Welcome to the fifth edition of the CDPC News

Hi everyone

The CDPC has now been in existence since April 2013, with the real work starting two and a half years ago in February 2014 when funds started flowing. So we are now officially halfway through our term, and it is great to see the outputs happening, and changes starting to be seen as a result of activities. Many of you will be asked to answer questions about the impact of activities with which you are involved later this year.

As this newsletter shows, many of us have been busy presenting in a variety of conferences and workshops. Don’t forget to let Sally Grosvenor know of any external forums such as talks and interviews where you have been letting people know about the great work we are doing.

I hope you enjoy reading this edition.

Sue
Let’s talk about us

The CDPC has been getting the message out this quarter and we are busier than ever. Individual members, including our consumers, have been talking about research findings across a variety of platforms including forums, conferences, workshops and meetings, some of which are highlighted in this newsletter.

As many CDPC projects now have significant results from their program of research, the CDPC has found showcasing these findings in symposium style presentations beneficial. These symposia not only highlight individual projects but the CDPC as a whole and how we are progressing in our aim to improve the care of people with dementia through communication, collaboration and knowledge translation.

At HammondCare’s recent International Dementia Conference, Grand Designs ‘Are we there yet’, Meredith Gresham, a CDPC Designated System Based Investigator (DSBI) from HammondCare, chaired a session introducing some of our projects that have completed or are near completion. Adele Kelley spoke about the recent release of their report “Future planning and advance care planning: Why it needs to be different for people with dementia and other forms of cognitive decline” and the seven key findings. Rachel Milte explained that her research examining what quality of care means to a person living with dementia revealed the two key themes of personhood and connectedness with family.

Sue Field, an expert in elder law and financial abuse, spoke about the lack of consistency across financial institutions with regards to powers and Attorney and the need for education at the grass roots level and a national register. Also of great interest was Kate Laver’s presentation on the development and recommendations of the recently released Clinical Practice Guidelines and Principles of Care for people with Dementia. You can find copies of the guidelines and final reports at our website on the ‘Resources’ page.


Jennifer Thompson (Operations Manager) attended and presented at the June International Federation of Ageing Global Conference 2016 (#IFAGlobal2016) in Brisbane. Jennifer presented an overview of the CDPC along with information about the Clinical Practice Guidelines (Activity 13) and CHOPs (Activity 2). During the same CDPC session, Sue Field presented on findings from Financial Institutions Policy / Practices (Activity 6); Di Goeman presented findings from the Key Worker (Activity 3) research; and Ashley Carr presented on some findings to date on Effects of Regulation of Aged Care Services (Activity 7). The presentation was well attended and received by conference attendees, and our CDPC attendees have indicated a number of potential strategic connections were formed that could assist in further disseminating results from these completed Activities.

Jennifer Thompson, Operations Manager CDPC
Sally Grosvenor, Communications Officer CDPC
Inside the CDPC

NNIDR Dementia Forum 2016

Since the Government’s announcement of the NHMRC National Institute for Dementia Research (NNIDR) the NHMRC Cognitive Decline Partnership Centre has been working towards building strong linkages to support national dementia research priorities.

The inaugural NNIDR Australian Dementia Forum held in Brisbane 1-3 May 2016 was an opportunity for the CDPC to showcase a number of our research projects, network with leading researchers in the field of dementia and develop important collaborations in the support of improving care for people living with dementia.

Prof Susan Kurrle was invited to present on the CDPC and outlined our unique partnership structure and diversity of our research program. The CHOPs program was described as evidence of how the CDPC is implementing its research into practice’ and she also announced the new clinical practice guidelines for dementia and their application. There was much interest in the Guidelines, which were made available to attendees through our CDPC collateral stand.

CDPC projects had a significant presence during the poster sessions including Prof Dimity Pond “Communicating the diagnosis of dementia: Revising the guidelines for dementia care”; Dr Morag Taylor “Understanding and preventing physical and cognitive decline and falls in older people with dementia”; Dr Emily Reeve “Development and implementation of evidence –based deprescribing guidelines for people with dementia”; and Ms Pippy Barnett “Vitamin D to reduce falls: evidence translation in Australian residential care facilities.”

