

## Section 4. Promotion of Effectively Preventing the Need for Nursing Care through the “10 Year Nursing Care Prevention Strategy”

In order to prevent any decrease in life functions as well as diseases or injuries requiring long-term care such as cerebral apoplexy, bone fractures, and dementia, the “10 Year Nursing Care Prevention Strategy” was formulated in 2004 with measures for effectively preventing the need for nursing care being promoted.

### 1. Nursing Care Prevention at Home and in the Community

After implementation of the long-term care insurance system, the number of people requiring long-term care or support increased. In particular, those with light disability levels increased significantly, amounting to about half of the total. Characteristic of those at light disability level is that they are usually suffering from or have a high possibility of contracting disuse syndrome (inactive diseases), which can lead to a decrease in living functions due to causes such as falling over, bone fractures, or joint diseases. To the number of people requiring long-term care or support not increasing or their condition not becoming more severe, “the Revised Long-term Care Insurance Law” was enforced on April 1, 2006. The traditional prevention benefit having its range of subjects, service content, and care management reviewed with introduction of the “new prevention benefit” that focuses on “Nursing Care Prevention”.

In addition, efforts are being made to promote the prevention the need for nursing care through lifelong sports and cultural activities, as well as active life and health promotion activities at old people’s clubs.

### 2. Development and Dissemination of Effect Prevention of the Need for Nursing Care Program

In order to develop effective nursing care prevention programs and a system to disseminate them, “Research Center for Preventing the Need for Nursing Care” was established to nurture professional staff who can develop, provide instructions on, and disseminate nursing care prevention programs based on scientific evidence.

In addition, efforts have been made since FY 2006 to promote nursing care prevention before long-term care or support is actually required as well as to establish community support programs in municipalities that include ① nursing care prevention programs, ② comprehensive support programs, and ③ voluntary programs for enhancing their comprehensive and continuous management. Municipalities are expected to enhance the content of programs in accordance with the long-term care insurance business plans and offer the comprehensive and continuous services that the elderly need and provide aid that suits their situation.

### 3. Promotion of Measures for Preventing Bone Fractures

Osteoporosis is a systemic disease defined as including a high risk of bone fractures caused by the reduced bone density resulting from decreased bone mass or deterioration of bone structure due to long-term lifestyle habits during and after the growing phase. Currently the number of osteoporosis patients in Japan is estimated to be approximately 10 million, and a further increase is expected with the progress of the aging society. Because bone fractures cause a serious deterioration in body functions and affect its prognosis, preventing osteoporosis, which can be the underlying disease behind bone fractures, is of extreme importance. Efforts will continue to be made for preventing osteoporosis so that the necessity for osteoporosis prevention is well known.

### 4. Promotion of Countermeasures against Cerebral Apoplexy

#### (1) Establishment of an Emergency Medical Service System (SCU)

Efforts have been made to enhance the emergency medical service system by promoting well-designed and systematic establishment of medical care facilities and emergency medical service information centers that can provide life saving emergency care at an early stage.

For emergency and critical care centers that accept emergency patients with severe conditions or those requiring treatment in multiple clinical areas 24 hours a day, the establishment of Stroke Care Units (SCUs) are being subsidized, which are specialized hospital facilities that can accept life-threatening emergency patients in the acute stage of cerebral apoplexy.

#### (2) Promotion of Continued Rehabilitation and Enhanced Cooperation in Medical and Nursing Care Rehabilitation

“Preventing the need for nursing care and promoting rehabilitation” were included as part of the nursing care fee revisions made in FY 2006, Support for returning home and in-home care as well as effective and efficient practices are highly regarded with rehabilitation. And hence in consideration of this, individual rehabilitation will be promoted through a system in which those offering individual services that concentrate on being short-term or multiple service providers from business areas formulating individual rehabilitation plans have their fees assessed according to the physical and mental condition of their patients. In addition, considering the importance of acute stage rehabilitation by providing concentrated rehabilitation at an early stage, four distinct rehabilitation fees by diseases were introduced in a medical fee revision made in FY 2006, namely cardiovascular diseases, vascular diseases, locomotorium, and respiratory diseases. However, after evaluation of this revision, a further revision was made in FY 2007 to enable more carefully designed services through expanding the range of subject diseases and excluding a limit on number

of the applicable days and introducing a degressive rehabilitation fee. Efforts to enhance cooperation in medical and nursing care in providing continued rehabilitation have been made through these revisions. Since FY 2006 investigations and research on future issues with long-term care insurance in providing rehabilitation are underway.

## 5. Community Support for “Dementia Care”

### (1) Establishment of a Dementia Support System in Communities

Preventing dementia is a central issue with future nursing care for the elderly and comprehensive measures need to be taken with an eye to coming decades in the future.

The basis to preventing dementia is to have as many people as possible understand it and dropping prejudice against it. Therefore “creating community networks” that support people with dementia so that they can continue to live with respect in the community is of the utmost importance.

Efforts have been made using the concept of a “10 Year Campaign to Understand Dementia and Build Community Networks” since FY 2005 that include “training courses for dementia care support (supportive personnel that understand dementia and can assist people with dementia and their families)”.

### (2) Human Resource Development for Dementia Care

In order to promote the establishment of support systems being available in communities, early discoveries as well as early treatment are both important. Efforts have been made to nurture “dementia support doctors” that can offer advice to family doctors, to put in place family support doctors that work in cooperation with the community, and to plan and design training for family doctors since FY 2005. In addition, training programs have been provided in cooperation with medical associations to improve family doctors’ familiarity with dementia (diagnosis and consultations) since FY 2006.

Efforts are being made at nursing care sites to cope with the expected increase in number of elderly with dementia through providing training for managers of dementia support service programs in nurturing dementia care professionals with improved skills in coping with dementia.