CULTURAL NEWS

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October this year I had the pleasure of presenting at the Federation of Ethnic Communities Council’s Conference, *Breaking down the barriers: A strength-based approach for a just society*. I spoke on the challenges and opportunities that the aged care reforms presented in responding to the needs of people with dementia from culturally and linguistically diverse (CALD) backgrounds. An excerpt from the speech follows.

Alzheimer’s Australia has taken the view that we should stop thinking in terms of special needs groups and instead, ensure that mainstream funding addresses the needs of all Australians, and organisations should be held accountable to ensure that they are providing appropriate services for all.

This is why Alzheimer’s Australia has advocated so vigorously since 2000 for consumer directed care (CDC) approaches that empower the individual.

I believe the issue of empowerment and involvement in decision making is a concern for many people including those from CALD backgrounds who for a variety of reasons will feel disempowered and less inclined to trust governments and service agencies.

Alzheimer’s Australia also acknowledges the important role that ethno specific services play in meeting CALD community needs. These specialised services need to be supported throughout the reform process to ensure that they remain competitive and sustainable in the new system.

Ethno specific service provision will always be an important part of the service mix for CALD consumers, but we must also recognise that not everyone will have access to these specialised services and that mainstream services need to be able to support an increasingly diverse older population.

For people from CALD backgrounds we need very specific strategies to be implemented within mainstream activity if we are to succeed in getting better outcomes.

There are four issues where specific strategies are needed within mainstream to achieve better outcomes for people from CALD backgrounds

1. **Timely diagnosis**
   Diversity can add an additional layer of complexity to an already complex disease. People from CALD backgrounds often have a different understanding of dementia which can result in a delayed diagnosis of dementia. Within the commitment to achieving timely diagnosis within the aged care reforms there needs to be a particular focus on the issues which present for people from CALD communities.

2. **Access to information (gateway)**
   The reforms have acknowledged the struggle that many Australians have had in getting access to information on the aged care system and in response have developed a national gateway. In essence it is a website and a call centre that supposedly is able to assist people in navigating the aged care system. But we have heard time and time again in consultations with consumers of the preference for face to face contact with someone from their community or their local area that could provide advice and support. A new government bureaucracy is not the answer. Key support workers such as Alzheimer’s Australia special access liaison officers and the younger onset dementia key workers are demonstrating how information and support can be provided in the community more effectively.

3. **Consumer directed care (CDC)**
   The 2012 aged care reform package includes the adoption of CDC in all new home care packages and the promise of trials of CDC in residential care. CDC holds the promise that support and care tailored to the individual will better meet the needs of diverse communities but empowerment and choice will not happen without building capacity in both the consumer and the provider. Just as is the case for the homeless, or people with dementia, there should be a supplement available for people from a CALD background to assist with the cost of translation or cultural assistance.
4. Respite care
Respite is an important support for carers as well as for the person with dementia in providing social engagement, and helping to keep the person with dementia at home for longer. For people from CALD backgrounds it is often difficult to get access to appropriate services. However, there are some wonderful bilingual, bicultural respite programs provided for people with dementia. These small, ethno specific specialised services can provide essential support for people with dementia and their families and should be an important component of the service mix to consumers.

The evidence suggests that regardless of background, people living with dementia have difficulty accessing respite services that meet their needs. The reasons for the under use of respite are complex. To increase access to flexible respite Alzheimer’s Australia has proposed the government should pilot cashing out the value of respite to the family carer so the carer can decide how the money is spent. This model could be useful in diverse communities as well as in rural and remote areas to increase the flexibility of the funding available.

It is my hope that the reforms will lead to a much more flexible system which is responsive to consumer preferences, providing greater innovation and more tailored services which can support people from increasingly diverse backgrounds in both ethno specific and mainstream services.

My vision is for an aged care system that focuses not just on care but on psychosocial and cultural needs as well. We want residential care facilities and community care services be they mainstream or ethno specific, to provide not just the basic requirements of bathing, food and medication, but also opportunities for social and community engagement and access to appropriate cultural opportunities.

Glenn Rees CEO Alzheimer’s Australia
A full copy of the presentation can be downloaded from the Alzheimer’s Australia Website
Older people from CALD backgrounds with dementia: identifying the research evidence to provide better informed services

Increasing attention has been placed on culturally and linguistically diverse (CALD) older populations recently as Australia recognises its growing and diversifying older population. Currently almost one in three older Australians were born overseas, with a significant number of these coming from CALD backgrounds. It is essential to understand their current and future need for aged care services, including dementia diagnosis, care and support.

