

Dementia Prevention and Care Policy and Action Plan 2.0 2018–2025

Ministry of Health and Welfare

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2018–2025 Taiwan Dementia Plan

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Chapter 1: Population Analysis and Impact of Dementia

I. Population Analysis of People with Dementia

According to the *World Alzheimer Report 2015* published by Alzheimer's Disease International (ADI), an estimated 46.8 million people were living with dementia worldwide in 2015, accounting for about 5% of the world's elderly population. Worldwide, about 9.9 million new cases of dementia occur each year, meaning one every 3 seconds. The number of people living with dementia is estimated to reach 75 million in 2030 and 131.5 million by 2050. In September 2017, ADI also projected an additional 10 million new cases of dementia in 2017, stating that the costs for dementia care would exceed one trillion US dollars in 2018.

Our country's population has aged rapidly in recent years, with 13.7% of the population being 65 years and older in September 2017. Taiwan is predicted to become an "aged society" in 2018 and a "super-aged society" by 2026, a term defined by the World Health Organization (WHO) as a society in which seniors aged 65 years and over comprise more than 20% of the total population. According to the results of an epidemiological survey of dementia commissioned by the Ministry of Health and Welfare (MOHW) and conducted by the Taiwan Alzheimer's Disease Association (TADA) from 2011 to 2013, associated with the demographic statistics compiled by the Ministry of the Interior; the prevalence rates of people with dementia in each five year age group are as follows: 3.40% for the 65–69-year age group; 3.46% for the 70–

74-year age group; 7.19% for the 75–79-year age group; 13.03% for the 80–84-year age group; 21.92% for the 85–89-year age group; and 36.88% for those aged 90 years and over. Dementia prevalence increases with age and the trend increases two-fold every five years (Table 1).

It is estimated that the number of people living with dementia in Taiwan will exceed 270,000 by the end of 2017 and will double to more than 460,000 by 2033. By then, there will be more than 2 people with dementia out of every 100 Taiwanese. More than 850,000 people will have dementia in 2061, meaning more than 5 out of 100 Taiwanese will be affected. Over the next 46 years, the population in Taiwan with dementia will grow at an average rate of 36 people per day.

Table 1: Prevalence of dementia in each 5-year age stratum

Age (Years)	65–69	70–74	75–79	80–84	85–89	≥90
Prevalence rate (%)	3.40	3.46	7.19	13.03	21.92	36.88

According to the 2011 MOHW report, out of a total of 929 people with dementia, 39.39% were diagnosed as very mild, 34.98% as mild, 12.16% as moderate, and 13.45% as severe (Table 2). For the level of impairment, 41.1% had no impairment, 15.2% had a mild impairment (1-2 impairments), 12.1% had a moderate impairment (3-4 impairments), and 31.6% had a severe impairment (5 or more impairments) (Table 3).

Table 2: Severity ratio of people with dementia

CDR Score Stage	0.5 Very mild	1 Mild	2 Moderate	3 Severe	Total
No. of cases	366	325	113	125	929
Prevalence rate %	3.51	3.12	1.08	1.20	8.91
% of total	39.39	34.98	12.16	13.45	100

Table 3: Percentage of people with dementia in different level of impairment

Level of impairment	Percentage (%)
No impairment	41.1
Mild impairment (1-2 impairments)	15.2
Moderate impairment (3-4 impairments)	12.1
Severe impairment (5 or more impairments)	31.6

II. The Impact of Dementia

A. Impact on Economy

In addition to being the leading cause of impairment in the global elderly, dementia also hinders their ability to live independently and has serious impacts on people with dementia, their carers, families, communities, and countries. Dementia accounted for 11.9% of the years lived with disability (YLD) caused by non-communicable diseases according to statistics released in 2014, and as the average life expectancy increases, this percentage is anticipated to grow as well. As for impacts on the global economy, the *World Alzheimer Report 2015* estimated the global socio-economic costs of dementia to reach 1 trillion in 2018, with cost growth attributable to the increase in numbers of people with dementia as well as the increase in cost per person with dementia. By 2030, the estimated worldwide cost is expected to rise to 2 trillion. According to *Dementia in the Asia Pacific Region*, in Taiwan, an estimated total of US \$6,990 million was spent on dementia in 2015: the medical costs of dementia consumed 412 million US dollars, non-medical costs expended 3,326 million US dollars, and informal care costs accounted for 3,252 million US dollars.

Figures from the 2011 MOHW report indicate that only 6.2% of people with dementia were residing in residential institutions, with the majority (93.8%) of the affected populace living at home. Most of these individuals (54.9%) were cared for entirely by family members, rather than utilizing healthcare services or hiring a foreign carer; 30.7% employed a foreign carer; 4.8% utilized home care services; 3.2% hired a Taiwanese carer; and only 0.2% used day care services. Many family

carers may find that caregiving responsibilities negatively affect their job performance, and some might choose to take early retirement or leave the workplace to look after their loved one with dementia; consequently, this may have an adverse effect on the nation’s economic development and productivity.

Taiwan has been promoting long-term care beginning with the launch of the *Ten-year Long-Term Care Program* in 1997 and followed by the formation of the *Long-term Care Service Network* in 2013. An extensive system of community and institutional-based dementia care resources, such as day care centers, *Families of Wisdom*, group homes, community service centers, and institution dementia special care unit. In medical care, the government has continued to promote dementia clinics, dementia wards, and centers for integrated dementia care. The usage rates and costs of various dementia care services are changing, it is necessary to establish a nationwide data collection system and to conduct epidemiological surveys in order to collect relevant statistics as well as to understand the impact of the disorder on families, society, and the nation.

Table 4: Analysis of Long-term Care Utilized by People with Dementia

Service Type Stage of Dementia	Institutional Care (%)	Home care (%)	Foreign Carer (%)	Taiwanese Carer (%)	Day care (%)	Did not use (%)
Mild	3.7	3.7	28.6	3.7	0.3	60.0
Moderate	7.1	4.4	35.4	2.7		50.4
Severe	12.0	8.0	32.0	2.4		45.6
Past Mild	6.2	4.8	30.7	3.2	0.2	54.9

B. Impact on Human Rights

In keeping with the spirit of the United Nation Convention on the Rights of Persons with Disabilities (CRPD), people with dementia and their carers should be empowered to advocate and participate in any dementia-related initiatives, policies, planning, legislation, provision of services, supervision, and research, in order to safeguard their ability to defend their rights.

