Handout

発表資料

Assessment of Dementia-Friendly Communities

How to assess and promote dementia-friendliness in each community

「認知症にやさしい地域」を評価する ~どのように地域を評価し、取組を促進できるか~

ADI ワークショップ「認知症にやさしい地域の評価」開催にあたって

1. 介護者の視点から本ワークショップへ期待すること

- ▶ 介護者は認知症の人の伴走者
- ♪ 介護者が抱えるジレンマや葛藤がある
- ▶ 認知症の人と家族の会活動から「つながれば希望がみえてくる」
- ▶ 認知症の人や認知症介護家族に対する社会の偏見をなくしたい
- ▶ 周囲の心ない言葉に傷つく認知症の人と家族がいる

2. 認知症にやさしい地域とは?

- ▶ 痛ましい事件の経験を通して
- ▶ 認知症の人と家族に対して手厚い支援を
- ▶ 病気が始まったときから看取り終えた後まで認知症の人と家族を支え続ける
- ▶ 認知症の人と家族への「しない」協力:「仲間外れにしない」「噂話をしない」

Opening Remarks

What I expect from this workshop as a carer.

- ♦ Carers are escort runners for people living with dementia.
- ♦ Each carer has his or her own dilemma and conflicted feelings.
- ♦ Society without discrimination
- People with dementia and their carers often feel hurt by careless words from those around them.

What is a Dementia Friendly Community?

- ♦ Through the experience of a painful accident
- ♦ Careful support for people with dementia and their carers
- ♦ AAJ supports the long journey of carers from the onset to the end and further.
- → "Do not exclude and do not gossip" are powerful support for people living with dementia and their carers.

Global Ageing and Dementia

Ryoma Kayano M.D.

Technical Officer,

WHO Centre for Health Development

Globally, the prevalence of dementia and the cost of dementia care are rapidly increasing along with rapid population ageing. With very limited therapeutic approaches available, many national plans for dementia focus on relevant community-based strategies for early detection and interventions to delay the progress of cognitive decline, and evidences which support this approach (e.g. positive effect of non-pharmaceutical interventions) are increasing. On the other hand the fact that prevalence of dementia increases with advancing age, anti-stigma advocacy and fostering dementia friendly community are strongly required. A brief overview of global ageing and issues about dementia will be introduced in the speech.

グローバルに進む高齢化と認知症

茅野 龍馬

WHO 健康開発総合研究センター

テクニカル・オフィサー

少子高齢化は、もはや先進国だけの課題でなく、グローバル課題となっています。加齢に伴う認知機能の低下や認知症等も、世界全体で増加し、膨張する社会負担にどう対処するか、 という問題に、各国が大きな関心をもって取り組んでいます。

現時点で認知症の特効薬がない中、対策の焦点のひとつは早期発見、早期介入、予防で、 それらの対策の効果を裏付ける科学的根拠も増えてきています。一方で、加齢に伴う認知機 能の低下は完全には避けられず、認知症対策には、治療や予防だけでなく、認知機能が低下 した際に、それをどのようにコミュニティ、社会全体で受容していくか、という観点が不可 欠です。

本講演では、高齢化や認知症を取り巻く世界の現状と課題、対策等について概説します。







グローバルに進む高齢化と認知症

平成29年4月29日 WHO健康開発総合研究センター テクニカルオフィサー



WHOの目的



WHO憲章(1948年4月7日制定)に記載

全ての人が最高の健康水準に到達すること

"健康とは、単に疾病や病弱がないだけでなく、肉体的、 精神的、社会的に完全に満たされた状態である。"

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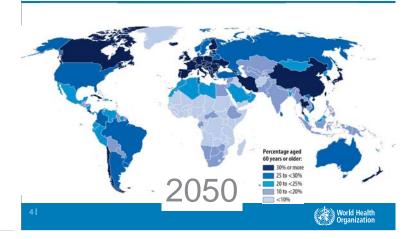


WHO健康開発総合研究センター



世界で唯一のWHOの研究センター 研究テーマ: UHC,、高齢化、健康危機管理

世界全体の高齢化



高齢化と健康に関するワールドレポート

- 2015年 WHOの歴史上初めての、高齢化に焦点をあてたワールドレポート
- 生活習慣病、認知症も大きく 取り上げられた



5 ADI Symposium 29/04/2017

World Health Organization

急激に増加する認知症



地域全体で高齢化、認知症に向き合う必要性



Development of indicators of dementia-friendliness of communities 認知症にやさしい地域に関する指標の開発

