

# National Aged Care Alliance

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## Strategic research directions

May 2007

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# About the Alliance

The National Aged Care Alliance (the Alliance) is a representative body of 26 peak national organisations in aged care including consumer groups, providers, unions, and health professionals, working together to achieve a more positive future for the aged care sector in Australia.

The Alliance was formed in April 2000, and has developed a united policy agenda to achieve better outcomes for the care of older people in Australia.

Alliance members are concerned about the future sustainability and funding of aged care services, and are seeking the establishment of industry wide benchmarks of care.

The Alliance's vision for aged care in Australia is that:

All older people in Australia have access to planned, properly resourced and integrated quality aged care services that are flexible, equitable, that recognise diversity and promote choice and respect for users and workers.

The following organisations are members of the Alliance:

Aged and Community Services Australia; Aged Care Association Australia; Alzheimer's Australia; Anglicare Australia; Australian Association of Gerontology; Australian Council on the Ageing; Australian General Practice Network; Australian Healthcare Association; Australian Medical Association; Australian Nursing Federation; Australian Pensioners' and Superannuants' Federation; Australian Physiotherapy Association; Australian and New Zealand Society for Geriatric Medicine; Baptist Care Australia; Carers' Australia; Catholic Health Australia; Diversional Therapy Association of Australia; Geriaction; Health Services Union; Liquor, Hospitality and Miscellaneous Union; Lutheran Aged Care Australia; OT Australia; Pharmacy Guild of Australia; Royal Australian College of General Practitioners; Royal College of Nursing Australia; and Uniting *Care* Australia.

More information about the Alliance is available on our website: [www.naca.asn.au](http://www.naca.asn.au).

# Executive summary

Ageing Research has long recognised the complexity of ageing and the multi-factorial causality of age-related illness and decline. New approaches to conducting research are needed that complement traditional investigator-led efforts by individuals and discipline based teams. In particular, promotion of collaborations is important. In order for research to have a significant positive impact on the lives of older people, we need to bring together researchers from multiple areas to work together in addressing issues of ageing.

Alliance objectives in developing this paper are to:

- Assist researchers and research funders to identify the issues, which are of greatest concern to health care and service providers and where targeted reach might yield maximum useable outcomes;
- Assist in identifying research priorities, building on the research priority framework established under the Building Ageing Research Capacity Project or established under specific programs such as the dementia specific research programs;
- Identify knowledge gaps which could be filled by targeted research (i.e. specific research projects);
- Advocate for a wider, better co-ordinated ageing research funding base;
- Assist in the dissemination of research outcomes publicly available through websites, publications and public seminars;
- Assist in the implementation of best practice using translating evidence based research into practice and disseminating research results in a way which can be easily understood and implemented; and
- Build relationships between researchers, providers and consumers in order to better promote effective multidisciplinary and cooperative ageing research.

Research priorities are ever changing as research findings answer one key question but opens up many others. Priorities will change therefore need to be regularly reviewed and updated. The Alliance therefore has developed its "Top ten" list of priority areas of research. This is a work in progress and the Alliance intends to review this list annually. The priorities identified in 2006 are included as Attachment 2.

The important board research theme areas identified by the Alliance are:

- Prevention and treatment of age associated illnesses with particular focus on dementia, neurodegenerative disorders, modifiable risk factors, cardio-vascular health, nutrition and palliative care;

- Physical, mental and emotional wellbeing of older people including the role of mental stimulation, education, physical activity and community participation rates;
- Urban development including factors such as access to services, leisure activities, transportation issues, living environments and ageing in place;
- Research into care and support models including financing, care and support for older people, quality of life indicators and the translation of evidence to practice;
- Retirement income and financial support including mature age employment options;
- Community resilience or social capital including the role of community support structures families and carers, the extent of social connections, population health attitudes to ageing, the contribution of older people to society and the particular needs of special groups in the ageing population; and
- Health and aged care workforce examining staffing levels and skills mix, recruitment and retention, workforce planning, and education and training.

