



MONASH
University

MONASH
PRIMARY
AND ALLIED
HEALTH CARE

REHABILITATION, AGEING AND INDEPENDENT LIVING (RAIL) RESEARCH CENTRE

Member eBulletin #13

A message from the Director

Well, it has been a long, hard six months, but it is tremendous to be at this point with the steady re-opening of Victoria now underway. It is so good to be able to partake in some of the many things we had taken for granted for so long. Well done everyone for the shared success in getting to this stage. It was also so good for Victoria to win three major sporting codes over the past two weeks as well – it was another thing to bring a smile to our faces, despite our teams all being interstate for most of the season, and having substantial additional hurdles relative to the “home clubs’ interstate (would have preferred a Geelong AFL grand final win though (sorry to the Richmond supporters out there!)).

An exciting event for RAIL that occurred last week was holding our first External Advisory Committee meeting. We had planned to establish this committee around March-April this year, but postponed this as a number of the representatives from key stakeholders in health, care, and disability sectors have had so much on their plates with managing the Covid-19 pandemic. We have an Advisory Committee with broad representation across a number of key sectors relevant to RAIL, as well as two community / consumer representatives. This Committee will provide RAIL with strategic advice as we continue to grow and strengthen our profile, reputation and outcomes.

It was tremendous to finally be able to share (after a prolonged embargo process) the success by Tarsh Brusco in leading RAIL's first major NHMRC grant – the My Therapy Partnership grant. Further details are provided elsewhere in the e-bulletin. Congratulations to Tarsh and the large collaborative team involved in this project.

Remember, if you have colleagues, or people new to Monash who would like to become a Member of RAIL, and thereby be on our email communications and e-bulletin distribution list, please complete the Member survey [online](#).

Stay safe and well.

Professor Keith Hill

Member profile

Dr Melita Giummarra

Melita is a Senior Research Fellow in the School of Public Health and Preventive Medicine at Monash University, and at the Caulfield Pain Management and Research Centre. She has a background in psychological sciences and public health research.



At present, Melita leads a program of research in partnership with multiple clinical, academic and industry stakeholders to identify opportunities for innovation in trauma and health systems to reduce the burden of injury, particularly the incidence and impact of pain, mental health and drug and alcohol use related conditions. In particular, she is undertaking a clinical trial funded by the Rebecca L Cooper Medical Research Foundation evaluating the feasibility of a collaborative stepped care intervention to provide timely and appropriate rehabilitation support after serious injury to reduce the incidence and severity of persistent pain and posttraumatic stress and mental health conditions. By the end of 2020, Melita will have completed her research project

examining the role of fault attributions in work and health service use trajectories after injury, funded through her ARC DECRA fellowship, which built on her prior research on the social context of pain and suffering, and the role of injustice experiences in trauma and injury outcomes.

Melita's expertise and leadership to date have been recognised through invited membership of several clinical and scientific committees (e.g., with the Australian Pain Society, International Association for the Study of Pain, electronic Persistent Pain Outcomes Collaboration) and research excellence awards (e.g., the 2017 Australian Pain Society Rising Star Award, and 2018 School of Public Health and Preventive Medicine Early Career Researcher Award).

RAIL PhD student

Sara Whittaker

Sara Whittaker has recently commenced her PhD at RAIL / Monash. She is a Senior Occupational Therapist at Eastern Health, who is currently enjoying maternity leave having had her second little boy late 2019. She has worked across the continuum of care at Eastern Health, holding both senior and leadership roles in acute, subacute and community rehabilitation settings.



Sara is very passionate about neurological rehabilitation and utilizing evidence based practices within this area, as well as, improving evidence based practices across the continuum of care. Recently, Sara has completed her Masters of Clinical Rehabilitation with a Major in Neurology.

Sara has joined the 'My Therapy' Project team as a PhD candidate, supervised by Dr Tarsh Brusco, Professor Keith Hill and Dr Nicholas Taylor. It has been recognized that a contributing factor to sub-optimal outcomes for some patients

in rehabilitation is due to insufficient practice of exercise and activity participation. The premise of 'My Therapy' is that it is designed to increase dosage of therapy participation through a customized program prescribed by a patient's treating occupational therapist and physiotherapist, which can be practiced any time without additional resources.

