

Challenges toward Supportive and Friendly Environment for Elderly in Japan



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Super-Aged society in Japan (2022)

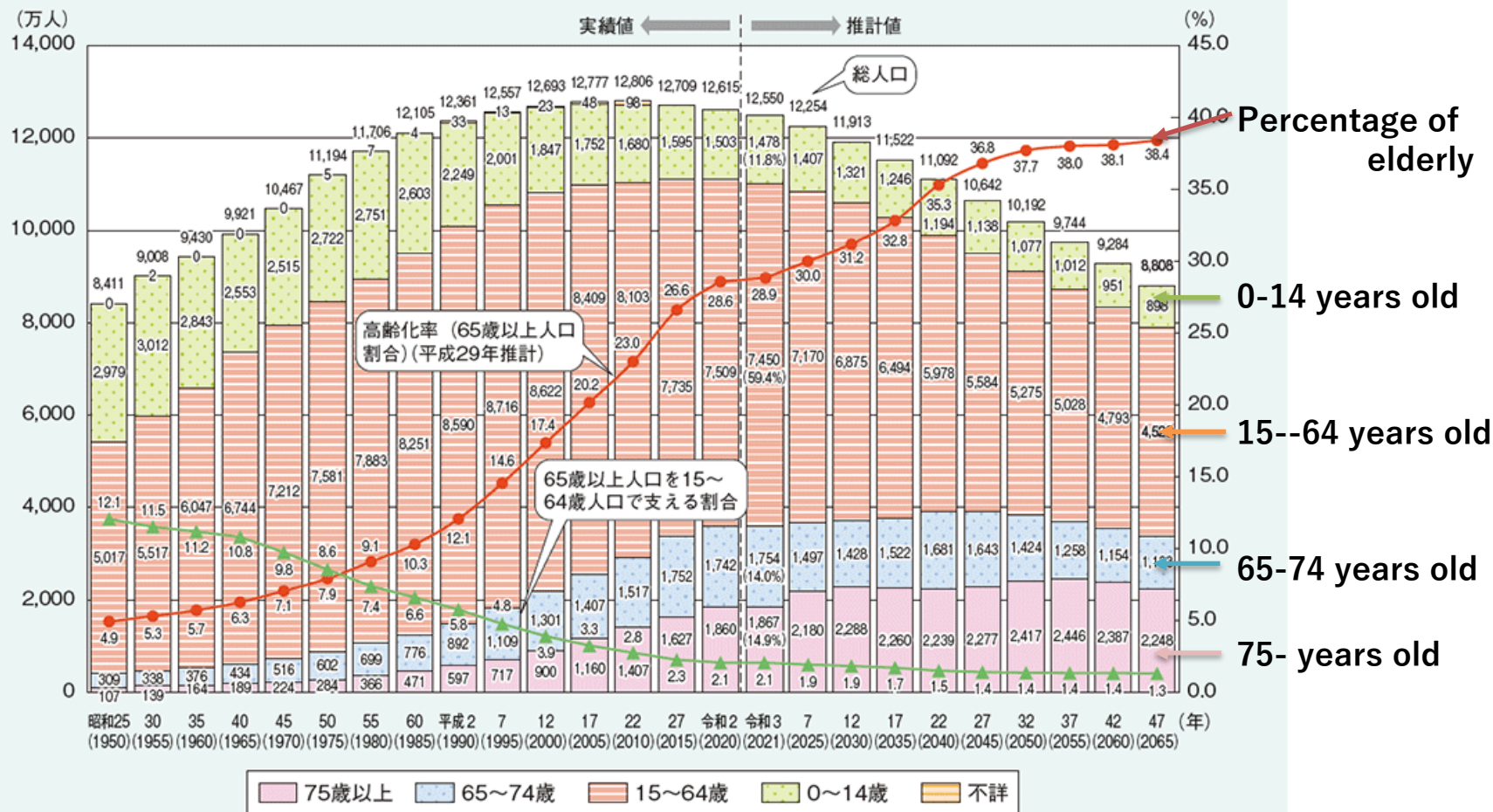
Situation across Japan

- Total population : 124.7 million
- Elderly population : 36.2 million
- Percentage of elderly : 29.1%

Situation in Tokyo Metropolitan area

- Total population : 13.2 million
- Elderly population : 3.12 million
- Percentage of elderly : 23.5%

図1-1-2 高齢化の推移と将来推計



資料：棒グラフと実線の高齢化率については、2020年までは総務省「国勢調査」（2015年及び2020年は不詳補完値による。）、2021年は総務省「人口推計」（令和3年10月1日現在（令和2年国勢調査を基準とする推計値））、2025年以降は国立社会保障・人口問題研究所「日本の将来推計人口(平成29年推計）」の出生中位・死亡中位仮定による推計結果

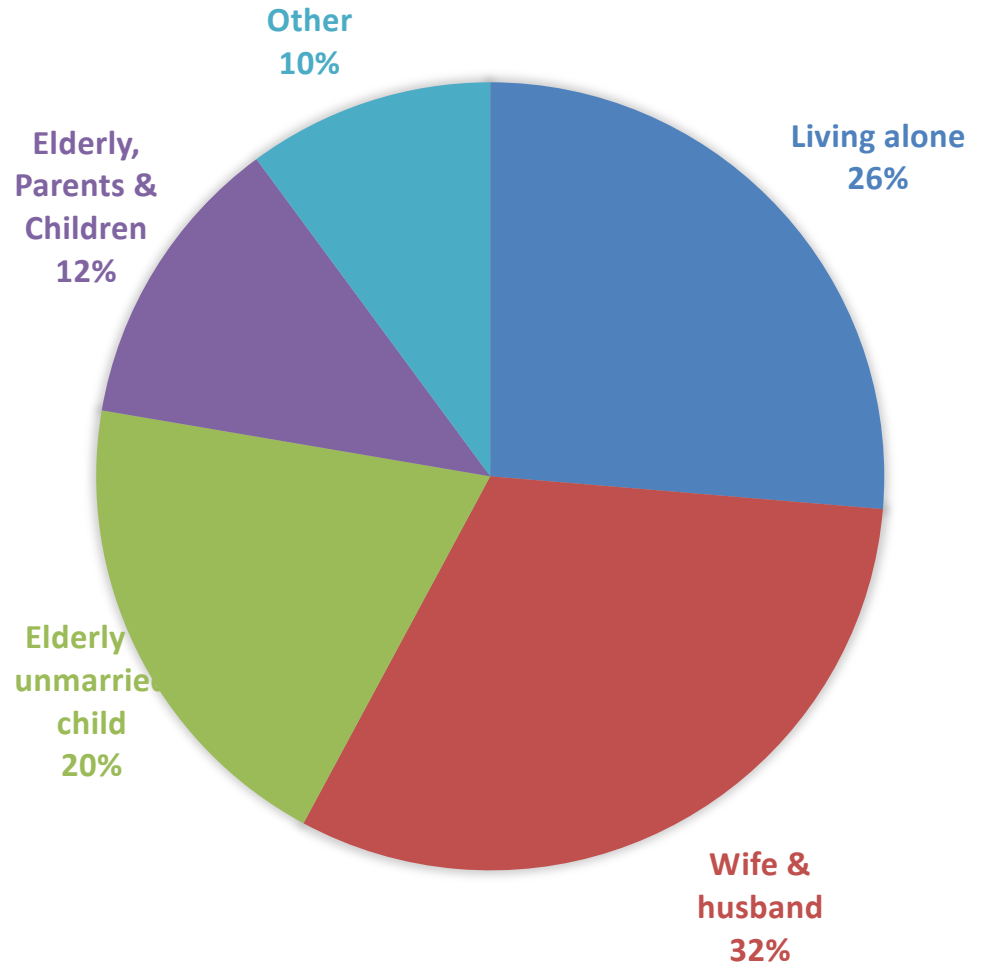
(注1) 2015年及び2020年の年齢階級別人口は不詳補完値によるため、年齢不詳は存在しない。2021年の年齢階級別人口は、総務省統計局「令和2年国勢調査」（不詳補完値）の人口に基づいて算出されていることから、年齢不詳は存在しない。2025年以降の年齢階級別人口は、総務省統計局「平成27年国勢調査 年齢・国籍不詳をあん分した人口（参考表）」による年齢不詳をあん分した人口に基づいて算出されていることから、年齢不詳は存在しない。なお、1950～2010年の高齢化率の算出には分母から年齢不詳を除いている。ただし、1950年及び1955年において割合を算出する際には、(注2)における沖縄県の一部の人口を不詳には含めないものとする。

(注2) 沖縄県の昭和25年70歳以上の外国人136人（男55人、女81人）及び昭和30年70歳以上23,328人（男8,090人、女15,238人）は65～74歳、75歳以上の人口から除き、不詳に含めている。

(注3) 将来人口推計とは、基準時点までに得られた人口学的データに基づき、それまでの傾向、趨勢を将来に向けて投影するものである。基準時点以降の構造的な変化等により、推計以降に得られる実績や新たな将来推計との間には乖離が生じ得るものであり、将来推計人口はこのような実績等を踏まえて定期的に見直すこととしている。

