

# Long-term Care in JAPAN

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# Points of this presentation

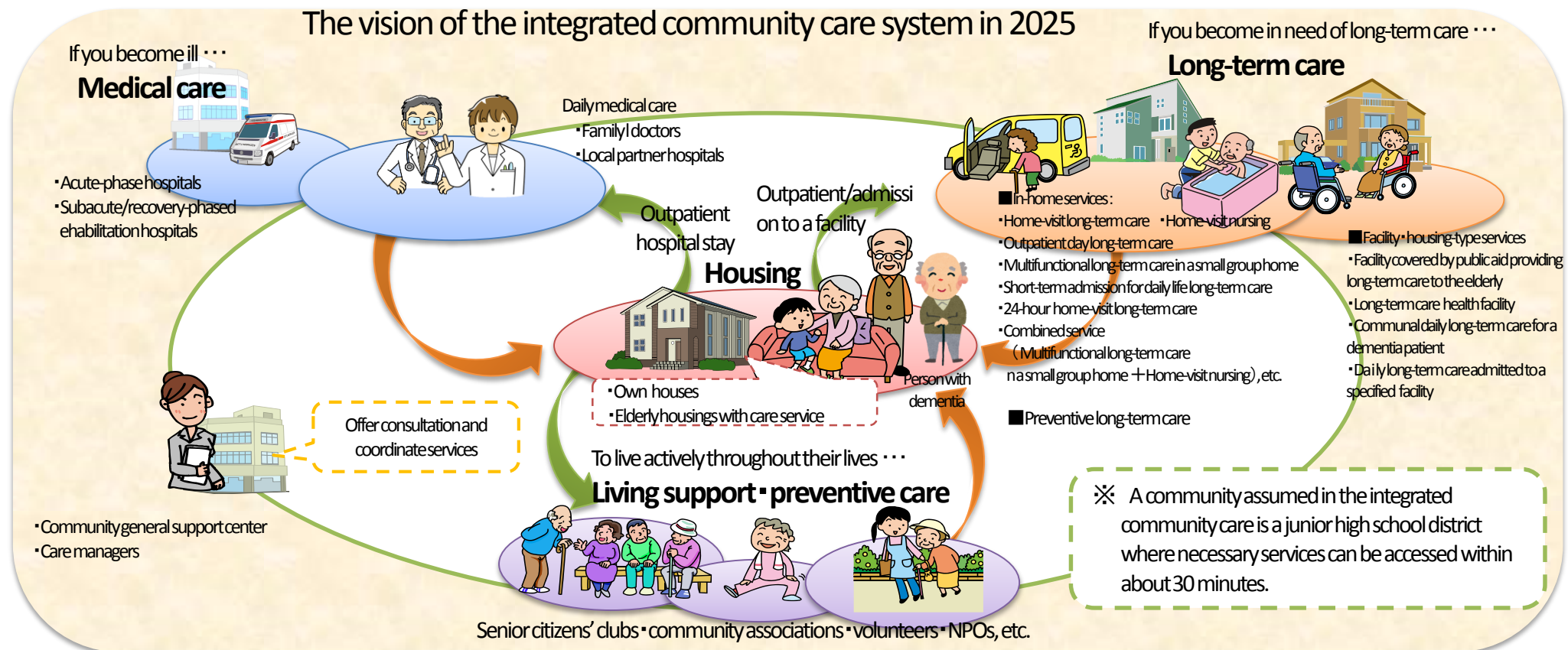
1. Characteristics of Long-term Care for the Elderly in Japan
2. Integrated Community Care System
3. Roles of Central and Local government and Service Providers
4. Financing
5. Human Resources
6. History and Background
7. Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan)

# Characteristics of Long-term Care for the Elderly in Japan

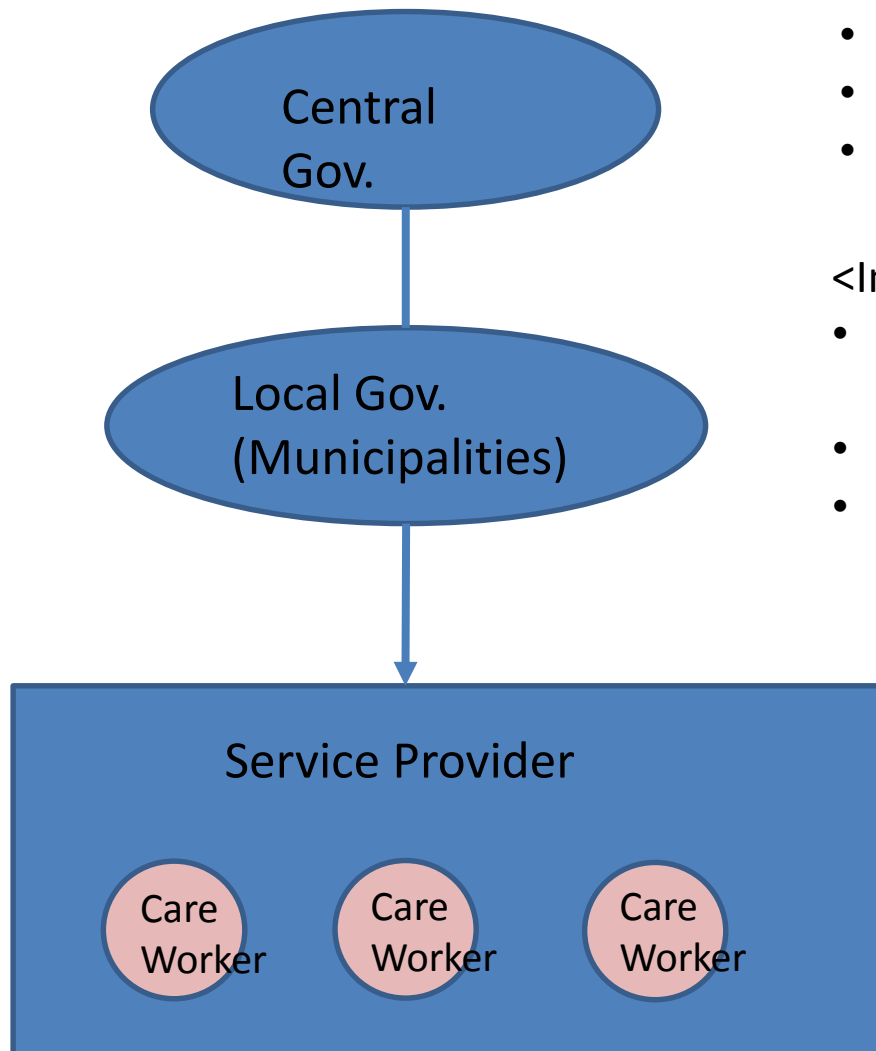
1. Integrated Community Care System
2. Services are provided by private sector
3. Publicly financed through insurance system

# The future vision of long-term care — “Integrated community care system” —

- An “integrated community care system,” in which housing, medical care, long-term care, preventive care, and daily life support are provided in a unified manner - this system enables the elderly (even those who come to need advanced-level long-term care) to live in their familiar communities according to their own lifestyles.
- The elderly populations in the urban areas will rapidly increase; those in the rural areas (where the number of old persons is already large) will moderately rise. (The situation of aging greatly differs depending on areas.) The integrated community care system, thus, needs to be built in accordance with the regional characteristics



# Roles of Central and Local government and Service Providers



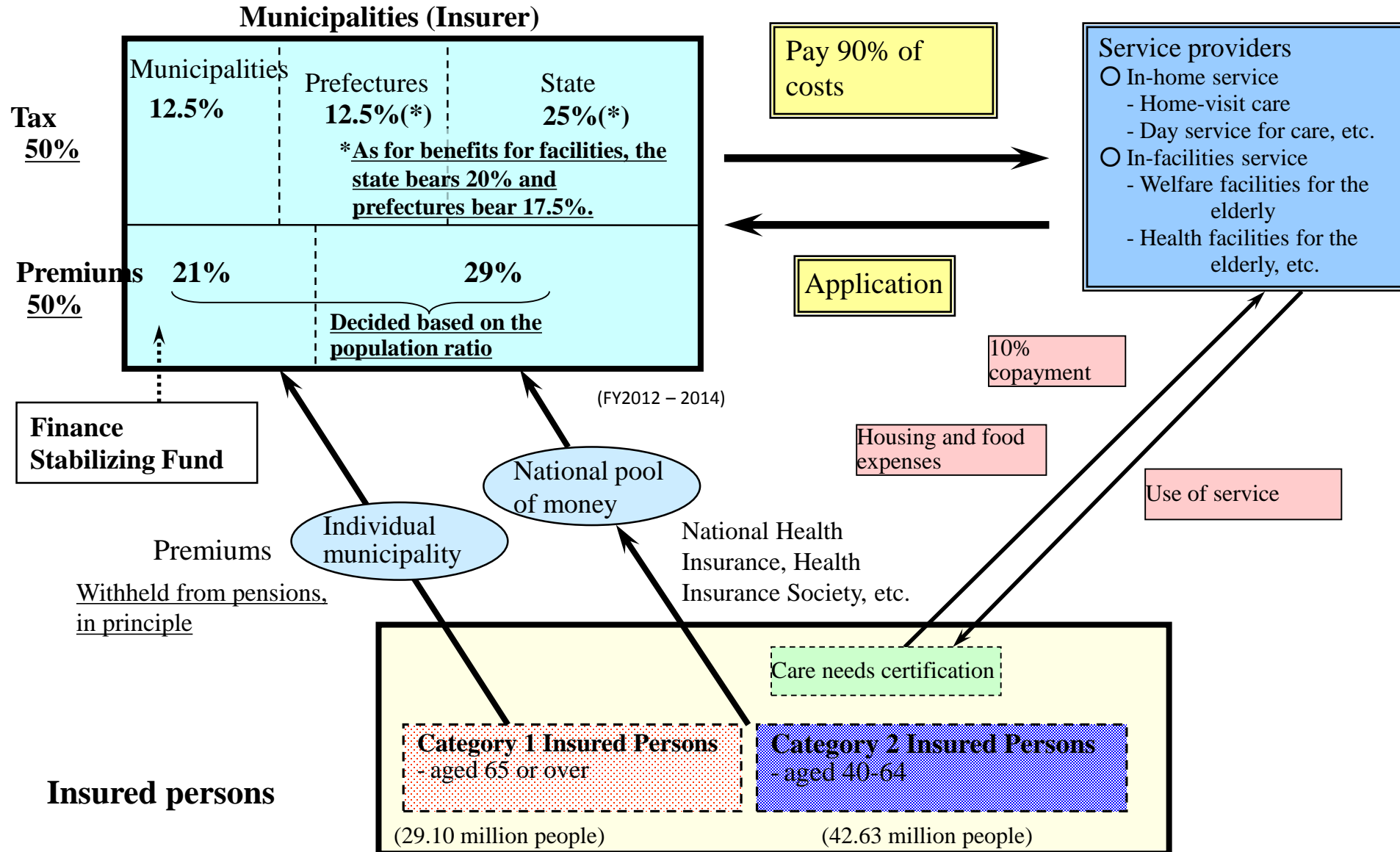
- Making policy for Long-term Care for the Elderly
- Making laws and regulations necessary for implementation of policy
- Making fee schedule for service providers

## <Insurer>

- Making a long-term care insurance service plan and decide an insurance premium for residents age 65 over (Category 1 insured)
- Collecting insurance premium and pay cost for service providers
- Guidance and auditing for service providers

- Providing services for the elderly
- (Paying wages for care workers hired)

# Structure of Long-Term Care Insurance System in Japan



Note: The number of Category 1 insured persons is from Report on Long-Term Care Insurance Operation (2010), Ministry of Health, Labour and Welfare  
 The number of Category 2 insured persons is a monthly average for JFY2010, 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.

