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

Welcome back to the first of our newsletters for 2011, I hope you all had a wonderful Christmas, at least a bit of a break, and are raring to make 2011 an exciting year.

It is great to see that Victoria and New South Wales have already held their first forums for the year and Queensland is not far behind. All these events address issues that are high on the Government's agenda, social inclusion, the PC Inquiry and assistive technology and therefore demonstrate the value of the AAG in disseminating information, expanding people's knowledge and encouraging debate.

In this edition read about the AAG's submission to the PC Inquiry and have your chance to be involved in the AAG's formal response as this is prepared over the coming weeks. I look forward to receiving your responses!

Gill Lewin, President

President's Update

We have certainly had a busy and interesting start to our year! With our current contract with the Government, which supports our Executive Officer, coming to an end this year; we have written and submitted a proposal for four years of funding to take us through to the end of the 2014 financial year. Julie Byles (our President Elect) and I then flew to Canberra mid February to meet separately with the Department and with Minister Butler, to discuss and promote our proposal. Both meetings seemed to go well. Our suggestions that the funding would allow us to work with the NHMRC and other key stakeholders to develop a new National Ageing Research Agenda and that we could host Ageing Research Online (ARO) on our website, were particularly well received and further discussions agreed. We will keep you informed on how these progress.

Our other focus has been the Productivity Commission's draft report *Caring for Older Australians*, which was released on January 21st. A long, but great read, as those of you who have had a chance to read it yet, will I am sure agree. We had of course put in a submission to the PC Inquiry, which you can find on our website if you haven't already read it, [http://www.aag.asn.au/filelib/AAG_Submission - Caring for Older Australians.pdf](http://www.aag.asn.au/filelib/AAG_Submission_-_Caring_for_Older_Australians.pdf) and were asked to write a piece for ACSA Agendas outlining our response to the report, to be published alongside other key stakeholders' responses. The piece we wrote is below, as we thought you might be interested and may not have seen it in the magazine. We also thought it might prompt you into letting us know what you would like to see included in the formal response to the report

from the AAG which we are going to be preparing over the next month. Please send us your thoughts to enquiries@aag.asn.au and, if you are interested and have a little time, please put up your hand to help us draft it. You will need to be quick though as submissions are due by March 21st so we will need your input by the 16th March.

Both days of the National Aged Care Alliance (NACA) meeting I attended in February were devoted to discussions of the PC Report. The first day we discussed it among ourselves and the second day we met in the morning with the Minister, and in the afternoon with the Productivity Commission. The overarching response to the report from NACA members was very positive, although a small number of 'red light' issues were identified that the Alliance agreed needed to be addressed and associated recommendations amended. There were also a number of areas where the Alliance identified they wanted more information and others where it was felt that the recommendations fell short and didn't adequately reflect what was written in the body of the report. Both the Minister and Mike Woods and his colleagues from the PC were very interested to hear NACA's thoughts and to respond to them where they could, and encouraged the Alliance, and its members individually, to actively engage with the PC over the next month to help make sure that the final report is not only acceptable to the sector but outlines reforms to Aged Care in Australia that will improve the experience and outcomes for all Australians that have contact with it.

NACA will be doing just that, and I therefore urge you, as they did us, to be involved in shaping the future of aged care in Australia.

I look forward to hearing from you and seeing your organisations', or your personal, responses to the report. Happy writing!

Gill Lewin, President

National Activities

Piece submitted for publication in ACSA Agendas

This is our first response to the report on behalf of the AAG

The Australian Association of Gerontology commends the Commission on its draft report and that it has been able to extract an accurate picture of the key issues in aged care from very diverse submissions and then develop a coherent and visionary set of recommendations for its reform. As a member of the National Aged Care Alliance, the Association was glad to see that many of the essential elements of our Vision for the Support and Care of Older Australians are core to the reforms proposed by the Productivity Commission. The Association was also particularly pleased to see the importance given to research and evaluation, and the potential for better use of routinely collected aged care data.

Improving the access to aged care data sets was the subject of an AAG position statement recently published in the Australasian Journal on Ageing. Within that document we argued for the development of standardised processes and protocols for data access and for the need to improve data quality and documentation. The Commission's recommendations for a national 'clearing house' for aged care data, and for the adoption of common definitions, measures and collection protocols, has the potential to provide an even better solution to the difficulties that currently inhibit the use of aged care data for research.

The mission of the AAG is to improve the experience of ageing by expanding the knowledge of ageing and we support the assertion that aged care should be underpinned by a robust evidence base. This evidence base is currently limited, especially in terms of our understanding of how to provide services to achieve the best possible outcomes for older people and their families/carers. A focused, multi-disciplinary research effort is required which would be assisted by a national ageing research agenda accompanied by funding specifically targeted at the key issues and, as suggested by the PC, at trialling or piloting different service models or approaches to care, as well as making optimal use of routinely collected data. Promisingly, the PC acknowledged the value of government funded strategies such as the development of the Framework for a National Research Agenda, the ARC/NHMRC Ageing Well Network and the Ageing Well Ageing Productively grants, but these schemes are no longer in effect and have not been replaced. Moreover, the PC did not appear to recognise the need for ongoing targeted funding for ageing and

aged care research, and the need to support the development of researchers in ageing, which the AAG considers essential if we are ever to have the evidence base required to ensure that ageing in Australia is as positive an experience as it can be.

Undertaking research or evaluation is only of value if the results, positive or negative, are widely disseminated so that everyone can learn from them. The AAG therefore applauds the PC recommendation that all research findings should be released and made available in a timely manner. Just as there is a registry for clinical trials there could be a registry or clearing house for ageing research, particularly service evaluations.

Australia deserves the best aged care system possible. The reforms recommended in this report have the potential to move us significantly forward in our achievement of that goal. The AAG looks forward to working with other stakeholders in the sector, and with the PC, to fine tune the proposed reforms and discuss plans for their implementation and evaluation.

From The AJA Editor's Desk

What do you know about the Australasian Journal on Ageing (AJA)?

Did you know that AJA represents four peak bodies in Ageing: The Australian and New Zealand Society for Geriatric Medicine, Aged Care Services Australia, Australian Council on the Ageing, and the Australian Association of Gerontology, and has the important role of publishing Position Statements for these organizations?

Did you know that in 2010, AJA had an estimated acceptance rate of only 21% of unsolicited articles, excluding Letters to the Editor? More than 30% of articles submitted to AJA are from outside Australia, with 16% from Asia. AJA is also an internationally read journal, with 16% of readers coming from the US, while another 15% are from Europe.

You should know that AJA is an outlet of major importance to Australasian researchers in the ageing, geriatrics and gerontology field, and a conduit for timely translation of ongoing and vibrant ageing research effort.

