

2018 AAG Conference Poster Presentations – Abstracts

Table of Contents

“Do they mean us?” Communicating to LGBTI consumers.....	5
Mr Sunil Patel ¹ , Pauline Cramer ¹	5
A fair future for older prisoners with dementia.....	6
Dr Sanetta Du Toit ^{1,2}	6
A falls risk assessment tool tested in residential aged care.....	7
Ms Susan M. Nunan ¹ , Dr Timothy R. Henwood ² , Dr Nancye M. Peel ¹ , Professor Helen H. McCutcheon ¹	7
Action Research to support Dementia Friendly Communities: the Kiama experience.....	8
Dr Lyn Phillipson ¹ , Dr Danika Hall ¹ , Dr Elizabeth Cridland ¹ , Professor Richard Fleming ¹ , Dr Chris Brennan-Horley ¹ , Mr Nick Guggisberg ² , Mr Dennis Frost ³	8
Active players: Evidence-informed reablement strategies for people with dementia.....	9
Ms Meredith Gresham ¹ , Dr Claire O'Connor ¹ , A/Professor Roslyn Poulos ² , Professor Lindy Clemson ³ , Professor Kathy McGilton ⁴ , Professor Ian Cameron ³ , Ms Wendy Hudson ⁵ , Ms Helen Radoslovich ⁶ , Mrs Joan Jackman ⁷ , Professor Christopher Poulos ¹	9
Ageing Well Protocol: Social engagement tools for person-centred community care.....	10
Dr Joyce Siette ¹ , Dr Lindsey Brett ¹ , Prof Andrew Georgiou ¹ , Dr Mikaela Jorgensen ¹ , Prof Johanna Westbrook ¹	10
Antipsychotic consumer medicines information for patients with dementia or delirium	11
Miss Mona Kalogianis ¹ , Mr Rohan Elliott ¹	11
As we age we need to eat better, not less.....	12
Ms Deborah F. Mitchell ¹ , Ms Megan A. Clifford ² , Ms Veronica A. Graham ²	12
Attitudes of community living older adults toward deprescribing their medications.....	13
Mrs Robyn Gillespie ¹ , Associate Professor Judy Mullan ^{1,2} , Dr Lindsey Harrison ³	13
Background of participants in the health promotion class by university	14
Ms Etsuko Itagaki ¹ , Ms Yayoi Kibayashi ¹ , Ms Noriko Kobayashi ¹ , Ms Noriko Sato ¹ , Dr Katsunori Yamaura ¹	14
Biomechanism of pole walking to improve gait in older adults.....	15
Prof Ken Yamauchi ¹ , Researcher Tomoya Ueda ² , Researcher Motoki Sudo ² , Dr Akira Ogita ³ , Prof Ikuo Yanagawa ⁴ , Prof Hironori Yoshida ⁵ , Prof Tsutomu Ichikawa ⁶ , Dr Kunihiro Andoh ⁷	15
Bridging the generations.....	16
Mr Phillip Wohlers ¹ , Ms Penny Underwood, Ms Gail Field, Ms Sandra Dickens	16
Buffet breakfasts: supporting eating; resting; engaging; moving and thinking well.	17
Mrs Julia Scott ¹ , Ms Maria Scott-Multani ¹ , Ms Denise Brett ¹	17
Building wellbeing and resilience in the ageing Italian Co.As.It.(SA) community.....	18
Mr Carlo Tropiano ¹ , Mr Andrea Planamente ¹	18

College students' perceptions of ageing in China, Japan, and the USA.....	19
Dr Ginny Zhan ¹ , Dr Sharon Pearcey ¹ , Dr Hiroko Tomioka ²	19
Comparative design evaluation of three dementia support facilities in Victoria	20
Dr Hing-wah Chau ¹ , A/Prof. Clare Newton ¹ , A/Prof. Lu Aye ¹ , Ms. Catherine Woo ¹ , Mr. Jiayi Wang ¹	20
CST enhances residents cognition and psychological well being.....	21
Dr Gary Cheung ^{3,4} , Dr Kathy Peri ² , Mrs Orquidea Tamayo Mortera ¹	21
Death and dying in aged care.....	22
Mr Vijayanand Amman Ramasamy ¹ , Dr Kate Louise Anderson ¹ , Dr Joanne Watson ¹	22
Disability and Quality-of-Life of Older Australians: A Comparative Study.....	23
A/Prof Rafat Hussain, Dr Stuart Wark, Emeritus Professor Trevor Parmenter, Professor Mathew Janicki, Dr Marie Knox	23
Effect of dyslipidemia in patients with osteoporosis and fragility fractures	24
Dr Mahbub Hasan ¹	24
Exercise and dementia: family and residential care staff perspectives	25
Dr Lindsey Brett ^{1,2} , Professor Victoria Traynor ² , Associate Professor Paul Stapley ² , Dr Shahla Meedya ²	25
Expanding Human Lifespan by Pear Extract Mediated Sirtuin-related Gene Expression	26
Prof. Akira Ogita ^{1,2} , Dr. Wakae Murata ^{1,3} , Ms. Marina Hasegawa ³ , Prof. Ken Yamauchi ⁴ , Assoc. Prof. Ikuo Yanagawa ⁵ , Prof. Tsutomu Ichikawa ⁶ , Dr. Ken-ichi Fujita ¹ , Prof. Toshio Tanaka ¹	26
Health and aged care in last two years of life	27
Professor Julie Byles ¹ , Professor Annette Dobson ² , Dr Michael Waller ² , Ms Peta Forder ¹ , Dr Xenia Dolja- Gore ¹ , Mr Richard Hockey ² , Professor Gita Mishra ²	27
Implication of an ageing society for gerontology social workers.....	28
Mrs Constance Schneider ^{1,2}	28
Intergenerational Playgroup in Residential Aged-Care: A Qualitative Case Study	29
Miss Gabrielle Rosa Hernandez ¹ , Dr Carolyn Murray ¹ , Associate Professor Mandy Stanley ² , Mr Todd Bamford ³	29
Is greenspace associated with mental health at residential aged-care facilities?.....	30
Dr Alison Carver ¹ , Alanna Lorenzon ¹ , Prof Takemi Sugiyama ¹ , Dr Jenny Veitch ² , Ms Ashley Macleod ¹	30
Listening to the Voice of the Patient in Palliative Care.....	31
Dr Robert Shannon ¹ , Dr Tom Fitch ¹ , Mr Alex Alexander ¹ , Dr Jeff Sloan ¹ , Dr. Ryan Uitti ¹	31
Measuring dementia-related stigma: a systematic review of tools.....	32
Ms Zhicheng Li ¹ , Prof Yun-Hee Jeon ¹ , Dr Rebecca Pinkus ¹ , Professor Henry Brodaty ²	32
Mother's Day Poem.....	33
Mrs Diane Ives ¹ , Dr Thwin Hla Bape ¹	33
Never say die: euphemisms and misunderstandings at the end-of-life	34
Ms Deb Rawlings ¹ , Dr Lauren Miller-Lewis ¹ , Professor Jennifer Tieman ¹ , Dr Christine Sanderson ² , Professor Deborah Parker ³	34

Optimising diabetes management in older people using a multifaceted intervention.....	35
Ms Lorenna Aguiar ¹ , Dr Rajna Ogrin ¹ , Dr Rajna Ogrin ² , Dr Sandra Neoh ³ , Associate Professor Ralph Audehm ⁴ , Ms Tracy Ayles ¹ , Professor Leonid Churilov ⁵ , Mr Paul Steel ¹ , Ms Georgia Major ¹ , Dr Cik Yin Lee ¹ , Dr Cik Yin Lee ⁶ , Dr Cik Yin Lee ⁷ , Professor Jeffrey Zajac ² , Associate Professor Elif Ekinci ² , Associate Professor Elif Ekinci ³	35
Patterns of medications utilised by Australian women with dementia.....	36
Mr Kailash Thapaliya ¹ , Dr Melissa Harris ¹ , Ms Peta Forder ¹ , Prof Julie Byles ¹	36
Place, belonging and well-being of older Chinese in Australia	37
A/Prof Shuang Liu ¹ , A/Prof Yan Liu ¹	37
prePhysical activity of older people receiving 24-hour acute care	38
Dr Lenore Ley ^{1,2} , Professor Maxine Duke ¹ , Professor Mari Botti ^{1,3}	38
Preventing avoidable hospital admissions for people with dementia.....	39
Dr Anita Panayiotou ¹ , Dr Paul Yates ² , Mr Drew Aras ³ , Ms Joanne Tropea ⁴ , Ms Betty Haralambous ¹ , Ms Paulene Mackell ¹ , Mr Andre Catrice ⁵ , Mr Garrie O'Toole ⁶ , Prof Nicola Lautenschlager ⁷ , Ms Marie Hunt ⁸ , Dr Frances Batchelor ¹	39
Providing mental health care to patients with dementia	40
Miss Ellen Mckenzie ¹	40
Quality of Life among the people around the gold mine.....	41
Dr Nathakrid Thammakawinwong ¹	41
Quality of life, activity, and participation following non-hip non-vertebral fracture	42
Dr Suzanne Dyer ^{1,2} , Ms Natalie May ^{1,2} , Dr Enwu Liu ^{1,2,3} , Dr Monica Cations ^{1,2} , Professor Jay Magaziner ⁴ , Professor Maria Crotty ^{1,2}	42
RESPOND – preventing falls in older people presenting to ED	43
Dr Renata Morello ¹ , Associate Professor Anna Barker ¹ , Professor Keith Hill ²	43
Responding to Elder Abuse in Rural and Remote Communities	44
Dr Barbara Blundell ¹ , Ms Amy Warren ¹	44
Rethinking care careers in Australia: A time to think differently.....	45
Dr Katrina Radford ¹ , Dr Jennifer Cartmel ¹ , Professor Janna Anneke Fitzgerald ¹ , Dr Nerina Vecchio ¹ , Dr Xanthe Golenko ¹	45
Risk behaviours and frailty life expectancy in older women.....	46
Dr Paul Gardiner ¹	46
Social Media as a translation of evidence into practice tool	47
Dr Melinda Martin-Khan ¹	47
Social support versus social isolation versus loneliness: what's the difference?	48
Dr Rosanne Freak-Poli ^{1,2}	48
The attitude of living Well.....	49
Ms Maria Scott-Multani ¹ , Ms Denise Brett ¹ , Mrs Julia Scott ¹ , Ms Heather Harlow ¹ , Mr Bill McDonald ¹	49
The eQI Project: Identifying Patients with Dementia in Acute Care	50
Dr Melinda Martin-khan ¹	50

The incidence of urinary incontinence in remote living Aboriginal Australians	51
Dr Kate Smith ^{1,2} , Ailsa Sutherland ³ , Dr Zoe Hyde ¹ , Ruth Crawford ³ , Anna Dwyer ⁵ , Roslyn Malay ¹ , Linda Skeaf ¹ , Prof Leon Flicker ¹ , Prof David Atkinson ⁴ , A/Prof Dina LoGiudice ⁶	51
The quality of life of HCP recipients with cognitive impairment	52
Dr Lyn Phillipson ¹ , Mr James Caiels ² , Ms Anne-Marie Towers ² , Mrs Susan Jenkins ¹	52
The use and effectiveness of Elder Abuse Protocols in WA.....	53
Dr Barbara Blundell ¹	53
Towards an age-friendly community in the City of Moreland	54
Dr Hing-wah Chau ¹	54
Transition Maps: a tool for effective communication in aged-care facilities	55
Dr Maho Omori ¹ , Dr Steven Savvas ¹ , Miss Courtney Baker ¹ , Mr Jude Jayasuriya ¹ , Mrs Anastasia Gardner ¹	55
Trans-sectional Intervention Program to Improve Geriatric Care in Regensburg [TIGER]	56
A/Prof Ellen Freiburger ¹ , PhD Martina Rimmel ¹ , Prof. Dr Cornel Sieber ¹	56
Undercover agents: innovative psychological model for an advanced senior population.....	57
Ms Felicity Chapman ¹	57
Understanding the psychosocial mediators of hearing-related cognitive decline	58
Dr Kim Kiely ¹ , Dr Peggy McFall ² , Professor Kaarin Anstey ¹ , Professor Roger Dixon ²	58
Wages and Skill Shortages in the Australian Aged Care Sector	59
Professor Kostas Mavromaras ¹ , A/Prof Stephane Mahuteau ¹ , DR Zhang Wei ¹ , Professor Peter Sloane ²	59
What’s the point? Purpose and older adults	60
Ms Justine Irving ¹ , Dr Sandra (Sam) Davis ¹ , Dr Aileen Collier ²	60
Workforce development and preparation for future change.....	61
A/Prof Trudi Cooper ¹	61

“Do they mean us?” Communicating to LGBTI consumers

Mr Sunil Patel¹, Pauline Cramer¹

¹GLHV@ARCSHS, La Trobe University

How can aged care service providers authentically and effectively communicate a message of welcome and inclusivity to older lesbian, gay, bisexual, trans and intersex (LGBTI) people?

Communicating and creating a genuine welcoming and inclusive environment, especially for older LGBTI people is extremely important, and requires planning and a range of considerations.

This (workshop) will explore the need to be explicit and move beyond the umbrella term of "diversity" to ensure older LGBTI people are aware you are communicating their inclusion.