The aim of this PhD project is to scale up the implementation of the My Therapy program across inpatient rehabilitation wards in Australian public and private hospitals, and to evaluate the benefits when scaled, the mechanisms of successful scaling, and program cost effectiveness. The methodology for this project is a cluster stepped wedge design across 4 health services (Cabrini, Healthscope, Eastern and Alfred Health) and will include all patients undergoing rehabilitation on the selected inpatient rehabilitation wards during the trial period.

Grant success

NHMRC Partnership Grant APP1191881 (\$743,438.43 project funding & \$200,000 partner cash contribution)

Improving Rehabilitation Outcomes Through Self-Management: My Therapy

Participating Health Services include Alfred Health, Cabrini, Eastern Health and Healthscope

RAIL Research Centre Investigators: Dr Natasha Brusco (CIA), Professor Keith Hill (CID), A/Professor Libby Callaway (CII), Dr Christina Ekegren (Project Lead) and Sara Whittaker (RAIL PhD Student)

Additional Monash University Investigators:

Dr Annemarie Lee, Professor Natasha Lannin and Dr Paul Sanfilippo

Participating in more therapy during inpatient rehabilitation enables patients to achieve better function and quality of life, and return home sooner¹. While funding additional staff to increase the amount of supervised occupational

therapy and physiotherapy is always an option, limited financial resources can make this challenging². This NHMRC Partnership Project explores implementation of independent practice of exercises and activities (physical and cognitive) in rehabilitation, without additional staffing resources, to increase participation in rehabilitation. This independent practice program is called **My Therapy**.



My Therapy is a consumer driven, self-management program designed to increase the dosage of therapy participation during rehabilitation, through independent practice of exercise and activity, in addition to usual care³. It is tailored to individual needs, is prescribed by a patient's treating occupational therapist and physiotherapist, and can be practiced within business hours, in the evenings or over the weekend.

The objective of this partnership project is to scale up implementation of **My Therapy** across inpatient and virtual rehabilitation wards in Australian public and private hospitals, and to evaluate the benefits to the patient, the mechanisms of successful scaling, and program cost effectiveness via a stepped-wedge cluster randomised trial.

Our published pilot study showed that **My Therapy** can achieve around 100 minutes of extra weekly practice alongside usual care rehabilitation, in hospitalised older people with musculoskeletal conditions and frailty. Benefits occurred without additional staff or adverse events³. Compared to usual care, more than double the proportion of **My Therapy** patients achieved a minimal clinically important difference in function from admission to discharge³. It was also delivered safely to patients with a cognitive impairment. It is hypothesised that through sustained change to patient and clinician behaviour, aimed at enhancing **patient self-management**, the pilot study benefits will continue to be realised throughout this NHMRC Partnership Project.

REFERENCES

1. Peiris CL, Shields N, Brusco NK, et al. Additional physical therapy services reduce length of stay and improve health outcomes in people with acute and subacute conditions: an updated systematic review and meta-analysis. *Arch Phys Med Rehabil* 2018; 99: 2299-2312.
2. O'Brien L, Mitchell D, Skinner EH, et al. What makes weekend allied health services effective and cost-effective (or not) in acute medical and surgical wards? Perceptions of medical, nursing, and allied health workers. *BMC Hlth Serv Res* 2017; 17: 345.
3. Brusco NK, Tilley L, Walpole B, et al. Feasibility of increasing the dosage of inpatient occupational therapy and physiotherapy rehabilitation via independent tasks and exercises: 'My Therapy'. *Aust Occ Ther J* 2019.

“Valid Health Information in the Digital Era” Brief Report from the 2020 WHO Family of International Classifications (WHOFIC) Network Annual Meeting

RAIL's Dr Natasha Layton attended the WHO Family of International Classifications (WHOFIC) Network Annual Meeting as a member of the Australian Collaborating Centre delegation. The WHOFIC annual meeting was hosted by WHO Geneva, but held virtually from 19-24 October 2020, making for very early mornings and very late nights for some of the global delegations. Here are some snippets of interest to RAIL members and friends.

