18th National Conference of Emerging Researchers in Ageing

Theme: *Equity and Diversity*

4 - 5 November 2019
Sydney, New South Wales, Australia

Conference Proceedings

Emerging Researchers in Ageing in partnership with the
ARC Centre for Excellence in Population Ageing Research (CEPAR)
present the

18th National Conference of Emerging Researchers in Ageing

Theme: *Equity and Diversity*

4 - 5 November 2019
Sydney, New South Wales, Australia

ARC Centre of Excellence in Population Ageing Research (CEPAR): cepar.edu.au
Emerging Researchers in Ageing: era.edu.au

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Welcome from the ERA National Convenor

It is with great pleasure that I welcome you to the 18th National Conference of Emerging Researchers in Ageing. As a targeted conference supporting research students and early career researchers, it is a unique opportunity to get feedback from others at a similar point in their research journeys.

I encourage all participants to take up the opportunity to network during the conference, as the connections you make over the two days could end up sustaining you throughout your career in research and possibly beyond.

I would like to thank CEPAR for their ongoing support for ERA, both as the primary sponsors for all our activities and as the hosts for this year. It has been a pleasure working closely with the CEPAR team. I would also like to thank the Local Organising Committee, made up of emerging researchers from universities across Sydney. They have provided invaluable assistance in preparing for the conference. The committee members are listed on the following page and I encourage participants to seek them out during the conference breaks!

I would also like to thank all our conference sponsors, especially the Australian Association of Gerontology as our Silver sponsor and the National Ageing Research Institute who are sponsoring our welcome reception. The AAG and NARI have both had a long relationship with ERA and we appreciate their support again this year.

I look forward to meeting you all in Sydney!

Dr Matthew Carroll

Acknowledgements

Sponsors

The ERA 2019 Organising Committee appreciates the generous support of our sponsors:

ERA Primary Sponsor
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Australian Association of Gerontology

Reception Sponsor
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Best ERA 2019 Presentation by an AAG member
Australian Association of Gerontology

Best ERA 2019 Presentation by a NSW-based Student
Australian Association of Gerontology NSW Division

Trade Display
Australian Nursing and Midwifery Federation – NSW Branch

ERA 2019 Organising Committee

Amy Brushwood, ARC Centre of Excellence in Population Ageing Research (CEPAR)
Dr Matthew Carroll, Emerging Researchers in Ageing
Courtney Hempton, Emerging Researchers in Ageing

Nicole Ee, The University of New South Wales
Dr Natasha Ginnivan, The University of New South Wales
Jane Hwang, The University of New South Wales
Dr Mikaela Jorgensen, Macquarie University
Dr Joyce Siette, Macquarie University
Cheng Wan, The University of New South Wales
Dr Xiaoyue Xu (Luna), University of Technology, Sydney

Message from CEPAR, ERA Primary Sponsor

Message from AAG, ERA 2019 Silver Sponsor

Message from NARI, ERA 2019 Reception Sponsor

For more than four decades The National Ageing Research Institute (NARI) been bringing research to life to improve health outcomes for older people, improve aged care practice and provide evidence to ensure the development of good policy.

Our vision is that "All older people achieve their full potential and that care when required, is accessible and appropriate to needs and culture." NARI is a national leader in ageing research, producing work of international significance to apply to real lives. Our work is translational, holistic and based on clinical knowledge, psychological and social understanding. Programs of research include:

- Reducing falls and improving balance
- Managing chronic and acute pain
- Evidence based dementia care and practice
- Health promotion and prevention eg promoting physical activity
- Addressing mental health and social isolation, and
- Understanding and preventing elder abuse
- Understanding the experience of diverse populations
- Broad health systems and models of care evaluation.

We undertake investigator driven, commissioned, and tendered research and work within a co-design and translational principles.

If you are interested in learning more about our work or career opportunities within NARI, please contact us:

T: +61 3 8387 2305
E: info@nari.edu.au
W: nari.net.au/about-us/careers

Keynote Speakers

Professor Marian Baird AO

Marian Baird is Professor of Gender and Employment Relations, Head of the Discipline of Work and Organisational Studies, and Co-Director of the Women, Work and Leadership Research Group in the University of Sydney Business School. Marian is CI on CEPAR's research stream 'Organisations and the Mature Workforce'. In 2018, Marian was appointed as a Pro-Chancellor of the University of Sydney and was also named in Apolitical's Top 100 Most Influential People in Gender Equality list. She was awarded an AO in 2016 for outstanding services to improving the quality of women's working lives and for contributions to tertiary education. She is one of Australia's leading researchers in the fields of women, work and family. In 2017 Marian and colleagues edited a ground-breaking book, Women, Work and Care in the Asia Pacific, and she is currently a CI on the 'Investing in Women' project being undertaken in the Philippines, Indonesia, Myanmar and Vietnam for Australia's Department of Defence.

Professor Renae Ryan

Renae Ryan is Professor of Biochemical Pharmacology at the University of Sydney where she leads a research team investigating the molecular mechanisms of amino acid transporters and their role in diseases such as episodic ataxia, chronic pain and cancer. She is the Academic Director of the Science in Australia Gender Equity (SAGE) Program at the University of Sydney and was the inaugural Chair of the Sydney Medical School Gender Equity Committee. Renae is passionate about improving diversity and inclusion in higher education, health and medicine and creating a culture where all can fully engage and contribute.

Bursaries

One of the ways the ERA initiative provides support for the training of a new generation of emerging researchers in ageing is through the provision of travel bursaries to ERA 2019 presenters.

Sixteen bursaries were awarded this year, each valued at either $150 (Sydney), $250 (broader NSW), or $350 (interstate), to current students to assist with the expenses of participating in the conference.

Congratulations to the ERA 2019 bursary recipients:

- **Shazia Shehzad Abbas**, The University of Newcastle
- **Meghan Ambrens**, Central Queensland University
- **Kofi Awuviry-Newton**, The University of Newcastle
- **Belinda Fuss**, The University of Adelaide
- **Aliza Hunt**, Australian National University
- **Kristiana Ludlow**, Macquarie University
- **Sarath Rathnayake**, Griffith University
- **Khiarn Raymond**, Australian Catholic University
- **Patrice Searson**, Australian Catholic University
- **Heather Shepherd**, Monash University
- **Lana Simpson**, Australian Catholic University
- **Carol Tang**, The University of Melbourne
- **Luke Testa**, Macquarie University
- **Kaeshaelya Thiruchelvam**, The University of Newcastle
- **Harry Wu**, The University of Sydney
- **Befikadu Wubishet**, The University of Newcastle

Prizes

Best ERA 2019 Oral Presentation
Presenting an oral paper at a research conference requires the ability to present a complicated research program in a clear, visually appealing and engaging manner. The presenter considered by the judging panel to be the best oral presenter will be awarded a prize to the value of $250, and a certificate.

Best ERA 2019 Poster Presentation
Successful poster presentations require great skill in displaying just the right amount of content in an eye-catching way in order to get the desired message across. The poster considered by the judging panel to be the best will be awarded a prize to the value of $250, and a certificate.

Best ERA 2019 Presentation by an AAG Member
The AAG is pleased to sponsor the prize for the Best Presentation by an AAG Student or Early Career member. The recipient will be awarded a prize to the value of $250, and a certificate.

Best ERA 2019 Presentation by a NSW-based Student
The AAG NSW Division is pleased to sponsor the prize for the Best Presentation by a NSW-based Student. The recipient will be awarded a prize to the value of $250, a certificate, and a one-year student membership to the AAG.

Helen Bartlett Prize for Innovation in Ageing Research
The Helen Bartlett Prize for Innovation is awarded for the most original and creative research presented at the conference (oral or poster). The prize recognises the outstanding contribution made by Professor Helen Bartlett to the field of ageing research in Australia, particularly as the founder of the ERA initiative. The research considered by the judging panel to be the most innovative will be awarded a prize to the value of $250, and a certificate.

Programme

Monday 4 November 2019

REGISTRATION

8.30am – 9am

OPENING PLENARY

9am – 10.20am   ACKNOWLEDGEMENT OF COUNTRY
OPENING ADDRESS
Professor Hazel Bateman, CEPAR Deputy Director

WELCOME
Dr Matthew Carroll, ERA National Convenor

KEYNOTE ADDRESS
Professor Marian Baird AO
Reading between the lines: My experiences of translating research into policy

MORNING TEA AND POSTER VIEWING

10.20am – 10.50am

Posters *in alphabetical order*

ESTIMATING HEALTH STATE UTILITIES AMONG WOMEN WITH ATRIAL FIBRILLATION USING THE SF-36
Shazia Shehzad Abbas

A PILOT TESTING IF SILENT DISCO CLASSES CAN IMPROVE THE QUALITY OF RELATIONSHIP BETWEEN PERSONS WITH DEMENTIA AND THEIR CARER'S
Khiarn Raymond

MUSIC THERAPY AS A TOOL TO REDUCE ANGER IN OLDER ADULTS: A PILOT STUDY
Patrice Searson

EFFICACY OF SILENT DISCO IN DECREASING DEPRESSIVE SYMPTOMS AND IMPROVING INDEPENDENCE IN PEOPLE WITH DEMENTIA: A PILOT STUDY
Lana Simpson

TECHNOLOGY-ENABLED MEDICATION REVIEWS
Kaeshaelya Thiruchelvam

CONCURRENT SESSIONS: MORNING

10.50am – 11.50am

Equity & Diversity in Ageing	Mental Health	Pharmaceutical Care	Finance & work
Room: Tyree Room	Room: Gallery 1	Room: Gallery 2	Room: Gonski Room
URBAN LIVING OLDER ABORIGINAL PEOPLE AND THE LIMITS OF THE MYAGEDCARE MODEL OF PROVISION Ellen Finlay	HELP-SEEKING INTENTIONS FOR MENTAL HEALTH SERVICES BY OLDER ADULTS WITH CHRONIC DISEASE: A CROSS-SECTIONAL STUDY Claire Adams	MEDICATION OMISSIONS IN NEW ZEALAND RESIDENTIAL AGED CARE HOMES: RATES, REASONS, AND WHAT TO RECORD? Stephanie Garratt	MORE FEMALE JOBS, MORE BABIES: UNDERSTANDING HOW DEVELOPED ENGLISH-SPEAKING NATIONS COMBINE RELATIVELY HIGH FEMALE EMPLOYMENT AND FERTILITY DESPITE A HIGH COST OF CHILDCARE Daniel Dinale
WHERE WE DIE MATTERS – ADDRESSING THE ROLE OF UNCERTAINTY IN END-OF-LIFE DECISION MAKING Katrin Gerber	EXPLORING THE ROLE OF ANTICONVULSANTS FOR THE MANAGEMENT OF AGITATION AND AGGRESSION IN THE OLDER ADULT MENTAL HEALTH CONTEXT Karen Heslop	CONTENT VALIDATION OF THE PRACTICE (PYSCHOTROPIC MEDICINES USE IN RESIDENTS AND CULTURE: INFLUENCING CLINICAL EXCELLENCE) TOOL© IN UK CARE HOMES Mouna Sawan	THE IMPACT OF PERCEIVED FINANCIAL WELL-BEING ON SOCIAL RELATIONSHIP AND LIFE SATISFACTIONS OF CHILDLESS OLDER MALAYSIAN CHINESE Yin Mei Ng
HOW OLDER LESBIANS COMING OUT LATER IN LIFE SEEK SUPPORT Li-Min Lee	FOUR MULTILEVEL MODELS OF DISTRESS: UNDERSTANDING PREDICTORS OF MENTAL ILLNESS SYMPTOMS IN INDONESIA'S AGEING POPULATION Aliza Hunt	ACETYLCHOLINESTERASE INHIBITORS TO PREVENT OR DELAY PSYCHOTROPIC USE IN PEOPLE WITH DEMENTIA Edwin Tan	AN EXPERIMENTAL STUDY OF THE DEMAND FOR HYBRID LONGEVITY AND HEALTH INSURANCE PRODUCTS Cheng Wan
SHOULD WE TALK ABOUT GENDER DIFFERENCES IN COGNITION IN LATER LIFE? Janet Maccora	UNDERSTANDING HOW TO REDUCE DEMENTIA RISK IN PEOPLE WITH DEPRESSIVE SYMPTOMS LIVING IN RESIDENTIAL AGED CARE FACILITIES Carol Tang	DO GENERAL PRACTITIONERS THINK DISCUSSING PATIENT GOALS AND PREFERENCES IS IMPORTANT? A QUALITATIVE STUDY FOCUSED ON PRESCRIBING Kristie Weir	LIFE SATISFACTION OF OLDER CHINESE: THE ROLE OF HEALTH AND HEALTH INSURANCE Sisi Yang

