In respect to providing quality dementia care the submission is based on the view that quality dementia care should be provided for all Australians, regardless of culture, race, ethnicity, age and irrespective of where they live.

Alzheimer’s Australia proposed an additional investment of $1 billion over five years to address the dementia epidemic in Australia. The emphasis is on encouraging community awareness, dramatically improving dementia care practices and outcomes, promoting equitable access to dementia care services and supporting cutting edge basic dementia research.

**Dementia: Facing the Epidemic** is based on the economic and social policy work capital that Alzheimer’s Australia has developed over 10 years as well as consultations through Alzheimer’s Australia National Consumer Advisory Committee, the National Cross Cultural Dementia Network and the National Aboriginal and Torres Strait Islander Dementia Advisory Group. It is critical to take the opportunity of planning now because:

- The number of Australians with dementia will reach 1.13 million by 2050.
- Dementia will become the third greatest source of health and residential aged care spending within two decades. By 2060 spending on dementia is set to outstrip that of any other health condition.
- Dementia is the single largest cause of disability in older Australians and the fourth most common cause of death.
- Dementia impacts on the lives of 1 million Australians who provide support in some way for a person with dementia.

The submission highlights some of the issues that affect culturally and linguistically diverse (CALD) communities including:

- Lack of knowledge about dementia and its symptoms and causes.
- Stigma associated with dementia resulting in people being marginalised and isolated from their own communities.
- Inadequate knowledge of where to go for help compounded by late diagnosis of dementia.

- Communication problems for those with low literacy levels in the English language or in their own language.
- Lack of knowledge or acceptance of the services by members of CALD communities.

This represents a significant challenge for dementia care services because it is predicted that in 2026 about 21% of Australians aged 65 years and over (94,000) and 25% of those 80 or older (270,000) will have been born in a non-English speaking country. While nearly a quarter of the group aged 65 or older are predicted to speak English as their main language at home, 73% will not.

It is also predicted that there will be 62,000 non English speaking people with dementia by 2030 and 120,000 by 2050.

Alzheimer’s Australia has proposed in **Dementia: Facing the Epidemic** that there should be an allocation of $80 million to promote access to mainstream dementia services by special groups including those from CALD communities. Part of the strategy is also to promote partnerships between CALD organisations and Alzheimer’s Australia to more effectively engage these communities.

If dementia services are to be well planned and targeted it is essential to have good information. For this reason, Alzheimer’s Australia is also committed to ensuring through the Australian Institute of Health and Welfare that work is undertaken to provide a better information base on the current access of people from CALD backgrounds to aged care services, including dementia services.

**Dementia: Facing the Epidemic** provides a well informed and comprehensive vision for a world class dementia care system for all Australians.

To access **Dementia: Facing the Epidemic** go to

[www.alzheimers.org.au](http://www.alzheimers.org.au)
There is growing awareness that the aged care demographics are rapidly changing as post-war migrants age. By 2011, around 22.5% of seniors will be from CALD backgrounds and that figure will be much higher in the larger capitals. Communities such as the Italian-Australian community have ageing profiles that are peaking now, with the Greek-Australian and Vietnamese-Australian communities following closely.

The aged care sector needs to have appropriate policy settings, resources and regulations to deal with this significant and growing cohort of the older population. It is pleasing that Alzheimer’s Australia and its affiliates have begun this important work.

FECCA is concerned that in some instances the aged care system is still not appropriately responding to the needs of older Australians from CALD backgrounds. Areas like access to appropriate language services; adequate and nationally consistent aged care places for ethno-specific and multicultural aged care agencies; adequate aged care standards in the multicultural area, and adequate monitoring of aged care homes.

Australians with limited English language proficiency are in some instances being denied the use of interpreters in dementia assessment and aged care facilities or having to use family as interpreters in sensitive (and sometimes embarrassing) health or aged care related matters. This is totally inappropriate and can lead to misunderstandings, mistreatment, humiliation and at worst misdiagnosis and worsened problems.

The National Health and Medical Research Council Cultural Competency Framework 2005 is a good model to consider, including its specifications for culturally competent organisations in the aged care and dementia area.

