

# AGE EDITOR

THOUGHT LEADERSHIP FOR ENERGISING AND INNOVATING  
THE AGED CARE INDUSTRY | SUMMER 2018

*Change is the only  
constant in this life  
we have made...*



AGED CARE INDUSTRY ASSOCIATION 2018  
WE VALUE AGED CARE

# AGE EDITOR SUMMER 2018



## Travelling through changing times

*Our cover image is by Lee Hopkins*

He says, "This shed is found on the road from Cudlee Creek to Lobethal in the glorious Adelaide Hills. I know nothing of its story, except that I have a photo of the same shed dated ten years ago and it only had two cars in it. It must be a work-in-progress."

Lee Hopkins is a London-born, Adelaide-raised creative.

He is an advocate for the power, simplicity and emotional tenor of black and white in photography and in graphic design.

His landscape photography aimed to capture the beauty of the Adelaide Hills, whilst evoking 'wabi-sabi' melancholy in the viewer.

He has won a prestigious SALA award and has exhibited in various coffee shops around Adelaide and the Adelaide Hills.

More of Lee's photos can be found on his website: [LeeHopkins.photography](http://LeeHopkins.photography), and his Instagram account:

[instagram.com/leehopkinsadelaide](https://www.instagram.com/leehopkinsadelaide)

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...The Aged Care Industry Association's vision is for an Australian aged care system that provides choice and wellbeing for older Australians.



## AGE EDITOR JOURNAL

...thought leadership for energising and innovating. This is our aged care edition celebrating our workforce.

It was Bob Dylan who observed that the times were a-changin'. He probably didn't foresee the scope and the degree of change though!

In this edition, we explore a theme of change.

As a society, our perceptions of older people and of ageing are changing. David Stewart, of Agei.st, notes we are at an historic pivot in attitudes to older people.

We share innovations and resources, tips for clinical needs that change over time, and a fun story about an English aristocrat who liked playing cards so much that he forgot to eat.

If you would like to write an editorial article for this publication, please let us know.

To request Charlie's assistance to write your articles, email [enquiry@acia.asn.au](mailto:enquiry@acia.asn.au)

### Social Media

Facebook - search and find us at 'agedcareindustry'



DISCLAIMER: ACIA and the editor have made every effort to ensure the information in this Journal was correct at press time.



The ACIA team wish all our members and sponsors, as well as their staff and residents a safe and relaxing end to 2018.

We look forward to working together, with you and your organisations, in 2019.



# The change revolution

Are there implications for aged communities?

by Ron Corso, University of South Australia



In 1972 Neil Postman and Charles Weingartner wrote that the survival of our society is threatened by an increasing number of unprecedented and, to date, insoluble problems which have taken us unawares.

Problems under the guise of progress brought about by the most striking characteristic of the world we live in today, change - constant, accelerating and ubiquitous.

A 'change revolution' as famously articulated by Alvin Toffler in his seminal work *Future Shock* (1980), now more than ever before, is greatly influencing contemporary thinking around the issues that concern humans in the 21st century.

Our society, and in particular our younger generations, face unprecedented challenges in preparing citizens to enter the workforce and into jobs that in some cases don't yet exist. Many well-established vocations and industries that traditional education catered for, will disappear forever as a result of new technologies. For example, the concept of work itself will be under threat as machines and robots take over not only labor-intensive activities but increasingly more sophisticated and intellectual tasks.

A failure to acknowledge this challenge through continued prescribed sterilized and artificial learning experiences will not enable people to engage with the challenges an uncertain future will bring.

Society will be faced with situations and challenges of increasing complexity requiring solutions to problems that have no precedence so reliance on past practices, methods, approaches and technologies will not suffice.

Overall, continuing with the thinking that models for educational systems which are based on knowledge acquisition and retention, will not provide the flexibility in thinking and the creative and innovation mindset to meet these challenges.

Daniel Pink, Creative Thinking Author, argues that we are at the dawn of a new era where knowledge workers are evolving to creators and empathizers, with abilities to see whole scenarios and make connections in innovative ways, utilising pattern recognizing skills to create new meanings.

It won't be so much about having ready-made answers but developing skills in applying knowledge to not only solve new problems but to identify problems in new and changing contexts, gain bigger picture insights and ask the relevant questions that provide skills in designing the process to meet these challenges.

The Innovation agenda promoted by the current Federal Liberal government acknowledges that organisations see creativity and innovativeness as valuable commodities.

The University of South Australia is actively promoting itself as a university of Innovation and Enterprise. It recognises that these traits need to be nurtured through revised learning and teaching strategies in order to support a communal innovation agenda by adequately preparing individuals to work in a rapidly

changing world where sustained entrepreneurial activity is a core practice.

**It is the role of society in general in an existential way to promote optimism and embrace positive future scenarios.**

Education in particular needs to promote ways of working that are experiential in nature, through practice grounded in real world purposeful production, encouraging students to think creatively, ethically and to critically articulate values through reflective practice.