We will look at the use of LGBTI inclusive images and language – what works and perhaps things to avoid, and provide practical strategies to effectively communicate your messages and position to LGBTI people using or needing to access your service.

In this session participants will learn skills in how to effectively communicate a welcoming and inclusive place for older lesbian, gay, bisexual, trans and intersex (LGBTI) people.

A fair future for older prisoners with dementia

Dr Sanetta Du Toit^{1,2}

¹Lecturer, University of Sydney, ²Affiliated lecturer, University of the Free State

Aim: To explore what is needed to support prisoners with dementia to successfully age in place.

Background: The increased number of older people with dementia ageing in prisons poses a significant challenge for correctional services. Existing work practices fail to meet the specific needs of prisoners with dementia who are a vulnerable group within the broader prison population.

Critical analysis: Evidence are considered for the impact of (i) the environmental context of the correctional setting and associated barriers and enablers for dementia care; (ii) education of prison staff about dementia (iii) a firm understanding of whom prisoners with dementia are as individuals to promote access to meaningful engagement tailored to suit that person; and (iv) introducing collaborative approaches for shared responsibility to ensure the safety of the prisoner with dementia, the correctional staff and the other inmates.

Conclusion: Our understanding of occupational deprivation and enforced habituation in prisons is needed to counteract social and occupational disengagement. An occupational therapy skillset could support prison staff and inmates to form a micro-community where prisoners age-in-place, thereby supporting the health and well-being of those living and working in the prison setting, especially for those with dementia.

References:

- Brown J. (2014) Dementia in Prison Discussion Paper #9. Sydney, NSW: Alzheimer's Australia.
- Du Toit, S. H.J. & McGrath, M. (2017). Dementia in prisons: enabling better care for ageing prisoners. *British Journal of Occupational Therapy*. [Published on-line Dec 2017]. DOI10.1177/0308022617744509
- Du Toit, S. H.J., Chen, X, & McGrath, M. (2018). Meaningful Engagement and Person-Centred Residential Dementia Care: A Critical Interpretive Synthesis. *Scandinavian Journal of Occupational Therapy*. DOI:10.1080/11038128.2018.1441323
- GASTON, S. (2017). Vulnerable prisoners: Dementia and the impact on prisoners, staff and the correctional setting. *Collegian*. Available: <http://dx.doi.org/10.1016/j.colegn.2017.05.004>

A falls risk assessment tool tested in residential aged care

Ms Susan M. Nunan¹, Dr Timothy R. Henwood², Dr Nancye M. Peel¹, Professor Helen H. McCutcheon¹

¹The University Of Queensland, ²Southern Cross Care

Introduction: Falls have significant consequences for older adults with fall rates being the highest in residential aged care facilities (RACFs). Falls result in the decreasing physical well-being of older persons residing in RACFs. Researchers stress the importance of the validity and reliability of fall risk assessment tools (FRATs). However, this area of practice in RACFs remains understudied. Australian best practice guidelines recommend the use of the Peninsula Health FRAT (PHFRAT) in RACFs.¹ Conflict exists in the literature regarding the validity of this tool. This study aims to evaluate its validity and reliability.

Methods: The research was undertaken in a large RACF; participants include Residents and Registered Nurses (RNs). A mixed methods approach was used. Data for the predictive validity study was collected by RNs through the PHFRAT to determine the fall risk of each Resident. Six months prospective falls data was collected from incident reports. Inter-rater reliability data was collected by two RNs who administered the PH-FRAT to the same 30 Residents. Data for a face and content validity study was collected from RNs through surveys and semi-structured interviews.

Results and Implications: The psychometric properties of the PHFRAT will be described. Findings help to shed light on best practice recommendations in the crucial area of falls risk practice in RACFs, helping to improve practice, reduce falls, and increase the physical well-being of older persons residing in RACFs.

1. Australian Commission on Safety and Quality in Healthcare (ACSQH). Preventing falls and harm from falls in older people. Best practice guidelines for Australian residential aged care facilities. Sydney: Commonwealth of Australia; 2009.

Action Research to support Dementia Friendly Communities: the Kiama experience

Dr Lyn Phillipson¹, Dr Danika Hall¹, Dr Elizabeth Cridland¹, Professor Richard Fleming¹,
Dr Chris Brennan-Horley¹, Mr Nick Guggisberg², Mr Dennis Frost³

¹University Of Wollongong, ²Kiama Municipal Council, ³Southern Dementia Advisory Group

This paper explores the utility of a Community Based Participatory Action Research (CBPAR) methodology to support collaboration for research, action and evaluation of the 'Dementia Friendly Kiama' project in NSW (Australia). Activities included: formative research (interviews, environmental audits, community and business surveys, community forums); the establishment of a Dementia Advisory Group and Alliance for project governance; an awareness campaign; educational events; and actions to improve community environments. All activities were co-designed and co-facilitated by people with dementia and their care partners.

To assess project reach and changes in attitudes of community members, two cross sectional surveys were conducted with adults using validated scales. Independent samples t-tests compared responses to the surveys prior to the commencement of the project (2014) and two years later (2016). In 2016, respondents showed increased agreement with the statements: 'People with dementia participate in a wide variety of activities and interests,' and, 'It is easy to find out about dementia friendly services or organisations in Kiama'. Respondents who attended an educational event reported less negative views about how they themselves would feel if they were diagnosed with dementia compared with respondents who did not attend an event.

Evaluation highlighted that CBPAR was useful to support the involvement and empowerment of people with dementia and the engagement of the community to improve awareness. The direct involvement of people living with dementia was also an effective way to improve positive attitudes and reduce the negative stereotypes associated with living with dementia. Results highlight the multiple benefits of applying the principle of 'nothing about us without us' in both dementia research and community action.

Active players: Evidence-informed reablement strategies for people with dementia

Ms Meredith Gresham¹, Dr Claire O'Connor¹, A/Professor Roslyn Poulos², Professor Lindy Clemson³, Professor Kathy McGilton⁴, Professor Ian Cameron³, Ms Wendy Hudson⁵, Ms Helen Radoslovich⁶, Mrs Joan Jackman⁷, Professor Christopher Poulos¹
¹HammondCare, ²University of NSW, ³University of Sydney, ⁴University of Toronto, ⁵Brightwater Care Group, ⁶Helping Hand Aged Care, ⁷Dementia Australia

Introduction: Reablement, restorative care and wellness are becoming common parlance in aged care. Increasing numbers of service providers are offering programs that seek to deliver improvement in cognitive and physical function as well as maintaining activities of daily living. For consumers, the evidence base of these programs is often unknown and frequently research that supports programs has excluded people with dementia.

The Clinical Practice Guidelines for People with Dementia (CDPC, February 2016) emphasises the importance of providing interventions that delay decline and improve function. However, for service providers the evidence is disparate and often challenging to synthesise. This presentation will describe a project that has aimed to operationalise reablement Guidelines for implementation.

Methods: A literature update of evidence since the publication of the Guidelines was undertaken; a purposive sample of aged care providers were interviewed to determine the sectors current understanding of reablement and barriers and enablers to implementing evidence-informed programs. A workshop with national and international representation clarified the scope and production of the outputs.

Outcomes: This implementation project has produced three publications: A Technical Report that provides details about evidence-based reablement interventions. It is aimed at health professionals wanting specific information to inform development of a reablement service. The Sector Handbook synthesises information in the Technical Report into a series of suggested evidence-informed reablement programs, along with details that will assist managers focus on practical delivery. The Consumer Information Guide provides an overview of reablement for people with dementia, their family and others who provide support.

Ageing Well Protocol: Social engagement tools for person-centred community care

Dr Joyce Siette¹, Dr Lindsey Brett¹, Prof Andrew Georgiou¹, Dr Mikaela Jorgensen¹, Prof Johanna Westbrook¹

¹*Australian Institute of Health Innovation*

Introduction: Community aged care services and assessments have traditionally focused on clients' physical needs. Yet research evidence clearly demonstrates that social participation is a significant determinant of both an individual's quality of life, and their experience of sentinel health events such as admission to residential care. This project proposes the use of two psychosocial tools to provide clients and their care workers with information to change the nature of discussions around care planning to increase the focus on clients' social needs, with the goal of both improving their quality of life and reducing sentinel health events.

Method: The project is currently being implemented over three community care regions. Staff were invited to attend training and feedback sessions on the Australian Community Participation Questionnaire (ACPQ) and ICEpop CAPability Measure for Older Adults (ICECAP-O) tools for use during routine consumer assessment. Data on social participation and quality of life will be collected at baseline and at six-monthly intervals as part of routine needs assessments, and integrated with data on service provision, demographics and other key outcomes within the provider's care management system.

Results: The relationship between service provision, social participation and quality of life will be identified. Descriptive statistics characterising the types, breadth, and levels of participation of our sample will be derived and comparisons across region, age, gender and culturally and linguistically diverse status will be conducted to identify variation in service delivery.

Conclusion: This intervention will support clients to identify what brings them purpose, meaning and value, and contribute to making consumer-directed community care a reality. The intervention will provide service providers with a better awareness of individual psychosocial client needs and equip them to plan, enhance and optimise the provision of care.

Antipsychotic consumer medicines information for patients with dementia or delirium

Miss Mona Kalogianis¹, Mr Rohan Elliott¹

¹*The Austin Hospital*

Background

Antipsychotic medications are sometimes used to treat behavioural and psychological symptoms of dementia and delirium. Their effectiveness for these indications is limited, they are associated with potentially serious adverse effects, and their cost is not subsidised by the Australian Pharmaceutical Benefits Scheme (PBS) (with the exception of risperidone for people with Alzheimer's disease). Therefore it is important that informed consent is obtained before antipsychotic medications are commenced. There are currently no simple consumer information materials available to help clinicians obtain informed consent. The manufacturers' Consumer Medicines Information (CMI) leaflets do not address these indications and may be too long and complex for people with cognitive impairment.

Aim

To develop simple patient information leaflets for clinicians to use when obtaining informed consent to prescribe antipsychotic medications and when providing education to patients and carers about these medications.

Methods

A review of published literature and practice guidelines was performed to inform leaflet content development. Draft versions were created in consultation with healthcare professionals and consumers. Feedback was then obtained from 10 consumers. The leaflets were edited and then approved by our organisation's Information for Consumer's Committee.

Results

Four leaflets were developed, for risperidone, olanzapine, quetiapine and aripiprazole. The content addressed why the medications are used, how to take them, what potential adverse effects may occur and that their cost may not be subsidised by the PBS. Consumer feedback indicated that the leaflets were understandable and highlighted that consumers want to be informed about these medications and their risks.

Conclusion

The leaflets address an unmet need for consumer-friendly materials to inform patients and carers about antipsychotics used in the management of dementia and delirium.

As we age we need to eat better, not less

Ms Deborah F. Mitchell¹, Ms Megan A. Clifford², Ms Veronica A. Graham²

¹Department of Health And Human Services, ²Department of Health And Human Services

Introduction

The Active and Healthy Ageing Advisors (AHAAs) at the Victorian Department of Health and Human Services have an unique opportunity to strengthen focus on prevention action for older people.

Over the next two decades Australia's population aged 65 years and over is expected to rise by 90%. (1)

Population health nutritional messages in Victoria are not tailored to the changing needs of people as they age.

Method

AHAAs engaged with an existing healthy eating collaborative, the Victorian Healthy Eating Enterprise (VHEE) to seek guidance on how to strengthen understanding of the changing nutritional needs of older adults in healthy eating policies, programs, and resources. The advice from VHEE members was to start with designing specific healthy eating messages.

A scan of existing nutritional messages for older adults was conducted highlighting the need for a shift from obesity prevention to a focus on eating to optimise health, maintain physical function and prevent malnutrition. Based on Australian Dietary Guidelines, nutrient reference values and expert opinion key nutrients for the ageing cohort were determined to be protein, calcium, vitamin d, fibre, b group vitamins and hydration and food safety.

Draft key messages were developed and circulated to the VHEE members and other partners with consultation questions to test worth.

Conclusions

With an ageing population the time is now to ensure tailored health and wellbeing advice is available to enable people to live well into their later years.

Developing appropriate and consistent healthy eating messages for older adults is a strategy of the AHAAs to work towards this goal.

A set of key messages have been designed with recommendations for their translation into policy, programs and resources underway.

Australian Institute of Health and Welfare (2011) Australia's Welfare 2011 Canberra in National Ageing Research Institute (2016) Healthy Ageing Literature Review Melbourne NARI (p19)

Attitudes of community living older adults toward deprescribing their medications

Mrs Robyn Gillespie¹, Associate Professor Judy Mullan^{1,2}, Dr Lindsey Harrison³

¹School of Medicine, University Of Wollongong, ²Centre for Health Research Illawarra Shoalhaven Population (CHRISP), Australian Health Services Research Institute, ³School of Health and Society, University of Wollongong

Background

Many Australians, aged ≥ 65 , use five or more daily medications, defined as polypharmacy. Deprescribing involves the discontinuation of medications that are no longer required or are potentially harmful, as a strategy to reduce polypharmacy. Deprescribing trials in older adults, using polypharmacy, have shown a decrease in the number of medications taken and an improvement in clinical outcomes. However, older adult's attitude toward deprescribing requires further investigation.

