



**Asia-Pacific
Economic Cooperation**

Advancing Free Trade
for Asia-Pacific **Prosperity**

Workshop Report on Best Practices for Healthy and Active Ageing Initiatives

APEC Health Working Group

December 2022



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Produced by
Fun Weng Hong / Shaun Lee
Institute of Health Service Research
Block B2, 1 Jalan Setia Prima S U13/S
Setia Alam, 40170 Shah Alam
Selangor, Malaysia
fun.wh@moh.gov.my / shaun.lee@monash.edu

For
Asia Pacific Economic Cooperation Secretariat
35 Heng Mui Keng Terrace
Singapore 119616
Tel: (65) 68919 600
Fax: (65) 68919 690
Email: info@apec.org
Website: www.apec.org

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PROJECT OVERSEER

Dr Fun Weng Hong

Institute for Health Systems Research,
National Institutes of Health, Malaysia.

EXECUTIVE SUMMARY

Population ageing is a global health issue, and it transcends across all economies irrespective of their income status. Reasons for this varies, including declining fertility rates and increasing longevity which increases the number of older adults worldwide. As such, it is imperative that economies are able to prepare for this demographic change, as without appropriate policy responses, population ageing will pose a formidable challenge for potential growth and public finances, especially among many economies globally. This situation is more dire in many APEC economies, as the ageing population has been growing over the years (Table 1).

Table 1: Percentage of older adults among APEC economies

No	Economy	% 65+ (of total population)	Total 65+ (in million)
1	Japan	29.8	37.20
2	Canada	18.5	7.10
3	South Korea	16.7	8.60
4	the United States	16.6	56.21
5	Chinese Taipei	16.0	3.81
6	Thailand	14.5	10.40
7	Singapore	14.1	0.84
8	China	13.1	187.50
9	Viet Nam	8.8	8.50
10	Malaysia	7.3	2.43
11	Indonesia	6.8	18.60
12	the Philippines	5.3	6.10

Sources: United Nations Population Division, World Population Prospects 2021,

Given the rising population of older adults among member economies, there are concerns about how to cope with the economic implications of ageing. To address this, a workshop was convened virtually from 26 July 2022 to 28 July 2022 by the project overseer, on behalf of the APEC Health Working Group (HWG). Malaysia as the host member economy chaired the “Best Practices for Healthy and Active Ageing Initiatives” workshop. Member economy participants included Chinese Taipei, Singapore, the Philippines, and Thailand. The workshop sought to harness the favourable impact of healthy and active ageing by identifying best practices

such as lifelong learning for continual productivity as well as linking and networking this human resource with society's social and economic needs.

The objectives of the workshop are:-

- To facilitate, bridge and exchange knowledge through sharing of development experience, innovative strategies and lessons learned in healthy and active ageing with a focus on initiatives in the Asia Pacific Region.
- To identify and document public policies, partnerships and best practices for this initiative, including challenges and possibilities for adoption/adaptation across local and international spectra.

Through this workshop, participating economies were expected to:-

- Create awareness, exchange knowledge, and cross-fertilise ideas on best practices for healthy ageing across participating economies, including policy and experience development, innovative strategies, barriers and challenges in implementation.
- Foster capacity building on healthy ageing development among participating economies through documentation and sharing of proposed steps forward.
- Facilitate networking and opportunities for continuous international collaboration on healthy ageing among policymakers and stakeholders of participating economies.
- Encourage equal gender participation in healthy ageing development across participating economies.

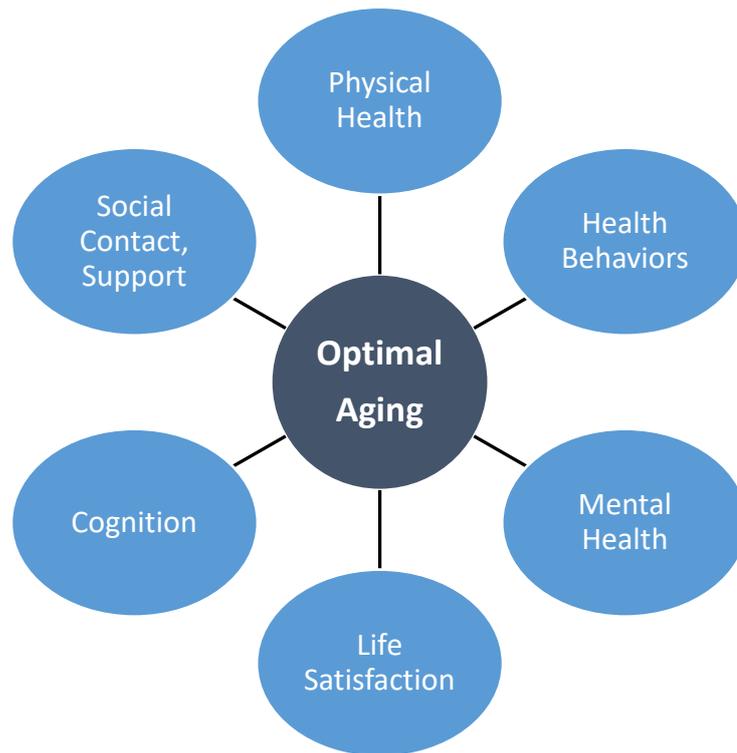


Figure 1: Recipe for successful ageing

Ref: Modified from Parslow, R. A., Lewis, V. J., & Nay, R. (2011). Successful aging: Development and testing of a multidimensional model using data from a large sample of older Australians. *JAGS*, 59, 2077-2083.

During the workshop, HWG member economies discussed and reflected on the continued impacts of ageing and the importance of encouraging healthy ageing among citizens in each economy. Without appropriate policies in place, this demographic change will have a significant impact on economic growth, development and public finances. To manage these challenges, the workshop discussed the implications of these changes (Figure 1) and how to address these changes in a holistic manner.

HWG members also reflected on the need for a sustainable yet equitable funding mechanism. Furthermore, the workshop featured discussions and case examples of how these were being implemented in each member economy, the trends they have observed in their economies as well as the efforts they have made to balance their approach. There is a need for carefully crafted policies that can reduce the cost of health and long-term care for older adults, especially as they can still contribute economically via paid and unpaid work. As such, there is a need for:-

- Urgent implementation of policies to promote healthy ageing which can help delay or prevent dependency among older adults. Some examples could include the early screening and

detection of frailty and having an age-friendly city which could contribute indirectly through enhanced mobility and functional ability for older adults.

- Policies to promote cost-effective health and long-term care interventions. Some examples shared during the workshop include the use of information technology to promote patient-centred care, where personal health data can be integrated as part of the health systems in each member economy or the use of telemedicine to provide healthcare. These solutions were noted to be cost-effective especially in limited resource settings.
- Better research into the cost-effectiveness of various models of care delivery is needed, including best models to suit each setting. Sharing from member economies suggests that there is no one-size-fits-all model that will work in each member economy or even within each economy, and thus the need for individualisation, and the need for a person-centred approach in health.
- Policies in place to support older adults on unpaid work, especially carers of older adults who could be within the active working age group but need to support older adults within their household. As such there may be a need for policies to support these informal carers through flexible working policies, conditional cash transfer or to combine unpaid care with employment.
- A need for better policy to support treatment and care for those who are at the end of life. For example, participating economies can ensure that palliative care services are readily available to support older adults through health and social care teams.
- It is important to diversify long-term health financing and funding, in order to generate sufficient resources to ensure sustainability. Some options have been explored in various participating economies which warrant further examination including taxes and mandatory long-term care insurance. Importantly, there is a need for transparency and perceived fairness if taxes are implemented.

DAY ONE – ENVIRONMENT THAT PROMOTES HEALTHY AGEING

Tuesday, 26 July 2022

OPENING SESSION

1.1 Introductory remarks by Project Overseer

The project overseer, Dr Fun Weng Hong (Malaysia) provided introductory remarks where he thanked member economies for their commitment in participating in the HWG virtual workshop, and emphasised the importance of continuing the discussion and exchanging best practices and lessons learned as ageing affects our respective societies and economies.

The project overseer highlighted the important role the HWG plays within APEC in supporting the region's health and economy. He encouraged all member economies to continue working together with the focus on addressing health-related threats and opportunities in further promoting economic growth and enhancing equitable sharing of benefits.

