

Issue 18: December 2011

In this Issue:

Regular Features

National Activities

State Activities

Student Space

Looking Back

Upcoming Events



Welcome to the eighteenth edition of the AAG e-newsletter!

It is with great pleasure that I take on the responsibility of President of the Australian Association of Gerontology. With so much happening in the ageing and aged care sector presently, as well as within the association, there is much to look forward to over the next two years as President, and I will embrace the opportunity with verve and vigour.

As Gill outlined in her President's address at the AGM in Melbourne on 26 October (included below in the Minutes of the AGM), 2011 has been an incredibly productive year for the AAG. Highlights included the launch of the Ageing Well in Australia publication and the second Aboriginal Ageing Report; the Ageing and Aged Care Research, Evaluation and Policy Forum; and the hugely successful International Association of Gerontology and Geriatrics 9th Asia/Oceania Regional Congress in Melbourne in October.

This year also saw the release of the Productivity Commission's report on Caring for Older Australians, which the AAG contributed to through submissions, as well as the appointment of the AAG President to the Minister's Advisory Panel for the Economic Potential of Senior Australians, emphasising the AAG's position as a knowledge broker in the ageing and aged care sector.

While 2011 has been a year of success, the AAG will build on this in 2012 as the association focuses on the job of fostering growth in ageing research, promoting the value of sound evidence based research, and encouraging best practice built on a robust evidence base. With this in mind, I am very much looking forward to the New Year and the promise of what 2012 will hold. The Hot Topic for 2012 is 'Ageing Well' and each of the state and territory divisions are preparing a series of events around this topic. They will be advertised on the AAG website and through the newsletter and e-alerts as they come to hand.

The AAG will also be recruiting an Education Officer in the New Year as plans get underway to scope out and develop a national education program on ageing. The Education Officer will also look at co-ordinating state events at the national level so that members are better informed on AAG activities and events.

Last but not least, after the overwhelming support shown to date for the AAG moving towards a company limited by guarantee, the AAG will be drafting up a new constitution for members to consider and vote on. This will be an exciting time of growth and development for the AAG and I am pleased to play a part in helping shape our future.

I would like to take this opportunity to thank you all for supporting the AAG and I look forward to working with you in 2012 to progress the association's mission of expanding knowledge of ageing to improve the experience of ageing for all older Australians. Have a safe and happy Christmas, and enjoy the festive season.

Prof Julie Byles
National President
Australian Association of Gerontology

Ninth Asia/Oceania Regional Congress of Gerontology and Geriatrics, Melbourne, Australia: 23–27 October 2011



Ageing Well Together: Regional Perspectives

In October 2011 the Australian Association of Gerontology, in association with the New Zealand Association of Gerontology, hosted the Ninth Asia/Oceania Congress of Gerontology and Geriatrics in Melbourne, Australia. The Congress was an opportunity for over 900 participants from 28 countries to share and discuss recent developments in ageing research and clinical practice. Keynote and plenary sessions were complemented by invited and submitted symposia, alongside over 400 free paper presentations and a display of 200 posters. This abundance of research made for a rewarding conference experience, one which also offered many opportunities for networking, such as the Congress Gala Dinner where delegates enjoyed great food, music and dancing. Pre-conference workshops covered a variety of topics such as developing an academic career, undertaking action research and a forum on transition care. Site visits showcased Australia's aged care service system and included a trip to an aged care residential facility where residents and staff utilise new forms of technology for communication, entertainment and medication delivery.

Four broad areas – clinical medicine, biological sciences, social and behavioural sciences, and social research and planning – were explored beneath the conference title, Ageing well together: Regional perspectives. Presentations covered a number of topics including (but not limited to) dementia; falls prevention, physical activity, person-centred care; health, biology and ageing; mental health; health promotion; ageism; and the importance of culture, family, religion and the physical environment in ageing well.

Monday 24 October

Each day the plenary speakers introduced themes that reverberated throughout the Congress. The Asia/Oceania area accounts for more than 50 per cent of the world's population aged over 65 years. Most of these 74 countries are characterised as 'developing' and all have ageing populations. It was clear from the plenary speakers that this situation presents both opportunities and challenges in the provision of care and the facilitation of wellbeing for older people. Prof Iris Chi presented an overview of the development of long-term care policy in the Asia-Oceania region and probable future trends in this area, and Prof Graeme Hugo noted that while ageing is a key demographic trend in the region, so too is international migration. The Hon Mark Butler MP, Federal Minister for Mental Health and Ageing, spoke on ageing well, and Prof Kenji Toba outlined the progressive decline in functional status from robustness to frailty, and opportunities to modify this transition.

The afternoon sessions included symposia on the development of geriatric services, which lead conference rapporteur Nicamil Sanchez to reflect on how different countries create and adapt policies and systems to fit their particular needs, including the public-private partnership in the Philippines that aims to ensure that 'even the poor older person can access a specialist geriatrician and low-cost but quality geriatric

services.' Monday afternoon also saw the first series of papers on dementia. John Stevens presented on stand-up comedy workshops as interventions for people with dementia – demonstrating that laughter may well be the best medicine. Susan Leggett noted a lack of community understanding of dementia, which is reflected in health professional and residential settings. She suggested increased education of the aged care workforce in order to provide suitable evidence-based care for people with dementia. In the session on Indigenous health, Melissa Lindeman and Kerry Taylor found there is no conceptually accurate language within Indigenous languages to discuss dementia, limiting awareness of the disease and its impact.

Bruce Barber's research into music therapy as intervention for people with dementia highlighted a pertinent research question for conference rapporteur Kasia Bail: 'I think the discussion about what can be measured, and what should be measured, and whether the measurements are appropriate proxies for the outcomes we are interested in, as related to the impact of music, is a valuable one to have.' Considered in light of the variety of presentations at the conference this is a discussion relevant to all areas of research.

Tuesday 25 October

Tuesday began with an opening address by Rosemary Huxtable from the Australian Government Department of Health and Ageing. Prof Colin Masters' plenary address on biochemical markers of Alzheimer's disease was followed by Prof Sung-Jae Choi, who reported on a study into long-term care policies in ten Asia/Oceania countries by comparing eligibility criteria, kinds and levels of services provided, financing methods, and the service delivery system. The third plenary was by Prof Tetsuo Tsuji who spoke on Japan's ageing society and the necessity for appropriate urban and social planning.

The rest of the day was jam-packed with sessions on carers, cultural issues, social inclusion, quality of life, geriatric syndromes and many more topics. In the social work session Betty Haralambous discussed social justice and how culturally and linguistically diverse groups in Australia are less likely to access dementia support services, often limited by their English education level and stability in residential arrangements. This linked to the cultural issues session, where Lily Dongxia Xiao presented on how culturally appropriate resources and education have proven to be beneficial to enabling effective service delivery and care planning. A session on research education and practice in spiritual care of older people highlighted the importance spirituality has in the quality of life and wellbeing of many older people, and the need for health professionals to take this into consideration during assessment and intervention.

Wednesday 26 October

Wednesday commenced with an opening address by the Hon David Davis MLC of the Victorian Government, and Sue Gherdovich of *beyondblue*. This was followed by Prof John Beard of the World Health Organization, introducing the concept of age-friendly cities. Again the afternoon was an exercise in choice with sessions on mental health, ageism, ageing and the workforce, and medication management. In the session on nursing, Cheryl White's findings indicated the difficulties of enacting person-centred care, finding that the use of assessment tools often encourages nursing staff to focus on documentation (rather than the person), negatively affecting care planning.

A session on dementia showed that despite the increased profile of the disease and associated research in recent years, there is still much work to be done. Jo-Ann Brown identified that there is still a stigma associated with a diagnosis of dementia, often related to feelings of fear, embarrassment and shame, and resulting in social exclusion and disempowerment. Fran McInerney reported that dementia is often seen as a mental health and behavioural issue, and rarely identified as a terminal illness. Staff and family members' limited knowledge of the dementia trajectory can affect care and pain management, and have a detrimental impact on end-of-life care planning, indicating that more must be done to transfer knowledge into practice.

Reflecting the feelings of many delegates, conference rapporteur Chris Materne found these sessions, which pointed to a poor knowledge base around the progressive nature of dementia and the associated outcomes of neurological decline, particularly challenging: 'Perhaps somewhere between our desire to improve quality of life and access to services and treatments for people in the early stages of dementia, we have neglected to bring everyone along the path of knowledge of the whole dementia trajectory. The finding that dementia is viewed as a mental illness rather than a medical condition is a further reflection, perhaps, of how little knowledge is actually getting out of academia and into the mainstream consciousness.'

Thursday 27 October

The final day of the conference began with a plenary address by Prof Kuo-Chin Huang on the obesity paradox in the elderly. The challenges of translating research into practice were highlighted by Associate Prof Yun-Hee Jeon's plenary address, which looked at the reality of delivering person-centred care in light of staffing, training and funding – issues faced across the region. Yun-Hee explored the tensions between encouraging an individual's active participation in care and the delivery of efficient services, suggesting that there is a need for clinical leadership to promote a true and realistic culture of person-centred care. Thursday morning also included sessions on gender and health, planning for residential care and perspectives on lifelong learning, before the conference closing ceremony and presentation of awards. Congratulations go to Linda Hansen and Georgene McNeil from Palliative Care NSW for the best poster from an Australian presenter, and to Norisma Aiza Ismail, Jariah Masud and Husna Sulaiman from the Institute of Gerontology, Malaysia, for the best poster from a Regional presenter.



Kerry Arabena, Prof Tony Broe and Sharon Wall at the launch of the Aboriginal Ageing Report

In conclusion, while the diversity of the Asia-Oceania region was evident during the conference, it was the similarities rather than differences that were often most salient. The discussions between delegates and the sharing of research and ideas was an invaluable experience for many who are no doubt looking forward to a similarly rich experience at the 2013 IAGG World Congress in Seoul, South Korea, and the next Regional Congress in Bangkok, Thailand, in 2015.

*Prof Keith Hill, IAGG Asia/Oceania Regional Congress Chair
Rapporteurs: Chris Materne, Kasia Bail and Nicamil Sanchez
Report compiled by Melanie Joosten*

Minutes of the 47th Annual General Meeting of the Australian Association of Gerontology held on Wednesday 26 October 2011 at 1.00pm Melbourne Convention and Exhibition Centre, Melbourne, Victoria

ATTENDANCE

| | |
|-----------------------|---------------------|
| Gill Lewin | Chair and President |
| Julie Byles | President-Elect |
| Kristen De San Miguel | Secretary |
| Frank Schaper | Treasurer |
| Tony Coles | Executive Officer |
| Fran de Klerk | Secretariat |

Kasia Bail, Dr Matthew Carroll, Marie Curlis, Lui DiVenuto, Dr Briony Dow, Sandra Forster, Dr Jane Fyfield, Robin Harvey, Prof Mary Luszcz, Dr Shylie Mackintosh, Christine Materne, Claudia Meyer, Kirsten Moore, Debra O'Connor, Grace Ongley, Dr Virginia Simpson-Young, Dr Jane Sims, Barbara Squires, Meredith Tavener, Dr Yvonne Wells, Anita Westera, Ruth Wilson, Prof Kaarin Anstey, Patsy Bourke, Dr Ruth Bright, Prof Tony Broe, Catherine Brown, Anthony Brown, Elissa Burton, Suzanne Byers, Dr John Cullen, Marianne Cummins, Keryn Curtis, Prof Arthur Everitt, Prof Leon Flicker, Anita Frayman, Caroline Fryer, Caroline Hayter, Dr Angela Herd, Prof Keith Hill, Dr Anne-Marie Hill, Mrs Ruth Inall OAM, Prof Hal Kendig, Kim Kiely, Dr Melissa Lindeman, Catherine Lock, Jan McGregor, Joanne Mihelcic, A/Prof Evonne Miller, Sally O'Loughlin, A/Prof Elizabeth Ozanne, A/Prof Lynne Parkinson, Dr Andrea Petriwskyj, Ann Peut, Fiona Proctor, Dr Robert Prowse, Josephine Root, David Simmons, Dr Christine Stirling, Mee Tan, Jean Tinney, Tess Tsindos, Dr Jannique van Uffelen, Carol Wheaton and Sharon Wall.

APOLOGIES

Prof Laurie Buys, Henry Brodaty, Ruth Inall OAM, Rosalie Hudson, John Cullen, John B Myers, Catherine Yelland, Dr Andrew Scane, Dr Mike Rungie, Rev Prof Elizabeth Mackinlay, Glenda Powell, Irene Wagner, Catherine Martel, Dr John Ballard, Carol Julian, Patsy Bourke, Wendy Gray, Jeannine Liddle, Prof Helen Bartlett, Marianne Cummins, Richard Hugman, Susan Koch, Angela Quriso, David Caudrey, Margaret Hollingdale, Mandy Stanley, Lynsey Brown, Gerard Mansour, Bridget Sutherland, Prof Vasu Naganathan, Lynette Pugh, Mark Staff, Robert Pendall, Anne Atkinson, Karyn Folwell, Shirley Wyburn, Dr Anne Tiedemann, Anne McKenna, Willeke Walsh, Jane Foley and Dr Carol Patterson.

The President welcomed everybody to the 47th Annual General Meeting of the AAG

CONFIRMATION OF THE MINUTES OF THE AGM HELD IN HOBART, TASMANIA ON 18 NOVEMBER 2010

Resolution: That the minutes of the AGM held in Hobart on 18 November 2010, be accepted as a true and correct record.

Proposed by Leon Flicker, seconded by Briony Dow
Business arising - None

PRESIDENT'S REPORT

2011 has, I believe, been a year to be remembered in the AAG. Having had the firm foundations of an established infrastructure and effective work and planning processes implemented by my predecessor, the AAG has this year been recognised as having the ability and expertise among its members to assist the NHMRC to define the national agenda for ageing research as well as making significant contributions to ageing and aged care policy direction. Notwithstanding these achievements, we have also reviewed our governance structures and have proposed a series of changes that will, given your support to implement them, streamline and strengthen organisational governance.

Before I provide more detail about our many activities and achievements over the year, I would first like to acknowledge the individuals who work so diligently behind the scenes to keep the organisation running efficiently on a day to day basis, our Secretariat and our Executive Officer.

Secretariat

Our Secretariat, Office Logistics, is of course run so ably by Donna Bennett, who once upon a time also undertook the day to day management of AAG affairs. In testament of what a good service they provide, Office Logistics has grown substantially over the years. As a result, the seemingly indefatigable and always helpful Fran de Klerk came into our lives to take over the day to day functions; as did more recently Vicki de Thomasis who so efficiently helps our Treasurer keep track of, and manage, our financial affairs. These three women continually take an interest in the functioning of the organisation and show initiative when it comes to identifying potential opportunities for improving systems and processes. Donna and Fran have also been active members of the membership subgroup, again often coming up with ideas regarding strategies for boosting membership numbers. Thank you all for another year of great service.

Executive Officer

The person who facilitates the development of our strategic direction and then is the main actor in its implementation, is of course Tony Coles, our Executive Officer. Always in the background, Tony supports the Executive and the Council in their decision making and then efficiently and effectively executes whatever action has been agreed upon. He has also in the last year taken on responsibility for managing and supporting the secretariat function. The fact that I have been able to enjoy the role of President rather than feel totally overwhelmed by it, is in no small measure due to Tony and his superior performance of his role. Tony, I cannot thank you enough.

National Council

Responsibility for the organisation and its strategic direction is of course taken by our National Council, who during my two year tenure have also been members of the subcommittees whose role it is to develop and implement particular strategies within our plan. Council currently consists of 12 ordinary members, which includes a representative from each division plus 4 elected general members, plus the office bearers which includes the President, President Elect, Immediate Past President, Honorary Secretary, and Honorary Treasurer. The office bearers constitute the executive who represent and manage the organisation on a day to day basis on behalf of the Council.

