



AUSTRALIAN ASSOCIATION OF GERONTOLOGY NSW NOTES



WINTER

JULY 2006

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2006 RURAL CONFERENCE

“Positive Ageing – Something to Sing About”

Thank you Tamworth for hosting our very successful 2006 Rural Conference. Nearly 150 delegates enjoyed two days of excellent presentations on a wide range of topics grouped under the theme of “Positive Ageing – Something to Sing About”. The conference opened with a delightful performance by the Gumbangerri Elders Choir who came over from Nambucca to sing about positive ageing. Highlights included the keynote addresses from renowned music therapist Dr Ruth Bright, whose paper is reproduced here for you and from the AAG National President – elect Professor Laurie Buys.

Professor Hal Kendig drew attention to the need for greater research and understanding of the issues of ageing in rural areas and the final session on Friday allowed AAG to showcase the strength in ageing research available within the northern regions of New South Wales. The talks from Professors Colleen Cartwright of Southern Cross University, Victor Minichiello of the University of New England and Julie Byles of the University of Newcastle demonstrated that ageing research is alive and well in the northern region.

Delegates enjoyed excellent catering throughout the conference including the dinner held at the Pavilion Function Centre. The venue also received strong ratings in delegate feedback, as well as many comments thanking the East Coast Conferences team for their superb organisation of the arrangements.

We acknowledge with gratitude the strong support we received for the conference from our sponsors Amity Group, Hunter New England Health, NSW TAFE Community Services, and our trade supporters National Relay Service, Tyco Healthcare, Materialised Pty Ltd, Continence Foundation of Australia and Elsevier Australia. I would also like to thank all our colleagues from the Hunter Chapter, especially Professor Julie Byles and Dr Lynne Parkinson for their energy and efforts in organising the conference.

The conference was dedicated to the memory of the late Dr Elsie Harwood, a pioneer in the psychology of ageing.

Felicity Barr
President (NSW Division)



COMING AAG EVENTS

22-24 NOVEMBER 2006 ★★
NATIONAL CONFERENCE
DIVERSITY IN AGEING

Wesley Conference Centre
220 Pitt Street, Sydney

★★★
★

The following papers and abstracts are from the 2006 Rural Conference: "Positive Ageing - Something to Sing About" held on the 23-24 March, 2006 at the Tamworth Regional Entertainment Centre in Tamworth

MUSIC, A STRATEGY TO CREATE SOCIAL LINKS FOR OLDER PEOPLE

Presenter & Author: Dr Ruth Bright
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Music, as the neurologist Oliver Sacks said, is multi-wired in the brain.

- * When we hear a piece of music, we may respond intellectually (Who wrote it? When?)
- * Or we may respond physically - tap our toes or sway our shoulders to match the rhythm.
- * Or the piece may bring back memories of where - and why we first heard the piece
- * Most powerful of all are the emotions associated with a piece of music - happy memories of a romance, tragic memories of a dying child, and so on.

Music therapists use music in all these ways in aged care, to promote physical activity, stimulate reminiscence, to enhance recreation and laughter, to support counselling in grief resolution. Therapist also use remembered music to support family relationships, especially in advanced dementia, where familiar music is frequently the only means of contact.

But in rural areas, registered music therapists are seldom available, and this paper will not only discuss the topics above, but also suggest ways for others to use music to help their clients.

ACTIVE AGEING IN AUSTRALIA: HOW ENGAGED ARE WE?

Presenter & Author: A/Prof Laurie Buys
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The concept of Active Ageing aims "to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights" (United Nations, Division for Social Policy and Development, 2002). The Australian Active Ageing (Triple A) Study was developed in order to investigate how older Australians age actively, or put more simply, how they engage or participate in life. A 177-item survey was sent randomly to 5800 members of National Seniors residing across Australia. Overall, 2620 responses (45% return rate) were received, with 31% of responses coming from people living in regional and rural areas. Preliminary results show that generally speaking older Australians report having a good quality of life, good health, positive relationships and are active in the community. There are some differences reported by older people living in regional and rural areas. For example they are more likely to engage in voluntary work and to believe they have a sense of direction and purpose in life. Other interesting differences will be highlighted during this presentation.

PRESENTATION AMITY GROUP

Presenter & Author: Mr David Farrugia
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In 1999, David Farrugia together with David Armstrong and Armando Sgroi formed Amity Group Pty Limited. Amity has grown by acquisition and development and now operates 43 residential aged care facilities throughout NSW, Victoria, South Australia, Queensland and the ACT, with approximately 3,500 aged care beds under operation. Amity employs approximately 3,000 permanent and casual employees.

Amity's management includes talented and experienced people in each of the key disciplines required in aged care, including nursing, physiotherapists, diversional therapists, education, hotel catering, building, information systems, financial services, and procurement as well as using leading contractors, consultants and service providers such as architects and planners, interior designers, dieticians, and allied health services.

This presentation is to introduce you to Amity Group and its broad initiatives to improve service delivery and resident care.

More information can be obtained by visiting Amity's website @ www.amitygroup.com.au

CLOSE ENCOUNTERS OF THE THIRD KIND: SEX AND SEXUAL EXPRESSION IN RESIDENTIAL AGED CARE

Presenter & Author: Ms Michele Chandler
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The issue of sexual expression and sexuality in residential aged care has begun to enter the broader debate underpinning quality of life and lifestyle for older Australians. How residential aged care services have begun to address the needs of residents from diverse sexual and cultural backgrounds remains relatively obscure. This paper will address research to date and current approaches to sexual expression in residential aged care. Successful strategies aimed at minimising confusion and enhancing the acknowledgment of sexual expression as everyday concept of positive ageing will be presented.

RURAL INTERVENTIONS TO PREVENT FALLS IN THE ELDERLY: A REVIEW OF THE EVIDENCE

Presenter & Author: Ms Karyn Blackman
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Each year at least one in three people aged over 65 will experience a fall. Falls are a major source of injury and death in elderly people. Research shows that interventions can be effective in reducing both the risk factors for falls and the incidence of falls.

This paper explores the question of whether falls prevention interventions, which have proven effective in metropolitan areas, are transferable to rural settings.

More specifically, the key elements, which may impact upon the delivery of rural falls prevention programs, are examined against the currently available literature on falls prevention. A critique of past rural programs is presented and implications drawn for clinical practice.

The literature confirms that the rural environment gives rise to a unique set of circumstances, health requirements and health service provision issues. However to date, there have been few published rural falls prevention research trials. Differences in design and delivery make it difficult to draw implications for evidence-based practice.

The distinct characteristics and needs of rural communities are likely to determine the types of fall prevention programs and service delivery methods that can be effectively used in the rural context. Further research is needed to establish the programs and characteristics of programs, which will prove effective in rural contexts.

These research outcomes are essential to guide the practice of rural clinicians, the decision-making processes of rural health services and ensure that rural communities have access to effective and appropriate falls prevention programs.