The CDPC Administration team presented their first poster titled “Improving dementia care by creating research connections that encourage increased collaboration and translation of research into real outcomes for people with dementia” and this provided an opportunity for the team to speak with attendees about the CDPC and our success in creating a truly collaborative and productive research environment.

A highlight of the symposium was to see two of our NHMRC-ARC Dementia Research Development Fellows, Dr Morag Taylor and Dr Emily Reeve present their research projects during rapid fire presentations. During this session the Fellows were required to give a three minute summary of their project. We would also like congratulate Dr Emily Reeve who received an award for her presentation.

Featured keynote speeches by Professor John Hardy, UCL Institute of Neurology in London; Professor Pierluigi Nicotera, DZNE in Germany; and Australia’s Professor Glenda Halliday, NeuRA; provided a true, although sometimes daunting picture of current state of play in dementia research and provided excellent background to later discussions on future directions in dementia research efforts.

At the conclusion of the forum, Professor Peter Schofield, Interim Director of the NNIDR, opened the floor to discuss priority areas in dementia research. We were pleased to hear numerous voices speaking about the importance of research into improving care for people with dementia and their families and we look forward to decisions regarding funding allocations in reaching this important government objective.

Sally Grosvenor, Communications Officer CDPC

Dr Emily Reeve (NHMRC-ARC Dementia Research Fellow, centre) received an award for her rapid fire presentation.
We don’t receive wisdom; we must discover it for ourselves on a personal journey that no one can take instead of us. (Marcel Proust (1871-1922))

As a member of Alzheimer’s Australia Consumer Dementia Research Network, I am always grateful when I am sponsored to attend a forum, conference or workshop, because I know it will enable me to learn new things, do great networking and be more trained for the work we do.

I now have a much better knowledge and understanding about Technology and Telehealth. This was crucial for me, as I am one of thousands of people of CALD background who are still a bit reluctant to embrace technology.

The session in the morning was live streamed, which enabled some external callers to participate and ask questions and also allowed interested parties to access the webcast after the event. You can find the morning session on the CDPC website at this link http://www.webcasts.com.au/cdpc-workshop-090516/

The workshop was coordinated by Professor Len Gray and his team within the Centre for Online Health and the NHMRC Centre for Research Excellence in Telehealth at the University of Queensland.

Presentations included:

• Professor Len Gray speaking about the use of video links for medical consultations at a distance providing patient satisfaction with significant cost saving.

• Dr Liam Caffrey discussed implementing “fit for purpose” video conferencing solutions and explained network, equipment, software, physical environment and measures of quality.

• Dr Anthony Smith spoke of the increased use of telehealth for patients living in remote areas, or for those who have difficulty travelling to a medical facility.

“I remembered a few ladies who were having breast cancer radiation like me last year; I could walk from my home to the clinic, some had to come with a driver 200km away every day.”

• Dr Melinda Martin-Khan looked at cognitive assessment at a distance: a specialist completing a consultation via video conferencing; a registered nurse administering MMSE on paper via video conferencing; a computerised cognitive test done on iPad.

• Professor Elizabeth Beattie spoke about the need to really embrace technology both in the field of nursing and among carers. Issues, such as relationship between patient and nurse, privacy issues, and trust were also raised.

• Professor Trevor Russell gave an overview of Telehealth technology specifically for home based telehealth interventions, physiotherapy, telerehab, speech pathologist, and also spoke of validity of conducting clinical dysphagia assessments with telehealth.

New technology is changing provider control to consumer control and empowering the consumer—Are they ready?

After lunch we discussed application of technology to areas related to our needs including about possible partnerships with CALD communities, in sharing the cost in installing technology that can then be used for leisure as well as health, and even consultations.

