

DEMENTIA- FRIENDLY COMMUNITIES AND HOSPITALS

**2014 AUSTRALIAN GARDEN SHOW
CURRAN FOUNDATION – THE UNEXPECTED GARDEN
CENTENNIAL PARK, SYDNEY**

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I AM DELIGHTED TO BE HERE TODAY IN MY ROLE AS TRUSTEE OF CENTENNIAL PARKLANDS AND NATIONAL AMBASSADOR FOR ALZHEIMER'S AUSTRALIA AND TO HAVE THIS OPPORTUNITY OF SPEAKING TO YOU ABOUT DEMENTIA-FRIENDLY COMMUNITIES AND HOSPITALS.

I AM LOOKING FORWARD TO SEEING THE ST VINCENT'S CURRAN FOUNDATION'S UNEXPECTED GARDEN LATER TODAY. THIS IS ONE OF THE MANY BEAUTIFUL GARDENS AT THE 2014 AUSTRALIAN GARDEN SHOW, AS WELL AS THE MANY OTHER LOVELY GARDENS.

OVER THE LAST 12 MONTHS ALZHEIMER'S AUSTRALIA HAS BEEN PROMOTING THE IDEA OF CREATING DEMENTIA-FRIENDLY COMMUNITIES THAT SUPPORT PEOPLE LIVING WITH DEMENTIA TO ENJOY A HIGH QUALITY OF LIFE WITH MEANING, PURPOSE AND VALUE IN COMMUNITIES THAT ARE INCLUSIVE, ENABLING PEOPLE WITH DEMENTIA TO REMAIN ACTIVELY ENGAGED IN ALL ASPECTS OF COMMUNITY LIFE.

THE PHYSICAL ENVIRONMENT OF OUR COMMUNITIES PLAYS SUCH A MAJOR ROLE IN ACHIEVING THIS VISION AND WE BELIEVE THE ENVIRONMENT IN WHICH PEOPLE LIVE CAN BE SHAPED TO BE MORE APPROPRIATE FOR PEOPLE WITH DEMENTIA THROUGH CLEAR SIGNAGE, APPROPRIATE LIGHTING AND DEMENTIA-FRIENDLY DESIGNS OF PUBLIC SPACES SUCH AS GARDENS.

MY COLLEAGUES AND I AT ALZHEIMER'S AUSTRALIA APPLAUD THE DEMENTIA-FRIENDLY GARDEN – THE UNEXPECTED GARDEN. FOR US IT'S ONE OF THE HIGHLIGHTS OF THE AUSTRALIAN GARDEN SHOW.

IT WAS CREATED BY ANDREW TOMLIN, THE RENOWNED UK LANDSCAPE ARCHITECT, WITH THE SUPPORT OF THE CURRAN FOUNDATION, AND MELISSA WILL BE TALKING TO HIM SHORTLY ABOUT WHAT INSPIRED HIM.

I LOVE THE FACT THAT THE PLANTS AND LAYOUT HAVE BEEN DESIGNED WITH PEOPLE LIVING WITH DEMENTIA IN MIND. THIS IS NOT A HARD THING TO DO – WE JUST NEED MORE PEOPLE LIKE ANDREW TO SHOW THE WAY AND WE NEED MORE COMMUNITY SPACES TO HELP PEOPLE WITH DEMENTIA TO BE MORE COMFORTABLE AND A PART OF THE COMMUNITY.

CURRENTLY, THERE ARE MORE THAN 332,000 AUSTRALIANS LIVING WITH DEMENTIA. WITHOUT A MEDICAL BREAKTHROUGH THIS NUMBER IS EXPECTED TO INCREASE TO 900,000 BY 2050...AND BETWEEN NOW AND THEN THREE MILLION AUSTRALIANS WILL DIE FROM DEMENTIA.

IS IT ANY WONDER THAT IT IS THE MOST FEARED DISEASE AMONG OLDER AUSTRALIANS?

THIS RAPID INCREASE WILL SIGNIFICANTLY IMPACT AUSTRALIA'S HEALTH AND CARE SYSTEMS AS WELL AS ITS COMMUNITIES.

ALZHEIMER'S AUSTRALIA KNOWS FROM TALKING AND LISTENING TO PEOPLE LIVING WITH DEMENTIA THAT SOCIAL ISOLATION AND STIGMA ARE TWO OF THE BIGGEST CHALLENGES THEY FACE IN THE COMMUNITY EVERY DAY.

