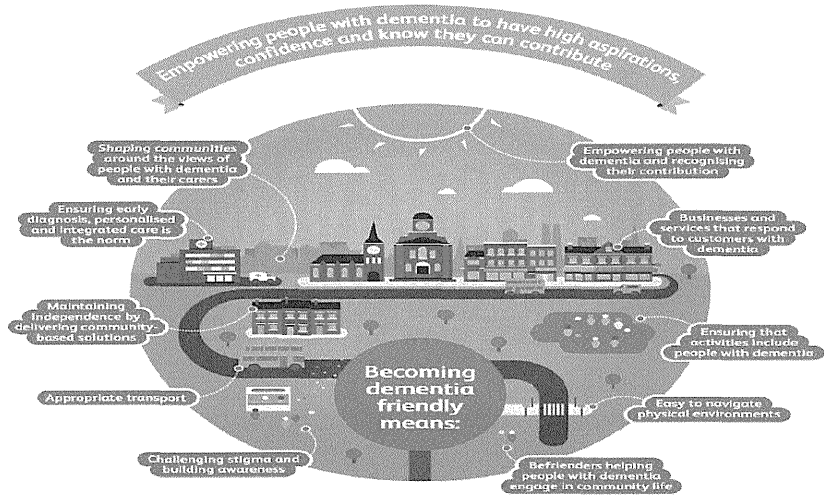


Universal Advocacy



Out of the shadows – campaigning and educating in Germany

Global Action against Dementia
Legacy Event Japan –
New Care & Prevention Models

Tokyo, 5th/6th November 2014

Sabine Jansen

Deutsche Alzheimer Gesellschaft e.V.
Selbsthilfe Demenz



Deutsche Alzheimer
Gesellschaft e.V.
Selbsthilfe Demenz

Different target groups

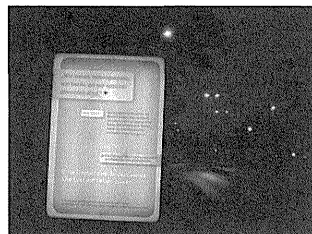
- People with dementia
- Caregivers
- Volunteers
- Health care professionals
- Children and young people „Alzheimer and you“
- Other groups like policemen, fireworkers, bank officers, salespersons,....
- General public



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Different materials and methods

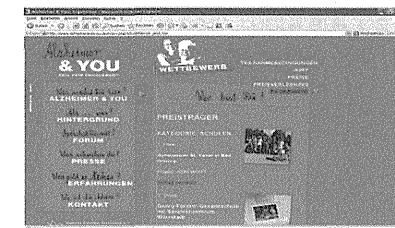
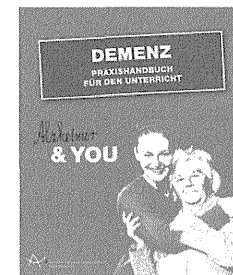
- Empowerment to people with dementia through meetings and support groups
- Education programs for caregivers (also E-Learning course)
- Attractive advanced training to find volunteers
- Brochures, leaflets, DVDs,....
- TV-spots, Posters in the public
-



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„Alzheimer and you“

- Competition für young people
- Education materials for teachers
- Interactive Website



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People with dementia – part of the community



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Gesellschaft e.V.
Selbsthilfe Demenz

„Greetings from the sea“

- Campaigning through desorientation:
„It can happen to be confused about the place where you are but to lose orientation completely is bad. There are 1,5 Mio. people with dementia in Germany. Do not forget them!



Deutsche Alzheimer
Gesellschaft e.V.
Selbsthilfe Demenz

„Demenz – jede/r kann etwas tun“ www.deutsche-alzheimer.de

Welt-Alzheimerstag 2014
21. September



Deutsche Alzheimer
Gesellschaft e.V.
Selbsthilfe Demenz

The case for increased awareness and concern

Global Dementia Legacy Event
Minato-ku, Tokyo, Japan
November 5, 2014

Splaine Consulting

Disclosures

Consulting Agreements as of 10/1/2014

- Alzheimer's Disease International
- Consumer Voice (aka NCCNHR)
- Eli Lilly
- Bayer A.G. (non-U.S.)
- Alzheimer's Association (US) Healthy Brain Initiative
- Elder Justice ACTION, Elder Justice ACTION SC
- Alzheimer's Association GA/GA Dept Aging
- National Center on Elder Abuse (US)
- Also: Splaine is CEO and principal member, Cognitive Solutions LLC

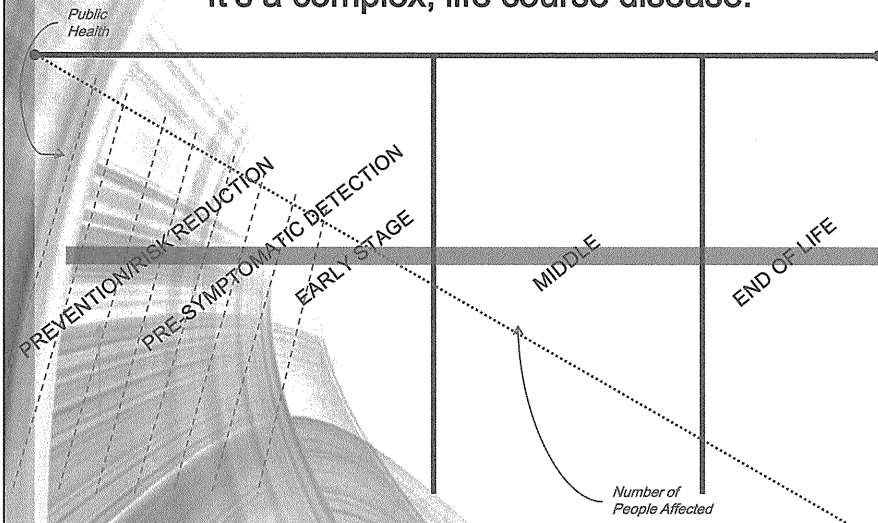
Conflict of Interest

- None of the views represented here are those of my clients nor have they had any control or input into this presentation.

