



THE UNIVERSITY OF
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Let's CHAT Dementia Study

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Christmas Greetings from the Project Lead – Dina LoGiudice

Hi everyone, thank goodness we have made it through 2020. For the Melbourne team it was surreal and stressful being in lockdown for most of the year, but thankfully things have improved, and we are now returning to a more normal lifestyle.

Despite the enormous disruption, the Let's CHAT team have continued working throughout and keeping in touch by zoom. The project visits to the health services had to be suspended for some time, but this gave the team the opportunity to develop resources for the project and also plan for 2021.

We are all looking forward to the new year to recommence engaging with our partners face to face again. In the meantime, I wish everyone a wonderful Christmas and Happy New Year and a restful and peaceful break during the festive season.

Best wishes always, Dina.

Implementation update

2020 has been a very busy year for the Let's CHAT Dementia project! From August, as pandemic-related public health restrictions eased in Qld and WA, data collection (audits & comprehensive geriatric assessments) recommenced at our partnering health services in these states. Thanks to the enormous efforts of the team in Queensland, the health services there are now up to date in the data collection and implementation aspects of the study.

All health services in WA have now entered the implementation phase of the project. For many services, workshops have moved to an online delivery format. We would like to congratulate those who have participated so far for their engagement with the online dementia workshops. We look forward to engaging with all health service staff and participants in person in 2021.

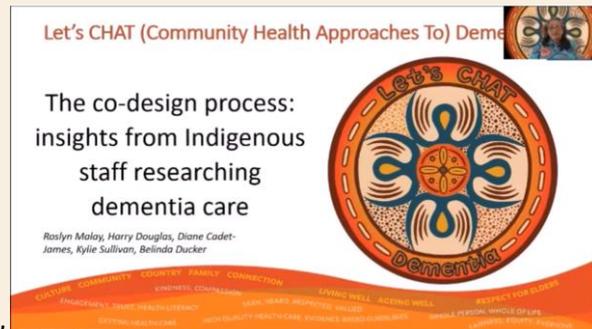
As Dina mentioned, despite having no access to our health services physically, the Victorian team has kept busy working on project resources, such as the suite of implementation workshops, and also conference papers, journal articles and other publications, as well as plenty of data analysis. The NSW team has also been working hard to keep data collection processes on track as they have slowly regained access to their health services in the last few months. As we are seeing pandemic-related restrictions ease across the whole country now, we are hopeful that data collection and implementation activities will resume in our sites in New South Wales and Victoria in early 2021.

Following a year of hardship and uncertainty we would like to thank our teams across the country for working so hard to keep the project on track.

Let's CHAT Research Officers at the AAG Conference 2020

From 18-20th November 2020 the annual Australian Association of Gerontology conference took place via an online platform with researchers and delegates tuning in from across Australia, and the world.

We would like to extend congratulations to Let's CHAT Dementia Research Officers Roslyn Malay, Harry Douglas, Diane Cadet-James, Kylie Sullivan, and Belinda Ducker for delivering a wonderful presentation titled *The co-design process: insights from Indigenous staff researching dementia care*, during the conference.



The team shared their experiences of working on the project, including challenges encountered and strategies they have developed to overcome them. The presentation was very well received by those attending the session. Well done all!

Let's CHAT Indigenous Reference Group. Part 2.

In this edition we are taking the opportunity to introduce some more members of the Let's CHAT Dementia Indigenous Reference Group (IRG). Aboriginal and Torres Strait Islander community members and Let's CHAT Dementia researchers in the IRG advise and guide the project to ensure that cultural aspects, practices and values of Indigenous older people, families and communities are upheld throughout the study.

We asked each member to supply a short reflection about their experiences and motivations for being involved in the project so that we can introduce them over successive newsletters. We extend thanks to all members of the IRG for their ongoing support of the project and their commitment to dementia care and brain health in Aboriginal and Torres Strait Islander communities.



