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Zachariades, F 103 p37
5. Independence and Self-Provision in Old Age: How realistic are these goals?

Dr Rob Ranzijn, Bounded Choices Project, University of South Australia, SA.
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The aim of this paper was to examine to what extent the Commonwealth Government's stated policy goals of independence and self-provision in old age are achievable. A qualitative study was conducted with thirty middle aged adults in Adelaide and Whyalla in South Australia, either presently employed, unemployed, or retired. In general, participants with a history of continuous stable employment believed they were in a good financial situation and were confident about their future, but many of the participants had a history of precarious employment, no financial security, and expected to rely primarily on Government support in their old age. Transport and mobility were identified as key links between financial situation and lifestyle options. It is concluded that Commonwealth and state governments need to intervene to enable mature aged unemployed, or retired. In general, participants with a history of continuous stable employment believed they were in a good financial situation and were confident about their future, but many of the participants had a history of precarious employment, no financial security, and expected to rely primarily on Government support in their old age. Transport and mobility were identified as key links between financial situation and lifestyle options. It is concluded that Commonwealth and state governments need to intervene to enable mature aged people to become and remain employed and also to build up the public housing stock.

6. From Licencing to Mobility: A policy option.

Peter Lumb, University of South Australia, SA.
Email: Peter.lumb@unisa.edu.au

This paper outlines the dominant neo-liberal collective thinking which shapes the agenda of policies for older persons in Australia today. The influence on particular Australian policies is noted. It is argued that private motor vehicle driving does not serve the interests of many older Australians and that issues of licencing should be de-emphasised in favour of a policy which facilitates the mobility of older Australian citizens. This paper develops policy ideas which we argue, facilitates mobility in ways which tend to correspond with the political rationalities of our time.

7. How Safe & Secure are Older Australians - In the home - In residential care?

Ms Bridget Sutherland, Introduction and Chair
Dr Mary O'Reilly, Infection Control, Protection or Abuse – An Old Problem
Dr Susan Koch, Needing a New Definition
Dr Keith Hill, Falls Prevention – Early Risk Identification
A/Prof. Sally Garratt, Staff Training in Safety
Ms Bridget Sutherland, Future Technology - 'The Smart House'

The theme of this symposium is to address some of the current issues and present some of the latest research relating to the safety and security of older Australians, whether residing in their own home or in an aged care facility.

There are many issues today relating to safety and security, not only those affecting older people, including fear of terrorist attack and fear of infection from the SARS virus.

There is also what one might define as the everyday concerns of older people – fear of crime, physical abuse, financial problems, fear of loneliness, fear of falling – either at home, or in the outside world.

We hope that this suggested symposium would assist in addressing some of the safety and security issues affecting older Australians today.

8. Infection Control: Protecting Older Australians

Dr Mary O'Reilly, Box Hill Hospital, Eastern Health, Vic.

Infections are a significant problem for older Australians, not only for those in hospitals and aged care facilities, but also for those living at home. Infection Control looks at ways of reducing this risk of infection, both for the individual and the community.

Older Australians frequently have an important role in child care, often on a regular basis. This poses potential risks of transmission of common childhood infections from toddler to grandparent. These include not only the common respiratory illnesses such as colds and 'flu, but more serious problems including gastroenteritis, Giardia, cytomegalovirus (CMV), and in some cases Hepatitis A and chickenpox. Whilst these infections are generally associated with relatively minor illnesses in children, they can be more severe in older people, particularly in those with underlying health problems. The risk of these infections can be minimised with simple Infection Control measures, and in some cases, appropriate vaccinations.

Aged Care Facilities, whilst posing a lower risk of infection than acute health care facilities, also have the potential for transmission of common pathogens to residents. These may be transmitted from other patients, visitors or staff. Documented problems include 'flu, pneumonia, gastroenteritis and scabies. Multi-resistant bacteria including "golden staph" are also a potential problem.

This talk will provide an update on these infections as they relate to older Australians and discuss simple Infection Control strategies which can be utilised by individuals and the community to reduce the risk of infection.

9. Protection or Abuse – An old problem needing a new definition

Dr Susan Koch, Gerontic Nursing Clinical School, La Trobe University, Vic.
The individual is the only person who can determine what is a quality lifestyle decision for them.

In some areas of nursing practice, the use of restraint is seen as beneficial to the older person, this is despite research evidence to the contrary. The use of restraints on frail older people is advocated as a means to protect the older person from harm, either from themselves or others, yet research has indicated that the harms an older person are exposed to from restraint are numerous and detrimental to their health and quality of life.

There does not appear to be any theoretical underpinning advocated by some nurses in promoting the use of restraints as a benefit to health. There appears then to be a tension between trying to protect an individual and impinging on their human rights. To some the use of restraint may constitute abuse.

This paper will provide a platform for debate on the issue of the tension between protective custody and human rights.

10. Falls Prevention – Early risk identification
Dr Keith Hill, National Ageing Research Institute, Vic.
Email: k.hill@nari.unimelb.edu.au

Falls among older people continue to be a major public health problem in Australia, with 45,000 people aged over 65 being hospitalised for falls related injuries in 1998, averaging 11 days of hospital care, for a total of 486,484 hospital bed days (Cripps and Carman, 2001).

Projections indicate that even if rates for falls remain unchanged, case numbers requiring hospitalisation and residential care as a consequence of falls related injuries in the next 20-50 years are going to escalate. These injurious falls only represent a small proportion of all falls among older people, and often falls associated with minor injuries, or even no injuries, can result in changes in confidence in mobility, which over time can translate into increased falls risk. Given the magnitude of the problem of falls among older Australians, research into contributory factors and effective interventions are of increasing importance.

This paper highlights the importance of early identification of risk factors as many minor falls experienced by older people are not reported to their general practitioners.

Several identified effective approaches to falls prevention in older people from at least one randomised controlled trial are considered. Also other areas, without current randomised trials, in which best practice suggests incorporation into a community based falls prevention initiative.

Successful falls prevention outcomes are dependent upon older people’s compliance with recommended interventions. Health professionals’ key role is not only identification of falls risk and making recommendations, but also in marketing these interventions to maximise the likelihood of uptake by older people.

11. Staff Training in Safety
A/Prof Sally Garratt, Caulfield General Medical Centre and LaTrobe University Gerontic Clinical School, Vic.
Email: s.garratt@cgmc.org.au

This paper addresses staff training issues in residential care, including difficulties associated with in-service education of a casual/part-time aged care workforce. Also, it is costly for staff to attend outside work hours.

To achieve a constant level of safety for the people involved in care means management is constantly repeating training sessions to cover a 24-hour staffing roster. Crucial safety risks such as fire evacuation and emergency care are considered mandatory for all staff to understand and be assessed as being competent. Most other safety issues are handled by group training activities.

Safety matters can be grouped under physical environment, personal environment and regulatory compliance.

The physical environment considers fire, evacuation, lifting machinery, internal and external monitoring devices, hot water, electrical outlets, blocked doorways and corridors, equipment for activities programs, pushing and pulling equipment, infection control and security.

Personal environment is how people interact with each other and the physical environment to promote safety and security. Policy and procedural planning assist with the direction given to staff and residents along with families and visitors. The attitude toward resident safety is reflected in the management’s approach to the development of clear guidelines for all to follow.

Regulatory compliance is required to meet accreditation standards and achieve quality outcomes. However, sometimes this is seen as the driving force behind management’s actions, not the necessity for good practice that should govern care.

Staff development programs are a sound investment in attaining good practice and achieving levels of safety for all in the facility.
12. Future Technology – ‘The Smart House’

Ms Bridget Sutherland, Bridget Sutherland & Associates, Vic.
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This paper discusses the development of ‘Smart Housing’ for the aged. A ‘Smart House’ is an environment in which technology provides automatic control of devices and systems, increasing safety, security, comfort, technical management and communication, enabling people with functional limitations to remain in their own homes.

Many older people’s houses are, of course, already semi-‘Smart’, e.g. incorporating personal safety systems, burglar alarms, sensor lighting, remote control and/or other electronics.

The benefits of ‘Telecare’, including emergency telephone support, provide enormous potential in prolonging the period of independent living for an ageing population and use of resources more effectively.

In residential care ‘Smart House’ technology can provide total surveillance/e-monitoring around the clock. Information concerning ‘tagged’ residents can be sent via infra-red signals to the facility central computer. Caregivers can monitor and time every move made by residents in their rooms; temperatures and other data can also be checked by infra-red sensors.

Such technological advances are potentially liberating, but they also raise important ethical issues of privacy, consent and security; not only for those in their own homes, but also those in residential care.

Research Methods

13. Emerging Researchers in Ageing: Current perspectives and future challenges

Prof Helen Bartlett, Australasian Centre on Ageing, The University of Queensland, Qld.
Email: h.bartlett@uq.edu.au

As the need for more research into priority issues arising from the ageing of Australia’s population is increasingly recognised, attention is turning to the development and support of emerging researchers in this field. Given the diverse nature of ageing as a field of study, research students are widely spread across the disciplines. This creates challenges in engaging emerging researchers in the wider ageing research community or policy arena, and in supporting them to remain in the field. While more information about current postgraduate research students in ageing will become available through the new Ageing Research On-line Website and other national initiatives, little is currently known about the directions existing postgraduate research on ageing is taking, or the motivation, needs and future career intentions of the students. Such information is crucial if appropriate strategies are to be developed to harness the expertise required in tackling the new ageing research agenda. This paper draws on the findings of an exploratory study, undertaken by the ACA, of an Australia-wide convenience sample of PhD students in ageing. The purpose of the study was to gain an insight into their motivations, experiences and future career intentions. The paper also identifies from the literature some of the strategies used in other countries to build research and career pathways for ageing researchers and describes recent initiatives at the ACA to develop emerging researchers in ageing. The key challenges and implications for research, education and policy will be considered.

14. Helping Others my Age: Older volunteers participating in University research studies

Matthew Dyer, Australasian Centre on Ageing, The University of Queensland, Qld.
Dr Jeni Warburton, Australasian Centre on Ageing, The University of Queensland, Qld.
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There is a growing body of international literature focusing on older people as volunteers, but little is known about older people volunteering for research studies. This paper aims to expand our knowledge base in this area by presenting data from a study of volunteers for a research registry based in the Australasian Centre on Ageing at The University of Queensland. Specifically, the paper presents data on the motivations of older people to volunteer for the registry. These data suggest that there are four main factors explaining why older people wish to participate in research studies. First, older people are seeking ways to make a contribution to society and to research. Second, they are looking to be more informed, particularly in relation to the findings of research studies. Third, participants are seeking social interaction. Fourth, they wish to be involved in the broader University environment. Thus, participating in research as a volunteer provides opportunities for older people to become involved in ageing issues as well as create value in their own lives. The presentation discussed the implications of these findings for researchers and policy-makers.

15. Some Problems with Life Event Scores and Health Outcomes

Dr. Nancy Pachana, School of Psychology, University of Queensland, Qld.
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N Smith.
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Life events scales continue to be widely used in health outcomes research. As part of a large epidemiological study of women’s health in Australia, age- and gender-specific life events questionnaires were constructed and administered to three cohorts over time. Two methodological
problems arising from the interpretation of these data, namely telescoping and the impact of mood on rating life events, are examined. Recommendations for researchers contemplating the use of such tailored life events scales are offered.

**Nutrition**

16. Ageing Men's Nutrition: Implications for health - Directions for future research and program implementation

Mr James Smith, University of South Australia, SA.
Dr Murray Drummond, University of South Australia, SA.
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This presentation will encapsulate the health issues facing ageing men in relation to nutrition. Much of the information presented regarding men's nutrition and diet over the past decade has been generic nutrition information applied within a male context. Despite a range of men's health discussion papers and research agendas identifying men's nutrition as a key research area, there has been minimal research undertaken with sufficient academic rigour. Increased interest and allocation of funding for research and initiatives with regard to Australia's ageing population, has provided scope to include ageing men's nutrition on current research agenda's.

This presentation is based on 50 in-depth interviews with male defence service veterans, including cohorts from both World War II and Vietnam. The study was a joint research initiative between the University of South Australia and the Department of Veterans Affairs' (national office). The presentation will address various issues concerning ageing men's nutrition utilising a holistic approach to health, including physical, social, mental, emotional and spiritual aspects. Recommendations presented to the Department of Veteran's Affairs will be identified. It is arguable these recommendations will outline implications concerning health promotion for future research and community health programs affecting ageing men and nutrition.

17. Delayed Disease Onset and Life Extension with Calorie Restriction versus Drug Therapy

Dr Arthur Everitt, Organisation: Centre for Education and Research on Ageing, Concord Hospital, University of Sydney, NSW.
Email: arthureveritt@yahoo.com.au

There are two firmly established methods of prolonging life, calorie restriction (CR) using nutrient rich diets in lower animals and life saving drugs like the Polypill in humans to delay the development of the major diseases of middle and old age. These two therapies have similar actions. In healthy adult human subjects, CR over 2 years has been shown to reduce disease risk factors, such as blood pressure, blood cholesterol and glucose in a similar manner to the specific drugs used to delay the onset of vascular disease and type 2 diabetes mellitus and so extend human life. These same drugs are prolonging life in humans just as CR does in rodents and monkeys. It is postulated that these specific drugs are acting by similar mechanisms to CR in retarding these pathologies and thus may have similar antiageing and life prolonging actions. There is evidence that lifestyle interventions such as dieting and exercise in humans begun in childhood or early adult life will slow the gain in body weight, and probably retard ageing and delay the onset of pathologies in later life. Whether long-term drug therapy with a polypill begun in childhood will have the same effect as lifestyle changes (dieting, exercise, etc) has yet to be determined. Such therapies should extend the years of healthy life by inhibiting the development of the diseases of ageing.
18. The Feasibility of Nutrition Screening Among Hospitalised Older People

A/Prof Julie Byles, Centre for Clinical Epidemiology and Biostatistics, The University of Newcastle, NSW.
Dr Lynne Parkinson, Dr Clare Collins, A/Prof Manohar Garg, A/Prof Cate D'Este, Dr Michael Dibley, The University of Newcastle, NSW.
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Older people are at high risk of under nutrition. It is estimated that up to 30% of Australian people over 60 living independently may be suffering from malnutrition, and rates are higher among institutionalised and hospitalised elderly. Undernutrition can extend length of stay in hospital causing high burden of illness and high health care costs. However, detection and treatment can positively impact on nutritional status, clinical outcomes, depression, length of hospital stay and readmission rates to medical services. There is currently no efficient and accurate method for quickly identifying patients at risk of malnutrition. This project builds upon earlier work by this team to identify the minimum set of items and measures that can be used to accurately screen for malnutrition in the hospital setting, by appraising currently available screening tools (ANSI, MST, NRAT, MNA), commonly requested biochemical measures, anthropometric measures and a food diary. So far, 200 people hospitalised people over 65 years of age have been recruited to the study. It is expected that the findings will provide a much needed basis for targeting nutritional assessment and services in a growing population of older people.

Education

19. The Health Promoting Aged Care Facility

Dr Sharon Smart, Healthier Ageing, Vic.
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It is now sixteen years since the First International Conference on Health Promotion was held in Ottawa, Canada. This conference led to the development of the World Health Organisation's (1986) Ottawa Charter, a charter for action, that continues to be discussed, analysed and implemented in the development of health promotion projects, including healthy cities, the health promoting school, workplace, hospital and prison.

A qualitative study was conducted in an aged care complex in Victoria, Australia, to investigate the applicability of the health promoting settings approach. Data was analysed utilising Glaser and Strauss' (1967) constant comparative method with data being categorised and applied according to the Ottawa Charter's action areas – building healthy public policy, creating a supportive environment, fostering community action, developing personal skills and re-orienting health services. The results concluded that in theory, an aged care facility can move beyond an institutional medical model of care to one that is a health promoting aged care facility that promotes quality of life, and a happier healthier life for residents, relatives and staff. In practice, however, it is necessary for governments and policy makers to develop healthier public policy that is developed in collaboration with residents, relatives, staff and the community. These stakeholders could work in partnership with policy makers to promote wellness, foster relationships and reorient aged care services from a treatment model to one that promotes health and wellbeing. It is also necessary to reduce the negative stereotyping attributed to aged care and ageing, reduce staff turnover, provide improved and increased aged care services and promote education through the school curriculum, to the community and within aged care, but from a specialist aged care perspective. Education is also important for the elderly themselves to enable them to become empowered in their own informed life decisions.

20. Undergraduate Nurses Stories of the Body in Aged Care

Ms Katrina Cubit, School of Nursing, University of Tasmania, Tas.
Dr Andrew L Robinson, School of Nursing, University of Tasmania, Tas.
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Providing student nurses with a positive experience in aged care is seen as a key to promoting recruitment of nursing staff into the sector. Unfortunately, it is well documented that student nurses have negative associations with both caring for elderly people and working in aged care. The School of Nursing, University of Tasmania has formed a partnership with a number of residential care providers to develop a preceptorship program to support students on clinical placements in aged care. A pilot project involving 28 students and 15 Registered Nurse preceptors, was conducted in 2001-2002. The project utilised a fourth generation evaluation methodology involving a series of parallel focused group discussions with a feedback loop operative between the groups. The findings revealed a number of key strategies that can be employed to support both students and Registered Nurse preceptors in aged care.

Of particular interest, the findings revealed that student nurses feel confronted by the 'old wrinkly bodies' of residents during the process of providing care. They describe being shocked and horrified at what they saw as the 'decay and deterioration' which brought them face to face with the reality of getting old. With the ongoing support of the Registered Nurse preceptors, the students worked through the issues, reconciled their ageist attitudes and came to perceive the elderly residents in a different light. At the completion of their experience, over 90% of the students reported that they would consider aged care as a future employment option.
The issue of coming to terms with 'old wrinkly bodies' needs to be addressed if young nurses are to be attracted into aged care.