# Human Resources

	Care Manager	Certified Care Worker	Care Worker (Entry Level)
Job description	<p>1. Care Manager for the Elderly at Home Care Manager makes care plans and makes communications and coordination with the service providers for the services at home. He/she also introduces long-term care insurance facilities when necessary.</p> <p>(2. Care Manager at Facilities)</p>	<p>Certified Care Worker provides appropriate long-term care after obtaining knowledge and skill of vast area in order to provide long-term care which fits the condition of the users and to coordinate with persons of other professions.</p>	<p>Care Worker (Entry Level) provides long-term care under the guidance after acquiring basic knowledge and skill necessary for the work at home or at facility.</p>

# Human Resources(2)

	Care Manager	Certified Care Worker	Care Worker (Entry Level)
Qualification	<p><b>Work experience</b> of <u>5 years</u> (or <u>10 years</u>) or over + Success in the <b>Examination</b> to Take the Practical Training for Care Manager + <b>Practical Training</b> for Care Manager (<u>About 3 months</u> (44 hours of training))</p>	<p><b>Through Practical Experience</b>  <b>Practical experience</b> of <u>3 years</u> or over + <b>Training</b> for practitioners of <u>6 months</u> (450 hours of training)  <b>Through Training Facilities</b>  <b>Training Facilities</b> for Certified Care Workers <u>2 years</u>(*) or over(1,800 hours of training)            (*)For persons who graduated from the designated universities for welfare, training facilities for social worker or training facilities for kindergarten nurse 1 year or over</p>	<p><b>Training</b> for Care Worker (Entry Level) About <u>3 to 6 months</u>(130 hours of training)</p>



# History of Health and Welfare Policies for the Elderly in Japan

Time	Ratio of the elderly population	Major policies
<b>1960s</b> <u>Start of welfare policies for the elderly</u>	5.7% (1960)	1963    Enactment of the Welfare Law for the Aged ◇ Setting up of special nursing homes for the elderly ◇ Legislation of home helper system
<b>1970s</b> <u>Increase in medical costs for the elderly</u>	7.1% (1970)	1973    Free medical care for the elderly
<b>1980s</b> <u>Recognition of the elderly's hospitalization for non-medical reasons and bed-ridden elderly as social problems</u>	9.1% (1980)	1982    Enactment of the Health and Medical Service Law for the Elderly ◇ Introduction of partial payment of medical expenses for the elderly 1989    Formulation of the Gold Plan (The Ten-Year Strategy to Promote Health Care and Welfare for the Elderly) ◇ Urgent development of facilities and promotion of in-home welfare
<b>1990s</b> <u>Promotion of the Gold Plan</u>	12.0% (1990)	1994    Formulation of the New Gold Plan (The New Ten-Year Strategy to Promote Health Care and Welfare for the Elderly) ◇ Improvement of in-home welfare
<u>Preparation for introduction of the Long-Term Care Insurance System</u>	14.5% (1995)	1996    Policy agreement of three ruling coalition parties Ruling Parties Agreement as to the establishment of the Long-Term Care Insurance System 1997    Enactment of the Long-Term Care Insurance Act
<b>2000s</b> <u>Implementation of the Long-Term Care Insurance System</u>	17.3% (2000) 23.1% (2010)	<b>2000    Enforcement of the Long-Term Care Insurance Act</b> 2005    Partial revision of the same Act 2008    Partial revision of the same Act 2011    Partial revision of the same Act

# Problems of the previous system for elderly care

## Welfare for the elderly

### Relevant services

- Special nursing home for the elderly, etc.
- Home help service, day service, etc.

### (Problems)

- Users cannot choose services they want since municipal governments decide the type and provider of services.
- Use of services involves psychological reluctance since it requires an earnings test.
- Services tend to be uniform since they are provided by municipal governments directly or through outsourcing and thus fail to be driven by the principle of competition.
- Middle and high income brackets have to bear a heavy burden since users have to pay their copayment according to the income of themselves and their supporter(s) under duty (according to their ability to pay).

## Medical care for the elderly

### Relevant services

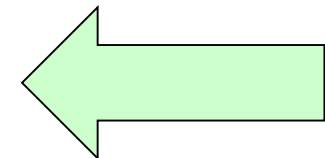
- Health service facilities for the elderly, group of beds for long-term care, general hospitals, etc.
- Home-visit nursing, day care, etc.

### (Problems)

- Many elderly persons chose long-term hospitalization at a general hospital for the purpose of receiving long-term care since copayment for medical care services was lower for middle and high income brackets than that for welfare services and the infrastructure of welfare services was insufficient.
  - Medical expenses increased since care at general hospitals involves higher costs than that at special nursing homes for the elderly and health service facilities for the elderly.
  - Hospitals focusing on treatment have an insufficient system for the long-term rehabilitation of elderly persons requiring long-term care in terms of care staff and a living environment (e.g. small rooms, and lack of a dining hall and bath).

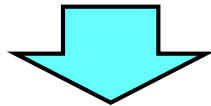


The conventional system for welfare and medical care for the elderly cannot handle elderly care any longer.



## Background and Significance of Introduction of the Long-Term Care Insurance System

- Needs for long-term care are increasing more than ever due to an increasing number of the elderly who need long-term care and prolonged periods of nursing care for each person as the population ages.
- On the other hand, a change is also occurring in families who had supported the elderly who need long-term care due to an increase in the number of nuclear family and aging of family members who care for the elderly.



To establish a system where long-term care for the elderly is supported by the society as a whole (long-term care insurance system)

- Independence support      To aim at supporting the independence of elderly persons, more than just looking after those requiring long-term care
- User-friendly              A system where users can receive comprehensively health care and welfare services from various entities of their own choice
- Social insurance system    To build a system where the relationship between benefits and costs is clear

# 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

### 1 RAISING AWARENESS

Raising awareness and promoting understanding of dementia

### 2 INTEGRATED SERVICES

Providing health care and long-term care services in a timely and appropriate manner as the stages of dementia progress

### 3 EARLY ONSET DEMENTIA

Strengthening the measures for early onset dementia

### 4 CARER SUPPORT

Supporting those looking after people with dementia

### 5 COMMUNITY

Creating age and dementia-friendly community

### 6 RESEARCH & DEVELOPMENT

Promoting research and development and disseminating the results of prevention, diagnosis, cure, rehabilitation model, and care model for dementia

### 7 VIEWPOINT OF PERSONS WITH DEMENTIA

Prioritizing the standpoint of persons with dementia and their families

## *New Orange Plan*

# “Comprehensive Strategy to Accelerate Dementia Measures”

Coordination of  
Medical Care and  
Long-term Care

- 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)

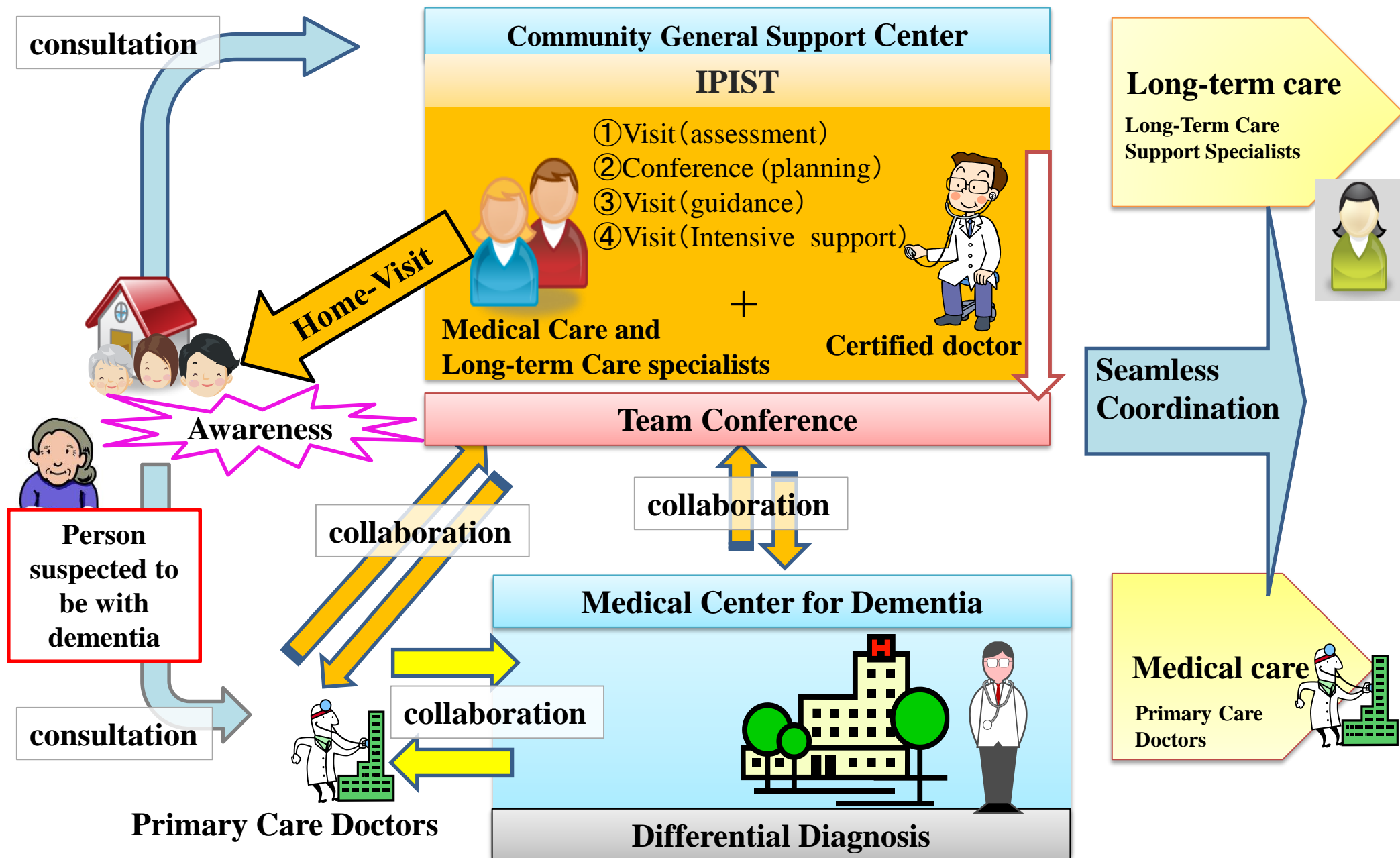
Research for  
Prevention and  
Cure

- ④ **Risk Reduction**  
(Nationwide Prospective Dementia Cohort)
- ⑤ **Cure**  
(Project for Psychiatric and Neurological Disorders)

