

2022

Summary of Research Papers-18



Evaluation of the National Dementia Policy from a Gender Perspective: How to Mainstream “Care” into the Dementia Policy Framework

Chung Gawon, Song Hyo Jean, Choi In-Hee, Hong SeungAh, Park Mijin, Oh Sehyeon, Choi Jin-Hee, Kim Sujin, Yun SeonKyung



Korean Women's Development Institute

**Evaluation of the National Dementia
Policy from a Gender Perspective: How
to Mainstream “Care” into the Dementia
Policy Framework**



©2022

Korean Women's Development Institute

225 Jinheung-ro Eunpyeong-gu

Seoul, 03367, Republic of Korea

www.kwdi.re.kr

Contents

I. Background and issues	1
II. Results of Survey and Analysis	4
1. Consideration of gender-specific characteristics of the elderly with dementia in operation of the National Responsibility System and associated programs	4
2. Reflection of perspectives of public caregivers in operation of the National Responsibility System and associated programs	6
3. Reflection of perspectives of family caregivers in operation of the National Responsibility System and associated programs	7
4. Pathways to and acceptance of dementia diagnosis	9
5. Criteria and conditions for good dementia care	11
6. Quantitative expansion and qualitative improvement of dementia care and related services through the National Responsibility System	12
III. Policy Recommendations	14
1. Provide more specialized dementia care training to expanded targets	14

- 2. Expand dementia care infrastructure and improve the quality of dementia care facilities 16
- 3. Supports for family caregivers of the elderly with dementia 16
- 4. Supports for working family caregivers 17
- 5. Supports for certified caregivers for the elderly with dementia 18
- 6. Supports for the delivery system of national dementia policies (Dementia Relief Center, etc.) 19
- 7. Creation of dementia-friendly community environment 20

- Reference 22**

Tables

〈Table 1〉	Consideration of characteristics of the elderly with dementia	5
〈Table 2〉	Policy supports for good dementia care	7
〈Table 3〉	Needs of Policy Support for Dementia Care: Top 1 and Top 1 & 2	9
〈Table 4〉	Effects of the National Responsibility System for Dementia Care	13
〈Table 5〉	Experience of Programs under National Responsibility System for Dementia Care	14

Evaluation of the National Dementia Policy from a Gender Perspective: How to Mainstream “Care” into the Dementia Policy Framework

Chung Gawon
Song Hyo Jean
Choi, In-Hee
Hong SeungAh
Park Mijin
Oh, Shyeon
Choi Jin-Hee
Kim Sujin
Yun SeonKyung

I . Background and issues

- Korea has implemented a national-level response to dementia with a greater importance and a higher social awareness since the National Responsibility System for Dementia Care (referred to hereafter as “the National Responsibility System”) was selected as one of Moon Jae-in administration's national policy tasks. National dementia policies have been developed on four separate occasions from 2008 onwards (1st to 4th National Dementia Plan) and the National Responsibility System has been carried out as part of the national dementia policies. Dementia care had been perceived as a responsibility of persons with

dementia and their family members; however, it emerged as a social issue which required a nation's responsibility in the early 2000s when demographic changes characterized by a low birth rate and aging populations rapidly occurred coupled with weakening family role in support and caring. Such perception change resulted in the development of the 1st National Dementia Plan (2008 to 2012) in 2008. With 「Dementia Management Act」 legislated in August, 2011, dementia management systems and institutions were reorganized and improved, which was then followed by formulation of the 2nd National Dementia Plan (2012 to 2015) (Yoo, 2019).

