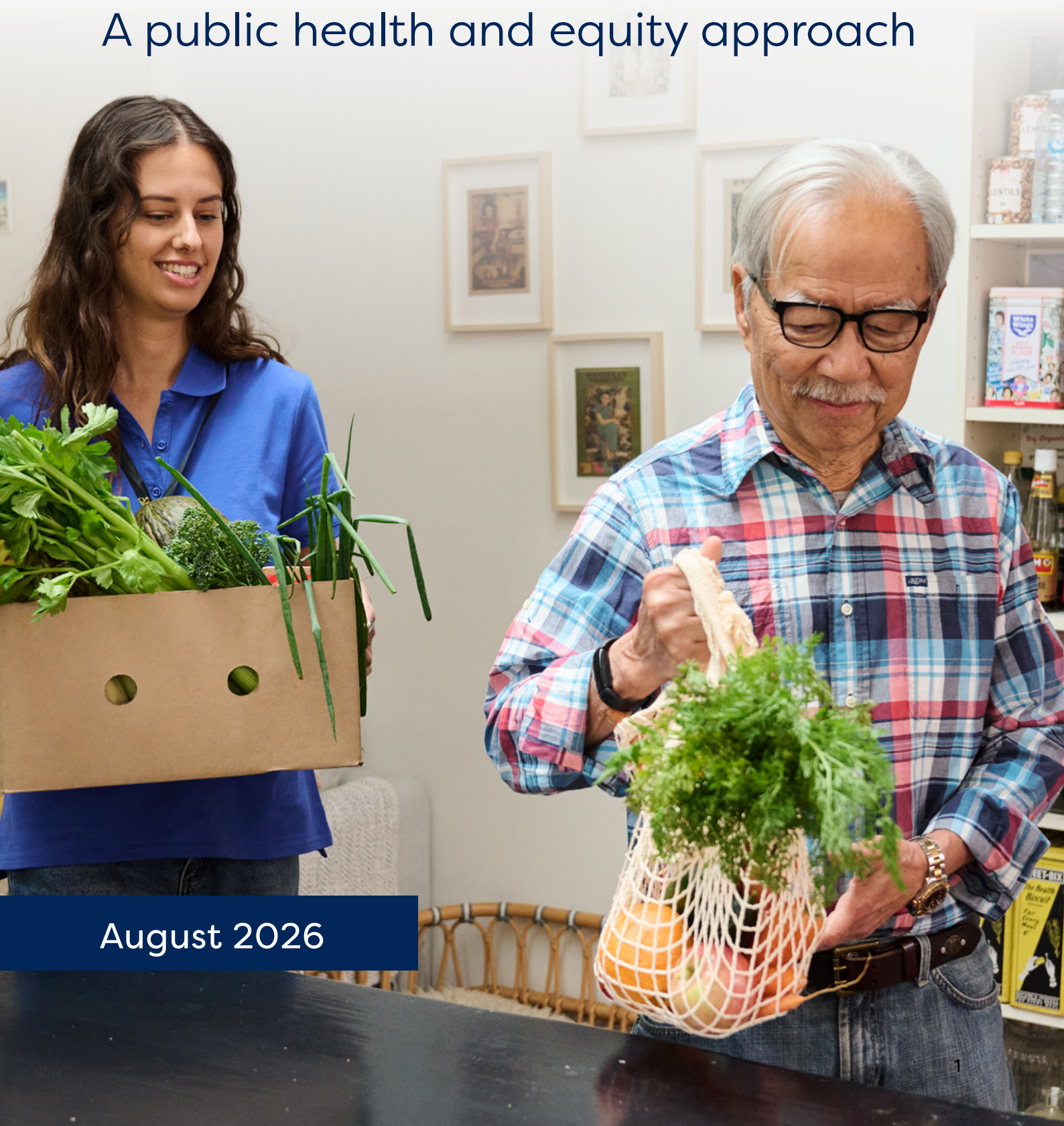
Dementia Australia®

Dementia prevention and risk reduction

A public health and equity approach



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Purpose

This discussion paper has been developed for policy makers and practitioners across the public health, aged care, disability and wider health sectors. It seeks to improve awareness, understanding and build collective momentum for an equitable, public health approach to dementia prevention and risk reduction. It provides:

1. **An overview of the current evidence**, noting that 45% of cases of dementia could potentially be delayed or prevented by addressing 14 modifiable risk factors at different stages during the life course [1].
2. **A clear statement that individuals are never to blame for a dementia diagnosis.**
3. **A call to action that dementia risk reduction is a collective responsibility.** Individuals cannot address risk factors alone. Action is required by all levels of Government, sectors, organisations, communities and individuals.
4. An explanation of how **social, cultural and commercial determinants of health influence each person's individual risk differently**, across their life course. Action on these determinants is essential to support all Australians to reduce dementia risk.
5. **Recognition that action on modifiable risk factors supports wellbeing, slows decline and helps maintain function and independence after a diagnosis.** Brain health and prevention is not limited to before symptoms appear and is equally important after diagnosis and throughout the dementia continuum.

This paper is informed by the evidence and living experience of people living with dementia and carers. It complements the position paper for people living with dementia available here:

dementia.org.au/about-us/publications/discussion-papers

*WARNING: Aboriginal and Torres Strait Islander participants are warned that this document may contain images of deceased people.

The evidence for dementia prevention and risk reduction

Dementia is one of the most significant public health challenges of the 21st century. It is currently the leading cause of death for Australians and is responsible for more years of healthy life lost than almost any other condition [2]. The number of people living with dementia is expected to more than double to around 1.1 million Australians by 2065 [3]. In 2026, an estimated 446,500 Australians live with dementia, including 1,500 children who live with childhood dementia, and 29,000 people under the age of 65 with young onset dementia [2].

There is currently no cure for dementia. However, a growing body of evidence shows that dementia risk is not fixed [4]. Some contributing factors can be modified across the life course. The *2017 Lancet Commission on Dementia Prevention, Intervention and Care* identified nine modifiable risk factors for dementia [5]. The following 2020 Lancet Commission expanded this to 12 modifiable risk factors [6]. The 2024 Lancet Commission then estimated that nearly half of dementia cases globally, could be delayed or prevented by addressing 14 modifiable risk factors across the life course. These risk factors include early life low education; mid-life hypertension, hearing loss, smoking, obesity, depression, physical inactivity, diabetes, excessive alcohol consumption, air pollution, traumatic brain injury, high LDL cholesterol and later life social isolation, air pollution and vision loss [1]. In 2026, the World Health Organisation released updated guidelines on reducing the risk of cognitive decline and dementia to strengthen action on dementia risk reduction as an essential public health strategy [7].

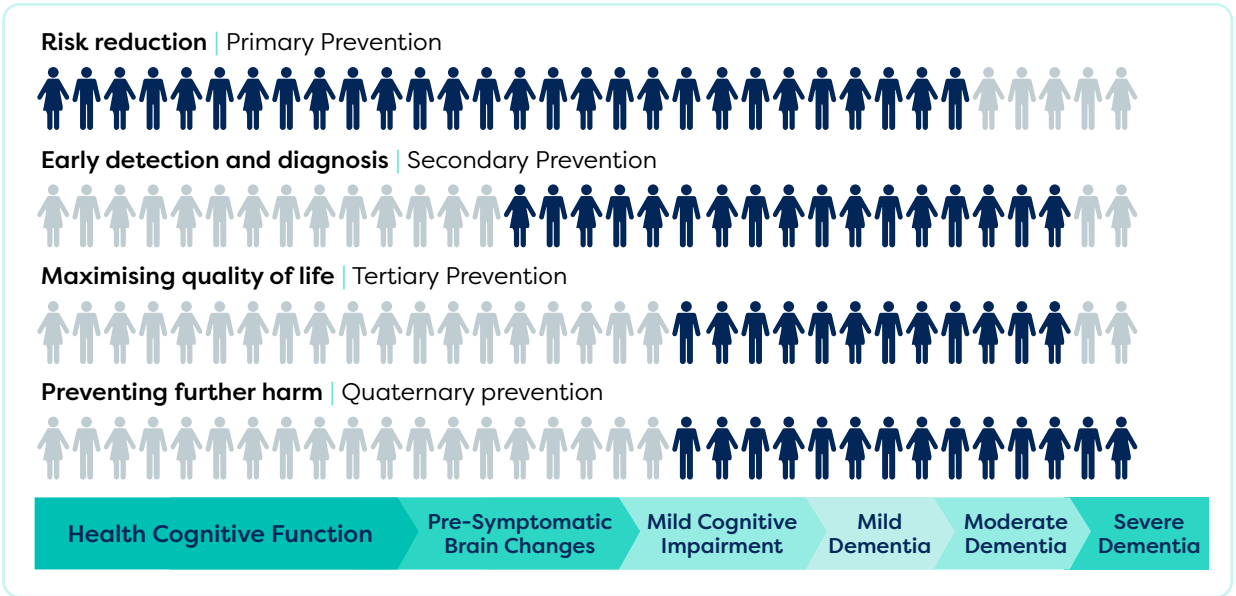
The Australian Institute of Health and Welfare estimates that in 2024, six modifiable risk factors combined accounted for 43% of the healthy life years lost due to dementia in Australia - equivalent to 112,000 healthy life years lost across the community [3]. Whilst dementia and other chronic health diseases like cancer and heart disease share many risk factors, our understanding of risk factors and prevention strategies for dementia is comparatively recent. Unlike other chronic diseases with cures, prevention is the best strategy currently available to reduce the impact of dementia. **Australia's success improving heart disease and cancer outcomes through prevention shows it's possible to change the trajectory of dementia in Australia.**

