

Aged Care, A Vital Part Of The Australian Health Care System



...The, Realities, Challenges & Opportunities for Leaders of Aged Care



ACCPA National Conference
Wednesday, 12 October 2022 | 2.00 pm – 2.30 pm



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Acknowledgement Of Country

- ◆ I acknowledge the Traditional Custodians of Country throughout Australian and their connections to land, sea and community.
- ◆ Today, at the ACCPA Conference we meet on the lands of the Kaurna people, the First Peoples of Adelaide who to this day assert their sovereignty.
- ◆ I pay my respects to their elders past, present and emerging, and recognise their cultural heritage, beliefs and relationship with the land and sea, which are of continuing importance.



* Original artwork created by Sue Gabriel

Conference Theme Reflections



This Presentation's Proposition

- ◆ The presentation is founded on the following proposition...
 - * ageing is part of the human condition...birth is the beginning, death is the end, everything in between is a journey of adventures
 - * as people age, an increasing number, but not all, are faced with the challenges and issues of emerging, actual or lifelong chronic health or complex health conditions, debilitating injuries or accidents, serious diseases or illnesses or any combination of these morbidities or co-morbidities
 - * aged care should be considered and utilised as a vital, integrated and fully contributing part of the Australian Health Care System, however, today its roles are poorly understood, its contribution is undervalued, its human and financial resources are limited
 - * aged care providers have critical roles to play and significant responsibilities in both the enhancement of the health, wellbeing and lifestyle of people who are ageing and their engagement and contribution as part of the Australian Health Care System.

1. Life's A Journey, Full Of Adventures



Dougie Lived Life Well, Until Facing The Realities Of Ageing & The Challenges Of The Australian Health Care System

- ◆ A post WW2 Dunkirk veteran, Dougie was a chauffeur/gardener in regional England prior to emigrating to Australia.
- ◆ Arriving in Australia as a £10 Pom, Dougie enjoyed his new life working hard and bringing up his young family in suburban Melbourne.
- ◆ He lived alone, after the passing of his wife, until 91 years of age, when after a fall, the realities and challenges of the Australian Health Care System began to become apparent to his family and carers.
- ◆ We will return to Dougie's story at the end of this presentation.



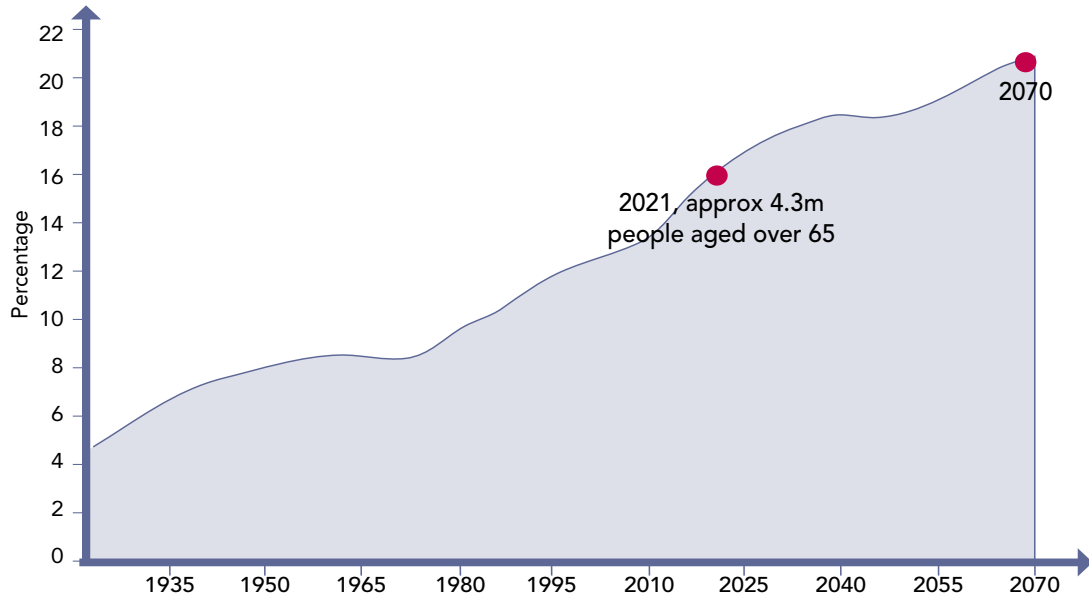
Australia, A Growing & Ageing Population

- ◆ By an increasing number of qualitative and quantitative assessments, observations and metrics, the Australian Health Care System is in crisis, be it acute care (hospitals) aged care (residential and home care), primary care (general practice) or allied health care (physiotherapy, occupational therapists, etc).
- ◆ Within each service quadrant there are a number of critical demand and supply drivers, forces and trends and a number of major service and organisational opportunities and solutions.
- ◆ An Australian Health Care System catastrophe looms, strategically, organisationally and operationally, whilst the mismatch between demand and supply and limited connection between opportunities and solutions remains.
- ◆ Acute care, allied health care and primary care could provide opportunities and solutions for aged care and vice versa.



Australia, A Growing & Ageing Population

- ◆ The 2021 Census counted 25.4 million people in Australia (excluding overseas visitors).
- ◆ The percentage of the Australian population aged 65 years and over at 30 June 2021 and projected over time, is shown in the graph below.



Notes:

1. Data for 1921 to 1970 are population estimates. Data from 1971 onwards are estimates of the resident population (ERP).
2. Population data from 1991 to 2011 are recast estimates following the rebasing of the 2011 Census. For more information, see the ABS explanatory notes.

Sources:

ABS 2018, 2019

<http://www.aihw.gov.au/>

Australian Bureau of Statistics, Census of Population and Housing: Population data summary, 2021

Australian Bureau of Statistics, Population Projections, Australia, 2017 (base) to 2066 (cat. no. 3222.0)

Australia, A Growing, Ageing & Unhealthy Population

- ◆ Currently, 17.2% (4.3 million) of the Australian population are aged over 65 years. Another 11.8% are aged between 55 and 65 years of age.
- ◆ The number of people over 65 years of age is forecast to reach between 6.4 million and 6.7 million by 2042 (within 20 years).
- ◆ This growth in the proportion of people over 65 years of age is due to sustained low fertility and increasing life expectancy of the general population.
- ◆ The percentage of people over the age of 65 years of age who are aged care residents/clients and/or are living with chronic health or complex health, debilitating injuries or accidents, serious illnesses or diseases or any combination of these, significantly rises as their age increases; over 50 percent are over the age of 50 years of age.