HACC LINKS TO HEALTH: THE HHELP PROGRAM, A COMMUNITY NURSING PROGRAM THAT IS PROVIDING HACC SERVICES AND CLIENTS WITH ADDITIONAL SHORT-TERM ASSISTANCE DURING EPISODES OF ILLNESS OR INJURY

Presenter & Author: Mr Gary Bruderlin
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The intent of this paper is to present a project that links HACC services to Health services through the Community Nursing Service. The presentation will also demonstrate how the program has evolved along with the changing needs of the community.

The HHeLP program aims to support HACC services and HACC clients with additional support during episodes of illness or injury. The program is able to provide varied levels of care that includes domestic assistance, personal care and nursing, up to twice a day, seven days a week. The HHeLP program can provide additional support for the HACC service or can take over full care of the client for the negotiated period.

In an attempt to continue to provide a service that meets the needs of the client and the HACC services, strategies have been developed to assist the program evolve with the changing environment. The model used by HHeLP ensures efficient provision of care and ensures timely discharge from the program. 2 key components developed to achieve this outcome are:

1. Improving shared care arrangements with HACC services
2. Developing a role for an Enrolled Nurse to attend regular re assessments of HHeLP clients

Another project managed by the HHeLP program is EPAC. This program began with discussion between HACC services, Community Nursing and the Emergency Department. EPAC is health funded and accesses the HHeLP staff employed to work evenings. EPAC provides a weekend after-hours service to support safe transfer from hospital to home. The service includes meal preparation, medication administration, driving the patient home, buying bread milk etc.

EMPOWERING THE AGEING: SOMETHING TO SING ABOUT

Presenter: Ms Audrey Guy
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This paper deals with a newly recognized problem, the lack of participation of the aged in the discussion of, and research into, the effects of an ageing population. It compares the current situation in ageing research with the previous situation of Aboriginals and women, when neither group were involved, except at a token level, in issues affecting them.

The advisability of empowering the ageing in the research process, and the effect of this, firstly through the increased accuracy and appropriateness of research provided by the additional knowledge and experience of the ageing population, and secondly, the added value to ageing people provided by the empowering process, is addressed.

The paper identifies the means by which the aged could be empowered. This includes involvement at the local level, and the establishment of a register of appropriate and willing ageing people to act as representatives in a wider context.

Inclusion of representatives of the ageing population needs to be at all stages of the research process, from the research questions, establishment of the methodology, execution of the research, the evaluation and translation into policy.

Current literature utilizing aged knowledge and expertise is evaluated as an additional argument for the inclusion of the aged in ageing research.

The paper refers, where possible, to the different situation of the ageing living in a rural environment.

GELOTOLOGY IN GERONTOLOGY: INTEGRATING HUMOUR THERAPY INTO DEMENTIA CARE

Presenter: Ms Helga Merl
Authors: Helga Merl and Christine Edwards
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This paper will explore the interface between gelotology and gerontology. It will elucidate the nature of Gelotology (the study of humour and its effects on the human body) and portray a snapshot of the evidence base that supports “laughter as the best medicine” in Aged Care and Dementia Care. The physical, psychological, social and spiritual benefits of laughter in

Aged Care/Dementia Care will be discussed. The paper will then go on to outline practical ways of implementing humour therapy in aged/dementia care and finally it will show the evaluation of such a programme on the Central Coast NSW and the implications for practice development that this initial evaluation raises.

In April 2005 the integration of humour into Aged Care and Dementia Care on the Central Coast was achieved through the implementation of LaughterBoss workshops. Thirty participants from Aged Care and Dementia Care attended the workshops facilitated by Dr Peter Speitzer aka Dr FruitLoop and Dr Twang (clown doctors from the Humour Foundation) in partnership with Central Coast Dementia Advisory Service and the Central Coast Primary Dementia Care Network.

Methodology: The project was evaluated through an initial satisfaction survey and pre and post testing (3 months later) comparisons

Results: The results were startling including

- Increased confidence of participants working with people with dementia
- People with Mild, Moderate and advanced dementia responding positively to LaughterBoss
- Fewer reported behaviours of concern

The evaluation and implications for practice will be a focus of this paper.

A PALLIATIVE CARE APPROACH TO PAIN RECOGNITION AND MANAGEMENT IN DEMENTIA UNITS

Presenter: Dr Isabel Higgins

Authors: Dr Isabel Higgins, Prof Julie Byles, Conjoint Ass Prof Kim Wylie, Ms Yvonne Rhor, Mr Ron Sams, Ms Lynne Stapelton, Ms Bronwyn Downing

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The aim of this presentation is to discuss the findings of a pilot project which compares two methods of pain assessment – Palliative Care with Dementia Care Mapping (PCWDCM) and the Abbey Pain Scale - as a pathway to pain management.

There have been few studies that have addressed the problems of detection and management of chronic pain in older people with advanced dementia. In 2002, there were 162,000 people with dementia. By 2016 it will be the major chronic illness with those with advanced dementia living in residential aged care facilities. Dementia is a terminal illness where quality of life can be significantly reduced by the experience of pain. The prevalence of unrelieved pain in residential aged care is as high as 83%, and more than 50% of residents are cognitively impaired. Even so, currently, palliative care is not provided routinely in residential aged-care facilities for people living with dementia, although research evidence suggests that a palliative approach in advanced dementia is appropriate.

The Australian Palliative Care Project (2004) has recently developed guidelines for implementing a palliative care approach within residential Aged Care Facilities, and these are now being operationalised. Within the guidelines it is acknowledged that the detection and assessment of pain in people with dementia is problematic because of cognition and communication problems. For this reason, while the most acceptable approach to pain assessment is self-report, in those with dementia behaviour monitoring has been advocated (APAC, 2004). Dementia Care Mapping (DCM) – an observational tool used to identify specific behaviours and changes in behaviour and well-being or ill-being - and the Palliative Care framework are underpinned by a holistic, person-centred belief in care and treatment. Given that detection and assessment of pain using indicators of specific behavioural change is essential to good pain management, it is anticipated that the use of a palliative approach in the dementia setting in combination with the DCM observational approach will vastly improve the quality of care and end of life for people living with dementia.

KEEPING THE DOORS OPEN: SINGING FOR YOUR SUPPER AFTER 50

Presenter & Author: Ms Beryl Shaw

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Purpose: To highlight the reality of changes in the lives and professions of individuals over 50 years – and how we may encourage this shift of perception, to enhance the lives of older citizens.

The past 20 years have seen radical shifts in people's expectations for themselves past the age of 50.

We look for healthier bodies, minds honed by our years. Simultaneously, the spectre of loss is held up to us through informed research, informed and ill-informed journalism, often exhibiting a general pessimism about what may be possible.

More women and men go against the negative stereotypes every day, owning, running, working in fulfilling professions of all types – or extending their talents for their own growth.

Referencing current medical research and general publications, Beryl Shaw, aged 71, will compare these findings to the reality of lives as lived, citing parallels and differences. She will also speak of the new professions she has been successful in, as a professional speaker and author, since 1985 – pinpointing informal research she has undertaken and citing examples of the strategic wisdom she and others use to write their own songs for a new mature age.