However, in spite of our best intentions, what we have is a benign and impoverished experience as a result of an overemphasis on predetermined assessable knowledge consumption and resultant standardized testing regimes. We need to progress from a narrow skilling discipline-based tradition, to a democratic and user-centered pedagogy that acknowledges the diverse nature of people.

**But change isn't new; what is new is the degree of change and the increasing challenges this brings to contemporary society particularly for our growing older generations many having grown up building a characteristic lifestyle mode around stability and consequent predictability.**

For many of us in middle age, we've reached the stage where change occurs so rapidly that each of us in the course of our lives has continuously to work out a set of values, beliefs, and patterns of behaviors that are viable, and seem viable, to each of us personally.



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**For Pru's perspective this edition, we asked, "Do you have any tips in relation to clinical needs that change over time ie looking after residents as their clinical needs change?"**

*"Supporting residents and their family members through end of life care (for example) can often be a very difficult and confronting time for all concerned. This includes the staff who have often formed close connections and may not have experienced death or dying of a resident in residential aged care settings.*

*What's important to remember is we are all human and all typically striving for the same goals and objectives. Clear open and transparent communication that is appropriate and sensitive is essential and that staff work within their scope of practice when discussing health related matters with family members.*

*Taking time out is sometimes necessary or seeking support from colleagues or Management should our staff feel anxious or upset with confronting situations.*

*Most organisations also have employee assistance programs (EAP) for support should extreme events occur that cause personal stress or concern. Be well informed, stay on top of your learning plans and education and remember the wonderful resources that the Aged Care Industry has at its finger tips including SA Health and the Palliative Care Council.*

*Pru Mounsey,  
Regional Manager, Infin8 Care*



The Nursing Management Advisory Support Group wish all our Aged Care Industry Association members warm wishes for a happy holiday season and a wonderful New Year.



## So, why are you locking the stationery cupboard?

Though technological change has impacted the printing industry, people still love print.

Researchers say it's the retention, comprehension and referencing value that make print medium is consistently superior - effective facility.

Clearly the industry has changed over time and particularly in the last few years.

The great positive is that the print people have always been highly innovative - when one door closes another opens - that's almost a mantra for my industry.

Of course, business organisations have used and still use print products extensively.

These days, you don't see too many carbonless invoice or order books however, catalogues, company flyers, posters, magazines, books, business cards and brochures . . . grow in quantity exponentially.

In just the last few weeks a new press having the capacity to output 4,000,000 x A4 full colour two-sided per hour!!!

On the horizon another will produce 208,000 of the same per hour but, every one of those A4 images can be different using the relatively new technique of variable data combined with a digital nano particle ink jets.

The print industry has less players but with far more specialised output from each one; that's where I chime in.

Having spent my entire working career in print I know who does what well, in the right time frame and at a fair cost.

So, if you dare unlock that stationery cupboard and find out for yourself how the facility of print remains . . . and if you want a few million A4's or maybe 250 business cards please let me know.

Paul Gee

Print Tragic,

Article provided by Corporate member **Point918**

**Paul says, "Business Cards work hard for little money!"**

They're the reminder of your presence, your brand, your frontline and provide the receiver with a lasting impression once you depart.

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For further information, contact **Paul Gee**

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# Why people with dementia don't all behave the same

by Lila Landowski,  
Neuroscientist  
University of Tasmania

Dementia is the leading cause of death among Australian women, and the third most common cause of death among men. While dementia is not a normal part of ageing, the biggest risk factor for dementia is advancing age..

Many people associate dementia with memory loss, so it may come as a surprise that dementia is a killer. So, what does it do to the body to make this happen?

**The brain is our control centre**  
Everything we do is controlled by the brain. It generates the instructions that tell our body parts what to do, as well as facilitating our complex behaviours, such as personality and cognition (our ability to think, understand and do things).

When a person has dementia, neurons in various parts of their brain stop communicating properly, disconnect, and gradually die. We call this process neurodegeneration.

Dementia is caused by progressive neurodegenerative diseases. This means the disease starts in one part of our brain and spreads to other parts, affecting more and more functions in the body. Certain causes of dementia will impact different parts of the brain, and the symptoms a person with dementia develops will depend on what part of their brain is affected.

**Memory loss**  
In the early stages of dementia, a person may experience issues with memory, attention, or personality.

One of the most common things that occurs in dementia is memory loss. It may not be the first change that happens, but it's often one of the first things people notice. Memory loss begins when neurons in a part of the brain called the hippocampus degenerate and die. The hippocampus is a bit like a diary – it keeps track of what you do from minute-to-minute.

This is why a person with dementia might have trouble keeping track of what they are doing, remembering where they are and how they got there, or forming new memories.

A person with dementia might also experience regressive memory loss, as the disease erodes the neurons storing long-term memories in various locations in the brain's cortex. As more recent long-term memories are lost, this could mean their most vivid recollections might be from decades ago.

This is why a person with dementia might feel like they are existing in another time. As more parts of the brain succumb to disease, people with dementia will ultimately lose control of functions in the body such as speaking and swallowing, and may eventually fall into a coma.

