



MONASH
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PRIMARY
AND ALLIED
HEALTH CARE

REHABILITATION, AGEING AND INDEPENDENT LIVING (RAIL) RESEARCH CENTRE

Member eBulletin #10

A message from the Director

Well, the challenging times are continuing, and Victoria is entering a new round of stronger lock-down measures to attempt to get on top of the COVID-19 virus. This will add extra challenges to us all in our work and our personal lives over the next number of weeks. Well done to all of the Monash teaching and research staff for continuing to deliver well on these fronts, despite these additional challenges and changes that have been necessary.

From RAIL's perspective, the year is shaping up very differently to what we had planned, although the team continue to achieve very good outcomes. We are however, needing to come back to what our main aims and targets have been, reviewing what is the impact of the changes relating to COVID-19 on these, and considering alternatives to what was planned to still work towards the target. One obvious affected area for a new Centre like RAIL is international profile – how do we as a Centre start to be recognised globally – if we cannot get out on the international stage? We don't have answers and outcomes to share, but are exploring some alternative strategies that we hope will position us not too differently in this space over the coming year or two, than if we had been able to conduct "business as usual". At an individual researcher level (eg international objectives in an individual's myPlan), it is also important to reflect on some of these issues, and look for alternative approaches.

For some of us who are football tragics it is great to see a little bit of normality return (for some of Australia) – with football well underway, and even moderate

crowds at recent games. But as a Carlton supporter, and coming from Perth last year where I was surrounded everywhere by West Coast and Freo supporters, and Carlton doing poorly – it is very unfortunate this year that when I return to Melbourne, hoping to see Carlton at a few live games, that they are now based in Perth! And they are winning a few games! It is a strange world.

Finally, maintaining social connectedness remains very important, and our team’s three weekly “virtual drinks” sessions (via zoom) continues to assist with this – the most recent one had a theme of “pets”, and included numerous dogs, a cat, and a rat. Unfortunately my dog is an outdoors dog, so I joined the meeting sitting outdoors on a cold Melbourne evening, so he could be part of the session. It is amazing what you get to know about your colleagues through these sessions!

Stay safe and well.



Professor Keith Hill

Member profile

Dr Maya Ebrahimi Zanjani

Maya is a lecturer in the school of Nursing and Midwifery. She teaches into the Master of Nursing Practice program. Her interest areas are Active Ageing, cross-cultural and Evidence-Based Practice. Maya completed her Graduate Diploma in Aged Care and Masters in Gerontology at Flinders University. She took her PhD at the University of South Australia,



School of Nursing and Midwifery on the “Overseas Qualified Nurses’ adjustment into the Australian Health Care System”. The topic was influenced by her own experiences as an Overseas Qualified Nurse in the aged care facility. Prior to joining Monash Maya was a project officer in the Centre for Cultural Diversity in Aging where she was working on a project funded by PICAC program in Victoria. The aim of this project was to improve partnerships between aged care service providers, culturally and linguistically diverse communities and the Department of Health and Ageing.

Maya is currently working on a study exploring international healthcare practitioner students’ learning needs regarding the care of older adults. She is also part of a project examining the impact of restricted access to residential aged care facilities on care partners during the COVID-19 pandemic funded by MARC.

Grant success



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Melbourne
Ageing Research
Collaboration

A co-design examination into the impact of restricted access to residential aged care facilities on care partners during the COVID-19 pandemic

Researchers from Monash Nursing and Midwifery (A/Prof Helen Rawson, Dr Jacqui Allen, Dr Maya Ebrahimi Zanjani) and RAIL (Prof Keith Hill, Dr Aislinn Lalor) were awarded a small grant from The Melbourne Ageing Research Collaboration (MARC) to investigate the impact of visitor restrictions in residential aged care on care partners (family/friends/carers) during the COVID-19 pandemic. This 12-month co-design project will include age care providers (Benetas, Lyndoch Living, St Vincent's Health, Austin Health), Carers Victoria and MARC's Community Advisory group. The purpose is to understand the impact of on care partners when they are restricted from engaging with loved ones in residential aged care and identify how their role as care partners can be supported during such restrictions.

