

**THE LINK BETWEEN HEALTH AND WELFARE
AUSTRALIA'S WELFARE 2013 REPORT**

**AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE SEMINAR
DEPARTMENT OF EDUCATION, EMPLOYMENT AND WORKPLACE
RELATIONS THEATRE, CANBERRA**

SEPTEMBER 5, 2013

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I AM PLEASED TO BE HERE TODAY AT THE AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE'S SEMINAR TO DISCUSS THE FINDINGS IN THE AUSTRALIA'S WELFARE 2013 REPORT.

I SHOULD LIKE TO CONGRATULATE EVERYONE INVOLVED IN DEVELOPING THIS COMPREHENSIVE REPORT, PARTICULARLY THE DIRECTOR OF AIHW, DAVID KALISCH AND THE COORDINATOR OF THE REPORT, ADRIANA VAN DEN HEUVEL.

I'M PASSIONATE ABOUT SOCIAL ISSUES AND HAVE SPENT THE LAST 30 YEARS AS AN ADVOCATE TO ACHIEVE BETTER OUTCOMES FOR PEOPLE WITH CHRONIC DISEASES.

THE ISSUES I HAVE CONCENTRATED ON HAVE INCLUDED HIV/AIDS, MACULAR DEGENERATION, ARTHRITIS AND MORE RECENTLY DEMENTIA.

THE LINK BETWEEN HEALTH AND THE WELFARE OF AUSTRALIA IS ALL TOO OBVIOUS.

THE REPORT'S AUTHORS SUM IT UP PERFECTLY IN THEIR INTRODUCTION: "IT'S ESSENTIALLY ABOUT HOW, AND HOW MUCH, WE AS A NATION LOOK AFTER THOSE OF US WHO FOR ONE REASON OR ANOTHER ARE AT RISK OF MISSING OUT ON THE BENEFITS OF PARTICIPATING FULLY IN THE COMMUNITY AND SOCIETY."

THIS IS THE KEY QUESTION WE MUST KEEP ASKING OURSELVES AND IT WILL BE THE MAIN THEME OF MY TALK TODAY.

IF THE ELECTION PROMISES AND COMMITMENTS ARE A SIGNPOST OF THE IMPORTANCE OUR COMMUNITY PLACES ON OUR NATION'S HEALTH AND WELFARE ISSUES, THEN I FEAR WE ARE NOT DOING WELL.

I HAVE BEEN DISAPPOINTED BY THE SCANT ATTENTION GIVEN TO THE WELFARE OF AUSTRALIANS IN THE CURRENT ELECTION CAMPAIGN.

SO MUCH OF THE DEBATE SEEMS TO HAVE BEEN ABOUT BUDGET COSTINGS; HOW TO STOP REFUGEES FROM SEEKING SUPPORT FROM AUSTRALIA; AND THE COLOUR OF POLITICIANS' TIES.

WHAT DISCUSSION HAS THERE REALLY BEEN ABOUT THE HEALTH AND WELFARE OF THE MOST VULNERABLE IN OUR SOCIETY?

WHEN IT COMES TO AGED CARE AND DISABILITIES THERE SEEMS TO BE A MENTALITY THAT THESE ISSUES HAVE BEEN 'DONE' THERE IS NO NEED FOR FURTHER DISCUSSION.

IT IS POSITIVE OF COURSE THAT BOTH THE MAJOR PARTIES AND THE GREENS HAVE SUPPORTED THE AGED CARE AND DISABILITY REFORMS. BUT THERE HAS BEEN LITTLE ACKNOWLEDGEMENT OF THE HUGE TASK AHEAD IN IMPLEMENTATION AND RESOLVING DIFFICULT ISSUES.

THE ELECTION HAS ALSO SEEN SOME PROGRESS ON INVESTMENT IN DEMENTIA RESEARCH. ALZHEIMER'S AUSTRALIA WARMLY WELCOMED THE COMMITMENT OF THE COALITION THAT IF ELECTED THEY WILL PROVIDE \$200 MILLION OVER FIVE YEARS FOR DEMENTIA RESEARCH.

WITHOUT A SIGNIFICANT INVESTMENT IN DEMENTIA RESEARCH, WE CAN HAVE LITTLE HOPE OF UNDERSTANDING THE CAUSE OF DEMENTIA AND HOW TO MODIFY ITS PROGRESSION SO THAT WE CAN LIVE DEMENTIA FREE LIVES.