INNOVATIVE PRACTICE: CHANGING MODELS OF CARE FOR OLDER PEOPLE IN THE ACUTE HOSPITAL SETTING

Presenter: Ms Carmel Peek

Authors: Carmel Peek, Sally Milson Hawke
Debbie Harper, Dr Isabel Higgins

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Acute care hospitals report significant increases in the number of older people utilising their services. In 2001, for those over 75 years, it was as high as 46% (AIHW, 2002) and it continues to increase consistent with the demographic projections for the ageing population. The quality of care that older people and their relatives receive during acute hospitalisation is influenced by the knowledge, attitudes and practices of health care workers (Courtney, Tong, & Walsh, 2000). Nurses, however, are responsible for the provision of 24-hour care and therefore impact greatly on the quality of care provided in the acute hospital setting. The quality of care of older people in this setting is an important determinant of health for both the patient and his/her relatives. A high prevalence of "geriatric syndromes" (Nair, O'Dea, Limm, & Thakkinstian, 2000) in acute care settings calls for nurses and doctors who have knowledge and understanding of ageing processes and pathology and whose attitudes and practices aim to facilitate positive functional outcomes for older people and their relatives.

The aim of this presentation will be to report on implementation of the Older Persons Model of Care (OPMC) (Peek, 2003). Discussion will highlight the significance this has made in reducing adverse events and improving outcomes for older people whilst they are in the acute hospital setting.

CREATIVE ARTS, WELL-BEING AND THE OLDER PERSON: THE AUSTRALIAN NATIONAL SENIORS' CHORAL FESTIVAL

Presenter: Dr Lyndall Spencer

Authors: Dr Lyndall Spencer Dr Terrence Hays
Dr Ruth Bright, Carmel Lutton

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This paper offers a review and critique of how music can be used to increase the life experiences and well-being of older people living in the community. It uses this framework to describe a project supported by the Churchill Trust of Australia, and conducted as a collaborative project between a number of key organizations within Australia to support an initiative for a national arts project that is specifically focused for seniors. The paper describes the development of the project and discusses the significance of viewing older people as able, valued and life long learning citizens.

THE DETECTION AND MANAGEMENT OF PEOPLE WITH DEMENTIA IN GENERAL PRACTICE

Presenter: Dr Terry Joyce

Authors: Dr Terry Joyce, Prof Dimity Pond

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The aim of this paper is to present a project proposal involving General Practitioners in screening for dementia and using GP dementia management guidelines.

Background: The benefits of early diagnosis of dementia are well documented. For example, it allows the person to prepare for later life while they are still competent to do so. Also, recognition and management of reversible causes can be identified. Co-morbidities such as depression may be recognized and therefore appropriate services and treatment may be put in place. GPs are commonly the first contact point for people with early dementia.

Method: Randomised controlled trial. The study setting is a multicentre one (Newcastle, Sydney, Melbourne and Adelaide) with approximately 40 GPs in total recruited at each site. In the Intervention group, 340 General Practice patients aged seventy five years and over will be tested for cognitive impairment using the GPCOG at each site. Patients identified as suffering from early dementia will be managed by the GP according to GP dementia management guidelines locally adapted for each site. In the Control group, 170 patients will be recruited. In both groups testing using the GPCOG and other instruments to screen for depression and quality of life will occur at the end of 12 months.

Results: This is a work in progress. However, based on an earlier pilot study, it is expected that this cognitive impairment screening tool in conjunction with RACGP dementia management guidelines for treating someone with dementia will lead to improved diagnostic rates and management techniques. Patient and carer outcomes will be measured at the end of 12 months.

HEALTH PROMOTION IN AGED CARE: HOW CAN IT HAPPEN?

Presenter: Prof Hal Kendig

Authors: Hal Kendig, Kate O'Loughlin

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There is increasing recognition of the potential and benefits for promoting the health of older people who are healthy and living in the community. But do we devote enough attention in policy and practice to promoting the health of older people who are dependent and receiving aged care? This address reviews some evidence in support of the case that health promotion should be a priority in aged care. A review of policy documents and related research literatures, however, uncovered relatively few but important examples of care programs with a focus on promotion; for example, in maintaining independence, applying principles of self management, enabling supportive environments, and hastening rehabilitation. The paper considers some of the policy and practice contradictions when care programs attempt 'non-core' health promotion that may be important and cost effective but difficult to measure either in its outputs or impacts.

ETHICAL DILEMMAS...HOW CAN WE ASSIST CARERS OF PEOPLE WITH DEMENTIA?

Presenters: Ms Elaine White, Diana Ford, Frances Dumont

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As health professionals we make decisions relating to people's health care every day. Carers, on the other hand, have personal relationships, which can create ethical dilemmas and stress when they are required to make decisions on behalf of the person with dementia.

The issues relating to the capacity of the person with dementia to make informed decisions involve both their ability to communicate their wishes and their ability to understand the consequences of these health care decisions.

When a carer needs to make decisions on behalf of the person with dementia they are often faced with an ethical dilemma which can cause them a great deal of stress. This is more evident when there is family conflict regarding the decisions to be made.

Therefore the aim of this workshop is to assist carers through this stressful and emotional journey. Consequently the workshop's focus is to assist participants to understand what ethical dilemmas are inherent in the provision of care for a person with dementia including:

- Nutrition/hydration
- End of life decisions
- Financial/Living arrangements

The workshop will also develop intervention methods that carers can put into place to assist them in resolving these ethical dilemmas, which may include Guardianship appointment.

The methods used include focus groups to identify the major issues, role play to stimulate interactive discussion and the use of problem solving techniques to formulate practical intervention pathways.

ISSUES, CHALLENGES AND OPPORTUNITIES FOR RURAL AGEING RESEARCH

Presenters & Authors: Prof Colleen Cartwright; Prof Victor Minichiello, Prof Hal Kendig
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Sea change and tree change reflect the growing number of older persons living or relocating to rural and regional Australia. Yet the emphasis of studies and policy initiatives have very much had a city based emphasis. We know much less about the needs and context of older people living in or relocating to rural and regional communities. This symposium will discuss challenges and opportunities that rural and regional communities present to older people including access to health services, transport, and social cohesion and capital. It will also discuss models of service delivery that are appropriate to support such

communities. The symposium aims to develop an agenda relevant to ageing and living in rural and regional Australia.

EXPLORING VISUAL, ORAL AND EMOTIONAL LITERACIES THROUGH THE MATURE MEN MATTER PROJECT

Presenter & Author: Ms Roslyn Foskey
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The Mature Men Matter project has been undertaken as a partnership between the author of this paper and Grant Dodwell of Innerplay. Twenty eight Mature Men Matter workshops were held between February 2003 and March 2005 in northern and central west NSW in collaboration with a range of local, regional, state and national organisations. The project has been based around the Realplay™ theatre methodology using contextualized stories to explore issues of ageing masculinities in a rural context in a process in which the audience has the opportunity to interact with the characters in the scenario performed by experienced actors.

