



# AGEING RESEARCH ONLINE NEWS

Volume 4, Issue 1 News and information on ageing policy and research initiatives

March 2007

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## ARC AND NHMRC ENCOURAGE ACCESS TO RESEARCH FINDINGS

The Ageing Research Online (ARO) website is a key vehicle for disseminating ageing research and we were pleased to see the Australian Research Council (ARC) and the National Health and Medical Research Council (NHMRC) call on researchers to make the results of research publicly available, whenever possible and appropriate ([http://www.arc.gov.au/media/releases/media\\_18Jan07.htm](http://www.arc.gov.au/media/releases/media_18Jan07.htm)).

The ARC and NHMRC Chief Executive Officers are keen to ensure that research findings are available to other researchers and to the community, particularly where the research has been funded by the Australian Government.

"The Australian Government makes a major annual investment in research to support its essential role in improving the wellbeing of our society," NHMRC CEO Professor Warwick Anderson said.

Through the ARC and NHMRC the Australian Government invests more than \$1 billion in research funding each year. They are the key advisers to the Government on research and administer several thousand research projects across all disciplines at any given time. Both organisations require regular reports from funding recipients on the status of their publicly-funded research.

We hope to see the inclusion of any such reports that relate to ageing on the ARO.

*Research recently entered on the ARO*

### **Understanding population ageing in New South Wales: What is the effect of retirement migration and ageing in place?**

Although many excellent studies exist on the national features of population ageing and migration, these aggregated national results conceal the heterogeneity in migration and population ageing processes at the regional level. Just as there is diversity in the experience of ageing at the individual level, so too population ageing is a heterogeneous process with respect to its underlying causes: migration, fertility, mortality and compositional aspects. Heterogeneity in these demographic processes generates differences in how regional communities experience population ageing and growth.

The purpose of Dr Jeromey Temple's study was two-fold: First, to examine differences in population ageing, as defined by its numerical, structural, timing and geographical components, within New South Wales, and secondly, to examine the contribution of migration (either internal or international) in explaining population ageing at the regional level, over the period 2001-2016.

For further information email: [jeromey.temple@anu.edu.au](mailto:jeromey.temple@anu.edu.au)

The full entry can be seen at <http://www.aro.gov.au/aro/researchEntryView.do?id=2325&type=researcher>

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# DVA APPLIED RESEARCH PROGRAM

Contributed by the Department of Veterans' Affairs

The Department of Veterans' Affairs (DVA) continues to promote research into the health and wellbeing of Australia's veteran community. The Applied Research Program focuses on the development and promotion of research activities specific to health issues faced by the veteran community today.

Proposals are ranked against specific selection criteria, with successful proposals clearly demonstrating an ability to enhance the Department's provision of services to maintain the health and quality of life of veterans.

Since the Applied Research Program commenced in July 2004, 30 research projects have been commenced. Varying from a few months to several years in duration, the most recently completed projects have included:

**An evaluation of Chronic Disease Self Management Courses** has been undertaken by the University of Melbourne on behalf of DVA. The purpose was to evaluate the Chronic Disease Self Management courses amongst the veteran population. An evaluation to assess the outcomes for veterans was undertaken to provide a guide to DVA for the ongoing provision of this initiative. The assessment included considering the quality of courses, participant behavioural changes, level of skill acquisition, attitude changes, coping skills, independence, development of social networks and mental wellbeing.

The University of Newcastle conducted an **investigation of health outcomes from the Cooking for One or Two Program in the Hunter Region**. This initiative delivers course material to facilitators to conduct basic cooking skills courses designed to build participants' confidence in preparing healthy meals using simple cooking techniques.

This research project is a world first in evaluating the benefits of participating in a program of this type. The identification of the health outcomes achieved from this pilot initiative has allowed DVA to further develop its support role and confirmed DVA's ongoing commitment to the project.

An investigation of **antipsychotic medication dispensing and mortality rates in older veterans, 2003-2004** was undertaken by the University of Sydney. The aim of this research was to address the limited information currently available via randomised controlled trials, accessing the safety of older conventional antipsychotic drugs. In this context, retrospective cohort database studies have analysed dispensing and associated mortality of these drugs.

Previous research has demonstrated an increased odds ratio of death within the active treatment populations.

