective, patient-centred, evidence-based, best practice health care provided within culturally appropriate and holistic conceptual frameworks of social and emotional wellbeing.
- That older adults and their families are supported to navigate health and related care systems. That they are supported to be able to actively manage their health, access information and make informed health decisions.

Ageing well is best supported by living well¹⁴ and integrated comprehensive Primary Health Care (PHC) is pivotal in the provision of care that supports individuals to live well.

There are different ways of providing health care services in the Torres Strait and NPA.

These are:

- State-run Hospital and Health Service, e.g. Torres and Cape Hospital and Health Service.
- Aboriginal Community Controlled Health Organisations, e.g. Torres Health and Northern Peninsula Area Family and Community Services (NPAFACS).

The following section provides fundamental strategies on how individuals can be supported to live and age well by these primary health care services.

STRATEGIES:

Prioritising health promotion and chronic disease prevention

- An investment in health promotion and disease prevention, through measures that promote healthy lifestyles and strengths-based initiatives, can significantly improve health and wellbeing, and reduce the burden of disease.
- Initiatives and programs need to take a life-course approach to ageing well.
- Promotion and prevention advice for healthy ageing can be incorporated into all aspects of routine clinical care, from antenatal care through childhood, midlife and into older age.
- Community education is one way to address chronic disease prevention. Suggested strategies for education include PHC-wide monthly-themed focus areas such as 'Get moving month' or 'Dementia awareness month' whereby there is a whole-of-organisation drive to incorporate related health information of that topic into routine clinical care.

- Increasing rates of completed AHCs that encompass a greater focus on cardiovascular risk assessment, with targeted assessment of diet and physical activity, are an opportunity to focus on preventive health and early detection.
- Validated culturally appropriate screening tools for diet and physical activity can be linked to health service software programs or utilised for screening across primary healthcare settings.

Exemplar:

Integrated Team Care provided by NPAFACS & Torres Health

The Integrated Team Care (ITC) program aims to contribute to improving health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care.

The ITC program supports people with complex chronic diseases through providing supplementary services funding to pay for medical and allied health services, transport services, medical aides and through one-to-one assistance by care coordinators and outreach workers.



LINKS to diet and physical activity tools designed for the Torres Strait and NPA are in the Appendix

Providing patient and family-centred care

Active involvement in health checks and management plans

- Adults of all ages should be empowered to have meaningful discussions and be involved in decision-making with family and health professionals about their needs and preferences. This requires understanding the health information being delivered.
- Having an Indigenous Health Worker (IHW) involved in clinical encounters with doctors and other clinical staff as part of the health check and management plans, can assist in providing a clear understanding of information being delivered. It also provides an opportunity for further discussions between the IHW and client, if required, after the clinical encounter. This can help resolve any misunderstandings and reiterate any management plans in a more informal and appropriate way.
- Health workers to actively contribute to completing sections of health checks
- Sufficient time required to conduct quality adult health checks (AHCs) that provide evidence-based health information, are holistic and incorporate social and emotional wellbeing, identify patients' goals and priorities, and are linked to a management plan that is specific and relevant to the patient.

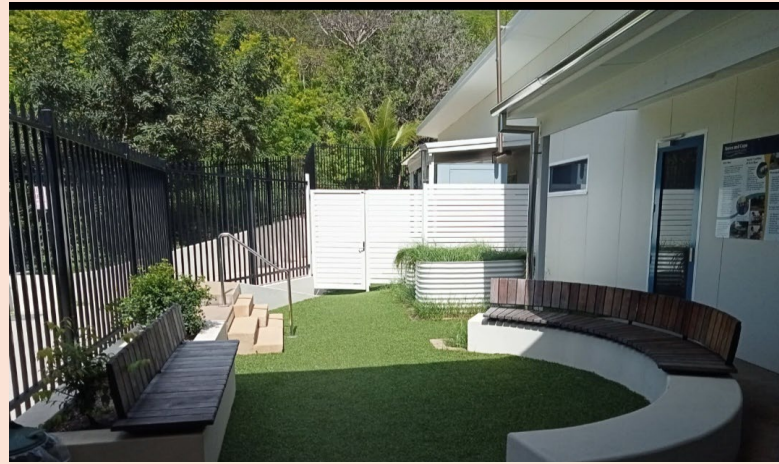
Care in the right place

- Conducting screening and assessments and delivering care should be a positive experience that is culturally safe and without barriers to access.
- For older adults, particularly where mobility and transport may pose challenges, providing IHWs with portable devices such as tablets, can facilitate screening and assessment in the home or outdoor settings, often a preferred place to the clinic setting.

