13 October 2023 (updated October 2024)

Position Statement

QAIHC
Queensland Aboriginal and Islander Health Council

Cognitive Impairment and Dementia

QAIHC recommends equitable access to dementia support services for Aboriginal peoples and Torres Strait Islanders.

QAIHC affirms that Aboriginal peoples and Torres Strait Islanders experience a 3-5 times higher incidence and prevalence of dementia than other Australians. Dementia is also present at earlier ages (defined as <65 years of age). Aboriginal peoples and Torres Strait Islanders have a lower life expectancy, but dementia sits within the top 10 causes of death, with a rate ratio of 1.2 times that of other Australians.

Background

The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak representative body for the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ACCHOs) in Queensland, with 31 full Members, two regional bodies and eight associate Members. QAIHC believes that all Aboriginal and Torres Strait Islander peoples should have the same opportunity to be as healthy and well as other Australians and deserve equitable access to the health system.

Issues

QAIHC has identified that Aboriginal and Torres Strait Islander peoples experience a greater burden of disease due to dementia than other Australians — both in terms of living with dementia as well as mortality attributed to dementia.[1,2] This health disparity reflects a higher risk for the antecedents of dementia including pre-existing chronic disease that contributes to atherosclerosis, a higher prevalence of behavioural and psychosocial risk factors, and poorer access to diagnostic and early treatment supports at primary, secondary and tertiary health system levels. The National Guide to a Preventive Health Assessment that underpins the health checks for Aboriginal and Torres Strait Islander people (MBS item 715) recommends a comprehensive mental state (such as the Kimberley Indigenous Cognitive Assessment tool or Mini Mental State Examination) and physical examination of patients presenting with memory loss or behaviour change, concerned family members, history of repeated head trauma, elevated cardiovascular risk factors and a history of depression.[3] However, for Aboriginal and Torres Strait Islander people, the diagnosis of dementia is often delayed, there is an underutilisation of dementia services, and a lack of respite services especially in remote locations.[4]

The management of those who are suspected of having dementia is complex. HealthPathways created by Hospital and Health Services (HHSs) outline the optimal diagnostic and support pathway for those with dementia but there are differences between regions. Non-acute referrals to gerontology units or memory disorder clinics within hospitals (dementia diagnosis pathways) can be triggered for Aboriginal and Torres Strait Islanders older than 55 years, which is 10 years younger than for other Australians. However, these criteria may vary between HHSs. Generally, the wait time for assessment may be three months and may require a CAT scan prior to

1. Bryant, J., Noble, N., Freund, M. et al. (2021). How can dementia diagnosis and care for Aboriginal and Torres Strait Islander people be improved? Perspectives of healthcare providers providing care in Aboriginal community controlled health services. *BMC Health Serv Res* **21**, 699. https://doi.org/10.1186/s12913-021-06647-2
2. Australian Bureau of Statistics. (2022). *Causes of Death, Australia*. ABS. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2022
3. National Aboriginal Community Controlled Health Organisation, The Royal Australian College of General Practitioners. (2018, March). *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people* (3rd ed). RACGP. https://f.hubspotusercontent10.net/hubfs/5328468/Resources/Publications%20and%20Resources/Aboriginal%20Health%20DOCS/National-guide-3rd-ed-web-final.pdf
4. Bryant, J., Noble, N., Freund, M. et al. (2021). How can dementia diagnosis and care for Aboriginal and Torres Strait Islander people be improved? Perspectives of healthcare providers providing care in Aboriginal community controlled health services. *BMC Health Serv Res* **21**, 699. https://doi.org/10.1186/s12913-021-06647-2

assessment.[5,6] In a survey of healthcare staff within 10 ACCHOs, "the geriatrician was reported to be the person who usually communicated the diagnosis to the person and their family."[7] However, in remote locations, this referral was sometimes not possible.

