

## Danube Transnational Programme

Programme co-funded by the European Union funds (ERDF, IPA)



[www.interreg-danube.eu/approved-projects/indeed](http://www.interreg-danube.eu/approved-projects/indeed)

## POLICY RECOMMENDATION CATALOGUE

### How to make Dementia a Health Priority

Social Cluster Association  
Budapest, Hungary  
10 June 2021

Content

- Overview of the INDEED project ..... 3
- Policy Recommendations ..... 5
  - Educate!..... 6
  - Connect! ..... 6
  - Innovate! ..... 7
- Policy Recommendation background..... 9
  - Lessons learned (based on reports from project member countries) ..... 9
  - Feedback on INDEED educational interface ..... 12
  - The Communication Plan ..... 13
    - Target Groups ..... 13
    - Interest Groups Including NGOs..... 13
- Background documents used to create the Policy Recommendation Catalogue ..... 14
  - A. Policy Assessment ..... 14
  - B. National Plans: Goals of different countries ..... 17
  - References: ..... 18

## Overview of the INDEED project

Dementia<sup>1</sup> has a profound life-changing impact - not only on the person with dementia, but their carers, family members and friends. As it is an incurable and indolent illness, it has huge financial and social expenses.

The main objective of INDEED is to improve dementia care in the Danube region and contribute to the implementation of national dementia strategies with the scope of enhancing the quality of life of people with dementia and their carers. In a collaborative effort of partners from 10 countries INDEED creates an information and skill-building intervention for institutions involved in dementia care and their members or employees, including health and social services, professional associations, governmental authorities, public administrations and private enterprises.

The INDEED Project (Innovation for Dementia in the Danube Region) is co-funded by the INTERREG Danube Transnational Programme. It attempts to fill three major gaps in dementia care in the Danube region:

- insufficient knowledge and skills among professionals
- poor cooperation and coordination of occupational groups
- lack of important services for people with dementia and family carers.

---

<sup>1</sup> Dementia includes several different diseases that affects the brain and leads to a progressive decline in functioning including: memory; thinking; orientation; awareness; comprehension; emotional control; sociability; calculation; learning capacity; language, and judgement.

There are numerous causes and types of dementia. The most common, Alzheimer's disease, accounts for more than 50 to 75 per cent of all dementia cases. Vascular dementia is the second most common representing 20 to 30 per cent of cases. Other forms of dementia include: fronto-temporal dementia; Pick's disease; dementia with Lewy bodies and alcohol-related dementia. There are, however, conditions that may manifest as dementia but that are not dementia – these include stress, delirium, depression and side effects of some medications.

While a relationship exists between age and dementia, dementia is not inevitable as one grows old; dementia is not a natural part of ageing. Although ageing is a contributing factor, dementia is a standalone condition which is affected by various other factors and can also affect younger people.

INDEED targets these gaps by an educational intervention addressing multiple professions simultaneously:

INDEED educates by providing knowledge and skills about dementia, complementing occupation-specific training

INDEED connects by enhancing interprofessional collaboration and coordination as well as promoting the use of available services

INDEED innovates by stimulating and supporting entrepreneurial engagement and promoting the creation of novel services

The intervention is available in a blended-learning format (combining traditional workshops and an online learning programme) in five languages. The platform is available under the link: <https://en.indeed-project.eu/login>

The main aim of this document is to reach the policy makers and support them with this important topic: dementia issue and make the policy makers work easier in the field of dementia care in order to reduce the risk of dementia and improve outcomes for people with dementia and their carers by promoting dementia friendly societies and delivery of consumer-focused care. Eventually governments should be brought together, to create a strategic collaborative and cost effective response to dementia across the Danube region.

## Policy Recommendations

According to the European Dementia Monitor 2020 a number of countries have already published dementia strategies, whilst some are in the process of developing such documents. However, dementia is not yet a priority in all European countries. The list of countries with an existing dementia strategy or one in development continues to increase and currently, there are 27 countries (with Flanders having its own strategy, and separate strategies for England and Scotland in the United Kingdom), compared with 21 countries in the 2017 Dementia Monitor.

However, fewer than 50% of countries report that funding had been put in place to implement the strategies or had a dedicated body or person within the government to lead the government's response. Another positive trend was the slight increase in the number of countries where dementia is considered as a research priority, increasing to 15 countries, from 11 in 2017.<sup>2</sup> There is still a lot to do and a lot to learn from each other in this area.

