



The 11th ASEAN & Japan High Level Officials
Meeting on Caring Societies

5 December, 2013

Panel Discussion 4

Learning from the Approaches in Japan

Tomofumi SONE, MD, MPH, DrMedSci
Director for Planning and Coordination
National Institute of Public Health
Ministry of Health, Labour and Welfare, Japan

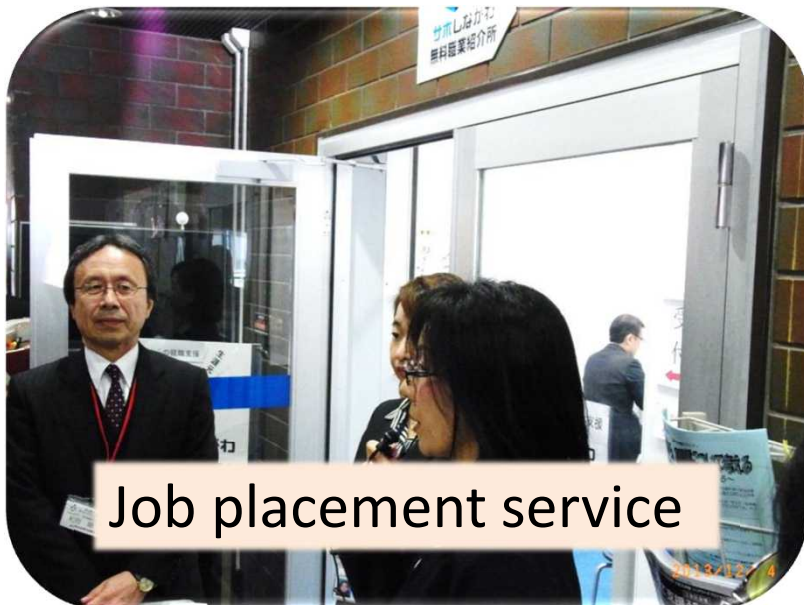
Site Visit to Shinagawa City



Demographic facts and Mayor's initiative



Life skill development for senior men



Job placement service



Human resource development

Silver Plaza Umewaka



Exercise for care prevention



Cultural and brain refreshing activity



User-friendly equipment with reasonable cost

Social welfare organization “Camellia”