Referral to My Aged Care, can also trigger support services from the Commonwealth such as aged care assessments for support through Regional Assessment Services, and the Aged Care Assessment Program, and the Commonwealth Home Support Programme (CHSP) for those who need assistance with daily living to remain living independently.[8,9] The Regional Assessment Services aim to provide home assessment services and check eligibility for the CHSP. If eligible, the patient can then receive support at home through subcontracted services. There are 16 locations in Queensland for Regional Assessment Service organisations.[10] Most of this support is coordinated by the general practitioner. However, in remote locations, the high turnover of doctors risks suboptimal older person's care. These factors considerably complicate the care of those with dementia in rural or remote locations. Streamlined services are needed to support these families.

Recommendations

In addressing these issues, QAIHC recommends the following:

1. Older persons health assessments (MBS item 715) are vital to enhance awareness and assessment of the cognitive and social and emotional needs of this population. They are the principal method reported to be used by ACCHOs to diagnose dementia.[10]
2. Community-based and culturally appropriate primary healthcare provision involving Aboriginal and Torres Strait Islander Health Workers/Practitioners is a key strength in the delivery of dementia care that serves to encourage trust for diagnosis, and ongoing support. Such services also deliver outreach healthcare closer to where people live.
3. Comprehensive primary healthcare models such as those provided by ACCHOs facilitate access to holistic multidisciplinary care that is essential for dementia support. This may include social and emotional wellbeing supports, clinical care for comorbidity, allied health care for dietary, podiatry, occupational therapy and other supports, as well as to facilitate gerontology supports from within the ACCHOs by hosting visiting services.
4. Health promotion strategies are required to alleviate fears about a dementia diagnosis, to facilitate early needs assessments, and to integrate cultural perceptions with clinical supports. For example, dementia may be considered a normal part of aging,[11] but in order for a family and community to feel safe with the diagnosis, awareness of available support services is needed.
5. Additional staff training in the diagnosis and management of dementia is essential for health services to effectively coordinate service supports for the affected family. Additional funding for a coordinator of dementia and other aged care needs, and to ensure follow-up may be required.
6. Pathways for dementia care need to be simplified and barriers to accessing such specialised care for Aboriginal and Torres Strait Islander peoples in rural and remote locations need to be addressed but this must be done in partnership with ACCHOs. Addressing these barriers may require collaborative service models, transport support, reduced financial outlays for patients and their families, telehealth, and more outreach services.

5. Clinical Excellence Queensland. (nd). *FNQ HealthPathways.* HealthPathways, https://fnq.communityhealthpathways.org
6. Clinical Excellence Queensland. (nd). *HealthPathways Townsville.* HealthPathways, https://townsville.communityhealthpathways.org
7. Bryant, J., Noble, N., Freund, M. et al. (2021). How can dementia diagnosis and care for Aboriginal and Torres Strait Islander people be improved? Perspectives of healthcare providers providing care in Aboriginal community controlled health services. *BMC Health Serv Res* **21**, 699. https://doi.org/10.1186/s12913-021-06647-2
8. Department of Health and Aged Care. (2024, September). *About the aged care assessment programs*. DoHAC website. https://www.health.gov.au/our-work/aged-care-assessment-programs/about-the-aged-care-assessment-programs
9. Department of Health and Aged Care. (2024, October). *My Aged Care Assessment Manual: For Regional Assessment Services and Aged Care Assessment Teams.* DoHAC website, https://www.health.gov.au/sites/default/files/2023-02/my-aged-care-assessment-manual.pdf
10. Department of Health and Aged Care. (2024, June). *Regional Assessment Service organisations by state and territory and region*. DoHAC website, https://www.health.gov.au/sites/default/files/2024-06/regional-assessment-service-organisations-by-state-and-territory-and-region.pdf
11. Bryant, J., Noble, N., Freund, M. et al. (2021). How can dementia diagnosis and care for Aboriginal and Torres Strait Islander people be improved? Perspectives of healthcare providers providing care in Aboriginal community controlled health services. *BMC Health Serv Res* **21**, 699. https://doi.org/10.1186/s12913-021-06647-2