

第2回現地セミナー（2017年9月）



## SUCCESSFUL AGEING IN MALAYSIA: THE GOVERNMENT ROLES

Mohd Fazari Mohd Salleh

Department of Social Welfare  
Ministry of Women, Family and Community Development



Overview



Ageing: The Malaysian Context



The Government Roles



Challenges & Way Forward

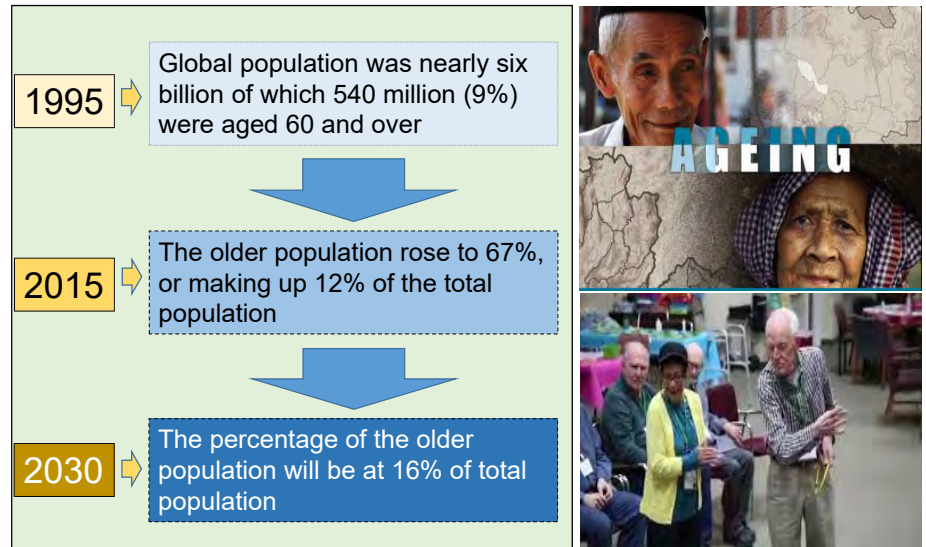


Overview



Ageing: The Malaysian Context

## WORLDVIEW OF AGEING



## AGEING SCENARIO IN ASIA



Observed across the countries in Asia is the significant shift in population age structure brought about by the demographic transition from high to low levels of fertility and mortality, and the state of the art health technology

- 2015 to 2035, the year that older people would have been nearly one billion in Asia.
- Among the four countries, ageing is blowing up in high proportions.
- The three countries, Malaysia, Indonesia, and Cambodia will become an “ageing” country in 2020, 2025 and 2030, respectively.
- Thailand became an “aged” country in 2000 and will be the only state among the four that will be classified as “super aged” in 2030.

Source: AGEING. Thailand, Malaysia, Indonesia and Cambodia. Demographic Transition, Policy and Programmatic Responses (IPPF)

5



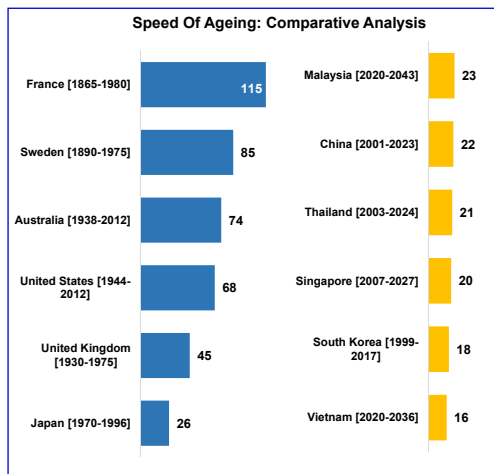
## Overview



## Ageing: The Malaysian Context

6

## The speed of ageing in Malaysia is significantly faster in comparison to other countries including those in developed nations such as France and Sweden



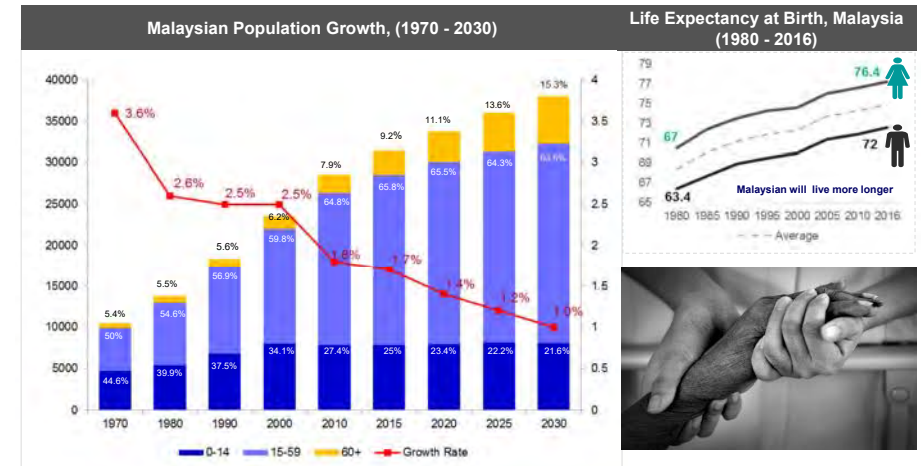
- Developed countries such as France, Australia, US and the UK took 45 to 115 years for its population age 65+ to increase from 7% to 14%.
- Asian countries experience the same transition rapidly whereby it takes about 20+ years for its population age 65+ to reach the same rates.
- **Malaysia is expected to take only 23 years for its 65+ population to grow from 7% to 14%**

**Malaysia has less time to adjust national policies to address aged nation**

Source: World Population Prospects Data, 2015 Revision, United Nations

7

## Malaysia's population demographic is transitioning to an aged nation by 2030

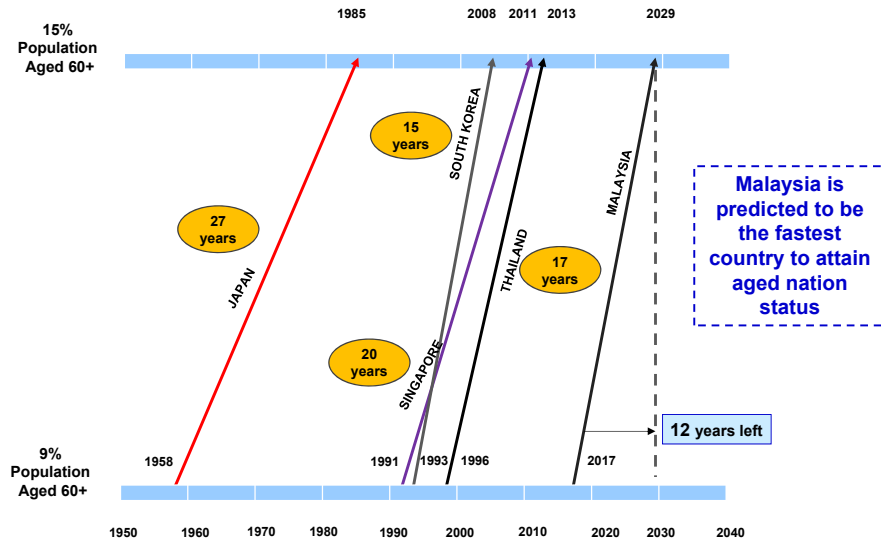


- **Malaysia is expected to become an aged nation (15% population is above 60 years) in 2030** due to drastic decline in fertility rate and increased in life expectancy
- **Increase in old age dependency pose great challenges to social and economic development, health care, and social protection system**

Source: Department of Statistics, Malaysia.

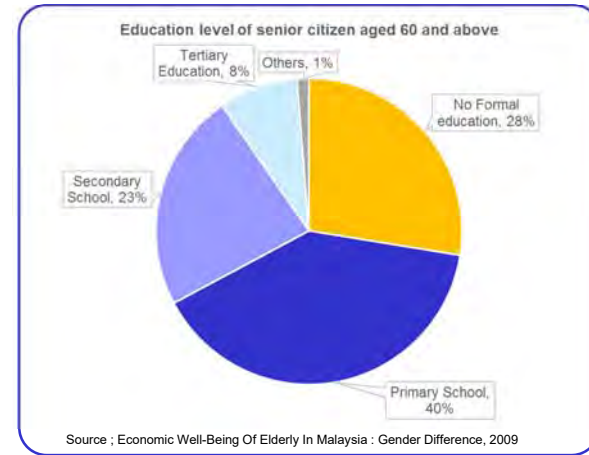
8

**Comparison on the time frame among selected Asian countries to become aged nation (from 9% to 15% of senior citizens out of total population)**



Source: World Population Prospects Data, 2015 Revision, United Nations

**DEMOGRAPHIC: 71% OF MALYSIAN SENIOR CITIZENS AGED 60 AND ABOVE HAVE RECEIVED SOME FORM OF FORMAL EDUCATION**



**71% of formal education comprise of :**  
 •Primary School :40%  
 •Secondary School :23%  
 •Tertiary Education :8%

**\*91% of senior citizen comprise of :**  
 •Primary School :40%  
 •Secondary School :23%  
 •No Formal education :28%

**By providing employment opportunities to seniors, it is likely that it will not impact job opportunity for university fresh graduates.**

Source : Economic Well-Being Of Elderly In Malaysia : Gender Difference, 2009

**\*Since this group (91%) formed the majority of senior citizens population, the incentives should be focusing more on employers that can offer suitable job in line with senior citizens qualification and ability.**

**The Government Roles**





**Challenges & Way Forward**




**IMPLIMENTATION AND COORDINATION**




Structure	National Advisory and Consultative Council YB KPWKM
<b>Secretariat/Steering Committee</b>	<ul style="list-style-type: none"> <li>• DSW, KPWKM</li> <li>• KPWKM, Policy Division (Technical Committee)</li> </ul>
<b>Roles and Responsibilities</b>	<ul style="list-style-type: none"> <li>• To oversees the implementation of the National Policy For Elderly</li> <li>• To formulate new policy and to advice government on the national ageing issues and challenges</li> </ul>
<b>Meetings</b>	Once A Year
<b>Members/Level of Implementation</b>	<p><b>National Level-</b> KPWKM, MOH, MOE, KPKT, EPU, JPM, MOHR, MOSTI</p> <p><b>States Level -</b> State Government, Districts and Local Authorities</p>
<b>Initiative/Strategies</b>	6 Core Strategies (20 Strategies) - 164 programmes



## IMPLEMENTATION

<b>Health</b> ✓ Strengthening policies & legislation 	<b>Social &amp; Recreation</b> ✓ Community empowerment 	<b>Education &amp; Spirituality</b> ✓ Promote life long learning 	<b>Housing &amp; Environment</b> ✓ Increase mobility ✓ Improve facilities & infra 
--	--	--	--

<b>Economy</b> ✓ Ensure financial security at old-age ✓ Provide means for youths to care 	<b>Employment</b> ✓ Extend retirement age 	<b>R&amp;D</b> ✓ Enhance institution development & capacity building 
---	---	--

FINANCIAL ASSISTANCE	INSTITUTIONAL	HOME BASED & COMMUNITY CARE
Financial Assistant for Older Person (BOT) •To support the poor elderly so that they continue to live and lead a normal live with care, concern and support from their local community 	•RSK (10) •Desa Bina Diri (5) •Rumah Ehsan (2) • Services: • Care & Protection • Destitute rehabilitation • Guidance and counselling • Recreational Activities • Medical treatment • Occupational Therapy • Physiotherapy • Religious Guidance	•Home Help Services (5,892) •PAWE (59) • UPWE •Respite Care •Care Centre (409) 
		

Source: Statistics Department of Social Welfare 2016, 2017

## NATIONAL POLICY FOR OLDER PERSONS 2001

- To enhance the respect and self-worth of the elderly in the family, society and nation
- To develop the potential of the elderly so that they remain active and productive in national development and to create opportunities for them to continue to live independently
- To encourage the establishment and the provision of specific facilities to ensure the care and protection of the elderly

### Strategies

Promotion & Advocacy

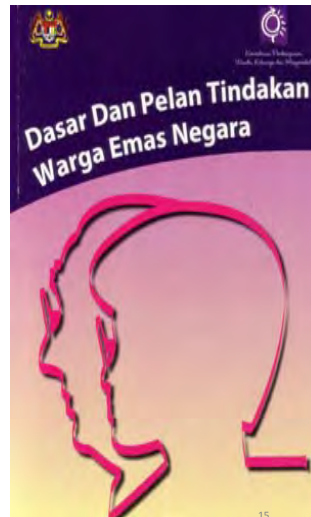
Lifelong Learning

Security & Protection

Governance & Shared Responsibilities

Participation & Unity across Generations

Research & Development



## NATIONAL HEALTH POLICY FOR OLDER PERSONS 2008

Commitment to ensure the older persons will achieve optimal health through integrated and comprehensive health and health related services

### Objectives:

- To improve the health status of older persons
- To encourage participation in health promoting and disease prevention activities throughout the life course
- To provide age friendly, affordable, equitable, accessible, culturally acceptable, gender sensitive, seamless health care services in a holistic manner at all levels.
- To advocate and support the development of enabling environment for independent living (ageing-in-place)



### 7 strategies identified:

1. Health Promotion
2. Provision of a continuum of comprehensive health care services
3. Human resource planning and development
4. Information system
5. Research and development
6. Inter-agency and inter-sectoral collaboration
7. Legislation

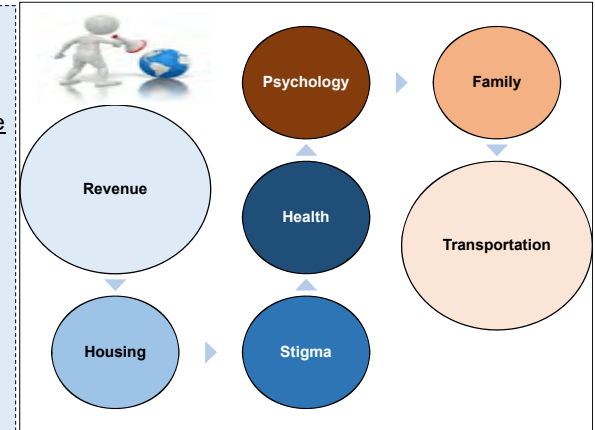


## Challenges & Way Forward

## CURRENT ISSUES OF SENIOR CITIZENS

“We must be fully aware that while the developed countries became rich before they became old, the developing countries will become old before they become rich”

– Gro Harlem Brundtland, WHO Director-General



## ESCALATING FISCAL PRESSURES TO SUPPORT CITIZENS' WELL-BEING

**Higher healthcare cost**

**Higher pension expenditure**

**More public assistance needed**

Projected increase 10 times in 25 years (1995-2020)  
RM8.3 bil to RM88.4 bil\*

\*Ministry of Health  
Frost & Sullivan

Doubled in 15 years (2015-2030)  
RM19 bil to RM33 bil\*

\*Ministry of Finance  
KWAP Annual Report

Projected to increase if social protection is not in place (increase in elderly poverty)

\*Department of Social Welfare

## MALAYSIA'S SENIOR POPULATION IS GROWING QUICKLY AND MANY ARE ILL-EQUIPPED TO LEAD HAPPY & MEANINGFUL LIVES



92% are worried about their savings and most do not have enough to last more than 5 years



30% are suffering from social isolation and loneliness

## WAY FORWARD



Strengthening the development of social work competencies including in the area of ageing



Empowerment the function and expanding PAWE to all parliamentary



Improvement of National Policy for Older Person 2011 & Plan of Action



Empowerment of community based programme



To increase the number of awareness programs

21



[www.jkm.gov.my](http://www.jkm.gov.my)

22



# Population Ageing in Malaysia: Towards the Year 2030

Tengku Aizan Hamid, Ph.D  
Director/Professor

Malaysian Research Institute on Ageing (MyAgeing)  
[aizan@upm.edu.my](mailto:aizan@upm.edu.my)

Seminar on Successful Ageing: Community Based Programmes and Social Support System in Malaysia,  
12-13 September 2017, Institut Sosial Malaysia, Kuala Lumpur.

## Content

1. Introduction

2. Indicators of Population Ageing

3. Population Ageing Trends in Malaysia

4. Profile of Older Malaysians

5. Ageing Issues, Challenges & Opportunities

6. Conclusion and the Way Forward



## 1. Introduction

- Population ageing is one of the most significant social transformations of the 21<sup>st</sup> century, with implications for nearly all sectors of society.
- The World Ageing Report by United Nations (WPA, 2002) noted that population ageing is:
  - **unprecedented**
  - **pervasive**
  - **profound**
  - **enduring**
- Between 2015 and 2030, the number of older persons aged 60 years or over globally is projected to grow by 56%, from 901 million to 1.4 billion.
- By 2030, older persons aged 60 years or over will outnumber children aged 0-9 years (1.4 billion versus 1.3 billion).

## Who is an Older Person?

- Malaysia uses the age 60 years and over as the cut-off point in deliberating aging trends since the first World Assembly on Ageing in 1982 (Pala, 1998; 2005).
- The United Nations accept both 60 years and 65 years as definition of older persons as per the convention for developing and developed countries.
- WHO and ILO both use 65 years as the cut-off age regularly in their publications.
- By any definition, **there are more older persons living in developing countries, although the developed countries are ageing more rapidly.**
- Like many others, Malaysia is ageing rapidly at lower levels of development.



## Categorizing Nations By Percentage

- Older population aged 65+ (Cowgill & Holmes, 1970):
  - < 4% = Young
  - 4%-6% = Youthful
  - 7%-9% = Mature
  - 10% or more = Aged
- Older population aged 60+ (Chen & Jones, 1989):
  - <6% = Young
  - 6%-10% = Youthful
  - 11%-14% = Mature
  - 15% or more = Aged
- Older population aged 65+ (Coulmas, 2007)
  - Ageing society = 7%-14% of the population are 65+
  - Aged society = 14%-21% of the population are 65+
  - Hyper-aged society = 21% or more of the population are 65+

## Categorizing Nations By Median Age

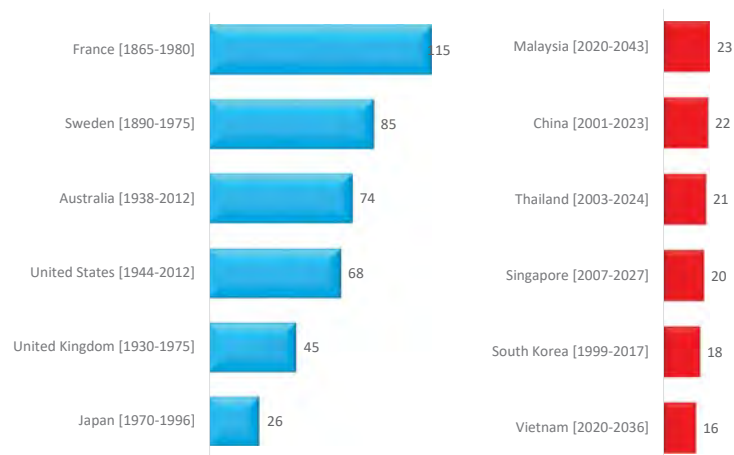
- Demographers use age 30 as the cut-off median age to indicate whether a population is ageing (Hamid, 2006).
  - <20 years = Young
  - 20-29 years = Intermediate
  - 30 years or more = Old

## Other Population Ageing Indicators

- Age-sex Pyramid
- Dependency Ratios
  - Old-age Dependency Ratio
- Ageing Index
- Potential Support Ratio
- Parent Support Ratio
- Economic Support Ratio
- Healthy Life Expectancy

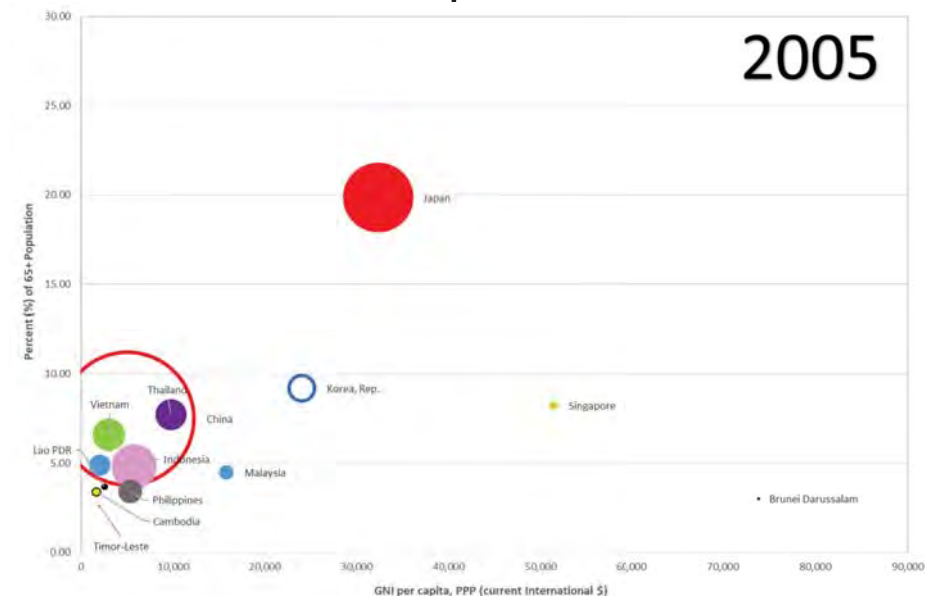
### Speed of Ageing in Selected Countries

- Number of Years for **65+** Population to Double from 7% to 14%

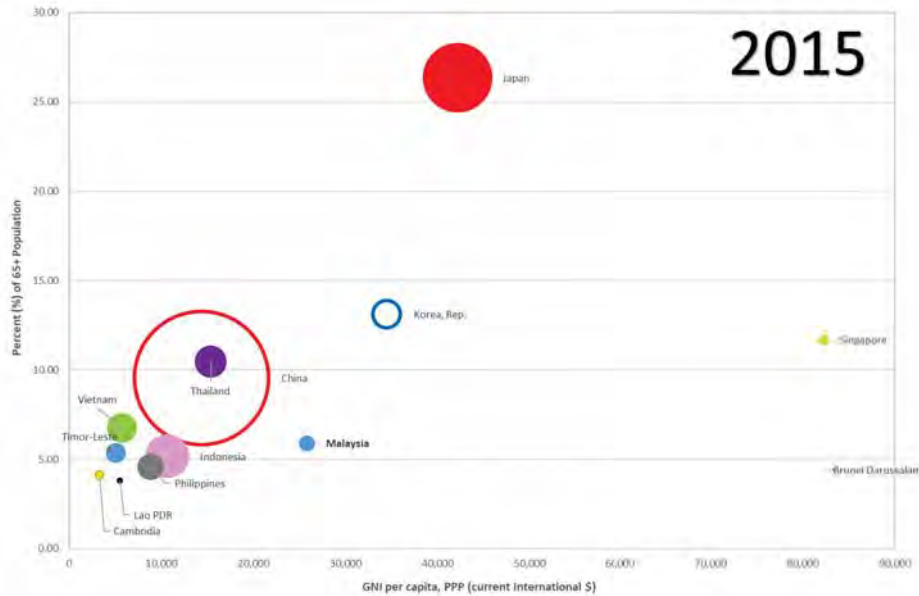


Source: Kinsella & Gist, 1995; Author's calculation based on the International Data Base (US Census Bureau, 2013)

## ASEAN+3 Comparisons



# ASEAN+3 Comparisons



# 2. Indicators of Population Ageing



- Demographic Transition
- Age-sex Pyramid
- Median Age
- Dependency Ratios
- Ageing Index and Other Indicators

# Demographic Transition

Malaysia is now at the 3<sup>rd</sup> stage of demographic transition (Low CBR, Low CDR) with increasing longevity and non-communicable diseases towards an ageing society.

