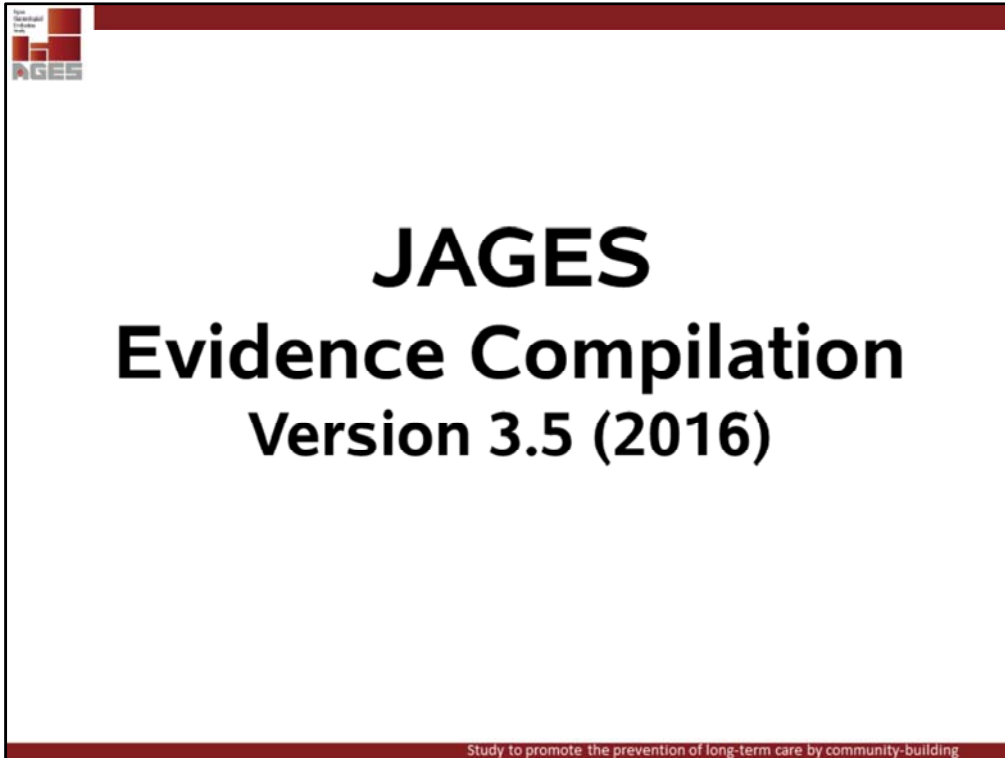


資料 1

JAGES Evidence Compilation version 3.5(2016)



## Purpose of the evidence compilation

Long-term care prevention has shifted its focus from the conventional secondary prevention projects targeting high-risk individuals to developing resident-led community-based long-term care need prevention activities that are open for free participation—i.e., preventing long-term care by community-building. Resident-led activities are new for many local governments, but professionals in welfare and long-term care have the responsibilities to spread the significance of activities for preventing long-term care by community-building to residents of the community and employees of other departments of the government.

