

I WOULD LIKE TO THANK HONG KONG ALZHEIMER'S DISEASE ASSOCIATION FOR GIVING ME THE OPPORTUNITY TO TALK ABOUT AUSTRALIAN NATIONAL AGED CARE POLICY.

AUSTRALIAN AGED CARE POLICY IS AT THE BEGINNING OF A LONG PROCESS OF REFORM. IT WILL TAKE PERHAPS 10 YEARS TO DELIVER ON ITS AMBITIOUS OBJECTIVES.

THE REFORMS ARE CHARACTERISED BY THREE CHANGES IN STRATEGIC DIRECTION.

FIRST, THE ESTABLISHMENT OF A SINGLE NATIONAL AGED CARE PROGRAM.

OVER MANY YEARS AUSTRALIAN RESIDENTIAL AGED CARE HAS BEEN LARGELY FUNDED AND MANAGED AT THE NATIONAL LEVEL. BUT COMMUNITY SERVICES HAVE BEEN ADMINISTERED BY THE STATES AND TERRITORIES AND JOINTLY FUNDED BY THE NATIONAL GOVERNMENT.

THE NATIONAL GOVERNMENT WILL NOW TAKE OVER THE FUNDING AND THE MANAGEMENT OF ALL COMMUNITY SERVICES.

SOME MAY TAKE THE VIEW – IT IS NOT MINE – THAT CENTRALISATION OF CONTROL WILL RESULT IN LESS RESPONSIVENESS IN SERVICE DELIVERY AT THE LOCAL LEVEL.

HOWEVER, THE ADVANTAGE OF THIS IS THAT IT SHOULD LEAD TO A GREATER CONSISTENCY IN ADMINISTRATION, MORE COHERENT PROGRAM STRUCTURES AND AN OPPORTUNITY TO DRIVE REFORM NATIONALLY.

SECOND, AND PERHAPS MOST IMPORTANTLY THE REFORMS HAVE BEEN DRIVEN FROM A CONSUMER PERSPECTIVE WITH AN EMPHASIS ON THE EMPOWERMENT OF CONSUMERS THROUGH CONSUMER DIRECTED CARE.

THE OBJECTIVE IS TO ACHIEVE SERVICES THAT RESPOND TO THE NEEDS OF THE INDIVIDUAL BY ACHIEVING GREATER FLEXIBILITY IN SERVICES AND TO GIVE SUBSTANCE TO THE POLICY RHETORIC OF ENABLING OLDER PEOPLE TO LIVE AT HOME LONGER. ALL NEW COMMUNITY CARE PACKAGES WILL BE MODELED ON CDC.

THIS MEANS THAT THE CONSUMERS WILL BE ABLE TO KNOW WHAT FUNDING IS AVAILABLE FOR THEM AND TO DETERMINE THE SERVICES THEY NEED, WHO WILL DELIVER THEM AND WHEN AND WHERE THEY ARE DELIVERED.

THE AIM IS TO DEVELOP A MORE CONTESTIBLE MARKET PLACE. THIS ASSUMES A SIGNIFICANT CULTURAL CHANGE ON THE PART OF BOTH THE CONSUMER AND SERVICE PROVIDERS.

OVER THE LAST 10 YEARS ALZHEIMER'S AUSTRALIA HAS BEEN A STRONG ADVOCATE FOR A CONSUMER DIRECTED APPROACH.

WE BELIEVE THAT CARE RECIPIENTS AND THEIR CARERS SHOULD HAVE GREATER CONTROL OVER THEIR LIVES BY ALLOWING THEM, TO THE EXTENT THEY ARE CAPABLE AND HAVE THE CAPACITY, TO MAKE CHOICES ABOUT THE TYPES OF CARE SERVICES THEY ACCESS AND THE DELIVERY OF THOSE SERVICES, INCLUDING WHO WILL DELIVER THE SERVICES AND WHEN.

FOR PEOPLE WITH DEMENTIA, AS FOR OTHER PEOPLE WITHOUT DEMENTIA, HAVING A SAY IN THEIR EVERY DAY LIVES IS A BASIC DESIRE AND UNDERPINS A SENSE OF PURPOSE AND WELLBEING.

