

Hong Kong and Global Responses to Dementia

Dementia: The Hong Kong Situation

Jacky Choy

Research Assistant Professor

Department of Social Work and Social Administration

The University of Hong Kong

18 February 2023

Co-organised by:



HKU
SWSA

Department of Social Work and Social Administration
The University of Hong Kong
香港大學社會工作及社會行政學系



HKU
Med

LKS Faculty of Medicine
School of Nursing
香港大學護理學院



香港認知障礙症協會
Hong Kong Alzheimer's Disease Association

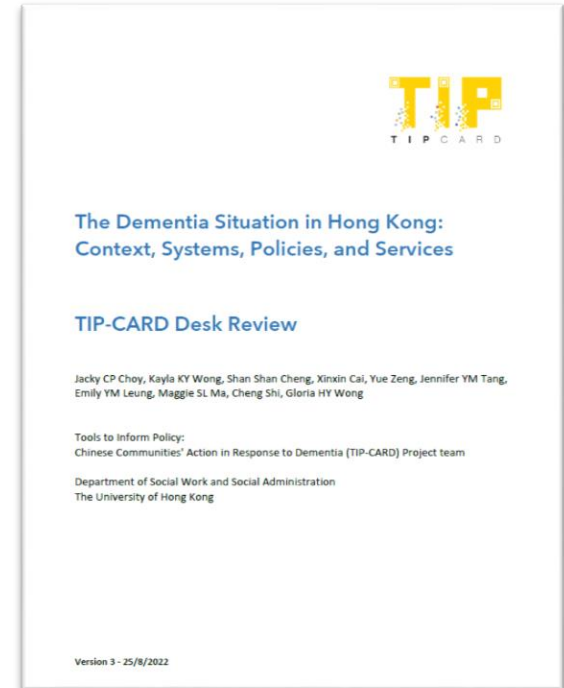
Assessing the dementia situation in Hong Kong

- In-depth Situational Analysis:

1. Desk Review
2. SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats)

*Guided by tools developed by the STRiDE project team

1. Overall Hong Kong context
2. Overall health system context
3. Overall LTC system context
4. Dementia policy context
5. Dementia awareness and stigma
6. Epidemiology of and Information systems of dementia
7. Dementia care system
8. Unpaid care and other informal care for dementia
9. Social protection for people with dementia
10. Dementia research



*Desk Review Recently updated in Oct 2022.
Available at <https://www.tip-card.hku.hk>*

Comas-Herrera, A., Docrat, S., Lorenz, K., Ilinca S Hussein, S., Schneider, M., Lund, C., . . . The STRiDE team. (2019). Situational Analysis of the dementia care landscape: desk review topic guide. STRiDE research tool No.2 (version 2). PSSRU, London School of Economics and Political Science. London.

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

WHO Global Action plan on the public health response to dementia 2017 - 2025



World Health Organization. (2017). Global action plan on the public health response to dementia 2017–2025.

Action area 1:

Dementia as a public health priority



Global target 1:
75% of countries will have developed or updated **national policies, strategies, plans or frameworks for dementia, either stand-alone or integrated** into other policies/plans, by 2025.

✘ No standalone or integrated policy or plan

💡 Mental Health Review Report and Elderly Service Programme Plan in 2017 – two policy documents but with recommendations only; there are no follow-up actions / implementation plan

✘ No clear / widely recognised dementia-specific government unit or representative

! Healthcare sector, Social care sector, or both?

- Agenda setting and policy formulation:
 - Health Bureau, Labour and Welfare Bureau
 - Mental Health Review Advisory Committee, Elderly Commission
- Policy implementation: Social Welfare Department, Department of Health, Hospital Authority



Recurrent and stable healthcare and social care budget allocation



Developed systems and infrastructure



Priority in policy agenda?

Action area 2:

Dementia awareness and friendliness



Global target 2

1. 100% of countries will have at least one **functioning public awareness campaign** on dementia to foster a dementia-inclusive society by 2025.
2. 50% of countries will have at least one **dementia-friendly initiative** to foster a dementia-inclusive society by 2025.



