

# 2017 AAG Conference – Oral Presentations: Abstracts

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## Baby Boomers' sexual health in residential aged care

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**Abstract:** The shift to Consumer Directed Care provides a golden opportunity to prepare for baby boomers' entry into residential aged care. Currently, the culture in many Australian residential aged care facilities restricts sexual relationships despite evidence that sexual expression remains important throughout life. Research canvassing consumers' expectations prior to entering residential care, especially residents' sexual health needs, is minimal. This presentation outlines a study conducted in 2016 exploring the future sexual health needs of baby boomers - the next generational cohort requiring aged care services. An anonymous online survey of 168 partnered Australian baby boomers (aged 50-70) recruited via volunteer sampling revealed their views about the provision of sexual health information, products and services in residential aged care facilities. The majority of participants were non-aboriginal (95.83%), opposite sex attracted (90.5%), female (84.5%), married (74.4%), living in non-metropolitan areas (55.4%), aged 60 to 70. Thematic analysis identified eleven significant themes. The majority of respondents asserted that aged care residents deserve the same access to sexual health services as the wider community. They stressed that older people are sexual beings who deserve to be treated as mature, capable adults. Respecting privacy, allowing residents to make their own choices, providing safe and private environments, and improving staffing levels and staff training were important themes. In a policy climate where consumer dignity, autonomy and choice is central, these findings reveal a need for widespread cultural and institutional change in the Australian aged care industry. By understanding baby boomers' needs, aged care providers can better tailor their services and consumer information to the next generation, who otherwise may choose to make alternative choices.

## Does hearing loss undermine memory collaboration in elderly couples?

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**Abstract:** Across a lifetime in intimate relationships involving joint memory and action, people may form expert “remembering systems” that have later cognitive payoffs. Consistent with this view, in recent research with 39 long married couples who are part of the longitudinal Australian Imaging, Biomarkers and Lifestyle Study of Ageing (AIBL) in Melbourne, Australia, we have confirmed that many elderly adults remember better when they remember with their spouse compared to when alone. But not all couples benefit from collaboration. Why not? In this study we test whether hearing loss in one or both partners undermines the potential benefits of remembering together. We asked our 78 participants to self-report their level of hearing loss (on the Hearing Handicap Inventory for the Elderly Screening Questionnaire) and later asked them to complete three different memory tasks first alone and then together with their spouse. We calculated benefits (or costs) of remembering on each task with their spouse versus alone depending on levels of self-reported hearing handicap. When one partner reported mild to moderate or significant hearing handicap, couples showed little or no benefit of collaboration compared to couples where spouses reported no hearing handicap. We illustrate our findings with one case of a couple where collaborative expertise seemed to break down entirely due to hearing loss. Such findings and cases are important given the clear but still unexplained link between hearing loss and dementia. We explore the possibility that hearing difficulties disrupt conversational skills crucial to collaboration. If memory collaboration protects memory and cognition, losing benefits of collaboration may increase the risk of cognitive decline. And how might hearing interventions improve collaboration and thus memory and cognition? These speculations highlight the value of considering the social (and cognitive) circumstances of memory as we age and the consequences of disruptions to our expert remembering systems

## Womens' experiences of seeking help for domestic elder abuse

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**Abstract:** There has been very little research conducted in Australia looking at older women's experiences of seeking help and support for elder abuse. This qualitative, interpretive phenomenological study's aim is to explore these experiences, with emphasis on the barriers and facilitators they experience when seeking help and support for instances of domestic elder abuse (elder abuse occurring in the home, perpetrated by a family member) through in-depth, semi structured interviews with practitioners who have worked with women who have experienced elder abuse and older women who have experienced domestic elder abuse. The study is currently ongoing but will be completed by the end of October. Thus far, results show that there are multitude of barriers to older women seeking help for domestic elder abuse, including their relationship with the perpetrator, a lack of awareness as to where they can seek help from, wanting to protect other members of their family such as their children or grandchildren and feelings of guilt and shame. Few facilitators to older women seeking help have been identified; these include older women feeling as though there is no other option but to seek help and receiving information about help seeking at the beginning of the abuse. It is hoped that the results of this study will identify areas of improvement for elder abuse services in Western Australia and assist them to build upon their strengths to make help seeking for older women experiencing elder abuse easier and more accessible.

## Collaborative action to develop client engagement

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**Abstract:** Shifting expectations about the roles of clients and families in aged care make engagement practice increasingly complex for service providers and their staff. Organisations need to empower and support their staff to critically assess practice and identify opportunities for innovation. This presentation draws on findings from an action research project that addressed the development of client engagement in aged care with the aim of developing a toolkit to support practice change. Working groups were formed with 39 staff in management, strategic, direct care, hospitality, lifestyle, administrative support, case management, and clinical roles from multiple community and residential services in two organisations. These working groups collaborated over a period of 18 months through a process of problem identification, solution implementation, and reflection. The groups identified key issues for client engagement in their services and designed and implemented a range of projects to address these issues, including development of practice resources. Qualitative data collected during observations and workshop discussions were used to explore the process of the collaborative research approach to addressing practice change in client engagement. The findings indicated that staff are a rich source of information and ideas and are effective proactive change agents, enjoy contributing to organisational change across different service environments and creating momentum for change, and identify a wide range of benefits from participation. However, some fundamental structures and processes need to be in place. These include: engaged and supportive management who facilitate implementation; staff authority and ownership of change, even during other organisational or systemic changes; staff experience with formal processes; staffing and rostering that facilitates participation and commitment to the project by a diverse group including casual or geographically dispersed staff; allocation of project resources; and recognition of staff achievements. Implications for supporting staff-driven collaborative initiatives to develop engagement practice will be discussed.

## An innovative national approach to education and knowledge translation

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**Abstract:** In 2016 the Australian Government awarded the tender for the establishment of a national dementia training provider to Dementia Training Australia (DTA, <http://www.dementiatrainingaustralia.com.au>). DTA is a consortium of five universities (University of Wollongong, Queensland University of Technology, University of Western Australia, University of Tasmania, and La Trobe University) and Alzheimer’s Australia.

DTA aims to strengthen the capacity of the dementia-care workforce to provide appropriate, evidence-based prevention, intervention, assessment, treatment and care for people living with dementia. This will be achieved through the development and delivery of an integrated suite of education programs, resources, and organisation-specific tailored training packages to facilitate knowledge transfer. This unique, nationally cohesive program delivers dementia education via e-learning, online resources, face to face delivery, Fellowships, knowledge translation projects and consultancy services.

This paper will present the innovative approach taken by DTA and discuss how this multi-faceted model enables the program to reach all areas of the dementia care workforce, all care sectors, and all regions of Australia. It will discuss how DTA utilises a strong focus on knowledge transfer and tailors education delivery to the specific needs of each professional target group, often within individual organisations.

Using a number of examples from its first year of operation, this presentation will demonstrate how DTA is ideally positioned to increase the capacity of the dementia-care workforce to provide evidence-based care to people living with dementia across the entire trajectory from assessment and diagnosis, to end of life.

## Evaluation of mobile versus departmental chest x-rays in geriatric patients

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**Abstract:**

**Introduction:** Patients admitted under geriatric medicine have the largest number of chest-X ray (CXR) requests when compared to other medical specialties in Westmead hospital, a level 6 hospital. Chest X-rays are performed routinely in the radiology-suite (departmental CXRs), however they may also be performed at the bedside (mobile CXRs) when the patient is medically unstable. Geriatric patients may have mobile CXRs for other reasons (Eg: agitated delirium). There are currently no guidelines for ordering a mobile CXR. This study evaluates for the most common reasons for requesting mobile and departmental CXRs, to assist in developing a consensus guideline.

**Method:** This is a retrospective observational study of consecutive patients admitted under the geriatric service, and had a chest-X ray whilst at Westmead hospital between 1st July 2015 to 1st July 2016. A comparison was made of the reasons for X-ray requests, timing of requests, average imaging times and adequacy of imaging between mobile and departmental CXRs.

**Results:** A total of 1,862 CXRs were performed. Forty percent were mobile. There was no statistical difference amongst the three common reasons for requesting departmental and mobile CXRs: rule out respiratory infection, pulmonary oedema and post-line insertion. It was noted that in a large number of CXR requests (40%), insufficient clinical information was given. Mobile CXRs are completed in approximately half the mean time of a departmental film (201 versus 386mins); however have a higher odds ratio (OR 6.7) of being inadequate. The majority of mobile X-rays (62.6%) are ordered outside of normal working hours.

**Conclusion:** The most common reasons for requesting both types of CXRs are similar at our centre. Mobile CXRs take half the time, but are less likely to be adequate; hence considered ordering of mobile CXRs is recommended, especially after hours when less staff are available.

## Low-dose aspirin as adjuvant treatment for venous leg ulceration

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**Abstract:**

**Introduction:** Venous leg ulcers are the most severe presentation of chronic venous insufficiency and are more common in older people. The mainstay of treatment is compression bandaging or hosiery. Some adjuvant treatments, such as pentoxifylline, are available but are not widely used. There is suggestive evidence for 300mg aspirin daily as an adjuvant, but such a dose limits its use in older people. There was no evidence on the effectiveness of low-dose aspirin for treating venous leg ulcers.

**Methods:** A pragmatic, community-based, blinded, randomised controlled trial of 150mg aspirin daily versus placebo for up to 24-weeks in participants with venous leg ulceration in five study centres in New Zealand (NZ). Standard treatment was compression therapy with the system of choice guided by patient and/or clinician preference. Participants were required to be aspirin-naïve and safely receive either aspirin or placebo. The primary outcome was time to complete ulcer healing and secondary outcomes included proportion healed, change in estimated ulcer area, change in health-related quality of life (measured by RAND-36, EQ-5D, and Charing Cross Venous Ulcer Questionnaire), and adverse events. The Aspirin4VLU trial was funded by the Health Research Council of New Zealand and registered on ClinicalTrials.gov (NCT02158806).

**Results:** Aspirin4VLU started recruiting in March 2015 and follow-up was completed 31 March 2017. 1563 participants in were screened and 302 were registered. 251 met the eligibility criteria and were randomised; 125 and 126 were allocated to each group. 118 participants (47%) were female and 151 participants (60%) were NZ European. At baseline, mean ulcer size was 6.2 cm<sup>2</sup> and mean ulcer duration was 16 weeks. The ulcer was the first ulcer for 100 participants (40%). Outcome analyses will be presented.

**Conclusions:** This study is the first trial to report the effect of low-dose aspirin as an adjuvant treatment for venous leg ulceration.

## Retrospective cohort study on urodynamic studies in geriatric patients

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### **Abstract:**

**Introduction:** Video Urodynamic Study is the gold standard in diagnostic testing for lower urinary tract symptoms (LUTS). However it can be a time-consuming and expensive exercise. Currently the impact of urodynamic studies on the management of LUTS in the geriatric patient is poorly understood.

**Aims:** Investigate whether performing urodynamic studies changes the diagnosis, management and treatment outcomes for geriatric patients suffering from LUTS.

### **Methods:**

- 56 Geriatric patients identified from patients who had undergone urodynamic studies at Kingston Continence Service since 2014
- A secure (password encrypted) document created with patient unit record numbers
- A secure (password encrypted) Excel Spreadsheet created for de-identified data collection, entry and analysis

**Results:** Most referrals were for diagnostic clarity with common diagnoses being urge, mixed and stress incontinence. Post urodynamic studies the main diagnoses were urge and stress incontinence, incomplete bladder emptying and reduced bladder capacity. Urodynamic studies resulted in a change in 82% of patients' diagnosis and 87% of management plans. At 1-3 months, 59% had unchanged symptoms, 14% had improved symptoms. At 6+ months, 32% had unchanged symptoms, 25% had improved symptoms.

**Conclusions:** In the geriatric patient, urodynamic studies can provide diagnostic clarity with most patients having a change in their diagnosis and subsequent management plan. More patients seem to benefit from this at 6+ months than at 1-3 months. Urodynamic study remain an important tool for assessing LUTS in geriatric patients.

## Exercise physiologist-led therapy in a residential care facility

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**Abstract:** Exercise and Sports Science Australia promote an accredited exercise physiologist (AEP) as the allied health professional specialising in clinical exercise interventions for persons at high risk of developing, or living with chronic and complex, medical conditions and injuries. Yet despite an ageing population, there is a limited number of AEPs employed within the aged care sector. The limited amount of exercise-based research in residential care environments has focussed on the effect of resistance training and balance programs on falls prevention; however, the benefits of promoting independence through exercise are limited. This project used a mixed-method design to investigate the effectiveness and feasibility of implementing an AEP led therapy program for individuals living in a residential care (RC) facility with the objective of improving health and wellbeing, and facilitating enhanced independence. All residents (N=113) were invited to participate in the study and those who were included were randomised to an intervention or control (usual care) group. Staff in the RC facility and family members of residents were recruited for focus groups and semi-structured interviews respectively post-intervention. Outcome measures (Observational Mapping and Quality of Life) were taken at baseline and following the 12 week, twice-weekly intervention program. Observational mapping was conducted on two separate occasions (one week apart) with activities recorded and classified on five levels of activity (no activity to high therapeutic activity). The primary outcome measure was the proportion of time spent in each activity category, with others (e.g., family, staff) and in various locations (e.g., own room, dining room). Data was analysed using a repeated measures ANOVA for the between-group comparison (intervention and control) at baseline and 12 weeks. The interviews and focus groups were classified into overarching themes. Findings from this study identified the barriers and facilitators to the delivery of AEP services within a residential care environment.

## Assessing physiological effects of an exercise intervention in older adults

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### **Abstract:**

**Introduction:** Age-related decrements in trunk muscle size and strength are associated with decreased balance and increased falls risk. The effectiveness of balance and/or resistance training of the peripheral musculature for falls prevention in older adults have been well-demonstrated. However, little is known about the effect of exercise programs targeting trunk musculature on functional ability in older adults. Our study sought to explore the effectiveness of a 12-week supervised multimodal exercise program comprising walking and balance exercises, with or without trunk strengthening/motor control exercises on trunk muscle size, strength, and functional ability in healthy older adults.

**Methods:** Our study was a single-blinded parallel group randomized controlled trial. We recruited healthy older adults ( $\geq 60$  years), with no history of lumbar surgery or medical conditions impeding safe participation in an exercise program. Sixty-four older adults (mean (SD) age: 69.8 (7.5) years; 59.4% female) were randomized to receive a 12-week supervised multimodal exercise program comprising walking and balance exercises with or without trunk strengthening/motor control exercises. Trunk muscle size and strength were assessed using ultrasound imaging and HUMAC NORM isokinetic dynamometer, respectively. Functional and balance outcomes were assessed using 30-second Chair Stand Test, Sitting and Rising Test, Berg Balance Scale, and Multi-Directional Reach Test. All data was analyzed using a linear mixed model.