The members of the Executive Committee for 2011 were:

| | |
|---------------------------|--------------------------|
| President: | Prof Gill Lewin |
| President Elect: | Prof Julie Byles |
| Immediate Past President: | Prof Laurie Buys |
| Honorary Secretary: | Ms Kristen De San Miguel |
| Honorary Treasurer: | Mr Frank Schaper |

The members of the Council were:

| | | | |
|------|----------------------|------|---------------------|
| ACT: | Ms Ann Peut | VIC: | Dr Briony Dow |
| NSW: | Ms Carrie Hayter | WA: | Ms Donelle Rivett |
| QLD: | A/Prof Evonne Miller | GM: | Ms Sharon Wall |
| SA: | Ms Cathy Lock | GM: | Ms Barbara Squires |
| NT: | Dr Melissa Lindeman | GM: | Mr Kevin Vasserotti |
| TAS: | Ms Janet Carty | GM: | Dr Helen Feist |

Chairs of Subcommittees reporting to Council

| | |
|---------------------|---|
| Prof Tony Broe | ATSI subcommittee |
| Mr Kevin Vasserotti | Chair, Policy Advisory subcommittee |
| Prof Keith Hill | Chair of IAGG Congress Organising Committee, and International Relations subcommittee |
| Prof Gill Lewin | Research Translation subcommittee |
| Dr Tony Coles | Education subcommittee |
| Ms Kirsten Moore | President of Student Committee |

Activities

Strategic Planning

There has been little strategic planning this year as it was decided at the May Council meeting that the five goals in our 2010-2012 plan were still relevant and little needed updating apart from including the activity that had been commenced around the structure and governance of the organisation and the expansion of the education strategy to include employment of an Education Officer. Both of which I will talk a little more about later in my report.

There are five goals within our current strategic plan:

- To increase the amount, breadth, quality and dissemination of gerontological research funded and conducted in Australia
- To continue to build the capacity of the association by strengthening the membership base, and improving and ensuring the sustainability of management systems, structures, processes and governance
- To increase the profile and coverage of education on ageing
- To be recognised nationally and internationally as a source of expertise on ageing and to provide input to key policy discussions at all levels of Government
- To increase the translation of ageing research evidence into policy and practice

To achieve our goals the council has been working in five subcommittees focusing on membership, education, policy, international relations and research translation. I have summarised all of our activities, including those led by the subcommittees, under a heading for each of the goals.

Research

Hot Topic

Since 2008, one of the key initiatives related to this goal has been our "Hot Topic" strategy.

This year our hot topic has of course been 'Ageing in the Community' and as agreed each Division has organised an event with this focus. For one of these, members of the AAG National Executive worked

closely with the ACT Division to conduct a forum on the influence of research and evaluation on community care policy that was timed to coincide with the release of the Productivity Commission's Final Report of their Inquiry into Aged Care. Additionally, as we lost the opportunity, because of the Congress, to have the hot topic year culminate in a President's symposium devoted to it, we partnered with other organisations to arrange a Public Forum to precede the conference. Titled "Ageing Today: Different Perspectives on Growing Old", the forum was intended to achieve a number of things: replace the President's symposium; promote the Congress and Victoria's Seniors week; continue to build and strengthen partnerships with other key players in ageing; and most importantly of all, bring the conversation about population ageing actually out to the community.

At the same time as working on this year's hot topic, we have also been finalising the work on last year's topic by bringing together information from the various presentations given over the year into a position paper. Titled "Research Priorities in Housing for Older Australians", and prepared by Tony Coles with the assistance of Dr Anna Howe and Ms Barbara Squires, the paper has been accepted for publication in the Australasian Journal on Ageing.

Next year's topic has also been decided. When the topics put forward by the State Committees were voted on, an overwhelming majority of Council voted for "Ageing Well". It was felt to have so many synergies with what is happening currently in ageing at both the Government policy and service provider level.

Well here we are. Right in the middle of a first class international conference which despite some hiccups and heartache along the way has all come together beautifully. I would like to thank Prof Keith Hill and the organising committee, especially Dr Jane Sims who led the scientific program committee, for doing the AAG proud. With around 900 registrants, 16 keynote addresses, 19 symposia and 60 free paper sessions and such well attended social events, I am sure we are all going to go away having learned something new and added to or cemented our professional networks.

Ageing Well in Australia

I also hope you have noted, if not read cover to cover, the Ageing Well in Australia publication which was in your conference satchel. This publication, which has taken a couple of years to pull together, includes papers describing some of the results from Ageing Well, Ageing Productively (AWAP) research grants and the Australian Longitudinal Study on Women's Health, as well as an invited editorial from Prof John McCallum. We would like to thank the papers' authors and the Australasian Journal on Ageing Editor in Chief, A/Prof Lynne Parkinson, for pulling this together; and the Department of Health and Ageing, and the ARC/NHMRC Research Network in Ageing Well for contributing towards the printing costs.

AAG/NHMRC National Ageing Research Agenda Workshop

When Julie Byles and I met with Minister Butler, the Minister for Mental Health and Ageing, at the beginning of the year, one of the things we talked about was the need to update the national ageing research agenda. Minister Butler responded by suggesting that as the NHMRC, which he is also responsible for, were also interested in this, that we approach the NHMRC about doing it together. As luck would have it, Julie was due to meet John McCallum that very afternoon and it was agreed that she would sound him out on the proposal and discuss how to bring this to fruition. And, of course as many of you will be aware, this has come to fruition and due to Julie's persistence and diligence in following up with people, the process of updating the agenda commences here in Melbourne on Friday at a joint NHMRC/AAG workshop. Well done and thank you Julie.

AAG Collaborating Centres

The other initiative which Julie Byles has carriage of is the AAG Collaborating Centres. Representatives from 13 of the 18 centres attended a workshop here at the Congress on Monday, and, among other things, discussed the fact that the National Aged Care Alliance is keen to have a greater representation of national ageing research among its members. As a sponsor of NACA, we had suggested that having a Collaborating Centre representative join the Alliance would achieve this. The Centres were happy to endorse this and to agree that the Chair of the AAG Collaborating Centres be the representative.

Other familiar activities that fall within this strategic goal include the RM Gibson awards, the Gary Andrews Travelling Fellow, and the student and ATSIAC sections.

RM Gibson Research Awards

The RM Gibson Award Evaluation Committee is led by Prof Len Gray. With 10 entries of the usual high standard, the committee again had their work cut out in selecting the winners. Four have been selected for the award this year, each receiving up to \$5,000 in grant funds, and the AAG are very grateful to Prof Gray and committee members for the time and expertise they gave to this task.

Gary Andrews Travelling Fellow

Prof Iris Chi is of course the Gary Andrews Travelling Fellow this year and in addition to giving the Gary Andrews address as part of the Congress, has visited Queensland, the Australian Capital Territory and Tasmania to give a number of different presentations.

Student Section

This has been Kirsten Moore's first year as Student President. It has been a busy year for her and her committee: organising activities and workshops at the Congress that would especially attract students; lobbying council (successfully) for scholarships to help local students attend; and, making sure that overseas students are made welcome and well looked after when here. They have done a great job, thank you Kirsten very much. I would also like to thank Prof Colleen Cartwright for the ongoing support she provides to the students in her role as Academic Advisor.

Aboriginal and Torres Strait Islander Committee

The Aboriginal and Torres Strait Islander Ageing Committee have been involved this year in writing up the proceedings of its successful June 2010 Darwin workshop. The report was released here at the Congress yesterday by Kerry Arabena, at the AAG's Aboriginal and Torres Strait Islander Committee meeting, and it can also be found on the AAG's website at <http://www.aag.asn.au/indigenous.php>. Well done to the committee, and in particular Mrs Sharon Wall and Prof Tony Broe, on another job well done!

Membership

While continuing with all the activities initiated last year around our membership strategic goal, for example: the points system; following up lapsed corporate members; and, maintaining the currency of the AAG website; we surveyed you, our members, earlier this year to gauge the success of our attempts to increase our value to you and hence increase your satisfaction and we hope likelihood to remain a member and encourage others to join. The survey was responded to by more than a quarter of members and indicated a generally high level of satisfaction with the organisation. When asked in what way we could improve member products and services one of the themes that emerged was broader more accessible dissemination of ageing research.

As a direct result of this feedback we decided rather than try to develop something new we would investigate the possibility of partnering with one of the existing ageing trade journals. This resulted in July in us forming a partnership with Australian Ageing Agenda. Through this partnership, the AAG has an active role in providing the editorial team of Australian Ageing Agenda with the latest news on ageing research and in return, as you will all know, AAG members now receive a complimentary subscription to the Australian Ageing Agenda magazine which provides easily accessible industry and research related news. Members also have access to Australian Ageing Agenda's e-newsletter which delivers timely bulletins on Government decisions, major events, opinion leader views and corporate announcements. In addition to being a direct response to members' opinions we believe this partnership will give the AAG a broader reach to promote events and highlight the importance of ageing research and thus help us achieve our mission of expanding knowledge of ageing.

Another direct response to members' survey feedback has been AAG developing a Facebook page. More than 70% of members considered that we should utilise Facebook to engage with members.

As regards achieving our goal of growing membership, last year's growth has continued. At 30 June 2009 we had 693 members, last year 780 and this year we had 843. This represents an increase in membership of 21% in just two years. A great achievement, well done all.

Education

At our annual strategic review at the May council meeting we again identified that this was an area that needed more focus nationally and the Education subgroup agreed to regular meetings and the development of an education plan. These have been happening and the work of the subgroup is soon to be assisted by the employment of a part-time Education Officer. The responsibilities of the role will include working with the subgroup to develop a national strategy for educational activities, coordinating a program of events across the States to achieve synergy across Australia and facilitating States' workshops and other events. The role will report to the Executive Officer who now leads the subcommittee.

Divisional Activities

While little was happening nationally, much was happening at the State level, with the Divisions working hard to put on the four events a year that they have been asked to do to enable members to accrue membership points. Judging from member feedback it is these events that are an absolutely critical

element of our success in increasing our membership. A big thank you to all you hard working State committees.

When talking about State Committees I would like to draw particular attention to the fact that the Northern Territory Division is now up and running. Dr Melissa Lindeman as the President has participated in all National Council meetings, their committee holds regular meetings and they held an official launch for their Division in August, during NT Seniors Week, attended by the NT Minister for Senior Territorians.

Australasian Journal on Ageing (AJA)

Another area of ongoing educational activity is of course our journal, the AJA. Our thanks go to AJA's Editor in Chief A/Prof Lynne Parkinson, the Associate Editors and our partners, ANZSGM, COTA and ACSA on another successful year. The AJA continues to produce high quality articles relevant to our members and was the AAG product about which members expressed the highest level of satisfaction when responding to our survey. Lynne has hosted a number of workshops aimed at assisting new authors to achieve high publication standards, including one as part of this Congress.

At the annual AJA Management Committee held in June, it was noted that subscriptions were continuing to increase, as was the number of submissions made to the journal for peer review. Readership is also up by 68% (calculated on full text downloads), with 52% of readers coming from outside Australasia. The journal continues to go from strength to strength and an increase in the impact factor appears imminent. Prof Laurie Buys continues to represent our interests on the AJA Management Committee. Thank you Laurie.

Engagement with Government

While organising the IAGG regional Congress has dominated the attention of our international relations subgroup in their quest for the AAG to be seen internationally as the "come to" organisation for expertise in ageing in Australia, we have been engaged in a range of activities to achieve this nationally, some that we have initiated, such as engagement with Government and policy makers, and others that have been a direct result of that engagement, such as the NHMRC/AAG workshop on the national ageing research agenda already referred to.

Engagement

On the advice of the policy advisory subcommittee, so thoughtfully led by Kevin Vassarotti, thank you Kevin, we have continued to meet regularly with DOHA officers which we have felt has been particularly important given the changes in personnel in the Office for an Ageing Australia over the last year.

Economic Potential of Senior Australians

As already referred to, Julie Byles and I met with the Minister in February which in addition to resulting in us working with the NHMRC also resulted in me, as President of the AAG, being asked to be on the Ministers' Advisory Panel looking at the Economic Potential of Senior Australians, and as a consequence of accepting having had a number of opportunities to meet again with the Minister and promote the AAG in various ways.

Being a member of the panel has been a very enjoyable, though I have to admit sometimes taxing, experience, mainly because of trying to still carry on and do justice to my day jobs. I am in very august company on the panel – Everaldo Compton who chairs the panel was the Chair of the Board of National Seniors for many years and seems to know everybody on both sides of politics on first name terms; and, Brian Howe who was of course Deputy Prime Minister in the time of Paul Keating. We have consulted widely and visited each of the States and have assisted the secretariat to write two reports and are now in the process of distilling our thoughts on what we have learned to be able to come up with some recommendations in the final report that will shift the mindset about population ageing from simply being a challenge, to one that is accompanied by, and can to a large extent be offset by, many opportunities for individuals, organisations and the country as a whole.

Submissions

Our submission writing this year has been restricted to responding to the draft report of the Productivity Commission's Inquiry into Caring for Older Australians. Our activity in this regard has led to another significant invitation ... -

National Aged Care Alliance (NACA)

We were asked by the National Aged Care Alliance whether we would join their sponsors group which had been asked by the Minister to act as an Expert Reference Group for his consideration of the Productivity Commission's recommendations on aged care reform. As a result, I am a member of this group which

to date has had two meetings with the Minister and a third is scheduled. The Minister has identified a number of questions that he is considering and asked the group for their thoughts. We have formed subgroups to prepare papers summarising our views and I was asked to chair a subgroup looking at several facets of "Wellness".

Communication

An essential element of achieving all of our strategic goals, is of course communication. We have continued to try and improve our communications across all media that we use currently.

E-newsletter

Kristen De San Miguel and Tony Coles have once again been the main architects of the newsletter and with the assistance of Fran de Klerk have done a great job of pulling it together every quarter to inform members on AAG activities. The monthly e-alerts have also continued to provide members with up-to date information on ageing events, such as conferences and seminars, as well as information on fellowships and scholarships. Thank you all.

AAG Website

Our efforts to maintain the currency of the website by regularly updating the news section on the home page and adding interesting research reports have once again been ably assisted by Elissa Burton. Thank you Elissa.

Australian Ageing Agenda

As previously mentioned, the AAG is endeavouring to bring members more news and information about what is happening in the ageing and aged care sector, as well as the latest in ageing research news. To this end, partnering with Australian Ageing Agenda has allowed the AAG to bring members a broader array of ageing and aged care news, while simultaneously extending the AAG's reach through the publication of articles on ageing research news.

Review of Governance Structures

And last but not least in terms of our activities has been the review of our governance structures and the development of the proposals for change. As already referred to, we have for a number of years been reviewing how we operate and ensuring that all processes and roles and responsibilities are fully understood and documented. Having achieved all that, we decided that it would be useful to engage an external person with expertise in organisational governance (especially in the area of professional associations) to review our structure and governance processes to ensure that the organisation was run as effectively as possible. Hence we employed John Peacock from NFP Analysts to conduct a review and present his findings at the May Council Meeting. As you will be aware, this resulted in a decision by the Council that we should seriously consider a number of changes to the governance structure and that we would meet again in August to agree on what form these changes should take. The August meeting then resulted in the three recommendations that are described in the information sent to all members prior to this meeting. As these documents also explain there are two important steps to go through before any changes can be implemented. Firstly, we have to draw up a new constitution and secondly you our members have to approve it via a Special Resolution at a General Meeting. Within our current rules members have to vote in person or by proxy at a General Meeting, which potentially restricts members' capacity to vote. We are asking for your support later in this meeting to change the rules so that it would be possible to conduct a postal vote on any issue that is to be determined by a special resolution, thus allowing all members to have the opportunity to vote on a new constitution. We hope you are happy to give it.

All in all, this year has been, as I hope I have successfully communicated, another very active and, I believe, productive year for the organisation. Many people have been involved and played important roles in these activities and I have tried to acknowledge and thank them in turn. In closing however I do have another few very special thankyou's to make as it is of course the end of my term as President. The people I have worked most closely with during the last two years have been the Executive Officer and the Executive. I know I have already thanked Tony Coles, our Executive Officer, several times in this report but I cannot resist doing it again. Tony's hard work and enthusiasm for assisting the organisation to grow and develop has been an absolutely critical element in our achievements and my enjoyment of the last two years. The fact that we have been able to extend Tony's contract for another three years serves I think as a predictor of our ongoing success in raising the profile of the organisation and ageing in general. In the Executive, Frank Schaper's diligent oversight of our finances and always so considered advice have provided me with immense reassurance that we are financially well managed and our decisions have been well thought through. Julie Byles, despite her many other commitments, somehow always has

made time for us to discuss anything that has come up and put up her hand to help out. And, Kristen De San Miguel, our honorary secretary, whose term like mine ends today, has written up all the minutes from our many (and often long) Executive and Council meetings, assisted with the newsletter and website and now has taken on management of our Facebook page. As well as all this, Kris has always been there to help me out, frequently popping her head around the office door to ask whether there is anything that she can do for me. Thank you all very, very much.

My final thankyou's are to the Council for electing me as President and to all members for supporting me. It has been a busy two years in which I think I personally have grown tremendously in many ways directly related to the experiences that have come my way as President. Thank you all for those opportunities. I am of course not going anywhere and look forward to continuing to contribute to the association for years to come.

Prof Gill Lewin, AAG President

Resolution: That the President's Report be accepted.

