



# AGEING RESEARCH ONLINE NEWS

Volume 4, Issue 4 News and information on ageing policy and research initiatives December 2007

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## NEW ADDITIONS ON THE ARO WEB SITE - 'Age Matters'

The Australian Bureau of Statistics (ABS) recently released its bi-annual publication 'Age Matters'. The latest edition of 'Age Matters' is available on the ARO website ([www.aro.gov.au](http://www.aro.gov.au)), by following the link provided on the home page, under 'LATEST NEWS'. In addition to information on a large range of statistical releases relevant to ageing, this bi-annual newsletter features several interesting research articles.

## New AIHW publication – Older Australia at a glance 4<sup>th</sup> Edition



A new report, *Older Australia at a glance* (4<sup>th</sup> Edition), was released by the Australian Institute of Health and Welfare (AIHW) on 22 November 2007. The publication describes the demographic profile of older Australians with respect to age, sex and cultural diversity, and also comments on how this is changing. It describes the social and

economic context in which older Australians live, their health and how they function, and their use of health and aged care services. Additional commentary is provided on special population groups: older Aboriginal and Torres Strait Islander people, people from non-English speaking backgrounds, older people in regional and remote communities and older veterans.

The 4<sup>th</sup> edition differs from previous ones by including information on those people now aged 50 to 65 years, providing potential insights into how future cohorts of older people may be similar to, or different from current cohorts. It also includes a broader range of topics than previous editions: transport use, use of technology, intergenerational transfers, vision problems, oral health, dental services and Extended Aged Care at Home (EACH). It includes new material on social and community participation, superannuation, wealth and expenditure and each of the National Health Priority Areas.

The publication relies on a wide range of publicly available data, including data from the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW), together with data provided by subject matter experts. 2006 Census data has been used where available; preliminary aggregate data had only just become available at the time of writing.

Copies of the publication are available to purchase or download from the AIHW web-site at

<http://www.aihw.gov.au/publications/index.cfm/title/10402>.

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## **DVA RESEARCH SEMINAR SERIES**

*Contributed by Liz O'Neill from the Department of Veterans' Affairs*

The Department of Veterans' Affairs (DVA) held its final research seminar for 2007 on the 14<sup>th</sup> of November in Canberra, via video conferencing. The Research Seminar series continues to attract a large cross-section of attendees from both the Veteran and the broader Health and Aged Care community. Representatives came from the Department of Health and Ageing, Department of Defence, Centre for Military and Veteran Health, Australian Institute of Health and Welfare, in addition to a number of ex-service organisations.

The research seminar series comprises four seminars each year. The role of the series is to provide an opportunity for interested parties to gain an insight into the current research being undertaken into the health and well-being of the Australian Veteran community. The latest seminar featured the following three presentations:

### **A Randomised Control Trial of a Tailored Intervention to Improve Alcohol Related Outcomes Following Elective Surgery - Professor Paul Haber, University of Sydney**

Alcohol misuse is common in the Australian community and is associated with diverse health problems. Amongst these, alcohol misuse has been linked to increased morbidity associated with surgery, an effect that can be explained by various recognised actions of alcohol. Elective surgery is a planned process and it is possible to identify surgical candidates who drink excessively and intervene prior to elective surgery to reduce pre-operative alcohol use, minimise the adverse effect of alcohol on surgery and potentially encourage long term reduction of alcohol use. This study extended the work of a Danish study which demonstrated that this could be achieved.

Between 2001 and 2003, DVA funded a large controlled intervention trial to test whether a pre-operative brief intervention could reduce alcohol use long-term and at the same time, could improve the outcomes of elective surgery. This presentation summarised the results of the study and recommended alcohol screening and intervention be incorporated into pre-operative assessments and written information be provided for patients scheduled for elective surgery. The study also highlighted the role of GP's in preparing patients for surgery.

### **Quality Assurance of PTSD Programs for Veterans - Andrea Phelps, Australian Centre for Posttraumatic Mental Health (ACPMH)**

ACPMH has been responsible for accrediting the PTSD hospital programs for veterans purchased by DVA since 1995. Over this period, 4194 veterans have been through the programs, with very good outcomes compared to international benchmarks. The last few years have seen an inevitable decline in the number of veterans going through the programs as many of the Vietnam veterans with PTSD have now undertaken the treatment. Although significant numbers of service men and women have had operational service since the mid-1970s, there has been no single large cohort such as the 50,000 that served in Vietnam. The programs have responded well to the challenges of the decreasing number of veterans, with no overall decline in treatment outcomes.

