

Abstracts

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Dr Shahinoor Akter, Research Fellow

La Trobe University

Presentation abstract or pitch.

There is a need for innovative respite services to improve the quality of life (QoL) of people with dementia and carer dyads living in rural and regional areas. This abstract will present two innovative projects in regional Victoria: GreenConnect Dementia Respite (GreenConnect) and Treehouse4Two Retreat (T4Two). Both initiatives aim to enhance QoL for people with dementia, reduce caregiving burdens, and nurture positive respite experiences through tailored respite activities in outdoor settings. Through employing codesign approaches involving focus groups with carers and consultation workshops with key stakeholders including end-users, GreenConnect was developed into a respite program rooted in green care principles. The program offers tailored dementia-friendly nature-based activities, experiences and overnight accommodation away from home-based care settings. Based on the "HammondCare Staying at Home Program" principle, the T4Two Program is a 3-day/2-night retreat and respite for the dyads. Both projects are undergoing comprehensive mixed-methods evaluation guided by the RE-AIM framework. This includes surveys, interviews and focus groups conducted with both dyads and service providers. Outcomes will focus on measures of QoL (DEMQOL), caregiver burden (Zarit Burden Interview), and purpose-designed satisfaction metrics, alongside recipient and staff experiences. Summary quantitative data and thematic insights from qualitative data analysis will be presented.

Please tell us a little about how this body of work has impacted the lived experience of regional older people.

The GreenConnect operates in Loddon-Mallee region, the largest region in Victoria while the study locations of the T4Two Program include Victoria's Macedon Ranges and Hepburn Shire. According to the 2024 Census data on dementia prevalence, there are over 5000 people with dementia living in these areas. With a significant number of people aged ≥ 65 residing here, the prevalence of dementia is projected to increase significantly by 2050. Since the launch of the GreenConnect in April 2024 and the T4Two Retreat Program in August 2023, over 80 dyads participated in these two Programs and new dyads continue to join the activities. The culturally inclusive nature of the programs, tailored activities in outdoor settings and educational sessions for the participants have provided positive experiences for the dyads, including opportunities to reconnect with people in similar situations, relax, and gain knowledge about dementia-related support services. By enhancing QoL, reducing burden and respite experiences for dyads in rural and regional areas, these projects contribute to the evidence supporting the delay of the transition of people with dementia to residential aged care settings

Mr Colin Hogan, iGEN Program Leader

Catherine McAuley College

Presentation abstract or pitch.

The iGEN program, connecting residents from Mercy Health Aged Care and Seniors Living, with Year 10 students from Catherine McAuley College Bendigo, has now grown to include Damascus College, Ballarat. The concept was born from like-minded leaders at Mercy Health and CMC, who were searching for unique innovative ways to deliver aged care services and secondary education. It has been a 5-year journey to create a sustainable intergenerational program that maximises the social and emotional benefits of new relationships, and provides exposure and interest in the possibilities of careers in aged care. Through routine end of semester evaluation, feedback from students and residents drives positive change to programming and inclusions. Qualitative benefits for residents includes the development of meaningful relationships; experiencing challenges to try new things and push limits; and being able to impart wisdom and advice to students, thus improving overall quality of life. The palpable buzz around the home when students are onsite remains long after departure. Research is currently underway with Australian Catholic University, to demonstrate the benefits of the program. We will continue investigation into creative ways of developing iGEN, with additional research and reporting allowing us to be a working example of innovative intergenerational practice.

Please tell us a little about how this body of work has impacted the lived experience of regional older people.

Connecting with younger people has become an important and valued part of the lives of the residents within our communities. We see and hear of the importance of the connections between the older and younger people and feel the sense of purpose given to residents, in the way that residents plan their days, or schedule visitors, so as not to miss the students coming onsite. For residents in the Seniors Living community, the weekly catchups are a feature on their calendar that simply cannot be missed. These residents have felt such a connection to the College community that they have been present for sporting events, College masses, art shows and other community events. Many residents are moved to writing cards to students and staff thanking them for participation, highlighting the value they have placed on being able to share story and time with their teenage friends. Such has been the impact of the iGEN program for residents, many families have spoken of the joy that participation brought to their loved ones in eulogies, emails and letters after their passing. For a program to feature in so many aspects of the lives of residents, we cannot see the iGEN program as anything but a positive for society.

Dr Kathleen Brasher, Research Fellow

John Richards Centre for Rural Ageing Research, La Trobe University

Presentation abstract or pitch.