Dementia (and other aged care) services must be provided to older people from diverse backgrounds with a targeted, evidence-based approach. In order to achieve this, a project being carried out on behalf of the Federation of Ethnic Communities’ Councils of Australia (FECCA) has commenced with the objective of identifying current evidence and any gaps in research and evidence about best practice in meeting the health, well-being and social inclusion needs of CALD older people as they age and making this research evidence accessible to aged care providers. One of the main topics covered by this review is older people from CALD backgrounds with dementia. The project is titled:

A Systematic Review of Australian Research on Older People from CALD Backgrounds to Provide & Promote Translation of Research into CALD Aged Care Practices

The project is funded under the Aged Care Service Improvement & Healthy Ageing Grants Fund, managed by the former Australian Government Department of Health & Ageing (DoHA – now the Department of Social Services) and is being carried out by researchers at the Australian Population and Migration Research at the University of Adelaide.

Findings from the review project to date on the topic of dementia suggest older people from some CALD backgrounds have different needs and preferences for health and aged care services and often underuse formal services. There is evidence that some older immigrants rely heavily on family support and assistance at home as they age, which has implications for the type and level of formal support needed by older people from CALD backgrounds. There are often different cultural norms around identifying and acknowledging health conditions such as dementia, and research has highlighted the need for culturally appropriate measures of assessment for health conditions such as dementia and other mental health conditions.

A range of cultural groups are represented in the research material around older people from CALD backgrounds with dementia including Chinese, Greek, Italian, Spanish-speaking and Italian older people. Some of the themes covered in the literature in the dementia stream include care workers working with CALD people with dementia, health literacy and access to dementia information and services for different cultural groups, exploring the validity of mainstream measures, assessments and detection of dementia for culturally diverse groups, and examining the research priorities, challenges and future directions in this area. It is crucial that those who provide care and support services to older Australians from a CALD background are able to access information and research that allows them to provide better informed services in order to best meet the needs of older people from CALD backgrounds with dementia.

For more information about this project please contact Dr Kelly McDougall at kelly.mcdougall@adelaide.edu.au or (08) 8313 3500.
Facilitating communication for people living with dementia

A common occurrence for many people living with dementia who are from a culturally and linguistically diverse background is that they may revert to speaking in their first language as the dementia progresses - even if they had been fluent in English previously. This can become frustrating not only for the person but also for family members and carers who may struggle trying to understand them.

In 2010 Alzheimer’s Australia WA developed CommunicAid; the first augmentative communication tool designed for people with dementia who have word finding and/or expressive language difficulties. The kit was produced in English, Italian and Greek, with flexibility for use with other languages.

The kit is comprised of a wide choice of age appropriate black line illustrations and colour photographs that cover daily topics such as feelings, food, drinks, basic needs, pain, personal items, activities and outings, as well as a pain scale. Images relevant to each individual are placed in a pocket size booklet and used by them to communicate their needs, choices and decisions. They can also be used by family carers or care staff to enhance communication.
The user manual also includes a section helping people understand eye conditions, with ideas on how to adapt a page layout to help a person who has specific visual problems.

**UNDERSTANDING EYE CONDITIONS**

- Normal vision
- Age-related macular degeneration
- Glaucoma
- Retinitis pigmentosa
- Cataracts
- Diabetic retinopathy

Images courtesy of the Royal New Zealand Foundation of the Blind.

Alzheimer’s Australia WA is currently exploring funding possibilities in order to develop Cantonese, Mandarin and Vietnamese versions of the kit for people from Chinese and Vietnamese backgrounds. This will entail representing the culturally appropriate religions, foods, drinks, clothing items and family customs and translations for each of these groups.

A further extension of this project has been the development of the CommunicAid App, the first touch screen augmentative communication aid designed for people with dementia. Specific features of this App, which uses the same format as the CommunicAid kit, include:

- Male or female voice output
- A clock and appointments calendar
- Adjustable type size
- Reduced glare screen
- A wide choice of illustrations and colour photographs
- Flexibility to include photographs of personal items

Pilot studies of this new App will commence in early 2014, and will involve people with dementia who have previously been using their individualised CommunicAid booklet. It is hoped that Italian and Greek language versions of the App will be available by the end of 2014.