(注4) 四捨五入の関係で、足し合わせても100.0%にならない場合がある。

ELDERLY HOUSEHOLD (2015)



- Life Expectancy in Japan (2021)

Women 87.57

Men 81.47

Important Factors for Aging Society

I . Community & Care

II . Physical Environment

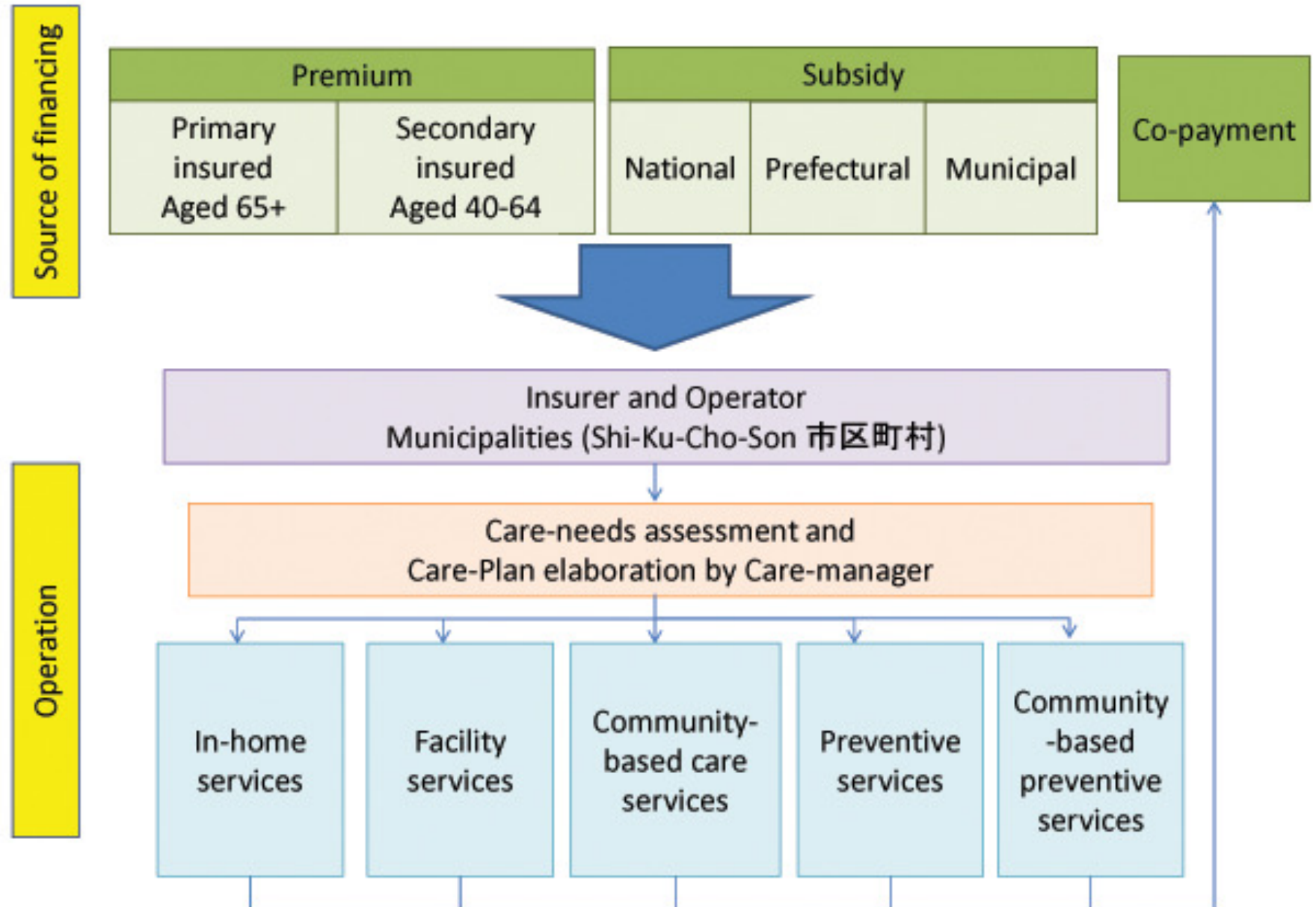
III . Housing

I . Community & Care

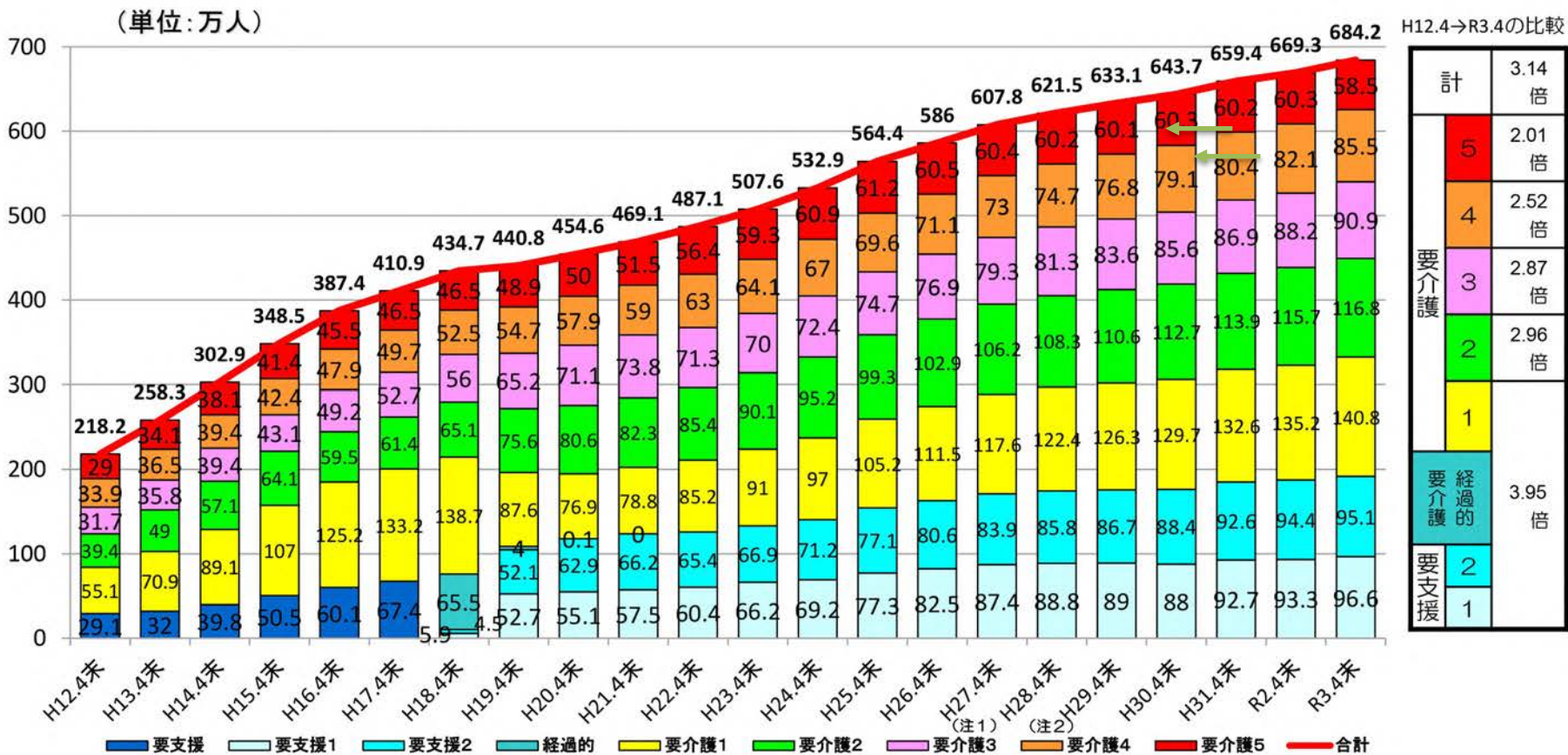
To support the single-person and couple household in the elderly households, some of them need care services connected to medical and nursing care, we need to introduce

The integrated community care system

The system of long-term care insurance in Japan



Increasing the care need in every year



Mildest



Most severe

Flow of procedures pertaining to use of care service

Members (insured individuals) *Foreign residents (living in Japan for a period of more than 3 months, special permanent residents, etc.) are also eligible.

[Category 1 insured individuals] Those aged 65 and over

[Category 2 insured individuals] Those aged 40 to 64

Get a consultation at your local municipality or local comprehensive support center

Checklist

Care (support) need certification

Certified individuals

Uncertified individuals

Nursing care level

Those certified as a care level of 1 to 5

Those certified as a support level of 1 or 2

Not certified (eligible for services)

Applicant meets criteria named in checklist

In-home service planning
*Facility service plans are drawn up by facilities.

Service planning to prevent need for long-term care

Preventive management to root out the need for long-term care

Long-term care benefits

- Home care services**
• Home help service, etc.
• Day service, etc.
- Community-oriented service**
• Small-size multi-functional in-home care service
• Daily-life group care for the elderly with dementia, etc.
- Facility services**
• Social welfare facilities for the elderly requiring care (special nursing home for the elderly)
• Health service facilities for the elderly requiring care, etc.