This presentation outlined the PTSD accredited program stages of intake, assessment, treatment, case management and discharge processes which are regularly reviewed and monitored. The program also incorporates a service for veteran's family members to seek information and support regarding PTSD. The presentation provided results from the quality assurance of PTSD hospital programs including the finding that peacekeepers experience slightly more severe PTSD symptoms (clinician rated) and higher anger (veteran rated) when compared to older veterans who report less severe PTSD and co-morbid symptoms.

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## **The Alternative Models Of Rehabilitation Care Available For DVA Clients in the Private Sector – Frances Simmonds, Centre for Health Service Development at the University of Wollongong**

Rehabilitation is a priority research area for DVA at present, and the private sector provides more than half of all inpatient rehabilitation. At present, inpatient care is the most prevalent model of care - although over the last few years, the provision of, and the demand for funding of, non-inpatient rehabilitation has begun to grow. DVA, concerned to ensure they are purchasing the best possible outcomes for Veterans, commissioned AROC (Australasian Rehabilitation Outcomes Centre) to undertake a study of the alternative models of rehabilitation care available for DVA clients in the private sector. The study comprised two main elements, a purpose-designed survey instrument sent to all private rehabilitation hospitals, and secondly a six month prospective data collection against non-inpatient rehabilitation episodes of care at six private rehabilitation hospitals. Three main models of care were identified and analysed; inpatient, combination (inpatient followed by non-inpatient) and non-inpatient. This is the first time the collection of outcome data against rehabilitation provided in a non-inpatient setting has been obtained.

The study showed that the provision of at least some components of care in a non-inpatient setting has positive outcomes for patients, both DVA and non-DVA. Although DVA patients were older, they still achieved comparable functional outcomes. The study recommends a combination of inpatient and community ambulatory rehabilitation be provided in private hospitals. It also highlighted that there is a significant population in the community who may benefit from a period of non-inpatient rehabilitation.

**The Department of Veterans' Affairs will be holding its next Research Seminar on Wednesday 27 February 2008 at the DVA Canberra office. All interested parties are invited. Details of the seminar will be on the ARO Noticeboard at <http://www.aro.gov.au/aro/noticeBoard.do>, or for further information please contact: [aro@dva.gov.au](mailto:aro@dva.gov.au)**

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*Research recently entered on the ARO*

### **Faulty Wiring in the Ageing Brain**

A recent study done through Harvard University, sought to gain an understanding of the loss of brain functionality as we age. A team of researchers, led by neuroscientists Jessica Andrews-Hanna and Randy Buckner, used functional magnetic resonance imaging (fMRI) to monitor brain activity in 38 young adults under the age of 35, and 55 older adults, age 60 or above.

*“This research helps us to understand how and why our minds change as we get older, and why some individuals remain sharp into their 90s, while others mental abilities decline as they age,” says Jessica Andrews-Hanna. “One of the reasons for loss of mental ability may be that these systems in the brain are no longer in sync with one another.” (Eurekalert, December 2007).*

Unlike previous studies that have focussed on particular areas and functions of the brain, this research concentrates on the high-level communication between parts of the brain and the loss of a coordinated approach. The study has found that particular parts of the brain, especially those distanced from each other, tend to lose correlation as a person ages.

This research can be found at <http://www.aro.gov.au/aro/researchEntryView.do?id=2712&type=researcher>

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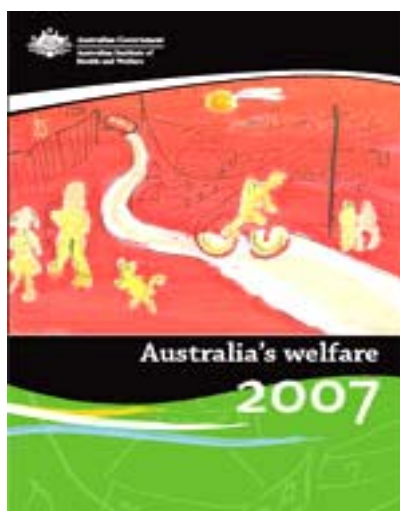
## NEWS FROM AIHW

### The Australian Institute of Health and Welfare

Contributed by Ann Peut from AIHW.

