Dementia and COVID-19 in New Zealand, Chile, and Germany: Learning for resilience

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5 Research Areas

- Fundamental Research
- Clinical Research
- Health Care Research
- Population Health Sciences
- Systems Medicine

05.07.2021  Dementia and COVID-19 in New Zealand, Chile, and Germany: Cross-country learning for resilience
The consortium

https://www.nationsonline.org/oneworld/map/new-zealand-map.htm

https://www.nationsonline.org/oneworld/map/germany_map.htm


Universidad de Chile, Santiago
Our starting point

• How can we ensure that innovations are not merely considered as a reaction to a crisis but outlive a crisis and become part of routine care and structures?

• How can experiences made during a pandemic ultimately strengthen health system preparedness and resilience and in turn contribute towards increased resilience?

• What lessons from the current pandemic can be applied to addressing the global crisis of dementia?
Translational potential lies in global cross-country learning

- 3 high-income countries - Chile, New Zealand, Germany - with distinct geo-political-cultural systems:
  - e.g., CHL, NZ: geographically high-risk, D: geographically low risk
- facilitators and barriers of innovation during the COVID-19 pandemic
  - What works for whom and why?
  - What can we learn from this for now and beyond COVID-19?
- Contribute towards adequate, equitable, and sustainable care and support for families living with dementia during a pandemic and beyond
Potential for cross-country learning

Chile, New Zealand, and Germany countries' performance regarding managing the COVID-19 pandemic during the 43 weeks following the 100th confirmed COVID-19 case (Leng, et al. 2021)
Our research questions

1. **How** have 3 selected nations (Chile, New Zealand, Germany) **responded** to the **needs of people living with dementia** and of their families **prior** to the pandemic and **during the COVID-19 pandemic**?

2. **How** does living in **countries with continuous natural risks and hazards** might impact on **building resilience** and enabling responses to rapid (respiratory) pandemics such as the COVID-19 pandemic on the one hand and to long-term challenges such as dementia on the other hand? **How might this differ to countries with (currently) fewer natural risks and hazards?**

3. **What can we learn** from those global experiences to **empower health care** systems to provide **adequate, equitable, and sustainable care** and support for families living with dementia during times of pandemics and beyond?
Resilience and sustainability

- **Resilience:** Resilient and adaptive health systems are able to protect themselves and human lives from the impact of disasters and are critical to achieving good health before, during, and after disasters (European Commission, 2020).

- In the context of the COVID-19 pandemic it has been stressed that efforts should not only focus on absorbing unforeseen shocks but that resilience of health care systems also relates to: **the continuity in health improvement, sustaining gains in systems functioning and fostering people-centeredness**, while delivering high-quality care (Haldane et al., 2021).

- **Sustainability:** Dynamic understanding of sustainability, whereby the evolution of interventions is a pre-requisite for constant quality improvement and a learning health care system (Chambers et al. 2013).
The global context


- that all necessary measures have to be taken to ensure the **protection and safety of persons with disabilities in risk situations**, including the occurrence of disasters, (Article 11)

- by **promoting international collaborations** in partnership with regional organizations and civil society (in particular organizations of persons with disabilities)

- to **support national efforts** in ensuring the objectives of the convention (Article 32).
Why is this research important for New Zealand?

- Total cost of dementia: 1 billion EUR (*expected to almost triple by 2050*) *(Dementia Cooperative et al., 2020)*

- “…inadequate services of variable quality, and the current services are not capable of meeting the growing demand” *(Dementia Cooperative et al., 2020)*.

→ e.g., health disparities Māori / non-Māori NZ population: Māori more likely to have dementia, at a younger age, threefold increased risk to die using antipsychotics *(Kerse et al., 2015; Cullum et al., 2018, 2020)*

- The National Dementia Plan 2020-2025 has not been officially adopted by government yet *(Dementia Cooperative et al., 2020)*.
Why is this research important for Chile?

- Latin American and Caribbean countries (LACs) show some of the fastest growing dementia rates worldwide but are largely underrepresented in research. *(Livingston et al., 2020)*

- In 2017, the Ministry of Health launched the National Plan of Dementia *(Ministerio de Salud Gobierno de Chile)*, which proposed establishing a range of health-care services from primary care to Memory Units *(Leon et al., 2020)*.

- Covid-19 pandemic as an opportunity to rethink traditional public policy response towards the needs of older persons in Chile *(Villalobos et al., 2020)*
What could Germany learn from this cross-country approach?

- Innovations overcoming inequity, e.g., inequity of access to support amongst families living with dementia who have a migration background (Schmachtenberg et al., 2021; EU Atlas: Dementia & Migration)

- Care models embracing family members as care partners → “costs” of institutionalization/economization of care → care rooted in relationships

- System preparedness beyond disaster response

- …
What challenges can be expected?

1. How comparable are these countries really? (→ complexity to be considered)
2. How do we want to approach such a complex analysis? (→ methodology)
3. What can we learn? (→ expected outcomes)
4. Can we actually learn from each other? (→ Did we ever learn anything from previous epidemics/pandemics? (Upshur 2021))
5. ....
Towards a methodology

1. Multi-disciplinary
2. Strengths-based
3. Resilient health-systems
4. Participatory
5. Implementation and system learning
6. Translational
7. Acute, post-acute, and long-term crisis
8. Individual, organizational and national level

Need for a complex approach (Laporte Uribe et al., under review)
What do we already have?

1. A motivated multi-disciplinary cross-sectoral consortium:
   - health care (services) research, disaster management research, neurology,
   - public health, ageing research, clinical and non-clinical dementia research,
   - sociology, anthropology, geography, geology, health economics

2. A vision

3. Commitment

COVID-19 pandemic exposed vulnerability of systems and people;

but

there is a unique opportunity to learn from both failures and innovations.
Contact

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References


