

## Building health and aged care workforces: barriers and opportunities

**Symposium Convenor: Robin Harvey**

The 'golden opportunity' in ageing workforce education and development is to overcome current workforce shortages and multi-sectoral barriers in order to build capability to meet the diverse health and social challenges of Australia's ageing population. The Ageing Workforce Education Special Interest Group (AWESIG) will host its inaugural symposium featuring current research that addresses these critical issues. Presentations will examine a variety of perspectives, including challenges arising from the gendered nature of the aged care workforce, those challenges particular to rural and regional areas, transition into management in aged care organisations and key issues and strategies for engaging students in careers in ageing. Research presented will provide new understandings and aid development of innovative strategies and policies to address current human resource and training needs across the aged care and health professional sectors.

## Community and residential care workforce challenges: rurality and gender perspectives

**Author/s:** Suzanne Hodgkin

**Author Affiliation/s:** Deputy Director, John Richards Initiative, College of Science, Health and Engineering, School of Nursing and Midwifery; 2. La Trobe University, Albury-Wodonga, NSW.

Two studies from rural and regional communities are presented to illuminate the significant challenges posed by workforce shortages in the community and residential aged care sectors in Australia. The first examines workforce experiences and perceptions of a small sample of community care service managers and the second reports on a group of women 55 and over working in residential aged care. Findings illustrate a system over-reliant upon the labour of a generation of women who are themselves ageing. Both studies provide evidence that corresponds with long-held conclusions about the gendered, exploitative reputation of care work, a characterisation discursively constructed by privileging moral dimensions of the job over technical skills required for it. Findings challenge the capacity of services, as they are currently structured and differentiated, to reshape and redefine aged care work as a 'good job', one that holds appeal and tangible rewards for new and younger skilled workers.

## 'The wrong sex'? Men's representation in Australian aged care workforce

**Author/s:** Linda Isherwood

**Author Affiliation/s:** Karmel Foundation Research Fellow, Flinders University, Adelaide, South Australia.

This paper reports on a mixed-methods study combining analysis of the 2016 National Aged Care Workforce Census and Survey with in-depth interviews conducted with 60 male aged care workers. Three key themes are explored: pathways into the sector, experiences of aged care work, and factors impacting on job retention. Male aged care workers typically come from diverse employment backgrounds with little previous experience of care roles. Aged care work was experienced as being both integrative and segregative. Male aged care workers reported good availability of work, access to training, and the ability to 'carve out a niche'. They also reported concerns about the gendering of the workplace, the sexualisation of care and unfavourable working conditions. Findings highlight processes that generate and hinder male representation in the aged care workforce and suggest strategies and policy developments to guide the sector in attracting male workers to meet current and future skill shortages.

## What if I don't like it? Transitioning to aged-care management

**Author/s:** Robin Harvey  
Katrina Radford

**Author Affiliation/s:** Charles Sturt University, Victoria, Australia and Griffith University, Queensland, Australia.

Career management, together with processes associated with transition to middle management in aged care and the organisational outcomes thereof are largely unstudied within the health sector. This is an important area to examine as nurses, in particular, are often promoted to middle management roles without any managerial experience (Meissner & Radford, 2015). This study aims to further investigate this gap in the literature by exploring the transition to management experienced by middle managers within an aged care setting. Utilising a mixed method approach incorporating both semi-structured interviews (N=37) and an online survey (N=199), this presentation will explore the perceived pathways to middle management and critically evaluate the potential future directions of human resource management practices within aged care to respond to the increasing future demands of this sector. Findings indicate that new pathways are needed to challenge the status quo and retain talent within this sector.

## Engaging students to work in the field of ageing

**Author/s:** Ralph Hampson

**Author Affiliation/s:** University of Melbourne, Victoria, Australia

Allied health professionals have vital roles in aged care and community services however university students are often reluctant to work in ageing on graduation. A key question for educators is: How can we successfully engage students to consider working in this field. A recent Australian study (Webb et al, 2016:419) that surveyed academics, students and practitioners in social work and psychology established:

'the importance of active intervention within curricula to include more comprehensive instruction in gerontology for students undergoing degrees in social sciences and human services, to diminish this perpetuating cycle of negative attitudes toward gerontology'.

The Master of Social Work degree and development of the interdisciplinary Master of Ageing at the University of Melbourne will be used as a case-study to explore key emerging issues and the teaching and learning practices that are being developed to engage tertiary students and reduce barriers to working with older adults.

## Exploring the wellbeing of older Aboriginal Australians and their caregivers

**Symposium Convenor: Cathryn Josif**

Within Aboriginal culture wellbeing comprises a holistic view of health that encompasses physical, social, emotional and cultural dimensions. This symposium provides a golden opportunity to engage with research from three studies across three geographic areas: urban, regional and remote Australia into the wellbeing of older Aboriginal people and their family caregivers.

The studies will 1) establish the factors important to the wellbeing of older Aboriginal Australians 2) demonstrate the link between depression and empowerment in caregivers in remote Aboriginal communities 3) describe the caregiving experience and support needs of older Aboriginal people and their caregivers in urban and regional communities. Together, these studies demonstrate the preferences and needs of older Aboriginal people and the importance of wellbeing for this population. The studies have potential implications for the development of a wellbeing tool and strategies for clinicians working with older Aboriginal Australians and the assessment and management of depression in caregivers living in remote communities.

The final speaker reports the findings of a Churchill Fellowship that explores the wellbeing of older Indigenous peoples and their caregivers in America, Canada and Aotearoa / New Zealand and situates the three studies within a global context.