Age and Dementia-  
Friendly  
Community

- 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)





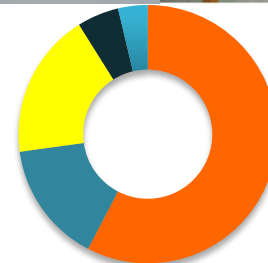
## “Dementia Supporters” Training Program

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

already **7.5 million**  
aiming at **8 million** in  
FY 2017

## Dementia Supporters Program

- ✓ Voluntarily
- ✓ with proper knowledge and understanding
- ✓ in communities and work places

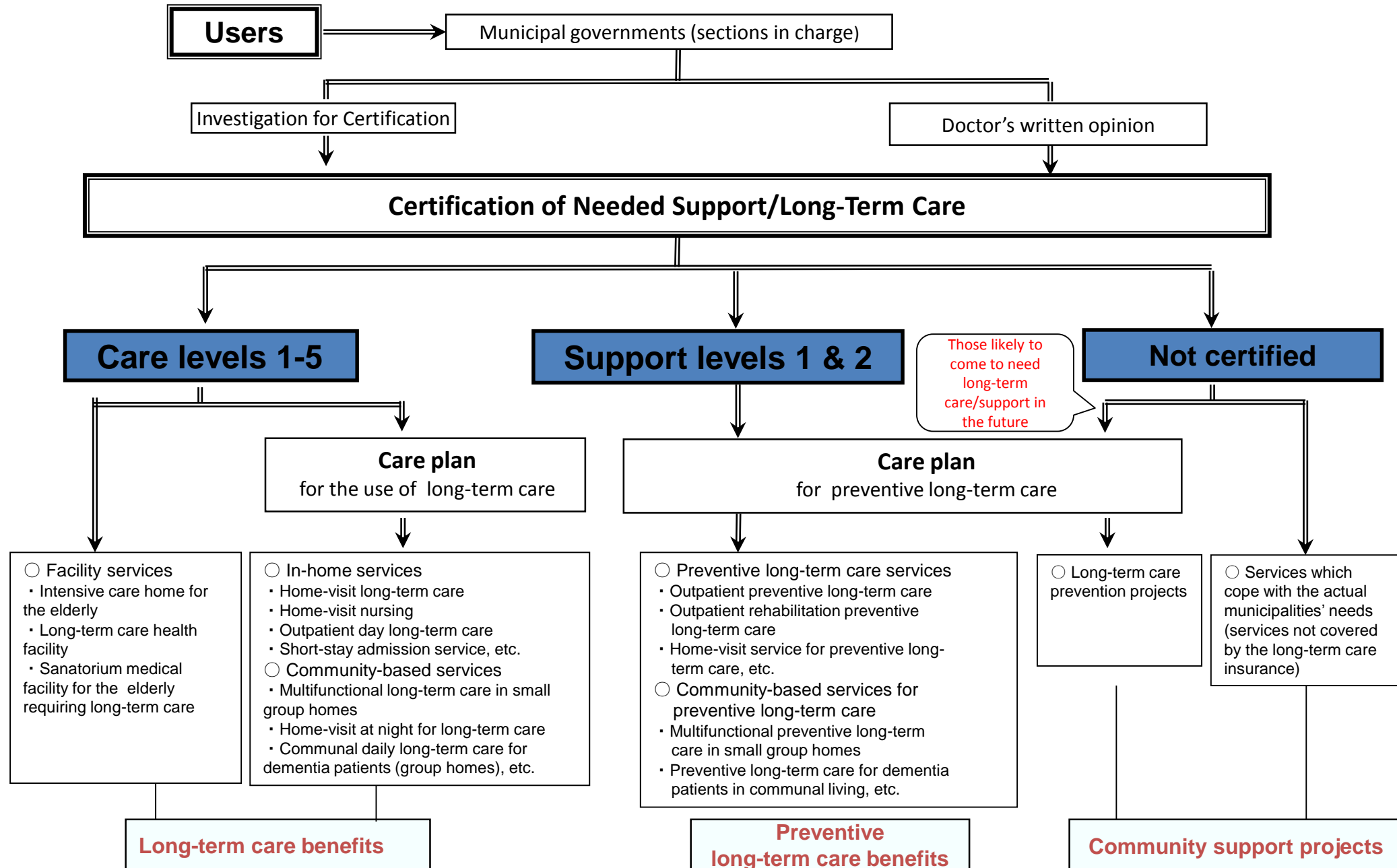


- Community
- Office
- School
- Public office
- LTC Service Providers

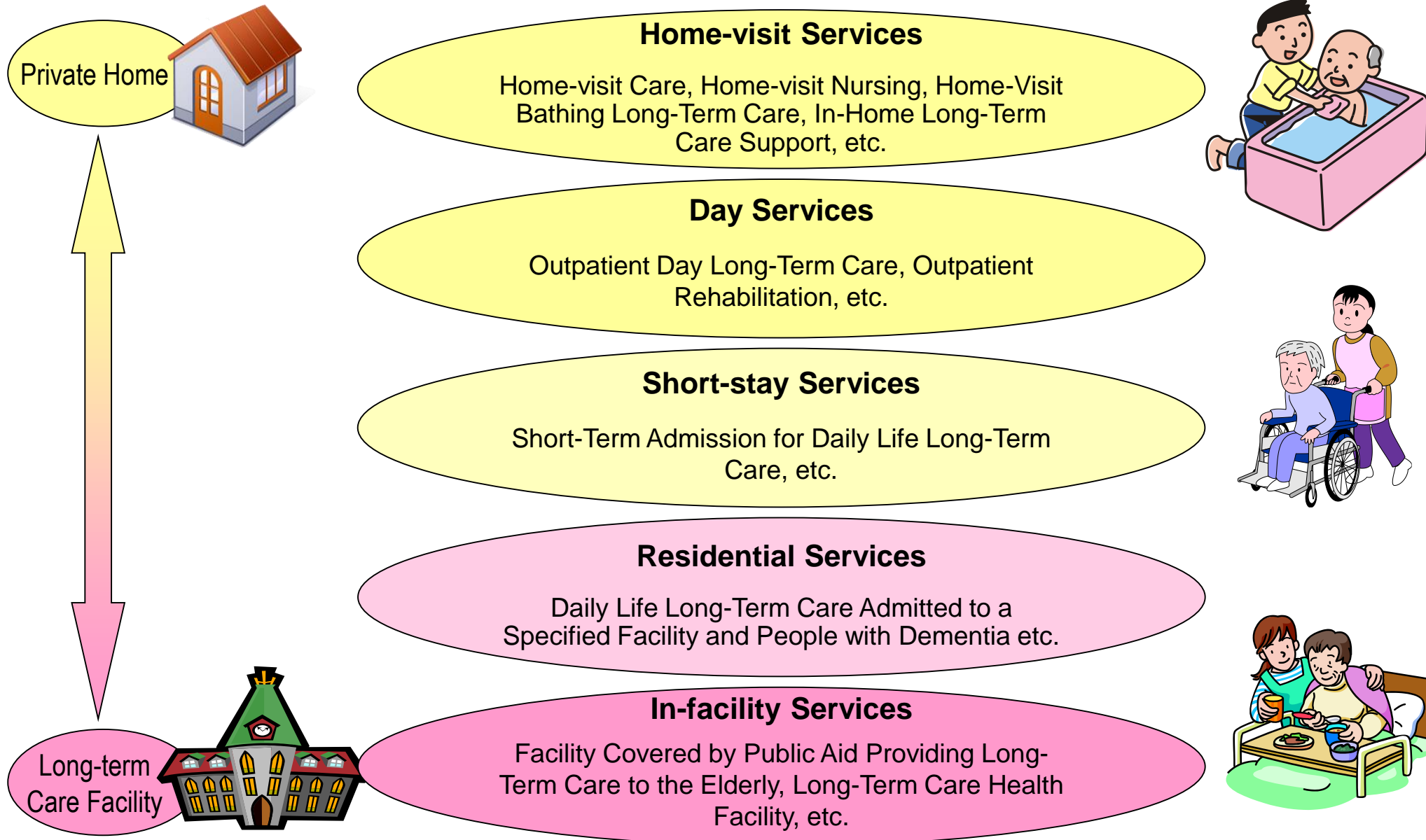
# References



# Procedure for Use of Long-term Care Services



# Varieties of Long-term Care Insurance Services

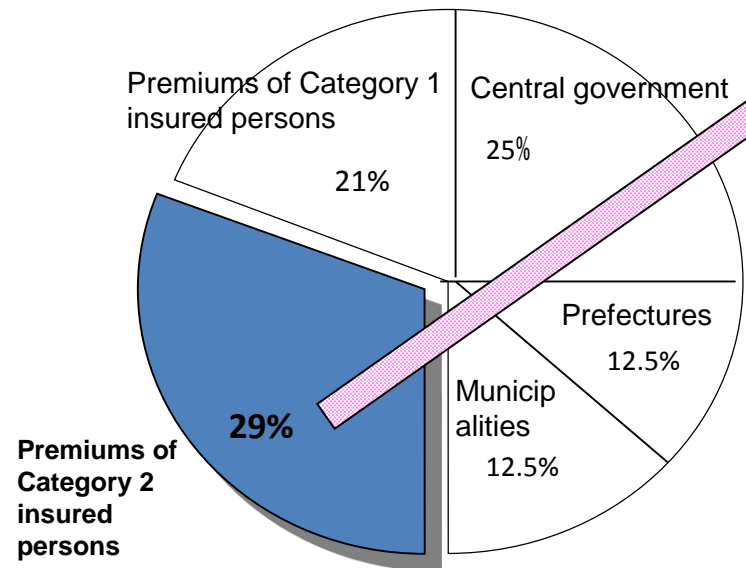


# Premiums of Category 2 Insured Persons

- For persons between 40 and 64 years old (Category 2 insured persons), premiums are collected through each insurer of health insurance.
- The amount of premium for one Category 2 insured person is calculated nationwide and each insurer of health insurance pays in accordance with the number of insured persons.

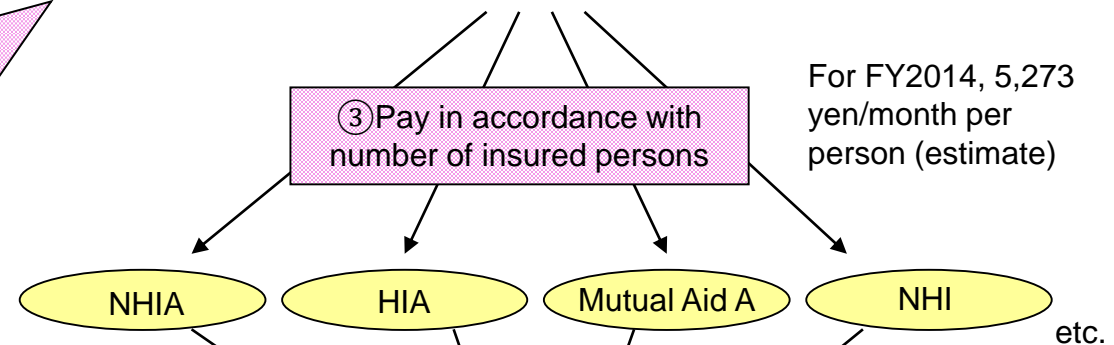
① Category 2 insured persons (40 – 64 years old) bear 29% of the cost of the services.

