

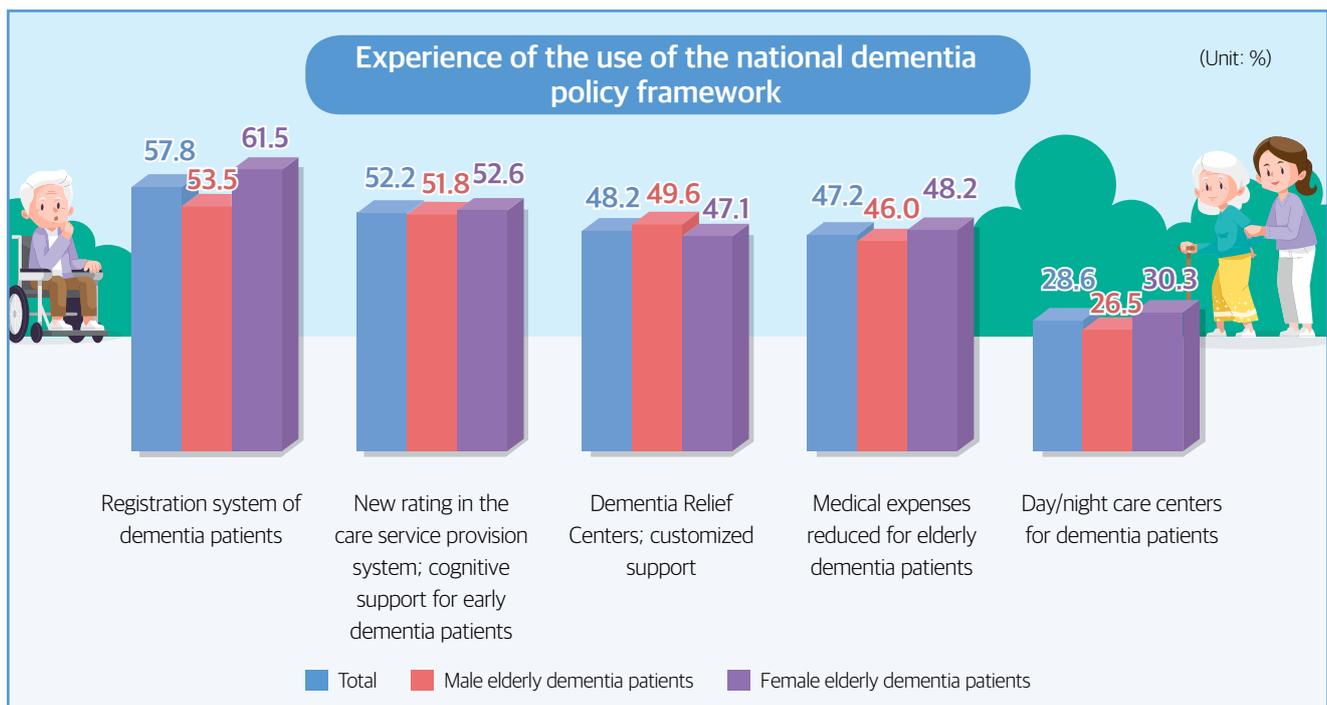
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Research title Evaluation of the National Dementia Policy from a Gender Perspective (III): How to Mainstream “Care” into the Dementia Policy Framework
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The Necessity of and Policy Tasks for Mainstreaming “Care” into the National Dementia Policy Framework

Abstract

- Dementia has a negative impact on the quality of life of dementia patients themselves and their family members, and its prevalence is increasing, resulting in a rise in socio-economic costs related to public dementia care services.
- In this respect, the previous Moon Jae-in Administration presented the “National Dementia Policy” as a part of the 43rd Policy Tasks “To guarantee a healthy and decent life for the elderly in preparation for an aged society”.
- While the national dementia policy was developed to enhance social responsibility for dementia, the policy framework has tended to concentrate on infrastructure building. There is a limitation that a gender-sensitive perspective has not been sufficiently applied to policy management and resource allocation.
- This study analyzes how the national dementia policy framework sufficiently and properly considers various characteristics, including the gender of dementia patients and family caregivers. Also, this study analyzes the working conditions of government-funded caregivers for “good dementia care services”.
- Drawn from the analysis, this study presents policy tasks that would mainstream care into the national dementia policy framework and improve both the quality of life of dementia patients and the quality of care services.