Overview

- The state of Alzheimer's and dementia
- What makes dementia different?
- Domains of dementia friendly communities

A Comprehensive Approach to Alzheimer's: It's a complex, life course disease.



What makes ADRD Different?

- **Families are the caregivers.**
- **Gap between prevalence and diagnosis**
- **Diagnosis late in disease process**
- **Co-morbid chronic diseases**
 - **Lack of attention to population health/risk**
- *Siloed budgets and systems*
- **Stigma, nihilism, ageism plus capacity**
- **Duration of disease process, care**
- **Special pops: complicated lives**

Goals for national plans


- **NOT Ageing, but health and public health**
- **Increase awareness, reduce stigma**
- **Implement to the limit of the evidence available**
- **Inclusion of persons with the disease**
- **Not necessarily new spending, better spending**

Domains of Dementia Friendliness

- **Public awareness and access to information**
- **Inclusive planning processes**
- **Access and consideration for dementia in local businesses or public services**
- **Creation of activities such as memory café led by persons with dementia**
- **Community based innovation in services**
- **Access to transportation**

Contact information

- www.splaineconsulting.com
- www.cognitivesol.com
- mikesplaine@verizon.net

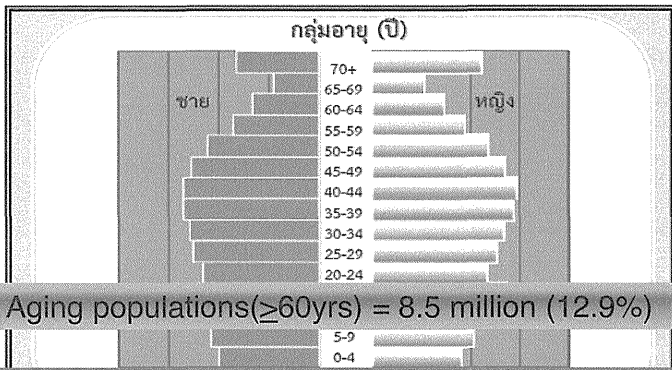


Care and prevention of dementia in Thailand

Tasanee Tantirittisak MD.
Prasat Neurological Institute
DMS, MOPH
Thailand

Thailand Aging populations in 2010

แผนภูมิ 4 พีระมิดประชากรที่วราขอนามัยจักร พ.ศ. 2553



Aging populations (≥ 60 yrs) = 8.5 million (12.9%)

In 2012, Thailand may have 542,300 demented people.

Organization of care

Government section

- Hospitals under ministry of public health
- University hospitals
- Local administrative hospitals
- Hospital under Ministry of defense
- Hospital under authorities

Private section

- Private hospitals
- Medical clinics
- Long term care and respite care centers
- Elderly clubs or groups

3 health funds

- Welfare for civil servants
- Social security
- Universal coverage

Organization of care

Cognitive impairment patients → 1° doctor → Specialist doctors

Specialist doctors

- Gerontologists
- Neurologists
- Psychiatrists

1. The dementia association of Thailand.
2. Alzheimer and related disorder association (ARDA)
3. Foundation of Alzheimer's disease
4. Gerontology and geriatric medicine association.

Tertiary cares
Special hospitals
University hospital
Private hospital

Awareness Activities

- World Alzheimer's day events.
- Short movies
- Educations:
 - talk
 - News letter
 - events (world AD month)
 - website (azthai.org), (Thai memory test.com)
- Capacity building for medical personals (nurse, doctors), caregivers (informal=family)
- Healthy elderly clubs.



Prevention projects

1. Use the brain or lose it
2. Old people play young (OPPY)
3. Active social engagement
4. Healthy aging clubs
5. Cognitive training program for MCI



3-4 กันยายน 2557
งานรู้เท่าทันป้องกันสมองเสื่อม
ณ ศูนย์ดำรงธรรม กรุงเทพมหานคร ภาาษา
ไทย สภาคนผู้ดูแลผู้สูงอายุสมองเสื่อม
และ โรงพยาบาลราชวชิรย์
066-990-4207

11 กันยายน 2557
Caregiver Day
เนื่องในวันอัลไซเมอร์
ณ ศลิตวิฑูรย์พยาบาลวัฒนา
โดย ศลิตวิฑูรย์พยาบาลวัฒนา
02-508-7600 ทศ 9 ต่อ 2164-2166

18-20 กันยายน 2557
วันรู้เท่าทันสมองเสื่อม
ณ ศูนย์การค้าเซ็นทรัลพลาซ่า
โดย สมาคมผู้ดูแลผู้สูงอายุสมองเสื่อม
และ โรงพยาบาลราชวชิรย์
066-990-4207