Proposed by Gill Lewin. Seconded by Sharon Wall. Unanimously agreed

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2010

The Chairperson invited the Treasurer, Mr Frank Schaper, to present his financial report.

The Treasurer reported that the audited accounts had been sent to all AAG members and copies were handed out to all present as they entered the AGM. The accounts had been prepared in accordance with strict guidelines and the AAG was therefore not able to change them. As requested at the AGM last year, copies of the Profit and Loss and Income statements were included and had been audited. The Treasurer was pleased to inform members that a substantial surplus of around \$62,000.00 had been made during the past financial year. This would not be the case every year as there were some expenses that occurred every few years, such as printing, and the AAG was not able to guarantee income from conferences and events.

The only question raised from the floor was regarding the drop in expenditure on 'Membership of other Organisations'. The Treasurer explained that this was specifically for organisation membership taken up by the Executive Officer on behalf of the AAG, and, as per the AAG's ongoing review of costs, some memberships that were not deemed to be worthwhile, had been dropped.

Resolution: That the audited accounts for the year ended 30 June 2011 be accepted.

Moved by Evonne Miller. Seconded by Anita Westera

Unanimously agreed

APPOINTMENT OF AUDITOR

The Treasurer, Frank Schaper recommended the reappointment of Bellas Accountants as auditors of the AAG for the year ending 30 June 2012.

Resolution: That Bellas Accountants be appointed as auditors of the AAG for the year ending 30 June 2012. Proposed by Barbara Squires. Seconded by Briony Dow

Unanimously agreed

2012/13 MEMBERSHIP FEES

The Treasurer, Frank Schaper, proposed that membership fees for 2012/13 increase in line with CPI of 3.6%. The individual fees were not announced but the Treasurer would announce these should any member present wish to know the various membership category fees. There was no request for this.

Resolution: That the increased membership fees be adopted for 2012/13.

Proposed by Kevin Vassarotti. Seconded by Sharon Wall

Unanimously agreed

MOVE TO BECOME A COMPANY LIMITED BY GUARANTEE

The Chairperson referred those present to documentation that had been sent out to all members, with additional hard copies provided for those present, advising members of the Council's recommendation to move towards the structure of a Company Limited by Guarantee. The Chairperson asked for a show of

hands to indicate how many were in favour of this restructuring. The majority present raised their hands. The Chairperson thanked members for their support and confirmed that the Council would put forward a formal proposal to members on AAG's move to become a Company Limited by Guarantee.

OTHER BUSINESS

The Chairperson asked those present to consider the Special Resolution: Changes to AAG Rules

It is proposed that the constitution be altered as follows:

- 35.4 The Council may, in its absolute discretion, decide to conduct a postal vote on any issue that is to be determined by a special resolution, provided always that such a decision ensures that all members have an equal right to vote on the matter being determined.
- 36.5 If, as determined by the Council under rule 35.4, a matter is to be resolved by a postal vote of members, no vote shall be given by proxy.

Members present were requested to vote using the ballot papers handed out to members at the start of the meeting. Ballots were collected for counting.

PRESIDENT'S HANDOVER

Due to the time constraints of the meeting, with a number of Congress sessions taking place directly after the AGM, the handover of the Presidency was brief with the 2010/11 President, Prof Gill Lewin, asking the 2011/12 President, Prof Julie Byles, to come forward to take over the chair of the meeting.

Julie Byles thanked Gill Lewin for her inspiring leadership over the past two years and also thanked the Executive Officer for all his hard work. Julie confirmed that she is looking forward to working with Dr Briony Dow, President Elect, and the Council in her role as President. She particularly thanked Frank Schaper and Briony Dow for their support.

AAG AWARDS 2011

The President, Prof Julie Byles, announced the following Awards:

Life Member: Prof GA (Tony) Broe

Presidential Life Member: Prof Gill Lewin

AAG Fellow: A/Prof Mark Hughes

Distinguished Members: Dr Christopher Shanley (NSW)
Ann Atkinson (ACT)

Special Service Award: Kristen de San Miguel
– AAG Honorary Secretary

Service Awards: Janet Carty and Donelle Rivett

RM Gibson Research Grant 2012 Recipients

Anne Tiedemann (The George Institute for Global Health and The University of Sydney) Improving balance and mobility in older people through a yoga-based exercise program

Hannah Keage (The University of South Australia) Investigating functional cerebrovascular contributions to dementia and cognitive impairment

Katrin Sheeher (The University of New South Wales) Becoming a carer for an older person with cognitive impairment - What are the outcomes over time? The Memory and Ageing Informant Add-on Study (MAIA)

Sharron Brennan (The University of Melbourne) Gender bias in referral for bone densitometry in patients aged ≥50 years: 2003-10

AJA Book Award

Yvonne Wells was invited to announce the winner of the AJA Book Award. Yvonne Wells firstly expressed thanks to Barbara Parker for her assistance and then announced the winner of the AJA Book Award:



Prof Tony Broe being congratulated by Prof Julie Byles, AAG President, on receiving his AAG Life Membership Award

David Ames, Alistair Burns and John O'Brien: Editors of Dementia, 4th Edition. (Published by Hodder Arnold)

Prof Ames was overseas and the prize was collected on his behalf by Dr Jean Tinney, who expressed Prof Ames apologies for not being able to attend and expressed his pride in accepting the award.

SPECIAL RESOLUTION

The AAG President announced the results of the Special Resolution vote: 78 in favour, None against. She thanked the members present for their support.

CLOSURE OF MEETING

There being no further business the meeting closed at 14:00.

Signed as a true and accurate record of the meeting:

A handwritten signature in black ink, appearing to read 'J. Byles', written in a cursive style.

Prof Julie Byles
President

Australian Association of Gerontology Inc

Balance Sheet

As at 30 June 2011

| | Notes | Association | | Council | |
|--------------------------------------|-------|------------------|------------------|------------------|------------------|
| | | 2010 | 2011 | 2010 | 2011 |
| | | \$ | \$ | \$ | \$ |
| Current assets | | | | | |
| Cash | | 346,146 | 233,951 | 266,601 | 135,452 |
| Receivables | | 109,816 | 134,360 | 108,205 | 131,586 |
| Total current assets | | 455,962 | 368,311 | 374,806 | 267,038 |
| Non-current assets | | | | | |
| Other financial assets | 3 | 917,338 | 962,597 | 789,379 | 828,124 |
| Total non-current assets | | 917,338 | 962,597 | 789,379 | 828,124 |
| Total assets | | 1,373,300 | 1,330,908 | 1,164,185 | 1,095,162 |
| Current liabilities | | | | | |
| Payables | | 324,839 | 192,514 | 323,329 | 191,964 |
| Total current liabilities | | 324,839 | 192,514 | 323,329 | 191,964 |
| Total liabilities | | 324,839 | 192,514 | 323,329 | 191,964 |
| Net assets | | 1,048,461 | 1,138,394 | 840,856 | 903,198 |
| Equity | | | | | |
| Opening balance | | 1,047,834 | 1,048,460 | 851,661 | 840,856 |
| Adjustment to previous years surplus | 4 | (12,814) | | (13,757) | |
| Surplus for the year | | 13,441 | 89,934 | 2,952 | 62,342 |
| Total equity | | 1,048,461 | 1,138,394 | 840,856 | 903,198 |

The above balance sheet should be read in conjunction with the accompanying notes.

Australian Association of Gerontology Inc

Income Statement

For the year ended 30 June 2011

| | Association | | Council | |
|--------------------------|----------------|----------------|----------------|----------------|
| | 2010 | 2011 | 2010 | 2011 |
| | \$ | \$ | \$ | \$ |
| Revenue | 289,440 | 342,318 | 289,440 | 342,318 |
| Interest Earned | 42,737 | 60,633 | 38,305 | 54,815 |
| Donations Received | 5,109 | 8,006 | 2,087 | 3,256 |
| Symposium & Meeting fees | 54,777 | 55,665 | 28,080 | 33,986 |
| Other Revenue | 65,302 | 112,306 | 8,758 | 5,000 |
| Total Revenue | 457,365 | 578,928 | 366,670 | 439,375 |
| Expenses | | | | |
| Marketing | 16,042 | 14,088 | 16,042 | 13,758 |
| Administration | 97,712 | 83,381 | 81,466 | 77,693 |
| Other | 330,170 | 391,525 | 266,210 | 285,582 |
| Total Expenses | 443,924 | 488,994 | 363,718 | 377,033 |
| Profit | 13,441 | 89,934 | 2,952 | 62,342 |

The above income statement should be read in conjunction with the accompanying notes

Australian Association of Gerontology Inc
Notes to the Financial Statements
As at 30 June 2011

Note 1. Australian Association of Gerontology Inc

The Australian Association of Gerontology Inc (AAG) is operated through the Council. In addition, State based activities are operated through State Divisions of the AAG which together with the Council comprise the results of the Association.

The aim of the AAG is to promote Gerontological Research and the dissemination of relevant information.

Note 2. Summary of significant accounting policies

(a) Basis of accounting

This is a special purpose financial report that has been prepared in order to satisfy the financial reporting requirements of the Associations Incorporations Act (A.C.T) 1991. The Council has determined that the Association is not a reporting entity.

The financial report has been prepared in accordance with the following Australian Accounting Standards:

AASB 1031 *Materiality*

AASB 770 *Events after the Balance Sheet Date*

No other applicable accounting standards, Urgent Issues Group Interpretations, or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The report is on an accrual basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuation of non-current assets.

The following material accounting policies, which are consistent with previous period unless otherwise stated, have been adopted in the preparation of this financial report.

(b) Income tax

The Association is exempt from income tax in accordance with the Income Tax Assessment Act 1997.

(c) Investments

Investments are recorded in the financial report at cost.

(d) Receivables and Revenue recognition

Debtors are recognised for the major business activities as follows:

- i. Finance – interest receivable on investing activities is accrued in accordance with the terms and conditions of the underlying financial instrument.

(e) Payables

Payables represent liabilities for goods and services provided to the AAG prior to the end of the financial year. The amounts are unsecured and are usually paid within 30 days of being recorded.

Note 3. Other Financial Assets

| | Association | | Council | |
|--------------------------------|--------------------|---------|----------------|---------|
| | 2011 | 2010 | 2011 | 2010 |
| Bank SA | 134,837 | 128,600 | 134,837 | 128,600 |
| Adelaide Bank | - | 19,523 | - | 19,523 |
| Bank of Queensland | 693,287 | 641,256 | 693,287 | 641,256 |
| Investments by State Divisions | 134,473 | 127,959 | | |
| | 962,597 | 917,338 | 828,124 | 789,379 |

Note 4. Equity

| | | |
|-------------------------------|----------|----------|
| Prior year adjustment | (13,757) | (13,757) |
| Adjustments Tasmania division | 943 | |
| | - 12,814 | - 13,757 |

Australian Association of Gerontology (Council)

*Suite 154, 236 Hyperdome
LOGANHOLME QLD 4129*

Profit & Loss [Last Year Analysis]

July 2010 through June 2011

| | This Year | Last Year |
|--------------------------------|---------------------|---------------------|
| Income | | |
| Membership Income | \$91,959.96 | \$82,353.21 |
| Joining Fee | \$1,341.04 | \$181.82 |
| Interest AAG | \$21,617.60 | \$15,188.53 |
| Sponsorship - Ab Nat W'shop | \$16,475.88 | \$9,055.78 |
| Miscellaneous Income | \$0.00 | \$8,758.16 |
| Australasian Journal on Ageing | \$45,439.00 | \$46,550.00 |
| National Conference Profit | \$33,986.40 | \$28,080.00 |
| Funding Earned for BARCP | \$187,101.30 | \$146,753.58 |
| Student Grant - Nat Conference | \$0.00 | \$4,545.45 |
| Donations-GAndrews Visit Fund | \$446.76 | \$805.20 |
| Interest-GAndrews Visit Fund | \$7,782.20 | \$5,850.75 |
| Donations-RMGibson Research F | \$2,809.50 | \$1,282.40 |
| Interest-RM Gibson Research F | \$25,415.60 | \$17,265.40 |
| Other Income | \$5,000.33 | \$0.00 |
| Total Income | \$439,375.57 | \$366,670.28 |
| Expenses | | |
| Accounting Fees | \$3,905.00 | \$3,535.00 |
| Printing - General | \$7,126.86 | \$14,054.76 |
| Stationery & Office Supplies | \$404.51 | \$420.08 |
| Newsletter Expenses | \$3,120.00 | \$4,651.20 |
| Website Expenses | \$4,509.58 | \$1,987.76 |
| AJA | \$45,439.00 | \$46,550.00 |
| Insurance | \$5,080.27 | \$4,950.81 |
| Contractor Salaries | \$123,281.80 | \$110,178.75 |
| Annual Return & Associated Fee | \$34.00 | \$66.00 |
| Memberships of other Associati | \$800.00 | \$1,521.39 |
| Event Registrations | \$5,328.87 | \$8,007.14 |
| Bank Charges | \$518.77 | \$347.41 |
| Merchant Fees | \$1,042.07 | \$1,123.17 |
| General Expenses & Gifts | \$767.55 | \$1,793.07 |
| Airfares | \$25,661.01 | \$18,580.65 |
| Accommodation | \$13,677.58 | \$22,329.77 |
| Taxi Fares, Parking & Tolls | \$6,659.02 | \$6,088.39 |
| Meals & Catering | \$7,273.30 | \$5,699.10 |
| Other Meeting Expenses | \$9,921.24 | \$4,128.67 |
| Disbursement to Divisions | \$15,867.00 | \$18,638.00 |
| Postage | \$1,257.18 | \$2,164.18 |
| Phone/Fax | \$3,571.31 | \$2,879.22 |
| Secretariat Fee | \$64,260.00 | \$60,803.63 |
| NARI Administration Expense | \$7,500.00 | \$7,500.00 |
| Storage | \$1,080.00 | \$900.00 |
| GAndrews VF Travel Allowance | \$1,000.00 | \$1,000.00 |
| RM Gibson Research Grants | \$12,727.27 | \$13,763.63 |
| Consulting Fees | \$4,916.13 | \$0.00 |
| Other Expenses | \$0.00 | \$36.43 |
| Total Expenses | \$376,729.32 | \$363,698.21 |
| Operating Profit | \$62,646.25 | \$2,972.07 |
| Other Expenses | | |
| Other Expenses - BAS Rounding | (\$0.87) | \$0.27 |
| Other Expenses-Underpaid Memb | \$304.92 | \$18.85 |
| Total Other Expenses | \$304.05 | \$19.12 |
| Net Profit / (Loss) | \$62,342.20 | \$2,952.95 |

Audited by Bellas Accountants

INDEPENDENT AUDIT REPORT

TO THE MEMBERS OF AUSTRALIAN ASSOCIATION OF GERONTOLOGY INCORPORATED

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of the Australian Association of Gerontology Incorporated, which comprises the balance sheet as at 30 June 2011, and the income statement for the year then ended a summary of significant accounting policies, other explanatory notes, the Committee's Report, and the Statement by Management.

The Responsibility of the Committee for the Financial Report

The Committee of the entity are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the financial reporting requirements of the Association's constitution and are appropriate to meet the needs of the members. The Committee's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Committee's financial reporting under the Association's constitution. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

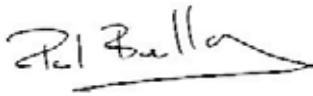
In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Qualification

As is common for organizations of this type, it is not practicable for the Australian Association of Gerontology Inc to maintain an effective system of internal control over receipts from subscriptions and donations prior to their initial entry in the accounting records. Accordingly, our examination of these areas did not extend beyond amounts so recorded in the Income Statement.

Auditor's Opinion

In our opinion, except for the effects on the financial report of the matter referred to in the qualification paragraph, the financial report presents fairly, in all material respects, the financial position of the Australian Association of Gerontology Inc as of 30 June 2011 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.



Paul Bellas
Bellas Accountants

Signed at 29th day of September 2011.

National Aged Care Alliance Report November 2011

The final National Aged Care Alliance meeting for 2011 took place in Adelaide on Thursday 24 and Friday 25 November 2011. Following on from the release of the Productivity Commission report on Caring for Older Australians and Minister Butler's subsequent 'Conversations on Ageing' held across the country, there was a great deal to discuss at the NACA meeting. In particular, the meeting allowed the NACA Ageing Expert Reference Group to consolidate its positions on how reforms to the aged care sector might work. Specifically, the NACA Ageing Expert Reference Group considered assessment and entitlement, quality care indicators, workforce issues, palliative care, financing for care and accommodation, and a wellness model of aged care emphasising reablement. The reports from the NACA Ageing Expert Reference Group will form the foundations for the NACA Blueprint for aged care reform and contribute to the NACA budget submission for 2012. The blueprint for reform and budget submission will be posted on the NACA website early in the New Year (www.naca.asn.au).