21. What do Social Workers do in Aged Care in Australia?

Dr John McCormack, LaTrobe University, Vic.
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Despite a growing awareness of our ageing population, there is still relatively little written in Australia about what social workers actually do in working with older clients. In addition, from the limited literature available, social work with the aged is characterized as predominantly indirect service, with an emphasis on connecting aged clients or carers to other services. While this is indeed an important function, it is not clear what proportion of work-time this activity consumes, nor what other direct service tasks (e.g., Counselling) that social workers might undertake with older clients. This presentation reports preliminary findings of a job analysis survey with social workers working in health and aged care. The results show a greater diversity of roles than previously recorded, and a range of knowledge and skills being used. The paper concludes with discussion of the social work workforce implications of an ageing population, and the training needs that universities might undertake in the future.

22. Older People's Perceptions of Falls Prevention – Implications for health promotion activities.

Ms Michele Sutherland, Metropolitan Domiciliary Care, Stay On Your Feet – Adelaide West, SA.
Shylie Mackintosh, School of Health Sciences, University of South Australia, SA.
Amanda Burdon, Metropolitan Domiciliary Care – Western Region, SA.
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Engaging older people in falls prevention is essential. There have been few studies of older people’s perceptions of falls prevention, yet these perceptions have implications for older people’s ability and motivation to make changes to reduce their risk of falling. Similarly, their responses to the type of messages produced by falls prevention programs are not known. Related research has indicated that older people’s attitudes to falls can be entwined with such things as denial of ageing or beliefs that falls are an inevitable part of ageing. These present a challenge to both health professionals offering treatment and advice, and to any health promotion efforts.

Stay On Your Feet – Adelaide West falls and injury prevention project conducted a survey of carers over the age of 60 in the western metropolitan region of Adelaide. A later focus group of older people explored the responses of older people to falls prevention messages, in order to ascertain the type of messages likely to support falls preventing activities. The results were used to inform clinicians and plan an education and marketing action plan.

The results will be discussed, along with strategies developed by the project to:
• deliver falls prevention messages to older people in a way that encourages all older people to believe that management of their falls risk is worthwhile and achievable
• to ensure that health professionals understand the range of older people’s attitudes and are armed with appropriate messages and strategies to facilitate change in older people’s perceptions and behaviours.

23. Preventing Falls by Improved Surveillance

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A 3 year Falls Prevention Project is underway at Bayside Health in Melbourne. This project spans three hospitals, where the patient populations, work practices and cultures vary from ward to ward and hospital to hospital. After extensive literature review, collaboration with other hospitals and internal discussions, a multistrategy falls prevention programme was chosen.

Increased surveillance has become a prime strategy in managing these patients and preventing falls by anticipating any problems and correcting them, before they occur. Increased observation is the key to the proposed Falls Prevention Strategy. Operation Observation Falls Prevention Strategy (O.O.F.P.S.) is being implemented and trialed in a sub-acute aged care ward. This aims to change nursing practice to enable nurses to observe patients for greater periods of time during the course of their shift, by modifying long established practices related to nurse documentation; nursing handover; patient hygiene practices; staff meal breaks and patient eating times and creation of a high observation bay. This innovation will result in direct and indirect savings, increased patient safety and satisfaction as a result of greater nurse presence.

At Caulfield General Medical Centre, prior to the OOFPS project, falls per 1,000 occupied bed days (OBD) fell from 12.0 to 4.6 (46% reduction) when comparing the first six months of 2001 (pre-implementation) to the period October 2002 - March 2003 (12 - 18 months post-implementation of the Falls Strategy). Serious falls fell from 0.4 per 1,000 OBD to 0.1 (75% reduction). Even further reductions are anticipated with the progressive implementation of other initiatives.
This study aimed to determine the attitudes of home older adults died as a result of a fall in Australia. In significant public health issue. In 1998, over 1,000 hospital admissions in older adults and are a Falls are the most significant cause of preventable hospital admissions in older adults and are a significant public health issue. In 1998, over 1,000 older adults died as a result of a fall in Australia. In 1995/96, fall-related deaths and hospitalisations resulted in an estimated lifetime cost in excess of $1,080 million (Moller, 1998).

Falls are the most significant cause of preventable hospital admissions in older adults and are a significant public health issue. In 1998, over 1,000 older adults died as a result of a fall in Australia. In 1995/96, fall-related deaths and hospitalisations resulted in an estimated lifetime cost in excess of $1,080 million (Moller, 1998).

Home care staff have the potential to significantly influence and lifestyle choices of their clients. It is therefore essential to know whether home care staff understand what the key risk factors associated with falls are, whether they identify and respond to such risk factors, and whether they are aware of falls prevention initiatives or falls related services. Without this knowledge we cannot maximise the effectiveness of existing strategies or measure future programs' outcomes in terms of changes in staff knowledge, attitudes and behaviour.

This study aimed to determine the attitudes of home care staff towards falls in community dwelling elderly people, to establish what staff know about falls risks and falls prevention strategies; and, to discover what their current practices are. Data were obtained from a survey distributed to 2,447 (multi agency) home care staff across the Perth (Western Australia) metropolitan area. This paper will report on the results of this survey.

### Assessment

**25. Is Tasmania Different? National implications of the Review of the Tasmanian Aged Care Assessment Program**

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The Aged Care Assessment Program has been operating across Australia for over 15 years and assessment by an Aged Care Assessment Team (ACAT) is now accepted as a pre-requisite for admission to residential aged care and receipt of Commonwealth benefits. While only those who have been assessed by an ACAT as needing residential care can be admitted, the likelihood that those who are so assessed will in fact gain admission had not been established. The Review of the Tasmanian Aged Care Assessment Program in late 2002 called for a detailed examination of ACAT recommendations and the outcomes of these recommendations. The findings of a considerable excess of recommendations for residential care over admissions prompted a wider analysis across all states, which in turn found wide inter-state variations in the level of "excess" recommendations, and between high and low care. As levels of provision of residential care have converged over the last 15 years, explanations for the variations found have to be sought in terms of ACAT activity rather than as responses to availability of residential care. To this end, three further questions are taken up: what distinguishes clients actually admitted to residential care from all those recommended, how does the range of ACAT activity in different states relate to the propensity to recommend residential care, and can ACAT recommendations be taken as a reliable proxy for need for residential care in evaluations of services aiming to reduce admissions by providing alternative modes of care.

### 26. Should ACATs Refocus to Make Assessments More Effective?

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Aged Care Assessment Teams (ACAT) are acknowledged as having a key function in assessing the health and social needs of elderly clients, and historically, they have assessed the medical, psychological, social and functional status of older clients and make recommendations on care plans to meet identified needs. Revised operational guidelines released in 2002 stipulate that ACATs also have a responsibility to work with other providers to facilitate clients' access to recommended services to give effect to the care plan. The Review of the Tasmanian Aged Care Assessment Program identified a concern that ACATs focused primarily on the early phases of the assessment process and gave insufficient attention to consultation with service providers in developing and following through on recommended care plans. Concurrently, the Review also identified problems with the wide range of clients assessed by ACATs; specifically, ACATs routinely conducted assessments on clients with no or few indicators of risk of admission to residential care or need for a high level of support from community services. An analysis of client flows indicated that at least 15% of ACAT assessments would more appropriately be performed by another agency with a more broad based community focus. Two issues of high initial client flows and lack of follow through are interlinked: ACATs reported that they were too busy performing assessments to engage in appropriate networking and follow through activities. This paper presents data to inform these issues and the recommendations made by the review team to address them by way of (a) screening of ACAT intake, (b) active involvement of other agencies in developing care plans and (c) follow through to sign off on implementation of the care plan.
27. The Re-assessment of Elderly People Following Admission to Residential Aged Care

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Prior to admission of an elderly person to a residential aged care facility (RACF) an Aged Care Assessment Team (ACAT) must assess their level of dependency. Anecdotal evidence suggests that, following admission, some elderly people are reassessed as requiring a different level of care. A study was conducted both to determine the incidence of the re-assessment of elderly clients following admission to a RACF in Tasmania and to gain insight into the variables that make elderly clients vulnerable to re-assessment. The approach involved the conduct of focus group discussions with Directors of Nursing of RACFs to inform the development of a survey, which was then administered to all residential aged care providers in the State, with a 75% response rate representing 70% of the total aged care places in the State. The findings highlighted that more than 10% of elderly people admitted to a RACF in Tasmania are subject to a re-assessment within 60 days of admission. This results in them either being reclassified from high to low care or vice versa. Aged care providers appear to lack confidence in the ability of ACATs to accurately assess the level of care residents will require following admission to a RACF. This was apparent in the finding that 50% of respondents conduct their own independent off-site assessments. The study also revealed a number of variables associated with re-assessment.

28. The Utility of the interRAI – Acute Care for clinical care and research in Australia

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The interRAI assessment datasets and protocols are in wide use around the world in community and residential care. Peer-reviewed publications involving interRAI instruments now exceed 350.

The acute care version (interRAI-AC) consists of 62 clinical items across domains that include cognitive function and physical function, continence, mood, communication, pain, falls and restraint use. Items are recorded at admission (current and pre-morbid), 7 days and discharge.

Patients admitted to medical units at the Mater Adult Hospital in Brisbane were screened for “frailty” using a short protocol in the Emergency Department. For those patients screening positive, and randomised to the intervention, a full interRAI-AC assessment was applied. Analysis of data from the first 100 patients is available.

A wide range of functions were impaired at admission compared to the premorbid period. For example, at admission only 10% of patients were independent in mobility compared to 78% prior to becoming ill. By the time of discharge 62% were independent. Similarly, only 4% could manage the toilet compared to 62% pre-admission. At discharge only 39% were independent in toileting. Similar patterns were observed for continence. On the other hand, cognition and communication were more stable throughout the episode, although a significant proportion was impaired in the pre-morbid period. Forty eight percent exhibited memory problems pre-admission, compared with 57% at admission and 52% at discharge.

The findings of this study have implications for the management of frail older people in acute hospitals.

29. Are general practice health assessments of older Australians a good investment? A comprehensive analysis of the first three years of Medicare Benefits Schedule items 700 and 702.

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Background: From November 1999, community dwelling Australians aged 75 years and over became entitled to claim for annual comprehensive health assessments, performed by their general practitioner. We have studied the uptake of these assessments across the whole of the Australian older population to see if the uptake has been equitably spread across the rural and socially disadvantaged segments of the community. Our dataset is complete and includes those individuals who are Department of Veterans Affairs (DVA) beneficiaries.

Approach: Data has been extracted from the complete service records of the HIC and DVA for all community dwelling Australians who were 75 years and over at 30 September 1999, for the period 1 October to 30 September, over the years 1999-2000, 2000-2001 and 2001-2002. Logistic regression was used to identify factors associated with having an assessment, and the impact of assessments on first claims for GP nursing home services.

Results: Those who had Health assessments performed in GP surgeries (MBS item 700) were younger, rural and male. Those who had at home health assessments (MBS item 702) were older, urban and female. Residents from urban and more deprived postcodes were more likely to receive health
assessments. In all three twelve month periods, item 700 was associated with fewer first claims for GP nursing home items while item 702, reflecting higher morbidity in earlier recipients, was associated with more first claims in the first two years. By the period 2001-2 item 702 had become associated with fewer first claims.

Conclusion: Appropriately targeted 75+ health assessments in Australia may lower the rate of nursing home admission.

Carers

30. Allostatic Load and the Stress of Caregiving: Initial findings from a three year study
Dr Michael Clark, Flinders University, SA.
Dr Malcolm Bond, Flinders University, SA.
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The risk to caregivers of poor health outcomes is accepted, but the mechanism by which the chronic stress of caregiving results in poor health is less well understood. It is hypothesised that such a mechanism may be allostatic load, a novel concept specifying physiological systems that may suffer cumulative wear and tear as a result of chronic stress, leading collectively to poor health. The current study is a 3-year NHMRC-funded longitudinal comparison of three groups: 80 new dementia spouse caregivers, 120 veteran caregivers, and 60 non-caregivers. Because of expected differential attrition rates, groups were oversampled in Year 1 to achieve similar group numbers in Year 3. Caregivers were sampled from the Memory Disorders Study Unit in Adelaide, and non-caregivers from the SA Electoral Database. Measures include health status indicators, allostatic load markers, stress-health mediators (mastery, social support, positive and negative affect, family functioning, community service use), environmental stress (life events) and psychological stress (appraisal), and caregiver-specific stress measures. The study is now early in its third year. Results from Year 1 indicate group differences in stress, but not in allostatic load. However there was a modest relationship between indices of allostatic load and both environmental and psychological stress. Initial analysis of Year 2 data indicate an increase in allostatic load for participants who relinquished care after Year 1. Allostatic load appears responsive to changes in stress; whether this leads to poor health will be evident from Year 3 data.

31. Indispensable but Invisible: Informal care in home-based rehabilitation
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What is the impact on informal carers when clients are discharged home for rehabilitation instead of remaining in hospital? How should informal carers be recognised, compensated and included (when they are relied on) by the health care system? This paper reports on a qualitative study, conducted by the author as part of her doctoral research, in which 24 informal carers who were caring for a client during a home-based rehabilitation care episode were interviewed about their experiences. Carers were asked about the type of care they provided, the effect that providing care had on their work, family and social lives, their experience of the transition from hospital to home, the adequacy of support services and in general what being a carer meant to them. They reported that caring, even when it was on a short-term basis, had a huge impact on their lives.

- 18 of the 24 carers reported that caring was a 24-hour responsibility
- All of the working carers had altered their work arrangements - some permanently
- Family lives and friendships were affected by caring
- Interactions with the health and welfare system were mixed - some were highly supportive and some were somewhat counter-productive.

The study recommends a transdisciplinary model for home-based rehabilitation in which carers (and clients) are included as integral to the care team. Principles of this model will be discussed. Other recommendations considered will include the extension of Carer Payments to short-term carers.

32. The Effect of Participation Level on Outcomes for Carers Involved in a Physical Activity Program.
Dr Keith Hill, National Ageing Research Institute, Melbourne, Vic.
Ms Robyn Smith, Northern Health; Vic.
Ms Marcia Fearn, National Ageing Research Institute; Vic.
Ms Mary Rydberg, City of Greater Dandenong; formerly Villa Maria Carer Support Services; Vic.
Ms Rachel Oliphant, formerly Villa Maria Carer Support Services, Vic.
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Many carers report their physical health to be negatively affected by the demands of their caring role, and cite their caring role as a major barrier to participation in physical activity. This project involved providing support for 102 older carers to participate in a once weekly or twice weekly activity program (strength training, yoga or tai chi) for 6 months. Participants were measured on a range of physical, functional and psychological domains prior to, and following the six month intervention. Outcomes were compared between high compliers (>65% sessions) and low compliers with the activity programs.

Twenty percent of the carers did not complete the program, for a number of reasons, primarily related to health problems of the carer or the care recipient. The 80 participants who did complete the program attended an average of 71% of available sessions
There were significant improvements on balance, endurance, strength and activity measures, as well as reduced depression following the intervention (p<0.05). There were no significant differences in change scores on these measures for those participants attending most sessions, compared to those attending fewer sessions (p>0.05). Feedback from carers about the program will also be reported.

These results indicate that even for carers who are unable to attend the majority of available sessions, that physical and psychological benefits are still able to be achieved from participation in physical activity in a group setting.

This project was funded by Villa Maria Carer Support Services.

33. Time, Space and the Caring Experience

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According to the theory of Personal Space-Time, each able person structures a specific and distinctive time and space construct of their own life events. The structuring requires abstract cognitive skills and the events include personal physical and mental processes. It is a subjective universe that serves as an individual psychological clock with its idiosyncratic rhythms, tempo, processing times, durations, calculations, and estimations. From this wholly individual experience, relationship with others is modified through emotional and social distances. In the intimate and unequal relationship of informal elder caring, usually mother and child dyad, the Personal Space-Time concepts of both caregiver and recipient seem important. The objective clock time demands of caring are well known. The influence of intra and inter personal, subjective time and space organisation of the unit is less so. The mutual invasion of privacy, the intrusion of age specific worldviews, the lack of psychological personal space and time, and the re-scheduling of tempo, may be some manifestations of the differing time and space organisation. There is a possibility that the dependent recipient will be pressured, stressed or disregarded by normal tempo. It is also likely that the less rigid, younger caregiver will assume a prematurely older, slower, dated life rhythm. Recipients’ altered time structuring experiences through illness, debilitation, convalescence, psychiatric problems or Alzheimer’s, may also distort and damage the time and space reality of the caregivers’ world. Personal Space-Time organisation may form an important variable of the caring experience.

34. Communicating with the GP: Connecting carers to community support through general practice

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A/Prof David Bruce
Dr Pamela Nichols, School of Medicine and Pharmacology, WA.
Dr David Roberts, School of Nursing and Public Health, Edith Cowan University, WA.
Mr Frank Schaper, Alzheimer’s Australia WA.
Dr Peter Underwood, Institute for Sustainability and Technology Policy, Murdoch University, WA.
Ms Libby Foster, Fremantle Regional Division of General Practice, WA.
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Carers of people with dementia suffer from stress, depression and anxiety and tend to have little knowledge of community services to assist them. The General Practitioner (GP) is often approached for help and remains central in dementia management. The GP, therefore, is in an excellent position to offer information and assistance.

A health promotion strategy in the Fremantle area provided education materials for general practice targeting carers. GPs and Practice Nurses (PNs) were visited and GPs were offered a clinical audit. Telephone evaluations determined the usefulness of the materials. Follow up visits and reminders to practices maintained visibility and accessibility of materials.