Further information about this project can be obtained from: Sheila Lapping (sheila.lapping@alzheimers.org.au) or Helena Cromb (helena.cromb@alzheimers.org.au).

Anyone interested in purchasing a CommunicAid kit ($99.95 per kit + pp) should contact: Samantha Stewart, Information and Library Resource Centre Coordinator samantha.stewart@alzheimers.org.au, ph:(08) 9388 2800

**UPCOMING CONFERENCES**

**Dementia Congress**

MELBOURNE
20-21 February 2014
For more information click

**Cultural Diversity in Ageing 2014 Conference:**
**Shaping Inclusive Services**

MELBOURNE
12-13 June 2014
For more information click

**Risky Business 2**

SYDNEY
26-27 June 2014
For more information click
Alzheimer’s Australia SA Dementia Link Workers (DLW) program supports people living in the community with memory changes or a diagnosis of dementia, their carers and family members to enhance their ability to live well and independently. Dementia Link Workers also assist GPs and other health professionals by providing information on current dementia pathways, community supports and services. Dementia Link Workers can:

- Empower and support individuals and families to access appropriate services and supports at the right time for them
- Refer people onwards to organisations who can provide the type of support required
- Provide advice, strategies and education pathways after a diagnosis
- Advocate on behalf of the person with dementia and/or carer to ensure quality holistic services are being provided
- Strategies and techniques for in the home around mild behaviour management.

Dementia Link Workers will assist all members of the community including those from a culturally and linguistically diverse background. Recently when a Bhutanese family was referred to the AASA Dementia Link Worker program the worker was asked to assist the family to support their grandmother who had been diagnosed with late stage Alzheimer’s, language support was provided through an interpreter. At this stage the family were not receiving any services and were resistant to accessing services due to their cultural beliefs.

The family recognised that caring for their grandmother, particularly with her daily living requirements, was becoming extremely difficult. The DLW was able to gauge from the discussions with the family that within the Bhutanese community they do not allow anyone outside of their culture to assist in caring for a family member. Language and culture were paramount in supporting this elderly woman and her family. For example family rarely showered their grandmother in the bathroom as she preferred to shower under a hose in the garden like she did in her homeland.

The challenge for the Dementia Link worker was to find a Bhutanese worker to assist the family. The Bhutanese community in South Australia is very small yet, as luck would have it, Salisbury Council in the northern region of Adelaide was supporting the Bhutanese community through social support programs. The community was approached to see if they were able to assist and it was identified that two people had recently completed their Certificate 3 in Community Aged Care. Domiciliary Care contracted the workers to provide the culturally and linguistically appropriate care for this elderly Bhutanese woman with dementia.

The family are now receiving showering, dressing, cleaning and respite services; in addition a positive outcome of the DLW program was that two Bhutanese community members found employment in their chosen field. A good outcome all round.

Renee Johnson
Dementia Link Worker
Alzheimer’s Australia SA
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DEMENTIA CARE IN THE COMMUNITY: ACCESS FOR CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

People from culturally and linguistically diverse (CALD) backgrounds face numerous barriers accessing healthcare services, including difficulties with language and a lack of knowledge of service systems. The lack of culturally and linguistically appropriate services and culturally appropriate assessment is a major impediment to the accurate diagnosis and treatment of dementia. Diagnosis of dementia in CALD communities often happens at a crisis point. The lack of culturally and linguistically appropriate services can also affect the uptake of dementia support services.

RDNS was successful in their application for funding from the Lord Mayors’ Charitable Foundation Grants program to undertake a project that will provide accessible dementia care to CALD communities living in Melbourne.

In line with the former Federal Government’s ‘Living Longer Living Better’ strategy (which seeks to improve primary healthcare at the community level), RDNS are piloting a support program that addresses a service gap by implementing a ‘key worker’ position to be an advocate and strategist for CALD clients living in the community most at risk of adverse dementia events, and their carers.

The nurse-led program will provide empowerment, advocacy and health service coordination for clients and their carers and families, with the advantage of a health worker skilled in in-home screening and support, who can ‘plug gaps’ in the health system by dealing with the client in their lived environment.