27 กันยายน 2557
งานโลกสมองเสื่อม... ก็ยพิษที่ไม่มีใครมองข้าม
ณ ห้องประชุม 4 โรงแรมอานาแกรนด์
โดย โรงพยาบาลราชวชิรย์
02-381-2727

20 กันยายน 2557
Brain Boost Camp
สร้างเสริมศักยภาพทางอัลไซเมอร์
ณ โรงแรมศรีนครา ศูนย์กีฬาฯ
โดย มูลนิธิโรคสมองเสื่อมแห่งประเทศไทย และ TCLES
02-844-5499 ต่อ 134

20 กันยายน 2557
สมิติเวช ศรีนครินทร์
SAMITIVJ SRINAKARIN
20 กันยายน 2557
งานเสวนาเนื่องในวันอัลไซเมอร์
ณ Auditorium ชั้น 7 โรงพยาบาลสมิติเวชศรีนครินทร์
โดย ศูนย์สมอง โรงพยาบาลสมิติเวชศรีนครินทร์
02-378-9000

23 กันยายน 2557
งานวันอัลไซเมอร์โลก โรงพยาบาลจุฬาราช
ณ อาคารแพทย์ชั้น 7
โดย ศลิตวิฑูรย์พยาบาลวัฒนา คณะกรรมการส่งเสริม
สุขภาพคนสูงอายุราชวชิรย์
02-256-4298 ต่อ 11-14

21 กันยายน 2557
งานวันอัลไซเมอร์โลก
"ออกกำลังสมองป้องกันสมองเสื่อม"
ณ สวนศรีนครเขื่อนขันธ์ (สวนรถไฟ)
โดย สถาบันประสาทวิทยา
กรมการแพทย์ กระทรวงสาธารณสุข
02-506-9899

21 กันยายน 2557
งานสัมมนา วันอัลไซเมอร์โลก
"รู้เร็ว รู้ไว ทางไกล อัลไซเมอร์"
ณ อาคาร 5 ชั้น 3 โรงพยาบาลพญาไท 1
โดย ศลิตวิฑูรย์ โรงพยาบาลพญาไท 1
02-640-1111

ASK FOR AG



World Alzheimer's day events

Check BP, BMI and blood test

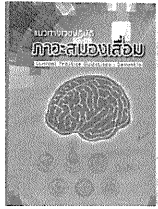
Food demonstration

Cognitive screening

Brain exercise

Treatments

CPG for diagnosis and management



Memory clinic



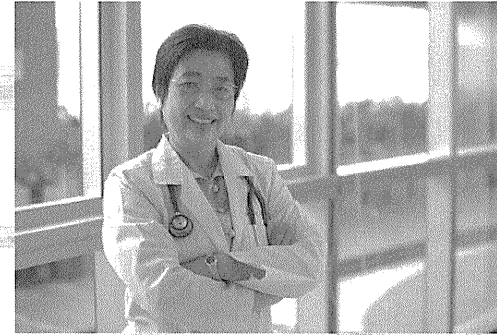
Day care



Drugs

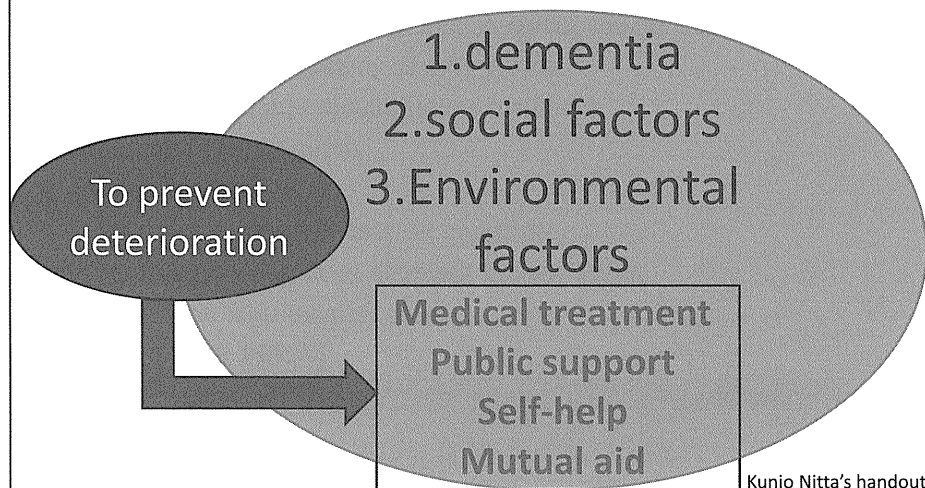


Acknowledgement



Dr. Sirithron Chansirikarn MD.,
President of Thai Alzheimer Association
www.thaialzheimer.org