Some of the ways that the Alliance can use the research priorities to progress the research are:

1. Publicise the list and forward to research funding agencies in the hope that projects in these areas will receive support. It is proposed that once final, this list be sent to the NHMRC, ARC and to other bodies as appropriate;
2. Publicise the list through research networks so that individual researchers are aware of projects of highest priority;
3. As member organisations consider offering to be project partners in linkage grants or other funding opportunities where successful projects require industry partners. Assistance could be in cash or kind;
4. As member organisations individually or in small groups seek to fund or sponsor research projects of particular interest;
5. As member organisations provide in-kind support especially through use of facilities for research purposes;
6. Lobby government for a specific research program area to address major research area gaps. In reviewing the priority list the Alliance should identify any area which would be sufficiently urgent to warrant direct lobbying; and
7. Directly fund or support a specific research project.

# 1. Introduction

Demographic transition is generating major research challenges across a wide range of economic, financial and policy areas. Ageing is a major issue for research and there are few aspects of medical, scientific or social research that will not be affected by the ageing pattern of the Australian community. With rapidly changing demographics, we are largely in uncharted territory in terms of our understanding of the many interrelated factors influencing the quality of life for older Australians. This is clearly the case for the older age groups, where multiple health problems affect wellbeing and where there is an ever-growing need for research and understanding of the causes and treatment of medical conditions. Equally vital, is understanding the social factors influencing the well being of older people, including suitability of care and support models and effective social participation.

Ageing research has long recognised the complexity of ageing and the multi-factorial causality (social, environmental and biological factors) of age-related illness and decline. New approaches to conducting research are needed that complement traditional investigator-led efforts by individuals and discipline based teams. In particular, promotion of collaborations is important. In order for research to have a significant positive impact on the lives of older people, we need to bring together researchers from multiple areas to work together in addressing issues of ageing. There has been limited incentive or ability for social scientists and medical and health researchers to collaborate on research projects.

The need for evaluation and monitoring of policies, programs and interventions to provide soundly based information on both beneficial and harmful social and health outcomes must be a foundation of all ageing research. Identification of research priorities is essential but needs to be handled with some caution. Research priorities are ever changing as research findings answer one key question but opens up many others. Priorities will change and therefore need to be regularly reviewed and updated. The aspects of ageing research particularly relevant to the ongoing interests of the Alliance as on 1 January 2006 are included as Attachment 1.

It is also recognised that identification of priority areas of research is always a broad brush approach to developing research agenda as almost all areas can be identified as important. Often these are too broad to allow specific work projects to be identified. The Alliance therefore has determined to undertake an exercise which is more targeted and which allows the most urgent research needs to be identified. The Alliance is in a unique position to develop a research agenda which encompasses the broad needs of those working in the fields of ageing: consumer groups, providers, unions, professional associations, employees, researchers and health professionals. It is recognised that such a research agenda will not be constant but should be seen as the currently highest urgency research needs but always in need of regular review and updates.

The Alliance therefore has identified its "Top ten" list of priority areas of research. This list is shown in Attachment 2. It is anticipated that this list will be reviewed and updated annually.

## 2. Objective

The Alliance recognises that best practice in providing services to older Australians relies on access to sound evidence-based research that focuses on the major issues which affect the health of older people and the quality of care received.

Alliance objectives in developing this paper are to:

- Assist researchers and research funders to identify the issues, which are of greatest concern to health care and service providers and where targeted reach might yield maximum useable outcomes;
- Assist in identifying research priorities, building on the research priority framework established under the Building Ageing Research Capacity Project or established under specific programs such as the dementia specific research programs;
- Identify knowledge gaps which could be filled by targeted research (i.e. specific research projects);
- Advocate for a wider, better co-ordinated ageing research funding base;
- Assist in the dissemination of research outcomes publicly available through websites, publications and public seminars;
- Assist in the implementation of best practice using translating evidence based research into practice; and
- Building relationships between researchers, providers and consumers in order to better promote effective multidisciplinary, cooperative ageing research.