- The 3rd National Dementia Plan (2016 to 2020) was established prior to implementation of the National Responsibility System. The comprehensive plan included new key words in its objectives such as 'community' and 'care,' but also 'patients' right' and 'care burden reduction of family,' showing that policy consumers who were also policy targets began to be taken into consideration. In that sense, it can be seen that the direction of the 3rd plan shifted away from a medical perspective to a 'social model' and a 'human-centered care model'(Lee, 2019). Along with the plan, the National Responsibility System was introduced which resulted in meaningful outcomes such as building up infrastructure to manage dementia at a national level and expanding support to reduce medical and care costs to a palpable extent.
- Based on the evaluation of achievements and limitations experienced for the previous 10 years, the 4th National Dementia Plan (2021 to 2025) has been set up and is currently being implemented. The direction of the 4th plan has been set such that treatment·care·welfare

institutions and resources will be more closely linked in local communities and the accessibility and quality of services will be further improved with a goal to bring the National Responsibility System to completion (Ministry of Health and Welfare, 2020). It is premature to assess the performance of the plan which is just at its beginning stage. With a glance at the plan's direction and key tasks, however, it is expected that the plan will substantiate dementia management qualitatively based on quantitative achievements made so far, thereby developing the dementia management system into perfection. Especially given the fact that it is, in general, women who care for the elderly with dementia in the family and who provide nursing, welfare and care services in relation to dementia, policy issues regarding family and formal caregivers of elderly dementia patients have significant implications from a gender-sensitive perspective.

- Against that backdrop, this study has been conducted to define what 'good dementia care' means from the perspectives of both family and certified caregivers and to identify needs of policy support for good dementia care with focus on caregiving relationship and interaction among seniors with dementia, family and certified caregivers. In order to do that, assessment should be made of the status of the National Responsibility System such as whether to provide dementia care services adequately according to characteristics of the elderly with dementia and conditions of their caregiving family, how much the family burden of dementia care has been reduced, and the presence of blind spots in the national dementia policies that family caregivers experience. Moreover, it is needed to look into challenges faced by dementia caregivers and experts in safety and service provision and

to examine the adequacy of the dementia caregivers' work environment expanded under the National Responsibility System to provide high-quality dementia care services. This examination is intended to evaluate, from a care worker's perspective, the operating way of dementia care providers and the work environment of dementia caregivers so as to determine that high-quality dementia care is delivered under the National Responsibility System with consideration of characteristics of the elderly with dementia. Lastly, attempts should be made to look at the elderly dementia patients' level of experience and satisfaction with care services provided by Dementia Relief Centers within lower-level local governments which is a delivery system of the National Responsibility System and to analyze the present state and limitations of providing dementia care services after taking into account characteristics of the elderly with dementia such as types, symptoms, and stages of dementia and types of behavioral problem.

II . Results of Survey and Analysis

1. Consideration of gender-specific characteristics of the elderly with dementia in operation of the National Responsibility System and associated programs

- The survey of employees at Dementia Relief Centers showed that the respondents are evenly split as to whether there are gender differences in service needs of the elderly with dementia. Those who responded 'No' that symptoms and behavioral problems of dementia manifest differently not because of gender but because of characteristics of

individuals (personality, tendency, temperament, home environment, etc.). On the other hand, those who said ‘Yes’ stated that elderly men with dementia showed a lower level of acceptance towards services or programs while a more marked tendency to violence and sexual desire, making it harder to care for them, compared to elderly women with dementia.

- According to the survey of formal certified caregivers, among characteristics of seniors with dementia that the respondents considered while caring, gender accounts for 21.4%, characteristics related to dementia (behavioral and psychological symptoms, severity etc.), 34.2%, characteristics related to existing disease (aging, geriatric disease, etc.), 23.0%, and characteristics related to individual (personality, life history and relationship with family members, etc.), 21.4%.

〈Table 1〉 Consideration of characteristics of the elderly with dementia

(Unit: %)

Characteristics	Gender	Related to dementia	Related to disease	Related to individual
Total	21.4	34.2	23.0	21.4

- It is perceived by certified caregivers of seniors with dementia that men are harder to care for than women. More than half of the respondents (59.0%) agreed that care needs are different by gender while 36.4% provided gender-specific dementia care, which reveals more than 20%p difference between perception and action. Furthermore, the certified caregivers showed a much higher preference to care for elderly women with dementia (67.4%), if allowed to choose.

- This finding suggests that there exist needs to support female family members caring for elderly men with dementia; to nurture male dementia caregivers to care for elderly men with dementia; and to improve criteria to assign certified caregivers, from the aspect of protection of safety and human rights of both caregivers and care receivers. However, it should be carefully approached in order to avoid that caregivers stigmatize the elderly with dementia by gender or generalize individual-specific characteristics as gender characteristics. What is most important is to determine and remove inconveniences and challenges that each gender combination of a caregiver and an older person with dementia may experience.

