



AUSTRALIAN ASSOCIATION OF GERONTOLOGY NSW NOTES



SPRING

OCTOBER 2007

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PRESIDENT'S MESSAGE

As foreshadowed, we started the 2007 year quietly, allowing time for our hard-working Executive Committee to recover from the major effort of hosting the National Conference in November 2006. However we made up for the break in the second half of the year with a number of very successful activities. As reported in this edition of *NSW Notes*, the *Mars and Venus: Does Gender Matter in Ageing?* conference was convened by the Research Centre for Gender, Health and Ageing in association with the Australian Association of Gerontology NSW Division and our Hunter Chapter, and the ARC/NHMRC Research Network for Ageing Well (Healthy Ageing Theme and Central Hub) in Newcastle on 9th and 10th July. This conference was a divergence from our normal pattern and focussed specifically on research associated with gender in ageing. The researchers from all over Australia and from overseas who attended contributed to very positive discussions on how to enhance the data collected and the use made of the various longitudinal studies of ageing underway in Australia.

The sensitive area of the Abuse of Older People is still a hot topic in many circles, with recent changes to aged care legislation and a revised version of the NSW Interagency Protocol being released. The Executive decided to revisit the successful seminar we ran in 2006, update the information and offer the seminar at several venues around the State. My thanks to the dedicated group of executive members and others who organised these seminars in conjunction with the Aged and Community Services Association. For the Ballina event, we are also working with the Northern Rivers Social Development Council. The Hunter Chapter of AAG (NSW) has also requested that the seminar be repeated in the Hunter in early 2008.

We will shortly issue a call for papers for our 2008 major event, a two-day conference at Wollongong on the complex topics of rehabilitation and living with chronic conditions. This will be an opportunity to consolidate the work that Sharon Wall and her Illawarra colleagues have been doing to build an AAG interest group in the region. We look forward to working with the University of Wollongong which has been rapidly expanding its capacity for ageing research and education in this field, and with service providers in the region to present this conference.

Lastly, I'd like to mention that the NSW Government is hosting a two-day forum called *Ageing 2030: Creating the Future* at Parliament House at the end of October 2007. This exciting initiative will bring together 120 key decision makers from government, business, academia, and all walks of life to examine the implications of ageing of the NSW population and recommend actions over the next two decades to create a preferred future. Details of the forum can be found at:
<http://www.dadhc.nsw.gov.au/dadhc/Ageing2030.htm>

Best Wishes *Felicity Barr*

NATIONAL CONFERENCE "BeyOND 007 – Ageing: Evolution & Revolution
21-23 NOVEMBER 2007 Hilton Hotel, Adelaide

Gender and Ageing

Gender is an important factor in shaping people's experiences of ageing. For instance, it is commonly recognised that women live longer than men, on average, and that they have more chronic illness and greater use of health services. While the main conditions which affect people at older ages are similar among men and women (except for breast cancer and reproductive cancers), there are differences in the incidence of these conditions and the peak age of onset. For instance, men experience peak incidence of coronary artery disease earlier than women. Lung cancer is more common among men who have had higher rates of smoking than women. Women have higher incidence of musculoskeletal problems and higher prevalence of incontinence, although these problems are also important for men. Women are more likely to be diagnosed with mental health problems such as depression, but men are more likely to commit suicide.

In part, these health differences are related to "sex" and stem from our male and female biology. Some obvious examples of these biological differences include cancers that are more likely to affect women (such as breast cancer) and those that can only affect men (such as prostate cancer). However, many of the differences in ageing are strongly linked to the social differences between men and women and the influence of "gender" across their lives. These less obvious differences include risks we are exposed to throughout our lives and how these affect our health at older ages, the ways in which we approach health care, and the ways in which we adapt to changes in our selves and in the world around us. There are also considerable gender differences in terms of social roles, and access to financial and social resources, and these will have significant effects on the experience of ageing.

Women's longevity also means that they are more likely to experience the death of their spouse and to spend a proportion of their older age widowed. Women are also likely to be providing care for others. Many women care for more than one disabled older person across their lifetime, having cared for parents, older siblings, and friends as well as their husbands. And men are also likely to care for their wives. It is important that services are designed with an understanding of the differences for men and women as carers. They may not have the same needs or the same approaches to care.

While it has been long acknowledged that the effects of ageing are not equal for men and women, there has been little balanced and informed debate as to what these differences really mean and where they stem from. As Cherry Russell (2007) notes, the debates about gender and ageing have shifted from a focus on men in relation to loss of work role, to the problematisation of older women facing a double disadvantage from age and gender inequality, to a "paradigm of competitive suffering". In this conference, held in Newcastle on 9th and 10th July, we hoped to achieve a greater balance in considering how gender influences the health and well-being of men and women as they age.

The *Mars and Venus* conference, was convened by the Research Centre for Gender, Health and Ageing in association with the Australian Association of Gerontology and the ARC/NHMRC Research Network for Ageing Well (Healthy Ageing Theme and Central Hub), and attracted researchers from all over Australia and from overseas. The 87 participants considered ways in which effects of ageing are not equal between men and women, and how these differences might be further exaggerated through interaction with socioeconomic status and background. Issues for homosexual and transgender people were also considered.