THIRD, THE REFORM PACKAGE HAS ATTRACTED ADDITIONAL FUNDING OF \$576 MILLION OVER FIVE YEARS. THIS IS NOT A SIGNIFICANT SUM IN THE CONTEXT OF AN AGED CARE SYSTEM THAT COSTS SOME \$11 BILLION PER ANNUM.

THE TOTAL COST OF THE PACKAGE IS \$3.75 BILLION SO THE REFORMS ARE BEING ACHIEVED IN PART BY A REDISTRIBUTION OF RESOURCES AWAY FROM RESIDENTIAL CARE TO COMMUNITY CARE SERVICES AND BY INCREASED USER CHARGES.

SPECIFICALLY THE AGED CARE REFORM PACKAGE ANNOUNCED BY THE GOVERNMENT IN APRIL 2012 INCLUDED THE FOLLOWING MAJOR ELEMENTS

- EXPANSION OF HOME CARE PACKAGES – COMMUNITY CARE PACKAGES WILL MORE THAN DOUBLE IN THE NEXT TEN YEARS FROM 64,800 IN 2012 TO 144,469 IN 2022.
- INCREASED FUNDING FOR RESPITE PLACES.

- INTRODUCTION OF QUALITY INDICATORS IN RESIDENTIAL CARE FROM JULY 2014 AND COMMUNITY CARE FROM JULY 2016. THESE REFORMS ARE LIKELY TO EVOLVE SLOWLY.
- IMPROVED ACCESS TO INFORMATION THROUGH A NEW CALL CENTRE AND MYAGEDCARE WEBSITE WITH THE AMBITION IN THE LONGER TERM TO IMPROVE THE COORDINATION OF ASSESSMENT SERVICES.
- A CHANGED CARE PHILOSOPHY WITH AN EMPHASIS ON ASSISTING THE OLDER PERSON TO BE INDEPENDENT – WHAT WE CALL RE-ABLEMENT. THIS HOLDS OUT THE PROSPECT OF PROVIDING SERVICES WHICH BUILD ON THE STRENGTHS OF THE OLDER PERSON RATHER THAN MAKING AN ASSUMPTION THAT ONGOING SERVICES AND DEPENDENCY WILL BE NECESSARY.

THE REFORMS INCLUDED A PACKAGE OF \$270 MILLION OVER FIVE YEARS TO TACKLE DEMENTIA. FOR THE FIRST TIME THE PACKAGE REFLECTED A DETERMINATION TO TACKLE DEMENTIA BOTH AS AN AGED CARE AND A HEALTH ISSUE. PREVIOUSLY IT HAD BEEN DIFFICULT TO GET MUCH POLICY INTEREST IN DEMENTIA IN HEALTH POLICY.

THE PACKAGE INCLUDED:

- A COMMITMENT TO MAKE DEMENTIA A NATIONAL HEALTH PRIORITY AREA. THIS WAS AGREED BY COMMONWEALTH, STATE AND TERRITORY HEALTH MINISTERS IN AUGUST 2012. THIS RECOGNISES DEMENTIA AS A MAJOR CHRONIC DISEASE AND PLACES IT EQUALLY ALONGSIDE HEART DISEASE AND CANCER.
- \$16 MILLION OVER 5 YEARS TO TAKE STEPS TO ACHIEVE THE TIMELY DIAGNOSIS OF DEMENTIA.
- \$40 MILLION OVER 5 YEARS TO IMPROVE ACUTE CARE SERVICES FOR PEOPLE WITH DEMENTIA.
- THE INTRODUCTION OF DEMENTIA SUPPLEMENTS IN BOTH COMMUNITY AND RESIDENTIAL CARE THAT RECOGNISE THE EXTRA COSTS OF PROVIDING DEMENTIA CARE.

- THE WORLD'S FIRST PUBLICLY FUNDED DEMENTIA RISK REDUCTION EDUCATION PROGRAM THROUGH ALZHEIMER'S AUSTRALIA – YOUR BRAIN MATTERS.
- \$16 MILLION OVER 5 YEARS TO FUND THROUGH ALZHEIMER'S AUSTRALIA YOUNGER ONSET DEMENTIA KEY WORKERS TO SUPPORT THE 24,000 AUSTRALIANS WITH YOUNGER ONSET DEMENTIA.