Methods

Independent, community living older adults from regional NSW, aged ≥ 65 years, taking ≥ 5 prescribed medications, were invited to complete an anonymous 42 item survey investigating their attitudes toward deprescribing between October 2015-November 2016.

Results

Based on the 137 completed surveys, respondents (median age 76 years) took a median of 7 medications (range 5-25). The majority (88.3%) agreed that they would be willing to stop one or more of their medications. However, less than half (45.3%) reported that they had previously stopped any. Just over half (56.2%) wanted to reduce their number of medications even though many (79.6%) were comfortable with the number they were taking and thought all their medications were necessary. Those taking ten or more were more willing to stop. Correspondingly, a desire to reduce the number of medications was significantly correlated with a willingness to stop, wanting to reduce costs, perceiving that one or more medications may no longer be necessary or experiencing side effects. Perceptions of what constituted 'a lot' of medications varied, with many stating that 10-14 was 'a lot.' One third could not recall a medication review.

Conclusion

Overall, older adults had a positive attitude toward deprescribing, even though many of them were comfortable with their medications. Significant concerns regarding side effects, costs, ongoing use of potentially unnecessary medications or the number being taken could be addressed during medication reviews allowing deprescribing to be considered.

Background of participants in the health promotion class by university

Ms Etsuko Itagaki¹, Ms Yayoi Kibayashi¹, Ms Noriko Kobayashi¹, Ms Noriko Sato¹, Dr Katsunori Yamaura¹

¹Keio University

In Japanese universities, health promotion classes targeting middle-aged and elderly local residents are rare. As part of its social contribution, Keio University Faculty of Pharmacy holds a health promotion class for local residents.

We thought that learning about the backgrounds of the participants in our health promotion class could be useful for other universities who may want to establish a similar program in the future. Our purpose was to understand the backgrounds of the participants.

Once a month, teachers and students of Keio University conduct a health promotion class to measure physical fitness and provide exercise programs to the participants.

In total, 32 people participated; of whom 23 attended 50% or more of the classes. We conducted a questionnaire survey with these 23 people and received responses from 19 people. The survey items were related to living environment, health condition, and exercise habits.

Of the 19 respondents, 6 were men (average age 74.3 years, standard deviation 4.719), 13 were women (average age 63.8 years, standard deviation 7.236), and 9 people were working. Regarding their financial situations, all participants answered "have leeway" or "normal." On the question of subjective health; 18 participants answered, "very healthy," "healthy" or "normal." Only one answered, "I am not healthy."

The average time spent walking per week was 59 minutes (5.5 days of walking per week), The average height of the men was 162.3 cm (standard deviation 2.274), and the average weight was 55.8 kg (standard deviation 5.083). The average height of the women was 154.3 cm (standard deviation 5.583), and the average weight was 49.7 kg (standard deviation 7.236).

In future, it is necessary for other universities to hold health promotion classes for regional contribution and to investigate the background of the participants.

Biomechanism of pole walking to improve gait in older adults

Prof Ken Yamauchi¹, Researcher Tomoya Ueda², Researcher Motoki Sudo², Dr Akira Ogita³, Prof Ikuo Yanagawa⁴, Prof Hironori Yoshida⁵, Prof Tsutomu Ichikawa⁶, Dr Kunihiro Andoh⁷

¹Keio University Institute of Physical Education, ²Tokyo Research Laboratories, Kao Corporation, ³Osaka City University, ⁴Tohoku University of Art and Design, ⁵Ashikaga University, ⁶Matsuyama Shinonome Junior College, ⁷Andoh Orthopaedic Matsushiro Clinic

Introduction: Pole walking is a kind of health-promoting fitness walking that is performed using special poles, similar to ski poles. The poles facilitate a prescription exercise suited to one's physical fitness level; for example, individuals who are uncomfortable with their fitness can use them for walking support, while those confident in their fitness can engage in walking exercises with a higher load, which is more beneficial than simply walking.

Purpose: The purpose of this research is to investigate whether pole walking training—by analyzing the instructor's walking technique—contributes to the maintenance and improvement of the walking ability of older adults.

Methods: In this study, we examined the characteristics of pole walking. The subjects were ten pole walking instructors. They engaged in pole walking at a comfortable speed after walking normally for about 5 meters and ended by walking normally again. The items of analysis were walking speed, step length, step width, cadence, and walk ratio.

Results & Discussions: The walking speed was the same for both pole and normal walking; the step length, step width, and walking ratio (step length/cadence) were large, while the cadence was small. Normal gait after pole walking was transient, but step length, step width, and walking ratio increased. Since the cadence of pole walking decreased, an increase in stride length on normal walking is believed to be due to the training effect of pole walking, which increases the duration of support by one leg. Training in pole walking results in an improvement in gait, especially with regard to the extension of the step length, which carried the greatest expectation for change.

Bridging the generations

Mr Phillip Wohlers¹, Ms Penny Underwood, Ms Gail Field, Ms Sandra Dickens

¹OCAV

Old Colonists' Association of Victoria (OCAV) and Fitzroy Hill School embarked on an intergenerational project in 2017 that saw 12 Victorian Certificate of Applied Learning (VCAL) students matched with residents at Rushall Park village.

OCAV and Fitzroy High School are geographically close, yet historically had little connection. The partnership supported the students in an important unit of work, offering valuable life experiences for both the teenagers and OCAV residents.

The project was part of the Year 12 students' Work-Related Skills unit. The aim was to create a connection with an older person they met for the first time, listen to their story, and communicate what they heard through story boards. Most students go on to do a TAFE course or move into the workforce where communication skills are important. This unit aims to improve these skills.

From initial disgruntlement, students' interest in older people grew, and vice versa. Many discovered they had much in common with their older partner, such as the start of women's AFL on television, and a resilience that emerged from refugee experiences. One student is now studying nursing, having been encouraged by his older 'friend'. The residents report renewed sense of engagement and community.

Part of the project's success was OCAV's ability to match students' and residents' interests, so they were easily able to find common ground. The project is now in its second year and looks set to become a regular fixture. A school in Euroa is now in discussions with OCAV Currie Park village to do a similar VCAL project.

This presentation demonstrates the value of simple intergenerational projects that have the power to forge long-term friendships and break down age barriers and stereotypes. It shares stories of commonality that emerged over the time frame and highlights the potential pitfalls of misplaced expectations.

Old Colonists' Association of Victoria (OCAV) and Fitzroy Hill School embarked on an intergenerational.

Buffet breakfasts: supporting eating; resting; engaging; moving and thinking well.

Mrs Julia Scott¹, Ms Maria Scott-Multani¹, Ms Denise Brett¹

¹Arvida Group Limited

Arvida's Attitude of Living Well model emphasises resident autonomy, engagement and relationship-centred care, a practice culture with resident well-being at its heart and Arvida villages as part of inclusive communities.

The model has five wellness pillars – eating, thinking, resting, moving and engaging well. It encourages holistic practice that provides excellent clinical care in an environment that supports living well. This paper illustrates how Arvida's buffet breakfast initiative has supported a change in practice whilst enabling residents to have increased opportunity to live well in an environment that encourages social engagement.

A recent NZ study in residential care found half of residents were malnourished and a further 43% at nutrition risk, comparable to other studies worldwide. Recognising that food intake is influenced by a variety of factors, including the social and physical environment, it was anticipated that a buffet style breakfast would provide an associated improvement in the health and well-being of Arvida residents.

Implementing Buffet Breakfast saw a reduction of institutional practice such as waking all residents at a set time and presenting them with a breakfast tray in bed. Instead residents wake naturally and participate in choosing from a variety of breakfast items whilst they dine in an environment that includes the smell of warm toast and coffee; social companions and a meet and greet person who supports those who need it.

Whilst Arvida are yet to formally evaluate the outcomes of this initiative, anecdotal reports to date indicate residents are gaining significant benefit from having the freedom to wake at a time of their choosing and engage in a leisurely breakfast with others.

Examples include residents no longer requiring nutritional supplements as they choose two servings of cream on their porridge and many residents delighting in their ability to spend their morning resting; eating and engaging well.

Building wellbeing and resilience in the ageing Italian Co.As.It.(SA) community

Mr Carlo Tropiano¹, Mr Andrea Planamente¹

¹*Co.As.It. (sa)*

CO.AS.IT. (SA), a peak body for ageing Italo-Australians in South Australia partnered with the South Australian Health and Medical Research Institute (SAHMRI) to translate and deliver the PERMA+ wellbeing and resilience program in another language for the first time.

Across a six-week course, 15 participants over 65 years of age with Italian as their preferred language, were taught wellbeing and resilience skills based on the PERMA+ model. This model was idealised by Professor Martin Seligman, founder of positive psychology and former Head of the American Psychological Association.

The wellbeing and resilience skills were taught across the five elements of PERMA (i.e., Positive Emotion, Engagement, Relationships, Meaning and Achievement) and Plus (i.e., Physical Activity, Nutrition, Sleep and Optimism).

This pilot project was the first time the PERMA+ program had been delivered in Italian, but also the first time it had been delivered to an ageing culturally and linguistically diverse (CALD) cohort in their preferred language. The delivery of the program sought to address the needs of ageing Italo-Australian individuals in areas of psychological, emotional and physical wellbeing. The pilot project successfully developed an understanding of wellbeing and resilience as it relates to ageing Italo-Australians. Furthermore, qualitative survey tools demonstrated positive results amongst the participants.

The success of the program was validated by the desire of participants to act as community champions to promote the program and its values to the wider community. Future validation of the program in Italian requires further pilot testing and measures of quantitative outcomes. However, this pilot program demonstrated positive signs for the adoption of wellbeing and resilience skills by ageing Italo-Australians in their daily lives, which has the potential to have widespread positive ageing outcomes if adopted by the wider community.

Please access the following link to view a video on the project: <https://youtu.be/nclOw8vm8o8>

College students' perceptions of ageing in China, Japan, and the USA

Dr Ginny Zhan¹, Dr Sharon Pearcey¹, Dr Hiroko Tomioka²

¹*Kennesaw State University*, ²*Soka University*

The current study investigated perceptions of old age among college students in China, Japan, and USA. A recent published cross-cultural meta-analysis of attitudes toward older adults examined relevant research in the prior 30 years (North & Fiske, 2015). Overall the findings did not support the conventional belief that Easterners/Asians are more positive towards old age than the Westerners/Americans. In fact, the results showed the opposite. However, this analysis included participants of all age groups in different Asian, European, and North American countries, so the results did not directly address college students from China, Japan, and USA. From the limited research available that compared college students' views on aging in China, Japan, and the US, the results seem to be somewhat consistent with North and Fiske's conclusions (2015). In our study, a total of 1134 college students (434 Chinese, 357 Japanese, and 343 American) filled out a questionnaire that included questions on their notion of when old age starts, attitudes toward aging and the elderly, anxiety about aging, interest in taking gerontology related college courses, and plans to work with elderly population vs. with children. In addition, contextual factors such as past and current experiences living and working with the elderly people, past and current relationship with grandparents, and key demographic information were also collected. Our findings, overall, lend support to the previous results. We will present and discuss in this poster the specific cross-cultural differences and similarities among the three groups on their perceptions of aging and the elderly. Gender differences and gender-by-culture interactions will also be highlighted and discussed.

Reference

North, M. S., & Fiske, S. T. (2015). Modern attitudes toward older adults in the aging world: A cross-cultural meta-analysis. *Psychological Bulletin*, 41, 993-1021.

Comparative design evaluation of three dementia support facilities in Victoria

Dr Hing-wah Chau¹, A/Prof. Clare Newton¹, A/Prof. Lu Aye¹, Ms. Catherine Woo¹, Mr. Jiayi Wang¹

¹*The University Of Melbourne*

According to the latest statistics available from the World Health Organisation, around 47 million people have dementia with 9.9 million new cases being diagnosed every year. Over 400,000 persons with dementia were living in Australia in 2016 and the figure is projected to increase by 90% to more than 760,000 in the next 20 years and will exceed 1.1 million by 2056. In 2016, over 23 % of people with dementia were living in cared accommodation and the demand for residential care is expected to increase. This research project examined the relationship between the built environment of three dementia support facilities in Victoria and the quality of life of residents with dementia. There were two types of participant groups in this research: carers working in the dementia support facilities and relevant design practitioners of these facilities, including architects, interior designers and landscape architects. Carers were provided with mobile digital devices for photographing spaces or spots within the dementia support facility that were considered to be able to contribute to the wellbeing of residents with dementia. Only physical spaces were photographed without including any person in the photos. After photo elicitation, carers were invited to have interviews about the desirable characteristics of built environment for the delivery of support and care for residents with dementia and key design factors for promoting the quality of life of residents with dementia. The questions for interviews with design practitioners were related to best practice for dementia-friendly design, including wayfinding, safety and security, fall avoidance, sensory stimuli and social interaction. Responses from these two participant groups were then compared and analysed with respect to design for dementia.

CST enhances residents cognition and psychological well being

Dr Gary Cheung^{3, 4}, Dr Kathy Peri², Mrs Orquidea Tamayo Mortera¹

¹The Selwyn Foundation, ²University of Auckland Faculty of Medical and Health Sciences, ³Department of Psychological Medicine, University of Auckland, ⁴Auckland Regional Psychiatric Registrar Training Programme

Cognitive Stimulation Therapy enhances residents' cognition and psychological wellbeing in Selwyn Village care homes.

