# 22nd National Conference of Emerging Researchers in Ageing

4 December 2024
Virtual

ERA
Emerging
Researchers in
Ageing
Australia

cepar
ARC CENTRE OF
EXCELLENCE IN
POPULATION
AGEING
RESEARCH

As we gather for this conference physically dispersed and virtually constructed let us take a moment to reflect on the meaning of place and in doing so recognise the various traditional lands on which we meet.

Emerging Researchers in Ageing acknowledges and pays respect to the past, present and future Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual, and educational practices of Aboriginal and Torres Strait Islander peoples.

# Conference Proceedings

Emerging Researchers in Ageing: era.edu.au

ERA 2024 contact: era@era.edu.au

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Head to Health headtohealth.gov.au | call for advice and connection to local mental health services (8.30am-5pm Monday to Friday): 1800 595 212

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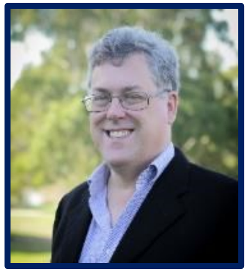
# Contents

# Welcome from the ERA National Convenor



It is with great pleasure that I welcome you to the 22nd National Conference of Emerging Researchers in Ageing. In recognition of the ongoing challenges faced by emerging researchers, and following the success of our virtual conferences in recent years, we felt that a virtual format would again enable us to maximise the participation in the conference.

As a virtual conference, we have worked closely with our conference Chair, Associate Professor Natasha Brusco, to provide opportunities to participate throughout the day, as well as make the conference as engaging as possible. This includes:

- Utilising Zoom ‘Breakout Rooms’, so that presenters and the audience can interact with each other (rather than being restricted to simply viewing presentations and communicating by chat text); I encourage all delegates to please turn their cameras on where possible throughout the day to create a visible live audience
- Foregoing the usual morning and afternoon keynote lectures in favour of more interactive sessions, with gaps after sessions for people to continue to talk (Breakout Rooms will remain open during all breaks)
- Including interactive “Ask the ERA Brains Trust” sessions, where participants pose questions to relevant experts and the ERA community

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

I would like to thank CEPAR, the primary sponsor of ERA, for their support of all our activities. CEPAR officially wrapped up in September, after 14 incredible years. ERA wouldn’t have been able to continue to grow without their support. I would also like to thank the Australian Association of Gerontology and the National Ageing Research Institute (NARI), for their ongoing support.

Finally, I would particularly like to acknowledge the efforts of our ERA coordinator, Tim Campbell, for his assistance in coordinating this year’s conference.

I look forward to ‘seeing’ you all at the conference.

Matthew Carroll

Dr Matthew Carroll
ERA National Convenor

# Chair

**Associate Professor Natasha (Tarsh) Brusco**

**Monash University**

Associate Professor Brusco has 20 years of experience as a senior physiotherapist in neurological rehabilitation, and as a senior health service leader. Tarsh commenced her academic career 15 years ago with a focus on rehabilitation and health service research, which opened up to include health economics. Over the past decade, in addition to extensive health economics consultation across the health, disability and government sectors, she has pioneered new ways to evaluate cost-effective models of rehabilitation. Tarsh is the Director of the Rehabilitation, Ageing and Independent Living (RAIL) Research Centre at Monash University. RAIL is transforming approaches to health, aged care, disability and support service delivery, creating efficient support models, capable of serving people with complex health conditions, and improving how people live with greater independence and quality of life across the lifespan. RAIL forms a key part of the new National Centre for Healthy Ageing at Monash's Peninsula campus.

# Ambassadors

**Professor Kaarin Anstey**, University of New South Wales

**Dr Helen Barrie**, University of South Australia

**Scientia Professor Henry Brodaty**, University of New South Wales

**Professor Laurie Buys**, Australian Catholic university

**Professor Julie Byles**, University of Newcastle

**Professor Nicolas Cherbuin**, Australian National university

**Professor Anne-Marie Hill**, University of Western Australia

**Professor Keith Hill**, Monash University

**Professor Judy Lowthian**, Bolton Clarke Research Institute

**Professor Evonne Miller**, Queensland University of Technology

**Professor Wendy Moyle**, Griffith University

**Dr Chiara Naseri**, University of Western Australia

**Professor Matthew Parsons**, University of Waikato

**Professor Joanne Ryan**, Monash University

**Professor Stephen Simpson**, University of Sydney

**A/Professor Ashleigh Smith**, University of South Australia

**Professor Yvonne Wells**, La Trobe University

**Professor Tim Windsor**, Flinders University

**Dr Rachel Winterton**, La Trobe University

# Acknowledgements

## Conference Organising Committee

**A/Professor Natasha Brusco** (Chair), Monash University

**Dr Matthew Carroll**, ERA, Monash University

**Mr Tim Campbell**, ERA, Monash University

## ERA Brains Trust

**Dr Em Bould**, Monash University

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**Professor Yvonne Wells**, La Trobe University

**Dr Zimu Wu**, Monash University

# ERA Primary Sponsor

CEPAR – the ARC Centre of Excellence in Population Ageing Research – has been the primary sponsor for ERA for the last 14 years, before ceasing operations in September 2024.

CEPAR was a unique collaboration bringing together academia, government, and industry to deliver solutions to one of the major economic and social challenges of the twenty first century.

Based at the University of New South Wales with nodes at the Australian National University, Curtin University, University of Melbourne and the University of Sydney, CEPAR produced world-class research and fostered a new generation of researchers with an appreciation of the multidisciplinary nature of population ageing.

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# Prizes

**Best ERA 2024 Oral Presentation**
Supported by the National Ageing Research Institute

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

**Best ERA 2024 Oral Presentation by a member of the Australian Association of Gerontology**
Supported by the Australian Association of Gerontology

Presenting an oral paper at a virtual research conference requires the ability to present a complicated research program in a clear, visually appealing, and engaging manner. The Association of Gerontology Student or Early Career member considered by the judging panel to be the best oral presenter will be awarded a prize to the value of $250 and a certificate.

**Helen Bartlett Prize for Innovation in Ageing Research**

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

# Programme

## Wednesday 4 December 2024

ERA is being hosted by Associate Professor Natasha Brusco from Monash, so is following Australian Eastern Daylight Time (AEDT VIC) – please check your local time on the Time Zone Conversion Chart at the end of the proceedings. The Zoom link will be active from 9.30am for anybody wanting to join early to test their connection or ask questions.

Zoom-keeping notes:

- Breakout Rooms: concurrent sessions throughout the day are held in '**Breakout Rooms**' – please select which Room number you wish to join using the Breakout Room function; use the same function to move between Rooms during the concurrent sessions (refer Zoom Map).

  Following the conclusion of each session the Breakout Rooms will remain open, so please utilise these spaces to continue the conversation.

- Q&A: if you wish to ask a presenter a question in the Q&A following their presentation, please use the '**Raise Hand**' function – click on the Reactions icon and then click Raise Hand – the Chair will then call on you to ask a question.
- Chat: please utilise the '**Chat'** function to engage with presenters and other delegates throughout the conference.
- Please refer to the separate '**Virtual Conference Instructions**' document provided for further information.

## OPENING PLENARY

| | |
|---|---|
| 10am – 10.15am | ACKNOWLEDGEMENT OF COUNTRY<br>OPENING ADDRESS<br>**Associate Professor Natasha Brusco**, ERA 2024 Chair<br>WELCOME<br>‘ZOOM-KEEPING’<br>**Dr Matthew Carroll**, ERA National Convenor |

*Presentation titles are hyperlinked to the corresponding abstract for your reference*

## CONCURRENT SESSIONS (A): ORAL PRESENTATIONS

### 10.15am – 11.15am

| **Focus on Health Literacy** | **Equity and Inclusiveness in the Context of CaLD** | **Novel Interventions** | **Health Matters** |
|---|---|---|---|
| ROOM 1 | ROOM 2 | ROOM 3 | ROOM 4 |
| Chair: Jarrah FitzGerald | Chair: Natasha Brusco | Chair: Libby Callaway | Chair: Raphaelle-Ashley Guerbaai |
| Bridging the communication gap: A scoping review of health literacy-focused training interventions for primary healthcare providers working with older adults<br>**Lesley O'Brien** | An exploration of caregiving experiences among families of residents with dementia from culturally and linguistically diverse backgrounds<br>**Christy Cabote** | A prospective study of older adults’ health-related outcomes in a facility-based Transition Care Program (TCP) in Western Australia<br>**Jo-Aine Hang (She / Her)** | The impact of pain on falls in middle-aged and older people: Gait quality as a mediator in UK Biobank data<br>**Mahsa Seydi (She / Her)** |
| Understanding health literacy challenges among older adults living in urban and rural residential aged care<br>**Denise Azar (She / Her)** | Ageing as a period of transition: Access to aged care support among older Straits Chinese Australians through Nancy Fraser’s social justice framework<br>**Cheng Yen Loo** | Intergenerational programs in residential aged care: What works, for whom, in what circumstances and how?<br>**Lysha Lee (She / Her)** | Understanding the lived experience of chronic pain in older people: A qualitative study of its impact on daily life<br>**Mahsa Seydi (She / Her)** |
| Improving confidence and awareness in talking about end of life in aged care<br>**Lenore de la Perrelle** | Ageing Wisely for Chinese-speaking older adults: Culturally responsive and linguistically appropriate adaptation<br>**Jessamine Chen** | Animating elderhood: Datascapes of ageing in place<br>**Michael Doneman (He / Him / His)** | Exploring and understanding the experiences of cancer care for older adults<br>**Sharon He** |

## BREAK

11.15am – 11.30am

## CONCURRENT SESSIONS (B): ORAL PRESENTATIONS

11.30am – 12.30pm

| Biology and Neurology | Demographic Correlates of Function and Decline | Visibility, Representation, and Engagement | Focus on Social Wellbeing |
|---|---|---|---|
| ROOM 1 | ROOM 2 | ROOM 3 | ROOM 4 |
| Chair: Matthew Carroll | Chair: Zimu Wu | Chair: Chiara Naseri | Chair: Henry Brodaty |
| The mediating role of inflammation, oxidative stress, and vascular-related factors in the association between air pollution and dementia and related cognitive outcomes: A systematic review<br>**Aoshuang Zhou (She / Her)** | Trajectories of cognitive function prior to incident cardiovascular disease: A longitudinal nested case-control study with 11 years of follow-up<br>**Swarna Vishwanath (She / Her)** | Content analysis of older women in magazines: Where are they and why does it matter?<br>**Kathryn Squires (She / Her)** | Experimental investigation of mechanisms underlying social connectedness in later life<br>**Jessamine Chen** |
| Associations between brain structure and dual decline in gait and cognition<br>**Sadhani Karunarathna (She / Her)** | Prevalence and predictors of self-reported memory problems among older adults in Australian retirement villages<br>**Safa Alrababah** | The perspectives of older adults on the meaning, role and value of communication in their everyday lives<br>**Ella Matthiesson (She / Her)** | The positivity effect is robust to health and social content in ambiguous scenario interpretation<br>**Diana Matovic** |
| Ethnic disparities in cerebral small vessel disease imaging markers: A systematic review and meta-analysis<br>**Nikita Husein (She / Her)** | Relationship between motor function and chronic diseases in Chinese community-living older adults: A prospective cohort study<br>**Wei Xin** | Consumer engagement in the design of educational nutrition information for older adults and their caregivers: A scoping review<br>**Adeline Lau** | |