Dementia doesn't refer to one specific disease, but to a collection of similar symptoms. It can be caused by Alzheimer's disease, Parkinson's disease and many other diseases, or triggered by heart disease, stroke and head injuries. To make things more complex, people can have more than just one type of dementia.

**Dementia affects people differently**  
There are different types of dementia. Each one is characterised by different patterns of symptoms, though every person with the same type of dementia won't necessarily exhibit the same set of symptoms, especially early on. Just as our personalities can be incredibly diverse, the way dementia may affect personality and behaviour can be very different between individuals.

For example, a person with Alzheimer's disease will have two main brain regions affected: the hippocampus and the entorhinal cortex.

The entorhinal cortex is a specialised part of the brain that works together with the hippocampus to form long-term memories. Together, they take the input from all our senses to help orientate us in space and time, and also help us form declarative memories - things like facts and memories of events.

The changes in the brain of a person with another type of dementia, known as Lewy body dementia, are less established. But they include damage to a slightly different part of the hippocampus,

and a loss of neurons that produce the neurotransmitters dopamine and acetylcholine. These neurons are especially important for various aspects of movement, visual perception, and cognition. Because of this, people with Lewy body dementia might experience hallucinations and difficulties with movement.

A person with frontotemporal dementia will experience degeneration that affects the frontal and temporal lobes of the brain, though the exact location can vary between people.

The frontal lobe is the part of the brain responsible for our ability to make judgements and decisions, including interpreting what is socially acceptable. So a person with this type of dementia may act on their impulses or vocalise their opinions or thoughts without realising this may be inappropriate. You could say that the loss of behavioural filters means some people with dementia are expressing humanity and emotion in its most raw and true form.

The temporal lobe (which also contains the hippocampus), is the part of the brain that helps us process faces, sounds and scenes, as well as form memories.

Eventually, the disease will spread to other parts of the brain. For example, the neurons in the part of the brain involved in recognising faces (called the fusiform gyrus) may degenerate, resulting in the inability to recognise people. This can happen even when a person with dementia still remembers who you are. For this reason it can be helpful to reintroduce yourself when you talk to a person with dementia.

People with dementia deserve compassion. They don't have control over their behavioural changes, but we have control over how we react to these changes. Through education and understanding, we can all play a part.

Article republished from  
**The Conversation**

# Aged Care Food



Food is often talked about in aged care for the importance of the nutritional value for health and well being of a person, as much as for the social connection aspects. Not much has changed in regards to people liking to sit around a table and enjoy a meal together. Here are some innovations and resources.



## 01 BEYOND THE BLENDER, DYSPHAGIA MADE EASY

Gone are the days of boring blender made meals! You can now make delicious, fresh & easy meals that cater to dietary needs. Living with swallowing difficulties (known as dysphagia) can be hard for the person with dysphagia and their family and friends – you might have run out of ideas of what to cook or miss sharing a meal together. This cookbook has been divided into 3 easy to navigate categories: 1) food that is soft; 2) food that can be minced (or mashed) and is moist and; 3) foods that are pureed with no lumps. It's about bringing the joy back into mealtimes with easy to cook and easy to swallow recipes.

Simone Howells and the Griffith Master of Speech Pathology staff and students 2014–2017

Download online [www.griffith.edu.au/Beyond-the-Blender-dysphagia-cookbook.pdf](http://www.griffith.edu.au/Beyond-the-Blender-dysphagia-cookbook.pdf)

## 02 POTATO PUREE

Puree Australia Pty Ltd is a new company established by the South Australian Potato Industry's representative body, Potatoes South Australia Incorporated.

The company is using graded-out, but still fit for human consumption potatoes, which do not meet supermarket specifications due to size, shape or skin finish. These potatoes are washed, cooked, pureed, treated with a UHT (ultra-heat treatment) step and then packaged in pouches.

The resulting puree has a shelf-life of at least 6 months at room temperature, 12 months in refrigeration and can even be frozen if required. When cold the puree looks much like mashed potato, but when warmed it has the consistency of a thick paste. Blending the warm puree with butter, cream and salt results in a delightful creamed potato dish. The puree can easily be fortified with different protein sources eg whey powder to about 20% without affecting taste or texture.

Contact Robbie Davis CEO  
E: [robbiedavis@potatoessa.com.au](mailto:robbiedavis@potatoessa.com.au)



## 03 TIBOR'S SANDWICH

It's all started with an English aristocrat who liked playing cards so much that he even forgot to eat. He sustained himself with slices of bread with meat between the games. Thus the sandwich was born because the man was John Montagu, the 4th Earl of Sandwich in 1762. Fast forward to the 21st Century and we are making pureed sandwiches for our customers with Dysphagia. The bread is spread with cream cheese and laced with Hot Smoked Salmon Dust with just a hint of fresh dill. The rest, as they say, is history. -Tibor

Tibor is a chef/educator/mentor/blogger and food photographer whose hospitality experience spans across multiple roles and national boundaries over three continents. Through his facebook page, Tibor's Kitchen, he has become a go-to expert on texture-modified meals for the health and aged care industries. Tibor works nationally and abroad training chefs in texture modified food preparation and presentation – changing culture, building skills, and mentoring innovators. He works with aged care and retirement village providers on the re-design of their catering operations in readiness for a more consumer-driven market, where the competitive edge may well lie in more creative menus, a better dining experience and amazing customer service. ^^ Photo Supplied.