Before presenting recommendations some principles of dementia policies based on two important project documents (Policy Assessment and Policy Safari Report see annex.) produced by INDEED should be listed here:

- People with dementia are valued and respected, including their rights to choice, dignity, safety (physical, emotional and psychological) and quality of life.
- Carers and families are valued and supported, and their choices are respected.
- Social participation is actively supported, and an approach that promotes enablement, wellness and inclusion is adopted.
- People with dementia, their carers and families have access to competent, affordable, timely care and support services.
- Services are provided within a consumer-directed care philosophy, delivered in a person-centred way where individual needs and preferences are identified and met where possible.
- People with dementia, their carers and families receive care and support services when needed without discrimination.
- A knowledgeable and skilled workforce is essential in providing quality care.
- A collaborative approach is adopted to inform change and improve services.
- Evidence-based approaches, policies and practices are adopted for all dementia-related activities and services.

---

<sup>2</sup> 2020: European Dementia Monitor, Comparing and benchmarking national dementia strategies and policies <https://www.alzheimer-europe.org/Policy/Country-comparisons/2020-European-Dementia-Monitor-Comparing-and-benchmarking-national-dementia-strategies-and-policies>

Drawing on this evidence the INDEED Consortium has formulated Recommendations for politicians and/or decision makers who are involved in the planning, organising, and financing dementia care. These recommendations may help in shaping dementia strategies, plans and practices with regard to the role of interprofessional education.

## Educate!

- Make dementia a part of the curricula of relevant professions, these are the followings general doctors; social workers, general nurse.

The dementia care subject has to be part of the education and training of health and social care professionals at universities (not only specialist but also general practitioners) , medical schools, nursing schools, vocational training institutions

- Put a focus on general physicians, as they are the gatekeepers and coordinators of dementia care. Raise the awareness and develop education materials
- Highlight the importance of non-pharmacological interventions and social components including caregiver support in dementia care. Inform and train the support family too.
- Emphasise the importance of timely diagnosis and make practical supportive material easily available in your language. Share the international good practices with the support community (physicians, caregivers, families, etc.)
- Organise structures for caregiver education and support particularly with regard to the management of behavioural and psychological symptoms. Refresh the structures in the view of the new practices.
- Complement professional training by educating the civil society, including the police, supermarkets, transportation, delivery services. Include the local government to this process.

## Connect!

- Incorporate and support interprofessional shared learning and training in dementia strategies and plans among general doctors, physical therapist, neurologist, care givers, social workers, nurses, etc. health and social care professionals
- Strengthen the role of social work as a key component of collaborative care. In many settlements (especially in small villages or less development areas in the cities) social workers are the first ones who can recognise the early signes of dementia i Moreover,

therole of the social workers are significant to keep the people with dementia at home as long as it possible.

- Involve non-medical associated occupations groups in special dementia trainings. The local community is essential to help to the people, that's why the informative education is significant between all the occupation who can meet with this issue (hair dresser, salesclerks, postman).
- Promote the formation of therapeutic teams including patient organisations. Teams could have several different viewpoints and ways to help. Moreover team members can support and share knowledge about the patients.

### Innovate!

- Support initiatives which expand the spectrum of services for people with dementia, e.g. day centres, caregiver support groups. Requires monitoring activity and sustainable operation from these initiatives.
- Announce best-practice examples of services and support their roll-out nationwide
- Facilitate entrepreneurial initiatives that enable independent living for people with dementia

## Policy Recommendations – Table format

<b>Education</b>		
<b>Short name</b>	<b>Target group</b>	<b>Notes</b>
Curricula	general doctors; neurologist; psychotherapist, psychiatrist, social workers, general nurse	Level at secondary and university/tercier education
Raise the awareness	general physicians, gatekeepers and coordinators of dementia care	Develop communication strategy if possible
Non-pharmacological interventions	stakeholders, caregivers, support family	Include social components
Timely diagnosis	support community, family, social workers	
Structured caregiver educations	caregivers, social workers	Include new practices
<b>Connect</b>		
Interprofessional shared learning	general doctors, physical therapist, neurologist, care givers, social workers, nurses	Focus on health and soocial care professionals
Strengthen the role of social work	social workers	Help to keep the people at home as long as it possible
Involve non-medical occupations groups	local community groups as postman, salesclerks	essential to help to the people
Promote the formation of therapeutic	therapeutic team members	Can support and share knowledge about the patients
<b>Innovate</b>		
Support initiatives	companies, new services	Important monitoring activity
Announce best-practice	companies, new services	Support their roll-out nationwide
Facilitate entrepreneurial initiatives	companies, new services	Can support independent living for people with dementia