**Results:** After 12 weeks of the exercise program, the trunk strengthening/motor control exercise group experienced larger increases in trunk muscle hypertrophy (1.6[1.0,2.2]cm) and composite trunk strength (172.6[100.8,244.5]N); as well as improved 30-Second Chair Stand Test (5.9[3.3,8.4]repetitions), Sitting and Rising Test (1.2[0.22,2.2]points), Forward Reach Test (4.2[1.8, 6.6]cm), and Backward Reach Test (2.4[0.22,4.5]cm) outcomes, compared to the walking-balance exercise group.

**Conclusion:** This randomized controlled trial shows that including trunk strengthening/motor control exercises into a 12-week supervised multimodal exercise program confers additional benefits to balance and walking training in healthy older adults.

## Violence, mental health and ageing in Indigenous Communities

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**Abstract:** Many of the conditions associated with older age, such as dementia, falls, incontinence and pain are common amongst older Aboriginal and Torres Strait Islander people (LoGiudice, 2016). However less is known about the prevalence and impact of elder abuse in these communities, including who perpetrates abuse, the impact it has on the older person and whether they seek help. In this study, we seek to examine one aspect of elder abuse among older indigenous Australian's: physical violence. As is well established there is a paucity of data on elder abuse in Australia, particularly for indigenous Australians. We utilise unique data on 11,178 indigenous people living in private dwellings from the 2015 National Aboriginal and Torres Strait Islander Social Survey conducted by the Australian Bureau of Statistics. In this report, we examine (i.) the age-sex based prevalence of physical violence, (ii.) how the perpetrator relationship differs with age (eg., current or previous partner, child, sibling), and (iii.) the types of injuries and care sought from the most recent instance of physical violence. Focusing on the population of indigenous population aged 50 and over, we investigate the underlying socio-demographic correlates of experiencing physical violence. We further examine the relationship between experiences of physical violence and mental health outcomes using the Kessler K5 score and a range of wellbeing measures. We discuss the theoretical and policy relevance of our findings with respect to appropriate models for prevention and management of elder abuse with older Aboriginal and Torres Strait Islander people.

## Is hearing rehabilitation for older adults person or family-centred?

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**Abstract:** Over 70% of adults aged 75+ experience a hearing loss (HL) that adversely affects their day-to-day living and wellbeing. Extensive research reveals poor rates of help-seeking and less than optimal success with hearing aids, the primary intervention for age-related HL. Given the well-established consequences of HL (that is, reduced emotional health and wellbeing, relationship and communication breakdown, and, higher rates of cognitive decline), HL reduces opportunities for participation and engagement in society when not effectively rehabilitated. The model of hearing service delivery has recently been implicated in the aforementioned poor hearing rehabilitation outcomes. Despite advocacy for person- and family-centred care within hearing care, little research explores the presence of behaviours indicative of such an approach.

This study aimed to: 1) examine the nature of person-centred communication between audiologist and older adults/companions throughout initial audiology consultations; 2) identify audiologist, patient or consultation-related factors that may influence person-centred communication dynamics in initial audiology consultations; and, 3) answer the question “do older adults receive person- or family-centred hearing rehabilitation?”

Sixty-two hearing rehabilitation consultations with older adults were filmed and verbal communication was analysed using the Roter Interaction Analysis System. Linear Mixed Modelling was used to examine associations between communication dynamics and audiologist, patient or consultation factors.

Results revealed a paucity of person- and family-centred communication behaviours. For example, patients'/companions' opinions were rarely elicited; in the presence of a companion, audiologists asked significantly fewer lifestyle-related questions; and, minimal audiologist-patient emotional engagement was observed. Additionally, patients/companions were offered minimal information about interventions beyond hearing aids to optimise their communication.

Results have implications for the current model of hearing care and provision of hearing services. At a clinician-level, changes are required to facilitate communication that aligns with person- and family-centred care and patient empowerment. Future research should explore the implications at a service- and policy-level.

## Lessons learned: Informal falls conversations using a world café approach

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**Abstract:** Many older adults have low levels of self-perceived risk and a lack of willingness to take up existing falls prevention strategies. A community participatory research approach using a World Café forum sought the opinions of older community dwelling adults regarding their preferences for falls prevention education delivery. The World Cafe is a facilitated informal series of conversations around a set of predetermined issues as defined by those hosting the event (Aldred, 2011). The setting encourages “safe” conversations amongst those attending using a variety of media so that the persons can convey their opinions and beliefs without the formality of the traditional focus group approach. This event invited table hosted discussions amongst 70 community dwelling older persons. The informal and relaxed setting for the event engendered a great deal of lively discussion amongst participants and table hosts which was recorded verbally and in various written formats. Overall, the participants regarded the world cafe forum as a highly positive experience and participants felt that learning occurred by way of interaction and “sharing of ideas”. The collective intelligence of the World Cafe group forged insights, recommendations and solutions towards falls prevention education strategies. This presentation will specifically focus on the process and the overall value of a world café approach in encouraging older community dwelling adults to more fully involve themselves in understanding and managing aspects of their own health and wellbeing.

### Innovation in social housing

**Author/s:** Ms Cassie Mason, Office for the Ageing, SA Health, South Australia, Australia

**Abstract:** More than just bricks and mortar, age friendly housing needs to consider a broad range of physical and social factors that enable the design of houses, precincts and communities to respond to the changing needs of older people. Issues such as accessibility and walkability; social interaction and physical activity; adequate public transport; and proximity to shops, services, community and faith are all key to ageing well in place and need to be included as part of the conversation.

In December 2016, Office for the Ageing commenced the Innovation in Social Housing 90 Day Project to consider how social housing being built now can be better designed to cater to the diverse support, care and lifestyle needs of older Housing SA tenants as they age into the future.

The project included three separate engagement processes involving older Housing SA tenants and industry and community experts, which provided tenants with the opportunity to have their voices heard with respect to their wants and needs, and industry professionals a chance to increase their understanding of the issues and use their expertise to come up with creative and innovative design solutions.

Ideas generated in the first two workshops, which engaged Housing SA tenants and industry and community experts separately, were brought together in a co-design forum to develop recommendations and options that promote age-friendly housing and precincts. The outcomes of the project will inform current and future housing developments undertaken by the South Australian government and will also be made available to inform the wider housing sector.

This presentation demonstrates the importance of recognising, valuing and tapping into the diverse expertise and experiences of older people to better understand and tailor responses to their needs as they age, and that, when it comes to age friendly housing, one size does not fit all.

## Aged care facility residents' language preferences and country of birth

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### **Abstract:**

**Introduction:** The number of older people from a non-English-speaking background is large and growing, however little is known about the prevalence of this cohort living in residential aged care facilities (RACFs) and how aged care providers are responding to their needs and preferences. The aim of this study was to describe the prevalence of people living in RACFs who are born in non-English-speaking countries and/or have a preferred language other than English.

**Methods:** Secondary analysis of data from the Australian Institute of Health and Welfare National Aged Care Data Clearinghouse. Data were analysed by country of birth, preferred language, State/Territory, and Aged Care Planning Regions within Victoria.

**Results:** Nationally, over 30,000 (18.3%) of RACF residents were born in a non-English-speaking country. In Victoria, almost one in four (23.9%) RACF residents was born in a non-English-speaking country, and approximately one in eight (13.1%) has a preferred language other than English.

The majority (72.4%) of Victorian RACFs have at least one resident with a preferred language other than English, and this rises to 90% in Melbourne. One in four (26.1%) residents with a preferred language other than English are the sole speaker of the language in their facility.

**Conclusion:** Niche aged care providers specialising in services for a specific ethnic or language group (sometimes called “ethno-specific” services) can no longer be seen as a sufficient response to the service needs of people from culturally and linguistically diverse backgrounds. People from diverse cultural and linguistic backgrounds are widely dispersed across facilities and regions. Therefore, sector-wide responses are required, particularly in relation to language services and staff development. All RACFs need to embed inclusive practice approaches to effectively address the needs and preferences of all residents, including those who were born in a non-English-speaking country or prefer to speak a language other than English.

## What kinds of conversations scaffold successful remembering in elderly couples?

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**Abstract:** Advancing age is associated with impairment in memory, and such age-related decline is seen as a virtually inevitable part of ageing. Memory difficulties impact both an individual's sense of self and their relationships with others. In a program of research, we are investigating the possibility that the memory performance of elderly adults can be enhanced when they remember together with an intimate conversational partner – such as a spouse. Can elderly couples, who have a lifetime of shared experiences, scaffold each other's memories? In the current research, we tested 39 elderly long-married couples on a range of non-personal and personal, episodic and semantic, memory tasks. We tested husbands and wives recalling alone, and then tested couples remembering together. Our research suggests that intimate partners can indeed facilitate each other's memory, such that they remember more when together than they do alone. That is, as a unit, elderly couples act as 'more than the sum of their parts'. Using detailed coding and analysis of this conversational reminiscing, we identified the particular communication strategies that were helpful for memory performance and those that were unhelpful. We develop a concept of 'sensitivity' in memory scaffolding, and define the cluster of communication strategies that are the hallmarks of sensitive communication which benefits memory performance. Such benefits offer a more optimistic view of memory and ageing, since joint reminiscing with loved ones is a cost-free, enjoyable, everyday activity that people engage in regularly. In identifying effective communication strategies for supporting memory performance, we highlight the value of studying people within their everyday social groups and harnessing the power of these everyday conversations to support memory as we age.

## The prevalence, health and wellbeing impacts of elder abuse

**Author/s:** Mr Charles Waldegrave, Family Centre Social Policy Research Unit, Other , New Zealand

### **Abstract:**

**Introduction:** The aim of this study was to provide an evidence base of the prevalence of elder abuse, the populations most affected and the observed impacts of it. There have been no previous studies measuring the prevalence of elder abuse, the populations affected and its impacts in New Zealand.

**Methods:** The second wave of the New Zealand Longitudinal Study of Ageing (NZLSA) in 2012 had a national random sample of 3,015 older New Zealanders aged 52+ years, 1,699 of whom were 65 years and older. The Vulnerability to Abuse Screening Scale (VASS) was applied. Four sub-scales: vulnerability; dependence; dejection; and coercion, enabled the identification of different types of elder abuse. The responses were assessed for associations with gender, marital status, ethnicity and statistical associations with health and wellbeing measures, including CASP-12, WHOQoL-8, SF-12, CES-D (depression) and the De Jong Gierveld Loneliness Scale

**Results:** The study demonstrated that elder abuse, as measured by VASS, was prevalent for at least 1 in 10 participants on each of the four sub-scales. Items concerning psychological abuse were more frequent than those associated with coercion and physical abuse. Women, Māori, divorced, separated and widowed older people experienced significantly more abuse. Consistent statistical correlations were found between elder abuse and lower levels of health and wellbeing, and higher levels of depression and loneliness. Regression analysis identified the variables most strongly associated with each elder abuse component. Loneliness was associated with all four.

**Conclusions:** Elder abuse is pervasive in New Zealand, even though the vast majority of older people don't experience it. The damage to people is consistently negative and costly to health and welfare services as a consequence. Improved policy settings designed to substantially reduce elder abuse will improve the quality of life of the people concerned and reduce health and welfare costs.

## Final pathways in aged care: Association with causes of death

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**Abstract:** Information on causes of death in a population is widely recognised as an essential guide to public health efforts. The Pathways in Aged Care (PIAC) is a linked dataset, national in scope and with complete coverage, which records Australians' use of aged care services since 1997 and up to mid-2014. The linkage has recently been expanded to include mortality data for the same period. This resource provides an unprecedented opportunity to investigate the use of aged-care services in older Australians prior to their death. The Australian Institute of Health and Welfare (AIHW) has used the PIAC dataset to derive leading cause of death (LCOD) data, and to identify the most important LCODs in regard to the use of particular aged care services.

Preliminary results have shown a strong association between use of different aged care services and LCOD patterns: People who had used an aged care service before their death were highly likely to have cardiovascular-, dementia- and kidney failure-related LCODs present, while the presence of cancer-related LCODs was relatively uncommon. Dementia was the most important LCOD for higher-level care services. Analysis also included comparison of LCODs for older Australians who did not use aged care services, and for this group cancer-related LCODs were more common.

This work demonstrates an important early application of health(aged)-care trajectory data to chronic diseases, in accord with a broader Commonwealth health policy interest in longitudinal analysis. This is also believed to be the first time national-level LCOD data have been analysed against individual-level aged care service use. This work provides an excellent basis for more comprehensive analyses of the final pathways in aged care service-use by older Australians, allowing us to explore and better understand the future service needs of an ageing Australian population.

## Tailored falls education for older people discharged from hospital

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**Abstract:** Older people are known to have increased rates of falls and functional decline following hospital discharge. When older people transition from hospital to home there is a transfer in responsibility for health care from the inpatient team to the older person, however previous studies have found patients have low levels of knowledge about how to reduce their falls risks and low levels of engagement in preventive strategies.

This protocol describes a current prospective observational cohort study (n=390) that is nested within a larger NHMRC funded randomised controlled clinical trial.<sup>1</sup> The primary aim is to examine the impact of providing tailored falls prevention education for older people at hospital discharge on their engagement in falls prevention strategies in the six-month post-discharge period. An embedded mixed-method design will be used. Quantitative and qualitative data are collected at baseline in hospital, and at six months after discharge using semi-structured phone interviews. Logistic regression (quantitative data) and interpretive phenomenological analysis (qualitative data) will be undertaken and results merged to present the findings.

This research will provide evidence about the effect of providing tailored falls prevention education on older peoples' engagement in falls prevention strategies after discharge and characterise their health behaviour change in terms of capability, opportunity, and motivation and barriers to change. Findings will contribute to the evidence about effective fall prevention interventions for older people following hospital discharge.

1. Hill A, Etherton-Ber C, McPhail SM, et al Reducing falls after hospital discharge: a protocol for a randomised controlled trial evaluating an individualised multimodal falls education programme for older adults *BMJ Open* 2017;7:e013931.

## A tool to support hospital care for people with dementia

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**Abstract:** Hospitalised people living with dementia may have limited capacity to communicate needs, preferences, and symptoms to the staff, compounding risks of distress and other adverse outcomes. Moreover, the patient's family has limited opportunities to provide the staff with information to support care. In a mixed methods study, funded by the Dementia Collaborative Research Centre: Carers and Consumers, family carers of people with dementia, hospital staff members, and the research team worked together to develop an evidence-based carer-staff communication tool, the Focus on the Person form. The first draft of the form was developed by the research team based upon a literature review determining key risks from hospitalisation for the person with dementia. Then, a process of researchers consulting with clinicians and carers was undertaken, during which topic areas to be covered by the form were mapped alongside information that needed to be elicited from the family carer to inform safe person-centred care. When a draft form had been developed, 31 family carers of people with dementia completed the form and maintained the currency of the information provided for one month, providing feedback on the experience during interviews. Finally, 30 hospital staff members attended focus groups and were provided with a copy of the form plus a summary of the data provided using the form. These staff members contributed advice regarding how the form might be modified to ensure the accessibility of information to inform hospital-based care. Revisions were implemented and the final version of the Focus on the Person form is now available for completion electronically or in hard copy. This presentation will report results from the various stages of tool development and recommend ways in which the tool may be integrated into routine health care practice to enhance care for people with dementia when they are admitted to hospital.

