Long-Term Care Insurance System of Japan

November 2016
Health and Welfare Bureau for the Elderly
Ministry of Health, Labour and Welfare
Changes in the Percentage of the Population Over Age 65

% of population aged 65 & older

<table>
<thead>
<tr>
<th>Year</th>
<th>Japan</th>
<th>Germany</th>
<th>Korea, Rep.</th>
<th>Sweden</th>
<th>France</th>
<th>US</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
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<td>1960</td>
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<td>1990</td>
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<tr>
<td>2010</td>
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<td>2020</td>
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<td>2030</td>
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<td>2050</td>
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<tr>
<td>2060</td>
<td>39.9%</td>
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</table>

For other countries – United Nations, World Population Prospects 2010
By examining changes in Japan’s demographic makeup, it can be seen that the current social structure consists of 2.6 persons supporting each elderly person. In 2060, with the progression of the aging population and decreasing birthrate, it is estimated that 1.2 person will be supporting one senior citizen.

Changes in Japan’s Population Pyramid (1990–2060)

(1) Outline of Long-Term Care Insurance System
## Development of welfare policies for the elderly

<table>
<thead>
<tr>
<th>Decade</th>
<th>Aging rate (year)</th>
<th>Major policies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1960s</strong></td>
<td></td>
<td><strong>Beginning of welfare policies for the elderly</strong> 5.7% (1960)</td>
</tr>
<tr>
<td><strong>1963</strong></td>
<td></td>
<td>Enactment of the Act on Social Welfare Services for the Elderly ◇ Intensive care homes for the elderly created ◇ Legislation on home helpers for the elderly</td>
</tr>
<tr>
<td><strong>1963</strong></td>
<td></td>
<td><strong>Enactment of the Act on Social Welfare Services for the Elderly</strong> ◇ Intensive care homes for the elderly created ◇ Legislation on home helpers for the elderly</td>
</tr>
<tr>
<td><strong>1970s</strong></td>
<td></td>
<td><strong>Expansion of healthcare expenditures for the elderly</strong> 7.1% (1970)</td>
</tr>
<tr>
<td><strong>1973</strong></td>
<td></td>
<td>Free healthcare for the elderly</td>
</tr>
<tr>
<td><strong>1973</strong></td>
<td></td>
<td>Free healthcare for the elderly</td>
</tr>
<tr>
<td><strong>1980s</strong></td>
<td></td>
<td><strong>“Social hospitalization” and “bedridden elderly people” as social problems</strong> 9.1% (1980)</td>
</tr>
<tr>
<td><strong>1982</strong></td>
<td></td>
<td>Enactment of the Health and Medical Services Act for the Aged ◇ Adoption of the payment of co-payments for elderly healthcare, etc.</td>
</tr>
<tr>
<td><strong>1989</strong></td>
<td></td>
<td>Establishment of the Gold Plan (10-year strategy for the promotion of health and welfare for the elderly) ◇ Promotion of the urgent preparation of facilities and in-home welfare services</td>
</tr>
<tr>
<td><strong>1990s</strong></td>
<td></td>
<td><strong>Promotion of the Gold Plan</strong> 12.0% (1990)</td>
</tr>
<tr>
<td><strong>1994</strong></td>
<td></td>
<td>Establishment of the New Gold Plan (new 10-year strategy for the promotion of health and welfare for the elderly) ◇ Improvement of in-home long-term care</td>
</tr>
<tr>
<td><strong>1997</strong></td>
<td></td>
<td>Enactment of the Long-Term Care Insurance Act</td>
</tr>
<tr>
<td><strong>2000s</strong></td>
<td></td>
<td><strong>Introduction of the Long-Term Care Insurance System</strong> 17.3% (2000)</td>
</tr>
<tr>
<td><strong>2000</strong></td>
<td></td>
<td>Enforcement of the Long-Term Care Insurance System</td>
</tr>
</tbody>
</table>
Problems before introducing the Long-Term Care Insurance System

**Welfare system for the elderly**

**Services provided:**
- Intensive Care Home for the Elderly, etc.
- Home-help service, Day service, etc.

(Problems)
- **Users could not choose services:**
  Municipal governments decided services and service providers.
- **Psychological resistance:**
  Means test was required when applying services.
- **Services tended to be unvarying without competition:**
  Services were basically provided by municipalities or organizations entrusted.
- **Service fee could be heavy burden for the middle/upper income group:**
  The principle of ability to pay according to income of the person/Supporter under Duty.