Most practices in the intervention area participated (90%) while 54% GPs and 73% PNs have received our materials and 18% GPs accepted the clinical audit. Most participants indicate the materials were useful, a convenient resource and could raise carer awareness of services, and that they would continue to use the materials. Audit evaluation indicates increased GP awareness of carer needs and services.

Successfully involving practice personnel and maintaining health promotion messages can be achieved by utilising partnerships, practice visits, appropriate materials and follow up methods. Simple education materials to promote carer support services appear to be appropriate in the general practice setting. Our preliminary data suggest that they can raise the awareness of community services and facilitate information exchange between GPs and carers.

35. Doll Therapy to Decrease Anxiety in Aged Care Residents

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A doll therapy project was conducted at Hepburn Health Service to measure the effectiveness of doll therapy to decrease anxiety in aged care. The aim of the project was to establish if doll therapy could actually decrease a resident's anxiety. Many nursing home residents display anxiety traits, this is especially prevalent in residents with dementia. Doll
Therapy has shown to anecdotally provide quality time for residents with dementia. In some cases dolls enable residents to communicate more effectively, assist with decreasing restlessness and aggression and offer comfort to the distressed.

The project was conducted over a period of 12 weeks with measurements, such as blood pressure and pulse rate being measured as well as the use of a body language assessment scale. Pre and post testing was conducted and the resident’s were video taped while holding and interacting with the doll. The video tapes were analysed by two researchers. Form the project conclusions can be made regarding the effectiveness of doll therapy in aged care to decrease anxiety. This paper will outline the doll therapy project and the processes used to measure, assess and evaluate a doll therapy program. The paper will also discuss the benefits of such a program and difficulties encountered during implementation of the project.

36. Elopement: A moral and ethical dilemma

Ms Sandy Ward, Baptist Community Care, Vic.
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Elopement or “unescorted exiting” is a challenging and complex issue for staff working in residential aged care. No single intervention provides a watertight solution and if staff become reliant on available technology or one single design feature, then complacency increases the potential risk of an elopement incident.

A case study approach is used to explore the multidimensional nature of this multifaceted behaviour. The complexities encompassing the management of this behaviour highlight the variety of factors that ultimately impact on successful interventions such as the remaining ability of the resident with dementia to recognise security keypad numbers and the geographical location of the facility.

It illustrates the ongoing issue of getting care staff to see activities as an integral part of care rather than relying on the activity staff to provide the ongoing programming and structure required by people with dementia if they are to successfully participate in appropriate diversional activities.

A real conundrum exists between the economic constraints and the need for a utilitarian approach versus the provision of quality, individualised person centred care. What are the consequences for the organisation and the staff and, can either party be held culpable if a resident elopes from a secure facility and is injured or killed? Is there increased vicarious liability in the case of those facilities who have clearly enunciated entry criteria which accepts residents with an identified history of elopement Are facilities now faced with an increased risk of litigation and will the ultimate outcome be that this client group will become marginalised and families experience reduced access to aged care facilities.

37. Pilot Survey of Aromatherapy use in Northern Rivers Aged Care Facilities

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Aromatherapy is a complementary therapy that is increasing in popularity, particularly in aged care facilities. It involves the application of fragrant plant extracts known as essential oils either by inhalation or by dermal application (including massage, compresses, baths and sprays). Aromatherapy is thought to be effective in promoting a sense of well-being, helping reduce anxiety and aid relaxation, all of which have potential in care of people with dementia.

The purpose of this pilot survey is to document the extent and variation of aromatherapy use in aged care facilities and to investigate whether any essential oils or application methods appear to be more beneficial for management of dementia and related behaviours than others.

38. The Effectiveness of Complementary Therapy in Reducing Anxiety in Nursing Home Resident’s – A systematic review.

Lisa Clinnick, Hepburn Health Service, Vic.
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A systematic review was undertaken to identify best practice that was evidence based regarding the effectiveness of complementary therapies in reducing anxiety in nursing home residents. An intensive review of the available literature was undertaken as well as a review of the Cochrane Library and Johanna Briggs Institutes index of systematic reviews. A small number of relevant studies were identified as meeting the inclusion criteria. From these studies it can be tentatively concluded that complementary therapy does decrease anxiety levels in nursing home residents, that complementary therapies are most effective on residents with mild or no dementia and the effect of complementary therapies are short lived.

This paper will outline the findings from the review and will discuss further recommendations that have been concluded.

39. Nursing Home Staff and Participatory Family Care: A gap between rhetoric and reality.

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The importance of the family in helping nursing homes meet the physical and emotional needs of the resident is acknowledged by the nursing profession and furthermore has been enshrined in the
Commonwealth aged care standards. This qualitative study investigated how nursing home staff experience working with residents’ families. Findings indicate that nursing home staff have developed a substantive family orientation. Equally, many attitudes which cast the family as undesirable intruders were also noted and many staff members outlined practices which were indicative of the need to control and dominate the family. There is, it is contended, still a divide between the attitudes and practices of many nursing home staff and the political and professional rhetoric of participatory family care. This divide has at its root a model of practice which sees family as interrupting the ‘real work’.

40. Cigarette Smoking, Alcohol Consumption and Alzheimer’s Disease

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The aetiology of Alzheimer’s Disease (AD) remains unclear. An association between AD and vascular disease has been established, although the mechanism behind this is uncertain. Studies have identified smoking as a risk factor and light to moderate alcohol consumption as a protective factor in the development of vascular disease. We have therefore undertaken a case-control study to investigate the relationship between AD, cigarette smoking and alcohol consumption in 25 patients with AD and 50 healthy controls. Patients were recruited from the Launceston Memory Disorders Clinic, and controls from the local community. Ages ranged from 57 to 94 years. All subjects completed a lifestyle questionnaire which included questions about current and previous history of cigarette smoking and alcohol consumption.

Patients with AD, compared with controls, had smoked more cigarettes per day (13.3 versus 5.3, P=0.004), and had lower levels of alcohol consumption (19.6 versus 73.5 grams per week, P=0.05) using general linear model analysis after adjusting for confounding factors. Using logistic regression analysis, smoking an extra 12 cigarettes per day more than doubled the risk of having AD (odds ratio=2.42, 95% confidence interval 1.26-4.67). Drinking 1 to 2 standard alcoholic drinks per day reduced the risk of having AD by almost half (odds ratio=0.52, 95% confidence interval 0.23-1.16).

We conclude that cigarette smoking is associated with an increased risk of developing AD and that light to moderate alcohol consumption may protect against the development of the disease.

41. Communication and Capacity Assessment of Residents with Dementia

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Human rights aim to protect the autonomy, worth and dignity of all human beings and people living with dementia are entitled to them. This study focused on nursing home residents with a diagnosis of dementia in Western Australia. It aimed to investigate some practical aspects of the concept of capacity assessment put forward by Darzin-, Molly & Strang (2000).

An observation tool was developed to examine decision making by carers working with residents in the course of their daily work.

Results were classified as negative or positive (negative results were a result of capacity assessment that undermined decision making by residents). The following conclusions were made:
- Efforts by carers to protect autonomy, self-worth & dignity are not always evident
- Some methods of communication with residents enhanced the autonomy and decision making process
- The understanding of “care” is not always consistent with the protection of human rights

Results inform training methods for aged care staff and how they may best interact with residents with dementia. This research raised issues in relation to how difficult teaching the art of effective communication is. Future research into the range and impact of inadequate communication and informal capacity assessment on the quality of life of those with dementia is justified.

This research was funded by the Alzheimer’s Australia Research Foundation.

42. Issues for Acute and Sub-Acute Admission and Discharge of People with Dementia

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This was a four-phase project aimed at increasing the extent to which the care of people with dementia who are admitted to, or discharged from acute and sub-acute care facilities in Victoria is based upon the best available evidence. The project was funded by the Department of Human Services and involved facilities throughout Victoria.

Project aims
The specific aims of this project were to:

- identify best practice (evidence-based) in relation to the admission and discharge of people who have dementia through the conduct of a series of concurrent systematic reviews, broad literature review and expert opinion
- develop tools which would facilitate the identification of evidence-based practice (EBP) and those structures, processes, policies, practices and cultures that support EBP in practice settings
- increase understanding of the structures, processes, policies, practices and general cultures that support EBP in relevant practice settings
- describe and evaluate guidelines for increasing EBP in two practice settings (acute and sub-acute care) related to dementia care.

Methodology

The project used a four phase approach to develop, trial, evaluate and rank indicators of EBP in acute and sub-acute facilities.

Conclusions

The EBP proved useful in assisting facilities to identify the areas of their practice where they were doing well and those that needed improvement. It also acted as an educational tool and something of a map to guide facilities in terms of priorities for improvement and change implementation strategies. The action research studies provided excellent examples of how facilities could actually use the EBP to improve practice.

43. Rethinking Dementia and Aggression: Insights from domestic violence and elder abuse perspectives

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Domestic violence is one aspect of elder abuse that has received very little attention other than as a category of elder abuse and located within a care model of situational stress and/or aggressive behaviour. Even less is understood about the interface between domestic violence, elder abuse, Alzheimer's and other dementias. This paper provides an analysis of the literature in relation to Abuse, Dementia and Older Women and raises questions about both the domestic violence and elder abuse paradigms in relation to older women's experiences of domestic violence. Both paradigms are critiqued for their blindness: domestic violence to age and elder abuse to gender. The role of dementia and associated aggressive behaviour within this blindness is also considered. Arguments are presented for a shift in both paradigms. Such shifts will influence changes to the service response, policy development and organisational culture to ensure that rights to safety and well being are not compromised.

R.M Gibson Research Grant Recipients

44. Clinical Characterisation of Inherited Dementia Syndromes in Australian Families

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Dementia and other neurodegenerative conditions are a major health problem and are most common in older age groups. Most people have no obvious cause for their condition but families with dominantly-inherited forms of Alzheimer's disease and other neurodegenerative diseases exist. There are at least twenty such families in Australia, some known for many years. Since 1991, the progressive identification of the genetic mutations responsible in many such families has led to new insights into the biology of these diseases. Significant variations in age of onset and clinical features have been reported both within and between families. A better characterisation of these variations and a better understanding of their contributing factors should provide important information about these disease mechanisms and be useful in identifying measures which have the potential to delay or prevent these diseases in general.

In the current study, affected, unaffected and adult at-risk members of these families are invited to undergo clinical, neurological and neuropsychological assessment. We will document the range of symptoms and signs expressed in affected members as a result of the disease-causing mutation as well as attempting to describe the background on which the genetic mutations have their effect by examining unaffected and presymptomatic individuals. So far we have studied five families with familial Alzheimer’s disease with mutations in the presenilin-1 gene, including one pedigree with spastic paraparesis in some members, and three families with frontotemporal dementia with parkinsonism linked to chromosome 17. Preliminary results will be presented and ethical issues will be discussed.

45. Healthy Ageing and Falls Injury Prevention

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This paper reports on research carried out with support from an AAG RM Gibson Research Grant.

Rationale: Responding to demographic trends and social forces, Healthy Ageing policies have been advanced to promote quality of life and reduce disability. A cause of substantial disability in older age is from falls and fall-related injuries. It is suggested that predisposition to functional dependence and geriatric syndromes (including falls) have a shared set of predisposing factors. Promoting healthy ageing, therefore, presents a unified approach to addressing falls, as well as postponing or preventing other adverse health outcomes associated with older age.

Study Design: A case-control study design is being undertaken to test the hypothesis that healthy ageing factors are protective of the special case adverse health outcome of fall-related hip fracture injury and to quantify that protection.

Methodology: Cases are community-based people aged 65 and over admitted to one of six hospitals in Brisbane for treatment of a fall-related hip fracture. An age and sex matched community control group is recruited via electoral roll sampling. A questionnaire to measure healthy ageing factors over the lifespan has been developed to determine differences in risk between the cases and controls. This paper will focus on the development and testing of the survey instrument to measure the behavioural and psychosocial determinants of healthy ageing.

Potential Impact: The anticipated benefit of this research is to inform policy and practice in the development of population-wide interventions to promote healthy ageing and falls injury prevention.

46. The Role of the Fenestrated Sinusoidal Endothelium in Hepatic Lipoprotein Uptake: Implications for Dyslipidaemia in Ageing.

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Hepatic sinusoidal endothelial fenestrations may regulate uptake of lipoproteins on the basis of size ("liver sieve"). This may explain the association of ageing, where the liver sieve is defenestrated, and dyslipidaemia. We aimed to show that the liver sieve influences transfer of lipoproteins on the basis of size and to assess the effects of ageing on this transfer.

The impulse-response method was used to study the disposition of large and small lipoproteins (generated from thoracic duct lymph) and microspheres in perfused rat livers. Perfusions with microspheres were performed on young and old rats to assess the effects of ageing on transfer across the sinusoidal endothelium.

The volume of distribution of small lipoproteins was similar to the vascular marker (ratio 1.02±0.09, n=7) while that of large lipoproteins was less (ratio 0.83±0.22, n=7, p<0.01). The volume of distribution of small microspheres was similar to the extracellular marker, sucrose (ratio 1.00±0.25, n=6) while that of large microspheres was less (ratio 0.60±0.18, n=6, p<0.01).

In young rats, the volume of distribution of small microspheres was similar to that of sucrose (ratio 0.91±0.20) while in old rats it was less (ratio 0.73±0.17, n=9, p<0.05).

In young animals, the liver sieve allows passage of small lipoproteins and microspheres and impedes larger particles. In older animals, the fenestrations are reduced in size and number and even small microspheres are excluded from the space of Disse. Ageing is associated with postprandial hypertriglyceridaemia and atherosclerosis which may be mediated by age-related change in the liver sieve.

47. Verbal and Visuo-Spatial Memory Performance in Younger and Older Adults

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This paper reports on research carried out with support from an AAG RM Gibson Research Grant.

This research compared rates of decline in verbal and visuo-spatial memory across a broad adult age range. Twenty-four young (18-25 years), 24 young-old (65-74 years), 24 middle-old (75-84 years) and 24 old-old (85+ years) adults were administered analogue versions of three memory tasks involving verbal or visuo-spatial information. All tasks constituted 'pure' measures of either verbal or visuo-spatial memory. Participants also completed measures of processing speed, working memory, executive function and sensorimotor functioning (i.e., vision, hearing and grip strength) to determine whether similar or different mechanisms underlie adult age differences in verbal and visuo-spatial memory. Results showed a linear decline in serial recall of visuo-spatial material with age, but no age differences in serial recall of verbal material. Verbal and visuo-spatial memory, however, declined at comparable rates on tasks of delayed recall, and recognition of complex stimulus materials. As predicted, executive function accounted for more of the age-related variance in visuo-spatial memory performance than in verbal memory performance. However, age-related memory loss in both modalities was largely due to processing speed and sensorimotor functioning. These findings point to the existence of common, rather than
48. Community Care Reform: An analysis

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During the past two years, a consumer, industry and professional consensus has emerged on the directions community care reform should take in Australia. The consensus was expressed in A Vision for Community Care released in June 2003 by Aged & Community Services Australia (ACSA) and ten other national peak bodies including the Australian Association of Gerontology (AAG). Similar themes have emerged in other papers prepared by The Myer Foundation and Catholic Health Australia.

The Federal, State and Territory Governments have commenced a process of negotiating reform of community care programs, based on a consultation paper released in March 2003 by the Federal Government.

This paper will review the elements of the consensus for reform of community. It will analyse the strengths and weaknesses of the policy development process to date, including:
- identifying the motivations of key stakeholders;
- detailing the impact of intersecting reform agendas in aged care, health and disability services;
- examining the consultation processes used; and
- describing the factors which could put at risk a successful outcome.

The paper will conclude with a discussion of what are the most likely practical changes that may result from the community care reform process.
The likelihood of suffering a visual impairment increases threefold with each decade of life, yet the lighting in many older people's accommodation does not always meet Australian Standards. This paper presents the results of the effect of lighting on people living in older person's accommodation settings in relation to daily activities.

The current lighting levels were measured in a selection of older people's accommodation, identifying type of lighting, and number and position of power points. The Melbourne Low Vision ADL Index assessment was conducted on a sample of older people (normal vision and impaired vision) noting the effect increased lighting had on the ability of older people to perform daily activities such as reading, medication management, telling the time and shopping. It is recommended that the lighting in older people's accommodation settings meet the Australian Lighting Standards and that the lighting can be increased (with focal lighting) to comply with the standards for people with vision impairment.

The Home Independence Program (HIP) is a home-based early intervention program specifically directed at optimising functioning, preventing/delaying further functional decline and promoting healthy ageing in individuals referred for, or already receiving, home care services. HIP is the product of a research project funded by the Silver Chain Foundation to develop and test a service model that would assist individuals to maintain or improve their functional independence and thus reduce, or limit, their need for ongoing home care.

Having developed the program, a pilot study was then conducted. The results of this study clearly demonstrated the program's effectiveness in assisting individuals to make functional gains that were then translated into a reduced requirement for home care services.

With the support of the Department of Health, our research is now being put into action and HIP has been operating as a service out of one our metropolitan bases since October 2001. In addition, the WA Lotteries Commission is funding a controlled trial in which the outcomes for 100 individuals receiving HIP are being compared with those of 100 individuals (with similar levels of need) receiving standard home care services.

The conference paper will, having provided a short background to HIP, report on the outcomes for the first 250 clients to have completed the program as a fully operational service as well as on the results from the first follow up of the controlled trial.
questions becoming more urgent as death approaches

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Drawing from the guidelines being developed by the Australian Palliative Aged Care (APAC) project

Will I have to go to hospital to die? Who will make decisions about my care? Will my fears and concerns about quality of life, treatment, and their role in care planning.

dignified death, resuscitation, invasive medical issues, residents With A Non-Cancer Diagnosis. Data was collected in two stages, 1) from a representative sample of residential aged care facilities in South Australia and 2) from 69 residents who participated over a 10 week period in a more in depth prospective data collection to ascertain palliative care needs and services. Fifteen care directors were interviewed about current palliative care policies and procedures in the facility.