1. Background and Problem

- ▶ The significance of a national-level response to dementia has been highlighted, with the national dementia policy framework having been designated as one of the key policy tasks by the former Moon Jae-in Administration. Concurrently, social recognition of dementia has gradually expanded.
- ▶ The national-level response to dementia developed through the ‘1st-4th National Dementia Plans’. The national dementia policy has been propelled along this trajectory.
- ▶ In the first decades of the 2000s, the overall family structure has changed under the influence of i) a rapid change in the population structure, such as low birth rates, aging population and ii) a weakened role of family support and care. Along with such change, dementia issues that used to be deemed individual matters of the patients and their family members have become social problems requiring government intervention.
- ▶ Such change in the perception of dementia fed into the establishment of the 1st National Dementia Plan (2008-2012) in 2008. Later, in August 2011, the ‘Dementia Management Law’ was introduced, which systematically set the national-level dementia response system. It was followed by the 2nd National Dementia Plan (2012-2015) (Yoo, 2019).
- ▶ Immediately before the national dementia policy was launched, the 3rd National Dementia Plan (2016-2020) was established, including new keywords, ‘local community’ and ‘care’. Also, the subject and end-user of the policy were taken into consideration, for instance, ‘the rights of patients’ and ‘relieved burden on family’. This implies a paradigm shift in the direction of dementia policy, moving from the medical perspective towards a more comprehensive ‘social model’ and ‘human-centered care model’ (Lee, 2019).
 - The main achievement of the national dementia policy implemented along with the 3rd National Dementia Plan is that; i) the infrastructure through which the state takes responsibility for handling dementia, and ii) the support that the public can actually make use of has expanded, with, for example, reduced medical and care expenses.
- ▶ The 4th National Dementia Plan (2021-2025) is currently under implementation, which was developed on the ground of evaluations of achievements and limitations over the last ten years.
 - The prime goal of the 4th National Dementia Plan is to complete the national dementia policy through i) facilitating connections among organizations and resources involved in treatment, care, and welfare in local communities, centering around dementia care centers, and ii) strengthening service access and quality (Ministry of Health and Welfare of South Korea, 2020).
 - It would be premature to assess the 4th National Dementia Plan which is still in its infancy, but it is expected that it will lay the foundation for an increase in the quality and quantity of infrastructure development and an organically connected dementia management system.
 - Particularly, family members who take care of elderly dementia patients are often women. Moreover, a majority of employees working in the field of care and support for dementia patients are women. Considering this feature, a study on policy tasks for dementia patients and their family bears significance from the gender-sensitive perspective.

- ▶ This study aims to identify the meaning and policy needs of ‘good dementia care’ from the perspectives of patients’ families and caregivers, focusing on care relationships and the interactions among elderly dementia patients, family, and public dementia care service providers.
 - This study investigates the current conditions and blind spots of the national dementia policy; for instance, whether proper dementia care services are provided according to the conditions of the patients and their family; to what extent the care burden of patients’ families has been relieved.
 - Also, this study examines security issues and difficulties in the performances of caregivers’ and relevant experts’ tasks. This study explores whether the working conditions of dementia caregivers employed through the expansion of the national dementia policy are appropriate to provide high-quality care services.
 - From the perspective of service providers in this sector, this study also explores whether the overall management system and working conditions of organizations and service providers align with the high-quality dementia care services that are customized to individual elderly dementia patients.
 - This study analyzes the experience and satisfaction rates, by gender, in the use of dementia care centers in municipalities, which are the organs of care service provision under the national dementia policy. Moreover, this study analyzes the current status and limitations of dementia care services that are tailored to various types, symptoms, and stages of elderly dementia patients.