Exposure to risk factors accumulates over time and some risk factors may have a greater impact at specific life stages. This creates an important opportunity for prevention and risk reduction through action at individual, community, system and policy levels, including action on the social, cultural and commercial determinants of health. **Dementia prevention and risk reduction is fundamentally a shared responsibility.**

Prevention is broader than primary prevention alone. A comprehensive public health approach considers:

+ **Risk reduction** (primary prevention): Reducing the likelihood of developing dementia through action on modifiable risk factors throughout life and the social and commercial determinants of health.
+ **Early detection** (secondary prevention): Focusing on timely identification and diagnosis of dementia and intervention to slow/delay progression and optimise outcomes.
+ **Maximising quality of life** (tertiary prevention): Minimising disability and maintaining function, independence and quality of life for people living with dementia through rehabilitation, reablement and coordinated support.
+ **Preventing further harm** (quaternary prevention): Protecting people living with dementia from unnecessary, ineffective or potentially harmful interventions, while promoting person-centred care, shared decision-making and dignity [8, 9].

Together, these approaches recognise that opportunities to improve brain health and wellbeing exist throughout life and across the entire dementia continuum, not only before symptoms appear.



Source: Adapted from Alzheimer's Australia. Public Health Approach to Alzheimer's 2026 [Available from: **https://www.alz.org/professionals/public-health/public-health-approach**].

Leavell and Clark conceptualised prevention across a spectrum identifying encompass primary, secondary, and tertiary prevention. This has since been extended to include quaternary prevention, recognising the overlap between public health and preventive medicine.

