

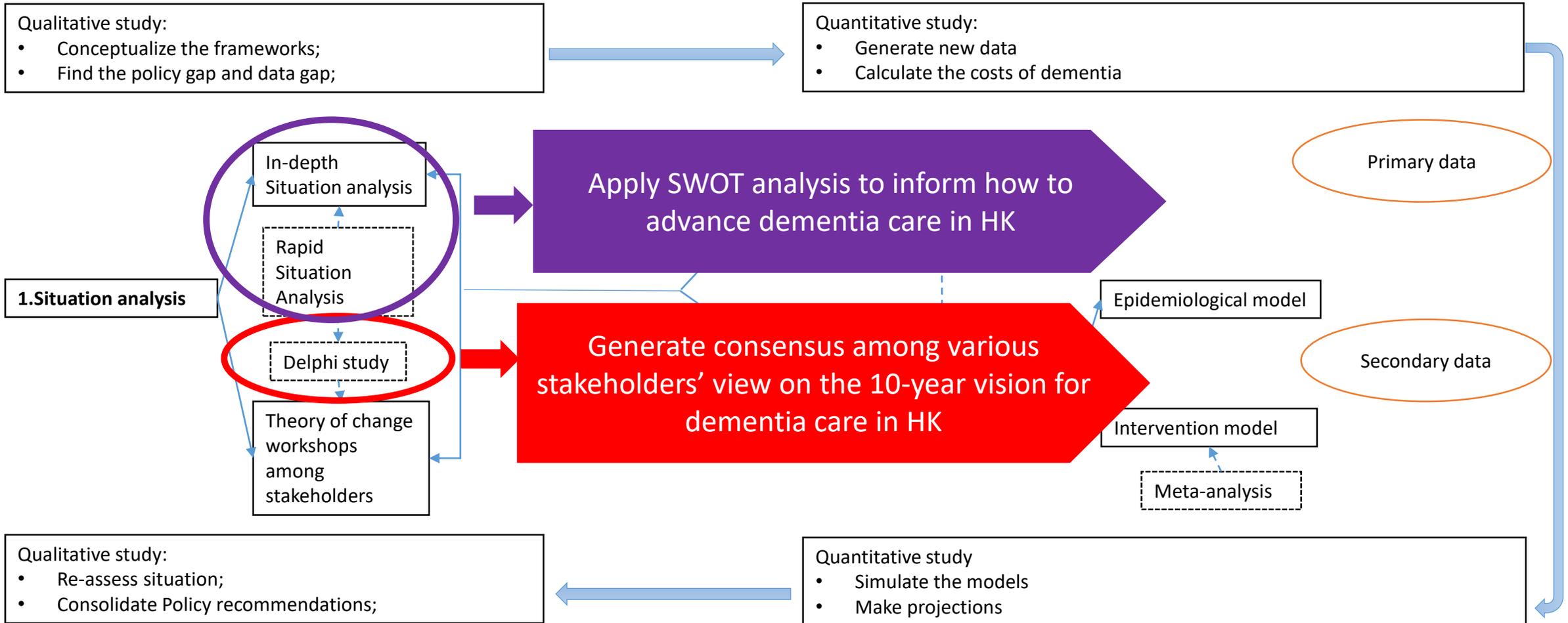
Hong Kong's situation and stakeholders' views on dementia

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Research Design of TIP-CARD



Rapid Situation Analysis

[Brief desk review & infographic design]

