# 2019 AAG Conference Oral Presentations – Abstracts

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Appropriateness of Frailty Screening within the Australian General Practice Context: An Integrative Summary of Key Research Findings

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2A, Pyrmont Theatre, November 6, 2019, 10:00 AM - 11:15 AM

In recent years, there has been an increasing focus on frailty and its impacts on individuals and health systems worldwide, given its relatively high prevalence among older people and many negative consequences. Within health systems, frailty has traditionally been addressed at the acute end of the spectrum, but emerging evidence that frailty is dynamic and potentially reversible has led to calls for earlier intervention within primary care settings. For many, screening of older people for frailty within general practice is seen as a key component of this strategy. However, in Australia, as in many parts of the world, awareness and action on frailty within general practice is still emergent. This presentation will provide an integrative summary of key conclusions from several related research projects recently conducted at the NHMRC CRE for Frailty and Healthy Ageing, to our knowledge the first of their kind within Australia, which explore the appropriateness of frailty screening within Australian general practice. Appropriateness in this context is conceptualised as comprising elements of accuracy, feasibility and acceptability, and is informed by translational research concepts, frameworks and methods. Key projects have included a narrative review exploring the ethics of screening, a systematic review of the accuracy of self-reported frailty screening instruments, a diagnostic test accuracy study of frailty screening instruments within general practice (n=243), a qualitative descriptive study analysing GP attitudes to frailty and two mixed-methods studies focusing on clinical staff preferences for screening instruments and the feasibility and acceptability of screening to GPs, practice nurses and patients. Critical reflections on the findings from this comprehensive body of work, along with implications for frailty-related policy, research and clinical practice will be discussed.
Investigating the profile of ambulance use by older adults in rural and regional Victoria.

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2A, Pyrmont Theatre, November 6, 2019, 10:00 AM - 11:15 AM

Aim
The epidemiology of ambulance utilisation by older age groups (>65 years) in rural and regional Victoria is poorly understood. This study sought to describe the typical demographic profile and clinical case-mix of older adults following '000' calls in rural and regional Victoria over a 12-month period.

Method
This retrospective cohort study analysed 12 months of electronic case records for the calendar year of 2017 from Ambulance Victoria. Population data from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare were used to calculate rates of emergency transportation and non-transportation. Descriptive statistics were undertaken utilising STATA 15.0.

Results
Over the study period, there were 82,567 emergency ambulance attendances in rural and regional Victoria to older adults aged over 65 years old, representing an attendance rate of 271 per 1000 population aged over 65 years. Over 11% of calls were to an aged care home. Females comprised 53% of all attendances in this age group, with those aged ≥85 years experiencing the highest ambulance attendance rate at 701 per 1000 population. Medical complaints and trauma accounted for 65.1% and 15.8% of attendances respectively, with the predominant cause of trauma being ground-level falls. The most common reasons for ‘000’ requests were calls for pain (15.3%), respiratory problems (9.2%) and cardiovascular problems (8.2%). Increased demand was associated with increasing age and winter months. More than 10% of cases resulted in the person not being transported by emergency ambulance.

Conclusion
Older adults from rural and regional Victoria have high rates of emergency ambulance use, particularly with increasing age. Frequent ambulance attendances for pain management are concerning in this vulnerable group. Further research is required to ascertain whether health resourcing is adequate in rural and regional areas to fulfill the needs of a growing population group.
Developing culturally relevant cognition and delirium screening in the NT

Mrs Deidre Widdall¹
¹Top End Health Service

2A, Pyrmont Theatre, November 6, 2019, 10:00 AM - 11:15 AM

Background
The Top End Health Service (TEHS) Cognitive and Delirium Care in Hospital Project commenced evaluated implementation of an 'Integrated Cognitive Care Pathway' in 2016. The aim was to improve the safety and quality of care for vulnerable patients (≥ 16 years) with cognition and delirium risks. Of critical importance was the development of a culturally relevant cognition screen, as other validated tools were deemed inappropriate, (50-90% of hospital inpatients are Aboriginal).

Purpose
To trial and evaluate culturally relevant cognition and delirium screening as a component of the Integrated Cognitive Care Pathway.

Methods
The TEHS Cognition Screen, was developed in consultation with a group of recognised experts, who were instrumental in design and validation of the Kimberley Indigenous Cognitive Assessment. The Nursing Delirium Screening Scale (Nu-DESC) was also introduced and evaluated.
A staged mixed methods design across three hospital sites supported implementation and trial of the Pathway protocols. Evaluation collected descriptive data, tracked performance of the key steps, and enabled verification of the cognition and delirium screening.

Results
On admission 60% had delirium risks, and 25% a changed or abnormal cognition, requiring delirium testing. There was a 10% Delirium rate. In follow-up surveys of inpatients (≥ 16 years), 80% had delirium risks and 25-30% cognitive care needs, reflecting the increased complexity of those who remained hospitalised.
Demographic data demonstrated the differences in age and risk characteristics between Aboriginal and non-Aboriginal admissions. Evaluation of the TEHS Cognition Screen confirmed specificity in identifying abnormal cognition, further work is needed for full validation and determining sensitivity.

Conclusion
The necessity for protocols to standardise cognition and delirium care was confirmed. An increased understanding of inpatient characteristics enables service development. Evaluation of the TEHS Cognition Screen provides a foundation for further validation and trial in other jurisdictions where cultural relevance is important.
The impact of caregiving by older men on nutritional status

**Ms Ellie Shu**, Associate Professor Vasant Hirani, Professor Robert Cumming, Professor Fiona Blyth, Professor Vasi Naganathan

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2A, Pyrmont Theatre, November 6, 2019, 10:00 AM - 11:15 AM

Introduction: Most nutritional studies of caregivers have focused on the association between caregivers’ nutritional knowledge and nutritional intake of care recipients. However, the nutritional status of caregivers is crucial as it can affect their health and ability to perform the caregiving role; yet, few studies have targeted this area. The aim of this study was to investigate the association between nutrient intake and caregiving among older men over time. It was hypothesized that caregiving would negatively influence nutrient intake with caregivers having poorer nutritional status than non-caregivers and that that changes in caregiving status would result in changes in nutritional status.

Method: Data was analysed from the Concord Health and Ageing in Men Project (CHAMP), a cohort study of community-living older Australian men aged ≥ 75 years of age. A total of 697 men from the 2010-2013 and 2014-2016 waves of data collection were the study sample. Multinominal logistic regressions were used to investigate the association between caregiving-transition status (continuous caregivers, former caregivers, new caregivers and continuous non-caregivers) and change in dietary intake (overall nutrition, quality of diet, total energy, total protein, total carbohydrate, total fibre, and total fat) between the two time points adjusting for important covariates.

Results: At baseline, older male caregivers did not differ from older male non-caregivers in the adequacy of overall nutrition, quality of diet, total energy, and macronutrients. At follow-up, however, new caregivers were less likely to maintain adequate diet quality (OR: 0.36, 95% CI: 0.16 – 0.83, p< 0.05) and more likely to have a decrease in fibre intake (OR: 2.41, 95% CI: 1.16 - 5.04, p< 0.05) than continuous non-caregivers.

Conclusion: Taking on a caregiving role may negatively influence nutrition in older men thus new male caregivers should be asked about the adequacy of their nutritional intake.
Reducing hospital associated complications in older people: Results from the CHERISH cluster randomised controlled study

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2A, Pyrmont Theatre, November 6, 2019, 10:00 AM - 11:15 AM

Background: Hospital-associated complications of older people (HAC-OP) include delirium, functional decline, incontinence, falls and pressure injuries. These are associated with longer hospitalizations and greater institutional discharge. This study aimed to implement a multi-component ward-level intervention (“Eat Walk Engage”) to reduce HAC-OP and length of stay (LOS) in acute inpatients.

Methods: Pragmatic cluster randomized clinical trial enrolling inpatients aged 65 years or older admitted for 3 days to eight acute medical and surgical wards in four Queensland hospitals. One ward in each hospital was randomized to implement “Eat Walk Engage”, a multicomponent program facilitating multidisciplinary practice changes to improve mobility, nutrition care and cognitive engagement at ward level. Primary outcomes were LOS and HAC-OP. Secondary outcomes included individual HAC-OP and discharge home. All analyses were adjusted for age, sex, co-morbidities, admission functional and cognitive status, elective status and hospital.

Results: Implementation commenced January 2016. Between October 2016-March 2017 we enrolled 539 participants (265 intervention, 274 control) of whom 305 (57%) were aged 75 years or older, 269 (50%) female and 255 (47%) had frailty index ≥0.25. Median length of stay was 6 days in intervention (IQR 4 to 9 days) vs 7 days in control (IQR 5 to 10 days), adjusted hazard ratio 0.96 (95% CI 0.80-1.15). HAC-OP occurred in 115/248 (46%) intervention vs 129/249 (52%) control, adjusted OR 1.07 (0.71-1.61). Delirium was significantly reduced, occurring in 37 (14%) of intervention vs 69 (25%) control participants, adjusted OR 0.58 (0.36-0.94). In the intervention group, 199/259 (77%) participants were discharged home compared to 180/271 (66%) control, adjusted OR 1.46 (95% CI 0.94-2.25).

Conclusions: “Eat Walk Engage” showed a significant reduction in delirium and may have improved discharge home, although LOS and other HAC-OP were not significantly reduced. Detailed understanding of implementation at each site will inform continuing program development.
The Cognitive Impairment Identifier (CII): Yarning in the NT

Ms Bridget Riggs
Top End Health Service (TEHS)

2B, Meeting Room C2.1, November 6, 2019, 10:00 AM - 11:15 AM

Background
The Top End Health Service (TEHS) Cognitive Care and Delirium in Hospital Project (CDCP) developed pathways and guidelines for patients requiring cognitive care and for those at risk of delirium or experiencing delirium. TEHS believe a whole of hospital approach, involving clinical and auxiliary staff is required in implementing change, to minimise delirium occurrence for TEHS Hospitals, to meet the cognitive care needs of our patients, and return them timely to their family and country.

Purpose
One important component was when TEHS obtained the use of the Cognitive Impairment Identifier (CII) developed by Ballarat Health Service and used in the Dementia Care in Hospital Program. The CDCP trains staff to consider that patients want to feel safe, respected, to have individual cultural and communication needs met and to be collaborative in their own care. A lot of the training is presented through the use of narrative, a yarn, and makes sense as the term 'yarning' is about mutual respectful communication. The TEHS adjusted the training to include a broader understanding of cognitive impairment.

Activities undertaken
Prior to the launch of the CII at TEHS hospitals, baseline auditing of the uptake of the CDCP pathway protocols were undertaken, including notation of incidents of delirium and patients with cognitive care risks.

Discussion
With up to 30% of TEHS patients with cognitive care needs and risk, increased support is required for these more vulnerable patients. Interest continues to grow from the TEHS non-clinical staff and traction with the catch cry, "You can make a difference". At the time of submission analysis is still undergoing to determine the overall improvement outcomes.

Conclusion
Since the launch of the use of the Cognitive Impairment Identifier (CII) in June 2018, there has been a significant improvement in the uptake of screening for delirium and cognitive risks.
A place to die – Preferences of patients and families

Dr Katrin Gerber1, Dr Barbara Hayes2, A/Prof Christina Bryant1
1University of Melbourne, 2Northern Health

2B, Meeting Room C2.1, November 6, 2019, 10:00 AM - 11:15 AM

Background
As our healthcare systems are confronted with increasing numbers of ageing and terminally ill patients, the question where people want to be at the end of life has received considerable attention. Research suggests that the answer is often: ‘Home’. In this presentation, we will provide novel insights into the decision-making process of terminally ill patients and their families, and the challenges they encountered.

Methods
Semi-structured interviews were conducted with eight terminally ill patients and nine family caregivers from an acute, palliative care hospital ward, a sub-acute hospice unit, and a palliative home care organisation in Melbourne, Australia. Data was analysed thematically using qualitative description.

Results
We found that the answer to the question: ‘Where would you like to be cared for and die?’ was often: ‘It depends!’ Preferences were flexible and conditional. They changed with the demands of the situation and the uncertainty that came with it. Patients did not know what symptoms they would develop, how much their carer could handle or how much time they had left. This uncertainty made it extremely difficult for them to form clear and stable choices. And that might be a problem for a care system that often relies on definite answers. In this presentation, the audience will learn more about the balancing act between certainty and uncertainty, active planning and avoidance, and the role of thoughts and emotions in decision-making.

Conclusions
As researchers and clinicians, we may need to deepen the conversations we have with people at the end-of-life. So instead of asking only ‘Where do you want to be cared for and die?’, we may also ask: ‘Why?’ Understanding under which circumstances preferences exist, persist and change is an essential step to improve future preference assessments and provide better end-of-life care for our ageing population.
Physical function and access to allied health therapy for patients with dementia during hospitalisation

Dr Amanda Fox1, Dr Margaret MacAndrew1, Ms Katy Wyles1
1Queensland University Of Technology

2B, Meeting Room C2.1, November 6, 2019, 10:00 AM - 11:15 AM

Research suggests that people with dementia admitted to hospital will experience greater functional decline than people without dementia and that function lost during hospitalisation is unlikely to be regained. People with dementia in non-acute care have access to less therapy than people without dementia despite demonstrating similar improvements post rehabilitation. This research examined the ability of patients to complete physical activities of living on admission and discharge and the provision of dietician, speech, occupational and physiotherapy sessions during acute hospitalisation.

A review of medical records for patients with (n=120) and without (n=120) dementia admitted to a regional hospital in 2017 was conducted. The patients’ ability to complete physical activities of living (dependent/independent) on admission and discharge were compared. Three activities (mobility, hygiene, feeding) and if the patient was continent or incontinent, were documented. Frequency of sessions provided by an allied health therapist during the patient’s hospitalisation were also recorded.

Patients with dementia were more likely to be dependent across all three activities and more likely to be incontinent on both admission and discharge. The ability of patients with dementia to complete activities of daily living and their continence status did not significantly change between admission and discharge.

Patients without dementia were more likely to improve in mobilisation and continence during their hospitalisation.

Patients with dementia in acute care were more likely to receive speech and physiotherapy than patients without dementia. Predictors of physiotherapy were an orthopaedic diagnosis (OR 10.81), dependent mobility (OR 8.34) and admission from a residential aged care facility (OR 0.09). These findings highlight the unique and complicated care needs of a person with dementia who is admitted to an acute care setting.
Language of dying: communication about end-of-life at residential aged care facilities

Assoc Prof Samuel Scherer, Dr Maho Omori¹, Dr Steven Savvas¹,², Mr Jude Jayasuriya¹, Associate Professor Briony Dow¹

¹National Ageing Research Institute, ²Royal Freemasons

2B, Meeting Room C2.1, November 6, 2019, 10:00 AM - 11:15 AM

Residential aged care facilities (RACFs) are increasingly seen as a place where older people choose to be at the end of their life, indicating that RACF has become a new frontier of palliative care. Yet aged care staff express difficulties in discussing death and dying with residents and families (Percival and Johnson, 2013). More research is needed to investigate the quality of end-of-life (EOL) communication in aged care settings.

Thirteen focus groups consisting of care professionals and families explored language preference to communicate residents’ impending death, and how this has impacted quality EOL communication at RACFs. Furthermore, investigating both parties’ preparedness and readiness to have open, direct communication about dying allowed us to draw attention to what needs to be involved in quality EOL care planning.

Findings showed that many families were positive for and perceived as necessary open and direct communication about death with care staff. In contrast, staff preferred euphemistic language, believing that direct EOL language burdens families. Staff also held a conflicting view that EOL education should be provided to all families to promote realistic understandings that residents will eventually die at the facility. Open communication of death and dying within the facility was also believed by families to improve staff’s knowledge and skills for EOL care, which are necessary for care consistency. In order to meet societal interests to promote resident-oriented, family-centred EOL care, it is imperative to raise staff’s awareness that quality EOL care requires family involvement in EOL care planning. Challenging unpreparedness for open death and dying communication within RACFs may be the first step in promoting relational EOL communication.

The Effect of In-Home Exercise Interventions with Older Adults: Uniting’s Initiative to restore function in the ageing population.

Mr Michael Foord, Miss Elodie Williams\textsuperscript{1}

\textsuperscript{1}Uniting NSW / ACT

2B, Meeting Room C2.1, November 6, 2019, 10:00 AM - 11:15 AM

Muscle mass decreases 1-3\% per year from a person’s 30s. In the decades between 30-70yrs losses of up to 25\% of cross sectional size can be seen in the quadriceps muscle (Lexell et al. (1988) Journal. Neurl. Sci. Vol 48 pg 275-294). This muscle loss equates to losses in muscle strength and ultimately leads to functional decline.

To address this loss of muscle, Uniting commenced a pilot program in December 2016 titled Renew & Restore. The program was developed to deliver specialist intervention in to the home to improve the level of function of community dwelling older adults.

Exercise physiologists conducted initial assessments to assess residents’ health conditions and obtain baseline measures of balance (static balance), lower limb strength (sit to stand test), upper limb strength (hand grip dynamometry), and wellbeing (Deakin Wellbeing Index).

Exercise sessions were delivered in residents’ homes using minimal equipment. Residents were monitored, exercise programs were progressed and functional outcomes were reassessed at regular intervals. Residents were encouraged to increase their physical activity levels in addition to the exercise physiology services provided.

Analysis of functional outcomes of 100 residents showed statistically significant improvements in lower limb strength (p value = 0.000), balance (single leg balance) (p value = 0.000) and wellbeing (p value = 0.26).

Renew & restore has now expanded to other areas of Sydney (Inner west, South West Sydney and Northern Suburbs) and Canberra. Over 2700 occasions of service have been provided with no significant adverse events and resident satisfaction is high. The Renew & Restore program has been successful at addressing the loss of muscle and decline in function with age and continues to grow.
Resilience in Rural Australians: A Stakeholder Perspective

Mrs Kylie Crnek-Georgesnov, Dr Leigh Wilson
1University of Sydney, 2Western Sydney University

2C, Meeting Room C2.2, November 6, 2019, 10:00 AM - 11:15 AM

Currently, the rate of suicide in older rural males exceeds that of any other group in Australia. As the population ages, so too does the percentage of older rural residents at risk of increased physical and psychological illness, often with a limited understanding or ability to manage these conditions. Many rural residents believe they are resilient, possessing the ability to “bounce back” during periods of crisis. The findings of this study question such beliefs.

Seven key stakeholders from New South Wales were interviewed to investigate the main issues facing rural residents. Stakeholders were chosen due to difficulties recruiting rural participants, as a result of severe drought in 2017 – 2018. A phenomenological approach was used for data collection. The researchers transcribed the data verbatim, and coded it into key themes and sub-themes using an iterative process of review and discussion.

Key themes included: drought, technological literacy, rural culture and access to services. Five sub-themes emerged: lack of choice in service provision, availability of services, isolation of residents, professional training and lack of experience, and residents’ lack of knowledge of services. There was a particular focus on the differences in these issues between men and women.

Stakeholders suggested that rural residents have a limited understanding of the need to change the focus of farming as well as a reduced focus on health, and reduction in personal resilience. These results highlight a need for further training and support for primary health care professionals, to reduce the likelihood of psychological or physical illness in rural residents.

Approved by Western Sydney University Ethics Committee (Protocol Number: H12022)
Depression and psychological needs among older adults shortly after admission to residential aged care in Australia

Dr Vera Costa¹, Associate Professor Tanya Davison¹, Professor Marita McCabe¹, Dr Lusy Busija²
¹Swinburne University Of Technology, ²Monash University

2C, Meeting Room C2.2, November 6, 2019, 10:00 AM - 11:15 AM

In the early days after admission to aged care, residents are at a high risk of depression. Meeting psychological needs, including the need for autonomy, environmental mastery, purpose in life, and meaningful activity, may be associated with better mental health in aged care residents. We aimed to explore these relationships in a sample of recently admitted aged care residents.

A sample of 181 residents (32.7% of a total of 553 newly admitted residents with normal cognition or mild-moderate cognitive impairment, with a mean age of 85 years (69% female, 31% male) who were nominated by Residential Aged Care (RAC) facilities to take part in a psychological intervention trial) were included in the study and assessed 2-4 weeks after admission. The assessment protocol included a diagnostic and symptom severity assessment for depression, as well as self-report scales to explore perceived adjustment to RAC, and the degree to which participants perceived their psychological needs were being met.

Sixty seven percent of participants presented with at least mild symptoms of depression, with 11% meeting diagnostic criteria for Major Depressive Disorder. Higher depression scores were found in those reporting lower autonomy ($r=-.36, p≤.001$), lower competence ($r=-.26, p≤.01$), poorer social relationships ($r=-.34, p≤.001$), and lower levels of meaningful activity in the facility ($r=-.42, p≤.001$). The degree to which participants felt that these psychological needs were being met was positively associated with their perceived adjustment to the RAC environment ($r=.65, p≤.001$).

Depression is common among newly entered residents. A failure to meet residents’ psychological needs was associated with increased depressive symptomatology and poor adjustment during the first few weeks of care. This study indicates that interventions tailored to residents’ psychological needs, particularly focusing on increasing residents’ choice day-to-day, increasing the availability of meaningful activities, and enhancing social relationships within RAC facilities, are worthy of consideration.
It Takes a Village to Tackle Loneliness

Mr Jason Burton\textsuperscript{1}
\textsuperscript{1}Alzheimer's Wa

2C, Meeting Room C2.2, November 6, 2019, 10:00 AM - 11:15 AM

Loneliness has been recognised as a major issue for older Australians. The physical and emotional health impacts of loneliness have been well documented with adverse health outcomes, increased disability and premature death all being identified as key risk outcomes. There a number of key factors identified that can increase the risk of loneliness. These include; being older, living in residential care or having dementia. The risk if you fall into all three categories can be significant. The Memory Bridge project sought to address loneliness faced by people living with dementia in residential care by creating a new type of volunteer visiting program. Developed as a partnership project between Alzheimer's WA, Attitudinal Healing and RAAFA Services, the pilot took place at the RAAFA village in Perth. The Memory Bridge project recruited volunteers from the RAAFA estate's independent living units to train and become companions to individual buddies living in the residential home dementia unit. The ten week training and buddy program developed communication skills, relationship building abilities and explored key issues that need to be overcome to become a genuine companion to a person living with dementia. Now 12 months into the project this presentation will share the journey of the volunteers and residents and identify the outcomes on addressing the plague of loneliness in aged care.

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2C, Meeting Room C2.2, November 6, 2019, 10:00 AM - 11:15 AM

A 12-week Exercise Physiologist (EP)-led exercise program was delivered to older adults living with dementia in a residential aged care facility. Participants (n=59) were randomised to either the intervention or control group based on their functional and cognitive state. The primary outcome was the impact of the 12-week exercise program on physical and cognitive factors. With participants in the program able to access up to 36 sessions (12 individual, 24 group) across the 12-week period, the secondary outcome was to examine if there was a dose response.

Physical assessments included timed-up-and-go; handgrip strength; five-repetition sit-to-stand; and two-minute walk test. The Addenbrooke Cognitive Examination (ACE) III was used to assess cognition. Accelerometers were worn by participants, over a seven-day period at each data collection point, to objectively measure habitual activity.

Analyses of change in function between control and intervention groups indicate maintenance of function during the active EP-led exercise program for the five-repetition sit-to-stand, and handgrip (p<0.05), and the timed-up-and-go in the intervention group but decline in the control group. There were no differences for objectively measured habitual activity and cognitive function. Some evidence for a dose effect was demonstrated for the two-minute walk and timed-up-and-go, associated with the number of individual sessions attended, as well as an increase in time in light activity behaviour, associated with the total number of sessions attended. Evidence was also provided for enhanced social engagement and interaction for residents due to participation in the program.

Data supporting maintenance for physical factors indicate that this type of program should be considered for older adults living with dementia in residential aged care facilities.
Reducing social isolation among older people through intergenerational programs

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2C, Meeting Room C2.2, November 6, 2019, 10:00 AM - 11:15 AM

Background: Increasing numbers of older people wish to remain living in their communities, however they often find themselves socially isolated. Social connection has positive associations with health and well-being outcomes and is known to protect against cognitive decline. Yet there is a lack of suitable programs that encourage social interaction, particularly across generations.

Objectives: This study investigated how intergenerational programs can reduce social isolation among the elderly by providing opportunities to develop meaningful relationships with children.

Methods: An intergenerational learning program was conducted across four research sites in Australia, consisting of 16 sessions where pre-school aged children and elderly attending care services came together for 1 hour per week to participate in shared activities. A thematic analysis of video transcripts of 3 sessions was conducted.

Results: Two types of relationships were observed: vertical bonds, which are strong and intimate between individuals; and bridging relationships, which create social cohesion within groups. Two key themes emerged with regards to enablers for building relationships: 1. Type of activity - Partner activities created a co-sense of achievement; while group activities such as singing, sharing food, greeting and farewell rituals created bridging relationships. Facilitators played an integral role in building high quality connections between the generations; taking on roles characterised as initiating, role-modelling, supporting or re-focusing.

Conclusions: Intergenerational programs can facilitate the development of meaningful relationships between old and young. Facilitators must intentionally design programs around promoting social connection between the generations, which are mutually beneficial and can reduce social isolation among the elderly.
Marketisation of community aged care services in rural and remote Australia. Does the rhetoric match the reality?

A/Prof Suzanne Hodgkin

La Trobe University

2D, Meeting Room C2.3, November 6, 2019, 10:00 AM - 11:15 AM

Provision of aged care support in Australia has undergone significant reform in the last decade. There has been a re-focus of aged care policies through the guise of neo-liberal, free market philosophies. The introduction of consumer-directed care (CDC), has assigned home care funding to the consumer, rather than the provider. This has introduced competition among home care providers, who must now market their services and broker services from other providers. As a consequence, aged care services operate in a maze-like competitive environment.

In this paper we draw from a qualitative study conducted in partnership with a consortia of aged care providers in North East Victoria. This study set out to explore how the above policy reforms are experienced by both the rural providers and recipients of care. The study gathered data from non-probability purposive sampling. Participants were drawn from six aged care providers. Data were collected in a two stage process. The first stage involved in-depth, semi-structured interviews with eight Community Care Managers. The second stage involved in-depth interviews with twenty older consumers. Verbatim transcripts were analysed using thematic analysis.

Findings revealed that CDC resonated philosophically with managers, who viewed it as loosening traditional ideas about ‘what is best’ for the consumer and broadening the role and responsibilities of workers and managers. At the same time the managers highlighted that CDC was both a feature of, and restrained by, the competitive environment of care delivery. For the recipients of care, a different story emerged. Rather than consumers feeling empowered by CDC, the majority were either unaware that the delivery of their care had changed, or were confused about their care package. Coming through the data is an inherent complexity within the current multi-layered system for consumers in terms of identifying local providers and negotiating access to various desirable services.
Reunion or exclusion? Experiences of migrant grandparents providing childcare in Australia

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2D, Meeting Room C2.3, November 6, 2019, 10:00 AM - 11:15 AM

Grandparents are the most popular form of childcare in Australia today. In 2017, 864,500 children in Australia were cared for by their grandparents in a typical week, far outstripping other forms of childcare like long day care or before and after school care. But with 1 in 4 Australian residents born overseas, grandparent childcare is not always readily available. The ways in which migrant families in Australia are reunited, temporarily or permanently, with grandparents is circumscribed by migration policy in Australia. Migration policies shape how often grandparents can visit, for how long they can visit, how much it costs, and the activities grandparents can engage in while they are in Australia, such as paid work. These all shape the dynamics of intergenerational relationships in migrant families, the possibilities for grandparent childcare provision, and the outcomes for ageing migrants in Australia. Recently, in recognition of limited opportunities for migrant grandparents to reunite with their grandchildren in Australia, the Australian Government introduced a new long term temporary visa for migrant grandparents. However, to date, there is little understanding of the ways that migration regulation and social policies shape grandparents' pathways into the role of childcare provider, their experiences of providing care for their grandchildren, the extent to which they are able to combine childcare with other activities, and their plans and aspirations for the future. Drawing on a pilot study using qualitative individual and group interviews with 15 migrant grandparents from China, Vietnam and Nepal, this paper provides new insights into the experiences and wellbeing of migrant grandparents in Australia against the backdrop of the Australian migration system and its intersections with social policy. The paper sheds light on how migrant grandparents navigate complex and changing policy landscapes and how they can be supported to age healthily in the Australian community.
Baby boomers’ attitudes to maintaining sexual and intimate relationships in residential aged care

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1Western Sydney University, 2University of New England, 3La Trobe University, 4Macquarie University

2D, Meeting Room C2.3, November 6, 2019, 10:00 AM - 11:15 AM

Australian aged care policy focuses on consumers as individual entities and consequently neglects the needs of dyadic partners despite evidence that couples’ primary relationships typically become more important with age. Organisational cultures in Australian residential aged care facilities (RACFs) generally preclude discussing, assessing or servicing residents’ sexual health needs. Furthermore, partnered aged care consumers’ expectations prior to entering care is a neglected research area. This paper highlights the concerns of partnered baby boomers contemplating life in residential care and, in particular, their attitudes to maintaining sexual and intimate relationships. As part of a broader multi-phase mixed-methods study, an online survey of 168 partnered Australian baby boomers was conducted. Qualitative survey data were analysed using three methods: word frequency, keywords-in-context and thematic analysis. Descriptive statistics were generated from quantitative data. Findings were that partnered baby boomers considered maintenance of their intimate relationships highly desirable in residential care. Being offered the choice to share a room and/or bed, having their sexual choices and privacy respected and being offered in-house sexual health services were important issues raised. Considerable cultural change will be required to raise residential aged care to the standard expected by some partnered baby boomers. Shifting aged care policy and practice to a more couple-centred approach may benefit partnered residents’ health and wellbeing.
Mutual Appreciation: How ideas of mutuality and cooperation can support disadvantaged older women to access housing and aged support in their 4th Age

Ms Myfan Jordan

1Per Capita

2D, Meeting Room C2.3, November 6, 2019, 10:00 AM - 11:15 AM

The economic disadvantage facing many Australian women in older age is largely attributable to interrelated barriers to wealth accumulation experienced across the lifecourse. Gendered work patterns, the gender pay gap and family breakdown all contribute to an social ecosystem which sees women retire with, on average, half the savings of older men.

Funded by the Lord Mayor’s Charitable Foundation, Per Capita’s Co-Care research has engaged directly with older women experiencing disadvantage and housing insecurity, to explore both established and emerging ideas of mutuality and cooperation in the housing and the aged care spaces.

Using qualitative, peer-led interviews to inform social innovation co-production methodology, the research team have generated a number of models, or ‘prototypes’, which empower women at the frontline of disadvantage, while simultaneously detailing pathways by which governments and service providers might increase security for women in older age.

Per Capita’s research directly links poverty in older age with the proportion of women’s lives spent in unpaid care and voluntary work in our local communities. Co-Care aims to redress the imbalance of ‘the care factor’ by initiating fresh conversations about equal outcomes for women in an ageing Australia.
Evidence-policy gap in aged care: can we bridge the divide?

Dr Mikaela Jorgensen\textsuperscript{1}, Dr Rebecca Haddock\textsuperscript{2}, Professor Andrew Georgiou\textsuperscript{1}, Professor Johanna Westbrook\textsuperscript{1}
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2D, Meeting Room C2.3, November 6, 2019, 10:00 AM - 11:15 AM

You’d be hard-pressed to find a policymaker who disagrees that policy should be evidence-based. Although academic research is seen as valuable by policymakers, the evidence suggests that the majority do not use it in policy decision-making. This is what’s known as the evidence-policy gap.

In the Australian aged care sector, politicians and policymakers have undertaken 20 reviews in 20 years, with seven major inquiries in the last two years alone. The April 2019 final report of the recent senate inquiry into aged care quality states ‘there is a dearth of data and research to support evidence-based innovation and policy making in the aged care environment’. Only one of the 380 citations in this inquiry is a peer-reviewed research article. Yet, many ageing and aged care researchers would say that evidence does exist to support improved care for older Australians.

Academia doesn’t always reward engagement and impact over ‘publish or perish’. Policymakers are often seen as recipients at the end of the research process, or not considered at all. Whose responsibility is it to facilitate the translation of research into policy and practice? With large cuts to University research funding in recent years, academics who believe that policy has a profound impact on population health have a double imperative to engage on behalf of both the public and themselves.

This presentation will provide an overview of Oliver and Cairney’s (2019) systematic review of key tips to influence policy and engage with policymakers. Our research, which aims to leverage electronic information systems to improve care quality and outcomes for older Australians who use aged care services, will be critically outlined as a case study. The audience will be facilitated to discuss the pros and cons of policymaker engagement, and whether we can bridge the divide between evidence and policy in aged care.
Shared Medical Models of Care for Older People in Hospital

**Ms Jessica Barry**, Ms Amy Parker, Dr Frances Batchelor, Mr Andre Catrice, Ms Nicole Doran, Ms Sue Williams

1National Ageing Research Institute, 2Department of Health and Human Services

2E, Meeting Room C2.4, November 6, 2019, 10:00 AM - 11:15 AM

Whilst ortho-geriatric units that support the management of older patients with hip fractures are well-established, little is known about other shared care models for older patients requiring acute medical management. In support of this, the Care for Older People Policy Unit within the Victorian Department of Health and Human Services (DHHS) commissioned the National Ageing Research Institute (NARI) to identify, explore and synthesise shared medical models of care for older people in hospital.

Older people with multiple co-morbidities presenting to hospital for acute medical care are commonly admitted under general medical units, which can make it difficult to provide specialist care in a timely manner. Shared models of care involve joint clinical care provided by two specialty areas, offering the opportunity for greater collaboration and the provision of holistic, patient-centred care. Additional proposed benefits of this approach include reduced clinical deterioration, more appropriate risk assessment / management, improved discharge planning and shorter length of stay. Given that older people are at greater risk of experiencing adverse outcomes during hospitalisation, maximising communication between clinical teams is vital.

A narrative scoping review was performed to map the literature regarding shared medical models of care. In addition, individual structured-process interviews were conducted with clinicians currently involved in implementing shared medical models of care for older people in Victorian hospitals. This method was employed to further understand the local actions in place to monitor and improve the healthcare provided for older people with multiple co-morbidities. Case study methodology was applied in order to illustrate the main findings and capture innovations that could be shared more broadly.

The scoping review and clinician consultations assisted in the identification of shared models of care relating to the acute medical care of older Victorians in hospital. These will be showcased during the presentation.
Hydrotherapy for osteoarthritic pain management among aged care residents: A Systematic review

Ms Sharmila Ghimire

Box Hill Institute

Background: Osteoarthritis is a major cause of pain and disability among older adults (ABS 2007-08), so has an adverse impact on the quality of living of aged care residents. Pre-existing multi-morbidity and polypharmacy, in this population, increase the complexity of pain management (Dimitroulas, Duarte, Behura et al 2015). Studies (Al-Qubaeissy, Fatoye, Goodwin et al 2015) have shown that hydrotherapy is effective in managing pain. Therefore, this review aimed to examine the effectiveness of hydrotherapy in managing osteoarthritic pain among aged care residents.

This review included trials that 1) compared hydrotherapy with any other non-pharmacological interventions among the people living with osteoarthritis in aged care facilities 2) examined pain reduction as the primary outcome and ADL, QOL, mood stability and changed behaviour as secondary outcomes and 3) were published across 10 years (2007-2017) in English language.

The search was conducted in CINHAL, Scopus, Web of Science, ProQuest Central, MEDLINE, Cochrane (CENTRAL), google scholar, Trove, ProQuest Dissertations and Theses, WHO international clinical trial registry platform and ClinicalTrials.gov, using the key terms: osteoarthritis, aged care, pain and hydrotherapy.

Studies identified were (n=479, database=461, other sources= 18). Duplicates were removed and then the title and abstract were screened for key terms. There remained 28 potentially eligible studies that were excluded based on study design (n=13), intervention (n=7), outcome (n=1) and setting (n=7). It is identified that there is a scientific evidence gap to inform the effectiveness of hydrotherapy in managing osteoarthritic pain among aged care residents. Nevertheless, with the fact that hydrotherapy can ease osteoarthritic pain and benefit several medical conditions, hydrotherapy could 1) be an effective pain management regime, 2) reduce polypharmacy and drug interaction and 3) improve the quality of older adults in aged care.

Disclaimer: This review was conducted when I was with Wollongong University.
A worrying trend: The use of 'prn' (as required) psychotropic use in aged care homes

Dr Juanita Westbury, Dr Tristan Ling, Peter Gee, Prof Greg Peterson

University of Tasmania

2E, Meeting Room C2.4, November 6, 2019, 10:00 AM - 11:15 AM

Background: The prescribing of ‘prn’, or ‘as required’, psychotropics in aged care is not recommended routinely as untrained staff decide when these medications are given, with the consequent risk of inappropriate use. The RedUSe (Reducing Use of Sedatives) program was delivered to 150 Australian aged care homes during 2014-2016. The 6-month intervention involved multiple strategies (e.g. audit and staff education) and interdisciplinary psychotropic review.

Aims: 1. To assess the baseline charting of ‘prn’, psychotropic medication and 2. To evaluate the impact of RedUSe on ‘prn’ prescribing.

Methods: Baseline measures of prn psychotropic prescribing (antipsychotics, benzodiazepines and antidepressants) were taken. Measures were compared between baseline and 6-months, with linear mixed effects models applied.

Participants: Residents from 143 aged care homes (n= 11,572) in 6 States and the A.C.T.

Results: With regards to ‘prn’ use, 30.1% of residents had a benzodiazepine charted. Much of the prescribing appeared to be ‘top-up dosing’, with half (46%) taking a regular daily dose of a benzodiazepine prescribed a ‘prn’ dose concurrently. In terms of ‘prn’ antipsychotic use, 10.8% of residents were prescribed a ‘prn’ agent. Again, a significant proportion of residents (29%) taking an antipsychotic daily were also charted for a ‘prn’ dose. Only 9 residents were prescribed an antidepressant (mirtazapine) as a ‘prn’.

Although ‘prn’ prescribing was not specifically targeted a significant reduction was observed in both benzodiazepine ‘prn’ prescribing from 30.1% to 27.8% [CI95% 25.3% -30.3, p < 0.05] by 6 months; and antipsychotic ‘prn’ charting from 10.8% to 9.4% [CI95% 8.2% - 10.1%, p <0.005) from baseline to 6-months.

This translates to relative reductions in benzodiazepine and antipsychotic ‘prn’ prescribing of 9.2% and 8.7%, respectively.

Conclusion: Charting of ‘prn’ doses is common in Australian long-term care. The RedUSe program significantly reduced ‘prn’ prescribing; however, increased focus is needed to address this prescribing practice.
Antipsychotic Use and Mortality in Older People in Residential Care

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2E, Meeting Room C2.4, November 6, 2019, 10:00 AM - 11:15 AM

Introduction: Exposure to antipsychotic medications is common among residents of aged care facilities, particularly for residents living with dementia. Antipsychotics are often prescribed in response to behaviours such as aggression or agitation, despite their limited evidence of efficacy. Antipsychotic use has been associated with serious adverse events in older people with dementia, including mortality. This study examined associations between antipsychotic use and mortality for people with and without dementia in residential aged care.

Methods: A retrospective cohort study was conducted using the National Historical cohort of the Registry of Older South Australians. This study included people who entered residential aged care between 1/4/2008 and 30/6/2015 and received at least 100 days of care (n=330,265). Exposure to typical and/or atypical antipsychotics in the first 100 days of residential care was determined from prescription claims data. Residents were followed until date of death or 31/12/2016, whichever occurred first. Cox regression models were used to examine associations between antipsychotic use and mortality. Models were adjusted for age, sex, health conditions and activity limitations.