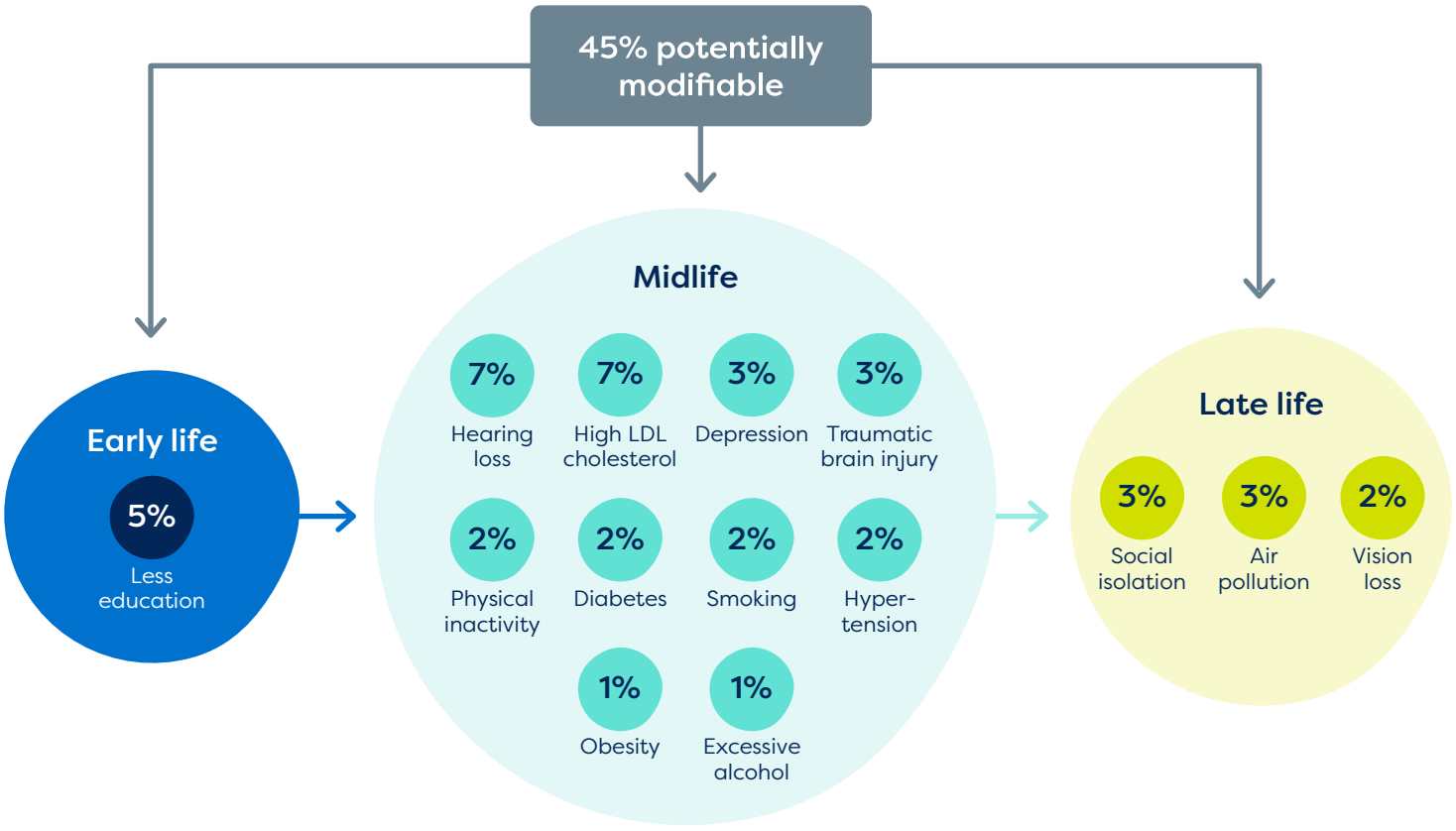
A life course approach to dementia risk reduction

Dementia is not a single disease. It is the term used to describe the symptoms of a large group of complex neurocognitive conditions which cause progressive decline in a person's functioning. It is caused by different underlying pathologies, with examples including neurodegenerative, vascular, genetic and secondary causes such as some infections or toxins. It is not a normal part of ageing.

When viewed through a prevention lens, these causes span a spectrum. At one end are a small number of fully preventable conditions where avoiding or treating the underlying cause can eliminate risk (such as HIV associated dementia). At the other end of this spectrum are genetic dementias, driven by specific genetic mutations that are currently not preventable (this includes all forms of childhood dementia). Here the prevention focus must be on early detection and emerging therapies to help delay the onset of symptoms and help maintain quality of life. In between sit the more frequently occurring forms of dementia (such as Alzheimer's disease, vascular dementia, fronto-temporal dementia and Lewy body dementia) which arise from a complex interplay of biology, genetics, familial history, risk exposure and environment, and may therefore be partly preventable.

As evidence of dementia risk factors rapidly expands, it offers a critical opportunity for intervention. Dementia risk is cumulative, so action to modify risk factors is important at every stage of life. Dementia Australia supports a life-course approach to brain health and dementia risk reduction, recognising that risk exposure occurs from childhood and throughout life with peak windows where some risk modifications have the greatest impact. For example, the 14 modifiable risk factors span:

+ **Early life:** Education builds cognitive reserve and supports brain development.
+ **Mid-life:** Managing cardiovascular health, physical activity, hearing loss and reducing alcohol consumption supports good brain health and;
+ **Later life:** Maintaining social engagement, managing vision loss, and reducing isolation are protective brain health.