Apr- Nov 2019

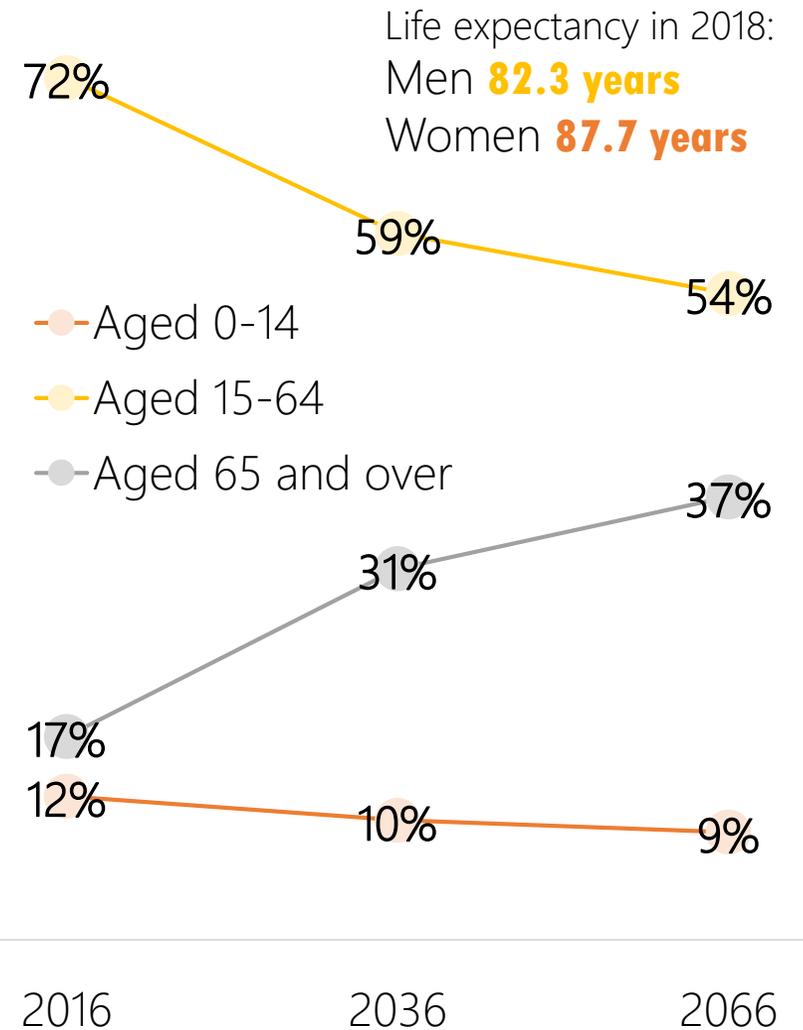
Ageing Population & Dementia in HK At a Glance

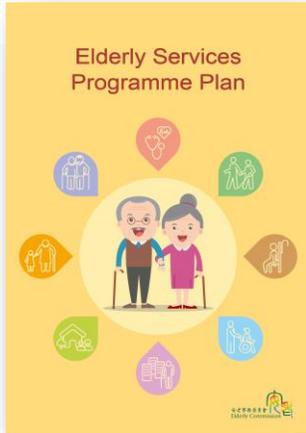
SOCIETAL COST OF DEMENTIA

社會成本 Huge Societal Impact
Mainly on Family Carers



100,000 people living with dementia in 2009 -> 330,000 in 2039
Earlier study suggested 11% diagnostic rate; new study underway





“Services for elderly persons with dementia should be strengthened. The issue of dementia should be considered as an integral part in the whole spectrum of elderly services and a multidisciplinary approach should be adopted.”

Visions of Elderly Commission & Food and Health Bureau for dementia in 2017



- 1 Public education on awareness
加強教育公眾對認知障礙症的了解和認識
- 2 Territory-wide prevalence studies
進行全港認知障礙症患病率研究
- 3 A common reference to support primary care
編制通用的參考資料為基層醫療工作提供支援
- 4 Enhancing the role of primary care
加強基層醫療的角色
- 5 Strengthening capacity of specialist services
加強專科服務能力
- 6 Increasing supply of healthcare manpower and strengthening training
增加醫療人力供應並加強其培訓
- 7 Strengthening social care infrastructure to allow persons remain in the community
加強社會護理基建，讓患者盡量留在社區
- 8 Enhancing medical-social collaboration to provide person-centered care
加強醫社合作以提供以人為本的照顧
- 9 Promoting end-of-life and palliative care
推廣在社區接受生命晚期照顧和舒緩治療
- 10 Enhancing support for carers
加強對照顧者的支援

CARE SERVICE IN HONG KONG 香港的照顧服務

Social Care Service 社會服務

Healthcare Service 醫療服務

Public services 公共服務



Labour & Welfare Bureau
勞工及福利局



Social Welfare Department
社會福利處



Elderly Branch
安老服務



Community Care Service
社區照顧服務



Residential Care Service
院舍照顧服務

41 DECCs
41間長者地區中心

60 IHCS
60隊綜合家居照顧服務

34 EHCCS
34隊改善家居及社區照顧服務

77 DEs/DCUs*
77間長者日間護理中心/單位

Community care service voucher

C&A Home*
護理安老院

Nursing Home*
護養院

Providing 27,567 subsidised places (including Enhanced Bought Place Scheme)
提供27,567資助宿位 (包括改善質位計劃)



Food & Health Bureau
食物及衛生局



Hospital Authority
醫院管理局

43 Public Hospitals*
43間公立醫院

73 GOPC*
73間普通科門診診所

49 SOPC*
49間專科門診診所



Department of Health
衛生署

18 Elderly Health Centres
18間長者健康中心

18 Visiting Health Teams
18隊長者健康外展隊伍

DCSS

- For people with mild or moderate dementia & carers
- Centre-based with home visits
- Interdisciplinary care to reduce carer burden
- 5-9 months
- Serving 2,000 families/year
- What happen after service?