## Consumer Directed Care? Caregivers' decision making with people with dementia

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### **Abstract:**

**Background:** Carers of people with dementia are placed in the situation of needing to provide assisted or substituted decision making support in a service environment that currently emphasises the primacy of consumer, rather than carer directed care. Little is known about how family caregivers involve people with dementia in decision making or indeed what support is needed to support such involvement.

**Methods:** Fifteen face-to-face semi-structured interviews with individuals caring for a family member with dementia in the community and eight focus groups with staff in community based caregiving roles were conducted in Queensland, Australia. Thematic analysis was undertaken using NVivo software to organise the data.

**Results:** As dementia changes the abilities of the person, it also changes the caregivers' role within the relationship. A key theme that emerged was 'Caregiver as Director' where caregivers made decisions for or on behalf of the person with dementia. As the dementia progressed, the caregivers described using their role as decision maker to juggle the competing priorities of their role. They sought to maintain their relative in the community since they perceived this was the underlying wish of the person with dementia. However to achieve this outcome in many instances they compromised on negotiating with them on day to day issues of living. Professional caregivers spoke about the person with dementia as expert but generally described decisions where their focus was supporting the caregiver.

**Conclusion:** In this sample of caregivers, we found that the caregivers generally undertook substituted decision making in the choice of service for people with dementia. On these occasions, consumer directed care became carer directed care. This raises issues for service providers who may not be engaging with the person with dementia until after the service has been put in place.

## MARC: Changing systems, practice and lives through collaborative translational research

**Author/s:** Ms Debra O'Connor, National Ageing Research Institute, Victoria, Australia

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**Abstract:** Achieving the best possible care for older people across a range of settings and services is difficult for a range of reasons, including fragmentation of services, silos in healthcare and ageist attitudes.

The Melbourne Ageing Research Collaboration (MARC), comprising 10 partners from primary care, hospitals, aged care, peak groups and academic institutions with support from the State Government of Victoria, aims to break down the barriers that stop older people getting the best outcomes. Each partner invests a small amount per year and at present MARC partners cover a region with a population of over 1.5 million.

MARC's vision is that older people receive the best possible care and support through services, programs and policies and an optimal quality of life regardless of the setting. It aims to improve the lives of older people by rapidly translating research evidence into policy and practice.

Our model is unlike other collaborations in that harnesses the collective knowledge and experience of partners to determine and shape research which will have the biggest impact for the partners. Themes for research are: Dementia, Falls Prevention, End of Life, and Healthy Ageing. Projects are developed using a co-design approach. Other cross cutting themes include consumer/carer involvement, technology, economics, diversity, workforce, and models of care. Education and research capacity building are also key objectives.

The process and the outcome are equally key features of this unique endeavour. The project development and refinement processes are important contributors to the outcome. So far results have been very positive.

Since its inception the Collaboration has attracted further funding from, philanthropy and industry.

This presentation will highlight how to maintain engagement and identify the crucial enablers and barriers to grow and further the aims of Collaboration.

## Cultivating impact investment to enhance older peoples' accommodation and care

**Author/s:** A/Prof Eileen Webb, Curtin Law School, Curtin University, Western Australia, Australia

**Co-author/s:** Gill North, Faculty of Law, Deakin University, Melbourne, Victoria, Australia; Richard Heaney, Retired Professor of Finance

**Abstract:** Governments alone cannot bridge the gaps and support affordable accommodation and care for low-income seniors. It is time to consider encouraging social impact investment as a means of enhancing older people's accommodation and care.

Social impact investments are:

... investments made into organisations, projects or funds with the intention of generating measurable social and environmental outcomes, alongside a financial return.

Impact investment can take a variety of different forms. It can be organised through direct equity investment, acquisition of units in a mutual fund, debt, venture capital, social impact bonds or other fixed income mechanisms, which might combine blended social impact and financial return. The sources of investment are equally diverse. These may include philanthropists, funds, businesses, government, private investors, or a combination of two or more. Such investment can be enhanced through partnerships between government, NGOs and private investors, together with taxation and other financial incentives.

The paper draws on AHURI funded research undertaken by the authors in 2017. The paper will examine developments abroad where social impact investment has provided improved residential accommodation, aged care and wrap-around services for seniors. The paper then examines the progress of social impact investment in Australia and identifies the potential for - and possible pitfalls of - such investment in seniors housing and care.

Although government will certainly continue to play a significant role, this paper argues that social impact investment should be encouraged as a way to resolve financing and development issues in meeting lower income seniors' needs for accommodation and care.

## Appreciating value: Economic and social contributions of older carers

**Author/s:** A/Prof Elizabeth Brooke, Faculty of Business and Law,, Swinburne University of Technology, Victoria, Australia

**Abstract:** The economic and social contributions of Australian caregivers aged 45 years and over provide a significant yet uncounted contribution towards sustaining the aged care system. The project, funded by the National Seniors Productive Ageing Centre, aimed to calculate the economic contribution of informal care provision by older informal caregivers. Caregiving relationships vary according to the intensity of recipients' care needs, familial relationships and co-residency. Health and disabilities, workforce participation and financial resources affect caregiving capacities. This paper calculates the replacement cost of older informal carers according to the value of the care provided, if that care was provided in a formal setting. The data is based on the Australian Bureau of Statistics (ABS) 2012 Survey of Disability Ageing and Carers which collected information about care recipients and their informal carers, disaggregated by age and gender. The analysis calculates the replacement cost of older informal caregivers providing assistance with profound and severe core limitations and with moderate or mild limitations. The paper adds the replacement costs of care by older primary and non-primary co-resident carers and grandparent care. It presents the total dollars contributed by older carers. It then discusses government informal carers policies and the imperative to generate innovative policies to support the vital contributions of older caregivers.

## Visual cue to the loo

**Author/s:** Mrs Elizabeth Soleil-Moudiky-Joh, Rehabilitation Unit, Gold Coast HHS, Robina Hospital, Queensland, Australia

**Abstract:** In 2016 an opportunity to apply for a quality improvement program arose and I was one of thirty from two hundred accepted to complete a six month Manged Improvement Program by the Clinical Excellence Division, Department of Health, Queensland Government.

One of the learning activities of the program was to identify an area for improvement and design and to conduct a Service Improvement or Innovation Project.

My project "Visual cue to the Loo". Reviewing the work of Professor Richard Fleming (<http://www.enablingenvironments.com.au/principles.html>) it is evident that hospital design is vital for elder people's independence.

An elevator pitch was designed to get the CEO's attention and make change happen.

"Did you know that vision in the elderly declines and without contrasting colours in a bathroom an elderly person or those with glaucoma, cataracts or cognitive impairment are unable to see a toilet if the background tiles are white and the toilet seat is white?"

If a person is incontinent and slips in a bathroom and # their NOF is would increase their LOS by 7-12 days, operation costs of \$21,000–31,000 and a morbidity rate of 80% in the first 12 months post fall. For \$8 each we could change the colour of the toilet seats in the hospital and reduced this risk."

The number of disorientated patients voiding in inappropriate places in the hospital room is evident by the electronic Medical records (eMR) for patients in delirium and with visual and cognitive impairment. Independence is a high priority for elderly people coming to hospital and can conversely reduce the risk of delirium.

As a health professional I strongly advocate for elder friendly environments to maintain independence, dignity and wellbeing.

Reference:

Fleming Richard (2015) < <http://www.enablingenvironments.com.au/principles.html> >

## Efficiency and feasibility of aquatic physiotherapy in Parkinson's disease

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**Abstract:**

**Aim:** To synthesise and critically evaluate literature regarding efficacy and feasibility of aquatic physiotherapy in people with Parkinson's Disease (PWP). Commonly used outcome measures and elements of aquatic interventions, with a focus on safety criteria, will be summarised.

**Design:** A systematic review with descriptive analysis of studies.

**Method:** Relevant studies were identified through searches in nine health related databases. Two independent reviewers assessed study quality using either PEDro scale or a customised tool for safety and feasibility.

**Results:** Database searches yielded 88 articles, of which 10 met pre-defined inclusion and exclusion criteria. Studies varied greatly in methodology, quality, interventions and outcome measures. Study quality was generally low (mean 6.5/10) in items requiring reporting of safety precautions, adverse events, attrition, and adherence. Outcome measures were diverse therefore a qualitative synthesis was performed. Results suggest that aquatic physiotherapy may have a positive effect on health related quality of life as measured by the Parkinson's Disease Questionnaire -39 (PDQ-39) with 4 out of 5 studies demonstrating a significant within group effect, and balance (Berg Balance Scale), with 2 of 3 studies demonstrating a significant within group effect.

**Conclusions:**

- Aquatic physiotherapy may be a beneficial treatment modality for PWP.
- A minimum data set that includes the UPDRS and the PDQ-39 may be required to aid future meta-analysis and to allow more definitive conclusions to be made regarding aquatic physiotherapy for PWP.
- PWP are a vulnerable population, where safety within an aquatic physiotherapy program needs to be well documented and addressed.

## Prevention of falls in hospitals: A new approach

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### **Abstract:**

**Introduction:** Despite evidence that falls prevention interventions work in hospitals, translation of evidence is difficult. This project developed and trialled a new approach, a falls prevention roadmap, using local data to inform the selection and implementation of falls prevention strategies.

**Method:** A team of clinicians and researchers developed a roadmap and trialled it at two hospitals. It involved collecting detailed local data over 10 weeks on falls, patient/staff knowledge, perceptions, practices, systems and environments. Data from each site informed selection of interventions relevant to that site. Front-line staff were involved. The impact of the intervention was evaluated after a further 10 weeks.

**Results:** In the initial 10 weeks the sites had 14.2 and 12.9 falls per 1,000 bed-days respectively. The profile of fallers at each site was different. One unit had falls predominantly in independently walking/standing patients. One-third of patients who fell had diminished cognition. On the other unit, falls predominantly occurred from sitting/lying, in dependent, cognitively impaired patients. Other factors also varied between sites. Interventions selected at the first site were: patient behaviour assessment and education at each shift; removal of falls risk signs; increased staff training, and medical assessment for all fallers. At the other site the interventions selected were: a “No Falls Zone” in which patients received constant supervision; removal of bed/chair alarms in the zone; involvement of all staff in assisting patients; and family education. In the subsequent period, falls declined to 4.5 falls per 1,000 bed-days at each site. The interventions addressed factors identified in the initial 10 weeks. The profile of fallers in the second phase changed. Accordingly, staff are developing different strategies to address new concerns.

**Conclusion:** This new approach to developing interventions involving collaboration between researchers and clinicians, demonstrated a reduction in falls. A roadmap applicable to different wards/units has been developed.

## ‘A day in the life’: Participatory design for aged care

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**Co-author/s:** Prof Shankar Sankaran, School of Built Environment, University of Technology Sydney, Sydney, New South Wales, Australia; Jacqueline Kelly, Lutheran Community Care, Milton, Queensland, Australia; Prof Prasuna Reddy, Faculty of Health, University of Technology Sydney, Sydney, New South Wales, Australia

**Abstract:** Aged care services in Australia are undergoing cultural change impacted by shifting patterns in demographics of an ageing population, recent government reforms, and the increasingly complex health needs—that include not only clinical care, but also quality of life, and general physical and mental wellbeing. Residential care facilities recognise that future clients will be more discriminating, they are operating in an increasingly competitive market, and they need to provide high quality care that is economically viable and sustainable. Design research and thinking can be used to address the changes needed by improving quality of life through supportive and creative technologies, improving the environment, and using creative approaches to develop supportive and sustainable communities.

In residential care facilities the stakeholders impacted by change include: organisational management, staff, contractors, clients with high and low care needs, family members, carers and the broader community. To explore what changes are needed to improve quality of life for everyone, stakeholders can be provided with co-value creation and co-design opportunities, to ensure that the full gamut of expertise of the organisation is involved in the implementation. The design process using cross-disciplinary design researchers adds further complexity, but greater potential outcomes.

This paper will report on the first phase of a participatory and co-design project undertaken in a Queensland aged care facility. The project used participatory methods to understand ‘a day in the life’ and engage all stakeholders in thinking about change. Methodologies employed included visual and tactile probes in a workshop environment, semi-structured interviews, and questionnaires, to gain an understanding of the perspectives of the broad range of stakeholders and identify priorities

The project highlighted the complexity and interrelatedness of aged care, the need to adopt a flexible, iterative approach and the importance of understanding the physical, social and cultural environment.

## Planning and designing context for active ageing

**Author/s:** Mr Grant Donald, Silk Tree International, Western Australia, Australia

**Abstract:** The word active means to participate or to engage in. A single building or group of buildings provides some context for active events but it is limited in its ability to be dynamic or it is limited in its ability to provide a multitude of different spaces for different uses. Architecture and buildings have important roles to play in aged care but to limit the support mechanisms for active ageing to these is to limit the ability of people to be active. Just like society needs to be able to move through varieties of spaces, to observe and experience stimuli, interact with people and places and to actively engage with the environment, people and places, the elderly need to do this as well. Development trends for better communities espouse the need for an integrated approach to new communities. We need buildings to nestle into open spaces, we need efficient and effective transport routes, we need green networks connecting major hubs, we need a good mixture of land use to be easily accessible and available. This is good planning practice, why then shouldn't these essential planning goals be dropped down to the micro level and used when planning for aged care communities and development for the elderly. Aged care facilities whether they are individual buildings or larger scale developments need to have greater focus on integrated design. Currently the design process for these types of facilities are limited to healthcare professionals and architects. This means that the focus is on the building envelope and the facilities within. This diametrically opposes the notion of 'activeness'. Open space networks or parks need to be incorporated into the design as well as upgrading of access and egress routes. Shops and transport options need to be close at hand. People need these to be activated.

## How do those attending dementia friendly community forums define community?

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**Abstract:** Dementia friendly community initiatives are considered a key strategy to support people with dementia and their family carers to live well. These community initiatives often consider communities in terms of geographical or council boundaries, yet individuals and groups may understand the meaning of community differently. We argue that recognising difference in perceptions of what “community” means is important because it may influence the approach that community members take toward becoming dementia friendly. We undertook twelve discreet dementia friendly community workshops in which participants working in small groups were asked to define the term community prior to exploring strengths and opportunities to become dementia friendly. Themes related to space and places emerged, together with the importance of relationships, and a framework of compassion and shared responsibility. Metaphors were used to describe connections within the community and included spider webs, gear boxes, an octopus, and wheels within wheels. It was recognised that community is not always geographically bounded, and that a sense of connection to others is central to definitions, particularly where they engendered feelings of belonging, security and safety. Choice was a defining parameter and the capacity to exercise choice was recognised as an important way for individuals to connect to community. Based on findings from this study, a model is presented to enable others to work collaboratively with groups who have a common interest in becoming dementia friendly. The findings of the study are important when considering moving toward becoming dementia friendly, as these differing concepts of community may forge new pathways for action as we redefine and build dementia friendly communities informed by those within.