2. Reflection of perspectives of public caregivers in operation of the National Responsibility System and associated programs

- Currently, national dementia policies in Korea are founded on the 4th National Dementia Plan (2021~2025). However, the comprehensive plan doesn't sufficiently address matters relating to formal caregivers of seniors with dementia. The plan includes policy tasks to strengthen the competence of public caregivers, but few measures to improve their treatment and work conditions.
- According to the survey of certified caregivers, policy supports considered most needed (Top 1 + Top 2) are better treatment (72.4%), which is followed by competence enhancement (35.4%), provision of dementia care services (28.2%), and assignment of more skilled caregivers (21.4%).

〈Table 2〉 Policy supports for good dementia care

(Unit: %)

Policy Supports		Assign more skilled caregivers	Provide better training for caregivers to enhance competence	Improve treatment for certified caregivers	Provide more infrastructure for dementia care	Provide dementia care services	Provide gender-specific dementia care services	Provide more community facilities for the elderly
Total	Strongly Agree	52.6	60.4	78.8	50.4	65.8	57.6	55.4
	Strongly + Moderately Agree	91.0	96.0	98.8	83.2	97.8	90.8	87.6

- The results reveal that certified caregivers think that it is needed to enhance caregiving competence and receive suitable treatment accordingly because it is more difficult to care for seniors with dementia than seniors without dementia. This implies a need to specify supports for certified caregivers of the elderly with dementia in national dementia policies including the National Dementia Plan.

3. Reflection of perspectives of family caregivers in operation of the National Responsibility System and associated programs

- In order to expand and diversify supports to reduce dementia care burden from caregiving families, the 4th National Dementia Plan includes action items as follows: increase the maximum number of days for respite care from 6 days currently to 12 days; expand Working Hours Reduction System from workplaces with 300 employees or more and public institutions currently to workplaces with 30 employees or more; and introduce counseling cost for families with seniors with dementia.

-
- This study has also conducted a FGI with families caring for elderly dementia patients, and as a result, it is found that caregiving families have experienced stress, depression resulting from caregiving, disruption to daily life, and health deterioration. Family caregivers provide instrumental help to seniors with dementia. However, as a direct caregiver, they felt some difficulties such as emotional conflict and helplessness. Such difficulties cannot be resolved through a time support policy and will continue until the end of care. For that reason, outside assistance is needed to provide support and encouragement continuously to family caregivers and to appreciate their hard work.
 - The vulnerability of “spouse” is identified in the survey of family caregivers. 79.8% of respondents who are the spouse of the elderly with dementia, agreed on the statement ‘There is no one who can care for the elderly if I become unavailable,’ which implies significant care deficit. 29.8% of the respondents were positive to the statement ‘Generally, I am in good health condition’ (compared to average of 50.4%), suggesting that they are health vulnerable. The percentage of those who noticed the symptoms of their spouse with dementia by themselves is 72.0%, lower than average at 78.0%. When it comes to actions taken when suspecting dementia, the percentage of the spouses who ‘took the elderly to the hospital for diagnosis’(36.9%) was also below average (42.6%). This result discloses the difficulty and limitation of elderly care by elderly.

- The most needed policy supports selected by family caregivers (Top 1 & 2) are ‘Expand dementia care infrastructure’ (37.8%) which is followed by ‘Enhance the competency of certified caregivers’ (36.4%), ‘Assign more skilled certified caregivers’ (32.0%), ‘Provide dementia care services’ (32.0%), and ‘Provide better treatment for certified caregivers’(28.4%).