**Medical system for the elderly**

**Services provided:**
- Health center for the elderly,
  Sanatorium medical facility, general hospital, etc.
- Home-visit nursing, day care, etc.

(Problems)
- **Long-term hospitalization to be cared in hospitals (“social hospitalization”) increased:**
  Hospitalization fee is less expensive than welfare services for middle/upper income group, as well as basic maintenance of the welfare service was insufficient.
  → **Medical cost increased:**
  Hospitalization fee was more expensive comparing with Intensive Care Home for the Elderly and Health center for the elderly.
  → **Facilitation of hospital was not sufficient enough for long-term care with staff and living environment:**
  Hospitals are expected to provide “cure” (e.g. Limited room area for care, dining hall or bathrooms)

These systems had limitations for solving problems.
As society ages, needs for long-term care have been increasing because of more elderly persons requiring long-term care and lengthening of care period, etc.

Meanwhile, due to factors such as the trend towards nuclear families and the aging of caregivers in families, environment surrounding families has been changed.

Introduction of the Long-Term Care Insurance System

(a mechanism to enable society to provide long-term care to the elderly)

【Basic Concepts】

- Support for independence: The idea of Long-Term Care Insurance System is to support the independence of elderly people, rather than simply providing personal care.

- User oriented: A system in which users can receive integrated services of health, medicine, and welfare from diverse agents based on their own choice.

- Social insurance system: Adoption of a social insurance system where the relation between benefits and burdens is clear.
Outline of difference between previous systems and present

**Previous Systems**

1. Municipal governments decided services, after users’ application.

2. Separated applications were required for each service of medical and welfare systems.

3. Services were provided mainly by municipal governments and other public organizations (e.g. Council of Social Welfare).

4. Co-payment was heavy burden for the middle/upper income group, which kept them from applying to services.

**the Long-Term Care Insurance System**

Users themselves can choose services and service providers.

By making use plans of care service (Care Plan), integrated medical and welfare services can be utilized.

Services are provided by various associations such as private companies and NPOs, etc..

Regardless of income, co-payment is set as 10% (20% for persons with income above certain level, after August 2015).
Structure of the Long-Term Care Insurance System

**Municipalities (Insurer)**

<table>
<thead>
<tr>
<th>Tax</th>
<th>Premiums</th>
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</thead>
<tbody>
<tr>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Municipalities</th>
<th>Prefectures</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.5%</td>
<td>12.5%(*)</td>
<td>25%(*)</td>
</tr>
</tbody>
</table>

*As for benefits for facilities, the state bears 20% and prefectures bear 17.5%.*

**Determining the population ratio**

- Use of the services
  - In-home services
  - Home-visit care
  - Outpatient Day Long-Term Care, etc.
  - Community-based services
  - Home-Visits at Night for Long-Term Care
  - Communal Daily Long-Term Care for Dementia Patients, etc.
  - Facility Services
  - Welfare facilities for the elderly
  - Health facilities for the elderly, etc.

**Fiscal Stability Funds**

**Users pay 10% (20%) of long-term care services in principle, but must pay the actual costs for residence and meals additionally.**

**Service providers**

- National Health Insurance, Health Insurance Society, etc.