Results: In the 100 days after entering residential care, 21.7% of residents received an antipsychotic (n=71,739 and 76.2% had diagnosed dementia). Of these, 11.7% received a typical antipsychotic, 81.1% received an atypical and 7.2% received both. Antipsychotic use was associated with higher risk of mortality in residents with dementia (Hazard Ratio (HR)=1.15; 95% confidence interval (CI) 1.13-1.16) and without dementia (HR=1.06; 95%CI 1.04-1.08). Typical, but not atypical, antipsychotic use was associated with higher risk of cerebrovascular mortality in residents with (HR=1.17; 95%CI 1.09-1.25) and without dementia (HR=1.23; 95%CI 1.11-1.37).

Conclusions: Antipsychotic use in the 100 days after entering residential aged care is associated with a higher risk of all-cause mortality in residents with and without dementia. A higher risk of cerebrovascular mortality was found for residents receiving a typical antipsychotic.
Proximity and partnerships: exploring the feasibility of residential care pharmacists

Ms Nicole McDerby1, Dr Mark Naunton1, Dr Sam Kosari1, Dr Alison Shield1, Dr Kasia Bail1
1University of Canberra

2E, Meeting Room C2.4, November 6, 2019, 10:00 AM - 11:15 AM

Quality of medicine use in residential aged care homes (RACH) is a serious issue in Australia. Existing systems to prevent medication-related miscommunication have been identified as inadequate in preventing mishap, particularly for managing hospital transitions and acute needs. Providing an additional barrier in the form of an onsite medicines expert may be a fruitful solution. The aim of this research was to investigate the feasibility of integrating a residential care pharmacist (RCP) into an established RACH.

A non-randomised controlled pilot design was used with the RCP trialled at a single RACH, and a parallel control site received usual care and services only. The RCP worked at the intervention site for 2 consecutive days for the duration of the 6-month intervention period. Baseline and follow up data were collected prior and following the intervention period.

The RCP documented 300+ activities with the most frequently conducted activities were quality improvement activities, providing pharmaceutical opinion, and comprehensive medication reviews. The RCP contributed to significantly (p<0.01) increased uptake in employee influenza vaccinations. The RCP significantly improved documentation of allergies and adverse drug reactions at the intervention site (p<0.01), no difference observed at the control site. Mean time spent on medication rounds per resident reduced from 4.8 minutes per resident to 3.2 minutes per resident per round (P < 0.05). The RCP documented an ability to manage medication problems associated with transitions of care, preventing potential adverse outcomes.

The findings of this research demonstrate that clinical pharmacist inclusion in RACH teams is feasible. This is the first Australian trial of in-home pharmacists, and replication is being sought nationwide.
Outcomes for a Dementia Risk Reduction Randomised Controlled Trial (BBL-CD)

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3A, Pyrmont Theatre, November 6, 2019, 11:30 AM - 12:30 PM

Background: Modifiable lifestyle risk factors, such as diet, physical inactivity and low cognitive engagement, are major contributors to dementia risk. To date most interventions have been aimed at stages before the onset of cognitive decline (primary prevention). However, some evidence suggests that high-risk populations with subjective cognitive decline (SCD) or mild cognitive impairment (MCI) may retain sufficient neuroplasticity to enable modification of the disease trajectory through lifestyle interventions (secondary prevention) (Mizuno et al., 2018).

Method: The study was a two-arm, single blinded, randomised controlled trial. Participants were 112 people aged 65 or over with SCD (n=109) or MCI (n=3) evaluating a multidomain intervention focussing on: dementia and health literacy; Mediterranean diet; physical activity; and cognitive engagement. The control group completed four online educational modules and the intervention group completed the same online modules as well as face-to-face practical sessions with a dietitian, an exercise physiologist and online brain training. Primary outcomes included cognition (eg. Symbol Digit Modality Test; SDMT) and lifestyle risk of Alzheimer’s disease (ANU- Alzheimer’s Disease Risk Index; ANU-ADRI) measured at baseline, weeks 9 (n=96, 86%), 20 (n=92, 82%) and 32 (n=91, 81%).

Results: Preliminary analyses using multiple regression adjusting for baseline levels of outcomes and stratification variables (gender, cognition and lifestyle risk) showed that at final time point intervention groups SDMT was statistically significantly higher (better) in the intervention compared to control group (unadjusted means - control: 41.44; intervention: 45.46; adjusted difference: 2.444, 95% CI [0.405, 4.483], p=0.019) and ANU-ADRI was marginally non-significantly lower (better) in the intervention group (unadjusted means - control: 10.13; intervention: 5.57; difference: -2.370, 95% CI [-4.799, 0.060], p=0.056).

Conclusion: Results are consistent with emerging evidence that multidomain interventions can achieve improvements in cognitive domains (Mewborn et al., 2017). This proof-of-concept study provides evidence for the benefits of interventions for people experiencing cognitive decline.
Advance Care Planning in outpatient clinics: randomised controlled trial

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3A, Pyrmont Theatre, November 6, 2019, 11:30 AM - 12:30 PM

Introduction
Advance Care Planning (ACP) could allow patients with advanced illnesses to receive patient-centred care and avoid unwanted and inappropriate hospital admissions and treatments. Hospital wards are not an ideal setting for ACP because decisions made when acutely unwell differ from decisions made when medically stable. We therefore conducted a randomised controlled trial (RCT) to determine if ACP discussions conducted in outpatient clinics reduce unplanned hospital admissions, emergency department (ED) presentations and improve patients’ health-related quality of life.

Methods
Design: pragmatic multi-centre RCT conducted in Sydney, Australia. Participants: patients with advanced illnesses attending outpatient clinics identified as being at high risk of death in 12 months by Supportive and Palliative Care Indicators Tool (SPICT).

Intervention: ACP discussions with trained facilitators.

Control: written information on ACP.

Analysis: preliminary analysis of unplanned hospital admission and ED presentation rates in a 6-month period; patients’ health-related quality of life (SF-20).

Trial registration: ACTRN12617000280303.

Ethics approval: SESLHD Human Research Ethics Committee

Results
Of the 197 patients enrolled in the study, 187 were followed up at 6-months (control=95, intervention=92). Hospital admissions/patient in the control group increased 7.1% from 0.55 at baseline to 0.59 at 6-months, compared to 18.0% reduction in the intervention group (0.61 to 0.50). ED admissions/patient increased in the control group (0.76 to 0.84, +10.5%), but decreased in the intervention group (0.82 to 0.65, -20.7%). However these findings did not reach statistical significance. The SF-20 scores were similar between the two groups at baseline except Pain. At 6 months, the intervention group had worse scores in physical functioning (p=0.04) and health perception (p=0.001).

Conclusion
Promising early data that ACP discussions with patients with advanced illnesses attending hospital outpatient clinics may reduce unplanned hospital admissions, ED presentations, but not necessarily quality of life. Follow-up at 18 months is expected to provide more definitive evidence.
Advance Care Planning in outpatient clinics: Patient and caregiver experience

Ms Kate Marshall1, Dr Mohammad Hossain1, Ms Anne Meller2, Professor Gideon Caplan2, Associate Professor Joel Rhee1,3  
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3A, Pyrmont Theatre, November 6, 2019, 11:30 AM - 12:30 PM

Introduction: Engaging in advance care planning (ACP) discussions in a timely, sensitive manner is an integral part of caring for older people with advanced illnesses. Outpatient settings may be best placed to conduct ACP as care decisions made when medically stable can differ from those made when acutely unwell. Little is understood about the ways in which ACP introduced by trained facilitators in an outpatient setting impacts people with advanced illnesses. Our aim was to characterise the ACP experience of people attending outpatient clinics and determine the feasibility and acceptability of the facilitated ACP process.

Methods: Thematic analysis of 20 semi-structured interviews with patients (n=10) and caregivers (n=10) in a randomised controlled trial of ACP for patients with advanced illness attending hospital outpatient clinics. Participants in the trial were allocated to either facilitated ACP discussions (intervention) or provided with written information only (control).

Results: Participants felt it was an appropriate time to engage in ACP for themselves or their family member; acknowledging that due to age or illness ACP would be beneficial. Overall, participants were satisfied with the ACP process; noting the session was clear, straightforward and tailored to their needs. Control patients appreciated the importance of ACP; however, after receiving information on ACP, none completed the documents, citing they were either unsure how to complete the documents or uncertain about their wishes. Control caregiver frequently reported taking on the role of organising the patient’s plan; although the majority felt that they did not have the skills or knowledge to assist. Caregivers of patients without capacity were more likely to experience challenges when seeking support from health professionals to complete ACP.

Conclusion: There is an imperative to define appropriate models of ACP intervention to assist individuals with advanced illnesses and their families as their health declines and care needs increase.
Wake-Up Call: 80% of older hospitalised patients have nocturnal LUTS.

Dr Huong Nguyen1,2, Dr Samhita Penukonda1, Dr D Michael Whishaw1, Assoc Prof Wendy Bower1,3
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3A, Pyrmont Theatre, November 6, 2019, 11:30 AM - 12:30 PM

Nocturnal lower urinary tract symptoms (nLUTS) are under-recognised, poorly investigated and rarely treated during hospitalisation despite being predictive of poor health and longer hospital stay. The study aimed to elucidate the prevalence and incidence of nLUTS in sub-acute aged-care.

Methods
Geriatrician registrars performed an audit in one tertiary referral sub-acute aged care hospital ward over a three-month period. Exclusion criteria: in-dwelling or suprapubic catheter, ileal conduit, anuria or cognitive impairment preventing recall. Patients were questioned within 48 hours of admission to establish prevalence of nocturia, nocturnal urgency, nocturnal incontinence, nocturnal enuresis and daytime incontinence. History of LUTS prior to the current hospital admission, any use of bladder medication and in-hospital discussion of urinary symptoms was established. This methodology was selected because medical notes did not report or discriminate between different nLUTS.

Results
N= 90 (46% male; mean age 82.6 (SD 7) years). Half the patients reported incontinence during the day (DUI). The prevalence and incidence of nLUTS: nocturia 79.4% and 73%; nocturnal urgency 67% and 52%; nocturnal enuresis 40% and 19%, nocturnal incontinence 60% and 20%. Only 19% older patients were free of nLUTS. Overall 74% patients experienced multiple nLUTS, with 33% reporting all 4 symptoms.

Bladder symptom history was noted in 46% patients. Incident DUI while hospitalised (i.e. no history of bladder symptoms) was 25%. nLUTS was more prevalent with co-existing DUI as compared to with no day symptoms: nocturia 98% vs 67%, nocturnal urgency 98% vs 43%, nocturnal enuresis 64% vs 7% and nocturnal incontinence 87% vs 17%.

Conclusion
Multiple nLUTS is seen in up to 80% of older patients during sub-acute hospitalisation. Study findings justify screening for nLUTS early in the hospital stay, with attention to bladder symptom history and DUI. nLUTS treatment may improve safety, sleep quality, recovery, and health care cost.
Emotion regulation and psychological distress of aged care employees

Ms Bichen Guan¹, Associate Professor Denise Jepsen¹
²Macquarie University

3B, Meeting Room C2.1, November 6, 2019, 11:30 AM - 12:30 PM

Wellbeing of aged care employees is as important as the wellbeing of elderly residents because the aged care workforce can directly determine the quality of care service delivered. Managing emotions of themselves and their residential clients can be stressful for aged care employees. The process of determining what emotions to have, and how to experience and express those emotions, is called emotion regulation. This study aims to understand the mechanism of effects of different emotion regulation strategies on psychological distress in residential aged care employees.

Structural equation modelling was used in a moderated mediation model of 256 employee survey responses from an Australian aged care provider. Results demonstrate regulating emotions of self and others have significant indirect effects on psychological distress. Suppressing emotions of self can harm one’s wellbeing via feeling emotionally exhausted. Suppressing emotions of others can harm one’s wellbeing by feeling emotionally exhausted as well as treating clients as objects, but this indirect effect only exists when the aged care worker has a stronger individualised relationship with the client. Reappraising the situations that elicit self emotions can decrease psychological distress by feeling less emotionally exhausted and treating residents not as objects.

Employee wellbeing is influenced by how they manage emotions of self and others in their daily work. Using appropriate emotion regulation strategies can help prevent psychological distress. Providing emotion regulation strategies support for employees should be considered in the aged care sector. Recommendations for managers are discussed.
Using consumer choice to reduce falls and fractures: RESPOND - a randomised controlled trial

Prof Judy Lowthian1, Assoc Prof Anna Barker2, Prof Leon Flicker4, Prof Keith Hill5, Prof Andrew Forbes2, Prof Peter Cameron1, Assoc Prof Glenn Arendts6, Prof Julie Redfern7, Dr Renata Morello2

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3B, Meeting Room C2.1, November 6, 2019, 11:30 AM - 12:30 PM

Introduction: Falls are a leading cause of emergency department (ED) presentation by older people, with many experiencing further falls. Evidence is mixed regarding effective programs that reduce subsequent falls; and patient participation has traditionally been poor, including low uptake of recommendations to attend falls prevention activities.
We tested the impact of RESPOND, a 6-month telephone-based program incorporating patient preferences.

Methods: Community-dwelling older people, aged 60-90, who presented with a fall, were recruited from two EDs in Melbourne and Perth, prior to discharge. Participants were enrolled if they could walk without hands-on assistance, were free of cognitive impairment (MMSE>23) and could use a telephone. Recruitment occurred between 1/4/2014-29/6/2015. Participants were randomised to receive either RESPOND (intervention) or usual care (control).
RESPOND comprised:
(1) home-based needs assessment, risk factor education and consumer choice
(2) 6-months telephone-based education and coaching with positive health messaging to enhance engagement and participation; goal setting and support to manage the person’s choice of ≥one of four risk factors: balance/strength, bone health, vision, sleep
(3) linkages to existing services.
Primary outcomes were falls and fall injuries in the 12-month follow-up.

Results: 541 older fallers were recruited, with 263 randomised to RESPOND and 220 to usual care. Mean age was 73 years, 55% were female. Falls rate was significantly lower in the RESPOND group: IRR 0.65, 95% CI 0.43-0.99, p=0.042. Although there was no significant difference in fall injuries (p=0.374); fracture rate was significantly lower in the RESPOND group (p=0.03). No adverse events or unintended harm were reported.

Conclusions: Using a person-centred telephone-delivered approach that provided care that was responsive to individual preferences, needs and values, RESPOND reduced falls and fractures in older fallers presenting to ED. RESPOND affords a relatively inexpensive wide-reaching opportunity to improve outcomes and reduce falls in this population.

Trial registration: ANZ CTRN12614000336684
Aged care nurse practitioner home review following emergency department discharge

Ms Sarah Kendall, Mr Craig Edlin

1St Vincent’s Hospital Melbourne

3B, Meeting Room C2.1, November 6, 2019, 11:30 AM - 12:30 PM

Introduction
St Vincent’s Hospital Melbourne (SVHM) identified increasing numbers of frail older people presenting to the Emergency Department (ED) at high risk of adverse outcomes and/or hospital re-presentations. In response, SVHM implemented an innovative pilot model of care, known as ED Rapid Response Service (RRS) to provide timely, specialist nursing and allied health home visits after ED discharge.

Method
From July 2017 to December 2018, RRS staff screened ED presenters aged >65 for geriatric syndromes and medical complexity. Identified patients were recruited in ED or by phone, and those consenting were seen at home within 48 hours by an Aged Care Nurse Practitioner and Physiotherapist / Care Coordinator, with specific skills in pain management, respiratory care, palliative care, chronic disease self-management and care coordination. ED RRS provided a Comprehensive Geriatric Assessment and approximately two weeks of support to stabilise patients at home.

Results
Over the 17 month pilot, n=79 people were contacted (approximately 24% of those identified via screening) and n=62 (78%) accepted RRS. The average age of the consenting group was 88 years, 52% were female, 58% were from culturally and linguistically diverse backgrounds and 76% had a carer. Average time to the first home visit was 3.3 days. Forty-six (75%) completed a cognitive assessment (RUDAS/MMSE) of which n=22 (35%) indicated impairment. The mean Clinical Frailty Scale score was 5 [range 2-8] and mean Cumulative Illness Rating Scale Total was 12.7 [range 6-25]. The ED 28 day re-presentation rate was 26% and average ED presentations three months before and after commencing RRS reduced from 1.95 to 0.64 per patient.

Conclusion
RRS is a novel model of care providing multi-disciplinary, rapid Comprehensive Geriatric Assessment and support following ED presentation and has demonstrated reductions in ED utilisation.
How do Home Care clients decide how to spend their package funds?

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3B, Meeting Room C2.1, November 6, 2019, 11:30 AM - 12:30 PM

Introduction
Almost half of all home care packages are reported to have unspent funds, and the average amount per client is reported to be increasing. This is important as an issue of effective expenditure of public funds, and has been the subject of public policy debate. However, there is little published research on clients’ perspectives on spending decisions. The aim of this study was to identify and explore home care package recipients’ reasons for decisions about how to use their package funds.

Methods
A qualitative study was undertaken, using semi-structured interviews exploring factors which may be influencing home care package clients’ spending decisions, including: individual-level factors; organisational (service provider) factors; and systemic factors (e.g., application and assessment processes). The study sample was selected from a single Victorian home care provider. Clients invited to take part in the study were randomly selected from within two stratified groups: those with a significant level of unspent funds, and those without. Thirty (30) semi-structured interviews were completed with the package decision-maker (client and/or the client representative). Interview transcripts were analysed to determine emerging themes, using a grounded theory approach.

Results
The key factors that influence home care package clients’ spending behaviours will be described. Preliminary results indicate a range of significant factors, such as: initial pathways to obtaining a package; knowledge and understanding of different package levels and funds; attitudes to spending; service provision experiences; and forward planning considerations.

Conclusions
Understanding the views and experiences of home care package clients is of critical importance to clarify the extent to which unspent funds result from conscious choices by clients, provider practices, and/or systemic issues such as automatic upgrading or assessment processes which are failing to characterise needs appropriately. This understanding will support improved home care package policy and practice.
Home Care Packages and social isolation among older adults

Dr Julie Dare¹, Dr Leesa Costello¹, Ms Lisa Hasson¹, Associate Professor Mandy Stanley¹, Ms Michelle Jenkins²

²Edith Cowan University, ²Community Vision

3C, Meeting Room C2.2, November 6, 2019, 11:30 AM - 12:30 PM

The Commonwealth Government’s Home Care Package (HCP) model provides support services to enable older people to remain living at home for as long as possible and desirable. HCPs are funded through a mix of income-tested personal contributions and government contributions, with eligible individuals allocated a budget to ‘purchase’ services. This ‘user-pays’ model has the potential to influence the services purchased, as some older people may be restricted to using medical (e.g. wound care) and instrumental (e.g. house cleaning) services, rather than services that support them to socially engage with their community. This may limit some older people’s ability to remain connected with their community. Given the significant body of evidence highlighting the importance of social participation and connectedness to older people’s physical, psychosocial and cognitive health and wellbeing, the potential for HCPs to inadvertently increase the risk of social isolation, particularly for those already vulnerable to isolation through living alone and low socioeconomic status, is a concern. It is important therefore to understand how older people prioritise the HCP services they select, and, more specifically, what value they place on services available through HCP that may be useful in promoting social engagement and connections. This presentation will provide preliminary results of a qualitative exploratory study conducted in Perth’s northern suburbs. In-depth individual interviews were used to explore the type of services (instrumental, medical and social) used by older people as part of their HCP, and the factors that influence their selection of these services. The interviews also considered whether the use of a HCP has the potential to inadvertently increase the risk of social isolation for some older people. With consumer-directed care becoming an increasingly significant model for aged care, this research provides important and unique insights for agencies involved in delivering HCPs to older people.
Social engagement in older age as neighbourliness

Ms Jo Conaglen

1Auckland University Of Technology

3C, Meeting Room C2.2, November 6, 2019, 11:30 AM - 12:30 PM

The aim of this interpretive phenomenology study is to understand the everyday experiences of engagement as told by adults 85 years and older. Eligible participants were community dwelling, actively engaging in their community, and able to discuss recent life activities and able to converse in English. Participants were purposively recruited via advertisements and inner-city community-based organisations. The 15 volunteers, 9 women and 6 men aged 85-96 years, lived alone (n=10) or with their spouse (n=5). In-depth individual interviews were conducted in people’s homes, recorded and transcribed verbatim. Participant-validated stories were drawn from the interview transcripts and analysed to identify themes. An iterative thematic analysis was used to analyse the data. Ethics approval was granted by AUT ethics committee.

This paper presents the results of one theme: Being neighbourly. The multiple dimensions of being neighbourly are told through the stories of being called to care. The sub notions: ‘helping’ as doing what is right when called to care for others. ‘Being purposeful’ is finding meaning in giving or contributing to others. ‘Gathering’ comes from a desire to be with others where opportunities for being neighbourly exist. The phenomenological lens used in this study kept the meaning of engagement open to being explored beyond its taken-for-granted meaning of ‘doing’ things with and for others to show engagement as a way of ‘being’ in relationship with neighbours.

This study shows the subtleties of everyday engagement by adults in advanced age. Engaging with and contributing to a sense of community through neighbourliness is not formally recognised or valued in the age- friendly literature or within age-related policy and thus goes unnoticed. Supporting older adults to age-in-place requires local policy makers and health providers to recognise and support neighbourliness as a form of social contribution.
Enhancing quality of life (QOL) is a primary goal of aged care services. Quality of life is dependent on a person’s culture and value systems, therefore Indigenous knowledge systems must underpin wellbeing resources for Aboriginal Australians. Despite this, there are no culturally informed quality of life measures or strategies developed by and for older Aboriginal Australians. This study aims to address this gap.

The Good Spirit, Good Life package was co-developed with older Aboriginal people and service providers in Perth, and adapted in Melbourne using a Participatory Action Research approach. Thematic analysis identified 12 items for the draft tool: community; culture and identity; elder role; supports and services; spiritual beliefs; family and friends; country; health and happiness; future planning; safety and security; respect; and basic needs. Quantitative data was collected in Perth and Melbourne by Aboriginal researchers administering the survey instrument. Purposive sampling ensured a range of cognition. Factor analysis is being completed for item reduction.

Initial analyses were completed based on responses from the first 50 participants aged 48-92 years, 82% women. Five factors were extracted through principal component analysis, with all 12 items contributing to the simple factor structure with a loading > 0.5. The initial factor labels are: culture; external factors; country; empowerment and respect; and basic needs. Eigen values indicate that the first three factors account for 54% of the variance.

The 12 Good Spirit, Good Life tool items are based on the quality of life priorities of older Aboriginal Australians. Initial analyses identified five distinct factors underlying tool response. Item reduction will be completed based on the larger dataset, and final tool items presented.
Lifelong learning opportunities through digital storytelling

Dr Simone Hausknecht
University of Sydney

Lifelong learning can be valuable for older adults’ personal growth and engagement with life. Throughout history, storytelling has been an important method for sharing knowledge and lived experiences. With the advance of technology, storytelling can be extended to incorporate multimedia aspects and can be shared within local or global communities. This research reports on the results of 15 offerings of a digital storytelling course for older adults. The course took place in Vancouver, Canada, and consisted of 2-hour sessions over 8-10 weeks. Participants created digital stories of events or themes in their lives. Data collection involved a post-course questionnaire and focus group interviews. A thematic analysis was conducted on the open-ended questions and the focus group interviews. A total of 98 older adults (age 50-90+) were included in the study. Most of the participants reported an increase in digital literacy skills (91%). In addition, the open-ended responses exposed an appreciation for the facilitation, increased social connections, and learning something new. The learning reported in the focus group interviews was multifaceted with participants learning about themselves, their family, and other participants’ life histories and perspectives. Another theme that emerged was social connections through shared experience and storytelling. This included the value of being given an opportunity to share their stories with others and in return hear and learn from other’s stories. Participants reflected upon their lives and reconsidered past events, restorying these through the multimedia process. Some challenges with learning the technology and time commitments also emerged. These were paired with feelings of accomplishment once their digital stories were complete. The final artefact was perceived as being an opportunity to leave a story legacy. Digital storytelling can provide an opportunity for lifelong learning and social connections. It allows for a restorying and reframing of past events.
New ways of knowing and measuring loneliness

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¹Edith Cowan University

3D, Meeting Room C2.3, November 6, 2019, 11:30 AM - 12:30 PM

Introduction
Recent systematic reviews have identified that loneliness is a major public health issue contributing to health risks as much as smoking and sedentary behaviour. Whilst loneliness is not necessarily a feature of old age, older people are much more vulnerable to loneliness due to living with chronic ill health conditions, reduced mobility or reliance on others for transport, or loss of significant relationships.

Method
In this paper we examine the existing measures of loneliness, and critique them in light of information about 5 different dimensions of loneliness (Stanley et al, 2010).

Results
We identified 7 measures commonly used in studies with loneliness as a variable. The UCLA loneliness is the most commonly used however the De Jong-Gierveld Loneliness Scale has stronger psychometric properties. The majority of measures have been predominantly used with young adults. All measures accounted for the dimensions of connectedness and relational. None of the measures address all 5 dimensions of loneliness with the temporal dimension most notably absent.

Conclusion
By mapping the scales against the dimensions of loneliness researchers can determine which aspects of loneliness they have in focus. Either a new measure or adjustments to current measures is urgently needed in order to account for all of the dimensions of loneliness particularly the temporal dimension. Further psychometric development of any modified measures will be required with validation for use with older people.

References
Salivary Cortisol Responses to an Art Gallery Intervention in Dementia

Mr Nathan M. D’Cunha1,2, A/Prof Andrew J. McKune1,2,3, A/Prof Stephen Isbel1,2, Dr Jane Kellett1,2, Dr Ekavi N. Georgousopoulou2,4,5, Dr Nenad Naumovski1,2

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3D, Meeting Room C2.3, November 6, 2019, 11:30 AM - 12:30 PM

Art and Dementia programs are becoming popular worldwide in response to the need for engaging and interactive activities for people living with dementia. This study aimed to explore the effect of the National Gallery of Australia (NGA) Art and Dementia program on salivary cortisol (SC) and interleukin-6, as markers of stress and inflammation. Twenty-five participants completed the study protocol, however, only 22 participants (16 female; mean age 84.5 ± 7.16 years) provided viable saliva samples. Saliva was collected at four-time points (‘Waking’, ‘30 min post-waking’, ‘60 min post-breakfast’, and ‘evening’ (45 min post-dinner)), at baseline, post-intervention, and six-week follow-up. The intervention involved weekly attendance at the NGA program over six weeks in small groups with an NGA educator trained to facilitate discussion of works of art for people living with dementia. The data was not normally distributed and analysed using non-parametric methods. The Bristol Activities of Daily Living scale (/80) indicated participants had a moderate level of functional ability (18.0 (14.3, 26.8)). The SC levels were not significantly different at all time points throughout the study (All p’s > 0.05). The waking to evening (WE) SC ratio was also calculated and varied across time points (Baseline: 1.35 (1.19, 1.63), Post Intervention: 1.72 (1.54, 1.96), Follow-up: 1.44 (1.22, 1.79); p = 0.016). The WE SC ratio was higher between baseline and post-intervention and follow-up, but this was not statistically significant (p = 0.060). The Interleukin-6 levels did not differ (p = 0.664) across time points. Lower WE SC ratio, also recognised as a flattening of the diurnal cortisol rhythm, is associated with hypothalamic-pituitary-adrenal (HPA) axis dysregulation. The findings of this study justify a larger controlled trial to confirm if HPA axis function is moderated through participation in an Art and Dementia program.
Challenges of observing mood in people with severe dementia

Dr Margaret MacAndrew¹, Professor Elizabeth Beattie¹, Dr Kimberly Van Haistma², Dr Elaine Fielding¹, Ms Katy Wyles¹

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3D, Meeting Room C2.3, November 6, 2019, 11:30 AM - 12:30 PM

Ten long term care residents with severe dementia who were known to walk excessively and enter the private space of others participated in a three week trial that involved listening to a selection of their preferred music for 20 minutes daily. During each intervention that was commenced, mood was observed (n=92 observations) in real time using Noldus Pocket Observer, a software package traditionally used to code behaviour from video footage. We used the Observed Emotion Rating Scale to classify mood states: interest, pleasure, joy, neutral, sadness/depression, anxiety/fear and anger. Rhythmic movement and happy tears were added to capture anticipated mood associated with listening to music. Despite utilising gold standard methodology for training observers to recognise and code the nine mood states in real time and observers achieving 100% recognition in post training testing, the inter rater reliability (IRR) (n=11 observations) for observing the mood states had greater variability in duration of mood observed (range 6%-11% discrepancy) than excepted. Recognition of interest and rhythmic movement had the greatest disparity. When the observations were coded for broader categories of positive, neutral and negative mood, the disparity in mood duration between observers decreased to only 1-2% within these categories. While the percentage of disparity for recognising the nine mood states compared with the aggregated positive/neutral/negative mood was not significantly different, this experience suggests that recognising and coding mood observations in older people with severe dementia beyond broad categories can be challenging during real time observation. Methodological implications of this will be discussed.
Ageing Well: new ways of knowing and doing in a rural community

Dr Melissa Nott\textsuperscript{1}, Dr Kristy Robson\textsuperscript{1}, Dr Kylie Murphy\textsuperscript{1}, Professor Rodney Pope\textsuperscript{1}, Associate Professor Michael Curtin\textsuperscript{1}

\textsuperscript{1}Charles Sturt University

3D, Meeting Room C2.3, November 6, 2019, 11:30 AM - 12:30 PM

Introduction: This pilot trial examined the feasibility and effectiveness of an ‘Ageing Well’ community-based program for improving cognitive skills and mobility of rural older people. New ways of knowing and doing were integrated into this co-created community-based program.

Design & setting: This non-randomised, waitlist-controlled pilot trial was conducted at a university clinic in regional NSW.

Participants: 23 community-dwelling adults aged 60+ who had begun to experience a decline in their physical and/or cognitive abilities.

Interventions: Novel dual-task activities simultaneously challenged participants’ motor and cognitive abilities. Activities were co-created with program participants and student facilitators, with a focus on novelty and engagement. Student facilitators encouraged participants to progress through increasingly complex functional tasks in a range of contexts, including indoor and outdoor obstacle courses, a café, supermarket and a simulated ‘home’.

Main outcome measures: Participants’ self-rated performance ability and satisfaction was evaluated using the Canadian Occupational Performance Measure (COPM). The Patient Reported Evaluation of Cognitive State (PRECiS) measured the impact of an individual’s cognitive state in terms of how much they were ‘bothered’ by problems with their cognition. Functional mobility was measured by the Timed Up-and-Go (TUG), a test of static and dynamic balance, and the Six Minute Walk Test (6MWT).

Results: Intervention participants’ PRECiS ratings in relation to impacts on their performance of everyday skills improved substantially, whereas the control group did not change ($p=.04$, $\eta^2 =.18$). Intervention participants walked 12\% further in the 6MWT post intervention, while the control group distance did not change ($p=.06$, $\eta^2 =.16$). Ageing Well participants reported significant improvements in COPM performance and satisfaction.

Conclusions: There is strong interest in this novel dual-tasking program among older community-dwelling residents in this rural setting. The results of this pilot study support the feasibility and effectiveness of the Ageing Well program. Further studies are warranted.
Policy impacts on the supply of retirement community housing

Ms Lois Towart¹
¹University of Technology Sydney

3E, Meeting Room C2.4, November 6, 2019, 11:30 AM - 12:30 PM

The desirability of increasing the supply of retirement housing to meet Australia’s ageing population has been well articulated. The current supply meets the heterogeneity of Australian seniors through a variety of accommodation types, locations and price points. Commonwealth, state and local government policies since the 1950s have stimulated and influenced this supply of retirement housing.

Primary research comprised semi-structured interviews with operators and financiers of housing in retirement communities, including retirement villages, manufactured home estates and age segregated rental accommodation.

Supply reflects current and historical policies; a feature of retirement villages and rental accommodation is that properties once constructed often remain in use and are repurposed to meet current needs. Policies have been directly focused on the sector including grants for capital construction under the Aged Persons Homes Act 1954 and Taxation Ruling 94/24 which stimulated supply. Indirectly, aged care policies influence supply through the business models of operators of tri-level care (independent, home and community, high and acute). These aged care policies influence the financial viability of the varying levels of care delivery. This results in changes to the supply of retirement community accommodation where operators also deliver home and residential care services. Lack of policy influences supply with the increasing popularity of manufactured home estates as retirement accommodation. The growth of the sector has taken advantage of planning frameworks permitting these properties outside urban areas.

All operators exist in a competitive commercial environment, their decisions on new supply are influenced by other operators within a regional area. Policies benefiting one type of operator influence other operators through this competitive market.
Longer working lives and social policy. Is productivist welfare good for older people?

Prof Philip Taylor\textsuperscript{1}
\textsuperscript{1}Federation University Australia

3E, Meeting Room C2.4, November 6, 2019, 11:30 AM - 12:30 PM

This session will focus on hearing from and about older Australians and others who are socially and economically disadvantaged and maybe stand to lose more than they will gain by the present prolonging working lives agenda. It will include, for example, people who maybe do not want to work into their 70s as they are all ‘worked out’ by the time they meet the current age at which they can receive an age pension. It will explore what ‘working longer’ means for those from lower SES groups, those in insecure jobs, those whose jobs are at risk due to the ‘fourth industrial revolution’, those in poor health, and the long-term unemployed. The present policy discourse, and one that has been taken up by older people’s advocates largely without dissent, is that a prolongation of working lives is a good thing for individual workers and ageing societies facing the prospect of higher welfare costs. But this overlooks those for whom this is a near impossibility or who find themselves in poor quality jobs. The alternative to retirement for such people is then nominal labour force engagement without a realistic prospect of employment or continued employment in jobs that may not be conducive to ageing successfully. A more nuanced debate is necessary and politically timely.
Communication impairment: the effects on wellbeing and participation

Ms Trish Johnson¹, Ms Kym Torresi¹
²Speech Pathology Australia

3E, Meeting Room C2.4, November 6, 2019, 11:30 AM - 12:30 PM

Being able to communicate is fundamental to our quality of life, including our ability to be able to participate meaningfully in social interactions, form and maintain relationships, exercise our right for choice and control, be able to understand information presented to us, and to be able to make a complaint, report substandard care and/or abuse. Many older people experience communication difficulty secondary to a range of conditions including hearing impairment, stroke, degenerative disease and dementia. Services to support the communication needs of older Australians are limited, increasing the vulnerability of this population group and limiting their potential to continue to exercise their autonomy.

This presentation will discuss the impact of communication impairment on daily life, psychosocial wellbeing, including the display of behaviours of concern, access to health services and the ability to report abuse. The vulnerability of older people who experience communication difficulties will be illustrated using case examples. The power imbalance often faced by this population across community, social and health sectors will be discussed with reference to the intersect between age stereotypes, the use of ‘Elderspeak’, and the Communication Predicament of Ageing Model.

Within ongoing aged care sector reform based on a person-centred approach, policy must reflect appropriate access to evidence based supports for older Australians who experience communication impairment.
Supported decision-making to assist older persons experiencing elder abuse: Systematic Review

Dr Kasia Bail

3E, Meeting Room C2.4, November 6, 2019, 11:30 AM - 12:30 PM

Introduction. World Health Organisation estimates 10 percent of older adults experience elder abuse, highlighted as a serious human rights issue. The Australian Government suggests ‘supported decision making’ (SDM) to advocate for this group: which recognises the equal right to make decisions and have those have decisions respected, and demands affected persons be supported to do so. This contrasts with substitute decision making and the restrictive binary interpretations of ‘legal capacity’. The enactment of, and effectiveness of SDM is less clear.

Aims. Explore evidence on the effectiveness of SDM for older people experiencing elder abuse.

Methods. A systematic review conducted in accordance with Preferred Reporting Items for Systematic Review and Meta-Analyse guidelines (PRISMA). Primary empirical studies in English since 2008 were subject to content analysis by two independent researchers regarding research on supported decision making in: older people; people with mental illness; or intellectual disabilities.

Results 509 articles were identified, with 20 meeting inclusion criteria. Analysis revealed four themes: (a) personal and environmental factors, (b) relationship between decision maker and support person, (c) information and training, and (d) models and frameworks to aid assessment.

Conclusions and significance Supported decision making was considered effective in the limited studies available, but its provision is a complex and multifactorial process that requires a deep understanding of the person, their social context, emotional, cognitive and overall health status. Decision-making experience, co-existing conditions and emotional factors were found to be significant contextual factors which could either enable or inhibit supported decision-making. Time investment in the relationship, risk management and influence considerations were particularly important for the training of professional supporters.
Improving mood through physical activity for carers and care recipients

Assoc Prof Briony Dow1,2, Dr Susan Malta2, Ellen Gaffy1,3, Dr Melissa Russell2, Sue Williams1, Dr Kirsten Moore4, Professor Nicola Lautenschlager1,5, Dr Samantha Loi1
1National Ageing Research Institute, 2University of Melbourne, 3Latrobe University, 4University College London, 5Royal Melbourne Hospital

5A, Pyrmont Theatre, November 6, 2019, 2:30 PM - 3:45 PM

The aim of this study was to investigate effects on depression of a 6-month individually tailored home-based exercise program for caregivers, designed to be done with the person they care for. Ninety-one caregiver-care recipient dyads and 30 caregiver-only participants (caregivers scoring ≥4 on the 15 item Geriatric Depression Scale (GDS-15)) were randomized into one of three groups: exercise intervention (n=50, 34 dyads and 16 caregiver only), social support control (n= 50, 42 dyads and 8 caregiver only) or usual care control (n= 21, 15 dyads and 6 caregiver only). The exercise group completed an individualised program based on the Otago-plus. The primary outcome was the proportion of participants with GDS-15 ≤4. Outcome assessors were blinded to group assignment.

There were no significant difference in depression between the physical activity intervention group and the social control (OR 1.06, 95% Confidence Interval (CI) 0.44, 2.56) and the physical activity intervention group and the usual care control (OR 1.51 95% CI 0.46, 4.94) at six months or at 12-months. However, more than 50% of caregivers in all three groups no longer had a GDS-15 score >4 at 6 months. Sub-group analysis revealed that after 6 months caregivers in the exercise group caring for someone with an MMSE ≥24 were significantly less depressed than those caring for someone with an MMSE score of <24 compared with social (p value <0.02) and usual care groups (p value < 0.02). A dyad exercise intervention may be beneficial for those caring for someone without cognitive decline.
How to make a MARC: outcomes of the first MARC evaluation

Ms Debra O’Connor¹, Dr Frances Batchelor¹, Ms Susan Williams¹, Assoc Prof Briony Dow¹, Professor David Dunt²
¹National Ageing Research Institute (NARI), ²University of Melbourne

5A, Pyrmont Theatre, November 6, 2019, 2:30 PM - 3:45 PM

The Melbourne Ageing Research Collaboration (MARC), a partnership of 16 organisations, was initially formed in 2014 and has continued to grow, with substantially increased funding from 2017. Such a broad collaboration across ageing research is a new phenomenon and this presentation focuses on the outcomes that have been uncovered as part of an external evaluation process. A specific focus on knowledge translation and the challenges of working in a collaboration to translate knowledge into practice and policy will be presented. The evaluation has found a number of factors that can complicate research in a collaboration, including: a) the increasingly bureaucratic overlay of research governance (for example site specific compliance) imposed at every research site which hinders a collaborative model; b) the use of research language by clinicians, researchers and policy makers is not always consistent and may reflect varying definitions of outcomes and research methods; and c) as a collaboration of organizations partners can have differing outcome agendas. All these factors can increase the time taken to agree on research focus and design. Additionally, research pathways for collaborative, multi-site research are complex because clinical trials and single site research projects are the assumed norm. This presentation will also consider some of the elements needed to succeed in a broad collaboration focussed on ageing research and some of the proactive steps that can be taken to prepare for the challenges in undertaking collaborative, translational research.
Learning to use a cane in people with mild to moderate Alzheimer’s dementia: Effect on gait and cognitive demands.