- Incorporating yarning spaces into PHC centres is also a way of providing culturally safe spaces for sharing and discussing health concerns, in a respectful way that can build trust and engagement.

Exemplar:

Outdoor yarning space at Mer PHCC



Providing holistic care

Comprehensive assessments

Holistic models of care include greater emphasis on the social and cultural determinants of health. This includes the following:

- assessment of social, emotional, mental, cultural and physical domains that are responsive to the needs and priorities of the individual.
- reorienting care away from the dominant ‘disease approach’ and focusing on a strengths-based approach that encompasses the wider wellbeing of individuals, families, and communities.
- A comprehensive assessment of an older person includes a review of
 - physical health and medical conditions
 - medications
 - cognition and memory function
 - functional capacity (e.g. ability to complete daily tasks and self-care)
 - mobility, falls risk, and foot care

- frailty
- nutrition and dental care
- vision and hearing
- pain
- continence
- mood
- social engagement and quality of life
- environment and supports available (formal and informal)

AHCs provide an opportunity for quality screening using validated tools. Specific screening for risk factors for chronic disease, dementia and frailty is warranted.



LINKS to a culturally validated SEWB tool- “Any Worries Yarn” and a validated Quality of Life tool – “Good Spirit, Good Life” are in the Appendix

Dental care

Oral health is a key indicator of overall health in older age. Opportunities exist to explore dental care outside of the Torres and Cape Hospital and Health Service through collaborations with the Australian Defence Force’s dental services and through James Cook University (JCU) via student-led model of care or student placements.

Culturally competent care

To provide culturally acceptable care, healthcare services need to:

- be culturally safe, meaning they are respectful of Indigenous cultures, values, traditions and beliefs, and ensure that services are delivered in a way that is culturally appropriate
- be aware of the impact of colonisation and historical trauma, and provide trauma-informed care
- support holistic and traditional ways of living including healing practices, medicines, languages and foods

- have an adequate Aboriginal and Torres Strait Islander workforce to deliver quality care
- ensure non-Indigenous healthcare professionals are trained in cultural competence to ensure that they are able to communicate effectively with Indigenous patients, reduce stereotypes and provide care that respects cultural identities.

Providing equitable access to care

- Barriers to accessing health care, such as transport, experiences of racism, lack of service provision, remoteness and affordability, are significant in the region and must be addressed to improve health outcomes.
- Adults need to be supported in accessing and navigating systems of care and understanding the range of services available to them.
- Assistance with travel and accommodation costs for individuals and their family members is vital.
- Ensuring a continuum of care for older people, including promotion and prevention, treatment, rehabilitation, palliative and end-of-life care, as well as access to specialised and long-term care options is needed.
- Expansion of the current geriatric outreach model of care to include multidisciplinary gerontological care that delivers services equitably across the region.
- Specifically increased access to dental care, allied health and mental health programs are warranted.
- Increased funding for specialist medical and dental services to deliver services across the region, rather than only being accessible on Thursday Island.
- Use of digital health platforms and decision-making support software into integrated electronic medical records.

Exemplar:

OPEN ARCH

Older Persons Enablement and Rehabilitation for Complex Health Conditions (OPEN ARCH) is a targeted model of care that improves access to specialist assessment and comprehensive care for older persons at risk of functional decline, hospitalisation or institutionalised care. This model allows people to access geriatric services within primary healthcare services, rather than attending a specialist service in a hospital. A care plan is developed between the client, the GP and the geriatrician. Clients also have access to care coordinators who help them navigate the healthcare system to ensure that the care plan is implemented.