## 3. Role of this Alliance paper

The purpose of developing this research paper is to assist in bridging the divide between researchers and those who use the research results. It is anticipated that this paper will be used to:

- Provide support for researchers seeking funding who will be able to identify Alliance research priority areas in support of research funding applications which may be submitted to NHMRC, ARC or other funding bodies;
- Provide advice to government and other funding bodies as to the areas of research which Alliance members

currently regard as highest priority. This could be used to assist government in identifying priority areas for research funding support;

- Act as an incentive and guide to researchers seeking industry partners for research projects and indicate to researchers areas of particular interest to industry;
- Act as a check list or prompt for individual Alliance members seeking to fund research projects; and
- Provide guidance and incentive for Alliance members to collaborate in joint research projects of common interest.

## 4. Research challenges

Mechanisms need to be developed for identifying research priorities that ensure that the overall benefit to Australia is optimised. This task cannot be undertaken in isolation and it is essential that as wide a range of researchers, policy makers and those involved in management and care of the elderly and sick in the community are involved in the process of identifying research priorities. Key aspects of a successful research program should:

- Be multi-disciplinary (bio-psycho-social paradigms) to ensure that knowledge gains have value in informing constructive action. For example, the understanding of productivity and independence in later life, must jointly consider health, employment, leisure activities and family issues;
- Include participation by key stakeholders (consumer organizations, NGOs, government agencies, industries and services, etc) in the development, conduct and application of research;
- Emphasize positive outcomes - how to maximize gains of various kinds – as well as how to prevent or ameliorate negative aspects of ageing;
- Be of sufficient scale, quality and continuity to bring together collaborative teams and build substantial bodies of knowledge; and
- Incorporate mechanisms for dissemination and translation of research findings to increase the uptake and application of knowledge.

One of the biggest challenges for research is ensuring that outcomes are actually implemented. Many systematic research reviews are undertaken but there are few studies to determine the extent to which recommendations are implemented in practice. The Alliance is well placed to be a partner (or co-ordinator of partners) of this type of study (i.e. one that focuses on the effectiveness of the translation of research into practice).



## 5. Research capacity

There is an urgent need to build Australia's capacity in ageing research. A strong research and development focus which supports skill development and career opportunities for researchers will be a national resource over the coming decades. For successful research outcomes it will be necessary to harness all the existing expertise as well as to promote the development of additional expertise.

New collaborative approaches to conducting research are needed that complement traditional investigator-led efforts by individuals and discipline based teams. Barriers to multidisciplinary projects such as single-discipline grant assessing panels should also be addressed.

Research must be directed not just to disease treatment, or to service delivery models but also towards ageing well and the means through which Australians as they age can maximise participation in the community.

The Alliance stresses that both government and the private sector should reaffirm commitment to ageing research, ensuring that research funding levels match those of comparable economies.

The Alliance supports the allocation of substantial research funding to targeted ageing research programs but also recognises the importance of general "for interest" driven research noting that a substantial number of research advances are from serendipitous discoveries.

## 6. Research funding base

In Australia today sources of research funds include:

- Research funded through the traditional sources – ARC/NHMRC;
- Targeted government ageing research programs (i.e. NHMRC/ARC Ageing Well Network or the Dementia Research fund);
- In house government research through service delivery agencies (i.e. Veterans Affairs or the AIHW);
- Some private sector research funding through foundations and trusts (i.e. the Wicking Trust or the Myer Foundation);
- A very small level of corporate research; and
- Small amounts of money from NGOs.

The Alliance has a potentially important role in promoting and expanding the ageing research funding base. The co-operative multifocal interests connected through the Alliance provide an excellent basis for approaching potential research funders especially those from the private sector.

## 7. Disseminating research results

Disseminating research is a two way street. Researchers need guidance on the important issues facing consumers, policy makers, clinicians and service providers while consumers, policy makers, clinicians and service providers need access to research findings in a manner that allows effective implementation.

Terms such as “evidence based practice” are often used to describe the important need to ensure that clinical and other practices are based on sound research findings.

Most research findings are published in academic research journals, which while prestigious, are not generally available (or comprehensible) to those outside the academic discipline. Strong support is given to cross-disciplinary academic journals (such as the Australasian Journal on Ageing), which encourage interdisciplinary research and publications that greatly extend the available audience for research. Nevertheless these are not generally accessible to consumers, policy makers, clinicians and service providers.

Academic research conferences are also important but the proliferation of conferences in recent years and the tendency to have very topic specific conferences limits the scope for wide dissemination of research results.