**National pool of money**

**Individual municipality**

**Certification of Needed Long-Term Care**

<table>
<thead>
<tr>
<th>Primary Insured Persons</th>
<th>Secondary Insured Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>- aged 65 or over</td>
<td>- aged 40-64</td>
</tr>
<tr>
<td>(32.02 million people)</td>
<td>(42.47 million people)</td>
</tr>
</tbody>
</table>

**Note:** The figure for Primary Insured Persons is from the Report on Long-Term Care Insurance Operation (provisional) (April, 2009), Ministry of Health, Labour and Welfare and that for Secondary Insured Person is the monthly average for JFY2008, calculated from medical insurers’ reports used by the Social Insurance Medical Fee Payment Fund in order to determine the amount of long-term care expenses. Burden ratio for persons with income above certain level is 20:80, after Aug 2015.
The insured under the Long-Term Care Insurance System are (1) people aged 65 or over (Category 1 insured persons) and (2) people aged 40-64 covered by a health insurance program (Category 2 insured persons).

Long-term care insurance services are provided when people aged 65 or over come to require care or support for whatever reason, and when people aged 40-64 develop aging-related diseases, such as terminal cancer or rheumatoid arthritis, and thereby come to require care or support.

<table>
<thead>
<tr>
<th>Eligible persons</th>
<th>Primary insured persons</th>
<th>Secondary insured persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons aged 65 or over</td>
<td>32.02 million</td>
<td>42.47 million</td>
</tr>
<tr>
<td>aged 65-74: 15.74 million</td>
<td>42.47 million</td>
<td></td>
</tr>
</tbody>
</table>
| Requirement for service provision | - Persons requiring long-term care (bedridden, dementia, etc.)  
- Persons requiring support (daily activities requires support) | Limited to cases where a condition requiring care or support results from age-related diseases (specified diseases), such as terminal cancer and rheumatoid arthritis |
| Percentage and number of persons who are eligible for services | 5.69 million (17.8%)  
aged 65～74: 0.72 million (4.4%)  
aged 75～: 4.97 million (32.1%) | 0.15 million (0.4%) |
| Premiums collection           | Collected by municipalities (in principle withheld from pension benefits) | Collected together with medical care premiums by medical care insurers |
Procedure for Use of Long-term Care Services

**Users**

- Municipal governments (sections in charge)

**Certification of Needed Support/Long-Term Care**

- Investigation for Certification
- Doctor’s written opinion

**Care levels 1-5**

- Care plan for the use of long-term care
  - Facility services
    - Intensive care home for the elderly
    - Long-term care health facility
    - Sanatorium medical facility for the elderly requiring long-term care
  - In-home services
    - Home-visit long-term care
    - Home-visit nursing
    - Outpatient day long-term care
    - Short-stay admission service, etc.
  - Community-based services
    - Multifunctional long-term care in small group homes
    - Home-visit at night for long-term care
    - Communal daily long-term care for dementia patients (group homes), etc.

**Support levels 1 & 2**

- Care plan for preventive long-term care
  - Preventive long-term care services
    - Outpatient preventive long-term care
    - Outpatient rehabilitation preventive long-term care
    - Home-visit service for preventive long-term care, etc.
  - Community-based services for preventive long-term care
    - Multifunctional preventive long-term care in small group homes
    - Preventive long-term care for dementia patients in communal living, etc.

**Not certified**

- Long-term care prevention projects
- Services which cope with the actual municipalities’ needs (services not covered by the long-term care insurance)

**Long-term care benefits**

- Preventive long-term care benefits

**Community support projects**

- Those likely to come to need long-term care/support in the future
Varieties of Long-term Care Insurance Services

**Private Home**
- Home-visit Services
  - Home-visit Care, Home-visit Nursing, Home-visit Bathing Long-Term Care, In-Home Long-Term Care Support, etc.
- Day Services
  - Outpatient Day Long-Term Care, Outpatient Rehabilitation, etc.
- Short-stay Services
  - Short-Term Admission for Daily Life Long-Term Care, etc.
- Residential Services
  - Daily Life Long-Term Care Admitted to a Specified Facility and People with Dementia etc.
- In-facility Services
  - Facility Covered by Public Aid Providing Long-Term Care to the Elderly, Long-Term Care Health Facility, etc.
(2) Present condition and future prediction of Long-Term Care Insurance System
Increase in number of persons who are eligible for LTC insurance and users

While the number of insured persons aged 65 or older has increased by approximately 1.5 times over 15 years since 2000, when the Long-term Care Insurance System was established, that of care service users has increased by approximately 3 times over the same period. The surge in the number of in-home care users accounts for the threefold increase of the care service users.

