4th International Conference of Long-Term Care Directors and Administrators

AGED CARE AND AGEING: GLOBAL CHALLENGES AND RESPONSES

UNSW SYDNEY

ABOUT CEPAR

The ARC Centre of Excellence in Population Ageing Research (CEPAR) is a unique collaboration between academia, government and industry, committed to delivering solutions to one of the major economic and social challenges of the 21st century.

'Population ageing is an issue of paramount importance to all; this is truly the ageing century. The research we undertake has the potential to transform Australia's future. It supports a vision of Australia where economic growth is robust, the mature labour market is buoyant, health and social services are effectively and sustainably delivered, cognitive ageing is slowed as a result of meaningful work and social participation, outcomes for women in the workplace and in retirement are improved, and individuals are effectively guided in decision making and financial risk management.'

Professor John Piggott, CEPAR Centre Director

THE ONLY RESEARCH CENTRE OF ITS KIND

CEPAR's strength lies in its integrated approach. Its high level expertise draws from Actuarial Studies, Demography, Economics, Epidemiology, Psychology and Sociology.

Based at the University of New South Wales Sydney, the Centre has nodes at The Australian National University, The University of Melbourne, The University of Sydney and The University of Western Australia and partnerships with government, industry and international organisations.

Funded primarily by an initial seven-year grant from the Australian Research Council, with generous support from the collaborating universities and partner organisations, the Centre was established in March 2011 to undertake high impact independent multidisciplinary research and build research capacity in the field of population ageing.

Renewed funding awarded for an additional seven-year term from 2017-2023 will support an exciting new research program which will deliver comprehensive outcomes with the potential to secure Australia's future as a well-informed nation with world-best policy and practice for an ageing demographic.

WELCOME FROM THE CONFERENCE CO-CHAIRS

Long-term care developments are moving very rapidly in Asia, essentially driven by demography: the number of people aged 80 and above in Asia will quadruple to more than 250 million by 2050.

Long-term care is one of the most rapidly growing industries in the world. This conference will bring together academics, policy makers and industry leaders to explore new directions in long-term care, focusing on the coordination between policy initiatives and industry and investment imperatives.

This is the fourth conference in a triennial series which began in 2007 in Berlin, Germany, which was attended by more than 1,000 participants. Since then, events have been held in Hong Kong and Atlanta, USA, and the conference series has gained an enviable reputation as one of the world's strongest in bringing together industry and policy leaders in the field.

We hope you enjoy the conference.

Scientia Professor John Piggott

CEPAR Director

John Piggott is Director of the ARC Centre of Excellence in Population Ageing Research (CEPAR), at the University of New South Wales, Australia, where he is Scientia Professor of Economics. He is concurrently Adjunct Professor at the Crawford School of Public Policy, ANU.

Dr Piggott has a long standing interest in retirement and pension economics and finance. His publications include more than 100 academic journal articles and chapters in books. He has also co-authored two books, both published by Cambridge University Press.

He was a member of the Henry Tax Review Panel and served for several years on the Ministerial Superannuation Advisory Committee. Internationally, he has been a consultant to several foreign governments on pension issues, including Russia and Indonesia. In 2007 he was appointed Visiting Professor, Zhejiang University, China, and from 2008-2010 was Visiting Scholar with the Department of Insurance and Risk Management, Wharton School of Business, University of Pennsylvania.

Dr Bei Lu

CEPAR Research Fellow

Bei Lu is a CEPAR Research Fellow located at the UNSW Business School and a Research Fellow with Tsinghua University and Zhejiang University, China.

Bei returned to academia in 2002 to undertake a PhD in Economics at UNSW after working as an international trader for 12 years. Her research focuses on demographics, health, pensions and population ageing related social welfare and economic issues.
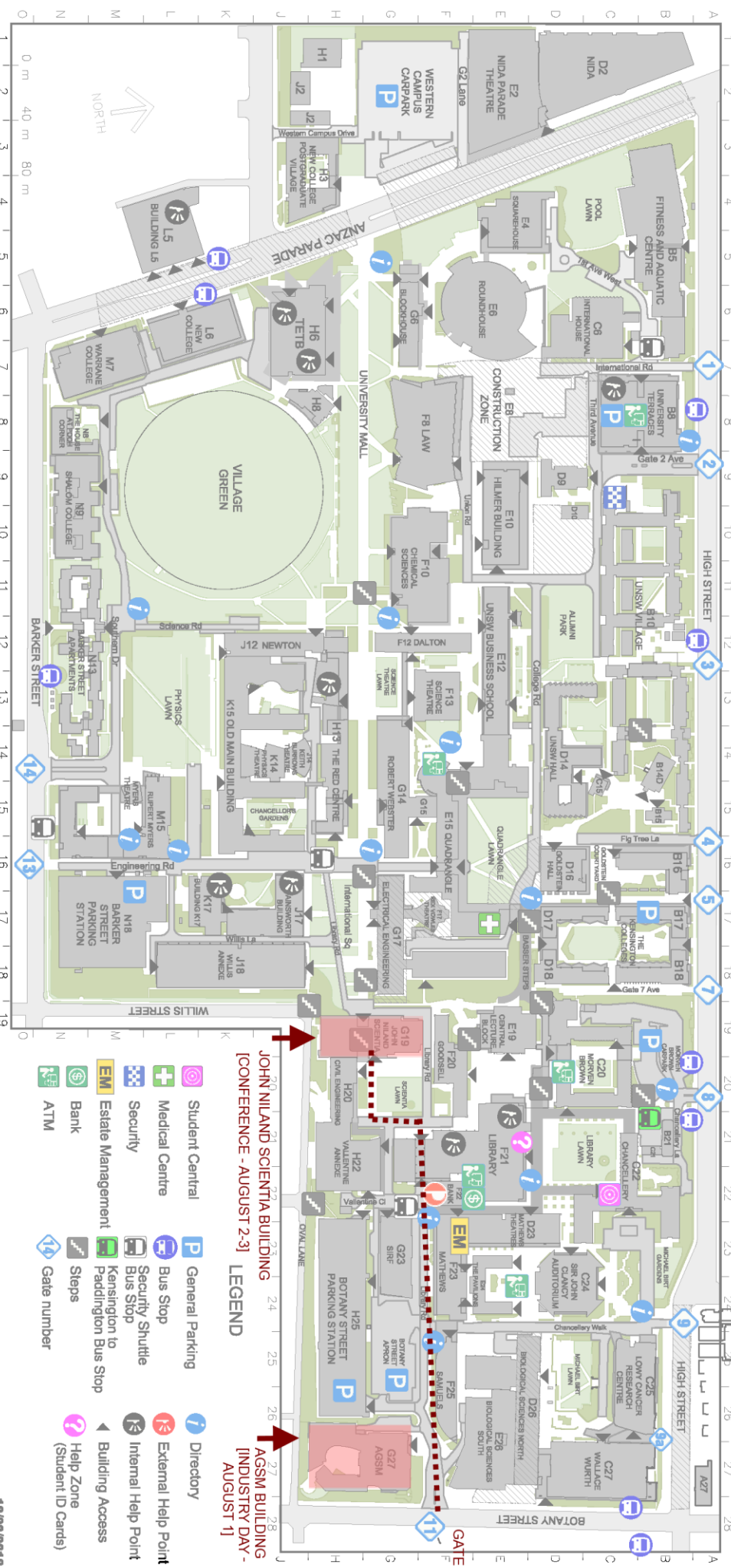
Bei has been very successful in developing international linkages over the past ten years with organisations such as the provincial government of Zhejiang province, China, the World Bank's China and academic institutions. She is currently participating in a Chinese Key National Science Project, as well as a project focused on China's long-term care policy organised by the Chinese Academy of Social Sciences and major insurance companies in China.

She has presented her research at a number of international conferences including the Stanford-Harvard Population Ageing Conference and the London School of Economics Long-Term Care Conference. Her research has appeared in the International Social Security Review, the Journal of the Economics of Aging, Population Review, CESifo Economic Studies and the Journal of Aging and Social Policy. She also has published in Chinese newspapers, journals and books.

UNSW SYDNEY

Kensington Campus

Buildings

AGSM	G27
Ainsworth Building	J17
Biological Sciences North	D26
Biological Sciences South	E26
Blockhouse	G6
Building D10	D10
Building L5, 223 Anzac Parade	L5
Chancellery	C22
Chemical Sciences	F10
Civil Engineering	H20
Colombo House	B16
Computer Science	K17
Dalton	F12
Dangerous Goods Store	F17A
Electrical Engineering	G17
Golf House, 38 Botany Street	A27
Hilmer Building	E10
John Goodsell	F20
John Niland Scientia	G19
Law	F8
Library	F21
Lowy Cancer Research Centre	C25
Mathews	F23
Mathews Arcade	E24a
Morven Brown	C20
Newton	J12
NIDA	D2
Old Main	K15
Pavilions	E24
Quadrangle	E15
Red Centre	H13
Robert Webster	G14
Roundhouse ● Unibar	B16
Rupert Myers	F12
San Cracknell Pavilion	H8
Samuels	F25
SIRF	G23
Squarehouse	E4
Tyree Energy Technologies	H6
Valentine Annexe	H22
Wallace Wurth	C27
Willis Annexe	J18

Student Accommodation

Barker Apartments	N13
Basser College	D17
Colombo House	B16
Creston College	A25
Fig Tree Hall	B17
Goldstein College	B18
Goldstein Hall	D16
International House	C6
New College	L6
New College Postgrad. Village	H3
Philip Baxter College	D18
Shalom College	N9
Warrane College	M7
University Terraces	B8
UNSW Hall	D14
UNSW Village	B10
UNSW Residential Communities	B17

Faculty Offices

Arts and Social Sciences	H1
Built Environment	E12
Engineering	K17
Law	F8
Medicine	C27
Science	F12
UNSW Business School	E12

Theatres

AGSM Theatres	G27
Central Lecture Block	E19
Chemical Sciences Theatres	F10
Civil Engineering (Room G1)	H20
Clancy Auditorium	C24
Colombo Theatre	B16
Fig Tree Theatre	B14d
Gonski Levy Theatre	F8
IO Myers Studio	D9
Keith Burrows Theatre	J14
Law Theatres	F8
Macauley Theatre	E15
Mathews Theatres	F23
Old Main Theatres (Room 112)	K15
Parade Theatres	E2
Physics Theatre	K14
Red Centre Theatre	H13
Rex Vowels Theatre	F17
Ritchie Theatre	G19
Rupert Myers Theatre	F12
Science Theatre	F13
Webster Theatre	G14

Services

Accommodation Services	H20
Alumni Association	F10
Arc ● UNSW	E19
Carers and Employment Office	E15
Chaplains	D17
Co-op program & Scholarship	C18
Counselling Service	H6
Educational Support Service	E15
Equity and Disability Unit	E15
Estate Management	D23

Foundation Studies	G14
Freehills Law Library	K15
Future Students Office	E2
Graduate Research School	K14
Help Zone (Student ID Cards)	H13
Human Resources	H13
Institute of Languages	G19
IT Service Desk	M15
Kingsford Legal Centre	G15
Learning & Teaching Unit @UNSW	F13
Library	D10
Lifestyle Clinic	C18
Mail Centre	F12
Marketing Development	F23
New South Innovations	B16
Nura Gili - Balnaves Place	D17
Optometry Clinic	E15
Physiotherapy Clinic	E4
Post Office	F21
Print Centre	F20
Religious Centre	F23
Research Services	M15
Security	H13
Sports Association	M15
Study Abroad and Exchange	C22
Swimming Pool	L5
The Learning Centre	L5
Unisuper	F21
University Health Services	F21
UNSW Admissions	F21
UNSW Bookshop	F21
UNSW Residential Communities	F8
UNSW International StudentCentre	A27
UNSW Scholarships	F23
UNSW Student Central	F20
UNSW Fitness and Aquatic Centre	F20
Venues and Events	M15
Childcare Centres	
Kangas House, 52 Barker St	B8
House at Pooh Corner	E15
Tigger's Honeypot, 22 Botany St	F23
Owl's House, 9 Kennedy St	KS9

LEGEND

- (i) Directory
- External Help Point
- Internal Help Point
- ▲ Building Access
- Help Zone (Student ID Cards)
- P General Parking
- Bus Stop
- Security Shuttle Bus Stop
- Kensington to Paddington Bus Stop
- Steps
- 14 Gate number
- ATM
- Bank
- EM Estate Management
- Security
- Medical Centre
- Student Central

JOHN NILAND SCIENTIA BUILDING [CONFERENCE - AUGUST 2-3]

AGSM BUILDING [INDUSTRY DAY - AUGUST 1]

GATE 11

NORTH

19/02/2018

GENERAL INFORMATION

REGISTRATION DESK

Registration desk opening times are:

Wednesday, 1 August: 8:30 – 9:00am

Thursday, 2 August: 8:30 – 9:00am

Friday, 3 August: 8:45 – 9:00am

INTERNET ACCESS

Complimentary WiFi access will be available during the conference. In order to access the UNSW WiFi network during your time on campus, you will need to pre-register via this link: https://adguest.unsw.edu.au/request/retreive/SOY3!qm6i3232343134BkMX0pc.2

Enter the passphrase (Case Sensitive): UNSW

Enter your contact details. You will receive a verification email. Follow the instructions to create your WiFi account.