Formal Care in Hong Kong

CARE SERVICE IN HONG KONG 香港的照顧服務

Social Care Service 社會服務

Healthcare Service 醫療服務



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Public services 公共服務



Food & Health Bureau
食物及衛生局

Medical-Social Collaboration 醫社合作

Dementia Community Support Scheme (DCSS): provided by all 41 DECCs and 7 hospital clusters

智友醫社同行計劃: 由全港41間長者地區中心及7個醫管局聯網提供



Self-finance / Private Services 自負盈虧/私營服務



At least 18 dementia-specific day care units
至少18間提供認知障礙症專門服務的日間護理中心



47,789 non-subsidised residential care places
47,789個非資助院舍宿位



12 private hospitals#
12間私家醫院



2150 registered private clinics#
2150間註冊私家診所

DCSS

- For people with mild or moderate dementia & carers
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Formal Care in Hong Kong

Formal Care & Public Awareness in Hong Kong

Projects & New Initiatives

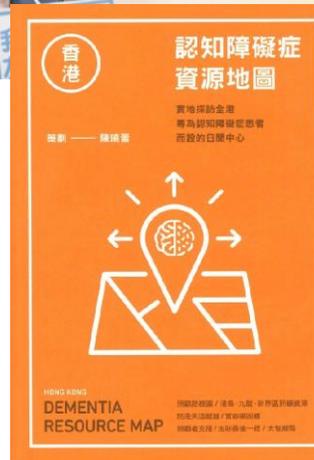
- District Health Centre
- Care in Greater Bay Area
- Dementia Friends
- Numerous philanthropy funded projects & services operating by NGOs

Sustainability & Synergy?

<https://www.bayarea.gov.hk/en/opportunities/mainpoints-medical.html#opportunitiesPhoto-2>

https://m.ehealth.gov.hk/en/publicity_promotion/ehealth_news_18/millionth_registrant.html

<https://www.dementiafriends.hk/en/>



To support HK medical service providers and investors in setting up sole proprietorship, joint-venture or co-operative medical and elderly care institutions in the PRD

Facilitate HK medical service providers' development in the Greater Bay Area



Promote integration of medical and elderly care services for creating an environment favourable for HK residents to retire in Guangdong

Informal (Unpaid) Care in Hong Kong

Social & Informal Care 社會服務及家庭照顧

People with dementia require daily 5.8 hours of care & support in activities of daily living.⁶

認知障礙症患者需要每天5.8小時的照顧和支援來進行日常生活活動。



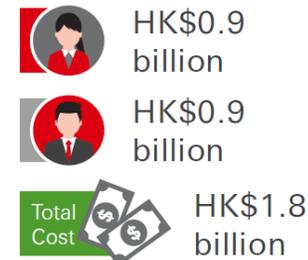
Note: Earlier US study found assumption on informal care cost (replacement vs opportunity cost) affects estimation by a factor of >2

Hurd, M. D., et al. (2013). Monetary costs of dementia in the United States. New England Journal of Medicine, 368,1326-1334.

Employer Costs



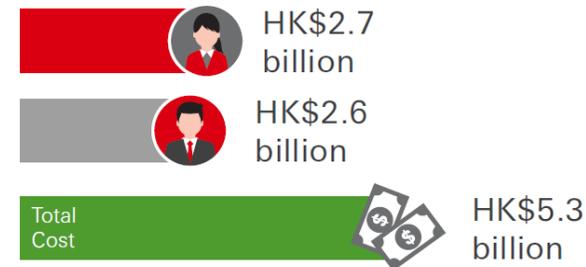
2018



Invisible Costs Carers, Employers, & Society Bears

- Leave job / change from FT to PT mode
- Lost productivity
- 'Absenteesim'

2040



2060



HSBC. (2018). Eldercare Hong Kong: The Projected Societal Cost of Eldercare in Hong Kong 2018 to 2060.