THE REFORM PACKAGE RESPONDED TO THE ADVOCACY OF ALZHEIMER'S AUSTRALIA BOTH IN RESPECT OF AGED CARE AND DEMENTIA. MORE PARTICULARLY IT DEMONSTRATED THE VALUE OF OUR FIGHT DEMENTIA CAMPAIGN.

THE FIGHT DEMENTIA CAMPAIGN WAS IMPLEMENTED IN 2011 BECAUSE IT WAS EVIDENT THAT DEMENTIA WAS NOT SEEN AS A PRIORITY BY THE GOVERNMENT OR BY THOSE REVIEWING AGED CARE.

THE FIGHT DEMENTIA CAMPAIGN HERALDED A MUCH MORE ASSERTIVE AND HIGH PROFILE APPROACH TO ADVOCACY SUPPORTED BY A NEW MARKETING AND BRANDING STRATEGY AND LED BY A PRESIDENT – ITA BUTTROSE – WHO HAS A VERY HIGH MEDIA PROFILE.

THE LAUNCH OF THE FIGHT DEMENTIA CAMPAIGN IN OCTOBER 2011 SAW 500 PEOPLE, INCLUDING PEOPLE WITH DEMENTIA, CARERS AND HEALTH PROFESSIONALS, MARCHING ON THE LAWNS OF PARLIAMENT HOUSE, CANBERRA.

THE MARCH GENERATED A MEDIA AUDIENCE OF 7.6 MILLION.

SOON AFTER, WE UNDERTOOK NATIONWIDE CONSULTATIONS ON THE AGED CARE REFORMS. WE RELAYED THE STORIES OF PEOPLE WITH DEMENTIA AND THEIR FAMILY CARERS BACK TO THE COMMUNITY AND GOVERNMENT IN A REPORT.

THE RELEASE OF OUR AGED CARE CONSULTATION REPORT BROKE ALL OF OUR MEDIA RECORDS REACHING A CUMULATIVE AUDIENCE OF 16 MILLION.

AND THAT'S JUST TRADITIONAL MEDIA. AS PART OF THE CAMPAIGN WE HAVE EMBRACED SOCIAL MEDIA AS WE HAD NEVER DONE BEFORE.

WE NOW HAVE 53 OUT OF 230 FEDERAL POLITICIANS WHO HAVE PLEDGED THEIR SUPPORT AS DEMENTIA CHAMPIONS. WE ALSO HAVE THOUSANDS OF COMMUNITY

CHAMPIONS AND A SOCIAL NETWORK OF ALMOST 40,000 SUPPORTERS.

IN PHASE ONE OF THE CAMPAIGN WE ASKED FOR \$500 MILLION OVER FIVE YEARS TO IMPROVE DEMENTIA AWARENESS, EARLY DIAGNOSIS, CARE AND SUPPORT, RISK REDUCTION AND FOR INVESTMENT IN RESEARCH.

WE HAVE ACHIEVED AS I HAVE SAID MOST OF WHAT WE ASKED FOR.

THE ONLY DISAPPOINTMENT IN THAT PACKAGE OF REFORMS WAS A LACK OF ADDITIONAL FUNDING FOR DEMENTIA RESEARCH. DEMENTIA HAS BEEN THE POOR COUSIN OF THE OTHER MAJOR CHRONIC DISEASES IN TERMS OF RESEARCH INVESTMENT IN AUSTRALIA.

HOWEVER, IN THE 2013 FEDERAL ELECTION CAMPAIGN THE COALITION ANNOUNCED A COMMITMENT TO INVEST \$200 MILLION IN DEMENTIA RESEARCH OVER 5 YEARS IF ELECTED...WHICH THEY WERE.

BIPARTISAN COMMITMENT TO THE AGED CARE REFORMS AND THE RECENT COMMITMENT TO DEMENTIA RESEARCH ARE WELCOME. WE ARE PLEASED WITH WHAT HAS BEEN ACHIEVED OVER THE LAST TWO YEARS BUT WE ARE ALSO AWARE OF HOW MUCH MORE HAS TO BE DONE.

