



## Theme 2

**“Enhancement of Welfare and Medical Treatment Supported by the Communities”**

<b>Participating Local and Regional Governments</b>	China: Xi'an City, Suzhou City Korea: Gyeonggi-do Province, Chungcheongnam-do Province, Gyeongju City Japan: Fukui Prefecture, Shizuoka Prefecture, Tokushima Prefecture, Kagawa Prefecture, Nara Prefecture, Kofu City, Nara City, Tenri City, Gose City, Miyake Town, Koryo Town, Shimoichi Town
<b>Lecturer</b>	MIYAMOTO, Taro Faculty of Law Professor at Chuo University, Professor Emeritus in Hokkaido University

**Presentation on Regional Reports****Gyeonggi-do Province, Korea**

Following reports of illegal activities within operating rooms in the province, patient unions are demanding the installation of surveillance cameras. Incidents include those where unqualified sales agents of medical device companies have stood in as surgeons to operate on patients, and those where the human rights of patients and others have been violated. Despite opposition from physicians' associations, cameras have been installed in operating rooms at Gyeonggi Provincial Medical Center Anseong Hospital, with recordings only taking place with the consent of patients, doctors, and nurses. As a result of test recordings, the number of individuals consenting gradually increased, and as such in May 2019, operation of said cameras began at six hospitals under the umbrella of the Gyeonggi Provincial Medical Center. A public opinion survey revealed that more than 90% of citizens in the province agree with the installation of cameras in operating rooms. As such, with a view to installing cameras at the majority of our private hospitals, we are taking measures to increase our budget.

**Chungcheongnam-do Province, Korea**

Emergency treatment facilities in Chungcheongnam-do are concentrated in the northeastern part of the province, and emergency treatment safety nets are insufficient in the west coast and the central regions. To ensure that we can provide the necessary emergency medical support throughout the province, we are (1) revitalizing emergency treatment facilities in each area and increasing service levels by subsidizing labor expenses and operating costs; (2) utilizing ICT-based remote diagnoses to enable real time sharing of patient data and adequate response; and (3) making use of air transportation by helicopters for those in need of emergency treatment. Although on average helicopters can get patients to the hospital within the so-called golden time (within one hour), during which treatment is said to be most successful, the number of emergency facilities to which these patients can be transported to is lacking.



## Gyeongju City, Korea

In Korea, impoverished households aren't getting the necessary visitation support, and as such we are proactively moving forward with visitation health and welfare services, with support from both public and private sectors. In Gyeongju City, to revitalize the functions of both public and private entities, in the public sector, we are planning to switch from customized welfare teams to visitation health and welfare teams, reinforce welfare personnel, and send out nursing personnel. In the private sector, we are thinking about enhancing regional society security councils, which are led by the residents. In a project to manage integrated cases in impoverished households, for those in need of multifaceted support, such as welfare, healthcare, employment, residence support, educational support, and cultural support, we are providing a comprehensive range of necessary services, and continuing consultations with and monitoring subjects. These initiatives are seeing significant results.



## Fukui Prefecture, Japan

In 2009, we signed an agreement with the University of Tokyo to carry out joint research on gerontology (the study of ageing), and, in tandem with municipal governments and other relevant institutions, we have launched the Fukui Prefecture Gerontology Promotion Council to exchange opinions and share information among related bodies. In this way we are promoting health-building activities and home treatment. In 2017, we began activities associated with the frailty prevention program, which was developed by the University of Tokyo. Senior citizens are leading frailty check activities, in which the effectiveness of the program is assessed, and in turn we are promoting social participation. Moreover, we have enabled 24-hour medical response through collaboration with medical institutions, we are sharing patient information across multiple disciplines through the use of ICT, and we have further improved our home treatment system through the establishment of a one-stop support and consultation line. In addition, we are working to increase awareness of this home treatment system among all in the prefecture.