1.2 Opening remarks by keynote speaker

Dr Muhammad Radzi Abu Hassan (Malaysia) presented the keynote address and welcomed all participating economies to the current workshop. In the address, the keynote speaker described the importance of the workshop, and provided the example of how economies such as France had nearly 100 years to prepare their economy for an ageing society. The keynote speaker then highlighted that in most of the participating economies, they are not afforded such luxury as they would only have between 15 to 25 years to prepare for an ageing population. As such, the keynote speaker provided several key points for all participating economies to benefit from this workshop. As a start, the keynote speaker hoped that this workshop will act as a platform to foster sharing and cross-fertilising of ideas among members economies. The keynote speaker also encouraged all participating economies to fully engage in the discussions by sharing any issues and challenges encountered by all member economies. Secondly, the workshop was also an opportunity to strengthen collaboration and networking among all economies, and to improve knowledge and expertise. Finally, the keynote speaker hoped that the sharing of best practices, strategies and policies will allow

participating economies to delve deeper and better understand policies and practices of each member economy.

1.3 Sharing of best practices by Norma Mansor

Following the keynote lecture, the speaker started the session by providing all participating economies brief definitions of ageing, and what is needed to build an age-friendly city, where attention is paid to health with elements of built environment taken into consideration. The speaker then shared the idea of having retirement villages or even retirement cities within each economy as an example of an age-friendly environment. The speaker provided an example of some projects in Malaysia, namely Taiping and Ipoh City in the state of Perak.

Case study on the age-friendly city of Taiping

As part of the Sustainable Development Goals (SDGs), Taiping city aims to increase the quality of urban living for all walks of life including older people. Part of the plan stresses on the importance of close collaboration among governmental agencies, private sectors, educational institutions, and NGOs.

Taiping is moving towards an age-friendly city with the collaboration of numerous entities. A two-year program to stimulate and guide local action to make urban settings and services more age-friendly through establishing a network of stakeholders in focus areas, sharing knowledge and capacity building of government to practice participatory city planning, The initiatives to further improve urban living which were implemented in Taiping were:

Age-friendly neighbourhood –This initiative proposed new development with age-friendly inclusiveness as per Malaysian Standard (MS) 1183 & 1184 (Code of Practice: Universal Design & Accessibility in the Built Environment)

Machinoeki Project – where the community voluntarily participates to nurture hospitality with the targeted group, people with disabilities (PWDs) and older people

Middle-Sized Electric Bus (EV-Bus) was used to promote an age-friendly environment. People with disability-friendly buses with minimal vibration for the commuters were used. These busses were donated by the Japanese International Cooperation Agency (JICA)

To supplement this endeavour, the speaker also shared how technology can be used to help promote healthy ageing, such as the use of virtual monitoring as well as robotics. The speaker further highlighted an important point, which is that we should get ready early for retirement. The speaker also highlighted the need to change the culture of passiveness and encouraged older adults to be active and participate in decision-making especially with regards to ageing policies. To ensure these are implemented, the speaker also shared that there is a need for sufficient infrastructure, backed by data and science, creating need for more research.

The speaker then shared the Malaysian Aging and Retirement Survey (MARS), a longitudinal study by Universiti Malaya involving respondents aged 40 and above. Through its unique and in-depth interviews, the MARS provides an invaluable and growing body of multidisciplinary data to address important questions on ageing. The speaker shared on the data collected and how it will provide useful input for policy-making and the formulation of economy-wide Framework for Healthy and Active Ageing Malaysia towards strengthening the social protection system for the economy. In summary, the speaker shared how it was important to have a built environment that is supportive for healthy ageing. The speaker highlighted the importance of looking at healthy ageing as an investment rather than a cost and also the economic benefits of an ageing population.

1.4 Sharing of best practices by April Lee

The speaker started the sharing with the concept of healthy ageing and how it was about creating an environment and opportunity to enable people to be with and do what they value throughout their lives. In particular, the speaker shared that functional ability consists of the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between them. However, the speaker shared that in the Western Pacific region, many of the economies have a shorter period of time to prepare for an aged society in their economy. For example, the speaker shared how Brunei only has 13 years to prepare for an aged economy (from an ageing economy) compared to Malaysia, which will take 24 years to transition from ageing to an aged economy.

The speaker then shared the concept and proposition that while many people are living longer, these older adults are not necessarily living healthier. The speaker went on to share the economic benefits of healthy ageing. These benefits can come in many forms, including:

- a) savings from events requiring long-term care and dementia cost,
- b) reduced medical care cost
- c) per capita informal care cost savings.

The speaker also shared on how healthy ageing can help mitigate economic decline associated with population ageing and economic gains from participation of this population.

The speaker then shared several ways on how economies can start preparing for population ageing. In order to create an age-friendly environment, society transformation as a whole to promote healthy ageing is needed. Economies need to invest in creating a living environment where people could grow older in better health and continue participating in social activities even when they are older. Older adults could contribute back to their

society by taking part in paid or unpaid work, economic activities, mentor youth, be caregivers, etc. The speaker also shared WHO Western Pacific Region's vision of healthy ageing, healthier older adults in the Western Pacific Region are thriving and contributing in society. Using "back casting", imagining a future where one would like to be, then making one's way backwards to identify what needs to be done to arrive at this future, a healthy ageing society in the future would have individualized digital health, data driven policies, lifelong learning, integrated health services, healthy and active lifestyle, diverse societal contributions and social connectedness.

There are eight domains under WHO's age-friendly cities and communities:-

:-

1. Community and healthcare
2. Transportation
3. Housing
4. Social participation
5. Outdoor spaces and buildings
6. Respect and social inclusion
7. Civic participation and employment
8. Communication and information

Case study on Age-friendly Singapore

Singapore's population is ageing rapidly. In 2015, around 1 in 8 Singaporeans were aged 65 and above, and this is expected to increase to 1 in 4 by 2030. Recognising that ageing cuts across several domains such as health, social and employment, and required a whole-of-government response, a Ministerial Committee on Ageing (MCA) was formed to coordinate government policies and programmes relating to population ageing. The Action Plan for Successful Ageing was subsequently launched by the MCA in 2015, as a central (or economy-wide) blueprint of initiatives to help people in Singapore age confidently and lead active lives, with strong bonds with family and community.

Since then, Singapore has built up its community-based infrastructure to support its ageing population through a economy-wide system of proactive outreach by volunteers. It has also taken a life-course approach with a focus on upstream prevention through preventive health programmes to support people in Singapore to take charge of their own health early. These are complemented with close coordination of services to ensure older adults' psycho-social well-being. Moving ahead, Singapore recognises the need to ensure that Singapore's plans continue to meet the evolving needs and aspirations of successive cohorts of older adults.

Kampung Admiralty

Kampung Admiralty is Singapore's first integrated vertical village. It is a one-stop hub with housing for the elderly with co-located facilities for residents of all ages under one roof. The 11-storey "modern kampung" features 100 flats for the elderly, a two-storey medical centre providing specialist outpatient care, an Active Ageing Hub co-located with a childcare centre, dining and retail outlets, as well as a 900-seat hawker centre. Together, they offer a wide range of facilities and amenities for both young and old in the community. Beyond the facilities, Kampung Admiralty has also been designed with a variety of community spaces to encourage community involvement and ownership.

1.5 Panel discussion

After sharing by both speakers, a short panel discussion ensued where participating members posed questions. These are summarised in the subsequent section.

DAY TWO – TRANSITION CARE AND BEYOND: MODELS AND OPPORTUNITIES

Wednesday, 27 July 2022

RECAP OF DAY ONE

2.1 Summary Remarks by Moderator and Project Overseer

Moderator, Dr Letchuman welcomed everyone back and thanked member economies for joining Day Two of the workshop. He began the workshop by noting the success of the first session and highlighted the thematic focus on healthy ageing and how built environments can be used to support a healthy ageing agenda. In particular, the moderator shared on the importance of getting key stakeholders such as policy makers and older adults to contribute to any dialogue related to healthy ageing. Both Dr Letchuman and Project Overseer Dr Fun also thanked member economies for their commitment in participating in the Day One of the workshop, and highlighted Day Two's focus on the topic related to integrated care. The project overseer also hoped that the current discussion will continue, as it demonstrated all economies' commitment for a constructive and profitable dialogue on health-related issues in the Asia-Pacific region.

2.2 Sharing of best practice by Nick Goodwin

The speaker started by sharing on the issue related to ageing in Australia. In particular, the speaker shared that most people currently live longer but not healthier, due to health systems design in Australia where active and health ageing is not the focus. In the talk, the speaker highlighted issues related to fragmented care, including lack of ownership and involvement in patient/care, poor communication between professionals, duplication of care and lack of follow up, among others. The resultant is poor health systems outcome. The speaker then brought up the integrated care hypothesis, and described evidence to support integrated care. The speaker also shared that despite the initial investments, there were cost savings of having an integrated care, especially when implemented for periods of 12 months or more.