One dementia public awareness campaign

- Dementia Friendly Community Campaign: over 18,000 registered as Dementia Friends,
- but other impacts are unknown



No dementia-friendly initiative (DFI)

- e.g. Public spaces and buildings, community places, social opportunities, accessible information on leisure activities
- Existing large scale Age-friendly City campaign



• Attitudes and stigma



Care workforce and Volunteers: positive attitudes



Other sectors: more and more training and education



Public knowledge and attitudes: Improved from 2005 to 2015;









No up-to-date data

Action area 3:

Dementia risk reduction



Global target 3:
The relevant global targets defined in the Global action plan for **prevention and control of noncommunicable diseases** 2013–2020 and any future revisions are achieved for risk reduction and reported.

| | 2014/15 | 2020-22 |
|---|---------|---------|
|  Alcohol (harmful drinking) 10% relative reduction | 3.5% | 0.3% |
|  Tobacco (current user) 30% relative reduction | 14.8% | 10.3% |
|  Hypertension 25% relative reduction | 17.8% | 19.5% |
|  Insufficient physical activity 10% relative reduction | 13.0% | 24.8% |
|  Diabetes Halt the rise | 5.5% | 6.9% |
|  Obesity Halt the rise | 29.9% | ?* |



Regular representative health survey



Existing action plan towards NCD "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong"



Rapid population ageing

*2020-2022 survey findings not yet fully release

Dementia diagnosis, treatment, care and support



Global target 4:
In at least 50% of countries, as a minimum, **50% of the estimated number of people with dementia are diagnosed** by 2025.

- ✗ No up-to-date diagnostic rate yet
 - ✗ In 2005, the diagnostic rate in the community is 11% only
 - 💡 Findings of Hong Kong Mental Morbidity Survey for Older People 2019 -2022
- ✗ Diagnostic service (public) waiting time: 1-2 years
 - 💡 Involvement of primary care
- ✔ Anti-dementia medications available
- ✔ Developed healthcare and LTC systems and services
- ✔ Trained secondary and tertiary dementia care workforce
- ✔ Evidence-based non-pharm intervention (e.g. CST) and community-based dementia service (i.e. DCSS) available
- ✗ Shortage in workforce, high turnover, and reliance on public services
 - 💡 Task-shifting approaches
- ✗ Lack of dementia-specific care coordination
 - ! COVID-19 Pandemic caused service disruption
 - 💡 Remote services

Action area 5:

Support for dementia carers



Global target 5:
75% of countries **provide support and training programmes for carers and families** of people with dementia by 2025.

✓ Carer support services by both social care and healthcare service unit

✓ Training and education, Psychosocial support, Carer covered in DCSS

✗ Respite service not flexible / tailored to needs

💡 Online resources, esp for young carers

✓ Cash Allowance for low-income carers

✗ Stringent eligibility criteria

💡 Foreign Domestic helper (FDH) training

- ~30% PLwD have a (FDH) (TIP-CARD data, and DCSS evaluation data)

✗ No carer-friendly policy

✗ Local research showing moderate to high level of care burden

! Limited support for ethnic minority

Action area 6:

Information systems for dementia



Global target 6:

50% of countries **routinely collect a core set of dementia indicators** through their national health and social information systems **every two years** by 2025.

- ✘ **No routine monitoring mechanism**
 - 2005: Thematic Household Survey
 - 2019-2022: Hong Kong Mental Morbidity Survey for Older People
- ✔ **Cost estimates available (Findings of TIP-CRAD)**
- ✘ **Difficult to estimate the size of dementia workforce size**
- 💡 **Potentials for integrating databases of health and LTC services**
 - E-health record sharing systems
 - Clinical records, administrative data, household surveys

Dementia research and innovation



Global target 7:
The **output of global research on dementia** doubles between 2017 and 2025.



No up-to-date record



285 research output from local studies published between 1991 and June 2019 (Findings from TIP-CARD scoping review on non-medical literatures):

- 230 published before 2017
- Mainly on: 1) Interventions for PLwD or CI, 2) Instruments for screening/assessing PLwD and/or carer, and 3) Caregiver wellbeing and caregiving experience.
- Limited studies on 1) Prevalence, and 2) dementia awareness and attitudes



No official plan / specific fund for dementia research



Government funded dementia research 2001-2019:

- Number of projects: 163
- Offered a total of HK\$200M












Local dementia research hub / platform to record output and/or data sharing



Census microdata; Hospital Authority data

Conclusion

-  1. **Public health priorities:** 1) policy and plan, 2) recognized representative(s)
-   2. **Awareness and friendliness:** 1) Study on public awareness, 2) Pilot of DFI in small community
-   3. **Risk reduction:** focus on hypertension, diabetes and physical inactivity
-  4. **Diagnostic service and post-diagnostic support :** 1) up-to-date diagnostic rate, 2) involvement of primary care in diagnosis, 3) pilot task-shifting approaches, 4) remote services
-  5. **Support for carer:** 1) enhance respite service, 2) expand the use of online resources
-  6. **Information systems:** 1) regular data collection, 2) database integration
-  7. **Research and innovation:** 1) registry of local dementia output, 2) dementia-specific research fund, 3) data sharing