Factors which affect Dementia condition



The structure of the dementia condition

$$D = P \times B \times H \times NI \times SP$$

D ; Dementia

P ; Personality

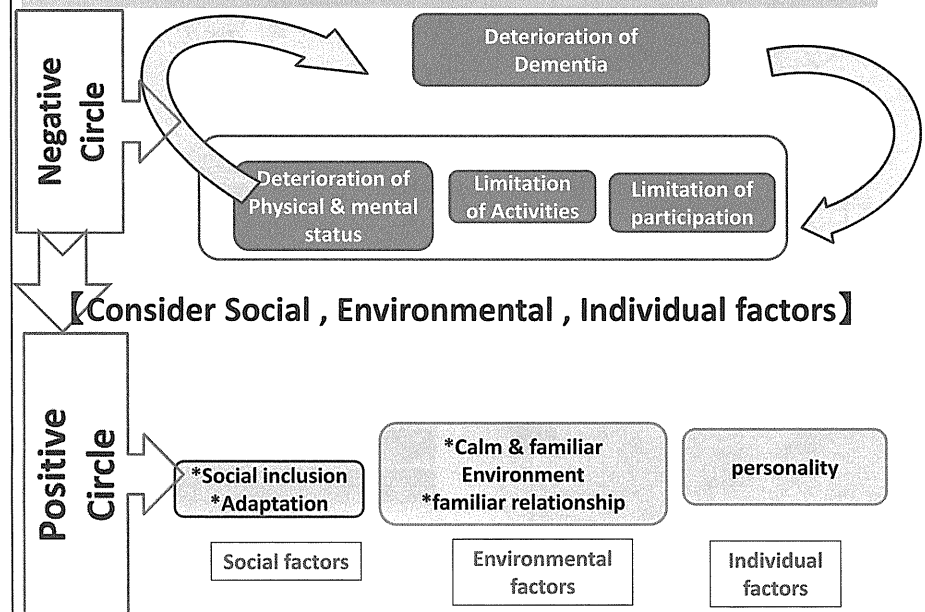
B ; Biography

H ; Physical-health

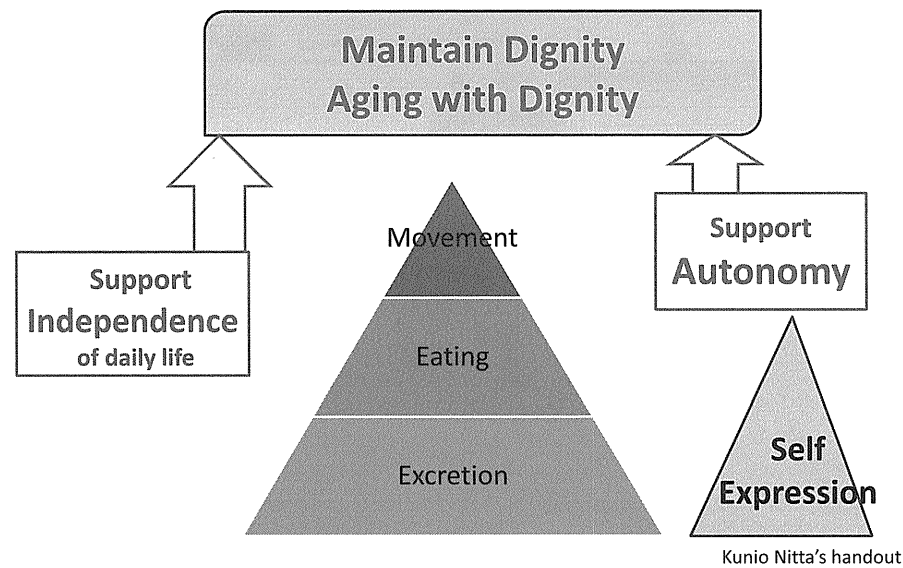
NI ; Neurological Impairment

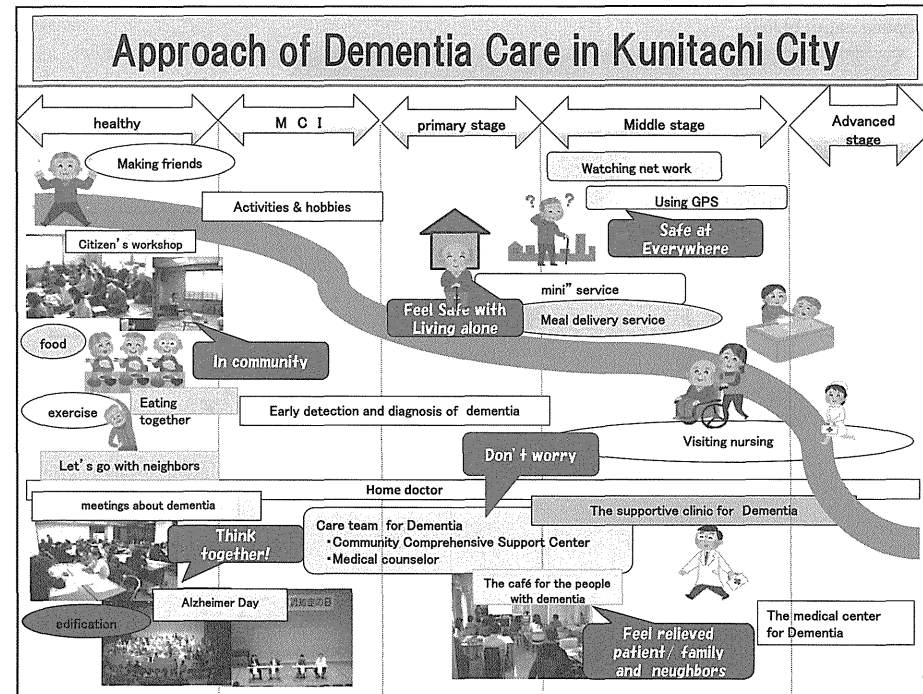
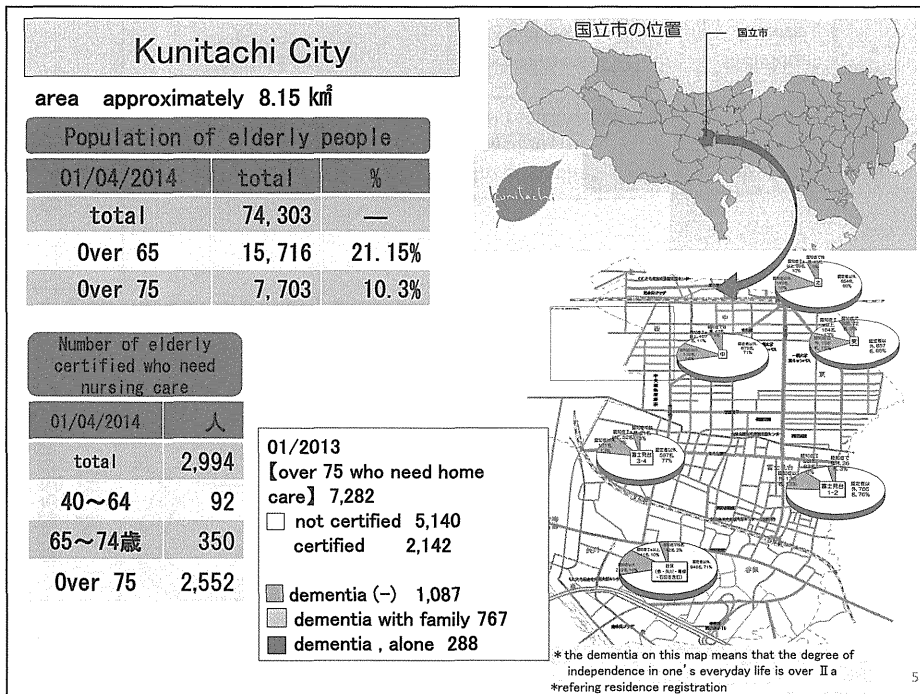
SP ; Social Psychology

ICF ; Positive Circle of Dementia



To maintain Dignity of the person with Dementia – to live as a whole person –





The 56 visiting care cases of dementia patients who are living alone

【findings in this study】

- ① Cooperation with medical care
 - ➡ inform the doctors of accurate patient status
 - the need of medical care on dementia
- ② Family support
 - ➡ mitigate care burden
 - resolve conflicts among family members
- ③ Recognize the changes of patient status
 - ➡ who should notice them, and to whom convey the information
- ④ Need of community support
