 John Richards Centre
for Rural Ageing Research

 **State
Trustees**
Australia Foundation

 **indigo
4Ms** age-friendly
health care

Building health literacy for age-friendly health care in rural areas

- a collective approach

Acknowledgements

Thank you to the State Trustees Australia Foundation for funding this work.

We sincerely acknowledge the many organisations and individuals who contributed to the development and implementation of this project. Although it is impossible to thank everyone personally, we wish to recognise the contributions of staff and volunteers at key organisations that provided vital support.

- Corryong Neighbourhood Centre, Mount Beauty Neighbourhood Centre, Quercus Beechworth, and Tallangatta Neighbourhood House
- Alpine, Indigo, and Towong Shire Councils
- Staff from Alpine Health, Beechworth Health Service, Corryong Health, Mount Beauty Medical Centre, and Tallangatta Health Service
- Members of the Indigo 4Ms Advisory Group, along with the Chair, Jenny O'Connor.

We also wish to thank Dr Clare Wilding and Natalie Gower for their significant contributions to the project.

Finally, we thank the community members and organisations across northeast Victoria who generously offered their time and resources to support the project, whether through direct participation, promotion, or contributions to the evaluation.



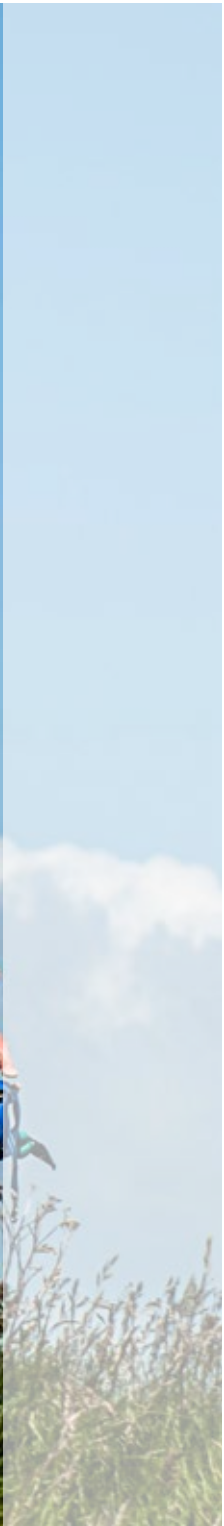
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February 2026

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Executive Summary

Supporting healthy ageing is crucial for small rural communities.

The Indigo 4Ms in the Community project aimed to raise awareness of the Indigo 4Ms tool for healthy ageing and to bring older people and local community organisations together to develop resources and strategies for its use.

Led by the local neighbourhood house, community members and stakeholders in four townships across northeast Victoria came together through a collective impact approach.

- Community meetings were held with residents, representatives of local organisations, and a university research partner to learn about the Indigo 4Ms Framework and conversation tools, local health and wellbeing needs, and to map community assets.
- The community groups created a vision and shared agenda, setting priority actions to be implemented.
- Communities developed their own versions of the tool, with all sites agreeing to adapt it to focus on everyday health and wellbeing, renaming it 'An age-friendly guide to ageing well.'
- Resources and initiatives were developed and promoted collaboratively across communities to help people incorporate the guide into their daily routines.

Findings

The project evaluated the impact of 'An age-friendly guide to ageing well' (the guide) on health literacy and the community's role in supporting healthy ageing.

Overall, the findings were broadly positive, particularly in sites where existing organisational structures and partnerships were strong.

- The guide improved participants' ability to understand and engage with health information, and most found it easy to read and use.
- The guide helped older people prepare for medical appointments by clarifying their concerns, boosting their confidence, and enhancing their sense of control during discussions with health professionals.
- Many participants shared the guide with family and friends, and some became advocates within their communities, encouraging their peers to use it.
- Community organisations, especially Neighbourhood Houses, generally regarded the project as aligned with their mission and incorporated it into their existing programs.
- The project enhanced collaborations among health, allied health, and community services, resulting in meaningful practice changes.
- In one town, the 4Ms guide has become embedded in community programs and medical practice, with the local health service planning to extend it to service delivery.
- Organisations experiencing financial and staffing issues found it hard to stay committed to the full rollout of the guide.

Recommendations

Supporting health literacy

- The 'Age-Friendly Guide to Ageing Well' is ideal for older people. The aim should be to gradually expand its use.

Training health professionals

- Health and medical stakeholders responded favourably to older people's use of the guide during consultations, suggesting there is potential to integrate it into medical and allied health education and professional development programs.

Strengthening organisational capacity

- Rural community organisations work with limited budgets and high demands. Having dedicated local champions and clear governance structures genuinely makes a difference.
- In future implementations, the local host organisation at each site should receive independent funding for a designated lead person and administrative costs.
- Any continuation or expansion should allow extra time to collaborate with community organisations to agree on the purpose of the work, each organisation's contribution, and to regularly assess ongoing capacity.

Longer-term evaluation

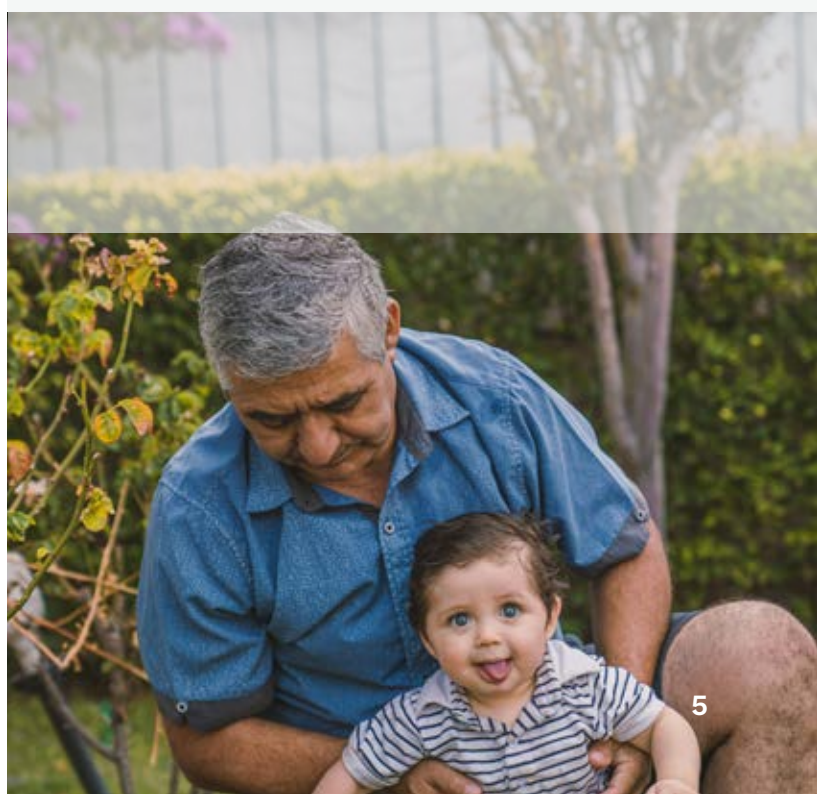
- A follow-up longitudinal study would provide a clearer understanding of the guide's lasting impact on rural communities and its role in promoting the health and wellbeing of older people.