## LUNCH BREAK

12.30pm – 1.30pm

## CONCURRENT SESSIONS (C): ORAL PRESENTATIONS

1.30pm – 2.50pm

| **Contexts of Care** | **Navigating Dementia** | **Care Theory, Frameworks, and Standards** | **Attending to Frailty** |
|---|---|---|---|
| ROOM 1 | ROOM 2 | ROOM 3 | ROOM 4 |
| Chair: Laurie Buys | Chair: Wendy Moyle | Chair: Yvonne Wells | Chair: Keith Hill |
| Building and sustaining a positive organisational culture in aged care in rural and regional Australia: Registered nurses' perspectives<br>**Deborah (Deb) Magee** | Dementia as a disability: People with dementia don't know what they don't know<br>**Kate Swaffer (She / Her)** | Who is the person in person-centred care? A conceptual, philosophical account<br>**Lachlan (Lachie) Green (He / Him)** | Trajectories of frailty prior to and after a cardiovascular event among community-dwelling older people<br>**Aung Zaw Zaw Phyo (He / Him / His)** |
| Approaches to caring for people with very severe behavioural and psychological symptoms of dementia in specialist dementia units in Australia: A mixed methods study involving residential aged care facility staff<br>**Ama Ampofo** | Barriers and facilitators of social participation in older adults with mild cognitive impairment (MCI)/early dementia and their carers/supporters<br>**Diana Matovic** | Advancing global measures and understanding for unmet health and social care needs in ageing populations: Lessons learnt in the development of PhD research plan<br>**Janine Charnley (She / Her)** | Development and validation of a frailty index for predicting cognitive decline in the ISLAND cohort<br>**Zhexun (Lucca) Lou** |
| A mixed-methods systematic review of community optometrists' practice patterns in providing falls prevention management for older adults<br>**Si Ye (Ben) Lee** | Life after a dementia diagnosis: What people with dementia and their carers have to say<br>**Sladana (Sladja) Pavkovic** | A mixed method study on the hospital experiences of patients in relation to the Comprehensive Care Standard<br>**Beibei Xiong** | Cultivating resilience: Integrating home-based supervised exercise to address low mood and social isolation in frail older adults<br>**Rosanna Tran** |
| A scoping review of oral health care training for staff members working in residential aged care facilities<br>**Angelique Alexis Zamora** | "I was changed because…of the people in the group" - Participant reflections of a multi-disciplinary group program for people with dementia and their care partners<br>**Georgina Chelberg** | A mixed method study on the hospital experiences of carers in relation to the Comprehensive Care Standard<br>**Beibei Xiong** | Effectiveness of a tailored community-based exercise program on physical fitness and chronic diseases for community-dwelling older adults in Guangzhou<br>**Wei Xin** |

## BREAK

2.50pm – 3.10pm

## CONCURRENT SESSIONS (D): ASK THE ERA BRAINS TRUST

3.10pm – 3.50pm

*The Ask the ERA Brains Trust format provides participants with the opportunity to ask questions and receive research advice from members of the 'ERA Brains Trust' (relevant experts); each participant will begin with a 5-minute presentation (providing a brief overview of their research and outlining their questions), followed by responses from the ERA Brains Trust, with the final part of each session allocated to audience Q&A.*

| ROOM 1 | ROOM 2 | ROOM 3 |
|---|---|---|
| Chair: Keith Hill | Chair: Julie Byles | Chair: Anne-Marie Hill |
| ERA Brains Trust: Debra Cushing, Em Bould | ERA Brains Trust: Yen Yim Lim, Angel Lee | ERA Brains Trust: Rodrigo Mariño, Libby Callaway, Raphaelle-Ashley Guerbaai, Aislinn Lalor |
| Optimising place design for intergenerational practices<br>**Rafaela Prado Umeno** | Ethnic disparities in cerebral small vessel disease imaging markers: A systematic review and meta-analysis<br>**Nikita Husein** | Co-designing digital staff training for oral health assessment in residential aged care facilities<br>**Angelique Alexis Zamora** |

## CLOSING PLENARY

3.50pm – 4.10pm

AWARD OF PRIZES

- Best ERA 2024 Oral Presentation (supported by the National Ageing Research Institute)
- Best ERA 2024 Oral Presentation by a member of the Australian Association of Gerontology
- Helen Bartlett Prize for Innovation in Ageing Research

ANNOUNCEMENT OF THE RECIPIENTS OF THE ERA 2024 TRAVEL EXCHANGE PROGRAM

**Dr Matthew Carroll**, ERA National Convenor

CONFERENCE CLOSE

**Associate Professor Natasha Brusco**, ERA 2024 Chair

# Abstracts (Oral Presentations)

*In alphabetical order (by presenting author surname)*

# Prevalence and Predictors of Self-Reported Memory Problems Among Older Adults in Australian Retirement Villages

**ALRABABAH Safa[1], JOHNSTONE Georgina[1], LOWTHIAN Judy[1,2,3], WALLER Michael[4], MEYER Carly[1,5,6]**

[1] Bolton Clarke Research Institute, Bolton Clarke
[2] Faculty of Health and Behavioural Sciences, The University of Queensland
[3] School of Public Health and Preventive Medicine, Monash University
[4] School of Public Health, The University of Queensland
[5] School of Health and Rehabilitation Sciences, The University of Queensland
[6] Centre for Behaviour Change, Department of Clinical, Educational and Health Psychology, University College London (United Kingdom)

**Background:** Subjective memory problems (SMPs) refer to self-reported memory difficulties and can be a key indicator of Alzheimer's disease and/or dementia, as well as non-cognitive disorders. Identifying factors associated with SMPs can guide targeted intervention strategies aimed at improving early detection and slowing deterioration of cognitive functioning while enhancing overall wellbeing of older adults. **Objective:** The primary objective of this research was to investigate the prevalence and associated factors of SMPs among older adults in Australian retirement villages. **Method:** Cross-sectional data (*n* = 1,453 respondents) were obtained from the 2023 wave of the longitudinal Health and Wellbeing in Retirement Living Survey, conducted across 38 villages and comprehensively examines demographics, measures of self-reported memory problems, physical and functional health, and psychosocial wellbeing. We conducted binary logistic regression using generalised estimating equations (GEE) to explore associated factors, adjusting for potential confounders. Multiple imputation techniques were employed to address missing data. **Results:** Prevalence of SMPs was 24% (95%CI: 21.9% to 26.4%) in our study population. Our analysis revealed that SMPs are significantly associated with several factors, with the oldest age group showing the highest odds of reporting memory problems (OR: 2.53, 95%CI: 1.48–4.31). Other significant factors included female gender (OR: 0.66, 95%CI: 0.49–0.88), loneliness (OR: 1.62, 95%CI: 1.16–2.27), unaided hearing impairment (OR: 2.10, 95%CI: 1.41, 3.12), impaired vision (OR: 1.57, 95%CI: 1.17–2.12), falls (OR: 1.71, 95%CI: 1.29–2.27), and polypharmacy (OR: 1.56, 95%CI: 1.17–2.07). **Conclusion:** The study suggests that modifiable risk factors such as sensory impairment, falls, polypharmacy, and social isolation could be addressed through targeted interventions to decrease prevalence of SMPs in Australian retirement villages. Higher odds of reporting SMPs among older residents highlights a potential gap in early detection of cognitive decline which may suggest a need for policy change.

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# Approaches to Caring for People with Very Severe Behavioural and Psychological Symptoms of Dementia in Specialist Dementia Units in Australia: A Mixed Methods Study Involving Residential Aged Care Facility Staff

**AMPOFO Ama**[1,2], **BRYANT Jamie**[1,2], **BOYES Allison**[1,2], **WHITE Jenni**[1,2]

[1] School of Medicine and Public Health, The University of Newcastle
[2] Hunter Medical and Research Institute, The University of Newcastle

**Background:** Behavioural and Psychological Symptoms of Dementia (BPSD) include physical aggression and very severe agitation that significantly impact the quality of life of people with dementia. In Australia, approximately 60% of people with dementia experience BPSD. Individuals experiencing very severe BPSD are often supported in specialist dementia care units (SDCUs). While non-pharmacological interventions (through the use of behaviour support plans) are prioritised for promoting optimal resident outcomes, their implementation is likely impacted by the challenging context in SDCUs. These challenges include complex resident behaviours, staff shortages and lack of specialist training in BPSD management. Very little research has explored staff knowledge and practices in managing very severe BPSD. **Objective:** This study sought to describe the level of staff knowledge, their practices, and barriers to using non-pharmacological interventions and behaviour support plans for managing very severe BPSD in SDCUs. The study also sought to understand staff experiences in managing people with very severe BPSD including staff burnout. **Method:** A mixed-methods approach will be used. A cross-sectional study will be undertaken with a minimum of 100 staff working in SDCUs across Australia. A study-specific survey will assess staff self-reported knowledge, practices and barriers in using (i) non-pharmacological interventions (including redirection, reassurance, music and pet therapy) and (ii) behaviour support plans. The 22-item Maslach Burnout Inventory will be used to assess staff burnout. Qualitative interviews with up to 15 staff will explore staff experiences managing people with very severe BPSD, including barriers and enablers in managing these cases, and training and professional development and support needs. **Conclusion:** This research will provide new knowledge about the use of non-pharmacological interventions and experiences of SDCU staff in managing very severe BPSD. Findings will inform training and support strategies for SDCU staff to improve the care of people with very severe to extreme BPSD.

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## Understanding Health Literacy Challenges Among Older Adults Living in Urban and Rural Residential Aged Care

**AZAR Denise**[1], **GUERBAAI Raphaëlle**[2,3], **RAWSON Helen**[4], **CARROLL Matthew**[1], **RISTEVSKI Eli**[1], **BEAUCHAMP Alison**[1]

[1] School of Rural Health, Monash University
[2] Rehabilitation, Ageing and Independent Living (RAIL) Research Centre, Monash University
[3] School of Primary and Allied Health Care, Monash University
[4] Nursing and Midwifery, Monash University

**Background:** Health literacy, defined as the ability to find, understand and use health information and services to make appropriate health decisions, is a determinant of health outcomes. Older adults living in residential aged care facilities (RACFs) often contend with reduced autonomy and complex care needs which may impact on quality of life and other health outcomes. The added burden of low health literacy may pose significant challenges to their health. There is very little evidence on the health literacy barriers and enablers in this vulnerable population. **Objective:** To investigate the health literacy needs in people living in RACFs and explore differences between rural and urban RACFs. **Method:** This research will be undertaken in two stages. Stage one is a scoping review of previous studies on the health literacy of people living in RACFs, following the JBI Scoping Manual. Stage two will use a descriptive qualitative approach to identify areas of need to improve health literacy among this group. One rural and one metropolitan RACF will be recruited, and residents, family members and staff (approximately 24 in total) will be invited to participate in face-to-face interviews. We will utilise a reflexive thematic analysis to interpret the results. **Results:** This project commenced in June 2024 and the scoping review is underway. At the conference, we will share the results from the scoping review and plan for the interviews. **Conclusion:** This research delves into the intersection of health literacy, ageing, and residential aged care, addressing a notable gap in evidence regarding the challenges faced by older adults living in aged care. Through exploring the health literacy needs of aged care residents, this foundational research will identify areas to focus on for future research to enhance health outcomes in this population.

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# An Exploration of Caregiving Experiences Among Families of Residents with Dementia from Culturally and Linguistically Diverse Backgrounds

**CABOTE Christy**[1]

[1] School of Nursing and Midwifery, Western Sydney University

**Background:** Family caregiving in the context of dementia is a unique and complex experience. However, for families from culturally and linguistically diverse backgrounds, there are additional complexities due to the interplay of cognitive decline, behavioural and psychological symptoms, and cultural and linguistic differences. Given the growing proportion of culturally and linguistically diverse family caregivers in Australia, exploring their experiences will be useful to tailor support services for them. **Objective:** This study explored the experiences of families caring for older people with dementia from culturally and linguistically diverse backgrounds living in residential aged care, and to explain the causative influences of these experiences. **Method:** A qualitative case study approach grounded in critical realism was utilised. Ten family caregivers of residents with dementia living in two residential care facilities in Western Sydney participated in this study. Data collection involved semi-structured interviews, participant observations, and a survey. Thematic analysis was utilised to identify and understand caregiving experiences and their underlying causative mechanisms. **Results:** Preliminary findings reveal that experiences of families include high expectations of care, considerations for dementia education and cross-cultural communication, maintaining relationships, navigating nursing home admissions, and balancing commitments. The proposed causative mechanisms are advocacy, coping, and identity. Advocacy is acting on behalf of the older person to achieve preferred care. Coping is managing demands seen as challenging. Identity involves redefining self as the caregiving role transitions during the disease trajectory. **Conclusion:** Caring for older people with dementia residing in residential care necessitates the prioritisation of comprehensive support for families. This support should consider what enables or constrains aged care facilities and the broader aged care system in supporting families to advocate, cope well, and assume positive identities as caregivers.