WHO finalise the ICF 2020

The ICF was first published in 2001 and now, after 19 years and 2 updates, the ICF2020 is finally launched. ICF 2020 includes the codes from the previously separate ICF-CY (children and youth version). ICF C-Y is now defunct, and the ICF 2020 contains the full life span. For those of us using the red hardcover ICF (2001), its good to know a new hardcover edition will be published shortly. In the meantime the refreshed codes can be located at the ICF website <https://www.who.int/classifications/icf/en/>



Bite-sized updates on current global thinking about disease, disability, functioning and health interventions in 2020 is now available in the form of the WHO FIC POSTERS

The WHO FIC Annual Meeting present their work in one-page poster snapshots, which are freely available and located on the website. Unlike general conference proceedings, these posters represent the thinking of the global collaboration centres furthering the WHO classification families, therefore represent an important source of data on current and near future developments. They are extremely succinct and are an excellent way to comprehend the topics at a glance. The 2020 poster booklet has just been released and includes the report of the Australian Collaborating Centre, and rich data from across WHO regions. Poster topics include education to improve coding, application of ICD and ICF language in practice settings. Two specific areas of interest to RAIL colleagues are as follows:

- The newly published WHO International Classification of Health Interventions has been led by Australians, and Poster 504 by Nicola Fortune and Richard Madden, from the the University of Sydney. They reported use of the ICHI to describe interventions for public health

purposes. Poster 510 tests the reliability of ICHI in an outpatient physiotherapy setting (South Africa / Australia).

- Cutting edge thinking about COVID-19 includes Poster 411 (US /Holland), which views COVID-19 as an environmental factor not as a health condition, but as an outside influencer of environmental and personal factors that are affecting individuals with other health conditions that also influence body functions, body structures and activities and participation. Authors from Brazil and the US offer an initial ICF Core Set to guide evaluation and follow-up of patients with COVID-19 (Poster 412).

You can download the Poster Zip file by visiting the WHO FIC website and clicking on the 2020 poster

link <https://www.who.int/classifications/network/whoficnetworkannualmeeting/en/>

Meeting Documentation

Agenda, timetable and other documents for the meeting can be found here:

- ↓ [WHOFIC Network Meeting 2020 Timetable](#)
pdf, 104kb
- ↓ [WHOFIC Network Meeting 2020 Agenda](#)
pdf, 376kb
- ↓ [WHOFIC Network Meeting 2020 Posters](#)
zip, 26.24Mb

Events

Member forums

November

The RAIL research team is pleased to announce our next member forum **'Meaningful engagement of consumers across the research spectrum – from theory to reality'** scheduled for 3.00 pm – 4.00 pm on Thursday 12th November.

Speakers:

Dr Darshini Ayton, Consumer and Community Involvement Fellow for Monash Partners and the Monash Centre for Health Research and Implementation (MCHRI).



The how and why of consumer and community involvement across the research continuum: Perspectives from researchers, consumer organisations and health services.

Mr Ben Horgan, WA Health Translation Network within the Consumer and Community Involvement Program as a Consumer and Community Involvement Coordinator sharing his time between Curtin University and The WA Health Departments Research and Innovation Office.



Being a Musculoskeletal Consumer Rep – bringing the Lived Experience to the table

RSVP: [Online](#)

December

What does disability rights have to do with rehabilitation?

Professor Tom Shakespeare is Professor of Disability at the London School of Health and Tropical Medicine. Trained in social and political science and with a lived experience of disability and of rehabilitation, Professor Shakespeare is a bioethicist, an international disability researcher, an artist and an activist. Tom has written extensively on the social and post-social models of disability, and he was co-editor of the World Report on Disability (2011). Recent publications address disability-inclusive responses to COVID-19 in low and middle income

countries and, propose a remodeling of the ICF.

Presenter: Professor Tom Shakespeare

Date/time: 6pm Melbourne time (8am London)

Registration: [Online](#)

Monash Malaysia Gerotechnology Symposium

The Fourth Gerontechnology Symposium 2020 will take place as follows:

Date: 11 November 2020, Wednesday

Time: 10 am - 12 noon (Malaysia Time Zone, MYT)

Venue: Virtual webinar via Zoom (Participants will receive Zoom webinar details after registration)



MALAYSIA



The new life for senior citizens in a digital world.

Virtual webinar hosted by the Gerontechnology Laboratory, School of Business.

	MODERATOR	Wednesday, 11 November 2020
	Associate Professor Shaun Lee School of Pharmacy, Monash University Malaysia	10 am - 12noon Malaysia Time Zone (MYT)
		Virtual webinar via Zoom Participants will receive Zoom webinar details after registration.