Toshiyuki Ojima (Hamamatsu University School of Medicine)

尾島 俊之(浜松医科大学健康社会医学講座)

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堀井 聡子(国立保健医療科学院)

Yukari Yokoyama (Nihon Fukushi University)

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Megumi Rosenberg (World Health Organization Kobe Center)

ローゼンバーグ恵美 (WHO 神戸センター)

Concept of Age and Dementia Friendly communities

Age-friendly city (by WHO)



+ Dementia (and caregiver)-friendly city

Understanding Normalization Willingness to seek/receive help 共生 受援力

Indicators of dementia-friendliness of communities (tentative English translation)

Understanding 認知症の理解

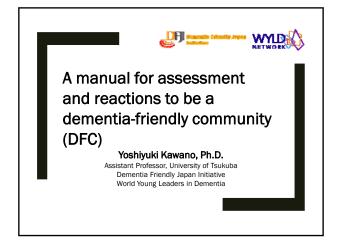
- Q1. Behaviors such as shouting, violence, or wandering of a person with dementia are generally a response to unmet needs
- 問1. 認知症の人の大声や暴力、歩き回るなどの行動は、必要なことが満たされない時 に起きると思いますか。
- Q2. Family and caregivers should make the daily life decisions for a person with dementia because he/she cannot make such judgments due to decline of memory
- 問2. 認知症の人は、記憶力が低下し判断することができないので、日々の生活をこちらで決めてあげる必要があると思いますか。
- * Operational cut off to determine "good understanding" is "agree" or "somewhat agree" for Q1 and "disagree" or "somewhat disagree" for Q2

Normalization 共生

- Q3. If I develop dementia, I would like to continue living at home with the help of people around me.
- 問3. 自分が認知症になったら、周りの人に助けてもらいながら自宅での生活を続けた いと思いますか。
- Q4. People with dementia should have a role for participating in community activities.
- 問4. 認知症の人も地域活動に役割をもって参加した方が良いと思いますか。

Willingness to seek/receive help 受援力

- Q5. If a family member develops dementia, I would like to let neighbors and friends know in order to get their help.
- 問5.家族が認知症になったら、協力を得るために近所の人や知人などにも知っておいてほしいと思いますか。
- Q6. Seeking advice or help from someone about personal troubles or stress is embarrassing
- 問 6. 悩みがあるときやストレスを感じたときに、誰かに相談したり助けを求めたりすることは恥ずかしいことだと思いますか。
- * Answers are given on a 5-point Likert scale ranging from "Agree (1)" to "Disagree (5)".



