

## **Issue 17: September 2011**

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## **Welcome to the seventeenth edition of the AAG e-newsletter!**

The last newsletter during my time as President, WOW has it gone quickly! Well they always say "time flies when you are having fun" and it has been fun, as well as a very rewarding personal and professional experience. I definitely do recommend it and thank you all very much for the opportunity to represent you all on various different bodies and work with the Council, and of course our incredibly hardworking EO and secretariat, to implement our strategic plan.

Happily I have been asked to continue to represent the AAG in a forum particularly relevant to my own research interests. As I am sure you will be aware, the Government released the Productivity Commission's Final Report into Caring for Older Australians last month and the Minister is currently criss-crossing the country engaging in community conversations to gauge public opinions on aged care and the suggested reforms. What you may not know is that the Minister will over the next several months also be engaging with the National Aged Care Alliance's Ageing Expert Reference Group to discuss the proposed reforms, and that I have been asked to represent the AAG on this group. Moreover, I will remain a member of the Minister's Advisory Panel for the Economic Participation of Senior Australians (EPSA) until the work of the panel is complete later in the year. An update on this work is provided later in this newsletter.

Apart from what I have been up to, the AAG more generally has also been busy over the last few months putting together a host of seminars and workshops on the theme of this year's Hot Topic "Ageing in the Community", including a public forum in Canberra on Thursday 12 August that included presentations from the Minister for Mental Health and Ageing, the Hon Mark Butler MP, Mr Glenn Rees, CEO, Alzheimer's Australia, and myself. The forum was well attended and generated robust discussions around the need to bring research, evaluation and policy development together. A more detailed description of the forum is included below.

Members will also have noticed that the AAG has partnered up with Australian Ageing Agenda to bring you more news on what is happening in the ageing and aged care sector. This partnership will be of great value to the AAG, not only in terms of keeping members informed of ageing and aged care issues, but also in relation to furthering the association's mission of expanding knowledge of ageing by promoting ageing research through AAA. The AAA bi-monthly magazine is available to members only; so if you have not yet renewed your membership, be sure to do so and take advantage of the great benefits of being an AAG member.

Furthermore, the AAG now has its own Facebook page. While the AAG will continue to use its e-newsletters, e-alerts and the website to keep members informed of the latest news and events, Facebook will be used as an adjunct for those who would prefer to stay abreast of AAG news via social media. To join the AAG Facebook page, visit the AAG website homepage ([www.aag.asn.au](http://www.aag.asn.au)) and click on the link.

The 2011 International Association of Gerontology and Geriatrics (IAGG) Asia/Oceania Regional Congress is also shaping up well and delegate registrations continue to swell. If you have not yet registered, be sure to do so soon in order to take advantage of the accommodation deals on offer. For those members who have already registered, we look forward to seeing you there and we hope that you make the most of this fantastic opportunity to hear about the latest in both national and international research, and the diverse networking opportunities that will abound. For more information about the Congress, and to register for the event, please visit [www.ageing2011.com](http://www.ageing2011.com).

Tony and I would also like to encourage you to stay active in the AAG and get involved in the various AAG local activities on offer in your state, as well as suggested in the beginning of this piece, considering joining your local committee and perhaps eventually, the national council. Being involved in the organisation of, attending and participating in AAG seminars and forums are not only educational and intellectually stimulating activities, but are also excellent ways to network and meet with others with an ardent interest in ageing and aged care issues and the latest research in the field. In particular, the IAGG Regional Congress will be a wonderful chance to connect with researchers from around the region - we look forward to meeting up with many of you attending the Congress.

In concluding, I would just like to thank you all again for the opportunity to be President of the association which I have enjoyed immensely, and I look forward to continuing to be an active member of a great organisation and representing you, its members, as well as I possibly can, whenever I have the chance.

Gill Lewin  
National President

## National Activities

### FROM THE AJA EDITOR'S DESK

There are many different people who contribute to the production of a journal. At the most basic level, a journal does not happen without authors submitting manuscripts, and we are fortunate that authors are increasingly seeing AJA as a journal of choice. Another important group of people is the editors. At AJA, the editors are volunteers who give their time to ensure that the journal not only continues to function but also continues to progress. At AJA we currently have five editors: the editor in chief, three general associate editors and one book review editor. A primary role for editors is selecting appropriate reviewers for each manuscript, and deciding, from this expert advice and their own assessment, whether the manuscript is suitable or not for publication in AJA. However, there are many other editor responsibilities, such as ensuring AJA stays abreast of the changing publishing environment, stays up-to-date with emerging issues in the field of ageing, and stays relevant to its readers.

Editors are also responsible for ensuring ethical conduct of the journal. In 2010, Wiley Publishing (the AJA publishers) reviewed the ethical practices of many journals in their suite, including AJA, and provided us with benchmarks for ethical conduct. Although AJA performed very well on many measures, there were some issues which needed attention, so the editors agreed that improving ethical practice would be a main focus for 2011. To progress AJA towards meeting the benchmarks provided by the Wiley review, the editors will be meeting later this year to workshop needed changes. We expect that these changes will be introduced in early 2012, so we encourage authors to always check the latest author guidelines before submitting their manuscripts.

*Lynne Parkinson, Editor-in-Chief, Australasian Journal on Ageing*

### National Aged Care Alliance Report August 2011

With the release of the Productivity Commission's Report on Caring for Older Australians on Monday 8 August, the National Aged Care Alliance was well placed to meet in Canberra and discuss the Report's recommendations on Tuesday 9 and Wednesday 10 August. After discussing the various strengths of the Report, as well as the omissions and gaps, NACA was able to secure the Hon Mark Butler MP, Minister for Ageing, to address the NACA meeting and field questions from the sector. The Minister reported that the Government was going to give careful consideration to the Report before making decisions on the

recommendations from the Productivity Commission, and that this would include a series of Australia-wide community conversations organised and conducted by the Minister to gauge community viewpoints on the Report and aged care reforms more broadly, as well as maintaining a dialogue with the sector through NACA's Ageing Expert Reference Group, of which Professor Gill Lewin is a member representing the AAG.

After meeting with the Minister for an hour, NACA spent the rest of the first day discussing the importance of aged care reforms being a priority for the 2012 Federal Budget, and the need to continue to support the process of reform for the industry. NACA will also continue to discuss the reforms with Government through the Ageing Expert Reference Group.

The second day of the NACA meeting began with a discussion of the response to the Productivity Commission's Report by the Liberal National Party and the Green Party, as well as the media reports on Caring for Older Australians and community attitudes to the recommended reforms more generally. NACA was buoyed by the reports from the political parties and the community more broadly that substantial changes were needed to improve aged care and that reforms for the sector were welcomed, by and large. NACA then discussed what would be the immediate priorities in the wake of the release of the Productivity Commission Report, and the need to keep the public informed through a series of topical fact sheets on aged care reform and the recommendations outlined by the Commission.

The NACA meeting ended with a discussion on how the Productivity Commission's Report feeds into NACA's blueprint for the future of aged care, and the need for a research paper exploring successful aged care initiatives and reforms. Dr Briony Dow, AAG Victorian Division President, has undertaken to write the paper for NACA on behalf of the National Ageing Research Institute where she currently works as Director of Health Promotion. The next NACA meeting is scheduled to take place in Adelaide on 24-25 November.

## **JOIN THE AAG ON FACEBOOK**

In the membership survey conducted earlier this year, over 70% of members commented that they would like to see the AAG on Facebook. In response to this, a working group has been developing a Facebook page that will provide members with regular updates. The page is now available so go to the AAG website homepage and click on the link to find out how you can become friends with the AAG Facebook Group.



## **Notice of Annual General Meeting and Agenda**

The 44th Annual General Meeting of the Australian Association of Gerontology will be held at the Ninth Asia/Oceania Regional Congress of Gerontology and Geriatrics held at the Melbourne Convention & Exhibition Centre, Southbank, Melbourne - at 12.00pm, Wednesday 26th October 2011.

Business to be conducted:

1. Apologies
2. Confirmation of the Minutes of the AGM held 18th November 2010
3. President's Report
4. Financial Report for the year ended 30 June 2011
5. Appointment of Auditor
6. Election of office-bearers
7. 2012/13 Membership Fees
8. AAG Awards
9. Other Business

Close

## Public Forum Invitation

# Ageing Today

## Different Perspectives on Growing Old

How do people experience their own age?

How do different age groups view each other?

What are the possibilities between generations?

