

Research on Human Rights of Older Persons in ASEM Partners : Best Policies and Practices of Dementia



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Jongno-gu Jong-ro 38, Seoul Global Center Building 13F
Seoul, Republic of Korea

asemgac@asemgac.org
www.asemgac.org

Principal Investigator
Dr. Ilsung Nam (Professor, SungKongHoe University)

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Summary

I . Research Background

- The prolonging of life and population aging due to healthcare developments and improvements in living conditions are global phenomena, and dementia is a quintessential disorder with a higher risk of prevalence for older adults. Given the ongoing aging of the population, the number of dementia patients is expected to continue to increase. The increase in the population with dementia given changes to the population structure imposes a significant burden of healthcare costs and care costs.
- International cooperation is formed to reduce the burden of caring for dementia.
 - 2012: first session of the G8 Dementia Summit
 - 2014: G7 Dementia Summit Legacy Meeting
- This report seeks to analyze the content and level of national dementia policies of ASEM partners based on international discussions of dementia policy and to examine the possibility of cooperation among ASEM partners.

II . Policy response to dementia

1. Research Purpose

- The analysis of the national dementia policy of ASEM partners is based on the recommendation of the OECD-proposed 10 core policies on dementia and perspectives of dementia care.
- Based on the analysis, the possibility of cross-referencing and cooperation with each member country's dementia policy is identified.

2. Research methods

- Research on dementia management policies in ASEM partners
Research is focused on countries with central government-led, comprehensive dementia policies.
- Perspective of dementia care
The perspectives of dementia care has evolved into the medical model, social model, and person-centered care model, but the models are linked.
 - Medical Model : A model developed based on the most general approach to dementia, which is the therapeutic approach.
 - Social Model: The focus is on social differentiation and the response to the consequences of dementia, rather than on dementia itself, to overcome the limitations of medical models.

- Person-centered Care Model: While the medical and social models have limitations that marginalize the older persons with dementia, the person-centered care model is a recently emphasized approach that involves reconstructing the lives of older persons with dementia, involving elderly care, nursing, and the creation of dementia-friendly communities.

- The details of ASEM partners' dementia policies were categorized into the medical model, social model, and person-centered care model, and the significance of each model was then reviewed. Interestingly, most national dementia policies consist of a combination of the three types of models.
- Diversity in policy targets
 - The most important policy tasks are addressing the cognitive function, health, and quality of life of older persons with dementia, which consist of policies such as examinations and diagnoses through the medical model.
 - To improve the care capabilities of families and care workers and to reduce their burden of care, it is necessary to have policies that create a system that is approachable by anyone through the social model as well as improve the quality of service through a person-centered approach.

III. Analysis of dementia policies in ASEM partners

1. Dementia policies in Europe

- The French dementia policy is characterized by policy targets that address the disease, older persons with dementia, and families who care for them, sufficiently reflecting the needs of each. Second, the policy contains the best methods to overcome difficulties in real-life contexts.
- The German dementia policy is characterized by a focus on research in various fields related to dementia care and supporting the community care system in a multi-dimensional way so that older persons with dementia can continue to be cared for at home.
- The special features of the Irish dementia policy are that it focuses on securing a community-based care environment through awareness improvement projects and on laying the groundwork for community-based dementia care, such as education and training to utilize community resources.
The Italian dementia policy is characterized by an interdisciplinary and comprehensive approach as well as awareness initiatives through the social model.
- Sweden's dementia policy is characterized by various efforts to expand the human infrastructure.

- Features of the UK dementia policy
 - England: The policy is based on the path of dementia; as such, rather than being a national policy, it is a policy centered on the needs of older persons with dementia and their family caregivers.
 - Scotland: The policy is tightly formed based on the path of dementia, from diagnosis, to progression, and to end of life. Moreover, each policy function is appropriately configured for medical, social, and person-centered care models.

2. Dementia policies in Asia

- The Australian dementia policy is characterized by, first, enhancing early screening through various methods, and second, addressing diverse scenarios that may occur over the course of dementia.
- The Indonesian policy is characterized by a policy of cognitive health support that is based on the path of dementia, according to its life cycle. Another feature is that the support of older persons with dementia and their families is considered a right, and thus, this is emphasized as a major policy initiative.
- Japan's national dementia policy based on the New Orange Plan is characterized as follows: first, the construction of an integrated policy according to the path of dementia, and second, the creation of a system that manages caretaking needs near the residences of individuals with dementia to enable comprehensive care in each professional area.
- Korea's dementia policy is currently focused on using the social and medical models to expand infrastructure.

IV. Implications from ASEM partners' best practices

- Policies based on the perspective of care

This study's analysis showed that most of the countries analyzed were using all three models in their dementia policies, and the characteristics of a national dementia policy could be determined by identifying the proportion of each perspective of care reflected in the major policy areas.
- Securing a perspective of care that encompasses national dementia policies

In general, the policy's slogan can help identify the nature of each country's dementia policy.

 - German slogan: "Alliance for people with dementia"
 - Indonesian slogan: "Towards Healthy and Productive Older Persons"
 - Korean slogan: "A dementia-safe society that is free from dementia"
- Devising policies based on the path of dementia

Most policies included in the analysis are based on the path of dementia progression, allowing for appropriate intervention and care at each stage of the disease.

- Need for strengthening support for dementia care at home

To postpone entry to care facilities and create a home environment for older persons with dementia to promote psychological stability (i.e., aging in place), support for dementia care at home needs to be greatly enhanced.
- The need for a community-based foundation

It is important to establish a community-based system that can respond quickly to acute illnesses and delirium, a dementia-friendly residential environment, and seamless connections with community resources.
- Creating a dementia-friendly environment

The formation of an inclusive climate for dementia, as well as physical and institutional infrastructure, is important for older persons with dementia and their families. Each country undertakes policies to increase awareness of dementia, improve understanding, and strengthen core capabilities to create an atmosphere friendly to dementia.
- Dementia strategy for minority groups

Considering social justice and the need to secure equity, it is necessary to respond sensitively to cultural diversity and establish a dementia policy that considers the characteristics of minority groups.
- Strengthening research capabilities

To respond effectively to dementia, it is necessary to strengthen research support for medical, care, and support systems.

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Chapter 1

Research Background

Section 1

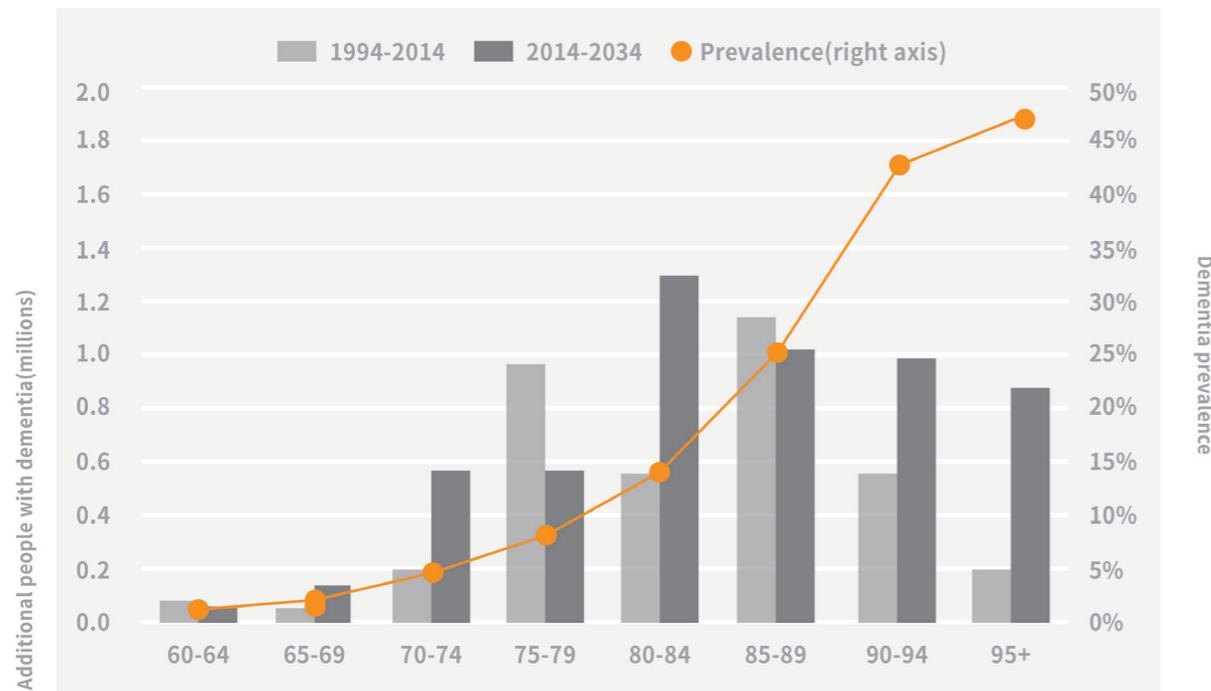
Burden of care for older persons with dementia

Section 2

Policy response to dementia

Section 1 Burden of care for older persons with dementia

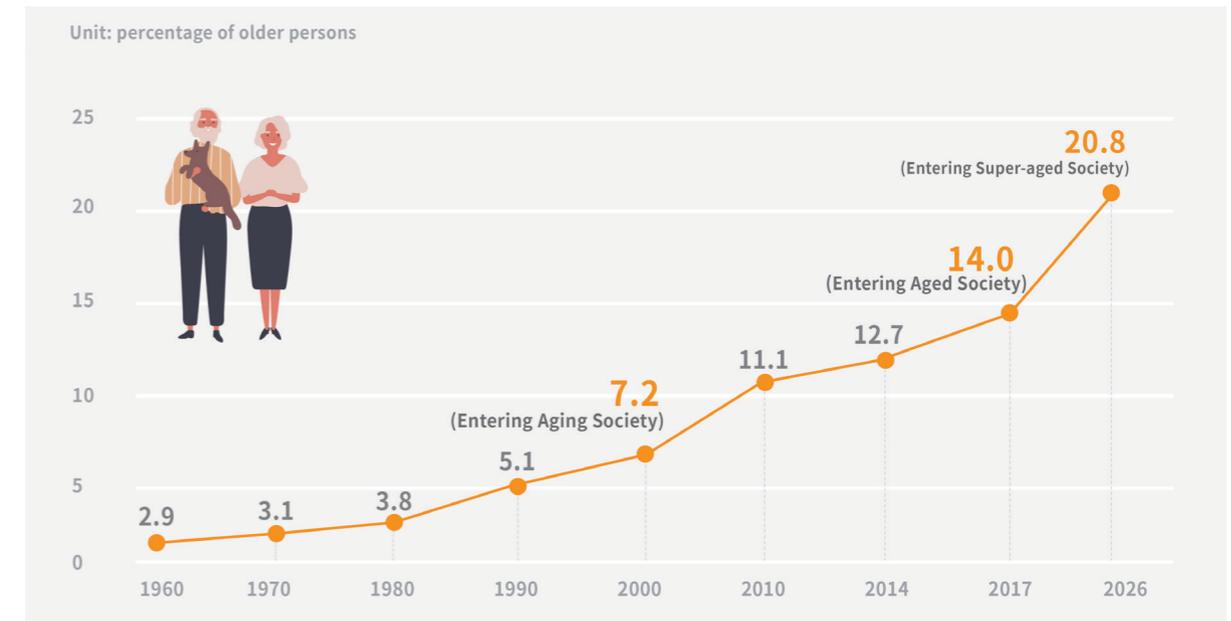
The prevalence of dementia is rising as the population ages, along with longer expected lifespans. Particularly, dementia prevalence rises rapidly after the age of 80. Population aging has led to a 50% increase in dementia prevalence in Europe over the past 20 years, and a similar trend is expected over the next 20 years ([Figure 1]).



[Figure 1] Dementia patients by age and dementia prevalence in Europe

Resource: OECD. (2015). Addressing Dementia: The OECD Response.

The Korean population is aging at a speed that is unmatched by other nations around the world. Having achieved the status of being an aged society in 2000, Korea is expected to become a super-aged society in 2026. This is about four times faster than developed countries in the West, and more than 10 years faster than Japan, which is the next fastest-aging country after Korea ([Figure 2]).

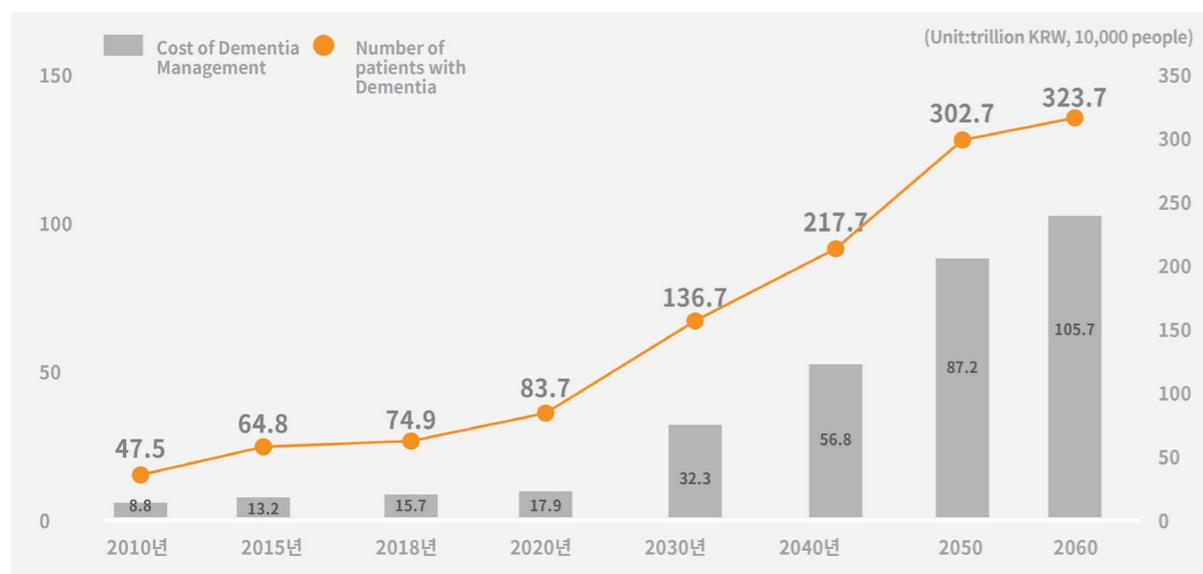


[Figure 2] Trend of Korean elderly population over the age of 65

Resource: Statistics Korea. (2014). Estimation of future population.