2. Analysis results

① Gender characteristics in policy implementation and project management

- ▶ The written-form survey of dementia care center employees shows similar proportions between the opinion that there is a gender difference in service needs and another opinion that there is no gender difference. As to the latter, respondents tended to think that the symptoms or behavioral problems differ not by gender but rather by other various individual features (e.g., personality, propensity, disposition, home environment).
- ▶ On the other hand, among dementia care center employees who responded that there is a difference in service needs by gender, some reported relatively greater difficulty in taking care of elderly male dementia patients, for the following reasons; i) male patients tend to have lower responsiveness to accepting services or programs compared with female patients; and ii) male patients tend to show a stronger tendency for violence and sexual desires.
- ▶ According to the survey of care workers, who are public care service providers, the characteristics of the elderly dementia patients they take into account are: gender (21.4%), features of the dementia (e.g., neuropsychiatric symptoms, severity) (34.2%), underlying disease (e.g., aging, geriatric illness) (23.0%), and personal traits (e.g., personality, background, family relationship, etc.) (21.4%).

<Table 1 > The characteristics of the elderly dementia patients taken into account

(Unit: %)

Category	Gender-related	Dementia-related	Illness or disease-related	Personal traits
Total	21.4	34.2	23.0	21.4

- ▶ Care workers taking care of elderly dementia patients tend to perceive that looking after male patients is more difficult than looking after female patients. Also, 59% of the respondents perceived that care needs differ by gender.
 - However, in practice, a much lower percentage (20%p) of the respondents said that they provide different care services by gender (36.4%) compared with those who perceived that there are differences in care needs by gender. Moreover, 67.4% of the respondents said they prefer female patients if they can choose.
- ▶ In a bid to ensure the security and rights of both care workers and patients, support is needed for female family members who take care of elderly male dementia patients. Besides, it is necessary to nurture more male care workers and to improve the arrangements of care personnel.
 - Also, care workers always have to be mindful not to generalize by taking personal differences as differences between men and women. It is necessary to explicitly identify challenges that care workers and patients may experience respectively and to resolve them.

② Perspectives of public care service providers on policy implementation and project management

- ▶ While the 4th National Dementia Plan (2021-2025) is the foundation of the state’s dementia policies, plans pertaining to public care service providers are insufficiently presented.
 - As to public care service providers, the National Dementia Policy is limited to policy tasks for their capacity development; there is little elaboration of better treatment and working conditions for them.
- ▶ According to the survey, care workers, who are public care service providers, responded that the following are policy support needs; better treatment for care workers (72.4%); capacity building of care workers (35.4%); care service provision specialized in dementia (28.2%); and arrangement of more skilled care workers in elderly dementia patient cases (21.4%).

<Table 2> Policy support for good dementia care services

(Unit: %)

Category		Arrangement of more skilled care workers in elderly dementia patient cases	Capacity building of care workers	Better treatment for care workers	More care infrastructure specialized in dementia	Care services specialized in dementia	Care services customized in gender-related characteristics	More spaces in local communities to which care workers can take patients
Total	A	52.6	60.4	78.8	50.4	65.8	57.6	55.4
	B	91.0	96.0	98.8	83.2	97.8	90.8	87.6

A. Strongly agree.

B. Strongly agree & Moderately agree.

- ▶ Some respondents thought that capacity building is needed in that care for elderly dementia patients is much more difficult than for elderly non-dementia patients, and therefore better treatment should be followed.
 - Thus, support for caregivers who directly provide public care services to elderly dementia patients should be integrated into the national dementia policy and the national dementia plan.

3 Perspectives of family caregivers on policy implementation and project management

- ▶ In the 4th National Dementia Plan, the following plans are included to fulfill the policy task labelled 'expansion and diversification of support to relieve family care burdens'; i) expansion of short-term care leave for families with elderly dementia patients (currently six days → twelve days); ii) shorter working hours applied to more workplaces and public organizations (currently over 300 employees → even below 30 employees by up to 2022); iii) adoption of consultation with family of elderly dementia patients over health insurance.
- ▶ From the focus group interview, it was found that family members taking care of elderly dementia patients were struggling with stress, depression, disruption to their daily lives, worsened health conditions, etc.
 - In addition to providing constant care, family members, as those who directly look after the patients, experience hardships such as emotional conflicts or lethargy. This cannot be resolved by supporting their care time, but external support is needed that acknowledges their commitments and constantly encourages them, since the aforementioned issues may last until they terminate care activities.