## Elucidating the wellbeing factors important of older Aboriginal Australians

**Author/s:** Liane Gilchrist

**Author Affiliation/s:** Centre for Aboriginal Medical and Dental Health, University of Western Australia, Perth, WA, Australia

### Introduction

Well-being is a central value within Aboriginal culture and has been identified as the most appropriate term to describe the holistic Aboriginal worldview of health. This project will explore the Australian Aboriginal understandings of well-being and determine the factors important to well-being of older Aboriginal Australians. This information will be utilised to develop a wellbeing tool and strategies for service providers working with older Aboriginal Australians.

### Method

The study incorporates phenomenological and narrative approaches. Data collection will be conducted through in-depth interviews and yarning groups with older Aboriginal Australians (45 years and over) until data saturation is achieved.

Purposive sampling will be utilised to ensure participants represent a range of age, gender, living status and care requirements. Triangulation of the data will occur with additional cross validation by the Nyoongar Aboriginal Advisory group.

### Result and Discussions

Initial discussion from advisory group members have recommended that wellbeing strategies should be developed in addition to the wellbeing assessment tool. Individual interviews have begun with Aboriginal participants in two Perth regions. Preliminary results suggest that the Aboriginal worldview of wellbeing and the participants' views on the factors important to the wellbeing of older Aboriginal Australians include acknowledgement and respect for Elders, recognition of the importance of Country, maintaining spiritual connections and supporting family relationships.

#### Conclusion

The Aboriginal worldview of well-being and the factors important to the well-being of older Aboriginal Australians are culturally, socially, spiritually and environmentally constructed, according to the literature and preliminary findings in this study. Further data will be collected and utilised by the research group and partners to develop a culturally appropriate tool that can be used to evaluate the effectiveness of care and support by service providers.

## Depression and empowerment in caregivers of older Aboriginal Australians

**Author/s:** Dina LoGiudice

**Author Affiliation/s:** Department of Aged Care, Melbourne Health, Parkville, Victoria, Australia

**Introduction:** The Growth and Empowerment Measure (GEM) was developed in Queensland with Aboriginal Australians. The GEM comprises 14 Emotional Empowerment Scale (EES14) items (maximum score 70), and 12 Empowerment Scenario (12S) items (maximum score 84). The KICA-Dep was developed to assess depressive symptoms in older Aboriginal Australians. The KICA-Dep has a cut point of  $\geq 8$  (out of 33) for a depressive disorder.

**Method:** The GEM questions were adapted and refined for the Kimberley region of Western Australia through a focus group with Aboriginal people. A total of 134 Aboriginal caregivers from 4 remote communities were assessed with the GEM and the KICA-Dep tools.

**Results:** The age range of caregivers was 18-88 years (mean  $\pm$  SD of  $39 \pm 14$  years), and 73% of caregivers were women. The mean KICA-Dep score was  $4.6 \pm 3.9$ . The mean EES14 score was  $59.8 \pm 7.4$  and the 12S mean was  $57.8 \pm 13.3$ . The KICA-Dep score was inversely correlated with the EES14 ( $\rho = -0.30$ ,  $p < 0.001$ ) and 12S ( $\rho = -0.28$ ,  $p = 0.001$ ). Scoring below the KICA-Dep cut point of  $\geq 8$  was significantly associated with 3 of the 12 GEM scenarios: ability to make changes in your life; taking part in learning and training; and positive relationships with people.

**Conclusions:** Empowerment, as measured by the GEM is inversely associated with depressive disorders in Aboriginal caregivers of older people. These findings have potential implications for assessment and management of depression in caregivers living in remote communities.

## Family caregiving and older Aboriginal people in urban/regional communities

**Author/s:** Kylie Radford

**Author Affiliation/s:** Aboriginal Health and Ageing Group, Neuroscience Research Australia, Randwick, New South Wales, Australia; School of Medical Sciences, University of New South Wales, Sydney, New South Wales, Australia

The burden of dementia and other age-related disability and disease is high in urban and regional Aboriginal communities, but little is known about the caregiving experience or support needs of older Aboriginal people and their families in this context. The Koori Growing Old Well Study assessed 336 Aboriginal men and women (aged 60+) across five communities in NSW. A further 114 'contact persons', typically family caregivers, also participated in the study. The selection of contact persons was purposefully biased towards participants with cognitive impairment. A substantial proportion of older Aboriginal people reported caregiving responsibilities in terms of currently raising one or more children (15%, mostly grandchildren) or providing informal aged or disability care (23%). Family caregivers (often daughters, spouses or siblings) reported that many older Aboriginal participants required daily (n=29) or constant 'around the clock' (n=24) care, with 39 completing the modified Carer Strain Index. Carers providing constant care scored significantly higher (n=13, M=16.5, SD=6.9;  $p<.05$ ) than those providing daily care (n=18, M=9.0, SD=5.9). Those providing intermittent care (weekly or less often) reported intermediate levels of strain (n=8, M=12.8, SD=8.2). For older Aboriginal people needing aged or disability care, most reported using Aboriginal controlled support services (58%) or a combination of Aboriginal controlled and mainstream services (23%), whilst 9% reported not accessing any services. Various barriers to service use were identified but most commonly related to problems with transport, waiting times and appointment availability. Financial worries and not being sure of the services available were also relatively common. Older Aboriginal people are both givers and receivers of family care, but this can be associated with stress and a considerable minority is not accessing any formal support services. The preferences and needs of older Aboriginal people and their families will be highlighted in recommending ways forward in urban/regional Aboriginal communities.