The conference featured a number of longitudinal studies of ageing that have given specific attention to the health of men or the health of women and a nested workshop was convened to contrasted these studies and their findings (a report of this workshop is under editorial review for publication in the Medical Journal of Australia. Proffered papers and workshops explored a wider range of gender issues affecting people as they age including: Transgender and ageing, ageing among gay and lesbian communities, gender differences in caring, and sexuality in residential aged care. A special workshop provided “an insider’s view” on the Australian Longitudinal Study on Women’s Health and provided detailed insight into the conduct of a large longitudinal study. This report summarises the main presentations and discussions that unfolded during the proceedings.

An acknowledgement of gender and ageing

As noted by the Honorable Kristina Keneally in opening the conference, “gender matters more in older age because of the accumulation of effects across the life course. She noted the different vulnerabilities of men and women in older age, such as the higher risk of suicide for older men and women’s greater difficulties with transport. She also noted that gender roles often reverse in older age, when, for instance, men may have to become cooks and homemakers.

Cherry Russell continued this critical reflection on how the “Gender Agenda” affects how we age. She noted the following differences between men and women as per the box in the next column.

While comparisons are important, it is also important to avoid lapsing into a “battle of the sexes” as to who is worse off. Women have more disability, but they are alive.

MEN – MARS

- ⇒ Die Earlier (Ave LE=77)
- ⇒ Less Handicap
- ⇒ Higher Incidence of fatal conditions
- ⇒ Higher prevalence of health risks (smoking, alcohol, occupational hazards)
- ⇒ Disadvantaged by health seeking behaviour
- ⇒ High risk occupations
- ⇒ Higher education and employment (previously)
- ⇒ More likely to be socially isolated

WOMEN – VENUS

- ⇒ Live Longer (Ave LE=83)
- ⇒ More handicaps
- ⇒ More non-fatal conditons
- ⇒ Favoured by biology
- ⇒ Favoured by health seeking behaviour
- ⇒ Disadvantaged by role pressure
- ⇒ Disadvantaged by lower SES
- ⇒ Greater social networks
- ⇒ Vulnerable to negative stereotypes about attractiveness and self image at older ages

Men have greater occupational risks, but they have greater income security. It’s the differences that are important, not a race to determine who is most disadvantaged. Its not a matter of “disadvantaged women vs dead men”.

Take home ownership. Cherry Russell makes the point that “home ownership rescues older people from poverty”. So what happens to older men and women who do not own their own home? Women are likely to live with younger relatives (for better or worse) and men are likely to live in lodging or shelters.

As the conference progressed differences in caring seemed to emphasise and exemplify differences in gender roles and their impact on ageing. While women will increasingly need care as they age, women are also more likely to care for others than to receive care themselves. What’s more, when they do need care, many will already be widowed and living alone. Men are more likely to have a wife (or partner) to provide care, but

they have poorer support networks and are more isolated. However, men are also likely to provide care for their partners, but the nature of the care provided may also differ depending on whether it is being provided by a man or a woman.

Cherry Russell also emphasised that any discussion of gender cannot occur without considering the contexts of occupation and marital status. Previously men were more likely to be higher educated and have higher rates of employment than women, and this advantaged them in terms of access to resources, home ownership etc. Women are more likely to be single (especially widowed) at older ages, and are less likely to repartner. It was noted that “women grieve, and men replace”. However, the real differences are more subtle than this truism would suggest. On closer analysis the differences appear to be more that men want companionship *inside* the home, whereas women desire companionship *outside* the home.

In setting the scene, Cherry Russell left us with the start of a research Agenda on Gender and Ageing:

- ⇒ Do we become more alike as we age?
- ⇒ Is there a cross-over effect in gender-defined behaviours?
- ⇒ Do post-industrial societies de-gender late-life role identities?
- ⇒ How do older people themselves understand and experience the impact of gender on ageing?

More information about the conference and the presentations is available at the Ageing Well website: www.ageingwell.edu.au



LtoR: Prof Hal Kendig, A/Prof Julie Byles, Felicity Barr

Title: Expectations and experiences of retirement: similarities and differences between men and women retiring to a coastal resort.

Authors: Felicity BARR, Ph D candidate, Cherry Russell

Faculty of Health Sciences
University of Sydney

PURPOSE – To explore similarities and differences between men and women in their expectations and experiences of life in retirement as part of a broader study of the social capital of older people.

METHODS – Thematic content analysis of transcripts was undertaken of semistructured in-depth interviews conducted during 2006 with 25 men and 26 women living in retirement at an Australian coastal resort.

RESULTS – Most retirees reported that they moved to a coastal resort expecting a quieter life outside the city, with opportunities for outdoor recreational and sporting activities. Even where women had worked outside the home, in most cases the life stage of “retirement” related to the male partner’s retirement. Men regarded retirement as the cessation of work; women who had worked outside the home spoke of “giving up” work when their husbands retired. Whilst a few men experienced difficulty in adjusting to unexpected early retirement, most had clearly adapted to new roles playing sport, gardening, or getting involved in club or community activities. For women retirement roles were less differentiated; household and family responsibilities continued, with more women than men expecting to spend time with family and to care for aged parents and grandchildren. Women who had worked outside the home were more likely to take responsible positions in club or community activities. Some women expressed concern that sharing retirement life with their husbands endangered their separate identity.

