

WELCOME

We hope everyone is continuing to keep well, starting to get out and about a little, and may have enjoyed some activities to celebrate Queensland Seniors week held from 15-23 August.

Sadly, we still don't have any news on recommencing our monthly meetings at the Coorparoo RSL as they are currently only opening on reduced hours from Wednesday-Saturday. Your committee will meet shortly to discuss alternatives, although that is again subject to new government restrictions on gathering numbers thanks to the recent COVID-19 outbreak. In the meantime, please continue to keep in touch with each other so we can prove that the older generations are a resilient bunch!

FACE MASK TYPES AND HOW YOU SHOULD USE THEM

Wearing a face mask is effective in stopping the spread of COVID-19. So is keeping at least 1.5 metres in physical distancing. Face masks can be tricky and it's hard to see behind your head and ears, where most masks attach. And those strings and things! Where do they go?

The most common types of face coverings are *face masks* and *face shields*. The term '*face mask*' includes cloth masks, and single-use face masks (commonly called surgical masks). Face masks that have unfiltered one-way valves should not be used. *Cloth masks* are any nose and mouth covering made of washable fabric. *Face masks* with three layers of a mix of breathable fabrics are recommended to ensure adequate protection. It does not need to be surgical quality to be effective.

Surgical masks are made with a non-woven melt blown polypropylene layer and available in various levels of protection. These are single use masks only so can't be washed and used again.

Face shields are coverings that are made from plastic or other transparent material designed or made to be worn like a visor, covering from the forehead to below the chin area and wrapping around the sides of the face.

A scarf or bandana can be used as a face covering if you do not have access to a mask.

Cloth mask - A cloth mask should fit securely around the face, specifically covering the nose and the mouth areas. The mask should fit snugly on your face and be secured by ties at the back of your head or ear loops.

If you are using a mask with ear loops, you can use a plastic clip or tie to join the ends together at the back of your head to make sure it fits snugly on your face. Make sure that your mask does not have holes or any unfiltered one-way valves. This can result in

breathing out the virus if you have coronavirus (COVID-19).

Wash your hands for at least 20 seconds with soap and water, or use hand sanitiser that is made up of over 60 per cent alcohol, before putting on your mask and after taking it off. Avoid touching your eyes, nose, or mouth at all times and store used cloth face masks in a plastic bag until you have an opportunity to wash them.

You know your mask is working to protect you if it is well fitted. If the ties are loose, tighten them to ensure a snug fit. Keep an eye on the integrity of the fabric as it may thin over time with repeated washing. If this happens, replace the mask.

A cloth mask should be washed each day after use. However, if during the day your mask is visibly dirty or wet, do not continue wearing your mask; the mask needs to be washed. Re-using a cloth mask without washing is risky because it can become contaminated or may not be as effective in protecting you.

Cloth masks can be washed in the washing machine with other clothes, or hand-washed using soap and the warmest appropriate water setting for the cloth.

Surgical mask (single use) -

- Before putting on the mask, wash your hands for at least 20 seconds with soap and water, or use a hand sanitiser that is made up of over 60 per cent alcohol.
- Check for defects in the mask, such as tears or broken loops.
- Position the outer side of the mask outward according to the instructions of the manufacturer.
- If present, make sure the metallic strip is at the top of the mask and positioned against the bridge of your nose.
- If the mask has:
 - ties: hold the mask by the upper strings. Tie the upper strings in a secure bow near the crown of

your head. Tie the bottom strings securely in a bow near the nape of your neck

- dual elastic bands: pull the bottom band over your head and position it against the nape of your neck. Pull the top band over your head and position it against the crown of your head.

- ear loops: hold the mask by both ear loops and place one loop over each ear

- Mould the bendable metallic upper strip to the shape of your nose by pinching and pressing down on it with your fingers.
- Pull the bottom of the mask over your mouth and chin.
- Be sure the mask fits snugly.
- Don't touch the mask once in position.

If the mask gets soiled or damp, replace it with a new one.

HOSPITAL PEAK BODY CALLS FOR TELEHEALTH REVOLUTION

During these COVID-19 days are you visiting your GP on the phone or computer? Get used to it, we're told it's the way of the future.