The COVID-19 pandemic saw the introduction of visitor restrictions or complete lock down in residential aged care services with the aim of minimising the risk of virus transmission to residents and staff. Many aged care providers introduced restricted access, with visitors only allowed to see their loved ones under strict conditions such as in gardens where physical distancing can be maintained or through 'window visits'. Instead care partners were encouraged to maintain contact with loved ones using the telephone Skype and Face Time. Care partners lost physical engagement with their loved ones, activities for residents were limited or stopped and care partners were no longer able to contribute to supporting care for residents. Whilst these restrictions were aimed at protecting residents, concerns were raised by some, including advocacy groups, highlighting that care partners were more than just 'visitors' in aged care, but an important part of the care and wellbeing of residents.

The outcomes of this project could inform the development of guidelines to facilitate engaging care partners during periods of any visitor restrictions in residential aged care, such as flu and gastroenteritis outbreaks, as well as possible future pandemics.

Grants available



dementia australiaTM
research foundation

2020 Dementia Grants Program – NOW OPEN

[Race Against Dementia](#) has partnered with the Dementia Australia Research Foundation to offer two, **Post-doctoral Fellowships** for new and early-career researchers, across the broad areas of dementia prevention or treatment. The 3-year award includes salary (up to \$110,000 pa) as well as a project grant to cover research expenses (\$75,000). Up to 12, \$75,000 capacity building **Project Grants** for new, early and mid-career researchers are also on offer.

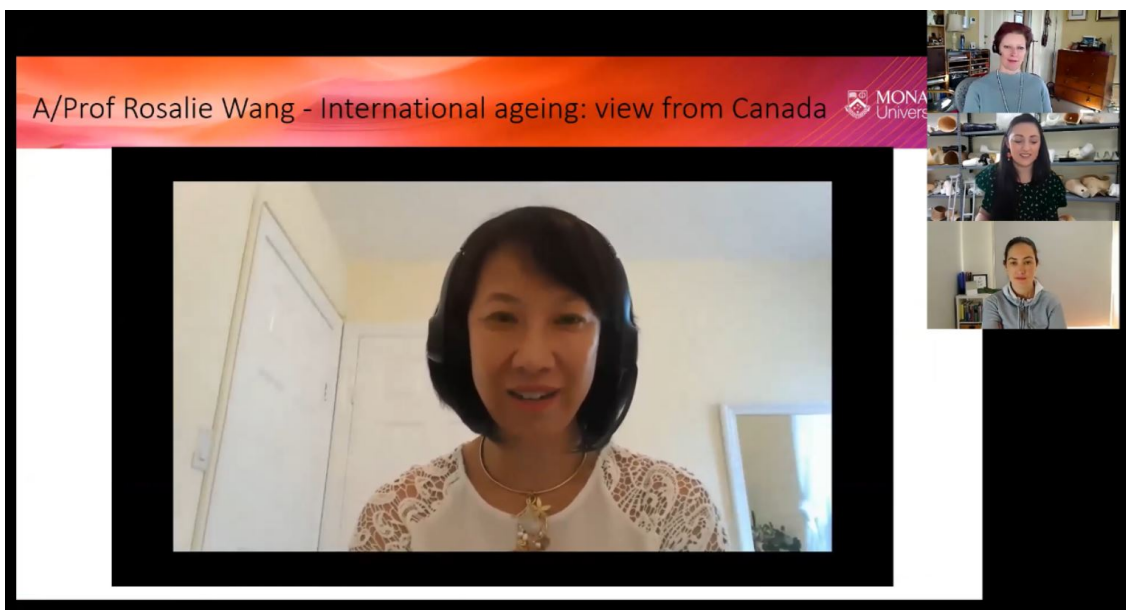
2020 DCRC World Class Research Grants – NOW OPEN

The Dementia Centre for Research Collaboration (DCRC) is pleased to announce the following grant round to fund World Class Research Projects including trials and studies to produce evidence, evaluate interventions, promote practice change or inform policy. From a total funding pool of \$1.8 million, up to 3-5 project grants with a maximum of \$600,000 per grant will be funded.