Indigo 4Ms in the community Age-friendly health care can ensure older people live longer in better health no matter where they live. The Indigo 4Ms tool for older people is a series of questions to allow people to consider how they might best take action to prevent, slow, or even reverse, frailty. By using the tool, people can be more actively involved in deciding how to maintain their health and well-being and bring that expert knowledge into discussions with others. To use the tool to its best advantage, people benefit from learning more about staying healthy in later life, understanding the Indigo 4Ms, exploring the questions in small groups, and having access to local organisations that provide relevant age-friendly programs or services. JRC, in partnership with neighbourhood houses, local organisations and community members in four towns—Beechworth, Corryong, Mt Beauty, and Tallangatta—is building a picture of what is already available in their community that corresponds with the Indigo 4Ms tool, identifying what changes might need to be made to existing programs and what new programs might need to be developed, and bringing about those changes. This collective impact work is funding through a State Trustees Australia Foundation Healthy Ageing Grant

Please tell us a little about how this body of work has impacted the lived experience of regional older people.

Older people living in small rural communities in northeast Victoria are meeting with organisational representatives as equals, taking a strengths-based approach to understanding their community assets and guiding the projects, resources or changes to services that may be needed to improve the overall health and wellbeing of their communities.

Dr Sandra Iuliano, Senior Research Fellow

University of Melbourne

Presentation abstract or pitch.

Implementing a Bone Health Food Service Training Program in Aged Care. One in 10 older adults in aged care are hospitalised yearly with a fall-related injury, half of which are fractures. Hip fractures are the most frequently occurring fracture in this cohort. We demonstrated that increasing protein and calcium intakes to recommended levels in residents by improving provision of milk, yoghurt and cheese was associated with reductions of 33% for fractures, 46% for hip fractures, 11% for falls and prevention of bone and muscle loss and decline in nutritional status. We have taken learnings from this intervention and developed a food service training program to educate and empower food service staff to implement menu changes to support better bone health in residents. The training can be delivered remotely so all aged care residents can benefit. To evaluate the efficacy of this training program we have undertaken a 12-week intervention involving 12 regional and metropolitan aged care homes. Dietary intake, food satisfaction and quality of life was assessed in residents before and after implementation of menu changes. Staff's views of barriers and enablers to implementation has been recorded. Universal access to training benefits all residents and staff in aged care homes.

Please tell us a little about how this body of work has impacted the lived experience of regional older people.

We have included regional aged care homes in this efficacy study. The training has been designed to be accessible by all aged care food service staff so regional staff have equal access to this professional development opportunity.

Ms Lauren Jackson, Project Officer

Continence Foundation of Australia

Presentation abstract or pitch.

Incontinence can have a significant impact on a person's health, well-being, and lifestyle. With the right support and care, it can often be prevented, or the impact can be minimised. In 2019, the Continence Foundation of Australia commissioned NARI (National Aged Research Institute) to develop a best practice model of continence care for older Australians. The program, known as My Continence Care, provides a best practice approach in continence care and support. It is evidenced based, person-centred, and clinically informed. My Continence Care aims to improve the knowledge and skills of the direct care workforce to provide holistic quality continence support, whilst protecting an older person's dignity and providing safe care that reflects their individual needs. My Continence Care fills the gap of the lack of evidence-based practice models for continence care within the aged care sector. It offers reassurance to older Australians that those providing them care will understand their needs whilst providing practical tools and education that will further build upon the knowledge and skills of the aged care workforce.

Please tell us a little about how this body of work has impacted the lived experience of regional older people.

My Continence Care has just completed pilot at 11 organisations in Victoria and South Australia. Pilot at Nagambie Healthcare was finalised in October and feedback was incredibly positive regarding staff experience.

Dr A R M Saifuddin Ekram, Adjunct Research Fellow

Monash University

Presentation abstract or pitch.

Title: 'The Light Within: Understanding and Embracing Frailty in Older Adults'. Frailty is an important factor shaping health outcomes in older adults, yet it is potentially modifiable. This presentation will examine into my research on frailty and pre-frailty, focusing on their associations with cardiovascular disease (CVD), dementia, physical disability and disability-free survival. Using data from studies in the ASPREE trial, my findings highlight frailty's role as a predictor of health outcomes and its relationships to polypharmacy, and metabolic syndrome. Particular consideration will be given to how these findings relate to older adults in regional areas, where challenges like limited healthcare access and multiple chronic conditions are prevalent. This work offers valuable perspectives on identifying frailty and addressing its contributing factors, which may guide policymakers, clinicians, and community groups in improving health outcomes and improving quality of life in these communities. Attendees will gain a better understanding of frailty's broader impact and learn about opportunities for early detection and probable management tailored to the needs of regional populations.

Please tell us a little about how this body of work has impacted the lived experience of regional older people.