Preventive benefits

- Home care services**
• Preventing the need for long-term care (visiting care service)
• Preventing the need for long-term care (day rehabilitation service, etc.)
- Community-oriented services to prevent the need for long-term care**
• Preventing need for in-home small-scale and multifunction long-term care
• Preventing need for long-term care (daily life group care service for the elderly with dementia, etc.)

Preventing need for long-term care/living support service projects

- Visiting care services
- Day center services
- Living support services

*Service details differ by municipality.

For more details on available services, see page 22.

General long-term care prevention projects (All elderly individuals qualify to use the facility)

- Preventing long-term care and related education projects
 - Preventing need for long-term care with community-based support projects
 - Community rehabilitation support projects
- *Service details differ depending on municipality

Total project for care prevention / daily-living support (community support project)

<Maximum payout for in-home services>

- ◆ For in-home services, a maximum long-term care insurance payout applies for each service, depending on the level of long-term care required (see chart at right).

Note: The maximum payout is shown in units. The price-per-unit may differ depending on the area or type of service. The chart at right shows costs calculated at roughly ¥10 per unit.

- ◆ If service fees exceed the limit, the user is responsible for the co-payment indicated for the portion exceeding the limit.

Care level	Rough upper limits on monthly insurance benefit amounts
Support level 1	¥ 50,030
Support level 2	¥ 104,730
Care level 1	¥ 166,920
Care level 2	¥ 196,160
Care level 3	¥ 269,310
Care level 4	¥ 308,060
Care level 5	¥ 360,650

The case of Tokyo Metropolitan Government

Services given at homes and others

Regular visits/on-call Visiting care service *

The home helper or nurse visits homes periodically and when requested, to give care and medical treatment, etc.



Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.

Visiting care service at night *

A caregiver periodically visits the home of individuals in need of care or homes that have requested a visit at night to provide care or to look after them.



Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.

Home-visit bathing service

The staff visits those having difficulty in taking a bath in their bathroom and helps them take a bath using, for example, a bathtub brought into the home.



Home-visit nursing

A nurse or other care provider visits the individual in need of care to give them the medical care services and supplementary medical examination service needed.



Home-visit rehabilitation

A specialist in therapy and rehabilitation will visit the individual in need of care to give them training on how to maintain or recover their mental or physical abilities and on how to lead daily life independently.



Healthcare guidance for in-home care

A doctor, dentist, pharmacist, nurse or other medical professional will visit the home of insured family members being treated at their home and provide health maintenance instruction.



Other services

Rental of social welfare equipment

Those certified as a Care Level of 2, 3, 4, or 5

Insured members may rent social welfare equipment such as special beds and wheelchairs to complete everyday activities.



Those certified as a care or support level of 1

Insured members are only able to rent handrails, ramps, walkers, and walking sticks unless dictated otherwise under their Care Plan.

Allowance for social welfare equipment purchases

Since service equipment such as sitting-type toilets and bathing chairs come into direct contact with the user's skin, insured members need to purchase them from a supplier specified by the municipal government.

Insured members must first purchase the equipment with their own funds, but a part of the payment will be reimbursed depending on the cost paid by the user (note that there is a limit to the maximum reimbursable amount).

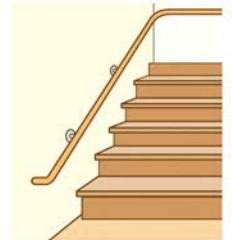


Allowance for home renovation

An allowance for small-scale home renovation such as installation of handrails and elimination of steps is paid.

Insured members must first pay the full cost using personal funds, but a part of the payment is reimbursed depending on the cost paid by the user (note that there is a limit to the maximum reimbursable amount).

* Individuals are required to submit home renovation plans before beginning any renovation. Please contact your municipal office for details.



Services given at facilities

■ Day service, community-based day service *

For those certified as a care level of 1, 2, 3, 4 or 5

The individual in need of care goes to a facility to receive care including taking a bath, eating a meal, etc., to receive recovery therapy, and recreation.

Some facilities offer services to improve oral function, or to achieve dietary improvement and services for those who have cancers or other serious diseases under the supervision of medical specialists.

※ As for small-size day-care limited to groups of 18 or fewer, community-based service is provided as community-based day care.

For those certified as a support level of 1 or 2

Information is provided in "Project for care prevention / living support services" implemented by the local government.

※ Refer to P 22 for details.



■ Health service facility for the elderly requiring long-term care

This facility provides for those who left hospital rehabilitation in order to assist them in being able to independently handle everyday challenges.



Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.

■ Social welfare facility for the elderly requiring long-term care

(special nursing home for the elderly)

Those in need of continuous care who find it difficult to live at home stay at this facility instead. This facility provides assistance with bathing, using the bathroom, eating, and daily chores.

Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.

■ Community-oriented social welfare facility for the elderly requiring care *

(special nursing home for the elderly)

Those in need of continuous care experiencing difficulties in their home life receive care at a small-scale special nursing home for the elderly. Capacity is 30 or fewer. This facility provides assistance with using the bathroom, eating, and daily chores.



Only those certified as a care level of 1, 2, 3, 4, or 5 can use this service.

■ Day service for the elderly with dementia *

The individual in need of care goes to a facility to have the care and function restoring training adapted to the characteristic needs of the elderly with dementia. The purpose of this service is to enable the elderly with dementia to live independently at their home.



■ Day rehabilitation service (day care)

The individual in need of care goes to a medical institution or health service facility to undergo training for keeping or recovering their mental or physical functions and for leading daily life independently.

Some facilities offer oral care or dietary improvement classes.



■ Daily-life group care for the elderly with dementia *

(group home for the elderly with dementia)

Five to nine people with dementia receive care, including for daily life activities, in a homey atmosphere group living format.



Those certified as a support Level 1 cannot use this service.

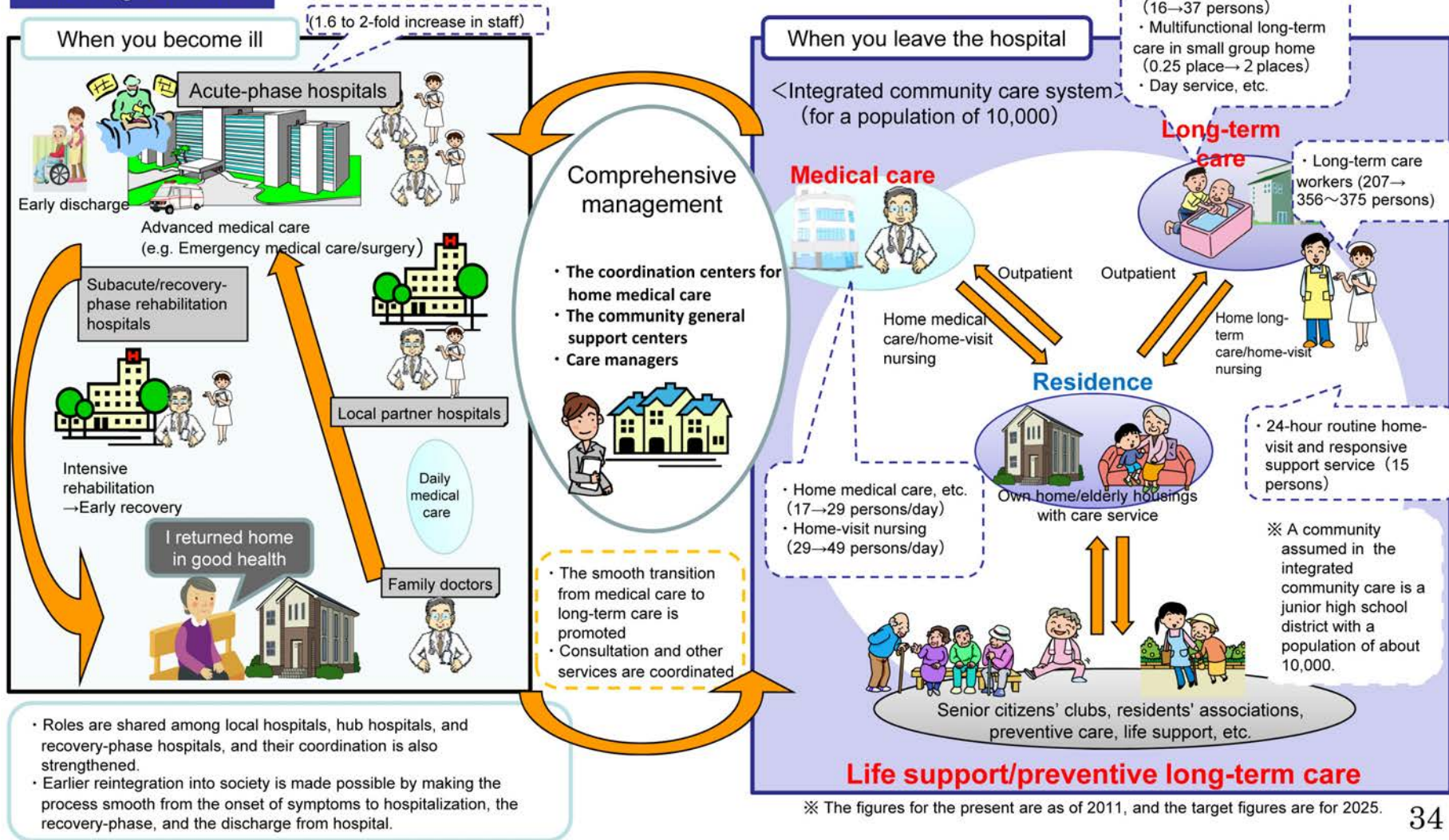
The direction of reform

Improved home medical care and the integrated community care system

- Medical resources are intensively allocated to the highly acute phase care in order to enhance inpatient medical care
- Home medical care is improved and the integrated community care system is set up