② Calculation of the amount of premium for one Category 2 insured person  
(29% of whole cost ÷ number of insured = Amount of premium for one insured)



③ Pay in accordance with number of insured persons

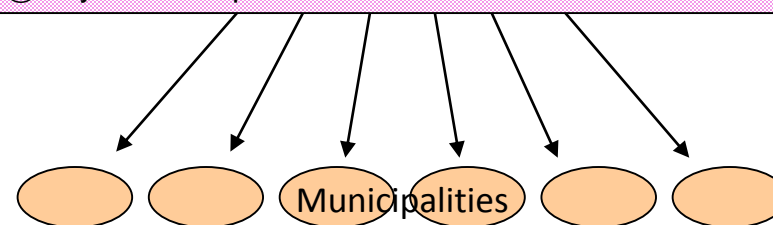
For FY2014, 5,273 yen/month per person (estimate)



④ Each insurer collects with the premiums for health insurance.

⑤ Pay to HICRRS

⑥ Pay to municipalities (29% of the cost of the services)



(Ref.) Change in rate of premiums in case of National Health Insurance Association (%)

FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1.07	0.89	1.11	1.25	1.23	1.23	1.13	1.19	1.50	1.51	1.55	1.55	1.72

※ Rates after FY2003 are the rates to the total income including bonus etc.

# サービス類型ごとのケアマネジャーの従事者数

○ ケアマネジャーの資格を有している従事者は、約14万人いる。

介護支援専門員等の従事者数

(単位:人)

	合計	居宅介護 支援事業 所	介護予防 支援事業 所(地域 包括支援 センター)	居宅サービス事業所	地域密着型サービス					介護保険施設		
				(介護予 防)短期 入所生活 介護	(介護予 防)特定 施設入居 者生活介 護	(介護予 防)小規 模多機能 型居宅介 護	(介護予防) 認知症対 応型共同 生活介護	地域密着 型特定施 設入居者 生活介護	地域密着 型介護老 人福祉施 設	介護老人 福祉施設	介護老 人保健 施設	介護療 養型医 療施設
従事者数 (実数)	141,896	82,583	9,689	6,194	3,890	2,828	15,580	160	499	10,318	7,299	2,856
従事者数 (常勤換算)	107,964	69,158	8,230	2,902	2,758	1,717	8,413	94	316	7,180	5,417	1,779



... 居宅介護支援事業所及び地域包括支援センター以外で計画作成を行うための介護支援専門員等が配置されているサービス

※1 (介護予防)特定施設入居者生活介護、(介護予防)認知症対応型共同生活介護、地域密着型特定施設入居者生活介護については、計画作成担当者の人数。

※2 「計画作成担当者」について、

○(介護予防)特定施設入居者生活介護及び地域密着型特定施設入居者生活介護では、「専らその職務に従事する介護支援専門員」であること

○(介護予防)認知症対応型共同生活介護では、「1以上の者は、介護支援専門員をもって充てなければならない」こと

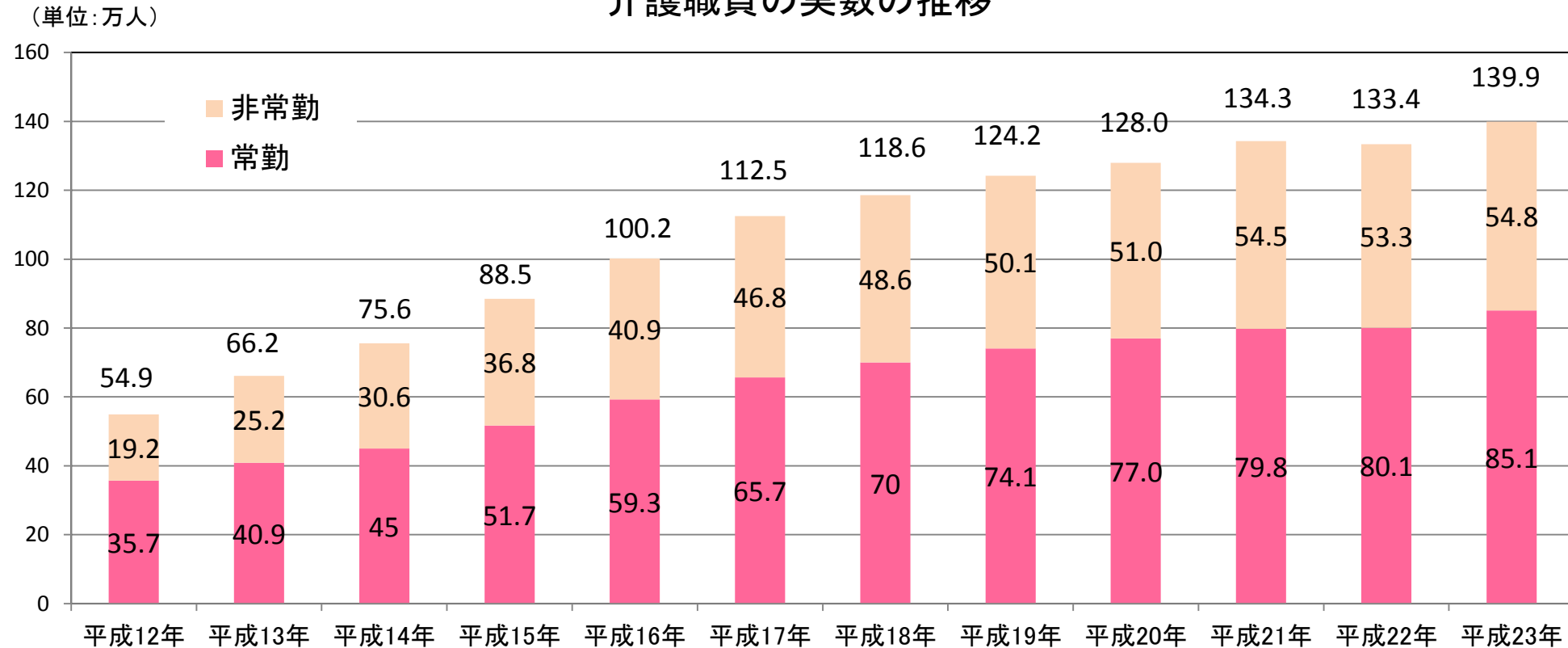
と定められている。

資料出所:平成23年介護サービス施設・事業所調査

# 介護職員数の推移

介護保険制度の創設以後、介護職員数は大幅に増加しており、倍以上になっている。

## 介護職員の実数の推移



(注1) 平成21年度以降は、調査方法の変更等による回収率変動の影響を受けているため、数量を示す従事者数の実数は単純に年次比較できない。

(注2) 介護職員とは、直接介護を行う従事者であり、訪問介護員も含む。

(注3) 各年の介護サービス施設・事業所調査の数値の合計から算出しているため、年ごとに、調査対象サービスの範囲に相違があり、以下のサービスの介護職員については、含まれていない。(訪問リハビリテーション:平成12～22年、通所リハビリテーション:平成12年、特定施設入居者生活介護:平成12～15年、地域密着型介護老人福祉施設:平成18年)

【出典】厚生労働省「介護サービス施設・事業所調査」

# 介護職員の推移と見通し

- 介護保険制度の施行後、介護職員（介護その他職員）数は増加し、10年間で倍以上となっている。また、2025年には、介護職員は更に1.5倍以上必要と推計されている。
- また、介護保険施設・居宅サービス事業所とも、常勤職員の割合が比較的高い。

	平成12年度 (2000年度)		平成24年度 (2012年度)		平成27年度 (2015年度) <u>(推計値)</u>		平成37年度 (2025年度) <u>(推計値)</u>
介護職員	55万人		149万人		167～176万人 (164～172万人)		237～249万人 (218～229万人)
介護その他 職員	26万人		70万人		81～85万人 (77～81万人)		128～134万人 (102～107万人)

【出典】厚生労働省「介護サービス施設・事業所調査」、「医療・介護に係る長期推計」

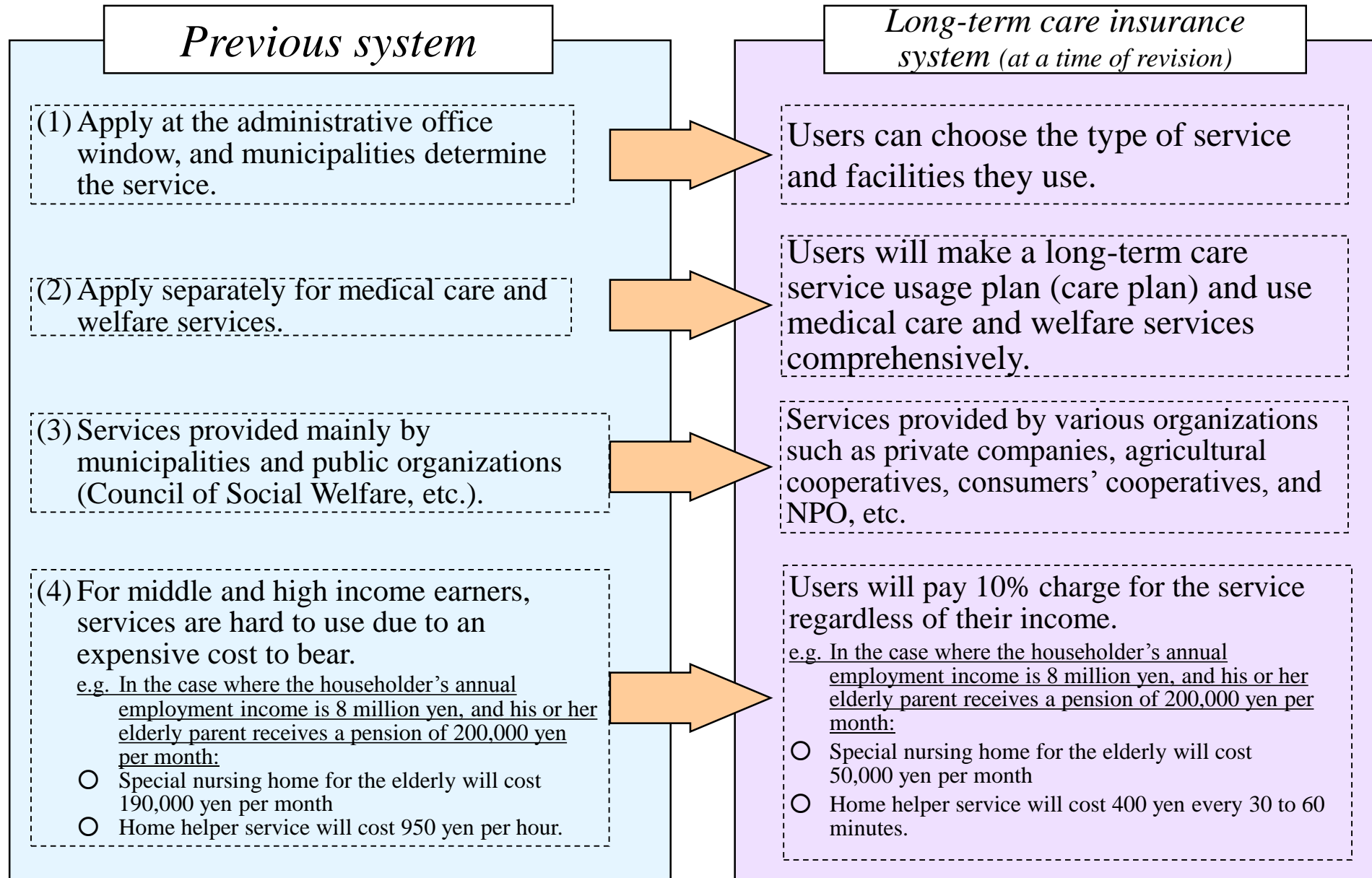
(注1) 平成27年度・平成37年度の数値は社会保障・税一体改革におけるサービス提供体制改革を前提とした改革シナリオによる。( )内は現状をそのまま将来に当てはめた現状投影シナリオによる数値。