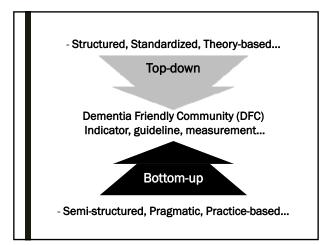


- 1. Approach
- 2. Action
- 3. Value

- 1. アプローチ
- 2. 取組
- 3. 価値

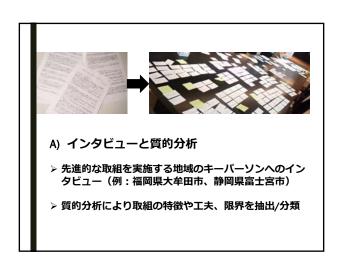
1. Approach

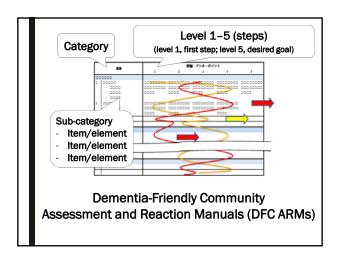
1. アプローチ

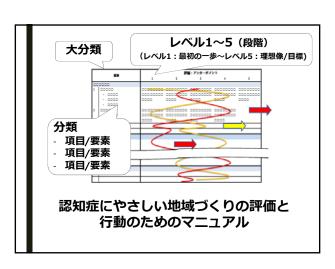


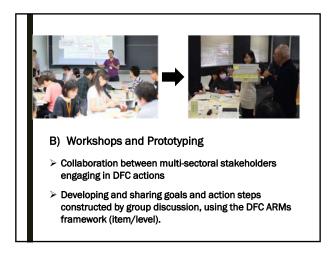


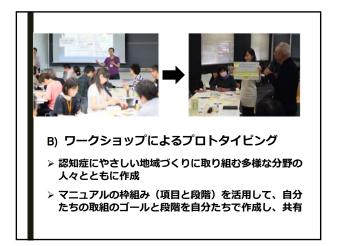




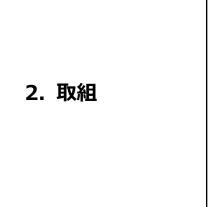


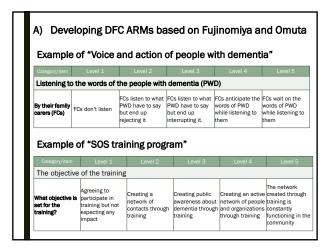


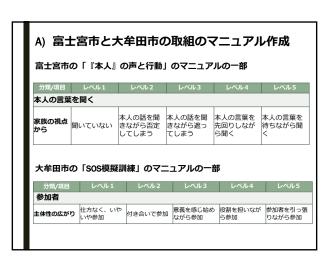


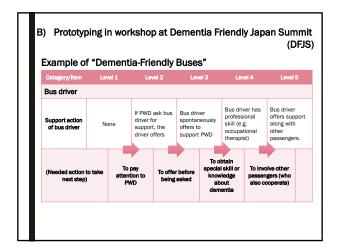


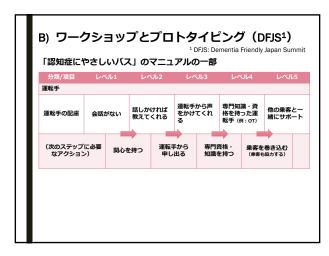
2. Action

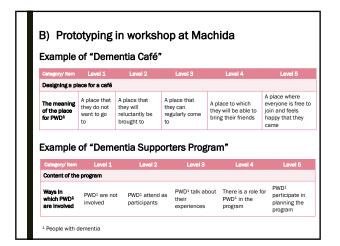














3. Value

3. 価値

Dementia-Friendly Community Assessment and Reaction Manuals

- Concretely sharing the goals, solutions, and limitations of the community that is working on progressively more advanced activities (A)
- By dividing the items and levels, people can assess the current initiatives and discuss specific actions that should be taken next (A) (B)
- Through discussion, people decide on their own vision and their initiatives, and can share them (B)

認知症にやさしい地域づくりの 評価と行動のためのマニュアル

- ≻ 先進的な活動に取り組む地域の目標や工夫、 限界を、具体的に共有できる → A
- ▶ 項目と段階に分けることで、人々が現状の取組を評価し、次に何が必要か、具体的な行動を議論できる → A, B
- ▶ 議論を通じて、人々が、自分たちの取組のビジョンやアクションを自分たちで決め、共有することができる → B

- Structured, Standardized, Theory-based...

Top-down

Dementia Friendly Community (DFC)
Indicator, guideline, measurement...

Bottom-up

- Semi-structured, Pragmatic, Practice-based...

- 構造化、標準化され、理論に基づくトップダウン認知症にやさしい地域の評価ボトムアップ

Appendix

付録

A) Developing DFC ARMs based on Fujinomiya and Omuta

Participants: Seventeen key persons in two local communities

 Staff in medical and nursing care, social welfare, local government, and business; also, people with dementia and their family members

Methods: Qualitative analysis of expert panel discussion (based on focus groups, grounded theory analysis, and consensus method)

- 1) Extract features of model actions based on interview data
- 2) Classify features into categories
- 3) Create items as crucial points of actions in each category
- 4) Identify the five steps for each item

A) 富士宮市と大牟田市の取組のマニュアル作成

面接対象者:2市町村の17名のキーパーソン

※対象者の属性:医療、介護、行政、商店、認知症本人、家族介護者等

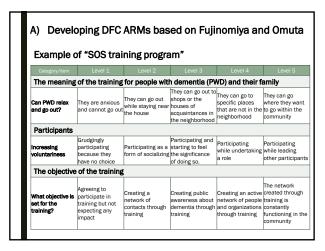
分析方法:

医療・介護・福祉の専門職、研究者、企業関係者による 専門家パネルにより質的分析1に基づき実施

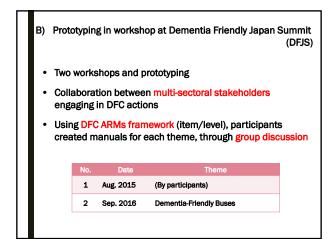
- ¹ Focus Group Interview, Grounded Theory Approach, Consensus methodを参考
- 1) 面接データから取組の特徴的な要素を抽出
- 2) 要素を分類に整理
- 3) 分類の中で取組の軸となる項目を作成
- 4) 軸となる項目毎に、段階を設定

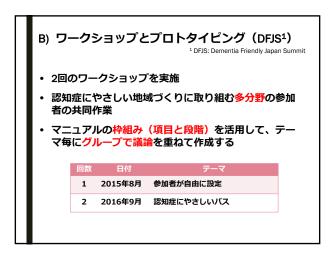
A) Developing DFC ARMs based on Fujinomiya and Omuta Example of "Voice and action of people with dementia" Citegory/itom Level 1 Level 3 Level 3 Level 4 Level 5 Listening to the words of the people with dementia (PWD) Listening to the words of the people with dementia (PWD) Population of the

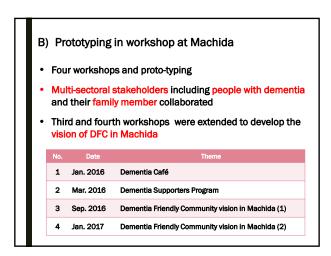
A) 富士宮市と大牟田市の取組のマニュアル作成 富士宮市の「『本人』の声と行動」のマニュアルの一部 本人の言葉を聞く 本人の視点 分の声を聞い 特定の人のみ が自分の声を 聞いてくれる てくれない 本人の話を聞 きながら遮っ てしまう 本人の言葉を 先回りしなが ら聞く 本人の言葉を待ちながら聞く 家族の視点 聞いていない 本人の話を聞 本人の話を則 きながら否定 してしまう 本人の声をメ 本人の声を講本人と話をす 演会で聞く 本人と友人に なる 地域の人の 興味がない 視点から

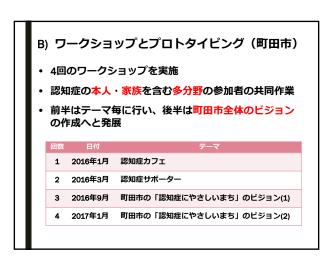


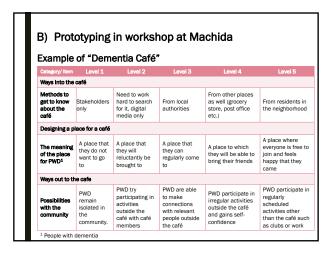
| A) 富士宮市と大牟田市の取組のマニュアル作成 大牟田市の「SOS模擬訓練」のマニュアルの一部 | | | | | |
|--|-----------------|------------------|-----------------------------|-------------------------------|---|
| 分類/項目 | レベル1 | レベル2 | レベル3 | レベル4 | レベル5 |
| 本人や家族に | ことっての訓練 | の意味 | | | |
| 本人が安心して 外出できるか? | 不安で外出できない | 家の周りへは出 かけられる | 近所の知り合い の家や店には出 かけられる | 近所ではないが 特定の行ける場 所がある | 地域のなかで行 きたいところに 行ける |
| 参加者 | | | | | |
| 主体性の広がり | 仕方なく、いや いや参加 | 付き合いで参加 | 意義を感じ始め ながら参加 | 役割を担いなが ら参加 | 参加者を引っ張 りながら参加 |
| 訓練の目的 | | | | | ' |
| 訓練の目的をどこに設定しているか | | 絡網を作成する | 訓練を通しく認 知症について啓 発オススト | 訓練を通じて人 や組織の生きた ネットワークを | 訓練を通じて構 築されたネット ワークがまちづ くりのなかで日 常的に機能する こと |