Tibor Paller, Consultant Chef E: [tibor@tiborskitchen.com](mailto:tibor@tiborskitchen.com)



# Ivan's Christmas Verjuice Turkey Terrine Recipe

Served with  
Green Peas  
Bacon Foam,  
Sweet Potato,  
Bacon Dust  
Fluid Gel Jus



## Turkey

1 chopped brown onion  
500 g turkey breast  
150 ml fresh chicken stock  
Salt, Verjuice, Thickener

Cut meat into 2cm pieces and season with salt at least 30 min prior to cooking. Use skillet to brown meat. Once meat is nice and brown, deglaze the skillet with Verjuice. Strain the skillet juice and save. Preheat oven to 200 °C and cook meat in oven until minimum internal temp reach 73.9 °C. Whisk chicken stock and thickener (There are many quality thickeners on the market today, so as a rule of thumb, use 2% guide), and bring to boil over medium heat. Simmer for 2 minutes and add meat and liquid into a food processor. Puree until smooth. Check seasoning and adjust the taste. Pour into mould, cover and refrigerate until set.

## Green Peas

1 tsp olive oil  
4 slices bacon, chopped  
1 chopped brown onion  
1 garlic clove  
1 ½ cup frozen peas  
Salt, Pepper, Fresh Thyme,  
Thickener

Heat oil on skillet, add bacon and cook until bacon starts browning. Stir in onions, garlic and fresh thyme, cook until lightly browned. Add peas and cook until tender, 8 – 10 minutes. Season with salt and pepper and add thickener.

Simmer for 2 mins, pour into a food processor and puree. Pass through fine sieve til lump free and pour into prepared mould, cover and refrigerate until set.

## Sweet Potatoes:

Sweet potato recipe is from book Shape by Bernadette Eriksen  
250 g lightly roasted sweet potatoes  
70 ml vegetable stock  
Salt and Pepper, 5 g Thickener  
Place liquid and thickener into a sauce pan, bring to boil. Add sweet potatoes and hot liquid into a food processor and puree until smooth. Season to taste and pour into the prepared mould. Cover and refrigerate until set.

## Bacon Foam

10g butter  
100g smoked bacon, chopped  
30g white onion, finely chopped  
100ml Verjuice  
100ml cream  
4 Scoops Spuma Gastro  
100ml water  
Salt, Pepper  
Useful: Whipping siphon

Melt butter in in a pan, add onion and bacon and brown it. Deglaze with Verjuice and add cream and water. Simmer gently for 10 minutes so cream is infused with the bacon flavour and sauce is reduced. Dissolve the soaked gelatine in the bacon cream. Strain through the sieve, pour into whipping siphon, add cream charger and keep warm in 60 °C water bath.

## Bacon Dust

Preheat oven to 350 degrees. Line a tray with parchment paper, and then line each slice of bacon on tray and bake for 15-20 minutes until crisp and dry.

Transfer to a paper towel-lined plate and allow to cool. Crumble and put in the food processor and pulverize into a fine dust.

## Fluid Gel Jus:

30g butter  
1 medium brown onion, finely chopped  
1 garlic clove, crushed  
1/2 cup dry red wine  
1 cup beef stock  
Salt, Pepper, Thickener

Melt butter in a skillet over medium heat. Add onion. Cook for 3 to 4 minutes, or until softened. Add garlic. Cook, stirring, for 1 minute or until fragrant. Add wine. Bring to the boil. Reduce heat to medium-low. Simmer for 3 to 5 minutes. Add stock. Bring to the boil. Reduce heat to medium. Simmer for 10 to 12 minutes or until thickened. Season with salt and pepper, add thickener. Let cool until you get solid gel. Once set, place gel in food processor and blend the set gel until it reaches a smooth consistency. Reheat and keep hot.

## Now you have all the elements of the dish ready!

To plate, reheat turkey, peas and sweet potato.

Place fluid gel jus on the plate, place turkey on the plate and brush it generously with preserved skillet pan juice, top up with fluid gel jus.

Add peas with bacon foam on the top and place sweet potatoes on the plate.

To finish it off, sprinkle generously with hot bacon dust for that additional scent!

Recipe provided by  
**Ivan Zrinscak**  
Facility Operations Manager  
The Salvation Army



*"We are now at a historical pivot of how we view people our age."*

## Wave of change

By David Stewart, Agei.st



Why is the wave of change happening now?

The last couple of weeks, I have been out speaking and have been regularly asked the same question of "Why now? Why is this new way of living midlife emerging now?"

There are many reasons, but here at AGEIST we have identified these as the big movers:

**– 40% of the American population is now over 50.**

That is a lot of people — perhaps the tipping point needed to be noticed.

**– Within two years there will globally be more people over 65 than under 5.**

That is a first in human history, and it's a trend that will continue growing.