## Kutjuwarrala – Wangkinpa; everybody coming together, talking and sharing (strong carers, strong communities prof

**Author/s:** Ros Malay

**Author Affiliation/s:** Project officer, The University of Western Australia

There is an acknowledged need in Australia to improve dementia services in regard to access, quality, choice, cultural safety, patient experience and coordination. While these issues are relevant nationally there are populations often described as 'hidden'

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where need is greater. This includes remote-dwelling Aboriginal people and their caregivers who experience dementia rates five times higher than their non-Aboriginal counterparts living in similar locations. Older Aboriginal people play a key role in community wellbeing including retaining cultural rights and responsibilities for keeping connections to country, caring for family including grandchildren and providing community leadership and guidance.

The presenter was awarded a Churchill Fellowship to improve dementia services for remote dwelling Aboriginal people in Australia. She will visit older Indigenous people and their caregivers, clinicians, managers, policy makers, educators and researchers to explore the provision of dementia services in remote communities in America, Canada and Aotearoa / New Zealand. Each region is making a different contribution to the wellbeing of older Indigenous peoples and their caregivers. These contributions; identification of predictors of successful ageing, community-based approaches merging Indigenous practices with Western technologies to empower caregivers supporting older Indigenous peoples with dementia and customised outreach and education programs are reported.

Sustainable approaches that offer flexible service delivery, community collaboration and consultation, cultural security and empowerment and education strategies for Aboriginal communities are limited in Australia. Examining the models of successful programs in similar populations overseas is beneficial in the design and delivery of local initiatives.

## Data and innovations in ageing CALD research: CALD SIG symposium

**Symposium Convenor: Betty Haralambous**

Australia has a large and culturally diverse ageing population representing both newly arrived immigrants and immigrants who have lived the majority of their adult lives in Australia. This group is often underrepresented in mainstream services and ageing research, often due to language and cultural barriers, limited knowledge and information. This symposium is a collaboration of researchers from the AAG CALD Special Interest Group. Three questions will be addressed:

How representative is a population-based survey from a CALD perspective? Data from the PATH through life study will be used to investigate who from CALD communities are more likely to participate in a population-based survey and therefore represent the entire CALD population. How similar/different they are from the actual CALD population will be examined.

How do CALD residents compare to non-CALD in residential aged care? 2015 data for all Australian aged care residents will be presented, describing countries of birth, demographics and levels of behavioural and complex care needs.

How might we service older CALD people in cost-effective and innovative ways? An example of using technology to assist with services will be presented: e-interpreting in cognitive assessments through research undertaken by NARI.

## Data and innovations in ageing CALD research: CALD SIG symposium

**Author/s:** Betty Haralambous

**Author Affiliation/s:** NARI, Cultural Diversity Stream Leader, Research Fellow.

Data and innovations in ageing CALD research

A symposium of the AAG CALD Special Interest Group

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## Residents from non-English speaking countries in Australian aged care facilities

**Author/s:** Lee-Fay Low

**Author Affiliation/s:** Associate Professor in Ageing and Health, University of Sydney, NSW.

**Objectives:** To describe residents born in non-English speaking countries in Australian aged care facilities, including their behavioural and complex care needs as evaluated using the aged care funding instrument.

**Methods:** De-identified cross-sectional data were provided by the Australian Institute of Health and Welfare for all aged care residents in Australian government funded facilities at 30 June 2015.

**Results:** 33168 (19%) of residents were born in one of 188 non-English speaking countries of birth. Compared to residents born in English speaking countries, residents from non-English speaking countries were significantly younger, lived in larger facilities, were more likely to be male and live in an urban area. They had higher levels of behavioural and complex care needs. Residents from non-English speaking backgrounds living in ethno-specific facilities also had higher levels of behavioural and complex care needs.

**Conclusion:** The needs of residents born in non-English speaking countries should be considered when planning aged care services.

## How representative is population-based data? From a CALD perspective

**Author/s:** Sarang Kim

**Author Affiliation/s:** Postdoctoral Fellow, Australian National University, Canberra.

Australia has a culturally diverse ageing population. Almost one in three older Australians was born overseas, with a significant number of these coming from culturally and linguistically diverse (CALD) backgrounds. The 2011 Australian Census showed that over 1.34 million Australians aged over 50 were born overseas in a non-English speaking country. This represents almost 20% of all Australians in that age group.

Australians from CALD backgrounds are however, often excluded or underrepresented in mainstream research in ageing. This is often due to language barriers and research not being funded for translations and interpreters.

In English speaking countries like Australia, population based surveys are conducted in English, which may not be the native language of CALD groups. Population based studies should be representative of the population to which the researcher intends to

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extend his or her findings but how representative is a population-based survey from a CALD perspective? Who from CALD communities are more likely to participate in a population-based survey and therefore whose findings are being used to represent the entire CALD population? How similar/different are they from the actual CALD population? These are some of the unanswered questions which will be addressed in this presentation.

## Mixed-method evaluation of Information and Communication Technology-enabled aged care

**Symposium Convenor: Andrew Georgiou**

Information-and-communication-technology's (ICT) major strength is its ability to efficiently connect people, places and organisations in ways that have never before been possible. For aged care organisations, ICT can be a powerful tool to manage and use client information to identify their needs and deliver services in co-ordinated and efficient ways. This symposium presents the findings from four different approaches that highlight the impact of ICT in residential and community aged care settings. Firstly, a multi-method approach to examining the technical, organisational and social effect of ICT on aged care services will be outlined. Secondly, how community care services impact entry into residential care will be explored using data from 1,116 older adults. Thirdly, we identify the potential of electronic medicines data to promote quality use of medicines in residential aged care. Fourthly, we present how new instruments can be integrated into routine client assessment to improve social engagement and wellbeing.