LUNCH AND POSTER VIEWING

11.50am – 12.50pm

CONCURRENT SESSIONS: EARLY AFTERNOON

12.50pm – 1.50pm

Ageing in the Community	Cognitive Health	Models of Care	Service Use & Planning
Room: Tyree Room	Room: Gallery 1	Room: Gallery 2	Room: Gonski Room
INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF THE LIVED EXPERIENCES OF OLDER PEOPLE REGARDING FUNCTIONAL ACTIVITIES Kofi Awuviry-Newton	VARIATION IN RESPONSES TO A COGNITIVE SCREENING TOOL IN OLDER ADULTS RECEIVING AGED CARE SERVICES Laura Dodds	METHODOLOGICAL QUALITY OF BONE HEALTH GUIDELINE RECOMMENDATIONS ON VITAMIN D AND CALCIUM INTAKES: A PILOT STUDY Zhaoli Dai-Keller	STAFF MEMBERS' PRIORITISATION OF CARE IN RESIDENTIAL AGED CARE FACILITIES Kristiana Ludlow
SOCIODEMOGRAPHIC FACTORS AND HEALTH INDICATORS CONTRIBUTING TO SELF-REPORTED PSYCHOLOGICAL DISTRESS IN OLDER COMMUNITY DWELLING SOUTH AUSTRALIANS Stephanie Champion	REMODELING CHRONIC DISEASE MANAGEMENT IN GENERAL PRACTICE IN THE CONTEXT OF COGNITIVE IMPAIRMENT Caroline Gibson	EFFECTIVENESS OF MULTICOMPONENT INTERVENTIONS FOR ADULTS WITH DELIRIUM IN THE ACUTE TERTIARY SETTING: SYSTEMATIC REVIEW PROGRESS REPORT Anne Hepworth	HEALTH SERVICE UTILISATION AND HEALTH OUTCOMES OF RESIDENTIAL AGED CARE RESIDENTS REFERRED TO A HOSPITAL AVOIDANCE PROGRAM Luke Testa
HOW DO THE RESIDENTIAL CIRCUMSTANCES OF OLDER PEOPLE AFFECT THEIR ROLE IN SUSTAINING THEIR COMMUNITIES? Kelli Dendle	MARKERS OF COGNITIVE DECLINE IN THE WRITTEN LANGUAGE OF OLDER AUSTRALIAN WOMEN Stephanie Lithgow	EXPLORING PERCEPTION AND PRACTICES OF HEALTH CARE PROVIDERS RELATING TO OLDER ADULTS' HEALTH LITERACY IN URBAN COMMUNITY: A RECIPE OF HEALTH EDUCATION Thitaporn Keinwong Bauer	BURDEN OF CANCER AND CARDIOVASCULAR DISEASE IN AUSTRALIA OVER A 24-YEAR PERIOD Harry Wu
AUSTRALIAN RURAL INFORMAL CARERS' PROBLEM-SOLVING STRATEGIES Heather Shepherd	CAN AGEING OLD ADULTS BENEFIT FROM BEING BILINGUAL? Shamala Sundaray	MUSIC LISTENING FOR WELL-BEING BENEFIT IN AGED-CARE Amanda Krause	

SESSION CHANGEOVER

1.50pm – 2pm

CONCURRENT SESSIONS: MID-AFTERNOON

2pm – 3pm

Technology in Ageing	Diversity in Dementia Care	Physical Activity & Falls Prevention	Predicting Health Outcomes
Room: Tyree Room	Room: Gallery 1	Room: Gallery 2	Room: Gonski Room
INCORPORATING TECHNOLOGY INTO HOME CARE SERVICES FOR OLDER AUSTRALIANS Jacinta Borilovic	INDIGENOUS AUNTIES, DEMENTIA AND DANCE Darcelle Douglas	EXPLORING THE PERCEPTION AND ATTITUDES TOWARDS FALLS AND FALL PREVENTION IN COMMUNITY-DWELLING WOMEN AGED 60+ YEARS WHO HAD PREVIOUSLY ATTENDED EXERCISE-BASED FALL PREVENTION CLASSES: A QUALITATIVE STUDY Meghan Ambrens	COHERENT MORTALITY MODELING FOR CHINA'S PROVINCES IN A BAYESIAN FRAMEWORK Qian Lu
FEELING SOCIAL: HOW OLDER ADULTS FEEL ABOUT COMMUNICATING ONLINE AND OFFLINE Belinda Fuss	CO-DESIGN WITH PEOPLE LIVING WITH DEMENTIA: EXAMINING THE BARRIERS, ENABLERS AND IMPACT ON EDUCATION PROGRAM DEVELOPMENT Ellen Gaffy	EXPLORING THE FEASIBILITY, SUSTAINABILITY AND THE BENEFITS OF THE GRACE+GAIT EXERCISE PROGRAMME IN THE RESIDENTIAL AGED CARE SETTING Samantha Fien	UNPLANNED READMISSION IN 28 DAYS OF HOSPITAL DISCHARGE IN A LONGITUDINAL POPULATION-BASED COHORT OF OLDER AUSTRALIAN WOMEN Dinberu Shebeshi
DESIGNING A TABLET APPLICATION FOR OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT Lua Perimal-Lewis	THE ROLES OF THE PRACTICE NURSE IN DEMENTIA CARE: A SYSTEMATIC REVIEW Caroline Gibson	PARTICIPATION IN A NOVEL MULTI-FACTORIAL FALLS PREVENTION REHABILITATION PROGRAM AND ITS EFFECT ON DAILY LIVED EXPERIENCE OF STROKE SURVIVORS – A QUALITATIVE STUDY Jun Sheng Gary Koh	IMPACT OF DIABETES ON LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY AMONG OLDER AUSTRALIAN WOMEN Befikadu Wubishet
FUNCTIONAL DISABILITY CARE AND USE OF SMARTPHONE APPLICATIONS: EXPERIENCES OF FAMILY CARERS OF PEOPLE WITH DEMENTIA Sarath Rathnayake	BRIDgES: A QUALITATIVE STUDY OF THE FACILITATORS & BARRIERS TO DEMENTIA SCREENING AND CARE OF OLDER PRISONERS Natasha Ginnivan		

AFTERNOON TEA AND POSTER VIEWING

3pm – 3.30pm

CLOSING PLENARY

3.35pm – 5pm

<u>KEYNOTE ADDRESS</u>
Professor Renae Ryan
Diversity and inclusion: An essential mix for excellence in academia and research

<u>AWARD OF PRIZES</u>
- Best ERA 2019 Oral Presentation
- Best ERA 2019 Poster Presentation
- Best ERA 2019 Presentation by an AAG Member, sponsored by the Australian Association of Gerontology
- Best ERA 2019 Presentation by a NSW-based Student, sponsored by the Australian Association of Gerontology NSW Division
- Helen Bartlett Prize for Innovation in Ageing Research

<u>ANNOUNCEMENTS</u>
Dr Matthew Carroll, ERA National Convenor
- ERA Travel Exchange Program 2019
- 'ERA 2020' location

<u>CONFERENCE CLOSE</u>

RECEPTION

5pm – 7pm

Sponsored by the National Ageing Research Institute

Tuesday 5 November 2019

POST-CONFERENCE WORKSHOPS

9am – 12pm
(Morning tea 10.30am – 11am)

Working with Diverse Populations in Ageing Research	Knowledge Translation: Turning Research into Action
Chair: Dr Matthew Carroll	Chair: Jane Hwang
Room: Gallery 1	Room: Gallery 2
This interactive workshop will provide an overview of working with diverse populations in ageing research, including discussion of the value of inclusive research, ethical issues, and the practicalities of conducting such research, drawing from examples like the 'Koori Growing Old Well Study'.	This interactive workshop will provide participants with an understanding of the core principles of knowledge translation, with group activities to assist participants to apply those principles to their own research areas. The workshop will be useful for participants at all stages in the research journey.
Presented by: **Dr Kylie Radford**, **Dr Louise Lavrencic**, and **Belinda Ducker**, Neuroscience Research Australia (NeuRA)	Presented by: **Dr Lidan Zheng** and **Kim Burns,** Dementia Centre for Research Collaboration (DCRC), UNSW **Dr Natasha Ginnivan**, The Kirby Institute, UNSW Sydney

Please note: In addition to the two ERA post-conference workshops, ERA is collaborating with the Australian Association of Gerontology (AAG) Student and Early Career Researcher/Practitioner Group (SECG) to host an afternoon AAG pre-conference workshop on *Career Pathways in Ageing.* For further information and to register for this AAG pre-conference workshop, please refer to the AAG conference website: 2019.aagconference.aag.asn.au/workshops

The *Career Pathways in Ageing* workshop is an AAG pre-conference workshop, and will be held at the AAG conference venue, approximately 10km from the ERA 2019 conference location. Delegates who have registered for the AAG pre-conference workshop will need to proceed to the International Convention Centre Sydney, for 1.15pm commencement.

Abstracts

In alphabetical order

ESTIMATING HEALTH STATE UTILITIES AMONG WOMEN WITH ATRIAL FIBRILLATION USING THE SF-36

ABBAS Shazia Shehzad, MAJEED Tazeen, WEAVER Natasha, NAIR Balakrishnan Kichu, BYLES Julie
The University of Newcastle

The Short Form 36 Health survey (SF-36) is a 36 item generic health status instrument validated extensively to evaluate health related quality of life across eight health domains. However, SF-36 does not generate health state utilities, which are critical parameters for the development of decision models. Brazier and colleagues developed an algorithm to translate SF-36 into SF-6D to acquire a single value health utility index. In SF-6D, eight SF-36 domains are reduced to six by combining role limitations due to physical and emotional problems and excluding general health perceptions, assuming general health is part of all the other domains. The aim of this study is to estimate the health utilities for potential health states for women with Atrial Fibrillation (AF). This project will use survey data from 1921-26 birth cohort of the Australian Longitudinal Study on Women's Health (ALSWH) which includes the SF-36, linked to state based admission registry (hospital data) and national Pharmaceutical Benefits Scheme data (PBS). SF-36 responses for individual women will be transformed into utility values using the SF-6D algorithm developed by Brazier et al. using Australian value set. Preliminary analysis using SF-36 indicates that women with AF have poorer physical and social functioning scores and these scores deteriorate with time and as women age. Mental health scores were not significantly different among women with and without AF and remained steady overtime. These scores will be further converted into single measure of utility. Once converted, utility values will be calculated for women who experienced stroke, intracranial bleeding, myocardial infarction, disability following stroke and/or intracranial bleeding, women taking antithrombotic and/or antiplatelet medications. These scores can then be further utilised in the development of decision models for optimal treatment strategies for AF.

HELP-SEEKING INTENTIONS FOR MENTAL HEALTH SERVICES BY OLDER ADULTS WITH CHRONIC DISEASE: A CROSS-SECTIONAL STUDY

ADAMS Claire[1], GRINGART Eyal[1], STROBEL Natalie[1,2]
[1]Edith Cowan University
[2]The University of Western Australia

Background: Despite frequent contact with the health care system, older adults, particularly those with chronic disease, underutilise mental health services. This is concerning as older adults with chronic disease are significantly more likely to experience anxiety and depression than older adults without chronic disease. Hence, there is a pressing need to deepen our understanding of mental health help-seeking in this cohort to enhance service utilisation. **Objective:** This research applied the Theory of Planned Behaviour (TPB) to explore mental health help-seeking intentions among older adults with chronic diseases. The aim of the study was to identify predictors of mental health help-seeking, which would be used later in a targeted intervention. **Method:** This was a cross-sectional study with 107 people aged >65 years who were recruited from independent living facilities and the community. We collected data on intentions to seek help for mental health challenges, TPB predictor variables (attitudes, subjective norms and perceived behavioural control toward help-seeking), and demographic information. Univariate and multivariate linear regression models were used to test the association

between psychological symptomatology, TPB variables, and demographic predictors. **Results:** There were 63 (58.9%) participants who expressed intention to seek mental health support. Attitudes, subjective norms (social pressure) and perceived behavioural control were all significant predictors of intentions to seek help. A significant negative correlation was found between depression and intention (r = -0.251; p= 0.008). **Conclusion:** Older adults with intentions to seek help were more likely to have favourable attitudes than those without intentions to seek help for mental health challenges. Participants reported having control over seeking mental health services, which supports the development of behaviour change interventions. Based on the significant predictors, an intervention aimed at attitudes and subjective norms will be developed to improve rates of help-seeking and promote healthy ageing for older adults with chronic disease.

EXPLORING THE PERCEPTION AND ATTITUDES TOWARDS FALLS AND FALL PREVENTION IN COMMUNITY-DWELLING WOMEN AGED 60+ YEARS WHO HAD PREVIOUSLY ATTENDED EXERCISE-BASED FALL PREVENTION CLASSES: A QUALITATIVE STUDY

AMBRENS Meghan[1,2], STANNERS Melinda[1]
[1]Torrens University Australia
[2]CQUniversity

Background: Today Australians are living longer, healthier lives (AIHW, 2015). However, as people age their risk of falling increases, with approximately 35% of people aged 65+ years, and approximately 42% of people aged 70+ years experiencing a fall within a 12-month period (Rubenstein, 2002; Davis et al., 2010). Despite the extensive body of literature supporting the benefits of exercise, and the effectiveness of a balance-specific exercise program as a preventive measure for reducing fall risk and fall-related injury, uptake of community-based fall prevention programs is low (Clemson et al., 2010). The existing research identifies complex and contradictory attitudes towards falls and fall prevention amongst older people. **Objective:** Understanding the perceptions and attitudes of older Australians regarding fall prevention is needed to address the disconnect between evidence and behaviour amongst older people. Therefore, the current study explored the perceptions and attitudes towards falls and fall prevention in community-dwellers aged 60+ years who had attended balance classes designed to reduce fall risk in the last five years. **Method:** One-on-one semi-structured interviews were conducted. Purposive sampling was used to interview people who had attended a balance class at a local Physiotherapy Clinic in Melbourne, Australia in the last five years (N=7). An iterative approach was followed to identify emerging themes from transcribed data. **Results:** Three key themes were identified and provide a basis for understanding the perceptions and attitudes of older people who had attended balance classes: Theme 1: Locus of control; Theme 2: Old and useless; and Theme 3: Education and action through 'defining falls, preventing falls'. **Conclusions:** These themes suggest beliefs about control, or lack thereof, influenced attitudes about fall prevention; highlighted stigma around falls and ageism, especially once an older person starts falling; and identified opportunities to improve awareness, education and access amongst the community and healthcare provider education.

INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF THE LIVED EXPERIENCES OF OLDER PEOPLE REGARDING FUNCTIONAL ACTIVITIES

AWUVIRY-NEWTON Kofi[1,2], WALES Kylie[1], TAVENER Meredith[1], BYLES Julie[1]
[1]The University of Newcastle
[2] Kwame Nkrumah University of Science and Technology, Ghana

Background: Most of the research on disability draws on epidemiological data, often conducted in the Westernised regions. To date, there is little research related to older adults in Ghana in Africa. **Objectives:** The purpose of this study is to strengthen understanding on how it is for older adults in Ghana to perform functional activities, referenced against the World Health Organisation International Classification of Functioning, Disability and Health (WHO-ICF) framework. **Methods:** Interpretative phenomenological analysis (IPA), making use of semi-structured interview data was employed as

design and methodological approach. Using criterion sampling, eight people aged over 60 years and needing care for any health problem or frailty reason were recruited from wards of Komfo Anokye Teaching Hospital, Ghana. NVivo version 12 was used to manage codes, categories and themes. **Results:** The analysis identified five interrelated themes; 1) feeling anxious; 2) I am no longer a human being; 3) understanding and admitting poor health; 4) striving to be healthy and being productive; and 5) managing functional difficulties. These concerns were better classified and explained by WHO-ICF, particularly the contextual factors. **Conclusion:** This study examined in detail experiences of older adults performing functioning activities. Our study highlights the relevance of WHO-ICF framework for understanding the experiences of older adults, emphasising the functional, social and environmental factors influencing the functional status of older adults. The findings offer unique insight into the implications for policy and care, for researchers, social and health professionals to promote the health, social needs, and their relationship with the environment.

INCORPORATING TECHNOLOGY INTO HOME CARE SERVICES FOR OLDER AUSTRALIANS

BORILOVIC Jacinta
University of Sydney

Background: Australia has long provided home care packages for older adults to increase their capacity to age well at home. The 2013 aged care reforms introduced a consumer-directed care (CDC) model that aimed to give home care consumers greater choice and control to purchase supports/services as needed. Generally home care packages are delivered through a registered provider in consultation with the consumer, and allow for purchasing services such as allied heath therapies and available technologies. Technology is continuously reported in peer-reviewed and grey literature as having the potential to support ageing in place, yet little is known about how this translates into practice within the CDC model. **Objective:** This study sought to gain an understanding of CDC-supported home care from a providers perspective, how technology provision is integrated within this model of care and what role allied health professionals have in the process. **Method:** As part of a larger study, an in-depth interview was performed in November 2018, with a key informant of an established, not-for-profit home care provider in metropolitan Sydney. Details on the structure, processes and challenges of implementing the CDC model with technology provision were provided. Thematic analysis as framed by the aims of the study were conducted by two independent authors on verbatim transcripts. **Results**: This informant shared the many challenges faced to their business structures since the implementation of the CDC model, and the importance of continuing a strong person-centred approach to overcome these. The purchase and use of technology is a relatively new concept within home care services and is generally carried out with the aid of an allied health professional(s) and negotiations with family members. The roles of case managers and IT specialists were acknowledged as they too promote efficient and safe implementation of various technologies. **Conclusion**: The findings provide valuable insights from a key informant into implementation of the CDC model. Key challenges, strengths and strategies are discussed around the shift to business models for providers, the provision and use of technology/ies to support ageing in place, and the exercise of consumer control and choice within the model.

SOCIODEMOGRAPHIC FACTORS AND HEALTH INDICATORS CONTRIBUTING TO SELF-REPORTED PSYCHOLOGICAL DISTRESS IN OLDER COMMUNITY DWELLING SOUTH AUSTRALIANS

CHAMPION Stephanie, Gordon Sue
Flinders University

Background: The social, political, health and economic challenges contributing to distress amongst contemporary older Australians are different to those faced by the previous generation. There is growing awareness that middle aged Australians may be exhibiting early indicators of frailty and poor health once common only amongst the elderly, while balancing long work hours, often family unfriendly

and unstable employment, with caring for young children and ageing parents. Modifiable sources of distress should be acknowledged and addressed to improve the quality of life of older Australians. **Objective:** This study investigates the relationship between health measures and sociodemographic factors and the psychological distress of respondents, across three stages of adults' working lives, categorised by age: "Working" (40-54 years of age), "Pre-retirement" (55-64 years) and "Retirement" (65-75 years). **Method:** A cohort of 547 community dwelling South Australians self administered the Kessler Psychological Distress Scale (K10) as part of a broader health assessment. Respondents were categorised as having low (10-15), moderate (16-21) or high (22-50) distress. Poisson regression was used to measure associations between K10 categories and sociodemographic and health variables, stratified by stage of working life groups. **Results:** Respondents in the Working group were significantly more likely to report high psychological distress (18%, p<0.001), compared to the Pre-retirement (11%) and Retirement (8%) groups. For the Working group, poor-quality sleep, relying on a pension, and disengagement with their community were significantly associated with higher distress. For those in the Pre-retirement group, current pain, feeling frail, poor-quality sleep, both living with a partner, being unpartnered, and disengagement with their community were significantly associated with higher distress. For Retirees, only poor-quality sleep was significantly associated with increased distress. **Conclusion:** Respondents appeared to be distressed by age-related health conditions at Pre-retirement age but may be too burdened by competing sociodemographic stressors to effectively work towards addressing their burgeoning health concerns. Earlier intervention to support those of Working and Pre-retirement age to address their health concerns may enable individuals to intervene to delay age-related health decline.

METHODOLOGICAL QUALITY OF BONE HEALTH GUIDELINE RECOMMENDATIONS ON VITAMIN D AND CALCIUM INTAKES: A PILOT STUDY

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Background: Osteoporosis is a public health problem among middle-aged and older adults. However, it is unclear to what extent vitamin D and calcium recommendations for adults at risk of osteoporosis vary across bone health guidelines, and whether guideline recommendation development follows a consistent and rigourous process. **Objective:** We compared vitamin D and calcium recommendations in bone health guidelines and appraised the methods used to develop the recommendations described. **Methods:** A comprehensive systematic search was performed to locate bone health guidelines in multiple electronic databases published in 2009-2019. We adopted 25 criteria from the World Health Organization Handbook for Guideline Development (2014) to evaluate representation of guideline development group (expertise and diversity), conflict of interest, systematic methods, evidence substantiation, recommendation development, and external review. Two reviewers independently extracted data for vitamin D and calcium recommendations. **Results:** Among a sample of the ten guidelines identified, 60% were from high-income countries or regions and 40% from mid or low-income countries, as defined by the World Bank gross national income. The range for the reference intakes were 600-1600IU/d for vitamin D and 600-1500mg/d for calcium. All guidelines recommended supplementation of calcium and of vitamin D (except Japan); four guidelines recommended dairy consumption for calcium intakes and one (India) provided specific recommendation for sun exposure. Further, adherence to all 25 WHO criteria ranged from 16-80% among all guidelines, of which none mentioned diversity representation of the guideline development group and only 20% considered health equity or managed conflict of interest. **Conclusion:** Our preliminary results suggest that supplement use recommendations for vitamin D and calcium are high in bone health guidelines. Areas such as diversity representation of the guideline development group, health equity, and conflict of interest management may require further efforts to ensure accountable and rigourous guidelines in future guideline development for bone health.

HOW DO THE RESIDENTIAL CIRCUMSTANCES OF OLDER PEOPLE AFFECT THEIR ROLE IN SUSTAINING THEIR COMMUNITIES?

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Background: In line with global ageing trends, more than one in five Australians will be aged over 65 by mid-century. Despite older adults' overwhelming preference to age in place, existing residential housing stock does not meet the needs of our expanding and diverse ageing population in a variety of ways e.g. design and accessibility; supporting changing household structures; affordability; location. At the same time, government and society increasingly expect older people to downsize or move away from their existing communities to retirement village style housing in later life. If older people do relocate, it is likely that will need to move outside their existing communities to find appropriate housing options which meet their needs. However, older adults fill varied roles which support and sustain their communities, a consideration rarely acknowledged in contemporary housing discourse. The potential impact on communities if residents move away in their later years is not well understood. **Objectives:** We examine the interrelationships and dependencies between older people, their homes and their communities in order to better understand the implications for community sustainability if established community members relocate. **Method:** Three simultaneous online focus groups ran over four consecutive days with participants aged between 50 and 92 (n=103) from urban, regional and rural areas across Australia. Stimulus questions and detailed discussions explored the residential circumstances, daily lived experience and future expectations of these older Australians. **Results:** Qualitative thematic analysis is ongoing at the time of submission; initial results demonstrate substantial heterogeneity, with nuanced and complex interdependence between older adults, their homes and their diverse communities. **Conclusions:** This paper will outline and discuss early results and emerging outcomes of the research and highlight their implications from a social, economic and built environment perspective.

MORE FEMALE JOBS, MORE BABIES: UNDERSTANDING HOW DEVELOPED ENGLISH-SPEAKING NATIONS COMBINE RELATIVELY HIGH FEMALE EMPLOYMENT AND FERTILITY DESPITE A HIGH COST OF CHILDCARE

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Ageing is across the lifespan, and decisions regarding work and family have clear implications later in life. Low fertility in developed nations, alongside medical advancements prolonging longevity throughout the world have been identified as the main cause of population ageing. Low fertility, population ageing and associated fiscal pressures have forced governments to consider how to better encourage the reconciliation of work and family. Importantly, since the mid-1980s, the relationship between female employment and fertility rates in developed economies has been positively correlated. This is largely a product of the fact that developed English-speaking nations (e.g. the U.K., the U.S., Australia and New Zealand) have been characterised by fertility rates above 1.7 births per women and relatively high rates of female employment, alongside a number of social democratic Scandinavian nations (including Denmark and Sweden). Comparably, developed Asian nations and continental European nations have been beset by relatively lower demand for female labour and low fertility rates (including Japan, Italy and Germany). The ability of Scandinavian nations to combine relatively high female employment and fertility rates is comparably well-understood: these nations are characterised by strong public expenditure on childcare, have gender-friendly parental leave policy, alongside high levels of gender egalitarianism within the household. The puzzle emerges in relation to those developed English-speaking nations that are renowned for limited support for working parents. This is especially in the context of developed English-speaking nations having the highest cost of childcare, as a percentage of couples' average income in the OECD. This puzzle is unpacked using gender equity theory and Iversen and Rosenbluth's (2010) embedded bargaining model, examining three spheres pertinent to the nexus between female employment and fertility: the labour market, welfare state

regimes and household dynamics. This study finds that developed English-speaking nations, due to their economic specialisations in the services sector, and an emphasis on general skills inadvertently make it easier for women to combine female employment and having children.

VARIATION IN RESPONSES TO A COGNITIVE SCREENING TOOL IN OLDER ADULTS RECEIVING AGED CARE SERVICES

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Background Current screening assessment approaches for cognitive function are summarised using a single composite score indicating whether or not an individual has a cognitive impairment. Despite measuring different cognitive domains such as short-term memory, orientation and praxis, domain-specific responses are often not reported, making it difficult to determine the most relevant treatment strategies. The Telephone Interview for Cognitive Status-Modified (TICS-M) is a commonly used telephone-based screening instrument for cognitive performance and examines eight different cognitive domains including short-term memory, language, concentration, orientation, mathematical skills, praxis, conceptual knowledge and delayed recall. **Objective** To describe the variation in participant responses in each of the eight TICS-M domains. **Method** Australians contributing to a broader study of social networks, wellbeing and cognition among clients aged 65+ years accessing community aged care services completed the TICS-M in October 2018. Descriptive analyses of each domain were carried out. Independent samples t-test was conducted to compare domain scores for participants with and without cognitive impairment. **Results** One hundred and one participants (mean age 80.0±6.5) completed the TICS-M. Most were female (80.3%), living alone (51.0%), receiving the pension (89.2%), and completed high school (78.3%). The mean TICS-M score was 31.4 (SD=5.2) and majority of participants had no cognitive impairment (70.6%). Only the delayed recall domain reported a significant recency effect for individuals without cognitive impairment (94.1% vs 75% correctly recalled). There was no significant differences in participant's responses to the other domains. **Conclusion** Considering domain-specific responses as complementary to a single composite score may enhance the utility of the TICS-M and identify individuals with early memory problems. Observing variations in individual responses to each cognitive domain may further improve the quality of medical feedback and the delivery of person-centred community aged care activities. This includes adopting targeted treatment strategies that could protect against further decline in ageing Australians.

INDIGENOUS AUNTIES, DEMENTIA AND DANCE

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Background: Currently within Indigenous Australians populations, the prevalence of dementia is greater compared to non-Indigenous Australians. The social determinants of health has complicated both health and well-being of Indigenous Australians in relation to entrenched disadvantage which is magnified for older populations. This study provided an alternative approach to explore well-being of individuals living with a dementia through a structured dance perspective. **Objective:** An ethnographic study was undertaken to determine if dance benefits the wellbeing of Indigenous women living with dementia. The aims were to: (1) engage with participants in a meaningful way through a structured dance program (2) determine the feasibility of delivering a dance program to people living in an aged care facility and (3) provide new evidence about the contribution of dance to the well-being of Indigenous Australians living with a dementia. **Design:** The program was developed by the researcher, a qualified dance teacher. The sessions were conducted once a week over 8 weeks and were 45 minutes in length. The qualitative tools included observations of participants, digital video recordings, response observation sheets and journal notes. By using multiple methods a stronger methodology was achieved, enhancing research rigour. **Results:** Overall the experience of the participants were positive with an increase in physicality and social interactions. Analysis of the data identified the

following three themes: participants, self and others, participant and dance and participant and personal carers (PCs). **Conclusions:** The study provided an understanding of the benefits of dance from an Indigenous perspective and also underscored the importance of social interaction for people living with dementia in an aged care facility. As far as we know, this is the only study of its kind looking at dance, dementia and Indigenous Australians.