**– Life expectancies are now such that someone who is 50 can have a rational belief they will be alive and highly functional for another 30, 40, 50 years.**

This causes us to behave in a way that is radically different from our parents.

**– Massive social change happens incredibly quickly now.**

In a single day the entire world can seem to pivot. I recall the gay rights movement took decades to gain acceptance, but the trans movement seemed to happen overnight. The #MeToo movement may have simmered for a long time, but suddenly it exploded.

Combine the points raised, and we are now at a historical pivot of how we view people our age.

It's happening all around us, sometimes difficult to see.

It's not happening through the historical organizations and channels that are associated with people like us.

It is happening in new, modern venues such as AGEIST and myriad others who are supporting and witnessing this change.

Stay tuned, the wave is growing.

-David

Original; [www.weareageist.com/transformation/wave-of-change/](http://www.weareageist.com/transformation/wave-of-change/)

**David is an award winning photographer and the founder of Ageist, the media company whose purpose is to reinvent how life is lived, experienced and understood by those over 50.**

**He is an expert on the new life phase that is emerging among this financially empowered yet underserved demographic.**

**Patti Sheaff**

**62, surfer**

When Patti Sheaff hasn't surfed for a few days, she feels irritable and out of sorts.

"When I'm not in the water, my gills get dried out."

When the waves are breaking, the 62-year-old rolls out of bed pre-dawn, has her Bulletproof coffee, does her stretches, grabs her board and heads to down the six blocks from her Santa Monica house to the beach.

She's a water woman, in the truest sense, and tries to get out into the water every day in some form. If the surf is not ideal, then she's paddle boarding or body surfing.

Like so many of us, when people marvel at the active lifestyle she has led into her 60s, Patti will say she has never acted her age. "I've never known how. I still don't know how old I am."

Original article published:

<https://www.weareageist.com/profile/patti-sheaff/>

# OLDER ADULTS FITTED WITH COCHLEAR IMPLANTS EXHIBIT POOR BRAIN FUNCTION

Older adults fitted with a cochlear implant to compensate for severe hearing loss, have significantly poorer cognitive function than their normal-hearing counterparts, reveals a new study.

Hearing loss is a risk factor for cognitive decline and dementia, so this new finding suggests cochlear implants cannot fully compensate for this deterioration in brain function.



**Publishing in *Frontiers in Neuroscience*, the study authors suggest that rehabilitation should be adjusted to the cognitive profile of the cochlear implant patient. Moreover, further long-term studies are vital for determining the impact of cochlear implants on cognition and its decline.**

"Even when we took differences such as age, sex and education level into account, elderly adults fitted with a cochlear implant performed significantly lower in a cognitive function test than those with normal hearing," says Dr Annes Claes, who carried out this research at the Department of Otorhinolaryngology, Antwerp University Hospital, Belgium.

Professor Griet Mertens, who coordinates the cognitive hearing project at the Antwerp University Hospital continues, "Cochlear implants may have a positive effect on the cognitive functions of these patients. Nevertheless, our results point out that cochlear implant recipients do not align with their normal-hearing peers in the longer-term after cochlear implantation."

Hearing loss is a risk factor for accelerated cognitive decline and dementia in older adults.

As age-related hearing loss is very common in the aging population, it means a lot of older people are at risk of brain-function decline.

Moreover, the more severe the hearing loss, the higher the risk for dementia.

This has stimulated research into whether treating hearing loss by means of hearing aids or cochlear implants could improve cognition in older adults.

"The economic and social burden of dementia is enormous and there is currently no cure," explains Professor Dr. Paul Van de Heyning, co-author, also based at Antwerp University Hospital.

"The first studies with cochlear implants were promising, indicating an increase in cognition after implantation.

However, long-term conclusive information about cochlear implant effects are not yet available, simply because it takes many years to collect these data."

**In the current absence of long-term data, Claes and her colleagues devised a study to examine whether severely hearing-impaired individuals fitted with a cochlear implant had age-expected cognitive function.**

To do this, they compared cochlear implant recipients over the age of 55, who had one or up to eighteen years of experience with the device, to a group of normal-hearing similar-aged adults using a specialized cognitive function test.

**Claes explains, "If we used a regular cognitive test, the hearing-impaired individuals would have been at a disadvantage. We developed the RBANS-H test, which provides both auditory and visual information to the recipient, instead of just an auditory presentation."**

Their findings from this comparison were quite clear, showing a large difference in the cognitive function of each group.

Even after taking differences such as age, sex and education level into account, the elderly adults fitted with cochlear implants performed significantly lower in the cognitive function test.

"More studies are needed to ultimately assess in which way cochlear implants influence the natural cognitive decline. We have some preliminary results from a collaborative multi-center study showing there is a cognitive improvement after cochlear implantation but no normalization. This is in line with our current findings that imply a cochlear implant is not able to keep the older adults with a severe hearing loss at an age-expected level of cognition or to completely restore the level of cognition," says Mertens.

She concludes, "Additional rehabilitation in the long-term after implantation, tailored to the cognitive profile of individuals, may be appropriate for cochlear implant patients."