The rapid aging of the Korean population has led to the rapid increase in the number of dementia patients. According to a survey conducted by the National Institute of Dementia on the status of dementia in 260 city, Gun, Gu level districts in the country, one out of 10 older persons over the age of 65 has dementia. This number is expected to continue to grow, exceeding 1 million by 2024, 2 million by 2039, and 3 million by 2050 (Central Dementia Center, 2018). Furthermore, the prevalence of dementia is 1.3% to 3.6% for ages 65 to 69, but it increases rapidly as age increases, from 30.5% to 33.2% for ages 85 and above. In addition to the increase in the total number of older persons, the change in the structure of the elderly population, with an increase in the oldest-old population (85 and above), is likely to accelerate the increase in the number of dementia patients.

This increase in the dementia population based on the changes to the population structure constitutes a significant burden of healthcare costs and care costs. In 2018, the annual cost of managing dementia was 15.7 trillion won, and the cost of managing dementia per capita was almost 21 million KRW (National Institute of Dementia, 2018, [Figure 3]).



[Figure 3] Cost of managing dementia and the increase in patients with dementia from 2010 to 2060

Resource: National Institute of Dementia. (2018). Status of Dementia in Korea, 2018.

The management of dementia is a large part of long-term care and medical expenses in many countries, including Korea. In Germany, dementia accounted for 3.7% of total healthcare costs in 2008; in Korea, it accounted for 3% in 2009. While Germany spent most of the direct costs for long-term care in nursing homes, Korea spent the highest proportion of costs for medical expenses. According to a study that estimated the financial cost of caring for dementia patients in the United States, the annual cost of treatment for each dementia patient was 5,600 USD (approximately 6 million KRW) (Hurd et al., 2013).

In Korea, the annual economic cost per person with dementia averages 18.51 million KRW per year as of 2010, consisting of 53.4% for direct medical costs, 32.7% for direct non-medical costs, 13% for long-term care costs, and 1.0% for indirect costs. The total cost of dementia care is estimated to be 8.7 trillion KRW as of 2010 (Ministry of Health and Welfare, 2011, <Table 1>).

However, these direct costs are not the only costs of dementia. While it may not be easy to quantify, it is estimated that indirect costs, including unofficial care expenses such as family care, are also high. These indirect costs have a large impact on society as well as on families, and they are growing rapidly.

<Table 1> Annual economic cost per dementia patient

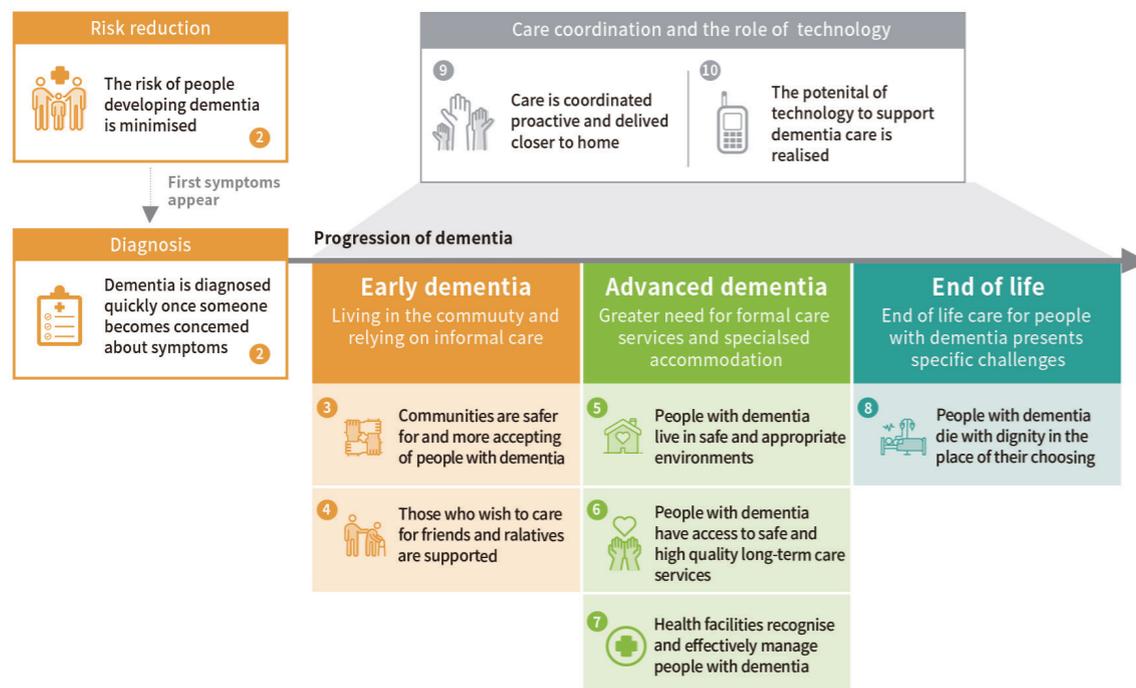
Category	Cost Item	Cost per person (KRW)	Percentage(%)
Direct cost	- Direct Medical Cost		
	· Medical Cost	8,607,990	46.5
	· Medication Cost (copayment portion)	1,271,311	6.9
	Subtotal	9,879,301	53.4
	- Direct Non-medical Cost		
	· Caregiving Cost		
	Paid-caregiver Cost	693,767	3.7
	Unofficial caregiving Cost	3,567,934	19.3
	· Transportation Fee	970,087	5.2
	· Supplies Purchase Cost	576,967	3.1
· Time Cost			
Patient Time Cost	30,674	0.2	
Guardian Time Cost	213,965	1.2	
Subtotal	6,053,394	32.7	
- Long-term Care Cost	2,399,709	13.0	
Indirect cost	- Loss of Patient Productivity Cost	181,561	1.0
TOTAL		18,513,965	100.0

Resource: Ministry of Health and Welfare of Korea. (2011). Status of older population with dementia.

Section 2 Policy response to dementia

As mentioned in Section 1, international cooperation is being made to ease the burden of dementia care. In 2012, health policy officials from eight countries—UK, USA, France, Italy, Russia, Canada, Germany, and Japan—gathered to hold the first G8 Dementia Summit to analyze the disease burden caused by dementia and announced joint initiatives to strengthen international cooperation in various fields such as dementia prevention and treatment improvements. In 2014, the OECD presented the 10 core policies for managing dementia based on scientific evidence at the G7 Dementia Summit Legacy Meeting

([Figure 4]), which provide a fundamental foundation for establishing dementia policies in each country. This report analyzes the content and level of national dementia policies of ASEM partners based on international discussions of dementia and considers the possibility of cooperation among ASEM partners based on their dementia policies.



[Figure 4] OECD top 10 dementia management policies

Resource: OECD. (2015). Addressing Dementia: The OECD Response.

Chapter 2

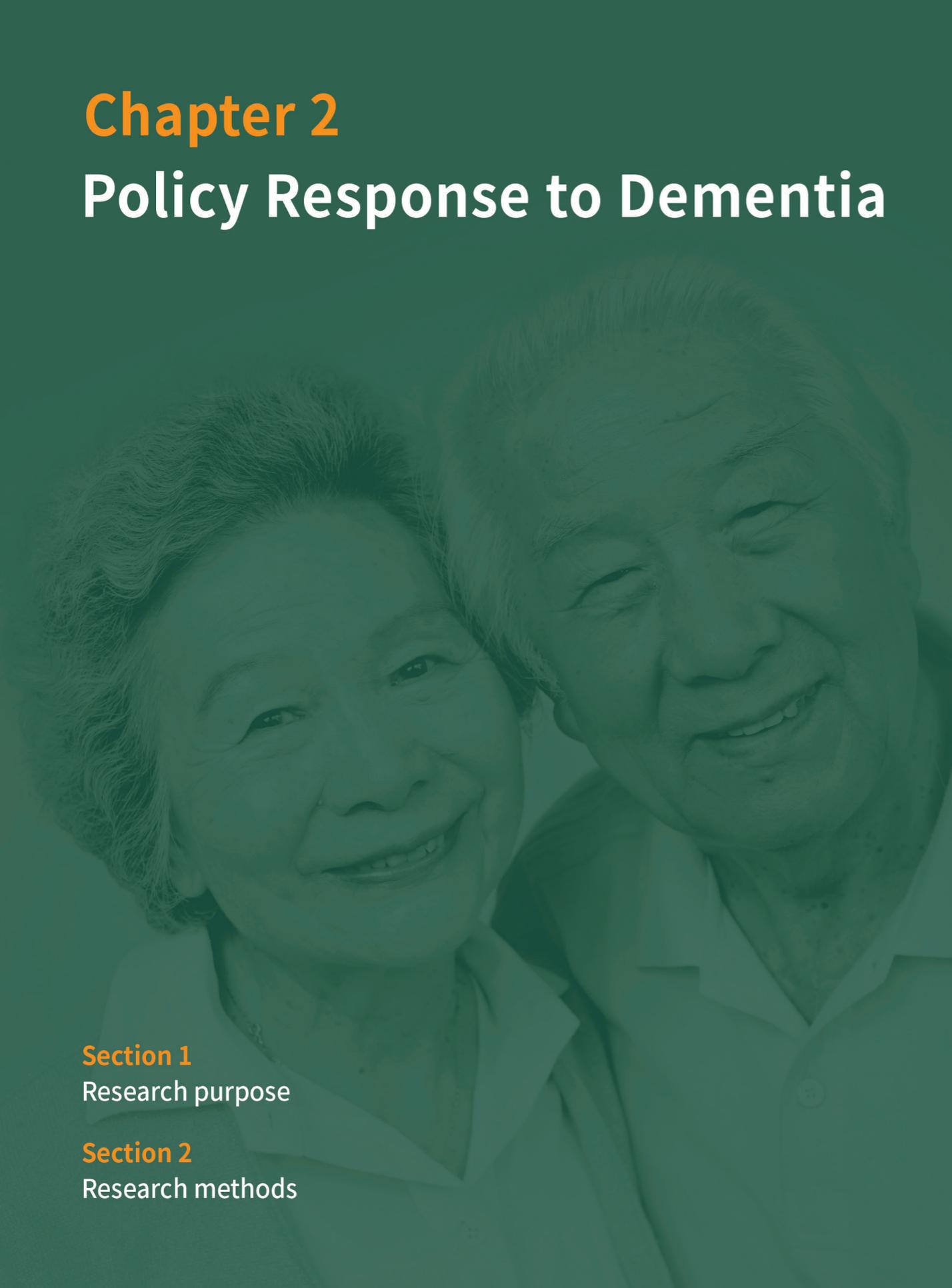
Policy Response to Dementia

Section 1

Research purpose

Section 2

Research methods



Section 1 Research purpose

The purposes of this report are as follows:

1. To research national dementia policies and best practices in the ASEM partners and analyze them based on the recommendations of the 10 dementia core policies proposed by the OECD and the perspectives of dementia care.
2. Based on the analysis, to identify the possibility of cross-referencing and cooperation with each ASEM partner's dementia policy.

Section 2 Research methods

1. Research on national dementia management plan in ASEM partners

This report is focused on reviewing the policies of ASEM partners with central government-led, comprehensive dementia policies. Temporary policies of the central government, policies of local governments, and private sector-led dementia policies/programs are excluded from analysis because they are not generally available to all residents of the ASEM partners.

As such, the study includes a total of 10 countries: France, Germany, Ireland, Italy, Sweden, the United Kingdom, Australia, Indonesia, Japan, and Korea.

2. Perspectives of dementia care

The perspectives of dementia care have evolved into the medical, social, and person-centered care models (see <Table 2>, Carlson, 2009; Kitwood, 1997; Milligan & Thomas, 2015; Thomas & Woods 2003).

First, the medical model is an advanced model based on the most common view of dementia—the therapeutic approach—to identify the causes of the disease and cure the disease through treatment. In the medical model, dementia is recognized as an acquired disorder that is caused by brain impairment(Carlson, 2009). This model focuses on medical approaches, such as practice and prescription, that are driven by doctors at every step of the process. Although the medical model is useful for identifying the causes of the

disease, it focuses on the disease rather than the person stricken with the disease; as such, it is unable to perceive the social environment and structure around the people with the disease as well as perceive people with the disease as human beings with personalities.

In the medical model, the main issue is how to treat the disease, and the model focuses on medications and treatments to address this problem. The medical model is criticized for excluding the social context by focusing solely on the disease and for relying on healthcare experts for decision making relating to diagnosis, care, and treatment even when the causes of dementia are not yet identified and the disease cannot be fully cured (Thomas & Woods, 2003).

More seriously, the medical model hardly reflects on the opinions of older persons with dementia who are perceived as abnormal; as a result, the issue of causing stigma and shame to older persons with dementia can arise. Thus, this model presents the disadvantage of excluding the environmental and social context of the object of care in determining the care required for older persons with dementia.

Second, the social model was proposed to overcome the limitations of the medical model(Oliver, 1983). The medical model characterizes the object of care as normal or not and is based on a sympathetic attitude that a person with disease cannot participate in normal life. In other words, the social model considers the real obstacles for people with damage are the environment - such as the systems, social institutions, and buildings - as well as discriminatory perceptions and attitudes on people with damage.

To overcome these limitations, the social model focuses on the differential attitudes of society and responses to damage rather than the damage itself. For example, the social model views people's disabilities not as the impairments themselves, but rather considers that the environment—such as the systems, social institutions, and buildings—as well as discriminatory perceptions and attitudes produce barriers that impact the lives of people with disabilities.

Applying the social model to dementia, a medical approach that recognizes dementia as an imperfect condition leads to the perception that older persons with dementia are abnormal, which results in the social discrimination and exclusion of people with dementia and their families who provide care. Thus, the emphasis of the social model is to examine whether perceptions of dementia and attitudes toward patients lead to discrimination, debate whether there is structural inequality in diagnosis or treatment, and remove structural discrimination such as discrimination in care services (Milligan

& Thomas, 2015). However, the social model is limited by its focus on social structural discrimination and exclusion, which makes it difficult to recognize older persons with dementia and their families as individuals (Kitwood, 1997).