Towards a society where anyone can receive appropriate medical/long-term care services regardless of where they live

The image of reform

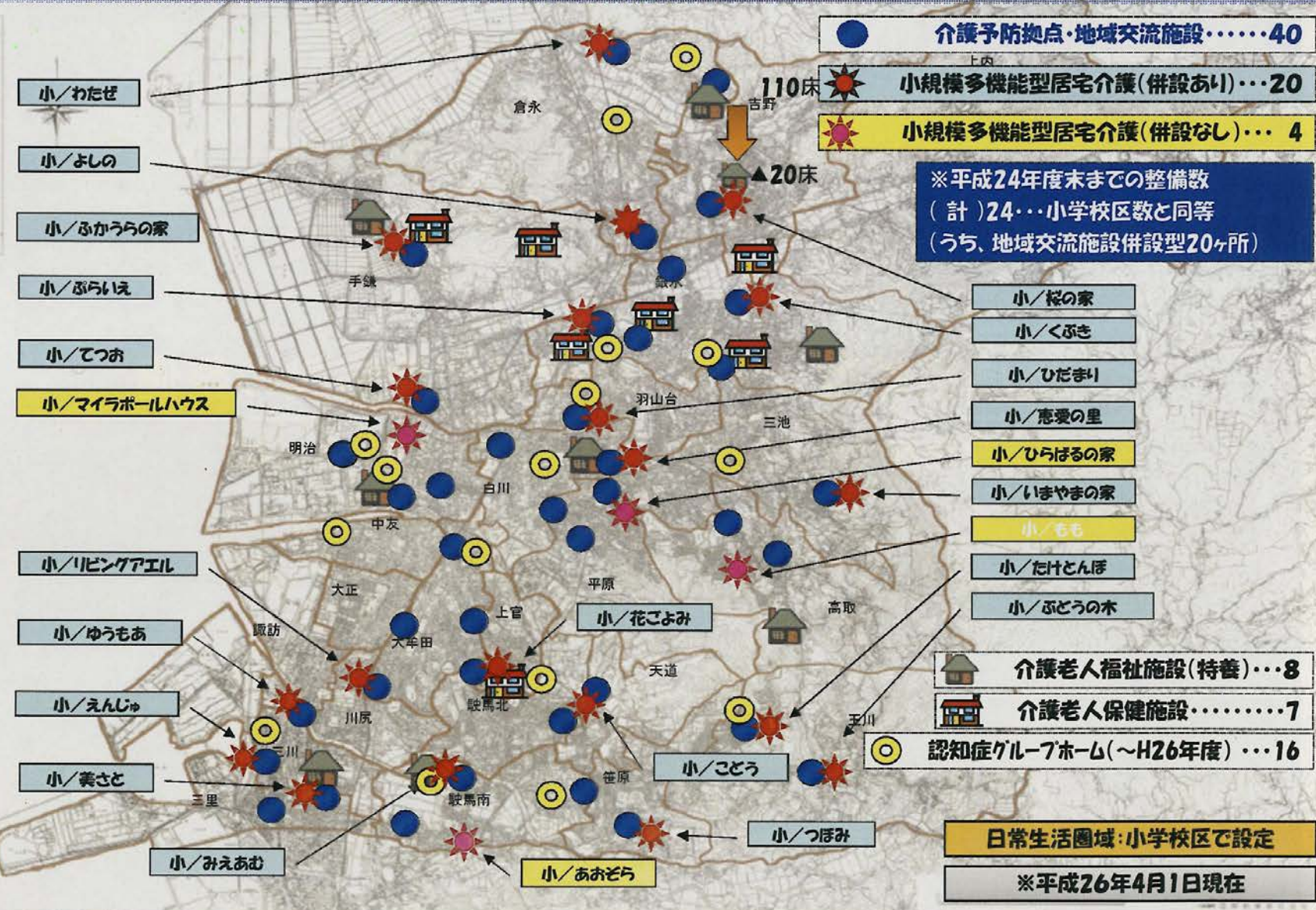


To sustain the integrated community care system

- Proper placement of **medical facilities, long-term care facilities** in community
- Proper placement of the facilities for **the promotion of community** and functioned as third place “**Ibasho**” for the elderly
- **Housing** where the elderly can live till the end of their lives

小規模多機能型居宅介護施設及び介護予防拠点・地域交流施設の整備状況

大牟田市平面図



Proper placement of care and community facilities in Omuta-city



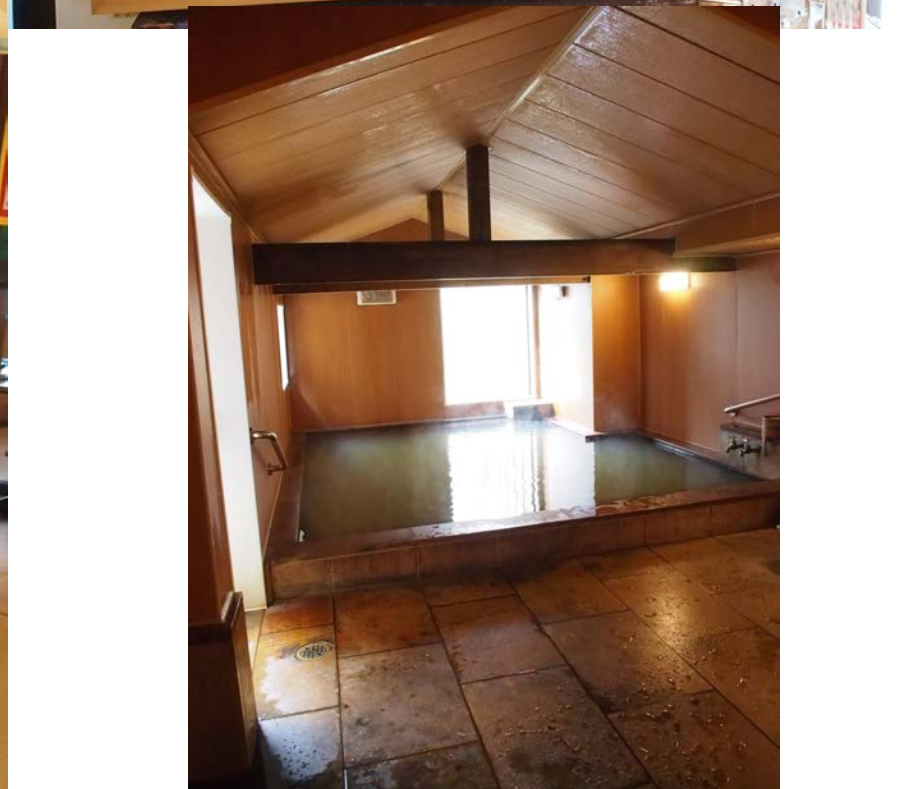


Example of SAIINJI

- Conversion of old temple.
- Day care services for the elderly.
- Work place for the disabled.
- Hot spring and café for community and for the disabled as work place.