President's vision
for elderly care

Support from the city
and the community



Day care

Open to the community

Dementia

Long waiting list



Young but disciplined
care workers

Covered by long-term
care insurance

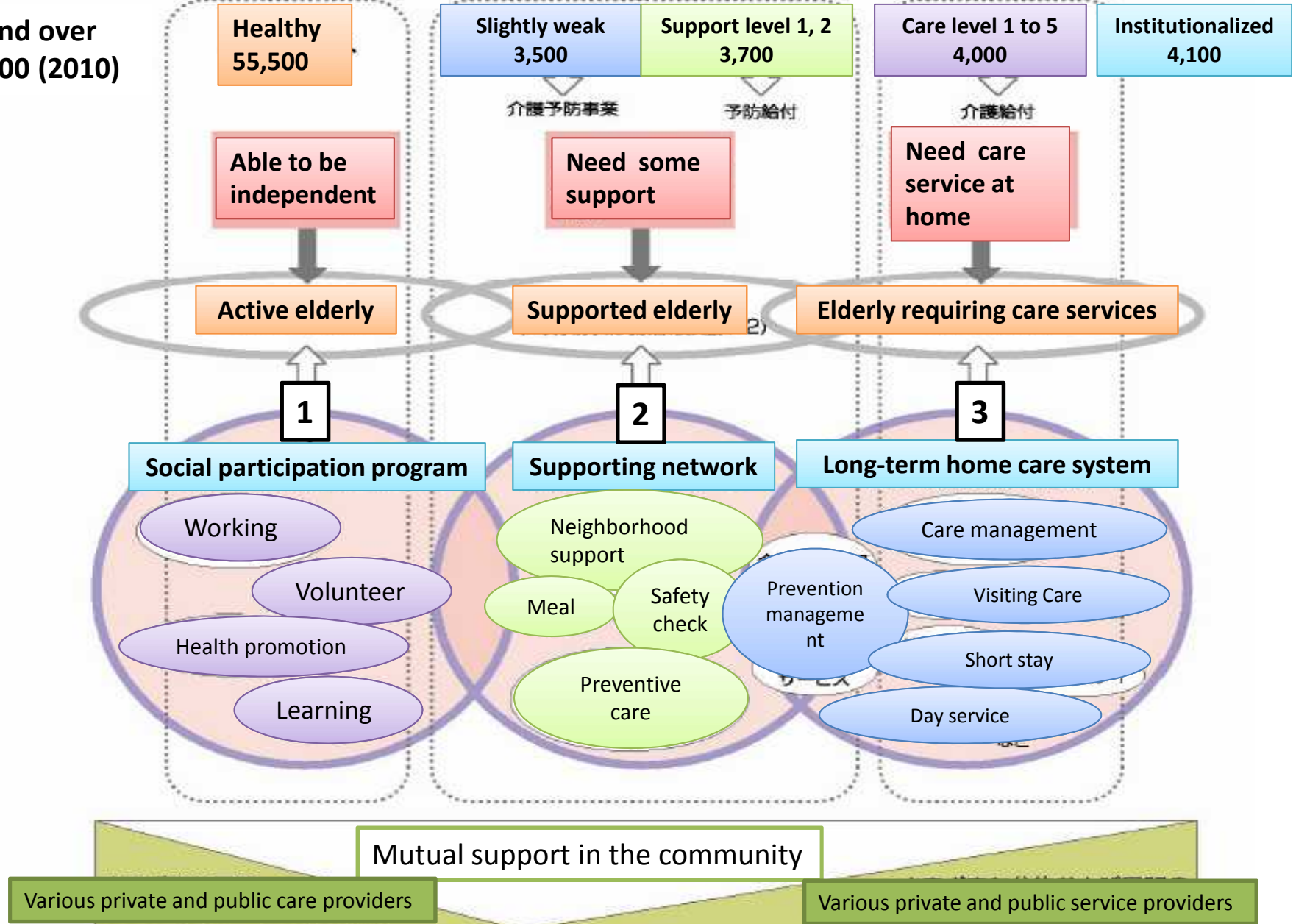


High technology

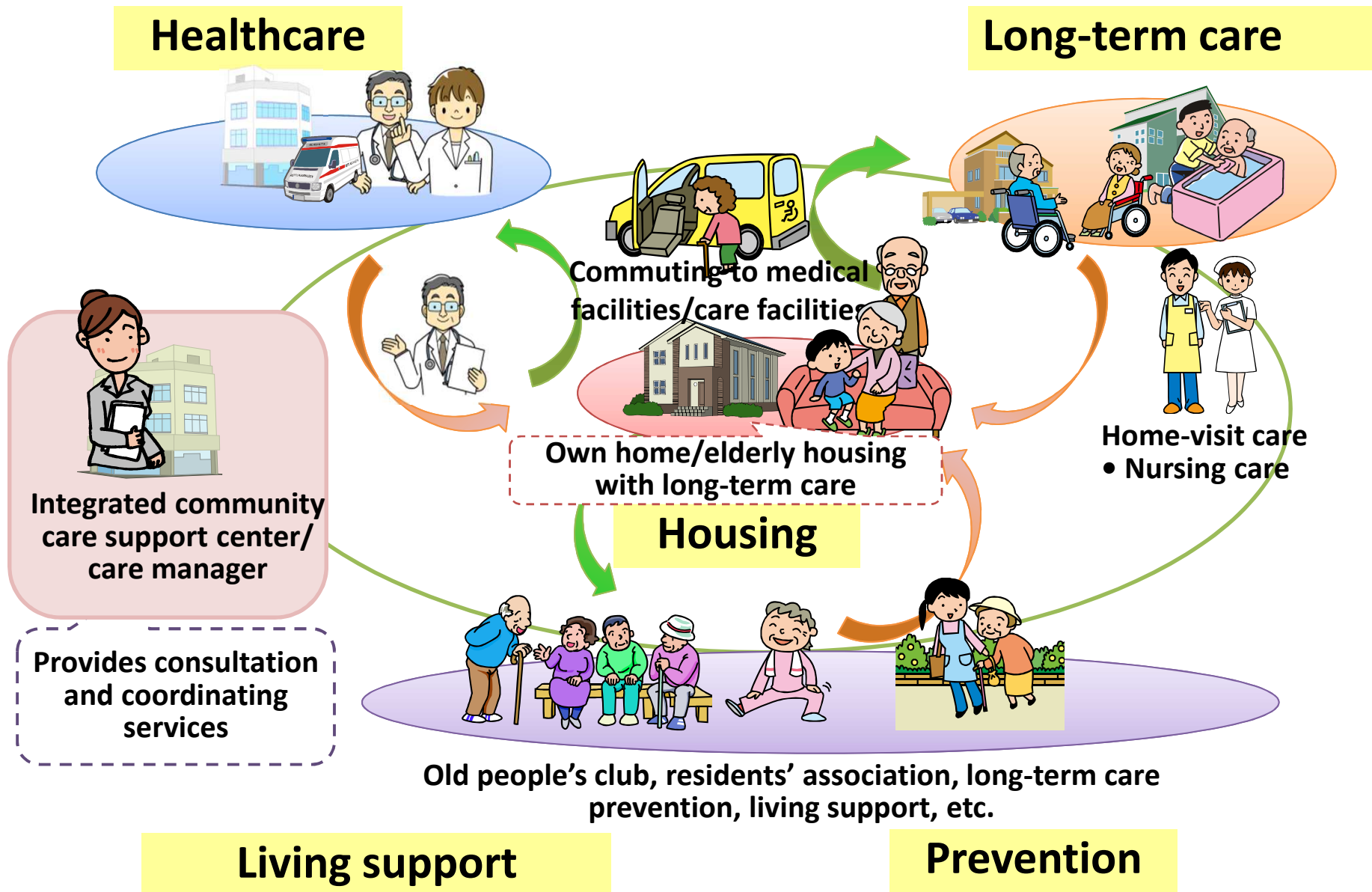
Shinagawa's three systems for supporting the elderly

5th Shinagawa LTC Plan (2010)

65 and over
70,800 (2010)



Integrated community care system



Integrated community care system

Healthcare

Long-term care



Local governments (e.g. Shinagawa City) support elderly's living including their employment, and encourage preventive care and disease prevention.