Third, the person-centered care model is an approach that attempts to overcome the limitations of the aforementioned medical and social models. The limitation of the two models are as follows: the medical model marginalizes the patients as it focuses on disease itself, and the social model marginalizes the person and family caregivers as it focuses on structure. In contrast, the person-centered model focuses on older persons with dementia and reconstructs their lives. Recently, this model has been considered as an important approach in research areas including elderly care, nursing, and dementia friendly community. The core values of the person-centered care model are dignity, affection, and respect; treating older persons with dementia and their families as individuals; and providing affection-centric care (Kitwood, 1997).

This model expands on counselee-centric counseling in the field of psychological counseling, which asserts that the private experiences of counselees are the most important, and applies it to nursing and geriatric care, leading to intervention plans that center around older persons with dementia and their families when presenting dementia-related care plans. The model has become increasingly popular with existing research claiming that dementia may cause impairments in daily life but it does not damage the self-identity of older persons with dementia until the final stage of life (Fazio et al., 2018).

According to the person-centered care model, older persons with dementia are recognized as individuals with a personal history, experience, preferences, and an identity. The intervention and planning of care after the diagnosis of dementia is not centered on traditional healthcare professionals, but instead places older persons with dementia and their families providing care at the core.

Historically, the change in discourse on the point of view of dementia care has evolved from the *medical model* → *social model* → *person-centered care model*. However, in reality, policies tend to be formulated based on urgent needs rather than after reaching a social consensus on dementia care. Therefore, it is highly likely that the nature of dementia policy will be determined according to the perspectives of policymakers. In addition, dementia policy is related to existing policies on geriatric care. For example,

factors such as the quality of medical infrastructure for older persons, the social atmosphere relating to geriatric care, and the social atmosphere in the person-centered practices of existing care professionals can affect the nature of future dementia policies. As a result, certain models may be prioritized in some countries, but this study asserts that dementia policies cannot be composed solely of a single model. Therefore, when reviewing current dementia policies, it is important to ensure that the policies based on each model are properly balanced and that they have a policy foundation that ensures future balance. In the following sections, this study discusses the direction of dementia policies of ASEM partners.

<Table 2> Perspectives of care relating to dementia

Category	Medical Model	Social Model	Person-centered Care Model
Focus	Focus on the disease of dementia rather than the person	Focus on structural contradictions where environment of the society, attitudes, and buildings create obstacles	Focus on the person as an individual with a personal history
Attitude toward person with dementia	Dependent, Beneficiaries receiving sympathy and care	Active citizens	Persons whose dignity and individuality should be respected
Cause of problem	Disease, cognitive impairment due to brain damage	Unequal social structure, prejudice, and discriminatory attitudes	All relationships associated with personal psychology, environment, and care
Solution	Treatment, rehabilitation	Improving structures and systems of repression and alienation, and accommodating social differences	Individualization, changes in perception and attitude
Practice form	Expert-centric	Politics of identities and differences, relationship with human rights, focused on the individual with dementia	Focus on older persons with dementia, their families, and care providers
Policies and service delivery	Repressive and patriarchal methods	Delivered as a means for social integration and active participation	Treatment and delivery of care based on dignity and respect for individuality, with older persons with dementia and their family at the core of care
Period	Before the 1980s	After the 1980s	After the 1990s

Resource: Lee. (2019). Analysis of the UK's Dementia Response Policy and Implication: Focusing on Scotland's National Dementia Strategy.

3. Framework

This study aims to categorize each ASEM partner's dementia policies into three dementia care models, and then analyze the portion of each model. Most national dementia policies are formed based on a combination of the three models, and this composition characterizes each country's dementia policy. For example, in the early stages of the implementation of a central government-led policy, it is important to use the social model for structuring, system establishment, and infrastructure creation, and then, to provide seamless services to dementia patients and families based on the person-centered care model in phases. The medical model needs to be developed continuously in areas such as screening and treatment development to achieve gradual growth.

The diversity of policy targets is also an important analysis area. The most important policy initiatives address cognitive function, health, and quality of life of older persons with dementia, which involve policies such as examinations and diagnoses through the medical model. However, it is also important to improve the competence of care providers and reduce the burden of care for family caregivers. Efforts to create an accessible system through the social model as well as improvements in the quality of services through the person-centered care model are required. In addition, excessive fear of dementia can lead to side effects such as delayed examinations, and the perception of medical professionals that dementia is not treatable and thus does not require resource input can prevent them from actively treating dementia. Furthermore, agreement is required in creating the foundations of care in communities and in investing public resources. To do so, an improved perception of dementia is required, which can be achieved by appropriate policies such as implementing a continuing campaign based on the social model (see <Table 3>).

<Table 3> Sample dementia policies based on the perspective of care and the targets of care

		Policy Target				
		Patients with dementia	Care provider	Public	Administrative system	Environment
The perspective of care	Medical Model	Treatment (medications)	A program to relieve care stress			
	Social Model	Increased service accessibility	Increased service accessibility	Raising awareness campaign	A system for universal access	Creating a dementia-friendly environment
	Person-centered Care Model	Patient-specific service packages	Customized service packages for care providers			

In this report, formulation of three care models in each ASEM partner's dementia policies is an important tool for comparative analysis. The next chapter will discuss the trends and detailed policy contents of dementia policies in each country based on the three previously introduced models.

Chapter 3

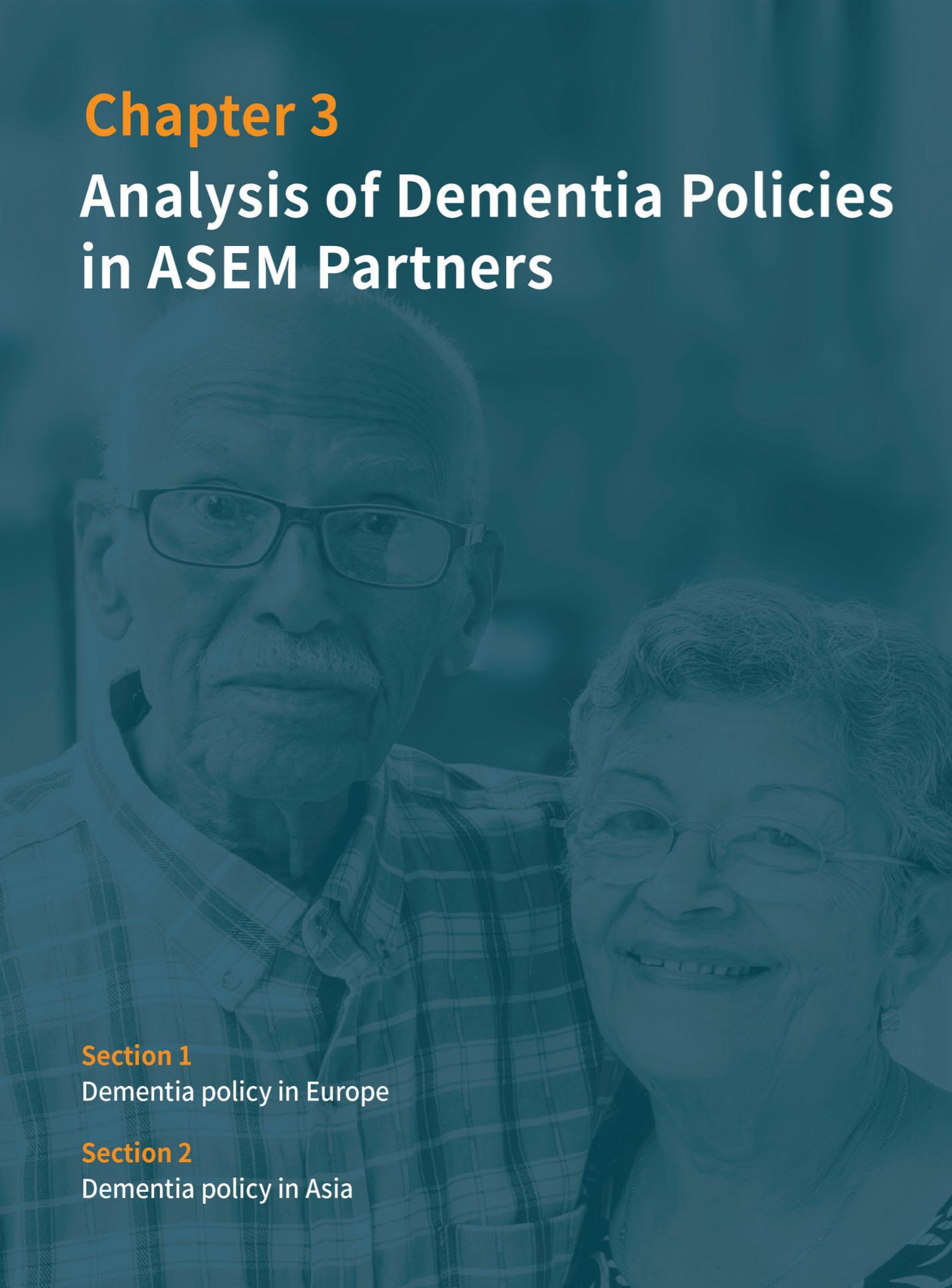
Analysis of Dementia Policies in ASEM Partners

Section 1

Dementia policy in Europe

Section 2

Dementia policy in Asia



Section 1 Dementia policy in Europe

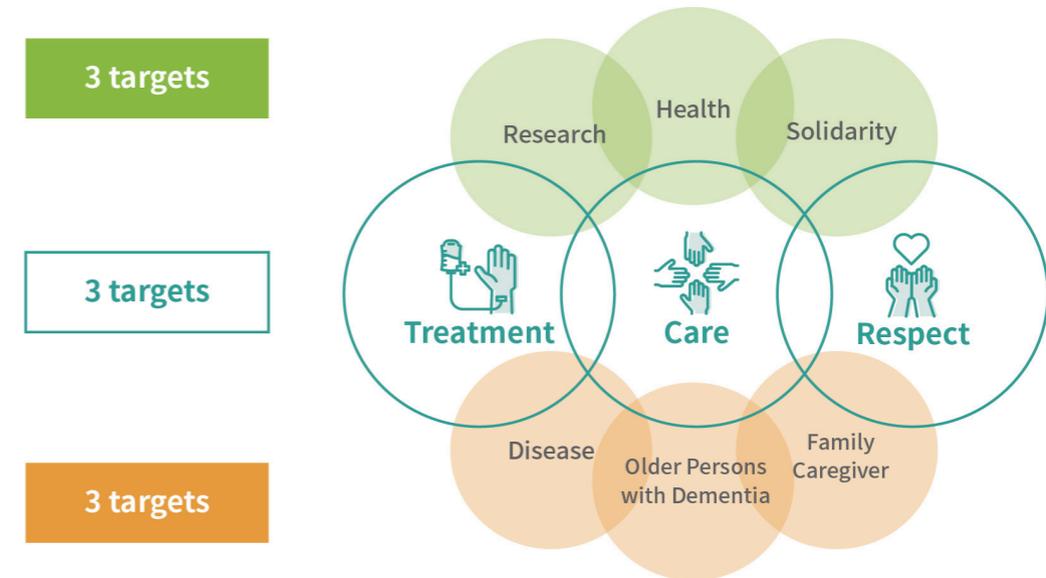
1. France

1) Overview of France's dementia policy

Since 2011, France has been engaged in the National Plan for Alzheimer and Related Diseases, which is in its third phase. The First National Plan for Alzheimer and Related Diseases (2001–2004) established a basic framework for providing adequate management facilities and services under four objectives: diagnosis and diagnostic systems, service delivery, expansion of medical centers, and provision of information to the public. The Second National Plan for Alzheimer and Related Diseases (2005–2007) added detailed strategies such as support for dementia in pre-senility, a volunteer system, and housing support. In January 2008, the French government announced the Third National Plan for Alzheimer and Related Diseases (2008–2012) with more comprehensive and detailed goals, as well as comprehensive management and evaluation. In October 2014, the Fourth National Plan for Alzheimer and Related Diseases (2014–2019) was announced.

2) Details and features of the French dementia policy

The Third National Plan for Alzheimer and Related Diseases established three axes, three objectives, and three targets ([Figure 5]). The three axes consist of research, health, and solidarity; the three objectives are knowledge and medical treatment of the disease, improving the quality of lives of older persons with dementia and their families, and transforming dementia into a social issue. The three targets are disease, older persons with dementia, and family caregivers. This plan established a more systematic and concrete set of policies, focusing on organic cooperation and connection between agencies, and aiming to create a system for information and easy access to services for older persons with dementia and their families.



[Figure 5] Composition of the French national dementia plan

Resource: French Government. (2008). National Plan for Alzheimer and related diseases 2008-2012.

The National Plan for Alzheimer and Related Disease in France has three main project goals: “support for the older persons with dementia and their families,” “activating research,” and “improving perceptions of dementia as a social issue,” with 10 strategic goals and 44 specific performance goals.

Areas for expanding caregiver support include developing professional home care, creating flexible and innovative temporary rests, providing a diverse range of resting facilities based on the needs of the patient and caregiver with a goal of guaranteeing a solution that could be used by all patients in any region, strengthening the rights and training of caregivers (e.g., providing information and developing guides), and improving health monitoring of family caregivers (e.g., caregiver counseling).

The areas of greater coordination among related parties include quality labeling to best ensure universal quality of service and the use of coordinators to coordinate various needs.

In the area of choice for community-based support of individuals with dementia and their families, the key strategy is the expansion of the scope and choice of each option. This includes a strategy to respond to areas in France where there is a high need for community-based care and the consideration of providing psychological services in addition to physical services, strengthening community-based services and expert services, and utilizing new technologies to develop community-based services.

Policies related to increased accessibility to diagnosis and treatment paths include improvements in all aspects of support in all paths and stages including diagnosis, new payment terms for health care professionals (to improve quality of care and treatment in various ways), creation of dementia patient information cards, utilization of memory units (e.g., universal dementia counseling cards), creation of memory resources and research centers (e.g., national-level professional diagnosis, support, and research), and the monitoring of drug-related incidents.

Policies to improve residential care to promote the quality of life of older persons with dementia include customized support for older persons suffering from behavioral problems, the creation of a health care rehabilitation and follow-up department for patients with dementia, the establishment of residential facilities for young dementia patients, and identifying roles of the existing national center for young dementia patients.