**By Tania Fitzgeorge-Balfour, Frontiers science writer**

*Original article:*

*Impaired Cognitive Functioning in Cochlear Implant Recipients Over the Age of 55 Years: A Cross-Sectional Study Using the Repeatable Battery for the Assessment of Neuropsychological Status for Hearing-Impaired Individuals (RBANS-H)*

REPUBLICISHED [https://www.frontiersin.org/articles/10.3389/fnins.2018.00580/full?utm\\_source=FWEB&utm\\_medium=NBLOG&utm\\_campaign=ECO\\_FNINS\\_cochlear-implant-elderly](https://www.frontiersin.org/articles/10.3389/fnins.2018.00580/full?utm_source=FWEB&utm_medium=NBLOG&utm_campaign=ECO_FNINS_cochlear-implant-elderly)



## Health and aged care are sectors most vulnerable to cyberattacks

Over the past decade, the industry has been haunted by headlines of data breaches.

Between July and August 2017, more than one in four (27%) of Marsh-Microsoft Cyber Perception Survey 2017 care organisations reported they were victims of cyberattack in the past 12 months.

This is more than financial institutions (20%), and nearly twice the incidence in the communications, media and technology sector (14%).

Business interruption and the leak of customer information are the most critical cyber loss scenarios for the industry.

Breaches can have major implications beyond financial losses – they can result in shutdowns and interruptions, which is problematic as these interruptions and shutdowns affect their homes and impact their well-being.

The industry incurs one of the highest financial costs in the face of a cyberattack. Among cyber threats, financially motivated individuals are the biggest concern for organisations.

As shown by the Marsh-Microsoft Cyber Perception Survey 2017, more than 70% of respondents expect that a cyber breach could cost them more than \$1m per case.

With the introduction of the new My Health Record system by the Australian Digital Health Agency, interconnected systems (general practitioners, hospitals, financial institutions, even the

government) increases the exposure of cyber attack on aged care organisation systems.

Proactive measures are needed to increase visibility of cyber risk issues, and cyber risk management is a key responsibility of the board.

While the risks are real, many organisations have yet to set up and implement a holistic framework, governance and adequate board oversight.

For further information on how to manage your aged care organisation cyber risk please contact Lyle Steffensen, Marsh Care Solutions – National Practices Leader.

1 Marsh & Microsoft, Feb 2018. By the Numbers: Global CyberRisk Perception Survey

Article provided by Corporate member **Marsh Strategic**

### Cyberattacks

For further information, contact Lyle Steffensen – National Practice Leader Marsh Care Solutions

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Any statements concerning legal matters are based solely on our experience as insurance brokers and risk consultants and are not to be relied upon as legal advice, for which you should consult your own professional advisors. LCPA18/0035



## Re-imagining Australia's future aged care workforce

If Australia is to meet the increasing demand for aged care there needs to be a renewed focus on the people who deliver these critical services.

The data and research, drawn from more than 200,000 HESTA members working in aged care, aims to help the sector build, train and retain its future workforce.

Released this year, the Transforming Aged Care research report found more than 23% of aged care workers surveyed intend on leaving the sector in one to five years.

This is equivalent to 84,000 employees within the aged care workforce (currently approximately 366,000^).

The report also revealed only 4,000 workers are expected to enter the sector from other areas of health and community services (HACS).

The result is that aged care faces a potential net outflow of 80,000 employees in the next five years.

HESTA CEO Debby Blakey said ensuring we have the skilled workforce necessary to care for Australia's elders is an issue that will affect millions of Australians.

"Our research identifies a worrying potential outflow of workers from aged care in the next five years, right as we need to be attracting significantly more people to work in the sector," Ms Blakey said.

The most common reasons for aged care workers wanting to leave the industry are:

- develop new skills (49%)
- try something different (38%)
- not paid enough (22%).

Employers and employees nominated well-structured and consistent job training and career pathways as key to attracting and retaining staff.

"The research highlights lots of positive solution-led suggestions from employers and employees," said Ms Blakey.

Find out more at [hesta.com.au/transformingagedcare](http://hesta.com.au/transformingagedcare)

The Aged Care Workforce 2016, Australian Government Department of Health, March 2017.

Article provided by **HESTA**

HESTA is an industry superannuation fund dedicated to those working in health and community services. HESTA has over 860,000 members and manages more than \$47 billion of members' assets.



## A fair fight

### Making Lung Cancer A Fair Fight – A Blueprint for Reform

Lung Foundation Australia is the only national charity and leading peak body dedicated to supporting anyone with a lung disease. Since 1990, we have been the national point-of-call for patients, their families, carers, health professionals and the general community.

Making Lung Cancer a Fair Fight: A Blueprint for Reform is a first-of-its-kind report addressing the social, economic and mental health issues of Australians living with lung cancer. It was developed in collaboration with PricewaterhouseCoopers (PwC).

It provides a clear indication of the true burden of lung cancer in Australia, now and over the next decade, as well as the confronting challenges facing those living with lung cancer. Importantly, it outlines solutions to improve outcomes for the many thousands of people living with lung cancer.