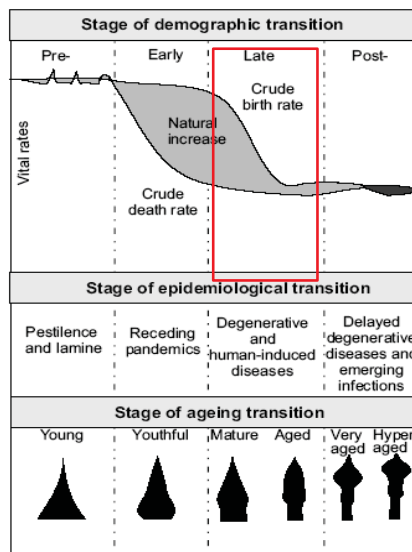
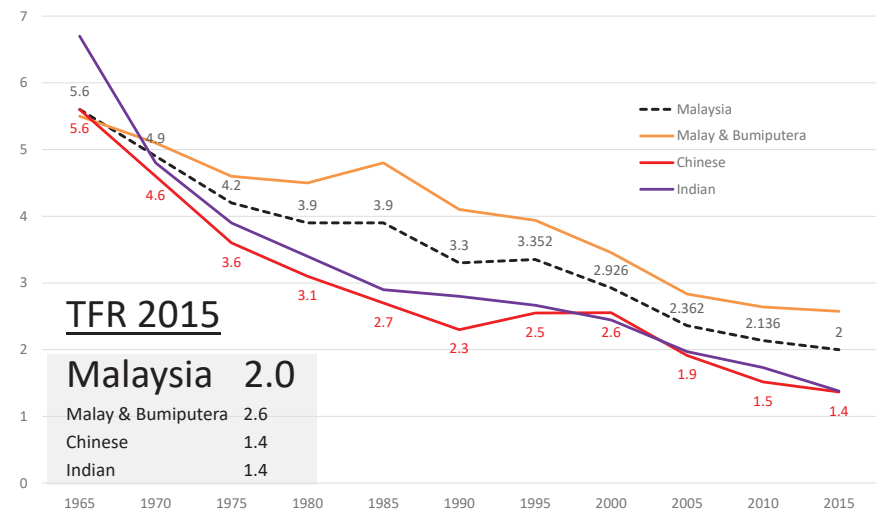


Fig. 3. The stages of demographic, epidemiological and ageing transition

Source: Andrews, G.J., Phillips, D.R., 2005: *Ageing and Place. Perspectives, Policy, Practice*, London, New York: Routledge, p. 48.

# Decreasing Fertility

Total Fertility Rate, 1965 - 2015



Source: Department of Statistics (various years)

Note: TFR prior to 1991 is for Peninsular Malaysia only



# Increasing Longevity

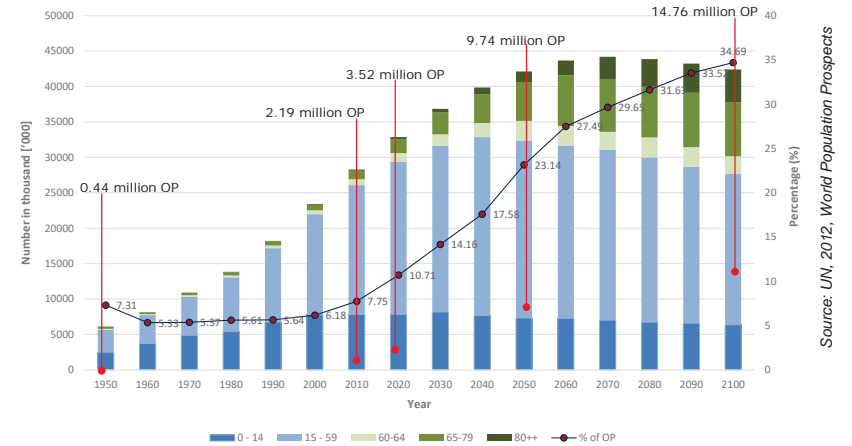
Life Expectancy at Birth and at 60 Years by Ethnicity, Malaysia, 1991 - 2015

Life Expectancy	1991		2000		2010		2015	
	Male	Female	Male	Female	Male	Female	Male	Female
<b>At birth</b>								
<b>Total</b>	<b>69.2</b>	<b>73.4</b>	<b>70.0</b>	<b>74.7</b>	<b>71.9</b>	<b>76.6</b>	<b>72.5</b>	<b>77.1</b>
Malay*	68.8	71.9	69.0	73.3	70.7	75.4	71.2	75.9
Chinese	70.7	76.4	72.4	77.6	74.4	79.1	74.9	79.8
Indian	64.2	71.4	65.7	73.5	67.6	75.7	67.8	76.0
<b>At 60 years</b>								
<b>Total</b>	<b>16.1</b>	<b>18.1</b>	<b>16.7</b>	<b>19.0</b>	<b>17.9</b>	<b>20.1</b>	<b>18.2</b>	<b>20.6</b>
Malay*	15.7	16.9	15.9	17.8	17.1	19.4	17.4	19.8
Chinese	16.8	20.2	18.1	21.1	19.1	21.7	19.6	22.5
Indian	14.2	17.6	15.2	19.1	16.9	19.8	17.1	20.1

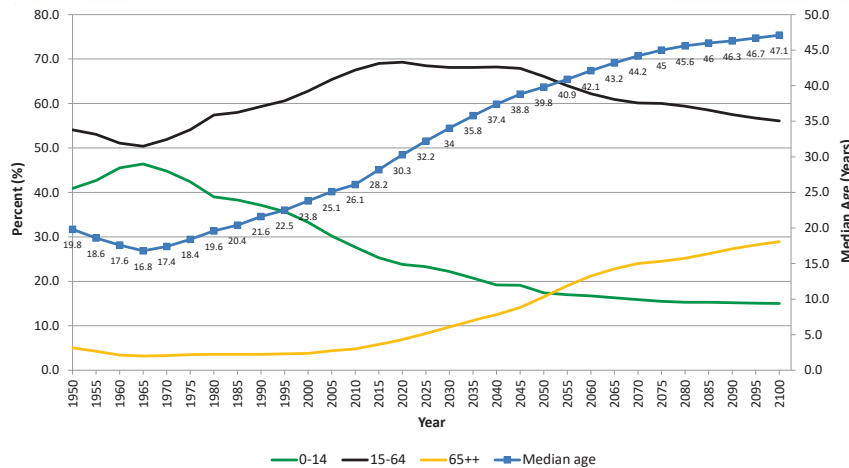
\* Including other Bumiputera

Source: Department of Statistics (1997; 2002; 2017)

# Growth of older persons in Malaysia 1950-2100

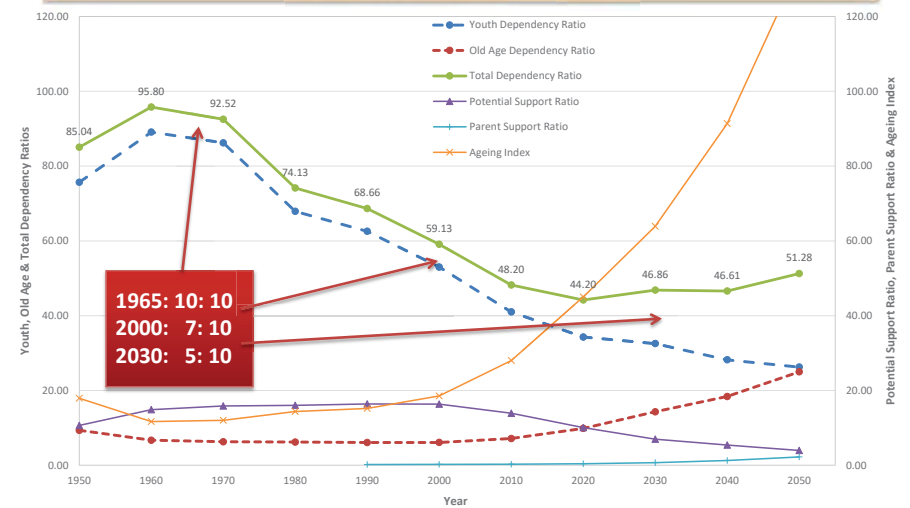


# Population Age Structure and Median Age, Malaysia, 1950 - 2100



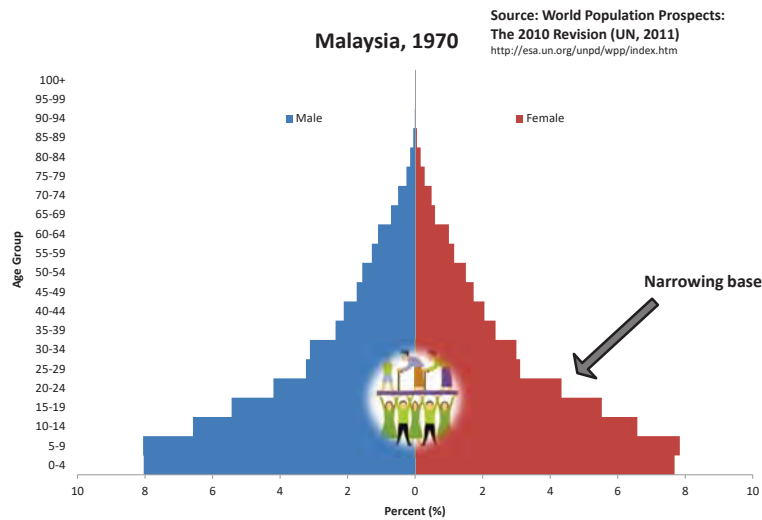
Source: Author's calculation based on the World Population Prospects: The 2012 Revision (UN, 2013)

# Dependency Ratios and Ageing Index, Malaysia, 1950-2050

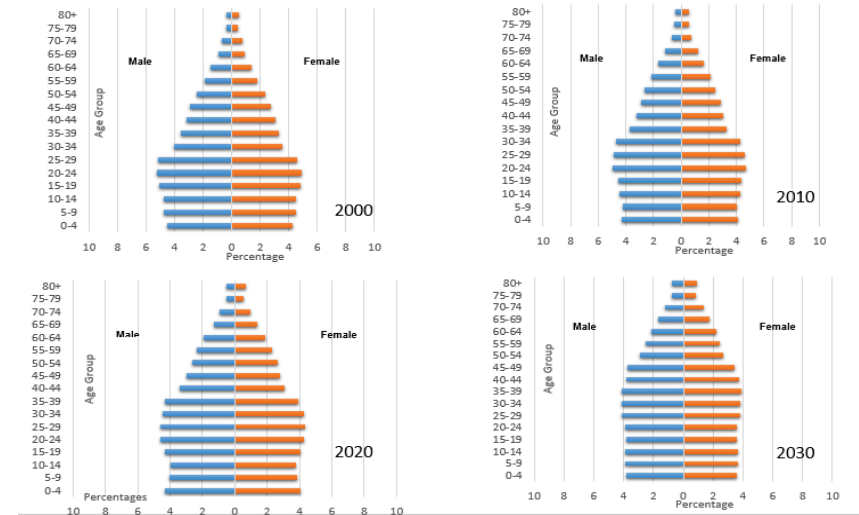


Source: Author's calculation based on the World Population Prospects: The 2012 Revision (UN, 2013)

## Age-Sex Pyramid, Malaysia, 1970, 2000 & 2030

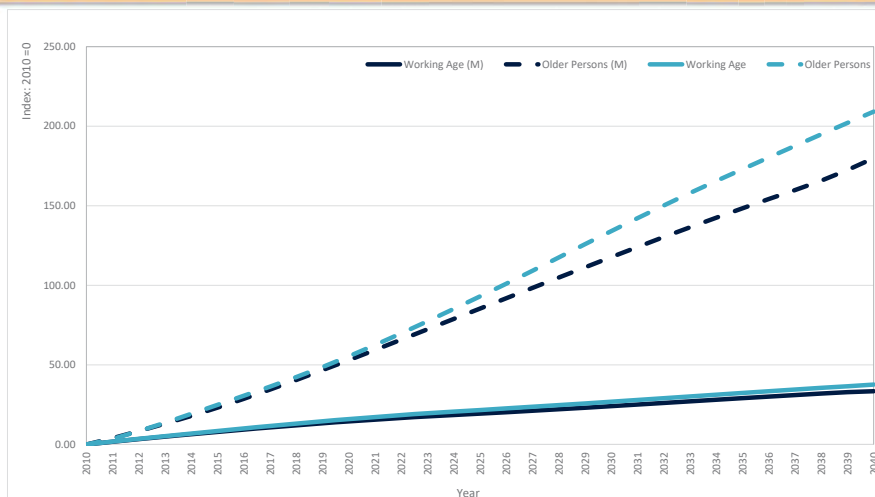


## Age-sex Pyramid, Malaysia, selected years



Source: Author's illustration based on the Population Projection in Malaysia, DOSM 2010-2040

## Working Age versus Older Persons Malaysia, 2010 – 2040



Source: Hamid et al 2017

## Older Malaysians by age cohort

Age Group	2010	2020	2030	2040
<b>Number of Older Persons</b>				
Age of 60 and over	1,361,500	2,098,000	2,805,900	3,341,000
Age of 70 and over	642,700	947,800	1,485,700	2,002,100
Age of 80 and over	244,400	395,100	604,500	952,200
<b>Total</b>	<b>2,248,600</b>	<b>3,440,900</b>	<b>4,896,100</b>	<b>6,295,300</b>
<b>Proportion of Older Person by Age (%)</b>				
60-69	60.55	60.97	57.30	53.07 ↓
70-79	28.58	27.55	30.34	31.80 ↑
80 and over	10.87	11.48	12.36	15.13 ↑
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Author's calculation based on Population Projection in Malaysia, DOSM 2010-2040

**2035** 60+ population reaches 15%  
**2020** 65+ population reaches 7%  
**2020** Median age reaches 30 years old

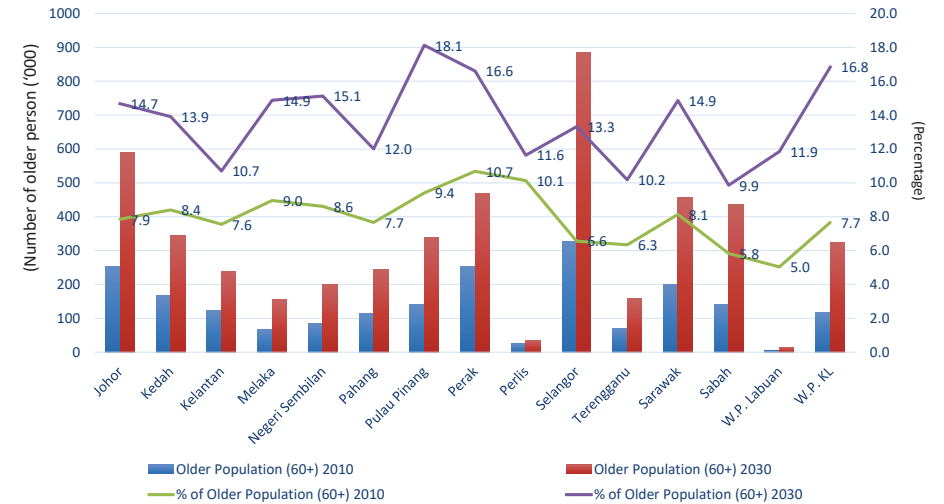
**2042** Proportion of 60+ exceeds proportion of <15  
**2017** Peak of proportion of 15-59 age group at 65.6%

### Population in Malaysia by Age Group and Ethnicity, 2005 & 2015

Ethnicity	2005			2015		
	0-14	15-59	60+	0-14	15-59	60+
<i>Number (in Thousands) '000</i>						
Malay & Bumiputera	5,553.5	9,416.4	977.3	5,625.9	10,808.3	1,242.8
Chinese	1,551.9	3,953.8	621.6	1,451.5	4,201.0	778.0
Indian	524.0	1,181.4	114.0	495.9	1,278.6	150.4
Others	115.5	148.7	13.1	94.3	126.5	11.4
<b>Malaysian</b>	<b>7,744.9</b>	<b>14,700.3</b>	<b>1,726.0</b>	<b>7,667.6</b>	<b>16,414.2</b>	<b>2,182.4</b>
<b>Non-Malaysian</b>	<b>294.4</b>	<b>1,530.6</b>	<b>49.0</b>	<b>154.5</b>	<b>2,103.7</b>	<b>66.2</b>
<b>Total</b>	<b>8,039.5</b>	<b>16,230.8</b>	<b>1,775.5</b>	<b>7,822.1</b>	<b>18,518.1</b>	<b>2,248.6</b>
<i>Percent</i>						
Malay & Bumiputera	34.8	59.1	6.1	31.8	61.1	7.0
Chinese	25.3	64.5	10.1	22.6	65.3	12.1
Indian	28.8	64.9	6.3	25.8	66.4	7.8
Others	41.7	53.6	4.7	40.6	54.5	4.9
<b>Malaysian</b>	<b>32.0</b>	<b>60.8</b>	<b>7.1</b>	<b>29.2</b>	<b>62.5</b>	<b>8.3</b>
<b>Non-Malaysian</b>	<b>15.7</b>	<b>81.7</b>	<b>2.6</b>	<b>6.7</b>	<b>90.5</b>	<b>2.9</b>
<b>Total</b>	<b>30.9</b>	<b>62.3</b>	<b>6.8</b>	<b>27.4</b>	<b>64.8</b>	<b>7.9</b>

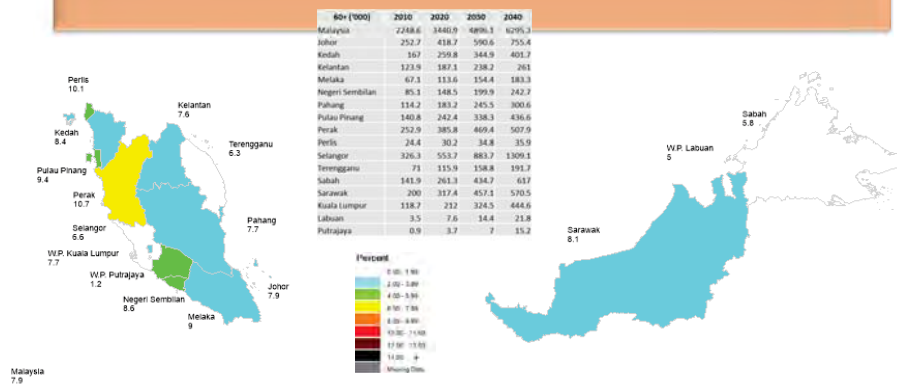
Source: Department of Statistics Malaysia, 2014; 2015

## Older Malaysians by state, 2010 & 2030\*



UNIVERSITI PUTRA MALAYSIA Data Source: Population Projection in Malaysia, DOSM 2010-2040

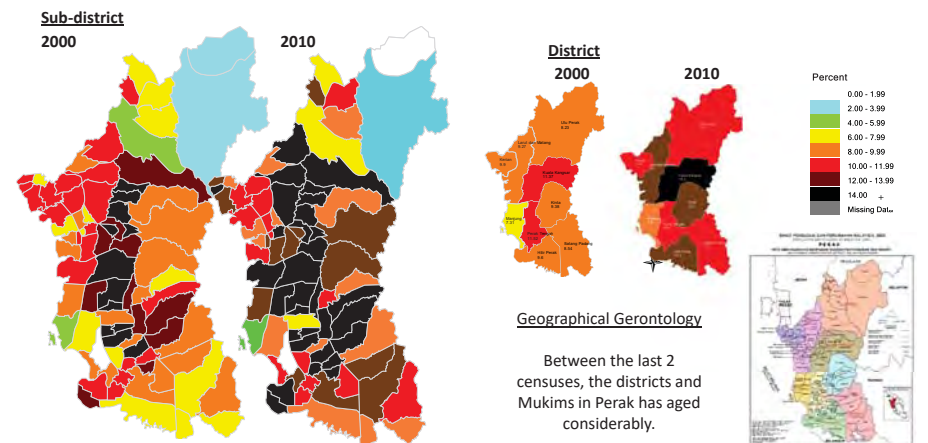
## Older Population (60+) by State, 2010 - 2040



The situation of ageing varies by State due to the complex interplay of fertility, mortality and migration. Perak has been the oldest state (in % terms) in Census 2000 & 2010, but will fall to 2<sup>nd</sup> place in 2020 after Penang. In absolute numbers, Selangor will remain the top State with the largest population of older persons aged 60 years or over.

## Oldest State (%)

Percentage Distribution of older persons (60 years or over) Perak Darul Ridzuan



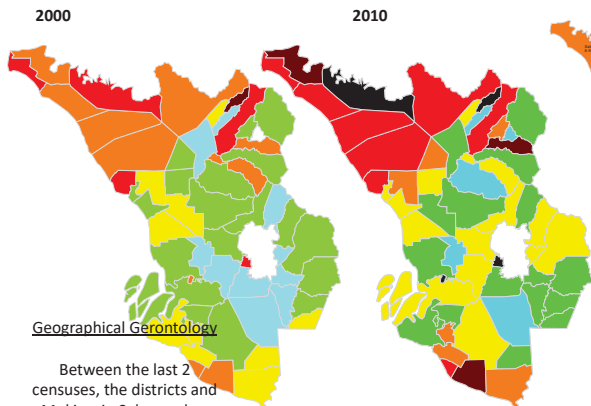
Source: Hamid et al 2017

# Largest State (N)

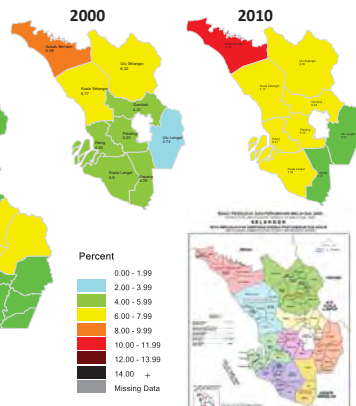
## Selangor Darul Ehsan

### Percentage Distribution of Older Persons (60+)

Sub-district  
2000

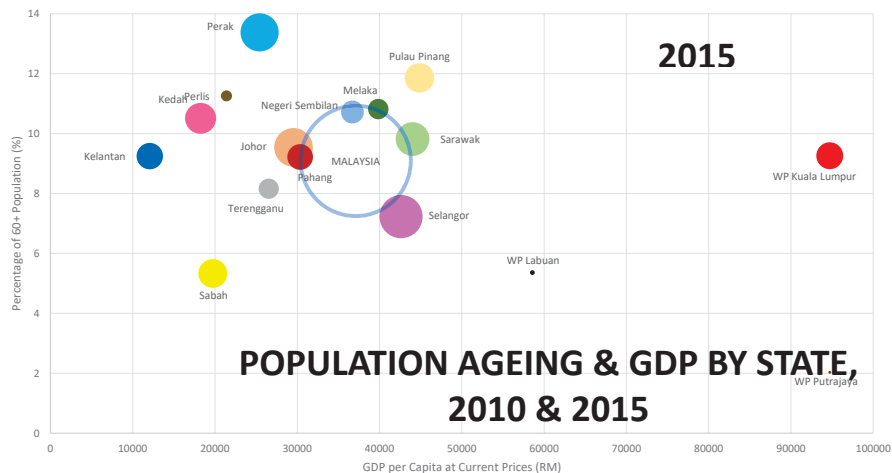
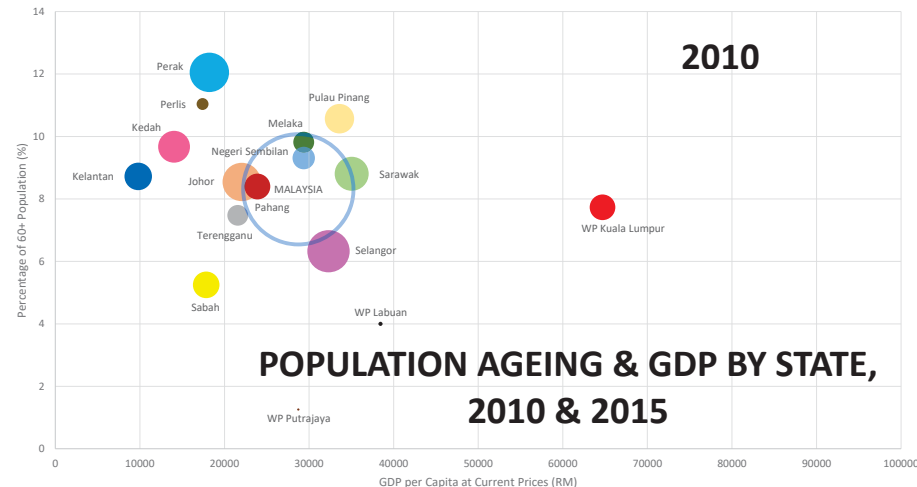


District  
2000



### Geographical Gerontology

Between the last 2 censuses, the districts and Mukims in Selangor has aged considerably.