Roslyn Malay

My Name is Roslyn Malay and I'm member of the Yurriyangem Taam Kija clan from the Kimberley region. I have lived and worked in very remote communities most my life. I am originally from Halls Creek and am now based in Broome.

I am currently the Project Officer / Researcher at the University of Western Australia Centre for Health and Ageing (WACHA). I travel the Kimberley Region doing research in older Aboriginal Health particularly in Dementia. I have expert knowledge on the complex social, environmental and cultural issues that both affect and influence the health and wellbeing of older Aboriginal people in the Kimberley region.

I'm interested in the LCD because it raises awareness and educates Aboriginal people about dementia and the effect it can have on families, carers, friends and communities. I want to improve and support the lives of Aboriginal people who are more likely to have memory problems or dementia, and to ensure that appropriate care and support is available to the individuals, families, carers, and friends in these communities. I am very committed to supporting older Aboriginal people to learn about their health in the Kimberley.

Terry Donovan

Terry identifies as a Gumbayngirr / Biripai man. His father was a Gumbayngirr man and his mother a Biripai woman. Terry is a valued member of the Koori Growing Old Well Study team on the Mid North Coast, a Knowledge Translation Officer for the OurMOB study, and a member of the IRG for the Let's CHAT Dementia project.

Prior to this, Terry has had a diverse career in military service, local government and not-for-profit community services providing education to health professionals about Aboriginal cultural awareness.

As one of three Aboriginal Sites Officers in NSW, Terry travelled to all Aboriginal communities collecting information about Aboriginal sacred sites, occupational sites and Aboriginal history, and culture. He worked toward registration and preservation of these sites in NSW. He has also worked as a TAFE lecturer, Aboriginal Case Worker (Youth Support), Aboriginal housing Corporation Coordinator, team leader and labourer on Nambucca Shire Council, and outreach worker with North Coast Primary Health Network.



MBS 715 Aboriginal and Torres Strait Islander Health Check template update on cognition and brain health:

Following a national review, new Aboriginal and Torres Strait Islander Health Check (MBS 715) templates have been developed. They were launched earlier this year and include new age divisions, with the older person's template now starting at age 50. Importantly, the older person's template now includes section on memory and thinking, intended to help health service staff engage in active case finding for cognitive impairment (CI) and dementia (D).

The section about cognitive health also refers to important screening tools for those at high risk of CI and D, including the KICA-Cog tool designed for Aboriginal and Torres Strait Islander people in remote areas.

Many thanks to all those in the project and outside, who worked to raise awareness of the importance of cognitive health. Dr

Mary Belfrage, a collaborating researcher on the Let's CHAT Dementia project was on the advisory panel of the 715 review and was instrumental in advocating for these changes.

The 715 health check templates **are available from the RACGP website** .

Aboriginal and Torres Strait Islander health check – Older people (≥50 years)
MBS items 715 VR/228 non-VR

A good health check:

- is useful to the patient
- identifies health needs including patient health goals and priorities
- supports patients to take charge of their health and wellbeing
- provides a framework for primary and secondary disease prevention through healthcare advice, risk assessment and other measures
- is provided by the regular healthcare provider
- includes a plan for follow-up of identified health needs, priorities and goals

Disclaimer: This is an example health check template that includes recommended core elements and is intended for use as a general guide only. Health checks should always be completed based on clinical judgement of what is relevant to individual patients and settings. Adaptation to local needs and priorities is encouraged, with reference to current Australian preventive health guidelines that are culturally and clinically suitable to Aboriginal and Torres Strait Islander needs, evidence-based and generally accepted in primary care practice, for example:

- *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*, 3rd edition, The Royal Australian College of General Practitioners (RACGP) and National Aboriginal Community Controlled Health Organisation (NACCHO)
- *CARPA standard treatment manual*, 7th edition, Central Australian Rural Practitioner's Association (CARPA)

Where an individual practitioner or service has skills and capacity to provide culturally safe healthcare, the range of elements in the health check, and use of clinical screening and assessment tools, may be extended.