## Policy Recommendation background

### Lessons learned (based on reports from project member countries)

- Major problem is the awareness of understanding the problem, the attitude to dementia should be changed. **Lack of awareness and understanding of dementia** contributes to communities functioning in a way that is not always inclusive of people with dementia and their carers.
- Negative attitude towards mental problems in general originates from the communist times in these countries. The regime did not want to face such problems, closed institutes were preferred rather than providing care.
- Patients or their families try to hide the problem and they don't ask for help from a specialist. The negative perceptions and the stigma surrounding dementia originates from a lack of understanding and the common misbelief that dementia is a natural part of ageing.
- It is estimated that approximately 50 per cent of cases of early dementia are not detected on first contact with the primary care system.<sup>3</sup> **Timely and accurate diagnosis** also increases opportunities for continued social engagement, workforce and community participation; and gives people the power to control their life and plan for their future. Lack of timely diagnosis may be attributed to limited knowledge and understanding of dementia as well as the stigma surrounding dementia and the general belief that memory loss is a normal part of ageing.
- Although dementia can be diagnosed in a number of different settings, a **general practitioner is often the first point of contact** when people are concerned about the signs and symptoms of dementia. To be effective in this role, general practitioners require ongoing support, this includes access to ongoing professional education to inform their practice.
- Dementia is a multifaceted condition, where diagnosis requires the input and expertise of **multiple stakeholders**, including carers, families and clinicians (such as general practitioners, psychologists, psychiatrists, psychogeriatricians, geriatricians, specialist nurses and allied health professionals). Due to lack of health care professionals and lack of well trained health care professionals there is a need to provide education trainings on undergraduate level on dementia.
- Following a diagnosis, people with dementia, their carers and families should be able to **access information and support services** to enable effective planning for their future. People with dementia require access to high quality care, which is seamless, interdisciplinary, involves appropriate referral pathways, is based on a person-centred approach, and is delivered by a skilled and knowledgeable workforce.

---

<sup>3</sup> Milnea, A et al. 2008, Screening for dementia in primary care: A review of the use, efficacy and quality of measures. *International Psychogeriatrics*, vol. 20, no.5, pp. 911-26.

- On practical level, general practitioners, neurologists, and psychiatrists, social professionals should work together and communicate at local level.
- Developing a new kind of **social services close to the place where people live** rather than replacing their homes if it is not necessary. A good example could be providing special homes for people with disabilities moreover giving them opportunity to live with their families and receiving social services provided by local social service. Opening „dementia friendly points“ in the country in pharmacies, libraries etc.
- Deinstitutionalization could be a good solution, starting with changing the centralized payment of the social services to a decentralized payment. So the financial support first goes to the municipalities, because they know better what the local needs are and resources could be used more efficiently.
- Caring for a person with dementia may be time consuming and demanding for the carer. **Informal carers** (such as family members and friends) **can play a vital role** in the lives of people with dementia. Carers may assist with personal care, transport, housework and other activities, as well as understanding unmet needs that can lead to behavioural problems.
- People with dementia, their carers and families need to be able to access the necessary care and support to continue living at home for as long as possible.
- Ministries such as ministry of health, social affairs, finance and others (ministry of development eg.) should work together, set up inter-institutional working groups to cover all the aspects. Cross-sectoral cooperation should involve also department of family affairs and ministry of finance because e.g. the development of the institutional system can be a serious investment item, due to the increasing burdens, more resources must be provided in the care system.
- The problem of dementia should be recognised from several aspects: medical, social, environmental.
- NGOs could play an important role in helping people live with dementia, good examples are recognising them as official partner of the government, regular communication, forming a consultative body under the council of ministers.
- Prevention should also be brought to the attention of society,
- and the introduction of lifestyle advices to society can play a significant role in the prevention and slowing progression of dementia.
- Dementia Action/Strategy/Policy Plan is essential, such a framework is needed to move forward. Consultation with professionals, social and health professions communicating with each other more effectively. But without the framework, without setting specific goals, deadlines, tasks, it is difficult to get ahead. Involvement of people living with dementia could add a new perspective to such an interprofessional collaboration.
- Before creating Dementia Action/Strategy/Policy Plan a systemic data collection and need assessment should be done and formulation of a problem list should be completed. By collecting data and involving local experts dementia problem is getting attention.
- A forecast on demographic structure for the next 3-4 decades could be very helpful.