(注2) 介護その他職員には、介護支援専門員、相談員、OT、PTなどのコメディカル職種等が含まれる。

(平成22年10月1日現在)				介護保険施設			居宅サービス等		
	合計	常勤	非常勤	合計	常勤	非常勤	合計	常勤	非常勤
介護職員	133.4万人	80.1万人 60.0%	53.3万人 40.0%	33.9万人	28.1万人 83.2%	5.7万人 16.8%	99.5万人	51.9万人 52.1%	47.6万人 47.9%
介護その他 職員	62.3万人	46.4万人 74.5%	15.9万人 25.5%	16.3万人	12.9万人 79.1%	3.4万人 20.9%	46.0万人	33.5万人 72.9%	12.5万人 27.1%

【出典】厚生労働省「介護サービス施設・事業所調査」

## Difference between the Previous System and Long-Term Care Insurance System from the Users' Point of View



## 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

	End of April,2000		End of April,2015	
Number of first insured persons	21.65 million	⇒	33.08 million	1.53 times

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

	End of April,2000		End of April,2015	
Number of persons with care needs & support needs certification	2.18 million	⇒	6.08 million	2.79 times

### ③ Increase in number of service users

	End of April,2000		End of April,2015	
Number of users of in-home care	0.97 million	⇒	3.82 million	3.94 times
Number of users of facility care	0.52 million	⇒	0.90 million	1.73 times
Number of users of community-based care	—		39 million	
<b>Total</b>	<b>1.49 million</b>	<b>⇒</b>	<b>5.11 million</b>	<b>3.43 times</b>

(Source: Report on Long –Term Care Insurance Service)



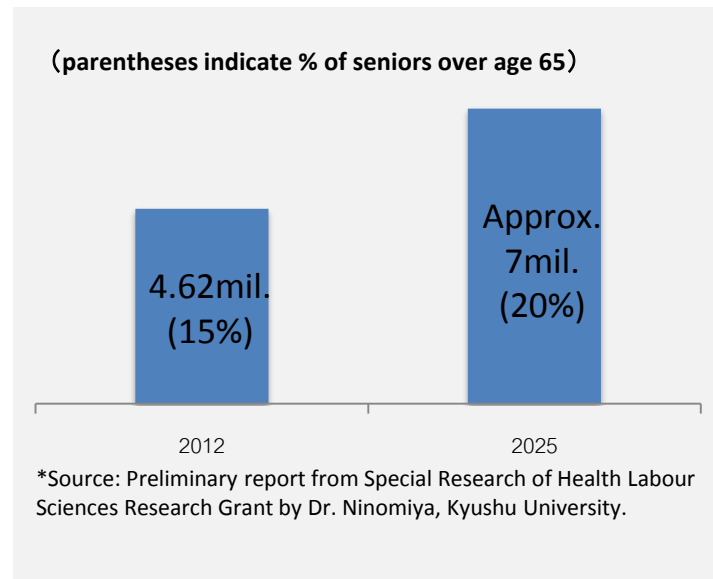
# State of Affairs Regarding Long-Term Care Insurance in the Future

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.

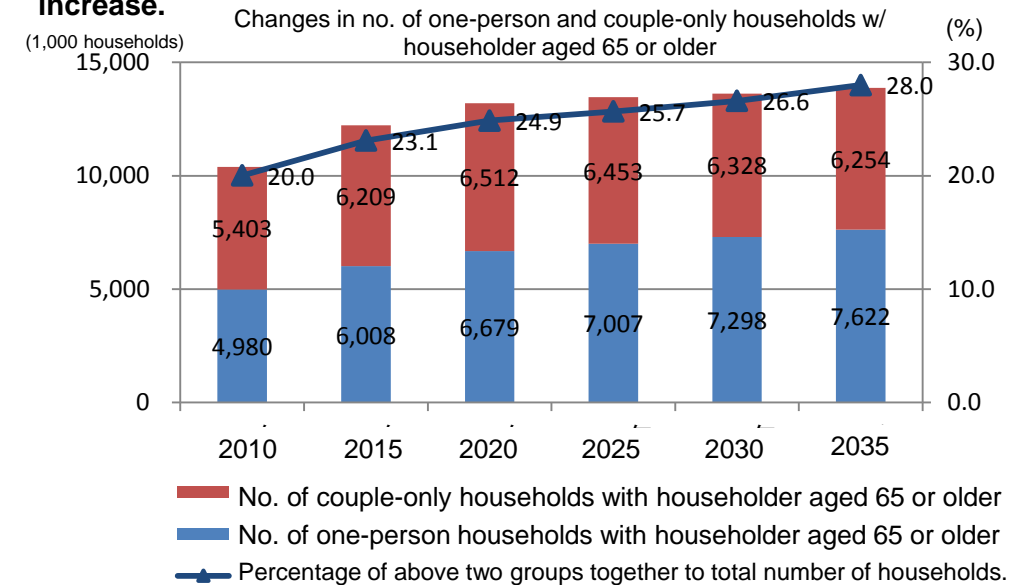
	2010	2015	2025	2055
No. of seniors 65 & older (ratio)	29.48million (23.0%)	33.95million (26.8%)	36.57million (30.3%)	36.26million (39.4%)
No. of seniors 75 & older (ratio)	14.19million (11.1%)	16.46million (13.0%)	21.79million (18.1%)	24.01million (26.1%)

\*Source: "Projection of the number of households for Japan (nationwide projection)" compiled in Jan. 2013, National Institute of Population and Social Security Research (1&3)

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



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



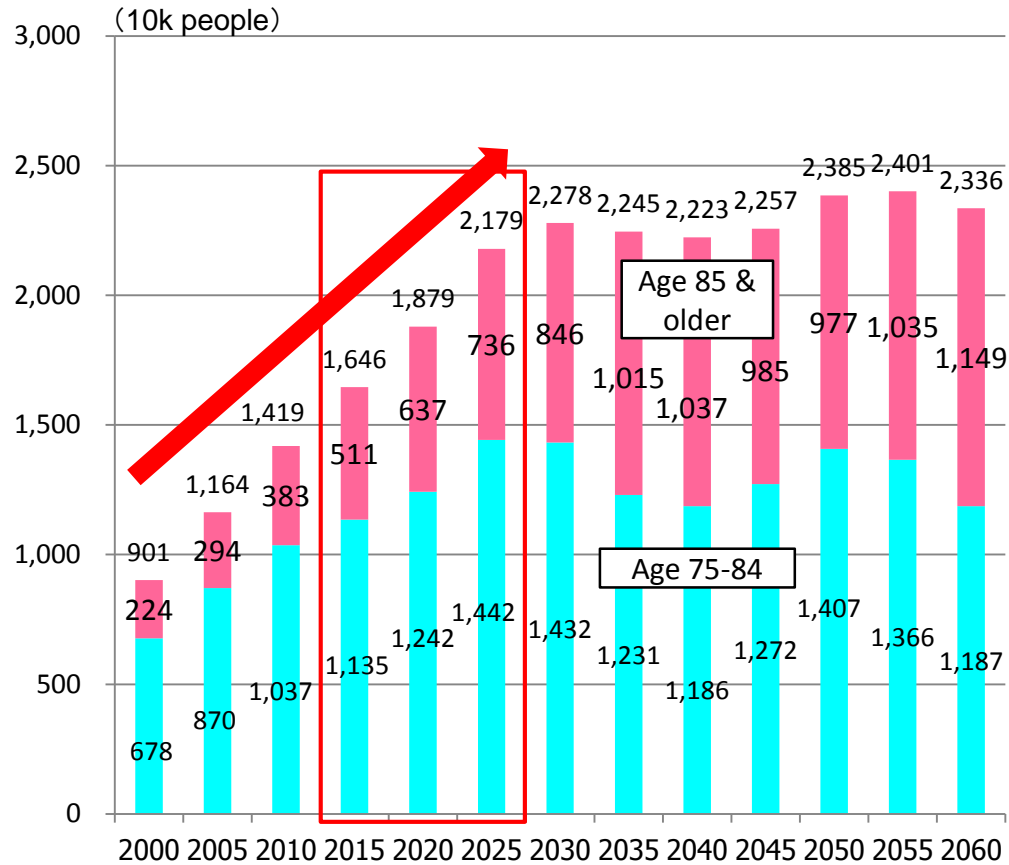
4. The no. of seniors over age 75 will rapidly grow in cities and gradually grow in rural areas with originally high senior population. Tailored response according to regions is necessary as aging circumstances differ according to region.