## Smartphone technology supporting older people with dementia

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**Abstract:** Older people with dementia and their carers may find it challenging to navigate a complex and changeable health and aged care service system, making it difficult for them to access the services they need to live well in their own homes. Service Navigation and Networking for Dementia in Rural Communities (SENDER) is a prototype smartphone app that assists users to find dementia care information specific to a geographical location. Through social networking, SENDER also assists users to connect and share experiences, support, and ideas with others.

Using a co-design process, and mixed methods of data collection, SENDER was piloted in the rural townships of Warracknabeal and Heathcote in Victoria, Australia, from September 2016 to January 2017. Before and after the pilot period, participants were asked about their use of health and support services, use of technology, quality of life, sense of connection to other carers and service providers, and level of caring burden. During the testing phase, the researchers were in close contact with participants to monitor their usage of the app, to obtain informal feedback, and to trouble-shoot any challenges that arose. At the conclusion of the test period, participants provided additional feedback via focus groups.

The 9 carers and 8 service providers who beta-tested SENDER reported that the app showed potential to assist users to quickly locate and access services that were most relevant to them and that the app was a useful resource at a time of personal upheaval and stress. The older people who tested the app experienced challenge through lack of familiarity and comfort with using smartphones. The app can be improved by creating a simpler and less word-based menu. The app provides an opportunity to facilitate intergenerational interaction and support particularly for older family members who may be geographically distant from younger relatives.

## "I work somewhere with meaning": Care with purpose

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**Abstract:** Care with Purpose is an ambitious culture change initiative, seeking to transform care delivery in a memory support unit in Perth, Western Australia, that provides care to 17 residents with dementia. Care with Purpose embeds principles of a Montessori approach and aims to create a more personalised, engaging and enriching environment, where meaningful activities, roles and memory supports are integrated within daily routines and interactions with residents. As a critical component of the initiative, Care with Purpose seeks to educate and empower staff in order to enhance care delivery. This paper examines the outcomes of Care with Purpose for staff following the first 12 months of implementation. This aims to evaluate the early impact of the care innovation on staff satisfaction with work roles and conditions, as well as attitudes towards dementia, personhood and person-centred care. Staff across levels of the organisation and professional groups (e.g. managers, nursing staff, care staff, allied health) have completed a series of self-report scales and questionnaires to assess work satisfaction and attitudes prior to the commencement of Care with Purpose and at six or 12 month intervals. A staff Share what you Think Questionnaire has also been completed to collect qualitative feedback regarding staff perceptions of the care innovation. Key findings will be presented, including themes reflecting staff perceptions of Care with Purpose. The findings show evidence of successful culture change with measurable benefits for staff. The findings will be discussed in light of broader workforce strategy in aged care and the need to empower and enable staff to work in partnership with residents.

## IPEAC toolkit creating a sustainable interprofessional workforce for aged care

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**Abstract:** An interprofessional model of practice in aged care can create a sustainable workforce in an environment where resources are limited. Interprofessional placements in aged care are important for developing an understanding of the importance of interprofessional collaboration to support the care needs of older adults living in residential care. Resources to facilitate interprofessional student placements in aged care are needed to support staff. The primary objective of this study was to evaluate the development, implementation and dissemination of an Interprofessional Education in Aged Care (IPEAC) Toolkit for residential aged care staff to facilitate interprofessional student placements and support interprofessional education and practice.

The study consisted of three overlapping phases: development, implementation and dissemination, to ensure the toolkit was transferrable to different aged care settings. The 'Consolidated Framework for Implementing Research' used qualitative and quantitative methods to guide the project, including collaboration with five aged care providers across WA and SA. A critical reference group of aged care staff, dementia consultants, and education providers was a key part of the development process. The outcome is an IPEAC Toolkit a free, interactive, online resource designed to be used in part or whole to guide residential aged care staff in conducting an interprofessional student placement.

As well as detailing how to conduct interprofessional placements in aged care from pre-start to finish the toolkit covers content specifically related to cognitive decline and enhancing care outcomes for older adults living in residential care. The IPEAC Toolkit has been implemented at six aged care facilities in Australia and the evaluation of the findings has been positive, reinforcing the importance of providing resources to support residential aged care facilities to provide interprofessional student placements. This presentation will discuss the development and implementation of the toolkit and present case studies on how to utilise the IPEAC toolkit.

## Is laughter therapy a life-enhancing golden opportunity?

**Author/s:** Ms Janni Goss, JanniGoss.com, National Council of Women WA, Western Australia, Australia

**Abstract:** There have been many activities, programs and therapies devised and provided for older people, particularly those with dementia, to maintain function and improve quality of life. Laughter Therapy has been validated as a legitimate complementary therapy in America. All the initial research which demonstrated the physiological effects and health benefits of laughter was carried out using humour-induced laughter for test subjects. Laughter Yoga was created in Mumbai, India in 1995 by Dr Madan Kataria, a medical doctor, and his wife, Madhuri. In recent years there has been international research on the benefits of Laughter Yoga, which was introduced to Perth in November 2000, and has been widely shared.

Research carried out in Iran (2010) demonstrated that Laughter Yoga is at least as effective as group exercise in the improvement of depression and life satisfaction of elderly depressed women. In Korea (2011) research found that Laughter Therapy is considered to be a useful, cost-effective and accessible intervention that has positive effects on depression, insomnia, and sleep quality in the elderly. In Japan (2012) research demonstrated that the combination of laughter and exercise programs might have physiological and psychological health benefits for the elderly and motivate participation. The most recent publication from The Gerontology Institute, Georgia State University, Atlanta (2016) was an evaluation of a Laughter-based exercise program on health and self-efficacy for exercise. Results showed significant improvements in mental health, aerobic endurance and self-efficacy for exercise. The implications were that physical activity programs which elicit positive emotions through simulated laughter have the potential to improve these parameters amongst older adults and may positively influence participant adherence.

There is a golden opportunity at this conference to share the experience of Laughter Yoga with the delegates, so that they can appreciate its benefits. Is Laughter Therapy beneficial? Try a dose and find out!

## Ageing on the edge: Older persons homelessness prevention project

**Author/s:** Mr Jeff Fiedler, Housing for the Aged Action Group, Victoria, Australia

**Co-author/s:** Debbie Faulkner, Centre for Housing, Urban and Regional Planning, The University of Adelaide, Adelaide, South Australia, Australia

**Abstract:** This presentation provides details on a national research and development project trying to bridge the gap between research, policy and action. Homelessness and the threat of homeless is an increasing issue for older people, particularly women. All indications are that that an increasing number and proportion of older people will be living in less secure accommodation in the coming years and will be spending a greater proportion of their income on housing thus undermining their ability to age well.

The presentation reports on the first two years of a five year project that aims in each state to firstly identify the situation of older people living in precarious housing situations and at risk of homelessness; identify the housing options and services that currently exist and the issues around housing supply and the capacity of services to meet the needs of older people; and finally what the project is doing in starting the conversation for systemic change across all tiers of government and the community sector.

## Labour force behaviour of older indigenous Australians

**Author/s:** A/Prof Jeromey Temple, Demography and Ageing Unit, University of Melbourne, Victoria, Australia

**Abstract:** Over the previous 30 years, a time of considerable labour market growth and policy change, mature age labour force participation increased significantly in Australia. Numerous studies have examined the correlates and barriers to labour force participation in later life and the related public policy responses. At the same time, a number of studies have examined the gap in labour force participation between indigenous and non-indigenous Australians. In 2011, there was a gap of about 20 percentage points in the labour force participation rates of indigenous and non-indigenous people aged 15-64 (ABS, 2014). Indigenous people in this age group are more than three times more likely to be unemployed than non-indigenous people (ABS, 2014). However, an important gap in our understanding about labour force participation, is the behaviour of older indigenous Australians. Indeed, there is a considerable gap in our knowledge base regarding indigenous ageing in general (Parkinson, 2016). In this paper, we draw upon data from several data sources. Firstly, historical census data is used to compare the temporal nature of mature age labour force participation between older indigenous and non-indigenous Australians. Secondly, the 2014 ABS General Social Survey and 2014-2015 ABS National Aboriginal and Torres Strait Islander Social Survey are used to measure differences in the correlates and barriers to labour force participation among indigenous and non-indigenous older Australians. Implications for the future labour force participation of indigenous and non-indigenous older Australians are discussed.

ABS (2014) 'Exploring the Gap in Labour Market Outcomes for Aboriginal and Torres Strait Islander Peoples' Australian Social Trends, Catalogue Number 4102.0, Australian Bureau of Statistics: Canberra.

Parkinson, L (2016) 'Identifying the Gaps – Indigenous Ageing' Australasian Journal on Ageing 35(1): 7.

## Analgesia use among hip fracture repair patients with dementia

**Author/s:** Ms Joanne Tropea, Melbourne EpiCentre, Melbourne Health and University of Melbourne, Victoria, Australia

**Co-author/s:** Dina LoGiudice, Department of Aged Care, Melbourne Health, Parkville, Victoria, Australia; Mizhgan Fatima, Department of Aged Care, Barwon Health, Geelong, Victoria, Australia; Alexandra Gorelik, Melbourne EpiCentre, Melbourne Health and University of Melbourne, Parkville, Victoria, Australia

### **Abstract:**

**Aim:** To investigate use of analgesia following hip fracture repair surgery in people with dementia (PWD) compared to those who are cognitively intact.

**Background:** PWD are at high risk of hip fracture from falls. Guidelines recommend use of regional analgesia to improve preoperative pain control and multi-modal postoperative pain management following hip fracture repair. A small number of studies outside Australia have shown people with dementia do not receive adequate pain management following hip fracture repair.

**Methods:** Retrospective record review of patients admitted for hip fracture repair surgery at the Royal Melbourne Hospital in 2015. PWD were identified by presence of a dementia code and cognitively intact patients were defined as patients without dementia or delirium coded during the admission. PWD were matched to those cognitively intact based on age, sex and treating unit. Demographic and clinical data was collected using an audit tool. The main outcome of interest was: analgesic use (opiates and paracetamol) in preoperative and 72- hour postoperative periods.

**Results:** Total of 99 admissions were reviewed: 37 PWD and 62 cognitively intact patients. During the preoperative period and day of surgery, PWD received significantly lower median daily dose of opiates compared to the cognitively intact group: 17.5mg/dl (7.5-30) compared to 45mg/dl (22.5-67.5),  $p < 0.001$ ; and 10mg/dl (7.5-22.5) compared to 15mg/dl (9-30.5),  $p = 0.022$  respectively. Postoperative day 1 to 3, PWD received less opiates compared to cognitively normal patients, however this did not reach statistical significance. Significantly fewer PWD received regular paracetamol during the preoperative period, 76% compared to 94%,  $p = 0.015$ . There were no differences in paracetamol during the postoperative period.

**Conclusion:** PWD received significantly lower daily doses of opiates during the preoperative period and on day of surgery, and fewer received regular paracetamol in the preoperative period compared to those who were cognitively intact.

## HOW R U? Telephone peer-support to reduce loneliness after discharge

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### **Abstract:**

**Background:** Older people presenting to an emergency department (ED) are at increased risk of feeling socially isolated, lonely or depressed; which are all associated with negative health outcomes and increased health service use.

**Objectives:** To ascertain the feasibility and acceptability of a novel volunteer-peer post-discharge support program for older patients.

**Method:** A multicentre prospective mixed methods study enrolling discharged ED patients  $\geq 70$  years with symptoms of loneliness or depression. Supportive telephone calls were delivered weekly over 3-months by matched volunteer-peers. Primary outcomes were feasibility of study processes, intervention acceptability, and retention in the program. Secondary outcomes were changes in loneliness level (UCLA-3 item Loneliness Scale), mood (GDS-5 item) and health-related quality of life (EQ-VAS).

**Results:** The pilot demonstrated feasibility of recruitment (n=39). Seventeen volunteer peers provided telephone-based social support to patient participants, in addition to usual hospital volunteer roles. The intervention was well-received, with 87% retention in the patient group, and no attrition in the volunteer group.

The median age was 84 years, 64% were female and 82% lived alone. The results were encouraging, with 68% and 53% of participants experiencing statistically significant reductions in depressive symptoms and feelings of loneliness, respectively; alongside positive feedback: (e.g.) 'telephone calls are a good way to receive social support without having to go out'; 'it is empowering to talk to someone when you're down, and know that you are not alone'; 'after discharge is when you really need it, if you're on your own'; 'my peer was supportive and understanding'. In addition, there was a trend towards reduced ED re-attendance over the 3-month study period.

**Conclusion:** HOW R U? is feasible and acceptable. Pilot results demonstrate improvements in symptoms of loneliness and depression. These findings will inform the design of a future RCT and program evaluation.

## Individual budget expenditures in the era of consumer directed care

**Author/s:** Prof Julie Ratcliffe, Institute for Choice, University of South Australia, South Australia, Australia

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### **Abstract:**

**Objectives:** To identify the key categories of expenditure for a consumer directed care (CDC) model of service delivery according to home care package (HCP) level and to determine the extent of variation in expenditures according to length of exposure to CDC.

**Methods:** A micro costing approach was undertaken utilising retrospective income and expenditure data obtained from monthly budget statements for a 12 month time period. Relationships between income and expenditures according to HCP, length of time receiving CDC and socio-demographic characteristics were examined using descriptive statistical and multivariate regression analyses.

**Results:** 150 eligible individuals were approached from five community aged care providers located in South Australia and New South Wales of whom 95 (63%) consented to participate. Analysis of the distribution of expenditures for the total sample and by HCP indicated similar findings with approximately 53% of total expenditures allocated to care services (expenditure for the direct provision of personal care for activities of daily living (bathing, dressing, feeding) and instrumental activities of daily living (e.g. shopping, accompanying the older person to appointment or social events), nursing care (for services such as medication monitoring or wound cleaning), restorative care services and respite care), 20% of total expenditures allocated to administration and 17% to case management or care coordination. A longer period of exposure to CDC was associated with higher administration and care coordination expenditures. Hours of formal care support received and HCP level were key drivers of monthly expenditures.

**Conclusion:** Whilst over 50% of CDC expenditures were found to be attributable to care services, administration and case coordination/care management accounted for a significant proportion, consuming over 30% overall. It is important to undertake further investigation of CDC expenditures to investigate the impact of recent policy change in the community aged care sector where HCPs are now directly allocated to consumers.

## Determinants of community-based social participation amongst older people

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### **Abstract:**

**Introduction:** Social isolation and loneliness represent significant risks to older adults' (60+ years) mental and physical health. Therefore facilitating opportunities for community participation which promote inclusion amongst older people is an important preventative strategy. Local governments have a significant role to play by supporting community-based programs (e.g. craft groups and men's sheds) that encourage participation. Little is known, however, about older people's perspectives or experiences with such programs. To address this, we investigated determinants of older people's participation in community-based programs in one local government area (LGA) in Perth, using a mixed methods research design. This presentation highlights the qualitative findings from this research project.

