Name:.....

NZAG2018

The Mosaic of Ageing

CONFERENCE
HANDBOOK and
BOOK OF ABSTRACTS

NZAG2018 is proudly suported by our Premier Partner:

RYMAN HEALTHCARE

New Zealand Association of Gerontology
Te Ropu Matauranga Kaumatuatanga o Aotearoa

CONFERENCE
6-8 September 2018
Ellerslie Event Centre, Auckland

NZAG2018
The Mosaic of Ageing

WELCOME

On behalf of the New Zealand Association of Gerontology and the organising committee it is my pleasure to invite you to attend our 2018 conference to be held in Auckland, New Zealand at the Ellerslie Event Centre, Thursday 6th to Saturday 8th September. Whatever your discipline or interest in ageing, we believe you will find much that appeals within our rich and varied programme.

The theme of the conference is the ‘Mosaic of ageing’. Within this theme, the focus will be on finding speakers who come from a strong scientific evidence base. The range of international and national speakers and champions of a society in which people age will be presenting a programme that is rich and diverse in content. The ongoing prosperity and well-being of our ageing society is dependent on sound research, wise policy making, and informed debate. This conference provides the opportunity to actively engage with issues that will influence ensuring older people are able to age appropriately and with dignity in New Zealand.

I invite you to join us at our 2018 conference in Auckland, The City of Sails, in what we promise to be conference not to be missed.

Associate Professor Stephen Neville

President

New Zealand Association of Gerontology

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The NZAG2018 Conference Committee

Jed Montayre

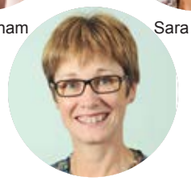
Asmita Patel

Carol Wham

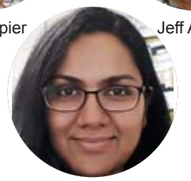
Sara Napier

Jeff Adams

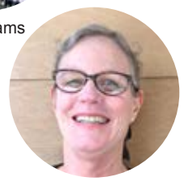
Valerie Wright St-Clair



Hilda Johnson-Bogaerts



Priya Saravanakumar



Kay Shannon

PROGRAMME - THURSDAY 6th SEPTEMBER

8.00am - 11.00am	**PRE-CONFERENCE WORKSHOP**				
11.00am - 11.30am	**CONFERENCE OPENING & MIHI**				
11.30am - 12.15pm	**KEYNOTE SPEAKER: Kim Workman, 2018 Senior New Zealander of the Year** Ka mua, ka muri – Walking Backwards into the Future: Life as an Apprenticeship to Ageing.				
12.15pm - 1.00pm	**LUNCH & POSTER SESSION**				
1.00pm - 2.00pm	**KEYNOTE SPEAKER: Laurie Buys, Professor of Creative Industries Faculty, School of Design Office and Social Change, Queensland University of Technology (QUT)** Age Friendly Cities: Beyond the checklist.				
2.00pm - 2.45pm	**SYMPOSIA S-1**: **Health, Wellbeing, Cognitive Functioning, and Identity over 10 years of the Health Work and Retirement Study** Chair: Christine Stephens				
	Healthy ageing trajectories from the Health, Work and Retirement study. *Agnes Szabo, Christine Stephens, Joanne Allen, Brendan Stevenson, Fiona Alpass*	**Cognitive functioning within five different ageing profiles.** *Joanne Allen, Agnes Szabo, Christine Stephens, Brendan Stevenson, Fiona Alpass*	**Housing and health within five different ageing profiles.** *Christine Stephens, Agnes Szabo, Joanne Allen, Brendan Stevenson, Fiona Alpass*	**Informal caregiving and its impact on health over time.** *Joanne Allen, Fiona Alpass, Agnes Szabo, Brendan Stevenson, Christine Stephens*	**Change and stability in older Māori ethnic Identity and key cultural markers.** *Brendan Stevenson, Agnes Szabo, Joanne Allen, Fiona Alpass, Christine Stephens*
2.45pm - 3.15pm	**AFTERNOON TEA**				
3.15pm - 4.30pm	**Break-Out 1** **Newmarket Room** **Inclusive and Age-Friendly Communities** **CHAIR: Asmita Patel**	**Break-Out 2** **Remuera Room** **Loneliness and Isolation** **CHAIR: Hilda Johnson-Bogaerts**	**Break-Out 3** **Pakuranga Hunt Room** **Physical Activity and Nutrition** **CHAIR: Sara Napier**	**Break-Out 4** **Silks Room** **Cognition and Psychological Wellbeing** **CHAIR: Carol Wham / Jeff Adams**	
3.15pm – 3.30pm	**O-01** **A Silver Economy: The Value of Living Longer.** *Carole Gordon*	**O-06** **Only the Lonely? A prelude to targeted interventions.** *Rebecca Abey-Nesbit*	**O-10** **Māori lived experiences of Osteoarthritis: A kaupapa Māori qualitative study.** *Peter Larmer*	**O-15** **Dementia and Literature.** *Lorraine Ritchie*	
3.30pm - 3.45pm	**O-02** **How people aged 65-74 years participate in the Warkworth community.** *Valerie Wright-St Clair*	**O-07** **The Village without Walls – a community driven response to isolation and loneliness amongst older people in the Howick community.** *Bonnie Robinson*	**O-11** **A comparison of occupational health and safety workplaces and working conditions with nursing care quality in residential aged care facilities in New Zealand.** *Joerg Kussmaul*	**O-16** **Medication omissions and care homes in New Zealand: A descriptive analysis.** *Stephanie Garratt*	
3.45pm - 4.00pm	**O-03** **The Korean Activity Card Sort utility as a measure Korean late-life immigrants' community inclusion in New Zealand.** *Valerie Wright-St Clair*	**O-08** **Caring for carers of people with dementia: social isolation and social networks.** *Lynne Parkinson*	**O-12** **Arvida's Attitude of Living Well: Moving Well.** *Maria Jay / Jun Ruzol*	**O-17** **Influences on wellbeing when ageing in place with purpose.** *Robyn Johnston*	
4.00pm - 4.15pm	**O-04** **Experiences of everyday neighbourhood participation of adults 85+ years.** *Jo Conaglen*	**O-09** **What are the risk factors for loneliness in a longitudinal cohort of older Maori and non-Maori: Findings from the LiLACS NZ study.** *Roy Lay-Yee*	**O-13** **Pharmacist-led Medicines Review Services in Māori Older Adults in New Zealand – A systematic review of the literature.** *Jo Hikaka*	**O-18** **What is the lived experience of older migrants with Mild cognitive impairment?** *Ray Jauny*	
4.15pm - 4.30pm	**O-05** **Wellbeing indicators for older adults in New Zealand.** *Padmapriya Saravanakumar*		**O-14** **Effectiveness of community-based physical activity programmes for culturally and linguistically diverse older adults: A systematic review** *Ihaka Dunn*	**O-19** **Predictors of Quality of Life of community-dwelling older adults in Malaysia** *Yoke Mun Chan*	
4:30pm - 5:00pm	**KEYNOTE SPEAKER: Dr Gary Cheung, Senior Lecturer in Psychiatry, The University of Auckland** Is there a link between loneliness and suicide in late life?				
5.00pm - 6.00pm	**WELCOME RECEPTION**				
6:00pm	**END OF DAY ONE**				

PROGRAMME - FRIDAY 7th SEPTEMBER

9.00am - 10.00am	**KEYNOTE SPEAKER: Ngaire Kerse, Head of the School of Population Health, University of Auckland** New Zealand's octogenarians; LiLACS NZ latest insights			
10.00am - 10.30am	**MORNING TEA**			
10.30am - 10:45am	**Hon. Tracey Martin, Minister for Seniors**			
10.45am - 11.30am	**SYMPOSIA S-2: Community-University Collaboration in Kaumātua Research: Kaumātua driven approaches** **Chair: Mary Simpson**			
	Kaumātua mana motuhake: Kaumātua managing life-transitions through tuakana-teina/ peer-education. *Profs. Brendan Hokowhitu and John Oetzel (UoW); Mrs Rangimahora Reddy (CEO Rauawaawa); Dr Mary Simpson and Dr Sophie Nock (UoW); Pare Meha and Kirsten Johnston (Rauawaawa); Hineitimoana Greensill, and Dr Michael Cameron (UoW); Truely Harding and Pita Shelford (UoW Doctoral Students).*	**He Kāinga Pai Rawa: A Really Good Home.** *Mrs Rangimahora Reddy (CEO Rauawaawa) and Dr Mary Simpson (UOW); Ms Yvonne Wilson (Waikato Housing Hub); Dr Sophie Nock (UoW); Kirsten Johnston (Rauawaawa).*	**Expectations and Experiences of Community-University Research Collaboration: Benefits of Kaumātua Driven Approaches.** *Community perspectives: Mrs Rangimahora Reddy (CEO Rauawaawa); Ms Yvonne Wilson (Waikato Housing Hub); University perspectives: Dr Sophie Nock and Dr Mary Simpson (UoW)*
11.30am - 12.45pm	**Break-Out 1** **Newmarket Room** **Inclusive and Age-Friendly Communities** **CHAIR: Valerie Wright St-Clair**	**Break-Out 2** **Remuera Room** **Loneliness and Isolation** **CHAIR: Priya Saravanakumar**	**Break-Out 3** **Pakuranga Hunt Room** **Physical Activity and Nutrition** **CHAIR: Kay Shannon**	**Break-Out 4** **Silks Room** **Cognition and Psychological Wellbeing** **CHAIR: Asmita Patel**

PROGRAMME - FRIDAY 7th SEPTEMBER

	Break-Out 1 Newmarket Room	Break-Out 2 Remuera Room	Break-Out 3 Pakuranga Hunt Room	Break-Out 4 Silks Room
11.30am - 11.45am	**O-20** **Making our rental market inclusive and age-friendly for older renters** *Bev James*	**O-25** **Parental caregiving for an adult family member with intellectual disability in late life: experiences of older Anglo and Greek/ Italian migrant parents in Australia.** *Ruth Walker*	**O-29** **Nutrition risk prevalence and associated risk factors: Results from the 2014 Health, Work and Retirement Study.** *Carol Wham*	**O-34** **Elder abuse - Beyond the shocking headlines.** *Hanny Naus*
11.45am - 12.00pm	**O-21** **Using the Older People's External Residential Assessment Tool (OPERAT) in New Zealand.** *Peter Matcham*	**O-26** **Towards a connected community, addressing social isolation in high need and / or rural areas.** *Louise Rees*	**O-30** **Diet Quality, physical function and quality of life in Advanced Age: LiLACS NZ.** *Ruth Teh*	**O-35** **Travel with dementia** *Chris Perkins*
12.00pm - 12.15pm	**O-22** **"It ain't what it used to be": Perceptions of older people living in a rural town ear-marked for growth.** *Sara Napier*	**O-27** **The lived experience of person-centred care in residential homes in New Zealand and Singapore: the perspectives of residents, frontline caregivers and family members.** *Sara Sundarajoo*	**O-31** **Intakes, adequacy, food sources and biomarker status of iron, folate, and vitamin B12 in Maori and non-Maori octogenarians: Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ).** *Danika Pillay*	**O-36** **Prostate cancer treatment-related side effects and perceived quality of life post diagnosis.** *Asmita Patel*
12.15pm - 12.30pm	**O-23** **A Common Goal - How Accessibility and Age-friendly can work together.** *Diane Turner*	**O-28** **Aging in place: Growing healthy rural communities, student nurses educational contribution.** *Jean Ross*	**O-32** **Nutrition in pre-frail older adults.** *Ruth Teh*	**O-37** **Cognitive Stimulation Therapy enhances residents' cognition and psychological well-being in Selwyn Village care homes.** *Orquidea Tamayo Mortera*
12.30pm - 12.45pm	**O-24** **Reasons to connect: ICT technologies, competency and the mosaic of people and technology relations.** *Dr Juliana Mansvelt*		**O-33** **Nutritional risk factors for hip fracture among older adults with complex needs.** *Rebecca Abey-Nesbit*	
12.45pm - 1.00pm	**LUNCH & POSTER SESSION**			
1.00pm - 2:00pm	**NZAG ANNUAL GENERAL MEETING**			
2:00pm - 2.45pm	**KEYNOTE SPEAKER: Christine Young, Director of Community Development, City of Melville** Age Friendly Communities – Success stories from Western Australia and beyond			
2.45pm - 3.15pm	**AFTERNOON TEA**			
3.15pm - 4.30pm	**Inclusive and Age-Friendly Communities** **CHAIR: Valerie Wright St-Claire**	**Assistive Technology** **CHAIR: Priya Saravanakumar**	**Physical Activity and Nutrition** **CHAIR: Carol Wham**	**SYMPOSIA S-3: New Zealand Health, Work and Retirement Study Life History Project** Chair: Mary Breheny

3.15pm – 3.30pm	**O-38** **Impacts of involving older people in health and social care research: a systematic review.** *Jennifer Baldwin*	**O-43** **Integrating Use of Assistive Technologies into Home-Based Care for the elderly in New Zealand.** *Mary-Anne Stone*	**O-45** **Nutrition risk associated with impaired body composition and physical performance among community-dwelling older adults.** *Idah Chatindiara*	**Life history data collection.** *Mary Breheny*
3.30pm – 3.45pm	**O-39** **Risk factors for transition to residential aged care for the oldest New Zealand Māori and non-Māori.** *Marycarol Holdaway*	**O-44** **Cell Phone and Technology Use in the Elderly.** *Astrid Atlas*	**O-46** **New Zealand adoption of International Dysphagia Diet Standardisation Initiative (IDDSI).** *Anna Miles*	**Alcohol consumption over the lifespan.** *Andy Towers*
3.45pm - 4.00pm	**O-40** **Conversion of existing houses: Is this a solution for ageing in place in New Zealand?** *Fatemeh Yavari*	**O-48** **Nutrition and dysphagia in seniors in the community! - What can we do about it?** *Kaye Dennison*	**O-47** **Understanding the experiences and needs of Māori older adults in relation to pharmacy and medicines review services in New Zealand.** *Jo Hikaka*	**Prevalence and patterning of experiences of racism: Measuring racism across the life course.** *Brendan Stevenson*
4.00pm - 4.15pm	**O-41** **Equity of access and outcomes for older people in Australia – A case study from across the ditch.** *James Beckford Saunders*			**Trajectories of childhood circumstances to late life health: The role of socio-economic status, childhood disadvantage and general health in mediating this relationship.** *Megan Hempel*
4.15pm - 4.30pm	**O-42** **Planning for an Age Friendly Hamilton: Together we are doing it!** *Peggy Koopman-Boyden*			**The problem of increasing complexity in ethnic analyses and a possible solution: Māori Differentiated Cultural Cohorts.** *Brendan Stevenson*
4.45pm – 6.15pm	**NZAG STUDENT MIX & MINGLE**			
6.30pm - late!	**CONFERENCE DINNER (OPTIONAL)**			

PROGRAMME - SATURDAY 8th SEPTEMBER

9.00am - 10.00am	**KEYNOTE SPEAKER: William Edwards** Older Maori living well			
10.00am - 10.30am	**MORNING TEA**			
10.30am - 11.45am	**Break-Out 1** **Newmarket Room** **Inclusive and Age-Friendly Communities** **CHAIR: Valerie Wright St-Clair**	**Break-Out 2** **Remuera Room** **Inclusive and Age-Friendly Communities** **CHAIR: Kay Shannon**	**Break-Out 3** **Pakuranga Hunt Room** **Physical Activity and Nutrition** **CHAIR: Sara Napier**	**Break-Out 4** **Silks Room** **Inclusive and Age-Friendly Communities** **CHAIR: Asmita Patel**

PROGRAMME - SATURDAY 8th SEPTEMBER

	Break-Out 1 Newmarket Room	Break-Out 2 Remuera Room	Break-Out 3 Pakuranga Hunt Room	Break-Out 4 Silks Room
10.30am - 10.45am	**O-49** **The Future of Actively Engaged Older People – How meaningful participation is reflected and enabled in policy.** *Lovely Dizon*	**O-53** **How ARA nurse education is bringing aged residential care back into the community - Learning the RN role in aged residential care- the impact upon 3rd year nursing students' attitudes.** *Nicola Davies-Kelly*	**O-58** **Appropriateness of tai chi and yoga in residential aged care: Participants' perspectives and motivational factors.** *Padmapriya Saravanakumar*	**O-60** **Residents' perception of dwelling size: the design of housing for the high-needs elderly that improves their quality of life.** *Yukiko Kuboshima*
10.45am - 11.00am	**O-50** **The Attitude of Living Well.** *Denise Brett*	**O-54** **Environmental and cultural change promote normalisation for aged care residents: Preliminary data from the Whare Aroha CARE transition study.** *Kay Shannon*	**O-59** **Clinical measures of balance and mobility discern patterns of physical activity in community-dwelling octogenarians.** *Lynne Taylor*	**O-61** **What matters to people living with dementia- Alzheimers NZ's Dementia Services & Standards.** *Jean Gilmour*
11.00am - 11.15am	**O-51** **A Song for Every Occasion; Death Positive Conversations in Aged Care.** *Jamie Macdonald*	**O-55** **Exploring the sustainability of peer lead groups.** *Linda Robertson*		**O-62** **Age-segregated or multi-generational housing: the perceptions of older people in Auckland.** *Olufunto Ijatuyi*
11.15am - 11.30am	**O-52** **Putting your best foot forward: Community life in a retirement village.** *Lori Nielson*	**O-56** **Working with people from diverse cultures.** *Linda Robertson*		**O-63** **An older gerontologist reflects.** *Margaret Guthrie*
11.30am - 11.45am		**O-57** **The publics' perceptions of a café within the social and physical context of a residential aged care facility.** *Alexa Andrew*		
11.45am - 12.45pm	**LUNCH**			
12.45pm - 2.00pm	**SYMPOSIA S-4: HOPE Scholars Symposia** **Chair: Maree Todd**			
	Utilising MRI to investigate the relationship between the hydration state of the crystalline lens and its optical properties. *Alyssa Lie*	**Measuring Plasticity and Ageing through Multisensory integration.** *Philip Sanders*	**A critique of the marketization of residential aged care services.** *Cobus Kilian*	**Determinants of prescribing potentially inappropriate medications in a nationwide cohort of community dwellers with dementia receiving a comprehensive geriatric assessment.** *Sharmin S Bala*	**Are difficulties swallowing inevitable in healthy ageing? Age-related swallowing observations on videofluoroscopy in healthy New Zealanders.** *Marie Jardine*
2.00pm - 2.15pm	**CONFERENCE CLOSE**			

VENUE AND GENERAL INFORMATION

CONFERENCE VENUE

NZAG2018: The Mosaic of Ageing is taking place at the Ellerslie Event Centre in Auckland. We will be in the Ellerslie Stand with sessions held in the following rooms.

Plenary in the Newmarket Room - **Ground Floor**

Breakout 1 in the Newmarket Room - **Ground Floor**

Breakout 2 in the Remuera Room - **Level 1**

Breakout 3 in the Pakuranga Hunt Room - **Level 2**

Breakout 4 in the Silks Room - **Level 2**

REGISTRATION & INFORMATION DESK

The Registration and Information desk is located in the foyer area of the Ellerslie Stand. The desk will be open throughout the conference for enquiries and you can contact the conference organisers on 027 306 3370 for any conference enquiries.

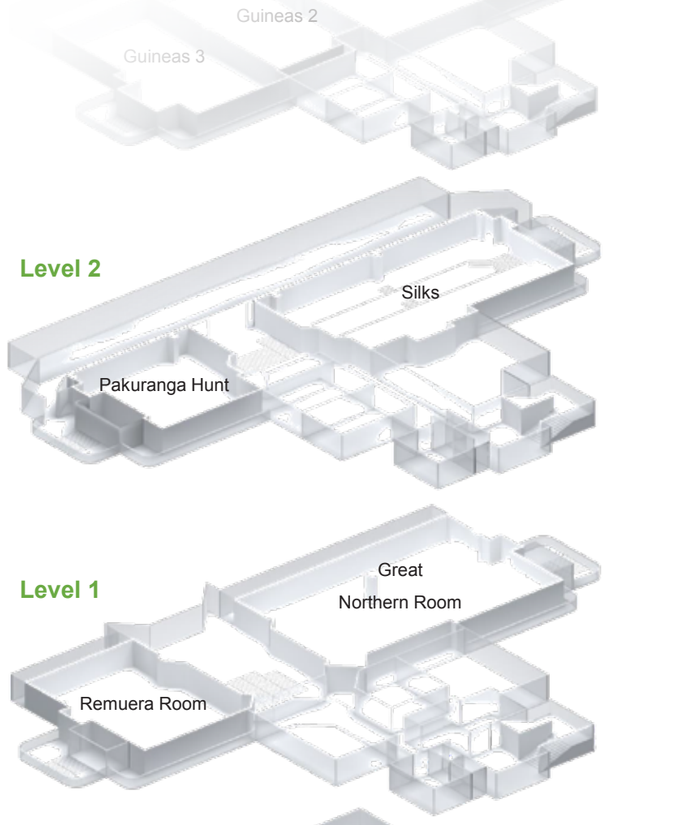
The Registration Desk will be open:

Thursday 6th September	9:30am – 5:00pm
Friday 7th September	8:30am – 5:00pm
Saturday 8th September	8:30am – 2:30pm

TEAS & LUNCHES

Teas and lunches will be served in the Exhibition Area which is located in the Newmarket Room of the Events Centre - ground floor

The caterers have been advised of special dietary. If you requested a special diet in advance this will be available for you and labelled accordingly.



EVALUATION OF THE CONFERENCE

An electronic online evaluation will be emailed to you after the conference. Your feedback will help us evaluate and plan for future events.

EXHIBITORS

Please ensure you visit the exhibitors who will be located in the Newmarket Room during the conference - ground floor. This is the same area where the catering will be served.

HELP!

If you require assistance, any staff member at the conference registration desk will be more than happy to help you.

PHONES

We kindly request that you turn off, or set your mobile phone to silent, during the conference sessions.

NAME BADGES

Please wear your name badge at all times during the conference to prevent being asked for identification.

SOCIAL FUNCTIONS

Welcome Reception

All conference attendees are invited to attend the Welcome Reception as this is included in your conference registration

Thursday 6th September
5:00pm – 6:00pm
Newmarket Room - **Ground Floor**
Ellerslie Events Centre
Drinks and canapes served.
Dress code: Smart casual

Conference Dinner

If you purchased a ticket to the Conference Dinner please see the details below.

An informal buffet dinner and dessert are included in the ticket price. Drinks will be available to purchase from the bar.

Friday 7th September
6:30pm – 9:00pm
Pakuranga Hunt Room - **Level 3**
Ellerslie Events Centre
Dress code: Smart Casual

SMOKING

All Ellerslie Event Centre rooms and foyers are smoke-free. Smoking is in designated outdoor areas only.

CAR PARKING

There is free car parking on site for guests. For security reasons please ensure that no valuables are left in your car and ensure it is locked at all times. Please see the attached map which outlines parking and room locations. The speed limit is 20km on the access roads or 10km inside the Event Centre complex.