- Once setting up goals for Dementia Action/Strategy/Policy Plan it should be clear and realistic eg.:
  - raise awareness, fight against stigma
  - support the early diagnosis
  - access to timely properly treatment
  - establish coordinated support to the people live with dementia, families and carers.
  - education to formal and informal carers and professionals

Basic priority areas with objectives, measures and indicators should be set up as well

- A national concensus on Dementia Action/Strategy/Policy Plan could avoid unwanted breaks in implementation due to eg. changing of government etc.
- It is necessary to define who are the direct and indirect beneficiaries of the implemented policy: eg.

*Direct beneficiaries:*

- the elderly population and their relatives;
- doctors specialized in neuro degenerative disorders, GPs and others related to them;
- nurses specialized in neuro degenerative disorders and others related to them;
- social workers specialized in the field of neuro degenerative disorders;
- local communities, which will face a lower burden / lower rate of dependence of the system population, due to neuro-degenerative disorders;

*Indirect Beneficiary*

- policy makers, who can articulate a coherent program of preparation and strategic allocation of resources in health, according to needs;
- the active population on the labor market, which will have specialized services provided for their relatives affected by neuro-degenerative disorders;
- Education, sharing relevant and evidence based information in the general population, for healthcare workers and carers are crucial in improving dementia care. Note that this work should be a permanent activity.

Good examples:

- training for policemen on how to recognise these problems and how to communicate with people having dementia.
- educate those people who are working in the shops recognize people with dementia because they often buy too much, they don't pay, because they don't know how to handle the money, sometimes they put something in their pockets
- Evidence based guideline for health and social care professionals is necessary which clearly describes who, what, when, how and where to care people living with dementia

- Establishing a national register for patients living with dementia
- Monitoring of activities is very important, using e-health systems is recommended

### Feedback on INDEED educational interface

The main objective of INDEED is to improve dementia care in the Danube region and to contribute to the implementation of national dementia strategies with the scope of enhancing the quality of life of people with dementia and their informal caregivers. INDEED features a blended learning system to increase the competences of stakeholders to better meet social needs and improve the delivery of care services.

„The portal is well-designed from a professional point of view, its special merit is that the portal also contains materials that can be understood by laypeople. At the same time, it would be important for the site to be available in all national languages as well. Materials related to corporate development will also be useful in the future. However, from the point of view of professional contacts, personal presence at home is more important at the moment, the fact that the professionals also meet in person, a lot depends on these collaborations.”

„The portal could also be used for wider dissemination. Effective dissemination of the portal is necessary. The involvement of market participants is not yet topical in every country; first probably state should take the lead in the process, define frameworks and directions, and carry out dissemination work. Of course, it would also be useful to involve companies later to help address the issue. It would be useful to organize a conference with international and domestic experts to facilitate interdisciplinary communication. Meeting in person could provide extra in order to build new relationships. Dissemination should be extended to the opportunities provided by social media.”

„The e-learning platform is very useful. Important to recognize the problems connecting to dementia in a different aspect and we should share the information regarding the disease, this is hard work and the INDEED program can be very helpful in many countries.”

„The education part of the program seems very helpful. Some kind of national boards will be established in the field of dementia and such programs could be very useful in supporting information sharing. The interdisciplinary aspect is very interesting too and experts could decide which part of the program can be interesting to their work in the future. The Connect part is important since it can help experts with different background to change their habits and understand each other easier resulting in a better and more effective collaboration. About the Coach pillar of the INDEED: The state should provide a solution to this issue and try to keep higher standards. There are concerns that privatisation or a private company can't guarantee this.”

„Project like INDEED can support the development of NGOs working on the field by helping exchange of personal experiences and share of good practices. The feeling that one knows everything should be avoided, all parties should be open-minded to make sustainable development.”

„Having organised plenty of educational programs in the past an online program is extremely useful because the family carers are younger people, so they can use this e-platform providing a direct help to the families. If you have enough information that is easier to handle this issue at home.“

### The Communication Plan

Our communication plan is consistent with the three specific objectives of the project.

The main goal of the Communication Plan is to raise awareness among target groups about the importance of improving dementia care in the Danube region and to contribute to the implementation of national dementia strategies with the scope of enhancing the quality of life of people with dementia and their informal carers.