CONCLUSION – Whilst men and women engage in a similar range of activities in retirement, significant differences emerge in their expectations of and reported experience of retirement.

Title: Now you see them, now you don't: older men, gender and ageing research

Author: Anthony James BROWN
Men's Health Information and Resource Centre, University of Western Sydney

Older men have recently been re-discovered by the academy. After many years of relatively little interest, researching older men and their concerns are back!

This paper will look at this apparent renaissance in older men's research, through a review of current literature. It will ask 'why is this happening now?', and examine the various epistemologies informing current research into older men. Comparisons will be made with recent criticism of research into older women.

Finally the paper will question the underlying assumptions of much of the gendered research into older people. The question will be raised as to whether there are false assumptions which engender such a dualistic approach.

This paper will conclude with a discussion on Primary Health Care, which offers a more equitable framework for working with gender (and other social determinants).

The Australian Association
of Gerontology
AAG 40th National Conference:

**“BeyOND 2007
Ageing: Evolution and
Revolution”**

21-23 November 2007
Adelaide, South Australia
[Http://www.aagconference.com/](http://www.aagconference.com/)

Title: Older women - wet and miserable?

Author: Dr Pauline CHIARELLI
Senior lecturer - Physiotherapy
University of Newcastle

Urinary Incontinence – the accidental leaking of urine – is a major problem in Australia and has a significant impact on quality of life, affecting the social, psychological, physical and financial aspects of life. Urinary incontinence is a gender based condition being 7-8 times more common in women than men.

A systematic review of the literature shows female urinary incontinence beginning around the third decade with only slight rise in prevalence with aging while the prevalence of male urinary incontinence can be seen to begin much later in life suggesting an age relationship.

- (1) Female urinary incontinence is estimated to be around 35% in women aged 45 years and over.
- (2) While the impact of aging on lower urinary tract leads to some increase in the prevalence of urinary incontinence in older women, there is evidence to suggest that there is also a change in lower urinary tract *symptomatology* (LUTS) experienced by older women whose urine loss becomes associated with symptoms of overactive bladder.

While urine loss itself is a devastating symptom, older women are more likely to suffer additional lower urinary tract symptoms associated with the overactive bladder syndrome, such as urinary urgency and frequency and nocturia. These symptoms disrupt activities of daily living, seriously disturb sleep and general health status and have been shown to be significantly associated with falls in older women. Lower urinary tract symptomatology in older males is common but urinary incontinence is uncommon and tends to be associated postoperatively with prostate surgery.

Title: Generations – a collaborative teaching and learning project

Authors: Miranda LAWRY and Gillian Shaw

Lecturer, Photomedia

University of Newcastle

This project developed from acknowledged strong links between The University of Newcastle discipline of Fine Art and the Newcastle Art School, TAFE NSW- Hunter Institute. This relationship has been on going over many years and has inspired a variety of initiatives. Along with a highly successful articulation program which offers TAFE students a pathway to degree and higher degree learning outcomes, this TAFE and University partnership has nurtured an understanding of choices in educational development for all students.

Due to the strong links and successful collaborative projects of staff working between the two educational institutions, connections with other community projects have developed.

When the opportunity arose for TAFE to be engaged with a project celebrating the Anglican Care 50 year anniversary, it was immediately evident that due to the broad outlines specified by the commissioners, educational possibilities could be afforded to students across both the University and TAFE. This developed into 'Generations'- an art exhibition, which explored and celebrated ageing and generations through photographs.

Title: Health, Living Arrangements & Older Men in Australia

Authors: John McCORMACK and Aliko Karantzoulas

LaTrobe University, Australia

- **Aim:** Older men's health is an emerging issue in Australia, and there is a belief that older men living alone experience lower health and quality of life. This pilot study investigates health and social status of men aged 75 years or more by living arrangements.

- **Method:** A selected sample of 30 older men were interviewed regarding health and social characteristics. The Delighted – Terrible Faces instrument was used to assess their subjective quality of Life (1 = Delighted; 7 = Terrible).to assess their subjective quality of Life (1 =Tests Tests of significance were performed to detect differences.

- **Results:** Older men living alone were significantly more likely to say they experienced pain, had less social contacts, and less likely to have a carer. An aggregated Quality of Life score shows men living alone have a lower mean score and greater variability. More specifically, a change in health status over time exerts a more positive influence on life satisfaction of those living with others than those men living alone. Single men enjoy friendship but are more concerned about being alone, whereas partnered men enjoy family/grandchildren but worry about the future. Regardless of living arrangement, more than one third do not go to the doctor immediately when ill.

- **Conclusion:** This pilot study indicates there may be negative health differences associated with older men living alone and suggests more detailed study of this important social difference be investigated. Health education programs for all older men may enhance utilisation of primary health care.