“I have a dear friend who has dementia and has had to move overseas to be cared for by family; we Skype; the joy on her face, as she waves to me, the joy in my heart, when I can see her. And my mum, for example, who, in the later stages of her dementia, thought that people on big wall posters in the street, and people on the TV screen, were REAL, and she was talking to them, would have no problem with a Teleconsultation.”

In both cases a carer was needed to make it work.

So maybe technology needs to go a step further and have an App that is all the time on the person, like dentures are; and can be activated from a distance by another person? Imagine the power of communications, counselling sessions, in the person’s mother tongue?

Danijela Hlis, Alzheimer’s Australia CDRN
What is needed to improve care planning for people living with dementia?

A public forum to launch the Report from Activity 5 (National approach to dementia specific advance care planning) and a related resource on family case conferencing for people with advanced dementia was held on 23 May 2016 at the University of Technology, Sydney. The panel discussion was chaired by Professor Jane Phillips with panel member Imelda Gilmore giving a consumer perspective, and Dr Craig Sinclair and Professors Sue Kurrle, Meera Agar, Dimity Pond, Lynn Chenoweth and Deborah Parker providing comments based on the latest research and their experience.

The discussion explored a wide range of issues pertaining to improving care for those with dementia. Improved decision-making, which involves the person with dementia and supports family involvement was discussed, along with the need to increase uptake of early advance care planning and improving care coordination during transitions between care settings.

Imelda Gilmore spoke about the value of having conversations early on with her husband with younger-onset dementia about decisions that would need to be made later. She indicated it was about focussing on his values and desires. Lynn Chenoweth stressed the importance of person-centred care, which centres on the beliefs and values and what makes them a person and that people with advanced dementia can still communicate even if this in not with words.

Craig Sinclair highlighted that decision-making is an important part of a person’s identity and being supported in this is part of the UN Convention on rights. Sue Kurrle discussed the importance of an advance care plan as part of planning ahead and the need to distinguish between a person’s wishes and what their family wants. Dimity Pond indicated that GPs are in a good position to raise advance care planning and that it is good to involve family members. Meera Agar spoke of the importance of language for example, asking “what would your mum want” rather than “what do you want?” Deb Parker highlighted the need for knowledge translation, the value of education and toolkits and that residential aged care had the two core roles of dementia care and palliative care.

Attendees at the event included consumer representatives, health and aged care providers, government officials, policy and research practitioners as well as those involved in the CDPC in various capacities. Arrangements were made for those unable to make it to Sydney to participate via a webinar. Media was also in attendance and an interview with Jane Phillips and Meera Agar was broadcast on radio 2SER following the forum. Post-forum interviews were also recorded with a number of panel members and these may be integrated with the resources being developed to assist organisations to implement advance care planning in a more systematic way.

Gail Yapp, Activity 5 Project Officer

A copy of the report is available on the CDPC Resource page at:
Interprofessional education is defined as ‘When two or more professionals learn with from and about each other to improve collaboration and the quality of care’ (Centre For the Advancement of Interprofessional Education (CAIPE), 2002).

Those involved in aged care are acutely aware that the ageing population necessitates the creation of a sustainable workforce that is adequately educated and competent to work with older adults including those with cognitive and related functional decline.

Aged care funding partners, Brightwater Care Group and Helping Hand Aged Care, have developed interprofessional student placement programs in their residential aged care facilities. These programs provide training for students from a diverse range of disciplines, including medicine, dietetics, pharmacy, physiotherapy, occupational therapy, nursing and speech pathology.

As a CDPC funded research project, Interprofessional education programs were evaluated by two residential aged care providers, Brightwater Care Group (WA) from 2013-2015 and Helping Hand Aged Care (SA) in 2015.

The aim of the project was to evaluate what the benefits of an IPE program are in residential aged care such as does such a program alter students perceptions of aged care or encourage students to pursue a career in aged care.

Also of interest was whether an IPE program had a positive effect on residents with cognitive decline as well as any impact on learning and involvement of existing facility staff.

