

*NARI 3<sup>rd</sup> Biennial Seminar Program*

*November 7<sup>th</sup> 2008*

**The challenge of dementia:  
what has been achieved  
and  
what remains to be done?**



# Introduction

I would like to welcome you on behalf of the National Ageing Research Institute to the third Biennial Seminar, ***The challenge of dementia: what has been achieved and what remains to be done?*** NARI is fortunate to have been able to put together a seminar to address this growing issue drawing on some of our leading experts in the field. Tackling the challenge of dementia requires a multifaceted approach. Our aim today is provide insight into some of the key dimensions and raise questions and ideas to take forward for both research and services. Much has been discussed recently in the media regarding new studies and new potential breakthroughs in arresting or eventually preventing this disorder, some of this work will be covered today. We hope that it raises awareness for those of you working in or interested in this field.

I would like to thank our major sponsor, Australian Unity, for the venue and catering and those who have helped put the seminar together. I would particularly like to thank the speakers and chairs for giving their time today to share their expertise and insights with us. Thank you all for attending to day and we trust that you will find the seminar a rewarding experience.

A handwritten signature in black ink, appearing to read 'David Ames', with a horizontal line underneath.

Professor David Ames  
Director  
National Ageing Research Institute

# Programme

0800-0900	Registration	
0900-0905	<b>WELCOME:</b>	<b>Chair: Hon Michael Mackellar, NARI Chairman</b> <b>Sponsor: Rohan Mead, CEO Australian Unity</b>
0905-0915	<b>OPENING REMARKS</b>	<b>Senator the Hon Jan McLucas</b> <b>Parliamentary Secretary to the Minister for Health and Ageing</b>
0915-1030	<b>Session 1:</b>	<b>Clinical issues in dementia</b> Chair: Professor Keith Hill
0915-1000		<b>Alzheimer's disease: research on causes and treatments</b> <i>Professor David Ames, NARI director</i>
1000-1030		<b>Huntington's disease – Cinderella comes to the ball</b> <i>Professor Edmond Chiu, NARI Professorial Fellow</i>
1030-1100 <i>Morning tea break</i>		
1100-1230	<b>Session 2:</b>	<b>Mild Cognitive Impairment – a risk state for the development of dementia</b> Chair: Ms Neth Hinton, Executive Director, Continuing Care at Southern Health
1100-1145		<b>Mild Cognitive Impairment – What is it and what can we do about it?</b> <i>Professor Nicola Lautenschlager, University of Melbourne Professor of Psychiatry of Old Age and Director St Vincent's Health Aged Psychiatry Programme</i>
1145-1230		<b>Cognitive training for Mild Cognitive Impairment</b> <i>Professor Glynda Kinsella, La Trobe University</i>
1230-1330 <i>Lunch</i>		
1330-1500	<b>Session 3</b>	<b>Dementia and specific populations</b> Chair: Dr Tony Snell Director, Division of Medicine and Emergency Services, Melbourne Health
1330-1415		<b>Pain and dementia</b> <i>Professor Stephen Gibson, Deputy Director NARI</i>
1415-1500		<b>Dementia in Remote Indigenous Communities</b> <i>Dr Dina Logiudice, Geriatrician Melbourne Health</i>
1500-1530 <i>Afternoon tea</i>		
1530-1700	<b>Session 4</b>	<b>Doing something practical about dementia and memory loss</b> Chair: Jack Sach, General Manager Strategic Policy and Projects with Alzheimer's Australia Vic
1530-1615		<b>Developing a Dementia Resource Guide</b> <i>Dr Briony Dow, Director NARI Public Health Division and Ms Kirsten Moore, Research Fellow, NARI</i>
1615-1650		<b>A memory friendly society</b> <i>Ms Anne Unkenstein, Neuropsychologist Melbourne Health CDAMS Clinic</i>
1650-1700	<b>CLOSING REMARKS</b>	<b>Professor Barry O. Jones</b>