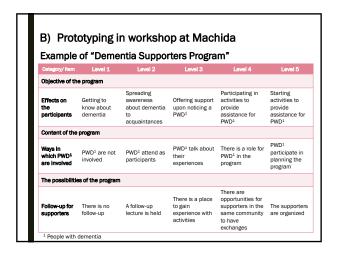








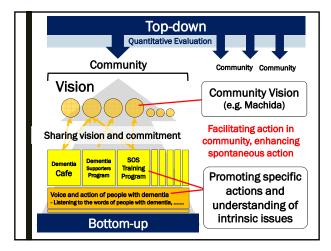


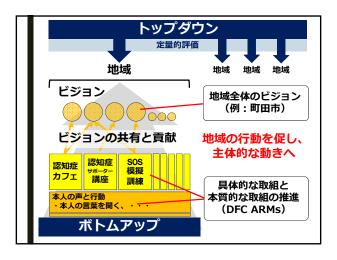












Case study (Japan-3)

Action and assessment to realize a dementia-friendly community in Kyoto and Uji.

Kazuyuki Hirao (Kyoto Bunkyo University/AAJ/DFJI/WYLD-J)

Background:

Uji has been trying pioneering action with people with dementia and their families in Kyoto. Uji Dementia Action Alliance (Lemon-aid) started in March 2016, following the declaration by the mayor who met a group of people with dementia at a café in the community. This collaborative action from various

fields and generations constantly needs to be focused on people with dementia.

However, the methodology for hearing the voice of people with dementia has not yet established, though we are trying to find it in each community. In this case study, we introduce our pilot methods of assessment by people with dementia themselves in Uji Dementia Action Alliance.

Method:

Method 1) Record in daily life: A process of writing down feelings and thoughts produced in daily life. This is a skill to compensate amnesia, too. People with dementia in the Uji group have been doing this record with the aid of their partners. These words, narratives and images were organized in the form of a booklet "guide for travel of dementia" which revealed the three stages of living with dementia from the onset to social participation.

Based on this tradition, we introduced an **Assessment form**: unified format for all programs which consists of 5-point scale of satisfaction and free description of good point/bad point (for improvement)/etc. This format is simply designed for a broad range of activities. Participants completed this assessment form just after their activity. People with dementia may need support by their supporter. We compiled a database and made use of it to improve the next action.

Method 2) Individual interview: Worker or counselor hears the voice of a person with dementia and his/her partner individually. He/she can be link worker or coordinator. The person can communicates his/her feelings or thoughts through multimodal channels not only verbally but also non-verbally. A good hearer enables the narrative of a person with dementia, as Christine Bryden and James McKillop could do so.

Method 3) Working group meeting: Based on the tradition of peer support group at tennis club of Kyoto Prefectural Rakunan Hospital and Dementia cafés (Lemon Café), we organized the Uji working group meeting once a month at Kyoto Bunkyo University. Participants divide into 6 groups that consist of a couple of a person with dementia and his/her partner, some students and supporters. They share their thoughts and discuss specific topics (support of shopping, etc).

Results:

Method 1) Assessment form: in tea picking as employment support, the mean and standard deviation

of satisfaction level was 4.6 ± 0.70 (people with dementia, N=27), 4.7 ± 0.53 (families, N=35), and 4.7 ± 0.46 (supporters, N=64). While satisfaction level is very high, the standard deviation is big in the group of people with dementia. This suggests that the satisfaction level varied in the group of people with dementia. Qualitative analysis of free description revealed that the sense of purpose varied in participants including people with dementia from enjoying communication through tea picking to working toward win-win relationship with tea companies.

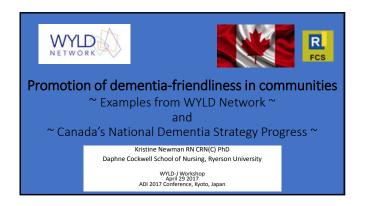
In **support of shopping** at co-op supermarket as livelihood support, we used questionnaires that consist of 5-point scales of indicators for people with dementia/their families/supporters respectively. Quantitative analysis revealed high satisfaction level in the group of people with dementia who received support. From perspective of people with dementia, the indicator of secure feeling was highest. Qualitative analysis of supporter's free description showed necessary individualized supports, including transport to the shop. The assessment by the manager revealed the positive impact on the consciousness of employee as well as the economic problem to continue the support.

Method 2) We did **individual interviews** with 6 couples of a person with dementia and his/her partner before/one year after Uji DAA started. Quantitative satisfaction levels on DFC varied individually. Qualitative analysis showed that they recovered social participation and self-efficacy through Uji DAA activities. On the other hand, challenges for the next step were yielded: 1) earlier participation of people with dementia in planning, 2) improving the style and process of working group meeting, which enables people with moderate dementia to participate more in it.