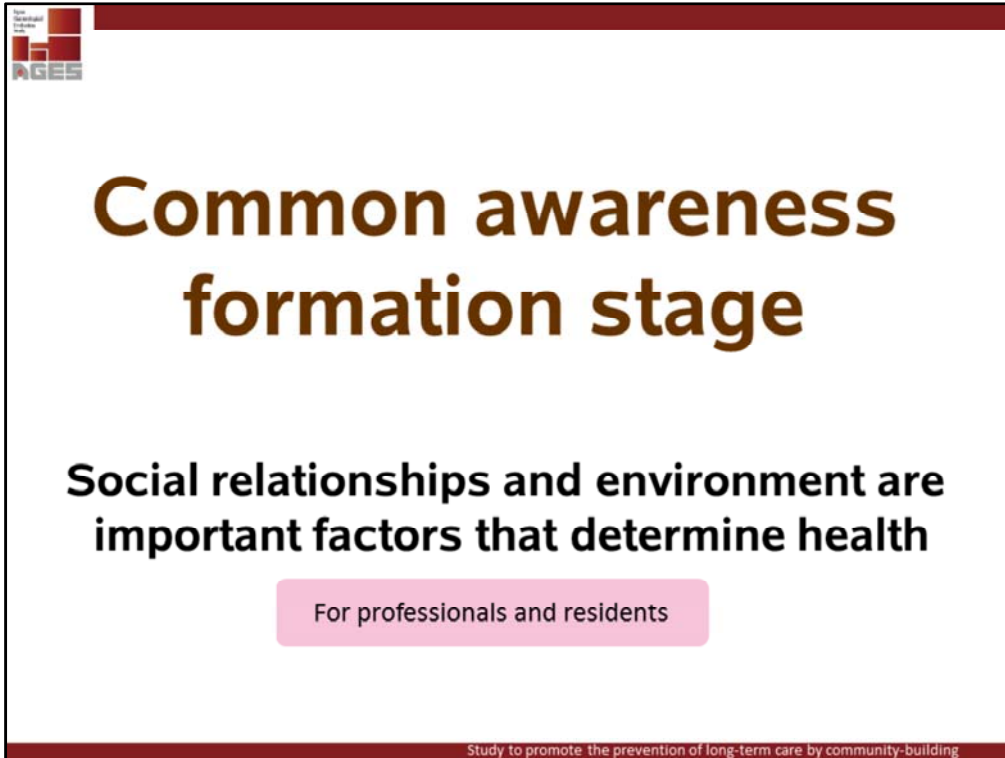
This compilation of evidence was prepared as slides so that welfare and long-term care professionals can use it in information sessions and workshops to explain the new concepts of long-term care prevention to other government departments and community residents. The slides that are most appropriate for the community or target audience should be selected to make effective presentations, preferably with the addition of your own community-specific slides.

## How to use comments

Comments are added to each slide to promote better understanding of the slide to the presenter and are not necessarily meant to be read aloud completely to the audience. In fact, presenting concisely in your own words will allow the audience to grasp a better understanding. Many slides include references that can be consulted for more details and can be recommended to the audience as well.

## « Purpose »

- **Common awareness formation stage**
  - Social relationships and environment are important factors that determine health
  - Progressive approaches
- **Management-led formation stage**
  - Significance of multi-disciplinary, cross-institutional collaboration
  - Significance of volunteer activities 1): effects on individual health
  - Significance of volunteer activities 2): effects on community-scale
  - Progressive approaches
- **Evaluation stage**
  - Evaluation methods and necessary information