	Saitama Pref.	Chiba Pref.	Kanagawa Pref.	Aichi Pref.	Osaka Pref.	--	Tokyo	--	Kagoshima Pref.	Akita Pref.	Yamagata Pref.	Nationwide
2015 < > = Ratio	0.765 mil. people <10.6%>	0.717 mil. people <11.6%>	1.016 mil. people <11.1%>	0.817 mil. people <10.9%>	1.070 mil. people <12.1%>		1.473 mil. people <11.0%>		0.267mil. people <16.2%>	0.188mil. people <18.4%>	0.190mil. people <17.0%>	16.458 mil. people <13.0%>
2025 < > = Ratio ( ) = Factor of Increase	1.177 mil. people <16.8%> (1.58x)	1.082 mil. people <18.1%> (1.51x)	1.485 mil. people <16.5%> (1.46x)	1.166 mil. people <15.9%> (1.43x)	1.528 mil. people <18.2%> (1.43x)		1.977 mil. people <15.0%> (1.34x)		0.295mil. people <19.4%> (1.10x)	0.205mil. people <23.0%> (1.09x)	0.207mil. people <20.6%> (1.09x)	21.786 mil. people <18.1%> (1.32x)

\*Source: "Regional Population Projection for Japan" compiled in Mar. 2013, National Institute of Population and Social Security Research

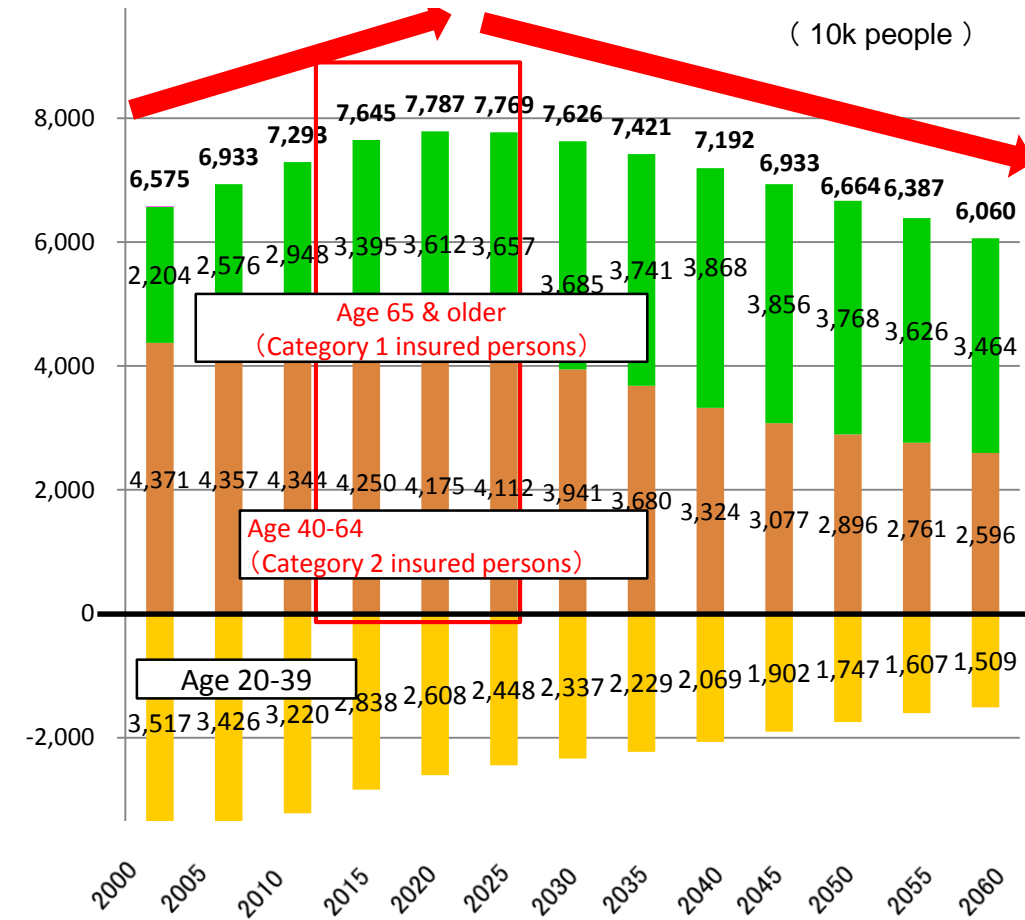
## 5. Changes in the Population Over Age 75 (Age group with high percentage of persons requiring care)

- 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)

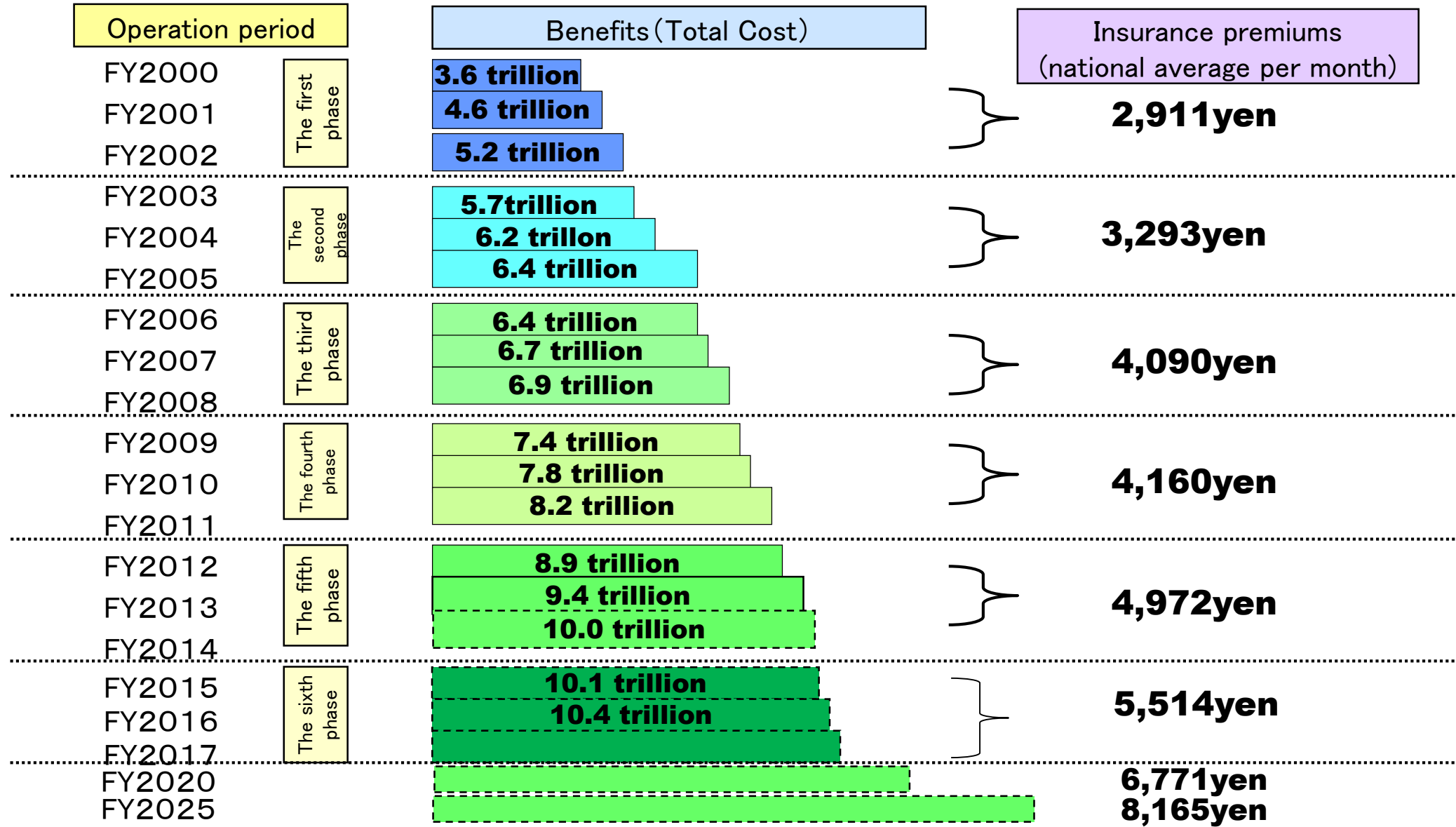
- The population over age 40, who pay for the long-term care insurance, has increased since the establishment of the long-term insurance system in 2000 but will start to decrease after 2021.



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)

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

- 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.



# Major Contents of Revision of Long-term Care Insurance

## (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)

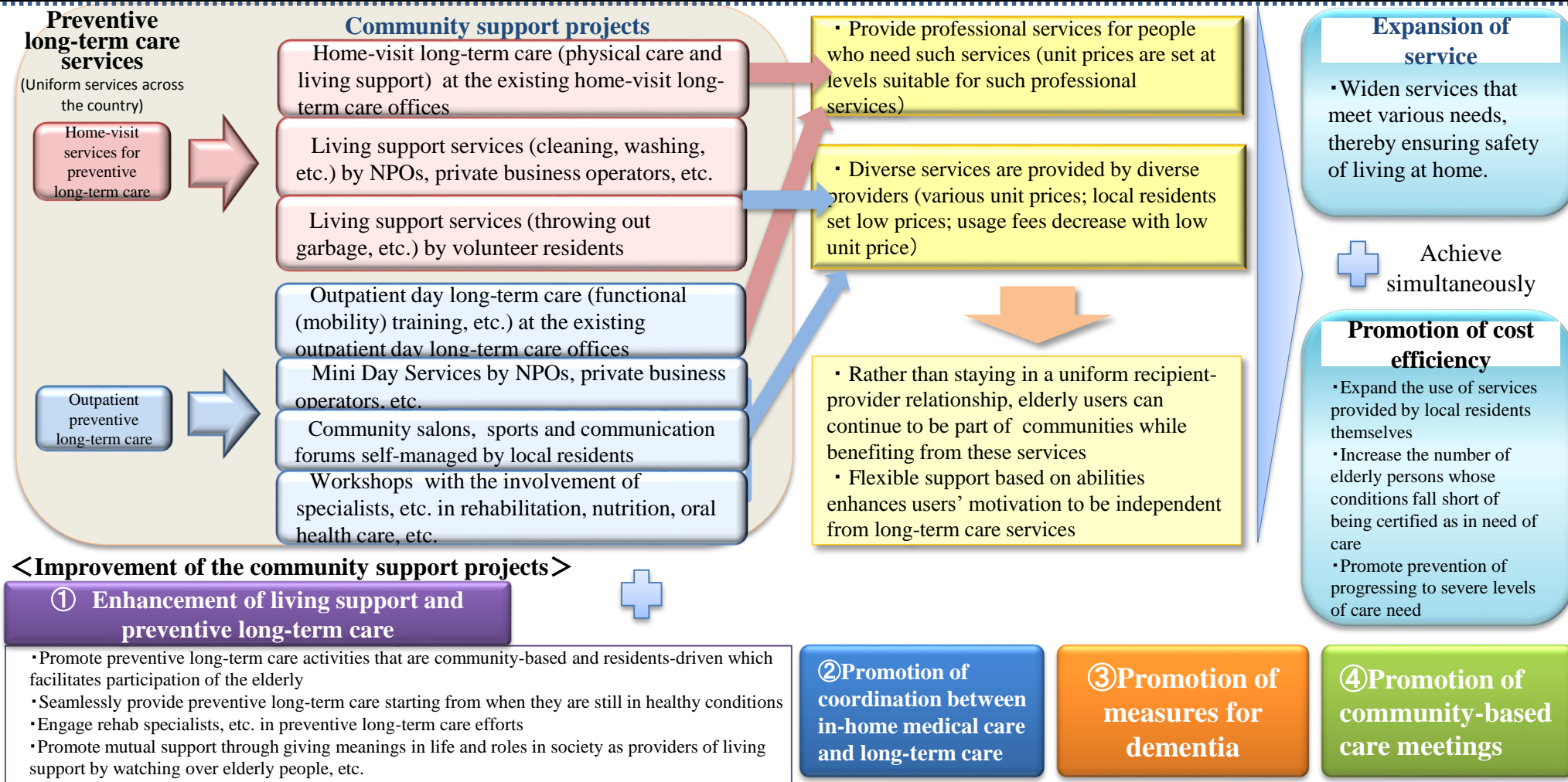
For people with pension income lower than 800,000 yen per year, the reduction rate will expanded from 50% to 70%.