THE RECENT ELECTION HAS LED TO CHANGES IN ADMINISTRATIVE ARRANGEMENTS AND AS A RESULT AGEING IS NO LONGER THE RESPONSIBILITY OF THE DEPARTMENT OF HEALTH BUT INSTEAD IS PART OF THE DEPARTMENT OF SOCIAL SERVICES.

THESE NEW ARRANGEMENTS OFFER THE OPPORTUNITY TO BETTER ALIGN THE DISABILITY AND AGED CARE REFORMS AND ENABLE POLICY MAKERS TO BENEFIT FROM THE SYNERGIES OF THE TWO REFORMS.

AT THE SAME TIME WE WILL BE CAREFULLY MONITORING THESE CHANGES TO ENSURE THAT WE DO NOT LOSE HARD WON FUNDING AND POLICY ADVANCES ON HEALTH ISSUES SUCH AS PRIMARY CARE AND HOSPITALS.

WE HAVE PREPARED A NEW DRAFT FIGHT DEMENTIA CAMPAIGN MANIFESTO TO SET OUT THE ACTION ALZHEIMER'S AUSTRALIA IS LOOKING FOR ON DEMENTIA IN THE NEXT THREE YEARS. WE HAVE THREE OVERARCHING OBJECTIVES:

TO BUILD ON THE AGED CARE REFORMS AND IN PARTICULAR THE EXPANSION OF COMMUNITY CARE AND CDC.

TO IMPLEMENT HEALTH POLICY AND REDUCE THE DELAYS IN DIAGNOSIS AND IMPROVE ACUTE CARE.

AND TO IMPROVE THE QUALITY OF CARE AND SUPPORT TO PEOPLE WITH DEMENTIA AND THEIR FAMILY CARERS.

WE HAVE DEVELOPED FIVE AREAS FOR ACTION.

FIRST, TO DEVELOP A NATIONAL PROGRAM OF DEMENTIA ADVISORS.

MANY PEOPLE WITH DEMENTIA AND THEIR FAMILIES HAVE DIFFICULTY GETTING ACCESS TO THE SERVICES AND SUPPORTS THEY NEED AFTER A DIAGNOSIS. WE KNOW THAT EARLY ACCESS TO SERVICES CAN MAKE A HUGE DIFFERENCE IN THE JOURNEY WITH DEMENTIA.

PEOPLE FROM DIVERSE BACKGROUNDS INCLUDING THOSE FROM CULTURALLY AND LINGUISTICALLY DIVERSE AND INDIGENOUS COMMUNITIES, GAY AND LESBIAN PEOPLE, THOSE WHO LIVE IN RURAL AREAS, THE HOMELESS AND THOSE LIVING ALONE FACE EVEN GREATER DIFFICULTY NAVIGATING SERVICES.

THE CHALLENGE NOW IS TO SECURE THE FUNDING NECESSARY TO EXPAND THE KEY WORKER PROGRAM, WHICH IS IN PLACE FOR PEOPLE WITH YOUNGER ONSET DEMENTIA, TO PEOPLE OF ALL AGES WITH DEMENTIA.

SECOND, TO EXPAND DEMENTIA-SPECIFIC RESPITE.

RESPIRE CARE IS A CRITICAL SUPPORT FOR FAMILY CARERS AND PROVIDES SOCIAL ENGAGEMENT FOR PEOPLE WITH DEMENTIA.

BUT ACCESS TO SERVICES IS OFTEN DIFFICULT BECAUSE RESPITE SERVICES ARE NOT RESOURCED TO CARE FOR PEOPLE WITH THE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA AND BECAUSE THE SERVICES ARE NOT AVAILABLE WHERE AND WHEN THEY ARE NEEDED.

FAMILY CARERS REPORT THAT ONCE THE PERSON WITH DEMENTIA DEVELOPS BEHAVIOURAL SYMPTOMS OR BECOMES INCONTINENT MANY SERVICE PROVIDERS REFUSE TO CONTINUE TO PROVIDE SERVICES.