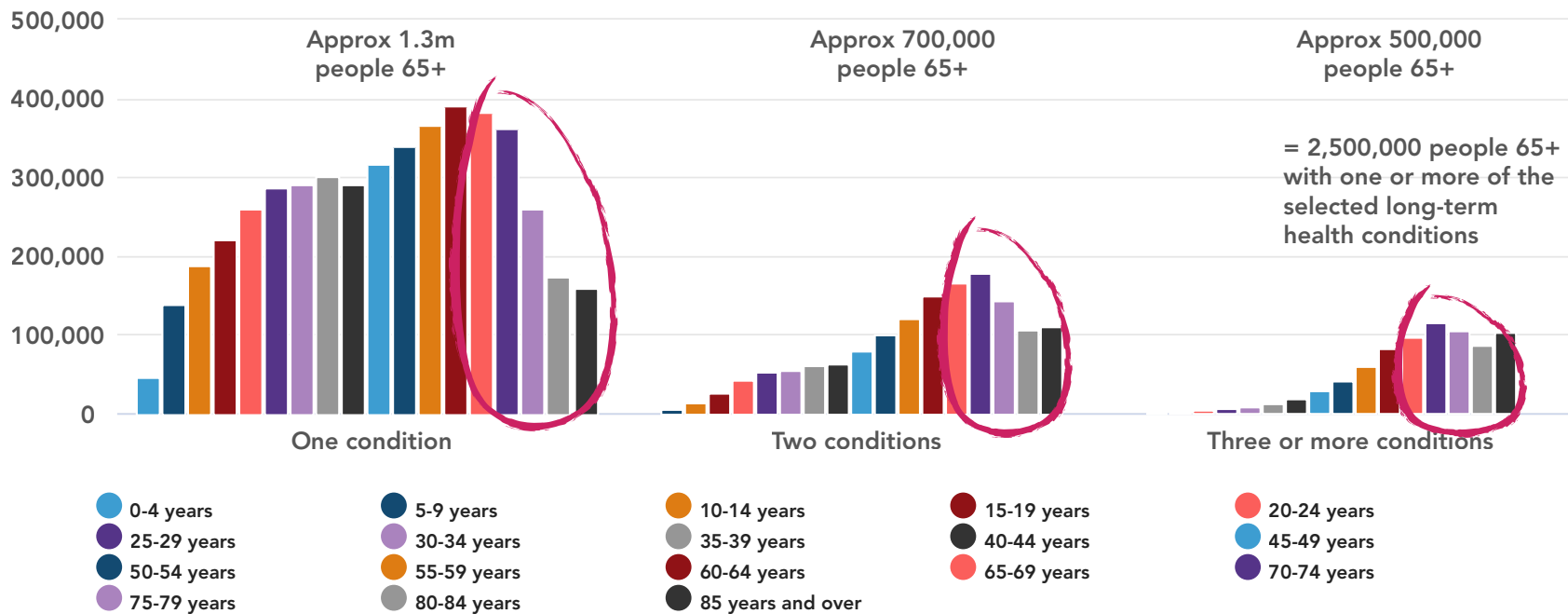
Sources:

Australian Bureau of Statistics, Census of Population and Housing: Population data summary, 2021

Australian Institute of Health and Welfare, Older Australians web report, 30 November 2021

Australia, A Growing, Ageing & Unhealthy Population

- ◆ The graph below presents a count of people with one or more selected long-term health conditions by age, from the 2021 Census (*refer to final page for Notes and Sources*)

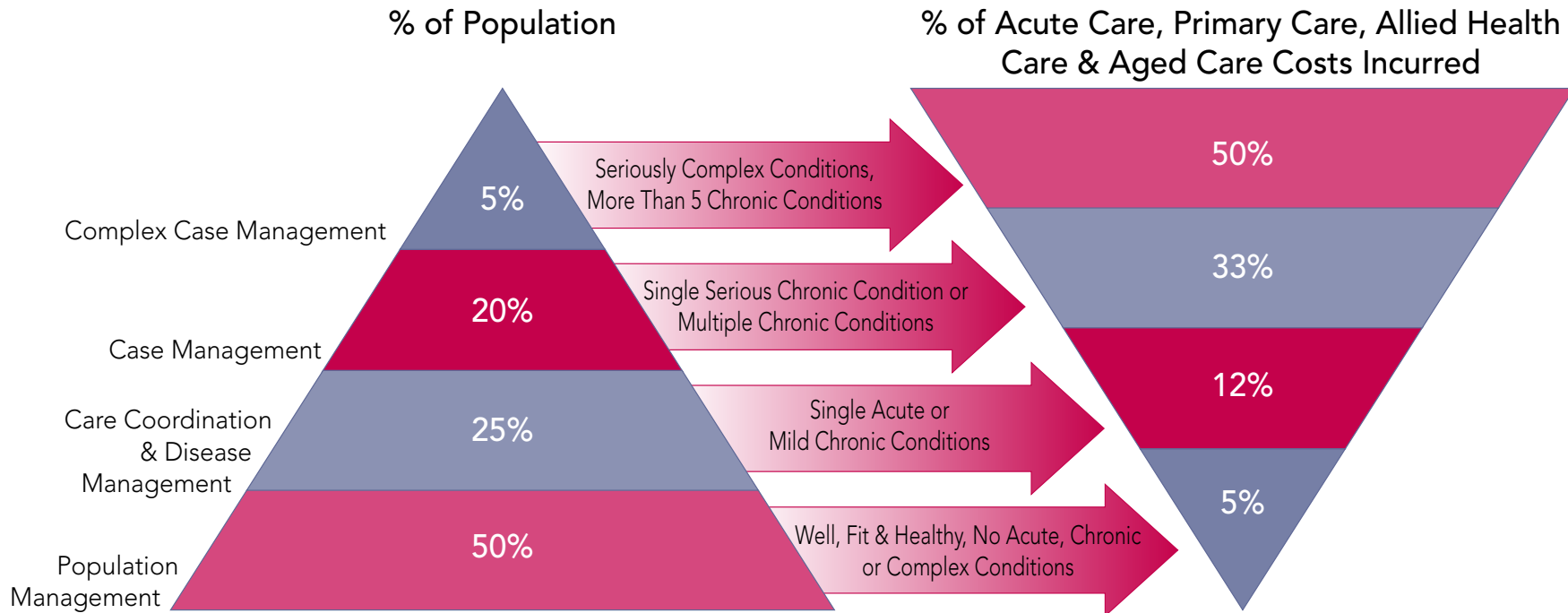


Australia, A Growing, Ageing & Unhealthy Population

- ◆ The previous graph showed approximately 2.5 million people aged over 65 years had one or more selected long-term health conditions.
- ◆ ABS' 2018 National Health Survey estimated 80% of Australians aged over 65 years of age have at least one chronic health condition and 28% had three or more; with five or more health conditions being regarded as complex health.
- ◆ ABS' 2018 National Health Survey provides many insights into the population's health, eg: 1 in 5 people (20%) aged 65–74 report having chronic pain, increasing to 22% of those aged 75-84 and 24% of those 85 and over.



