

**Dementia Collaborative Research Centre
Assessment and Better Care Outcomes**

Summary of Recommendations

Report Title: Strategic Directions in CALD Dementia Research in Australia

Researchers: Ada Cheng, Benedict Cruysmans, Brian Draper, Nicky Hayward-Wright, Yun-Hee Jeon, Dina LoGiudice, Lee-Fay Low¹, Helen Wu, Georgia Zogalis.

In 2006, one-quarter (5.3 million people) of the estimated resident population of Australia (21 million people) was born overseas as were 18 percent of those aged 65 and over (ABS, 2008). Given the relative paucity of publications on dementia in persons from culturally and linguistically diverse (CALD) backgrounds, we convened a group of experts in this area for a one day meeting to review and consolidate the current state of knowledge of CALD in dementia care in Australia, to identify the gaps in knowledge and to make suggestions about future research directions².

SUMMARY OF KEY RECOMMENDATIONS FOR FUTURE RESEARCH:

1. **Epidemiology:** Conduct a longitudinal prevalence and incidence study of dementia in Australia that includes CALD persons and also examines the types of dementia, presentation and service use.
2. **Community knowledge:** Identify, develop and evaluate model/s to improve dementia literacy in the community.
3. **Carers:** Identify, develop and evaluate model/s of education to improve dementia knowledge of family and carers in a community context.
4. **Service delivery:** Outline pathways and barriers to care including GPs, hospitals, community services, ACATs and residential care.

1 | For more information please contact Lee-Fay Low via email: lf.low@unsw.edu.au

2 | This document contains the summary of recommendations from this meeting. The full report is available on the Dementia Collaborative Research Centre Website at: www.dementia.unsw.edu.au

5. Screening and Assessment: Develop and evaluate a valid comprehensive set of CALD appropriate dementia assessment tools including assessment of function and caregiver burden. The RUDAS needs further validation in different settings and dissemination strategies developed.
6. Medical management: Better understanding of how being from a CALD background influences medical management and impacts on care outcomes. e.g. delirium, BPSD.
7. Residential Aged Care: Identify factors that improve the wellbeing of residents in aged care including comparison of mainstream, clustered and ethno-specific care.
8. Staff and training: Establish quality evidence on the effect of the cultural competency of care workers on outcomes for persons with dementia and develop and evaluate dementia training (including training for workers from CALD backgrounds) based on this evidence.
9. Minority CALD: Examine the impact of refugee and refugee-like experiences on dementia prevalence and symptoms.

For the above recommendations to be implemented, we need to develop a climate where research in CALD dementia will occur. ARC and NHMRC should consider making CALD research a priority area. This will be an iterative process involving research funders, policy makers, researchers, service providers and community groups. A central repository for resources and results for CALD and dementia may facilitate research.

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