A 2012 SURVEY BY THE UNIVERSITY OF WOLLONGONG FOUND THAT A THIRD OF AUSTRALIANS FIND PEOPLE WITH DEMENTIA IRRITATING, AND

ONE IN FIVE WOULD FEEL UNCOMFORTABLE SPENDING TIME WITH A PERSON WITH DEMENTIA.

DEMENTIA-FRIENDLY COMMUNITIES WILL CHALLENGE THIS STIGMA AND OFFER THE OPPORTUNITY TO PROMOTE BROADER AWARENESS ABOUT DEMENTIA AND SOCIAL ENGAGEMENT FOR PEOPLE WITH DEMENTIA IN COMMUNITIES THROUGHOUT AUSTRALIA.

THE IMPORTANT THING TO REMEMBER HERE I THINK IS... HOW WOULD ANY OF US WISH TO BE TREATED IF WE HAD DEMENTIA.

IT'S NOT ALL THAT DIFFICULT TO CREATE A DEMENTIA-FRIENDLY COMMUNITY. I DID THIS FOR MY DAD – NOT THAT I KNEW WHAT I WAS DOING AT THE TIME...I JUST LOVED MY FATHER AND WANTED HIM TO HAVE THE BEST LIFE POSSIBLE. DAD HAD VASCULAR DEMENTIA, THE SECOND MOST COMMON DEMENTIA AFTER ALZHEIMER'S DISEASE.

HE WANTED TO STAY IN HIS OWN HOME AND MY BROTHERS AND I MANAGED TO SEE TO IT THAT HE DID. HE WAS ALMOST 90 WHEN HE DIED.

I WAS HIS PRINCIPAL CARER AND I HAD ALL SORTS OF PEOPLE ON ALERT; KEEPING AN EYE ON DAD. FOR INSTANCE THE CHEMIST WOULD PHONE ME IF HE THOUGHT DAD SEEMED OVERLY AGITATED.

IT'S COMMON FOR ELDERLY PEOPLE, ESPECIALLY THOSE WHO HAVE DEMENTIA, TO THINK THEY HAVE NO MONEY. EVERY NOW AND THEN DAD WOULD WORRY ABOUT HAVING NO MONEY. HE REFUSED TO ACCEPT MY WORD THAT ALL WAS OKAY.

MORE OFTEN THAN NOT HE WOULD HEAD TO HIS BANK. I ORGANISED WITH THE BANK MANAGER FOR DAD TO BE SHOWN TO A QUIET ROOM AT THE BANK WHEN DAD WAS IN THIS FRAME OF MIND; THE BANK MANAGER WOULD ASSURE HIM ALL WAS WELL...AND NEXT TIME I SPOKE TO DAD HE'D SAY: "I SAW THE CHAIRMAN OF THE BOARD TODAY; HE SAYS MY FINANCES ARE FINE."

THE BUSINESSPEOPLE AND DAD'S NEIGHBOURS OF LINDFIELD, ON SYDNEY'S NORTH SHORE, WERE PIONEERS IN CREATING A DEMENTIA-FRIENDLY COMMUNITY AND I WILL ALWAYS BE GRATEFUL TO THEM.

AT THE BEGINNING OF THIS YEAR, I LAUNCHED ALZHEIMER'S AUSTRALIA'S LATEST FIGHT DEMENTIA CAMPAIGN DOCUMENT, *CREATING A DEMENTIA-FRIENDLY AUSTRALIA*, WHICH SET OUT OUR VISION FOR THE NEXT THREE YEARS ON WHAT MUST BE DONE TO ACHIEVE A DEMENTIA-FRIENDLY NATION.

WHILE THIS DOCUMENT TALKS MAINLY TO GOVERNMENT, IT IS ALSO A REMINDER THAT AS A COMMUNITY WE ALL HAVE A ROLE TO PLAY.

BUSINESSES AND OTHER ORGANISATIONS CAN WORK WITH PEOPLE LIVING WITH DEMENTIA TO MAKE CHANGES AND IMPROVEMENTS TO THEIR SERVICES, PROCEDURES AND ENVIRONMENT TO BETTER MEET THEIR NEEDS.