## A socio-technical assessment of Information and Communication Technology

**Author/s:** Andrew Georgiou

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

International research continues to show that ICT, in and of itself, does not automatically lead to better work practices, productivity gains or profitability. ICT is a disruptive technology with the capacity to overturn existing work processes and transform the organisational landscape, altering professional responsibilities and roles. Moreover, ICT systems do not work merely because they are constructed to do so. This presentation will outline the indicators, research methods and tools required to assess and improve the contribution that ICT makes across organisational and geographic boundaries, on aged care service performance and on consumers' experiences

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

**Author/s:** Mikaela Jorgensen

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

There is little research examining the impact of community care services on older adults' outcomes. The aim of this study was to examine the association between community care use and time to entry into permanent residential aged care. Routinely-collected data were extracted from a client management system for 1,116 people aged  $\geq 60$  years who commenced community care services for higher-level needs between 1 July 2015 and 30 June 2016 with a large aged care service provider in New South Wales and the Australian Capital Territory. By 31 December 2016, 21.1% of people using community care services had entered into permanent residential care (n=235). People who received more hours of service per week, and those who were predominant users of social support services, were at lower risk of entry into residential care. This study demonstrates the potential of using integrated, routinely collected data to measure meaningful outcomes in community aged care.

### Innovation in medication safety in residential care using electronic data

**Author/s:** Lisa Pont

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

The aim of this work is to demonstrate the potential of routinely collected eHealth medicines data to promote quality use of medicines in residential aged care (RAC), focussing on polypharmacy and antipsychotic use as examples. Medicines administration and resident demographic data for permanent residents residing in 74 RAC facilities in October 2015 were extracted from clinical information systems. Variation between facilities in rates of polypharmacy ( $>5$  medicines), hyper-polypharmacy ( $>10$  medicines) and antipsychotic use was determined. The dataset included 4,782 permanent RAC residents. 84% of all residents had polypharmacy, 41% hyper-polypharmacy and 21% used an antipsychotic. Comparing facilities, polypharmacy ranged from 50 to 100% of all residents, hyper polypharmacy from 14 to 76% and antipsychotic use 0 to 76%. We were able to demonstrate considerable variation in polypharmacy and antipsychotic used in Australian residential aged care using routinely collected eHealth data from 74 RAC facilities.

### Social engagement instruments and person-centred community aged care services

**Author/s:** Joyce Siette

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

Rich social relationships are critical to individual wellbeing and help to maintain good health. Yet community care services tend to focus on meeting specific physical, rather than social needs of older adults. Our aim was to measure social connectedness as a catalyst to find ways of improving social engagement and

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wellbeing. Two validated tools, the Australian Community Participation Questionnaire (ACPQ) and the ICEpop CAPability Measure for Older Adults (ICECAP-O) were administered to 289 community care clients to plan, measure and enhance social connectedness. These instruments were valued for informing discussions around care planning, for increasing focus on consumers' social needs, and were considered as effective tools to help organise, design and monitor social engagement strategies. This study demonstrates how embedding measures of social connectedness can assist support discussions and management of clinical care plans in community care clients.

## Individualising approaches to support aged care residents with dementia

**Symposium Convenor: Megan Corlis**

Arguably, individualising support and care provides the most beneficial outcomes. This symposium incorporates presentations that consider this approach from three perspectives applied to aged care residents with dementia, incorporating their family members, and care staff. The first presentation provides an overview of the wellness-mapping approach to resident care, and how this approach can enhance outcomes for residents, family, and care staff, that are translatable to organisational practices. This will be followed by a presentation that highlights the effective role an Exercise Physiologist can have in the engagement and care of residents with dementia, through the planning and delivery of individually-targeted exercise, aimed at maintaining the functional and cognitive capabilities of residents as they progress on their dementia journey. The symposium will conclude with a discussion of how perceptions of the likely impact and benefit of exercise for residents with dementia can be enhanced through observation of residents involved in the program. This presentation will report the perspectives of family members, and care staff, and how differences in residents' state of functional and cognitive decline can influence expected benefit. This symposium provides a comprehensive example of the way that person-centred approaches can increase engagement, shape perceptions, and contribute to policy change.

## Supporting needs, goals and preferences of people with dementia

**Author/s:** Wendy Hudson

**Author Affiliation/s:** Wellbeing & Dementia Support Coordinator, Brightwater Care Group Inc., Perth, Australia.

Well-being mapping is a person-centred team approach to support and care planning that places the person (resident/client) at the centre of the process and recognises and enables care workers, residents and family members as partners in care. The approach enhances understanding of the person with dementia and their 'story', as well as facilitating problem-solving and goal setting with and for that person. Mapping importantly highlights a person's strengths, abilities, routines and preferences within the context of their diagnosis, current health status and physical and social environment (Aberdeen 2015). The approach ensures skilled and informed staff able to provide individualised care and support based on the knowledge of each individual's strengths and abilities.

As part of the Quality Jobs Quality Care Project, based at the University of South Australia, Brightwater implemented a six-month pilot and evaluation of wellbeing mapping that focused on the job quality of care workers and connections with care quality, recognising that workers in good quality jobs are assisted to deliver high-quality care (Baines & Armstrong 2015).

The presentation describes the wellbeing mapping process, the range of benefits to clients, staff and the organisation, particularly in terms of the job quality of care workers and quality of care for people with dementia, and Brightwater's approach to integrating the well-being mapping processes into standard practice.