Depression and loneliness among people living in a residential care is a significant issue. Current treatment approach is mostly through anti-depressant medication, overtime this people are overcome by what we call the 'wilting flower syndrome'.

Cognitive stimulation is defined as "engagement in a range of activities and discussions aimed at general enhancement of cognitive and social functioning". It is different from cognitive rehabilitation and cognitive training. We adapted and implemented a CST version that works in a Hospital care setting.

Dementia hasn't stop residents in Selwyn Village from learning new things on weekly basis. An adapted CST program was introduced to hospital care level residents challenging the 2014 New Zealand research, which specified that the individuals participating shouldn't be of hospital level care. The achieved and positive outcomes are beyond and above what we expected. The delivery of CST at Selwyn Village reversed the 'wilding flower syndrome' with its 'switch on effect'.

Participants have developed a huge sense of fellowship, belonging and ownership. The residents are now retaining information from previous sessions, like names, songs or specific details from previous discussions, they know each other by names and are fully aware if someone is absent and will demand for us to wait until the last resident arrives.

The topics are stimulating and thought provoking and the residents have grown in confidence as time has progressed. They feel free to express their strong opinions, which have resulted in a lively conversation sprinkled with humour at times. They have become a small family, whose ideas are respected and appreciate it, and this innovative approach has truly enhanced and had a positive impact in their quality of lives.

Death and dying in aged care

Mr Vijayanand Amman Ramasamy¹, Dr Kate Louise Anderson¹, Dr Joanne Watson¹

¹*Deakin University*

Advance care planning/directives (ACP/ACDs) is a process of planning and documenting a person's future medical and End-of-Life (EOL) care preferences. This poster outlines the findings of a comprehensive literature review exploring the importance of ACP/ACDs for elderly people living in aged care, and the barriers in developing and implementing ACDs. The review from (2007 - 2017) was performed according to the PRISMA protocol and resulted in twelve included peer-reviewed journal articles.

Review Findings

The literature on ACD presents beneficial effects for aged care residents; the foremost of which is the consistency of EOL care and dying in a familiar environment. 85% of residents opting for comfort palliative management choose their nursing home as the preferred place of death (1). ACDs also decrease unwanted hospital transfers and life-sustaining medical interventions by 9%-26% representing a significant reduction in healthcare cost (1).

The literature reveals that few Australians have an ACD in place after their admission into an aged care facility and the process is not regularly initiated by nursing staff. In most cases families and health professionals in the reviewed studies were often obliged to make decisions without knowing resident's preferences for EOL care. This can result from failure to involve a multidisciplinary team of residents, families, doctors, and nurses throughout the planning process. Review authors observed that staff lacked knowledge, experience, and education in communicating, discussing and documenting ACDs with residents and families. Ultimately, a 'good death' can be achieved by delivering the preferred EOL care, which can be ensured by having a proper ACD in place and implemented when the need arises. In this poster we will pose some potential solutions to the dearth of ACDs in aged-care, grounded in evidence from across the sector.

References:

(1) Martin RS et. al. (2016). JAMDA. 17(4):284-93.

.

Disability and Quality-of-Life of Older Australians: A Comparative Study

A/Prof Rafat Hussain, Dr Stuart Wark, Emeritus Professor Trevor Parmenter, Professor Mathew Janicki, Dr Marie Knox

¹Australian National University, ²University of New England, ³University of Sydney, ⁴University of Illinois

Introduction: There are few studies that have concurrently explored quality of life (QoL) of older Australians with and without disabilities using identical validated international measurement scales. The aim of this paper is to fill the research gap by comparing QoL for people with life-long disabilities specifically intellectual & developmental disabilities (IDD) compared to their normative ageing peers i.e., those without life-long disability.

Methods: The findings are based on two distinct components of a large community-based cross-sectional survey, across metropolitan and rural locations in NSW and Queensland. QoL was assessed using the Cummings Well-being scale; and the MOS-SF-12 scale for people with intellectual & developmental disabilities (PwIDD) aged > 60 years (n=392); and mainstream ageing group (non-IDD) aged >65 years (n=1057).

Results: The mean QoL score using Cummins Well-being scale was 55.5 (SD+9.1) for PwIDD and 51.2 (SD+12.6) for the non-IDD group. SF-12 was analysed for two sub-scales: Physical Component Score (PCS) and Mental Component Score (MCS). The mean scores for PCS and MCS were (45.8, SD+9.9; and 50.4, SD+9.9) for PwIDD sub-sample. For the non-IDD sub-sample, PCS was lower (42.9, SD+12.1) but MCS was similar (51.2, SD+10.0). However for both sub-samples, the range for PCS and MCS was extremely large indicating great variability in QoL within each sub-sample. Additionally, in terms of specific health conditions, both groups showed considerable comorbidity for a range of chronic health conditions. Multivariable regression results adjusting for variables affecting QoL (e.g., socio-demographic factors, adverse life events and comorbidity) will be included in the presentation.

Discussion: Similarities and differences in QoL of older Australians (PwIDD and non-IDD) provides an opportunity to better understand the health and social needs of both groups. The paper will outline how to better customise and coordinate available and required support services for older people across the disability and aged-care service sectors.

Effect of dyslipidemia in patients with osteoporosis and fragility fractures

Dr Mahbub Hasan¹

¹Hnelhd

Aim: Dyslipidemia and osteoporosis often co-exist. The aim of the study is to analyse the prevalence of dyslipidemia amongst the patient with osteoporosis or fragility fracture to undermine the effect of dyslipidemia and its treatment on osteoporosis and fragility fracture.

Methods: Retrospective analysis of JHH clinical information data registry will be done; in due course it will be determined whether other cohort of patients' prospective data can be included.

Results: Data analysis of patients with osteoporosis or fragility fracture is contemplated to explore whether they have more prevalence of dyslipidemia. Identification of patients with any form of dyslipidemia will be undertaken to ascertain whether degree of dyslipidemia has any co relation with extent of osteoporosis or fragility fracture. Individual patients' medication profile review will be done to underpin continuation or discontinuation of anti dyslipidemic medications resulted in any impact on osteoporosis or fragility fracture.

Conclusion: Analysis of prevalence of dyslipidemia and its treatment in this cohort will shed some lights on effect of dyslipidemia and its treatment over osteoporosis and fragility fracture.

Exercise and dementia: family and residential care staff perspectives

Dr Lindsey Brett^{1,2}, Professor Victoria Traynor², Associate Professor Paul Stapley², Dr Shahla Meedya²

¹Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, ²Faculty of Science, Medicine and Health, University of Wollongong

Introduction

Exercise has multiple benefits for older adults, including improved mobility, function, cognition, mood and reduction in falls. Evidence to support exercise for older adults living with dementia is sparser, especially for those living in residential aged care facilities (RACFs). To help overcome barriers to exercise for older adults living with dementia in RACFs it is important to consider the perception of exercise and the feasibility of exercise programmes in RACFs. This paper reports the qualitative results within a randomised controlled trial (RCT) of an exercise intervention for older adults living with dementia in RACFs.

Method

Interviews were completed with family members of older adults living with dementia (n=9) and care staff (n=10) from two RACFs in Adelaide, South Australia. Interviews were conducted (face-to-face or via telephone) two-weeks after the RCT intervention. The interviews were used to gain insight into family and care staff about their perceptions of exercise for older adults living with dementia and the feasibility of exercise interventions in RACFs. Thematic content analysis was completed, considering family members and care staff interviews together.

Results

The themes were: benefits and feasibility of exercise for older adults living with dementia in RACFs, barriers to exercise for older adults living with dementia in RACFs, and influences of knowledge and understanding about the perception of exercise among individuals. The themes that emerged in this study were similar to other research in this area.

Conclusion

Family members and care staff involved in this study provided invaluable perceptions about exercise for older adults living with dementia in RACFs and the feasibility of the intervention. Their involvement in this RCT will improve the implementation of the interventions into clinical practice, which in turn will lead to improved provision of exercise interventions for older adults living with dementia in RACFs.

Expanding Human Lifespan by Pear Extract Mediated Sirtuin-related Gene Expression

Prof. Akira Ogita^{1,2}, Dr. Wakae Murata^{1,3}, Ms. Marina Hasegawa³, Prof. Ken Yamauchi⁴, Assoc. Prof. Ikuo Yanagawa⁵, Prof. Tsutomu Ichikawa⁶, Dr. Ken-ichi Fujita¹, Prof. Toshio Tanaka¹

¹Graduate School of Sciences, Osaka City University. , ²Research Center for Urban Health and Sports, Osaka City University., ³National Institute of Technology, Yonago College., ⁴Institute of Physical Education, Keio University., ⁵Tohoku University of Art and Design., ⁶Matsuyama Shinonome Junior College.

Demographics of the world are changing rapidly with older populations growing at an unprecedented rate. Cellular senescence, a decline of cellular function due to aging, causes gradual loss of physiological functions. Several cellular senescence-related chronic diseases, such as metabolic syndrome, cardiovascular disease, cancer, osteoporosis, diabetes, and hypertension, negatively affect the quality of human life. Intervention in the cellular senescence process may reduce these incidences and slow the progression of age-related diseases, while contributing to the longevity of healthy human lifespans. The budding yeast, *Saccharomyces cerevisiae*, is a simple model system that can provide significant insights into the human genetics and molecular biology of senescence, and it is considered suitable as a cellular model for research on mammal cells.

The aim of our study is to investigate the anti-aging effects of pear fruit extract on yeast cells and its possible application to extend healthy lifespan in humans.

The chronological lifespan of the yeast treated with unripe pear extract (UPE) at 1% (v/v) was significantly extended than that of untreated cells ($p < 0.05$). The expression of sirtuin-related genes, which regulate cellular senescence, was examined by reverse transcription-polymerase chain reaction, and found to be significantly increased following UPE treatment.

These results suggest that sirtuin-related genes play important roles in the UPE-regulated chronological lifespan extension of yeast. Furthermore, UPE may have the ability to extend cell lifespan through a pathway similar to calorie restriction. In addition, this activity of UPE suggests the possibility similar anti-aging effects for mammalian cells via SIRT6, which is a human homolog corresponding to the yeast sirtuin gene. Therefore, further exploration of the molecular mechanism of the UPE-induced lifespan extension in cells of organisms other than yeast may provide useful insights and targets for improving human health and delaying the onset or progression of age-related diseases.

Health and aged care in last two years of life

Professor Julie Byles¹, Professor Annette Dobson², Dr Michael Waller², Ms Peta Forder¹,
Dr Xenia Dolja-Gore¹, Mr Richard Hockey², Professor Gita Mishra²

¹The University Of Newcastle, ²The University of Queensland

This paper presents information on the use of health services and aged care in the last two years of life for women born in 1921-26 who participated in the Australian Longitudinal Study on Women's Health. Chronic conditions and the use of health and aged care services in the last two years of life were ascertained via record linkage from survey data, Medicare, pharmaceutical, hospital, aged care data, and death records. Use of services was examined in detail for groups of women who had records indicating they had dementia, heart disease, stroke, or chronic lung disease (the index cases), and compared with a similar period for matched women who were not in their last two years of life, and who did and did not have the index condition.

These comparisons showed the effects of dementia (affecting 28% of women) in driving residential aged care use, and consequential lower use of community care towards the end of life. Over 80% of women with dementia were in permanent residential aged care for at least some time in their last two years. Residential aged care use for women with heart disease, stroke, and chronic lung disease was relatively low unless the women also had dementia. However, women with dementia also had a high probability of having other comorbid conditions, including heart disease, stroke, and chronic lung disease. The use of health care services, such as GP and specialist visits and hospitalization, generally increased during the last two years of life regardless of the index condition, and particularly in the last few months.

Implication of an ageing society for gerontology social workers

Mrs Constance Schneider^{1,2}

¹Eastern Health, ²Flinders University

It is predicted that by 2056, 22% of the population will be older Australians with the number and proportion of older Australians expected to continue to grow. Australians older population is more diverse and heterogeneous which represents challenges and opportunities for older people as well as for Gerontology social workers.

Gerontology Social Workers play an important role in the field of aged care. Gerontology social workers recognise the impact of the psychological, social, political and economic determinants on health and wellbeing on older people. They aim to enhance the lives and wellbeing of older people and their family through specialist evidence-based gerontological social work. Social workers are challenged by the increase of the ageing population and its associated challenges of a changing health and aged care system as well as complex health needs, increased vulnerability of older people, ageism and inequalities within our society and changing family dynamics throughout the life course. There is limited research in the field of social work and ageing as well as there needs to be a stronger focus to the needs of today's older people.

The purpose of this study is to explore the current implications of an ageing society for Gerontology Social Workers in Australia. A scoping review of the current literature including the application of the PRISMA model will be conducted. Relevant studies will be identified and selected, data will be analysed according to certain criteria's. It is hoped that the findings will identify the current challenges and implications for Gerontology Social Workers in Australia and contribute to the body of knowledge for social work research by identifying areas for ongoing training, education and policy development.