There has been little research investigating the use of advance directives or the process of 'advance care planning' even though the Standards for Aged Care recognizes the importance of identifying and respecting the resident's wishes about their terminal care. However, the standards do not indicate how these wishes might be identified and recorded on admission to a facility especially if the resident is no longer competent. This research noted that the Aged Care Facilities had developed forms to record the resident's wishes about their care but there was no consistency in the content or the use of terminology across the facilities. Nor was there consistent information about the legal advance directive forms available in South Australia. Not all facilities had a palliative care policy to guide the process of advance care planning.

53. End-of-Life Choices in Residential Aged Care

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Will I have to go to hospital to die? Who will make decisions about my care? Will my fears and concerns be listened to? Will my family have a say in what happens to me? Will I be in pain? Can I change my mind about the kind of care I want? Can I choose who will be with me at the end? These questions may arise as a person enters an aged care facility, the questions becoming more urgent as death approaches and more complex for those with dementia. Families may also have questions about quality of life, dignified death, resuscitation, invasive medical treatment, and their role in care planning.

Drawing from the guidelines being developed by the Australian Palliative Aged Care (APAC) project (Commonwealth Department of Health and Ageing) it will be shown that the unique and diverse needs of people in residential aged care require an approach that considers their specific situation and allows for options, flexibility and review as changes occur. The guidelines, derived from the best available evidence, emphasise the need to educate and empower aged care workers to consider alternatives to the unnecessary hospitalisation of dying residents.

Through a dynamic partnership with their families and caregivers, residents can participate in advanced decision-making that respects their wishes. Rather than believing they have come to the end of life's choices, people in residential aged care can be offered empowering and liberating alternatives, through realistic and achievable end-of-life choices.

54. Expanding Knowledge of Quality of Life at the End Stage of Life

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Introduction: This paper presents findings of a study into factors impacting on the quality of life of terminally ill older people in the community and potentially leading to requests for euthanasia.

Methodology: Interviews, using structured questionnaires, were undertaken with the primary (lay) carer and "matching" Blue Nurse of 43 people who had died in the previous year.

Results: Many factors impact on the quality of life of terminally ill older people living in the community. These include demographic factors, prevalence and level of distress, availability of formal and informal support services – including, in this study support provided by Blue Nurses, and the role of GPs. 6 patients had told their carers that they wanted assistance to end their lives. Characteristics of these patients will be discussed and compared with the 37 patients who did not ask for assistance to die.

Conclusion: For some terminally ill older patients, a request for assistance to die may be a rational response to a life of very poor quality (from the perspective of the patient), which is very unlikely to improve. However, for others the request may be prompted by inadequate attention to factors that are possible to ameliorate. The challenge then is to ensure that the best care possible is provided to the patient (and his/her carer). Recommendations from the study, including those relating to palliative care, will also be discussed.

55. What do we Mean by Palliative Care in Residential Aged Care Facilities

Dr Carol Grbich, Flinders University, SA.
Ian Maddocks, Flinders University, SA.
Deborah Parker, Flinders University, SA.
Neil Piller, Flinders University, SA.
An aged care facility is where many of us will spend our last months or years, and increasingly it is the place where we will die. As a result the role of aged care facilities to provide care for the dying has evolved and there is increasing pressure to provide services from admission to death within the one setting. The availability of palliative care has been advocated to ensure physical, psychosocial and spiritual care is provided. However, to define a patient as palliative may not be appropriate, rather one should ask whether and what palliative care skills are required at a given time. As such palliative care should be viewed across a spectrum with three components - a palliative care approach, palliative interventions and specialist palliative care. This paper reports the findings from an NHMRC study conducted in South Australia during 2002/3 that explores these components in residential aged care facilities. Conducted in two stages, stage one involved a survey to randomly selected residential facilities in South Australia to quantify resident deaths from cancer vs non-cancer diseases, the proportion of current residents who require palliative care, existence of specific palliative care policies and the interface with specialist palliative care services. Stage two describes the profile of 69 residents with a non-cancer diagnosis whose care needs and specialist palliative care involvement were longitudinally tracked over a two month period. Discussion will include implications for palliative care services and practitioners.

Demography

56. Anticipating the Impacts of Population Ageing: Distinguishing between its structural and numerical dimensions
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Population ageing has two technical dimensions that are often confounded in discussions on - and considerations of the implications of - the topic. These are structural and numerical ageing; they have different causes, different manifestations, different likelihood of occurring, and different policy implications. This paper outlines the value of unravelling these dimensions, and illustrates them with reference to projections of some medical conditions and situations of interest to Gerontologists.

57. Distortions in the Health of the Australian Population Over 75 Caused by Experience of World War II.
Mrs Felicity Barr MHSc (Gerontology) student, School of Behavioural and

Increasing emphasis on evidence-based policy suggests the need to ensure full understanding of the facts as well as the figures. Forecasts of future patterns of disease and disability will naturally be based on data collected for present cohorts. In doing so, it is important to take into account the factors which have influenced the health status of present cohorts. World War II was a significant event in the lives of older Australians and its impact can be seen in their subsequent health patterns.

Veterans and war widows comprise over one-third and over ten percent respectively of the Australian male and female populations over 75 years of age. Recent work by the Australian Institute of Health and Welfare and the Department of Veterans’ Affairs has confirmed higher patterns of health service usage amongst veterans and war widows with Gold Cards compared with their age cohort in the Australian population. Other data available from DVA suggests rates of particular diseases and disabilities may be elevated in the veteran community.

Whilst other factors will undoubtedly influence the health status of succeeding cohorts, their patterns and levels of disease and disability will not necessarily be the same as those influenced by their experience of World War II. Planners of future health care services will need to make allowance for these variations.
58. Emerging Issues in Ageing, Income and Assets

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Changes in the income and asset status of the older population in the past decade impact on the need for assistance with asset management and financial planning in, and for older age. Using primary data from a national survey of 3,434 respondents, and 100 in depth interviews regarding asset management, this paper identifies the extent to which management of income and assets by and on behalf of older people is a significant challenge to families and social institutions. It identifies the assumptions and expectations about the rights of older people in relationship to financial management, the problems arising for family asset managers and emergent issues in public policy regarding incomes policy and economic management in retirement.

59. Regional Variations in Supply of Aged Care Services in Australia

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The reduction in supply of hospital and residential care places in Australia over the past 15 years, relative to population, is well recognised. The interdependence of hospitals, residential care and community care services in the care of frail and disabled older people demands an understanding of the provision of services not only at a national and a state level, but also at a regional level.

This study examined the availability of these resources at the level of the seventy one Commonwealth health regions. Data on service availability at June 2001 was secured from Department of Health and Ageing administrative systems for residential care and by direct survey of hospitals for acute and subacute hospital beds. The project was commissioned by the Australian Health Ministers Advisory Council.

Commonwealth Health Regions encompass aged populations 70 years and over (70+) ranging from 144 to 111,757. The level of residential places ranged from 56 to 191 places per 1000 70+. In 25 regions less than 35 high care places per 1000 were operational. Hospital based aged care beds for acute and subacute care ranged from nil to 8.5 beds per 1000 70+. When regions with small aged populations (<5000 persons aged 70+) were excluded wide variations persisted.

60. Effectiveness of a Targeted Falls Prevention Program in a Sub-Acute Hospital Setting - A randomised controlled trial

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Dr Keith Hill, National Ageing Research Institute, Vic.
A/Prof Kim Bennell, School of Physiotherapy, University of Melbourne, Vic.
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OBJECTIVE: To assess the effectiveness of a targeted falls prevention program in reducing falls and fall-related injuries in a sub-acute hospital.

DESIGN: Randomised controlled trial of a targeted falls prevention program implemented in addition to "usual care" compared with "usual care". The falls prevention program included: a falls risk alert card with information brochure, an exercise program, an education program and hip protectors.

SETTING: Sub-acute in-patient hospital

PARTICIPANTS: Consecutive patients admitted to sub-acute hospital wards of the Peter James Centre.

MAIN OUTCOME MEASURES: Incidence rate of falls, fall-related injuries and proportion of participants who had one or more falls during their hospitalisation.

RESULTS: Intervention group participants (n=310) experienced 30% fewer falls and 18% fewer falls resulting in injury than control group participants (n=316). There was also a 22% reduction in the proportion of participants who experienced falls. The reduction in falls incidence was significant following univariate (Peto logrank test: P=0.045) and multivariate analyses (incidence rate ratio [95% CI] =0.66 [0.48 to 0.96], adjusted for important predictors of falls in sub-acute hospitals).

CONCLUSIONS: A targeted multiple intervention strategy reduces the incidence of falls in the sub-acute hospital setting. Further research is required on the cost-effectiveness of this program and to determine if some components of this program were more effective than others.

These variations may have important implications for the operation of health services at the local level.
61. The Decline in Balance with Age is More than Strength: What about somato-sensation?

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A study by our research team identified that a decline in postural stability occurred between 40 and 60 years when changes to support and visual conditions were introduced. A subsequent study of healthy women aged 20 to 80 years showed that a decline in strength of the hip abductors occurred by the 60’s suggesting a need to target these muscles more specifically in exercise programs. Factors other than strength however, need to be considered to account for the early decline in postural stability when vision is removed. This study aimed to investigate the changes in somato-sensory function with age.

Methods
A cross-sectional sampling of women across age decades (20-80 years) was performed. Data collected included demographic information and measures of lower limb somato-sensory function. Tactile acuity, vibration sensitivity and joint re-positioning ability were measured using reliable clinical tools.

Results
Multivariate analyses demonstrated a main effect for age on all measures. Univariate analyses and post hoc analyses of the somato-sensory measures determined a significant decline by the 40’s for tactile acuity and joint re-positioning ability when an open chain test was used, but not until the 60’s while using a closed chain test. Vibration sensitivity declined by the 50’s.

Conclusions
Early changes in somato-sensory function can be demonstrated across the 40 to 60 age decades and may be a factor contributing to a decline in balance across this period. Targeting these elements in the delivery of exercises is indicated and programs that address these factors require implementation and evaluation.

62. The Victorian Falls Clinic Coalition

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In recent years there has been considerable growth in the number of Falls Clinics in Victoria, with currently 16 public system and 3 private hospital Falls Clinics. The majority have developed in the past five years, and although there have been guidelines and indicators for Falls Clinics developed by the Department of Human Services, Clinics have evolved utilising a range of models of staffing, service delivery, and outcomes measures.

Eighteen months ago, MECS and BECC Falls Clinic staff convened a meeting of all public Falls Clinics, with the aim of developing a support network for Falls Clinics - the Victorian Falls Clinic Coalition. The Coalition meets biannually, and has grown to also include private Clinics. The Coalition aims to support best practice in falls prevention, by:
• sharing innovative processes, such as screening procedures, and methods for quantifying client compliance with interventions;
• sharing resources such as brochures;
• upskilling staff in key areas of falls prevention, such as vestibular rehabilitation;
• working towards a standardised minimum data set of outcome measures, as part of a DHS funded project; and
• developing a Victorian Falls Clinic Coalition website.

Falls Clinics have valued the opportunity to share and network. Innovative approaches have resulted in most Clinics modifying some aspects of practice based on information disseminated through the Coalition. Further developments are planned to strengthen the support role of the Coalition in meeting the needs of participant Clinics. Recent and planned initiatives and outcomes will be discussed.

63. Enabling Technology for People with Dementia: Its use and acceptability

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Technological innovation is at the forefront of delivering care services in different ways to enable people with dementia to lead more independent lives. The Enable project examines the ways in which technology developed to support memory in five European countries, facilitates greater quality of life for the person with dementia and their carer, through the development of devices that have been designed in consultation with people experiencing memory loss. Preliminary findings from cross-country analysis suggests that technology, in providing a number of opportunities for enhancing the well-being of both the person with dementia and their carer also has the potential to produce a number of practical and ethical issues. This emphasises the importance of understanding the human interface process and the value of person centred approaches in

AAG National Conference, 12-14 November 2003, Hobart
the provision of innovative technology to people with dementia and their carers.

64. Identifying Issues in The Provision of Care for People with Dementia (PWD) in a Remote Tasmanian Community

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This project aimed to identify specific issues that impact on the provision of care for people with dementia in the rural/remote community under study. A key focus of the study was the extent to which living in a remote rural community impacted on the provision of care.

A qualitative research design was used to elicit the opinions and understandings of people involved in caring for PWD. Focus groups were held with family members who act as carers, local general practitioners, community nurses, hospital staff and an ACAT team. A semi-structured interview was conducted with the regional dementia support worker. All of these were audiotaped and transcripts were analyzed thematically by members of the research team.

Results showed that the rural nature of the community had benefits and drawbacks for the provision of dementia care. In many ways the small size and close informal networks of the community contributed positively to the provision of effective care for PWD. However, those caring for PWD also described a number of problems. Some of these were problems associated with the complex care needs of PWD and stemmed from a fragmentation of services and occasional breakdowns in communication. However, others were associated with rurality. For example issues of geographical distance, a lack of anonymity in a small community and problems associated with accessing to dementia specific services located several hours drive away. These results suggest that characteristics of specific rural contexts need to be recognized when planning dementia services.

65. Responding to Behaviours of Concern Among Residents of Nursing Homes: A multidisciplinary clinical guideline

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Rhonda Nay, La Trobe University, Vic.
Sam Scherer, The Royal Freemasons’ Homes of Victoria Ltd.
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There is a high incidence of behaviours of concern among nursing home residents which are problematic because they are disruptive and intrude upon staff and other residents. The aetiology of these behaviours is diverse, however, a diagnosis of dementia appears to be the most common contributor.

Several different behaviours of concern have been identified by researchers, each of which has consequences and detrimental effects on residents and staff.

Objectives
The objective of this research project was to develop a multidisciplinary clinical guideline based on the best available evidence for the management of behaviours of concern in nursing home residents. The instrument was to be used in assisting the health team with the identification and assessment of behaviours of concern and their causes, and also provided a guideline for effective evidence based strategies for their management.

Description
The guideline was developed from a systematic review of the literature and in consultation with a reference group comprised of experts from a diversity of disciplines. It was developed from the premise that behaviours of concern are ‘need-driven’ and it guides assessment in view of these unmet needs. The guideline sets out evidence based strategies for initial safety management, and subsequent interventions for longer term management. It also provides guidelines for counselling and debriefing of staff after traumatic episodes.

Conclusions
The clinical guideline which has been developed informs the process by which the multidisciplinary health team assesses, evaluates and implements strategies in caring for nursing home residents who display behaviours of concern.

66. Working with Organisations to Implement Dementia Awareness Training for Public Contact Staff

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People with dementia living in the community interact with a range of people who provide services to the public. Such people include, amongst others, staff of retail outlets, banks, public transport providers and government departments. Within these interactions, the person with dementia may experience problems associated with symptoms of their dementia - such as memory loss, difficulty in finding the right words for things, not being able to grasp complex ideas, not being able to find their way to familiar locations and having difficulty handling
money and finances. Many of these problems can be avoided or dealt with better if the public contact staff have an understanding of dementia and are able to treat the person with care, dignity and respect.

This paper will describe a project funded by the NSW Government to work collaboratively with a number of organisations to set up dementia awareness training for their public contact staff. The project was conducted by the Centre for Education and Research on Ageing and Alzheimer's Australia NSW. Specifically the project has targeted police, community pharmacists and a large local council. The presentation will cover the planning, implementation, problems and outcomes of the project.

67. Grandparents - the Family Alchemists of the 21st Century - Grandparents across Australia are uniting to take action on behalf of their grandchildren
Anne McLeish, Grandparents Australia, Vic.
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They are gathering and co-coordinating their strengths to work for changes to the way society addresses the issues affecting them and their grandchildren - especially in the areas of family breakdown, education and childcare and perceptions of grandparents.

This workshop outlines the profile of grandparents of the 21st century, what they are thinking about issues affecting for their grandchildren and the action they are taking in Australia and beyond to help shape a better future for their grandchildren.

The address outlines the place of grandparents in family law in Australia and why it is increasingly the case that grandparents are raising their children's children. Also explained will be the strong views grandparents have about education provision from kindergarten to tertiary education and the skills and understandings grandparents believe to be necessary to empower their grandchildren to succeed in the 21st century.

68. Progression on our Grey Roads
Dr Laurie Buys, Centre for Social Change Research, University of Technology, Qld.
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Road safety and continuation of driving is increasingly becoming a priority issue for Australians, particularly as the rate of individuals entering the older age group is progressively rising. A uniform national approach to licence renewal based on evidence-based assessment is being discussed by the Commonwealth and State governments as one approach towards meeting the needs of the community and older adults. The purpose of this paper is to explore the issues that may arise in the transition to a new system. Thirty-nine adults over the ages of 70 years old were interviewed. Half the participants were drivers with the remaining having ceased driving within two years of the interviews. In addition, half of the participants were residents within metropolitan areas in Brisbane, with the remaining residing in rural towns in Queensland. The results highlight the current lack of significant interaction between older drivers, their family, doctors and transport officials regarding driving assessment issues. In order to introduce an interactive system, considerable work will need to be done in order to actively engage older drivers in the process.

69. Promoting Intergenerational Relationships - Where theory meets practice
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As the population ages, it is possible that tensions will arise between generations. Much of this tension will result from the stereotypical attitudes held by young people and older people alike. Young people may take the view that older people are unproductive and a burden. Older people on the other hand often feel that they suffer discrimination at the hands of the younger generation. Governments and policy makers have acknowledged the value of intergenerational activities in combating these stereotypes. This paper will provide an evaluation of one such activity, Linking Seniors and Juniors at Logan.