## 4. Profile of Older Malaysians

### Education Level of Older Malaysians, 1970 - 2020

Education Level	1970	1980	1991	2000	2010	2020*
No schooling	75.0	73.2	63.1	51.3	56.5	17.4
Primary	22.3	23.1	31.5	37.4	20.1	38.1
Lower secondary	1.3	1.8	2.4	4.9	7.1	18.0
Upper secondary	1.2	1.5	2.1	4.4	12.5	18.6
Tertiary	0.3	0.4	0.9	2.0	3.7	7.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: Department of Statistics, 2005, 2012

### Marital Status of Older Malaysians by Sex, 1991, 2000 & 2010

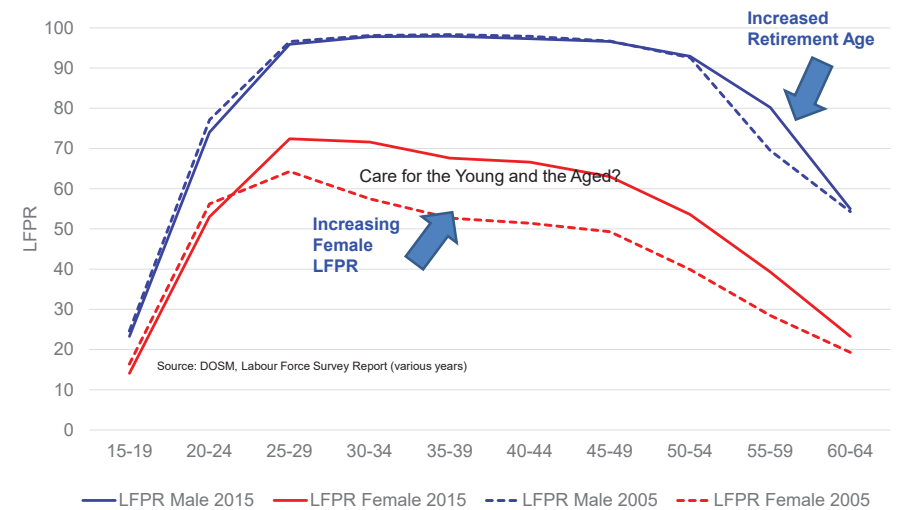
Age Group / Marital Status	1991		2000		2010	
	Male	Female	Male	Female	Male	Female
60+ Never Married	2.0	1.5	2.2	1.9	5.0	5.2
60+ Currently Married	84.1	44.0	85.5	49.9	83.2	54.2
60+ Widowed	12.4	50.7	11.3	45.5	11.2	39.6
60+ Divorced/Separated	1.4	3.8	1.0	2.7	0.6	1.0

## Common Ailments affecting the Elderly in Peninsular Malaysia, 2015 (LRGS - TUA)

Diseases	Total Prevalence (N = 2,319)	60-64 (n = 665)	65-69 (n = 665)	70-74 (n = 517)	75+ (n = 472)
Diabetes	23.8	25.3	26.0	23.6	19.1
Heart Diseases	8.8	6.2	9.0	9.9	10.8
Hypercholesterolemia	25.7	25.9	27.8	28.4	19.3
Hypertension	45.7	41.7	46.2	50.7	45.1
Incontinence	4.7	4.7	4.8	4.4	5.1
Asthma	5.0	5.6	4.4	4.1	6.1
Gout	3.6	2.1	2.9	5.4	4.7
Stroke	1.3	1.4	1.2	1.4	1.1
Joint Pain	10.5	8.4	9.2	11.4	14.4

Sahar et al 2017

## Labour Force Participation by Sex, Malaysia, 2005 & 2015



## Labour Force Participation Rate : Older Malaysians

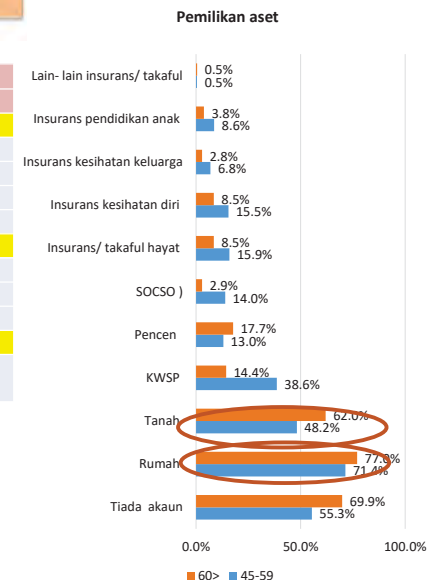
Years	Total LFP (15-64)	Males				Females			
		45-49	50-54	55-59	60-64	45-49	50-54	55-59	60-64
2005	63.3	96.7	92.6	69.5	54.3	49.3	39.9	28.5	19.3
2006	63.1	96.9	91.7	70.3	56.8	48.4	40.9	27.7	19.5
2007	63.2	96.8	91.7	70.8	54.5	49.8	43.9	28.0	20.0
2008	62.6	96.4	91.0	67.7	54.6	48.2	42.1	26.8	18.1
2009	62.9	96.6	92.4	70.4	52.0	47.7	43.4	27.9	18.7
2010	63.7	96.2	91.4	71.1	51.5	50.9	42.6	28.2	17.2
2011	64.4	97.0	91.3	73.5	53.8	53.3	44.1	29.8	18.3
2012	65.5	96.9	92.5	76.8	57.4	55.3	48.3	34.6	21.2
2013	67.0	97.1	93.5	78.9	57.1	60.0	53.5	38.8	25.3
2014	67.5	96.6	93.0	77.7	54.0	60.6	53.9	39.1	24.9
2015	67.9	96.6	92.6	80.2	55.0	63.0	53.6	39.3	23.3
2016	67.7	96.8	92.9	78.7	51.2	61.4	52.2	39.1	21.7

Source: DOSM, Labour Force Surveys (various year)

## Financial security in old age

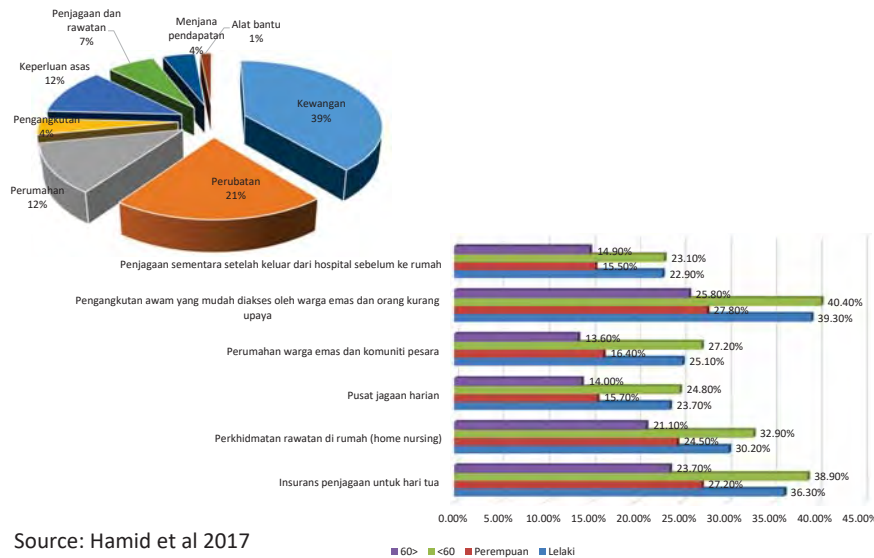
Sumber Pendapatan	Jantina		Umur	
	Lelaki	Perempuan	<60	60>
Gaji/ upah	43.20%	20.80%	49.20%	12.90%
Perniagaan	15.30%	12.70%	17.60%	9.90%
Sewa	3.20%	3.70%	4.20%	2.60%
Faedah/dividen	0.60%	0.50%	0.60%	0.50%
Kebajikan	6.60%	9.50%	4.20%	12.40%
Pencen	15.40%	7.00%	5.10%	18.60%
SOCSCO	2.20%	0.80%	2.00%	1.00%
Hasil pertanian	13.10%	7.60%	9.90%	11.10%
Anuiti	0.60%	0.00%	0.60%	0.00%
Pemberian anak	40.60%	46.90%	32.80%	56.20%
Lain-lain	5.90%	6.70%	6.80%	5.70%

Source: Hamid et al 2017

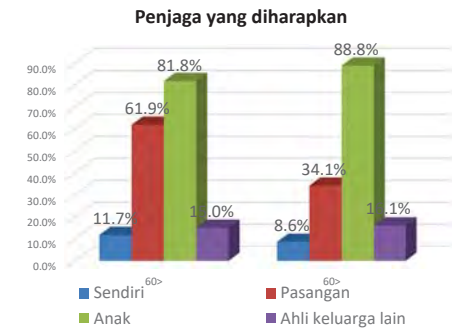




## Service need and willingness to pay



## Care



Jumlah kos untuk penjagaan sebulan (<60= 22%, 60+=68%)	Min kos penjagaan (RM)		
	Penerima bantuan	Pemberi bantuan	Keseluruhan
Barang keperluan khas (contohnya lampin dewasa, dll)	57.30	104.84	84.71
Ubat-ubatan	118.20	100.86	114.40
Makanan dan minuman khas (susu, makanan tambahan dan lain-lain)	180.45	206.84	202.41
Penjagaan	60.36	100.78	88.42
Jumlah umum	418.73	520.98	493.24

Source: Hamid et al 2017



## Ageing Issues, Challenges & Opportunities

“We must be fully aware that while the developed countries became rich before they became old, the developing countries will become old before they become rich.”

- Gro Harlem Brundtland, WHO Director-General

## Issues arising from demographic changes

1. The number and percentage of older persons are increasing.
2. Life expectancy at birth and at 60 are increasing.
3. There are wide variations in the rates of ageing by sex, ethnicity and geography.
4. Older persons are asset rich but cash or income poor.
5. Disease and mortality patterns are changing.
6. The health care and social welfare system in Malaysia are facing novel challenges, but the changing demographics are also bringing new opportunities.
7. We need to rethink how broader social forces are affecting the current and future generations of the elderly (i.e. marital status, education, living arrangement, income, policies)
8. Demography and indicators of population are useful for evidence-based policy planning





## European Summit on Digital Innovation for Active & Healthy Ageing

Brussels, 5-8 December 2016



Dr. Naoko Iwasaki (2016), Associate Professor at the Institute of e-Government, Waseda University, Tokyo, Japan

- 6 solutions for developing a **smarter ageing-friendly society**:

1. Inclusive society;
2. Establishment of Academic Consortium for Age-Friendly Society;
3. Innovation for ICT application and New technology;
4. Employment;
5. Transformation to Aging Society, and;
6. Support for SDG-related to Aging Society.

NEW PERSPECTIVE  
- OP AS PRODUCERS  
- Employment  
- Volunteerism



## What We Need to Do

1. Proper assessment of the situation of ageing in the country and the expected changes in in-coming cohorts.
2. Strengthening and improving on current provisions for the aged (health, finance, family, housing, environment, etc.)
3. Building the capacity of key actors (public, private and civil society) to care for older persons.
4. Introducing innovations to transform our approach to the multi-sectoral issues and challenges of population ageing.
5. Recognizing the opportunities that comes with an ageing population in a rapidly modernizing, prospering society.

*"Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we've been waiting for. We are the change that we seek."*

- Barack Obama, 2008

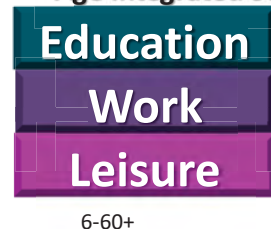
## Rethinking Life Course Priorities

Age Stratified Society

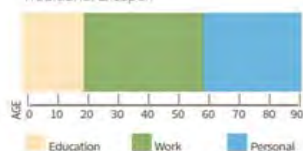


Change

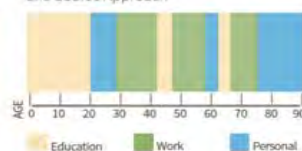
Age Integrated Society



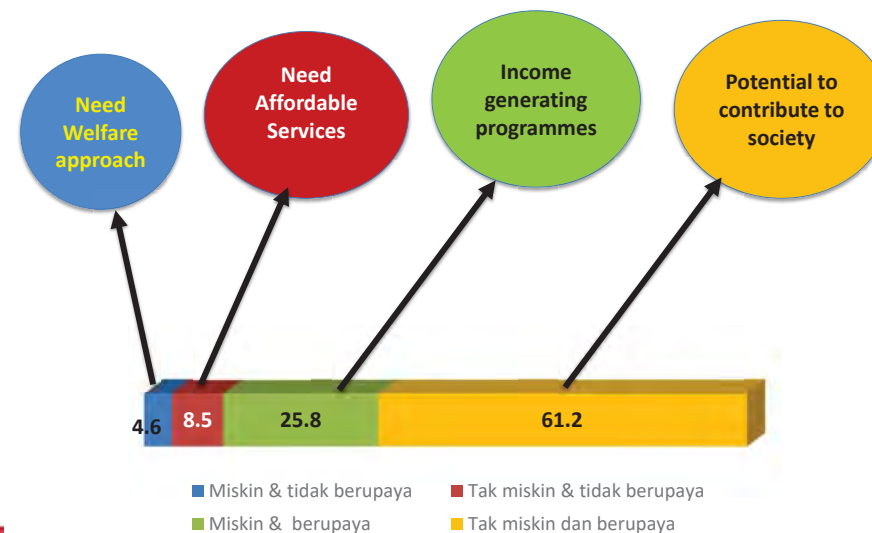
Traditional Lifespan



Life Course Approach



## Typology of older Malaysians



# SOCIAL PROTECTION FOR THE ELDERLY IN MALAYSIA PROMOTING THE INCLUSION OF OLDER PERSONS

Seminar on Successful Ageing

12 SEPTEMBER 2017

PROFESSOR DATUK NORMA MANSOR  
DIRECTOR  
SOCIAL SECURITY RESEARCH CENTRE  
UNIVERSITI MALAYA

## CONTENT

- 1 Malaysia: An Inclusive Society
- 2 Ageing Population
- 3 Ageing in Malaysia
- 4 Policies for the Elderly
- 5 Current Pension/Savings Schemes for the Elderly
- 6 Gaps and Challenges
- 7 Establishment of MySPC
- 8 Basic Income Security
- 9 Reemployment
- 10 Recommendations

## Malaysia: An Inclusive Society

### Eleventh Malaysia Plan (11<sup>th</sup> MP)

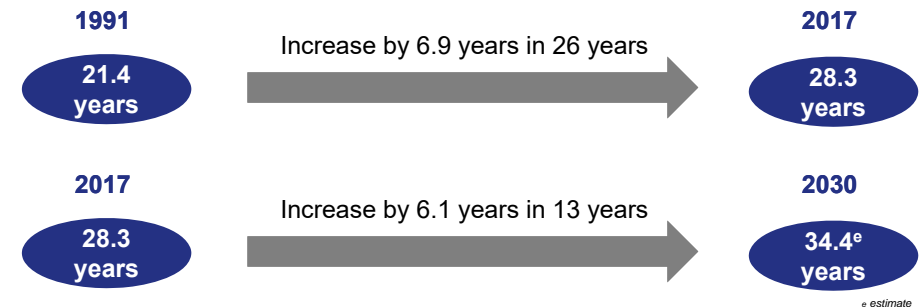
- The first strategic thrust of the 11<sup>th</sup> MP is **Enhancing Inclusiveness Towards an Equitable Society**

### Sustainable Development Goals (SDGs)

- Goal 3: Ensure healthy lives and promote well-being for all at all ages
- SDGs made a broader commitment that "all indicators should be disaggregated by age"
- The SDGs pledge "no one will be left behind" and "to reach the furthest behind first" - **every individual must benefit** from the development process with **the most vulnerable getting the highest priority**

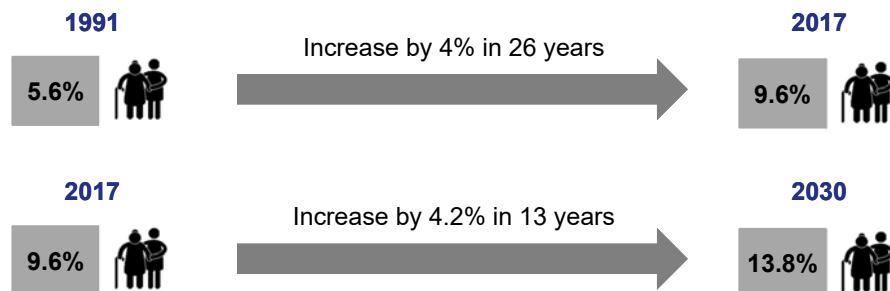
## Ageing Population

- Increase in median age



## Ageing Population

- Increase in proportion aged 60 and above



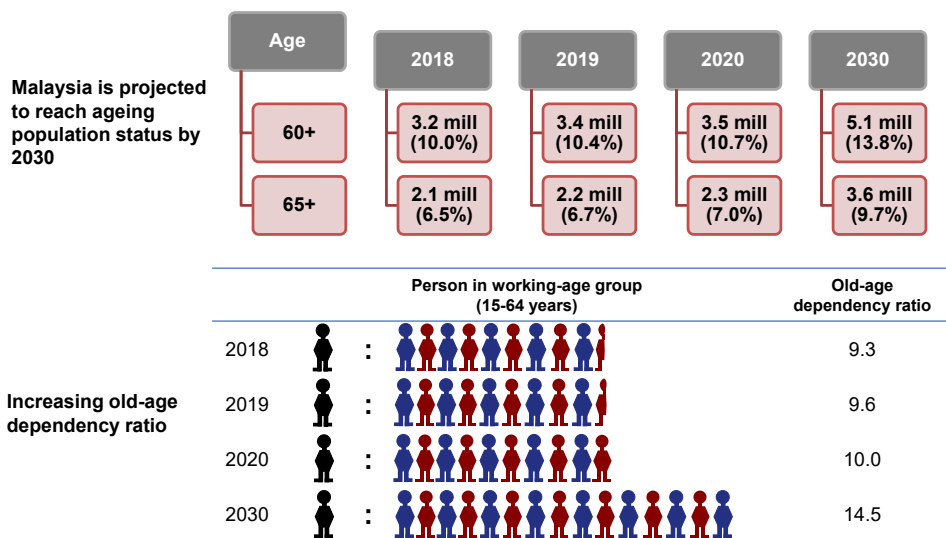
Source:  
Malaysia Current Population Estimates 2017  
UN Population Prospects

## Ageing Population - What does it mean?

- Demographic dividend:
  - Declining fertility opens up the window of opportunities for the nation to reap the **demographic dividend**, as a high proportion in the labor force age group means that more resources could be channeled for human and national development – **meanwhile the shift in demography** pose a challenge to government
  - An ageing population opens up a **second window of opportunity (wealthy)** - The **second demographic dividend**, whereby increasing life expectancy and lower fertility (fewer children) stimulates the accumulation of wealth. More wealth leads then to a permanent increase in income

## Ageing in Malaysia – dependency issue

Profound demographics shift towards an ageing population



Source: UN Population Prospects

## Policies for the Elderly

- Malaysia has the following policies for the elderly:
  - National Social Welfare Policy (1990)
  - National Policy for Elderly (1995)
- However, there is no promise of social protection for the elderly

## Current Pension/Savings Schemes for the Elderly



**Bantuan Orang Tua**  
(Cash benefits)  
means tested



**Civil Service Pension Fund**  
for civil servants



**LTAT**  
for armed forces



**EPF**  
savings for formal sector

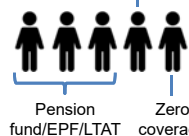


**Bantuan Rakyat 1Malaysia (BR1M)**  
means tested

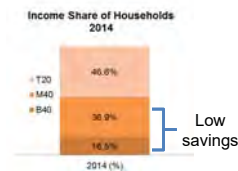
## Gaps and Challenges

No universality in social protection

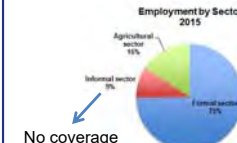
Bantuan Orang Tua



Low savings among formal workers



No coverage for informal sector



No contribution from individuals for civil service pension



The residual role of government



Government fiscal sustainability



## Establishment of MySPC



### Malaysia Social Protection Council

- Establishment of the Malaysia Social Protection Council
- Approved by Cabinet on 28 October 2016
- Chairman: The Prime Minister
- The TOR is to draft a social protection policy and blueprint for Malaysia

## Holistic Framework to Social Protection – Life-cycle Approach

Ensuring **NO ONE IS LEFT BEHIND** - national strategies and initiatives to be crafted based on different life stages



National **SOCIAL PROTECTION** Blueprint

National **FINANCIAL LITERACY** Strategy

**CONSOLIDATED DATABASE** across ministries and agencies

**CITY OF ALL AGES** (infrastructure, green environment, facilities and etc.)

**COLLABORATION AMONG MINISTRIES AND AGENCIES**  
to nudge towards change of behaviour

**UNIVERSAL BASIC INCOME FOR THE ELDERLY**

---

THANK YOU





## SAFETY OF OLDER PERSONS IN THE COMMUNITY: A SHARED RESPONSIBILITY

1

## Older Persons

- In Malaysia, older persons are defined as those who are 60 years and above.
- By 2030, Malaysia will be in the category of ageing nations with older persons (60 years and older) constituting more than 15% or 5.6 million of the population.
- The government of Malaysia has made various preparations to ensure this group of older citizens would still be healthy, productive and able to contribute to society.

2

## The National Policy for Older Persons

- Malaysia had established the National Policy for Older Persons and the Plan of Action (2010 – 2020) together with the National Advisory and Consultative Council of Older Persons.
- There is continued emphasis on ensuring the health, safety and well-being of older persons so they can age with dignity and respect with rights to enjoy a comfortable and respected life and can contribute to the development of the nation.

3

## Safety of older persons

- To ensure the well being of older persons, we have to create safe conditions and environments for them. They have to be protected from any danger, risks, injuries and against crimes.
- Safety and security, and the right to live free from fear of crime, are fundamental human rights of older persons. If they feel unsafe, or 'at risk', these would have significant negative impacts on their health and sense of well-being.

4

## Crimes commonly targeted at older persons

- Some crimes are specifically targeted at older persons because they are perceived as vulnerable e.g. **financial abuse or theft, purse snatchers & muggings.**
- Crimes against older persons can also take place in a context of **abuse, neglect and mistreatment** where they live, whether it is in a care home, their own home or hospital.

5

## (cont)

- Property crime – burglary, larceny, theft, motor vehicle theft, arson, shoplifting, and vandalism.
- Street crime – mugging, snatch
- Violent crime - homicide, murder, assault, manslaughter, sexual assault.
- Financial Scams

6

## ■ Financial Scams

Financial scams targeting older persons have become so prevalent that they are now considered “the crime of the 21st century.” Older persons are thought to have a significant amount of money in their accounts.

### Top Financial Scams Targeting older persons

- *Investment schemes*
- *Medicare / health insurance scams*
- *Internet fraud*
- *Email / phishing scams*
- *Telemarketing / phone scams*
- *the fake accident ploy*

7

## The impact of crime on older persons

- Older persons may suffer severe consequences of crime (physical, psychological and financial). They may also have higher levels of fear of crime....to the point where it limits their quality of life and results in loneliness and social isolation.
- Financial scams also often go unreported or can be difficult to prosecute, so they are considered a “low-risk” crime. However, they are devastating to many older persons and can leave them in a very vulnerable position with little time to recoup their losses.

8

## STRATEGIES TO ADDRESS FEAR OF CRIME AMONG OLDER PERSONS ROLE OF MALAYSIA CRIME PREVENTION FOUNDATION (MCPF) IN CRIME PREVENTION PROGRAMS

- Strategies had been initiated by MCPF and various other agencies to address fear of crime among older persons and provides crime prevention services to minimize both fear and crime among older persons.

9

## About Malaysia Crime Prevention Foundation (MCPF)

- Malaysia Crime Prevention Foundation was established on January 11<sup>th</sup> 1993, as a Non Government Organization. It is a chapter of the Asia Crime Prevention Foundation (ACPF), which is based in Tokyo, Japan and declared as the first chapter to be established outside Japan. MCPF is a Non-Profit Organization.
- MCPF is fully committed to ensure that crime prevention is at the forefront of its efforts in supporting the communities served.

10

## MCPF – ROLE

- To share the vision of reducing the opportunity for crime to occur, reducing the number of victims of crime and creating safer environments. Collaborative efforts will make sure that crime prevention becomes everyone's business.

11

## MCPF – OBJECTIVES

- To promote awareness in crime prevention and rehabilitation of offenders at all times.
- In addition to getting public participation in crime prevention efforts of the Government and other interested parties and NGO's.
- MCPF contributes to the enhancement of effective measures for crime prevention and treatment (rehabilitation) of offenders.
- The ultimate goal is peace, stability and manageable crime level in our country.

12

## MCPF & CRIME PREVENTION CAMPAIGN

### OBJECTIVES

1. To raise public awareness on importance of prevention;
2. To encourage public participation to ensure the success;
3. To prompt a number of partners from municipalities, communities, police, education, social service, private business and NGO's to take action to preserve or restore an all round sense of security within respective communities; and
4. To encourage the organizations to host instructional activities to benefit all those who are concerned about preventing crime.

13

## STRATEGIES IN CRIME PREVENTION INVOLVING OLDER PERSONS

- Increase awareness among seniors;
- Crime prevention through environmental design;
- Crime prevention education programs;
- Survival programs;
- To form special police unit to protect older persons; and
- Community participation.