I SHOULD ACKNOWLEDGE THE CONTRIBUTION OF HAZEL HAWKE TO GETTING THE ISSUE OF DEMENTIA RESEARCH ON THE NATIONAL AGENDA. SHE WAS – AND REMAINS – THE ONLY WELL-KNOWN AUSTRALIAN TO SPEAK OUT ABOUT HER DIAGNOSIS OF ALZHEIMER'S. HOW BRAVE HAZEL WAS.

ALZHEIMER'S AUSTRALIA ALSO WELCOMES THE GOVERNMENT'S ANNOUNCEMENT YESTERDAY THAT IF RE-ELECTED IT WILL HONOUR THE LEGACY OF HAZEL BY INCREASING INVESTMENT IN DEMENTIA AND IN THE COGNITIVE AND RELATED FUNCTIONAL DECLINE IN OLDER PEOPLE WITH NEW SCHOLARSHIPS, A CHAIR IN APPLIED RESEARCH AND NEW SUPPORT TO HELP TRANSLATE ACADEMIC LEARNINGS INTO BETTER PRACTICE WITH THE CREATION OF AN EXPANDED HAZEL HAWKE DEMENTIA PARTNERSHIP CENTRE.

THE GOVERNMENT HAS ALSO SAID IT WILL MATCH DOLLAR FOR DOLLAR PRIVATE AND CORPORATE DONATIONS (UP TO \$4 MILLION OVER TWO YEARS) TO HELP CREATE AND ENDOW A NEW HAZEL HAWKE CHAIR IN TRANSLATIONAL DEMENTIA RESEARCH AT A LEADING UNIVERSITY.

HOWEVER, WE WILL CONTINUE OUR FIGHT DEMENTIA CAMPAIGN AFTER THE ELECTION AND WORK WITH THE NEW GOVERNMENT TO ENSURE BETTER OUTCOMES FOR PEOPLE WITH DEMENTIA OF ALL AGES, PARTICULARLY ON THE IMPLEMENTATION OF THE AGED CARE AND DISABILITY REFORMS.

WHILE THE REFORMS BRING NEW OPPORTUNITIES FOR CHOICE AND IMPROVED ACCESS TO SUPPORT AND CARE, THERE IS STILL MUCH TO BE DONE.

THERE IS UNCERTAINTY ABOUT THE EXTENT TO WHICH THOSE WHO ARE MOST DISADVANTAGED IN OUR SOCIETY WILL BENEFIT FROM THE AGED CARE REFORMS.

CHOICE AND DECISION MAKING THROUGH CONSUMER DIRECTED CARE WILL BE HARDER TO ACCOMPLISH FOR GROUPS THAT ARE ALREADY MARGINALISED SUCH AS PEOPLE WITH DEMENTIA, THE HOMELESS, THE NEW IMMIGRANT GROUPS, INDIGENOUS PEOPLE AND LESBIAN AND GAY GROUPS.

MANY IN THESE GROUPS SHARE A DISTRUST OF MAINSTREAM SERVICES, LACK INFORMATION AND SUPPORT NETWORKS, YET THEY ARE MOST LIKELY TO HAVE COMPLEX CARE NEEDS.

CHOICE AND PARTNERSHIP WILL BE ILLUSORY IF THERE AREN'T STRATEGIES TO HELP THESE GROUPS BY SUPPORTING THEIR NETWORKS AND TRAINING STAFF.

AT THE SAME TIME, THERE CONTINUES TO BE CONCERNS ABOUT THE QUALITY OF RESIDENTIAL AGED CARE.

IN THE LAST 12 MONTHS THERE HAVE BEEN SEVEN *LATELINE* REPORTS THAT ILLUSTRATED SOME DISTURBING SITUATIONS INVOLVING POOR CARE IN RESIDENTIAL AGED CARE FACILITIES.

MOST STAKEHOLDERS AGREE WITH ALZHEIMER'S AUSTRALIA THERE SHOULD BE ZERO TOLERANCE FOR POOR CARE THAT FAILS TO RESPECT THE DIGNITY OF THE OLDER PERSON AND DENIES THEIR HUMAN RIGHTS.

WE HAVE YET TO UNDERSTAND WHY IT IS THAT SOME PROVIDERS DO AN EXCELLENT JOB WITH EXISTING FUNDING WHILE OTHERS FAIL.