The paper examines some implications for professional practice and development suggested through the experience of co-coordinating and researching the Mature Men Matter project. Through the use of performance the workshop process used in Mature Men Matter is not simply an expert driven exchange of commodities (information, knowledge, status), rather it becomes a dialogue in which all those present are provided with the opportunity to participate. In using stories as a central focus for discussion the Mature Men Matter process can change the dynamics within the group, for this moves the emphasis to reflection on life experience, rather than simply the expression of knowledge. This can open the process to multiple dimensions - physical, mental, social, cultural, economic, environmental and spiritual. This paper incorporates a multi-media presentation using short extracts from footage filmed by experienced ethnographic filmmaker Patsy Asch during workshops in selected sites.

WORKING WITH DIVERSE COMMUNITIES

Presenter & Author: Mr Ivan Skaines
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Purpose/Aim: The purpose of the workshop is to develop an understanding of some of issues facing the diverse members of diverse communities in regional and rural areas of NSW and to identify strategies to address these issues. These communities include people in rural and isolated areas; gay, lesbian, bisexual and transgender communities; Indigenous people; prisoners; people with caregiver responsibilities such as grandparents raising grandchildren or parents of people with a disability; and people who are still in the labour force e.g. people working full or part time or casual, people looking for paid employment

Methods: The workshop will be divided into three sections:

A short initial presentation outlining some of the key issues around diverse communities

Small group discussions with groups addressing specific topic areas and to develop creative solutions. A resource person (someone who has some expertise in the topic area) will be working with each group.

A plenary session to share the outcomes of the small group discussions and prioritise the most "important" strategies

Case studies or questions will be provided to participants to prompt the small group discussions.

Results/outcomes: By the end of the workshop participants will have a better understanding of the issues facing the diverse members of diverse communities in regional and rural areas of NSW and will have identified strategies to address these issues. Lessons learnt in the workshop might also be applied to other sites and situations. A summary report outlining the issues and strategies developed in the workshop will be provided to participants within 2 weeks.

ANNUAL HEALTH ASSESSMENTS FOR THE ELDERLY: MEASURES OF UPTAKE OF THE NEW SERVICE AND CHARACTERISTICS OF USERS

Presenter: Prof Julie Byles

Authors: Julie E Byles, Anne F Young,
Virginia L Wheway

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Background: In 1999, the Australian government introduced new Medicare Enhanced Primary Care (EPC) services that included health assessments for people aged 75 years and over. These items (Medical Benefits Schedule Items 700 and 702) focus on functional assessment, social well-being, and medication review and should be repeated annually. A question surrounding the introduction of these health assessments was the equity of availability and uptake across the community.

Methods: The Australian Longitudinal Study on Women's Health (ALSWH) includes 4646 women who were aged 75 to 78 years when the EPC items were introduced and who provided permission to access their Medicare records. Using survey data on socio-demographic variables, access to care and health service use and linking with Medicare records, we have been able to measure the uptake of health assessments and to describe the health and sociodemographic characteristics of the users and non-users.

Results: There was an increase in the uptake of assessments over the four years of observation: 12% of women aged 75+ in November 1999 had a health assessment during the following year; by October 2003, 49% of eligible women had at least one Health Assessment. Few women had a repeat assessment. Women in poorer health and with higher health service use were more likely to have an assessment. Women living in urban areas were more likely to have had a

health assessment within the first 12 months but this effect weakened over the four years of follow-up.

Conclusions: While the uptake of assessments is increasing, most women are not having annual assessments. Early geographic inequities in uptake appear to be resolving.

ENHANCING QUALITY OF LIFE THROUGH MUSIC FOR OLDER PEOPLE WITH SPECIAL NEEDS

Presenter: Prof Victor Minichiello

Authors: Dr Terrence Hays
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Aims: This paper examines the importance of music in facilitating and enhancing well-being for older people. The paper highlights the function of music in the lives of many older people, and especially for those who have special needs or are unable to communicate through words. Methods: The data derive from qualitative interviews with a sample of older Australians aged 60 years and over who live in rural and urban settings. Findings: The findings reveal that music provides people with and connecting with other people. Music facilitates well-being in people's lives and is closely ways of feeling competent, feeling less isolated, associated with emotions and life experiences.

Conclusion: The results reveal music can promote quality of life by contributing to positive self-esteem, enhancing well-being, and facilitating quality of life for others who need care.

THE PRACTICE OF CARE: NURSING THE PATIENT PERSON IN A GERIATRIC ASSESSMENT UNIT

Presenter & Author: Dr Judith Clarke

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Objective: This paper examines the caring role of nurses in a Geriatric Assessment Unit and explores the different types of caring in nursing practice when attending to semi-independent aged.

Method: This ethnographic case study used participant observation and interviews with open-ended questionnaires.

Seventeen nurses, 1 social worker, 1 Domiciliary Care Liaison Officer and 3 doctors were interviewed in an acute care hospital.

Results: Four themes emerged as different aspects of the caring practices of nurses: physical care, negotiative practices, relational caring and motivated caring. This paper argues that caring retains elements of its motivational origins as well as being more practice focused.

WOMEN AND ARTHRITIS: THE BURDEN OF SUFFERING FOR OLDER AUSTRALIAN WOMEN

Presenter: Dr Lynne Parkinson

Authors: Lynne Parkinson, Julie Byles,
Richard Gibson, David Sibbritt

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Arthritis is Australia's major cause of disability and chronic pain, and more than 60% of all people with arthritis are women. Arthritis and related conditions are the most common cause of activity limitation and disability among older women. Arthritis is not a natural part of ageing. The broad aim of this research was to explore the burden of suffering (physical, mental and social) associated with arthritis and musculoskeletal symptoms in older women, and the management of these conditions over time, from a secondary analysis of Australian Longitudinal Study on Women's Health (ALSWH) data, across four survey periods. ALSWH involves women in three age groups (aged 18-23 years, 45-50 years and 70-75 years) randomly selected from the database of the Medicare Australia in 1996, with deliberate over-sampling of women in rural and remote areas to allow comparisons of health and health care use for women in different parts of Australia. The main analysis employed for this paper was regression modeling to develop models of the association between musculoskeletal symptoms at Survey 1 and a variety of outcomes at Surveys 2, 3 and 4. This paper provides national data on musculoskeletal conditions in older women, the burden of suffering associated with those conditions, and their management. We expect to be able to make actionable recommendations from these findings to governments, health service managers and professional bodies about how the impact of musculoskeletal conditions on older women's lives can be reduced.