Applications to both grant rounds close Friday 21 August 2020, 5.00pm AEST. To submit an application or to find out more, please visit our [grants page](#).

Events

Member forums



'Living well across the lifespan and across the globe' was the focus of the July forum held last week. Associate Professor Rosalie Wang and Louise Puli provided members with an understanding of cutting edge global rehabilitation and ageing initiatives and their relevance to Australian practice. They shared their research and practice journeys as health practitioners working nationally and internationally.

Thank you Rosalie and Louise for sharing your insight and expertise with us.

The next RAIL member forum:

The RAIL research team is pleased to announce our next member forum '**Valuing, supporting and working with carers to sustain their role**' is scheduled for 3.00pm - 4.00pm Thursday 3rd September via Zoom.

Speakers include:

- Professor Briony Dow (Director, National Ageing Research Institute) on - Unmet needs of family carers: findings from the Survey of Disability and Carers (SDAC).
- Associate Professor Susan Slatyer (Discipline of Nursing, Murdoch University) on - The Further Enabling Care at Home program: Supporting family carers of older people after hospital discharge. and

- Associate Professor Helen Bourke-Taylor (Occupational Therapy Dept, Monash University) - How can family carers improve their own health and wellbeing?: One evidence based example.

RSVP: [Online](#) by 31/08

Further information will be provided shortly via email.

Australia's health 2020



Australian Government
Australian Institute of
Health and Welfare

AIHW

Australia's health 2020 (released 23 July 2020) is the AIHW's 17th biennial report on the health of Australians. It is a mix of short statistical updates and longer discussions exploring selected topical issues. Australia's health also serves as a 'report card' on the health of Australians by looking at how we are faring as a nation.

<https://www.aihw.gov.au/reports-data/australias-health>

Falls and injuries are a persistent public health problem in long-term care

On 22 July, Associate Professor Dawn Mackey (from Simon Fraser University, Canada, and visited RAIL earlier this year) published a story in the in The Conversation about falls and injuries in long-term care:

<https://theconversation.com/falls-and-injuries-are-a-persistent-public-health-problem-in-long-term-care-141557>

ARATA Webinar - The Important Relationship between Sleep and Circadian Science and Assistive Technology



ARATA is pleased to announce the launch of its webinar series.

Registrations are now open for the **ARATA Webinar - The Important Relationship between Sleep and Circadian Science and Assistive Technology**, presented by **Sue McCabe** on **Thursday 27 August 2020**, commencing at **4.00pm AEST**

[Register now](#) to secure your place!

In this session, Sue McCabe will introduce you to the amazing world of sleep and circadian science. She will focus on the practical and individualised application of Assistive Technology to promote sleep-wake rhythms for people of all ages, and their families.

Date

Thursday, 27 August 2020

Time

Starts: 4:00pm AEST

Finishes: 5.15pm AEST

[Click here to check your local time](#)

Cost

ARATA Members – \$40.00 plus GST

Non-Members - \$70.00 plus GST

Not a member of ARATA? [Click here to join now](#)

Location:

Your computer or mobile device, with connection details provided to registrants via email prior to the live broadcast. Please note to check your junk or spam inbox too.

[Register now to secure your place](#)

NARI workshop - Co-Designing Research with Older People

The National Ageing Research Institute (NARI) is pleased to offer the following professional development workshop:

Co-Designing Research with Older People (Via Zoom)

Thursday 17 September, 9:30am – 12:00pm

Cost: Full Price \$50 | Student Price \$25

This evidence-based, interactive workshop will focus on:

- The principles behind good co-design research methods
- The strengths and limitations of co-design
- How to include older people and those living with dementia in the co-design process

Registrations can be made at: <https://www.trybooking.com/BKNUE>. For further information, email education@nari.edu.au or phone: (03) 8387 2305.