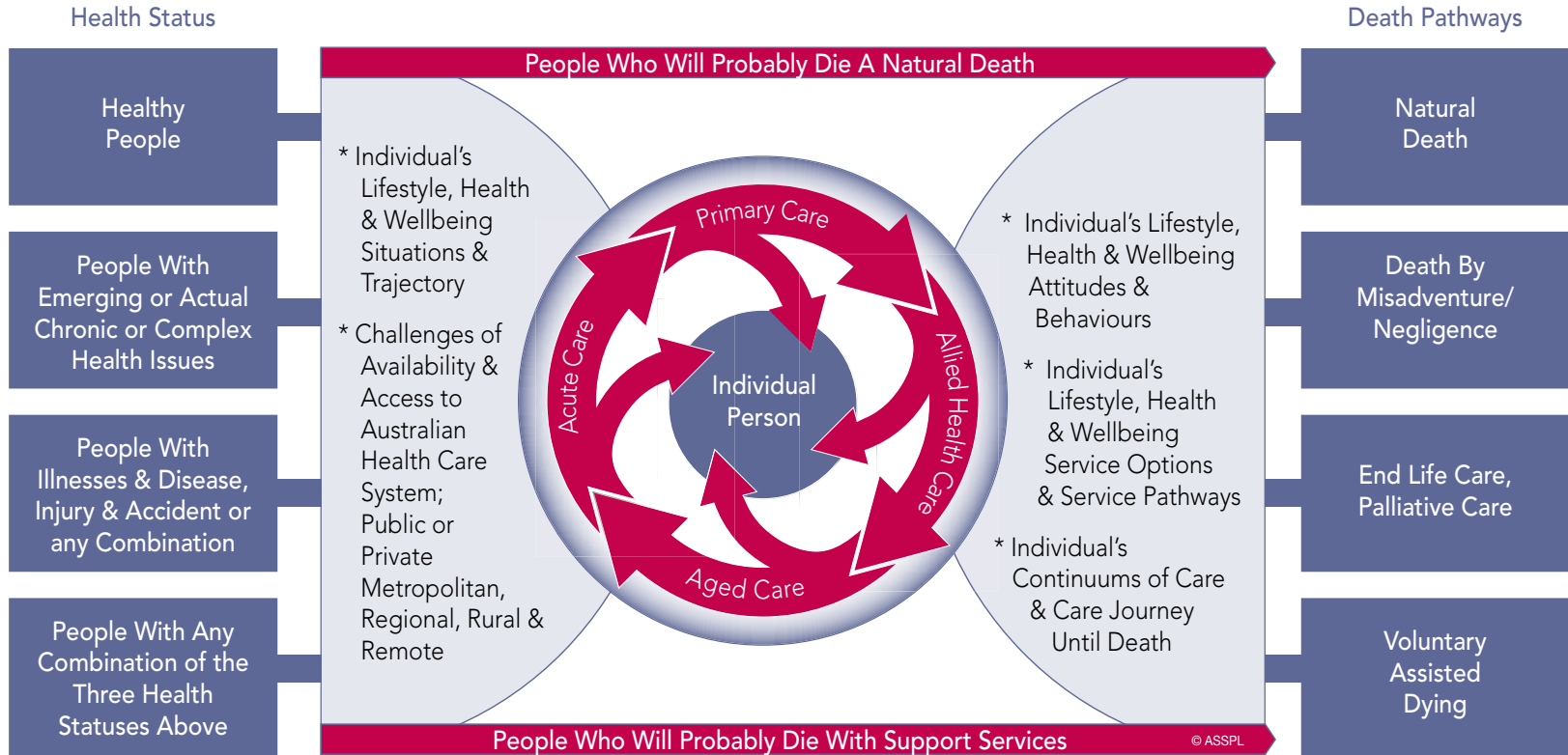
Population & Care Cost Realities, Challenges & Opportunities



Published by Fallon Health MA USA, desktop published by Australian Strategic Services Pty Ltd

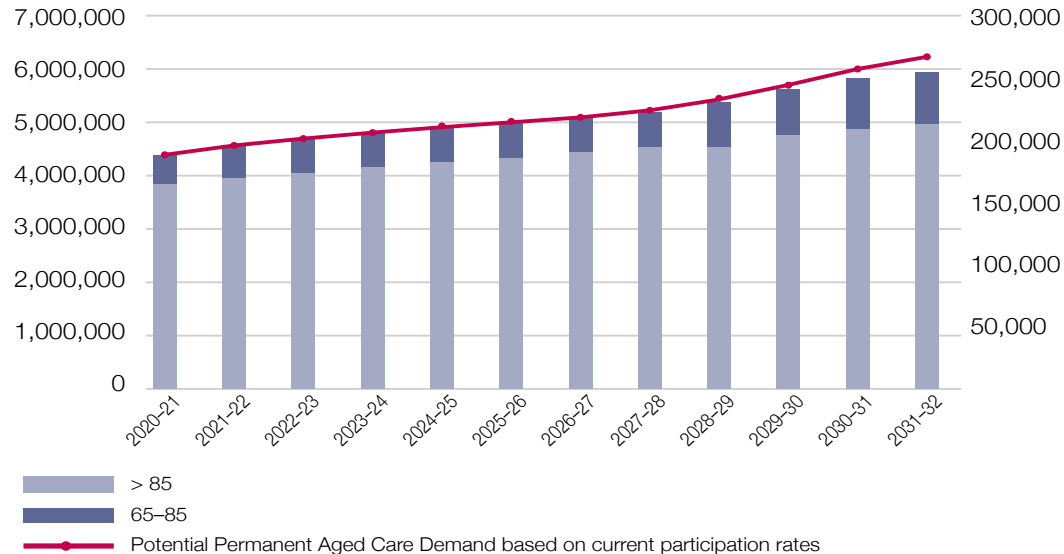
Note: Based on US research, Australian studies have also identified 5% of the population contributing up to 50% of health care costs, or 25% of the population consume 83% of health care costs

Individual's Health Status, Journey & Mortality



Potential Residential Aged Care Demand Base on Projected Population & Utilisation Rates

Potential Residential Aged Care Demand Based on Projected Population & Utilisation Rates