Providing evidence-based care

- Implementing evidence-based practice drawn from the best available research evidence guarantees that patients receive the most effective and appropriate health care, ensures efficient resource allocation and promotes a culture of continuous quality improvement within healthcare systems.
- Evidence-based practice is crucial for improving health outcomes.
- Following best practice guidelines and high-quality research evidence for health promotion, early prevention and early detection can reduce the risk of preventable chronic diseases and frailty, as well as reduce the risk of diseases such as dementia.
- Ongoing generation and updating of evidence-based knowledge through research is crucial to ensuring that best practice clinical care is delivered.
- The use of culturally safe, strengths-based screening and assessment tools that have been validated with Aboriginal and Torres Strait Islander peoples is best practice.

- Including basic training about geriatric and gerontological issues during training and through ongoing professional development can assist with understanding and accessing the most up to date evidence-based practice.



A link to a range of Best-Practice guides and resources can be found in the Appendix



A link to specifically designed training modules in gerontic care and dementia can be found in the Appendix

Dementia and other conditions associated with ageing

Dementia

- Research conducted by HART has shown increased rates of dementia in the region¹.
- Cognitive impairment and dementia are not a normal part of ageing.
- Evidence has shown that up to 45% of dementia is potentially preventable⁹. Taking a preventative approach involves addressing the risk factors at an early stage in life and continuing throughout the life course⁹.
- Interventions include preventing and treating hearing loss, treating vision loss and depression, cognitive stimulation across the life course, smoking cessation, reducing alcohol intake, reducing and treating vascular risk factors (cholesterol, diabetes, obesity and blood pressure), reducing head injuries and promoting physical activity⁹.
- Lifestyle behaviour modifications at any stage of life can reduce the risk of dementia. High-quality primary health care across the life course can support brain health, help reduce the risk of cognitive impairment and dementia, and promote ageing well¹⁴.

- Increased screening of cardiovascular risk and associated risk factors is warranted and is one way to support primary and secondary disease prevention¹⁴.
- Mild cognitive impairment (MCI) and dementia are underdiagnosed in primary health care; however, timely recognition and management has the potential to delay disease progression¹⁴. Active case finding includes assessing risk factors; asking questions about memory, thinking and confusion; and using appropriate screening tools.
- Increased screening for cognitive impairment can be incorporated into the AHC (over 55s) using validated tools specifically designed for Aboriginal and Torres Strait Islander Peoples. A version of this tool has been purposely validated for use in the Torres Strait.
- Models of care with multimodal interventions that specifically address the risk factors for dementia known to affect people living in the Torres Strait, and targeting individuals with MCI, are recommended.



A link to the Best-Practice Guide to cognitive impairment and dementia care for Aboriginal and Torres Strait Islander people attending primary care can be found in the Appendix



A link to the KICA cognitive screening tool can be found in the Appendix

Frailty and function

- Frailty is not an inevitable part of ageing, but a state of reduced resilience and reserve capacity across multiple body systems, characterised by a decline in physical, physiological, psychological and social functioning^{15,16}.
- Frailty is a major health problem, especially in older adults and people living with chronic diseases, and can lead to falls, hospitalisation, worsening

mobility, functional dependence, admission to residential care, reduced QoL, depression, cognitive decline, loneliness and death^{15,16}.

- It is important to identify when a person is frail, or is at risk of becoming frail, through the use of evidence-based screening tools.
- Screening and assessment for frailty should consider a person's physical performance, specifically, gait speed and quality, and muscle loss and weakness; nutritional status, assessing any unintentional weight loss; fatigue levels; and cognition, mental health and health supports, such as resources that protect against negative health outcomes and promote wellbeing^{15,16}.
- Frailty is closely linked to functional decline, so ADL become difficult^{15,16}. The early identification of frailty enables targeted interventions to be put in place that can potentially delay or prevent further functional decline and adverse outcomes.
- Building the capacity of staff to recognise frailty and functionality as an indicator of poor health is important through education and continuing professional development.
- Increased screening of function and frailty is warranted, with indicators for identifying decline and associated plans for interventions.
- Increased access to integrated interprofessional teams incorporating allied health and IHWs that can deliver a multidisciplinary home-based and/or community-based falls prevention programmes, as well as Wellness, Reablement and Restorative Care programs, are required.
- Medicare billing and aged care funding can be leveraged to fund services.
- AH professionals play an integral role in assisting older adults to remain independent and functional.