**Date** Thursday 20 October, 2011  
**Time** 5:30pm for 6pm start  
**Catering** Canapés and Drinks at 8pm  
**Venue** Zinc, Federation Square, Melb.  
**Entertainment** Punjabi Folk Dancing "Gidha"

**RSVP (free event)**  
Numbers limited, please register  
Bill Snaddon, Social Policy Officer  
Lord Mayor's Charitable Foundation  
bill.snaddon@lmcf.org.au 03 9633 0025

## Program

### Speakers

- The Hon David Davis, MLC  
Minister for Health and Ageing, Victorian Government
- Dr John Beard, Director of Ageing and Life Course  
World Health Organization (WHO)
- Prof Gill Lewin, President  
Australian Association of Gerontology

### Research

#### "Age and Intergenerational Identity"

- Prof Simon Biggs (BSL) and Dr Briony Dow (NARI)  
together with YouthWorx, will present their research  
on how people of differing ages make sense of their  
age and identity
- A YouthWorx Productions film documenting the research  
to be screened
- Ms Uma Thakar, writer and social commentator,  
to reflect on research

### Panel Discussion

- Mr Ian Yates AM, Chief Executive, Council on the Ageing
- Prof David Ames, Director, National Ageing Research Institute
- Dr John Beard, Director of Ageing and Life Course, WHO
- Dr Manjula O'Connor, Vice President  
Australia India Society of Victoria Inc.
- Mr Jon Staley, Executive Producer, YouthWorx
- Dr Helen Kimberley, Principal Researcher, Brotherhood of St Laurence





[www.ageing2011.com](http://www.ageing2011.com)

## gerontology & geriatrics 2011

Ninth Asia/Oceania Regional Congress of Gerontology and Geriatrics  
23 – 27 October 2011 Melbourne Australia  
Ageing well together: regional perspectives

### **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!

#### **Strong Interest in Regional Congress**

Registrations continue to be received for the Congress. We have almost 800 delegates from 30 countries registered to attending, including registrants from the United States, Canada, United Kingdom, Sweden, Denmark and Germany, as well as from throughout the Asia / Oceania region. See the conference website ([www.ageing2011.com](http://www.ageing2011.com)) for full details, including keynote speakers, symposia, workshops and site visits. Register now to be part of this exciting conference.

#### **Workshops Still Available - Even if not attending the Conference**

There are a wide variety of workshops available on the Sunday immediately preceding the conference - October 23. Registrations are still open for the pre-conference workshops, and *you can register for the workshops even if you are not attending the conference*. So check out the list below, and register now!

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: a view from Oceania
6. Undertaking an action research project in an aged care context
7. An introduction to longitudinal modelling in ageing research
8. Asia Pacific Geriatric Medicine Clinical Training Update
9. Third National Transition Care Forum

#### **Royal College of Nursing Continuing Nurse Education Points**

The conference has received endorsement for Continuing Nurse Education points.



#### **Exhibition Booths & Sponsorship Still Available!**

A limited number of Exhibition Booths and Sponsorship opportunities are still available. There is excellent positioning of exhibition booths in the same area as catering and poster displays. See the website for details of sponsorship opportunities and prospectus (opportunities closing soon)!

#### **Public Forum: Ageing Today**

A thought provoking public forum will be held on October 20 at 5.30pm at Zinc Federation Square inviting participants to discuss different perspectives on ageing. Speakers will include The Hon David Davis, Minister for Health and Ageing (VIC), Dr John Beard, Director of Ageing and Life Course World Health Organisation (WHO) and Prof Gill Lewin, President of the Australian Association of Ageing. The forum is open for attendance by the general public, RSVP's essential. See the conference website for more details.

We are looking forward to seeing you all in Melbourne in October.

*Professor Keith Hill, on behalf of the Conference Organising Committee*

### ACT Division

The ACT Division, together with AAG National Executive, organised and convened a very successful forum at Parliament House in Canberra on August 11. The theme of the forum was *Ageing and Aged Care Research, Evaluation and Policy: informing options and outcomes for community care* - very fortuitously, the Government released the final report of the Productivity Commission *Inquiry into the Care of Older Australians* earlier that week.

Andrew Leigh, the local Member for Fraser, hosted the event in the Main Committee Room where 140 people gathered to hear the Minister for Ageing, Mark Butler, Stewart Plain from the Productivity Commission, John McCallum from NHMRC, Samantha Robertson from DoHA, Glenn Rees (Alzheimer's Australia), Jane Mussared (ACH Group) and the AAG's President Gill Lewin and President Elect, Julie Byles. The final session was a Q&A Panel chaired by Anna Howe.

Andrew Leigh reminded us that increased longevity in the 20<sup>th</sup> century is one of the greatest achievements since World War 2 and should be seen in the light of opportunities it brings as well as its transformative power for our society. The Minister, Mark Butler, also emphasised that he and the Government want to frame a more positive discussion about ageing and the need for a multifaceted policy and research agenda. In that light, he is keen that the aged care reforms are not just about bonds or residential aged care costs but also promote the possibility of Australians being able to live in their own homes and communities for as long as possible.

The Minister argued for a more robust evidence base, with improved and accessible aged care data and he noted that ageing is one of the priorities to be considered by NHMRC in developing strategic research agendas. He was highly supportive of AAG's involvement in this process and encouraged AAG to participate in the strategic review of health and medical research. The Minister made it clear that the Government would develop its response to the recommendations from the Productivity Commission following consultation with industry and stakeholders. He was generous with his time and provided the opportunity for a number of forum participants to ask him about issues such as mandatory staff ratios, specialist facilities to delay entry to aged care facilities and the importance of housing arrangements to support ageing in the community.

Stewart Plain spoke about the process of obtaining and assessing evidence for policy development especially in the context of the Inquiry. He noted that recommendations need to be based on broad, soundly based evidence which included both quantitative and qualitative information. The Productivity Commission did not accept all evidence uncritically but assessed possible bias and assumptions in the methodology. He noted that good evidence and information is also important for aged care consumers and their families to make informed decisions and choices about how and where to receive support and assistance when it is needed. In addition to academic and government research and reports, Stewart emphasised the value of the public submissions as a research gathering tool especially in relation to people's lived experience of aged care. The Productivity Commission has also emphasised the importance of timely, accessible data which was consistent over time and compatible across datasets. This is a major reason for its recommendation to establish a national data clearing house.

Gill Lewin described the development of the National Community Care Research Agenda and noted the fundamental importance of involving all stakeholders, including consumers, in the development of such agendas and strategies. Julie Byles agreed with this and noted the need for research which supported positive ageing, preventative health, how people enter and use aged care systems, equity of service access and outcomes. While there are many good researchers in these fields in Australia, there is no real program which supports dedicated ageing research.

John McCallum supported the need for a national ageing research agenda while noting that the research funding environment is fiercely competitive. He suggested we need more embedded intervention research, with a multidisciplinary focus and links with industry. We also need to think about research that will be faster, cheaper and have a translation component with the aim of informing best practice. An example of relevant, timely and useful research that was funded through the Ageing Well, Ageing Productively grants was work on polymorbidity by Andy Gilbert which has already influenced policy in the Dept. of Veterans'

Affairs – he worked with DVA using DVA data and focussed on policy and practice outcomes from the outset.

Samantha Robertson from DoHA reiterated that the dream of policy advisers is good research with a policy and/or practice application. The absence of data or the availability of only inconsistent data can be very frustrating in this process and is a key recommendation from the Productivity Commission. A robust IT system is also essential and DoHA has been building a new front end to aged care information and data which will help the Department better understand the needs of consumers.

Consumer directed care has emerged as a direction in service delivery which received the backing of the Productivity Commission. Jane Mussared from ACH Group shared the views of consumers on their Board about the uniqueness of their lives and how they wanted greater control including the ability to engage in their passions and interests. These views guided their decision to conduct CDC trials designed with IKEA principles in mind– simple instructions, good price, DIY, choice with flexibility, relationships and expertise. To date, evaluation evidence suggests a high level of consumer satisfaction with the models while pointing to the need to improve information delivery.

Glenn Rees reflected on his journey in relation to CDC. The concept and principles of consumer choice and control was a strong impetus in his decision to advocate for it, but he had also been concerned to obtain research evidence to inform the shaping of CDC in practice, particularly in an Australian context. There is a need to know more about the willingness of providers to respond to consumer desire for control; the quality of CDC services; whether and how the needs and goals of consumers are being met; to understand how much choice consumers want and how much government is prepared to give them.

Anna Howe facilitated a lively Q&A session at the end of the forum. Questions from panel participants covered a wide range of topics including the need to develop a longevity policy; social capital and community connections; issues around the recruitment, retention and rewards to aged care workers; encouraging undergraduate and postgraduate students to develop a better knowledge of ageing issues and research and the need to develop appropriate curriculum units in a range of courses; developing and supporting liveable housing and communities; researcher access to particular groups of older people; better connections between the aged care and disability interface; gaps in the evidence base to help consumers choose aged care.