BATHROOMS

Women's and Men's toilets are located on every floor. Ground floor bathrooms are located in the room. First, second and third floor bathrooms are located in the hallways.

EMERGENCY EVACUATION

In the event of an emergency all guests and staff must evacuate the building through the nearest Fire Exit and gather at the Fire Assembly point. There are two Fire Assembly areas in case of an emergency. These are located either; the grass area in front of the main entrance to the Ellerslie Stand, or the outdoor parade ring opposite the Ascot Stand entrance.

Should you be required to evacuate, Ellerslie Event Centre staff members in a hi-vis vest will assist to direct guests safely from the building.

EMERGENCY EXITS

There are several Fire Exits located in the Newmarket Room located on the ground floor and every other room is equipped with two Fire Exits. Please do not block or congest Emergency Exits or cover Emergency Exit signs.

LOST & FOUND

If any belongings are left behind, please contact the event centre Assistant Operations Manager on 09 522 3852.

DISCLAIMER OF LIABILITY

The Conference Organising Committee reserves the right to amend any part of the programme or event should it be necessary.

KEYNOTE SPEAKERS

Thursday 6th September
11:30am -12:15pm

Kim Workman

2018 Senior New Zealander of the Year.

Kim Workman (of Ngāti Kahungunu ki Wairarapa and Rangitaane) is a retired public servant, whose career spans roles in the Police , the Office of the Ombudsman, State Services Commission, Department of Māori Affairs, and Ministry of Health. He was Head of the Prison Service from 1989 – 1993. He is a graduate of Massey University, and has completed post-graduate study at the University of Southern California, and Stanford University.

In 2000, Kim was appointed National Director, Prison Fellowship New Zealand (PFNZ), and retired from that position in 2008. In 2005, Kim was the joint recipient (with Jackie Katounas) of the International Prize for Restorative Justice.

He was made a Companion of the Queens Service Order (QSO) in 2007.

He served as a Families Commissioner from 2008 – 2011.

In 2006 Kim joined with the Salvation Army, to launch the "Rethinking Crime and Punishment" (RCP) Project. In 2011 he formed Justspeak, a movement that involves youth in criminal justice advocacy and reform.

Over the last five years, Kim has increasingly contributed to the academic literature, in the areas of criminal justice policy, Treaty and Māori development issues, racism and inequality, culture and identity. He is currently an adjunct research associate at the Institute of Criminology, Victoria University. In 2015 he was awarded the R.D. Stout Fellowship at the Stout Centre for New Zealand Studies, and is currently completing a publication on 'The Criminal Justice System, the State, and Māori from 1985 to the present'.

In 2016, Kim was awarded the degree of Doctor of Literature (DLitt Well) by the Council of Victoria University, and in 2017, the same degree by the Council of Massey University.

In February 2018 Kim was awarded Senior New Zealander of the Year, under the New Zealander of the Year Awards Scheme. Kim has six children, 10 grandchildren and 3 great-grandchildren. He enjoys listening and playing jazz, and is currently learning (very unsuccessfully) to play classical piano.

Thursday 6th September
1:00pm -2:00pm

Professor Laurie Buys

Professor of Creative Industries Faculty, School of Design Office and Social Change, Queensland University of Technology (QUT)

Laurie Buys keynote presentation is proudly sponsored by Office for Seniors Te Tari Kaumātua

Professor Laurie Buys is Theme Leader of Queensland University of Technology's (QUT) Institute for Future Environment's (IFE) Infrastructure for Sustainable Communities Theme and Professor in the School of Design in the Creative Industries Faculty. She is also the Director of Senior Living Innovation – an industry research collaboration whose aim is to optimise the lifestyles of future seniors by identifying innovative approaches to designing for future housing, products and services. Her research directly explores the understanding of, and accountability for, the real effects felt by people resulting from changes in their physical, social and cultural life.

She has established strong collaborative partnerships with various community, industry and government organisations to investigate the dynamics of liveable communities, centred around the idea that transdisciplinary approaches to addressing challenges lead to more sustainable outcomes. Professor Buys was National President of the Australian Association of Gerontology (AAG), is an AAG Fellow and an AAG Distinguished Member. She has over 160 referred publications and had led numerous large research projects.

Thursday 6th September
4:30pm – 5:00pm

Dr Gary Cheung

Senior Lecturer in Psychiatry, University of Auckland

Dr Gary Cheung is an old age psychiatrist. He currently holds a joint appointment between Auckland District Health Board as a community old age psychiatrist and the University of Auckland as a Senior Lecturer. He is the Director of Academic Programme for the Auckland Regional Psychiatric Training Programme. He co-leads the translation and research of cognitive stimulation therapy (CST) for mild to moderate dementia in New Zealand, including individual CST and integrating physical exercise with CST. He is a member of the Brain Research New Zealand Dementia Prevention Research Clinics, a longitudinal study of biomarkers and factors influencing risk of mild cognitive impairment and Alzheimer's disease progression. His other key research projects include suicide in older people, the lived experience of dementia and big data analysis using the interRAI database.

Friday 7th September
9:00am – 10:00am

Professor Ngaire Kerse

Head of the School of Population Health, University of Auckland

Ngaire is a GP and Head of the School of Population Health. She leads research in gerontology with a focus on; falls prevention; maintaining function and quality of life; and is co-leader (with Maori) of LiLACS NZ, bicultural cohort study of advanced ageing.

Friday 7th September
2:00pm – 2:45pm

Christine Young

Director of Community Development, City of Melville

Christine has had involvement with the Age Friendly Communities model since 2007 when the City of Melville in Western Australia was a pilot City for the World Health Organisation's inaugural Age Friendly Communities program. Since this time Melville has been recognised for its leadership in this field with recent examples of support for age friendly business networks, and the integration of dementia friendly principles with age friendly communities. The City works in close partnership with Alzheimer's Western Australia to provide an integrated approach which is also applied across other local governments.

She is Chair of the Local Government Professionals Western Australian Network Age Friendly Communities, the only such Network in Australia that supports and encourages the age friendly communities approach with a focus on local government.

The State of Western Australia was also awarded Affiliate Membership to the WHO Global Network Age Friendly Communities in June 2017, a first for Australia. The model is one of partnership and collaboration between two tiers of government – state and local governments. Christine has played a pivotal role in the coordination involved in this relationship which now sees over 75 local governments in Western Australia deploying an age friendly communities approach.

Christine has over 30 years experience in the community development field and is Director Community Development at the City of Melville and is passionate and committed to the difference local government can make to their communities.

Saturday 8th September
9:00am – 10:00am

Will Edwards

Director of Taumata Associates

Will affiliates to Taranaki, Ngāruahine, Tāngahoe, Pakakohi and Ngāti Ruanui iwi. Currently a director of Taumata Associates (a Māori health and development consultancy based in South Taranaki) he also holds a range of governance and community organisation roles as well as working as a community-based researcher.

He is on the Governance Group for the Ageing Well National Science Challenge, is the immediate past Chair of Te Korowai o Ngāruahine Trust (the post-settlement governance entity for Ngāruahine Iwi). He chaired the Iwi Data Leadership Group for the National Iwi Chairs Forum (representing 70+ iwi). Will is a director of Tuiora Ltd (a Taranaki based health and social service provider with over 40 services), Te Reo o Taranaki, Taranaki Futures, and Te Pou Tiringa (the Board of New Plymouth's Te Kopae Piripono Māori immersion early childhood education centre).

In 1996-97 he worked as a Research Assistant on 'Oranga Kaumātua', the first comprehensive nation-wide study into the health and well-being of older Māori. Later he worked in various research roles at The School of Māori Studies and Office of the Assistant Vice-Chancellor (Māori) at Massey University from 1998-2006.

He completed his PhD in public health in 2010, his thesis 'Taupaenui' explored Māori positive ageing. As a Health Research Council of New Zealand Hohua Tutengaehe Postdoctoral Fellow, he studied the localisation of the interface between 'Western Science' and Mātauranga Māori in Taranaki. Will is actively involved in research pertaining to Māori father involvement with their children, Māori early lifecourse intervention and Māori language revitalisation.

SYMPOSIA ABSTRACTS

Thursday 6 September, 2:00pm – 2:45pm

S-1

Health, Wellbeing, Cognitive Functioning, and Identity over 10 years of the Health Work and Retirement Study

Chair: Professor Christine Stephens[1]

[1]*Massey University, Health and Aging Research Team, Palmerston North, New Zealand*

In this symposium, we provide findings from 10 years of the Health, Work and Retirement (HWR) study, which has surveyed older people in New Zealand since 2006. The HWR is designed to provide evidence for specific targets for change to support the wellbeing of older people. Following people across time provides powerful information about the causes of healthy ageing and the environments that support wellbeing. The information is provided by a diverse, randomly-selected longitudinal cohort (N = 2,483) of older people who represent a wide range of New Zealanders, while an over-sample of the Māori population ensures representation of tangata whenua.

Two important understandings of the basis of healthy ageing inform our analyses. First, as the recent World Health Organisation (2015) report emphasises, physical health alone does not represent healthy ageing. The Constitution of the World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This multi-dimensional view accepts that physical health changes are a normal part of ageing and other aspects of wellbeing are important. Secondly, experiences of health vary greatly between older adults both across time and within common age groups. For example, some older people display steady declines in health, while others maintain good physical, mental and social wellbeing. Others may have difficulties with physical health while remaining socially and mentally well across time. Traditional analyses describe ‘average’ experiences and provide summaries of overall trends that do not account for different ways to experience ageing. We describe different types of trajectories of wellbeing, enabling us to take account of differences between larger and smaller groups of people, and to account for differences in changes in health across time.

In the first presentation, we describe different profiles of health in terms of changes in physical, mental and social wellbeing across time. Then, three presentations will show the differences in housing, caregiving experiences, and changes in cognitive functioning related to membership in each of the health profiles. Finally, we examine patterns and changes in ethnic identity among Māori participants in the HWR.

S-1.1

Healthy ageing trajectories from the Health, Work and Retirement study

Agnes Szabo[1], Christine Stephens[1], Joanne Allen[1], Brendan Stevenson[1], Fiona Alpass[1]

Three important aspects of wellbeing valued by older people are physical health, mental health and social wellbeing. In the present study, we examined changes in these three indicators of wellbeing drawing on ten years of data from older New Zealanders. Using latent profile growth analysis with a sample of 2,483 older adults, we identified five distinct ageing profiles. Most older adults displayed robust health (30.6%; high levels of physical, mental and social wellbeing) or average good health (31.4%; average levels of physical, mental and social wellbeing). A substantial proportion reported declining physical health (17.5%; good mental and social wellbeing but declining physical health) or limitations in mental and social wellbeing (11.8%; good physical health but poor mental and social wellbeing). Finally, 8.7% of participant were characterized by vulnerable health (low levels of physical, mental, and social wellbeing). Age had little influence on ageing trajectories; however, women were more likely to have vulnerable health or decreasing physical health. Formal education was associated with healthier ageing trajectories. In sum, two in every three participants were ageing well in the traditional sense. Although not all adults arrive to old age in good physical health, they can still maintain healthy mental and social wellbeing.

S-1.2

Cognitive functioning within five different ageing profiles.

Joanne Allen[1], Agnes Szabo[1], Christine Stephens[1], Brendan Stevenson[1], Fiona Alpass[1]

While not considered a normal part of ageing, declines in cognitive functioning are of concern for many older adults. A random sub-sample of *n* = 612 (25%) participants in the longitudinal cohort participated in face to face cognitive assessments in 2010 and 2012. The New Zealand adaptation of Addenbrooke’s Cognitive Examination–Revised was administered to assess performance in memory, attention, verbal fluency, visuospatial ability, and language at both time points. Performance across each longitudinal health profile was compared. Results show that those in *robust* and *average good health* display advantages in cognitive performance compared to other groups, with older adults who are *vulnerable* or have *mental and social limitations* displaying significantly lower performance in memory and verbal fluency. Results demonstrate consistency in the relative performance of the health profile groups over a two-year period. The current findings provide important information regarding the disadvantages experienced by people in poorer health, highlighting that they represent a group who are more likely to experience poorer cognitive performance. Future follow up of study participants would determine whether poorer cognitive performance preceded the health deficits reported by these groups or emerged following decline in physical, mental and social health.

S-1.3

Housing and health within five different ageing profiles.

Christine Stephens[1], Agnes Szabo[1], Joanne Allen[1], Brendan Stevenson[1], Fiona Alpass[1]

A comparison of types of housing tenure across the longitudinal health profiles showed that those with vulnerable health are more likely to be renting or more worried about finding a suitable place to live. In regards to managing the home, those classified as vulnerable are most likely to report difficulties with heating, cleaning, and maintaining their home. In general, people in the vulnerable group are least likely to be satisfied with their housing. People with mental and social health limitations are also more likely to report difficulties in these areas, while those with declining physical health report problems with cleaning and maintaining their home. These comparisons suggest that those people who enter older age with health and social support limitations are also more likely to suffer from housing difficulties. Those whose physical health has declined over the last ten years report similar levels of housing satisfaction as those who are in ongoing robust health. This suggests that initial good health, which is associated with more secure housing, buffers those who experience changes in health in older age. Those who have longer term health issues will require more support to be housed well as they age.

S-1.4

Informal caregiving and its impact on health over time.

Fiona Alpass[1], Agnes Szabo[1], Joanne Allen[1], Brendan Stevenson[1], Christine Stephens[1]

With greater numbers of older people in New Zealand with disabilities and/or high dependency ageing at home, comes an increase in the reliance on family caregivers. The proportion of caregivers in older age groups (55+) has increased at a faster rate than in the general population. This paper examines the longitudinal trends in caregiving from the Health, Work and Retirement study. Over a ten-year period around 20% of participants provided care at any one time. Caregivers provided care for an average of 46 hours per week to care recipients who were most likely to be a spouse or partner. Frailty in old age was the most common reason for providing care for a family member. Using five longitudinal health profiles (robust health; average good health; declining physical health; mental and social health limitations; vulnerable health) we compared caregivers to non-caregivers in 2016. Caregivers were generally more likely to be in poorer health than non-caregivers however, analyses showed that their health trajectories over time did not differ markedly from those of non-caregivers. This suggests that, although the caregiving role can be stressful and burdensome, caregivers may adapt over time, and that the “caregiving-is-stressful” assumption may provide an over-simplification of the caregiving experience.

S-1.5

Change and stability in older Māori ethnic Identity and key cultural markers

Brendan Stevenson[1], Agnes Szabo[1], Joanne Allen[1], Fiona Alpass[1], Christine Stephens[1]

This presentation examines changes in aspects of Māori cultural identity over ten years since 2006. A ‘Core-Periphery’ model of ethnic identity was used to group measures of whakapapa knowledge, te reo Māori ability, whānau involvement, and marae roles to describe three different groups and map change over time. These cultural indicators were then mapped to three ethnic identity groups and change over time analysed. We found that half the sample of Māori participants reported a non-Māori ethnic identity, around 25% consistently reported a Māori-only ethnic identity, and a quarter fell between the two. There were significant differences in language, whānau and marae involvement, and marae roles across these ethnic identity groups. Overall, knowledge of whakapapa was high for all Maori participants, whanau involvement was moderate and stable over the ten years of the study, marae visiting was relatively high but dropped steadily over time. Of those visiting marae, one-third had a role on the marae and 19% had key (e.g. calling or speaking) or back of house roles (e.g. kitchen & dining room). Future analyses to refine our understanding of Maori identity beyond ethnicity/descent, the relationship of Maori cultural identity to health and wellbeing over time, and patterns of engagement or support for marae and broader Maori institutions will be discussed.

SYMPOSIA ABSTRACTS

Friday 7 September, 10:45am – 11:30am

S-2

Community-University Collaboration in Kaumātua Research: Kaumātua driven approaches

Chair: Dr Mary Simpson[2]

[1] *Rauawaawa Kaumātua Charitable Trust, Hamilton, New Zealand*

[2] *University of Waikato, Hamilton, New Zealand*

[3] *Waikato Housing Hub*

A disproportionate burden of ageing falls on Māori communities, and without successful navigation, kaumātua are exposed to many negative outcomes including poor quality of life, social isolation, poor health, and poor housing. It is therefore incumbent on researchers in the fields of Māori, wellbeing, and ageing, to engage with Māori communities to find out what matters to them and, especially, to kaumātua.

Working with kaumātua as both end-users and co-creators of research, ensures that kaumātua needs, aspirations, knowledge, and experience inform and guide the research focus, design, and implementation. Such a collaborative approach enable researchers are bring their skills and knowledge to bear on issues that matter most to those for whom the research will have the greatest meaning and impact.

This symposium explores the collaborative partnership of Rauawaawa Kaumātua Charitable Trust (Rauawaawa) and the University of Waikato in kaumātua-led research. It begins with a formal opening by Kaumātua from Rauawaawa. Two presentations then describe the collaborative partnership of specific research projects, and a third explores the benefits of kaumātua driven approaches to research, from community and researcher perspectives. The respondent follows, before inviting questions from the audience. The symposium ends with a formal closing by Kaumātua from Rauawaawa.

S-2.1

Kaumātua mana motuhake: Kaumātua managing life-transitions through tuakana-teina/peer-education (funded by Ageing Well National Science Challenge).

Prof. Brendan Hokowhitu[2] and Prof. John Oetzel[2]; Mrs Rangimahora Reddy[1]; Dr Mary Simpson[2] and Dr Sophie Nock[2]; Pare Meha[1] and Kirsten Johnston[1]; Hineitimoana Greensill[2], and Dr Michael Cameron[2]; Truely Harding[2] and Pita Shelford[2].

This presentation explores the Kaumātua mana motuhake research that seeks to address the mana motuhake (identity, autonomy) of kaumātua (older Māori aged 55 or older). We are investigating the health outcomes of a ‘tuakana-teina’ peer-educator model in relation to wellness, social connectedness, life enhancement, independence and, in particular, significant life-transitions.

The research is multidisciplinary, bringing together an Indigenous community of kaumātua, health communication researchers, and Māori Studies researchers bonded by kaupapa Māori and participatory methods. The project comprises two stages: (1) training of kaumātua who then (2) serve as tuakana (peer educators) for other kaumātua (teina/peers). The outcome of the project is an intervention bringing a strength-based, holistic, and cultural approach to meet social and health needs of kaumātua and their whānau.

With the research being is co-led by Rauawaawa, a for-kaumātua-by-kaumātua Māori community organisation serving health and social needs of kaumātua, tino rangatiratanga is in the hands of kaumātua themselves. This presentation will show how the tuakana-teina, peer-education model introduces a kaupapa Māori approach to social integration and engagement, and how the ‘for-kaumātua-by-kaumātua’ principle recognises the continuing value and contributions that kaumātua can make to society. This strengths-based approach de-emphasises the disability of kaumātua and centralises kaumātua mana motuhake—their potential, capacity, and ability

S-2.2

He Kāinga Pai Rawa: A Really Good Home (funded by Building Better Homes Towns and Cities National Science Challenge).

Mrs Rangimahora Reddy[1] and Dr Mary Simpson[2]; Ms Yvonne Wilson[3]; Dr Sophie Nock[2]; Kirsten Johnston[1].

This presentation explores the He Kāinga Pai Rawa which seeks to identify (1) the cultural, social, design, and organisational characteristics that affect the wellbeing of kaumātua residents in a kaumātua village setting, and (2) those factors that kaumātua themselves value. Specifically, the project is evaluating a kaumātua housing development where community groups worked collaboratively to finance, design and the Kaumātua Village; achieved buy-in from multiple stakeholders; that overcame multiple barriers; and supported Māori aspirations and needs for affordable, healthy housing for kaumātua. The kaumātua village is an urban example of culturally responsive housing for kaumātua, and was developed by Te Rūnanga o Kirikiriroa (and later its subsidiary Ngā Rau Tātangi) during the period 2012-2014.

This case study brings a strength-based, Māori organisation, and kaumātua focused, holistic, and cultural approach to creating, secure, affordable, sustainable, and healthy housing for kaumātua. The outcome include (1) a potential Best Practice Tool for use by other Māori organizations and communities which want to create culturally responsive, urban kaumātua housing; and (2) a foundation for a research agenda to investigate how to translate the successful organising and residential components of Moa Cres for other Māori organisations wanting to provide secure, healthy and affordable homes for kaumātua and/or whanau.

S-2.3

Expectations and Experiences of Community-University Research Collaboration: Benefits of Kaumātua Driven Approaches.

Community perspectives: Mrs Rangimahora Reddy[1]; Ms Yvonne Wilson[3]; University perspectives: Dr Sophie Nock[2] and Dr Mary Simpson[2]

Each party will offer their perspectives on benefits, challenges, motivations, and unexpected aspects of their experience with Community-University Research Collaboration that is kaumātua driven.

SYMPOSIA ABSTRACTS

Friday 7 September, 3:15pm – 4:30pm

S-3

New Zealand Health, Work and Retirement Study Life History Project

Chair: Dr Mary Breheny

Massey University, Health and Aging Research Team, Palmerston North, New Zealand

S-3.1

Life history data collection

Mary Breheny[1], Joanne Allen[2], Megan Hempel[1], Brendan Stevenson[1], Vicki Beagley[2], Christine Stephens[2], Fiona Alpass[2]

[1]School of Health Sciences, Massey University; [2]School of Psychology, Massey University

Retrospective collection of early life information is a valid procedure for enhancing the potential of existing databases and has been undertaken successfully in a number of longitudinal studies of ageing including the English Longitudinal Study of Aging (ELSA), the USA-based, Panel Study of Income Dynamics (PSID), European Survey of Health, Ageing and Retirement (SHARE) and the Health and Retirement Study (HRS). The longitudinal Health Work and Retirement Study in New Zealand has tracked the transition from work to retirement; however, no longitudinal study of older adults in New Zealand has collected life history data. This leaves a significant gap in understanding the pathways from early life to health and quality of life in old age. To fill this gap, the HWR research team used an event history calendar to collect life history data from participants in the longitudinal study of ageing. Telephone interviews were completed with 797 people aged 65-80 years who had been in the longitudinal study for ten years. This project collected information on socioeconomic status in childhood, childhood and mid-life health and healthcare utilisation, lifetime accommodation history, education and work history, experiences of racism and discrimination, experiences of trauma, and lifetime alcohol consumption. This information has been linked to longitudinal survey data from these participants and administrative data from the Ministry of Health databases for those participants who have consented to this data linkage. This presentation will describe the life history project, the data collection protocol, and the measures included in the data collection. Together these data can be used to model the pathways through which childhood health and living conditions, adult health, education and work produce health inequalities in older age.