For Power Point Presentations

**Abuse of Older People
Seminar**

Please go to the Australian
Association of Gerontology's

Website: www.aag.asn.au

“NSW – previous events” section

Title: Trans-aging: Problems, issues and research prospects.

Author: Rachel HEATH
School of Psychology
University of Newcastle

Transpeople include a variety of gender-variant individuals, those of transsexual background both post- and non-operative as well as the transgendered. Many transpeople have suffered enormous difficulties throughout their life, enduring a mismatch between brain- and genital-sex, suffering the indignity of acquiring the wrong secondary sex characteristics during puberty, and having to contend with prejudice, mistreatment and often violence as a result of their subsequent gender-variant lifestyle as an adult. Since many transpeople have little family and other support they fear the ravages of aging more than most people.

Important issues include:

1. Obtaining appropriate health and long-term care that recognizes their affirmed sex, especially if for various reasons they have not undergone genital reconstruction surgery.
2. Loneliness, and a lack of family and peer support.
3. The unknown effects of long-term hormone therapy on the aging process.
4. Fair treatment for transpeople in relationships who require the same social support privileges as heterosexual couples.

So far very little, if any, research on these issues has been conducted. Suggestions for ameliorating some of these problems for aging transpeople are discussed, with particular emphasis on a proposal for a research program that will address some of these issues.

Title: Mars and Venus: differing orbits. What Hilda can tell us about the lifestyles of older Australians.

Author: Audrey GUY
Ph D student
University of Canberra.

This research is based on data in the Household, Income and Labour Dynamics in Australia (Hilda), 2003 wave 3 survey.

The research is being undertaken by an older person as part of a doctoral thesis. It investigates the responses to specific questions from the survey selected as being representative of the lifestyles and reactions to ageing of older Australians. It divides the survey questions into the categories of

- (i) people characteristics;
- (ii) work and use of time;
- (iii) fitness and health;
- (iv) family and living arrangements; and
- (v) financial arrangements.

The research uses respondents aged 55 years and over as this is the age at which public servants can retire. The data has been subdivided into 5 year age groups with the top group aged 90 years and over. The data has also been subdivided by gender. In some instances, small cell sizes required the older age groups to be collapsed.

Results will be presented showing significant differences which occur in attitudes and activities in the different age groups, and by gender, during the ageing process.

The research shows that in some areas males and females do follow different orbits but in other areas their orbits are identical.

Title: "Towards a Model of Older Men's Health and Engagement"

Authors: Richard Morrison
PhD candidate
University of Newcastle

This presentation reflects on observations and focus group data from the Wellbeing of Older Men in the Hunter Project. This project was an action research initiative funded through the National Suicide Prevention Strategy.

A social determinants of health perspective was central to the project but not alone sufficient. The experience of the Project was that men's sense of self and patterns of activity were also critical to older men's positive engagement with their health. The model of health and engagement proposed in this presentation seeks to reflect these two axes.

Title: The effects of gender, behaviour and exposures on health outcomes in old age: preliminary results from the Melbourne Longitudinal Studies of Healthy Ageing

Authors: Robert PEDLOW, K.O'Loughlin, H. Kendig, C. Browning
University of Sydney

Introduction: Gender has been seen as influencing health outcomes in old age through a web of biological, social and psychological effects across the life course. Thus gender has been seen as having direct biological influence on health outcomes, but also as influencing health through the social construction of gender and its effects on individual choice(s) across the life span. The present paper reports a preliminary investigation of the ways in which gender has shaped behaviour and influenced exposures and the consequent effects on health out-

comes in older Australians.

Method: Using data collected in 1994 from the Melbourne Longitudinal Studies on Healthy Ageing program we examined the effects of gender, exposures (employment and war service) and health behaviours (smoking and alcohol consumption) on health outcomes. In 1994 the MELSHA sample comprised 567 men (average age 72.6) and 533 women (average age 74).

Results: Compared to women, men were more likely to report effects of employment and war service on their health at entry to the study. Men were also more likely to be current or past smokers and to report drinking alcohol every day or more than once a day and were less likely to drink infrequently or never.. Participants who reported that war-time experience had affected their health and were current or past smokers reported worse self rated health when they entered the study in 1994. Gender, age and effects of war service and previous employment made independent contributions to the likelihood of being IADL dependent when participants entered the study in 1994..

Conclusion: The findings indicate that for this cohort gender has influenced health behaviours and exposures. In future work we plan to explore the effects of gender, behaviour and exposures on IADL dependence and mortality over the 11 years of the MELSHA study.

Title: Community versus retirement village living: the health story

Authors: Virginia SKINNER and Nicole Armstrong

Northern Sydney Central Coast Health Retirement villages are a relatively new phenomenon: currently 3.7% of the Australian population aged 65 years reside in this type of accommodation. Research on the benefits

of retirement village living has to date focussed on quality of life and social support. This study focuses on chronic disease and associated risk factors within a retirement village and the general community. Because many of the risk factors are common across a range of chronic diseases, monitoring the risk factor prevalence is an important step to identifying and managing chronic disease throughout the lifecycle.