Julie Byles summed up the issues and themes of the forum including the positive frame on ageing, the need to think about community connections, dignity and reablement, and the emphasis on consumer choice and control. In terms of ageing research greater consolidation and strategic focus is needed. Julie noted that the AAG will be developing a position paper on these issues and in response to the PC report. AAG will also be involved in the workshop with NHMRC and ARC in developing an ageing research strategy.

*Ann Peut, President, ACT Division*

## **NSW Division/Hunter Chapter**

### **'We need more than incremental reform': Professor Hal Kendig comments on the Productivity Commission's proposed aged care reforms**

Professor Hal Kendig is Director of the Ageing, Work, and Health Research Unit in the Faculty of Health Sciences at the University of Sydney, and Chief Investigator on the ARC Centre of Excellence in Population Ageing. His commentary from 17 August 2011 is reproduced with the kind permission of Crikey.com. The full text can be found at Crikey's health blog, 'Croakey' (<http://blogs.crikey.com.au/croakey/2011/08/17/aged-care-reform-the-time-is-right/>).

Since the Productivity Commission's [report](#) was launched, it has attracted headline media attention, widespread support, and some criticism from diverse quarters.

Valuable and largely positive commentary has been provided by the [Council on the Ageing](#), Aged and Community Services Australia, and independent commentaries such as at [The Conversation](#) and The Voice.



The stakes are high, given that we have reached breaking point with the tensions and contradictions in an aged care 'system' that has become increasingly out-dated since the 1980s.

While new services and expertise have been developed, more incremental changes just cannot bring about the fundamental changes needed to address services that are fragmented, under-funded, and divided between both levels of governments and the care, health, housing and income support sectors.

Older people in need and their carers find it very difficult to gain access to effective, flexible, quality, and affordable services when they need them – as they choose in their own homes, for the vast majority, or in various forms of accommodation and care for a minority.

## **The main issues**

The PC report has set a sound foundation for advancing aged care. The principles, followed through with specific recommendations, include a fundamental reorientation from a funder and provider focus to an entitlement, consumer driven approach – the dollars would follow the people.

A major innovation is the Australian Seniors Gateway Agency (ASGA) that, at a regional level, would provide information on promoting health and independence, assessment for, and entitlement to, choice of services; Centrelink means testing for higher levels of care; and coordination of services if needed.

Increasing both consumer choice and funding through co-payments would be achieved by introducing separate funding streams for care services and (for those in residential) accommodation and living costs. Far fewer people would have to move into a nursing home to access high levels of care.

The most controversial provisions are for older people to meet their own accommodation costs where they can or for government to meet them on a means tested basis. Accommodation bonds or periodic payments would free up capital for building that has not been viable for high care facilities.

The Commission proposes pensioner savings and credit schemes that would enable older people to fully access the pension after selling their homes or to pay their aged care co-contributions or accommodation costs bonds from loans to be repaid when their homes are eventually sold. Bonds paid on entry to residential care would continue to be repaid (minus costs) when older people leave the accommodation.

A new Aged Care Commission, independent from government, would be responsible for overseeing a progressive freeing of the market for aged care, setting prices, and overseeing accreditation, regulation, and a data clearing house.

The report does have [useful recommendations](#) on how to improve the evidence base available to inform aged care but stops short of recommending funding for it.

## **Opportunities and implementation**

In contrast with early reform attempts, notably the disasters of the 1997 proposals for nursing homes, Government seems to have now learned the lessons of trying to push ahead with contentious policies without consultation.

Aged care providers and consumers have learned how dissension within the sector can jeopardise valuable, major initiatives on which there is widespread agreement. It is notable that the National Aged Care Alliance (NACA) has now formed a largely consensus view that can be reliably expected to inform and support the carefully considered PC recommendations on which there has already been extensive consultation. The Minister and Government have committed to further extensive consultation.

The policy opportunities are now right, with other building blocks in place for building integrated health and care services alongside regionalised Gateway services for aged care.

Accountability and coordination will be enhanced by the Commonwealth assuming full responsibility for community as well as residential care (with some WA and Victorian exceptions). Medicare Locals, which aim to align primary health care and the needs of local communities, can promote a more integrated and positive approach to older people. The recent agreement on hospital reform includes Local Hospital Networks and Medicare Locals (for primary health care) that are a further key element.

Aged care can now emerge as the cornerstone that advances health and care for older people as part of mainstream health and care.

The time to act is right historically – we just have to get the basic care systems right for those who are old now and for the babyboomers who will join them in the decades ahead. And contrary to Treasury doomsday-sayers, there is clear evidence that we can afford investments in good quality care services that are principled, effective and sustainable.

Aged care is central to the trilogy of reform commitments made by the Government for this term: mental health in the current budget, disability insurance foreshadowed for the years ahead, and aged care for the rest of the current term.

### **The politics: how it can it happen?**

It is time to address head-on the emotive argument that government should pay for nearly all of aged care, irrespective of older people's financial means, and the political sanctity of owner occupied housing.

The Commission has proposed careful mechanisms to enable older people and their relatives to stay in their homes and paying the bond while providing for the asset to be available to meet their accommodation and care costs where necessary; the bonds minus expenses would be repaid but there would be less in the form of tax-free inheritances.

As I have argued [elsewhere](#), the alternatives are for all taxpayers to pay for aged care or for older people to be denied access to quality care and accommodation. A recent reader poll (SMH August 13-14, News Review, p4) reported that 60% supported partial government funding for age care (with copayment) and 27% for user pays (including a safety net for the poor).

The times for fundamental aged care reform are right politically and with good policy Australia [can afford](#) quality health and aged care into the future.

The Government has an outstanding opportunity to break free from its recent malaise and make a heartening return by Labor, the Greens, and the Independents to the compassionate mainstream that was the hallmark of the Hawke and Keating (and Brian Howe) eras.

From the mid 1980s through the mid 1990s, and perhaps again now, progressive policy could be afforded in times of financial stringency through better policy design, effective means testing and shared public and private funding.

Tony Abbott, who was a capable and progressive health minister in the Howard Government, could well recognise the intrinsic value of these recommendations, as well as the value the electorate will place on constructive bipartisanship. Aged care and ageing issues will be of growing significance for whoever forms the next Government.

### **Interview with Christine Lyttleton, recipient of 2010 AAG (NSW Division) Prize (Charles Sturt University)**

*Virginia: Congratulations on winning the AAG NSW Student Prize for Charles Sturt University in 2010! Can you tell us a little bit about your background and how you came to be working in the ageing field?*

Christine: Thank you for your congratulations Virginia. I would also like to thank the AAG in providing this award to students of Gerontology. I am both humbled and inspired by this award. As to my background, I initially completed a degree which qualified me as a Social-Welfare Worker. This degree also had a large component of biology and health science included in it. For many years thereafter, I worked as a Child Protection Officer for the Victorian government, as well as on Child Protection cases in New South Wales. However, a career change as a Case Manager in the field of Intellectual Disabilities at the time of de-institutionalisation in the 1990s found me working with a large number of aged persons requiring complex medical interventions whilst also making the transition to new homes and social environments. My position involved working with the Office of the Public Advocate, as well as the Victorian Guardianship Board and the NSW Guardianship Tribunal. I found the legal and advocacy issues involved in this work professionally rewarding. Although I did make another career change by working as a teacher and counsellor in International English Colleges in Australia after completing a Post-Graduate Certificate in Teaching English to Speakers of other Languages (TESOL) and a Post-Graduate Diploma in Multicultural Education, it remained firmly in the back of my mind that my previous experiences in working with the older people would be a significant factor in guiding my future studies and working life.

*Virginia: What motivated you to consider studying gerontology, and how did you find out about the course?*

Christine: The opportunity arose to further my postgraduate studies on a part-time basis. As I am an Albury local, I wanted to utilise the region's educational resources. Charles Sturt University offers a comprehensive range of Master Degrees, covering all career areas within the health sciences and human services. Initially, I completed a Master of Ethics and Legal Studies at Charles Sturt University, carefully choosing subjects which reflected my interest in Gerontology. These subjects related to Ethics, Law and Ageing, Legal Issues in Health Care and medical negligence within Criminal Law.