The Australian Institute of Health and Welfare (AIHW) released its biennial flagship publication *Australia's welfare 2007* on 6 December at its one-day conference which reflected on the theme of "Disadvantage and Diversity".

This publication brings together information and analysis about the service systems set up both formally and informally to redistribute resources on the basis of need. *Australia's welfare* is aimed at policymakers and those who deliver programs: it is also intended to be a valuable resource for those in the community who want to understand better how these systems operate.



***Australia's welfare 2007* can be accessed from the AIHW website at [www.aihw.gov.au](http://www.aihw.gov.au).**

As in previous years, the latest volume includes a chapter on *Ageing and aged care*. The original and major continuing focus of the chapter is on the informal and formal services which provide care and assistance to Australians aged 65 and over, including aged care services and income support. However, this chapter also includes information about a number of other social issues, particularly work and retirement, retirement income and social participation.

Some of the key findings of the report are:

- In 2006, there were 2.7 million older Australians (people aged 65 and over) who made up 13% of the population.
- Approximately 29% of older people lived alone in private dwellings and only 6% lived in non-private dwellings such as nursing homes and hospitals. At age 85 and over, the most common living arrangement is living alone in a private dwelling.
- The main reason for people retiring fully from the paid workforce is because they become eligible for superannuation or a pension – but financial need and boredom are the main reasons that retired people return to the workforce. Currently, women account for over 70% of people who return to the workforce following retirement.
- Older people have high levels of contact with family members and friends, but are less likely than younger people to participate in group activities. Almost half (47%) of older people with severe disability living in private dwellings are not able to go out as often as they would like.
- Of the 1.9 million people receiving Age Pension, about 38% received a part-pension. It has been estimated that this will be the situation for almost two-thirds of pensioners by 2050 as more people receive some level of superannuation entitlements.
- Less than one-quarter (23%) of older people have severe disability, although this proportion rises with age to reach 58% among those aged 85 and over.
- Spouses and adult children, mostly daughters, made up equal proportions of all primary carers of older people (43% each).
- Home and Community Care (HACC) is the largest program providing formal aged care services with 561,789 clients aged 65 and over in 2004-05. There were 145,175 older people in residential aged care in June 2006.
- For more information go to [www.aihw.gov.au](http://www.aihw.gov.au)

## WORKING LONGER: POLICY REFORMS AND PRACTICE INNOVATION

*Contributed by Professor John Piggott, University of New South Wales*

A popular response to increased longevity is to suggest that older workers should work longer. But working longer involves changes to established policies, practices, and institutions, which are currently built around retiring earlier. It also involves changes of practice in several dimensions of human experience. Not just the workplace, but family arrangements, lifestyle expectations and health issues present as challenges in this adjustment to the length of a person's career.

To study this question, a multi-disciplinary team has been assembled, including; two economists (John Piggott, UNSW and Alan Woodland, Uni of Sydney) an OHS expert (Phil Bohle, UNSW) a demographer (Peter McDonald, ANU); and an epidemiologist (Ching Choi, ANU).

There are four major research strands that are being looked into:

- Retirement financing and retirement timing;
- Occupational health and safety;
- The impact of working longer on inter-generational transfers and;
- The dynamic economic-wide effects of working longer in an environment of population ageing.

Each major strand has a postdoctoral fellow (3 have been appointed already); a doctoral scholarship (we have 3 of these on board), in addition to casual research support.

The overall objective of the program is to develop a multi-disciplinary knowledge base to inform integrated policy and institutional (or practice) improvement in the labour market for the elderly. Its contribution will be to improve the institutional and policy framework within

which households and firms operate, with the aim of modifying workplace practices and policy and institutional constraints to encourage a more vibrant labour market for older workers. Specifically we will:

- Assess the demographic and economic impacts of working longer under alternative policy and institutional (practice) scenarios;
- Provide alternative pension, superannuation, finance and taxation designs to encourage labour force participation of older people;
- Identify employment strategies to enhance the health and safety of older workers;
- Develop strategies to facilitate workforce re-entry of older workers, including gender-specific considerations;
- Provide an integrated set of recommendations to create policy and practice partnerships which facilitate a labour market conducive to increased mature-age participation.