IT SEEMS TO ME THAT GOOD CARE INVOLVES MORE THAN FUNDING AND THAT THE IMPORTANCE OF LEADERSHIP AND ORGANISATIONAL CULTURE OFTEN IS NOT SUFFICIENTLY RECOGNISED.

WHATEVER THE CAUSE OF POOR CARE, WE NEED A BIPARTISAN COMMITMENT TO PROMPT AND EFFECTIVE ACTION TO IMPROVE THE QUALITY OF CARE.

IT SHOULD INCLUDE:

- **AN INDEPENDENT COST OF CARE STUDY IN RESIDENTIAL CARE TO ENSURE FUNDING IS ADEQUATE FOR THE PROVISION OF HIGH QUALITY CARE.**
- **CULTURAL CHANGE IN TRAINING TO ACHIEVE RESPECT AND PERSON CENTRED CARE.**
- **REGULATORY ACTIONS TO ADDRESS THE OVER PRESCRIPTION OF ANTIPSYCHOTIC MEDICATIONS, FOR EXAMPLE PUBLIC REPORTING ON THE USE OF THESE MEDICATIONS AND PHYSICAL RESTRAINTS ON THE MY AGE WEBSITE**

- **ENSURING COMPLAINTS THAT RELATE TO MEDICATION AND PHYSICAL RESTRAINTS ARE HANDLED QUICKLY AND THAT GOVERNMENT GUIDELINES ON THE USE OF PSYCHOTROPIC MEDICATION AND RESTRAINTS ARE STRICTLY OBSERVED.**
- **FINANCIAL INCENTIVES, AS IS NOW THE CASE THROUGH DEMENTIA SUPPLEMENTS, TO ENSURE THERE IS EXTRA FUNDING AVAILABLE FOR THE MORE DIFFICULT CARE TASKS.**
- **ACCESS TO BETTER MEDICAL CARE. IN THAT CONTEXT I AM ENCOURAGED BY THE FACT THAT SOME RESIDENTIAL CARE PROVIDERS ARE CURRENTLY LOOKING AT THE DIFFERENCE IT WOULD MAKE TO HAVE DOCTORS IN RESIDENTIAL CARE FACILITIES.**

THERE HAS TO BE GREATER TRANSPARENCY FOR THE CONSUMER IN THE CARE OUTCOMES BEING ACHIEVED. THE CURRENT STANDARDS AND ACCREDITATION SYSTEM IS FAILING TO TELL CONSUMERS WHAT THEY NEED TO KNOW.

THE NEW GOVERNMENT WILL HAVE AN OPPORTUNITY TO FOCUS ON QUALITY THROUGH THE NEW AUSTRALIAN AGED CARE QUALITY AGENCY AND I'D LIKE TO SEE CONSUMERS, WHO HAVE EXPERIENCE OF THE SYSTEM, INVOLVED IN THE MONITORING PROCESS IN SOME WAY.

THERE'S NO DOUBT THAT THERE ARE COMPLEX ISSUES TO BE RESOLVED IN THE INTERFACE BETWEEN DISABILITY CARE AND AGED CARE REFORMS.

WHILE THE TWO REFORMS ARE MOVING IN THE SAME DIRECTION, THERE ARE SIGNIFICANT DIFFERENCES IN THE FUNDING AND PHILOSOPHY OF THE TWO REFORMS. THE CONSEQUENCE IS THAT THOSE WHO DEVELOP A DISABILITY BEFORE THE AGE OF 65 WILL POTENTIALLY GET A VERY DIFFERENT LEVEL OF SUPPORT TO THOSE OVER 65.

IN THE SHORT TERM THERE IS GOING TO BE UNCERTAINTY FOR SOME GROUPS ABOUT WHERE THEY GO FOR HELP AS DISABILITYCARE WILL BE SLOWLY ROLLED OUT OVER FIVE TO SIX YEARS.

THERE ARE STILL QUESTIONS ABOUT THE ACCESS THAT PEOPLE WITH YOUNGER ONSET DEMENTIA WILL HAVE TO DISABILITYCARE AND HOW THEY WILL BE SUPPORTED TO MAKE DECISIONS ABOUT THEIR CARE.