This Report

This report begins with an overview of why healthy ageing is important to rural communities and describes the development of the integrated Indigo 4Ms Framework. It then explains how the project was carried out, outlining a five-step community development approach based on collective impact. The report then presents the evaluation findings and concludes with recommendations for future work.

To ensure the report is easy to read, academic referencing is avoided. Instead, a list of sources consulted and used during this project is provided at the end of the report. This list also includes resources to:

- Assist organisations and communities to learn more about healthy ageing, the Indigo 4Ms Framework and guides, and to undertake community-based co-design.
- Assist in promoting and implementing the Indigo 4Ms approach in communities and organisations, including the Indigo 4Ms guide, promotional videos, and flyers.



Background

Older Australians make up a significant part of the population in rural communities, where they play a vital role in sustaining community life.

Living in rural areas offers many benefits, including a sense of belonging, mutual support within close-knit communities, a slower pace of life, and natural scenery. However, older people tend to have poorer health outcomes compared to their urban counterparts. Rural communities often have limited access to vital resources, including suitable housing and reliable public transport, which are essential for creating age-friendly environments.

Growing older is associated with greater self-acceptance and acceptance of others, improved decision-making, wisdom and empathy, and a strong desire for connection and contribution. It is also associated with a gradual decline in physical and mental capabilities, such as moving, seeing, hearing, and remembering, a decline that is neither linear, consistent, nor closely associated with age in years.

Healthy ageing, as defined by the World Health Organization (WHO), is about maintaining and improving our ability to do the things that matter to us as we age, such as staying active, connecting with others, learning new things, and living independently. How well we age depends on our physical, mental, and social abilities and whether we can freely access an environment around us, including our home, buildings, public spaces, and engage with people and services that meet our needs. For older people and rural communities to flourish, the environment must support people to age well.

The Indigo 4Ms Framework was developed by a team of older people and health workers across northeast Victoria to guide actions that can prevent, slow or even reverse common age-related difficulties in four key areas—what matters, medications, mobility, and mental wellbeing. It was based on two evidence-based international guidelines: one for hospitals (Institute for Health Improvement/John A. Hartford Foundation’s Age Friendly Health Systems initiative) and one for the community (WHO Integrated Care for Older People).



To put the Indigo 4Ms Framework into practice, two tools were co-designed by older people and stakeholders from the health, aged care, and community sectors across northeast Victoria: the *Indigo 4Ms Tool for Health Care Workers* and the *Indigo 4Ms Tool for Older Persons*. These tools offer conversation prompts and small actions to help older people and health care workers gain the knowledge and guidance needed to support healthy ageing (see pages 24 and 25 for the older person’s prompts).

However, to fully realise the value of the tools, older people must have access to copies of the tool, be able to apply the information to their own life, have the confidence to act, have health and community organisations that support their decision-making, and live in age-friendly social and physical environments.

This expanded understanding of health literacy goes beyond individual reading and numeracy skills for managing illnesses to include the development of transferable skills for both individual and collective action towards everyday health and wellbeing.

This project

With funding from the State Trustees Australia Foundation, this project worked with older residents in four rural Victorian towns to implement the Indigo 4Ms Tool for Older Persons.

The initiative was designed to enable residents and community organisations to work together to identify what is already available and what needs to change to support healthy ageing.

The project adopted a collective impact approach to achieve its objectives and meet the needs of diverse communities. Collective impact organises the work of diverse stakeholders around five core conditions: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and a backbone support organisation. The framework has been adopted in Australia, with the Australian Institute of Family Studies estimating that over eighty collective impact initiatives have been conducted nationwide.

The project was conducted across the Alpine, Indigo, and Towong local government areas (LGAs) in northeast Victoria. Four small rural towns within these LGAs were chosen as potential sites based on their proximity to health services involved in a related project implementing the *Indigo 4Ms Tool for Healthcare Workers* in primary healthcare.

Approach

Since this project was initiated and led by a small team at the John Richards Centre for Rural Ageing Research (JRC) rather than by the communities themselves, the Collaboration for Impact's change cycle was used to develop a five-step project plan.

1. Establish project readiness
2. Build foundations through initial workshops
3. Create a vision and shared agenda
4. Implement, monitor and sustain initiatives
5. Evaluate project activities

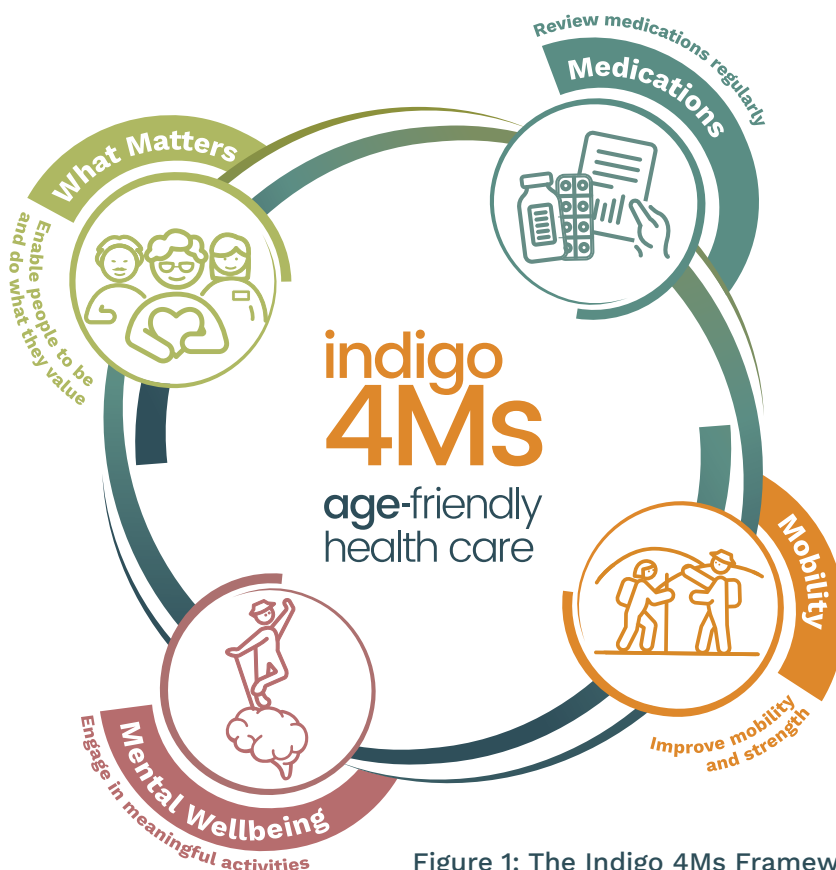


Figure 1: The Indigo 4Ms Framework

What We Did

Establish Project Readiness

(May 2023 – April 2024)

The first step of the project had two objectives:

1. To establish governance and project management systems, and
2. To identify and raise awareness among local community leaders about the project, and the connection between the health and wellbeing of older people and community wellbeing.