The project will forecast demographic and health transition in Australia and develop a capacity to analyse the likely economic and workplace adjustments that population ageing will generate. It will examine the extent to which "working longer" is an appropriate response to this transition, and analyse how the labour market for older workers might evolve, taking account of individual circumstances (health, financial status, dependant care) and institutional practices (age discrimination, employment conditions, work organization), as well as regulatory and policy impacts.

The Project is in the first year of a five year program, and was funded as part of NHMRC/ARC's Ageing Well, Ageing Productively Research Program. For further information, please contact the Project leader, Professor John Piggott [j.piggott@unsw.edu.au](mailto:j.piggott@unsw.edu.au)



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## AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

### Women's Weight: A threat to healthy ageing

A recent report prepared for the Australian Government Department of Health and Ageing by the Australian Longitudinal Study on Women's Health (ALSWH) has further highlighted the need to monitor current trends of weight gain in Australian women.

The ALSWH is a population based longitudinal survey funded by the Australian Government Department of Health and Ageing. The project began in 1996 and involves 3 large, nationally representative, cohorts of Australian women. When first recruited in 1996 the younger women were aged 18 to 23 years; the mid-aged women 45 to 50 years and the older women aged 70 to 75 years. These women have now completed four surveys about their lifestyles and health outcomes.

Over the 12 years of the study there has been an overall increase in the women's weight, particularly for women in the younger and mid-age cohorts. At survey 1, younger women had the lowest average weight and Body Mass Index (BMI). At this time, 2 in 10 were classified as overweight and obese, 10 years later at survey 4, almost 4 in 10 were classified as overweight or obese. The rapid increase in weight in this cohort means that the BMI pattern for the younger women aged 28 to 33 years of age is fast approaching the pattern seen for the mid-age cohort when they were 45 to 50 years of age. If this rate of weight gain continues, the cohort of younger women will be substantially heavier than the mid-aged women by the time they reach 45. The mid-age women are also experiencing weight gain, while not as rapid as the younger women there has been a steady increase from survey 1, where almost 4 in 10 mid-aged women were classified as overweight or obese to survey 4 where the prevalence increased to almost 6 in 10.

What do these results mean for the future? As obesity levels rise in an ageing population, it may be that the health gains of recent generations could be overturned. The research from the ALSWH demonstrates the relationship between overweight and obesity and chronic disease, poorer mental and physical health, and higher health care costs. Overweight and obesity contribute significantly to poor health and disability among women in Australia. At a population level, reversing these trends has the potential to have considerable impact on the good health of women as they age, and on health and other care costs.

*Summary from the ALSWH 2007 report. Women's Weight: Findings from the Australian Longitudinal Study on Women's Health.*

Further information about the study or the report is available at <http://www.alswh.org.au>.

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### What is geographical gerontology?

Geographical gerontology, also sometimes referred to as the 'geographies of ageing', is a social science discipline that recognises the influence an older person's physical surroundings can have on their individual health and welfare. The increase of the ageing population has seen a rapid expansion in the various options and styles of health care and accommodation available to the elderly community. Older people's lives are transformed and represented by an ever increasing range of settings and this discipline takes into account the design of ageing environments, the interactions between older people and their environments, demographic trends, and population movement.

A recent study in the Social Science and Medicine Journal has just been completed this year focussing on geographic gerontology as a distinct and effective method of research. The article examines the complex connections between seniors and the places they receive care from, and environments they live in. A team of five University academics present their views on the social and spatial relations occurring within the elderly population.

The article is titled 'Geographical Gerontology: The constitution of a discipline' and is written by Gavin J Andrews, Malcolm Cutchin, Kevin Mc Cracken, David R. Phillips and Janine Wiles, and can be found in Social Science & Medicine 2007, Volume 65, pp 151-168.

## 40<sup>th</sup> Australian Association of Gerontology National Conference

Contributed by Karen Robinson from AAG

The 40<sup>th</sup> Australian Association of Gerontology (AAG) National Conference “BeyOND 07 Ageing: Evolution and Revolution”, was recently held on the 21-23 November at the Hilton Hotel in Adelaide. It was an outstanding success. The conference themes were practice, people, place, policy, profession and research. The topics presented over the 3 days covered a wide variety of topics within ageing, for example:

- ❖ Demographics
- ❖ Workforce issues
- ❖ New models of care
- ❖ Grand-parenting
- ❖ New health initiatives
- ❖ Cultural competence
- ❖ International research
- ❖ Housing across the community
- ❖ Retirement
- ❖ Life long learning and
- ❖ End of life issues.



