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| **My three most important things: Distinctive voices on priorities for dementia, rights and community** |
| **Background/Objectives**  Dementia has been identified by the WHO Global Action Plan on the Public Health Response to Dementia (2017-2025) as a global priority, linking it to SDG goals of improved health and wellbeing and inclusive societies. Identifying the distinctive voices of people with dementia, their carers and professional helpers is an essential element in building effective and accountable governance for sustainable dementia-friendly communities. In this paper we address the priorities for action voiced by these interests and how they connect to health promotion efforts.  **Methods**  We interviewed 111 community-living volunteers in Australia about their views on dementia. Participants by “Voice” were: people living with dementia (n=19), carers (n=28), health care professionals (n=21), social workers (n=23) and service professionals (n=20), aged 25-87 years. Their responses to a probe: “In your mind, what are the three most important things that should be done about dementia?” were coded in NVivo11 resulting in 63 first level codes which were further categorised into ten priority topics. These were ranked by percentage of mentions within voice to achieve the three priorities.  **Results**  Priorities differed by voice: people with dementia focused on improving public attitudes, perceptions and behaviours in everyday interaction, and on research into community-level care interventions. Carers and professionals focused on educating professionals and the public alike on how to interact with people with dementia. Carers were the most focused on grassroots action. The voices converged on improving availability and access to and the quality of support and information systems. Lowest priorities were on medical care and design issues.  **Discussion**  Our findings indicate that distinctive voices are emerging which have moved beyond generic priority-building and awareness-raising toward attitude change and social inclusion. While there is general agreement on improved support systems and a rights-based approach, priorities are interpreted differently depending on voice. People with dementia valued inclusion in governance and neighbourhood initiatives, carers valued community-understanding and support, and professionals valued interaction and communication skills. It is argued that these priorities are complementary elements for inclusive governance in health promotion.  **Keywords**  governance, dementia, voice, public health, community |