Session 2: The Essential Role of Community Systems for Long Term Care

MALAYSIA

Investing in Healthy and Active Ageing for Sustainable Growth Regional Approach to Promoting Innovative Long-Term Care Ho Chi Minh City, 15th August 2017

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Malaysia will be an aged nation by 2030 with people enjoying longer life

- **2010 Data:** Malaysian Population and Housing Census 2010
- **2015 – 2014 Data:** Forecasted

**Source:** Department of Statistics Malaysia

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**Life expectancy**

<table>
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<tr>
<th>1991</th>
<th>2016(^e) (estimate)</th>
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<tbody>
<tr>
<td>M</td>
<td>F</td>
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<tr>
<td>69.2</td>
<td>73.4</td>
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<tr>
<td>72.6</td>
<td>77.2</td>
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**Fertility rate**

<table>
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<tr>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>2.0</td>
<td>2.0</td>
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\(e:\) Estimate

**Source:** Department of Statistics Malaysia
Health Response since mid-1990s

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

- 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, cultural 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. Interagency and inter-sectoral collaboration
7. Legislation

- Ministry of Health Malaysia provides comprehensive health care services to the elderly which includes:
  - health education & promotion
  - health screening & assessment
  - medical examination
  - consultation
  - home visit and homecare nursing
  - rehabilitation
  - social
  - recreation
  - welfare activities
Aged Care facilities and Services

Federal-funded Old Folks’ Homes (RSK = 9 [1,936])
Federal-funded Homes for the Critically Ill (RE = 2 [240])

Government-assisted Old Folks’ Homes (RSS = 103 [942])
Private Nursing Home (Registered ~ 16)

NGO-operated Old Folks’ Homes / Charity Homes (Registered ~ 200)
Private Hospitals (263 [14,073])

Short-stay / Gerontourism
Government Hospitals (140 [37,134])

Who

INDEPENDENT

Healthy

Government-supported Activity Centres (PAWE, 22) (formerly Day Care Centres, PJHWE)
Senior Citizen Clubs, Day Centers & Activity Centres

Government-assisted Home Help Program
Home Visits & Home Help

Financial Assistance for Older Persons (RM477.84 million [135,217])

Who

Who

Independent

Healthy

Government-supported Activity Centres (PAWE, 22) (formerly Day Care Centres, PJHWE)
Senior Citizen Clubs, Day Centers & Activity Centres

Government-assisted Home Help Program
Home Visits & Home Help

Financial Assistance for Older Persons (RM477.84 million [135,217])

Where

Residential

Institution-based

Government Hospitals (140 [37,134])
Private Hospitals (263 [14,073])

Government Clinics (879 + 2,002)
Private Clinics (6,589 + 1,576)

Mobile / Home Nursing

Family Caregiver & Domestic Help

Mobile / Home Nursing

Family Caregiver & Domestic Help

Who

Who

INDEPENDENT

Healthy

Government-supported Activity Centres (PAWE, 22) (formerly Day Care Centres, PJHWE)
Senior Citizen Clubs, Day Centers & Activity Centres

Government-assisted Home Help Program
Home Visits & Home Help

Financial Assistance for Older Persons (RM477.84 million [135,217])

Who

Who

Dependent

Frail / Sick / Bedridden

Government-supported Activity Centres (PAWE, 22) (formerly Day Care Centres, PJHWE)
Senior Citizen Clubs, Day Centers & Activity Centres

Government-assisted Home Help Program
Home Visits & Home Help

Financial Assistance for Older Persons (RM477.84 million [135,217])

Source: Institute of Gerontology, UPM
Domiciliary Health Care Services - 2014

DHC TEAM:

Basic Team:
- Nurse
- Medical Assistant

Multidisciplinary Team:
- Family Medicine Specialist
- Medical Officer
- Pharmacist
- Physiotherapist
- Occupational Therapist
- Dietitian / Nutritionist
- Social Medical Workers
- Counselor
- Driver

Domiciliary Healthcare (DHC)

Definition:
- Service provided at home as to improve health access and to provide holistic care to the stable bedridden patient in order to increase their quality of life.

Objective:
- To provide and offer continuation of treatment and care at home after discharged from hospital.
- To empower the family members as well as the community in aspect of care of bedridden patients in order to reduce the readmission to the hospital.
- To train the caregivers on the correct technique of managing bedridden patient, and to educate the patient on improving their self-care.

SCOPE OF THE SERVICE:
- CARE – caregivers will be trained on how to prevent bed sore, wound care and management, correct technique on changing and care of Nasogastric Tube / catheter urethral as well as hygiene education. This service will also provide laboratory test and vital signs monitoring (e.g. blood glucose level, blood pressure) and emotional support by trained professionals.
- REHABILITATION – active and passive movement, activity of daily living (ADL)
- PALLIATIVE – include basic palliative care, pain management, counselling and emotional support to the patient and their family members

NBOS INITIATIVE: 1 Malaysia Family Care: Ministry of Health & Ministry of Women, Family & Community Development (2012)

InterAgencies Collaboration

Objective:
- Providing holistic health & social support to elderly, disabled & single mothers

Strategy:
- Interagency Networking
- Sharing Resources
- Encourage Volunteerism
- Empower families & communities

Community Support
- Senior citizens clubs
- NGOs

Human Resources

Health Center
- Basic Team: Nurse/Assistance Medical Officer
- Supporting Professional Team: 1) Medical Officer 2) Therapists 3) Dietician 4) pharmacists

Hospital
- Supporting Professional Team: Clinical Specialist
Meeting The Future Needs

1) Capacity Building – creating more care givers
   - 6 months course National Occupational Skills Scheme (NOSS)
   - 3 days short course – MoH to carers of elderly
   - Training to care givers in institutions / at home

2) Role of NGOs – optimizing their function and capacities

3) Development of Private Aged Healthcare facilities and services

4) Need to identify policies that optimize intergeneration interdependency support

5) Task-shifting of health personnel (Maternal & Child Health)

6) Data and mapping of the elderly needs to LTC facilities and services
THANK YOU
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