Prof Keith Hill¹, Assistant Professor Susan Hunter², Assistant Professor Walter Wittich³, Humberto Omana², Dr Andrew Johnson², Dr Jeffrey Holmes², Dr Alison Divine³

¹Monash University, ²University of Western Ontario, ³Université de Montréal, ⁴University of Leeds

Introduction: There is growing recognition that use of a gait aid, particularly as a novel activity, may be considered dual task, and compromise stability for people with cognitive impairment. Study aims were to evaluate in healthy controls, and people with Alzheimer’s dementia (AD) changes in gait while using a cane under various walking conditions; and cognitive and gait costs associated with concurrent cane walking while multi-tasking.

Method: Seventeen participants with AD (age 82.1±5.6) and 25 healthy controls (age 70.8±14.1) walked at self-selected speed using a single-point cane in a straight (6 meter) and a complex (Figure-of-8) path under three conditions: single-task (no aid), dual-task (walking with aid), and multi-task (walking with aid counting backwards by ones; no instructions on task prioritization given). Accelerometers recorded velocity and stride time variability. Cognitive performance was evaluated single-task (sitting) and during the multi-task condition. Two-way repeated-measures ANOVAs adjusted for age were used to analyse study aims. A performance-resource operating characteristic graph of gait cost versus cognitive task visually presented task trade-offs.

Results: Gait velocity significantly slowed for both groups as task complexity increased, AD walked slower compared to controls across all test conditions (p<0.001; Cohen’s d>0.80). Stride time variability was greater in AD with observed statistical differences between groups for Figure-of-8 single-task (p=0.009) and multi-task conditions (p<0.001). Overall, multi-tasking decreased gait and cognitive performance for both groups. During straight path multi-tasking, both groups showed similar self-prioritization towards the gait task; while for the Figure of 8 pathway, the AD group prioritized the cognitive task over the gait task.

Conclusions: Learning to use a cane demands cognitive resources that lead to detrimental changes in velocity and stride time variability, most pronounced in people with mild to moderate AD. Future research needs to investigate effects of mobility aid training on gait performance for people with AD.
Antipsychotic Use Before and After Entry to Residential Aged Care

Dr Stephanie Harrison¹, Catherine Lang¹, Prof Craig Whitehead², Dr Janet Sluggett¹, A/Prof Maria Inacio¹
¹South Australian Health And Medical Research Institute, ²Flinders University

SA, Pyrmont Theatre, November 6, 2019, 2:30 PM - 3:45 PM

Introduction: Antipsychotics are frequently prescribed in residential aged care in response to behaviours such as agitation and aggression. This is despite previous research suggesting that antipsychotics have a limited effect for these behaviours. Antipsychotics are also associated with serious adverse events in people living with dementia. The extent to which antipsychotics are first initiated in residential aged care is unknown. The objective of this study was to examine antipsychotic use before and after entry to residential aged care among older Australians.

Methods: A retrospective cohort study was conducted using the National Historical cohort of the Registry of Older South Australians. The study included Australians aged ≥65 years who entered residential aged care between 1/4/2008 and 30/6/2015 and spent at least 100 days in care (n=330,265). Medicines dispensed in the 12 months before and after entering residential care were examined to determine changes in antipsychotic use at quarterly intervals.

Results: In the three months following entry to residential aged care 21.1% (95% confidence interval (CI): 21.0-21.2, n=69,707) of residents were dispensed an antipsychotic. Of these residents, 76.4% (n=53,265) had diagnosed dementia and 40.4% (n=28,151) had not received an antipsychotic in the 12 months prior to entering residential aged care. Antipsychotic use remained relatively stable in the 12 months after entry to residential care (20.7% at 6 months and 21.4% at 12 months). Of those residents who had first received an antipsychotic after entering residential aged care, and were alive at 12 months, 68.2% (n=14,178) were dispensed an antipsychotic between 9 and 12 months after entering residential aged care.

Conclusions: Many residents taking an antipsychotic have not received these medicines before entry. Increased support and non-pharmacological strategies may be needed for older Australians living in the community and for those transitioning to residential aged care to limit the need for antipsychotic treatment.
Increasing chronic disease: Ageing as a potentially reversible risk factor

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5A, Pyrmont Theatre, November 6, 2019, 2:30 PM - 3:45 PM

Background: Most chronic diseases and multi-morbidity increase in old age. We aimed to quantify Australian nationwide trends of prescription and hospitalisation rates for cancer, cardiovascular and gastrointestinal diseases over a 24-year period (July 1993–June 2017). We characterised the impact of age on rates of hospitalisations.

Methods: Prescription data were obtained from publicly available Pharmaceutical Benefit Scheme database. Hospitalisations with principle diagnoses of cancer, cardiovascular or gastrointestinal diseases were extracted from Australian Institute of Health and Welfare National Hospital Morbidity Database. Australian population estimates were obtained from Australian Bureau of Statistics. Age-specific incidence rate ratios (IRR) were assessed using negative binomial regression models.

Results: Between July 1993 and June 2017, cancer prescriptions increased almost 10-fold from 491,361 to 4,132,703. Cardiovascular and gastrointestinal prescriptions increased 3-4 fold from 27,176,141 to 90,447,071, 13,885,318 to 41,307,371 respectively. Cancer, cardiovascular and gastrointestinal prescription rates (per thousand population) increased from 27.6 to 168.0, 1526.3 to 3676.4, 779.8 to 1679.0 respectively. Annual expenditure for these medications increased from $0.933 billion to $5.92 billion over the study period. Over the 24-years, hospitalisations due to cancer, cardiovascular or gastrointestinal diseases increased from 301,925 to 684,075, 372,858 to 576,515, 539,046 to 1,059,981 respectively. Population-adjusted hospitalisations rates for cancer, gastrointestinal and cardiovascular diseases increased by 64.0%, 42.3%, 11.9% respectively. For every 10-year increase in age, the rate of hospitalisation due to cardiovascular disease increased by 102.7% ([IRR]=2.027; 95%CI=2.010-2.044; p<0.001). Hospitalisation rates for cancer and gastrointestinal disease increased by 67.1% and 27.0% per decade of life respectively. (Cancer:[IRR]=1.671; 95%CI=1.655-1.687;p<0.001, Gastrointestinal:[IRR]=1.270; 95%CI=1.261-1.279;p<0.001).

Conclusions: Age is a strong risk factor for hospitalisations due to cancer, cardiovascular and gastrointestinal diseases. Prescription and hospitalisation rates due to these conditions continue to rise with significant healthcare costs. There is a growing need to develop treatment strategies that target fundamental mechanisms of ageing to reduce the burden of age-related diseases.
An Emerging Geography of Ageing and Aged Care

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¹University Of Technology Sydney

5B, Meeting Room C2.1, November 6, 2019, 2:30 PM - 3:45 PM

Purpose
The Aged Care Royal Commission is generating awareness of many key issues affecting Australia’s ageing population. Older people live mainly in community contexts and, while cheaper than institutional care, this compounds a variety of logistical issues important for service delivery. Aged care clients and services are unevenly distributed in space. The formal and informal costs of care are rising. How do we resource, track, manage and intervene effectively? This paper explores a spatial data analysis and visualisation approach to these problems.

Methods
This project extends prior doctoral research using geographic information systems analysis by taking a data visualisation approach to population ageing and its systemic implications. This includes recent demographic data projections for New South Wales, disease modelling and also current service distribution and gap identification. The result is a highly visual approach for engaging with the dynamic nature of ageing and disability in New South Wales. It utilises geographic information system software and the Power BI data visualisation environment to support inquiry and engagement.

Lessons Learned
Data visualisation is a powerful tool for improved understanding of the complexities associated with the health, ageing and disability environments. The intersectionality of population ageing and service provision is highly variable across space and this has implications for future care provision. Understanding of the innate complexity of the health-ageing-disability and service provision nexus is facilitated by the growing power of data visualisation software and its application. This includes the inclusion and analysis of multiple service providers and population disease estimates (e.g. RACFs).

Implications
As the ageing, health and disability sectors grow and change, tracking and understanding their complex interactions will become ever more important. Data visualisation supports the representation and analysis of the multiple provider types operating in this sector, their client needs and the dynamic nature of this complex policy domain.
Developing Dementia Practice Leadership - A Change Champions Approach

Mr Jason Burton¹
¹Alzheimer's WA

5B, Meeting Room C2.1, November 6, 2019, 2:30 PM - 3:45 PM

Identifying the need to close the continuing gap between knowledge acquisition and practice implementation in dementia care, a new approach to dementia training and workforce development on the "adoption" and "adherence" end of the knowledge translation scale has been undertaken in Western Australia. In partnership with Government, and in response to a self-identified need by the aged care sector, Alzheimer’s WA has developed a Dementia Change Champion program to address a disconnect that exists between staff undertaking training and translating this new knowledge into practice. The program is designed to develop dementia specialist practice leaders and change agents in dementia care who become a learning and practice development resource for their care environment or organisation. The Dementia Change Champions role is to be a driver of practice change, implementing of person centred culture change and the organisation's "go to" resource for information, education and dementia development.

Over 150 Champions have graduated since the inception of the program in 30 aged and disability care organisations and 10 hospitals making this the largest dementia leadership program of its type in Australia. Unique features of this program include the requirement of the organisation to commit to supporting the Champion role, development of action plans, an intensive training and mentorship program for the Champion, an alumni providing the Champion with a broad network of support and learning, ongoing support and mentorship form the program, online network and learning opportunities, an ongoing registration requirement to remain a Champion and a strong train the trainer model that equips the Champion to fulfil their role as a practice leader in dementia care in their organisation.

This presentation will explain the Champions development pathway, share findings from an evaluation of the program outcomes and share learnings about the benefits of investing in leadership programs in the sector.
Dementia delirium volunteers improving quality of care in rural hospitals

Ms Annaliese Blair, Ms Catherine Bateman1,2, Dr Katrina Anderson1,2
1Southern NSW Local Health District, 2Cognitive Decline Partnership Centre

5B, Meeting Room C2.1, November 6, 2019, 2:30 PM - 3:45 PM

Background:
Hospitalised people with cognitive impairment such as dementia and delirium are at heightened risk of adverse outcomes and the hospital environment can be frightening and stressful for them. Providing person-centred care to people with cognitive impairment in hospital is recognised as best practice and results in better outcomes, for both the person and their carer. However, the ability of hospitals to provide person-centred care has remained patchy and limited. This is largely attributed to task-oriented and medically focused systems of care, environments not conducive to supporting care, time constraints, staffing limitations, and lack of knowledge and understanding by staff of the care and communication needs of people with cognitive impairment. To address this gap, the current study aimed to:
1. Explore the ability of trained volunteers to provide person-centred care focusing on nutrition/hydration support, hearing/visual aids, and activities in rural hospitals for older patients with dementia and/or delirium.
2. Explore the impacts and challenges of volunteer care for family carers and hospital staff.

Methods
Staff were surveyed on care confidence, stress and satisfaction at 6 months post-implementation. Focus groups with staff and interviews with families explored program successes, challenges, and enabling factors.

Results
Volunteers integrated themselves into the care team providing person-centred care, increased safety and quality of care for patients and were an “extra pair of hands”, reducing care burden for staff and importantly for families “for me, knowing someone was there ... I can't even tell you what a benefit that was”.
Key enablers were clear processes for screening, training and supporting volunteers. Key challenges included initial role delineation, staff/volunteer trust and sustainability.

Conclusion
The program is reported by families and staff as effective in addressing the main barriers to providing person-centred care for older adults with cognitive impairment in rural acute hospitals.
Mapping Identity in Real and Virtual Formats: AR Map of Me

Dr Zi Siang See, Prof Lizbeth Goodman, Dr Tara Boath Mooney, Ms Wooi Har Ooi, Professor Craig Hight

SMARTlab, SMARTlab, SMARTlab, SMARTlab, School of Creative Industries

5B, Meeting Room C2.1, November 6, 2019, 2:30 PM - 3:45 PM

In 2013, an estimated 44.4 million people were living with Dementia (PWD) worldwide. This number is set to increase to an estimated 75.6 million by 2030. (Alzheimer’s Europe (2014). ADI (2013)). Many People with Dementia live at home and are cared for by spouses or partners/adult children/friends or professional carers who can experience significant social isolation. We propose a bespoke set of technology solutions to alleviate the isolation for both ‘cared for’ and ‘carer’ whilst providing additional supports to PWD in easily accessible, memory-triggering formats, using interactive storytelling as the key.

The authors set out a novel use of Augmented Reality to take the important results and model of the ‘Map of Me’ project into the digital domain. This exemplary project in the domain of ‘real world’ creative smart-ageing interventions is Tara Boath Mooney’s PhD project ‘The Map of Me’: The journey of my lived experience through clothing (Tara Mooney 2019 for the University of Wolverhampton. This groundbreaking project looks at the inter-relationship between three pwd (and their carer/partner(s) through the lens of ‘cherished garments’ and bears witness to moments of personhood and sense of self for individual participants and participants within those ‘caring inter-relationships. Mooney demonstrates through her work that, just as clothing inhabits our daily lives as an embodied daily practice (Entwhistle, 2000), so too can garments and the habits which surround them occupy much of our lived experience. The use of cherished garments as receptacles of embodied lived experience can be seen as an ecopsychosocial intervention (Zeisel, J. 2016) ripe for digital augmentation.

In this paper, the authors look back on the key findings of Mooney’s study, outline and demonstrate a prototype digital intervention that can take the captured knowledge and method, and prepare a design specification for Digital Mapping of Agency in the AR-Map of Me.
Older lesbian and gay adults’ experiences and perceptions of aged care services

Dr Andrea Waling1, Associate Professor Anthony Lyons1, Dr Beatrice Alba1, Professor Victor Minichiello1,2, Dr Catherine Barrett3, Professor Mark Hughes4, Professor Karen Frederiksen-Goldsen5, Ms Samantha Edmonds6

1La Trobe University, 2Queensland University of Technology, 3Alice’s Garage, 4Southern Cross University, 5University of Washington, 6National LGBTI Health Alliance

5B, Meeting Room C2.1, November 6, 2019, 2:30 PM - 3:45 PM

Introduction

There is a growing older population in Australia, many of whom will need support from aged care services. The National Strategy on LGBTI Ageing and Aged care has identified older lesbian and gay people as a ‘special needs’ group. However, the specific needs of older lesbian and gay people in relation to these services is under-researched.

Method

Drawing from 33 qualitative interviews and using thematic analysis, this presentation explores some of the ways in which lesbian and gay adults aged 60 years and older are thinking about aged care services and the possibility of needing services in the future.

Results

We found that participants have a number of pressing concerns. These related mostly to residential aged care and included concerns about a lack of inclusivity, the possibility of experiencing discrimination, loss of access and connection to community and partners, lack of autonomy, as well as fears about the quality of care and whether elder abuse may be a possibility. Participants also spoke about a range of alternative strategies they were either implementing or planning to implement to avoid residential aged care services that not only included the use of home care services, but also home renovations, relocation, and considering the option of voluntary euthanasia if available. Participants were generally hopeful that the need for residential aged care services would never arise.

Conclusion

Findings from this study reveal a variety of concerns shared by older lesbian and gay adults in Australia that need to be addressed, especially with regard to residential aged care services. Ensuring services are experienced as culturally safe and lesbian and gay inclusive will be important, such as implementing lesbian and gay inclusive practice policies and training workers on utilising lesbian and gay inclusive language and creating safe, lesbian and gay inclusive environments.
Between filial piety and social pity: The changing roles and expectations of later-life migrants in Australia and New Zealand

Dr Hong-Jae Park
1
1Western Sydney University

5C, Meeting Room C2.2, November 6, 2019, 2:30 PM - 3:45 PM

A growing number of older people leave their homelands to join family members living in a foreign land. An example is the group of Asian parents who are initially left behind in the country of origin, and then subsequently brought by their children to live temporarily or permanently in Australia or New Zealand. The aim of this paper is to explore issues associated with the changing roles and expectations of later-life Asian migrants in these two countries. This paper presents and enhances selected insights and results from two research studies which were the qualitative arm of an integrated project on filial piety and migration in contemporary times. Data were collected from 39 interviews with Korean-speaking migrants in Australia and New Zealand, and analysed using a modified thematic analysis method to identify issues and patterns in the multilingual research context.

The findings from these studies show that most participants were encouraged to embark on their migrant lives through the sponsorship of their Australian or New Zealand families. They actively participated in care for grandchildren, while initially relying on the assistance of family members for resettlement routines. As grandchildren grew up, they became isolated from their host and homeland families with an increased reliance on social care and welfare support. Many parents experienced high levels of social isolation and loneliness in their transnational family context, while some were able to use ‘homeland’ social networking sites and applications for their barely connected lives in a foreign land. This type of later-life migration seems to be caused by two main factors: motivation for family reunion and the enticement of social welfare receipt. The trajectories of later-life migration not only involve movement in space, but also in time as intergenerational relationships are being transformed through transnational family practices. Implications for policy and practice are discussed.
Have fun and have friends: Factors influencing the longevity of centenarians in Australia

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\(^1\)University of Sydney, Behavioural Health Sciences

5C, Meeting Room C2.2, November 6, 2019, 2:30 PM - 3:45 PM

Introduction
Research highlights the range of psychosocial factors influencing the longevity of centenarians, however this has not been explored in the diverse, multi-cultural Australian population. The majority of research focuses on factors influencing centenarians with dementia including biomarkers and genetic markers. Other factors known to influence longevity include childhood personality, education, coping with stress and nutritional behaviours. This pilot-study aimed to investigate the factors Australian centenarians perceived as influencing their longevity.

Method
A hermeneutic phenomenological approach was used to ascertain the lived experience of Australian centenarians. Participants were recruited through aged-care facilities, flyers, newspapers and snowball sampling. Carers were invited to participate if this felt more comfortable for the older person. Interviews were conducted face to face and over the telephone. Inclusion criteria included: aged >99th year, no diagnosis of dementia, and who could respond to the questions in English or in their own language through a carer who could translate.

Results
Seven centenarians were included in the study. Six were female and one was male. Four participants had carers present. All spoke English well. Participants were from a diverse range of social backgrounds. Data were coded into key themes and sub themes by the researchers though an iterative process of review and re-review. Factors raised by the participants included the importance of social connections (friends and family), feeling valued and living life to the full.

Conclusions
The Australian population of centenarians is increasing exponentially as a result of improved living standards, a large baby-boomer generation and improved medical technology. Health professionals need to be aware of the needs of centenarians and the factors contributing to wellness and a sense of worth. This pilot-study forms the basis for a platform of research to further investigate the psychosocial needs of centenarians and how this can be addressed by training and policy.
Yoga-based exercise for healthy ageing: project results and future directions

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5C, Meeting Room C2.2, November 6, 2019, 2:30 PM - 3:45 PM

Introduction
Yoga is Australia’s fastest growing sporting or fitness activity, especially among people aged 55+. Yoga fits the exercise needs and preferences of many older people, however yoga-based research involving older people is scarce. We have conducted a program of research investigating the role of yoga for promoting healthy ageing in people aged 60+.

Methods
We conducted two systematic reviews with meta-analysis to determine the impact of yoga-based exercise on: a) balance and mobility (Youkhana et al, 2016); and b) health-related quality of life and mental well-being (Tulloch et al, 2018). We also surveyed older people (n=235, mean age 69) regarding their perceptions of yoga (Tiedemann et al, 2018) and conducted a pilot RCT (n=54, mean age 68) to determine the impact of a 12-week yoga program on balance and mobility (Tiedemann et al, 2013).

Results
The meta-analyses showed that yoga led to significant improvements in balance (Hedges’ g= 0.40, 95% CI 0.15–0.65, 6 trials), mobility (Hedges’ g= 0.50, 95% CI 0.06–0.95, 3 trials), quality of life (Hedges’ g= 0.51, 95% CI 0.25-0.76, 12 trials) and mental wellbeing (Hedges’ g= 0.38, 95% CI 0.15-0.62, 12 trials) in people aged 60+.

Our survey showed that yoga was perceived to be attractive and relevant to participants’ needs and preferences.

In the pilot RCT, the yoga intervention led to significant improvements in all measures of balance and mobility, which have previously been associated with an increased risk of falling. The yoga program was appealing, with 83% average class attendance, and classes are still attended today, seven years after trial completion, demonstrating sustainability.

Conclusion
Yoga-based exercise shows great potential as a means of promoting balance, mobility, quality of life and wellbeing and is positively perceived by people aged 60+ years. Research to measure the effect of yoga on falls in older age is warranted.
Identifying factors that reduce loneliness

Charles Waldegrave

Loneliness and social isolation are key indicators of social exclusion. Their links to ill-health and early death are today generally accepted (Holt-Lunstad et. al. 2015). The growing international evidence on the impacts of social isolation and loneliness has profound implications for positive health status and reduced health and welfare budgets. This presentation will provide results from the New Zealand Longitudinal Study of Ageing (NZLSA).

Amartya Sen’s capabilities approach has formed the conceptual basis for the theoretical framework of this research programme (Sen, 1999). Two survey waves of a national random sample in excess of 3,000 older New Zealand citizens aged between 50 to 86 years have been carried out, which included scales and various questions on loneliness, social isolation, health, wellbeing, social connections, socio-economic information and demographic data.

We used data from two waves of NZLSA to predict the loneliness outcomes by applying a regression model for each dimension because dimensions are frequently highly correlated with each other. We controlled for the baseline outcome level of loneliness in 2010. This enabled us to better estimate the impact on loneliness outcomes over time due to various circumstances. We also provided controls for age, gender, education levels and ethnicity.

The results demonstrated significant relationships between specific health and wellbeing scores and loneliness. Higher loneliness scores were significantly associated with lower health and wellbeing factor scores, whereas higher social connection scores were strongly associated with lower levels of loneliness. The results also show that close emotional connection is not the only way to reduce loneliness. The experience of leisure and community participation where people are not closely connected but are sharing a mutual collective experience, is effective in reducing loneliness, for example.

Practical policy implications of the results will be identified that can be expected to reduce loneliness.
What is an outcome in Elder Abuse case management?

**Ms Jenni Dickson**

1Better Place Australia (Formerly Fmc Mediation And Counselling)

5C, Meeting Room C2.2, November 6, 2019, 2:30 PM - 3:45 PM

Better Place Australia has been providing services to Elder Abuse clients for over four years. The model of care at Better Place Australia is based on the following four principles:

1. Safety and risk mitigation
2. Empowerment of the older person
3. Respecting the older person’s decision making
4. Enhancing family relationships

The principles guide practice in terms of safety and risk assessments and the engagement of older people throughout the process.

Normally the types of outcomes we think about when undertaking family work such as family meetings, mediation and case management is: was an agreement reached, is there a documented plan, is there a new Power of Attorney.

Elder Abuse cases frequently have outcomes which can be hard to quantify. This can include:

- Clarity of relationships within the family
- Older person verbalising for the first time their needs and wishes
- Older person accepting regular visits from a Family Consultant
- Clarity from the older person regarding their relationship with the person of concern.

These outcomes are in fact very important in an Elder Abuse and this presentation will highlight the complexities managing Elder Abuse cases and what can be defined as an outcome and the importance of these “less tangible” outcomes. This will be highlighted through a number of de identified case studies.
“What happens after we are gone?” The support and service needs of older carers of adults with intellectual disability

Dr Ruth Walker1, Dr Irene Belperio1, Dr Fiona Rilotta1, Dr Susannah Sage-Jacobson1, Office for Ageing Well (South Australia)
1Flinders University

5D, Meeting Room C2.3, November 6, 2019, 2:30 PM - 3:45 PM

Introduction
People with intellectual disability (ID) are living longer and often cared for by parents who are also ageing. Studies consistently show that despite knowing they need to plan for future needs of their family member, older parents often report feeling unprepared and unsure about what the future holds. While research has focused on identifying barriers to planning for the future, little research has focused on identifying supports older carers may require to enable capacity for future planning, and to feel confident as needs change. Importantly, this project carried out in partnership with Office for Ageing Well in South Australia, sought to include the voices of older carers to help shape interventions designed to assist them to plan for care relinquishment.

Method
28 older carers (ranging from 53-87 years, average 68 years) of a family member with ID living either in the family home or supported accommodation took part in one of three focus groups. The focus groups aimed to identify resources or tools older family carers might need to assist them to plan for the future.

Results
Four major themes (and sub-themes) emerged, including: accommodation (individual solutions; transition before crisis), quality and consistency of care (who will care? formal care concerns), information (legal and financial advice; accessibility, relevance, affordability) and carer well-being (‘handover’; life as a carer).

Conclusion
There is a pressing need for ageing parents of adults with ID to have access to relevant information tailored to their needs; including legal and financial advice, housing and out-of-home accommodation options. It is important that co-design principles are applied in which older parents and their family member with ID are involved in developing these information and accommodation options. In addition, the complex dynamic of relinquishing this often long-term relationship/role needs to be considered sensitively in planning support and services.
Towards an International Convention on the Rights of Older Persons

Ms Margaret Duckett, Prof Julie Byles¹, Prof Andrew Byrnes², Bill Mitchell³, Russell Westacott⁴
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5D, Meeting Room C2.3, November 6, 2019, 2:30 PM - 3:45 PM

Australian civil society delegates have been attending the United Nations Open Ended Working Group on Ageing, examining the need for an International Convention on the Rights of Older Persons. As witnesses to the process and contributors to the discussion, we hope that Australia may provide regional leadership on this cause.

Nationally, much is happening in terms of protecting the rights of older Australians. Over the last decade there has been significant progress in relation to the protection of older Australians, including a dedicated Age Discrimination Commissioner within the Australian Human Rights Commission, reforms to aged care, addressing elder abuse, challenging ageism, and the Royal Commissions into banking and aged care. Australia is also one of 17 member states who have participated in an LGBTI ageing response – a priority population often overlooked in the development of ageing policy. These actions all demonstrate the extent to which the rights of older persons are valued within our society. They also underscore the extent to which these rights are vulnerable and need special protections.

We all have rights that are protected under United Nations conventions, including the rights to an adequate standard of living, the best possible physical and mental health, work and fair working conditions, safety from violence, freedom from cruel or degrading treatment, privacy, and the ability to participate in social and family life. However, older people can have particular vulnerabilities, and may need additional protections. A new, legally binding instrument would bring clarity to both the nature of person’s rights and the responsibilities to protect them.

We believe Australia can play a potentially leading role in this United Nation’s process towards a Convention on the Rights of Older Persons. In this presentation we will discuss some key areas where older people’s rights need strengthening, and the UN process and progress.
Towards an Integrated Framework for Disability, Ageing, and Support Services

Associate Professor Rafat Hussain\textsuperscript{1}, Emeritus Professor Trevor, R. Parmenter\textsuperscript{2}, Associate Professor Stuart Wark\textsuperscript{3}, Research Associate Professor Matthew, P. Janicki\textsuperscript{4}, Adjunct Associate Professor Marie Knox\textsuperscript{3}

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5D, Meeting Room C2.3, November 6, 2019, 2:30 PM - 3:45 PM

National reforms to Aged Care, Disability Services, and the advent of the National Disability Insurance Scheme (NDIS), have changed the policy and funding landscape from a service-centric to an individualised funding focus. Although a “person-centred focus” is a legislated philosophy and objective across both the disability and aged-care services sectors in Australia, it does not translate well into cross-sectional practices that attempt to deliver personalised service and good individual outcomes. People with intellectual disability (PwID) who are ageing constitute a unique group of Australians, whose longevity was not planned for by either the aged care or disability sectors. In a recent study, a broader research objective was to assess cross-sectoral enablers and challenges in achieving successful ageing of community-based PwID and mainstream (non-ID) groups.

A mixed-methods research design was used: key informant interviews with major stakeholders across both sectors; a detailed survey of older individuals (PwID=391; non-ID=980); and case-studies of post-NDIS and aged-care reforms from both sectors.

Our findings show an urgent need for “seamless and integrated care systems, across health, allied health, age and disability sectors”. Important components include choice around accommodation options enabling ‘ageing-in-a-chosen-place’; use of standardised indicators for monitoring health, well-being, and quality of life; development and adoption of nationally-consistent policies and standards facilitating cross-sectoral integrated aged- and disability-care practices that improve equity of service access; improved strategies for workforce planning; and upskilling of existing staff through training, place-based collaborations, and establishing communities of practice.

The development of an integrated service and support model requires collaboration on broader legislative and public policy instruments, appropriate planning, and resourcing. Improvements in life expectancy and number of older people experiencing impairments and disabilities is projected to increase which requires a strategic shift to ensure cross-sectoral collaboration and integrated services leading to highly effective and quality focussed person-centred support systems.
Establishing the ADNeT Registry: a milestone in improving dementia care

Ms Kasey Wallis, Assoc Prof Susannah Ahern¹, Dr Stephanie Ward², Professor Jane Banaszak-Holl¹, Professor Henry Brodaty², Professor John McNeil¹
¹Monash University, ²University of New South Wales

5D, Meeting Room C2.3, November 6, 2019, 2:30 PM - 3:45 PM

The Australian Dementia Network (ADNeT) Registry and Clinical Trials Program was established with funding from the National Health and Medical Research Council (NHMRC) through the NHMRC National Institute for Dementia Research in 2018. A key pillar of ADNeT is to monitor patients with dementia to better understand disease trajectory and to monitor clinical care, via the establishment of a national clinical quality registry (CQR).

In early 2019, an ADNeT CQR Steering Committee comprising clinicians, epidemiologists, funders, patients and their carers, and researchers was established. Stakeholder consultation is underway regarding a proposed set of clinical measures and a minimum dataset, informed by the work undertaken by a Pilot Dementia Registry, also funded by the NHMRC. Building on models from European dementia registries, and incorporating the active involvement of consumers and carers throughout the process, the ADNeT CQR proposes to collect baseline clinical, patient and carer reported information, and annual follow up. Opportunities for data linkage are also being explored.

Baseline data collection using a web-based database will commence in the second half of 2018 at a number of pilot sites across Australia. Once initial piloting is complete, data collection will rollout nationally, creating a comprehensive database of all patients prospectively diagnosed with dementia and mild clinical impairment. The ADNeT CQR dataset will ultimately become integrated with a standardised memory clinic data collection tool also being developed as part of ADNeT.

This presentation will provide an overview of the establishment of the ADNeT CQR. Ethical issues including consent implications and requirements for patient participation, the role of proxies in data collection, and minimising burden on carers will also be discussed. Ultimately the ADNeT CQR aims to provide timely, quality information to support best practice in dementia diagnosis and management, and to identify opportunities for policy and service improvement for this vulnerable population.
Assistive technology – a gateway to independence and participation

Ms Lauren Henley
Council On The Aging Victoria

5D, Meeting Room C2.3, November 6, 2019, 2:30 PM - 3:45 PM

Assistive technology comes in many forms, such as:
- specialized computer software and hardware
- mobility aids
- electronic communication devices,
- prosthetic aids

These aids play a fundamental role in facilitating the independence, participation and inclusion of people with disability.

Without timely access to affordable assistive technology, many people are unable to complete everyday tasks, participate in activities in their local communities and remain physically active which leads to increased costs to health and social services. Not having access to disability-specific aids and equipment can also heighten peoples’ vulnerability to experiences of elder abuse by forcing them to rely on other people for support.

The National Disability Insurance Scheme (NDIS) provides a pathway to fully fund the assistive technology that is required by younger people with disability. The eligibility requirements for the scheme, however, require an individual to be under 65 years of age at the time of making an access request. Those older people with disability who fall outside the NDIS are now expected to access the support they need through the aged care system, but the current policy context does not provide equitable access to assistive technology for this cohort.

Programs for people who are over 65 are currently spread across multiple departments at both the Commonwealth and State level. There is limited coverage under some private health insurance and condition-specific not-for-profits. Despite the spread of funding streams, many people are sacrificing their limited income to self-purchase or are simply falling through the cracks.

In this session, we’ll take a closer look at the policy gaps that are preventing older people with disability from accessing affordable assistive technology in a timely manner. We’ll learn about some workable policy solutions, and how a number of organizations across the aging and disability sectors are banding together to influence change.
Navigation of dementia services by Culturally and Linguistically Diverse carers

Assoc Prof Bianca Brijnath, Dr Josefine Antoniades\textsuperscript{1}, Professor Jon Adams\textsuperscript{2}, Professor Collette Browning\textsuperscript{3}, Dr Dianne Goeman\textsuperscript{4}, Associate professor Katie Ellis\textsuperscript{5}, Professor Mike Kent\textsuperscript{5}  
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5E, Meeting Room C2.4, November 6, 2019, 2:30 PM - 3:45 PM

Background: Access to formal services for people living with dementia and their carers is essential to maintain independence and wellbeing for the person with dementia (PWD), but also to ensure carer wellbeing. However, it is not uncommon for people from CALD backgrounds to seek assistance at a crisis point and many face barriers to care including differing illness beliefs, poor system knowledge and language barriers.

We explored CALD carers’ (Hindi-, Tamil-, Cantonese-, Mandarin-, and Arabic-speaking backgrounds) experiences of the navigation and engagement with formal services to gain support for a family member living with dementia.

Methods: Using a qualitative design, 56 in-depth video-interviews were conducted with carers of PWD across Victoria, New South Wales and Western Australia. Interviews were conducted by bilingual workers, translated and transcribed verbatim. Data underwent thematic analysis.

Results: Cares described a delay in obtaining a diagnosis, commonly because they dismissed the symptoms displayed by family member as being part of ageing. However, the period post dementia diagnosis was confusing and time-consuming as carers sought to make sense of overwhelming amounts of information to gain access to appropriate services and manage the dementia at home. Lastly, access to appropriate support and services was for some expedited through ethno-specific services.

Conclusions: Access to services is in many cases stymied by delayed diagnosis, however once the diagnosis obtained, carers face the arduous task of collecting information to understand dementia and identify appropriate services. Ethno-specific services play an important role at this time, highly valued by carers. There is need to streamline information as much as possible to provide a clear pathway to formal care for members of CALD communities, and to identify how the benefits of ethno-specific services can be scaled up and translated across generalist aged care services.
Stakeholders’ perspectives of how to adapt and implement the World Health Organization iSupport for Dementia program

Prof Lily Xiao¹, Ms Sue McKechnie², Professor Anthony Maeder¹, Dr Anita De Bellis¹, Ms Lesley Jeffers¹, Professor Anne Margriet Pot³

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5E, Meeting Room C2.4, November 6, 2019, 2:30 PM - 3:45 PM

Background: Up to three quarters of people with dementia live in their own home and are cared for by informal carers. Whilst these carers play a crucial role in enabling people with dementia to remain at home for as long as possible, they are often not prepared and can feel overwhelmed. The World Health Organization (WHO) iSupport for Dementia is an online self-learning education and skill training program for enabling carers to develop knowledge, skills, positive thoughts and help seeking behaviours in dementia care.

Methods: The aim of the study was to identify stakeholders’ perspectives of how to adapt and implement the WHO iSupport in Australia. A two-phase design with a qualitative study using focus groups in phase one, and a pre- and post-intervention in phase two was undertaken to achieve the aim.

Results: In total, 16 family carers and 20 staff participated in focus groups for phase one of the study. The mean age for carers was 74.5 (ranging 67-86) years. Five themes were identified from the data analysis namely: (1) A need for an online one-stop shop for carers; (2) Dementia and aged care service providers’ role in the program; (3) The need to have online peer support; (4) Challenges in having time to study; and (5) An expectations of easy access to the program. In phase two, the WHO iSupport was adapted and reviewed by content experts. A prototype version of the program was built and 16 carers and three facilitators participated in a pilot testing to gain feedback on a web-based software solution to meet the carers’ expectation of the program. The program developed currently contains 6 modules and 30 units.

Conclusion: Stakeholders expect an online program that incorporates integrated support for carers and is embedded into the routine practices of dementia and aged care services.
Co-designing peer support for older women living alone – POWER

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¹Bolton Clarke Research Institute, ²Uniting VicTas

5E, Meeting Room C2.4, November 6, 2019, 2:30 PM - 3:45 PM

The health and wellbeing of older people who live alone is a growing public health concern. The likelihood of living alone increases with age and will continue to rise with population ageing. Significantly more women live alone than men; with older women who live alone being more socially and financially disadvantaged compared to their male counterparts. Many find themselves isolated, in financial decline, and ill-equipped to meet the challenges of living alone with increasingly complex health concerns.

In a previous project, we worked with older women and service providers, to co-design ten strategies to support independence. The top three strategies were prioritised: (1) Handy Helpers: someone to do small household tasks not provided by existing services, such as changing a lightbulb or flipping mattresses; (2) Volunteer Drivers: using a private vehicle with no restriction on travel reason and inbuilt opportunities for socialisation; and (3) Exercise Buddies: service matching to a peer with similar needs/interests whilst keeping fit.

This presentation will focus on the next phase, POWER, which has involved drawing on these co-designed strategies to develop a volunteer peer-support framework that could deliver these services in a feasible and sustainable way. Preliminary steps involved undertaking service mapping of current services and identification of existing volunteer peer-support frameworks, to avoid duplication and use as a basis for our service framework. This informed our co-design process, where we worked with women living alone and with volunteers, to develop a program structure that would meet the needs of both parties. Finally, we will discuss the process of engaging service stakeholders, to ensure we were complementing, rather than competing with, existing services. The result is the development of co-designed services, underpinned by a co-designed volunteer framework, that meets the needs of the end-users, and is feasible and sustainable.
A ‘Living Lab’ collaboration, co-designing the future of Aged Care

Prof Daphne Flynn¹, Ms Sharni Clarke¹, Dr Keith Joe¹, Professor Sarah Pink¹, Professor Jon McCormack¹, Eden Potter¹, Professor Mark Armstrong¹
¹Monash University, Health Collab

5E, Meeting Room C2.4, November 6, 2019, 2:30 PM - 3:45 PM

Residential aged care in Australia operates on a fragmented service model due to various modes of delivery by small to medium enterprises spread across community, home and residential care settings. The same has been observed internationally, considered a reaction to the similar conditions, including a lack of clear quality indicators, fragmented small operators, and issues around standards of professional accreditation and regulation. (Britnell, 2015).

There is potential to create positive impact in the sector through strategic service integration and coordination that aligns with consumer expectations, regulation, Aged Care Standards and co-designing with service stakeholders. Successful deployment of such an initiative relies on the collaborative efforts of people who are invested in improving the system as a whole. Design for Health is a growing area where designers and healthcare providers work alongside one another to explore innovation in health services. One of the ways this operates is through a Living Lab—a research construct where collaborating partners work on-site in a health services setting to uncover and enact system change in that service.

This paper will report on the first stage of collaboration between a University and a Residential Care facility working together as an Aged Care Living Lab (ACLL). Designers and researchers will collaborate with staff, residents, families and carers in a real-world context to define and address everyday issues and challenges, giving agency to people at the centre of Aged Care. An in-situ learning and translational research environment will deliver meaningful, innovative ways to improve people’s lived experience, informed by a deep understanding of people.

Furthermore, this collaboration will establish a long-term relationship between Aged Care residents, healthcare providers, researchers, and designers to support the development of scalable solutions, create intellectual property, and promote technological innovation.

Verily Connect model: virtual support for rural dementia care

Prof Irene Blackberry, Dr Clare Wilding

1La Trobe University

5E, Meeting Room C2.4, November 6, 2019, 2:30 PM - 3:45 PM

Introduction: The Virtual Dementia Friendly Rural Communities (Verily Connect) project trialled strategies to increase connection and support for rural carers of people living with dementia in 12 communities across 3 states of Australia. We will illustrate a model for engaging with communities to increase support for rural people living with dementia.

Methods: The Verily Connect project was implemented using a randomised stepped wedge cluster design. Interviews and focus groups with participants and observations by the researchers were collected. The data were thematically analysed and also used the Consolidated Framework for Implementation Research to structure observations and illuminate the implementation process.

Results: The model of using online strategies, coupled with face-to-face and computer-mediated communication, was perceived as being a useful model for augmenting access to information and support for rural communities. In addition, there is potential that the model may increase community awareness about dementia; thus, dementia-friendly communities are concurrently implemented in the virtual space and within geographical locations.