(1) Gender issues

Results of the epidemiological survey of dementia in Taiwan indicated that women were more susceptible to developing dementia than men: women accounted for 59.6% of the number of people who had been issued dementia ID cards. Most people with dementia are looked after by their families, and the majority of these carers are also women. Problems evoked by gender differences between the people with dementia and their family carers, which may cause damage to their own rights or interests, should also be considered within the human rights aspect of this policy.

(2) Issues on the right to work

Despite age being the major risk factor for dementia, this does not mean that dementia is an inevitable result of aging. In reality, it is not only the elderly who suffer from dementia, studies have shown that young onset dementia (those with symptoms appearing before age 65) accounts for about 9% of all cases. Discrimination at work and the impact on family finances due to the onset of dementia while being employed are topics that should be given due attention and assistance within the spirit of the UN CRPD.

(3) Issues on the freedom of choice

Issues concerning the patient's right to make decisions concerning their finances, medical care, services, housing, and transportation need to

be specifically addressed in legal norms and should incorporate the opinions of those with dementia, their carers, and related organizations. Civil servants should receive relevant education and training to understand the characteristics of dementia and know how to provide appropriate assistance to someone with the condition.

C. Impact on the Family

Dementia is a disorder that causes a gradual decline in memory, spatial and temporal orientation, judgment, calculation, and abstract thinking. Patients lose their ability to manage daily affairs and their long-term family and community relationships fall apart. The condition affects not just the individual with dementia, but surrounding friends and relatives are often drawn into the chaos brought about by the condition, thus causing great difficulties. More than 90% of people with dementia live in the community, being cared for by family members. Several studies have indicated that looking after a family member with dementia is a burdensome responsibility that can negatively affect the carer's physical and mental health; family carers consume more sleeping and sedative drugs than the average person and are a high-risk group for depression.

The progression of dementia can take as long as 8 to 10 years, advancing from mild, moderate, severe, to very severe stages. The symptoms and issues with care vary with each stage. In addition to having to familiarize themselves with dementia and coming to accept these changes, family carers also need to learn how to live with their dementia-afflicted family member and constantly try various methods to resolve their ever-changing problems. They also have to cope with their

own stress and emotions, especially given that dealing with the behavioral problems of dementia, such as delusions, hallucinations, misconceptions, wandering, and repeated dialogues often leave family members depressed and frustrated. Their daily routines and social circles may also be significantly affected and compressed due to the responsibility of caregiving; they are unable to arrange their schedules at will and are forced to gradually reduce their social activities, therefore, they need to obtain information to deal with the disease, mitigate their emotions or stress, or take a breather. What is tested in the face of dementia is the incessant depletion of family members' mental and physical strength. The burden of caregiving for family cares turns them into "invisible patients" within their own home! In the future, we need to actively develop supportive services to help and accompany family members in adjusting to the impact of the condition.

In response to the global impact of dementia, the WHO released a report in April 2012 that emphasized dementia is not a part of normal aging. The report recognized dementia as a global public health priority and urged governments to integrate dementia prevention and control into national health policies as a priority. In May 2017, they published the *Global Action Plan on the Public Health Response to Dementia 2017-2025*, which set out more specific global action targets.

Chapter 2: International Dementia Policy

Development

Taking into consideration the rapid increase of the population with dementia, the WHO released its first report on the subject in April 2012, emphasizing that dementia is not a normal process in aging and urging governments to include dementia prevention and control measures as priorities within national health policies. Alzheimer's Disease International also called on governments to deem the prevention and treatment of dementia as important issues within national health policies and proposed some national-level policies or strategies.

The WHO approved the *Global action plan on the public health response to dementia 2017-2025* (hereafter GAP) at the Seventieth World Health Assembly held on May 29, 2017. They called for all governments to actively present concrete national dementia policies, allocate enough funding to implement these policies, and to have in place a supervision mechanism to assess implementation progress regularly. The body also called upon all sectors of society to bring their fears and negative actions towards dementia to a halt, and encouraged everyone to work actively to understand and accept the condition.

The global action plan adheres to seven basic principles, summarized as follows:

- A. Human rights of people with dementia: All policies and actions must reflect the needs, expectations, and human rights for people with dementia and be consistent with the CRPD; ;
- B. Empowerment and engagement of people with dementia and their carers: Includes being empowered and involved in advocacy, policy,

planning, legislation, service provision, monitoring, and research of dementia;

- C. Evidence-based practice for dementia risk reduction and care: Develop strategies and interventions for dementia risk reduction and care that are person-centered and cost-effective based on scientific evidence and/or best practice;
- D. Interdisciplinary collaboration on the public health response to dementia: Requires the involvement of all relevant federal departments, such as health (including the alignment of noncommunicable disease, mental health, and aging efforts), social services, education, employment, and justice, as well as partnerships with civil society and private sector entities;
- E. Universal health and social care coverage for dementia: Includes financial risk protection and ensuring equitable access to promotive, preventive, diagnostic, and care services (including palliative, rehabilitative, and social support);
- F. Equity: Take a gender-sensitive perspective, consistent with the *2030 Agenda for Sustainable Development*, which recognizes that people who are vulnerable, including people with disabilities, older people, and migrants, must be empowered;
- G. Appropriate attention to dementia prevention, cure, and care: Includes using existing knowledge and experience to improve prevention, risk reduction, care, and support; research towards finding treatments or a cure; development of risk reduction interventions and innovative models of care.

Based on the above principles, the GAP proposed seven action areas, which are:

1. Dementia as a public health priority
2. Dementia awareness and friendliness
3. Dementia risk reduction
4. Dementia diagnosis, treatment, care, and support
5. Support for dementia carers
6. Information systems for dementia
7. Dementia research and innovation

The WHO has established global targets and indicators for each of the aforementioned action areas; these indicators will be collected from the member states to monitor the progress and effectiveness of their dementia policies and programs and must also be routinely reported to the Global Dementia Observatory. The Global Dementia Observatory provides the mechanism to monitor and facilitate the use of data through a platform for exchanging data and knowledge in order to support evidence-based service planning, sharing of best practices, and strengthening of dementia policies as well as medical and health care systems.