Pat Sparrow, Director of Aged Care Reform Engagement at the Council on the Ageing, also presented to NACA delegates on the feedback to date from the Conversations on Ageing with Minister Mark Butler. With over 20 conversations completed and just seven to go, distinct themes were emerging from the conversations that have been held around the country. To date, people have said that they want easy to access services and a system they can understand and use; they want aged care that offers consumers choice as to where and how they access services, as well as control over their lives including the right to die with dignity at home; and they want more community care options in addition to access to quality residential aged care if/when needed. During the conversations, people indicated that they are prepared to pay for accommodation and services if it means an increase in the quality and choice of services offered; however, concerns were raised as to how much they would have to pay and whether the quality will really be any better. The Conversations on Ageing are set to conclude early next year.

In addition to reviewing the NACA Blueprint for aged care reform and co-ordinating key messages, the second day of the meeting included a presentation from Rosemary Huxtable, Deputy Secretary, and Iain Scott, First Assistant Secretary, from the Department of Health and Ageing. Although Ms Huxtable was unable to go into details regarding the recommendations from the Productivity Commission's report, she did outline a number of key issues that the Department is taking into consideration in relation to the gateway, financing, and workforce. More will be forthcoming from the Government and the Department in 2012. The next NACA meeting is scheduled to take place in Melbourne on 21-22 February 2012.



Australian Association of Gerontology

National Executive for 2011/12



President:
Professor Julie Byles

Director, Research Centre for Gender,
Health & Ageing
The University of Newcastle
P: 02 4913 8643
E: Julie.Byles@newcastle.edu.au

Secretary:
Dr Meredith Tavener

Population Research Centre
Faculty of Spatial Sciences
P: 07 3103 1391
E: enquiries@aag.asn.au



President Elect:
Dr Briony Dow

Director, Health Promotion
National Ageing Research Institute
P: 03-8387 2639
E: b.dow@nari.unimelb.edu.au

Treasurer:
Mr Frank J Schaper

Chief Executive Officer
Alzheimer's Australia WA Ltd
P: 08 9388 2800
E: Frank.Schaper@alzheimers.asn.au

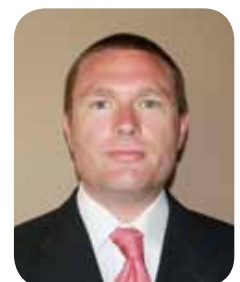


Immediate Past President:
Professor Gill Lewin

Professor, Centre for Research on Ageing
Curtin University of Technology
P: 08 9266 1829
E: glewin@curtain.edu.au

Executive Officer:
Dr Tony Coles

National Ageing Research Institute
PO Box 2127
Royal Melbourne Hospital
VIC 3050
P: 03 8387 2621
M: 0449 783 726
E: eoaag@aag.asn.au



For all your State contacts
please go to the State
Division section on the AAG
website

www.aag.asn.au

expanding knowledge of ageing

The Australian Association of Gerontology Inc
Suite 154, 236 Hyperdome LOGANHOLME QLD 4129
Tel: (07) 3103 1391 Fax: (07) 3112 6838
Email: enquiries@aag.asn.au
www.aag.asn.au



Divisional Representatives on Council 2011/12



Ms Ann Peut
ACT



Ms Carrie Hayter
NSW



Dr Jane Sims
VIC



A/Prof Evonne Miller
QLD



Ms Cathy Lock
SA



Prof Leon Flicker
WA



Dr Christine Stirling
TAS



Dr Melissa Lindeman
NT

General Members on Council 2011/12



Ms Helen Feist



Ms Barbara Squires



Mr Kevin Vassarotti



Ms Sharon Wall

ACT Division

The AAG-ACT Division AGM took place on 19 October. Following reports from the committee (happy reflections on a busy but successful year), discussion about the proposed national restructure and election of new office bearers (welcome to Jo Root and Kasia Bail), our guest speaker, the 2011 Gary Andrews Travelling Fellow Prof Iris Chi gave an insightful presentation Evidence-based policy and practice in aged care. Her reflections on the overlap between research and policy were particularly relevant to the ACT Division, coming just two months after the hugely successful "Ageing and aged care research, evaluation and policy forum: Informing options and outcomes for community care" that was jointly organised by AAG-ACT Division and AAG National at Parliament House. The committee is grateful to the Hellenic Club of Canberra for their support in providing the meeting venue.

Dr Ellen Skladzien, Newsletter Representative, ACT

NSW Division

'What do we need our brains for when we are old?'

Dr Helen Creasey was the keynote speaker at the AAG (NSW Division) Annual General Meeting held in Sydney on 26 August. In a stimulating presentation, Dr Creasey challenged current thinking on cognitive impairment. Below is an adaptation of Dr Creasey's presentation:

While one might suggest all we need of our brain is to allow life to be lived as one chooses in the company one chooses, newspaper reports on the weekend prior to the meeting on two Sydney icons illustrate the problem: One, Margaret Olley who died admired and at home, despite living amid years of clutter, depicted in a way which would make any home visiting health professional unhappy and happily continuing to smoke and the other, Neville Wran whose cognitive capacity was actively and publicly being questioned. This raises the issue of what is normal brain function when one is older? Who should define normality and abnormality?

The talk centred on the recent reports by two influential expert groups to medicalise the changes in thinking which occur with age and convert them to diseases and disorders. The first group, an expert panel under the auspices of the National Institute on Aging and the American Alzheimer's Association, have published three articles this year redefining Alzheimer's disease, with a marked broadening of the inclusion criteria which would allow for most older people to be relabelled with this disease.

The second group, the American Psychiatric Association DSM panel, published last year their draft proposals which include replacing dementia with cognitive impairment, spanning a range of severities, which would also allow the normal changes with age to be reinterpreted as clinical disorders.

The justification for these proposals is to improve research efforts to help better treat those who suffer from the more severe manifestations of these diseases and disorders, but the side effect is likely to be false labelling of older people, particularly if the push for cognitive testing as a health screen in older people gains momentum. Cognitive testing has evolved from educational developmental and focal brain disease studies and lacks ecological validity, having relatively weak relationships with how people function in everyday life when older. Many of the changes seen with age might be better viewed as dynamically focussed to cope with changes in life over time, and indeed studies grounded in "real life" tests support such a claim, such as sustaining performances over longer periods of time.



Helen Creasey, Dr Noeline Monaghan and Julie Byles

Subsequent panel discussion included the increasing tendency to confound dementia with age, even in the age care sector which is producing a skewing of care needs and actions to one aspect of care needs, to the relative neglect of other aspects of care. It also contributes to the already negative views of ageing held in the broader community and to efforts to maintain independence and autonomy of older people in general.

The Ninth Regional Congress of Gerontology and Geriatrics

Melbourne, 23 – 27 October, 2011

Many NSW members of the AAG attended the Regional Congress of Gerontology and Geriatrics in Melbourne in October. Renowned music therapist and long-time AAG member, Dr Ruth Bright, presents this personal view of the conference:

A personal view by Dr Ruth Bright

A generous grant from the NSW Division of the AAG allowed me to attend this wonderful conference. The preliminary workshops took place the day before the Congress itself began, and I decided to participate in the session on 'Writing and reviewing for scholarly journals'. In preparation for this, I spent some time in the library at Hornsby Hospital 'reading up' matters such as: 'How to decide which author's name comes where' in multiple authorship, and ethics of publication and the problems which can arise with multiple authorship if some of the research was not carried out ethically - or, as in some notorious situations of fraud, was in fact not done at all!

In fact, however, the session was fully taken up with less dramatic matters and we worked in small groups of three, discussing a 'sample' paper and ways in which it might be improved. The session was helpful and working together, with three different viewpoints, enabled us to share various ideas.

On Monday the Congress itself began. The newly-built Convention Centre close to the Yarra River on the South Bank, was an excellent venue for a major International Congress, with its multiple session rooms as well as large plenary theatres. The various stands, (for both trades and professional associations) were in the adjacent Exhibition Centre, as were the many Posters, and all the refreshments were also served there (and very good they were too!). There is a tram stop near the Centre, so that public transport was relatively easy.

The only problem I met was that – because the Congress opened at 8 a.m. and finished at 6 p.m. - one was travelling at peak hour, and to say that the trams (which I used to get to the Congress from Melbourne University's Graduate House) were crowded, would be an understatement – crammed like sardine tins would be a more accurate description! The one advantage was that - because passengers were so tightly jammed together - there was little chance of my falling over when the vehicle suddenly accelerated around a corner or stopped abruptly!

The official Opening of the Congress was an inspiring occasion: there were over 900 participants and although most of them (not surprisingly) were from Australia, there were large contingents from New Zealand, Japan, Taiwan, the Republic of Korea, the Peoples Republic of China, and Thailand, with smaller groups from places such as Canada, USA, UK – a total of 35 different nationalities.

One special delight at the Opening Ceremony was the presentation made to Ruth Inall, who (together with David Wallace, Arthur Everitt, Sidney Sax, Geoff Hughes, Dick Gibson and Gary Andrews) was a key person in the early days of the Australian Association of Gerontology. I had known Ruth since those early days, so we enjoyed some time together, reminiscing about the past, when the Gerontological Society of NSW (which had been founded in 1960 and in which in which I had served in various capacities, including President) became the NSW Division of the AAG.

As with the preliminary workshops, one of the hardest tasks at the Congress itself was deciding which of the concurrent session sessions to attend! There were frequently five in parallel, but – wisely – the Chairs of the sessions had been asked to follow the printed timetable, even if a paper was omitted, so that one could change sessions in mid-stream - without the annoyance of finding that the paper one wished to hear had already been given.

The printed programme was well presented: a small booklet of the sessions listed day-to-day events, and gave details of time, room number, speakers' names and topics, and our satchels also contained a book (over 300 pages) of Abstracts of all presentations, so that one could read the content of all the papers - especially valuable for those which one could not attend.

The range of topics covered was, of course, varied and extensive, and a high percentage of the presentations described work outside Australia; some papers presented formal research and others were descriptive, but all stimulated discussion, on themes such as:

- attitudes towards ageing and social issues, including gender, cross-national issues and general investigations in gerontology;
- aged care at different levels, housing, transitional care, palliative care;
- healthy ageing, 'ageing well', health promotion, retirement, life-long learning, falls prevention, exercise and mobility;
- cross-national and national research on health and well-being in later life, Indigenous health, the needs of carers and family members;
- particular challenges and topics such as elder abuse, the dementias, diabetes, cardiac illness, strokes, mental health, rural health-care, arthritis, medication per se, ageing and metabolism, spiritual care, and so on;
- general themes such as health promotion, , the workforce in aged care (service delivery, models, planning and practicalities), professional education, the impact of family networks and relationships.



*Ruth Bright with NSW
Executive Officer
Janet Gilchrist*

I attended a wide range of presentations, and - on Monday - I was especially interested in a research paper about the responses to music of people with dementia, and had long discussions/conversations/arguments on the topic with the presenter (Jonathon Barber) - which continued intermittently until the end of the Congress!

Summary

How can we sum up a Congress with so many speakers and participants from around the world, papers and workshops on so many aspects of ageing, and written from so many different viewpoints?

All I can say, I think, is this:

It was a privilege to attend such a wonderful and varied Congress, and I am truly grateful to the AAG's NSW Division for making this possible. It was also a privilege to hear so many interesting presentations, and to meet - and talk with - so many different people, of so many different professions, from so many different parts of the world.

Having now reached the middle of my 83rd year, I know that this was almost certainly the last international Congress I shall ever attend, and it is interesting to look back over other Gerontology meetings I have attended, e.g. in Hamburg, Tokyo, and New York, occasions where I have given papers (two of which became chapters in textbooks, one on music for 'difficult' people and the other on grief and loss).

As you will guess, I am also looking back over my life as a whole, remembering with gratitude those who have supported and helped me, both personally and professionally, and also those who have disagreed with me - because they made me think even more deeply about what I was doing - and why!

I am remembering the past, not because I expect my life to come to an end tomorrow, or even the next day - but because so many relationships and events were valuable to me - and one never knows...!

Thank you, NSW Division of AAG, for making this last participation possible!

Ruth Bright, AM, D.Mus (Melb) AAG Fellow

Ageing with a Disability: Research, Policy & Practice Forum

Blacktown, 21 November 2011

On Monday 21 November, the AAG (NSW Division) and the Futures Alliance presented a forum on Ageing with a Disability - Research, Policy and Practice. NSW Division President, Paul Sadler, spoke on behalf of the AAG. The report on the Forum below is adapted from a press release by Alissa Crawford from Ability Options:

On Monday 21 November, more than 100 academics, service providers, Government representatives, people with a disability and their families met in Blacktown to discuss current research, policy and practice around solutions, now and into the future, for the growing number of people with disability who are ageing.

The Ageing with a Disability Forum was opened by the NSW Minister for Disability and Ageing, the Hon Andrew Constance and was organised by the Futures Alliance and the Australian Association of Gerontology (NSW Division). The Futures Alliance is a cooperative of community representatives from disability and aged care providers in NSW which includes representation from consumers, academics and peak bodies. It has produced a Blue Print on disability and ageing to guide governments towards reform.

The Minister said the needs of people with disability need to be considered as part broader changes happening within the disability and ageing sector, including the urgency for the proposed National Disability Insurance Scheme (NDIS). "What pleases me is that the Futures Alliance has identified that people with disability who are ageing have specific requirements and that governments have to work together for reform", said Minister Constance.



Anthony Brown, Christopher Smith (COTA - Mate To Mate Project) and Keryn Curtis (Editor - Australian Ageing Agenda)

Currently, people with disability under 65 are funded under the State disability system and, under the National Health Reform Agreement, those over 65 fall under Commonwealth responsibility through the aged care system. There are currently close to 200,000 carers across Australia who are 65 or older and almost 6500 people with a disability younger than 65 living in residential aged care.

Chair of the Futures Alliance, Jo-Anne Hewitt, says that now is a critical time for change within the disability and aged care sectors. "Research shows people with disabilities are living longer, however many people with life-long disabilities can experience ageing earlier. Knowing the likelihood of premature ageing, age 65 should not become a boundary that people with a disability need to cross before accessing any appropriate aged care supports and expertise - these should be delivered in conjunction with existing disability supports, as people need them," said Ms Hewitt.

"The reality is that people with a disability are ageing now and many can't wait another eight or even five years for a solution. That's why the Future's Alliance is calling for changes to be put into place now."

Forum presenters and key issues discussed included:

Keynote speaker, Prof Christine Bigby, Faculty of Health Sciences, La Trobe University who presented on the potential impact of the National Disability Insurance Scheme (NDIS) on outcomes for people with intellectual disability who are ageing, including the NDIS's aims for a person-centred approach, better continuity of care for people with disabilities as they age, and the opportunity for older people with disabilities to elect to stay within the disability system or transfer to the aged care system. Prof Bigby also discussed some of the potential issues not yet addressed through the proposed NDIS such as advocacy and support for people with intellectual disability to help them decide if and when residential aged care is appropriate.

Paul Sadler, President of the Australian Association of Gerontology (NSW) and CEO of Presbyterian Aged Care NSW & ACT, talked about reforms proposed through the Productivity Commission's Caring for Older Australians report. Mr Sadler identified that while these reforms offer better entitlement of care for people who are ageing, people with disability may still find it difficult to transition into the commercial aged care sector.

Sue Findlay, Home and Community Care (HACC) Transition Program Manager, spoke about issues from HACC's consultations with service providers about the NSW Health Reform Agenda and its impact on HACC, including workforce issues, the complexities of using volunteers within the sector and the difficulty for clients of accessing support and information

Associate Prof Roger Stancliffe, Faculty of Health Sciences, University of Sydney, presented findings from research, including a project to help older people with disability into retirement from employment or

community access programs by linking them with mainstream community or volunteer group, as well as a study of the benefits of individual focused support offered through support networks for people with intellectual disability.

The Forum was concluded with a panel discussion with service providers and people with disability and their families about their experiences of ageing and disability. This included John and Cheryl Morgan who both have physical disability and are ageing. Speaking on John's behalf, Cheryl said they receive only minimal support to live independently and are finding this more and more difficult as they get older. "Although we are lucky to own our home, it's come at a price to us – small jobs that others can do, we can't get done as tradesmen don't come out to do things like change a light bulb," said Cheryl. "Living with minimal support is becoming more of a struggle as the years go by, but the type of extra support we need is not really available."

AAG NSW Division Student Prize

The NSW Division is pleased to announce the awarding of a student prize for Outstanding Studentship in Gerontology to Elsy Brammesan from the University of Wollongong. The Prize was presented by the Dean of the Faculty of Health & Behavioural Sciences, Prof Patrick Crookes on 16th June 2011 at their graduation ceremony.