S-3.2

Alcohol consumption over the lifespan

Andy Towers[1], Agnes Szabo[1], Janie Sheridan[2], David Newcombe[3]

[1]School of Health Sciences, Massey University; [2]School of Population Health, Faculty of Medical and Health Sciences, University of Auckland; [3]School of Pharmacy, Faculty of Medical and Health Sciences, University of Auckland

Alcohol use is very common among older New Zealanders. According to the New Zealand Health Survey, 77% of New Zealanders aged 55 or older consume alcohol and at least 15% of them are drinking hazardously. One way to effectively intervene and prevent alcohol-related harm in the older population is to gain a better understanding of alcohol use patterns and events that trigger hazardous use in this cohort over the life course. Using data from the HWR life history interviews, we modelled alcohol use trajectories of 366 men and 383 women aged 61 to 81 based on frequency of drinking and quantity consumed per occasion. In general, men drink more frequently and consume higher volumes than women. Analyses yielded three distinct trajectories for men: 1) frequent heavy drinkers with consumption peaking in their 30s (n = 47; 12.8%); 2) frequent low quantity drinkers with consumption peaking in their 50s (n = 88; 51.4%); and 3) infrequent low quantity drinkers (n = 131; 35.8%). Female drinkers were separated into two groups: 1) infrequent low quantity drinkers (n = 183; 47.8%); and 2) frequent low quantity drinkers with consumption peaking in their 60s (n = 200; 52.2%). Findings suggest that alcohol consumption decreases with age for some but not all. More than 50% of older men and women are drinking frequently (i.e., 2-3 times a week) and around 13% of older men drink large quantities (3-4 drinks) per occasion. Health ramifications and implications for policy will be discussed.

S-3.3

Prevalence and patterning of experiences of racism: Measuring racism across the life course

Brendan Stevenson[1], Mary Breheny[1], Donna Cormack[2], Laia Becares[3], Jamie Abelson[4], Jane Rafferty[4], James Jackson[4], James Nazroo[3]

[1]School of Health Sciences, Massey University; [2]Faculty of Medical and Health Sciences, University of Auckland, [3]Cathie Marsh Institute for Social Research, University of Manchester; [4]Institute for Social Research, University of Michigan

Minority group members report experiences of racism that are pervasive and lifelong. In this presentation we provide a preliminary analysis of data from a new measure of life course experiences of racism developed to assess experiences across the life course. As part of a retrospective life history, participants indicated whether they had ever experienced unfair treatment, or physical and verbal harassment for reasons to do with their race, colour, ethnicity, indigenous or immigrant status. If they responded in the affirmative, further questions were asked about the domain and period of the life course including in education, employment, public settings, housing, vicarious experiences, intimate relationships, and the impact on vigilance. In each domain, they were asked when the experiences occurred: in their childhood, early adulthood, adulthood, or late adulthood. Following this, the participants assessed the impact of these experiences overall. In the screening question for racism, 86 participants reported ever experiencing racism and responded to the racism specific questions. Racism was reported across all the domains of measure. In terms of life course period, experiences of racism in public were most commonly reported during early adulthood and adulthood, less commonly in childhood and late adulthood. Experiences of vicarious racism were more commonly reported than domain specific direct racism, and prevalence was relatively stable across the life course. Nearly half of those who responded said that racism had a moderate or major impact on their lives, with the impact stronger for men than for women. This presentation will further describe the patterning of experiences of racism to provide a picture of the prevalence of racism among this group of older New Zealanders. Because the data is embedded in a longitudinal study of ageing, future analyses will be able to model the predictors and health correlates of lifetime exposures to racism.

S-3.4

Trajectories of childhood circumstances to late life health: The role of socio-economic status, childhood disadvantage and general health in mediating this relationship

Megan Hempel[1], Mary Breheny[1], Brendan Stevenson[1], Fiona Alpass[2]

[1]School of Health Sciences, Massey University; [2]School of Psychology, Massey University

Socio-economic status, childhood disadvantage and general health in childhood are linked to health outcomes in adulthood and later life. Identifying the timing of childhood and adolescent events is also important for understanding adult and later-life health outcomes, to understand if any factors mediate these relationships. The aim of the current study was to use a nationally representative sample of the New Zealand population to examine the pathways through which early life circumstances produce inequalities in later life health. Retrospective data inclusive of information on childhood and mid-life circumstances was collected from 797 participants from the *Health, Work and Retirement Longitudinal Study* cohort in computer assisted telephone interviews using an event history calendar. These participants had previously completed longitudinal surveys from 2006 to 2016 and had consented to linking their survey data to administrative health data. Using indicators of mental and physical health (SF-12) over the last 10 years (from the survey data) and administrative data from the health data linkage we produced a trajectory of health from 55-70 through to 65-80 years. This later life trajectory was combined with the retrospective data on health in childhood, adolescence and adulthood to give a lifetime trajectory of health. Using sequence analysis we compared the trajectories of older people with relatively advantaged childhood to those who experienced childhood disadvantage. Adding early and mid-life data to an existing longitudinal data set has enabled us to answer questions about the role of childhood circumstances on later life health and well-being, to understand how disadvantage lead to health inequalities. Greater understanding of the pathways that produce different patterns of health and well-being in later life is required to address the issues of an ageing population in the long term.

S-3.5

The problem of increasing complexity in ethnic analyses and a possible solution: Māori Differentiated Cultural Cohorts

Brendan Stevenson[1]

[1]School of Health Sciences, Massey University

The increasing complexity of ethnicity makes drawing inferences between and within ethnic populations less useful over time. Drawing on life-course theory, Māori Differentiated Cultural Cohort (MaDCC) Theory proposes that Māori cultural sub-populations develop over time in discontinuous periods of stability and abrupt change. Cohort change occurs when external forces (e.g. environmental, demographic, or political) force sub-populations to change their way of life, as occurred with European contact in the 1800s and periods ever since. New sub-populations are hypothesised as forming from existing stratifications (e.g. class, physical location, or economic resources) through the processes of Hybridisation, Acculturation, Replacement, and Diffusion. MaDCC theory encourages the incorporation of information from historical accounts, demographics, and multiple analytical methods (quantitative and qualitative) to describe the cultural characteristics of the resultant cohorts and the forces that shaped these cohorts. The use of MaDCC approach will be demonstrated with a Māori descent cohort born between 1941-1955 drawn from the HART data, related to differential outcomes in health and wellbeing. Advantages of this approach over the use of simple Māori descent/ethnicity will be discussed.

SYMPOSIA ABSTRACTS

Saturday 8 September, 1:30pm – 2:45pm

S-4

HOPE Scholars Symposia

Chair: Dr Maree Todd

HOPE Foundation for Research on Ageing, New Zealand

Each year the HOPE Foundation awards University scholarships for research into ageing related study.

S-4.1

Utilising MRI to investigate the relationship between the hydration state of the crystalline lens and its optical properties.

Alyssa L. Lie[1]; Xingzheng Pan; Paul J. Donaldson; Thomas W. White; Ehsan Vaghefi

Background: The crystalline lens is a transparent biological tissue essential for the overall focussing of the eye. A gradient of refractive index (GRIN), determined by the concentration and distribution of water and protein within the lens, contributes to its optical performance. Regulatory water transport pathways which have been identified in the lens of animal models are thought to maintain lens transparency and GRIN. We hypothesise that these pathways are relevant to the human lens, and that ageing causes a decline in lens water transport resulting in the opacification of the lens known as cataract.

Aim: To utilise clinical MRI techniques to monitor for changes in lens water transportation parameters (such as water content, water-to-protein ratio) with age, and to compare them between cataractous and non-cataractous lenses.

Methods: Volunteers were recruited (UAHPEC #017162) and categorised into three groups: young (18-40), middle-aged (41-60) and old (>60). Lens transparency was graded in accordance with the Lens Opacification Classification System III (LOCS III). Lenses with scores 3 or higher were classified as advanced cataract. A 3T clinical MRI scan was performed to measure lens geometry, water content and water-to-protein ratio, from which the GRIN was calculated.

Results: Young, transparent lenses displayed a parabolic GRIN pattern. With advancing age, the GRIN flattens in the central region to form a distinct plateau. This is observed alongside an increase in free water in the lens nucleus. Cataractous lenses showed a different water and protein distribution pattern relative to age-matched non-cataractous lenses. The concentric GRIN pattern was less evident and water profiles exhibited more irregularity in cataractous lenses.

Conclusions: Our observations show that lens water transportation parameters change in an age-dependent manner and can be used as physiological biomarkers to monitor the onset of age-related cataract.

S-4.2

Measuring Plasticity and Ageing through Multisensory integration

Philip Sanders

Background: Declining sensory abilities (loss of hearing and sight) accompany ageing but multisensory integration (combining information from different senses) can compensate for some of these losses. Cognitive decline, a precursor to dementia can also accompany ageing. Neuroscience research into the brain's ability to change (plasticity) may hold the key to early detection of sensory and cognitive decline. A greater understanding of brain plasticity in the elderly is key to developing methods to enhance recovery and compensatory processes; we know that the brain becomes less plastic as we age.

Aim: To examine an existing measurement of plasticity in sensory brain regions and whether multisensory stimulation enhances plasticity relative to unisensory stimulation. In a related study we are examining whether this measure can be used to identify early signs of cognitive decline.

Methods: Visual evoked potentials (VEPs; recordings of brainwaves in response to visual stimuli) were measured in elderly and young adult groups. VEPs were compared before and after high frequency stimulation (HFS) with visual or multisensory stimuli.

Results: Multisensory HFS did affect the induction of visual plasticity differently to visual HFS and effects differed between age-groups. The effects also varied between individuals more than previous research suggested.

Conclusions: It is unclear whether differences in plasticity induced by multisensory HFS relative to visual HFS reflect enhancements. Ageing does affect plasticity induced by HFS but characterising these effects requires further research. Group differences in plasticity effects have been important in developing the HFS technique but individual differences may prove to be more useful in predicting cognitive abilities. This is being explored in the next phase of the project.

S-4.3

A critique of the marketization of residential aged care services

Cobus Kilian

Background: The ownership of residential aged care facilities in New Zealand is changing. Two-thirds of facilities are owned by commercially-orientated organisations. Socially-orientated organisations are increasingly left to care for people in remote locations and those financially disadvantaged with needs not met through mainstream programmes. Socially-orientated organisations are increasingly exiting the sector, exacerbating the commercialisation of care.

Aim: My study explores the extent to which the residential aged care sector is meeting investor interests rather than serving the 'common good'. Discussions with senior managers of four socially-orientated aged care providers were held to explore their understanding of their organisations' legitimacy. These discussions uncovered a sense of despair towards the current institutional aged care environment, which was further explored.

Methods: A qualitative research approach associated with interpretivist and constructionist paradigms allowed for an inductive study of formalised aged care. A critical Appreciative methodology was used, combining the emancipatory intent of Appreciative Inquiry and Critical Theory. Semi-structured focus group interviews were used as research method.

Results: A legitimacy typology for socially-orientated aged care providers is put forward, including legitimacy dimensions, sources and subjects. My critique uncovered how colonisation and juridification of aged care by institutional imperatives associated with a market logic are influencing how aged care is to be delivered. The challenges the market logic pose for my participants were also discussed. Through this study, the influence of market-orientated policies on the care of vulnerable elderly is better appreciated. This knowledge allows for improved advocacy for a change in direction from a market-orientated understanding of aged care to a eudaimonic understanding of aged care.

Conclusions: Age care policies orientated towards a market logic favours commercially-orientated providers, and disadvantage socially-orientated providers. This market-orientated focus has a detrimental effect on the future of aged care delivery in New Zealand.

S-4.4

Determinants of prescribing potentially inappropriate medications in a nationwide cohort of community dwellers with dementia receiving a comprehensive geriatric assessment.

Dr Sharmin S Bala, Dr Hamish A Jamieson, Dr Prasad S Nishtala

Background: Dementia is one of the principal syndromes linked with disability and dependence among older adults, and is a major challenge to individuals, communities, and societies globally. In 2016, the estimated prevalence of dementia in New Zealand (NZ) was more than 62,000, which is predicted to increase to around 170,000 in 2050. Prescribing multiple medications for older adults with dementia is challenging because of the risks associated with cognitive decline and adverse drug events.

Aim: To identify the prevalence and predictors of prescribing potentially inappropriate medications (PIMs) in a nationwide cohort of community dwellers with dementia.

Methods: A cross matched data of the International Resident Assessment Instrument-Home Care (interRAI-HC) with prescribing data for 16,568 older adults (≥65 years) requiring complex care needs was utilized for this study. The 2015 Beers criteria was applied to identify the prevalence of PIMs in older adults with dementia. Sociodemographic and clinical predictors of PIMs were analysed using a logistic regression model.

Results: The estimated prevalence of dementia was 13.2% (2,190/16,568) in the study population. 66.9% (1,465/2,190) of the older adults diagnosed with dementia were prescribed PIMs, of which anticholinergic medications constituted 59.6% (873/1,465). 39.9% (873/2,190) of the older individuals diagnosed with dementia were prescribed anticholinergic PIMs. Males (aOR=1.3, CI=1.13, 1.49) and individuals who were prescribed a greater number of medications (aOR=1.12, CI=1.11, 1.13) were more likely to be prescribed PIMs. Individuals over 85 years of age (aOR= 0.64, CI=0.53, 0.77), Māori ethnic group of individuals (aOR= 0.59, CI=0.47 , 0.76), older adults who were being supervised with respect to their activities of daily living (aOR=0.83, CI=0.69, 0.99), and individuals who reported good (aOR=0.65, CI=0.49, 0.85) or excellent (aOR=0.62, CI=0.43, 0.89) self health, had a lesser likelihood of being prescribed PIMs.

Conclusions: We found that PIMs are prescribed frequently in older people with dementia. Comprehensive geriatric assessments can serve as a potential tool to decrease the occurrence of PIMs in vulnerable groups with poor functional and cognitive status.

S-4.5

Are difficulties swallowing inevitable in healthy ageing? Age-related swallowing observations on videofluoroscopy in healthy New Zealanders

Marie Jardine[1], Anna Miles[1], Tary Yin[2], Jacqui Allen[1,2]

[1]*The University of Auckland, Auckland, New Zealand*

[2]*Waitemata District Health Board, Auckland, New Zealand*

Background: Given the globally ageing population and prevalence of swallowing problems in older age, it is essential to distinguish normal age-related swallowing variability from pathology. Many studies on normal age-related swallowing changes are limited by poor representation from adults in advanced age.

Purpose: To compare the swallowing of healthy adults ≥80yrs with younger adults (65-79yrs and <65yrs) through quantitative interpretation of videofluoroscopic swallow studies (VFSS).

Methods: 139 mixed gender volunteers aged 20 – 99yrs with no history of swallow complaints were recruited. All adults underwent a standardised VFSS protocol and swallowed eight consistencies in lateral and anterior-posterior views. Videos were analysed using digital measures and internationally recognised rating scales of aspiration and residue.

Findings: Aspiration and penetration events were rare in all age groups. Trace pharyngeal residue and bolus location at the time of swallow initiation were not significantly associated with age. Compared to younger adults, adults older than 80 years demonstrated a significantly increased presence of non-obstructive cricopharyngeal bars (18% vs 4%; $p<0.01$), swallowing manoeuvres (changes in head position) (34% vs 10%; $p<0.01$), and piecemeal deglutition (multiple swallows per bolus) (55% vs 30%; $p<0.05$). Despite this, pharyngeal displacement and timing measures were comparable to younger adults, and the older adults did not complain of swallow problems. Esophageal transit times increased with age and reached statistical significance when comparing adults <65yrs and ≥65yrs ($p<0.01$).

Conclusions: Understanding normal swallowing variability that occurs with age prevents over-treating or under-treating older adults with swallowing complaints. Age-related swallowing changes in healthy adults do not compromise swallow safety. Older adults with swallowing complaints should be investigated and treated based on symptoms and aetiology. The current study demonstrates normal swallow parameters well into the 9th and 10th decades. Therefore, dysfunctional swallowing should not be dismissed as characteristic of ageing.

ORAL ABSTRACTS

Thursday 6 September, 3:15pm – 4:30pm

O-01

A Silver Economy: The Value of Living Longer

Carole Gordon

SUPA-NZ, Tauranga, New Zealand

New Zealand's super-ageing regions facing a demographic transformation have an opportunity for policy platform innovation. International and New Zealand evidence indicates the prospect for longevity markets, building social capital and growing 'silver sustainability' for younger generations.

The silver economy is a powerful force. New data is contributing to understanding the impact and opportunity arising the global longevity megatrend.

This paper will define the Silver Economy. It will outline multi-billion dollar findings from recent regional and national research that assesses the growing economic contribution by mature New Zealanders. It will highlight the place for social infrastructure investment in active ageing and age-friendly community development as a response to increasing longevity. It is clear that as a society we cannot afford dependency or continue with 'business as usual' attitudes and policy platforms. The paper will discuss the silver economic momentum in a regional, national and global context. It is time to value longevity and change the narrative about ageing.

We are on the brink of a new era. The economic potential of more mature people living longer and living more is changing the face of the workplace, advancing new jobs, driving new technologies and innovation in products and services. The silver economy has the potential to create new jobs.

A new economic prosperity is forecast by leading international monetary organisations. Research shows, contrary to prevailing myths, that productivity does not diminish with age. People are working longer, earning wages, undertaking entrepreneurial self-employment, making investments, spending more money, generating tax revenue, thereby producing economic revenue for longer.

A new vision of social and economic sustainability is vital to foster mature meaningful and purposeful longevity. It is also vital that younger generations value mature people; maximize technology and the silver market demand for quality products and services to optimize a 100 year lifespan.

O-02

How people aged 65-74 years participate in the Warkworth community

Valerie Wright-St Clair[1], Sara Napier[1], Kay Shannon[1], Jeffery Adams[2], Stephen Neville[1]

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Background: Recent knowledge development regarding age-friendliness in rural contexts implies close examination of the older population's diversity and the relationship between community resource availability and the diverse groups who use them are needed.

Aim: To explore how older adults aged 65 to 74 years, living in the area of one New Zealand rural town, participate in community.

Methods: Qualitative descriptive methods were used to analyse the interview data from 65- to 74-year-olds gathered within the 2015 Warkworth Study. Eligible participants met the age criterion, were community-dwelling in the area and able to engage in an interview. Participants were purposively recruited via advertisements on community noticeboards and a published editorial in the local newspaper. The 18 volunteers, six men and 12 women, were aged 65 to 74, and had lived in the area for 1.5 to 45 years. More live alone (n=9) than with partners (n=8), or other situations (n=1). Five were interviewed as a couple, others were interviewed individually. Interviews were recorded and transcribed verbatim. Data analysis followed Thomas' general inductive approach, staying close to the raw data.

Results: This paper presents two of the five analysis categories and illustrates their relevance to participants' experiences of the area's inclusiveness and age-friendliness. Firstly, "being neighbourly" included helping out neighbours, swapping goods, and being friendly to locals and visitors as ways of participating. Secondly, "contributing to community" included giving service to public good organisations, having a say with local government, and joining or leading local interest groups as ways of participating.

Conclusions: The Warkworth area is a locality that people and families settled intentionally; some over generations and some post-retirement. The 65- to 74 year-old residents participate locally by choice. This implies a co-designed, resident-local government strategy to address key indicators for age-friendly communities would be effective in Warkworth.

O-03

The Korean Activity Card Sort utility as a measure Korean late-life immigrants' community inclusion in New Zealand

Valerie Wright-St Clair[1], Alex Lee[2], and Nick Garrett[1]

[1]*Auckland University of Technology, Auckland, New Zealand*

[2]*Mid Central District Health Board, Palmerston North, New Zealand*

Background: The negative impacts from limited community participation might be more profound for older immigrant, than locally-born, populations because of language and cultural barriers, and limited access to familiar activities.

Aim: To evaluate the Korean Activity Card Sort (K-ACS) usability with Korean late-life immigrants in New Zealand.

Methods: An explanatory mixed methods, sequential design was used. Eligibility criteria were Korean aged 65 or older, had immigrated at least two years ago, had conversational Korean, and were able to recall activities done before and after immigration. Five men and five women aged 69 to 83 were purposively recruited. Individual participants completed the Community Living version K-ACS by sorting 67 photographs of older Koreans doing home and community activities into six pre-/post-immigration categories. Responses were coded as instrumental, leisure or social activities, scored and analysed using descriptive statistics. Subsequently, participants' discussed their experiences of the tool in two gender-specific focus groups. The qualitative data were used to understand the individual K-ACS scores and aggregated data results.

Results: The depicted Korean home and community activities were sorted as new (6%), done more (13%), done at the same level (32%), done less (14%), or given up post-immigration (20%), and never done before or after immigration (15%). Of the done more post-immigration activities, women reported doing higher levels of instrumental and social activities than men did (13% & 7% and 16% & 8% respectively), and somewhat fewer leisure activities (18% & 22% respectively). Qualitatively, the participants found the K-ACS generally easy to complete, agreed what they did at home and in community had changed, and offered ways the K-ACS could be improved for use in New Zealand.

Conclusions: The K-ACS's use in social and clinical settings may promote practitioners' cultural sensitivity as well as inform inclusive community design and programmes, and health intervention services.

O-04

Experiences of everyday neighbourhood participation of adults 85+ years

Jo Conaglen[1], Dr Stephen Neville[1] and Dr Valerie Wright-St Clair[1]

[1]*Auckland University of Technology, Auckland, New Zealand*

Aim: To understand the experiences of everyday urban neighbourhood participation as told by adults 85 years and older.

Methods: This qualitative study used the methodology of interpretive phenomenology to analyse the interview data from adults aged 85 years or older living in urban Auckland. Eligible participants met the age criterion, were community dwelling, able to be in their neighbourhood a minimum of twice a week, recall and discuss recent life activities, and able to converse in English. Participants were purposively recruited via advertisements on community noticeboards, mail drop and via inner-city community-based organisations. The 15 volunteers, 9 women and 6 men were aged 85-96 years, and had lived in their home for 5-93 years. More live alone (n= 10) than with partners (n= 5). Interviews were recorded and transcribed verbatim. Participant-validated stories were drawn from the interview transcripts and analysed to identify themes.

Results: This paper presents one of the three analysis themes and illustrates its relevance to the participants' experiences of neighbourhood participation and age-friendliness. The meaning of neighbourhood participation emerged as an everyday way of being in the neighbourhood. One of those ways was 'keeping going' that included holding on, taking care, persevering and having purpose as participating.

Conclusion: With determination to be participating residents over the age of 85 year-old keep going often in the face of adversity. This has major implications for central government and Auckland Council strategy when addressing key indicators for age-friendly communities.

O-05

Wellbeing indicators for older adults in New Zealand

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[1]*Auckland University of Technology, Auckland, New Zealand*

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Background: Living well and ageing well are key components of the New Zealand Healthy Ageing Strategy that warrant an understanding of what wellbeing means to older people. Growing ageing population, coalescing of different cultures, access to better health care, along with economic need, have all influenced the experience of wellbeing for older adults in New Zealand. These changes have led to more people living long past 65 years of age, staying in the workforce past the traditional retirement age and returning to formal education environments later in life. Added to this complexity, is an increased chance of older people experiencing health challenges and comorbid illnesses. Therefore, an understanding of how older people navigate these complexities through a strength-based lens is significant; however, this aspect of aging is largely un-researched.