Taking into consideration that Taiwan will need to be integrated into the Global Dementia Observatory in the future, we have adopted the seven action areas laid out in the WHO's GAP as the strategic themes for Taiwan's national dementia policy and also included additional targets for the year 2025. However, the indicators established by the WHO were appointed after taking into consideration the status of all member states, which includes developed, developing, and underdeveloped countries.

Taiwan's development in the area of dementia has received international recognition and it is the thirteenth country to establish a national dementia policy. Therefore, the *Taiwan Dementia Plan and Action Plan*

2.0 will include additional national targets for each of the seven action areas and set higher standards than those outlined in the GAP. Also taking into account the planned duration of the WHO's program, the *Taiwan Dementia Plan and Action Plan 2.0* will be implemented from 2018 to 2025.

At present, there are 30 countries in the world with national dementia policies in place, which include the United States, the United Kingdom, France, Australia, Denmark, Finland, the Netherlands, Norway, Scotland, Northern Ireland, Japan, and South Korea. Of these nations, the United States, South Korea, and Scotland regularly revise their national dementia policies. Following is a summary of the dementia policies of these three countries:

I. The Dementia Policy of the United States

The Alzheimer's Association states that the number of people with dementia in 2017 had already exceeded 5 million and is set to surpass 16 million by the year 2050. Consequently, then-President Obama signed the *National Alzheimer's Project Act* (NAPA) into law on January 4, 2011, and the National Plan is updated annually as stipulated in its regulations. The goals for the 2017 National Plan are: to prevent and effectively treat Alzheimer's disease and related dementia by 2025; enhance care quality and efficiency; expand supports for people with Alzheimer's disease and related dementias and their families; enhance public awareness and engagement; and improve data to track progress.

When the NAPA was signed into law in 2011, it also required the government to establish a department responsible for dementia-relevant coordination efforts such as the planning and implementation of dementia

research and services. Simultaneously, the law also required the formation of the public-private Advisory Council on Alzheimer's Research, Care, and Services, which includes patient advocates, carers, healthcare providers, dementia experts, and representatives from state health departments and the Alzheimer's Association. The law also required the United States Department of Health and Human Services (HHS), in collaboration with the Advisory Council, to create and maintain a national plan and to report to the United States Congress on a regular basis.

II. The Dementia Policy of South Korea

The third revision of South Korea's dementia policy was announced in December 2015. In 2015, the total population of South Korea was around 51.01 million people; the elderly population had reached 13.1%, and the estimated number of people with dementia was about 648,000. The total number of people with dementia in Taiwan in the same year was roughly 244,000, meaning there were 2.6 times more people with the condition in South Korea than in Taiwan.

The South Korean government, faced with the impact of aging and dementia, had proposed the initial version of their national dementia policy early on in 2006. Initial developments included: early diagnosis and prevention; disease management; improved public awareness and care quality; and the establishment of dementia-related infrastructure. As the first stage drew to a successful close in July 2012, the government submitted the second version of their policy. The implementation period ran from July 2012 until December 2015 and was revised once in June

2014. After the revision, the focuses of the policy included not just early diagnosis and prevention, but also personalized management and protection measures, improved dementia care and family support, as well as the development of safe care infrastructure for those with dementia. The third version was also announced at the conclusion of the second edition, designated for implementation from December 2015 to December 2020. This version added the community integration concept and dementia research; efforts are centered upon community-based dementia prevention and management, providing safe and convenient diagnostic, treatment, and care services for people with dementia; reducing the burden of carers; and supporting dementia-related research.

The implementation strategy of the South Korean government sets national targets for the years 2018 and 2020, specifying KPI values and departments responsible for each objective. The action plans of central and local governmental institutions need to be revised annually and are managed and reviewed by the National Dementia Council.

III. The Dementia Policy of Scotland

From as early as 2010, Scotland has listed the promotion of dementia care and support for those with dementia and their carers as important government goals. The third edition of their dementia policy was announced in 2017. The total population of Scotland in 2017 was about 5.3 million, with an estimated 94,000 people with dementia.

The main goals of the first edition in 2010 were timely diagnosis, improved care and treatment of dementia, and improved dementia service

quality. The second edition, announced in 2013, was implemented from 2013 to 2016; in addition to timely diagnosis, this version emphasized support for patients after diagnosis, presenting integrated and person-centered support. The implementation of the third version is from 2017 to 2020; along with diagnosis and post-diagnostic support, they also focused on integrated care for moderate (middle-stage) patients, hospice care for end-stage patients, as well as data collection and research. This edition was developed jointly by the Scottish government, Alzheimer Scotland, the Scottish Dementia Working Group, and the National Dementia Carers Action Group.

In order to promote their new strategy successfully, Scotland also established a national governance group whose members must include service users and carers. The group monitors progress in accordance with national goals.

Chapter 3: Review of Taiwan Dementia Plan and Action Plan 1.0

I. Development Process

- A. Fulfill the appeals of Alzheimer’s Disease International (Kyoto Declaration) and the WHO calling on all countries to deem “dementia” as a public health priority:

The number of people with dementia in the world has grown rapidly in recent years, with statistics showing that the dementia prevalence rate for the population over 60 in East Asia is 4.98%. This has had obvious, tremendous effects on the lives of millions of people and public health costs in the Asia Pacific region. Although a cure for dementia has yet to be found, there are still many methods and strategies, which may be utilized to improve the quality of life of those with dementia and their family carers. In 2004, Alzheimer’s Disease International proposed a basic action plan and presented the Kyoto Declaration at that year’s International Conference, hosted in Kyoto, which encouraged countries to support further dementia research and to improve dementia care services. Additionally, in 2012, the WHO also called on all countries to adopt immediately relevant dementia care policies and to regard dementia as a public health priority.