Elsy Brammesan receiving her award from Wollongong Dean of the Faculty, Prof Patrick Crookes

NSW Division Annual General Meeting

The AGM of the NSW Division was held at the Sydney Mechanics School of Arts in Sydney on 26 August. The following office bearers were elected:

President: Paul Sadler

Vice President: Carrie Hayter

Hon. Secretary: Virginia Simpson-Young

Hon. Treasurer: Jill Pretty

Student Representative: left vacant

Representative to National Council: Carrie Hayter

Committee members: Felicity Barr, Anthony Brown, Julie Byles, Sarah Fogg, Vasi Naganathan, Lorraine Poulos, Eliza Pross, Lisa Ralphs, Chris Shanley, Barbara Squires.

Dr Virginia Simpson-Young, Newsletter Representative, New South Wales

Victoria Division

IAGG Asia / Oceania Regional Congress of Geriatrics and Gerontology 2011

The pre-Congress public forum on 20th October brought together a broad range of people for the launch of a video featuring the work of several agencies on the topic of 'Age and intergenerational identity'. These included the Brotherhood of Saint Laurence, the National Ageing Research Institute and Youthworx. The media can be viewed at

<http://www.nari.unimelb.edu.au/news/media.htm>

The IAGG IXth Asia Oceania Regional Congress of Geriatrics and Gerontology from 23-27th October at the Melbourne Convention and Exhibition Centre 'Ageing well together: regional perspectives' was attended by over 900 delegates. The scientific program reflected the breadth, depth and critical importance of the associated disciplines. The program's rich and varied topics ranged from detailed studies of the microbiology of the mechanisms of ageing, through rigorous trials of interventions to improve the management of conditions impacting on older people, to discussion of the development and evaluation of key policy and program models focussed on improving the health and wellbeing of older citizens. The program contained presenters from across the Region and beyond, showcasing cutting edge research from across the world. Many great achievements were revealed and many new avenues of exploration

highlighted. The delegates were able to network during the four days, enabling new ideas and research collaborations to be developed which will hopefully benefit our older community and those who work with them.

Forthcoming Events

Those who attended the Victorian Division's AGM on Wednesday 17th August will be aware that our invited speaker David Davis, MLC, Victorian Minister for Health was unable to attend due to commitments in the House. The Minister will now be speaking on Wednesday 30th November at the Seminar Room, Ground Floor, St George's Hospital, 283 Cotham Road, Kew, 5.00 pm, followed by presentations from recently completed PhD candidates.

We look forward to seeing you there.

2012

Our program of Forums for next year is already taking shape. The first event in 2012 will be on Wednesday 15th February on the topic of cognitive decline, with a presentation from Dr Nicola Lautenschlager.

A clinical update workshop is planned for Wednesday 16th March in Traralgon, with presenters speaking on topics ranging from falls prevention to incontinence.

More details will be posted in the New Year.

Best wishes for a happy and healthy 2012.

Dr Jane Sims, Newsletter Representative, Victoria

Queensland Division

October saw Visiting Fellow Prof Iris Chi visit Brisbane whilst in Australia, with approximately 30 people attending the forum held at UQ BlueCare on "Issues in evidence-based practice". There were two presentations, one from Prof Chi (University of Southern California) and one from Prof Debbie Tolson (Glasgow Caledonian University).



AAG QLD Committee Members with Prof Iris Chi and Prof Debbie Tolson

Prof Chi spoke about "Evidence-Based Policy and Practice (EBP) in Aged Care", outlining how EBP was driven by the increased interest in outcomes and accountability but for EBP to become a widely used approach, it must become a truly joint effort of researchers, policymakers and practitioners. Prof Chi then described several examples (e.g., Program of All-Inclusive Care for the Elderly, PACE; Cash and Counseling Model, CC) and emphasized the importance of partnering with practice-oriented researchers

and engaging in practice-informed research. Prof Debbie Tolson spoke about "Communities of Practice – Translating evidence into Practice" and described her involvement and learnings from the Gerontological Nursing Demonstration Project (2000 – 2006), which looked at how could best (evidence informed) practice in the nursing care of older people be promoted across Scotland. She described how a facilitated Community of Practice worked best, enabling knowledge exchange activities with a local team and deployment of an appropriate improvement strategy. For those who missed the forum – or wish to refresh their memories – PowerPoints from both speakers are on the QLD division section of the AAG website. It was a very enjoyable forum, with much discussion among participants about how to translate these findings into our own practice. The photo above from the event shows the AAG QLD members with the two speakers - Tim Henwood, Andrea Petriwskyj, Debbie Tolson, Iris Chi, Evonne Miller and Jenny Nitz.

We have also officially commenced planning for the 2012 National Conference here in Brisbane, with our first wider non-State Committee planning meeting on Tuesday 22 November – "Your say: AAG conference 2012". There was a great turn-out, with approximately 25 AAG QLD members meeting at Fortitude Valley's Freestyle Tout (Emporium) for 2.5 hours to discuss ideas, keynote speakers and initiatives for the conference. It was a very enjoyable night, with lots of ideas – some relatively novel and potentially controversial, which is appropriate given our conference theme of "Ageing: Challenging the Boundaries". We are now in the process of short-listing potential keynote speakers and topics – so we strongly encourage Queensland-based members to engage in this process and attend the next open meeting in the new year (please watch your email/the webpage for dates) and/or email the committee with suggestions. We are also actively looking for sponsorship and collaborative activities, including running a series of events around the State in the lead-up to the November 2012 conference and so I would like to particularly encourage regional members to contact me with ideas for hosting events/speakers in their community.

A/Prof Evonne Miller, President & Newsletter Representative, Queensland

South Australian Division

The SA Division was really pleased to welcome new members to the committee at the September AGM, including some new students. We are pleased that our efforts to provide some financial support to assist students to participate in AAG events such as the recent IAGG Congress have encouraged them to become involved with State activities.

AAG SA partnered with the Adelaide Eastern Regional Collaboration Project to host a very successful seminar and Expo focusing on men's health at the Burnside Town Hall on the 18th of October, which was attended by 150 people including a large proportion of older men. The achievement of attracting and involving older men in such discussions was commended by international guest Dr. Alexandre Kalache, the current Adelaide Thinker In Residence, who was a presenter at the seminar, focusing on Age Friendly Cities, what does this mean for men?

Other speakers included

- Dr Mandy Stanley: Old Fellas in their shed, research and findings
- Gary Green: Australian Men's Shed Association
- Dr Ian Chapman: Muscle loss & testosterone levels in older men



AAG SA member Jane Fisher, Dr Alexandre Kalache, SA President Dr Helen Feist

Several organisations manned EXPO stalls such as Australian Men's Shed Association and Eastern Region Men's Shed, Technical Aid for the Disabled SA, Seniors Wise, Alzheimers Australia SA, Strength for Life, Movember, Arthritis SA, Over 60s SA Cricket, The Freemasons Centre for Men's Health.

Involvement with Dr Kalache's residency in South Australia has afforded the SA AAG Division valuable opportunities to participate on the Thinker's Stakeholders Group and strengthen local networks with other policy, service provision and research bodies in 2011.

A program of events for Dr Kalache has included public lectures, open community forums, meetings with key stakeholders in ageing in South Australia and the formulation of on-going programs and research opportunities.

SA President Helen Feist represented the AAG as a panel member at a metropolitan community forum held by the Thinker in Residence program earlier this year, and again at a similar rural community event this month in Murray Bridge. This event was well attended, provoking active discussion about issues for 'age friendly' communities.

The AAG SA annual conference planning committee has already commenced preparations for the 2012 conference, and has even begun thinking about the AAG National Conference in 2014!

Christmas drinks will be held at the Melbourne St Cellars with a guided wine tasting and our usual end of year revelry.

Ms Cathy Lock, Newsletter Representative, South Australia

Western Australian Division

The New WA Assessment Framework Forum: AAG and ACSWA Joint Event

On Tuesday 27 September the WA Division of the AAG together with Aged and Community Services WA (ACSWA) held their much anticipated seminar on the new WA Assessment Framework. Delegates from varying backgrounds attended to hear how the new framework has been perceived by many of the different stakeholder groups involved.



Luke Garswood, Senior Policy Officer at the Aged and Continuing Care Directorate of the WA Department of Health introduced the topic and provided an overview of the reasons and objectives behind the implementation of the new WA Assessment Framework. The new framework is designed to facilitate the emerging thinking and trends in access and assessment in community care, in particular the "wellness" approach. It also recognises and reinforces reforms underway in the WA Department of Health and at a national level targeted at improving the clients journey and streamlining access throughout the health and community care system. The goal of the new framework, as outlined by Mr. Garswood is that "all community care clients and their carers receive personalised, quality supports that are underpinned by an assessment that identifies their needs, builds on their strengths and reflects their aspirations".

Judy Waymouth, Manager of the Metropolitan East Commonwealth Respite and Carelink Centre gave an overview of the CRCC role within the new framework. She outlined the referral process and some of the positive and negative aspects encountered since the introduction of the framework. The new framework has enabled relationship building, increased referral to a wider range of providers and has allowed for options to be discussed with ineligible clients. Some issues identified were getting the model right, capacity to manage unpredictable volumes, and the understanding and acceptance of change among clients, HACC providers, social workers and GPs.

Ricki Smith, General Manager of Access Care Network Australia, Silver Chain, outlined the Regional Assessment Service (RAS) process. She stated that the process has allowed stronger collaboration between CRCC's, RAS' and service providers, that the WA Assessment Framework Interface (WAAFI) has made it possible to have a central record that can be shared by all parties involved in the care of the client and that clients have reported high levels of satisfaction with the number of assessment visits they are receiving and the length of time the process is taking. The next steps in improving the process will

be to allow access to ACAT assessments and to determine how clients with special needs such as those with dementia or mental health issues can be better supported.

Rosie Lawn, Acting General Manager at Perth Home Care Services (PHCS) reflected on the providers' perspective of what was working well and not so well following the implementation of the new framework. She commented that referrals to the organisation had been steadily increasing, that they had received a large amount of referrals for domestic assistance, that crisis referrals are strong and that relationships and communication between the Regional Assessment Service (RAS) and PHCS were improving. Some issues identified were that PHCS overall referrals were down, that there exists a lack of appropriate assessment and information for those with complex needs, that the process itself and relationships with the RAS needs to be further developed and that there are some issues with information and documentation.

Ken Marston, the Chief Executive of Council on the Ageing WA (COTA WA) discussed the consumer perspective of the new WA Assessment Framework. He stated that we are experiencing a paradigm shift in aged care. The simplified gateway to the aged care system proposed by the Productivity Commission report is a major step in implementing consumer directed care and Mr. Marston feels that the assessment process is critical to its success. He argued that during this first period of implementation there will need to be testing of ideas as well as tracking and analysis of barriers and unintended consequences.

Marise Goddard Jones, Director of GGJ Consultants provided an update on the recommendations made through the WA Assessment Framework Evaluation report. GGJ Consultants evaluated the WA Assessment Framework against its stated objectives through a review of intake and referral processes, a review of assessment and referral processes and a review of support planning and service provision. Some findings of the evaluation were that there were issues with the recording of data at Care Needs Identification Inventories, Assessments and in support plans. Positive findings were that overall, assessments were



adequate to determine and define HACC client need and that support plans reflected assessed needs. The next evaluation report which includes data from clients, CRCC, RAS, service providers and others is currently being collated.

The session concluded with questions and a debate, where those attending could address their views, relate their experiences and express their own opinions.

Upcoming Event

The first event for 2012 will be held in March with a futuristic technology theme. The forum will be titled "Technology: Making older people's lives better". Speakers and venue are still to be announced.

Student Representative

The WA State Division are currently seeking a student representative to join the Committee. If you are undertaking postgraduate study on ageing or aged care and would like to be involved please contact Kristen De San Miguel: KDeSanMiguel@silverchain.org.au.

Ms Orla Hill, Newsletter Representative, Western Australia Division

Tasmania Division

Upcoming AAG Tas activities and events 2012

AAG Tas will ally with State collaborators/partners to progress discussion under the 2012 hot topic of Ageing Well, focusing on working with particular participant groups. Further details will be forthcoming, but plans for next year include:

Friday, March 23 6pm: A social networking function in Hobart

July: Researchers' "elevator talks" to policy developers (in Hobart, Burnie and Launceston)

September: A forum for older persons focused around local councils' positive ageing committee members, researchers, allied health professionals, NGOs etc. to be held in Hobart.

Member news

AAG TAS Vice-President Dr Peter Orpin and University of Tasmania rural ageing researcher, alongside collaborators at Monash University and State Departments of Health and Human Services and Premier and Cabinet, has been successful in obtaining an NHMRC Partnership Grant for 'Aged Support and Aged Care: program and policy structures to support ageing well in rural and regional Australia'. Commencing in 2012, this 3 year project seeks to translate research findings, that rural older people show a substantial resilience, adaptability and self-reliance, into improved and better-focused policies and practice in aged care.

UTAS PhD candidate Corinna Dwan presented some of her early findings at the 10th National Emerging Researchers in Ageing Conference in Sydney on the 24-25 November 2011. This presentation discussed some lessons learned in research involving people living alone with dementia, and the findings on the levels of personal decisional control about their daily life. Anyone with a shared interest in the issues affecting this group can contact Corinna at Corinna.Dwan@utas.edu.au

Ms Diana Carter, Newsletter Representative, AAG Tasmania

Northern Territory Division

What a Year...

Looking back over our inaugural year I think we have achieved a lot. We have a committed group of people driving the portfolio of Ageing in the NT and we are looking forward to 2012.

We are very excited that Alice Springs are to host the ATSIAC Aboriginal Ageing Conference in August 2012.

Our committee are progressing with several other education events to be held across the NT with an aim to promote the NT AAG profile as a valued and dynamic organisation.

2012 will be a good year... so watch this space.

Ms Janice Diamond, Newsletter Representative, Northern Territory

IAGG Regional Congress Update

There was a fabulous turn-out of students for the IAGG Regional Congress, held in Melbourne between October 23 and 27. Almost 150 students, not only from Australia and New Zealand, but a large contingent from the Asia-Oceanic region representing Malaysia, China, Thailand, Japan, and Taiwan as well as further afield from the Netherlands, United States and Canada.

Twenty three of these students were successful in receiving a bursary from the Local Organising Committee to assist with travel expenses. Assistance was also provided to students in the form of helping them find budget accommodation and providing a local contact person should they need any local information.

There was a broad mix of social events and professional networking for the students and emerging researchers throughout the conference.

Two workshops particularly relevant to students and emerging researchers were conducted on the Sunday prior to the Congress. Helen Bartlett chaired "After the PhD", where Sharon Andrews, Frances Batchelor, Chris Hatherly and Tim Henwood discussed the various career paths they have chosen after completion of their PhD studies. "Developing an academic career" was an engaging and informative workshop conducted by Terry Haines, with participants trying not to be too daunted by the task ahead of them.

The Student AGM saw some changes in the guard, with Andrea Petriwskyj moving on to a Queensland State Executive role; Lucie Baker (WA), Kim Kiely (ACT) and Sharon Andrews (Tas) stepping down from the student representative role in their respective states; and Chris Materne stepping down from the Honorary Secretary role. While not all are leaving entirely, we would like to thank all of you for your contribution to the Student Section. Andrea and Sharon, your longstanding association with the Student Section will be sorely missed, but we realise the time has come to move on. With people stepping down, however, we have a wonderful opportunity to welcome new faces to the National Student Section: Kasia Bail (ACT) has taken on the newsletter role in addition to being the ACT student representative; Joanne Mihelcic has become the Victorian student representative, with Xiaoping Lin as deputy; and Linda Isherwood has agreed to take over the Honorary Secretary role from Chris Materne. There may still be some changes to State student representatives, but this will be announced in the next newsletter when State AGMs are complete.