Conclusions: There is potential that our model could increase support for rural people who are living with dementia, their carers, and their communities. The model leverages technology to overcome challenges of distance that can otherwise disadvantage rural people. In addition, it capitalises on harnessing local ways of working and local champions to increase buy-in and relevance to rural communities and in the process tailoring implementation actions to best suit each community.
The OASIS: A new measurement scale to examine later-life sexuality

Ms Ashley Macleod¹, Professor Marita McCabe³
¹Swinburne University of Technology

8A, Pyrmont Theatre, November 7, 2019, 11:00 AM - 12:30 PM

Introduction: Sexuality is an under-researched topic of later life health and well-being. While recent work has expanded our knowledge of sexuality and the factors that influence it, existing later life measurement scales provide only a limited view of sexuality for older adults.

Method: Using the Over 45’s Adult Sexuality and Intimacy Scale (OASIS), MANOVA was conducted on data from 400 heterosexual men and women in mid and later life to determine whether differences are present in how age cohorts (midlife/later life) and sex groups (male/female) score on each OASIS subscale.

Results: Significant main effects were identified for age cohort membership and sex, but no interaction effect was identified for age cohort and sex combined. Sexual expressions and sexual urges were rated more important by men than by women, but partner compatibility was rated more important by women than men. Sexual urges and determinants of sexual desire were rated more important by those in midlife than those in later life. No significant differences were found between men and women or between age cohorts in terms of the rated importance of intimacy and pleasure, factors that influence sexual expression, or barriers to intimacy and sexual expression.

Conclusions: The OASIS provides a new statistically validated measurement scale for further exploring differences and similarities between men and women, and between those in mid and later life. It can also be used as a tool for identifying the sexual priorities of individuals to assist with the development of personally-tailored sexual health services. The OASIS provides researchers and clinicians with a sexuality measurement tool designed specifically for and with adults in mid and later life that examines a range of topics only partially captured by existing sexuality measurement scales, some of which have not been validated for use with older populations.
Recognise and report’: an education package for Personal Care Workers

Ms Sandra Cowen, Dr Christine While, Associate Professor Deirdre Fetherstonhaugh, Dr Michael Bauer, Dr Jo-Anne Rayner

Australian Centre for Evidence Based Aged Care (ACEBAC), La Trobe University

8A, Pyrmont Theatre, November 7, 2019, 11:00 AM - 12:30 PM

Australia's ageing population has created a demand for more skilled care staff working in Residential Aged Care Services (RACSs). The changing skill mix in RACSs means that Personal Care Workers (PCWs) provide the majority of the care. However, PCWs receive minimal education and training and many are reliant on RACSs to ‘fill the gap’ in training that makes them ‘work ready’.

Research indicates that ongoing education and training of care staff is a priority for RACSs however, time constraints, limited funding, and geographical barriers makes this difficult. To fill this gap, researchers from the Australian Centre for Evidence Based Aged Care (ACEBAC) undertook research to understand what education was needed, and developed an education package that can be used as an in-house training resource to up-skill PCWs.

This package can be delivered by a Registered or Enrolled Nurse, and focuses on teaching PCWs the importance of recognising and reporting changes in residents' health. It includes eight modules of learning: Communication; Wellbeing; Movement and Mobility; Skin condition; Breathing; Eating, drinking and elimination; Mental awareness; and End of Life. Each module takes one hour to complete and the flexibility of the package means modules can be delivered individually.

The education package was evaluated by ten RACSs with staff reporting that they appreciated not only the content, but the flexibility it offers. PCWs loved the training with some asking for specific modules that they needed more knowledge in.

This education package is now available and has already drawn strong interest from Australian RACSs.
Older adults; Peripheral hearing loss, higher order listening, and cognition.

Ms Grace Nixon¹, Dr. Julia Sarant¹, Dr. Danielle Tomlin¹, Professor Richard Dowell²

¹The University of Melbourne

8A, Pyrmont Theatre, November 7, 2019, 11:00 AM - 12:30 PM

Objective: Previous research has identified a relationship between hearing loss and cognitive impairment/incident dementia in an older population, however this research has primarily focused on measures of peripheral hearing loss. Central Auditory Processing (CAP), an ability which decreases with increasing age, is important for understanding speech in background noise. This study aimed to examine the relationship between hearing impairment and cognitive impairment by assessing both peripheral hearing impairment and CAP ability.

Design: Cognition was measured using the CogState Brief Battery (CSBB). Peripheral hearing was measured across eight frequencies (250Hz to 8000Hz) using pure tone audiometry, and CAP was measured using the Listening in Spatialised Noise-Sentences test (LiSN-S) and the Dichotic Digits Test (DDT). Data were analysed using correlation and regression analyses.

Study Sample: 85 adults aged 60.33 to 83.08 years who attended the University of Melbourne Audiology clinic and had no previous diagnosis of dementia were included in the study.

Results: A significant association was found between degree of peripheral hearing impairment and the cognitive skills of attention and executive function as measured by the CSBB. Additionally, CAP abilities as assessed using the LiSN-S test were significantly correlated with at least one cognitive measure.

Conclusions: This study adds to the knowledge that peripheral hearing and CAP ability are both associated with cognition in specifically identifying cognitive skills and measures of “hearing” that mediate this relationship. This finding emphasises the need to assess CAP ability in older adults when assessing the relationship between hearing loss and cognition, and may hold clinical implications for assessing older adults both in audiological and neuro-cognitive appointments.
Cognitive function and hearing aid use: Prospective longitudinal study results.

Assoc Prof Julia Sarant
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1The University Of Melbourne

8A, Pyrmont Theatre, November 7, 2019, 11:00 AM - 12:30 PM

Hearing loss is associated with accelerated cognitive decline in older adults. Although hearing aids are a successful treatment for hearing loss, there is no treatment for cognitive decline, and whether hearing aid use can delay the onset of cognitive decline is unknown. This longitudinal study is investigating the effect of hearing aid use on cognitive decline.

Methods
Participants are recruited over the first 3.5 years of the study and assessed pre- and every 18 months post-hearing aid fitting, with results compared with those of a control group of 450 participants of a cohort study of aging in older adults. Pre- and post-fitting assessments include cognitive function, hearing, speech perception, quality of life, activity, diet, loneliness and isolation, anxiety, depression, medical health and genetic risk.

Results
Initial 2018 results for 82 participants (60-92 years) with mean better ear PTA 31dB showed executive function was significantly negatively correlated with increased hearing loss and age. Psychomotor function was also significantly negatively correlated with age. Higher self-reported quality of life scores were significantly correlated with higher executive function. Multiple linear regression, controlling for age, gender, cardiovascular conditions, education, working or retired, showed PTA was a significant predictor of executive function, contributing 8% to the overall variance. Marginal effects analysis showed an additional 10dB of hearing loss predicted a reduced mean executive function score by 0.20, (30% of the SD on this measure). Further results for a larger group of 120 participants will be presented.

Conclusions
Despite a small initial sample size, hearing loss and age were correlated with significantly poorer baseline cognitive function, while higher quality of life was correlated with significantly better cognitive function. Results for a larger sample size with longer follow-up will further document the effects of hearing aid use on cognitive function, and whether this can delay cognitive decline.
ROSA: Major Aged Care and Health Care Trends in Australia

A/Prof Maria Inacio1,2, Dr Sarah Bray, Ms Catherine Lang1, Prof Craig Whitehead3,4, Prof Steve Wesselingh1

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8A, Pyrmont Theatre, November 7, 2019, 11:00 AM - 12:30 PM

Introduction: This study (1) characterised the health status of Australians accessing permanent residential care and home care packages between 2005 and 2015 and (2) described major trends in health conditions, frailty, health services and medication use, and mortality of these cohorts.

Methods: A cross-sectional evaluation and population-based trend analysis were conducted using data from the National Historical Cohort of the Registry of Older South Australians (ROSA), containing linked information from the Australian Institute of Health and Welfare’s National Aged Care Data Clearinghouse, Medicare Benefits Schedule, and Pharmaceutical Benefits Scheme.

Results: During the study period 490,007 people accessed permanent residential care and 208,072 accessed home care. Most people were (permanent vs home care): between 80-90 years old (54% vs 53%), female (61% vs 64%), and born in Australia (70% vs 66%). The most common functional limitations reported (permanent vs home care) were: domestic assistance (92% vs 95%), transport (88% vs 86%), social (82% vs 81%), and meals (83% vs 80%). 50% vs 51% had 5-9 co-morbid conditions, the most common reported included: gastroesophageal reflux disease (47% vs 48%), hypertension (43% vs 45%), hyperlipidaemia (42% vs 47%), depression (34% vs 34%) and pain (29% vs 29%). The most commonly dispensed medications within the first 6-months of entering care were paracetamol (64% vs 43%), furosemide (31% vs 27%) and cefalexin (27% vs 23%). Excluding those with DVA card (19% vs 12%), commonly used MBS service groups were: A01 GP attendances (96% vs 97%), A14 Health assessments (44% vs 29%), A22 GP after-hours attendances (40% vs 20%), A11 Urgent after-hours attendances (37% vs 16%). The mortality rate within 1-year of entering care was 31% vs 15%.

Conclusions: The characterisation of this cohort’s high burden of disease, frailty, health care needs, and mortality rate highlights the vulnerability of this population and areas requiring further attention.
Anti-dementia drug prescriptions and payments in Australia: 2000 -2018

Dr Harry Wu¹, Professor David Le Couteur², Professor Sarah Hilmer¹
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Background: The optimal use of anti-dementia medications to treat the symptoms of Alzheimer’s disease remains controversial. We assessed Australian nationwide trends in anti-dementia medication prescription and cost to the Australian government and community over an 18-year period (July 2000 – June 2018).

Methods: Prescription data between July 2000 and June 2018 were obtained from publicly available Pharmaceutical Benefit Scheme database. Australian population estimates were obtained from Australian Bureau of Statistics. Incidence rate ratio (IRR), and 95% confidence intervals (CIs) were assessed using negative binomial regression models.

Results: The number of anti-dementia prescriptions increased from 42,413 in 2000-2001 to 565,971 in 2017-2018. Annual population-adjusted increase in prescription rate was 7.5% (IRR=1.075, 95% CI=1.046-1.104; p<0.001). In the 18-year period, there were 6,533,837 anti-dementia prescriptions (6,429,884 PBS/RPBS prescriptions and 103,953 under co-payment prescriptions). Donepezil was the commonest prescribed anti-dementia drug with 4,374,942 scripts (67.0%), followed by galantamine 1,227,229 (18.8%), rivastigmine patch 406,161 (6.2%), memantine 276,291 (4.2%), rivastigmine capsule 24,310 (3.7%) and rivastigmine oral solution 4,904 (0.08%). Annual expenditure for anti-dementia prescriptions increased from $6.56 million to $60.64 million between 2000-2001 & 2011-2012, before gradually declining to $15.7 million in 2017-2018. The total cost of anti-dementia medications was $695 million over the 18-year period. There had been an increase in under co-payment prescriptions of anti-dementia medications - 271 scripts in 2014-2015 vs 44,930 scripts in 2017-2018. This resulted in reduced cost to the Australian government, but the annual cost to the community has increased substantially over recent years ($9011 in 2014-2015 vs $1.05 million in 2017-2018).

Conclusions: There has been a significant increase in the use of anti-dementia medications for the symptoms of Alzheimer’s disease from July 2000 to June 2018. While PBS costs are now declining, costs to the patient are increasing.
Sparking the next generation of aged care: an innovative model for attracting young people to the aged care workforce.

Ms Anna Donaldson¹
¹Lively

Building the aged care workforce to keep pace with future demand is a recognised priority for Australia's aged care sector. Yet attracting young people into aged care continues to be a significant challenge. Lively is a not-for-profit organisation working hard to find a solution - with exciting results to date.

Lively trains and employs young jobseekers to provide meaningful support to older people who need a hand, and engages older people to share skills, experience and knowledge back with the young. Having started with a technology help service that employs young people to help older people build digital skills, Lively is now developing an innovative intergenerational home care model that employs young people to provide home care services to older community members, while also enabling older people to support and contribute to the development of the young. The organisation has received over 2000 applications from young people aged 18-25 for approximately 50 roles to date. And the demand just keeps growing.

Through the model, Lively aims to build connection and understanding across the generations, improve service delivery and wellbeing for older community members, and provide meaningful employment for young jobseekers. Crucially, however, it is also uncovering answers to how we might attract young people into the sector of the future. In this presentation, CEO Anna Donaldson will share Lively's learning to date and the implications for the industry.
Primary healthcare intervention to improve outcomes for at-risk older people: Kare Project

Assoc Prof Michal Boyd\textsuperscript{1,2}, Dr Tom Robinson\textsuperscript{2}, Dr Diana North\textsuperscript{2}, Mr Martin Dawe\textsuperscript{2}

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8B, Meeting Room C2.1, November 7, 2019, 11:00 AM - 12:30 PM

Background
The Kare Project aims to reduce hospital admissions and residential aged care admission for older people with multi-morbidity and/or frailty through comprehensive assessment, care coordination and proactive follow up by the primary healthcare team.

Methods
Nine general practices participated in the pilot project, and 1,091 patients were recruited between 2015-17. Kare participants had a comprehensive geriatric assessment by a practice nurse. Then goals and a care plan were developed with the older person, the practice nurse and GP, and followed by six monthly proactive visits. Secondary care gerontology nurse specialists provided on-going education and advice to the GP practice team. Kare patients were matched with a comparison group drawn from non-Kare practices using propensity score matching. The primary outcomes were acute hospitalisation and residential aged care admission 12 months after the initial assessment. Secondary outcomes were mortality, patient symptoms, and self-management confidence.

Results
No significant reduction in acute hospitalisations was observed between the intervention group and comparison groups, though there was a significant 50% reduction in Emergency Department visits in the intervention group as well as a non-significant 21% reduction in residential aged care admissions and significantly decreased mortality (by 38%). Intervention group pre/post analysis showed improved self-management confidence and fewer self-reported falls and pain as well as improvement in several other symptoms.

Conclusion
The Kare pilot programme delivered improved health outcomes across a number of measures for patients, but did not decrease acute hospitalisation. The positive outcomes are the result of practice level changes to service delivery, improved quality of care, and improved quality of life for Kare patients. This model of primary health care enables general practices to sustainably and effectively manage the needs of the rapidly expanding ageing population. Kare continues to be implemented making iterative improvements and will seek funding for extended rollout in 2020.
Development of a TRANSITION tool for older adults

Dr Jacqueline Allen¹, Professor Alison Hutchinson², Dr Rhonda Brown², Professor Patricia Livingston²
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8B, Meeting Room C2.1, November 7, 2019, 11:00 AM - 12:30 PM

Background: Transitional care for older adults is challenging. This study aimed to develop and evaluate a communication tool to improve transitional care.

Methods: A qualitative design was employed across three phases: 1) 74 individual interviews with patients, carers and practitioners, 2) three co-design focus groups with one patient, one carer and five practitioners, and 3) evaluation of the communication tool with 22 practitioners. The setting was two public health networks and two community services in urban Australia. Patients and carers were included if they had received transitional care from hospital to home. Practitioners were included if they provided transitional care. In Phase 1, patients and carers, and practitioners were interviewed about their experience of transitional care. Phase 2 involved three focus groups with practitioners, 1 patient and 1 carer during which participants considered findings from Phase 1, principles to guide development of the tool, and a draft version of the tool. In Phase 3, practitioners in acute medical wards trialled the tool and participated in an interview. All data were thematically analysed.

Findings: Phase 1, Patients and carers reported that they needed to become independent in transition. A range of social processes supported their independence including caring relationships with healthcare practitioners, and discussing and negotiating the transitional care plan. Interviews with practitioners resulted in identification of four main themes: caring against the system, discussing as a team, questioning the discharge, and engaging patients and carers. Phase 2, Participants endorsed the findings from Phase 1, emphasised the importance of engaging patients and carers in discussions, and were supportive of the TRANSITION tool. Phase 3, Practitioners perceived that the TRANSITION tool was feasible and useful.

Conclusions: Practitioners require a range of skills in engaging with patients and carers. The TRANSITION tool may support effective communication thereby improving the transitional care process.
Healthcare Professionals and Ageism: Has Anything Changed?

**Associate Professor Rafat Hussain**¹, Associate Professor Kate O'Loughlin²

¹Australian National University, ²University of Sydney

8B, Meeting Room C2.1, November 7, 2019, 11:00 AM - 12:30 PM

**Introduction**

Ageist attitudes of healthcare professionals have been reported by studies involving older patients. However, empirical evidence of negative perceptions in community-settings is limited. In this paper, we report findings regarding ageist attitudes of healthcare professionals with data from two different community-based surveys.

**Methods**

Survey 1(Ageing Survey): Cross-sectional survey (n=920) of community-based individuals aged 60-87 years across NSW and Queensland in 2015-17. Survey 2: A sub-sample of respondents aged 60-87 years (n=722) extracted from the 2015-17 Australian Survey of Social Attitudes (AuSSA). Both surveys included the outcome of interest: “do you think older people are treated better, worse or about the same as younger people by doctors, nurses and other healthcare professionals?”

**Results**

The mean and median age across both samples was similar (71 & 70 years). The Ageing Survey had more female participants than AuSSA (63% vs 54%). Respondents’ distribution by location and self-reported health were similar. In both surveys, nearly two-thirds (66%) of respondents reported no prejudicial attitude by healthcare professionals. Stratified analysis showed marginally significant differences for age. For AuSSA sample, more respondents aged 60-70 years reported worse treatment (25.6%) than those aged >70 years (17.5%). The corresponding data from the Ageing Survey was 9.1% and 5.8%. Minimal differences were found by sex, location, and self-reported health in both samples in relation to worst treatment of older people by healthcare professionals.

**Conclusion & Implications**

Only a small proportion of respondents in two distinctly different surveys reported poor treatment of older people by healthcare professionals. These findings are important as older people are major consumers of healthcare services. Although there is always room for improvement, perceptions of positive attitude about healthcare professionals is vital to ensure that the considerable emphasis placed on respectful communication in pre- and post-service training of healthcare staff translates into improved consumer perceptions.
Resident to resident abuse in aged care: Prevalence and nature

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8B, Meeting Room C2.1, November 7, 2019, 11:00 AM - 12:30 PM

INTRODUCTION
Resident to resident abuse (RRA) can result in harms ranging from distress through to injury and death. Existing research on RRA is limited, particularly in Australian settings. Few prevalence studies have been conducted, with widely ranging results. The objective of this study was to determine the prevalence of RRA in aged care facilities, and explore the nature, contributing factors and outcomes of abuse incidents.

METHOD
A retrospective cohort study was undertaken, involving residents in thirteen aged care facilities between 1 January and 31 December 2017. The facilities were all operated by a single, non-for-profit provider; included metropolitan and regional locations in Victoria, and ranged in size from 20 to 150 beds. During the one year study period there were a total of 1178 unique permanent residents. Data on RRA incidents were extracted from the organisational incident reporting system.

RESULTS
A total of 169 RRA incidents were recorded, representing 0.56 incidents per 1000 bed days. 7.6% of residents were targets, and 6.9% exhibited aggression, in one or more RRA incidents over one year. Almost two thirds of incidents (106; 62.7%) were physical abuse; one in five were verbal (34; 20.1%) and 17.2% (29) were sexual abuse. In almost two thirds of cases (110; 65.1%), no distress, injury or other harm to the target was noted. In the majority of incidents (150; 88.8%) the aggressor had a cognitive impairment. The most common intervention with aggressors was behaviour management (142; 84.0%).

CONCLUSIONS
Resident to resident abuse appears relatively uncommon, and the level of associated harm is typically low. The potential for serious harm remains, however, and effective measures for prevention and response are still required. Important strategies include reliable and consistent reporting of RRA incidents, and effective management of behavioural symptoms associated with cognitive impairment.
Using an Economic Evaluation Approach to Build Evidence Supporting Best Practice Specialist Nursing Services for People with Parkinson’s Disease

Dr Alfred Wong¹, Associate Professor Marguerite Bramble¹, Mr Vince Carroll², Ms Debbie Schwebel², Associate Professor Rachel Rossiter¹
¹Charles Sturt University, ²NSW Mid North Coast Local Health District

8B, Meeting Room C2.1, November 7, 2019, 11:00 AM - 12:30 PM

Background
Parkinson’s disease (PD) is a degenerative, complex and disabling neurological condition with no known cure. The prevalence of PD increases as the population ages with 80% of those with PD over 65 years of age. The high cost to individuals and societies of PD is such that World Health Organisation’s policy frameworks emphasise the need to implement best practice standards ensuring accessibility, quality and sustainability. To date no such framework has been developed in Australia and is particularly needed in regional, rural and remote areas.

This study, a collaboration between Parkinson’s NSW, Charles Sturt University and the Mid North Coast Local Health District (MNCLHD), sought economic evidence to support advocacy for specialist PD nurse positions in underserved rural and regional locations in Australia.

Method
The retrospective analysis compared PD patient outcomes pre and post the employment of the PD nurse specialist in the MNCLHD. A representative sample was drawn from the target population of people with a diagnosis of PD identified in hospital medical records over a four-year period (2013-2014 and 2016-2017). A multiple regression approach and cost-benefit analysis were used to examine hospital costs related to length of stay.

Results
Statistical findings demonstrate a reduction in hospital length of stay post the establishment of the specialist nurse position. In addition, a cost-benefit analysis shows that the net dollar benefit associated with the employment of a PD nurse specialist outweighs the total hospital cost for PD patient care.

Conclusions
These findings support advocacy for sustainable PD specialist nurse positions and can be used to inform and influence policy and systemic changes within the health care system. Prospective economic evaluation studies in regional and rural areas are essential to demonstrate the total costs of PD to society and the individual and to support sustainability of PD specialist positions.
“Filial piety and whanaungatanga”: The perceived meaning of family support for ageing parents in contemporary Korean and Maori cultures

Dr Hong-Jae Park
Western Sydney University

8C, Meeting Room C2.2, November 7, 2019, 11:00 AM - 12:30 PM

Every culture has its own tradition of care and respect for ageing parents based on accepted norms and expectations, while the meanings of traditional filial values have evolved over time. This paper explores the specific forms of filial duties and supports for older people in both physical and virtual contexts, and discusses the nature and extent of such filial practices in Maori and Korean cultures. Data were collected through a qualitative inquiry framework consisting of 32 individual interviews and five ethnographic observations in New Zealand and South Korea. Thematic analysis of the data was used to identify key issues and patterns from the participants’ perspectives and experiences in this cross-cultural research context.

The findings from the study show that the perceived forms of filial practices encompass love, care, support, concern and respect for parents and other relatives in the ascending line. A wider range of filial activities were identified, from care-giving, household chores, visiting and keeping in touch, to emotional and monetary supports. For Māori participants, whanaungatanga (family relationships) was recognised as a core value that places whanau (family) at the centre of whakapapa (human and non-human relations). For Korean participants, their traditions of filial piety and ancestor veneration have continued to constitute a major component of familism mindsets and practices. The reciprocal nature of whanaungatanga and filial piety was identified as a salient source of “filial capital” and intergenerational exchanges, although family support for elderly parents have come under strain due to the impact of changes in family ties and social dynamics. Technological developments have reshaped traditional filial practices, offering new ways of solidarity between generations in both physical and virtual contexts. Discussion on the relationship between filial practices and intergenerational exchanges and its implications for social policy and practice is developed.
Exploring the dimensionality of the QoL-AD (aged care adaptation)

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8C, Meeting Room C2.2, November 7, 2019, 11:00 AM - 12:30 PM

There are numerous measures of quality of life (QoL), although many are not well-suited to older adults living in residential aged care facilities (RACFs). Edelman’s (2005) aged care adaptation of the QoL-AD (Logsdon, et al., 2002) is one of the few designed specifically for residents of RACFs. Firstly, it meets the needs of adults with cognitive deficits – item wording is clear and concise, there are few response options and it is brief. It also includes items to capture the unique aspects of RACF life and omits those not applicable to this setting.

Studies using the QoL-AD have often explored the dimensionality of the scale in search of underlying factors, however the evidence remains inconclusive. Many previous studies exhibit design limitations such as small samples (often from one RACF) and administering the incorrect version (e.g. the community version completed by adults in RACFs). This study aims to overcome these limitations and determine the dimensionality of the QoL-AD (aged care adaptation). There is clinical and academic benefit to understanding the composition of scales. It encourages selection of the most appropriate scale and helps ensures accurate interpretation of data. Identifying evidence-based measures of QoL suited to aged care has become increasingly important as Australian RACFs transition to care standards that emphasise the wellbeing of residents.

The QoL-AD (aged care adaptation) was completed with residents (n = 201) from 18 RACFs across Australia. An exploratory factor analysis produced multiple possible models – the Eigenvalues suggested four factors, the scree plot displayed a single factor, and parallel analysis supported a two factor model. Ultimately, the two and four factor models did not adequately explain the total variance, demonstrated poor fit and did not form logical factors. This suggests the QoL-AD (aged care adaptation) is a uni-dimensional scale, measuring a single, overarching QoL construct.
Indigenous elders co-creating research on loneliness challenging Western perspectives

Charles Waldegrave

8C, Meeting Room C2.2, November 7, 2019, 11:00 AM - 12:30 PM

Loneliness and social isolation are key indicators of social exclusion. Their links to ill-health and early death are today generally accepted (Holt-Lunstad et. al. 2015). The growing international evidence on the impacts of social isolation and loneliness has profound implications for positive health status and reduced health and welfare budgets.

This presentation will provide results from two discrete studies of 200+ Māori and 200+ Pacific people in New Zealand aged 50 years and over. Key questions around loneliness and social isolation were co-created with the participants and responses compared with standard international scales to help identify universal aspects of loneliness and indigenous specific aspects. The co-creation required re-evaluating assumptions, listening carefully and enabling instrument development that genuinely involved the values and world views of kaumātua.

Other parts of the survey included scales and various questions on health, wellbeing, social connections, leisure and recreation, abuse, discrimination, life shocks, neighbourhood characteristics, housing preferences, socio-economic information and demographic data to explore the significant statistical associations with loneliness and social isolation.

The results demonstrated significant correlations between the co-created questions and the international scales. They also demonstrated substantial expressions of loneliness among elders that are not captured by standard scales. Scatter plot diagrams demonstrate numbers of elders who scored high levels of loneliness on the generic western scales had quite low scores on the indigenous specific scales. Likewise, some elders scored highly on the indigenous scales but quite low on the western scales.

The research shows that generic measures of loneliness and social exclusion only capture the universal aspects of these domains. The Māori and Pacific specific aspects are missing which may help explain why many well intended policy interventions are only partially successful. It also shows the significant associations that can help decrease loneliness and foster enduring social connections.
Dementia, social interaction and communication: informing protocols for practice

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8C, Meeting Room C2.2, November 7, 2019, 11:00 AM - 12:30 PM

Communication abilities of people with dementia become increasingly comprised as dementia progresses. Difficulties in expressing feelings and understanding social situations affect how people interact with others, resulting in a decline in social connections and an increase in isolation. This project develops a set of communication protocols for carers of people with dementia to enhance social interaction between people with dementia and their carers.

A behavioural study systematically analysed the communication abilities of people with behavioural-variant frontotemporal dementia (bvFTD) (n=20), semantic dementia (SD) (n=20) and Alzheimer’s disease (AD) (n=20). For each participant, a 10-minute conversation was analysed for the presence of socially engaging (e.g., nodding, smiling) and disengaging behaviour (e.g., avoiding eye contact, interrupting), by three trained coders blind to the clinical diagnosis. Results demonstrated specific communication patterns for different dementia syndromes. For example, people with bvFTD showed more disengagement than engagement cues, whereas people with AD and SD showed both engaging and disengaging behaviour. Analysis of specific cues revealed that people with AD and SD nodded more than people with bvFTD, suggesting the ability to express understanding while communicating is preserved in SD and AD. Furthermore, people with SD gestured more than people with AD or bvFTD, demonstrating an emerging reliance on non-verbal communication.

This was followed by a codesign workshop focusing on solutions to communication challenges. Here, results of the behavioural study were discussed with people with dementia, their family members and direct care staff. Participants engaged in a series of communication activities and were invited to discuss their viewpoints on communication in relation to dementia. The workshop was recorded for post-event thematic analysis.

With qualitative results underway, this project uncovered specific social communication profiles for different dementias, and will translate these profiles to protocols for improving communication and social interaction between people living with dementia and their carers.
Connections matter: Identifying social factors leading to higher cognitive function

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¹Australian Institute of Health Innovation

8C, Meeting Room C2.2, November 7, 2019, 11:00 AM - 12:30 PM

Introduction:
Although social networks play a role in slowing the development of dementia in the general population, much is unknown about the sub group of older adults receiving home- and community-based aged care. We aimed to identify the associations between cognitive function and interpersonal relationships in older adults receiving community care services.

Methods:
Older Australians (n=177) receiving community aged care services in NSW completed assessments on their social networks, health-related quality of life and cognitive function. Service use and sociodemographic variables were also collected. The primary outcome was cognitive function, measured by the Telephone Interview for Cognitive Status-Modified (TICS-M). Multiple regression analyses were performed to ascertain the associations between quality of life, social network size and contact, demographics and cognitive impairment.

Results:
The sample had a mean age of 80.4± 6.7 years and the majority (65.8%) was female. A third (37.6%) had cognitive impairment and reported moderately high social networks (M=33.5, SD=11.8). Being male and having increased contact with friends were significant predictors of better cognitive outcomes, while age, contact with family were not associated with cognition. Our findings explained 42% of the variance in the model.

Conclusion:
Our findings suggest that maintaining a socially active lifestyle with friends in later life may benefit cognitive function. This has important implications for community aged care interventions targeting social isolation to improve cognitive function.
Mapping the research on older adults’ self-perceptions of ageing and being older

Dr Simone Hausknecht¹, Professor Lindy Clemson¹, Associate Professor Kate O’Loughlin¹, Dr. Justin McNab¹, Associate Professor Lee-Fay Low¹
¹University of Sydney

8C, Meeting Room C2.2, November 7, 2019, 11:00 AM - 12:30 PM

Older adults’ self-perceptions of ageing and being older can influence their well-being and quality of life. Perceptions of ageing are complex as they are formed by multiple influences across the life course. A person’s perception of their own ageing may depend on comparisons to specific points of reference. For example, a person may compare their own ageing to others or to a younger version of themselves. Research designs also contain assumptions about ageing. The current paper maps research on older adults’ self-perceptions of ageing and being older.

This scoping review followed Arksey and O’Malley’s methodological framework which involved clarifying the purpose, identifying relevant studies, study selection, mapping the data, and collating/summarizing. Inclusion criteria: original research, between 1998-2018, older adult sample >65 years or mean age >70, examined self-perceptions of ageing or being older, and were not related to a specific disease. Data bases searched: Medline, Ageline, Scopus, CINAHL, PsychInfo, Web of Science. A thematic analysis was conducted which deconstructed the ways in which self-perceptions of ageing were conceptualized. A total of 4864 records were identified through the search (duplicates removed). After screening abstracts and full papers, a final 137 papers were included. Seven themes representing the main research emphasis and conceptual basis emerged: attitudes towards one’s own ageing (n=43), ageing well (n=23), meaning and construction of ageing identities (n=22), stereotyping and self-stigma (n=19), subjective age (n=17), the ageing body (n=7), and future self views (n=6). The conceptual approach researchers used in the different themes employed varying points of reference for participants to compare their own ageing process with. The way in which researchers framed perceptions of ageing had certain inherent assumptions, and these can unintentionally contain negative or positive messages about ageing.
Seniors exercise parks – the future of active outdoor space for older people: challenges and recommendations for successful community engagement

Assoc Prof Pazit Levinger\textsuperscript{1}, Dr Maya Panisset\textsuperscript{1}, Mr Jeremy Dunn\textsuperscript{1}, Dr Frances Batchelor\textsuperscript{1}, Assoc Prof Briony Dow\textsuperscript{1}, Prof Keith Hill\textsuperscript{2}

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8E, Meeting Room C2.4, November 7, 2019, 11:00 AM - 12:30 PM

Creating inclusive and accessible outdoor environments that encourage and provide opportunities for older adults to engage in physical activity and social interaction is critical for healthy ageing. The Seniors Exercise Park is a unique purpose-built outdoor exercise equipment integrating multiple stations specifically designed for older people to improve strength, balance, flexibility, mobility and function. This innovative outdoor exercise equipment is designed to fulfil the need for an active outdoor space for older people to be physically active in the community. With higher sedentary behaviour and physical inactivity reported among older people, creating opportunities for older people to engage in outdoor physical activity is important and requires commitment from the community and local governments. This presentation will overview the approach being utilised in a current active ageing project using the Seniors Exercise Park in Victoria. This project includes two councils: Whittlesea City Council and Wyndham City Council and a Retirement Living and Aged Care Organisation (Old Colonist’s Association of Victoria). The presentation will cover steps to ensure active engagement and collaboration with key stakeholders (eg local councils), for example communication within organisational divisions (Open Space and Age and Disability), marketing and promotion, training and education and engagement of local senior groups (U3A). Installation and associated risk management will also be overviewed. Challenges and recommendations for successful partnership and engagement with local governments and community for the delivery of sustained physical activity program for older people using Seniors Exercise Parks will be discussed.
The potential of technology with ageing: What do users think?

Dr Jacki Liddle¹, Mr Peter Worthy¹, Dr Avelie Stuart², Dr Anthony Angwin¹, Prof Mark Levine², Associate Professor Tim Kastelle¹, Prof Janet Wiles¹, Prof Nancy Pachana¹, Prof Linda Clare², Florence Project Lived Experience Expert Reference Group¹

¹The University of Queensland, ²The University of Exeter

8E, Meeting Room C2.4, November 7, 2019, 11:00 AM - 12:30 PM

Technology is expected to help meet the independence and care support needs of an ageing population. Despite research and industry focus on such technologies, so far, there has been lower than expected uptake and high abandonment. Research indicates this may relate to a lack of engagement with the proposed users of the technology. Moving towards a person-centred, rather than technology-centred approach is recommended.

This presentation will provide preliminary results from two studies exploring the perspectives of older people about technology.

The first study involves co-design of technology with people living with dementia and their care partners. A multidisciplinary design team involving people living with dementia, care partners, health professionals and developers and designers participated in a design sprint. Direct perspectives from an earlier study were used to set initial design implications, including potential benefits of technology for participation, usability concerns and ethical implications. Designers each designed one prototype technology, that was iteratively improved through consultation with team members. Reflections on the process and the prototype technologies developed indicated the vital importance of including technology users in the design process. Principles of design elicited included a focus on participation and preferences rather than symptoms, the need for personalisation, and simplicity.

The second study was framed through interpretive description. Interviews and workshops were undertaken in Australia and the United Kingdom involving older people about the nature of connection to people and places using technology. Participants described meaningful connections, the aspects of connection that increase or reduce the subjective quality, and the potential for unintended consequences in using technology for connection.

These preliminary findings indicate the range of ways that technology may impact on the lives of older people. The potential complex considerations of benefits, difficulties and consequences related to technology should be consider when designing, recommending and using technology with older people.
Design of Residential Aged Care for Australian Indigenous in South-east Queensland: Case studies and mixed method approaches.

Ms Yim Eng Ng

1University of Queensland, Aboriginal Environment Research Centre, School of Architecture

8E, Meeting Room C2.4, November 7, 2019, 11:00 AM - 12:30 PM

Ageing Aboriginal and Torres Strait Islander populations are undergoing increased life spans and are highly urbanised, especially in South-east Queensland (Biddle, 2011; Biddle & Markham, 2017). However, there exist a limited number of residential aged-care facilities that have been designed to support the social and cultural living preferences of Aboriginal and Torres Strait Islander clients. Furthermore negligible evidence-based design research or specific literature on culturally appropriate environments for Indigenous people in residential aged care is available for architects and aged-care service providers to plan, design or upgrade aged-care facilities. The only available relevant literatures on culturally appropriate design are to be found in the fields of housing, prisons design, courthouses and courtroom design (Murphy, Grant, & Anthony, 2018; Birdsall-Jones et al., 2016; P. Memmott, P. L. Memmott, Stephen & Seelig, 2007). And in recent years Indigenous architectural approaches to hospitals and health clinics are emerging (McCafferty, 2016; Tawa, 2002, p. 70). Culturally appropriate design for aged-care facilities has continued to miss out. This research is therefore the first to examine the architectural conditions that help to improve Indigenous residents’ experiences in aged-care facilities. Case study approaches and a combination of methods will be used to examine physical environments in aged care facilities that support cultural and social preferences of Aboriginal and Torres Strait Islanders in South-east Queensland. Critical insights into what creates culturally appropriate built environments from the study can potentially influence the way in which architects and aged-care service providers design for cultural diversity in future urban residential aged care settings.
The use of mobile translation technology in the healthcare setting for basic communication with patients with limited English proficiency.

Mr Kerry Hwang1, Ms Sue Williams1, Ms Betty Haralambous1, Dr Anita M.Y Goh1,2,3, Dr Dina LoGiudice1,4, Dr Emily You2, Dr Terence W.H Chong2,3,4, Ms Monita Mascitti-Meuter4, Mr Emiliano Zucchi5, Dr Frances Batchelor1

1National Ageing Research Institute, 2Academic Unit for Psychiatry of Old Age, University of Melbourne, 3Melbourne Health, 4St Vincent’s Hospital, 5Northern Health

8E, Meeting Room C2.4, November 7, 2019, 11:00 AM - 12:30 PM

Introduction:
Interpreters are vital in overcoming language barriers in healthcare settings. However they are in high demand and it is not always possible nor appropriate to call on interpreters, particularly for low-risk communication such as daily nursing care. As a result, healthcare staff may use ‘getting-by’ methods of communication which may increase miscommunication and result in sub-optimal care. The use of mobile translation technology such as translation apps may be useful in overcoming language barriers, however their suitability for low-risk communication is unknown.

Method:
To assess the suitability of translation apps for low-risk communication, we conducted a two month trial of three translation apps (Google Translate™, TalkToMe and CALD Assist™) across four sub-acute aged care wards using iPads. Each site used iPads loaded with the translation apps to interact with patients with limited English proficiency when providing routine nursing care. We report the staff attitudes and experiences of the translation apps on the wards.

Results:
Our results show that translation apps with pre-set healthcare related terms were easier to use and resulted in more positive interactions with the patient than translation apps with live voice-to-voice function for conveying low-risk communication. Nursing staff reported positive experiences of using translation apps including the convenience of retrieving information quickly, assisting staff with providing good care, and building good rapport with patients. However, some barriers experienced by staff included: accuracy of translation and dialect issues, patients not understanding the purpose of translation apps, and nursing staff unable to understand what patients are saying when responding to the translation apps in their native language.

Conclusion:
Our results demonstrate that translation apps with pre-set phrases may be more appropriate than translation apps with live voice-to-voice translation for low-risk communication in the healthcare setting, however the barriers to use of these apps need to be considered.
Interpreting through web-based videoconference in cognitive assessments: a pilot study

Dr Xiaoping Lin1,2, Clinical Associate Professor Dina LoGiudice2,3, Ms Betty Haralambous2, Ms Ellen Gaffy2
1 Monash University, 2 National Ageing Research Institute, 3 Melbourne Health

8E, Meeting Room C2.4, November 7, 2019, 11:00 AM - 12:30 PM

Background: People from Culturally and Linguistically Diverse (CALD) backgrounds account for a significant proportion of patients with dementia in Australia. Compared to Anglo-Australian patients, CALD patients are often diagnosed with dementia at a later stage. Difficulty in communication due to shortage of interpreters may contribute to this discrepancy. Interpreting through web-based videoconference (i.e., e-interpreting) offer a potential solution to this problem through increased access to interpreters regardless of interpreters’, clinicians’ and patients’ locations. However, few studies examined the use of e-interpreting in cognitive assessments with CALD patients. This pilot study examined the feasibility, acceptability and reliability of e-interpreting in cognitive assessments with CALD patients.