## Exercise prescription for dementia in residential aged care.

**Author/s:** Alison Penington

**Author Affiliation/s:** Exercise Physiologist, Helping Hand Aged Care

Emerging evidence from Helping Hand Aged Care (HHAC) has demonstrated that exercise is beneficial for the older population including those with cognitive decline. Despite the success of exercise implementation within the community, little has been researched on the effect of exercise physiology (EP) led interventions for people living with moderate to advanced dementia and related functional decline within Residential Aged Care Facilities (RACFs). Through the Exercise Physiology in Aged Care Project, HHAC has explored the valuable service that EP provides to enhance social, physical and, in some instances, cognitive abilities of residents through the delivery of tailored physical activity that is meaningful and purposeful to the individual.

The research has taken a mixed methodological approach. Participating residents were involved in a 12-week control, intervention and sustainability phase. Outcome measures surrounding quality of life (QOL), cognition and physical elements were collected from two HHAC sites. Family and care staff were also assessed for perceptions of EP and QOL for the resident living with dementia. EP prescribed interventions involved three sessions per week.

EPs have been shown to be complementary to other Allied Health practitioners within RACFs and have worked in HHAC to effect change for the resident and the perceptions of those around them through individualised prescribed movement. Outcomes from the EP in Aged Care project have challenged underlying assumptions that people living with dementia are unable to successfully participate in reablement activities. As a result of participation, the positive social, physical and cognitive experiences of the resident have led the way to influence change within the organisation.

This presentation describes the methods, outcomes and impact of EP engagement and how this new approach has helped empower people living with dementia of a moderate and advanced nature within RACFs.

## Perceptions of prescribed exercise for people with dementia in care

**Author/s:** Gaynor Parfitt

**Author Affiliation/s:** Associate Professor in Exercise and Sport Psychology,

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Providing avenues in residential aged care to maintain functionality as dementia progresses is important, and one approach to this is through the delivery of exercise, prescribed by Accredited Exercise Physiologists (AEPs). The perception of the likely benefit of participation for residents with dementia, from the perspective of their family members, and care workers, who play critical roles in the support of these residents, is vital to the success of such interventions.

A 12-week, AEP-led exercise program was implemented within four units across two sites of an aged care facility. Care staff at the first site had some previous exposure to the role of an AEP; staff at site 2 had not. To examine perceptions, surveys were completed by family members and care workers pre-and-post intervention, and semi-structured interviews were performed post intervention.

Baseline analyses indicated that family members and care workers perceived that the AEP-led exercise program would likely provide some functional and cognitive benefits for residents. Care workers perceived that benefits could occur regardless of state of cognitive decline, whereas family members appeared to perceive that exercise would be less beneficial as cognitive decline worsened. Despite different levels of exposure to AEPs previously, there were no apparent differences in perception at baseline between care workers at the two sites. Post-intervention analyses indicate that the majority of staff and family members maintained their perceptions of the likely benefit of exercise. While not explicit in the survey data, qualitative analyses identified marked shifts in perceptions of functional, behavioural, and cognitive, impact for some residents.

This research has indicated that perceptions of the likely benefit of AEP-led exercise have been affected, with qualitative data identifying aspects of impact that were not initially expected by family members or care workers.



## Diversity training for community aged care – theory to practice

**Symposium Convenor: Claudia Meyer**

The World Health Organization (WHO) Right to Health includes access to timely, acceptable, and affordable healthcare of appropriate quality. Decision-maker and practitioner focus in healthcare has been on improving equity of access for community members with particular individual diversity characteristics, to improve identified disparities in health outcomes. Diversity is what makes an individual unique, but the intersection of diversity characteristics makes healthcare delivery both interesting and challenging in community aged care.

This symposium has three linked presentations exploring the evolution, from theory to practice, of diversity training for community aged care workers. This project is funded by Department of Social Services and conducted through RDNS, a not-for-profit community organisation providing home nursing and healthcare services. The first presentation explores the theoretical underpinnings of key concepts of diversity. The second presentation highlights curriculum content development of the workshop and the mechanisms for ongoing engagement with participants post workshop. The final presentation describes an evaluation framework for a diversity training workshop for managers and frontline workers, with findings from interviews with participants 3-months post workshop.

## Theory to underpin development of aged care training in Diversity

**Author/s:** Claudia Meyer

**Author Affiliation/s:** Research Fellow, Bolton Clarke (formerly RDNS), Victoria, Melbourne

Diversity is a policy priority for Australian Government initiated reforms across the aged care sector. The reforms recognise the diversity of the older Australian population, the importance of placing the person at the centre of the service system; and providing individuals with greater choice and control in directing services. Thus, aged care staff need to be equipped to work with diverse individuals to ensure responsive and equitable health and aged care. This presentation discusses why diversity training is needed and, through a meta-narrative review, discusses the learnings from training undertaken in business management, health, sociology and education disciplines. Three meta-narratives emerged, and are essentials in underpinning any diversity training: person-centred and culturally competent care; a human rights approach; and psychological approaches to diversity training.

## Principles and curriculum design of a diversity training workshop

**Author/s:** Sally McMillan

**Author Affiliation/s:** Senior Clinical and Compliance Specialist, Bolton Clarke, Victoria, Melbourne

The brief for the Education and Learning Centre of RDNS was for an interactive workshop (with a target audience of frontline and managerial community aged care workers) addressing key concepts of appropriate engagement and participation in healthcare; inclusion; access and equity in policy and practice; intersectionality; and reduction of bias and prejudice. This presentation will describe the process of instructional designer development of curriculum content of the diversity workshop, using the ADDIE instructional design tool. Analysis included drawing on these concepts and a training needs analysis; design occurred through brainstorming of ideas; development of materials, with feedback from reference group members; implementation of three pilot workshops with iterative feedback; and evaluation (to be discussed next). Examples and activities for each of the key concepts will be highlighted, to inform attendees of this approach to workshop development.