KEEPING THE BEAT: A RESEARCH PROJECT ON BAROQUE MUSIC AND ITS IMPACT ON PEOPLE WITH DEMENTIA IN A RESIDENTIAL AGED CARE SETTING

Presenter & Author: Ms Janelle Tavender

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Maroba Nursing Home is committed to quality of life of residents in our care. We have a Dementia Specific unit that provides secure living for older people with severe behaviour challenges that impact on their quality of life. Any increases in disturbed behaviour impact on individuals and the residents as a whole. Nursing staff are always concerned about the impact of wandering, noise, aggression and agitation on individuals with Dementia. In 2001, Maroba was involved in a study using ambient Baroque Music to decrease incidence of challenging behaviour in people with Dementia, with Professor Kichu Nair and Dr Christian Heim. We have continued using ambient Baroque Music with very good results. The original study resulted in a 40% reduction in wandering, aggression, agitation and anxiety. We have developed a simple program of delivering ambient music to residents with very good effect. The music is

used predominately during the late afternoon and early evening. In 2005, we used Dementia Care Mapping to track our results of the program and were astounded by the increased wellbeing residents demonstrated. The results of the study demonstrate that the music changes the intrusive noise levels in a Dementia specific unit. The music provides stimulation for some residents and reduces incidents of wandering, aggression, agitation and anxiety for other residents. Baroque Music can reduce boredom and agitation, increase sensation and wellbeing of people individually and as a group. The program is inexpensive and uncomplicated and results can be achieved very quickly for some individuals.

EFFECTIVENESS OF A MULTI-FACTORIAL, EVIDENCE-BASED APPROACH TO FALLS REDUCTIONS IN RESIDENTIAL AGED CARE FACILITIES

Presenter: Ms Mandy Harden

Authors: Mandy Harden, Professor Julie Byles
Assoc Professor John Ward

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Hunter New England Area Health Service, together with the University of Newcastle, is conducting a three-year research project to reduce falls injuries, especially hip fractures, in aged care facilities. This project is funded by the NSW Health Department under the NSW Health Promotion Demonstration Research Grant Scheme 2004/2005.

Falls injuries in aged care facilities are a major cause of emergency department presentations and hospital beddays use. Hip fractures by people in aged care facilities account for about 150 admissions per year in the Hunter. It is in aged care facilities could be prevented, with a potential saving of over 3000 beddays or 8 beds per year. This would represent a dollar saving of \$1,500,000.

Randomisation of the participating lodges into a control or intervention group will occur using a technique of minimisation to ensure the groups are balanced. Evaluation of the intervention will enable comparison of outcomes for residents in these low and high care lodges.

The intervention is a multifactorial strategy that addresses falls risk at an individual resident and systems level. The main engine for the intervention is the falls project officer who will liaise with intervention facilities to determine their current approaches to falls prevention and facilitate the adoption of falls prevention strategies that have been found to be effective in other settings. The intervention will then be implemented for 12-months to allow for monitoring of the impact of the intervention on falls risk and other outcomes. theoretically possible that 50% of these falls injuries

THE SOCIAL NETWORKS OF RURAL NURSING HOME RESIDENTS

Presenter & Author: Ms Glenda Parmenter
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Purpose: The size and structure of the social networks of the residents of rural nursing homes has implications for the quantity and quality of the social contact they receive. Such contact with family and friends is crucial to the well being and quality of life of these residents. This research was conducted in order to describe the potential and actual social networks of the residents of 13 nursing homes in the New England area of New South Wales and to better understand the factors associated with the amount of social contact that residents receive.

Method: This large quantitative study, funded by a university scholarship, has used a multi-method data collection approach and involved a visitor's diary, completed by 996 participants, and telephone surveys with the proxy representatives of 257 residents. A telephone survey was also conducted with the Director of Nursing at each of the nursing homes.

Results: The results show that the actual social networks of rural nursing home residents consist of one or two closely related family members and do not include younger family members or residents' friends. In contrast to previous assertions that nursing home residents have robust support from their family and friends, the actual social networks of these residents have dwindled considerably over recent years, placing them at risk of social isolation. The implications of the increasing social isolation of residents, which will need to be addressed by the Australian government and healthcare policy makers and planners, will be discussed.

ASSESSING FALLS EFFICACY FOLLOWING A COMMUNITY BASED FALLS PREVENTION PROGRAM FOR THE ELDERLY

Presenter: Ms Megan Swann
Authors: Megan Swann, L Clemson
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This paper will discuss the effectiveness of a multifaceted falls prevention program, to improve participants' self-efficacy beliefs in completing daily living activities and their ability to perform falls prevention exercises. Fear of falling, has been associated with decreased life satisfaction and restrictions of mobility and activity in older people. Self-efficacy and outcome expectations play an influential role in the adoption and maintenance of exercise behaviour in the elderly, a core component of falls prevention.

Twenty two people, living in the community were invited to participate in the Stepping On falls prevention Programs.

Data was collected during a home visit pre and again two months post the program. Measures of efficacy included the Modified Falls Efficacy Scale and questions related to exercise and outcomes. The exercise measures were adapted from Clarke and Nothwehr, and based on Bandura's theory of self-efficacy.

Clinical implications of these findings will be outlined, including increased self-efficacy in doing strength and balance exercises, which relates to greater self – efficacy in activities of Daily Living. Research Activities like this help us better understand this phenomenon and translate research findings into clinical practice

MEDICATION REVIEW: PATIENT SELECTION AND GENERAL PRACTITIONER'S REPORT OF MEDICATION-RELATED PROBLEMS AND ACTIONS TAKEN

Presenter: Dr Sabrina Pit
Authors: SW Pit, JE Byles, V Hansen
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Aim: To describe patient selection and general practitioner's report of medication-related problems and actions taken.

Methods: Descriptive analysis of data collected from GPs who completed Medication Review Checklists during the intervention phase of a larger cluster RCT.

Results: Eleven GPs recruited 452 eligible patients (response rate 84%), and completed 124 Medication Review Checklists. The group which had a medication review had a lower proportion of individuals aged 65 to 74 years than those who did not have a medication review (40% versus 56%). The proportion of people with risk factors for medication misadventure was consistently higher for those patients who received a medication review. The biggest differences in proportions were found for three or more health problems, poor health, one or more doctors, fall in the last 12 months, feeling drowsy or dizzy, stomach problems, perceived side effects and polypharmacy. Eighty eight percent of patients in this study had at least one quality use of medicines issue detected by their GP during the medication review. General practitioners reported taking at least one action for 104 (88%) patients (95%CI: 65 to 97) to rectify medication problems. Most common actions taken were monitoring (55%), compliance issues (50%), dose change (37%), drug ceased (28%), pathology test ordered (26%).

Discussion: This is only the second medication review study where drug-related problems were recorded in detail from the GP's point of view. Strengths and weaknesses will be discussed.

MYTH BUSTING - DEMYSTIFYING ABORIGINAL ISSUES

Presenter & Author: Mr Jeff Nelson
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It's not Rocket Science!! We now live in a world that is becoming so politically correct that we cannot even discuss Aboriginal issues without the fear of being ridiculed or for fear of saying the wrong thing. We all need to learn to communicate effectively. We must not be scared of confronting issues when placed in the position of dealing with them.