〈Table 3〉 Needs of Policy Support for Dementia Care: Top 1 and Top 1 & 2

(단위 : %)

Statements	Top 1	Top 1&2
1) Assign skilled certified caregivers	20.0	32.0
2) Provide training to enhance certified caregivers’ competences	21.6	36.4
3) Provide better treatment for certified caregivers (e.g. wage increase, special allowance, better working conditions, social recognition)	16.6	28.4
4) Expand dementia care infrastructure (e.g. care hospital, nursing institution, daycare center)	14.0	37.8
5) Provide dementia care services(e.g. care services taking into account the stage and behavioral characteristics of dementia)	13.8	32.0
6) Provide gender-specific dementia care services (e.g. nurturing male certified caregivers)	10.6	23.8
7) Expand community places (e.g. restaurant, cafe, park, etc.) to go with the elderly (in addition to dementia relief centers).	3.4	9.6

4. Pathways to and acceptance of dementia diagnosis

- According to the survey of family caregivers of elderly dementia patients, 78.0% stated that ‘I noticed a change in the elderly’s ability to remember and think.’ The following pathways to dementia diagnosis are ‘People around the elderly made suggestion’ (13.6%), and ‘The elderly him or herself disclosed memory loss’ (8.4%). The formal diagnosis of dementia was mostly made by ‘Dementia Relief

Center' (37.6%), which is followed by 'Neighborhood hospitals and clinics' (29.4%) and 'General hospitals' (23.6%). The period of time taken to formal diagnosis was about 5.7 months on average. When it comes to the dementia stage at the time of diagnosis, early dementia accounts for 64.4% and mild cognitive impairment, 30.6%, suggesting that a diagnosis is made after dementia symptoms progress to some extent. After dementia diagnosis, those with whom respondents consulted about future plans (Top 1+2) are immediate family (91.4%), 'the elderly him or herself' (41.4%), 'health professionals' (29.2%), 'dementia experts' (26.6%), and 'caregiving experts' (11.4%).

- A look has been given to the elderly and family caregivers' acceptance of dementia. The female elderly with dementia is more reluctant to disclose their diagnosis to others, while the male elderly with dementia have more tendency to live same as before. Male family caregivers showed a high level of agreement on the statements 'Didn't disclose to others than family that the elderly is diagnosed with dementia,' and 'Didn't talk to the elderly him or herself about their diagnosis.' The results suggest that it takes quite some time for family caregivers to face and accept dementia diagnosis and they are hesitant in disclosing dementia diagnosis to the elderly and others.
- Although education and public relations regarding dementia have been expanded remarkably through the National Responsibility System, efforts to raise the public awareness of dementia should be further made across the society. Then, it will become possible to remove stigma and prejudice against seniors with dementia, which will allow to create an environment where elderly dementia patients and their family caregivers actively take needed services in a timely manner.

5. Criteria and conditions for good dementia care

- Compared to family caregivers, certified caregivers showed a higher level of agreement on needs of caregiving expert consulting, consistent caregiving environment and caregivers, and cooperation among the elderly with dementia, their family and certified caregivers. However, it is uncovered that family caregivers are much more negative about the status quo than certified caregivers, implying that a communication structure should be in place to promote cooperation among the elderly with dementia, their family and certified caregivers and to provide expert consulting for family and certified caregivers to resolve difficulties related to caregiving.
- In the survey of certified caregivers, current dementia care was negatively rated by the respondents, with the level of agreement on the statement 'The current criteria for workforce assignment is not adequate for elderly dementia care' at 59.8% (strongly and moderately), 'Dementia care is given based on the conditions and schedule of caregiving institutions and certified caregivers' at 57.2%, and 'Family members of seniors with dementia sometimes make unreasonable demands due to lack of understanding of dementia' at 67.4%.
- Meanwhile, the survey of family caregivers showed that 77.4% agreed (strongly and moderately) on the statement 'Certified caregivers tend to treat seniors with dementia like a child, 93.0% on the statement 'Certified caregivers should provide more cognitive support service,' 95.7% on the statement 'Certified caregivers should provide service based on understanding on the lifetime and characteristics of the elderly with dementia,' and 95.7% on the statement 'Certified

caregivers should communicate more with family members.’ Such results show specific expectations on certified caregivers and their dementia care provision.