Far from being a temporary stopgap means of keeping people needing GP appointments safe from COVID-19, telehealth offers a revolution in health delivery – as long as we get the technology and the health policy settings right. That's the view of the Australian Healthcare and Hospitals Association (AHHA), the national peak body for public and not-for-profit hospitals and healthcare providers.

AHHA says the rapid uptake of telehealth during COVID-19 has highlighted the opportunities offered by virtual health care technologies, which is more than using telephone and video calls as a substitute for traditional doctor-to-patient, face-to-face care. Chief Executive, Alison Verhoeven, says limiting virtual healthcare in this way is to squander the opportunity for healthcare reform and a better health system in the long term. "The current implementation of telehealth has certainly met some short-term and important needs in the health system – but to achieve lasting system transformation will require sustained policy efforts across big-picture areas such as funding, governance and workforce," she says.

The AHHA report, *The Effective And Sustainable Adoption Of Virtual Health Care*, offers recommendations about taking telehealth to the next level. So far, we've substituted GP and outpatient clinic visits with phone calls and video-conferencing; we've made some limited functional improvements such as e-prescribing; and in some

places, such as in "virtual hospitals", there has been some redesign of tasks and processes.

However, the report takes to the crystal ball to proclaim that a "forward-looking approach to virtual health care would involve planning to embrace the opportunities which may be available, for example, through remote monitoring, data-driven quality improvement, artificial intelligence and other innovations, to create new models of care."

Alison Verhoeven says as we face the most significant health and economic challenges experienced in a century, we need big-picture thinking and serious policy reform efforts that are agile and innovative. "We cannot shy away from disruptive thinking and the need to do business differently in order to achieve better results that take full advantage of the modern technologies available to us. Equally, we should not sacrifice new thinking in order to maintain current health-care practices, processes and professional interests."

"I'VE REALISED MY DREAM" SAYS 96 YEAR OLD UNIVERSITY GRADUATE

Finally a story that has nothing to do with Coronavirus!

Early in August, 96 year old **Giuseppe Paternò** was awarded first-class honours in philosophy from the University of Palermo in Italy. The Guardian newspaper reported "Giuseppe Paternò set his sights on obtaining a university education as a child growing up in Sicily in the 1930s. Poverty, war and supporting a family got in the way. Now, at 96, he has achieved his goal, becoming Italy's oldest graduate in the process."

"I've finally realised my dream," the former railway worker and World War II veteran said. "Being able to study has always been my greatest aspiration, but my family wasn't able to pay for my education. We were a large family and very poor."

Paternò, the eldest of seven siblings, starting working as a child, when he helped his father with his job at a brewery in Palermo. In July 1943, when the allied forces landed in Sicily, Paternò was working as a telegrapher for the Italian army in Trapani.

Eventually, in 2017, Paternò enrolled in the Department of Philosophy at the University of Palermo. "I'd wake up at seven to study," he said. "I'd use an old typewriter to complete my assignments. I'd rest in the afternoon and in the

evening I'd study until midnight. My neighbours used to ask, 'why all this trouble at your age?' But they couldn't understand the importance of reaching a dream, regardless of my age."

With a few exams left, the COVID-19 pandemic risked stalling his graduation. When courses transitioned to remote learning platforms, Paternò was obliged to come to terms with the new technology. Paternò's dream came to fruition when he graduated first in his class with top honours.

"It's one of the happiest days of my life," he said. "I only wish my wife were here to see me. She died 14 years ago."

Has Paternò stopped dreaming? On the contrary. "I'm considering carrying on for a master's degree. My mother lived to be 100. If the numbers and the genetics are on my side, then I still have four years left."

But a bit of research shows Australia's oldest PhD graduate is 94 year old great-grandfather, **David Bottomley**. In February 2019, and after seven years of part-time study, David Bottomley graduated from Perth's Curtin University with a Doctor of Philosophy, a year ahead of schedule.