Methods: A total of seven clients, six clinicians and five interpreters were recruited in the study. Clients were patients from the Melbourne Health Cognitive Dementia and Memory Service. They received two brief cognitive assessments, one using face-to-face interpreting and the other using e-interpreting. The order of the assessments was alternated between participants. The Rowland Universal Dementia Assessment Scale (RUDAS) and the Geriatric Depression Scale (GDS) were used in the assessments and their scores were used to evaluate the reliability of e-interpreting. After each assessment, patients, clinicians, and interpreters completed a survey, on perceived feasibility and acceptability of e-interpreting. The project was funded by Dementia Australia Research Foundation.

Results: Surveys with clinicians, clients and interpreters showed that e-interpreting was feasible and acceptable in cognitive assessments with CALD patients. However, interpreters reported lower level of acceptance than clinicians and clients. The RUDAS and GDS scores from e-interpreting assessments were highly associated with those using face-to-face interpreting, indicating that results from e-interpreting was as reliable as those from face-to-face interpreting.

Conclusion: The pilot study found that e-interpreting is feasible, acceptable and reliable for use in cognitive assessments with CALD patients.
Familial Elder Abuse: Who Reports and Why?

Ms Anna Gillbard\textsuperscript{1}

\textsuperscript{1}UnitingCare

8F, Meeting Room C2.5, November 7, 2019, 11:00 AM - 12:30 PM

The abuse of older people by family members is increasingly recognised as a pervasive problem in Australia. However, elder abuse is often a hidden problem and it is believed that only 1 in 24 cases may be reported. Understanding more about who reports familial elder abuse, in response to which situations can help to inform targeted awareness-raising campaigns and training programs.

Data collected by an elder abuse helpline in Queensland over a four-year period was analysed to examine factors that were associated with particular groups of people reporting the abuse (“notifiers”). Main notifier groups were: daughter, friend, grandchildren, informal carer, neighbour, self, sibling, son, spouse/partner, other relative, worker, other community member. Between-group differences were found in the relationships between the notifier group and victim factors such as: age, gender, having a cognitive impairment and being dependent on the perpetrator. It was also found that the notifier differed as a function of perpetrator gender, the relationship between the perpetrator and victim, and the type of abuse.

This presentation will discuss factors that were associated with different groups of notifiers and how this knowledge can be used to enhance elder abuse intervention and future research.
What does it mean to die at home?

Dr Victoria Jane Cornell1
ECH

8F, Meeting Room C2.5, November 7, 2019, 11:00 AM - 12:30 PM

Broadly aligned with the desires of older people, much of Australia’s current aged care policy focuses on ageing-in-place. However, little is known about the types and arrangement of care and services that most effectively support older people to remain living confidently in their homes, until death should they prefer. Additionally, little is known about how older people, and their care networks, actually feel about dying at home as their condition deteriorates.

Across 2017-18, ECH undertook the ‘Enabling Responsive and Individual Care at Home’ (EnRICH) pilot study. After random selection, 12 clients with various clinical and social care presentations consented to participate. Aged from 71-91 years, each displayed factors that heightened their likelihood of permanent admission to residential aged care (RAC). Each participant had a single Care Manager, who enacted broadened care management activity, additional funding (where applicable) and an enhanced service suite over a 26-week period.

Quantitative investigation explored the type, cost, quantity and construction of care and services that could support someone at risk of permanent RAC admission to remain living at home. Qualitative research explored both participants’ and their carer’s:
• views of, and approaches to, ageing
• experience of care, and feelings of safety during the EnRICH trial
• opinions on sustainability of care at home, gaps and potential improvements to the EnRICH model.

This presentation reports on the qualitative element of the project, including the issues that prevented clients taking up extra services; whether carers of clients struggled more with the notion of safety and implications of dying at home; and the positive finding that the more holistic approach enacted through the trial was effective. These findings will be discussed, as will implications for care-at-home policies and programs.
Adult Safeguarding Unit - Responding to elder abuse in SA

Mrs Elicia White, Ms Cassie Mason
1Office For Ageing Well, Sa Health

8F, Meeting Room C2.5, November 7, 2019, 11:00 AM - 12:30 PM

We know that one in 20 older Australians experiences some form of abuse, often by someone they know and trust. The complex nature of abuse means there is no one size fits all response, with potential responses ranging from a person just needing information, advice and follow up, through to coordination of a number of services to effectively support them.

The Office for the Ageing (Adult Safeguarding) Amendment Act 2018 fulfilled the South Australian Government’s commitment to progressing legislation to create a rights-based legal framework for the prevention of abuse and neglect of vulnerable adults. This legislation, which the first of its kind in Australia, establishes a new Adult Safeguarding Unit with statutory responsibility and accountability for responding to concerns of abuse, neglect or mistreatment of vulnerable adults.

Open for business from October 2019, the Adult Safeguarding Unit provides the South Australian community with an agency that is empowered – with the ability to investigate and pursue matters – but that is also approachable – working positively with and for the vulnerable adult to preserve the relationships that are important to them.

Anyone with concerns or suspicions about abuse or neglect of a vulnerable adult can report their concerns to the Unit, and the Act provides ‘authorised officers’ with a range with information gathering powers to enable them to investigate reports of abuse effectively. The Unit then works collaboratively to support the referral of clients between organisations and services where needed, and coordinate multi-agency, multi-disciplinary responses to supporting the vulnerable adult, in line with their wishes.

This oral presentation will discuss the South Australian approach to establishing its new Adult Safeguarding Unit, including the ongoing engagement with stakeholders across government, non-government organisations and the community on the implementation of the legislation and the development of a rights-based service model.
Poor regulatory control of aged care quality in Australia: Regression models on the last decade of non-compliance and sanction reporting.

Dr Richard Cumpston, Dr Kasia Bail
1University of Canberra, 2Australian Projections Pty Ltd

8F, Meeting Room C2.5, November 7, 2019, 11:00 AM - 12:30 PM

Objectives: Our objectives were to analyse data on the regulatory control of residential aged care homes in Australia, and to identify opportunities for improvements in order to inform the Royal Commission into Aged Care Quality and Safety.

Methods: Freedom of information requests were used to complement publicly available reporting data. We fitted Poisson regression models to Australian government non-compliance notices since 2010, and to sanctions since 2003. Provider type (for-profit, not-for profit and government homes), remoteness, state, size, government funding and year were used as independent variables.

Results: For-profit homes were estimated to have a 1.7 times the risk of receiving a notice than not-for profit homes; regional homes were estimated to have 1.32 times and remote homes 3.17 times the risk compared to city homes. Sanctions were also higher in for-profit homes (RR 2.78) compared to not-for profit homes, and remote homes (RR 4.53) compared to other homes. Homes with lower than average funds per place had significantly higher risks of being sanctioned.

There were large year-to-year variations in notices and sanctions, with abrupt changes in 2009 and 2017. These abrupt shifts probably reflected major changes in the decision making of Australian government agencies, rather than real changes in quality. This is unfair to providers, and unhelpful to consumers.

Conclusions: There are currently no reliable data about aged care quality. The present subjective regulatory controls need to be supplemented by objective data on the quality of care and consumer experience. Detailed research will be needed, taking into account the potential of new technology.
Aged care workers’ perspectives of approaches to achieving a flexible, skilled and sustainable aged care workforce

Prof Lily Xiao1, Associate Professor Ann Harrington1, Professor Kostas Mavromaras2, Professor Julie Ratcliffe1, Associate Professor Stephane Mahuteau2, Dr Linda Isherwood2, Dr Carolyn Gregoric1

1College of Nursing and Health Sciences, Flinders University, 2Future of Employment and Skills Research Centre, The University of Adelaide

8F, Meeting Room C2.5, November 7, 2019, 11:00 AM - 12:30 PM

Background: Supplying an adequately prepared aged care workforce with flexibility and necessary skills has become a critical issue to ensure high-quality and sustainable aged care services for older Australians in the future. Understanding aged care staff perspectives of workforce issues is a prerequisite for evidence-based aged care planning. This study reports part of a large project entitled ‘Achieving a skilled and sustainable aged care workforce for Australia’ funded by the Australian Research Council. Methods: The aims of this study were to identify (1) the reasons why workers decided to enter and leave the sector; (2) the factors influencing their preferences to transition between the community and residential care; and (3) issues affecting their practices. A qualitative design using interpretative description and thematic analysis was applied to the study. Data were collected via face-to-face in-depth interviews with aged care workers.

Results: In total, 32 workers from three aged care organisations participated in the study. One third of them were health professionals and the remainder were personal care assistants or lifestyle assistants. The average year of work experience in aged care was 9.8 (SD7.5) years. The majority (62%) were employed in residential aged care facilities and 38% in the community.

Six main themes were identified from data analyses. They were: (1) aged care as a career choice; (2) working in the sector by chance; (3) stability, awards and positive working environment as attractions to stay; (4) challenges arisen from transition between residential and community care settings; (5) relationship-oriented caring activities and teamwork; (6) a quality and coherent workforce built on selection of workers, education and skill training.

Conclusion: Findings support that policy development, education and skills training, and organisations’ support for creating a positive working environment are imperative for achieving a flexible, skilled and sustainable aged care workforce.
Socioeconomic position, psychosocial measures, and mortality among older Australian men: The Concord Health and Aging in Men Project.

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9A, Pyrmont Theatre, November 7, 2019, 1:40 PM - 2:55 PM

Background
Socio-economic disparities in mortality persist at older ages. The mechanisms underlying these disparities are likely to involve psychosocial pathways. Thus, we investigated the potential mediator effects of psychosocial measures in the association between socio-economic status (SES) and all-cause mortality among older people.

Methods
Participants were 1407 men (77.3±5.5 years) from the Concord Health and Aging in Men Project, a prospective population-based cohort (established in 2005-07, NSW Australia). Educational attainment, occupational position, source of income, and housing tenure were used to derive a 7-level cumulative SES score (higher value corresponding to greater disadvantage). Three sets of psychosocial measures were longitudinally assessed as potential mediating factors: psychological measures (depressive and anxiety-related symptoms), structural measures of social support (marital status, living with children, number of family and non-family member supports, and social interaction score), and a functional measure of social support. Participants were followed-up for all-cause mortality through the state-based death registry up to December 2017. Associations were quantified using Cox regression adjusted for age, age squared, and country of birth with cumulative SES scores modelled categorically (tertiles). Mediation was assessed using the “change-in-estimate” method.

Results
During a mean follow-up period of 9.1 years, 711 deaths occurred. The adjusted hazard ratio (HR) for all-cause mortality was 1.49 (95% confidence interval: 1.25, 1.78) for those in the lowest relative to highest tertile of cumulative SES score. The association remained statistically significant after adjustment for all three sets of psychosocial measures (HR: 1.34; 95% CI: 1.11, 1.62) with 26% attenuation. Psychological measures were the main explanatory factor of the social disparities in mortality (attenuation of 19.0%) followed by structural measures (attenuation of 8.5%).

Conclusion
In a population-based cohort of older Australian men, we found that a greater burden of psychiatric symptoms and fewer social interactions explained about one-third of the SES disparities in mortality.
Hearing Aid Uptake, Benefit and Use: Hearing, Cognition and Family

Prof Richard Dowell¹, Ms Grace Nixon, Dr Julia Sarant¹, Dr Danielle Tomlin¹
¹The University of Melbourne

9A, Pyrmont Theatre, November 7, 2019, 1:40 PM - 2:55 PM

Objective: Hearing impairment and cognitive impairment is positively associated with increased age and have significant financial and personal impact on individuals and communities. Hearing Aids (HAs) are readily available to improve hearing and subsequently the quality of life of hearing-impaired individuals, potentially demonstrating positive impact on cognitive function also, however there is currently limited research in this area. This research aimed to investigate how hearing, cognition and personal factors influence HA outcomes (uptake/use/benefit) in older adults.

Design: Experimental study design with 85 older adults between the ages of 60.33 and 80.08 (m =70.23, SD = 5.17). Hearing was assessed using Pure Tone Audiometry (PTA), the Listening in Spatialised noise-Sentences (LiSN-S) test and Dichotic Digits Test. Cognition was measured using the COGSTATE Brief Battery. Personal factors were recorded from participants answers on a series of take-home questionnaires. Hearing aid benefit and use was subjectively reported at three- and six-month post HA fitting.

Results: Those that decided to uptake HAs had significantly poorer hearing as measured by PTA and the LiSN-S test. Poorer hearing in the mid and high frequencies was also significantly related to greater reported HA benefit. Lastly, stronger psycho-motor function predicted greater reported use of HAs at three- and six-months post HA fitting. Greater family interaction and attention scores also predicted greater HA use at three- and six-months post fitting respectively.

Conclusions: A combination of hearing, cognitive and psycho-social factors impact HA outcomes in older Australians. These factors should be considered in audiological rehabilitation to best maximise patient HA outcomes, and further research should consider long term clinical implications HA fitting has on natural cognitive decline in older adults.
Health literacy and polypharmacy in older Australian women

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¹Deakin University, ²Alfred Health

9A, Pyrmont Theatre, November 7, 2019, 1:40 PM - 2:55 PM

Background
Polypharmacy is associated with inappropriate medicine use and poorer health outcomes in older adults. Consumers require a range of health literacy abilities and supports to engage in medicine related decision making and ensure medicine use is appropriate to consumer goals of care. We investigated associations between health literacy and polypharmacy in older women.

Methods
Data were collected as part of the 15yr follow-up of women in the Geelong Osteoporosis Study, a population-based cohort study. Participants aged ≥60yr were included in analyses. Current medicine use was self-reported and polypharmacy was defined as ≥5 medicines. Health literacy was determined using the multidimensional Health Literacy Questionnaire (HLQ), which provides scores across nine scales. Cluster analyses were used to group participants with similar health literacy profiles into four clusters. Logistic regression was used to investigate associations between health literacy cluster and polypharmacy.

Results
Among 321 women (median age 70.8yr [IQR 65.6-77.2yr]), 172 (53.6%) used ≥5 medicines. Cluster analyses identified four distinct health literacy profiles among women. Cluster One (n=26) had high health literacy scores relative to other clusters. Cluster Two (n=105) were confident engaging with healthcare providers but less confident finding information. Cluster Three (n=143) demonstrated relatively fewer health literacy supports and resources. Cluster Four (n=40) demonstrated comparatively low scores across all HLQ scales. In regression analyses, holding Cluster Four as referent, we observed a non-linear association between health literacy and polypharmacy. Clusters Three and Two were less likely to experience polypharmacy than Cluster Four, demonstrating an association and a trend for differences, respectively (OR 0.4 [95%CI 0.2-0.8]; OR 0.5 [95%CI 0.2-1.1]). No differences were observed between Clusters One and Four.

Conclusion
These results suggest health literacy may be important in appropriate medicine use in older women. This has implications for the way clinicians engage older adults in medicine related decision making.
Health and Social Determinants of Complementary Therapies Use by Older Australians

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The increasing use of complementary therapies by older Australians has been referred to by some studies as over-use by the “worried well”. However, this may not always be the case for all older people. In this paper, we explore the association between use of complementary therapies and socio-demographic factors, health conditions and social support.

The data comes from a cross-sectional survey component (n=920) of a larger research project on determinants of successful ageing. The outcome measure was ‘use of one or more complementary therapies over the past one year’. Covariates include socio-demographic factors, private health insurance, mean physical and mental health composite scores (PCS & MCS) derived from SF-12 scale. Duke Social Support Index (DSSI) was used to measure social connectedness (mean interaction and satisfaction scores). Stressors such as adverse life-events were also included. Bivariate and correlation analyses was undertaken, followed by multivariable logistic regression analysis to assess statistically significant predictors of complementary therapy use.

Overall, 43% of the study sample reported using one or more complementary therapies. At the bivariate level, statistically significant associations were found for age (< 70 years), sex (females), private health insurance, care-giving, chronic pain, lower PCS and MCS values, lower DSSI-social-interaction & satisfaction scores, and higher number of adverse life-events. Multivariable analysis showed, statistically significant higher odds ratios (OR) for age (OR: 1.9, 95%CI 1.4-2.5), being female (OR: 1.8, 95%CI 1.3-2.4), chronic pain (OR: 1.6, 95%CI 1.1-2.4), mean PCS (OR: 1.2, 95%CI 1.1-1.3), and DSSI-social-interaction score (OR: 1.2, 95%CI 1.1-1.3).

The high proportion of complementary therapy usage aligns with data from other studies. Nevertheless, it seems that there are significant health and social factors at play such as chronic pain, ill-health, and limited social connections. Associated covariates for different complementary therapies will be highlighted and implications discussed considering available scientific evidence of beneficial impact.
Atrial fibrillation - Medication patterns in older women in Australia

Dr Shazia Shehzad Abbas1, Dr Tazeen Majeed1, Professor Kichu Nair1, Professor Julie Byles1
1University of Newcastle

Atrial Fibrillation (AF) is an emerging epidemic, with different patterns of disease initiation, progression and outcomes amongst women compared to men. However, little is known about the treatment of AF among older women, especially in the presence of other comorbidities that can affect the risks and benefits of medications. This project aims to determine patterns of medications for AF used by Australian women, and how these relate to other risks and comorbid factors, and to longer term health outcomes.

The project analysed data from the 1921-26 birth cohort of the Australian Longitudinal Study on Women’s Health, linked to state based admission registry (hospital data), and national Pharmaceutical Benefits Scheme data (PBS). A total of N= 1394 women were identified as having AF from 2002-2012. PBS data was used to determine medication use. Latent Class Analysis found that there are three distinct classes of AF medications among cohort - No medication (n=121, 8.7%), Platelet Aggregation Inhibitors with Rate control (n=531, 38.1%) and Vitamin K inhibitors with Rate control (n=742, 53.2%). There was no difference in the mean age of first diagnosis (82.8±3.9, 84.7±3.3, 84.1±3.2) or CHA2DS2–VA* score (3.1±1.2, 3.3±1.1, 3.1±1.1) among the three classes respectively. Women in these classes though differed with respect to comorbidities. Women in no medication class had high physical function score 56.8 vs. 51.9 and 53.7, were less frail 35.5% vs. 48.6% and 43.7%, and had less comorbid conditions; hypertension 53.7% vs. 64.8% and 66.4%, and arthritis 47.9% vs. 54.8 and 52%. Despite being relatively healthy, women in no medication class survived less compared to women in other treatment classes. Median survival time 35 months vs. 39 and 47 in each class respectively.

This underscores the need to further understand the decisions that determine the choice of medication in patients with AF.
'We don’t have to wait so long for an interpreter’: the use of e-interpreting for in-home cognitive assessments with older culturally and linguistically diverse (CALD) Australians.

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9B, Meeting Room C2.1, November 7, 2019, 1:40 PM - 2:55 PM

Introduction:
Older people from culturally and linguistically diverse (CALD) backgrounds are diagnosed with dementia at a later stage than other Australians, potentially due to the scarcity of interpreters. Using interpreters over video modalities (E-interpreting) is an innovative solution to address interpreter shortages, however assessing cognition through e-interpreting has not been conducted in an older population. This paper explores a study looking at the feasibility, reliability and validity e-interpreting to assess cognitive impairment in older people from CALD backgrounds.

Methods:
Participants were recruited from Aged Care Assessment Services and a multicultural community services organisation. We compared assessment scores via both face-to-face and e-interpreting modalities, whereby a subset of 45 participants were randomised with respect to modality. We administered satisfaction surveys for e-interpreting, and conducted qualitative interviews to explore experiences of e-interpreting among clinicians, interpreters and clients.

Results:
We recruited 109 participants to the study. The average age of participants was 83 years, 65% were female. Paired mean differences showed no significant differences in scores (RUDAS: 0.1, p=0.82, GDS: -0.04, p=0.928) between face to face and e interpreting modalities. Satisfaction of e-interpreting was rated highly across all groups. Qualitative interviews revealed that while face-to-face interpretation for cognitive assessment was preferred, participants recognised the value of e-interpretation when this was not possible. Interpreters viewed benefits of e-interpreting as: reducing travel distance and time, and maintaining professionalism, particularly in regional areas where communities, including interpreters, are well known to each other.

Conclusion:
Findings revealed no significant differences in assessment scores when comparing face-to-face and e-interpreting modalities. All groups were satisfied with the experience of e-interpreting. E-interpreting could be a viable solution in improving timely access to diagnosing dementia for older people from CALD backgrounds, by improving clinician access to interpreters. The project was funded under the Dementia and Aged Care Services fund (2017-2019).
The impact of caregiving by older men on hospital admissions

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9B, Meeting Room C2.1, November 7, 2019, 1:40 PM - 2:55 PM

Introduction: Caregivers may be at higher risk of hospitalization than non-caregivers because caregiving impacts adversely on health. Alternatively, caregivers may avoid hospitalizations because of their caregiving responsibilities. This study aimed to investigate the association between caregiving and overnight hospital admissions in older men.

Method: Data was analysed from the Concord Health and Ageing in Men Project (CHAMP), a representative cohort study of community-dwelling men ≥ 70 years of age. Data collected from the men was linked with New South Wales administrative health data on hospital admissions. The 1129 men who did not change their caregiving status at the first and the second waves of CHAMP were the study sample. Caregivers (n= 84) and non-caregivers (n= 1045) were identified. Regression models adjusting for important covariates were used to determine if caregiving status was associated with hospitalisation. Log-linear regressions were applied to test the risk of hospital admission incorporating different length of follow-up of individuals. Linear regressions accounting for different follow-up period were also used to test the difference in length of hospital stay between caregivers and non-caregivers.

Results: Over an average 3.55-year follow-up, 39.2% of participants were admitted > 1 time for a planned overnight admission and 46.4% of participants were hospitalised > 1 time for an unplanned overnight admission. A significantly lower rate of planned overnight admission was observed in caregivers than non-caregivers (rate ratio: 0.61, 95% CI: 0.45 – 0.83, p= 0.002). However, there was no difference between caregivers and non-caregivers in their rate of unplanned overnight admission or on the number of days in hospital for either planned or unplanned admissions.

Conclusion: These findings suggest that older male caregivers may avoid planned hospital stays and provide insights into how caregiving influences health-related behaviours.
Implementing a global sedentary-behaviour intervention in a local hospital setting

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9B, Meeting Room C2.1, November 7, 2019, 1:40 PM - 2:55 PM

Introduction: The ‘End-PJ-Paralysis’ movement is tackling in-hospital sedentary behaviour on a global scale. We aimed to investigate factors influencing the implementation of a multi-faceted sedentary behaviour intervention on Geriatric Evaluation and Management (GEM) wards at a single site in Victoria.

Methods: As part of a state-wide implementation, the End-PJ-Paralysis initiative, aimed at getting patients ‘up, dressed and moving’, was implemented on four GEM wards at a Victorian Hospital (n=129 patients). The Institute for Healthcare Improvement’s Model for Improvement was followed, and a series of Plan-Do-Study-Act (PDSA) cycles utilised to identify barriers to implementation and to evaluate the feasibility of solutions. Monthly planning and evaluation sessions included staff, patients and caregivers from participating wards. Bimonthly sessions were held with staff from 39 hospitals across the state.

Results: A range of barriers to implementation were identified, including patients lacking clothes, wards lacking laundry facilities, staffing ‘silos’, and a falls-risk averse culture. Solutions that proved feasible included setting up a ‘pop-up op-shop’ to provide clothing, engaging volunteers to walk with patients, providing visual cues to patients about walking distances, educating staff and patients via daily display of patient mobility data and reviewing hospital falls policies. Solutions that proved unfeasible included using pedometers with patients.

Conclusion: Innovative methods are required to tackle the complex problem of sedentary behaviour in hospitals. A collaborative approach which specifically addressed local problems proved successful in identifying feasible strategies for implementing a multi-faceted sedentary behaviour intervention.
Association between Patterns of Community Care Use and RAC Admission

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Objective: Most older people who enter residential aged care (RAC) have previously used community aged care. Our study examined whether consumers’ characteristics and their patterns of Home and Community Care (HACC) use, (now Commonwealth Home Support Program), were associated with transitioning to RAC.

Methods: The sample consisted of 7,933 participants from the older cohort (born 1921-1926) of Australian Longitudinal Study on Women’s Health who used HACC between 2001-2014. Patterns of HACC use were determined by using K-median cluster analysis. Predictors of transition from HACC to RAC were identified by survival analysis, with death as a completing event.

Results: Cluster analysis produced 7 distinct groups of HACC users: approximately 60% of women belonged to a basic HACC cluster with low volume and number of services; 24% belonged to three moderate HACC clusters (‘Home meal’, ‘Domestic assistance’, and ‘Home maintenance’) who used predominantly one service with moderate volume of other services; and 16% belonged to three complex HACC clusters who used a greater volume and number of services. Compared to basic HACC users, moderate HACC users (HR=0.81, 95% CI: 0.75-0.88) and complex HACC users (HR=0.67, 95% CI: 0.61-0.74) were significantly less likely to enter RAC, after adjusting for demographic and health characteristics. Living in remote or outer regional areas than major cities (HR=0.85, 95% CI: 0.75-0.95) was associated with a decreased hazard of entering RAC compared with major cities; while compared with living in a house, apartment (HR=1.25, 95% CI: 1.14-1.37) and retirement village (HR=1.43, 95% CI: 1.27-1.62) were associated with increased hazards of entering RAC. Dementia was the key predictor of entering RAC (HR=4.90, 95% CI: 4.53-5.32). Furthermore, increased physical and social functioning scores were associated with decreased hazards of entering RAC (p<0.05).

Conclusions: The findings highlight the significance of providing a range of HACC services to support older people longer in the community and to reduce RAC admission.
Prevalence of advance care directives among older people accessing Australian residential aged care services

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9B, Meeting Room C2.1, November 7, 2019, 1:40 PM - 2:55 PM

Background
Advance care planning (ACP) supports people to consider and communicate their future treatment preferences and document them in an advance care directive (ACD). ACP and the use of ACDs is supported by Australian legislation and policy. The Charter of Aged Care Rights promotes person autonomy and choice about care. However, the uptake of ACDs in Australian residential aged care facilities (RACFs) is unknown. This study aimed to describe the prevalence of ACDs among those aged 65 years and older living in RACFs.

Methods
A prospective multi-centre health record audit. The methodology was informed by literature review, a 2017 pilot study and reliability testing. Organisations were recruited via expression of interest. Auditors received jurisdictional-specific training. The primary outcome was presence of an ACD in the resident’s record.

Results
2389 records were audited in 58 RACFs representing six of the eight Australian jurisdictions. The overall prevalence of ACDs in audited records was 37.7% (range 0 to 100%). Rates of individual ACDs were: statutory ACD-preferences for care = 8.7%; statutory ACD-substitute decision-maker = 16.6%; and non-statutory ACD = 18.0%.

Conclusions
This is the first Australian study to describe the prevalence of ACDs across multiple RACFs and jurisdictions. The prevalence of ACDs in RACFs was relatively low considering their role in end-of-life care. RACFs need to improve ACP policy; promote documentation of quality ACDs when relevant; improve storage and accessibility within health record systems; ensure workforce ACP education and training; promote awareness amongst residents, family and carers; and implement quality improvement and ongoing monitoring.
Aboriginal Art Centres: keeping our Elders strong and connected

Ms Paulene Mackell1,2, Ms Roslyn Malay3, Dr Scott Fraser1, Dr Maree Meredith7, Ms Margaret Smith6, Ms Michelle Young4, Ms Linley Nargoodah5, Ms Belinda Cook5, Dr Chrischona Schmidt6, Ms Roseranna Larry6, Ms Kathryn Squires5, Dr Jessica Cecil1, Dr Frances Batchelor1, Associate Professor Briony Dow1

1National Ageing Research Institute, 2RMIT, 3UWA, 4Tjanpi Desert Weavers, 5Mangkaja Arts Resource Agency, 6Ikuntji Artists, 7Centre for Remote Health

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In Australia there are approximately 90 Indigenous controlled art centres and the vast majority are located in remote settings. These organisations are very important to the social, cultural and economic well-being of their communities. This symposium will provide an overview of a study that is exploring the ways in which art centres are supporting older artists who may be living with dementia and other conditions associated with ageing. The project is being led by the National Ageing Research Institute and is a collaboration with Mangkaja Arts Resource Agency in Fitzroy crossing, Ikuntji Artists in Haasts Bluff, and Tjanpi Desert Weavers in the NPY Lands. Partners also include Kimberley Aged and Community Services, NPY Women’s Council Tjungu Team, the Centre for Remote Health, UWA and RMIT.

In this symposia researchers and representatives from the three participating art centres will share insights from their involvement in this qualitative study. This includes sharing themes that have emerged from over 100 qualitative interviews with artists, staff from the participating art centres and local aged care providers. We will also outline how the methodological approach of participatory action research has provided a rigorous framework to guide the research process and ensured that each stage of the project has been led by the priorities of the art centres. This innovative study speaks to new ways of knowing and enacting strategies that facilitate ageing well in Aboriginal communities. These ways reflect the core business of art centres who operate from a strengths based perspective and enact a model of care that emerges from and maintains the priorities of older Aboriginal people to keep country, family and community central to all decisions and actions. Audience members can expect a creative presentation that reflects the merits of interdisciplinary collaborations and the strengths and generosity of our Elders.
Dementia Literacy: “What’s the point?”

Ms Carol Maddock1, Professor Norah Keating1, Associate Professor Martin Hyde1
1Swansea University

9C, Meeting Room C2.2, November 7, 2019, 1:40 PM - 2:55 PM

There has been an increasing understanding and evidence base for the role of Health Literacy (HL) on population health and wellbeing over several decades. A key principle of HL: that increased knowledge of health conditions and risks can lead to actions resulting in improved health outcomes, has inspired other disease-specific literacies in anticipation of similar pathways and outcomes. Dementia literacy is a relatively new area of investigation. Dementia is a global and national priority, highlighted as an important area of public health policy due to concerns about its increasing prevalence; a generally poor public knowledge base of dementias; and reduced quality of life of those affected.

This presentation will discuss findings from a study exploring dementia literacy among older people (aged 65+) in Wales. Interviews with 26 participants examined knowledge about dementia and factors influencing their motivation to learn. Results demonstrated limited knowledge of dementia risks, treatment and management and an aversion to learning more. Information was to be avoided as overwhelmingly perceptions of the disease and its trajectory of decline and loss were considered to be terrible and inevitable. The abstract title is illustrative of those considering that there was little benefit in knowing more. Findings revealed how understandings of dementia were acquired and how social factors influenced these perceptions.

This research has aided an expanded conceptualisation of dementia literacy. Understanding and addressing factors influencing attitudes could motivate engagement in dementia literacy. This includes tackling fear, fatalism and stigma; promoting the possibilities of living better for longer with dementia; and/or encouraging behaviours that potentially benefit cognitive health or reduce dementia risk. Interventions to minimize gaps in knowledge and misconceptions are more likely to be effective when grounded in an awareness of what people currently understand and believe about dementia.
Dementia - perhaps a Western, biomedical social construct of colonization?

Mr Rayne Stroebel
1International Longevity Centre

Bulhan (2015) writes of the consequences of colonization thus: “the first assault was on the world of things, particularly the land of conquered non-European peoples to exploit gold, silver, and other commodities. The second assault was on the world of people for obtaining free labor and carrying out sexual exploitation. The third assault was on the world of meaning by changing indigenous religions, knowledge, and identities” (p. 242). The way that indigenous people experience their being-in-the-world is no less complex than any western experience, but is different in its connectedness to the unique influence and impact of colonization. Dementia as a diagnostic category is based on biomedical assumptions and research primarily performed in Western societies with European men as subject matter (Zelig, 2013). To infer that this construct applies equally across cultures would exacerbate the colonialist assault in denying the unique cultural knowledge base and identity as drivers of the lived reality of people who are not part of the research cohort of the West.

The medicalization of ageing and pathologizing of forgetfulness are explored in this presentation, considering stigma, western social constructs of individuation (as opposed to a sociocentric cohesion in Majority World societies) and the institutionalization of people living with dementia. The presenter posits that the Western world should embrace Majority World knowledge in order to create a more inclusive society that honors the lived experience of people whose minds have changed.

Bibliography:


Snapshot of older people’s engagement in creative and physical activities

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The project we discuss is part of a large-scale interdisciplinary endeavour focused on understanding the benefits of engagement with creative activities, such as music, dance or art, for older people. There is preliminary evidence that active engagement in creative activities in later life can have a protective or restorative impact on brain health including cognitive, motor, emotional and social functioning. However, we lack an understanding of how various demographic, lifestyle and health factors impact engagement in creative activities, the impact of sustained engagement over the longer term, and the comparative benefits of different creative activities. As a first step to addressing this gap, our team are surveying over 400 older people in the Hunter, NSW, in order to discover what creative, as well as physical activities, older people have engaged with throughout their lives. We will identify what activities they currently engage in and the barriers and enablers to lifetime engagement. A number of wellbeing factors are also explored including cognition, mood, social support and quality of life. Preliminary findings characterising enablers and barriers in creative arts engagement and benefits for cognitive and psychosocial wellbeing will be presented.
The wellbeing of residents of an independent living retirement community

Dr Catherine Chojenta\textsuperscript{1}, Professor Julie Byles\textsuperscript{1}, John Key\textsuperscript{2}
\textsuperscript{1University Of Newcastle}

9C, Meeting Room C2.2, November 7, 2019, 1:40 PM - 2:55 PM

Health and wellbeing are key concerns for people aged >65, with individuals wanting to maintain quality of life and independence in daily living, and confidence that they will be able to receive appropriate support and care when required. Older people living in retirement villages have a particular opportunity to work together for collective wellbeing and support, but paradoxically may have less access to support than people living in other settings.

This project was initiated when the residents’ group of a Sydney retirement village approached the International Longevity Centre–Australia, seeking assistance in the development of a wellbeing program. They wanted a program to optimize and support physical and mental capacities throughout late life - unlocking potential, overcoming barriers, and preventing loss of capacities as people age.

The wellbeing program was co-designed by the residents and researchers, and implemented and evaluated using a participatory action research framework, involving the completion of both individual and community-level needs assessments, and qualitative evaluation of rollout and impact. Key program elements included increasing knowledge and understanding of determinants of health, specifically lifestyle behaviours, facilitating social interaction, empowering behaviour change, and empowering residents to participate in taking care of their health. Importantly, the program remains within the control of the resident community, who have been empowered to provide variants and extensions of the different activities through a “train-the-trainer” process.

While participants were mostly well and active, they had a strong appetite to undertake activities that maintained their wellbeing. The project demonstrated the potential for a resident run wellness program that can be engaged in by many residents. This pilot can now be used as a model for scaling up the program to other village settings, and for more rigorous evaluation.

This presentation will be co-presented by the researchers and a representative of the residents group.
Co-designing a dementia friendly “anytime” café in metropolitan Melbourne

Ms Sharon Porteous¹, Ms Jaime Edge²
¹Inner East Primary Care Partnership, ²Whitehorse City Council

9E, Meeting Room C2.4, November 7, 2019, 1:40 PM - 2:55 PM

The Inner East Primary Care Partnership and Whitehorse City Council, in Melbourne’s East, are partnering to lead action to support community members and organisations to develop dementia friendly businesses in Forest Hill.

People living with dementia want to continue to do the things they enjoy and participate fully in community life. However, following diagnosis many feel socially excluded. Support from local retailers to provide a dementia friendly environment would encourage greater participation of people living with dementia and their carers in social activity.

With a “doing with, not doing for” philosophy, a collaboration of organisations, carers and people living with dementia, aimed to create a supportive environment for people with dementia to participate in their community. The group successfully developed a group identity that emphasised collective contributions and decision making, maximised skills and knowledge, divided tasks, and discovered enjoyable and effective ways of working together. The strength of the process has enabled readiness to partner with local businesses to create a dementia friendly “anytime” café in a mid-sized, undercover retail centre in Forest Hill.

The group has identified how they will recruit a suitable café and is investigating training opportunities to support management and staff to learn essential skills to be able to interact with people living with dementia. It is hoped that management and staff will benefit from a rewarding experience, and people living with dementia and their carers will visit and feel welcome and included at “anytime”. There is significant potential for replication with other retailers.

Investing time in the co-design and inclusion process has led to rich results, unexpected benefits, and some challenges, and provides a strong platform for future work. Equitable partnerships that ensure a balance of power and equal voice for all participants are keys to success.
Seniors Rights Victoria and Dementia Australia - Planning for your future, for people living with dementia

Ms Jenny Philipp, Ms Melanie Perkins¹
¹Seniors Rights Victoria at COTA (Vic), ²Dementia Australia

Seniors Rights Victoria and Dementia Australia have partnered together to deliver a series of dementia-friendly community legal information sessions and legal clinics across Victoria for people who have recently been diagnosed with dementia, their carers, family and friends. The focus of the presentation will be on the participant response to the project, and common themes and considerations that have emerged. The community education sessions include the topics of Powers of Attorney and Advance Care Planning, while separate legal clinics offer one-on-one legal and advocacy consultations on those topics and also the preparation of Powers of Attorney if desired and appropriate.

The community education sessions have demonstrated that it’s important for many to consider legal implications and planning for the future in a way that empowers people to take control. While still underway, the project has highlighted the lack of understanding in the community around issues of legal capacity and decision-making for a person living with dementia, and also indicated a number of misunderstandings around the use of enduring power of attorney documents, particularly in relation to personal decisions – misunderstandings that Seniors Rights Victoria’s casework shows can lead to elder abuse.

Participant responses to the sessions have also demonstrated the interest in proper advance care planning that gives regard to a person’s ongoing wellbeing. While the decisions around future planning can be difficult the participants have appreciated the support to take control of this aspect of their future, particularly when there is so much of the future that is uncertain.
Predictors and experiences of loneliness among rural older Australians

Dr Rachel Winterton, Associate Professor Suzanne Hodgkin
1La Trobe University

Utilizing data from six rural regions in Victoria and Queensland, this mixed-methods study sought to understand the predictors of loneliness, and how loneliness is experienced among diverse rural ageing populations. At stage one, cross sectional data was collected via a telephone survey (n=266), with measures relating to wellness, health, social capital, social ties and reciprocal support, and loneliness. This was followed by a series of qualitative, semi structured interviews (n=60) with older people reporting varied levels of individual wellness, where participants were asked about their current level of satisfaction with their social relationships. A standard multiple regression found that satisfaction with social network was the greatest explanatory variable for loneliness in the model, followed by level of individual perceived wellness, support received, and mental health. The subsequent qualitative data revealed that perceived individual agency to facilitate and maintain social contacts was a key contributor to satisfaction, which was linked with lifecourse patterns of behaviour relating to social relationships, changing mobility patterns and capacities of individuals and their families, and the changing nature of rural community settings. These findings are discussed in terms of their implications for individual, community and macro-level approaches to addressing loneliness among rural older adults.
Are staff and residents of aged care facilities ready and willing to communicate about care planning?

Dr Michelle Bennett1, Professor Marita McCabe2, Jessica Byers2, Professor Kathryn non Treuer3

1Australian Catholic University, 2Swinburne University, 3Cairnmillar Institute

9E, Meeting Room C2.4, November 7, 2019, 1:40 PM - 2:55 PM

As the residential aged care sector transitions to a more consumer-directed model of care, increased emphasis is being placed on consumer input at all stages of care planning and evaluation. Many older people living in residential aged care experience difficulty communicating. Consequently, their involvement in decisions about their care will be dependent on support provided by aged care staff to aid their understanding of the care options available and to express their care preferences.

As part of the ‘Resident at the Centre of Care Program’, a training program to support the implementation of consumer-directed care in residential aged care, the current study explored the perceptions of approximately 750 residents and 690 staff from 33 facilities in NSW, VIC, QLD, and the ACT about resident-staff communication and staff readiness to promote consumer-directed care.