1. Create a password: You cannot use your name or a date of birth and your password will be Case Sensitive.

2. You will receive a V-Username. Write this down, along with your password that you create (Case Sensitive) and ensure you bring these to the campus.

3. You are now ready to logon to the Uniwide network.

If you are using a work issued laptop or device, please be aware that the firewall setup may restrict you accessing WiFi. Personal devices seem to encounter fewer issues.

All activity on the wireless network is monitored and users are expected to abide by all relevant UNSW policies. These policies can be found at: https://www.it.unsw.edu.au/students/policies/.

PROGRAM & WEBSITE

The electronic program is available through any web/mobile browser: cepar.edu.au/news-events/events/4th-international-conference-long-term-care-directors-and-administrators

Use the hashtag #ceparlongtermcare to tweet photos and messages relating to this conference on social media.

INSTRUCTIONS FOR ORAL PRESENTATIONS

Please check the program well in advance for the date and time of your presentation. Presenters are asked to:

- arrive at their session venue 10 minutes before the start of the session.

- upload their PowerPoint file onto the device in the room for presentation and make sure that their file runs appropriately.

MESSAGE BOARD

Announcements and important messages related to conference activities will be displayed at the Registration Desk.

MEDIA

Media may attend sessions and may ask questions provided they clearly identify themselves and their organisation.

TRANSPORT & PARKING

The **UNSW Kensington campus** is located in Sydney's eastern suburbs, approximately 6km from the Sydney CBD, and 2km to Coogee, accessible via public transport from transportation hubs located throughout Sydney. As parking on and around the UNSW campus is limited due to current light rail constructions, we encourage you to use public transport or travel by taxi to UNSW. Find further information on how to get to the campus on the UNSW website.

To travel on trains, buses and ferry services in NSW, you will need an **Opal card**. This can be purchased at stations, selected retailers or online at opal.com.au. Opal cards can be purchased at the following retailers on campus:

- WH Smith – Newsagent, Shop 4 and 5, Morven Brown Building (C20)
- WH Smith – Newsagent, Shop G035C, The Quadrangle (E15)
- UNSW Post Office, Library Walk, Mathews Building (F22)
- New College Village Convenience Store (H3), New College Postgrad Village, Anzac Pde

Parking on the UNSW campus and surrounding area is restricted and very limited. Paid parking is available on level 5 of the Barker Street car park, located near Gate 14, and at the Western Campus Car Park (beside NIDA on Anzac Parade).

UNSW is served by a number of **taxi** companies, with High St and Anzac Pde attracting the greatest number of passing taxis. If you'd like to book ahead, UNSW has a dedicated taxi line at the Help Point at Gate 14, on Barker St, or try Ingogo or Taxi Combined:

- **ingogo.com.au** 1300 008 294
- **taxicombined.com.au** 13 33 00

SAFETY & SECURITY

Please do not leave your bags or suitcases unattended at any times. If you need emergency assistance at any time, contact **Campus Security**. They will coordinate any emergency response 24/7:

- For **emergencies** phone: 9385 6666
- For **general enquiries** phone: 9385 6000

If you require assistance at the conference, please contact Silke Weiss on 9385 7359 or s.weiss@unsw.edu.au

1 AUGUST 2018: INDUSTRY DAY PROGRAM AT A GLANCE

COLONIAL BANK THEATRE, AGSM BUILDING, UNSW Sydney

The **Industry Day** will provide a platform for industry players and academics to explore best practice and innovation in long-term care as well as future challenges and opportunities. The day will also provide participants with an opportunity to explore the potential for industry cooperation.

PROGRAM: WEDNESDAY, 1 AUGUST	**[AGSM Building]**
8:30 – 9:00	Arrival and Registration	*[AGSM Foyer]*
9:00 – 9:30	**OPENING REMARKS** *[Colonial Bank Theatre]* Scientia Professor John Piggott, UNSW, Director, CEPAR Dr Bei Lu, Research Fellow, UNSW, CEPAR **Overview of Australia's International Aged Care Capabilities** Liu Bing, Asia Lead, Global Markets, Australian Trade and Investment Commission (Austrade)
9:30 – 10:45	**BEST PRACTICE AND INNOVATION** *[Colonial Bank Theatre]* 1. Lorraine Lovitt, Chair, Twilight Aged Care 2. Maria Cheng, Chief Operations Manager, The CASS Group 3. A/Professor Andrew Cole, Chief Medical Officer, HammondCare 4. Wu Xuhong, Chair, Hong Kong Leshanju 5. Cao Peng, CEO, Qiulan Age Care Group
10:45 – 11:15	Morning Tea	*[AGSM Foyer]*
11:15 – 12:45	**OPPORTUNITIES AND CHALLENGES** *[Colonial Bank Theatre]* 1. Sarah Butler, Australia, SE Asia and New Zealand Health Leader and APAC Insurance Strategy, PwC 2. Dr Shane Moran, Managing Director, Provectus Care Group 3. Professor Branko Celler, Emeritus Professor, UNSW 4. Dr Yongyue Zhuo, Chair, Zhejiang Lvkang Medical Care Investment Management Co 5. Hanya Lin, Chair, Taiwan Long-term Care Association
12:45 – 14:00	Lunch	*[AGSM Foyer]*
14:00 – 16:30	Site visit to a long-term care facility *[UNSW Gate 11]* *If your site visit has been confirmed, please meet with Dr Bei Lu at 1.45pm in the AGSM Foyer.* *The bus departs at 2.00pm from UNSW Gate 11, and returns to UNSW at 4.30pm.*

PROGRAM: THURSDAY, 2 AUGUST

8:30 –9:00	Arrival and Registration	*[Scientia Foyer]*
9:00 – 9:30	**OPENING REMARKS** Scientia Professor John Piggott, UNSW, Director, CEPAR Professor Brian Boyle, Deputy Vice-Chancellor, Enterprise, UNSW Professor Du Peng, Vice President, Renmin University of China	*[Tyree Room]*
9:30 – 10:15	**KEYNOTE** Philip O'Keefe, Practice Manager, Social Protection & Jobs Global Practice, East Asia and Pacific, World Bank Group	*[Tyree Room]*
10:15 – 10:45	Morning Tea	*[Scientia Foyer]*
10:45 – 11:30	**KEYNOTE: Redesigning communities for aged society** Professor Hiroko Akiyama, The University of Tokyo	*[Tyree Room]*
11:30 – 11:40	Short break	*[Scientia Foyer]*
11:40 – 13:00	**CONCURRENT ACADEMIC PAPERS**	*[The Galleries 1 + 2]*

SESSION A: Policy & Workforce *[Gallery 1]*

1. **Older Australians' planning for longer life: hoping for the best?**
   John McCallum, National Seniors Australia
2. **Older adult's experiences of consumer directed care in Australia: A qualitative study**
   Tammy Aplin, School of Health and Rehabilitation Sciences, The University of Queensland
3. **Strong and weak ties: Part of the picture in institutional elder abuse?**
   Susan Banks, School of Social Sciences, University of Tasmania
4. **Evaluating the effectiveness of an outreach service to aged care facilities: Geriatric Rapid Evaluation and Treatment (GREAT) service**
   Leesa Giang, Westmead Hospital

SESSION B: Long-term care practice *[Gallery 2]*

1. **Attitudes towards end-of-life medical decisions among healthcare practitioners in Hong Kong**
   Cheuk Lap Ting, Chinese University of Hong Kong
2. **PACIFIC care model, Population-based-All inclusive-Comprehensive-Innovative-Functionally-Integrated Care model**
   Chin-Lon Lin, The Buddhist Tzu Chi Medical Foundation
3. **Learning from each other: International approaches to reduce psychotropic use for people in long-term aged care**
   Juanita Westbury, Wicking Dementia Research and Education Centre, College of Health and Medicine, University of Tasmania
4. **Effects of oral health screening on aspiration pneumonia risk for adults with dementia in residential aged care**
   Lynette Goldberg, Wicking Dementia Research and Education Centre, School of Medicine, University of Tasmania
5. **Implementing rights-based practice in residential aged care**
   Catherine Joyce, Research and Innovation, Benetas Support Office

13:00 – 14:00	Lunch	*[Scientia Foyer]*
14:00 – 15:00	**KEYNOTE: Future trends in morbidity: Implications for long-term care** Professor Carol Jagger, AXA Professor of Epidemiology of Ageing, Newcastle University *Discussant: Mark Cooper-Stanbury, Head, Disability and Ageing Unit, AIHW*	*[Tyree Room]*
15:00 – 15:30	Afternoon Tea	*[Scientia Foyer]*
15:30 – 16:00	**IN CONVERSATION: Cognitive ageing and decline** *Moderated by Julian Lorkin, Senior Journalist, UNSW Business School* Professor Kaarin Anstey, UNSW, CEPAR Professor Lindy Clemson, The University of Sydney, CEPAR	*[Tyree Room]*
16:00 – 18:00	**NETWORKING RECEPTION** *Refreshments will be served*	*[Scientia Foyer]*

PROGRAM: FRIDAY, 3 AUGUST

| 8:45 – 9:00 | Arrival and Registration | *[Scientia Foyer]* |

9:00 – 10:00 **PLENARY: The aged care workforce** *[Tyree Room]*

Considerations for future aged care services and workforce
Tiffany Petre, Senior Manager, PwC Australia

Establishing the foundations for growing and sustaining the workforce to meet the care needs of older Australians now and into the future
Helen Grinbergs, Assistant Secretary, Aged Care Policy Reform Branch, Department of Health

10:00 – 11:00 **PLENARY: Long-term care insurance** *[Tyree Room]*

An actuarial perspective on long-term care insurance
Professor Michael Sherris, UNSW, CEPAR

Design considerations for a public long-term care insurance system
Robert Yee, Director, PwC LLP

| 11:00 – 11:30 | Morning Tea | *[Scientia Foyer]* |

11:30 – 12:50 **CONCURRENT ACADEMIC PAPERS** *[The Galleries 1 + 2]*

SESSION C: Innovation *[Gallery 1]*

1. **Technology use for ageing in place**
   Jacinta Borilovic, Aging, Health and Work Research Unit, Faculty of Health Sciences, The University of Sydney, CEPAR
2. **Measuring outcomes of community aged care programs in Australia: Challenges, opportunities and the Australian Community Outcomes Measurement ACCOM tool**
   Beatriz Cardona, Department of Sociology, Macquarie University
3. **Management control systems for decentralised aged care operations**
   Rachael Lewis, School of Accounting, UNSW Business School, UNSW
4. **A person-centered approach to understand emotion regulation and job satisfaction in the aged care workforce**
   Bichen Guan & Denise M. Jepsen, Business and Economics, Management Department, Macquarie University

SESSION D: Finance & Insurance *[Gallery 2]*

1. **Predicting transition of older women into and through the aged care system over time: A multi-state modelling approach using aged care linked data**
   Md Mijanur Rahman, Research Centre for Generational Health and Ageing, School of Public Health and Medicine, Faculty of Health and Medicine, The University of Newcastle
2. **Funding aged care: Insurance and choice**
   Ric Simes, UNSW School of Business / Deloitte
3. **Flexible long-term care insurance: An experimental study of demand**
   Hazel Bateman, CEPAR, UNSW
4. **Differentiation in integrated health care policy approach: An empirical analysis based on regional healthy life expectancy in China**
   Mingxu Yang, School of Public Management, South China Agricultural University

| 12:50 – 14:00 | Lunch | *[Scientia Foyer]* |

14:00 – 15:00 **PLENARY: Falls prevention** *[Tyree Room]*

Preventing falls in older people: What's the evidence?
Professor Robert Cumming, The University of Sydney, CEPAR

Establishing pathways and processes to implement and sustain evidence-based fall prevention in primary care
Professor Lindy Clemson, The University of Sydney, CEPAR

15:00 **CLOSING REMARKS** *[Tyree Room]*

Day 1: Industry Day Speaker bios

1 AUGUST 2018

9:00 – 9:30	**Welcome and opening remarks**	*[Colonial Bank Theatre]*
	Scientia Professor John Piggott, UNSW, Director, CEPAR	
	Dr Bei Lu, Research Fellow, UNSW, CEPAR	

9:10 – 9:30	**Overview of Australia's International Aged Care Capabilities**
	Liu Bing, Asia Lead, Global Markets, Australian Trade and Investment Commission (Austrade)

Liu Bing is currently the Asia Lead, Global Markets, responsible for the coordination and support of client service delivery across Austrade's Asian markets. Prior to this role, Bing worked as Acting Executive Director, International Markets and Acting General Manager, Asia.