Aim: The aim of this research is to understand what wellbeing is for older adults in New Zealand.

Method: Data from the Health and Lifestyle Survey and the New Zealand Mental Health Survey carried out by the Health Promotion Agency in 2016 have been pooled, and are representative of the New Zealand older population; therefore, the robustness of this data-set allows interpretations to be made of those over the age of 65 years of age. A wellbeing framework underpins the analysis of the data and provides a theoretical framework for this research.

Results: The findings from this study, wellbeing indicators for older adults in New Zealand will be presented with specific focus on mental health, physical activity, employment, connectedness, isolation, physical disabilities, life satisfaction measures and cultural connection.

Conclusion: The findings of this study will assist policy makers to create evidence-based decisions about the promotion of wellbeing for older adults. This will also increase the understanding of specific needs of older adults in New Zealand, including the Maori and Pacifica.

O-06

Only the Lonely? A prelude to targeted interventions

Rebecca Abey-Nesbit[1], Hamish A Jamieson[2], Ulrich Bergler[1], Philip J. Schluter[3], Richard Scrase[2] and Sally Keeling[1]

[1]*University of Otago, Christchurch, New Zealand*

[2]*Canterbury District Health Board, Canterbury, New Zealand*

[3]*University of Canterbury, Christchurch, New Zealand*

Background: International researchers agree that social factors, in particular loneliness and limited engagement with others, can have negative health effects.

Aim: To consider how social factors such as loneliness, living arrangement, carer stress and negative interactions impact on entrance into aged residential care (ARC) to ensure suitable interventions are put in place.

Methods: Anonymised interRAI home care assessment data (June 2012 – December 2015) was matched with mortality and admissions to ARC datasets. Variables for carer stress and negative social interactions were derived from assessment questions. Perceived loneliness and living arrangements data was also available, and were initially explored descriptively by ethnicity.

Associations between carer stress, negative social interactions, loneliness and living alone were investigated.

After controlling for confounding factors, a competing risk regression was performed with admission to ARC as the primary outcome and mortality as a competing risk.

Results: Amongst those living alone, there were significant differences in the likelihood of being lonely emerged between ethnic groups ($p < 0.05$). Associations between living arrangement, negative interactions, loneliness, and carer stress, were all significant, however, the strength of associations between variables was low (r2 ranged from -0.22 to 0.19). The adjusted competing risk model showed, living alone (subhazard ratio (SHR)=1.43, 95% CI: 1.37-1.50), carer stress (SHR=1.28, 95% CI: 1.23-1.34), negative social interactions (SHR=1.22, 95% CI: 1.15-1.30), and loneliness (SHR=1.18, 95% CI: 1.13-1.24) were all significant risk factors for entrance into ARC.

Conclusions: Loneliness, carer stress and negative social interactions are important risk factors for entrance into ARC, and capture different domains of social issues. All variables should be taken into consideration when efforts to reduce the negative impacts of these social issues are being developed. However, services for those who live alone will be even more effective, if these social factors are central to their design.

O-07

The Village without Walls – a community driven response to isolation and loneliness amongst older people in the Howick community

Bonnie Robinson

HBH Senior Living Care & Village, Auckland, New Zealand

HBH is a mission driven non-profit provider of care services for vulnerable older people, with service provision on a continuum from social housing, independent living, day programmes to rest home and hospital level care.

During a focus group retirement village residents were asked to identify the primary benefits of living in a village. From a long list they prioritised companionship and disability friendly environment. This led HBH to ask how these benefits could be taken out to older people living in the community.

The Village to Village model in the USA and the Hub model in Sydney Australia were explored as possible options for developing a community driven and replicable service structure to assist older people to prevent or overcome loneliness and social isolation.

In conjunction with East Health PHO and support from key community stakeholders, HBH initiated a project to test the efficacy of these models for the Howick area.

A survey using an iterative methodology was launched in January 2018. To date 170 older people have responded via on-line or paper copies of the survey. Survey results so far show that older people's greatest concerns about growing older in the Howick area are; mobility, maintaining an active social network, access to medical support, and getting small jobs done around the home. They see the greatest barrier to social participation is mobility. There is overwhelming support for the concept of a Village without Walls and some survey respondents are willing to actively participate and support others.

The survey has a saturated end point however by the time of the conference the survey will have been completed, results fully collated and the Village without Walls be in a development stage. The findings of the survey will be of interest as a snap shot of an older community's view on isolation. The experience of establishing community driven responsive services will inform other communities, service providers and funders/planners.

O-08

Caring for carers of people with dementia: social isolation and social networks

Lynne Parkinson[1], Annie Banbury[2], Anne Livingstone[3], Denise Wood[1] and Steven Gordon[1]

[1]Central Queensland University, Rockhampton and Cairns, Australia

[2]Prevention First, Kingscliff, Australia

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Background: In rural Australia, knowledge and utilization of support by informal carers is lacking. Multiple factors

affect the lived experience of carers during caregiving, and the success of transitioning through the post-care period.

During the caregiving period, socioemotional support from family and friends plays an important role in sustaining caregiving activities. Post-care, strong social networks facilitate adjustment to role change and dealing with grief.

Developing and improving access to peer support to enable carers to effectively cope with the challenges of caring may positively influence their caring experience.

Aims: The primary objective of this project is to examine the response of isolated rural carers for older people with dementia to a videoconference-based peer support and information program. Main outcome measures include social support and social isolation.

Methods: A repeated measures, randomized wait list design is being utilised. The design follows a 15 week cycle: 1 week baseline assessment, 6 weeks active intervention/waitlist, week 8 mid assessment, 6 weeks post intervention/active intervention, and week 15 post-test; repeated over 4 cycles, with a total of 30 groups of 6 participants, over 15 months. The trial timeframe is from April 2018 to June 2019.

Results: This paper will discuss baseline data on the self-reported social networks and social isolation of the first 50 participants from this sample of rural carers. Social networks will be assessed using a social network analysis tool for Egocentric mapping, a widely used tool for assessing size and quality of social networks. Social isolation will be measured using the short form UCLA Loneliness Scale (ULS6), which has satisfactory psychometric properties, and a high level of internal consistency, and is appropriate for use among older adults.

Conclusion: These variables will be reported against demographic characteristics of the sample, and in relation to the aims of the project.

O-09

What are the risk factors for loneliness in a longitudinal cohort of older Maori and non-Maori: Findings from the LiLACS NZ study

Roy Lay-Yee1, Ngaire Kerse[1], Barry Milne[1], Marama Muru-Lanning[1], Merryn Gott[1], Ruth Teh[1], Janine Wiles[1] and Valerie Wright-Sinclair[2]

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[2]Auckland University of Technology, Auckland, New Zealand

Background: Loneliness is known to be a debilitating experience for older people that has adverse consequences for their mental and physical health and their general well-being. Interventions to prevent or alleviate loneliness rely on knowing the key risk factors to tackle.

Aim: Our aim is to identify risk factors for loneliness in a New Zealand cohort of older people.

Methods: We define loneliness according to the question: 'Would you say that you - always / often / sometimes / never feel lonely'. We use a longitudinal study that contains information on the individual trajectories of older people regarding loneliness and its potential risk factors. LiLACS NZ (Life and Living in Advanced Age: a Cohort Study in New Zealand) is a bicultural cohort of older people followed from 2010 to 2015 (i.e. across six waves). All Māori aged 80-90 years and non-Māori aged 85 years, living in the Bay of Plenty and Lakes District Health Board areas were invited to participate. There were 937 participants in Wave 1, comprising 421 Māori and 516 non-Māori. We use regression analysis to identify significant risk factors for loneliness while taking into account the nesting of information in the study waves.

Results: At baseline (in Wave 1), 5.1% of Maori and 5.5% of non-Maori reported always/often being lonely (loneliness); while 41.8% of Maori and 52.1% of non-Maori reporting always/often spending time alone (isolation). We describe significant risk factors for loneliness including variables in the following domains: socio-demographics, physical health, mental health, psychosocial factors, and social connectedness.

Conclusion: LiLACS NZ is a unique study of ageing that contains longitudinal data on loneliness. We identify risk factors for loneliness in older people as a contribution towards understanding its complexities and designing effective interventions.

O-10

Māori lived experiences of Osteoarthritis: A kaupapa Māori qualitative study

Associate Professor Peter Larmer[1], Nikita McGruer[1], Dr Jennifer N Baldwin[1] and Dr Tom Ruakere[1]

[1]Auckland University of Technology, Auckland, New Zealand

Background: Osteoarthritis is a problematic condition that is shown to impact hugely on those who have it. However, what is unknown is the impacts it is having on Māori adults in Aotearoa (New Zealand).

Aims: To explore the perceptions and experiences of Māori adults living with Osteoarthritis.

Methods: A qualitative study guided by kaupapa Māori principles. Semi-structured interviews were conducted with 7 Māori adults aged 44 – 71 years old living with Osteoarthritis. Interviews were recorded and thematic analysis was utilised to identify key themes derived from the data.

Findings: This study identified eight themes. Three new themes were identified that relate specifically to kaupapa Māori. These are āhuatanga Māori, whakamā and whakapapa. The remaining five themes relate to general health and support previous studies that have also identified similar findings. These are impacts on family and self, coping strategies, overwhelming frustration, medication and education.

Conclusions: A number of recommendations have been identified to address the key themes of this study. These include providing education to local marae so they can implement appropriate strategies for the people of their marae, health professionals involving whānau in treatment planning, and lastly, more thorough and easy to understand education.

O-11

A comparison of occupational health and safety workplaces and working conditions with nursing care quality in residential aged care facilities in New Zealand.

Joerg Kussmaul

University of Auckland, Auckland, New Zealand

Background: Workplaces and working conditions for nurses and healthcare assistants in residential aged care

facilities are accompanied with high levels of mental stress and strain combined with strong physical demands.

Purpose: A better understanding of the importance of the key factors for health and safety workplaces and

working conditions for nurses and healthcare assistants in residential aged care facilities.

Hypothesis:: Optimal workplace health, safety and working conditions in residential aged care facilities promotes

high-quality nursing care for residents.

Methods: This environmental and physical workload measurements of nurses and healthcare assistants are part of mixed method research to answer weather optimal workplace health, safety and working conditions in residential aged care facilities promote high-quality nursing care for residents. This environmental investigation in nursing offices and resident lounges, as well as the pedometer and physical workload measurements of nurses and healthcare assistants, are undertaken in 17 residential aged care facilities (1,022 residential beds) in the Greater Auckland Region in New Zealand.

This quantitative research investigated the environmental factors temperature, humidity, noise, and lighting for 24 hours in the nurse offices and 12 hours in resident lounges. The pedometer measurements and observation of the physical workload of nurses and healthcare assistants were conducted during the morning, afternoon and night shift. The results are compared with international recommendations.

Current Results: What is surprising is that noise levels in nursing offices and resident lounges comply with international

environmental standards. Higher volumes were initially expected. The temperature in nursing offices and resident lounges are predominately too high for more than three-quarters of the investigated timeframe while humidity levels meet international standards predominately. For the major part of the day, the lighting situation in the nursing offices is less than the minimum lighting level recommendation for low and high-risk nursing activities according to the environmental standards. The pedometer results demonstrate that nurses and healthcare assistants walk between five and six kilometres per shift which means they are physically very active. Also, the nursing staff carries on average a workload of 1,242 kilos which includes 20 high-risk activities per shift.

Conclusions: Overall, this means that nurses and healthcare assistants are working in partially suboptimal environmental conditions which could affect their health and performance adversely. The findings will be of interest to residential aged care employer and associations who are committed to provide healthy and safe workplaces for nurses and healthcare assistants.

O-12

Arvida's Attitude of Living Well: Moving Well

Denise Brett[1], Maria Jay[2], Jun Ruzo[2], Shirley Hazelwood[2] and Maria Scott-Multani[1]

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[2]Glenbrae Retirement Village – Arvida Group, Auckland, New Zealand

Background: International and national guidelines promote regular physical activity to support healthy ageing and identifies older people as being a sub group of the population who are at greater risk of inactivity. Arvida Group's Attitude of Living Well includes a focus on Moving Well, yet little was known about how this improved residents' physical activity and wellbeing.

Aim: The Moving Well project aimed to improve and maintain the mobility of Arvida residents.

Methods: The 10-week pilot was conducted at Arvida Group's Glenbrae Retirement Village, in partnership with Queen Elizabeth Health from 9/8/17- 16/10/17. It was implemented by the Wellness Leader for one hour per week. Participants, included 2 males and 30 females ranging between 67 – 96 years. A before and after study using the Timed Up and Go Test (TUG) evaluated the programmes efficacy.

Acknowledgement: The programme was sponsored by ACC; Ministry of Health and the NZ Health & Safety Quality Commission.

Results: Before and after scores were completed with 19 of the 32 participants. All participants tested demonstrated an improvement in the TUG, ranging from an increase of 0.70 - 5.8 seconds. Participants described an increase in confidence to move well during the sessions. Further testing in 2018 saw 20 /23 residents continue to improve their scores.

Discussion: Whilst the key focus has been on Moving Well, there have been notable benefits in Engaging, Resting, Thinking and Eating Well. For example, a resident who was confined to a wheelchair, is now mobilising with a gutter frame and spending more time of her own volition in social environments. Most participants report improved wellbeing because of being able to achieve personal goals and move well.

Conclusion: Informal feedback highlights the value of a Moving Well programme on the overall wellbeing of residents. Arvida Group looks forward to further evaluating the impact of the Attitude of Living Well in partnership with AUT later in 2018 and publishing more formal results in the future.

O-13

Pharmacist-led Medicines Review Services in Māori Older Adults in New Zealand – A systematic review of the literature

Jo Hikaka

University of Auckland, Auckland, New Zealand

In New Zealand, Māori experience inequitable health outcomes including higher rates of morbidity and mortality at a younger age, compared to non-Māori.1 Māori are more likely than non-Māori to be prescribed 'high risk' medicines2 and experience an adverse drug event, putting older Māori at even greater medicine-related risk.

Internationally, clinical pharmacist services have been shown to improve patient outcomes by reducing avoidable hospitalisations, drug-related adverse outcomes and inappropriate prescribing in a cost-effective manner.3 A systematic review was conducted to identify whether this outcome is the same for Māori older adults in New Zealand. Studies were included if outcomes were reported by ethnicity.

Three diverse studies were identified with varying methodology, interventions and outcomes. Māori participants ranged from 11-41% of the study population with median age of 65-78years. Results included pharmacists reporting Māori had less knowledge of medicines, were seven times more likely to experience a drug related problem and were less likely to be recruited into the medicines review research. The studies failed to examine potential influence that the wider determinants of health had on reported outcomes. This will be discussed in relation to a wider review of the literature including pharmacist services in other indigenous populations including ethnic variability in access to healthcare, provider-patient engagement and cultural competency of health practitioners.

There is no literature detailing pharmacist-led medicine review services designed specifically for, or with, older Māori, despite a lifetime of inequitable health outcomes. Further study is needed in this area.

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O-14

Effectiveness of community-based physical activity programmes for culturally and linguistically diverse older adults: A systematic review

Ihaka Dunn, Jed Montayre, Jagamaya Shrestha-Ranjit, Lynne Taylor, Stephen Neville, Valerie Wright-St Clair

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Background: Many community physical activity programmes are developed for mainstream populations and may not be culturally acceptable to older adults from culturally and linguistically diverse (CALD) backgrounds. Therefore, it is important to understand what makes physical leisure activity programmes effective for CALD populations.

Aim: To conduct a systematic review of what makes physical activity programmes for CALD older adults effective.

Methods: A systematic search of Medline and CINAHL via Ebsco and Scopus databases was conducted using key terms such as “CALD”, “elders” and “exercise”. Inclusion criteria were participants CALD, identified as ‘older adults’ in the cultural context, the programme used cultural-specific design, and the intervention included an exercise component. Studies recruiting solely indigenous, or US African American, populations were excluded. Thirteen articles were deemed potentially eligible, and independently screened by three authors. Discrepancies were resolved by consensus agreement; seven articles were excluded. The six included articles were critically appraised independently and scored by two authors using the Mixed Method Appraisal Tool (1) and McMaster University Quantitative appraisal tool (5). Data were examined for culture-specific design features and outcome measurement and synthesised.

Results: Four effective programme features were evident. “Cultural Perspectives” were understood through targeted, pre-design community consultation. “Accessibility” was achieved when barriers to cultural, geographic and financial access were lowered. Participant “Engagement” was nurtured through methods such as using native language speakers and trusted persons from the community. Finally, “culturally meaningful interventions” were used, such as traditional or familiar exercises. Programme outcomes were measured predominantly using quantitative tools; one used focus group discussion.

Conclusion: CALD older adults will enrol in, and adhere to, community-based physical activity programmes when all design and delivery aspects are culturally relevant.

Acknowledgement: This project was funded by an Auckland University of Technology Summer Studentship Grant.

O-15

Dementia and Literature

Lorraine Ritchie

University of Otago, Dunedin, New Zealand

Background: A proliferation of research on the treatment and management of dementia exists from a variety of clinical disciplines as the recognition and incidence of dementia increases worldwide. This paper takes a different approach - viewing dementia from a literary perspective.

Aim or Purpose: Health professionals and others are caring for people with dementia in a variety of clinical settings and at home on a daily basis. Yet an awareness of appropriate approaches which demonstrate an understanding of the lived experience and perspective of older adults with dementia and delirium is often missing in health professionals’ education and practice.

Methods: Themes and concepts are drawn and analysed from a selection of internationally authored literature: novels, poems, short stories and memoirs, using a combination of content and discourse analysis techniques. The stories are related through the voice and observations of adult children and in two of the texts, from the outlook of the person living with dementia themselves. The themes as viewpoints are compared, contrasted and discussed with reference to a dementia framework.

Results or Findings: Through their depiction of the challenges and complexity of dementia relationships - daily coping and intimate interactions - whether frustration, fear, humour or sadness - these selected literary works have the capacity to inform, enlighten and assist health professionals, and to encourage reflection, strategies and a different outlook in both their practice and their management of older people with dementia.

Conclusions: Dementia literature is a vehicle through which to explore the lifeworld of living with dementia. The stories offer health professionals insight the into differing lived experience of dementia whether from the outside or from the inside of that world, facilitating empathy and understanding.

O-16

Medication omissions and care homes in New Zealand: A descriptive analysis

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[3]*Supported by the Margaret Burland Doctoral Scholarship, 2017-2020*

Background: Medication omissions are a common yet poorly understood aspect of medication administration, occurring when a charted dose of medication is not administered to a resident before the next dose time (Allan Flynn & Barker, 2007). Omissions can potentially result in harm; equally they can reflect resident choice and pragmatic clinical decision-making. There is no consensus on annual estimates for omission rates, how to best record these events, or how to quantify the proportion of concerning omissions versus those that are justified. The introduction of e-records has led to faster reporting around medication administration, but the rates and reasons behind omissions remains unclear.

Purpose: The purpose of this study was to investigate the prevalence, influences, and reasons behind medication omissions within care homes in New Zealand. It fits within a wider project that also investigates clinical decision-making around residents with fluctuating competency and refusal of medication.

Methods: A retrospective sample of de-identified administrative records for those who resided within a care home using Medi-Map electronic records from Dec 1st 2016 to Dec 31st 2017 was obtained. Resident, staff, and facility-level data was analyzed using SPSS.

Results: Of the 11,015 residents across 374 care homes, 8,468 resided within a care home using MediMap for the entire timeframe. 68% were female, with Registered Nurses responsible for 61% of medication omissions. The average number of dispenses for those present over the year was 3769 per resident, with 110 dose omissions. 48% of all recorded omissions had no corresponding reason, although an action (e.g. ‘refused’) was recorded. The most common omission was Paracetamol, and common reasons for omissions included: asleep, ‘refused’, ‘said no’, and ‘spat’ out.

Conclusions: Medication omissions occur across care homes in New Zealand, but there is significant variation in how they are recorded. Further study is required to ascertain the rationales behind care staff decision-making in relation to medication omissions

O-17

Influences on wellbeing when ageing in place with purpose

Robyn Johnston, Ray Kirk, Kate Reid, Andrew Halim and Wade Stent

University of Canterbury, Christchurch, New Zealand

Nearly 13% of New Zealand’s older population, those 75 years plus, live in retirement facilities. Retirement villages sell themselves as a resort for older people providing residents with a variety of social activities, security, exercise classes, community gathering plus much more; in fact all that is needed to provide residents and their family with “peace of mind”. Other over 75 year olds will avidly avoid entering “one of those places”. There is sparse research on the wellbeing of people who decide to live independently or semi independently in New Zealand retirement villages. Are they more “at peace” and “open-hearted” that their contemporaries who are living in the community? We sort to achieve a better understanding of maintaining and increasing wellbeing for these living in retirement villages using three different studies, each situated in a different retirement village in Canterbury by using the Enlightenment Scale.

Using a prospective cohort study approach we explored the wellbeing of our 130 participants through their involvement in; the interRAI Community Health Assessment (CHA), as a peer supporter in their village or through their involvement in the wider community using intergenerational learning. Participants completed an Enlightenment Scale (ES) at the beginning and end of the study with over two-thirds undertaking two supplementary ES at three monthly intervals, during the yearlong study phase. Our participants’ initial data from the ES indicated, significantly higher scores than previously seen using this tool. To validate our results we used the ES with another 180 retirement village participants as well as 300 participants from the community. Our results would indicate that, as people age they are more likely to be at peace and openhearted.

O-18

What is the lived experience of older migrants with Mild cognitive impairment?

Ray Jauny, Stephen Neville, Jed Montayre and Valerie Wright-St Clair

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Background: Mild cognitive impairment (MCI) is a complex intermediate state of memory decline, which is widely acknowledged as a precursor to Alzheimer's disease (AD). However, not all those diagnosed with MCI progress to AD, because many of those remains the same for life, but many recovers completely from it. MCI is an emerging primary target of aging research. MCI may have a significant impact on older migrants' in relation to engagement from social activities, isolation, social disconnection, poor quality of life, and early retirement which can results in considerable socio-economic burden. Older migrants, are ethnically, culturally, linguistically diverse and are they are predisposed to psycho-social distress, loneliness, and trauma as well as physical health complications. Cultural factors, language barriers, and the resettlement process may all contribute to reduced cognition.

Aim: As little is known on the experience of older migrants with MCI, this research will provide valuable information to better understand their lived experiences on this phenomenon. Research will help to better understand this condition, support shaping up strategies to sustain longer and better-quality life for older migrants.

Method: Purposively sampled community-dwelling older migrants with MCI, aged 55 years old and over, will be recruited in Auckland's region, to participate in semi-structured interviews. Data will be inductively interpreted through a phenomenological lens that looks deeper and deeper into the reality of the world as it is experienced by older migrants.

Discussion: This research will provide a wealth of knowledge on the lived experience of older migrants' with MCI. It is anticipated that learning from this research will help reduce a gap in knowledge, help to enhance professional practice and offer a culture-specific outcomes on improving quality health services for older migrants.