EXPLORING THE FEASIBILITY, SUSTAINABILITY AND THE BENEFITS OF THE GRACE+GAIT EXERCISE PROGRAMME IN THE RESIDENTIAL AGED CARE SETTING

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Background: Older adults living in residential aged care facilities (RACF) have diverse characteristics and life experiences and require equitable access to services that are effective and appropriate in improving quality of life. The feasibility and benefits of a 24-week targeted progressive supervised resistance and weight-bearing exercise programme (Group Aged Care Exercise + GAIT (GrACE + GAIT)) in the RAC setting was investigated as very little peer-reviewed research has been conducted in relation to exercise programmes of this duration in this cohort. **Methods:** A quasi-experimental study design consisting of two groups (control and exercise) explored GrACE + GAIT in two RACF in Northern New South Wales, Australia. A total of 42 adults consented to participate from 68 eligible residents (61.7%). The primary outcome measures were feasibility and sustainability of the exercise programme via intervention uptake, session adherence, attrition, acceptability and adverse events. Secondary measures included gait speed and the spatio-temporal parameters of gait, handgrip muscle strength and sit to stand performance. **Results:** Twenty-three residents participated in the exercise group (mean (SD) (85.4 (8.1) years, 15 females) and 19 in the control group (87.4 (6.6) years, 13 females). Exercise adherence was 79.3%, with 65% of exercise participants attending ≥70% of the sessions; 100% of those originally enrolled completed the programme and strongly agreed with the programme acceptability. Zero exercise-related adverse events were reported. ANCOVA results indicated that post-exercise gait speed significantly increased ($p < 0.001$) with an 18.8% increase in gait speed (m/s), whilst paried t-tests revealed a significant increase in gait speed, handgrip strength and sit to stand performance at overall (0-24 weeks) and during both phases of the exercise programme (0-12 and 12-24 weeks). **Conclusion:** The GrACE + GAIT programme was shown to be feasible and significantly improve adults living in RACF.These results suggest that the GrACE + GAIT programme is suitable for use and beneficial in the RAC sector.

URBAN LIVING OLDER ABORIGINAL PEOPLE AND THE LIMITS OF THE MYAGEDCARE MODEL OF PROVISION

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Aged care provision in Australia occurs in a context of increasing neoliberal informed social and public policy. Through promoting the role of the 'individual consumer' neoliberal approaches to social service provision obscure collective inequities, whilst also inscribing rigid, and often arbitrary 'identity' categories onto people. Under the current MyAgedCare system in Australia, non-Indigenous providers are able to register themselves as 'specialised' aged care services that are safe and appropriate for

older Aboriginal and Torres Strait Islander people. Provisional guidelines by the Australian government for services becoming specialised aged care providers for Aboriginal and Torres Strait Islander people do not require Indigenous ownership or control of the services to operate as a specialist provider. Furthermore, despite the 'competitive' market model of aged care provision there remains a dearth of specialised aged care places for older Aboriginal and Torres Strait Islander people living in metropolitan Sydney. Under-investment in urban areas for older Indigenous people represents the implicit assumptions about Aboriginal people in current health and ageing policymaking. Whilst the majority of Aboriginal people in Australia reside in urban centres, health and ageing policy research disproportionately focuses on Aboriginal people living in rural and remote areas of Australia. Through critically analysing government and nongovernment sources about Aboriginal and Torres Strait Islander aged care services, I argue that the individualised market approach to aged care erases the distinctiveness of urban Aboriginality

FEELING SOCIAL: HOW OLDER ADULTS FEEL ABOUT COMMUNICATING ONLINE AND OFFLINE

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Background: Ability to access the internet has become increasingly important to address social connectedness and loneliness for older adults. However, past research has largely focused on differences between users and non-users of computer-mediated communication (CMC), rather than differences between individual CMC users. **Objective**: To look at the relationship between sociodemographic factors, social and psychological wellbeing, personality and communication behaviours (CMC and face-to-face), and whether associations between CMC and wellbeing are explained by individual differences. **Method:** A national online survey involving a cross-sectional sample of 133 community-dwelling adults (89 female, 44 male) aged 65 years and over ($M = 74.0$, $SD = 5.87$), was undertaken. Sociodemographic factors identified as important to CMC adoption were recorded (age, gender, relationship status, living situation, employment status, income, education, self-rated health). Respondents were further asked to report on their communication behaviours (number of CMC channels used, frequency of CMC and face-to-face communication (days per week, minutes per day), Social Media Relationship Maintenance Scale) and standardised measures of psychological (PANAS, SWL, DASS) and social wellbeing (social support: 2-Way Social Support Scale; belongingness: Social Connectedness Scale Revised, Social Assurance Scale), and personality (Mini Markers). **Results:** This sample of older adult CMC users reported multiple markers of ageing well, and participants were frequent communicators face-to-face (approximately two hours per day) and online (less than one hour every day). Correlation coefficients indicated CMC was related to social, but not psychological, wellbeing. Least-squares regression indicated that using CMC, specifically to maintain relationships, positively predicted social wellbeing despite individual differences. **Conclusion:** CMC appears to enhance the social wellbeing of older Australians. More frequent users of CMC are better able to maintain their relationships are better able to give and receive social support, and report a stronger sense of belonging. CMC was found to improve feelings of connectedness, irrespective of individual differences.

CO-DESIGN WITH PEOPLE LIVING WITH DEMENTIA: EXAMINING THE BARRIERS, ENABLERS AND IMPACT ON EDUCATION PROGRAM DEVELOPMENT

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Involving people living with dementia and their families in the development of services relevant to their care is becoming increasingly important as demand for dementia-specific services grows. Co-design is an approach used to involve consumers as true partners. It is based on the idea that consumers are experts in their lived experiences of issues, and therefore should contribute to the development of services that will directly affect them. However, currently there is a lack of understanding about how to best involve people living with dementia in the co-design process. Addressing this key gap, this research aims to examine the process of involving people impacted by dementia in co-designing a dementia-specific education program for home care workers. Nested within a larger national study (the Promoting Independence Through quality dementia Care at Home [PITCH] study), this research explores the barriers to, and enablers of, involving people living with dementia and family carers in co-design and how this involvement impacts the quality of final co-designed product. This presentation describes the preliminary findings of a qualitative study examining the feasibility and acceptability of a specific co-design process used in the development of a dementia education program for home care workers (PITCH). Semi-structured interviews were conducted with workshop participants, workshop facilitators and project advisory group members. Overall, this research aims to improve outcomes for people living with dementia and their families by creating better opportunities to be involved in service development. The outcomes of the project will help to guide educators, researchers and service providers on how to co-design with people living with dementia, in turn driving the development of higher quality dementia care services.

MEDICATION OMISSIONS IN NEW ZEALAND RESIDENTIAL AGED CARE HOMES: RATES, REASONS, AND WHAT TO RECORD?

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Background: Research on medication omissions and the rate at which they occur within residential aged care homes (RAC homes) is scarce. A medication omission is an event where a prescribed medication is not taken by a resident before the next scheduled dose. Medication omissions are often classified as errors, even though the omission may stem from good clinical decision-making. **Objective:** To quantify the incidence and describe the types of medication omissions in RAC homes across New Zealand, and to provide recommendations for recording omissions using e-records. **Method:** A retrospective review of de-identified, medication administration e-records from December 1st 2016 to December 31st 2017 was conducted. Demographic details of residents, care staff qualification level, medications, and RAC ownership types were reviewed and analysed. **Results:** A total of 11, 015 residents from 374 RAC homes had active medication charts; 8,020 resided in care over the entire data collection period. A mean rate of 3.40 medications doses were omitted per 100 dispensed medications doses per resident (s.d. 7.27). The most common selected omission category was 'not-administered' (49.9%), followed by 'refused' (34.6%). The mean rate of omission was found to be slightly higher in corporate operated RAC Homes (3.73 versus 3.33). Commonly omitted medications included Analgesics, Laxatives, and Quetiapine. **Conclusion:** Compared to other studies, medication omissions within RAC homes in New Zealand are not as common as previously reported. However reasons for omitting medications need to be further explored due to the medical consequences of not giving drugs such as pain relief and warfarin, and the implications of not recording these omissions adequately. Staff should be able to select reasons for omission from a pre-populated menu based on commonly identified reasons, as well as free-typing. Further clarification around why medication omissions occur and how they are managed from a care staff perspective is needed.

WHERE WE DIE MATTERS – ADDRESSING THE ROLE OF UNCERTAINTY IN END-OF-LIFE DECISION MAKING

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Background. As our healthcare system are confronted with increasing numbers of ageing and terminally ill patients, the question about where people want to be at the end of life has received considerable attention. **Objective.** To identify how terminally ill patients and their families make decisions regarding place of death. **Methods.** Semi-structured interviews were conducted with eight terminally ill patients and nine family caregivers from an acute, palliative care hospital ward, a sub-acute hospice unit, and a palliative homecare organisation in Melbourne, Australia. Data was analysed thematically using qualitative description. **Results.** We found that the answer to the question: 'Where would you like to be cared for and die?' was often: 'It depends!' Preferences were flexible and conditional. They changed with the demands of the situation and the uncertainty that came with it. Patients did not know what symptoms they would develop, how much their carer could handle or how much time they had left. This uncertainty made it extremely difficult for them to form clear and stable choices. And that might be a problem for a care system that often relies on definite answers. In this presentation, the audience will learn more about the balancing act between certainty and uncertainty, active planning and avoidance, and the role of thoughts and emotions in decision-making. **Conclusions.** As researchers and clinicians, we may need to deepen the conversations we have with people at the end-of-life. So instead of asking only 'Where do you want to be cared for and die?', we may also ask: 'Why?' Understanding under which circumstances preferences exist, persist and change is an essential step to improve future preference assessments and provide better end-of-life care for our ageing population.

THE ROLES OF THE PRACTICE NURSE IN DEMENTIA CARE: A SYSTEMATIC REVIEW

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Research is being undertaken to develop a protocol describing provision of best-practice dementia care by the Practice Nurse (PN). Approximately 70% of people living with dementia (PLWD) live in the community and around 50% of this group are undiagnosed. This suggests a significant number of people attending General Practice may not be having their health care needs met. Exploring new models to improve the identification and management of dementia in the primary care setting is needed. Consequently, we undertook a systematic review of the PN roles in the care of PLWD and the Support Person (SP) to identify essential components of the role and ascertain how it can be best utilised in General Practice. The conduct of this review followed the PRISMA checklist and flow diagram. Data sources included 7 key electronic databases, the internet, expert consultation and reference lists of included studies. Data was sourced using predefined keywords and limited to full-text English language papers published between 2000 and 2018. Title and abstracts of 1799 papers were screened with 71 papers full text screened. Three RCTs, 3 survey studies, 4 mixed-method and 3 qualitative studies were identified for inclusion in the review. The strength of the synthesis of evidence presented in this review is the identification of the characteristics of roles, undertaken by nurses working in the general practice setting that were potentially beneficial to people living with dementia and their support person. These included increased patient accessibility to the practice nurse, early recognition and management of cognitive changes, care management and collaboration with the general practitioner. Limitations of the provision of dementia care by practice nurses included a lack of

definition of the role, inadequate dementia specific training and time constraints. Further research is required to define and evaluate the scope of practice and characteristics of the practice nurse role in dementia care provision.
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REMODELING CHRONIC DISEASE MANAGEMENT IN GENERAL PRACTICE IN THE CONTEXT OF COGNITIVE IMPAIRMENT

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Background Australian and international literature describe a significant service gap in dementia care provided in primary practice. One of the reasons for poor health care outcomes for people with dementia is that, in this patient cohort, other chronic disease and co-morbidities are often under diagnosed and under treated in primary care. In 2016, Ballarat Community Health received funds from the Commonwealth Department of Health, Nursing in Primary Health Care Program to develop a dementia care nurse-led clinic. **Objective** To develop a clinic operated by a Practice Nurse (PN) with advanced dementia care experience to work with people with cognitive impairment (CI) and their carer using a specifically designed cognitive care pathway and chronic disease management (CDM) framework. **Method** A Plan-Do-Study-Act methodology was used to develop the clinic. This iterative process suited the evolving experiential nature of the project. **Results** In the developmental stages of the proposed model it was realised that a discrete service with separate care planning tools for people identified with CI was flawed. To treat this group separately was to add to the stigma and marginalisation experienced by people living with dementia. Instead of a separate service model, a resource to support PNs in identifying and addressing the impact of CI in CDM and developing appropriate care plans was integrated into existing CDM practice. This revised model had the added advantage of engaging all PNs in providing CDM care planning for people with CI, rather than make it a specialised area of practice. **Conclusion** Conversations about cognition need to be normalised within a CDM framework so people feel able to speak up about any concerns and feel confident that their primary health care team can support them. Dementia does not exist in isolation of other chronic disease and appropriate and effective CDM must be considered in context of the CI. The outcome of this project was a PN model of dementia care which comprises a care planning pathway and on-line resource for PNs to support CDM with people living with dementia. This refined model, developed within a clinic setting and with input from GPs and PNs, is now being tested for its value and useability with PNs across Western Victoria.

BRIDgES: A QUALITATIVE STUDY OF THE FACILITATORS & BARRIERS TO DEMENTIA SCREENING AND CARE OF OLDER PRISONERS

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Background: In 2015 the New South Wales Inspector of Custodial services produced a report 'Old and Inside' highlighting gaps in service provision for an ageing prisoner population. This report, along with a 2016 report in Victoria show a long list of recommendations to bring current prisons' practices up to an equivalence of care standard to that of the general community. Recommendations in the NSW report relate to structural changes to the built environment and endorses the need for specialty staff. **Objective:** The purpose of the present study is to ascertain what the facilitators or barriers are to implementation of best-practice models of care for older inmates. **Method:** A thematic analysis of

qualitative data from focus groups conducted with corrective staff (n = 20) in five NSW prisons. **Results:** Preliminary findings from the five focus groups held in NSW prisons show that although some staff are knowledgeable about supports that are needed for ageing inmates; there is a lack of formal training in dementia literacy and a shortage of specialty staff resources and programs such as occupational therapists. Further, there appears to be a lack of age-appropriate programs, such that some inmates in their 70s and 80s are asked to participate in 'construction courses' or 'referee training'. There is little funding for consistent palliative care for a growing cohort of older inmates and no systematic screening of cognitive impairment in older prisoners. There was generally a desire on the part of corrective officers to have more formal dementia literacy training and knowledge of ageing and cognitive decline. **Conclusion:** The present research points to the complexity of providing appropriate care when navigating security-classifications of inmates, the built environment of a prison, staff changes and contracts from external providers who dictate logistics of the activities for corrective staff to manage while observing which inmates might be vulnerable and require specialised care.