## A diversity training evaluation framework for community aged care

**Author/s:** Rajna Ogrin

**Author Affiliation/s:** Senior Research Institute, Bolton Clarke Research Institute

Diversity training programs have traditionally existed in the realm of business management, with little research attention devoted to scientifically evaluating the outcomes of programs directed at aged care workers. This presentation will showcase the use of a comprehensive, evidence-based approach to evaluate diversity training. We will describe the evaluative framework for training, useful for the community aged care sector, focused on cognitive, affective and skill-based learning outcomes. Workshops were delivered in each Australian State and Territory, and evaluation was undertaken using this evaluation framework, which included pre and post workshop surveys, semi-structured interviews and independent-observer ratings. The application of the evaluation framework and its findings will be discussed.

## Australasian Association of Academic Primary Care Symposium

### **Symposium Convenor: Constance Dimity Pond**

This symposium presents the work of 4 researchers from Australasia in relation to the elderly. All are members of AAAPC. Two of the topics relate to medications: health care professional insights into statin use in the elderly, and the role of medication reviews in relation to those with cognitive impairment. The other two topics relate to hospitalisations: one from New Zealand looking at GP and practice predictors of unplanned hospitalisations in older patients and one from Australia looking at how General Practices can prevent hospitalisations of older patients.

### Role of Pharmacy medication reviews in elders with memory problems

**Author/s:** Dimity Pond

**Author Affiliation/s:** Professor of General Practice, University of Newcastle, NSW.

**Aim:** this paper will report on a series of case studies involving pharmacy medication reviews for older people with memory problems, mild cognitive impairment or dementia.

**Background:** recently developed NHMRC Clinical Practice Guidelines for Dementia in Australia recommend medication reviews as part of the assessment process. Primary Care Dementia Guidelines currently under development suggest that these medication reviews might be done as part of the MBS funded Domiciliary Medication Management Review conducted by pharmacists. This paper reports on four cases conducted as part of a trial of this process in one general practice.

**Results:** Four medication review case studies will be reported, all conducted with people over the age of 70 and with memory complaints, mild cognitive impairment or dementia. A range of problems were identified by the home medication review, including hoarding of out of date medications; a failure to understand that several different medications could be taken at the same time, resulting in an over complicated medication regime; and medication regimes with a high anticholinergic load possibly affecting cognitive function and energy levels. All medication reviews resulted in actions taken by the pharmacist and GP together to improve medication regime and management. In addition the pharmacist and GP improved their communication in relation to medication matters.

**Conclusion:** Home medication reviews have the potential to significantly improve medication regimes and management for people living with memory problems, mild cognitive impairment or dementia.

## Health-care professional insights into statin use in the very elderly

**Author/s:** Warra Waday

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### Introduction

Statins are used by more than 40% of Australians aged over 65. They are taken to lower plasma levels of low-density lipoprotein along with cardiovascular disease morbidity and mortality. Despite the implicated benefits, statin use in those aged 80 and older has been subject to scrutiny, particularly because of a lack of randomised-clinical trial data to demonstrate its efficacy for primary prevention of cardiovascular disease. This is compounded by the risks associated with polypharmacy which increase with age-related physiological changes and multimorbidity.

### Methods

This study aims to explore decision making regarding statin use in elderly patients among general practitioners, geriatricians, residential aged care facility nurses and community pharmacists. A qualitative approach using semi-structured interviews including clinical vignettes and in-depth questions designed to elicit perspectives from the health care professional (HCP) participants will be conducted.

### Results

The themes that are expected to emerge from the study include perspectives on continued statin therapy and conversely, barriers and facilitators to statin deprescribing in patients over 80. HCP views on multidisciplinary interventions to optimise statin use and a deprescribing guideline specific for statins will also be discussed. Final results and conclusion will be available at the conference.

## How can General Practices prevent hospitalisations of older patients?

**Author/s:** Richard Reed

**Author Affiliation/s:** Professor of General Practice, Flinders University, Adelaide, South Australia.

Australia has one of the highest rates of hospitalizations in OECD countries and most of these hospitalisations are of older people. There is a strong desire by both the state and federal governments to shift this care into the community through improvements in general practice (GP) services. Potentially preventable hospitalisation rates (PPH) based on hospital diagnosis are routinely measured by the AIHW and are used as a quality measure for primary care. Additionally, PPH is a headline performance indicator for Primary Health Networks. Despite widespread use, there is limited empirical evidence that PPH can be improved through specific changes within Australian GP care. This session will review the evidence that hospitalisations can be prevented by GPs based on a review of international evidence including improved access to GP services, care coordination and altering GP financing. This discussion will also draw on research performed by the presenter

in Australia including a Root Cause Analysis (RCA) of why older people with multimorbidity are admitted to the hospital and a geospatial analysis of PPH in Southern Adelaide and their relationship to GP access.