In 2006, Northern Sydney Central Coast Health undertook a cross sectional observational study of Central Coast residents aged 65 years and over who were living independently in the community (n=103) or independently in a retirement village (n=115). Participants completed a survey; providing self-reported medical history, physical activity, social support, smoking and demographics. In addition, participants attended a clinic where measurements of basic anthropometrics and blood pressure were taken along with blood samples for analysis of fasting lipid profiles and blood glucose levels.

Comparisons of the health of participants were analysed by gender and type of residence. Retirement village residents were more likely to be female and older than the community residents, and were also more likely to report hypertension (61.7% v 52.4%), dyslipidaemia (56.5% v 44.7%), angina/myocardial infarct (19.1% v 11.7%), stroke / TIA (12.2% v 9.7%), but less likely to report diabetes (8.7% v 14.6%) than residents of the community. These data will be compared to clinic parameters.

Title: It's retirement Jim, but not as you know it!

Authors: (1) Dr Christine Everingham, Conjoint Lecturer, School of Humanities & Social Science, University of Newcastle;
(2) Meredith Tavener, PhD Student, Research Centre for Gender, Health and Ageing, University of Newcastle;

(3) On behalf of the Women and Retirement working Group, Professor Julie Byles, Dr Penny Warner-Smith, Dr Lynne Parkinson, Dr Deborah Stevenson.

Do men and women have a different experience of retirement? In the past, models of retirement have very much reflected men's experience. Unsurprising perhaps, given that an individual's meaning of retirement depends on what work means – and in the past men's and women's working lives were very different. This presentation draws on research conducted as part of a three year ARC funded project entitled "Women consider retirement: a critical investigation of attitudes towards work, ageing and retirement in three generations of Australian women." Findings from 48 individual interviews and 11 focus groups conducted with women aged 53 to 70 years of age in 2004 indicated three models of women's transition to retirement:

- (1) the Gateway Model,
- (2) the Transitional model and
- (3) the Transformative model.

These models were tested more recently via a postal questionnaire, with a sample of 900 participants from the Australian Longitudinal Study on Women's Health, aged 55 to 60 years. The survey also allowed some exploration of work, retirement and leisure choices for baby boomers, as women were selected according to previous survey responses as either (a) recently retired, (b) planning to retire soon and (c) not planning to retire soon.

Qualitative results from the recent surveys which support the three retirement models will be presented, along with survey data regarding the women's influences and plans for their work and retirement options.

Title: Understanding age and gender bias in health services programs

Authors: Jenny Stewart WILLIAMS, Julie Byles, Kerry Inder
University of Newcastle

The broad purpose of this research is to show how statistical methods can identify-factors associated with inequalities in processes and outcomes in health services, and provide an evidence framework for the assessment of equity from a decision-making perspective. This is demonstrated using a patient cohort of 2,375 hospital inpatients all of whom were eligible, by clinical diagnoses, for invitation to a hospital-based cardiac rehabilitation program. Despite equal clinical eligibility, less than half of the patients were invited to attend the program. Inequalities in invitation can indicate bias in hospital selection processes which can impact upon the realization of potential program benefits.

Multiple logistic regression modeling showed that age and gender impacted upon inequalities in invitation status. Usual epidemiological practice involves treating nonlinear continuous variables, such as age, as categorical, however an alternative approach, based on fractional polynomial relationships, was also tested. This presentation compares and discusses the results of alternative models using categorisation and fractional polynomial methods.

Managers seek to be informed of unfair inequalities in the delivery of their programs and this research shows ways in which different statistical techniques can be used to inform health services decision-making.

AAG NSW has created a mailing list
“aag@mailman.med.usyd.edu.au”

If you have changed your email or have not yet provided one, please advise so we may update our records accordingly.

Title: The real impact of longevity in financial planning

Author: David WILLIAMS
David Williams Consultancy

Most personal financial planners do not understand the real impact of changing longevity for their clients. As a result, there is considerable potential for long term problems which will be rapidly compounded by the numbers of baby boomers entering the “conventional” retirement zone. This presentation outlines the key issues, including the compounding effect of gender differences, explains why conventional thinking in the financial planning profession is significantly out of date, and proposes a way forward.

WORKSHOPS

Workshop 6A: Men, women and ageing - comparing and contrasting issues, approaches and findings of longitudinal studies of men and women

Sponsored by: the Healthy Ageing Theme of the ARC/NHMRC Research Network in Ageing Well

Facilitated by: Julie Byles

The aim of this workshop is to bring together investigators from some longitudinal studies that have focussed on either men or women. The investigators will have had a chance to present their studies to each other and to participate in a panel discussion during the a conference on the theme of Gender and Ageing during the previous day.

The workshop will allow for in depth discussion of the common and disparate themes of the studies and the reasons for differences, and to compare findings from a gendered perspective. Outcomes will include the potential for expanding the range of use of data from these and other longitudinal studies (both existing and new, and including recent collaborations funded by NHMRC) to assess the impact of gender on the experience of ageing.