EFFECTIVENESS OF MULTICOMPONENT INTERVENTIONS FOR ADULTS WITH DELIRIUM IN THE ACUTE TERTIARY SETTING: SYSTEMATIC REVIEW PROGRESS REPORT

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Delirium is a complex neuropsychiatric disorder characterised by an acute change in mental status with fluctuations in cognition and attention. Up to 50% of people hospitalised over the age of 65 years will develop delirium as it is often accompanied by acute illness. Delirium is under-recognised by healthcare providers and is associated with poor outcomes, including the risk of functional decline, mortality and morbidity. The cause of delirium is often multi-factorial where a complicated relationship exists between risk factors (e.g. age and dementia) are exposed to the hospital environment and the associated risks. People with dementia are at higher risk of delirium due to the environment of brain vulnerability that dementia creates. The review undertaken is to evaluate any multicomponent intervention for delirium and will include all adult patients at risk or who have delirium in the acute tertiary hospital setting. A multicomponent intervention is defined as the use of more than one strategy, which can include pharmacological and non-pharmacological approaches. Types of studies included are randomised controlled trials, clinical trials, systematic reviews, meta-analyses, observational studies, cohort studies, case-control studies and epidemiologic studies. Additional outcomes of the review will include duration and severity of delirium, behavioural symptoms, use of psychotropic medication, falls, length of stay, postoperative complications, use of an indwelling catheter, discharge destination, cognitive and functional status measured at discharge using validated instruments and readmission to hospital. The importance of this research is to identify interventions which can either prevent or minimise the duration and severity of the delirium hence reducing the cognitive and functional outcomes currently experienced by people within the acute tertiary setting.

EXPLORING THE ROLE OF ANTICONVULSANTS FOR THE MANAGEMENT OF AGITATION AND AGGRESSION IN THE OLDER ADULT MENTAL HEALTH CONTEXT

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Background: Anticonvulsant medications are frequently used to manage agitated or aggressive behaviour in acute older adult mental health settings. Internationally, the use of anticonvulsant medications for behavioural management in older adults is not recommended due to reports of low efficacy and high risk of adverse effects. Incidental findings from two separate studies investigating increased fall rates in older adult mental health inpatient services highlight clinical risks associated with anticonvulsant medications in this group. Older adults who sustained a fall while an in-patient had an increased length of stay, increased pain and suffering as well as poorer mental health outcomes. **Objective:** The objective of the current study was to investigate and understand prescribers'

perceptions of the role that anticonvulsant medications have in the treatment agitated or aggressive behaviour in acute older adult mental health settings. **Methods:** In this descriptive qualitative study focus groups and semi-structured interviews were used to collect qualitative perceptions from prescribers (Geriatricians, Consultant Psychiatrist's, trainee Psychiatric Registrars and Medical Officers). Data were analysed using inductive content analysis. **Results:** Most prescribers reported that they believed there was a role for anticonvulsants as second or third line management of agitation and aggression in older adults. However, there was less agreement regarding the appropriate dose and target therapeutic serum levels needed for optimal treatment response. **Conclusions:** The findings of this study suggest that a more formal approach to training prescribers (including community GP's post discharge) is warranted to manage agitated and aggressive behaviour in older adults, to improve treatment outcomes and avoid inequities in mental health outcomes in older adult health care.

FOUR MULTILEVEL MODELS OF DISTRESS: UNDERSTANDING PREDICTORS OF MENTAL ILLNESS SYMPTOMS IN INDONESIA'S AGEING POPULATION

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Rapid urbanisation and social and cultural change as countries transition from low to middle-income can create psychological stressors that disproportionally impact vulnerable subgroups in a population. Countries at this stage of demographic transition have falling fertility rates and higher life expectancy resulting in population ageing. Indonesia is a newly minted example of a large middle-income country and has 22 million persons aged 60-and-over. The number of older Indonesians is expected to reach 48 million and 16 percent of the country's total population by 2035. The paucity of academic literature and policy interest in this subgroup, precipitated our twelve-village survey of Indonesian 60-and-over year-olds. We selected a sample of villages to represent Indonesia's rich diversity and surveyed all villagers 60 and-over using a survey based on the US (Health and Retirement Survey) and European (Survey of Health Aging and Retirement in Europe) surveys of ageing populations (N=2526). This paper examines four outcome variables - depression (PHQ-8), anxiety (GAD-7) and two measures of psychological distress (K6 and the Distress Questionnaire-5). We build four multilevel models to explore twelve families of potential predictors of worse mental health outcomes, including risk factors at the village and individual level. At the village level, we identified significant risk factors related to smaller population size (for anxiety) and larger numbers of small and micro industries (for depression and psychological distress). At the individual level, concentration difficulties, having a poorer financial situation or poorer health were predictive of higher symptoms of depression, anxiety and psychological distress; being unmarried was also predictive of higher depression and psychological distress symptoms. Modifiable risk factors were identified as predictors of depression and psychological distress including levels of social interaction, physical activity and vegetable servings. We discuss the relative importance of these modifiable risk factors and suggest they are fertile areas for national level behavioural change interventions.

EXPLORING PERCEPTION AND PRACTICES OF HEALTH CARE PROVIDERS RELATING TO OLDER ADULTS' HEALTH LITERACY IN URBAN COMMUNITY: A RECIPE OF HEALTH EDUCATION

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ABSTRACTS

Background: Older adults exhibit a learning style that is different to other age groups. Facilitating supportive learning experiences for older adults is a key element of health promotion. Health literacy plays an essential role to improve quality of life in older adults, particularly those living with chronic illnesses. **Objective:** This study explored the perceptions of health care providers who work for the Public Health Service Centre (PHSC), Thailand, in terms of the connections between health literacy and older adult learning. **Methods:** A qualitative descriptive study with 24 health care providers (2 general practitioners, 16 registered nurses, 6 social workers), working with the PHSC within metropolitan areas in Thailand were interviewed using semi-structured interviews. Content analysis was conducted to analyse the data. **Results:** Currently data analysis is underway to reveal the factors that influence health education of Thai older adults living in an urban area. Preliminary analysis suggests that general practitioners and nurses conduct health education differently. Nurses are more likely to adapt their education practices to suit the older adult's capabilities, while general practitioners follow recommended guidelines for education of adults that do not differentiate the elderly. Health care providers and social workers have a 'recipe'; being their own way for conducting health promotion and education activities in providing older people with health information. Health care providers did not evaluate the health literacy outcomes of the education they provided to their older patients. **Conclusion:** This study indicated that different health care providers educate their older patients in different ways (either following general guidelines, or adapting to the needs of the older person), but did not evaluate which of these methods of education led to improved health literacy. The formulation of health education emerged from practitioner's routine work practices that needs to be addressed to promote elderly healthier behaviours will lead to better provision of health promotion for older adults. There are some limitations that relate to this study. The sample size was small and drawn from a single location in Thailand, so the results may not be generalisable. Further research is needed to evaluate which method of education provision results in improved health literacy.

PARTICIPATION IN A NOVEL MULTI-FACTORIAL FALLS PREVENTION REHABILITATION PROGRAM AND ITS EFFECT ON DAILY LIVED EXPERIENCE OF STROKE SURVIVORS – A QUALITATIVE STUDY

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Background: Rehabilitation after stroke aims to assist patients to regain functional mobility. However, physical improvements gained from rehabilitation may not assist them to engage with meaningful activities and social roles after stroke. As such, older adults with stroke are commonly found to have reduced health-related quality of life (HRQoL). They are also at high risk of experiencing post-stroke depression and social isolation which can further reduce their HRQoL. **Objective:** We sought to implement a program which combined interventions such as traditional exercise and safe landing/falls technique training to improve physical functioning, alongside group-sharing education and morning tea sessions specifically designed to improve psychosocial well-being. The purpose of the study was to explore how participating in a novel group-based multi-factorial falls prevention program impacted the daily lived experience of community-dwelling adults living with stroke. **Method:** Five stroke survivors who undertook the 12-week program, alongside one carer took part in the interview. Qualitative data from interview transcripts and researcher field notes were thematically analysed using a phenomenological approach. **Results:** Participants' mean age was 66.3 (5.15) years old. The overarching theme was that participating in the program empowered participants as they undertook their daily life. Six themes identified were: i) gaining new perspectives about living with stroke; ii) developing new feelings of independence; iii) physical improvements; iv) social benefits experienced during their participation in the program; v) increased self-efficacy; and vi) mental benefits. Participants perceived that the program positively impacted on their daily lived experience through positive changes to their physical, emotional, social and mental well-being. **Conclusion:** A group-based falls prevention program which incorporates social activity showed positive effects in improving HRQoL. Incorporating

activities that promote social and community interactions as an integral component of rehabilitation may improve daily outcomes for community-dwelling older adults after stroke.

MUSIC LISTENING FOR WELL-BEING BENEFIT IN AGED-CARE

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Background: Many older people have restricted access to social contact and are highly vulnerable to a range of socio-emotional problems including loneliness and depression. Strategies to support psychosocial well-being in older, aged-care residents are desperately needed and evidence points towards music listening as an effective, non-pharmacological tool with many social and emotional benefits. Yet the specific psychosocial benefits pertaining to everyday music listening in residential aged-care remain under-researched and, thus, under-used as a resource to promote well-being. **Objective:** This recent empirical study investigated older adults' experiences of music listening in their daily lives living in dependent aged-care and considered how music listening might support their psycho-social well-being. **Method:** Thirty-two Australian residents (aged 65-85) living in two Mornington (VIC) care facilities participated in semi-structured interviews. **Results:** The results of a thematic analysis revealed three interesting themes. Firstly, individuals distinguished their present 'relationship' with music from their past. For example, some participants stated they were no longer very interested in music; however, social dancing featured in nearly all of the residents' lived experiences. Consideration of past dance experiences could be a way of re-igniting an interest in music. Secondly, while personal preferences varied, it was clear that individual preferences (and not their age broadly) need to be considered with regard to what is played in common spaces or what features in activities on offer (e.g., concerts). Thirdly, while many participants had listening technologies in their rooms, the TV was easier to use suggesting that alternative access could increase daily music listening. **Conclusion:** These findings provide an in-depth understanding of older Australians' everyday listening practices, with broad implications when considering how music-related activities in aged-care facilities can be structured and supported so that they are engaging, meaningful, and promote emotional regulation, community, and well-being.

HOW OLDER LESBIANS COMING OUT LATER IN LIFE SEEK SUPPORT

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Background: For some time now, existing research literature has focused on LGBT seniors who have come out at an early stage of life and their negative expectations of ageing and help-negation. There is a lack of research on the experiences of seeking support amongst people come out later in life. Given these trends, it is important to understand how lesbian seniors came out later in life decide to access to support and their selection of the sources of the help. **Objective**: This paper discusses help-seeking and some of the barriers faced by lesbian women who came out later in life that how they seek help before and after coming out. **Methods**: The paper analyses qualitative data from interviews with 19 lesbian women aged 50 years and over about their experiences of coming out as lesbian in Australia later in life. **Results**: The findings suggest that available support and online resources are important before and after coming out and that there is a significant shift in the sources of support between previous networks and LGBT communities after coming out. In addition to this, out and not seeking support from services provided specifically for LGBT people participants highlighted positive experiences and expectations of accessing services after coming, which contrasts with previous research. **Conclusion**: While LGBT seniors are often seen as a homogeneous group, these findings suggest that there are diverse experiences and barriers between people who came out at an early stage of life and those came out later in life. **Implications**: Delegates will learn about the patterns of help-seeking and barriers that shaped diverse experiences and expectations in relation to coming out later in life.

MARKERS OF COGNITIVE DECLINE IN THE WRITTEN LANGUAGE OF OLDER AUSTRALIAN WOMEN

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Background: Achieving equity is a challenge for women throughout their life course. In older age, dementia impacts women from all walks of life, bringing an additional barrier to the observation of their rights and increasing the risk of abuse. The early phase of dementia is often only apparent in hindsight, with diagnosis not occurring until the middle or late stages. Early detection may decrease the impacts of this disease process, fostering skills adaptation, lifestyle adjustment, future care planning and potentially improving quality of life. **Objective:** This study examines the written language of older women over time, using propositional density (PD) which is a measure of informativeness in discourse. PD has been identified as a measure sensitive to cognitive decline associated with dementia. This study replicates the work of Ferguson et. al. (2014) and extends it by focusing on examining the PD of women who develop dementia. This new knowledge may be clinically useful, and lead to a new direction in the development of more sensitive assessment tools and earlier detection of dementia. **Method:** PD scores were generated from 32,255 free text comments of participants of the Australian Longitudinal Study on Women's Health (ALSWH) who are aged 65+ (from the 1946-51 and 1921-26 cohorts). Retrospective analysis was conducted on the PD of the written language samples completed by women prior to developing dementia, and over time and/or the course of disease progression. Analysis was conducted using a linear mixed models approach with time varying co-variates. Changes in the complexity of the written language as the women age will be compared between women who develop dementia and those who do not, with dementia diagnosis being confirmed via external administrative linked data. **Results:** This study is in data analysis phase with results expected to be available in the near future.