% reduction in cases if this risk factor is eliminated UCL / Lancet Commission 2024

Dementia risk reduction at the individual level

No person is ever to blame for developing dementia. People living with dementia continue to experience significant stigma and misunderstanding, and this can result in social isolation and poorer quality of life. Risk reduction strategies must simultaneously inform and empower Australians to protect their brain health wherever possible, whilst also improving general understanding, inclusion and support for people living with dementia. Individuals can play a part **staying socially connected, maintaining healthy habits and managing medical conditions to protect their brain health, but can only do so alongside systemic action across sectors, governments and communities.**

Whilst there is now more evidence about factors that may impact dementia risk at a population level, the specific cause of every person's dementia is not always known. We cannot and must not hold individuals responsible for developing dementia. It is important to acknowledge that complex biology means that reducing dementia risk does not guarantee that a person will not develop dementia. **There is however, emerging evidence that a focus on good brain health can delay the onset and maintain function and allow people to enjoy more years of life in good health** [1, 10].

The current knowledge about risk reduction and prevention has not always been available. Dementia related changes in the brain typically start decades before symptoms appear. For most people living with dementia today, the current knowledge about dementia risk wasn't available across their life course. Dementia prevention must both look to the future and support people impacted by dementia today to live as well as possible.

Addressing modifiable risk factors across a person's life may delay or reduce the risk of dementia, but these factors are not simply personal choices. Modifiable risk factors for dementia are shaped by social, cultural, economic, and environmental conditions that people live, work and age in. The social and commercial determinants of health don't affect everyone equally. Addressing modifiable risk factors requires looking beyond the individual, and improving equitable systems, environments and policies to better support brain health across the entire population.

The brain retains a capacity to adapt, and rehabilitation and reablement can help people stay independent and live well for longer, even with a dementia diagnosis [10, 11]. However equitable systems, policies and environments that support all Australians to live healthier lives must be in place.

Social and cultural determinants of health and dementia risk

Social determinants of health refer to the conditions in which people are born, grow, live, work and age. These include education, income, employment, housing, access to health care, social connection, environmental factors, food security, and digital inclusion.

There is growing evidence that these factors significantly influence dementia risk, both directly and indirectly [12]. Social determinants can act as risk factors in their own right and also shape exposure to modifiable risks such as cardiovascular disease, physical inactivity, and social isolation [13]. For example, lower levels of education is one risk factor for dementia, whilst also influencing exposure to other modifiable risk factors.

Social determinants are central to dementia risk. Addressing them alongside individual awareness raising and interventions is essential to reducing the number of dementia diagnoses at a population level.

Alongside social determinants of health, cultural determinants are important to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Connecting to and caring for Country or Island Home; family, kinship and community; Indigenous beliefs and knowledge; cultural expression and continuity; Indigenous language; and self-determination and leadership can influence the holistic health of Aboriginal and Torres Strait Islander people [14]. The impacts of colonisation have resulted in the disconnection to culture, intergenerational damage to Aboriginal and Torres Strait Islander people's health and systemic barriers to safe care. However, culture plays a protective role in health and wellbeing, also supporting Aboriginal and Torres Strait Islander people to heal from impacts of trauma, grief, loss, and discrimination.

Commercial determinants of health and dementia risk

Commercial determinants of health refer to the systems, practices and activities of private sector companies that influence health outcomes, both positively and negatively. These include how products are designed, priced and marketed; how supply chains and labour conditions are structured; and how industries shape policy and public discourse through lobbying, research funding and other forms of influence [15].

There is emerging evidence that commercial determinants play a significant role in shaping dementia risk, largely through their influence on modifiable risk factors and broader health environments. Many of the key drivers of non-communicable diseases and contributors to dementia risk, including tobacco use, harmful alcohol consumption, and unhealthy diet, are strongly shaped by commercial practices and the legal and regulatory environments they operate in. These determinants therefore act indirectly on brain health by increasing exposure to cardiovascular disease, obesity, diabetes, and other conditions linked to cognitive impairment [15].

Key commercial determinants include:

+ **Production and marketing of unhealthy commodities:** Industries producing tobacco, alcohol, and ultra-processed foods shape consumption patterns through pricing, accessibility, and targeted advertising, contributing to major risk factors for cognitive impairment.
+ **Shaping social norms and behaviours:** Advertising and commercial messaging influence cultural norms around diet, alcohol use, and physical activity, reinforcing behaviours associated with poorer brain health.
+ **Environmental and occupational impacts:** Commercial production processes contribute to air pollution and exposure to harmful substances, which are increasingly recognised as risk factors for cognitive decline and dementia.
+ **Power and inequity:** The concentration of economic and political power in large corporations can exacerbate health inequities, disproportionately increasing dementia risk in disadvantaged populations.