RAIL paper of the month

Executive function as a mediating factor between visual acuity and postural stability in cognitively healthy adults and adults with Alzheimer's dementia.

Background: Falls in older adults, notably those with Alzheimer's dementia (AD), are prevalent. Vision and balance impairments are prominent falls risk factors in older adults. However, recent literature in the cognitively impaired suggests that executive function (EF) is important for falls risk assessments. The study objectives were to: 1) to compare balance among people with AD, healthy older adults (OA), and healthy young adults (YA) and 2) to quantify the interaction of visual acuity and EF on postural stability.

Methods: We recruited 165 individuals (51 YA, 48 OA, and 66 AD). Trail Making Tests (A and B) quantified EF and the Colenbrander mixed contrast chart measured high and low contrast visual acuity. Accelerometers recorded postural sway during the Modified Test for Sensory Integration. A two-way repeated measures ANOVA examined postural sway differences across

groups. Mediation analysis quantified the association of EF in the relationship between contrast sensitivity and postural sway.

Results: Significant EF and visual acuity between-group differences were observed ($p < 0.001$). For postural sway, a significant interaction existed between group and balance condition ($p < 0.001$). In general, EF was a significant mediator between visual acuity and postural sway. Visual acuity, EF and postural sway was worse with increased age, particularly in the AD group.

Conclusions: Mediation analysis revealed that individuals with poorer visual acuity had poorer EF, and those with poorer executive function had poorer balance control. These results highlight the importance of assessing not only vision and balance but also EF, especially in older individuals living with AD.

Reference: Hunter SW, Divine A, Madou E, Omana H, Hill KD, Johnson AM, Holmes JD, Wittich W. 2020 Executive function as a mediating factor between visual acuity and postural stability in cognitively healthy adults and adults with Alzheimer's dementia. *Archives of Gerontology and Geriatrics* 2020;15 1099–1112.

Health Economics

The RAIL research team is presenting a 6 part mini-series on economic evaluations alongside Rehabilitation, Ageing and Independent Living (RAIL) research programs. This series will explore:

1. Economic evaluations: What are the different types?
2. Determining the perspective of an economic evaluation
3. **Defining the units of health care and disability service utilisation, as well as defining the effect of the intervention**
4. The impact of the time horizon and adjusting for risk in an economic evaluation
5. How to present results from an economic evaluation
6. How to use the results of an economic evaluation to inform health and disability service delivery and policy

Today we are reporting on Part 3: Defining the units of health care and

disability service utilisation, as well as defining the effect of the intervention

As previously noted, a full economic evaluation examines both the cost and the effect for each of the alternates. It is important that both the cost and the effect are defined with enough detail so that the audience is able to reproduce the evaluation.

COST: Costs are reported under different unit types. Each unit type represents a resource which has contributed to the economic evaluation. In the methods section, it is important that each resource unit type has the following details provided:

- Unit definition
- Unit measurement
- Unit cost
- Data source
- Comments / adjustments

Here are a couple of examples:

	Unit definition	Unit measurement	Unit cost	Data source	Comments / adjustments
Inpatient hospital admission	Admitted acute care for patients who stayed overnight in hospital	Per day	\$1,208.22	IHPA: https://www.iHPA.gov.au/sites/default/files/round_2_2_nhcdc_report_public_sector_round_22_2017-18_-_pdf_version.pdf	These \$AUD 17/18 figures were inflated by CPI to report a net present value of \$AUD 19/20
GP appointments	This represents the number of appointments from T ₀ to T ₁	1 appointment	\$110.50	Based on MBS Fees http://www9.health.gov.au/mbs/search.cfm?q=&Submit=&sopt=S	Item 44 Level D. Professional attendance by a general