Source: Estia Health's October 2022 Jarden Investor Presentation

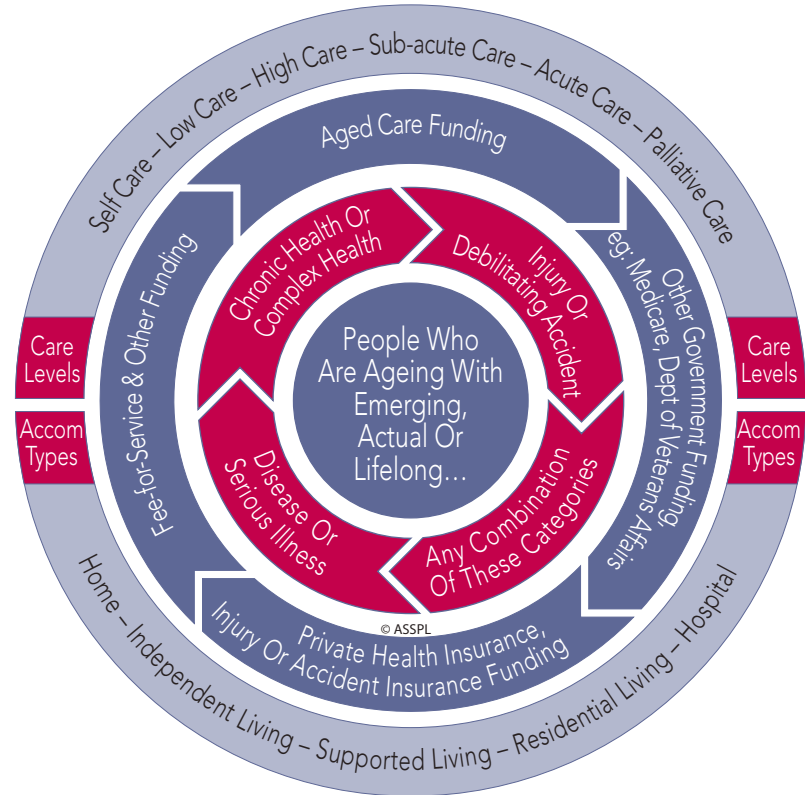
2. Aged Care, A Vital Part Of The Australian Health Care System



The Core Business, The Reason For Being Of Aged Care

- ◆ The core business, reason for being or raison d'être, of both residential aged care and/or home care providers can be described as:

“enhance, maintain or manage the health, wellbeing and lifestyle of aged care residents/clients with actual, emerging or lifelong chronic health (1–5 conditions) or complex health (5 or more conditions), debilitating injuries or accidents, serious illnesses or diseases or any combination of these morbidities or co-morbidities”.



The Four Key Roles Of C'wlth Funded Aged Care Providers

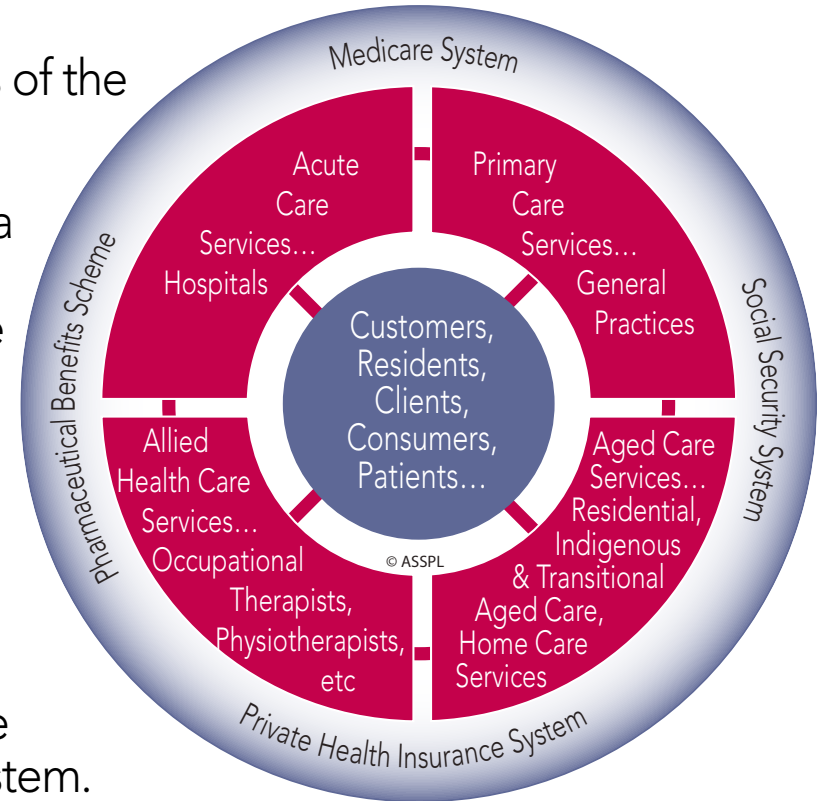
- ◆ Between the 1970s – 1990s the Commonwealth government established and funded residential, home care, indigenous and transitional aged care services, and continues to do so today, throughout rural, regional, remote and metropolitan Australia in order to:
 - * keep ageing people out of hospital
 - * prevent their re-admission to hospital
 - * assist in getting people out of hospital
 - * slow their morbidity, their rate of decline.



Photo courtesy of RFDS

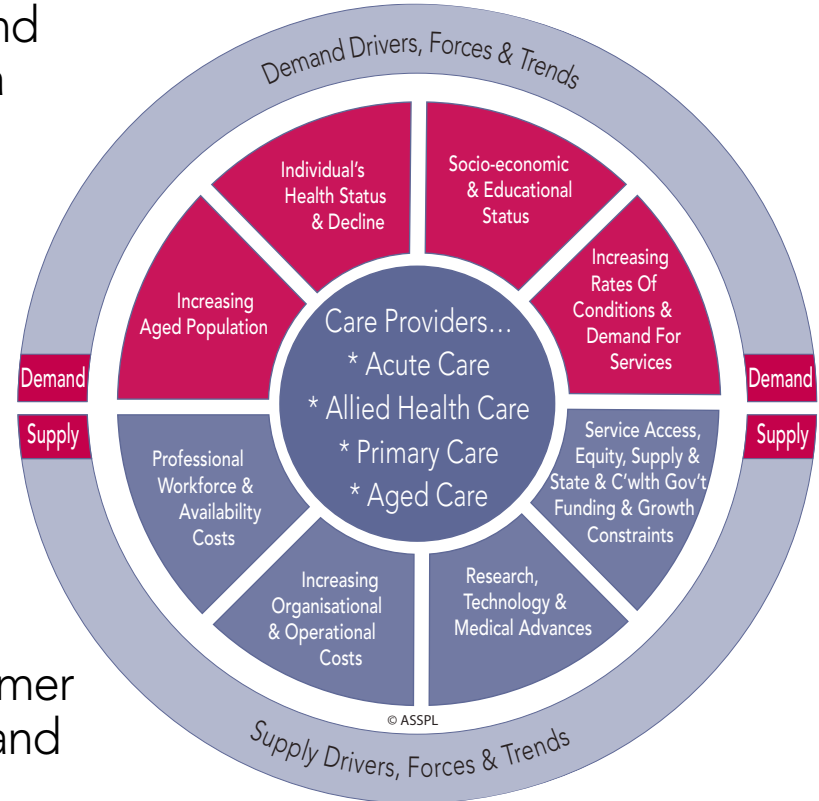
Aged Care, A Vital Part Of The Australian Health Care System

- ◆ Aged care, allied health care, primary care and acute care form the four service quadrants of the Australian Health Care System.
- ◆ Each of these four service quadrants provides a wide range of services to people who require them, including people who are ageing. These services are supported by Medicare and/or Private Health Insurance, the Pharmaceutical Benefits Scheme, Social Security and other specialist funding types, eg: Department of Veterans Affairs, Fee-for-Service, etc.
- ◆ The adjacent model depicts the four service quadrants and the primary funders that finance and/or resource the Australian Health Care System.