*Virginia: What stands out most for you about your experience of studying gerontology at CSU?*

Christine: Charles Sturt University has a strong academic reputation which naturally flowed into my Master of Gerontology at this university. Robyn Harvey is the Course Co-ordinator. I was impressed by her scrupulous attention to professional research and referencing. The course also provided the flexibility to specialise or generalise within all areas of Gerontology. I had particular areas I wished to research. I was interested in depression in the aged as a precursor to dementia and other physical problems. I was also interested in the legal and ethical aspects of Advanced Care Planning and Advanced Care Directives in acute hospital and sub-acute palliative settings. For diversification, I wanted to conduct an economic analysis of future social, financial and health care aged planning in relation to the demographic changes which are predicted to occur in the next 50 years in Australia. The course easily accommodated this diversity and, as such, is able to meet the study needs of all wishing to work in the many and varied fields within Gerontology.

*Virginia: Do you hope to continue to work or study in the ageing field?*

Christine: The answer to this is a resounding 'Yes'! This is an exciting time to be working in Gerontology. Many areas within Gerontology are recent additions to the knowledge and research base within health sciences and human services. To have the capacity to add to this knowledge through research, or to apply theoretical knowledge to practical experience whilst gaining insight into the wisdom of the people with whom one is working is an honour indeed. As well as the professional rewards, Gerontology is a personal experience for all of us. Ageing is part of the life cycle and we will all experience this process. I am currently one subject away from completing a Master of Human Services Management and Policy at Charles Sturt University. Within this Master Degree, I have had the opportunity to focus my studies on the management and policy direction of current and future aged care services. I have recently completed a management evaluation of aspects of palliative care services within the Greater Murray Area Health Service.

*Virginia: Do you have any thoughts on our society's ability to respond to population ageing in the coming decades?*

Christine: There has been much discussion surrounding Australia's ageing population since the then Federal Treasurer, the Honourable Peter Costello, tabled the 2007 Intergenerational Report. Harmer's Pension Review Report and the Henry Tax review provided further important information for this debate. Reports are tabled in Parliament to highlight national issues and are used in influencing future Federal and State policies on ageing. All reports and debate is welcome, as it motivates us in the field of Gerontology to analyse current research and to either uphold or negate, through further research, that which is being projected. I do not consider the issue of an ageing population to be overly negative. We can see that Borowski and McDonald (2007) provide information towards the debate of the aged dependency ratio to health costs by stating that a total dependency ratio of all Australians shows that the total dependency ratio at mid-century (21<sup>st</sup> century) will be about the same as it was at Federation. Palangara and Yong (2009) also state that, once proximity to death and other factors such as prices and government size are accounted for, the extent of population ageing is actually negatively related to the share of health expenditures as a proportion of total consumption.

It is positive for our profession that the Federal and State governments are taking the issue of population ageing seriously and are actively engaged in planning for the aged. Australia is a flexible and adaptable society. Australians have the moral fortitude and resources to meet ageing population challenges. Ageing is a marvellous journey in life. I firmly believe that the high standard of research in Gerontology will provide the information and pathways to assist in meeting the needs of the ageing Australian population.

[References available from the author: clyttl02@postoffice.csu.edu.au].

## **Disaster management for aged care providers: a seminar**

*Ms Karen Best, Executive Director of Facility Services, Maroba*

On 1<sup>st</sup> September 2011, *Maroba*, a not-for-profit aged care organisation in Waratah NSW, hosted a one day seminar on *disaster management*. As a provider for aged care in the Hunter region we watched the floods as they struck across Queensland and central NSW and the remarkable action of many other organisations as they responded to these disasters.

Having previously adjusted our own disaster plan, after analysing the response of organisations to the horrendous bush fires that swept across NSW and Victoria in 2009, we felt that many in our sector and related fields may not have the resources or networks readily available to formulate effective disaster plans or management strategies. As such, and with the very real threat of a pandemic looming globally at any time, having an effective disaster management plan is vital.

It was these factors that inspired us to consider hosting a seminar to ensure that we are able to meet this challenge should the need arise. The Australian Association of Gerontology – Hunter Chapter (AAG) and the Aged and Community Services Association of NSW and ACT (ACS) added their prestige and credibility to the event in joining us as co-hosts.

Being a highly regulated sector, we decided it would be appropriate to invite our Accreditation body to inform us of their expectations in relation to disaster management to ensure our legal obligations were met. We also felt it was vital to include accounts of organisations that have the practical experience of having to evacuate due to natural disasters in both a residential and community setting.

The range of speakers include: *a community perspective, management of IT issues in the form of data security, financial and legal repercussions of a disaster, NSW State Emergency management, new perspectives on pandemic preparation and factual accounts of both the evacuations for the floods in Grafton and the Fires in Victoria.*

It is our aim that this seminar will assist providers and associated organisations in having access to the information or contacts they need to ensure they are well prepared in their disaster planning and management strategies, should the need arise.

Given the fact that we deliver care to an extremely vulnerable section of our community, it is vital that we are equipped and able to deal with any type of disaster natural or otherwise that may impact on our services. Our residents, clients, families, staff and communities depend on us getting this right.

## **News from the Hunter Chapter**

On 13 October, the Hunter Chapter will host the annual Gibson Oration which will be given by Prof Tony Broe, speaking on the Koori Growing Old Well Study. This year the event will also include the Heritage Oration, in which Dr Kevin Grant will recall for us the life and work of Dr Dick Adams.

*Dr Virginia Simpson-Young, Newsletter Representative, NSW Division*

## **Victoria Division**

### **FORTHCOMING EVENTS**

Those who attended the Victorian Division's AGM on Wednesday 17<sup>th</sup> 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's presentation will now take place on 30 November at 5:30 for 6pm in the Seminar Room, St George's Hospital. Further details will be placed on the website as they become available.

## Asia / Oceania Regional Congress of Geriatrics and Gerontology 2011 (Melbourne)

**23-27 October**

This exciting event is now only a month away. Registrations are open and you can register for one (or more) pre-congress workshop too. Keep up to date by visiting the website:

[www.ageing2011.com](http://www.ageing2011.com)



We look forward to seeing you there.

*Tess Tsindos, Newsletter Representative, Victorian Division*

## Queensland Division

It is hard to believe it is September already, with 2011 really flying by. In March, we held a seminar at LifeTec in Newmarket on "Promoting independence with assistive technologies – the research, practice and policy implications" (James Barrientos, Prof Jeffrey Soar & Prof Neil Bergmann March 2011, at LifeTec, Newmarket). On Wednesday 31 August, after our AGM, we held our regular 'Cutting-Edge Research in Ageing' seminar, where QLD emerging researchers in ageing share their recent research findings. The speakers and presentations covered an array of critical issues, including: the value of exercise approaches in the menopause transition (Stephanie Fu); carer experiences after their partner is admitted into an aged care facility (Lisa Hee); the effect of exercise on the bone health of older men (Kate Bolam); suicide risk among carers of people with dementia (Siobhan O'Dwyer); the physical activity (PA) levels of Australians 65 and older (Robert Hill) and reducing older adults' prolonged sitting linked to heart health in older adults (Paul Gardiner).

Our next major scheduled event for 2011 is an afternoon presentation on Monday 17<sup>th</sup> October by AAG 2011 Gary Andrews Visiting Fellow, Professor Iris Chi. Professor Chi will present on "*Cross-cultural gerontology research methods: Challenges and strategies*" at an afternoon presentation (exact TBC) at the University of Queensland/Blue Care Research and Practice Development Centre in Toowong (56 Sylvan Road). Hope to see you all there!

*Evonne Miller, President, AAG Queensland Division*

## South Australia Division

**The 2011 SA Gerontology conference** was held on 12 August in the very popular surroundings of the National Wine Centre, Adelaide. Almost 200 people attended from a wide variety of organisations and disciplines, both metropolitan and rural, and feedback indicates that the conference was very successful and has consolidated a respected place in the ageing sector in South Australia.

This year the conference had a strong emphasis on the individual experience of ageing as part of a whole life story. The opening speaker, Seraphin Nyirenda, from the Democratic Republic of Congo, who has lived in Australia since 2008, emphasised the particular needs of older people who are very new arrivals to this country, and challenged the audience to review the personal values which underpin our response to vulnerable people. Throughout the day participants found very inspiring and stimulating several keynote and concurrent presentations about creativity and ageing which presented the voices and experiences of older people themselves through community based film, theatre and music projects.

Associate Professor Matthew Parsons, Professor in Gerontology at the University of Auckland and Waikato District Health Board, gave the annual ACH Sir Keith Wilson Oration, titled "*So we're getting older, more demanding and want to stay at home, but who's going to look after us?*" Dr Parson's paper examined recent redesigning of community support services in New Zealand and the broad adoption of client centred goal setting techniques to target and prioritise services.

Robyn Jacobson from the Wicking Dementia Research and Education Centre presented an introduction and preliminary evaluation data of "Carer's CARE, a self help program for carers of people with dementia". This innovative resource has been developed by a number of partners in Tasmania including Dr Jenn Scott from University of Tasmania.