<Table 4> Details of the French dementia policy

	Area	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Improve quality of life for patients and caregivers	Extended caregiver support		○	
		Better coordination between all involved parties		○	
		Choice of at-home care for patients with dementia and their families		○	○
		Improved access to paths for diagnosis and treatment	○	○	
		Improved residential care to improve quality of life in patients with dementia		○	○
		Development of skills awareness and training for healthcare professionals		○	
2	Knowledge for behavior	Significantly expanded research efforts		○	
		Epidemiological monitoring and follow-up organization		○	
3	Organization of social issues	Provide information for general public awareness		○	
		Facilitate ethical consideration and approach		○	○
		Priority settings for Europe in relation to dementia		○	

Resource: French Government. (2008). National Plan for Alzheimer and related diseases 2008-2012.

In terms of technology and training development for healthcare professionals, specific experiences and technology development plans on dementia care are key policy areas.

Policies in the area of research efforts expansion include the establishment of foundations for scientific research and collaboration, for clinical R&D for dementia, and for improving perceptions of a non-drug methodology; expanded support for doctoral and post-doctoral processes (e.g., expanding participation in research projects), new assistant surgeons (e.g., neurosurgery, etc.), and hospital education; support of research in human and social sciences, research groups that conduct research on innovative approaches, and cohort studies of large patient populations through long-term monitoring; the strengthening of clinical epidemiological education; and the promotion of collaborative research by the public and industry.

Policies related to an epidemiological surveillance and follow-up strategies include providing professional care through improvement of local systems of care and quality assessment.

In the area of information for raising public awareness, policies include mobile and online access paths for information and advice, a regional council for carrying out plans, and research on the knowledge of and attitudes towards dementia.

The area of ethical consideration and approach facilitation includes policies such as the creation of a space (center) dealing with an ethical approach to dementia, clarification of the legal status of patients with dementia in institutions, and the establishment of regular meetings to address the autonomy of dementia patients and provide information on clinical trials conducted in France.

In the area of priority setting for dementia in Europe, France set the policy of fighting for dementia as the top priority, and research promotion and publication across Europe are carried out.

The characteristics of the French dementia policy are as follows. First, the policy targets are specifically set as the disease, older persons with dementia, and family caregivers, adequately reflecting the needs of each target area. Second, the contents of the policy contain the most optimal way to overcome the practical difficulties in the current context. For example, one key area of consideration is facilitating the active involvement of healthcare professionals in carrying out dementia policies; some notable policies include having realistic measures for diversely improving the quality of care and treatment, such as new payment terms for health professionals. In addition, the memory unit will not only remain as an institution for diagnosis, but also perform detailed case management to help with future challenges in the areas of public health, health care, and care. It reflects the current reality that modern medical care is not yet able to combat dementia and that it is difficult to form a care service that can fully respond to it.

2. Germany

1) Overview of Germany's dementia policy

Germany's dementia policy was planned under the slogan "alliance for those with dementia." In 2012, the government began planning a national dementia policy, beginning with an announcement by the federal government on World Alzheimer's Day. The "alliance" is formed via a partnership between the federal government, the central associations in federal states and regions, public health and care relating to dementia, and the civil society; the key purpose of the policy is to guarantee the quality of life of people suffering from dementia and improve society's understanding of and sensitivity to dementia.

2) Details and features of the German dementia policy

<Table 5> Details of the German dementia policy

	Area	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Dementia research and public dissemination	Improving prevention, diagnosis, treatment, and rehabilitation potential through an improved understanding of dementia		○	
2	Creating a dementia-friendly environment	Maintenance of daily lives of dementia patients through improvement of community environments		○	○
3	Support for people suffering from dementia to live independently in their own living environments	Reducing the burden of caregiver families and improving care technologies required for dementia patients to age in place			○
4	Establish a system to care for people affected by dementia wherever they are	Meeting the needs of all patients with dementia and their families through a system of regional function support and management		○	○

Resource: Federal Ministry for Family Affairs, Senior Citizens, Women and Youth., & Federal Ministry of Health. (2019). The Alliance for People with Dementia, Results of the 2014-2018 Common Efforts-Short Report.

The policy details include research and public dissemination of dementia research, creation of a dementia-friendly environment, reduction of the care burden and improvement of care technologies to assist family caregivers of patients staying at home, and establishment of a system to care for patients with dementia despite location.

The policies under the area of research and public dissemination of dementia research are aimed at improving the likelihood of prevention, diagnosis, treatment, and rehabilitation by improving the understanding of dementia. Research topics include the causes of dementia, development of an effective care structure, identification of risk factors and at-risk groups for dementia, development of prevention and early diagnosis systems, technological support systems and care innovation to help dementia patients live at home, development of a post-diagnosis decision support system, and development and dissemination of outreach methods for groups that are excluded from policies. Germany's research policies are aimed at a variety of topics such as care, administration, and regional communities outside of the therapeutic approach.

Policies in the area of improvements in the community environment include increasing access to services in the home and living environment, using language that is easy for senior dementia residents in administrative functions, providing legal help for issues such as pension schemes, appointing a regional social services manager with a high level of understanding of dementia, promoting social participation by patients and families with their own decision making, encouraging neighborly relationships between generations of older persons, and helping immigrants with dementia. These policies cover a variety of topics ranging from institutional support policies such as strengthening service accessibility and immigrant support, administrative support policies such as the deployment of service coordinators, and cultural support policies such as the use of language that is comfortable for older persons with dementia.

The policies relating to providing support for people with dementia to live independently in their home environments primarily target family caregivers. These policies are largely aimed at providing support for families engaged in caregiving at home, including reducing the burden on family caregivers and improving care technologies, counselling and support for dementia patients and family caregivers, providing financial support for care by relatives, supporting caregiving volunteers and organizations, and outlining regulations on

caregiving duration and family caregiving to ensure a balance between care and work.

Policies that help establish a place regardless care system for people affected by dementia include providing transition-period care between hospitals and at-home care, expanding collaboration among caregivers in various fields, providing a variety of residential environments such as shared apartments and multi-family homes, and developing long-term care insurance for various forms of caregiving.

The characteristics of the German dementia policy are to organize policy based on research in various fields related to dementia care and to support the regional care system in a multi-dimensional way so that older persons with dementia can continue to be cared for at home. In particular, the policy areas include targets that encompass not only the family caregivers but also their relatives and volunteers, allowing for the care of the entire community.

3. Ireland

1) Overview of Ireland's dementia policy

Ireland's national dementia policy has the foundation of maximized customization for patients with dementia and family caregivers and are being carried out under three objectives: 1) improving perceptions of dementia, 2) improving early screening and intervention, and 3) improving community-based programs.

The detailed areas under the Irish dementia policy include improving understanding and awareness of dementia, increasing timely diagnoses, providing comprehensive care services for patients with dementia and their families, improving education and training, conducting research, and strengthening leadership

2) Details and features of the Irish dementia policy

The special features of the Irish dementia policy are that it focuses its efforts on securing a community-based environment through awareness improvement initiatives and laying the groundwork for community-based dementia care, such as education and training to utilize community resources. Also, it is worth noting the presence of designated case managers for devising comprehensive care plans from diagnosis to treatment. This ensures the establishment of policies that follow the "path of dementia" in the implementation stage. These policies are based on the person-centered care model, placing older persons with dementia and their families at the core and appropriately merging medical and social demands. Furthermore, the spectrum of the policies is very diverse, with policy priorities including support for family caregivers and services for the public, not only older persons with dementia.

<Table 6> Details of the Irish dementia policy

	Area	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Improved understanding and perceptions of dementia	Promote social understanding of dementia		○	
		Reduce stigma associated with dementia		○	
		Identify risk groups such as intellectually disabled groups		○	
		Enhance prevention with emphasis on lifestyle formats and cardiovascular risk factors	○		
2	Timely diagnosis and intervention	Emphasize roles of early diagnosis, targeted screening of vulnerable populations, and primary care	○		
		Support for caregiver families (respect and support for caregivers, support for participation in economic and social activities, and development of various services and support)		○	○
3	comprehensive care services for elderly patients with dementia and their caregiver families	Integrated path of care: From counseling to treatment Providing personal care Role of case managers or designated coordinators			○
		Services provided by various experts in the regional community		○	○
		Improving awareness and expertise of dementia-related acute care in hospitals	○		
		Expansion of specialized residential facilities for dementia within long-term care facilities and expansion of specialized dementia treatment facilities		○	
		End of life care for elderly patients with dementia (Phase 1: by health experts, Phase 2: by healthcare experts with education and experience in palliative care, Phase 3: focusing on palliative care delivery)	○	○	○
4	Education and training	Educational program delivery, dementia information posters, and information for the general public and experts		○	
5	Research and information sharing system	Clinical and non-clinical health services research, and funding relating to dementia	○		
6	strengthening leadership	Develop and monitor national dementia-specific policies		○	

Resource: Minister for Health. (2014). The Irish National Dementia Strategy.

4. Italy

1) Overview of Italy's dementia policy

Italy introduced the first European “memory clinic” in 2013, when 21.2 percent of its population was considered elderly, it ranked second in the European aging index, and it had seen a rapid increase in the prevalence of dementia, leading to a surge in interest in aging and dementia. Since 2003, Italy introduced Alzheimer Evaluation Units consisting of some 2000 health experts ranging from neurologists, geriatric specialists, psychiatrists, psychologists, rehabilitation specialists, social workers, and nurses. The Alzheimer Evaluation Units played a central role in the network between dementia medical services and social services. However, regional differences existed in policy beneficiaries, and service quality was not maintained due to lack of service standardization. To overcome these problems, the government has established and currently operates a national dementia plan that encompasses four domains.

2) Details and features of the Italian dementia policy

Details of the Italian dementia policy are as follows. The area of health and care service intervention and policy promotion include policies such as mapping dementia care resources for regional communities, including dementia-related social services quality indicators to help standardize dementia care services, and establishing national dementia information system infrastructures.

The policies aimed at strengthening the dementia network and providing services using an integrated approach include following a multidisciplinary approach in diagnosis and care services, standardizing care services, establishing continuity of diagnosis and care, and concentrating care for vulnerable groups. Notably, the purpose of service consolidation is not the simple improvement of quality, but instead the improvement of health equity for socially vulnerable groups.

The areas of proper care delivery and high-quality service delivery include developing priority evaluation indicators based on consensus among diverse areas of expertise, facilitating specialist training in health care and social care services, strengthening expert self-assessment, and promoting systematic audit activities to improve clinical practice.

Policies on awareness improvement for reducing stigma include reducing social stigma, conducting national and regional campaigns to support the respect and dignity of dementia patients, supporting active participation and awareness to support family

caregivers, and strengthening the network of associations and volunteers.

The characteristics of the Italian dementia policy are the interdisciplinary and comprehensive approach and awareness improvement initiatives through the social model. The policies are diverse and rooted in the infrastructure establishment process, allowing for the future segmentation of policies.

<Table 7> Details of the Italian dementia policy

	Area	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Improved understanding and perceptions of dementia	Improve everyone’s knowledge of the prevention, timely diagnosis, treatment, and management of dementia (General public, experts, patients with dementia, and their families)		○	
		Nurturing research for care and quality of life improvements for older persons with dementia and their family caregivers		○	
		Organization and implementation of epidemiological and surveillance activities for dementia care support and planning		○	
2	Strengthening consolidated service network based on a comprehensive approach	Dementia prevention, timely diagnosis, and dementia patient management through promoting multi-disciplinary policies		○	
		Focus on standardization of dementia care, integration of care, social imbalance, and social and health vulnerabilities		○	
3	Appropriateness of care and high-quality service	Improve service delivery and monitoring		○	
		Improve the quality of care in homes and residential facilities		○	
		Promote appropriate use of drug treatment, technological, and psychosocial interventions		○	
4	Reducing stigma and improvement of quality of life for older persons with dementia and their families through empowerment	Provide accurate information to patients and family members regarding dementia and related services to ensure proper diagnosis		○	
		Improve the quality of life and social integration of patients with dementia, and promote participation of patients with dementia and their families		○	○
		Strengthen capabilities of patients, families, and regional communities in the service plan		○	

Resource: Di Fiandra., Canevelli, Di Pucchio, & Vanacore. (2015). The Italian dementia national plan.

5. Sweden

1) Overview of Sweden’s dementia policy

The Swedish government established and implemented a national dementia policy in 2018. The majority of older persons with dementia in Sweden receive care through the general social services available for seniors, and the core focus of the policy is dementia-related education for geriatric care providers and families of patients with dementia, which is expected to be completed by 2022.

2) Details and features of the Swedish dementia policy

<Table 8> Details of the Swedish dementia policy

	Area	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Cooperation between publichealth and social welfare	Work connection and cooperation by area and by unit		○	
2	Staffing	Expand dementia specialists		○	
3	Knowledge and skills	Improve knowledge and skills associated with dementia among health and social welfare employees (Provide technical development, education training)		○	
4	Monitoring and evaluation	Establish two quality-based databases related to dementia registration and abnormal behavior		○	
5	Family and friends	Reflect the opinions of patients with dementia and their families			○
		Support families of patients with dementia		○	○
		Increase related professionals’ understanding of families of patients with dementia		○	
6	Society	Establish a dementia-friendly society		○	
7	Digital and other assistive technologies	Provide assistive technology solutions		○	

Resource: Ministry of Health and Social Affairs. (2018). Dementia strategy focusing on care.

Policies related to public health and social welfare include cooperating to provide effective services to patients with dementia and their families (e.g., between regional governments and central government), and expanding and promoting a standardized model of a treatment path after diagnosis (managed by the National Health and Welfare Committee).

In the area of staffing, policies include improving the quality of care, safety, and security through dementia specialists, and providing support for both public and private professional dementia care providers.

Policies addressing knowledge and skills include improving dementia knowledge and skills for related professionals to ensure high-quality public health and social welfare provision, providing skills development for staff in charge of elderly and disability care, and education and training for related workers.

In the areas of monitoring and assessment, key policies include the monitoring of disease progression in patients with dementia, and the development of two quality databases for dementia registration and registration of abnormal behavior.

Policies related to family and friends seek to focus on the opinions of patients with dementia and their families, support families, and promote care professionals' understanding of families of dementia patients.

In the area of society, key policy areas include cooperation between the central government, local government, central agencies, and the civil society for the establishment of a dementia-friendly society.

Under the area of digital and assistive technologies, the Swedish government is striving to maintain and improve the confidence, independence, activity levels, and participation of dementia patients with a disability or who are at risk of developing a disability through assistive technology solutions as well as improving the working environments for social workers.