## Shizuoka Prefecture, Japan

In Shizuoka Prefecture, as part of our Fujinokuni Healthy Longevity Project, we are promoting the 5-5 Less Salt Program, in which we hope to reduce salt intake by 5% in 5 years, as well as the Fuji 3-3 Program, in which groups of 3 individuals pursue 3 activities related to healthy longevity (exercise, diet, and social participation). Moreover, through our Whole Shizuoka Health Management Project, which is led by businesses and health associations, we are promoting health at home and in the region, and around 2,000 businesses have declared their support. In addition to our plans to open a graduate school for public health medicine to develop human resources, to enhance measures to secure medical personnel, we are subsidizing fees for medical education, and promoting the Fujinokuni Virtual Medical College.



## Tokushima Prefecture, Japan . . . . .

Tokushima was the first prefecture to be recognized as having a super-aged society, and faces various issues such as the need to create spaces for seniors to be active, the lack of nursing personnel, and the uneven distribution of doctors across regions. As such, the prefecture has begun Friendship Visitation Activities, where senior citizens visit their fellow seniors at home, and the No One Left Behind Project, which seeks to encourage social participation by disabled people while concurrently supporting the elderly. We have also established a Tokushima-style care assistance system whereby we divide care roles among healthy senior citizens as nursing care assistants, while we are also working to enhance our Silver University and Silver Graduate School to create fulfilling later lives. Moreover, we are promoting the Kaifu/Naga model which seeks to train and secure doctors at all hospitals within the area, with the Tokushima Prefectural Kaifu Hospital as the center of activities. In this way, we are seeking to alleviate the uneven distribution of doctors.



## Kagawa Prefecture, Japan . . . . .

As with other regional governments in Japan, Kagawa Prefecture is dealing with a severe lack of nursing personnel. It is estimated that the prefecture will lack around 2,500 nursing personnel by the year 2025, and as such various initiatives are underway to help secure and nurture new professionals. We are providing student loans for those aiming to qualify as care workers, which is seeing a certain level of success. We are also working to improve workplace environments and the treatment of nurses through various training and support programs that help to improve the quality of nursing professionals, while we are also introducing nursing robots. To promote the recruitment of foreign personnel, we have started to offer support to foreign students aiming to become qualified healthcare and welfare workers by partially subsidizing scholarships from relevant institutions.



## Nara Prefecture, Japan . . . . .

As part of our strategy to create a healthy prefecture, we are promoting the development of regions where everyone can live healthy lives with the following strategies, (1) Health-building activities to become the prefecture with the longest healthy life expectancy in Japan; (2) Comprehensive management of the integrated community medical services; (3) Enhancement of welfare services; and (4) Creation of environments in which anyone can play sports anytime and anywhere. For (1), we are encouraging well-balanced diets and appropriate amounts of exercise, as well as cancer screenings, cessation of smoking, and other health-promoting activities. In (2), we are working with the Nara Medical Association to increase the number of doctors engaged in home treatment. In (3), we are building a Nara model for welfare through cooperative work with municipalities, while also supporting social readjustment and employment for ex-convicts, and supporting the employment of people with disabilities. For (4), we are revitalizing sports in regions within the prefecture. Also, our “health stations” at department stores and commercial facilities, at which people can undergo health checkups, are highly regarded, and progress is being made to extend these to each municipality in the prefecture.



## Kofu City, Japan

In Kofu City, we are working to launch visitation services—to support elderly citizens living at home with housework—as well as day care services. The former are to be led by so-called lifestyles supporters who have undergone training through our social welfare meetings, while the latter are an opportunity for seniors who tend to isolate themselves from society to visit communal spaces and take part in activities to prevent dementia and the need for care. The communal spaces are to be led by a group of volunteers, and we hope to incorporate a wide range of health services through public health nurses, nutritionists, and dental hygienists, as well as offer programs to improve diet, prevent deterioration of oral cavity function, and promote health. Through cooperation with our residents, we hope to share expertise, and provide services that are suited to each region.