This study analysed the risk of death for older veterans and war widows dispensed an antipsychotic drug in 2003 and 2004. The model was adjusted for age, gender, residential status, and for the dispensing of drugs reflecting cardiovascular and overall medical risk. The aim (or Hypothesis) was to determine if an association between the risks of mortality from particular antipsychotic medications were evident and if so, to determine if that risk was dose related.

The University of Queensland sought to identify **future directions to assess e-health practices and technologies applicable to the health needs of veterans**. This study documented the nature and characteristics of the DVA health care environment for a defined group of veterans, against which an evaluation of e-health practices and technologies could be ranked for suitability of e-health delivery. This research drew upon a literature review, DVA patient data analysis, attitudes of patients and carers, and an assessment of e-technologies suited to veterans' health needs. This project has further broadened DVA's ability to determine the type of e-health research and identification of pilot trials required in assisting future development of strategies to meet the challenges in the provision of DVA health care services, and future policy formulation.

Research into the **development of a best practice mental health clinical pathway for community nursing care of veterans and war widow(er)s** was undertaken by La Trobe University. The aim being to develop an optimal and workable best practice mental health clinical pathway for DVA-funded community veteran and war widow(er) nursing care. Qualitative interviews and a literature review formed the basis for this research. The clinical pathway developed is intended for use by community nurses, providing referral suggestions, resource material and integrations with other mental health care professionals, for the provision of mental health care to veterans.

For those wishing further information on the **development of best practice mental health clinical pathways**, Professor Marilyn Annells, School of Nursing & Midwifery at La Trobe University, will be giving a presentation at the upcoming Department of Veterans' Affairs Research Seminar series. Additional speakers will include Professor Len Gray, Geriatric Medicine at the University of Queensland and Mr Rodney Latimer, Director of ORIMA Research, who will be speaking on the Men's Peer Education Program evaluation.

DVA will be holding its next Research Seminar on 30 March 2007 at its Canberra office, Lovett Tower, 13 Keltie Street Woden ACT. All interested parties are invited. Please RSVP by 26 March 2007 to Mr Allistair Leahy, Department of Veterans' Affairs on (02) 6289 6529.

# RENTAL HOUSING PROVISION FOR LOWER-INCOME OLDER AUSTRALIANS

Contributed by the Australian Housing and Urban Research Institute

Australia's ageing population will see housing authorities faced with the challenge of providing quality, affordable rental housing for an increasing number of older Australians who do not own their homes.

An inter-disciplinary study by researchers at the Australian Housing and Urban Research Institute (AHURI) Queensland Research Centre is seeking to identify the range of consumer needs and preferences that should be considered in the provision of rental housing by the public and private sectors. Due to be completed shortly, this research will provide the evidence base for the development of effective policies.

The 1996 Census showed just 7.2% of people aged 65 and over lived in non-private dwellings, predominantly in age care accommodation. Understanding how this demographic will change over time and its impact on housing is complex. The research team, lead by Associate Professor Andrew Jones, has identified four key components to address this issue.



Through the first component of this project, the researchers examine the demographic context of the housing circumstances of older, lower income Australian renters.

The second component is an analysis of existing policies and programs. The third, a financial analysis, focuses on private sector investment in appropriate housing provision for this population group. The researchers will identify innovative approaches to stimulate private sector investment in appropriate housing.

Finally, the fourth component of this project is a consumer analysis exploring the experiences,

preferences and satisfaction of older people themselves with varying forms of rental housing and accommodation. The study will identify the range of consumer needs and preferences in public and private sector provision for older Australians living in rental housing.

The Final Report, which will be published by AHURI mid-2007, will integrate the findings from the demographic, policy, investment and consumer

components. The Final Report will highlight the challenges faced by housing authorities and indicate possible policy directions to ensure a supply of quality, affordable, rental housing for Australia's older population.

For more information on this project visit <http://www.ahuri.edu.au/publications/p20170/> To receive notification when this Final Report and other new AHURI research is published, subscribe to the e-update service at <http://www.ahuri.edu.au>.

*Grant recently entered on the ARO*

## The Sylvia and Charles Viertel Charitable Foundation's Clinical Investigatorship

Applications are invited for "Clinical Investigator" awards of \$60,000. The Foundation hopes to offer five awards in this category.