IN THE LONGER TERM THERE ARE ALSO QUESTIONS ABOUT THOSE WHO HAVE A DISABILITY AND ARE OVER 65, WHO WILL BE REQUIRED TO TURN TO THE AGED CARE SYSTEM FOR SUPPORT; IS THE AGED CARE SYSTEM EQUIPPED TO PROVIDE THE SUPPORT THEY NEED?

FOR INSTANCE, FOR THE 24,000 AUSTRALIANS WITH YOUNGER ONSET DEMENTIA THERE IS LITTLE LOGIC IN SOMEONE AGED 64 RECEIVING VERY DIFFERENT SUPPORT THAN SOMEONE AGED 65.

TO AVOID A GROWING CHASM BETWEEN DISABILITY AND AGED CARE, ALZHEIMER'S AUSTRALIA IN CONJUNCTION WITH VISION AUSTRALIA IS CALLING ON THE MAJOR PARTIES TO COMMIT TO COORDINATING THE TWO REFORMS UNDER THE OVERSIGHT OF A SENIOR MINISTER.

IF WELL COORDINATED, THERE IS MUCH THESE TWO REFORMS WILL BE ABLE TO LEARN FROM THE OTHER – FOR EXAMPLE IN TERMS OF INDIVIDUALISED FUNDING, UNIT COSTING, MONITORING OUTCOMES, AND MARKET RESPONSES TO CONSUMER NEEDS.

A WELL-COORDINATED APPROACH TO THE INTER-RELATIONSHIPS BETWEEN THE TWO REFORMS WILL ENSURE THAT PEOPLE OF ALL AGES WILL NOT FALL BETWEEN THE CRACKS.

OF COURSE, RESPONDING TO THE WELFARE OF AUSTRALIANS IS NOT JUST ABOUT CARE AND SUPPORT IT IS ALSO ABOUT COMMUNITY ENGAGEMENT AND SOCIAL INCLUSION.

OFTEN AFTER A DIAGNOSIS OF DEMENTIA, PEOPLE FACE NOT ONLY THEIR INTERNAL STRUGGLE IN COMING TO TERMS WITH THE DISEASE, BUT ALSO A SUDDEN FEELING OF SOCIAL ISOLATION. FRIENDS AND FAMILY MAY STOP CALLING OR COMING BY. OTHERS SUDDENLY BECOME QUIET WHEN THE DISEASE IS MENTIONED.

RESEARCH COMMISSIONED BY ALZHEIMER'S AUSTRALIA FOUND THAT OVER HALF OF PEOPLE SURVEYED INDICATED THAT PEOPLE WITH DEMENTIA CAN NOT BE EXPECTED TO HAVE A MEANINGFUL CONVERSATION.

OVER A THIRD SAID THAT PEOPLE WITH DEMENTIA COULD BE IRRITATING AND ONE IN 10 ADMITTED THAT THEY WOULD AVOID SPENDING TIME WITH A PERSON WITH DEMENTIA.

JUST IMAGINE HOW ISOLATING IT MUST BE TO SENSE THAT PEOPLE YOU INTERACT WITH EVERY DAY THINK YOU CAN'T HAVE A MEANINGFUL CONVERSATION.

PEOPLE IN THE EARLY STAGES OF DEMENTIA OFTEN STOP PARTICIPATING IN THE COMMUNITY MUCH EARLIER THAN THE SYMPTOMS OF THE CONDITION WOULD DICTATE.

EVERY DAY ACTIVITIES SUCH AS GOING TO THE BANK OR GROCERY SHOPPING, CAN PRESENT ENORMOUS CHALLENGES.

PEOPLE IN THE COMMUNITY AND 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 DON'T KNOW HOW TO BEST COMMUNICATE OR RESPOND TO A PERSON WITH DEMENTIA.

EARLIER THIS YEAR ALZHEIMER'S AUSTRALIA RELEASED TWO REPORTS THAT SET OUT AN APPROACH OF DEVELOPING DEMENTIA FRIENDLY COMMUNITIES AND ORGANISATIONS. THESE PROGRAMS WILL RECOGNISE AND SUPPORT ORGANISATIONS AND COMMUNITIES THAT ARE WORKING TOWARDS BECOME DEMENTIA FRIENDLY.

IT'S AN IDEA THAT HAS ALREADY TAKEN OFF OVERSEAS, ESPECIALLY IN THE UNITED KINGDOM, THE NETHERLANDS AND BELGIUM. IN THE UK IT IS A MOVEMENT THAT HAS BEEN SUPPORTED BY STRONG LEADERSHIP FROM THE PRIME MINISTER, DAVID CAMERON.