Workshop 6B : Understanding the needs of the diverse GLBTIQ communities

Authors: Dr Margaret HARRIS, Dr Pamela Nilan and Ivan Skaines1

Purpose/Aim

The purpose of the workshop is to develop an understanding of some of issues facing the gay, lesbian, bisexual, transgender, inter-sex and queer (GLBTIQ) communities and to identify strategies to address these issues. Since July 2004 Rainbow Visions Hunter has conducted a number of key events on GLBT and healthy ageing including a research seminar and a GLBTIQ community forum on ageing in July 2004. In 2007 a small team of health and social researchers (who are also members of Rainbow Visions) is exploring these issues at a deeper level via indepth interviews.

Methods

The workshop will be divided into three sections:

- A short initial presentation outlining some of the key issues around the diverse GLBTIQ communities based on the forum and the research. Whilst it is obvious that some issues in GLBTIQ gerontology are common to the majority of older people, there are others that were specific to the GLBTIQ 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.
- Small group discussions aimed at developing possible policy and practical solutions based on the findings of the forum and the pilot study and possible future research directions and opportunities. Case studies or

questions will be provided to participants to prompt the discussions and a representative from Rainbow Visions will act as facilitator/resource person for each group.

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

Results/outcomes

By the end of the workshop participants will have a better understanding of the issues facing the diverse GLBTIQ communities and will have identified strategies to address these issues. Lessons learnt in the workshop might also be applied to other diverse communities.

A summary report outlining the issues and strategies developed in the workshop will be provided to workshop participants and other interested individuals and organisations.

Student Representative Handover



Taylor Dong handed her role as Student Representative over to Anthony Brown at the AGM 2007.

The Executive Committee extend their thanks to Taylor. She has been outstanding in her commitment and for her exceptional dedication and enthusiasm.

Thank you Taylor

Welcome Anthony as the new Student Representative.

Workshop 6C: Gender Issues in Dementia

Author: Dr John WARD

We will start with one or two case studies and then discuss some of the following issues:

1. Is the dementia experience different for men and women
2. Carer issues for husbands, wives, sons, daughters
3. Experience in aged care facilities for men and women
4. Experience in day centres
5. Behavioural issues - is there a gender difference

Workshop 7C: Sexuality in Residential Settings: Looking from a gender perspective.

Author: Elaine WHITE
Hunter New England Health

The media portrays that sex is the playground of the young, the taut and the beautiful.

Therefore any sexual drives or desires that older people have, especially in an aged care facility are often deemed 'rather disgusting'. This was confirmed by a recent survey which identified the negative attitudes of staff and the fact that any sexual interaction between male and female residents was certainly not encouraged.

Residents pursuing sexual activities were labelled as 'dirty old men' or 'dirty old women'. There was no real understanding of any unmet sexual needs for the residents. This workshop will address many of these problems.

Workshop 7B: An insight into the Australian Longitudinal Study on Women's Health

Authors: Deborah Loxton, Lyn Adamson, Jennifer Powers

The Australian Longitudinal Study on Women's Health has been running for 11 years, and involves three large cohorts of Australian women. The research has accumulated an enormous amount of data about women in Australia, and knowledge and insight into conducting large scale longitudinal studies. The methodology of the Australian Longitudinal Study on Women's Health, will be the focus of this workshop. The speakers will provide an overview of the study and its methodology – with a particular emphasis on the practical issues involved in undertaking such large scale research. Topics to be covered will include an overview of the study's inception, the researchers and staff who conduct the research, an insider's look at survey development, and information about the ways in which the ALSWH has recruited, retained and built relationships with the study participants. The value of qualitative longitudinal data will be discussed, followed by a discussion about working with longitudinal quantitative data. The presentation will conclude with an overview of the various ways in which longitudinal results can be disseminated.

Introduction, survey development:

Deborah Loxton

Recruitment, retention and relationships:

Lyn Adamson

The value of longitudinal qualitative data:

Lyn Adamson

Working with longitudinal quantitative data:

Jennifer Powers

Dissemination of longitudinal results:

Deborah Loxton

Student's Perspective Mars & Venus Conference

The two-day conference was formally opened by the NSW Minister for Ageing, the Hon Kristina Keneally. The program was extensive, and featured a number of longitudinal studies of ageing that have given specific attention to the health of men or women and a workshop was convened to contrast these studies and their findings. In addition to the Women's Health Australia study, presentations from some of the larger gender and ageing studies in Australia and Great Britain included the Million Women's Study, the National Survey of Health and Development, the Concord Health and Ageing in Men Project, the Perth Men's Study and a Study of Health and Ageing in North-West Adelaide Men. There was also a workshop on understanding the needs of the diverse GLBTIQ communities (gay, lesbian, bisexual, transgender, intersex and queer).

Incoming AAG NSW Student Representative Anthony Brown presented his work on older men and community engagement. Echoing Professor Cherry Russel, Anthony agreed that a new paradigm is needed around gender and ageing. For most of the twentieth century the discussion around older men and women has been one of "competitive suffering", as researchers try and show that one or the other gender face the greater challenges when aging. This has led to oversimplification of gender discussions, and constructs on gender as victims 'worthy' of study and interventions, and the other as somehow privileged, or less deserving of support. Instead we need to investigate the issues, concerns and contributions of both older men and older women, in order to ensure that ALL older people have opportunity for an optimum old age. "Mars and Venus" was a positive step towards this.