You can support the role and importance of AJA by submitting relevant manuscripts to the journal, by citing AJA articles, and by using AJA published research and practice innovation to inform your practice.

Lynne Parkinson, Editor-in-Chief

R.M. Gibson Research Fund Recipients

Congratulations to the winners of the RM Gibson Research Fund for 2010 - Dr Kerry Sargent-Cox (Australian National University) for her project titled *The influence of ageing stereotypes on health help-seeking behavior*, Dr Phoebe Bailey (University of New South Wales) for her project *Improving older adults' ability to detect deception* and Dr Nichola Boyle (Department of Geriatric Medicine, Concord Hospital) for her project *A randomized controlled trial to determine the effectiveness of an integrated falls and bone service model for the secondary prevention of falls in community-dwelling older people*.

The three projects are outlined below. We encourage other early career researchers to consider applying for this grant. The overall objective is to encourage good medical research from emerging researchers in the field of ageing. For more information see page 14 - applications close 30 June 2010.

The Influence of Ageing Stereotypes on Health Help-Seeking Behaviours

Dr Kerry Sargent-Cox

Long-term chronic musculoskeletal disease, such as osteoarthritis, rheumatoid arthritis, juvenile arthritis and osteoporosis, affects over 31% of the Australian population including children and young adults¹. Musculoskeletal disease is a common cause of chronic functional limitations and disability, and is responsible for the loss of approximately 7.3 'healthy' life years in sufferers¹. Chronic musculoskeletal diseases accounted for over \$23 billion of health care expenditure in 2007². Initiatives that address the prevention, delay of onset, early detection and management of chronic disease are a major priority of Australia's national strategic health policy.

Seeking timely health care intervention for musculoskeletal disease is important. Recent studies have shown that delaying treatment for rheumatoid arthritis by as little as 8 or 9 months can result in irreversible damage to joints and increase the severity of the disease and subsequent disability^{3,4}. Nevertheless, a large percentage of adults in constant daily musculoskeletal pain (including non-injurious pain, swelling or stiffness in joints or muscles) do not seek, or delay seeking, medical treatment for their condition⁵.

As early diagnosis and treatment can significantly improve outcomes for those with a musculoskeletal disease it is imperative that we understand the barriers to early help seeking behaviours. A promising avenue of investigation is the emerging evidence that middle aged and older adults often mistakenly attribute musculoskeletal pain to "old age"⁶⁻⁸. What remains unclear is the extent to which stereotypes about, and expectations of, ageing may delay medical help-seeking, particularly for problems such as pain and functional limitations. Negative ageing stereotypes may lead to expectations that with age comes health related 'wear and tear' that is inevitable and must be tolerated. Such ageing expectations may cause ageing adults to ignore musculoskeletal pain under a certain "threshold" and not seek medical attention.

The aim of this study is to establish the extent to which adults' discount or misattribute pain and functional limitations to the '*inevitability of decline in the ageing body*', and how this affects medical-care seeking behaviours. The study will employ a cross-sectional survey to collect original, representative (population-based), quantitative data. With this data we aim to identify the degree to which expectations of ageing affect health literacy and the attribution of musculoskeletal symptoms to the 'normal ageing processes'. Furthermore, we will examine the influence that ageing expectations have on medical help-seeking and preventive health behaviours.

This project has public health and clinical benefits by identifying how individual's expectations of ageing relate to their experience of pain and functional decline. The research project aims to inform health professionals and gerontologists and provide conclusions that will lead to the development of appropriate strategies to prevent, postpone and/or reduce the severity of a chronic musculoskeletal conditions in late life.

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A study aimed at "Improving older adults' ability to detect deception" by Dr Phoebe Bailey, School of Psychology, University of New South Wales.

Dr Phoebe Bailey

Thanks to the R M Gibson Scientific Research Fund, Dr Gillian Slessor (University of Aberdeen, U.K.), Assoc Prof Ted Ruffman (University of Otago, N.Z.), and myself are investigating potential psychosocial mechanisms of older adults' difficulty detecting deceit in interpersonal situations.

Evidence suggests that older adults are at increased risk of becoming victim to fraud, the consequences of which are particularly detrimental in older adulthood when time to recoup losses is limited. In

particular, older adults find it more difficult than their younger counterparts to detect when someone is providing them with false or misleading information. However, only one prior study to date has addressed the underlying causes (Stanley & Blanchard-Fields, 2008), identifying reduced recognition of fear (an emotion often briefly 'leaked' by a deceptive person based on their fear of being caught out in the lie) as a contributor.

Smiles are also cues to deceit in that they can represent an attempt to mask an intention or emotion and thus deceive the perceiver. It is therefore of note that, compared to their younger counterparts, older adults have a greater tendency towards thinking that someone displaying a posed smile is genuinely happy, and are also more likely to approach an individual displaying a posed smile (Slessor et al., 2010). These findings indicate that older adults may be more susceptible to deception due to the misinterpretation of disingenuous smiles.

A further potential mechanism underlying age differences in the detection of deceit is related to the automatic tendency to imitate behaviours of an interaction partner (i.e., mimicry). Specifically, Stel, van Dijk, and Olivier (2009) showed that inhibiting mimicry of a liar's false facial expression (i.e., a posed smile) improves an observer's ability to detect deceit. Older adults demonstrate mimicry of angry and smiling facial expressions commensurate with that of young adults (Bailey & Henry, 2009). However, previous studies only assess older adults' rapid facial mimicry responses (within 1s of stimulus exposure), and evidence of age-related behavioural disinhibition (Butler & Zacks, 2006) suggests that older adults may experience extended mimicry responses relative to their younger counterparts.

Lastly, Pinsker, McFarland, and Pachana (2009) recently proposed a theoretical framework for conceptualising and assessing forms of vulnerability in older adulthood. This framework highlights the role of social intelligence, and in particular theory of mind, in the ability to detect deceit. This is because theory of mind encompasses the ability to discern the motives and intentions of others, which in turn has clear implications for avoiding exploitation. This will be the first study to investigate a link between age-related decline in theory of mind (e.g., Bailey & Henry, 2008) and problems detecting deception.

In summary, it is expected that the following psychosocial mechanisms will contribute to older adults' difficulty detecting deceit in interpersonal situations; (i) difficulty distinguishing between genuine and posed smiles, (ii) disinhibited mimicry of posed smiling, and (iii) reduced theory of mind. We have now completed testing with 35 young and 35 older adults and look forward to completing data entry and reporting the results in the coming months.

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A randomized controlled trial to determine the effectiveness of an integrated falls and bone service model for the secondary prevention of falls in community dwelling older people.