**Methods:** Between May and July 2016, in-depth interviews were conducted with 14 people (aged 60 to 93) who were identified through a previously completed survey as (i) not currently participating in local programs, and (ii) at risk of loneliness, as assessed using a validated loneliness scale. Interviews explored barriers and enablers to their participation in local programs.

**Results:** An important enabler for participation was the recognition that participation is important in sustaining respondents' health and wellbeing. Respondents also perceived their participation in group activities creates opportunities to expand social networks. Respondents placed more importance on the opportunity to socially connect with others, and the camaraderie and enjoyment gained through their participation, than the activity per se. Barriers included limited availability of local programs, lack of programs considered relevant to the 'baby boomer' cohort, transport restrictions and competing caregiving responsibilities.

**Conclusions:** The LGA and relevant stakeholders should focus on generating localised, innovative programs that meet the needs of the 'baby boomer' cohort who are less likely to be attracted to traditional 'seniors' programs, and which provide a platform to expand their social networks and translate and share their skills and experience in new and creative ways.

## Functional falls risk screening for community dwelling adults

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### **Abstract:**

**Introduction:** Identification of older community-dwelling adults at an increased risk of falling before significant decline in function occurs is imperative for enabling targeted management of modifiable contributing factors such as physical strength and balance. To achieve this a valid and reliable falls risk screening tool for use in higher functioning independent living persons need to be identified [2].

**Method:** A systematic search of the literature was conducted to find all relevant prospective cohort studies investigating the validity of a functional, physical performance-based falls risk-screening tool in community-dwelling adults over 50 years of age.

**Results:** From 470 identified articles, 19 studies analysing 32 different screening tools met all eligibility criteria. The most frequently investigated tool was the Timed Up and Go test but this showed low to moderate validity. Other common assessments were limited by low validity or low sample size. Composite measures tended to provide the best outcomes such as the Physical Performance Test showing a cut off of <25 represented a greater than 4 fold increase in risk of falling [3].

**Conclusion:** Some physical function measures appeared to have reasonable validity to predict future falls, particularly those that combine more than one functional outcome to determine risk profile. It is important to explore this further to be able to better predict risk of future falls in higher functioning community dwelling older adults.

### **References:**

1. Hurvitz, E.A., et al., Unipedal stance testing as an indicator of fall risk among older outpatients. *Archives of Physical Medicine and Rehabilitation*, 2000. 81(5).
2. Delbaere, K., et al., The physical performance test as a predictor of frequent fallers: A prospective community-based cohort study. *Clinical Rehabilitation*, 2006. 20(1)

## Dietary intake of nutrients and periodontal health: The CHAMP study

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### **Abstract:**

**Background/Objective:** More than half of Australian adults aged 65 years and older have moderate to severe periodontal disease. Yet in the older population, research specifically examining the association between diet and periodontal health is limited. The aim of this study was to examine the association between dietary intake of nutrients and periodontal health in older men participating in the Concord Health and Ageing Men Project (CHAMP) study.

**Methods:** A preliminary analysis was conducted on 294 men, (mean age: 84 years, SD:  $\pm 3.7$  years), who had completed a standardised validated dietary assessment, and a comprehensive oral health examination during the CHAMP 8-year follow up. Having three or more teeth with at least one site with a Probing Depth (PD)  $\geq 3$ mm, or at least one site with an Attachment Loss (AL) of  $\geq 5$ mm were used as indicators of compromised periodontal health. Nutrients were categorised into quartiles.

**Results:** The prevalence of compromised periodontal health was high, with 64% of men had three or more teeth with at least one site that had a PD  $\geq 3$ mm, while 85% of men had three or more teeth with at least one site that had an AL  $\geq 5$ mm. After adjustment for potential confounders, men in the lowest quartile of percentage of energy from protein intake were much more likely than those in the highest quartile to have PD  $\geq 3$ mm: OR 2.59(95% CI: 1.14 – 5.88). Men in the lowest quartile of folate intake were much less likely to have AL  $\geq 5$ mm: OR 0.35(95% CI 0.12 – 0.99). Beef was the main food source contributing to protein intake, and vegemite was the main food source contributing to folate intake.

**Conclusion:** These preliminary results highlight that there is a complex association between the dietary intake of nutrients and the periodontal health of older men.

## Seniors exercise park: Service innovation, early outcomes and experiences

**Author/s:** Mrs Kathryn Devereux, Silver Chain Group, Western Australia, Australia

**Abstract:** Seniors Exercise Park: Service innovation, early outcomes and experiences

Seniors exercise parks can be utilized to provide challenges to improve strength, balance and physical function in older adults in an innovative community setting (Sales, Polman, Hill, and Levinger, 2016).

Silver Chain Group (SCG) built the first seniors exercise park (SEP) in WA. Stage 1 of service implementation has enabled Home and Community Care (HACC) clients referred to the physiotherapy service to access the park for short term, individual supervised exercise programs. Clients at risk of falling, who have difficulty accessing services outside of their homes can build their confidence and ability to negotiate environmental challenges and re-engage in outside community activity.

The case series has measured pre and post clinical outcomes in the client cohort referred from January 2017. Outcomes include measures of balance and function. Qualitative client and staff experience was also collated via interview.

Early data indicates positive engagement and improvement in outcome measures.

Future plans for stage 2 include community group utilization to enable clients to continue accessing the park and broadening their community engagement.

References:

Myrla Sales, MAppSc1, Remco Polman, PhD2, Keith D. Hill, PhD3, and Pazit Levinger, PhD1. A Novel Exercise Initiative for Seniors to Improve Balance and Physical Function. *Journal of Aging and Health* 2016, 1– 20

## My care my choice: A golden opportunity for consumer choice

**Author/s:** Miss Kelly Gray, My Care My Choice, Western Australia, Australia

**Abstract:** Navigating the aged care system has become more complex with recent Government reform. The challenge for service providers is marketing their services and understanding the impact brand has on consumer purchasing decisions. The consumer of the future will be more tech savvy, more informed, and want services to suit their life style.

My Care My Choice is a peer ratings and review site which offers consumers, family members and carers a valuable and reliable source of information about the experiences other people have had with their care in Aged Care, Disability and Mental Health services in WA.

When it comes to providing quality services, trust and relationships are key. Most providers energetically promote messages about the importance of quality—but their efforts are wasted if the messages are not believed.

According to Hubspot, 71% of consumers said they would be much more likely to purchase based on a recommendation, compared to just 7% that would purchase without a recommendation. To ensure business success you need customers who are passionate about your organisation and willing to share that passion with others.

Consumer satisfaction provides a useful outcome measure for quality of care offered by aged care providers. Health literature suggests customer satisfaction is linked to increased profitability, increased market share, improved customer retention and attraction, better health outcomes, increased willingness to recommend the organisation to family and friends, and reduced risk of malpractice (Ford et al., 1997, Sollecito & Johnson, 2011).

My Care My Choice offers a unique opportunity to market your business directly to the people that want to access your services. We bring together consumers, family, carers and organisations with an easy-to-use online platform. My Care My Choice provides opportunities for providers to engage with their current customers, attract future customers and improve service quality based on customer feedback.

## Dementia and age-friendly spaces: Evaluating a museum-based reminiscence program

**Author/s:** Ms Kerry Rigby, Faculty of Health, School of Nursing and Midwifery, Deakin University, Victoria, Australia

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### **Abstract:**

**Introduction:** Museums house collections of artefacts of historical, cultural and artistic interest for visitors, and provide an experience which naturally engages people in reminiscing and storytelling activities. One particular museum offers within its public gallery space, a specifically designed dementia-friendly area that aims to prompt reminiscing and recall of memories. It also offers a facilitated social reminiscing program for older people and people with dementia from social support groups. This program is designed to be interactive and stimulate the senses using museum artefacts as memory and storytelling prompts. This research project evaluated the reminiscence program by capturing the perspectives of participants, carers and facilitators.

**Method:** A qualitative descriptive exploratory design using a naturalistic approach was used. Data were collected using: 1) individual interviews with museum based program facilitators and aged care support staff; 2) observational mapping of interactions when participants visited the reminiscence cottage and participated in the reminiscence program; and 3) a focus group interview with program participants. Interview data were analysed thematically.

**Results:** Key findings describe: 1) the expression of the reminiscence experience and sensory engagement with interactive museum artefacts as memory prompts; 2) planning considerations and program logistics associated with this age-friendly, dementia-friendly reminiscence program in this public space; 3) the role and sessional experiences of the facilitators and the support carer attending the program with the group; and 4) the program evolution and associated community connections.

**Conclusion:** Based on the unique perspectives of older people as participants in a reminiscence program, together with the perceptions of support staff and people involved in program design and facilitation, these findings will inform current and future program development, and contribute to the gerontological knowledge base of interactive and social based public space programs for older people and people with dementia.

## Financial hardship and cognitive decline in the PATH through life

**Author/s:** Dr Kim Kiely, Centre for Research on Ageing Health and Wellbeing, The Australian National University, Australian Capital Territory, Australia

**Co-author/s:** Peter Butterworth, University of Melbourne, Melbourne, Victoria, Australia; Kaarin Anstey, The Australian National University, Canberra, Australian Capital Territory, Australia; Peter Butterworth, The University of Melbourne, Melbourne, Victoria, Australia

### **Abstract:**

**Background:** Financial hardship is a powerful mediator of associations between socio-economic position and mental health, and has also been linked cross-sectionally with smaller brain volumes and poorer cognitive performance. This study examines within-person associations between change in financial hardship and cognitive decline across the lifespan.

**Methods:** This presentation will present longitudinal analysis of the PATH study, a representative community based cohort survey in the Canberra and Queanbeyan region of Australia (n=6751; 49% men; baseline age-cohorts 20-25, 40-45, 60-65). Data has been collected every four years since 2001. The outcome was a cognitive composite of the symbol digit modalities test (SDMT), immediate recall, and backwards digit-span (BDS). Hardship measures reflected inability to meet basic living needs (e.g. heating the home, missing meals) and behavioural responses to limited financial resources (e.g. seeking assistance from community organisations). Within-person associations were estimated using multivariable adjusted panel data regression models with robust standard errors and fixed effect estimators to control for unobserved time-invariant heterogeneity. Cross-sectional analysis of the same variables in a nationally representative survey (The Household Income and Labour Dynamics in Australia) examined the consistency of associations and investigated regional variation across Australia.

**Results:** After controlling for covariates, multiple deprivation (no home heating, and missing meals) was associated with greater rates of within-person decline in cognitive performance ( $B=-0.17$ ,  $se=0.07$ ). There was no difference in associations across age-cohorts, and no associations between behavioural responses to hardship and cognition. National survey data indicated inadequate home heating was the strongest risk for lower SDMT performance, while inadequate home heating and missing mortgage or rent payments were the strongest risks for lower BDS performance.

**Conclusion:** The onset of financial hardship is a potent stressor associated with decline in cognition. Mechanisms explaining these findings, and the implications for poverty alleviation will be discussed with a focus on older adults.

## Elderly patients with bipolar I disorder: Considerations in recommencing lithium

**Author/s:** Dr Lara Gallur, Department of Psychiatry, Central Adelaide Local Health Network, South Australia, Australia; 2. Clinical Lecturer, Discipline of Psychiatry, University of Adelaide, SA, Australia

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**Abstract:**

**Objectives:** This paper addresses considerations in recommencing lithium in elderly patients with Bipolar I Disorder (BD I) and medical comorbidity. We focus on nephrotoxicity and cognitive impairment.

**Methods:** Case reports and review of relevant literature.

**Results:** Three elderly psychogeriatric inpatients admitted with severe manic relapse following lithium cessation are described. In all cases, lithium was recommenced safely with good response.

**Conclusions:** Even with medical comorbidity it may be possible to recommence modified lithium therapy.

## Improving cross-cultural care for residents by investing in the workforce

**Author/s:** A/Prof Lily Xiao, School of Nursing & Midwifery, Flinders University, South Australia, Australia

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**Abstract:**

**Background:** In Australia residents in aged care come from 170 countries and the proportion born overseas or in a non-English speaking country is 31% and 20% respectively. Not only is the residents' profile multicultural, so too is the workforce. This cultural diversity adds opportunities and challenges for achieving high-quality care for residents.

**Methods:** The aims of this study were to identify the learning needs of staff in cross-cultural care for residents and in improving team cohesion, develop an education program to meet staff needs and improve practice. An action research design with a two-phase study was applied to achieve the study aims.

**Results:** In phase one 23 residents, 7 family members and 56 staff participated in interviews or focus groups to explore the need for improving cross-cultural care, team cohesion and the best approaches to meeting staff learning needs. As a result, an interactive learning program including five learning modules was developed. The modules covered the themes of introducing cross-cultural care to new staff, cross-cultural communication, cross-cultural leadership, cross-cultural dementia care and cross-cultural end of life care. In phase two site champions were appointed to transform knowledge into action to improve cross-cultural care and team work. Learning outcomes were evaluated through audits, pre- and post- intervention questionnaire surveys with residents and staff and focus groups with staff. Findings from the evaluation supported improved cross-cultural interactions with residents and co-workers. The education program has been adapted into an open access, self-directed online learning program for the aged care industry. Barriers and challenges encountered in the implementation of the education program were also identified in the study.

**Conclusion:** Findings from the program evaluation support that investing in the workforce can increase staff capability in providing quality cross-cultural care and improve team cohesion.

## Polypharmacy and medication use in Australian residential aged care

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### **Abstract:**

**Introduction:** Residential aged care populations are at high risk of medication related harm due to high medication use, complex comorbidities and aged related physiological and functional changes. Big data represents an opportunity to understand current practice and identify quality improvement areas in this high-risk population. The aim of this presentation is to explore polypharmacy and medication use across 74 Australian residential aged care facilities.

**Methods:** A cross sectional analysis of medication use using medicines administration and resident demographic data extracted from Facility clinical information systems for 4,782 long term residents residing in 74 residential aged care facilities in October 2015 was conducted.

**Results:** Most residents (n=4638, 96.99% (95% CI: 96.50-97.47) received one or more medicines. The mean number of medicines used per resident was 9.28 and medication use increased with age. Polypharmacy ( $\geq 5$  medicines) was experienced by 83.88% (82.81-84.89), hyper-polypharmacy ( $\geq 10$  medicines) by 40.74% (39.35-42.14) and 4.39% (3.85-5.01) of residents used 20 or more medicines.

**Conclusion:** This is the first large-scale Australian analysis of residential aged care medicine administration data. It shows a high prevalence of medicine use in residential aged care and provides a model for what is possible in terms of delivering comprehensive data on medicine use and baseline data against which the effectiveness of practice and policy interventions can be measured.

## Aboriginal Elders living a positive life

**Author/s:** Ms Louise Herft, Aged Rights Advocacy Service Inc, South Australia, Australia

**Co-author/s:** Trischia Ritchie, Aged Rights Advocacy Service Inc. Adelaide, South Australia, Australia

**Abstract:** Aged Rights Advocacy Service (ARAS) has worked with Aboriginal communities in South Australia since 2000 to ensure that Aboriginal elders have their rights met in aged care services and to raise awareness of elder abuse prevention strategies.