 - ➡ person with dementia can't live alone with the help of present social support (sometimes it is not enough)



Japanese
Nursing
Association

G8 dementia summit
the Global Dementia Legacy Event Japan
November 5, 2014

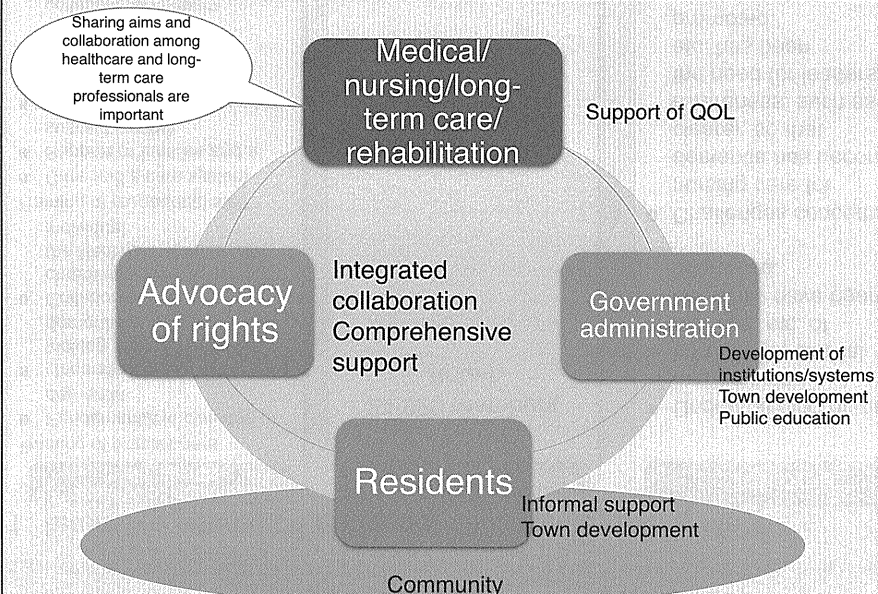
Toward the achievement of the dementia friendly society

Noriko Saito
Executive Officer
Japanese Nursing Association

Society to aim at

- Patients can receive continuous medical/nursing/long-term care services of high quality from the early to the terminal phases of illness, and there are least burdens on the patients and their families.
- Patients and their families can continue living in their own town and home as members of their community.
- There is no prejudice against dementia, and patients' wishes and rights are respected, and their dignity is maintained.
- Residents, healthcare and long-term care professionals, and government administrations collaborate for realizing dementia friendly society.