Dr Nichola Boyle

The area of accidental falls in older people has been a source of increasing research interest over the past three decades. This reflects the impact that falls have upon the individual and both health care systems and the community in general. Particular focus has been on interventions which prevent falls in those older people living in the community who are at risk of falling or who have had a fall in the past. Single interventions such as exercise targeting strength and balance have been clearly shown to be effective in

the secondary prevention of falls. The evidence is less robust for multifactorial interventions, targeting the multiple risk factors for falling that older people often present with. Of parallel concern is the role of osteoporosis in this group, in terms of not only increasing the risk of sustaining a fracture following a fall, but also the clear evidence from the Osteoporosis community that detection and treatment of the condition is sub-optimal.

In attempting to design services to institute fall prevention interventions, it remains unclear how best to do this. Should these interventions be provided within a community setting or is a specialist hospital-based service better equipped to coordinate this care? A lack of consensus has been demonstrated in a variety of health care systems, illustrated by the range of falls services provided in the state of Victoria and the failure of the National Institute of Clinical Excellence in the U.K. to establish a base model for falls clinics.

The CONFABS (Concord Falls and Bone Service) study is a randomized clinical trial which is designed to assess the effectiveness of a specialist service providing targeted fall prevention interventions to older people following assessment of their fall risk combined with investigation for and treatment of osteoporosis. The aim of this study is to determine if this hospital based, specialist-led service effectively reduces the risk of falling and number of fallers in older people who have previously fallen. This is compared to an enhanced General Practitioner (G.P.) led intervention – providing the G.P. with a baseline falls and osteoporosis risk assessment and generic recommendations for treatment. Previous studies suggest that the success of this type of intervention may be determined by focusing on the role of the specialist – in this case a Geriatrician – in promoting falls prevention interventions and maintaining motivation and compliance. In addition, a distinct emphasis has been placed on providing adequate osteoporosis assessment and treatment which has not been a clear focus of previous studies. The CONFABS study is currently recruiting participants with the aim of enrolling 400 participants at a single site, with 12 months of participant follow-up. Participants are being recruited from community dwelling older people over the age of 65, who have fallen in the past 12 months and have been identified from Emergency Department referrals, Aged Care and community services referrals and clients and from general public advertising.

It is envisaged that the study may provide information on a base model of a falls and bone service that can inform health services on a minimum requirement for such services. The specialist service is designed to sit within the framework of existing aged care community and ambulatory care services and as such more accurately reflect the availability of staff in a range of hospital settings rather than more resource and staff intensive models.

Dr Nichola Boyle is a PhD student with the University of Sydney and is based at the Centre for Education and Research on Ageing at Concord Repatriation General Hospital. She completed specialist training in Geriatric Medicine in 2009 under the supervision of the Royal College of Physicians of Ireland.

For further information on the study, you can contact con.fabs@sydney.edu.au

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Ninth Asia / Oceania Regional Congress of Gerontology and Geriatrics – Melbourne Oct 23-27, 2011

The Asia / Oceania Regional Congress of Geriatrics and Gerontology is shaping up to be a vibrant and exciting conference, so make sure it is in your diaries! We have had a good response to the call for abstracts from across the region, with a broad diversity of topics and regional representation.

Recent developments include the addition of new invited speakers, including:

1. Associate Professor Yun-Hee Jeon, an experienced nurse who has worked in South Korea and Australia, who will present on Person centred environments and care;
2. Professor Jian Li, Director of Beijing Institute of Geriatrics, who will present on Oxidative stress and diabetes;
3. Professor Tetsuo Tsuji, from the Institute of Gerontology, University of Tokyo, Japan, who will present on Future directions for home health care services.

A variety of ½ day and full day pre-conference workshops (on Sunday Oct 23rd) have been organised. Topics for the workshops are:

1. After the PhD
2. Dementia assessment and management
3. Developing an academic career
4. Implementing best practice in residential aged care
5. Writing and reviewing for scholarly journals
6. Undertaking an action research project in an aged care context
7. Walking the walk - translating the physical activity recommendations for older Australians into practice
8. Exercise prescription for falls prevention
9. An introduction to longitudinal modelling in ageing research
10. Shed gold - exploring community Mens' Sheds in the Victorian Goldfields
11. Asia / Pacific Geriatric Medicine Clinical Training Update
12. Third National Transitional care Forum

A public forum is being planned to promote key issues being presented at the conference, and to provide a focus for media activity, in the week preceding the conference. Further details will be available in the near future.

Full details of all invited speakers, invited symposia, workshops, and related conference information is available on the conference website (www.ageing2011.com).

Remember, early bird registrations close 30 June 2011. Looking forward to seeing you all in Melbourne in October.

Professor Keith Hill, on behalf of the Conference Organising Committee

ACT Division

Recent Event - "Is Alzheimer's Disease Preventable?"

Professor Kaarin Anstey, Director of the ANU-based *Dementia Collaborative Research Centre – Early Diagnosis and Prevention* presented her work on risk factors associated with Alzheimer's Disease at an event hosted jointly by the ACT Division of AAG and CSIRO Discovery Centre on 17 February. The presentation was well attended and provided information about reducing the prevalence of Alzheimer's disease by addressing modifiable risk factors at a population level. A link to the video of the presentation will be available at http://www.aag.asn.au/act_events.php.

Upcoming Event - 2011 Intergenerational Forum

The student group of the ACT AAG will be holding the 3rd annual Intergenerational Forum titled "the Ageing Boom: Current Research and Future Challenges" on 30 March at the University of Canberra. The forum is a free event to the public provides an excellent opportunity for AAG students to present their research to the local community. We expect the forum to be well attended by older Canberrans, local government, service providers, academics and fellow students. The forum will feature a key note speech by Marie Coleman, who will reflect on her role as the ACT senior Australian of the year and discuss issues relating to housing and aged care, with particular focus on women and housing security. The ACT AAG would like to thank the forum sponsors, who include the Illawarra Retirement Trust, NSW and ACT Baptist Community Services, and ACT Department of Disability, Housing and Community Services. The forum would not be possible without their generous support. For more information contact: Kim.Kiely@anu.edu.au

Ellen Skladzien, Newsletter Representative, ACT Division

NSW Division/Hunter Chapter

AAG NSW seminar - Missing in action? Older people and the social inclusion agenda - 11th February 2011

The seminar, *Missing in action? Older people and the social inclusion agenda*, was jointly hosted by AAG (NSW) and Macquarie University's Centre for Research on Social Inclusion (CRSI). The purpose of the seminar, according to CRSI's Deputy Director, Assoc. Prof. Michael Fine who welcomed participants gathered at the Sydney Mechanics School of Arts on 11th February, was to consider the virtual absence of older people from the Australian government's social inclusion agenda. Timed to coincide with the visit to Australia by Prof. Chris Phillipson, Keele University's Professor of Applied Social Studies and Social Gerontology, the seminar considered the extent to which older people face social exclusion and ways to foster their inclusion. Michael Fine read out a letter of support from Tanya Plibersek, Minister for Social Inclusion, and noted that although the Minister 'applauded' the efforts of seminar organisers in addressing the issue, the government's social inclusion agenda continues to focus on principles and strategies of limited relevance to the majority of older Australians. Indeed, a strong theme emerged from the seminar that the government's focus on education and employment as means of addressing social exclusion is unlikely to assist older people experiencing social exclusion as a result of financial disadvantage and other barriers to participation.