The speaker shared some strategies on the implementation of integrated care, such as when transitioning older adults from hospital to community and reduce the need for institutionalised care for people with multiple health and social care needs. The speaker shared the following seven examples:-

1. Care in the home environment - supporting carers and families to support the older adult, such as respite care, use of telehealth to tackle social isolation, and investing in built environment to create age-friendly homes. The speaker shared a case study in Europe called Project SUSTAIN.
2. Intermediate care and care transition – where it was important to establish a short-term step up and step down care from hospital to respite care especially for those with complex care. This will allow older adults to have time to recover while receiving appropriate care. The speaker gave examples of implementation in Spain and the United States.
3. Health & Aged care – where the aim was to ensure access to long-term care for those with high needs when necessary. In this model, it was important for the integration of care home to support the effective management of older adults with medical and nursing needs. Focus was on high-quality care, and preventing elder abuse while promoting dignity and respect of older adults.
4. Primary care-based management – improving access to care, and providing care where people live to enable them faster access to care. In this model, there was a regular re-evaluation of patient care and emphasis is to support them. A good example is the virtual wards in Torbay UK.
5. Health and social care teams – where the aim is to ensure that palliative care services are available to older adults living in the community to support their dignity in dying in places of choice. The development of centralised co-ordination of end of life care in the community will enable the round-the clock care through rapid response and multidisciplinary teams.
6. Dementia care where the aim was to ensure that dementia care services are available to older adults living in the community including access to specialist support. The aim was also to provide tailored support to different people with varying needs. The speaker then shared an example of a project named GERIANT, an integrated dementia care at home project.
7. End-of-life care where the aim was to ensure that palliative care services are available to older people living in the community to support dignity in dying in places of choice. A case example was shared on the End-of-Life Care Midhurst in the UK.

The speaker then concluded that care systems which had effectively created a population health-based approach with the integration of multiple providers into new forms of collective governance arrangements and risk-sharing frameworks with and alongside local communities appear to have the greatest potential for transformational change. The speaker also said that the development of such systems are, to-date, rare. Very often, such systems are faced with continual and significant challenges, and require committed and sustained leadership which often take considerable time to develop and mature. There are a few shortcuts or 'magic bullets' to ensure success, such as having appropriate alliances and support systems, to ensure that the right models of care emerge taking into consideration the different economy and regional contexts.

Case study on SUSTAIN Project – An integrated care for older adults

While an increase in life expectancy is a positive achievement for our societies, health systems face challenges on both how to increase healthy life years and how to offer quality care and support for those in need. Governments are encouraging 'ageing in place' and community-based care, including solutions for older people's expectation to live in their home for as long as possible. Integrated care, involving both formal and informal caregivers, is widely acknowledged as the way forward in care delivery.

The SUSTAIN Project aimed to improve integrated care for older people living at home with multiple health and social care needs. A European multidisciplinary consortium worked towards improving established integrated care initiatives for older people living at home with multiple health and social care needs, and ensure that improvements to the integrated care initiatives are applicable and adaptable to other health systems and regions in Europe.

The SUSTAIN project lasted four years and was divided into three interrelated phases. During the first phase, working relationships were established with integrated care initiatives in seven economies (Austria; Estonia; Germany; the Netherlands; Norway; Spain; United Kingdom) that indicated a motivation to improve current practices. In the second phase, based on the outcomes of the baseline assessments, tailored sets of improvement were designed and implemented together with stakeholders (i.e., policymakers, commissioners, health insurers, health and social care professionals, older people, informal carers). In the third phase, previous work was translated to products and impacts for different user groups. Tailored dissemination strategies will be designed to increase uptake of SUSTAIN's findings.

2.3 Sharing of best practice by Wang YingWei

In this session, the speaker started with an overview of the ageing population and how it affected Chinese Taipei economy. The speaker also shared on the challenge of how Chinese Taipei only had 25 years to prepare for an ageing population as compared to other economies such as France which had more than 100 years to prepare. The speaker then started to share what it took to achieve a person-centred care for older adults, which should contain the following four components:

1. Affording people dignity, compassion and respect.
2. Offering coordinated care, support or treatment.
3. Offering personalised care, support or treatment.
4. Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.

The speaker shared on how the reform of home-care community-based long term care in Chinese Taipei, where the policy focuses on providing home- and community-based service through a three-layer home- and community-based service network setup within towns and districts. The speaker also discussed the design of long-term care and strategies to expand services with the aim of providing an integrated person centred care which could be a useful lesson for many economies that are participating in the workshop.

Case study on ICOPE

In 2017, the WHO published the integrated care for older people (ICOPE) guidelines. These guidelines represent an innovative function-centred and person-centred (instead of disease-centred) approach to caring for older people. The ICOPE guidelines emphasise the optimisation of intrinsic capacity (the composite of all the physical and mental capacities of an individual) as the most important focus to promote healthy ageing and reduce care dependency. The ICOPE care pathway aims to improve, maintain, or slow declines in intrinsic capacity by assessing and longitudinally monitoring six core domains of intrinsic capacity: locomotion; vitality; vision; hearing; cognition; and psychology. The intrinsic capacity construct differs from other approaches by being framed as a dynamic continuum and its trajectory can be monitored across the second half of a person's life course to provide insight into the effectiveness of clinical actions, as well as its effectiveness in public health, and on the needs of older populations.

The ICOPE approach was designed to be implemented in clinical practice in the primary care setting for older adults. It is composed of five steps.

- Step 1 is screening participants for potential declines in one or more of the six domains of intrinsic capacity.
- Step 2 is an in-depth assessment of participants who were identified during screening as having deficits in intrinsic capacity in domains of interest, as well as their underlying conditions, physical environment, and social environment.
- Step 3 is development of a personalised care plan that takes into account declines in intrinsic capacity, associated diseases, socioenvironmental needs and, most importantly, the goals and preferences of the older person. ICOPE recommends the monitoring of intrinsic capacity every 6 months, including for participants who show no declines during the screening.
- Step 4, where older adults are monitored for the implementation of the personalised care plan proposed at the end of the in-depth assessment.
- Step 5, which is a transversal step, concerns the involvement of communities and support for caregivers to facilitate the implementation of the previous four steps.

The speaker then shared an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences. The speaker shared the implementation of the shared decision-making action plan which began in 2016 in 10 hospitals and also the implementation action plans in Chinese Taipei. One key sharing was the use of patient decision aids for various non-communicable diseases, such as hypertension, diabetes, colorectal and breast cancer. The speaker also shared other initiatives implemented including the development of health promotion hospitals, and age-friendly primary health care in Chinese Taipei.

2.4 Panel discussion

After sharing by both speakers, a short panel discussion ensued where participating members posed questions. These are summarised in the subsequent section.

DAY THREE – SUCCESSFUL MODELS: WHAT THEY SHOULD LOOK LIKE

Thursday, 28 July 2022

RECAP OF DAY TWO

3.1 Summary remarks by Moderator

The moderator, Dr Letchuman welcomed everyone back to Day Three and the final day of the workshop. The moderator began by summarising the key points from the previous day which includes the importance of providing person-centred care and the perils associated with having a fragmented care. He then discussed on how participating economies can use the WHO ICOPE as a guide for implementation of person-centred care. He also discussed on the importance of using technology, and how technology should be appropriate and interactive such as the use of personal health records system. Finally, he summarised that in all situations, it was of utmost importance that everyone should be engaging with their target population and in this case, understand what older adults want, what they believe in and also their cultural values. As such, the moderator highlighted the importance of having advocates in each sector, and to have design thinking early with systematic thinking.

3.2 Sharing of best practice by Dewan Wang

The speaker started his sharing with a few key messages that the speaker would like to present. Firstly, the speaker shared on how long-term care (LTC) financing was one that was interlinked with a patchwork of local, regional and economy-wide public funding mechanisms. The speaker also shared that for an inclusive, efficient and sustainable LTC system, there was a need for a proper source of LTC funding. As such, an evidence-based approach was crucial for its policy design and implementation. The speaker further shared the different sources of financing that are currently being used globally for LTC, which could include:

1. out-of-pocket payment from family or social resources
2. private financing such as those from commercial or private insurance
3. public financing such as tax-based funding.

The speaker shared that the financial arrangements (tax-based financing, LTC, private financing) vary significantly across OECD economies because of culture, social compact, and market conditions differences. Nevertheless, the spending on LTC in OECD economies currently averaged around 1.5% of gross domestic product (GDP), was insufficient to sustain the spending. In many economies, he shared that LTC spending has outpaced overall health spending and GDP growth in most OECD economies due to the rapid pace of ageing and the expansion of publicly financed services. The speaker shared on the spending and model for LTC for Japan, and how these services were funded in Japan. He subsequently contrasted how funds are obtained in developing economies. For a start, he shared that most developing economies currently rely on the default healthcare (costly) and the traditional welfare model to target the destitute; while some economies have started to set up ear-marked funds (Thailand) or pilot the LTC (China) to expand its coverage.