*Please join us for refreshments at the end of the day.*

# ABSTRACTS

## Session 1: Clinical issues in dementia

**Professor David Ames**

***Alzheimer's disease: research on causes and treatments***

Dementia, an acquired decline in higher mental function causing impairment in routine activities, affects 200,000 Australians (1% of the population), but because of population ageing 730,000 (2.8%) are projected to be affected by 2050. The commonest cause of dementia is Alzheimer's disease (AD), a progressive degenerative illness that destroys connections between brain cells and ultimately kills the cells themselves. Alzheimer's disease is progressive, ultimately fatal and is the cause of a heavy burden of costs to society and distress to individuals.

Alzheimer's disease appears to be caused by the action of A $\beta$  amyloid protein, a breakdown product of a naturally occurring body protein (APP). Modern brain imaging techniques can detect the presence of this protein before symptoms are apparent, and Australian research has shown that apparently healthy individuals with high levels of A $\beta$  score less well on cognitive tests than individuals with low levels, raising the possibility of pre-symptomatic diagnosis of AD.

Current AD treatments are modestly effective but do not alter the long term course of the disease. New therapies are being tested which affect the cascade of events leading to brain cell damage and death at a variety of target points, and it is hoped that one or more will be proved to be truly disease modifying and found to be safe. Several such drugs are being tested on people with AD in Melbourne at present or will become available soon. If they are shown to be safe and effective it will be possible to trial their efficacy in delaying the onset of symptomatic AD in those at risk.

**Professor Edmund Chiu**

***Huntington's disease – Cinderella comes to the ball***

Until the identification of the HD gene in 1993, the research interest in HD has been taken on by a very small group of dedicated workers. The clinical and service provision were also of low priority.

With the HD gene being discovered and the protein Huntingtin being examined in detail, the research world has taken more notice of this hereditary condition which can contribute to the totality of the exploration of neurodegenerative diseases.

This presentation will offer a brief story of this interesting journey of a research and clinical Cinderella arriving at and celebrating at the Ball with the bigger (but not ugly) sisters of AD and other neurodegenerative diseases.

## Session 2: Mild Cognitive Impairment – a risk state for the development of dementia

**Professor Nicola Lautenschlager**

***Mild Cognitive Impairment – What is it and what can we do about it?***

The presentation will explain the terms "Mild Cognitive Impairment" and "Subjective Memory Complaints" and highlight how they differ from early dementia. Risk factors as well as potential protective factors will be reviewed. Current recommendation on diagnosis and management will be discussed with informing about current research developments.

**Professor Glynda Kinsella, La Trobe University**

***Cognitive training for Mild Cognitive Impairment***

Positive effects are reported for memory training for healthy older adults and yet there is limited information about the benefit of cognitive intervention for older adults with increasing memory difficulties – mild cognitive impairment. I will report on a study to investigate the usefulness of an early cognitive intervention for the memory difficulties experienced by people with amnesic mild cognitive impairment. Using a randomised control design, fifty-two participants with amnesic mild cognitive impairment and their family partners were randomly assigned to a cognitive intervention (memory group) or waitlist (control group). The intervention focused on the management of everyday memory failures by developing increased awareness and knowledge of memory and memory

changes, and developing skill in specific strategies to prevent everyday memory failures. The program involved the family rather than just the person with mild cognitive impairment. Participants were assessed on primary measures of everyday memory (prospective memory) and memory strategies; secondary measures of contentment with memory and the family participants' knowledge of memory strategies were also assessed. Everyday memory, measured by performance on prospective memory tasks, significantly improved following intervention although self-appraisal of everyday memory did not demonstrate a similar intervention effect. Knowledge and use of memory strategies also significantly increased following intervention. Furthermore, family knowledge of memory strategies increased following intervention. Contentment with memory significantly improved immediately following intervention but was not maintained by four-month follow-up.

Early intervention for memory difficulties in amnesic mild cognitive impairment, using cognitive training in compensatory strategies, may assist in minimising everyday memory failures as evaluated by performance on prospective memory tasks and knowledge of memory strategies.