"The Australian Government recognises and values the significant contribution that older people have made, and continue to make, in our society and is committed to helping older Australians enjoy active, healthy and independent lives"

Tanya Plibersek, Minister for Social Inclusion in a letter of support to the organisers of the 'Missing in Action? Older people and the social inclusion agenda' seminar, 11 February 2011

In her presentation, Dr Felicity Barr (President of the Hunter Chapter of AAG, former Chair of the NSW Ministerial Advisory Committee on Ageing and former NSW Deputy Commissioner for the Department of Veterans' Affairs), observed that the national discourse in Australia is dominated by talk of 'working

families', education and immigration; while older people are only considered as a cost item for care. She spoke of the increasing invisibility that accompanies advancing age and the loss of identity that may follow loss of work and loss of a life partner. One cause of such invisibility is ageism - a significant but under-recognised cause of older people's social exclusion. Dr Barr's own experience as a retiree confirms that ageism is alive and well; she described being called a 'silly old cow' by an impatient shopper as she wrestled with a recalcitrant trolley in the carpark of her local supermarket. Moving on from her own experience, Dr Barr described how industrialisation and urbanisation have valorised work over other pastimes, with the potential for social exclusion of 'unproductive' retirees and other people not in the workforce. As Chris Phillipson cautioned later in the seminar, the 'productive ageing' discourse in gerontology echoes this implicit ageism and may also contribute to social exclusion. Dr Barr described a range of ways that older people are excluded: they are largely missing in media representations; they are discouraged from getting out and about by a lack of places to sit and watch or to just rest; they are excluded from medical research which imposes arbitrary upper age cut-offs for research participants; and they are often on the wrong side of the digital divide that side-lines people less familiar with social networking and other new technologies. Dr Barr encouraged participants and older people more generally to raise their concerns about these and other issues with the government.

An economist's perspective on social exclusion was provided by Professor John Piggot, Director of the ARC Centre of Excellence in Population Ageing Research and the Director of Australian Institute for Population Ageing Research at the University of New South Wales. Prof Piggot was more sanguine about the potential for mature age employment to encourage social inclusion of older people. He presented OECD data showing, at the national level, a positive relationship between social inclusion and levels of older age employment. He also presented data that busts the myth that older people in Australia are a 'burden on society' - a myth that is, surprisingly, much more likely to be believed by older people themselves. Transfers of *money* run predominantly in the direction from older people to others (particularly to adult children and in-laws), not the other way round as is often assumed. With regard to transfers of *time*, although adult children and in-laws devote time to their older parents, older people themselves devote even more time to others; mainly older parents and their own children and grandchildren.

Dr Tessa Boyd-Caine, Senior Policy Officer (Community Services, Health, Social Inclusion and Sector Development) from the Australian Council of Social Service (ACOSS), provided an illuminating account of the evolution of the concept of 'social inclusion' within the current government. In 2007 while in opposition as shadow spokesperson on social inclusion, Julia Gillard saw social inclusion as requiring not only adequate employment (the position of then Treasurer Peter Costello) but a wide-ranging 'investment in human capital'. Since that time, the Australian social inclusion agenda has narrowed considerably. Dr Boyd-Caine finished by encouraging participants to join ACOSS in advocating for policies that will improve equity and access for all Australians.

Keynote speaker, Prof. Chris Phillipson, provided a wide ranging view of issues around older people and social exclusion, using the United Kingdom as a case study. He described how, through the efforts of researchers and older people themselves, the social inclusion agenda in the UK was shifted from one in which older people were invisible to one in which they were given appropriate emphasis. Drivers of social exclusion, according to Prof Phillipson, can be grouped into four categories:

1. Age-related characteristics - losses or restrictions related to income, health or reduced social ties;
2. Cumulative disadvantage - birth cohorts may become more unequal over time
3. Community characteristics - population turnover, economic decline may create vulnerabilities; and
4. Age-based discrimination - impact of ageism in economic and social policies

Although definitions of social exclusion (and inclusion) are diverse, Prof Phillipson identified four dimensions: economic, social, spatial and institutional. These can usefully be operationalised in order to measure social



L-R: Prof Chris Phillipson, Prof John Piggot, Mr Frank de Tulio, Dr Nick Dorsch, Dr Tessa Boyd-Caine.

inclusion/exclusion, and he presented five measures which a Keele University study used in a study of social exclusion in a number of disadvantaged regions in the UK:

1. Exclusion from material/financial resources;
2. Exclusion from social relations;
3. Exclusion from civic/cultural activities;
4. Exclusion from basic services; and,
5. Neighbourhood exclusion.

Prof Phillipson considered whether policies aimed at boosting mature age employment were likely to result in significant benefits for older people's social inclusion - based on the UK experience, he concluded that they were not. Instead he proposed that it was essential to challenge inequality and the growing gap in access to opportunities to participate in activities considered normal by the community. He emphasised that, in his view, the real 'crisis' of demographic ageing is not the burden of supporting 'unproductive' older people, but rather the 'crisis of inequality' that is the basis of social exclusion.

After morning tea, seminar participants reconvened for a short forum chaired by Prof. Julie Byles, AAG (NSW) President and Director of the Research Centre for Gender, Health and Ageing, Newcastle University. The forum considered what needs to be done to facilitate older people's social inclusion in Australia. Two representatives from the Willoughby Men's Shed, Dr Nick Dorsch and Mr Frank de Tulio, spoke about the success of the Men's Shed movement in providing opportunities for social participation for older men. Dr Dorsch, a retired neurosurgeon, described how he initially expected the Shed to be a group of 'old men sitting around and talking about their prostates'. He found in fact that the membership was diverse, including retired musical instrument makers, dentists and seafarers. Dr Dorsch was clear that Men's Shed participants are not socially excluded - they benefit not only from the social interaction, but also from the purposeful activity of creating products from wood and other materials on commission and for charity. Mr Frank de Tulio, an ex-sailor, talked about how he utilised the skills learnt at sea (a life he described as 'tough' and a contrast with his life in retirement) in his work at the Men's Shed, particularly in mentoring other men. He also described some of the ways in which self-funded retirees were negatively affected by the global financial crisis and by government rules about income from employment and pension entitlements.



