D. Building Dementia-Friendly Society in Japan

Overview
In Japan there are 31.7 million people over 65 years old and by 2050, it is expected that one in every three persons will be 65 years old or over. In addition, there are 4.6 million people diagnosed with dementia. “A huge number of people with dementia throughout Japan are unable to receive appropriate treatment and support due to a lack of accurate knowledge and information and to insufficient understanding on the part of the people around them. Anxiety and isolation worsen their condition and their daily lives are a far from life with dignity.”- by these words, the Japanese society voiced its concerns and views about the dementia problem in their country. (People with Dementia Conference October, 2006 Japan)

The Japanese society realized that greater awareness and action on the part of nongovernmental organizations and individual citizens are needed as well as efforts by national and local governments and professionals in health care and social services- in other words a collective societal action is required. As such, the Ministry of Health, Labour and Welfare in Japan adopted a public health strategy to address dementia.

Japan’s Campaign to Build Compassionate Communities
In 2005 the Ministry of Health, Labour and Welfare in collaboration with hugely diverse groups of community organizations, launched a 10-year nationwide dementia care initiative. The Initiative, which is called “The Campaign to Understand Dementia and Build Community Networks”, aims to create safe and comfortable communities for people with dementia. The campaign is led by the “100-Member Committee”, an alliance of more than 100 community organizations and individuals. The Campaign is comprised of four major programs, each of which is led by a working group responsible for its planning and implementation.

The Campaign’s Four Programs
1. Nationwide caravan to train one million dementia supporters
The goal of this program is to train 7 million volunteers by 2017 to be "dementia supporters" who have good knowledge and understanding of dementia. As of September 2014 there were 5.5 million dementia supporters across the country who proactively identify, watch over, and assist people with dementia and their families in local communities and workplaces. The

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146 http://longevity.ilcjapan.org/f_issues/0703.html
147 http://longevity.ilcjapan.org/f_issues/0603.html
The Public Health Approach to Palliative Care

operating model of this program is based on a multi-tier knowledge transfer and training structure that involves all members of society. (See Figure 15)

**Figure 15 Japan: Dementia Supporter Caravan Model**

<table>
<thead>
<tr>
<th>1st Tier</th>
<th>1) Medical professionals specializing in dementia</th>
<th>trains 2) Caravan-Mates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis/ Treatment/ Consultation</td>
<td>Dementia specialists</td>
<td>Doctors at Dementia Medical Center, medical school professors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Tier</th>
<th>2) Caravan-Mate (100,147)</th>
<th>Train Ninchisho Supporter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing care/ consultation</td>
<td>Multi-role Caravan-Mates</td>
<td>e.g. care managers, nursing staff, public health nurses, nurses, doctors, nursing consultants, children’s public welfare leaders, administrative, volunteer leaders, academics (professors, teachers), companies (CSR, training), etc.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Tier</th>
<th>3) 5.5 million Ninchisho Supporters in Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support by Watching</td>
<td>Knowledge transfer</td>
</tr>
</tbody>
</table>

People with dementia and their families

Source: Hiroko Sugawara. Community-Care Policy Network, Japan. Presentation at Global Dementia Legacy Event Japan November 2014

2. Building dementia-friendly communities

The objective of this program is to promote, support, and recognize initiatives that aim to build dementia friendly communities in which people with dementia are empowered to have high aspirations and enjoy a sociable and safe life, knowing they can contribute and participate in meaningful activities. Such empowerment can have a profound impact on a person’s quality of life, not only for individuals with dementia but also for their carers and loved ones. The increasing number of compassionate communities programs that is seen in Japan now is a result of a national Japanese prize that is annually offered to communities that have become ‘dementia-friendly’.

Some features of dementia-friendly communities in Japan include:

- **Regional Comprehensive Support networks** - These are groups of health-care providers, long-term care providers, users of their services, local residents, and government officials in a region/local community who work together to identify the needs of their community and plan and implement appropriate prevention and

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149 http://www.ncgg.go.jp/topics/dementia/documents/Topic4-4HirokoSugawara.pdf
150 http://longevity.ilcjapan.org/f_issues/0603.html
community-based services in order to build a community where people at risk of dementia can enjoy living independently in their homes.

- **Happy cafés** - have been set up in various locations across the country as a means of promoting socialization and preventing elderly from withdrawing from society.

- **Wandering-watch program** - educating elementary and junior high school students to help persons with dementia who have lost their way.