The report provides a brief background to interprofessional education and the project before outlining the four key outcomes of the interprofessional education programs in the two residential aged care organisations.

Summary of outcomes:

- residential aged care provided an optimal environment for interprofessional student placements
- residents received additional care improving their physical and emotional wellbeing
- students changed their views on residential aged care following the placement and became more likely to work in aged care in the future
- current facility staff improved their skills and knowledge during the programs.

As a result of the evaluations findings an interprofessional education resource toolkit, specifically for residential aged care, will be developed. The toolkit will enable staff to support interprofessional education and practice and to facilitate interprofessional student placements to improve the care and wellbeing outcomes for people with cognitive and functional related decline.

The online toolkit will soon be available to all aged care organisations within Australia.

Karla Seaman, Lead Investigator Activity 9 and 28
Jane Harrup-Gregory, IPE Project Coordinator
Brightwater Care Group

A copy of the report is available on the CDPC Resource page at:
The Consumer Voice

Alzheimer’s Australia’s new Consumer Engagement policy

A new Alzheimer’s Australia (AA) consumer engagement policy was announced by the CEO of Alzheimer’s Australia, Carol Bennett, in May 2016. As stated by Carol Bennett, “The policy outlines consumer involvement in AA’s work as a national advocacy organisation representing the interests of people with dementia, carers and their families.”

The National Dementia Consumer Network (Consumer Network) will support the involvement of a broad and diverse network of consumers in national dementia policy, programs and research. The new flexible and inclusive Consumer Network will replace AA’s consumer groups, including the National Consumers Advisory Committee (NCAC) and the Consumer Dementia Research Network (CDRN).

AA will continue to support the discrete AA Dementia Advisory Committee (AADAC), the membership of which is only people with a dementia, recognising that people with a dementia may require additional support to be fully involved in the consumer engagement process.

A National Dementia and Diversity Leadership Network (Diversity Leadership Network) has also been established. This Network will involve national peak bodies, community leaders, health professionals and researchers all contributing their expertise towards improved outcomes for groups with special needs. The Diversity Leadership Network will draw on best practice models from across health, aged care, community and other sectors.

Members of the existing National Committees, including the CDRN, are encouraged to join the new Networks. The CDRN, along with the other National Committees, will no longer continue.

From June 2016, Consumers have been invited to indicate their interest in joining the new Networks.

AA supports members of the former CDRN who have been involved with the CDPC, to continue their involvement.

Consumers who join the new Consumer Network can indicate through an EOI to AA (Nat), their interest in contributing to Research, the facilitation of which for the CDPC will be the Lead, Consumer Enabling Sub-Unit (Joan Jackman).

The AA-CDPC Consumer Investigator position, including the CDPC Lead, Consumer Enabling Sub-Unit role, will continue to be supported by Alzheimer’s Australia as a Funding Partner of the CDPC, at this time.

This new approach by Alzheimer’s Australia intends to strengthen consumer engagement and support consumer leadership in a more sustainable way into the future, as part of responding to the growing impact of dementia in the community and representing the 353,800 Australians living with dementia - and over a million people involved in their care.

If further information or clarification regarding these changes would be helpful, please contact - Joan Jackman, CDPC Lead, Consumer Enabling Sub-Unit @ Joan.Jackman@alzheimers.org.au - or Ellen Skladzien, AA Senior Executive Manager Policy, Programs & Communications @ Ellen.Skladzien@alzheimers.org.au.

Appreciation is expressed to all the CDRN Members who have chosen to contribute their time, experience & expertise (voluntarily) to the work of the CDPC to date.

This Consumer involvement is highly valued & welcomed in the continuing work of the CDPC.

If you would like to find out more about the NCAC go to https://fightdementia.org.au/dementia-news/issue-04/lived-experience-driving-force-for-change.

How are we measuring CDPC Impact

As governments and external funders seek to better understand return on their investment into research, there is an increasing push for academic research to have broader societal impact outside of academia. Research impact is commonly defined as:

*The effect on, change or benefit to the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia* [1]

The partnership approach adopted by the CDPC aims to build a stronger link between research findings and practice by involving people who will use the research throughout the entirety of the research process.