Men's Shed participants

Ms Anne-Marie Elias, Policy and Communications Manager from the NSW Council on the Ageing (COTA), took up the issue of self-funded retirees, suggesting that many of them are doing it as tough as some pensioners, cautioning against a discourse of 'competitive suffering'. Ms Elias recommended participants visit COTA's website to view their 'Call for positive action on ageing' which identifies key issues for the NSW state election to be held in late March. With regard to the issue of mature age employment, Ms Elias reported that despite government rhetoric, regulatory frameworks create multiple disincentives for older people to remain in work and for employers to take or keep them on. COTA would like to see the use of 'Senior's Impact Statements' that would force policy makers to consider the effects on older people of policy changes.

The remainder of the forum returned to the role of mature age employment in social inclusion. Prof Phillipson reiterated his concern that there is little cause to hope that good quality jobs are going to be generated for older people in the future, requiring us to look outside the labourforce for strategies to enhance social inclusion. Prof Piggott, on the other hand, pointed to the correlation between social inclusion and being in a job suggesting that at least some engagement in 'congenial' work limits social exclusion. Prof Byles concluded the forum with the observation that although being in employment is clearly not a guarantee of social inclusion, a society that permits older people to work is a more inclusive society than one that does not. For this reason, if for no other, mature age employment must be part of the picture. She also pointed out the necessity to avoid a 'one size fits all' approach to later life inclusion, since diversity between people increases with age.

AAG (NSW) and CRSI will provide a report from the seminar to the Australian Social Inclusion Board which advises the government on improving social inclusion in Australia.

Copies of seminar presentations are available from the CRSI website (http://www.crsi.mq.edu.au/news_and_events/missing_in_action_seminar.htm).

(The opinions expressed in this article are those of the author and do not necessarily represent those of the seminar speakers).

Virginia Simpson-Young

Prof Hal Kendig on the Productivity Commission's Report "Caring for Older Australians"

Hal Kendig has written a commentary for Crikey.com on the Productivity Commission Report. Extract from Crikey.com:

"Health and care reform held so much promise in Australia just a year ago but the lofty aspirations have hit uncertain times in the gridlock of federal relations and lack of clear political mandates.

Aged care had been lagging behind in the reform agenda, falling into a lower priority and a 'too hard' basket, as the COAG process focused on the 'main game' of health care and hospitals.

Yet pressure for aged care reform was at a boiling point as consumers faced difficulties in accessing services and sought more quality, flexibility, and control; providers sought more funding and less regulation; and governments cast an uneasy eye forward to projections of rapidly rising costs. Tensions and contradictions in the aged care 'system' were just too great to be addressed by more incremental budget measures or departmental reviews.

In this difficult policy climate the Productivity Commission was charged last May to carry out this long overdue Inquiry to devise options for a better aged care system. The Commission's draft report has just been released and it provides a landmark blueprint for moving ahead."

For the full article, please go to <http://blogs.crikey.com.au/croakey/2011/02/01/the-aged-care-sector-should-throw-its-weight-behind-reform-recommendations-says-expert/>

Newcastle University's Centre on Gender, Health and Ageing joins ranks of World Health Organisation Collaborating Centres

The University of Newcastle's Priority Research Centre on Gender, Health and Ageing was recently designated as a WHO Collaborating Centre for International Longitudinal Studies on Gender, Ageing and Health. Led by Professor Julie Byles, RCGHA will work with the WHO Departments of Health Statistics and Informatics, and Ageing and Life Course to undertake the promotion of best practices in gender, ageing and health research and policy; provision of training opportunities and intellectual exchanges for colleagues across WHO's regions; development of analytical approaches based on experiences from Australia; and, generation of an evidence base to improve health of older people, with emphasis on older women.

For more information about WHO Collaborating Centres, see <http://www.who.int/collaboratingcentres/en/>

Dr Virginia Simpson-Young, Newsletter Representative, NSW Division

Victoria Division

Jan Taylor was awarded the AAG Victoria prize for her presentation at the 2010 ERA conference. Jan is an experienced physiotherapist who is currently enrolled for a PhD at Monash University under the supervision of A/Prof Terry Haines and Dr Jane Sims. Her research topic is 'The effect of staff training, and evidence based practice in safe manual handling on the quality and safety of resident transfers and staff competencies; a process and impact evaluation'.



AAG VIC Forum "Interim Findings from Productivity Commission Enquiry into Care for Older Australians"

The AAG Victorian Division February Forum "Interim Findings from Productivity Commission Enquiry into Care for Older Australians" was packed to the rafters with approximately 80 guests in attendance. Guest speakers were: Sue Macri, Productivity Commissioner; Gerard Mansour, CEO Aged and Community Care Victoria; Ian Yates, CEO Council on the Ageing; and Gill Pearce, Policy Manager Carers Victoria.

The first speaker, Sue Macri commenced with an overview of the Productivity Commission. She recommended that everyone should read the review as it was a major review with many recommendations that potentially could affect most seniors. Sue then gave an overview of the findings and stated she had already had substantial meetings with consumer groups and senior organisations. She stressed the importance of a seamless transition of care over the next 5 years as the recommendations are delivered, and encouraged feedback to the commission about the interim report.

Gerard Mansour's emphasised that this was the most significant reform facing the aged care industry. He stated the industry had been trying to drive reform over the past 10 years and the high level principles outlined in the report were supported. Choice for consumers, access to services when and where needed, and a sustainable industry were key points. Gerard emphasised the areas that required improvement such as: minimum acceptable standards for supported residence, moving from a government controlled market to regulation through an agency, workforce levels, and the built environment. Gerard urged everyone to become involved in the changes.

Ian Yates' presentation also focussed on the opportunity to contribute to change in the industry. Ian stated COTA supported the following recommendations in the findings: the principles based on promoting restorative care; separate funding for residential and community care; seamless services; independent pricing; substantially more spending on aged care; the Gateway; transparent funding; pensioner bond scheme; family carers and their entitlements; and a comprehensive and integrated package of care.

Gill Pearce focussed on what the reforms meant to carers and their families. She stated the recommendations did not address the core issues of carer breakdown, but focussed only on capacity and reducing stress. Carers Victoria would like to see more support for carers and families incorporated into the findings.

There was a lively question and answer period after the presentations and then Dr Briony Dow thanked the presenters for their very comprehensive presentations.

Powerpoint presentations from Sue Macri and Gill Pearce are on the AAG website.

Queensland Division

The QLD Division of Australian Association of Gerontology (AAG) invites you to our first event of 2011: an evening seminar on Wednesday, 23 March at LifeTec Brisbane exploring "*Promoting independence with assistive technologies: Research, practice and policy*". Starting at 5pm, James Barrientos, Prof Jeffrey Soar and Prof Neil Bergmann will discuss new trends and research in assistive technologies. Please see details below - we hope you can attend!

