

Mapping Chronic and Complex Health Care: Dementia and Ethnicity

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The World Health Organisation, amongst others, has identified the growing importance of the burden of chronic care in the industrialised countries and the associated costs of care. Dementia is one such condition associated with high care requirements as well as long-term and often complex health needs. Many more severe dementia patients present with co-morbid conditions that have to be resolved before an adequate diagnosis can be made. In addition, changes to aged-care funding and the rapid privatisation of aged care facilities mean that dementia patients are not the preferred client-type for many nursing home providers. Given this complex interaction between health policy, economics and patient needs, monitoring dementia prevalence and the associated burden of care is a growing concern for all segments of the health care industry.

GIS tools represent an important approach for tracking not only existing patterns of dementia prevalence but also a tool for modelling emerging health trends and issues. Currently in Australia only limited use has been made of GIS for estimating the emerging burden of care associated with chronic and complex illnesses like dementia. Very little of the GIS-related analysis is available to inform community debate and opinion on

Dementia is associated with a very high burden of care, whether delivered in an institutional setting or at home by families and relatives. In metropolitan Sydney the character of dementia as a disease of aging is also associated with significant groups of immigrants who arrived in the post WWII period. In particular, this includes groups such as Holocaust Survivors in the Jewish community as well as other German, Polish, Hungarian and Italian-born cohorts. While some groups have strong community-based services, the social infrastructure of some of these groups is often constrained as many male immigrants came alone and did not form family units. Therefore, there are extremely varied situations in which dementia care is provided and many potential limitations to the scope and quality of care available to some groups. This is especially important in New South Wales where the multicultural composition of the population means that a strong policy presence is missing for many smaller and more marginalised communities.

This paper is a presentation of one attempt to model the total burden of care for dementia in metropolitan Sydney. The 2001 Census has been released and the time to update our understanding of current and projected age-related health care needs is now. The growing demand for an evidence-base in health policy and funding also supports the importance of GIS as an important tool for managing shifting health care demands and especially so for smaller communities and groups whose needs may be poorly met by large-scale policy, funding and resource models. The presentation will combine some of the work currently being done in Australia on dementia-prevalence modelling with 2001 Census data in a GIS analysis. This is not intended to be an exhaustive dementia model but to show how GIS can be used to inform and shape community health agendas on key and emerging issues.