The role of a specialist dementia nurse is uniquely capable of filling a gap in current health system architecture by assisting people from CALD backgrounds with cognitive impairment and their carers and families by:

- Reviewing client (and family carer) goals and determining readiness to seek diagnosis;
- Supporting a negotiated disclosure of the diagnosis;
- Working with the client’s consultant geriatrician to establish a primary diagnosis (using differential diagnosis, client history, physical and mental-state exam and pathology);
- Providing emotional support, giving the client and their carer time to absorb diagnostic information and facilitating access to support services;
- Preparing individualised interventions to support the role of carers, and referral to Alzheimer’s Australia Victoria and other support services.

If you would like to know more about the RDNS Specialist Dementia Nurse project please contact Lead investigator: Di Goeman, Senior Research Fellow, RDNS Institute via phone 03 9536 5318 or email: dgoeman@rdns.com.au
In total 148 caregivers participated in the project with 57 of them from Australia and 91 of them from China. This study found that the Chinese cohort of caregivers experienced a higher objective burden compared with their Australian counterparts. However, the Australian cohort of caregivers showed a higher subjective burden than their Chinese counterparts. Unmet need for caregiver support was identified in both cohorts. Expectations for improving dementia services in Australia and for developing dementia services in China were also examined in the study.

This study provides timely research evidence for dementia caregiver support through cross-cultural perspectives. Findings suggest that dementia services need to have more components of preventing and/or reducing caregivers’ subjective burden in Australia and China. Caregivers’ needs associated with cultural values should be taken into consideration when developing dementia policies and services.

For additional information please contact Dr Lily Xiao lily.xiao@flinders.edu.au
The “Cultural Connections – Gardening Across the Seasons Project” was created by Spectrum Migrant Resource Centre (MRC) to support the active ageing of older people from culturally diverse backgrounds living with dementia through gardening. Ten people in the early stages of dementia participated in the project. They were joined by and eight students from Parade College.

The Department of Health and Ageing funded the project during which project partner Alzheimer’s Australia Vic presented a number of formal and informal dementia information sessions. Apart from gaining gardening knowledge, the students gained insight into some of the older participants’ life stories and cultures as well as being shown that people living with dementia can still possess skills and knowledge. The program was run in collaboration with Spectrum MRC, Parade College and Alzheimer’s Australia Vic.

Once our current funding for 2013 expires, we hope to secure additional funding to sustain the project in the long term. For more information please contact Louise Cicero on (03) 9480 2877 or email: louisec@spectrumvic.org.au

“Fresh from the garden to the table, fresher than the supermarket”

**WEBLINKS**

Alzheimer’s Australia  [www.alzheimers.org.au](http://www.alzheimers.org.au)

Alzheimer’s Disease International  [www.alz.co.uk](http://www.alz.co.uk)


Australian Multicultural Foundation  [www.amf.net.au](http://www.amf.net.au)


Federation of Ethnic Communities Council (FECCA)  [www.fecca.org.au](http://www.fecca.org.au)
INTERNATIONAL COLLABORATION IMPROVES EDUCATION FOR HEALTH PROFESSIONALS

Leading dementia-care academics from Flinders University and the Central South University (CSU) in China have successfully completed a collaborative dementia education project funded by Australia-China Council. The project team (Dr Lily Xiao, Emeritus Professor Jan Paterson, Dr Anita De Bellis, Associate Professor Craig Whitehead and Dr Owen Davies, Professor Guoping He, Ms Yao Wang, Associate Professor Xiuhua Wang, Professor Zaijin Jian, Professor Youyuan Li and Mr Kuanbao Yao) have extensive experience in dementia research. This experience and the knowledge gained through an earlier Flinders-CSU co-funded research project, has informed and enhanced the current collaboration.

Activities included a workshop at Flinders University, a three-day education program for trainers in Changsha and an international conference organised by the two universities, which was held in China. In total, 80 health professionals from 33 health care organisations participated in the three-day program for trainers. The project team assisted the trainers to train their colleagues over a six month period. Up to 716 health professionals participated in the dementia care training program in their organisations. The project evaluation shows a significant increase of dementia knowledge and application of dementia knowledge to practice amongst participants.

The cross-national collaboration has generated synergy and significant knowledge transfer in dementia care and the development of the health workforce in China.