COHERENT MORTALITY MODELING FOR CHINA'S PROVINCES IN A BAYESIAN FRAMEWORK

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Background: China has experienced great improvements in mortality and life expectancy, but there are large variations at the province level. Modelling provincial variations in mortality is important for assessing health inequality across China. **Objective:** This paper proposes a new method to model the provincial level mortality in China in a Bayesian framework. **Method:** We collect province-level and national data for China and propose two different hierarchical models in the Bayesian framework. The baseline two-level model with a China-province hierarchy allows for information pooling across provinces and consistency conditions between China and provinces. The extended three-level model with a China-region-province hierarchy pools information within regions and additionally allows for a dependence structure between regions. **Results:** This paper compiles a new comprehensive database containing mortality data for 31 provinces and China based on online and archive resources. The models we propose provide good fits and good forecasts. The baseline two-level model provides good fits and reasonable forecasts with equal width of intervals for provinces. The three-level model has a better fit with a lower Deviance Information Criterion (DIC) and provides coherent forecasts for provinces along with forecast intervals reflecting the different levels of regional uncertainty. The sensitivity analysis shows that the forecasts are robust when changing the regional groups and trend assumptions. **Conclusion:** This paper proposes two hierarchical models to fit and forecast the provincial level and national level mortality in China. The models are robust and generate reasonable results when geographic, economic information and dependence structure are incorporated.

STAFF MEMBERS' PRIORITISATION OF CARE IN RESIDENTIAL AGED CARE FACILITIES

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Background: Ageing populations and the rising prevalence of multi-morbidities and cognitive impairment are placing increasing demand on residential aged care facilities (RACFs) to meet older Australians' care needs. However, RACFs often have high workloads and insufficient time for staff to complete all care tasks. This imbalance can force staff to prioritise care, making decisions about what aspects of care are more important. Care tasks assigned a lower priority may be delayed or left undone (i.e., missed care), which can lead to adverse outcomes for residents. **Objective:** The purpose of this study was to identify how care staff working in RACFs prioritise care provided to residents. **Method:** Participants included 32 staff from five RACFs in NSW and QLD. Q methodology was used to assess the viewpoints (factors) held by staff members regarding prioritisation. Participants rank-ordered aspects of care from least to most important into a quasi-normal distribution grid. Rankings were analysed using by-person factor analysis. Qualitative data (think-aloud activity and semi-structured interviews) were analysed using inductive content analysis to aid interpretation of factors. **Results:** Four shared viewpoints were identified: Factor 1: Clinical-oriented tasks, such as medication administration, were prioritised. Factor 2: Assistance with daily living was most important to participants, particularly hygiene-related care (e.g., bathing/showering, oral care). Factor 3: Residents' independence and wellbeing were valued most. Participants prioritised residents' interactions, including conversations and emotional support. Factor 4: Participants' highest priorities comprised a diversity of caring domains (clinical, assistance, psychosocial, respect, autonomy). Across the four viewpoints, basic medical care was consistently prioritised, with residents' choices given lower priority. **Conclusion:** The identification of four distinct viewpoints emphasised the diversity in how staff prioritise care. Our findings suggest the need for greater focus in including residents in their care and affording them choice, without compromising aspects of care prioritised by staff members.

SHOULD WE TALK ABOUT GENDER DIFFERENCES IN COGNITION IN LATER LIFE?

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In the popular imagination, it is generally understood that women and men are so different that they might well come from different planets. Yet curiously, in scientific literature in general, and in epidemiological studies of later-life cognition in particular, it is rare to find a paper that reports results stratified by sex or gender. This is despite known sex differences in performance in specific cognitive domains and known sex differences in prevalence of risk and protective factors associated with older-age cognition. This presentation offers a review of the literature on sex and gender differences in cognition, supported by sex-stratified analysis of cognitive test performance data from large longitudinal studies - the Personality And Total Health through life (PATH) cohort in Australia and the Survey of Health, Ageing and Retirement in Europe (SHARE) dataset. Topics discussed will include the difference between sex and gender, the danger of perpetuating structural inequality by ignoring sex and/or gender differences in older-age cognition and, conversely, the potential risk of a focus on sex and/or gender differences perpetuating harmful and reductionist stereotypes for both women and men. Audience members will be encouraged to consider the implications of not reporting sex and/or gender differences on the prevention, diagnosis and treatment of cognitive diseases, and the impact this could have on the prevalence of such diseases in years to come.

THE IMPACT OF PERCEIVED FINANCIAL WELL-BEING ON SOCIAL RELATIONSHIP AND LIFE SATISFACTIONS OF CHILDLESS OLDER MALAYSIAN CHINESE

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Background: While majority of older people have children, not all do. Without children, particularly in Malaysian contexts, older people lack an important source of support, which may have an impact on their social relationship satisfaction and life satisfaction in old age. Life satisfaction in old age has been extensively researched, but there has been little focus on the life satisfaction of childless older people. **Aim:** This paper explores the life satisfaction of childless older people in Malaysia. Special focus is devoted to their satisfaction with social relationships, and its association with perceived financial well-being. It is hypothesised that perceived financial well-being has a positive association with social relationship satisfaction and life satisfaction. **Method:** Primary data was collected using face-to-face interviews with a structured questionnaire. Respondents were recruited through snowballing method. The data collection has been completed, involving 89 childless older Malaysian Chinese (58 of them are female) in Kuala Lumpur, Malaysia and its surrounding areas. Respondents' age ranged from 60 to 78 years old, with a mean of 66 years old (standard deviation is 4.3). The analysis was conducted using Structural Equation Modeling, and the mediation effect of social relationship satisfaction on the association between the perceived financial well-being and life satisfaction was also tested. **Results:** The preliminary result supported the hypothesis. Perceived financial well-being was positively associated with social relationship satisfaction, and with life satisfaction. Social relationship satisfaction was also found to have a mediation effect. Controlling for social relationship satisfaction, the association between perceived financial well-being and life satisfaction was no longer significant, indicating a full mediation effect. **Conclusion:** The finding reflects the importance of social relationships in life satisfaction among childless older people. The satisfaction of social relationships has also mediated the association between the perceived financial well-being and life satisfaction. This study has given some attention to childless older people, and identified a group within childless older people, who may need more attention from the social and policy perspectives. Further comparative study to include older parents would also be of interest.

DESIGNING A TABLET APPLICATION FOR OLDER ADULTS WITH MILD COGNITIVE IMPAIRMENT

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Background: The proliferation of software applications in consumer online health settings raises questions of good practice in how to design and develop them to maximise acceptance, utility and benefits to the user especially when the application is intended for a user group which has specific limitations or expectations. **Objective:** This paper describes the design process undertaken in producing a tablet-based memory assistant solution for older adults aged 65+ living with Mild Cognitive Impairment (MCI). It aims to demonstrate an innovative practice which can be replicated in other application development context relevant to older adults. **Method:** An overall approach consistent with living laboratory methodology was used. The associated principles were co-creation, multi-method approach, user engagement, multi-stakeholder participation and real-life testing. Two focus groups (n=6) were conducted with carers of people living with dementia to guide co-creation. A local government recruited participants aged 65+ for usability and accessibility testing (n=5), followed by two pilots (n=60) involving people with MCI. **Results:** Multi-stakeholder engagement resulted in the following changes: a graphic designer was engaged to alter the look and feel of the application with the option to personalise back to the basic interface, decluttering of 'home screen', implementation of pop-up alerts for weather navigation, back buttons and accessible calendar. The first complete version of the application was tested by older adults with MCI in a pilot study. Feedback received from this pilot warranted refinement to the administrative component of the 'Call' functionality and exclusion of two brain-training apps prior to the second pilot study. **Conclusion:** Successful solution design must be

sympathetic to the end-user ecosystem and this approach provided a mechanism to achieve this, with active user involvement in every stage. The two pilot studies showed a high level of participant retention, a higher than anticipated level of study compliance and user engagement.

FUNCTIONAL DISABILITY CARE AND USE OF SMARTPHONE APPLICATIONS: EXPERIENCES OF FAMILY CARERS OF PEOPLE WITH DEMENTIA

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Background: Dementia is a global health problem. Functional disability is one of the major problems among people with dementia, and family carers often provide care and support without adequate knowledge and skills. Therefore, providing education for carers is a priority need for dementia care. Today, innovative technologies such as smartphone applications are widely used to provide health education for diverse groups like family carers. **Objective:** This study aimed to examine family carers' needs, and barriers and challenges in relation to providing functional disability care and use of smartphone applications. **Methods:** In this qualitative descriptive exploratory study, in-depth interviews (face-to-face or via telephone) were conducted. A purposive sample of family carers was interviewed using a semi-structured interview guide. An inductive thematic analysis approach was followed. **Results**: Ten family carers participated, consisting of nine females and one male, including five children and five spousal carers. Four key themes emerged from the analysis: Challenges faced that contribute to psychological distress and burden; Essential role of support systems in dementia care; Information and educational needs of family carers, and Experiences and attitudes of mHealth applications as an educational and supportive resource. **Conclusions:** Providing functional disability care is one of the leading causes of stress and burden among carers. The complexity of the dementia syndrome is the most significant barrier in providing functional care. External support networks contribute substantially to community dementia care. The main educational needs identified were information on dementia, managing daily living activities, managing aggressive behaviours and information on available services, facilities, information sources, training opportunities and equipment, as well as information on looking after carers' health and well-being. Carers held positive attitudes towards smartphone applications as an educational resource. These applications can potentially be used by nurses and other healthcare workers to provide education for family carers of people with dementia.

A PILOT TESTING IF SILENT DISCO CLASSES CAN IMPROVE THE QUALITY OF RELATIONSHIP BETWEEN PERSONS WITH DEMENTIA AND THEIR CARER'S

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Background: Relationships between persons with dementia (PWD) and their carers have the potential to deteriorate rapidly under the stressors of caregiving and increased PWD dependence on carer. Music-based therapy (MT) is emerging as a novel intervention for PWD and their carers that utilises reminiscent music in a socially supportive environment to engage participant's relaxed self and evoke memories. Current literature has focused on individual PWD's outcomes, and very few studies have operationalised the importance of carer-PWD relationship. Exploration of combined carer-PWD music-based interventions and measuring carer outcomes may provide further insight into potential MT effects. **Objective:** A feasibility study was conducted to determine if a community-based MT program for carers and PWD could assist in maintaining a satisfied carer-PWD relationship. **Method:** The acceptability and sensitivity of a 5-week trial, group music therapy intervention was assessed for a community-dwelling PWD-carer dyads with a control group of healthy elderly couples. Quantitative measures were tested at three time points (baseline, midway and post-intervention) for outcomes of relationship satisfaction and mood, with a qualitative feasibility interview conducted post-intervention.

Additional trial measures for carer-PWD dyad group included carer burden and PWD neuropsychiatric symptoms indicative of QoL. The weekly classes were held in a community hall, free of charge, providing accessibility and support to all stages of dementia, inclusive of formal and informal carers. **Results:** Advertising and recruitment were challenging, as was securing a suitable location to encourage equity. Thematic analysis of the feasibility interview and observational assessment of measurement sensitivity are presented. Measures of attrition, attendance and engagement are reported, including the suitability of Psychological tests administered. **Conclusion:** With careful precautions, it may be feasible to consider MT as a potential therapy to meet Australia's rising need to improve our diverse community supports for people living with dementia and their carers.

CONTENT VALIDATION OF THE PRACTICE (PYSCHOTROPIC MEDICINES USE IN RESIDENTS AND CULTURE: INFLUENCING CLINICAL EXCELLENCE) TOOL[©] IN UK CARE HOMES

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Background: Reducing psychotropic prescribing in older people, particularly antipsychotics and benzodiazepines, is a major public health need. There is evidence that the organisational culture of residential aged care facilities (RACFs) normalises inappropriate psychotropic prescribing. The PRACTICE (Psychotropic medicines use in Residents And Culture: Influencing Clinical Excellence) tool[©] is a new tool underpinned by Schein's theory of organisational culture to evaluate the organisational culture of RACFs specific to the use of psychotropic medicines. The items of the PRACTICE tool[©] were generated from systematic review of the literature and qualitative data from 40 staff in 8 RACFs. Face and content validation involving experienced Australian RACF staff and researchers has been conducted. However, validation beyond the Australian setting has not been undertaken. **Objective:** To conduct content validation of the Australian PRACTICE tool[©] in the UK. **Method:** The study will involve content validation of the PRACTICE tool[©] using a modified Delphi Process which is made up of two key stages; 1) expert judgement and 2) revising and reconstruction stage. For stage 1, approximately 15 experts (general practitioners, specialists, registered nurses, managers, nursing assistants and pharmacists) with experience in RACFs in the UK will be invited to participate in an on-line survey to rate the relevance and importance of each item. Any modified items will be presented to the experts in a subsequent survey for re-rating. **Results:** This study will result in the first content validated tool that evaluates RACF organisational culture specific to psychotropic medicine use in the UK. Results will be available to present at the meeting. **Conclusion:** Findings from the project will be a step forward in the international implementation of the PRACTICE tool that can used diagnostically within a RACF to reduce inappropriate psychotropic prescribing.