Eligible applicants will be medical graduates or graduates of other clinical disciplines who have completed both their clinical and research training, which will normally be at doctoral level, and are commencing their first definitive clinical position, or have been in such a post for no more than 24 months on 1 May 2006.

For further information phone Linda Sheppard on 03 9273 6269 or visit [www.anz.com/aus/fin/Trustees/guNamed.asp#Viertel](http://www.anz.com/aus/fin/Trustees/guNamed.asp#Viertel).

Applications close 1 May 2007.



# CONFIDENTIALISED UNIT RECORD FILES (CURFS)

Contributed by the Australian Bureau of Statistics

## **What is a CURF?**

A Confidentialised Unit Record File is a file of responses to an ABS survey that has had specific identifying information about a person or organisation confidentialised. Each person's or organisation's response to a survey is called a *unit record* or *microdata*. The ABS ensures the confidentiality of all microdata made available on CURFs. This includes removing all identifying information, including names and addresses. Data items that are most likely to be used for identifying unit records are only released in broad categories. The files are also checked for any records with very unusual responses and these records may be altered slightly to ensure individuals cannot be identified. After the microdata is confidentialised, CURFs are released to authorised clients for approved purposes of statistical analysis and policy research.

## **Who uses a CURF?**

CURF microdata is the most detailed statistical information available from the ABS. CURFs are used widely by universities, government and private sector researchers and analysts. A list of those who currently have access, together with their appointed contact officer, is available on the ABS website, under the Services We Provide heading. Researchers and analysts are able to run statistical queries on the CURF microdata using SAS, SPSS or Stata software.

## **What CURF files are relevant to the ageing field?**

Almost 80 CURF microdata files are available and come from a wide range of ABS household and labour surveys. Those of significance to older persons and ageing research and policy developers include:

- Australian Housing Survey (1999) Basic\*
- Australians' Employment and Unemployment Patterns (1994-97) Basic\* and Expanded
- Census 2001 - Household Sample File (2001) Basic\* and Expanded
- Disability, Ageing and Carers (2003) Basic\*
- Education and Training (2005) Basic\* and Expanded
- Education and Work (2005) Basic
- Families in Australia (1992) Basic
- Family Characteristics Survey (2003) Expanded
- Forms of Employment (1998) Basic
- General Social Survey (2002) Basic\* and Expanded
- Household Expenditure Survey (1993-94) Basic\*
- Household Expenditure Survey and the Survey of Income and Housing (HES/SIH) (2003-04) Basic\* and Expanded
- Income and Housing Survey (1981-82) Basic\*
- Income and Housing Survey (2002-03) Basic\* and Expanded
- Income and Housing Survey and the Household Expenditure Survey (HES/SIH) (2003-04) Basic\* and Expanded
- Income Distribution Survey (1986) Basic\*
- Labour Force Survey and Employee Earnings, Benefits and Trade Union Membership (August 2004) Basic\*
- Labour Mobility (1994) Basic\*
- Mental Health and Wellbeing of Adults, Australia, Second Revised (1997) Basic\*
- Multi Purpose Household Survey (2004-05) Expanded
- National Aboriginal and Torres Strait Islander Health Survey (2004-05) Expanded
- National Aboriginal and Torres Strait Islander Social Survey (2002) Expanded
- National Crime and Safety Survey (2005) Expanded
- National Health Survey (2004-05) Basic\* and Expanded
- National Nutrition Survey (1995) Basic\*
- Personal Safety Survey (2005) Expanded
- Superannuation and Employment Arrangements Survey (2000) Expanded
- Time Use Survey (1997) Basic\* and Expanded
- Voluntary Work Survey (2000) Basic
- Women's Safety Survey (1996) Basic\*

Content information including Technical Manual/Information Paper for each CURF is available on the ABS website, [www.abs.gov.au](http://www.abs.gov.au). All Basic CURF Microdata is available on CD-ROM. Basic CURF Microdata marked with an \* is also available via the ABS Remote Access Data Laboratory (RADL) and via the ABS Site Data Laboratory (ABSDL). Expanded CURF Microdata is only available via the ABS Remote Access Data Laboratory (RADL) and the ABS Site Data Laboratory (ABSDL).