Newly appointed NSW Hunter Chapter Student Representative Meredith Tavener also presented at the conference. Together with Dr Christine Everingham, Meredith reported on retirement model differences for men and women and presented first-pass findings from a recent survey of 900 Women's Health Australia participants.

The first day of the conference also included an official launch of the Research Centre for Gender, Health and Ageing (RCGHA). To celebrate the recent award of Priority Research Centre, the launch was opened by Professor Barney Glover, Deputy Vice-Chancellor, Research Division, The University of Newcastle and Centre Director Professor Julie Byles. The Centre has 40 academics with expertise in health and clinical sciences, psychology, sociology, health economics, epidemiology, statistics and architecture which all apply to understanding biological, social and environmental factors that affect the health of men and women as they age.

Lin Yuan, a PhD Student from the University of Sydney, attended the conference (also visiting Newcastle for the first time) and commented that the AAG Student Section is important for PhD students. Having qualified, responsible, kind and active leaders making up this group are very important, as they can assist in linking PhD students together for networking, such as the "match-making" of Meredith and Lin at the Mars and Venus conference, who had never met each other beforehand, but enjoyed attending sessions together. Lin also made specific mention of the courageous presentation by one trans-gender conference delegate, who spoke of her own remarkable life experiences and her thoughts of how she would prefer to be living and enjoying her life as she ages. Something most of us are no doubt doing as well!



(L-R): Meredith Tavener, Anthony Brown, Lin Yuan

Abuse of Older People Seminar

After a tremendously successful Abuse of Older People Seminar held last year with a record number of nearly 400 registrations, the AAG with support of ACS decided to put on a series of Abuse Seminars during 2007 to deliver the topic to regional as well as metropolitan Sydney. Three locations were chosen, Sydney, the Illawarra and Ballina. A tireless committee group has worked to make these seminars a great success.

The series started with the Illawarra seminar held at Wollongong Hospital on 10th August, with approximately 70 participants. The Sydney seminar was held on the Friday 31 August, 2007 at the Clinical Sciences Building, at Concord Hospital with around 120 participants.

Our Ballina seminar will be held on the 2nd November at the Ballina Beach Resort, so it is not too late to register!

The seminars have followed a consistent program making sure each cover the essential topics. However, we have also included local service providers to ensure real relevance to participants from each area. We are ever grateful to the very knowledgeable speakers who provided interesting and informative presentations and covered many aspects of this difficult area of ageing.

Our Sydney program included - Keynote speaker Associate Professor Sue Kurrle who started proceeding by "Defining Elder Abuse".

Paul Sadler, CEO, Presbyterian Aged Care NSW & ACT, then spoke about "Legislative requirements for community and residential aged care service" and he was followed by Robyn Gurr, Deputy President of Guardianship Tribunal who talked about "protection of clients rights".

After an enjoyable lunch with good networking time, Sarah Fogg, Senior project Office at Ageing Benevolent Society was also able to provide "Resources and Internal Policies and procedures". Glen Sorenson, Managing Director of Age Communication spoke about "Training Resources" and the final

presentation was about "Local Assistance" given by Inspector Beth Cullen, Manager, Strategic support, Child & Sex Crimes Squad NSW Police. Maria Attard of SADA Project presented the subject of "Sexual assault in Aged care and the outcomes of research. After her presentation, Pam Rutledge from the Office for Ageing ADHC, provided details of the "Resources available and NSW Interagency Protocol".

The final item of the day was a discussion panel, whereby a hypothetical story was read and considered. This part of the day was very well received as an example of how to treat a situation when faced with it - and from all angles.

This Seminar series is yet another great example of how the AAG works in partnership and reaches out to the aged care community to educate and increase their knowledge.

NOTICE OF CHANGE

Please note that AAG now has a new National Secretariat that is operating out of Queensland.

If you have recently forwarded a cheque to the Hobart address could you please make sure that your Membership has been correctly renewed.

Due to the change of National Secretariat and because the National Newsletter will be electronically delivered, could you please forward any changes to your email or address details in the past year.

Could you forward to:

enquiries@aag.asn.au

Or write to: Donna Bennett

At Suite 154, 236 Hyperdome

LOGANHOLME QLD 4129

Phone 3103 1391 Fax: 3829 9730

If you do not have access to email, please contact Janet Gilchrist, Executive Officer, NSW Division and we will print and send you a copy of the National Newsletter. Janet's address is:

CERA Building 18, Concord Hospital,
Hospital Road, CONCORD 2139

Ph: 02 9767 7158 Fax: 02 9767 5419

Email: janetg@med.usyd.edu.au

AAG (NSW) Division offers annual prizes to recognise the outstanding students in gerontology courses at NSW Universities. The prize winners for 2007 were :

University of Sydney: Edith Chiu
Charles Sturt University: Patricia Seifert

University of New England: Jane Sheers
We congratulate them all and have received the following information about two of our winners

PATRICIA SEIFERT

Prize Winner: Charles Sturt University



My original motivation and interest in working in aged care began which I re-entered the workforce after 28 years at home. At that time, there were 2 hostels/nursing homes, a retirement village and a facility for veterans being built in the street where I live. The growing industry of aged care gave me the opportunity to contribute to the care of older people while allowing me time to study to improve their quality of life.