"I signed on for eight years part-time to do this particular exercise and I got through it with a year to spare" Dr Bottomley said. He stressed that his was not a case of returning to study as a mature-aged student, but a continuation of a life's work. "I haven't gone back to study, I just haven't stopped" he said. "I've been in professional life about 72 years. My wife remarked that my age could be read two ways – either it suggested obsession or incompetence." The Melbourne academic started his career as a science master at a school in Albury, NSW in 1946. He worked in social and market research across England, Australia and Asia for 60 years before completing a masters by research degree at the University of Melbourne.

And another inspiring story about 90 year old **Lorna Prendergast** from Bairnsdale who says "it's never too late to study".

Lorna was practically the guest of honour at the University of Melbourne's graduation ceremony in July 2019. It's not every day a 90 year old receives a master's degree – and it is even less common for them to complete the whole course online. Lorna graduated with a Masters of Ageing. The focus of her studies was music as a form of temporary relief for people affected by dementia.

Her message to others is that "you're never too old to dream" and now that she has graduated, she is thinking up another project to work on next.

Mrs Prendergast hopes that by speaking about her experience of returning to study, others will realise you are never too old to learn. "The more I know now, the more I want them to follow their dreams," she said. "Nobody is too old to sit down and say 'I'm too old, I can't do it'. There's no such word as 'can't' in the dictionary."

STAY ON YOUR FEET® FALLS PREVENTION

Queensland Health has produced some valuable information on preventing falls by eliminating or reducing the risk of physical and psychological harm associated with falls in older people, as well as promoting healthy active ageing.

Falls have significant physical and emotional impacts on older people and the cumulative effect of the number of falls in our community has a major impact on our hospitals. Queensland already spends more than twice as much on the treatment of falls in older people than on victims of road traffic crashes. And the issue of falls will only grow as the population ages.

In order to stop older people from falling we need to know the following:

- What caused the fall (causative factors or risk factors)
- What can be done to prevent or reduce falls from occurring (protective factors)

In order to reduce the consequences of a fall, we need to consider:

- How to minimise any damage that may result from a fall (e.g. hip protectors or softer flooring)
- What is the best way to rehabilitate a person after a fall

Risk factors and falls

Research has identified a number of identifiable risk factors that increase the chances of an older person falling. These risk factors can be classified in a number of ways. One of the well known methods is to classify the risk factors as either personal (intrinsic) or environmental (extrinsic).

Intrinsic, or personal, risk factors include the following:

- deteriorated health, mobility and strength associated with ageing
- impaired gait and balance

- certain medical conditions e.g. Parkinson's disease, dementia, depression, osteoporosis, osteoarthritis, sensory loss (vision - for example: cataracts, glaucoma; vestibular - for example: benign paroxysmal positional vertigo; somatosensory - for example: peripheral neuropathy), low blood pressure and incontinence
- acute medical conditions such as urinary tract infections, chest infections and pneumonia
- lack of physical activity, linked with poor muscle tone and strength and low bone density
- alcohol use
- medications or medication combinations that can affect balance, vision and alertness (for example: sedatives/ tranquillisers and hypnotics)
- fatigue
- inadequate nutrition and diet
- wandering behaviour that occurs in residential care settings
- impaired cognition or confusion.

Extrinsic, or environmental, risk factors include the following:

- uneven or loose surfaces (for example: cracked footpaths, loose pebbles or leaf litter)
- inadequate lighting
- slippery floors
- time of day
- activities that have a high falls risk associated with them for the individual functional abilities
- being hospitalised for 19 days or more
- people traffic (for example: other people in the way or crowds)
- poor step and stairway design and repair
- chairs and beds that are too high or too low
- unfamiliar or changed environment, particularly for people with cognitive impairment
- unsecured floor coverings, rugs and cords
- inappropriate footwear
- inappropriate eyewear
- poorly designed housing and floor plan (for example: external toilet and laundry, steps and rooms which are too small for walking aids)

A chart is attached on what to do if you fall at home.

AGE IMMUNITY EXPLORATION TAKES A LEAF FROM NATURE

You want to live longer, perhaps for ever! A pipe dream – not so, say biologists researching ancient trees.