Intergenerational Playgroup in Residential Aged-Care: A Qualitative Case Study

Miss Gabrielle Rosa Hernandez¹, Dr Carolyn Murray¹, Associate Professor Mandy Stanley², Mr Todd Bamford³

¹University of South Australia, Division of Health Sciences, School of Health Sciences, Occupational Therapy Program,

²Edith Cowan University, ³Alwyndor Aged Care

Background

Intergenerational programs are emerging within the Australian context as they provide a unique opportunity for older adults living with and without cognitive impairments to connect with children and youth. One type of intergenerational program is an 'intergenerational playgroup' which creates opportunities for children to develop their skills, parents to create a local peer support network and provides older adults at risk of isolation with vital community interaction. Previous research evaluating such programs has included school-aged children and strongly focused on their experience, underrepresenting that of older adults. The context for our research was an intergenerational playgroup operating within an aged-care facility and the experiences of the stakeholders.

Methods

Using a qualitative case study research design, data were collected through observations and semi-structured in-depth interviews with older adults, staff of the aged-care facility and parents/caregivers that attended the intergenerational playgroup. Data were analysed thematically.

Findings

Intergenerational playgroups are an advancing and powerful service that enables older adults of aged-care services to connect with their local community. It invites local families to attend the intergenerational playgroup, particularly those whose children may not have grandparents and would benefit from contact with older adults. Findings suggest the intergenerational playgroup has mutual benefits for all participants, specifically older adults play an active role in the dynamics of the playgroup, often taking time to be 'in the moment' during play. Contact with young children contributed to stimulated cognition and improved mood and arousal, with older adults being active contributors to the culture and richness of the playgroup.

Conclusion

As decision-making in aged-care becomes increasingly client-driven, it is essential to understand which elements of service are valued by older adults and for which reasons. Our research presents participant experiences of supported community engagement, which may be aspired to in specific goals for future service design.

Is greenspace associated with mental health at residential aged-care facilities?

Dr Alison Carver¹, Alanna Lorenzon¹, Prof Takemi Sugiyama¹, Dr Jenny Veitch², Ms Ashley Macleod¹

¹Australian Catholic University, ²Deakin University

Introduction:

Older adults living in residential aged-care facilities (RACFs) may be vulnerable to mental health issues. Evidence suggests that using or visiting greenspace (e.g., gardens, parks) is beneficial for older adults' mental health within the general community. This review aims to summarize evidence of whether greenspace in RACFs is associated with residents' mental health.

Method:

Scientific databases were searched with three categories of terms related to: greenspace; mental health (including depression, well-being, quality of life); and aged-care facilities. The inclusion criteria were: peer-reviewed articles published in English language up to 2017, reporting quantitative or qualitative associations between greenspace and mental health in RACFs.

Results:

Of the nine articles identified, seven reported positive associations between greenspace (in particular, garden use) at RACFs and some aspects of mental well-being of residents. However, most studies reported observations and perceptions of staff and relatives. One study examined depression among residents before and after a garden was constructed at their facility and reported lower levels of depression, on average, post-construction. Only one study examined physiological indicators of stress (blood pressure; heart rate) and found no association with spending an hour in the garden.

Conclusion:

Exposure to and use of greenspace in RACFs show promise in promoting residents' mental health. However, this field of research is in its infancy and the findings were obtained relying mostly on unvalidated measures of mental health. To generate more robust evidence about the effect of greenspace on residents' mental health, future studies need to employ validated and reliable mental health measures. The studies reviewed mostly focused on use of greenspace. However, the presence of greenspace can be relevant to RACFs, considering that greenspace use/visitation may be limited by mobility of residents and availability of staff for supervision. Further studies examining the effect of visual exposure to greenspace are warranted.

Listening to the Voice of the Patient in Palliative Care.

Dr Robert Shannon¹, Dr Tom Fitch¹, Mr Alex Alexander¹, Dr Jeff Sloan¹, Dr. Ryan Uitti¹

¹Mayo Clinic College Of Medicine

If we are lucky, we age; however, we then face the vicissitudes of aging, illness and debility. Palliative care is the active attempt to assess, anticipate and alleviate suffering in patients and families facing serious illness. Patient Reported Outcome Measures (PROM) allow the patient to express concerns, symptoms and priorities over time; additionally, they represent an emerging component of high quality care.

Under the auspices of the Mayo Clinic Center for Palliative Medicine and the Center for the Science of Health Care Delivery, we explored PROM in the palliative care outpatient setting in an academic medical center within the Mayo Foundation including Mayo Clinic in Florida, Arizona and Minnesota.

The goal of the collaboration was to improve value to Mayo Clinic palliative care practice by synergizing and integrating efforts in all of the three shields of research, education and patient care at all geographical locations with all related disciplines (not merely cancer care). Leaders in palliative care created minimum set of operational and patient-centric, provider and patient reported metrics.

The pilot tool was adapted from Beacon program (a 3 year grant by the Office of National Coordinator of Health). It allowed collection of primary and secondary concerns and multiple symptom questions accessed via iPad Wi-Fi connected to an Internet server based behind secure firewall.

The phase II outcome goals aimed to determine whether the PROM improved patient care and provider experience utilizing an iPad application from a proprietary software vendor. Completion of Advance Care Planning (ACP) documentation was one specific measure investigated as a priority.

Providers used immediate access to the PROM to clarify and mitigate concerns thereby enhancing care to a diverse population of patients and families facing serious illness.

Measuring dementia-related stigma: a systematic review of tools

Ms Zhicheng Li¹, Prof Yun-Hee Jeon¹, Dr Rebecca Pinkus¹, Professor Henry Brodaty²

¹The University Of Sydney, ²The University of New South Wales

Introduction:

Dementia carries stigma. Appropriate and validated tools are fundamental for understanding the mechanisms of dementia-related stigma and developing stigma reduction interventions. This review aimed to outline the characteristics and utilities of research tools for measuring dementia-related stigma and to critically evaluate the psychometric properties of these tools.

Method:

The literature search was conducted in two phases: (1) systematic search using five databases to identify potential tools, and (2) snowballing and keywords search. Studies were included if they were peer-reviewed, in English, and contained at least one instrument measuring dementia-related stigma.

Results:

Seventy-five articles and 14 tools were identified. These tools measured various types of stigma in different populations, including: public stigma from the perspective of the general public (n=7) and health care professionals (n=3), stigma by association focusing on families and informal caregivers (n=3), and stigma perceived by people diagnosed with dementia (n=1). The aspects of self-stigma, experienced stigma, and structural stigma were not captured by the existing tools. The two most commonly used tools measured health care professionals' attitudes towards dementia patients. Some tools showed promising utility, as demonstrated in cross-sectional studies measuring differences in stigmatising attitudes and studies examining associations between dementia-related stigma and other constructs. Most tools presented some information on content validity, internal consistency and construct validity. However, none had been rigorously validated across all three psychometric properties. Little information was found on reproducibility, responsiveness, and interpretability.

Conclusions:

There is no consensus on the best tools for measuring dementia-related stigma and some aspects of stigma cannot be readily assessed with the current tools. Future tool development or adaptation should contemplate the gaps identified in this review regarding the stigma aspects covered and population assessed. Although some showed promising utility, the psychometric properties of these tools were not fully established.

Mother's Day Poem

Mrs Diane Ives¹, Dr Thwin Hla Bape¹

¹*Gosford Hospital, CCLHD, NSW*

Mother's day poem was written by Diane Ives, an occupational therapist, works in Gosford Hospital, CCLHD, NSW. It is a description of a mother living with dementia by a loving sad daughter. It is a very touching poem and I have created as a poster to share with others on behalf of my colleague Diane.

Although dementia is a terminal illness, the person living with dementia still experiences feelings, thoughts and responses just as a person without dementia does. It is never too late to offer affectionate helping hands to a person living with dementia especially by those from their loved ones even with challenges.

Never say die: euphemisms and misunderstandings at the end-of-life

Ms Deb Rawlings¹, Dr Lauren Miller-Lewis¹, Professor Jennifer Tieman¹, Dr Christine Sanderson², Professor Deborah Parker³

¹Flinders University, ²University of Technology Sydney and Calvary Health Care Kogarah, ³University of Technology Sydney

Introduction: A Massive Open Online Course (MOOC) (Dying2Learn) was held in 2016 to open the dialogue with the general community on death and dying. As a society that does not always speak openly about death and dying we can tend to shy away from what can be seen as harsh words or language. An activity in week 1 asked participants to think of alternative words (euphemisms) to death and dying.

Aims: To discuss the euphemisms identified by participants, and to reflect on how language enables and sometimes disguises important messages and conversations.

Methods: This activity saw 471 participants contribute between 1 and 38 words or phrases each (with an average of 6.5) to a total of 3,053 euphemisms. Ethics approval was received for this study, allowing de-identified content to be used.

Results: The euphemisms were many and varied and demonstrated how language has changed but also stayed the same. Many participants also provided comments about the use of euphemisms and how they can easily offend or be misinterpreted. For health and aged care professionals there are implications for clinical practice in terms of the language used in communicating with older people and their families.

Conclusion: Euphemisms have become a part of our everyday language to describe things we would rather avoid saying and are used to soften conversations and avoid stating the obvious. This study highlighted common euphemisms for death, why they are used, and how their use can be easily misconstrued in daily life and in clinical practice.

Optimising diabetes management in older people using a multifaceted intervention

Ms Lorena Aguiar¹, Dr Rajna Ogrin¹, Dr Rajna Ogrin², Dr Sandra Neoh³, Associate Professor Ralph Audehm⁴, Ms Tracy Ayles¹, Professor Leonid Churilov⁵, Mr Paul Steel¹, Ms Georgia Major¹, Dr Cik Yin Lee¹, Dr Cik Yin Lee⁶, Dr Cik Yin Lee⁷, Professor Jeffrey Zajac², Associate Professor Elif Ekinci², Associate Professor Elif Ekinci³

¹Bolton Clarke, ²Department of Medicine, Austin Health University of Melbourne, ³Department of Endocrinology, Austin Health, ⁴Department of General Practice, University of Melbourne, ⁵Florey Institute of Neuroscience & Mental Health, ⁶Department of Nursing, University of Melbourne, ⁷Centre for Medicines Use and Safety, Monash University

Type 2 diabetes is a chronic disease particularly affecting older adults. Its prevalence increases with age and rates among 65–74 year-olds are 16%; three times greater than 45–54 year-olds (5%) (1). Diabetes treatment is complex and particularly challenging in older people due to high levels of comorbidities. Guidelines for managing type 2 diabetes in older adults recommend individualised care, taking into account their functional status, comorbidities and overall goals of medical care. Despite this, there is a paucity of data regarding the translation of these guidelines into practice that demonstrate effective therapeutic strategies for managing type 2 diabetes in older Australians.

The “OPTIMISES” trial is a collaboration between an at home community care provider and a tertiary hospital in metropolitan Melbourne, aiming to deliver individualised diabetes care to adults aged 65 years and over, living in the North-Western Melbourne region. The trial involves the use of flash glucose monitoring, home visits with a community nursing credentialed diabetes educator, and telehealth consultations with an endocrinologist located at the tertiary hospital. The main objectives of this trial are to evaluate the safety and feasibility of this multifaceted approach to outpatient diabetes care in 43 participants, using Simon's two-stage design (2). The impact of the individualised management will also be assessed, both in terms of clinical and biomedical markers (including blood glucose patterns and adverse events), and person-centred outcomes (including quality of life, wellbeing and treatment satisfaction). This presentation will report on the study design and its operationalisation and will provide insights to other researchers implementing complex, cross-service interventions for older community-dwelling adults.

References

1. AIHW. Diabetes: Australian Government; 2012 [Available from: <http://www.aihw.gov.au/diabetes/prevalence/>].
2. Simon R. Optimal two-stage designs for phase II clinical trials. *Controlled Clinical Trials*. 1989;10(1):1-10.

Patterns of medications utilised by Australian women with dementia

Mr Kailash Thapaliya¹, Dr Melissa Harris¹, Ms Peta Forder¹, Prof Julie Byles¹

¹University Of Newcastle

Background: Women with dementia are likely to use multiple medications both before and after the onset of their condition. Some of these are used to treat comorbid conditions, and some to modify or manage symptoms and progress of dementia. By investigating drug prescriptions dispensed to the people before and after diagnosis of dementia, the use of medications considered to be potential risk factors for dementia can be determined. Furthermore, medications that may have beneficial or protective effect on dementia can also be identified. The aim of the study is to examine patterns of medication use by women with dementia.

Method: This work will involve analysis of data from the Australian Longitudinal Study on Women's Health (ALSWH). Women with dementia are identified from the cohort of 12,432 women born in 1921-26, utilizing five different data sources: three-yearly self-reported surveys, PBS (Pharmaceutical Benefit Scheme), hospital data, aged care data, and NDI (National Death Index); with around 29% of women having at least one of these indicators. Patterns of medications will be obtained from the PBS data. Statistical approaches such as Cox proportion hazards models (with time-vary covariates) and Longitudinal methods (such as mixed models and trajectory analyses) will be used.

Expected Outcomes: Using nationally representative data, the findings will assist with assessment of the risks and –benefits of commonly used medications in Australian women with dementia as well as changing pattern of medication use. The outcomes could inform policy and clinical guidelines for the rational utilization of medications among older women with dementia.

.