					<p>practitioner:</p> <p>(a) taking an extensive patient history;</p> <p>(b) performing a clinical examination;</p> <p>(c) arranging any necessary investigation;</p> <p>(d) implementing a management plan;</p> <p>(e) providing appropriate preventive health care;</p>
<p>Magnetic resonance imaging: MRI</p>	<p>This represents the number of images from T₀ to T₁</p>	<p>1 set of images</p>	<p>\$492.80</p>	<p>Based on MBS Fees http://www9.health.gov.au/mbs/search.cfm?q=&Submit=&sopt=S</p>	<p>Item 63101.15 - Magnetic Resonance Imaging. Subgroup 3 - Scan of Head and Neck Vessels - For Specified</p>

					Condi tions
Productivity cost (opportunity cost)	This value represents a lost opportunity to participate in employment (paid and unpaid work)	1 hour	\$19.49	Based on the Australian minimum wage 2019/20: https://www.fairwork.gov.au/how-we-will-help/templates-and-guides/fact-sheets/minimum-workplace-entitlements/minimum-wages#:~:text=The%20national%20minimum%20wage%20is,least%20a%2025%25%20casual%20loading.	A conservative approach has been taken using the minimum wage as a proxy dollar value for both paid and unpaid work.

In the results section, it is important that each resource unit type has both the quantity of utilisation and cost reported. For example:

	Unit utilisation			Cost		
	Baseline group	Intervention group	Mean difference (95% CI) Baseline minus Intervention	Baseline group	Intervention group	Mean difference (95% CI) Baseline minus Intervention
patient hospital admission, days (SD)	XX.X	XX.X	XX.X (95% CI XX to XX)	\$XX.X	\$XX.X	\$XX.X (95% CI \$XX to \$XX)
appointments, number (SD)	XX.X	XX.X	XX.X (95% CI XX to XX)	\$XX.X	\$XX.X	\$XX.X (95% CI \$XX to \$XX)
magnetic resonance imaging: MRI, number (SD)	XX.X	XX.X	XX.X (95% CI XX to XX)	\$XX.X	\$XX.X	\$XX.X (95% CI \$XX to \$XX)
productivity cost (opportunity cost), hours (SD)	XX.X	XX.X	XX.X (95% CI XX to XX)	\$XX.X	\$XX.X	\$XX.X (95% CI \$XX to \$XX)

EFFECT: In an economic evaluation the effect can be measured in natural units, health preference or in monetary units (Husereau, Drummond et al. 2013). Natural units include outcomes such as falls avoided, change in

functional status, and levels of employment. Health preference include outcomes such as quality adjusted life years (QALYs) and disability adjusted life years (DALYs). Monetary units require each benefit to be replaced with a dollar value, for example, in Australia the value of one QALY has been estimated to be between A\$42,000-A\$67,000 (Huang, Frijters et al. 2018). The rationale for outcome measure choice should always be provided. For any clinical study, it is important that the measures of effect are reported as an average value (mean, median) with a measure of variability (SD, range, IQRs), for each of the alternatives. This enables you to report the between group difference for effect, and it enables you to combine cost and effect in cost-effectiveness, cost-utility or cost-benefit analyses.

References

1. Huang, L., P. Frijters, K. Dalziel and P. Clarke (2018). "Life satisfaction, QALYs, and the monetary value of health." *Social Science & Medicine* 211: 131-136.
2. Husereau, D., M. Drummond, S. Petrou, C. Carswell, D. Moher, D. Greenberg, F. Augustovski, A. H. Briggs, J. Mauskopf and E. Loder (2013). "Consolidated health economic evaluation reporting standards (CHEERS)—explanation and elaboration: a report of the ISPOR health economic evaluation publication guidelines good reporting practices task force." *Value in Health* 16(2): 231-250.

Early and mid-career research support activities

Although the staffing level for RAIL at this point is small, we are keen to provide support for any early or mid career researcher that we can. We are happy to provide an external review perspective of grants you are preparing as one avenue of support. If you would like to discuss possibly accessing this service, please email Cassie in the first instance (spahc.rail@monash.edu).

Member contributions

We would love to showcase current research from our members. We invite you to submit a short story (and relevant images) about any research you are working on that aligns with RAIL. Submissions are due by the 30th of each month to spahc.rail@monash.edu