### **Session 3: Dementia and specific populations**

**Professor Stephen Gibson, Deputy Director NARI**

#### ***Pain and dementia***

There is mounting evidence to show that demented older persons receive fewer analgesics than age-matched cognitively intact persons despite having similar levels of potentially painful disease (Gibson 2007). The most likely reason for this apparent under-treatment is that pain remains largely undetected due to the enormous difficulty in assessing pain in persons with dementia and particularly in those with impaired verbal communication skills (Gibson 2007). Nonetheless, the clinical literature would suggest that persons with cognitive impairment do indeed report pain less frequently, even when asked, and that pain intensity may diminish with advanced disease. As a result, it has been suggested that the underlying neuropathology of progressive dementias, such as Alzheimer's disease, may actually interfere with the central nervous system processing of noxious input, thereby leading to reduced pain sensations and less requirement for pain relieving treatments (Scherder et al. 2005). This presentation will focus on findings from the NARI pain research group aimed at developing a better understanding of pain processing in persons with dementia and better pain assessment techniques for this highly dependent and vulnerable group.

**Dr Dina LoGiudice**

#### ***Dementia in remote Indigenous Communities***

This presentation will describe the planning, development and validation of a culturally appropriate tool for the assessment of cognitive impairment and dementia in older Indigenous people. The Kimberley Indigenous Cognitive Assessment Tool (KICA) was developed with Indigenous health and aged care organisations, in 2003. It comprises of medical history, cognition, depression, and carer report of daily function.

Validity was initially tested in 70 Indigenous subjects over 45 years of age, and found to be useful in the detection of dementia, as compared to specialist clinical assessment. The KICA is now widely used in remote and rural areas of Australia.

Following the development of the KICA, 363 participants (aged over 45 years) selected from six Aboriginal communities and one town were assessed with this tool to determine the prevalence of dementia and associated risk factors amongst older Indigenous Australians living in the Kimberley. All participants with low cognitive scores as well as a random sample of those with normal results in the KICA were reviewed by a geriatrician or old age psychiatrist who was blind to the results derived from the KICA. The mean age of participants was 60.7±11.9 years and 55% were women. The prevalence of dementia was 12.4%, 4.8 fold greater than the overall Australian prevalence. Males were more likely to have dementia than females, and other risk factors in this sample older age, no formal education, current smoking, previous stroke, head injury and epilepsy.

The results from this ongoing project indicate that the KICA appears to be a valid and reliable assessment tool for cognitive impairment in an older Indigenous population.

Indigenous Australians living in the Kimberley have a much higher prevalence of dementia than previously reported for non-Indigenous Australians, particularly in the younger age groups. Risk factors associated with dementia in this sample are likely to reflect the underlying mechanisms that

contributed to the development of dementia in this remote Indigenous community. Studies are now underway to address the unmet need of these communities, develop best practice guidelines and consider models of care to address the management of those with dementia and their families.

#### **Session 4 - Doing something practical about dementia and memory loss**

**Dr Briony Dow and Ms Kirsten Moore**

***Developing a Dementia Resource Guide***

The Dementia Resource Guide (DRG) was developed for people with dementia and their families and carers, including staff and volunteers across community, residential, and health care settings. A multidisciplinary evaluation of over 700 existing dementia-related resources was conducted, with over 350 resources selected for inclusion. The DRG provides links to resources on 51 topics, including assessment and diagnosis, forward planning, behavioural and psychological symptoms of dementia, and social and emotional issues. The DRG was piloted in 11 sites representing most Australian states and territories across a combination of metropolitan, rural, and regional locations, and community, residential, and health care settings. The DRG includes links to national and state policy, processes, and guidelines, and to culturally appropriate resources in various community languages. Development of the Dementia Resource Guide identified gaps in evidence and resources, and recommendations for maintaining the Dementia Resource Guide will be discussed. The Dementia Resource Guide was launched in June 2008 as a website, and is available in CD-ROM format by contacting the Australian Government Department of Health and Ageing.