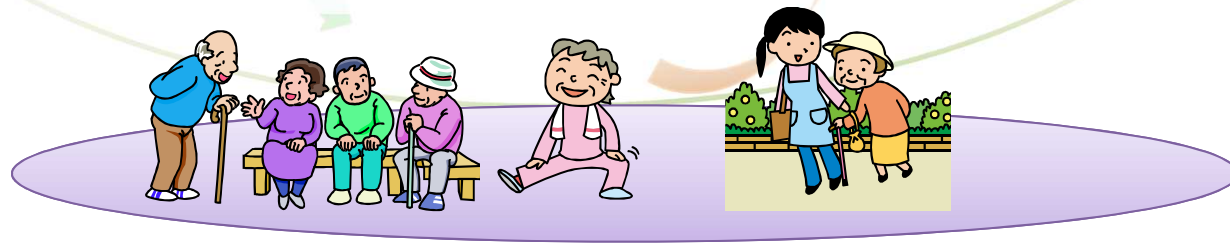
Integrated community care support center/
care manager

Provides consultation
and coordinating
services

Own home/elderly housing
with long-term care

Home-visit care
• Nursing care

Housing



Old people's club, residents' association, long-term care prevention, living support, etc.

Living support

Prevention

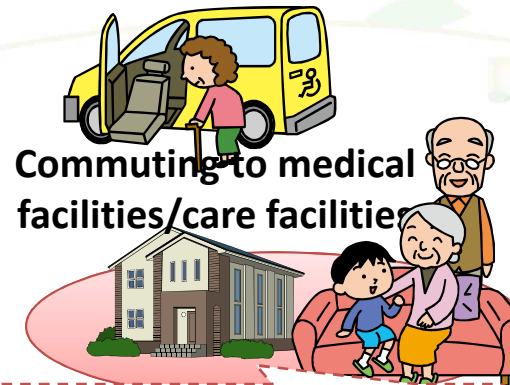
Integrated community care system

Healthcare



Integrated community
care support center/
care manager

Long-term care



Commuting to medical
facilities/care facilities

Own home/elderly housing
with long-term care

Housing

Home-visit care
• Nursing care

Rental service of welfare equipment (such as wheel chairs and special beds) is covered by Long-Term Care Insurance.

Local governments or related organizations (e.g. Silver Plaza Umewaka, Tokyo Metropolis Health and Welfare Foundation) give professional advices to support elderly's choice of appropriate equipment for safe and active life.

Living support

Prevention

Integrated community care system

■ In-home services :

- Outpatient day long-term care
- Multifunctional long-term care in a small group home
- Short-term admission for daily life long-term care
- Combined service
(Multifunctional long-term care in a small group home + Home-visit nursing), etc.

Long-term care



Integrated community care support center/ care manager

Provides consultation and coordinating services

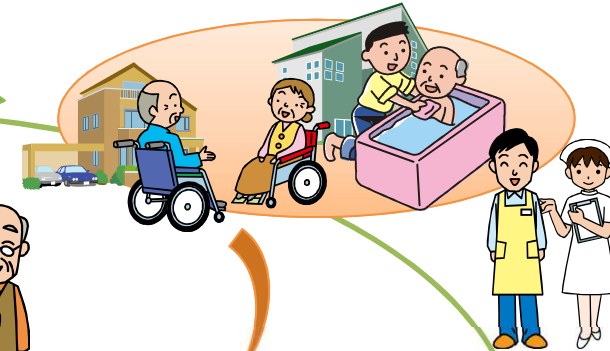
Commuting to medical facilities/care facilities



Own home/elderly housing with long-term care



※ A community assumed in the integrated community care is a junior high school district where necessary services can be accessed within about 30 minutes.



■ Facility/housing-type services

- Facility covered by public aid providing long-term care to the elderly
- Long-term care health facility
- Communal daily long-term care for a dementia patient
- Daily long-term care admitted to a specified facility

“Camellia” provides various care services cooperated with local governments. Various care professionals including care managers and certified care workers are closely committed in these services.

Social welfare corporation “Camellia”



Type of Facility Services

	RYOYO (Medical Long-Term Care hospital)	ROKEN (Health services facility for the aged)	TOKUYO (Special nursing home for the aged)
Number of beds (approximately)	340,000	310,000	490,000
Number of facilities	5,305	3,533	5,953
Floor space per person	>6.4m ²	>8.0m ²	>10.65m ²
Minimum requirements of human resources per 100 patients			
Doctors	3	1	---
Nurses	18	10	3
Care Worker	18	24	31

Source: Ministry of Health, Labour and Welfare

Human resource: Role of Care Manager

What is Care Manager ?