"Live long and prosper," said Star Trek's Mr Spock. That's find if you are 162 years old and come from planet Vulcan. But can mere humans hope to live longer without ageing?

The oldest tree in the world is the *Pinus longaeva*, which can live to around 5,000 years and does well where most other plants cannot even grow — in rocky, dry, high-altitude areas in the United States. According to ABC, Science biologists have not so been able to show that getting older directly affects the health of such millennial trees, leading some scientists to suggest these trees are 'immortal'. Ginkgo trees are another such tree, where there is no evidence of ageing deterioration.

Studies of these long-lived trees, which were up to 667 years old, found they were just as healthy as younger ones. They grow very well, they produce seeds, they produce flowers, so they are healthy.

Tricks for a long life:

The longevity of these trees, and their bag of tricks that helps them 'postpone' death, is inspiring medical research.

First is having a simple body plan with modular-like branches and roots. They can lose part of leaves or roots or even 95 per cent of the trunk and continue to be healthy. The living cambium just beneath the bark is one of the secrets of longevity in trees.

These tricks are providing a model for scientists researching the negative effects of ageing. "Imagine if we could regenerate our lungs or circulatory system every year, we would be much healthier than we are," says plant biologist Sergi Munne-Bosch from the University of Barcelona. University of NSW Professor of biomedical engineering, Melissa Knothe Tate is another researcher who is inspired by millennial trees. Only a small percentage of an individual long-lived tree may be alive, but she argues it's all about survival of the cells that are able to regenerate the tree. "Those that survive best, survive longest." "Millennial trees are the best survivors because they've seen a lot."

Sounds like some older people we know? While a tree and a human might seem worlds apart, Professor Knothe Tate sees the similarities, pointing to the role of stem cells in maintaining bones in humans. Cells add new layers to bone, like tree rings, to increase girth and when bone is injured, stem cells quickly help repair it. "We're constantly renewing our bones and trees do something similar."

Professor Knothe Tate likens the human brain to the network of roots and branches that helps a tree remain resilient — if one part is damaged, another part can sometimes take up the slack. "As parts of the brain are injured or die, it's remarkable what functionality we can retain, and if we knew which of the brain's networks were essential for certain functions, we may be able to grow them. Then, we can then start to think about making ourselves immortal."

Plant biologist Professor Munne-Bosch is also enthusiastic, but while regenerating tissues will help humans live much longer, he doubts we will ever be immortal. "It won't be forever, because we are more likely to die of something else, whether it be an accident ... or a pandemic."

Would you live forever if you could?

TEA BAG TAGS MOUNT UP

Great news from Julie Jermy who has been diligently collecting tea bag tags from our members for some time now, that our contribution, together with those from other service clubs, has resulted in the purchase of two wheelchairs. Well done to all those tea drinkers out there – keep up the good work.

SEPTEMBER BIRTHDAYS

Best wishes to members **Margaret Bayliss**, **Vilma Barwick** and **Carole Clayton** who celebrate their birthdays in September. We hope your special days are made memorable by family and friends.

WORDS OF WISDOM

Although no one can go back and make a brand new start, anyone can start from new and make a brand new ending.

COVID-19 OLDER PERSONS SUPPORT LINE

Don't forget, if you need information and/or support as it relates to the current COVID-19 pandemic, there is a National Seniors Australia support team dedicated to members, so please call **1300 877 626** to speak directly to the team about your concerns.

BRANCH CONTACT DETAILS

If you have any queries please contact our Secretary, **Graham Tienan**, on Mobile 0407 736 453 or email nsacoorparoossec@gmail.com.

SMILE

Why we love children...