Returning to Australia in 2016, Bing was the Senior China Adviser heading Austrade's China Hub which provides insight into the China market for both external and internal key stakeholders.

Bing started working with Austrade in 2001, the most recent role offshore was the Senior Trade Commissioner/Deputy Consul General at the Australian Consulate Shanghai. While in Shanghai, Bing managed the Austrade East China network of offices by providing business opportunities and services for Australian entities in trade, education and inward investment.

Bing has also worked in similar roles in both Guangzhou and Beijing at the Australian Consulate in Guangzhou and the Australian Embassy in Beijing respectively from 2004-2012.

Bing holds a bachelor degree of Medicine from China and a bachelor degree of Nursing from Australia.

刘冰目前是澳洲商务贸易委员会的亚洲区域负责人，负责协调和支持澳大利亚商务贸易委员会亚洲市场的客户服务。在担任此职位之前，Bing **曾担任**亚洲区国际市场和代理总经理的代理执行董事。 Bing **于 2016 年开始回到澳大利亚**，担任澳大利亚贸易委员会中国中心的高级中国顾问，为中外市场的主要利益相关者提供洞察力。 Bing **于 2001 年开始与澳大利**亚贸易委员会合作，最新职位是澳大**利**亚驻上海总领事馆的高级贸易专员/**副**总领事。在上海期间，Bing **通**过为澳大利亚实体提供贸易，教育和对内投资方面的商业机会和服务，管理澳大利亚贸易委员会华东办事处网络。 **从 2004 年至 2012 年**，Bing 还分别在广州和北京的澳大利亚驻广州领事馆和澳大利亚驻北京大使馆担任过类似职务。 Bing 拥有中国医学学士学位和澳大利亚护理学士学位。

9:30 – 10:45	**BEST PRACTICE AND INNOVATION**	*[Colonial Bank Theatre]*

1. Lorraine Lovitt, Chair, Twilight Aged Care

Lorraine Lovitt is Chair of Twilight Aged Care Board a not–for profit organisation that has a history of over 100 years.

Lorraine has a nursing background with considerable experience in aged care in both community and acute care settings and in the residential aged care sector and is a Graduate of the Australian Institute of Company Directors (AICD). Currently Lorraine is Lead, NSW Falls Prevention Program at Clinical Excellence Commission (CEC), NSW Health. Lorraine is motivated to ensure that people in our care are supported to live their lives well and with dignity.

Lorraine Lovitt 是 Twilight Aged Care Board 的主席，该组织是一家拥有 100 多年历史的非营利组织。 Lorraine 拥有护理背景，在社区和急症护理环境以及住院老年护理领域拥有丰富的老年护理经验，并且是澳大利亚公司董事协会（AICD）的毕业生。目前，Lorraine 是新南威尔士州卫生部临床卓越委员会（CEC）新南威尔士州跌倒预防项目的负责人。 Lorraine 力争确保我们照顾的老人能够得到良好的生活和尊严。

2. Maria Cheng, Chief Operations Manager, The CASS Group

Ms Maria Cheng graduated from the University of Hong Kong with a Bachelor Degree in Laws and a Master Degree in Social Work. She also obtained the Master of Business Administration from the University of Western Sydney. Maria had extensive experience in social work as well as in the private sector in Hong Kong including marketing and management, service planning, integration, coordination and development.

Upon settling in Sydney in early 2011, she immediately started working for CASS with the responsibility in identifying service needs and exploring new service program, assisting in networking, promotion and fundraising initiatives as well as taking charge of volunteers' development and coordination. In April 2015, she took up the post of the Chief Operations Manager in overseeing the operations of all the services of CASS.

郑家宝, 华人服务社运营总经理

郑家宝女士毕业於香港大学，并取得法律学士及社会工作硕士学位。她随后还获得西悉尼大学的工商管理硕士学位。郑女士在香港拥有丰富的社会服务和私营企业的工作经验，包括市场营销和管理，服务规划，整合，协调和发展。

于 2011 年，郑女士移居澳大利亚，旋即受聘于华人服务社，负责确定服务需求和探索新的服务计划，协助建立网络，推广和筹款活动，并负责志愿者的发展和协调。自 2015 年 4 月起，郑女士获提升担任华人服务社运营总经理的职务，管理所有服务的运作。

3. A/Professor Andrew Cole MBBS FAFRM, Chief Medical Officer, HammondCare, Conjoint Associate Professor, UNSW

Having grown up in SE Asia, Andrew Cole studied Medicine and did his speciality training in Sydney. He has been a Consultant in Rehabilitation Medicine and conjoint academic with UNSW Medicine since 1985, currently at associate professorial level. He has worked successively in the St George area until 1990, then in East Asia until 1996, at Braeside Hospital until 2006, and since then with HammondCare in northern Sydney.

Andrew has been HammondCare's Chief Medical Officer since 2008. His interests lie in providing rehabilitation to cancer survivors and very frail older people, including those with dementia, at HammondCare's Greenwich Hospital and at Hammondville Aged Care Facility. He is immediate Past-President of the Australasian Faculty of Rehabilitation Medicine.

Andrew teaches about disability and ageing to UNSW medical students and rehabilitation trainees in Australia. He has also regularly taught on these topics to medical, nursing and allied health staff during visits to East and SE Asia in the last twenty years.

Andrew Cole 在东南亚长大，曾于悉尼学习医学并接受过专科培训。他自 1985 年以来一直担任康复医学顾问，并与新南威尔士大学医学院合作，任副教授。他先后在圣乔治地区工作到 1990 年，然后在东亚直到 1996 年，在 Braeside 医院工作到 2006 年，此后在悉尼北部的 HammondCare 工作。安德鲁自 2008 年以来一直担任 HammondCare 的首席医疗官。他的兴趣在于为癌症幸存者和非常虚弱的老年人，包括痴呆症患者，在 HammondCare 的格林威治医院和 Hammondville 老年护理中心提供康复服务。他是澳大利亚康复医学院的前任主席。安德鲁向新南威尔士大学的医学院学生和康复培训生讲授残疾和老龄化问题。在过去的二十年里，他还在访问东亚和东南亚期间定期向医疗，护理和专职医疗人员讲授这些主题。

4. Wu Xuhong, Chair, Hong Kong Leshanju

Ms Wu has been director of multiple age care institutions and health workers for nearly 28 years. She is a member of the Hong Kong Aged Care Association. She currently is a member of the Hong Kong SME Aged Care Association, Vice President of Fujian Aged Care Association and Chairman of Hong Kong Leshanju (China Fund) Co., Ltd.; Chairman of Shenzhen Leshanju Aged Care Industry Co., Ltd.

She is also the partner of Xiamen Vocational Skills Training School, and director of Tian Hao Leshan Community Retirement Technology Platform

Ms Wu is dedicated to promoting community-based service communities. Integrated with traditional culture, she creates a "One-Stop Happy Care model".

吴旭红 历任 多间养老机构院长及保健员近 28 年 香港养老协会委员

现任 香港中小企业养老协会委员, 福建省养老协会副会长, 华厦院长协会付会长 香港乐善居<中国基金>有限公司董事长 深圳乐善居养老产业有限公司董事长 厦门明珠养老院执行总监 田沅乐善居社区养老科技平台 董事 厦门职业技能培训学校 合伙人 致力推广以机构延伸服务社区, 推广优质的传统文化为主，打造从摇篮到天堂全人服务的综合，

5. Cao Peng, CEO, Qiulan Age Care Group

Cao Peng, born in 1982 , Xi'an, Shaanxi, bachelor degree. Social work teacher, psychological counsellor. She is currently the CEO of Qiulan Age Care Group, the president of Sanqiao Senior Apartment, the director of China Social Welfare and Age Care Service Association, the vice president of China International Nursing Home Dean Association, and the vice president of Shaanxi Provincial Social Welfare and Aged Service Association. Her innovative management is in line with international standards, carrying out ecological, human culture, refinement and standardization services. She has been awarded as the "Excellent Individuals" By the civil affairs system, "The Most beautiful Women (dedication)", "Innovative Age Care Manager" and other honorary titles.

曹鹏，女，1982 年生，陕西西安人，本科学历。社会工作师、心理咨询师。现任秋兰养老集团 CEO，三桥老年公寓院长，中国社会福利与养老服务协会理事、中国国际养老院院长协会副会长、陕西省社会福利与养老服务协会副会长等职务。她创新管理与国际接轨，开展生态化、人文化、精细化、标准化服务，被评为民政系统先进个人、"最美女性（敬业奉献者）"、"五四优秀青年"、"新时代养老管理者"等荣誉称号。

10:45 – Morning Tea   *[AGSM Foyer]*
11:15

1. Sarah Butler, Australia, SE Asia and New Zealand Health Leader and APAC Insurance Strategy, PwC

Sarah Butler is a partner and senior advisor to executives in Health and Insurance with Strategy&, PwC's strategy consulting business. She leads our PwC Australia, SE Asia and NZ Health practice, including work with federal and state health departments, insurers, health and aged care private sector players, NFPs and industry bodies. Sarah is a member of the PwC Australia Board of Partners. She has been with the firm for over 25 years including 20 years in Australia and 5 years in China (based in Shanghai).

PwC support clients to build trust in society and solve important problems, from strategy through execution including strategy, transformation, digital, risk, financial advisory (M&A, due diligence, tax and legal) and assurance.

Sarah advises clients on strategy, disruption and transformation and brings experience in each of insurance, health and aged care services and life sciences, including working at an industry-wide level. She is a recognized thought leader, authoring a range of publications including *Reimagining Health Reform: taking a systems approach to health and wellness; Australia's healthcare system: an opportunity for economic growth; China Healthcare 2020* and *Strategies for the New China Landscape.* Previously Sarah was Chairman and MD for Strategy& in Greater China and led PwC's Management Consulting business, as well as leading our Healthcare, Life Sciences and Insurance Strategy practice in China and the region more broadly. Sarah was also a Board Director for two years on the Booz & Company global board and Chair of the Audit Committee in the lead up to our combination with PwC. She continues to serve on global governance committees.

Sarah was a scholar at Christ's College, Cambridge and received a BA Hons & MA in Natural Sciences (Chemistry). Sarah is also a Graduate of the Australian Institute of Company Directors. She was appointed to the UTS China Research Centre Advisory Board.

Sarah Butler 是普华永道战略咨询业务战略与健康与保险高管的合伙人兼高级顾问。她领导我们的普华永道澳大利亚，东南亚和新西兰健康业务，包括与联邦和州卫生部门，保险公司，健康和老年护理私营部门参与者，NFP 和行业机构合作。 Sarah 是普华永道澳大利亚合作伙伴委员会的成员。她在该公司工作超过 25 年，其中包括在澳大利亚工作 20 年，在中国工作 5 年（在上海工作）。

普华永道支持客户建立社会信任并解决重要问题，从战略到执行，包括战略，转型，数字化，风险，财务咨询（并购，尽职调查，税务和法律）和保证。

Sarah 为客户提供战略，中断和转型方面的建议，并为各种保险，健康和老年护理服务以及生命科学提供经验，包括在全行业范围内开展工作。她是公认的思想领袖，撰写了一系列出版物，包括重新构想健康改革：采用系统方法来保健和健康;澳大利亚的医疗体系：经济增长的机会; 2020 年中国医疗保健与新中国景观战略。

此前， Sarah 曾担任战略与大中华区董事长兼董事总经理，领导普华永道管理咨询业务，并更广泛地领导中国及该地区的医疗保健，生命科学和保险战略业务。在与普华永道合并之前，Sarah 还担任 Booz＆Company 全球董事会和审计委员会主席两年的董事会董事。她继续在全球治理委员会任职。莎拉是剑桥基督学院的学者，并获得自然科学（化学）荣誉学士学位和硕士学位。 Sarah 还是澳大利亚公司董事协会的毕业生。她被任命为悉尼科技大学中国研究中心顾问委员会成员。

2. Dr Shane Moran, Managing Director, Provectus Care Group

Dr Shane Moran has over 30 years' experience in developing new services and businesses in the Australian and international aged care and health industries. He has been extensively involved in designing, developing, and operating the full range of residential facilities (including dementia specific, acute care and medical private hospitals and retirement villages).

In his 15 year role as CEO of the Moran Health Care Group, Shane led the family owned group to become Australia's largest private residential aged care provider (with operations also in the United Kingdom and Singapore). To fulfil his vision for the provision of premium aged care to Australia's ageing population, Shane established Provectus Care Pty Limited in 2001. Provectus Care owns and operates a number of high end aged care facilities in NSW, Victoria, Queensland and the Australian Capital Territory.