Establish governance and backbone infrastructure

Ethics approval was obtained from the La Trobe University Health Human Research Ethics Committee (HEC23396), ensuring that data security and oversight were in place.

A public-facing website (www.agefriendlynev.au) was developed to provide communities and organisations with easy access to information about the projects and resources as they were developed.

A regional advisory group with an independent chair was formed to ensure the two concurrent projects were aligned, achieved their outcomes, and received regular, critical yet friendly oversight and strategic advice. The advisory group included broad representation from local, state, and federal government departments, health and community service organisations, volunteer groups specific to older people, and older individuals themselves.

Community liaison and awareness

To build local support, meetings were held with established networks across the region to foster a sense of urgency for change, gauge community interest, and seek introductions to potential collaborators. Whenever possible, these meetings were conducted face-to-face; however, online meetings were also held.

The priority was to secure the support of a local organisation to act as the 'backbone' or host for the initiative. The JRC acted as the 'backbone to the backbone', providing administrative support for meetings and activities, a communication network, and, through the grant funds, financial support for room hire, refreshments and the production of resources. The local host was asked to work closely with JRC, other community groups, and residents, and to focus on understanding and addressing the needs of older community members.

In consultation with the Upper Murray Neighbourhood House Network, a neighbourhood house in each town was approached and agreed to participate. These were Corryong Neighbourhood Centre, Mount Beauty Neighbourhood Centre, Quercus Beechworth, and Tallangatta Neighbourhood House. Except for Tallangatta, which is managed by the local council (Towong Shire), neighbourhood houses are community-run, funded by the State Government and grants for various programs and services. A paid manager oversees operations, supported by a small team including volunteers.



Build Foundations

(May 2024 – September 2024)

In the second step of the project, we worked with the neighbourhood house teams to build a local understanding of the health and wellbeing of older people in their community and the benefits of using the Indigo 4Ms tool for both individuals and the community.

To do this, JRC and the Neighbourhood House teams organised meetings for interested community members, with the Neighbourhood House manager and volunteers reaching out to people either in person or via email to invite them to the events.

Over eighty people participated across the four sites. With a few exceptions, all older people were residents of the town, many of whom had lived there for over twenty years. The majority also identified as members of a range of community organisations, such as Neighbourhood Houses, University of the Third Age (U3A), Probus, Men's Sheds, Senior Citizens, Country Women's Association (CWA), local health service advisory groups, and the Country Fire Authority (CFA).

Participating organisations came from a broad mix of sectors, including health, aged care, education, government, and community or non-profit organisations. Staff who attended were less likely to be residents in the town. Approximately one-third came from health organisations, followed by aged care, government, education, and community organisations.

Meetings were held at the Neighbourhood House and facilitated by JRC using a structured approach.

The agenda for the first meeting was to:

1. Learn about the Indigo 4Ms tool for older people
2. Review a Health and Wellbeing report for each township, created by the JRC using available census and community data relevant to healthy ageing.
3. Conduct table conversations to map existing opportunities for healthy ageing in each town.

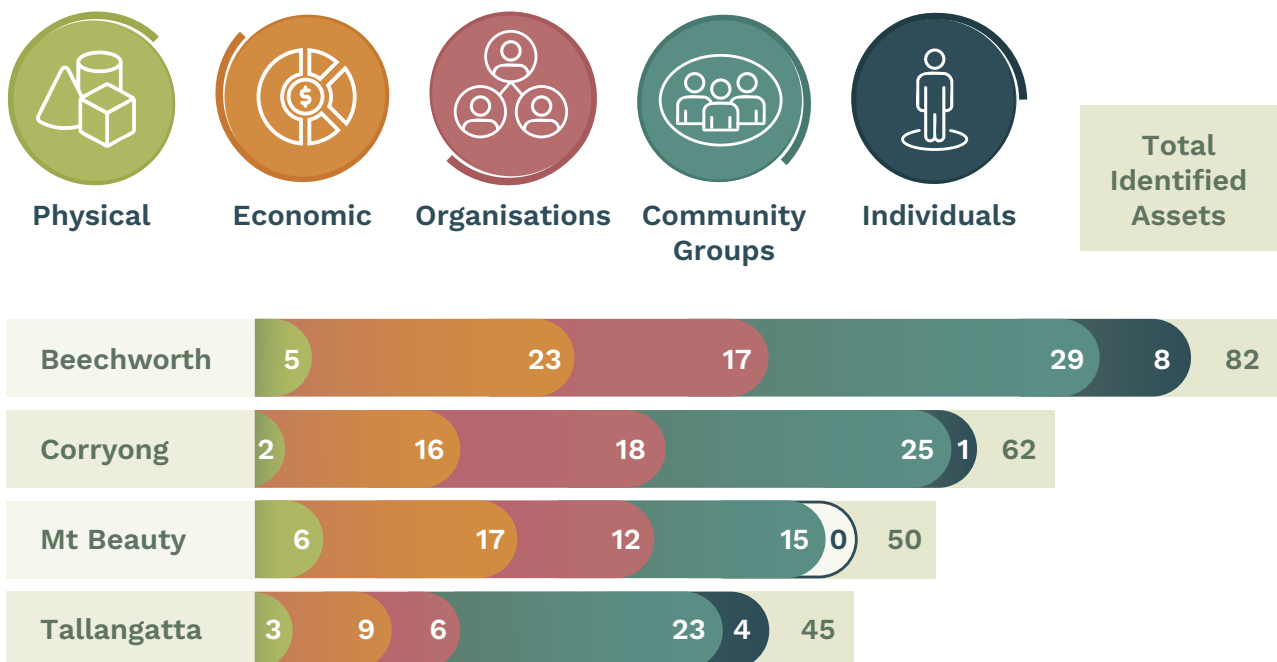
For the mapping, participants were asked to identify existing community assets that could support older residents in using the tool and taking action (Figure 2). Asset-based community development recognises that each community has a unique mix of people with skills, experiences, knowledge, and passion, along with organisations, economic, and natural resources.

Mapping these assets affirms and builds on the community's existing strengths to promote positive change. Additionally, the Mount Beauty community requested to map their network of community organisations to identify which groups have the most influence in supporting the implementation of the tool.

Across the four communities, many assets were identified that could be mobilised to support the project. When these assets were mapped against the core elements of the Indigo 4Ms, most reflected organisations and community groups that run exercise and social events such as Parkrun, golf, dancing, fitness classes, yoga sessions, local music festivals, knitting, and gardening groups. Importantly, because the 4Ms are interconnected, an asset supporting one M will also improve another M. For example, exercise programs often bring fun, laughter, and social connection, while attending a social event also encourages mobility.

During asset mapping, participants also identified community factors that could negatively impact this work. These included poor walkability, limited housing options, a lack of public transport options, inaccessible public buildings, and negative community attitudes towards ageing and older people. The towns also have limited internet coverage, and many older residents lack computers or smartphones, which creates communication gaps. Some communities have no access to hearing and vision assessments. All have a single pharmacy medical practice.

