

Theme 2 "Enhancement of Welfare and Medical Treatment Supported by the Communities"

Participating Local and Regional Governments	China: Shaanxi Province, Xi'an City, Suzhou City Korea: Gyeonggi-do Province, Chungcheongnam-do Province, Gyeongju City Japan: Fukui Prefecture, Shizuoka Prefecture, Tottori Prefecture, Tokushima Prefecture, Kagawa Prefecture, Nara Prefecture, Kofu City, Nara City, Tenri City, Gose City, Katsuragi City, Miyake Town, Asuka Village, Koryo Town, Shimoichi Town
Related Organizations, etc.	Economic Research Institute for ASEAN and East Asia (ERIA), Japan External Trade Organization (JETRO), Japan International Cooperation Agency (JICA), The Japan Institute of International Affairs (JIIA), Ministry of Health, Labour and Welfare, UNION OF KANSAI GOVERNMENTS, Kindai Univ.
Lecturer	MIYAMOTO, Taro Faculty of Law Professor at Chuo University, Professor Emeritus in Hokkaido University

Speech by Lecturer



MIYAMOTO, Taro Faculty of Law Professor at Chuo University, Professor Emeritus at Hokkaido University

From the perspectives of social security and welfare, I have a strong impression that local and regional governments in East Asia is connected in sharing the same problems. In Japan today, the year 2040 problem has become a major focus. In 2040, it is expected that the elderly population will reach 39 million, patients with dementia will also exceed 8 million, and the ratio of working generations to the older generation will be approximately 1.5:1. While an increasing number of the aged population will be unmarried, poorer, and suffering dementia, even working generations will suffer from

immiseration and widening disparity. Due to the reduction of the power to support the elderly, the working generations may look as if they were doing weightlifting rather than giving a piggyback ride.

These problems will also actually emerge in the East Asian countries. Further, the unique characteristic of the aging in East Asia is its extremely high pace compared to Europe.

We should not take it for granted that some people are supported and others give support. The question is how to increase the healthy population across all generations. However, in Japan, a large part of social security expenditures is used to make up for the shortfall in funds for social insurance. There is a limit to the money that can be freely spent by local and regional governments to support elderly and working generations.

In addition, an increasing number of people in communities across generations have fallen into the gap between the social insurance mechanism for those who can work and livelihood protection. They can be called a new needy group. There is also a growing number of people facing multiple difficulties such as nursing of old parents, irregular employment, and depression, who are not supported nor demonstrate the power to support their communities. It has become a task for local and regional governments to figure out how to vitalize these people.

I think the question will be how local and regional governments will increase the healthy population across all generations by service benefits not by cash benefits. They should shift from "welfare of protection" by responding to typical risks with social insurance and by securely protecting the needy with shells, to "welfare of vitalizing people," so to speak, giving them wings, by providing support personalized for those with multiple difficulties. It is necessary to provide comprehensive support across vertically-divided divisions and propel the creation of places where people can be vitalized.

The Japanese government is promoting a shift to "welfare of vitalizing people" under the vision of local symbiosis society. It is beneficial to town development to provide comprehensive consultation and support beyond vertical division for each system and field and to create places for activities beyond the distinction between those who receive supports and those who give them. From such perspective, the independence support system for the needy to cut across vertical boundaries was enforced in 2015.

One example of the comprehensive consultation and support is the initiative in Nabari City, Mie Prefecture where five area directors belonging to vertical divisions are working together to provide assistance. Further, "health rooms in communities" are placed in all elementary school precincts to establish a structure enabling PTAs, residents' associations, local welfare officers, etc. to cooperate with each other in each elementary school precinct.

In the creation of places to vitalize people, it is necessary to think about opportunities to work in ways different from regular employment. For example, in a day-service for dementia patients in Machida City, Tokyo, recipients of nursing care insurance participate in communities as supporters through their work.

In the United Kingdom, it's receiving public attention that, in medical fields, an initiative for "social prescribing" is being taken through which general practitioners not only prescribe medicines for their patients, but also connect them to town planning, working activities, and so on. Further, an increasing number of local and regional governments are promoting child-senior integrated services.

A wide range of new working styles has been developed, and I think it is important to provide more people with places for activities.

Case Presentation



Koryo Town, Japan

Developing interaction among residents through health promotion activities

Koryo Town is aiming to become a community with healthy and happy residents, where interaction among individuals is flourishing. As such, we are working with regional universities, educational institutions, and related organizations to undertake various projects focused on linking people together.