(1) Functions

- ① Consulting
- ② Coordination of municipality, service providers and/or nursing homes for appropriate care services

(2) Qualification

- ① Over 5 years working experience as licensed medical/welfare/health professional
- ② Passing Care Manager Exam.
- ③ Completion of the Care Manager Training Course

Care manager for home care services

(1) Task

Making care coordination plans for home care
Coordination of service providers

(2) Location

Care manager's Office, Integrated Community Care Support Center

Care manager for facility care services

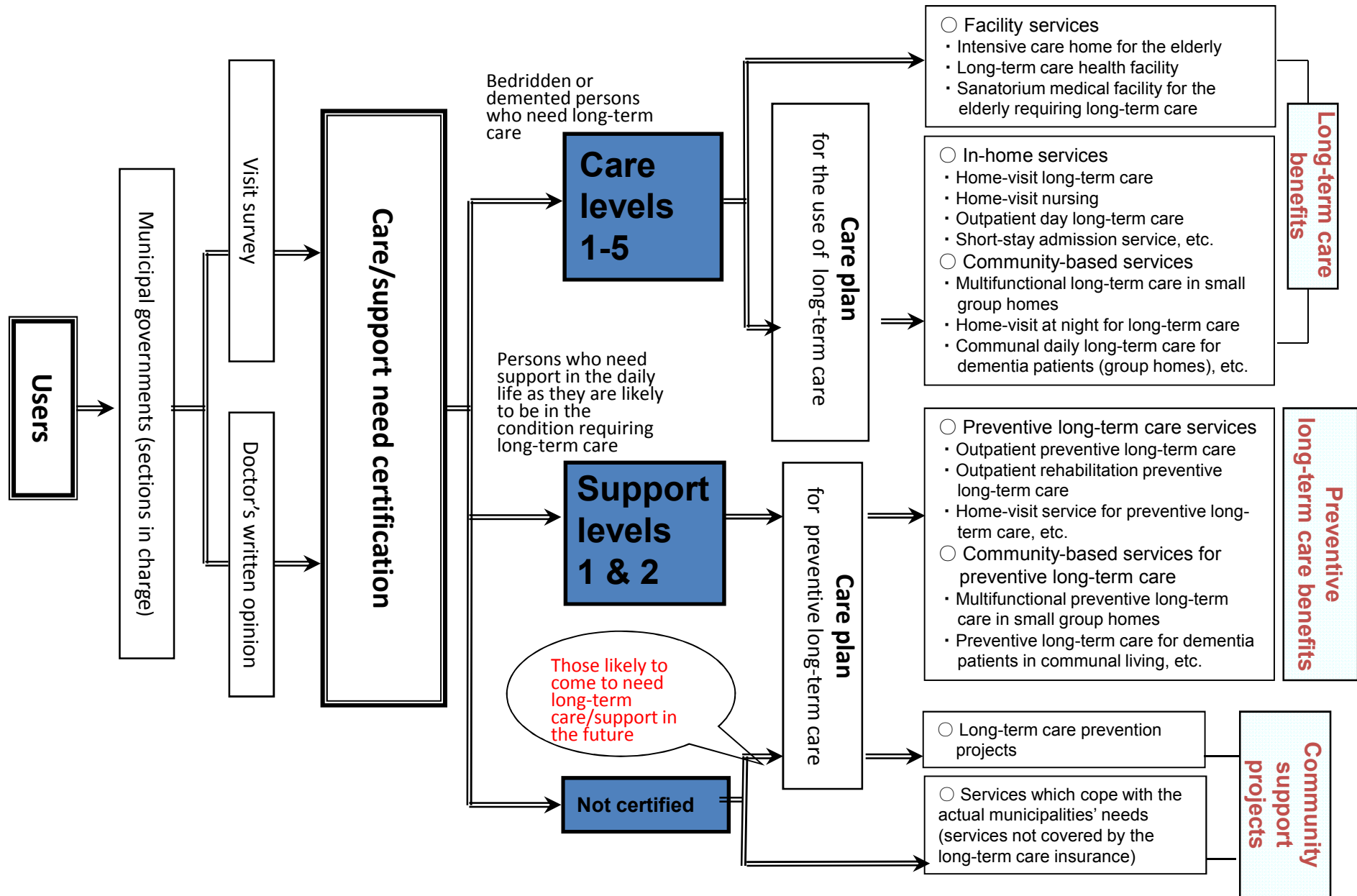
(1) Task

Making facility care plans

(2) Mandated Facilities

Various kinds of Nursing homes and Group homes