Key:

- Relevant to nGPs
- Relevant to CI PIP

About the health check	Yes	No	NA	
Eligible for health check (not claimed 715 or 228 in past nine months):				Date of last health check:
Consent				
Consent given after discussion of process and benefits of a health check:				

Lynette Briggs

Lyn is a Wiradjuri, Yorta Yorta, Wirundjuri woman with over 35 years of experience working in Aboriginal Health across many fields including as an Aboriginal Health Worker, the Victorian Aboriginal Health Service (VAHS) Manager, in Women's & Children's Health and maternity strategy, with the VAHS Breast Screen & Pap Screen Program, and joined the VAHS Management Board for 5 years. She recently retired from her role in Integrated Team Care at VAHS where she worked with Aboriginal people with chronic health care needs.

Lyn is passionate about helping her Community. In her own words: "I have been a member of the Victorian Aboriginal Health Service since I was 18 years old and strongly believe in Aboriginal self-determination and Community control and have always been a strong advocate for our Aboriginal voice and Community consultation. I have used my art and design skills throughout my career to develop health promotion resources for VACCHO, VAHS, Victorian Dispute Centre, Breast Screen Victoria and Cervical Screening Vic, New Directions Program MERCY Hospital. I have such respect and value working and walking with our Aboriginal Community Elders."

Yvonne Cadet-James



Professor Yvonne Cadet-James has extensive experience in the field of health and education as a registered nurse and midwife followed by an academic teaching and research career.

She is a co-leader on the Family Wellbeing Empowerment Research Program now utilised in some 57 organisations/communities across the nation which assists people to gain the knowledge, skills and confidence to make positive changes in their lives. Her research interests lie in community-based models to address tobacco, maternal and child health, social, emotional and mental health wellbeing, and research benefit and impact.

Professor Cadet-James has experience as a principal and chief investigator on NHMRC, ARC and other funded grants. She has been involved in national Indigenous research reform through representation on NHMRC committees including the Principal Committee Indigenous Caucus, working group for the revision of the NHMRC national ethical guidelines for research which involves Indigenous people and the Australian Health Ethics Committee.

She plays a major advisory and mentorship role in strengthening the capacity of researchers, organisations and communities; providing master classes and workshops specifically designed for Indigenous groups to set and take control of their own research agendas. As a member of the Gugu Badhun nation Professor Cadet-James provides leadership for the Gugu Badhun Djima Research Centre activities.

Diane Cadet-James

I am member of the Gugu Badhun nation of the Valley of Lagoons in north Queensland. My lived experience as an Aboriginal person in conjunction with qualifications and experience working in the Indigenous sector informs my approach to working to improve outcomes for Aboriginal and Torres Strait Islander people. I have a background in Aboriginal and Torres Strait Islander education, supporting students to reach their full potential and families to navigate the system.



My other interests lie in research, working with groups and communities to ensure appropriate research protocols are in place and assisting researchers to engage respectfully and ethically with Aboriginal and Torres Strait Islander people in the research process. Currently I am part of the Healthy Ageing Research Team undertaking a project to better understand what healthy ageing means for Torres Strait Islanders.

Dr Mark Wenitong

Dr Mark Wenitong (Adjunct Prof) is an Aboriginal and Torres Strait Islander medical graduate and a founder and past president of the Australian Indigenous Doctors Association (AIDA). He is involved in clinical primary health care in Aboriginal and Torres Strait Islander health as well as policy and research. He also has an interest in research translation both into policy and practice.

He is the medical advisor for a large regional remote ACCHS and also advises both federal and state Aboriginal and Torres Strait Islander health policy. His main research interests are the intersection of early childhood, epigenetics and generational adult Aboriginal and Torres Strait Islander health improvements, including the influence of allostatic load and ACE's on Aboriginal and Torres Strait Islander health with respect to both CD and MH over the lifespan and across generations.

Dr Wenitong is also a chief investigator on the Let's CHAT Dementia project.

Let's CHAT Dementia Partners

