

South Australian State Public Health Plan

Dementia Australia Submission November 2025

Dementia Australia congratulates SA Health on the development of the draft State Public Health Plan and the strong focus on equity and the social determinants of health. We are grateful to have had multiple opportunities to participate in consultation for the Plan and pleased that strategies for brain health and supporting people with dementia to live well are mentioned.

Dementia is the leading cause of death in Australia, and the second leading cause of burden of disease. For women, and people aged over 80, it is the leading cause of disease burden [1]. In South Australia in 2025, there are an estimated 35,000 people living with all forms of dementia. This is projected to increase to an estimated 55,600 by 2054. An estimated 2,100 South Australians under the age of 65 are living with dementia [2].

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]. There is increasing pressure on hospital services in South Australia in part arising from the delayed discharge of medically stable older people, including those living with dementia. 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.

It is critical that state health planning and preventive health strategies address the social determinants of dementia risk and promote brain health. With 43% of dementia burden in Australia due to six potentially modifiable risk factors [1, 4] actions to reduce dementia risk will support healthier population ageing and ease future pressure on the health and aged care systems.

The South Australian government is committed to the National Dementia Action Plan including action to empower individuals and communities to minimise risk and delay onset and progression of symptoms. The State Health Plan is an opportunity to support this commitment and implement chronic disease prevention strategies with targeted action to reduce risk factors in priority groups and across the life course.

Health Equity

The National Dementia Action Plan commits South Australia to improve dementia diagnosis and post-diagnostic care, treatment, coordination and support. Improving management of

dementia as a chronic condition is an important part of reducing the impact of dementia on the population.

Access to and coordination between primary, allied health and specialist geriatric and neurological care supports is essential for early diagnosis, opportunity to delay symptom progression, rehabilitation and prevention of unnecessary hospitalisation.

People living with dementia experience multiple challenges in the health system including with diagnosis and post-diagnostic support, access to specialist services, experiences of discrimination and higher rates of hospitalisation, with longer stays and worse outcomes [5-7].

It is important that people living with dementia, are considered as a priority group in the State Health Plan, so that targeted actions and supports can be implemented to achieve equitable access to health care. This includes identifying mild cognitive impairment early with the aim of slowing progression of disease.

Dementia risk reduction

Dementia risk reduction is a critical preventive health action in South Australia to reduce mortality and morbidity. Dementia is not a normal part of ageing and does not only affect older people. While age and genetics are risk factors, an estimated 43 per cent of dementia cases globally are attributable to modifiable risk factors [8]. 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 in the country 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 [4].

Investment in dementia risk reduction targeting modifiable risk factors can decrease costs and pressure on health, aged care and disability systems. A focus on equity and social determinants of health is essential, including targeted action to support brain health for Aboriginal South Australians and others at higher risk.

Dementia risk factors in South Australia

South Australia has the highest proportion of older people among mainland states and territories. Thirty-seven percent of the population is aged over 50, and 19% are aged over 65. South Australia's median age is rising [9-11].

There are a range of risk factors influencing the incidence of dementia in South Australia. For example, the rate of chronic disease in South Australia is increasing and multimorbidity is becoming more common. South Australia has the second highest rate of type 2 diabetes and cardiovascular disease in Australia [12]. One in three South Australians exceed recommended safe limits of alcohol consumption weekly and around 9% of South Australians smoke tobacco daily [13, 14]. More than three quarters of South Australians do not meet physical activity guidelines [15].

At the same time, South Australia has a range of positive environmental and social conditions which provide protective and enabling factors for health and wellbeing. These include a robust public health system, newly expanded early childhood education, local fresh food production, significant parklands and city greenspace, accessible natural open spaces, and potential for enhanced active transport networks. These can be built upon to develop brain health and dementia risk reduction strategies.

While there is significant evidence that midlife dementia risk reduction interventions are important [8], 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 [16, 17].

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, we need targeted brain health strategies for those at higher risk, including First Nations people and people experiencing poverty, starting early in life.

Delaying dementia progression

Dementia risk reduction 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 risk reduction 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 Adelaide, access to health services and specialists is often difficult and people may be required to travel significant distances to see specialists. Health outcomes, including reduction of dementia-related disability, could be significantly improved through expanded availability of dementia-skilled primary care, specialist neurological care and allied health in regional, rural and remote areas of the State.

Recommendations

Dementia Australia welcomes the inclusion of dementia and brain health in the State Public Health Plan, and the focus on strategies for health equity.

The following recommendations are offered to strengthen the Plan's effectiveness in reducing dementia risk and supporting people with dementia to live well.

1. Include the 35,000 South Australians living with dementia as a priority group in the Plan.
2. Support coordinated dementia planning across government and community to implement actions under the National Dementia Action Plan.
3. Update the statistics on page 26 to correctly reflect that dementia is now the leading cause of death for all Australians and the second leading cause of disease burden.
4. Include a strategic approach to improve the brain health of Aboriginal South Australians.
5. Support investment to address chronic health issues in Aboriginal South Australians of all ages, including diabetes and cardiovascular health, through culturally controlled health services and programs.
6. Strengthen the focus on dementia risk reduction by building brain health awareness into new and existing SA Health strategies including alcohol, tobacco and obesity prevention.
7. Develop strategies to target barriers to improved population physical activity.
8. Recognise in the Plan the need for action to reduce the risk of head injury in the community, including in sport.
9. Improve access to dementia-skilled primary care and specialist neurological care, especially in regional and rural areas.
10. Work with Country SA PHN and Adelaide PHN to improve primary care diagnostic capability and dementia referral pathways.
11. Include Dementia Australia, or people living with dementia, in governance and evaluation of the Strategy.
12. Include strategies to improve the hospital experiences, outcomes and suitability of care, and minimise adverse impacts of hospitalisation for people living with dementia. This includes extended training for first responders, health and hospital staff in dementia.
13. Grow sub-acute, transitional, rehabilitation and hospital-in-the-home services to improve hospital outcomes for people living with dementia.
14. Grow geriatric evaluation and management, psychogeriatric care, and subacute geriatric beds in line with population growth and demand.

Thank you for the opportunity to provide input to the State Health Plan. We look forward to a continued productive relationship with the SA Government and Department of Health and Wellbeing agencies. The Dementia Australia Policy and Advocacy team can be contacted at policyteam@dementia.org.au.

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