LINKS to screening tools can be found in the Appendix

Exemplar:

Top of Australia Project

The Top of Australia Project is an initiative focused on promoting healthy ageing in the Torres Strait through the integration of allied health and nursing students with local community organisations. This project aims to improve the health and wellbeing of Elders while providing students with valuable, hands-on experience in a remote, culturally rich setting. Key activities include beach visits, which offer Elders the opportunity to engage with nature, participate in outdoor activities, and connect socially, addressing concerns around physical inactivity and its associated health risks. The mobility group and yarning circle provide a safe and enjoyable space for Elders to engage in physical activity, improve strength and balance, and maintain social connections, which in turn promotes independence and confidence. Additionally, carers' groups are facilitated to offer educational and social support to those caring for Elders, enhancing community involvement and wellbeing. Through these activities, the project not only supports the physical health of Elders but also reinforces their cultural roles as knowledge keepers, educators, and caregivers, ensuring they remain active and engaged within their communities.

Advance Care Planning

- ACP is a process of discussing and documenting plans for future health care to ensure that the patients' values, beliefs and preferences are respected regarding medical treatment and care^{17,18}.
- ACP is important in ensuring that patients receive the care they want, improving ongoing and EOL care, improving satisfaction with care, and reducing anxiety and stress in relation to health care. For healthcare

professionals and organisations, it reduces unnecessary transfers to acute care and unwanted treatment^{17,18}.

- ACP with Aboriginal and Torres Strait Islander peoples should empower the person and involve the family and community, where appropriate, in line with a family and community-centred approach.
- Various documents used to complete ACPs include:
 - an Advance Care Directive (ACD): a legal document that outlines the patients' preferences about their future health care.
 - Enduring Power of Attorney (EPOA): a legal document that provides chosen attorney(ies) with the legal authority to act for the patient and make decisions on their behalf.
 - a Statement of Choices: not a legal document but a values-based statement that allows the client to record their values and preferences for health care into the future. A specific Aboriginal and Torres Strait Islander Peoples' statement of choices needs to be developed.
- Discussion regarding ACP can be sensitive owing to cultural protocols, but resources have been produced to assist with starting discussions about an ACP with Aboriginal and Torres Strait Islander Peoples.
- It is important to encourage patients to plan for the future, including discussions around wills, funerals, finances and ACP. Increased discussions on these topics within primary healthcare services are warranted.



LINKS to resources for ACP and 'Starting conversations' can be found in the Appendix

Palliative care and End-of-Life care

- Palliative care and End-of-Life (EoL) care for Aboriginal and Torres Strait Islander Peoples must be culturally safe and responsive, incorporating the

social, emotional and cultural wellbeing of the person, their family and the community¹⁹.

- Talking about death and dying is a culturally sensitive topic. Including appropriate IHWs in discussions is recommended.
- Any information materials and communication about palliative care and EoL care should be culturally relevant and specific.
- Several resources have been developed for Aboriginal and Torres Strait Islander Peoples.



LINKS to resources for palliative care and EoL care can be found in the Appendix

Utilising the existing workforce to their full potential and working to full scope of practice

Indigenous Health workers

- IHWs play a vital role in connecting Aboriginal and Torres Strait Islander Peoples to the PHC service.
- IHWs provide a broad range of services within PHC including community engagement, service access, liaison, support and advocacy, cultural support and safety, health promotion and education, and preventative care²⁰.
- IHWs promote a holistic view of health that encompasses physical, spiritual, emotional and cultural wellbeing, and are therefore critical in addressing health disparities.
- Being able to focus on preventive care and health promotion activities is often forgone in the face of managing high workloads with acute presentations.
- Adequate staffing of IHWs within PHC settings is required to enable IHWs to engage in health promotion and preventative care within the communities.