MARCH EVENT – Assistive Technologies

"Promoting independence with assistive technologies: Research, practice and policy"

James Barrientos: "New Trends in Assistive Technology Solutions"

Prof Jeffrey Soar: "Building the research evidence for better supporting home telecare and telehealth"

Prof Neil Bergmann: "PCHER - An enabler for assistive technologies"

Followed by Panel Discussion & Audience Q & A

Date & Time: 5pm, Wednesday, 23 March 2011 (~1.5hr seminar, followed by food & drinks)

Venue: LifeTec, Brisbane (Level One, Reading Newmarket, Cnr Newmarket & Enoggera Rds, Newmarket)

Any queries, please contact Evonne Miller (e.miller@qut.edu.au / T: 07 3138 9011).

AUGUST EVENT – AGM, with student showcase

August Seminar - Student Showcase & AGM: 6pm, Wednesday 31st August (Ship Inn, Southbank)

Also, please note an advance 'save the date notice' for our August event on the evening of Wednesday

31st August - at Ship Inn, Southbank. Qld's AGM will again be combined with an evening seminar on 'Cutting-Edge Research in Ageing' - where QLD emerging researchers in ageing share their recent research findings. The speakers are yet to be confirmed, but last year covered many topics, including: resistance training, spaces of ageing, built environment, seniors' participation and dietetics. We expect a similar diversity of topics this year - please watch the AAG website as speakers and topics are confirmed!

Topic: "Cutting Edge Research in Ageing" Speakers: Qld Emerging Researchers in Ageing
Date: Wednesday 31st August
Time: 6pm to 8pm - includes light supper & drinks
Venue: Function Room (upstairs), Ship Inn, SouthBank (corner of Sidon & Stanley Street, Southern end of the Goodwill Bridge) <http://www.theshipinn.com.au/>
Cost: Free for AAG members; \$10 non-members

National Conference - 2012 in Brisbane

Finally, something else we need all members to keep in mind is that the National Conference will be held in Brisbane next year, in November 2012.... we have started the planning already and will need your help to ensure it is a great success! Please email any suggestions and ideas to us...

Evonne Miller, President, AAG Queensland Division

RM Gibson Scientific Research Fund

CALL FOR 2011 APPLICATIONS

CLOSING DATE 30 JUNE 2011

A total of \$15,000 is available for the award of up to three grants to members of the AAG for medical research. Research can include any investigative project undertaken by a person practicing in the field of gerontology. Research projects must be related directly to issues or disorders associated with ageing. Projects must be innovative. There is no age limit for applicants but grants are intended for early career researchers. Applicants must be able to supply evidence that appropriate supervision will be available.

The fund supports research projects by contributing to salaries, equipment and materials, computing charges and other essential expenses. Grants are in the form of a single amount and will not be repeated for the same project. Grants may contribute to a larger project. Grant awardees will be expected to present the results of their research project at an AAG National Conference. A free registration will be provided and additional support for travel may be granted for this purpose.

The RM Gibson Scientific Research Committee will make the final decision regarding the award of grants. Application forms are available from:

Australian Association of Gerontology
Suite 154, 236 Hyperdome
Loganholme QLD 4129

Email: enquiries@aag.asn.au
Phone: (07) 3103 1391
Fax: (07) 3112 6838

Or can be downloaded from the web at www.aag.asn.au

Introduction

In view of the 9th Regional Congress to be held in Melbourne in 2011 I have chosen the opening and closing comments from our first congress, also held in Melbourne. One of the speakers is well-known to us all - Dr Sidney Sax, the other is a colleague from Japan, Professor Yoshikawa, who also helped to get the Region established. In the following newsletters prior to our Congress I hope to bring you some further excerpts from that Congress, e.g. Gary Andrews Presidential Address. "Quo Vadis".

Ruth J Inall OAM

Problems of Attitudes Towards Ageing: Introductory speech by Chairman, Dr Sidney Sax

In the symposium on national and regional issues, the first session was devoted to problems of public resource allocation. Some speakers reminded us that competition for public resources was so pressing that perhaps we should think in terms of the reallocation of existing resources rather than in terms of additional resources. That debate will be influenced to a significant extent by public attitudes towards the aged and other groups seen to be dependent to some extent on governments and other public agencies. The attitudes that shape public policies are coloured, in turn, by perceptions derived by individuals from their cultures, education, families and experiences. Of particular importance are the attitudes and perceptions of politicians and their policy advisers, and their perceptions of the dominant public values. These matters are important not only in the process of decision making by governments, be they federal, state, or local, but also in everyday community life. Take the example of a service club making up its mind about the project it wishes to support during any particular period. Will it be a youth shelter, or a women's refuge, or a senior citizen's centre? The discussion and outcome will be influenced by the attitudes of club members. The need for changes in attitudes in the field of employment is perhaps greater than ever in view of the evolving problem of financing retirement incomes, on the one hand, and paying unemployment benefits on the other. The capacity of older people is misjudged by those whose attitudes are wrongly influenced by preconceptions that could be changed by education. We have a distinguished panel of speakers who will address the symposium on the need for changes in attitudes held by management and by employees, and on education for those changes in the community and among professional workers.

Closing Address: Professor Masaki Yoshikawa

It is a great honour and pleasure for me to be able to congratulate all of you on the great success of the First Asia/Oceania Regional Congress of Gerontology. We miss heartily the presence of Dr. Gibson who helped us in the Tokyo Congress with the large delegation of Australian colleagues. His work however for this Melbourne Congress was finely taken over by Professor Andrews with the continuing assistance of Mrs Inall, and the success of the Congress was brought about by the laborious devotion of the Australian colleagues. With all participants from overseas, I would like to express our sincere gratitude to the Organising Committee and to all members of the Australian Association of Gerontology.

Through recent advances, the fundamental philosophy of gerontology seems to have been established. It is to study and understand the essential nature of ageing, and to promote the health and welfare of human beings. Also, the concrete items of the basic structure of gerontology seems to be now fairly well determined except for the most difficult problem of the biological study of the essential nature of ageing. It seems generally accepted that the articles of gerontology are classified into five categories, namely,

1. Biology and basic medical sciences.
2. Clinical medicine.
3. Social sciences.
4. Behavioural sciences.
5. Social welfare studies.

We can say that the time for questioning what is gerontology and what items should we adopt, is now passing, and that the period for more detailed studies of individual items is now coming. And with this specialization, the co-ordination of details of these divided studies as a whole is also becoming more important. An excellent example of co-ordination was beautifully demonstrated just now by Professor

Andrews' Presidential Address. In addition to the originality of individual reports, the systematisation of gerontology is very important, because they are the foundation for the deliberation and decisions of policy makers, for planning of welfare services, developing a curriculum for education of medical professionals, for project design of the basic research and for many others.