Case study – Long-term care financing in China

The institutional long-term care sector in China is rapidly changing, but reliable statistics on the number of facilities are unavailable. Generally, these can be broadly categorised into three main types of institutional long-term care facilities:

- Public social welfare facilities: used exclusively to serve welfare recipients (e.g., childless older people, orphans, people with mental health disorders, adults who are developmentally disabled, and adults without families). Roughly three-quarters of these facilities are rural homes for older people (jing-lao-yuan), and the remainder are social welfare homes in urban areas. Many of these facilities have expanded to also take in non-welfare individuals who pay for their care privately and constitute the majority of residents. The services and amenities available in these facilities depend to a large extent on which level of government owns and runs the facility. Municipal government-run facilities are better equipped and offer a more attractive array of services than facilities run by local (district, county, or township) governments.
- Public or private nursing homes. These facilities are mostly concentrated in urban areas. They are staffed by professional health workers, such as nurses, therapists, and physicians, to provide nursing, rehabilitation, and medical services.
- Other types of residential care facilities: mostly developed and operated by the private sector, including senior apartments, assisted living facilities, and retirement communities that provide various levels of personal care assistance and professional services. Private retirement communities that target high-income older people and provide a full range of services are scarce.

Finally, the speaker concluded that given the increasing ageing population, in both developed and developing economies, it was important to explore innovative options to address the challenges of financing the provision of the LTC services in a sustainable way. To do so, it was important that a systematic, and elderly-centered approach for the LTC financing policy design and implementation was thought of. The LTC financing policy design should consider interacting with other key elements for developing an inclusive, efficient, and sustainable LTC system. For developing economies, it was a learning by doing process; and both policy coordination and capacity building were important to strengthen the governance capacity to regulate the LTC sector.

3.3 Sharing of best practice by Shelley de la Vega

The speaker started with a sharing of the Institute of Aging, University of Phillipines's experience on how evidence was being used to support decision making, and how these were translated into policy. The speaker provided an overview of the process to generate a policy brief, which can be divided into the following steps:

- Describe the main purpose and argument
- Address any specific topic/challenge identified
- Ensure that they target a specific audience such as policy maker, researcher
- Include recommendations that are supported by research/evidence obtained from primary research or relevant systematic reviews
- Write in a clear and jargon-free language.

Subsequently the speaker shared an example how her institute was asked to produce a policy brief based upon data generated from the FitFOR FRAil study. The speaker also shared several tips for producing a policy brief, which includes the importance of having it as a short document, ideally as a 2-page document. This document should also include mostly visual graphics, which can easily capture attention and it must match way of communication to the needs of audience.

The speaker also made a call to setup a workgroup and taskforce where information on active ageing can be shared within the network. The speaker subsequently shared an example on screening for mental health, and how the data from the research work was subsequently developed into a economy-wide Dementia Policy Brief. Finally, the speaker shared the importance on having this information published into a publication which can act as an anchor for grouping like-minded people.

3.4 Panel discussion

After sharing by both speakers, a short panel discussion ensued where participating members posed questions. These are summarised in the subsequent section.

PANEL DISCUSSION: HEALTHY AGEING

In order to provide APEC member economies the opportunity to discuss on the implementation of a healthy ageing policy, the workshop included a daily dedicated policy discussion on how these can be implemented. HWG member economies shared their respective experiences on the implementation of each of these concepts.

Day 1: Environment that promotes healthy ageing

On the first day of the workshop, several economies shared what are active ageing and active ageing environment, and how these are important to promote to housing or property developers on the design and modification of homes to meet physical needs. They stressed on the challenges and importance of working with architects and town planners in collaboration with the society. They also shared on the importance of ensuring sufficient, affordable and accessible housing to citizens in each economy. Some potential solutions include having government and local councils to provide soft loans as well as through subsidised land sales. The conversation and sharing then proceeded onto how various economies can make use of gerontechnology, where the theory of planning for development i.e., people are involved in the planning for development, distribution and dispersion of technology can be used by each economy in their future planning. The economies then shared several examples of technologies such as the MIRO, Care-o-bot, PAIRO, and the future role of having a technological environment to support healthy ageing.

Day 2 – Transition care and beyond: Models and opportunities

On Day 2 of the workshop, member economies then shared on how to change the mindset of various key stakeholders as several lamented the difficulty and resistance to change by healthcare professionals as well as lack of holistic mentality to promote a person-centred care. As such, several economies shared how it is important to get political commitment and support into any projects that were initiated. They also shared on the importance of contextualisation of care and that coordination from both segments, i.e., from bottom up and top down are important and how these can lead to better patient experience and outcomes. Several economies also shared on the issues related to health literacy to which the speaker Dr Wang shared on the importance of using a patient shared decision aid. He shared how the question prompt list in these aids could be used to enhance and improve patient decision making process towards a more person-centred care environment. He also highlighted the importance of spirituality and psychological domain in addition to physical domain in older adults.

Day 3 – Successful models: What they should look like

On the discussion session of Day 3 of the workshop, the Chinese Taipei representative also shared on the economy-wide Health Insurance, economy-wide Long-Term Care Plan 2.0, and other community health promotion programme that are implemented in its economy. The representative also shared on Chinese Taipei's experience on how to integrate all resources more efficiently toward valued-based care. He also shared how co-payments and financing of long-term care should be considered a separate issue and separated from healthcare funding. Other economies then provided their inputs into the importance of health equity into financing. The Philippines representative shared that they are now moving care from secondary/tertiary care to primary care where they started to train general practitioners and nurses on geriatric care. Particularly in rural areas, the representative shared that it was important to manage the unique needs of older adults and need to setup formal long term care financing. One interesting concept shared by Malaysia was the time bank concept, as a form of sustainable financing mechanism. They then highlighted the importance of having local pilot projects which are important to provide good design to scale up.

CLOSING REMARKS

The Project Overseer provided closing remarks and noted that APEC economies will need to continue to work towards a healthy ageing society. He encouraged all participating economies to continue persevering on their work on healthy ageing as economies continue to combat and recover from the current COVID-19 pandemic. Having said that, the Project Overseer was pleased with the progress made over the three days. He emphasised that the HWG has accomplished its objective during the workshop and he looks forward to having continued support of the work and the relevant policy discussions that will be held.

In terms of next steps, the Project Overseer will provide member economies with updates regarding meeting dates and took the opportunity to thank everyone for participating in the workshop. With that, the 2022 APEC HWG Best Practices for Healthy and Active Ageing Initiatives Workshop was officially adjourned.

RECOMMENDATIONS

From the workshop, there were several important recommendations that member economies can take into account when planning for a healthy ageing policy in their own economy. As population ageing is a concern in all member economies, it is important that member economies take into consideration the challenges that arise due to the increased cost of care. As such, carefully developed policies can help reduce the cost of health and its implication. These are detailed below:-

1. There is a need for policies to promote cost-effective health and long-term care interventions. At the moment, most of the current services offered for older adults such as nursing care, and home care have been included in several member economies without a full evaluation of their usefulness or cost-effectiveness. Moving forward, an important step is to ensure that these choices include services in entitlements to care are cost-effective, and in particular that they are cost-effective for those people who are offered these services. Reasons for this vary, but in many treatments (including pharmacological treatments) proper evaluation for use in older people is lacking as they are often excluded from trials and studies. Additionally, most trials do not recruit people with multiple comorbidities, this makes these cost-effectiveness studies even more important.
2. Consider the financial viability of any healthy ageing policies to the health systems. At the moment, there is only limited baseline information on the financial implications of population ageing. As such, more research is needed to answer whether future health care provided to older people are more expensive relative to younger people. If there is a substantial rise in per person spending on older people relative to younger people, this will become a major driver of expenditure growth and will undermine sustainability. To address this, a number of policy options are available to contain ageing-related health care expenditure growth. Some of these options include greater use of innovative cost-effective technology; increased integration or coordination of care; and incentives to provide rational care towards the end of life. As shared during the workshop:-
 - Use of technology and innovations to achieve gains in care especially given the high labour intensity involved in caring for older adults. For example, the use of information and communication technology, such as electronic health records that can be shared across various setting, or use of telemedicine to support the delivery of care.