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## Advancing Global Measures and Understanding for Unmet Health and Social Care Needs in Ageing Populations: Lessons Learnt in the Development of a PhD Research Plan

**CHARNLEY Janine**[1], **DOLJA-GORE Xenia**[1], **BYLES Julie**[1]

[1] School of Medicine and Public Health, University of Newcastle

The measurement and understanding of unmet health needs are crucial to the 2030 UN Sustainable Development Goals (SDG) and the WHO global impact framework. As populations age, health needs shift, with chronic diseases and disabilities associated with ageing becoming predominant. Many of these chronic conditions are modifiable and their outcomes can be improved through quality health and social care services. However, a portion of the older population does not have their health and social needs met, raising issues of equity in service coverage and universality of healthcare. Current measures of Universal Health Coverage (UHC) do not assess unmet needs nor adequately capture services required by older persons, including social care. This PhD research project includes several studies aimed at better understanding and addressing unmet care needs among older individuals, aligning with global efforts led by the WHO Kobe Centre related to SDG indicators and progress through regarding the goals set out by the UN Decade of Healthy Ageing. Study 1 evaluates the progress of the WHO South East Asia Region towards the goals of the UN Decade of Healthy Ageing. Study 2 focuses on the unmet health needs of older Australian women, using data from the ALSWH to gauge unmet healthcare needs, explore factors and inequities, and establish normative profiles. Study 3 conducts an ethnographic review of unmet health or social care needs, combining literature analysis with key informant interviews to understand contextual influences on unmet needs across diverse countries. Study 4 undertakes a calibration study via vignettes to develop a globally relevant measure of unmet health and social care needs for older people, involving global experts to standardise the assessment of needs' severity and priority. Study 5 explores system and policy drivers of unmet needs through country case studies, to investigate contextual factors, policy frameworks, and healthcare systems' roles in unmet health and social care needs specific to older people. This presentation will explore the development of this project and the steps taken to build relationships within the WHO and other international organisations to ensure the work is relevant to their goals and to aid in dissemination of expected outcomes.

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# “I Was Changed Because… of the People in the Group” - Participant Reflections on a Multi-disciplinary Group Program for People with Dementia and their Care Partners

**CHELBERG Georgina R.[1], GIBSON Diane[1], MITTERFELLNER Rachael[1,2], WISEMAN Lara[1], BAIL Kasia[1], ISBEL Stephen[1], HOLLOWAY Helen[1], BENNETT Michelle[1,2], D’CUNHA Nathan M[1]**

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**Background:** The significance of early access to post-diagnostic dementia services to enhance quality of life and support people to continue living independently were detailed in Recommendation 15 of the Aged Care Royal Commission. The Sustainable Personalised Interventions for Cognition, Care, and Engagement (SPICE) Program is a novel multidisciplinary service in Canberra, Australia that supports people with dementia and their care partners with knowledge, social connection and meaningful engagement. This paper presents the experiences and perspectives of the SPICE participants with dementia who completed the program during 2022-2024. **Methods:** The SPICE Program is delivered in small groups over twelve-weeks by allied health practitioners and involves cognitive stimulation therapy, the COPE® Program, carer education, exercise and dietetics advice. Interviews were conducted and audio-recorded following a two-stage consent process with participants (*n* = 60, 43% female). Transcripts underwent accuracy checks and content analysis by four researchers to identify codes and themes driven from a line of enquiry that prompted for self-reported changes and feedback following program completion. **Results:** Findings are presented using audiovisual pieces that highlight the key themes of enjoyment – “*…it makes you feel good…*”, connection – “*I was changed because… of the people in the group*.”, and that SPICE was useful and improved confidence – “*… I just feel like I can now I can go out anywhere and enjoy it instead of being stuck...*”. People with dementia felt empowered through new friendships with each other and engagement with program staff. This presentation will amplify the voices of people with dementia and their experiential contribution to dementia research and practice. **Conclusions:** Qualitative findings from participants of a multidisciplinary program extend the growing evidence supporting wider availability of early post-diagnostic care in Australia to enhance quality of life for people with dementia. Further research is needed to develop implementation guidelines for comparable programs.

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## Ageing Wisely for Chinese-Speaking Older Adults: Culturally Responsive and Linguistically Appropriate Adaptation

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**Background**: 62% of older Australians (≥65 years) who speak Chinese (Mandarin or Cantonese) at home report not speaking English well or at all. Limited English language proficiency can alienate these older adults from accessing mental health services, as well as disrupt their social engagement. Evidence-based psychological interventions targeting anxiety and depression in older adults are currently unavailable in Chinese languages. *Ageing Wisely* is one of the few evidence-based English-language cognitive behavioural therapy programs in the world for treating late-life anxiety and depression, and it may be a good candidate to adapt for Chinese-speaking older populations. **Objective**: This study drew upon Chinese-speaking older adults' lived experiences of depression and anxiety to guide a culturally and linguistically appropriate adaptation of *Ageing Wisely* for Chinese-speaking older adults while maintaining fidelity to the original program to maximise clinical effectiveness. This project brings together a multidisciplinary team comprising expertise in psychological interventions for late-life anxiety and depression, multilingualism, translation and interpreting, and engagement with Chinese-speaking older adults in the community. **Method**: Eighteen older Chinese-speaking (67% Mandarin-speaking, 33% Cantonese-speaking) adults aged ≥65 years with lived experiences of anxiety or depression and self-report limited English proficiency participated in a 90-minute focus group interview to provide feedback on cultural barriers to engaging in psychological interventions, including specific cultural barriers related to the treatment skills taught in *Ageing Wisely*. **Results and Conclusion**: Qualitative data and implications for treatment adaptations will be presented during the conference. This research has the potential to provide evidence and critical thinking to further the interests of vulnerable older migrants and to enhance the language-inclusiveness of empirically based *Ageing Wisely.* This project also has the potential to build links with the Chinese-speaking community, and through the involvement of consumers, may help reduce cultural and language barriers to engagement with mental health treatment in this group.

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## Experimental Investigation of Mechanisms Underlying Social Connectedness in Later Life

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**Background**: Research on social connections in older adulthood to date has largely focused on examining environmental and individual factors associated with social participation, but the ways in which social relationships contribute to feelings of connectedness remain under-investigated. One possible mechanism underlying social connectedness is reciprocal social support-giving and receiving emotional or practical support. **Objective**: This study investigated the relationship between reciprocal social support and social connectedness using a cross-sectional design. **Method**: One hundred and seventeen adults ($M_{age}$ = 72.29, *SD* = 7.36) were randomly allocated to either the Giving Support or Receiving Support condition. Each participant read six vignettes that manipulated the availability of support. In the Giving Support condition, half of the vignettes described scenarios where participants gave support to a person from their community, and the other half described scenarios where participants gave no support to a person from their community. In the Receiving Support condition, half of the vignettes described scenarios where participants received support from a person from their community, and the other half described scenarios where participants received no support from a person from their community. **Results**: Preliminary results showed a significant interaction between support mode (Give/Receive) and support availability (Support/No Support), where the difference in the mean ratings of connectedness between the Receiving and Not Receiving Support scenarios were significantly greater relative to the differential ratings between the Giving and Not Giving Support scenarios. A similar significant interaction was also observed for the mean ratings of feeling valued. These findings were significantly associated with loneliness and social isolation. **Conclusion**: While receiving and giving support contributed to feelings of connectedness in a similar way, feelings of connectedness appeared to be negatively impacted as a result of not receiving support more so compared to not giving support. Clinical implications of these findings will be discussed.

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## Improving Confidence and Awareness in Talking About End of Life in Aged Care

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**Background:** While most older people using aged care in Australia are in the last years of their lives, talking about end-of-life care and plans remains a sensitive topic for aged care staff and family members of the older person. Many family members become substitute decision makers for their relative due to progressive cognitive decline and other conditions yet are unsure of what to expect and what decisions they may need to make. Similarly, aged care staff, many from diverse cultural backgrounds, feel unsure of how and when to initiate conversations with family members. Support to talk about end-of-life care is needed to ensure that preferences of older people are respected. **Objective:** This study aimed to evaluate how use of new 'Talking with Families' resources for aged care staff increased their awareness and confidence in talking about end-of-life care**. Method:** A mixed method study gathered two case studies on the use of these resources by aged care staff, survey responses about confidence level and awareness of the benefits of talking about end-of-life care, with feedback from wider aged care services and families on how the resources were used. **Results:** Analysis is underway from these case studies and feedback from aged care services and family members on how the resources were used, which will identify any barriers and enablers to talking with families. **Conclusion:** Improving the end-of-life experience in aged care may assist families with bereavement, support staff resilience and may improve the provision of quality palliative care by aged care services. Recommendations to increase the confidence and skills in diverse aged care staff and family members to discuss end of life plans include developing service level processes, support for staff to talk about their experience and a need for ongoing discussion about end of life.

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## Animating Elderhood: Datascapes of Ageing in Place

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**Background**: The *Datascapes* project is an exploratory PhD research initiative that engages RMIT researchers and University of the Third Age (U3A) members across Victoria, New South Wales, and Queensland. This Participative Action Research (PAR) project is developing a Community of Practice (CoP) focused on enhancing digital ‘mentor-the mentor’ capacity among older learners in the organisation. **Objective**: The project explores the role of virtual learning companions, specifically digital avatars powered by Generative Pretrained Transformers (GPTs), in supporting elder learning. The research identifies and rehearses an ‘eldragogy’—a learning system designed for the needs and potentials of elder learning, emphasising not only digital literacy but also lifespan, healthspan, and values associated with ageing in place. **Method**: The project employs two PAR cycles, integrating AI technologies with a focus on peer mentoring and leveraging elders' ‘superpowers’ such as metacognition, social-cultural intuition, compassionate connectivity and performativity. The methodology emphasises co-creation and collaboration within a CoP to produce a ‘mentor the mentor’ program that scales across various U3A offerings. **Results**: The research proposes ‘elderhood-as-advantage’ by contributing to a counter-narrative of ageing which valorises elderhood as a period of growth and flourishing rather than decline, evidenced in an eldragogical curriculum and related practices. **Conclusion**: *Datascapes* advocates for viewing elderhood as a valuable asset, challenging ageist stereotypes by showcasing the continued contributions of older adults. The project highlights the potential for eldering-as-advantage, advocating for a revision of societal perceptions of later life through digital inclusion and innovative educational practices.

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## Who is the Person in Person-Centred Care? A Conceptual, Philosophical Account

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Person-Centred Care (PCC) is a popular approach to aged care (and social services generally) that positions the older person as the central focus of care and services, and promotes the importance of including them as a partner in said care. Drafts of the new Aged Care Act and Aged Care Quality Standards prioritise and incentivise PCC models. However, while popular models of PCC claim to be pathways to holistic care, many are, in reality, centred on a shallow conception of the person as an individual consumer. Such a notion of personhood situates key concepts, such as dignity, within a framework of product quality and consumption. Without an interrogation of these philosophical foundations of aged care, it is unlikely that meaningful systemic change can be realised in the sector. Synthesising conceptual research from a forthcoming journal article with aged care policy and practical experience, this paper argues that models of PCC should articulate and incorporate deeper notions of personhood to best serve aged care residents, who are largely dependent on their institutional context for their holistic needs. Theories of personhood from social and environmental philosophy can enhance PCC, expanding beyond narrow perceptions of older people as consumers. The paper demonstrates how aged care can centre a deeper conception of the person as community-constituted using the model of aged care as community within social and ecological communities. The example of dignity is used to contrast the depth of the two approaches, and implications for aged care design and policy are highlighted.