Findings from the study suggest residents want to be active and valued partners in communicating with staff about their care, and that overall staff support the introduction of consumer-directed care, perceiving the care model provides increased flexibility and choice for both residents and staff. Notwithstanding, residents commented they do not always feel their contribution is either sought or valued by care staff, with these feelings dependent on the way staff communicate with them. Staff also commented that to successfully implement consumer-directed care, they need sufficient time to communicate with residents about their care needs and additional staff to support resident choice.

To honour the principles of consumer-directed care and meet the new consumer focussed Aged Care Quality Standards, we conclude that communication between residents and care staff must be afforded more time, consideration and support.
Leveraging exercise for social engagement and wellness

Ms Leanne Evans
Exercise & Sports Science Australia (ESSA)

9E, Meeting Room C2.4, November 7, 2019, 1:40 PM - 2:55 PM

One contributing factor to the poorer health of all Australians is physical inactivity (Australian Institute of Health and Welfare [AIHW] 2016. Australia’s health 2016. Australia’s health series no. 15. Cat. no. AUS 199).

Australians aged 65 and over spend more leisure time sitting than younger adults and only 25% of them meet the national physical activity guideline (AIHW 2018. Physical activity across the life stages. Cat. No. PHE 225).

A systematic review by Franco et al (2015) showed older adults valued the interaction with peers that physical activity offers. Participants preferred group based activities where they could gain a sense of belonging, enjoyment and establish friendships and this social interaction motivated them to continue with exercise.

Connecting older inactive Australians to physical activity and exercise is not easy. A $22.9 million investment by the Australian Government (via the Move It Aus Better Ageing grant program) is helping older Australians move more often and become more socially connected.

This presentation highlights how one grant funded project, Exercise & Sports Science Australia’s ‘Exercise Right for Active Ageing’ is facilitating older Australians access to age appropriate and evidence-based exercise classes delivered by Accredited Exercise Physiologists and Accredited Exercise Scientists.

The grant subsidised exercise classes offer an incentive to improve wellbeing for older people through active engagement in both physical and social activities. The exercise workforce fosters social engagement through a range of group exercise classes, facilitated walking groups and customised referrals to volunteering opportunities from local volunteer resource centres.

The same incentive has also seen some aged care providers embed a wellness approach which has resulted in preserved and enhanced independence and social engagement levels of participants and reduced care needs.
Precarity, Marketisation and Aged Care: Exploring precariousness in theory and practice in the field of aged care in Australia

Prof Michael Fine

1Department of Sociology, Macquarie University

11A, Pyrmont Theatre, November 8, 2019, 9:00 AM - 10:30 AM

Over the last three decades in Australia as in many comparable countries there has been a shift away from more traditional forms of providing human services towards marketized systems of provision. These are associated with an increasing reliance on private capital and competition between a variety of providers, with private-for-profit companies competing alongside a range of not-for-profit and public agencies. This paper explores how marketisation has been accompanied by an increase in the precariousness of aged care in Australia.

It discusses the concepts of precarity and precariousness, developed to understand changes in employment and social inclusion, can be applied to the field of aged care. A distinction is made between what Martha Fineman has termed the ‘inevitable’ or naturally occurring dependencies of life and the socially constructed risks and dependencies produced as a result of the way that resources are controlled, managed and made available. This analysis is then applied to understand recent changes in the provision of care in the relatively affluent nations that boast systems of welfare capitalism. Despite the reductions in precariousness that occurred following the expansion of the welfare state, the increasing marketization of care, it will be argued, is again leading to significant increases in precarity, especially for those with life histories of socially disadvantage and marginalisation.
Exercise for preventing falls in community-dwelling older people: Cochrane Review

Dr Niki Fairhall1, Professor Cathie Sherrington1, Associate Professor Anne Teiedmann1, Associate Professor Sally Hopewell2, Professor Sallie Lamb2

1Institute For Musculoskeletal Health, 2University of Oxford

11A, Pyrmont Theatre, November 8, 2019, 9:00 AM - 10:30 AM

Aims: i) To assess the effect of exercise interventions for preventing falls in community-dwelling older people; ii) To establish the effects of different types of exercise on fall prevention.

Methods: Cochrane Collaboration Systematic Review. We searched six databases to May 2018. We included randomised controlled trials that evaluated the effects of any form of exercise as a single intervention on falls in people aged 60+ years living in the community. We classified exercise programs in the included trials into six categories. Rate and risk of falling were calculated and we pooled data where appropriate.

Results: This review includes 108 randomised trials with 23,407 participants, in 25 countries. Exercise reduced the rate of falls by 33% (Rate Ratio 0.77, 95% CI 0.71 to 0.83, p<0.001, I2 56%, 59 trials) compared to control. Exercise also reduced the number of people who fell by 20% (Risk Ratio 0.8, 95% CI 0.8 to 0.89, p=0.02, I2 27%, 60 trials), number of fall-related fractures by 28% (Risk Ratio 0.72, 95% CI 0.56 to 0.94, 10 trials), and number of falls requiring medical attention by 39% (Risk Ratio 0.61, 95% CI 0.47 to 0.80, 5 trials). There was no significant effect on number of fall-related hospitalisations or quality of life.

Three types of exercise reduced rate of falls: balance and functional exercises (Rate Ratio 0.74, 95% CI 0.65 to 0.84), Tai Chi (Rate Ratio 0.81, 95% CI 0.67 to 0.99), and multiple types of exercise (Rate Ratio 0.66, 95% CI 0.50-0.88). There was no statistically significant effect from programmes involving only resistance exercises, dance or walking.

Conclusions: This review provides moderate to high quality evidence that well-designed exercise programmes can prevent falls. Effective programmes primarily involve balance and functional exercises, Tai Chi, or incorporate multiple exercise categories.
Hypertension management for community-dwelling older people with diabetes in Nanchang, China: results from a cluster randomized controlled trial

Dr Qiang Tu1, Dr Lily Xiao1, Dr Jeff Fuller1, Dr Huiyun Du1, Dr Shahid Ullah2
1Flinders University, 2South Australian Health and Medical Research Institute

11A, Pyrmont Theatre, November 8, 2019, 9:00 AM - 10:30 AM

Background: Hypertension is the most common health condition that affects up to 50-80% of people living with diabetes. The prevalence of hypertension increases with aging. China possesses the largest number of older people living with multimorbidity of hypertension and diabetes in the world. However, the primary care system is largely underdeveloped to respond to the health care needs of this population. Hospital-centred care services are widely used in managing hypertension for this population resulting in fragmental care and lack of follow-up support in the community.

Objectives: The study aims to evaluate the effectiveness of an evidence-based hypertension management program in improving blood pressure control among people aged 60 and over with diabetes as compared to usual care.

Design: A 6-month cluster randomized controlled trial was performed. Ten wards from four hospitals were randomly allocated to either intervention group (N=5) or usual care group (N=5). A total of 270 older people (135 in each group) were recruited into the trial. The intervention included individualized self-care education prior to discharge and 6-month follow-up in community health centres.

Results: The intervention group demonstrated a statistically significant decrease of a mean systolic blood pressure of 10.7 mmHg (95%CI: -14.2 to -7.1, P<0.001) and a mean diastolic blood pressure of 4.1 mmHg (95% CI: -6.2 to -2.2, P<0.001), compared to the usual care group. Findings also demonstrated significant improvements of HbA1c, hypertension knowledge, diabetes knowledge, treatment adherence, quality of life, reduced adverse events and hospital readmission in the intervention group compared to the usual care group.

Conclusions: An evidence-based hypertension management program built on collaboration of hospital and community health centre and targeted individualized care needs improved hypertension control for older people with diabetes. Findings have implications for policy, resource and care services development.
Targeting healthy body composition as a means to prevent disease: the importance of exercise intensity

Ms Grace Atkinson¹, Dr Tina Skinner¹, Emeritus Professor Perry Bartlett², Dr Mia Schaumberg³
¹School of Human Movement and Nutrition Sciences, The University of Queensland, ²Queensland Brain Institute, The University of Queensland, ³School of Health and Sports Sciences, University of the Sunshine Coast

11A, Pyrmont Theatre, November 8, 2019, 9:00 AM - 10:30 AM

Background:
Senescence-related changes in body composition are implicated in the progression of chronic disease. Aerobic exercise can induce favourable body composition changes (increased muscle and reduced fat). However, whether greater exercise intensity results in superior adaptations is contentious, with mixed reports in previous literature depending on baseline body composition and health status. This, large-scale, extended-duration randomised controlled trial (RCT), investigates the dose-response effect of aerobic exercise intensity on body composition in healthy older adults.

Methods:
Following baseline assessment, healthy older adults (n=121, 54% female, aged 70.0±4.1 years, body mass index 25.8±3.7 kg/m²) completed three, 45-minute supervised treadmill exercise sessions per week for 6 months. They were randomised to low (n=37), moderate (n=43), or high (n=41) intensity treadmill-based exercise training, with individualised heart-rate prescription. Dual-energy x-ray absorptiometry was used to quantify body composition at baseline, 3-, and 6-months.

Results:
There were no significant among-group differences in lean (p=0.181), fat ( p=0.439) and visceral adipose tissue mass (VAT; p=0.561) at 6 months. However, both high- and moderate-intensity groups demonstrated a significant effect of time for reductions in fat (p=0.004, 3-6 month) and VAT mass (p=0.005, 0-6 month). There was a significant effect of time and sex on lean mass mass changes (p=0.021), where males reduced their lean mass, while women demonstrated an increase.

Implications:
Results suggest that both moderate- and high-intensity exercise improve health-related body composition in apparently healthy older adults. This has important implications for the use of exercise in prevention strategies for age-related chronic disease. Further, owing to apparent sex differences in body composition outcomes, sex-specific recommendations for older adults should be considered in future national exercise prescription recommendations.
The effectiveness of the StandingTall home-based, unsupervised balance exercise program in preventing falls in community-dwelling older people

Assoc Prof Kim Delbaere¹, Dr Trinidad Valenzuela², Prof Stephen R Lord¹, Prof Lindy Clemson², Prof Jacqueline CT Close¹, Dr Kim S van Schooten¹

¹Neuroscience Research Australia, ²University of Sydney

11A, Pyrmont Theatre, November 8, 2019, 9:00 AM - 10:30 AM

Falls in older people are a growing public health issue. The study aim was to determine the effectiveness of StandingTall, a home-based, unsupervised exercise program using mobile technology, in preventing falls in community-dwelling older people.

We enrolled 510 individuals aged 70-94 years into this single-blind randomized controlled trial (RCT). Inclusion criteria were being independent in daily activities and the absence of medical conditions that precluded unsupervised exercise. Participants were randomly assigned to the intervention group (IG) or control group (CG). IG participants were asked to complete 2 hours of StandingTall for 1 year. The exercises were automatically tailored to the participant's balance abilities for the duration of the trial. Participant adherence was monitored automatically. Primary outcome measures include number of fallers and falls rate as assessed through weekly diaries; secondary outcomes include adherence and balance.

Participants were randomly assigned to IG (n=255) or CG (n=255). 232 IG (91.0%) and 226 CG participants (88.6%) completed 12-month follow-up. Overall, 171 participants (37.3%) fell at least once in the 12-month follow-up, with an average of 0.59 (SD=1.05) falls per year in IG and 0.73 (SD=1.22) in CG. IG experienced 17% fewer falls than CG, however, this result was not statistically significant (incidence rate ratio (IRR)=0.83, 95% confidence interval (CI)=0.63-1.12, P=0.23). Similar results were found for the proportion of fallers (IRR=0.86, 95%CI=0.68-1.08, P=0.195). Adverse events (falls while exercising) occurred in 3 (1.2%) IG participants. Adherence to StandingTall was good, with a median of 81.4 minutes (IQR=66) over 12 months, and dropout rate was 19.2%. Significant improvements in IG compared to CG were found for static and leaning balance.

Findings from this large RCT suggest that a home-based, unsupervised balance exercise program using mobile technology may not have been sufficiently intensive to significantly reduce fall rates but can maximise long-term adherence in older people.
Barriers to participation in health care: Older Pacific peoples perspectives.

Prof Stephen Neville1, Prof Valerie Wright-St Clair, Dr Jed Montayre, Dr Wendy Wrapson

1Auckland University Of Technology

11A, Pyrmont Theatre, November 8, 2019, 9:00 AM - 10:30 AM

Barriers to participation in health care: Older Pacific peoples perspectives.

ABSTRACT

Introduction:
Active involvement and participation of older adults is known to positively impact on the health and wellbeing of individuals and communities. Compared to the total New Zealand population, Pacific people have poorer health outcomes and are less likely to engage with mainstream health service providers. Possible reasons for delaying or avoiding seeking health care is that western perspectives differ from Pacific health models and cultural beliefs, values and practices where ‘wellness’ is considered holistically.

Aim:
To explore the barriers to older Pacific people’s participation in health care.

Method:
A participatory action research methodology utilising Talanoa and Talanga approaches provided the foundation for this study. This approach has shown to be a useful tool to change and improve health service delivery for ethnic minorities. Pacific researchers trained in participatory action research methodologies and conversant in the relevant Pacific language undertook the collection of data. Ninety older Pacific Island people participated in the study as co-researchers. Data were collected via focus group interviews with Cook Island Māori, Samoan and Tongan older people. Interview data were analysed thematically.

Results:
Three themes were identified: “Accessing health care”, “Relationships with health care providers”, “Understanding health care systems and terminology”. Themes were presented back to the ethnic groups for ratification and the development of potential interventions.

Conclusions:
Engaging older Pacific Island people as co-researchers has resulted in the development of useful culturally-sensitive interventions that have the potential to remove barriers and increase participation in health care in these three ethnic groups. Involvement of participants as co-researchers builds the capacity of older people to take a leadership role in creating change that is meaningful and achievable.
New ways of doing: Severe Behaviour Response Team evaluation findings

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¹Australian Health Services Research Institute

11B, Meeting Room C2.1, November 8, 2019, 9:00 AM - 10:30 AM

The Severe Behaviour Response Teams (SBRTs) were established in 2015 by the Australian government to assist aged care homes better support people living with dementia experiencing severe and extreme responsive behaviours, otherwise known as behavioural and psychological symptoms of dementia (BPSD). This presentation describes the key findings of the independent evaluation of the program, conducted by the Centre for Health Service Development (CHSD) at the University of Wollongong over 20 months to September 2017. The evaluation collected and analysed data across three levels:

1. Client: de-identified data provided by the SBRT and review of clinical records;
2. Provider: site visits, interviews and surveys with aged care staff and SBRT consultants; and,

The SBRT involves clinical experts (‘consultants’) providing on-site assessment and support within 48 hours of acceptance of referral, working closely with care home staff, families and GPs to identify potential reasons for the underlying cause of behaviours. A key aspect of the service included a period of observation allowing SBRT consultants to identify potential behavioural triggers. Building the capacity of aged care staff to better manage behaviours was also important as was brokerage funding provided for individualised short-term support and/or resources.

During the evaluation period, 859 clients from 616 care homes were seen by the SBRT. Organisational characteristics such as workforce, skills/knowledge, and environmental features were identified as key factors associated with the development of responsive behaviours. The majority of behaviours were resolved with support from the SBRT: at case closure, 50% of clients had their behaviours either modified/managed or resolved and a further 18% had the ‘goals of the referral’ successfully met.

The evaluation presents both practical lessons for providers and policy implications for government to improve the lives of those at risk of developing responsive behaviours.
The efficacy of normalisation of Advance Care Planning (ACP) for people with chronic diseases in acute and community settings

**Associate Professor Sarah Yeun-Sim Jeong**¹, Dr Seok Ohr², Mr Peter Cleasby³, Dr Tomiko Barrett³, Dr Ryan Davey¹

¹School of Nursing & Midwifery, University Of Newcastle, ²Hunter New England Local Health District, ³Central Coast Local Health District

11B, Meeting Room C2.1, November 8, 2019, 9:00 AM - 10:30 AM

Introduction: Despite the well-known benefits of Advance care planning (ACP), it is still underutilised in Australia and worldwide. The aim of this study was to investigate the effects of normalising ACP for people with chronic diseases in acute and community settings with the use of specially trained registered nurses (RNs) as normalisation agents.

Methods: The study employed a quasi-experimental design, involving 16 sites (8 intervention and 8 control) in two health districts in Australia. The intervention, ACP, is offered as part of normal/routine service to the patients who are admitted to participating intervention wards/community centres. Primary outcome (evidence of ACP and Advanced Care Directives (ACDs) was measured through medical audits before and during the 6-month intervention period.

Results: Out of 524 newly admitted patients in hospital setting, 21% (n=110) of patients had an initial conversation with the RN ACP Facilitator and four patients have completed ACDs. Reasons for why the first conversation did not occur (n=414, 79%) include; client had no capacity (23%), away at scan (23%), transferred or discharged (33%), asleep (8%), visitors or medical rounds (8%), and too ill to be interested (5%). In community setting, 67% (n=55) of clients had an initial conversation and 26 (47%) clients have completed ACDs. Each patient who had completed ACDs had an average 3 conversations. Each conversation took at least 1 hour and up to 2 hours. Each completed ACD took 5-8 hours of the RN ACP facilitators time spaced around 2-4 weeks apart.

Conclusions: Preliminary findings of the study indicate that the RN-led normalised ACP service in community is the effective way to promote ACP. The findings provide clinicians, researchers and policy makers with a feasible new service model and best practice guidelines to improve uptake of ACP and quality of care for people with chronic diseases.
Choice and Control and QOL among Residents in Aged Care

Prof Marita McCabe¹, Ms Jessica Byers¹, Professor David Mellor¹, Professor Elizabeth Beattie¹, Professor Kathryn Von Treuer¹
¹Swinburne University, ²Swinburne University, ³Deakin University, ⁴Queensland University of Technology, ⁵Cairnmillar Institute

11B, Meeting Room C2.1, November 8, 2019, 9:00 AM - 10:30 AM

Introduction: The residential aged care system in Australia and internationally is striving towards a Consumer Directed Care (CDC) model, an approach to resident care that emphasises consumer choice and control. This model of care places the resident at the centre of care, such that residents have choice and control over their care and activities. The current study was designed to determine how choice and control in different aspects of the residents’ lives predict their quality of life.

Method: in total, 654 residents in 33 aged care facilities were recruited to complete a survey on their quality of life, their level of choice and control in 11 different aspects of their care and activities, as well as their perception of the extent to which care staff support their autonomy. Residents were excluded from the study if they were less than 65 years old, experienced severe dementia or had been in the facility for less than three months.

Results: Regression analyses indicated that unique predictors of resident quality of life were: resident choice and control in the timing and nature of their care as well as their daily activities; resident perception of staff encouragement of resident autonomy.

Conclusion: These findings demonstrate the importance of resident choice and control in both their care as well as their activities in predicting their quality of life. Further, the importance of resident perception of staff relationships with residents is also clear. These results identify at least some of the factors that are important for the quality of life of older people living in aged care.
The OPEN ARCH Project: From research to practice and return – a practical example of accountability in health service research

Mrs Rachel Quigley, Ms Jennifer Mann

Queensland Health

11B, Meeting Room C2.1, November 8, 2019, 9:00 AM - 10:30 AM

Background and rationale: The Australian health system does not adequately meet the requirements of the older person with complex needs. A previous Cairns study – ASPIRE, uncovered disconnections in care transitions and fragmentation of care. To support older persons in the community, ASPIRE recommended a preventative, integrated solution anchored to GP care.

By delivering on those recommendations, OPEN-ARCH is evidence of a commitment to knowledge translation for the creation of high quality care. OPEN-ARCH incorporates best practice in integrated care. It is an innovative, preventative answer to an emerging health system challenge.

Methods: This presentation will outline the process of health service transformation, from research recommendations to an innovative model of care. OPEN-ARCH is unique in that it extends a successful inpatient model via an enhanced outreach approach that delivers specialised care close to home. The barriers and enablers to implementing a Queensland Health service within the primary practice setting will be described as will the development of the OPEN-ARCH model of care.

Results: Phase one of OPEN-ARCH, a service delivery pilot, has successfully concluded with the establishment of a consistent and comprehensive model of community based care for the older person. The GP is a key ally in this patient centred model with OPEN-ARCH collaborating with 14 GP partners across the Cairns region.

Evaluation/Implications for practice: The ASPIRE/OPEN-ARCH transition is a practical example of the capacity of a multi-disciplinary team to apply research recommendations to the development of an evidence based, community driven health service. OPEN-ARCH disrupts a siloed health system through a model of integrated care that may be effectively applied to other populations.

Key message: By developing and evaluating a service driven by the recommendations of the ASPIRE study, OPEN-ARCH is evidence of health service accountability; delivering on a commitment to high quality care.
Three years on from aged care reforms: key stakeholders’ perspectives

Prof Yun-Hee Jeon\textsuperscript{1}, Ms Josephine Agu\textsuperscript{1}, Ms Zhicheng Li\textsuperscript{1}, Ms Luisa Krein\textsuperscript{1}, Ms Karn Nelson\textsuperscript{2}

\textsuperscript{1}University of Sydney, \textsuperscript{2}The Whiddo Group

11B, Meeting Room C2.1, November 8, 2019, 9:00 AM - 10:30 AM

Aim: To investigate the needs and concerns of older people in the community, and the factors that influence timely and appropriate access to the services, from the perspectives of current and future users of aged care (‘consumers’) and those who provide care and support.

Methods: A longitudinal qualitative inquiry was conducted. Participants' overall experiences from two time points have been compared and contrasted: June–October 2016 (Wave 1) and November 2018-Feb 2019 (Wave 2). Participants were recruited from 12 locations across metropolitan, regional and rural NSW. Maximum variation sampling was used to include participants with a range of ages, levels of care needs/services, geographical locations, service providers, referrers and service types.

Findings: A total of 25 focus groups and 6 individual interviews were conducted with 90 consumers and 90 aged care professionals/providers across two Waves. Major gaps and challenges consistently identified in both Waves include:

- Lack of service availability with long waiting times to access, in particular transport services and low-level home care packages.
- Consumers being ill-informed or unsure about the availability, eligibility and cost of aged care support services, in particular MyAgedCare (MAC).
- Ineffective communication between care providers, government departments, health care teams.
- Inadequacy and inefficiency of MAC in meeting the needs of consumers especially those not accustomed to using computers or the internet, with hearing, vision, and/or cognitive impairments.
- The need for further training of MAC staff, assessors from the regional assessment services and other aged care professionals using the system to make referrals.

Conclusions: Three years on from the implementation of aged care reforms, the main challenges that consumers and aged care professionals/providers experience have not changed a great deal, with minor exceptions. The findings provide deeper insights concerning Commonwealth aged care support services and the pathways to better aged care/community support services.
An intervention to enhance retirement planning behaviour using time perspective

Mrs Anna Mooney

11B, Meeting Room C2.1, November 8, 2019, 9:00 AM - 10:30 AM

Retirement adjustment has implications for retirees’ quality of life. However, interventions to improve planning during retirement are still lacking. Research to date points to the relationship between time perspective (TP) (Zimbardo & Boyd, 1999) and planning behaviour (Earl, Bednall, & Muratore, 2015). Because there are two schools of thought regarding TP (Dominant versus Balanced), two versions of an online program with underlying Dominant and Balanced TP frameworks were developed that aimed to encourage positive perceptions of planning, increase planning behaviour, mastery, and resource accumulation.

American retirees (N = 109, Mage = 74.1) were recruited through a not-for-profit organisation that manages retirement communities across the U.S. The majority were fully retired (78.9%), Caucasian (98.2%), and married (67.9%). They were randomly allocated to one of three groups; two training and a wait-list control. Training group participants navigated through an online program consisting of three modules and engagement was encouraged through various interactive features such as clicking on icons to reveal information.

The effectiveness of the training in terms of changes to goal setting behaviours and perceptions is being longitudinally tested across five waves of data collection over 12 months using linear mixed models. Data collection will conclude in July 2019.

The presentation will include reporting of results and training evaluation outcomes. These results will inform the development of future interventions designed to promote retirement adjustment for retirees, and, by extension, the development of programs to assist with adjustment at the pre-retirement stage.
Creative Ageing and Wellbeing

Prof Jane Davidson\textsuperscript{1}
\textsuperscript{1}University Of Melbourne

11C, Meeting Room C2.2, November 8, 2019, 9:00 AM - 10:30 AM

Creative arts activities, particularly in a group format, are increasingly used in aged care and community contexts, often used to promote social connectivity between participants. Yet social capital and other potential gains are not well defined and how these programs are developed is piecemeal, short-term, single arts activity focused, and typically without theoretical underpinning. The current paper draws on the Scaffolding Theory of Cognitive Ageing (STAC-r) to provide an innovative conceptual theoretical framework for characterising and evaluating the mechanisms of action of creative arts activities. Adopting this framework, creative arts activities are explored for their potentials to delay the onset or slow the rate of neural decline associated with the ageing process by enabling psychosocial and cognitive scaffolding to promote neural enrichment and/or reduce neural depletion. This paper will explore how a framework can be developed for identifying the critical active ingredients of creative arts engagements that lead to concrete benefits for brain health and social engagement in older adults. A two stage method is adopted: i) a systematic analysis of the existing research literature that identifies the ingredients of a range of creative arts studies specifically designed for older people; ii) an analysis of this literature in terms of STAC-r theoretical propositions to generate a hierarchy of potential active ingredients; and iii) an extrapolation of techniques that have been used or may be used to offer effective and scalable creative arts engagements for the promotion of specific active ingredients. The creative engagements examined will extend from performing arts to creative writing, including digital and web-based media.
Ageing in harmony: group music making for health and wellbeing

Dr Jennifer Macritchie\textsuperscript{1}, Mr Matthew Breaden\textsuperscript{1}, Mr Ian Colley\textsuperscript{1}

\textsuperscript{1}Western Sydney University

11C, Meeting Room C2.2, November 8, 2019, 9:00 AM - 10:30 AM

Introduction:
Learning a musical instrument is unique in utilising a diverse range of cognitive and motor skills, and can have many emotional and social benefits. Older adults view taking part in musical activities as culturally and socially important. As brain plasticity is evident across the lifespan, music programs have the potential to stave off cognitive decline and increase quality of life. This research examines groups of older adults as they learn a musical instrument for the first time, assessing their cognitive and general wellbeing benefits.

Methods: Using a waitlisted control design, 15 older adult participants (aged 65+) with no prior musical training were given 10 weeks of 60 minute group music lessons. Cognitive skills were assessed quantitatively via standardised tests conducted pre and post training, including the Addenbrooke’s Cognitive Examination-III, the Trail Making Test and the Digit Span Forwards/Backwards. Participant development was assessed qualitatively through teacher observation and self-report practice diaries, with the participant’s experiences captured via individual semi-structured interview.

Results: Although quantitative results showed some cognitive improvements for participants after completing the piano lessons, statistically this could not be solely attributed to the training programme. Qualitative results revealed positive influences of the instructional materials on learning. Group learning provided positive opportunities for socialising and learning to play in musical ensembles.

Conclusion: Short-term music instrument programs can provide positive health and wellbeing outcomes for older adults. Further research is needed to clarify best practices in delivery whilst increasing accessibility and sustainability of such programs both in the community and residential aged care settings.
Older sexual and gender minorities: Examining the ‘queer unwanted’

Dr David Betts¹
¹University Of Newcastle

11C, Meeting Room C2.2, November 8, 2019, 9:00 AM - 10:30 AM

There has been a growing push in countries like Australia to recognise and support the needs of older sexual and gender minorities over the last few decades. This emphasis on the unique needs of this cohort has been evidenced in the fields of social work, medicine, and aged care services. While there are still significant areas to work towards regarding the competencies of helping professionals, challenging oppressive social attitudes, and working towards inclusive aged care services, this progress has generally been hailed as positive. However, there is a tendency for these developments to homogenise the wider lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) community as having similar needs and backgrounds. This all-encompassing approach has unfortunately resulted in LGBTQI+ narratives privileging the experiences of older gay men and lesbian women. Using the conceptualisation of the ‘queer unwanted’ that refers to members of the LGBTQI+ community who do not fit mainstream or appropriate images of sexual and gender diversity, this paper will be examining the experiences of the older queer unwanted. Specifically, it will address how their invisibility in social research limits the effectiveness of interventions and reforms. This paper will be using findings from a PhD project that was completed in 2018 in New Zealand, which focused on exploring the social intersections and well-being of older sexual and gender minorities. The findings of this research emphasise the importance of being critical of broad community descriptors, and that while it has been historically important to acknowledge the interconnections within the wider LGBTQI+ community, a more critical and nuanced approach is required to support all older sexual and gender minorities.
What helps volunteers supporting older people in aged care

Ms Robin Harper¹, Ms Georgia Major¹, Mrs Marcia Fearn¹, Prof Colleen Doyle¹
¹National Ageing Research Institute

11C, Meeting Room C2.2, November 8, 2019, 9:00 AM - 10:30 AM

Background: Befriending is recommended in the NICE guidelines for depression to support people who are depressed and socially isolated. Evidence suggests that the more social supports a person perceives, the less depression symptoms experienced. Befriending has been found to improve social isolation in a number of studies. While befriending can be effectively conducted by volunteers, there is little evidence about volunteers befriending older adults in residential care. Volunteers can play an important role in the care of older people. In 2016 there were 23,537 volunteers in residential care facilities, with 83% of facilities having at least one volunteer. This paper reports on volunteer views of a new program supporting volunteers to undertake befriending in aged care.

Methods: We developed and evaluated a program for volunteers to learn befriending. This was first trialled in a pilot and then further expanded into a larger randomised controlled trial (RCT). Volunteers attended a half day training session prior to beginning befriending. In the pilot the befrienders undertook supervised befriending for 6 weeks with community care clients. In the RCT, befrienders undertook supervised befriending with a resident for between 12 and 16 weeks. Following the befriending the volunteers reviewed and discussed their experiences in interviews and focus groups.

Findings: An initial training session was perceived as a vital support for volunteers. The pilot showed that volunteers who are trained and supported can deliver the befriending service safely. Client and resident expectations needed to be managed carefully. Peer support was helpful. Volunteers needed close supervision and support. Using closed group social media such as WhatsApp helped to extend peer support.
Attributes of meaningful activities for RACF residents with dementia

**Mrs Laura Tierney**, 1 Prof Elizabeth Beattie 1

1 Queensland University of Technology

11C, Meeting Room C2.2, November 8, 2019, 9:00 AM - 10:30 AM

Introduction: Enabling people with dementia to participate in meaningful activity has the potential to improve their quality of life. However, it is unclear what makes activities meaningful for older adults living with dementia in residential aged care facilities (RACFs). The aim of this study was to understand meaningful activities from the perspectives of residents themselves as well as the family members and RACF staff who have a role in supporting and enabling them to participate in these activities.

Method: This study used a qualitative design to explore meaningful activity from various perspectives. Individual interviews were held with residents with dementia (n=19) and their family members (n=17) and focus group interviews were undertaken with RACF staff (n=15) across 4 RACFs. Data was analysed using qualitative content analysis. Descriptive data was also collected about the participants.

Results: Participants proposed several key attributes of activities that provide meaning for older adults living with dementia in RACFs. Attributes of activities considered meaningful are: enjoyable and engaging to the individual; do more than occupy but are perceived as a useful way to spend time, providing a sense of purpose. The specific activities are different for each individual as they need to align with their interests and preferences and be stimulating but with a level of difficulty suited to cognitive and physical abilities. Interestingly, despite the individualised nature of meaningful activities, meaning is often derived through social connections, activities being the catalyst for social interaction.

Conclusion: The meaning of an activity is perceived in highly subjective ways by the individual participating in it. Understanding the key attributes of meaningful activities can help family members and RACF staff provide appropriate activity opportunities and support for residents with dementia to enable them to participate in personally meaningful activities.
Developing a Mindset for Life in retirement

Mrs Melanie Lambert

1Think Human

11C, Meeting Room C2.2, November 8, 2019, 9:00 AM - 10:30 AM

Mindset for Life is a peer program for people around retirement to identify strengths, skills, key mindsets and elements of wellbeing that will help them to intentionally and positively plan for the next phase of their lives and be their fullest version of themselves.

This workshop aims to give a taste of the program and its theoretical underpinnings, as well as explore the issues faced in this phase of life: finding meaning and purpose, creating a positive ‘post-work’ identity, planning life for holistic wellbeing and understanding the phases and related emotions of the retirement transition.

The program was developed using human-centred design techniques in partnership with The Australian Centre for Social Innovation, local government in South Australia and older people themselves, with support from SA Health’s Office for Ageing Well, and is being further developed with their ongoing investment throughout 2019-2021. We use interview-based research, prototyping and iterative design to develop the program.

Evaluation in the first year of Mindset for Life indicates that participants feel more equipped to make intentional decisions and feel more positive about their retirement transition. A growing number are choosing to stay involved in the program, either as peer convenors or as members of a growing informal network of peers. The workshop will share outcomes data gathered to date, including data from our mid-year cohort who will have tested a set of subjective wellbeing measures to embed in the program.

Mindset for Life is responding to a gap in current offerings for people around retirement. While retirement planning is available, its focus tends to be on the financial aspects of retirement and fails to address finding purpose and meaning in life post retirement. The workshop will challenge participants to consider how we as a society support the normalizing of purposeful older lives.
Consumer experience in residential aged care: What makes a difference?

Prof Yvonne Wells¹, Mr Kane Solly¹
²La Trobe University

11D, Meeting Room C2.3, November 8, 2019, 9:00 AM - 10:30 AM

Introduction: The Consumer Experience Report (CER) questionnaire was introduced in Australia in 2017 as an essential component of audits for accreditation of residential aged care facilities.

Method: We explored variation in CER data gathered from inception to July 2018 (N = 17,194), examining responses to each of the 10 questions by gender, dementia diagnosis, disability, and size of the home.

Results: Men tended to give lower ratings than women; people who were not independently mobile gave much lower ratings to all questions; people with dementia said they were not encouraged to do as much as possible for themselves; and quality of experience was negatively associated with the size of the home.

Conclusions: These analyses highlight common issues in aged care, such as dissatisfaction with the food and lack of social support.
Social exclusion among oldest old Australians: who is most vulnerable?

Mrs Naomi Paine¹, Mr Gavin Turrell², Mr Jerome Rachele³, Ms Melanie Lowe¹
¹Australian Catholic University, ²RMIT, ³The University of Melbourne

11D, Meeting Room C2.3, November 8, 2019, 9:00 AM - 10:30 AM

Objectives
The oldest old (85+) are more vulnerable to social exclusion than the general population, with population ageing making this a growing public health issue. Data on social exclusion among the oldest old is scarce. Using a representative population sample, this presentation examines whether the sociodemographic characteristics of the oldest-old are associated with vulnerability to social exclusion - and if these associations differ between women and men.

Method
The study included 307 participants aged 85 and over from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The vulnerability to social exclusion measures were based on 4 scales derived via Principal Components Analysis (supportive relationships- 1 scale, and 3 sub-scales measuring neighbourhood exclusion) and 1 index which was constructed by summing 3 responses pertaining to community participation. Data were analysed using ANOVA and multivariable linear regression and involved comparing scores on each domain by the sociodemographic factors, stratified by gender.

Results
Household composition, level of education, disability and neighbourhood disadvantage were associated with differing vulnerability and differing domains of social exclusion. Oldest old men who live alone (compared to those in multi-person households), were more vulnerable to social relationship exclusion, as were men living in a disadvantaged neighbourhood (compared to not living in a disadvantaged neighbourhood). Living alone for women was associated with higher levels of community participation. For Men, living in poorer neighbourhoods was associated with a heightened perception of feeling their neighbourhood was unsafe. For women, higher levels of neighbourhood cohesion was associated with living in poorer neighbourhoods. These associations remained significant after adjustment for sociodemographic factors. Both men and women with lower levels of education than their counterparts had higher community participation exclusion.

Discussion
Our findings suggest some sociodemographic variation in the vulnerability of oldest social exclusion.
The 10k Project: A community-centred approach to ageing well

Dr Alison Rahn¹, Professor Debbie Horsfall¹, Professor Rosemary Leonard¹, Ms Helen Psychogios¹

¹Western Sydney University

11D, Meeting Room C2.3, November 8, 2019, 9:00 AM - 10:30 AM

A whole-of-population approach to ageing and dying well ‘in place’ is a move towards social and collective responsibility for our ageing population. It requires a re-imagination of aged services and communities. For service providers, the challenge is to work with people in respectful partnerships which promote empowerment and wellness. For the community, it means stepping up to the responsibility of including and caring for each other over the whole of the lifecourse. What happens when a community development perspective is applied to residential aged care to bring the community in? While the individual and collective benefits of social networks are well recognised, little work is being done towards developing network-centred care for our expanding ageing populations. The goal of the 10K Project, a collaboration between The Groundswell Project, Southern Cross Care and Western Sydney University, was to develop an effective, replicable community development model for the aged care sector. It aimed to create connections with the surrounding community, identify and overcome possible barriers to implementing community development and discover examples of best practice. Methods adopted involved social network mapping, interviews and focus groups with residents, families, staff and the community before, during and after placement of a community development worker embedded in an aged care facility. Pre-intervention, residents reported feeling lonely and socially isolated and desired more social connection. With the introduction of the community development worker, the tension between the needs of the organisation and the needs of the community became evident. Communication was identified as a central issue. The question then became how to resolve these tensions. This presentation reports on preliminary findings of this project and focuses on identified barriers and opportunities associated with a community development model in residential aged care.
Adopting the continuum of social participation in implementing the Aged Care Diversity Framework among older persons from culturally and linguistically diverse communities

Ms Mary Ann Geronimo

1Federation Of Ethnic Communities' Councils Of Australia (fecca)

11D, Meeting Room C2.3, November 8, 2019, 9:00 AM - 10:30 AM

In February 2019, the Aged Care Diversity Framework Action Plan was launched to guide older persons from culturally and linguistically diverse (CALD) communities access quality, inclusive and culturally safe aged care services that responds to their individual needs and respects their background and life experiences. While the guide is a valuable tool, the level of self-efficacy among older persons who are isolated and vulnerable would be critical for the tool to be effective.

Participation of older adults in community activities is integral to ageing well strategies across many countries. In multi-ethnic culturally diverse Singapore, a community-based intervention provided understanding on why older persons' social participation vary and how this ranges across a full continuum. Using an ethnographic approach, the study identified a continuum of social participation among older persons: from (1) marginalization and exclusion, to (2) 'comfort-zoning' alone (3) seeking consistent social interactions, (4) expansion of social network, and (5) giving back to society. Building the adaptive capability of older persons is necessary to overcome barriers at the individual, cultural and policy level. Adopting the continuum in the context of the framework's dissemination could provide useful insights.

Enhancing Ageing Well: a formative evaluation of a healthy ageing program

Dr Kristy Robson1, Dr Melissa Nott1, Mrs Tana Cuming1, Dr Kylie Murphy1, Professor Rodney Pope1, Associate Professor Michael Curtin1

1Charles Sturt University

11D, Meeting Room C2.3, November 8, 2019, 9:00 AM - 10:30 AM

Age-related changes can have a significant impact on the quality of life of older people and may compromise the ability to participate in meaningful activities. With the growing population of older adults, there is increasing emphasis on facilitating community-based programs that focus on healthy ageing, particularly targeting mobility and/or cognition. However, many of these programs are designed and implemented by health professionals without direct input from older people. In this study, health professionals sought the input of older people who participated in a pilot community-based Ageing Well program to shape the future design of the program.

A formative evaluation approach using interpretative phenomenological analysis was utilised to explore the perspectives of older people who participated in the pilot Ageing Well program, in order to improve future participants’ experience of the program. Semi-structured interviews were audio-recorded, transcribed verbatim, and individually analysed to identify key themes.

Seven participants (6 female, 1 male) agreed to be interviewed. Three major themes emerged: value adding, transferability, and supporting new knowledge. Participants talked about the importance of ageing programs that incorporate multiple elements to support their physical, cognitive, emotional, and psychosocial wellbeing. They also spoke of the need for program outcomes to be transferable to their everyday lives. Participants highlighted the importance of providing a range of strategies to assist in retaining and applying new knowledge learned in an ageing program.