Go to [lungfoundation.com.au](http://lungfoundation.com.au) to download and read the full report.



## The changing aged care marketplace

The American marketing group AGEIST, founded by David Stewart, is a movement encouraging, researching and analysing the group who are living longer and better than ever before.

Their focus is to reinvent how life after 50 is lived, experienced and understood.

AGEIST state over the past three years, they have conducted thousands of hours of interviews around the world with people ranging from the late forties to late seventies and have discovered this new phenomenon of Life 2.0 is global and not confined to select urban creative classes.

### Australia's population is ageing.

Understanding the characteristics of older Australians (those aged 50+), is becoming increasingly important to aged care organisations.

The language used and the style in which we portray our elders is also changing. For the better.

No longer the "silent generation", these people have views, opinions, desires, and interests, surprisingly just like every other generation after them. Shock!

Therefore, it is important to understand how we address and market our respective brands to this group of consumers. It is also why the AGEIST work has become so relevant.

Take for example, a market survey.

People are typically grouped into an "Over 50+" bracket.

How can an organisation garner the interests and opinions within that one age bracket - which would include up to three generations of mothers, daughters, grandmothers, as well as the male equivalents and everything in between - to properly market to them?

We need to market better - and more appropriately to our audience.

Therefore, we need to understand this audience better than before. We need good market research and better market segmentations and understandings within each demographic.

Consider this; you wouldn't market to a 10 year old the same way you would a 30 year old. So, why do we say 50+ and lump everyone together?

### Market research must change

A simple adjustment would be to adopt the standards used in surveys from the Australian Bureau of Statistics (ABS).

*ABS use the Age Standard 1200.0.55.006, 2014, Version 1.7  
Link [www.abs.gov.au/ausstats/abs@.nsf/Lookup/1200.0.55.006main+featu res62014,%20Version%201.7](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1200.0.55.006main+featu res62014,%20Version%201.7)*

The Age Standard states output categories are aggregations of input categories (the level at which age data is collected and stored). They recommend five or ten-year age groups for most applications with cut off years varying according to the type of survey, or user requirements.

**If market research companies assisted aged care with consumer profiling, they would eventually become part of the overall landscape.**



In 2015, there were an estimated 3.5 million older Australians, representing one in every seven people (15.1%).

This proportion has increased from 14.3% in 2012 and 13.3% in 2009.

Most older Australians (94.8%) were living in households in 2015, while one in twenty (5.2%) lived in cared accommodation such as nursing homes and aged care hostels. (Ref: ABS)

There are differences in the distribution of older Australians (living in households) between the states and territories.

In 2015, both Tasmania and South Australia had significantly higher proportions of older people as a percentage of their total population than other states (17.8% and 16.7%, respectively). (Ref: ABS)

That's a lot of Australians who could, more meaningfully, be part of our marketplace.

**So, where does all this leave aged care and health organisations within the consumer engagement and marketing space? What does it mean?**

**It means we need to get our marketing more in sync with today's consumers.**

### Appropriate marketing

For an organisation to understand their current and next consumer, they need to understand who they are and how they wish to be marketed to. And it may not be them - it may be their family or carer.

An aged care organisation needs this information to embrace the conversations on social media or to hit the mark with their websites, advertising and television commercials.

**The use of social media, in particular blogging and online professional forums, such as LinkedIn, is growing.**

In parallel, more and more people research potential health professionals or aged care organisations through social media or online via Google searches.

It would be detrimental to an age care organisation to ignore social media and to brush it off. It is more consumer centric to take a leadership role in resolving issues online, at the time (as soon as practical).

However, as Futurist Keynote Speaker and former IBM Global Managing Partner, Andrew Grill has said, "In order to get digital, you need to be digital."

**Most consumers in residential care are not digital savvy.**

So, why do we market online? It's true the marketplace is changing, with family members and carers more computer literate it needs to be in the marketing mix to answer their questions and pass on information.

David Stewart said, "Those in this group (50+) are not pulling back as perhaps their parents did at this age. Instead they are pushing forward, feeling at the peak of their powers.

**We are witnessing the emergence of the most sophisticated consumer the world has ever seen.**

He says, "Because they grew up in the 1960s and 1970s, they are suspicious of brand messaging in a way that younger consumers are not.

Yet they are also the most financially powerful, controlling about €12.5tn in global consumer spending."

### Key actions for marketers

First and foremost you should be establishing your guiding principles to match your ethos.

Know who you are targeting.

Is it family, carer, community group, consumer, or who?

Then work on your baseline story with key messages and easy conversation threads that even your staff can adopt and use to each of these groups.

Your messages should match what you live and breathe each day with your residents.

They will match your customer service at the frontline as, most importantly, it's the second impression that matters most.

In this day and age, with our one degree of separation, everyone will know what you are up to or what you have to offer.

There is just too much information out there to ignore and there are also a lot of opinions - everyone is talking since the announcement of the Royal Commission and other industry shake ups.