Place, belonging and well-being of older Chinese in Australia

A/Prof Shuang Liu¹, A/Prof Yan Liu¹

¹*University of Queensland*

Internationally, government policies encourage older people to age in place, which refers to older people living in their own home and community for as long as possible rather than in residential care. While there are obvious health and economic benefits of living later life in one's own home, greater demands are placed on the community and family to support the elderly people in successful ageing in later years. Extant literature shows that active social engagement reduces the chance of mortality and improves health. It is far from clear, though, how to best utilize social support to help older people from culturally and linguistically diverse background (CALD) to develop a sense of place identity and belonging in the foreign land which they call home. This presentation identified the enablers and barriers to quality of life, belonging, sense of home, and well-being of older Chinese people ageing in Australia, drawing on data from interviews with a sample of participants of Chinese heritage culture. The findings advance our knowledge of how attachment to a place, a sense of belonging, and familiarity with the living environment can contribute to older Chinese people's quality of life and well-being, with implications for the successful ageing of the larger CALD population in Australia.

Acknowledgment

This research is funded by Academy of Social Sciences in Australia (2018)

prePhysical activity of older people receiving 24-hour acute care

Dr Lenore Ley^{1,2}, Professor Maxine Duke¹, Professor Mari Botti^{1,3}

¹Deakin University, ²Alfred Health, ³Epworth Healthcare

Inactivity has been associated with functional decline in older people. The aim of this study was to describe the characteristics of physical activities performed by older general medical patients and to report functional change in a convenience sample of vulnerable elders during an episode of acute 24-hour care.

A single institution, case study design. The unit of analysis was a general medical ward in a major metropolitan, tertiary-referral hospital in Melbourne, Australia. Multiple methods of data collection were employed including survey using face-to-face interviews (n=65), medical record review (n=65) and naturalistic observations (n=41). Patients were aged 70 years and over (M= 84.3, SD 6.6 years; n=37, 56.9% female). Continuous observations were conducted in 6-hour sessions between 0700-1900 hours on Day-2 of admission for a total 248 hours. Functional change in Activities of Daily Living (ADLs) and Mobility were measured using the Functional Autonomy Measurement System (SMAF) (Desrosiers, Bravo, Hebert, & Dubuc, 1995) two-weeks preadmission (baseline), on admission (Time 1) and within 24 hours of discharge from acute care (Time 2).

Median length of hospital stay was 6 (IQR = 5.5) days. Patients presented with high comorbid illness severity (Charlson Comorbidity Index Md = 7, IQR =3). Over half (n=36, 55%) had circulatory, respiratory or infective conditions. At Time 1 most participants could transfer or walk with or without assistance (n=35, 85%). Thirty-two of the 41 participants (78%) mobilised (transferred or walked) in 133 episodes which, in total, accounted for 3.1% of the observed 248 hours. Over half of the observed subsample (n=22, 53.7%) functionally declined between Baseline (2-weeks preadmission) and Time 2 (discharge) and five patients died (15%).

Older patients engaged in low levels of mobility and ADL performance irrespective of their physical capability to mobilise. Over half of these patients experienced functional decline from preadmission to hospital discharge.

Preventing avoidable hospital admissions for people with dementia

Dr Anita Panayiotou¹, Dr Paul Yates², Mr Drew Aras³, Ms Joanne Tropea⁴, Ms Betty Haralambous¹, Ms Paulene Mackell¹, Mr Andre Catrice⁵, Mr Garrie O'Toole⁶, Prof Nicola Lautenschlager⁷, Ms Marie Hunt⁸, Dr Frances Batchelor¹

¹National Ageing Research Institute (NARI), ²Austin Health, ³Northern Health, ⁴Melbourne EpiCentre, Melbourne Health & University of Melbourne, ⁵Department of Health and Human Services, ⁶Dementia Australia, ⁷Academic Unit for Psychiatry of Old Age, University of Melbourne, ⁸North Western Melbourne Primary Health Network

One in 4 hospital admissions is a person living with dementia (PLWD), twice the rate of people the same age without dementia. PLWD are 2-3 more likely to have poor outcomes during and following hospitalisation. Although many hospitalisations are necessary, others could be avoided. PAHA-D, a collaborative project involving health services, government, dementia advocacy, research institutes and primary care, aims to understand why PLWD from community settings attend emergency departments (ED), and will use this to develop resources to support PLWD and their carers.

Method:

systematic review; audit of 150 ED records for PLWD across 3 hospitals; survey of carers, hospital staff and GPs about their experiences, practices and attitudes; and development of resources.

Audit results show 60% of PLWD attending EDs were born outside Australia, 25% live alone, 37% have dementia of unknown type, 96% have >2 comorbid conditions, 25% have visual or hearing impairments, and 58% arrived afterhours. Most presentations were not considered immediately avoidable, although preventative practices in weeks or months prior to ED admission were indicated in some cases.

The project will identify the needs of PLWD and their carers, address these with resources to support healthcare decision-making and suitable and timely support and provide education to hospital staff and GPs that will lead to practice and attitude change when working with PLWD. Using a collaborative approach, this project will ensure that the results can be translated for all sectors.

Providing mental health care to patients with dementia

Miss Ellen Mckenzie¹

¹*University Of Canberra, Psychology*

Introduction

Providing mental health care to older people is complex with patients often experiencing co-morbid issues including dementia. Health professionals require skills to engage patients in their treatment while managing the demands of competing conditions. Exploring strategies used by individual health professionals working within older persons' mental health services may inform best-practice initiatives.

Method

Participants were health professionals from a community-based older persons' mental health service and an older persons' mental health inpatient unit. Participants completed a semi-structured interview about strategies to engage with, and barriers to providing person-centred care to, consumers with a comorbid diagnosis of dementia. Qualitative thematic analysis of responses was completed using NVivo software.

Results

Themes generated from the qualitative analysis centred around: challenges providing care to patients due to dementia symptomology (BPSD), health professionals' capacity to respond to emotional demands of the patient relevant to person-centred care, and sense of 'helplessness' of the health professional relevant to death anxiety (a social psychology construct).

Conclusions

Findings from this study provide direction for training of health professionals employed in a dementia setting and also for those who will provide incidental treatment such as health professionals employed in a mental health service for older people.

Quality of Life among the people around the gold mine

Dr Nathakrid Thammakawinwong¹

¹*Faculty Of Science Lampang Rajabhat University*

Introduction:

A Thai government policy was to stop gold mining because the process of the gold mining industry had an impact on the health, quality of life and well-being of people living around the gold mine. This study thus aimed to investigate the quality of life of people living around the Chatri Gold Mine in Thap Khlo district, Thailand.

Method:

This descriptive research was undertaken with a group of 340 participants who live around the Chatri Gold Mine in Thap Khlo district, Thailand. The data were collected by a questionnaire. The study was analysed using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (t-test and one-way ANOVA)

Results:

the results showed that participants were female (60.6%) with an average age of 51.4 ± 13.5 years. The highest primary education (55.0%), live around the mine was 38.4 ± 16.7 years. Most of land ownership (87.1%) and no role in the community (72.9%). After mine closes. 25.9 percent of among the People recognition the more safety. The average overall quality of life was 78.9%. The highest mental quality of life. Secondary physical health, environmental and social relationship were 80.7%, 78.9%, 77.6% and 77.3% respectively. Men have better quality of life than women.

Conclusions:

the people who had not studied had better quality of life than those who study. The People who had high school graduates and higher had better quality of life than primary and secondary school graduates. However, the people age was different, the period time living around gold mine were different, the land ownership or the land of others, a role or no role in the community had the quality of life was no different.

Quality of life, activity, and participation following non-hip non-vertebral fracture

Dr Suzanne Dyer^{1,2}, Ms Natalie May^{1,2}, Dr Enwu Liu^{1,2,3}, Dr Monica Cations^{1,2}, Professor Jay Magaziner⁴, Professor Maria Crotty^{1,2}

¹Flinders University, ²NHMRC Cognitive Decline Partnership Centre, ³Mary MacKillop Institute for Health Research,

⁴University of Maryland School of Medicine

Background:

The long-term impact of hip fracture on quality of life and function is well recognised. However, outcomes following non-hip non-vertebral (NHNV) fracture have received less attention. The aim of this systematic review is to quantify the impact of NHNV fragility fracture on quality of life (QOL), activity and participation outcomes.

Methods:

Multiple databases were searched to April 2017. Inclusion criteria were: inception cohort studies of unselected NHNV fracture patients reporting a pre-fracture baseline, or population-based cohort studies reporting outcomes for unselected NHNV fracture and non-fracture groups; mean participant age 65 years or older; outcomes measured one month or longer after fracture. Outcomes classified according to the WHO ICF framework.

Results:

Sixteen studies were included. NHNV fractures overall had a significant impact on QOL 12 months post-fracture, with a significant reduction in QOL and physical function long-term in comparison to non-fracture cohorts. The detriment in QOL following NHNV fracture was greater for NHNV fractures overall, lower limb and rib fractures than for wrist fractures. Pooled estimates indicate wrist fractures significantly reduce QOL utility scores at 12 months (change from pre-fracture -0.034, 95%CI -0.049 to -0.019, 4 studies) and quality-adjusted life years (QALYs) over the first 12 months following fracture (reduction in QALYs-0.10, 95%CI -0.11 to -0.09, 2 studies). Upper limb fractures had the greatest impact on eating and dressing. Self-care activities were most limited for those with humerus, pelvic and rib fractures. Population-based cohort studies indicate that wrist fracture significantly increases the odds of longer term functional decline in women in comparison to non-fracture cohorts.

Conclusion:

NHNV fractures have a significant impact on QOL and function in the longer term. Given the high incidence rate of NHNV fragility fractures, the population level impact of these fractures is likely to be significant and warrants further investment in preventative and rehabilitation strategies.

RESPOND – preventing falls in older people presenting to ED

Dr Renata Morello¹, Associate Professor Anna Barker¹, Professor Keith Hill²

¹Monash University, ²Curtain University

Summary: Falls are a leading reason for emergency department (ED) presentations by older people. Many experience further falls following discharge and little evidence exists to guide secondary falls prevention in this population.

Aim: The aim of this study was to investigate whether a telephone-based patient-centered program—RESPOND—reduces falls and fall injuries in older people presenting to the ED with a fall.

Methods: A randomized controlled trial (RCT) was conducted in two hospital EDs in Australia during 2014-15 with a 12-month follow-up period. Community dwelling older people aged 60-90 years presenting to the ED with a fall and planned for discharge home within 72 hours were included. The RESPOND falls-prevention program comprised of: (1) home-based risk assessment; (2) six months of education, coaching, goal setting and follow-up telephone support for evidence-based risk factor management reflective of patient-centered care; and (3) supported community linkages to existing services. The control group received usual care. Primary outcomes included falls and fall injuries, and secondary outcomes included ED re-presentations, hospitalizations, fractures and death.

Results: Of 541 people randomized, 430 (217 in the RESPOND group and 213 in the control) provided fall data for the primary outcome analysis. The rate of falls per person-year was 1.15 in the RESPOND group and 1.83 in the control (incidence rate ratio [IRR] 0.65 [95% CI 0.43-0.99]; p=0.042). The rate of fractures was 0.05 in the RESPOND group and 0.12 in the control (IRR 0.37 [95% CI 0.15-0.91]; p=0.03). There was no difference in fall injuries or hospitalization outcomes between groups.

Conclusion: Providing a telephone-based patient-centered falls prevention program reduced falls and fractures in older people presenting to the ED with a fall. Integrating telephone-based patient-centered strategies into routine clinical practice offers an opportunity to improve outcomes and reduce falls in patients previously attending ED.

Acknowledgements: RESPOND Investigator Team

Responding to Elder Abuse in Rural and Remote Communities

Dr Barbara Blundell¹, Ms Amy Warren¹

¹*Curtin University*

The most recent prevalence estimates suggest that elder abuse may affect up to 15.7% of community dwelling people aged 60 years and over. In Australia, there has been considerable recent focus on elder abuse, including several national and state government inquiries. While the needs of specific groups of older people identified at being at increased risk of elder abuse, such as people from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander older people, have been examined, few studies have looked at the rural and remote context. Limited service access in rural and remote areas has been identified to impact on health and wellbeing in Australia generally, with people in rural and remote areas experiencing reduced health outcomes and higher death rates than their metropolitan peers. Older people living in rural and remote areas may be particularly vulnerable to elder abuse due to social and geographic isolation and difficulties accessing support and legal services. Social isolation is a known risk factors for elder abuse, and older people living in small communities or on rural farms, may lack social support networks, placing them at increased risk. However, positive aspects of living in small communities have also been noted, such as increased social connectedness and greater responsibility to look after neighbours.

This paper will report on the results of a scoping literature review commissioned by the Older People's Advocacy Network (OPAN) exploring previous research and literature around social policy, prevention and service responses to elder abuse in rural and remote communities. It will also discuss recommendations about ways in which the Australian context can better respond to this issue.