The Use of Long-term Care Services



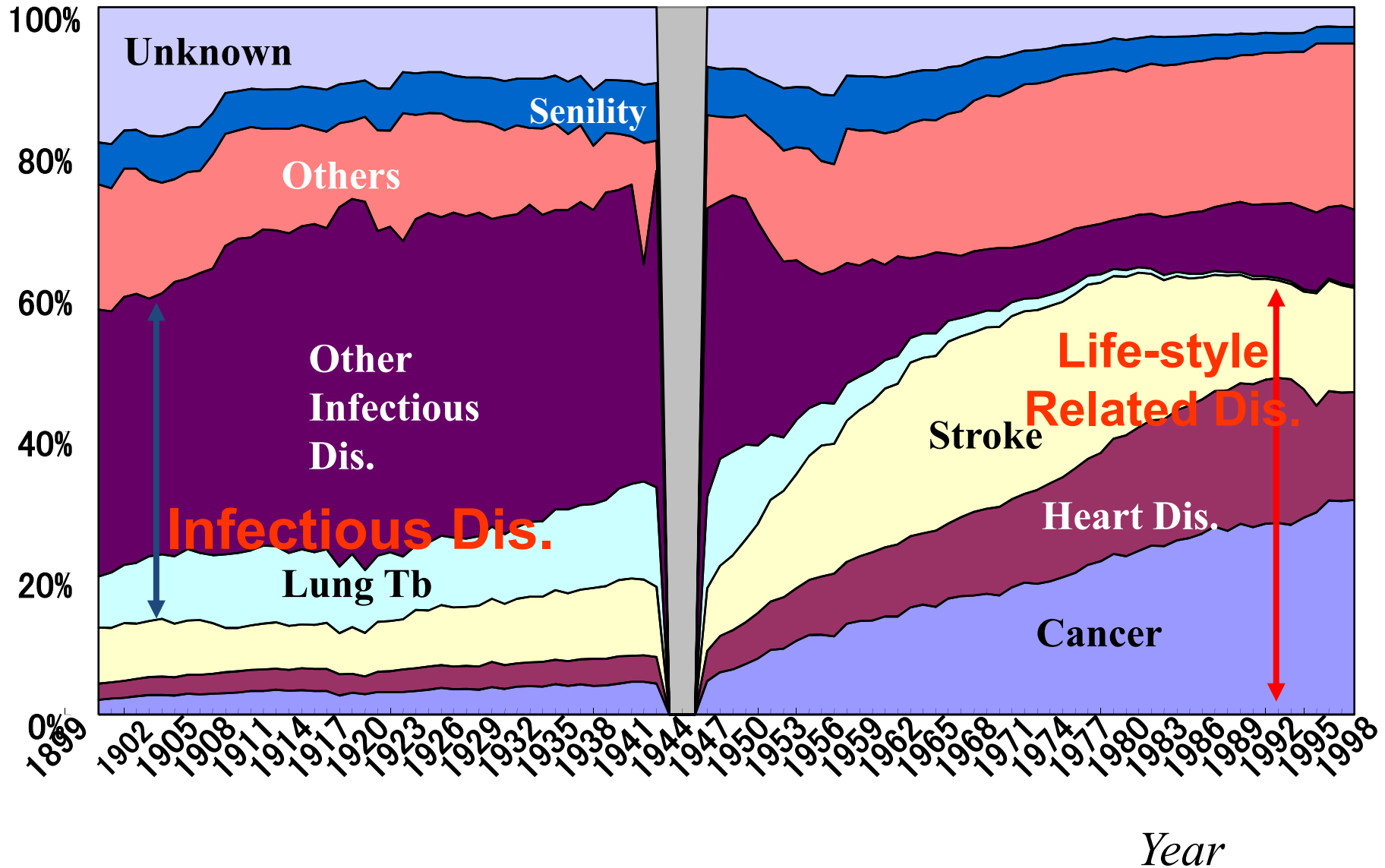
Japan's approaches

- **Financial system:** Long-term care insurance
- **Standardization:** Classification of client's care-need level by national standard
- **Optimization:** Various options both in-home and facility care to suit client's needs and situation
- **Coordination:** Integrated community care support center/Care manager
- **Prevention:** Care prevention to the healthier elderly, Work opportunities and social participation
- **Localization:** Creative ingenuity by local governments and private sectors
- **Human resources:** Senior volunteers, Various care professionals incl. care managers and certified care workers

What did you find through
the study tour?