However growing use of the internet has meant that most research findings will be traceable through internet search engines. A valuable and useful role for organisations such as the Alliance and its member organisations is to encourage and promote research network cross linkages to maximise the opportunity for those seeking research outcomes to trace relevant research reports or in the case of on-going research to contact the project leaders and researchers directly. The role of the Ageing Research Online Directory ([www.aro.gov.au](http://www.aro.gov.au)) is strongly supported in this context as it provides an accessible online site for Australian ageing research.

However while accessibility of original research reports is important, translation of research outcomes into use friendly documents or formats is also essential. Professional associations play an essential role in this task by developing guidelines, codes of practice etc, which distil research findings into useable practices. Unfortunately often guidelines are still too large, incomprehensible or difficult to follow to be readily accessible sometimes being seen as nothing more than door stops or shelf fillers. Effective translation of research into practice requires information to be packaged in easy to read, easy to find and easy to handle documents. The combined experience of the Alliance through its members can play a valuable role in assisting the development of user friendly practice guidelines and fact sheets.

# ATTACHMENT 1

## Research themes

### Prevention and treatment of age associated illnesses.

Priority should be given to research outcomes for the population whose numbers are increasing most rapidly and who carry the greatest burden of acute illness, chronic disease, disability and social need - the "old-old" or people aged 85 to 100 years and over. For ageing research it is commonly the status of the old-old that is the outcome variable of interest, whatever the issue, condition or age group under study. The important question for ageing research is not simply "is this degenerative process ageing or disease?" but, more significantly, "can this degenerative process be modified, prevented or delayed, without significant risk, by manipulation of environmental and/or genetic risk factors". The aims of ageing research are:

1. Compression of morbidity, towards the end of life and the prolongation of the period of healthy non-disabled life. This aim may, or may not, be consonant with increased longevity. The challenge facing ageing research is to seek new and modifiable risk factors to delay the onset of disorders, which are reducing quality of life in advanced old age; and
2. The control of symptoms, alleviation of suffering and optimisation of quality of life for those who are ill or disabled. Despite best efforts disease will affect older people and health focussed research needs to include the treatment of symptoms.

Research should focus on:

- **Dementia:** The size of the projected dementia affected population in 50 years is so large that prevention or amelioration of dementia must be a priority for any research agenda, given the projected number of people with dementia in the next 50 years;
- **Gait, sensory and cognitive (neurodegenerative) disorders:** Knowledge of the causes and prevention, early diagnosis and treatment of neuro-degenerative disorders lags which well behind understanding of the prevention of the systemic diseases (heart, lung, cancer etc). However, this needs to be broader than discipline defined research into specific movement disorders (such as Parkinson's disease in the young-old);
- **Modifiable Risk Factors:** Research into modifiable risk factors and better treatment to reduce the burden of neurodegenerative disease and disability in late old age must be initiated given demographic projections of rapid growth in the numbers of very old people. The essential areas for research involve the search for new risk factors (eg. nutrition or education) in delaying the onset of disease or ameliorating disease severity, as well as developing better ways of translating the treatment evidence that we do have into regular practice;
- **Cardio-vascular health:** In particular there should be reference to stroke prevention and preventing or slowing the progression of vascular dementia. The essential research area is in the field of health promotion,

involving implementation of known protective factors. The primary risk factors for poor cardiovascular health, eg diet, exercise and smoking are well understood (at least relative to the neurodegenerative disorders). They are principally risk factors modifiable by lifestyle changes. The focus of research should be on effective health promotion and health education measures, which encourage and support adoption of lifestyles, which reduce the risk of disease;

- Nutrition and the role of specific dietary factors in healthy ageing including the prevention or delay of dementia, especially Alzheimer's disease (AD); and other neurodegenerative diseases such as gait disorders (especially Parkinson's disease) and the debilitating problems of macular and auditory degeneration. There is some evidence suggesting that anti-oxidants in fruit and vegetables may be protective factors against forms of neurodegenerative decline. Nutrition is also critical in other diseases of old age including diabetes and osteoporosis; and
- Palliative care: Research into end of life care will assist in managing the expected increase in numbers of people needing end of life palliative care including those who will suffer from end-stage dementia. In addition to research into treatment and symptom management to improve overall comfort and quality of life, this research will overlap with research into broader aspects of social policy and social capital and should include examination of issues such as the role of tools such as advanced care planning and enduring power of attorney. At the broadest level research should include getting a better understanding of community perceptions of a "good death."