ORAL ABSTRACTS

Friday 7 September, 11:30am – 12:45pm

O-19

Predictors of Quality of Life among community-dwelling older adults in Malaysia

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As with other countries, the aging population has increased tremendously in Malaysia due to the increase in life expectancy and decline of fertility. Studies on potential predictors that may influence quality of life (QOL) among the elderly population, especially the community dwellers, has received relatively less attention as compared to chronic diseases in Malaysia. Given the importance of QOL at later age, the study explored the social and health determinants that associated with QOL among community-dwelling older Malaysian. This study was conducted through a cross-sectional household survey using multi-stage sampling. QOL of the subjects was determined using the WHO Quality of Life for Older People (WHOQOL – OLD) questionnaire. Sociodemographic background, status of cognitive function, level of physical activity, physical function and disability, nutritional status, sleep quality, depression were assessed using appropriate instruments. A total of 698 respondents aged 60 years old and above, living in community were recruited. Mean age of respondents was 68.6 ± 7.2 years old and about two-thirds of them were female. Most of the respondents had a good quality of life, normal cognitive and average physical function. Most of them were living with no or mild disability problems, had good sleep quality and not at risk of depression. Using linear regression analysis, risk of depression, disability, malnutrition, low household income and lack of social network were identified as the predictors of poor QOL. The predictors for QOL identified in the study provided a hierarchy of priorities for the development of policies, strategies, programmes, and interventions to cater the social healthcare needs to enhance the QOL of the community-dwelling older Malaysians'.

O-20

What is the lived experience of older migrants with Mild cognitive impairment?

Beverley James[1], Dr Kay Saville-Smith[2], Nina Saville-Smith[2] and Natalie Jackson[3]

[1]*Public Policy & Research Ltd*

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[3]*Natalie Jackson Demographics Ltd*

Background: Declining homeownership highlights growing tenure insecurity and exclusion of older people. Almost 97,000 New Zealanders aged 65 and older live in rental accommodation, and this is expected to rise rapidly as younger renting cohorts reach retirement. In New Zealand renting has long been treated in policy as a residual housing sector, evidenced by a very lightly regulated rental market with few long-term tenancy and security provisions.

Purpose: this paper examines what is needed to improve the inclusiveness and responsiveness of New Zealand's rental market for increasing numbers of older tenants, using findings from the Life When Renting research programme, within the Ageing Well National Science Challenge.

Methods: demographic cohort analysis, policy review and interviews with older tenants, housing and service providers.

Results: almost two-thirds of older tenants rent from a private landlord. They are potentially exposed to tenure insecurity and exclusion in a highly competitive rental market, are often disadvantaged in tenant application processes and are likely to be asset poor as well as on low incomes. Despite evidence that older people are among preferred tenant categories, they can also face unrealistic expectations from private landlords about their capacity and ability to maintain a tenancy. Older tenants' comfort and security may be compromised as they are more likely to be disabled than older owner-occupiers. They have specific housing needs associated with age and health that are poorly met by the market. Some older renters move frequently, due to tenancy termination or unaffordable rental, which jeopardises social connections and access to services.

Conclusions: improving New Zealand's rental market for an ageing population requires greater understanding of the conditions of secure occupancy for older tenants, as well as their needs, resources and capacities. Landlords need to be involved in designing non-regulatory responses to improve tenure security.

O-21

Using the Older People's External Residential Assessment Tool (OPERAT) in New Zealand.

Peter Matcham[1], Christine Stephens[2] and Vanessa Burholt[3]

[1] Grey Power, NZ

[2] Health and Ageing Research Team, Massey University, NZ

[3] Centre for Innovative Ageing, Swansea University, Wales

Background: Developing 'age-friendly' communities is one of the most effective local policy approaches for responding to demographic ageing. The WHO concept of 'age-friendly' cities has had an important influence; however, we need more detailed consideration of the complex roles of the built environment to support the wellbeing of all older people.

Aim: To develop robust methods to identify environmental supports and deficits so that local planners, local authorities and other organisations can plan clearly focussed interventions to improve the environment.

Methods: In this presentation, we will describe the development and piloting of a local version of an environmental assessment tool (OPERAT). OPERAT was co-produced with older people in the UK, to assess and compare specific living environments. We will describe our adaptations of the tool for New Zealand conditions, and how groups of older people across New Zealand have participated to assess their own area.

Results: We will show examples of the results of local assessments as displayed on an online map of New Zealand. This accessible display of the results of the assessment across any parts of New Zealand can be immediately shared with all stakeholders.

Discussion: The OPERAT is a resource which draws on the views of older people themselves to contribute to a publicly available resource for community access and use.

O-22

"It ain't what it used to be": Perceptions of older people living in a rural town ear-marked for growth

Sara Napier[1], Kay Shannon[1], Jeffery Adams[2], Stephen Neville[1]

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[2]Massey University, Auckland, New Zealand

Background: The 2016 New Zealand Healthy Ageing Strategy proffers the vision "Older people live well, age well and have a respectful end of life in age friendly communities". The demographic characteristics of rural areas in New Zealand have changed significantly in the last 30 years partly attributable to net out-migration of young people and in-migration of older people. The heterogeneity of older people and the places they live in has been a central focus of social gerontology. While rural gerontology studies have recognised the complexities associated with diverse contexts of ageing, little is known of how the lives of older people living in rural communities undergoing rapid development are impacted.

Aim: To explore the perceptions of people aged 75-84 about living in or around a rural town ear-marked for growth.

Methods: A qualitative descriptive approach was undertaken utilising semi-structured interviews. Fifteen older people aged 75-84 years were recruited.

Findings: The first main theme identified encompassed infrastructure challenges associated with rapid development and the effects of local council restructuring. The second main theme related to access to appropriate health services.

Conclusion: To enable older people to negotiate town services and engage in community life, suitable infrastructure is essential. Further, older people should have timely access to appropriate health services. Older people possess abundance of knowledge about their own communities and should be included at all levels of infrastructure planning. Ensuring older people living in rural communities live well, age well and have a respectful end of life will require the responsiveness of local agencies and planning groups.

O-23

A Common Goal - How Accessibility and Age-friendly can work together

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[2]Ministry of Social Development Office for Disability Issues, Wellington, New Zealand

Communities and local authorities are being approached to implement a wide range of programmes that are designed to improve the liveability of communities. Our research has identified over 20 such programmes that are being used. It is not uncommon to hear the question asked "why older people? Why not people with disabilities or children? Or some other group"

The Office for Seniors has been working on addressing this question by understanding how Age-friendly Communities align with other similar improvement programmes, that are targeting local councils and communities.

Together with the Office for Disability Issues we have been looking at ways to support our communities to become both age-friendly and accessible. With 59% of people over 65 years of age group having at least one disability it makes sense for the two approaches to collaborate.

Over the past year we have been working together to develop an approach that supports communities to improve Accessibility and Age-friendliness. Our aim has been to make a compelling case for adopting an approach where people irrespective of age or ability are actively participating in the shaping their community in partnership with local government, service providers, non-government organisations and individuals.

This presentation will provide an outline of the approach we have undertaken, some of the opportunities, challenges and key learning's we have identified along the way and the results of that we have achieved.

O-24

Reasons to connect: ICT technologies, competency and the mosaic of people and technology relations

Juliana Mansvelt, Sarah Dodds and Jonathan Elms

Massey University, Auckland New Zealand

Background: Older people are depicted ambivalently with respect to their relationship with information and communication (ICT) technologies. Dominant discourses often position older people on the wrong side of the digital divide as uninterested or incapable of engaging with new technologies. Simultaneously ICT technologies are presented as a potential mechanism to transform the lives of older persons by combating social isolation, improving access to information and commodities, and through assistive technologies.

Aim or Purpose: This study aimed to explore the meanings, experiences and practices of older people surrounding their use of ICT technologies.

Methods: 18 semi-structured interviews of 60-90 minutes were conducted with individuals and couples aged 65 or over. Participants were recruited using snowball sampling.

Results or Findings: Participants recounted both the positive and negative experiences of engaging with technology regardless of their competency. The development of ICT competency was nevertheless a source of pleasure, identity, sociality and wellbeing for many. While participants enjoyed the possibilities of online and digital engagements, they expressed the importance of individual choice in the use of ICT technologies, software and applications in their interactions with individuals, groups and organisations.

Conclusions: The development of ICT competencies is not necessarily widely transferable across devices or contexts, but instead situated and specific to particular mosaics of interactions with people, things, places and the technologies themselves. ICT mediated communications is welcomed by many older people, but providing a range of ways through which older people might interact with individuals and organisations remains important.

Disclosure: This research was supported by a grant from the Massey University Research Fund.

O-25

Parental caregiving for an adult family member with intellectual disability in late life: experiences of older Anglo and Greek/ Italian migrant parents in Australia.

Ruth Walker[1], Claire Hutchinson[2] and Lareen Newman[2]

[1]*Flinders University, Adelaide, South Australia*

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Background: Individuals with intellectual disability (ID) have experienced improvements in life expectancy, due to both advances in medical technology and improved social conditions. At the same time, the shift from institutional care to care in the community means that ageing parents often play an extended caregiving role, acting as primary caregiver for their adult child well into late life. Very few studies have focused on the caregiving experience; instead focusing mainly on the experiences of parents who reside in their country of origin.

Aim: This research compares and contrasts how older parents living in Australia who are from Anglo Australian and Greek/Italian backgrounds experience caring for an adult child with ID.

Methods: In-depth semi-structured interviews were carried out with n=15 Anglo Australian mothers and fathers (average age 70), n=4 Greek mothers (average age 78) and n=6 Italian mothers and n=1 couple (average age 72). On average their adult children were aged 41 years (range 22 to 53 years).

Findings: The main themes to emerge, regardless of cultural background, were: (a) the perpetual parenting role (b) uncertain futures and (c) complexity of sibling involvement. The parents from Greek and Italian backgrounds additionally face particular issues around potential social isolation as a result of their caregiving role and adult child's disability. The strong cultural expectation that wider family members, such as siblings, will provide on-going care in the future can also create potential vulnerability for the adult son or daughter with ID if this expectation remains unmet.

Conclusion: There is an urgent need for information and support for growing numbers of ageing parents caring for offspring with ID, particularly those from culturally and linguistically diverse backgrounds.

O-26

Towards a connected community, addressing social isolation in high need and / or rural areas.

Louise Rees and Stephanie Clare

Age Concern New Zealand, Wellington, New Zealand

New Zealand statistics show that around 10% of older New Zealanders experience loneliness, and that being on a lower income or aged over 75 increase the risk. Research also suggests that factors such as lack of transport, services, and decline of community hubs may be creating barriers to social connection for older people in rural areas. The health effects of loneliness and social isolation are now well documented, and loneliness has been linked to increased use of formal health services, and entry into rest home care. UK research into interventions has demonstrated that relatively informal, community-driven initiatives to promote social connection for older people can be both effective and cost-effective.

In response to the above evidence, Age Concern New Zealand obtained grant funding in 2016-17 to work alongside local Age Concerns to mobilize potential within their communities to provide social connection for older people. Local Age Concerns carried out community consultations in 13 high need and / or rural areas. Their brief was to then develop new social connection activities that were needs and strengths-based and collaborative, with sustainability and evaluation built in. All the projects have proved to be sustainable after the end of the project process and funding. Evaluations suggest that the activities have been greatly enjoyed and appreciated by participants, and have had a range of other positive spinoffs.

The learning from the local projects, and from a series of related staff workshops have enabled us to build our organizational capacity by identifying emerging principles and guidelines for building social connection at local level. We are currently developing best practice models for different types of social connection initiatives in order to support consistent quality, and to scale up what works

O-27

The lived experience of person-centred care in residential homes in New Zealnd and Singapore: the perspectives of residents, frontline caregivers and family members

Sara Sundarajoo

University of Otago, Dunedin, New Zealand

Ageing is an inevitable part of life. The intent to age gracefully and in a dignified manner is held as important by many, but a number of challenges can influence an individual's ability to control their lives at an older age. With an increase in the ageing population, many nations have started to focus on building more residential home institutions to help meet the demand. Currently within the aged care sector, the drive for quality care and quality of life has shifted the focus from providing basic care needs to one of person-centred care. Person-centred care has been promoted internationally as a quality care model to enhance the life of the older people residing in residential homes, and it values the inclusion of all members involved in the care context as vital in supporting the wellbeing of older residents in the residential home setting.

Aim: The purpose of this study was to explore the lived experience of person-centred care in residential homes from New Zealand and Singapore from the perspective of the residents, family members and frontline caregivers. The philosophical orientation of Van Manen's lifeworld-hermeneutic phenomenology was adopted as the methodology to guide this study.

Method: Interviews were conducted with thirty residents, ten family members and ten caregivers at two residential homes in New Zealand and Singapore.

Analysis: The audio-recorded interviews were transcribed and imported into NVIVO. The data were analysed using Van Manen's six-step research process.

Results: The data from the three participant groups across the two countries were synthesised and three major themes emerged from the findings: 'homelike', 'maintaining and developing connections' and 'workplace culture'. Each theme attempted to capture the unique and personal understanding of person-centred care as conceptualised by each participant. Findings showed considerable disparity between each group of participants' perspectives, in particular the frontline caregivers lacked clarity on what PCC is and interpreted it as good care. This suggested the implicit use of PCC in practice. Relocation to a residential home caused distress and impacted on the resident's experience of care. However, when there was continuity of their life themes and support from family and staff, this influenced their care experience positively. A care context that supported person-centred values at all levels was described as essential in fostering person-centred care.

Conclusion: Some older residents have great difficulty in establishing a sense of home in the residential home settings. The transition into residential care requires further attention. Building collaborative relationships between residents, family members and frontline caregivers are vital in enhancing person-centred care, which fosters the alignment of expectations and preferences. At an organisational level, a supportive care context that provides the physical structure, human resources, and the promotion of holistic care underpins positive person-centred care outcomes.

O-28

Aging in place: Growing healthy rural communities, student nurses educational contribution

Jean Ross

Otago Polytechnic, Dunedin, New Zealand

Aim and Background: We aim for our graduates to have practiced primary health. Our nursing students practice making a difference in rural communities in collaborative groups. Using the Community Health Assessment Student Education (CHASE) model to provide a practice framework, students instigate healthy change within communities. They have worked holistically with elected officials, Community Rural Trusts, organisations, institutions, industry and Regional/State health authorities, as well as multiple community leaders and health professionals. Community development as a component of primary health, is a health promoting skill that requires meaningful research, ethical practice, partnership and above all collaboration with the community and in particular the identified population group.

Method: The CHASE model has developed from practice during 2015-2017. Differing modes of community partnership have been trialled, and the model made more robust, ethical and inclusive of indigenous population consultation.

Results: This presentation demonstrates how the CHASE model has guided students with a variety of community partners. We showcase, compare and contrast the student findings with, the health promoting activities and resources they provided to promote and improve health of older adults situated in three different Otago rural communities. These resources enable older adults from a small rural community to remain in their own home and maintain independence, with the use of technology. Further, a sense of awareness of wellness and the onset of chronic health conditions in an otherwise active older adult population situated in a vibrant rural location as well as aiming to reduce older adult social isolation in a remote rural Otago location.

A collaborative partnership between student and community partner is crucial for community development and potential change to occur. Where a partnership is robust, communities 'own' the student initiatives, and continue action toward healthy change once students have withdrawn from the setting.

Conclusion: The CHASE model is a flexible model that promotes community development. It moves across a wide range of community settings and specific population groups from rural and urban geographic communities. The outcomes will always differ, as each community project based on CHASE responds to the identified needs of specific communities and in the case of this presentation the rural older adult.

O-29

Nutrition risk prevalence and associated risk factors: Results from the 2014 Health, Work and Retirement Study.

Carol Wham, Melanie Tkatch and Andy Towers

Massey University, Auckland, New Zealand

Background/Aim: As with other developed nations New Zealand is experiencing population ageing. This population is vulnerable in terms of nutrition status; as advancing age is associated with a reduction in food intake, which may be inevitable, for various functional, economic or social reasons. Several studies have investigated the prevalence of nutrition risk amongst community-living older adults in New Zealand and have found at least a third of older adults are at nutrition risk. The aim of this research was to determine the prevalence of nutrition risk and associated risk factors amongst community-living Māori and non-Māori older adults participating in the Health, Work and Retirement study.

Purpose/Methods/Results: A cross-sectional analysis of 2914 adults aged 49 to 87 years from the 2014 Health Work and Retirement cohort was undertaken. As part of a postal survey nutrition risk was assessed using the validated Seniors in the Community: Risk Evaluation for Eating and Nutrition, abbreviated version (SCREENII-AB). Other measures included demographic, social and health characteristics.

Findings/Conclusions: Over a third (37.2%) of participants were found to be at nutrition risk (SCREENII-AB score <38). Half (51.2%) of Māori participants were at nutrition risk compared to 32.7% of non-Māori. Independent risk factors for Māori were being un-partnered and rating general health as fair. Independent risk factors for non-Māori were being un-partnered, rating general health as fair or poor, lower life satisfaction, greater total health conditions and emotional loneliness. Those who are un-partnered are a key identifiable group who would benefit from strategies that encourage older adults to eat with others. For Māori the lack of an association between emotional loneliness and nutrition risk may be related to the positive aspects of Tikanga. Nevertheless Māori culture is rooted in food (Kai), and access to traditional foods may help to mitigate nutrition risk.

O-30

Diet Quality, physical function and quality of life in Advanced Age: LiLACS NZ

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Background / Aim or Purpose: Adequate macro and micronutrients are needed for proper physiological function. This paper aims to describe the relationship between diet quality, physical function and quality of life in octogenarians.

Methods: LiLACS NZ is a longitudinal study that began in 2010. In the second year, 578 participants (216 Māori, 362 non-Māori) completed two 24-hour multi-pass dietary recalls. Physical function was determined using the Nottingham Extended Activity of Daily Living scale (NEADL) and health related quality of life (QoL) using the SF-12. The Diet Quality Index-International (DQI) was adapted using the Nutrient Reference Values for Australia and New Zealand and the Food and Nutrition Guidelines for Healthy Older People, 2013. The index has four categories: Variety, Adequacy, Moderation, and Balance. Multivariate regression models were constructed to determine the association between physical function, QoL and DQI at baseline and 48-month follow-up.

Results: The median (p25th, p75th) DQI scores for Māori and non-Māori were 68 (61, 74) and 71 (66, 76) respectively ($p<0.01$); median for men and women were 69 (63, 74) and 71 (65, 75), $p=0.048$. At baseline, in non-Māori DQI was independently associated with physical function [B(95%CI) 0.108(0.058-0.158), $p<0.001$] and physical-health-QoL [0.206(0.051-0.361), $p=0.009$]; no association was observed in Māori. DQI was not associated with physical function and QoL at 48-month follow-up. In nonMāori, number of prescribed medications was independently associated with lower physical function [-0.262 (-0.458 – -0.066), $p=0.009$) and female was associated with better mental-health-QoL [2.604 (0.332-4.875), $p=0.025$] at 48-month follow-up.

Conclusions: In this sample of octogenarians, the overall DQI indicates a moderately healthful diet. The interim relationship between diet quality, physical function and quality of life was ethnic-specific. Further analyses are needed to examine components of the DQI to inform specific intervention.

O-31

Intakes, adequacy, food sources and biomarker status of iron, folate, and vitamin B12 in Maori and non-Maori octogenarians: Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ).

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Background: Octogenarians may be at increased risk for iron, folate and vitamin B_{12} deficiency due to reduced food intake. There are no specific nutrient reference values or biomarker cut-offs for these micronutrients for adults in advanced age and little is known about the relationship between dietary intake and biomarkers for older adults.

Aim: To investigate the intake, adequacy, food sources and biomarker status of iron, folate and vitamin B_{12} and the relationship between dietary intake and biomarkers.

Methods: In the follow up assessment of LiLACS NZ, 216 Maori and 362 non-Maori participants completed a detailed dietary assessment using 2x 24-hr multiple pass recalls. Adequacy of iron, folate and vitamin B_{12} were determined by comparison to the Estimated Average Requirement (EAR) for adults aged 71+ years. Serum ferritin, serum iron, total iron binding capacity, transferrin saturation, red blood cell (RBC) folate, serum folate, serum vitamin B_{12} and haemoglobin were compared to recognised cut-offs for adults. Generalised linear models and binary regression estimated the association between dietary intake and biomarkers.

Results: Most participants had adequate dietary iron intakes (88% Maori; 95% non-Maori above EAR) and biomarkers for iron (>94% above cut-offs). The EAR for vitamin B_{12} was met by 74% Maori; 78% non-Maori and folate met by 42% Maori; 49% non-Maori. Maori versus non-Maori had higher intakes of vitamin B_{12} ($p=0.038$) and serum vitamin B_{12} ($p=0.026$). Increased dietary folate intake was associated with increased RBC folate for Maori ($p=0.001$) and non-Maori ($p=0.014$) and with increased serum folate for Maori ($p<0.001$). Folate intake >215µg/day was associated with reduced risk of deficiency in RBC folate for Maori ($p=0.001$).

Conclusions: Dietary intake and stores of iron are largely adequate in this population. Strategies to optimise the intake and bioavailability of foods rich in folate and vitamin B_{12} may be beneficial.

O-32

Nutrition in pre-frail older adults

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Background: The incidence of frailty increases with the ageing population. Frailty is associated with increased risk of physical and cognitive impairment, reduced quality of life and expensive healthcare costs. Nutrition in frailty has gained increased attention in recent years but it is unknown whether the pre-frail population meet the dietary requirements and if this influences their risk to developing frailty.

Aims: This paper aims to describe the nutritional status of pre-frail community dwelling older adults (OA).

Methods: The Staying UPright and Eating well Research 'SUPER' study is a multi-centred randomised controlled trial of a complex intervention in pre-frail OA aged 75+ (60+ for Māori and Pasifika). Participants completed two 24-hour-multiple pass recalls at baseline at a home-interview using the online INTAKE24 program. Descriptive statistics are reported for macro and micro nutrient intake.

Results: Three hundred and ninety-four participants were included in this preliminary analysis (40% men), mean(SD) age was 80(5). The average daily energy intake for men and women were 1838kcal(7721kJ) and 1555kcal(6530kJ) respectively. Carbohydrate, fat and protein contribute 48%, 34% and 16% of energy for men; women 47%, 35% and 16%. Compared to NZ guidelines for OA, over half of the sample had energy intakes within the recommended range for carbohydrate (61%) and protein (59%). More than half of the sample had inadequate intake of PUFA-n6 (94%), PUFA-n3 (92%), calcium (93%), vitaminD (91%), folate (79%), vitaminE (67%), vitaminA (60%), vitaminB12 (62%) and selenium (76%). More men than women had inadequate vitamin A and E; a reverse trend for folate.

Conclusion: As per the Food and Nutrition Guidelines for Healthy Older People 2013, most of the sample had inadequacies in key nutrients found have important roles in the trajectories of frailty. Further analyses will be carried to determine the effect of the intervention on these nutrients prospectively.