LOCAL GOVERNMENTS AND COMMUNITY SERVICES CAN SUPPORT PEOPLE WITH DEMENTIA TO BE INVOLVED OR REMAIN INVOLVED IN VOLUNTEERING AND OTHER EMPLOYMENT OPPORTUNITIES.

FOR INSTANCE, LIBRARIES AND GALLERIES, SPORT AND LEISURE FACILITIES, CAFES AND PUBLIC TRANSPORT CAN PROVIDE EDUCATION AND TRAINING FOR THEIR STAFF ON HOW TO COMMUNICATE WITH A PERSON WHO HAS DEMENTIA.

EXAMPLES SUCH AS THESE ARE THE BUILDING BLOCKS OF A DEMENTIA-FRIENDLY COMMUNITY AND FORM PART OF ALZHEIMER'S AUSTRALIA'S AIM OF CREATING A DEMENTIA-FRIENDLY NATION.

DEMENTIA AWARENESS MONTH HAS JUST BEGUN AND ALZHEIMER'S AUSTRALIA HAS LAUNCHED A TOOLKIT FOR COMMUNITIES AND BUSINESSES TO LEARN MORE ABOUT BECOMING DEMENTIA-FRIENDLY

I ENCOURAGE YOU ALL TO VISIT WWW.DEMENTIAFRIENDLY.ORG.AU TO VIEW THESE NEW RESOURCES.

AS I MENTIONED EARLIER, OUR HEALTH AND CARE SYSTEMS WILL ALSO FEEL THE IMPACT OF DEMENTIA IN THE FUTURE. CURRENTLY, ONE IN FOUR PEOPLE WITH DEMENTIA REQUIRES HOSPITAL SERVICES EACH YEAR AND THESE NUMBERS WILL ONLY INCREASE AS THE NUMBERS OF PEOPLE WITH DEMENTIA IN AUSTRALIA RISE. IT IS IMPORTANT THAT OUR HOSPITALS ARE ALSO DEMENTIA-FRIENDLY.

PEOPLE WITH DEMENTIA ARE HIGH USERS OF ACUTE CARE AND THEY OFTEN FIND THE EXPERIENCE FRIGHTENING AND CONFUSING. THE HOSPITAL ENVIRONMENT IS DRIVEN BY EMERGENCIES AND IS SIMPLY NOT DESIGNED TO CATER FOR THE NEEDS OF SOMEONE WHO MAY BE CONFUSED OR HAVE OTHER FORMS OF COGNITIVE IMPAIRMENT.

THE EVIDENCE SUGGESTS THAT IN MANY CASES THE AUSTRALIAN HOSPITAL SYSTEM IS FAILING PEOPLE WITH DEMENTIA. PEOPLE WITH DEMENTIA STAY IN HOSPITAL ALMOST TWICE AS LONG AS THOSE WITHOUT DEMENTIA AND INVARIABLY HAVE WORSE CLINICAL OUTCOMES. FOR EXAMPLE, THEY ARE TWICE AS LIKELY TO EXPERIENCE FALLS, PRESSURE ULCERS, FRACTURES AND DELIRIUM.

SOME OF THESE DIFFERENCES ARE TO BE EXPECTED DUE TO THE NATURE OF THE DISEASE, BUT WITH BETTER CARE AND DESIGN, OUTCOMES FOR PEOPLE WITH DEMENTIA COULD BE SIGNIFICANTLY IMPROVED IN HOSPITALS.

ISSUES AND STRATEGIES FOR DEMENTIA CARE IN HOSPITALS WERE EXPLORED EARLIER THIS YEAR AT AN ALZHEIMER'S AUSTRALIA SYMPOSIUM HELD IN SYDNEY. RESEARCHERS, POLICY MAKERS AND CLINICIANS CAME TOGETHER AT THE SYMPOSIUM TO DISCUSS THE LATEST RESEARCH IN DEMENTIA CARE IN HOSPITALS AND TALK ABOUT STRATEGIES AND PRACTICAL APPROACHES.

A REPORT WE RELEASED LAST JUNE SUMMARISES THE FINDINGS FROM THE SYMPOSIUM, HIGHLIGHTING THE GREAT WORK BEING DONE AROUND THE COUNTRY TO IMPROVE THE QUALITY OF CARE IN HOSPITALS FOR PEOPLE WITH DEMENTIA. THE REPORT ALSO PROVIDES A RANGE OF STRATEGIES THAT COULD BE IMPLEMENTED TO IMPROVE HOSPITAL CARE FOR PEOPLE WITH DEMENTIA.