Method 3) Working group meeting: we produced and organized ideas for planning and assessing activities. This group meeting also enables collaboration between people with dementia and young students beyond generations, which is one of the concepts of Uji DAA. The qualitative analysis of free description yielded the idea that people from companies join the meeting instead of/ in addition to students, to realize face-to-face interaction with people with dementia.

Conclusions:

In the forum in Uji that publish the result of DAA, we organized a program in the style of emphasizing the assessment by people with dementia and their families: actions from companies and university, comments from people with dementia and their families, and the results of assessment. We improve and develop our action and methodology of hearing the voice of people with dementia and their families based on the assessment of action according to PDCA cycle to realize a Dementia Friendly Community.





Qualicum Beach on Vancouver Island

Laura Booi (CA)

Laura Booi (CA) has spearheaded an initiative to make her hometown of Qualicum Beach on Vancouver Island dementia friendly. After a successful Town Hall Meeting in January 2016, she is working as an advisor to the town council to achieve this goal. They are working with the Alzheimer Society of British Columbia to educate both small business owners and front-line services such as police and paramedics about how to best support those living with dementia in the community. They will also **adopt** a "dementia-friendly community" label for storefronts, signaling that local businesses are educated about the issue and aware of the population's needs.

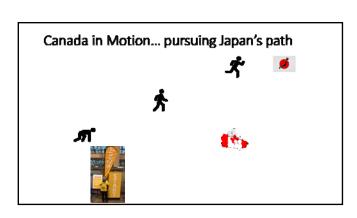
Rotorua Lakes Council, New Zealand

Clare Baker (NZ)

Claire Baker (NZ) is working with Rotorua Lakes Council, a town in the center of the north island of New Zealand, to make dementia-friendly changes. Public meetings were held in early 2016 to establish support for the work within the community, and a dementia-friendly Rotorua steering group has now been created. Claire, in her role for health and care company Bupa, is leading the steering group with the Council. The Council have a strategy to build a resilient community, and being dementia-friendly fits with this, aiming to make Rotorua a great place to live for people of all ages and abilities. The group are working to establish priority areas for action for people living with the dementia in Rotorua. It's thought that first focus areas will be on education for the wider community, as well as targeted action to make businesses and public spaces more dementia-friendly.

(WYLD, 2017)





2015 Bill for National Dementia Strategy defeated by one vote





Bill C-356, sponsored by NDP MP Claude Gravelle, was supported by the NDP and Liberal parties but not by the Conservatives. Nine backbench Conservatives voted against party lines in favour of the bill, but the final tally came to 140 MPs against and 139 in favour (Shaw Media, 2015).

You must constantly renew your determination to succeed

National dementia strategy Bill-C-233



openparliament.ca Bill C-233 (OpenNorth, 2017)

- As of 2016, there are an estimated 564,000 Canadians living with dementia - plus about 25,000 new cases diagnosed every year. By 2031, that number is expected to rise to 937,000, an increase of 66 per cent (ASC, 2017b).
- According to a recent Nanos survey, 83% of Canadians reported they believe Canada needs a national dementia plan(ASC, 2017c).
- A national dementia strategy will help overcome the growing crisis in dementia care by coordinating all national efforts in Alzheimer's research, clinical care, institutional, and home- and community-based programs (ASC, 2017c).

Ultimately, once the Canadian Government makes the National Dementia Strategy a priority then more promotion and integration of dementiafriendliness in each community will follow.



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Building Dementia Friendly Communities

Jeremy Hughes, Chief Executive @JeremyHughesAlz





About Alzheimer's Society



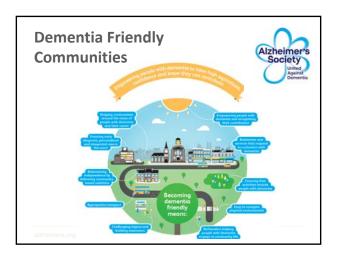
We are the UK's leading dementia support and research charity, here for anyone affected by any form of dementia in England, Wales and Northern Ireland.