Our regional touring health classes, Koryo Genki Juku, are taught by health nurses, and open to participation by any of our residents. The classes aim to improve residents' diets, promote exercise, and encourage interaction.

We are also training what we call Koryo Town Preventive Care Leaders (KEEP)—volunteers who use exercise to promote preventive care—to offer support to residents so that they can improve their health independently, and reinvigorate their self-help and mutual aid capabilities. These activities are naturally developing into a form of regional monitoring.



Suzhou City, China

Promoting welfare-medical partnerships to offer considerate senior welfare services

As the condition of the city's aging population continues to worsen, we are developing joint senior welfare and medical services to improve QOL and give life a sense of purpose.

Senior welfare facilities are working to effectively combine medical and welfare services for residents who find it difficult to undergo checkups or be admitted to hospital.

For senior welfare within the community, we are considering the entire region as a "senior care home without walls," providing lifestyles services, combining recreational activities with preventive care, and moving forward with the smartification of home treatment services.

With regards to regional medical services, we are making use of medical records, and creating an environment in which checkups for seniors are prioritized.



Xi'an City, China

Senior welfare and medical services aimed at promoting long and healthy lives

As the city's population continues to rapidly age, Xi'an is promoting a range of health-focused initiatives to help residents live happier, longer lives.

To promote healthier habits in the home, we are offering our support so that citizens can review their nutritional balance, encouraging them to take health checkups, and managing their chronic diseases. At the community level, to promote an altogether healthier environment, we are offering help to the poor, advancing barrier-free facilities, and considering making public transport free to use.

We are also building large public hospitals, enhancing nursing facilities, improving policies, and training human resources, all with a view to help residents live longer lives, and live their later years with peace of mind.

The Exchange of Opinions

1. Transitioning from welfare that protects, to welfare that makes people happy

(1) Creating regions full of life

- The concept of regional convivial societies is an expansion of the comprehensive regional care system. For example, when considering how to create a space to reenergize elderly citizens, thinking only in terms of senior welfare won't get us very far. It will be desirable to involve interaction with children in the process, and to do so we should enlist the help of relevant departments. To secure employment opportunities, we must also bring in local financial circles. Further expanding the framework in this way is key to the realization of a convivial society. (Lecturer, MIYAMOTO)
- The welfare budget in Korea accounts for about 30% of the total budget. Although elderly citizens are eligible for around 300,000 won per month in pension, it isn't enough to sustain their livelihoods. To encourage elderly citizens to participate in society and secure sources of income, we are working to promote employment for the elderly so that they can live more comfortably on their own salaries and pension.

 (Gyeongju City, Korea)
- For the past few years in Nara Prefecture we have engaged in Senior College activities. Aimed exclusively at seniors, for 10,000 yen a year, senior students can participate in classes, held at prefectural universities, which are based on the high school curriculum. Since the initial opening, the number of applicants has almost rapidly increased from about 200 participants to about 2,000 participants. At present, classes are held in the northern and central areas of the prefecture, and we plan to open further classes in the south of the prefecture. Seeing senior citizens on campus enthusiastically preparing for their lessons has been a source of inspiration for the younger students. This is one good example of how to reenergize senior citizens on a low budget.

 (Nara Prefecture, Japan)
- According to data from the Cabinet Office, the National Institute of Population and Social Security Research, and elsewhere, around 15% of single senior males only have the opportunity to interact with other people less than once every two weeks. There appears to be trend whereby, worried about their former social status, senior males fail to interact with one another, leading them to spend more and more time alone. Key to each region's future will be breaking through this barrier and making senior males important regional assets.

 (Lecturer, MIYAMOTO)
- In Japan, senior males tend to fall into social isolation. On the other hand, females—especially unmarried and divorced single females—due to their not being able to sufficiently contribute to their pension when they were younger, by 2040, around half are expected to be on an income that is lower than the standard that necessitates public assistance. With males isolated from society, and females struggling to get by, each region must make sure they are thoroughly prepared for these eventualities.