- Integrating services to provide a holistic model of care for older adults. In many member economies, the healthcare system is rather fragmented, and thus a better integration of these services can lead to better coordination between professionals and teams which can ultimately lead to better quality of care. One example shared was in England where multidisciplinary teams from health and social care have been brought to community hospitals where it led to a substantial reduction in the use of emergency beds.
3. Policies to support older adults remain in work. In many member economies, older adults contribute significantly to the economy through various activities. They contribute in various means, including providing childcare to their grandchildren, or more formally working despite passing the retirement age. However, many older adults are often not able to continue to work in jobs that requires physical strength and stamina, but may be willing and able to do other less physically demanding work. As such, it is important to have policies in place for
- Adapting work practices to accommodate older workers' needs and circumstances can also help older people remain in employment. Good evidence shows that flexible working practices, part-time working, job-sharing and working from home can help older adults particularly those with health issues or caring responsibilities remain in employment for longer and can result in healthier lives.
 - Incomes during retirement vary greatly, and this can affect the experience of retirement and may affect health. This suggests that policies on rules for retirement, continued paid work, pensions and other income support in older age should be more thoughtful than simply raising statutory retirement ages. To improve the financial sustainability of older adults, it is important that there remains flexibility for continued paid work by older adults, such as working less than full-time, or changing to different type of work, all of which can increase the available workforce in the economy, while negating the negative ill effects associated with stopping work.
4. Strengthen existing health promotion and prevention interventions for older ages to promote successful, healthy and active ageing. For example, there is strong evidence to support smoking cessation at any age, as this has been shown to reduce cardiovascular disease risk and pulmonary conditions. As such, an important consideration for the member economies participating in the workshop would be to:

- Promote disease prevention or delay disease progression as majority of people in older age have two or more chronic conditions. Therefore, much can be done to improve the care of older adults with these illnesses to prevent disability and dependency. This can be achieved through effective management of non-communicable diseases (NCDs) and related medical risk factors. Several strategies that have been proven effective include secondary prevention using appropriate and effective medications, such as aspirin to reduce recurrence of strokes, and anti-hypertension therapies, including angiotensin converting enzyme (ACE) inhibitors, to lower blood pressure.
 - Another key focus is to prevent dependency among older adults by maintaining their cognitive function. To date, studies have shown that intervention with diet, exercise, cognitive training and vascular risk monitoring can improve or maintain cognitive function in many older adults. Other interventions such as the use of brain training programmes, tai-chi, animal-assisted therapies can also be an effective strategy to delay cognitive decline.
 - A wide body of evidence also suggest that in many older adults with frailty, these individuals are at a higher risk of falls. As such, resistance training or those that promote physical activities should be implemented to prevent and reduce frailty in the older population. These training programs are often very effective and less costly than other strategies such as environmental manipulation or assistive technologies in homes.
5. There are few policies that provide support to carers to increase their well-being. This is often an overlooked aspect which needs to be enhanced. In many of the member economies, carers provide informal care to many older adults to meet their needs. As such, there is a need to ensure that their health and quality of life are also well maintained, to enable them to provide care to these older adults. Some strategies to provide support to informal carers include training on caring for older adults or providing cash transfer to carers. Both strategies have been shown to be effective in reducing carers' stress and may also improve the quality of care.

Another strategy could also involve implementing reforms to enable carers to combine unpaid care with paid employment. These include the introduction of paid or unpaid leave and flexible working arrangements. In Japan, for example, amendments to the Child Care and Family Care Leave Act in 2009 introduced 'Time off for carers', which entitled carers to five days of unpaid leave per year.

6. The final yet most fundamental reforms is the need for financing of long-term care, including the mandatory subscription of long-term care insurance arrangements. Given that there will be a reduction in the share of people who are in paid work, there is a need for all participating economies to diversify their source of revenue to support their health systems. Notable examples of these reforms can be seen in Japan and South Korea, with previously long-established social health insurance systems. These economies have varied long-term care insurance designs, but all share common features, where individuals contribute proportional to income through payroll or pension that will be used to support them irrespective of income or availability of informal caregiving options. Another option could be to implement some form of pre-financing, in which participating economies establish future funds for their current generation.

FEEDBACK AND REFLECTIONS FROM PARTICIPATING ECONOMIES

Upon completion of the workshop, all participating economies were sent a survey to garner their response and to determine if there were any key learning obtained from the workshop. The survey was sent by the Project Overseer on 3 August 2022 which was closed a week later on the 10 August 2022. A total of 25 responses were obtained from participating economies from Malaysia; Chinese Taipei and the Philippines.

Responses from participating economies were generally positive, as most participating economies were generally agreeable when asked regarding the workshop objectives, such as the relevancy to their economy as well as knowledge gained from the speakers. They also felt that the workshop achieved its intended objectives and was generally satisfied in terms of the topics, agenda items, timing as well as contents covered during the 3-day workshop. Several responses from participating economies, however, noted that more effort can be done in addressing gender-related issues especially concerning healthy ageing (Figure 2), which could be used as a topic for future discussion.

It was also encouraging to note that there was a change in the participating economies' awareness as well as knowledge on healthy ageing practices in the region after the workshop (Figure 3 and Figure 4) that could be implemented in their economies. Similarly, participants also reported an increase in the awareness of the barriers of implementing best practices for healthy ageing by participants from member economies after the workshop (Figure 5).

Open responses feedback from the survey were subsequently analysed thematically and presented as a word cloud. Results suggest that participating economies had gained knowledge especially on implementation research. Participating economies also reported on how they could use this knowledge in their daily work for the future. In particular, several participating economies reported that they learned about the potential use of technology and how telemedicine can be used in the care for older adults (Figure 6). In particular, when asked how they will incorporate the knowledge gained from the session, participating economies reported that they plan to develop a working group within their local economies to implement some of the sharing and best practices that were shared during the workshop (Figure 7). The full details of the qualitative responses can be found in the Appendix.