Dementia Declaration "I" Statements



- decisions about me
- 2. I know that services are designed around me and my
- 3. I have support that helps me live my life
- 5. I live in an enabling and supportive environment where I feel valued and
- ${\bf 6.}\ {\bf I}$ have a sense of belonging and of being a valued part of family, community and civic life

7. I know there is research going on which delivers a better



Empowering people affected by dementia to shape the future



State of the nation

Our biggest consultation of people with dementia, carers and the public

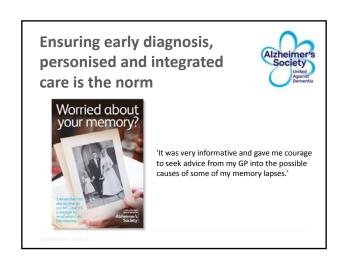
- · Public attitude survey
- . Carer survey
- · Quantitative survey of people with dementia
- . Qualitative interviews with people with dementia

Empowering people with dementia and recognising





- Creating our Housing Charter
- Collaborating on our Transport work
- Judging Dementia Friendly Awards

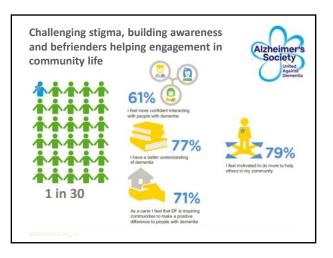






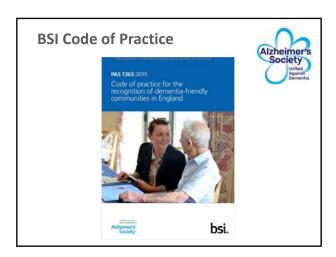






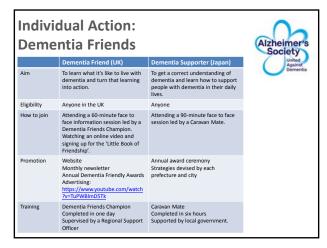




















認知症の人にやさしい地域社会の構築

ジェレミー・ヒューズ 英国アルツハイマー協会会長 @JeremyHughesAlz

> Dementia Friendly Communitie



alzheimers.org.uk

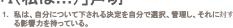
英国アルツハイマー協会について



英国の代表的な認知症の支援および研究慈善団体。 様々な経緯で認知症になった人のために、イングラン ド、ウェールズ、および北アイルランドで設立された。

Izheimers.org.uk

認知症宣言 「I(私は…)」声明



- る影響力を持っている。
- 私は、サービスの目的が、私自身に合わせ、私自身のニーズに合わせることにあると知っている。
- 3. 私は、生活の助けとなる支援を得ている。
- 4. 私は、欲しいものを手に入れるための知識、方法を知っている。
- 5. 私は、自分が尊重されていると思える自由で支援の得られる環境に 暮らしている。
- 私は、家族や地域社会、また市民生活を送るのなかの一人であり、 尊重されていると感じている。
- 7. 私は、いまの私により良い生活を、また未来に希望をもたらす研究が app 進すめられていることを知っている。

認知症の人にやさしい街 ~認知症フレンドリーコミュニティー~ Alzheimer's Society United Option Processing Control of Control

認知症の人が未来を創造で きるよう後押しする



英国の実態調査

認知症の人、介護者、お よび一般市民を対象とし た最大規模の調査

- . 一般市民の意識調査
- . 介護者の調査
- . 認知症の人を対象とした定量的アン ケート調査
- . 認知症の人を対象とした定性的面談 調査

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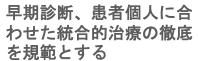


認知症の人が自分たちの役割を果たし、その貢献が認められるようにする





- . サービスユーザーが参加できる委員会
- . 当協会の住宅憲章の作成
- . 当協会の輸送業務への協力
- 認知症フレンドリー賞の審査







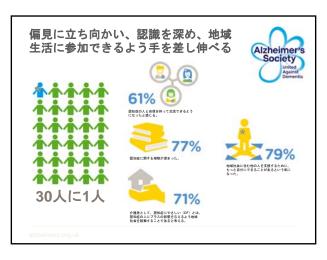
「非常に参考になった。自分の記憶力が 衰えてきた原因について、かかりつけ医 の意見を求める勇気を与えてくれた」



























ご静聴ありがとうございました。

ジェレミー・ヒューズ 英国アルツハイマー協会会長 @JeremyHughesAlz

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