Dr Lily Xiao
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Why am I bringing this to your attention, well in 2008 a Government Whitepaper committed to halve homelessness by 2020 but by last year it was widely reported that homelessness between 2006 and 2011 had increased by 17%, adjusted to 8% when taking general population increase into account. Alarmingly, of this 8% increase about three quarters was accounted for by people born overseas. So who are the homeless? What challenges do they face and why we need to be concerned about their cognitive health and dementia?

Here are some Department for Social Services statistics for you:-
• Current data indicates 105,000 Australians are homeless every night.
• Of these, 16,375 are sleeping rough.
• Homelessness is increasing among families and the elderly
• Between 2001 and 2006 the number of elderly homeless people increased by almost 30 per cent

People become homeless for a variety of reasons including unaffordable housing and rental stress, domestic violence, breakdown of family units, loss of health and loss of employment.

Homelessness is a significant determinant of health status and it has been shown to be associated with increased risk of a range of physical and mental health problems compared with the general population. It is also well known that long term homelessness is associated with premature ageing, a major risk factor for dementia, yet many of the homeless remain disconnected from adequate health services, dementia screening and supports. This is borne out of the entrenched social isolation that homeless people face and sometimes from their suspicion of perceived institutionalised health care systems.

Homelessness is a particularly challenging arena for people who are culturally and linguistically diverse. In 2002 The Department of Human Services stated that homelessness is one of the most potent examples of disadvantage in the community, and is one of the most important markers of social exclusion.

A 2011 report from Multicultural Mental Health Australia on homelessness recognises that culturally and linguistically diverse homeless people face additional challenges including language difficulties, unfamiliarity with service systems, social dislocation due to immigration, alienation from culture and community, grief related to experiences of torture, trauma and separation, and limited culturally appropriate service options.

Existing health problems are often exacerbated by homelessness and homelessness can be the cause of serious health compromise. For example, in homelessness we see an increased prevalence of dementia risk factors arising from both the social and physical pressures of living this life.

Alongside premature ageing, people experiencing homelessness encounter diet deficient cognitive impairment resulting from a lack of Vitamin B1, Zinc and Magnesium. They may experience susceptibility to co-morbid health issues such as cardiovascular disease and diabetes. By living rough on the streets or in unsafe accommodation, they raise their potential for assault and head injury. A lack of social engagement and social support can expose vulnerability around excessive alcohol and drug use, sometimes used as a means to connect to others or to escape from their reality.
HOMELESSNESS AND DEMENTIA FROM A CALD PERSPECTIVE

Yet in view of the increased risk for dementia, very few homeless people are able to access the help that they need. How does the person experiencing homelessness connect to appropriate supports, be able to afford the cost of prescriptions without Medicare or concession cards and be medication compliant? What about their capacity to attend repeat clinic appointments and in securing transport without having robust social and family support? How can we provide a more tolerant, understanding and equitable dementia service so they do not feel judged or fearful? These are just some of the basic challenges we face.

Finally, I write this article on 10 December 2013, which is Human Rights Day. A day that was started to protect the rights and dignity of all people. This causes me to ponder on the lack of human rights that comes with homelessness. The Australian Human Rights Commission reinforces that access to safe and secure housing is one of the most basic human rights people have, as is the right to health.

Alzheimer’s Australia is not going to be able to fix homelessness however we can look at how we best support good cognitive health for homeless people and seek to open up pathways for cognitive screening and dementia supports which works for them. We can raise awareness around dementia risk factors and seek collaboration from other agencies to reduce or eliminate risk. We can work towards a better understanding of the cognitive needs of people surviving homelessness in a culturally and linguistically diverse context.

For any more information please contact:
Clare Beard,
Homelessness and Dementia Access and Equity Unit
Alzheimer’s Australia SA.
The Greek Welfare Centre of SA has actively pursued the development of CALD specific programs for its client base. In order to achieve access and equity for all our ageing community, we MUST continue our pursuit for culturally and linguistically specific service delivery including, awareness raising, education and training.

Dementia is one of the most rapidly growing health issues affecting our increasingly ageing population as a whole, and subsequently impacting on the post war Greek community. Greek culture dictates that families care for their loved ones at home for as long as possible. It is within this cultural context that the Greek Welfare Centre of SA developed and delivered culturally and linguistically appropriate dementia specific information/ education sessions for those caring for a person with dementia. The program was conducted in collaboration with the Greek Welfare Centre, Aged Care Service Improvement and Healthy Ageing project, Alzheimer’s Australia SA, St Basil’s Homes for the Aged of SA and Plateia, Greek Dementia respite program. A Greek specific carer education program was delivered over a five week period to 15 carers.