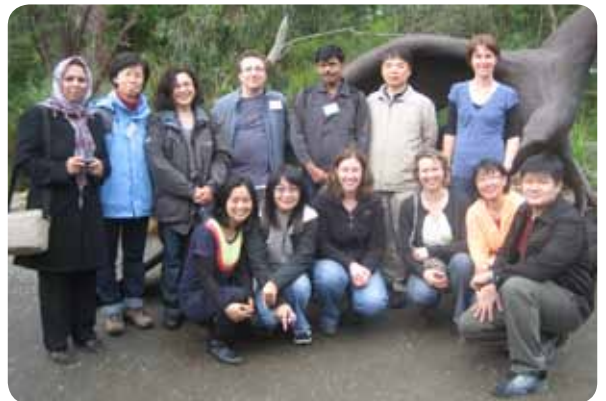
At present, the National Student Section comprises:

| | |
|--------------------------------------|---------------------------------------|
| Kirsten Moore (President) | Claudia Meyer (Deputy President) |
| Linda Isherwood (Honorary Secretary) | Colleen Cartwright (Academic Advisor) |
| Joanne Mihelcic (Victoria) | Xiaoping Lin (Victorian deputy) |
| Anthony Brown (NSW) | Anthony Lowe (Hunter Valley) |
| Ellie Meissner (Queensland) | Chris Materne (South Australia) |
| Kasia Bail (ACT) | Anthony Lo (Hunter Valley) |

Representatives for Western Australia and Tasmania to be advised.

From a social perspective, the Congress commenced with a small, but enthusiastic group visiting Healesville Sanctuary, a reserve for native Australian animals. It was a day designed for international students and, despite inclement weather, an enjoyable day was had by all. Thanks to Kirsten Moore and her partner Stephen, Joanne Mihelcic, Tabitha Nash, Plaiwan Suttanon and Claudia's family for assisting to make it a memorable day.

An informal dinner was held on Monday evening, providing an opportunity for meeting new acquaintances and cementing friendships.



Healesville Trip

The 9th Asia/Oceania Regional Congress of Gerontology and Geriatrics was a resounding success, with a great mix of both formal and informal professional opportunities. Thank you to all the students and emerging researchers for coming together to highlight their contribution to ageing research.

Ms Claudia Meyer, Newsletter Representative, Student Section

RM Gibson Scientific Research Grant

Congratulations to the winners of the RM Gibson Research Fund for 2011 - Anne Tiedemann (The George Institute for Global Health and the University of Sydney) for her project *Improving balance and mobility in older people through a yoga-based exercise program*, Hannah Keage (University of South Australia) for her project *Investigating functional cerebrovascular contributions to dementia and cognitive impairment*, Katrin Sheeher (University of New South Wales), for her project *Becoming a carer for an older person with cognitive impairment - What are the outcomes over time? The Memory and Ageing Informant Add-on Study (MAIA)* and Sharron Brennan (University of Melbourne) for her project *Gender bias in referral for bone densitometry in patients aged ≥ 50 years: 2003-10*, which is outlined below.

Gender bias in referral for bone densitometry in patients aged ≥ 50 years: 2003-10

Osteoporosis is a systemic skeletal disease characterized by low bone mineral density (BMD), and micro-architectural deterioration of bone tissue, with a consequent increase in susceptibility to fracture. Fragility fractures at the spine, hip, wrist and proximal humerus are a major public health problem in both sexes, responsible for considerable morbidity and excess mortality. Furthermore, the numbers of fragility fractures are an escalating public health problem throughout the world (1-3). In Australia, hip fractures are predicted to increase from 15.2 thousand per year in 1996 to 33.9 thousand per year by 2025, rising to 60 thousand per year in 2051 (4). Fractures currently cost the Australian community \$7.4 billion annually (5).

Bone loss in men is often overshadowed by the effects on women, although men also incur substantial bone loss with aging (6). Both men and women have a significantly greater risk of fracture after the age of 50 years, related to loss of muscle mass and trabecular bone; the latter shown to occur at almost identical rates in both genders (7). Due to the direct effect of menopause on BMD, much is known about osteoporosis in women. However, much less is known in men; despite one in three men developing the disease compared to one in two women, and also despite men having a greater risk of mortality following hip fracture compared to women (8). This increasing burden of chronic disease is one of the most critical issues facing Australia's health system, and will increase in absolute terms because of the ageing population (4, 9), unless greater effort is put into effective management and prevention.

Very little is known about the uptake of BMD testing by dual energy x-ray absorptiometry (DXA), in Australians aged ≥ 50 years. Specifically, in the upper age range of ≥ 70 years, the impact of changes to Medicare Australia reimbursement for BMD testing, introduced by the Health Insurance Commission in response to data presented by Osteoporosis Australia, and Australia and New Zealand Bone and Mineral Society (ANZBMS) in 2007, is unknown. This information is imperative to inform current health policy, and to ensure gender equity in access to health services. Pilot data from the BSD for the period 1991-98, indicated a significant gender-bias in referral for DXA of 9:1. At the time of this data collection, effective therapies for osteoporosis were not available on the Prescriber Benefits Schedule (PBS) and the lack of access to therapy may have been a factor in the poor uptake of densitometry in men with fracture. However it is unknown whether this remains given the rise in public health promotion messages aimed at increasing awareness of osteoporosis in both genders, the introduction of PBS subsidized therapy for men and since changes to Medicare and PBS subsidization were introduced in 2007 for older Australians. Therefore, this study is critical in prioritizing two hypotheses; one related to gender bias in referral patterns, and the other of Osteoporosis Australia that uptake of BMD testing has been lower than the predicted 15% (10). This study will examine: 1/ patterns of DXA utilization in men and women aged ≥ 50 years to examine any gender bias in referral, and 2/ patterns of DXA utilization in men and women aged ≥ 70 years pre- and post- the 2007 introduction of Medicare subsidization.

Results will be presented at a future AAG National Conference. My sincere thanks are extended to AAG and the RM Gibson Scientific Research Fund for supporting this work.



Sharron Brennan

References

1. Bliuc D, Nguyen ND, Milch VE, Nguyen TV, Eisman JA, Center JR (2009) Mortality risk associated with low-trauma osteoporotic fracture and subsequent fracture in men and women. *JAMA* 301:513-521.
2. Pasco JA, Sanders KM, Hoekstra FM, Henry MJ, Nicholson GC, Kotowicz MA (2005) The human cost of fracture. *Osteoporosis International* 16:2046-2052.
3. Johnell O, Kanis JA (2006) An estimate of the worldwide prevalence and disability associated with osteoporotic fractures. *Osteoporosis International* 17:1726.
4. Sanders K, Nicholson GC, Ugoni AM, Pasco JA, Seeman E, Kotowicz MA (1999) Health burden of hip and other fractures in Australia beyond 2000. Projections based on the Geelong Osteoporosis Study. *Medical Journal of Australia* 170:467-470.
5. Seeman E, Eisman JA (2004) Treatment of osteoporosis: why, whom, when and how to treat. *Medical Journal of Australia* 180:298-303.
6. Khosla SM, Melton III LJ, Riggs BL (1999) Osteoporosis: gender differences and similarities. *Lupus* 5:393-396.
7. Mazess R (1982) On aging bone loss. *Clinical Orthopaedics and Related Research* 2:239-252.
8. Seeman E (1995) The dilemma of osteoporosis in men. *American Journal of Medicine* 98.
9. Sanders K, Seeman E, Ugoni AM, Pasco JA, Martin TJ, Skoric B, Nicholson GC, Kotowicz MA (1999) Age- and gender-specific rate of fractures in Australia: a population-based study. *Osteoporosis International* 10:240-247.
10. Osteoporosis Australia (2006) Medicare Services Advisory Committee: An application for increasing the availability for bone mineral densitometry (BMD) testing to at-risk groups by Osteoporosis Australia. Page 45.

Looking Back

This paper was delivered by Dr Sax at the Satellite Congress in 1978. Interesting to read what priorities he set out and what has been achieved since then.

PRIORITIES FOR AGEING RESEARCH - SIDNEY SAX

Priorities are influenced by values. In the Middle Ages, practitioners of alchemy devoted much of their time to finding an elixir of life. Others drank the extract of vipers, breathed the expired air of young maidens, or consumed the testes of roosters and tigers. By my scale of values, a lot of contemporary research is as futile as was the work of the alchemist. We are and will remain mortal. My priorities would go towards the achievement of what Confucius wanted when he said that it was his ambition that old people should be able to live in peace, that all friends should be loyal and that all young people should love their elders (Lin Yutang, 1955). The relief of poverty and the care of the sick and old are necessary, but not paramount. Other considerations are just as important for the future of the aged and all the human race. First among these may be limitation of the population.

Sitwell (1973) held that only with a controlled population and the balance of nature restored could the right priorities be asserted. The arts would resume their rightful place. There would be investigations into human life and its infinite possibilities, its convivial gatherings, and its dignity and poetry. These are matters of importance to all people at all ages, but people's interests develop and change enough with ageing to warrant research.

At the 1977 conference of the Australian Association of Gerontology, Williams (1977) nominated certain biological and social problems affecting the elderly for prior attention. He chose:

1. Changes in the regulatory systems of the human body in relation to ageing.
2. Stress, both biological and psychosocial.
3. Epidemiology of common health problems among the elderly.
4. Delivery of health and social services to the elderly.

When Nathan Shock (Triangle, 1968) joined the National Health Institute in America in 1941 to initiate a program of research in gerontology, his survey of the literature indicated that one of the first tasks was to describe age differences in the performance of various organ systems. I do not know what the objectives of such descriptive studies may be. Social gerontology seems to aim at isolating factors in the social environment that impinge on the lives of people as they mature and age. To the extent that these factors can be influenced so that the quality of life is affected, such studies warrant priority. The same could be said of clinical gerontology (or geriatrics) which in turn depends on an infra-structure of general health services based on conventional biological and medical research.

Experimental Gerontology

Experimental gerontologists are attempting to solve problems about the cause of ageing. Does it have more than one cause? What factors influence it? No doubt these are important questions. My reserve on the matter arises because it is not clear whether the purpose of current gerontological studies is to extend people's life span, to increase the expectation of life at birth or to ensure that old age will be without infirmity. These three objectives have fundamental differences.

I shall now look at the possibility of extending the life span. Mechanisms of ageing have been grouped in recent times within one or more of the following four categories (Mathews, 1970; Whittingham, 1970; Callard, 1974).

1. Failure of intracellular organelles and functions.
2. Failure of cellular proliferation, because of limits on the capacity of somatic cells to divide.
3. Failure of cellular cooperation, as in cancer where cells divide out of control, or in autoimmunity, where the immune system reacts to self-components in the body.
4. Reduction in immunocompetence.

These 'primary' mechanisms are probably genetically determined and the particular limits to life for any species may depend on evolutionary influences.

Popular literature portrays the near certainty of ageing research being so successful that life will be extended greatly (Adams, 1978). This is quite inconsistent with current knowledge and scientific concepts. Burnet (1978) reminded us that the continuing thread of life is DNA and that the animal or the plant is 'a mere mortal excrescence hanging on the network of potentially immortal DNA'. For the species to survive, natural selection will ensure that those with phenotypes appropriately adapted for survival will live long enough to reproduce. Once past the age of reproduction, prolonged life is no longer essential for the species to evolve. It seems that if creatures are to improve and change, then old stock must be replaced by new, and death is as necessary as reproduction.

The average life span for a species is relatively constant. The existence of a clear relationship between life span and race as well as species in laboratory animals strongly suggests that length of life is a genetic characteristic. Burnet (1978) argued that ageing is largely a result of spontaneous somatic mutation, and Wallace (1974) interpreted Russell's previous work as showing that a single allele can change life span and pattern of disease in experimental mice. There is a rapidly increasing incidence of cancer among mammals, including humans, towards the end of their usual life spans. It could be hypothesised that the rate of ageing and the rate of appearance of cancer are governed by a common factor, most likely increasing somatic mutation.

Some hint may be gleaned from xeroderma pigmentosum, a rare recessive disease which is characterised by abnormal sensitivity to sunlight with consequent development in childhood of an abundance of freckles and moles, with intervening atrophy of the skin such as is usually found in old age. Those afflicted develop skin cancers in their teens of the same nature and order of frequency as do elderly outdoor workers after a lifetime of exposure to tropical sunlight. In both progeria and xeroderma pigmentosum, the fibroblasts have a defective DNA repair system (Wallace, 1974). There is evidence from the work

of geneticists on bacterial viruses that DNA polymerase, an enzyme essential for the repair of damaged DNA or for its duplication, is itself controlled by a single gene. That gene is ultimately responsible for the fidelity that characterises the function of DNA polymerase; if it does not function efficiently, DNA duplication and repair will be subject to error, and spontaneous mutations will occur at a genetically governed rate (Burnet, 1978).

Little wonder, then, that despite advances in medical science, only rarely do people live much beyond their biblically allotted life span of 'three score years and ten; and if, by reason of strength they be four score years yet is their strength labour and sorrow' (Psalm 90, v. 10). There is enough evidence against any likelihood of extending the maximum length of life to conclude that research on this topic should have low priority.

There are evolutionary explanations for the short life spans of some small animals such as mice, and the long life spans of other mammals such as elephants and humans. Mice and the like depend on their numbers for survival as they are exposed to numerous predators and other hazards. They can reproduce at six to eight weeks of age and have big litters. Whenever favourable circumstances result in abnormally large populations, it is expedient that the older generations who have been tested reproductively should die and leave living room for the newest generations to reproduce. When normal controls fail, epizootics arise.

Among intelligent animals that can learn both from others and from experience, species survival in critical situations may depend on individual qualities possessed by those in post-reproductive phases of their lives. Any circumstances favouring the survival of experienced (older) individuals over younger (inexperienced) ones will lead to an increase in the mean age of a population by a direct decrease of mortality among the experienced group who have learned to avoid extrinsic causes of death such as accidents, predators and infections. Their survival also exposes the deleterious genes of old age to more intense negative selection and senescence is postponed. The process ensures the survival of species dependent on learning experience. The wisdom of an old leader may be of vital importance to a herd of elephants or a troop of baboons. So it was among humans when infant mortality was high and average expectation of life at birth did not reach 50 years. Survival was evidence of immunity to infection, skill in the face of disaster, and dexterity and courage in battle. The old men of the tribe were honoured for their experience and wisdom.

Today, everybody in affluent industrialised societies expects to grow old. The average expectation of life for males is between 69 and 70 years and it is over 75 years for females. This has been achieved by high standards of living and sanitation, good nutrition, public health measures and, to a lesser extent, medical care. The extra qualities of vigour and toughness are no longer essential, and the wisdom and experience of the elderly are not generally of critical importance. The aged need no longer be honoured.

This analysis brings us to a point where the priorities for ageing research become apparent. Even though a person's genetic constitution determines the unique way in which he/she grows old and dies, most people die before the full achievement of the life span to which it could be said that their genes entitle them. Genetically determined ageing increases the individual's vulnerability, but it is the environment that supplies the lethal factors that cause infirmity and premature death. That is where priorities for ageing research are to be found. Can average expectation of life at birth be extended towards normal life spans and, at the same time, can old age be achieved with honour and dignity and without infirmity?

There are three mountain districts in the world, one in the Caucasus Mountains of Russia, a second in the Hunza Valley of the Himalayas, and the third in the Peruvian Andes, where many peasant centenarians are to be found. In addition to having the right genes, they are lean, eat a simple diet relatively free from fat, exercise constantly and vigorously, perform simple socially useful tasks and have an established status in their group. Are all or any of these factors relevant to successful ageing elsewhere?

Everitt has patiently worked on these questions (Everitt, 1970, 1971, 1973, 1977; Everitt and Burgess, 1976). His starting point was the discovery in 1935 by McCay and his colleagues at Cornell University that underfeeding extended the life of rats and delayed the onset of diseases associated with ageing (McCay et al., 1943). Later, food restriction was found to depress pituitary function (Mulinos and Pomerantz, 1940), and then surgical removal of the pituitary gland was found to retard signs of ageing. It is postulated that the pituitary gland secretes hormones which accelerate ageing, and a 50% reduction in food intake has been found to retard ageing to an extent similar to that which occurs in hypophysectomised rats receiving only cortisone replacement therapy.

The pituitary gland controls the functions of other endocrine glands and is itself controlled by the hypothalamus and other centres in the brain. It is probable, therefore, that the brain plays a powerful part in ageing phenomena. The brain, in turn, is affected by environmental factors such as stress, temperature and nutrition which are all known to influence the rate of ageing. Here then are environmental factors that impinge on genetically determined vulnerability and they warrant priority for ageing research. They prevent individuals from attaining the life span which could be expected from their genetic template and they induce diseases of old age. Everitt (1977) and his colleagues are now working on the role of the pituitary gland in the development of arterial ageing and in ageing processes in the brain. This work is of such crucial importance that it deserves high priority in resource allocations.

Excessive eating may be as hazardous as smoking, that other potentially lethal form of behaviour. In theory, both types of behaviour are open to modification by psychological means. The delivery and evaluation of persuasive communications should be studied. Smoking could be regarded as a form of drug dependence and should be treated with the same degree of seriousness as other drug addictions, including alcoholism. All influence the diseases and disabilities of age. Research needs to be directed towards motivation to stop the dependent behaviour. Excessive eating can also be construed as a problem of inadequate self-control and studies of weight reduction provide a useful analogue for research into psychological techniques of self-control. Again, maintenance of the active cooperation of subjects requires research.