心いやす、昔なつかしのなごみのスペース



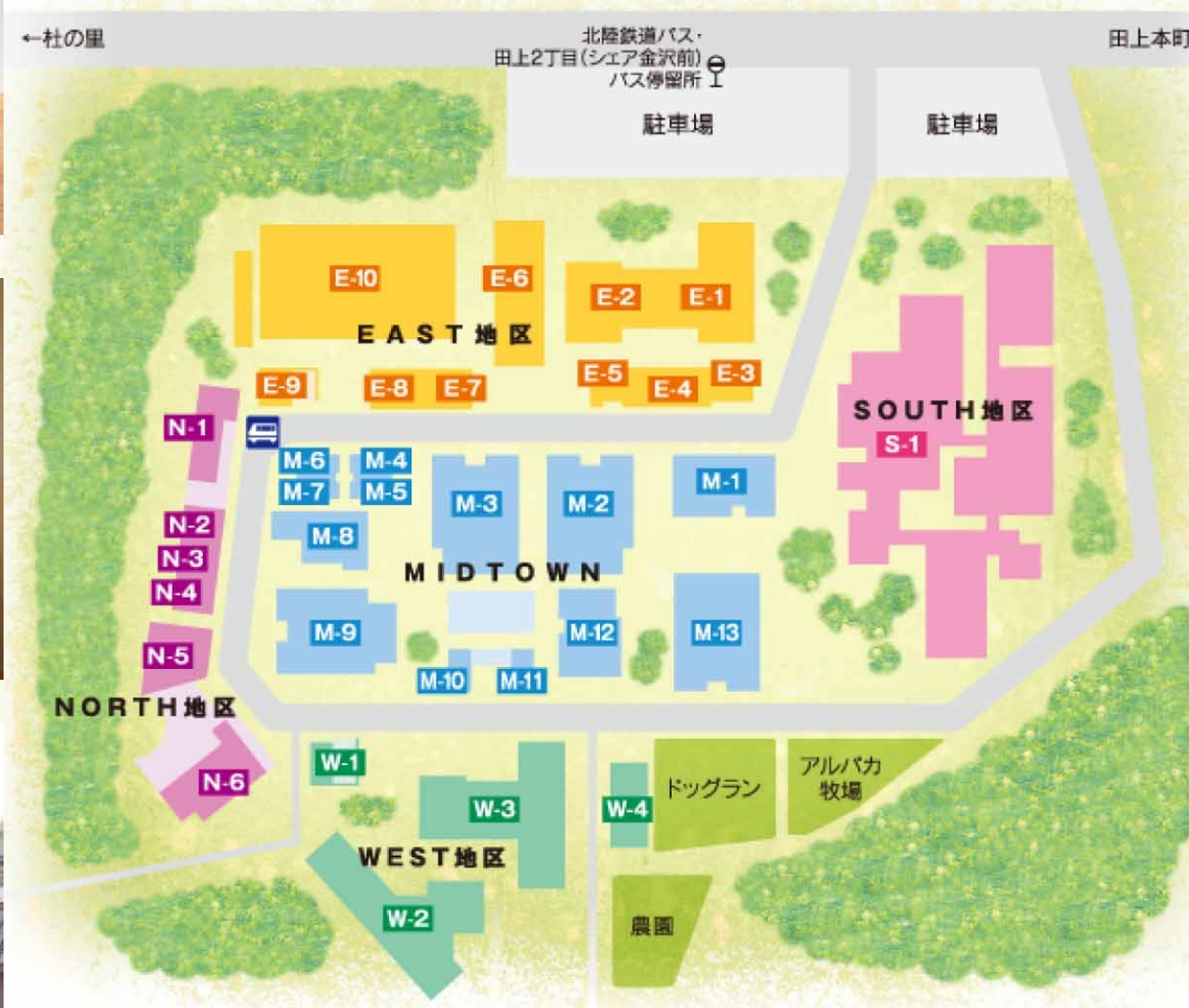
Model of Japanese CCRC - Share KANAZAWA -




Housing and work place for the disabled,
Elderly housing, Students apartments, Day
nursery, Café, Restaurant and so on



シェア金沢 概要 [総面積/約11,000坪]



 バス待合場/子どもたちの通学バス、買物バスのターミナルなど住人みんなが利用します。

II . Physical Environment

December 20 2006,

The Law for Promoting Easy Mobility
and Accessibility for the Aged and
Disabled

(Barrier Free Law) enforced.

Background of Establishment of Barrier Free Law

- Rapid aging population
- Shrinking community

Japanese government aims to built universal society, where all people, including the elderly and the disabled, can live comfortably and participate in social activities.

Barrier Free Law (2006)

1. Basic Policy (Competent Minister)

2. Standards Compliance Obligation, Applicable for New Construction, etc Standards Compliance Effort Obligation, Applicable for Existing facilities

Public transport operators
(passenger facilities, vehicles, etc.)

- Addition of standards for disabled-friendly taxis

- Road administrators (roads)

- off-road parking space administrators and others (off-roads parking spaces)

- Parking administrations and others (Park facilities)

Building owner or like
(special designated building)

Standards compliance effort obligation applicable for new construction, etc. of designated buildings

3. Accreditation of Plan and Regulatory Exception for Designated Buildings Meeting Desirable Standards

4. Targeted and Integrated Implementation of Easy Mobility and Accessibility Measures in Priority Development Districts

• Preparation and submission of proposals for the basic vision

▪ Consultative committee

Agreement on easy mobility and access route

Submission

Consultation

Basic Vision (Municipal Government)

▪ Priority development district ... A designated area in which a facilities used by the elderly, the disabled and others in their daily lives are located

Designated public transport project

Designated road project

Designated traffic safety project

▪ Designated off-road parking space project

▪ Designated urban park project

▪ Designated building project

Other projects

Parking for the Disabled



以下写真提供：東洋大学・高橋儀平

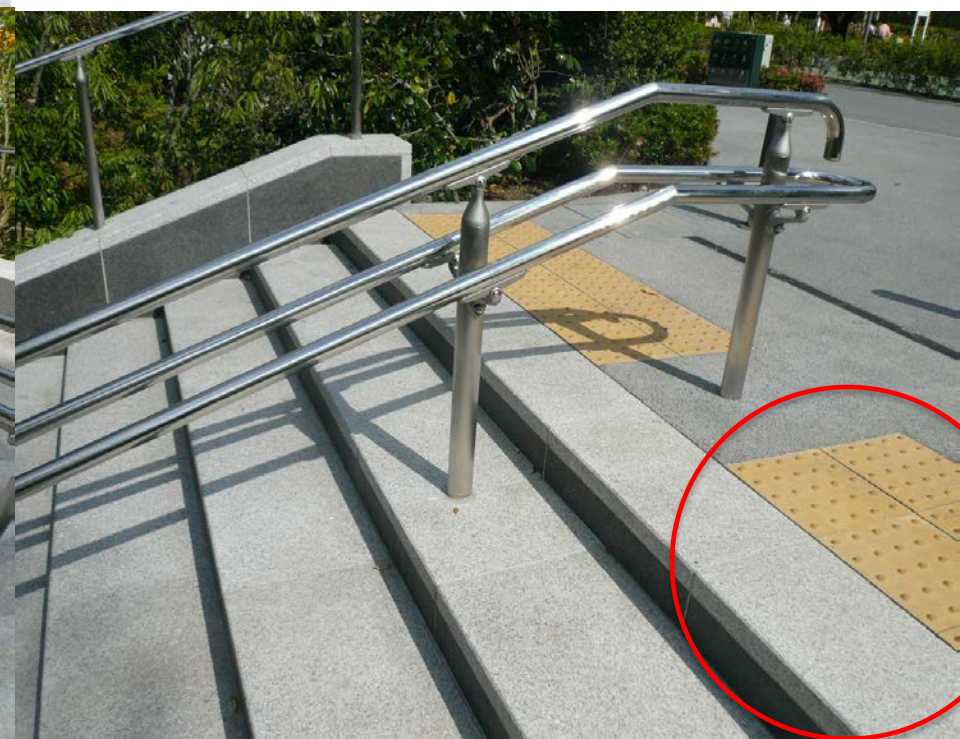
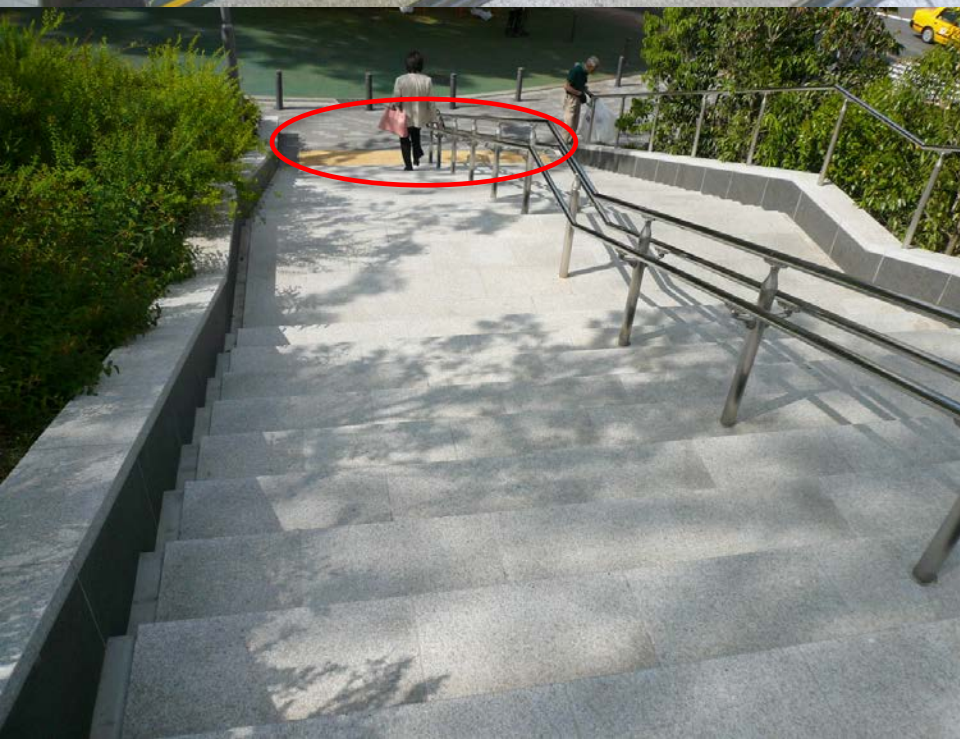
Approach of Building Entrance





字 1 行の場合

Consideration of Stairs





Public sidewalk
and pedestrian
deck around
station





Multi purpose toilet

Standardization of equipment for multi purpose toilet



III. Housing



- Nursing home: Hospital model → Housing model
- Serious shortage of nursing home and rapidly increasing of old-old population.
- Increasing the needs of elderly housing with care service.