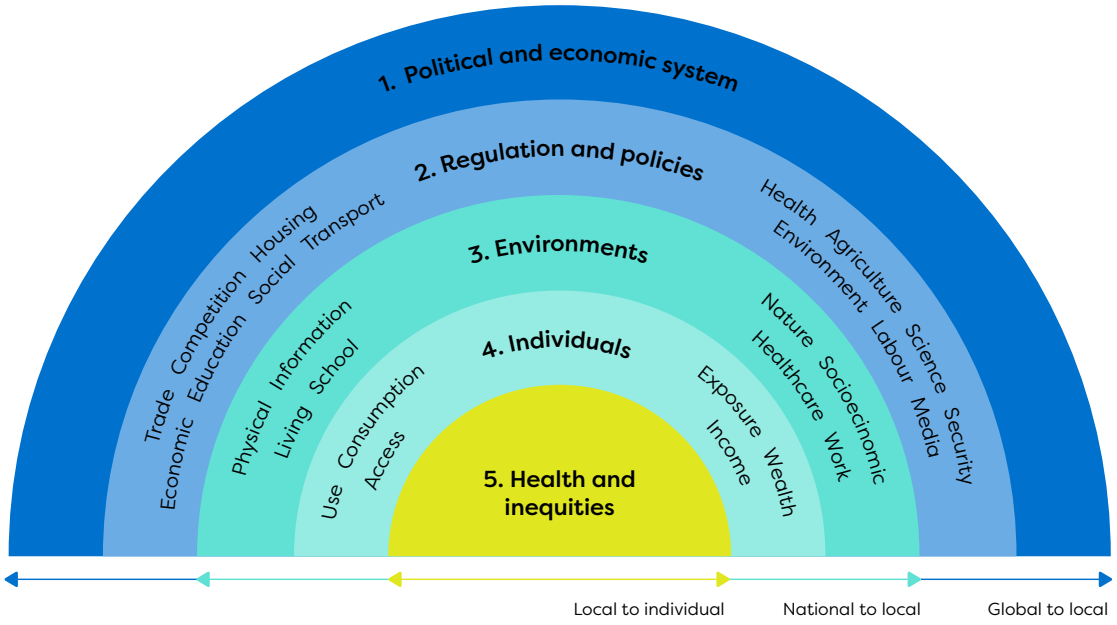
Commercial determinants, like social determinants, are fundamental drivers of population brain health. Addressing them requires regulatory, fiscal and policy action, alongside individual level supports and awareness raising to reduce the impact of dementia.

The unequal distribution of social determinants results in significant disparities in dementia risk and outcomes. For example, people experiencing socioeconomic disadvantage are more likely to be exposed to multiple risk factors and face barriers accessing services, support and healthy alternatives to reduce risk [16]. Research shows that higher levels of social disadvantage are associated with greater likelihood of developing dementia [13]. While there are no national estimates of dementia prevalence among First Nations peoples, research also consistently shows rates are around three to five times higher than those of the broader Australian population [3].

These inequities are often driven by structural and systemic factors, including historic and ongoing policies that have shaped access to education, employment, housing, health care, food and safe environments.

Dementia Australia recognises that activity targeting individual risk reduction alone, without specific action to address social and commercial determinants of health, will increase inequities. Some sectors of the community are more likely to be affected, particularly but not limited to people in lower socioeconomic groups, rural and remote communities, culturally and linguistically diverse populations and Aboriginal and Torres Strait Islander communities.

Model of the commercial determinants of health (CDOH)



Source: Gilmore AB, et al. Defining conceptualizing the commercial determinants of Health, The Lancet, March 23, 2023

Aboriginal and Torres Strait Islander approaches to brain health

Recognising and valuing the knowledge, cultures and strengths of Aboriginal and Torres Strait Islander peoples is critical to reducing dementia risk and promoting brain health. Aboriginal and Torres Strait Islander communities hold deep, holistic understandings of health and wellbeing, grounded in connection to Country or Island Home, culture, community and identity. These strengths provide a powerful foundation for prevention, risk reduction, resilience and healing, and shape how risk factors and brain health are understood and addressed within Aboriginal and Torres Strait communities. Culturally safe, community-led approaches that respect and embed these ways of knowing, being and doing are essential. This includes supporting culturally appropriate health promotion, strengthening cultural continuity, and partnering with Aboriginal and Torres Strait Islander organisations and leaders to design and deliver solutions. Building on these strengths not only improves outcomes for Aboriginal and Torres Strait Islander peoples but enriches our broader understanding of brain health and wellbeing across the life course.