Jeff is here to help you establish plain English boundaries and to try and explain how to be more effective when talking to a range of Aboriginal stakeholders, organizations, executive and policy staff of government agencies. He will give you some tips and guidelines while highlighting how this approach has been woven into the Department of Ageing, Disability and Home Care policy documents to better handle situations with a greater level of ease and help in breaking down the communication barriers with Aboriginal people and community groups.

'BACK TO THE FUTURE - 40 YEARS OF AGED CARE IN NEW ENGLAND'

Presenter & Author: Mr Paul Cook
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In 1964 Nursing Homes and hostels were in the embryonic phase with those people that lived beyond their three score and ten years either dying in hospitals or confined to very sub-standard private convalescent accommodation in whatever dwelling seemed suitable. The elderly were often relegated to the enclosed verandahs of the old Nightingale Wards with those showing signs of confusion labeled with a diagnosis of senility. A fractured hip usually meant death within 3 months and pneumonia was known as the 'old man's friend'.

Whilst 40 years later we have not solved all the problems, we no doubt have come a very long way in understanding the ageing process and have dramatically raised the benchmark of quality of care. At long last we are turning back the clock in recognizing that the frail aged can be supported in their own home and that residential care should be the last resort.

This presentation seeks to explore the myth of the 'good old days' and translate this into current issues and inadequacies with a view to future directions.

PRESENTATION BY TAFE COMMUNITY SERVICES

Presenter & Author: Ms Amanda Culver
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This presentation will showcase the range of products and resources that the TAFE NSW Community Services, Health, Tourism and Recreation Curriculum Centre has to offer to the Aged Care industry.

These resources will be valuable for use in:

Inservice training
Independent learning
Skills gap training

TAFE NSW is also developing a textbook for aged care workers that is contextualised to the Australian aged care industry. This textbook is targeted to workers employed as or studying to become an aged care worker and we believe that this text will be a valuable resource for those entering or employed in a variety of aged care settings across Australia. This conference is seen as an opportunity to inform the aged care industry about this exciting initiative to enhance the education and training of aged workers.

A DEMENTIA TRAINING RESOURCE FOR STAFF WORKING IN ACUTE CARE HOSPITALS IN NSW

Presenter: Ms Carol Penning

Authors: Ms Carol Penning, Professor Julie
Byles

Dr Kim Wylie, Dr Megan Alle
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This presentation reports on the development and trial of an educational resource for staff caring for people with dementia in acute settings. It is estimated that there are approximately 55,000 people with dementia in NSW. Many of these people will be admitted to an acute care hospital (either for their dementia or for a comorbid physical or mental health condition).

Acute hospital admission is particularly challenging for people with dementia. They encounter strange and changing environments, a series of changing faces, and unfamiliar and potentially threatening procedures. They may be further challenged by pain, or thirst, or other physical or psychological sources of stress, and these symptoms may remain unrecognised and under-treated.

A person-centred approach, which focuses on the person as opposed to the disease process, and includes the need for specific communication skills, adequate assessment, attention to the environment and staff attitudes; care with medications, continence, nutrition, pain relief, and pressure management; and involvement of relatives in the patient's care can go a long way to making the hospital stay safer and less stressful for all. These features of person-centred care are emphasised in the educational resource which was trialed with staff in two rural and two urban settings in New South Wales. In this presentation we will report on the main features of the resource and it's evaluation by staff in these centres.

POSITIVE AGEING AT HOME, AN INDIGENOUS STORY

Presenter & Author: Ms Carrol-ann Maher
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CACP and EACH package have made an enormous difference to our local indigenous communities on the mid-north coast. Since the first packages were

established in our area in 2000, the benefits have been manifold.

- General health and mobility of the elders has dramatically improved. Factors include mobility aids, transport services, cleaning in households, personal assistance, diet, nutrition, assistance with white goods (washing machines and refrigerators).
- Social networks have been reinforced. Outings, local and regional events such as the Christmas in July, Whale watching, steam train excursion, elders Olympics, have helped keep people participating in the community.
- Quality of life, and peace of mind. The service has provided a backstop, when something becomes a problem, whether it be a familial relationship, a physical or social issue, there is an advocate at hand with extensive resources.

The substantial funding and extensive departmental support have meant the majority of our clients are able to live their entire life at home, and contribute to their family and community in a positive manner rather than being placed in residential care to wither and die.

VOLUNTEERING AND OLDER WOMEN

Presenter: Dr Lynne Parkinson

Authors: Lynne Parkinson, Jeni Warburton,
David Sibbritt, Julie Byles, Richard
Gibson

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A recent review of the international literature proposed that a number of health indicators such as morbidity rates, functional health indices, self reported health and life satisfaction may be affected by social involvement, such as volunteering. This evidence suggests that volunteering may be associated with better health. While it is very difficult to assert a causal relationship, there are suggestions that being active in the community through volunteering helps keep people healthy psychologically and even physically. This may be particularly important for older women, who benefit from the social aspects associated with volunteering, and who are more likely to have a long term commitment as volunteers. However, some recent Australian evidence has suggested that volunteering might actually be bad for your health because it can be a stressful, time-consuming activity. Therefore the broad aim of this research was to explore the relationship between health and volunteering in older women, from a secondary analysis of Australian Longitudinal Study on Women's Health (ALSWH) data, across three survey periods.

The results explore:

- A comparison of those who volunteer and those who do not volunteer, on relevant health status and quality of life variables.

NURSES' AND DOCTORS' PERCEPTIONS AND ATTITUDES OF PATIENT NUTRITION AND HYDRATION AT THE END OF THE LIFE

Presenter: Ludmilla Sneesby

Authors: Dr Pamela van der Riet, Dr Isabel
Higgins, Ms Ludmilla Sneesby
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The provision of medically administered nutrition and hydration (MN&H) for the terminally ill patient is a controversial issue (Fainsinger & Bruera, 1997; Lanuke & Fainsinger, 2003; McCann, Hall, & Groth-Juncker, 1994; Smith, 1997). It is not uncommon for health care professionals such as nurses and doctors to be nervous about discontinuing nutrition and hydration for the patient at the end stage of life. Family members frequently ask about medically administered nutrition and hydration (which provides fluids, calories, vitamins and minerals via intravenous infusion, subcutaneous infusion, nasogastric tube, or gastric tube) because they fear that their family member is 'starving to death or 'suffering with thirst.' In palliative care, the provision of MN&H is rarely provided during the terminal phase of illness.

This presentation will describe the findings of a study about the experience of doctors and nurses working in palliative care in dealing with provision and non-provision of MN&H for terminally ill patients.

The study will involve facilitated discussion with medical and nursing staff from Palliative Care Units. At each unit, nursing staff will be asked to participate in a focus group discussion. The focus group will involve between 5-8 nursing staff members of the palliative care unit and will take approximately 1.5 hours. Medical staff will be asked to participate in an individual interview (to allow for greater flexibility).