The event was an initiative of the School of Human Services at Griffith University and was a truly collaborative activity, which linked students from the University, older people from the local community, children from the local child centre and from the University playgroup. Additional funds were received from the Department of Families.

Students were responsible for planning, conducting and evaluating the activity. The theoretical knowledge students were gaining in the Bachelor of Human Services program contributed to the development of an event, which provided opportunities for meaningful interactions for all. At the same time, participants were able to enjoy the range of facilities on offer and gain a better understanding of University life.

The event has provided a vehicle for research collaboration between disciplines within the School of Human Services, in particular the Studies in Ageing and Child and Family Studies program and an opportunity to examine the nature of intergenerational relationships in action.
70. Promoting Positive Attitudes Toward Older Workers Among Australian Employers: An empirical study

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Dr Edward Helmes, James Cook University, WA.
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Previous research suggests that negative attitudes toward older workers are at the heart of hiring discrimination against them. Our subsequent research explored the stereotypes that are held about older workers. Negative stereotyping of older workers compared to younger workers was clearly identified and the stereotyping of older workers and intentions to hire them were significantly correlated. The current research reports on three interventions that were developed in order to promote positive attitude change toward older workers and increasing the likelihood of hiring them. One intervention was a fact sheet (FS), one was aimed at inducing cognitive dissonance (CD) and the third was a CDFS combination. The results showed significant effects among hiring decision-makers but not undergraduate students. Hiring decision-makers in the CDFS condition had significantly more positive attitudes toward older workers overall compared with no intervention controls. Further, this group indicated that they were significantly more likely than controls to hire older workers and endorsed positive attitudes toward older workers in areas that are important in hiring, such as adaptability and trainability. The CDFS intervention demonstrated empirically that the combination of a cognitive dissonance-based and an information-based intervention was effective at promoting positive attitude changes toward older workers among hiring decision-makers and increasing the reported likelihood of hiring older workers.

Research in Aged Care Facilities

71. Balancing the Scales

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This paper addresses the findings of a bachelor of nursing honours research project which investigated the experience of registered nurses who utilise the Resident Classification Scale (RCS), the key instrument which links funding to the assessed need of residents in aged care facilities. The project is significant because there is little literature or research, which addresses the application of this instrument in the field or its implications for aged care nurses' practice.

A critical research method was utilized, which involved the conduct of interviews followed by a focus group discussion. A small group of experienced nurses, employed in a medium sized residential aged care facility, participated in the study. During the research they explored and critically reflected on the issues associated with their use of the RCS.

The findings highlight several key issues that have significant implications for aged care nurses. They suggest the RCS has a significant impact upon the way nurses prioritise their practice and influences the focus of assessment process as well as the care provided to residents. The implications of this for their identity as aged care nurses, and in relation to the recruitment and retention of nurses in the sector, are briefly explored. The paper concludes with a brief outline of strategies identified by the nurses to address these concerns.

72. The Effects of the Environment on the Mealtime Behaviours of People with Dementia

Miss Jonette Barratt, Tasmanian School of Nursing, University of Tasmania, Tas.
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This quantitative, quasi-experimental pilot study investigated how environmental factors affect the mealtime behaviours of elderly people with dementia in a dementia specific unit of an aged care facility. Consistent with the method, this study involved the development of a tool, which objectively measures these effects. The findings of this study indicate that the environment does indeed impact on the mealtime behaviours of those with dementia in an institutional context. The environmental variable of noise was the one factor, which affected the mealtime behaviours of those with dementia most significantly throughout the conduction of this study. During this study, increased environmental stimuli were found to affect participants by reducing their ability to perform the various steps associated with eating. Increased environmental stimuli were also identified as a trigger to aggressive/agitated episodes. The paper concludes with recommendations for further study in this important area.

73. Talking the Talk: RN’s experiences in the transfer of resident care information from unregulated workers

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Within Australia aged care has undergone significant change over the past twenty years. These changes have had implications for the way that nurses’ practice is structured within the sector. A key concern
is that RNs now have limited involvement in the provision of care to residents. Rather, it appears that it is unregulated workers who provide the majority of care. Surprisingly, there is a gap in the literature, which addresses how these two groups work together in the provision of resident care and, of primary concern to this study, how information regarding resident care is transferred from unregulated workers to RNs. Given this gap, this bachelor of Nursing (Hons) research study employed a critical research method to give four aged care nurses an opportunity to explore this issue. Each nurse participated in an interview, transcripts of which were then analysed and developed into a ‘discussion paper’. Consistent with the collaborative intent of the methodology, the discussion paper was then given back to the participants for consideration prior to their meeting together within the context of a focus group discussion. This gave them an opportunity to further reflect on, and develop the analysis of, the issues raised in the paper. The findings revealed a division of labour in residential aged care, which saw RNs completing technical nursing care and unregulated workers being given responsibility for the provision of personal care to residents. The nurses’ accounts indicate that such a division had many implications for the relationships they formed with unregulated workers and, subsequently, the transfer of resident care information. They suggest that the processes utilised to support the transfer of resident care information from unregulated workers to RNs were ad-hoc. The nurses identified that such ad-hoc processes had many implications in the provision of quality care to residents. Of particular concern were issues surrounding timing, quality and the appropriateness of information transferred and the impact of inconsistent ‘carer’ training on their ability to effectively assess resident needs.

74. Facing the Challenge: The experiences of nurses working in a Dementia Specific Unit in Residential Aged Care. A critical investigation

Ms Linda Jongeling, Masonic Homes of Northern Tasmania, Tas.
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The care of people with dementia is of increasing significance given Australia’s ageing population. Concurrently, the nurses’ role in providing care for these people is of growing importance. Surprisingly, little research has been conducted that explicates the issues confronting nurses who care for people with dementia in residential aged care. This paper presents the findings of a Bachelor of Nursing (Honours) study, which gave a small group of nurses working in a Dementia Specific Unit, in a regional residential aged care facility, an opportunity to explore the issues and concerns that impact on their nursing practice.

The findings of this study illustrate that dementia specific nursing practice in residential aged care is complex and demanding. They indicate that many factors contribute to the level of complexity, including the increasing acuity of residents with dementia. Of significance, the nurses identified that they experienced stress and frustration as they juggle an array of competing interests. These include, the supervision of unregulated staff, excessive documentation demands related to funding requirements and wide ranging administrative responsibilities, all of which contributed to take them away from resident care. The findings also highlighted that when aged care nurses have the opportunity to engage in critical research processes they can develop new insights and begin to imagine possibilities for change.
75. Getting Better all the Time
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Anglican Retirement Villages (ARV) is one of the largest single aged care providers in the Sydney Diocese. Operating for over 40 years, ARV bears the legacy of old buildings as well as entrenched work practices and culture.

Around 30% of people living in residential low care exhibit signs of dementia, while in high care, the figure stands at around 75%. Only 4% of ARV places are specially designated (staff trained and environment modified) to support dementia.

ARV is committed to redressing the balance. Research confirmed person-centered care is widely regarded to be best practice, and that best practice for dementia was good care practice generally.

A pilot began in February 2003 to develop and test a person-centered approach. Following an evaluation and revision, person-centered practices will be ‘rolled out’ across ARV services.

The paper will outline the key components of its person-centered care, map the process for change and report on measured improvements to residents’ quality of life, resident/staff satisfaction and family/carer involvement.

The main intent is to share a candid account of ARV’s experience and lessons learned in introducing best practice (person-centered) care for people with dementia who live with old attitudes in old buildings.

76. Person Centred Care “Feeling it, Living it, “Getting it”
Ms Sharon Wall, cue3solutions, NSW.
Ms Louise Silburn, cue3solutions, NSW
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This workshop/paper aims to provide an overview of how person centred care moved from a conceptual base to a real and practice driven model. Using the resources of change management coupled with solid aged care and adult education techniques has allowed cue3solutions to assist the implementation of person centred care in a stimulating and challenging way.

Working respectfully and collaboratively with staff and management has provided some wonderful “ah ah” moments where the transition of staff moving towards person centred care and “getting” the concepts in a real and demonstrated way is apparent.

This paper / workshop aims to share some of the procedures and methods used to achieve these moments. It aims to provide examples of the training and tasks undertaken throughout this process and provide an interactive opportunity for participants to experience their effectiveness. It further aims to contribute to the body of work which provides person centred care for people living with dementia in residential care facilities, thus significantly impacting on quality of life for all.

77. ‘Resistiveness to Care’ as a Cause of Staff Injury
Mr James Grealy, C&G Education and Research Pty Ltd, SA
Dr Sam Davis, Consultant, Vic
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This presentation overviews two recent projects funded by WorkCover Corporation (South Australia) investigating and addressing issues related to resident ‘resistiveness to care’ as a cause of staff injury in residential care (nursing homes).

The initial Project (1999-2000) found a direct correlation between resident ‘resistiveness’ and staff injury. Data revealed substantially higher incidences of staff injury in ‘Dementia Specific Units’ (DSU) compared to mainstream nursing home employment during the staff member’s first five years in a DSU. It also revealed that ‘resistiveness’ frequently occurred clustered with other ‘behaviours of concern’. Under-reporting of the phenomena was significantly related to the ‘lack of discourse’ that adequately and appropriately described ‘resistiveness’. That is, most resistive behaviours require the construction of a descriptor and context to the behaviour whereas most other ‘behaviours of concern’ have single word descriptors.

In June 2003 WorkCover Corporation (SA) extended the initial Project by funding a research and implementation Project currently being conducted across 14 residential care facilities in South Australia with a sample of 300 residents and 150 staff. This Project aims to expand the knowledge of the staff-carer interface and its implication for employers, employees and clients of aged care. A principal focus of the Project is modelling ‘Contextual Interactivity’ as a strategy to diminish the frequency and intensity of ‘resistiveness’. The Project aims to implement strategies that will have impact on ‘quality of life’ for both residents and staff; provide industry benchmarks for policy and procedure development; and explore and develop a ‘risk management’ approach to ‘resistiveness’.

78. Process of Ageing with a Historical Perspective
Mr Arthur Baxter, Retired Hospital Administrator, NSW.

Let us look at the process of Ageing, which if we live long enough will become part of our daily life, remembering, “old age is here to stay”.

Eminent
people Bernard Russell, Michelangelo, Picasso, Ghandi, Robert Louis Stevenson, Frederick Handel, Louis Pasteur, all suffered a C.V.A. yet continued their life work. The provision our Forgathers made for the Aged, sick and destitute. The work of the Monks and Sisters, took them in for shelter, and food. Henry VIII 1491-1537 whose need for money dissolve all Monastic Houses. Prosperous people banded together, raised money to build Voluntary Hospitals. Then 1601 Poor Law Relief Act. 1810 First Poor House in Australia. 1817 Governor Henry Parkes wrote to Florence Nightingale for advice Nurse Lucy Osborne, and four companions arrived to care for the sick, firmly established cleanliness, the reign for law and order that nurses are noted for today. Finance raised by public subscriptions ad hoc hand outs from the Government. Royal Commission 1897 for better and bigger subsidies. The elderly have been caught on the wrong foot. Thus there is a need for a better Geriatric system for the elderly. Thus Day Centres, Day Hospitals with a complete domiciliary care service, with special ambulance buses for transport. Let us have a TOTAL CARE CONCEPT, for the elderly now.

79. The Ageing Myasthenic – Myth or Magic

Mr Ron Okely, Independent, WA.
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Myasthenia Gravis (MG) is a chronic neuro muscular disorder resulting in muscle weakness and fatigue.

It is typically found in the young adult female and the older male. The incidence of MG is estimated at 43 to 80 per million, world wide.

Until late 1930’s anyone suffering the disease would not have had a long life expectancy, as MG, for which there is still no cure, could weaken respiratory muscles resulting in a life threatening myasthenic crisis.

Symptoms of MG include:
• Blurred/Double vision
• Droopy eyelids
• Difficulty swallowing, chewing, and talking.
• Uneven gait.

With improved methods of treatment, the incidence of sufferers completing their normal life-span is more common.

The fact that the typical undiagnosed symptoms can also be attributed to other ailments, seen more commonly in older people, the identification of MG amongst the elderly becomes more problematical.

Only a small number of persons have been surveyed but because of the rarity of the disease it is considered they are significant.

The presentation will reflect the patients’ ability, with the benefit of hindsight, to identify many life incidents now attributable to MG, which could have been seen as part of the ageing process.

Diagnosis and appropriate treatment ensures a longer life expectancy albeit with a disability which is not obvious to the casual observer but known only too well by the sufferer or their life companions.

80. Well. What will you do then? Anticipated and actual activities in retirement.

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Interviews, discussion groups and questionnaires were used to examine the anticipated activities of people approaching retirement in five locations in Sydney and a large regional centre. Pre-retirement respondents were drawn from predominantly physical labouring workplaces and the post-retirement sample from members of the University of the Third Age (U3A). Pre-retirement respondents had strongly defined expectations. These were gender linked whereas the post-retirement sample showed a much stronger association with community activities and independence from both their previous work-place skills and families.

81. Allocating Falls Resources within the Acute Setting

Ms Michelle Vu, Western Hospital, Vic.
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Falls remain a major public health problem for older Australians. While effective falls prevention programs for older people have been demonstrated in community and residential care settings, there is limited research to guide falls prevention programs in the acute hospital setting. Acute illness / surgery, short length of stay, increased use of agency / non permanent staff and busy environments add to the complexity of falls prevention activities in the acute hospital setting. Western Health and NARI are currently implementing 'Avoiding the Tumble', a multiple intervention falls prevention project to reduce the number of inpatient falls and their consequences. The project utilises local hospital data to target project activities and processes. For this paper, the Diagnosis Related Groups (DRGs) with the highest proportion of falls during in-patient episodes at Western Hospital were investigated between 1/01/02 and 30/06/03. Results identified that the DRG Delirium (B64Z) had the highest proportion of patients who fell (26%), followed by Other disorders-nervous system with catastrophic/severe complication or comorbidity (B81A) (20%), Stroke
with severe/complicating diagnostic/procedure (B70A) (16%), Respiratory infections/inflammations with catastrophic complication or comorbidity (E62A) (14%), and Other hip and femur procedures with catastrophic or severe complication or comorbidity (108A) (14%). In terms of streams of care, General Medicine patients and Neurosciences patients, had the highest number of falls relative to separations. These findings may assist to allocate falls prevention resources more appropriately in the acute hospital setting. The project will conduct cost analyses for the common fuller DRGs.

82. Minimal Trauma Rib Fractures in Finnish Elderly: Long-term epidemiology and projections for the new millennium

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We determined the current trends in the number and incidence of minimal trauma rib fractures (low-moderate energy traumas typically caused by a fall from standing height or less) in Finnish elderly by collecting from the National Hospital Discharge Register all patients 60 years of age or more who were admitted to hospitals in 1970-2001 for primary treatment of rib fractures. The number and incidence (per 100,000 persons) of these fractures clearly increased from 268 (number) and 41 (incidence) in 1970 to 737 and 70 in 2001, while in younger patients (aged 20-49 years) the trend was decreasing, the corresponding numbers being 194 and 10 in 1970, and 153 and 7 in 2001. In the elderly Finns, also the age-adjusted incidence of rib fracture showed an increase, from 37 (1970) to 51 (2001) in women, and from 63 to 77 in men. In women aged 80 and over, the age-specific incidence of fracture increased from 88 to 186 while in other age groups only slight secular changes were found. If the above described trends in rib fractures continue the number of fractures in Finnish elderly will more than double in the next three decades.

83. The Development of a Validated Falls Risk Screening Assessment for use in Clinical Practice

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Introduction: Risk of falling increases as a result of the cumulative effect of multiple disabilities and deficiencies. The aim of a clinical screen therefore, should be to identify modifiable risk factors and hence implement remedial strategies for prevention of injury and disability.

Aim: To develop a reliable and valid falls risk screening assessment that is feasible for use in a clinical setting by general practitioners, nurses and physiotherapists.

Methods: The study consisted of three sections: reliability study, validity study and feasibility study. Community-dwelling men and women aged 75 years and over were recruited for the reliability (N=30) and validity (N=187) studies. 50 clinicians took part in the feasibility study. Outcome measures included prospective falls for 12 months, performance in several tests of falls risk factors, measuring leg strength, balance, reaction time, vision, peripheral sensation and a subjective evaluation questionnaire.

Results: Test-retest reliability was acceptable, with ICCs ranging from 0.5 to 0.9. The assessment was able to discriminate between multiple fallers and non-multiple fallers. The clinicians rated the tool as quick and easy to administer and reported that it assisted in the management of their elderly patients.

Conclusion: This study has developed a falls risk screening tool that has proven validity, test-retest reliability and is practical for use in a clinical setting. The assessment takes approximately 10 minutes to complete and requires minimal equipment. It also includes intervention strategies for reducing the risk factors identified, allowing the clinician to instigate an immediate plan for preventing future falls.

84. Satisfaction with Information about Medicines Scale Revisited: Evaluation and Quality Assurance Potential

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The Satisfaction with Information about Medicines Scale (SIMS) is a tool designed in the UK to assess the extent to which clients feel they have received enough information about prescribed medicines. Data collected can provide a "medicine information profile", a total satisfaction rating, and subscales of "action and usage" (AU) and "potential problems of medication" (PPM). Recent applications of this tool with a frail older Australian population have resulted in minor revisions to maximise its utility as a component of examining and monitoring educational interventions around medication management. This paper presents a revised SIMS and data from the evaluation of the Bundoora Extended Care Centre.
Client Oriented Medication Program. The paper will examine the utility of SIMS in evaluating medication management education interventions with a frail older Australian population and as an ongoing quality assurance tool.

