America's Aging Society Problem: A Look to Japan for Lessons on Prevention

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America’s Aging Society - Demographics

• By 2050 90 million people will be aged 65+, an increase from 40 million in 2012 (National Center for Health and the Aging 2013)

• That’s 21% of the population.

• 70% of older adults are expected to require some form of long-term care for 3 years.

• 90% of older adults will have at least one chronic condition or functional disability.
System of Care in Place

MEDICARE
- Covers short-term acute and post-acute care for persons aged 65+.
- Does not offer long-term care.
- Offers “end of life care”.

MEDICAID
- Provides medical coverage to those people with low income and resources.
- Offers long-term care
  - *for disabled youth &
  - disabled elderly
Dual Eligible

• People eligible for enrollment in both Medicaid and Medicare.
• Common practice of “spending down”
  Medicare $\rightarrow$ $$$ $\rightarrow$ Medicaid & Medicare
Problem-Conscious of Aging Society in U.S.

Aging Specialists
- Aging population as “vulnerable”
- Poor care-infrastructure.
- Concern for abuse and exploitation by care providers and insurance systems.
- Goal - Aging in place

Policy Makers
- Entitlement debates
- Fiscal cliff
- Healthcare delivery
- Goal – Managed care and reducing spending.
Japan’s Aging Society

• Japan is already a “super aged society” with 25.1% of population over age 65 (Japan Times 4.15.14).

• In 1965 for every person aged 65 and over, there were 9.1 people aged 20-64.

• In 2012, the ratio fell to 1 to 2.4. In 2050, 1 to 1.2.

• Largest concern is the aging baby boomer population. As they transitioning into old-old age (75+), they are at higher risk for enrolling in LTCI.
Japan’s System of Care

• National Health Insurance or Employee’s health Insurance for all Japanese citizens and visa holders.


• You pay 10% of LTC costs out of pocket.

• Provides services and support for long term care needs (e.g., at-home nursing care, day care & nursing home enrollment fees, assistive technologies, and home modifications).
Administration of Long Term Care Insurance
Care Levels

- Support Level 1
- Support Level 2

Care Level 1 (light) through Care Level 5 (Bedridden 7d24hr dependence).
Care Managers: Bridge between the policy world and the practical everyday
With the current LTCI system in place, providing care to the millions of baby boomers transitioning into old-old age in 2030 would be crippling to Japan’s LTCI system and the economy.
Problem Conscious of the Aging-Society in Japan

Aging Specialists
- Fear of too many seniors in need of care and lack of resources to provide that care.
- Health promotion among seniors
- Community-based care and aging in place
- Social capital
- Physical and mental activity

Policy Makers
- Fear of too many seniors in need of care and lack of resources to provide that care.
- Health promotion among seniors to compress time spent in need of care.
- Cutting back on extraneous LTCI services
- Establishing infrastructure for aging-in-place and community-based care
地域包括ケアシステムの姿

病気になったら…

- 急性期病院
- 亜急性期・回復期リハビリ病院

日常の医療:
- かかりつけ医
- 地域の連携病院

通院・入院

通所・入所

介護が必要になったら…

- 在宅系サービス:
  - 訪問介護
  - 訪問看護
  - 通所介護
- 小規模多機能型居宅介護
- 短期入所生活介護
- 24時間対応の訪問サービス
  - 複合型サービス
    - (小規模多機能型居宅介護+訪問看護)等
- 介護予防サービス

※ 地域包括ケアシステムは、おおむね30分以内に必要なサービスが提供される日常生活圏（具体的には中学校区）を単位として想定

住まい

- 自宅
- サービス付き高齢者向け住宅等

相談業務やサービスのコーディネートを行います。

生活支援・介護予防

老人クラブ・自治会・ボランティア・NPO等

Source:
http://www.mhlw.go.jp/topics/kaigo/yobou/dl/kaigoyo bou.pdf
New Care Prevention System 
(as of 2014)

• Support Level 2 (Previously covered by LTCI)
• Support Level 1 (Previously covered by LTCI)
• Prevention Level 2
• Prevention Level 1
## Basic Checklist (Kihon Checklist)