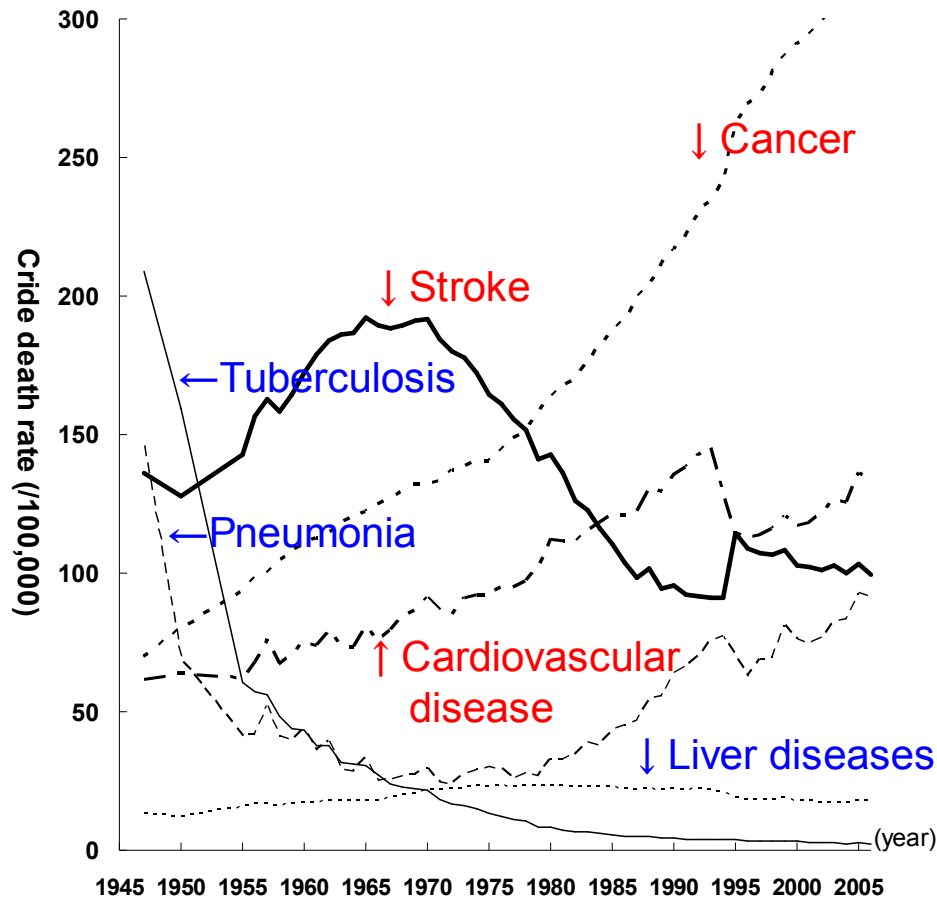
Some additional
information

Health Transition (Causes of death 1899–1998)

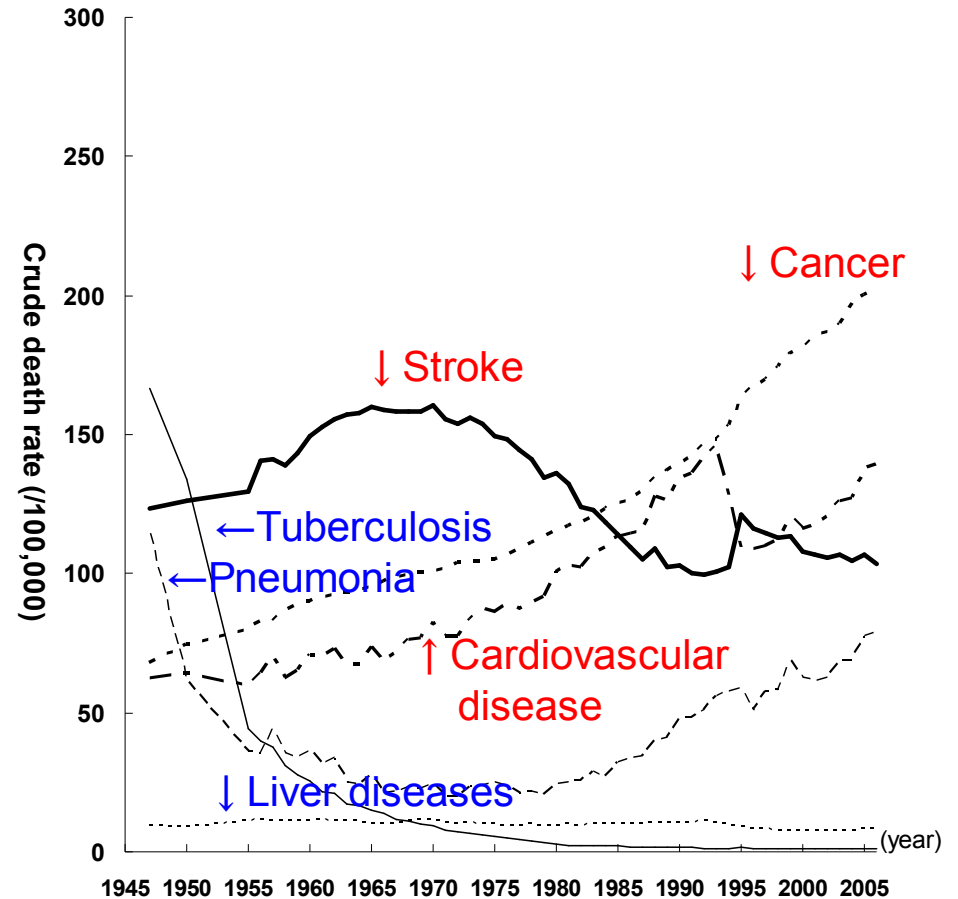


Crude death rate by cause of death in Japan (1955-2006)