Current alternative of elderly facilities and housing in Japan

	1) Intensive care home for the elderly	2) Group home for the elderly with dementia	3) Nursing home for the elderly	4) Moderate-fee home for the elderly (care house)	5) Fee-based home for the elderly	6) Elderly housing with care service
Legal basis	Act for Welfare of the Aged, Long-Term Care Insurance Act	Act for Welfare of the Aged, Long-Term Care Insurance Act	Act for Welfare of the Aged	Act for Welfare of the Aged	Act for Welfare of the Aged	Act on Securement of Stable Supply of Elderly Persons' Housing
Basic Characters	Facilities for the elderly requiring constant long-term care	A shared house for the elderly with dementia	Facilities for environmentally and economically deprived elderly persons	Housing for the elderly with low income	Housing for the elderly	Housing for the elderly
Established by	Local governments, special welfare corporations	Business corporations	Local governments, social welfare corporations	Local governments, social welfare corporations, corporations approved by prefecture	Business corporations	Business corporations
Area per dwelling	10.65 m ²	7.43 m ²	10.65 m ²	21.6 m ²	13 m ²	25 m ²

Overview of the registration system for elderly housings with care service

The Act on Securement of Stable Supply of Elderly Persons' Housing (The Revised Act: Promulgated on H23.4.28/Became effective on H23.10.20)

The number of registered housings: 77,599 (as of October 31, 2012)

1. Criteria for registration (※Fee-based homes for the elderly can be registered)

- 《Hardware》
- Floor area is 25m² or more, in principle
 - Structure/equipment fulfill certain criteria
 - Barrier-free (Expansion of the width of corridors, elimination of difference in level on the floor, and installation of railings)

- 《Services》
- Provision of services (include safety confirmation/daily life consultation services, at least)
[e.g. : Provision of meals and housework assistance (e.g. cleaning and laundry)]

《The content of contracts》

- Shall secure the stable supply of elderly housings, by not permitting business operators to one-sidedly terminate contracts for the reason of long-term hospitalization
- Shall not collect money, except for security deposits, rents, and payments in exchange for services
- Residents shall be protected in regard to advance payments (restriction of initial depreciation, prohibition of receipt prior to completion of construction, obligations for clear indication of preservative measures/reimbursement rules)

2. Obligations of registered business operators

- Issue written documents on service contents and expenses and explain about them prior to conclusion of contracts
- Disclose information on registered matters
- Prohibit misleading advertisement
- Provide service in accordance with contracts

24-hour home-visit nursing/long-term care

"Regular visiting/on-demand response long-term care service" is utilized.

→Founded by the revised Long-term Care Insurance Act

Elderly housings with care service

[Attached facilities]
Clinics, home-visit nursing stations, helper stations, day service centers, etc.

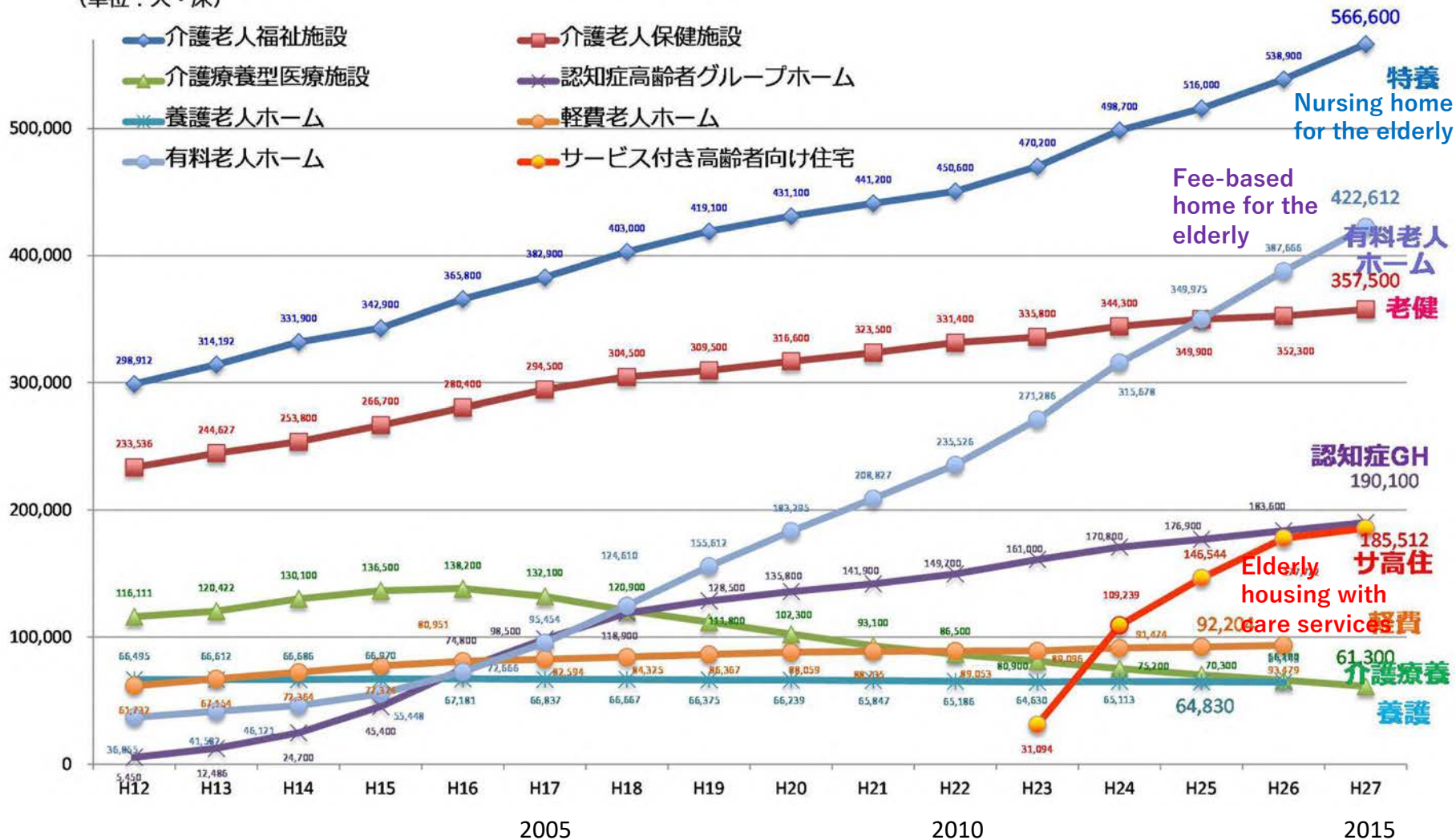
3. Guidance and supervision of the government

- Collect reports and implement spot inspections on offices and registered housings
- Give instructions for rectification regarding business activities
- Cancel registration in case of violation of the instructions and non-compliance with registration criteria



Trends of the number of facilities and housing for the elderly

(単位：人・床)



The elderly housings with care service ①

Cocofump Hiyoshi (Yokohama city, Kanagawa prefecture)

Opened in March 2010

- Land is rented from UR (Urban Renaissance Agency), and the rental housings dedicated for use by the elderly and nursing care offices are integrally constructed. Cram schools are also built on the same property, with the aim of promoting multi-generation exchange among the elderly, children, and local residents.

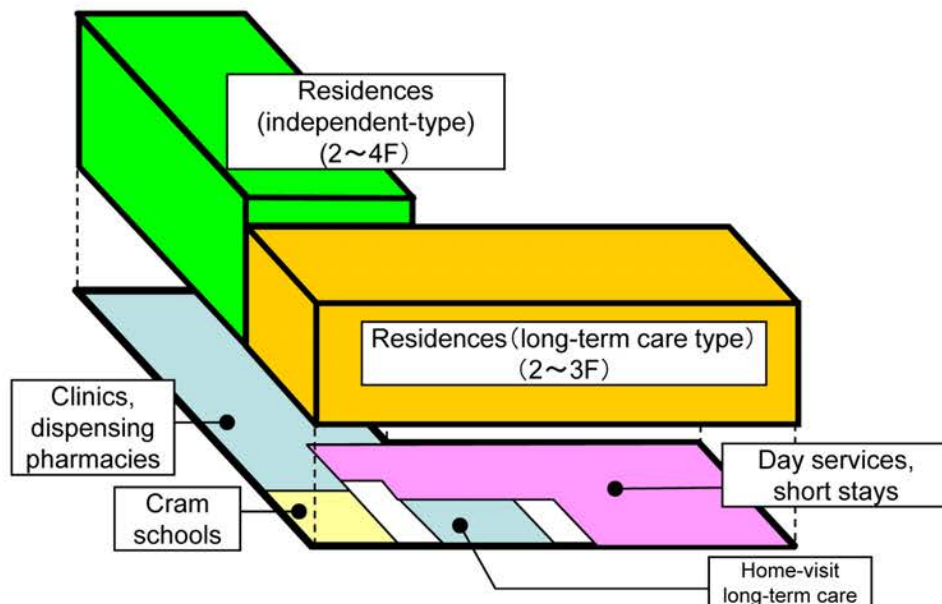
	Independent-type	Long-term care-type
The number of housing	24 units	57 units
The area of housing unit	35.65~70.41m ²	18.06~22.96m ²
House rent	105,000~188,000 yen	75,000~79,000 yen
Community service fee	4,600~7,500 yen	20,000 yen
Service fee	26,250~32,550 yen	32,550 yen