Informal (Paid) Care in Hong Kong



Photo from HKSAR Government (2019). Retrieved from <https://www.info.gov.hk/gia/general/201901/22/P2019012200399.htm>

Chan, C. K. L. (2012). Retrieved from <https://theses.lib.polyu.edu.hk/handle/200/7623>; Chong, A. M., et al. (2014). *J Gerontol B Psychol Sci Soc Sci*, 69(6), 966-972. doi:10.1093/geronb/gbu034; Chong, A. M. L., et al (2017). *Aging Ment Health*, 21(10), 1023-1030. doi:10.1080/13607863.2016.1191059; Census and Statistics Department. (2019). <https://www.statistics.gov.hk/pub/B11303032019AN19B0100.pdf>; Yan, E., & Kwok, T. (2011). *Int J Geriatr Psychiatry*, 26(5), 527-535. doi:10.1002/gps.2561; Cheng, S. T., Lam, L. C. W., Kwok, T., Ng, N. S. S., & Fung, A. W. T. (2013b). *Gerontologist*, 53(6), 998-1008

Borrowed Strength

- Currently 386,075 foreign domestic helpers (9.7% of labour force)
- Philippines (54%) & Indonesia (44%)
- In 9% households with an older person (13.2% if older persons only)
- 26-54% of families living with dementia
- Moderates the relationship between stressors (care needs) & carer distress
- Social Welfare Department Pilot Scheme on Training for Foreign Domestic Helpers in Elderly Care

Situation Analysis: Desk Review

Sep 2019 – Jun 2020

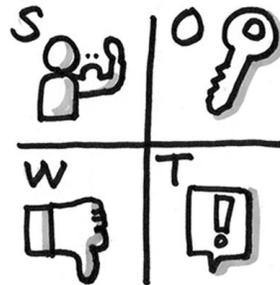
Guided by the STRiDE project - In-depth Situational Analysis: Desk-Review Topic Guide

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S Factors that have **stimulated strong dementia care performance** or factors that are considered an advantage for meeting policy goal

O **New initiatives & areas of growth available** to the dementia care sector(s) / elements that could be harnessed to meet policy goal



T Factors that **negatively affect dementia care performance** or other elements that could cause trouble in meeting policy goal

W Factors that **have increased dementia care costs / reduced dementia care quality** / would pose disadvantage for meeting policy goal

Docrat, S., Lorenz K., Comas-Herrera, A. (2019) STRiDE situational analysis: guidance on developing SWOT analyses from the desk review. STRiDE research tool No.4 (version 1), CPEC, London School of Economics and Political Science, London.