6. Quantitative expansion and qualitative improvement of dementia care and related services through the National Responsibility System

- With regard to effects of the National Responsibility System, 53.8% (94.8%) of certified caregivers strongly (and moderately) agreed on the statement ‘The number of dementia patients has grown among elderly care receivers,’ 28.6% (79.4%) on the statement ‘The burden of family caregiving has been reduced,’ 18.4% (76.4%) on the statement ‘The level of public understanding of dementia has been raised,’ and 17.8% (70.6%) on the statement of ‘Care services have been planned and provided after taking into account characteristics of the elderly with dementia.’ Meanwhile, the level of agreement on the statements ‘Certified dementia caregivers have been better treated,’ ‘Certified dementia caregivers have been sufficiently nurtured,’ and ‘Certified dementia caregivers have been better recognized in their expertise’ appears to be relatively low.

〈Table 4〉 Effects of the National Responsibility System for Dementia Care

(Unit: %)

Statement		Certified dementia caregivers have been better treated	Certified dementia caregivers have been sufficiently nurtured	The number of dementia patients has grown among elderly care receivers	The family caregivers' level of understanding of the elderly with dementia has been raised	The burden of family caregiving has been reduced	Dementia care services have been planned and provided after taking into account characteristic of individuals	The level of public understanding of dementia and the elderly with dementia have been raised	Certified dementia caregivers have been better recognized in their expertise
Total	Strongly Agree	10.6	7.2	53.8	10.2	28.6	17.8	18.4	14.0
	Strongly + Moderately Agree	39.8	44.6	94.8	60.0	79.4	70.6	76.4	56.4

- The survey of family caregivers showed that the respondents experienced the use of various programs provided under the National Responsibility System in the following order: Dementia Registration & Management System (57.8%), Cognitive Support Rating (52.2%), Customized Case Management (48.2%), Medical Expense Support (47.2%), Dementia Day Care Centers (28.6%), and Dementia Call Centers (22.4%). On the other hand, the very low percentage of the respondents utilized Dementia Friendly Hospitals (3.6%), Respite Care Support for family caregivers (1.2%), and Residential Dementia Care Facilities (0.8%). One of the main reasons for non-use of such programs is 'Don't know how to use,' raising a need to improve the effectiveness of promotion on dementia-related programs.

〈Table 5〉 Experience of Programs under National Responsibility System for Dementia Care

(Unit: %)

Programs	Experience
	Yes (Patient's gender)
1) Dementia Relief Centers - Customized Total Service (Consulting, Checkup, Management, Service Connection, etc)	48.2 (M 49.6, F 47.1)
2) Dementia Relief Centers - Dementia Shelter, Dementia Cafe	8.8 (M 11.5, F 6.6)
3) Dementia Call Centers	22.4 (M 19.9, F 24.5)
4) Dementia Registration & Management System	57.8 (M 53.5, F 61.5)
5) Cognitive Support Rating (Seniors with dementia are subject to long-term care grading regardless of their physical function)	52.2 (M 51.8, F 52.6)
6) Dementia Day and Night Care Centers	28.6 (M 26.5, F 30.3)
7) Residential Dementia Care Facilities	0.8 (M 1.3, F 0.4)
8) Dementia Friendly Hospitals (Public convalescent hospitals with dementia ward)	3.6 (M 1.8, F 5.1)
9) Medical Expense Support for dementia care (Reduction of the percentage of out-of-pocket medical expense from 60% to 10%, Coverage of diagnostic examination expense by the health insurance system)	47.2 (M 46.0, F 48.2)
10) Respite Care Support for family caregivers	1.2 (M 1.3, F 1.1)
11) Missing Prevention for elderly dementia patients	3.0 (M 5.3, F 1.1)
12) Dementia Care Village	0.2 (M 0.4, F 0.0)
13) Public Guardianship System for Seniors with Dementia	0.4 (M 0.0, F 0.7)

III. Policy Recommendations

1. Provide more specialized dementia care training to expanded targets

- It is important to expand dementia care training for certified caregivers. To make it happen, it is recommended to develop incentives such as labor cost payment for substitutes during training period; create a training leave for certified caregivers; and expand

dementia care training provided by the National Health Insurance Service (referred to hereafter as “the NHIS”) to prevent applicants from being dropped. Currently, dementia care training programs target certified caregivers who belong to home-visit care providers, day care centers and institutions dedicated to dementia as well as those involved in managing dementia care programs; however, it is needed to promote dementia care training for certified caregivers working at general elderly care facilities.