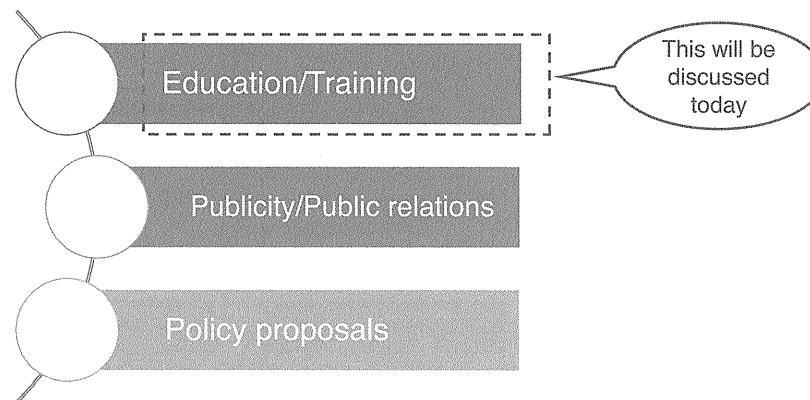
System to support patients with dementia to "live life"



Missions of the Japanese Nursing Association

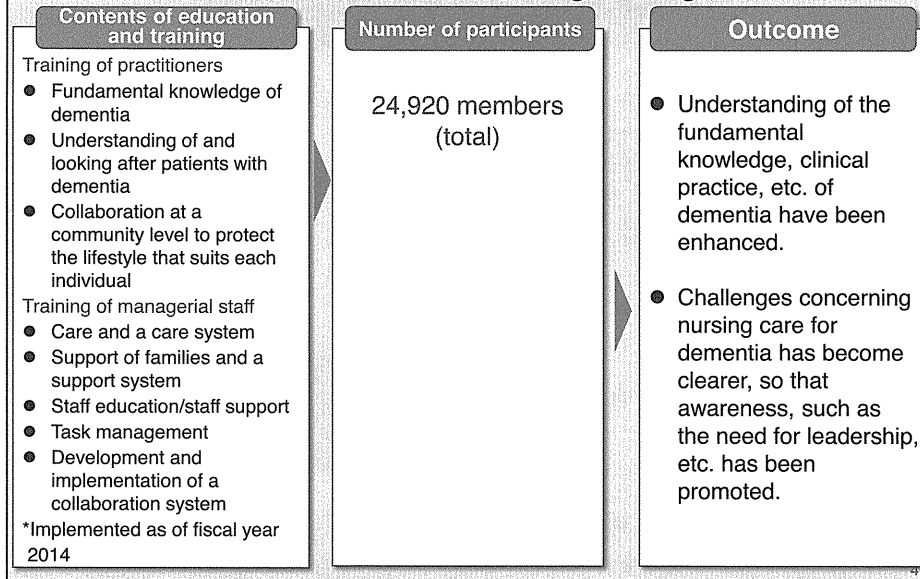
We aim to realize a society where patients with dementia and their families can continue living in their own town until their last minutes, while maintaining their human dignity.

Business development



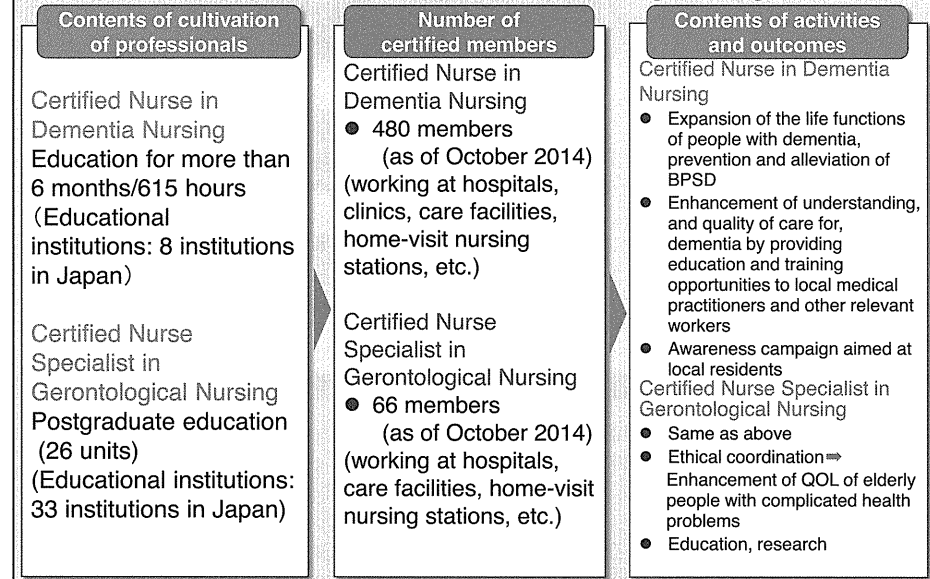
**Education and training currently implemented
by the Japanese Nursing Association**