## Gose City, Japan

In Gose City we are promoting various preventive care initiatives that will enable senior citizens to live with vitality and a sense of purpose. Specifically, we are enhancing communal spaces through Iki-iki Centenarian Calisthenics sessions which we will (1) hold within a scope that is accessible for senior citizens; (2) hold on designated days and time slots; and (3) ensure are led by local residents. We are also increasing and enhancing teams that promote friendship activities, as well as “Orange Cafes.” With regards to the Iki-iki Centenarian Calisthenics sessions, which were launched by two support teams, we have carried out promotions through PR groups, senior associations, and regular health promotion committee meetings. As a result of the awakening of the residents’ motivation, as of September 2019, 28 teams have joined.





## The Exchange of Opinions

- Looking ahead, we must work to discover ways to keep senior citizens, disabled persons, and others healthy and happy. For those who aren't happy due to a multiplex of issues, we must surpass certain boundaries and be able to offer welfare services that can help those people recover. Alongside customized welfare services that help to re-energize senior citizens, we must work to create places that promote social participation and that help re-energize, such as communal spaces and the so-called salons.  
(Lecturer, MIYAMOTO)
- The number of times Japanese and Korean citizens undergo treatment each year is more than anywhere else in the world. Although it is a good thing that citizens are proactively using the medical services on offer, to be able to offer welfare services that reinvigorate people, it is important to be able to offer the relevant treatments at the relevant times. To offer emergency treatment to those who really need it, it will be necessary to station GPs and family doctors in the relevant regions who can be called upon before contacting the emergency services. Strengthening home treatment services in this way will help to establish welfare services that reinvigorate people.  
(Lecturer, MIYAMOTO)
- Korean people undergo more treatments in a year than any other country's citizens worldwide. As a result, health insurance costs are increasing in line with the need to sustain the national health insurance system. Senior citizens tend to undergo more treatment than is really necessary, and to cope with this issue, home treatment examples like those seen in Fukui Prefecture could work very well.  
(Gyeonggi-do Province, Korea)
- We are looking at the best ways to match those shouldering various problems with the relevant support institutions, such as local councils, governments, and social welfare groups. We are therefore progressing with the Welfare Nara Model to look at these and various other issues.  
(Nara Prefecture, Japan)
- In the visitation health and welfare services on offer in Gyeongju City, local governments function as the so-called control towers, and provide financial and other support. Social welfare groups are working to uncover local welfare needs, and come up with ways to link those shouldering problems to both human and other tangible resources.  
(Gyeongju City, Korea)



- In China, chronic diseases account for around 86.6% of deaths. Many senior citizens are affected by chronic illnesses, and in some regions, around half are affected by more than three different types. A pressing issue for us in Xi'an City is to create an effective management model that can deal with these chronic diseases.  
(Xi'an City, China)
- Chronic illnesses will no doubt increasingly affect senior communities. In medical fields, it will be important to offer comprehensive treatments that don't simply focus on one vital organ. As many continue to be affected by a multitude of illnesses, instead of just focusing on individual elements, it will be important to shift to a model that prioritizes improving lifestyles as a whole and giving people new energy.  
(Lecturer, MIYAMOTO)
- Although the ease with which people can undergo treatment at medical facilities through the national health insurance system is a positive, the ensuing likelihood that medical fees will increase is a problem for Japan, too. It will therefore be important to build systems whereby citizens can undergo medical and other services in their own homes. Regarding the lack of doctors, visiting nurses could be key. In Fukui Prefecture, we are considering clearly allocating roles to more effectively carry out home treatments, such as by having visiting nurses offer medical services, with doctors simply providing support when necessary.  
(Fukui Prefecture, Japan)
- Many senior citizens are plagued with chronic illnesses, but their lack of knowledge regarding symptoms could be one reason for their frequent hospital visitations. It might therefore be beneficial to train more GPs who can act as so-called gatekeepers for these senior citizens.  
(Lecturer, MIYAMOTO)
- In Tokushima Prefecture, as one part of our research activities, as a contribution, we are sending doctors from Tokushima University to lecture students aiming to become general practitioners.  
(Tokushima Prefecture, Japan)
- Fascinating research suggests that, while senior citizens who care for their fellow senior citizens in an enclosed home are often stressed, those who care for senior citizens in their local societies find the activity to be a stress reliever.  
(Lecturer, MIYAMOTO)
- In Nara City, we are aiming to transform from a city of wandering dementia sufferers to a city where dementia sufferers can walk alone in safety, and, with regional support centers leading the way, we are holding mock training throughout the city in which citizens are asked to approach and talk to acting dementia sufferers seen wandering alone. We are also working with welfare committees, local councils, schools, and other related organizations to build a town in which dementia sufferers can live in with peace of mind, and in turn create a society where people can live and support each other.  
(Nara City, Japan)