S comprehensive care systems

public awareness

O policy vision at Bureau level

public-private partnership Greater Bay remote service

medical-social collaboration

Government & philanthropy **funded service**

filial piety

district-based **coordination** Dementia Friends



Availability of domestic helpers

T 3x increase in PLwD in 2 decades

W service **fragmentation**

high prevalence of **risk factors**

lacks primary care involvement

limited **physical space**

migration of younger population

lacks **prioritisation or long-term planning**

great demand

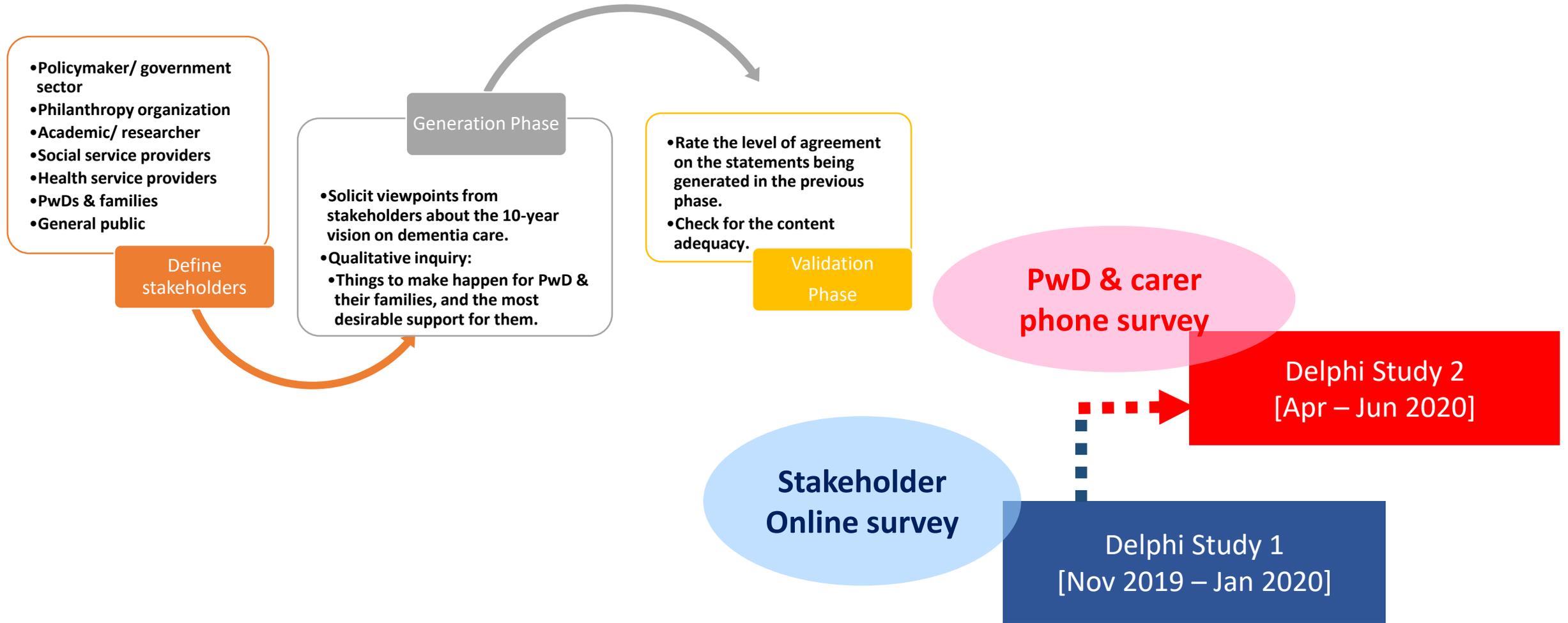
economic & political **stability**

sustainability

manpower

Delphi Study

10-year vision for dementia in Hong Kong

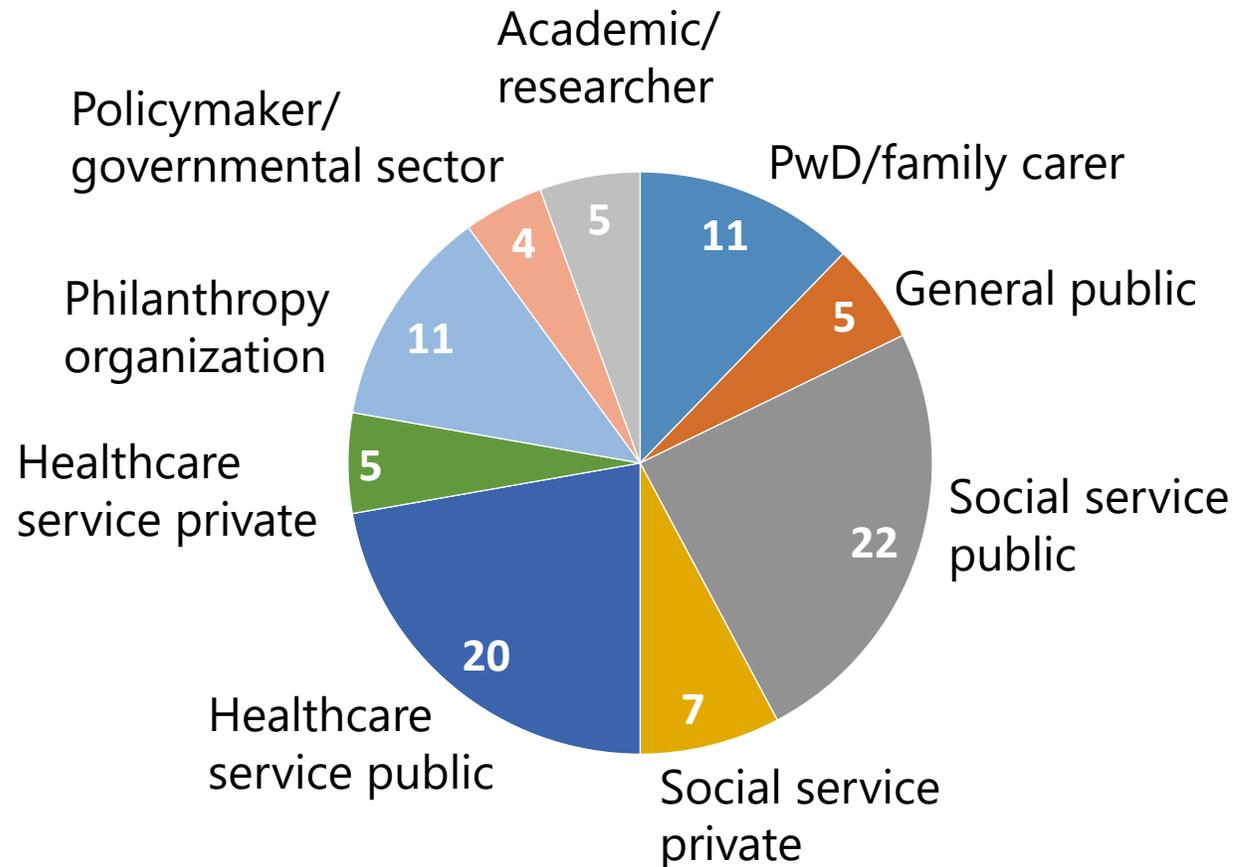


Delphi Study

Demographic for Delphi Study 1 - Online Survey

- **Total no. of participants**
 - Generation = 90
 - Validation = 70 (Response rate = 78%)
- **Age**
 - Average: 47±25 years
- **Gender**
 - Female: 56
 - Male: 34
- **Education level**
 - Tertiary education or above: 85
 - Secondary education: 5