## Physical, mental and emotional wellbeing of older people.

Research should focus on the person not just the disease, with the primary aim being extension of healthy, happy, non-disabled life span. Improving the physical, emotional and mental health of older Australians are the principle health outcomes. By remaining connected, feeling needed and part of wider community it is anticipated that depressive illnesses resulting from loneliness or lack of a defined role will be greatly reduced. Reduced depression will lead to less medication and higher levels of activity with consequent improvement in cardiovascular health and mobility, which will lead to reduced levels of dependency and a longer time residing in community settings. This is intrinsically linked with the degree of social involvement and the interrelationship of such involvement with the overall social fabric. Priority research areas are:

- Role of mental stimulation: If mental stimulation is shown to reduce rates of cognitive decline the positive benefits would be extremely large and there is great merit in focussing research on the potential positive effects of on-going mental stimulation and cognitive decline;
- Physical activity: Research into the types of physical activity that have preventative health benefits for people as they age. The focus for such study should include those who have chronic illness and are already showing some signs of physical decline and should extend to therapies of benefit to those already requiring some degree of assistance;

- **Participation by older Australians in the community whether in the workforce, as volunteers or in leisure activities:** Participation promotes social contacts, which in turn promotes good health and happiness. Essential research is identifying forms of social interaction that are accessible and affordable. Study is needed as to what older people currently do, what they would like to do and what prevents them from participating to the extent that they would like. Particular study should be made of the financial affordability of leisure activities and into more affordable alternatives;
- **Volunteering:** The role of volunteering as a means of maintaining the social connections of older people especially those facing socio-economic disadvantage needs further research. Volunteering is a valuable means of helping define identity and will be particularly important as the population ages;
- **Education:** The role of education and lifetime learning as a possible protective measure in its own right warrants research. In accumulating human capital across the life span, in preserving brain function, in producing an educated older group who will have improved capacity to self-manage their own health, to self-manage chronic illness when it occurs, and to use and engage with the health and aged care systems effectively; and
- **Communication:** The importance of effective communication for older people is a major aspect of health and well-being. As sight and hearing deteriorates along with mobility, access to the usual communication channels becomes increasingly restricted, influencing awareness and decision making capacity. Research is needed into the causes and treatment of sensory decline but also into developing alternative communication strategies to assist those with declining hearing or sight, including the significant numbers who have dual sensory loss.

## Urban development

Understanding how the urban framework impacts on healthy ageing is a very broad area of research but some important areas of focus are:

- **Access to services:** This is a key aspect of healthy ageing and particularly continued community living. Urban design, planning and the location of government services will be elements of effective planning for health ageing. Access must incorporate the ease of reaching necessary care or health services;
- **Access to leisure activities:** Effective social participation relies on the ability to get out and meet others and to have meaningful leisure activities. Study of methods of ensuring there is adequate access including funding demonstration or pilot projects will be needed. Diversity will be very important in this context and an essential element of a healthy ageing population will be ensuring that there is a good mix of social activities for the healthy ageing and also for the partially disabled. Research into cost-effective means of providing a diversity of services/activities will be essential;
- **Transportation issues:** Access will affect all aspects of the ageing experience. Lack of available, affordable and accessible transport reduces social participation and becomes a major cause of social isolation,

especially for the increasing numbers of older people without strong family support. Key research gaps include the inter-relationship between transport, housing and urban planning and on the economic implications of poor coordination between these sectors. Little is understood about patterns of transport usage amongst older people or current and projected levels of demand. This in turn has been shown to increase the demand for and reliance on government support services, including both community-based and residential care;

- Living environments: Accommodation type, whether community living or residential care will influence the extent to which older people can adopt healthy lifestyles, involving physical and mental activity with appropriate social interaction and community participation. For those who continue to live in the community in their own home issues of home maintenance and modification need to be considered in the context of effective urban planning and service delivery; and
- Ageing in place: This is an emerging research theme, which is being put forward as important but with very little work done on the social geography of ageing. How do older people, including those with cognitive impairment, construct and relate to place versus space, how important is place in successful ageing (eg. own home, local neighbourhood, local communities). How do localized dynamics impact on service providers planning strategies?