- B. Socioeconomic impacts of dementia on the country:

According to data from the WHO, the DALY burden attributed to neuropsychiatric conditions is second only to infectious and parasitic diseases; as for the burden of disease, dementia ranks higher than malaria, tetanus, breast cancer, drug use, or war. The disease burden

of dementia is estimated to increase by more than 76% over the next 25 years. Domestic research also revealed that the health care costs and utilization rates of people with dementia are significantly higher than those of non-demented patients, and studies have estimated that the total medical expenses of dementia in Taiwan account for 8.9% of overall costs. Obviously, the rising costs of medical treatment and care for dementia have had a tremendous socio-economic impact on the country.

C. The country's aging population and increasing dementia population:

The population aging rate in Taiwan has continued to rise, reaching 13.7% by September 2017. It is estimated that Taiwan will become an "aged society" in 2018 and progress into "super-aging society" by 2025, which is defined by the WHO as a society in which those 65 years and above account for over 20% of the total population. The number of people with dementia has increased significantly as the population has aged. According to the results of a national survey on the prevalence of dementia, the number of people with dementia in Taiwan exceeded 270,000 by the end of 2017. It is estimated that, out of those over 65, about 130,000 people are affected by mild dementia ($CDR \geq 1$) while roughly 90,000 are still under observation ($CDR = 0.5$).

D. In response to Taiwan's rapidly growing senior and dementia populations, the MOHW, working together with private sector entities, combined the resources of relevant social affairs, healthcare administration, civil affairs, police and firefighting, and educational departments to delay and reduce the impact of dementia on society and families, in addition to providing those with dementia and their family carers the medical treatment and

care they need. They incorporated the opinions of various departments, adopting the three-level and five-stage of preventive medicine concept as their framework, and announced the *2014-2016 Taiwan Dementia Plan* in August 2013. This document include two major targets and seven directions, acted as guiding principles for the MOHW's annual projects and administrative direction as well as for the development of dementia care within the country. The various federal agencies in several departments formulated concrete action plans related to their duties based on the seven directions. The inter-departmental *Dementia Plan* was announced on September 5, 2014, marking Taiwan as the thirteenth country in the world with a national-level dementia policy.

II. Implementation Outcomes

The goals for the *2014-2016 Taiwan Dementia Plan and Action Plan* have been completed. Progress and outcomes are as follows:

- A. Raise public awareness of dementia prevention and care
 - (a) Public education
 - 1. Produced documentaries such as *The Long Goodbye*, *When Yesterday Comes*, *Remembering Love Together*, and *Carers' Stories—Home Care Services*. As of 2016, these advocacy videos had accumulated more than 300,000 views online.
 - 2. Advocacy skits: Staged 20 performances in collaboration with professional dementia groups to raise public awareness and concern in dementia.

3. Printed handbooks and leaflets: Published dementia-related advocacy leaflets, media advocacy cards, and dementia resource handbooks, which were distributed to the social welfare offices and health bureaus in 22 cities and counties in addition to private organizations to distribute to the public. Organized the National Finals of the Let's Get Moving: Senior Wellbeing Promotion Competition, and distributed the aforementioned publications to senior participants. These publications pass through the hands of over 160,000 citizens each year.
- (b) Dementia Guardian Angels: Worked in collaboration with professional groups to hold Dementia Guardian Angels promotional seminars in communities, businesses, or schools to raise public awareness of the condition. More than 10,000 people benefit from these events each year.
 - (c) Health education seminars: Implemented the *Promote School Campus Dementia Preventive Education and Training Project* to raise awareness and knowledge of preventive measures for dementia among elementary school staffs.
 - (d) Raise dementia awareness and alertness of various medical personnel: Organize training courses on adult preventive health services, which include the topic of dementia for primary medical personnel, raising knowledge and skills among medical personnel on dementia. At least 20 sessions are held each year, with over 1,000 medical personnel participants.
 - (e) Developed dementia-related online learning courses: Includes "Recognizing Dementia, Its Symptoms, and Prevention," "Dementia Care and Social Support," and "Dementia Health

Education Techniques” (3 courses total). These are provided to primary medical personnel, public health officials, and the general public for open access learning.

- (f) From 2014 to 2016, acknowledged the topic of dementia prevention and treatment as one of the main issues within the expansion plan for subsidizing counties and cities taking part in the *Age-Friendly Cities Project*. It required local governments to collaborate with regional groups to organize dementia promotion and education activities to raise dementia awareness among the community and the elderly. About 40,000 people participated in these activities each year.

B. Comprehensive community care networks—Diversified, local services and family carers

- (a) Developed dementia community service resources: By the end of September 2017, 239 day care centers, 41 small-scale multifunctional service stations, 7 dementia group homes, and 134 community service center for dementia had been established, providing accessible and universal dementia care resources. In addition, mutual support centers for people with dementia and family carers were created to meet the social needs of the elderly with dementia and their family members as well as to lessen the burden of family care. By the end of 2016, 8 locations had been established which served 112 families, benefitting more than 16,000 people.
- (b) Promoted certification for age-friendly health care institutions to ensure seniors can receive friendly and quality medical care. As of 2016, 238 healthcare institutions have been certified. It included 167 hospitals, 58 long-term care institutions, and 58

clinics and centers (including district public health centers and clinics) to provide a friendly environment in which seniors can seek medical care.

- (c) Collaborated with community care centers in the local communities to provide medical referral services as well as dementia resources for community members with suspected dementia or cognitive impairment. Around 500 locations provide dementia resources to communities each year.
- (d) Provided long-term care to dementia patients who were assessed by long-term care management centers in 22 cities and counties to meet long-term care service project requirements and were in need of these services. At least 16,000 cases of dementia patients receive long-term care service each year.
- (e) Established family carer services and support network: Such as setting up dementia care helpline and family carer helpline, which has provided counseling services for 6,000 family carers each year; provided 200 high-risk family carers who were included in the *Ten-year Long-term Care Program* with medical referral services and counseling each year; offered family carer training courses, holding at least 30 sessions each year and benefitting 4,000 people; and implemented early-stage mild dementia service programs, which granted subsidiaries to local groups to provide 15,000 person-time services.

C. Strengthen dementia prevention and health service in primary care

- (a) Dementia prevention and health service in primary care:
 - 1. Included topics related to dementia in the adult disease prevention & healthcare training programs for primary

health care professionals, strengthening their competencies on dementia. The training programs train at least 700 people annually.