Shane holds a Doctor of Philosophy, his thesis focusing on the aged care crisis in China. In recent years, Provectus Care has co-operated with Chinese corporate groups, having been engaged to design, develop and operate facilities across the full spectrum of aged care residential services ranging from high and low care living as well as independent living units. Importantly, Provectus Care has been able to export the best practice and quality service standards applied in the mature Australian market to the developing aged care market in China.

Shane Moran 博士，常务董事：Moran 博士在澳大利亚和国际老年护理和医疗保健行业开发新服务和业务方面拥有 30 多年的经验。他一直广泛参与设计，项目管理和运营全方位的住宿护理服务（包括痴呆症特定的老年护理设施，急性和医疗私立医院和退休村）。1987 年至 2001 年，他担任莫兰医疗集团首席执行官，领导该家族企业成为澳大利亚最大的私立医院和住院老年护理服务提供商。2001 年，他建立了自己的公司，以实现他为澳大利亚老龄化人口提供优质老年护理的愿景。自 2001 年以来，Provectus Care Group 迅速扩大并成功实现了 Shane Moran 的愿景。莫兰博士一直是健康和老年护理行业的顾问，自 1985 年以来一直担任律师，并拥有健康哲学博士（PhD），他的论文主要关注中国的老年护理危机。

3. Professor Branko Celler, Emeritus Professor, UNSW

Professor Branko Celler is internationally recognised as an innovator and pioneer in the development and use of biomedical software and instrumentation for the telemonitoring of chronically ill patients at home. He was Head of School of Electrical Engineering at UNSW for nine years and established the Biomedical Systems Laboratory which was successful in winning more than $15m in competitive grants. He has an abiding and on-going interest in supporting health and socio-economic development of rural and remote communities through the smart use of ICT. Prof Celler has previously held positions as Executive Dean of the College of Health and Science at Western Sydney University and Chief Scientist at the CSIRO ICT Centre. He is a Fellow of the IEEE and a Fellow of the Australian Academy of Technological Science and Engineering and an inaugural Fellow of the Australian College of Health Informatics. He has published more than 200 Journal Articles and Refereed Conference Proceedings. In 2006 Prof. Celler established a start-up company Telemedcare Pty Ltd which now operates internationally and is respected for its innovation and excellence in telehealth. Whilst Chief Scientist at the CSIRO ICT Centre, Professor Celler led the $5.4m CSIRO National Telehealth Project, the results of which have been published internationally and which are now contributing to the development of national policies on the large scale deployment of telehealth services. Professor Celler is Emeritus Professor and an active researcher at the University of New South Wales.

Branko Celler 教授是国际公认的开发和使用生物医学软件和仪器的创新者和先驱，用于家中慢性病患者的远程监护。他曾担任新南威尔士大学电气工程学院院长九年，并成立了生物医学系统实验室，该实验室成功赢得了超过 1500 万美元的研究资助。他通过巧妙利用信息通信技术，支持农村和偏远社

区的健康和社会经济发展。 Celler 教授此前曾担任西悉尼大学健康与科学学院执行院长和 CSIRO ICT 中心首席科学家。他是 IEEE 的研究员，澳大利亚技术科学与工程学院的研究员和澳大利亚健康信息学院的首任研究员。他发表了 200 多篇期刊论文和会议论文集。 2006 年，Celler 教授成立了一家初创公司 Telemedcare Pty Ltd，该公司目前在国际上运营，并因其远程医疗的创新和卓越而受到尊重。作为 CSIRO 信息通信技术中心的首席科学家，Celler 教授领导了 540 万美元的 CSIRO 国家远程医疗项目，其结果已在国际上公布，目前正在制定有关大规模部署远程医疗服务的国家政策。 Celler 教授是新南威尔士大学的名誉教授和资深研究员。

4. Dr. Yongyue Zhuo, Chairman, Zhejiang Lvkang Medical Care Investment Management Co

Dr. Zhuo graduated from the Department of Clinical Medicine of Zhejiang University School of Medicine. He is the Director of Integrated Care, China Social Welfare and Aged Care Service Association, executive Vice President of China Aged Care Industry Alliance and Chairman of Zhejiang Medical Association of Rehabilitation Medicine. Dr. Zhuo is the pioneer and practitioner of the concept of "health integrated care" for the elderly. He has lead in proposing a health integrated care, aged care model and conducting useful trials and practices in about 20 years. His old-age rehabilitation model, which was called "Zhejiang Green Kang Model" is awarded by the National Health Care Development Center. Lvkang Group now has 16 rehabilitation centres, nursing medical institutions and 9 old-age disability service organizations.

卓永岳, 浙江绿康医养投资管理有限公司 董事长 中国社会福利与养老服务协会医养结合分会会长 中国养老产业联盟常务副会长 浙江省康复医学会医养结合专业委员会主任委员 毕业于浙江大学医学院临床医学系，卓永岳是全国"医养结合"健康养老服务理念的先行者，实践者。他在从事临床工作 20 年后，于 2005 年投身于健康养老产业，在全国率先提出了"医养结合"的养老服务模式并进行有益尝试和实践，创造性地将社会办医院与养老机构相结合创办了"养老+医疗"综合性机构，成功摸索出了"医养护康一体化"养老康复模式，被国家卫生事业发展中心称之为"浙江绿康模式"。 绿康医养集团发展为一家以"医养结合"、"公建民营"为特色的健康养老集团化公司，形成了业务涵盖养老、医疗、康复、护理、教学、科研、文化、老年用品研发和贸易等领域的完整产业链，旗下拥有 16 家康复护理医疗机构、9 家养老助残服务机构

5. Hanya Lin, Chairman, Taiwan Long-term Care Association

Ms. Lin has been promoting hospice care for elders in Taiwan. She has been one of the initiatives for Taiwan Nursing Union to expand services to the community and to encourage volunteers to remote villages and towns for frail elders. She won the Nursing Home Award in 2014 by Taiwan Authority. She also took the lead for health and community needs assessment work. She has also published some work in the Journal of Social Welfare (Chinese) for China Ministry of Civil Affairs since 2016.

林菡雅 女士, 台湾长期照顾关怀协会创会理事长(2015-迄今). 经历: 任内推动安宁共同照护--临终关怀有尊严地老去、健康促进以及在地老化的实践者。组织台湾护理志工同盟深入社区，带领志工至偏远乡镇陪伴低收及身心障碍患者，募集物资，协助送餐及擦澡..等护理服务 荣获地方卫生机关督导考评获一般护理之家优等奖。具创新规划领导能力，推动并组织安宁共同照护团队，不遗余力深耕社区。荣获护理杰出贡献奖(2014)

12:45 – 14:00   Lunch   *[AGSM Foyer]*

14:00 – 16:30   Site visit to a long-term facility
Delegates with a confirmation to visit the long-term facility are to board a bus with Dr Bei Lu at Gate 11 at 2 p.m.

Day 2: Conference Program
Speaker abstracts and bios

2 AUGUST 2018

9:00 – 9:30	**Welcome and opening remarks**	*[Tyree Room]*

Scientia Professor John Piggott, UNSW, Director, CEPAR

Professor Brian Boyle, Deputy Vice-Chancellor, Enterprise, UNSW, CEPAR

Professor Du Peng, Vice President, Renmin University of China

Professor Du Peng is a prolific scholar and international leader in aging studies. He currently serves as Director of the Institute for Gerontology at Renmin University, China's oldest and premier center for the study of aging. Dr. Du is a board member of the United Nations Institute on Ageing, regional chair of the International Association of Gerontology and Geriatrics, Vice President of the China Association of Gerontology and Geriatrics, and member of the Advisory Committee for the Ministry of Civil Affairs, China.

9:30 – 10:15	**KEYNOTE** Philip O'Keefe, Practice Manager, Social Protection & Jobs Global Practice, East Asia and Pacific, World Bank Group	*[Tyree Room]*

Philip O'Keefe is a Lead Economist in the Social Protection and Labor Global Practice at the World Bank, working in East Asia and Pacific (EAP) region primarily and based in Sydney, Australia. Previously, he was Lead Economist for the Human Development Sector for EAP region and Sector Coordinator for Human Development for China and Mongolia based in Beijing. He is the lead author of the World Bank's EAP regional flagship report on Aging, and has published regularly on social security and labor market issues in East and South Asia and transition economies. Prior to EAP, he was Social Protection Cluster Coordinator for India and Nepal based in New Delhi, and also worked in the Europe and Central Asia region of the World Bank on social protection and labor issues. Prior to joining the World Bank in 1993, he was Lecturer at University of Warwick, UK. He holds degrees from University of Sydney, London School of Economics and Political Science, and Oxford University.

10:15 – 10:45	**Morning Tea**	*[Scientia Foyer]*

10:45 – 11:30	**KEYNOTE: Redesigning communities for aged society**	*[Tyree Room]*
	Professor Hiroko Akiyama, Institute of Gerontology, The University of Tokyo	

Although Japan is the frontrunner of aging societies in terms of longevity and the proportion of the elderly in the population, the existing infrastructure of communities in Japan was built when the population was much younger. We need to redesign both hard and soft infrastructure of communities to meet the needs of the highly aged society. We want to build communities where people stay healthy and active and live with a sense of security. The health/LTC system is an essential domain of the social infrastructure.

We explore potentiality and challenges of action research in collaboration with multi-stakeholders such as academia, local government, business, NPOs and residents in a community. The project aims at turning the concept of "ageing-in-place" into reality in Kashiwa, which is a typical urban community near Tokyo, and producing guidelines for innovative models. The presentation focuses on LCT Kashiwa Model.

Hiroko Akiyama, a social psychologist, is professor at the Institute of Gerontology, University of Tokyo and the former vice president of Science Council of Japan. Professor Akiyama has conducted a number of cross-national surveys and is widely recognized as an expert on issues of global aging. She is known for the long-running research on the elderly in Japan – tracking the aging patterns of approximately 6,000 Japanese elderly for 30 years. Recently she initiated social experiment projects that pioneer to re-design communities to meet the needs of the highly aged society and Living Lab, a platform for co-creation among users, industry, government and academia. She started the Institute of Gerontology at University of Tokyo in 2006. Professor Akiyama received Ph.D. in psychology from University of Illinois, the United States.

11:30 – 11:40	**Short break**

1. **Older Australians' planning for longer life: Hoping for the best?**
    John McCallum, National Seniors Australia

A national survey in 2017 with 5,770 respondents 50+ found 85% said they were aware that 'life expectancy at age 65 had increased by around 6 years over the last 30 years'. 22% of survey participants disclosed that they 'hadn't planned at all' for an increasing lifespan. 50% of all survey participants had made financial plans for living longer; 35% had plans for accommodation, 38% for lifestyle and travel and 46% for health. Were Australians looking ahead by saving to spend later in life when they are more at risk of high cost service needs? The survey found that only 3% planned to spend more later in life, much lower than the 61% planning to spend the same throughout and 36% more in the early years. Those planning to spend the same throughout treat retirement income like a steady wage which may not last to cover the latest period of their lives. The survey asked about support two possible retirement investment options:
1. 'Should superannuation funds include an insurance option that would keep paying you an income if you lived longer than say 85?'. 56% said 'yes' and 9% were 'undecided', with about a third (35%) saying 'no'.
2. 'Would you consider paying a portion of your savings, say 10%, on retirement, in order to receive income for life once you reached say 85?', 57% said 'yes' to their own insurance option, and 43% said 'no', including 11% who did not think that they would live that long.
The results also provide insights into who would be more positive about having the longevity protection from these options. A whole of life approach is required, with better accumulation of superannuation, particularly for women, and better financial products to allow people to self-fund long-term care and other options later in life. It was also clear that not all plans work either through catastrophic events like a global financial crisis, or personal ones like illness or illness of a partner.

Professor **John McCallum,** CEO National Seniors Australia, BEcon, Hons Psych, University Medal (Qld); BPhil, MPhil, DPhil (Oxon); FASSA; MAICD; 2Lt RAInf (OTU), Federation Medal 2003, University of Queensland Medal 1976; Centenary of Federation Medal; Australian Service Medal 1945-1975; Anniversary National Service 1951-1972 Medal; Australian Defence Medal.
Fellow Griffith University; Andrus Gerontology Center; Nanzan University, Tokyo Metropolitan Institute of Gerontology, Renmin University Beijing; Ageing and the Family Project Research School of Social Sciences, National Centre for Epidemiology and Population Health ANU.
120+ peer-reviewed publications, 22 books and monographs, 80 published NHMRC evidence statements and Guidelines 2010-16; 14 NSA research Reports 2017-18.

2. **Older adult's experiences of consumer directed care in Australia: A qualitative study**
    Tammy Aplin, School of Health and Rehabilitation Sciences, The University of Queensland

Policy changes in Australia which focus on ageing in place, have increased demand for home care services. A need which will only rise, with an ageing population. The model for home care in Australia has also recently undergone a dramatic shift, with the introduction of consumer directed care. This was largely seen as a mutually positive step; introducing a system that supported the choice and control that older adults demanded for their home care, while providing a financially sustainable model for government. Despite these benefits, there was little evidence to guide the implementation and there have been unforeseen outcomes. Including a growing waitlist for Home Care Packages and

evidence that older adults have little confidence in the system. It is therefore important at this time of change, to further understand consumers' experiences of home care to inform policy and practice.