Australian Health Care Demand & Supply Drivers, Forces & Trends

- ◆ Globally, the Australian Health Care System and therein its four service quadrants is driven by a complex array of Commonwealth and State government legislation and standards and
 - * demand drivers, forces and trends
 - * supply drivers, forces and trends.
- ◆ Unfortunately, care provision, whether in acute care, primary care, allied health care or aged care, or the interactions within each service type/s or between each service quadrant is typically siloed, at times inefficient or ineffective and driven by competitive customer and market forces, along with power, politics and personalities.



A Challenged Australian Health Care System

- ◆ Aside from aged care, the other three service quadrants of the Australian Health Care System, in particular primary care (GPs) and acute care (public hospitals), are severely challenged by:
 - * an increasing population, an increasing ageing population and an increasing unhealthy population
 - * a range of significant supply, funding and workforce constraints
 - * the impacts and implications of the Commonwealth and State governments' Health Agreement/s, currently standing at 50:50 funding, which expires at December 2022. Noting that the Commonwealth government constrains growth to 6.5% or \$2 billion in one year
- * an influx of COVID cases, an over-worked workforce, a backlog of elective surgery, escalating hospital bed block and ambulance ramping, etc.
- ◆ Aged care providers at National, State and Regional levels could assist primary care and acute care address these four challenges, assuming additional human and financial resources were made available.

A Reminder, Past Australian Health Care Expenditure

Reporting Category	2016–2017: \$1b	2017–2018: \$1b	2018–2019: \$1b	2019–2020: \$1b	2020–2021: \$1b
Acute Care – Hospitals	18,460	19,563	20,639	21,769	22,577
Primary Care (incl. mental health)	1,490	1,535	1,632	1,288	1,254
Aged Care	17,470	18,554	19,809	21,141	22,318
Indigenous	798	881	895	9332	968
Medical Benefits Scheme	22,893	23,671	24,816	26,473	27,915
Pharmaceutical Benefits Scheme	11,634	11,280	11,108	11,118	10,984
Private Health Insurance	6,258	6,424	6,559	6,694	6,846
Sport & Recreation	366	416	363	311	307
Other	12,261	11,923	11,863	11,734	11,945
Grand Total	91,655b	94,247b	97,683b	101,459b	105,214b

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Note: Estimates refer to whole government expense for health including payment made by Health, Treasury, DVA, DHS & ATO

Source: Stewart Brown, Residential Care Report – December 2017

A Reminder, Forecast Australian Health Care Expenditure

Sub-function	Actual	Estimates			
	2021–2022 \$m	2022–2023 \$m	2023–2024 \$m	2024–2025 \$m	2025–2026 \$m
Medical Services & Benefits	37,306	39,893	40,819	42,812	44,835
Pharmaceutical Benefits & Services	16,273	18,934	17,854	17,968	18,044
Assistance to the States for Public Hospitals	24,230	26,575	28,325	30,030	31,982
Hospital Services (a)	1,049	1,065	1,082	1,115	1,153
Health Services	21,691	17,949	11,202	11,060	10,999
General Administration	4,648	4,157	3,569	3,392	3,333
Aboriginal & Torres Strait Islander Health	989	1,122	1,223	1,290	1,246
Total Health	106,185	109,694	104,074	107,667	111,592

(a) The hospital services sub-function predominantly reflects Commonwealth funding to the state and territories for veteran's hospital services

Source: Australian Government Budget October 2022–23, Budget Paper No. 1

A Reminder, Forecast Australian Aged Care, Disability & Related Social Security & Welfare Expenditure

Sub-function	Actual	Estimates			
	2021-2022 \$m	2022-2023 \$m	2023-2024 \$m	2024-2025 \$m	2025-2026 \$m
Assistance to the Aged	76,283	85,888	91,540	97,277	102,454
Assistance to Veterans & Dependants	7,480	8,232	7,075	7,010	7,024
Assistance to People with Disabilities	61,040	69,257	75,133	81,096	88,781
Assistance to Families with Children	37,375	40,656	44,825	46,955	48,901
Assistance to the Unemployed & the Sick	15,866	14,006	14,700	15,560	15,537
Other Welfare Programs	16,175	2,623	1,508	1,424	1,373
Assistance for Indigenous Australians	2,492	2,958	2,820	2,859	2,939
General Administration	4,716	5,170	4,336	4,180	4,047
Total Social Security & Welfare	221,427	228,791	241,937	256,360	271,057

Source: Australian Government Budget October 2022-23, Budget Paper No. 1

Growth Forecasts in Aged Care & Disability Expenditure

- ◆ Expenses in the social security and welfare function are estimated to increase by 8.1 per cent in real terms from 2022–23 to 2025–26, primarily driven by increases in expenditure on assistance to the aged and assistance to people with disabilities sub-functions.
- ◆ The assistance to the aged sub-function is estimated to increase by 8.9 per cent in real terms from 2022–23 to 2025–26.
- ◆ Expenditure for the assistance to people with disabilities sub-function is expected to increase by 17.0 per cent in real terms from 2022–23 to 2025–26. This increase largely reflects an increase in the number of people with disability participating in the National Disability Insurance Scheme (NDIS) over the forward estimates period, and increases in individual support costs.

Source: Australian Government Budget October 2022–23, Budget Paper No. 1

A Reminder, Industry/Sectoral Consolidation Continues

Industry Examples	1980s	1990s	2000s	2019/2020	2022/25
Residential Aged Care Providers	2,200	2,900	1,600	830 (June 21)	500–400 (est)
Home Care Providers (Total) CHSP (incl. WA HACC) Home Care Providers	500–2,000	3,000–2,500	2,500–1,500	1,452 (incl. WA HACC) 939 [#]	2,000–1,000 (est)
Disability Employment Providers	13+	240	260	214 (2012)	N/A*
NDIS Providers	N/A	N/A	493 [^]	3,519 (June 16) 8,698 (June 17) 14,534 (Mar 20)**	6,000 – 8,000 (est)
Employment Providers	700+	300 (only 70 of original 700)	200	41	25–50–100 (est)
Bush Nursing Hospitals	69 (1935–1980s)	30–50	25–30	22	30 (est)
Private Health Insurance <small>© ASSPL</small>	N/A	48	44	37	30–20 (est)

The number of home care providers as of 30 June was 496 in 2016, 735 in 2017, 869 in 2018, 929 in 2019 & 920 in June 2020. The number of home care providers is increasing due to the introduction of Consumer Director Care.

* Programs & funding made part of NDIS.

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[^] Providers funded by C'wlth DSS prior to NDIS.

** Numbers increasing due to the introduction of NDIS. Approx 67% of providers are active; the top 25% of providers receive 80–90% of the value of payments made by NDIA; Consolidation is expected to occur in 2–4 years.