2. Collaborated with local health care resources to maintain a health care network effectively. The implementation indicator is the number of public health bureaus carrying out pilot projects. By 2016, there are 7 public health bureaus providing a medical care network for dementia across Taiwan.
3. Re-edited the dementia treatment manual to reflect adjustments made responding to the new Patient Right to Autonomy Act and the recommendations by relevant agencies.

(b) Health care services:

1. Established a patient-centered, integrated dementia health care model and process. Starting in 2015, the Government initiated an incentive program for integrated health care services for the elderly and people with dementia to encourage institutions to provide appropriate integrated services. Currently, memory clinics are established in all regional hospitals and above. For offshore islands and rural areas, dementia clinics are run by the district hospitals designated by local public health bureaus.
2. To offer early intervention and treatments that meet the needs of patients at different stages, all regional hospitals provide memory clinics. Dementia is now included in the *Hospital Patient-centered Integrated Outpatient Service Plan* by the National Health Insurance Administration,

whose purpose is to provide integrated health care services by inter-disciplinary teams.

3. In 2017, the Government discussed of amending the regulations governing the National Health Insurance Medical Care, allowing represent to see the doctor or pick up medications on behalf of people with dementia. Also in 2017, after consulting experts, the Government included the elderly patients who are over 75 years old with Parkinson's, dementia, chronic obstructive pulmonary disease (COPD) or stage 3 chronic kidney disease (CKD) and above in the *2017 Post-acute Care Plan*. Consultation fees for family counseling at dementia outpatient care will also be covered in the *2017 Family Physician Integrated Care Plan*.

D. Cultivate human resources and strengthen service competencies

- (a) Included dementia-related topics in professional training programs for police officers, prosecutors, social workers, long-term care staffs, and healthcare professionals. Online training is also available; by 2017, a total of 3,475 people have completed the online course. Seed training for dementia professionals trains 150 people annually; the elderly volunteer programs hold 20 classes annually.
- (b) The Government also organized a 3-stages training program for long-term healthcare professionals. By 2016, the program has trained more than 40,000 people. On-the-job training for social workers trains at least 100 people annually.

E. Enhancing interdepartmental collaboration and resource integration

- (a) Set up an interdepartmental collaboration meeting that convenes regularly every year; meanwhile, encourage

collaborations between the public and private sectors by establishing a communication network for relevant organizations and holding events to foster experience exchange.

- (b) Collaborated with the private sector and subsidized non-governmental organizations to hold at least 4 events promoting the health of the elderly annually; subsidized 30 NGOs to provide dementia services, including awareness raising in the communities, volunteer training, supportive services for family carers, and early interventions. The Government also collaborated with community care centers to promote the health of the elderly (including dementia prevention). It is expected to cover 96% of the community care centers every year.

F. Promote dementia research and international collaboration

- (a) Set up comprehensive and integrated dementia research: for example, commission or subsidize experts to conduct at least 2 literature reviews and technology development programs on dementia prevention annually; subsidize professional organizations to conduct studies on comprehensive care models for people with dementia every year.
- (b) Commission researchers to collect evidence from international studies and conduct research on dementia prevention and management: Conduct evidence-based reviews on dementia care and prevention in accordance with the aforementioned focuses. To remain abreast of international developments on dementia prevention, the following research projects are recommended: “reliability and validity assessments of dementia

screening tools”, “assessment of the effects of early treatment for dementia”, “comparisons of early screening policies for dementia in different countries”, “literature review on dementia prevention strategies”, and “studies on the effectiveness of health promotion and intervention projects for the elderly in the community”.

- (c) Subsidize NGOs devoted to geriatric medicine or dementia to hold at least one seminar on dementia related topics every year, benefiting over 1,000 annually.

G. Safeguard the rights of people with dementia

- (a) Accessibility of proper care and support: for example, a dementia care helpline was set up to provide relevant consultation; it is expected to provide services to 10,000 people annually. Offer relevant information and referral to long-term care services through long-term care management centers in 22 cities and counties, serving at least 16,000 cases annually.
- (b) Protect the rights of people with dementia: Collaborate with local governments to hold at least 10 lectures on topics about guardianship, commencement of assistance, and property trust for the elderly and people with disabilities annually, benefiting 10,000 people every year. Establish evaluation standards for home care and day care services to improve service quality; it is expected to benefit 40,000 people every year. The Ministry has consulted experts and scholars before making the dementia policies.

III. The Dementia Policy of the Ten-year Long-term Care

Services Programme 2.0

- A. People with dementia who are over 50 years old are included in the *Ten-year Long-term Care Program 2.0*. President Tsai Ing-Wen has specifically instructed the Ministry of Health and Welfare to prioritize the care for people with dementia and increase the budget for dementia care. On August 25, 2017, President Tsai met with the chair of Alzheimer's Disease International. In her remarks, President Tsai made two statements: Firstly, caring for people with dementia requires special skills that are very different from that of caring for people with other disabilities. Secondly, the Government must continue to carry out policies that provide more comprehensive and advance dementia prevention and care. Meanwhile, the Taiwan Government fully supports *WHO's Global Action Plan on the Public Health Response to Dementia* and aims to establish a more comprehensive care system.
- B. Goals of the dementia care policies of *the Ten-year Long-term Care Program 2.0* include improving the capacity of long-term care for people with dementia, expanding resource network for dementia care, strengthening case management and service mechanisms in the community, and establishing a training system for professionals of dementia care. Implementation strategies include:
- (a) disseminate the community care model for people with dementia and carers:
 1. Widely establish Community Service Center for Dementia: Provide support services for people with dementia and carers, including cognitive improvement, family support, visitations, training programs for family

carers, and support groups; by 2017, 134 service centers are established. About 368 centers are expected to be established by 2020. In addition, starting in 2018, the service centers will extend their opening hours from half a day to the entire day.

2. Set up the Integrated Dementia Care Centers: the centers help undiagnosed patients to be diagnosed within 6 months, provide support for carers of people with dementia at various stages and cater to their specific needs, provide guidance, relevant information as well as referral services, pool medical resources to provide health care services for individuals, and conduct dementia awareness-raising campaigns that promote dementia friendliness in the communities. In 2017, 20 Centers(IDCC) were set up; 63 are expected to be established by 2020.
3. Expected outcomes: From 2017 to 2020, the Government expects to increase the dementia diagnosis rate in Taiwan from the current 30% to 50%, and increase dementia literacy in the community within the age group of 15-64 years old to 5%.