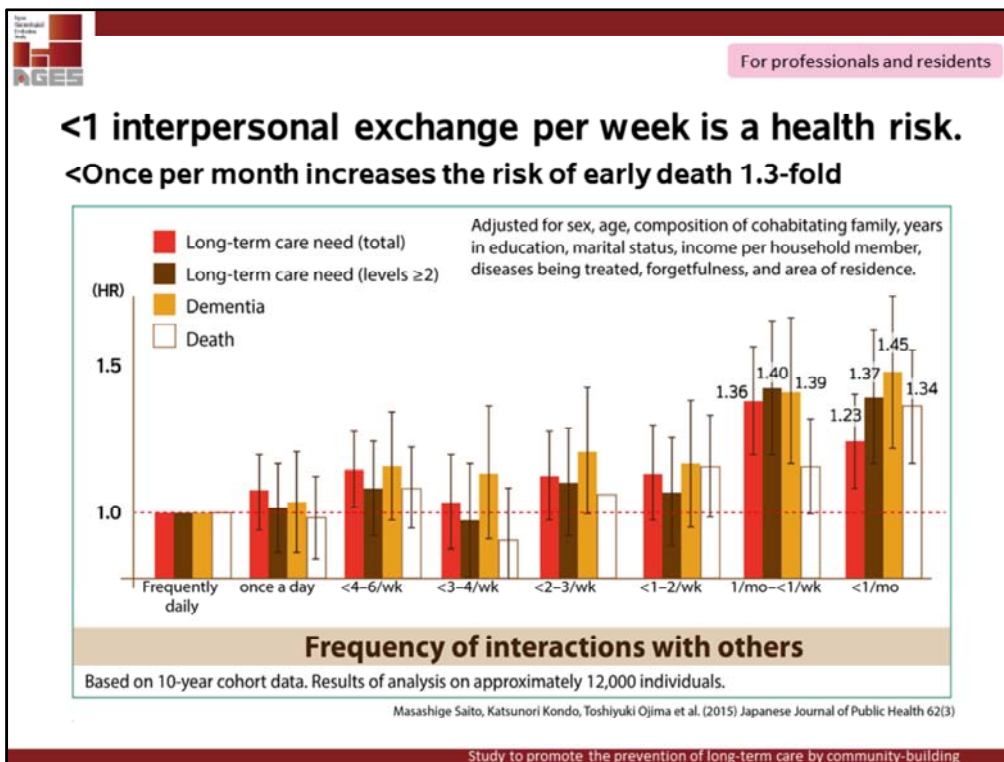


## Outline of the evidence compilation

Meetings and workshops will be held at several points along the introduction, implementation, and evaluation phases of “long-term prevention care by community-building.” Long-term prevention care by community-building takes the four phases of the “Common awareness formation stage” → “Management-led formation stage” → “Implementation and expansion stage” → “Evaluation stage.” This evidence compilation was prepared as explanatory materials on the following three stages. Furthermore, slides are divided into “Slides for professionals,” “Slides for residents,” and “Slides for both,” but these distinctions are not absolute, and slides deemed appropriate for the target audience or community should be chosen for each presentation.

## Explanation of the following slides:

The following slides are to be used in the Common awareness formation stage and are intended to provide evidence that social relationships and the social environment are important factors that determine health.



### Remarks on this slide

- ✓ A 10-year follow-up study on approx. 12,000 elderly individuals in cities, towns, and villages in Aichi prefecture without certification of long-term care need indicated that those with lower frequency of social interactions at the beginning of the survey 10 years ago were more likely to have developed long-term care need, dementia, or to have died.
- ✓ E.g., compared to individuals who had “frequent social interactions every day” 10 years ago, those with once a month to less than once a week were 1.3–1.4 times more likely to have later been certified with long-term care need levels 2 and higher, including certification of needed support and certification of long-term care need with dementia. Furthermore, those with less than one social interaction per month were 1.3 times more likely to have died in addition to certification of long-term need care.
- ✓ These results have been statistically adjusted for sex, age, diseases requiring treatment, and forgetfulness at the time of the survey (i.e., the effects of these other factors have been excluded from the results). However, there was no significant difference between those with “one social interaction per day” to “less than one or two social interactions per week” and those who have “frequent interactions every day.”

See reference at bottom of slide for details

### Sample questions to audience

- ✓ Did you know that frequency of your interactions with friends, children, and relatives may influence your need for long-term care or length of life expectancy?