## GP and practice predictors of unplanned hospitalisations in older patients

**Author/s:** Leah Palapar

**Author Affiliation/s:** Doctor of Philosophy, The University of Auckland, New Zealand.

**Introduction.** There is increasing need to reduce unplanned hospital admissions and improve health outcomes to contain rising costs of care. We investigated how GP and practice characteristics are associated with unplanned admissions in older people. **Methods.** We used two primary care-based cluster randomised controlled trials data: the Brief Risk Identification of Geriatric Health Tool (BRIGHT) trial in New Zealand and the Integrated Systematic Care for Older People (ISCOPE) study in the Netherlands. For the BRIGHT trial, unplanned admissions came from the national dataset of hospital events for 3,755 participants aged 75+ enrolled in 60 general practices. For the ISCOPE study, unplanned admissions were from a survey sent to 2,932 participants aged 75+ registered in 57 general practices. Using patient-level predictors of health status, we separately fitted poisson mixed models of unplanned admissions (36-month and 12-month rates for BRIGHT and ISCOPE, respectively). We examined differences in admission rates according to GP- and practice-level characteristics. **Results.** For BRIGHT, we found significant differences in admission rates only in subgroup analyses: rates were lower in non-complex patients of practices with more locums (7% per 10% higher proportion of locums,  $p=0.014$ ) and complex patients of practices in more deprived areas (5% per decile higher,  $p=0.026$ ). In ISCOPE, older GPs had lower rates (22% per decade older,  $p=0.004$ ); rates were 36% lower per decade older in non-complex patients ( $p<0.001$ ). Non-complex patients of more experienced GPs also had lower rates (25% per decade in general practice,  $p=0.003$ ). Rates were 108% higher in practices that had a practice nurse ( $p=0.036$ ), mainly from a significant difference in complex patients (207% higher,  $p=0.021$ ). **Conclusions.** The findings suggest that staffing changes, at least in New Zealand and Netherlands practices interested in a trial about care of older people, may influence on unplanned admission rates differently between less and more complex patients

## Gerontological nursing: Past, Present and Future

**Symposium Convenor: Kathryn Goozee**

This session is driven by the AAG Special Interest Group, initiated by nurses for nurses, with the intent of progressing the voice of gerontological nurses and promoting research innovation and translation. There are considerable challenges ahead with an aging population, increased complexity and disability in care, the aging workforces, and limited economic resources. Gerontological nurses will have an important role to play in improving health care outcomes for older Australians. Topics addressed will include contemporary education, modes of delivery, advances and opportunities in technology, models of care and service delivery, and the way forward for successful health planning.

### Gerontological nursing in the twenty first century: Inhibitors and enablers

**Author/s:** Christine Toye

**Author Affiliation/s:** Faculty of Health Sciences, Curtin University, Western Australia, Australia; 2. Centre for Nursing Research, Sir Charles Gairdner Hospital, Perth, Western Australia, Australia

One of the key contextual factors characterising gerontological nursing in Australia is the division between acute care and long term care sectors, a division emphasised by differing nursing workforce characteristics. This presentation will present evidence of these workforce characteristics, discussing outcomes for older people resulting from the acute care-long term care divide. Examples of innovative programs engaging with these issues will be considered with respect to their potential for promoting a cohesive body of gerontological nurses providing improved outcomes for our growing population of older people requiring care.

### Frontline nursing education to meet the future demands in gerontology

**Author/s:** Catherine Brown

**Author Affiliation/s:** Nurse Practitioner & Trainer, Catherine Brown Consulting

Workforce integrated learning has historically demonstrated positive outcomes in evidence-based nursing practice and culture change. The challenge of today's workforce where gerontology crosses most practice settings and ageing numbers continue to impact on the capacity of health systems, is for nurses to keep pace with research-based knowledge and embrace innovative educational tools that reflect their core business. This paper will examine current educational frameworks that support and reflect trends in gerontology.

## Technological advances to enhance service delivery and quality of life

**Author/s:** Kathryn Goozee

**Author Affiliation/s:** KaRa Institute of Neurological Diseases, NSW.

One of the first challenges with technology beyond defining its use and application, is being able to predict its appeal, uptake, and most importantly efficacy in achieving its purported outcome. The convergence of an increasing aged population, protracted longevity, declining paid and voluntary workforce, combined with economic restraints, are compelling forces to promote closer scrutiny and use of emerging technologies. This session will explore present-day technologies in the field, emerging trends and opportunities for gerontological nurses to drive translation, and take the lead in enacting technological change in aged care.

## Aged Care Nurse Practitioner Program – five years on

**Author/s:** Christine Stirling

**Author Affiliation/s:** Associate Professor, University of Tasmania

Expanded scope roles are evident in many areas of health care across the globe, and advanced practice roles have been shown to meet consumer needs. Since the first Nurse Practitioner endorsement in Australia in 2000 there are now over 1400 Nurse Practitioners. In 2011 the Australian Government funded a large program of research trialling service models for Nurse Practitioners in gerontology, including clinic, private practice and aged care facility settings. We re-examine the lessons learnt from the initial evaluation of the Nurse Practitioner - Aged Care Models of Practice Grant Program. We consider the sustainability of the models five years later after the program commenced, using several case studies. There are some key issues for advanced practice nursing roles and new strategies are needed to embed Nurse Practitioner's into gerontological nursing. The session will look at how the system can support Gerontological Nurse Practitioner roles and how Nurse Practitioners are contributing to the health of older Australians.

## Ageing Well and the Built Environment

**Symposium Convenor: Helen Barrie**

The Active Ageing philosophy has found its most cogent and widespread expression in the worldwide Age-friendly Cities movement. It forms a significant part of the design response to the two defining demographic trends of the 21st century - widespread population ageing and urbanisation.

While the fabric of the physical space, of both the housing environment and the surrounding neighbourhood, are important; we also need to think about the interplay of these built environment concepts with health and wellbeing, with social connectedness, with civic engagement, and with maintaining autonomy and independence. We need to imagine how the built environment can become a public resource, a social opportunity, and an enabler of ageing well.