To the world Assembly for the Elderly of the United Nations in 1982, governmental and non-governmental organisations, including mass media, industry and others are paying much attention. The reports of scientific data and objective considerations of specialists in the field of gerontology will be most influential both with governmental and non-governmental members. With a high level of scientific studies and reasonable proposals, many reports of the participants in this Congress will be able to become the solid basis for the activities of the World Assembly attendants. It is our great pleasure that the present executive committee remains as before. We believe that Professor Andrews and Mrs Inall will show us again their excellent ability for the preparation of the second Congress. Together with their Australian colleagues, members in other countries will support their laborious task. If the second Congress is opened with more reports from many countries, it will be even more unique with a great variety of specialities of countries in our region. We hope that such a development will be obtained during the following three years.

Let us meet again in Hamburg next year and then, in 1983, for our second Asia/Oceania Regional Congress of Gerontology. Thank you very much.

*Director, Tokyo Metropolitan Police Hospital, 2-10-41, Fijimi, Chiyoda-Ku, Tokyo,
Professor emeritus, University of Tokyo, Japan*

2011 IAGG Asia/Oceania Regional Congress

October

23-27 October 2011 MELBOURNE, AUSTRALIA

Ninth International Association of Gerontology and Geriatrics (IAGG) Asia/Oceania Regional Congress

The Australian Association of Gerontology, in collaboration with the New Zealand Association of Gerontology, is hosting the **9th IAGG Asia / Oceania Regional Congress** in Melbourne, Australia, from October 23-27.

Call for Abstracts extended until 11 March 2011

Early Bird registration deadline: 30 April 2011

Accommodation booking deadline: 23 September 2011

P: +61 3 9682 0500

Registrations now open through the website.

[Email](#)

[Website](#)

AAG STATE EVENTS

QLD

23 March 2011 BRISBANE, QLD

Promoting independence with assistive technologies: Research, practice and policy

James Barrientos: "New Trends in Assistive Technology Solutions"

Prof Jeffrey Soar: "Building the research evidence for better supporting home telecare and telehealth"

Prof Neil Bergmann: "PCHER - An enabler for assistive technologies"

Followed by Panel Discussion & Audience Q & A

Venue: Life Tec Queensland (Level One, Reading Newmarket, Cnr Newmarket & Enoggera Roads, Newmarket)

Time: 5.00pm (1.5hr seminar, followed by food and drinks)

Phone: 07 3138 9011

[Email](#)

[Website](#)

31 August 2011 BRISBANE, QLD

Seminar – Student Showcase & AGM

Topic: "Cutting Edge Research in Ageing"

Speakers: Qld Emerging Researchers in Ageing

Time: 6pm to 8pm - *includes light supper & drinks*

Venue: Function Room (upstairs), [Ship Inn](#), SouthBank (Cnr of Sidon & Stanley Street, Southern end of the Goodwill Bridge)

Cost: Free for AAG members; \$10 non-members

[Email](#)

[Website](#)

NSW

31 March-1 April 2011 CESSNOCK, NSW

The Australian Association of Gerontology NSW Rural Conference 2011

Across the Divide: Lessons on Care from Urban and Rural Communities

Early Bird registrations close 11 March 2011

[Email](#)

[Website](#)

ACT

17 February 2011 **CANBERRA, ACT**

Is Alzheimer's Disease Preventable?

Guest Speaker: Professor Kaarin Anstey

Venue: Discovery Centre, CSIRO, Clunies Ross Street, ACT

Time: 4.00pm – 5.30pm (tea and coffee from 4pm)

Cost: Free

[Flyer](#) [Website](#)

30 March 2011 **CANBERRA, ACT**

3rd Annual Intergenerational Forum – "The Ageing Boom: Current Research and Future Challenges

Venue: University of Canberra

Keynote: Marie Coleman, ACT Senior Australian of the Year

Cost: Free – lunch and refreshments provided. Free parking

Registration essential: [Email](#)

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

VIC

20 April 2011 **KEW, VIC**

AAG Victoria bi monthly Forum

Time: 5.30pm for 6.00pm start

Venue: Seminar room, Ground floor, St George's Hospital, 283 Cotham Road, Kew

For more information contact Linda Emmanuel (03) 8387 2305 or [email](#)

Watch the [website](#) for further details

NATIONAL CONFERENCES AND SYMPOSIA

10 March 2011 **SYDNEY, NSW**

ACS Residential Aged Care Forum – Managing and Working on the Frontline

Aged & Community Services Association of NSW & ACT

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

13-16 March 2011 **PERTH, WA**

11th National Rural Health Conference

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

April

1 April 2011 **SYDNEY, NSW**

Ageing – The Future Technology Challenge Forum

Speakers include the Shadow Federal Minister for Aged Care and a leading International Speaker providing insight into the latest robotic technology used in Aged Care

Venue: Australian Museum Sydney

P: +61 2 8405 6381

[Website](#)

5-7 April 2011 **BRISBANE, QLD**

NATIONAL Home and Community Care Conference 2011: Innovation & Integration into the Future

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

6-7 April 2011 **MELBOURNE, VIC**

Carex 2011 – Australian's Premier Health & Aged Care Expo

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

28 April 2011 SYDNEY, NSW

U3A Network NSW Inc 2011 Annual Conference, members meeting and AGM

"The Future in Mind"

Venue: Wesley Conference Centre, 220 Pitt Street, Sydney

28 April: Conference Dinner

[Email](#) [Program](#)

May

2-3 May 2011 DARLING HARBOUR, NSW

The Evolving Face of Community Care – Celebrating the Past & Embracing the Future

Aged & Community Services Association of NSW & ACT Inc

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

6 May 2011 MORPHETTVILLE, SA

Transforming Respite now to 2015

Hosted by Aged & Community Services SA & NT. Join ACS and other key stakeholders in this genuine opportunity to influence the shape of respite into the future.

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

12-13 May 2011 PERTH, WA

Aged & Community Services WA Conference 2011 in partnership with Alzheimer's Australia WA – It's about More, It's about Time

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

17-20 May 2011 BRISBANE, QLD

Alzheimer's Australia 14th National Conference – take a different view

Venue: Brisbane Convention & Exhibition Centre

P: +61 7 3255 1002

F: +61 7 3255 1004

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

19-20 May 2011 SYDNEY, NSW

Aged Care Association Australia – NSW Congress 2011

[Website](#)

June

15 June 2011 ADELAIDE, SA

World Elder Abuse Awareness Day Conference 2011

"There's no excuse for abuse – the legal link."