- There is also a need to provide more specialized dementia care training for certified caregivers. The NHIS should offer stepwise training programs including advanced courses and enhance the contents of training regarding dementia awareness improvement, current dementia care programs and resource linkage. Dementia types and symptoms are often classified by caregivers into “good dementia” or “bad dementia.” In order to move away from that practice, it is needed to design training and education in such way to consider dementia symptoms, characteristics, lifetime history and personality of individuals into caregiving comprehensively.
- Consideration should be given to expand targets for dementia care training. Currently, the NHIS’ dementia care training mainly address dementia prevention, awareness improvement, and Dementia Care Partners and is delivered to the general public. However, the NHIS is required to conduct training for family members who wish to care for their elderly classified into long-term care (LTC) grade 5. In Germany, a handbook which provides guidance on how family members deal with the impact of dementia and the challenges raised by dementia patients using what available resources has been

developed and distributed for reference by children and adolescents. Likewise, it should be considered to develop and include age-specific dementia education into official programs in Korea.

2. Expand dementia care infrastructure and improve the quality of dementia care facilities

- It is identified in the family caregiver survey conducted for this study that there is a high demand for dementia care infrastructure, which was ranked top in the list of policy supports. However, the survey indicates that family caregivers have an ambivalent feeling that they will not utilize elderly care facilities until there is a belief and confidence that quality and safe care services are provided.
- In other words, the government should keep in mind both quantitative expansion and qualitative improvement of dementia care infrastructure. In that sense, one recommendation to the government is to take a team-based approach, especially a case conference aimed at understanding and managing behavioral and psychological symptoms of dementia. In addition, expert consulting for such case conferences, monitoring of administration of antipsychotic medication at elderly care facilities and quality improvement of non-pharmacological treatment programs are worth being considered by the government.

3. Supports for family caregivers of the elderly with dementia

- Consultation fee for families with the elderly with dementia should be introduced as described in the 4th National Dementia Plan. According to the results of the survey and FGI of family caregivers, the respondents wish to have consultation with a psychiatrist regarding

their mental health.

- It is also worth creating a website designed to allow family caregivers to compare information and resources for financial management of seniors with dementia, planning tools for dementia care, and formal dementia care services based on characteristics of seniors with dementia and their families. As is the case with the USA where policy efforts to provide dementia education and promote dementia care services are made for ethnic minorities, it is necessary to translate and distribute information on dementia, formal dementia care services, and support programs for caregivers of multicultural families, and to provide dementia care consulting for multicultural families.

4. Supports for working family caregivers

- The maximum number of days for respite care is planned to be raised from 6 to 12 days. Taking one step further, the government should resolve structural problems which hold back the use of respite care support for family caregivers. Currently, the respite care system is managed under the responsibility of private institutions. On that regard, several possible options are available including utilizing public nursing facilities for dementia respite care, operating reliable, short-stay dementia care facilities, and expanding full-day home-visit care from dementia patients with LTC grade 1-2 to LTC grade 3-4.
- In Germany, caregiving pilots are employed by individual companies and continuously trained for balance between caregiving and job responsibilities. With a high level of understanding of care services and related problems in the community, caregiving pilots help employees balance their caregiving duties with responsibilities at work

and establish a company culture to make it happen. With the help of caregiving pilots who have expertise in dementia, employees who care for family members with dementia are able to get access to caregiving resources available in the community and find out solutions for caregiving challenges from their early stage.

- As is the case with German companies, Korean companies should set work-caregiving balance as a goal which employees, both male and female, should achieve. The work-caregiving balance should not be left as an individual issue but elevated to a company-level concern. By introducing a caregiving pilot program, companies can show their commitment to support for working family caregivers.