In 2015, ARAS completed a DVD outlining positive steps that Aboriginal elders can take to safeguard their interests and maintain control over their lives, thereby minimising the risk of abuse.

The DVD titled 'Aboriginal Elders Living a Positive Life' presents positive images of Aboriginal elders ageing positively and exercising choice and control.

In 2017, ARAS used the DVD to create an educational resource or toolkit to promote the key messages of active and positive ageing 'Stay connected', 'Stay active', 'Stay healthy' and 'Stay in control' as safeguards against elder abuse.

The toolkit enables aged care and community service providers and other professionals to start the conversation with Aboriginal elders about how they can apply those ideas and take positive steps to safeguard their rights.

ARAS proactively works with Aboriginal and mainstream aged care services, across the state, to encourage Aboriginal elders to take control of their own lives and minimise the risk of being exploited or abused.

This presentation by Co-Presenters Louise Herft (Strategic Projects Manager) and Trischia Ritchie (Aboriginal Advocacy Program Manager) will showcase the toolkit and share the ARAS experience of working in the highly sensitive area of elder abuse prevention in Aboriginal communities through special projects, mentoring camps and advocacy support and education.

## Older peoples' perceptions of driverless cars

**Author/s:** Dr Mandy Stanley, School of Health Sciences, University of South Australia, South Australia, Australia

**Co-author/s:** Vij Akshay, Institute 4 Choice, University of South Australia, Sydney, New South Wales, Australia; Akshay Vij, Institute 4 Choice, University of South Australia, Sydney, New South Wales, Australia

**Abstract:** Community mobility is vital for older people in order to maintain social connections, participation in the society and independence. For older people who have to relinquish the driver's licence due to poor driving performance there is a high risk of social isolation from the inability to maintain community mobility without a car and age in place. One possible solution in the near future is driverless cars however older people's perspectives on driverless cars has received scant academic attention.

The aim of this study was to explore older people's views and their concerns about taking up driverless car technology. Participants aged 60 and over were recruited to 6 focus groups through the state based automobile association. Transcripts from the focus groups were analysed thematically.

A total of 55 participants ranging in age from 60 to 81 volunteered for the study. Focus groups were held in the central business district, suburban and rural areas. Participants varied widely in terms of acceptability, caution and knowledge. Key themes related to 'safety and security', 'opening up possibilities' and 'managing transition'. The Australian context was considered to hold unique challenges for driverless cars given the need to travel vast distances in rural areas with unpredictable obstacles, and the desire to be able to continue with valued activities such as driving for pleasure, caravanning and towing a boat or horse float.

The findings from this study have the potential to inform activities of government agencies, aged care providers, community groups and older Australians. In addition they provide valuable information for the automobile association's activities and strategic planning. The arrival of driverless cars as soon as 2020 offers a golden opportunity for older people once their concerns area addressed.

## Consumer directed care in residential care: Can it work?

**Author/s:** Prof Marita McCabe, Institute for Health and Ageing, Australian Catholic University, Victoria, Australia; 2. DCRC, Queensland University of Technology, Brisbane, Queensland, Australia; School of Psychology, Deakin University, Burwood, Victoria, Australia; Cairnmillar Institute, Camberwell, Victoria, Australia; University of Wollongong, NSW, Australia:

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### **Abstract:**

**Introduction:** Australia is striving toward a model of care that is both centered on and directed by the consumer. Consumer Directed Care (CDC) is expected to be mandated for Residential Aged Care Facilities (RACFs) in the near future. The aim of this study was to implement and evaluate our Resident at the Center of Care (RCC) staff training program in RACFs. This paper presents information on the program as well as the facilitators and barriers that we found in relation to the implementation of CDC.

**Method:** Staff and residents were recruited to participate in the study from nine RACFs in QLD, NSW and Victoria. Data were gathered from staff after they had completed the program on the facilitators and barriers to implementing CDC as presented in the RCC program.

**Results:** The major barriers were the culture of the RACF, resources to implement CDC and communication between other staff and residents. Facilitators were staff supporting each other, respect and clear processes. Staff felt pressured, confused and that there was too much change.

**Conclusions:** The implementation of CDC into RACFs is not just a matter of educating staff on CDC and how to obtain resident choices. There is a need for significant changes in the structure, staff empowerment, time management and communication. This is a process that will take some time to achieve.

## The anatomy of ageism - toward a campaign tackling ageism

**Author/s:** Ms Marlene Krasovitsky, The Benevolent Society, New South Wales, Australia; & Urbis

**Co-author/s:** Caroline Tomiczek, Urbis, Sydney, New South Wales, Australia

**Abstract:** Never before in history have ageing and older people held such a prominent, influential and active place in the life course and policy framework of most western countries. However, ageing remains a loaded term and the public discourse on ageing remains mired in negative ageist attitudes, stereotypes and language.

There has been much research to date on the nature, prevalence and impact of ageist attitudes and stereotypes and growing awareness of the need to change the dominant discourse on ageing. However, there has been much less work on the most effective responses to ageism.

The research and policy division at The Benevolent Society (TBS) commissioned Urbis to undertake research to inform an advocacy campaign aimed at tackling ageism and its impacts, by identifying the underlying drivers of ageism and most effective ways of challenging it. This will underpin a sustained, evidence-based campaign to change social norms and the current discourse on ageing.

Working with social researchers at Urbis, we hope to identify the drivers of ageism in the Australian context; the most effective ways to challenge ageism and pervasive negative stereotypes; and the strategic levers and most effective mechanisms and channels to activate attitude change. This work includes a literature review; identification of key influencers and effective communication challenges; and the development and testing of evidence based campaign strategies and messages.

Both quantitative and qualitative research methods will be deployed and Australians of all ages, including older Australians, relevant stakeholders and 'experts' will be engaged. The research is guided by a reference panel of scholars, key stakeholders, policy and advisory experts, practitioners and cultural influencers.

The research will be completed in late August 2017 and this paper will present results from this research as well as preview future directions for a sustained, multi-pronged campaign tackling ageism.

## End of life challenges for older people in sub-acute care

**Author/s:** Dr Melissa Bloomer, School of Nursing and Midwifery, Deakin University, Victoria, Australia

**Co-author/s:** Mari Botti, School of Nursing and Midwifery, Deakin University, Burwood, Victoria, Australia; Jakqui Barnfield, Kingston Centre and Residential Services, Monash Health, Clayton, Victoria, Australia; Fiona Runacres, Supportive and Palliative Care Unit, Monash Health, Clayton, Victoria, Australia; Peter Poon, Supportive and Palliative Care Unit, Monash Health, Clayton, Victoria, Australia

**Abstract:** Despite the goal to optimise patient functioning, many older patients will die in sub-acute care. This study investigated end of life care for older people in sub-acute care.

Conducted in a 183-bed sub-acute care facility in metropolitan Melbourne, an audit was undertaken of 55 inpatient deaths from July 2015 - June 2016. Patient demographics, diagnoses, care goals and transitions and end of life care management data was collected. All clinician written entries related to the timing, nature and content of communication with next-of-kin; and entries related to care decisions, care provision were collected.

Numeric data were analysed descriptively. Of the 55 inpatient deaths, 55% were male, and 64% were aged 80 or over. 'Falls', 'Diseases of the circulatory system' and 'Problems related to life-management difficulty' (according to ICD-10 classifications) were the top three reasons for admission. 43% also had a co-morbid diagnosis of cognitive impairment. Almost 48% of patients were admitted for 'Assessment', and 39% to 'Establish a safe discharge destination'. One patient was admitted for management of end-stage disease.

Content analysis of the written entries of the multidisciplinary treatment team revealed that when a dying patient was able to state their preference for end of life care, care goals were openly communicated and care was more coordinated. In all other cases, the use of vague or evasive language was found to impact communication between clinicians contributing to delays in care processes and decisions; also impacting next-of-kin's understanding and acceptance that the patient was dying. Cultural differences were not consistently accommodated, further compounding end of life care.

In conclusion, despite their frailty and complex needs on admission, further work is needed to acknowledge and communicate when a patient admitted to sub-acute care is dying; allowing for care plans and processed to be amended accordingly.

## The importance of Aboriginal male Elders

**Author/s:** Dr Mick Adams, Australian Indigenous HealthInfoNet, Kurongkurl Katitjin, Edith Cowan University, Western Australia, Australia

**Abstract:** Past policies and practices over many generations have been instrumental in shaping Aboriginal and Torres Strait Islander men's lifestyle. Men's roles, in particular, have suffered as the result of changes to traditional lifestyle and the disruption of family structures.

The importance of Aboriginal males is reclaiming their position within the cultural, family and community context. As we age and become Elders we are respected for our narrative historical values. Older males play significant roles in maintaining traditions and links to culture. For instance they are seen as role models, supporters and educators for the young people. We, take on the role of the gatekeeper who holds and relay the stories and the wisdom of the past. In telling the stories we assist our young people to make sense of their everyday lives.

## How do community care services impact residential aged care entry?

**Author/s:** Dr Mikaela Jorgensen, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, New South Wales, Australia

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### **Abstract:**

**Introduction:** Community care services are designed to support people to age successfully in their own home. However, there is little research measuring and monitoring the impact of service provision on older adults' outcomes. The aim of this study was to examine service-related and person-based factors that may impact on transition into permanent residential aged care.

**Method:** The study utilised routinely-collected client management data from a large aged care service provider in New South Wales and the Australian Capital Territory. Shared frailty modelling and competing-risks regression were used to determine the effect of service-related and person-based factors on the time between first community care service and entry into permanent residential aged care. Predictors included service hours per week, combination of service types, demographics, needs, hospital leave, and change in care level. Service-type combinations were determined using K-means cluster analysis.

**Results:** 1,116 people aged 60 years and over commenced community care services for higher-level needs between 1 July 2015 and 30 June 2016 with the aged care provider. By 31 December 2016, 21.1% of people using community care services had entered into permanent residential care (n=235). After adjusting for significant factors such as age and care needs, each hour of service received per week was associated with a 6% lower risk of entry into residential care (hazard ratio=0.94, 95% CI: 0.90-0.98). People who were predominant users of social support services, those with an identified carer, and those born in a non-main English-speaking country also remained in their own homes for longer.

**Conclusion:** Increased use of community care services was associated with significantly delayed entry into residential care. This study provides much-needed evidence that could be used to inform older adults' care choices, and demonstrates the potential of using integrated, routinely collected data to measure meaningful outcomes in community aged care.

## Including people with dementia in research: Ethical and legal context

**Author/s:** A/Prof Nola Ries, University of Newcastle, New South Wales, Australia

**Co-author/s:** Katie Thompson, School of Law, University of Newcastle, Callaghan, New South Wales, Australia; Michael Lowe, Royal Darwin Hospital, Darwin, Northern Territory, Australia

**Abstract:** Dementia is one of the most pressing health issues in Australia. Research is crucial to advancing knowledge about dementia and therapeutic interventions, yet studies often exclude people with cognitive impairment. Researchers who propose to include people with dementia in research report obstacles arising from the complexities of obtaining ethical and legal approval, including issues of capacity, and the challenges of seeking consent from substitute decision-makers. As a result, dementia research has not kept pace with the disease burden.

In Australia, the participation in research of people with cognitive impairment is governed by a National Ethics Statement and a patchwork of state and territorial laws. There is significant legislative variation across the country, which arguably has no rational foundation, precludes a consistent approach to research governance and participation, and hinders research that seeks to include people with impaired capacity, especially multi-jurisdictional studies.

This presentation will analyse the ethical and legal rules in Australia relevant to the inclusion of people with dementia in research. It will present key ethical principles in the National Statement, provide a comprehensive review of applicable legal rules in state and territorial statutes, and highlight significant differences and ambiguities. Reforms will be recommended to improve clarity and consistency in the law and reduce barriers that may exclude persons with dementia from participating in ethically approved research. The aim is to advance the national decision-making principles recommended by the Australian Law Reform Commission, which emphasise the rights of all adults to make their own decisions and for those with impaired capacity to have access to appropriate supports to help them make decisions that affect their lives. The presentation focuses on dementia, but the recommendations are relevant for research that involves people with other conditions that affect cognition.

## Age-friendly rural and regional settings: What is important?

**Author/s:** Dr Rachel Winterton, John Richards Initiative, La Trobe University, Victoria, Australia

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**Abstract:** While there has been much attention directed toward the provision of age-friendly environments across Australia, little of this enquiry has focused on the specific values and needs of older adults living in rural environments. Consequently, this presentation explores what is important to rural older adults in maintaining their health and wellbeing. Data is taken from the WAVE (Well Ageing Vision and Engagement) project, a mixed-methods project currently being conducted within a large regional local government area located in north-east Victoria. Data was collected using a postcard survey, where participants (n=268) were asked to identify (using free text) what they saw as important in keeping themselves well. This was complemented by two World Cafes attended by older adults, carers and community stakeholders (n= 60). Findings highlight five key areas which impact on the ability of rural older adults to keep themselves well: accessible, affordable and high quality health care when required; the ability to move easily and safely around and outside of the community; staying involved with family, friends and local social opportunities; being able, fit, independent and active; and access to affordable housing, goods and services. Within the World Cafes, older adults also highlighted their responsibilities in relation to maintaining their ability to meet these objectives, and the help they require from family, local services and supports to do so. This insight is critical in determining priorities for local governments, health and aged care services in determining how they can best support older adults to age in rural settings.

## Why is self-efficacy positively associated with activity in older adults?

**Author/s:** Ms Rachel G. Curtis, School of Psychology, Faculty of Social and Behavioural Sciences, Flinders University, South Australia, Australia

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### **Abstract:**

**Background:** Activity participation is associated with a range of positive outcomes in older adults, but tends to decline with age. Understanding risk and protective factors is important in order to facilitate activity in later life. Considerable research links self-efficacy with older adults' activity engagement, suggesting that beliefs about one's capability to solve problems and achieve goals may play an important role in mitigating age-related activity decline. However, the processes underlying these associations are not well understood. This study examined whether perceived ease of activity and use of adaptive strategies account for the association between self-efficacy and activity.

**Method:** Participants were a convenience sample of 412 adults aged 50 to 93 years who completed a cross-sectional survey. Structural equation modelling was used to examine whether the effects of self-efficacy on activity were mediated by perceived ease of activity and use of adaptive strategies.

**Results:** Perceived ease of activity mediated the positive associations between self-efficacy and social and physical activity. For physical activity, this mediation effect was stronger for adults aged 70 years and older, as compared to those aged 50 to 69 years. Perceived ease of activity did not mediate the association between self-efficacy and mental activity. In addition, reported use of adaptive strategies was not a significant mediator in any model.

**Conclusions:** This study suggests the possibility that self-efficacy influences older adults' perception of activities and, in turn, the activities they choose to participate in. This has potential implications for the development of interventions aimed at promoting activity engagement in later life.