This study therefore aimed to understand older adult's experiences of receiving home care. Home care services included, but were not limited to, non-medical assistance such as cleaning, meal preparation, social support and personal care. Semi-structured interviews were conducted with 11 recipients of home care and 3 spouses, in the participant's home in Queensland, Australia, between July - August 2017. The transcribed interviews were thematically analysed resulting in the identification of two major themes: "what makes it work in the home" and "when choice isn't choice". The first theme describes that the experience of home care for older adults was influenced at a micro level at home, where the quality of the work that was provided by the support staff, staff's behaviour and the impact of having support staff within the home were experienced both positively and negatively. The second theme, "when choice isn't choice" describes the influence of services, government organisations and policy on the experience of home care. Concerns were raised for example about communication, regulations of when and who provided care, and the process of accessing services and engaging with My Aged Care.

The findings indicate that consumer directed care in Australia has enabled older adults to have increased choice and control over the services they receive. However, the full extent of this choice and control is not always experienced, sometimes resulting in the cessation of services. Participants discussed the need for quality assurance mechanisms, more information to be provided to consumers including transparency of costs, and that providers need to consider the impact of their policies on the quality of care they provide.

Tammy Aplin is an occupational therapy lecturer at the University of Queensland. Her research focuses on the home environment in a range of health and social service contexts. This includes home modifications, community practice, home care and housing. With the aim of improving older adults and people with disabilities experience of services provided in the home, her research seeks to understand user's experience and evaluate and develop practice.

3.   **Strong and weak ties: Part of the picture in institutional elder abuse?**
     Susan Banks, School of Social Sciences, University of Tasmania

In 2016, a young man working in a Tasmanian aged care facility was found to have photographed the genitals of an elderly woman in his care. The crime came to attention some months after he had shared the image with a colleague. He was charged with breaching sections 13B and 13C of the *Police Offences Act 1935* (Tas), which make it a summary offence to, without consent, observe, record, publish, distribute or possess prohibited visual recordings of a person in a private place or engaging in a private act; or a person's genital or anal region, when covered only by underwear or bare 'where a reasonable person would expect to be afforded privacy'. He was sentenced to two months' imprisonment, wholly suspended, 100 hours of community service, and was placed on the sex offenders register.
In our interdisciplinary research (sociological, nursing and legal) on elder abuse, this case stood out. Firstly, it was a rare prosecution of what was clearly elder abuse. Secondly, the court transcript suggested something about why such crimes might usually remain hidden. While it was clear from the evidence that a sexual assault had also taken place, this was not prosecuted, perhaps reflecting the taboo around the sexuality of older people. Perhaps more significantly, the victim of this crime was both anonymous and mostly invisible, and the perpetrator was presented as something of a victim

himself, struggling with personal difficulties. That his crime was not immediately reported to facility management (or the police) is also suggestive of cultural problems within the facility.

Funded by a research grant from the Australian Association of Gerontology, our team conducted a small qualitative exploration of understandings of and responses to elder abuse among senior staff in agencies and organisations with some responsibility for the welfare of older people. The sexual abuse of older people was one of the topics in the semi-structured in-depth interviews conducted with 16 managers, CEOs and senior practitioners from community sector, aged care, legal/enforcement, health, medico-legal, and guardianship agencies and organisations in Tasmania. Using data from this study, an earlier research project exploring staff-client interactions in aged care, and from our literature review of elder sexual abuse, this paper presents evidence on how social attitudes and norms within organisations may be implicated in the sexual and other mistreatment of older people in residential care. We apply Granovetter's concept of the strength of weak ties and the weakness of strong ties to the problem.

Susan Banks is an early career researcher at the University of Tasmania and part of the interdisciplinary Preventing Elder Abuse in Tasmania research group. Her PhD (2016), explored meaning and practice in aged care and disability support, for direct care workers and clients. Susan has been a researcher and project manager in the Wicking Dementia Research and Education Centre, and at Queensland University of Technology. Her research interests are emotion, identity, workplaces and culture, and the participation and inclusion of people from marginalised groups.

4. **Evaluating the effectiveness of an outreach service to aged care facilities: Geriatric Rapid Evaluation and Treatment (GREAT) service**
   Leesa Giang, Westmead Hospital

Introduction: There are approximately over 160 000 people residing in aged care facilities (ACFs) in Australia. Hospitalisation in this vulnerable cohort is associated with poorer outcomes. Literature demonstrates that health outcomes improve for those treated in their own home environment. It is therefore important to develop alternative models of care. At Westmead Hospital, the GREAT (Geriatric Rapid Evaluation and Treatment) service was developed with the aims of providing patient-centred care to residents experiencing functional or medical decline in the ACF. It is anticipated that if these aims were achieved then it would reduce avoidable hospital presentations and facilitate early discharge from hospital. The aim of this study was to evaluate the impact of the GREAT service on patient and carer experiences, ACF nursing staff and general practitioners (GPs), and its outcomes.

Methods: All patients who were referred to the GREAT service from September 2017 to April 2018 were included in the study. Patient data was collected by examining patient's electronic medical records using a standardised instrument. Information collected included: demographic data, medical history, co-morbidities and current medications. A structured questionnaire was conducted to assess the utility and feasibility of the service. Patients, their families, ACF staff and GPs who had utilised the service in the last eight months were surveyed.

Results: The service assessed 330 patients over the study period. Majority of the patients had poor functional and cognitive status and were on multiple medications. The mean Charlson comorbidity index was 6. Intervention provided by the outreach service included wound management (43%), end of life care (30%) and management of acute/subacute illnesses (11%). The survey revealed a high level of satisfaction by patients, their families as well as ACFs and GPs. Positive aspects of the service included

value of structure and support, avoidance of unnecessary hospitalisation, responding with confidence and improved capacity and clinical skills of the ACF staff. The recommendation was to expand the service to improve accessibility e.g. afterhours support and administration of intravenous antibiotics and fluids, ensure seamless communication between all parties and faster turnaround of reviews.

Conclusion: The GREAT service is an effective model that provides assistance in the management of wounds, end of life care and acute/sub-acute medical illnesses. The service was well received by the patients, families, ACF staff and GPs. However, strategies need to be explored to accommodate growing need for the service.

Dr **Leesa Giang** (MBBS, Honours) is a graduate of University of New South Wales Medical School. She completed her residency at Bankstown-Lidcombe Hospital where she developed an interest in geriatrics medicine. Dr Leesa Giang is currently working as a geriatrics advanced trainee at Westmead hospital, with a special interest in community geriatrics and end of life care.

SESSION B: Long-term care practice *[Gallery 2]*

1. **Attitudes towards end-of-life medical decisions among healthcare practitioners in Hong Kong**
   Cheuk Lap Ting, Chinese University of Hong Kong

Objectives: The study was to investigate the healthcare practitioners' perspectives on the end-of-life medical (EOL) decision, and to explore their current approaches. Furthermore, it aimed to explore the possibilities on legalizing certain medical decisions in Hong Kong.

Methods: In 2017, a total of eight healthcare practitioners, including both doctors and nurses were interviewed by telephone with the purposive sampling method in Hong Kong. Interview questions were based on five areas such as journey of EOL medical decision, support and training, public education, legal issue and recommendation.

Results: Eight interviewees were found with similar approaches in EOL medical decision practice, yet with various coordination and limited engagement from the private sector and community setting. Most of the practitioners felt that the training was insufficient, and the heavy workload was as well a deterring factor to them as well. The poor bridging system between departments, hospitals, or even different sectors was being mentioned. Practitioners also raised concerns towards the public education and legal foundation of the EOL medical decision in Hong Kong. Finally, they mentioned some desired recommendations in order to motivate practice and to encourage promotion.

Conclusions: The healthcare practitioners showed a positive attitude towards EOL medical decision in the clinical practice and described it as a mean to achieve good death. However, the practitioners pointed some obstacles like lack of communications skills and knowledge, and the limited capacity of the healthcare system.

Cheuk Lap Ting is a project coordinator at the Health in Action. She graduated from the Chinese University of Hong Kong with a Bachelor degree in Public Health. She has various working experiences with both governmental organizations like Hong Kong Hospital Authority and Department of Health, as well as the international non-governmental organization including the United Nations High Commissioners for Refugees. Cheuk's academic interests range from end-of-life medical decisions to global health policy. Her work focuses on health service management, policy analysis, healthcare quality, and specifically examine the health needs of the aging population in Hong Kong.

2. **PACIFIC care model, Population-based-All inclusive-Comprehensive-Innovative-Functionally-Integrated Care model**
   Chin-Lon Lin, The Buddhist Tzu Chi Medical Foundation

Introduction: In Taiwan, elderly population reached 14 % in 2018, and is expected to rise to 20.6% in 2025, and as the population grows older the disease pattern become more and more complicated, the demand for medical care increased tremendously. To meet this need, Taiwanese government tries to shift institution-based health care to community-based or home-based health care. Although all stakeholders involved, such as government, healthcare institutions, family, academic institutions, charity organizations and NGO's (Non-Governmental Organizations) are working hard to provide the necessary care, the efforts to meet the rising demand remained fragmented.

Previously, We have successfully implemented a program to extend our quality medical services in the hospital to nursing homes, day care centers and homes by utilized modern technology such as Smart phones, tablet, wireless transmission, 4G communications, cloud medical record storage and wearable

devices, coupled with community resources to monitor and record personal conditions, and to provide real time personalized health care services and the satisfaction scores of participants, family and care-givers have been very high. We further develop 5 innovative mobile services: 1. environmental security sensor; 2. distant physical fitness sport assistance system using interactive games to improve exercise program compliance; 3. distant rehabilitation guidance; 4. distant health care calendar and home video contact book. 5. wearable wristbands to record identity, positioning, physical activity & sleep pattern. In addition, we developed standardization, digitalization and automation of care record to lessen the workers' loading and made the record readily available. The relatives and care teams can monitor the health of the elderly. The Mobile APP, particularly home video contact book, provides immediate information as feedback to relatives and strengthens the interaction between relatives and workers. We have since expanded our program into other disease categories and into the entire population based on the demand for care in different places. Using cloud storage of medical records as the backbone, we integrate advanced information technology, such as 4-5 G communication, smart phone/tablet, wireless transmission, Internet of things, wearables, etc. effectively manage and integrate community resources, invited governmental agencies, other healthcare institutions and charity organizations to join in and established a platform for further academic research and industrial investment in addition to continuously improve our care quality.

Conclusion: Due to the shortage of funding and manpower, we believe that new information and communication technologies (ICT) will play an important role in the future care of our elderly. and our integrated health care model in linking the hospitals, nursing homes, day care stations, community centers and individual homes with joint efforts of all involved (Government, healthcare institutions, Universities, NGO's) by fully taking advantage of modern information technology (**PACIFIC**), will be very well accepted and becomes a norm in the future.

As CEO of Buddhist Tzu Chi Medical Foundation and Tzu Chi International Medical Association (TIMA), Dr. **Chin-Lon Lin** is dedicated to promote collaboration between different stakeholders in the healthcare systems, such as local government, NGO's universities and medical professionals from different specialty fields. In carrying out various Long Term Care projects along the Eastern part of Taiwan. Dr. Chin-Lon Lin, by taking full advantage of the modern information and communication technology, integrates the Long Term Care Service health care model with the hospitals, nursing homes, day care stations, community centers and individual homes.
Professional Experience: Chief of Staff, Northridge Hospital Medical Centre in Los Angeles; Vice-superintendent, Buddhist Tzu-Chi General Hospital, Hualien, Taiwan; Superintendent, Buddhist Dalin Tzu-Chi General Hospital

3. **Learning from each other: International approaches to reduce psychotropic use for people in long-term aged care**
   Juanita Westbury, Wicking Dementia Research and Education Centre, College of Health and Medicine, University of Tasmania

Over half of residents living in long term care have dementia. The majority will experience behavioural and psychological symptoms also referred to as 'responsive behaviours', including agitation, anxiety, psychosis, delusions, apathy and sleep disturbance. Although professional guidelines endorse detailed assessment of these symptoms with non-pharmacological strategies as the first-line approach, many residents are treated with psychotropic medication, specifically antipsychotics, benzodiazepines and antidepressants, despite modest effectiveness alongside substantial risk of adverse effects such as falls, over-sedation and stroke. Many residents without dementia also suffer from anxiety and sleep

disturbance. Again, although non-pharmacological strategies are recommended as initial treatment, psychotropic medications are more often prescribed.