5. Supports for certified caregivers for the elderly with dementia

- The results of the survey and FGI of certified caregivers of the elderly with dementia indicate that the intensity of caring for the elderly with dementia is higher than that for the elderly without dementia. More than 50% of the respondents stated that elderly dementia care is more stressful psychologically and more difficult physically due to longer care time and lack of cooperation from the elderly. The majority of opinion is that more recognition should be given to elderly dementia care because it is more difficult when the same time is spent for caregiving.
- It is found that certified caregivers are not sufficiently prepared for elderly dementia care. They overcame difficulties faced when caring for seniors with dementia partially using a case conference, implying that there is a high demand for a window for expert consulting or expert answers to questions in relation to elderly dementia care.

- Certified caregivers appear to think that they should endure behavioral and psychological symptoms of elderly dementia patients and resultantly have feelings of both tension and anxiety. The principle that caregivers should understand causes (triggers) of behavioral and psychological symptoms of dementia patients and prevent them repeating is not well applied. It is felt by certified caregivers that there are lacks of mutual connection and continuity in relationship with elderly dementia patients, which makes caregiving more difficult.
- Such feelings lead to a need to strengthen the competence of certified dementia caregivers and accordingly develop and apply a standard for remuneration and career calculation. Given the intensity and specialty of elderly dementia care, it is also necessary to improve the way to assign caregivers (e.g. one carer to one dementia patient with behavioral and psychological symptoms).

6. Supports for the delivery system of national dementia policies (Dementia Relief Center, etc.)

- Lack of dementia workforce, lack of linkage between long-term care facilities and convalescent hospitals, and lack of data linkage for dementia management were already presented as limitations of the delivery system of national dementia policies in the prior study. Likewise, in this study, the following recommendations are made to improve the delivery system of national dementia policies: first of all, it is required to secure and retain human resources with expertise in the dementia relief center and reinforce the function of case management. In many cases, a dementia relief center is operated directly under a public health center, which causes frequent personnel

transfer and high employment insecurity, thereby making it difficult to accumulate and utilize expertise related to dementia care. For that reason, it is imperative to change the operating structure of dementia relief centers.

- The qualifications, job descriptions, responsibilities and authorities of employees at dementia relief centers should be defined through a job analysis so that they play defined roles for a given program (focusing on dementia prevention and early diagnosis) but also provide and link adequate services (inside the center and related institutions), depending on characteristics of the elderly with a different type, different symptoms and a different dementia stage. In order to concentrate on major programs, it is required to evaluate the effectiveness of programs conducted by Dementia Relief Centers and to adjust the scope of such programs with more focus on the functions of Dementia Relief Centers.
- The sharing and linkage of data statistics are also required to manage elderly dementia patients in a systematic manner. To that end, dementia related information systems run by the NHIS (long-term elderly care institutions), Health Insurance Review & Assessment Service (hospitals and clinics), and Ministry of the Interior and Safety (community centers) should be closely linked to ANsim integrated SYStem (or ANSYS) run by Central Dementia Center.

7. Creation of dementia-friendly community environment

- Activity classes and memory kits for the elderly with dementia and their caregivers can be prepared and provided by public libraries and are expected to be highly utilized in Korea, as is the case with the

USA. The Dementia Relief Village project has already attempted to build a linkage with libraries in the community (e.g. recommendation of dementia related book). Caregiving resources should be continuously developed and provided in the local community.

- The Dementia Partner and Dementia Partner Plus project in Korea has provided clarification and education on dementia to people of various professions. However, it is recommended to expand the project to enable those who are engaged in disaster & safety management to act as a dementia partner plus. Furthermore, the project should target workers in the service sector including public transportation who meet and provide services to many people. Once a dementia-friendly environment is created in the community and the level of public understanding of dementia is improved, social stigma attached to dementia and the elderly with dementia will be reduced which will help diminish isolation felt by seniors with dementia and their family caregivers and receive needed resources and services promptly.

Reference

- Ministry of Health and Welfare (2020). The 4th National Dementia Plan (2021 to 2025).
- You, Jae-Eon (2019). “Recent Changes and Challenges in National Dementia Policy in Korea.” *Health and Welfare Policy Forum*. October. pp. 6-18.
- Lee, Hyun-Sook (2019). “Analysis of the UK's Dementia Response Policy and Implications: Focusing on Scotland's National Dementia Strategy.” *Health and Social Welfare Review*. 39(1) : 72-107.