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# A Prospective Study of Older Adults' Health-Related Outcomes in a Facility-Based Transition Care Program (TCP) in Western Australia

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**Background:** The Transition Care Program (TCP) provides short-term rehabilitation to older adults after hospitalisation, with the aim of improving functional independence and preventing premature admission to aged care home (ACH). Evidence regarding the effectiveness of TCP in improving older adults' health-related outcomes in facility-based TCP is limited. **Objectives:** This study sought to (i) identify changes in older adults' health-related outcomes between admission and discharge from a facility-based TCP; and (ii) compare changes in the health-related outcomes between those discharged home and those discharged to ACH. **Method:** A prospective observational cohort study was undertaken in a 47-bed transition care facility of a not-for-profit organisation in Western Australia. Older adults aged ≥60 years who participated in TCP (mobility training, group exercise and cognitive activities) were recruited and had physical, cognitive, and social outcomes assessed at admission and discharge. **Results:** Forty-one older adults completed the study (mean age 80.1 (±8.9) years), with 63.4% ($n$ = 26) discharged home and 34.2% ($n$ = 14) discharged to ACH. The whole cohort showed statistically and clinically significant improvements for activities of daily living (ADL) and health-related quality of life between admission and discharge. Older adults discharged home had statistically and clinically significant greater improvement in mobility compared with those discharged to ACH [de Morton mobility index: home, 13.6 (95%CI: 9.8, 17.4) vs ACH, 6.9 (95%CI: 1.7, 12.0), $P_{\text{interaction}}$ = 0.04]. Those who discharged home showed statistically and clinically less decline in instrumental ADL compared with those discharged to ACH [(Lawton's scale: home, −0.8 (95%CI: −1.3, −0.2) vs ACH, −2.1 (95%CI: −2.9, −1.4), $P_{\text{interaction}}$ = 0.002)] between admission and discharge. **Conclusion:** Older adults who were discharged home from TCP showed improvements in physical and social abilities, however, their functional abilities were still below normative community levels. Further research to address older adults' recovery from hospitalisation is required.

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## Exploring and Understanding the Experiences of Cancer Care for Older Adults

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**Background:** Australia has an ageing population. Cancer incidence increases with age. Multi-morbidity and age-related vulnerabilities can make cancer treatment decisions and management complex. Little is known about the cancer care experience for older people. **Objective:** Qualitative interviews were conducted to explore Australian healthcare professionals' (HCPs), older adults with cancer, and caregiver's experiences and perceptions of treatment decision-making, cancer care and management for older adults with cancer. **Method:** Australian HCPs, self-identified older adults with cancer and caregivers completed a short online survey distributed via health professional organisations and cancer support groups, and participated in a semi-structured telephone interview exploring their perceptions and experiences of treatment decision-making, and management of older adults with cancer. Thematic analysis using a framework approach identified key themes emerging from their collated responses. **Results:** Twenty-nine HCPs, 19 older adults with cancer and 8 caregivers participated. The following themes were identified from HCP interviews: (1) Who do we consider old? Chronological vs. functional age, (2) Clinical management of older adults – theory vs. practice, (3) Is there value in geriatric assessments? (4) Factors that impact geriatric assessment implementation. Patient and caregiver interviews identified three themes: (1) Intersectionality between cancer and ageing: the impact of age in treatment decisions, and cancer diagnosis as a facilitator for age-related (non-cancer) support, (2) Factors influencing treatment acceptance: how trust in clinician and patient's valuing of life influence their decision-making, and 3) Role of the caregiver. An overarching theme of treatment decision-making for older adults with cancer was also identified across interview groups. **Conclusion:** This study provides insights into current practice when caring for older adults with cancer, patient and carer expectations of care and the barriers and facilitators to implementation of geriatric assessment within Australian cancer services. Awareness of potential biases is important when making decisions and caring for older adults with cancer.

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## Ethnic Disparities in Cerebral Small Vessel Disease Imaging Markers: A Systematic Review and Meta-Analysis

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**Background**: Cerebral small vessel disease (cSVD) is a key contributor to cognitive decline and stroke. Understanding how these markers vary across ethnic groups could contribute to better understanding among health disparities among ethnically diverse older adults. **Objective**: This research investigated disparities between the whites, Chinese, Japanese, Korean and Latin ethnic groups in cSVD imaging markers, specifically cerebral microbleeds (CMBs), white matter hyperintensities (WMH), lacunes, and microinfarcts within community-dwelling ageing populations and identifies demographic and clinical factors, such as age, male-to-female ratio, and blood pressure, that influence these variations. The research aimed to uncover mechanisms contributing to these disparities and inform targeted interventions. **Method**: A multi-database search of observational studies with clear ethnic group stratification was conducted, followed by rigorous data extraction and statistical analysis to identify significant patterns. A systematic review and meta-analysis were undertaken. Random-effects models and meta-regression were used to analyse relationships between cSVD outcomes and predictors across various ethnic groups. **Results**: The findings indicated that there are a few ethnic differences in cSVD markers. Chinese ethnic groups exhibited significantly higher WMHvol and CMB prevalence compared to other ethnicities, indicating a heightened risk profile. The White, the Japanese and the Korean ethnic group displayed mixed findings in the association of hypertension and blood pressure and neuroimaging findings. Meanwhile, age was a robust predictor across most ethnic groups, with older age linked to increased cSVD severity, particularly in the white and Chinese ethnic group. Diabetes and hyperlipidaemia were consistent positive predictors across the Chinese and the Korean ethnic group, as well as the Japanese for hyperlipidaemia. A higher female-to-male ratio was associated with more severe cSVD outcomes, particularly in the Japanese, Korean, and white ethnic group. **Conclusion**: These results highlight that culturally sensitive evidence-based interventions addressing specific clinical health risks are essential for improving ageing outcomes and reducing disparities.

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# Associations Between Brain Structure and Dual Decline in Gait and Cognition

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**Background:** Dual decline in gait and cognition is associated with an increased risk of dementia, with combined gait and memory decline exhibiting the strongest association. However, little is known about the underlying brain correlates. **Objective:** This study examined associations between brain structures and dual decline in gait and cognition across several cognitive domains. **Method:** People over 60 years of age were randomly selected from the Southern Tasmanian electoral roll for invitation to participate in the study. Baseline brain MRI and three serial gait speed and cognitive assessments (memory, processing speed-attention, verbal fluency) were performed on average 2.5 years apart. Participants were classified into four groups depending on tertiles of both annual decline in gait speed and each cognitive measure (non-decliners, gait-only, cognition-only, and dual-decliners). Dual decliners were classified as the participants belong to the highest tertile of annual decline in both gait speed and each cognitive measure. This classification procedure was performed for each cognitive measure separately. Multinomial logistic regression was used to examine the associations of baseline brain MRI measures with dual decline in gait and cognition for each cognitive domain. **Results:** The mean age of participants was 70.9 ± *SD* 6.7 years (*n* = 267). Lower baseline grey and white matter volume and higher white matter hyperintensity volume increased the risk of being a dual decliner in gait and both the memory and processing speed-attention groups (all $p < .05$). Lower hippocampal volume ($p = .047$) was only associated with increased risk of being a dual decliner in the gait and memory group. No significant associations were found between brain MRI measures and dual decline in gait and verbal fluency. **Conclusion:** Neurodegenerative pathology and white matter hyperintensities are involved in dual decline in gait and both memory and processing speed-attention. Smaller hippocampal volume may only contribute to dual decline in gait and memory.

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# Consumer Engagement in the Design of Educational Nutrition Information for Older Adults and Their Caregivers: A Scoping Review

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**Background:** To holistically address consumers' needs, consumer engagement with end-users including older adults, their caregivers, family and friends, as well as consumer representatives is important, when designing high-quality educational nutrition information targeted for older adults. Consumer engagement can occur through consultation and feedback mechanisms or through, consumer expert panels or participatory research methods. The extent and impact of consumer engagement can vary depending on the consumer engagement approach, resulting in differing levels of influence over the decision-making process. **Objectives:** With a focus on older adults aged ≥65 years and their caregivers, this systematic scoping review aimed to explore and synthesize the extent to which consumers are engaged in designing various educational nutrition interventions, the methods and levels of consumer engagement, and its impact on the resulting educational nutrition information presented. **Methods:** Medline via OVID, Scopus, Web of Science, CINAHL and PsycINFO were comprehensively searched. Each article was independently screened by two authors by title and abstract. Two reviewers independently assessed the full text of remaining articles for eligibility. Two authors independently extracted data from the 36 final articles. **Results:** Fourteen of the fifteen studies obtained input from consumers to inform the design of the educational nutrition information in terms of content, design, wording, and platform. However, consumer engagement across the studies mostly sat within the "Consult" and "Involve" level of the IAP2 spectrum, with only one study achieving a "Collaborate" engagement level. This suggests a low level of genuine consumer partnership in the studies to date. **Conclusion:** Consumer engagement across the studies differ on how, and the extent to which consumers were engaged in designing educational nutrition information. Greater emphasis on shared decision-making and collaborating with consumers right from the start is key to ensuring that educational nutrition information designed for them best addresses their needs and preferences, which potentially translates to better health outcomes.

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## Intergenerational Programs in Residential Aged Care: What Works, For Whom, In What Circumstances and How?

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**Background**: Intergenerational programs offer promising solutions to issues faced by older adults living in residential aged care settings, including social isolation, loneliness, ageism and community segregation. Whilst most literature acknowledges the benefits of intergenerational programs, little is known about what works, how they work, for whom they work best, and in what contexts. Intervention complexity, coupled with the heterogeneity across existing studies, present challenges for traditional systematic reviews aiming to produce transferable findings for practitioners, providers, and policymakers. **Objective**: A rapid realist review is being conducted to address these gaps by exploring what aspects of programs work, for whom, in what circumstances, and how non-familial intergenerational programs involving pre-school children work to improve the psychosocial well-being of older adults in residential aged care settings. **Method**: This theory-driven approach, novel within intergenerational research, explores the mechanisms and contextual factors that impact program outcomes. The review involves six stages: (1) preliminary theory development; (2) search strategy design; (3) document selection and appraisal; (4) data extraction; (5) analysis and synthesis; (6) presentation of revised theory. This approach involves developing, testing and refining program theories, which take the form of context-mechanism-outcome configurations. **Results**: Whilst the review is ongoing, emerging insights include important contextual factors and mechanisms that impact program effectiveness. Ultimately, these findings have important implications for intergenerational practitioners, with potential to inform the development of tailored intergenerational programs that enhance the psychosocial well-being of older adults. From a policy perspective, the findings of this review can inform the development of recommendations for integrating intergenerational programs into aged care policy frameworks and practice. **Conclusion**: This presentation will outline the review's methodology, initial theory development, and preliminary findings providing insights into how intergenerational programs can be effectively introduced into aged care settings to benefit the well-being of older adults.