<Table 3> Policy needs in dementia care

(Unit: %)

Response	Top priority	Top + Second priority
1) Arrangement of more skilled care workers in elderly dementia patient cases	20.0	32.0
2) Capacity building of care workers	21.6	36.4
3) Better treatment for care workers (e.g. wage increase, special allowance, better working environment, social recognition, etc.)	16.6	28.4
4) More care infrastructure specialized in dementia (e.g. care hospitals, care facilities, day/night care centers, etc.)	14.0	37.8
5) Care services specialized in dementia (e.g. considering severity or behavioral characteristics)	13.8	32.0
6) Care services customized to gender-related characteristics (e.g. male caregivers)	10.6	23.8
7) More spaces in local communities to which care workers can take patients (e.g. restaurant, cafe, park, etc.)	3.4	9.6

4 Recognition of and adaptation to dementia

- ▶ According to the survey of family caregivers, 78.0% of the respondents said ‘they realized changes in the ability to think and in the memory of the dementia patient’, which was followed by ‘someone else hinted’ (13.6%) and ‘the patient him/herself confessed memory loss’ (8.4%).
 - 37.6% of the respondents were formally diagnosed with dementia in ‘dementia care centers’, which was the biggest percentage. This was followed by ‘hospitals or clinics in their neighborhood’ (29.4%), and ‘general hospitals’ (23.6%).
 - On average, it took 5.7 months from the time when doubt about dementia arose for the first time to the time when a patient was diagnosed with dementia by a doctor. At the moment of diagnosis, 64.4% of the patients were in early stage of dementia and 30.6% were in the mild cognitive impairment stage. Thus, in many cases, patients were diagnosed with dementia after the disease had already progressed to some extent.
 - After being diagnosed with dementia, 91.4% of the respondents discussed it with their immediate family (first and second choices combined). 41.4% of the respondents said they discussed it just by themselves, and 29.2% said health and medical experts. This was followed by dementia experts (26.6%) and care service experts (11.4%).
- ▶ A high percentage of elderly female dementia patients preferred not to make known their dementia status. On the other hand, a high percentage of elderly male dementia patients tended to live just like before without recognizing their status.
 - Compared to female family caregivers, more male family caregivers responded that they did not tell this news to others outside the family. Also, a high percentage of the male respondents said that they did not even tell the patient about the dementia.
 - It was observed that it takes a considerable amount of time for family caregivers to recognize, go

through a formal diagnosis, and accept dementia and that family members are reluctant to tell the patient and others about the dementia.

- ▶ Through the implementation of the national dementia policy, raising awareness education and campaign activities have been expanded sharply. However, further efforts need to be made to improve awareness around dementia.
 - By tackling stigma and prejudice about dementia itself or dementia patients, enabling environments should be nurtured in which elderly dementia patients and family caregivers can make use of proper services in a timely manner.

5 Good dementia care: Criteria and conditions

- ▶ Compared with family caregiver respondents, more care workers agreed that the following are needed; i) consulting by care service experts; ii) coherence in care environments and care workers; iii) cooperation among the patient, family members, and care workers. On the other hand, a higher percentage of family caregiver respondents were more negative in the perception of the current care environments.
 - The survey revealed that it is necessary to facilitate closer cooperation among the patient, family members, and care workers and to provide expert consulting opportunities to address care-related challenges.
- ▶ According to the survey of care workers, who are public care service providers, the respondents tended to assess current dementia care services negatively.
 - 59.8% of the care workers (strongly or moderately) agreed that the current human resource allocation criteria are not properly designed for dementia patient care. 57.2% of the respondents (strongly or moderately) agreed that care is inevitably provided not considering patients but rather schedules and availability of care centers or care workers. 67.4% of the respondents (strongly or moderately) agreed that they sometimes face unfair requests due to a patient's family's little or incorrect understanding of dementia.
- ▶ From the survey of family caregivers looking after elderly dementia patients, specific expectations about care workers and their services were revealed.
 - 77.4% of family caregiver respondents (strongly or moderately) agreed that care workers tend to treat elderly dementia patients as if they were children. 93.0% of them (strongly or moderately) agreed that it would be better if care workers provided more cognitive support services. 95.7% of them (strongly or moderately) agreed that care workers communicate more with family members in care services.