GUEST SPEAKERS

Professor Keith Hill Director, Rehabilitation, Ageing and Independent Living (RAIL) Research Centre.	Professor Kathleen Riach Professor at Adam Smith Business School, Glasgow & Monash Business School, Mercer Professorial Fellow at Geotcho University.	Professor Ramana Reddy Professor at West Virginia University, Director, Smart Living Space Lab (SLS Lab).	Professor Teresa Tsien Honorary Consultant, Jubilee Club Smart Ageing Hub and Institute of Active Ageing, Hong Kong Polytechnic University.	Professor Hsiu-Ping Yueh Professor at National Taiwan University.
Title of talk: All technology is not necessarily good - the need for ongoing engagement with older people and quality evaluations.	Title of talk: Intergenerating the digital divide? Habituations, orientations and collaboration across generations.	Title of talk: Can your house be your Care Giver?	Title of talk: Gerontechnology: Solutions to active ageing in Hong Kong?	Title of talk: Cognitive training game for older people: A Design-based approach.

Kindly register via link below or scan the QR code:

<https://rb.gy/x9mmkv>

For inquiries, please contact AnneReena at annereena.ravichandran@monash.edu



Time Zone Converter: timeanddate.com

Kindly [click here](#) to register.

For further information on the above, please [email](#) Ms. AnneReena or call her at [+603-55146087](#)

RAIL paper of the month

Randomized controlled trial of community-based, post-rehabilitation exercise in COPD

RAIL Members **Annemarie Lee** (Department of Physiotherapy, Monash University) and **Wei Wang** (School of Public Health and Preventive Medicine, Monash University), together with RAIL Rehabilitation Stream Lead **Tarsh Brusco** collaborated on the Canadian based “**Randomized controlled trial of community-based, post-rehabilitation exercise in COPD**” study. Annemarie was strongly involved in the study conceptualisation and implementation back in 2010 and this included a visit to Canada to provide project oversight and support the data analysis. Annemarie recently invited Tarsh and Wei to join the team with a focus on the economic evaluation and statistical analysis, respectively. This study is a great example of how Monash University conducts research across multiple research centres / departments, with interdisciplinary links and international collaboration.

*Authors: Stacey J. Butler, Laura Desveaux, **Annemarie L. Lee**, Marla K. Beauchamp, **Natasha K. Brusco**, **Wei Wang**, Roger S. Goldstein, Dina Brooks*

Abstract: Purpose: Although pulmonary rehabilitation (PR) improves function in people with chronic obstructive pulmonary disease (COPD), a community-based exercise program may be necessary to maintain functional capacity. We aimed to determine the effectiveness of a post-rehabilitation, community-based maintenance program on exercise tolerance, functional capacity and quality of life. Methods: Patients with COPD who completed PR were randomized to receive a community-based maintenance program (intervention) or usual care (control). The primary outcome was 6-min walk distance (6MWD), measured

immediately post-PR, 6 months and 12 months later. Secondary outcomes included self-reported functional capacity, health-related quality of life, self-efficacy, program cost, and lower extremity muscle strength. Results: Ninety-seven patients (69 ± 9 years) were enrolled. There was a non-significant trend of an intervention effect on 6MWD over time ($\beta = 42$, 95% CI: 0.06 to 83.93, $p = 0.053$). There was no significant impact of group on any of the secondary outcomes. Restricting the analysis to those who attended $\geq 50\%$ of the exercise sessions showed a significant intervention effect for 6MWD ($\beta = 69.19$, 95% CI = 10.16 to 128.22, $p = 0.03$). The cost of participating in the community maintenance program for the intervention group was \$374.77 (SD 142.12) and membership renewal was highest at community centres offering twice weekly, supervised exercise classes. Conclusions: A post rehabilitation, community-based exercise program, will maintain exercise capacity in people with COPD who attend at least 50% of available sessions over one year. An increased focus on factors that determine adherence would help inform improvements in maintenance program design.

Health Economics

The RAIL research team is presenting a 6 part mini-series on economic evaluations alongside Rehabilitation, Ageing and Independent Living (RAIL) research programs. This series will explore:

1. Economic evaluations: What are the different types?
2. Determining the perspective of an economic evaluation
3. Defining the units of health care and disability service utilisation, as well as defining the effect of the intervention
4. The impact of the time horizon and adjusting for risk and methodological assumptions in an economic evaluation
5. How to present results from an economic evaluation
6. **How to use the results of an economic evaluation to inform health and disability service delivery and policy**

Today we are reporting on Part 6: How to use the results of an economic evaluation to inform health and disability service delivery and policy. This section will focus on influencing local policy as well as influencing national policy as a researcher and / or a clinician.

