

South Australian Strategic Plan for Preventive Health Action 2026-2034

Dementia Australia submission July 2026

Thank you for the opportunity to provide feedback on the consultation draft of the Strategic Plan for Preventive Health Action 2026-2034.

Dementia Australia is the national peak body for people living with dementia and carers. We aim to reduce the impact of dementia on individuals and the population through research, strategy and advocacy.

Dementia and risk reduction in South Australia

Dementia is one of South Australia's most significant public health challenges. It is South Australia's leading cause of death, and a large contributor to disease burden in the state, where an estimated 35,800 people live with the condition. This includes 2,300 under the age of 65 [1].

Dementia is responsible for more years of healthy life lost than almost any other condition in Australia [2]. The number of South Australians living with dementia is expected to increase to 55,600 by 2054 [1].

Dementia and dementia risk reduction are recognised in the South Australian State Health Plan. South Australia is also committed to the implementation of the National Dementia Action Plan 2024-2034, including actions to minimise dementia risk, delay onset and progression.

Dementia is a pressing issue for the South Australian acute health system, with 116 South Australians occupying hospital beds while awaiting placement in a residential care memory support unit as at July 2026 [3]. This figure continues to steadily increase as the national aged care system struggles to respond to increasing demand for residential care.

Modifiable risk factors for dementia

Although there is currently no cure for dementia, a growing body of evidence shows that dementia risk can be modified across the life course [4]. Without a cure, risk reduction is critical for the health and wellbeing of the population, and for the sustainability of the health system.

The Lancet Commission has identified fourteen modifiable risk factors for dementia, estimating that nearly half of dementia cases globally could be delayed or prevented by addressing these

factors. They include early life low education, mid-life hypertension, hearing loss, smoking, obesity, depression, physical inactivity, diabetes, excessive alcohol consumption, traumatic brain injury, high LDL cholesterol and later life social isolation, air pollution and vision loss [5].

In July 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 [6].

The Australian Institute of Health and Welfare estimates that 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 [2].

While dementia and other chronic health diseases like cancer and heart disease share many risk factors, our understanding of risk factors and prevention strategies for brain health are comparatively recent. Unlike other chronic diseases with treatments and cures, prevention is the best strategy currently available to reduce the impact of dementia. Australia's success in improving heart disease and cancer outcomes through prevention shows it's possible to change the trajectory of dementia in Australia.

Exposure to dementia 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 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.

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.

A public health approach to brain health and dementia risk reduction

It is important to recognise that dementia risk is not experienced evenly across the population. First Nations people experience dementia prevalence rates three to five times higher than the general Australian population [7]. Women are also disproportionately affected by dementia, accounting for the majority of cases in Australia and globally [2, 8].

Addressing social determinants of health is central to dementia risk reduction. 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 [9]. 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 [10].

There is emerging evidence that commercial determinants also 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 [11].

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. Research shows that higher levels of social disadvantage are associated with greater likelihood of developing dementia [10].

Recommendations for South Australia

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 multiple sectors throughout the entire continuum of dementia.

It encompasses 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.

The consultation draft of the Strategic Plan for Preventive Health Action provides a sound basis to combine targeted equity strategies with population wide approaches. Dementia Australia supports the focus on health equity in the Plan, and the commitment to working across sectors to address social and commercial determinants of health.

Dementia Australia recommends that the Strategic Plan:

1. Explicitly recognise the significance and impact of dementia on the South Australian population as the leading cause of death and a major contributor to disease burden and healthy life years lost.
2. Embed brain health and dementia risk reduction into key strategies, actions and performance indicators including:
 - a) Reference the South Australian commitment to implementing the National Dementia Action Plan 2024-2034 including actions to reduce dementia risk.
 - b) Describe dementia prevalence in the Snapshot on pages 11-12.
 - c) Include actions to unite partners on dementia risk reduction as a shared priority.
 - d) Promote dementia risk reduction and brain health awareness campaigns.
 - e) Advance health workforce education in dementia risk reduction across the public health system.
 - f) Support research and implementation of new dementia risk reduction interventions for priority groups.
 - g) Add dementia risk reduction to agency key performance indicators.

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. The impact of dementia on South Australia can be reduced with coordinated action to promote brain health.

Individuals do not have equal opportunity to reduce their risk. Modifiable risk factors are shaped by the social, cultural and economic environments in which people live. These social determinants are essential to address in working towards equity of health outcomes.

In South Australia, dementia significantly impacts on the health and wellbeing of individuals, their families and the community as a whole. The function and sustainability of the acute health system is also affected significantly by the increasing incidence of dementia.

Embedding action on dementia prevention in the Strategic Plan is imperative, to reduce the impact of dementia for current and future generations of South Australians.

References

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