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

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It is estimated that by 2050, 21% of the U.S. population will be over the age of 65. With approximately 70% of this population expected to require some form of long-term care for at least three years, along with an estimated 91% of older adults with one chronic condition and many more with functional limitations, the United States is poised for epidemic levels of elderly in need of care. The government, industry, and individuals are asking: "How are we going to provide and pay for this care?"

Ender Ricart, Japan Studies Visiting Fellow at the East-West Center in Washington, explains that "If we look to Japan as an example, America could benefit from enacting like-minded policies that target and empower older adults aged 65 and over to make lifestyle choices that will prevent behaviorally caused diseases."

America is not alone in asking this question. In the last two decades, Japan has seen a dramatic decline in birth rates, a rise in life expectancy, and the retirement of its own baby boomer generation. With a quarter of its population over the age of 65, Japan is one of the world's leading aged nations, and has already crossed the demographic threshold that is still looming for the U.S. Since the enactment of national and socialized long term care insurance (LTCI) in 2000, old-age care has increasingly become synonymous with "dependence on LTCI." As Japan's future economic and demographic situation continues to grow bleaker, limiting the number of elderly in need of care has gained increasing precedence.

Given the Confucian cultural tradition of family-based care for elders, the government's initial assumption was that the use of LTCI services would be low, giving them time to build-up the necessary care-infrastructure to support future growth. But, within the first few years, LTCI enrollment was off the charts, incurring higher than expected total costs. The primary enrollees were seniors with relatively light conditions, requiring minor assistance with activities such as food shopping, bathing, and cooking. Gerontological research demonstrated that many of these light conditions were gateways for further mental and physical decline, leading to heavier care burdens, but also that with proper diet and exercise, those conditions could be improved, or even prevented. The national government has dedicated significant funds to gerontological research on the first-causes of physical and mental decline in old age, means of intervention, and innovations in community-based care-prevention delivery systems. Subsequent LTCI policy revisions in 2006, 2012, and 2015 have all focused on old-age related disease and disability prevention.

Japan's LTCI revisions decreed the nation-wide establishment of support networks for aging residents, termed Community Comprehensive Support Centers (*chiiki hōkatsu shiensentā*) in each municipality. Together with regional governments, they are responsible for establishing and managing the early-detection and intervention system of care-prevention. In the most recent LTCI reform of April 2014 (2015 enactment), a separate policy system for prevention, "New Care-Prevention System," was established, formalizing the responsibility of the regional, as opposed to the national, government to design, promote, and run community-based prevention programs for resident seniors.

The New Care-Prevention System utilizes annual surveys distributed by the local government to identify resident elderly "at risk of enrolling in LTCI," and solicits them to take community-based courses for health promotion, exercise, and social participation. For example, a senior who has difficulty walking to the store each day to go food shopping is considered at risk for

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enrolling in LTCI, and is targeted for participation in a community strength-building exercise class. The Community Comprehensive Support Centers offer exercise courses and educational courses on proper nutrition for seniors, oral health, and continued education to promote “mental training.” The centers also function as social venues for seniors to gather and talk over tea and treats. Regional governments provide funding for the creation of community spaces, buying out commercial or private buildings to create designated social-spaces called “Salons” for community events. Major participants in such venues include seniors as they have the free time to dedicate to such activities. A community that fosters opportunities for seniors to socially engage, also builds social capital, fosters a sense of self-worth, and encourages the regular use of one’s body and mind. For Japanese gerontologists and seniors, continued activity in old age is the key to mental and physical well being and quality of life.

The current healthcare environment in the U.S. is beginning to implement prevention-based healthcare policy to combat lifestyle diseases. The Patient Protection and Affordable Care Act (PPACA) has made various policy changes to Medicare and Medicaid, expanding coverage to include the treatment and prevention of some lifestyle diseases. While awareness and use remains low, Medicare will reimburse costs for health screenings during Annual Wellness Visits (AWV), encouraging early detection and intervention in potentially disabling age-related diseases. Unfortunately, concern for the aging society problem in America is confined to aging-studies specialists. The problem-consciousness among American policymakers of the issues associated with an aging society remains a matter of entitlement debates and cost-containment for Medicare and Medicaid expenditure, and not a question of how such spending might be reduced through targeted lifestyle intervention among seniors.

If we look to Japan as an example, America could benefit from enacting like-minded policies that target and empower older adults aged 65 and over to make lifestyle choices that will prevent behaviorally caused diseases such as frailty, obesity, depression, diabetes, and high blood pressure. These diseases can successfully be avoided in large numbers of elderly through health education, regular exercise, social activity, dietary changes, and the more routine use of health screening. Notable innovative community initiatives have been organized by non-profit organizations such as the Community Partnership for Older Adults under the Robert Wood Johnson Foundation and the various programs organized by the National Council on Aging. However, without top-down directives for state-level implementation of community-based prevention and support systems for seniors, the development and spread of such an infrastructure will depend upon fragmented bottom-up local initiatives, many of which fail within a few years due to unstable management, weak networking, and low participation.

Japan utilized the already existing social welfare infrastructure of municipal governments and community centers to build hubs for the New Care-Prevention System. They reached out to local businesses, care providers, and non-profit organizations to expand service and coverage to cater to the needs of at-risk seniors. To increase public awareness the national government employed TV, newspapers, regional health centers, and care providers to educate the general population about old-age lifestyle disease prevention. With the ACA, the focus of healthcare policy in the U.S. has indeed begun to shift from disease-centered treatment to include disease-prevention. A focused public-health campaign to combat old-age lifestyle diseases is a natural next step. With isolated old-age health promotion initiatives already underway and the turn to lifestyle-disease prevention in America’s medical approach, what is needed now are coordination centers to ensure the targeted creation, continuation, and expansion of old-age disease prevention services and support for America’s aging baby boomers.

There are a few linkages between the U.S. and Japan that can serve as starting points for future collaboration and coordination about old-age lifestyle disease prevention. Aging studies scholars and gerontologists at University of Hawai’i collaborate with the Okinawa Research Center for Longevity Science, and Michigan State University with Tokyo University and the Tokyo Metropolitan Institute of Gerontology. Research exchange remains focused on old-age care and care delivery methods and not specifically prevention, but it is possible to use these existing networks for such purposes.

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