



Life Activities Clubs Victoria Inc

Registered Incorporated Association: A0054351A ABN: 85 104 164 408

Submission No. 010

mal (Dementia)

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Inquiry Into Dementia: Early Diagnosis and Intervention

Submission by Life Activities Clubs Victoria Inc.

Who we are

Life Activities Clubs Victoria Inc. (LACVI) represents a network of incorporated Life Activities Clubs throughout Victoria that are run by volunteers on a non-profit basis.

Life Activities Clubs provide people who are in retirement or approaching retirement (typically aged 50 and over) with opportunities to enjoy a full, satisfying and connected community life and maintain lifelong wellbeing.

There are currently 22 incorporated Life Activities Clubs in Victoria (including 5 in regional centres) with each Club offering its members a wide range of recreational and social activities that provide physical, mental and social stimulation. The activities provided for the 4000-plus club members are determined by the interests of the members of each Club.

Submission

LACVI does not claim any special expertise in the area of dementia. We certainly appreciate that it is an issue of growing concern as its incidence becomes more prevalent. We also recognise that Alzheimer's disease is but one of many forms of dementia, the origins of which are probably as diverse as they are mysterious. Although we probably have individual members with extensive experience or expertise in this area, as an organisation, we do not hold any particular specialised knowledge and rely heavily on references from other authorities. Our comments should therefore be viewed in that context.

Very briefly, our comments will highlight the following issues:

- Research supporting our submission.
- Ageing can't be 'cured', so we should focus on preventing or reducing its deleterious impacts.
- Additional resources should be allocated to preventative measures – as a cost saving measure.
- Older people sometimes isolate themselves to avoid perceived risks.
- Government should counter risk aversion by mitigating the risks as well as dispelling invalid perceptions as to the severity of such risks.
- Age-related depression can be ameliorated by maintaining social connectedness and healthy physical activity so government should promote this and support organisations that provide such services.
- Benefits accrue both pre- and post- the onset of dementia (or its diagnosis) so support should be provided to the ageing population as a routine.

'Life's better together'

Background

Research indicates 'that many factors associated with ageing are due to inactivity, and that performing physical activity can help to reduce or reverse the risk of disability and chronic disease' (*Better Health Channel: www.betterhealth.vic.gov.au*). Australian research found that a higher level of physical activity also reduces the risk of cognitive decline, including the incidence of dementias and Alzheimer's disease, and that lower levels of contact with social networks and loneliness increase the risk of cognitive decline (*Barber, Szoeki, Ames D, et al. Report to the CSIRO, Preventative Health Flagship, June 2010*).

LACVI is celebrating its 40th anniversary this year and we have long since recognised the truth of findings such as these. Indeed, it has always been inherent in our credo that a healthy physical, social and recreational life extends longevity and improves the quality of life as one ages and new areas of research now seem to be confirming that quite regularly. We argue that 'prevention is better than cure', particularly in view of the inevitability of ageing. There simply is no cure for it.

Our programs are designed to keep older people socially and physically active and contributing to the community as fully and as long as possible, thereby deferring and abbreviating the time when physical or cognitive infirmity makes them increasingly dependent on high-cost government and community support.

We have plenty of examples among our members who claim to be alive today because they had the opportunity to participate in our activities. They claim to be fitter, happier and with less propensity to depression **because** they have strong supportive friendships and a more enjoyable and satisfying lifestyle, in terms of both social and physical activity and mental stimulation.

Promotion of Preventative Measures and Agencies

Against this background, we believe that additional resources should be allocated to preventative measures. (In this context, we refer to prevention with respect to the impacts of ageing: obviously, it is not feasible to prevent ageing *per se*.) Organisations such as ours (but not only ours) often find it hard to reach older people or convince them of the efficacy of our programs. The reasons are not simply those of resourcing, although additional resources may assist in publicising the benefits of participation. Some older people feel at risk if they venture out after dark, or use public transport, or attend major events where crowd control and discipline may be lax. They prefer (or feel compelled) instead to isolate themselves more than is healthy to avoid these risks and these issues need to be redressed.

Mitigate Risk of Participation and the Perception of Risk

People who are socially isolated suffer more frequent poor health and receive less support in times of stress than those who can rely on a network of caring friends. Age-related depression is a serious problem, but can be ameliorated by connection with enthusiastic, fun-loving and supportive friends, as well as by participation in activities that provide enjoyable and diversionary engagement. The promotion of activities such as these and support for the organisations that facilitate or provide them are positive actions that governments can take to reduce the extent and severity of depression. A wide-ranging media campaign to promote the benefits of social connectedness and the means of achieving it among older people would be a significant benefit to this cohort and is clearly within the purview of government to deliver. There is, of course, a need to balance expectations with available opportunities and a media campaign promoting the benefits of increased club participation (or whatever) is of little value unless adequate means are

available to provide suitable opportunities so we argue that both aspects of this be considered in concert.

These are proposed as beneficial means of providing positive outcomes for older people, but there is still a need to ameliorate the negative barriers that discourage older people from availing themselves of these benefits. If people are afraid to use public transport to participate in a potentially life-saving activity, it seems incumbent on government to reduce the justification for this fear. Safer public transport is obviously something to aspire to, but unless people recognise the improvements in personal security, they will not change their behaviour. It is our intuitive belief that public transport is relatively safe, certainly safer than is portrayed in the media, but there remains a strong community perception (particularly among older people who often imagine themselves as primary targets of violence or abuse) that it is not safe to venture onto trains or buses after dark. It would be highly beneficial to most sectors of the community to hear a factual assessment of the actual nature, incidence, severity and targets of crime on public transport – and that may assist in allaying some of the existing paranoia surrounding the issue. A similarly balanced exposé of other disincentives, combined with action to reduce their impact, could assist in dispelling some of the other factors that discourage older people from participating in activities that will improve their quality of life – and perhaps even save a life or two.

Pre- and Post- Diagnosis

It is acknowledged that research indicates that the sort of activities and engagement we advocate is beneficial as both a preventative measure (deferring or safeguarding against cognitive decline) as well as a means of retarding the progress of the decline where it occurs. Although the structures and methods of delivery might necessarily be different, depending on the stage and severity of the decline, ongoing social and physical engagement provides a diversion that appears to ameliorate the impact of dementia in older people.

It is therefore proposed that support for, and promotion of, organisations and activities that provide these benefits should be provided routinely as people age and as accepted therapy post diagnosis of any form of dementia.

Conclusion

The general thesis on which we have operated for over 40 years is that an active social, physical and recreational life improves both the length and quality of life for older people. Our members have experienced the benefits of this on health and wellbeing, including, we believe on their mental health.

We argue that government should support organisations that promote these values and provide these activities as an attractive, economical and popular means of deferring and reducing the demand for high-cost community services to assist older people who do not have the opportunity to access and enjoy such activities. The beneficial result of even minimal investment in such preventative measures will include many more happy, contributing seniors free from at least some of the negative aspects of ageing that are prevalent in the community today.

Lindsay Doig
President
21 April 2012