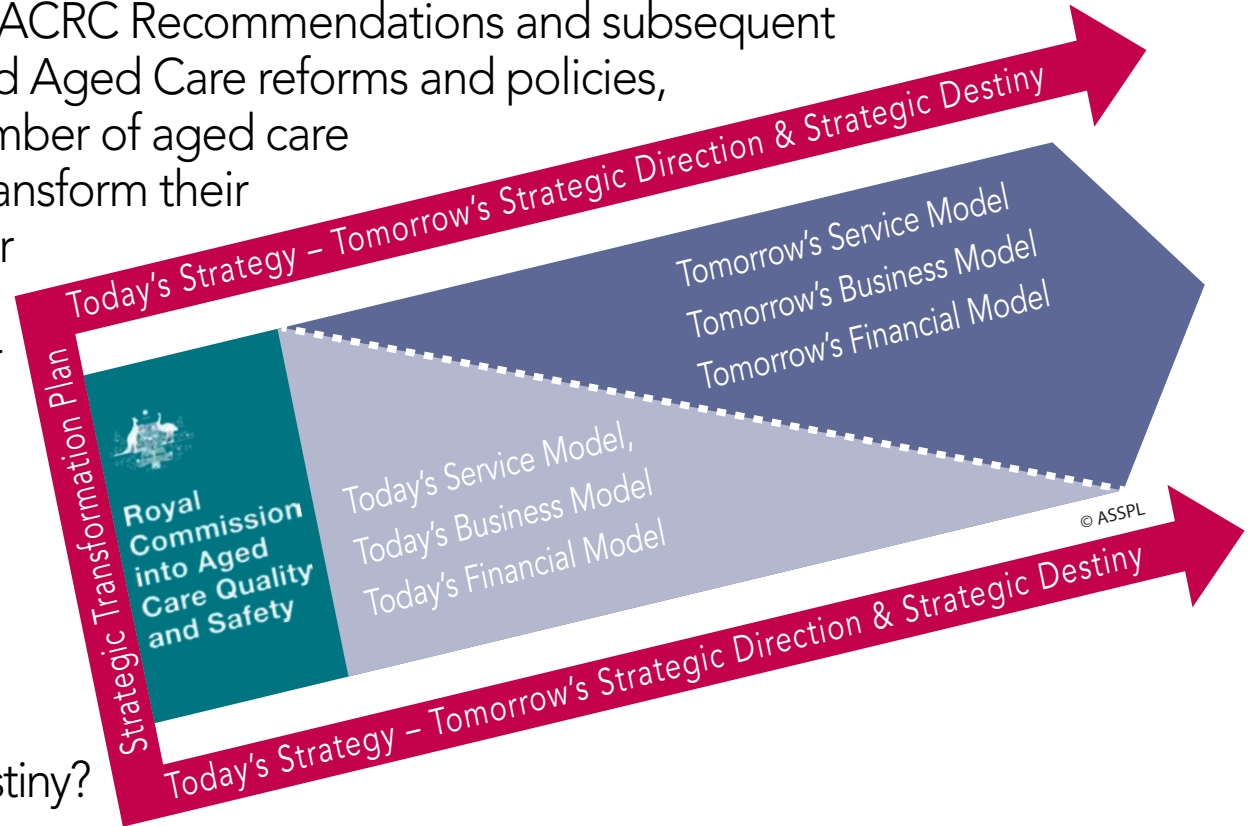
A Reminder, The ACRC's Three Strategic Messages

- ◆ The three strategic messages arising from the ACRC Recommendations and the framework they establish for all aged care providers and the industry are:
 - * de-institutionalise care
 - * individualise care
 - * transform care.
- ◆ In summary, a cataclysmic paradigm shift, focused on the individual who is ageing and receiving care, not the provider that is delivering or developing care.
- ◆ However, in a nutshell, providers must strategically transform or perish!



A Reminder, Today's Strategy, Tomorrow's Strategic Destiny

- ◆ As a consequence of the ACRC Recommendations and subsequent Department of Health and Aged Care reforms and policies, a small but increasing number of aged care leaders have started to transform their organisations, re-engineer their service–business models and reinvent their organisation's culture.
- ◆ The concern is that many leaders are focused only on implementing ACRC “technical reforms and policies”; but what is their organisation's strategic destiny?



3. The Challenges & Opportunities For The Leaders Of Aged Care



1. Challenges & Opportunities...Enhance Your Understanding & Knowledge Of The Future Big Picture

- ◆ The first of a board's four key responsibilities, as distinct from its two key roles, is to provide appropriate and up to date strategic leadership of their organisation and its services, in partnership with the chief executive officer and executives.
- ◆ Take time out to significantly strengthen your board's, chief executive officer's and executives' understanding and knowledge of the emerging and future big picture drivers and trends within acute care, primary care, allied health care and aged care.
- ◆ Undertaking such professional development regularly each quarter/year will provide the basis upon which strategic, organisational and service ideas and opportunities can be explored, researched and developed in concert with leaders within each of the four service quadrants of the Australian Health Care System.

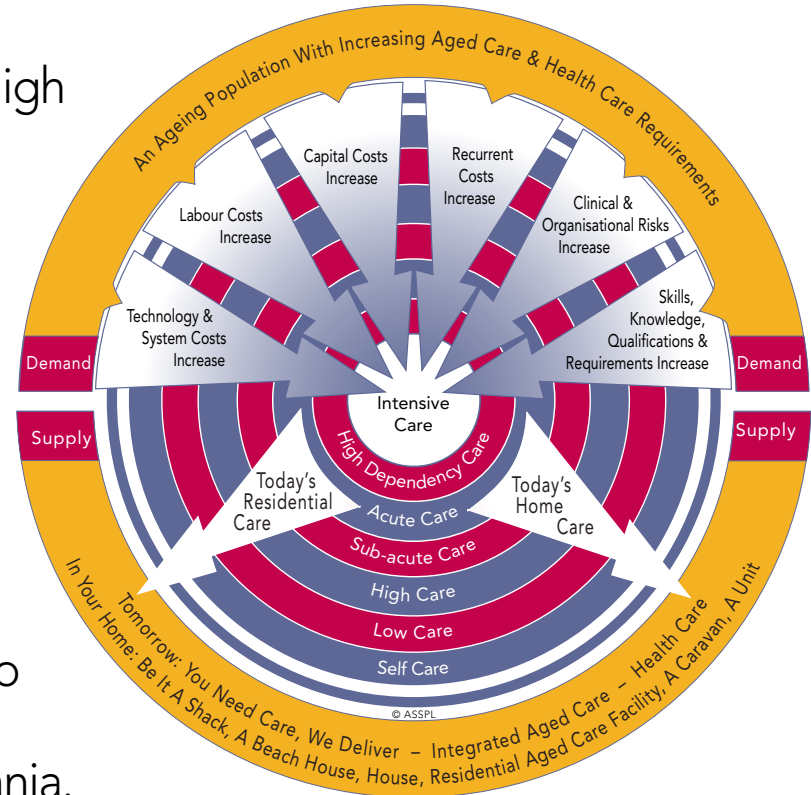
2. Challenges & Opportunities...Innovative Leaders Are Going Beyond Traditional Programmatic Aged Care Services

- ◆ Throughout Australia there is an increasing number of leading and upper following providers researching, developing and/or delivering a range of innovative aged care and health care services, eg: integrated living, Corumbene, Silverchain, Gannawarra Shire Council, Care Connect, ECH.
- ◆ These providers are going well beyond traditional, Commonwealth government funded, programmatic residential aged care or home care services.
- ◆ Contact and visit innovative leaders to understand the why and the how, along with the benefits and value of their strategies, projects and outcomes.



