

# Speaking up for dementia: 10 key messages for change

To support our dementia advocacy, we've created 10 key messages, or talking points, that are short, clearly explain our views and offer practical solutions to improve life for people with dementia and their families.

These messages go with our position papers **Make dementia a priority**. Together, they help us speak about what needs to change. You can find the full position papers on our <u>website</u>.

We have used the **PREP formula** to make our messages clear, persuasive, and easy to remember:

- What is your **POINT**?
- Give a **REASON** for it.
- Provide an **EXAMPLE** to illustrate your point/reason.
- Repeat your point using a **PARAPHRASE**.

#### How to use them:

Use the position papers and key messages when meeting with government, community groups, partner organisations, or speaking to the media or at events. You can choose the messages that best fit your audience and message.

## 10 key messages

- 1. We can no longer afford to ignore dementia as health priority
- 2. The number of people living with dementia is increasing
- 3. It's getting harder and harder to live decent lives
- 4. Tackle dementia now!
- 5. Progressively implement and fund the Dementia Mate Wareware Action Plan
- 6. Reducing dementia-related stress and costs on the health system
- 7. Adequate funding for community-based dementia services
- 8. NZ Health's Aged Care Funding and Service Models Review misses a trick
- 9. Older peoples' health strategy based on an integrated continuum of care
- 10. Modifiable risk factors



## We can no longer afford to ignore dementia as health priority

**Point** Dementia really is a health sector priority that can no longer be

ignored.

**Reason** It's putting unrelenting and growing pressure on the country's fragile

health system. It's clogging up our aged residential care beds, and it's

costing New Zealand billions of dollars a year.

**Example** Dementia numbers are expected to <u>increase by 240 per cent</u> by 2050

compared to an estimated 70,000 in 2020, and costing the country \$10 billion a year in inflation-adjusted costs by 2050<sup>1</sup>. Government

knows all this, but isn't doing anything about it.

Paraphrase It's fiscally irresponsible not to do something about the huge

dementia challenge facing this country.

<sup>&</sup>lt;sup>1</sup> Based on the <u>DEIR 2020</u> and assuming annual inflation of two per cent over the next 25 years.



## The number of people living with dementia is increasing

**Point** It is essential the Government has a plan to deal with the huge

social and economic impacts caused by the growing incidence of

dementia.

**Reason** Nearly three per cent of all New Zealanders will have dementia by

2050, and apart from the devastating impact on the country's health and aged care systems, the <a href="Dementia Economic Impact">Dementia Economic Impact</a>

Report (DEIR) estimates dementia will cost the economy \$10 billion

a year by 2050<sup>1</sup>.

**Example** By 2050, health care costs are estimated to be \$658 million, social

care costs \$3.2 billion, and productivity costs and income support to be \$755 million. If annual inflation at two per cent, which is much less than what it has been in recent times, current costs will

quadruple by 2050 to \$10 billion.

**Paraphrase** Can New Zealand really afford to continue to ignore dementia?

Have we got a spare \$10 billion? Luckily, there is a Plan to mitigate

the worst effects of the dementia epidemic (see PREP 5: The

Dementia Mate Wareware Action Plan).

<sup>&</sup>lt;sup>1</sup> Based on the DEIR 2020 and assuming annual inflation of two per cent over the next 25 years.



## It's getting harder and harder to live decent lives

#### **Point**

It's getting harder and harder for people with dementia to live decent lives, and the Government is not doing anything about it.

#### Reason

That's because the health system, starting right at the primary care stage with our GPs, and going all the way thru' to tertiary, aged care and respite, is struggling and under so much pressure. And dementia is the health condition everyone, including our health policymakers, prefer to ignore.

#### **Example**

- It's harder now to get a diagnosis.
- It's harder to get useful personal care and home help that supports people to live independently at home.
- It's harder to get community support from local Alzheimers and dementia organisations.
- It's harder to navigate through the increasingly fragmented and under-pressure health system.
- It's harder for carers to get a break.
- And it's harder to get residential care when it's needed in many parts of the country.

## **Paraphrase**

Government cannot keep kicking the dementia can down the road. Our ageing population is already bringing this problem home to roost, and it will only get harder unless Government steps up (see <a href="PREP 5">PREP 5</a>: The Dementia Mate Wareware Action Plan and <a href="PREP">PREP 7</a>: Adequately funding for community-based dementia services).



## Tackle dementia now!

Point Tackling dementia now will deliver positive political and fiscal

outcomes, and benefit many thousands of Kiwi families.

**Reason** We know how to reduce dementia incidence, we know how to

relieve pressure on the health and aged care systems, we know

how to reduce the massive economic cost of dementia.

**Example** Progressively implementing and funding the Dementia Mate

<u>Wareware Action Plan</u>, properly funding community dementia services and creating an older persons' health strategy with an integrated continuum of care would deliver on all three of those

goals. Government just needs to get on with it.

Paraphrase We've got to act now. We can't afford to kick the dementia can

down the road any longer.



# Progressively implement and fund the Dementia Mate Wareware Action Plan

**Point** We urge the Government to progressively implement and fund the

Dementia Mate Wareware Action Plan urgently. The Action Plan is

focussed on everyone having equitable access to services, regardless of their age and cultural identity, or where they live.

**Reason** Dementia has the very real potential to swamp our fragile health

system if steps are not taken now, and cost the country \$10 billion a year by 2050<sup>1</sup>. One in four of us will die with dementia. But there is

a work-around.

**Example** The Dementia Mate Wareware Action Plan, which the dementia

sector wrote and presented to Government, aims to reduce the number of people living with dementia, provide better and more equitable support for those with dementia now, relieve pressure on

the health system and reduce the future cost of dementia to

Government.