There is a need for the Commonwealth Government to have a clear direction about policy in this area. The ‘Ethnic Older Persons Strategy’ produced by then Health Minister Carmen Lawrence in 1995 is the last such statement. FECCA has called on the Minister for Ageing, Justine Elliot, to develop such a policy and consideration of dementia issues would be integral to that process.

FECCA looks forward to working with the Alzheimer’s Australia NCCDN to achieve that goal.
The Chinese Dementia Awareness Campaign is funded by the Department of Health and Ageing under the Dementia Community Grants Program. In April 2009, the Australian Nursing Home Foundation in partnership with Alzheimer’s Australia NSW received government funding to raise awareness in dementia among the Chinese community. The Campaign will be undertaken within the funding year through a series of activities including information sessions and expos, newspaper articles, radio broadcasting, production of audio-visual resources and a carers’ handbook.

The Campaign has been in operation for six months. To date there has been over ten dementia awareness information sessions attended by more than 300 participants. The sessions were advertised through the radio and Chinese newspapers. Participants included people living with dementia who were recently diagnosed and knew very little about dementia; family members or mature aged participants who worry that they might develop dementia; and family carers who did not know how to deal with dementia and were struggling to take care of their loved ones.

As many of our participants were non-English speaking, they found it difficult to look for the information about the disease and identify channels for help. The Chinese Dementia Awareness Campaign has been able to provide the community with essential information.

In the coming 6 months, a carers’ handbook which includes articles on caring experiences will be compiled, however some hurdles are expected. Among the more conservative members in the Chinese community, dementia is to a certain extent a taboo. Many people are still unwilling to be interviewed or to share their feelings about the disease. Even if they are willing to be interviewed and talk about the disease, they want their identities and families to remain anonymous.

In addition to the carers’ handbook, health professionals will be invited to assist in the production of a CD on dementia, which will be distributed among the Chinese community and available on the website: http://www.anhf.org.au/

The Chinese community has a long established trust in traditional Chinese herbal medicine. Taking this into consideration, a ‘Dementia Information Session and Expo’ was conducted on November 20 in Parramatta with Dr Danforn Lim (GP and registered Chinese herbalist in Victoria) as speaker on ‘Understanding Dementia’. Also invited was Mr. Danny Q.T. Wu, the Chinese herbalist, who presented a talk on ‘Dementia - from a Chinese Herbalist’s Point of View’. This talk was well received by the community.

Indeed the Chinese culture places emphasis on striking a balance in nurturing our bodies. This can, in one way or another, reduce the risk of dementia. Knowing how to take care of our body is not only a topic for the Chinese community, it is relevant for everyone.

Finally, the smiling faces and the genuine gratitude expressed by the participants makes all Campaign endeavours worthwhile.

Rebekah Kwan
Project Officer
Chinese Dementia Awareness Campaign
Australian Nursing Home Foundation Ltd
Understanding Dementia through Peer Educators

A report by Access Economics (2006, 2009) for Alzheimer’s Australia found there is diversity in perceptions and understanding of dementia across and within cultures. The report concluded community education and awareness raising are of the utmost importance. Taking this lead, the Australian Multicultural Foundation (AMF), with support from Carers Victoria, Alzheimer’s Australia Victoria, Centre for Ethnicity and Health and Dementia Behaviour Management Advisory Service, developed a project to increase knowledge of dementia. The initiative also aimed to improve the capacity of communities from the Horn of Africa to respond constructively to friends or family experiencing dementia. This is a Dementia Community Grant Project funded by the Australian Government under the Dementia Initiative.

African settlement in Australia started in about 1984, with a ‘wave’ of settlement beginning in 1999, primarily through humanitarian and refugee migration programs. By 2007, there were more than 20,000 African settlers in Victoria. Approximately 50% are from Sudan, 22% from Ethiopia, 19% from Somalia and 9% from Eritrea. Most, but not all, are refugees and asylum seekers. (ABS 2008). Humanitarian entrants from Sudan, Ethiopia and Eritrea represent one of the fastest growing refugee populations in Victoria. Whilst the majority are young, there are a significant number of older individuals arriving through the family migration scheme. These seniors from the Horn of Africa are often isolated due to lack of English language skills and their needs can be overlooked. This language barrier combined with a lack of research and translated resources means that the Horn of Africa communities are not equipped with adequate information regarding dementia.