**Ms Anne Unkenstein**

***Towards a memory friendly society***

We are living in a constantly changing society, life is busier and the pace is faster, there is more to do and see and more to remember. The way that we live can put stress on our memory abilities. There is new technology to keep up with, new freeways, and new hospitals. We move from one work environment to another or we move home, perhaps to residential care.

Our society is not very memory friendly – it can be difficult to find your car in multi story car park or to orient yourself in a major hospital that you have never visited before.

The proportion of older people in our community is increasing. This means that there are more people experiencing change in their memory abilities as a part of normal ageing and dementia. Other health and lifestyle factors, like depression, anxiety, pain, alcoholism and other medical conditions can also impact on memory. Memory loss is part of our society. As a community, how can we do something practical to support those with memory loss better?

This session will outline positive steps towards a more memory friendly society. The impact of community memory education forums will be discussed, together with the use of appropriate memory aids and environmental adaptations to promote confidence and independence. We can make our homes, workplaces and the wider community more memory friendly. We need to accept that there is change in memory abilities around us, and ideally, achieve a culture which makes allowances and provides support for this – a memory friendly society.

# BIOGRAPHIES

## ***Senator the Hon Jan McLucas***

### ***Parliamentary Secretary to the Minister for Health and Ageing***

Jan McLucas was born and grew up in Far North Queensland. She was a primary school teacher in Queensland, and began her public life as a Councillor on Cairns City Council in 1995. Elected to the Senate in 1999, Jan has worked on a number of Senate Committees, and chaired two Senate Select Committees of Inquiry into Medicare.

Between November 2004 and November 2007, Jan was the Shadow Minister for Ageing, Disabilities and Carers. Following the election of the Rudd Labor Government she became the Parliamentary Secretary to the Minister for Health and Ageing, and her areas of executive responsibility include alcohol, tobacco, food policy, organ and blood donation and health regulation.

## ***Professor Keith Hill, Professor of Allied Health, La Trobe University and Northern Health, NARI Senior Researcher***

Professor Keith Hill is Professor of Allied Health at La Trobe University and Northern Health, and senior researcher at the National Ageing Research Institute (NARI). His background is as a physiotherapist with over 28 years clinical and research experience in the areas of gerontology, rehabilitation, exercise / physical activity, and falls prevention. He completed his PhD titled "Balance studies in older people" in 1998. He has over 60 publications, and 8 book chapters, mostly in the falls prevention / physical activity areas, and is currently managing a range of public health and clinical activities, research and education across community, residential care and hospital settings.

## ***Professor David Ames, NARI director National Ageing Research Institute, University of Melbourne Professor of Ageing and Health***

David Ames, BA, MD, FRCPsych, FRANZCP graduated MB BS from the University of Melbourne in 1978. His training in psychiatry took place at Royal Melbourne Hospital 1982-4, Friern and the Royal Free Hospitals London UK 1984-5, before his appointment to a position as research fellow and honorary lecturer at the Royal Free Hospital 1985-7, where he completed his doctoral thesis on depression in residential homes for the elderly. David Ames was (1989-95) and then Associate Professor (1995-2005) in the Psychiatry of Old Age for the University of Melbourne at Royal Park, Royal Melbourne, Mount Royal/Northwest and Broadmeadows hospitals. He co-founded Melbourne's first Memory clinic (1988), which served as a model for the statewide CADMS clinics, introduced in 1998. From April 2005 David Ames was University of Melbourne Foundation Professor of Psychiatry of Old Age at St. George's Hospital Kew. Since September 3 2007 he has been Director of the National Ageing Research Institute and University of Melbourne Foundation Professor of Ageing & Health. His main research interests are new drug treatments for Alzheimer's disease and the care of the depressed elderly. He is Chief Investigator on the \$3 million 3 year Alzheimer study funded by CSIRO (Australian Imaging Biomarkers & Lifestyle Study) 2006-9. David Ames has published over 100 papers in peer reviewed journals. He edited ***IPA Bulletin*** the quarterly newsletter of IPA from 1996-2002, he is a member of the Medical & Scientific Advisory Panel of Alzheimer's Disease International and has been Editor of the Peer Reviewed Journal ***International Psychogeriatrics*** since January 2003