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# A Mixed-Methods Systematic Review of Community Optometrists’ Practice Patterns in Providing Falls Prevention Management for Older Adults

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**Background:** Falls among older adults are rising globally, leading to significant health and socio-economic burden. Few studies have investigated whether optometrists are systematically integrating falls prevention management into their routine clinical practice. **Objective:** This review aimed to synthesise the best available evidence for the practice patterns of optometrists working in the community for providing falls prevention management to older adults. **Method:** A mixed methods integrated systematic review was conducted, with searches of OVID MEDLINE, EMBASE, SCOPUS, and CINAHL Complete and grey literature. Methodological quality was assessed using the JBI SUMARI critical appraisal tools for quantitative and qualitative studies. **Results:** There were 11 articles and 4 reports met the inclusion criteria (7 quantitative, 1 qualitative and 3 mixed methods studies). Two overarching analytical themes identified: (1) optometrists have knowledge and awareness about the associations between vision impairment and falls but demonstrate limited implementation of falls prevention practice; (2) optometrists can implement falls prevention management by delivering tailored vision interventions and contributing to a multidisciplinary team. There was limited evidence that optometrists were conducting key vision assessments such as contrast sensitivity, that contribute to effective falls prevention assessment or systematic prescription patterns for single-vision lenses and tailoring prescriptions based on mobility level. Few optometrists were screening older adults for falls risk, initiating multidisciplinary referrals, or providing older adults with falls prevention advice. Optometrists were motivated to collaborate with other allied health professionals to develop a holistic approach to falls prevention in older adults. **Conclusion:** Community optometrists were aware of the association between vision and falls, and adaptations that could be required for prescriptions. However, there was no comprehensive or systematic implementation of falls prevention evidence into routine clinical practice. **Recommendation:** Further education on falls prevention is needed to help optometrists expand their role by integrating screening, advice, and referrals into multidisciplinary care.

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# Ageing as a Period of Transition: Access to Aged Care Support Among Older Straits Chinese Australians Through Nancy Fraser's Social Justice Framework

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**Background**: The current policy directive in Australia is to encourage and support older people to age in place, thereby delaying the need to access residential aged care. In 2021/2022, the Australian Federal Government announced that a “once in a generation” investment of $17.7b would be committed to improve aged care services in Australia. This injection of funding was an opportunity to meaningfully change the direction of aged care policy and extend the reach of aged care support to more older Australians to keep them at home for longer. **Objective:** Paying specific attention to the ability to age in place, this study sought to identify the structural and societal barriers that are currently hindering the ability of older culturally and linguistically diverse (CaLD) people to receive equitable access to social care support. **Method:** Using Nancy Fraser's (1998) social justice framework as the underpinning theoretical paradigm, this study examined the challenges of one representative cultural group accessing social care. One-on-one interviews were conducted with older Chinese Australians from Singapore and Malaysia over a 12-month period. Case study examples will be used to illustrate the barriers to accessing aged care and other human services among older CaLD people living in public housing. **Results:** This study casts attention to the need to examine the underlying barriers faced by cultural sub-groups of older people in their attempt to access aged care support and the need to consider the social influences posited by Fraser (1998) to reduce social inequality to access critical aged care and human health services. **Conclusion:** Despite a significant injection of Commonwealth funding three years ago to improve aged care services in Australia, difficulty accessing publicly funded services among older CaLD people will continue to persist without applying a social justice framework to policy reform.

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# Development and Validation of a Frailty Index for Predicting Cognitive Decline in the ISLAND Cohort

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**Background:** The Island Study Linking Ageing and Neurodegenerative Disease (ISLAND) is a population-based research program located in Tasmania seeking to improve understanding of dementia risk factors and mitigate dementia risk through targeted interventions. Participant data, including demographic, health and dementia risk information, is collected annually through online surveys. Although measurement of frailty provides valuable information on individuals' risks for adverse related outcomes, including dementia, it is not currently captured in ISLAND. **Objective:** To enhance risk profiling in ISLAND, we aim to develop a frailty index for its participants and establish its validity through analyses of demographic characteristics and cognitive function. **Methods:** Using data from ISLAND's >3,000 active participants, a frailty index will be calculated from variables collected via ISLAND's assessment protocol. These variables will include age-related signs, symptoms, and health conditions that meet published criteria. We will analyse its distribution across different age, sex, and socioeconomic groups. Frailty index scores will also be validated against measures of cognitive function assessed via online platform, by quantifying associations while adjusting for potential confounders. **Results:** From initial protocol review, we anticipate that the frailty index will be calculated from approximately 60 deficits and reflect 10 domains (e.g. comorbidity, disability, poor nutrition). We anticipate frailty index scores to reflect a gamma distribution, have a submaximal limit (99th percentile) of 0.7, increase with advancing age, and be higher among women than men. After adjusting for potential confounders, we anticipate a negative association between frailty index scores and cognitive function. We also expect to observe variations in frailty across geographic and socioeconomic groups. **Conclusion:** The ISLAND frailty index will be a useful tool for assessing vulnerability in older adults and reflecting risk of cognitive decline. By measuring frailty in studies on ageing and neurodegeneration, this research could inform targeted interventions in the future.

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# Building and Sustaining a Positive Organisational Culture in Aged Care in Rural and Regional Australia: Registered Nurses' Perspectives

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**Objective:** This presentation reports on the emerging themes from a qualitative study privileging the voices of registered nurses (RNs) employed in residential and community aged care in rural and regional Australia. Positive organisational culture in the aged care sector will become increasingly important as increasing numbers of older Australians access residential and community-based services. **Method**: Fourteen RNs employed in diverse roles in the aged care sector in regional and rural Australia within the last 7 years were interviewed. Appreciative inquiry, which focusses on identifying strategies for positive change, informed the interview process. **Results:** The participants identified that to improve provision of complex care to older people across aged care environments, RNs should be supported to work to their full gerontological scope of practice, including in advance practice and in nurse practitioner roles. They identified a lack of congruence between the values of board and executive management and staff as a critical issue. They argued that staff must be engaged with developing organisational values and embodying them in their work so that the complexity and challenges of their contribution are recognised. The participants believed that this approach would facilitate staff feeling valued, teams working effectively and improving overall organisational culture. **Conclusion:** This study has highlighted that organisational cultures in aged care do not support nurses of all grades working to full scope of practice. Collaboration between nursing peak bodies and regulatory authorities must continue to refine structures that support quality care delivery and an organisational culture reflective of staff capacity and capability. Further research is required to review, develop, and integrate contemporary nurse-led models of care across aged care settings with a view to advancing policy and practice in the sector.

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## The Positivity Effect is Robust to Health and Social Content in Ambiguous Scenario Interpretation

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**Background:** Older adults tend to engage in more positively valenced information processing than younger adults, an effect that has been found in attention, memory, and judgments. This is known as the positivity effect. It is unclear whether the positivity effect occurs in response to ambiguous vs. positively and negatively valenced stimuli, more vs. less personally relevant content themes, and positive and negative mood states. **Objective:** Two studies investigated whether the positivity effect results in positively valenced interpretations of ambiguous scenarios, and whether personally relevant health content and induced positive and negative moods attenuate or moderate the effect. **Method:** Studies were conducted in 2022 and 2023, involving older adults ($n_{\text{Study1}} = 31$, $M_{\text{ageStudy1}} = 72.16$, $SD_{\text{ageStudy1}} = 7.81$, $n_{\text{Study2}} = 51$, $M_{\text{ageStudy2}} = 71.64$, $SD_{\text{ageStudy2}} = 6.39$) and younger adults ($n_{\text{Study1}} = 25$, $M_{\text{ageStudy1}} = 19.16$, $SD_{\text{ageStudy1}} = 1.49$, $n_{\text{Study2}} = 51$, $M_{\text{ageStudy2}} = 20.20$, $SD_{\text{ageStudy2}} = 1.88$). Participants underwent audiovisual mood inductions (positive, neutral, negative; within-subjects) with baseline and post-induction affect measured, completed an ambiguous scenario interpretation task (health, social content; within-subjects), and measures of depression and anxiety symptomology (older: GDS-15, GAS-10; younger: DASS-21). Study 1 contained a methodological error involving one health scenario being repeated, corrected in Study 2 with an additional health scenario. **Results:** Older adults provided significantly more positive interpretations of ambiguous scenarios compared with younger adults, and this positivity effect was not significantly attenuated by health-related content. There was no significant evidence for age-based differences in mood-induced processing. Instead, negative mood congruence was found across age groups in Study 2, which used improved methodology compared to Study 1. **Conclusion:** In sum, older adults provided significantly more positive interpretations of ambiguous scenarios than younger adults, consistent with top-down emotion regulation processes used to increase wellbeing. The positivity effect was robust to health and social content and both age groups demonstrated negative mood-induced processing, consistent with past findings. Understanding the positivity effect has implications for how interventions may target mental health-related mechanisms.

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# Barriers and Facilitators of Social Participation in Older Adults with Mild Cognitive Impairment/Early Dementia and Their Carers/Supporters

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**Background:** Mild Cognitive Impairment (MCI)/early dementia and carer/supporter populations experience social isolation, yet there is limited understanding of their barriers and enablers to social participation. Accordingly, the present study sought to address this knowledge gap. **Method**: In survey and focus group studies, older adults with MCI/early dementia ($n_{\text{survey}}$ = 11, $M_{\text{ageSurvey}}$ = 75.36 years, $n_{\text{focusGroup}}$ = 7, $M_{\text{ageFocusGroup}}$ = 68.43 years) and carers/supporters ($n_{\text{survey}}$ = 27, $M_{\text{ageSurvey}}$ = 73.63 years, $n_{\text{focusGroup}}$ = 13, $M_{\text{ageFocusGroup}}$ = 70.08 years) answered open-ended questions about changes to social participation after diagnosis/caring, associated distress, barriers and facilitators. The survey also measured these variables, as well as social isolation, loneliness, depression and anxiety symptomology, and caregiver burden quantitively. **Results:** MCI/early dementia and carer/supporter participants reported, respectively, social isolation (55%, 26% above clinical cut-offs), loneliness (100%, 70%), depressive (11%, 15%), and anxiety (73%, 81%) symptomology, moderate/major difficulties staying socially connected (45%, 37%) and were moderately/very upset by this (40%, 31%). Barriers to social participation identified from MCI/early dementia participants quantitative data were forgetting people's names (91%), keeping up (73%) or being left out of conversations (55%), motivation (55%) and transport (55%). Facilitators of social participation were social groups (55%), their carer/supporter encouraging them to stay socially active (55%), and educating friends about their circumstances (46%). Most carers did not experience barriers to social participation (26%). For carers, facilitators of social participation were dedicated friends who maintained contact (63%), understanding friends (56%), social groups (33%), and organisations like Dementia Australia (33%). Across the qualitative data, major themes for people with MCI/early dementia were negative feelings (e.g., embarrassment, guilt; 40%), others not understanding/ostracism (40%), practical/transport issues (70%), impaired cognitive processing (40%), and as a facilitator proactive social behaviour (e.g., joining new groups; 44%). Carers reported behavioural and psychological symptoms in dementia (31%), missing social/wellbeing activities (41%), practical/transport issues (43%), and facilitators including friendships/family (40%) and organisations (38%). **Conclusion:** MCI/early dementia and carer/supporter populations experience practical and psychological barriers to social participation. Interventions should target these barriers and increase facilitators including educating friends/family, and provide psychological skills for MCI/dementia-related embarrassment and joining new groups.

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# The Perspectives of Older Adults on the Meaning, Role and Value of Communication in Their Everyday Lives

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**Background**: As people age, they become more susceptible to communication impairments. In Australia, the ageing population has led to an increase in communication impairments, placing greater demands on speech pathologists to provide person-centred care to older adults. Person-centred care, which respects individuals' preferences and values, is recognised as the gold standard in healthcare. To deliver this care effectively, speech pathologists need to understand the typical communication profile of older adults, including their preferences and values. However, a gap exists in the literature regarding older adults' own perspectives on communication—what it means to them, its role in their daily lives, and the value they place on it. Without these insights, it is difficult to provide care that truly aligns with their unique perspectives. **Objective**: This study aimed to address this gap by exploring how older Australian adults describe the meaning, role, and value of communication in their everyday lives. The findings will guide person-centred speech-language pathology practices that reflect older adults' values and preferences. **Method**: A qualitative inquiry was conducted employing semi-structured individual interviews via Zoom with 10 older adults. Data were analysed using Braun and Clarke's (2022) six-phase inductive thematic analysis. **Results**: Four key themes were generated regarding the meaning, role, and value of communication for older adults (1) "Communication is everywhere and everything," (2) "Communication is part of being human," (3) "Communication serves a multifaceted role," and (4) "Communication is foundational to identity and quality of life". **Conclusion**: For older adults, communication is a critical aspect of life. It contributes to their sense of humanity and is foundational to their identity and quality of life. These findings underscore the need for speech pathologists working with older adults to go beyond addressing body functions and structures to supporting the broader dimensions of identity, sense of humanity, and well-being.