The dementia policy of Sweden is characterized by a variety of efforts to expand the human infrastructure. For example, these policies include the improvement of knowledge and skills relating to dementia by related professionals to provide high quality healthcare and social welfare services, development of skills of older persons, provision of disability care, and increased education and training for related professionals. Notably, the Swedish government is attempting to improve policy efficiency by improving knowledge about dementia in the social welfare human infrastructure. Furthermore, it is also remarkable that the abnormal behaviors of older persons with dementia are being recorded into a database for use as a future resource for improved responsiveness.

6. United Kingdom

1) England's dementia policy

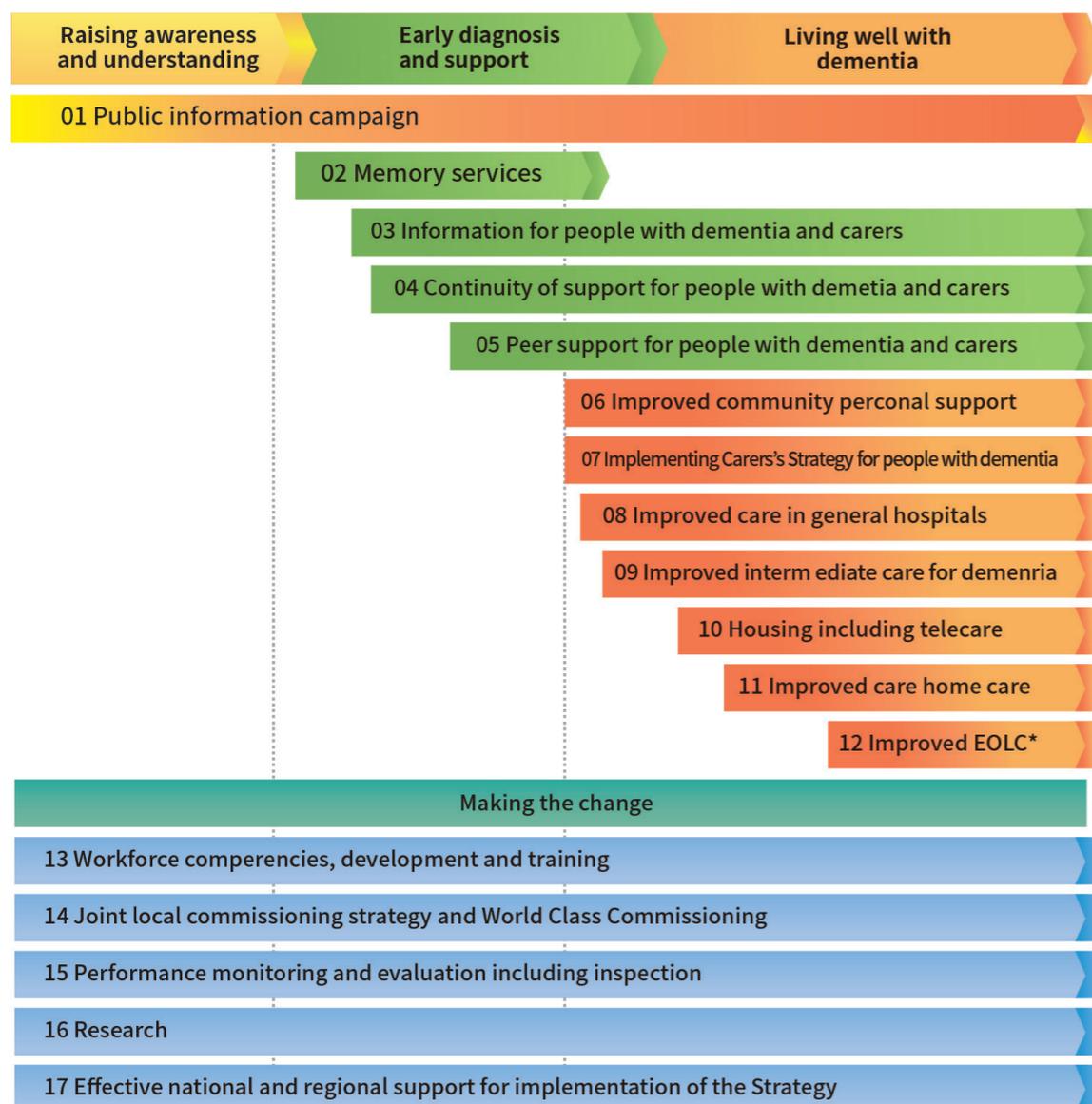
(1) Overview of England's dementia policy

In February 2009, England announced a national dementia management plan called "Living Well with Dementia: National Dementia Strategy," which executed a national-level dementia management plan through 2014. Since the 2014 OECD recommendations on dementia care, the national dementia policy is now being managed under the title of "the Prime Minister's Challenge on Dementia 2020."

England reviewed and revised the National Service Framework for Mental Health in 1999, followed by the National Service Framework for older people in 2001, and the National Service Framework for long-term conditions in 2005; however, it still lacked a clear strategy on dementia. Therefore, in 2006, the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) developed clinical guidelines for pharmacological, psychological, and psychosocial interventions for older persons with dementia and their families. However, these guidelines were regarded as inadequate compared to other European countries, and thus in 2009, England engaged in its first National Dementia Management Plan, which was implemented until 2014, and a revised plan was announced in 2015. Around the same time, the Prime Minister's Challenge on Dementia 2020 was announced, managing the national dementia strategy.

(2) Details and features of the English dementia policy

With the purpose of improving the quality of life in older persons with dementia and their families, England's National Dementia Management Plan has three stages: (1) providing knowledge of dementia and reducing social stigma, (2) providing early diagnosis, support, and treatment for older persons with dementia and their families, and (3) developing services to meet the needs of patients with dementia and family caregivers, supported by 17 strategic objectives. In other words, England's National Dementia Management Plan was developed around the care pathway based on the disease life cycle, rather than the priority of services to be provided.



[Figure 6] Composition of the English national dementia plan

Resource: Department of Health of UK. (2009). Living well with dementia: A National Dementia Strategy.

<Table 9> Details of the English dementia policy

	Area	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Improve perception and understanding	Increase awareness and understanding of dementia among the public and healthcare workers		○	○
2	Support for early diagnosis	Memory services		○	
		Provide useful information to older persons diagnosed with dementia		○	
		Increase accessibility to older persons with dementia and their families		○	
		Enhance peer support for older persons with dementia and their families		○	○
3	Living well after diagnosis	Improve quality of care in general hospitals	○	○	
		Implement a family caregiver strategy		○	○
		Improve individual support services in the regional community		○	
		Improve intermediate care for older persons with dementia		○	
		Provide home-care support including Telecare	○	○	○
		Improve quality of care facilities		○	○
4	Creating change	Improve quality of end-of-life care		○	○
		Nurture specialists for older persons with dementia		○	
		Assess and oversee health and care social services		○	
		Strengthen research		○	
		Provide national and regional support of dementia strategies		○	

Resource: Department of Health of UK. (2009). Living well with dementia: A National Dementia Strategy.

In the area of improving perception and understanding, which aims to improve the adequacy of diagnosis and care, increase prevention, and reduce social discrimination and the stigma against dementia, policies include information campaigns, prevention campaigns such as “what’s good for the heart is also good for the brain,” regional campaigns, and

specialized campaigns for groups such as schools and religious organizations.

The main messages included in the campaigns are as follows: “dementia is a disease,” “dementia is common,” “dementia is not an inevitable consequence of aging,” “the social environment is important, and the abundance of relationships and interactions improve the quality of life,” and “dementia is not a disease that leads to premature death.” Other messages include “there is still life to be lived and the quality of life can be good,” “people with dementia can make a positive contribution to their community,” “a community can support and protect older persons with dementia and family caregivers,” and “good meals, quitting smoking, regular exercise, abstinence from alcohol, and prevention of brain injury can reduce the risk of dementia.”

Early diagnosis initiatives mainly include the operation of a memory service model. The Croydon Memory Service Model is designed to introduce low cost, highly efficient, and comprehensive services into existing systems to maximize the effectiveness of early diagnosis by providing services from memory clinics that engage in memory assessment services and by providing after-diagnosis care services. The model is multi-functional and co-functional, and provides comprehensive assessment, diagnosis, and management services to all members. The model carries out ongoing assessments, which are conducted at home and include both older persons with dementia and family caregivers. The services begin with meetings to establish a plan, and through extensive medical, psychological, and social intervention measures such as medication, access to weekday facilities, and participation in treatment groups, the patient is supported in maintaining independence and quality of life. The model is directly recommended by primary medical personnel or other medical and social welfare professionals, and involves clinical psychologists, nurses, social workers, and psychiatrists.

The English dementia policy is also based on the path of dementia; as such, rather than being a national policy, it is a policy centered on the needs of older persons with dementia and their family caregivers. This is consistent with the OECD’s 10 core policies for dementia. Another characteristic of the English policy is that the Prime Minister is directly involved in performance management each year.

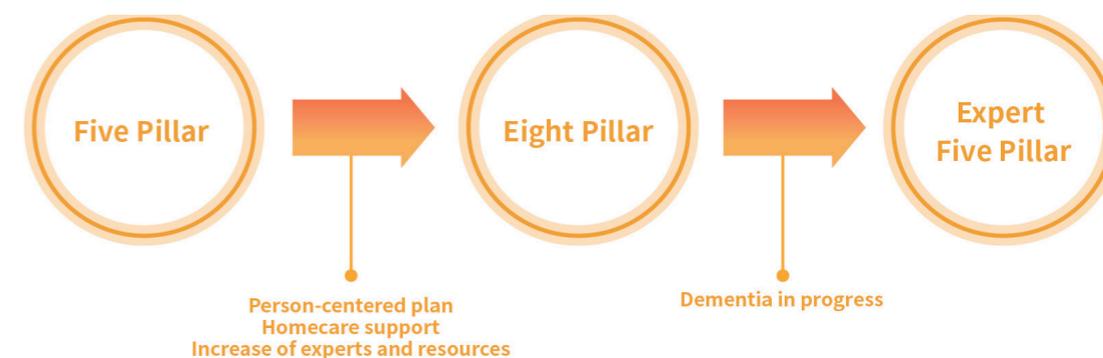
2) Scotland

(1) Overview of Scotland’s dementia policy

Scotland has adjusted the direction of its national dementia policy every three years, for a total of three times since 2010. The first policy, implemented between 2010 to 2013, focused on strengthening early dementia diagnosis and support for dementia diagnoses,

providing education and training for health and social services workers, ensuring compliance with the rights charter for individuals with dementia, and supporting ongoing dementia research. In the second policy, implemented between 2013 to 2016, key policy measures were strengthening a person-centered dementia diagnosis; creating safe, supportive, and dementia-friendly residential environments; supporting families and caregivers; supporting service switching; and forming a dementia research consortium. The third policy, implemented from 2017 to the present, aims to adhere to the person-centered care principles in all stages, reduce stigma and create a dementia-friendly regional society that contributes to improved perceptions of dementia, support palliative care and end-of-life care, comply with regulations in treatment and care, strengthen respect and rights in all settings, promote ongoing cooperation with service users and care providers, disseminate dementia research, and explore policy connections. A major feature of this policy’s development is a shift toward the person-centered approach with the second policy. Notably, the third policy emphasizes a person-centered approach in all aspects.

Another feature of the Scottish dementia policy is the establishment of a customized strategy tailored to the progression of dementia, known as the “dementia care pathway” approach ([Figure 7]) The dementia care pathway refers to the progression from phase 1, which focuses on the diagnosis of dementia, to phase 2, which is support during the progression of dementia, and to phase 3, which deals with preparation for death. The policy details for each phase are as follows:



[Figure 7] Strategy development based on the dementia care pathway (Lee, 2019)

Resource: Lee. (2019). Analysis of the UK’s Dementia Response Policy and Implications: Focusing on Scotland’s National Dementia Strategy.

Phase 1: Five-Pillar Model (Diagnosis support)

Understanding and responding to the disease and its symptoms, providing peer support, supporting community connections, planning for future decision-making, and planning for future care

Phase 2: Eight-Pillar Model (Support for dementia in progress)

Using a clinical dementia coordinator, supporting caregivers, providing human-centered care, connecting with the community, responding to the environment, providing mental health treatment and care, providing general health management and treatment, and providing therapeutic intervention for disease symptoms

Phase 3: Expert Five-Pillar Model (end-of-life support)

Phase 2 support plus end-of-life palliative care support using an expert team for severe dementia

(2) Details and features of the Scottish dementia policy

<Table 10> Details of the Scottish dementia policy

Category	Task	Approach	Perspective of care			
			Medical Model	Social Model	Person-centered Care Model	
Disease pathway	Dementia perception	Provide information on dementia to older persons with dementia, families, and care providers	○	○		
	Dementia diagnosis	Early detection	Construct a dementia-friendly community environment so that discriminatory perceptions do not lead to social exclusion Educate and train people to improve their skills and knowledge in responding to dementia Strengthen advertisements for superior improvements in personnel		○	
		Access to healthcare services	Develop a simple tool for measuring dementia risk	○		
			Provide all people aged 65 and older a dementia checkup during their regular NHS health check-ups	○	○	
	Dementia perception and response by medical experts	Form dementia-friendly hospitals and educate and train medical staff on dementia		○		
	After dementia diagnosis	Confusion and preparation immediately after diagnosis of dementia	Provide services based on a five-pillar model		○	○
	Progression of dementia symptoms	Increased need for professional intervention due to the development of dementia symptoms	Provide services based on an eight-pillar model			○
		Access to care services	Provide free interpersonal and nursing services to reduce the economic burden of care		○	
	Severe dementia	End of life	Provide services based on eight-pillar model plus a team of severe dementia specialists			○

Dementia research	Dementia prevalence	Prevalence of dementia in Scotland	Develop the Scottish dementia prevalence model	○	
	Service improvements	Care pathway	Research thoughts and needs of older persons with dementia and their families at every stage of the care pathway		○ ○
Policy	Policy subjects	Policy formation, implementation, and monitoring	Establish governance through the government, Alzheimer's Scotland, and Scotland dementia working groups		○

Resource: Lee. (2019). Analysis of the UK's Dementia Response Policy and Implications: Focusing on Scotland's National Dementia Strategy.