3. Challenges & Opportunities...As Care Levels Increase, Everything Else Increases

- ◆ There are seven levels of care: intensive care, high dependency care, acute care, sub-acute care, high care, low care and self care.
- ◆ As the level of care, that is the acuity of care of a person increases, everything else increases, eg: clinical and organisational risks, recurrent costs; refer to adjacent model.
- ◆ It is interesting to note that 50–60 years ago aged care services spanned only from self care – limited high care.
- ◆ Today, aged care services span from self care to sub-acute to acute care, eg: State-funded sub-acute/acute beds, example Toosey, Tasmania.



5. Challenges & Opportunities...Research New Or Develop Existing Service Options & Service Pathways

- ◆ Acknowledging that residential aged care and home care leaders are dealing with significant ACRC reforms and policies, along with their respective organisational and service challenges and issues, there remains a need to have a strong focus on:
 - * reviewing existing service options and pathways for residents/clients, eg: service mapping
 - * creating new service options and pathways for residents/clients, eg: continuums of care.
- ◆ Therefore, research, plan and undertake service mapping and new service, business and financial models that can be integrated into people's service options and pathways and link into acute care, primary health care and allied health care services.



6. Challenges & Opportunities...Local Or Regional Resident/ Client Case Management Meetings & Communications

- ◆ An increasing number of aged care directors of care, clinical nurse advisors and similar management or staff are meeting fortnightly or monthly with the lead clinicians and specialists of their regional hospitals, eg: emergency department, regarding residents'/clients' health status, for example Bilyara and Orange Base Hospital, New South Wales.
- ◆ Adopting such an approach brings significant value and benefits to, eg:
 - * residents/clients
 - * the hospital emergency department
 - * the aged care provider,
- ◆ Examples being, improved, coordinated care, no ambulance costs or ramping, reduction in hospital bed block, etc.



7. Challenges & Opportunities...Assist Residents/Clients To Remain Self Managing & Directing

- ◆ As previously mentioned, aged care has a critical role and function to play now and into the future as part of the Australian Health Care System, in:
 - * keeping people out of hospital
 - * helping people exit out of hospital earlier
 - * preventing re-admission to hospital
 - * addressing residents'/clients' co-morbidities by focusing on their lifestyle, health and wellbeing journey.
- ◆ In essence, assisting residents/clients through service delivery to enhance, with or without support, their self-management and self direction.



8. Challenges & Opportunities...Manage The Types & Costs Of Care At Every Level, In Every Service

- ◆ A planned and integrated approach between various providers to a residents'/clients' care assessment, planning, management and delivery can bring significant cost reduction for all providers in whatever service quadrant they are involved in and at every level of care, eg: human resources, financial resources, data and systems, etc.
- ◆ Understanding, at even a basic level the true cost of assessment and care, be it within a hospital, ambulance or allied health care, greatly assists in residents'/clients' planning and management of their actual or possible clinical care pathways; examples being:
 - * acute care bed \$800 – \$1,500 per day
 - * ambulance transport \$600–\$1,200 per hour.



9. Challenges & Opportunities...Review Your Strategic Plan, Your Organisation's Global Strategy

- ◆ In light of the aforementioned strategic messages, challenges and opportunities regarding aged care and its place in the current and future Australian Health Care System, your board, chief executive officer and/or executive team may wish to consider:
 - * what are the big strategic messages and meanings, ideas and opportunities, challenges and risks for our organisation and its services
 - * are we up for brave discussions and bold decisions
 - * could we, or should we, renew or create a new global strategy, a strategic future, a strategic plan for our organisation?



10. Challenges & Opportunities...The Unspokens, People Who Face Bias, Discrimination & Lack of Service Access & Equity

- ◆ In practical reality, Aboriginal or Torres Strait Islanders, people who are ageing, homeless, highly vulnerable and/or living with disability or mental health conditions still face a wide range of access and service challenges and issues; driven by a lack of compassion, acceptance, understanding and associated bias and discrimination, be it in acute care, primary care or allied health care, and as reported, parts of aged care.
- ◆ There is a wide range of strategies and projects that have been and still need to be developed into every service quadrant of the Australian Health Care System; whether they are rural, regional, remote or metropolitan providers to support these and service people.



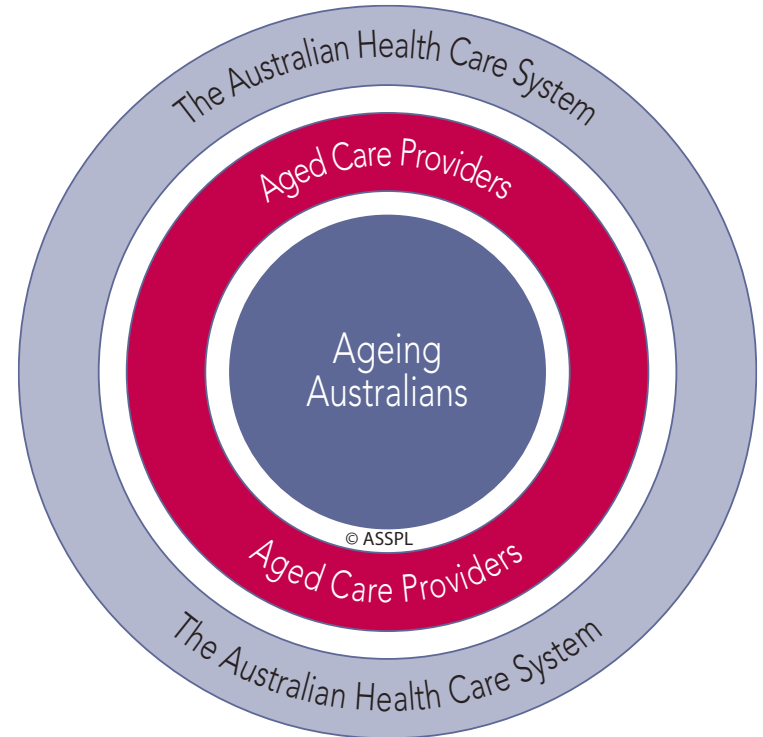
11. Challenges & Opportunities...RBA's Strategic Message, Strategic Challenge & Strategic Solution

- ◆ In April 2022 the Chairman of the Reserve Bank of Australia defined several of the greatest financial challenges Australia faces into the future; they could be defined as:
 - * **the strategic message:** given the current revenues and expenditures of aged care, health care, NDIS and defence, the demand requirements and supply and deliverables are utterly unfundable into the future
 - * **the strategic imperative:** review and reform the existing and design and develop the future revenue and expenditure criteria and parameters of these four programs
 - * **the strategic solution:** an ability to not only fund the future, but fund the unfundables, that is those additional research, strategies, projects and resources that will deliver service, success and sustainability in all four quadrants above.