Stakeholders Categories



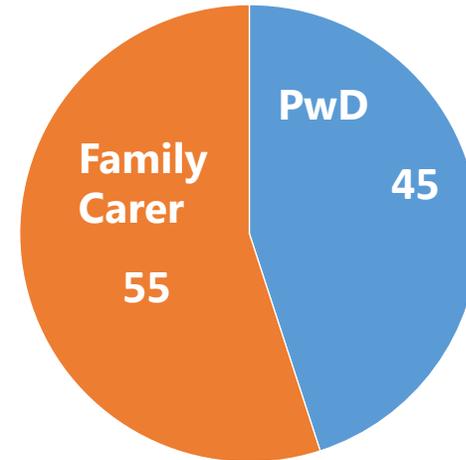
Delphi Study

Demographic for Delphi Study 2 - Phone Survey

Family Carer

- **Age**
 - Average: 60±26 years
- **Gender**
 - Female: 43 | Male: 12
- **Education level**
 - No formal education: 1
 - Primary: 8
 - Secondary: 27
 - Tertiary or above: 19
- **PwD dementia severity**
 - MCI: 7
 - Mild: 22
 - Moderate: 16
 - Severe: 10
- **Relationship with PwD**
 - Spouse: 16
 - Adult child: 35
 - Sibling: 2
 - Daughter-in-law: 2

Total no. of participants:
 Generation = 100
 Validation = 83
 (Response rate = 83%)



- **Service utilization**
 - Specialist out-patient clinics: 100
 - DECC/NEC: 83
 - Day care centre: 33
 - Home care service: 11
 - RCHEs: 9
 - Respite service: 9
 - Others (e.g. Outreach service, Dementia Community Support Scheme, HKADA): 28

PwD

- **Age**
 - Average: 79±19 years
- **Gender**
 - Female: 35 | Male: 10
- **Education level**
 - No formal education: 15
 - Primary: 21
 - Secondary: 5
 - Tertiary or above: 4
- **Dementia severity**
 - MCI: 16
 - Mild: 26
 - Moderate: 3

Results of Delphi Study 1: Six Key Themes

- 1. Preventive strategies & public education;
- 2. Accessible & equitable screening & diagnostic service;
- 3. Effective referral with 'through train' service.



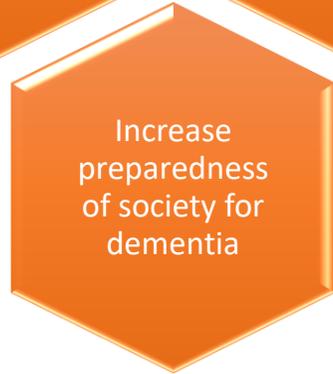
- 1. One-stop service to address person-centered care needs along the disease course.
- 2. service accessibility, availability, affordability & specificity;
- 3. Optimized care for aging in place
- 4. Quality ACP & LTC service

- 1. ↑ medical-social, private-public, & wider seamless collaborative care;
- 2. ↑ Manpower capacity & dementia-specific training across service sectors



- 1. Skill, knowledge, online information system, hotline.
- 2. Welfare, escort transportation
- 3. Psychosocial, mutual carer and flexible respite care;

- 1. Dementia-specific policy & legal framework;
- 2. Evidence-based care roadmap with stakeholder involvement, central coordination;
- 3. Shared burden by the society with equitable service.