Rethinking care careers in Australia: A time to think differently

Dr Katrina Radford¹, Dr Jennifer Cartmel¹, Professor Janna Anneke Fitzgerald¹, Dr Nerina Vecchio¹, Dr Xanthe Golenko¹

¹*Griffith University*

The ageing population, rising divorce rates, declining family sizes, rising childlessness and rising female employment rates have significantly increased the demands for quality care services to be provided to both the old and young in Australia (AIHW, 2004, p38). This has resulted in shortfalls of available services (Brady & Perales, 2013). In the past couple of years, the Australian public have pushed for an intergenerational care program to be implemented, with several organisations offering this program today. However, the implications for the workforce have remained untapped. This study began to explore these workforce implications by conducting a review of the similarities and differences that both workforces face in terms of attracting and retaining quality workforces. Following this, a review of the similarities and differences in qualification requirements was completed to explore the possibility of creating an intergenerational care qualification. Both reviews were completed using secondary data sourced from the aged care and child care censuses, as well as the qualification requirement for the obtainment of a certificate III level qualifications in both aged care and child care. Using these findings, this presentation will highlight the potential offerings that an intergenerational care program can offer both industries, as well as a review of the individual career implications that this may have on the future recruitment and retention of child care and aged care workers in Australia.

Risk behaviours and frailty life expectancy in older women

Dr Paul Gardiner¹

¹*The University Of Queensland*

Introduction: Low physical activity (PA), smoking high sitting time (ST) are risk factors for frailty, however the impact of these behaviours on frailty-free life expectancy has not been investigated.

Method: Six waves of data were collected over 15 years from 5,966 participants in the 1921-26 cohort of the Australian Longitudinal Study on Women's Health. Self-report data were collected on frailty (FRAIL scale), PA (low=0-599, high=600+ MET minutes/week), smoking (never, current/past smoker) and ST (low=0-7.99, high=8+ hours/day). Health behaviours were summed (0-3). Mortality was determined by linkage to the National Death Index. Total life expectancy and frailty-free life years at age 80 were estimated using continuous-time multi-state survival models.

Results: The number of health behaviours reported by women ranged from none to three: 0 (N=1,364), 1 (N= 2,890), 2 (N=1,439), and 3 (N=273). At age 80, life expectancy decreased by approximately one year for each additional behaviour from 8.66 for women with no risk behaviour to 4.08 for women with 3 unhealthy behaviours. The proportion of remaining years that were frailty free also showed a gradient across health behaviours: 17.9% in women with no risk behaviours to 8.6% in women with 3 risk behaviours.

Conclusion: Health behaviours impact on total life expectancy and the years lived with frailty for older women. Health promotion messages may promote longer and healthier lives even for the oldest old.

Social Media as a translation of evidence into practice tool

Dr Melinda Martin-Khan¹

¹*The University Of Queensland*

There is significant evidence which can be translated into practice to reduce the risk of dementia (targeting primary prevention) and other chronic diseases. While there is more that we need to learn, we have information that can impact individual health and wellbeing in relation to diet, mental health, physical activity and cognition. There are significant challenges in translating this evidence into practice, and achieving sustainable individual behaviour change.

Social media is increasingly used for communication in recreational and professional contexts. Social media is less often used for communication of research evidence. When it is used, it may be used in a way that is not easily assimilated for a lay community.

Following a general practice knowledge translation project funded by the Dementia Collaborative Research Centres it became clear that evidence for risk reduction activities connected to dementia and other chronic diseases was a significant public health message that was ready for communication. A website, Instagram and Facebook account were established including a 'House of Health' paradigm for talking about 6 aspects of personal health and establishing systems to reduce personal risk of dementia; from a personal perspective using lay language. Six aspects of risk reduction have been included: sleep, exercise (being active), social connectedness (adventure), stress reduction, being informed, and nutrition.

As researchers, social media is an opportunity for researchers to connect directly with the public to translate research into practice. Social media may enhance the interaction and collaboration between researchers and the public as a means to convey research evidence to those at the point of need.

Social support versus social isolation versus loneliness: what's the difference?

Dr Rosanne Freak-Poli^{1,2}

¹Monash University, ²Erasmus MC

The World Health Organization recognises that social isolation and loneliness “dramatically affect[s] older adults’ mental and physical health” and increases the risk of death by 50%. Social isolation increases the risk of cardiovascular disease, falls and dementia and has a high economic burden through greater general practitioner visits, medication use, hospitalisations, outpatient appointments, and nursing home admissions.

Older adults are at greater risk of social isolation and loneliness. The Commissioner for Senior Victorians recognises social isolation of older Australians as a priority policy issue. A conservative estimate is that 10% or 500,000 Australians aged 65 years or older currently experience social isolation.

While the terms of ‘lack of social support’, ‘social isolation’ and ‘loneliness’ are used loosely and interchangeably, they are distinct yet interconnected concepts. These concepts should be separated as there may be independent pathways by which each influences health risk and, in turn, guides intervention efforts.

Aim:

To discuss the differences between these concepts and provide an illustrative example of how they can be measured among older Australians.

Methods:

Social interaction variables will be examined utilising various methods: 1) commonly used definitions (e.g. ‘living alone’, ‘number of social ties’) and predetermined scales (e.g. Duke Social Support Index); 2) Exploratory Factor Analysis and 3) Confirmatory Factor Analysis (to explore correlated social interaction variables). Exploratory Factor Analyses will be performed using Varimax rotation to investigate the construct validity of items and each summary score. For Confirmatory Factor Analysis, the summary measures will be limited to two factors.

Results:

Based on these techniques, older Australians will be categorised as being “socially supported”, “socially isolated” and “lonely”, and the differences in demographic characteristics at baseline will be described.

Conclusion:

Distinguishing these terms will aid the development of targeted interventions that aim to improve the health and quality of life of older Australians.

The attitude of living Well

Ms Maria Scott-Multani¹, Ms Denise Brett¹, Mrs Julia Scott¹, Ms Heather Harlow¹, Mr Bill McDonald¹

¹*Arvida Group Limited*

The 'baby boomer' generation's aspirations for ageing presents opportunities for the way in which aged care is delivered.

Arvida Group Limited identified the need to design an innovative model of care that supported its vision of transforming the ageing experience for older New Zealanders.

Drawing on the Household Model of Care and person-centred care principles, Arvida's Attitude of Living Well model emphasises resident autonomy, engagement and relationship-centred care, a practice culture with resident wellbeing at its heart, and Arvida villages as part of inclusive communities. The model has five wellness pillars – eating, thinking, resting, moving and engaging well. It aims to encourage holistic practice that provides excellent clinical care in an environment that supports living well.

This paper illustrates how the five wellness pillars are applied in several Arvida villages and presents anecdotal data based on staff and residents' experiences. As residents increase ownership over their daily lives and plan living well initiatives through forums such as village wellness teams, there is an increased sense of community inclusion and development of intergenerational relationships. Informal feedback from residents to date, describe their experience as 'a return to normality'; 'feeling part of things', being able to 'do what I want to do', 'give something back' and 'feeling relaxed'.

There is no 'one size fits all' approach to this holistic model of care. Each village uses the Attitude of Living Well to reflect the uniqueness of their people, communities and geographical location. Arvida Group is progressing quickly toward social environments that place residents in charge of their household and leading their own day to day living.

Formal evaluation will be completed in partnership with Auckland University of Technology in the future to determine the efficacy of this model and associated impact on the well-being of residents.

The eQI Project: Identifying Patients with Dementia in Acute Care

Dr Melinda Martin-khan¹

¹*The University Of Queensland*

Introduction

Diagnostic screening is required to identify persons with Cognitive Impairment(CI). This screening should be applied to individuals over 70, but it is relevant to many admitted patients. A strategy designed only for patients with CI adds burden to a workforce that is already unable to manage clinical care and documentation. A “universal” system that also deals specifically with the issues related to CI is desirable. interRAI is an international not-for-profit collaboration which establishes scientifically robust health assessment systems.

The interRAI Acute Care (AC) was pilot tested in 910 adult patients at admission (N=4 hospitals). 24.3% of patients had short term memory problems, common across all age groups. Delirium is a significant issue in AC, with 4.7% of participants having an acute change in mental status. Self-reported poor health was present in 18.7% of the participants. Finally, pain was present in all age groups (66.2%).

Method

The interRAI AC comprising 56 clinical observations and applications pertaining to CI, including accurate diagnostic screeners for delirium and dementia (and suggestions for care planning), is administered to all adult patients at admission, reviewed at handover and discharge. Completion time is less than 15 minutes including data entry. Quality Indicators (QIs) are scored automatically using the AC data collected from the clinical observations.

Staff identify patients with CI or dementia, and patients at risk of poor outcomes, using assessment data generated electronically.

Conclusion

Through extensive experience implementing interRAI assessment systems around the world, the interRAI AC is now being implemented in Australia (in the eQI project; NHMRC Dementia Project) as an electronic nursing assessment system for inpatients which reduces nursing admission documentation time, increases identification of patients with CI and risk of delirium on admission, supports care planning and increases time for direct clinical care.

The incidence of urinary incontinence in remote living Aboriginal Australians

Dr Kate Smith^{1,2}, Ailsa Sutherland³, Dr Zoe Hyde¹, Ruth Crawford³, Anna Dwyer⁵, Roslyn Malay¹, Linda Skeaf¹, Prof Leon Flicker¹, Prof David Atkinson⁴, A/Prof Dina LoGiudice⁶

¹Western Australia Centre for Health and Ageing, University of Western Australia, ²Centre for Aboriginal Medical and Dental Health, University of Western Australia, ³Kimberley Aged and Community Services, ⁴Kimberley Aboriginal Medical Services, ⁵Nulungu Research Institute, University of Notre Dame, ⁶Dept Aged Care, Melbourne Health & University of Melbourne

Objectives: To describe the prevalence (using three measures of incontinence), incidence, and conditions associated with urinary incontinence in remote living older Aboriginal Australians.

Subjects and methods: Between 2004-2006 (wave 1), we recruited 363 Aboriginal people aged ≥ 45 years from 6 remote communities and one town in the Kimberley region of Western Australia. Between 2011-2013 (wave 2), 289 participants participated in a follow-up study, of which 184 were included at both time points. Urinary incontinence by self report was determined at the 2 time points. In addition, urinary incontinence was assessed by 3 methods at wave 2 including self report, family report and culturally adapted International Consultation on Incontinence Questionnaire (ICIQ). We investigated factors associated with prevalent and incident incontinence with binary logistic regression. Sensitive and specificity analyses of measures were undertaken using people with International Consultation on Incontinence Score (ICIS) ≥ 2 as the reference standard.

Results: Prevalence of self reported incontinence using a simple question was 24.6%; prevalence of incontinence based on ICIQ ≥ 2 was 22.5% and family report of incontinence was 14.2%. Incidence of urinary incontinence after follow up period of 6.7 years was 33 (23.6%). Cross sectional associations with urinary incontinence include female sex (OR=6.82; CI 2.98, 15.57), stroke (OR=3.55; 95% CI 1.43, 8.77), head injury (OR=3.15; 95% CI 1.54, 6.45), and depressive symptoms (OR=1.07; 95% CI 1.01, 1.14). Longitudinal associations were age (OR=1.05; 95% CI 1.01, 1.09) and female sex (OR=2.37; 95% CI 0.99, 5.67). Sensitivity (81.5%), specificity (93.5%), positive predictive value (80.3%) and negative predictive value (93.9%) of self-report of incontinence were high.

Conclusions: The prevalence and incidence of urinary incontinence in remote living Aboriginal Australians is high with risk factors of older age and female sex. Further research to understand causes and treatments within the cultural context of this population is urgently required.

The quality of life of HCP recipients with cognitive impairment

Dr Lyn Phillipson¹, Mr James Caiels², Ms Anne-Marie Towers², Mrs Susan Jenkins¹

¹University Of Wollongong, ²University of Kent

This paper promotes understanding of how people with cognitive impairment rate their social care related quality of life (SCRQOL). It also explores factors significant to their outcomes in the context of receiving a consumer directed care (CDC) home care package (HCP) in Australia.

Interviews were conducted with older people with cognitive impairment who were recipients of a HCPs in NSW. An Easy Read version of the Adult Social Care Outcomes Toolkit (ASCOT-ER) and a cognitive interviewing technique was utilised to assess the domains of: control over daily life; accommodation cleanliness and comfort; personal cleanliness and comfort; safety; social participation; occupation and dignity. Qualitative analysis focused on highlighting factors informing participant ratings within each domain.

Overall, SCRQOL of participants (n=24) ranged from 0.40 – 0.97 (M= 0.74). Dignity, food and drink and accommodation were the domains of least need. Occupation and social participation were the domains of greatest need, with limitations associated with motivation to initiate contact or activity, mobility and function. Care worker contact was important not only for meeting practical needs, but also for social contact. Importantly, most participants reported an ideal state (n = 9, 37.5%) or no needs (n = 9, 37.5%) with regards to control over daily life (70.83%). Those with some needs in this domain (n = 6, 25%) reported being limited by mobility and finances.

This paper highlights the potential for CDC HCPs to promote a sense of control over daily life for older people with cognitive impairment as well as meet needs with regards to food and drink, safety and personal and accommodation cleanliness and comfort. However, results highlight the need for greater support for social participation and occupational engagement. Supporting meaningful activities and addressing personal and community level mobility appear important to achieving better outcomes as well as for promoting greater control.

This paper promotes understanding of how people with cognitive impairment rate their social care related quality of life (SCRQOL). It also explores factors significant to their outcomes in the context of receiving a consumer directed care (CDC) home care package (HCP) in Australia.