Inappropriate and high rates of psychotropic prescribing have been a major concern in long term care settings both in Australia and internationally for several decades. Although aged care and healthcare systems vary between countries, the rates of psychotropic use are remarkably similar, as are measures relating to inappropriate assessment of residents, monitoring and duration of use. Different countries have utilised different approaches to address this issue ranging from regulation and prescribing restrictions to full multicomponent, interdisciplinary interventions.

In Australia, a large national intervention project, 'RedUSe' (Reducing Use of Sedatives), was conducted in 150 long term care homes from 2014-2016 and involved over 12,165 residents. The project was multicomponent and interdisciplinary, involving regular audit and feedback, interactive staff education sessions and interprofessional sedative review over a 6-month period. 'RedUSe' resulted in 21% and 13% relative reductions in benzodiazepine and antipsychotic prescribing, respectively. Over 40% of residents taking these sedative agents at baseline had their agents ceased or dose reduced by the project's completion.

This presentation will outline and contrast intervention approaches of three countries, Australia, the Netherlands and the United States, to reduce inappropriate psychotropic use in long term care. The benefits and barriers associated with each intervention approach will be identified and discussed, with the ultimate aim of integrating key learnings from international researchers to address this important issue. By actively promoting appropriate psychotropic use in long term care settings the quality of care experienced by people living in this setting should only be enhanced.

Dr **Juanita Westbury** is a community pharmacist with research interests in old age mental health. After completing a Masters in the U.K. she returned to Australia to start a PhD during which the intervention, 'RedUSe' (Reducing Use of Sedatives) was developed. RedUSe, a multi-strategic 6-month program, was awarded an International Psychogeriatric Association researcher award in 2009 and was funded for expansion to 150 long term care homes from 2014-2016 by the Australian Government. RedUSe significantly reduced antipsychotic and benzodiazepine use, with high degrees of health practitioner satisfaction. Juanita works as a Senior Lecturer in Dementia Studies at the University of Tasmania.

4. **Effects of oral health screening on aspiration pneumonia risk for adults with dementia in residential aged care**
    Lynette Goldberg, Wicking Dementia Research and Education Centre, School of Medicine, University of Tasmania

Many adults with dementia in residential aged care are dependent on others for feeding and oral care. Langmore and colleagues in the United States have shown this co-related dependency is a strong predictor for aspiration pneumonia due to pathological oral microorganisms from saliva, tooth decay, and an unclean mouth migrating into the lungs and the inability of adults to cough and clear the aspirated material. The subsequent lung infection frequently results in hospitalisation, increasing frailty, and can cause death. Even when teeth are removed, oral pathogens remain a risk indicator for aspiration pneumonia as they line the mucosal surface of the oral and pharyngeal cavities, including the tongue. Evidence-based and sustainable oral care needs to be an integral aspect of a paradigm shift to actively promote function, maintain health, and significantly reduce costs associated with ill health and hospitalisation for residents with dementia.

Residents with dementia frequently take many medications that reduce salivary flow or create xerostomia, which increase the pathogenic bacteria. These bacteria cause tooth decay, gum inflammation, gum disease, and painful disruption of the oral mucosa and supporting structures. Chronic inflammation of oral tissues results in bacteria entering the bloodstream with detrimental effects on the body and brain. Associated oral pain frequently necessitates a diet of modified foods, compounding the risk for malnutrition, with associated changes in behaviour, frailty, and a compromised immune system. One potential strategy to prevent this cascade and decrease aspiration pneumonia risk is to screen the oral health and function of adults when they move into care. In Australian residential care communities, oral care for adults with dementia generally is delegated to extended care assistants or personal care workers (carers). Many view oral care as onerous and are reluctant to perform it; many have limited training to respond to changes in behaviour that may indicate residents' distress; many do not understand how oral care is integral to the work of dentists, speech pathologists, dietitians, physiotherapists, and nurses to promote residents' function and overall health.

In this project, an interdisciplinary team of a speech pathologist, dentist, nutritionist, and pharmacist worked with nurses and carers to screen 142 residents using the *Oral Health Assessment Tool* (OHAT), the *Mini-Nutritional Assessment* (MNA), the *Yale Swallow Protocol*, and the *EuroQOL-5D-3L*. Residents' diagnoses, age, gender, prescribed medications, and clinical signs of potential aspiration were documented from medical files. The administration of all four screening tools was generally able to be completed in 20 minutes. However, due to the conversations that ensued with residents, the expended time sometimes doubled. These conversations provided valuable insight into issues of concern to residents – information carers and nurses needed to know but often did not.

Of the residents, 78% warranted referral to a dentist; 57% were at risk for malnourishment; 13% were actually malnourished; and 70% failed or refused the swallow protocol, indicating difficulty with, or apprehension about, swallowing thin liquids safely. Self-reported quality of life ranged from 34-95% (M = 65%). The collaborative interdisciplinary team was instrumental in assisting nurses and carers to screen for, identify, and address issues in oral health and function. Residents are being tracked to determine the outcome of reduced aspiration pneumonia risk. Results will be available by August.

Dr **Lynette Goldberg** is Senior Lecturer in the Wicking Dementia Research and Education Centre at the University of Tasmania. She has a background in speech pathology and is a Fellow of the American Speech-Language-Hearing Association (ASHA). In January 2014, Goldberg returned from a lengthy clinical, administrative and academic career in the United States and joined the Wicking Centre. There, Goldberg has focused on dementia education and care through her work as the Coordinator of the Wicking Centre's Bachelor of Dementia Care program and through her NNIDR-funded clinical research into the oral and nutritional health of adults in residential care.

5. **Implementing rights-based practice in residential aged care**
   Catherine Joyce, Research and Innovation, Benetas Support Office

Current developments in aged care policy place an increased focus on consumer choice and control. In this context it has never been more important for aged care providers to understand how to maximise the freedom of choice available to residents of aged care facilities, while also meeting their duty of care.

The disability and mental health sectors have made the transition to rights-based approaches. But the aged care sector is yet to transform in this way, with many providers still using old-style models of care

which disempower and condescend to care recipients. Rights-based approaches provide a framework for aged care providers to protect the rights of residents in aged care facilities, and promote their freedom of choice.

The aim of this paper is describe rights-based practice and how it can be applied in residential aged care settings. The key principles and features of a rights-based approach within service delivery settings are described. A rights-based approach is compared with other, common approaches to service delivery, such as 'person-centred care' and needs-based practice. The concept of 'dignity of risk' is discussed. This encapsulates the balance between the dignity of being free to engage in activities that one particularly values, and the risks associated with those choices. Traditionally, aged care services have adopted paternalistic approaches which strip freedom of choice from residents of aged care facilities. An approach which places residents' rights at the centre of practice priorities autonomy, dignity and quality of life rather than protection and risk minimisation.

Key barriers to implementing rights-based approaches in aged care services are considered, including balancing residents' rights with providers' duty of care, meeting regulatory requirements, and managing family expectations.

Areas of practice where protection and promotion of residents' rights can support prevention of elder abuse are reviewed, including restrictive practices, freedom of movement, and privacy.

Finally, enablers to implementing rights-based approaches are discussed, including at policy, organisational, and front-line care levels. These enablers support the protection and promotion of aged care residents' rights and freedoms, ultimately enhancing their quality of life.

Dr **Catherine Joyce** is Research and Innovation Manager at Benetas, a not-for-profit aged care provider in Victoria. She also holds the position of Adjunct Associate Professor at the Monash University School of Public Health and Preventive Medicine.
She has 20 years' experience as a health services researcher, with a particular focus on the exchange between research and policy and practice. She has undertaken research and published in a range of areas including aged care services, client and consumer perspectives, primary health care, and the health workforce.

| 13:00 – 14:00 | Lunch | *[Scientia Foyer]* |

| 14:00 – 15:00 | **KEYNOTE: Future trends in morbidity: Implications for long term care** | *[Tyree Room]* |

KEYNOTE: Future trends in morbidity: Implications for long term care *[Tyree Room]*

Professor Carol Jagger, AXA Professor of Epidemiology of Ageing, Newcastle University

Discussant: Mark Cooper-Stanbury, Head, Disability and Ageing Unit, AIHW

We are living longer, but there is much evidence to suggest the extra years of life are not all healthy ones. Moreover, how trends in morbidity will play out in the future have only been speculated since the impact on care needs of the rising prevalence of diabetes and obesity and the continued falls in stroke and cardiovascular mortality are unknown. This presentation will look backwards and forwards. First, I will review past trends in care needs to see how the older population in England, and specifically the residential care population, has changed over the last 20 years. Then I will look forward to the next 20 years to report how morbidity, multimorbidity and care needs will evolve from a novel dynamic microsimulation model PACSim, modelled on the Australian DYNOPTASim. I will conclude with possible solutions.

Carol Jagger is the AXA Professor of Epidemiology of Ageing at Newcastle University and she is Deputy Director of the Newcastle University Institute for Ageing (http://www.ncl.ac.uk/ageing/). Her research programme spans demography and epidemiology with a focus on mental and physical functioning in ageing and she is the leading UK researcher on healthy life expectancy. Her recent research on past and future trends in health expectancy and care needs is informing current debates on social care. Carol is a Chartered Scientist, a Fellow of the Royal Statistical Society and the Gerontological Society of America and an Honorary Fellow of the Institute and Faculty of Actuaries. She is also an Associate Investigator within the ARC Centre of Excellence in Population Ageing Research (CEPAR).

Mark Cooper-Stanbury is a senior manager at the Australian Institute of Health and Welfare with 25 years' experience in developing, analysing and reporting information in the fields of ageing and aged care, disability, population health, and community services. Mark has prepared/contributed to around 150 publications for the Institute, the Australian Bureau of Statistics, the Steering Committee for the Review of Government Service Provision, the Department of Health, and peer-reviewed journals.

| 15:00 – 15:30 | **Afternoon Tea** | *[Scientia Foyer]* |

15:30 – 16:00	**IN CONVERSATION: Cognitive ageing and decline**	*[Tyree Room]*
	Moderated by Julian Lorkin, Senior Journalist, UNSW Business School	
	Professor Kaarin Anstey, UNSW, CEPAR	
	Professor Lindy Clemson, The University of Sydney, CEPAR	

Kaarin Anstey is a Professor of Psychology who joined UNSW in January 2018. Kaarin's research programs focus on the causes, consequences and prevention of cognitive decline and dementia. Kaarin also conducts research into older driver safety and evaluates interventions to promote mobility and healthy ageing. Kaarin has worked extensively with longitudinal studies, and for the past decade has lead the PATH Through Life Project, a large cohort study based in Canberra. Kaarin is an NHMRC Principal Research Fellow and leads an NHMRC Centre of Research Excellence in Cognitive Health. She is a Director of the NHMRC Dementia Centre for Research Collaboration and Co-Deputy Director of the ARC Centre of Excellence in Population Ageing Research (CEPAR). Kaarin is Chair of the International Research Network on Dementia Prevention, a member of the World Health Organisation Guidelines Development Committee for Cognitive Decline and Dementia, and a member of the Governance Committee of the Global Council on Brain Health, an initiative supported by the American Association of Retired Persons and AgeUK. She is an elected Fellow of the Academy of Social Sciences in Australia, the Gerontological Society of America, the Australian Psychological Society and the Australian Association of Gerontology.

Lindy Clemson is a recognised international leader in enablement and environmental approaches to falls prevention, and more recently has conducted research in restorative programs for people living with dementia. She has led the development of three novel and successful fall prevention programs, all implemented world-wide. Her publications, highlighted in Cochrane Reviews, have influenced practice and policy. Her research expertise includes multi-methodology inquiries, intervention trials and implementation science. She is Professor of Ageing and Occupational Therapy at the University of Sydney, an Associate Investigator in the ARC Centre of Excellence in Population Ageing Research (CEPAR), and an Honorary Professor at Nottingham University, in the UK.

| 16:00 – 18:00 | **Networking reception** | *[Scientia Foyer]* |
| | *Refreshments will be served* | |

Day 3: Conference Program Speaker abstracts and bios

3 AUGUST 2018

9:00 – 10:00   **PLENARY: The aged care workforce**   *[Tyree Room]*

1. **Considerations for future aged care services and workforce**
   Tiffany Petre, Senior Manager, PwC Australia

Tiffany Petre will present key findings from the recent PwC report *Practical innovation: Closing the social infrastructure gap in health and ageing* which contributes to the current critical debate around the future of the health and ageing sectors in Australia. It provides evidence of the considerable scale of community needs in the future around ageing and highlights projected critical workforce shortages. The report also looks at how the system needs to transform to meet future needs and how new models of care will require new roles, capacity, capability and cultural alignment in the workforce.

Tiffany Petre is a senior manager in PwC's Health Economics and Policy team and has been a consultant with PwC for over seven years. In that time Tiffany has helped a broad range of public, private and NGO clients navigate challenges in the system, with a particular focus on chronic diseases, cancer and ageing. She is passionate about public health, preventive health, collective impact and making the most of limited public resources for the community and patient's benefit. Tiffany has completed a bachelors in nutritional sciences and an MBA.