WE ARE PROPOSING THAT THE DEVELOPMENT OF DEMENTIA SPECIFIC RESPITE SERVICES RECEIVE THE ADDITIONAL FUNDING TO COVER THE COSTS OF PROVIDING THE HIGH LEVEL OF CARE REQUIRED BY PEOPLE WITH DEMENTIA AND THOSE WITH THE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA.

WE ARE ALSO ADVOCATING FOR A TRIAL OF GIVING CASH TO CONSUMERS TO PURCHASE FOR THEMSELVES THE RESPITE SERVICES THEY NEED WHEN AND WHERE THEY NEED THEM.

THE THIRD ACTION ITEM IS TO IMPROVE THE QUALITY OF RESIDENTIAL CARE. WE WANT ZERO TOLERANCE FOR POOR CARE THAT DOES NOT RESPECT THE RIGHTS AND DIGNITY OF OLDER PEOPLE.

THERE HAVE BEEN MEDIA REPORTS RECENTLY OF PEOPLE RECEIVING POOR QUALITY CARE WITHIN RESIDENTIAL AGED CARE WHERE BASIC HUMAN RIGHTS ARE NOT BEING PROTECTED.

OVER HALF OF RESIDENTS WITHIN RESIDENTIAL FACILITIES IN AUSTRALIA HAVE DEMENTIA.

A PARTICULAR CONCERN IS THE NUMBER OF PEOPLE BEING SUBJECT TO CHEMICAL RESTRAINT. APPROXIMATELY 25% OF PEOPLE IN RESIDENTIAL AGED CARE ARE GIVEN ANTIPSYCHOTIC MEDICATION. AND WE KNOW FROM INTERNATIONAL RESEARCH THAT ONLY APPROXIMATELY 20% OF THESE ARE RECEIVING ANY CLINICAL BENEFIT.

WE ARE PROPOSING A NUMBER OF STRATEGIES INCLUDING:

1. INVESTING \$2 MILLION TO COMMISSION AN INDEPENDENT COST OF CARE STUDY TO ENSURE THAT THE AGED CARE SECTOR IS ADEQUATELY RESOURCED TO PROVIDE HIGH QUALITY COMMUNITY AND RESIDENTIAL CARE AND TO LAY THE BASIS FOR GREATER OBJECTIVITY ABOUT THE FINANCIAL VIABILITY OF THE SECTOR
2. PROVIDING ADDITIONAL FUNDING TO THE DEMENTIA BEHAVIOUR MANAGEMENT ADVISORY SERVICE (DBMAS) TO PROVIDE EXPANDED SUPPORT TO RESIDENTIAL CARE FACILITIES
3. ENSURING THAT THE *2012 AGED CARE REFORMS* ARE IMPLEMENTED IN A WAY THAT WILL BEST ACHIEVE HIGH QUALITY CARE. THIS INCLUDES:
 - LINKING DEMENTIA SUPPLEMENTS IN RESIDENTIAL CARE TO REQUIREMENTS FOR STAFF TRAINING, PARTICULARLY ON NON-PHARMACOLOGICAL APPROACHES TO MANAGING BEHAVIOURAL SYMPTOMS OF DEMENTIA
 - DEVELOPING QUALITY INDICATORS FOR ALL RESIDENTIAL CARE PROVIDERS WHICH WILL BE PUBLISHED ON THE MYAGEDCARE WEBSITE. CARE NEEDS TO BE TAKEN TO ENSURE THESE INDICATORS ARE MEANINGFUL TO CONSUMERS AND ASSIST SERVICE PROVIDERS WITH CONTINUOUS IMPROVEMENT
 - INVOLVING CONSUMERS IN THE ACCREDITATION AND COMPLAINTS PROCESS THROUGH AN EXPANDED TRIAL OF CONSUMER INVOLVEMENT BASED ON THE ACCREDITATION AGENCIES EXPERTS BY EXPERIENCE PROGRAM
 - DEVELOPING A STREAMLINED PROCESS THROUGH THE AGED CARE COMPLAINTS SCHEME FOR CONSUMERS WHO REPORT THE INAPPROPRIATE USE OF MEDICATIONS OR PHYSICAL RESTRAINT IN RESIDENTIAL AGED CARE SUCH THAT A RESPONSE IS REQUIRED BY THE AGENCY WITHIN 3 WORKING DAYS OF A COMPLAINT BEING LODGED.