# DEMENTIA IN AUSTRALIA REPORT

Contributed by the Australian Institute of Health and Welfare

A report recently released by AIHW, *Dementia in Australia: national data analysis and development* is an important contribution to the evidence base. The report draws together a wide range of current data sources to derive estimates of the prevalence and incidence of dementia in Australia, to describe the characteristics and circumstances of people with dementia and their carers and to examine their use of formal health and care services along with associated expenditure.

In 2003, there were around 175,000 people with dementia in Australia and this number is expected to grow to almost 465,000 by 2031. Alzheimer's Disease is the most common diagnosis of dementia, generally followed by vascular dementia. Dementia is not a natural part of ageing, although most people with dementia are older and the prevalence rate rises with age. Eighty-one per cent of people with dementia were aged 75 or older in 2003 and 22% of people aged 85 and over have dementia.

However, it is not simply the number of people who have dementia which makes it a significant health issue for the Australian community, but rather that dementia is one of the most disabling of health conditions. People reporting that they had Alzheimer's Disease or dementia to the ABS Survey of Disability, Ageing and Carers (SDAC) only comprised 4% of the population aged 65 and over in 2003, but they comprised 17% of people who reported needing assistance with daily living activities such as caring for themselves (showering, eating etc), mobility and communication.

The high levels of disability associated with dementia result in family and other informal carers spending a significant amount of time providing assistance. Data about caregivers is limited and often based on small scale studies. However, a number of studies noted that over half of the care recipients with dementia were unable to be left alone (Schofield et al. 1998) and data from the 2003 SDAC show that around 65% of primary carers living with their care recipient spend 40 or more hours each week actively caring or supervising the care recipient.

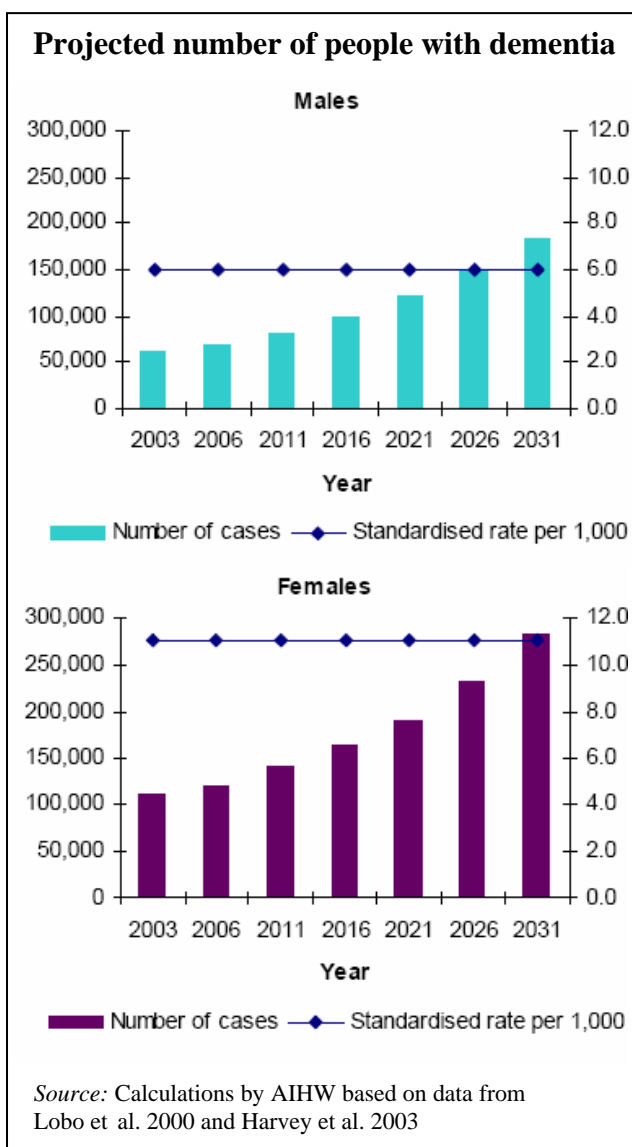
The demands of caring for someone with dementia pose a risk that carers will experience high levels of stress, and this is especially the case where behavioural and psychological symptoms of dementia are present.