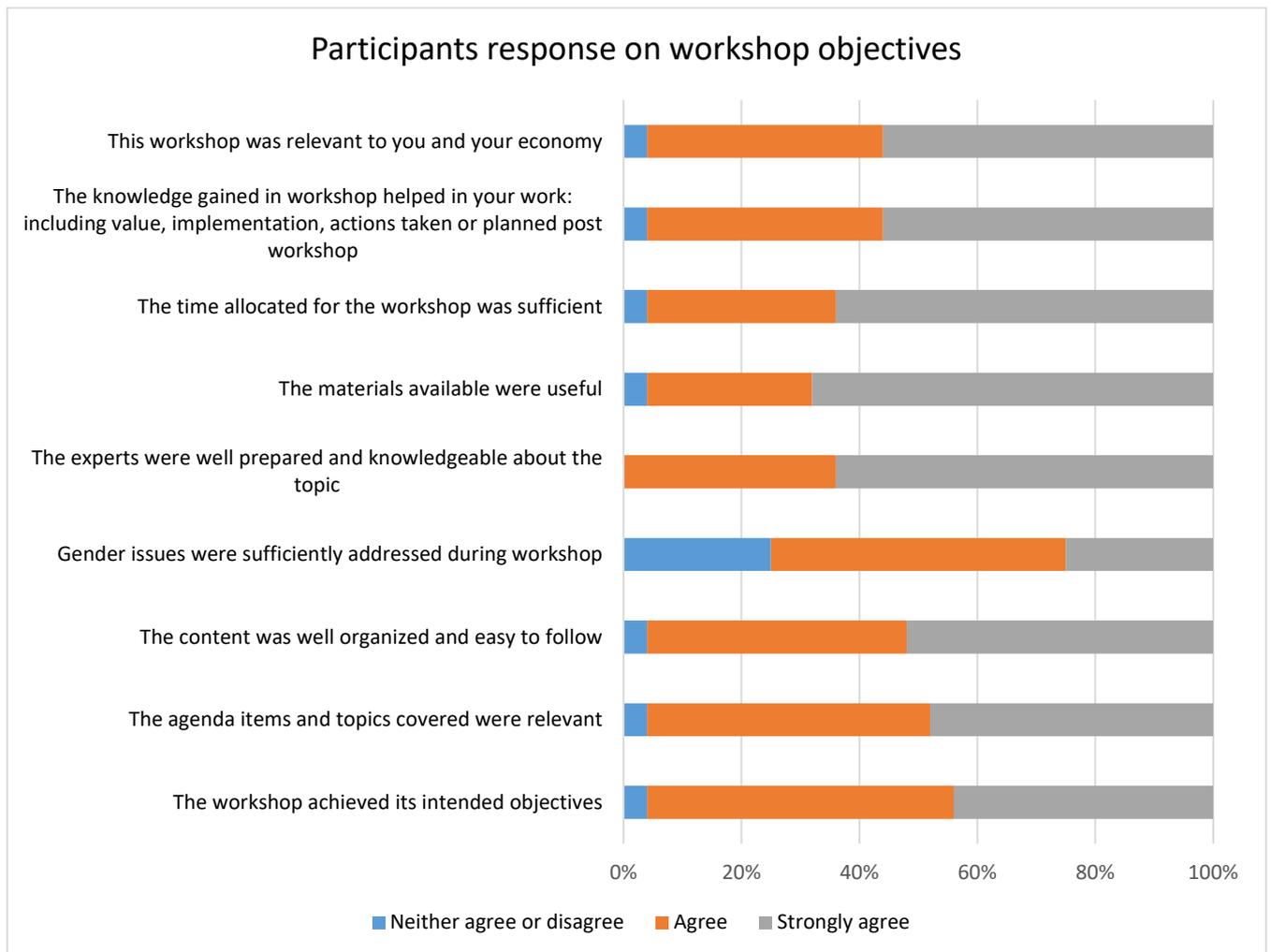


Figure 2: Participants' feedback on the workshop objectives

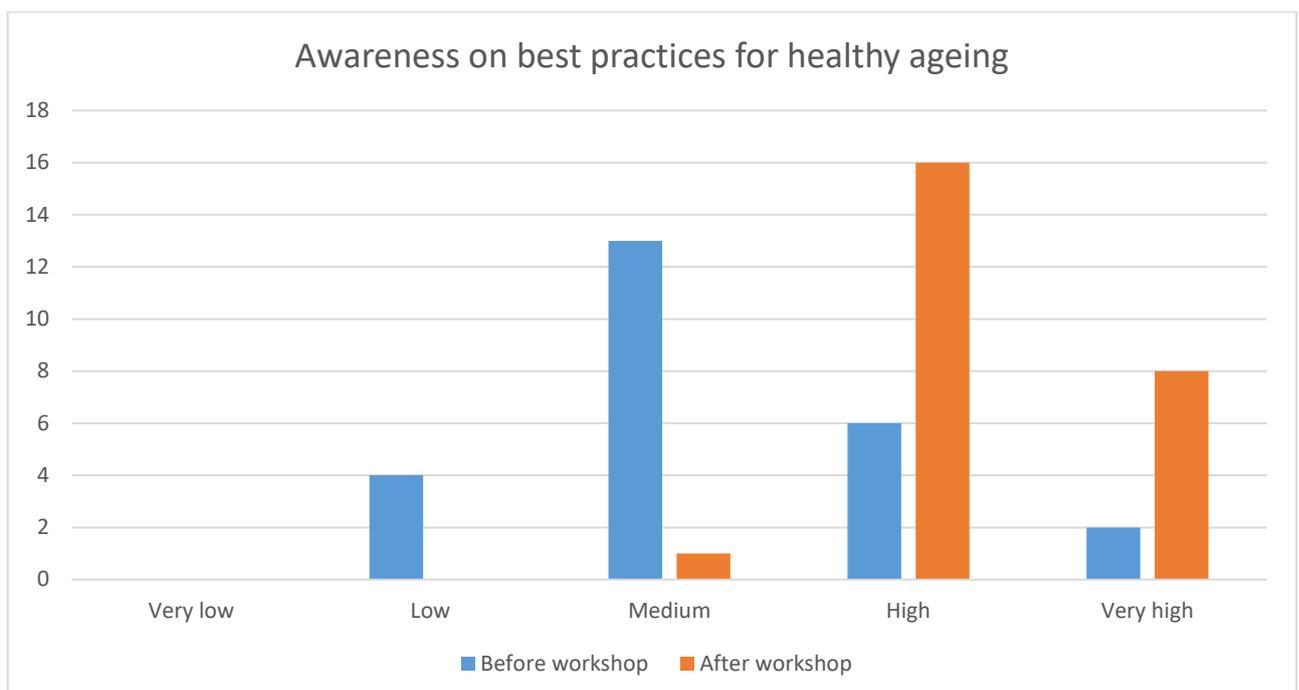


Figure 3: Participants from member economies' awareness on healthy ageing practices before and after the workshop.

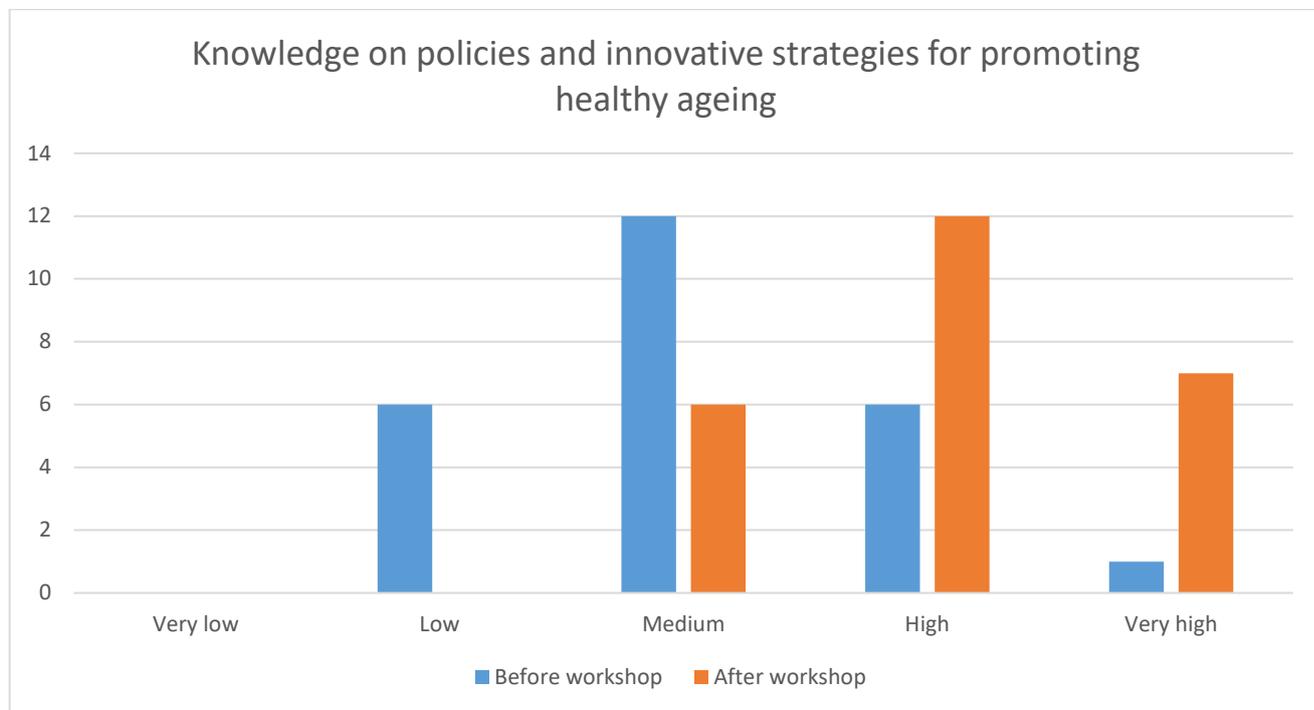


Figure 4: Participants from member economies' knowledge on healthy ageing policies and innovative strategies before and after the workshop.