As shown in <Table 10>, the main feature of the Scottish dementia policy is that it is closely organized to the dementia care pathway, composed of diagnosis–progression–end-of-life stages. Moreover, each policy function is appropriately configured with the medical, social, and person-centered care models. Furthermore, another characteristic is that it has a wide research spectrum, including topics such as demand for dementia care, rather than engaging simply in medical research, such as the diagnosis of dementia.

Section 2 Dementia policy in Asian partners

1. Australia

1) Overview of Australia's dementia policy

Australia is carrying out its national dementia plan under the title of “National Framework for Action on Dementia 2015–2019.” Australia also sets policies based on the dementia care pathway, composed of pre-diagnosis prevention, post-diagnosis care, progression of dementia, and end of life.

Key policies include improved perception of dementia, early screening, increased accessibility to post-diagnosis care services, access to ongoing care services, increased accessibility to care services after hospital treatment, access to end-of-life care services, as well as research assistance.

2) Details and features of the Australian dementia policy

In the area of improved dementia perception and reduced risk with the objective of “forming an inclusive community for dementia,” policies include improving the community's understanding and perceptions of dementia, forming customized programs, using evidence-based dementia perception improvement strategies, and developing risk reduction strategies.

Early screening policies include strengthening the role of primary healthcare facilities for timely dementia screening and intervention, using evidence-based understanding and tools, raising awareness of dementia care services and coordinating the services for patients and caregivers, promoting at-home diagnoses by clinical doctors and nurses, increasing diagnosis in agricultural towns by expanding the role of nurses, supporting early dementia detection by family (e.g., emphasizing medical research, treatment, and support services by the caregiver), encouraging evaluation and treatment by multi-disciplinary teams (e.g., general practitioner, psychologists, psychiatrists, geriatric doctors, and professional nurses) for isolated individuals with no family or guardians, providing support through networking with the regional community, evaluating support for diagnoses, separating guidelines and assessment methods for socially vulnerable groups (e.g., intellectually

disabled, indigenous people), and composing policies that enable a comprehensive diagnosis system.

After such a tight-knit diagnostic system, the follow-up policies ensure a smooth connection with care services. Particularly, this stage provides for various person-centered access-based services to enable a care plan that is customized to the environment faced by older persons with dementia and their families. To achieve these objectives, implemented policies include providing interdisciplinary care services, establishing appropriate referral paths, providing access to trained professionals, supporting groups with different needs, establishing future care plans for the community, providing information and support services for family caregivers, and developing an online care search system.

After post-diagnosis care services, continuous care is provided through policies such as official services like community visits and community nursing programs; unofficial services; individual support (e.g., caregiver support) for living in residence; evaluation of care in the regional community and appropriate responses based on expert groups; rest support for family caregivers; improved residential environments to promote a safe and homely environment; connections between institutions, regional hospitals, regional communities, basic health management networks, and individual employees; changes in nursing roles by family caregivers during admission to residential facilities and related support (e.g., continuity of care after admission); management of behavioral and psychological symptoms of dementia (BPSD); identification and management of BPSD inducing factors; education and training for family caregivers; service models using an evidence-based approach; customized programs for various symptoms and needs; and stronger continuous care services.

In addition, a system for intensive care is being prepared for the stage after acute care. Policies during this stage include introducing older persons with dementia and their caregivers and families to the care plans of acute care patients based on the person-centered approach, providing training and programs for establishing the knowledge base in medical staff in terms of acute patients, providing acute care outside of hospitals (e.g., long-term care facilities), and constructing systems relating to care such as linking regional community and elderly care facilities (e.g., connecting older persons to the community after discharge).

End-of-life care service involves policies for preparing older persons with dementia and their families for death through decision-making support for older persons with late-stage dementia and providing person-centered and integrated services.

<Table 11> Details of the Australian dementia policy

	Key points	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Increased awareness and reduced risk of dementia	Create a dementia-friendly community using a collaborative approach		○	
		Use a customized evidence-based approach			○
2	Timely check-up	Strengthen role of primary care	○		
		Use a multi-disciplinary approach and encourage participation by family caregivers		○	
		Develop tools to assist with diagnosis	○	○	
3	Increased accessibility to post-diagnosis services	Provide needs-based services	○	○	○
		Support family caregivers		○	
4	Continuous access to care services	Provide community visiting services		○	○
		Support family caregivers with rest			○
		Improve residential environment		○	○
		BTSD	○	○	
		Provide customized programs to respond to various functional needs			○
5	Access to the care services after hospital treatment	Acute care	○		○
		Delirium care	○		
		Medical care in various settings	○		○
6	End of life Access to care services	Planning at the end of life			○
		Palliative support treatment			○
		Quality care service			○
7	Research improvement and support	Research improvement and support	○		

There are two features of the Australian dementia policy. The first is that various efforts are made to enhance early screening. Various types of specialists are involved in the early screening process, including the primary care provider, doctors and nurses who perform home visits, nurses in rural settings, and a multidisciplinary team to support screening after the family discovers the symptoms. Furthermore, Australia strives to enhance access to check-ups. Not only are check-ups provided in medical settings, but they are also provided in regional communities through home visits, and policies exist to provide check-ups through visiting nurses in agricultural areas, based on the lack of infrastructure. Moreover, they are considering a check-up system for the socially vulnerable, including the disabled and minorities. The second feature is Australia's person-centered approach policies for various scenarios that may appear along the dementia care pathway. For example, the policies strengthen diagnosis to identify at-risk groups for dementia, develop a diverse range of care plans based on the person-centered approach to strengthen access to care services, and provide support so that services can be executed continuously. The fact that plans for at-risk older persons groups after acute care (e.g., stroke, cerebral infarction) are set as a major policy area indicates that the government is preparing for a variety of scenarios.

2. Indonesia

1) Overview of Indonesia’s dementia policy

Indonesia’s dementia policy has been developed under the slogan “Management of Alzheimer and Other Dementia Diseases: Towards Healthy and Productive Older Persons,” and has the three missions of “Comprehensive management of cognitive function problems and dementia,” “Promoting brain health for the productive elderly,” and “Cognitive impairment management for the prevention of old-age dementia,” with seven segmented policy directions (<Table 12>).

<Table 12> Details of the Indonesian dementia policy

	Area	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Public perception improvement campaign to promote healthy living	Campaign for balanced nutrition and physical, mental, and social activities to improve dementia perception	○	○	
2	Protect the rights of older persons with dementia and their family caregivers	Increase awareness between stakeholders and community residents to raise the quality of life for older persons with dementia and their family caregivers Strengthen institutional efforts		○	
3	Information and accessibility about quality of service	Increase information accessibility on the diverse and comprehensive quality services for older persons with dementia and family caregivers Develop a standardized management system using a specialized system		○	
4	Engage in early screening, diagnosis, and comprehensive management of cognitive impairment and dementia	Improve quality of service, including early discovery, diagnosis, and overall management at primary and secondary health facilities Prioritize home and community-based care if long-term care needed	○	○	
5	Professional and sustainable development for the strengthening of human resources	Provide education and training programs to improve the knowledge and skills of doctors and non-health care providers	○		○

6	Development of a cognitive health program as a key factor behind healthy living befitting the life cycle	Create an integrated strategy plan for improving brain health that takes into account the conditions and risks of life	○		○
7	Execute research on cognitive function and dementia	Improve dementia management through a variety of national studies (basic, clinical, epidemiological, and social)	○	○	

Resource: Ministry of Health Republic of Indonesia. (2015). The National Strategy for the Management of Alzheimer and Other Dementia Diseases: Towards Healthy and Productive Older Persons.

2) Details and features of the Indonesian dementia policy

The public perception improvement campaign for promoting healthy living includes policies such as promoting healthy methods of living; strengthening existing programs and promoting new programs on dementia risk factors and protective factors; strengthening education for older persons in schools, families, communities, and workplaces; providing education related to dementia and care; and preparing management guidelines and other similar national-level training models for cognitive health improvement.

Policies addressing human rights for older persons with dementia and family caregivers include strengthening geriatric policies at the national and regional levels and holding regular control meetings between care domains.

In the area of information and accessibility about service quality, included policies are strengthening information accessibility of geriatric services and creating standard operating procedures relating to geriatric services by experts.

Policies on early screening, diagnosis, and comprehensive management of cognitive disorders and dementia include early dementia screening for all individuals with risk factors, including older persons, as well as the development of an intervention program for care and monitoring of patients with dementia.

In the area of professional and sustainable development of human resources, there are policies for training programs for healthcare professionals to enhance knowledge of dementia diagnosis, management, and medical/legal knowledge as well as the development of long-term care services for dementia patients.

Policies on developing a cognitive health program as a key factor in achieving a healthy life befitting that of the life cycle include strengthening cognitive health programs across the

entire life cycle; implementing cognitive health improvement plans in central and regional governments; using evidence-based practices; strengthening research on nutrition, geriatric cognitive functions, and dementia care; including dementia-related items in national research systems; and analyzing the economic impact of dementia.

Indonesian policy is characterized by a policy of cognitive health support that is based on the path of dementia. For the stage when no specific cognitive health issues are present, the policies emphasize a healthy way of life for prevention; for the stage when some risk is expected, the regional medical system is used for diagnosis and treatment, and for the stage when dementia is severe, community care resources are used to support continuous care services that encompass the entire society. Another characteristic is that Indonesia views providing necessary services for older persons with dementia and their families as a basic right, which is also emphasized as a major policy task.

3. Japan

1) Overview of Japan's dementia policy

Japan has major policy initiatives in seven domains based on the “New Orange Plan.” Japan is also building a tight-knit system based on the dementia care pathway. The seven domains include knowledge sharing on dementia, timely delivery of appropriate medical services, enhanced policies for juvenile cognitive disorders, support for caregivers of dementia patients, creation of age-friendly zones including for dementia patients, research on treatment and care of dementia, and the reflection of perspectives of patients with dementia and family caregivers in policies. The detailed policies are as follows (<Table 13>).

2) Details and features of the Japanese dementia policy

<Table 13> Details of the Japanese dementia policy

	Area	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	Information sharing/development to improve understanding of dementia	Campaign to share information/raise awareness of dementia		○	
2	Providing timely medical care	Provide medical and care services according to dementia progression Prevent service blind spots by establishing dementia management pathway	○		○
3	Enhanced policies for juvenile cognitive disorders	Establish self-help networks to prevent financial problems		○	
4	Caregiver support for dementia patients	Reduce the physical and mental burdens of caregivers Enable information sharing between caregivers in the community		○	○
5	Creation of an age-friendly area, including for those with dementia	Maintain the regional community environment Provide everyday support services Establish systems to prevent abuse and guardianships for adulthood		○	
6	R&D and distribution of results for dementia prevention, diagnosis and treatment, rehabilitation models, and nursing models	Research to identify mechanism for explaining dementia symptoms Develop technology to support self-reliance and reduce the care burden	○	○	
7	Emphasize older persons with dementia and the family caregivers	Campaign to promote society's understanding of older persons with dementia Consult patients with dementia and their families in the planning and evaluation of various dementia policies			○

Resource: Hotta. (2015). National & local dementia strategy in Japan: Living with Dementia in the Community.
厚生労働省(2016). 認知症施策推進総合戦略(新オレンジプラン). 東京: 厚生労働省.

Policies under the area of information dissemination for improving understanding of dementia include campaigns to address social perceptions of dementia such as reminding the community that dementia is not a strange disease, nurturing dementia supporters, providing education on dementia for older persons with dementia, offering ways to connect with older persons, and disseminating methods of monitoring (e.g., ways to prevent patients from going missing).

Policies that fall under the area of timely medical and care coverage areas are as follows: considering the importance of early intervention, providing appropriate medical and care services around early diagnosis and early response, organically linking medical and care services, and supporting the lifestyles of older persons with dementia, such as encouraging them to enjoy familiar lifestyles and relationships in the local community. The service delivery process establishes the “dementia management pathway” where older persons with dementia, their families, and medical and care experts share information to ensure the proper delivery of policies such as preventing blind spots in service, promoting self-led medical/nursing treatment by patients with dementia, conducting dementia prevention activities, providing appropriate responses to behavioral psychotherapy and complications, implementing lifestyle support, and providing hospice care. The main characteristic of the Japanese model is the service formation from diagnosis to end of life to ensure that care services are made according to the dementia care pathway, as well as the emphasis on medical and care services, both of which are critical in dementia care.



[Figure 8] Model for timely and appropriate medical care

Resource: Jin. (2018). Community Dementia Management System in Japan: Focusing on Kyoto Cases.

One of the features of the New Orange Plan is strengthening the strategy around juvenile cognitive disorders, which occur in patients under the age of 65. Juvenile cognitive disorders are likely to lead to financial problems (e.g., related to employment and living expenses) because the patients are not yet eligible to receive a pension. To resolve those problems, the regional government has established a self-supporting network, deploys policies that consider the characteristics of patients with juvenile cognitive disorders

such as support for employment and social participation, and distributes handbooks for juvenile cognitive disorders in medical institutions and regional governments.

Policies related to the care for older persons with dementia include those that aim to reduce physical and mental burdens, and improve the quality of life, of families and workers who provide care; provide economic support for everyday living and nursing care; establish a community of dementia cafes to provide for a place for information sharing and understanding among caregivers in the community; and develop a care robot to reduce care burdens.