Dr Sandra Ullrich from UniSA was judged the winner of the Gary Andrews Student Prize for her presentation titled "Protected Mealtimes needs Collaboration". Sandra won a cash prize and the opportunity to be supported to attend the 2012 AAG National Conference in Queensland.

Many other highlights and a photo gallery of delegates can be viewed at [SA Gerontology Conference 2011](#)

SA AAG and the Adelaide2011 has seen the **Adelaide 'Thinker in Residence'** program bring Dr Alexandre Kalache to Adelaide for 12 months to explore how we can make South Australia a positive, engaging society for all ages through his concept of 'age friendly cities'. Dr Alexandre Kalache worked at the World Health Organisation (WHO), as the head of the Ageing and Life Course Program from 1995-2007 and is keen to bring the messages of active ageing and age friendly cities to South Australia. The SA Division of the AAG is proud to be involved in the Thinkers program and is working actively alongside of Dr Kalache to provide South Australia with some fantastic opportunities to consider a better future for our older population. This program of events has thus far 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.



*Dr Alexandre Kalache*

## Events

There are two up and coming events that are being co-hosted by the SA Division of the AAG. Firstly, there will be a seminar focusing on men's health, 'Looking after the Old Fellas' to be held at the Burnside Town Hall on the 18<sup>th</sup> of October. This will be a full program of speakers including a presentation from Dr Kallache, followed by a community forum focusing on listening to older men themselves. In addition to this there will be several speakers discussing the latest in research on men's health and positive ageing. For more detailed information about this seminar please visit the SA Division link on the AAG website in the coming weeks as the full program is finalised or email Lui DiVenuto at [lui.divenuto@dfc.sa.gov.au](mailto:lui.divenuto@dfc.sa.gov.au)

The second event planned for October will be Rural and Regional forum to be held in Murray Bridge. This will include a meeting with key stakeholders in ageing from across rural and regional SA and will be followed by an open community forum where Alexandre is keen to hear about the unique issues and experiences related to ageing in rural Australia. More details about this seminar will be available in the next newsletter or for more information please email Helen Feist at [helen.feist@adelaide.edu.au](mailto:helen.feist@adelaide.edu.au)

*Cathy Lock, Newsletter Representative, South Australia*

## Western Australian Division

**Professor Leon Flicker** has been elected as President of the WA Division of the AAG. Prof. Flicker will take over from **Ms Donelle Rivett**. The WA Division would like to take this opportunity to thank Ms Rivett for doing a wonderful job in the role for the past two years. Ms Rivett will continue as an active committee member of the WA AAG.

Professor Leon Flicker is an Australian leading expert in geriatric medicine and has an established international reputation. He is the Director of the Western Australian Centre for Health and Ageing ([WACHA](#)) and is committed to disseminating and implementing his research findings to improve the health of older Australians. He is a member of numerous national committees and organizations and has published extensively in the field of geriatric medicine. Professor Flicker has played a major role in implementing his own research outcomes into clinical guidelines regarding functional decline, delirium, redesign of the hospital environment and has provided his expert opinion to government committees.

## Upcoming Event - Community Care: The New WA Assessment Framework

AAG and ACSWA Joint Event

**27 September 2011**

**PERTH, WA**

The WA Assessment Framework has now been in place in Perth for the last six months and many different opinions concerning its effectiveness have been expressed. The New Assessment Framework Forum will provide the opportunity to hear how it is perceived by many of the different stakeholder groups involved. It will also give participants the chance to ask questions, relate their experiences and express their own opinions.

### Presenters

- Rosie Lawn, Acting General Manager, Perth Home Care Services
- Paula Gevers, Manager Community Services, Aged & Continuing Care Directorate, Department of Health
- Marise Goddard Jones, Director, GGJ Consultants
- Judy Waymouth, Manager, Metro East Commonwealth Respite and Carelink
- Paul Hutchinson, Director of Information, Assessment & Procurement, Department of Health and Ageing
- Ricki Smith, General Manager, Access Care Network Australia, Silver Chain
- Ken Marston, Chief Executive, Council on the Ageing WA (COTA WA)

Venue: Technology Park Function Centre, 2 Brodie Hall Drive, Bentley, WA 6102

Registrations: 3.15pm

Presentations: 3.30pm - 6.30pm

Email: [KDeSanMiguel@silverchain.org.au](mailto:KDeSanMiguel@silverchain.org.au)

*Orla Hill, Newsletter Representative, WA Division*

## Northern Territory Division

### Launch of the NT Division of the AAG

A successful launch of the NT Division of the AAG was held in Parliament House Darwin on the 12<sup>th</sup> August 2011. The Honourable Minister for Senior Territorians, Minister Rob Knight officiated at the event.

Dr Michael Lowe delivered an insightful presentation on Ageing in the NT and the unique issues identified.

The event was well attended by members of the NT Division of the AAG and representatives from organisations working with Ageing Territorians.

### Up Coming Events

The NT Division AAG is sharing a display table at the Chronic Disease Conference on the 8<sup>th</sup> & 9<sup>th</sup> September, to be held at the Darwin Convention Centre.

#### Dementia Week:

- A presentation on Frontal Lobe Dementia by Professor Phillip Morris, Psycho Geriatrician, at the GP Network NT on the 20<sup>th</sup> September.
- Presentations at Grand Rounds at Alice Springs and Royal Darwin Hospital by Professor Morris and Dr Lowe, Geriatrician.

Productivity Commission - Aged Care consultations with a focus on diverse groups in the NT - Darwin 31 October, Alice Springs, 1 November with Commissioner Robert Fitzgerald and AA National CEO Glenn Rees.

*Janice Diamond, Newsletter Representative, Northern Territory*



*Melissa Lindeman, President AAG NT, Dr Michael Lowe, Geriatrician, Minister for Senior Territorians, Rob Knight*

The Student Section continues to meet regularly, both formally through 6-weekly teleconferences of the State representatives and informally through State-run events.

The South Australian group, headed by Chris Materne, meet regularly for coffee. Email Chris at [SASStudentRep@aag.asn.au](mailto:SASStudentRep@aag.asn.au) if you are interested in attending.

The Victorian group, headed by the newly elected State representative Joanne Mihelcic, will be holding a seminar session for students due to present at the upcoming Regional Congress. This will be an informal opportunity to practice your presentation and receive feedback in a supportive environment. Further details will be available shortly, and feel free to contact Joanne at [VictoriaStudentRep@aag.asn.au](mailto:VictoriaStudentRep@aag.asn.au) if you have any queries.

*You may have heard at your Division AGMs plans for changes to the governance structures of the AAG. Kirsten Moore, representing the Student Section, attended an extraordinary meeting of the Council in August to make recommendations for a way forward. There was plenty of discussion about how to best represent the Student Section on the new Board. The proposal was for a Board Director to engage with the Student Committee and report to the Board on matters affecting AAG students and emerging researchers. Further details of the Council Recommendations are provided in the introduction section of this newsletter. At the AAG AGM in October 2011, members will be asked if they support the proposed changes in principal in order for the AAG to take the necessary next steps of drafting a constitution for the members' consideration.*

If you have any concerns or queries regarding these changes, or any other matters you would like addressed at the next teleconference, please contact Kirsten Moore, National Student President at [StudentPresident@aag.asn.au](mailto:StudentPresident@aag.asn.au)

The Student Section has recently developed a Facebook page (search AAG Student Section). It has been set up in an attempt to link students and emerging researchers in gerontology, particularly in the short term for the lead-up to the Regional Congress (link provided), and to provide an avenue for sharing information.

### **Regional Congress planning**

Planning for the Regional Congress continues to be strong as we move toward the last 2 months of preparations. There are almost 150 students registered for the Congress, with many from our neighbouring Asia/Oceanic countries.

There are still places available for the Healesville Sanctuary Day trip planned for Saturday October 22. It promises to be an opportunity to network with National and International students and emerging researchers, while enjoying an iconic Australian BBQ in the bushland surroundings of the Sanctuary.

Given the large numbers of students attending the Congress, the student and emerging researcher dinner planned for the Monday evening will not be a "sit-down" affair, but rather a gathering at a local bar where drinks and bar meals can be purchased. Again, this will provide an informal opportunity for meeting other like-minded students and emerging researchers.

The Student and Emerging Researcher AGM will be held on Monday October 24 from 12.30 – 1.00pm in one of the conference break-out rooms (details to be advised in the program). Nomination forms for vacant positions will be circulated shortly.

### **Emerging Researchers in Ageing**

There continue to be wide-ranging and informative virtual seminars run on a bi-monthly basis by the Emerging Researchers in Ageing initiative. Every effort is being made to set up as many nodes at universities as possible, to ensure a wide range of students and emerging researchers can attend.