(b) Enhance the capacity of dementia care:

1. Encourage local governments to collaborate with private service providers to establish day care centers and group homes, and provide care in the communities. By the end of October 2017, 237 day care centers (including 30 centers specifically for people with dementia), 7 group homes (12 care units), and 41 small-scale multi-services centers are established. Currently, the Ministry is

evaluating the space for medical and long-term care facilities owned by the Ministry of Health and Welfare and the Veterans Affairs Council and encouraging relevant authorities to set up day care centers for dementia.

2. Set up institution dementia special care units:

Responding to the needs for residential care for the elderly people with dementia, the Government encourages senior citizens' welfare institutions, nursing homes, medical institutions, and veterans' homes to participate in setting up residential care for people with dementia. Meanwhile, to increase the utilization rate of the elderly people with dementia of such institutions, the Government will subsidize residents of such institutions. Patients with moderate to severe symptoms of dementia and are still mobile are eligible to be reimbursed of the costs for such institutions - each patient could receive NT\$3,000 a month reducing the financial burden of their family members. By November 2017, 35 institutions and 1,273 beds are available. In addition, it is planned to establish 1,000 beds providing multi-services dementia care.

- (c) Establish Support Networks for Carers of People with Dementia: for example, #1966 Long-term Care Services Helpline, Dementia Care Helpline (0800-474-580), and Family Carer Helpline (0800-507272) could provide carers with individual and family consultations, counseling, as well as referral services.
- (d) Establish systemic training for professionals in dementia care:

Discuss with experts and NGOs, and plan to establish a training system in 2018, carrying out multiple training programs.

IV. Expectations for the Taiwan Dementia Plan and Action

Plan 2.0

Taiwan Dementia Plan and Action Plan 1.0 have completed, however, as the number of people with dementia increases, government agencies, NGOs, and the public are paying more attention to dementia-related issues. For example, *the Investigation Report on the Capacity of Dementia Care in Taiwan* by the Control Yuan and assessments made by the Legislative Yuan have pointed out areas for improvement; organizations such as Taiwan Alzheimer's Disease Association and Federation for the Welfare of the Elderly have conducted campaigns to engage the public. The consensus formed by relevant government agencies and NGOs and public opinions are as follows:

A. Policy Framework

Dementia Prevention and Care Policies should be elevated to a higher administrative level with a long-term strategy. Implementation should be extended for a longer period while taking policies of *the Ten-year Long-term Care Program 2.0* as well as the responsibilities of local governments into account.

B. Education, Training, and Awareness Campaign

Education and training should be available to the professionals as well as the public. The professionals should include medical, social

welfare, and long-term care professionals. Apart from lecture hours, internship hours should be accredited as well. Besides training for the professionals, dementia awareness campaigns should be provided to police officers, village chiefs, elementary school students and the public. More importantly, awareness campaigns should be more than printing pamphlets or brochures - the campaigns should be carried out in the most effective ways.

C. Case Management

To provide people with dementia individualized, integrated and continued services, the dementia case management system must be established and be equipped with case manager training programs. For example, Government should require the integrated memory clinics in the hospitals to employ case managers and to have the national dementia registry and management system installed.

D. Dementia Care Services

The Government must improve and speed up the deployment of resources for dementia care, including dementia day care centers, Family of Wisdom, School of Wisdom, dementia residential institutions, dementia special care units, and services for people with young-onset dementia. In the meantime, the Government should also discuss the possibility of setting up standards and release strict regulation to help private service providers to acquire land and property permits, making sure that the facilities comply with the fire codes. The special needs of the users should be taken into consideration, ensuring the availability of the care services. For example, when the temporary care home (respite service) requires making appointments beforehand, it would not be able to fulfill the

emergency needs of family carers. In addition, local governments (both city and county governments) should play a more important role in dementia care, supporting the local care network for people with dementia.

E. Services for Carers

The Government should enhance the support network for family carers, providing them with consultations, variety of support services, and training of caring for people with dementia. Such support could help alleviate the burden that family carers carry. Furthermore, we should pay attention to the challenges faced by family members of people with young-onset dementia and elderly caregivers.

F. Medical Care and the National Health Insurance

The importance of the primary care system should be emphasized. Primary care physicians and specialists should all receive basic or specialty training in dementia care, in order to increase diagnosis rate, improve accuracy, and reduce the inconveniences family carers often face when people with dementia receive medical care. The Government should also set up rapid screening clinics for people with dementia. Change the hospital environment standards to improve the experience of medical encounter and waiting for people with dementia and carers, as well as the accessibility of medical care. Currently, the prescription regulations for dementia medication are so strict that some people with dementia could not receive treatment even though they require medications. It is also suggested by the public that screening for dementia should be included in the integrated screening program. While conducting awareness raising campaign in the community,

questionnaires with high validity should be available to improve the accuracy of potential dementia diagnosis. In addition, it is also suggested that the National Health Insurance should cover dementia day care ward and acute ward bed, home care for dementia, as well as physician home visit. Domestic caretakers who care for people with dementia should receive a larger amount of payment.

G. Dementia Friendliness

In practice, institutions and facilities should avoid overemphasizing the term “*dementia*”. The Ministry of Justice and the National Police Agency should include dementia awareness and friendliness materials in professional training. When people with dementia are involved in legal matters, the relevant authorities should be able to adapt to the situation. The Government should promote the accreditation of dementia and elderly friendly care institutions in the community while providing a dementia friendly care system and environment. More chairs and sitting areas should be available in the public space, as well as barrier-free toilets in which family carers could accompany people with dementia. We should also respect the human rights and dignity of people with dementia in the development of dementia friendly environment.