The formative evaluation approach has resulted in improvements to the Ageing Well program. The program has been redesigned in response to the experiences of the pilot program participants to ensure the future delivery of the program is more meaningful and beneficial to the older people it aims to serve.
A Serious Game For Workplace Training in Aged Care

Mr Tony Petta1,2, Ms Anne Furness1, Mrs Sue Shapland1, Mr Damien Hill3
1School of Physiotherapy and Exercise Science Curtin University, 2Department of Rehabilitation and Aged Care, Sir Charles Gairdner Hospital, 3MSWA

11E, Meeting Room C2.4, November 8, 2019, 9:00 AM - 10:30 AM

Globally, there is a growing need for health and community care workers1. By 2050, 25% of Australia’s population will be aged 65 years or older2. Aged care and Disability providers must continually develop skills in their employees to support quality service delivery.

Significant savings (67%) for community care organisations can be achieved by implementing a blend of face to face and online training compared to traditional didactic methods1. Learning for many people is often primarily constructed through physical interactions with real world experiences and exploration3. The use of online virtual reality training, as part of a blended learning strategy, provides realistic workplace experiences instructing workers about workplace risk.

The Virtual Home Visit4 is a serious game providing players with clinical scenarios and experiences at identifying environmental and occupational risks. A customised script was developed for MSWA community care workers performing home visits; to assist orientation and training. Feedback suggested it was a useful learning activity and enabled further development to meet industry requirements. However, the majority of staff were novices at game-playing and required orientation to the technology.

This serious game is undergoing further development with MSWA to assess training outcomes and identify user characteristics on training engagement.

An Online Platform for the Home Falls and Accidents Screening Tool (HOME FAST)

A/Prof Lynette Mackenzie¹, Dr Sanet DuToit¹, Dr Margaret McGrath¹, Ms Yihong Fang¹
¹University of Sydney

11E, Meeting Room C2.4, November 8, 2019, 9:00 AM - 10:30 AM

The HOME FAST is a well validated and researched tool designed to identify risk of falls in home environments for older people. The reach of the tool is limited by its availability only in paper-based form. As around 60% of people over 65 years are connected to the internet in Australia, an online format will allow more access for older people to evaluate their homes for falls risk. This paper will outline the process of making the HOME FAST available online for health professionals, older people and their carers, and its utility in providing links to recommendations to modify home hazards, referring on to appropriate health professionals, generating reports, and communicating results with general practitioners.

An online platform has been designed for both the health professional and self-report versions of the HOME FAST which is available for use on smartphones, tablets and computers. The program will indicate high, moderate and low falls risk. The platform will be tested by groups of health professionals, and older people throughout NSW. The online platform will be made generally available and demographic data will be collected about the person the HOME FAST is used with and common hazards they face. Older people have been recruited through NSW council community groups and senior’s events to trial the online HOME FAST and provide feedback through interviews and focus groups. Health professionals will be recruited through professional networks.

We will present data about the uptake and adoption of the online HOME FAST by older people and health professionals, and the pattern of home hazards identified by the tool. The potential of the tool to be used routinely in health professional practice, in a new format will be explored. Findings will inform primary falls prevention in the community and how appropriate referrals can be made for falls prevention.
Knowing and acting through art: An ecology of practices perspective

Dr John Rae
Charles Sturt University

11E, Meeting Room C2.4, November 8, 2019, 9:00 AM - 10:30 AM

Introduction

Art is used increasingly as a generative device in education and research. The potential of this in the health and ageing context deserves greater attention, and exploration from a range of theoretical and disciplinary perspectives, including, here, a practice-theoretical perspective.

Methods

Data were gathered from a series of research projects that were contextualised to health and aged care and had art-making as a central activity. Illustrations of teaching, learning and researching practices and their impacts were identified by reviewing interview transcripts, artworks and research journal notes. These practices and impacts were then explored as an ecology of practices, considered to be a complex of practices that coexist, connect and relate to one another.

Results

The data showed that art can make a positive contribution to what may be referred to as ‘knowing and acting practices’ in a health and ageing context. Framing knowing and acting practices as an ecology of practices then allows important interrelationships and reciprocities in practices and impacts to emerge.

Teachers can use art to facilitate critical thinking, equipping health professional students to reflect on their future and current practices and to see opportunities for change, especially attitudinal change.

Arts-based research is able to generate new knowledge in a way that is not pre-determined and arguably less biased. Art can also help researchers to attend to reflexivity, thus supporting more rigorous arts-based research. Of particular interest is that arts-based research participants, themselves, can develop new and useful insights through their participation in the research.

Conclusion

Art can prompt new ways of knowing and acting in health- and ageing-related professional practice. Exploring this from a practice-theoretical and ecological standpoint highlights a reciprocity between learning and teaching and between researcher and research participant that can go beyond what may be achieved by other approaches to education and research.
Safe at Home: Monitoring using CCTV in residential aged care facilities

Dr Caroline Vafeas¹, Dr Amanda Towell-Barnard¹
¹Edith Cowan University

11E, Meeting Room C2.4, November 8, 2019, 9:00 AM - 10:30 AM

Older adults generally access residential aged care facilities (RACF) when the level of care required exceeds that being offered in the home. The Royal Commission into Aged Care Quality and Safety states “older Australians deserve high quality care in a safe environment that protects their well being and dignity” (Australian Government, 2018). Elder abuse within residential aged care, although rare, is generally highlighted in the media so attracts a high level of interest nationally and internationally. One way of monitoring the standard of care within residential aged care is through the use of close circuit television (CCTV). Monitoring by CCTV of older adults in RACF’s can be seen by some as positive and by others as intrusive and unethical. Little research has been done that asks the resident, the family or the health care worker for their views on video surveillance within aged care facilities. Matthew Richter, chief executive of the Aged Care Guild feels that the decision for CCTV in aged care should be in discussion with the resident, the family and the care provider (Bastian, 2018).

A mixed method approach using a survey and focus groups was used to gather data. The views of the resident, the family and the care staff regarding the use of CCTV within RACF’s will be presented. Findings identified that families and residents would like the opportunity to discuss the option of CCTV if the need arose whereas health care workers generally felt uncomfortable with constant monitoring.

References
Implementing community dementia programs into health and aged care contexts: The Care of Older persons in their Environment (COPE) program
Translational study

Prof Lindy Clemson1,2,3, Associate Professor Kate Laver4, Dr Tracy Comans2,5, Ms Miia Rahja6, Ms Jennifer Culph1,3, Associate Professor Lee-Fay Low1, Associate Professor Yun-Hee Jeon1, Professor Maria Crotty4,6, Professor Sue Kurrle1,3, Dr Justin Scanlan1, Ms Sally Day1

1The University of Sydney, 2NHMRC Cognitive Decline Partnership Centre, 3ARC Centre of Excellence in Population Ageing Research, 4Flinders University, 5University of Queensland, 6Repatriation General Hospital

11F, Meeting Room C2.5, November 8, 2019, 9:00 AM - 10:30 AM

Introduction Consumers want a stronger focus on restorative programs to optimise functional outcomes and help them support their family member living with dementia to remain at home. There is emergent evidence that dyadic interventions are effective yet these programs have not been translated into practice. One such program, COPE, involves comprehensive assessment, carer stress reduction, identification of key challenges for the person with dementia and the carer, problem solving, carer training and goal prescription. In this mixed-methods implementation research, COPE was implemented in government, non-government and private settings. The project aim is to investigate how COPE can be adopted and implemented within different community health contexts. This paper will present a project overview and the results of therapist service delivery adoption and change and client outcomes.

Method Therapists delivering COPE completed the Determinants of Implementation Behaviour questionnaire (DIBQ), based on the Theoretical Domains Framework, which includes domains of knowledge, skills and professional role and identity. A pragmatic pre-post evaluation is collecting data on outcomes for carer wellbeing and engagement of the person with dementia. This includes a validated Activity Engagement Scale and the carer wellbeing Perceived Change Index.

Results Thirty eight occupational therapists and 17 nurses from 17 organisations within South Australia and NSW were trained and supported in delivering COPE. Outcomes from 88 dyads has been obtained. Preliminary analysis shows all 5/13 items on the Perceived Change Index that reflect core constructs of this program are showing significant changes, reflecting that previous trial findings can be replicated in practice. In addition to pre-post analysis of change the DIBQ will enable sub-analysis to explore predictors of adoption and outcome.

Conclusion Our findings will provide crucial information to move towards national implementation of a restorative program that will fulfil Recommendation 67 of the Clinical Practice Guidelines for Dementia in Australia.
Supporting LGBTI people with changed behaviours associated with dementia

Ms Kim Burns¹, Professor Henry Brodaty¹
¹Dementia Centre for Research Collaboration (DCRC) at UNSW

11F, Meeting Room C2.5, November 8, 2019, 9:00 AM - 10:30 AM

Approximately 450,000 Australians are living with dementia with a further 250 diagnosed daily. Behaviours and psychological symptoms associated with dementia (BPSD) or changed behaviours occur in up to 90% of those with dementia. Personal history and lived experience are important considerations in the presentation and management of BPSD.

Although the number of LGBTI people with dementia is currently unknown, it is predicted that the number of LGBTI elders seeking aged care services will increase as populations age worldwide. Many LGBTI elders have lived through a time when being ‘invisible’ was a necessary protection against discrimination. They may have experienced stigma, victimisation, family rejection and/or social isolation. Hiding their sexual orientation, gender identity or intersex status was often a strategy to stay safe. LGBTI people with dementia may suffer further discrimination in care settings when they can no longer conceal information they have previously guarded closely.

The effective management of BPSD is a WHO global health priority, including the training of aged care providers. Awareness of the special needs of LGBTI people with dementia in aged care is frequently wanting. A lack of understanding of how this contributes to BPSD impacts on the quality of life and care of LGBTI elders.

The Dementia Centre for Research Collaboration (DCRC) at the University of NSW has developed an eLearning resource with supporting fact sheets to inform care staff and health professionals. The importance of family of choice, lived experience, invisibility, identity, ‘minorities within minorities’, care environment, health factors, respectful communication and valuing diversity in relation to BPSD are included.

We have received funding from Sidney Myer and the Pride Foundation to undertake an evaluation of the capacity of this resource to raise awareness of the special needs of LGBTI people with dementia and factors that contribute to BPSD. Preliminary data will be presented.
A living systems model of nurse managers’ learning facilitation practices

Ms Margaret Yen\textsuperscript{1}, Dr Narelle Patton\textsuperscript{2}, Dr Judith Anderson\textsuperscript{3}
\textsuperscript{1}Charles Sturt University, \textsuperscript{2}Charles Sturt University, \textsuperscript{3}Opal Aged Care

11F, Meeting Room C2.5, November 8, 2019, 9:00 AM - 10:30 AM

The role of Nurse Managers (NMs) in aged care facilities is to plan, coordinate and resource activities that enable the safe delivery of resident care. A key responsibility of NMs is to meet the learning needs of nurses. This is important as learning influences the ability of nurses to provide safe quality care to residents, considered a critical issue in contemporary aged care. Despite the significance of this aspect of nurse managers’ roles, little is currently known about how they engage in this aspect of their work.

This presentation examines the nature of aged care NMs’ learning facilitation practices by drawing on findings from a qualitative PhD study conducted in the acute care sector. Thirteen nurse managers from two large metropolitan hospitals participated in semi-structured interviews and nine participated in a period of observation. Interview texts and field notes were interpreted within a philosophical hermeneutic tradition. NMs’ learning facilitation practices were found to be complex, fluid, and embedded within their every-day work routines. Their learning facilitation practices engaged staff individually, within teams, and through workplace artefacts, and were shaped by NMs’ inherent qualities including their beliefs, identities, motivations and knowledge of staff capability. Power as a key finding from this research, together with NMs’ inherent qualities and a complex network of contextual factors that shaped their learning facilitation work, were meaningfully drawn together in a Living Systems Model of Nurse Managers’ Learning Facilitation Practices.

This research has implications for more deeply understanding the learning facilitation practices of managers in the aged care sector and for informing approaches to professional development. In the current aged care environment, which is characterised predominantly by concern for safety and quality of resident care, the development of NMs’ learning facilitation practices will strengthen their capacity to enhance nursing staff performance and ultimately resident care.
Fortification is the addition of ingredients to foods or beverages, to make them more energy and nutrient-dense, without increasing the portion size. This food-first approach is commonly used as a nutrition support strategy, for older adults who are malnourished or at risk of malnutrition. The aim of this study was to determine the scope and strength of published works exploring relationships between food fortification strategies, mode of delivery and sustainability in aged care and community-dwelling older adults. A narrative review was conducted. Literature from PubMed, EMBASE, CINAHL, Scopus and relevant grey literature was searched. All dates and study designs were included. Joanna Briggs Institute methodology was used to assess the quality of studies. Of 3152 records screened, twenty-two studies were included. Five studies were rated moderate and 17 studies were rated high quality. The majority of studies used pre-made food fortification, rather than fortifying foods on-site. Additionally, the majority of studies fortified foods with either micronutrients or macronutrients, not both. There was heterogeneity across studies, including the mode of delivery and ingredients used for food fortification. No studies identified strategies to embed food fortification within the foodservice system, or identified staffing needs or concerns and only 2 studies measured any aspect of the costs associated with food fortification. The literature is silent on comprehensive costs. No clear sustainable strategies for implementing food fortification in these settings could be identified. We expect that costs are of importance in the aged care sector and future research should include intervention costs of food fortification, as well as other strategies to support embedding food fortification within the foodservice system. Malnutrition is a critical issue in aged care and is the business of all staff and service providers. Research is required to provide further insight into the acceptability and sustainability of food fortification interventions.
Introducing AACNA: the new association developing specialist Aged Care Nurses

Mrs Lynne Day, Ms Hazel Bucher

1Hazel Bucher Nurse Practitioner Consultancy, 2Healthy Ageing and Care Consultancy

11F, Meeting Room C2.5, November 8, 2019, 9:00 AM - 10:30 AM

We would like to introduce and invite discussion around an inaugural Australian Aged Care Nurses Association (AACNA) that has been recently established and launched at the ACNP National Conference in September 2019. Its aims and frameworks support excellence in aged care nursing whilst championing our nursing voice in the Aged Care sector.

Residential Aged Care Facilities (RACF) work hard to attract and retain nurses. Unlike other specialist areas of nursing such as Mental Health, Practice Nurse or Rehabilitation to name but a few, Aged Care nurses did not have a formal association to define their specialty, create a platform to advocate strategically on their behalf nor support their educational requirements.

Aged care specific educational opportunities for Registered Nurses, Enrolled Nurses and Assistants in Nursing in the Aged Care sector is currently dependent upon either their RACF organisation, or their individual motivation to seek appropriate online courses, such as those offered by the Australian College of Nursing (ACN), with little framework or coordination. “Residents with complex needs in RACFs and their families rightfully expect and are entitled to safe and efficient evidence-based professional nursing care services led and managed by appropriately qualified and experienced nurses” (ACN).

Here we have a timely opportunity to assist our nurses in aged care feel valued and excel: through mentoring, communion, and the provision of evidence based specialist gerontic education that is translated from relevant research.

We invite you to join us in a tabletop session where we will present the background to setting up this Association, and where you could provide valuable input into its growth.

Reference: Australian College of Nursing
https://www.acn.edu.au/education/aged-care#1543357845778-81e900b4-689e
Creative Ageing: Exciting the Imagination in Extraordinary Ways

Ms Margret Meagher

11F, Meeting Room C2.5, November 8, 2019, 9:00 AM - 10:30 AM

Creative Ageing is a specialist field within the broader arts and health area, with a focus on how the arts and creative engagement can impact positively on people ageing well. Creative ageing programs can provide support for older people living independently or supporting older people, and their carers, in assisted living, aged care services and palliative care. Specific creative ageing programs have been designed to support people living with dementia, vision and hearing impairment, physical mobility issues and mental health conditions such as depression. Creative ageing has many answers to the big challenges in modern society to counter loneliness and anxiety amongst older people. This presentation will provide an overview of the history of creative ageing in Australia over the past 13 years within the backdrop of progress in the US, UK and other countries. Best practice creative ageing programs will be showcased and research reviewed in Australia and internationally. In particular, the presentation will provide a case study on the benefits of art and dementia programs, through the leading role that the National Gallery of Australia has played in establishing this practice since 2007.
Influencing uptake of evidence for non-pharmacological interventions in residential care

Dr Claudia Meyer1,2, Ms Fleur O'Keefe1
1Bolton Clarke, 2Centre for Health Communication and Participation, La Trobe University

13A, Pyrmont Theatre, November 8, 2019, 1:30 PM - 2:30 PM

Objective
Aged care services increasingly respond to the needs of people with dementia. Non-pharmacological approaches are preferable to reduce responsive behaviours, improve/maintain functional capacity and reduce emotional disorders. Complicating the practice environment, however, is the plethora of dementia care research and the proliferation of commercialised models and programmes that claim to improve quality of life and maintain function. The aim was to undertake a rapid review of systematic reviews to identify the level of evidence and ease of implementation for non-pharmacological interventions with the above-mentioned goals within residential aged care. A further aim was to collate the findings into user-friendly format for residential care staff.

Methods
Systematic review literature was comprehensively searched for non-pharmacological interventions for dementia in residential care. Quality ratings used the AMSTAR tool and adapted GRADE methodology. Ease of implementation into practice was assessed using NHMRC grades of recommendations for guideline development. Infographic design was used to make findings palatable.

Results
Of 629 abstracts screened, 81 full-text articles were retrieved, 38 articles included. The strongest evidence and relative ease of implementation for reducing responsive behaviours was music, sensory stimulation, simulated presence and validation therapies. Exercise and light therapy improved/maintained activities of daily living, while cognitive stimulation and reminiscence improved cognition. Strongest evidence and relative ease of implementation for reducing emotional disorders was music, psychological interventions and reminiscence. Evidence was collated into an infographic and disseminated throughout 29 facilities.

Conclusion
This rapid review was undertaken to support aged care providers to make decisions related to non-pharmacological interventions by identifying which ‘care’ models, interventions or programmes have high-quality evidence and are relatively straightforward to implement for people with dementia living in residential aged care. Uniquely, findings were simplified into digestible format prior to dissemination to enhance uptake of evidence into practice.
Piloting the Australian Elder Abuse Screening Instrument (AuSI)

Dr Josefine Antoniades1, Assoc Prof Bianca Brijnath1, Dr Luke Gahan1, Ms Lisa Braddy2, Associate Professor Briony Dow1

1National Ageing Research Australia, 2St Vincents Hospital

13A, Pyrmont Theatre, November 8, 2019, 1:30 PM - 2:30 PM

Background and aims: The Australian Elder Abuse Screening Instrument (AuSI) was developed to address a lack of consistency in identifying and screening for elder abuse in Australian health and community settings. This pilot project aimed to test functionality, feasibility, and fidelity of the AuSI within a hospital setting.

Methods: The tool was trialled from October 2018 – March 2019 with social workers (N= 30) from the social work and emergency departments of a major Victorian hospital. A mixed methods, before-after design was operationalised. Outcome measures included: notifications of suspected elder abuse cases in the six months prior to the pilot and during the pilot; surveys measuring participant’s knowledge and confidence in EA screening pre-training (T1), immediately post-training (T2), and at 6-months (T3). Participant interviews (N=10) were conducted at six months. Quantitative data were analysed in SPSS and qualitative data were thematically analysed.

Results: No meaningful differences were observed in EA notification data pre (n=49) and post-implementation (n=34). Participants’ knowledge of EA also did not improve post-training (p=0.788), possibly because base-line knowledge was already high. Improvements in confidence in EA screening post-training (t(24)=-5.31, p=.000) and at 6 months (t(22)=-7.4, p=.000) were noted. The qualitative analysis revealed reluctance to incorporate a new screening tool into established social work practices, in some cases leading to unintended use of the AuSI, impacting fidelity. However, some highlighted that the AuSI introduced honesty and transparency to the screening process.

Conclusions: Findings from this pilot will further refine the AuSI to ensure functionality, fidelity, and feasibility within healthcare settings. The qualitative findings highlighted the difficulty in changing established practices within health care organizations and on-going training would be required for new tools like the AuSI to be adopted.
Effectiveness of early interventions on physical performance in frail and at risk older adults: a systematic review of randomised control trials.

Dr Tara Kidd\textsuperscript{1}, \textbf{Dr Nicola Carey}\textsuperscript{1}, Dr Freda Mold\textsuperscript{1}, Dr Martha Sund-Levander\textsuperscript{2}, Dr Pia Tingström\textsuperscript{2}

\textsuperscript{1}School of Health Sciences, University of Surrey, \textsuperscript{2}Department of Medical and Health Sciences, Linköping University,
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13A, Pyrmont Theatre, November 8, 2019, 1:30 PM - 2:30 PM

Background
The rapid increase in frail elderly is seen as one of the major challenges facing health care today. Frailty, a geriatric syndrome characterized by unintentional weight loss, low muscle strength, feeling of exhaustion, reduced physical activity capacity and slow walking speed is associated with increased hospitalisation, nursing home care and mortality compared with non-frail older adults. Identifying interventions that improve physical outcomes in pre-frail and frail older adults is imperative.

Methods:
A systematic review of the literature 2000 to 2017 following PRISMA guidelines and registered with PROSPERO (no. CRD42016045325). Six electronic databases were searched. A three-stage systematic review was conducted that i) identified existing literature; ii) synthesised evidence and assessed its quality; and iii) graded quality of the literature using Mixed Methods Appraisal Tool (MMAT) and analysed the literature for emerging themes.

Results: 2,511 articles were identified of which 10 RCT trials fulfilled selection criteria and quality appraisal. The study quality was moderate to good. Interventions included physical activity; nutrition, physical activity combined with nutrition. Interventions that incorporated one or more physical activity components significantly improved physical outcomes in pre-frail and/or frail older adults.

Discussion:
Improving the prevention, detection and treatment of frailty is essential given the projected rise in older people; the impact on future service provision and the need to help support and maintain frail and older people’s health and social independence: physical activity interventions are key to maintaining independence in frail older adults. A lack of consensus regarding the definition of frailty, and an absence of core measures to assess this means any attempt to create an optimal intervention will be impeded. This absence may ultimately impact on the ability of older and frail adults to live well and for longer in the community.
Simulation: Translating delirium knowledge into practice

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13A, Pyrmont Theatre, November 8, 2019, 1:30 PM - 2:30 PM

Introduction: Delirium is a significant illness with up to 60% of older people admitted to an acute healthcare setting experiencing a delirium. Despite its high prevalence, delirium remains under recognised. To increase delirium assessment and knowledge an innovative delirium education program, involving hands on simulation, was developed. The program has demonstrated an increase in self-perceived confidence and competence in delirium knowledge and assessment. However, it was not known if the knowledge gained translated into clinical practice. The aim of this study was to evaluate whether knowledge gained during the program was translated into clinical practice of nursing staff.

Method: A quasi-experimental design, comparing simulation scores to observations of practice scores. The simulations were undertaken as objective structured clinical examinations (OSCEs). The OSCEs were scored using a standardised self-designed checklist, with a maximum score of 15. Six weeks post OSCE, a convenience sample of nurses who completed the OSCE were observed in clinical practice to undertake a delirium assessment. Observations of practice were assessed using a tool designed and validated by the research team with high levels of inter-rater reliability. The maximum possible of score is 12.

Results: A total of fifteen registered nurses completed the OSCE. A total of eighteen observations of practice were undertaken with fourteen of the participants. The high OSCE scores (mean score 88.70%, SD± 0.1) were maintained in clinical practice six weeks post-intervention; with the mean observation of practice score being 81.49% (SD ± 0.1). There was no significant difference between the OSCE and observation of practice scores post-intervention (p=0.07).

Conclusion: The results demonstrated that the knowledge, skills and confidence gained from undertaking this delirium care education program, was translated into clinical practice. This research was expanded this year across a whole hospital and a randomised control trial comparing simulation-based education to traditional education has commenced.
Supporting function in people living with dementia: A Reablement Handbook

Dr Claire O'Connor¹, Dr Meredith Gresham¹, A.Prof Roslyn Poulos², Prof Christopher Poulos¹,²
¹HammondCare, ²University of New South Wales

13B, Meeting Room C2.1, November 8, 2019, 1:30 PM - 2:30 PM

By 2056 in Australia, over 1.1 million people will be living with dementia, a leading cause of disability. Government policy and the Clinical Practice Guidelines and Principles of Care for People with Dementia support ‘reablement’ and maximising or improving function. For people with dementia, reablement is about maintaining function for as long as possible, regaining lost function, or even improving everyday function. While there is currently no standardised approach to delivering reablement to people living with dementia in Australia, providers are already offering ‘reablement’ services. The recently completed Reablement in Dementia project sought to address this by operationalising the Clinical Practice Guidelines to develop an evidence-informed Handbook of Reablement programs to support function in people living with dementia.

Handbook development occurred over four phases: (1) a literature review to update evidence from the Clinical Practice Guidelines and gather the highest quality available evidence for reablement strategies that have shown some benefit to improving function for people living with dementia; (2) interviews to gain an understanding within the aged care sector of reablement, including barriers and enablers to providing reablement; (3) a collaborative workshop to determine Handbook contents, with broad representation across the aged care sector, allied health, academics, policy makers, and people impacted by dementia; and (4) drawing together the scientific literature with project outcomes to generate the eight evidence-informed reablement programs that form the Handbook. The Handbook, released in June 2018, is targeted to the aged care sector and supported by a Consumer Information Booklet and a Technical Guide. A revision process in collaboration with the consumer advisory team will result in the release of second editions of all three resources, in mid-2019. The process of Handbook development will be discussed, along with the crucial next phase of this project, dissemination and implementation in ‘real-world’ practice.
Maintaining home life: implications for community service provision

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13B, Meeting Room C2.1, November 8, 2019, 1:30 PM - 2:30 PM

Home is integral to our stories of self, a place of belonging, a setting for daily life, as well as a structure that provides shelter, safety and privacy. The length of time lived in the property and the increasing age of the occupant will usually strengthen the bond that a person has with their home. Current aged care reforms in Australia support older people to live where and how they choose as preference and need dictate. Many will approach community service providers to help support homelife. The increasing emphasis on home as the site of health and social care requires community service providers to understand the context in which they are delivering a service.

This presentation will describe the grounded theory from a recently completed PhD study and its implications for service provision. The research aim was to establish how the construct and meaning of home for people living with dementia and their co-resident family supporters was affected by the presence of community services. Grounded theory methodology was chosen for its ability to study, understand and explain the lived experience of people living with dementia as consumers of services within their own homes.

The study found that people living with dementia and their family supporters mobilised a strength-based approach for the continuation of homelife. They identified the threats to the meaning of home caused by dementia and other factors. They activated goal directed solutions and drew on assets within their personal, social and community resources as well as the built environment to achieve their desired outcomes. The implications of these findings are twofold: they inform our understanding of the assets that can be released to support homelife; they describe consumer expectations and experiences of, as well as their responses to, quality in service provision and care delivery within their homes.
Involving older adults in health providers' sexual health education

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13B, Meeting Room C2.1, November 8, 2019, 1:30 PM - 2:30 PM

Health and aged care providers have a role to play in facilitating older adults' intimate relationships. However, embarrassment, dissatisfaction with treatment, negative attitudes and seeming disinterest by health professionals can all inhibit discussions. Currently, health and aged care providers receive little to no training in how to communicate with older adults about their sexual concerns. Consequently, many providers are reluctant to enquire into older adults’ sexual health during consultations. To exacerbate this situation, older people themselves often do not feel comfortable being the first to raise their concerns. In an effort to produce educational materials to bridge this impasse, a multi-phase project funded by the Australian Association of Gerontology and promoted by COTA is being undertaken. This research aims to give older adults a voice in educating health/aged care practitioners about what is important to them about their intimate relationships and what would make them feel safe to talk to health/aged care providers about their sexual and intimate concerns. Phase one of this project involved a mixed methods online survey of 978 Australians aged 60 to 86+, conducted in 2019. Results showed that, of those who consulted health professionals in the past 12 months, only a small minority of participants had been asked about their sexual health by doctors (16%), nurses (4%) and psychologists (6%). Of those using aged care services, only 1% had been asked. These results corroborate and expand upon prior research by others. This presentation focuses on participants’ main concerns, accounts of their experiences (positive and negative) and their suggestions for health providers to help normalise sexual health discussions. These findings have implications for tertiary curricula, professional development and the clinical practice of health professionals and aged care providers.
Quality of Personalised Dementia Care in Residential Aged Care Centres

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13C, Meeting Room C2.2, November 8, 2019, 1:30 PM - 2:30 PM

Introduction: There is increasing emphasis on the integration of personalised care approach into general dementia care in literature and the healthcare context, especially in rural aged care centres. It is believed that a personalised approach in the care practice has the potential to improve the quality of life and health outcomes of residents with dementia. This paper aims to explore the determinants associated with the quality of personalised care for residents with dementia in rural aged care centres.

Method: A multidimensional theoretical model on ‘quality of residential aged care’ developed by Rantz et al. (1998) was used to design the study. As part of this, a qualitative study involving interviews and focus groups was conducted. Following the ethics approval from Southern Adelaide Clinical Research Ethics Committee (Project Number: 277.17), carers working in five rural aged care centres in South Australia and Queensland were approached. Fifty nine carers agreed to participate in semi-structured interviews and focus groups at three phases: intervention, one month follow-up and three months follow-up, which resulted in 59 audio-recorded interviews and 16 focus groups. Data were analysed using the thematic analysis method.

Results: Several determinants explored from the views of carers that were complex and cross-sectional. Seven major dimensions emerged from the determinants including focus on residents, interactions between residents and carers, place of friendship, structural environment, care approach, staff education and training and safety measures.

Conclusions: A focus on practice, skills and behaviour of the health system is required so that it appropriately responds to barriers and incorporates the dimensions of personalised care into service delivery for people with dementia.
Older Lesbian and Gay Australians’ Sense of Housing Security: Demographic and Psychosocial Predictors

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13C, Meeting Room C2.2, November 8, 2019, 1:30 PM - 2:30 PM

Introduction
The proportion of people who own their home outright has been steadily decreasing over recent decades, with increasing numbers of older adults who do not own their own home or still have a mortgage reaching retirement age. People belonging to marginalised groups, such as older lesbian women and gay men, can face additional challenges to their sense of housing security due to experiences of stigma and discrimination around their sexual orientation. Therefore, this study examined a range of potential demographic and psychosocial predictors of the sense of housing security among older lesbian women and gay men.

Method
We recruited a sample of 679 lesbian women and gay men aged 60 years and older living in Australia. Our survey included measures of housing security, housing situation, demographic variables, physical health, having people to depend on, and recent and lifetime experiences of discrimination.

Results
Most participants in our sample (89%) reported that they felt their housing situation was secure. Significant predictors of a greater sense of housing security included younger age, having people to depend on, reporting better self-rated health, and reporting fewer experiences of sexual orientation discrimination over the past year. As might be expected, a sense of housing security was also significantly higher among those who owned their own home without a mortgage compared to those who were paying off a mortgage, renting, or involved in other living arrangements.

Conclusions
Findings from this study are useful for policy makers and service providers concerned with addressing the housing needs of older adults, particularly in vulnerable groups such as older lesbian women and gay men. Strategies targeted at these groups should account for how recent experiences of sexual orientation discrimination in particular is linked to their sense of housing security, as well as other factors relevant to older people in general.
Aged Facilities as Community Hubs of Activity and Intergenerational Learning

Ms Jasmine Lance\textsuperscript{1}
\textsuperscript{1}The Groundswell Project

13C, Meeting Room C2.2, November 8, 2019, 1:30 PM - 2:30 PM

A whole of population approach to ageing, dying well and ‘in place’ is a move towards social and collective responsibility. It requires a re-imagination of aged services and communities.

The 10K Project is a collaboration between The Groundswell Project, Southern Cross Care (SCC) and Western Sydney University. 10K takes a holistic approach, working with staff, systems, residents and the community to find solutions through collaborative and creative pathways that highlight best practice in intergenerational inclusion.

A Community Development (CD) approach was introduced in an aged care facility to see if an effective CD approach could be developed, make a difference and be replicated for the aged care sector. 10K uses social network mapping, interviews and focus groups - before, during and after the placement of a CD worker. Pre-placement - residents reported feeling lonely, socially isolated, desirous of more social connection and to be useful. These findings were used to inform the work of the CD worker who was embedded in the SCC facility.

The CD worker on the 10K Project will discuss the process - its challenges, successes, learnings and insights – experienced with staff, residents, families and community.

Purpose; i) To engage delegates in social mapping, experiential and interactive exercises to deepen awareness of an aged person’s experience moving to an aged care facility; ii) build empathic understanding of needs, wants and changes experienced moving away from social connections, location, familiarity and identity; iii) dependance on community awareness for accessibility, inclusion and connection. Aim: Stories of process and change will be shared to inspire and inform discussions about how to be more inclusive and enabling in personal, social and work place settings. Outcomes: Broaden understanding of activities, behaviours, systems and programs promote healthy wellbeing and shift feelings of “isolation”, “depression” and "useless" into engaged, interactive and happier participants.
Social Wellbeing for people living with late state dementia

Mrs Wendy Henderson, Ms Katrina George

13C, Meeting Room C2.2, November 8, 2019, 1:30 PM - 2:30 PM

This paper presents a partnership between Dementia Australia (DA) and BlueCross|Sapphire Care (BCSC). As the number of people living with advanced dementia in residential aged care increases, BCSC identified a need to provide meaningful engagement to residents requiring comfort care, sensory engagement and palliation. DA responded to this need and developed a bespoke program designed to enable staff improve the quality of life for this group. A key component of the project was to translate and apply learning into practice. The support afforded by the organisational senior leadership team provided an opportunity for success. The aims of the project were to promote an understanding of meaningful engagement and to educate and support participants to take a leadership role in the delivery of sensory interventions. The project also aimed to equip staff participants to personalise the interventions based on the resident’s life story and to foster caring relationships based on resident’s responses to individually designed activities. The project was conducted over a 3 month period across 12 residential homes and included a Residential Manager briefing, regional education for staff participants and on site coaching from DA facilitators. A total of 44 staff agreed to become dementia champions, completing Montessori work books and undertaking an assignment. They selected residents who were disengaged and that they believed would benefit from personalised approaches and agreed to share strategies for engagement with the whole team including care, lifestyle and hospitality staff. The dementia champions presented their experiences at 4 regional meetings. This conference presentation reflects social engagement and increased wellness through the incredible moving experiences captured in resident photographs and reflective journals. The evaluation of the project is presented, the responses from residents are showcased and the experiences of staff will be discussed.
Family communication and decision-making in end-of-life care for older people

Dr Katrin Gerber1, Dr Bianca Brijnath1, Christel Lemmon1, Sue Williams1, James Watt2, Dr Anita Panayiotou1, Dr Frances Batchelor1, Dr Barbara Hayes2
1National Ageing Research Institute, 2Northern Health

13D, Meeting Room C2.3, November 8, 2019, 1:30 PM - 2:30 PM

Background: Open and effective communication between older people at the end-of-life, their families, and healthcare services is an essential prerequisite for good end-of-life care. In this presentation, we bring together the perspectives of terminally ill older people, and bereaved family members to provide insights into family communication and decision-making concerning end-of-life care of older people.

Methods: In this qualitative research, one-to-one interviews were undertaken with four older people over 75 years who were receiving specialist palliative care, and with seven bereaved family members who had an older relative die within the last 12 months. Semi-structured questions assessed participants’ end-of-life preferences, how well information regarding their care has been communicated, and which aspects of care and communication could be improved. Data was collected in Melbourne, Australia and analysed thematically by two reviewers using inductive coding.

Results: A common theme reported by both groups was that older people preferred not to think about dying; mostly, because they trusted others (e.g. God or medical staff) to make decisions for them. These beliefs influenced end-of-life communication and resulted in family members having to make decisions during times of medical crisis. Decision-making was further complicated if there was family conflict or denial of dying. Family members were crucial mediators between older people and health services, helping them to navigate the health system and advocating on their behalf. Being treated with respect, and remaining independent, socially connected, and at home for as long as possible were integral to older people and families’ perceptions of good end-of-life care.

Conclusions: Communication and decision-making at the end-of-life was multi-layered, and shaped by family histories and roles. Documenting and implementing care preferences was challenging. Understanding these challenges may help to improve future communication between services, families and older people as they approach the last stage of their lives.
Standing tall with our mob: dual task training to promote healthy brain ageing and reduce falls risk among older Aboriginal Australians

Ms Madeleine Nichols1, Miss Alison Timbery, Ms Pam Wettasinghe1,2, Ms Laura Jamieson1, Dr Wendy Allan1, Mrs Gail Daylight1, Professor G A (Tony) Broe1,2, Professor Gail Garvey3, Associate Professor Kim Delbaere1,2, Dr Kylie Radford1,2

1Neuroscience Research Australia, 2University of New South Wales, 3Menzies School of Health Research

13D, Meeting Room C2.3, November 8, 2019, 1:30 PM - 2:30 PM

The Standing Tall with Our Mob program was developed as part of the Koori Active and Healthy Ageing Project following extensive community consultation with older Aboriginal people and partner communities in regional and urban NSW. Semi-structured interviews and group yarning circles were conducted to understand perceptions regarding community health priorities, preferences for healthy ageing programs and acceptability of technology as a platform for administration. Identified health priorities included memory loss, mobility and depression and using technology for healthy ageing was widely supported, however, the importance of maintaining social group connections was emphasised. A balance-based exercise mobile application developed at NeuRA was preferred overall and has been redeveloped to incorporate cognitive activities to boost the potential benefits for healthy brain ageing and functional independence. Previous research has shown combined physical and cognitive-motor (dual-task) training delivers enhanced benefits. Cognitive-motor training improves older adult’s ability to do two things at once, overall balance and executive function. Physical exercise has positive effects on improving concentration, mood, neuroplasticity, and overall mobility in addition to decreasing cardio-metabolic disease risks linked to dementia. To evaluate the feasibility of this program, a 4-month pilot randomised control trial will commence in May of 2019. This will involve a home-based exercise intervention accessed via a tablet computer in conjunction with weekly fact sheet bulletins. A control condition will receive the fact sheets only, however, both groups are invited to attend weekly group-based sessions focusing on healthy ageing topics, providing both a social space for participants and an opportunity to seek technological support, or advice from an exercise physiologist. Key outcomes will include physical activity, balance, falls risk, and cognitive function. By implementing a technological platform, this program has potential to improve access to dementia and chronic disease prevention, enable low-cost individualised program tailoring and facilitate transferability across diverse community settings.
Dementia detection and support in Indigenous Communities: baseline audit results

Prof Leon Flicker, Dr Jo-anne Hughson, Ms Kate Bradley, A/Prof Dina LoGiudice

1Western Australian Centre for Health & Ageing, The University of Western Australia, 2The University of Melbourne, 3Melbourne Health

13D, Meeting Room C2.3, November 8, 2019, 1:30 PM - 2:30 PM

Introduction: The high prevalence of dementia (D) and other cognitive impairment (CI) in Aboriginal and Torres Strait Islander populations has raised the need to better understand and address this issue. The Let’s CHAT (Community Health Approaches To) Dementia project aims to optimise detection and support for Aboriginal and Torres Strait Islander people with CI/D in the primary care context, with emphases on early detection, and carer and community support.

Methods: This is a randomised control trial working in collaboration with 12 Aboriginal Community Controlled Health Organisations (ACCHO) across four states in Australia to develop, test and refine a model of best-practice care for people with CI/D in Aboriginal and Torres Strait Islander Communities. Audits were carried out prior to implementation of the care model and will continue at six-monthly intervals for the duration of the study to measure changes in documented detection rates and care practices of clients with confirmed or suspected CI/D.