Identifying the impact of knowledge translation programs such as the CDPC can be difficult: there is no accepted set of indicators that reliably measure research impact; it can be hard to attribute an observed impact to the research program; it can take a long time for the knowledge generated by research to have an impact on the ground; and collecting data can be time consuming and costly.

Identifying CDPC impact is an ongoing process, requiring agreement about organisational goals, alignment of CDPC activities to those goals, selecting the methods for measuring outcomes, analysing progress, and then feeding the findings back to the network. To this end, we have spent the last year and a half speaking with stakeholders about our vision, mission, and goals in order to establish common ground among our diverse stakeholder groups.

We have now updated our original vision, mission, and goals to better reflect what we all think we are trying to achieve as the organisation has changed, grown, and matured.

**Vision:** Improve the lives of people living with dementia

**Mission:** To develop and communicate research to improve the care of people living with dementia

During this period we also produced a logic model, a tool used to understand the link between all of the aspects of CDPC work. Logic models show how CDPC activities and outputs will lead to both short and long term outcomes. Once the goals and logic model were refined, we implemented processes to capture data on CDPC outcomes. A CDPC-wide evaluation strategy has now been developed that involves collecting data about how well the CDPC is operating and the outcomes of the Centre’s activities. (A link to the CDPC Evaluation Protocol detailing logic model and strategy is available on the CDPC intranet)

The primary method for measuring research impact is through evidence-based case studies. This widely accepted method for collecting data captures the complexity of research translation and can deal with the questions around the attribution of impact [2].

The evaluation framework also reports on the direct impact of implementation activities by incorporating outcomes data collected by their Activity-specific evaluations (such as CHOPs, Weavers, Vitamin D implementation) when available. Evaluation data was collected in 2015 and will be collected again in 2017.

However, after the first round of the evaluation, the Evaluation Team felt the need to add to existing methodology to increase our knowledge about CDPC impact and to fulfil our evolving reporting requirements to our industry partners and The University of Sydney. As a result, we have implemented two additional ways of capturing data on our impact:

1. Drawing on the extensive work done on knowledge translation by the Canadian Institute for Health Research, we have developed additional questions on impact to be included in the evaluation survey [3].

2. In the years in which evaluation data is not being collected, we have developed an Impact Survey which will be used to capture more detailed and consistent information on our impact. This information will be collected by structured interview from all lead investigators in July / August in 2016 and again in 2018.

Measuring impact of CDPC activities is crucial to our success as an organisation and being accountable to our stakeholders, and we thank you for your ongoing contribution. If you have any questions or comments about our plan, please get in touch with Shannon McDermott or Ali Nikitas on sms.cdpcc@sydney.edu.au.

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How the Policy & legislation enabling sub-unit can support you?

Translation of research into policy and practice is not a simple linear process. As we learnt in the policy workshop held in 2015, it is a messy, interactive activity where windows of opportunity to influence policy come and go. It is important for researchers to understand the policy process, current priorities and the policy context of their research, as this will inform research questions and assist in communicating the relevance of outcomes.

Taking up opportunities to participate in policy development in your area/s of expertise when they occur, such as invitations to formal consultations or through advisory group membership, or by inviting policy makers to be involved in your research can help develop relationships and your sphere of influence.

Legislation and legal issues generally form the basis of change management for everything we do, including our research. Unfortunately we are often so caught up in the issues associated with our particular research we forget about potential legal implications.

As activities are commencing, and even after you have commenced, the unit offers the opportunity to talk through your policy aims:

- What are you trying to change? Who is currently responsible for it?
- What level of policy do you want to influence?
- What is the current context? Who are the major stakeholders?
- Are they engaged in your research? On your advisory group?
- We can help you to identify legislative implications that may come out of your research:
  - What is the current legislative framework that may impact your research?
  - Are there common law cases that can provide any guidance in your research project?
  - Will your research findings act as an impetus for legislative reform?