At the local level (single health service or disability organisation):

At the local level, changing or implementing a model of care needs careful justification of the cost and effect. While decision makers will consider both the cost and effect, each stakeholder will place a different priority on one, compared to the other. In my experience across multiple health services, I have found clinical staff tend to prioritise the effect on the patient or client, whereas financially accountable senior management staff tend to prioritise the cost. As such, to influence both groups of stakeholders we need to present the change to both cost and effect.

If a new model of care has an equivalent or better effect, when compared to the previous model of care, it is important to clearly and objectively report this.

However, if a new model of care has an inferior effect this needs to be clearly reported with a justification of why the change in cost offsets the inferior effect.

If there is no comparison, for example a new service initiative, comparison can be made to no service provision or a similar service (using published literature or a service at another health service / disability organisation).

The costs can be presented as a cost difference between the new model of care compared to the previous model of care. This gives a binary indication of cost saving or additional cost. It is important to separate and specify upfront costs, for example intervention and usual care costs, and upstream and downstream cost offsets, for example reduced hospital re-admissions, as these cost categories influence different stakeholders.

Costs can also be presented as a return on investment for each alternate. In the case of a health service / disability organisation perspective economic evaluation, which only includes the upfront costs and cost offsets, the return on investment is calculated dividing the cost offsets by the cost of the investment, and multiplying it by 100 to present return on investment as a percentage (alternately the return on investment can be presented as a ratio). Return on investment can be a strong tool to influence at the local level.

At the national / international level (clinical practice guidelines, sector policy and government policy):

At the national / international level, changing or implementing a model of care also needs careful justification of the cost and effect, however this can be complicated. For example, government policy and spend for health and disability is contending with government policy and spend for others sectors such as education, criminal justice and housing. We first consider the use of clinical practice guidelines, just the health sector, then across multiple sectors. There is a push to include economic outcomes in clinical practice guidelines in recognition of increasing health care costs, and the need to justify both the cost and effect of an intervention (Anderson, Heidenreich et al. 2014). However, this is not consistently included in clinical practice guidelines, and when it is included, there is variability on what is included and how it is included (Woolf, Schünemann et al. 2012). The inclusion of economic implications is supported by the AGREE Reporting Checklist for the development of clinical practice guidelines, as it requires the inclusion of resource implications (Brouwers, Kerkvliet et al. 2016). Including economic outcomes in clinical practice guidelines is a good tool for influencing change.

Within the health sector, there is a willingness to pay threshold of \$50,000 per quality adjusted life year (QALY) gained for pharmaceuticals funded through the Pharmaceutical Benefits Advisory Committee (PBAC) in Australia (Wang, Gum et al. 2018), with similar values in the UK. This threshold is also applied clinical interventions justifications. To influence at the national / international level, it is imperative that clinical trials collect and report on life satisfaction, for example a quality of life score converted into QALYs gained or disability avoided life years (DALYs), as a part of a **cost utility analysis** (Husereau, Drummond et al. 2013).

A cost benefit analysis allows comparison between different interventions with different measures of effect (Husereau, Drummond et al. 2013). Both the costs and consequences are reported in monetary units e.g. willingness to pay for each DALY or QALY gained. In this case, the dollar value of the intervention is subtracted from the dollar cost of the benefit to report the net cost benefit. Within the context of a RAIL research program, this could be valuable for influencing change in health and disability policy as this enables decision makers to develop a league table which ranks the value of each intervention, both inside and outside of health and disability care, based on the net cost

benefit. Within the broader context, this could be valuable for influencing change at the sector and government policy level as they allow comparison of diverse public interventions across health and disability, as well as others sectors such as education, criminal justice and housing.

References:

1. Anderson, J. L., P. A. Heidenreich, P. G. Barnett, M. A. Creager, G. C. Fonarow, R. J. Gibbons, J. L. Halperin, M. A. Hlatky, A. K. Jacobs and D. B. Mark (2014). "ACC/AHA statement on cost/value methodology in clinical practice guidelines and performance measures: a report of the American College of Cardiology/American Heart Association Task Force on Performance Measures and Task Force on Practice Guidelines." *Circulation* 129(22): 2329-2345.
2. Brouwers, M. C., K. Kerkvliet, K. Spithoff and A. N. S. Consortium (2016). "The AGREE Reporting Checklist: a tool to improve reporting of clinical practice guidelines." *Bmj* 352: i1152.
3. Huang, L., P. Frijters, K. Dalziel and P. Clarke (2018). "Life satisfaction, QALYs, and the monetary value of health." *Social Science & Medicine* 211: 131-136.
4. Husereau, D., M. Drummond, S. Petrou, C. Carswell, D. Moher, D. Greenberg, F. Augustovski, A. H. Briggs, J. Mauskopf and E. Loder (2013). "Consolidated health economic evaluation reporting standards (CHEERS)—explanation and elaboration: a report of the ISPOR health economic evaluation publication guidelines good reporting practices task force." *Value in Health* 16(2): 231-250.
5. Wang, S., D. Gum and T. Merlin (2018). "Comparing the ICERs in medicine reimbursement submissions to NICE and PBAC—does the presence of an explicit threshold affect the ICER proposed?" *Value in Health* 21(8): 938-943.
6. Woolf, S., H. J. Schünemann, M. P. Eccles, J. M. Grimshaw and P. Shekelle (2012). "Developing clinical practice guidelines: types of evidence and outcomes; values and economics, synthesis, grading, and presentation and deriving recommendations." *Implementation Science* 7(1): 61.