The use and effectiveness of Elder Abuse Protocols in WA

Dr Barbara Blundell¹

¹*Curtin University*

Elder abuse is an increasingly important issue for staff and services working with older people. It is estimated that a large proportion of it goes unreported, due to lack of recognition of elder abuse and how best to respond to it, by both older people and staff and service providers. To address this issue, elder abuse protocols have been developed in different states and territories. These protocols generally include information about elder abuse, including examples and risk factors, and guidance about response pathways, including referral information. It is unclear how widely these are used, as no data has been collected about this.

This project explored the usefulness and effectiveness of the Elder Abuse Protocols: Guidelines for Action, as developed by Alliance for the Prevention of Elder Abuse: Western Australia (APEA: WA) in 2013. Three focus groups and an online survey were conducted with stakeholder organisations and people working with older people in order to examine the usefulness and effectiveness of the Protocols. The research data, along with a review of literature and similar documents from other jurisdictions, informed an updated version of the Protocol. This project provides an evidence base as to the utility and effectiveness of elder abuse protocols in addressing gaps in staff knowledge in detecting and responding to elder abuse.

Towards an age-friendly community in the City of Moreland

Dr Hing-wah Chau¹

¹*The University Of Melbourne*

According to the latest statistics, one in six people in Australia is now aged over 65 and the figures will increase significantly to one in four by 2050. In view of the growing ageing population, it is crucial to provide age-friendly living environment to cater for the needs of older people. The World Health Organization (WHO) published the *Global Age-friendly Cities: A Guide* in 2007. In 2016, the Age-friendly Victoria Declaration was signed by the Victorian Government and the Municipal Association of Victoria (MAV) in Australia showing their commitment to provide age-friendly living environment. In collaboration with the Moreland City Council, a postgraduate architectural design studio was delivered at the Melbourne School of Design in the first semester of 2018 titled “Design for Ageing: Towards an Age-friendly community in the City of Moreland”. A total of 16 students were divided into five groups and prepared master plans for the areas around five railway stations: Coburg, Moreland, Anstey, Brunswick and Jewell. Through the engagement with different stakeholders, including urban designer and social support manager of the Moreland City Council, practising architects and academics, students were required to assess the age-friendliness of the current situation, explore the potential of the site, carry out site analysis, prepare group master plans, examine building typologies and undertake sustainability studies, leading to their individual schematic design and final presentations. Their final group masterplan drawings are proposed to be displayed at the 51st AAG Conference in Melbourne.

Transition Maps: a tool for effective communication in aged-care facilities

Dr Maho Omori¹, Dr Steven Savvas¹, Miss Courtney Baker¹, Mr Jude Jayasuriya¹, Mrs Anastasia Gardner¹

¹*National Ageing Research Institute (NARI)*

The poster introduces the Transition Maps (TM), a new innovative communication tool, designed to improve the quality of communication in residential aged care facilities. TM endeavours to encourage communication among multi-disciplinary care professionals, facilitating a 'big picture of care' approach, and navigate dissatisfaction and frustration experienced by families due to poor communication exchanges with staff. In examining TM's applicability and usability, fifteen focus groups were conducted. Participants were recruited from 7 aged-care facilities run by one not-for-profit organisation in Victoria, Australia. They consisted of residents, families, care professionals and GPs. Focus group discussions explored existing communication issues in the aged care environment and levels of understanding of care among families.

It was clear from the discussions that overarching goals of care were never discussed among care teams and between staff and families. Through thematic analyses focus group findings highlighted two themes: 1) the hierarchical structure within aged-care facilities, which has hindered effective communication among all involved in care and 2) reluctance to use emotion-provoking words such as 'terminal' or 'death' and support for the notion of institutionalized nondisclosure of information about death and dying despite the fact that a majority of residents end their life in nursing homes.

There were significant gaps in 'communication experiences' between residents, staff and families. Levels of perceived satisfaction in communications varied even among care professionals. These were due to the hierarchical structure of the organisation that enforces one-way communication. This frustrated not only residents and families, but also multi-disciplinary care staff. Moreover, staff's avoidance of having direct communication of death and dying seemed to have a negative impact on families' understandings of care provision and delivery. We discuss how TM can facilitate initiating conversations of overarching goals of care and address communication issues with its specific features and functions.

Trans-sectional Intervention Program to Improve Geriatric Care in Regensburg [TIGER]

A/Prof Ellen Freiberger¹, PhD Martina Rimmele¹, Prof. Dr Cornel Sieber¹

¹FAU Erlangen-Nuernberg

Background: The demographic change will cause in the next years an increase in hospitalization and hospital stays in older persons with comorbidities. As this group of older persons is vulnerable to stressors, hospitalization lead to further loss of function and quality of life as well as loss of independent status and higher infection rates. On international level the Transitional Care Model (TCM), has demonstrated that the transition from hospital to the ambulatory setting can effectively reduce the readmission rate in this population.

Goal: The primary objective of the trans-sectional intervention project TIGER for geriatric patients is the reduction of readmission rates. Among others as secondary outcomes are the increase in function health status as well as quality of life, decrease of risk of malnutrition and wound infection defined.

Method: The TIGER project is a single-blinded randomized controlled trial with a control group receiving usual care and an intervention group. In the intervention group, the geriatric patients and their health carers will be followed by structured ongoing support related to the TCM –in Germany called “Pfadfinder”. According to the TCM the Pfadfinder contacts the geriatric patients already in the hospital and support this patient over 12 months in the ambulatory setting by integrating the different modules of the TCM. The target number of included older persons is 400 participants. Inclusion criteria are 1) 70 years and older; 2) cognitive status measured by the MMSE (> 22 Scores); 3) living 50 km around the hospital; 4) a member of a specific health insurance company; 5) discharged to home. First patient in was randomized in April 2018 and project end is August 2020.

Perspectives: The TIGER project address current transitional health care gaps in Germany in geriatric hospital population. The presentation will address recruiting aspects and present the data of the included patients.

Undercover agents: innovative psychological model for an advanced senior population

Ms Felicity Chapman¹

¹*Your Storyline: Counselling, Consultancy & Training*

The current cohort of people eighty years and over are often not familiar with psychotherapy, nor seek it, however psychological distress for this group can be high. Men over eighty-five in Australia have the highest rate of suicide and a report by the Australian Institute of Health and Welfare revealed in 2013 that more than half of facility residents in their study had depressive symptoms. Current models of psychological practice, irrespective of modality, are limited for an advanced senior population because they do not consider generational nuances. They assume literacy with the purpose of psychological intervention, client motivation and a degree of comfort in psychological or social help seeking. Moreover, traditional models of psychological practice emphasize pathology and assume an expert role. Such approaches can be alienating, uncomfortable and disempowering for an advanced senior population who often pride themselves as being resilient and can be affected by internalized ageism. The Flexicare Model* aims to improve relevancy, comfort and accessibility of psychotherapy by seeing informal engagement as foundational to formal encounters of multimodal intervention, advocacy work and evidence-based interventions which target specific issues such as trauma. Informal engagement is covertly therapeutic through life story consultation, reflective listening skills, identification of abilities and values and mindfulness-based qualities of the therapist. In this way the therapist is akin to being an 'undercover agent' – performing undercover therapy - during which time comfort and interest in deeper psychological work can be established. The Flexicare Model is conceptualized as a dynamic diagram of integrated intervention. It asserts that the therapist's language and approach should be generationally sensitive and relevant.

*Initially called An Integrated Model of Intervention, in Chapman, F. (2017) *Counselling and Psychotherapy with Older People in Care: A Support Guide*. London: Jessica Kingsley Publishers.

Understanding the psychosocial mediators of hearing-related cognitive decline

Dr Kim Kiely¹, Dr Peggy McFall², Professor Kaarin Anstey¹, Professor Roger Dixon²

¹University of New South Wales and Neuroscience Research Australia (NeuRA), ²University of Alberta

Background:

There is growing interest in the association between age-related hearing loss and dementia. However, the mechanisms underlying the association are unknown. A popular hypothesis is that hearing loss initiates a cascade of adverse psychosocial outcomes (e.g. social withdrawal, loneliness, and depression) that increase dementia risk. On this basis, hearing loss is argued to be modifiable risk factor for dementia. This presentation will review the evidence supporting this hypothesis and present new analyses examining the extent to which social withdrawal from stimulating activities mediates the link between hearing loss and cognitive decline.

Methods:

We analysed 12-years of data from the Victoria Longitudinal Study (VLS, Canada: n=403, 35% men). Cognitive outcomes included complex perceptual speed, episodic memory, and verbal fluency. Hearing was assessed by pure-tone audiometry. Validated self-report scales assessed levels of participation in novel and social activities. Within-person 1-1-1 multi-level mediation models tested the indirect effects of decline in PTA on cognitive performance via activity engagement and Monte-Carlo simulation was used to estimate the indirect effects and 99% confidence intervals. All analyses were adjusted for age, time, sex, education, and health.

Results:

Declines in hearing thresholds were associated with faster rates of change in all three cognitive domains (all $p < .01$). Significant indirect effects indicated that novel activity engagement partially mediated the associations between hearing loss and processing speed (48% of the total effect), episodic memory (28% of the total effect), and verbal fluency (18% of the total effect). We will also report on investigations attempting to replicate these findings in two other longitudinal cohorts.

Conclusions:

Hearing-related cognitive decline can partially be attributed to withdrawal from stimulating activities that are important for maintaining cognitive health. These findings lend some support to the notion that hearing loss is a modifiable risk-factor for cognitive impairment.

Wages and Skill Shortages in the Australian Aged Care Sector

Professor Kostas Mavromaras¹, A/Prof Stephane Mahuteau¹, DR Zhang Wei¹, Professor Peter Sloane²

¹University of Adelaide, ²Swansea University

In the midst of rising demand for aged care services, there have been continual warnings of too low wages and of signs of highly prevalent skill shortages. Having a skilled and affordable provision is at the heart of achieving financial sustainability for the sector and skill shortages is one of the most difficult obstacles to growth that this sector can face.

In the context of recent economic changes, demographic changes and reforms within the sector, this paper examines the prevalence and causes of skill shortages and the responses of employers. The paper uses the National Aged Care Workforce Census and Surveys (NACWCS), which were collected for the Department of Health in 2012 and 2016. Each census includes approx. 4,000-4,500 Aged Care organisations and approx. 15,000 of their direct workers in each of the two collection years, in a linked employer-employee format. The data provides direct evidence about the prevalence and causes of skill shortages and the most preferred responses by employers.

The paper compares skill shortage pressures between 2012 and 2016 and looks at associated changes in aged care provider responses to these skill shortages. We find that skill shortages did not materialise into wage pressures. Overwhelmingly, employers respond that too high wages are neither the cause nor the remedy to their skill shortages. Employers use other adjustments to counter skill shortages, including training and more flexible work arrangements. Further econometric analysis of skill shortages in the residential sector, showed that the decrease in the occurrence of skills shortages observed between 2012 and 2016 were due to the way the labour market translates employer characteristics into skill shortages. The paper thus provides an explanation as to why the low wages warnings of the Productivity Commission in 2011 have not materialised in the Aged Care sector.

What's the point? Purpose and older adults

Ms Justine Irving¹, Dr Sandra (Sam) Davis¹, Dr Aileen Collier²

¹Flinders University, ²The University of Auckland

Purpose in life can provide a sense of intentionality and goal directedness, guide behaviour to achieve personal aims and living objectives, foster resilience against life obstacles, and may offer insight into how and why certain people remain healthy over time. A review of the literature was undertaken to identify and consider contemporary research pertaining to purpose and older adults.

Thirty-two studies were selected for evaluation. Research outcomes were generally consistent in showing that a higher sense of purpose is related to a range of better health and wellbeing outcomes for older adults. Social and environmental factors such as residence and marital status appear to influence the experience of purpose, with community dwelling older adults reporting greater purpose than older adults within a residential or similar type setting, and those married reporting higher purpose than widowed adults.

The present research into age and purpose suggests strongly that purpose declines over time. Conversely, it is argued that the potential to experience purpose persists across the life span, by providing opportunities for older adults to continue contributing roles, participate in meaningful activities and sustain their social value and sense of relevance. Further research could target purpose experienced by the oldest old age group, those living within non-community settings, and people with age related cognitive impairment such as dementia, to ensure greater research inclusivity and that benefits associated with purpose can endure throughout one's life span.

Workforce development and preparation for future change

A/Prof Trudi Cooper¹

¹*Edith Cowan University*

Technological and social change open up new opportunities for service development to improve wellbeing and meet the future needs of people as they age. To achieve these changes will require a highly educated leaders who understand how social and technological change can be harnessed to bring about positive change. Several university courses used to offer specialisms in social gerontology.

A recent survey of undergraduate degree courses in Social gerontology (ASCED 090507) indicated that over the last decade these courses had all but disappeared over the past decade (Cooper, 2018). This has occurred as part of a pattern of loss of specialist courses in social professions. Loss of specialist expertise in the social aspects of aging has adverse implications for both leadership of change, and future research for service improvement.

In recognition of the need for these courses I have been funded by the Office of Learning and Teaching to work with universities to reinstate social gerontology as a specialist in undergraduate degrees, with a curriculum that meets contemporary challenges.

This presentation examines the challenges in this task and seeks to open discussion about possible curriculum directions.

References:

Cooper, T. (2018). Student choice and skill shortages: some effects of demand-driven funding. Paper presented at the HERDSA, Adelaide.