Once your aims and implications have been identified we recommend you approach us to assist in identifying policy influencers who can be approached for involvement on your Activity advisory group.

Accessible and succinct communication is important from the beginning, as you inform stakeholders about your research, its aims and, then later, its outcomes.

There is an overlap between dissemination and influencing policy so developing a Communication Plan early on is a useful tool, and indeed it is mandated through the CDPC protocols that a Communications Plan be put in place for each Activity. The sub-unit, works closely with Sally Grosvenor (CDPC Communications Officer) in:

- Developing your key messages.
- Summarising your research as succinctly and as clearly as possible.
- Exploring different avenues for dissemination.

As well as direct involvement with research teams, the sub-unit can arrange further learning opportunities. We are currently considering running a hands-on writing workshop to educate attendees on how to write project summaries that could catch the eye of those that have the ability to change policy. This would be a follow on from the policy workshop held in 2015. Let us know what would be helpful for you by emailing your suggestions to the CDPC email address (sms.cdpc@sydney.edu.au).

There are a number of already existing CDPC resources such as articles and presentations that may be useful for you when considering the policy and legislation implications of your research. These are available on the CDPC intranet or by contacting the enabling sub unit members.

How do I involve the unit?
We are available to teleconference, videoconference, attend face-to-face workshops, or to work on drafts through email:

- anne.cumming@sydney.edu.au 0450 729 819
- s.field@westernsydney.edu.au 0425 021469
- j.thompson@sydney.edu.au 02 9477 9225
**Communicating your message: the consumer perspective**

Collaboration between the CDPC Management of Change and Workforce sub-unit and the Alzheimer’s Australia Consumer Dementia Research Network (CDRN) sub-unit has produced a short document to help more people benefit from our work.

*Ideas to Expand CDPC Communication Channels from the Alzheimer’s Australia CDRN Members*

The document can be found as an appendix in the Communications Protocol on the CDPC Intranet.

Engaging the expertise and lived experience of the CDRN members to answer the question “Where do consumers get dementia information in Australia?” produces communication channels that can expand the audience for your findings. The knowledge available from CDRN members provides both tested and innovative routes to connect with the people most in need with the practical improvements we are creating together.

Using the media opportunities identified to both “push” CDPC findings to consumers, families and carers, and permit them to “pull” relevant information as required extends the reach and impact of your work. To ensure that the material you create is in a form that matches the needs of the audience you may like to use Katie Burke’s “12 Tips for Scientists Writing for the General Public” (linked below) to develop materials that state your message clearly through the use of simple words and sentences.

http://www.americanscientist.org/blog/pub/12-tips-for-scientists-writing-for-the-general-public

If you have any comments on the document – or ideas to improve or expand we’d be pleased to hear from you.

Kate Hayes (kate.hayes@westernsydney.edu.au),
Joan Jackman (Joan.Jackman@alzheimers.org.au)
Sally Grosvenor (sally.grosvenor@sydney.edu.au).

*Kate Hayes: CDPC Management of Change and Workforce sub-unit*

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**Communications Update**

There is so much happening within the CDPC and we really would like our members to have every opportunity to hear about it.

One of the best ways to keep up to date with successes, upcoming conferences, funding opportunities as well as new proposals, protocols and procedures is to log into our CDPC Intranet (SharePoint).

To access the SharePoint site go to CDPC Intranet and enter your Unikey and password.

https://workspaces.usyd.edu.au/sites/partnership/

Contact us to obtain your Unikey and password or for more information on the CDPC Intranet and other Network resources.