## ***Professor Edmond Chiu, AM, NARI Professorial Fellow***

Since 2005 Dr Chiu has been a Professorial Fellow in the Department of Psychiatry, University of Melbourne. Prior to that he was Professor/Director of St George's Hospital Aged Psychiatry Services from which position he "retired" in December 2004; now spends four days a week in research related clinical work in the Academic Unit for Psychiatry of Old Age there.

Professor Edmond Chiu was born in Hong Kong, spent his childhood in Guangzhou and migrated to Australia in 1952, graduated MBBS from the University of Queensland and obtained his postgraduate psychiatry training in Melbourne, Hong Kong and England. He returned to Melbourne in 1972 where he had the privilege of working with John Cade, the father of lithium therapy and Brian Davies.

His interest in affective disorders, Huntington's disease and involvement with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) lead to an award of Member of the Order of Australia (A.M.) in 1988. His commitment to migrant mental health was exemplified by his advocacy for mental health and general health interpreters in Victoria.

In 1984, he trained in old age psychiatry at Nottingham and returned to Australia to establish the Section (now Faculty) of Psychiatry of Old Age, RANZCP and held the first academic appointment in old age psychiatry in Australia. In 1999-2001 he was President, International Psychogeriatric Association (IPA) and is the current Chairman, World Psychiatric Association Section in Old Age Psychiatry. An award of the Year 2000 Medal of Honour from RANZCP recognised his very significant contribution to the College.

For over 20 years he was in close touch with the Institute of Mental Health, Peking University and is heavily involved with developing modern mental health services in China. Peking University appointed him Guest Professor and he was also the first Visiting Professor of the Department of Psychological Medicine, National University of Singapore. In the past decade, he has been a much sought after lecturer in many Asian countries in the area of dementia and depression.

He founded the Huntington Research Group (Victoria) in January 2004 to gather together clinicians and researchers in collaborative research activities in HD.

He has co-edited 9 books and published over 100 papers in refereed Journals and is a member of four editorial boards.

***Ms Neth Hinton, Executive Director, Continuing Care at Southern Health***

Neth Hinton is the Executive Director, Continuing Care at Southern Health. In this role she is responsible for aged care and community care, including aged psychiatry, sub-acute, community health and residential care. Until August this year, Neth was the Director, Aged Care and Allied Health at St.Vincent's in which role she was also responsible for aged mental health. Neth held several diverse portfolios whilst at St.Vincent's, including Director of Integrated and Sub-acute Care and Director of Strategy and Quality. She commenced her career as a social worker and held positions in the areas of residential and sub-acute care. She is committed to public health care and the care of older people.

***Professor Nicola Lautenschlager, University of Melbourne Professor of Psychiatry of Old Age and Director St Vincent's Health Aged Psychiatry Programme***

Nicola Lautenschlager is an academic old age psychiatrist and took up the position as University of Melbourne Professor and Chair of Psychiatry of Old Age and Director St Vincent's Health Aged Psychiatry Programme in July 2008. She received her undergraduate and postgraduate training in Germany and the US before working at the University of Western Australia between 10/00 and 06/08. Her current research focus is early diagnosis of cognitive impairment and dementia and intervention trials for older adults to improve mental health outcomes.

***Professor Glynda Kinsella, La Trobe University***

Glynda Kinsella, PhD, is Professor in Psychological Science, La Trobe University, Melbourne, where she also coordinates the Postgraduate Training Programs in Clinical Neuropsychology. She is a registered Clinical Neuropsychologist and holds a sessional appointment in the Psychology Department, Caulfield General Medical Centre. Her research focus relates to the consequences of neuropsychological impairment for the individual and family, using a framework of cognitive neuropsychology and memory. Recent research projects have centred on evaluation of the neuropsychological changes associated following traumatic brain injury in older adults and in mild cognitive impairment and early Alzheimer's disease, including evaluation of interventions for these cognitive changes.