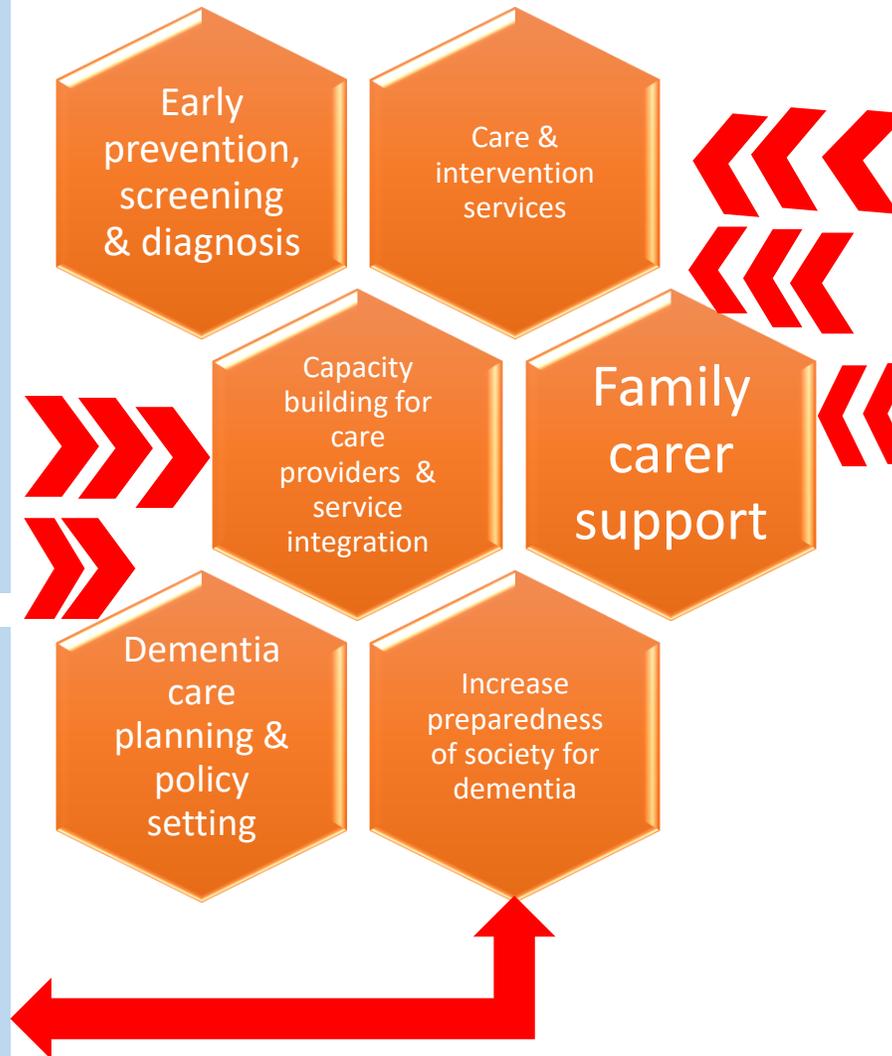


- 1. Increase public knowledge & awareness
- 2. Dementia-friendly neighborhood & facilities
- 3. Novel research to enhance curative, E-based, and care lx.

Results of Delphi Study 2 : Add specificity to the D1 findings

Enhance service coordination & LTC planning

1. Strengthen case management to enable continuity of care
2. Person-centered family-based LTC
3. research advancement (medication, gerontechnology, Ix)



Age- & dementia friendly community

1. Optimized normality for living with dementia
2. Suitable housing
3. Dementia-specific facilities & recreation;
4. Service of high equitability

Strengthen care service to PwD & carers:

1. Community care
Accessible dementia-specific training & more options on activities;
2. Health care service
Comprehensive health assessment with specialist follow-up care; Person-centered consultation service; Informed care.
3. Home-based support
Home assessment, facilitates, training for socially deprived/ frail cases
3. long-term care
Dementia-specific day care service with more respite care. Quality residential care
4. Welfare support & subsidized care services
5. Carer support – informational & emotional

Delphi Study 1

14 Items with Very High to High Consensus

Median = 4.5 – 5; Interquartile range (IQR) ≤ 1;
% of respondents rating 4 or 5 ≥ 75%

Family Carer Support



Service Providers Capacity Building & Service Integration



Care & Intervention Services



Develop Dementia Policy & Plan



Early prevention, screening / assessment, & diagnosis



Delphi Study 2

14 Items with Very High to High Consensus

Median = 4.5 – 5; Interquartile range (IQR) ≤1;
% of respondents rating 4 or 5 ≥ 75%

Building an age- and dementia- friendly community

Enhance public awareness, attention and early recognition of dementia through education and publicity 93%

Strengthening home-based care

Provide more support for daily living, especially for elderly who are living alone, double aging or having health problems 93%

Persons with dementia can live at home safely through home assessment and facility improvement 93%

Provide more home training and treatment, especially for elderly with health problems who have difficulty to go out or lack of social interest 92%

Strengthening community support to maintain social, physical and mental health of both persons with dementia and carers

Community care services

Provide more centralized and specific training through building more elderly centers (i.e., DECCs/NECs) and cognitive training centers in each district, with closer location to living place or shuttle bus services 94%

Long-term care services

Provide more respite services and day care centers 92%

Enhance care quality of day care centers 93%

Health care services

Provide more comprehensive health examination to identify persons with dementia as early as possible and follow up with specialists regularly 92%

