

Tasmanian 20-Year Preventive Health Strategy

Dementia Australia Submission May 2025

Thank you for the opportunity to provide feedback on the Tasmanian 20-year Preventive Health Strategy. We are grateful to have had the opportunity to participate in consultation and key informant sessions for the Strategy.

Dementia Australia supports the focus on strengthening prevention across the life course and the health equity approach to reducing the long-term impact of chronic conditions on priority population groups.

There are 10,900 Tasmanians living with dementia, a figure which is expected to reach more than 16,000 by 2054 (1). Dementia causes significant disability through loss of cognitive and physical function. Dementia is the leading cause of death for Australian women, and the second leading cause of death overall (2). Provisional data suggests dementia will soon be the leading cause of death, surpassing heart disease.

The economic impact of dementia is substantial. In 2020-21 approximately \$3.7 billion was directly attributable to the diagnosis, treatment, and care of people with dementia across Australia (3).

Dementia is one of Australia's most significant public health and economic challenges, yet brain health and dementia risk reduction are not well embedded in preventive health policy.

Dementia risk reduction

Dementia is not a normal part of ageing and does not only affect older people. There are 700 Tasmanians under the age of 65 who are living with dementia.

While age and genetics are risk factors, an estimated 43 per cent of dementia cases globally are thought to be attributable to modifiable risk factors (4). These factors are:

- Less education
- Hearing loss
- Hypertension
- Smoking
- Obesity
- Depression
- Physical inactivity

- Diabetes
- Excessive alcohol consumption
- Traumatic brain injury
- Air pollution
- Social isolation
- Untreated vision loss
- High LDL cholesterol

The Australian Burden of Disease Study 2018 estimated that 43 per cent of the dementia burden was attributable to 6 modifiable risk factors: tobacco use, overweight and obesity, physical inactivity, high blood pressure in midlife, high blood plasma glucose, and impaired kidney function (2).

Another study found that physical inactivity, obesity and hearing loss account for half of the population attributable fraction of dementia attributable to modifiable risk factors in Australia. The highest potential for dementia prevention is among First Nations people (5).

Investment in dementia risk reduction targeting modifiable risk factors can decrease costs and pressure on health, aged care, disability systems. A focus on equity and social determinants of health is essential, including targeted efforts for First Nations and others at higher risk.

Dementia must be recognised as a critical preventive health issue, with targeted action to reduce risk factors in priority groups and across the life course. It is time to embed dementia prevention in state, territory and national preventive health strategies.

Social determinants of dementia risk in Tasmania

There are specific factors in Tasmania which are relevant to dementia risk reduction. Tasmania has the oldest population in Australia, with most population growth over the next 20 years expected in those aged above 70. Tasmania's population is regionally dispersed, with only 44% of people living in the capital city, compared to 68% nationally (6).

The Tasmanian population has higher rates than the general population of a range of dementia risk factors. These include higher excess body weight, higher daily smoking rates, higher lifetime and single occasion alcohol consumption rates and lower fruit and vegetable consumption. The proportion of the population meeting physical activity guidelines is comparable to the general population but remains at 84.7%. Obesity rates continue to increase with a projected 41% of the Tasmanian population expected to be obese by 2032 (6).

Tasmania also has the poorest national levels of educational attainment, and the lowest average weekly ordinary full-time earnings. Tasmanians have higher rates of disability, chronic conditions and psychological distress (6).

Conversely, Tasmania has a range of environmental and social conditions which provide protective and enabling factors for health and wellbeing, including clean air, natural open spaces, and local fresh food production. These can be built upon to develop health promotion and risk reduction initiatives.

Health equity

Dementia risk is not evenly distributed across the population. Certain groups are at a higher risk due to a greater prevalence of modifiable risk factors, often driven by social determinants of health such as poverty, limited access to education, inadequate housing, chronic stress, racism, and generational trauma (7).