**How to set your existing email to receive CDPC SharePoint alerts**

You will be provided with a University of Sydney email address to accompany your Uni Key. We have set up these addresses to allow us to issue you with automatic and manual alerts via the SharePoint site. To access this email account, navigate to:

https://webmail.sydney.edu.au/owa/

If you would prefer all email to come to you via an existing email account, you can use the ‘Rules’ feature to re-direct all mail to your preferred account by following the steps below:

- Log in to your University of Sydney mail via the link provided above.
- After you sign in to Outlook Web App using your Unikey and password, click Options > Create an Inbox Rule.
- On the Inbox Rules tab, click New.
- Under When the message arrives, select Apply to all messages.
- Under Do the following, select Redirect the message to.
- Select the address you want your mail sent to by double-clicking on it in the address book view. If the address you want to redirect to doesn’t appear, you can enter the e-mail address in the To field.
- Click OK to save your selections and return to the new rule window.
- Click Save to save your rule and return to the Inbox Rules tab.
We would like to congratulate the following Activity teams whose research Proposals were approved for funding since the last CDPC Newsletter came out to you. We wish these teams well as they commence their research.

- CDPC 1333 (Tracy Comans, Kim-Huong Nguyen et al): Develop a preference based measure to value quality of life for people with a diagnosis of dementia or cognitive decline, using interdisciplinary expertise of consumers, policy makers and researchers.
- CDPC 1330 (Karla Seaman, Dr Brett Robertson): Do socialisation robots facilitate increase social engagement in aged care?

We congratulate Christine Bryden (AM) who was awarded an AM in the recent Queen’s Birthday honours list. Christine received this award for her significant service to community health through support for people with Alzheimer’s Disease and other dementias, and as a leading advocate and author. A number of our Activity teams had the opportunity of working closely with Christine in her previous capacity as a Consumer Dementia Research Network member with Alzheimer’s Australia.

Our administration team have been out and about around Australia over the past few months, attending a number of industry events and conferences. I myself have presented at: the ARCs conference in Sydney in May, on consumer involvement in all stages of research; at the IFA 2016 conference in Brisbane in June, giving an overview of the CDPC and two of its completed Activities; and at Helping Hand Aged Care Board of Directors and Executive team meetings in Adelaide in June, with myself and Sally Grosvenor invited to give an overview of CDPC Activities and communications strategies.

Jennifer Thompson, Operations Manager, CDPC Administrative Team

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**CDPC Network support**

**Danijela Hlis - Alzheimer’s Australia CDRN**

**What is your role in the CDPC?**
I guess I am one of the consumers of CALD background that has been participating in research programs and well as training through CDPC since its inception.

**What did you do prior to joining the CDPC?**
I cared for my mother who had dementia, and worked as a bi cultural social support worker for Migrant resource centre, Italian Day centre, enabling people who speak Italian, French, Slovene, Croatian, to have some quality time with me through outings (I have lived in many countries and am fluent in these languages)

**What do you like to do when you are not at work?**
I am retired now so all my work is voluntary-through Alzheimer’s Australia, OzCare, COTA, ComLink; I love to travel and have just returned from Philippines where I visited a very dear friend who has dementia.

**Tell us one thing about yourself that we might not know?**
I am a published writer(poetry and prose)- you can google Danijela Hlis and learn more.

**Describe yourself in three words:** independent, compassionate, loving life.

**What is the best advice you were ever given:**
From my father, at age of 7: you make your own bed in life -so make sure is well made.

**What is your best achievement?**
Having enabled my aged parents who came into my care from overseas to live some happy years of their retirement; EVERY DAY IS A SUNDAY NOW- MY FATHER SAID.
Upcoming Events

Strengthening Dementia Services (Melbourne 5-6 October 2016)

3rd Biennial Australasian Implementation Conference (Melbourne 5-6 October 2016)

26th Alzheimer Europe Conference (Denmark, 31 Oct – 2 Nov 2016)

Australian Association of Gerontology National Conference (Canberra, 2-4 Nov 2016)

NHMRC Symposium on Research Translation (Melbourne - 23 November 2016)

Visit the CDPC Website at:
http://sydney.edu.au/medicine/cdpc/

Follow us on twitter at:
https://twitter.com/nhmrc_cdpc

CDPC Intranet
https://workspaces.usyd.edu.au/sites/partnership/

Contact us at:
sms.cdpc@sydney.edu.au

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