Attached offices, etc.:

Home-visit long-term care, outpatient day long-term care, short-term in-home long-term care support, and cram schools (run by group companies of the Cocofump Hiyoshi's business operator)

Tenants:

Clinics and dispensing pharmacies



The Elderly Housing with Care Service ②

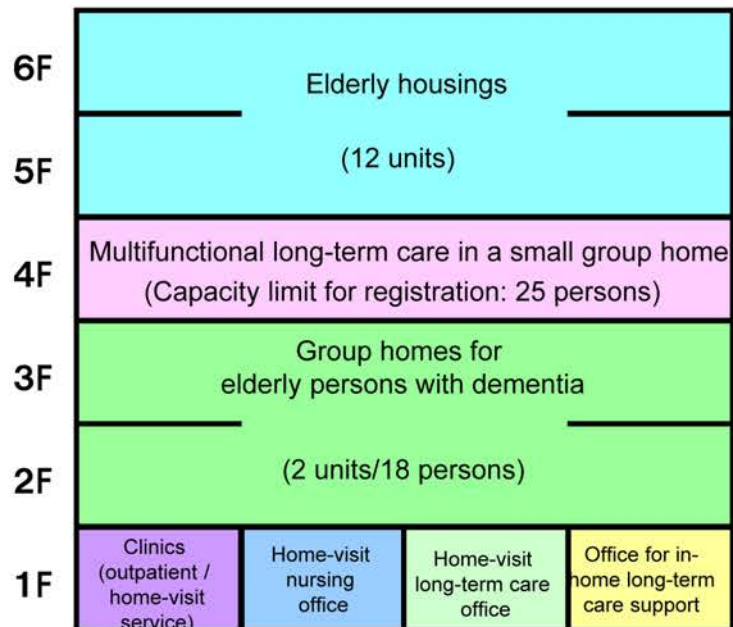
Residence Ajsai-no-oka Opened in March 2008
〈Combined facility for use by the elderly: Care Town Ajsai-no-oka〉
(Hadano city, Kanagawa prefecture)

- Various services are collectively provided including home-visit nursing service based on the community (a core service), rental housing dedicated for use by the elderly, and medical/nursing/long-term care services. Elderly persons with high medical needs can continuously live here for a long-term.

The number of housing: 12 units
The area of housing unit: 31.27~37.30m²
House rent: 135,000~145,000 yen
Administrative maintenance fee: 25,000 yen
(50,000 yen for 2 occupants)
Facilities charge: 15,000 yen

Attached offices:

Multifunctional long-term care in a small group home, group home for the elderly with dementia, home-visit long-term care, home-visit nursing, in-home long-term care support, and clinics (outpatient and home-visit service)



Example of conversion from school to elderly housigng with care service in Omuta



Multi purpose facilities
with day service center and
day nursery



Day nursery



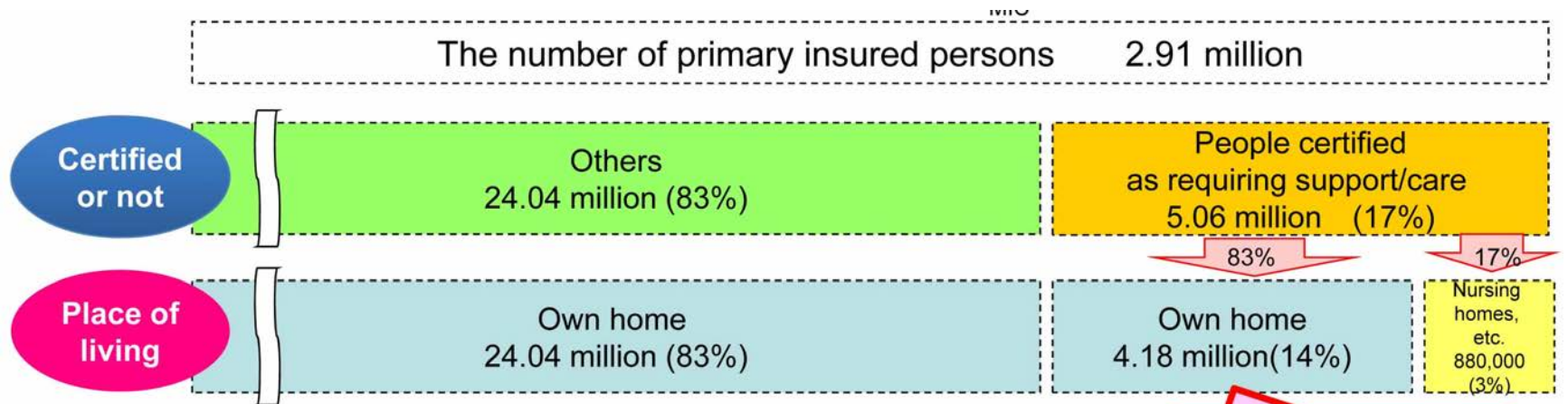
Private room



Corridor



Where is the place of living of the elderly



① The numbers of primary insured persons and persons requiring support/care - Report on Status of Long-term Care Insurance in FY2010

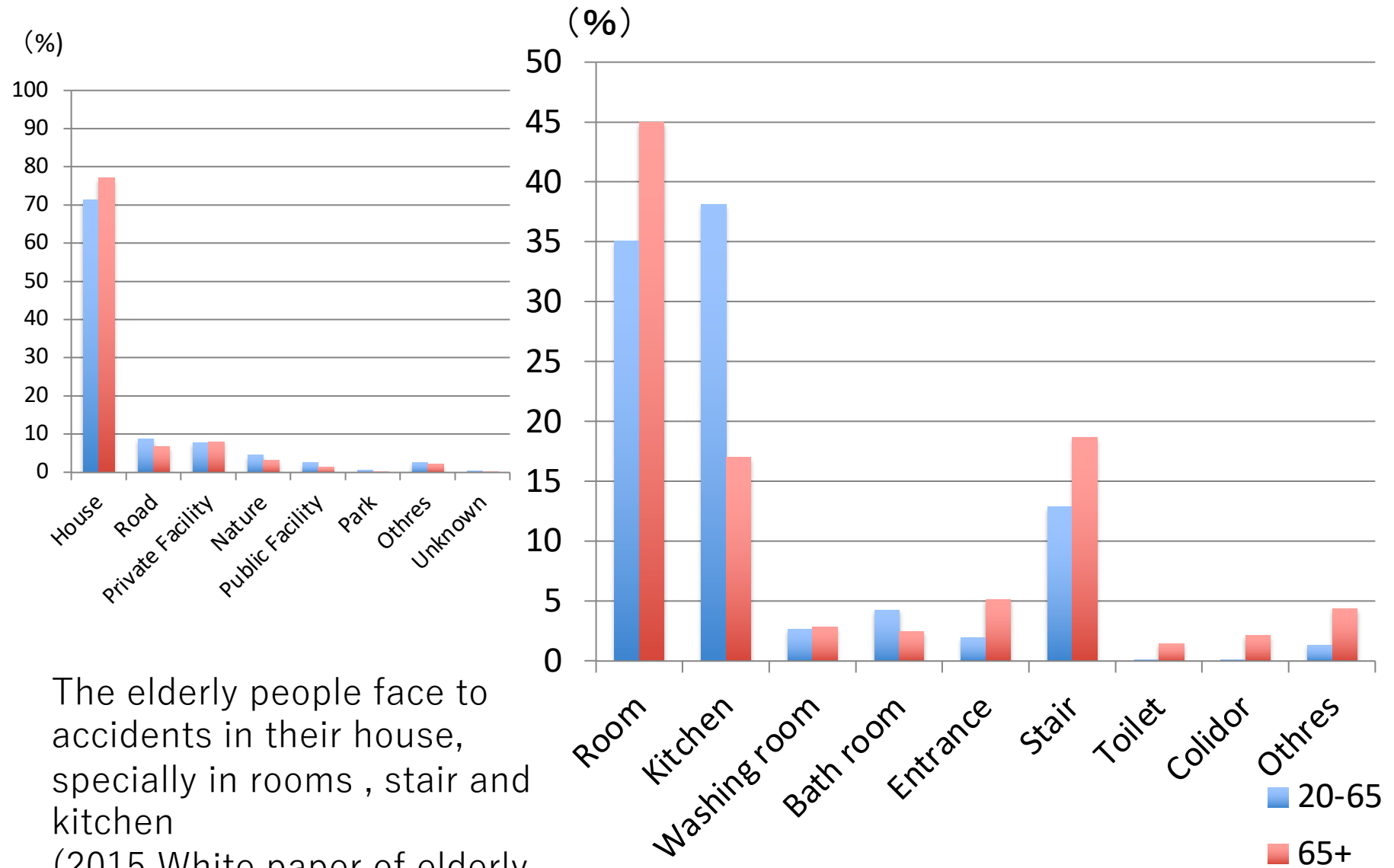
② The number of persons admitted to nursing homes, etc. - The sum of the numbers of people placed in 3 long-term care health facilities and service users of communal daily long-term care for dementia patients (group homes), based on the overview of the results of Survey of Institutions and Establishments for Long-term Care in FY2010

Needs for long-term care for the elderly living at home are high.