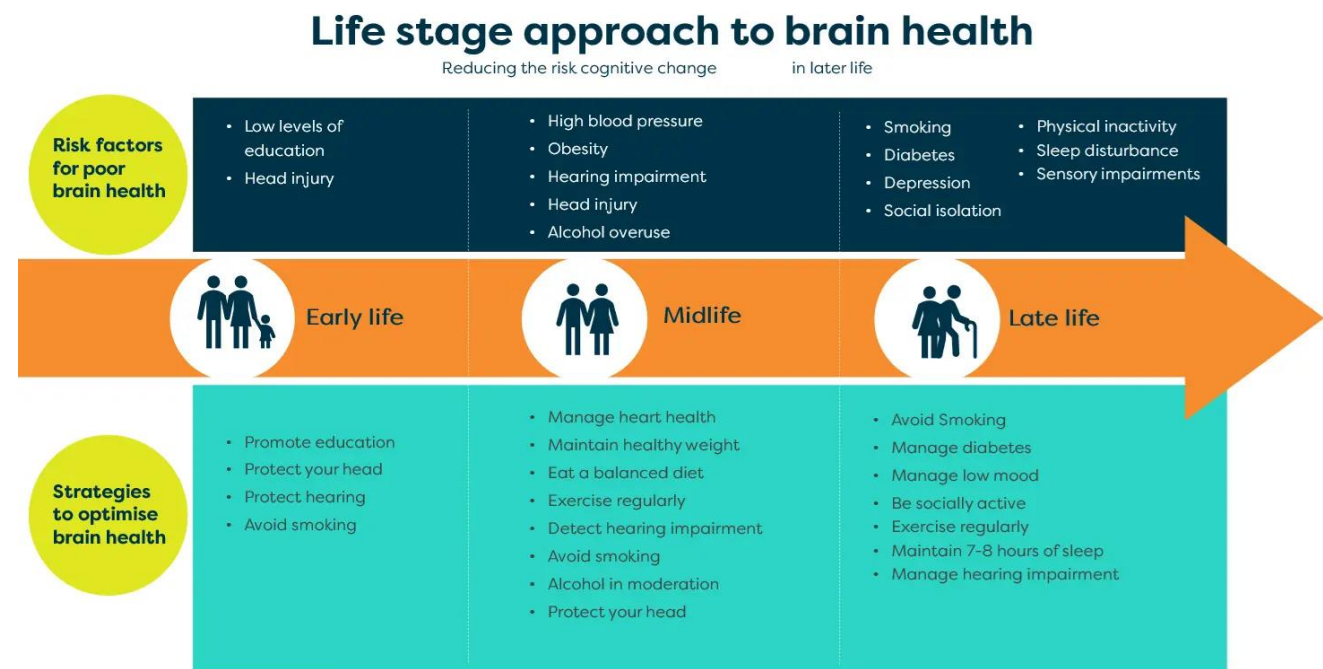
First Nations Australians, people from culturally and linguistically diverse backgrounds, and Australians living in socioeconomically disadvantaged areas face barriers that limit their ability to manage chronic disease risk or access early interventions.

Prevention strategies need to move beyond interventions which promote individual lifestyle or behavioural changes. Instead, a focus on the social determinants of health is essential, ensuring that all population groups have realistic opportunities to improve brain health and reduce their dementia risk.

Brain health across the life course

While there is significant evidence that midlife dementia risk reduction interventions are important (4), many risk factors impact individuals from early life. It is now understood that social, psychological and health experiences from early childhood and in young adulthood also impact on dementia risk and brain function (8, 9).

A life stage approach is essential, addressing multiple social determinants with a focus on those experiencing the greatest risk factors for poor brain health. As such, the Tasmanian Preventive Health Strategy should ensure that there are targeted brain health strategies for those at higher risk, including First Nations people, culturally and linguistically diverse communities, LGBTIQ+ Australians, and people experiencing poverty.



A focus on brain health can delay symptom onset, slow progression of dementia, and help people remain at home for longer. Investing in dementia risk reduction strategies now can alleviate long-term pressures on the health and aged care systems in the future.