ORGANISATIONS WILL BE ENCOURAGED TO INVOLVE PEOPLE WITH DEMENTIA IN AUDITING THEIR ORGANISATION TO IDENTIFY AREAS FOR IMPROVEMENT INCLUDING STAFF TRAINING, PROVISION OF INFORMATION, AND IMPROVEMENT IN THE PHYSICAL ENVIRONMENT.

WE WILL DEVELOP RESOURCES AND INFORMATION TO SUPPORT THE ORGANISATIONS AND COMMUNITIES TO MAKE THE NECESSARY CHANGES. AND A SYMBOL WILL BE AVAILABLE FOR ORGANISATIONS TO DISPLAY, INDICATING THAT THEY ARE ABLE TO PROVIDE BETTER SERVICES TO PEOPLE WITH DEMENTIA.

THIS WORK IS FUNDAMENTAL TO CHANGING THE WAY OUR COMMUNITY VIEWS PEOPLE WITH DEMENTIA.

WE DO HAVE TO GET THE STORY OF DISADVANTAGE ON THE POLITICAL RADAR BUT AT THE SAME TIME WE ALSO NEED TO BE POSITIVE.

I THINK ONE OF THE REASONS PEOPLE FIND TALKING ABOUT DEMENTIA SO DIFFICULT IS THAT POSITIVE NEWS IS SO HARD TO COME BY. WE'VE HAD YEARS OF PROMISES THAT A TREATMENT OR CURE IS JUST AROUND THE CORNER ONLY TO BE DISAPPOINTED AGAIN AND AGAIN.

THE AREA THAT HOLDS THE MOST PROMISE IS RESEARCH ON RISK REDUCTION.

THERE ARE TWO DECADES OF RESEARCH SHOWING THERE ARE THINGS EVERYONE CAN DO TO REDUCE THEIR RISK OF DEVELOPING DEMENTIA AND OTHER CHRONIC DISEASES.

APPROXIMATELY HALF OF THE CASES OF ALZHEIMER'S DISEASE WORLDWIDE ARE POTENTIALLY ATTRIBUTED TO RISK FACTORS SUCH AS DIABETES, HYPERTENSION, OBESITY, SMOKING, DEPRESSION, COGNITIVE INACTIVITY AND PHYSICAL INACTIVITY.

I TOOK GREAT SATISFACTION IN A NEW REPORT FROM FRANCE THAT FOUND DELAYING RETIREMENT WAS ASSOCIATED WITH A LOWER RISK OF DEMENTIA. I HADN'T PLANNED ON STOPPING ANY TIME SOON, BUT NOW I HAVE EVIDENCE TO GIVE TO ANYONE WHO SUGGESTS I SHOULD THINK ABOUT SLOWING DOWN.

WITH THIS IN MIND, I WAS PLEASED TO FIND IN AUSTRALIA'S WELFARE 2013 REPORT THAT OLDER PEOPLE ARE STAYING IN THE WORKFORCE LONGER NOW THAN THEY WERE 10 YEARS AGO. THE LABOUR FORCE PARTICIPATION RATE FOR PEOPLE 65 AND OLDER HAS DOUBLED IN THE LAST DECADE.

OF COURSE THE IMPACT OF THIS IS STILL NOT CLEAR AND FURTHER WORK NEEDS TO BE DONE, BUT IT EXCITES ME TO THINK OF HOW PEOPLE STAYING ENGAGED IN THE WORKFORCE FOR LONGER MIGHT HAVE A SIGNIFICANT EFFECT ON THE NUMBER OF PEOPLE DEVELOPING DEMENTIA IN THE FUTURE.

TWO RECENTLY-RELEASED STUDIES IN THE UNITED KINGDOM AND DENMARK SUGGEST THAT CHANGING RATES OF DEMENTIA MIGHT ALREADY BE A REALITY.

THEY FOUND THAT IN ENGLAND AND WALES, THE PREVALENCE OF DEMENTIA OVER THE LAST TWO DECADES DROPPED BY 24 PER CENT AMONG THOSE 65 AND OLDER.

AND IN DENMARK THE PERCENTAGE OF THE ELDERLY OVER 90 WHOSE COGNITIVE ABILITIES WERE SEVERELY IMPAIRED ALSO DROPPED BETWEEN 1998 AND 2010.