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Nurse Practitioners

- Nurse Practitioners (NPs)s have completed specific advanced nursing education and training to be able to diagnose and manage medical conditions²¹.
- They are qualified to prescribe certain medications and order diagnostic investigations to support diagnosis and treatment plans²¹.
- The role of an NP in remote PHC settings, providing high levels of autonomous clinical care, is invaluable in augmenting the delivery of current clinical services and ensures optimisation of access to chronic disease management.
- It is recommended that qualified NPs are employed in NP roles across the region. It is also recommended that nursing staff wishing to gain this qualification are supported to do so.

Continuous Quality Improvement Coordinator

- Employment of a CQI coordinator can support health services to continually improve quality care and service for patients and meet accreditation standards.

Supporting research

- Research activities contribute and develop the necessary evidence base that can be used to improve patient health outcomes.
- Partnerships and collaborations with universities, healthcare providers, NGOs, Community Controlled Organisations, service providers and aged care providers, along with older adults and their families, can drive localised research to inform an ageing well agenda.
- Research on ageing well should focus on addressing the current needs of older adults, anticipating future challenges, and exploring the social,

biological, economic and environmental factors that influence aging well throughout life.

- Research needs to evaluate interventions aimed at improving the trajectory of ageing²².
- Further research action could include:
 - co-designing and evaluating new models of care and programs to address high rates of dementia and chronic disease in the region
 - co-designing and evaluating programs that support the cultural determinants of health that are protective factors for ageing well.

Strategies for individual action



AIMS:

- To encourage and support older adults to have fulfilling, purposeful and healthy lives.
- To create environments that support healthy choices.
- To provide skills and knowledge that support ageing well.

STRATEGIES:

Keep connected

Connections to family, friends and community

- Relationships are central to ageing well.
- Spending time with family can keep individuals strong.
- Intergenerational relationships, where older adults spend time with grandchildren, contribute to the emotional and physical wellbeing of older adults.

- Being with friends can improve social and emotional wellbeing, providing individuals with a feeling of belonging.
- Engaging in community activities helps older adults maintain their social connections, reduces isolation, and provides emotional and practical support.

Connections to culture and traditions

The cultural determinants of health facilitate ageing well.

- Maintaining a strong connection to cultural traditions, language and ceremonies can provide a sense of purpose, belonging and mental wellbeing.
- Passing down knowledge to younger generations enhances self-esteem and can contribute to a sense of pride and fulfilment.

Follow traditional ways of living

Healthy Lifestyles

- Regular **physical activity** is linked to better cardiovascular health, mobility, cognition and overall longevity. Participate in regular exercise that is enjoyable, convenient and habitual, and reduce sedentary behaviour. Engaging in traditional physical activities, such as hunting, fishing, gathering or dancing, can improve physical health, mobility and mental wellbeing.
- Following **dietary advice** and limiting alcohol intake are linked to improved health outcomes. A traditional diet of garden food and seafood is a healthy diet. A diet rich in vegetables, fruit and fresh fish, along with portion control supports ageing well.
- Adults who engage in **lifelong learning**, whether through formal education or cultural and community activities, maintain cognitive health and reduce the risk of dementia.
- Being a **non-smoker** improves cardiovascular health and reduces the risk of dementia, as well as many other health benefits. Giving up smoking also

helps with decreasing financial burdens. There are many ways to assist with quitting, talk to your health service to access those supports.

Support social and emotional wellbeing

Having strong mental health supports ageing well.

- Participate in self-care activities to reduce stress and worry.
- Feeling valued and maintaining a role within the family and community can enhance self-worth and mental health.
- Spiritual wellbeing and practising faith provide emotional support and a sense of peace, which can contribute to overall health and happiness.
- Keeping busy, motivated and occupied doing the things that make you happy and that have meaning helps with supporting social and emotional wellbeing.
- Access formal mental health and social and emotional wellbeing services when needed.

Harness resilience and coping skills

- Having a positive attitude to life, demonstrating resilience and humour, and being able to adapt to changing circumstances, whether through changes in health, living arrangements, societal changes or community dynamics, supports resilience and wellbeing as people age.
- Allowing older people to do what they value, preserving their purpose, identity and independence supports them to age well.