14

## Community safety

### Concept of Community Safety

- Community safety ensures the kind of quality of life where people including older persons are protected as far as possible from hazards or threats that result from the criminal or antisocial behaviour of others.
- Older persons are taught and equipped with knowledge to cope with unpleasant experiences encountered. They have to be taught how to report incidences of crime to the police.
- Community safety messages should be given to all older people, in the form of a purpose-designed booklet. Pamphlets and flyers on Crime Prevention Tips for older persons can be distributed. Sharing of information.

15

## SUPPORT SYSTEM

1. Have a "buddy system" in which neighbours check up on one another, accompany one another to the bank, store, or doctor's appointment, and watch over homes when neighbours are away have positive impacts.
2. Neighbourhood Watch (NW) This program can greatly reduce the fear of crime among the older persons and help keep them safe. NW also organized various activities to promote interaction, welfare, health, wellness, good neighborliness, understanding and harmony among residents in the area it operates.

16

## Cont.

3. Develop a communication network to keep the elderly alert to potential crime. Frequent interaction with other community members helps increase the sense of security and support for all residents of the area.
4. Provide services to support older victims on how to deal with the physical, emotional, and financial impacts of crime.

17

## Cont.

5. Maintain good relationship with local area police.  
It was found that communication with officers on patrol was significantly associated with lower levels of fear and security consciousness.
6. Have all emergency contact information.
7. Download emergency applications.

18

## SUPPORT FOR VICTIMS

- **Listen and focus on the victim.** Learn what's been going on & show you want to help.
- **Assure the victim that help can be given**
- **Know that victims may struggle with talking about it.**  
Consider referring them to a counsellor or psychologist
- **Work together** with police / resident association to resolve the situation & protect the victim from reoccurrence.

19

## Research on needs of older persons

### (Recommendation)

- It is recommended that more research have to be conducted on the needs of older age groups as well as the wider population. There should be community development schemes that help build the resilience of older persons. In the research the following should be the main objectives:
- To investigate how older persons's views on community safety, what are the main issues from an older person's perspective and how older people can be helped to feel safer.
- To identify events that makes them fearful? What do they see as the consequences of being a victim of crime? In what situations are they afraid? What would reduce their fears?

20

## CONCLUSION

- Crime prevention and ensuring older persons' safety is everyone's responsibility, not just a job for law enforcement. For everyone, especially older persons, it is important to be mindful that crimes can occur and take preventative measures against them. One way to do this is to systematically eliminate anything that could give a criminal a better opportunity to commit a crime against you.

21

## THANK YOU

ADDRESS : YAYASAN PENCEGAHAN JENAYAH MALAYSIA

A-20-13

MENARA A, TINGKAT 20

MENARA UOA BANGSAR

NO. 5 JALAN BANGSAR UTAMA 1

59000 KUALA LUMPUR.

TEL : 03-2284 1954 / 2134

FAX : 03-2284 4325

WEBSITE : [www.mcpf.org.my](http://www.mcpf.org.my)

EMAIL : [support@mcpf.org.my](mailto:support@mcpf.org.my)

22



# EMOTIONAL SUPPORT IN OLDER PERSON

DR. SUHAILA MOHAMAD ZAHIR

MB.Bch(BAO)(GALWAY), M.MED.PSY(USM), CMIA(NIOSH), F.PSYCHOGERIATRIC(DUBLIN)

PSYCHOGERIATRICIAN

HOSPITAL TUANKU JAAFAR  
SEREMBAN, N. SEMBILAN

## OUTLINE

- EMOTIONAL CHANGES WITH AGING
- LONELINESS AMONG OLDER PERSONS
- SOCIAL ISOLATION AMONG OLDER PERSONS
- DEPRESSION AMONG OLDER PERSONS
- MEASURES TAKEN TO IMPROVE EMOTIONAL WELL BEING
- WAY FORWARD

## PROBLEMS THAT MAY LEAD TO EMOTIONAL CHANGES IN OLDER PERSON

- LONELINESS due to loss of social contact
- ROLE REVERSAL
- UNRESOLVED CONFLICT

## What is loneliness?

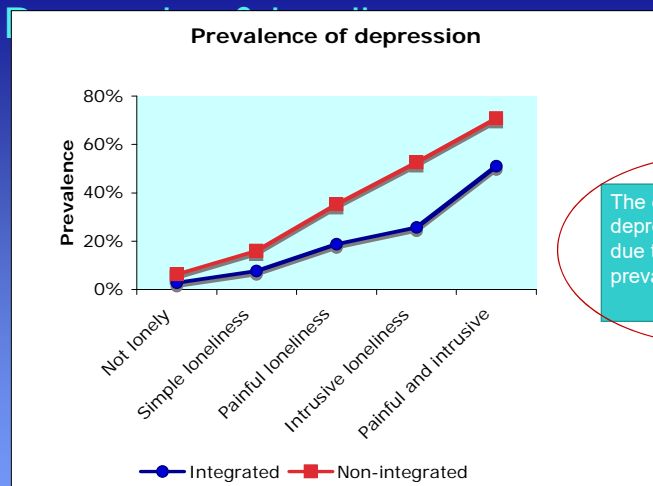
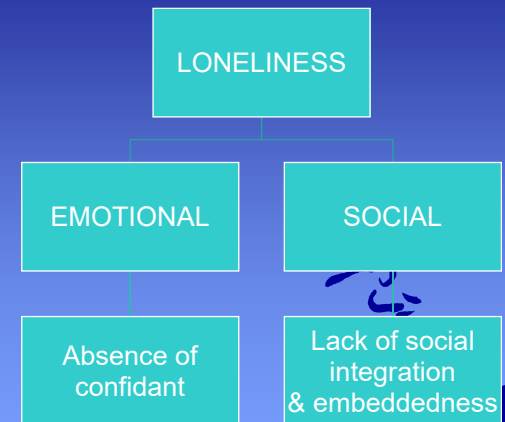
Loneliness is a *subjective, unpleasant* condition characterised by dissatisfaction with social relationships

Loneliness is not the same as voluntary solitude or just being alone

## Why loneliness is bad for the health of older people

~ What should young people do with their lives today? Many things, obviously. But the most daring thing is to create **stable communities** in which the **terrible disease of loneliness** can be cured. ~ Kurt Vonnegut

## Types of loneliness



The excess risk of depression in widowhood is due to the higher prevalence of loneliness

## IMPACT OF EMOTIONAL LONELINESS AND NOT HAVING SUPPORT

## Loneliness and isolation are associated with.....

- Increased risk of dying
- Sleep problems
- Depression
- Poor quality of life
- Frailty
- Cognitive impairment & dementia



House et al. Science 1988; Loucks et al. Psychosomatic Medicine 67:353-358 (2005)  
Berkman et al. Am J Epidemiol 2004; Berkman L and Syme SL. Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda County residents. Epidemiology 109: 186-204, 1979.; Iwaskaki et al.; Reynolds et al; Schoenenbach et al.; Steptoe et al. 2003 Psychosomatic Medicine 65:137-144 (2003)  
Rutledge et al. 2004 Psychosomatic Medicine 66:882-888 (2004) Steptoe et al. 2004 Psychoneuroendocrinology

## A cure for loneliness.....



## What can we do for loneliness?

- Creating 'stable communities': community for the community
- Volunteer interventions (home help, companion)
- Build 'cognitive reserve'



## SOCIAL ISOLATION

- Social isolation occurs when an individual is cut off from social ties and activities
- At some point, many older adults will experience social isolation and feelings of loneliness due to changes in one's network
- Social isolation or loneliness has many negative consequences on health and mental health.



## Signs/Symptoms of isolation

<u>Physical</u>	<u>Emotional</u>
<ul style="list-style-type: none"> <li>• Signs of self-neglect such as unexplained weight loss, poor self-care</li> <li>• Lethargy</li> </ul>	<ul style="list-style-type: none"> <li>• Feelings of loneliness</li> <li>• Feelings of sadness</li> <li>• Feelings of despair</li> </ul>
<u>Cognitive</u>	<u>Social</u>
<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Not oriented to time</li> <li>• Nervousness</li> <li>• Forgetfulness</li> </ul>	<ul style="list-style-type: none"> <li>• Social withdrawal never leaving home</li> <li>• Lack of interest in or lack of social relationships</li> </ul>

13

## Impact of Social isolation

- **Physical:** has been linked to poor health, alcohol and substance use, and suicidal thoughts.
- **Emotional:** May result in reduced confidence in oneself, feelings of diminished self-worth, despair, depression, and worthlessness. Social isolation is one of the strongest predictors of depression in later life.
- **Cognitive (mental):** May experience a shortened attention span or forgetfulness as they may not see any reason or opportunity to remain aware and alert.

14

## Depression in older person

- Increases mortality
- Lowers quality of life
- Makes older people less likely to attend to their physical health needs e.g outcome after heart attack is poorer if depressed and less likely to take prescribed medication to prevent another heart attack
- Depression may increase risk of dementia
- Low grade symptoms of depression & anxiety can develop into major depression over time if untreated

## Signs/Symptoms of depression

<u>Physical</u>	<u>Emotional</u>
<ul style="list-style-type: none"> <li>• Frequently tearful</li> <li>• Restless/ Fidgeting</li> <li>• Appetite change/ weight loss</li> <li>• Fatigue/loss of energy</li> <li>• Sleep disturbances</li> </ul>	<ul style="list-style-type: none"> <li>• Sad or downcast moods</li> <li>• Feelings of hopelessness and worthlessness</li> <li>• Guilt</li> <li>• Helplessness</li> </ul>
<u>Cognitive</u>	<u>Social</u>
<ul style="list-style-type: none"> <li>• Reoccurring thoughts about death and suicide</li> <li>• Difficulty in decision making</li> <li>• Lack of motivation to begin new projects</li> <li>• Difficulty with memory or concentration</li> </ul>	<ul style="list-style-type: none"> <li>• Avoidance of social interactions</li> <li>• Diminished interest in pleasurable activities and hobbies</li> </ul>

16

## Impact of Depression

- **Physical:** May lead to alcohol dependence, increased disability from medical illnesses, and increased death rates due to heart attack, stroke, and cancer. Increases the risk of death due to suicide.
- **Emotional:** May contribute to feelings of sadness, feeling low, anxiety, anger, worthlessness, hopelessness.
- **Mental:** May cause disorientation, a shortened attention span or cognitive impairment.
- **Social:** May cause withdrawal from family members and friends

17

## Less stress, loneliness & depression: is it possible?

- Being prepared helps
- A good life style can improve the situation: activation, company, social connection, exercise, healthy diet can decrease depression and improve cognition
- Boosting self efficacy can help: knowledge, education and training in certain areas can improve your ability to get a task done and lower stress levels and depression

## Loneliness & Depression among older person in Malaysia

### Methods

- This cross-sectional study examined the mediating effects of social support among 161 community-based elderly in agricultural settlement of a rural area in Sungai Tinggi, Malaysia. Subjects were investigated with De Jong Gierveld Loneliness Scale, Geriatric Depression Scale and Medical Outcome Survey Social Support Survey. Data were analyzed using Pearson correlation, linear and hierarchical regression.

### Results

- Results indicated that social support partially mediated the relationship between loneliness and depression

### Discussion

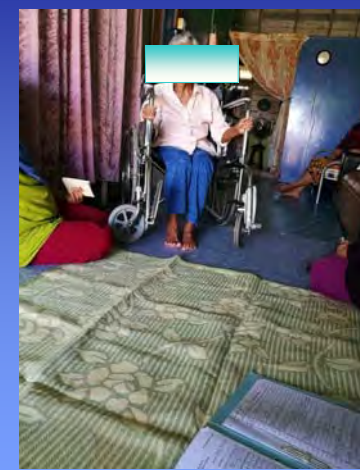
- This suggests that social support affects the linear association between loneliness and depression in the elderly.

Asia Pacific Psychiatry;5(2013):134-139

## MEASURES TAKEN

- **MENTAL HEALTH SERVICES: IN HOUSE & OUTREACH**
- In-home assessment of mental health needs
- Individual and family therapy
- Medication management and support
- Linkage to community resources
- Crisis intervention

## OUTREACH SERVICE IN COMMUNITY: TRAINING & SUPPORT



## HOME ASSESSMENT & EMOTIONAL NEEDS



## MEASURES TAKEN

- MENTAL HEALTH SERVICES: IN HOUSE & OUTREACH
- **KELAB WARGA EMAS: SOCIAL ENGAGEMENT**
- **ENCOURAGE VOLUNTEERISM**
- **HEALTHY MIND WORKSHOP: POSITIVE THINKING & COMMUNICATION SKILLS**
- **FAMILY AND COMMUNITY TRAINING (SUPPORT GROUP)**

## WAY FORWARD (RECOMMENDATIONS)



### Integration

- Strengthen Integration
- Strengthen collaboration between ministries/agencies
- Strengthen legislation & regulation
- Quality data



### Health

- Promote life-course action: healthy & active lifestyle
- Increase availability, accessibility and quality of care facilities and services for older persons



### Social

- Empower volunteerism and broaden the reach of community-based programme
- Change perception towards older persons
- Improve awareness
- Social activities & network



**TERIMA KASIH**  
**ARIGATO GOZAIMASU**



# Project on Successful Aging: Community Based Programmes & Social Support System



**Vision**  
The Realization of empowered world community through service, empowerment and advocacy based on a fair system.

**Misi / Mision**

- Menjadi Gerakan Masyarakat yang Mentransformasikan Nilai-nilai Kebajikan.  
To become A Transformative Social Movement based on virtue values.
- Mewujudkan Masyarakat Berdaya melalui Pengembangan Ekonomi Kerakyatan.  
To shape an autonomous (self-reliant) society through the economic development.
- Terlibat Aktif dalam Kegiatan Kemanusiaan Dunia melalui Penguatan Jaringan Global.  
To actively involve in humanitarian movement through the global networking.
- Melahirkan Kader Pemimpin Berkarakter dan Berkompetensi Global.  
To build the transformative leadership with global competency.
- Melakukan Advokasi Kebijakan untuk Mewujudkan Sistem yang Berkeadilan.  
To advocate policy in order to promote an equity.
- Mengembangkan Diri Sebagai Organisasi Global melalui Inovasi, Kualitas Pelayanan, Transparansi, Akuntabilitas, Independensi dan Kemandirian Lembaga.  
To strengthen an internal capacity as a global institution through innovation, high quality service, transparency, accountability, and independency.

Jadi Diri | Identity

## "Islamic Movement for Global Empowerment"

*Dompot Dhuafa is a non-profit organization that served to empower the less fortunate society through the management of social funds (zakat, infaq, donation and waqf) and other funds that are halal (lawful and permissible), obtained both from individuals, institution and company.*



**PERJALANAN / MILESTONES**

- 2 Juli 1993**  
Berawal dari rasa empati terhadap kondisi kemiskinan di wilayah Gunung Kidul, Yogyakarta, Program Harta Berkeadilan, Panti Yatim, pemeliharaan lingkungan, dan pemberdayaan sosial dan ekonomi masyarakat berdaya dan Program Tanggung Jawab Sosial Perusahaan (CSJ) tersebut oleh nama Dompot Dhuafa Republik Indonesia.
- 14 September 1994**  
Pada tanggal ini Dompot Dhuafa diukuhkan menjadi Lembaga Sosial.
- 10 Oktober 2001**  
Dompot Dhuafa Republik Indonesia diukuhkan sebagai Lembaga Amil Zakat nasional (LAZ) oleh Departemen Agama pada 10 Oktober 2001.
- 10 Oktober 2001**  
On 10 October 2001, Dompot Dhuafa Republik Indonesia was proclaimed as a national Zakat Charity and Social Welfare Department of Religious Affairs on 10 October 2001.
- 2013**  
Dompot Dhuafa membuka belasan cabang di luar negeri antara lain di Jepang, Korea Selatan dan Amerika Serikat. Dompot Dhuafa mendirikan Dompot Dhuafa Corpors yang melatarnya berubah menjadi Dompot Dhuafa Social Enterprise.
- 2014**  
Dompot Dhuafa mendapat sertifikasi sebagai salah satu Himpun Dhuafa Indonesia yang terakreditasi oleh Lembaga Internasional yang berkeadilan sebagai Dompot Dhuafa Social Enterprise.
- 2014**  
Dompot Dhuafa mendapat sertifikasi sebagai Lembaga Amil Zakat Nasional (LAZ) oleh Departemen Agama Republik Indonesia berdasarkan UU No. 23 Tahun 2011 tentang Pengelolaan Zakat. Pada tahun ini juga Dompot Dhuafa mendapatkan status sebagai anggota Council of Islamic Economic and Social Council (CIESOC) United Nations.
- 2014**  
Dompot Dhuafa continues to expand its role as a social institution for the welfare of Indonesian people. The institution is recognized by the Indonesian government in 2011 as The Management of Zakat, in accordance with Dompot Dhuafa was awarded Special Collaboration Status with the Entrepreneurial Social Launch (ESL) of the United Nations.

**Nilai Lembaga**

**Institution Value**

1. ISLAMI : Memicu
2. UNIVERSAL : applicable for all mankind and encompass the whole world.
3. CARE : to care and give empathy.
4. INNOVATIVE : reformer for a better change.
5. RESPONSIVE : quickly respond and stirred-hearted.
6. AMANAH (MANDATE) : to maintain the trust from the ummah.
7. PROFESSIONAL : advance special skill in job execution.

**#Video: Ramon Magsayay**



# Recognitions



The Best in Experiential Marketing & The Best in Innovation Marketing, 2009



Organisasi Nirlaba yang Unggul dalam Manajemen PPM Manajemen, 2012



Indonesia Quality Award 2014, Penerapan kriteria (Yerja Ekselensi, MalDaly, Baldrige for Perforansi Edible)



Penghargaan Indonesia Original Brand, 2015 dari Majalah SWA



Penghargaan Indonesia Middle Class Brand Champion IMBC 2015



Penghargaan Mitra Bakti Husada atas kiprah Dompot Dhuafa dalam mendukung pembangunan kesehatan Kemenkes 2014

# Recognitions



Penghargaan Adhi Karya Pangan Nasional 2016 untuk Penerima Manfaat Program Pendampingan Ekonomi (Karya Masyarakat Mandiri Dompot Dhuafa)



Penghargaan UNHCR untuk Program Pendidikan dan Social Development penanganan pengungsi – 20 Juni 2016



Penghargaan KPAI terhadap program kepedulian anak Dompot Dhuafa diantaranya Sekolah SMART Ekselensi, School of Refugees, dan Kesehatan Ibu dan Anak, 27 Juli 2016



Pemenang Utama IDEA FEST 2016 untuk Gen Oil yaitu kelompok sociopreneur alumni penerima manfaat program Social Entrepreneur Academy (SEA) Dompot Dhuafa.



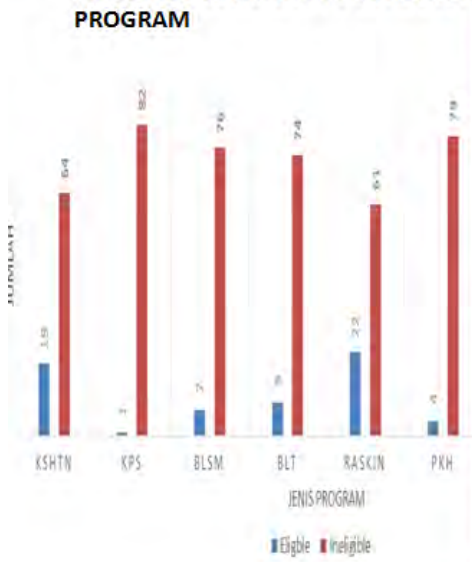
Special Recognition Make Study 2016: Admirable Initiatives on Becoming Knowledge Enterprise – 14 September 2016



Apresiasi dunia internasional atas kinerja Dompot Dhuafa selama 23 tahun dalam mentransformasikan dan memperluas manfaat zakat dalam melayani dan membantu masyarakat dhuafa: layani dan membantu masyarakat dhuafa.

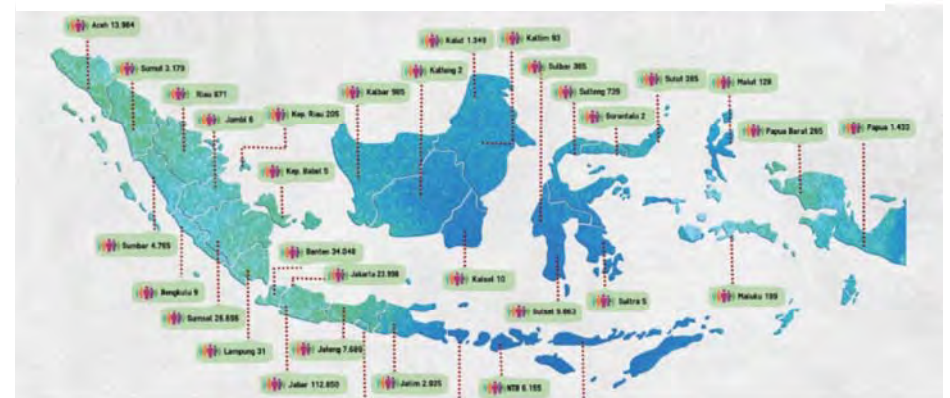
## Issues:

### SELECTED POSSIBILITY TO BE RECRUITED TO GOVERNMENT PROGRAM



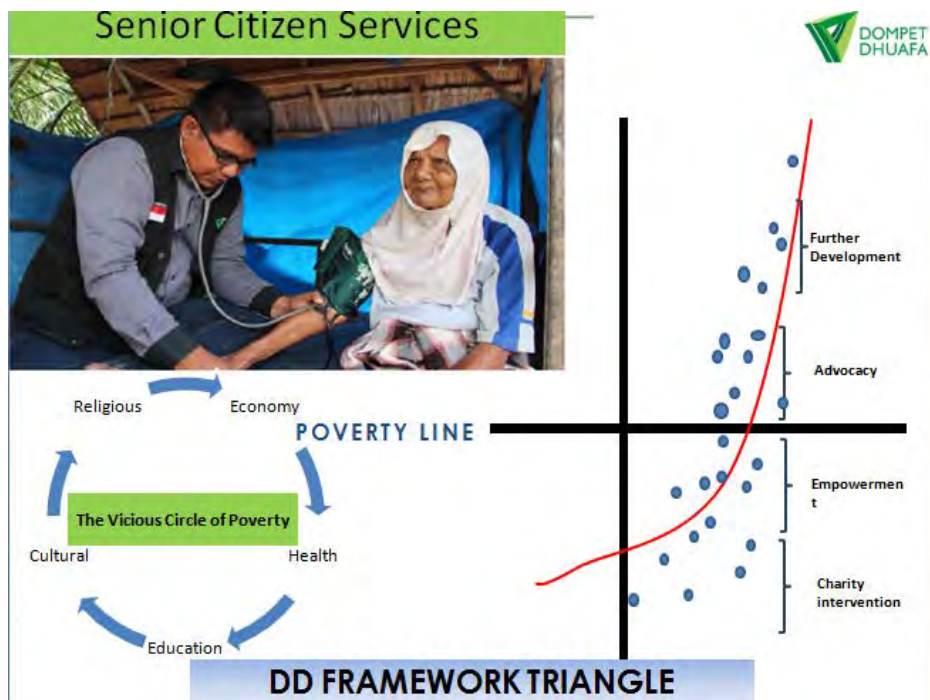
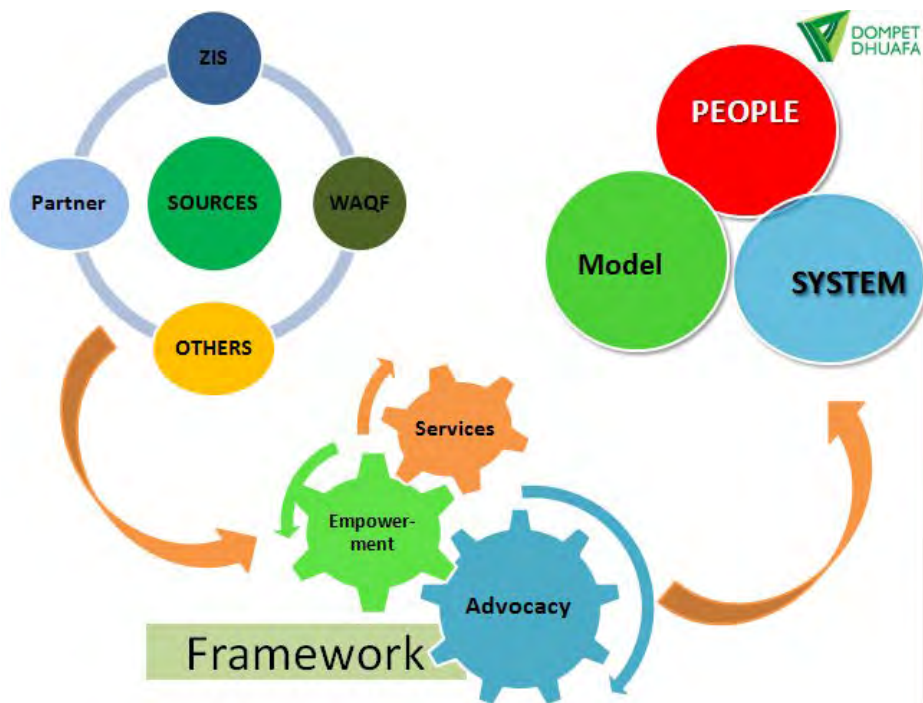
	Terpilih (%)	Tidak (%)
Health		
KPS	22.89	77.11
BLSM	1.20	98.80
BLT	8.43	91.57
RASKIN	10.84	89.16
PKH	26.51	73.49
BOS	4.82	95.18
BSM	7.23	92.77
	2.41	97.59

## Program Portfolios in Indonesia



dengan total 34 Provinces & 40 countries







## ZONA MADINA

# One Islamic Empowerment Zone

**Bina MUALLAF** **DOMPET DHUJIFA**

Zona Madina merupakan kawasan pemberdayaan umat terpadu yang dibangun atas tanah seluas 3,6 Hektar di wilayah Perung, Bogor. Zona Madina dimulai pembangunannya pada 7 Januari 2009 bertepatan dengan 10 Muharam 1430 H. Zona Madina didesain dan dikembangkan dengan konsep kawasan tumbuh dan terpadu dengan landasan tata nilai Islam yang rahmatan li alamin dengan tujuan sebesar-besarnya membangun pemberdayaan dalam arti luas meliputi pembangunan sosioekonomi, budaya dan pengembangan nilai religi dengan masjid sebagai pusat sentra kawasan.