QUEER EYE FOR THE OLD GUYS (AND GIRLS): ISSUES IN GAY, LESBIAN, BISEXUAL AND TRANSGENDER GERONTOLOGY IN URBAN AND REGIONAL NSW

Presenter: Mr Ivan Skaines

Authors: Ivan Skaines and Scott Berry

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Purpose: The purpose of the paper is to provide an insight into the issues around gay, lesbian, bisexual and transgender (GLBT) gerontology in selected urban and regional areas of NSW

Methods: In 2005 the AIDS Council of NSW (ACON) conducted a number of community consultations with GLBT communities and a meeting with an expert panel, as part of the development of a GLBT Ageing Strategy. The aim of the process was to identify the priority issues and goals for a healthy GLBT ageing population in NSW to inform the development of an education, support and advocacy program in partnership with the GLBT communities.

Rainbow Visions Hunter has conducted a number of key events on GLBT and healthy ageing since July 2004 including a research seminar in July 2004 and an open community forum during Seniors Week 2005 (in conjunction with the University of Newcastle's Centre for Research and Education into Ageing), and a GLBT community forum on ageing in July 2004.

Results: Whilst it is obvious that some issues in GLBT gerontology are common to the majority of older people, there are others that were specific to the GLBT communities. For example, inequities around same-sex partners in the areas of both aged care provision and superannuation remains an issue. Finding queer-friendly doctors, lawyers, aged care providers and other health professionals is also perceived as being important, as are general invisibility, isolation and alienation. The presentation will cover the processes used in the consultations in Sydney, Newcastle and Lismore, and will report on progress and outcomes to date.

THE IMMEDIATE NEEDS OF CARERS DURING THE HOSPITALISATION OF ACUTELY ILL OLDER RELATIVES

Presenter: Dr Terry Joyce

Authors: Dr Isabel Higgins, Dr Terry Joyce
Prof Mary Fitzgerald, Prof Margaret
McMillan, Prof Julie Byles

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Although the literature recognises that hospitalisation is a stressful event for both elderly people and their carers (Dorsey & Vaca, 1998; Iecovich, 2000) and many studies have explored the needs of primary carers in intensive care and paediatric settings (Azouley et al., 2001; Dorsey & Vaca, 1998; Proctor, Wilcockson, Pearson, & Allgar, 2001; Lee & Lau, 2003), little is known about the immediate emotional and social needs of the hospitalisation on primary carers. Furthermore, little is known about the types of strategies that are required to meet these needs. In this paper, the authors report on the findings of a pilot study designed to explore the immediate needs of the relatives/carers of acutely ill older people who were admitted to hospital.

This study used a descriptive qualitative approach to explore the needs of the relatives/carers of acutely ill older people admitted to hospital for medical or surgical care. The method used unstructured interviews with 10 relatives of elderly people who were admitted for acute care. The setting for the study included two large tertiary referral hospitals located in New South Wales, Australia.

A thematic analysis was undertaken of the interviews. Analysis involved the use of a line-by-line approach in order to categorise and code data and identify common themes. Analysis revealed three themes relating to the immediate needs of the relatives/carers of acutely ill older people. These themes include having needs met in relation to: keeping informed, the burden of care: sharing the load, dealing with poor care and needing to be there.

SHE'S A GOOD NURSE, A VERY GOOD NURSE...BUT...

Presenter & Author: Ms Lynne Slater

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This research aimed to explore attitudes of people who care, in various ways, for older persons in acute care environments. As part of this project, rehabilitating patients from acute care were invited to participate in one focus group. It was hoped that these participants would provide data on patients' perceptions of health care workers' attitudes.

Participant admissions to the acute area were due to a range of incidents, although most were due to falls or strokes. The length of stay in acute care ranged from a few days to three weeks while time spent in rehabilitation had been up to 9 months.

Data was collected by taping and transcribing the conversation of participants in this focus group after asking them to reflect on their care in the acute care area. Initially, the patients were very protective of staff, constantly reiterating that they had no complaints about their care while in the general hospital. However, there was an underlying thread of "but" until towards the end of the allocated time, one participant commented about a nurse who "I can't help saying it" "She's a good nurse, a very good nurse but.....".

Participants indicated that nurse attitudes impact on their consideration of a good nurse and one who "does not have the right approach"! If patient perceptions of staff attitudes are acknowledged, growing education in the care of the older person can assist staff to develop more positive attitudes and care for older people in acute, residential and rural areas.

THE SOCIAL NETWORKS OF OLDER RESIDENTS OF A COASTAL RESORT

Presenter: Ms Felicity Barr

Authors: Felicity Barr, Cherry Russell,
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Purpose: To collect baseline data regarding the social networks of older residents of a coastal resort, as part of a qualitative study of their social capital.

Method: A 15-question survey was sent to 200 seniors' Card holders resident in three postcodes in coastal NSW. The sample comprised 50 males and 50 females in each of two five-year age cohorts, 60-64 and 80-84. Recipients could choose to respond anonymously or to provide their name and contact details if they were prepared to be interviewed in Part 2 of the study.

Results: A strong response (over 50%) was received, with over 25% agreeing to interview. The older men (aged 80-84) responded quickly, reporting high levels of involvement in clubs and associations. Most live with their spouse and most believe they can get help from family and friends when needed. The older women (80-84) were slowest to respond, less likely to agree to

interview, more likely to live alone, less likely to drive and less likely to believe they can get help. The younger men and women (60-64) were less likely to have family members living nearby but most still believe they can get help when needed.

Few respondents have children or other family within a 50 km radius. This appears to be a key factor in determining whether respondents believe they can get help when needed or whether the community feels like home.

This presentation will report on the survey results and identify themes to be explored during the interview phase.

MULTI-DISCIPLINARY ADVANCE CARE PLANNING IN A REGIONAL COMMUNITY

Presenter: Prof Colleen Cartwright

Authors: Cartwright C, Phillips J, Rodwell J
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Purpose: To assess the knowledge of, and attitudes to, Advance Care Planning (ACP) among older patients in the Mid-North Coast region of NSW.

Method: A pilot study involving Southern Cross University, Coffs Harbour and Bellingen Hospitals and 3 GPs was undertaken in the Coffs Harbour and Bellingen areas, involving 70 patients aged 60 or better. Patients were invited to complete an anonymous questionnaire on knowledge of, and attitudes to, Advance Care Planning. They were then offered the opportunity to complete an Enduring Guardian (EG) form and/or an Advance Health Care Directive (AHCD).

Results: The majority of patients were aged between 60 and 79, were married, living with their spouse, had Grade 10 or less education and incomes of less than \$20,000 per year. The majority were in fair or poor health but the majority also said they were happy or very happy. Almost all had thought about what treatment they would/ would not want if they were terminally ill and most had talked about that to a spouse or other family member. While loss of control and independence were major concerns, and the majority felt that it was important to have a written document of treatment wishes, few had heard of AHCDs or appointed an EG.

Findings from the study will include comparison of these results with previous research in Queensland and the Northern Territory.