Male

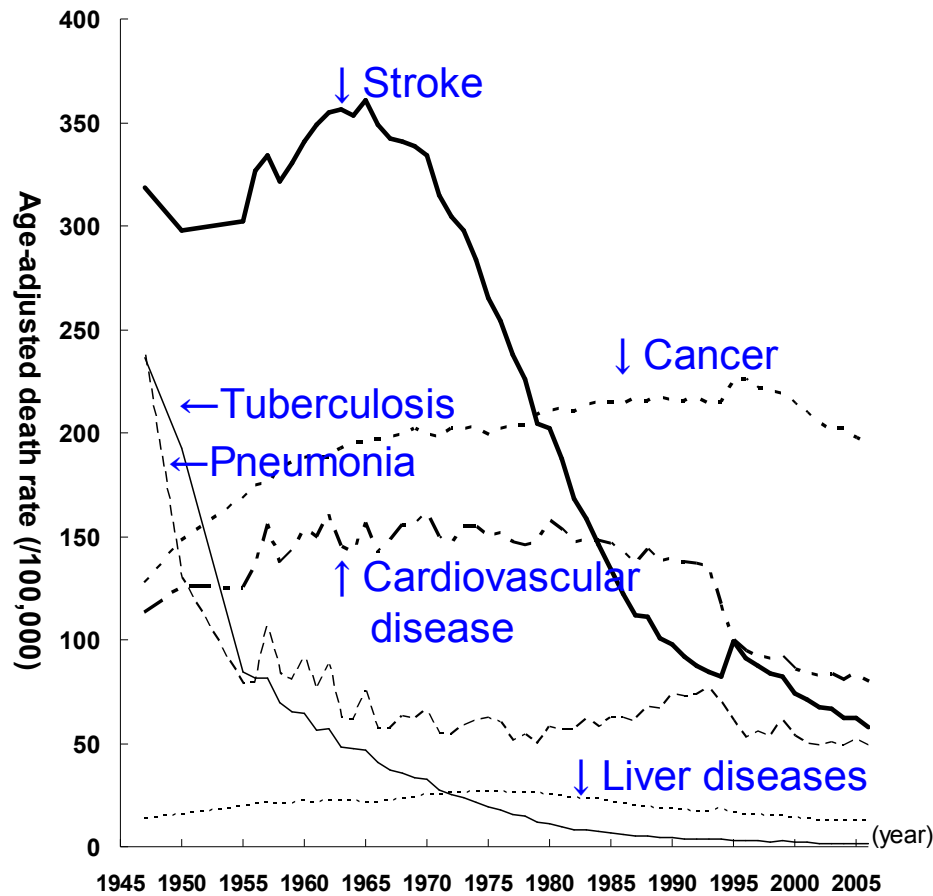


Female

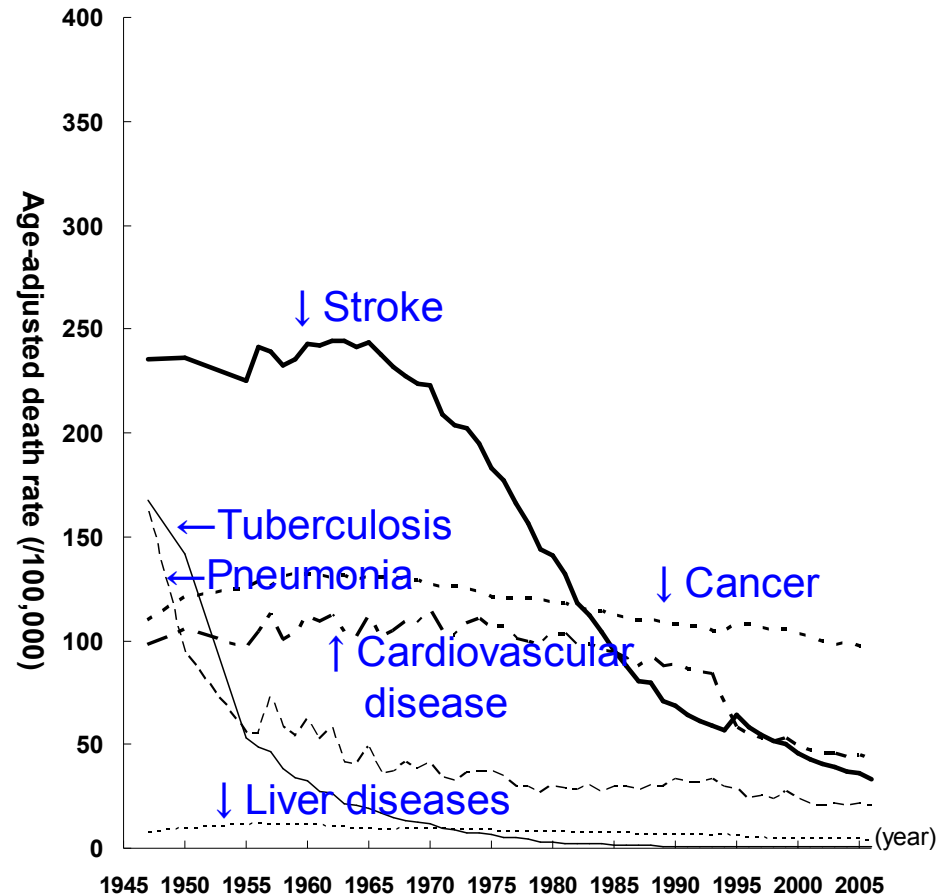


Age-adjusted death rate by cause of death in Japan (1955-2006)

Male



Female



Aging and cancer in Japan

- 87%(M), 94%(F) live until age 65
72%(M), 87%(F) live until age 75
22%(M), 46%(F) live until age 90
- 50% of the Japanese have at least one cancer during their lifetime.
- 30% of the Japanese die from cancer.
- Many people are cancer survivors and/or living with cancer.