The three presentations in this symposium examine different aspects of the built environment for older people. Using three separate Adelaide research projects as case studies they look at ageing well through different aspects of the built environment to provide a better understanding of the interplay between space, place and ageing well.

## Planning and Design of Public Spaces to Support Ageing Well

**Author/s:** Beatriz Arakawa Martins

**Author Affiliation/s:** University of Adelaide

By 2030, two-thirds of the world's population will be living in cities, with at least one quarter of the urban population aged over 60 years old. Healthy ageing is a broad and complex concept that involves not only improving a people's physical health, but also promoting psychological and social wellbeing in the ageing process. A comprehensive body of research shows the influence of our cities' built environment on the promotion of active and healthy ageing. The aim of this study was to test a novel interdisciplinary methodology to investigate whether the planning and design of public spaces in Adelaide are appropriate and friendly for older people. This project assessed the feasibility of the use of a walking observation protocol followed by a semi-structured interview to capture participants' experiences in public spaces and the use of a passive monitoring device to capture participants' physiological reactions to these public spaces. Two different settings were chosen for this pilot project: the Queen Elizabeth Hospital in Adelaide, South Australia and large shopping centres in the same city. Participants aged 65 years and over were invited to participate in a walking observation experience, wearing a wearable device that would track their walking experience as well as gait speed, skin conductance and temperature, and heart rate. A researcher mapped and recorded the route chosen and events on route, as well as recorded the design features and environmental conditions of the surroundings using a built environment audit tool. Finally, each participant responded to a comprehensive health assessment and interview about their opinions of the visit. Results from the study will generate a proof of concept to



the development of evidence-based planning and design guidelines and policy development on age-friendly public spaces.

## Re-inventing Photovoice: exploring healthy ageing concepts among retirement village residents

**Author/s:** Rachel Ambagtsheer

**Author Affiliation/s:** Research Fellow - GP Screening Pathway Project, Torrens University Australia, Adelaide, South Australia.

Population ageing worldwide has brought increased attention to the question of how to age healthily and successfully. The IMAGEin My Healthy Ageing Project aimed to explore older peoples' understanding and experiences of the meaning of healthy ageing within an Australian retirement village setting. The project adapted a specific Participatory Action Research methodology - Photovoice - to address the research question. The Photovoice methodology, in which participants capture personally meaningful photographs based on pre-defined themes, aims to empower underrepresented groups to represent their lived experiences through imagery and accompanying narrative. However, its application with older participants has been limited due to the challenges of applying the required photographic techniques with participants experiencing functional limitations or who are not confident with digital technology. The project addressed these issues by pairing older residents (n=11) of a metropolitan Adelaide retirement village with Torrens University undergraduate Design students (n=15) enrolled in a Photography subject. We formalised the roles of the participants as clients and the students as designers within a designer-client relationship, thereby making the older person the initiator and creative collaborator of the photography phase of the project, without having to physically take the photographs themselves. Participants met with the students to develop a 'Design Brief' against three key themes: 1) What keeps me well? 2) What keeps me safe? 3) What keeps me connected? Student photographs taken against the Brief were verified with the older person as being a true reflection of their experiences. A subset of photographs were selected by residents to be accompanied by a written narrative illustrating their meaning. Imagery and accompanying narrative, grouped by theme, were then re-contextualised through a focus group which included all retirement village residents who wished to participate. The presentation will discuss the project findings from both a thematic and methodological perspective.

## What it Means to Age Well in a Retirement Village

**Author/s:** Helen Barrie

**Author Affiliation/s:** AAG President.

There has been continual growth in the number of retirement villages in South Australia since the requirement to register was introduced in 2007. Currently there

## **2017 AAG Conference Symposia Presentations – Abstracts**

are 529 villages providing 18,198 residences for approximately 25,475 older South Australians.

The retirement village industry landscape has changed significantly from its commencement of church and community based housing for seniors. As a result of the evolution of the retirement village industry over time, the Government has reviewed the governing legislation to ensure that the legislation remains relevant and provides clarity on the rights and responsibilities of both residents and operators as well as an appropriate level of consumer protection. A new legislative regime has just been rolled out and this SA survey of over 2,000 retirement village residents provides valuable insight and baseline data into an increasingly important part of South Australia's housing landscape.

This presentation will focus on residents' reasons for moving to a retirement village, opinions about living in a retirement village and residents' understanding of the fees, obligations and benefits of being a retirement village resident.

## The economic opportunities of an ageing population – how much do we value the golden goose?

**Symposium Convenor: Helen Barrie**

This year's Presidential Symposium explores the AAG's 2017 Hot Topic and at the same honours three of our past AAG Presidents by inviting them to give their take on this year's Hot Topic.

Concerns about the societal burden imposed by an ageing population have been a recurrent theme in policy debates and a major influence on Australia's welfare reform over the past few decades. In the past there has been a dichotomy of views about the productivity of people of working age and those of retirement age, which has sustained the perception of the 'burden of old age' and the perceived crisis we face with an ageing population.

Some of the most important barriers to developing good public policy on ageing are pervasive misconceptions, negative attitudes and assumptions about older people. Although there is substantial evidence about the many contributions that older people make to their societies and communities, they are frequently stereotyped as dependent, frail, out of touch, or a burden. These ageist attitudes can limit older people's freedom to live the lives they choose and inhibit our capacity to capitalise on the great human resource that older people represent.

How do we weigh up the opportunities of an ageing population against the costs? Do we value the social contributions older people make or only the dollar value of their economic contributions? At what age do we stop expecting older people to make an economic contribution and allow them 'time to rest'?

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