MUSIC THERAPY AS A TOOL TO REDUCE ANGER IN OLDER ADULTS: A PILOT STUDY

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Background: In 2017, there were 3.8 million Australians over the age of 65, this accounted for 15% of the total population. Older people (>65 years old) are more at risk of experiencing mental health symptoms (e.g. depression, anxiety, anger) and have higher rates of disability. In particular, anger can contribute to cardiovascular diseases and the adoption of unhealthy lifestyles. Anger has also been associated with developing type 2 diabetes and obesity. Exercise has been shown to enhance mood, reduce stress and protect the brain from the harmful effects of ageing for an older population. Research has shown that older populations engage more in group-based physical activities. As such, Music Therapy could be beneficial, with individuals being guided by a qualified professional to sing, move, listen to and/or create music. **Objective:** The aim of this pilot study was to investigate whether physical

exercise in the form of a silent disco class decreases anger symptoms in an older population. **Method:** A small group of older individuals attended music therapy classes once a week, for four weeks at the Engadine Bowling Club. Participants completed mood scales and the Aggression Inventory (Gladue, 1991) before and after class. During the class, enjoyment of the activity was observed via the Midas Engagement Scale (2014). Heart rate and total steps were recorded. **Results:** The effect of the music class on participant's mood and regression will be reported. Furthermore, the relationship between the two scales of mood and aggression will be described. Results relating to the prediction of a negative correlation between aggression and engagement scores will also be revealed. **Conclusion:** Logistical challenges related to recruitment and feasibility of the pilot were many. This study provided valuable information for the clinical, partner study, looking at music therapy for those living with dementia.

UNPLANNED READMISSION IN 28 DAYS OF HOSPITAL DISCHARGE IN A LONGITUDINAL POPULATION-BASED COHORT OF OLDER AUSTRALIAN WOMEN

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Background: Unplanned readmission within a few weeks of hospital discharge is costly for the patient and healthcare system. It is deemed also as an indicator of the quality and safety of the health service. **Objective:** This study aimed to estimate the incidence of unplanned readmission and associated factors among older patients aged 75 years and over. **Methods and materials:** This study used data from the 1921-1926 birth cohort of the Australian Longitudinal Study on Women's Health (ALSWH). Linkage of ALSWH self-reported survey data with administrative data from the Admitted Patient Data Collection (APDC) allowed identification of the women's hospital admission history and the corresponding baseline characteristics. Proportional hazard models were performed to assess factors contributing to unplanned readmission. **Results:** Overall, a total of 2056 women had at least one unplanned overnight hospital admission (and discharged alive) in 2001-2016. Of these women, 363 (17.5%) had unplanned readmission within 28 days of discharge. Among women with unplanned readmission, nearly 27% were readmitted with the same condition as for the index hospitalisation. Cardiovascular diseases were the main diagnoses for unplanned index admission and unplanned readmission. Risk of unplanned readmission was higher among women who were not partnered (Hazard Ratio (HR) =1.36, 95%CI: 1.05-1.75), of non-English speaking background (HR=1.67%, 95%CI: 1.15-2.44), and those with chronic disease (HR=1.40, 95%CI: 1.02-1.92). **Conclusion:** More than one in ten women had an unplanned readmission at some time between ages 75-95. Women who were not partnered, not principally English language speakers, and those with chronic disease may need further support during their stay and on discharge to mitigate the risk of unplanned readmission.

AUSTRALIAN RURAL INFORMAL CARERS' PROBLEM-SOLVING STRATEGIES

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Background: Australian rural informal carers have been shown to face many challenges when supporting the physical, cognitive and psychological well-being of frail older people; that is, those aged 65 years and older. Rural informal carers are also likely to have to travel longer distances to assist frail older people to access services, coupled with reduced availability of public transport. Aged, community and health services are also less available in rural compared to urban areas. These challenges are likely to be greater in the future, with demand on government-funded services expected to increase due to population ageing. By 2054-2055, public expenditure on aged care is projected to nearly double from 0.9 percent in 2014-15 to 1.7 percent GDP. At the same time as this is occurring, the taxation revenue base is expected to reduce as a result of a smaller proportion of the population being of working age. In order to meet the challenges of providing care, informal carers have been found to utilise problem-solving strategies to support the well-being of older people living in the community. Little

is known, however, about the specific strategies adopted by informal carers in rural settings. **Objective:** The objective of the research is to understand Australian rural informal carers' use of problem-solving strategies in supporting the well-being of frail older people and to gather their thoughts on additional supports that will assist them. **Method:** This is a qualitative research project with semi-structured interviews underway with rural informal carers that support frail aged people over 65 years of age who live in the community. Problem-solving conceptual theory has been identified as the most appropriate conceptual framework. **Presentation focus:** This presentation will provide an overview of the research undertaken to date including reviewing the literature on problem solving by rural informal carers of frail older people.

EFFICACY OF SILENT DISCO IN DECREASING DEPRESSIVE SYMPTOMS AND IMPROVING INDEPENDENCE IN PEOPLE WITH DEMENTIA: A PILOT STUDY

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Background: Many therapeutic interventions for dementia depend on verbal communication, yet in the later stages of dementia verbal abilities may be impaired. Receptivity to music may however remain until later stages of dementia, making music therapy a potentially viable non-pharmacological intervention. The Silent Disco is a type of music therapy in which the use of headphones enhances the individual's experience with the music, yet at the same time participants can engage with each other in a supportive and social environment. **Objective:** First, to investigate whether the class can reduce depressive symptoms and increase independence in people with dementia. Second, to examine whether increased physical activity during the classes leads to increased benefits for mood and depressive symptoms. **Method:** Recruitment advertising targeted local dementia support groups, general practitioners surgeries, community groups, community centres, libraries, businesses, and recreation and Returned Services Leagues clubs in Sydney. The Silent Disco intervention ran for five weeks, with one 30 minute class weekly. Dependent variables included a Mood Scale and the depression subscale of the Neuropsychiatric Inventory Questionnaire (NPI-Q) to assess depressive symptoms, and the Barthel Index to determine the independence of the person with dementia. The Mood Scale was implemented before and after class (class level), and the NPI-Q and Barthel Index were implemented only once weekly (program level). **Results:** Results around the efficacy of the Silent Disco in decreasing depressive symptoms and increasing independence in people with dementia are reported. **Conclusion:** The Silent Disco music therapy class improved the moods of people with dementia at the class level, however a long-term intervention is needed to assess the efficacy of the Silent Disco in reducing depressive symptoms at the program level. A long-term intervention is also needed to assess the efficacy of the Silent Disco in increasing the independence of people with dementia.

CAN AGEING OLD ADULTS BENEFIT FROM BEING BILINGUAL?

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Background: With increasing incidence of dementia and the possibility that bilingualism may contribute to better cognitive abilities, and delay the onset of dementia, much research is now focused on this bilingual advantage. However, while some studies have found this bilingual advantage (Bialystok & Craik, 2010), others have not (Kousaie & Phillips, 2012). **Objective:** The current study seeks to answer the research question, 'Is there a bilingual advantage in the cognitive abilities of ageing old bilinguals?'. **Method:** Two groups of young people (19 English monolinguals (17-23 years) and 19 English-Tamil bilinguals (17-23 years)) were compared with two groups of ageing old people (20 English monolinguals (60-83 years) and 15 English-Tamil bilinguals (60-78 years). Participants' executive functions (namely, inhibition, updating and switching) were tested using the Simon, Stroop Arrow, Spatial N-Back, Digit Memory, Plus-Minus and Colour-Shape tasks. **Results:** A two-way

ANCOVA, with education, socioeconomic status, processing speed and verbal memory controlled for, found that the young monolinguals had better Spatial N-back reaction times (RT) than old monolinguals; this was not the case for the bilingual groups. In terms of switching, only the young groups displayed significant differences: young bilinguals had a smaller Mixing Cost than young monolinguals indicating that the young bilinguals possess better global sustained control mechanisms than the young monolinguals and old bilinguals. It is speculated that this is due to the young bilinguals' greater code-switching frequency. **Conclusion:** Planned comparisons between the two groups of ageing old people found that bilingualism, at least in this study, did not provide a cognitive boost for older people. However, given that the bilingual groups did not display a significant RT difference in the Spatial N-back that was found for the monolingual groups, there is a hint of bilingual advantage for updating which needs to be explored further.

ACETYLCHOLINESTERASE INHIBITORS TO PREVENT OR DELAY PSYCHOTROPIC USE IN PEOPLE WITH DEMENTIA

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Background: Behavioural and psychological symptoms of dementia (BPSD) are common. Psychotropics, such as antipsychotics, anxiolytics and antidepressants, are often used to manage BPSD; however, they are associated with significant adverse effects. **Objective:** The aim of this study was to investigate whether prescribing of acetylcholinesterase inhibitors (AChEIs) prevents or delays the subsequent initiation of psychotropic medication in people with Alzheimer's disease (AD) and Lewy body dementia (LBD). **Methods:** This was a data linkage study of 17763 people with AD and LBD, who did not use a psychotropic at the time of dementia diagnosis, registered in the Swedish Dementia Registry (SveDem) from 2007 to 2015. Data on AChEI use, psychotropic use and comorbidities were linked using nationwide registers. Propensity-score matched Cox proportional hazards models were used to compute hazard ratios (HRs) and 95% confidence intervals (CIs) for the association between time-dependent AChEI use and risk of psychotropic initiation. **Results:** During a median follow-up period of 2.6 [quartiles 1.3 – 4.2] years, 9959 people initiated a psychotropic. Compared with matched controls, AChEI users had a lower risk of antipsychotic (HR:0.85, 95%CI:0.75–0.95) and anxiolytic (HR:0.76, 95%CI:0.72–0.80) initiation. In sub-analyses, this association remained significant at higher AChEI doses, and in AD but not LBD. There were no associations between AChEI and initiation of antidepressants or hypnotics. **Conclusion:** AChEI use may be associated with lower risk of antipsychotic and anxiolytic initiation in AD, particularly at higher doses. Further investigation into AChEIs in BPSD management in LBD are warranted.

UNDERSTANDING HOW TO REDUCE DEMENTIA RISK IN PEOPLE WITH DEPRESSIVE SYMPTOMS LIVING IN RESIDENTIAL AGED CARE FACILITIES

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Background: Older individuals with depression who live in residential aged care facilities have an increased risk of developing dementia but have less access to strategies or programs that are known to assist with maintaining adequate memory, thinking, and learning skills (i.e., cognitive health promotion interventions), to reduce their risk of developing dementia, compared to people living in the community. **Objective:** Promoting cognitive health in older adults with depression is a strategy to reduce elevate dementia risk, however, dementia risk reduction in this group has received little research attention, despite potential for substantial benefits for individuals, service providers and policy makers. This project describes the preferences, barriers and enablers for optimal cognitive health promotion interventions for dementia risk reduction, which are currently unknown. **Method:** This study used a mixed methods design incorporating questionnaires and focus groups to produce qualitative and quantitative data. Participants were healthcare clinicians, staff working in residential aged care facilities, and the residents of these aged care facilities with symptoms of depression who are at risk of dementia. **Results**: The main themes identified from the focus groups and interviews related to people's understanding of dementia, the relationship between depression and cognitive health, the conditions of people living in RACFs, modifiable risk factors for dementia and their thoughts on appropriate cognitive health promotion interventions for people with depressive symptoms in RACF. For example, clinicians discussed the need to give personalised tailored support, reiterating the necessity to be familiar with individual preferences and needs of a resident as well as forging a connection between the staff and residents instead of a management controlled, task oriented mentality. Cognitive health interventions such as group activities, nutrition, physical activity and pet therapy were suggested. **Conclusion:** This project describes important information on the needs of older people with symptoms of depression in residential aged care facilities (with or without memory complaints, that may reflect high risk states for dementia) in relation to dementia risk reduction. The implications for the development of an evidence-based cognitive health promotion intervention for dementia risk reduction, specifically for older people with depressive symptoms living in residential care will be presented.

HEALTH SERVICE UTILISATION AND HEALTH OUTCOMES OF RESIDENTIAL AGED CARE RESIDENTS REFERRED TO A HOSPITAL AVOIDANCE PROGRAM

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Macquarie University

Background: The increasing number of Australians with complex healthcare needs is already leading to greater demands, and pressure on health care utilisation and costs. The annual rates of older people presenting to the Emergency Department (ED) has increased considerably, as has number of people utilising aged care services. Care transitions for older people moving between residential aged care facilities (RACFs) and EDs are associated with greater challenges and poorer outcomes. The ED model of care is designed to treat single episodes of acute illness or injury. This may not be suitable for RACF residents, who are more likely to present with multiple chronic conditions. To address this problem, alternative models of care, such as hospital avoidance programs, need to be considered and evaluated. **Objective:** The research aims to examine the effectiveness of an existing hospital avoidance program for older people residing in RACFs. **Method:** A retrospective quasi-experimental study is currently being undertaken. Health service utilisation and health outcomes of residential aged care residents aged 65 years and older who were referred to a hospital avoidance program (i.e. cases) from 1st July 2015 – 30th June 2018 will be evaluated. De-identified ED presentations, hospital inpatient admissions and hospital avoidance program service events data will be analysed. Cases will be compared to a comparison group receiving usual care. Cases and comparisons will be matched on age, gender, and number of comorbidities. Health utilisation outcomes will include: ED length of stay, hospital length of stay, hospital readmissions within 28 days and readmission during the study period, complications of care, and mortality. **Results and Conclusion:** The outcomes of this research will be invaluable in influencing policy, driving change, and informing planning of the post-acute phase healthcare for older individuals who are frailer, more vulnerable and have more complex health needs than the wider community.