① Increase in number of insured persons aged 65 and older

<table>
<thead>
<tr>
<th></th>
<th>End of April,2000</th>
<th>End of April,2015</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of first insured persons</td>
<td>21.65 million</td>
<td>33.08 million</td>
<td>1.53 times</td>
</tr>
</tbody>
</table>

② Increase in number of persons with care needs & support needs certification

<table>
<thead>
<tr>
<th>Number of persons with care needs &amp; support needs certification</th>
<th>End of April,2000</th>
<th>End of April,2015</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.18 million</td>
<td>6.08 million</td>
<td>2.79 times</td>
<td></td>
</tr>
</tbody>
</table>

③ Increase in number of service users

<table>
<thead>
<tr>
<th>Service Type</th>
<th>End of April,2000</th>
<th>End of April,2015</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of users of in-home care</td>
<td>0.97 million</td>
<td>3.82 million</td>
<td>3.94 times</td>
</tr>
<tr>
<td>Number of users of facility care</td>
<td>0.52 million</td>
<td>0.90 million</td>
<td>1.73 times</td>
</tr>
<tr>
<td>Number of users of community-based care</td>
<td>—</td>
<td>39 million</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1.49 million</td>
<td>5.11 million</td>
<td>3.43 times</td>
</tr>
</tbody>
</table>

(Source: Report on Long–Term Care Insurance Service)
State of Affairs Regarding Long-Term Care Insurance in the Future

1. The no. of seniors over age 65 is predicted to reach 36.57 million by 2025 and reach a peak of 38.78 million in 2042. Additionally, the percentage of seniors over age 75 is expected to grow, surpassing 25% by 2055.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2015</th>
<th>2025</th>
<th>2055</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of seniors 65 &amp; older (ratio)</td>
<td>29.48 million (23.0%)</td>
<td>33.95 million (26.8%)</td>
<td>36.57 million (30.3%)</td>
<td>36.26 million (30.4%)</td>
</tr>
<tr>
<td>No. of seniors 75 &amp; older (ratio)</td>
<td>14.19 million (11.1%)</td>
<td>16.46 million (13.0%)</td>
<td>21.79 million (18.1%)</td>
<td>24.01 million (26.1%)</td>
</tr>
</tbody>
</table>


2. Among seniors over age 65, seniors with dementia will increase.

3. Individual/ couple-only households with householders over age 65 will increase.

4. The no. of seniors over age75 will rapidly grow in cities and gradually grow in rural areas with originally high senior population. Tailored response according to regions is necessary as aging circumstances differ according to region.

*Source: Preliminary report from Special Research of Health Labour Sciences Research Grant by Dr. Ninomiya, Kyushu University.

5. Changes in the Population Over Age 75
(Age group with high percentage of persons requiring care)

- Since the establishment of the long-term care insurance system in 2000, the population over age 75 has increased rapidly and such increase will continue for 2025.
- From around 2030, the rapid growth of the population over age 75 will level off but the population over age 85 will continue to increase for another 10 years.

6. Changes in the Population Over Age 40
(Age group paying for long-term care insurance system)

- The population over age 40, who pay for the long-term care insurance, has increased since the establishment of the long-term insurance system in 2000 but will start to decrease after 2021.

Sources: Future population estimates were taken from the National Institute of Population and Social Security Research’s “Population Projections for Japan (January 2012): Medium-Fertility (Medium-Mortality) Assumption.” Actual past figures were taken from the Population Census by the Statistics Bureau of the Ministry of Internal Affairs and Communications (population with proportional corrections for those of unknown nationality/age).
The municipal governments formulate Long-term Care Insurance Service Plan which designates 3 years as one term and is reviewed in every 3 years.

As ageing proceeds, premiums estimated to rise to 6,771 yen in 2020 and 8,165 yen in 2025. In order to maintain sustainability of the Long-Term Care Insurance System, it would be necessary to establish the Community-based Integrated Care System, and to make services more focused and efficient.