**SILAT PRESTASI**

**FESTIVAL SILAT TRADISIONAL**

ASASIONAL 2014  
KAWASAN V  
KAWASAN BANGUNAN C

## LEMBAGA PELAYANAN MASYARAKAT

Lembaga Pelayanan Masyarakat (LPM) adalah program Dompot Dhuafa yang berdiri pada tahun 1999 dan mengkonsentrasikan kegiatannya pada aktifitas distribusi dana zakat secara langsung. Program ini dioptimalkan dengan adanya pelayanan konsultasi dan konseling mustahik dengan aktifitas layanan reguler dan layanan ad-hoc.

Sumber Dana: **ZAKAT** | Amah: **FAKIR MISKIN, GHARIM, MUALLAF, MUNI SABIL, FISABILILLAH** | Biaya Program: **RP 7.001.825.825**

Jumlah Penerima Manfaat Tahun 2016: **26.086 jiwa** | Target Penerima Manfaat Tahun 2017: **30.000 jiwa**

## Layanan MUSTAHIK



Lokasi:  
• Menjangkau seluruh provinsi yang ada di NKRI

Jumlah Penerima Manfaat Tahun 2016: **6.817 jiwa**

Target Penerima Manfaat Tahun 2017: **6.500 jiwa**

Layanan Mustahik adalah program layanan untuk memenuhi kebutuhan masyarakat yang bersifat mendesak baik insidental maupun rutin, dengan penemunya adalah mustahik yang termasuk dalam 8 golongan penerima zakat. Bentuk layanan dilakukan dengan dua model yakni layanan berupa bantuan langsung ke wilayah sasaran dan layanan reguler yang dilakukan di kantor LPM. Setiap pemberian bantuan, program ini selalu memberikan bimbingan dan konseling dengan pendekatan dakwah pada para mustahik.

- Impact:**
1. Mengurangi beban ekonomi dan permasalahan hidup yang menimpa mustahik
  2. Terciptanya peningkatan kualitas hidup mustahik yang lebih baik
  3. Membantu pengangan biaya pendidikan bagi yang tidak mampu

"Biar berkah ya nak, Orang-orang yang dikantar Dompot Dhuafa biar pada sehat, terina lagi kuantitasnya"- Mak Ajah (Pancoran Mas, Depok)

Sumber Dana: **ZAKAT** | Amah: **FAKIR MISKIN, GHARIM, MUALLAF, MUNI SABIL & FISABILILLAH**

Biaya Program: **RP 2.650.875.579**

## EMERGENCY RESPON

Lokasi:  
• Jakarta  
• Bogor  
• Depok  
• Bekasi  
• Tangerang

Jumlah Penerima Manfaat Tahun 2016: **2.672 jiwa**

Target Penerima Manfaat Tahun 2017: **2.700 jiwa**

### Layanan JENAZAH

Lokasi:  
• Bekasi  
• Bogor  
• Depok  
• Jakarta Barat  
• Jakarta Timur  
• Jakarta Utara  
• Jakarta Selatan  
• Tangerang  
• Tangerang Selatan

Jumlah Penerima Manfaat: **610 jiwa**



## Social SAFETY NET



Lokasi:  
• DKI Jakarta  
• Jabar  
• Banten

Jumlah Penerima Manfaat Tahun 2016: **66 jiwa**

Target Penerima Manfaat Tahun 2017: **85 jiwa**

### Pelatihan / Pembinaan PEMULASARAN JENAZAH



Lokasi:  
• Bekasi  
• Bogor  
• Cianjur  
• Jakarta Pusat  
• Jakarta Timur  
• Jakarta Utara  
• Tangerang  
• Tangerang Selatan

Jumlah Penerima Manfaat: **1.572 jiwa**

## Kampoeng MADANI

Lokasi:  
• Kampoeng Sawah Bekasi, Pondok Melati

Jumlah Penerima Manfaat: **450 jiwa**



## CORPS DA'I DOMPET DHUJIFA (CORDOFA)

Sumber Dana: **ZAKAT, INFAQ**

Amah: **FAKIR MISKIN, MUALLAF, FISABILILLAH**

Jumlah Penerima Manfaat: **78.394 jiwa**

## Forum HALAQOH QUR'AN



Jumlah Penerima Manfaat: **2.070 jiwa**

## Da'i AMBASSADOR



Jumlah Penerima Manfaat: **34.947 jiwa**



### Respon BENCANA

**Jumlah Peserta Manfaat:**  
**44.580**  
Jema

**Sumber Dana:**  
ZAKAT  
Amal FAKH MUBIN  
Bekerja Program: RP 1.532.534.489

### Ambulans TERAPUNG

Terselub di 2 Wilayah:  
• Kupang - Nusa Tenggara Timur  
• Makassar - Sulawesi Selatan

Jumlah Peserta Manfaat:  
**2.375**  
Jema

### PENGEMBANGAN KEUANGAN MIKRO SYARIAH (PKMS)

**Pengrajin TENUN LURIK**

Terselub di 1 Wilayah:  
• KlATEN - Jawa Tengah

Jumlah Peserta Manfaat:  
**75**  
Agenda Arafuru

### Social TRUST FUND

Terselub di 8 Wilayah:  
• Jakarta Utara - DKI Jakarta  
• Semarang - Jawa Tengah  
• Medan - Sumatera Utara  
• Bali

Jumlah Peserta Manfaat:  
**408**  
Agenda Arafuru

### Gerai SEHAT

Terselub di 13 Wilayah:  
• Lampung - Bandar Lampung  
• Palembang - Sumatera Selatan  
• Ciputat - Tangerang  
• Bandung - DKI Jakarta  
• Tembung - Jawa Barat  
• Bekasi - Jawa Barat  
• Sukabumi - Jawa Barat  
• Purwokerto - Jawa Tengah  
• Banjul - Di Yogyakarta  
• Kupang - Nusa Tenggara Timur  
• Makassar - Sulawesi Selatan  
• Samarinda - Kalimantan  
• Jayapura - Papua

\*sudah menjadi provider BPJS

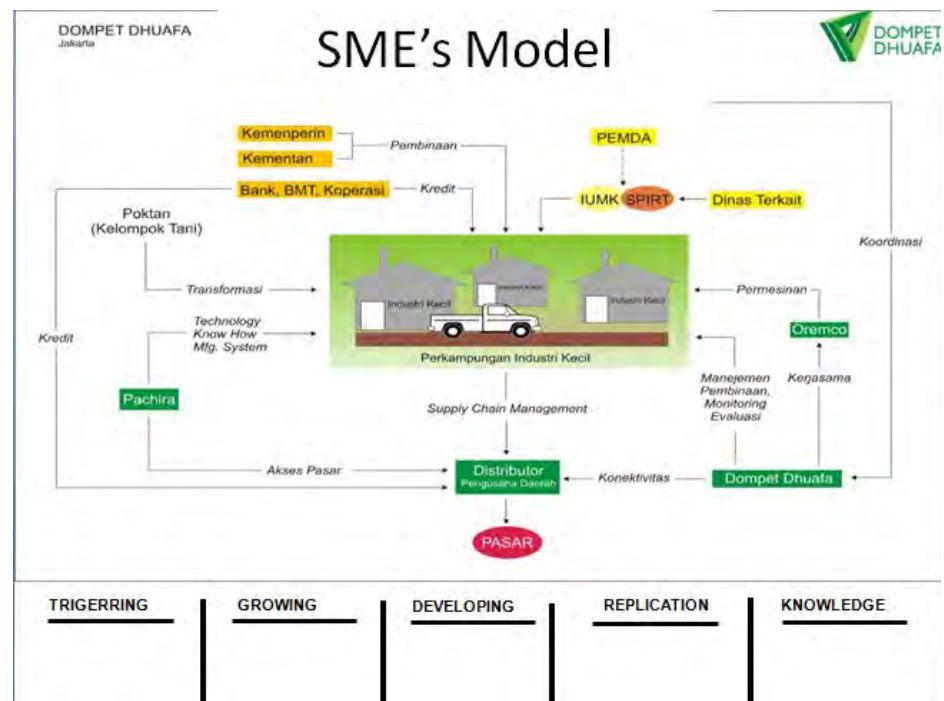
### Pos Sehat PEMBINAAN TERPADU PENYAKIT MENULAR (BINTU PTM)

Terselub di 1 Wilayah:  
• 51 Pos Sehat  
• 1 Pos Sehat Bintu PTM  
Jakarta Utara - DKI Jakarta

### Pemberdayaan PETERNAK PUYUH

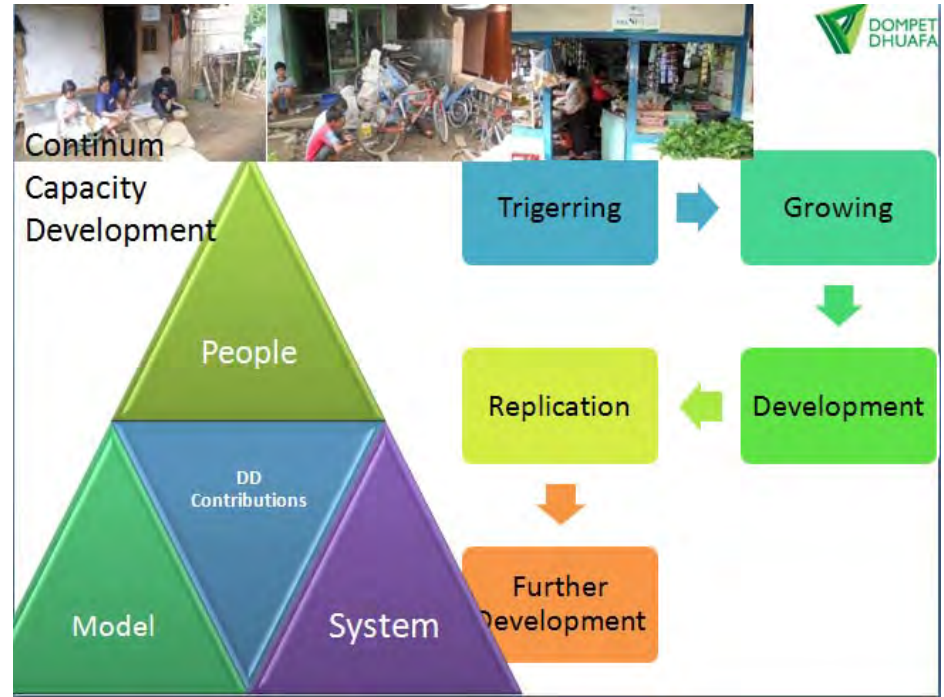
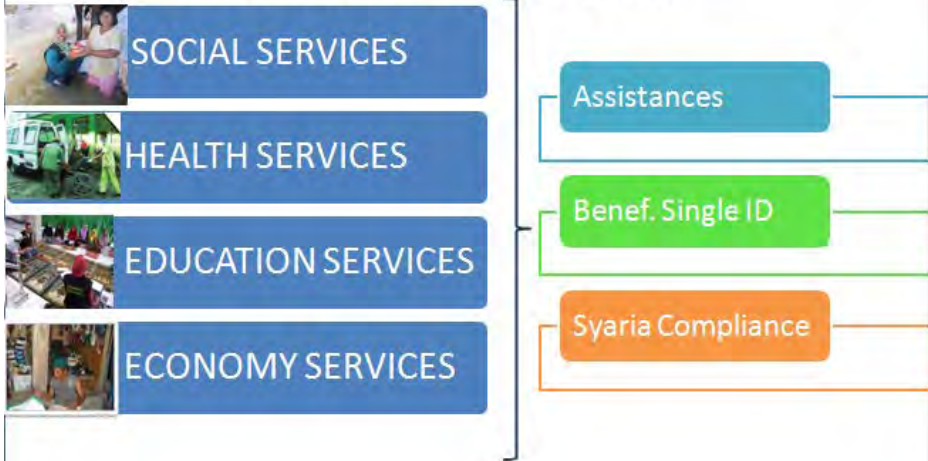
Terselub di 1 Wilayah:  
• Medan - Sumatera Utara

Jumlah Peserta Manfaat:  
**25**  
Agenda Arafuru





# DIFFERENCES FACTOR



Baniir Bandang Wasior - 4 Oktober 2010  
(Floods Wasior - October 4 2010)

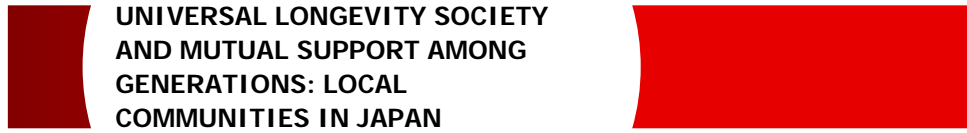


Q&A



Thank You





UNIVERSAL LONGEVITY SOCIETY  
AND MUTUAL SUPPORT AMONG  
GENERATIONS: LOCAL  
COMMUNITIES IN JAPAN

12-13 September 2017  
Social Policy Department  
General Manager / Senior Analyst  
IWANA, Reisuke

## Four Points for Better Understanding on Super Aged Society: Japan

Japan is **50** years  
ahead to **Malaysia** in Aging

We are sharing  
**same problem,**  
but the **problem**  
is **not same**

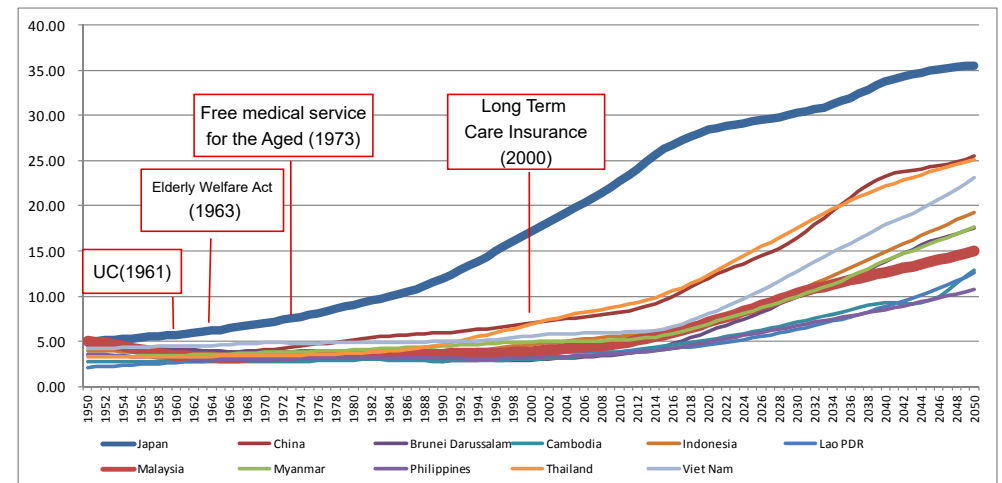
Is **Malaysia**  
**Easier** than  
**Japan** in  
**Aging?**

Aging in  
**Malaysia** will  
not bring **crisis**  
in next 20 years,  
but bring  
**a big change**  
**of society**

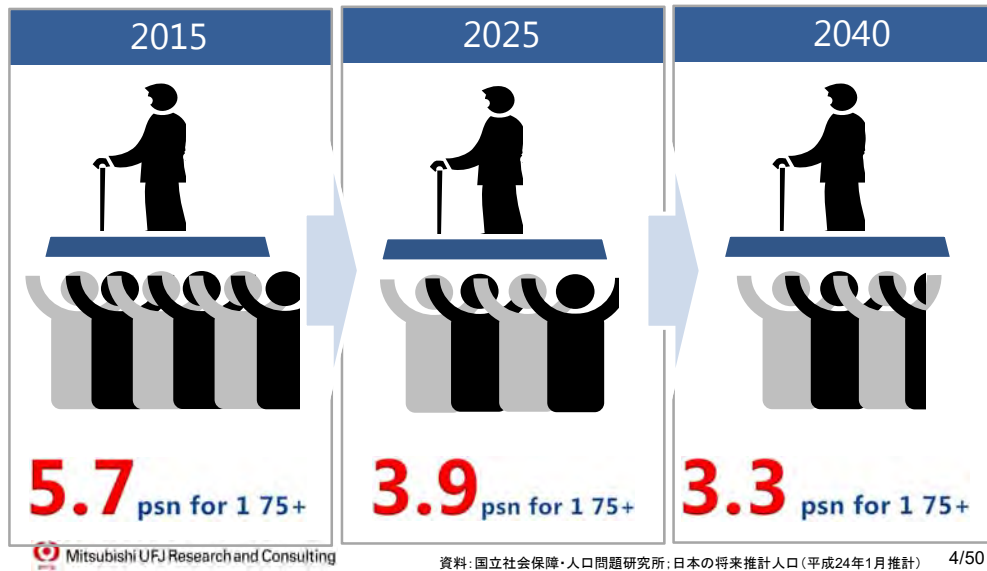
Aging issue is  
not a matter of  
**Elderly**  
**Population,**  
but of **balance**

Source: UN Population prospects

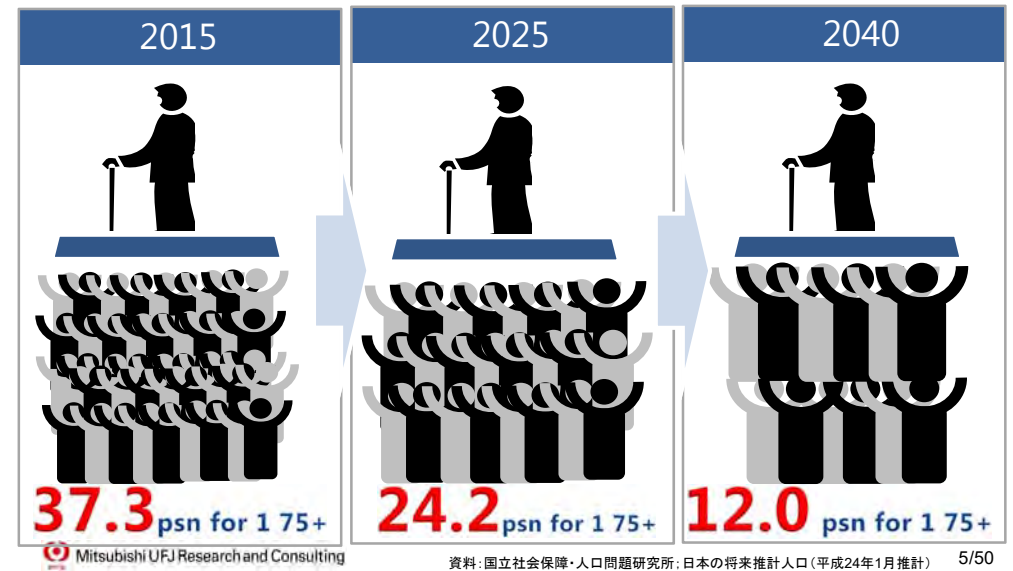
### Aging in Asia



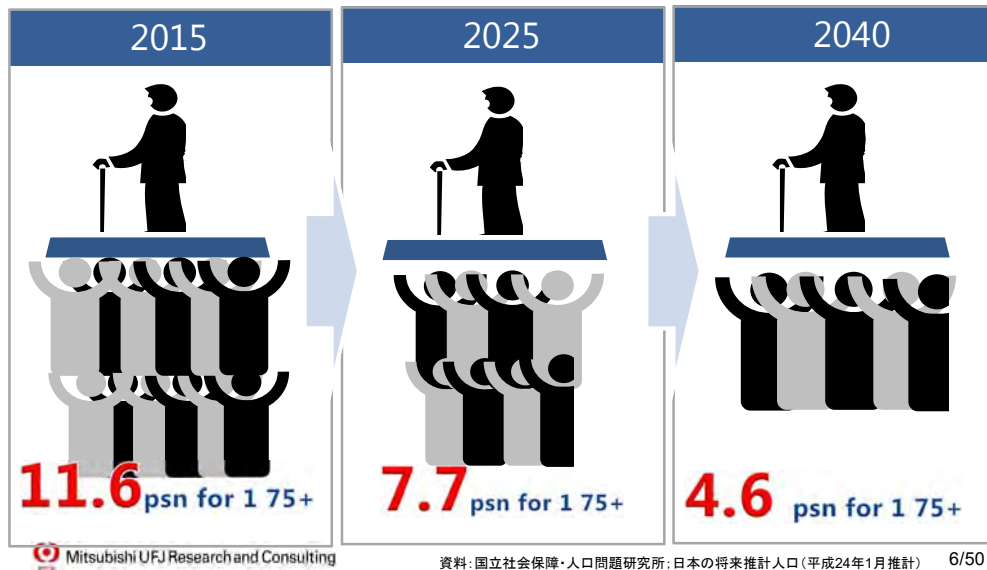
## Demographic burden: Japan



## Demographic burden: Malaysia (supporting 75+)



## Demographic burden: Malaysia (supporting 65+)



## Universal Coverage in Pension/Health/LTC

Long-Term-Care

Since 1961  
for Health and Pension  
Since 2000  
for Long Term Care

Compulsory  
Social Insurance

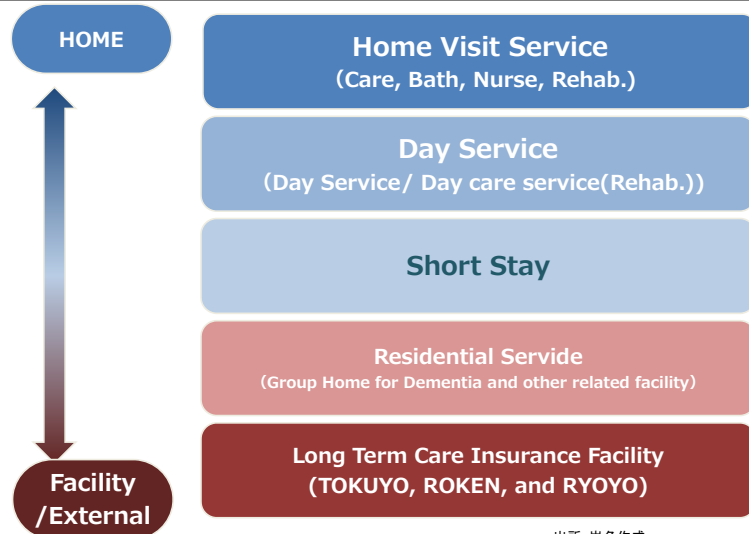
A Wide range of  
Benefit  
Coverage for  
Daily life of the  
Elderly

Elderly Facility, Day  
Service (with transportation),  
Home-Visit-Rehab, HV-  
Nursing, Life support  
including shopping,  
cooking, cleaning...