Two excellent presentations have been held recently:

Professor Keith Hill spoke about “research development –working with different partners” providing insights into how best to work with different partners to build research collaborations.

Glenn Rees (CEO of Alzheimer’s Australia) spoke on “Alzheimer’s Organisations as agents of change”. He was followed by Chris Hatherly, who is a recent PhD graduate and former AAG National Student President, now a Project Manager, National Quality Dementia Care Initiative. Chris spoke from a recent PhD perspective of how PhD graduates fit into advocacy organisations.

Refer to the website <http://www.era.edu.au> for more details of upcoming events.

### **Congratulations!**

Congratulations to two Adelaide University students, Jennifer Buckley and Helen Feist, who have successfully completed their PhDs.

Well done to both of you for your hard work and perseverance.

Jennifer Buckley’s thesis is entitled: Ageing in the 21st Century – Are Baby Boomers Prepared? A Study of Preparation for Later Life in a Context of Social Change.

Helen Feist’s thesis is entitled: Social Spaces, Rural Places: Ageing-in-Place in Rural South Australia.

*Claudia Meyer, Immediate Past National Student President*

### QUO VADIS Presidential Address

Gary R. Andrews

#### Introduction

Welcome to this last plenary session of the first Asia/ Oceania Regional Congress of the International Association of Gerontology. It is my task this morning to try to draw together the issues which have been canvassed during this week, to look critically at the Region and to try to identify regional issues and suggest future directions for action. I am sure you will agree it is no mean task.

This Congress itself reflects both the diversity of the Region, (there are 14 countries represented here), and on the other hand the commonality of a great many of the issues we face. Thus, Asia/Oceania is characterised by countries which differ widely - culturally, geographically, politically, economically and even climatically. In addition, unlike the European, North American or Latin American Regions, the distances which separate us are by contrast vast. Our constituency is as yet ill-defined and it was the coming together of the two far ends of the Region represented by Australia and Japan that, in spite of all these factors, made possible the emergence of this fourth IAG Region as an entity. The proceedings of the Congress however, have clearly underlined the degree to which we share the common problems of an ageing population. The global nature of this issue is illustrated by the opening words of a UN working paper on Problems of the Elderly and Aged which states:

During discussions held by the General Assembly at its thirty-third session it was emphasised that all the regions of the world were witnessing an increase in the absolute and relative size of their ageing population. This phenomenon, coupled with the increased emphasis on development, has serious social, health and economic implications for societies as a whole and for the ageing in particular. It is a topic of growing concern to many developed and developing countries. For this reason, the General Assembly decided to convene a World Assembly on the Elderly in 1982. To illustrate the scale: in 1950 there were approximately 200 million persons 60 years of age and over throughout the world. By 1970 this figure had increased to 307 million. Projections to the year 2000 indicate that this number will increase to nearly 580 million, or by 90%, while the increase in the population as a whole for the same period is 70%. That this is a major issue for the developing countries is well illustrated by the fact that for developed countries the increase in population as a whole will be 21% from year 1970 to 2000, while for those aged 60 years or over it will increase by 54%. In the developing regions the proportionate increase of the older population is even more pronounced; while an 88% increase is anticipated for the population as a whole, over the same period the increase in those aged 60 years and over will be no less than 123%. The impact of these demographic changes may be expected to be very great indeed.

The sheer weight of the numbers would of themselves be directly felt, but the consequences upon the economy and the allocation of resources are even greater, as was brought home to us so graphically by the first three papers of this Congress delivered by Dr McFadyen, Professor Maruo and Mr Dixon. The real issues relate not so much to the numbers as much as to the disproportionate needs of the elderly for health and welfare services - so that their increasing requirements could swamp health and social services. The social implications of ageing also go beyond the question of numbers and proportion of the aged in society. Changes in traditional family structure and in developing countries, particularly increasing urbanisation and industrialisation plus accompanying mass migration of the younger and better educated segments of the rural population to the larger cities, mean that in many areas the elderly increase disproportionately and are left without traditional resources and social support, particularly from younger family members.

Throughout the week, during the plenary sessions, issues of retirement and its implications, the attitudes of the community towards ageing and the aged, the need for education, for sound data, for consumer recognition and for decisive, informed and sensitive decision and policy making have all been canvassed. Some debate around all of these issues will of course go on forever, but what is surprising is the extent of agreement which exists as to what are the issues and even, if to a slightly lesser extent, agreement as to how they might be tackled. There has been very clearly throughout the week growing awareness of the gains to be achieved by pooling regional skills and resources and seeking common solutions. All of our countries - both developed and developing - have too scant professional and other resources devoted to research, education and services for the ageing population. We have much to gain from regional co-

operation, a great deal to learn from one another and, in addition, as we have illustrated by this exercise, something to offer the rest of the world.

## **The workshops**

At the outset it was made clear that this Congress was to be a participatory affair and to that end you all had the opportunity to contribute through the workshop sessions - indeed I did not begin to put this final paper together until after the workshops concluded. What I want to do now is feed back to you what came out of those deliberations.

The workshops you will remember were to deal with four topic areas:

1. National priorities
2. Professional education
3. Industry, labour and the community
4. Data, planning and analysis

While variability within the region, variation in individual perspectives and the multidisciplinary nature of the exercise inevitably mean diverse approaches emerged, a pattern of ideas is discernable from the reports and I would like now to try and trace that for you.

### *National priorities*

The workshop of national priorities used, for small group discussion, the United Nations list of humanitarian issues related to the specific needs of the ageing:

- Health
- Housing and environment
- Social welfare
- Income security
- Education
- Family

*Regarding health* - a major issue was seen to be the allocation of financial resources to achieve better health services for the elderly at state and regional level - implying a significant change in present emphasis on acute episodic care and a real shift in priorities to reflect changing needs. It was argued that the governing principle in health care delivery to the aged should be to maximise independence of health service recipients and not to encourage or maintain dependence. Health education, health promotion and preventive health care were seen as important components of health services and should be integrated with existing campaigns. Broadly, there was a plea for holistic, decentralised, coordinated, humanitarian health care services for the aged.

*In housing and environment* - the main emphasis was on greater provision, greater variety, fostering of independence and the development of national policies and objectives so that provision could genuinely be tailored to individual needs.

*The social welfare group* - raised the issue of welfare state provision versus individual responsibility, and here you will remember Sir Macfarlane Burnett's opening address in which he made a plea for self-help, also implying individual responsibility and the avoidance, where the choice exists, of health damaging practices. I particularly enjoyed his reference to the classic age of Greek civilisation of the 5th and 4th centuries BC and the question of whether the intense creativeness and the correlation between great achievement and longevity have something of great value to tell us about how we should live as we approach the 21st century AD. It was interesting that the small group discussing social welfare gave research into the biology of ageing as a major priority, so Sir Macfarlane may have had greater impact than he had hoped.

*Under the heading of income security* - several problems were identified, including major maldistribution of wealth, the dilemma facing governments with increasing needs and the resistance to increased taxes. A guaranteed minimum income was seen as fundamental. Education was seen as a priority in itself, the main emphasis being on the need for achieving wide attitudinal change issuing all the means available along with education, for retirement schemes.

*The family* - was seen as still being the basic nucleus of society and ways and means of strengthening the role of the ageing in the family were strongly stressed. In general, the group accepted four basic themes

around which the issues that had been raised might be grouped and analysed; *Separation* - the question of whether there should be specific policies directed at questions of ageing, or whether such an approach is in itself discriminatory and negatively based; *Need* - should it be taken account of and if so, how is it to be measured;

*Intervention* - the question of the appropriateness of political and governmental intervention and how should such intervention be structured and the relationship to the social structure as it currently exists. And finally the fundamental question of *affordability* which highlights the importance of the inevitable underlying value judgements which apply.

In the end no clear priorities could be said to have emerged, illustrating the conflict between all that is ideal and the harsh political, social and economic realities of what is available - what can be given and what can not. The need then to set priorities at national level is undeniable and the development of mechanisms to achieve this are essential.

### *Education*

The education workshop approached the question from two perspectives not in conflict but complementary, one with the other; on the one hand, professional and institutional education and on the other, a holistic and community based approach which stresses ageing as a natural process.

In terms of content, the need was stressed for an interdisciplinary approach and the possibility was raised of developing a core programme inserted into the various health professional courses. The question of environment and, in that content, the relative merits of hospital based and community based care were discussed and it was considered vital that the acute general hospitals provide facilities for geriatrics in specialised units and wards. Beyond the hospital, considerable emphasis was placed upon ageing as a normal process - one where the individual's home was a natural environment. Methods were discussed and the need was seen for many aspects of ageing being incorporated into existing curriculum structure. The need to emphasise a positive approach was stressed and student participation and situational experience through clerkships and placement were seen as most important. Clearly it is vital that teaching in this context be interesting, stimulating and authoritative so as not to be counterproductive and reinforcing of negativistic attitudes.