## Research into care and support models

Research into models of care is strongly supported but care should be taken to avoid the trap of “research” programs that have just a short-term life. Too often there are programs, which obtain funding support for the trial or demonstration phase, but once the trial period finishes there is no ongoing support, even if the trial is effective. There needs to be integration of funding for “research” with funding for programs or this discontinuity will continue.

Focus on care and service delivery (including accommodation), self-care and informal care, and effectiveness is needed. This should include options for improvements including intergovernmental relations and health and welfare integration. The key areas of research include:

- Financing: Estimating the resources required by an ageing population and exploring how these resources can be provided;
- Care and support for older people: On current figures (SOPS): 80% of the over 85s need assistance in domestic care; 30% require personal care (bathing, dressing, toileting); 70% are mobility impaired (high falls risk) and 70% are cognitively impaired (high delirium risk). They are vulnerable to acute illness, disability and hospitalisation while there has been very limited study or quantification of the impact on carers, who are vulnerable to stress, depression, poor health as well as considerable social and economic loss;
- Quality of life indicators: Developing screening tools for verifying quality of life of older people, especially where communication capacity is limited is important for consumers, for service providers

and for health professionals. It is an area where current accreditation standards and auditing processes have only limited impact but one where clear indicators are needed to allow meaningful information on which to improve quality of life. It is important particularly for RACF residents. This study will overlap with a study of appropriate benchmarks of care; and

- Translating evidence to practice: Better understanding of how to translate existing evidence about best ways of diagnosing and treating common conditions and introducing a culture of evidence-based medicine amongst the clinical staff at RACFs, and searching for the evidence or deriving it when it is not available.

## Income and financial support

This is another broad area of research but some important areas of focus are:

- Retirement incomes: Incomes for older Australians must be sufficient to allow them to live with dignity and maintain functionality. Full participation in society takes money and resources. This requires financial independence and capacity to pay for a healthy and satisfying old age as well as to manage the costs of increasing dependence and assistance. Financial obstacles may prevent many disadvantaged older people from taking up physical leisure activities such as golf, tennis, aerobics, yoga or even the traditional lawn bowls, which may require club membership fees, expensive equipment or high session fees. Ensuring that older people have financial means to participate in leisure activities must form part of the research and discussion on tax and transfer issues; and
- Employment: Given the relationship between employment and good health, getting people into the workforce is a desirable objective. Understanding the role of older individuals in the workplace will be an essential element in developing models for funding the ageing of the Australian population. This effort should include older people particularly those in the 65-75 age group who although officially retired may wish to continue with a role in the workforce although possibly with reduced hours. Research into developing workforce options which suit older workers is essential, not just to meet workforce demands as the population ages but also to ensure people have financial incomes needed to support good health and also have an on-going role in the community.

## Community resilience or social capital

This once again is a very broad area of research. Priority ageing research areas include:

- The role of community support structures: For older people most community involvement is structured to some degree with activities centred round a specific purpose. Religious or community groups, charities, sports clubs, service clubs and cultural groups each have roles but there is a tendency for these groups to have a focus in relatively affluent areas and to be poorly provided in areas of social disadvantage;