### 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.

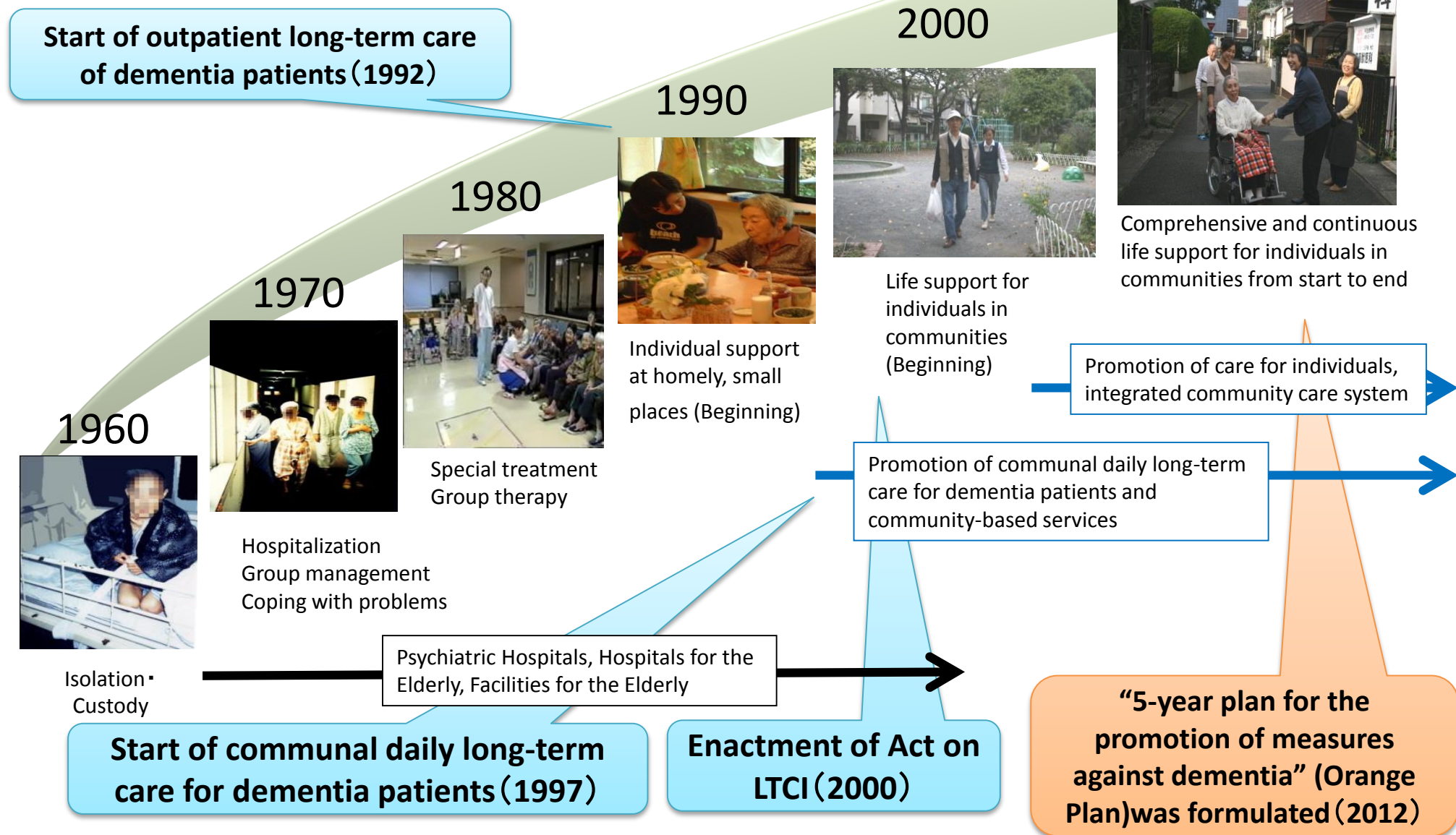
# Revision of Preventive Long-Term Care and Expansion of Community Support Projects

- Home-visit service for preventive long-term care and outpatient preventive long-term care are moved from care prevention benefit services to community support projects under the long-term care insurance system, to enable municipalities to take measures according to the actual situations in the regional communities (until the end of FY2017). The financial structure for these services will be the same as that for the long-term care benefit services (the national government, prefectures, municipalities, and insurance premiums for primary insured persons, and secondary insured persons)
- In addition to the existing services offered by long-term care offices, the elderly are supported by various actors in the communities, such as NPOs, private enterprises, and volunteers (care management based on the conditions of the elderly, etc.) The elderly persons may sometimes play the supporter's role.
- The ceiling on expenses for the community support projects is reviewed in order to pay for the projects transferred from preventive long-term care services.
- The national government establishes guidelines and support smooth implementation of the municipal projects.





# Transition of the Support for Persons with Dementia



## Summary of General Strategy to Promote Measures against Dementia (New Orange Plan)

-- Toward the Establishment of Gentle Community for Elderly Persons with Dementia etc.--

- About one in 4 elderly persons are those with dementia or preliminary group. As population ages, persons with dementia will further increase.  
Year 2012 4.62 million (about one in 7) → Year 2015 about 7 million (about one in 5)
- It is necessary to establish an environment in which persons with dementia are not simply regarded as supported persons but can live better lives with dementia.

### Basic Idea of New Orange Plan

New Orange Plan aims to realize a society in which **intention of persons with dementia is respected** and **persons with dementia can live in a good environment of communities familiar with them in a manner typical of themselves** as long as possible.

# Summary of General Strategy to Promote Measures against Dementia (New Orange Plan)

-- Toward the Establishment of Gentle Community for Elderly Persons with Dementia etc.--

## Seven Pillars

- ① Promotion of **diffusion and enlightenment** for deepening understanding of dementia
- ② Provision of timely and appropriate **medical and long-term care** in response to the condition of dementia
- ③ Strengthening of **measures for young persons with dementia**
- ④ **Support to care givers** to persons with dementia
- ⑤ Promotion of **establishment of gentle communities** for elderly persons including persons with dementia
- ⑥ **Research and development** of methods of prevention, diagnosis and treatment, rehabilitation model, long-term care model etc. and promotion of the diffusion of the result
- ⑦ Putting importance on **the viewpoint of persons with dementia and their family members**



# I Promotion of Diffusion and Enlightenment for Deepening Understanding of Dementia

① Implementation of Campaign to Deepen the Understanding of Society toward Dementia from the Viewpoint of Persons with Dementia

② Training and Support for the Activities of Dementia Supporters

(Dementia Supporter)

A person who has correct knowledge and understanding about dementia and help persons with dementia and their family members as long as possible in a community and in a workplace

【Achievement and target】

Number of Supporters : 6.3 million (End of June 2015) ⇒ 8 million (End of March 2018)

## ○ Training Course for Dementia Supporter

Responsible Organizations: Prefectures, Municipalities, Professional Organizations

Trainees:

〈Residents〉 Community Association, Elderly Club, Welfare Commissioner,  
Family Organization, Disaster Prevention/Security Organization etc.

〈Workplaces〉 Enterprises, Financial Institutions, Fire Stations, Police, Supermarket  
Convenience Stores, Parcel Delivery Service, Public Transportation etc.

〈Schools〉 Elementary, Junior-high and High Schools, Teachers, PTA etc.



Orange Ring



③ Promotion of Understanding of Elderly Persons including Persons with Dementia in School Education etc.

## II Provision of timely and appropriate medical and long-term care in response to the condition of dementia

### 【Basic Idea】

- Provides **organically coordinated medical and long-term services** which are provided seamlessly with timeliness and appropriateness in response to the condition of dementia

Prevention → Early stage → Acute stage → Middle stage → End-of-life stage

- A **cyclical** system which has **early diagnosis and early response as a main component** and which **provides appropriate services in a most suitable place** in order that responses in medical institutions or long-term care institutions are not fixed **even if there are BPSD** such as hallucination, depression or wandering **or physical symptoms etc.**

① Thorough Medical Care and Long-term Care for Persons with Dementia

② Promotion of Prevention

③ Establishment of System for Early Diagnosis and Early Response

④ Appropriate Response to BPSD and Physical Symptoms etc.

⑤ Provision of Long-term Care to Support Lives of Persons with Dementia

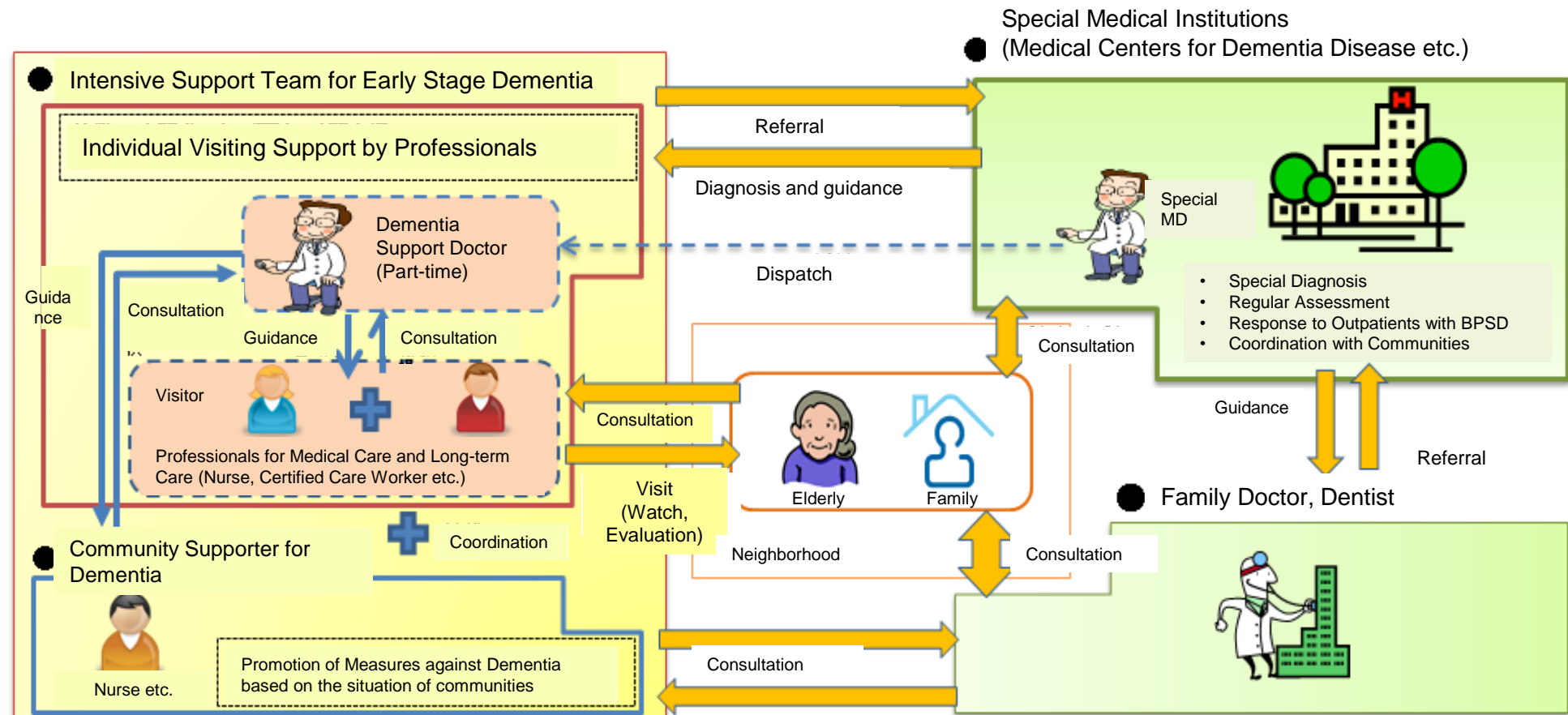
⑥ Coordination of Medical Care and Long-term Care to Support End-of-Life Stage

⑦ Promotion of Organic Coordination of Medical Care and Long-term care etc.