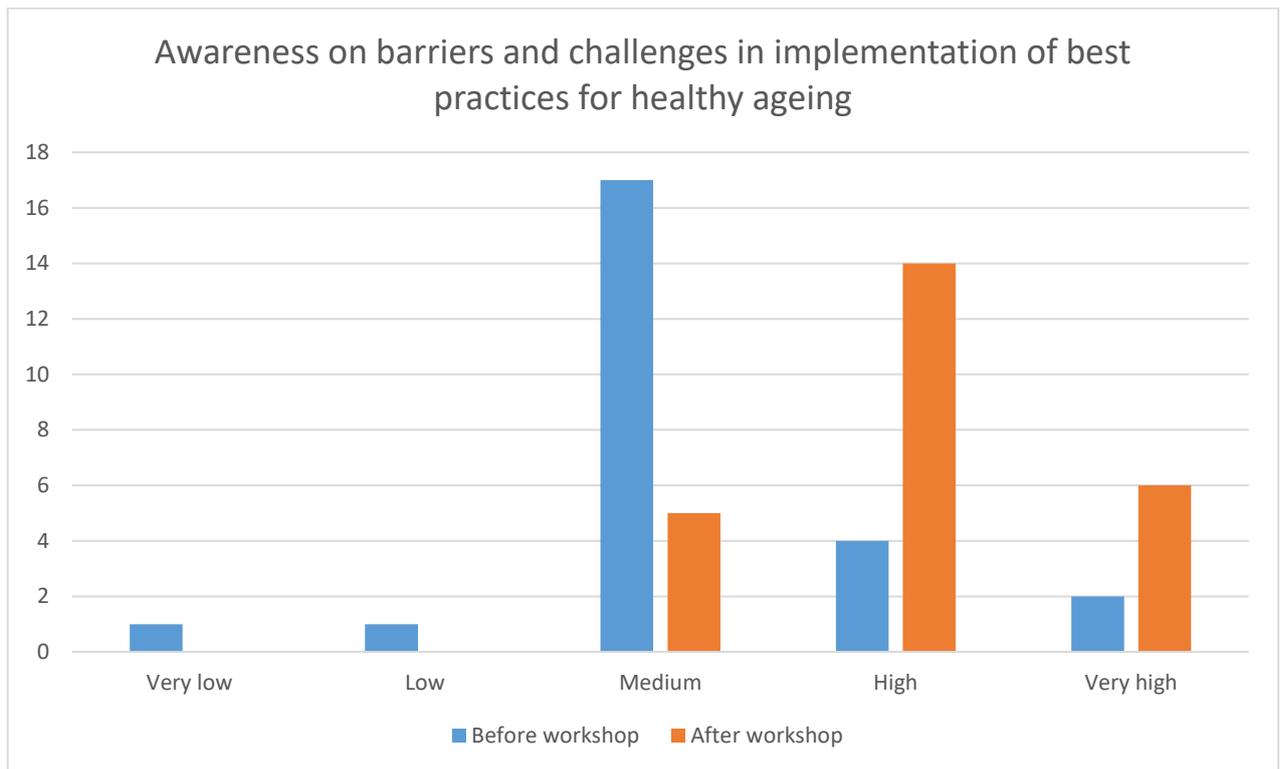


Figure 5: Awareness of the enablers and barriers of implementing best practices for healthy ageing by participants from member economies before and after the workshop.



Figure 6: Skills and knowledge gained during the workshop

Text that are represented with larger and bolder font indicate higher frequency in the qualitative response

APPENDIX 1



Asia-Pacific Economic Cooperation

GENERAL INFORMATION CIRCULAR

Best Practices for Healthy and Active Ageing

26 July - 28 July 2022

Organiser: Institute for Health Systems Research, National Institutes of Health

Event held under APEC Project: Best Practices for Healthy and Active Ageing (*HWG 052021A*)

Sponsoring Economy / Project Overseer: Malaysia / Dr Weng Hong Fun

Co-sponsoring APEC economies: Indonesia; Chinese Taipei; Thailand; the United States; Singapore; the Philippines; Viet Nam; Canada

Funded by ASF Innovative Development, Economic Reform and Growth Sub-Fund

OBJECTIVES

This project aims to identify as well as facilitate contextualisation and knowledge translation on public policies and best practices to strengthen system for healthy ageing, focusing on areas with economic benefits and maintaining good health, with the pivotal role of digital technologies. The

proposed output will encourage member economies to develop innovative strategies and policies to promote healthy and active ageing through the experiential sharing of knowledge and facilitating transferring practices across regions.

Workshop Objectives

The **workshop** is a three-day event led by experts that will deliver relevant topics to facilitate capacity building in the area of healthy and active ageing. The workshop will include expert presentations and panel discussions to enable a conducive environment for knowledge translation, exchange, and adaption to their local context.

EVENT DATE

26 July - 28 July 2022, from 9:00am to 12:00noon (Malaysia time).

VIRTUAL MEETING

No cross-border travel will be required, and the participants can participate the event at their own home or office via the internet. All online session will be conducted using Microsoft Teams-SharePoint.

Time Zone

This workshop will be conducted in a GMT+8 time zone. Since the workshop is a virtual event and no cross-border travel is required, participants should make sure the correspondent time in their respective time zone.

Requirements

This event will be held online and as such, participants will require access to a computer and internet services capable of supporting interactive video streaming. Smartphones are not suitable. It is highly suggested that the participant could attend the event in a quiet, undisturbed environment to ensure the quality of the event for themselves and other participants.

PARTICIPANTS AND SPEAKERS

APEC member economies are welcomed and invited to attend and actively participate in the Workshop.

AGENDA

The tentative agenda of the workshop is attached as below

METHODOLOGY

(6.1) Organization of Program Target audiences of this project are:

Policymakers and officers from Ministry of Health, Department of Welfare and Ministry of Human Resource, public health officers, primary care physicians, ageing population champions as well as other sectors, academicians, and researchers with involvement in policy formulation, strategic planning, governance, communication, and/or advocacy from APEC economies are the target beneficiaries of this project.

(6.2) Evaluation

Participants are required to complete and return an Evaluation Form by the end of the workshop. In this form, each participant is encouraged to share their views and advice on the Workshop's impact and efficiency as well as possible suggestions and policy implications for future improvement.

(6.3) Language

The workshop will be conducted in English.

INSTITUTION

The Workshop will be organised by Institute for Health Systems Research. Dr Fun Weng Hong
Project Overseer

Institute for Health System Research Email: fun.wh@moh.gov.my

For all matters, please directly contact the program overseer, Dr Fun Weng Hong.

APPLICATION PROCEDURES

Focal points of respective Governments of the APEC member economies in the Health Working Group (HWG), speakers will attend the Workshop through the following procedures:

- (1) Speakers approved by the Project Overseer should submit their presentations to the **Project Overseer via email** by 8 July 2022.

ALLOWANCE AND EXPENSES

(9.1) Allowance principles

According to the project budget and APEC guidelines, the APEC Secretariat will provide APEC funding for speakers and moderator by the Project Overseer on following principles:

Speakers and moderator will be provided with a token of appreciation for the time spent in contributing their expertise in this event.

MISCELLANEOUS

We encourage workshop participants to read the project - [HWG 05 2021A - Best Practices for Healthy and Active Ageing Initiatives](#). This proposal was prepared to inform the content of this project workshop, identify attendees and provide a baseline snapshot of the intended project outcomes.

APEC highly values collaboration with appropriate external stakeholders. Participation in all APEC events is governed by APEC's [Guidelines for Managing Co-operation with Non- members](#), and attendance of nominees for this workshop who are not government officials (or part of a government delegation), for instance from the private or academic sectors, may be subject to the Health Working Group (HWG) approval as per the aforementioned Guidelines.

Speakers and participants are required to observe the workshop schedule.

The presentations will be made available (subject to the approval of APEC Secretariat). Presenters are reminded that all workshop materials must comply with [APEC Publication Guidelines](#). The workshop deliberations also need to comply with the [APEC Hosting Guidelines](#). In particular organisers, speakers and participants should ensure compliance with the following **IMPORTANT APEC REQUIREMENTS** contained in those Guidelines as required by APEC Senior Officials:

All attendees need to ensure while drafting any workshop documents or making presentations at the meeting to please be mindful of APEC nomenclature. APEC is a grouping of economies. Therefore, it is inappropriate to use emblems which may imply the “political status” of any member economy. Members of APEC should be referred to as “member economies” or “members” or “economies”. Please do not use in reference to APEC member economies the words “country”, “nation” or “national”.

Please also be mindful to use the correct names of the APEC economies: Australia; Brunei Darussalam; Canada; Chile; the People’s Republic of China (China also acceptable); Hong Kong,

China; Indonesia; Japan; the Republic of Korea; Malaysia; Mexico; New Zealand; Papua New Guinea; Peru; the Republic of the Philippines (the Philippines also acceptable); the Russian Federation (Russia also acceptable); Singapore; Chinese Taipei; Thailand; the United States of America (the USA, the US or the United States also acceptable); Viet Nam.

DATA PRIVACY

The APEC Secretariat collects, uses and stores personal data from participants in APEC- funded projects to support our project administration and evaluation processes. APEC Project Overseers transfer participant personal data to the APEC Secretariat for these purposes. APEC Secretariat has in place a Personal Data Protection Policy and collects, uses, stores and disposes of personal data in accordance with Singapore's Personal Data Privacy Act 2012.