1. Intensive education on dementia among nursing staff

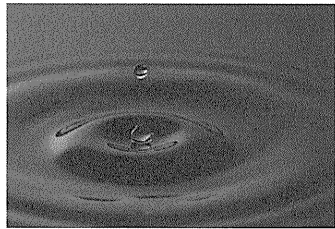


**Education and training currently implemented
by the Japanese Nursing Association**

2. Preparation of specialists in dementia care among nursing staff



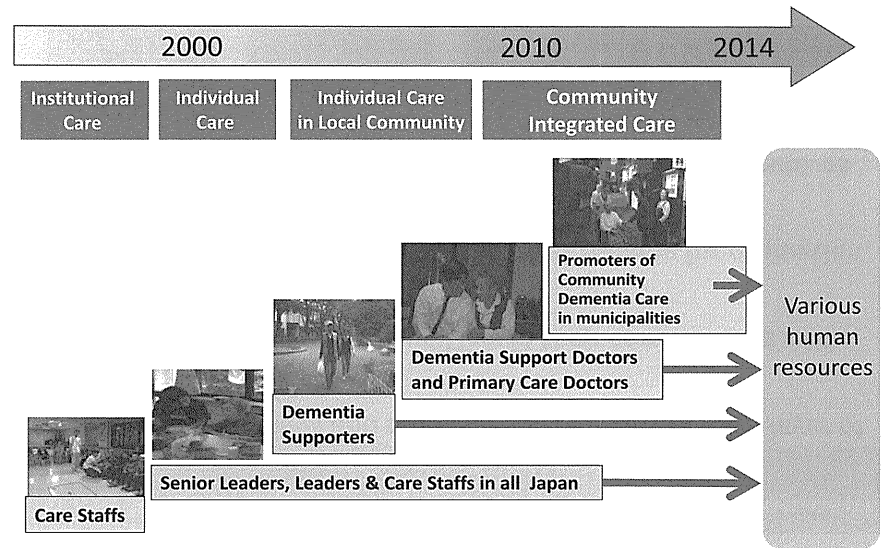
The Multilayered Human Resource Development System to Support People Living with Dementia



Tokyo Dementia Care Research and Training Center, Japan

Kumiko Nagata

Shifts of Targets in Dementia Care and Human Resource Development in Japan



Attained Targets of Dementia Care

Increase of varieties in dementia care professionals

- Doctors, nurses, pharmacists
- Care workers, Care managers
- Welfare workers

Increase of varieties in dementia supporters

- Local residents, families
- Stores, Banks, Transportations
- Police, Fire authorities etc.

Increase of promoters at municipalities

- Dementia Support Doctors
- Promoters of Community Dementia Care
- Leaders of Dementia Care

Challenges of Human Resource Development in Dementia Care

[in Quantity]

- The amount of human resources developed are **unable to keep up** with the rapid increase of people with dementia.
- Many care staffs **leave their workplace** after development training.
- Local government cannot **identify the number of people trained** as the trainings are done by various different organizations.

[in Quality]

- Not- enough works have been done together on **shared value** "for people with dementia to continue living with hope and respect in their communities,"
- There are, **Gaps between what has been learned and what to practice**
- Lacks of **continues learning opportunities** to acquire the most updated, various knowledge

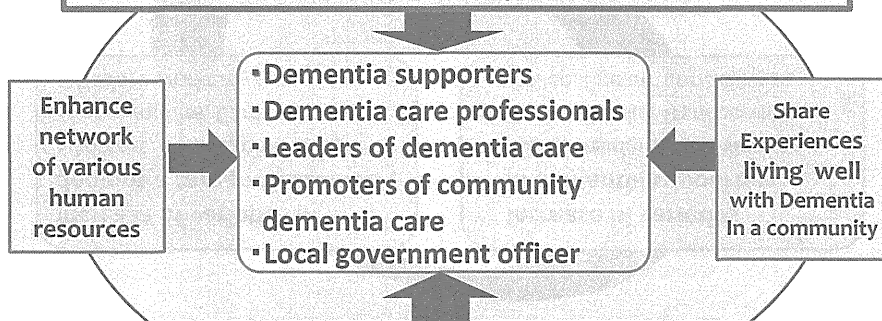
Disparities among local governments widen In human resource development & reservation



Keys to Tackle the Challenges

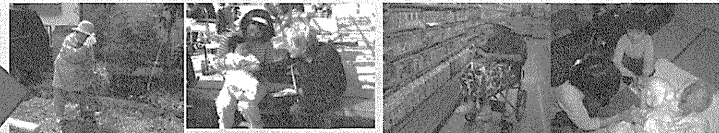
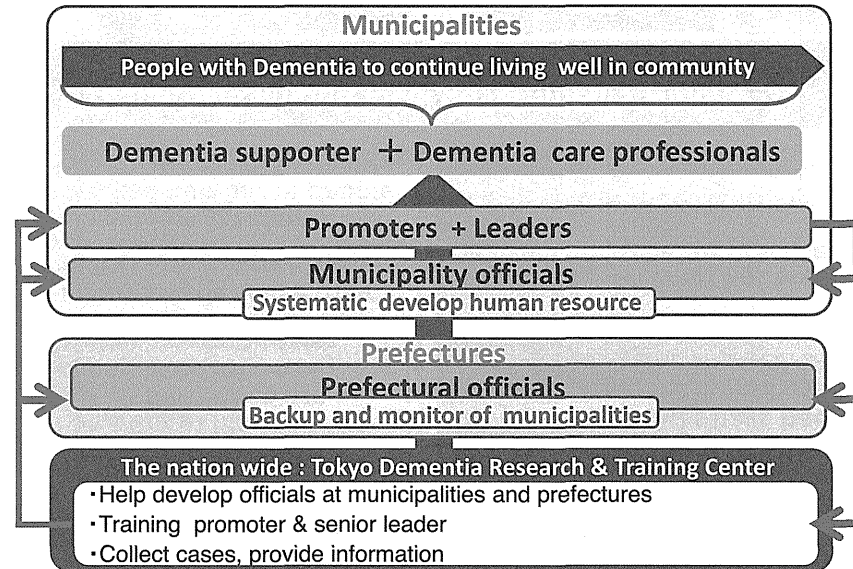
-Learning from Our Trials of the Decade-