FOURTH, TO CREATE DEMENTIA-FRIENDLY COMMUNITIES AND ORGANISATIONS.

MANY PEOPLE WITH DEMENTIA EXPERIENCE LONELINESS AND SOCIAL ISOLATION FOLLOWING A DIAGNOSIS.

FRIENDS AND FAMILY OFTEN STOP CALLING IN BECAUSE THEY DON'T KNOW HOW TO ENGAGE WITH SOMEONE WHO HAS DEMENTIA. WE STILL NEED A BETTER AWARENESS AND UNDERSTANDING OF DEMENTIA.

PEOPLE IN THE COMMUNITY AS WELL AS RETAIL AND SERVICE STAFF OFTEN MISINTERPRET SYMPTOMS OF THE DISEASE AS BEING SIGNS OF A PERSON BEING PURPOSEFULLY DIFFICULT OR UNCOOPERATIVE. EVEN IF THEY ARE AWARE THAT THE SYMPTOMS ARE CAUSED BY DEMENTIA THEY OFTEN DO NOT KNOW HOW TO BEST COMMUNICATE OR RESPOND TO A PERSON WITH DEMENTIA.

IT IS UNCONSCIONABLE THAT SOMEONE SHOULD BE DISCRIMINATED AGAINST BECAUSE OF A MEDICAL CONDITION.

ALZHEIMER'S AUSTRALIA IS CALLING ON THE FEDERAL GOVERNMENT TO DEVELOP A \$5 MILLION NATIONAL DEMENTIA-FRIENDLY COMMUNITIES INITIATIVE LED BY ALZHEIMER'S AUSTRALIA. THIS PROGRAM WILL TAKE AN ACTIVE APPROACH TO IMPROVING AWARENESS AND REDUCING STIGMA ASSOCIATED WITH THE DISEASE. IT WILL SUPPORT COMMUNITIES TO ENGAGE WITH PEOPLE WHO HAVE DEMENTIA TO DEVELOP STRATEGIES TO MAKE THEIR COMMUNITY MORE DEMENTIA-FRIENDLY.

THE FIFTH AND LAST ACTION IS TO ADDRESS DEMENTIA WITHIN A PUBLIC HEALTH FRAMEWORK.

THE MAJORITY OF PEOPLE WITH DEMENTIA LIVE IN THE COMMUNITY AND NEED ACCESS TO HIGH QUALITY AND APPROPRIATE CARE WITHIN THE HEALTH SYSTEM. WE NEED TO ACHIEVE IMPROVEMENTS IN TIMELY DIAGNOSIS, DEMENTIA CARE IN ACUTE CARE, ACCESS TO PALLIATIVE CARE SERVICES AND INVESTMENT IN DEMENTIA RISK REDUCTION PROGRAMS.

ONLY ONE THIRD OF PEOPLE WHO HAVE DEMENTIA RECEIVE A DIAGNOSIS AT ANY TIME IN THEIR ILLNESS. FOR THOSE WHO ARE DIAGNOSED, MANY DO NOT RECEIVE A DIAGNOSIS UNTIL THREE YEARS AFTER THEY FIRST NOTICE SYMPTOMS. TIMELY DIAGNOSIS ENSURES PEOPLE ARE GIVEN ACCESS TO APPROPRIATE SUPPORT SYSTEMS AND HAVE THE OPPORTUNITY TO SET OUT THE CARE AND SUPPORT THAT THEY WANT AS THE CONDITION PROGRESSES.

HOSPITALS ARE DANGEROUS AND CONFUSING PLACES FOR PEOPLE WITH DEMENTIA AND MANY HAVE NO PROGRAMS OR SERVICES TO MEET THE NEEDS OF INDIVIDUALS WITH DEMENTIA. RECENT ESTIMATES SUGGEST THAT APPROXIMATELY HALF OF INDIVIDUALS WITH DEMENTIA ARE NOT RECOGNISED AS HAVING DEMENTIA WHEN THEY ENTER HOSPITAL. THIS COULD POTENTIALLY LEAD TO INAPPROPRIATE CARE AND POOR OUTCOMES FOR THE PERSON WITH DEMENTIA.