2. **Establishing the foundations for growing and sustaining the workforce to meet the care needs of older Australians now and into the future**
   Helen Grinbergs, Assistant Secretary, Aged Care Policy Reform Branch, Department of Health

The Australian aged care industry has implemented significant reforms over the past decade, driven in large part in response to the 2011 Productivity Commission inquiry report Caring for older Australians.

Consumer expectations and preferences have also changed, including beliefs about ageing, the desire for greater choice, and expectations regarding safe, consistent and high quality care leading to new service models and models care.

A skilled, enabled and adaptable workforce is fundamental to meeting consumers expectations and the delivery of safe and quality care.

What changes are needed to grow and sustain the workforce to meet the care needs of older Australians now and into the future?

Helen Grinbergs is a senior executive in the Department of Health and has extensive experience across complex areas of policy development and program delivery (environment, climate change, disability, health, aged care, humanitarian services). Helen currently leads the Aged Care Policy Reform Branch with responsibility for longer term aged care system reform, aged care workforce reform, and leading whole of government implementation of the 2018-19 More Choices for a Longer Life Budget package.

PLENARY: Long-term care insurance *[Tyree Room]*

1. An actuarial perspective on long-term care insurance
Professor Michael Sherris, UNSW, CEPAR

This presentation will provide an actuarial perspective on long term care insurance including an overview of long term care needs and trends, different approaches to financing long term care used internationally, the design of private long term care insurance, and some of the issues with designing an effective long term care insurance program.

Michael Sherris is Professor of Actuarial Studies, at UNSW Sydney. He is a Fellow of the Institute of Actuaries of Australia, the Institute of Actuaries (UK) and the Society of Actuaries (North America). He was President (2008-2009) of the Asia Pacific Risk and Insurance Association and is Chair of the AFIR-ERM Section of the International Actuarial Association. He is Chief Investigator and Director of Industry Engagement for the ARC Centre of Excellence in Population Ageing Research (CEPAR). His research focuses on longevity risk modelling and longevity risk management.

2. Design considerations for a public long-term care insurance system
Robert Yee, FSA, MAAA, Director, PwC LLP

The aging populations in many Asian countries are beginning to impact all fabrics of the society. Costs associated with Long-Term Care are increasing as a percentage of the Gross National Product. To address the financial risks of LTC, universal LTC insurance systems already exist in a number of Asian countries and are being contemplated in other countries.

Drawing from similar efforts in the United States, this paper enumerates the points to be pondered when designing a Long-Term Care (LTC) insurance system. Certain considerations may also be relevant for existing systems. This paper starts with illustrations of demographic trends that are the impetus for a LTC insurance solution. It emphasizes the importance of understanding the purpose and goals of the proposed system. It describes design elements that are critical for the system's success. These elements include covered benefits, benefit eligibility criteria, funding sources, sustainability, administration, marketing and design testing.

This paper is not the blueprint of an insurance system for every country. A sound insurance system must adequately address all covered benefits and resources that are most appropriate for the particular country. This paper merely serves as a guide for further serious discourse.

Robert Yee, a Fellow of Society of Actuaries and a Member of American Academy of Actuaries, is a director at PricewaterhouseCoopers LLC in the United States. He specializes in long-term care Insurance with over thirty years of experience. Robert is a recognized expert in social insurance for long-term care. He was the Chief Actuary for the CLASS (Community Living Assistance, Services and Supports) long-term care program at the U.S. Department of Health and Human Resources. During his career, Robert has been active with the actuarial, marketing as well as the regulatory aspects of long-term care insurance.

| 11:00 – 11:30 | **Morning Tea** | *[Scientia Foyer]* |
| 11:30 – 12:50 | **SESSION C: Innovation** | *[Gallery 1]* |

1. **Technology use for ageing in place**
   Jacinta Borilovic, Aging, Health and Work Research Unit, Faculty of Health Sciences, The University of Sydney, CEPAR

Introduction: The use of technologies to better support older people to age well has been acknowledged. Yet the use of technology in the aged care sector remains under-developed and fragmented, limiting the realisation of these potential benefits for individuals, service providers and systems more broadly. Thus an understanding of the benefits, challenges and impact of technology selection and use by older people and those supporting them becomes critical. In this paper we report on research undertaken to explore the experiences of older adults with technology and describe their experience of using technology on care needs within an ageing in place framework.

Method: Phase 1 of the study was a comprehensive scoping review carried out to examine the breadth of knowledge available around technology use for improving everyday activities for people with mild dementia or mild cognitive impairment. Phase 2 was a qualitative study with older people living in the community. Individual interviews were carried out with 15 participants recruited through a provider of home care services. Eligible participants had to be living in their own home, aged 70 years or over and using some form of technology focusing on health, housing, daily living, communication, leisure, mobility or transport that addresses care needs and enables them to remain living in their home.

Findings: The scoping review found that the rationale for technology selection was unclear, there was limited involvement of older people in technology selection and tailoring of technologies to meet the needs of the older person was limited. This finding echoes aspects of other international literature and policy reviews focussing on older populations more broadly. Themes identified from the interview data provide valuable insights on how older adults define technology, what are considered essential versus valued technologies, the nature, sources and availability of support needed, and the impact of technology use on an older person's ability to do everyday, meaningful, preferred activities.

Conclusion: The findings from this study help frame the processes needed for successful technology selection, use (or disuse), monitoring and evaluation by older people and relevant others such as family, carers and service providers and how such technology use can contribute to more equitable and sustainable care arrangements to support ageing in place.

Previously completing an honours degree in occupational therapy and various research and project contracts, **Jacinta Borilovic** is a current PhD candidate at the University of Sydney; Faculty of Health, aging, health and work research unit and the ARC Centre of Excellence in Population Ageing Research (CEPAR), under the supervision of Drs Kate O'Loughlin, Lindy Clemson and Meryl Lovarini. Collaborating with national and international research teams, her current interests and PhD topic involves the processes behind and uses of technology to better health care outcomes for older adults; improving policy design, quality and client-centred approaches to care.

2. **Measuring outcomes of community aged care programs in Australia: Challenges, opportunities and the Australian Community Outcomes Measurement ACCOM tool**
   Beatriz Cardona, Department of Sociology, Macquarie University

Measuring health and wellbeing outcomes of community aged care programs is a complex task given the diverse settings in which care takes place and the intersection of numerous factors affecting an individual's quality of life outcomes. Knowledge of a strong causal relationship between services provided and the final outcome enables confidence in assuming the care provided was largely responsible for the outcome achieved. The Department of Health has recently reported on the findings of The National Aged Care Quality Indicator Program - Home Care Pilot. The Program sought to test various tools to measure quality of life outcomes of their community aged care programs. Some of the key issues raised in the study reiterate the findings form The Australian Community Care Outcome Measurement (ACCOM) pilot study, including the value of using the ASCOT SCT4 tool to measure social care related quality of life (SCRQoL) in community aged care programs in the Australian context, and the relevance of collecting additional data to identify potential links of health and demographic characteristics on quality of life scores. This paper will analyse some of the lessons learnt from the Home Care Pilot project and the ACCOM study and make some recommendations around the design, implementation and administration of measurement tools for the purpose of measuring outcomes of community aged care programs in Australia.

Dr **Beatriz Cardona** is a Senior Researcher at the School of Sociology at Macquarie University. She has more than 10 years experience in aged care research including reviews of current changes to the aged care system in Australia and the transition into Consumer Directed care. She has worked with a research team from The University of Wollongong and The University of Kent to develop the ACOM tool to measure outcomes of community aged care programs in Australia. Dr Cardona is currently working on the implementation of the ACCOM tool across aged care services in Queensland, NSW and South Australia. She also works at The Multicultural Network supporting service providers in implementing the aged care reforms and delivering quality aged care programs.

3. **Management control systems for decentralised aged care operations**
   Rachael Lewis, School of Accounting, UNSW Business School, UNSW

The transition toward person-centred care in the aged care sector presents a significant challenge for directors and administrators of residential aged care providers. They must simultaneously enable greater flexibility in operational processes while also maintaining control over regulatory compliance, strategic direction, and the economic sustainability of the organisation. Middle managers, such as residential aged care facility (RACF) managers, nursing home administrators, and/or directors of nursing, also play a key role in this transition, as they form the nexus between senior management and the direct care staff who will be responsible for the delivery of personalised, demand-driven care. However, the inadequate preparation for leadership and systematically high turnover in middle management roles that has been observed across the Australian aged care sector[1] has resulted in difficulties in recruiting and retaining RACF managers. In the absence of a reliable leadership pipeline, it will be necessary for senior managers to rely more heavily on management systems to support the decentralised operations required to deliver flexible, person-centred care.

The purpose of this study is to investigate how management control systems can be used to facilitate decentralisation of operational decision making and the empowerment of RACF managers. Management control systems refer to the systems and processes that senior managers use to ensure

that the behaviours and decisions of employees are aligned with the objectives and strategy of the organisation[2]. These systems range from formal, accounting based systems such as budgeting or performance measurement systems, to administrative systems such as organisation structure and the use of policies and procedures, and to aspects of organisational culture such as values, beliefs and social norms. Management control systems can be used to support middle managers and facilitate operational decision making, and can be expected to play an important role in the transition toward flatter organisational structures and the delivery of person-centred care.

We undertake a qualitative case study of a privately-owned aged care provider that operates nine residential facilities in NSW, Australia. Using a combination of observation, semi-structured interviews with senior and middle managers, and review of archival documents, we identify and explain the suite of management control systems used by senior managers to support the nine RACF managers.

We find that formal management systems and processes can support empowered middle managers when they are used interactively to facilitate the clear communication and reinforcement of strategic direction and objectives. Specifically, we observed the use of a Balanced Scorecard (a strategic performance measurement system which integrates financial and non-financial KPIs), operational and capital budgeting, extensive formalisation of policy and procedures, and a matrix-style reporting and team structure. Paradoxically, the presence of these systems, more commonly used for monitoring and evaluation purposes, facilitates the empowerment of middle managers by clarifying role and performance expectations and aligning formal and informal accountability structures within the organisation.

The key implication of these findings is that the use of formal management systems and processes by senior managers is not incompatible with the empowerment of RACF managers. Furthermore, we find that empowerment of middle managers can occur without a corresponding loss of control by senior managers. We therefore propose that that the design and use of formal management systems and processes offers a promising way forward in the transition to person-centred residential aged care.

[1] Jeon, Y-H, Glasgow, N, Merlyn, T & Sansoni, E 2010, 'Policy options to improve leadership of middle managers in the Australian residential aged care setting: a narrative synthesis', *BMC Health Services Research*, vol. 10, no. 1, pp. 1–11.

[1] Malmi, T & Brown, D 2008, 'Management control systems as a package—Opportunities, challenges and research directions', *Management Accounting Research*, vol. 19, no. 4, pp. 287–300.

Rachael Lewis is a lecturer in the UNSW Business School and completed her PhD at the University of Technology Sydney in 2016.

Rachael's research interests relate to the role of management accounting and control systems in shaping managerial cognition, with a particular interest in the development of mental models and local expertise. She specialises in the application of qualitative methodologies to better understand how managers think and make decisions.

Prior to undertaking her PhD Rachael worked in the Tax and Advisory departments of KPMG and as a consultant to Macquarie's Banking and Financial Services Group.

4. **A person-centered approach to understand emotion regulation and job satisfaction in the aged care workforce**
   Bichen Guan & Denise M. Jepsen, Business and Economics, Management Department, Macquarie University

As the aged care sector is increasingly customer-centered, the importance of emotions and emotion regulation in this workplace needs to be addressed. Reappraisal and suppression are major ways individuals regulate their emotions. Reappraisal refers to changing cognition about a situation, while suppression refers to suppressing emotions into oneself (Gross, 1998). In the aged care context,

emotion regulation relates to job satisfaction and work strain. Suppressing emotions is associated with lower job satisfaction and higher job stress (Gillespie, Barger, Yugo, Conley, & Ritter, 2011). More broadly than aged care, suppression leads to higher levels of emotional exhaustion and depersonalization towards clients especially when job complexity is low (Kubicek & Korunka, 2015). Previous studies use a variable-centered approach to study emotion regulation and its consequences. This approach ignores the possibility that these emotion regulation strategies can be used in a variety of combinations (Gabriel, Daniels, Diefendorff, & Greguras, 2015).

Our study aims to understand how aged care employees regulate their emotions and the impact on job satisfaction via a person-centered approach. Participants are 393 employees in an Australian aged care provider.