Insufficient exercise also contributes to obesity. Not only does physical fitness maintain a sense of wellbeing but it can be promoted as a therapeutic measure in old age (Schreuder, 1968). Exercise and non-competitive sports such as swimming, cycling, rowing and long distance walking have all been found to confer benefits on elderly people. Added value is conferred by participation in groups that stimulate interest and mental activity. Yet again the problem to be confronted is one of motivation.

As stress is one of the environmental factors that influence the pituitary gland through their effect on the hypothalamus, the causes, incidence and control of stress emerge as important aspects of ageing research. The subject of stress first attained prominence through the experimental work of Selye (1950) who postulated a general adaptation syndrome. Much older was the idea of specific adaptation, such as the physiological response to stimuli like physical exertion, emotional states and exposure to cold.

Selye postulated an additional general adaptation mechanism which was thought to help by raising resistance to stress irrespective of its specific nature. Following the initial alarm reaction, there is stimulation of the suprarenal cortex by pituitary hormones and then a stage of non-specific resistance to prolonged stimuli. Ultimately there may be a stage of exhaustion in which general adaptation fails. Selye's hypothesis was that sometimes, for some unknown reason, the suprarenal cortex reacted by producing an excess or imbalance of hormones which resulted in a host of ills that came to be known as diseases of adaptation.

By 1974, Selye's theory and the diseases of adaptation had dropped out of standard textbooks of medicine. That was by no means the end of stress concepts, however. Dintenfass (1976) reported on his potentially significant work on blood hyperviscosity. High blood viscosity always leads to a slowing of circulation and to reduced oxygenation of tissues. The ultimate effects vary in accordance with the tissues and organs mainly affected. The causes of high blood viscosity syndromes are divided into two main groups, namely, basic causal factors and the precipitants of the acute states. The precipitants include infection, fever, trauma, emotional stress and physical stress.

Emotional excitement, anxiety, worries, bad news and pain have been found to cause rises in blood pressure, blood noradrenaline, triglyceride and cholesterol levels, and blood and plasma viscosity. Dintenfass (1976) suggested a chain of events in which socio-economic stresses lead to sympathetic overactivity and to excess production of catecholamines which increase aggregation of platelets and enhance clogging of the capillaries. Cigarette smoking is also accompanied by a substantial elevation of many blood viscosity factors.

The implications of this research are profound. They include action to detect those at risk with high blood viscosity while still asymptomatic, and treatment of high blood viscosity when identified. Surveys warrant a high priority for research among groups known to carry special risks of cardiovascular disease. General screening of the population might follow if indicated by evaluations of more limited surveys. Even more fundamentally, the evidence suggests that determined studies of the self-control of bodily functions should be implemented and that amelioration of adversity in the psychosocial environment is of critical importance.

The vast concrete cities that have been spawned by industrialisation and technology are populated by crowds of people unknown to each other, bewildered by rush, deafened by noise and laden with anxiety. They exhibit a growing use of alcohol, nicotine and cannabis, sleep poorly and take a host of ill-defined physical symptoms to their doctors for help. Many receive prescriptions for tranquillisers which may or may not be effective.

Better ways of controlling anxieties and stresses should be explored. Successful methods of self-control could add to the prospect of delaying the infirmities of ageing. Psychological research has shown that it is possible to learn how to achieve partial control over bodily functions formerly regarded as wholly involuntary (Rachman and Philips, 1975). There is a growing interest in meditation and relaxation, and the possibility arises that people could learn to 'turn on' their control skills to reduce tension and to modify responses under stress. Eastern traditions, including Ayurveda and yoga, warrant scientific research in this regard.

Medical Care

Geriatric medicine and medicine in the elderly are not the same thing. The geriatrician's patients are characterised by the coexistence of physical and mental disability, often of long duration, that precipitate or are induced by social incompetence. His/her work extends beyond diagnosis and treatment to the arrangement of a reliable and coordinated network of services and facilities that make it possible for patients, their families and their doctors to make realistic choices about the nature of their care (Sax, 1968). The scope for research and clinical trials is endless. I could complete a wish list rather than a list of priorities, but I doubt that such studies deserve special resources beyond the provisions already made for medical research. Perhaps there is one exception. Old people can get very confused over instructions about treatment. Studies aimed at improving their compliance with directions may be more useful than marginal improvements in the theoretical effectiveness of drugs which they do not take anyway (Barker, 1970; De Souza, 1972).

One other study that could have particular significance is concerned with the selection and education of personnel to work among elderly persons. Must the nurse, the social worker or the doctor like older people and have a special concern for their welfare and happiness? What characteristics would be desirable? How should they be trained?

One cannot discuss geriatric medicine without reference to the limitations of medicine. Excessive investigation and treatment of the chronic ailments associated with old age may fill the interval to death with little more than discomfort, indignity and pain (Burnet, 1978). Sensitive research might well be directed at the clinical decision-making process that operates between the time when patients become continuously dependent on full-time care and the time of their death. The studies should involve not only the case-workers and their patients but the family members who are caught up in the process.

Health and Welfare Services

Health and welfare services should be responsive to the particular needs of specific populations and these are best elucidated in demographic and epidemiological studies. The population structure and its distribution and drift, the effect of fertility patterns on predicted population structures, the expectation of life after customary retirement ages, retirement migration, the prevalence and distribution of disability at specific ages, and trends in family formation and their effect on the 'empty nest' stage of life are all to be identified (Young, 1976; Borrie, 1977).

There is growing acceptance of the need for health and welfare services for aged persons not to be separated from the mainstream of such services. Additional specialised geriatric services are required to help in the assessment, treatment, rehabilitation, resettlement and maintenance of disabled elderly persons in the community whenever this is judged by the persons themselves, their families and their advisers to be the best solution in particular circumstances (Social Welfare Commission, 1975; Committee on Care of the Aged and Infirm, 1977). Physical, mental, social and functional assessment are all known to be essential in this process (Frood, 1974; Gibson, 1974; Ramsay, 1974; Stoller, 1974). Those who cannot be maintained in the community require institutional care of one kind or another.

A host of questions therefore need answers in particular areas or regions. What are the local gaps and overlaps in services? Why are people seeking admission to nursing homes and hostels? Who needs what? How can the services be provided, organised and administered to ensure efficient and cost-effective care? What personnel will be required? How can volunteers be involved in programs? In what ways can people be taught to help themselves? These are the priority issues to be studied at local level.

At both local and national levels there are difficult questions in quality control and evaluative research. The priorities for quality control studies are not in structural standards and the licensing of personnel but in actual provider performance in relation to physical comfort and safety, social and recreational services, and medical and nursing care (Williams, 1977). Measurement of the value of any particular course of action can be made in a number of currencies, namely, dollars, satisfaction, independence, comfort, disability, health status and longevity (Douglas, 1977). Obviously, therefore, the objectives of a course of action must be stated in precise terms before they can be evaluated, and this identification of objectives is a matter of high priority. If current technology is inadequate for the measurement of such nebulous, even though possibly important, phenomena as quality of life, are expenditures on such research worth any priority? I doubt it. Because public programs are subject to rapid change, are before-and-after evaluations really of value in such unstable systems? Would more reliable results be obtained from periodic assessments (Lawton, 1977)? What are the problems of multiple assessments? What routine indicators could be used?

Retirement

Good physical and mental health are generally recognised as basic requirements for an enjoyable retirement. Others are (Public Service Board, 1977):

1. An adequate income substantially above subsistence level.
2. Suitable accommodation.
3. Good family relationships and congenial friendships.
4. One or more absorbing interests.
5. An adequate philosophy of life.

Is there any evidence for these assertions? Should people be assisted to prepare for their retirement? If so, in what way? Can these matters be studied? What is the evidence in favour of the maintenance of interests? How does it relate to the theory of disengagement (Dick, 1976)? The common wisdom has been well stated by Elkin (1970, p.28) who said that 'it is purpose which gives a reason for living, strengthens the will to live and brings order into life'.

Elkin also pointed out that the pleasures and pains of old age cost money, and either the individual out of his/her own provisions, or his/her family, or society through its welfare services must find it. How much is enough? Pritchard (1970) suggested that old people should not be forced to live below the standard which the wider community would regard as minimum. Yet the income survey conducted in association with the Australian poverty inquiry found that the largest group of people in poverty in Australia were those who were over 65 years of age (Commission of Inquiry into Poverty, 1975). Pension rises alone will not meet the income needs of the aged. There are deficiencies in community services (Australian Council of Social Service, 1973) and the adverse effects on health of these defects have been reviewed by the Commission of Inquiry into Poverty (1976).

The provision of adequate income security in old age is a research area of high priority. Researchers will have to confront the problem that 'real life public decision making is based in power rather than intellect' (O'Brien, 1977). This problem merely raises another issue, namely, how can decision makers be influenced to respond to the financial, housing and opportunity needs of the elderly?

It is against this background that retirement options are explored. There are some who seek early voluntary retirement, some who wish to remain at work until failing health intervenes and others who promote compulsory early retirement as one way of relieving unemployment among young persons. What options face those who contemplate early retirement? Only about one-third of Australian taxpayers belong to pension schemes that provide income support before they become eligible for statutory age pensions. Whether they are in receipt of a pension or not, what margin should they seek to compensate for their reduced mobility, for the increased cost of food because comparative shopping may be out of the question and the small packs they buy are disproportionately priced? What margin should they seek for a telephone in the house, for keeping a cat, or for the purchase of reciprocating gifts to maintain essential social bonds (Bos, 1974)?

Discrimination

Is there discrimination against the aged, and particularly against the aged in poverty? Wall (1978) found evidence of ageism in literature, language, the media, housing, transport, lending institutions and Government departments. Not only does this phenomenon warrant research to discover its causes, but possible remedies should be explored. What political influence can be brought to bear by the growing

numbers of older adults who have access to reasonable levels of superannuation and investment income (Raskall, 1978)? How can the legal profession be involved on behalf of those who are dependent on income maintenance programs for their support (Sackville, 1974)?

Donnison (1969) commented on the incapacity of the legal system to protect the rights of the poorest people, seemingly because of the powerlessness of the poor themselves. If that is so, should lawyers who wish to serve poor people help them to organise themselves? Can elderly poor people be helped in this way? Liffman (1978) demonstrated in Melbourne that there is scope for experiment. It is also known that large numbers of elderly people are capable of new learning, if motivated. Harwood and Naylor (Harwood, 1970, 1973; Harwood and Naylor, 1976, 1977) showed clearly that learning and personality growth are not precluded by normal ageing, although reaction time does increase with old age. Learning experiments have themselves produced strong motivations to continue learning, and active social and mental stimulation have prevented mental deterioration and its consequences. What is the scope for such old people to learn how to attack ageism in society?

Attitudes about the Aged

Discrimination against elderly people is reinforced by the negative misconceptions of the aged that are commonly held. They are stereotyped as frail, tired, uninterested in sex, self-pitying, dull, unhappy and unproductive. These characteristics constitute expectations held by many persons about the aged and they may influence the self-perceptions of the elderly (Ahammer, 1974). The factors that affect the ways in which common attitudes to ageing influence self-perceptions of the aged warrant research because a person's self-concept influences his/her emotional wellbeing and adjustment.

Stereotypes of biological decline trigger off a spiral of self-fulfilling negative prophecies. In many instances, however, decline in functioning may not be intrinsically related to the ageing process. Factors such as intercurrent illness, physical disability, social isolation, limited education and poverty might be at the root of the decline, and not biological deterioration. Drug overdoses, the stress of widowhood, compulsory retirement and hospitalisation itself may result in pathological behaviour (Ahammer and Bennett, 1976; Bennett and Ahammer, 1977). Restrictions in the psychological and social environment of the ageing person should be studied for their effects on age-related decline, and ways of achieving more positive attitudes towards the aged, in the community generally and among professional workers especially, require research. Over one hundred years ago Darwin observed that those who survive are the fittest and that they are the fittest because they have competed hardest. It might be worthwhile offering elderly people some challenge rather than soothing balm.

Family attitudes are of prime importance to the aged. Despite all the changes in recent decades in the structure of the community and in the patterns of family life, most old people are still in touch with a few family members and many live under the same roof or close enough for frequent visiting. There are numerous exceptions, of course, and attention is quite rightly concentrated on those who are miserable and lonely. What has brought them to this pass? Is it something in their own personal development or in the structure of society?

Gordon and his colleagues (1972) pointed out that many of the problems that sour interpersonal relations and inhibit smooth functioning in the community have part of their genesis during childhood and adolescence. Examples of this are neuroticism, alcoholism, mental disorder, drug taking in many of its forms, pathological cruelty and all those personality traits that make workable interpersonal relationships almost impossible. Are grumpy, depressed and isolated old people products of a childhood that predispose them to such a range of social pathology? If they are, would more help and support for the family, particularly the young family, make any difference? Can studies be designed and implemented to shed light on how the problems of personality development, family functioning and adolescent adjustment impinge on the capacity of individuals to adjust successfully in old age?

If such studies can be designed, they should have high priority. They might be allied to studies of education to ensure more humane, more cultured and more diverse products from our schools. Research would have a higher rating by my system of values in these understudied fields than in biological technology, where Platt (1970) claimed that a multiplying succession of scientists pursue more and more repetitious exercises. There are less crowded, more interesting and more important fields.

References

ADAMS, S. (1978). We could all live longer. But are we ready for it? *Psychology Today*, 11(9), 32-37.

- AHAMMER, I.M. (1974). Perceptions and misperceptions of the aged. *Proc. Aust. Assoc. Gerontol.*, 2(2): 90-94.
- AHAMMER, I.M. and K.C. BENNETT (1976). On the biological decline model: the search for an alternative. *Proc. Aust. Assoc. Gerontol.*, 2(4): 214-217.
- AUSTRALIAN COUNCIL OF SOCIAL SERVICE (1973). *Poverty: the ACOSS evidence*. Sydney: Australian Council of Social Service.
- BARKER, R. (1970). Pills, patients and prescriptions. *Proc. Aust. Assoc. Gerontol.*, 1(2): 107-108.
- BENNETT, K.C. and I.M. AHAMMER (1977). Towards a social deficit model of ageing. *Aust. J. Soc. Issues*, 12: 3-18.
- BORRIE, W.D. (1977). Some social aspects of ageing. *Proc. Aust. Assoc. Gerontol.*, 13th Annual Conference: 12-20.
- BOS, P. (1974). The idea of welfare. In *Hospitals and Charities Commission of Victoria, Notes on the 18th Geriatric Conference*. Melbourne: Hospitals and Charities Commission.
- BURNET, F.M. (1978). *Endurance of life*. Melbourne: Melbourne University Press.
- CALLARD, R.E. (1974). The immune system as a model of ageing. *Proc. Aust. Assoc. Gerontol.*, 2(2): 107-109.
- CHAMBERLAIN, E. (1971). A new approach to social welfare problems. *Aust. J. Soc. Issues*, 6: 87-94.
- COMMISSION OF INQUIRY INTO POVERTY (1975). *Poverty in Australia: first main report*. 2 vols. Canberra: Australian Government Publishing Service.
- COMMISSION OF INQUIRY INTO POVERTY (1976). *Social/medical aspects of poverty in Australia: third main report*. Canberra: Australian Government Publishing Service.
- COMMITTEE ON CARE OF THE AGED AND INFIRM (1977.) *Report*. (January 1977). Canberra: Australian Government Publishing Service.
- DE SOUZA, D. (1972). Some aspects of clinical therapeutics as applied to geriatric medicine. *Proc. Aust. Assoc. Gerontol.*, 1(4): 239-242.
- DICK, T.H.G. (1976). Social deviance in the elderly. *Proc. Aust. Assoc. Gerontol.*, 2(4): 225-227.
- DINTENFASS, L. (1976). *Rheology of blood in diagnostic and preventive medicine*. London: Butterworths.
- DONNISON, D. (1969). Perspectives on poverty. In G.G. Masterman (ed.), *Poverty in Australia*. (Proceedings of the 35th Summer School of the Australian Institute of Political Science.) Sydney: Angus and Robertson: 42-70.
- DOUGLAS, R.M. (1977). Evaluating the outcome of health care. *Proc. Aust. Assoc. Gerontol.*, 13th Annual Conference: 24-25.
- ELKIN, A.P. (1970). Keynote address. In S. Sax (ed.), *The aged in Australian society*. Sydney: Angus and Robertson: 14-31.
- EVERITT, A.V. (1970). Food intake, endocrines and ageing. *Proc. Aust. Assoc. Gerontol.*, 1(2): 65-67.
- EVERITT, A.V. (1971). The hormonal control of ageing and longevity. *Proc. Aust. Assoc. Gerontol.*, 1(3): 127-132.
- EVERITT, A.V. (1973). The hypothalamic and pituitary control of ageing. *Proc. Aust. Assoc. Gerontol.*, 2(1): 11-14.
- EVERITT, A.V. (1977). Neuroendocrine function and ageing. *NSW Bull., Aust. Assoc. Gerontol.*, 2(2): 7-8.
- EVERITT, A.V. and J.A. BURGESS (eds) (1976). *Hypothalamus, pituitary and ageing*. Springfield, Illinois: Charles C. Thomas.
- FROOD, L. (1974). Abilities assessment and placement program. In *Hospitals and Charities Commission of Victoria, Notes on the 18th Geriatric Conference*. Melbourne: Hospitals and Charities Commission.
- GIBSON, R.M. (1974). Assessment of the geriatric patient—a team approach. In *Hospitals and Charities Commission of Victoria, Notes on the 18th Geriatric Conference*. Melbourne: Hospitals and Charities Commission.
- GORDON, D., A.M. ANDREWS, G. JONES and A. VAN HECKE (1972). The nursing home—philosophies underlying care for the aged. *Proc. Aust. Assoc. Gerontol.*, 1(4): 215-220.
- HARWOOD, E. (1970). Cross-sectional appraisal of the longitudinal study known as 'operation retirement'. *Proc. Aust. Assoc. Gerontol.*, 1(2): 85-88.
- HARWOOD, E. (1973). Age deterioration and senile dementia. The search for a distinction. *Proc. Aust. Assoc. Gerontol.*, 2(1): 20-25.
- HARWOOD, E. and G.F.K. NAYLOR (1976). Changes in intellectual function observed within the course of a longitudinal gerontological study. *Proc. Aust. Assoc. Gerontol.*, 2(4): 210-213.
- HARWOOD, E. and G.F.K. NAYLOR (1977). A longitudinal study in retrospect. *Proc. Aust. Assoc. Gerontol.*, 13th Annual Conference: 24.
- LAWTON, W.P. (1977). Evaluation research in fluid systems. In J.E. O'Brien and G.F. Streib (eds), *Evaluative research on social programs for the elderly*. Washington, DC: Department of Health, Education and Welfare. (Publication no.(OHD) 77-20120.)