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# Bridging the Communication Gap: A Scoping Review of Health Literacy-Focused Training Interventions for Primary Healthcare Providers Working with Older Adults

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Health literacy (HL) among older adults is a concerning issue. Globally, approximately two-thirds of older adults (i.e., over 60 years of age) struggle with understanding basic health-related information. Effective communication between healthcare professionals and older adults is essential for promoting HL, which in turn improves health outcomes by reinforcing self-efficacy and knowledge. However, there have been limited studies of interventions exploring the role of primary healthcare providers (PHCPs) in improving HL in older adults. A scoping review was conducted to systematically search electronic databases for studies on communication training interventions designed to enhance HL among PHCPs working with older adults. The search identified 585 articles of which 18 were included. The review mapped characteristics of the training programs, barriers and enablers to implementation, outcomes for providers, and the feasibility and acceptability of the training programs. Interventions were well received by providers, primarily quasi-experimental and US-based (*n* = 12). Interventions employed diverse teaching methods, mostly experiential, and demonstrated positive impacts on provider communication skills. Key elements of effective interventions included personalized guidance, use of technology, repeated practice opportunities, interprofessional training, and continuing education credits. HL is crucial for effective healthcare delivery and self-management, particularly for older adults who may experience cognitive, sensory, and physical challenges. PHCP communication training interventions have been shown to reduce risks associated with low patient HL and improve healthcare experiences and health outcomes correlating with age. This study highlights the importance of equipping PHCPs with the communication skills necessary to effectively engage with older adults, promoting understanding and shared decision-making.

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## Life After a Dementia Diagnosis: What People with Dementia and Their Carers Have to Say

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**Background:** Timely post-diagnostic support is necessary to help people with dementia and their carers adapt to the diagnosis and optimise independence and quality of life. However, evidence derived from the lived experiences of people with dementia and carers regarding the support they need is scarce. There is a gap in the literature regarding post-diagnostic support for people recently diagnosed with dementia and their carers. **Objective:** This study explored the perspectives of people with dementia and their carers regarding the support they had been offered, barriers and facilitators to accessing such support, and support they viewed as desirable or ideal. **Method:** This was a cross-sectional qualitative exploratory study. Data were collected from individual interviews with 13 people recently diagnosed with dementia and 17 carers at nine Australian memory clinics. Interviews were conducted between September 2021 and October 2022. Reflexive thematic analysis was used to examine participants' comments within the context of four topics of interest: Current Care and Support, Barriers, Facilitators, and Desirable Care and Support. **Results:** Themes that emerged under the topic Current Care and Support were: *Communication with empathy; Written information valuable but could be overwhelming; Referrals provided but not necessarily followed; A focus on prescribed anti-dementia medications. Themes that emerged* under the topic of Barriers were: *Dementia stigma restricts life after diagnosis*; *Disappointment in Health and Aged Care systems; Limited insight into and/or difficulty expressing own needs.* A single theme emerged under the topic of Facilitators relating to *Support from family and friends is crucial.* Themes that emerged under the topic of Desirable Care and Support were: *A single person guiding ongoing post-diagnostic support; Support with driving concerns; Engaging and tailored information.* **Conclusion:** The perspectives of people recently diagnosed with dementia and their carers emphasise the need to ensure that post-diagnostic support addresses their individual needs, is clear, is ongoing, and involves the support of family and friends to reduce barriers and facilitate access. The importance of guidance by a trusted professional support person is considered a key component for facilitating more effective post-diagnostic dementia care.

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# Trajectories of Frailty Prior to and After a Cardiovascular Event Among Community-Dwelling Older People

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**Background:** Frailty is known to increase the risk of developing cardiovascular disease (CVD), and individuals with CVD are more likely to become frail. However, no study has determined whether a CVD event alters frailty trajectories in older individuals. **Objectives:** This study aimed to determine the extent to which incident CVD modifies frailty trajectories and to identify factors that influence those changes. **Method:** 19,111 individuals (56.4%, women) aged ≥65 years, who were free of CVD, dementia or disability at baseline, were followed over 11 years. Frailty was measured annually using two commonly utilised approaches – Frailty Index (FI) and Fried Frailty (Fried). Incident CVD events, including hospitalisation for heart failure (HHF), myocardial infarction and stroke, were adjudicated by international experts. Linear mixed models were used to estimate frailty trajectories and changes immediately and in the longer term after a CVD event. **Results:** Over a median 8.3-year follow-up, frailty trajectories increased over time (FI, adjusted beta: 0.69, 95%CI: 0.67 to 0.71; and Fried, adjusted beta: 0.086, 95%CI: 0.083 to 0.088) and 1,934 (10.1%) incident CVD events occurred. For individuals with CVD, FI increased immediately after a CVD event (adjusted beta: 3.65, 95%CI: 3.34 to 3.96) and continued to increase in subsequent years (adjusted beta: 0.41, 95%CI: 0.21 to 0.62). For Fried, there was an increase immediately after a CVD event (adjusted beta: 0.32, 95%CI: 0.26 to 0.38), but no further increase over time. Among the CVD events, HHF and stroke were associated with the greatest increase in frailty. Of the factors examined, being >80 years, living alone and polypharmacy at the time of the CVD event were associated with greater frailty burden. **Conclusion:** Our findings provide evidence that an incident CVD event worsens the progression of frailty, highlighting the need for targeted intervention to improve the long-term prognosis for those most at risk.

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# Understanding the Lived Experience of Chronic Pain in Older People: A Qualitative Study of Its Impact on Daily Life

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**Background:** Chronic pain is prevalent in older people, yet healthcare professionals often face challenges to assess and treat it effectively. Pain is a subjective experience, which is challenging to measure. A comprehensive pain assessment tool for older people should cover biomedical, psychosocial, functional, and quality-of-life aspects, but no appropriate scales exist for this population. **Objective:** This study aimed to explore chronic pain experiences in people aged 60 years and over to understand its impact on daily life and identify key domains for future pain assessment tools. **Methods:** Twenty participants aged 60 years and over with chronic pain were interviewed through semi-structured Zoom sessions. The interviews explored pain intensity, its impact on physical activity, psychological effects, and other relevant domains. Transcripts were verified and thematically analysed using NVivo to identify key themes. **Results:** Chronic pain significantly affected participants' quality of life, leading to cautious behaviours and lifestyle changes. Social activities, emotional well-being, and psychological health were strongly impacted. Participants also reported mobility difficulties, particularly with walking. Many emphasised the need for a more contextual and holistic approach to pain assessment, integrating pain intensity, physical activity, and psychological well-being. One participant noted, "*If you say you've got pain, they prescribe medication, and because I'm incredibly sensitive to medication and I've learned to deal with pain with as little medication as possible, if I say no, I don't want it, they assume I don't have much pain.*" (female, 77 years old). **Conclusion:** This qualitative study underscores the complexity of chronic pain in older people and the need for a comprehensive pain assessment scale. The findings emphasise the importance of a holistic approach that addresses both physical and psychological aspects, paving the way for more personalised and effective treatments for older people with chronic pain.

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## The Impact of Pain on Falls in Middle-Aged and Older People: Gait Quality as a Mediator in UK Biobank Data

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**Background**: Pain has been identified as a significant risk factor for falls, yet the pathways underlying this relationship are poorly understood. **Objective**: This study aimed to investigate the direct and indirect pathways between pain and falls, refining a model based on literature to understand how depression, inflammation, gait quality, physical activity, and cognitive function mediate these effects**. Methods**: Data from 57,089 participants aged 40-69 years from the UK Biobank were analysed via Structural Equation Modelling (SEM). Initially, the model included latent variables for gait quality, physical activity, and cognition, with inflammation and depression as potential mediators. Early model iterations, where gait speed was incorporated within gait quality and a cognition latent variable was used, yielded poor model fit. This led to refinements, including the removal of cognition and also physical activity, which was initially hypothesised to play a key role but was found to have minimal impact on falls and hence was removed from the final model. **Results**: The final SEM model demonstrated that pain has both direct and indirect effects on falls, mediated primarily through gait quality, gait speed, depression, and inflammation. The model showed a good fit (CFI = 0.976, TLI = 0.949, RMSEA = 0.05), highlighting that pain significantly reduces gait quality, which in turn increases fall risk. Depression, triggered by pain, slows reaction time, indirectly contributing to fall risk by impairing both gait quality and reaction time. **Conclusions**: These findings underscore the importance of targeting pain and gait to reduce fall risk in older people. The study reveals that pain increases fall risk not only through direct pathways but also by disrupting gait quality and gait speed, and increasing inflammation and depression.

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## Content Analysis of Older Women in Magazines: Where Are They and Why Does it Matter?

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**Background:** Evidence consistently demonstrates that older people, especially older women, are underrepresented and often stereotyped across all types of media. Older women are a significant audience for print magazines and an increasing proportion of many titles' readership. There has been no prior systematic content analysis of Australian women's magazines and how they portray older women. This study investigated the frequency and nature of portrayals of older women in Australian women's magazines published in 2022 compared with those published in 1992 to determine whether and how portrayals have changed over that 30-year interval. **Method:** Five high circulation Australian magazine titles were chosen; all were published continuously between 1992 and 2022. 1992 data was obtained from library archives; 2022 data was obtained via digital magazine editions. A content analysis framework was developed and tested. Four issues of each magazine from the two years were analysed. All photographic images including a person/people and sized 1/8 page or larger were coded using 15 categories including age group, gender, race, context, portrayal. **Results:** 6,000+ rows of coding were recorded in Excel. Data was analysed using SPSS for frequency, context and types of portrayals of older women. Preliminary results show that the representation of older women increased between 1992 and 2022; the frequency varies greatly between magazines. Older women were usually celebrities or portrayed as youthful, affluent, healthy and able-bodied (the 'golden ager' stereotype). The vast majority were white. **Conclusions:** There is greater representation of older women in magazines in 2022 than in 1992. However, they are still underrepresented compared to younger women, even in magazines whose primary readership is older. Portrayals of older women fall into narrow categories. At a time when younger women are increasingly shown in their diversity, this has not extended to older women who are still subject to narrow stereotyped portrayals.

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## Dementia as a Disability: People with Dementia Don’t Know What They Don't Know

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Utilising critical disability theory through the lens of human rights, this paper discusses data that investigate the reasons why people with dementia are not being supported as people with acquired disabilities globally, and in Australian policy and heath care settings, . In the same way advising a person they have dementia is a human right, denying people the knowledge that dementia causes disabilities is a violation of their rights. Without this knowledge, people with dementia ‘don't know what they don't know’. It examines if not supporting people with dementia as people with acquired disabilities from the time of diagnosis is central to the reason for ongoing known violations of human rights, and the failure to recognise the universal human rights of people with dementia˜. The biomedical model exposes only impairments and deficits, as the persons limitations, and the social model sees disabilities as ‘socially produced dependency’. Through investigating the significance of understanding dementia as a condition causing disability, using critical disability theory and disability and health theory, with hermeneutic phenomenology, this research analyses the experiences of people diagnosed with dementia in the context of self-determination, independence and quality of life. The semi structured interviews and project is being guided by members of an international expert advisory group, which includes people with the living experience of dementia. Collaboration and co design are critical to this project, to ensure outcomes meet the needs of this cohort. The goal is to provide new evidence for developing a new post diagnostic pathway enabling access to all human rights. There has been little positive change for the more than 57 million people living with dementia in terms of the provision of adequate health and social care, or disability support for people with dementia over many decades. The overarching goal is to stop the current known abuse, neglect, harm and other violations of human rights and disability rights, as well as provide new evidence for change to prevent future violations of rights and improve the post diagnostic experiences of older people and people living with dementia receiving care.