97% of primary insured person of long-term care insurance (=65+) live in **their own homes**

→ Many of them are old and barrier-full environment

The situation of Domestic Accidents



The elderly people face to accidents in their house, specially in rooms , stair and kitchen
 (2015 White paper of elderly society in Japan)

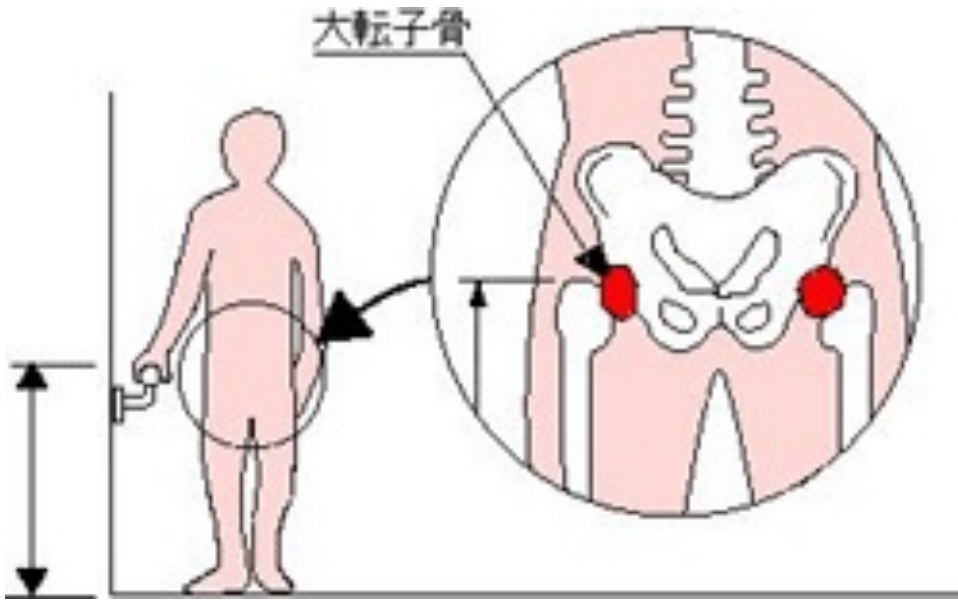
Home Improvements

Payment system of house Improvement costs to the long-term care insurance as the basis

- Installing handrails inside the home,
- Eliminating gaps on the floors,
- changing the material floors and hallways to slipping or facilitate smooth movement,
- changing hinged doors to sliding doors,
- changing Japanese style toilets to Western-style toilets

¥200,00 or less are available in this system

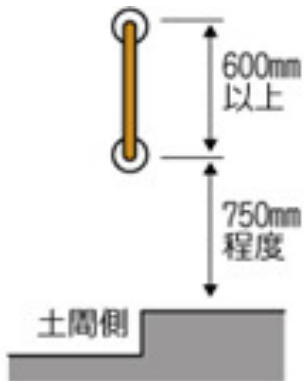
Consideration for installing handrail



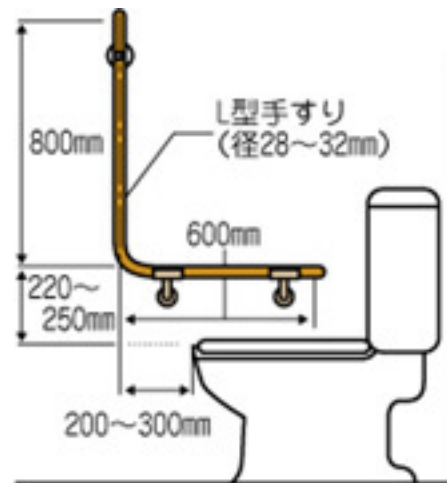
In corridor



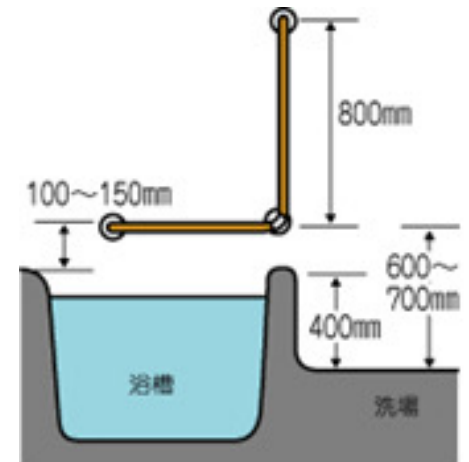
Consideration the edge of handrail



Entrance



Toilet

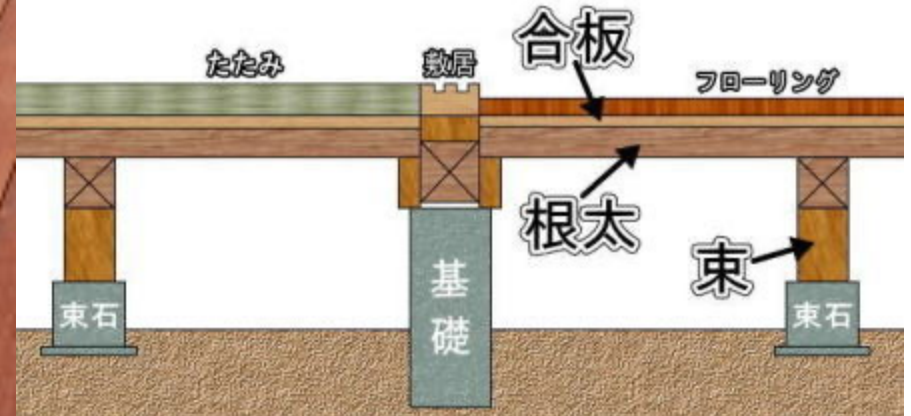


Bathroom

Examples of eliminating gaps on the floor



床段差の断面図



あなたは高齢者の転倒の原因

約91%が

足元によるものだと知っていますか？

高齢者転倒場所ランキング

- 1位 玄関
- 2位 寝室・自室
- 3位 階段
- 4位 居間



For Public Awareness
- Creating the leaflet
by Mizumura Lab-

転倒予防に役立つ！

ちちぶお茶のみ体操 (通称:茶トレ)

～茶トレはひざや腰のまわりの筋肉をきたえ、からだの柔らかさを保ち、転倒予防に効果のある体操です～

効果的に行うポイント

- ・毎日行う
- ・1回にたくさん行わず、何回かに分けて行う
- ・1つひとつの動作をゆっくり行う
- ・疲れる寸前でやめる
- ・正しいフォーム・姿勢で行う

～秩父の名所をお散歩しながら茶トレをしてみたいいかがでしょうか？～



秩父市セーフコム
問い合わせ: 048-622-1111

Discribing about

- ・ Reasons and places of home accidents
- ・ How to protect the accidents
- ・ Way of home improvements
- ・ How to train themselves

【危険な場所ランキング】

1位・玄関

- 段差のつまずき要注意
- 靴を履く際に、片足立ちになるとよろけやすいので注意



川端

奥でた
あがり
あなた
なるな

2位・寝室・自室

- 寝起きはよろけやすいので注意
- 布団のへりにつまずかないよう注意
- トイレに起きたとき、暗い部屋や廊下を歩く際は注意



セキヤ

先
の
照
らす

3位・階段

- 段差のつまずき要注意
- スリッパや靴下を履いていると滑りやすいので注意
- 照明が暗い場合は注意



階段

怖
い
な
い

4位・居間

- カーペットや電気コードにつまずかないよう注意
- 敷居など小さな段差に注意
- 床に置いた新聞や雑誌ですべらないよう注意



運
き
か
ら
な
い

簡単にできる改善例 ～我が家と比べてチェックしてみよう！～



大きな段差には踏み台を！ 取り付け手すりも忘れず種類も多様なので、必要に応じて設置可能！

□ 人感知ライト (センサーライト)



設置するだけで安心！いちいち電気をつける必要なし！コンセントタイプ、置き型タイプなど種類も豊富！

- すべり止め
- 電気類
- 滑り止めつき靴下
- 手すり



階段に滑り止めつけましょう！
まず、足元灯をつけましょう！
スリッパの代わりににはくだけ！
手すりを取り付けしっかりしましょう！

- カーペット用両面テープ
- 配線まとめるバンド
- 踏みつけ板



カーペット用両面テープぜひ活用を！！
コードは一つにまとめましょう！
小さな段差につまずかないように！
踏みつけ板はとも有効です！

In order to achieve
Supportive and Friendly
Environment for Elderly

→ We need **multiple challenging**

Thank for your listening!
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