85. Screening and Intervening - Depression and Social Isolation in Home Care Clients
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Several large surveys of older adults including the ABS National Survey of Mental Health and Wellbeing, have reported that depression is less prevalent (around 2%) at this stage than at any other stage in the life span. These findings are contrary to recent results found by Silver Chain (Western Australian Home Care Agency) after the assessment of 4,996 individuals referred for home care using the Yale Depression Screen (YDS - a single item screening question asking if the client has often felt depressed over the last four weeks). We found that 63% screened positively for depression and 41% reported feeling lonely. This suggests that the prevalence of depression in certain sub-populations of elderly (eg those receiving home care) may be considerably higher than the prevalence in the general aged population. Prior to developing and testing a model for home care that identifies depressed and lonely individuals and responds appropriately to their needs, it was essential to validate the above finding. Subsequently we compared (N=200) participants’ responses on the YDS with face-to-face interviews administering the Geriatric Depression Scale (GDS), Centre for Epidemiological Studies-Depression Scale (CES-D), and the Duke Social Support Index (DSSI). To rule out that the depression upon entry to home care is transient we are also completing follow up interviews at three months. This paper will discuss the results of this study and the future directions of this research.

86. Symptom Assessment in Aged Care Residents Using Self-Reports
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H. Walker, The Cancer Foundation's Centre for Palliative Care, WA.
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Staff caring for the frail aged are challenged to find comprehensive, valid, and reliable symptom assessment tools. We trialed the Symptom Assessment Scale*, a tool used in the palliative care arena, with aged care residents able to supply self-reports. We administered the items, which assess symptom distress caused by nausea; insomnia; fatigue; breathing, bowel, and appetite problems; and pain to 46 hostel residents, three times daily for five days, establishing the tool's reliability and validity. Based upon findings, we deleted items measuring nausea and appetite problems and added one measuring bladder problems, then trialed the revised tool with 49 hostel residents, daily, for five days. In this trial, participants were encouraged to complete the tool entirely unassisted, the proportion able to achieve this ranging from 19.6% to 35.4%. Cronbach's alpha coefficients for this scale ranged from 0.50 to 0.64. Test re-test Intraclass Correlation Coefficients from Day 1 to Day 2 ranged from 0.62 to 0.74 in the case of pain, fatigue, and breathing problems, but were 0.19, 0.27, and 0.46 respectively for bladder problems, insomnia, and bowel problems. Satisfactory concurrent validity was demonstrated with an established measure of well-being. Although the revised tool's stability over time requires additional investigation, it has the potential to provide aged care staff with a quick and valid overview of symptom status in residents able to provide self-reports.
87. **Telephone Help: A lifeline for people with hearing or speech difficulties.**

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Many older Australians feel uncomfortable using the telephone. Chances are this is because they may not hear very well, as one in two people over 60 has a hearing loss. Perhaps they may have difficulty being understood by others. For them the standard telephone is one of the most inaccessible pieces of equipment and making a telephone call becomes a nightmare. How would you manage your life without access to the telephone? Without appropriate telecommunication access we are denied the opportunity to participate in life in an equal way. It is easy to become isolated from family, friends and society. Fortunately, this need not be the case. More and more Australians are discovering an easy way to participate in a telephone conversation regardless of hearing or speech difficulties, restoring independence and accessibility into their lives. Australia’s equity-based National Relay Service (NRS) is changing people’s lives in ways they never thought possible, bridging the communication gap and bringing people together under terms and conditions that are similar to those that other Australians enjoy. You can say goodbye to difficult calls and hello to a new way of communicating with the NRS. This paper discusses how and what it has meant for some of our older citizens.

**Physical/Cultural Diversity**

88. **A Physical Conditioning Group in an Aged Care Outpatient Population Improves Outcome and Reduces Cost**

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Background: Clients with “deconditioning” are frequently referred to Community Rehabilitation Services. Treatment of this multi-factorial condition is directed at improving function, and is usually provided on an individual basis. We wanted to trial a physical conditioning group (PCG) intervention for these clients, given that a group environment can positively effect client socialisation, self-image and motivation and may be cost effective. The aim of the study was to examine the feasibility, cost and efficacy of a PCG.

Method: Individual physiotherapy clients (IP) with a diagnosis of deconditioning were studied in the 6 months before implementation of the PCG. The IP received individual training over 8 weeks. Clients referred with deconditioning, able to attend on scheduled days, who were safe to exercise with minimal supervision in a group environment were then recruited to the PCG. The PCG had 6 participants at any one time. They attended for one-hour, twice a week for 6 weeks. The programme consisted of exercise stations targeting strength and endurance. Participants were also encouraged to continue the same exercises at home.

Results: There were 27 patients in the PCG and 42 in the IP. Primary outcome was functional mobility measured by the timed up & go. Gait velocity and endurance measured by the six minute walk test were secondary outcomes. Both groups showed clinically and statistically significant improvement on all outcome measures. Although outcomes were similar across physical conditioning and individual physiotherapy groups, the PCG provided the same physical benefit with improved therapist time utilisation and lower cost.

89. **'Getting Grounded Gracefully' Feldenkrais**

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The aim of the 'Getting Grounded Gracefully project' was to establish the effectiveness of an exercise program, using the Feldenkrais Method as an innovative approach to improving function and independence. Specifically the program was designed to improve balance, flexibility, function, overall health and well-being and reduce the risk of falls. A brief discussion of the Feldenkrais method, its approach to learning and content of the program will be included in the presentation.

Thirty six women aged 65 years and over were recruited from a carer's respite program and the community. The program involved 16 centre – based Feldenkrais sessions, conducted over an eight-week period by a Feldenkrais Practitioner. Results presented will include an exploration of the benefits of the program from the viewpoint of the participating women using their diaries as the main data source. Themes that emerged from comments reported in diaries indicate that the women experienced improved balance, increased ability to function in everyday activities and improved confidence; for instance in walking and moving from sitting to standing. Improvement in breathing, reduction in pain, and recovery from near falls were also reported by some participants. Activities were accomplished with greater ease, for example tasks associated with caring for invalid spouses. Some participants reported increased motivation to take up physical activity because of their increased confidence. Quantitative results on a range of outcomes also will be presented including balance, postural stability and functional mobility tests conducted pre and post the intervention.

La Trobe University was the main source of funding.
90. Housing Options for Older People of Culturally and Linguistically Diverse Background

Ms Antoinette Chow, St George Migrant Resource Centre Inc, NSW.
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Housing options are a major issue of concern for elderly people of culturally and linguistically diverse (CALD) background because their needs are such that current provisions of services are inadequate on many levels.

The NSW Department's Committee on Ageing approached St George Migrant Resource Centre to assist with consultations through their Multicultural Aged and Disability Services to identify housing needs and issues affecting the CALD older people in the St George region.

Over 170 older people of diverse backgrounds participated in this research through 11 different cultural and language specific focus groups and also individual interviews. The target groups were Lebanese, Egyptian, Arabic speaking Muslim Women, Cantonese, Mandarin, Greek, Italian, Macedonian, German, Spanish and Russian. The focus groups and individual interviews were conducted by bi-lingual/bi-cultural workers.

This paper will present a summary of the key findings and recommendations from the consultations, using in addition one ethno-specific group (Macedonian older people) to illustrate cultural issues in relation to attitude and knowledge of housing options and alternatives.

Later Life Care

91. A Unique, Open-Ended Patient & Carer Self-Reported Incontinence Tool: A Pilot Study

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Dr A Brooks, LaTrobe - The Alfred, Research and Clinical Practice Unit, LaTrobe University School of Nursing, Vic.
Prof C Torrance, LaTrobe - The Alfred, Research and Clinical Practice Unit, LaTrobe University School of Nursing, Vic.
G Powell, LaTrobe, The Alfred, Research and Clinical Practice Unit, LaTrobe University School of Nursing, Vic.
R Barton, Caulfield Continence Service, Caulfield General Medical Centre, Vic.

Aims of Study:
All established quality of life questionnaires use preset questions to evaluate the impact of incontinence on a patient. However these may not assist clinicians to identify and quantify the more troubling issues, which are more relevant to a treatment plan.

A simple, innovative goal-oriented clinical tool was developed for recording information about patients' and carers' priority issues and the degree to which they were affected by them - the Self-Reported Incontinence Evaluation Tool (SRIET). The tool was also used to assess the effect of the treatment strategies adopted in relation to those priorities.

Methods:
The tool was developed with input from both clinicians and a patient focus group. It was then piloted over a 15-week period in both clinic and domiciliary settings.

The tool was completed at the initial visit and again at the time of discharge (completion group) or at the end of the study period (interim group).

Clients were able to list up to 5 of the ways in which they were most affected by their bladder/bowel problem and then these were self-rated for severity (priority) and frequency on a 0-4 rating scale (Figure 1).
Both clients and clinicians participated in a formal evaluation of the tool through individual interviews and non-parametric analysis was performed on the data collected.

Results:
The tool was completed by 50 patients. The average age of the patients was 73.4 years (range 31-91years) with 78% female and 22% male participants. The majority of clients found the tool acceptable providing they had adequate cognitive function.

The participants listed a total of 117 problems, which fell into 12 main categories. Most of the problems identified were of a psychosocial nature (74.1%) eg embarrassment/ loss of dignity. Other recurring problems were items such as loss of sleep/cost/concern about odour/hygiene/ social restriction etc.

A comparison of the two groups (completion versus interim) on their admission data, using a Mann-Whitney U test, revealed no significant difference on either the priority/severity (p>.05) or frequency (p>.05) of the problems identified.

Those who had completed treatment showed a significant improvement in both the priority (p<.001) and frequency (p<.01) ratings of their problems according to the Wilcoxon Signed Ranks test. Those who had not completed treatment (interim group) also demonstrated improvement in both ratings (p<.001) however their priority ratings were significantly higher than the completed group. This suggests that those who had completed treatment gained the most benefit, with some of the data being collected from the interim group early in their management programme.

Conclusion:
The importance of patient/carer participation in defining their key issues was central to the development of Tool. Despite this being a pilot study, the tool has demonstrated its potential usefulness, not only as an outcome measure, but also more importantly as a measurable tool which can assist clinicians to prioritise their management strategies. With further refinement and testing of the tool it should be possible to validate it against other "gold standard" outcome measures.

92. Knowledge of Veterans' Health

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NSW.
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The Australian Government's Department of Veterans' Affairs (DVA), through its Health program, provides eligible members of the veteran community with access to health care and support services under arrangements with registered health care practitioners, and public and private hospitals. Our vision is to achieve excellence in service delivery.

DVA plays an active role in the delivery of health care by ensuring that the holistic health needs of the veteran community are met through:

- Promoting Health
- Planning Care Provision
- Coordinating Care; and
- Monitoring and Evaluating Care Provision.

Like the rest of the Australian community, the veteran community is also ageing. As the average age of DVA's treatment population is 76 years, the need to focus on age related issues is more acute. Although the number of entitled veterans and war widows is projected to decline over coming years, the health and aged care needs of the 'old, old' are expected to increase.

DVA's treatment and service arrangements with over 40,000 providers include:

- GPs and Specialists
- Allied Health (including physiotherapy, podiatry, community nursing, dental)
- Diagnostic Services
- Home Care Agencies and Providers
- Hospital Based Care.

Currently DVA covers around 15 million instances of service per year. The sheer volume of treatment episodes has led to the Department embracing technological change to better manage and account for its business. Recent innovations include a web-based application to administer the Veterans' Home Care (VHC) program and a sophisticated Departmental Management Information System (DMIS) which is a data warehouse application designed to provide comprehensive information on treatment usage and costs.

The Department's responsiveness in providing health care and support programs to entitled veterans, the successful use of e-Business to manage VHC and data capture through DMIS will be explored further in the presentation at the Conference.

93. Obesity Trends in Older Australians

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Australians have put on a lot of weight during the past twenty years. As a result, Australia is now in the grip of an obesity epidemic, like many other industrialised nations. There is more than a 20% chance that an adult in Australia is obese, and this risk has increased dramatically over recent decades.

This situation is potentially serious for the health of older Australians because of the strong association between excess body weight and various chronic health problems that continue into older age. Excess body weight can place undue strain on the heart, joints and spine; increase the risk of high blood pressure, diabetes, respiratory diseases, osteoarthritis and other conditions; and aggravate these conditions where they already exist. This epidemic has increased the likelihood of these and related health conditions among middle aged and older Australians, and the serious negative economic and social outcomes that follow.

At the same time, Australia is experiencing an unprecedented ageing of the population that will continue over several decades. This trend in combination with the obesity epidemic is likely to increase the number of older, obese Australians, with significant implications for health status, medical and health care resources, workforce participation and the national health budget.

This presentation examines trends in the prevalence of obesity by age in the context of an ageing population and discusses the likely health and economic consequences.

94. Oral Health – A Vital Part of Older People's General Health

Anne Fricker, South Australian Dental Service, SA.
Ms Anne Gaughwin, South Australian Dental Service, SA.
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Oral dysfunction and dental disease are preventable in early stages and less complex to treat in older people before their levels of dependency increase. Both oral dysfunction and dental disease produce significant impacts on the general health of older people and are now strongly linked to specific systemic diseases, such as aspiration pneumonia and cardio-vascular disease.
Early oral health assessment and appropriate primary health care planning for older people who are still living in the community has the potential to:

- include general practitioners and allied health personnel in the assessment and follow-up of older people's oral health
- improve the quality of life amongst community living older people
- lower the burden of untreated oral disease amongst residents of aged care facilities

A collaborative demonstration project between the aged care sector, public and private dental sectors and the Divisions of General Practice is being undertaken during 2003. It is proposed that the project will deliver:

- An oral health assessment and referral tool that can be successfully utilised by non-dental personnel.
- Information which describes the needs of an identified high risk group, assisting in resource-efficient planning and policy structure.
- A commitment from health professionals that an oral health assessment should form part of routine health assessments.
- Established pathways for oral health care planning and the receipt of direct dental services.
- A collaborative link between providers of general and oral health, ensuring that oral health is monitored concurrently with general health levels in older people.

Residential Care

95. Eating to Your Hearts Content: Residential Dementia Care Practice with the Focus on Mealtimes

Dr Patricia Mitchell, School of Nursing & Midwifery, Flinders University, SA.
Ms Anita De Bellis
Ms Cheryle Willick
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The research project informing this paper facilitated the development of new model of nursing practice for those working with people with dementia. The model changes the focus of practice away from an activities of daily living model, with its predominant emphasis on hygiene issues, to a nutritional focus. The model is based on the premise that for those with middle and end stage dementia, eating and drinking is often the only pleasure left to them.

The study highlighted the significance of respecting the dignity of those concerned through promoting empowerment and facilitating a sense of self. Striving for mutual understanding where emotional safety was paramount was a feature of the study as was sharing everyday life in a supportive physical and social environment through accepting the person as they are and their ways of being. The significance of encouraging and supporting positive involvement of families was also a feature. The project provided the means for examining the ways in which nutrition, health, social interaction and dignity can be enhanced through appropriate mealtime practices. The research demonstrated the ways in which nutritional practices serve to greatly improve the quality of lifestyles for residents with dementia in these settings. An outcome of the application of this model was through involving the staff at the facility in the implementation of the model and this resulted in an improvement in the overall quality of care provided.

96. Evaluation of Internet Based Care Planning

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There is currently ongoing debate about how gerontic nurses may best document the nursing care which they plan and provide. There are still proponents of paper based systems who indicate that gerontic nursing is not ready for computerised resident care planning and documentation, or that the task of computerisation is over complex.

This paper reports the feedback from registered nurses in both Tasmania and Victoria who have used Internet based care planning and documentation tools over the last year. This feedback was obtained from focus groups of registered nurses, individual Directors of Nursing, and Chief Executive Officers. Positive outcomes included substantial time savings, enhanced standards of resident documentation, improved reporting, and unexpected educational outcomes including the potential for improved clinical decision making.

At the heart of the care planning software lies an expert system which models the expertise and rules used by experts when reaching nursing diagnoses and therefore acts as an interpreter of resident data obtained during assessment. This approach transforms the documentation process as nurses can now see an extended variety of diagnostic conclusions which can be derived from assessment data and the data used to reach these conclusions.

General practitioners and other health care professionals can also access and append resident progress notes and assorted assessment forms from any Internet connected PC giving greater flexibility to where and when it is used. All users must be authenticated by username and password and all data are encrypted to meet security and privacy requirements.

97. Teaching Nursing Home: Work in progress

Peter Brown, Australian Catholic University, NSW.
Catherine Wallace, Marian Nursing Home, NSW.
Sharyn Cumming, Chesalon Nursing Home, NSW.
The concept of the nursing home (NH) as a site of teaching and research was proposed in the U.S. in 1981. A Teaching Nursing Home (TNH) is a nursing home that is affiliated with an academic institution for the purpose of teaching, research and to promote better clinical care of residents and staff development. This paper will describe and evaluate the development of a TNH involving three nursing homes which are located geographically close to each other in collaboration with ACU. Continuing meetings have been held with the Directors of Nursing and a Nurse Educator from the NHs and staff from ACU to provide planned clinical experiences for undergraduate students. Clinical (aged and palliative care), professional skills and assessments for the placement have been developed at meetings of NH and university staff. A research grant allowed evaluation of the experience and examined if students’ attitudes towards working with older adults generally and working with older adults in long-term care improved as a result of this experience.

98. Ethical Dilemma’s in Managing Conflicts in Residential Aged Care

Wendy Gavin, Baptist Community Care, Vic.
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This presentation will be considering the challenges and dilemmas encountered by the manager of a residential aged care facility in Melbourne in managing issues around the challenging behaviour of a resident’s representative. Five headings will be used to present this paper:

1. Introduction which will provide an introduction and historical perspective.

2. Identification of issues which will identify issues that have arisen over the past two years.

3. Mediation which considers interventions employed by the manager aimed at resolving the above issues.

4. Governance which will present strategies put in place to monitor and manage the ongoing conflict

5. Conclusion & Recommendations which will summarize the paper highlighting recommendations for facilities in similar situations

In 2001, staff began reporting concerns they had in relation to the behaviour of a resident’s spouse. The common concern was that the spouse’s behaviour negatively impacted on the resident’s well being and on the staff’s ability to deliver resident focussed care. In recognising and respecting the need for the resident to continue the marital relationship, the following dilemma was quickly recognised:

In providing resident focussed care, including ongoing contact with the spouse, the well being of the resident and hence the ability of the staff to provide that care was jeopardised.