My research has contributed to advancing the understanding of frailty and its associated risks, particularly in Australia, where older adults often face unique healthcare challenges. By identifying frailty as a predictor of key outcomes such as cardiovascular events, dementia, and mortality, these findings support the importance of proactive screening and management strategies. In regional settings, where specialized care is limited, this work has informed discussions about improving care practices, such as addressing polypharmacy and managing chronic conditions. Additionally, the validation of frailty assessment tools provides healthcare providers with practical options to identify and monitor frailty, helping to prioritize preventive care. By offering insights into the factors contributing to frailty and related outcomes, this research highlights opportunities for improving health services and fostering better health trajectories for older adults in regional areas, supporting healthier aging and greater resilience.

Keith Hill, Senior Researcher

**Rehabilitation Ageing and Independent Living (RAIL) Research Centre,
Monash University**

Presentation abstract or pitch.

The presentation would overview some key learnings from a large (n=547) carers of older people at the point of discharge of their care recipient from hospitalisation, which is a time of increased carer stress. The intervention aimed to support the carer with managing carer identified support needs in the short term around the period of discharge, and also to build their capacity to self-manage new or different challenges going forwards. The intervention involved intermittent phone support by a nurse, over a 6 month period. Although the primary outcome of carer quality of life did not improve, secondary outcomes of carers' preparedness to care and self-efficacy, and reduced distress from caring significantly improved at 6 and 12 months after hospital discharge. The presentation will share some of the details of the intervention approach, and the implications of these secondary outcomes for carers of older people being discharged from hospital.

Please tell us a little about how this body of work has impacted the lived experience of regional older people.

Most participants in this study were from Western Australia, with a high proportion from metropolitan areas. However, because of the telephone based nature of this intervention, it has broad flexibility to meet the needs of carers of older people living regionally, in that it does not require travel, it can be done in their home, at a time to suit the carer, and it is driven by the carer identified needs. NOTE: Although participants were not recruited from Victoria, the approach is transferable and relevant in regional Victoria

Dr Debbie Pu, Research fellow

Monash University

Presentation abstract or pitch.

DELIVER is a 5-year research program funded by the MRFF that brings together regional and rural health services, consumers, peak bodies, universities, and the primary healthcare network across western Victoria. The program aims to enhance research and translation capacity to optimise healthcare delivery at or closer to home for older adults in rural and regional areas. The program includes multiple research streams that contribute evidence and support the implementation of findings into practice to achieve these aims. These streams include: 1. Systems-thinking co-design: we have engaged stakeholders, including consumers, from six rural and regional health services to create a regional map of system factors affecting the uptake of healthcare at home, and co-designed local solutions. 2. Research and translation training: building capacity among health service staff through the STaRR program—a structured, evidence-informed, mentored training initiative—and supporting health service research via embedded research translation coordinators and consultations with specialist researchers e.g implementation science and health economics. 3. Remote patient monitoring: for adoption and integration with local health service programs. 4. Program evaluation: conducting rigorous evaluations of health service initiatives to generate high-quality evidence on clinical and cost-effectiveness, facilitating the embedding and scaling of successful interventions. Currently, the program is developing an evaluation of a regional and rural Residential-In-Reach program.

Please tell us a little about how this body of work has impacted the lived experience of regional older people.

We are now 2.5 years into the 5-year DELIVER program. After establishing partnerships and governance structures during the first year, we engaged in participatory activities and co-design with stakeholders to identify key research streams and a range of local solutions. These solutions will undergo feasibility testing in the second half of the program. The anticipated impacts for older adults in regional Victoria include: Accelerating the provision of virtually enabled healthcare at home for older adults in rural and regional areas; and Improving access, quality, and health outcomes for older adults living in rural areas; and

Louise Bouchier, PhD candidate

Melbourne University

Presentation abstract or pitch.

Addressing the sexual health of older adults in rural Victorian primary care

Authors:

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When older adults seek support for sexual health issues they generally do so with a GP, however, these conversations remain rare and those living rurally may face additional challenges. This study investigated barriers and facilitators to sexual health care for rural Victorians aged 60+. Semi-structured interviews were conducted with 9 older adults (aged 64-87) and 8 primary care clinicians throughout rural Victoria. Questions included whether sexual health was discussed by patients and GPs, who initiates these conversations, and opportunities to include sexual health in routine care. Provisional key findings: 1) participants saw sexual health as important for rural Victorian older adults and different from that of younger people; 2) most felt access was more difficult for rural older adults due to limited choice of GPs, high GP turnover, long wait and travel times, perceived inhibition of rural people, and lack of anonymity in small communities; 3) initiation of conversations was a shared responsibility, with the onus on the patient if they had a concern, and GPs also expected to ask intermittently as part of routine care. Older adults in rural Victoria face unique challenges in managing and improving their sexual health, and this study identifies ways to improve access for this unique population.

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