A WAY FORWARD: RETHINKING GERONTOLOGY IN THE 21ST CENTURY

Presenter & Author: Prof Victor Minichiello
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The new millennium has delivered a longer life expectancy and better health for older citizens. With this comes new expectations about the construction of a new 'personhood' in later life, built around the notion of

'successful ageing'. Some older activists are arguing that successful ageing is no longer an oxymoron but can be a reality for them and the next generation of older persons. This paper argues that a new 'gerontology' is required to replace the previous terminology and conceptual frameworks that have focused on the study of disease and disability and gave public credibility to the 'decline' and 'loss' paradigm. How this can be achieved at the 'knowledge' level will be discussed and how the everyday life of older persons can benefit from this will be illustrated by drawing on examples from housing, work and retirement, health promotion, sexuality and gerontechnology.

FIT AND WELL AT 80

Presenter & Author: Prof Julie Byles
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While it is true that ageing is associated with physical decline, older age is not inevitably a time of ill-being. Baseline data from the 12,432 women in the older cohort of the Australian Longitudinal Study on Women's Health, for example, provided a "picture of ageing that challenges negative stereotypes of frailty and declining well being". At the time of that survey the women were aged 70-75. Since then, the women, who are now in their 80's have been surveyed a further three times. Over this period, there has been an accelerating decline in the average physical health, but not for all women. An important and large proportion of the women have experience minimal change in their physical health in this period and remain fit and well in their 80's. This paper will look at some of the many physical, social, and health care factors that differentiate these women from those who had poor health when the study commenced, and those who had significant decline over the study period.

RURAL AND SMALL TOWN AGEING: SILVER-HAIRED HEALTH WORKERS AND POSITIVE POLICY RESPONSE

Presenter: Mr David Lucas
Authors: David Lucas, Helen Ware
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The average age of the rural population is rising (a) because young people are leaving; (b) because older people are retiring to rural areas and (c) because in general people are living longer. At the same time, the health and caring professions are subject to their own ageing pressures, especially in the rural areas. Close to 60% of GPs and registered nurses are 40 or older (Schofield and Beard MJA 185(2) 2005 / Submissions to the Productivity Commission on the Implications of the Ageing of Australia's Population).

This paper discusses these phenomena illustrated with data focusing on rural New South Wales, and reviews various options for responding to these trends.

Award to an exceptional University of New England student by the Australian Association of Gerontology (NSW) Division - Cate Wolffe

Award to an exceptional University of Sydney student by the Australian Association of Gerontology (NSW) Division - Lynda Bumstead



Pictured L to R, Catherine Wallace, Cate Wolffe and UNE lecturer Michele Chandler

Registered nurse Cate Wolffe, who is employed in a dementia specific area operated by the Benevolent Society at Little Bay in Sydney, has recently been awarded the Australian Association of Gerontology's (AAG) award for excellence in studentship in the area of Gerontology. Cate has just completed the Graduate Diploma in Gerontology at the University of New England with a high distinction average. Lecturer Michele Chandler and Senior Lecturer Dr Lyn Irwin, along with the NSW secretary of the AAG Catherine Wallace and Cates dedicated partner Mick successfully managed to surprise Cate at her workplace.

Cate, as expected, was overwhelmed and thought that she did not deserve this accolade. Lecturer in the Gerontology programs, Michele Chandler, spoke very highly of Cate's award and the growth that she had witnessed with Cate's progression throughout her studies at UNE. From handwritten assignments to assignments of the highest calibre in terms of content and academic ability, it was obvious that Cate's academic thirst was driven by passion and respect for the clients that she cares for.

Cate has gained such respect within the Gerontology Course team at UNE as a postgraduate student that she now participates on the external review panel for the Gerontology awards at UNE.

The AAG and UNE wish Cate all the best in her current and future endeavours in the field of Gerontology and hope to see her participating in further studies in Gerontology in the near future.



Picture Lynda Bumstead

After graduating from a Canadian university with a Bachelor of Science in Nutrition, Lynda completed a dietetic internship program at a teaching hospital and began her career as a Registered Dietitian in Toronto, Canada. Lynda's practice has included both clinical and public health programming. In 1990 she moved to a rural setting and joined the Grey Bruce Health Unit, a government agency, as the Public Health Dietitian. In addition to her public health position, she acted as a private nutrition consultant to private long term care facilities for the aged.

Currently, as a Public Health Program Manager, Lynda oversees programs related to health promotion and the prevention of chronic diseases that support wellness and successful ageing within the community. Lynda would also like to mention that the counties of Grey and Bruce have a disproportional higher number of older adults making the study of gerontology a priority for her public health position.

For Lynda, 2005 was an exciting year as she initiated the Masters of Health Science (Gerontology) program, University of Sydney. The stimulating curriculum facilitated by the experienced faculty challenged her, as a public health care planner, to develop critical thinking skills for analyzing and critiquing research methodology and findings. Lynda is also learning how best to apply these skills within a conceptual framework for complex decision-making. Lynda feels confident that by the completion of this program she will be able to take a leadership role in public health that advances evidence-based best practices as it relates to healthy ageing.

Award to an exceptional Charles Sturt University student by the Australian Association of Gerontology Margaret Gartrell

Margaret is a graduating student in the Professional Doctorate Gerontology. She is with the ACAT team at Mid-Western Area Health Service in Bathurst. Her contribution through studies and practice has been outstanding. Margaret received her prize on the 27th April 2006 and says she "will endeavor to continue contributing to the field of gerontology."

Tribute to Professor Gary Andrews



Professor Gary Andrews Barbara Squires Taylor Dong Professor Tony Broe
International Conference Sydney 2004.

Vale Gary Andrews

Professor Gary Andrews died suddenly in his hotel in Sydney on the night of 18/19 May, 2006 while attending a meeting of the Australian Association of Gerontology (AAG). Gary was an international figure in gerontology, who contributed a lot to ageing research in Australia. He was Professor of Ageing and Director of the Centre for Ageing Studies at the University of Adelaide.

In the 1960s Gary, along with Tony Broe, trained in geriatric medicine at the Lidcombe State Hospital. In 1965 Gary became a council member of the Gerontological Society of N.S.W., in 1966 Honorary Secretary and in 1967 President Elect. He did not take up the role of President as he left for Glasgow to further his career in geriatrics. On his return to Australia he became Honorary Secretary of the AAG to be succeeded by Ruth Inall. Professor Andrews was President of the AAG in 1995-1997.

Gary Andrews made many international contributions to gerontology, becoming President of the International Association of Gerontology (IAG) in 1997-2001. As president Gary brought the 16th World Congress of the IAG to Adelaide in 1997. He also helped to bring the Inaugural Valencia Forum which had an impact on the United Nations World Assembly on Aging in 2002.

With the death of Professor Gary Andrews, Australia loses a leader in ageing research, and many of us lose a great friend.

Arthur Everitt



AAG WEBSITE IS: www.aag.asn.au

For details regarding AAG events (past and present), Membership renewals, news items and other interesting information - visit our new Website

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