- to inform stakeholders about INDEED project
- to convey to stakeholders the importance of D as a public health priority
- to promote an open attitude of institutions and policymakers towards e-learning and ICT tools use in dementia education and care

### Target Groups

#### Public Authorities & Policy Makers

Policy makers are interested mainly in the global picture of dementia care. A strong focus should be put on unmet needs in dementia care in the Danube region and the benefits that INDEED can offer. Arguments for making dementia a health priority should be offered, taken into account the status of national strategies or plans on dementia. The burden on people with dementia and their carers should be emphasized, underlining that a broad range of services is necessary to ensure quality of life of these individuals. Focus should be put on the capability of INDEED to increase the capacity for dealing with the challenge of dementia on a national and regional level. Also, the project's potential to address gaps of care in rural areas and coordination/integration of services should be pointed out. The documents produced by INDEED (strategy statement, policy recommendations) will represent key channels to address these stakeholders.

#### Participants of the pilot actions groups

In this special group it will be evaluated whether the INDEED intervention package has the capacity to change their knowledge, attitudes and working style regarding dementia care. The intensity of their involvement communication will be to provide the core information to a mixed group of professionals in a compact format.

#### Interest Groups Including NGOs

NGOs are a heterogeneous audience with heterogeneous interests related to INDEED. They represent a secondary target group and hence should be addressed mainly by mass communication (press, social media, website, newsletters, dementia info days).

# Background documents used to create the Policy Recommendation Catalogue

## A. Policy Assessment

### *Goals of the Policy Assessment*

The INDEED project policy assessment is aimed to gain an overview of unmet needs in dementia care from the perspective of key stakeholders. It is highly important to capture the stakeholders' visions and strategies regarding the improvement of dementia care in their respective countries. The project aims to cover all sectors involved in dementia care.

### *Policy Assessment results*

The experience- based exercises gave the first step to it, when the stakeholders gave us feedback about their thoughts and feelings during the tasks. The experience could be associated to dementia as an illness and also dementia care. Concerning illness, they expressed the people living with dementia also had limitations, they could feel confused, faced difficulties like they did during the exercise. This information became useful also for the later work (talking about statement, communication). But it was also *similar in the care system* as it also had limitations – not as complex as it should be, there were lacking services. There were also a lot of difficulties in care and case management as well, which *required complex solutions*. The exercise was hard work as we had hard work to develop services in dementia care, but not impossible. We had to *cross borders*, had to be unwavering and creative, we needed flexibility and furthermore cooperation for that we had to know each other better. Stakeholders' session had three different focus points as goals of the work with the same structure described in the previous chapter:

#### *1. Give impression about the situation in their country concerning dementia*

The most urgent issues the stakeholders pointed out were the lack of support for the family caregivers, the lack of financial resources and education, the lack of medical staff and qualified employees, the lack of cooperation, the lack of dementia centres and insufficiency of private services. They underlined the lack of awareness of dementia.

Among the unmet needs stakeholders mentioned the missing of specific trainings for caregivers, the specific regulations, good practices, budget, the multidisciplinary team and the collaboration of GP's, such as well-developed day care centres.

However, although there are only a few problems solved, the stakeholders pointed out to some good examples, too. In Austria and Slovenia a dementia strategy has been accepted, in Bulgaria, will be accepted in the near future. In the Check Republic a National Dementia Plan

has been approved. In the Slovak Republic, a pharmacological treatment in Bavaria Memory Clinics are available. Germany has a dementia strategy, but the stakeholders pointed out that the worth of it depends on its feasibility.

Different economic conditions and legal frameworks explain the differences among the countries and in the region. We could find islands of good practices and it will be one of the most important goals of our WP to analyse which solutions could work in general - not only in local environments.

## *2. Statement*

### a) General

Stakeholders agreed on that the policy about dementia issue should reach target groups like representatives of National Governments, Ministry of Health and Social Welfare, Ministry of Education. Professionals (Chambers/Associations), care providers, investors, journalists and public. They also can be seen as target groups. As key words through which stakeholders consider dementia awareness could increase, the strength of personal impact and experience, touching moments were mentioned. Stakeholders underlined the importance of building dementia friendly communities. They also created slogans, like 'Make people speak up', 'Save quality of life' or 'You never know'.

Regarding the channels through which target groups could be reached, they mentioned patients' and caregivers' organizations, educational platforms, all media and social media channels, campaigns, public events (demonstrations). Stakeholders also stressed that an involved VIP of a given country may have a huge impact even only by telling his/her difficulties in public. Involving people living with dementia is also important.