(Lecturer, MIYAMOTO)



(2) Intergenerational interaction and a healthy body and mind

- In France, a famous NPO that facilitates intergenerational interaction is encouraging university students to spend time with the elderly. One of the examples is if they eat dinner with these elderly citizens for half the week, their room rent is cut in half; if they spend the whole week with the elderly, then their room rent is made free. Similar examples exist in Japan, such as Share Kanazawa. Here, local art students are given apartments with studios, with the condition being that they must volunteer to support senior citizens and citizens with disabilities. Students are commenting how the connections they are making through volunteer work are becoming more enjoyable, and the program is flourishing. (Lecturer, MIYAMOTO)
- O Services that promote interaction between generations are incredibly significant. In Gose City, we have used open spaces along the shopping arcade to host shogi games, and we are seeing children and seniors competing against one another, which must be incredibly enjoyable for the youngsters. This sort of opportunity should be widely promoted. (Gose City, Japan)
- Although there are no universities in Gose City, we have teamed up with Kwansei Gakuin University, and their students are contributing to community development in a range of different ways. Our senior citizens are over the moon, and just seeing students walking through our streets puts a smile on their faces. This sort of interaction will no doubt lead to lower suicide rates among the elderly population.

(Gose City, Japan)

- We at Koryo Town are working with Kio University to bring the young and the elderly together through the KAGUYA Project, through which we hope to build a community where all ages can live in happiness. As one part of the project, students from Kio University have formed a health support team. Through physical fitness and other events, students are communicating with seniors from the region and getting a real look at their ways of life. As a learning opportunity, these efforts are having a positive influence on the students.

 (Koryo Town, Japan)
- Although the links between the two are not concrete, regions with a high alcohol intake also have a higher suicide rate. Particularly for senior citizens, lower incomes no doubt reduce their desire to be active. We believe that the health of a region also as an effect on suicide rates. Preventing excessive alcohol intake among the elderly, and creating communities where they can live healthily and consider their health independently, will surely help prevent suicides. (Nara Prefecture, Japan)
- Caiyo Town in Tokushima Prefecture has the lowest suicide rate in all of Japan. The town's slogan is "Tell the City About Your Ailments." The town encourages its residents to tell others about their problems and not keep them bottled up. Although suicide rates have dropped in Japan recently, suicide rates among children in Japan continue to increase, and this is an aspect we really need to take notice of.

(Lecturer, MIYAMOTO)

2. Welfare and care for seniors

(1) Senior welfare supported by communities

As the population continues to age, costs associated with the nursing-care insurance system, welfare and care services, are sky-rocketing. Against this backdrop, to continue supporting senior citizens in the region, we must further enhance our comprehensive regional systems to enable home treatments and the like.

(Koryo Town, Japan)

- Male senior citizens in the city tend to feel isolated from society. One community-based senior service
 we offer is a daycare center, where those who can't cook themselves can come and have lunch, play shogi
 with fellow citizens, or just enjoy conversation.
 (Suzhou City, China)
- Most regions in Gyeongju City have a facility called Gyeongrodang. 75% of facility users are senior female citizens, and the remaining 25% are male. As well as simply enjoying leisure activities, the city, the private sector, and other organizations offer an array of programs for users to enjoy. Although Gyeongrodang facilities have somewhat solved the problem of isolated senior citizens, there are still many seniors living alone. Financially, seniors that live alone struggle, and so, among others efforts, we are sending lifestyle management counselors to their homes to prevent the number of solitary deaths. (Gyeongju City, Korea)





(2) Efforts to counter issues in nursing care

- Human rights violations at welfare facilities for senior citizens, disabled persons, and children—such as physical and sexual abuse—are on the rise, and questions are being asked of private institutions such as civic groups. However, due to budget issues, it is proving difficult to transfer patients at such facilities to community care groups. In Japan and China, how are regional governments dealing with such human rights issues? Please tell us of any alternatives or solutions you may have. (Gyeongju City, Korea)
- In Xi'an City we have formulated a set of around 150 indicators to raise the quality of services at such facilities. Facilities receive guidance on how to follow these indicators, and operation of facilities who cannot follow the indicators is suspended. With regards, to abuse, although cases are few and far between, legal action is taken against those that break the law. We are also injecting funds into raising the quality of meals at facilities.

 (Xi'an City, China)
- O Today's discussions have taught us that the number of specialist caregivers in China is insufficient. In Japan, wages are one of the biggest reasons for the lack of caregivers. It is increasingly difficult to find people who want to become caregivers, and the openings-to-applicant ratio in the profession is higher than in others. As such, the government is currently looking at ways to increase wages for caregivers. We would like to ask the reason why there is a lack of caregivers in China, and also about the demand for family caregivers.