Using latent profile analysis, we identified four emotion regulation profiles: *reappraisal regulators* [1] (3.3%; M_{Reap}= 4.68, M_{Supp} = 1.95), *non-regulators* (0.8%; M_{Reap} = 1.58, M_{Supp} = 1.24), *high-combination regulators* (28.8%; M_{Reap} = 6.07, M_{Supp} = 5.97), and *mid- combination regulators* (67.2%; M_{Reap} = 5.05, M_{Supp} = 4.12). The four profiles predict job satisfaction differently[2] (Chi square = 18.89, *p* < .001). High-combination regulators show higher job satisfaction than mid-combination regulators and non-regulators. Reappraisal regulators and mid-combination regulators both show higher job satisfaction than non-regulators.

These results support the argument that employees are relying on both, rather than a single strategy in an ongoing and intimate working context of aged care. It is possible that using suppression is not always detrimental if using reappraisal at the same time. These profiles may be helpful for aged care management and other service sector contexts to select appropriate employees and develop tailored training and development program based on different emotion regulation profiles.

[1] The percentages in the bracket refers to the percentage of respondents in each profile; Reap = Reappraisal; Supp = Suppression
[2] The means of job satisfaction for high-combination regulators, reappraisal regulators, mid-combination regulators, and non-regulators are 4.26, 4.05, 3.77, and 2.82.

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Gillespie, J. Z., Barger, P. B., Yugo, J. E., Conley, C. J., & Ritter, L. 2011. The suppression of negative emotions in elder care. *Journal of Managerial Psychology*, 26(7): 566-583.

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Bichen Guan is a PhD candidate in Department of Management, Faculty of Business and Economics, Macquarie University. She obtained her bachelor and master degrees in Applied Psychology from Renmin University of China. Her research interests are in emotion regulation, selection, performance and retention of aged care employees. Her papers on emotion regulation of aged care employees were accepted by the 78th Annual Meeting of Academy of Management and 31st Australian & New Zealand Academy of Management. She has intensive experience in both China and Australian aged care sectors, including employee attitude survey and employee value proposition projects.

Denise Jepsen is an organizational psychologist and Associate Professor in Department of Management, Faculty of Business and Economics, Macquarie University. Her research interests include careers, psychological contract, and evidence-based management. Her research has been published on top management journals such as Journal of Vocational Behavior, PLOS ONE, and Gender, Work & Organization. She has extensive research experience in the aged care workforce, including a four-year employee attitude survey. She consults on strategic human resource management in the aged care sector and supervises PhD students working on aged care employee research.

1. **Predicting transition of older women into and through the aged care system over time: a multi-state modelling approach using aged care linked data**
   Md Mijanur Rahman, Research Centre for Generational Health and Ageing, School of Public Health and Medicine, Faculty of Health and Medicine, The University of Newcastle, CEPAR

Over the course of later life, most older people make use of different types and levels of care, from different parts of the aged care system, according to changes in their needs, and to other factors that might predispose to needing care or enable easier access to and uptake of services. However, limited research evidence is available on the movement older people into and through the aged care system over time according to their characteristics. This study aims to estimate probability of transition of older women between different levels of aged care services, length of stay at each level, and to examine the factors associate with transition into higher levels of service use and mortality. The current study utilized both survey and administrative aged care linked datasets of 9,050 eligible women of the cohort 1921-26 of Australian Longitudinal Study on Women's Health over the period January 2002 to December 2011 when the women were aged from 75-80 to 85-90 years. Based on the records of service use in each year, women were categorized into four hierarchical states including Non-user, Home and Community Care (HACC) user, Residential Aged Care (RAC) user, and Death. A continuous time Markov model was used to estimate the transition probabilities and effect of covariates on the progression of higher-level service use including up to death. Result shows that a typical woman of the non-user cohort, had a probability of 0.36 of being died 10 years from January 2002, and probabilities of 0.28, 0.24 and 0.11 of being alive up to December 2011 with still remain in non-user or using HACC or RAC, respectively. Women who were widowed, living in remote or region areas, and had difficulty on managing their income were significantly more likely to transition from Non-user to HACC service use. Poor/fair self-rated health, lower SF-36 health related quality of life score, and having chronic conditions including heart problem, diabetes, asthma were associated with higher hazards for most transitions. The findings provide an insight into trajectories of aged care service use across later life and can help guide planning for future capacity of aged care systems.

Mr. Rahman is a PhD candidate in Clinical Epidemiology and Medical Statistics at the Priority research Centre for Generational Health and Ageing, University of Newcastle. He is also an Associate Professor (on leave) of Statistics in Comilla University, Bangladesh. He received MSc in Gerontology in 2014 from the University of Southampton, United Kingdom. Prior to that, he earned BSc and MSc in Statistics from the University of Rajshahi, Bangladesh. He is interested in modelling the ageing experience of older people and health service utilisation. His PhD project title is "Modelling Trajectories to Aged Care Service Use among Older Australian Women".

2. **Funding aged care: insurance and choice**
   Ric Simes, UNSW School of Business / Deloitte

Australian policy has seen a shift towards individuals both assuming more responsibility for the risks they face in retirement and, more recently, greater choice in determining the services they use. These

trends are reflected in the Aged Care Roadmap as well as how some aged care providers are investing in more differentiated levels of services.

Yet, to move to a system where consumers/carers have more say in the provision of aged care, the government has clearly signalled that public funding will need to be supported by more, and more flexible, private funding. At present, private funding in Australia involves drawing on the individual's assets, notably housing and superannuation. We consider models for increasing individual contributions to care including the role of insurance. Options are discussed with respect to both the government's aged care objectives and market feasibility. In concluding, we examine both the role of the private sector and the role of public policy in facilitating the proposed solutions.

Ric Simes is an Adjunct Professor in the Economics Department in the School of Business at UNSW and Senior Advisor to Deloitte Access Economics. He has had a long career in public policy, including at the Australian Treasury, the Office of the Prime Minister, economic consulting and financial markets. During his period as partner of Deloitte Access Economics, he led projects on superannuation, insurance and aged care.

3. **Flexible long-term care insurance: An experimental study of demand**
   Hazel Bateman, CEPAR, UNSW

This paper studies the demand for a long term care (LTC) income product, which pays income in LTC states whether care services are used or not. We conduct an experimental survey where participants divide their (hypothetical) retirement savings between three products: a LTC income product, a life annuity and a liquid investment account. Objective measures of exposure to LTC risk indicate little to no selection effects for the LTC income product. However subjective measures of exposure to LTC risk show that the LTC income product is more attractive to participants who perceive a higher risk that they will need LTC. We find stronger demand for the product among participants who plan to rely on family members for high-level care, evidence that the LTC income product complements high-level informal care. Furthermore, access to the LTC income product materially affects annuitization choices for around half of participants: access to the LTC income product allows many people to reduce savings held to self-insure LTC risk and to purchase additional longevity insurance.

Hazel Bateman is a Professor of Economics in the School of Risk & Actuarial Studies at UNSW Sydney and a Chief Investigator and Deputy Director of the ARC Centre of Excellence in Population Ageing Research (CEPAR). Hazel has expertise in the economics and finance of public and private pensions. Her current research interests include behavioral retirement finance, financial literacy and financial advice, and the taxation and regulation of superannuation and pension funds. Hazel has been a consultant on retirement income issues to a range of Australian and international organizations including the OECD and the World Bank. She is currently a member of the China Ageing Finance Forum (CAFF50), the Netspar Scientific Committee, and the Expert Reference Group for the Melbourne Mercer Global Pension Index. Hazel also serves on the UniSuper Consultative Committee and is an Associate Editor of the Journal of Pension Economics and Finance. Prior to joining UNSW Sydney, Hazel worked as an economist with the Australian Treasury.

4. Differentiation in integrated health care policy approach: An empirical analysis based on regional healthy life expectancy in china
Mingxu Yang, School of Public Management, South China Agricultural University

Background and Objective: Understanding elderly's health inequalities across regions assists the design of public health care and long-term care (LTC) policies and private-market Insurance. Few studies have focused on the regional HLE in China, because the age-specific morbidity and mortality rate are not available at the regional level. This paper is to fill in the gap and to provide a landscape of a regional healthy life expectancy spectrum.

Data and method: In the Sixth National Census in 2010, Chinese government firstly introduced the disability questions in the questionnaires (only for the age 60 and above), which contained 4 choices: healthy \ basically healthy\ unhealthy but capable to self-care\ unhealthy and unable to self-care. Based on this question, the age-specific disability rates could be obtained. Recently we acquired these data by province level, which have never been used in other papers. We also derive a unique indexation of "Regional Healthy Ageing Index" to measure the inequalities.

Findings: With very different economic development path in the past 30 years in China, heterogeneity in health is also reflected in the very different pattern of remaining life expectancies and their disabled life expectancies. Life expectancy at 65 ranges from 19.7 in Shanghai to 14.2 in Tibet; partial disabled years at age 65 ranges from ranges from 4.2 years in Jilin and Gansu to 2.1 years in Guangdong; and totally disabled years range from 1.75 years in Beijing to only 0.55 years in Guangdong. While economic development could improve the life expectancy in general, healthy LE may not always follow the same trend. Our index provides a guideline for health care and LTC policy makers to focus on different aspects. For example, Shanghai is very good at longer LE, but it needs to improve its healthy ageing strategies in terms of reducing the total disabled LE. Same but more efforts are needed for Beijing and Tianjin. In general, Guangdong, Fujian and Zhejiang provide good examples as how to develop its economy while keeping the population healthy in ageing. Gansu and Tibet remain the worst in the Index table and more government investment or health care policy reforms are needed to change the status.

Mingxu Yang is an early career researcher at South China Agricultural University. He completed his PhD in Demography at Zhejiang University and then joined the SCAU as a lecturer in 2016. Mingxu specialises in population ageing research with focuses on both healthy ageing and Long-term care policy, with a special interest on Chinese population.

12:50 – 14:00	**Lunch**	*[Scientia Foyer]*

1. **Preventing falls in older people: What's the evidence?**
   Professor Robert G. Cumming, School of Public Health, The University of Sydney, CEPAR

At least 30% of older people fall at least once each year, with higher rates in residential aged care facilities. Over the past 25 years there have been more than 200 randomized trials of falls prevention interventions. The evidence from these studies is summarised in two Cochrane Collaboration Reviews, both of which were conducted by Australian and New Zealand falls researchers. The main conclusions are that many falls among people living in the community can be prevented by reducing the use of psychotropic medications, by appropriate exercise programs, by home modifications and by multifactorial assessment and intervention programs. In aged care facilities, the only proven intervention is vitamin D supplementation. Exercise and multifactorial intervention programs may be effective in intermediate level, but not in high level, nursing care facilities. Falls prevention in people with dementia is particularly challenging. In summary, there is good evidence that many falls in the community can be prevented but falls prevention in residential aged care settings will require innovative approaches.

Bob Cumming is Professor of Epidemiology at the University of Sydney and a Chief Investigator at the ARC Centre of Excellence in Population Ageing Research (CEPAR). He is based in the School of Public Health and the Centre for Education and Research on Ageing at Concord Hospital. Professor Cumming is best known internationally for his work on osteoporosis, falls and fractures. He has also done important research on eye diseases (Blue Mountains Eye Study) and on health of older men (Concord Health and Ageing in Men Project). In 2015 he chaired the group that produced the Australian Clinical Practice Guidelines for People with Dementia. Professor Cumming has published over 350 journal articles and was a 2016 Clarivate Highly Cited Researcher.

2. **Establishing pathways and processes to implement and sustain evidence-based fall prevention in primary care**
   Professor Lindy Clemson, Faculty of Health Sciences, The University of Sydney
   Charles Perkins Centre Active Ageing Research Node Leader, CEPAR

Decades of research in fall prevention provides strong evidence for effective interventions in community-residing older people, however there is no clear model for widespread implementation in primary care. Less than 30% of health professionals routinely screen for falls and few are asked by general practitioners or referred for intervention, leaving a huge gap of missed opportunity. The iSOLVE project has been developing and testing a package of implementation processes and change strategies in a whole of primary care approach to fall prevention. The study, using a blended type-2 hybrid design, is working in partnership with a primary care health network, state fall prevention leaders and fall prevention advocates. Emergent findings from this multi-methodology project are providing an understanding of which active ingredients of the implementation intervention impact on success and where the future challenges are. This both informs decisions on generalisability and provides direction for future sustainability.

Lindy Clemson is a recognised international leader in enablement and environmental approaches to community-based falls prevention. She has led the development of three novel and successful fall prevention programs, all implemented world-wide. Her work has influenced both policy and practice, and her

publications are highlighted in Cochrane Reviews and Australian and US national fall prevention practice guidelines. Her research expertise includes multi-methodology inquiries, intervention trials and implementation science. She is Professor of Ageing and Occupational Therapy at the University of Sydney, an Associate Investigator in the ARC Centre of Excellence in Population Ageing Research (CEPAR), and an Honorary Professor at Nottingham University in the UK.

| **15:00** | **CLOSING REMARKS** | *[Tyree Room]* |

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