O-33

Nutritional risk factors for hip fracture among older adults with complex needs

Rebecca Abey-Nesbit[1], Philip J. Schluter[2,3], Tim Wilkinson[1,4], John Thwaites[4], Hamish Jamieson[1,4]

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Background: Hip fractures are a common injury in older people. Many studies have identified various risk factors for hip fracture. Having a low BMI is a well-known risk factor for hip fracture risk, but other nutritional factors have not been as thoroughly explored. The interRAI home care assessment has seven questions relating to nutrition.

Aim/Purpose: To identify which nutritional factors may be associated with hip fracture in interRAI home care clients

Methods: The cohort consisted of 46,879 people aged 65 years and over who had an interRAI home care assessment between September 2012 and October 2015. Hip fracture diagnosis was identified by linking ICD codes from hospital admissions data to the interRAI home care data. Questions on nutrition were taken from Section K: Oral and Nutritional Status of the interRAI home care (version 9.1). Unadjusted and adjusted competing risk regressions, where mortality is a competing event, were created to identify risk factors for hip fracture.

Results: The cohort were 61% female with a mean age of 82.7 years. A total of 3,078 (6.6%) of the cohort sustained a hip fracture after assessment by October 2015. After adjusting for a suite of other sociodemographic and potentially confounding variables nutritional factors such as low BMI (SHR 1.72, 95% CI 1.43, 2.06), and fluid output exceeding input (SHR 1.54, 95% CI 1.03, 2.30) had a significant association with hip fracture risk.

Conclusions: Nutrition can influence hip fracture risk in older adults with complex needs. . When creating programmes designed around hip fracture prevention nutritional information such as BMI, and fluid intake can be used in conjunction with other well known risk factors.

O-34

Elder abuse - Beyond the shocking headlines

Hanny Naus

Age Concern New Zealand, Wellington, New Zealand

Occasionally there are stories that hit the headlines, but most of the elder abuse and neglect instances in New Zealand do not reach the media or any other public forum. Away from the public eye, work has continued to support older people who are experiencing abuse or neglect by Age Concerns throughout this country.

What has Age Concern learned from the past decade of providing Elder Abuse and Neglect services? From the data we have collected about the situations that Age Concerns encounter, we have developed our understanding about many of the complex issues involved.

How does the information gathered over the past decade, help to inform our practice in the next decade(s)? The knowledge we have gained spearheads our aim to enhance the safety and promote the dignity of older people in our society.

O-35

Travel with dementia

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[2]*Dementia Auckland, Auckland, New Zealand*

Background: People with dementia still like to travel overseas and in New Zealand if that is what they are used to doing. However, travel requires more planning if someone is living with dementia.

Aim or Purpose: To understand how people can continue to enjoy travel despite developing dementia.

Methods: This paper extends and updates research done in 2008 involving focus groups of people with dementia and their informal carers, literature review and expert opinions. A group of younger people with dementia and their supporters, meeting regularly at Dementia Auckland shared their experiences and advice on travel.

Results or Findings: The result is their practical suggestions such as when, where and how to travel, coping with airports and long distance plane trips, how to manage delays and disruptions to travel plans. Their next goal is to make Auckland Airport dementia-friendly.

Conclusions: National and international travel are possible and enjoyable for people with dementia and their care-partners.

O-36

Prostate cancer treatment-related side effects and perceived quality of life post diagnosis

Asmita Patel[1,2], Grant Schofield[1] and Justin Keogh[1,3]

[1]Auckland University of Technology, Auckland, New Zealand

[2]New Zealand College of Chinese Medicine, Auckland, New Zealand

[3]Bond University, Gold Coast, Australia

Background: All treatment options for prostate cancer will have varying degrees of adverse side effects that can impact on quality of life. The aim of the present study was to identify and examine how men's perceived quality of life differed to before they were diagnosed with prostate cancer.

Methods: Sixteen prostate cancer survivors from the Auckland region took part in the present study. Participants ranged in age from 57 to 88 years of age (71.3±7.4 years). Time since diagnosis ranged from 1 years to 17 years (6.5±5.6 years). The majority of men had either had surgery (radical prostatectomy) or were currently on hormone treatment (androgen deprivation therapy) for their prostate cancer. A qualitative methodology was employed, whereby participants were individually interviewed and data analysed using an inductive thematic approach.

Results: Post diagnosis quality of life was strongly influenced by treatment-related side effects. A number of side effects including: loss of sexual function or reduced sexual function and urinary incontinence and bowel issues were associated with a number of treatments. In contrast, perceived loss of masculinity, fatigue, and sleep disturbance were primarily associated with androgen deprivation therapy.

Conclusions: Prior to receiving treatment for prostate cancer, men (and their families) need to be made aware of the potential side effects of the various treatment options. Such discussions should take place with their physicians. Both physicians and patients should be made aware of practical information and resources that can be used to minimise the adverse treatment-related side effects of various prostate cancer treatments to try and maintain quality of life post-diagnosis.

O-37

Cognitive Stimulation Therapy enhances residents' cognition and psychological well being in Selwyn Village care homes.

Orquidea Tamayp Mortera

The Selwyn Foundation, Auckland, New Zealand

Depression and loneliness among people living in a residential care is a significant issue. Current treatment approach is mostly through anti depressant medication, overtime this people are overcome by what we call the 'wilting flower syndrome'.

Dementia hasn't stop residents in Selwyn Village from learning new things on weekly basis. An adapted CST program was introduced to hospital care level residents challenging the 2014 New Zealand research, which specified that the individuals participating shouldn't be of hospital level care. The achieved and positive outcomes are beyond and above what we expected. The delivery of CST at Selwyn Village reversed the 'wilding flower syndrome' with its 'switch on effect'.

Cognitive stimulation is defined as "engagement in a range of activities and discussions aimed at general enhancement of cognitive and social functioning". It is different from cognitive rehabilitation and cognitive training. We adapted and implemented a CST version that works in a Hospital care setting.

Participants have developed a huge sense of fellowship, belonging and ownership. The residents are now retaining information from previous sessions, like names, songs or specific details from previous discussions, they know each other by names and are fully aware if someone is absent and will demand for us to wait until the last resident arrives.

The topics are stimulating and thought provoking and the residents have grown in confidence as time has progressed. They feel free to express their strong opinions, which have resulted in a lively conversation sprinkled with humor at times. They have become a small family, whose ideas are respected and appreciate it, and this innovative approach has truly enhanced and had a positive impact in their quality of lives.

ORAL ABSTRACTS

Friday 7 September, 3:15pm – 4:30pm

O-38

Impacts of involving older people in health and social care research: a systematic review

Jennifer Baldwin, Sara Napier, Stephen Neville, Valerie Wright-St Clair

Auckland University of Technology, Auckland, New Zealand.

Background: Patient and public involvement in research has been linked with numerous positive impacts, however evidence for older people's involvement is limited.

Aim/purpose: To evaluate the impacts of involving older people in health and social care research on older co-researchers, academic researchers, and research processes and outcomes. A secondary aim was to explore critical success factors and future considerations for older people's co-researcher involvement.

Methods: A systematic search of six databases were searched for English language studies published between 2006 and 2017. A supplementary search was conducted. Two authors independently retrieved articles using standardised inclusion criteria and data extraction forms. Articles reporting formal evaluation of older people's involvement were included.

Results: Nine studies met the inclusion criteria. Beneficial impacts for older co-researchers included psychological and social benefits, new learning, and activism and career opportunities, while challenging impacts comprised demanding workloads, difficult relationships and dissatisfaction with level of involvement. Benefits for academic researchers entailed new learning and shared workloads; challenges related to demanding workloads and difficult relationships. Both positive and negative impacts on research quality and impact were observed. Beneficial outcomes for participants and the community were demonstrated. Building relationships, facilitating communication and breaking down barriers to participation were identified as critical success factors.

Conclusions: Evidence for the impacts of older people's involvement is mixed although benefits appear to outweigh the challenges. Future considerations for undertaking participatory research include matching older people's skills and motivations to the project and level of involvement, and ensuring an iterative process in which evaluation is embedded throughout.

O-39

Risk factors for transition to residential aged care for the oldest New Zealand Māori and non-Māori

Marycarol Holdaway, Ngaire Kerse, Simon Moyes, Zhenqiang Wu, Martin Connolly, Janine Wiles,

Ruth Teh, Merryn Gott, Marama Muru-Lanning, Joanna Broad.

University of Auckland, Auckland, New Zealand

Funding for the LiLACS-NZ study was obtained from the Health Research Council of New Zealand, Ngā Pae o te Māramatanga and the Rotorua Energy Charitable Trust, and a University of Auckland Summer Studentship supported this work.

Background: As people age, the use of supportive living such as residential long-term care (LTC) increases. This study aims to determine LTC utilisation and to identify factors associated with LTC use for Māori and non-Māori octogenarians in the LiLACS-NZ cohort.

Methods: 937 participants (Māori=421 aged 80-90 years; non-Māori=516 aged 85 at baseline in 2010) were interviewed and underwent physical assessment annually until 2016. 77 participants in LTC at baseline were excluded from analysis. Entry into LTC during follow-up was captured from several sources: LiLACS interviews, hospital discharge data, interRAI needs assessments, residential care subsidy records and place of heath as certified on death certificates. Associations between baseline factors (ethnicity, age, gender, marital status, living situation, self-rated health, depression and Activities of Daily Living [ADL]), with LTC utilisation were explored using multivariable log-binomial regressions to estimate relative risk (RR) and 95% confidence intervals.

Results: 860 participants not living in LTC at baseline were followed for a median of 5.9 years, during which 278 (32.3%, 191 non-Māori, 87 Māori) entered LTC. In a model including Māori and non-Māori participants, the multivariable-adjusted RR of LTC use was 1.77 ($p<0.001$) for non-Māori compared to Māori. Living alone (RR=1.52, $p<0.01$), poor/fair self-rated health (RR=1.40, $p<0.01$), depression (RR=1.40, $p=0.01$) and greater number of dependent ADLs (RR=1.09, $p<0.001$) were significantly associated with entry to LTC. In ethnic-specific models, factors independently associated with LTC use for Māori were older age, living alone and poor/fair self-rated health, while for non-Māori were poorer ADL score and poor/fair self-rated health.

Conclusions: Non-Māori participants entered LTC more than Māori. Factors associated with LTC use differed between Māori and non-Māori participants, raising for discussion questions about expectations, preferences and access to home-based support services.

O-40

Conversion of existing houses: Is this a solution for ageing in place in New Zealand?

Fatemeh Yavari and Brenda vale

Victoria University of Wellington, Wellington, New Zealand

There has been much discussion on how ageing in place for an ageing population can be made viable. As a part of PhD study on a resource assessment of housing alternatives for the ageing population in New Zealand, conversion of two New Zealand housing types was investigated. Selected examples of each were redesigned in accordance with Lifemark standards. The options included varying degrees of shared living.

These proposed conversions were examined by New Zealanders aged 55+ using a questionnaire-based survey (online and postal). To probe the online survey results further, two client (those aged 55+) focus groups were convened. The designs were re-presented and reasons for the decisions discussed, with the aim of gaining greater understanding of what the groups felt was appropriate housing for their varying circumstances. Audiotapes of the focus group discussions were transcribed verbatim and analysed thematically using the qualitative data management software NVivo 11 to identify emergent themes.

This paper reports on the results of the thematic analysis. The three major themes identified were alternatives to converting existing houses, and the social and architectural aspects of the conversion approach. Whether sharing was a viable option, together with preferences for sharing with people of the same or other age groups and with families and friends were the focal points of the discussion sessions, along with comments on the design characteristics of the proposed conversions. These are discussed in more detail in the paper.

The various design-related characteristics identified through analysing the comments could assist designers in making informed decisions when altering existing houses to make them more suitable for ageing in place. The outcomes of this study could also assist the authorities involved with housing provision for the ageing.

We are grateful to Dr. Judith Davey from Victoria University of Wellington and Dr. Kay Saville-Smith and Nina Saville-Smith from CRESA for their support to the research.

O-41

Equity of access and outcomes for older people in Australia – A case study from across the ditch

James Beckford Saunders

Australian Association of Gerontology, Australia

Australia is mid-way through aged care reforms.

The ultimate measure of the effectiveness of the reforms is how it impacts on the most vulnerable. Reform will have failed if aged care is not responsive to diversity of need or accessible to the disadvantaged.

Older Australians have diverse characteristics, with the majority experiencing one or more factors that may pose a barrier to accessing aged care services or impact on the outcomes achieved by services.

The aged care system must be responsive to the unique needs of older people, whatever their form of disadvantage or diverse circumstance, with their needs considered holistically and not just through the lens of a particular characteristic.

This case study will look at some of the approaches Australia has taken (or not taken) to address systemic barriers impacting people and the challenges of this in a market based approach to consumer directed care, including the role that the Australian Association of Gerontology takes in this and related issues.

O-42

Planning for an Age Friendly Hamilton: Together we are doing it!

Dame Peggy Koopman-Boyden[1] and Nick Chester[2]

[1]*University of Waikato, Hamilton, New Zealand*

[2]*Hamilton City Council, Hamilton, New Zealand*

In 2016 the Hamilton City Council supported the recommendation of the Hamilton's Older Persons Advisory Panel that the city join the WHO Age Friendly Global Network.

This paper will demonstrate how the city of Hamilton, through a "community driven" approach* was able to establish a four-year plan (Age Friendly Hamilton Plan, 2018-2021) to: raise the awareness of the ageing of the Hamilton city population, and to improve the city's facilities and services for older people.

At the time of writing (March 2018), the Plan has been submitted to the WHO.

The Plan includes 48 projects covering the 8 WHO themes (and also Safety), with each project being "continuing, enhanced or new". The projects were negotiated by the (volunteer) Steering Group members between existing organisations prepared "to work together"*, and "build on what already exists"*. No outside funding was used to develop the projects. Resources came from within the organisations.

The Plan adopted a set of Principles, including "focus on the older people"*, so that older people were consulted in public forums, in small groups, and individually, and their views were used to guide the type of projects established. The Steering Group also included older people, and "soon-to-be-older people". The paper will give examples of how these principles were followed through, along with "being culturally appropriate"*, "universal design"* and "sustainability"*.

The Plan is ongoing, and is now in the stage of monitoring planned projects, along with a continuing innovation and development stage.

The paper will consider the issues surrounding all of the Plan's stages (establishment, consultation and information gathering, negotiation of new projects, evaluation, future plans and sustainability), the methods used in a community driven approach (including maintaining community support), communication, and the Plan's sustainability. Examples of the negotiated age friendly projects will be included.

Disclosure: The Office for Seniors funded the graphics in the final document. With the exception of Nick Chester, all labour was voluntary. It should be noted that while the Hamilton City Council supports the Age Friendly Plan, the project leaders are responsible for the projects' implementation.

*Indicates a Principle of the Plan.

O-43

Integrating Use of Assistive Technologies into Home-Based Care for older adults in New Zealand

Mary-Anne Stone[1], Gill Coe[2], Jonathan Sibbles[1]

[1]*Nurse Maude, Christchurch, New Zealand*

[2]*NZ Institute of Community Health Care, Christchurch, New Zealand*

Background: Nurse Maude (NM) is a large, charitable community provider providing home-based support services including homecare. This presentation offers a synthesised exploration of the issues they have identified through various research and development projects focused on integrating assistive technology into homecare provision for the adults.

Increasingly technology exists to support people in their homes, but its uptake has been constrained due in large part to failures to integrate its use into existing purchasing or delivery models. NM has gained a considerable amount of experience trialling, implementing and evaluating four ongoing research and/or service development projects, in partnership with various key stakeholders.

Methods: A synthesis of findings from four assistive technology projects:

1. An historical control trial research project; trialling a model of care using monitored alarms in the homes of people with cognitive decline to enable enhanced case management based on alerts received from St John

2. Electronic medication carousel useability trial and evaluation project. Partnering with pharmacies, assisting targeted clients to comply with medication regime

3. A useability trial and evaluation project using support workers assisted by an app to monitor COPD and CHF symptoms on behalf of general practices.

4. A useability trial integrating a tracking system into homecare support for wanderers

Findings: A synthesis of findings to date across all projects:

- Real client benefits and significant health system efficiencies are possible.
- Identified several consistent barriers and enablers to integration of assisti ve technologies within community care models for the elderly.
- Significantly, the stakeholder and change management required to integrate use of assistive technologies into services in the community for the elderly is at least as complex and requires as much investment as the technology development itself.
- Not all assistive technology innovations deliver benefit to the provider of the service where the technology is deployed. Most benefits (excluding the direct client improvements) will be at the health system level.
- This results in a significant disincentive to innovate and

explore/develop ways to integrate use / promote uptake within existing models of homecare delivery.

Conclusion: In order to secure the patient and broader health system benefits of increased uptake of assistive technologies to support care of the older person at home; greater health system investment is needed for service level research and development.

O-44

Cell Phone and Technology Use in the Elderly

Astrid Atlas, Ngaire Kerse, Simon Moyes and Marama Muru-Lanning

University of Auckland, Auckland, New Zealand

Introduction: The use of text messaging, internet and other technologies can be beneficial in the self-management of long term conditions and gaining access to health information or as a channel of peer-to-peer support.

This study aims to report technology use amongst those in advanced age in New Zealand.

Conference theme addressed: Improving clinical effectiveness. It deals with equity by examining the use of technology.

Method: In this study data collected from LiLACS NZ was used to examine the prevalence of the use of technology in Māori and non-Māori.

LiLACS NZ recruited Māori aged 80-90 years and non-Māori aged 85 years of age living in the Bay of Plenty and Lakes District Health Board regions (excluding Taupo) in 2010.

Use of internet, use of cell phone and SKY TV were asked and responses recorded. The 3MS (cognition test) was used to assess cognition and pension status was ascertained. Association between technology use and NZdep, cognition and gender were examined.

Results: There were a total of 635 participants. Considering technology use: 40% of Māori and 50% of non Māori used a cell phone (P ,0.001); 56% of Māori and 50% of non-Māori watched SKY TV (ns); and 14% of Māori and 32% of non-Māori used the internet (p<0.001). Those who used the internet had higher cognition scores.

For Māori older age was associated with less internet use, and less cell phone use. Māori women were less likely to watch SKY TV and those who were supported only by the pension (pension only) were less likely to use a cell phone.

For non-Māori, women and those with 'pension only' were less likely to watch SKYTV. Those who used the internet had higher cognition scores.

Conclusion: There are ethnic related disparities in cell phone and internet use. Older age and poor cognition limit the use of the internet and overall internet use was low. Technology based health strategies may not be ideal for the very old.

O-45

Nutrition risk associated with impaired body composition and physical performance among community-dwelling older adults

Idah Chatindiara[1], Vicki Williams[1], Emily Sycamore[1], Marilize Ritcher[1], Jacqueline Allen[2], Carol Wham[1]

[1]*Massey University, Auckland, New Zealand*

[2]*University of Auckland, Auckland, New Zealand*

Background: Establishing nutrition risk status and its effects on the physical health status of community-dwelling older adults is an important step towards attaining ageing in place.

Aim: The aim of this study was to determine the prevalence of nutrition risk and decline in physical health; specifically investigating how nutrition risk status is associated with body composition and physical performance among community-dwelling older New Zealanders.

Methods: This cross-sectional study enrolled 257 community-dwelling older adults (median age 79 years). Assessments included the Mini Nutritional Assessment Short Form (MNA®-SF) for nutrition risk; the Eating Assessment Tool-10 for dysphagia risk; and bioimpedance analysis for body composition i.e. free fat mass (FFM), percentage body fat and total body weight. Performance-based tests namely gait speed and the five-times-sit-to-stand test (FTSTS) were conducted to assess physical performance.

Results: Twelve percent of participants were either malnourished (1%) or at nutrition risk (11%). Low physical performance was identified through gait speed in 11% and FTSTS in 37% of the participants. Increased nutrition risk was significantly associated with age over 85 years (p=0.016), dysphagia risk (p=0.035), low gait speed (p=0.028), low FFM index (p<0.001), low percentage body fat (p=0.003) and a greater number of comorbidities (p=0.015). Gait speed was positively correlated with FFM index (r=0.19 p<0.022), percentage body fat (r=0.23, p=0.006) and BMI (r=0.29, p<0.001).

Conclusion: Strategies aimed at improving nutrition status alongside a physically active lifestyle may help to slow losses of fat free mass and protect physical performance. This is central to maintaining mobility and independence in older age.

O-46

New Zealand adoption of International Dysphagia Diet Standardisation Initiative (IDDSI)

Anna Miles

University of Auckland / New Zealand Speech-language Therapists' Association (NZSTA), Auckland, New Zealand

Background: Over 35,000 people live in aged care facilities in New Zealand. Texture modified diets are a necessity for many residents; whether due to swallowing difficulties (dysphagia), poor dentition, sensory, physical and/or cognitive impairments. Texture modified diets are commonplace (15-30% of residents) and have been associated with malnutrition and poor quality of life. International Dysphagia Diet Standardisation Initiative (IDDSI) provides internationally accepted terminology and definitions for texture-modified food and drinks for individuals with dysphagia of all ages, in all care settings, and of all cultures. In 2017, Dietitians New Zealand (DNZ) and New Zealand Speech-language Therapists' Association (NZSTA) committed to successful implementation of the IDDSI standards into New Zealand by the end of 2018.

Aim: To successfully adopt IDDSI Standards across all New Zealand hospitals, residential care facilities and community settings.

Methods: DNZ and NZSTA are working with industry, service providers and members. In 2017, the IDDSI adoption was in Awareness and Prepare stages. Adoption began in 2018 making New Zealand the first country to reach this stage in IDDSI adoption.

Results: Considerable time and effort went into the Awareness and Prepare stages of IDDSI NZ in 2017. A small NZSTA / DNZ working group searched the country to establish a network across all sectors involved in food for people with dysphagia. An industry consultation meeting was held at the end of 2017 and all sectors were invited. Considerable attention has been placed on communications with speech therapists and dietitians in order to enable the health professionals to be advocates and mentors. Speech therapists and dietitians have been encouraged to take a **STAND**: **S**upport Food Service, **T**each others, **A**dvocate for safety, **N**ever use only the old terminology and **D**ocumentation using the new terminology. Social media has been utilised highlighting the implementation of IDDSI and showcasing how IDDSI has become a vehicle not only for patient safety but also for the increased interactions across health and food sectors. One of the most successful initiatives has been offering a speech therapist and dietitian mentor to Food Service and Residential Care providers to support menu assessment and re-design.

Conclusions: Adoption of IDDSI has already offered New Zealand far more than standardisation of terminology and standards. It has led to opportunities for cross-sector collaborative education and quality initiatives and media attention to a population in need.

O-47

Understanding the experiences and needs of Māori older adults in relation to pharmacy and medicines review services in New Zealand

Jo Hikaka

University of Auckland, Auckland, New Zealand

Medicines optimisation services have been shown to improve the appropriate use of polypharmacy in older adults.[1] Research has shown that Māori, in comparison to non-Māori, are more likely to experience drug related problems[2] , less likely to be given information about their medicines[3], and less likely to be recruited into mainstream pilot medicine review services.[4] Despite this, there is no research showing consultation with, or medicines review or optimisation services designed for, Māori older adults.