Provide centralized or specialized health care centers, and escort services to facilitate the convenient use of health care services 95%

Improve health care quality by allowing persons with dementia and carers to understand the treatment process and having sufficient consultation time 92%

Financial support

Provide more free-of-charge or subsidized training, social and health care services 93%

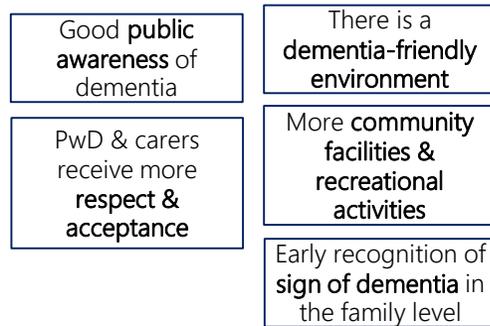
Enhancing overall service coordination and long-term planning

Review current service assessment mechanism, broaden application requirement and shorten waiting time 95%

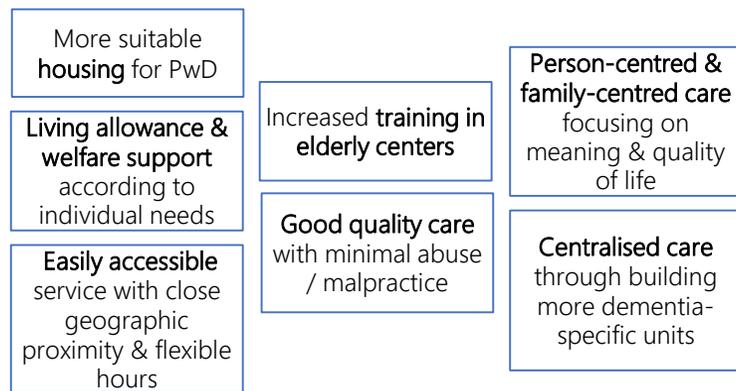
Invest more resources and strengthen the manpower by training more professionals to meet the huge needs of dementia care services 95%

Strengthen case management by a dedicated social worker taking the initiative to follow up the situation on a regular basis 92%

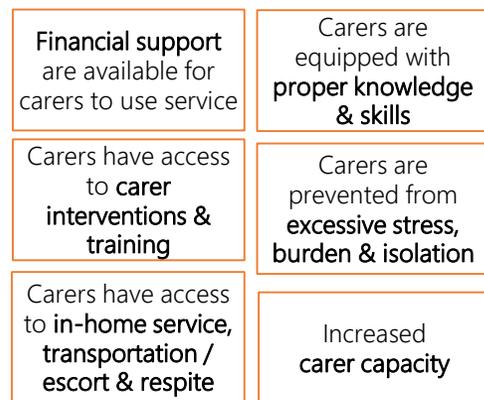
**1 Building a dementia-friendly community
建設認知友善社區**



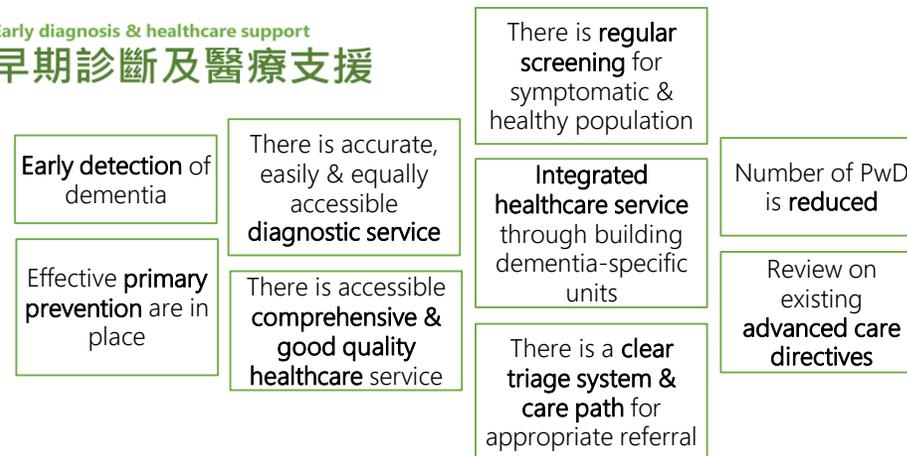
**4 Strengthening community care & long-term care
加強社區及長期照顧**



**5 Family carer support
支援家庭照顧者**



**2 Early diagnosis & healthcare support
早期診斷及醫療支援**



**3 Strengthening home-based care
加強家居照顧**



**6 Developing dementia policy & long-term plan
制定政策及長遠規劃**





Thank You