***Dr Tony Snell, Director, Division of Medicine and Emergency Services, Melbourne Health***

Dr Tony Snell is a Consultant Physician in Geriatric Medicine and is Director of the Division of Medicine and Emergency Services and Director of Aged Care at the Royal Melbourne Hospital. He graduated from Otago University, New Zealand and completed his specialist training in internal medicine in the UK. In 1985 he moved to Bendigo and held an Executive and later an academic position at Bendigo Health until 2003 when he moved to the Royal Melbourne Hospital.

***Professor Stephen Gibson, Deputy Director NARI***

Prof Gibson has been involved in clinical pain research for almost 20 years and is currently the Deputy Director of the National Aging Research Institute, Australia (NARI). Prof Gibson is a registered psychologist and holds the position of Professor within the Department of Medicine, University of Melbourne as well as honorary appointments with the Departments of Psychology at the University of Melbourne, Monash University and La Trobe University. In 1990, Prof Gibson helped establish the first laboratory in Australia to investigate age-related changes in pain perception, the development of age appropriate assessment tools and evaluation of treatment approaches with a focus on multidisciplinary care.

The pain laboratory at NARI is now widely regarded as a leading center for research into pain in older persons. Prof Gibson was awarded the 2006 Pfizer visiting professorship in pain medicine and remains active in clinical practice via his involvement with multidisciplinary pain management centres specifically tailored to meet the special needs of older persons. He has contributed to more than 100 publications on pain and its management, has served on numerous expert panels and is on the editorial board and/or a consultant referee for several leading scientific journals. His current research interests include work funded by the National Health & Medical Research Council on pain measurement in persons with Alzheimer's disease, age differences in psychological mediators of pain and fMRI studies of brain responses to pain, as well as the implementation of pain management guidelines into the residential aged care sector.

***Dr Dina LoGiudice, Geriatrician Melbourne Health***

Dr Dina LoGiudice is a Consultant Physician in Aged Care at Royal Melbourne Hospital- Royal Park campus. After completing her training in Geriatric Medicine in Melbourne, she commenced her Doctoral studies at the National Ageing Research Institute, and completed her thesis entitled "Assessment of services for elderly people with dementia" in 1998.

Her research interests include assessment and management of people with dementia, and effectiveness of Memory Clinics, the later evaluated through randomised trial. She has a particular interest in the issues of those with dementia of Cultural and Linguistic Diverse background and Indigenous older people living in remote areas. Dr LoGiudice commenced work in the Memory Clinic (renamed Cognitive Dementia and Memory Service, CDAMS) at the former NorthWest Hospital in 1993, and continues as a consultant there.

Dr LoGiudice has received NHMRC grants to address the issue of assessment of cognitive function in older Indigenous people in remote and rural areas of the Kimberley, to describe the prevalence of dementia in this population and the current stage of funding is to now address unmet service needs and development of models of care to meet the needs of this group.

Dr LoGiudice has a strong collaboration with NARI, involved in a number of projects including advisor in development of a "Dementia Care Kit", funded through Department of Health and Ageing.

***Jack Sach, General Manager Strategic Policy and Projects with Alzheimer's Australia Vic***

Jack Sach is the General Manager for Strategic Policy & Projects with Alzheimer's Australia Vic. He has extensive experience in aged care having been a consultant for over 20 years to Government, health service providers, age care service providers and others. His current position encompasses policy, advocacy, research, multicultural, indigenous, projects, dementia risk reduction programs and related portfolios.

***Dr Briony Dow***

Dr Briony Dow is the Director of the Preventive and Public Health Division at NARI. She is a social worker with over 20 years clinical experience in aged care, mental health and disability. She has been at NARI since 2003, working on a range of research topics including: improving care for older people in hospitals, rehabilitation, and carer support. She is on the Board of Carers Victoria, on the Victorian Executive of the Australian Association of Gerontology and is an Honorary Senior Fellow with the Department of Psychiatry at Melbourne University.