Women and dementia risk

Women are disproportionately impacted by dementia, accounting for the majority of cases in Australia and globally [3, 17]. Emerging evidence indicates that this reflects more than differences in longevity alone. Biological factors, including hormonal changes associated with menopause, pregnancy history and menstruation history, interact with genetic predisposition, vascular health, immune processes and individual management of symptoms to influence brain health in women [13].

Women's dementia risk is also shaped by gendered social and economic factors across the life course, including differences in educational opportunity, workforce participation, caregiving roles, and exposure to social isolation [16]. Emerging evidence also suggests that common modifiable risk factors such as cardiovascular disease, depression, social isolation and physical inactivity may have a greater impact on cognitive outcomes in women than in men but further research is needed to understand sex and gender differences. These findings highlight the need for sex and gender responsive approaches to dementia risk reduction and prevention [13].

Brain health following diagnosis

Prevention and risk reduction do not end at the point of dementia diagnosis. A public health approach recognises that important opportunities exist for secondary, tertiary and quaternary prevention following diagnosis. These approaches seek to slow disease progression where possible, maintain physical and cognitive function and independence, optimise quality of life, support participation, in the community and ensure that care remains proportionate, evidence-based and person-centred throughout the course of the condition.

Following diagnosis, many of the same modifiable risk factors that influence the risk of developing dementia continue to influence dementia progression and outcomes over time. Effective management of cardiovascular disease, diabetes and other chronic conditions, along with support for physical activity, nutrition, mental health and social engagement, can contribute to maintaining cognitive function and delaying further decline. These interventions are essential to supporting people to maximise quality of life and retain independence for as long as possible.

The Alzheimer's Disease International (ADI) *World Alzheimer Report 2025* highlights the importance of **rehabilitation and reablement** as core components of post-diagnostic care [18]. Rehabilitation in this context is not about curing dementia, but about a **person-centred, goal-oriented approach that supports individuals to maintain or rebuild everyday skills, and maximise independence and participation** across the course of the condition.

A reablement approach focuses on identifying and building on an individual's strengths, supporting adaptation to change, and enabling continued participation in meaningful activities. Evidence presented in the ADI report shows that tailored rehabilitation can improve functional outcomes, delay loss of independence, prevent hospitalisations and allow people to remain living at home for longer [18].

In Australia, access to reablement interventions is highly unequal despite clear evidence of the benefits. As with primary prevention, the social, cultural and commercial determinants of health continue to shape access to timely diagnosis, post-diagnostic multidisciplinary care, rehabilitation services and ongoing community support. Ensuring equitable access to post-diagnostic support, embedding rehabilitation and reablement approaches in routine care, strengthening primary care and care coordination, and supporting carers as active partners in care are core components of best practice dementia care and support. Investment in inclusive and dementia-friendly communities that enable ongoing participation and independence is also vital.

While dementia is a progressive condition, people living with dementia can continue to learn, adapt and maintain independence with the right supports in place. Supporting people after diagnosis is therefore not only about care and support, but about **ongoing maintenance of function, and enabling people to live with dignity and autonomy.**

Embedding post-diagnostic prevention and reablement within a broader public health and equity framework ensures that all people, regardless of their circumstances, can achieve the best possible outcomes across the course of their condition. It also assists in challenging deterministic or fatalistic narratives about dementia.

Dementia Australia's policy position: a public health and equity approach

Dementia risk reduction is a collective responsibility, and it is critical that we address underlying equity and access issues that influence brain health across the life course.

Dementia Australia advocates for a comprehensive, equity-driven public health approach to dementia prevention and risk reduction. This approach acknowledges that reducing dementia risk requires coordinated action across the life course, by multiple sectors and extends beyond a dementia diagnosis. This includes reducing the likelihood of developing dementia, promoting timely diagnosis and intervention, maintaining function and independence following diagnosis, and ensuring people do not experience unnecessary or harmful interventions. Achieving this requires action not only to support individuals, but prioritising prevention at a population level.

This requires policy and structural changes on the social and commercial determinants of health, as well as equitable access to diagnosis, treatment, rehabilitation, reablement and ongoing support.