It became the manager’s responsibility to resolve this issue.

The complexities of this scenario are plentiful and in seeking successful resolution it quickly became apparent that there were four clearly identified stakeholders: the resident, the resident’s spouse, the staff and management. In attempting to respect and maintain the interests of these groups, the manager sought guidance from various legislations which often lead to contradictions and further confusion. These pieces of legislation will be highlighted in the presentation with examples of how they impacted on the manager’s ability to find a successful resolution. For further guidance external services were approached and have offered advice. Theses included Baptist Community Care Executive, Resident’s Rights, Legal services, religious negotiation and professional mediation. The situation continues and although some strategies have proven effective, it remains unresolved.

Residential Care

99. Engaged: Creating/Maintaining Social Capital

Dr Rosemary Cant, Faculty of Health Science, The University of Sydney, NSW.
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This paper examines the extent and interconnectedness of a sample of older Australians with their families and community. The sample was drawn from people involved with the University of the Third Age (U3A). Respondents were requested to keep a diary for a week of telephone and email connections with their family, friends, neighbours and community organizations. They were also asked to list their activities using the following categories culture, sporting, community welfare, clubs, personal development and internet/chat rooms. They were also asked whether they had enough activities to satisfy them and, if not, what were the limitations to that involvement. The responses showed an enormously busy, involved and diverse group. The largest category of discontent was lack of time to do all in which they were interested.
This research considers the extent and quality of the citizenship of older New Zealanders in the "Third Age", a stage in the adult life cycle between the second Age of careers, partnership and parenting and the fourth and final phase of (usually) increasing dependency. The study investigates the relational practices and processes through which citizenship may be 'performed' by older people. The aim was to investigate the meaning of old age for elderly New Zealanders by critically analysing the term 'senior citizen'.

The study built on contemporary theories of ageing and citizenship, using a narrative collective life history approach in order to focus on older people's personal experience of policy, and their capacity for citizenship in old age. The study also identifies national and local government policies, national and local organisations, media representations of old age, local communities, families and the attitudes of elderly people themselves as important influences on the extent to which they are able to exercise and enjoy their rights and responsibilities as senior citizens.

My central thesis is that senior citizenship depends on a civil society which supports autonomy and connectedness for all its citizens. The balance between these two aspects of citizenship is culturally determined and sensitive to outcomes in a range of social domains over the life span. Recommendations focus on self-determination and social inclusion for older people through anti-ageist policies and practices at the national and the local level, and further research into the plans and aspirations of senior citizens.

101. The Contribution of Older People to Community: Providing an evidence base
Dr Jeni Warburton, Australasian Centre on Ageing, The University of Queensland, QLD.
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Dominant discourses of ageing have traditionally tended to focus on older people's economic dependency, their poor health and frailty, and their lack of social roles. More recent theories of healthy ageing propose that many older people lead active, productive lives and that this activity leads to better physical and mental health in later life. In turn, these activities all lead to healthy, more sustainable communities and the growth of social capital and civil society. Anecdotal evidence suggests that the contribution of older people is vital to a range of communities. This paper examines the many and diverse contributions made by older people to their communities outside paid work, paying particular attention to all the informal helping activities that help sustain communities. Data are presented here from a qualitative research study exploring the extent and breadth of these activities, and their role in building and maintaining communities.

102. Buying Care for the Frail Aged: An analysis of care services
Dr Rosemary Cant, The University of Sydney, NSW.
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In both institutional care and home care, the use of migrant labour is common and voluntary labour supplements much of the care provided by paid labour. However the cost of care on the open market remains beyond the means of most of the elderly and tax-supported care is scarce and rationed. Health bestrides the private and public sectors and in the latter, neo-liberalist ethos has lead to governments seeking to cap public spending, reduce taxes and privatise services from which profits can be made. Contractualism is part of neo-liberalism and is the basis of newer community care policies and these strengthen autonomy for those in need of care, those such as the ailing aged, but scarcity and the rationing process undermine such benefits. In many other countries guest workers provide care labour and reduce its scarcity.

In Australia, while in general, work which used to be performed in households in developed countries has been out-sourced, in terms of health-care, household work is increasing as ailing family members previously in institutional care in developed countries are now cared for at home. This work then often becomes unpaid or underpaid work, supervised by professionals. The implications of these patterns of care are explored.

103. Coping with Health and Psychological Problems Among Hospitalized Older Adults
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Older adults are frequently hospitalized because of the number of serious health problems that are more prevalent in this age group. Older people vary in terms of how well they manage illness, and negative emotional reactions in a person of any age can complicate and prolong medical care. This study evaluated the emotional states of depression, anxiety, and somatic complaints among a group of 120 older adults from two Perth hospitals (48 males, 72 females). The mean age was 70.8 years (SD = 12.9).
Two questionnaires were administered: the Depression, Anxiety, and Somatic Complaints subscales of the Personality Assessment Inventory and the Coping with Health, Injuries and Problems scale. Hierarchical regression analyses were used to analyze the data. Results indicate that negative emotional coping was a consistent and statistically significant predictor of all three psychological distress variables. In addition, coping predictors contributed the largest proportion of variance towards depression (36.8%), anxiety (30%) and somatic complaints (25.1%). This exploratory study demonstrated that coping strategies can predict depression, anxiety, and somatic complaints among older hospitalized people. The theoretical and practical implications with regard to the interaction between physical and mental health states during the process of adjustment to illness are discussed, together with the implications for therapeutic interventions to address the psychological aspects of physical illness among older adults.

104. Incorporating the HART as a Measurement Tool for Victorian Inpatient Rehabilitation Services

Ms. Fiona Bremner, National Ageing Research Institute, Vic.
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A clear understanding of the outcome of rehabilitation is required to judge the effectiveness and efficiency of services, and is expected in an evidence based health care environment.

The International Classification of Functioning, Disability and Health (ICF) is a useful model for the development of an outcome measurement framework for rehabilitation.

Current measurement approaches inadequately reflect the benefits of team intervention, particularly for patients living with chronic disease and disability.

Rehabilitation services allocate considerable time and resources to the alleviation of both disability (activity limitation) and handicap (participation restriction), but change in the latter is not recorded. To better understand rehabilitation outcome, change in both disability and handicap need to be measured.

Victorian rehabilitation services (N=22) were involved in the review and pilot testing of four tools measuring handicap. Two tools were chosen for further research; the Functional Autonomy Measuring System (SMAF) and the Handicap Assessment and Resource Tool (HART). Field testing examined the potential clinical and administrative worth of these tools. Data were gathered on over 350 inpatients across 9 sites. Focus group discussions were conducted with clinicians and health service managers to ascertain each tool’s potential utility.

The HART when used to supplement current outcome measures was identified as having the potential to improve clinical processes and practice. The tool was valued by many participants as an aide to establishing discharge readiness and improved team accountability.

The Victorian DHS is encouraging use of the HART and is beginning implementation in a number of inpatient sub acute services.
105. Survey of Pre-Acute Care of Older People (SPACOP)

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Hamish Robertson, Prince of Wales Hospital, NSW
Marlene Thomas RN, Prince of Wales Hospital, NSW
Prof Tony Broe, Prince of Wales Hospital, NSW
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Aim:
To examine, through systematic qualitative analysis, the circumstances, medical history, other events and milestones leading to emergency, unplanned, admission of people aged 75 years and over through the emergency department of Prince of Wales Hospital, a large teaching hospital. To thereby determine what factors characterise these admissions and identify system issues and failures that lead to unplanned admission. To determine system measures that might be implemented to reduce the need for unplanned admission.

Method:
Detailed information was gathered about 100 patients, aged 75 years and over, living at home or in a hostel, and admitted through the emergency department over a 12 month period. Interviews of patients, carers, and health care personnel were undertaken including clinical file reviews. The interviews were carried out by a Clinical Nurse Consultant (CNC) in Community Aged Care. Questionnaires were sent to general practitioners. Qualitative analysis of the data obtained was undertaken by the CNC and a specialist geriatrician. The analysis process, and conclusions arising from that analysis, were validated by an expert panel in 10 randomly selected cases from the 100 study patients.

Results:
Detailed demographic, historical, social and functional data was obtained for all the study patients. General practitioner information was obtained through questionnaire returns in 62 cases. In 79 cases the research analysis concluded that there existed opportunities for earlier alternative intervention that may have obviated the need for unplanned emergency admission. In 18 of these cases, elective, planned admission may have been a suitable alternative. Recurring themes were identified that categorised missed opportunities for alternative intervention.

Conclusions:
Unplanned admissions of older people through the emergency department are a suboptimal way of resolving the chronic health care needs of older people. At the same time they compromise effective management of hospital resources. In a very significant number of cases (79 of 100) in this study alternative measures and opportunities were identified that may have prevented the unplanned admission. Many of the cases comprised older people with chronic or subacute illness that would be amenable to alternative measures. There is a need to develop systems of care that can identify and meet the needs of this group of patients.

106. Bridging the Gap: Continuity of care in rehabilitation

Briony Dow, National Ageing Research Institute, Vic.
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Over the past 10 years, there has been a national and international trend towards home care as a substitute for hospital care. With the introduction of home-based rehabilitation, inpatient lengths of stay have reduced as clients can now go home to participate in rehabilitation at an earlier stage of care. The transition between hospital and home is often occurring when the client is still physically vulnerable and may be requiring high level care. Maintaining good links between hospital and home is therefore critical for the client's safety and for best practice in rehabilitation.

This paper draws on two studies – an evaluation of home-based rehabilitation currently being undertaken by the National Ageing Research Institute on behalf of the Department of Human Services in Victoria and the doctoral research of one of the authors. It presents the perspectives of clients, carers, and staff from both inpatient and home-based rehabilitation about the rehabilitation continuum. Based on analysis of interviews, surveys and focus groups, some of the barriers and enablers associated with bridging the gap between hospital and home are discussed.

Features of good practice included:
- Inclusion of the client and carer in discharge planning and care plan development
- Providing feedback on referrals
- Minimising time lags between one service and the next
- Providing opportunities for continuity of care; and
- Providing a physical environment that facilitates networking opportunities.

Although this paper will focus on rehabilitation, it is of relevance to other services that try to bridge the gap between hospital and home.

107. Empowering the Older Individual

Chris Coster, Silver Chain, WA.

The Personal Enablement Program (PEP) was launched by Silver Chain in the Perth metropolitan
A strategy introduced by The Northern Hospital (TNH) Melbourne, to respond to an increasing demand for hospital beds is the Care Coordination (CC) service. The service is based within the hospital Emergency Department (ED) and has been of particular relevance to older people. The aim of the CC service is to ensure the coordination and provision of services and programs for patients with complex care needs upon discharge from hospital (ED or ward) back into the community. A recent evaluation has examined the importance of the program in enabling older people to remain living in the community. This paper expands knowledge of issues that bring older people to present to the ED and highlights the broad approach of the CC service. Case studies will be presented together with data related to the care coordination of older people.

**Research Methods**

109. In-Depth Interviews with Ageing Men – Learning from past health research

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It has been argued that men are reluctant to talk about issues concerning their health (DHS, 2000). Further, such hesitation is particularly prevalent in older males (Zinn, 2002). However, a range of factors can contribute to the openness and willingness of ageing men to participate in research. These are pertinent when utilising in-depth interview techniques to investigate personal health issues, such as those related to nutrition. To overcome limitations that exist with regard to how ageing men divulge personal information throughout in-depth interviews, one must investigate existing barriers.

This presentation looks at the process of conducting 50 in-depth interviews with male defence service veterans. The study was a joint research initiative between the University of South Australia and the Department of Veterans Affairs' (national office). The intended outcome was to gain a more detailed understanding of ageing men’s thoughts, feelings and perceptions in relation to nutrition. Discussion related to the interview process will outline how rich descriptive data was drawn from participants. The presentation will then explore the boundaries and barriers observed when interviewing ageing men and how these limitations could have been prevented or overcome. Recommendations on how to establish a rapport with research participants to ensure effective data collection will also be discussed. This will provide guidance for future qualitative research aimed at drawing rich descriptive data through the use of in-depth interviewing practices, particularly those involving ageing populations.
This paper examines the process of conversational interviewing, with clients in the Cognitive, Dementia and Memory Services across Victoria. Methods include face-to-face interviews, telephone interviews, and the use of interpreters for institutional settings using a variety of methods to explore the perspective of the memory clinic experience. Older people who are considered frail are sometimes regarded as a difficult client group to interview. As a result, their views and perspectives are often excluded or overlooked in both research and quality assurance activities. While there is considerable information about interviewing in general, there is very little information regarding effective interviewing techniques that recognise issues specific to this particular client group. This paper looks at gaining meaningful information in a structured or semi-structured interview process from the perspective of the researcher and how this in turn can make it a satisfying experience for the older person. Practical experience gained in both community and institutional settings using a variety of methods is explored. Methods include face-to-face interviews, telephone interviews, and the use of interpreters for CALD client interviews.

Older people who are considered frail are sometimes regarded as a difficult client group to interview. As a result, their views and perspectives are often excluded or overlooked in both research and quality assurance activities. While there is considerable information about interviewing in general, there is very little information regarding effective interviewing techniques that recognise issues specific to this particular client group. This paper looks at gaining meaningful information in a structured or semi-structured interview process from the perspective of the researcher and how this in turn can make it a satisfying experience for the older person. Practical experience gained in both community and institutional settings using a variety of methods is explored. Methods include face-to-face interviews, telephone interviews, and the use of interpreters for CALD client interviews.

111. The Client Experience Revealed: Conversational interviewing to facilitate client participation in a review of Cognitive Dementia and Memory Service (CDAMS) Clinics in Victoria

Dr Sam Davis, Centre for Applied Gerontology, Bundoora, Vic.
Dr Peter Foreman, Dr Ian Gardner, Lincoln Gerontology Centre, LaTrobe University
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Cognitive Dementia and Memory Service (CDAMS) clinics across Victoria were established as a component of a comprehensive sub-acute service system as an accessible, multidisciplinary, specialist service providing early diagnosis, advice, support and referral for people with cognitive difficulties causing confusion, memory loss or thinking problems. Despite a growing body of literature about national and international memory clinics, the views of clients are seldom presented. As part of the recent review of the Cognitive, Dementia and Memory Services across Victoria, conversational interviews with clients in their homes provided insight into their experiences. A total of sixteen clients representing clinics servicing metropolitan and rural clients participated. This purposive sample included those who were assessed as having a memory problem and those who did not. This paper examines the process of conversational interviewing and presents a snapshot of the client's perspective of the memory clinic experience.

112. Employment, Unemployment and the Extension of Working Life

Emeritus Prof Sol Encel, Social Policy Research Centre, University of New South Wales, NSW.
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Emphasis on the extension of working life has grown in most industrialised countries, as reflected in numerous reports by national and international governmental and non-governmental agencies. This concern is stimulated by a number of factors:

- an ageing population and increased life expectancy
- pressure on public pension systems
- increases in long-term unemployment among older workers
- the popularity of early retirement
- a shift of responsibility for pension coverage from public schemes to individual saving
- concern about labour shortages
- recognition of age discrimination in the labour market

Governments in a number of countries, including Australia, have introduced or are contemplating a range of policies to address these issues. They include:

- Removal of incentives to early retirement, plus encouragement of later
- retirement
- Banning of age discrimination
- Abolition of compulsory retirement
- Gradual retirement schemes
- Consciousness raising campaigns
- Labour market programs for older workers
- Incentives for employers

113. Planning and Preparation for Retirement: A company case study

Prof Louise Rolland, Professor of Ageing, Swinburne University of Technology, NSW.
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The emerging understanding of the need to extend working life beyond current retirement ages is recognised as a core strategy to offset the potential costs of ageing on welfare and health budgets. As critical is the retention of workers to boost labour supply levels as supply tightens over coming decades. When developing approaches to extending working life the influences of retirement behaviour must be considered. This paper is based on research undertaken in a large Australian company over the past three years. The project explored factors that contributed to retirement decisions and assessed the level and range of planning undertaken by individuals in preparation for retirement. The research also considered retirement in the context of the life continuum, in particular the influence of age on skill
development employment mobility and marketability. It finds there is a complex interplay between a person's life situation, financial position and employment experience and opportunities that influence their retirement outlook.

114. International Developments in Public Policies for Older Workers

Dr Philip Taylor, Senior Research Associate, Cambridge Interdisciplinary Research Centre on Ageing, University of Cambridge; Professor of Ageing and Public Policy, Swinburne University of Technology

Against a background of population ageing, concerns about the high costs of early retirement and labour shortages among some industrialised nations, policy makers are increasingly emphasising the need to extend work life, support older workers to stay in work or to find a job, and to tackle age discrimination in the labour market. This paper is based on recent research which examined developments in public policies towards older workers in a number of countries: Australia, Finland, Germany, Japan, the Netherlands and the USA. It is noted that the trend towards early retirement and lower employment rates among older workers have a complex set of causes and that public policy efforts so far have often made little impact on the problem. Deficiencies are related to mono-causal understandings of the phenomenon and the fragmentation of policies. Consequently, the paper argues that only through an integrated and co-ordinated approach aimed at stimulating the social partners and individual workers to change their behaviour will public policies be able to make a sufficient impact on the employment rates and retirement patterns of older workers. Crucial to the degree of success will be the ability of policy makers to make policies sufficiently sensitive to the specific needs of both different groups of workers and employers.