 (Ministry of Health, Labour, and Welfare)
- O Perhaps the biggest reason for the lack of care workers is the sheer burden of the work involved—that is, the so-called 3Ds (Dirty, Dangerous, and Demeaning). In Suzhou City, one measure we have taken is to subsidize students' educational expenses, on the condition that they spend a certain period of time following graduation working as caregivers. We are also training citizens in professions that lack human resources, with the aim of filling the deficit. We are also offering financial support to care institutions, based on their number of beds, and we believe that these funds are also helping, in part, to solve the lack of human resources. (Suzhou City, China)



An important Chinese virtue is devotion to one's parents. Generally, younger generations periodically return to their homes and look after their aging parents. With the progression of technology, however, children are increasingly communicating with their aging parents through social media, which is helping to alleviate the issue of social isolation. Also, in Suzhou City, care for parents is typically undertaken at home, with services from care facilities and medical institutions supplementing this care. If any problems arise, residents from the local community also offer their help. As it stands, senior citizens are receiving three-pronged support from their homes, relevant facilities, and the community. (Suzhou City, China)

3. Collaboration between medical treatment and care services and enhancing regional medicine

(1) Collaboration between medical treatment and care services

- O In Chungcheongnam-do Province, we have set up opportunities for conversation in local halls, and we are also promoting a program which encourages senior citizens to leave their home and interact with young volunteers. By making buses free for citizens over 75, and introducing inexpensive taxi services, we are also improving transport services. So that seniors can live out their final years at home, we believe it is paramount that doctors, nurses, and guardians can be like family to them and exist together in the community. We are thus looking at ways in which to increase opportunities for seniors to interact with others.

 (Chungcheongnam-do Province, Korea)
- Emergency action, rehabilitation, treatment, home treatment, and care at deathbed are all key elements of medical services. We believe that creating a comprehensive framework that offers support until the final step is an important task for regional governments, and indeed, one of their responsibilities.

(Nara Prefecture, Japan)

O Senior welfare systems in Korea are similar to those in China and Japan. Using Japan's nursing insurance system as a benchmark, since 2008, Korea has implemented a long-term treatment insurance system of its own. In addition to facility-based care, home treatment also incorporates help with housework, while helpers accompany senior citizens to the hospital. We are also in the process of building an all-inclusive regional care system which enables seniors to live in familiar surrounds. We hope to launch this system by 2026. (Gyeongju City, Korea)

(2) Enhancing regional medical treatment

- O To counter some of the biggest causes of death—myocardial and cerebral infarction, for example—the creation of an emergency medical care system is key. In Nara Prefecture, as one part of our efforts to create hospitals that never turn down patients, we are creating emergency-room style beds within hospitals and enhancing air ambulance services. Rehabilitation, treatment, and lifestyle support after patients leave hospital is incredibly important, and so we are working to create hospitals that can provide such services to enable patients to lead longer and healthier lives. (Nara Prefecture, Japan)
- O In Suzhou City, to correct the disparity between medical services in urban and rural areas, we are sending doctors to rural areas to provide treatment, and injecting funds into rural services. By using advanced technologies such as AI, we can raise the standard of medical services as a whole. We are aiming to expand such technologies throughout the city, and in turn provide medical and care services of the same standard to both urban and rural areas. (Suzhou City, China)

Summary



MIYAMOTO, Taro

Faculty of Law Professor in Chuo University, Professor Emeritus in Hokkaido University

Common issues face each regional government in East Asia. This has been a wonderful opportunity to exchange opinions on how to create healthy populations through interaction between young and senior generations.

As populations increase, communities develop alongside them. However, when populations decrease, communities begin to deteriorate and shrink. Moving forward, we must all consider how to build compact cities that stay true to their

tradition and history, while offering efficient medical and care services.

The comprehensive regional care system in Japan focuses on enabling seniors with chronic ailments to live out their final years in familiar surrounds, while repeatedly visiting hospitals as their bodies gradually weaken. On the other hand, there are also cases like cancer, in which the body rapidly deteriorates. If seniors are to live out their remaining years at home, offering support at their deathbed is also an important task.

Although home treatments are ideal, there are inhabitation matters. Worried about solitary deaths and so-called trash houses, landlords are increasingly skeptical about renting homes to single senior citizens. Regional governments should therefore look to secure human resources to watch over these single senior citizens, and create systems that manage the property of the deceased.

As a safety net, the Ministry of Land, Infrastructure, and Transport is formulating a set of conditions for seniors to continue living in their communities, such as by providing financial support for renovations to landlords that are willing to rent their properties to anyone. As such, I think it is important that government agencies and regional governments are successfully working together to create communities that allow residents to live healthily and happily.