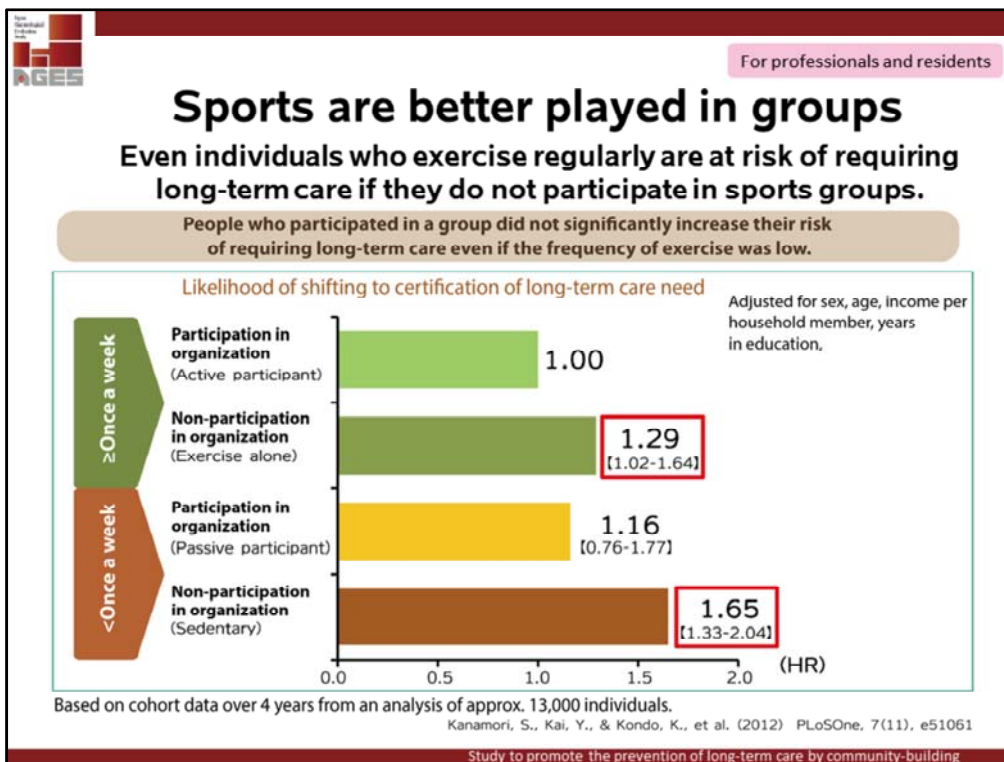
### Remarks on this slide

- ✓ A follow-up study in 40,000 elderly individuals who were not depressed at the time of the survey showed different patterns in becoming depressed in the three subsequent years by whether or not they took meals with others or took meals alone.
- ✓ Specifically, elderly men who lived alone (blue bar) were 2.7 times more likely to develop new depression if they ate alone compared to those who ate with others, and women (red bar) were 1.4 times more likely to become depressed if they ate alone, regardless of whether they lived alone or with others.
- ✓ Meal delivery services are provided nationwide, but providing a setting to eat with others can be expected to prevent depression, which is a risk factor for requiring long-term care, than having service users eat delivered meals alone.

See reference at bottom of slide for details

### Sample questions to audience

- ✓ How do you usually take your daily meals?
- ✓ If you are eating alone, you may be increasing your risk of becoming depressed.



### Remarks on this slide

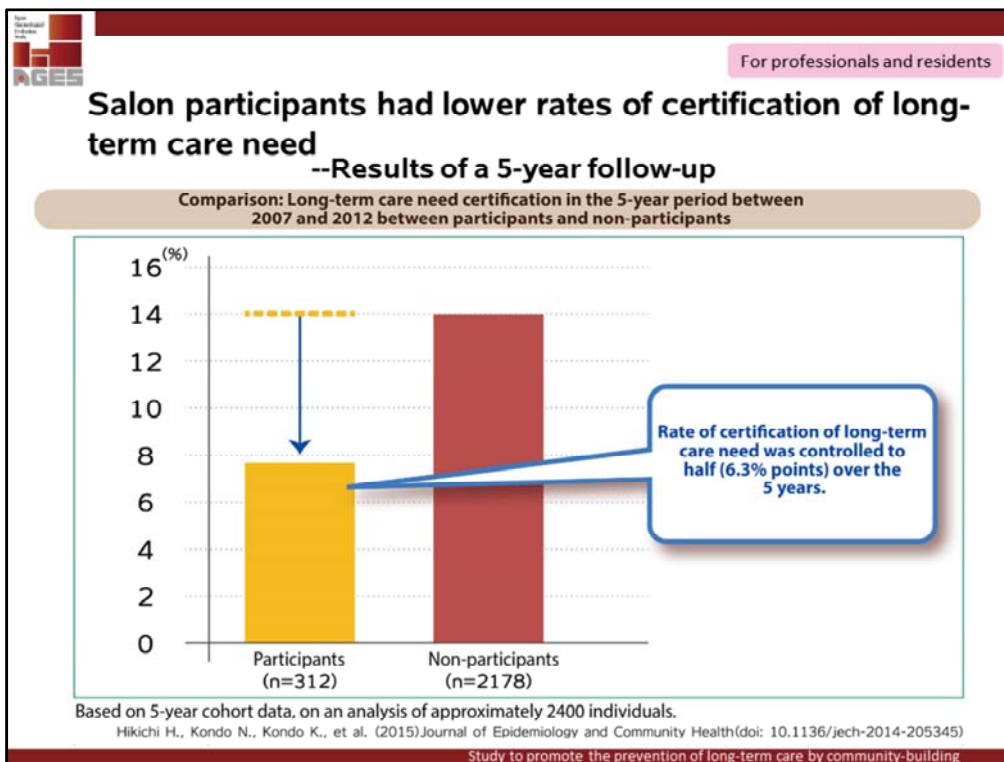
- ✓ A follow-up survey over 4 years on 13,000 elderly individuals without certification of long-term care need
- ✓ Compared to individuals who exercised through participation in a sports group  $\geq 1$  time per week, those who did not exercise and did not participate in a group were 1.65 times more likely to have been certified with long-term care need after the survey. Interestingly, compared to individuals who exercised at least once a week without participation in a group were 1.29 times more likely to have been certified with long-term care need; there were no significant associations between people who exercised less than once a week and those who participated in a group.
- ✓ The results suggest that even exercise in small quantities can prevent long-term care need if practiced with others. The results have been statistically adjusted for other factors, such as age, sex, income, education history, marital status, diseases, depression, smoking, and drinking.