- **“Community support centres”**
  These centres provide a full range of services to the elderly and patients with dementia in their own communities. A variety of educational and physical exercise classes are offered to reduce the risk among old people of requiring long-term care in the future: muscle strengthening sessions, prevention of malnutrition, and prevention of social withdrawal. Home visits are made to the people who find it difficult to attend classes.

- **Patients’ networks** - building networks of patients who have dementia so that they can meet and develop a sense of companionship and solidarity and share experiences and feelings.

3. People with Dementia Annual Conference

The first “People with Dementia Conference” was held in October 2006 to ensure that dementia care programs are shaped according to the needs of the people they serve. The unique feature of this conference is that groups of patients with dementia were given the opportunity to discuss and speak up in public about their personal experience with the illness, suffering, capabilities, needs, and wishes. In the second day of the conference, the participants summarized their needs, wishes, and messages to their families and communities into a 17-point Appeal.

*Parallel to the campaign, Japan made major revisions to the health care system and the long-term care insurance system in 2005-2006.*

Reform of the health care and long-term care insurance systems

The reform aims to create a system through which old people including people who have dementia can receive the services and care that meet their changing needs and allow them to live with dignity in a friendly community. Figure 16 illustrates the priorities/goals of the system reform.

The basic perspectives of the system revision are:

- Prevent the need for long term care ---- by shifting to a “prevention-oriented system”

- Promote “Aging in Place”----- by establishing a new service system focusing on community-based services, residential care, and a regional support network

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151 [http://longevity.ilcjapan.org/f_issues/0703.html](http://longevity.ilcjapan.org/f_issues/0703.html)

152 [http://longevity.ilcjapan.org/pdf/Overview%20of%20the%20Revision%20of%20LTCI.pdf](http://longevity.ilcjapan.org/pdf/Overview%20of%20the%20Revision%20of%20LTCI.pdf)
• **Ensure fairness related to benefits and financial burden** for in-home service users and long-term care facility residents ----by reviewing the facility benefits and insurance premium and system management
• **Assure quality of services based on users’ appropriate choices and providers’ competence**---- by mandating data reporting for monitoring and audit purposes, improving expertise in services and living environments (training of care providers and defining care standards), and reviewing service providers’ regulations

**Conclusion**
Japan’s aging demographic is a powerful social and political force. The variety and scale of the community and governmental initiatives that have been implemented in the elderly and dementia care context since 2005 indicate that the Japanese society places great emphasis on prevention, awareness/promotion, population needs, community development and partnerships, supportive systems and environments, and capacity of health care providers. The Japanese experience demonstrates that addressing dementia/elderly care requires a concerted and collaborative effort from all sectors of society to build dementia-friendly communities supported by a high quality and integrated health and social care system.
Figure 16 Japan: Overview of the Long Term Care System Reform

**Basic Perspectives of the Reform**

| Formation of Productive Aging Society | Sustainability of the System |

**Overview of the Reform**

1) **Establishment of New Prevention Benefit**
   - Based on the situations of persons slightly requiring long-term care or support, persons eligible for prevention benefits, contents of services and care management are reviewed.
   - Regional Comprehensive Support Centers will manage the care management to prevent the need for care in new prevention services.

2) **Establishment of Regional Support Projects**
   - The effective project to prevent the need for care, which is designed for the elderly at risk of requiring care or support, shall be incorporated into the Long-term Care Insurance System.

1) **Review of Facility Benefit**
   - Fairness on benefits and payment for in-home service users and residents in Long-term Care Insurance facilities.
   - Adjustment of Long-term Care Insurance benefits and pension benefits.

1) **Establishment of a New Service System**
   - Increase in the number of the elderly with dementia or living alone.
   - Review of Service Systems and Regional Comprehensive Care.
   - Strengthening support for persons with moderate to severe care level, partnership between medical and long-term care.

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1) **Review of Accommodation Expenses and Meal Expenses**
   - Insurance benefits for accommodation expenses and meal expenses shall not be provided for residents in three types of Long-term Care Insurance facilities (including short-stays) and users of commuting services.

2) **Consideration for People with Low Income**
   - New supplementary benefits shall be provided in order to reduce payment for people with low income who utilize Long-term Care Insurance facilities.

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3) **Establishment of Community-based Services**
   - Community-based Services were established to provide diversified, flexible services reflecting the characteristics of each region.

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4) **Enhancement of Residential Services**
   - Expansion of residential care facilities.
   - Review of for-profit private nursing homes.

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3) **Establishment of Regional Comprehensive Care System**
   - Establishment of Regional Comprehensive Support Center as a core body in the community.

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4) **Strengthening Support for Elderly with Moderate to Severe Care Level, Partnership and Coordination between Medical and Long-term Care**