Grow human resource who think and practice from the eyes of people living with dementia
In each municipalities



The Construction of Multilayered Human Resource Development System for people with dementia and the community

Multilayered Human Resource Development System for People Living with Dementia and The Community



Local government officer

* Together with
* Investigate possibility

* Hope
* Challenging

Multilayered Human Resource Development System

What Will be Important in Human Resource Development - Based on Our Trails -

1. Share the values and objectives thoroughly at each layer of dementia care.
"People with dementia will live in their communities with hope, dignity."
2. Examine every case of practice after training for evaluation. Also, establish the ways to share what are found.
3. Build a human resource development system that evolves with people living with dementia.



Person with dementia as a lecturer on "Medicine, Care & Support That We Need"



Evaluation taken place with people with dementia



Pursue possibility of living well together

Thank you for your kind attention

Trends and Future of Enhance Awareness and Education in Japan



National Center for Geriatrics and Gerontology,
Center of Training and Innovation for Gerontology

Hidetoshi Endo, MD

0

Aim of education and training for dementia

- To stop the stigma for dementia
- To enhance awareness to public for dementia
- To educate families to understand dementia and BPSD for reducing care burden
- To educate medical and care staffs for improvement of care
- To make an early diagnosis for AD because of future treatment



2

History of health policy for dementia training

- 1984 Training for care staffs to people with dementia
- 2000 Implementation of Long term care insurance
- 2004 Dementia → Ninchi-sho (=Neurocognitive disorder)
- 2005 「10 years strategy for dementia campaign」
 - to know about dementia and to support for dementia
 - Dementia Support doctors (~3,400)
 - Dementia Supporters (~4,600,000)
- 2006 Training for primary care doctors by dementia support doctors
- 2008 Medical Center of dementia (~300, 「Urgent Projects for improvement of medical aspect and QOL of person with dementia」)
- 2012 「5 year plan of dementia health policy」 (Orange plan)

Target of education and training dementia

~Leadership by government and local government~

- People with dementia(at hospital or clinics)
- Families(schools for families in clinics or hospital)
- Health care professionals(lecture, group-work and e-learning and others)
(Doctors, Nurses, Care staffs)
- Shop keepers, policeman and others(Dementia supporters)
- Students (Dementia supporters)
- Volunteers



Tools of education to dementia

~For enhance awareness~

- Lecture(using textbooks, DVD) for Doctors, and professionals by government
- Group work(conference)
- TV programs(NHK and others)
- Books(many books related dementia)
- Movies(Everyday is Alzheimer's et al.)
- Internet(ninchisyo-forum.com et al.)
- NCGG Information services <http://monowasure.org/ninchi/>



Everyday is Alzheimer's

Training and Educational System

for Primary care doctors

Government

Japan medical association

NCGG

Specialist doctors
of dementia
(n ~2,000)

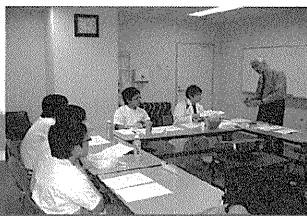
Dementia
Support doctors
(n=3,400)

Primary care doctors
(n=35,000)

Activities of dementia support doctors

- Lecture for 35,000 GPs
- Consultant for GPs "Dementia support doctor"
- Leader for network in the community
- A member of support team for Initial-Phase Intensive Support Team in every city
- Collaboration with certified doctors and 300

Dementia Medical Centers

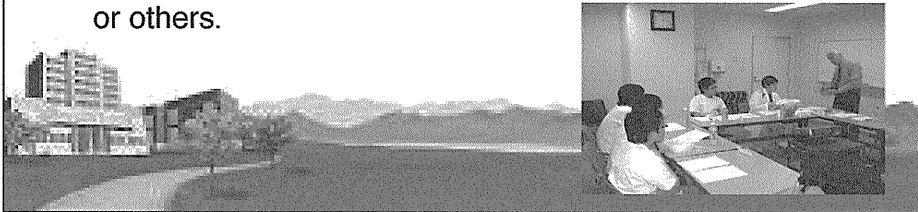


Frameworks of training and education

Target	Leaders of Education and training	Mass-communication
Doctor	◎ 3400 support doctors (35000 primary care doctors)	○
Professionals (Care manager, OT, nurse)	◎ 460 Certified nurses	○
Families	◎ School in clinic	◎ Association
Person with dementia	○ support system IC, advocacy	○ Group, dementia café
Community residence, student shop staff, policeman&+	○ Caravan Mate 4600000	◎ Supporters

Future aspects of education related dementia

- More and continuous education and training for care staffs and families, the innovative care principle “Person centered care” is very important, one of example is DCM to reduce care burden from BPSD and to improve BPSD
- Mutual Understanding the importance of good practice and framework of education and training in Integrated Community care system
- Necessity of Worldwide Support system for education and training system in developing countries, by WHO or others.



National Center for Geriatrics and Gerontology (NCGG), Japan

資料 3