THERE IS ALSO THE DIFFICULTY OF PEOPLE WITH DEMENTIA ACCESSING APPROPRIATE END OF LIFE CARE. AS A CONSEQUENCE MANY ARE INAPPROPRIATELY SENT TO HOSPITAL TO RECEIVE UNWANTED INTERVENTIONS INSTEAD OF RECEIVING THE PALLIATIVE CARE THEY NEED AND WANT AT HOME OR IN A RESIDENTIAL AGED CARE FACILITY. THERE NEEDS TO BE BETTER PROCESSES IN PLACE TO EMPOWER CONSUMERS TO CHOOSE THE TYPE OF CARE THEY WANT...WHEN AND WHERE THEY NEED IT.

THERE NEEDS TO BE GREATER AWARENESS OF DEMENTIA RISK REDUCTION. THE MAJORITY OF AUSTRALIANS ARE NOT AWARE THAT THEY MAY BE ABLE TO REDUCE THEIR RISK OF DEMENTIA.

UP TO HALF THE CASES OF ALZHEIMER'S DISEASE WORLDWIDE ARE POTENTIALLY ATTRIBUTABLE TO MODIFIABLE RISK FACTORS SUCH AS PHYSICAL INACTIVITY, MIDLIFE HYPERTENSION, MIDLIFE OBESITY, DIABETES AND COGNITIVE INACTIVITY.

ALZHEIMER'S AUSTRALIA IS CALLING ON THE GOVERNMENT TO COMMIT TO IMPLEMENTING THE FUNDING TO TACKLE DEMENTIA IN THE AGED CARE REFORMS INCLUDING, TIMELY DIAGNOSIS, DEMENTIA CARE IN HOSPITALS AND DEMENTIA RISK REDUCTION.

WE ARE ALSO CALLING FOR THE AGREEMENT OF HEALTH MINISTERS TO A NEW NATIONAL ACTION FRAMEWORK ON DEMENTIA THAT PROVIDES THE BASIS FOR A NATIONAL APPROACH TO TACKLING DEMENTIA AT THE NATIONAL AND STATE LEVELS ACROSS THE HEALTH AND AGED CARE SYSTEMS.

IT IS MY HOPE THAT OVER THE NEXT TEN YEARS AUSTRALIA WILL DEVELOP A MUCH MORE FLEXIBLE CARE SYSTEM WHICH IS RESPONSIVE TO CONSUMER PREFERENCES. A SYSTEM WHICH IS MORE INTEGRATED WITH THE NEW NATIONAL DISABILITY INSURANCE SCHEME AND FUNDS AND SUPPORTS THE INDIVIDUAL RATHER THAN THE SERVICE.

MY HOPE IS THAT WITHIN THAT POLICY FRAMEWORK WE WILL SEE GREATER INNOVATION AND MORE TAILORED SERVICES THAT CAN WELL SUPPORT PEOPLE WITH DEMENTIA AND EMPOWER THEM TO MAKE CHOICES ABOUT THE SUPPORT THEY RECEIVE IN THEIR LATER YEARS OF LIFE.

MY VISION IS FOR AN AGED CARE SYSTEM THAT FOCUSES NOT JUST ON CARE BUT ON PSYCHOSOCIAL AND CULTURAL NEEDS AS WELL.

WE HAVE THE ABILITY TO MAKE THE LIVES OF PEOPLE LIVING WITH DEMENTIA JUST THAT BIT EASIER...TO ENSURE THAT AUSTRALIA HAS A FLEXIBLE HIGH QUALITY CARE SYSTEM, BUT ALSO A COMMUNITY THAT EMBRACES PEOPLE WITH DEMENTIA. I AM PROUD TO SAY THAT ALZHEIMER'S AUSTRALIA IS COMMITTED TO ACHIEVING THIS NECESSARY SOCIAL REFORM.