(L) A/Prof Laurie Buys (AAG President) (M) Emeritus Prof Sol Encel University of NSW and (R) Cathy Lock AAG SA/NT President

minded. “*The Mad Rantings of an Aboriginal Woman*”, opened the minds of the audience and allowed them to understand the personal and cultural upheaval experienced by Indigenous Australians. The passion shown in this presentation clearly served Marjorie well throughout her 40 year career, striving to improve life for Indigenous Australians.

An interesting session highlight was a presentation titled “*Cultural Competence in Indigenous Aged Care*” which was chaired by Majorie Tripp. Four different speakers presented the reality of working between and within two differing cultures, the importance to obtain cultural competence, and the visions for the future. The idea that every older Australian should have the right to access the resources required to age within their chosen community, was emphasized in all the presentations.

During the concurrent session - ‘*The ‘World is not Enough -*’ the fourth edition of the publication “*Older Australia at a Glance*” was introduced by Andrew Stuart, First Assistant Secretary, of the Ageing and Aged Care Division at the Department of Health and Ageing. This latest edition includes statistical information on individuals now aged 50-64 years. A broader range of topics are addressed in this edition, including the National Health Priorities. Details of this book can be found on the front page of this newsletter.

A/Professor Laurie Buys, Director of the Centre for Social Change Research, chaired the President’s Symposium, “*The Vision to Build a Multidisciplinary Ageing Curriculum – Current Trends Versus Future Perspectives*”

### Highlights of keynote addresses

The 2007 Gary Andrews Visiting Fellow was Dr Karen Ritchie, Research Director of the French National Institute of Medical Research (INSERM). Dr Ritchie delivered a keynote address entitled “*When does Unhappiness Start? - Life-Time Causes of Late-Life Well-Being*” which addressed the need to understand causality to inform early intervention strategies in relation to the vulnerability towards a depressive illness.

The South Australian Minister for Ageing, the Hon, Jay Weatherall MP, spoke of the wealth of our older citizens and acknowledged the first anniversary of the states strategic plan for its citizens, “*Improving with Age: Our Ageing Plan for South Australia*”.

Emeritus Professor Sol Encel from the University of NSW, opened the second day of the conference with a soul searching look into “*Baby Boomers – Facts and Fantasies*”. Professor Encel described the predictions for the baby boomers, the realities, and the important shifts in public attitudes and values towards older Australians.

The 2007 David Wallace Address was presented by Marjorie Tripp, and was definitely not for the close



Dr Linley Lutton, urban designer, social demographer and President of COTA (WA), discussed the need for urban designers and planners to better understand the needs of senior citizens. Educational training in the needs of older people is required within the built environment, due to the decisions being made by designers and planners directly impacting on the lives of seniors.

A/Professor David Dunt, from the Centre for Health Policy Programs and Economics, at the University of Melbourne then spoke on the training and education which has been implemented for dementia on a national basis. The announcement in 2005 of dementia as a National Health Priority has played a major role in the inclusion of curriculum material across the full educational spectrum. Successful implementation has resulted in quality dementia care training for those employees working directly with older persons, within both community and residential facilities.

During the 3 days of expanding our minds with the future expectations and needs of older Australians, the conference committee delivered an engaging and enthusiastic social program. Welcome drinks,

definitely 'shaken not stirred', were enjoyed upon arrival at the National Wine Centre.

Wildest imaginations were set free for those attending the conference dinner on the Thursday evening. Our taste buds were not forgotten, and the dance floor was never empty. The constant networking continued on during the farewell drinks.

In closing, the James Bond theme "For Your Eyes Only" was played, highlighting the many and varied perspectives of the ageing industry as seen through the many points of view. The conference encouraged government bodies, industry partners, professionals, communities and consumers to work together in visualizing the future of our industry BeyOND 07.