The aim of this research is to understand Māori older adults' experience of pharmacy and medicines services and to use participant feedback to inform design of a medicines optimisation service for older Māori.

Narrative interviewing will be used to gather information from ten Māori older adults and their families. Individual and family narratives will be reviewed and then analysed thematically as a whole using narrative analysis. These methods will be conducted within a kaupapa Māori framework. Kaupapa Māori research aims to normalise Māori worldviews and ways of knowing, take back space and power for Māori in the research process[4] and comes from a place of dreaming of infinite possibilities for Māori.[5]

Results from this research will be presented. It will also be used to feed into research with health professionals to inform the development of a pilot medicines optimisation service model for Māori older adults in Auckland, New Zealand. It is intended that this work may contribute to reducing inequitable health outcomes for Māori older adults.

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O-48

Nutrition and dysphagia in seniors in the community! - What can we do about it?

Kaye Dennison[1] and Renee Taylor[2]

[1]*Optimize Health Solutions Ltd, New Zealand*

[2]*Swallow and Speech Therapy Consultants Ltd, New Zealand*

Research conducted in New Zealand and internationally has identified older people in the community have malnutrition and are at risk of malnutrition. Recent New Zealand research by Wham et al at Massey University has highlighted many older people admitted to hospitals and residential care are either malnourished or at risk of malnutrition. Malnutrition caused by multiple factors including dysphagia results in poor health outcomes for older people and high costs for health providers.

It is clear malnutrition starts in the community. This is something that can be addressed at an early stage either with people living independently in their own homes or with people living in residential care. There are a range of validated, free and easily administered screening tools available to identify malnutrition and dysphagia risk in community settings.

These tools can be administered by all health care staff who can commence first level interventions based on the screening tool scores. Referrals to a dietitian or speech language therapist for a full assessment and development of a nutrition care plan will be required for high risk patients.

Implementing these screening tools into community and long term care settings will help to arrest malnutrition and dysphagia risk at early stages and improve outcomes and long term wellness, for older people.

ORAL ABSTRACTS

Saturday 8 September, 10:30am – 11:45am

O-49

The Future of Actively Engaged Older People – How meaningful participation is reflected and enabled in policy

Lovely Dizon, Janine Wiles and Roshini Peris-John

University of Auckland, Auckland, New Zealand

Background/Purpose: The way problems are constructed in public policy directly influences the solutions created. Recent policies on ageing well emphasise active participation as a key component, however, little is known whether the framing of participation in these policies accurately reflects what meaningful participation is for older people. In this paper, we report on research addressing the question: "How is meaningful participation reflected and enabled in policy?"

Methods: Eleven global, national and local policies on ageing well were purposively selected and analysed using thematic and critical discourse analysis.
Results/Findings:We identified three overall patterns of discourse. The first was a 'one size fits all' approach to ageing, where pluralising older people in policies along with underlying emphases on active ageing imply all older people can and will participate in the same ways.
The second pattern was framing older people as a resource, implying older people are considered more valuable when they participate for societal benefit. This potentially limits the ability to pursue activities for individual benefit and excludes those who cannot participate in ways that benefit others.

The third pattern was individual responsibility for participation. While policy-makers create opportunities for older people to participate, ultimately, they frame it as the responsibility of the older person to engage with those opportunities.

Conclusions: The way meaningful participation is reflected and enabled in these policies highlights the importance of framing in policy, illuminating who has power, and who is held responsible for ageing well. While some groups can participate in ways encouraged by policies, the focus on productive participation can exclude many others.

Our findings highlight a number of implications for future research and practice, such as exploring what meaningful participation means to older people themselves and how policy-makers need to ensure they ways they engage with older people in the decision-making process are more inclusive.

O-50

The Attitude of Living Well

Presented by: Maria Jay[1] and Shirley Hazelwood[1]

Authors: Denise Brett[1], Julia Scott[1], Bill McDonald[1], Heather Harlow[1], Maria Scott-Multani[1], Valerie Wright-St Clair[2] and Stephen Neville[2]

[1]*Arvida Group, Auckland, New Zealand*

[2]*Auckland University of Technology, Auckland, New Zealand*

Background: The 'baby boomer' generation's aspirations for ageing presents opportunities for the way in which aged care is delivered. Arvida Group Limited identified the need to design an innovative model of care that supported its vision of transforming the ageing experience for older New Zealanders.

Theoretical Foundations: Drawing on the Household Model of Care and person-centred care principles, Arvida's Attitude of Living Well model emphasises resident autonomy, engagement and relationship-centred care, a practice culture with resident wellbeing at its heart, and Arvida villages as part of inclusive communities. The model has five wellness pillars – eating, thinking, resting, moving and engaging well. It aims to encourage holistic practice that provides excellent clinical care in an environment that supports living well.

Discussion: This paper illustrates how the five wellness pillars are applied in a number of Arvida villages and presents anecdotal data based on staff and residents' experiences. As residents increase ownership over their daily lives and plan living well initiatives through forums such as village wellness teams, there is an increased sense of community inclusion and development of intergenerational relationships. Informal feedback from residents to date, describe their experience as 'a return to normality'; 'feeling part of things', being able to 'do what I want to do', 'give something back' and 'feeling relaxed'.

Conclusion: There is no 'one size fits all' approach to this holistic model of care. Each village uses the Attitude of Living Well to reflect the uniqueness of their people, communities and geographical location. Arvida Group is progressing quickly toward social environments that place residents in charge of their household and leading their own day to day living.

To formally evaluate the efficacy of this theoretical model, Arvida is partnering with AUT to research the impact of the Attitude of Living Well on the wellbeing of residents and look forward to publishing results in the future.

O-51

A Song for Every Occasion; Death Positive Conversations in Aged Care

Jamie Macdonald

Enliven Southland, Invercargill, New Zealand

Dying is one of the biggest events we will experience our lifetimes. It is an inevitability that we must both accept, and use to celebrate the lives we've lived. Despite this, there is a societal fear of addressing death, and as such, we often are under-prepared, spiritually, emotionally, and practically when it is our own time to die. Overcoming the stigma of talking about death is especially important within aged care where our residents are often nearing the ends of their own lives.

Approaching these conversations can be difficult and so they are easily ignored. However there are a range of techniques and activities that can make this process much easier. Within this presentation I will discuss the ways in which we are making these important conversations happen in a way that respects our residents and their spiritual and cultural beliefs. Additionally we will demonstrate these techniques in action and the ways that our residents have utilised them, both to prepare for their deaths and celebrate their lives.

O-52

Putting your best foot forward: Community life in a retirement village

Lori Nielson, Dr Anneka Anderson and Dr Janine Wiles

University of Auckland, Auckland, New Zealand

Large purpose-built retirement villages are becoming a popular choice for housing and care for older people in New Zealand. Promoted as a lifestyle choice and often set in resort-like environments, commercially operated retirement villages offer new ways for wealthier older people to age. I explored how residents understood and experienced a sense of community within a physical environment designed specifically for their social engagement, housing and care. In particular, I considered how residents managed their social life while living in a diverse community of fit and frail residents. This study builds on a growing body of literature that looks at the social life of residents within retirement villages that offer different forms of housing and care on one property, as one entity. Through an ethnographic study, data was collected from interviews, walk-about conversations, social site mapping and a selection of media material to gain an understanding of the social issues important to the residents. The participants were all independent residents living in a retirement village in a socio-economically wealthy suburb of Auckland. My findings show that in the absence of one overarching village community, social group membership was key to access community experiences and in developing a sense of belonging. Access to social groups were dependent on active participation, social divisions, and to a lesser degree, living location in the village. Residents who found themselves on the social fringes, particularly as newcomers or through health decline, were at risk of marginalisation, stigma, and social exclusion. Further, I found that some residents' social integration and community experiences were hindered by the design and layout of the village, and by the structure of the resident-management relationship with the retirement village owners. These findings elucidate the development of social relationships and ageing identities within the context of ageing in commercial built environments.

O-53

How ARA nurse education is bringing aged residential care back into the community - Learning the RN role in aged residential care-the impact upon 3rd year nursing students' attitudes.

Nicola Davies-Kelly[1,2], Victoria Hoban[3] and Trish Thomson[1]

[1]*ARA Institute of Canterbury, Christchurch, New Zealand*

[2]*University of Canterbury, Christchurch, New Zealand*

[3]*Canterbury District Health Board, Canterbury, New Zealand*

Background: By 2050 approximately two billion people, worldwide, will be aged 60 plus. A seemingly longstanding negativity that surrounds gerontological nursing as a planned career choice for undergraduates means that, fewer graduates actively choose to work with older people. Previous research suggests that undergraduate education and clinical placements influence interest in aged residential care (ARC). It is standard practice throughout New Zealand for 1st year Bachelor of Nursing students to undertake their 1st clinical placement in an aged residential care facility. Anecdotally, a significant number of students find the experience challenging.

Aim: To date there is limited research that explores the attitudes of 3rd year nursing students towards ARC. The aim of this research was to implement a 3rd year ARC clinical placement focusing on the role of the RN and explore this issue.

Method: This pilot study is qualitative. Data collection was via a focus group before and after placement along with one individual semi-structured interview per participant at the end of the ARC placement. All data was thematically analysed.

Findings/Themes:

1. Lack of understanding of the complexities of aged care following 1st year placement. Greater appreciation of RN skills. (No negative comments made about facilities).

2. Change of attitude towards aged care after 3rd year experience (largely from negative to positive).

3. The level of interaction between the RN and patients/ family/and nurse aides.

Conclusions: Stereotypes and negativity surrounding gerontology may diminish by adopting inclusiveness and age friendly placements in undergraduate nurse education. Older people are still part of a community even when residing in residential care and nursing students may benefit from further opportunities to work in ARC particularly as they progress through their degree.

The study explores the experiences of five nursing students, in the 3rd year of their BN programme. During a learning semester, that has a community and public health focus, the participants returned to an aged residential care facility to learn the RN role.

O-54

Environmental and cultural change promote normalisation for aged care residents: Preliminary data from the Whare Aroha CARE transition study

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Background*:* The residents of Whare Aroha CARE aged residential care facility in Rotorua have moved to The CARE Village. Inspired by de Hogeweyk, the Village aims to replicate normal living in a small New Zealand town.

Aim*:* The aim of the research is to explain the resettlement of Whare Aroha CARE residents into The CARE Village and the effects of the resettlement on resident daily life.

Methods*:* Case study research design guided by a critical realist methodology is being used for the study. Study data include transcripts of interviews with residents, family members and facility staff, organisational and external documents, photographs and records of focused observations of resident daily life. Ethical approval has been obtained for the study. Data collection has occurred in two phases, before and after the transition to The CARE Village.

Results*:* Early data indicate the work undertaken by facility management to nurture culture change has been important in supporting transition to the new model of care. The physical environment in The CARE Village is recognisably domestic. Staff focus on supporting residents to maximise their remaining abilities by doing household tasks with residents where possible, while providing support for activities of daily living no longer able to be undertaken by residents. Thus the new model of care supports resident participation in normal daily life.

Conclusions*:* Moving to the new model of care required a change in organisational culture and a change in the physical environment. Preliminary data indicate these changes have led to increased opportunities for residents to participate in usual daily activities. Gaining an understanding of the process and outcome of the transition to The CARE Village will assist other organisations wanting to transition to a similar model of care.

Disclosure*:* The research is supported by a HOPE-Selwyn Scholarship in Ageing Research awarded to the first author.

O-55

Exploring the sustainability of peer lead groups

Linda Robertson[1], Beatrice Hale[2] and Debra Waters[3]

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Aim: To examine what creates the life force of a successful peer led group.

Background: Under the auspices of Age Concern, Otago, the Steady As You Go exercise groups, with a membership of over 200 senior citizens have been operating in Otago, New Zealand, since 2003. With the number of classes increasing over the years to over 60 throughout Otago, and the concept now extending more widely within New Zealand, it was decided to examine different aspects of this programme and clarify reasons for its apparent sustainability.

The Research: One question asked was whether this model of community leadership would be transferable to a different programme. A pilot project, to use peer leaders for a different group, was established which allowed the examination of the use of peer-leaders in these new groups which implemented the Leading a Healthy Lifestyle programme based on the Stanford model of self-management of healthcare in the community. A second question asked was what theoretical models provided an underpinning for these exercise groups? Information provided from interviews of the participants, group leaders and the staff at Age Concern Otago was analysed to reach an understanding of their ways of working and interacting within the group.

Results: The first aspect considered is leadership, how it evolved and its part in group sustainability. The second aspect is the interplay of the organisation and its beliefs about the ability of seniors to take responsibility for their own group. Finally, the conclusions about what has ultimately led to a model of sustainable community group classes.

Conclusions: From the research, a framework for the programme has emerged which provides insights into its sustainability. Sharing this will allow others to pay attention to details that are essential for maintaining the viability of similar groups.

O-56

Working with people from diverse cultures

Linda Robertson

Otago Polytechnic, Dunedin, New Zealand

Aim: To present a summary of the issues surrounding effective communication between immigrants and health professionals.

Background: Interpretation and translation are important issues when working with people of different languages. In an action research study with Senior Chinese people a range of communication challenges were noted in our role as facilitators and as group members.

Findings: A major theme in the research was that of communication with health professionals. It was reported that in many instances interpreters were called on who were 'convenient', (eg, a nurse who happened to speak the same language), they had rarely completed the official interpreter course or may have been family members. These interactions varied in their effectiveness. There was little attention paid to variations in languages with, for instance, 'Chinese' being considered as one language, information from the health professional was dense and did not allow sufficient time for the interpreter to convey not only the 'words' said but to make a match to the understanding of the immigrant.

Conclusions: The issues are complex with both literal translation and cultural understanding being key issues. The number of immigrants is rapidly increasing and preparation of health professionals for working with people from diverse cultures is essential.

O-57

The publics' perceptions of a café within the social and physical context of a residential aged care facility.

Alexa Andrew

Otago Polytechnic, Dunedin, New Zealand

Background: The publics' perceptions of aged care residential facilities (ACRF's) are generally derogatory in nature; with terms such as the 'end of the road' or 'the last resort' being used to describe them. The institutional design and nature of the traditional 'nursing home' has contributed to such a perception. However, more contemporary models of residential aged care facilities are encompassing design features which aim to enhance the physical and social environment and therefore the lives of the older people residing within them. This research reports on the inclusion of a café in the foyer of an aged care residential which is open to the public.

Methods: This research project utilised qualitative inquiry of a descriptive nature. Data was gathered through semi-structured interviews; six participants were interviewed. Data analysis to establish themes utilised coding.

Findings: The perceptions of members of the public who use the café is presented according to three major themes; place and perception, people and relationships and community exposure. The café is perceived, by the participants of this research project, as a place to go in the local community which was appreciated for its familiarity, pleasant surroundings and quality food and drink. Visiting this café has challenged the notion that ACRF's are closed off institutional places and participants described the environment as open and inviting. Participants reflected on the interaction between the community and the ACRF and identified the benefits for the residents and for themselves. Visiting the café is valued as social activity; members of the public reported taking or meeting people there and at times interacted with the staff and residents. Interactions between staff and residents were observed as caring and participants reflected that the staff were personally invested in their work. Participants described a developing affiliation and connection between the facility and themselves and this prompted reflection about their own future residential needs.

Conclusion: This café, being open to the public, has opened a door between the ACRF and the local community. Members of the public who visit the café are able to observe, interact and make connections within the residential care environment. Perceptions about the nature of aged care facilities have been challenged and reflection about future residential care needs has occurred.

O-58

Appropriateness of tai chi and yoga in residential aged care: Participants' perspectives and motivational factors

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Background: Older adults in residential aged care (RAC) lack opportunities for suitable physical activity and suffer social isolation that impact on their quality of life. The World Health Organisation's (WHO) active aging policy framework and the United Nation's (UN) sustainable developmental goals in relation to older people emphasise the need for opportunities to improve health, social participation and to promote well-being. Mindfulness based interventions such as tai chi and yoga are becoming popular amongst older adults and could provide physical activity opportunities with potential physical and psychological benefits. A randomised controlled trial was conducted in an Australian RAC investigating feasibility of 14-week modified programmes of yoga and tai chi.

Purpose: The participants' perspectives of the appropriateness of the 14-week modified tai chi and yoga programmes and motivational factors for participation were explored.

Methods: Focus groups involving participants of the yoga and tai chi programmes and facilitating staff were conducted. The interviews were audio recorded, transcribed and analysed thematically using a qualitative descriptive approach.

Results: The following factors were identified as vital in determining appropriateness and motivated participation: Instructors' communication, use of guided imagery, mindfulness, humour, fun and laughter; facility staff involvement, scheduling, duration, venue and seating arrangements. Intrinsic factors such as enjoyment, positive attitude, perceived benefits and socialising motivated continued participation in the 14-week programme.

Conclusions: Yoga and tai chi are appropriate physical activity opportunities for frail older adults in RAC despite cognitive and other age-related limitations. Some features of this programme motivated the frail older residents' participation. The findings of this study have implications for residential care providers and policy makers, informing on practical and motivational factors in provision of similar programmes.

O-59

Clinical measures of balance and mobility discern patterns of physical activity in community-dwelling octogenarians.

Lynne Taylor, Olivia Isbey and Sue Lord

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Background: The health benefits of an active life style are well recognised, and even the oldest adults are encouraged to maintain levels of physical activity. However, the drivers of physical activity, such as the contribution of balance and mobility capacity are less well understood.

Aims: The aims of this exploratory study were to: describe the physical activity patterns of community-dwelling octogenarians and to examine whether commonly used balance and mobility tests were associated with a person's habitual physical activity.

Methods: We examined correlations between physical activity, measured continuously for 5 days with a tri-axial accelerometer (Axivity 3, York, UK) and balance and mobility tests in 15 healthy, community-dwelling older people (84.7 ± 3.8 years). We recorded the volume of physical activity (total timed walked per day, daily step count), and pattern of physical activity (average length of ambulatory bouts, pattern of accumulation of ambulatory bouts). We measured balance and mobility capacity using the Activities-Specific Balance Confidence (ABC) Scale, Mini-BESTest, Timed Up and Go (TUG) and dual task TUG.

Results: Participants walked a median of 9,294 steps/day (range 5121-18,231), and 138 ± 42.3 minutes/day (range 71.5-237.6). Higher dual task TUG scores were significantly associated with accumulation of longer walking bouts (Spearman's rho 0.67, p=0.006). No associations were found between TUG scores and volume of physical activity, or between the ABC scale and Mini-BESTest and any of the physical activity measures.

Conclusions: This group of octogenarians were physically very active. Measuring activity patterns (e.g. bout length and number of bouts) rather than total volumes of daily physical activity provides a more nuanced description of physical activity. Dual task TUG scores appear sensitive to differences in physical activity patterns in this group.

Acknowledgements: This work was supported by a Physiotherapy New Zealand Trust Fund grant and an Auckland University of Technology summer studentship grant.

O-60

Residents' perception of dwelling size: the design of housing for the high-needs elderly that improves their quality of life

Yukiko Kuboshima, Jacqueline McIntosh and Geoff Thomas

Victoria University of Wellington, Wellington, New Zealand

Background: As the population ages, there is a growing demand for dwellings for the elderly that can support their ageing in place. As they age and impairments increase, the requirements of the physical environment change. The dwelling size is one of the most prioritized elements for housing design, seeking to reduce requirements for maintenance. However, there is a scarcity of literature on residents' perception of dwelling size, which evidences the size requirements for housing to ensure their quality of life (QoL).

Aim: This study investigates the perceptions of the high-needs elderly on their dwelling size, and identifies key considerations in determining the size in the design of housing for the elderly.

Methods: A qualitative survey was conducted of residents of senior housing complexes in the Wellington region in New Zealand. The perceptions on dwelling size were collected through semi-structured interviews of 30 elderly people with care needs, along with the documentation of their physical environments. Data were analysed qualitatively to identify their desires and the reasons for any changes in the dwelling size.

Findings: Research found various opinions on dwelling size. While many residents acknowledged the benefits of a decrease in overall dwelling size, some residents desired additional space, particularly those living in bedsit units (less than 35m^2). The factors that affected their perceptions were having sufficient space for; entertaining guests, furniture and storage, moving around; as well as ease of maintenance, overall housing cost and availability of common areas. The greatest desire for increased floor area related to socialising needs.

Conclusions: In the determination of the size in the design of housing for the elderly that improves their QoL, there should be greater consideration of residents' diverse needs; in particular the need to accommodate ongoing social activities as well as the need to maintain control over their space.

O-61

Age-segregated or multi-generational housing: the perceptions of older people in Auckland

Jean Gilmour and Catherine Hall

Alzheimers New Zealand, Wellington, New Zealand

Context: People living with dementia have the right to high quality services that optimise their independence, health, wellbeing and quality of life, regardless of where they live or who provides services. Alzheimers NZ Dementia Services and Standards were developed to honour this right, and in response to variable service quality and access across New Zealand.

Philosophical Foundations: Our model is outcomes based, focusing on what matters to people living with dementia. This approach is based on people living with dementia being active directors and equal partners in the design, and choice of services they use. The model integrates key national and international strategies, evidence about what works, and aligns with our Dementia Friendly Recognition and Dementia Friends programmes.

Discussion: The four core Services are Awareness and risk reduction, Walking alongside, Transition, and Managing through a crisis. The three Standards are Dementia-friendly services, Service response and delivery, and Effective organisational management. Meeting the model outcomes requires demonstration of the active engagement of people with dementia at individual and organisational levels. A Toolkit helps organisations to prepare for and participate in an audit which will provide baseline findings along with an action plan for future development. The process includes gathering peoples stories through a My experience survey, and audit teams that include people living with dementia. Audit reports will reflect and respect their voices, affirm good services and support organisations to grow and learn.

Conclusion: Implementing the model provides a significant opportunity for people living with dementia and organisations to review services from the perspective of what matters in living well with dementia.

O-62

What matters to people living with dementia- Alzheimers NZ's Dementia Services & Standards

Olufunto Ijatuyi

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According to a recent research by Lysnar and Dupius, "Meeting the housing needs of multi-generational households,' consideration seems to have been detached from the multiplicity of households types and housing forms, in favour of the current attention on compact city model, which features urban intensification (apartment living and smaller households) in Auckland. Alongside other age groups, older people are at the receiving end of the perceived outcomes of urban design polices that have significant impact on their aspiration to age in place. This paper presents part of the results of a larger research on older people's housing in Auckland. Using semi-structured interviews to draw information, thirty-one older people in three different residential settings were requested to choose between age-segregated or multigenerational living environments. Ten of the participants indicated preferences for a mixed community that permits multigenerational living; eight participants wanted age-segregated housing; two other participants mentioned that they needed other options, while others did not give a clear position. This paper supports erstwhile studies that different housing options are important to an ageing population. It argues that to prevent inadvertent exclusion of older cohorts, implementing decisions and policies favouring urban intensification should align with the needs of an ageing society by considering the housing and neighbourhood preferences of older people. Engaging the perspectives of older people, this study contributes to the increasing body of knowledge on housing for the ageing population.