***Ms Kirsten Moore BA(Hons)***

Kirsten joined the Public Health Division of NARI in 1999 where she has been involved in projects across the spectrum of aged care. She has been engaged in evaluations of health services including falls clinics, movement disorder clinics and home rehabilitation services and has developed resources for aged care staff and carers. She has undertaken numerous HACC projects including measuring demand and developing a priority of access tool. She has been involved in a national project mapping acute aged care services for the Australian Health Ministers' Advisory Council. Kirsten has been involved in projects investigating restraint use, falls prevention, nutrition, vision, environment and physical activity in residential aged care settings. She has a particular interest in the environment and dementia care and was recently involved in the development of a Dementia Resource Guide for people caring for people with dementia funded by the Australian Government Department of Health and Ageing. She has eleven publications in peer-reviewed journals along with 28 project reports and over 30 abstracts presented at national and international conferences.

***Ms Anne Unkenstein, Neuropsychologist Melbourne Health CDAMS Clinic***

Anne Unkenstein is a clinical neuropsychologist specialising in memory loss. Anne consults at the Cognitive, Dementia and Memory Service at the Royal Melbourne Hospital, Royal Park Campus. She is also in private practice and is an academic associate of the School of Behavioural Sciences in the Department of Psychology at the University of Melbourne. Anne is co-author of the book 'Remembering Well - How Memory Works and What To Do When It Doesn't' and provides regular community education sessions.

***Professor Barry Jones, AO***

Barry Owen Jones, AO, is one of Australia's living treasures as well as a writer, broadcaster and former Labor politician. His career has spanned education, film, politics, civil liberties, constitutional change and 'the knowledge society'.

His books include *Macmillan Dictionary of Biography* 1981, *Sleepers Wake! Technology and the Future of Work* 1982, *Living by our Wits* 1986, *Barry Jones' Dictionary of World Biography* 1994, 1996, 1998. His autobiography, *A Thinking Reed*, was published in October 2006.

Barry represented the federal seat of Lalor (1977-98) and in the Hawke Government became Australia's longest serving Science Minister (1983-90). He served as National President of the Australian Labor Party 1992-2000 and again 2005-06.

He is the only person to have been elected as a Fellow of all four Australian learned Academies: Technological Sciences and Engineering (FTSE) in 1992, the Humanities (FAHA) in 1993, Science (FAA) in 1996 and Social Sciences (FASSA) in 2003.

Barry currently serves on the boards of CARE Australia, the Macfarlane Burnet Institute, The Centre for Eye Research, Australia, and chairs Vision 2020 Australia and the Port Arthur Historic Site Management Authority. He is currently a Professorial Fellow at the University of Melbourne.

# NARI'S VISION STATEMENT

## Vision

*To be a centre of excellence in Australia for research into ageing and improving the life and health of older people.*

## Aims

NARI aims to achieve this by:

1. Conducting research into all aspects of ageing including, but not limited to, the cause, prevention and cure of disease, and the relief of sickness and suffering, associated with ageing;
2. Conducting and promoting research and inquiry into the provision and effectiveness of public and preventive health services, clinical care, and technologies provided to the aged;
3. Conducting and promoting research into the health status and health needs of older people;
4. Developing the highest academic standards of study and practice in medicine and allied health as it relates to older people;
5. Participating in the provision of clinical and preventive health services for the aged;
6. Providing and promoting education on ageing by the expansion, advancement and dissemination of knowledge concerning all aspects of ageing

## Guiding Values

NARI is committed to:

- Integrity of the research process and data
- Teaching informed by the results of research
- Ensuring that our knowledge is readily transferred and accessible to the industry workforce, education sector and the community
- Research and practice underpinned by the highest ethical standards
- Respect for people in their diversity
- Good clinical and corporate governance