The program provided carers with the opportunity to learn more about dementia and be supported in a culturally safe environment. Feedback from carers, families, key stakeholders and invited presenters was outstanding, demonstrating that these sessions have far exceeded their expectations. All bilingual resources were eagerly accepted; fact sheets were read and shared with their families. Laughter, tears, sharing of stories, poignant momentous moments were felt by all.

Overall, participant response mandates the need for these courses to become ongoing core programs of the Greek Welfare Centre ensuring that it meets the demands of all future carers and families across generations. The success of such collaborative ventures is based on the goodwill of all partners, ensuring that the need of the Greek speaking client is central to the program.

Greek Welfare Centre of SA
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Palliative Care Victoria Completes First Stage of Culturally Responsive Palliative Care Community Education Project

Palliative Care Victoria has implemented the Culturally Responsive Palliative Care Community Education Project to raise awareness and improve access to culturally inclusive and responsive palliative care services for culturally and linguistically diverse communities.

This project has been developed in response to recommendations at multicultural communities and palliative care forums in 2010 and 2012 and independent research undertaken in 2011/12 and aims to address the research evidence that CALD communities have lower rates of utilisation and awareness of palliative care services and concerns about the cultural responsiveness of those services. In its first year this project is working with five communities – Chinese, Italian, Maltese, Vietnamese and Turkish.

The project has achieved its first major milestone, with the completion of consultation with reference groups from the five communities and the development of an education training resource for bi-lingual health educators.

Planning is now underway for the training of the educators and the roll out of up to 90 education sessions across the five communities in the first half of 2014.

Palliative Care Victoria has engaged the Ethnic Communities’ Council of Victoria and the Multicultural Centre for Women’s Health to deliver the project.

Following the implementation of the project with the initial five CALD communities, the aim is to expand it to include more of Victoria’s CALD communities in coming years. An independent evaluation of the project will be undertaken to inform this work.

For more information about the project, please contact Palliative Care Victoria on 03 9962 9664 or email info@pallcarevic.asn.au
G8 DEMENTIA SUMMIT: CRITICAL STEPS FORWARD IN THE SEARCH TO FIND A CURE FOR DEMENTIA

On 11 December the UK hosted the first G8 Dementia Summit where the senior Health Ministers from G8 countries committed to identify a cure or a disease-modifying therapy for dementia by 2025 through a significant increase in funding for dementia research.

Currently dementia research is underfunded worldwide. The summit elevated dementia to the same prominence internationally as other chronic diseases such as cancer and HIV/AIDS. We applaud the Health Ministers’ recognition of the necessary focus on research to reduce the increasing impact of dementia on society and slow the progression of this insidious disease. The ambition set in the Communiqué as agreed by Health Ministers is:

“to identify a cure or a disease-modifying therapy for dementia by 2025 and to increase collectively and significantly the amount of funding for dementia research to reach that goal”.

Australia led the way with regard to dementia policy, starting back in 2005, and just recently the Coalition committed to investing an additional $200 million over five years in dementia research. It is nice to see the rest of the world coming into line with what we know is a major health problem facing the world today.

The Health Ministers also committed to improving the lives of people affected by dementia regardless of nationality, identity, background, culture, socioeconomic status, language or religion. It was noted that the socio-economic impact of dementia would intensify globally particularly in the low to middle income countries where it is estimated that nearly 60 per cent of people are living with dementia. We hope that the strategies agreed to by the Health Ministers will see improvements not just for the wealthier countries but also to the developing countries.

A global effort to increase dementia awareness worldwide is needed if we are to reduce the stigma and social isolation that people with dementia experience around the world. A key focus of Alzheimer’s Australia is to look at ways we can further support people currently living with dementia through the implementation of dementia-friendly communities. People with dementia should be valued, supported and respected in our communities and social isolation and discrimination should not have to be endured in today’s modern world.

You can read more about the G8 Summit agreements in the G8 dementia summit declaration and the G8 dementia summit communiqué.

My best wishes to you all for a happy New Year and many thanks for your support in 2013

Glenn Rees, AM
CEO Alzheimer’s Australia