O-63

An older gerontologist reflects

Margaret Guthrie

An older gerontologist reflects on what helps or hinders New Zealanders, in our increasingly ethnic and cultural diversity, to age as well as possible.

Issues include :

The legacy of a person's life experiences from womb to tomb.
Otago University's Dunedin study, along with other ongoing research, has demonstrated the importance of the first 1000 days, childhood and adolescence in ongoing physical, psychological and emotional aspects through out life

Attitudes
Not only the importance of the attitudes of those who are ageing, but also those of society as a whole, family, friends and, when frailty intervenes, health professionals and others involved.

Costs
Not only financial but also social.

With regard to those three aspects are we doing our best to enable New Zealanders to age as well as possible? Each of the three issues above both helps and hinders ageing in this country

POSTER ABSTRACTS

P-01

Staying UPright and Eating well Research: SUPER Study

Ruth Teh[1], Evelingi Tupou[1], Ngaire Kerse[1], Debra L Waters[2], Leigh Hale[2], Anna Rolleston[3], Avinesh Pillai[1], Eruera Maxted[4], Richard Edlin[1], Carol Wham[5], Claire Heppenstall[2], Martin Connolly[1]

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Background: Those in need of daily care will increase by 200% for Māori and 75% for non-Māori by 2026. Frailty, a multidimensional geriatric syndrome, is a precursor to functional loss and results in increased health care needs. To address frailty, a collaborative research between Auckland and Otago Universities was initiated in 2016 to determine the impact of a multi-domain intervention on biological, clinical and social levels of pre-frail community dwelling older adults (OA).

Aims: This paper aims to describe the study design and report key characteristics of the study sample.

Methods: The SUPER Study is a 2x2 multifactorial randomised controlled trial recruited pre-frail OA aged 75+ (60+ Māori and Pasifika) from Whangarei, Howick-Auckland, Tauranga and Invercargill.Age eligible older adults were invited through local GPs. Other eligibility criteria were medically safe to participate in low intensity exercise, do not have advanced dementia, not terminally ill and a FRAIL score of 1-2. Face-to-face interviews are completed at participants' residence using standardised questionnaires. After written informed consent were obtained and baseline interview/assessment completed, participants were randomised to one of the four groups: 1) Senior Chef, 2) SAYGo, 3) Senior Chef and SAYGo, 4) social group. Four post-assessments are completed over two years.Participants are assessed on functional status, quality of life, fall event, physical performance, muscle strength, physical activity, food intake, and cognition.

Results: More than five-thousand age-eligible OA were invited and about 490 were recruited. In the preliminary analyses, the average age was 81, 60% women, 98% are living in private dwelling, 54% were non-smokers, 23% never drink and 25% had alcohol ≥4 times per week, 39% had a fall in the last 12 months.

Conclusion: The study is ongoing and is scheduled to complete in June 2019.The study is funded by Ageing Well National Science Challenge.

P-02

A pilot study examining the link between a short duration computerised cognitive training program and older participants' cognition and mood

Dr Karen Murphy[1] and Associate Professor Glenda Andrews[2]

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Ageing can be associated with decline in one's cognitive skills and increased levels of depression. Studies have shown a link between symptoms of depression and cognitive decline in older adults and a link between depression and dementia. Therefore it is imperative that methods be developed to combat these age related issues. While the literature confirms the utility of computerised training programs for enhancing cognitive function in older adults, most studies do not also examine the link with depression. This research investigated the impact of a short-term computerised cognitive training program on measures of cognition and depression in seven participants aged between 65 to 91 years. The training consisted of five sessions of computerised cognitive training using the BrainTrainerPlus program, which is specifically designed for use with older adults. Participants improved on the training tasks. Prior to and after the training, participants' cognition and mood were assessed using the Psychogeriatric Assessment Scale (PAS Jorum & Mackinnon, 1995) and the MiniCog test (Borson et al., 2000). There were improvements from pre- to post-training on the cognitive scale of the PAS (Jorum & Mackinnon, 1995) and the delayed memory and clock tasks of the MiniCog test (Borson et al., 2000). PAS depression scores were low initially and therefore did not improve post-training. These results show that a short-term computerised cognitive training program may facilitate cognitive improvements in older adults, thereby providing further evidence of the utility of computerised cognitive training for healthy ageing.

Presenters will be by their boards during the lunch breaks on Thursday 6th and Friday 7th September

P-03

Parental Nutrition outcomes within older patients within an Acute Surgical Unit – a retrospective audit

Lauren Porten, Briar McLeod, Afiq Zainal Bahren and Ian Bissett

Auckland District Health Board, Auckland, New Zealand

Background: The number of acute general surgical elderly patients receiving parental nutrition is increasing but there is limited evidence on their outcomes.

Aim: Evaluate mortality and parental nutrition outcomes for patients aged 80 years of age compared to patients aged 65 to 79 years of age within an Acute Surgical Unit at Auckland City Hospital.

Methods: A Nutrition Support Team prospective database identified 121 older adults who are acute general surgical patients receiving parental nutrition at Auckland City Hospital between July 2011 to July 2016. All-cause mortality, demographics, treatment duration, parental nutrition complications and changes in clinical indicators (weight and albumin levels) were reviewed.

Results: Being analysed (for both groups – mean age, gender, operative vs non-operative, type of surgery, treatment duration, NBM status prior to starting PN, change in clinical indicators and PN compliations).

Conclusions: To follow

P-04

1000 Norms Project: Health-related quality of life across the lifespan

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Background: Functional outcome measures in musculoskeletal research need to be meaningful to individuals. In this study we investigated associations between physical performance and self/proxy-reported function across the lifespan.

Methods: Data were from the 1000 Norms Project, an observational study evaluating 1000 males and females aged 3-101 years. Self-reported healthy individuals with no major physical disability were included. Twelve performance-based tests were collected: long jump, vertical jump, two hand dexterity tests, four balance tests, stepping reaction time, six-minute walk, 30-second chair stand and timed up-and-down stairs. Self/proxy-reported function was assessed using the Infant-Toddler Quality of Life Questionnaire (3-4y), Child Health Questionnaire (5-10y), Assessment of Quality of Life (AQoL)-6D Adolescent (11-17y), and the AQoL-8D, International Physical Activity Questionnaire and work ability question (18+y). Bivariate and multivariate correlational analyses were constructed for infants (3-4y), children (5-10y), adolescents (11-17y), adults (18-59y) and older adults (60-101y).

Results: Socio-demographic characteristics were similar to the Australian population. In infants/children, greater jump and sit-to-stand correlated with higher proxy-reported function ($p<.05$). In adolescents there were no significant relationships ($p>.05$). Greater jump, dexterity, balance, reaction time, six-minute walk, sit-to-stand and stair-climbing correlated modestly with higher self-reported function in adults ($r=-.097$ to $.231$, $p<.05$) and more substantially in older adults ($r=-.135$ to $.625$, $p<.05$). Multivariate regression modelling revealed several performance-based tests explaining up to 46% of the variance in self/proxy-reported function.

Conclusions: Many performance-based tests were associated with self/proxy-reported function. We have identified a set of measures which could inform development of age-appropriate functional scales for natural history studies and clinical trials of musculoskeletal conditions.

P-05

Diversional Therapy, Isolation and Loneliness in New Zealand.

Orquidea Tamayo Mortera

The Selwyn Foundation, Auckland, New Zealand

This abstract discuss the possible benefits that Diversional Therapy (DT) could have in helping to combat loneliness and isolation in older adults living in care homes in New Zealand.

DT is a rather a new profession in the healthcare system, it involves the organisation, design, coordination and implementation of person centred leisure programs. Diversional Therapists (DTs) focus on the improvement of clients' quality of life, by providing ongoing support to the clients' psychological, emotional, spiritual, social and physical needs and well-being. DTs develop non-pharmacological interventions that include social, recreational and leisure engagement programs for group and individuals.

A current study showed that over 15,000 older adults are lonely in New Zealand. A notably overwhelming aftermath of chronic loneliness is cognitive decline and dementia. The ageing population highlights that the level of care required for older adults is likely to increase. Sadly most cases care homes deliver the expected nursing cares such as, showers, medication and meals. However, recreation and leisure might not be an essential part of the service delivery.

Leisure and recreation play an important part in the increase of social connectedness, having as a consequence the improvement in the quality of life of older adults. Social connectedness appears to be important for individuals' health and overall wellbeing despite age or abilities. Older adults require specialize social interactions, recreation and leisure engagements to enhance their wellbeing. Current DT programs foster contentment that helps to prevent feelings of loneliness and isolation. The health care sector needs DTs, with the skills to implement non-pharmacological and innovative interventions that foster social connections.

In times, where wives are outliving their husbands, parents outliving their children and fragmented communities seem to be fostering loneliness; DT could potentially be a core part of the service delivery.

Although, there is not official research in DT in New Zealand yet, there is an urgent need to support older adults throughout engagement in life programs to remain socially connected.

P-06

Nutrition screening to reduce malnutrition prevalence

Julia Scott, Denise Brett and Heather Harlow

Arvida Group Limited, Auckland, New Zealand

Background or Context: Malnutrition is one of the most significant conditions adversely affecting the health of older adults, often going undiagnosed and therefore untreated. Nutrition screening on admission to residential care is not mandatory in NZ, therefore malnutrition is likely underreported. A recent NZ study in residential care found half of residents were malnourished and a further 43% at nutrition risk, comparable to other studies worldwide. The 2015 ANZSGM position statement on undernutrition in older adults suggests screening should occur in all settings, and the result should inform care planning.

Philosophical or Theoretical Foundations: Arvida Group have developed a nutrition policy requiring all residents to have a Mini Nutritional Assessment (MNA) completed on admission and then repeated 6-monthly. This is prompted by the Group's electronic system which then alerts the Arvida dietitian of malnutrition or suggests initial interventions via a work log if the resident is at malnutrition risk. A weight loss of 5% in the past 1-6 months also sends alerts prompting assessment and intervention, feeding into the resident's care plan. Additionally, the system enables overall MNA score tracking over time. The MNA was selected as it is efficient and effective with high diagnostic accuracy relative to clinical nutrition and has been validated in large samples of older adults worldwide.

Discussion: This policy will result in more accurate reporting of malnutrition, more timely diagnosis and treatment. The monitoring of residents by our national dietitian, alongside the electronic system capabilities, will allow for the roll out process and initial results to be shared at the conference in September. It is hypothesised that there will be an increase in dietitian referrals, with a reduction in malnutrition prevalence over time.

Implications or Conclusion: Previous studies reporting high prevalence of nutrition risk in older adults highlight the importance of screening, since poor nutrition status has far-reaching consequences. Residents can then be promptly referred to a dietitian to improve outcomes.

P-07

Baby Buddies, a great example of an Inclusive and Aged-friendly Community in Aotearoa.

Orquidea Tamayo Mortera

The Selwyn Foundation, Auckland, New Zealand

Loneliness is a social pain and is prevalent throughout society. Having a baby brings lot of happiness, but at the same their social network declines after having a child; they lost touch with old friends and colleagues, hadn't made any new friends since the birth of the new baby or they might be alone in New Zealand.

Current New Zealand reports shows that people in the 75 + age group experience the highest rates of loneliness. Baby Buddies was born with the hope to bring isolated and vulnerable groups together, but mostly to contribute to an aged friendly community where everybody despite age and abilities can support each other.

The Selwyn Foundation residents host weekly visits by a group of mothers and their babies and infants, as part of a unique community outreach Diversional Therapy 'Baby Buddies' visiting programme which is bringing fun, spontaneity, variety and new friendships to the benefit of all concerned. The benefits are considerable: the visits lift residents' spirits and add to their enjoyment of life, inspiring a sense of optimism and a greater feeling of belonging and community, and also ease some of the effects of age-related conditions.

Mums have found that many of our senior residents have been through similar circumstances of joy, social pain, loneliness and resilience. The visits help develop understanding, compassion, trust and empathy – essential components for nurturing real connection between the young and old – and also strengthen community ties.

Baby Buddies has been one of the best ways to educate and to connect our communities and to create safe spaces for everybody. Every time seniors, parents and babies meet, loneliness fade away, and by facilitating these small doses of happiness we are contributing to an inclusive and Aged-friendly Aotearoa.

P-08

Revitalising meaningful activities and relationships: Design of housing and communities that improves the quality of life of high-needs elderly

Yukiko Kuboshima, Jacqueline McIntosh, Geoff Thomas

Victoria University of Wellington

Background: With the rapid growth in the ageing population, there is an increasing need for housing and communities that can support independent living for the elderly including those with high care needs. The transition to smaller dwellings seeking greater control and support, as well as the experience of greater levels of impairment, often results in a reduced level of satisfaction with meaningful activities and relationships, -- the essential elements for the quality of life (QoL) of the high-needs elderly.

Aim: This research identifies the design considerations for housing and communities that facilitate the activities and relationships of the high-needs elderly using a qualitative investigation.

Methods: An ethnographical survey was conducted for 30 residents of public/private-sector rental housing and retirement villages in the Wellington region in New Zealand. Participants were selected from those who were 70 years or older and required care from professional caregivers. Data was collected on their perceptions and spatial use, through semi-structured interviews and observation, and data relating to their activities and relationships were coded by the themes for design.

Findings: Design considerations were categorised in three general themes of; personal dwellings; transitional spaces between inside and outside and community design. Personal dwellings should be designed for control from the resident's sitting space and with the flexibility to accommodate a variety of social activities. The transitional space between inside and outside should be designed for connection and privacy, as well as to provide additional space for activities and storage. The neighbourhood or complex should be designed for walkability while allowing vehicle access.

Conclusions: In the design of housing and communities, a reorganisation of the dwelling and careful consideration to the connection with neighbours and the wider community is required to facilitate meaningful activities and relationships and thereby improve the QoL for high needs elderly.

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Ryman Healthcare

Ryman Healthcare is one of New Zealand's leading providers of retirement living options for New Zealanders over the age of 70. The company has built an unprecedented reputation building exceptional Villages, employing professional and caring staff.

Our villages provide a range of retirement living and care options, including independent townhouses and apartments, serviced apartments and a care centre providing the very best of resthome, hospital and dementia level care.

The villages are designed and built with stunning architecture concepts, and nestled amongst beautifully landscaped gardens. Residents also enjoy fabulous resort style facilities, right on their door step - lounges and bar, indoor swimming pool and spa, gym, beauty salon, bowling green, library, internet café, movie theatre, and so much more.

Established in Christchurch in 1984, Ryman draws on over 30 years of experience to provide the best possible retirement living options for its residents. Our company has expanded to a trans-Tasman operation with 32 operational Retirement Villages in New Zealand and Australia, providing homes for over 10,500 residents and employing 5,000 staff.

Keynote Speaker Sponsor – Laurie Buys

The Office for Seniors

The Office for Seniors provides information to seniors and to the Government about the issues and concerns of older people.
The Office works with central, regional and local government agencies and community organisations to promote the wellbeing of older people and awareness of the opportunities and challenges of New Zealand's ageing population. The Office is also leading the development of a new strategy for an ageing population
Our role is to encourage New Zealanders of all ages to think about the ageing population and what it means to them.
You can find out more about the Office for Seniors and its work on our website: www.superseniors.msd.govt.nz
You can join our Facebook community at: facebook.com/officeforseniors or on Twitter at www. twitter.com/SuperSeniorsNZ
We want to balance the debate around our ageing population, away from the language of cost and burden toward consideration of the important contribution our seniors make.

Our Vision is for a society where older people are valued and recognized as an integral part of families and communities.

You can find out more about the Office for Seniors and its work on our website: superseniors.msd.govt.nz

And you can join our growing Facebook community at: facebook.com/officeforseniors

Lanyard Sponsor

The Selwyn Institute

Our goal is to find ways to better understand what is required to maintain meaning, and wellbeing, for those growing older.

We approach this from our own perspective, and experience, as well as embracing viewpoints from individuals, and organisations, from around the world.

Our aim is to be a voice that helps others create a more informed perspective into the joys, challenges, opportunities, issues and changes that are part of ageing.

Pens Sponsor

Eldernet and Care Publications

Eldernet was established in 1997 as a direct result of the founders seeing the need for a comprehensive information service that focussed on issues concerning older people in New Zealand. The internet seemed to be the perfect way to make this information available and so, Eldernet was born.

With this impartial information,older people, their families' and professionals who work in this sector access to comprehensive information that enables them to make more informed decisions.

Our shared passion for outstanding customer service and the sector in which we all work means that all users of Eldernet are greeted with a smile and 'can do' attitude. If you call, fax or e-mail us we trust you'll always be made to feel welcomed and supported. If we can do anything to improve your Eldernet experience please speak with either Eleanor or Esther; we are always available to listen and improve!

EXHIBITORS

Ageing Well National Science Challenge

Kia eke kairangi ki te taikaumātuatanga, the Ageing Well National Science Challenge, is a national research collaboration involving the major New Zealand research groups in ageing research. The mission of this Challenge is to push back disability thresholds to enable all New Zealanders to reach their full potential through the life course with particular reference to the latter years of life.

The Challenge is harnessing science to sustain health and wellbeing into the later years of life in ways that allow personal dignity to be preserved, support health, wellbeing and independence for New Zealanders as they age, to recognise the resourcefulness of older people and their on-going contributions to society and to encourage mutual respect and support amongst people of different ages.

Across the Challenge, we have expertise in public health, Māori health, social science, biomedical science, clinical practice, population and community health, and health service provision. Through our national programme of funded research, the Challenge links with international networks, with the other health and wellbeing Science Challenges, Centres of Research Excellence such as Brain Research New Zealand, and key funders such as Health Research Council, to encourage collaboration, and to build and leverage capability and resources. www.ageingwellchallenge.co.nz

Auckland City Council Senior Advisory Panel

The Seniors Advisory panel is one of 6 demographic advisory panels that provides strategic advice to Auckland Council.The panel members offer advice based on their experiences living as seniors in Auckland, to help improve outcomes for seniors across the region.

Their role is to:

- identify the issues that are important to older people in Auckland
- provide feedback and advice on the council's regional strategies, policies and plans, and any matter of particular interest or concern to older people. Panel members are appointed every three years based on:
- lived experience and sound understanding of their communities
- understanding of the Treaty of Waitangi
- ability to think critically to offer high-level policy and strategic advice.

Engaging with communities is an important part of the panel's role. They encourage organisations and members of the public to get in touch with the panel or to attend their meetings.If you want to contact or present to the panel, email seniorsadvisory.panel@aucklandcouncil.govt.nz

AUT Centre for Active Ageing

The AUT Centre for Active Ageing (ACAA) is committed to working with older people to live well, regardless of people's capacities or places of residence. We are focused on enabling diverse, inclusive communities, participation in community and social life, liveable spaces and places, and negotiating health issues.

Working with older people to live well means the team of ACAA researchers will engage with older people to define the research priorities, co-design projects that matter, represent their voices in research, and translate results into community benefits wherever possible.

The ACAA research team includes University researchers from diverse health, sports, and social science disciplines, postgraduate student researchers, as well as research affiliates from other Universities, and community members as community affiliates.

Historically, the ACAA had its inception in 1999 as the Active Ageing Research Cluster, within the Person Centred Research Centre at AUT. From small beginnings, it was established as a Research Group in April 2015 with Valerie Wright-St Clair and Stephen Neville as Co-directors. The AUT Centre for Active Ageing was launched on 29 September 2016 as partial recognition of the World Health Organization's International Day of Older Persons 2016.

Tracecare – NZ Medical Alarms

We are a New Zealand company that is focused on superior customer service. We provide a GPS Medical Alarm service for New Zealand. We chose this particular product, Buddi, because it is superior, reliable, durable and uses the latest GPS technology. It also has multiple features and caters for a variety of users with different needs. We were impressed that it is great for older people who are mobile but could be at risk, children who might wander and get lost, as well as lone workers who might be at risk.

We pride ourselves on the quality of our business partners and enjoy working with Vodafone New Zealand and Buddi UK to provide a unique and valuable medical alarm service in New Zealand.

CARE University of Otago

CARE is a University of Otago supported research theme of national and international gerontology researchers. CARE aims to develop transformational and mission led research within the subthemes of Physical, Brain and Social/Policy. The Theme will also nurture and develop emerging students and researchers in the area of Gerontology to assure long-term sustainability of the Theme

EXHIBITORS

Kiwi Krush

Delicious Nutritious Food Company produces high value nutritional foods - Kiwi Crush, Kiwi Crushies and avocado oil. Based in Te Puke, Bay of Plenty, we take a fresh approach to getting more value from local produce, using by-product, surplus kiwifruit and avocados and transforming them into healthy and nutritious food products.

Kiwi Crush is a tasty kiwifruit based drink which helps to keep your digestive system regular and healthy. Snap frozen to lock in the goodness of green kiwifruit, Kiwi Crush functions as a natural alternative to harsh laxatives and contains 100% of your recommended daily intake (RDI) of vitamin C.

Kiwi Crushies are a range of natural kiwifruit based ice-blocks popular with kids and adults alike. Kiwi Crushies are a refreshing frozen snack with the nutritional goodness of green kiwifruit (one quarter strength of Kiwi Crush). They are also the lowest sugar containing fruit based ice block on the market.

Kiwi Crush and Kiwi Crushies are available in three flavours (Original Kiwifruit – Classic, Tropical and Wild Berry) and found in the frozen berries and ice block sections of your local supermarket.

Mycare

Mycare is changing the way people find support in New Zealand. Not only are we helping people to find the support they need in their own community, we've also built tools to help them manage their ongoing care needs.

Mycare founders Mark Jeffries, Laurie Hilsgen, Robert Stewart and Chris Mathews first started working on the Mycare concept in September 2013. From there, the idea grew into New Zealand's first online marketplace connecting people to a nationwide network of helping hands.

With thousands of people registered with Mycare, we are now New Zealand's largest online community for home support services.

AUTHOR INDEX

WE WOULD LIKE TO HEAR FROM YOU

Seniors Advisory Panel

Helping to improve outcomes for seniors in Auckland

Auckland Council's Seniors Advisory Panel offers strategic advice to the council based on their experiences living as seniors in Auckland.

The panel's role is to:

- identify the issues that are important to older people in Auckland; and
- provide feedback and advice on the council's regional strategies, policies and plans, and any matter of particular interest or concern to older people.

Engaging with communities is an important part of the panel's role. We encourage organisations and members of the public to get in touch with the panel and to attend our meetings.

If you want to contact or present to the panel, email seniorsadvisory.panel@aucklandcouncil.govt.nz

Recent topics considered by the panel include The Auckland Plan 2050, universal design, civil defence and recovery, health and fitness, and voter participation.

Find out more: aucklandcouncil.co.nz

Seniors Advisory Panel | Auckland Council Te Kaunihera o Tāmaki Makaurau

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New Zealand Association of
Gerontology
Te Ropu Matauranga Kaumatuatanga o Aotearoa

gerontology.org.nz