Venue: Adelaide Convention Centre

The Aged Rights Advocacy Service (ARAS) has secured an excellent program with international, interstate and local speakers focusing on using the law to uphold the rights of older people regardless of where they live.

[Email](#)

20-21 June 2011 BRISBANE, QLD

2nd Biennial National Falls Prevention Summit

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

23-24 June 2011 SYDNEY, NSW

HammondCare Aged Care Conference 2011

Rehabilitating Aged Care: A fresh look at Rehabilitation and Aged Care Services.

[Website](#)

30 June-3 July 2011 MELBOURNE, SA

Ageing in the Migrant Diaspora and the 9th International Conference on Greek Research

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

July

20-23 July 2011 **GOLD COAST, QLD**
2011 Nurses in Management Aged Care (NIMAC) Conference
[Email](#)

August

10-11 August 2011 **SYDNEY, NSW**
Carex 2011 – Australian's Premier Health & Aged Care Expo
[Email](#) [Website](#)

September

12-15 September 2011 **Venue to be advised**
2011 ACSA National Conference
[Email](#) [Website](#)

21-22 September 2011 **MELBOURNE, VIC**
Aged Care Nurse Managers (ACNM) Conference 2011
[Email](#) [Website](#)

22-23 September 2011 **SYDNEY, NSW**
5th Annual National Dementia Research Forum
Hosted by Dementia Collaborative Research Centres – An Australian Government Initiative
Venue: Wesley Conference Centre, Sydney
Keynote Speaker: Ronald C Peterson, MD., Director of the Mayo Alzheimer's Disease Research Centre, USA.
Closing Date for Abstracts: 30 June 2011
[Email](#) [Website](#)

November

2-4 November 2011 **BRISBANE, QLD**
10th National Conference on Injury Prevention and Safety Promotion
Registration opens: 16 May 2011
Pre conference workshops: 1 November 2011
[Email](#) [Website](#)

6-8 November 2011 **GOLD COAST, QLD**
Aged Care Association Australia (ACAA) 30th Annual Congress
[Email](#) [Website](#)

INTERNATIONAL CONFERENCES / SYMPOSIA

2011

March

16 March 2011 **MINNESOTA, USA**
28th Annual Minnesota Geriatric Care Conference
Continuing Nursing Education
[Email](#) [Website](#)

24-26 March 2010 **SINGAPORE**
Asia Pacific Conference on Ageing (APCA 2011) Dignity and Grace of Ageing
[Email](#) [Website](#)

26 March 2010 **TORONTO, CANADA**
26th International Conference of Alzheimer's Disease International
[Website](#)

31 March 2010 **TORONTO, CANADA**
6TH Education Conference on Palliative & End of Life Care: Dying in Old Age: Context & Community
[Website](#)

April

14-16 April 2011 **VANCOUVER, CANADA**
Canadian Geriatrics Society 31st Annual Scientific Meeting
With an active international participation, the conference will present unique educational and networking opportunities.
P: +604 875 51 01
[Email](#) [Website](#)

14-17 April 2011 **BOLOGNA, ITALY**
International Association of Gerontology and Geriatrics (IAGG): VII European International Congress - Healthy and Active Ageing for All Europeans "II"
P: +39 055 2462.201
[Email](#) [Website](#)

May

4-6 May 2011 **AUCKLAND, NEW ZEALAND**
ANZSGM Annual Scientific Meeting 2011 – Pathways to Learning
Call for Abstracts: Opened 30 September 2010, Closes 28 January 2011
Registration Opens: 4 December 2010
[Email](#) [Website](#)

June

5-8 June 2011 **TORONTO, CANADA**
Festival of International Conferences on Caregiving, Disability, aging and Technology (FICCDAT)
FICCDAT is an opportunity for presenters to transfer knowledge from their experience and their research to an extraordinarily broad audience. Presenters can submit abstracts to all six major conferences, and presenters can attend and present at several conferences for the cost of attending a single conference.
Venue: Sheraton Centre Toronto Hotel, Toronto
Call for abstracts: Now open
[Website](#)

8-10 June 2011 **ONTARIO, CANADA**
16th National Conference on Gerontological Nursing
[Email](#) [Website](#)

10 June 2011 **COPENHAGEN, DENMARK**
21st Nordic Congress of Gerontology – Dilemmas in Ageing Societies
[Website](#)

22-24 June 2011 **LONDON, UK**
International Society of Advance Care Planning and End of Life Care Conference 2011
[Email](#) [Website](#)

30 June-1 July 2011 **BARCELONA, SPAIN**
IAGG 1st Intensive Course on Ageing

An international **"Intensive Course on Ageing"** will be organized under the auspices of the IAGG. The program is currently under construction but the following main features have been announced: Alzheimer's disease: from basic science to quality of life, Frailty, Nutrition and Ageing, Metabolic and Cardiovascular diseases.

Venue: Hospital de la Santa Creu i Sant Pau, Barcelona

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

September

1-2 September 2011 TALLIN, ESTONIA

3rd International SHARE User Conference (Survey of Health, Ageing and Retirement in Europe)

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

18-20 September 2011 NICOSIA, CYPRUS

Aging & Health in the Eastern Mediterranean Region

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

October

16-19 October 2011 WASHINGTON DC, USA

IAHSA / LeadingAge Global Ageing Conference & Exposition

To view information on the associated study tour, click [here](#)

[Website](#)

21-23 October 2011 OTTAWA, CANADA

IAGG PAN American Congress 2011: New Directions for Ageing

[Website](#)

16 October 2011 NEBRASKA, USA

Aging with Passion and Purpose: IT Happens – A conference on Aging

[Website](#)

November

18-22 November 2011 BOSTON, USA

64th Annual Scientific Meeting of the Gerontological Society of America: Lifestyle – Lifespan

[Call for Abstracts](#): closing date 15 March 2011

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

2012

May 2012

28 May-1 June 2012 PRAGUE, CZECH REPUBLIC

11th Global Conference on Ageing

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

June 2012

10-13 June 2012 COPENHAGEN, DENMARK

21st Nordic Congress of Gerontology

[Website](#)

September 2012

17-21 September 2012 NEW DELHI, INDIA

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

Call for Abstracts close: 30 March 2011

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

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.

[Website](#)

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TRAINING

30 June – 1 July 2011 BARCELONA, SPAIN

IAGG - Intensive Course on Ageing

[Website](#)

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POSITIONS VACANT

The Ageing, Work and Health Research Unit at the University of Sydney is seeking an enthusiastic and committed early career researcher to collaborate with us on a project dealing with socio-economic determinants and health inequalities over the life course. We are also pleased to offer a PhD scholarship at the University of Newcastle (Australia) for an enthusiastic postgraduate student.

For further information and application instructions, click [here](#).