6 Expansion and quality improvement through the national dementia policy

- According to the survey of care workers, the responses on the effect of the national dementia policy can be summarized as follows:
- i) 53.8% of the respondents agreed that there had been an increase in the percentage of elderly dementia patients of the patients whom they are taking care of (94.8% if combining those who strongly or moderately agreed).
 - ii) 28.6% of the respondents agreed that family burden of care had been relieved (79.4% if combining those who strongly or moderately agreed).
 - iii) 18.4% of the respondents agreed that general public awareness of dementia has increased (76.4% if combining those who strongly or moderately agreed).
 - iv) 17.8% of the respondents agreed that care services are offered after a customized care plan is formulated (70.6% if combining those who strongly or moderately agreed).
- On the other hand, the following statements drew relatively lower agreement rates from the respondents: i) better treatment for care workers; ii) sufficient nurturing of dementia-specialized care workers; iii) greater acknowledgment of care workers in dementia care.

<Table 4> The effect of the national dementia policy(Unit: %)

Statement	Total	
	Strongly agree	Strongly + Moderately agree
Care workers looking after elderly dementia patients have been treated better.	10.6	39.8
More care workers are being nurtured who are specialized in dementia care.	7.2	44.6
The percentage of elderly dementia patients whom care workers look after has increased.	53.8	94.8
Awareness of family members of the patient has been advanced.	10.2	60.0
Family members have experiences less burden of care.	28.6	79.4
Care services are offered after a customized care plan is formulated	17.8	70.6
General public awareness of dementia has increased.	18.4	76.4
Care workers have been more acknowledged for their expertise in dementia care.	14.0	56.4

- As to the question on the experience of using projects through the national dementia policy, 57.8% of family caregivers looking after elderly dementia patients had used the ‘elderly dementia patient registration system’, followed by 52.2% had used the ‘cognitive support system’, 48.2% had used ‘customized case management’, 47.2% had used ‘support for medical expenses’, 28.6% had used ‘day/night dementia care centers’, and 22.4% had used the ‘dementia consultation hotline’.
- On the other hand, 3.6% of the respondents had used a ‘dementia-friendly hospital’. Furthermore, 1.2% of the respondents had used ‘care leave for family with dementia patients’, and only 0.8% had used a

‘dementia-friendly nursing home’.

- For the main reason of having little experience of using one of the projects run by the national dementia policy, many of the respondents stated that they had little idea about how to make use of the projects or services. This implies a need to explore ways to enhance effectiveness of promotion of the projects or services provided for dementia patients and their families.

<Table 5> The use of projects related to the national dementia policy

(Unit: %)

Project/Service	Experience
	Had been used (by gender)
1) Dementia care centers: customized case management (comprehensive services such as consultation, check-ups, management, service connection, etc.)	48.2 (men: 49.6 / women: 47.1)
2) Dementia care centers: short-term shelters, dementia-friendly cafes	8.8 (men: 11.5 / women: 6.6)
3) Dementia consultation hotline	22.4 (men: 19.9 / women: 24.5)
4) Elderly dementia patient registration system	57.8 (men: 53.5 / women: 61.5)
5) Newly created dementia assessment level labelled as ‘cognitive support’: Any dementia patient regardless of physical impairment level (long-term care is eligible).	52.2 (men: 51.8 / women: 52.6)
6) Day/night dementia-friendly care centers	28.6 (men: 26.5 / women: 30.3)
7) Dementia-friendly nursing homes	0.8 (men: 1.3 / women: 0.4)
8) Dementia-friendly hospitals (unit specialized for dementia inside public care hospitals)	3.6 (men: 1.8 / women: 5.1)
9) Reduced medical expenses for dementia patients (e.g. out-of-pocket percentage decreased from 60% to 10%, national health insurance applied to dementia-related check-ups, etc.).	47.2 (men: 46.0 / women: 48.2%)
10) Short-term leave for families with dementia patients	1.2 (men: 1.3 / women: 1.1)
11) Project preventing elderly dementia patients going missing	3.0 (men: 5.3 / women: 1.1)
12) Nurturing dementia-friendly villages	0.2 (men: 0.4 / women: 0.0)
13) Public guardian system for dementia patients	0.4 (men: 0.0 / women: 0.7)

3. Policy Recommendations

1 Expansion and enhancement of dementia-focused training

► Expansion of dementia-specialized training for care workers

- Developing incentive structures such as remuneration to organizations so that they can cover expenses on substitute workers during the training of care workers
- Establishing 'training leave' for care workers
- Implementing training for National Health Insurance Service employees
- Increasing training for care workers working in general nursing facilities for the elderly (Current training program targets are limited to care workers or program managers affiliated with care-at-home workers, day/night care centers, and dementia-focused facilities).