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Can you buy household goods for everyday use by yourself?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Can you withdraw and deposit money without help?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Do you visit your friends' homes?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Do you give advice to family and friends?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Can you climb stairs without holding onto a handrail or wall?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Can you get up from a chair without grabbing hold of something?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Can you walk continuously for about 15 minutes?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Have you fallen in the past year?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Are you worried about falling?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Have you ever lost more than 2 or 3 kg of weight in a six-month period?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Your body mass index (BMI) is less than 18.5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Example (if your weight is 50 kg, and your height is 155 cm):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BMI = Weight (kg) / height (m) / height (m)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BMI = 50 / 1.55 / 1.55 = 20.8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Compared to six months ago, do you find it more difficult to eat solid foods?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Do you sometimes choke on tea or soups, etc?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Are you concerned about constantly being thirsty?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td>Do you go outside your home more than once a week?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>Compared to last year, do you go out less frequently?</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Are you often told that you are forgetful, such as being reminded, “You always ask the same thing”?</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Social Opportunities
Exercise Class
Public Health Events for Seniors
Silver Industry Forming Around Prevention
Differences to consider

• Different mentality among seniors and relationship to government.
  – In Japan, interest and participation rate in care-prevention among seniors is high.
  – Particularly among generations over 65 there is an established trust in the government.
  – In America, group mentality is lacking and general distrust of government among seniors.

• In U.S. policymakers and aging specialists conceptualize the aging society problem and needs of the aged differently. In Japan, they are united, leading to more streamlined evidence-based policy.
Similarity

• How to deal with a large aging population.
• Both Medicare and Medicaid in the U.S. and LTCI and New Care-Prevention System in Japan are social insurance programs paid for by taxes and regionally managed to meet specific socio-economic and demographic conditions. Both countries have goal of keeping spending down.
• Both countries have strong research centers and organizations interested in the health and wellness of the senior population.
Relevant Organizations for Building Care-Prevention Foundations in U.S.

- National Council on Aging
- Robert Wood Johnson Foundation
- National Prevention Council created under the Affordable Care Act
- Healthy People 2020
- Partnership for Prevention
- Urban Institute
- AARP
- LeadingAge
- Gerontological Society of America
- MedPac
- Administration for Community Living
- National Center for Health and the Aging
- National Center for Assisted Living
- American Health Care Association
Organizations for Future Collaboration with Japan

• Kanagawa Prefecture Government
• Tokyo Prefecture Government
• Tokyo Metropolitan Institute of Gerontology
• Tokyo University Institute of Gerontology
• National Center for Geriatrics and Gerontology, Aichi-ken
• Mitsubishi Electric Corporation
Prevention Works

Prevention targeting age-related illnesses have been proven to increase the length of healthy life expectancy – reducing disability, increasing independence, delaying disease onset, compressing time spent in need of care, and improving mental health and cognitive function (see Buchner 2012; Fries et al. 2005; Ory et al. 2013; Lorig et al, 2001; Gordon and Galloway 2008; Sofi et al. 2011; Miyachi 2013; Miyachi 2012; Fried et al. 2004; Fujiwara et al. 2009; Fujiwara 2013; Ito 2013a; Ito 2013b).
It follows that intervention into lifestyle and behavior, even in old-age, could decrease time spent ill and in need of care – potentially driving down total healthcare costs (Kirkwood 2008; Fries et al. 2005), and offering a cost-effective way to improve public health and quality of life (Goetzel et al. 2007; Rappanage et al. 2010).
Prevention Initiatives Started Under Affordable Care Act: “Building a culture of health”

• Medicare reimburses costs for Annual Wellness Visits for medical screenings and vaccinations.
• Intensive Behavioral Therapy for Obesity
• Medicaid reimbursement for costs associated with quitting smoking.
• Establishment of National Diabetes Prevention Program and Prevention and Public Health Trust Fund to fund obesity and diabetes prevention programs on regional and national level.
• Health and wellness promotion that encourages self-insured employers to financially incentivize employee participation in wellness programs.
Aren’t our seniors vulnerable too?

Why not target seniors as well?

Many age-dependent diseases have been proven to respond to simple acts of prevention like changes in diet, regular exercise, and social activity.

Why aren’t we doing more?
Issues

• General focus on children and child development among NPO, funders, and government. Has “big-impact” factor.
• Major issue of no home-base from which to work. Children are in schools, and adults are at work. Where are seniors?
• Seniors have no unifying feature such as background or common interests.
• Their health is precarious and situation unstable so program commitment rates are low.
• Incentivizing – how can we motivate people to do something they don’t want to do?
Some First Steps

• Identify home-bases for local senior organization and networking
• Identify charismatic leaders
• Find a social narrative that can motivate seniors to take part in prevention programs.
• Spur growth of silver market
• Establish an actual or virtual HUB for regional distribution of national health information and networking.
The stage is set for a policy that targets and empowers older adults aged 65 and over to make lifestyle choices that will prevent behaviorally-based diseases such as frailty, obesity, diabetes, and high blood pressure. These diseases can successfully be avoided in large numbers of young-old through the promotion of exercise, social activity, dietary changes, health education, and regular health screenings.
Bibliography

Thank You