IN THEIR INTERPRETATION THE AUTHORS OF THE UK STUDY SAID: “THE SCALE OF REDUCTION THAT WE IDENTIFIED IS SUBSTANTIAL AND IN LINE WITH MAJOR REDUCTIONS IN RISK FACTORS IN HIGHER INCOME COUNTRIES, WHICH HAVE BEEN MODIFIED BY SOCIETAL CHANGES SUCH AS IMPROVEMENTS IN EDUCATION AND PREVENTION AND TREATMENT STRATEGIES IN RECENT DECADES”.

OF COURSE WE CAN'T SAY THAT IF PEOPLE DO ALL THE RIGHT THINGS, BY LOOKING AFTER THEIR BRAIN, BODY AND HEART, THAT THEY WILL DEFINITELY NOT GET A DIAGNOSIS OF DEMENTIA. BUT WE CAN SAY THAT ADOPTING A HEALTHY LIFESTYLE AND REMAINING MENTALLY ACTIVE MAY REDUCE THEIR RISK.

ALZHEIMER'S AUSTRALIA KEENLY PROMOTES THIS KIND OF THINKING.

WE HAVE CREATED THE WORLD'S FIRST NATIONALLY FUNDED DEMENTIA RISK REDUCTION PROGRAM, *YOUR BRAIN MATTERS*. ALZHEIMER'S AUSTRALIA RECEIVED GOVERNMENT FUNDING TO ROLL OUT THIS PROGRAM AND WE SEE IT AS AN OPPORTUNITY TO BOTH PROMOTE HEALTHIER LIFESTYLES AND ALSO TO BEGIN A POSITIVE COMMUNITY DISCUSSION ABOUT BRAIN HEALTH.

WHEN WE TALK ABOUT WELFARE I CAN'T HELP BUT GO BACK TO THE PRINCIPLE THAT WE SHOULD TRY TO CREATE THE SOCIETY EACH OF US WOULD WANT, IF WE DIDN'T KNOW IN ADVANCE WHO WE WOULD BE.

IN OTHER WORDS, WE SHOULD CREATE A SOCIETY IN WHICH WE'D WANT TO LIVE, IF WE WERE ONE OF THE MOST VULNERABLE IN OUR COMMUNITY.

AT THE MOMENT, I THINK AUSTRALIA STILL HAS SOME WAY TO GO TO EMBRACING THE CHANGES WE NEED IN AGED CARE, DEMENTIA AS WELL AS OTHER DIFFICULT SOCIAL ISSUES SUCH AS HOMELESSNESS.

IF I HAD DEMENTIA I WOULD BE PRETTY DISAPPOINTED ABOUT THE STIGMA, SOCIAL ISOLATION AND HUMAN RIGHTS VIOLATIONS WHICH ARE HAPPENING IN AUSTRALIA.

BUT I WOULD ALSO BE POSITIVE ABOUT THE CHANGES WHICH WE HAVE SEEN IN THE BIPARTISAN SUPPORT FOR THE REFORMS.

WE NEED TO HAVE A LOUD VOICE AND USE IT TO ADVOCATE FOR CHANGE TO CREATE THE AUSTRALIA WE ALL WANT TO LIVE IN.

WE NEED TO ADVOCATE STRONGLY TO GOVERNMENT BUT ALSO LOOK TO OURSELVES ON HOW WE CAN CHANGE OUR OWN LOCAL COMMUNITIES TO RESPOND TO THE NEEDS OF THE MOST VULNERABLE IN OUR SOCIETY.

WE ARE ALL PART OF FUTURE AND THEREFORE THE FUTURE OF AUSTRALIA'S WELFARE HAS TO BE OF CONCERN TO EACH AND EVERY ONE OF US.

AS FAR AS ALZHEIMER'S AUSTRALIA IS CONCERNED OUR COMMITMENT IS TO PROVIDE PEOPLE WITH DEMENTIA A FUTURE WHERE THEY ARE TREATED WITH RESPECT AND AS VALUED MEMBERS OF OUR COMMUNITY

WE ARE FIRMLY COMMITTED TO THAT GOAL AND TO OUR FIGHT DEMENTIA CAMPAIGN WHICH WE INTEND TO CONTINUE UNTIL ALL OF OUR GOALS HAVE BEEN ACHIEVED.

THANK YOU.