Show leadership

- Being a good role model and providing leadership supports ageing well.
- Those in leadership roles can facilitate change in the community.
- Individuals of any age can be a good role model by showing respect and displaying cultural values.

Have autonomy

- Having autonomy and agency play a crucial role in helping older adults age well.
- For individuals to take control of their health, make informed decisions and manage their health conditions effectively, individuals need to have health literacy and self-management skills.
- The extent of choice and control available to older adults is influenced by:
 - their physical and mental capacities
 - the environment they live in
 - personal and financial resources available to them
 - available opportunities.

These factors shape autonomy, which has been demonstrated to significantly affect dignity, integrity, freedom and independence, and is a fundamental element of overall wellbeing for older adults⁷.

Health Literacy

Health literacy is the ability to understand and use health information to make informed decisions about one's health, and to follow instructions for treatment.

Having health literacy:

- enables individuals to understand medical terms, instructions and treatment options, allowing them to follow medical advice correctly, ask the right questions during doctor visits and better manage conditions.
- assists individuals to make informed decisions, follow preventive measures, and understand the risks and benefits of treatments.
- fosters independence by improving communication with healthcare providers, enhancing confidence in managing health and reducing reliance on others, which can support an individual's emotional wellbeing by alleviating confusion and supporting informed choices about care.

The following strategies can assist individuals to improve their health literacy:

- ask questions and participate in support groups to learn from others with similar health experiences.
- involve IHWs or family members in discussions to help provide additional support and understanding.
- utilise technology and access resources such as reliable online platforms, apps and websites, which can provide trustworthy health information and video tutorials that provide patient-friendly content, or digital tools such as symptom checkers, medication trackers and appointment trackers.

Health services can also assist by:

- understanding the patient's current level of health literacy and customising educational resources to match their understanding and needs
- asking patients to repeat what they have learned in their own words to ensure that they understand the information provided
- providing culturally tailored communication materials including brochures, leaflets or websites with easy-to-read information in simple language. Using clear and simple language that avoids medical jargon
- including visuals to support understanding. Use diagrams, pictures or videos to explain complex medical concepts or treatment plans. Visual aids can help clarify instructions and make them easier to understand
- regularly assessing patients' understanding of their health, medication regimen and treatment plans. This can be done during follow-up visits or through phone calls
- providing continuous support through follow-up calls, reminders, or online portals to reinforce key information and help patients stay on track with their care
- assisting in navigating through the health and aged care systems.

By empowering patients to improve their health literacy, PHC providers foster a more collaborative healthcare experience and support better self-management.

Self-management skills

Having strong self-management skills can assist with the management of chronic conditions.

- Individuals can better monitor their symptoms, adhere to medication schedules and monitor health indicators to detect issues early.
- Knowing how to monitor health indicators (e.g. weight, blood pressure, blood sugars) can help older adults spot the early signs of health issues and seek help before conditions worsen.
- Individuals with self-management skills are more likely to make healthier lifestyle choices, such as exercising, eating balanced meals and avoiding harmful behaviours such as smoking or excessive drinking, which can improve their health outcomes.
- Taking responsibility for one's health can contribute to a sense of accomplishment and control, reduce anxiety and stress, boost confidence and independence, and improve mental wellbeing. Self-management also encourages active engagement with healthcare providers, including participation in developing and adhering to healthcare plans, leading to improved treatment outcomes.

The following strategies can assist individuals to improve their self-management skills:

- Understand your specific health conditions, including medications and treatment regimes. Develop a plan for managing changes in conditions to help with decision-making.
- Work with your healthcare providers to put in place a management plan that suits the individual and set realistic goals.
- Keep track of your health indicators (blood pressure, blood sugars), symptoms and any changes in your condition.
- Develop a daily routine for managing health, including taking medications.
- Use education resources and technology, such as apps that can help track symptoms, medications and appointments.

- Schedule an annual adult health check and have regular check-ups to monitor and adjust plans.
- Finalise ACP, including appointing an EPOA, and have discussions with family around planning for older age and EOL care.
- Celebrate successful achievements.