### b) Priority

During the stakeholder's session, one of the main goals was to realise what the stakeholders thought about where the possible areas of interventions could and should be within the dementia care system. The main findings were:

- this is a more difficult exercise than expected;
- showed the differences of the countries: each country has different difficulties because of different regulation, background, political support, etc;
- final consequence: policy recommendation is very important – to be able to choose for themselves according to their specialities.

## *3. Personal involvement*

Closing the session, we asked each participants to write a sentence/paragraph started with the words 'I will do for the policy that'. Everybody took this exercise very seriously and converted the exercise to his/her country and current position. 12

The aim was to raise up further thoughts, started a local adaptation of project results and also to keep the stakeholders with the flow and engage them to the project.

### *Conclusion*

Resulting from the discussions with the stakeholders, the participants of the Munich meeting wrapped up the subsequent key points in improving dementia care:

- early diagnosis,
- raising public awareness,
- improving education and training of healthcare professionals on dementia,
- providing support for informal and professional carers,
- enhancing the collaboration among healthcare professionals and
- increasing the importance of dementia care in the national policies.

Introduction and implementation of successful policies are hindered and limited by the lack of training of family carers and the poor financial and social recognition thereof. The number of skilled medical staff, doctors and nurses and other health workers, is a serious issue, too. There is insufficient collaboration among professionals of different fields. Professionals of different fields have a reluctance to work in a multidisciplinary team. In addition, people of dementia have to face total or relative deficiency of dementia centres (e.g. day care) in many regions. Private initiatives and forms of services are in need, too.

Members of the INDEED project regard the ministries related to dementia care, the ones operating in the fields of health, social welfare, education, as primary target groups. Besides, professional organisations are to be approached with the results and insights of the project. Representatives of the media and other organisations, able to reach the potentially affected population and their relatives by various means, should be informed and their awareness raised to convey the major aspects brought up by the project that can serve as assistance for the general public.

The Policy Assessment confirmed that the INDEED intervention package meets the needs (CAMPUS – in improving education and training; CONNECT – in enhancing the collaboration, leading to early diagnosis; COACH – in providing support for informal and professional carers; policy recommendations – in increasing the importance of dementia care in the national policies). The Policy Assessment also showed that raising public awareness is also important. However, this is not a core part of INDEED, it should have more weight within the project e.g. by liaise with patient organisations.

## B. National Plans: Goals of different countries

<b>COMMON OBJECTIVES/GOALS</b>	<b>EXAMPLE</b>	<b>COUNTRY</b>
Timely/early diagnosis	Identification, screening Unified diagnostic algorithm Use of biomarkers	Austria, Bulgaria, Croatia, Czech Republic, Germany, Slovenia, Slovakia
Treatment	Pharmacological and non-pharmacological Guidelines for GP, Neurologists, Psychiatrists, Geriatricians	Austria, Bulgaria, Croatia, Czech Republic, Germany, Slovenia, Slovakia
Coordinated system of care and support	Network of basic services for people with dementia Cooperation and coordination between different professionals Support services for carers and family, registry for services	Austria, Bulgaria, Croatia, Czech Republic, Germany, Slovenia, Slovakia
Education and training about dementia	<i>What</i> – early signs; needs of people with dementia, family and caregivers; specialists involved in care; services; treatment and care plan <i>Who</i> - Medical specialists and non-medical healthcare workers; Carers and family	Austria, Bulgaria, Croatia, Czech Republic, Germany, Slovenia, Slovakia
Anti stigma issues	Raising public awareness, Developing dementia friendly communities	Austria, Bulgaria, Croatia, Czech Republic, Germany, Slovenia, Slovakia
Research studies in dementia	Epidemiological national and transnational studies; Promoting care research; implementation of innovative services	Austria, Bulgaria, Croatia, Czech Republic, Germany, Slovenia, Slovakia

## References:

- Towards a dementia plan: a WHO guide ISBN 978-92-4-151413-2, 2018
- Decade of Healthy Ageing, WHO
- 2020 Alzheimer Europe Report: European Dementia Monitor 2020 Comparing and benchmarking national dementia policies and strategies
- INDEED project Policy Safari Report, March 2021
- Milnea, A et al. 2008, Screening for dementia in primary care: A review of the use, efficacy and quality of measures
- INDEED project policy assessment
- INDEED project policy safari interviews