Results: Data from the baseline audits (n= 1367) detail pre-implementation CI/D detection rates and risk factor profiles of ACCHO clients aged 50 and over across the 12 study sites. All known dementia risk factors were present, many in high rates and in combination. Highest scoring risk factors were: hypertension (50%), polypharmacy (46.5%), current smoking (44%), diabetes (43%), obesity (36%), depression (31%). Evidence of health service assessment and investigation of CI varied but overall was very limited, with concerns being raised around thinking, memory and confusion for less than 10% of clients, often with little evidence of follow up.

Discussion: These data confirm that risk factors for CI/D are significant, and current rates of detection of CI/D could be optimised. A co-design model of care has potential to improve the capability of primary care services to detect and manage CI/D in Aboriginal and Torres Strait Islander groups.
Prevalence of drugs use before and after dementia diagnosis

Mr Kailash Thapaliya¹, Dr Melissa Harris², Mrs Peta Forder¹, Professor Julie Byles¹

¹University of Newcastle

13D, Meeting Room C2.3, November 8, 2019, 1:30 PM - 2:30 PM

Introduction: We determined patterns of drug use before and after dementia diagnosis.

Method: Data from the 1921-1926 cohort of the Australian Longitudinal Study on Women’s Health were linked to Pharmaceutical Benefit Scheme data on drugs used between 2004-2012. Latent Class Analysis (LCA) identified distinct groups with different patterns of drug use among women with dementia (N=1855). Multinomial logistic regression examined factors associated with class membership.

Results

Antipsychotic and antidementia drug use increased from 5.34% to 19.19% and less than 1% to 27.82%, respectively, after dementia diagnosis. There was modest increase in benzodiazepines (25.28% to 27.82%) and antidepressants (27.42% to 32.40%). Four groups were identified using LCA. Class 1 (N=314) was characterised by higher overall drug use. In Class 2 (N=233), 100% used antipsychotics. Class 3 (N=198) included mostly non-users of benzodiazepines and opioids. Class 4 (N=1,110), reference group, included the highest percentage of women and none used antipsychotic or anticholinergic drugs. Frailty (score=>4) was significantly related to class membership comparing class 2 to 4 (Adjusted Odds Ratio:2.19, 95% CI 1.01–4.76), class 1 to 4 (AOR:2.23, 95% CI 1.12 – 4.44), and class 2 to 4 (AOR:1.94, 95% CI 1.02–3.69). High general practitioner visits (>=3 visits/year) was significant comparing 1 to 4 (AOR:1.52, 95% CI 1.04–2.22). Residential Aged Care was significant comparing class 2 to 4 (AOR:1.85, 95% CI 1.22–2.80). Lower education (≤Year 12) was significant comparing 2 to 4 (AOR: 0.45, 95% CI 0.21 – 0.96). Unpartnered women were more likely to be in class 2 than 4 (AOR:1.54, 95% CI 1.50-2.31). Area (Inner regional Australia) was significant comparing class 3 to 4 (OR:1.61, 95% CI 1.06–2.43).

Conclusion

There is increase in prevalence of overall drug use after dementia onset. This study identified factors associated with different patterns of drug use, which were previously unknown.
Understanding self-reported health in older urban and regional Aboriginal Australians

Dr Louise Lavrencic\textsuperscript{1,2}, Dr Holly Mack\textsuperscript{3}, Ms Gail Daylight\textsuperscript{1}, Professor G. A. (Tony) Broe\textsuperscript{1,2}, Dr Kylie Radford\textsuperscript{1,2}

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14A, Pyrmont Theatre, November 8, 2019, 2:45 PM - 4:00 PM

Introduction: The Aboriginal Australian population is ageing rapidly. At the same time, compared to non-Aboriginal Australians, Aboriginal people experience higher rates of non-communicable chronic disease, injury, dementia and mortality. Self-reported health is a holistic measure of health perception. This may fit well with Aboriginal views of health and wellbeing given that narrow biomedical perspectives do not fit with Aboriginal holistic cultural views of health. Self-reported health also predicts morbidity and mortality in the broader Australian population. This study aimed to identify predictors of self-reported health in older Aboriginal Australians.

Methods: Aboriginal and Torres Strait Islander people (n=227) from urban and regional areas aged 60-88 years (M=66, SD=5.85; 145 female) completed a baseline assessment of demographic, medical, cognitive, mental health, and social factors. Self-reported health was quantified using 5-point scale at follow-up (1.1–4.4 years post-baseline). Correlation, Chi-square and ordinal regression analyses were conducted to examine predictors of self-reported health.

Results: At follow-up, better self-reported health was associated with being male, having fully independent activities of daily living, participating in more social activities, greater resilience, and absence of lung problems, kidney problems, vision problems and arthritis. Poorer self-reported health was associated with experiencing a fall, being hospitalised, and multimorbidity (presence of 2 or more chronic conditions). Sex, arthritis, vision, and resilience remained significant in a multivariable regression model, controlling for age and cognitive impairment.

Conclusion: These findings provide insight into perceptions of health in urban and regional Aboriginal communities; and suggest that compared to other factors, the absence of common non-life threatening age-related conditions (i.e., arthritis and vision problems) and perceived resilience predict older Aboriginal peoples’ self-reported health. Understanding factors that contribute to perceptions of health could inform future targeted interventions aimed at improving overall wellbeing.
Mapping the journey through residential aged care: a user-friendly “Transition Map”

Dr Steven Savvas\textsuperscript{1,2,3}, Ms Courtney Baker\textsuperscript{1}, Dr Maho Omori\textsuperscript{1}, Assoc Prof Briony Dow\textsuperscript{1}, Assoc Prof Samuel Scherer\textsuperscript{1,2}
\textsuperscript{1}National Ageing Research Institute, \textsuperscript{2}Royal Freemasons, \textsuperscript{3}University of Melbourne

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Older adults needing residential aged care services often have very little understanding of the care that will be provided and how this may change as their health and function decline further. Mapping these declines across a common framework has the potential to improve communication across multidisciplinary care teams, promote person-centred holistic care and facilitate improved understanding of the care journey for older people and their families. Fifteen focus groups (n=92) were conducted with residents, families and care/clinical staff with the aim of understanding stakeholder perspectives of a tool (“Transition Map”) designed to provide an overview of the care pathway within residential aged care facilities. Findings demonstrated that participants considered the tool as having potential to add value to care by improving staff communication with families, increasing care coordination and minimising non-beneficial treatments. This study supports the need to map decline of long term care residents at an individual level and demonstrates the potential of a tool such as this with which to approach care to improve outcomes.
A systematic review of assessment tools and factors used to predict discharge from acute general medical wards

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1Melbourne Health, 2University of Melbourne, 3Western Health

14A, Pyrmont Theatre, November 8, 2019, 2:45 PM - 4:00 PM

Aim: To identify assessment tools and patient factors associated with discharge destination (home, subacute or residential care) in general medical inpatients.

Design: Systematic review

Method: Four electronic databases were searched. Studies were eligible for inclusion if they were: a prospective or retrospective quantitative study design, had a minimum of 20 adult acute general medical inpatients and published in English. Outcomes of interests were assessment tools (scored questionnaires or performance-based measures) or patient factors (single items) with statistical correlations with discharge destination. Articles were screened by two independent assessors. Data were extracted by one reviewer and independently checked by a second reviewer. Data were analysed/described descriptively.

Results: Twenty-one studies were included. Within included studies, tools and factors spanned ‘cognitive’, ‘functional’, ‘mobility’, ‘medical’, ‘social’ and ‘other’ domains. Twenty assessment tools were identified. The most common tools were the Barthel Index, the Katz ADL Index and the Post-Acute Care (at) Discharge however, each of these were found in two articles each within the literature identified in this review. Thirty-nine factors were identified. The most commonly researched factor was age (investigated in eight studies).

Conclusion: No single assessment tool that best predicts discharge destination was identified for this complex cohort. Further research is needed to determine the psychometric properties of the tools identified as well as additional predictors of subacute care.

Trial Registration: PROSPERO (CRD42017064209)

Key Practice Points
- The large number of tools and factors found, as well as their distribution across several domains, exemplifies the complexities of discharge planning.
What Do Older People Want from their Healthcare?

Dr Jessica Cecil1, Ms Jessica Barry1, Dr Frances Batchelor1, Ms Amy Parker1, Mr Andre Catrice2, Ms Nicole Doran2

1National Ageing Research Institute, 2Department of Health and Human Services

14A, Pyrmont Theatre, November 8, 2019, 2:45 PM - 4:00 PM

Health and wellbeing support for older people should be informed by overarching consumer expectations, needs and priorities, and adapted on a case by case basis to reflect person-centred practices. Despite this, there is no strong understanding of what older people in Victoria want or expect when they seek support for their health and wellbeing, or how these priorities may change at different points in the care continuum. An evidence base that describes what older Victorians want from their healthcare is essential in supporting policy development regarding access to, and choice of, care/services throughout the life course thereby ensuring that the future delivery of healthcare is responsive to the priorities of older people and informed by their expectations.

The Care for Older People Policy Unit within the Victorian Department of Health and Human Services (DHHS), in collaboration with the National Ageing Research Institute (NARI), sought to identify what older Victorians (aged 65 years and above) and their carers want from their healthcare using the following methods:

1. Face-to-face focus groups
2. A social media discussion (hosted on Facebook)
3. An online survey

Specific questions regarding the needs, expectations and priorities of participants were developed based on six possible scenarios relating to health needs in later life.

1. Enabling older people to remain healthy and active when ageing
2. Supporting the management of multi-morbidity and/or frailty when living in the community
3. Seeking healthcare in a crisis for sudden health issues
4. Regaining independence after being unwell
5. Needing specialist aged care support
6. Requiring end of life care

Utilising thematic analysis, the key five health and wellbeing priorities for older people at each of the above life stages were identified. Results will be outlined and discussed in detail during the presentation.
Workflow of clinical pharmacists leading research at geriatric wards

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14A, Pyrmont Theatre, November 8, 2019, 2:45 PM - 4:00 PM

Using pharmacists’ competencies to improve clinical outcomes for geriatric patients is becoming common. Although several clinical studies have investigated the impact of clinical pharmacy interventions, we know little of how clinical pharmacists allocate their time when involved in and/or leading clinical pharmacy research.

Aim
To quantify time used by clinical pharmacists involved in a randomized-controlled trial (RCT) at a specialized geriatric hospital ward.

Methods
We conducted a time and motion study; involving continuous-observations by an external observer, applying the Australian developed Work Observation Method by Activity Timing (WOMBAT) software. The ward’s interdisciplinary team consisted of physicians, nurses, physio-, speech-, and occupational therapists. From September 2016, clinical pharmacists joined the team, as part of a RCT (1). The stages of the pharmacist trial-related intervention and activities related to conducting the study were defined as separate work tasks. The observer shadowed the study pharmacists and recorded task, time, interruptions and communication during 6 weeks.

Results
Pharmacists were observed 109 hours including 55.3 hours of clinical tasks and 37.9 hours of study-related tasks. The remaining 16.9 hours were unrelated to the RCT. Medication review was the most time consuming task; 32% (95% CI 28-36) of total time, followed by study registration; 24% (95% CI 21-27). Including new patients counted for 4.5% of total time (95% CI 3.5-5.5).

Conclusion
Pharmacist involved in the RCT participate in a number of different activities and spend much time on non-clinical work tasks. Careful considerations must be performed when calculating cost-effectiveness of clinical pharmacy services based on workflow information from study trials.

“To sleep: perchance to dream: ay, there’s the rub”. (Shakespeare) Sleep in aged-care, what are the obstacles?

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14B, Meeting Room C2.1, November 8, 2019, 2:45 PM - 4:00 PM

Sleep deprivation is prevalent in aged care facilities. Sleep deprivation is a major source of morbidity, and risk of cognitive impairment including dementia. Staff frequently check residents at night, turning on lights and continence checks disturb sleep. Residents are often prescribed medications to improve sleep and manage behavioural symptoms of dementia. A recent call for action seeks to reduce use of psychotropic medications in Australia.

This study aimed to investigate sleep patterns of residents in five rural aged care facilities. The research is funded by the Australian Government Department of Aged Care Services 2017-2019.

Methods
Residents wore Actigraph watches that continuously measured physically activity and sleep for 5 days pre and post a 3-month implementation of the Ageing Well in Harmony model of care, including noise reduction, evening wind down, no-wake policy and rest periods with personalised music. Demographic data, cognitive impairment, behavioural symptoms and agitation were assessed via Cohen-Mansfield Agitation Inventory. Data were triangulated with staff interviews to understand the impact of sleep on residents, caregiving staff and the environment.

Results
At baseline, all 73 residents had poor sleep, were often overactive or agitated. Sleep patterns varied with stage of dementia, noise and lights in the facility, medications and staff commitment to the new model of care. One RN said, "...from what I see you’ve nailed it, you’ve looked at the whole picture ...and that’s what makes it work better".

Conclusion
There are many obstacles to a good night sleep in residential aged care facilities. Residents can be in pain or behavioural symptoms cause periods of extreme distressed with minimal sleep. Our results indicate it is possible to transform care and improve sleep in residential facilities through a holistic approach to care.
Other than Alzheimer’s: Behaviour in people with less common forms of dementia

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¹Dementia Centre

14B, Meeting Room C2.1, November 8, 2019, 2:45 PM - 4:00 PM

The characteristics, course and outcomes typically described of people living with dementia (PLWD) are those of common forms of dementia such as Alzheimer’s disease (AD). While this facilitates the understanding and management of the largest proportion of PLWD, less common forms of dementia are often understood and managed similarly, despite having significantly different needs to a person with AD.

This is especially true of the types and outcomes of behaviours that may be experienced by people with less common forms of dementia, and the types of care strategies and recommendations that need to be implemented for their resolution.

This presentation will describe and compare demographic, social, cultural, environmental and behavioural characteristics of people living with less common forms of dementia. To do so, we will utilise the extensive database collected in the provision of service of Dementia Support Australia (DSA). DSA is the leading provider of behaviour support for all PLWD in Australia, visiting upwards of 8,000 PLWD every year. We will discuss the occurrence and implications of behaviour across a range of less common dementia types, such as younger-onset AD and dementia in Huntington’s disease. For example, in the last two years DSA has supported over 100 people with Down syndrome who also have dementia. Assisting this population is markedly different compared to other dementia types; not only are behaviours often one of the first signs of the clinical course of AD, but given the earlier age of onset and higher level of physical ability, behaviours of this group can present different challenges for staff who are more accustomed to caring for elderly residents.

We report these findings in the context of person-centred care, and provide specific case studies and examples of how this is achieved for less common forms of dementia.
Managing change: Intergenerational perspectives from Victorian public hospital nurses

Dr Jennifer White¹, Ms Christel Lemmon¹, Associate Professor Bianca Brijnath¹
¹National Aging Research Institute

Introduction
Nurses comprise the largest sub-group in the Australian health workforce. As healthcare demands increase and the nursing shortage continues, healthcare employers will rely more on an aging nurse workforce. Different generations have different personal and professional needs which influence job satisfaction and retention. This study explored the management of change and the effects of change on wellbeing in Victorian Public Hospital nurses (VPHN).

Method
Using the 2018 Victorian Public Sector Commission People Matter’s Survey, we conducted a secondary analysis of VPHN who completed the health survey (n=18,963), the change management module (n=6044), and the career intentions module (n=4320). Nurses were divided into generational groupings: Generation Z (24 and younger), Generation Y (25-34), Generation X (35-54) and Baby Boomers (55+). Descriptive and statistics analysis were deployed.

Results
60% of nurses (n=3973) experienced significant change in the past year and did not feel sufficiently informed during this process. Change was associated with poorer job satisfaction, work engagement and work life balance. Poorer well-being scores were most prevalent in Generation Y and X who experienced increased stress levels and feelings of lack of control. In contrast, job satisfaction (r=0.493) and job engagement (r=0.681) were positively associated with career intentions. Older nurses' cohorts (Gen X and Baby Boomers) perceived less opportunities for progressing career goals

Discussion
This study identified that workplace change is constant, stressful and more likely to affect older nurses. Results highlight the need to ensure nurses are well informed and supported during change processes. Due to generational gaps, we posit that more opportunities are needed to support career development in older nurses.
Shifting the deck chairs: Impact on existing allied health care services through the introduction of an exercise physiology service

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14B, Meeting Room C2.1, November 8, 2019, 2:45 PM - 4:00 PM

A recent review of the Aged Care Funding Instrument recommended that therapy programs in residential aged care (RAC) move towards a restorative approach to improve and maintain residents’ health and well-being (Rosewarne et al., 2017). According to the review, accredited exercise physiologists (AEPs) are ideally placed to offer a restorative approach, and should be included in the list of health professionals funded to provide physical activity services to older adults in RAC. However, little is known about how the introduction of AEP therapy services in RAC may contribute to the existing allied health care services (e.g. physiotherapy, occupational therapy). This knowledge gap is an issue for aged care providers, as they work to provide quality services that meet residents’ needs, within tight financial constraints. Despite the expected funding of AEP services in the near future, the overall number of therapy services that an individual resident can use will likely be limited by available time. This presentation will report on the findings of research that aimed to understand how the provision of allied health care services change with the introduction of a 12 week AEP program. An audit of therapy and lifestyle records for participants over 16 weeks was conducted and analysed at four specific time points throughout the intervention (from baseline (4 weeks prior to intervention) to the conclusion of the intervention). Data (frequency of each allied health and lifestyle services) were collected by an independent staff member at the RAC facility. The findings will provide valuable information to inform the future resource allocation for therapy services in RAC, with the broader aim of facilitating residents’ choice and enhancing their health and well-being.

Pleasant Activities to enhance Well-being (PAW) in residential aged care

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14B, Meeting Room C2.1, November 8, 2019, 2:45 PM - 4:00 PM

Loneliness, disengagement and lack of meaningful activity are associated with the high rates of depression commonly reported in residential aged care. Formal psychological services are often unavailable, and staff may lack the skills or capacity to support residents with depression. Innovative, non-pharmacological approaches to reducing depression and improving well-being are needed. Behavioural activation (BA) is an evidence-based approach that can be delivered by non-specialists. BA has been shown to reduce symptoms of depression as much as anti-depressants in older adults, including in residential care [1]. The aim of this project was to investigate the feasibility and acceptability of an eight-week, volunteer-led BA programme, to improve the well-being of residents in residential aged care. We provided specialised training to volunteers, who were then partnered with residents with mild to moderate symptoms of depression. Qualitative and quantitative data were collected from residents and volunteers at baseline, eight weeks and three months. Overall, 12 volunteers and 18 residents participated in the program across two sites. Participants’ mean age was 84.6 for residents and 63.8 for volunteers. Most residents (83%) and volunteers (79%) were female. Participants were ethnically diverse. For residents, participation was associated with a large, statistically significant reduction in depressive symptoms (Hedges’ g = 1.09, p < 0.01) at Time 2. Trends towards reduced anxiety and increased positive well-being were evident. Furthermore, staff benefited from knowing that residents who needed additional care were receiving one-on-one support from trained volunteers. These encouraging findings support the use of BA in residential aged care. Opportunities for improvements to the program were identified, which will inform a larger study of volunteer-led BA in community, residential and retirement living.

Music-listening opportunities for well-being in residential aged-care

Dr Amanda Krause¹
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14C, Meeting Room C2.2, November 8, 2019, 2:45 PM - 4:00 PM

In Australia, as many as one-third of older people experience loneliness, and almost half of persons living in residential aged-care have had a diagnosis of depression. Strategies to support psychosocial well-being in older adults living in residential aged-care are desperately needed. Evidence points towards music listening as an effective, non-pharmacological tool with many social and emotional benefits, yet the specific nature of how to create and support everyday music listening opportunities for well-being benefit in residential aged-care remains under-researched.

This presentation will discuss the results of a recent empirical investigation aimed at comparing the impact and benefit of implementing two different, technology-driven listening programs in order to promote psychosocial well-being in aged-care residents. Australian residents (aged 65+) living in two Mornington (VIC) care facilities participated in a two-month trial. Participants experienced one of two program conditions, facilitated by a music therapist: (1) individualized, one-to-one sessions centred around developing and using a personalized multi-media playlist or (2) small group sessions centred around listening to and discussing purpose-built radio programming. Interviews and surveys completed at the 0-, 1-, and 2-month timepoints collected data on the participants’ listening activities, session experiences, and well-being. Additional focus groups were held with facility staff in order to consider the programs with regard to their implementation and sustainability as well as the perceived impact on the residents. The findings discussed will provide an in-depth understanding of how everyday music listening activities in residential aged-care can assist older Australians’ psychosocial well-being, with broad implications concerning how everyday music listening can be used as a widely-accessed, low-cost tool for enhancing quality of later life. These findings and future work can lead to the development of evidence-based guidelines to support reproducible and sustainable programming guidelines that can be used to promote emotional regulation, community, and well-being.
Ironbark: healthy ageing among older Aboriginal people

Mr Aaron Simon\(^1\), Ms Julieann Coombes\(^1\), Professor Rebecca Ivers\(^2\), Mr Roland Wilson\(^3\), Ms Sallie Cairnduff\(^2\)

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14C, Meeting Room C2.2, November 8, 2019, 2:45 PM - 4:00 PM

Older Aboriginal people report falls to be a priority health issue, with a significant impact on their health and wellbeing. The Ironbark program (2014-2016) incorporated strength and balance exercise and Yarning Circles on healthy ageing and falls risks. Through Yarning circles, several important elements were identified and incorporated into the prevention program, this assisted older Aboriginal people who attended the program address the rising burden of falls and assist older Aboriginal peoples healthy ageing. The program included falls prevention education and strategies, inclusive programs delivered in a group setting, accessibility, affordability and sustainability of the program.

The Ironbark trial has now been funded by the NHMRC for a further 5 years to conduct a randomised cluster control trial. We aim to recruit 600 Aboriginal people 45 years and over, through 60 community organisations across NSW, SA and WA to demonstrate that this low-cost, community-based program reduces falls among older Aboriginal people, improves physical health, social wellbeing, is appropriate, acceptable, and cost effective.

Trial sites are randomised to deliver the Ironbark: Standing Strong and Tall program (intervention) or the Ironbark: Healthy Community program (active control). Both programs are delivered weekly, onsite, for 12 months. A key aspect of both programs is the weekly yarning circle and social component. In consultations and partnership with Elders groups in NSW during the development of the control program, Elders identified the limited opportunities but high perceived social and health benefits of getting together as a group. This presentation will focus on strategies of engaging older Aboriginal people to participate in the program, as the program’s success depends on it.
Executive Functions Training in Healthy Older Adults: A Meta-Analytic Study

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14C, Meeting Room C2.2, November 8, 2019, 2:45 PM - 4:00 PM

Background and Objectives
Cognitive training is a widely popular intervention aimed at attenuating age-related cognitive decline, though there is currently intense debate regarding the generalisability of this type of intervention—that is, can cognitive training promote improvements to everyday activities? As executive functions (working memory, inhibition, cognitive flexibility) are implicated in numerous cognitive processes and predict ability to perform functional activities, training executive functions would likely promote gains on trained tasks, and generalise or ‘transfer’ gains to similar untrained tasks (near-transfer) and general cognitive performance (far-transfer).

Method
A systematic review and meta-analytic investigation was conducted to examine the immediate (pre-test to post-test) and long-term (pre-test to follow-up) efficacy of executive functions training interventions in improving cognition in healthy older adults. Sixty-four eligible studies were included.

Results
Both immediate and long-term analyses revealed significant, large training effects for trained outcomes, and significant, small training effects for near- and far-transfer outcomes. Effect sizes from immediate and long-term analyses were not significantly different, suggesting that cognitive improvements are potentially maintained over time. Further analyses of immediate efficacy revealed significant, small training effects for performance on executive functioning, memory, speed, and visuospatial domains, but not for attention, fluid-intelligence, or language.

Conclusions
Training executive functions in older adulthood has the potential to promote immediate and long-term improvements in cognition which may foster functional independence and healthy ageing.
Relational crises of dementia: Stories from the Moving Pictures project

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14C, Meeting Room C2.2, November 8, 2019, 2:45 PM - 4:00 PM

The time leading up to and around the diagnosis of dementia is often referred to as a “crisis” for the person, their family, and their wider social network. In this paper, I unpack this idea of crisis through an analysis of stories drawn from 57 qualitative interviews with culturally and linguistically diverse carers, filmed as part of the Moving Pictures project. I refer to periods in these stories as “relational crises” in order to draw attention to the sense of disruption and discontinuity within the social networks of the people living with dementia. Relational crises are characterised as breaks in the status quo, when there are imperatives to make decisions which will transform relations between agents, thus transforming the way their roles are respectively configured. For the people living with dementia in our stories, these periods are marked by a loss of agency and independence. Carers report renegotiating their work, family and social life in order to assume an interventionist support role. However, in the process, carers are drawn into making decisions which fundamentally alter the person with dementia’s living situation, ability to make choices, and their social ties. The emergence of “dementia” as a diagnostic object within these networks therefore alters agents’ power relations and instigates what carers often define as a role reversal between themselves and their older family member.
Provision of after-hours palliative care to residents of aged care facilities

Dr Seok Lim1, Ms Jacqueline Chung1, Mr Samuel Strapps1, Ms Anne Burgess1

1Melbourne Health

14D, Meeting Room C2.3, November 8, 2019, 2:45 PM - 4:00 PM

Residential In-Reach (RIR) is a specialist nursing outreach service to residents of aged care facilities (ACF); and has been shown to reduce Emergency department (ED) presentations and hospital admissions (1). We aim to characterise provision of weekend palliative care via the Melbourne Health RIR team.

Methods: We report a prospective observational case series of ACF clients who received RIR reviews for palliative issues during weekends from 1st December 2017 to 30th November 2018.

Results: 28 out of 249 (11%) RIR clients were assessed with palliative needs; common presenting symptoms being poor oral intake (32%), respiratory distress (18%) and altered conscious states (18%). ACF staff were the most common referrers (64%), followed by general practitioners (14%) and family members (11%). 20 clients had comorbid dementia and impaired decision-making capacity. 11 clients required RIR to prescribe and provide medications for end-of-life care despite all clients having completed advanced care planning directives requesting end of life care in their ACF. 13 clients required linking to community palliative care services.

Conclusions: RIR provides an important weekend palliative care service to reduce hospital presentations amongst ACF residents. This study highlights the need for doctors to prescribe anticipatory palliative medications given the difficulties in addressing this need outside normal working hours.

References:
What does education really mean in epidemiological studies of ageing?

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14D, Meeting Room C2.3, November 8, 2019, 2:45 PM - 4:00 PM

Introduction

Education is consistently associated with health outcomes in older age, particularly those related to cognition, yet the associations remain perplexing given the long period between exposure and outcomes. Investigations of whether education acts a proxy for other socioeconomic determinants of health have been inconclusive, with education remaining a robust predictor of health in later life even when other confounders during the lifespan are considered. Measurements of education in epidemiological studies have traditionally been fairly crude – most often obtained via self-report and only quantifying education in early life in terms of number of years or a highest level of attainment. There is a risk that that the education an individual receives over a lifetime is not being adequately reflected in these studies, and that study results are exposed to bias via misclassification errors in the measurement and operationalisation of education.

Method

This presentation will attempt to interrogate the association between education and health outcomes in later life by reporting the results of two very different pieces of research: the first being a systematic review of the operationalisation of education in the literature reporting associations with cognitive outcomes in older age; and the second being a qualitative analysis of text responses to survey questions asking participants over 50 to describe the education they have had during their lives. Findings from both pieces of research will be synthesised to compare how epidemiological conceptualisations of education compare with real-world descriptions from older Australians.

Outcome

The aim of this presentation is to encourage audience members to rethink traditional approaches to measuring education and to consider the possibility and appropriateness of alternative measurements within a life-course epidemiological perspective.
Medications in New Zealand Residential Aged Care Homes: what medications are omitted, and how are they recorded?

Miss Stephanie Garratt

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14D, Meeting Room C2.3, November 8, 2019, 2:45 PM - 4:00 PM

Introduction
Medication administration to Residential Aged Care (RAC) Home residents requires complex interpersonal interactions, informed by clinical decision-making. These interactions can result in prescribed medication doses being omitted. Literature around why omissions occur is sparse, focused on omission categories rather than the underlying reasons. The reasons behind medication omissions are important from an accountability perspective—care staff have a responsibility to communicate why a medication has not been given to the wider care team, as well as to the resident and their family.

Objective
To identify the most omitted medications within RAC Homes in New Zealand, the recorded reasons behind these omissions, and to establish a baseline for what should be recorded in these instances.

Methods
A retrospective review of de-identified medication administration e-records from December 1st 2016 to December 31st 2017 was conducted. Frequencies and rates of omitted medications were calculated, and a summary of reasons for omissions was generated.

Results
The most omitted regular medications ranged from pain relief, to laxatives, supplementary foods, and quetiapine. Antibiotics were the most omitted short-course medications. Reasons why medications had been omitted were inconsistently recorded, with no clinical reason recorded for 48% of all omissions. Common reasons ranged from residents being asleep, to ‘no stock’. Omission categories were also re-stated as an ambiguous reason in many cases, for example ‘refused’.

Conclusion
Medication omissions occur within RAC homes for a variety of reasons. These reasons are recorded inconsistently, or not at all. This can lead to risk, as poor recording of omitted medications inhibits good communication between staff, prescribers, pharmacists, residents, and their family members. E-records in future should allow for the selection of common reasons for omission from a menu (as well as free-typing) to facilitate faster and more accurate recording. This will enable more consistency, better communication, and improvements in resident safety.
Successful ageing from old to very old: findings from a longitudinal study of 12432 women from Australia.

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14D, Meeting Room C2.3, November 8, 2019, 2:45 PM - 4:00 PM

We examined the development of disease and disability in a large cohort of older women, including the extent to which these conditions exempted them from being classified as successful agers, and their different trajectories of disease, disability and longevity. We used survey data from 12,432 participants of the 1921-1926 birth cohort of the Australian Longitudinal Study of Women’s Health (ALSWH) between 1996 (age 70-75 at baseline) and 2016 (age 90-95). Trajectories of ageing experience over time were identified by Repeated Measures Latent Class Analysis with bivariate analyses and multi-variable multinomial logistic regression models used to examine associations between participants’ baseline characteristics and membership of the latent classes. Whilst almost half the women could be considered to be successful agers when in their early 70s, few women could still be classified in this category throughout their later life, or by the end of the study when they were in their 90s. From latent class analysis, six groups were identified: a small group (5.5%) with no major disease or disability until well into their 80s; four other groups based on their differential development of disease with or without disability, and according to their longevity; and a further group with a high rate of non-death attrition from the study. Groups were differentiated by a number of social and health factors. The study shows the heterogeneity of ageing experience across later life, providing information beyond categorical notions of “successful” and “usual” ageing that might be determined from any single time point of measurement. The findings also fit well with Rowe and Kahn’s conceptual model which states that, over time and with increasing age, many people will move from a high functioning/low risk state to states of disease and disability, and that an elite group will age free of disease and disability.
Elimination of additive-rich cordials improves agitation in severe dementia

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14D, Meeting Room C2.3, November 8, 2019, 2:45 PM - 4:00 PM

Introduction: Cordials, which can be a rich source of food additives (artificial colours and preservatives), are commonly offered in residential aged care facilities to increase oral fluid intake and to prevent dehydration. However, food additives have been linked to adverse behavioural effects and hyperactivity, with most studies being conducted in children and adolescents. It is unknown whether food additives in cordials also adversely affect behaviour in elderly people with dementia, in whom agitation and hyperactivity are frequently encountered problems. This study aimed to observe the effects of additive-rich cordials on behaviour in elderly people with dementia.

Methods: Single-arm pre-post interventional study (n=55; mean age 76y) with severe dementia (MMSE mean 1.6; IQR 0) living in a residential aged care facility. In the initial 2 weeks, residents received usual care where they were given additive-rich cordial (containing sodium-benzoate and food-colouring) throughout the day. After a 1-week wash-out period, subjects were given additive-free juice for 2 weeks. Primary outcome was agitation assessed by a modified Cohen-Mansfield Agitation inventory (CMAI) score (range 0-87) with behaviours assessed twice daily for 2 weeks pre and post wash-out period. Paired sample t-tests were conducted using a Bonferroni adjusted alpha level of .01 (.05/5). Effect size was estimated with Cohen’s d.

Results: Mean pre- and post-scores were 5.9 and 4.7 respectively, indicating reduced level of agitation by 1.25 points (p<0.05). Effect size was small (d=0.4). Results remained significant for all four CMAI subcategories (physical aggressive, physical non-aggressive, verbal aggressive and verbal non-aggressive behaviours).

Discussion: Elimination of additive-rich cordials reduces agitation in people with severe dementia. This may prove a simple and affordable non-pharmacological measure to manage this population in residential aged care facilities.
Bringing age diversity, inclusion and cultural competence training to workplaces

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¹The Benevolent Society

14E, Meeting Room C2.4, November 8, 2019, 2:45 PM - 4:00 PM

SBS hosts the highly successful Cultural Competence Program (CCP), an online training course aimed at building capability around cultural diversity in the workplace. It features engaging multimedia learning modules and a wealth of resources.

A number of influential Australian businesses, employers and organisations are using the program and strengthening understanding and practice around diversity in the workplace.

In 2019 SBS decided to create the SBS Inclusion Program to provide a framework around Inclusion training covering a range of diversity dimensions including Age, Gender, LGBTIQ, Indigenous and Disability and Culture.

SBS approached the EveryAGE Counts Campaign to collaborate on the development of its first training course on age inclusive workplaces, and the Campaign enthusiastically agreed.

This oral presentation will outline the reason for the development of the module; the nature of the collaboration between SBS and EveryAGE Counts; the themes and approach used in the module; the way in which intersectionality and intergenerational issues are addressed; and the state of play in its distribution.

This landmark project is an important step forward in recognising and addressing the impact that assumptions and stereotypes around age and ageing have in the workplace. It situates age as an important component of labour force diversity and recognises that it is in everyone’s interest to improve our record when it comes to employment practices and workplace cultures around the issue of age.
Utilizing a Social Media blog to start as a risk reduction public health conversation

Dr Melinda Martin-Khan
1
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14E, Meeting Room C2.4, November 8, 2019, 2:45 PM - 4:00 PM

INTRODUCTION
There is existing evidence for behaviours which can reduce the risk of dementia. This includes activities such as changes relevant to diet, mental health, physical activity and brain health. There are 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. It 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 audience.

AIM
To translate dementia risk reduction evidence into lay language blog for public dissemination.

METHOD
Two websites were established using a public blogging platform. Monthly blogs were published using grade 8 language with a general interest narrative describing topics relevant to dementia risk reduction information. Topics usually referred to health and well-being such as sleep, nutrition, exercise, stress, health literacy, brain health, social supports.

RESULTS
Commencing in January 2018, after an initial rebranding of one website, an Instagram site was added to advertise the blog. Two different approaches were tested. Website 1 (personality branded): 1,118 visits have occurred. 1037 unique visitors and 1,912 page views from 39 countries. Most visitors come via a computer and directly to the site or via google. The second website (theme branded): 658 visits with 555 unique visitors, and 1042 page views from 28 countries. Again most access is via a desktop (58%), via mobile 34%. A blog with dementia in the title has 3 times as many hits as one without.

CONCLUSION
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 between researchers and the public as a means to convey research evidence to those at the point of need.
Combined psychosocial and peer-support intervention for persons newly diagnosed with dementia: a case study.

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14E, Meeting Room C2.4, November 8, 2019, 2:45 PM - 4:00 PM

The way in which persons with dementia are supported at the time of diagnosis can have a significant impact on their quality of life. People with dementia say that they have a human right to post-diagnostic support which is usually not provided. Often the focus is on monitoring disease progression rather than on managing modifiable factors in order to enhance quality of life and reduce disability.

Dementia Lifestyle Coach (DLC) is a pilot study of post-diagnosis support consisting of combined psychological and peer-support for participants recently diagnosed with dementia. The overarching aim is to help the person adjust to the diagnosis and learn to ‘live well’ with dementia. DLC involves 14 sessions with a psychologist and 6 sessions of peer-support over 6 months. Participants are helped to set and maintain personally relevant goals centred around exercise, completing cognitively stimulating activities, and enhancing social engagement. Therapy followed a strengths-based values-driven approach which draws strongly from the Acceptance and Commitment Therapy (ACT) literature.

One case is presented from the DLC project to illustrate the clinical work involved. The participant, recently diagnosed with younger onset Dementia at the time of recruitment, presented with adjustment difficulties, limited understanding of the diagnosis, concerns about communicating the diagnosis to friends and pre-morbid and longstanding difficulties with depression. A complex family environment as well as limited financial and social resources also impacted and maintained depression and adjustment difficulties. An individualised approach was used which included psychotherapeutic strategies (e.g., psychoeducation, values identification, mindfulness, emotion regulation skills, behavioural activation, graded behavioural experiments, unhelpful thought identification and simplified cognitive restructuring) and family and couples counselling. Clinically observable outcomes included improvements with anxiety, depression, and adjustment difficulties, better management of symptoms of the disease, maintenance of independence, and activation of social support networks. Clinical challenges included cognitive capacity and family dynamics.
“I’m not too old for....”  Reframing ageing in the real world

Ms Keryn Curtis\textsuperscript{1}, Associate Professor Lee-Fay Low\textsuperscript{2}, Ms Ashton Applewhite
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14E, Meeting Room C2.4, November 8, 2019, 2:45 PM - 4:00 PM

We rapidly make meaning from the world around us by taking a limited number of facts and inferring or assuming other detail. The other detail is formed from beliefs, values and assumptions that frame our thinking. The presenters’ 2018 AAG workshop started participants’ understanding of dominant negative frames that influence our thinking about ageing and older people - and that serves to entrench ageism. While 2018 workshop participants could identify our negative frames, ‘reframing’ ageing, through new progressive and positive frames, proved more challenging. Author and activist against ageism, Ashton Applewhite, says: “If we don’t call out ageist actions and behaviours in the world, nothing changes, but if we do it in a hostile way, people just get defensive and don’t learn.”

To positively shift the dominant narrative around ageing, clear but gentle explanation is likely to achieve better outcomes than rude, resentful or hostile retorts. In this interactive workshop, participants will identify common negative frames about ageing and older people, and discuss new progressive and positive re-frames. Participants will role-play familiar scenarios where ageism occurs in family, social, workplace, and aged care situations, and practice speaking out and reframing ageing. Self-reflection will be used to consolidate and internalise workshop learnings.
Museums have as yet largely untapped potential to contribute to the health and wellbeing of older visitors. Research indicates that older people are happier, healthier and more likely to flourish if they engage in meaningful activity, are socially active and participate in life. Epidemiological research provides evidence that general cultural attendance on a regular basis increases longevity and has beneficial impacts on health and wellbeing. Mixed methods research using Australian Bureau of Statistics (ABS) data along with the qualitative data from two research pilots uncovered a number of areas with great potential for museums and older visitors.

The quantitative analysis identified some key points. These were supported by and further analysed using the qualitative data which allowed us to elaborate on some of the complexity of the lived experience of these findings and a number of rich opportunities were uncovered. In particular, the strongly indicated habit-forming potential of early life course attendance points to the long-term value of intergenerational programs and the encouragement of visitation amongst the older cohort who might then benefit from positive health and wellbeing outcomes.

Older men are notoriously difficult to engage in later life, yet for them, cultural attendance rather than participation is more strongly associated with positive outcomes and the role of grandfather appears to be a strong motivator. Intergenerational programs within cultural institutions by definition, also provide conditions for good-quality parenting, family and community-building. Museum visitation is largely considered a social activity, and physical comfort and ease are particularly important to older visitors as is the idea that museums should be places that encourage visitors to linger, reflect and contemplate. Participants felt that museums as public institutions should be vibrant, dynamic, engaging, comfortable, friendly and welcoming to all including those with disabilities, both visible and invisible.