While vocationally oriented undergraduate and postgraduate training was seen as vital, education regarding the elderly should involve the whole community through the schoolroom, media, politicians and administrators. The need for emphasis to be placed upon assessment and teamwork was expressed by the group, as was the importance of research. Clearly, teaching aides and training programmes for teachers are things which among others, could be very fruitfully shared through the Region.

*Industry, labour and the community* The group dealing with industry, labour and the community tackled their task on a small group basis looking at the key issues of retirement policies, job sharing from a management and union perspective and the wider community issues. In dealing with these questions there emerged a close relationship with the other workshops' deliberations. Again the emphasis was on a positive, aggressive, holistic approach integrating retirement and age, pension rights, retirement planning, economic and other support, retirement options including phased retirement and job sharing. There was considerable emphasis placed upon education which would begin as early as possible, be experiential as much as academic, and provide opportunity for intergenerational contact. The recommendations of the group brought together the notions of education beginning with life preparation teaching in the home and early school, through to preretirement teaching beginning earlier in the work context with the support of industry and unions, with emphasis being placed at least as much on attitudes and behaviour as on factual material. A need was seen for broader community education based upon research findings. Many of the practical issues associated with these concepts were discussed and what clearly emerged was a need to identify potentially worthwhile programmes, seek public and private (including from management and unions), funds for implementation, research, evaluation and review so that progress may be made to a whole range of worthwhile ideas which need to be put into active practice. Consumer or client involvement in planning, administering, evaluating and developing programmes was seen as essential and the need to ensure a dynamic and flexible approach was underlined.

*Data, planning and analysis workshop* Accepting the emergence of ageing as a major issue on a global scale for both developed and developing countries, the need to underpin policy formulation and decision making with factual data rather than rhetoric was spelled out by the data, planning and analysis workshop.

A fundamental issue is the recognition of the importance of research into the problems of the ageing themselves - of particular importance are the problems of how ageing issues arise out of and are modified in the process of economic and social development in the modern nation.

Studies of ageing in both developed and developing nations on a collaborative basis will be necessary to solve these problems and clearly this is a concrete way in which this Region could contribute. This would involve descriptive analytic relationships between important parameters of the ageing process and knowledge of application of policies and programmes directed towards the problems of the aged. The present research areas in this respect were seen to suffer from a fundamental lack of coordination. There is a need for overall guidance of research/data gathering programmes within countries and within the parameters of internationally recognised conventional standards. There is a need for national institutes that would be responsible for supporting and conducting meaningful multi-disciplinary research into ageing issues and this should lead towards the dissemination of cross-national information for the region. It was agreed that it is preferable to identify the problems of the aged before focusing on needs. In the process of identifying the problems, effort should be directed to identifying the "core issues" of the region as a whole.

Various subject areas were considered important in identifying priority areas in need of investigation, utilising official statistics, records and special field investigations. In this connection, it is felt desirable that:

1. Information from the round 1980 censuses should be analysed.
2. Projection specifically of the aged population should be made using alternative mortality assumptions.
3. Development of public-use census sample data should be implemented for more detailed analytic studies.

Discussion of data gathering issues was categorised under the four headings of demographics, social, economic and health. It was also argued that attention would be devoted to the macro/micro, national/individual, objective/subjective aspects of the approaches which might be taken in each of these areas.

In broad terms, deliberations of the workshop focused mainly upon:

1. The lack of data and the lack of certain classifications amongst sets of data.
2. The lack of specific data, particularly age-specific, of old age.
3. The lack of coordination, and therefore breadth and completeness, evident amongst the collection of data and in more formal research measures — at both national and regional levels.

Priorities for research were divided and suggested as:

#### 1. *Demographic*

Provision of age-specific description of age, sex, marital status, urban/rural distributions, and the trends and impacts of migratory influences upon these.

#### 2. *Social*

Investigation and analysis of the influence upon social integration of the old by: the above, and social structures - particularly those of family/kinship and communal structures.

#### 3. *Economic*

Description and investigation of financial resources and status, consumption patterns and employment/retirement status.

#### 4. *Health*

Priorities were particularly: description of mortality and morbidity patterns; assessment of immobility and dementias and other chronic states; availability and utilisation of health resources, with reference to the places of prevention and education. The problems concerning classification systems were noted with concern, particularly in the chronic and disabling states. Major means of attainment were assessed to be, most appropriately: the use of officially collected data and adaptation/specification of that data - including vital statistics, census and other official sources. The importance of the old population should be stressed to planners/collectors of such data, as should be development and use of records, especially in health and other service bases, with design for data collection. And, finally, the conduct of special investigations, purpose-designed and including the use of survey techniques, should also be stressed.

### **Conclusion**

From the several workshops a number of recurring themes emerged including emphasis upon education (particularly early education) and attitudinal development. A frequent plea was made for prevention and normalisation rather than a traditional curative focus. The World Assembly which is planned for 1982 is, in the terms of the report of the Secretary General, "conceived of as an important means of stimulating and providing guidelines for action by national governments and international organisations in their attempts

to achieve concrete solutions to the various issues related to ageing". Because of, rather than in spite of its diversity, this Region has in my view a very real potential for sharing information, skills and resources in a way which will be beneficial to all of the countries developed and developing within the Region. The activities of the World Health Organisation, which is holding a parallel workshop at this meeting and which plans other regional meetings, and the regional preparatory work of the United Nations, will stimulate great interest and activity around these issues; it may well be the Asia/ Oceania Region of the IAG with its voluntary, apolitical, multidisciplinary, professional base could become the vehicle for building on the current flurry of activity. The ongoing activities of the Region may be vital in ensuring that the work is carried well beyond 1982, and that there continues at least in this Region to be a realistic awareness of the importance of ageing at every level, and a willingness to seek to know more and to apply current knowledge to the provision of appropriate programmes which ensure that the prospect of the next century does not become overwhelmingly daunting in the face of an unprecedented, and the almost unimaginable (more than) doubling of the aged population in this Region. And this being an increase in population of which, I remind you, the vast majority of us would hope to contribute to.

That concludes all I have to say about the workshops; this report in a more detailed form will be published in the proceedings and, along with papers presented at the plenary sessions of this Congress, will form the basis of this Region's submission to the IAG Congress in Hamburg next year and subsequently to the World Assembly on the Elderly in 1982.

### **Closing remarks**

I am sure you will agree with me that the week has been an undoubted success - both scientifically and socially - and we will all leave with a feeling of having gained information of value in our future work. New friends have been made and old friendships renewed and perhaps we have obtained an even greater commitment to vigorously tackling the many issues that have been raised with greater confidence than before. The organisation of the Congress and indeed the fact that it came about at all, attests to the very great enthusiasm, dedication and skill of many people. Our thanks are particularly due for the organising work of the Asia/ Oceania Region Secretary, Mrs Ruth Inall; for this week and for many other things we are in great debt to Ruth. The Victorian Division of the IAG and particularly Mrs Marion Shaw, its president, and Beth McCrae as Secretary, have also worked tirelessly and devotedly before and during the Congress to make it the success it has been. There have been many others who have contributed to the massive amount of "behind the scenes" work and while they are too many to name — on your behalf I thank them all.

The formative stages of the Region and this Congress have been very much a Japanese/Australia initiative and I would like to acknowledge all of the help and support we have received from our Japanese colleagues on the executive of the IAG and the Region. The international character of the meeting would not have been possible without the help which was received from all of the organisations acknowledged in the front of the programme, namely:

- The Australian Department of Foreign Affairs;
- The Australian Development Assistance Bureau;
- The Australian Japan Foundation;
- The World Health Organization;
- Sandoz Pharmaceuticals Ltd.,

all of whom assisted us in bringing overseas delegates to Australia.

In addition, thanks are due to the Victorian Government, the Health Commission of Victoria and the Health Commission of NSW for their material and other assistance. Finally I would acknowledge all of the help we have received from Qantas in relation to this occasion and in the conduct of the affairs of the Region generally.

Much has been said throughout the Congress of the very great contribution of the late Dick Gibson to gerontology and geriatrics during his life and I will not say more about that except to acknowledge that I have been a caretaker. In conceptualisation and in spirit this first Asia/Oceania Region Congress of the IAG was in every sense his Congress — I think he would have been well pleased with the result.