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Appendix



LINKS to appropriate resources

1. Findings from the Yarning Circles can be found at:

- *Growing old good way in the Torres Strait* booklet and YouTube animation accessible from hart.org.au
- *Following in Elders' footsteps: Yarning about ageing well in the Torres Strait* article <https://doi.org/10.1177/10497323251335210>
- *Ageing well is following in the footsteps that went before us*, thesis chapter <https://doi.org/10.25903/699n-pp19>

2. Carer support guidelines and resources for carers in the Torres Strait and NPA plus publication outlining results of yarning with carers can be accessed at the Caring Our Way resource and publication list available from hart.org.au

3. HART Podcasts for ageing well and dementia risk reduction



1. *Understanding Dementia*
2. *Diagnosing Dementia*
3. *Reducing Dementia risks*
4. *Dementia support*

The podcasts are free to access and can be found on the following platforms:

Spotify:

<https://open.spotify.com/show/4KDOrgjuJdrzMKEeLDCbbf>

Soundcloud

[Stream Let's Yarn! Ageing well in the Torres Strait | Listen to podcast episodes online for free on SoundCloud](#)

Apple

<https://podcasts.apple.com/us/podcast/letss-yarn-ageing-well-in-the-torres-strait/id1764182498>

4. **Diet and Physical activity tools** designed for the Torres Strait can be found at hart.org.au
5. **Any Worries Yarn** culturally validated SEWB tool and associated publications- can be found at hart.org.au
6. **Good Spirit Good Life** quality of life tool and associated publications can be found at hart.org.au

7. **Best Practice Guides and resources for clinical practice** include:

Guidelines for preventive activities in general practice (Royal Australian College of General Practitioners 2025)

<https://www.racgp.org.au/getattachment/3eddf0a7-7cec-4064-a44b-5bde6c2515a5/Guidelines-for-preventive-activities-in-general-practice.aspx>

National guide to preventive health assessment for Aboriginal and Torres Strait Islander people (National Aboriginal Community Controlled Health Organisation (NACCHO) and Royal Australian College of General Practitioners (RACGP) 2024). <https://www.racgp.org.au/getattachment/ef5164d0-14ce-40b6-bd2e-7fe38922f7d4/National-Guide-to-preventive-healthcare-for-Aboriginal-and-Torres-Strait-Islander-people.aspx>

Let's CHAT Dementia Resources and best practice guide:

<https://medicine.unimelb.edu.au/school-structure/medicine/research/lets-chat-dementia/resources/research-tools>

8. **Palliative Care and End of Life resources**

<https://palliativecare.org.au/campaign/aboriginal-torres-strait-islander-discussion-starter/>

<https://healthinfontet.ecu.edu.au/learn/health-system/palliative-care/>

https://www.health.qld.gov.au/_data/assets/pdf_file/0023/151736/sorry_business.pdf

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<https://www.qaihc.com.au/resources/palliative-care-resources/pallconsult-end-of-life-care-support-service-for-clinicians>

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<https://www.health.gov.au/topics/palliative-care/planning-your-palliative-care/advance-care-planning>

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https://pepaeducation.com/wp-content/uploads/2020/12/PEPA_CulturalConsiderationsFlipbook_Web.pdf

9. **Training modules** in gerontic care include education and staff training on dementia available on hart.org.au. National free training on dementia and risk factors can be accessed at <https://mooc.utas.edu.au/>
10. **Best Practice Guide to cognitive impairment and dementia care** for Aboriginal and Torres Strait Islander People accessible from <https://medicine.unimelb.edu.au/school-structure/medicine/research/lets-chat-dementia/resources/research-tools>

11. **KICA cognitive screening tool**, guide and associated resources and publications can be found at <https://www.iawr.com.au/kica-tools.aspx>
12. **Frailty screening tools and information** can be found at:
<https://aci.health.nsw.gov.au/networks/frailty-taskforce/resources/frailty-screening-and-assessment-tools> and <https://www.afn.org.au/what-is-frailty/>
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