► Enhancement of dementia-specialized training for care workers

- Implementing step-by-step training programs for care workers under the National Health Insurance Service; Creating intensive courses
- Strengthening training content on awareness of dementia and current dementia-related projects: Rather than describing patients with terms such as 'pretty dementia' or 'ugly dementia' widely used by care workers, professional training is needed so that care workers can comprehensively integrate each patient's symptoms, severity, personal background, personality, etc. into care services.

► Expansion of dementia-specialized training targets

- Implementing training for family caregivers:
Current education programs for the general public mainly cover prevention, awareness raising, and partners of the dementia patients. These programs should be provided to family caregivers (a long-term care approval score of level 5).
- Developing a dementia education program for different generations and including them in the formal curriculum:
For example, Germany distributes handbooks that serve as a guideline for children and teenagers. The handbook contains basic information such as the effects of dementia and challenges faced by family members with dementia patients.

2 Expansion of care infrastructure and improvement in the quality of care services

► Living up to the expectations with dementia-specialized care infrastructure

- The survey of family caregivers showed that the biggest need the respondents chose was dementia-specialized care infrastructure.

- However, according to the focus group interviews, family caregivers were willing to use nursing facilities as long as they were convinced by the care quality and reliability of the facilities. On the other hand, they demonstrated mixed feelings among family caregivers when taking into account the current quality of care services at such facilities.

▶ **Team-based approach through case meetings**

- Expert consulting in case meetings, monitoring anti-psychotics prescriptions made by elderly nursing facilities, quality improvement in programs on non-pharmaceutical treatment for neurobehavioral symptoms.

3 Policy tasks for support for family caregivers

▶ **Adoption of consultation as a medical fee**

- As indicated in the 4th National Dementia Plan, ‘consultation for family caregivers of elderly dementia patients should be recognized and adopted as a medical fee. According to the survey and focus group interviews of family caregivers, they wanted to have consultation sessions about their mental health with a psychiatrist.

▶ **Launching a website for family caregivers of elderly dementia patients**

- A website may provide information and resources that would help better finance management of elderly dementia patients, tools that would help care planning, or sources of comparison that inform proper dementia care services tailored to patients and family caregivers.
- For instance, the United States is making policy efforts in dementia education and campaigns targeting ethnic minorities. In the Korean case, it is necessary to translate and disseminate information and guidelines on various dementia-related care services for multicultural families. It is also necessary to consider dementia consultation for multicultural families.

4 Policy tasks for working family caregivers

▶ **Promotion of care leave for family caregivers looking after dementia patients**

- Not only the extension of care leave from six to twelve days, but also structural issues should be addressed to promote the use of care leave for family caregivers looking after dementia patients.
- Rather than the current way by which private organizations take all responsibility, the following ideas should be considered: i) making use of public nursing facilities for care leave; ii) short-term dementia-specialized care centers that families can trust and in which they can leave the patient during the leave; iii) expanding the eligibility for full-time home care services (currently from first- or second-level patients to third- or fourth-level patients).

► **Enhancement of social attention to the care burden**

- In the case of so-called care pilots in Germany, care workers are professional employees for companies who are consistently trained for work and care balance. They are well aware of care or care service-related challenges in local communities. They advocate other employees in their company who have an issue with a work and care balance and engage in nurturing better work environments under which employees can balance work and care for elderly dementia patients. Also, they play a role in bridging employees and proper care resource pools in local communities, trying to find desirable solutions for dementia patient care at an early stage.
- Korean companies need to set such goals of work and care balance for both female and male employees. Through care pilot programs or suchlike, the care burden should be recognized as an issue that is not only important for individuals but also for companies. By taking the position that the problem should be resolved together, companies should advocate and support employees who look after elderly dementia patients.