SOME OF THESE STRATEGIES INVOLVE ADAPTING THE PHYSICAL DESIGN OF HOSPITALS TO MAKE THEM MORE DEMENTIA FRIENDLY. SIMPLE

THINGS SUCH AS INSTALLING APPROPRIATE LIGHTING AND CLOCKS, AND COLOUR CODING AREAS OF PRIVACY SUCH AS TOILET DOORS, CAN HELP PEOPLE WITH DEMENTIA. SAFE AREAS OF INTEREST WITHIN HOSPITALS, INCLUDING GARDENS, CAN ALSO CONTRIBUTE TO A CALMER, SAFER AND MORE ENJOYABLE EXPERIENCE FOR PATIENTS.

IT IS GREAT TO HEAR THAT ST VINCENT'S HOSPITAL IS CONSIDERING THE IMPACT OF PHYSICAL DESIGN ON THE CARE OF THEIR PATIENTS WITH DEMENTIA. FEW HOSPITALS CONSIDER THIS.

THE CORRECT IDENTIFICATION OF COGNITIVE IMPAIRMENT ALSO PLAYS AN IMPORTANT ROLE IN PROVIDING QUALITY CARE, BUT NEARLY 50% OF PEOPLE WITH DEMENTIA DO NOT HAVE THEIR DIAGNOSIS OF DEMENTIA DOCUMENTED DURING THEIR HOSPITAL STAY. IT IS HARD TO PROVIDE QUALITY CARE IF IT IS UNKNOWN THAT THE PERSON NEEDS ADDITIONAL SUPPORT.

THE DEMENTIA CARE IN HOSPITAL PROGRAM USED IN 22 HOSPITALS IN VICTORIA IS A GOOD EXAMPLE OF A PROGRAM THAT ENCOURAGES SCREENING OF PATIENTS AT RISK. THE PROGRAM PROVIDES A WAY OF DOCUMENTING COGNITIVE IMPAIRMENT THROUGH A BEDSIDE SYMBOL AS WELL AS PROVIDING TRAINING FOR ALL LEVELS OF STAFF TO ENSURE THEY KNOW HOW TO BEST COMMUNICATE WITH A PERSON WHO HAS DEMENTIA. THIS PROGRAM HAS LED TO BETTER OUTCOMES FOR BOTH CONSUMERS AND STAFF AND IS ABOUT TO BE TRIALLED IN THE PRIVATE SECTOR.

ALTHOUGH THERE IS MUCH THAT NEEDS TO BE DONE TO IMPROVE HOSPITAL CARE FOR PEOPLE WITH DEMENTIA, CREATIVE LEADERSHIP HAS THE POTENTIAL TO LEAD NOT ONLY TO BETTER OUTCOMES FOR PEOPLE WITH DEMENTIA BUT ALSO MORE EFFICIENT USE OF HOSPITAL FUNDING.

CONSUMERS HAVE BEEN SPEAKING OUT ABOUT THE NEED TO ADDRESS HOSPITAL CARE FOR MANY YEARS. I AM PLEASED IT IS NOW FIRMLY ON THE GOVERNMENT'S AGENDA.

AS PART OF THE 2012 AGED CARE REFORMS, THE GOVERNMENT COMMITTED \$39.2 MILLION OVER FIVE YEARS TO IMPROVE HOSPITAL CARE FOR PEOPLE WITH DEMENTIA.

SOME OF THE WORK TO IMPROVE HOSPITALS IS ALREADY UNDERWAY INCLUDING TRAINING AND INFORMATION TO SUPPORT CHANGES TO PHYSICAL DESIGN OF HOSPITALS THROUGH DEMENTIA TRAINING STUDY CENTRES.

BUT THERE IS AN URGENT NEED FOR FURTHER WORK TO IMPROVE QUALITY OF CARE AND TO ENSURE THAT THE POSITIVE INITIATIVES THAT ARE HAPPENING IN SOME HOSPITALS, SUCH AS ST VINCENT'S, ARE ROLLED OUT FURTHER.

THANK YOU FOR YOUR ATTENTION – PLEASE ENJOY THE GARDEN SHOW AND ESPECIALLY THE UNEXPECTED GARDEN, AND BE SURE TO TELL YOUR FRIENDS TO COME AND SEE IT TOO!