*Chairman, Asia/Oceania Executive Committee, International Association of Gerontology. Professor of Community and Geriatric Medicine, Director, Department of Community Medicine, Westmead Centre, Westmead NSW 2145, Australia.*

### 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.

The conference has been endorsed by the Royal College of Nursing, Australia, according to approved criteria. Attendance attracts 40 RCNA Continuing Nurse Education (CNE) points as part of RCNA's Life Long Learning Program (3LP).

Accommodation booking deadline: 23 September 2011

P: +61 3 9682 0500

Keynote speakers [announced](#)

Registrations now open through the [website](#).

[Email](#)      [Website](#)

### AAG STATE EVENTS

#### AAG Queensland

**17 October 2011 BRISBANE, QLD**

*Cross-cultural gerontology research methods: challenges and strategies*

A presentation by the 2011 AAG Gary Andrews Visiting Fellow, Prof Iris Chi.

Time: To be confirmed watch the [website](#)

Venue: University of Queensland/Blue Care Research and Practice Centre, 56 Sylvan Road, Toowong.

[Email](#)      [Website](#)

#### AAG ACT

**19 October 2011 CANBERRA, ACT**

*Evidence-based policy and practice in elder care*

A presentation by the 2011 AAG Gary Andrews Visiting Fellow, Prof Iris Chi.

Time and venue to be confirmed. Watch the [website](#)

[Email](#)      [Website](#)

#### AAG Victoria

**20 October 2011 MELBOURNE, VIC**

*Public Forum: Ageing today – Different Perspectives on Growing Old*

Time: 5.30 for 6pm start

Venue: Zinc, Federation Square, Melbourne

RSVP: [Bill Snaddon](#) or +61-3-9633 0025 Numbers limited, please register

Cost: Free event

[Email](#)      [Website](#)

## **AAG TAS**

**21 October 2011                      HOBART, TAS**

*Intergenerational relations and mental health among the Chinese older adults*

A presentation by the 2011 AAG Gary Andrews Visiting Fellow, Prof Iris Chi.

Time and venue to be confirmed. Watch the [website](#)

[Email](#)            [Website](#)

## **AAG Western Australia**

**27 September 2011                      PERTH, WA**

*AAG and ACSWA Joint Event*

*Community Care: The New HACC Assessment Framework*

Venue: Technology Park Function Centre, 2 Brodie Hall Drive, Bentley, Western Australia 6102

Registrations: 3.15pm

Presentations: 3.30pm - 6.30pm

[Email](#)

## **NATIONAL CONFERENCES AND SYMPOSIA**

### **September**

**21-22 September 2011                      MELBOURNE, VIC**

*Aged Care Nurse Managers (ACNM) Conference 2011*

[Email](#)            [Website](#)

**22-23 September 2011                      SYDNEY, NSW**

*5<sup>th</sup> 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.

**21 September:** Free Public meeting. *Alzheimer's and you? Prevention and Treatment of Dementia*

[Email](#)            [Website](#)

**22-23 September 2011                      SYDNEY, NSW**

*5<sup>th</sup> Annual National Dementia Research Forum – Translating Research into Practice*

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.

[Email](#)            [Website](#)

**28-30 September 2011                      MELBOURNE, VIC**

*Australia's Ageing Population Summit 2011 – Working towards a consumer focused system for the ageing population.*

[Website](#)

## October

**17 October 2011**                      **SYDNEY, NSW**

*National Health Conference 2011*

P: 1 800 032 577

[Website](#)

**31 October 2011**                      **SYDNEY, NSW**

*Acute Care: Delirium and Dementia Study Day*

[Website](#)

## November

**2-4 November 2011**                      **BRISBANE, QLD**

*10<sup>th</sup> National Conference on Injury Prevention and Safety Promotion*

Registration now open.

Pre conference workshops: 1 November 2011

[Email](#)

[Website](#)

**6-8 November 2011**                      **GOLD COAST, QLD**

*Aged Care Association Australia (ACAA) 30<sup>th</sup> Annual Congress*

[Email](#)

[Website](#)

**10-11 November 2011**                      **MELBOURNE, VIC**

*Dementia and Recreation National Conference 2011*

[Email](#)

[Website](#)

**24-25 November 2011**                      **SYDNEY, NSW**

**10<sup>th</sup> National Emerging Researchers in Ageing Conference**

This is the only national conference in Australia focusing exclusively on the work of higher degree research students undertaking research in ageing across a range of disciplines. Now in its tenth year, the conference presents a unique opportunity for higher degree research students to come together to share their research.

[Email](#)

[Website](#)

## 2012

**May 2012**

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

*24<sup>th</sup> ACAA-NSW Congress 2012*

[Website](#)

## INTERNATIONAL CONFERENCES / SYMPOSIA 2011

### September

**18-20 September 2011**                      **NICOSIA, CYPRUS**

*Ageing & Health in the Eastern Mediterranean Region*

[Email](#)

[Website](#)

**27 September 2011**                      **OXFORD, UNITED KINGDOM**

*'Generational Sexualities'* - A one-day event to bring different generations of Sexualities researchers into dialogue.

Venue: St. Antony's College, University of Oxford

Speakers: Professor Ken Plummer, Professor Jeffrey Weeks, Professor Diane Richardson, Professor Mairtin Mac an Ghail, Dr. Jon Binnie, Professor Stephen Whittle OBE

[Email](#)

[Website](#)

**28-30 September 2011 DUBLIN, IRELAND**

*1<sup>st</sup> International Conference on Age-friendly Cities*

[Email](#)   [Website](#)

**October**

**16 October 2011 NEBRASKA, USA**

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

[Website](#)

**16-19 October 2011 WASHINGTON DC, USA**

*EAHSA / 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](#)

**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 **9<sup>th</sup> IAGG Asia / Oceania Regional Congress** in Melbourne, Australia.

Accommodation booking deadline: 23 September 2011

For the latest news, click [here](#)

P: +61 3 9682 0500

[Email](#)   [Website](#)

**November**

**2-3 November 2011 DUBLIN, IRELAND**

*International Conference: Ageing Globally – Ageing Locally*

[Email](#)   [Website](#)

**18-22 November 2011 BOSTON, USA**

*64<sup>th</sup> Annual Scientific Meeting of the Gerontological Society of America: Lifestyle – Lifespan*

Registrations now open – early bird registration available until 13 September 2011.

[Email](#)   [Website](#)

**25-27 November 2011 TAIPEI, TAIWAN**

*International Conference on Frailty Research 2011*

Organised jointly by APLCGG, TAGG and IAGG's Global Ageing Research Network, focusing on Issues of Frailty Affecting Seniors

[Email](#)   [Website](#)

**2012**

**January 2012**

**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](#)

## May 2012

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

*IFA 11<sup>th</sup> Global Conference on Ageing – "Ageing Connects"*

[Email](#)    [Website](#)

## June 2012

**10-13 June 2012 COPENHAGEN, DENMARK**

*21<sup>st</sup> Nordic Congress of Gerontology*

[Website](#)

## September 2012

**17-21 September 2012 NEW DELHI, INDIA**

*TRANSED 2012: 13<sup>th</sup> International conference on 'Mobility and Transport for Elderly and Disabled Persons'*

[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](#)

## 2013

**23-27 June 2013 SEOUL, KOREA**

*IAGG's 20<sup>th</sup> 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](#)

**For more international conferences, click [here](#)**

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## TRAINING

### End of Life Care Master Classes

Join UK Expert Les Story in this full day practical master class which draws upon the UK approach of reducing hospitalization and providing individual choice for individuals nearing the end of their life. Registrations now open.

#### Dates and venues:

11 October 2011	Auckland, New Zealand
13 October 2011	Christchurch, New Zealand
17 October 2011	Melbourne, VIC
19 October 2011	Sydney, NSW
21 October 2011	Brisbane, QLD
24 October 2011	Alice Springs, NT
26 October 2011	Adelaide, SA
28 October 2011	Perth, WA

[Email](#)    [Website](#)

## **22-24 November 2011    TAIPEI, TAIWAN**

A Master Class on Ageing is organized to train young geriatricians with research potentials. This Course will be held at the Taipei Chien Tan Activity Centre on November 22-24, 2011. Eight international tutors have accepted to share their know-how and experience during the 3-day event.

[Website](#)

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## **INFORMATION RESOURCE**

The Lincoln Centre for Research on Ageing recently launched a new information resource for clients with Mild Cognitive Impairment and Early Dementia and their families at the ASSBI conference in Auckland. The content is based on findings from literature reviews, clinical expertise and qualitative feedback from clients and families. This new information resource aims to:

Provide individualised information provision about cognitive, psychosocial and practical management strategies for clients and families

Facilitate early intervention and support when the client remains capable of learning and benefitting from coping strategies

If you are interested in downloading a free copy of the new resource, click [here](#).

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