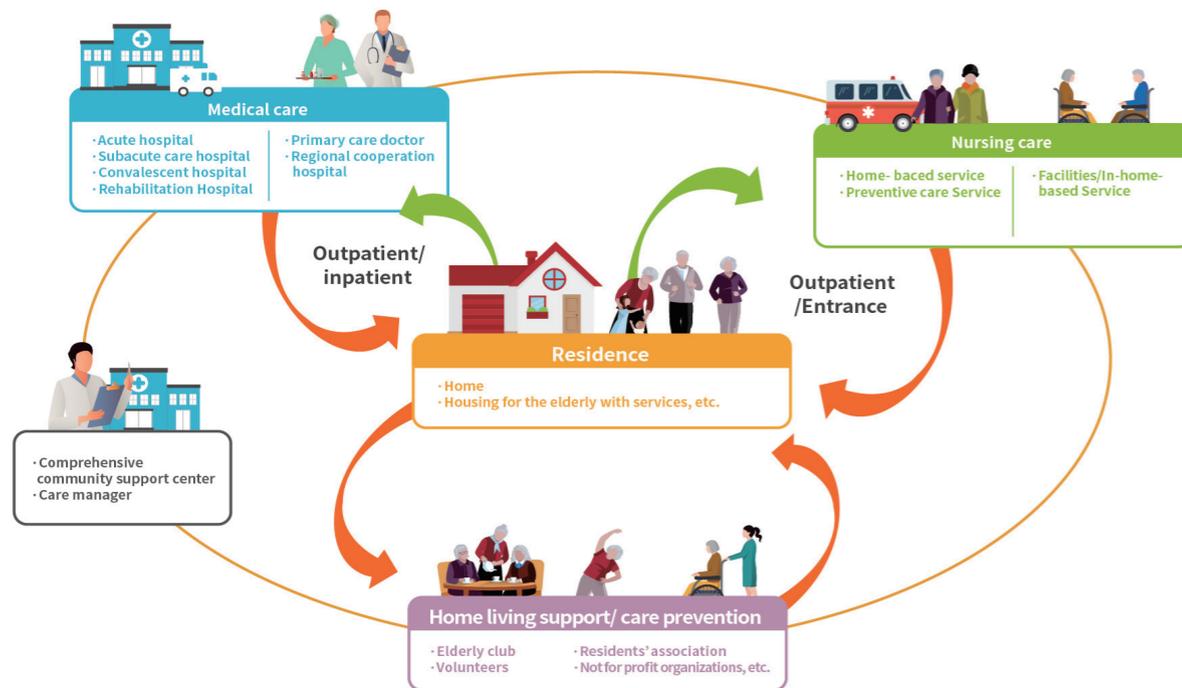
To create an age-friendly area, including for those with dementia, policies include establishing both hardware and software to help patients live in environments with which they are familiar. Hardware encompasses environments suitable for the older persons with dementia, such as maintaining houses and establishing transportation infrastructure; software refers to a diverse range of programs that provide support for living locally, such as jobs for elderly couples or those living alone, support for social participation, safety, regular check-ins, early identification and protection of missing persons, fraud prevention, movements for elderly abuse prevention and zero physical restraints, and adulthood guardians for protection of rights. Furthermore, creating environments friendly to older persons with dementia is consistent with local community-based regeneration, strives to reflect the opinions of dementia patients and their families, and engages in a regular assessment of medical/nursing service provision to maintain a level of local care.

Policies under R&D and distribution of results for dementia prevention, diagnosis, and treatment, rehabilitation models, and nursing models include research support to identify mechanisms that trigger key symptoms or behavioral-psychological symptoms of the major diseases that induce dementia, develop drugs to treat and improve the symptoms of dementia, and utilize robotics and ICT technologies to support patients with dementia to become independent and reduce the burdens on caregivers. The characteristics of the policies in this area emphasize the importance of research on care that must be continued after a diagnosis of dementia, not only on rehabilitation and nursing, but also on health and medical topics, such as prevention, diagnosis, and treatment.

One of the features of the New Orange Plan is the emphasis on reflecting the viewpoints of older persons with dementia and their families in the policies detailed above. This indicates that Japan places great importance on the person-centered perspective in terms of dementia care. Another notable feature is an administrative channel for dementia

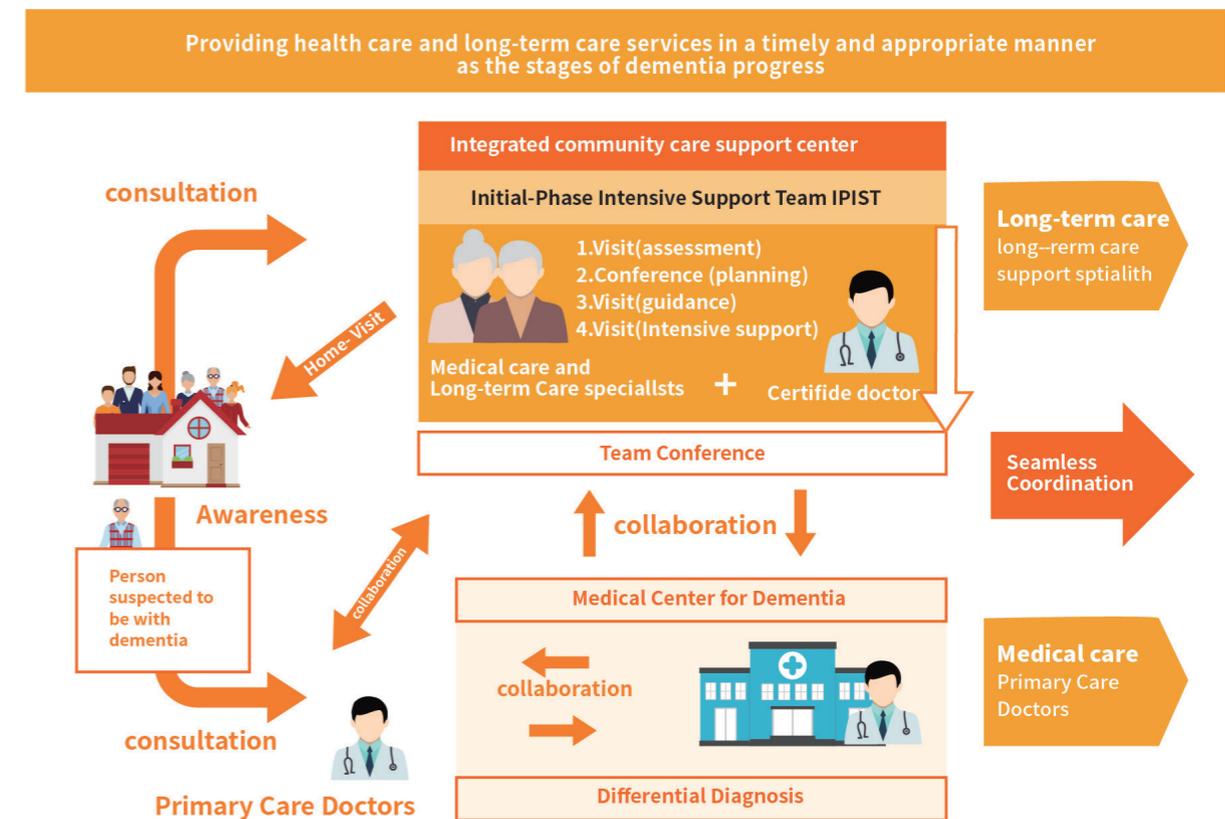
patients and their family members to promote increased participation in social awareness campaigns as well as planning, drafting, and assessing dementia policies.

The characteristics of the Japanese national dementia policy based on the New Orange Plan are as follows. First, it is an integrated policy based on the dementia care pathway. Diverse medical and care services are required at each stage of dementia, and the Japanese policy recognizes its importance. Second, to ensure comprehensive care, the policy recognizes that a system allowing for the management of care needs near the residences of older persons with dementia and their family is required. Since 2005, Japan has established one regional comprehensive care center per every 20,000-person community unit to organize counseling and case management services ([Figure 9], Lim, 2018) This is a notable characteristic of the Japanese dementia policy because the system responds effectively to the needs of older persons with dementia and their families ([Figure 9] and [Figure 10]).



[Figure 9] Japan's regional comprehensive care system

Resources: Nagaya, Y., & Alipio, A. (2017). Health care for elderly people in rural Japan: review of issues and analysis.



[Figure 10] Community-based integrated dementia management

Resource: Ministry of Health, Labour and Welfare of Japan. (2016). Long-Term Care Insurance System of Japan.

4. Republic of Korea

1) Overview of Korea's dementia policy

Korea established the 1st–3rd National Dementia Plan in 2008 and enacted the Dementia Management Act in 2012. In 2014, Korea prepared a basic support structure for dementia along with the establishment of dementia examinations and Long-Term Care Insurance Grade 5 (special grade for dementia); however, blind spots continued to exist, and there were difficulties in reducing the actual care burden for dementia.

In 2017, President Moon Jae-in announced a “state responsibility for dementia” as a part of his presidential election and subsequently established a comprehensive framework for dementia management under the slogan “a dementia-safe society free from dementia” (<Table 14>).

<Table 14> Details of the Korean dementia policy

	Key points	Details	Perspective of care		
			Medical Model	Social Model	Person-centered Care Model
1	1:1 customized case management	1:1 customized case management			○
		Stabilize dementia patients		○	○
		Establish emotional support for families of dementia patients		○	
		Provide guidance for relevant services and connect service providers		○	○
2	Significant expansion of long-term care services	Expand long-term care eligibility		○	
		Expand facilities for dementia care and visiting services		○	
		Expand long-term care facilities dedicated to dementia		○	
3	Strengthen dementia-free medical services	Expand facilities specializing in patients with severe BPSD	○	○	
4	Reduce burden of medical costs and long-term care costs relating to dementia	Enhance health insurance coverage		○	
5	Dementia prevention and creation of a dementia-friendly environment	Introduce national dementia screening at transition of life cycle stage	○	○	
		Prevent and delay onset of dementia	○	○	
		Guarantee relaxation for families with dementia patients		○	
		Achieve zero missing dementia patients		○	
		Improve awareness, education, and promotion of dementia		○	
6	Expand investment on dementia research	Develop technologies associated with prevention, diagnosis, treatment, and care of dementia	○	○	
		Establish a dementia research system		○	
7	Establish a policy structure	Maintain a dementia policy administration system		○	

2) Details and features of the Korean dementia policy

The details of each policy are as follows. First, the purpose of customized case management is to refrain from regarding older persons with dementia as targets for help but instead individuals who are still able to enjoy their lives, by supporting them to continue with their daily lives in their homes. Key service details include health management, everyday life management, safety management at home, and family support. The priority policy subjects are determined according to demographic characteristics (e.g., living alone, dementia in both people in a couple, old age) and situational characteristics (e.g., issue complexity, blind spots of care). Furthermore, patients are classified in terms of type of care (e.g., intensive care, emergency care) to improve the effectiveness of policies.

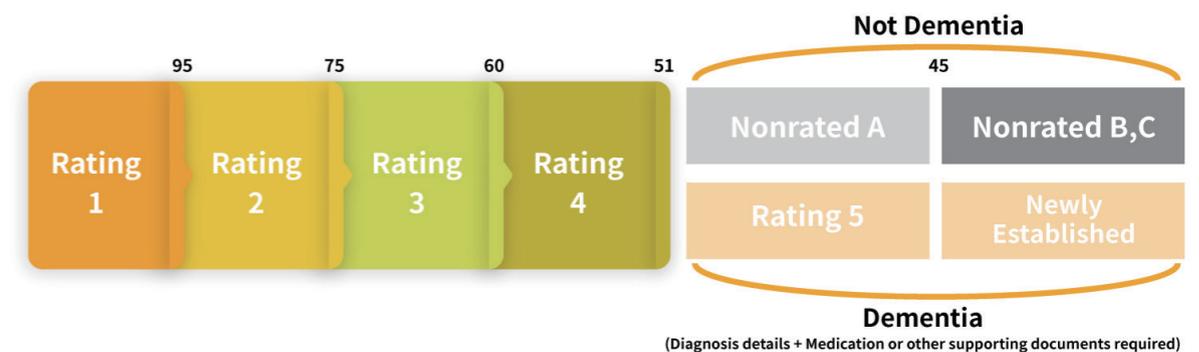
Furthermore, short-term dementia relief centers are operated to support families providing care for dementia patients. The targets are families of dementia patients registered in the Regional Dementia Center, with a focus on those awaiting state support services including long-term care services as well as those who have not yet registered for state support services, to improve their quality of life and slow the worsening of dementia symptoms. Families with dementia patients are also provided with support to carry on with their everyday lives (i.e., caring for dementia patients during the day to increase the quality of life of dementia patients and their families and to reduce the caregiving burden on families). On the other hand, an initiative is undertaken to address blind spots in state support for dementia (i.e., those awaiting registration or who have not yet registered).

Through the support plan for older persons with dementia, the policy seeks to improve information access to services that are available to families and provide education and training for these families to improve their ability to provide care. These policies also respect the dignity and uniqueness of families of dementia patients, placing them at the core of execution (e.g., identify care burdens through family counseling and provide and connect them with required services). The families of dementia patients are emotionally supported through programs that analyze the care burdens of families, provide direct and indirect counseling and educational services for families with dementia patients, connect them with services for families with dementia patients, support self-help groups for families with dementia patients, and operate cafes for such families to provide a place of rest for families with dementia patients.

1:1 customized case management is viewed as a policy based on the person-centered care

model and social model because it reflects the characteristics of each individual and the households of dementia patients, with the objective of being accessible for anything that requires services.

The government is also executing a policy to assist older persons with dementia through a significant expansion of long-term care services. Detailed policies include the addition of cognitive support grading to the current long-term care policies to expand eligibility ([Figure 12]). Older persons with dementia at this grade will be able to receive day and night care services (e.g., cognitive function improvement programs) to support ongoing social activities.



[Figure 11] New long-term care rating system based on the cognitive support grade system

Resource: National Health Insurance Services. (2018). Strengthening long-term care coverage for older persons with dementia: establishment of new rating for older persons with mild dementia.

Furthermore, the government is expanding long-term care facilities dedicated to dementia and is increasing visiting services so that older persons with dementia can access services at home. The dedicated infrastructure for dementia is set up so that older persons with mild dementia can also be provided with cognitive activity and social activity training.

Additionally, the policies support an expansion of the intensive medical system for severe dementia patients (e.g., Dementia Care Hospitals) and a reduction in the medical expense burden (90% of medical costs for severe dementia covered by health insurance) as well as provide support to families of dementia patients (e.g., welfare tools for dementia patients at home). The construction of institutional, financial, and human infrastructure through expansion of the long-term care system or the medical system can be viewed as building policy foundations based on the social model.

Policies for dementia prevention and creating dementia-friendly environments include

the National Screening Program for Transitional Age, which allows for the screening of dementia to deter, or delay, the progression of dementia. Projects relating to early dementia diagnosis include diagnostic tests for all individuals over the age of 60, screening tests for individuals with declining cognitive function, further screening tests when necessary based on diagnostic tests, and intensive examination for high-risk groups (e.g., older persons living alone, individuals over the age of 75). The above policies on early screening can be seen as part of the social model that lays the foundation for a universal institutional infrastructure based on the contents of the medical model.

The government has also included policies to expand investment in dementia research. The National Committee on Dementia Research established a 10-year plan for national dementia R&D to lay the groundwork for dementia R&D. One notable shortfall is the lack of research on care technologies, given that the research focuses on the development of treatments.