- In Tenri City, in the field of dementia prevention, we are working with private businesses to develop a social impact bond. In paying out the necessary funds only when success has been achieved, we believe we can gain the understanding of our citizens. Success will also see local governments' confidence increase, and lead to even bigger targets and successes. The ability to constantly check whether targets are being achieved is a real advantage of the system. (Tenri City, Japan)
- Our social impact bond, which seeks to prevent dementia, involves the outsourcing of services to a private business with wide-ranging expertise (in this case, Kumon). Targets are determined prior to starting the project. To ensure an objective decision on the targets, we have sought the help of a third-party evaluation institution (Keio University). Once the project has begun, the evaluation institution determines whether the targets are being reached, and funds are only paid out to businesses when the results are deemed favorable. (Tenri City, Japan)
- In Japan, many initiatives are underway in elementary school districts. When children are still young, parents have more opportunity to get involved with regional activities. Through PTAs and others, it could be said that school districts are convenient places to connect with other residents. In rural areas, schools are continuing to close down due to the lack of children. Looking ahead, we must consider ways to effectively utilize these school districts. (Lecturer, MIYAMOTO)
- Medical and nursing services in Japan are, in general, deployed uniformly across the country in line with national systems. It is important that regional governments look at ways to use these systems. For Japan's future, rather than large-scale hospitals, it will be important to create a network of regional private doctors who can support home treatment systems, and work specifically to cater to patients in those areas. In Fukui Prefecture, we are proactively encouraging and promoting this concept. (Fukui Prefecture, Japan)
- Tokushima's unique care assistance system, in which seniors care for their fellow senior citizens at care facilities, involves a three-month trial period. Facilities make the decisions as to whether to hire the individual depending on the results. As the prefecture subsidizes the seniors' salaries during this period, it is not volunteer work. Facilities who are utilizing the Tokushima-style care assistance system have commented that it has been easier to allocate tasks such as serving food and bath-time assistance to regular care workers, as the senior care workers can take of charge of conversing with residents and making their beds. (Tokushima Prefecture, Japan)

## Review Comments by the Lecturer



When considering senior care, particularly with regards to direct physical care, it is necessary for qualified care workers to work as part of the nursing care insurance system. On the other hand, care work within the framework of the social insurance system has certain limits. For example, care workers can change the lightbulb of their own patient's room, but not the lightbulb in the next room, or, care workers can accompany their patients to the hospital, but they cannot join them for their medical examinations.

Lifestyle support services are the answer to such issues, and it is a field in which local residents can actively get involved. As was mentioned in today's discussions, seniors taking care of their fellow senior citizens is a win-win situation—not only do those receiving care benefit from such a system, even those who are offering the care are revitalized.

Although regions are working to create areas where seniors and other locals can stay healthy and happy—such as salons and communal spaces—many regional governments are confronted with related issues. These include the lack of interest in such initiatives, and the fact that there are only participants in certain areas. Issues like these are intrinsically linked to issues with community-wide revitalization, and I hope we can discuss them further in the main session in the afternoon.