Posters

115. Continence Resource Group: Support for Hostel and Residential Care Workers

Rachel Barton Caulfield Continence Service, Caulfield General Medical Centre and LaTrobe University School of Nursing
A/Prof J. Verbeeck
D. Fonda
Prof C. Torrance
Dr A. Brookes

Introduction

Incontinence is poorly assessed and managed in many lower level of care facilities and can contribute to the admission of residents to higher levels of residential care. Staff not only have difficulty accessing education but they often also have difficulty applying acquired knowledge in their work environment. The Caulfield Continence Service (C.C.S.) facilitated a pilot program that incorporated an innovative model of education and training with the aim of challenging current thinking and policy of incontinence assessment and management within these facilities.

Materials and methods

A survey was sent to 36 Supported Residential Services and 26 Hostels to establish continence needs of residents, current education of staff and education and training supports required. There was a response rate of 29%. In response to the survey findings, an appropriate support program was developed and implemented. 5 lower level of care residential facilities participated in the 12-week centre and residential facility based program. 10 of the initial 11 staff from the participating facilities completed the program.

Using a context-based, problem solving approach, participants were encouraged by the program facilitator to identify problematic issues involving incontinent residents' in their facilities. Participants were encouraged to identify issues relevant to them and to take ownership of the interventions and management strategies they developed. Fortnightly facility visits by the program facilitator, assisted participants in problem identification and interventions. Subjective data recording levels of confidence was collected over 6 fortnights by means of a graphic rating scale between 0 – 100. The scale was based on the 6 goals set by the participants at the first of 6 peer group meetings. At the completion of the program, a focus group interview with participants and individual interviews with facility managers provided further insight into perceived outcomes.

Results

Findings indicated a steady increase in confidence of participants' in addressing learning goals ranging between 17% and 47% at the second meeting to between 68% and 94% by the sixth meeting. Focus group interviews indicated that participation in the project contributed to alleviating concerns regarding lack of support and professional isolation. Management noted workloads related to continence care decreased, the experiences of residents with continence issues had improved and the facility environment was more pleasant. Outcomes for the residents were unable to be quantified within this pilot. This pilot has identified that this model of continence education could be implemented in a variety of other health care settings. There is also potential that this model could be adapted to cover a range of other medical conditions.

Conclusion

Increasing confidence impacted on participants' ability to address incontinence issues affecting the residents' in their facilities. There is potential for further development of this model in providing a cost effective method in reducing transfer of residents' to higher level of care facilities as a result of their incontinence. An amended model is therefore recommended based on the project teams insights.

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116. Atrial Natriuretic Peptide (ANP) Protects NG108-15 neuronal cell line Against Pro-apoptotic Effects of S-nitroso-N-acetylpenicillamine (SNAP) and ODQ Treatments

Prof Siew-Boon Cheng Chew, The Chinese University of Hong Kong, China.
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NO donor, SNAP, increases nitric oxide levels in culture cells. NO at high concentration is toxic and thought to participate in neuronal cell death during stroke and neurodegenerative diseases. ODQ is a potent and selective blocker of soluble guanylyl cyclase (sGC) responsible for the synthesis of cGMP. Objective: To determine if cGMP has protective effects in NG108-15 (cholinergic-neuron-like) cells exposed to excess NO, and if basal cGMP levels are needed to protect against onset of apoptosis. Method: Apoptotic cells were quantified by TUNEL. Results: Cell death caused by SNAP and ODQ treatments was associated with apoptotic DNA fragmentation. SNAP at 0.5, 0.75, 1.0 and 2.0 mM caused significant (p<0.05) increases in the percentage of TUNEL labeled cells from a control of 0.90 to 6.19%, 6.36%, 7.25%, and 15.1% respectively. ODQ at 40 mM caused noticeable apoptotic DNA fragmentation, suggesting that even basal levels of cGMP may be important for protecting neural cells against onset of apoptosis. Pre-incubation of ANP with SNAP- and ODQ-treated cells decreased the apoptotic cell death. Conclusions: The data suggest that low basal levels of cGMP may protect cells against apoptosis and that elevated levels of cGMP in the presence of added NO may serve as an important counter-balance to the toxic actions of NO. This neuroprotective mechanism may be especially important in protecting against the development of neurodegenerative diseases encountered in the ageing process, such as Alzheimer’s disease, HIV dementia and Parkinson’s disease, in which excess NO is thought to contribute to the neuronal apoptosis.

117. Patterns of Alcohol Consumption in Older Women

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Patterns of alcohol consumption for older women are different from those of older men and younger people. Concerns with late life onset drinking patterns stand out among older women when compared with other groups. Such practices have implications for co-morbidities that can impair women's health.

118. Interpersonal Dependency in Older Adults: Development of a Measure and its Evaluation in Health Care Services

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Increasing dependency in older age is conceptualised differently by various disciplines. Psychologists have contributed to our understanding of dependency in older age by describing and explaining the functionality of dependency across the life-span. Psychological research has also examined variables (such as the responses of carers to the dependent behaviours of older people) that exacerbate dependent feelings and behaviours (Baltes, 1996), but it has not included an individual difference measure of interpersonal dependency. According to Rosowsky, Dougherty, Johnson & Gurian (1997), an understanding of the ways that personality style affects older adults' engagement and reception of health services would assist providers in planning treatments and services that are more cost effective and attuned to individuals' needs. A review of the literature found that no scale for the measurement of interpersonal dependency of older adults has been developed. This project, therefore, developed a measure of interpersonal dependency for use with older adults and evaluated it in a home-care service setting. The following questions were answered in the process: 1) Are older people who access home-care services higher in their levels of interpersonal dependency than older people who do not access home-care services? 2) What is the relationship among interpersonal dependency, depression and physical dependency in an older home-care population? The 15 participants for item selection focus group sessions and a scale pilot study included 14 women and 1 man aged over 65 years from Perth metropolitan day centres and also three allied health professionals. Participants for scale reliability and validity studies included 703 older adults (aged over 65 years). Two hundred and fifty-two were Silver Chain Nursing Association clients, 358 were Positive Ageing Foundation members and 93 were members of the Council on the Ageing. A reliable and valid 20-item interpersonal dependency measure for use with older adults resulted from the development process. In addition a comparative study utilizing the new measure found that older adults in the home-care service population scored higher on the measure of interpersonal dependency than older adults sampled from the other populations. A hierarchical regression analysis found that both interpersonal dependency and depression were significant predictors of mobility in older adults. These findings have important intervention and financial implications for service providers. Screening for interpersonal dependency in older adults could assist in designing interventions that are more attuned to individual’s needs and thus reduce reliance on services.
119. A Comparison of Traditional and Computer-Administered Memory Tests

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The increasing proportion of older adults in the population is accompanied by an increased risk of progressive neurological disorders, such as Alzheimer’s disease, that have age as a risk factor. Impairment in memory functions is among the early signs of Alzheimer disease and neuropsychological assessment of memory functions can often detect the early signs of impaired memory. In recent years, computerized assessment of many cognitive functions has been developed, including the assessment of memory functions. Here we contrast the performance of 33 community-dwelling older adults (mean age 71.2 years, SD = 7.62) on MicroCog, one of the first commercial computer-based assessment instruments intended for use with older adults, with a standard, widely-used measure, the third edition of the Wechsler Memory Scale (WMS-III). Participants were screened for possible depression using the Geriatric Depression Scale, and completed both memory tests in counter-balanced order. WMS-III General Memory correlated .53 with the MicroCog Memory Index and .52 with the General Cognitive Functional Index. Correlations between the visual memory measures of the two tests were not statistically significant. Using criteria from each test’s manual, the participants were classified as lying within the Average or Above Average ranges. The resulting cross-classification gave a value of Cohen’s kappa of .38, with 33% of participants classified differently by the two tests. We conclude that the correspondence between the two measures is not sufficient to substitute one for the other for clinical decision making as to the memory functioning of older adults.

120. Addressing Functional Decline in Older Patients in the Acute Setting

Miss Ana Jerak, *St Vincent’s Health, Vic.*
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Globally we are dealing with rising demands on health care due to unprecedented increases in the number of ageing people. The health care system in Victoria, like other systems around the world, is under pressure and struggling to meet demand for access to acute inpatient care. St Vincent’s Health has recently restructured and expanded the Aged Care Consultation Service to incorporate specialized Allied Health Clinicians to meet these demands.

This poster will address specifically how the Aged Care Consultation Service (ACCS) has improved the quality of aged care interventions, treatment and discharge planning. The challenges for this service have been to provide holistic assessments and consultations, and treatment of these patients within the acute setting. Commencement of an early treatment program aims to avoid functional decline and reduce hospital length of stay.

A Functional Maintenance Program, designed and implemented by the ACCS Multidisciplinary team, has successfully improved the continuity of care of patients from acute to subacute or discharge into the community.

This poster will outline how the program operates, by drawing upon qualitative and quantitative data, with reference to a specific patient example. Finally we would aim to demonstrate the need for ongoing commitment to this program and that it may be applicable in other acute healthcare settings.

121. Supporting Group work with People with Dementia: A place to listen, a time to be heard

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Observations are presented of the effectiveness of a series of time limited support groups for people experiencing dementia. The aim of the groups is first of all to help participants to cope more effectively with the emotional demands of living with dementia, and secondly to evaluate the changes that occur. Levels of anxiety and depression and coping style were assessed at regular intervals, before, during and after the groups had ended. Selected group sessions were videotaped to allow a qualitative analysis of group processes and patterns of individual change. The findings suggest that people in the early stages of dementia can benefit significantly from support group intervention. For all participants the way in which they talk about their experiences of living with dementia and the problems they experience has changed. While the change varies among group members, the existence of emotional adjustment and
other forms of change has profound implications about the way in which we provide and deliver support to people with dementia.

122. Aboriginal Health-Link Program: Health Care and Health Promotion for the Local Community of La Perouse and Randwick-Botany

Pam Koeneman, Aboriginal Health Education Officer, Community Health
Colleen Cawood, Aboriginal Health Education Officer, Community Health
Elizabeth Hoskins, Aboriginal Health Education Officer, Community Health
Gail Daylight, Area Manager Aboriginal Health
Jane Tolman, Geriatrician and Physician in Respiratory Medicine
Tony Broe, Director of the Clinical Program of Community Health and Aged Care

For many years the La Perouse Aboriginal community attended Prince Henry Hospital, adjacent to La Perouse, for their primary health care and many Aboriginal people also worked there. From the mid-1990's the services at Prince Henry were transferred to Prince of Wales Hospital in Randwick. Unfortunately, people didn't just start coming to the services at Prince of Wales as anticipated. Instead, they stayed away from health services and when they did come it was often as Emergency Admissions. Major causes of premature death in the local community include: heart and lung disease; cancer; diabetes; injuries and poisoning.

To address this situation, a chronic and complex health care program was established, with community consultation and input, and the Arrunga Health Clinic at La Perouse was reopened for this purpose in 2001.

The objectives of the process were to:
- rebuild the relationship with the local Aboriginal community;
- improve access to health care at the local level;
- empower the local community to address health issues and concerns;
- address a range of specific health problems including asthma, heart disease, respiratory illnesses, cancer and dementia;
- health promotion to address risk factors for these diseases.

The major aims of this process were to find an effective model for addressing the health concerns of the community, to improve health care, and to avoid reliance on Emergency Department presentations and hospital admissions for health care. This poster presentation outlines the process and outcomes of this attempt to address long-standing chronic and complex care issues, as well as emerging health concerns, in the local La Perouse Aboriginal community in metropolitan Sydney.

123. Community Participation in Policy Making: The NSW Ministerial Advisory Committee on Ageing model

Dr Dawn Linklater, NSW Ministerial Advisory Committee on Ageing, NSW.
Ms Sarah Fogg, Committee Secretariat
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Community participation in decision-making is an important part of the democratic process, but one with which governments and bureaucracies are not always comfortable. They often struggle to find appropriate models that will include more voices in decision making, especially those most directly affected by decisions, at the same time not undermining the legitimate roles of elected representatives or government agencies.

The NSW Ministerial Advisory Committee on Ageing is one such model. Its primary role is to advise and make recommendations to the NSW Government, through the Minister on Ageing, on matters affecting the needs, interests and well-being of older people in NSW.

The Committee is a committee of 'experts' rather than a representative body. It is comprised of older people, service providers and professionals from a range of backgrounds who are appointed by a merit selection process following advertising. As such it can provide the Minister with different sort of advice to that she receives from departmental officials or non-government advocacy organisations and consumer groups.

The Committee uses a range of consultative mechanisms in order to inform its advice to Government. The paper will describe the structure and activities of the Committee and some examples of how it has operated to influence Government decision-making to the benefit of older people.

124. Falls Prevention Clinical Pathway in Residential Care

Ms Janet Taylor, Bayside Health, Caulfield General Medical Centre, Vic.
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A Critical Pathway for Falls Prevention is a cost effective, comprehensive tool to facilitate falls prevention in Residential Care. Bayside Health already has a number of Critical Pathways in place, and considerable expertise in developing these. A critical pathway has enhanced the multidisciplinary approach to managing the patients in Residential Care and facilitates effective falls prevention management of patients as their condition changes or deteriorates.

Patient management is now in a restraint free environment in synchrony with equipment replacement and strategies to prevent falls eg reduction in the use of cot sides which are being replaced with bed poles; use of gutter mattresses etc.
A Fall Prevention Critical Pathway has been developed and implemented that is consistent with Residential Care standards. This includes:

- a Falls Risk Assessment,
- implementing appropriate, individualised fall prevention strategies for each low / medium / high risk Resident,
- documentation of the above.

An education programme has been developed and conducted for all staff of the facility including medical, nursing, allied health, domestic and environmental staff, and families / carers. Focus groups and individual discussions have been held with medical staff regarding the frequency and type of assessment and management of medications for each Resident – and this haws been incorporated into the protocol for Resident management in each facility.

A 25% reduction of falls in the high risk, frail resident population is projected, over a 12 month period.

125. **Client Orient Medication Systems for Frail Older People in a Sub-Acute Setting: The Pharmacist – Client Connection**

Raj Sivaraj, Bundoora Extended Care Centre, Vic.
Helen Corbett, Bundoora Extended Care Centre, Vic.
Suzy Byers
Dr Sam Davis, Centre for Applied Gerontology, Vic.
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Bundoora Extended Care Centre (BECC), a sub acute facility in Melbourne, identified the need to address issues relating to the safe and appropriate management of medications once discharged home from hospital by clients and their carers. As part of the National Demonstration Hospital Program – Stage 4, BECC developed a Client Orientated Medication System (COMS). As the effectiveness of an individualised education program for older clients has been demonstrated by research over time, the COMS included a suite of interventions that focus on educating frail elderly clients/carers to better manage their medication at home. In particular, the benefits of implementing the clinical pharmacy role were recognised in the development of COMS. This poster demonstrates the role of the hospital pharmacist as part of a multidisciplinary team in a Client Oriented Medication System in the sub-acute setting. It will illustrate the importance of pharmacy-client communication throughout the process and presents information on components such as the educational role including academic detailing with clients and the preparation and dissemination of information for discharge that best addresses the needs of frail older people and those who care for them in the community.

126. **Hip Protectors – Medical and allied health expertise combine to lead the way in answering a significant public health issue.**

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Hip fractures, the major injury related to falls in the elderly, cost the public health system $400 million per year. This is expected to increase four fold over the next 50 years. Twenty five percent of people will require nursing home level of care and 20% will die within months of sustaining a hip fracture.

Clinical studies from Europe clearly show that hip protectors are effective. They are rapidly becoming part of falls prevention programs for the elderly. The need for an affordable, accessible Australian product was identified by RAH Rheumatology and a product was developed. The RAH Hip Safety team comprises medical and allied health staff from Rheumatology, Orthopaedics, Physiotherapy and the Health Promotion Unit (HPU) with the tasks of research, design, development, testing, promotion, education and distribution.

To date, 2,500 kits have been distributed by HPU. Positive anecdotal feedback has been collected and used as part of ongoing product improvement. A client evaluation will be completed by late 2003, to measure compliance, durability and quality. The data will be collected by a mail survey and telephone follow up.

This presentation will outline the team approach to answering this significant public health issue, including development, distribution, evaluation results and evolution.

127. **Infusing Aging Content into the Social Work Curriculum**

Dr Terry Tirrito, University of South Carolina, College of Social Work, Columbia, SC, USA.
Dr Gil Choi, University of South Carolina, School of Social Work, Columbia, SC, USA.
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This poster will describe the SAGE-SW (Strengthening Aging and Gerontology Education in Social Work) Hartford Project in the United States which is supporting expert trainers around the country who are providing Faculty Development Institutes to help faculty to infuse gerontology into the social work curriculum. The methods used by the trainers will be shared as well as a list of materials used in the FDI's. Implications for recruitment of students to the field of aging will be presented to the participants.
128. The Hard Way or The Easy Way.

There is a Choice!

Ms Rosslyn Werner, Australian
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The Hard Way. "I'm sorry I can't hear you." "I'm not sure what you said." "Could you say that again please." "You'll have to call later, when my husband is home." "My hearing's not what it used to be, dear." Are any of these phrases familiar? Attending to the needs of our ageing community can indeed be difficult when communication barriers like these are involved. Many older Australians avoid telephone communication because of hearing or speech difficulties. Anxiety and frustration at not being able to hear or be understood can lead to isolation and inaccessibility.

The Easy Way. When you communicate the easy way words like these will become familiar to you, "Hello, this is the National Relay Service, Relay Officer (name), I have a call to relay to you, please hold while I connect your caller...."

Wouldn't it be great to communicate freely over the telephone, knowing that your conversation was successfully relayed? What a relief it would be to know that what you said reached your caller and vice versa. Now that's equity access and something to share.