**Paraphrase** It really is a no-brainer that New Zealand needs a proper plan to

deal with such a major and problematic health condition that will

affect so many of us as we age.

<sup>&</sup>lt;sup>1</sup> Based on the DEIR 2020 and assuming annual inflation of two per cent over the next 25 years.



## Reducing dementia-related stress and costs on the health system

**Point** 

We can keep people with dementia out of hospital beds and out of the costly health and aged care systems for longer if Government invests in the <a href="Dementia Mate Wareware Action Plan">Dementia Mate Wareware Action Plan</a> and properly funds community dementia support services. But so far, Government has failed to do that.

Reason

A key plank of the Dementia Mate Wareware Action Plan are actions designed to reduce the number of New Zealanders who develop dementia. Also, community-based dementia services keep people with dementia out of expensive hospital and aged care facilities, and living at home, for longer.

**Example** 

Reducing dementia incidence reduces stress on hospitals - people with dementia stay in hospitals <u>nearly twice as long as other</u> <u>patients</u>, occupying beds needed for acute care. And, if Government funded community-based services properly, they could cater for thousands of people who currently default to hospitals, emergency departments and aged residential care.

**Paraphrase** 

So, there are steps Government can invest in right now to reduce the enormous costs and pressures dementia generates for the health system. We just need Government to take action.



## Adequate funding for community-based dementia services

#### **Point**

We urge the Government to invest in the woefully under-funded community-based dementia services so they can relieve pressure on the more expensive health system. Funding these services is a priority in the Dementia Mate Wareware Action Plan and taking action now would make a big difference.

#### Reason

These are critical services for people living with dementia, their families and care partners, but many of them are struggling to survive because of severe, long-term under-funding. They can't cater to the existing demand, never mind what's coming down the track with our ageing population.

#### **Example**

We estimate some 37,600 people with dementia¹ can't get the community support they need right now. Without adequate community support, families struggle and carers experience increased stress and mental health challenges. If properly funded, community-based dementia services would cost just \$11.11 a day, and are far cheaper than expensive hospital and aged residential care.

#### **Paraphrase**

It's imperative to properly fund these community-based dementia services now. It's an investment that will reduce costs across the health system.

<sup>&</sup>lt;sup>1</sup> Of the 83,000 people estimated to have dementia in 2025, 11,000 (13 per cent) people receive services from local Alzheimers and Dementia organisations, 25,000 (30 per cent) are in residential care, and if 20 per cent are able to pay for their services and/or receive support from one of the pilot programs. This leaves an estimated 37,600 without support.



# NZ Health's Aged Care Funding and Service Models Review misses a trick

Point Health NZ's Aged Care Funding and Service Models Review missed

the mark when it comes to finding holistic and sustainable wellbeing solutions to the problem of New Zealand's rapidly ageing population. Government needs to broaden this remit to focus on how we can create a workable continuum of care for older New Zealanders (see <a href="PREP 9">PREP 9</a>: Older people's health strategy based on an

integrated continuum of care).

**Reason** Health NZ's Aged Care Funding and Service Models Review has not

tackled these issues. It focused almost entirely on the aged

residential, and home and community support sector. This ignores the many other steps in the dementia 'pipeline' where there are

options to reduce pressure on the system.

**Example** Key transition points for older people between the health and aged

care sectors are totally disconnected. Even within the same sector

transition points are disjointed. It is therefore hugely hard to

navigate the systems and get the right care and support when you

need it.

**Paraphrase** We need an integrated aged care health plan that addresses those

concerns. Because there is going to be a lot of us on that aged care

health journey very soon.



# Older peoples' health strategy based on an integrated continuum of care

**Point** New Zealand really needs a bespoke health strategy to deal with

our rapidly ageing population.

life sectors. It would include:

**Reason** In 2028, one in five New Zealanders will be aged 65 years or over,

approximately 1.2 million people. It's well known that older people are the biggest users of the health system, which cannot cope as it is. It's certainly not geared-up or prepared for the significant extra

demand New Zealand's ageing population will create.

An effective strategy would provide good quality, integrated and accessible services across the health and aged care continuum, from community services to the aged residential care and end-of-

An independent, evidence-based pricing structure which covers the entire system.

> Sector involvement and support both providers and the workforce.

➤ An independent task force, with bipartisan political representation and sector input, to design, implement and monitor the impact of the changes that are needed in our aged care sector.

**Paraphrase** New

New Zealand must take a holistic view of our health and aged care systems and invest in an older persons' health strategy based on an integrated continuum of care. Successive Governments have ignored this issue for too long, and now it has become a crisis.

# Alzheimers New Zealand Level 1, 15 Dixon St, Te Aro, Wellington | PO Box 11-288, Manners St Post Shop, Wellington 6142 | Ph 04 387 8264 | Email admin@alzheimers.org.nz | www.alzheimers.org.nz



## **Modifiable risk factors**

**Point** Government could take steps now to reduce the dementia risk for

thousands of New Zealanders.

**Reason** There are 14 modifiable lifestyle factors that can increase or

decrease your risk of developing dementia. Government knows what they are and how to manage them to reduce the risk. And there is research that indicates social disadvantage and poverty are

the main contributors to dementia risk.

**Example** The Dementia Mate Wareware Action Plan stresses the need for

population-level health programmes that promote brain-healthy lifestyle choices (physical activity, healthy nutrition, and reduced smoking and drinking, etc). These programmes also reach and benefit people living in deprived circumstances, including Māori and Pacific peoples, who are 60 per cent more likely to develop

dementia than people living in least deprived areas.

**Paraphrase** There are things Government can do to minimise the dementia risk,

especially for our most vulnerable. Implementing the Dementia Mate Wareware Action Plan and addressing poverty and social

deprivation would be major factors.