Figure 2: Asset type across sites



Create A Vision and Agenda

(May 2024-September 2024)

In the third phase of the Collaboration for Impact change cycle, each Neighbourhood House held additional community meetings, facilitated by JRC staff using Results-Based Accountability population accountability questions, to craft a shared vision for their project, identify measures for evaluating longer-term outcomes, and develop a collective action plan that built on the strengths identified in earlier workshops.

Figure 3: The vision and indicators for each community

	Beechworth	Corryong	Mt Beauty	Tallangatta
Vision	All older people are healthy and valued for who they are	We want all older people to add life to their years	Live well as you want to	We want all older people in Tallangatta to live their best lives
Indicators	<ul style="list-style-type: none"> • Healthy • Valued for who they are • Connected content & living with purpose • Safe 	<ul style="list-style-type: none"> • Independent • Healthy • Joy • Belonging 	<ul style="list-style-type: none"> • Respect • Empowered • Connected • Informed 	<ul style="list-style-type: none"> • Healthy • Connected • Valued • Financially secure

The move from vision to action asked the participants to consider what it would take to realise their vision, what they already knew worked, and what would be a feasible starting point. For three sites, Beechworth, Mount Beauty and Tallangatta, their plans of action all involved localising the *Indigo 4Ms Tool for Older People*, identifying how to distribute the tool and other information, and establishing a training program for advocates so they could expand the communities' understanding of healthy ageing and the benefits of the tool. Corryong participants wanted to focus on developing a single volunteer support program that would include a one-stop for volunteer checks, administration and training.

JRC prepared reports of all meetings, which were sent to participants either after follow-up meetings or through the Neighbourhood House manager. These initial meetings aimed to establish a core group of older residents and staff from local organisations in each community, with backbone support from JRC. It was anticipated that the project's messages — that healthy ageing is achievable through small actions at the individual level and by making changes to services and attitudes at the community level — would motivate ongoing local efforts.

Implement and Monitor

(September 2024 – November 2025)

The implementation phase continued in various forms across the four sites, with support from JRC.

Mount Beauty Neighbourhood Centre maintained a strong working group, with a small, dedicated volunteer team led by the Centre manager.

- They established a governance framework for the project.
- Healthy ageing and the 4Ms were linked to the Centre's existing programs.
- Working on the project helped build and strengthen partnerships with other organisations in the town, including the medical centre and health service.
- The Indigo 4Ms tool was localised as 'An age-friendly guide for living well', with the Neighbourhood Centre acting as the distribution and contact point.
- In a further revision, the group accepted Beechworth's updates to the structure of the conversation points.
- The working group requested a video be produced in a similar style to the existing Indigo 4Ms video for health workers, featuring residents and a local doctor.
- The video was dubbed into Italian with involvement of the Italian-speaking community in Myrtleford, and an Italian-language version of the tool was produced.
- Individual members of the working group took responsibility for sharing the guide with others by speaking at service organisations' meetings, attending community meetings, and taking advantage of face-to-face opportunities.
- A local flyer was produced and distributed at community events and regular community lunches.
- A 4Ms tear-off pad was created to aid note-taking.

In Beechworth, the working group revised the conversation prompts to focus more on everyday health and wellbeing rather than preparing for an appointment with a health provider. They also adopted the Mount Beauty title, 'An age-friendly guide for living well.' Indigo Shire Council agreed to act as the distribution point. Further meetings mapped connection points and began developing a training program.

For the Beechworth, Tallangatta, and Corryong sites, the implementation phase was impacted by staffing changes within JRC and shifts in funding, which limited workforce capacity and affected alignment within community organisations involved in the project. Additionally, staff turnover affected both continuity and advocacy for actions. As is common in rural areas, staff had very limited time to dedicate to the project due to broader government-mandated or funding requirements. Corryong Neighbourhood Centre struggled to remain viable, placing significant strain on staff and volunteers.

Even with these challenges, engagement between organisations and their community representatives continued across all sites, leading to ongoing promotion of the guide's benefits and service changes, especially in small rural health services.

Evaluation

The evaluation stage examined the impact of the Indigo 4Ms guide and participation in the project on:

- **Opportunities for older residents to improve health literacy associated with the Indigo 4Ms**
- **The integration of policies, programs, or services delivered by local community organisations to support older residents' health literacy related to the Indigo 4Ms**

The evaluation gathered data from both older people and representatives of community organisations involved in the project.

A survey for older people gathered socio-demographic data and their experience with the Indigo 4Ms (24 completed), while a second survey collected information from organisational representatives about their involvement in the project and any changes to their service delivery and operations (8 completed).

Twenty-two semi-structured interviews were conducted, including twelve with older people and ten with an organisational representative, either face-to-face or online. The project team also collected data regularly through field notes, a spreadsheet collating how the Indigo 4Ms guide was distributed or adapted, and project reports.

Participants were recruited from November 2025 to February 2026:

- Posters were displayed at neighbourhood houses.
- Hard copies of the surveys were left in community areas. Electronic invitations were sent to community members and local organisations via the Neighbourhood House managers.
- People who attended community meetings and had consented to be contacted were also emailed an invitation to participate.
- Participants were also recruited by 'snowballing', that is, by people who had taken part in the evaluation talking to others about it.

Limitations of the evaluation

Recruiting participants to the evaluation was challenging due to the loss of connection following staff turnover within participating organisations and the diffuse spread of the Indigo 4Ms across the region.

Self-select samples may be biased towards individuals with strong opinions, whether positive or negative, about improving the health and wellbeing of future older people and ensuring the viability of small towns and their community organisations.