### Trends and the Future Prospects of Long-Term Care Benefits and Premiums

<table>
<thead>
<tr>
<th>Operation period</th>
<th>Benefits (Total Cost)</th>
<th>Insurance premiums (national average per month)</th>
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<tbody>
<tr>
<td>FY 2000</td>
<td>3.6 trillion</td>
<td>2,911yen</td>
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<tr>
<td>FY 2001</td>
<td>4.6 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2002</td>
<td>5.2 trillion</td>
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<tr>
<td>FY 2003</td>
<td>5.7 trillion</td>
<td></td>
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<tr>
<td>FY 2004</td>
<td>6.2 trillion</td>
<td>3,293yen</td>
</tr>
<tr>
<td>FY 2005</td>
<td>6.4 trillion</td>
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<tr>
<td>FY 2006</td>
<td>6.4 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2007</td>
<td>6.7 trillion</td>
<td>4,090yen</td>
</tr>
<tr>
<td>FY 2008</td>
<td>6.9 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2009</td>
<td>7.4 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2010</td>
<td>7.8 trillion</td>
<td>4,160yen</td>
</tr>
<tr>
<td>FY 2011</td>
<td>8.2 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2012</td>
<td>8.9 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2013</td>
<td>9.4 trillion</td>
<td>4,972yen</td>
</tr>
<tr>
<td>FY 2014</td>
<td>10.0 trillion</td>
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<tr>
<td>FY 2015</td>
<td>10.1 trillion</td>
<td>5,514yen</td>
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<tr>
<td>FY 2016</td>
<td>10.4 trillion</td>
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<tr>
<td>FY 2017</td>
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<td></td>
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<tr>
<td>FY 2020</td>
<td></td>
<td>6,771yen</td>
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<tr>
<td>FY 2025</td>
<td></td>
<td>8,165yen</td>
</tr>
</tbody>
</table>
(3) Revision of Long-term Care Insurance System
### Major Contents of Revision of Long-term Care Insurance (2014 revision)

| (1) Establishing the Community-based Integrated Care System |
| Enriching long-term care, healthcare, support and preventive services in order for elderly people to continue their lives in their accustomed areas. |

#### Enriching Services

- Enriching Community Support Projects towards establishing the Community-based Integrated Care System:
  1. Enhancing coordination between In-home Medical Care and In-home Long-term Care
  2. Promoting measures against dementia
  3. Enhancing Community Care Meetings
  4. Improving the Livelihood Support Services

#### Making Services More Focused and Efficient

1. Transferring nationally-unified Preventive benefits (Home-visit Care and Out-patient Long-term Care) to Community Support Projects of municipalities, and diversifying them.

2. Restricting users of in-facility services of Special Long-term Care Health Facilities to people whose care level is 3 or higher in principle.

### (2) Making Contribution Equitable

Expanding reduction of premiums of people with low-income, and reviewing co-payments of those who have certain income or assets in order to suppress increase of premiums.

#### Expanding Reduction of Premiums of People with Low-income

Expanding the reduction rate of premiums of people with low-income:

(An example of reduction of premiums)

For people with pension income lower than 800,000 yen per year, the reduction rate will expanded from 50% to 70%.

#### Review of Co-payments etc.

1. Increasing co-payments of users with income more than a certain level.

2. Adding assets to the check list of requirement for “Supplementary Benefits,” which provides money for food and residence to in-facility users with low income.
Establishing ‘the Community-based Integrated Care System’

By 2025 when the baby boomers will become age 75 and above, a structure called ‘the Community-based Integrated Care System’ will be established that comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the rest of their lives in their own ways in environments familiar to them, even if they become heavily in need for long-term care.

As the number of elderly people with dementia is estimated to increase, establishment of the Community-based Integrated Care System is important to support community life of the elderly with dementia.

The progression status varies place to place; large cities with stable total population and rapidly growing population of over 75, and towns and villages with decrease of total population but gradual increase of population over 75.