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# Cultivating Resilience: Integrating Home-Based Supervised Exercise to Address Low Mood and Social Isolation in Frail Older Adults

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**Background:** Frailty is a state of physiological decline whereby a loss of reserves across multiple systems increases vulnerability to adverse health outcomes requiring admission to hospital, admission to long-term care, or resulting in death. Older adults with low mood and depressive symptomatology are 2-4 times more likely to develop frailty due to their associations with malnutrition, polypharmacy, reduced physical activity and social isolation. There are a few studies which look at novel interventions which develop functional capacity and the patient self-efficacy in a real-world setting to address community engagement, low mood, and frailty in older adults. **Objective:** This in-progress study is evaluating the effectiveness of supervised progressive resistance exercise and social prescribing as an intervention to improve physical function as well as mental wellbeing and mood among older adults. **Method:** Older adults aged 70 years and older who have been screened as frail with a score of 3 or more on the FRAIL scale during an acute hospital admission are eligible to participate. During the hospital stay the participant is screened for malnutrition by a dietician and their medications are reviewed by a pharmacist for polypharmacy. Upon discharge home at the initial home visit the participant is screened for depressive symptomatology. At this visit, motivational interviewing will be conducted to identify signs of loneliness and isolation which will then inform social prescription. Progressive supervised resistance exercises are prescribed to support the participant in building their strength and independence as well as to improve their mood. **Results:** Data will be analysed to determine the association between depressive symptomology and frailty, and to assess the impact of the intervention on these outcomes. **Conclusion:** If the intervention is found to be efficacious then it could contribute to enhancing overall quality of life for older adults and reducing healthcare burdens associated with frailty and depression. This model of care could serve as a framework for integrating multidisciplinary approaches into standard treatment protocols for frail older adults, potentially influencing hospital policies and healthcare guidelines, promoting ageing in place and preventative care.

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# Trajectories of Cognitive Function Prior to Incident Cardiovascular Disease: A Longitudinal Nested Case-Control Study with 11 Years of Follow-Up

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**Background:** Cognitive function tends to decline after cardiovascular disease (CVD); however, cognitive function before incident CVD event has been seldom explored. **Objective:** To examine the trajectories of cognitive function prior to an incident CVD event and to compare the trends with trajectories of matched controls **Method:** A total of 1,887 incident CVD cases were matched to 7,548 controls, using data obtained from 19,114 community-dwelling older individuals without CVD or major cognitive impairment in Australia and the United States. Participants were followed over a maximum 11 years. Incident CVD included fatal coronary heart disease, nonfatal myocardial infarction, stroke, and hospitalisation for heart failure. Cognitive function was assessed regularly using Modified Mini-Mental State Examination (3MS), Hopkins Verbal Learning Test–Revised (HVLT-R), Symbol Digit Modalities Test (SDMT), and Controlled Oral Word Association Test (COWAT). Linear mixed-effects models were used to model the retrospective trajectories for cognitive function prior to incident CVD event. **Results:** At baseline, there were no significant differences between the cases and controls across the four cognitive tests. However, compared to controls, cases showed lower levels of 3MS (years -5 to 0), HVLT-R (years -5 to 0), SDMT (years -7 to 0), and COWAT (years -3 to 0). **Conclusion:** Results of this post-hoc retrospective case-control study indicates that, among relatively healthy older adults without CVD or major cognitive impairment, those who experienced a CVD event during follow-up exhibited significantly lower cognitive function starting approximately five years prior to the event. However, the cognitive trajectories differed across domains. These findings provide insight into the complex relationship between the cardiovascular system and cognitive function.

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# Effectiveness of a Tailored Community-Based Exercise Program on Physical Fitness and Chronic Diseases for Community-Dwelling Older Adults in Guangzhou

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**Background:** Population ageing is a worldwide phenomenon and by 2050 22% of the world’s population will be aged 60 years or older. This rising ageing population necessitates changes in national healthcare and social systems. **Objective:** To evaluate the efficacy of a tailored exercise program in addition to usual care for improving the functional ability of older adults living in Guangzhou. **Methods:** This two-arm, parallel, study was conducted at Tianhe community health service centre, Guangzhou, China from Jun 2022 to May 2023. Older adults were recruited from the population of residents aged 65 and over who were registered with the Tianhe community service centre. Participants were randomly assigned (1:1) to the tailored exercise group or control group compared with a control group that received an instruction book containing exercises. The tailored exercise intervention provided exercise education plus exercise prescriptions depending on the levels of mobility the older adults had; different difficulty levels were tailored to the individual based on the Otago exercise program (50 min session, one time supervised per week for 12 weeks). The primary outcome in this study was functional ability measured by the Timed up and go test (TUG). Secondary outcomes of interest included Functional reach test (FRT), gait speed, handgrip strength, frailty scale, EQ5D5L and blood tests as surrogate markers of chronic disease. All outcomes were assessed at baseline and post-intervention. **Results:** Among 48 participants (mean age: 73.2 years), 24 participants in the tailored exercise group (92%) and 24 participants in the control (88%) completed the study. After the 12-week intervention, improvements in TUG, FRT, gait speed, handgrip strength and frailty scale score in the tailored exercise group were significantly higher than that in the control group ($p < .05$), while no significant between-group differences were found in EQ5D5L and blood tests. **Conclusion:** This study demonstrates that tailored community-based exercise programs could significantly improve the functional ability of older community dwelling people in China. The benefits of tailored community-based exercise programs on functional ability among older people need further research, with longer periods of intervention and larger sample sizes recommended for future studies.

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# Relationship Between Motor Function and Chronic Diseases in Chinese Community-Living Older Adults: A Prospective Cohort Study

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**Background:** Chronic diseases in older populations contribute to functional decline leading to falls, frailty and reduced health related quality of life. The aim of this study was to investigate associations between motor function, lifestyle risk factors, and chronic diseases in older community-dwelling adults. **Methods:** A prospective observational cohort study was conducted in a community health service centre in Guangzhou, China. Inclusion criteria were being aged 60 years or older and able to independently ambulate short distances with or without a walking aid. Outcomes assessed were motor function including functional ability (Timed Up and Go (TUG) test), mobility (gait speed), strength (handgrip strength) and balance (Functional Reach Test (FRT)). Covariates assessed were physical activity (PASE), falls history, lifestyle risk factors, anthropometric data, and presence of chronic diseases (diagnosis confirmed with standardised blood tests). **Results:** There were 264 participants [median age 70.00 (IQR = 8) years] included in the sample. The top five chronic diseases were hypertension (43.94%, *n* = 116), hyperuricemia (43.56%, *n* = 115), being overweight or obesity (38.26%, *n* = 101), fatty liver disease (26.14%, *n* = 69), and hypercholesterolemia (18.94%, *n* = 50). Having frailty [*β* = 0.96, 95%CI (0.32, 1.59), *p* = .003], hyperglycemia [*β* = 0.79, 95%CI (-0.019, 1.61), *p* = .050] and a lower PASE [*β* = -0.02, 95%CI (0.36, 0.95), *p* <.001) were significantly associated with slower TUG time. Larger waist circumference [*β* = 0.15, 95%CI (0.06, 0.25), *p* = .001] and a higher level of education [*β* = 2.21, 95%CI (0.40, 4.03), *p* = .017], were significantly associated with higher handgrip strength, while having a diagnosis of hyperglycaemia was significantly associated with lower handgrip strength [*β* = -2.05, 95%CI (-3.64, -0.46), *p* = .011]. A higher level of education [*β* = 2.12, 95%CI (-0.05, 4.29), *p* = .050] and higher PASE were significantly associated with longer FRT distance [*β* = 0.04, 95%CI (0.01, 0.06), *p* = .011]. **Conclusion:** The top five chronic diseases were hypertension, hyperuricemia, being overweight or obese, fatty liver disease, and hypercholesterolemia. Having frailty, chronic diseases, a lower physical activity, and higher level of education were significantly associated with worse motor function. Further research with larger sample size and using multi-centre methods which aim to investigate how to maintain and improve motor function in older adults with frailty and chronic diseases is required.

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## A Mixed Method Study on the Hospital Experiences of Patients in Relation to the Comprehensive Care Standard

**XIONG Beibei**[1], **BAILEY Daniel X.**[2], **STIRLING Christine**[3], **TRINH Emmy**[1], **ZENG Ziyinyue**[1], **MARTIN-KHAN Melinda**[1,4,5]

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**Background:** In January 2019, the Australian Commission on Safety and Quality in Health Care mandated the Comprehensive Care Standard to ensure that patients receive comprehensive care that meets their needs and preferences in hospital. There is a significant research gap regarding patient experiences with care following the implementation of this new standard in Australia. **Objective:** The objective of this study was to explore the care experiences of patients with chronic conditions and identify areas for improvement in Australian hospitals. **Method:** A sequential explanatory mixed-method study was conducted, comprising a cross-sectional survey and semi-structured interviews with patients who attended hospitals in Australia. Quantitative data were analysed using RStudio and presented using descriptive statistics, while qualitative data were analysed using theme analysis. **Results:** In total, 311 participants (median age $M = 40$ years, interquartile range IQR [30, 56]) participated in the survey and 43 ($M = 59$, IQR [40, 72]) participated in the interview. No significant differences were found in hospital care experiences between patients with chronic diseases and those without ($p > .05$). Overall, the care experiences of patients in hospitals were positive, but there was room for improvement. Ten themes were identified where improvement was needed, including staff traits, initial assessment, shared decision-making, patients' needs, access to services, information and guidance, multidisciplinary collaboration, care coordination, specialised care coordination, and discharge planning. **Conclusion:** Many of the gaps in care are amenable to change, highlighting significant opportunities for improving patient hospital experiences. Our findings offer valuable feedback to health systems on patients' care experiences following the implementation of the national Comprehensive Care Standard, providing patient insights into policy-reality gaps for policymakers, healthcare providers, and researchers. These insights could inform policy and practice improvements in healthcare services to ensure patients receive comprehensive care as intended, ultimately leading to improved patient outcomes and experiences of care throughout Australia.

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## A Mixed Method Study on the Hospital Experiences of Carers in Relation to the Comprehensive Care Standard

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**Background:** In January 2019, the Australian Commission on Safety and Quality in Health Care mandated the Comprehensive Care Standard to ensure that patients receive comprehensive care that meets their needs and preferences in hospital. The Comprehensive Care Standard emphasises the importance of partnering with carers throughout the process of delivering comprehensive care. **Objective:** The objective of this study was to explore the care experiences of patients with chronic conditions and identify areas for improvement in Australian hospitals. **Method:** A sequential explanatory mixed-method study was conducted between September 2023 and January 2024, involving a cross-sectional survey and semi-structured interview with informal carers of individuals who attended an Australian hospital. Descriptive analysis of quantitative data was performed using RStudio, while thematic analysis of qualitative data was conducted using NVivo. **Results:** In total, 282 carers (median age $M$ = 41.5 years, interquartile range IQR [32, 54]) participated in the survey and 31 participated ($M$ = 52, IQR [42.5, 64.5]) in the interview. The findings revealed seven overarching components of care that influenced carer experiences and their perceptions of care quality: staff traits, assessment process, shared decision-making, care process, carers' needs, multidisciplinary collaboration, and information and guidance. Areas requiring improvement were identified within these categories. **Conclusion:** This study offers valuable insights into the experiences, needs, and preferences of informal carers of individuals with chronic conditions, shedding light on areas for improvement to inform best practice service delivery. Carers should be welcomed, involved, informed, and supported during hospital attendance to foster the most positive care experiences.