My employment in an Aged Care Hostel began 10 years ago. Employed in the hospitality section of the Hostel, I became aware of the opportunity to study for a Diploma in Community Care that offered a combination of theory, practice and field experience providing graduates with the skills and knowledge to achieve success in the aged care industry. Graduating with a Diploma enabled me to work as a Carer and commence studying for a Bachelor of Health Science Degree in Gerontology at Charles Sturt University by distance education. While studying at Charles Sturt University, I was guided through academic subjects taught by high-quality, experienced staff many with international experience in their respective disciplines. Assisted and encouraged by shared learning through student forums, resources such as the Australian Association of Gerontology and career advancement to the role of Supervisor, I completed my Degree. A degree from Charles Sturt means you have earned a qualification that is respected and relevant to the aged care industry that reflects changing industry and government requirements and public expectations. This allowed me to work as a relief Manager in a Retirement Village, experiencing another aspect of caring for frail older people.

The Masters Degree at Charles Sturt University is designed for graduates who wish to deepen their knowledge in Gerontology while building skills in the area of public administration. A combination of core and elective units allows me to develop a professional body of knowledge and some flexibility to construct a study program around my particular interest, to advocate for the discipline and provide input into the development of aged care policies and programs.

of Health and Ageing at a time of change in the way we carer for older people. Gerontology provided a positive, forward looking approach to the care of older people and this is now reflected in government with several areas of reform turning policy into practice in community and residential care.

I have been able to contribute to the programs in these areas and be involved in the two major residential care and improvements to community care programs under The Way Forward initiative will improve the care of older people and the workforce involved in their care.

My current work in the department is in the area of Policy and Evaluation where new innovative programs are research and developed into policy. My future goals in gerontology are to continue to study and encourage others to consider the value and satisfaction of studying gerontology.

EDITH CHIU

Prize Winner: University of Sydney



Edith Chiu is a nurse educator, currently working part-time as a program manager at the School of professional and academic continuous Education at the University of Hong Kong.

She graduated from hospital-based Registered Nurse training in 1980 and worked in the Intensive Care Unit for 8 years. In 1988 Edith attained her Bachelor Conversion Program at Sydney University.

Edith went back to Hong Kong in 1990 and started formal nursing teaching at a Private Hospital.

In 1992, Edith returned to Australia and completed her Master in Health Science and Education at Sydney University.

In 1998, Edith returned to Hong Kong because of her husband's job appointment and because of family commitment she continued to work on a part time basis as a nursing lecturer for various post graduation & undergraduation nursing programs; program developer for the Centre of Ageing (HKU); and program manager for HKU SPACE.

Edith's initial interest in aged care actually developed from her own teaching. During the preparation of her lectures for aged care, she began to be aware of the impact of population aging to health care and the society as a whole. Also she was fascinated she by the fact that the ageing experience is socially constructed, by affecting the total well being of the older adult. She developed a specific interest in studying the ageing experience of the elderly sub-group - asian elder women.

She admits that she does not harbour a great personal ambition for her future career but she is happy to work in a part time capacity and continue post graduation studies, which she finds satisfying and keeps her mind active.

She presently lives happily in Hong Kong with her husband and two very bright daughters.

R.M. GIBSON ORATION**Hunter Chapter****“The Politics of Dementia”**

Honourable Emeritus Professor Peter
Baume, AO

On the 6th September, 2007 Professor Peter Baume provided a salutary message about staying active and involved in ageing, for the benefit of the region, for the benefit of those close by. He emphasized that we all know that the population is ageing. And we all know that as the population ages, the number of people with dementia will increase exponentially. We all know, as well, that the current services for people with dementia are already under strain.

The government response to what could be a diar situation in the next couple of decades is lacking, mainly due to the political imperatives that plan for three years and not for 20. Long term problems need long term solutions.

When the question was posed to Peter ‘what do we do about this situation’, he challenged us to take responsibility for changing the political response. And the best way to ensure this change is to “keep being a squeaky wheel – to drip like water on stone” until the message gets across.

**DIARY DATES &
INFORMATION**

National Conference “*BeyOND 2007 – Ageing: Evolution & Revolution*”

Adelaide <http://www.aagconference.com/>
21-23 November 07

AAG Seminar Series “*Abuse of Older People*” Hunter – early 2008

NSW Rural Conference 2008

“*Getting on with life: rehabilitation and living with chronic conditions*”

Wollongong – April 2008

AAG Students:

AAG NSW Student Section Christmas Dinner -
mid Dec 2007

AAG NSW Student Section Network Dinner -
May/June 2008

Postgraduate Joint Seminar Program with the
Australian Institute for Population Ageing Re-
search (AIPAR, UNSW) - March 2008

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‘Health, Living Arrangements & Older Men in Australia’
7. **‘Trans-ageing: Problems issues & research prospects’**
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‘The effects of gender, behaviour and exposures on health outcomes in old age’
‘Community versus retirement village living’
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10. **‘Understanding age and gender bias in health services programs’**
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