TECHNOLOGY-ENABLED MEDICATION REVIEWS

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Background: The issue of polypharmacy remains a concern in providing care for older people. Globally, medication reviews have improved the use of medications and curbed unnecessary polypharmacy in older people. In Australia, medication reviews are a remunerated service performed by trained pharmacists; however, there seem to be a few limitations with current medication review processes in Australia such as time and funding constraints, and the fact that medication review processes follow different procedures and are performed to various standards resulting in a wide range of outcomes. **Objective**: This study aims to facilitate the utility and acceptability of a consolidated medication review algorithm as an App for use by pharmacists in Australia. **Methods**: A consolidated medication review algorithm has been peer-reviewed and will be converted to a mobile App for use by Australian pharmacists during medication review processes for older people during Residential Medication Management Reviews and Home Medication Reviews conducted by pharmacists. This consolidated algorithm has been selected because it differs to other algorithms in two ways: it is tailored for the older population and it includes a scoring scheme that allows determination of improvements in medication use during subsequent medication reviews. A cross-sectional study design will be employed to conduct a pilot study among pharmacists conducting medication reviews in which medication reviews will be conducted in one group of patients with the App and another without the App. A questionnaire with questions pertaining the utility and acceptability of the App will be developed for pharmacists to complete at the end of their reviews. **Implications**: The consolidated medication review App has the potential to standardise the medication review processes conducted by pharmacists and can address other limitations of the process.

AN EXPERIMENTAL STUDY OF THE DEMAND FOR HYBRID LONGEVITY AND HEALTH INSURANCE PRODUCTS

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Background: In many countries, individuals are expected to take more responsibilities to secure their own retirement as a rising ratio between elderly and working population calls into question the sustainability of the public retirement system. China's rapidly ageing process has resulted in an aged population before becoming rich. The complex retirement planning may exacerbate the wealth inequity as the affluent have better resource to achieve a sound financial decision compared with the poor. Well-designed insurance products can help reduce the disparity due to wealth. **Objective:** We conduct an online experimental survey to elicit and analyse preferences for bundled longevity and health insurance products in China. **Method:** Participants are asked to advise the allocation of retirement savings across a portfolio of life annuities, critical illness insurance, long-term care insurance, and a savings account for vignette households which differ by wealth and health. Participants also report reasons for allocation choices, exposure to health risks, and retirement planning experience; and we collect a comprehensive array of covariates including preferences, financial competence, demographic and socio-economics factors. **Results:** The study will provide empirical evidence of the interaction between longevity and health insurance products, the impact of access to hybrid annuity/critical illness/long-term care insurance products on the demand for longevity insurance, as well as insights about the preferences for product attributes. **Conclusion:** Overall, this research will inform the development of retirement products in China and other developing economies facing population ageing and incomplete insurance markets.

DO GENERAL PRACTITIONERS THINK DISCUSSING PATIENT GOALS AND PREFERENCES IS IMPORTANT? A QUALITATIVE STUDY FOCUSED ON PRESCRIBING

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Background: To optimise and prioritise medication use in older people, it is recommended that clinicians evaluate evidence on potential benefits and harms of medicines in light of the patients' overall health, values and goals. While this suggests GPs should facilitate patient involvement in decision-making, in practice this is challenging; research shows considerable variation in the extent of older patients' involvement. Our study aimed to explore GPs' perspectives on the importance of discussing patient goals and preferences, and the role patient preferences play in GPs' prioritisation of medicines. **Method:** Semi-structured interviews were conducted with GPs from Australia (n=32). Participants were purposively sampled to recruit GPs with variation in experience level and geographic location. Transcribed audio-recordings of interviews were coded using Framework Analysis. **Results:** Most GPs recognised the importance of understanding patients' goals/preferences regarding their medicines. Most reported some discussions of goals/preferences with patients, but often because this was initiated by the patient. GPs varied in their definition or perception of patients' goals in three ways: 1) goals are stable and useful as a method of compliance; 2) goals are variable and central to decision making; 3) goals are universal and irrelevant to decision making. A few GPs rarely discussed priorities with their patients, stating individual goals/preferences were not a *"real world issue".* These GPs tended to be older, male, and working in a small or solo practice. **Conclusion:** This study highlights challenges in providing care that aligns with patients' goals/preferences in general practice. Given some GPs were not convinced of the clinical significance of individual, patient-specific goals, there is a clear need for future research to investigate the benefits of incorporating patient priorities in health care decision-making. In addition, developing practical support strategies to help clinicians involve patients in discussions about their medicines would be useful.

BURDEN OF CANCER AND CARDIOVASCULAR DISEASE IN AUSTRALIA OVER A 24-YEAR PERIOD

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Background: In recent decades, there have been remarkable scientific discoveries that have lead to increases in longevity. Age is the primary risk factor for the majority of chronic diseases. We aimed to quantify Australian nationwide trends of prescription and hospitalisation rates for cancer and cardiovascular disease over a 24-year period (July 1993–June 2017). We characterised the impact of age on rates of hospitalisations. **Methods:** Hospitalisations with principal diagnoses of cancer or cardiovascular disease were extracted from Australian Institute of Health and Welfare National Hospital Morbidity Database. Aggregated prescription data were obtained from publicly available Pharmaceutical Benefit Scheme database. Australian population estimates were obtained from Australian Bureau of Statistics. Age-specific incidence rate ratios (IRR) of hospitalisations were assessed using negative binomial regression models. **Results:** Between July 1993 and June 2017, hospitalisations due to cancer and cardiovascular disease increased from 301,925 to 684,075 and 372,858 to 576,515 respectively. Population-adjusted hospitalisations rates for cancer and cardiovascular disease increased by 64.0% and 11.9% respectively. For every 10-year increase in age, the rate of hospitalisation due to cardiovascular disease increased by 102.7% ([IRR]=2.027; 95%CI=2.010-2.044;p<0.001). Hospitalisation rates for cancer increased by 67.1% per decade of life ([IRR]=1.671; 95%CI=1.655-1.687;p<0.001). Over the 24-years, cancer prescriptions increased almost 10-fold from 491,361 to 4,132,703. Cardiovascular prescriptions increased 3-4 fold from 27,176,141 to 90,447,071. Cancer and cardiovascular prescription rates (per thousand population) increased from

27.6 to 168.0 and 1526.3 to 3676.4, respectively. Annual expenditure for these medications increased from $0.619 billion to $4.76 billion over the study period. **Conclusions:** Age is a strong risk factor for hospitalisations due to cancer and cardiovascular disease. Prescription and hospitalisation rates due to these conditions continue to rise with significant healthcare costs. There is a growing need to develop treatment strategies that target fundamental mechanisms of ageing to reduce the burden of age-related diseases.

IMPACT OF DIABETES ON LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY AMONG OLDER AUSTRALIAN WOMEN

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Background: Diabetes is a major chronic condition with ever increasing prevalence as well as health and economic burden both globally and in Australia. Diabetes is associated with higher health care use and costs as well as unhealthy and shorter life expectancy. **Objective** To measure the impact of diabetes on total life expectancy (TLE), healthy life expectancy (HLE) and the portion of life spent in good health. The added effect of educational status, obesity and comorbidities among older women was also examined. **Method**: The study involved 12432 population representative women born in 1921-26 from the Australian Longitudinal Study on Women's Health. Total life expectancy (TLE), healthy life expectancy (HLE) and the percentage of TLE spent in good health were estimated for women with and without diabetes using IMaCh software. Self-rated general health status data were obtained from the six surveys of the ALSWH. Diabetes was ascertained from survey and health care administrative data. Information on covariates was obtained from the baseline survey. **Results**: Diabetes was associated with increased transitioning to poor health (Risk ratio, RR: 1.66, 95% confidence interval, CI: 1.45, 1.90) and reduced recovery (RR: 0.76, 95% CI: 0.65, 0.90). At age 70, diabetes was associated with a loss of 1.1 years in TLE, 3.0 years in HLE. These losses increased to 2.7 years in TLE and 7.3 years in HLE if a woman had low education, obesity and high comorbidity in addition to diabetes. **Conclusion**: Diabetes has a significant impact on the quantity and quality of life expectancy at older ages. Expectancies are further reduced for women with low education, obesity and comorbidities. These findings underscore the importance of optimal clinical management of diabetes and comorbidities as well as maintaining healthy weight in promoting healthier ageing of people with diabetes.

LIFE SATISFACTION OF OLDER CHINESE: THE ROLE OF HEALTH AND HEALTH INSURANCE

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The University of New South Wales

Background: The most salient feature of China over the past two decades has been its dramatic economic growth and rapid population ageing. GDP per capita and household consumption have increased fourfold between 1990 and 2005 while the proportion of older adults aged 60 years and above reached 18% in 2018. However, there is no clear evidence of an uptrend in life satisfaction among Chinese older adults. One explanation is that older adults face higher health risks and, because of the dissolution of traditional social security system, face high costs of health services in the market-oriented health system. The central government has launched a series of reforms to establish a universal health security net and to provide access to affordable basic health care for all citizens, including older adults. Does this universal health insurance system reduce the risks and insecurity and, therefore, does it increase the life satisfaction of older adults? **Objective:** This paper aims to examine the life satisfaction of older Chinese in order to gain a deeper understanding of the health insurance system and its impacts on the well-being of older adults. **Method:** The data used in this study are from the national survey of China Health and Retirement Longitudinal Study (CHARLS) in 2011, 2013, 2015. We obtain our main results using a pooled OLS model while ordered logit model and multinomial model are applied as robustness tests. **Results:** We show how different types of health insurance impact the

life satisfaction of older adults. Older adults enrolled in more generous health insurance plans (e.g. government health insurance) are more satisfied with life, controlling for other potential cofounder variables (e.g. health status, occupation, education) and demographic variables. **Conclusion:** Our study provides an important evidence base for policymakers addressing the economic and social challenges arising from population ageing in China.

Notes

Venue Map
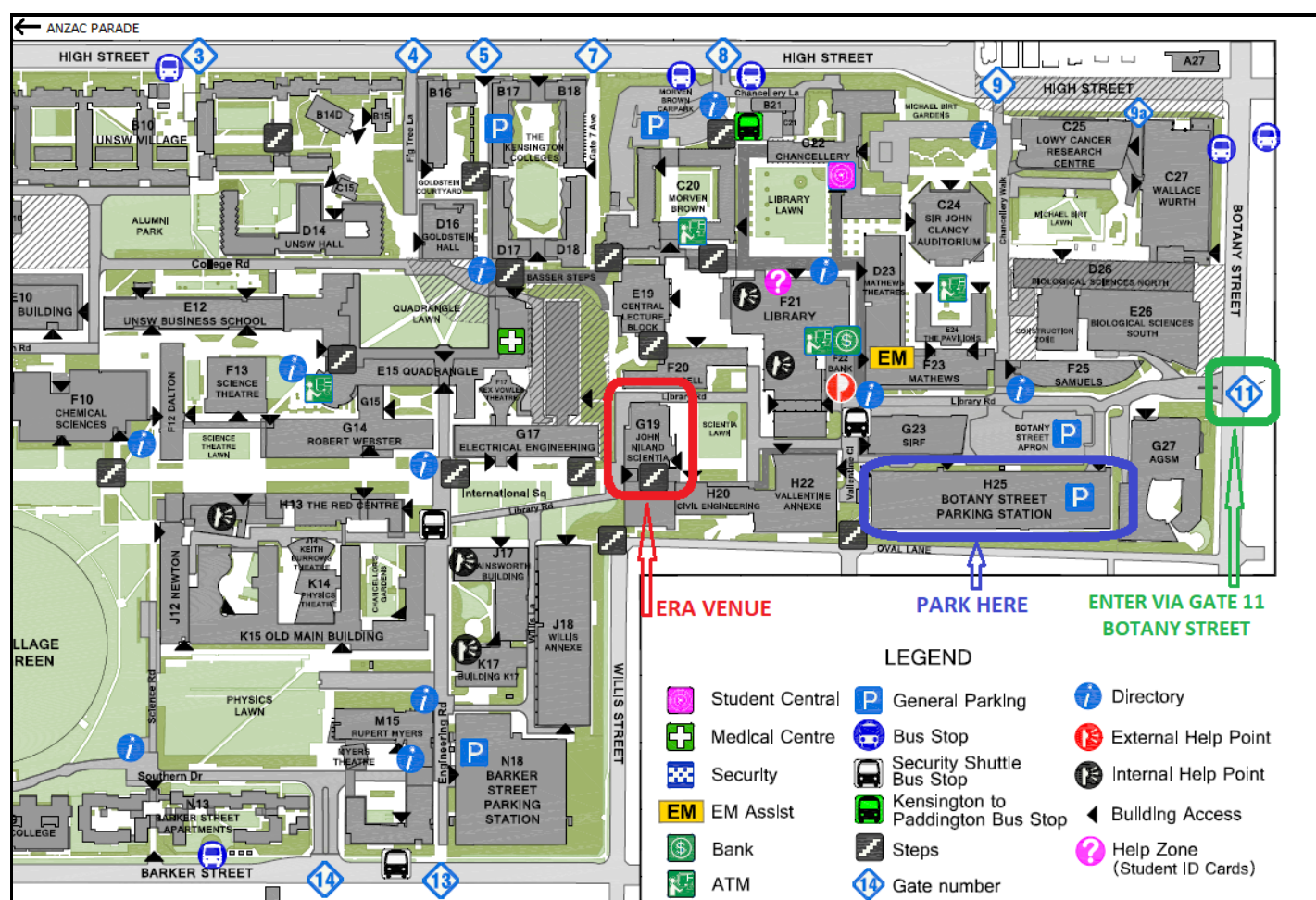
ERA 2019 will be held in the 'John Niland Scientia Building' (marked in red above) at The University of New South Wales, Kensington Campus.

The venue is in the upper section of the UNSW Kensington campus so it is suggested that participants enter via gate 11 on Botany street (marked in green above) and follow Library Road (down a slight incline) to the building, instead of walking up from Anzac Parade.

We encourage ERA 2019 attendees to travel by public transport if possible.

Limited on-campus parking is available (pay and display: minimum $15 for 2 hours, then $4.50/hour thereafter for up to 12 hours). Those traveling by car can park in the Botany Street car park (marked in blue above).

Free accessible parking spaces are available in the Botany Street car park for persons holding and clearly displaying a valid RMS Mobility Parking Scheme permit. In addition, people with limited mobility may be dropped off directly in front of the 'John Niland Scientia Building'.

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