# <Establishment of System for Early Diagnosis and Early Response>

Establishment of "Intensive Support Team for Early Stage Dementia"

- Promote to establish "Intensive Support Team for Early Stage Dementia" to build response system in early stage in which diagnosis for dementia is made in early period and medical care and long-term care are provided appropriately in timely manner



【Achievement and target】

FY2014 41 Municipalities ⇒ FY2018 and after All municipalities

# IV Support to Care Givers to Persons with Dementia

## -- Dementia Café (Example) --

Promote establishment of Dementia Café where persons with dementia and their family members share information with people in communities and experts and understand each other

Scene from Dementia Cafe



Dementia Café in the evening

- Held once or twice per month (2 hours per one café)
- Make use of Day Service Centers and Community Centers
- There is no special program and users can decide by themselves.
- Effectiveness
  - Persons with Dementia → Place where they can act by themselves and enjoy
  - Family Members → Place where they can meet people who can understand each other
  - Specialists → Place where they can meet persons with dementia (They can know health condition of persons with dementia)
  - Residents in Communities → Place where they can re-connect each other (Place for exchange of residents and deepening understanding of dementia)

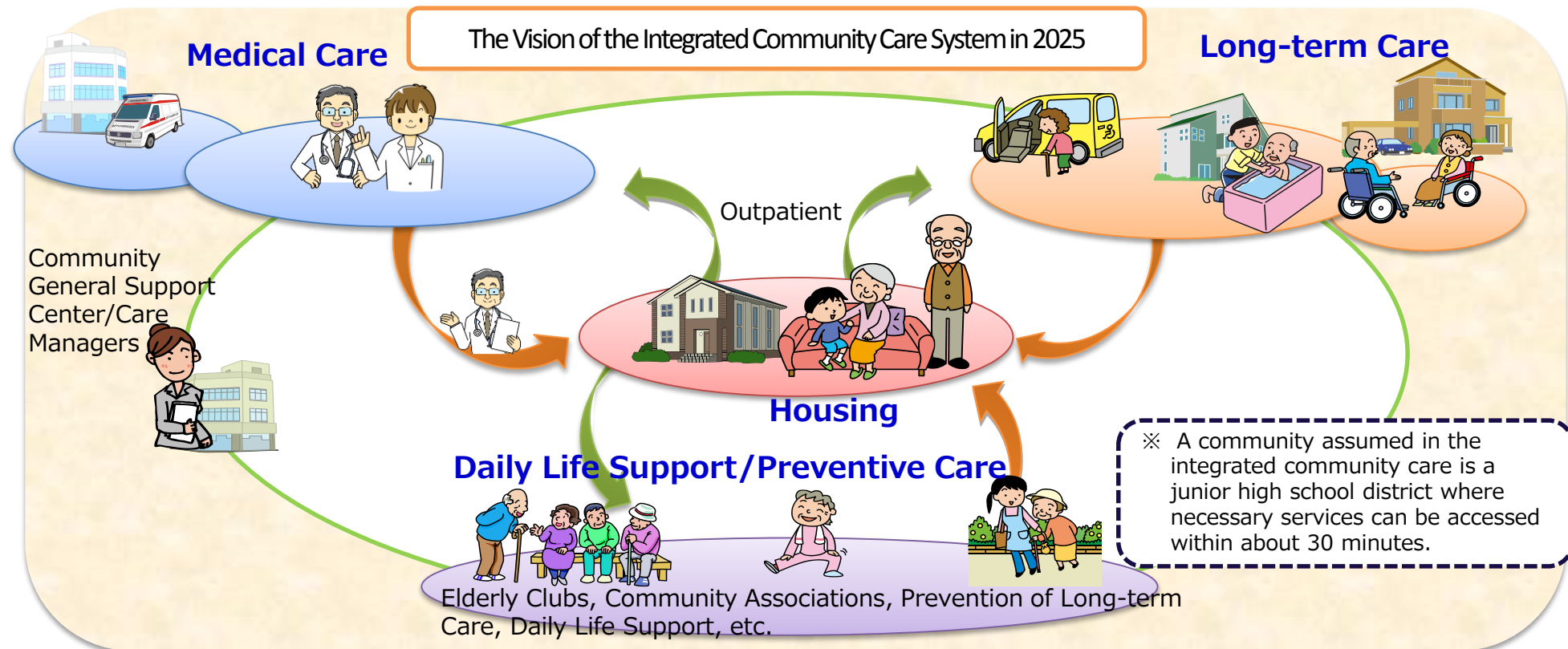
# The Future Vision of Long-term Care – “Integrated Community Care System”

○Realization of an “integrated community care system,” in which **housing, medical care, long-term care, preventive care, and daily life support** are provided in a unified manner enables the elderly, even those who come to need advanced-level long-term care, to live in their familiar communities according to their own lifestyles until the end of their lives.

【Efforts of integrated community care from 5 visions】

It is necessary for the realization of integrated community care to implement efforts from the following 5 visions comprehensively (Service provision which consists of appropriate mixture of 1-5 below in accordance with the needs of users) and continuously (seamless service provision throughout hospitalization, discharge and return to home).

- ① Strengthening coordination with medical care
- ② Enrichment and strengthening of long-term care services
- ③ Promotion of prevention
- ④ Maintenance of various daily life support such as watching, meal provision and shopping and protection of rights etc.
- ⑤ Establishment of housing for the elderly persons which they can continue to live in their old ages (Coordination with Ministry of Land, Infrastructure, Transport and Tourism)



### ① Support for Daily Lives (Services)

- Support such as support for housekeeping, meal provision, delivery service for persons having difficulty in shopping
- Promotion of establishment of “Elderly Salon” etc.
- Support for the development of goods for the elderly to use easily
- Establishment of environment in which elderly persons can use new long-term care food (Smile Care Food) without difficulty

### ② Establishment of Environment in Which Elderly Persons Can Live without Difficulty (Infrastructure)

- Securement of various housing for the elderly persons
- Promotion of establishment of facilities to support daily lives of the elderly persons at housing complex
- Promotion of barrier –free environment
- Increase in public transportation in order that elderly persons do not have to drive by themselves

### ③ Support for Work/Social Participation

- Promotion of social participation such as work, community activities, volunteer activities etc.
- Support for continuing work (welfare services for the persons with disability) in case it is difficult for young persons with dementia to work for normal workplaces

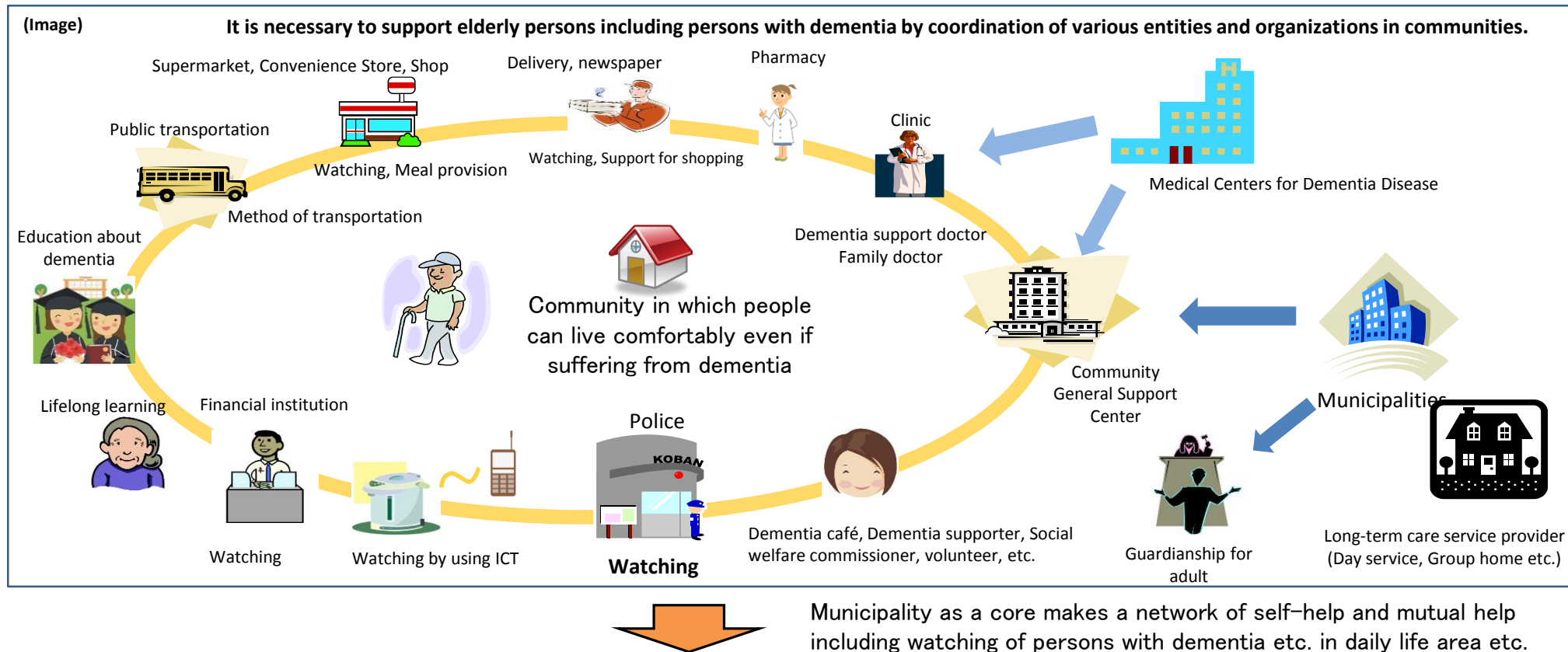
### ④ Security

- Establishment of system of watching in communities including confirmation of security of single elderly persons and early discovery and protection of missing persons
- Maintenance of traffic security of elderly pedestrians and elderly drivers based on the evaluation of capacity for driving
- Prevention of damage to consumers such as fraud
- Promotion of usage of adult guardianship system (especially non-professional guardians for adult) and public law offices (Ho Terrace)
- Prevention of abuse to elderly persons



# Whole Society Supports Persons with Dementia

It is necessary to use not only long-term care services but also self-help and mutual help in communities to the maximum extent to support persons with dementia by whole society.



Support efforts in communities to the maximum extent by the coordination of related ministries and agencies

Extending efforts to support persons with dementia by whole society with the cooperation of related organizations and private enterprises

Thank you !