12. Challenges & Opportunities...ACCPA Understand & Focus On The Australian Health Care System, A Call to Action

- ◆ Given the ACRC's reforms and policies, strategic messages, direction and destiny are founded on de-individualise care, de-institutionalise care and transform care, it is absolutely mission critical for the Board, leaders and members of ACCPA to:
 - * understand and implement "the Lego Blocks" of the ACRC reforms and policies; in so doing ultimately determining their organisation's strategic destiny
 - * develop a far greater understanding of the Australian Health Care System and aged care positions today and tomorrow



12. Challenges & Opportunities...ACCPA, Focus On The Australian Health Care System, A Call to Action

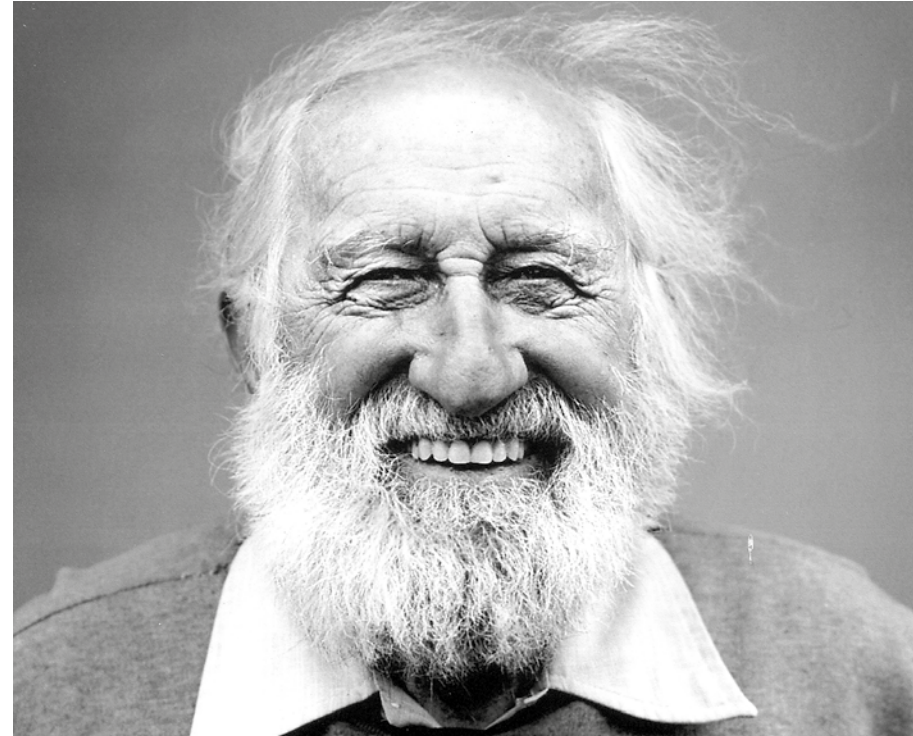
- * identify and engage key Commonwealth and State government leaders and service quadrant leaders and inspire them to engage in national strategic discussions and projects to fully integrate aged care into the Australian Health Care System
- * partner with these leaders, particularly governments, to identify the issues and resource the solutions to ensure aged care is truly part of the Australian Health Care System.



Dougie Faced The Realities Of Ageing & The Challenges Of The Australian Health Care System

- ◆ Returning to Dougie, a character if there ever was one, a man who from birth into old age enjoyed excellent health, only to face the realities of ageing with health care challenges and the challenges of the Australian Health Care System towards the end of his life...
 - * we can do better
 - * we should do better
 - * we will do better

...aged care must become a vital, integrated and fully contributing part of the Australian Health Care System.



3. Available Resources



Available Resources

Presentations

- ◆ Take Three...in light of the strategic impacts & implications of the ACRC Recommendations, are traditional residential aged care & home care business models doomed to failure or continual demise?
Michael Goldsworthy
- ◆ The Board, CEO's Roles & Responsibilities in Strategically Transforming Their Organisation.
Michael Goldsworthy



Take Three, Red Telephone Boxes or Interstellar Tardises...

...in light of the strategic impacts & implications of the ACRC Recommendations, are traditional residential aged care & home care business models doomed to failure or continual demise?

Aged & Community Services Australia 33rd National Summit
Concurrent Session 5
Monday, 17 May, 2021 | 2.15 pm – 2.55 pm

 AUSTRALIAN STRATEGIC SERVICES  

Available Resources

Articles

- ◆ It's a Paradigm Shift, *Michael Goldsworthy*
- ◆ Boardroom Bingo, *Michael Goldsworthy*
- ◆ Strategy, The Key Domain of Directors, Chief Executive Officers and Executives/Senior Managers, *Michael Goldsworthy*
- ◆ Adaptive Governance...Transformational Leadership, *Michael Goldsworthy*
- ◆ Financial Stability Review, Reserve Bank, <https://www.rba.gov.au/publications/fsr/2022/apr/contents.html>
- ◆ Rethinking aged care: emphasising the rights of older Australians, *Stephen Duckett & Hal Swerissen, Grattan Institute, October 2020*, (this report can be found by typing <https://grattan.edu.au/report/rethinking-aged-care/> into your browser).

Available Resources

Articles con't

- ◆ 2021 Healthcare CEO Future Pulse, 10 actionable perspectives for healthcare leaders, KPMG, <https://assets.kpmg/content/dam/kpmg/xx/pdf/2021/07/healthcare-ceo-outlook-report.pdf>
- ◆ Australian Institute of Health & Welfare Report, <https://www.aihw.gov.au/reports/aged-care/my-aged-care-region>

Tools

- ◆ The Comparison Tool
- ◆ Strategic & Organisational Assessment Tool
- ◆ Current & Future Business or Service Model Tool

Notes & Sources

◆ Notes and Sources for graph on page 8

Notes:

(a) Count of people who reported that they have been told by a doctor or nurse that they have one or more of the following selected long-term health conditions: arthritis, asthma, cancer (including remission), dementia (including Alzheimer's), diabetes (excluding gestational diabetes), heart disease (including heart attack or angina), kidney disease, lung condition (including Chronic Obstructive Pulmonary Disease or emphysema), mental health condition (including depression or anxiety) and stroke.

This count excludes "Any other long-term health condition(s)".

(b) Based on place of usual residents, excludes overseas visitors.

Source: Count of adults (15 years and over) with selected long-term health condition(s) in household (CALTHD), Count of children with selected long-term health condition(s) in household (CCLTHD)

Source: Australian Bureau of Statistics, Health: Census 2021

Further Information & Assistance

- ◆ For further information, resources or assistance regarding any aspect of this presentation or its application to your organisation/services, please contact:



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