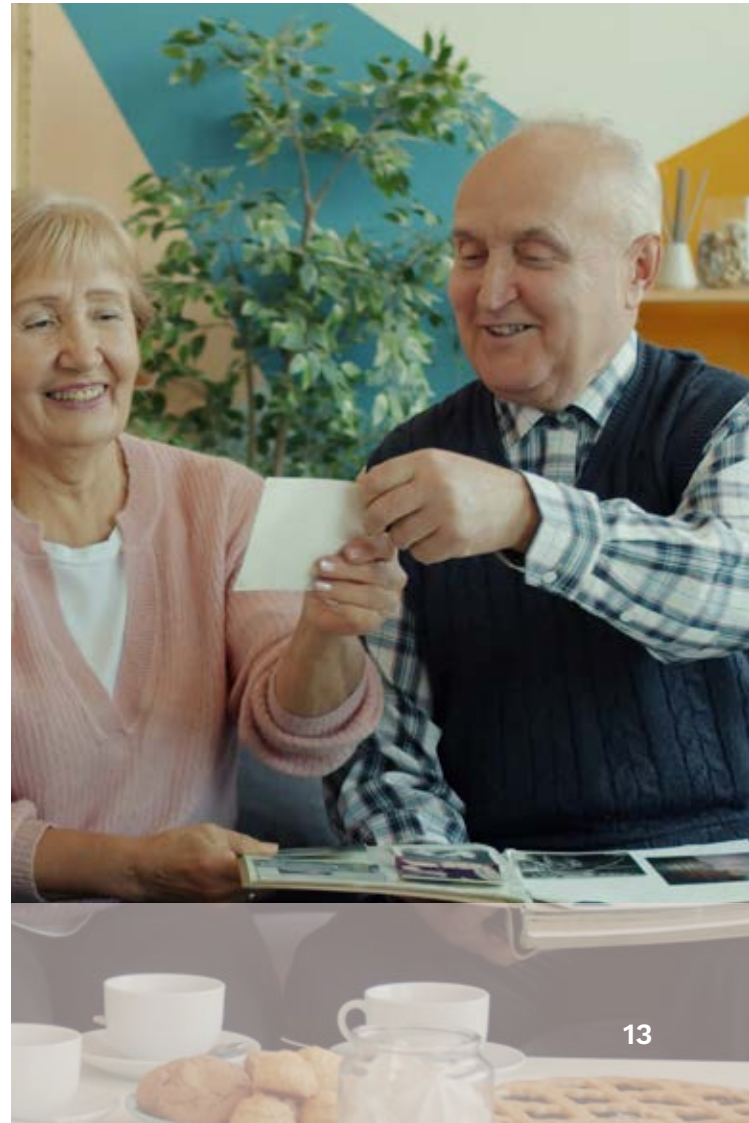
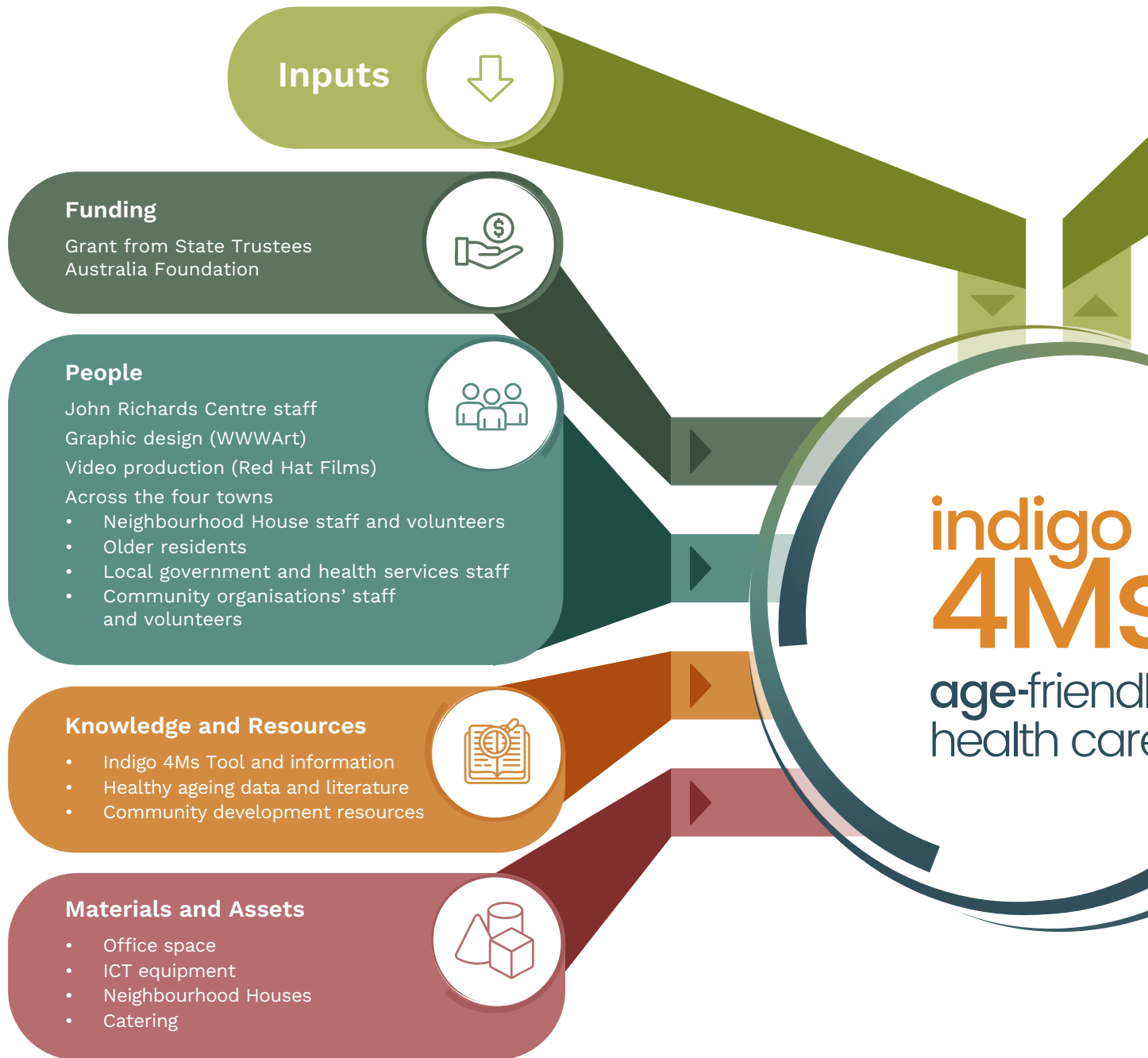


Figure 4: Modified program logic





Activities & Outputs



Engagement

- 18 community meetings with 80+ people
- 36 community organisations engaged in planning
- 26 community organisations engaged in implementation
- 2 community surveys including the Indigo 4Ms (administered by Neighbourhood Houses)



Resources Developed

- Videos promoting the Indigo 4Ms (3 in English and 1 Italian)
- 3 localised versions of the Indigo 4Ms guide, including an Italian version
- An Indigo 4Ms peer training guide
- Indigo 4Ms notepad and brochures



Promotion and Communications

- 2 video launches with associated media coverage
- 350+ YouTube views of Indigo 4Ms videos
- 22 community and industry presentations promoting the Indigo 4Ms
- 15 newspaper /radio interviews; a weekly segment on Alpine FM (Mount Beauty)
- 5 community websites and Facebook pages featuring and promoting the Indigo 4Ms
- 22 distribution spots for the Indigo 4Ms guide
- Indigo 4Ms videos played in medical centre waiting room (Mount Beauty Medical Centre)



Policy and Service Changes

- The Indigo 4Ms guide integrated into general assessments across 6 health services
- The Indigo 4Ms guide is provided to new homecare clients at two health services and incorporated into patient communication board at one health service
- The Indigo 4Ms video is included in new employee's induction program at two sites



Grant Applications

- 3 grant applications were submitted to support Indigo 4Ms related activities

Findings

Findings are presented in two sections:

- an analysis of data relevant to older people, based on health literacy theory
- a thematic analysis of data on the organisations involved in the project.

Health Literacy and the Indigo 4M

For this analysis, health literacy is defined as a personal asset that goes beyond basic skills to include the ability to benefit individuals and communities. It is divided into three levels: functional, interactive, and critical (Nutbeam, 2000). This typology has been widely used in research and practice.