Key elements of this position include:

1. **Embedding dementia prevention and risk reduction across the full continuum of care**

   Dementia prevention and risk reduction should be embedded across national health, ageing, disability and chronic disease strategies, recognising the importance of the entire prevention continuum:

   + Risk reduction by reducing exposure to modifiable risk factors.
   + Early detection through timely diagnosis, intervention and management of co-existing health conditions.
   + Maximising quality of life and function through rehabilitation, reablement and supports.
   + Preventing further harm through person-centred care and the avoidance of unnecessary interventions.

2. **Acting on social, cultural and commercial determinants of health**

Governments must prioritise policies that:

- Increase dementia awareness and equitable access to brain health information
- Improve access to quality education across the life course
- Reduce socioeconomic disadvantage and improve income security
- Ensure equitable access to health care services
- Support safe, accessible and dementia-friendly communities
- Promote social inclusion and reduce isolation
- Support culturally safe, community-led approaches that respect and embed Aboriginal and Torres Strait Islander ways of knowing, being and doing
- Regulate and legislate to manage the influence of commercial actors on health.

Addressing these determinants is essential not only for reducing dementia risk but also for ensuring equitable access to dementia diagnosis, treatment, rehabilitation, reablement and support.

Dementia Australia works in partnership with other health organisations to drive systemic action on the social, cultural and commercial determinants of health, noting the importance of these determinants across all health conditions.

3. **Ensuring equitable access to risk reduction, diagnosis, treatment, rehabilitation and reablement**

All Australians should have equitable access across their lifespan to:

- Information and support to address dementia modifiable risk factors
- Improve access to quality education across the life course
- Timely and accurate dementia diagnosis
- Evidence-based treatments and interventions
- Multidisciplinary care and care coordination
- Rehabilitation and reablement services
- Allied health supports
- Community-based services that promote independence and participation.

Access to these services should not be determined by where a person lives, their socioeconomic circumstances, cultural background or other social determinants of health.

Health, disability and aged care systems should support approaches that minimise unnecessary or potentially harmful interventions and promote evidence-based, care that meets the needs and preferences of the person living with dementia. This includes using supported decision-making, respecting individual preferences and goals, and ensuring that care remains focused on maintaining dignity, autonomy and quality of life

Tailored, culturally safe, trauma aware, healing informed and community-led approaches are needed to address inequities in both dementia risk and dementia outcomes. Working in partnership with Aboriginal and Torres Strait Islander communities and organisations is a fundamental principle for effective, culturally safe and sustainable approaches to dementia risk reduction and brain health promotion. Tailored culturally appropriate approaches are also essential to address other inequities, especially for people from culturally and linguistically diverse communities or living in remote, regional and rural Australia.

4. **Strengthening public awareness, workforce capability and post-diagnostic support**

Public awareness campaigns and workforce development should support understanding of:

+ Brain health, dementia prevention and risk reduction
+ Early recognition and diagnosis
+ Rehabilitation and reablement approaches
+ Maintaining independence and participation following diagnosis
+ Person-centred and rights-based dementia care.

Health and care professionals require appropriate education and training to support all levels of prevention, across every life stage and across the dementia continuum.

5. Supporting research and data

Ongoing investment is required to better understand:

- Prevention across the life course
- Effective models of rehabilitation and reablement
- Approaches to reducing inequities in dementia outcomes
- The interaction between social and commercial determinants and brain health
- Effective implementation of post-diagnostic prevention interventions.

Conclusion

Dementia is not an inevitable consequence of ageing. Evidence shows that a substantial proportion of cases can be delayed or prevented through action on modifiable risk factors. However, individuals are never to blame for a diagnosis and do not have equal opportunity to reduce their risk. Modifiable risk factors are profoundly shaped by the social, cultural and economic environments in which people live.

Dementia Australia's position reflects the need not only to focus on raising awareness and supporting individual behaviour change, but to address the **structural drivers of brain health**. Dementia risk reduction is a collective responsibility, and it is critical that we address underlying equity and access issues that influence brain health across the life course.

Reducing the future impact of dementia requires a whole-of-system population health response that addresses the social and commercial determinants of health, reduces inequities, and supports healthy ageing across the life course. Equally, improving outcomes for people already living with dementia requires sustained attention to prevention and risk reduction after diagnosis, including equitable access to diagnosis, rehabilitation, reablement, ongoing support and person-centred care. A truly comprehensive dementia prevention agenda therefore spans the full continuum from reducing risk before onset through to supporting people living with dementia.

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