It is necessary for municipalities as insurers of the Long-term Care Insurance System as well as prefectures to establish the Community-based Integrated Care System based on regional autonomy and independence.

- Community General Support Center
- Care manager

Handles consultation and service coordination.

Livelihood support/preventing long-term care
So that seniors can continue active, healthy living

Senior clubs, residents’ associations, volunteer groups, NPOs, etc.

- In-home services:
  - Home-Visit Long-Term Care, Home-Visit Nursing
  - Outpatient Day Long-Term Care
  - Multifunctional (Long-Term Care in a Small Group Home + Home-Visit Nursing)
  - Equipment for Long-Term Care covered by Public Aid
  - Combined Multiple Service (Multifunctional Long-Term Care in a Small Group Home + Home-Visit Nursing)

- Facility/Residence services:
  - Nursing care homes
  - Geriatric health services facilities
  - Communal living care for dementia patients
  - Living care for persons at government designated facilities
  - etc.

- Preventive Long-Term Care Services

- The Community-based Integrated Care System is conceived in units of every-day living areas (specifically equivalent to district divisions for junior high-schools) in which necessary services can be provided within approximately 30 minutes.
### Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan) ~To Realize Age and Dementia-Friendly Community~

**Basic Concept**
Realization of a society where persons with dementia can live with dignity in a pleasant and familiar environment as how they hope to be as long as possible.

- Formulated by MHLW in collaboration with Cabinet Secretariat, Cabinet Office, NPA, FSA, CAA, MIC, MOJ, MEXT, MAFF, METI, and MLIT
- Targets at 2025 when the baby boomers turn 75 years and older
- Prioritizing the standpoint of persons with dementia and their families

### Seven Pillars of New Orange Plan

<table>
<thead>
<tr>
<th>RAISING AWARENESS</th>
<th>INTEGRATED SERVICES</th>
<th>EARLY ONSET DEMENTIA</th>
</tr>
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<tbody>
<tr>
<td>1. Raising awareness and promoting understanding of dementia</td>
<td>2. Providing health care and long-term care services in a timely and appropriate manner as the stages of dementia progress</td>
<td>3. Strengthening the measures for early onset dementia</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>CARER SUPPORT</th>
<th>COMMUNITY</th>
<th>RESEARCH &amp; DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Supporting those looking after people with dementia</td>
<td>5. Creating age and dementia-friendly community</td>
<td>6. Promoting research and development and disseminating the results of prevention, diagnosis, cure, rehabilitation model, and care model for dementia</td>
</tr>
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<tr>
<th>VIEWPOINT OF PERSONS WITH DEMENTIA</th>
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<td>7. Prioritizing the standpoint of persons with dementia and their families</td>
</tr>
</tbody>
</table>
“Comprehensive Strategy to Accelerate Dementia Measures”

1. Early Support
   (Initial Phase Intensive Support Team, etc.)

2. Improving Ability of Care Providers
   (Training Programs)

3. Coordination of Medical Care and Long-term Care
   (Dementia Coordinator)

4. Risk Reduction
   (Nationwide Prospective Dementia Cohort)

5. Cure
   (Project for Psychiatric and Neurological Disorders)

6. “Dementia Supporters”
   already 6.34 million ⇒ 8 million

7. Safety
   (Cross-ministerial support: watching system in the community, etc.)
Initial-Phase Intensive Support Team (IPIST)

Community General Support Center

IPIST

①Visit (assessment)
②Conference (planning)
③Visit (guidance)
④Visit (Intensive support)

Medical Care and Long-term Care specialists

Certified doctor

Team Conference

Long-term care

Long-Term Care Support Specialists

Seamless Coordination

Medical care

Primary Care Doctors

Primary Care Doctors

Medical Center for Dementia

Differential Diagnosis

Person suspected to be with dementia

Awareness

Home-Visit

consultation

consultation

collaboration

collaboration

collaboration
Dementia Supporters Program

✓ Voluntarily

✓ with proper knowledge and understanding

✓ in communities and work places

people of every generation, every occupation are becoming “Dementia Supporters”

Over 8 million supporters have been trained as of September 2016.