Functional health literacy

Functional health literacy refers to the basic reading and writing skills needed to understand and follow health information.

Survey responses revealed that engagement with the Indigo 4Ms improved functional health literacy by supporting learning and understanding.

- Most respondents agreed that the Indigo 4Ms provided useful health information, helping them build new skills (60%) and confidence (70%) in managing their health and wellbeing.
- Importantly, nearly all respondents reported that the 4Ms helped them understand what matters in their daily lives.

The interviews confirmed these findings. Participants observed that the guide's straightforward language made its content easy to understand and encouraged self-reflection, demonstrating the benefits of involving older people in its design.

I think the simplicity of it. Yeah, just having it quite laid out in terms of the questions and, yeah, it was very simple and very easy to read. (OP4)

I found it fascinating when it says, what causes your happiness? How do you feel today? I thought and, there's something that you don't think about. (OP3)

I was looking at it.... I thought am I walking enough? Am I doing enough strength training? Am I letting that lapse? I mean I just think that they're really good triggers for thinking about yourself. It's not confronting. (OP8)

Most older people could recall each of the Ms and explain how they connected, demonstrating their understanding of the guide's content.

For me it's always connected well with obviously your physical wellbeing, but also for me mobility, but also the mental thing. (OP8)

Some participants highlighted the guide's usefulness for planning their medical visits, while one participant said they were planning to use it in the future.

Okay, well it helps me sit down and think about what really matters and what I really want to talk to the GP, or whoever. (OP3)

[The guide] is going to make the world of difference this year...it really going to get me asking the right questions. Getting answers that I can comprehend. (OP3)

I haven't personally used it whilst I still think there's a place for me to use it somewhere down the track. (OP7)



Interactive health literacy

Interactive health literacy builds on functional literacy and involves more advanced thinking and social skills. These skills help people to actively find and use health information from different sources, communicate effectively with health professionals, understand messages accurately, and confidently navigate health systems. As a result, interactive health literacy boosts self-confidence, motivation, and independence.

- About half of the survey respondents discussed the Indigo 4Ms with friends and family, and fewer with a health provider.
- Approximately two-thirds of respondents plan to include the 4Ms in their daily routines. At the time of the survey, only a small number had tried something new (18%) or used the 4Ms to plan for their health and wellbeing (19%).

During the interviews, older people discussed how the guide provided them with a structure for their conversations with others, a written reminder of what they wanted to talk about, and the confidence to raise issues that mattered to them.

I filled it out yesterday when I went and just to give me a reminder of what I wanted to talk about, and the medications that I wanted that day. (OP4)

I've got these questions, and I know that this [medical] practice is open to me referring to it [4Ms guide] and the GP looking at it as well. (OP9)

It has given me permission to say things that maybe you didn't walk to talk about. It prompts you to have the permission to say, look I'm feeling rotten, I'm feeling down, I'm feeling lonely or whatever. (OP3)

But I found I'm ready now to actually go back to the GP and say, look, I think I need a review. Because I've gone to a plateau where nothing is shifting. (OP11)

One participant shared that a visiting General Practice Registrar recognised the importance of the guide in establishing meaningful communication.

I had my [4Ms guide] there when I went, but I had the intern. She said it was the best thing she'd seen in eight years of study so far as patient participation she said she can't wait to get back and tell them all about it and what we do in the bush. (OP4)

For some participants, the guide has supported their discussions with family, which is especially important in small rural communities when immediate family members might be geographically distant. As one participant noted:

I suppose it's [4Ms guide] something that I've got there in the file to be able to say here's evidence and it's also to be able to use it with saying to family members, here's what we need to be looking at. (OP5)

Critical health literacy

Critical health literacy includes the ability to critically analyse health information, recognise wider social and political factors affecting health, and undertake collective or personal action to exercise autonomy and influence social norms.

For some participants, using the guide as the foundation for their conversations with their doctors gave them a sense of control.

Even just having that hard copy in front of you to go, all right, these are the questions I'm asking, this is what this doctor said, and then just being able to follow up on that instead of leaving the appointment going, I'm health literate. I'm an educated woman, what just happened? (OP10)

It empowers you. That's what I like about it. It's an empowering guide. (OP4)

One participant recognised the guide's person-centred approach as central, while acknowledging the importance of staff response.

So, what I loved about it as the 4Ms looks at people's values and looks at what they want. But you have to have staff that listen and document. (OP11)

Some of those interviewed have become advocates for using the guide, including it in their conversations with peers to help them also gain control over their appointments.

If you share something like that [4Ms guide], they are interested, because jeez, I don't do that when I go to the doctor, that's a good idea. That's locally too. When that started happening locally, you could see people saying yeah, that's a better idea, because I do forget to tell him, to ask about stuff. (OP12)

Well, you could just say that if you're using the 4Ms format that you have a better appointment, you actually get out what you want to go for. You don't forget. (OP4)



Healthy Ageing and Community Organisations

The second aim of the project was for local community organisations to create spaces, programs, and services that support older residents in using the Indigo 4Ms guide.

Using a collective impact approach, the project aimed to build partnerships, develop a shared understanding of the factors that help people maintain and improve their health and wellbeing as they age, and demonstrate how healthy ageing contributes to community sustainability.

Three key themes were identified:

1. Linking the project to existing activities
2. Strengthening interactions with other organisations
3. Adapting services to address healthy ageing



Linking the project to existing Neighbourhood House Activities

While neighbourhood houses were asked to provide local backbone infrastructure, with JRC serving as the backbone for the entire initiative, the project also encouraged Neighbourhood Houses and other participating organisations to consider how existing programs and services could be integrated, refined, or applied to support the 4Ms. This is essential in small rural communities where resources are limited.

At the outset, neighbourhood houses agreed the work fitted with their remit:

It aligns pretty well, I think. A lot of the people that come into the Neighbourhood Houses are ageing. ... so it aligns very well from that perspective. Certainly, Neighbourhood Houses are looking for ways of supporting people in the community. The idea of people being able to take more control of their ageing process so that they can more effectively stay at home, I think that resonates very well from a community development perspective as well. It's about providing access and equity, and empowerment for people. I think there's just a lot of touch points for us around that work. (CO2)

For some neighbourhood houses, the alignment between the project and their existing program of activities was immediately clear:

it does support our mission, which is community supporting community. So, and it has been that. ... I put it to our board of governance and convinced them that I thought it was a great project to be involved with, that would support all the other projects that we are currently doing. (CO1)

However, for others, the link between their work and the project's aims was less obvious:

trying to find the points of connection and where the 4Ms intersects with [not only the] Neighbourhood House, but maybe looking a bit more specifically at where those intersections are might help. I could probably be more involved around just trying to understand their connections and how it could benefit what they do going forward. (CO2)

Without this alignment, the 4Ms were seen as just another project to manage separately. Since Neighbourhood Houses work with limited staff and budgets, this felt like an added burden.