H. Resources Integration

While carrying out dementia policies or delivering care services, the public sector should continue to communicate with the private sector. The communication should be inclusive, allowing people with dementia and carers to voice their opinions, rather than inviting only representatives from the academia and the experts to attend meetings. Local governments should allocate resources, connect hospitals with

communities, and foster integration of medical care and community care services. Services within each area should be well connected; for instance, home care services and day care centers should be connected, so that people with dementia and family members could receive care that is more comprehensive. Communities and village chiefs should work together in case people with dementia are lost or reported missing. In terms of dementia care integration within hospitals, dementia friendly hospitals should provide referral systems in clinics. For inpatients with dementia, case managers, designated professionals, and the psychosomatic medicine department must work together to respond to behavioral issues or acute delirium. There must be a dementia care team so that inpatients could be referred to dementia specialists.

I. Resources for Distant and Rural Areas

In distant or rural areas, the greatest challenge in dementia care is transportation. Inconveniences arose due to the distance and difficulty to find transportation have resulted in lower screening rate and fewer diagnosis, and people with dementia are less willing to continue their treatment. When adopting a *smart* solution, namely the telehealth system, the care services in Eastern Taiwan (Hualien and Taitung County) will be hindered by the lack of Internet infrastructure. Even in rural areas near cities, transportation is still a huge problem. Furthermore, the understaffed medical care system has failed to timely respond to the needs of all cases. The Government must increase the resources allocated for dementia care in distant and rural areas.

J. Resources Allocation (Transportation and Human Resources)

The Government should address the lack of professionals in dementia care because dementia day care centers, home care services, and NGOs all require professional talents in this field. Secondly, transportation for the elderly must be more convenient in order to allow more senior citizens to go out and receive services.

Conclusion

Taiwan Dementia Plan and Action Plan 2.0 will take into account the recommendations made in *the Investigation Report on the Capacity of Dementia Care in Taiwan* by the Control Yuan and other assessments made by the Legislative Yuan. The 7 major strategies and action plan should be revised. The Government will elevate the dementia plan to a higher administrative level with a long-term strategy while taking policies of the *Ten-year Long-term Care Program 2.0* as well as the responsibilities of local governments into account. In addition, public opinions will be included in the second version of the action plan, or serve as references when drafting tasks in implementation. The Government will also draft the "targets of dementia policies by 2025" to improve the capacity of dementia care in Taiwan.

Chapter 4: Taiwan Dementia Plan and Action Plan 2.0

While facing the impact of dementia on people with dementia, carers, family members, communities, and the entire country, the Government will focus on dementia prevention and delaying the onset of dementia. The vision of the *Taiwan Dementia Plan and Action Plan 2.0* is to build a dementia-friendly society that ensures the quality of life of people with dementia and their carers. To realize such vision, the Government will refer to the review of the *2014-2016 Taiwan Dementia Plan*, expectations from the public, experiences in other countries, and *WHO's Global Action Plan on the Public Health Response to Dementia* when determining the implementation period, strategies, targets, and the action plan

A. The Basis of the Implementation Period

To be in steps with *WHO's Global Action Plan on the Public Health Response to Dementia*, the *Taiwan Dementia Plan and Action Plan 2.0* will follow the same implementation period from 2018 to 2025.

B. The Basis of the Strategies

The strategic theme of the *Taiwan Dementia Plan and Action Plan 2.0* will base on the 7 action areas stated in *the Global Action Plan* so that the dementia policies in Taiwan could closely align with international developments in the future. Even though Taiwan currently is not a member state of the WHO, we will work with organizations that work closely with WHO, including Alzheimer's Disease International (ADI) and World Dementia Council (WDC), sharing the results and experience

of implementing dementia policies with other countries and learn from one another.

C. The Basis of Implementation Targets

To ensure the effectiveness of the *Taiwan Dementia Plan and Action Plan 2.0*, the Government has added "national targets" in the second edition, allowing both the central government and local government to focus on the same goals and thus reduce the gap between policy-making and implementation. The 7 action areas of *WHO's Global Action Plan on the Public Health Response to Dementia* have specified the targets of each member state to achieve before 2025. However, WHO's global targets are conservative since its member states include many countries across the spectrum from developed countries to developing countries. Considering this, while being based on *the Global Action Plan*, the national targets set in the *Taiwan Dementia Plan and Action Plan 2.0* are higher than WHO targets.

D. The basis of the Action Plan

The content of the Action Plan is based on the following recommendations and plans:

- (a) Recommendations stated in *WHO's Global Action Plan on the Public Health Response to Dementia 2017-2025*.
- (b) Recommendations stated while reviewing the *Taiwan Dementia Plan and Action Plan 1.0* by both the Government and NGOs. It also included advices collected from *the Investigation Report on the Capacity of Dementia Care in Taiwan* by the Control Yuan in August 2017, and the 4 consensus meetings and open forum held by legislators and relevant NGOs in January 2017.

- (c) The quantitative indicators of dementia care services stated in the *Ten-year Long-term Care Services Programme 2.0*, including the numbers of Integrated Dementia Care Centers(IDCC), Support Center for People with Dementia and their Families (SPDF) , beds in institution dementia special care units, and the number of care professionals trained, are included in the Action Plan. The targets and expected performance are then specified accordingly.
- (d) The standards outlined in the Convention on the Rights of Persons with Disabilities and human rights of people with dementia are included in *the Action Plan 2.0*.
- (e) Communication and coordination mechanisms are highlighted in *the Action Plan 2.0* as well; by specifying the responsibilities of local governments, the interactive relationship between the central and the local governments can be developed.

I. Vision

To build a dementia-friendly society that has the capabilities to prevent dementia and delay its onset, ensuring the quality of life of people with dementia and their carers, and allowing them to receive appropriate care and support, enjoy dignity, respect, autonomy, and equality, and be able to live up to their potential.

II. Main Targets

- A. To provide timely diagnosis, appropriate treatment and care, and to reduce the risk of developing dementia.
- B. Allowing people with dementia, carers, and family members to receive services and support they need, and to maintain dignity and quality of life.
- C. To reduce the impact dementia has on people with dementia, carers, family members, communities, and the entire country.