Tax and  
Contribution  
Mixed



## Wide Range of LTCI service



出所:岩名作成

## Shrinking? Optimized? Long Term Care Insurance tomorrow

**Revaluing Community Support**  
which could be suitable for **individual support needs** of daily life in the community

Too **Generous coverage** of services


Revitalizing **commercial service**


Too much **professional supports** sometimes bring **isolation**


Heavy **Dependency on Social Insurance**

## For Example...

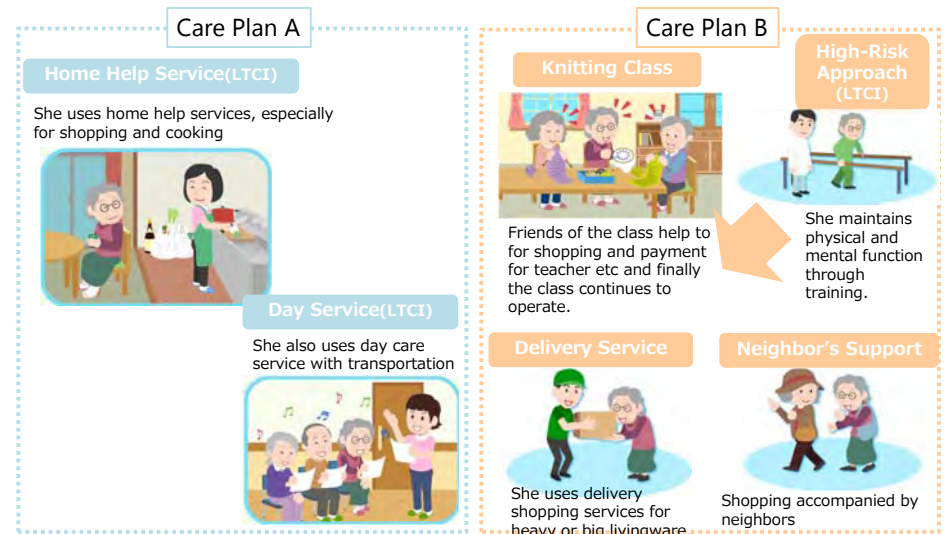
- A certain old woman's hobby was knitting. Her husband passed away years ago, and she lives on her own now. She invites an outside instructor to preside knitting class once a week. Neighbors join as students.


- Old woman also gives grandchildren the works she made in the class, and enjoys sometimes making big pieces and putting them in the exhibition. That kind of activities were her worth living for. However, one day, she fell and broke her leg.

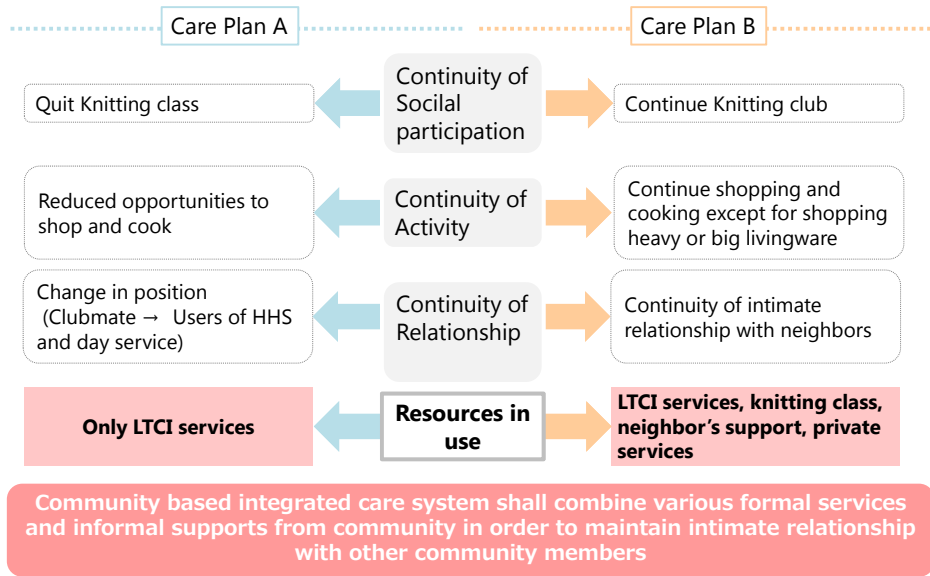

- Since then, she stopped going out. Since it was getting harder for her to prepare for the class, arranging instructors preparing tea and sweets, she closed the class. Her family was worried about her withdrawal and consulted with the Community support center.



## Which Care Plan is suitable for her ?

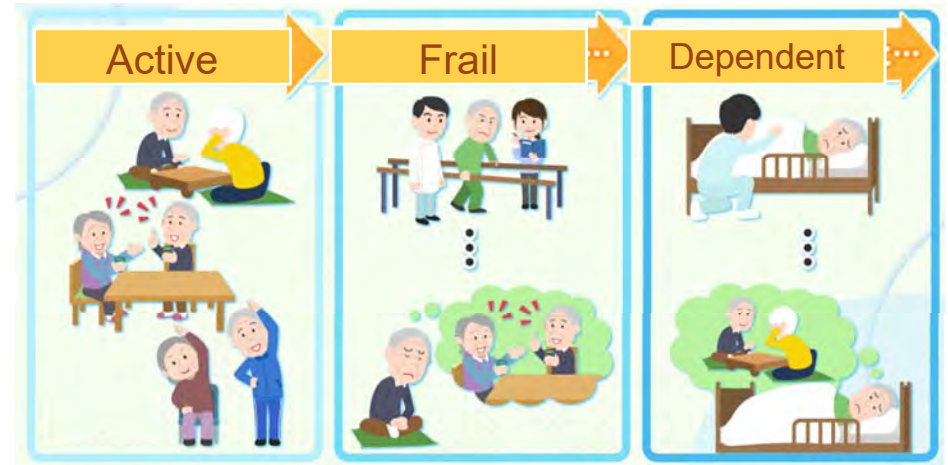


## Difference between plan A and B



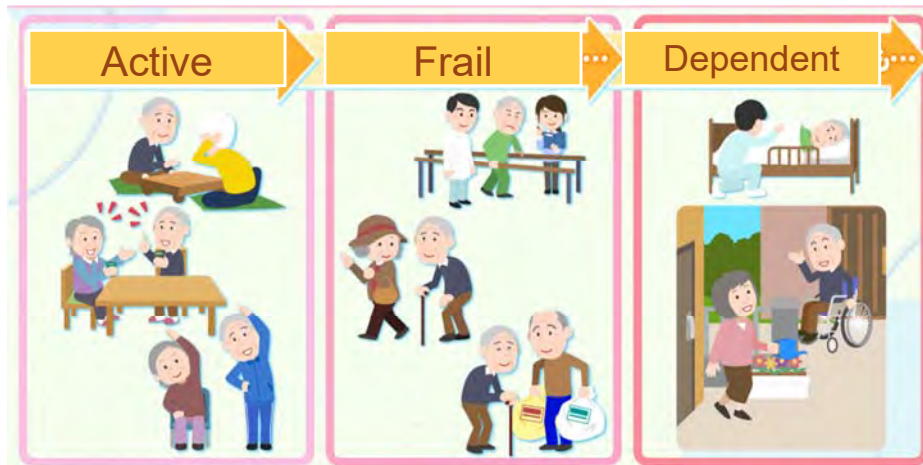
## Why promotion of self-care and mutual support ②

Isolated from Intimate relationship with community

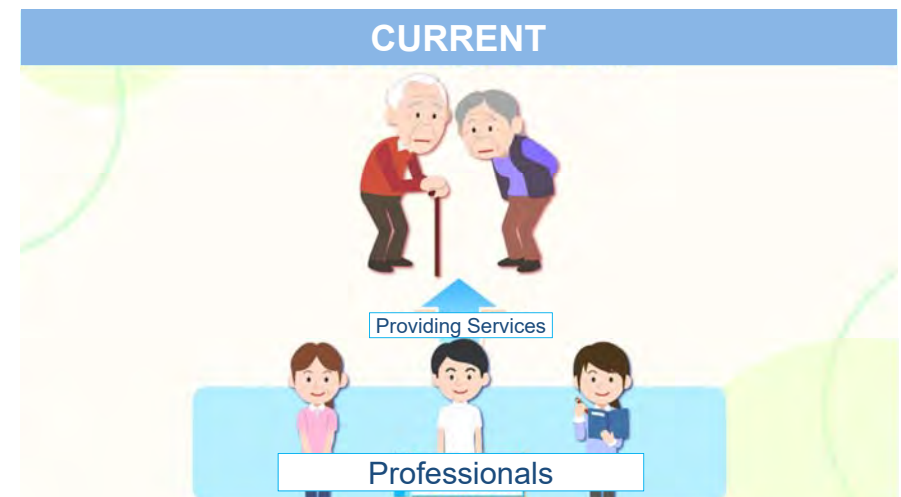


## Why promotion of self-care and mutual support ②

Isolated from Intimate relationship with community

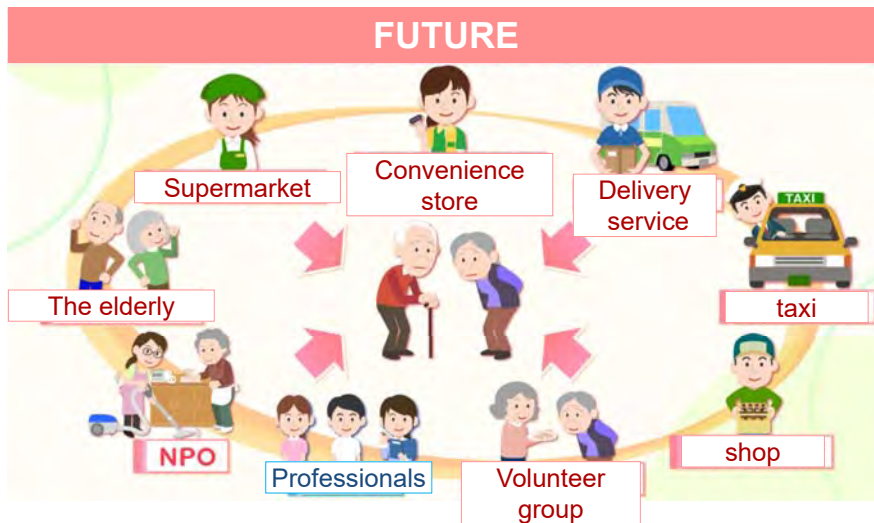


## Why promotion of self-care and mutual support ④





## Why promotion of self-care and mutual support ④



## Good Practices of Activities led by Residents

### Keyakidai Housing Complex

The documents and Power Point in this section are quoted from those for Japan Training for this project.

### Building a mechanism of mutual residents support through the activities of the resident's association

- ◆ Even a housing complex constructed half a century ago can become a source of vitality  
... "Making community into a home town" and "Visualizing good intentions"

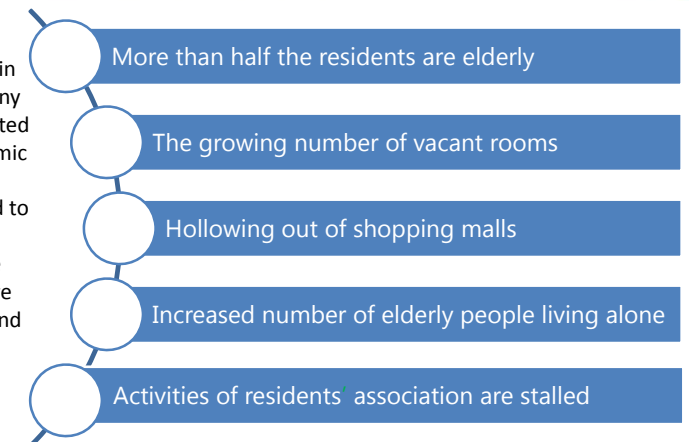


#### Keyaki-dai Housing Complex

49 years since construction  
No elevator  
Horizontal stairs  
Five stories  
30 buildings  
1,230 households

The following terms have become talking points:  
"Marginal housing complex" "Housing complex crisis"

Various problems arise in housing complexes, many of which were constructed during the rapid economic growth period. These problems are attributed to the fact that parents remain in the residence while their children have become independent and left the place.



One of the reasons why Keyaki-dai housing complex was not counted as renovated housing complex

“Building a care and disaster prevention base”  
under residents’ efforts

**Outline of programs, projects and other initiatives of the Keyaki-dai Resident's Association**

- Organizing events for elderly people to find new friends
- Support to nurture the relationships built in the event to organize a voluntary group
- Residents’ voluntary organization: Otasuke Tai (supporting team)
- “Keyaki Juku (school)” derived from Otasuke Tai
- A survey on residents’ living condition is conducted by a voluntary disaster prevention organization
- Visiting care based on the data obtained by the survey
- Collaboration with relevant organizations, including a community support service center

# Mutual Support Mapping

which indicates who need care and who care

支えあいマップ24				xx号棟				自主防災協議会資料につき、他への情報転用禁止			
501	502 10歳未満 85+難聴	503	504	505 協力員	506	507 10歳未満	508	509 75	510	511 協力員	512 乳児
401	402 防災委員	403	404	405	406 乳幼児	407	408	409	410 71	411 防災委員	412
301 防災委員	302	303	304	305	306 防災委員	307	308	309	310	311 74	312
201 71 協力員	202	203 協力員	204 要医療	205 医	206 80 歩行難	207 協力員	208	209	210 協力員	211	212 身障 難聴
101 78	102	103 86 要介護	104	105	106	107	108 70	109	110 78	111 80超 要介護	112 防災委員

※80超の一人暮らし・介護認定者・障害認定者・その他要望者  
 ※単身高齢者(65~79)・10歳未満の子供がいる家庭  
80超の高齢者がいる家庭  
 ※車椅子使用  
 ※階段のデータ持っています(★=継続の協力員)  
 ※号棟のデータ持っています。防災委員と自治会委員。  
 ※災害時に協力の申し出をしてくださった方  
 ※普通救命受講。AED使えます。介は介護職・医は医療従事者

**Let's build a care and disaster prevention base!**

- Organizing events to gather people
- Establishing a *Otasuke Tai (Mutual Supporting Group)*
- Enhancing the nursing care capacity of the community (including the use of scalamobil)
- Compiling a database on actual residents’ status

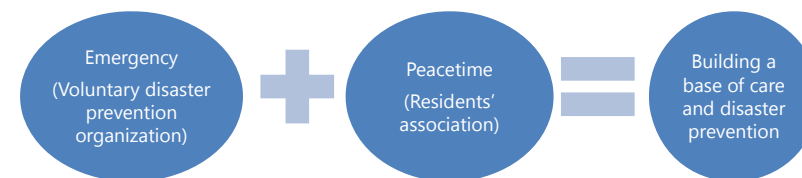
**Rebuilding “face-to-face” relationships**

By rebuilding such relationship, establish a mechanism of consistent mutual support; both in peacetime and an emergency

Offering a venue in which the elderly and PWD can help others

Cooperation between the resident’s association and voluntary disaster prevention organizations

**Resident’s association is understaffed but voluntary disaster prevention organization is the abundance of human resources**



Supporters and persons requiring assistance joined forces to play a central role in various events





Sample of products

Monozukuri Group (Group for making something) is always planning some events, sometime collaborating two events together

Participants in a wide age group

Making something

participants from 0-90 years old

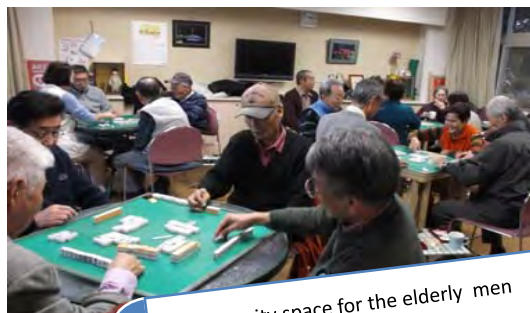


Making a cake event: 38 participants



Starting a beginner class in Aug. 2016

Health Mah-jong game



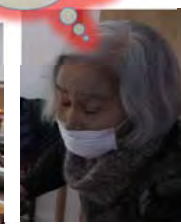
Community space for the elderly men



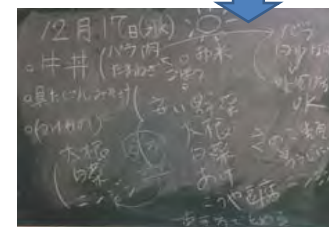
Number of participant is about 100.

Cooking Class for preventing dementia Keyaki-Day

I am 97 years old!



Meeting memo with lots of hints from good cook



Delicious dishes for about 30 person



I came here with grampa.



～住みなれた団地で暮らし続けるために～

# 知ってて安心 サービス あれこれ

病氣→入退院→介護→老い支度 やっぱり家がいい！  
納得のいく生き方・死に方 チューブだけはNOできる！  
配食サービス飲食 博覧会 (ハイバク) なんでいかが？  
考後よろしく ending ノート  
今から気をつけられる介護予防 などなど、  
シリーズでお届けします。

「見守りと防災の拠点」に  
新イベント登場！  
毎月第4or 第5火曜  
「れんぞく ふくしセミナー」

シリーズ①

テーマ  
**意外と知らない介護保険**

講師 わかば地域包括支援センター  
川野 和也さん (保健師)

日時 6月26日 (火) 13:30~14:30

場所 第2・3集会所 協力 わかば地域包括支援センター

参加費無料  
お茶の用意して  
待ってまへす

ある程度の年齢になれば、誰もが避けて通れない重い課題をできるだけわかりやすくもといっていきます。いざというとき慌てないために、不測の事態に備える「いい年のとり方」必須講座。講師は、制度と現実とのほざまで日夜「橋渡し役」として奮戦する包括の職員・川野和也さん。現場の職員としてのナマのはなしが聞けますよ〜。お楽しみに。

Seminar on successful aging

Held in Once a Month

--to get information to be aging smarter  
--collaborate with the Community based integrated care Center  
--started in June 2014



Wide range of theme is discussed



Beauty seminar



### Baby massage class

- classes for mom raising babies
- during class, the elderly take care of kids

Aerobics for mom



### Seminar for raising child

- to raise kids is to raise yourself
- during class, the elderly take care of kids
- After class, they have tea time



Keyaki Babies Christmas Party



### A mechanism of gathering people

Organizing over 30 events per month for three years



13 voluntary circles were formed with around 300 members

**Physical activity** ⇒ physical exercises A, B and C, slow exercise (five levels), training to prevent locomotive syndrome (including male participants), dance (for the younger generation), tai chi ⇒ **monthly fees: 500 yen for each except tai chi**

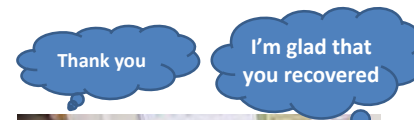
**Brain activity** ⇒ singing, creative work, mahjong, shogi, writing school

**Others** ⇒ Keya-kids (a voluntary circle of infants and their mother)

**Keyaki Day, Seminar on how to age nicely (held by resident's association)**

### Event activity is initiated by each voluntary group

Retaining a watching function with prompt information collection



Reception desk of Singing Club. If a member is consecutively absent from the club for an unknown reason, the club will contact such member.

## Exercise Class



Exercise class for the elderly with stick or walker aid

Exercise for elderly men called "Loco Training"



## Otasuke Tai (Supporting group)'s catch phrase for activities

*More people than we think have good intentions.*

*We want to help those facing problems, but find ourselves unsure how to proceed, which means our good intention remains unexpressed.*

*It is like we are saving money in our minds.*

*Why not share and utilize such saving?*

*Otasuke Tai is a support mechanism based on mutual relationships: helping others by what you can do and asking others when you cannot.*

## Otasuke Tai: mechanism and operation

Fees: 300 yen up to 30 minutes, 500 yen up to an hour

All amounts are paid to workers (not in cash but in community currency)

A user calls the residents' association

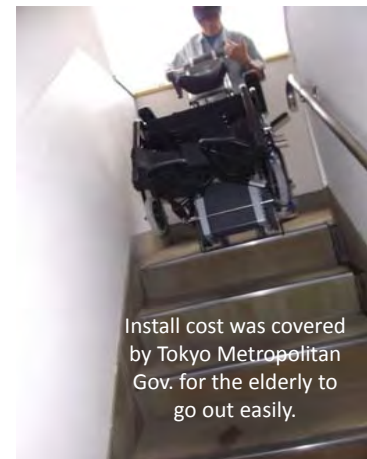
The coordinator confirms beforehand

Allocating staff and notifying the user

Staff provides services

Coordinator settles the fee and converts it into a ticket for payment

## Skala Mobile was Installed!



Install cost was covered by Tokyo Metropolitan Gov. for the elderly to go out easily.

**Step 1:** carry vacant Skala to the second floor



**Step 2:** Vacant Skala is carried beside the bed and the elderly takes a seat of Skala

Take your time and move to a seat.....



**OK!**



## Winter Home Visiting care (Jan. to Mar. )

	FY 2013	FY 2014
Visitors	Three nurses	11 singing staff
Target	Over the age of 80	Elderly people living alone
No. of visited	120 residents	320 residents
Contents	Check physical conditions and explain the support approach at the time of disaster	Inform emergency contact and where to leave the key

Community support service center praised some emergency responses as it was a successful outcome by our good intentions.

Activities attempted in Keyaki-dai in recent years

◆ Bring out and visualize potential good intentions in the community  
(visualizing good intentions)



◆ It is the mechanism of “helping each other” that is not an organization like an existing residents’ association. It was something like the characteristics and atmosphere of the community.

**Making the  
community  
into a home town**

What outcomes  
were seen?

## Making the community into a home town

- ◆ Community is a term specifying a place
- ◆ Home town brings an image of people’s unchanged heart
- ◆ Success in our activities is attributed by many residents’ wish for their community not to be a vacant place but like a home town.
- ◆ Residents’ association trying to meet needs
- ◆ People leverage accumulated feelings
- ◆ Feeling attachment to the community is key

Good Practices of  
**Activities led by  
Residents**

**Takashimadaira  
Housing Complex  
Community Living; Plus One**





## AN OVERVIEW OF TAKASHIMADAIRA HOUSING COMPLEX

- Number of households and residents in Takashimadaira Housing Complex: 10,170 households; 15,932 persons  
 Details: 2-chome rental apartments: 8,287 HHs; 11,043 Pers.  
 3-chome condominiums: 1,883 HHs; 4,889 Pers.  
 → Halved from the maximum of approx. 30,000 persons
- Age of buildings: 44 years
- Aging rate: 47.5%  
 (Japanese aging rate: 50.2%)
- Proportion of elderly people living alone: 40.8%
- Proportion of foreign residents: 5.6% (887 persons)  
 → Rapidly aging population and increasing one-person households  
 → Shrinking purchasing power



(Source: Takashimadaira Shimbun Newspaper on Nov. 15, 2015)

Schedule for June 2016

## WHAT IS COMMUNITY LIVING?



- It is not a "restaurant" but a "living space" shared by community members.
- Community members share workloads to make the space comfortable and homey.
- Open hours: 11 AM - 5 PM  
 Mon & Wed:  
 English conversation class (until 9 PM)  
 Tue & Fri: Welcome-back meal (until 9 PM)
- Location: Eastside shopping street,  
 Takashimadaira Housing Complex  
 (2-28-1-102 Takashimadaira)
- Activities:

- Plus One Family members are always offered **complimentary** beverages.
- The space is very welcoming and homey.
- Those on cooking and housesitting duty have **complementary** meals.

- ① Home meal: approx. 20 times/month
- ② Welcome-back meal: 6 times/month
- ③ Kitchen rental
- ④ Class/event
- ⑤ Daily flea market



## HOME MEALS

- Community Living is not a “restaurant” but a “living space” shared by community members.
- First-timers enroll as “home meal” members.
- The “Home Meal” cooking duty is assigned in turn to local volunteers registered as Plus One Family members (\*) once to four times per month.
- Those on cooking duty get complimentary meals and beverages.
- The meals are offered at a reasonable price (in principle, 550 yen).