## Media portrayals of ageing: Insights from a nationally-representative Australian survey

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**Abstract:** The media worldview of older people generally presents stereotypical images of ageing individuals as frail, burdensome and, at times, 'cantankerous oldies'. This paper reports on preliminary findings from a survey of social attitudes based on a sample of Australians aged 18 years and older. A component of the survey sought respondents' views on media representations of older people.

The data source is the Attitudes to Ageing in Australia component of the Australian Survey of Social Attitudes, a biennial survey of a large nationally-representative sample. The final wave of 2017 data collation is underway, and findings reported here are limited to 2015-16 data (n=1750; estimated total sample n=2050). The specific focus is on four distinct outcome questions: perceptions of older people (>65 years) being depicted as 'better/same/worse' than younger people; diversity in media portrayals of older people; a balance between positive versus negative media stories on ageing; and adequacy of portrayals of older people as role-models.

Results show 48.8% of respondents thought older people were depicted the same as younger people, but a substantial proportion (42.8%) regarded media portrayals as worse. Nearly half (44.2%) were either unsure or non-committal about diversity in portrayals. Responses to a balance between positive-vs-negative stories were almost equally split: 33.0% agreeing, 29.9% disagreeing, 37.0% unsure. Similar findings were observed for whether the media showed enough older people as role-models (28.3%, 36.6%, 35.1% respectively). Statistically significant differences were observed for each of the four outcomes by age group, gender, marital status, and educational level of respondents.

The findings will be discussed in the context of demographic differences within the study cohort as well as the Australian Human Rights Commission's findings on stereotypical media depictions of older people that lead to negative perceptions, lack of diversity as well as invisibility of many positive dimensions of older Australians' lives.

## Measuring wellness and reablement outcomes in home & community settings

**Author/s:** Mr Richard A Adams, Allied and Community Health, West Gippsland Healthcare Group, Victoria, Australia

**Co-author/s:** Kath L Paine, Royal District Nursing Services, Melbourne, Victoria, Australia; Yvonne Wells, AIPCA, La Trobe University, Bundoora, Victoria, Australia

**Abstract:** The Victorian Department of Health and Human Services (DHHS) implemented policy changes for Home & Community Care (HACC) Services in 2009, introducing the Active Service Model (ASM) which aligns to wellness and reablement. This approach was instigated as part of a broader policy context emphasizing early intervention, capacity building, restorative care and prevention in all services for older people.

While data required by funding bodies is output-based, measuring impacts of the ASM approach is of interest to policy makers and providers as it captures outcomes for service recipients – older people and their carers.

An extensive literature review found no existing tools that suited the home care setting and adequately incorporated a restorative approach to home care. Development of an outcome-measures framework, a suite of tools, and a 'How to' toolkit for the home care context was undertaken as a partnership between DHHS, HACC-funded service providers and La Trobe University.

The designed outcome-measures framework comprised three outcome categories: experience of the service, skills and capacity, and quality of life. Five tools were then developed and piloted with 31 Home Care providers, over a four-month trial period. The tools were readily understood by clients, carers and workers, and were sensitive to changes in skills and capacity and quality of life in the older person or carer. A clear link was established between the outcomes measures and goal attainment.

As a result an outcome measurement toolkit for both clients and unpaid carers was developed. These toolkits comprise a client/carer experience of services survey, a before-after questionnaire for use at assessment and review, and an alternative form quantifying perceived change for use at review only. Key learnings and practice change from the perspectives of service providers will be presented, as well as the tools themselves, with discussion about their application and value.

## Reablement policy and practice; UK, New Zealand and Denmark

**Author/s:** Dr Ricki Smith, Access Care Network Australia (a subsidiary of Silver Chain Group), Western Australia, Australia

**Abstract:** The concept of reablement is a key philosophy in the Commonwealth Government's policy framework for aged care services and yet is still to be embedded in practice. There is strong evidence for its benefits to both individuals and funders, with it becoming policy and practice in other countries so what is stopping us from implementing it in Australia?

Dr Ricki Smith was the recipient of a 2016 Churchill Fellowship to visit New Zealand, Wales, London and Copenhagen to understand the policy, practice and evidence that resulted in the concept of reablement being implemented in those countries. She will share her experiences and findings of her trip and will pose questions for the Australian context.

## Ageism in Australia: Prevalence and causes

**Author/s:** Dr Ruth Williams, Centre for Workplace Leadership, University of Melbourne, Victoria, Australia

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**Abstract:** As Australia's demography changes, we have the opportunity to learn and prosper from diverse perspectives and experiences that people from different age cohorts bring, particularly in the workplace. While Governments are encouraging older people to keep working for longer, there remain significant discriminatory barriers to working in later life. Yet, there is limited evidence about the prevalence of negative attitudes ("ageism") that can lead to discrimination against older people at work and in other social contexts.

We conducted a survey-based study of Australians' attitudes to ageing, using two established ageism scales. A representative sample of 1000 participants, aged 18-70 years, from across Australia completed the survey in mid-2016. The data enables us to provide the first population-level evidence of (i) which forms of ageism are most prevalent, and (ii) which groups of the population are most likely to hold these views.

We find that few Australians hold resolutely ageist views and even fewer actively avoid contact with older people. Expressions of ageist sentiment in Australia are most likely to be succession-based, meaning that older people are perceived as not ceding control of 'enviable resources and societal positions' to the next generations quickly enough. Our results suggest that men, and those with less formal education, are most likely to hold attitudes of this kind.

Our results have the potential to challenge age-related biases through new initiatives and policies targeting the underlying sources of ageist sentiment in Australia. Such action is urgently needed, given the demographic, labour supply and housing futures now facing Australia.

## Refurbishing residential aged care facilities - Where do we start?

**Author/s:** Ms Samantha Neylon, Health Sciences, The University of Notre Dame, Western Australia, Australia

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**Abstract:** Funding limitations and changing consumer expectations heralds a new era for residential aged care requiring facilities to be responsive to consumer choice. As new builds may not always be possible due primarily to costs, this study examines the evidence base on refurbishment of existing structures with the focus of minimising age related impairments. A review of the current literature identified minor refurbishment themes of lighting, noise/sound, wayfinding, furniture, flooring, colour/contrast and signage. Ten environment assessment tools were systematically reviewed and examined for applicability. Three tools addressed all seven themes with an additional tool proposed by one of the authors for consideration. Further research is required to improve the rigour of these tools which can then be considered as a first step in assessing aged care facilities for refurbishment projects in a uniform and consistent manner. This will ensure the facility improvements are evidence based and support the functional abilities of the people who reside there.

## The Koori Dementia Care Project (KDCP)

**Author/s:** Ms Sharon Wall, Neuroscience Research Australia, New South Wales, Australia

**Abstract:** The Koori Dementia Care Project (KDCP) aimed to inform, educate and build capacity in urban and regional Aboriginal communities in New South Wales (NSW), and with associated service providers, about the effects of dementia on older Aboriginal and Torres Strait Islander people, their families and their community.

This project involved partnerships between the Koori Growing Old Well Study (KGOWS) the Koori Dementia Care Project, Aboriginal Medical Service partners, specific community leaders and identified information leaders within the Aboriginal communities.

The project worked to establish the dementia knowledge wants and needs of each community then target, train and collaborate with appropriate people within each community to provide that information. A community-focused approach was developed to acknowledge and respect the unique community structures, cultural history and networks of each Aboriginal and Torres Strait Islander partner community. In this way, the project unfolded uniquely in each community, depending on the specific needs and structure of that site.

The project team worked with local guidance groups in each community to ensure mutually respectful relationships were maintained.

The pivotal component of the project was engaging Aboriginal Dementia Knowledge Holders/Aboriginal Dementia Educators (ADKHs/ADEs). The Koori Dementia Care Project (KDCP) aimed to translate the knowledge gained from the Koori Growing Old Well Study (KGOWS) into meaningful care and practice with Aboriginal communities.

Much was learnt through this project about the process of translating research into practice in and around Dementia in Aboriginal communities. Mutually respectful partnerships have been integral and cultural mentoring and dementia mentoring has remained the cornerstone of the project.

This presentation aims to share the primary elements of the project highlighting capacity building around dementia for Aboriginal communities. It will additionally reflect on dementia pathways for Aboriginal people living with dementia and share plans for further holistic dissemination of this information for the future.

## Frailty in community dwelling older people: 12 month longitudinal change

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### **Abstract:**

**Background:** Frailty is a major concept in supporting the health of older people. Frailty is a clinical state in which there is an increase in an individual's vulnerability for increased dependency and/or mortality when exposed to a stressor. Reported frailty prevalence in the community varies widely (range 4.0–59.1%) depending on the instrument used and the population measured. The prevalence of frailty and the trajectory of change in the rate and distribution of frailty amongst older people in Australia has not previously been reported from primary data.

**Methods:** We undertook a national telephone survey of 3,000 community dwelling Australians aged 65 years and over. The sampling frame is nationally representative of the Australian population aged 65 years and over according to the Australian census 2011. We screened participants for frailty using the FRAIL Questionnaire Screening Tool. The wave 1 survey was undertaken from February to May 2016. The wave 2 survey of 2,601 of these respondents was undertaken in April 2017. Participants were re-screened for frailty status, change in domicile to residential care, 12 month mortality.

**Results:** This is the first report of a national representative longitudinal survey of frailty in Australia using primary respondent data. While frailty prevalence increases with age it is mediated by other factors. We report in detail on changes in frailty prevalence and trajectory by age strata, 12 month mortality, change to domicile, location, sex, income, and other variables associated with the trajectory of frailty change.

**Implications:** Frailty is a harbinger of adverse outcomes. As frailty is theoretically able to be remediated, knowing who is frail, how frail, and the trajectory of change in frailty in the community dwelling population allows policy makers, service providers and health professionals to plan and tailor service provision to those at greatest need and to whom greatest benefit will accrue.

## Age-related changes in perceptual-motor regulation; a predictor for falls?

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### **Abstract:**

**Introduction:** Many movement errors, such as falls, result from a person's inability to produce the adequate motor response for a given situation. For instance, if a person misperceives the requirements for stepping up a curb, they may be at risk of not raising their foot sufficiently high and tripping. Error-free movements require constant matching between one's perception of their environment and their capabilities to perform in the environment. This is particularly challenging for ageing populations, who need to cope with constant age-related declines in their capabilities. We hypothesized that these declines lead to disturbed perceptual-motor regulation and that this disturbed regulation is associated with falls.

**Methods:** This study uses a novel locomotor pointing task to study perceptual motor-regulation in walking. In this task, variability of foot placement is studied as participants perform 33 walking approaches to step up a curb. A total of 106 older adults and 16 younger adults were included and compared in their respective age categories (<40, 60-69, 70-79 and ≥80 years).

**Results:** Preliminary results show that younger as well as older adults regulate their gait to minimize the variability of their foot placement on top of the curb. Participants regulated step length in the approach to the curb using perception of what is required to minimize foot placement variability; indicating perceptual-motor coupling. Further results will be presented on whether any disturbances in perceptual-motor coupling can be related to age-related changes in motor functioning and to the prevalence of falls in daily life.

**Conclusion:** The current study reports on the relevance of adequate perceptual-motor control for the prevention of falls. This knowledge could lead to new means of falls risk assessment and new interventions in falls prevention.

## LGBTI-specific RACFs? Older LGBTI consumers and potential staff views

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**Abstract:**

**Introduction:** This presentation reports on the views and expectations of community-dwelling older LGBTI people as well as prospective aged care employees, about the possible barriers and enablers to living and working in a purpose-built LGBTI-specific retirement village/residential aged care complex.

**Method:** The project was conducted in two phases. The first phase consisted of two surveys, one for each target group – (1) older LGBTI consumers and (2) aged care workers. Surveys were constructed in Survey Monkey and distributed via consumer and professional networks, as well to LGBTI organisations/advocacy groups. The second phase consisted of follow-up focus groups and interviews (face-to-face and telephone) with consumers; and telephone interviews with aged care workers.

**Results:** Eight-four consumers and 20 aged care workers responded to the survey. Nearly all older LGBTI respondents and aged care workers agreed there was a need for the development of an LGBTI-specific aged care development and many said they would move into/work at such a facility if it was available now. Both potential staff and residents feared discrimination and stigma, bullying and harassment. It was also clear that such a facility would need to account for the heterogeneity of LGBTI people by providing separate spaces and accommodation when required.

**Conclusion:** This study highlights the importance of providing a safe and inclusive aged care space for older LGBTI people and aged care workers who identify as LGBTI. Ongoing staff training and monitoring, awareness and sensitivity to LGBTI history, as well as strong, enforceable anti-discrimination policies/procedures, and employing staff who identify as LGBTI or are LGBTI-friendly were seen as imperatives; as was the need for consumer and staff input into management decisions. Active policies and practices to honour cultural diversity, in all its forms, were also seen as important.

## Investigating psychological wellbeing (flourishing) with community dwelling older adults

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### **Abstract:**

**Background:** The need for research into identifying strategies to enhance psychological wellbeing (flourishing) in older adults has been called for. Whilst there is some evidence that older adults can experience increased wellbeing with age and use a number of strategies to achieve this, there is a knowledge gap when considering older adults who are also facing the challenges of living with multimorbidity. In this study we define psychological flourishing based on Seligman's (2012) research and in relation to the five pillars of wellbeing: Positive emotion, Engagement, Relationships, Meaning and Accomplishment (PERMA).

### **Objectives:**

1. Engage community dwelling older adults in exploring psychological wellbeing (flourishing).
2. Identify health promoting interventions and resources (assets) that enhance psychological wellbeing (flourishing).

**Methods:** This qualitative descriptive study was conducted in New Zealand with community dwelling older adults. The study was informed by a constructivist approach and the interviews focused on the meaning of positive wellbeing (flourishing) and the positive strategies participants were currently using to enhance their wellbeing. Participants took part in either a face to face individual interview, or a focus group interview. Participants had a further opportunity to reflect and discuss the initial interview findings.

**Results:** In this paper we present the findings from the individual interview data. Twenty five face to face individual interviews were conducted with older adults over the age of 65 years. All of the participants could be identified as using a range of strength based strategies that enhanced their psychological wellbeing (flourishing). Results will be presented at the conference that illustrate the strength based strategies in the following dimensions of Seligman's model; positive emotions, engagement, relationships, meaning and achievement.

## Caring for residents with dementia at the end of life

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**Abstract:** In Australia, a significant proportion of people living in residential aged care has dementia, most residents remain in the setting until death, and the challenge of providing palliative care to residents falls largely to careworkers. Preparation of this workforce to deliver holistic, person-centred care aligned with palliative care principles depends upon an in-depth understanding of workers' experiences. This study generated a substantive theory proposing the support needed to sustain careworkers' coping when caring for residents with severe dementia who are at the end of life.

The study used a grounded theory approach and was conducted in three residential care settings. Theoretical sampling was used to recruit 13 careworkers who provided care to residents with severe dementia and five registered nurse team members. Data collection involved semi-structured interviews and continued to saturation. Data were analysed using constant comparison to develop and link emergent categories in the data and generate a tentative theory.