**Time to share your story, with your best foot forward.**

\*Article by Age Editor, Editor **Charlie-Helen Robinson**





## CHANGE AND IMPACT IN THE INDUSTRY: A DIFFERENT PERSPECTIVE

### The Aged Care sector is ever-changing.

Every month there is plenty that goes on in our industry whether it be in parliament, the news and beyond - bills being introduced, passed, funding changes, proposed changes, a Royal Commission. The list goes on! In this environment, change impacts us all. But what changes do we as service providers, and people passionate about providing the best for older Australians living in care make ourselves, and what impact does that have, for the better?

Let us tell you a story.

In 2017, to reconnect our day-to-day to our impact and to continue to make changing the lives of older Australians our beacon, Provider Assist set out on a social impact measurement journey to embed it in our culture forever. We realised, if we are saying that the entire reason we exist is to impact older Australians, shouldn't we be able to define that impact, measure and report on it?

We learned a lot through this process. We've already made changes, big and small, to enhance our impact.

We've also learnt how far we've got to go to make the impact we want to make. But we now have a clear picture and a roadmap to get there.

On this journey, we realised that not only did we want to share our impact story with others; but we wanted to hear their stories and celebrate everyone's moments - big or small - in this industry that has so much impact on others.

Our impact journey was enlightening and inspiring, and only made us want to see what else we and the industry can do! And we would love to encourage our beautiful industry to measure their outcomes and impact and celebrate it as well.

So, how did we set about defining and measuring our impact?

**1. IDENTIFY THE IMPACT YOU WANT TO MAKE** For example, at Provider Assist we want to create a positive change in the way Australians age: every older Australian should receive the care, dignity and quality of life that they deserve. What impact does your organisation want to make?

**2. AUDIT THE FUNCTIONS OF YOUR BUSINESS** How does what you do each day make an impact? We looked at our services, talked to our team and explored exactly what we do in each service and the outcome it has. What is the outcome of what you do each day, and what impact does that outcome make?

**3. MEASURE YOUR IMPACT** Look at the data to measure your impact! How many people utilise your services, access your

software, receive your care? You will discover more and more direct, and indirect impacts as you go!

**4. EXTEND YOUR IMPACT!** What is focused on, grows! Meet with your team, share your impact findings with them and the world, and know that your impact will continue to grow. Sharing your impact, even just the little moments, inspires others to do the same.

**As an industry, we are doing amazing things. Defining and measuring your impact paves the way to continue improving and enhancing your impact every day, and realising your full potential!**

We know that our impact journey will continue to grow, change and develop over time - and your journey will too! We'd love to hear from you if you think there's a better way we can impact older Australians or if you'd like to hear more about Provider Assist and our services.

Call our Remarkable team on 1300 419 119

team@providerassist.com.au

You can read our 2017 Impact Report on our website: [www.providerassist.com.au](http://www.providerassist.com.au)



## The change revolution

*continued...*

**Just when we have identified what we feel is a workable system, it turns out to be irrelevant because so much has changed while we were doing it.**

To complicate the issue, it can be argued that we are dealing with this while trying to break through the crusty rigidity and stubborn complacency of the status quo. So, if this change phenomena is challenging to younger generations, how will older generations deal with it just when they are in a mindset to opt out of the 'rat race' so to speak and 'retire'.

Some would argue that an aging society in particular often develops elaborate defenses against new ideas - 'mind-forged manacles', to quote William Blake.... As a society becomes more concerned with precedent and custom, it comes to care more about how things are done and less about whether they are done.

**Should the older generation care about the change phenomena, do they need to care, are they up to the stresses of the challenges, will the disruption be too much for them, should they and can they be sheltered from the dilemma?**

And in any case, it's a futures related issue and their preoccupation is mostly the now. Something about teaching old dogs new tricks!!

Open for debate.  
-Ron

### The more meaningful story behind social media

We've been using social media to share, engage and have conversations for years. What has emerged are the distinct members of our community who are excited to embrace the visual storytelling it provides for others eg "follow my journey" or "have a look inside".

Generally, these pictures are "selfies".

A selfie, short for a self-portrait photograph, is usually taken with a mobile phone or a hand-held camera and are usually in a slightly tilted manner. -Wikipedia, 2014

We break down barriers when we share through visualisation. It is why many enjoy social media in the first place - it's helps us to understand.

You could say this style of sharing emerged into mainstream via the television broadcasting medium, introduced by the likes of shows such as Big Brother, etc.

However, television programs like this can be staged and false. Social media provides the public with the opportunity to share their lives - and it is best when a business uses the medium as it was intended - not staged and definitely not false.

Providing an understanding or insight via an image, be it a location, concept, or style can be liberating for another person who doesn't like the unknown.

This isn't meant in a stalkerish way - as the person sharing is in control of what they are posting and contributing.

This form of modern storytelling is the sharing of a journey, a person's life, and helps to break down barriers and raise awareness of how we live or what we want to share.

Many organisations use social media to break down the barriers of what "aged care life" looks like.

A day in the life of a resident within one of our facilities goes a long way to helping others understand what our Elders get up to on a daily basis

\*Article by Age Editor, Editor **Charlie-Helen Robinson**





THANKS FOR A GREAT YEAR