WORKSHOP AGENDA

BEST PRACTICES FOR HEALTHY AND ACTIVE AGEING WORKSHOP

26 JULY - 28 JULY 2022

Co-sponsoring Economies:

Indonesia; Chinese Taipei; Thailand; the United States; Singapore; the Philippines; Viet Nam; Canada

DAY 1 – ENVIRONMENT THAT PROMOTES HEALTHY AGEING		
Time (MYT)	Topic	Speaker
8:50 – 9:00	Welcome Remarks	Organising team & Moderator
9:00 – 9:20	Bridging The Gap: Translating Healthy Ageing Policies to Practice	Datuk Dr Asmayani Khalib; Deputy Director-General of Health (Medical), Malaysia
9:20 – 10:05	Topic 1: Age-friendly City	Emeritus Prof Datuk Dr Norma Mansor; Universiti Malaya
10:05 – 10:15	Break	
10:15 – 11:00	Topic 2: Having a Built Environment to Support Healthy Ageing	Ms April Simon Lee; World Health Organization Western Pacific Region
11:00 – 11:10	Break	
11:10 – 12:00	Panel Discussion 1: Experience sharing on Age-friendly Environment	All economies, moderator and speakers of the day

DAY 2 – TRANSITIONS CARE AND BEYOND: MODELS AND OPPORTUNITIES		
Time (MYT)	Topics	Speaker
9:00 – 9:20	Recap of discussion points Day 1	Moderator
9:20 – 10:05	Topic 3: Person-centred Care for Elderly and Caregiver	Prof Wang Ying Wei; Tzu Chi University
10:05 – 10:15	Break	
10:15 – 11:00	Topic 4: Integrated Care – from Hospital to Community	Prof Nick Goodwin; University of Newcastle, Australia
11:00 – 11:10	Break	
11:10 – 12:00	Panel Discussion 2: Experience sharing on Person-centred and Integrated Care	All economies, moderator and speakers of the day

DAY 3 – SUCCESSFUL MODEL: WHAT THEY SHOULD LIKE		
Time (MYT)	Topics	Speaker
9:00 – 9:20	Recap of discussion points Day 2	Moderator
9:20 – 10:05	Topic 5: Long-Term Care – Sustainable Financing of Long-Term Care	Dr Dwen Wang; the World Bank
10:05 – 10:15	Break	
10:15 – 11:00	Topic 6: From Evidence to Policy: How Population Representative Data is Used for Policy Making?	Dr Shelley Dela Vega; University of the Philippines Manila
11:00 – 11:10	Break	
11:10 – 12:00	Panel Discussion 3: Experience sharing on Long-Term Care and Evidence to Policy	All economies, moderator and speakers of the day

Moderator: G R Letchuman Ramanathan, Monash University Malaysia

Healthy and Active Ageing Workshop Survey

Please help us to improve by taking a short survey. It should not take more than 10 minutes to complete the survey.

1. Which economy did you represent?

Mark only one oval.

- Malaysia
- Singapore
- Chinese Taipei
- Thailand
- Other: _____

2. Please indicate your level of agreement (from strongly agree to strongly disagree) for the statements below.
Mark only one oval per row.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) The workshop achieved its intended objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The agenda items and topics covered were relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The content was well organised and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Gender issues were sufficiently addressed during workshop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) The experts were well prepared and knowledgeable about the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) The materials available were useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

g) The time allocated for the workshop was sufficient.

h) The knowledge gained in workshop helped in your work: including value, implementation, actions taken or planned post workshop

i) This workshop was relevant to you and your economy

3. Rate your level of awareness on best practices for healthy ageing.

Mark only one oval per row.

	Very high	High	Medium	Low	Very low
a) Before the workshop	<input type="radio"/>				
b) After the workshop	<input type="radio"/>				

4. Rate your level of knowledge on policies and innovative strategies for promoting healthy ageing

Mark only one oval per row.

	Very high	High	Medium	Low	Very low
a) Before the workshop	<input type="radio"/>				
b) After the workshop	<input type="radio"/>				

5. Rate your level of awareness on barriers and challenges in implementation of best practices for healthy ageing.

Mark only one oval per row.

	Very high	High	Medium	Low	Very low
a) Before the workshop	<input type="radio"/>				
b) After the workshop	<input type="radio"/>				

6. How will you apply the workshop's content and knowledge gained at your workplace? Please provide examples (e.g., develop new policy initiatives, organise trainings, develop work plans/strategies, draft regulations, develop new procedures/tools etc.).

7. In your view, what were the workshop's results/achievements?

8. What new skills and knowledge did you gain from this event?

9. What needs to be done next by APEC? Are there plans to link the workshop's outcomes to subsequent collective actions by fora or individual actions by economies?

10. Please provide comments on how to improve the workshop, if relevant.

Qualitative responses from participating economies on the question

How will you apply the workshop's content and knowledge gained at your workplace?
Please provide examples (e.g., develop new policy initiatives, organise trainings, develop work plans/strategies, draft regulations, develop new procedures/tools etc.).

Being under an academic and research institution, the knowledge I gained from the workshop will be applied in drafting new research proposals, drafting policy recommendations, formulation of health promotional materials, educating our students, and in organising our trainings.
develop work plans and training
Innovative Research on Geriatric Medicine for Geriatric wellness program.
Develop work plans/strategies
I might use some of the inputs for training module development
Develop a comprehensive healthy aging program for the local government system, and with God's help a sincere hope that this will materialise.
The workshop is an eye opening (sic) to me. I will use this input to develop a structured program for occupational therapist on primary health care that can be used for elderly. The program is (sic) include our intervention and using outcome measures to identify any barriers and weaknesses among elderly. OT will help on elderly's capacity regarding daily life function and their social participation.
new policy plus develop work plan
The knowledge sharing gives me a broader view on initiatives which has been implemented in developing economies to be vigilant in introducing it to my economy.
Incorporate several information into future surveys
Develop new policy initiatives Planning and strategising ageing initiatives Staffs training Regulations drafting
Develop project / research initiatives
Incorporate healthy and active ageing principles in developing policy, strategies and action plans for healthcare of older people.
guide to implement the program in Chinese Taipei
Develop a policy on Healthy Aging in an LGU
Develop a research project and hope to support an evidence-based policy

What new skills and knowledge did you gain from this event?

I learned how other economies translated healthy ageing policies into practice, characteristics of age-friendly cities, how technology can foster healthy ageing, and that political commitment is necessary to achieve healthy ageing.

Not so fast as to develop new skills. But it has helped me to understand the concerns and aspects that(sic) related to healthy ageing.
understand the needs for healthy ageing
Program for Healthy Aging through wellness in community
Gain international experiences
How to engage politicians.
Information regarding transation (sic) from work to retirement
I've better understanding on LTC
Do things small, to start with.
To plan for health services integration
Insight on the present strategies, challenges and way forward for implementation
The importance of multisectoral collaborations and investment in integrated care system for supporting older people to stay healthy, active, and independent.
Age in Place is cricial issues (sic) in Asian economies
Advicacy more advocacg ⁶ (sic)
Research and technology
I learned a lot about the potential of Technology in active aging.

What needs to be done next by APEC? Are there plans to link the workshop's outcomes to subsequent collective actions by fora or individual actions by economies?

The workshop's outcomes should be shared to more stakeholders to increase awareness and call for action.
Networking of testimonies of best practices in healthy aging
Nil
Collaboration with other agencies like UNFPA & WHO
Yes, a follow-up conference after one year for the participants to share what they have done so far...
Do a new elderly initiative from view of Asean Culture
to have stakeholders from various agencies to deliberate on the suggestion by economies.
Continue to promote such aware (sic) creation activities like this workshop
APEC to Organise periodic meet ups and discussions among All ageing advocates for knowledge exchange and best practices updates
Linking would assist in bridging the gap
Establishment of collaborative networks for sharing knowledge, skills, and experiences to support implementation of integrated care for the older people.
Please provide the case study in each economy
Maybe a follow up conference next year or 2 years from now.
address to the concerns of majority
I have no opinion.

Please provide comments on how to improve the workshop, if relevant.

The workshop format, platform, and speakers were outstanding. Thank you to the organising team for the opportunity to participate in the workshop.
Group workshop on mini program profuction (sic)
Nil
Emails sent looked suspicious. This is discouraging (sic) at first. How to make it legit from the beginning.
physical workshop
to have Malaysian key players to present too
Longer time for discussions
More Best practices sharing from participating member economies
To organise the discussion team regarding age-friendly city and community to cooperate in each economy
No comment.
If possible, conduct physical workshop to encourage the active participation
I have no opinion.

Additional reading materials

- Sinha Samir, Nolan Chief Michael. [*Bringing Long-Term Care Home A Proposal to Create a Virtual LTC @ Home Program to Support a More Cost-Effective and Sustainable Way to Provide LTC Across Ontario.*](#) National Institute on Ageing, Canada, November 2020
- Clavet Nicholas-James, Heert Rejean, Michaud Pierre-Carl and Navaux. [*The Future of Long-term Care in Quebec: What are the Cost Savings from a Realistic Shift Towards more Home Care?*](#) Working paper, April 2022
- Canadian Medical Association. [*Canada's elder care crisis: Addressing the doubling demand*](#) , 2021

Other relevant information related include

- <https://www.newswire.ca/news-releases/minister-khera-and-minister-duclos-announce-expert-panel-to-provide-recommendations-for-establishing-an-aging-at-home-benefit-878720161.html>