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## A Scoping Review of Oral Health Care Training for Staff Members Working in Residential Aged Care Facilities

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**Background:** Older people living in residential aged care facilities (RACFs) experience poorer oral health which negatively impacts on their overall health and wellbeing. The lack of appropriate training for RACF staff members on oral health care for older people is one of the contributing factors to this problem. **Objective:** To investigate available literature about training provided for RACF staff members about oral health care for older people. **Method:** A scoping review was conducted to investigate the design, development, implementation, and evaluation of existing oral health training, to provide insights on effective training characteristics. A structured search strategy was applied to six databases to source relevant literature. The inclusion criteria were: peer-reviewed journal article; empirical research; English-language; RACF setting; includes information about the characteristics of oral health care training; RACF staff are recipients of the training. Qualitative content analysis was used to analyse the synthesised data. **Results:** The findings indicate that training programs for RACF staff about oral health care vary in design, development, implementation and evaluation. Design and development of training programs were often driven by dental professionals, nurses, or managerial administrative staff. There was no consistency with the mode, length, and reach of implementation. A paucity of studies have investigated the long-term effects of training programs on RACF staff knowledge and confidence, as well as on the oral health of older people living in RACFs. **Conclusion:** Variability in the development, implementation, and evaluation of training programs for oral health care may account for why older people living in RACFs continue to have poor oral health, in addition to reported barriers to oral health care delivery such as competing priorities in caring for older people and understaffing in RACFs. To improve RACF staff members' knowledge of oral care and translation into practice, their inclusion in the design, implementation planning process, and evaluation of training programs is recommended.

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# The Mediating Role of Inflammation, Oxidative Stress, and Vascular-Related Factors in the Association Between Air Pollution and Dementia and Related Cognitive Outcomes: A Systematic Review

**ZHOU Aoshuang[1], WU Zimu[1], CRIBB Lachlan[1], PHYO Aung Zaw Zaw[1], VISHWANATH Swarna[1], ZHOU Zhen[1], RYAN Joanne[1]**

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**Background:** Air pollution is a growing global concern and has now been identified as a significant risk factor for dementia. The mechanisms underlying this relationship remain unclear; however, inflammation, oxidative stress, and vascular (dys)function have all been hypothesised as being involved. **Objective:** This systematic review aimed to investigate these factors as potential mediators between air pollution and dementia, including related cognitive outcomes. **Methods:** This systematic review was registered with PROSPERO. A systematic search of Medline, Embase, PsycINFO, and grey literature was conducted in May 2024, adhering to the PRISMA guideline. **Results:** Of 1,098 articles originally retrieved, 14 studies met the inclusion criteria. The majority of studies investigated vascular (dys)function ($n$ = 12), a smaller number examined inflammation and oxidative stress ($n$ = 5). A meta-analysis was not performed due to high study heterogeneity in terms of specific types of air pollution exposures, mediators, and outcomes. Some evidence suggested that hypertension may partially mediate the association between indoor air pollution and cognitive decline, and stroke may contribute to the impact of air pollution on dementia risk. However, the evidence for both was conflicting and limited. There was no consistent evidence that other mediators were involved. **Conclusions:** There is currently insufficient evidence to conclude that inflammation, oxidative stress, or vascular-related factors mediate the effects of air pollution on dementia and related cognitive outcomes. Further longitudinal studies are needed to elucidate the complex mechanisms underlying this association, which could improve understanding of the disease processes and support interventions to help reduce risk.

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# Overviews (Ask the ERA Brains Trust)

*In alphabetical order (by participant author surname)*

## Ethnic Disparities in Cerebral Small Vessel Disease Imaging Markers: A Systematic Review and Meta-Analysis

**HUSEIN Nikita**[1]

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**Background:** Cerebral small vessel disease (cSVD) imaging markers vary across ethnic groups, affecting brain health disparities. **Objective:** This systematic review and meta-analysis examined the prevalence and severity of cSVD imaging markers, including cerebral microbleeds (CMBs), white matter hyperintensities (WMH), lacunes, and microinfarcts, across the White, Japanese, Chinese, Korean and Latin groups. **Method:** Random-effects models and meta-regression were used to analyse relationships between cSVD outcomes and predictors such as age, diabetes, hyperlipidaemia, and blood pressure across ethnic groups. **Results:** The main findings indicate that across cSVD neuroimaging markers, the Chinese ethnic group were observed to have significantly more pronounced CMB and WMHvol. No significant neuroimaging differences were observed in other ethnicities. Age, diabetes, and hyperlipidaemia were positive predictors, while a higher female-to-male ratio was linked to more severe cSVD outcomes. Hypertension and blood pressure showed mixed associations, particularly in the White, Japanese and Korean group. **Conclusion:** These findings highlight significant ethnic disparities in cSVD markers, underscoring the need for targeted interventions to address brain health risks.

Key questions:

- What emerging frameworks or approaches hold the most promise for advancing our understanding of the biological, psychological, and social determinants of healthy ageing across diverse populations?

- In the context of ageing research, how should we address the challenges of translating findings from diverse ethnic populations into actionable public health strategies?

- What recruitment strategies and study design considerations can be implemented to enhance the participation of ethnic minority populations in longitudinal ageing studies, ensuring their representation and the generalisability of findings?

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## Optimising Place Design for Intergenerational Practices

**PRADO UMENO Rafaela**[1]

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**Background:** Social isolation and loneliness are growing concerns, especially among older adults and younger generations. **Objective:** This study explores how intergenerational spaces enhance social connectedness and human flourishing across different age groups utilising concepts of Human Flourishing and Affordance Theory, where affordances are the properties of an object that enable its function. **Method:** Mixed methods will be used to gather data from three sites in Queensland and Victoria. During multiple visits, observations will be taken regarding affordances in the space; semi-structured interviews will be conducted with four groups (architects, designers, staff, and program participants) and adult participants to complete the PERMA-profiler at the beginning and end of the program. Programs will be assessed using the "depth of intergenerational engagement" scale. The anticipated **findings** will contribute to intergenerational theory and social sciences, ultimately helping to bridge the gap between different professional groups and fostering stronger community connections.

Key questions:

- How can I best evaluate the impact of physical design features on the quality of intergenerational engagement, given the variability in spaces and participant experiences?

- In conducting mixed-methods research on intergenerational spaces, how can I best balance qualitative insights from interviews and observations with quantitative data from the PERMA-profiler? What strategies can I use to ensure coherence and depth in the analysis across these data types?

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## Co-Designing Digital Staff Training for Oral Health Assessment in Residential Aged Care Facilities

**ZAMORA Angelique**[1,2]

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There is an existing gap between knowledge-to-practice in oral health assessment for older people living in residential aged care facilities (RACFs). This can result in delayed detection and treatment of oral health problems, thus impacting residents' physical health and wellbeing. To bridge this gap, my project aims to co-design a digital training program on oral health assessment in RACFs for non-dental staff members. Co-design is an approach that recognises end-users as lived experience experts and partners with them in design processes. Co-design enables a sense of ownership and inclusion which can facilitate acceptance, usability, and translation of training into practice. Participants in this research include dental professionals and non-dental RACF staff members. The participants will take an active role in the research and will be supported to make decisions about the content, aesthetics, functionality, and implementation strategies of the digital training program.

Key questions:

- What are your tips for implementing a digital training program in RACFs in Australia?

- What meaningful questions could I ask RACF staff during the co-design of the digital training for oral health assessment?

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# Zoom Map

Access to the conference is via a single Zoom link to the **'Main Room'**. Opening and closing plenaries will be held in the main room. If you leave Zoom at any time during the conference you can click on the same link to re-join, which will return you to the main room'.

Concurrent sessions throughout the day are held in five '**Breakout Rooms**' – please select which Room number you wish to join from the Zoom Map below, using the Breakout Room function to go to your selected room (you can use the same function to move between Rooms during the concurrent sessions).

Please refer to the separate '**Virtual Conference Instructions**' document provided for further information.

| Time (AEDT VIC) | | | MAIN | ROOM 1 | ROOM 2 | ROOM 3 | ROOM 4 |
|---|---|---|---|---|---|---|---|
| 9.30 - 9.55am | 25 | LINK OPENS | Open | | | | |
| 10.00 - 10.15am | 15 | PLENARY – OPEN | Open | | | | |
| 10.15 - 11.15am | 60 | CONCURRENT A – Oral presentations | Access to Breakout Rooms > | Focus on Health Literacy | Equity and Inclusiveness in the Context of CaLD | Novel Interventions | Health Matters |
| 11.15 - 11.30am | 15 | BREAK | | | | | |
| 11.30 - 12.30pm | 60 | CONCURRENT B – Oral presentations | Access to Breakout Rooms > | Biology and Neurology | Demographic Correlates of Function and Decline | Visibility, Representation, and Engagement | Focus on Social Wellbeing |
| 12.30 - 1.30pm | 60 | BREAK | | | | | |
| 1.30 - 2.50pm | 80 | CONCURRENT C – Oral presentations | Access to Breakout Rooms > | Contexts of Care | Navigating Dementia | Care Theory, Frameworks, and Standards | Attending to Frailty |
| 2.50 – 3.10pm | 20 | BREAK | | | | | |
| 3.10 – 3.50pm | 40 | CONCURRENT D – Ask the ERA Brains Trust | Access to Breakout Rooms > | Optimising Place Design for Intergenerational Practices | Ethnic Disparities in Cerebral Small Vessel Disease Imaging Markers: A Systematic Review and Meta-Analysis | Co-Designing Digital Staff Training for Oral Health Assessment in Residential Aged Care Facilities | |
| 3.50 – 4.10pm | 20 | PLENARY – CLOSE | Awards / Close | | | | |

# Time Zone Conversion Chart

All session timings in the programme are in Victorian AEDT time. The table below provides the conversion to other time zones.

| CONFERENCE VIC ACT / NSW / TAS (AEDT) | DURATION (MIN) | SESSION | QLD (AEST) *1 hour earlier* | SA (ACDT) *30 minutes earlier* | WA (AWST) *3 hours earlier* | NZ (NZDT) *2 hours later* |
|---|---|---|---|---|---|---|
| 9.30am - 9.55am | 25 | PRE-MEET (Q&A) – All welcome | 8:30am - 8:55am | 9:00am - 9:25am | 6:30am - 6:55am | 11:30am - 11:55am |
| 10.00am - 10.15am | 15 | PLENARY – OPEN | 9:00am - 9:15am | 9:30am - 9:45am | 7:00am - 7:15am | 12:00pm - 12:15pm |
| 10.15am - 11.15am | 60 | CONCURRENT A – Oral presentations | 9:15am - 10:15am | 9:45am - 10:45am | 7:15am - 8:15am | 12:15pm - 1:15pm |
| 11.15am - 11.30am | 15 | BREAK | 10:15am - 10:30am | 10:45am - 11:00am | 8:15am - 8:30am | 1:15pm - 1:30pm |
| 11.30am - 12.30pm | 60 | CONCURRENT B – Oral presentations | 10:30am - 11:30am | 11:00am - 12:00pm | 8:30am - 9:30am | 1:30pm - 2:30pm |
| 12.30am - 1.30pm | 60 | LUNCH BREAK | 11:30am - 12:30pm | 12:00pm - 1:00pm | 9:30am - 10:30am | 2:30pm - 3:30pm |
| 1.30pm - 2.50pm | 80 | CONCURRENT C – Oral presentations | 12:30pm - 1:50pm | 1:00pm - 2:20pm | 10:30am - 11:50am | 3:30pm - 4:50pm |
| 2.50pm – 3.10pm | 20 | BREAK | 1:50pm - 2:10pm | 2:20pm - 2:40pm | 11:50am - 12:10pm | 4:50pm - 5:10pm |
| 3.10pm - 3.50pm | 40 | CONCURRENT D – ERA Brains Trust | 2:10pm - 2:50pm | 2:40pm - 3:20pm | 12:10pm - 12:50pm | 5:10pm - 5:50pm |
| 3.50pm – 4.10pm | 20 | PLENARY – CLOSE | 2:50pm - 3:10pm | 3:20pm - 3:40pm | 12:50pm - 1:10pm | 5:50pm - 6:10pm |