Careworkers were found to experience caring for residents with dementia who were approaching the end of life as a series of losses, and sought to provide comfort through caring relationships. A core problem, encountered to a degree by all participants, entailed being confronted by loss. Careworkers were found to use a psychosocial process titled "walking alongside the person to the end and beyond" to manage these losses and sustain caregiving. This process entailed: Finding the person within; Staying connected to the person, their family, and colleagues; Using knowledge and skills; and Staying the course, through acceptance and self-care. Specific coping strategies were described. Understanding how careworkers respond to the physical and emotional challenges of providing person-centred care for residents with severe dementia can inform supportive interventions, tailored education, and targeted team support. Ultimately, the retention of an engaged caring workforce will improve outcomes for residents, families and careworkers themselves.

## Geriatrician in the Practice (GIP) model of dementia care

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**Abstract:** The Shoalhaven in regional NSW has an aging population with a high prevalence of dementia and insufficient specialists to provide a timely service to this group of patients. General Practitioners reported that they had limited experience in managing patients living with dementia. This resulted in patients frequently referred for review in hospital clinics.

The Geriatrician in the Practice (GIP) model of care was developed to improve the skills in primary care for the diagnosis and management of dementia, provide patients with timely assessment for dementia in a familiar location and build improved relationships between the primary health and hospital sectors. It was proposed that these changes would improve the confidence of primary health practitioners to manage people living with dementia, provide improved patient satisfaction with their care experience, reduce the need for specialist review and reduce outpatient waiting times at hospital clinics.

Practices were invited to enrol in the Geriatrician in the Practice (GIP) Program. A dementia clinical nurse consultant (CNC) and geriatrician attended the general practice and ran a joint comprehensive geriatric consultation with the general practitioner and practice nurse. Training was provided to the practice nurses on cognitive assessments and to the General Practitioners on dementia diagnosis and management.

The Program has been running for approximately 18 months. The level of patient satisfaction is very high and the program has identified groups of patients who were not attending hospital clinics. The practice nurses and General Practitioners report improved confidence in the management of people living with dementia and the number of people requiring subsequent review by a geriatrician has reduced. The ability of the General Practice to prioritise patients seen at the clinics has led to a more timely assessment of patients in need.

## Proximity to city centre, walkability and middle-to-older adults' mobility decline

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**Abstract:** Background: The ability to walk (mobility) is essential for older adults to perform daily activity such as accessing goods and services in their local neighbourhoods. Support for ageing in place requires understanding how place itself relates mobility. This study examines how proximity to city centre and local walkability, which are related to residents' regular physical activity, are associated with mobility decline among middle-to-older Australian adults.

**Methods:** This study used data from 1602 adults (aged 50-89 years, 52% women) who participated in a prospective cohort study that investigated chronic conditions and health risk factors in the north-western metropolitan region of Adelaide, Australia. Baseline data were collected in 2000-03 with follow-up in 2005-06. Mobility difficulty was assessed as the number of mobility-related activities (3 walking and 1 stair climbing) for which participants reported difficulty performing due to health. The exposure variables were proximity to Adelaide city centre and walkability. Negative binomial regression was used to examine the associations of mobility difficulty at follow-up with each exposure (standardised), adjusting for mobility difficulty at baseline, individual characteristics, area-level socio-economic status, and spatial clustering.

**Results:** The mean number of difficult mobility-related activities increased from 0.36 at baseline to 0.46 at follow-up ( $p < 0.01$ ). A 1 SD increment in proximity to city centre (=9 km closer) was associated with additional 0.14 difficult mobility-related activities at follow-up (95%CI: 0.01, 0.28). Walkability was not associated with mobility decline (coefficient=0.06, 95%CI: -0.06, 0.18).

**Conclusions:** Counterintuitively, this study found that cohort participants living closer to city centre exhibited greater mobility decline over 4 years, compared to those living far from city centre. Some participants who had mobility difficulty may have relocated to near city centre before baseline. Further research needs to consider how long participants had resided in their address to better understand environmental impacts on middle-to-older adults' mobility decline.

## Identifying the costs/benefits of collaboration in healthy ageing and Alzheimer's

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**Abstract:** Researchers, practitioners and policy makers in the field of gerontology recognise the crucial role that carers play in supporting their loved ones in the face of age-related disease. In recent research with 57 elderly couples (114 individuals) from two longitudinal ageing studies -- the Australian Imaging, Biomarker and Lifestyle (AIBL) Study of Ageing, Melbourne, and the Knight Alzheimer's Disease Research Center (ADRC) of St Louis -- we have focused on ways in which long-married spouses cognitively support their partners. How might the cognitive abilities of people reporting subjective difficulties with memory or experiencing mild dementia be scaffolded by the cognitive abilities of their partners? To answer this question and measure the costs and benefits of remembering alone versus together, we have extended a robust experimental technique from cognitive psychology known as Collaborative Recall (CR). In this procedure, individuals work alone or with others to recall targeted information; collaboration is argued to benefit memory if groups remember more than the sum of individuals recalling alone. However, CR researchers typically assume that all individuals bring equal abilities to their groups. Clearly, this is not the case as individual abilities change in the face of cognitive decline and dementia. In this paper, we illustrate the use of the CR paradigm in an ageing context but nuanced with Discrepancy Analysis (DA) from the Alzheimer's Disease (AD) literature. DA has been used to characterise cognition by focusing on discrepancies between domains known to be asymmetrically influenced by (AD), such as verbal and visuospatial abilities. Here we use it to characterise group cognition by focusing on discrepancies in the abilities of long married couples during memory collaboration. In this way we show the sensitive methods intimate partners use to support their partners' cognition and suggest applications to memory and ageing across a range of caring situations.

## Aboriginal health and ageing: A life course approach

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### Abstract:

**Introduction:** Aboriginal Australians have similar reduced health status to Indigenous people in other settler colonial countries such as New Zealand, Canada and the United States. Furthermore, while Australian Aboriginal populations are now ageing rapidly the life span gap has not reduced in the past 10 years. Three recent Australian studies have shown dementia prevalence is three times higher in both remote communities and urban/rural Aboriginal peoples; dementia incidence is also high and onset occurs at an earlier age.

**Methods:** In partnership with Aboriginal community members and Aboriginal community controlled organisations, the Koori Growing Old Well Study took a life course approach to understand ageing and dementia in urban and rural Aboriginal communities. We examined potential risk factors for high dementia rates in the total 60 plus population from five representative NSW urban & rural Aboriginal Communities (n=336). Both standard bio-medical factors and early life factors, including childhood deprivation and trauma (using the Childhood Trauma Questionnaire), were measured.

**Results:** A number of standard biomedical risk factors were associated with late-life dementia in Aboriginal Australians aged 60 to 92 years (stroke, head trauma, alcohol, etc.). Importantly, childhood trauma was associated with all cause dementia & specifically Alzheimer's disease. Childhood trauma was also associated with anxiety, depression and stress disorder into old age, as well as with previous attempted suicide.

**Discussion:** Childhood social trauma is likely important in both the high dementia rates and the lifespan gap in Aboriginal Australians; this links to work on the role of social determinants of brain growth (parenting, education, social exclusion, inequality) in life-long health disadvantage. Post-colonisation issues, ongoing cultural devastation, parenting and early education are factors which need to be examined and addressed to tackle poor Indigenous health and premature cognitive decline as well as the commonly recognised biomedical risks.

## Implementing an aged-care driven hospital avoidance program: Lessons learned

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**Abstract:** PresCare, a residential aged care (RAC) provider developed and successfully introduced a Sub-Acute Care hospital avoidance (HA) program to support staff proactively identify and manage residents' deteriorating health. Reductions in hospital transfers and length of stay were achieved, along with evidence of support from RAC staff. When introduced at a second site, referred to as EDDIE (Early Detection of Deterioration in the Elderly), researchers used the Integrated-Promoting Action on Research Implementation in Health Services (i-PARIHS) framework to provide valuable insight into the steps necessary to successfully replicate this aged-care driven HA program in other settings.

**Method:** The study used a participatory action research design and the iterative process of look, think and act. Multi-modal evidence was collected through interviews and discussions with program facilitators, contextual surveys, case study reports and monthly hospital transfer audits. Data were assessed individually and collectively as a group around the i-PARIHS framework.

**Results:** Having a "shared understanding and ownership" by the recipients of the HA program influenced adoption. The intensity of initial roll out and ongoing education were important to ensure staff understood and implemented the program as intended. The role of internal and external facilitators to facilitate timely education, monitoring processes, feedback loops and clarification of expectations were important. In addition to nursing staff, successful implementation requires support from physicians, family members, residents and hospital staff.

**Conclusions:** The i-PARIHS framework was a valuable tool for analyzing the implementation process. The year-long assessment identified and addressed potential barriers and introduced actions that contributed to the successful implementation of this aged-care driven HA program.

## Developing Gerontological Nursing (GerNurs) competencies: An e-Delphi study

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### **Abstract:**

**Background:** The only widely used gerontological nursing competencies were published in the United States. A Nursing in Aged Care Collaborative (NACC) undertook a study to address this gap and developed Gerontological Nursing (GerNur) Competencies for use across Australia.

**Aim:** This paper presents the findings from an e-Delphi study to develop GerNur Competencies.

**Methods:** SurveyMonkey was used to circulate a draft set of gerontological nursing competencies and seek agreement on priority areas, wording and levels of practice. Using snowball sampling, 409 participants were recruited to the first round: 57% clinicians, 30% managers and 13% academics from 10 countries. At round 5, 139 participants remained.

**Findings:** With 60% agreement set as the minimum acceptable level, 11 core competencies with 36 domains of practice and two levels of practice were generated: 1. Living Well for Older People across Communities and Groups; 2. Maximising Health Outcomes; 3. Communicating Effectively; 4. Facilitating Transitions in Care; 5. Facilitating Choices; 6. Partnering with Family Carers; 7. Promoting Psychological Well-being and Mental Health; 8. Providing Evidence-Based Dementia Care; 9. Providing Optimal Pain Management; 10. Providing Palliative Care; 11. Enabling Access to Technology.

**Conclusion:** This is the first set of gerontological nursing competencies for use in Australia developed from an inductive consultation activity with a range of stakeholders. The GerNur Competencies will be piloted across the NACC organisations. The GerNurs Competencies and accompanying guidelines will be available on a freely accessible website for use by individuals for their professional development and organisations to support their implementation of strategic plans.

## Evaluation of successful ageing among older people in China

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### **Abstract:**

**Introduction:** China faces a “time-bomb” of aging population. Successful aging has long been a goal in the field of gerontology. The aim of the current study is to evaluate successful aging among Chinese older adults who aged 60 years and above.

**Methods:** Data on a total of 7102 people in the China Health and Retirement Study aged  $\geq 60$  years were analysed in this study. Successful aging is defined by the model of Rowe and Kahn including the following five indicators, i.e. “no major diseases”, “no disability”, “high cognitive functioning”, “high physical functioning”, and “active engagement with life”. Using logistic regression analysis, crude and adjusted odds ratios with 95% confidence intervals were calculated to evaluate the relationship between socio-demographic parameters and successful aging.

**Results:** The prevalence of successful aging was 13.2% among Chinese older people. The percentage of older people with five indicators “no major diseases”, “no disability”, “high cognitive functioning”, “high physical functioning”, and “active engagement with life” was 41.7%, 92.1%, 54.2%, 70.2% and 46.0%, respectively. Multiple logistic regression models showed that people who had received education of high/vocational school or above had significantly greater odds of successful aging compared to those with less than primary school education ( $p < 0.05$ ). The effect of education to college level or above on cognitive functioning is 2.51 times higher odds in female than men ( $p = 0.006$ ). Older people from a non-agricultural 'Hukou' system had 1.85 times higher odds of successful aging than those from an agricultural 'Hukou' system. Older people living in the Central, Northeast, or Western regions had lower odds of successful aging relative to those living in East coast region (0.72, 0.72, and 0.56, respectively).

**Conclusion:** The prevalence of successful aging is low among Chinese older people, and is affected by socio-demographic factors like education, 'Hukou' system and regions.

## Developing a measure of client experience in residential aged care

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**Abstract:** The Australian Aged Care Quality Agency is responsible for accreditation of aged care services, both residential and in the community. The Agency engaged La Trobe University to develop and pilot an interview tool to measure client experience for use in accreditation audits.

Potential questions were identified through a literature review, mapped against the Accreditation Standards, and workshopped with an expert reference group. Twenty-four questions and a visual analogue were then piloted in the field. Usability of each question was assessed through consultations with consumer groups and groups of Indigenous and culturally diverse clients in residential aged care homes, and the perspective of Quality Agency surveyors was also included. Statistical analyses sought to identify questions that minimised missing data, were responded to similarly by residents and their representatives, and elicited stable responses on retest.

Twelve questions were identified as optimal. The 10 quantitative questions proved to reflect a single underlying dimension (Consumer Experience) and, when summed and explored through regression analyses, differentiated homes significantly.

Consumer information about the quality of care and services in residential aged care will be available in a new report following accreditation audits from 30 June 2017. The development of core questions for inclusion in accreditation audits will provide richer data on the experience of consumers and support consumer choice of a residential aged care home.

## Prevalence and associations of aspirin use in older subacute inpatients

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**Abstract:** The prevalence of regular aspirin use by elderly community dwellers has been increasing, approximately 50% as per U.S data, and a large proportion of this is for the primary prevention although its effectiveness for this indication has not yet been fully evaluated. Patients admitted in subacute settings may differ to those surveyed by community studies, as they are often frailer, may have greater comorbidities and functional impairment.

**Methods & Aims:** Retrospective chart review of patients aged  $\geq 70$  whom were admitted to Geriatric Evaluation and Management units at Kingston Centre, Monash Health from 1st July to 30th September 2015. The primary aim is to determine the prevalence of regular daily aspirin use and its indications. The secondary aim is to compare the characteristics of patients using aspirin for primary prevention versus secondary prevention.

**Results:** Among 374 patients, the overall prevalence of regular aspirin use was 46%, of which 68% for secondary prevention, 25% for primary prevention, 4% for atrial fibrillation and 3% for other indications. Regular aspirin users for primary prevention were older (85 vs 82 years,  $p 0.01$ ), female preponderance (74% vs 53%,  $p 0.02$ ), and a lower Charlson's Comorbidity index (1.5 vs 3,  $p 0.0002$ ). 45% of patients taking aspirin for primary prevention had diabetes despite the controversy and 4% of patients were still on regular aspirin for thromboembolic prevention in the setting of atrial fibrillation despite various guidelines recommending against aspirin monotherapy for atrial fibrillation. Aspirin was ceased for 17 patients during admission and predominantly due to deprescribing.

**Conclusion:** Almost half of the older subacute inpatients at Kingston Centre were on regular aspirin and a quarter of them used it for primary prevention, despite the unclear net benefit currently for this indication.