**AAG extends a big thank you to the sponsors Department of Health and Ageing, SA Department of Families and Communities, and Amity, and congratulates the SA Division for what was an outstanding conference. We look forward to seeing you all at the 41<sup>st</sup> AAG National Conference which is being held 19-21 November 2008 at the Esplanade Hotel, Fremantle, Western Australia. For more details please contact the AAG website: [www.aag.gov.au](http://www.aag.gov.au)**



## **2011 Census of Population and Housing - Public comments invited**

The ABS is currently seeking views on its plans for the Census of Population and Housing to be held in 2011. Submissions must be lodged by 31 March 2008. The views of users, along with advice from the Australian Statistics Advisory Council, will be used in preparing a submission to the Australian Government during 2009 on the nature and content of the 2011 Census.

The invitation to have a say is contained in the [Information Paper: 2011 Census of Population and Housing: ABS Views on Content and Procedures](#) (cat. no. 2007.0). The paper covers the type of questions that may be included on the Census form and the procedures to be used. There are a small number of topics about which the ABS wishes to inform users of current developments and/or seeks further information on:

- [Internal Migration](#)
- [Australian Citizenship](#)
- [Income \(Including Family and Household Income\)](#)

- [Main Source of Income](#)
- [Journey \(and Mode of Travel to\) Educational Institution](#)
- [Second Residence](#)
- [Second Job](#)

In addition, the ABS has expressed the view that the following topics should be excluded from the 2011 Census:

- [Number of Children Ever Born](#)
- [Residential Status \(for People in Non-private Dwellings\)](#)
- [Unpaid Work](#)

The ABS has invited users of Census data and interested members of the public to make submissions on any aspect of the Census, using the Submission Form provided. Submissions can be lodged either on-line, by email, or in hardcopy. The Submission Form, as well as information and guidelines about making a submission, is available from [www.abs.gov.au/2011censusviews](http://www.abs.gov.au/2011censusviews).

For further information ph: 1300 175 070 or email: [2011.census@abs.gov.au](mailto:2011.census@abs.gov.au).

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## CALENDAR OF EVENTS

### National Housing Conference

Sydney NSW

20-22 February 2008

<http://www.iceaustralia.com/housing2008/index.html>

### Dementia Care – The Way Forward

Rokeby TAS

21-22 February 2008

<http://www.alzheimers.org.au/upload/TASConferenceFeb08.pdf>

### World Congress of Health Professionals

Perth WA

26-29 March 2008

[www.worldhealthcongress.org](http://www.worldhealthcongress.org)

### Annual Brain Impairment Conference

Melbourne VIC

1-3 May 2008

<http://www.assbi.com/>

### ACSA National Community Care Conference

Sydney NSW

14-16 May 2008

[http://www.agedcare.org.au/Conferences/2008%20Comm\\_care\\_conference/2008-community-care-conference.htm](http://www.agedcare.org.au/Conferences/2008%20Comm_care_conference/2008-community-care-conference.htm)

### International Dementia Conference

Sydney NSW

16-17 June 2008

<http://www.hammond.com.au/dsdc/conference2008.html>

## INTERNATIONAL EVENTS

### 7<sup>th</sup> Palliative Care Congress

Glasgow, Scotland

29 April – 1 May 2008

<http://www.pallcare.org.au/Default.aspx?tabid=1132>

### Alzheimer Europe Conference

Oslo, Norway

22-25 May 2008

<http://www.alzheimer-conference2008.org/>

### 19<sup>th</sup> IAGG World Congress of Gerontology and Geriatrics

Paris, France

5 July 2008

[www.gerantologyparis2009.com](http://www.gerantologyparis2009.com)

### UICC World Cancer Congress

Geneva, Switzerland

27-31 August 2008

<http://www.uicc-congress08.org>

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## New ARO Site Administrator

The end of last year marked a change in staffing arrangements for the ARO website. Amy Robb, the usual Site Administrator for the ARO will be on leave for the next 6 months. From December 2007 until July 2008, the ARO website and the ARO quarterly newsletter will be run by Jenna Gray.

Please direct all future enquiries to the usual ARO website address, and please don't hesitate to contact Jenna if you have any questions about the new arrangements.

The Department of Health and Ageing will be closed from 24 December through till 1 January.

We hope you all have a safe and happy holiday, and we look forward to a new year of research in 2008.

## CONTACT US

Should you have any queries about this newsletter or the ARO, or suggestions for contributions please contact the ARO Site Administrator by emailing [siteadmin@aro.gov.au](mailto:siteadmin@aro.gov.au), or phoning 02 6289 5584.