As people are getting older,
concept of health changes.

- 無病 (No disease) 息災 (Living healthily)



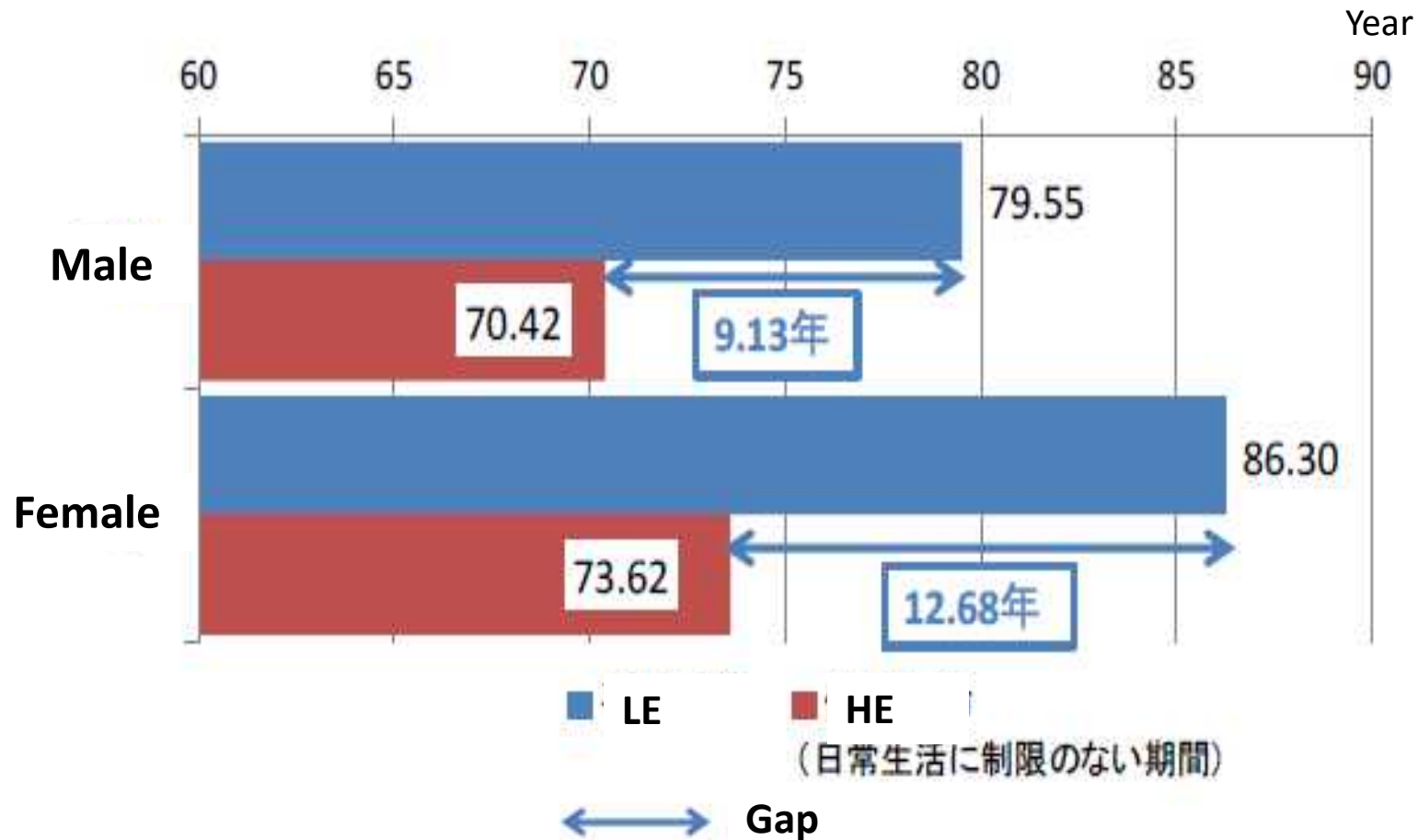
- 一病 (One disease) 息災 (But living healthily)



- 多病 (Many diseases) 息災 (Still living healthily)

Quality of Life (QOL) is crucial.

Gaps between Life Expectancy and Health Expectancy (2010)



(資料：平均寿命(平成22年)は、厚生労働省「平成22年完全生命表」
健康寿命(平成22年)は、厚生労働科学研究費補助金「健康寿命における
将来予測と生活習慣病対策の費用対効果に関する研究」)



An old Japanese wisteria still shows its beautiful blossom to us.