Residential aged care is the most heavily used formal service by people with dementia. Around 68,000

people with dementia lived in permanent residential aged care in 2003 and 61% were in the two highest care categories. Expenditure on dementia has been calculated using a new approach which takes account of other health conditions a person with dementia may have. The bulk of this expenditure (\$993 million) is incurred in residential aged care with \$149 million in admitted patient care in hospitals and \$73 million on prescription pharmaceuticals.

Data about dementia is collected in a large number of data sources in Australia but there is scope for improved consistency between them in terms of identification of people with dementia and cognitive impairment. Efforts to achieve better and earlier diagnosis of dementia will also result in improved data. At this stage it is not possible to accurately estimate the number of people with dementia in Australia and our understanding of their circumstances and those of their carers is limited. The AIHW report proposes a menu of data elements which can be drawn on to improve the consistency and comprehensiveness of data about dementia.

The report can be found at [www.aihw.gov.au](http://www.aihw.gov.au).



Course recently entered on the ARO

## Macquarie University's Postgraduate Programs in Ageing and Health

Macquarie University offers a comprehensive suite of postgraduate programs in ageing and health for anybody looking to enhance their employment prospects in the aged care and health sector.

The ageing and health program will be of interest to:

- Health care professionals including medical practitioners, nurses, and allied health professionals who are currently working in, or interested in working in, aged health care;
- Policymakers, policy analysts and advocates in public, private, and community-based sectors;
- Managers, owners, and staff of aged care facilities; and
- Recent undergraduates in related disciplines such as health studies, nursing, psychology, sociology, demography and management.

The program includes: a Postgraduate Certificate which can be completed in one year (part-time); a Postgraduate Diploma which can be completed in one and a half years (part-time); and the Master of Ageing and Health which can be completed in one year (full-time) or the part-time equivalent. Students have the option to transfer between all three postgraduate programs.

For further information email Dr Elizabeth Latimer Hill [elatimerhill@els.mq.edu.au](mailto:elatimerhill@els.mq.edu.au) or Dr Lindie Clark [lindie.clark@mq.edu.au](mailto:lindie.clark@mq.edu.au) or visit [www.chiro.mq.edu.au/postgrad/fsapplications.htm#PGhealth](http://www.chiro.mq.edu.au/postgrad/fsapplications.htm#PGhealth)

## CALENDAR OF EVENTS

### Redesigning Healthcare for the Ageing Population

#### Summit 2007

Sydney, NSW

27-28 March

<http://www.iqpc.com.au>

### ACROD 2007 Ageing and Disability Conference

Adelaide, SA

3-4 April

<http://www.acrod.org.au/conferences>

### 2007 Alzheimer's Australia Conference

Perth, WA

29 May - 1 June

<http://www.alzheimers2007conference.com.au>

### Australasian Housing Researchers' Conference

Brisbane, QLD

20-22 June

<http://www.uq.edu.au/housingconference2007/>

### National Conference on Depression in the Elderly

Sydney, NSW

28-29 June

<http://www.hammond.com.au>

### Australian Social Policy Conference

Sydney, NSW

11-13 July

<http://www.sprc.unsw.edu.au/ASPC2007>

### Cognitive Ageing Conference - Down Under

Adelaide, SA

12-15 July

<http://www.cos.gatech.edu/cac>

### Royal Australasian College of Medical Administrators 2007 ASM

Gold Coast, QLD

29-31 August

<http://www.racma.edu.au>

### National Dementia Research Forum

Sydney, NSW

17-18 September

<http://psych.med.unsw.edu.au/>

### National Gerontology Physiotherapy Group Biennial Conference

Cairns, QLD

7-8 October

<http://www.apaconferenceweek07.asn.au>

### Australian Association of Gerontology National Conference

Adelaide, SA

21-23 November

<http://www.aagconference.com>

## INTERNATIONAL EVENTS

### Festival of International Conferences on Caregiving, Disability, Ageing and Technology

Toronto, Canada

16-19 June

<http://www.ficcdat.ca>

### International Association of Gerontology and Geriatrics VI European Congress

St Petersburg, Russia

5-8 July

<http://www.onlinereg.ru/gerontology>

## 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.