Conferences

The 53rd AAG Conference theme is 'A climate for change in ageing'. 2020 is set in the context of the Covid 19 pandemic. With the imminent release of the Royal Commission into Aged Care Final Report, ongoing challenges of climate change and an uncertain economic future there has never been a better time to unpack the big issues and investigate innovative and effective solutions.

Join dozens of international and Australian speakers online, as well as over 250 presentations/workshops/symposia and online social networking activities, between 18th and 20th November 2020. We look forward to welcoming you into our online world and to helping you discuss the big issues and big solutions, in our journey to improve the experience of ageing through connecting research, policy and practice. There are also collaborative forums/workshops running on Monday 9th and Tuesday 10th November.

See <https://2020.aagconference.aag.asn.au/program> for a copy of the digital program.

Registrations available

at <https://2020.aagconference.aag.asn.au/registration>. AAG Members \$249.00, non-members \$299.

Research participants needed

As a new initiative, the RAIL e-bulletin will provide Members of RAIL an opportunity to promote their projects, for members to consider circulating to their networks. At this stage we plan to only provide a single promotional opportunity for a project's recruitment. Please circulate within your networks if relevant.

Research Study at Monash University on the effect of COVID-19 pandemic on people's optimism

At Monash University, we are conducting a qualitative research study to gain a better understanding of the optimism among Australians aged 65 years and over, and whether the restrictions imposed during the 2020 pandemic have had an impact on their optimism.

If you are aged 65 years or more, and interested in participating in the study, we would greatly appreciate 30-45 minutes for an interview with you (via Zoom), at your preferred time.

To learn more about the study and how to get in touch with us, please visit the following Facebook page <https://www.facebook.com/Heather-Craig-105051781376486/>. You do not have to have a Facebook account of your own to access this page. Also, if you know someone who may be interested in the study, please share this info with them. Thank you!

Danijela Gasevic and Heather Craig (School of Public Health and Preventive Medicine)

Do walking aids improve steadiness for people with dementia - a survey for carers of people with dementia

Balance problems and falls are common among people with dementia. Use of walking aids (such as a cane or a wheelie frame) is a common approach to improve steadiness and reduce risk of falls for older people in general. However, the decisions about this are often not clear for people with dementia, including concerns about safety and their ability to learn this new skill. The aim of the research study is to identify current attitudes and practice among informal caregivers (family or friends providing informal care to a person with dementia) about use of walking aids by people with dementia.

If you decide to take part in the research by completing the survey, you can either complete the survey anonymously online (by clicking on this link - [Walking aid use survey for carers of people with dementia](#)), or contact us to send you a paper copy of the survey which you can complete anonymously and send back. Completing the questionnaire will take approximately 15 minutes. There will be no follow-up of participants after survey participation. This research has been funded by Dementia Australia Research Foundation.

If you have questions about the survey, please contact Dr Angel Lee on Angel.Lee@Monash.edu, or phone (Keith Hill) on 0402423337.

Dr Angel (Den-Ching) Lee and Professor Keith Hill.

Early and mid-career research support activities

Although the staffing level for RAIL at this point is small, we are keen to provide support for any early or mid career researcher that we can. We are happy to provide an external review perspective of grants you are preparing as one avenue of support. If you would like to discuss possibly accessing this service, please email Cassie in the first instance (spahc.rail@monash.edu).

Member contributions

We would love to showcase current research from our members. We invite you to submit a short story (and relevant images) about any research you are working on that aligns with RAIL. Submissions are due by the 30th of each month to spahc.rail@monash.edu