\* Refer to the “Community Living Mechanism”



## WELCOME-BACK MEALS



## VOLUNTEERS ENGAGED IN COMMUNITY LIVING ACTIVITIES

### HOMESITTERS AND MEAL SERVERS



## COMMENTS FROM RESIDENTS



### Volunteer Meal Server: Taku-chan

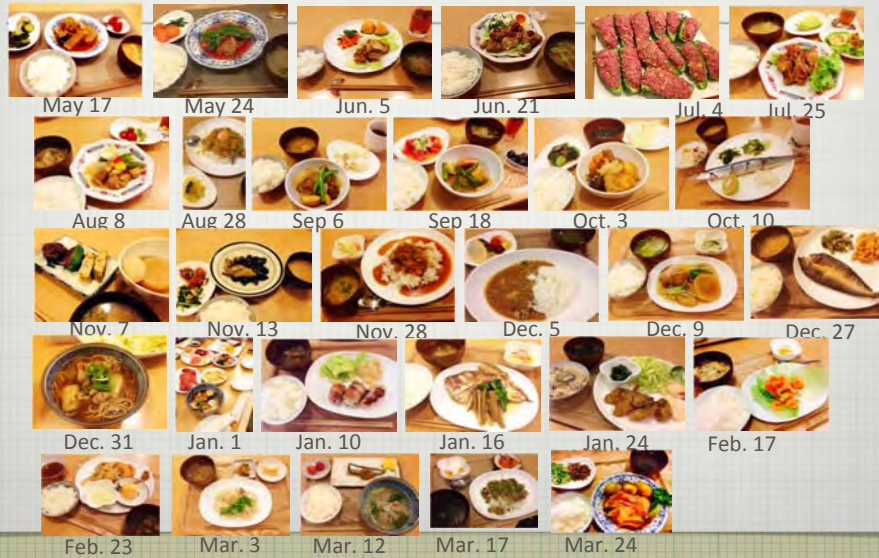
What will you cook next month?  
I am glad to hear “delicious.”  
I like the children I met here as if  
they were my own grandchildren :-)







## HOME MEALS COOKED BY TAKU-CHAN



## COMMENTS FROM RESIDENTS

Cook Server: Noge-san

*I always get tired after volunteering at Community Living. But I am grateful because I can sleep well.*



## COMMUNITY SPACE SERVING AS A COMMUNITY WELFARE CENTER

COMMUNITY LIVING (COMMUNITY SPACE)



+ DAILY LIFE SUPPORT

= A SAFE COMMUNITY EVEN FOR THOSE LIVING ALONE

Aiming to create a community where community spaces are as ubiquitous as convenience stores

## COMMUNITY-BASED INTEGRATED CARE BEYOND GENERATIONS, HANDICAPS AND NATIONALITIES

Aiming to create a community where home-like community spaces are as ubiquitous as convenience stores and where even those living alone feel safe.



- PWD (person with disabilities) : a homey place to stay when they are off duty
  - Used by child-rearing households, solitary elderly people, students, working adults and foreign residents
- The gathering of diverse people can increase opportunities to take an active part and support with one another.

## PUSAT JAGAAN WARGA EMAS DARUL INSYIRAH



## PENGENALAN DARUL INSYIRAH

Ditubuhkan atas kesedaran kewujudan nasib warga emas islam yang **tidak terbelah**

Terdapat warga emas islam yang dijaga oleh institusi warga emas **bukan islam**

Malaysia sedang masuk ke arah “**population ageing**” pada 2030



## OBJEKTIF PENUBUHAN

Membangunkan **kemudahan** yang selasa untuk rumah warga emas

Melaksanakan **program pendidikan** berkualiti untuk warga emas

Menjalinkan **kerjasama dengan masyarakat** untuk meningkatkan produktiviti warga emas

Mewujudkan rumah warga emas **menepati syariah**

Meningkatkan **kualiti** dan **produktiviti** warga emas

## VISI

Mewujudkan standard piawai mutu penjagaan dan pendidikan pusat-pusat penjagaan dan pendidikan warga emas muslim di seluruh negara



## MISI

Menyelamatkan aqidah warga emas muslim di penghujung usia mereka dengan menuntut ilmu dan kembali menjadikan islam sebagai cara hidup



## MODUL DI PUSAT WARGA EMAS DARUL INSYIRAH

### Modul Kesihatan

- Memiliki penyusunan makanan yang dipantau oleh pakar nutrisi
- Aktiviti fizikal yang disusun untuk mengekalkan kecergasan warga emas
- Pemeriksaan kesihatan yang dilakukan secara berkala
- Pengurusan penjagaan warga emas yang kurang sihat (schizophrenia, Alzheimer dll)

### Modul Pengajian

- Kelas pengajian islam untuk menambah pengetahuan dan rohani warga emas
- Kelas tadarus al-quran untuk membantu warga emas memperbaiki bacaan al-quran
- Mendedahkan warga emas dengan isu semasa
- Bercadang untuk kerjasama dengan UKM

## PENGURUSAN PUSAT WARGA EMAS

### Prosedur pengambilan warga emas: Darul insyirah 1:-

#### A. Warga emas balik hari

- Anak-anak bekerja
- tiada orang untuk dijaga di rumah
- Bertujuan untuk belajar di darul insyirah
- Boleh urus diri sendiri

#### B. Warga emas balik mingguan

- Anak-anak outstation daripada rumah
- Bertujuan untuk belajar di darul insyirah
- Boleh urus diri sendiri

#### C. Warga emas balik bulanan

- Warga emas tidak berkahwin atau tidak memiliki anak
- Bertujuan untuk belajar di darul insyirah
- Sihat dan boleh bergerak sendiri

## PENGURUSAN PUSAT WARGA EMAS

### Prosedur pengambilan warga emas:

#### Darul insyirah 2:-

- Warga emas memiliki penyakit yang memerlukan jagaan rapi (schizophrenia, alzheimer dll)
- Penjaga memiliki kekangan untuk menjaga warga emas yang tidak sihat
- Warga emas memerlukan sokongan untuk menguruskan diri
- Wajib dibawa balik oleh penjaga secara bulanan

## KEISTIMEWAAN DARUL INSYIRAH

### Menepati syariah

Memiliki terma dan syarat kemasukan yang **khusus** supaya penjaga sebenar **tidak** melepaskan tanggungjawab sepenuhnya kepada Darul Insyirah

### Mengamalkan polisi,

“Anak adalah penjaga terbaik warga emas”

Lawatan Keluar



Sinar FM di Darul Insyirah



Darul Insyirah Aisyah (DI 1)



Darul Insyirah Khadijah (DI 2)



## KEISTIMEWAAN DARUL INSYIRAH

Persekitaran yang **islamik** (menutup aurat, menjaga pergaulan dan lain-lain)

Modul aktiviti yang **berkualiti**

Memiliki **panel pakar** untuk modul pembelajaran, pemakanan (nutrition) dan fitness

### Kemudahan di Darul Insyirah

Di antara kemudahan yang terdapat di Darul Insyirah.



12

## KEISTIMEWAAN DARUL INSYIRAH

Memiliki prosedur yang **khusus** untuk warga emas yang sakit

Menjalankan **aktiviti** bersama masyarakat untuk tingkatkan produktiviti



## PERANCANGAN KEHADAPAN

Menubuhkan kompleks warga emas mengikut piawaian Jabatan Kebajikan Masyarakat (JKM)

Mewujudkan kompleks warga emas ala jepun

Menubuhkan University of Third Age untuk warga emas

Menjalinkan kerjasama dengan Occupational Therapist



## PERANCANGAN KEHADAPAN

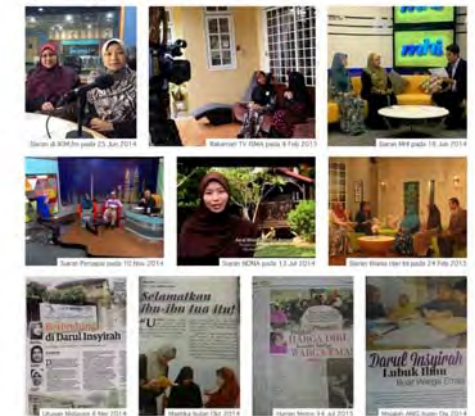
Mewujudkan panduan dan SOP untuk menubuhkan pusat jagaan warga emas yang terbaik

Merangka modul khas untuk Pendidikan warga emas

Mengadakan seminar-seminar untuk melatih penjaga warga emas di rumah

Mewujudkan rumah warga emas untuk lelaki

### Darul Insyirah di Media



10

# Good Practices of Activities led by Residents

## Care Prevention Programs

The documents and Power Point in this section are quoted from those for Japan Training for this project.

### Good practice examples in Japan -Local prevention programs-



Various prevention programs are provided in each municipalities managed by elderly themselves.



### Active Centenarian Physical Fitness Program (*Iki-iki Hyaku-sai Taiso*) was implemented twice a week for 3 months

Case for the 96-year-old frail elderly woman to walk 5 meters



Before(9.2 sec.)

Kochi prefecture  
(2002)

### Active Centenarian Physical Fitness Program (*Iki-iki Hyaku-sai Taiso*) was implemented twice a week for 3 months

Case for the 96-year-old frail elderly woman to walk 5 meters



In 3 months  
(3.3 sec.)

Kochi prefecture  
(2002)



# Good Practices of Activities led by Residents

## Elderly Club

## Examples of activities at community elderly clubs

Source: Zenroren, Nov.2004

Ref. Ministry of Health, Labour and Welfare

'Yabukara Bo Exercise' has been organized regularly with the Elderly Club of Shimoyagi, Yabu City, Hyogo Prefecture as a main member since a few years ago. Casual chatting about inconvenience and problems after the exercise led to the creation of activities such as 'shopping transportation service' and 'Idobata café.'



### ■ Shopping transportation service

- Support the transportation of elderly going shopping
- 11 supporters. Group 5 users into one group, and provide the service twice a year.
- Contract automobile insurance under the consent of family
- Participate in traffic safety seminars by the police station once a year

### ■ Idobata café

- Organized all the year as an activity for gathering
- Services which provide sense of four seasons such as hanami (cherry blossom party) in spring, tea service in autumn, charismas cakes for children
- Space to interact with community's residents



Source : Mr.hattori, IHEP

# Devolution of Authority

From Central Government  
to Local Government

**Dialogue** is a  
key activity for  
community  
development.

Do not  
**Underestimate**  
the **power**  
of **Residents!**

## Administration and Elderly Support System in Japan

### Ministry of Health Labor and Welfare



#### Strategy and Policy Formulation

The Ministry of Health, Labour and Welfare is responsible to conduct researches and to develop the policy for care system at the community level based on result of research and strategies. Currently, Community Based Integrated Care System (CBICS) is the main strategy of the central government.

#### Guideline and Fee schedule

Based on the strategy and policy, the Ministry is drawing the bills and send to Diet, and also preparing guideline or instruction of the each program or scheme for the local government (pref. and municipality). The Ministry also provide fee schedule for LTCI providers revised every 3 year.

### Prefecture 47



#### Technical Support for Municipality

Providing technical support and consultation with municipalities. Also holding training course for local officers and community life support coordinators.

#### Service Management

Prefecture is responsible for designating insurance service provider including care managers, facilities and home care providers except community based home care providers, and regular inspection to those service providers. Some of these authorities are being devolved to municipality.

### Municipality 1718



#### Managing LTCI

Responsible for the management of Long term care insurance, including setting premium, premium collection, benefit management, service management for community based integrated services, and "LTCI Operational Plan".

#### Community Development

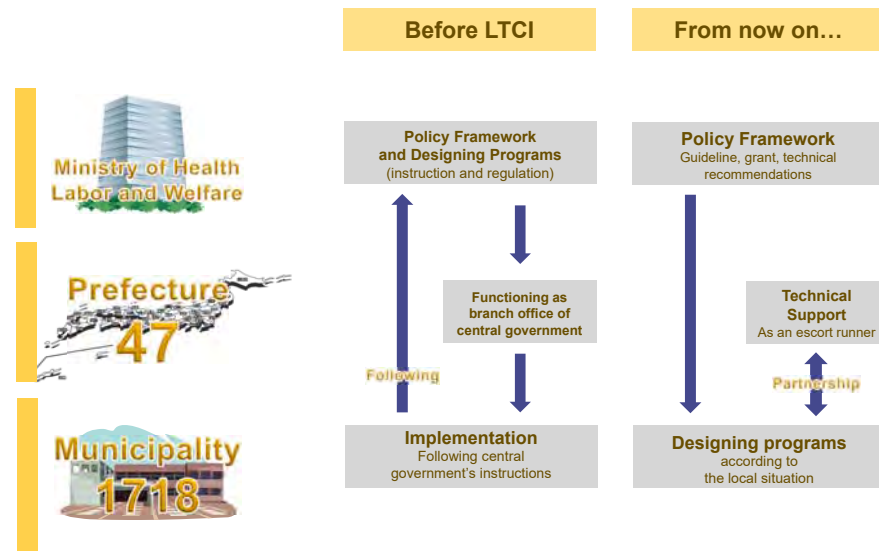
Promoting residents to join to the community development, by setting the place for discussion, sending coordinator, and providing grants if necessary.

#### Integration of providers

Responsible to plan and practice mechanisms and initiatives to strengthen collaboration among professionals.

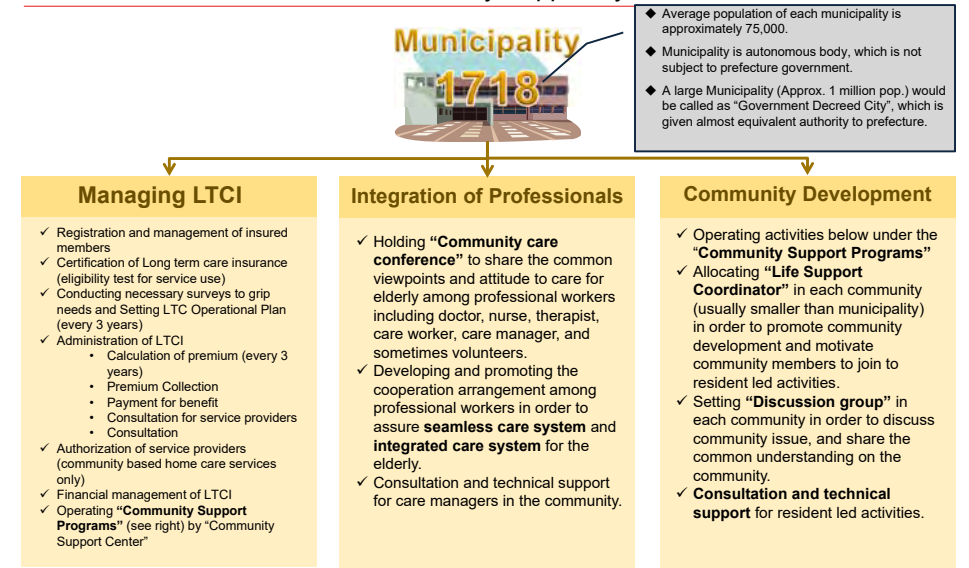


## Administrative shift from central government to local municipality



Mitsubishi UFJ Research and Consulting

## Function of Local Government for Elderly Support system



Mitsubishi UFJ Research and Consulting

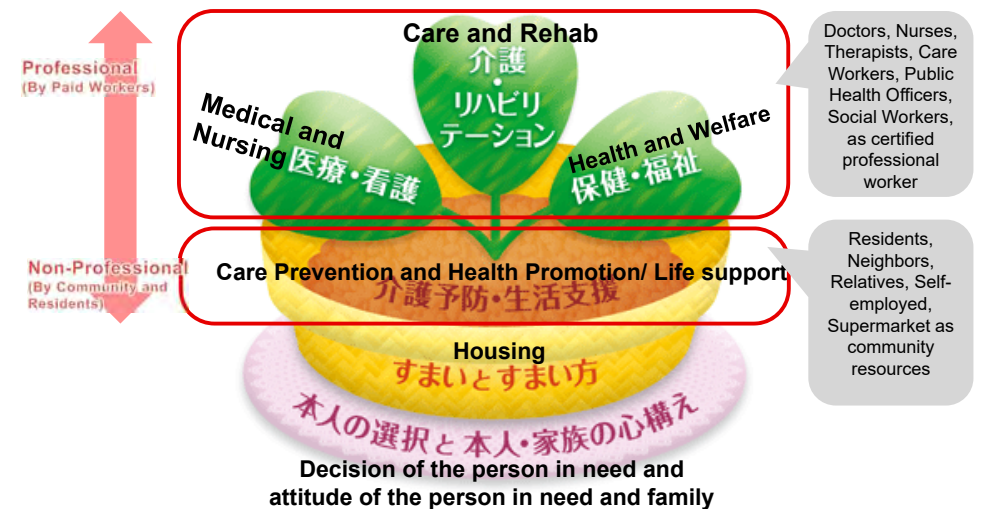
## Community Based Integrated Care System (CBICS)



Mitsubishi UFJ Research and Consulting

Source: MURC "Study Team on CBICS"

## Resources with which elderly live in their own community



Mitsubishi UFJ Research and Consulting

Source: MURC "Study Team on CBICS"

## Support from local government (municipality) to community



### Resident Meeting

- ✓ Setting Resident meeting for dialogue to discuss community issues to be tackled and to find possible solution by residents, which is really expression of autonomy of residents.
- ✓ Resident Meeting is also a place to find potential key person for community development.

### Technical Support

- ✓ "Life support coordinator" is assigned by municipality and placed in each community in order to promote community development.
- ✓ When resident led group need any technical help, Life support coordinator would find appropriate resources for the group.

### Financial Support (Grant)

- ✓ Municipality could grant financial support with small amount to resident led group or NPO (non-profit organization).
- ✓ It would cover rent of venue for activities and service provision, utility cost, transportation expense, and miscellaneous expenses.

## Livelihood District-Level Community Care Meetings (to cooperate in mapping community resources)



Various local organizations, including care managers, welfare service providers, community welfare volunteers, social welfare council, municipal government agencies and volunteers offer and list their resources to understand their districts, establish networks and cooperate for community development.

## Examples of Issues for Community Care Meeting

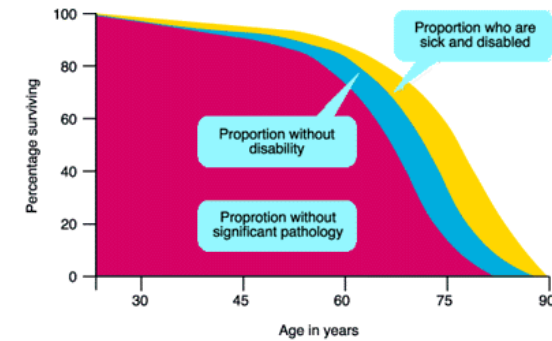
- Community-based perspectives to protect consumers
- Collaboration with local real estate companies: community development centered on housing
- Dying in the community: case studies to consider how to prepare for dying
- How to deal with hoarding houses
- Waste-sorting for the elderly living alone
- How to promote understanding of informal services and use them in support: case studies
- Meetings with local community welfare volunteers
- Support for people with financial problems
- Collaboration and utilization of disability welfare systems
- Stress relief for social workers
- Community life support for people with mental disorders
- Interventions and networking for wandering dementia patients
- Collaboration with local practicing physicians:
  - Establishment of face-to-face relationships
- Support for family caregivers
- How to deal with pets kept by the elderly living alone

# Successful ageing : community based programmes and social support system in Malaysia

## Elderly Health : Role & responsibilities

Lee Fatt Soon  
Geriatrician HKL

# Ageing is inevitable



poor health is not!!

## The Japanese Centenarian Study: Autonomy Was Associated with Health Practices as Well as Physical Status

Akiko Ozaki, RN, PhD,\* Makoto Uchiyama, MD, PhD,<sup>†</sup> Hirokuni Tagaya, MD, PhD,<sup>§</sup> Takashi Ohida, MD, PhD,<sup>‡</sup> and Ryuji Ogihara, MD, PhD<sup>||</sup>

**OBJECTIVES:** To investigate the prevalence of centenarians who have preserved activities of daily living (ADLs) and good cognitive and psychosocial status in Japan.  
**DESIGN:** Census-based survey.  
**SETTING:** Cross-Sectional Investigation of Half of All

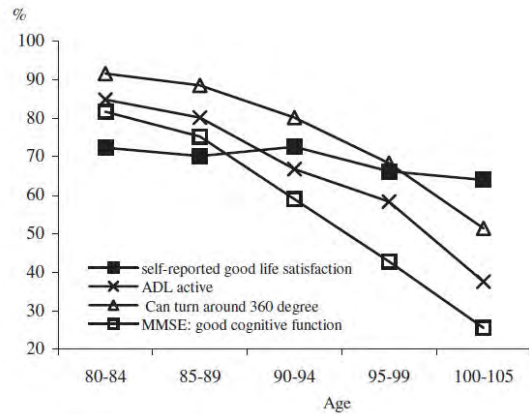
program for the ever-increasing "super elderly" population in Japan. *J Am Geriatr Soc* 55:95-101, 2007.  
**Key words:** autonomous centenarians; successful aging; health practices; census-based survey

Regular exercise  
Spont awakening mornings  
Can read text

health practices -imp      preserve ADLs  
good cognitive and psychosocial status

## Chinese Longitudinal Healthy Longevity Survey and some research findings

Zeng Yi



positive in one's outlook on life → contributing factors of longevity

Figure 1 Age pattern of functional capacity and self-evaluation of life of oldest son in China.

## Cross-cultural comparison between academic and lay views of healthy ageing: a literature review

LI-WEN HUNG, G. I. J. M. KEMPEN and N. K. DE VRIES

Ageing and Society / Volume 30 / Issue 08 / November 2010, pp 1373 - 1391  
DOI: 10.1017/S0144686X10000589, Published online: 09 August 2010

- Ageing and Society / Volume 30 / Issue 08 / November 2010, pp 1373 - 1391

Ageing and Society Vol30: 08 Nov 2010

Study authors	Term used	Country	Twelve key domains of healthy ageing											Number of domains
			Physical function	Mental function	Social function	Independence	Highness Wellbeing	Life satisfaction	Longevity	Family	Adaptation	Financial security	Personal growth	
A. Studies that indicated lay views:														
1. Liu 2006	S	Taiwan	X	X	X	X	X	X	X	X	X	X	X	7
2. Hou 2007	S	Taiwan	X	X	X	X	X	X	X	X	X	X	X	7
3. Matsubayashi et al. 2006	S	Japan	X	X	X	X	X	X	X	X	X	X	X	7
4. Fernández-Ballesteros et al. 2008	W	Americas	X	X	X	X	X	X	X	X	X	X	X	7
5. von Faber et al. 2004	S	Netherlands	X	X	X	X	X	X	X	X	X	X	X	7
6. Bowling 2006	S	England	X	X	X	X	X	X	X	X	X	X	X	7
7. Bowling 2007	A	England	X	X	X	X	X	X	X	X	X	X	X	7
8. Knight and Ricciardi-Bitti 2003	S	Australia	X	X	X	X	X	X	X	X	X	X	X	7
9. Tate et al. 2003	S	Canada	X	X	X	X	X	X	X	X	X	X	X	7
10. Phelan et al. 2004	S	USA	X	X	X	X	X	X	X	X	X	X	X	7
11. Montross et al. 2006	S	USA	X	X	X	X	X	X	X	X	X	X	X	7
Frequency among the 11 studies			11	45	7	73	55	55	0	45	45	34	34	23
Per cent			100	46	64	73	55	55	0	45	45	34	34	26
B. Studies that indicated academic/clinical views:														
12. Hou and Chang 2004	A	Taiwan	X	X	X	X	X	X	X	X	X	X	X	3
13. Chou and Chi 2002	S	Hong Kong	X	X	X	X	X	X	X	X	X	X	X	3
14. Li et al. 2006	S	China	X	X	X	X	X	X	X	X	X	X	X	3
15. Lamb and Myers 1999	S	S. Asia	X	X	X	X	X	X	X	X	X	X	X	3
16. Baltes and Baltes 1990	S	Germany	X	X	X	X	X	X	X	X	X	X	X	3
17. Aghand et al. 1999	S	Denmark	X	X	X	X	X	X	X	X	X	X	X	3
18. Uotinen et al. 2003	S	Finland	X	X	X	X	X	X	X	X	X	X	X	3
19. Almeida et al. 2006	R	USA	X	X	X	X	X	X	X	X	X	X	X	3
20. Roos and Havens 1997	S	Canada	X	X	X	X	X	X	X	X	X	X	X	3
21. Menec 2003	S	Canada	X	X	X	X	X	X	X	X	X	X	X	3
22. Palmone 1979	S	USA	X	X	X	X	X	X	X	X	X	X	X	3
23. Guralnik and Kaplan 1989	H	USA	X	X	X	X	X	X	X	X	X	X	X	3
24. Berkman et al. 1993	S	USA	X	X	X	X	X	X	X	X	X	X	X	3
25. Fried et al. 1994	S	USA	X	X	X	X	X	X	X	X	X	X	X	3
26. Garlin and Heron 1995	R	USA	X	X	X	X	X	X	X	X	X	X	X	3
27. Strawbridge et al. 1996	S	USA	X	X	X	X	X	X	X	X	X	X	X	3
28. Rowe and Kahn 1997	S	USA	X	X	X	X	X	X	X	X	X	X	X	3
29. Reed et al. 1998	H	USA	X	X	X	X	X	X	X	X	X	X	X	3
30. Ford et al. 2000	S	USA	X	X	X	X	X	X	X	X	X	X	X	3
31. Vaillant and Western 2001	H	USA	X	X	X	X	X	X	X	X	X	X	X	3
32. Burke et al. 2001	H	USA	X	X	X	X	X	X	X	X	X	X	X	3
33. Newman et al. 2003	S	USA	X	X	X	X	X	X	X	X	X	X	X	3
34. Tyas et al. 2007	H	USA	X	X	X	X	X	X	X	X	X	X	X	3
Frequency among the 23 studies			21	17	8	2	3	2						13
Per cent			91	74	35	9	13	9						57
Frequency among all 34 studies			32	19	15	10	9	8						16
Per cent			94	65	44	29	27	24						47

Ageing and Society Vol30: 08 Nov 2010

## Active Ageing Conceptual methodological issues

European Centre for Social Welfare  
Policy and Research, Sept. 7, 2011

### Active Ageing. Conceptual and methodological issues

Rocío Fernández-Ballesteros  
Autonomous University of Madrid  
r.fallesteros@uam.es



## The lay concept of ageing well in several regions

ITEM	Japanese	Japanese American	White American	European	Latin-American
1. Living a very long time	48	27	29	56	61
2. Remaining in good health until death*	91	93	95	99	91
3. Feeling satisfy with life*	81	78	84	95	93
4. Having the kind of genes helping age well	83	60	70	87	77
5. Having friends and family who are there for me*	83	86	90	97	95
6. Stay involved with world and people	63	77	88	92	86
7. Being able to make choices about how to age	72	85	92	94	92
8. Being able to meet all my needs	59	81	92	97	94
9. Not feeling lonely or isolated	69	75	84	93	78
10. Adjusting to changes related to aging	76	76	83	87	86
11. Being able to take care of myself*	87	93	95	98	93
12. Having sense of peace when I think in dying	74	72	75	85	85
13. Feelings of influencing others	45	55	67	76	85
14. Having no regrets about how I lived my life	69	61	67	86	77
15. Being able to work after usual retirement	47	43	50	63	81
16. Feeling good about myself	70	79	85	98	95
17. Being able to cope with challenges	64	84	93	90	92
18. Remaining free of chronic diseases	81	91	90	96	77
19. Continuing to learn new things	58	62	79	69	89
20. Being able to act according to my own values	65	81	92	94	96
<b>Mean</b>	<b>69</b>	<b>73</b>	<b>80</b>	<b>87</b>	<b>86</b>
<b>Number of items with % ≥ 80</b>	<b>6</b>	<b>10</b>	<b>13</b>	<b>17</b>	<b>14</b>

(a) % of respondents rated this item as important in successful aging.