III. Strategies, Targets, and the Action Plan

Strategy 1. Recognize dementia as a public health priority

Action Plan

- 1.1 Supervision and evaluation on dementia policy being held by the central government
- 1.2 Formulate laws or regulations to protect human rights of people with dementia
- 1.3 Legislation to ensure the implementation of national dementia plan and actions

Strategy 2. Raise dementia awareness and friendliness

Action Plan

- 2.1 Promote understanding of dementia in the country
- 2.2 Improve dementia friendly attitudes throughout the country

Strategy 3. Reduce the risk of dementia

Action Plan

- 3.1 Reduce the prevalence of risk factors of non-communicable

diseases, including obesity, diabetes, hypertension, lack of physical activity, smoking, and drinking

3.2 Proactively counsel and manage modifiable dementia risk factors in the population

Strategy 4. Provide dementia diagnosis, treatment, care and support

Action Plan

4.1 Improve the healthcare service system for dementia

4.2 Develop and strengthen integrated community care system for dementia

4.3 Foster health care professionals and care givers in dementia knowledge and skills

4.4 Develop regulations concerning informed consent, autonomy, and advanced care planning for people with dementia and family members

Strategy 5. Provide support for dementia carers

Action Plan

5.1 Develop and strengthen welfare and legislation to support and protect family carers of people with dementia

5.2 Provide training programs for health professionals and social workers to identify and reduce the stress of family carers

5.3 Provide multisectoral support and service to decrease the burden and stress of family carers

Strategy 6. Build information system for dementia

Action Plan

6.1 Develop national register and surveillance system

6.2 Formulate policy or legislation for collecting data concerning

health and social care of dementia

6.3 Conduct national epidemiological study and resources survey on dementia

Strategy 7. Promote dementia research and innovation

Action Plan

7.1 Develop national dementia research and increase innovative research tailored to the needs of people with dementia, their carers and people at risk of developing dementia

7.2 Increase the output of dementia research and innovative healthcare technologies

IV. Expected Benefits

A. Expected Benefits from the Government's Perspective

(a) Reduce the growth of population with dementia: by reducing the prevalence of risk factors and encouraging dementia research. In a study conducted by Australian dementia expert Henry Brodaty (2006) found that delaying the onset of dementia by 2 years could reduce the prevalence rate of dementia by almost 20%; delaying the onset of dementia by 5 years could reduce the prevalence rate of dementia by almost 50%. Therefore, reducing the risk of developing dementia and delaying the onset of the disease could potentially reduce the growth of population with dementia.

(b) Delay deterioration and incapacitation of people with dementia and reduce the costs of care: by conducting dementia friendliness and awareness-raising campaigns, controlling the risk factors, improving diagnosis accuracy, and widespread setup of integrated community service programs.

- (c) Gradually increase the capacity of dementia care as well as the competency of dementia care professionals to respond to the growing demands in the future: by increasing the capacity of dementia care services and train care professionals according to the *Ten-year Long-term Care Program 2.0*.
- (d) Devote national resources to implement dementia policies, improve the people's quality of life, reduce the impact of dementia, and improve the people's satisfaction with the administration: by establishing information registry and monitoring system to track the core data on dementia and the trends of change, including dementia diagnosis rate in Taiwan, the percentage of people with dementia and their carers to receive care services after being diagnosed, and the effectiveness of such services, to reduce the gap between policy-making and the people's demands and estimate the overall costs of dementia care.

B. Expected Benefits from the Public's Perspective

In November 2017, the Ministry of Health and Welfare commissioned Taiwan Alzheimer's Disease Association to conduct an online survey on the 7 strategies of the *Taiwan Dementia Plan and Action Plan 2.0*. Among the 2228 responses retrieved, people are most concerned with "support for dementia carers", "dementia awareness and friendliness", and "dementia diagnosis, treatment, care, and support". In particular, "Support for dementia carers" is a top priority for family members of people with dementia as well as the public.

"Support for dementia carers", "dementia awareness and friendliness", and "dementia diagnosis, treatment, care, and support" are corresponded to the strategy 5, 2, and 4 listed in the *Taiwan Dementia*

Plan and Action Plan 2.0.

To engage public consensus and support to relevant strategies and future progress, and raise awareness and dementia friendliness, the Government has incorporated the targets of the above three prioritized strategies to be achieved by 2020 and 2025 respectively into the campaign slogans of the Taiwan *Dementia Plan and Action Plan 2.0*.

2020 Dementia Friendly Taiwan 555

More than **50%** of family carers of people with dementia receive support and training

More than **50%** of people with dementia are diagnosed and receive appropriate services

More than **5%** of the population possess proper knowledge of dementia and is dementia friendly

2025 Dementia Friendly Taiwan 777

More than **70%** of family carers of people with dementia receive support and training

More than **70%** of people with dementia are diagnosed and receive appropriate services

More than **7%** of the population possess appropriate knowledge of dementia and is dementia friendly

Chapter 5: Implementation Mechanism

I. Implementation of the Action Plan and Monitoring Mechanism

■ Action Plan

The Action Plan and the evaluation indicators are drafted according to the recommendations given in *WHO's Global Action Plan on the Public Health Response to Dementia*. Also taken into account are the current plans in Taiwan, as well as the feasibility of such plans. The Government hopes that all ministries to work towards the specified targets and to apply the roll planning method to review the progress of each strategy and proposing adjustments annually.

■ Implementation and Monitoring

The implementation period of the Action Plan starts from the date of approval through December 31, 2025. The competent authorities will evaluate the progress of implementation every 6 months. The procedure of implementing the 7 strategies and the Action Plan for each year are as follows:

A. National Strategies and the implementation procedure of the Action Plan:

From 2018 to 2025, national dementia policies will be focus on the 7

strategies, while implementing several action plans for each strategy. There will be quantitative national indicators for each action plan to evaluate the progress. Both the action plans and the indicators will be adjusted according to the circumstances of implementation. The Ministry proposes to convene the annual review meeting regularly each year, referring to the circumstances of implementation of the year while adjusting the action plans and evaluation indicators for the coming year.

B. Steps taken for all corresponded ministries to implement their tasks:

In December each year, all corresponded ministries specify the targets and indicators for the coming year in order to meet the goals of the national plan.

C. Supervision and Commendation:

The supervising agencies collect the indicator performance regularly; by the end of each year, the supervising agencies review the ongoing projects and release the adjusted national plan, targets, specified tasks of the ministries, and the indicators for performance evaluation. At the beginning of each year, convene progress report meetings on the performance of the ministries and hold commendation events accordingly.