Finally, the government has revised the administration system for responding to dementia. The government established the Department of Dementia Policy, which is solely dedicated to dementia in the Ministry of Health and Welfare (a central ministry), to engage in following projects: research into the status of older persons with dementia; organization of regulations relating to dementia; items relating to supporting dementia patients and their families; health improvements such as prevention and management of dementia; establishment and operations of a transmission system for dementia management; expansion and support for public dementia hospitals; operation and management of dementia counseling centers; support for the World Alzheimer's Day event; and dementia-related education and promotions. In addition, it creates an environment in which local governments can support projects for dementia. For this purpose, the government established a national dementia management system—which links the Ministry of Health and Welfare, Central Dementia Center, metropolitan regional governments, metropolitan dementia centers, basic regional governments, and regional dementia centers—to engage in building a dementia care delivery system that considers each region's unique circumstances and provide other support policies such as infrastructure build-outs.

It appears that Korea's dementia policy is currently focused on the social and medical models to expand infrastructure. Furthermore, from the perspective of policy targets, there appear to be some limitations because projects such as campaigns for the general public or attempts to establish a community-based care system are not designated as key projects.

Chapter 4

Lessons from the Best Practices of ASEM Partners

Section 1

Policy making based on the perspective of care

Section 2

Securing a perspective of care that encompasses national dementia policies

Section 3

Preparing dementia policies according to the path of dementia

Section 4

Need for strengthening support for at-home dementia care

Section 5

Need for constructing community-based foundations

Section 6

Creating a dementia-friendly environment

Section 7

Dementia strategies for minority groups

Section 8

Strengthening research capabilities

Section 1 Policy making based on the perspective of care

The analysis indicated that the majority of ASEM partners utilized all three models in their dementia policies. The proportion of each care perspective represented in the main policy areas sheds light on the characteristics of the national dementia policies. The ASEM partners whose dementia policies focus on the social model are Scotland, Ireland, Japan, Italy, and Indonesia given that they have a large proportion of policies with a social approach; these countries have focused on creating dementia-friendly environments and establishing related infrastructure, preventing older persons with dementia from being socially isolated, improving perceptions and removing the stigma of dementia, and improving related service accessibility.

Australia and Germany are countries whose dementia policies focus on the person-centered care model, as their policies strongly represent the person-centered approach. They perceive dementia patients and their families as key members of society who are residing on their own in their communities, instead of viewing them simply as service targets. They support dementia patients and their families in participating in various activities and focus on providing care that fits the demands of each situation.

The application of the care perspective may differ according to policy performance phase that each country is in. For example, in a period that requires infrastructure expansion, the social model can be applied to increase access to policies and to create specialty dementia facilities required for dementia patients (e.g., residence, treatment) and a dementia-friendly environment (e.g., hardware). In Ireland, they are engaging in policies that are based on the social perspective, with key policies including expansion of specialty dementia residences and treatment facilities.

It is necessary to continuously develop the area of treatment, such as diagnosis and medication, based on the medical perspective. Timely screening is critical for timely intervention from a medical standpoint. Particularly, slowing the progression to severe dementia requires early screening, followed by early intervention; today, early screening is a key area in the national dementia policies of Korea, Scotland, Ireland, Australia, Indonesia, and France.

However, at the same time, policies that take a person-centered approach are also required.

It can be argued that Australia and Germany are countries whose dementia plans have the highest proportion of person-centered policies; they perceive patients and their families as targets of interaction, rather than as a social burden, and engage in policies where they are provided with the environment to live independently.

Australia is home to phase-specific, situation-specific care services required by older persons with dementia and their families to reside in the community. Germany is engaging in improvements to the local environment and establishing functional support and management systems in communities to allow dementia patients to age in place. As such, the person-centered approach, which perceives the patients and their families as individuals and creates an environment where they are able to live independently, improves the quality of life of dementia patients and their families, and alleviates the fear of dementia. To allow dementia patients to live independently, it is important to construct a dementia-friendly residential environment, provide segmented care that matches individual situations (e.g., state of dementia progression, life functions), and develop capabilities of communities.

While this study was able to confirm key areas and policies set by each country's dementia plan, further research is required on the level of execution, infrastructure, budget, and human resource investments into each policy area. In fact, the execution of policies based on the person-centered care model requires appropriate diagnosis and intervention (i.e., the medical model) and improved social perception towards dementia and dementia support infrastructure (i.e., the social model). Furthermore, practical execution of these policies requires evidence-based service development relating to care and support for each stage (i.e., software) and a dementia-friendly environment that allows people with dementia to live as members of society (i.e., hardware). Further studies are required to determine if the plans have been achieved.

Section 2 Securing a perspective of care that encompasses national dementia policies

Generally, the slogan of each policy helps to identify the nature of dementia policies in each country. For example, Germany's slogan is "an alliance for people with dementia," emphasizing solidarity and network construction, rather than unilateral, national-level support for individuals. Among the four major areas of Germany's dementia policy, the rest of the areas other than research (i.e., constructing a dementia-friendly environment,

support for aging in place, construction of the care system) are community-level programs.

The Indonesian slogan is “Towards Healthy and Productive Older Persons,” which emphasizes health and activity. Key characteristics of the Indonesian policy are featuring nutrition and activity in key policy details, emphasizing brain health, and prioritizing cognitive health programs. Although viewing dementia patients as individuals who are able to recover to good health and engage in activities, rather than individuals who require treatment, could be regarded as the person-centered care model, the inadequacy of dementia policy infrastructure limits the reflection of the person-centered approach in its dementia policies.

The slogan associated with Korea’s “National Responsibility System for Dementia Policy” is a “dementia-safe society free from dementia,” and it appears to be based on the social model where the state focuses on creating a dementia-friendly environment. It has the advantage of quick policy execution speeds as the state is at the core of infrastructure building, policy design, and creation of a social atmosphere. For example, the opening of the regional dementia center was swift, and the establishment of the Department of Dementia Policy raised the effectiveness in executing and managing policies relating to dementia. However, excess emphasis on the role of the state can lead to reduced roles for individuals and regional communities. Furthermore, the policies lack content for improving individuals’ perceptions and understanding of dementia and improving society’s ability to embrace dementia; there is also a lack of support for social participation by dementia patients and their families. Going forward, policies with person-centered approaches should be emphasized.

Section 3 Preparing policies according to the path of dementia

This study found that the majority of policies of ASEM partners analyzed here are based on the path that allows for appropriate intervention and care, depending on the stage of dementia.

Australia specializes in care for each stage of dementia progression (i.e., post-diagnosis, post-hospital, end-of-life), and Japan has also set up interventions based on care pathways by classifying stages into prevention, early stage, acute exacerbation, medium stage, and end of life. The classification of intervention and care based on each stage of the pathway presents the advantage of being able to sensitively respond to the needs of dementia patients and their families.

Although Korea’s dementia policy includes policies on stages that relate to early screening and post-diagnosis phases, there are no policies for the acute stage or end-of-life stage; furthermore, there is a lack of professional response to delirium, a quintessential complication for older persons with dementia, despite the important role of hospitals and hospital workers in responding to delirium.

Scotland and Australia have established responses for the end-of-life stage of dementia as a key policy objective; reorganization of life and alleviation of pain for end-of-life dementia patients, rather than slowing the progression of disease or supporting social participation, are critical services to improve the quality of life of older persons with dementia and their families.

Section 4 Need for strengthening support for in-home dementia care

To slow down entrances to the facility and create a settlement environment for older persons with dementia at home that allows for psychological stability (i.e., aging in place), support for dementia care at home needs to be greatly enhanced.

Scotland is making aging in place possible by providing a variety of care support based on an ‘Eight-Pillar Model’ for older persons with dementia and their families. The Eight-Pillar Model includes dementia clinical coordinators, connection to the regional community, environmental responses, support for caregivers, and person-centered support. The care plan considers the local community and surrounding environment to provide patients with the care they need, including at-home dementia care. Furthermore, to achieve this goal, surveys are completed to collect opinions and needs of dementia patients, families, and caregivers at each step of the pathway; this tight-knit service composition supports at-home dementia care.

Australia is attempting to secure care accessibility through various paths including care services, accessibility, and environmental improvements. Of the seven major policy areas, the availability of continued access to care services at the post-diagnosis, post-hospital, and end-of-life stages have created a structure that enables patients to access services for various situations. For example, Australia strives to make care continuous by providing visiting services in the regional community as well as supports the improvement of residential environments and connections with the regional community to allow dementia patients to continue living at home. Furthermore, Australia has a medical system for acute aged care and delirium care to deal with unforeseen circumstances. Other key policies are

reducing the burden on family caregivers and improving care skills, which also underscore Australia's firm support for at-home care.

Germany is the only country to mention aging in place in its key policy initiatives; it supports the improvement of care skills to allow dementia patients to continue their lives at home and improvements to residential environments to enable care. Furthermore, Germany provides support in reducing the care burden of family caregivers. Specifically, Germany provides legal regulation on care service hours and family caregiving hours to manage family caregivers' work and caregiving balance.

Section 5 Need for constructing community-based foundations

It is important to establish a community-based system that can respond quickly to acute illnesses and delirium, a dementia-friendly residential environment, and seamless connections with community resources. Ireland, Australia, and Japan are improving medical staff's perceptions of dementia relating to acute hospital use, as well as related medical systems.

For older persons with dementia to reside in communities, they require at-home care as well as dementia-friendly environments in residential and local communities. To create a dementia-friendly environment, Australia has policies that support improvements to residential environments, and Japan and Germany have policies to develop dementia-friendly environments in residential areas, communities, and public spaces.

Section 6 Creating a dementia-friendly environment

The formation of an inclusive climate for dementia, as well as the physical and institutional infrastructure, is important for older persons with dementia and their families to live in communities. Each country undertakes policies to increase awareness of dementia, improve understanding, and strengthen core capabilities in order to create a dementia-friendly atmosphere. For example, Scotland has policies to create a dementia-friendly community environment by reducing discriminatory perceptions and social exclusion (e.g., reducing stigma, increased awareness of dementia) as well as providing education

and training for care workers and related medical staff. Ireland is engaging in policies that provide social education for dementia understanding and for reducing stigma associated with dementia. Australia is engaging in the formation of communities that embrace dementia to improve perceptions of dementia, and Japan is engaging in campaigns to improve social perceptions of dementia and to nurture dementia supporters. Germany provides various support through policy measures such as using language that is easily understood by dementia patients, managing legal issues, improving awareness of dementia via regional community service coordinators, and promoting self-determination and social participation of dementia patients and their families. Italy is striving to improve public perceptions, reduce social stigma, initiate campaigns that focus on the respect and dignity of dementia patients, support patients' families to participate and improve perceptions towards them, and strengthen the network of associations and volunteers. Indonesia is engaging in campaigns to improve dementia perception (e.g., increase awareness, emphasize importance of nutrition) and providing physical, psychological, and social activities.

Korea has not yet identified campaigns to improve perceptions as a major policy area. However, this should be a mandatory policy for creating a dementia-friendly environment in communities.

Section 7 Dementia strategies for minority groups

When considering social justice and equity issues, it is necessary to consider cultural diversity in dementia policies. People suffering from dementia have a diverse range of characteristics and backgrounds. Therefore, policies relating to older persons with dementia should be carefully designed to consider minorities.

Among the ASEM partners, Germany and Japan have implemented such policies. Through immigrant support policies, Germany provides dementia management for immigrants in an effort to eliminate blind spots between social policies. Through its support for juvenile cognitive disorders, Japan provides social protection for individuals under the age of 65. As anyone can acquire dementia, dementia policies need to be carefully designed to ensure that they do not discriminate against any groups of people.

Section 8 Strengthening research capabilities

To respond effectively to dementia, it is necessary to strengthen research support for medical, care, and support systems. The majority of ASEM partners (except Italy) identified dementia research as a key area of dementia policy; however, there are differences in the contents of research, which ranges from care, support structure, and policy. Given that research can be time-consuming and expensive, research priorities should be set to support systematic research. Korea currently requires dementia care but is only engaging in research on dementia treatment; this should be remedied appropriately. For example, Scotland administers surveys to obtain the opinions and needs of dementia patients, their families, and caregivers at each stage of the care pathway in its research on customized care services; Japan and Germany are engaged in technology development research to support patients' independence and rehabilitation.

ASEM partners in Europe are not only engaging in dementia policies and research in their own countries, but also uniting as a region in their response to dementia. The 2014 Glasgow Declaration established that dementia is a priority policy issue in the European Union, and as a result, research funding and cooperation among expert groups are ongoing. For example, Alzheimer's Europe, a dementia-related NGO, operates its own expert groups and publishes reports annually to provide information on dementia-related policies and changes thereto in the EU and its ASEM partners. Furthermore, it collaborates with the EU to engage in drug development and conduct various dementia studies. These efforts can be viewed as the driving force that enables European ASEM partners to revise and supplement their dementia policies in line with current conditions. Additionally, for research results to be used in the field, comprehensive support is required for dissemination of research reports.

The ASEM partners analyzed in the study have strengths in some of aforementioned eight areas, depending on the situation and environment of each country. This study hopes that the care perspective, key policy tasks, or detailed action items that may be deemed neglected by ASEM partners will be ameliorated through cooperation and research collaboration between ASEM partners, leading to an improved quality of life for patients with dementia and their families.

<Table 15> Key dementia policies by country

Country	Policies									
	Foundations of policy structure	Strengthen medical access	Dementia care pathway -based policy	Dementia perception improvement activities	Early screening	Improving community environment	Person-centered support	Connecting with regional community	Support for family caregivers	R&D support
France	○	○		○	○	○	○	○	○	○
Germany	○					○		○	○	○
Ireland	○	○	○	○	○		○		○	○
Italy	○			○			○		○	
Sweden	○				○	○	○	○	○	
England (UK)	○	○	○	○	○	○	○	○	○	○
Scotland (UK)	○	○	○	○	○	○	○	○	○	○
Australia	○	○	○	○	○	○	○	○	○	○
Indonesia	○	○	○	○	○	○	○	○	○	○
Japan	○	○	○	○		○	○	○	○	○
Korea	○	○		○	○		○		○	○

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ASEM Global Ageing Center
(03188) Jongno-gu Jong-ro 38, Seoul Global Center Building 13F
Seoul, Republic of Korea