Journal of Aging and Health  
20(10) 1007-1016  
© The Author(s) 2008  
Active Ageing: Conceptual and  
methodological issues  
Baylor University, Waco, TX  
http://jah.sagepub.com

Qual Life Res (2010) 19:293–298  
DOI 10.1007/s11136-009-9579-7

## The importance of facets of quality of life to older adults: an international investigation

Anita Molzahn · Suzanne M. Skevington ·  
Mary Kalfoss · Kara Schick Makaroff

(Phelan et al., 2005; Fdez.-Ballesteros, 2008, 2010; Matsubayashi, et al, 2006;)

FSLee Kebajikan 2017

9

FSLee Kebajikan 2017

10

- The highest importance was attributed to the
  - ability to perform ADLs (M = 4.46, SD = .71)
  - to be healthy (M = 4.33;SD = .67)
  - to have sensory abilities (M = 4.30; SD = .71)
  - the ability to move around (M = 4.29; SD = .75)
  - To have freedom and independence (M = 4.24; SD = .83)
  - Energy (M = 4.2, SD = .70).
- Least important were sex life (M = 2.31, SD = 1.29),
- chance to learn new skills (M = 3.16; SD = 1.12),
- ability to participate in the community (M = 3.32; SD = 1.08)

FSLee Kebajikan 2017

11

## Aim : Quality of Life

- ability to maintain
  - autonomy and
  - independence.\*



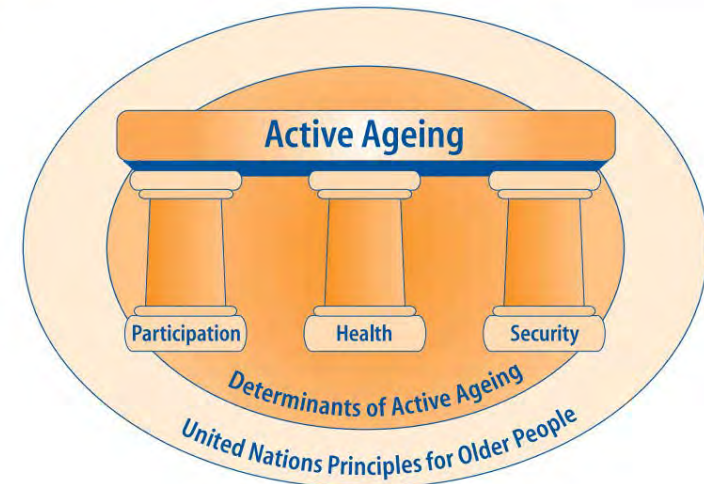
FSLEE KEBAJIKAN 2017

12

Figure 8. The determinants of Active Ageing

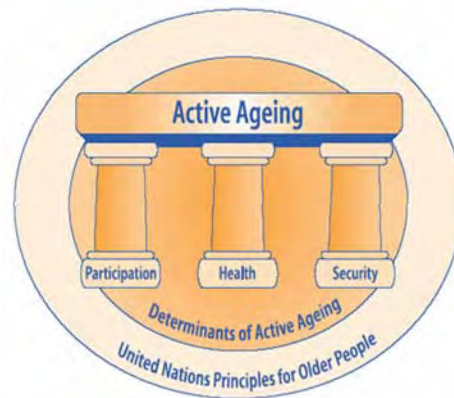


Figure 14. The three pillars of a policy framework for Active Ageing



## three basic pillars

- **Health.**
- **Participation**
  - socioeconomic,
  - cultural
  - spiritual activities,
- **Security.**
  - social,
  - financial
  - physical



### Intersectoral approach

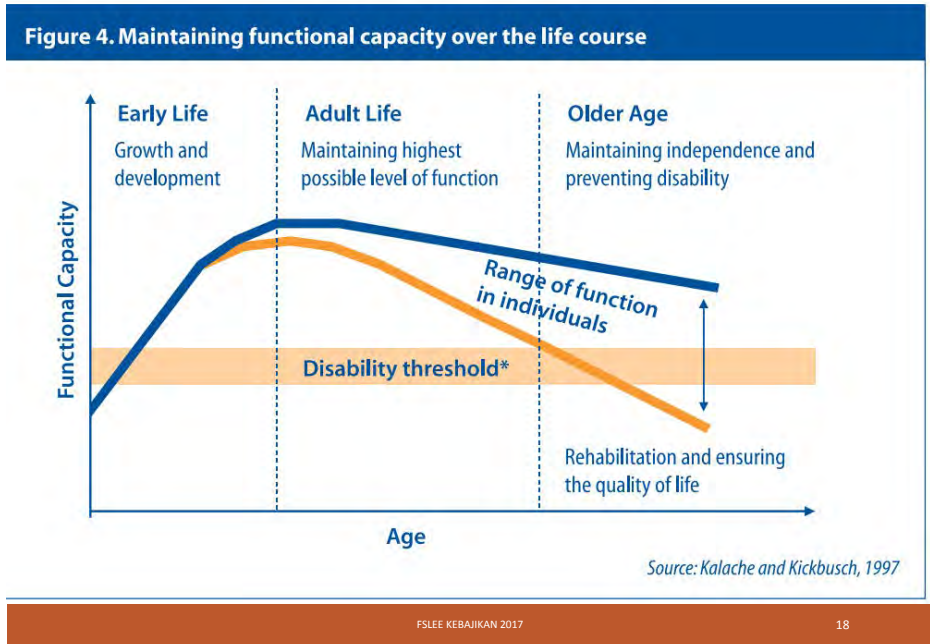
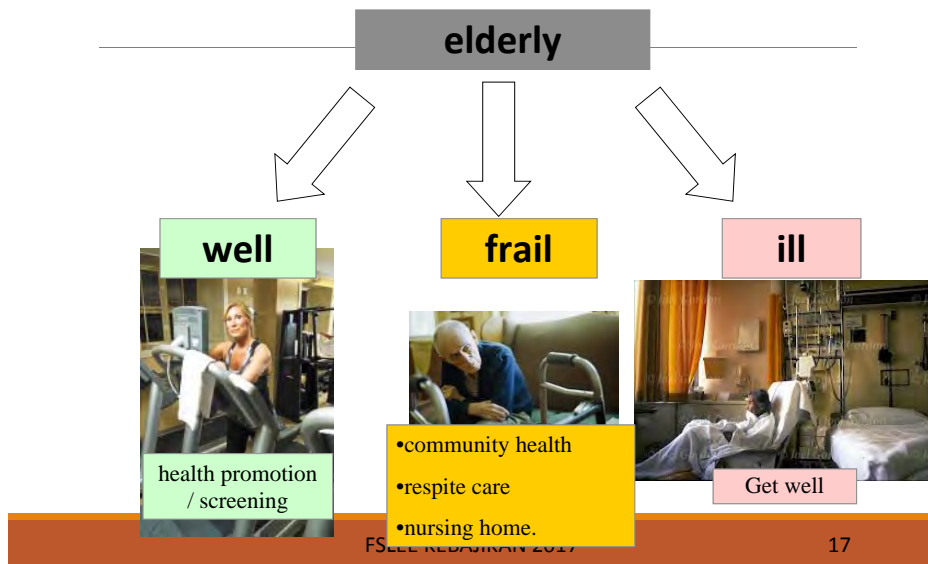
## Designing a system for the elderly

Few principles

A spectrum – not homogenous

Each segment should be served

Ageism



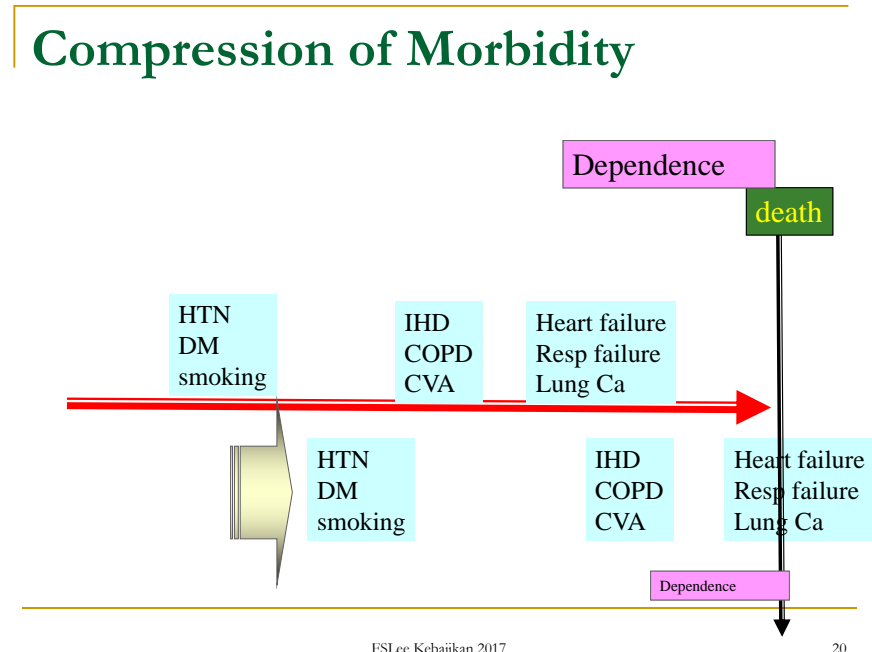
**Hidekichi Miyazaki**

Japanese athlete

Hidekichi Miyazaki, is a Japanese centenarian masters athlete. He is a former official holder of the world record in the M100 100 metres.  
[Wikipedia](#)

**Born:** September 22, 1910 (age 106), Hamamatsu, Shizuoka Prefecture, Japan

FSLee Kebajikan 2017 19



CURRENT ISSUES AND CHALLENGES  
OF OLD AGE: COMMUNITY  
PERSPECTIVE

**USIAMAS**

AGEING POPULATION

SOME BASIC FACTS:

- NUMBER INCREASING
- NO CEILING AGE
- DIFFERENT CAPABILITIES DUE TO PHYSICAL AND MENTAL CONDITIONS
- DIFFERENT SOCIOECONOMIC STATUS

CHALLENGES

- HEALTH MAINTENANCE
- FINANCIAL SECURITY
- STRONG FAMILY SUPPORT
- SAFE AND SECURE ENVIRONMENT
- POSITIVE SOCIETAL ATTITUDE ON AGEING

HEALTH MAINTENANCE

- ACCESS TO HEALTH CARE
  - PUBLIC
  - PRIVATE
- COST OF HEALTH CARE
  - EXHORBITANT COST BY PRIVATE HOSPITALS
  - GOVERNMENT HOSPITALS OVER-LOADED
  - EXCESS USE OF SUPPLEMENTS
- NEED FOR MORE COMMUNITY CLINICS



## HEALTH CARE AT HOME

- FAMILY MAINLY UNPREPARED
- LACK OF KNOWLEDGE ON CARING FOR OP
- SPACE CONSTRAINTS
- COST OF INSTALLING ESSENTIAL EQUIPMENTS
- SHORTAGE OF HOME NURSING PERSONNEL
- LACK OF INTERMEDIATE SUPPORT SYSTEM –  
eg. DAY CARE CENTRES

## RESIDENTIAL CARE FACILITIES

- INCREASING DEMAND
- SHORT SUPPLY, MAINLY NOT PURPOSE-BUILT
- MOSTLY UNREGULATED
  - REGULATIONS IN PLACE BUT NOT ENFORCED
  - PROBLEMS TO SATISFY STIPULATED CONDITIONS
- RESULTING IN QUESTIONABLE QUALITY OF SERVICE
- URGENT NEED TO REMEDY THIS DEFECT

## FINANCIAL SECURITY

- DEPLETING RESOURCE
- QUESTIONABLE/IRREGULAR FINANCIAL SUPPORT FROM CHILDREN
- ESCALATING COST OF LIVING
- HIGH COSTS OF HEALTH MAINTENANCE
  - NEED FOR REGULATING HEALTH COST

## FAMILY SUPPORT

**YOUNG FAMILIES MAY HAVE TWO SETS OF OLDER PERSONS TO DEAL WITH AND THEY ARE EXPECTED TO PROVIDE:**

- EMOTIONAL SUPPORT
  - PRESENCE
  - VISITS
- FINANCIAL SUPPORT
- PHYSICAL SUPPORT - HOUSING

## ENVIRONMENTAL SAFETY AND SECURITY

OLDER PERSONS **MUST FEEL** SAFE AND SECURE

- INDIVIDUAL
  - HOME ENVIRONMENT MAY REQUIRE ADJUSTMENT AND MODIFICATION
  
  - INCLUSIVITY (SEAMLESS TRANSPORT/UNOBSTRUCTIVE, BARRIER-FREE BUILDINGS, RECREATIONAL PARKS

## ENVIRONMENTAL SAFETY AND SECURITY

- SOCIETAL
  - AGEIST ATTITUDES
  - FREE OF THREAT TO SAFETY
  - NO DISCRIMINATION OF ANY KIND

## FOR CONSIDERATION

- MORE INTENSIFIED STUDIES ON OLDER PERSONS  
Eg: INCOME & EXPENDITURE PATTERNS
- LEGAL PROTECTION BY WAY OF AN ACT
- REGULATION ON AGE CARE SECTOR
- INCENTIVES FOR DEVELOPERS OF RETIREE HOMES
- REBATES FOR MODIFICATION TO HOMES

## FOR CONSIDERATION

- PROVISION FOR “SOCIAL PENSION”
- MANDATORY ADOPTION OF UNIVERSAL DESIGN PRINCIPLES

## USIAMAS EFFORTS

- **FAMILY/COMMUNITY SUPPORT**

GRANDPARENTS DAY -

**FIRST SUNDAY OCTOBER**

- **COMMUNITY – BASED HOME CARE**

NEIGHBOURHOOD SENIOR SUPPORT  
PROGRAMME (NSSP)



## Aim of treatment

Years to life

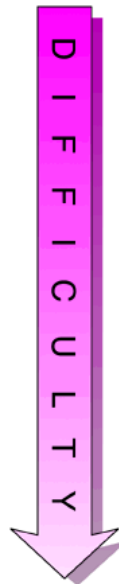
Life to years

Independence →  
functional impairments

## Functional capacity

Activities of Daily Living - **ADL**

- Feeding
- Grooming
- Transfers
- Mobility
- Use toilet
- Dressing
- Stairs
- Bathing
- Bowels
- Bladder

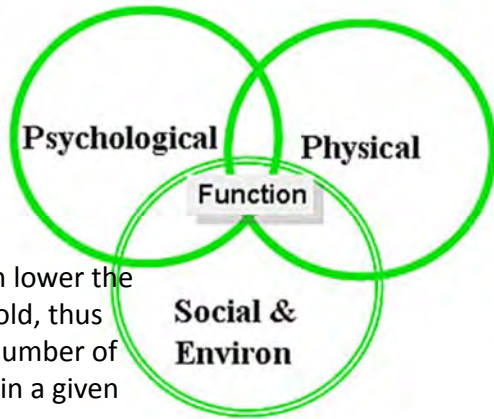


## Managing Older patient

### 1. Physical Disease

- multiple comorbidities

### 2. Disability → **FUNCTION**



Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.

# Physical

1

• Prevention



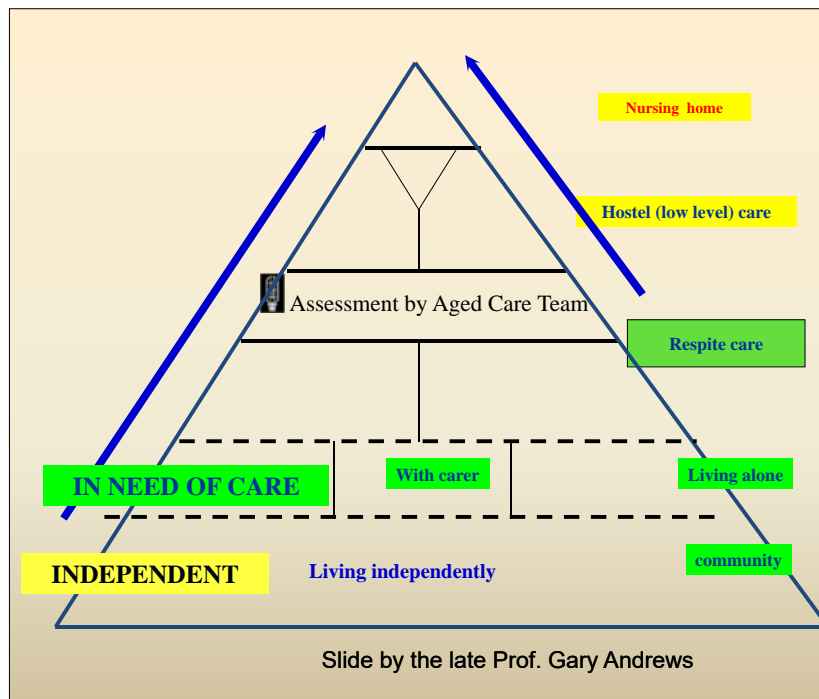
2

- Detect disease
- Treat disease
- Control disease



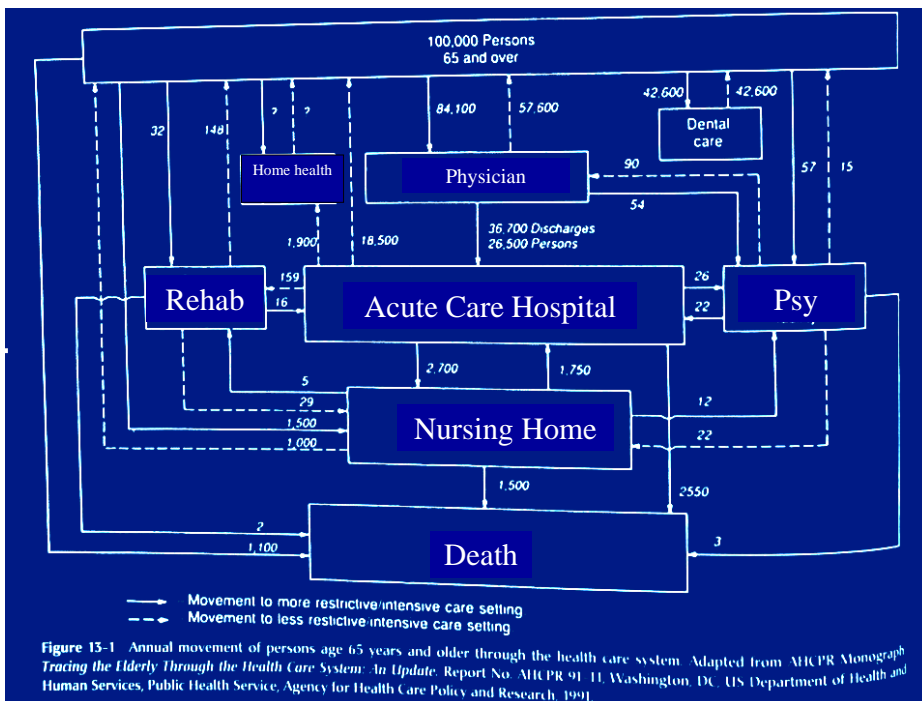
3

• Rehabilitate



Slide by the late Prof. Gary Andrews





## Caregiver burden

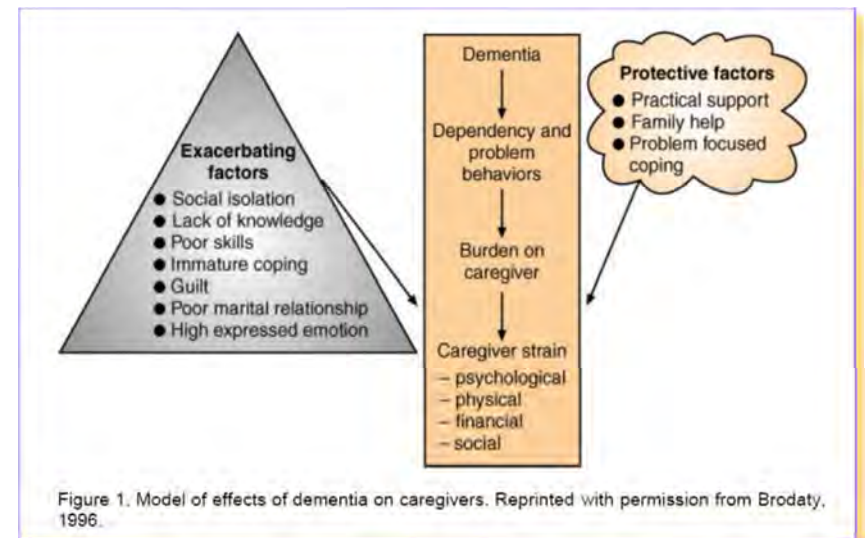
FSLee Kebajikan 2017

30

## What is caregiver burden?

- **objective burden** :
  - practical e.g. continuous nursing care
- **subjective burden = strain**
  - emotional reaction of caregiver (e.g. morale, anxiety and depression).

(Montgomery et al., 1985)



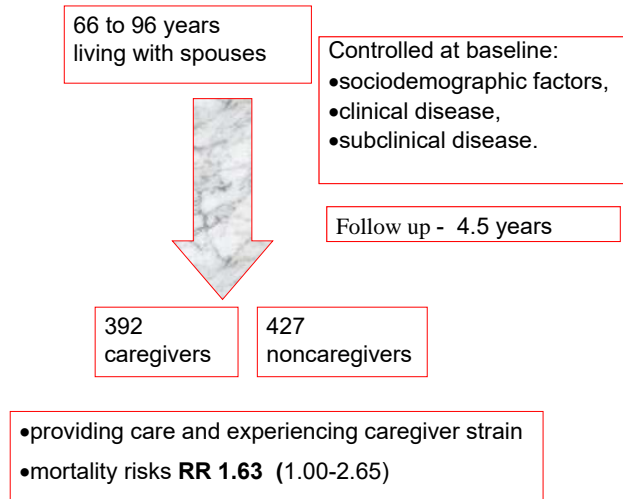
FSLee Kebajikan 2017

31

FSLee Kebajikan 2017

32

## Caregiving as a Risk Factor for Mortality



The Caregiver Health Effects Study JAMA, 1999;282:2215-2219 Richard Schulz  
FSLee Kebajikan 2017

33

## caregivers need

- **Recognition**
- **Information**
- **Support**

FSLee Kebajikan 2017

34