Previous research conducted by the AMF in 2006, revealed that the Peer Education model, where community members are trained to provide information sessions about dementia, provides a range of benefits including: disseminating culturally specific and appropriate information; empowering the target communities to become self-reliant; building sustainability; enhancing partnerships; providing early detection of dementia by raising awareness among younger members of the community; reducing social stigma; and providing support for families and carers.

The AMF engaged a community worker who was able to access and identify peer educators from the Horn of Africa communities with the necessary skills, community networks and commitment to achieve the project outcomes. Whilst the African communities are often seen as difficult to engage, these peer educators have embraced the program. The 12 peer educators attended all training sessions and engaged in lively discussion about dementia and the impacts on their communities. The training sessions identified the key messages, some of which include: the difference between normal ageing; mental illness and dementia; the importance of early detection and planning to give the dementia sufferer quality of life; and the understanding that it is important for the carer to ask for help.

For further information contact Lynn Cain at the Australian Multicultural Foundation on 03 9347 6622 or lynn.cain@amf.net.au
Multicultural Life in Darwin

Ruth Leslie-Rose—CEO Alzheimer’s Australia NT

Darwin is culturally unique. People from Greek, Indian, Sri Lankan, Chinese, Vietnamese, African and Italian backgrounds (to name a few) live side by side with Indigenous Australians and people of Anglo Saxon origin.

Darwin is a small place with a population of around 121,000 and is proudly a multicultural place. Children who grow up here accept each other and do not make ethnic distinctions. Cultural Groups showcase their food at markets and in festivals and the population takes full advantage of these delicious events. My own children report that they find going to other cities to be more monotone and strange.

Holding specific multicultural events is a little artificial in Darwin, as any event that is held will naturally attract people who come from different backgrounds.
Empowering Small Ageing Ethnic Communities In Victoria Project-Community Partners Program (CPP)

The project aims to empower small ageing culturally and linguistically diverse communities in Victoria that have minimal organisational support. Alzheimer’s Australia Victoria will work in collaboration with four communities in identifying needs and developing culturally specific resources to be delivered in a manner that is determined by each community. The four communities are Finnish, Lao, Romanian and Russian Jewish.

Alzheimer’s Australia Victoria will provide project leadership, in partnership with the community leaders and in association with the Centre for Cultural Diversity and Ageing (CCDA). Community control of the process, combined with capacity building to maintain support after the initial three years, will be key project determinants.

This important project aims to adopt an open and evolutionary approach that is best suited to and driven by each of the four communities. It has three project phases in common across the communities: community profiling and needs identification; resource testing and development; program rollout out and evaluation; but the approaches and products are likely to differ significantly between communities.

Alzheimer’s Australia Victoria thanks the Department of Health and Ageing for funding the project.

For more information regarding the project, please contact:
Grace Roberto, Alzheimer’s Australia Victoria Multicultural Officer on 03 9816 5786.

RUDAS

The RUDAS Rowland Universal Dementia Assessment Scale is available on DVD and CD. This project has been a partnership project between Sydney South West Area Health Service, Aged Care Research Unit and Alzheimer’s Australia, National Cross Cultural Dementia Network. The project is supported through funding from the Australian Government.

RUDAS DVD and Supplementary Material
Rowland Universal Dementia Assessment Scale Guide to Administration and Scoring is now available in DVD form. Also view the Online DVD.


Up & Coming Conferences

National Dementia Congress    February 2010

International Federation on Ageing    May 2010
http://www.ifa2010.org/

Diversity in Health Conference    June 2010

Disclaimer: Articles in this publication provide a general summary only of the subject matter covered. Alzheimer’s Australia Inc is not liable for any error or omission in this publication. Permission should be sought from the editor before reproducing articles. Once permission is given the source must be acknowledged..