- LIFFMAN, M. (1978). Power for the poor. Sydney: George Allen and Unwin.
- LIN YUTANG (1955). The wisdom of China and India. New York: The Modern Library.
- McCAY, C.M., G. SPERLING and L.L. BARNES (1943). Growth, ageing, chronic diseases and life span in rats. *Arch. Biochem.*, 2: 469-479. MATHEWS, J.D. (1970). Ageing and immunity: some evolutionary aspects. *Proc. Aust. Assoc. Gerontol.*, 1(2): 71-75. MULINOS, M.G. and L. POMERANTZ (1940). Pseudo-hypophysectomy, a condition resembling hypophysectomy produced by malnutrition. *J. Nutr.*, 19: 493-504.
- NAYLOR, G.F.K. (1973). The anatomy of reaction time and its relation to mental function in the elderly. *Proc. Aust. Assoc. Gerontol.*, 2(1): 17-19. O'BRIEN, J.E. (1977). Introduction. In J.E. O'Brien and G.F. Streib (eds), *Evaluative research on social programs for the elderly*. Washington, DC: Department of Health, Education and Welfare. (Publication no.(OHD) 77-20120.)
- PLATT, J. (1970). Perception and change. Projections for survival. Ann Arbor: University of Michigan Press.
- PRITCHARD, H.M. (1970). Income requirements of the aged. In S. Sax (ed.), *The aged in Australian society*. Sydney: Angus and Robertson: 75-87. PUBLIC SERVICE BOARD (1977). *Planning for retirement. A seminar guide*. Canberra: Australian Government Publishing Service. RACHMAN, S.J. and C. PHILIPS (1975). *Psychology and medicine*. London: Temple Smith.
- RAMSAY, S. (1974). Social assessment. In Hospitals and Charities Commission of Victoria, *Notes on the 18th Geriatric Conference*. Melbourne: Hospitals and Charities Commission.
- RASKALL, P. (1978). Economics and the ageing. In Australian Council on the Ageing, *Proceedings of seminar on ageing*, Sydney, May 1978. Melbourne: Australian Council on the Ageing: Section 2, 1-19.
- SACKVILLE, R. (1974). Lawyers and the welfare state. *Aust. J. Social Issues*, 9: 11-28.
- SAX, S. (1968). Geriatric medicine. *Mod. Med. Aust.*, 11(26): 9-18.
- SCHREUDER, J.T.R. (1968). Maintaining physical fitness as a therapeutic measure in old age. *Triangle (Engl. Ed.)*, 8: 329-333. SELYE, H. (1950). *The physiology and pathology of exposure to stress*. Montreal: Acta Inc.
- SITWELL, S. (1973). *For want of the Golden City*. London: Thames and Hudson.
- SOCIAL WELFARE COMMISSION (1975). *Care of the aged*. Canberra: Australian Government Social Welfare Commission. STOLLER, A. (1974). Psycho-social approach. In Hospitals and Charities Commission of Victoria, *Notes on the 18th Geriatric Conference*. Melbourne: Hospitals and Charities Commission. TRIANGLE (1968). Leading men of science: Nathan W. Shock. *Triangle (Engl. Ed.)*, 8: 343-344.
- VERZAR, F. (1968). The growth of a new science. *Triangle (Engl. Ed.)*, 8: 293-303.
- WALL, K. (1978). Ageism. In Australian Council on the Ageing, *Proceedings of seminar on ageing*, Sydney, May 1978. Melbourne: Australian Council on the Ageing: Section 3, 1-12.
- WALLACE, D.C. (1974). Developments in ageing research in the United States. *Proc. Aust. Assoc. Gerontol.*, 2(2): 110-111. WHITTINGHAM, S. (1970). Auto-immunity and ageing. *Proc. Aust. Assoc. Gerontol.*, 1(2): 69-70.
- WILLIAMS, T.F. (1977). Public policy on health care for the dependent aged in the United States. *Proc. Aust. Assoc. Gerontol.*, 13th Annual Conference: 7-11.
- YOUNG, C.M. (1976). *Mortality patterns and trends in Australia*. Canberra: Australian Government Publishing Service.
- Social Welfare Policy Secretariat, Commonwealth Department of Social Security, Canberra, Australian Capital Territory 2606.

AAG STATE EVENTS

AAG ACT

8 December 2011 **CANBERRA, ACT**

"Engagement with Older Canberrans" – Jacinta Evans, Manager of the ACT Office for Ageing.

AAG ACT Christmas Breakfast

Venue: Diplomat Hotel, Cnr Canberra Ave and Healy Street, Manuka

Time: 7.30am

RSVP essential. See the website for flyer and registration form

[Email](#)

[Website](#)

AAG VIC

15 February 2012 **MELBOURNE, VIC**

Bi Monthly Forum

Date Claimer

Watch the website for details

[Email](#)

[Website](#)

AAG NSW

19-20 March 2012 **DUBBO, NSW**

AAG NSW Rural Conference

Date Claimer

[Email](#)

NATIONAL CONFERENCES AND SYMPOSIA

2011

December 2011

12-13 December 2011 **MELBOURNE, VIC**

Older Workers & Work Ability Conference

Venue: Rendezvous Hotel

[Email](#)

[Website](#)

2012

February 2012

21-22 February 2012 **SYDNEY, NSW**

Pathways through the maze – National Hoarding and Squalor Conference 2012

[Email](#)

[Website](#)

26-28 February 2012 **SYDNEY, NSW**

Tri-State Conference 2012 – Aged Care: The New Frontier

[Website](#)

March 2012

20-23 March 2012 **GOLD COAST, QLD**

Aged Care Queensland State Conference and Trade Exhibition 2012: "Mission possible – should you choose to accept it"

[Email](#)

[Website](#)

April 2012

19-20 April 2012 **MELBOURNE, VIC**

ITAC 2012 – Information Technology in Aged Care, "Smart Technology for Modern Aged Care: delivering change"

[Email](#) [Website](#)

May 2012

17-18 May 2012 **SYDNEY, NSW**

Aged Care Association Australia – NSW Congress 2012

[Email](#) [Website](#)

21-22 May 2012 **ADELAIDE, SA**

ASCA National Community Care Conference – Firm Foundations: Flexible Futures
Call for Abstracts now open (close 21 October 2011)

[Email](#) [Website](#)

June 2012

27-29 June 2012 **SYDNEY, NSW**

Risky Business 2012 – International Dementia Partnership

[Website](#)

July 2012

11-13 July 2012 **GOLD COAST, QLD**

Nurses in Management Aged Care (NIMAC)

[Email](#) [Website](#)

13-14 July 2012 **BRISBANE, QLD**

Parkinson's Australia National Conference, "Better knowledge, better outcomes"

[Email](#) [Website](#)

September 2012

27-28 September 2012 **CANBERRA, ACT**

National Dementia Research Forum

[Website](#)

26-28 September 2012 **CANBERRA, ACT**

6th National CAPS Conference

Venue: University House, Australian National University

Closing date for Abstracts: 23 March 2012

[Email](#) [Website](#)

November 2012

20-23 November 2012 **BRISBANE, QLD**

45TH Australian Association of Gerontology National Conference "Ageing: Challenging the Boundaries"

Venue: Brisbane Convention and Exhibition Centre

P: 02 6650 9800

[Email](#) [Website](#)

2013

September 2013

3-6 September 2013 **CANBERRA, ACT**

12th Australian Palliative Care Conference

[Website](#)

INTERNATIONAL CONFERENCES / SYMPOSIA 2011

December 2011

12 December 2011 **BERLIN, GERMANY**

Changing Images of Ageing – International Perspectives for a Future-Oriented Policy on Senior Citizens and Generations

[Website](#)

2012

January 2012

22-29 January 2012 **FLORIDA, USA (On board Holland America's ms Ryndam)**

Primary Care: Addressing Issues of Aging Patients

[Email](#) [Website](#)

25-27 January 2012 **DIJON, FRANCE**

International Symposium "The right to Age". Citizenship, social inclusion and political participation of older people

Context: The UN Plan of Action on Ageing – 10 year on

[Email](#) [Website](#)

February 2012

9 February 2012 **LONDON, UNITED KINGDOM**

14th National Conference: Dementias 2012

[Website](#)

25-29 February 2012 **NEW DELHI, INDIA**

2nd International Congress on Gerontology and Geriatric Medicine 2012 (ICGGM 2012)

[Email](#) [Website](#)

March 2012

7-10 March 2012 **LONDON, UNITED KINGDOM**

27th International Conference of Alzheimer's Disease International

[Website](#)

19-22 March 2012 **KUALA LUMPUR, MALAYSIA**

1st World Congress on Healthy Ageing, "Evolution: Holistic Ageing in an Age of Change"

[Email](#) [Website](#)

28 March – 1 April 2012 **WASHINGTON DC, USA**

ASA 2012 Aging in America Conference

[Website](#)

May 2012

2-4 May 2012 **SYDNEY, AUSTRALIA**

ANZSGM Annual Scientific Meeting 2012. Dementia: Managing not to forget

[Website](#)

24-27 May 2012 **WELLINGTON, NEW ZEALAND**

Alzheimer's New Zealand Conference 2012 – "Future Faces of Dementia"

[Website](#)

28 May-1 June 2012 **PRAGUE, CZECH REPUBLIC**

IFA 11th Global Conference on Ageing – "Ageing Connects"

[Email](#) [Website](#)

31 May – 2 June 2012 **CHICAGO, USA**

*International Society of Advance Care Planning & End of Life Care Conference
Informed Choices: Keeping the Person at the Centre of Care*

[Email](#) [Website](#)

June 2012

10-13 June 2012

COPENHAGEN, DENMARK

21st Nordic Congress of Gerontology – Dilemmas in Ageing Societies

[Website](#)

July 2012

20 July – 3 August 2012 BRISBANE, AUSTRALIA

23rd International Nursing Research Congress

Call for Abstracts close 7 December 2011

[Website](#)

September 2012

13-15 September 2012 AUCKLAND, NEW ZEALAND

New Zealand Association of Gerontology – Ageing and Diversity Conference 2012

[Email](#)

[Website](#)

17-21 September 2012 NEW DELHI, INDIA

TRANSED 2012: 13th International conference on 'Mobility and Transport for Elderly and Disabled Persons'

[Email](#)

[Website](#)

26-28 September 2012 BRUSSELS, BELGIUM

8TH CONGRESS OF THE European Union Geriatric Medicine Society: Clinical aspects of Longevity

[Email](#)

[Website](#)

27-28 September 2012 REPUBLIC OF MALTA

European Association of Housing and Services for the Aged - ACTIVE AGEING – THE CHALLENGE FOR PROVIDERS - Best Practices and Innovations in Housing, Care and Services"

The Program will comprise 3 streams: Issues and Challenges; Research, Models and Frameworks; Best Practices and Innovations. 5 sub-themes in each stream will address: Dementia; The Informal to Formal Care Spectrum; Partnerships – The Participation of Residents and Families; Ageing in Place – Housing and Technology; Looking to the Future.

[Email](#)

[Website](#)

October 2012

17-20 October 2012 CAPE TOWN, SOUTH AFRICA

1st IAGG Africa Regional Conference on Gerontology and Geriatrics, "Ageing Africa: Beyond Madrid +10"

[Email](#)

[Website](#)

November 2012

13-15 November 2012 AUCKLAND, NEW ZEALAND

Ageing and Diversity Conference 2012

[Email](#)

[Website](#)

2013

June 2013

23-27 June 2013

SEOUL, KOREA

IAGG's 20th World Congress

Facing the challenges of global aging and the increasing need for digitalization, the Organizing Committee led by Professor Heung Bong CHA, has chosen "Digital Aging: New Horizon for Health Care and Active Aging" as the main theme for the Congress.

Call for submitted Symposia – deadline 29 February 2012

[Website](#)

* * * * *

SURVEYS

Social Isolation and Older People... What Works? A National Roundtable Forum.

Senior Victorians (Victorian Government), Benetas and 4C Consulting are organising a roundtable to be held at Zinc, Federation Square, Melbourne on 14 November 2011. The forum will seek to develop a common understanding of the problem and identify key areas for action. We are asking for your assistance in answering the three questions on the link below to assist in planning for the workshops to be held on the day. The survey should only take a few minutes to fill out and your assistance is greatly appreciated. To access the survey, please click [here](#)

Victorian Equal Opportunity and Human Rights Commission

For those who were unable to attend the Forum on the Rights of Older People on 28 October, you are still able to have your say through their survey on the rights of older people. The survey will be available until 14 November. To access the survey, click [here](#)

Dementia Collaborative Research Centre Survey

A research project is currently being conducted by the Dementia Collaborative Research Centre, The University of New South Wales, to look at how dementia is diagnosed in the "oldest-old" (people aged 90 and older). If you have assessed people for dementia, we would value your time in answering a short survey- it is only 15 questions, should take less than 15 minutes and is completely anonymous.

If you would like to participate in the survey please go to the web [link](#), or alternatively, contact Dr Melissa Slavin by phone (02 9385 3167) or by [email](#). This project has been approved by The University of New South Wales Human Research Ethics Advisory Panel (Biomedical).

* * * * *

TRAINING

14 December 2011 Online

Aged Concern is offering all registered nurses the opportunity to listen to one of the world's most respected researcher and author on Alzheimer's disease, this is a session usually reserved for those nurses registered in Aged Concern's Post Graduate Dementia program.

Facilitator: Professor David Ames, BA, MD, FRCPsych, FRANZCP; University of Melbourne Professor of Ageing and Health; Director National Ageing Research Institute

Objective: The participant will be able to discuss the patho-physiology of Alzheimer's disease; details of latest research into causes and risk factors; the use of anticholinesterase and other drugs; how it is or is not diagnosed; the progress in testing for the Alzheimer's disease; assessment and symptom presentation.

Date: 14th December, 2011

Time: 11:45 – 13:15 (AEDT)

Fee: \$59 per person (GST inclusive)

[Email](#)

[Website](#)

Continuing Professional Development Programs - Online

Continuing Professional Development (CPD) hours are easily accrued with Aged Concern's range of programs that include being able to hear nationally and internationally recognised experts, while at home or at your work place, and at times that suit you.

[Email](#)

[Website](#)

* * * * *

EMPLOYMENT OPPORTUNITIES

Australian Ageing Agenda has launched a targeted jobsite for aged care sector professionals called jobla. To view this site, click [here](#).