5 **Policy tasks for care workers looking after elderly dementia patients**

► **Capacity building and an enhanced compensation system for care workers**

- According to the survey and focus group interviews of care workers looking after elderly dementia patients, the workload involved in providing care to elderly dementia patients was bigger than for caring for an elderly person without dementia. Around 50% of the respondents stated that this can be attributed to more stress, longer hours spent caring, and physical challenges due to a lack of cooperation from the patient. In this respect, a majority of care workers expected greater recognition of this background.
- It was found that care workers were not sufficiently prepared to provide care services to elderly dementia patients. They were trying to address challenges or concerns coming from looking after elderly dementia patients to a limited extent, such as through case discussion meetings organized by their organization. A high demand was found for platforms on which they could post their questions on care services for elderly dementia patients and receive responses from professional experts.
- It was also observed that care workers tend to think they have to endure care burden when elderly dementia patients have neurobehavioral symptoms. Therefore, they were working with stress and anxiety. In principle, there is a reason(trigger) causing neurobehavioral symptoms of elderly dementia patients, and it should be addressed to prevent a recurrence. However, this principle is rarely put into practice by care workers. From their perspectives, their relationships with elderly dementia patients lack interactions, consistency, and continuity, which makes their care work harder.
- Hence, capacity building is needed for care workers looking after elderly dementia patients. In addition, it is necessary to develop and implement an enhanced compensation and career calculator system. Taking into account the severity and particularity of care work for elderly dementia patients (e.g. one-on-one care service is required for a patient with neurobehavioral symptoms), it is also necessary to modify the current arrangements of care personnel.

Policy tasks for the delivery system of the national dementia policy

► Building expertise in dementia care

- Previous studies have already pointed out several limitations in the delivery system of the national dementia policy; to name a few, a lack of dementia-specialized care professionals, poor links between long-term elderly nursing facilities and nursing hospitals, and poor links in data management for dementia.
- In a similar vein, this study provides the following suggestions: (i) dementia-friendly care centers should ensure more professionals and strengthen their role in case management; (ii) structural reforms should be made as the current structure discourages accumulation of expertise in dementia care. This is due to frequent personnel reshuffling and employment instability since many dementia-friendly care centers are run under the direct management of community health centers.

► A concentration strategy for dementia-friendly care center management and function

- Going beyond a passive role fulfilling the given tasks focusing on dementia prevention and early diagnosis, professionals at dementia-friendly care centers should be able to provide and connect proper services (by the center itself and/or by other related organizations in local communities) tailored to individual elderly dementia patients depending on their severity, characteristics, symptoms, etc. Through job analysis, their eligibility, tasks, responsibilities and scope of authority should be identified.
- An investigation is needed into the effectiveness of wide-ranging projects implemented by dementia-friendly care centers. By adjusting the scope of projects to be more concentrated to the functions of the centers, the centers need to focus more on their key projects.

► Better data sharing and organizational links for systematic management of elderly dementia patients

- ANSYS, the comprehensive dementia registry and management system managed by the National Institute of Dementia, should be more organically linked with dementia information systems managed by several other agencies, such as the National Health Insurance Service (long-term elderly nursing facilities), the Health Insurance Review & Assessment Service (hospitals and clinics), and the Ministry of the Interior and Safety (community service centers).

7

Dementia-friendly local community

▶ Exploring new care resources for elderly dementia patients and caregivers

- As implemented by public libraries in the United States, it would be very useful to provide activity classes and memory kits for dementia patients and caregivers. In Korea, through so-called dementia-friendly village projects, recommendations are provided for dementia-related publications in association with local libraries.

▶ Expanding dementia partner projects

- The current dementia partner project implements dementia awareness raising education for employees in various sectors. However, this project needs to be expanded further so that professionals working in the disaster and safety sector can also serve as a part of the Dementia Partner Plus.
- The Dementia Partner Plus project needs to be more actively implemented, for instance by engaging employees working in sectors in which they deal with a large amount of people, such as public transportation services. As more dementia-friendly environments are nurtured in local communities and general public awareness of dementia increases, it is expected that the social stigma over dementia itself and the patients will decline. Hence, elderly dementia patients and family caregivers may feel less isolated and reach out for resources and services needed in a timely manner.

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Supervising ministry: Dementia Policy Division, Ministry of Health and Welfare; National Institute of Dementia.
Relevant ministry: Family Policy Division, Ministry of Gender Equality and Family.