- The role of families and carers in maintaining the emotional health of ageing people: There are a multitude of issues which will affect the way carers interact with ageing dependents and the mental health implications are significant both for the older people and for their carers. These issues must be a focus of research and in particular there must be emphasis on the impact of social disadvantage on the role of carers, who themselves may be faced with deteriorating health. Demographic projections forecast a decline in the availability of family support, but limited information is as yet available predicting the consequential impact on demand for formal support services;
- The extent of social connection of older persons: Issues such as involvement in civic entitlements and participations in the business of government, need to be examined;
- Lifestyles: Understanding the lifestyles of the elderly and their evolving needs for support services. This should include the full range of leisure activities with which older people may wish to be involved. One aspect of research is the extent to which the market will address the needs of older people. It is likely that as the baby boom/60s generation ages, the traditional organised leisure for older persons will need to be expanded and an effective framework will be needed to cater to diverse interests and preferences. The capacity of market forces to meet the demands of the ageing population needs research;
- Population health research: That addresses responses to geographic patterns of ageing in the majority of Australian old-old people who remain community living. The patterns of ageing must be considered in context with the socio-economic indicators of the geographic region;
- Special groups in the ageing population: Including people with disabilities and those living in isolated communities as well as their ageing carers, will have different outcomes and different needs and the relevance of research findings to special groups needs to be established. A significant group where health problems are severe and where social disadvantages leads to poor health are the mentally ill. The special need of indigenous people as they age and the major discrepancy in life expectancy is clearly a priority area of research;
- Carers: Research into the particular problems faced by carers in remaining connected to the community, in preserving their own health and in accessing services. The probable increase in the number of people caring for relatives and friends at home makes this an important area of research;
- Attitudes to Ageing: Social capital is affected by the attitudes of the community to ageing. These are influenced by education, by the media and by socially important networks, most significantly religion. The impact of these cultural factors on attitudes to ageing and to the way older people should be supported is essential for effective long term planning; and
- The contribution of older people to society: The role of older people is often measured in terms of their contribution to the workforce or as volunteers but they also are a vital element of the social fabric through roles such as grand-parenting, mentoring or transference of cultural heritage.



## Health and aged care workforce

Targeted health and aged care services and workforce research within all settings including the local community, acute hospitals, rehabilitation/functional recovery, community care and residential care is needed. This will include transitions across care settings and impacts of change in resources in one setting on activity in the other settings. It should also include the many different occupations that provide health and aged care services. Research themes include:

- **Staffing level and skills mix:** Research into the necessary staffing levels and skills mix required to provide quality care aged care in different settings. The development of best practice models would be beneficial;
- **Recruitment and retention:** Research into current recruitment and retention practices and turnover of staff. Research is warranted on factors which may contribute to successful recruitment and retention of staff including but not limited to; job satisfaction, the work environment, pay and conditions and career structures;
- **Workforce Planning:** With an ageing population and workforce understanding the needs of the industry into the future is vital. Research that contributes to this may include identifying projected workforce and skills shortages, which may be limited to particular occupations, geographical areas or to meet particular needs. This could include implications for education and training and potential cost of shortages to the industry; and
- **Education and Training:** Ensuring that those providing health and aged care services have the skills to best meet the needs of older Australians is important and research which builds on current knowledge in this area and enhances understanding of the current and future training and education needs of health and aged care workers would be beneficial.

## ATTACHMENT 2

# Alliance top ten research priorities

As at August 2006

1. Quality of life indicators: Development of population based screening tools for verifying quality of life including indicators for assessing the level of quality of life and the role of accreditation standards and auditing processes in providing meaningful information on which to improve quality of life especially for RACF residents.
2. Staffing and skill mix: What is the appropriate staffing and the skill mix needed for appropriate quality care including administration of medication.
3. Service models: How to develop clinical networks and work practices for care of older people that involve a full interdisciplinary team including engagement of GPs, Geriatricians, Palliative Care Physicians, Nurses and Specialist Nurses and Allied Health and other specialist support.
4. Evaluation of assistive technologies: This should include evaluation of the role of IT and especially implications for quality and safety and the overall effectiveness of communication between GPs, nurses and other staff.
5. Recruitment and retention: What are the factors affecting the willingness of staff to work in aged care- this should include non nursing staff as well and professional staff and How to re-engage health care professionals no longer working in the sector.
6. Detailed costing of service provision in aged care (residential and community) based on the Alliance's analysis of current service requirements and projected future activity.
7. Evaluation of the impact of the health/aged care interface on older people.
8. Efficient methods of translating "best practice" information into regular procedures.
9. Quantification of the likely costs of workforce shortages in aged care and estimate the potential contribution which could be made by overseas recruitment, assistive technology, more flexible deployment of staff, changed participation rates and other factors. This should include a detailed analysis building on the NILS of future aged care (in the broad) workforce future needs projection.
10. Expectations of the quality of care and models of care of future generations.