I'm just thinking, how would we have capacity to do any of this because we've got one staff member in the Neighbourhood House who's not full time ... The only thing we could do is actually program, and if there was funding, programming someone to sit in the Neighbourhood House to do whatever they're doing with the 4Ms project. (CO5)

Interaction with other organisations

The project aimed to bring together people and organisations in small communities who shared a clear understanding of the benefits of adapting their services to create better opportunities for older Australians to maintain and improve their health and wellbeing. Organisations and community members have different perspectives, and while people do not need to agree with everyone in the group, they do need to share an understanding of what's at stake and the purpose of the work ahead.

- Most survey respondents reported that their interactions with other organisations had improved as a result of this project.

One neighbourhood house underwent an iterative process of adapting existing committees into the project's governance framework, adding additional members to complement the mix of staff and volunteers. Each member had diverse strengths, skills, and knowledge, and was involved in other organisations. The neighbourhood house utilised these connections and skills to embed and grow the project.

I think fundamentally also they understand the community development work. They do a lot for the community, they're also very good at doing with community, and I think those things like setting up the [Committee], let's not just bear the brunt, let's not do everything for the community. Let's help set up systems that help the community to do more for itself. (CO2)

Doing the project work also allowed the neighbourhood house to strengthen partnerships with other organisations and to reinforce the 4Ms' messages.

Because we developed the video with the local group, that was really fantastic, so to connect and see somebody local that they know was really, really good, and having that great partnership with the Medical Centre was vital for that to happen. (CO1)

Other neighbourhood houses took steps towards collaborating with other organisations, especially as different organisations adapted the guide to their own communities; however, they remained unsure of how to continue the work:

one of the groups in the meeting had kind of developed, and were going to sort of run...then other community members at that point were also there...but there wasn't a coming on board between the two. It was a bit unclear who was doing what. (CO6)

I think from where I sat, what wasn't helpful was not having a clear direction from my organisation and what's the organisations' role was in the next stage of the project. So, I think there was a grey area around what we were expected to do, what we were being asked to do, and what that looked like. (CO5)

One participant noted that time and staffing pressures limited their involvement:

It would have looked a lot different to us if we had more time, because we've just really been forced to have the participation minimal, just because - yeah, there's just been other priorities out of our, we just couldn't help the situation we were in, and staff changes happen, just when this started and all that... the expectations for the involvement That's really like a sticky point. (CO5)

Adapting services to address healthy ageing

Adapting policies, practices, and service delivery options to better meet the everyday needs of older people are clear ways of creating age-friendly environments.

For one neighbourhood house, the 4Ms became 'central to everything.' Interviewees described how discussing the 4Ms and the project prompted changes in practice at their local medical clinic, health service, and some private allied health services.

The collaboration with the Medical Centre helped. ... There have been other physicians too, Allied Health services, especially the podiatrist actually. ... I think it's just developed into something that we've got now that is really important for the community actually. I don't see it disappearing. We've just started those connections [with local health service] But we suggested that it be part of training for people in the aged care facilities to go with them or a family member to go through with it, but also on the discharge in the hospitals that it's given to them and explained that, I mean, you do get discharge information, but we think that it'd be really good to have [the guide] included in the discharge. (CO1)

Summary

The project found that An Age-Friendly Guide For Living Well improved older people's health literacy across all three levels - functional, interactive, and critical.

Participants said the guide was easy to understand and use, helping them prepare for medical appointments, think about their health and wellbeing, and communicate more confidently with health professionals and family members. Many participants became advocates for the guide in their communities.

At the organisational level, results varied considerably depending on local capacity and infrastructure. In areas with strong governance frameworks and community partnerships, the use of the 4Ms across health and community services was supported, and meaningful practice changes were encouraged. In other regions, limited staffing, unclear roles, and competing priorities hampered organisational engagement.



Conclusion and Recommendations

Older residents are a vital part of rural communities across northeast Victoria. Helping them to age well is crucial not only for their health and wellbeing but also for the sustainability of the communities they belong to. This project aimed to assess whether a collective community approach could support older residents and local organisations in collaborating to enhance health literacy and develop more age-friendly environments, using the Indigo 4Ms Framework.

Over two and a half years, residents and representatives from Neighbourhood Houses, community organisations, health services, local government, and the John Richards Centre for Ageing Research collaborated in the rural towns of Beechworth, Corryong, Mount Beauty, and Tallangatta to learn about healthy ageing, identify community assets, develop shared visions, and take action. The outcome was a diverse and inspiring picture of what can be achieved when communities are supported to work together around a common goal, and the real challenges that rural organisations face in maintaining that work.

The evaluation findings confirm that *An Age-Friendly Guide for Living Well* is highly effective in supporting health literacy among older people. Its plain language and accessible format made it easy to use, and participants across all sites found it valuable for self-reflection and preparing for discussions with health professionals. Many shared the guide with family and friends, encouraging their peers to use it, showing that a well-designed, community-led project can extend its reach beyond its initial setting. Using the guide also gave older people a greater sense of control and confidence in managing their health; a particularly important outcome in rural areas where access to services is limited and the relationship between patients and providers is often ongoing and personal.

At the organisational level, the project demonstrated both the potential and the limitations of a collective impact approach in small rural communities. Where strong local infrastructure, committed leadership and volunteers, and existing community partnerships were already established, the project flourished, leading to integration across local health and community services, new partnerships, and the community's plans to expand its use. This was not by chance. It stemmed from transparent governance, dedicated volunteers, robust organisational relationships, and a genuine alignment between the project's goals and the neighbourhood house's own mission.

At other sites, the situation was more varied. Neighbourhood houses with limited staff and tight financial constraints found it difficult to take on extra work without dedicated resources. Some organisations were uncertain about their role in a project focused on healthy ageing within their current funded programs. Staff changes and conflicting priorities further disrupted continuity. These are not failures of commitment or goodwill. They reflect the structural realities of rural community organisations that are already doing a lot with very little. They are valuable lessons for anyone planning similar initiatives in the future.

Overall, the findings lead to several clear conclusions.

- First, the Indigo 4Ms guide works well. It is easy to access, appreciated by older people, and capable of supporting meaningful change in how people engage with their own wellbeing and community services. Its ongoing use and expansion are well justified.
- Second, the collective impact approach has genuine merit in rural communities but needs realistic timeframes, clear roles, and enough resources for local organisations to engage meaningfully.
- Third, the variation in outcomes across sites demonstrates that local context matters. Future initiatives should spend time understanding each community's capacity and readiness for change and invest in building the organisational conditions for success.
- Finally, this project reminds us that healthy ageing is not just a concern for individuals or healthcare services. It is a community effort. When older people have the knowledge, confidence, and tools to actively participate in their own healthcare, and when surrounding organisations are equipped and supported to respond, the benefits extend well beyond any single appointment or program. They help build communities that are more connected, more resilient, and better able to support all members to live well as they age.

The Indigo 4Ms in the Community project has laid important groundwork. The task now is to build on it.