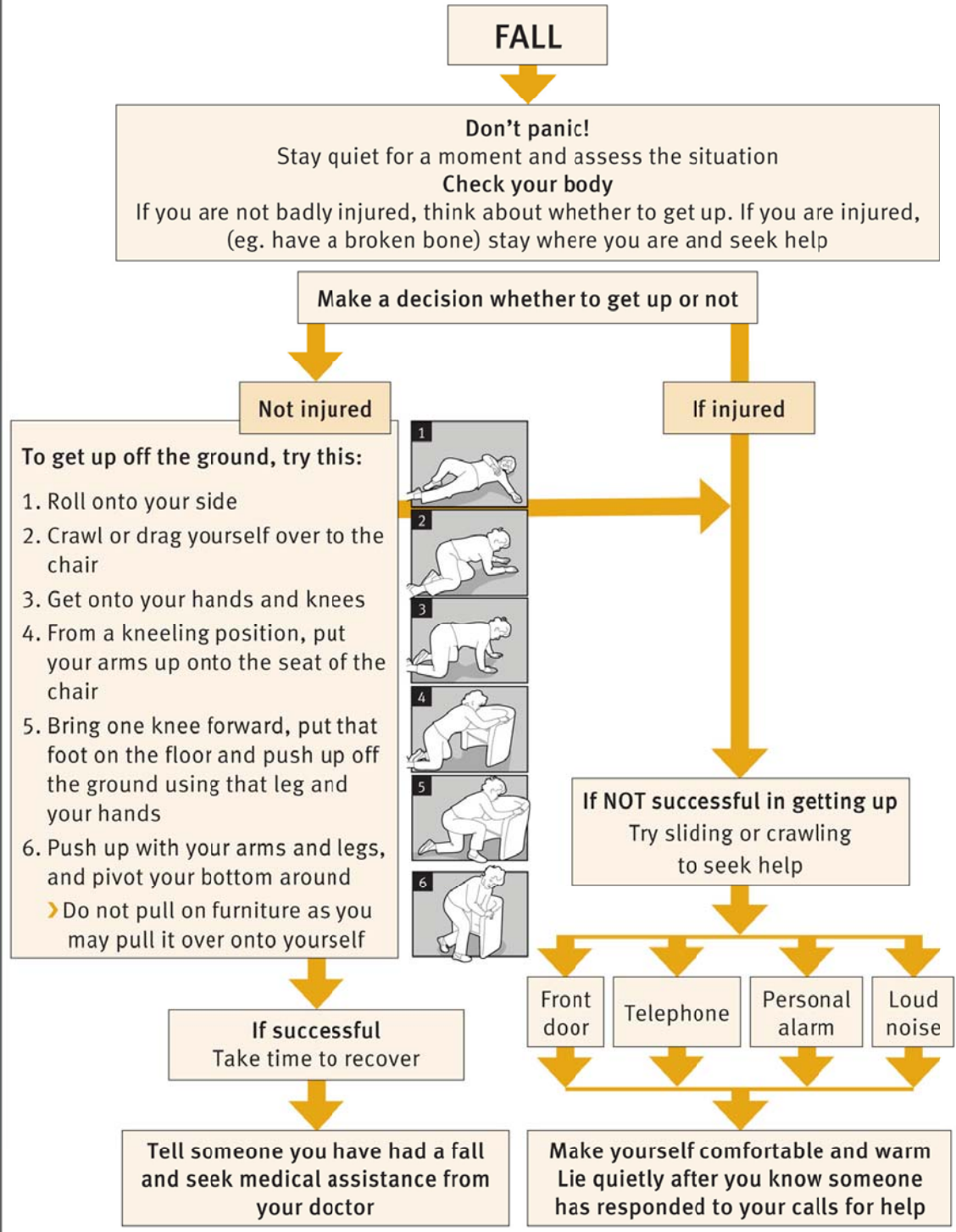
While working for an organisation that delivers lunches to elderly residents, I used to take my 4 year old daughter on my afternoon rounds. She was unfailingly intrigued by the various appliances of old age, particularly the walkers, wheelchairs and canes. One day I found her staring at a pair of false teeth soaking in a glass. As I braced myself for the inevitable barrage of questions, she merely turned and whispered, "The tooth fairy will never believe this!"



Dear, if you're going to pad your bra with Kleenex, take them out of the box first.



What to do if you fall at home



This flowchart is based on information from Falls Prevention Your Home Safety Checklist Stay On Your Feet WA® Health Department of WA (HP7926) and Stay On Your Feet Adelaide West (2004)