Delaying dementia progression

Dementia prevention is about promoting brain health across the community. This includes people already living with dementia, for whom a focus on brain health and reablement can mean delaying the progression of symptoms and functional decline.

In this context, dementia prevention approaches should ensure that people living with dementia have access to quality support including allied health therapies and neurological care. There also remains a critical need for better capability in the primary care system for early detection, timely diagnosis of dementia, and referral to post-diagnostic support.

Outside of Hobart and Launceston, access to services including primary and specialist care is difficult. People living in rural and remote areas of Tasmania are less likely to receive a timely diagnosis of dementia due to the limited availability of local specialists, with people required to travel significant distances to see specialists.

Health outcomes, including reduction of dementia-related disability, could be significantly improved for people living with dementia in Tasmania by improved availability of dementia-skilled primary care, specialist neurological care, allied health, palliative care, patient transport and ambulance services across the state.

Practical strategies

Dementia Australia recommends that the Tasmanian Preventive Health Strategy maintain the proposed focus on health equity and target prevention strategies to the highest risk population groups.

We also support the proposed focus on prevention across the life course. The Strategy should address upstream social determinants of health including low education levels.

We further recommend that under Focus Area 4: Strengthen Prevention Across the Life Course, the Strategy include strategies and initiatives which seek to:

- Invest in addressing critical health issues in First Nations Tasmanians of all ages, including diabetes and cardiovascular health, through culturally controlled health services and programs.
- Build brain health messaging into new and existing public health campaigns including alcohol, tobacco and other drug prevention.
- Develop interventions to target barriers to improved population physical activity.
- Implement cross-government strategies to improve school retention and completion rates.
- Increase access to fresh food and nutrition for people experiencing poverty or other disadvantage, especially for children and young people.

- Grow health literacy among Tasmanians of all ages.
- Address ageism and dementia stigma at a whole-of-government level.
- Take action to reduce the risk of head injury in the community including in sport.
- Improve access to dementia-skilled primary care and specialist neurological care, especially in regional and rural areas of Tasmania.
- Work with Primary Health Tasmania to improve primary care diagnostic capability and dementia referral pathways.
- Advocate for MBS assessment and referral items to be improved.
- Include Dementia Australia, or people living with dementia, in governance and evaluation of the Strategy.

References

1. Dementia Australia. Facts and Figures 2025. <https://www.dementia.org.au/about-dementia/dementia-facts-and-figures>.
2. Australian Institute of Health and Welfare. Dementia in Australia. Australian Government 2024.
3. Alzheimer's Australia. Economic Cost of Dementia in Australia. Canberra; 2017.
4. Livingston G, Huntley J, Liu KY, Costafreda SG, Selbæk G, Alladi S, et al. Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission. The Lancet. 2024;404 (10452):572-628.
5. See RS, Thompson F, Russell S, Quigley R, Esterman A, Harriss LR, et al. Potentially modifiable dementia risk factors in all Australians and within population groups: an analysis using cross-sectional survey data. Lancet Public Health. 2023;8(9):e717-e25.
6. Tasmanian Government Department of Health, Drivers of Tasmania's Future Population Health Needs. 2022.
7. Siette J, Knaggs G. Dementia risk depends on more than lifestyle factors. Overstating this can cause stigma and blame. The Conversation. 2025. https://theconversation.com/dementia-risk-depends-on-more-than-lifestyle-factors-overstating-this-can-cause-stigma-and-blame-256108?utm_medium=article_clipboard_share&utm_source=theconversation.com.
8. Chiesa S, Farina F, Booi L. The roots of dementia can start in childhood - prevention should be a lifelong goal. The Conversation. 2025. <https://theconversation.com/the-roots-of-dementia-can-start-in-childhood-prevention-should-be-a-lifelong-goal-255845>.
9. Farina FR, Bridgeman K, Gregory S, Crivelli L, Foote IF, Jutila O-EI, et al. Next generation brain health: transforming global research and public health to promote prevention of dementia and reduce its risk in young adult populations. The Lancet Healthy Longevity. 2024;5(12).