Older Person's Guide



What Matters

- What is my biggest concern today
- Has this stopped me from doing the things I want to do

- What does a good day look like for me
- In an average day, what brings me happiness
- What are some of the things that matter most to me
- What are some of the things I want to do in my life
- How confident am I that I can solve problems I might face
- What do I want from my health care
- Do I have an advanced care plan

Before meeting with a formal, community or informal support

- Have I got a list of the things I do to stay healthy and well, including my medications
- Have I written down any questions I want answered
- I will have someone with me if that's helpful to me



Medication

- What medicines do I take and why
- Am I reluctant to take any medicines
- When were my medicines last reviewed
- Has there been any changes in my life since that review



Mobility

- Do I have any trouble doing things around the house, garden, or neighbourhood
- Do I have people or aids to support me
- What do I do for exercise



Mental Wellbeing

- Have I lost weight or not felt like eating
- Have I had my vision and hearing tested this year
- Have I had any problems with my bladder or bowel (wee or poo)
- Is there anything or anyone that gets in my way of being who I want to be
- Do I speak with people regularly
- Are there any clubs or activities I am interested in being part of
- Am I worried about my concentration, memory or thinking
- Have I been feeling down or out of sorts lately, or not wanting to get out of bed

Next steps

- Have I created or updated a list of actions to help me live well
- Do I know what to do next
- Where will I go for information or help
- How can my formal, community or informal support team assist me

Bibliography

This is a list of the sources consulted during the project and writing of this report. It can assist rural organisations and communities plan or implement a collaborative approach to the *'Age-friendly guide for living well'*.

This list offers:

- Information to understand and foster community readiness, including key concepts such as rural health and ageing, healthy ageing, age-friendly environments, health literacy, and the Indigo 4Ms approach.
- Information on community development practices and approaches
- Web links to Indigo 4Ms resources to support local implementation, which can be used as they are, or as a starting point for communities to adapt to their local context.

Web links can sometimes be unreliable. If the direct link isn't working, you can search for the key terms using a web-based search engine.

Building community readiness and understanding

Rural health and ageing data

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The Indigo 4Ms Framework is a collaborative method for delivering comprehensive, integrated care for older people. Age-friendly healthcare helps older people to live longer in better health.

The framework was co-designed by older people and clinicians across northeast Victoria, drawing on two leading approaches—the Institute of Healthcare Improvement’s 4Ms Framework and the World Health Organization’s Integrated Care for Older People guidelines—and academic research.

The Indigo 4Ms Framework brings together evidence-based guidelines to support healthy ageing across four interconnected areas: What matters, Medication, Mobility, and Mental wellbeing

Action in these four areas can prevent, slow, or even reverse common age-related difficulties in hearing, seeing, moving, and remembering, enabling older people to flourish and participate in community life.

The Age-Friendly North East Victoria website provides freely available resources developed through this project, as well as resources from other initiatives to foster age-friendly environments. This includes the Indigo 4Ms approach to maintaining and improving health and wellbeing.

The resources can be used as they are or as a foundation for communities and organisations to develop their own locally tailored versions.

Indigo 4Ms Resources

An age-friendly guide to living well

<https://agefriendlynev.au/resources.html>

This downloadable guide provides communication prompts for the four core elements of the Indigo 4Ms: what matters, medications, mobility and mental wellbeing.

It is available in Italian as La Guida Indigo 4Ms per Anziani.

This guide can be printed and circulated in local government, health and community settings, as part of Healthy Ageing expos or events, and provided for general wellbeing advice, or discharge planning. It can also be linked to on organisational webpages.

The Indigo 4Ms Tool For Health Care Workers

<https://agefriendlynev.au/resources.html>

This downloadable tool assists health and social care workers structure conversations around the core elements of the Indigo 4Ms,

The *Indigo 4Ms Tool for Health Care Workers* is available in English. This tool can be circulated within health services as a resource, and built into organisational processes and practices, as well as orientation and training materials.

Indigo 4Ms Framework and Actions

<https://agefriendlynev.au/resources.html>

This downloadable graphic shows the key action for each of the four core elements. These actions are the foundational assessments and evidence-based care that can prevent, slow or reverse functional decline associated with ageing.

Videos

Indigo 4Ms in the Community

Short video vignettes promoting the Indigo 4Ms for older people, featuring older people and a general practitioner

<https://agefriendlynev.au/videos.html>

These videos outline how using the *Indigo 4Ms Tool for Older Persons* (An age-friendly guide to living well) can help older people have better conversations with their health and social care team. The video set includes:

- A three-minute video featuring Dick, Barbara and Dr Laura as they talk about the benefits of using the *Indigo 4Ms Guide for Older People* to prepare for healthcare appointments. The key message is ‘When you and your healthcare team work together on these 4 areas, you can prevent, slow or even reverse common age-related difficulties.’
- An Italian version of the three-minute version dubbed and captioned in Italian.
- Two 90-second videos featuring either Dick or Barbara and Dr Laura as they talk about the benefits of using the *Indigo 4Ms Guide for Older People* to prepare for healthcare appointments.

These videos can be used in waiting rooms, as part of group or individual presentations promoting healthy ageing and health literacy. They can be linked to on organisational websites as a resource.

Indigo 4Ms in primary health care

Three videos and a facilitation guide promoting the value of the Indigo 4Ms to health and social care workers

<https://agefriendlynev.au/videos.html>

These videos describe the *Indigo 4Ms Tool for Health Workers*, its benefits for health services, how it supports the provision of comprehensive care for older people, and how the tool can be adapted by clinicians.

Video One: Why it’s important for leaders to champion the Indigo 4Ms.

- This video introduces leaders to the Indigo 4Ms Tool, its benefits for their health service, and the importance of championing it.

Video Two: How the Indigo 4Ms support primary health care workers

- This video gives a general overview of the Indigo 4Ms tool and describes how you can adapt the tool to suit your work.

Video Three: The Indigo 4Ms in action

- This video demonstrates the use of the Indigo 4Ms tool in a consultation between a client and podiatrist. It aims to build staff confidence they can use and integrate the tool in their daily work

These videos can be built into organisational processes and practices, as well as orientation and training materials.

Other Resources

Promotional social media tiles

- For health and social care workers
- For older people and community members

<https://agefriendlynev.au/resources.html>

These tiles can be downloaded and used on social media platforms to promote the Indigo 4Ms and healthy ageing. The tiles promote:

- A call to action
- Impact of the Indigo 4Ms approach
- Testimonials
- Each of the 4Ms (what matters, medications, mobility, mental wellbeing)

Indigo 4Ms promotional flyers

Two single-page flyers that introduce the 4Ms.

<https://agefriendlynev.au/resources.html>

Better Outcomes, Better Conversations, Better Care for health and social care workers

Stay Strong, Stay Independent, Stay You for older people

Indigo 4Ms notepads

<https://agefriendlynev.au/resources.html>

An A5 sheet that can be printed as a notepad with tear-off sheets



a contribution to the
**Decade
of healthy
ageing**

www.agefriendlynev.au