See reference at bottom of slide for details

### Sample questions to audience

- ✓ Did you know that even the same exercise can have very different effects in preventing long-term care need by whether it is practiced alone or in a group?





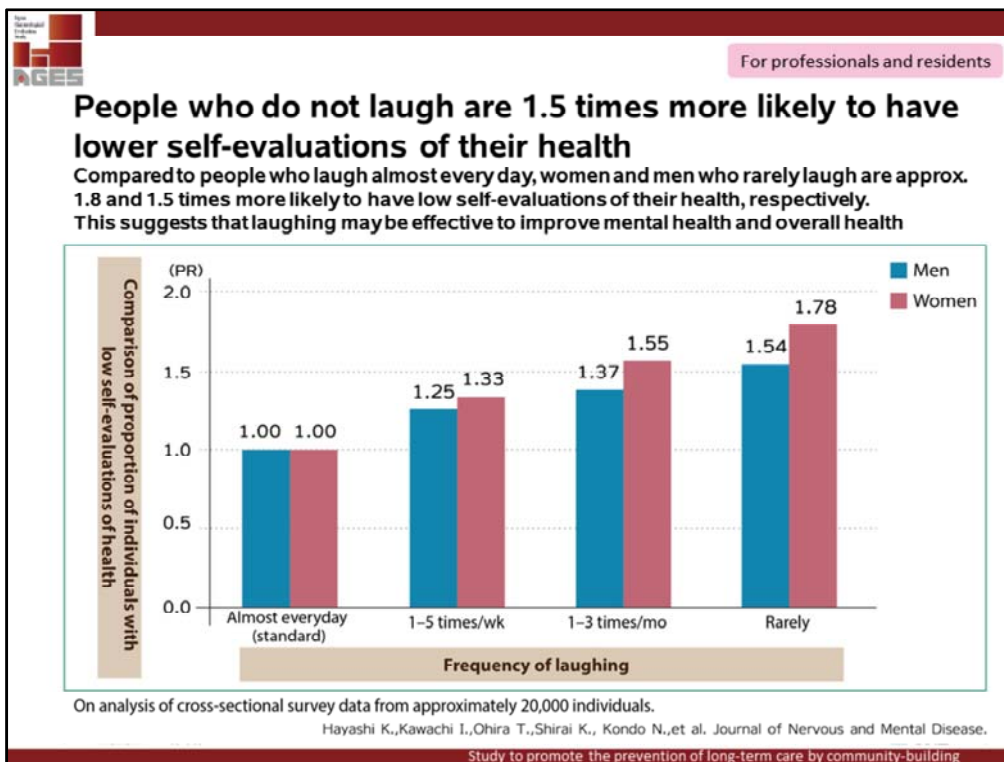
### Remarks on this slide

- ✓ A 5-year follow-up study on approx. 2,500 elderly individuals residing in a town in Aichi prefecture revealed that those who participated in elderly salon events held approximately once a month around 10 facilities in the town had half the rates of requiring long-term care need compared to non-participants.
- ✓ Given that the salon activities may be more accessible to individuals who are healthy to begin with, the results were compared between many types of participants and non-participants. In this town, approximately 10% of the elderly participate in the salons. Therefore, given the elderly population of this town of 8,000, this event contributed to preventing long-term care certification of approximately 50 elderly individuals.

See reference at bottom of slide for details

### Sample questions to audience

- ✓ Are salon activities that gather residents also linked to maintaining and promoting health and to preventing long-term care need?



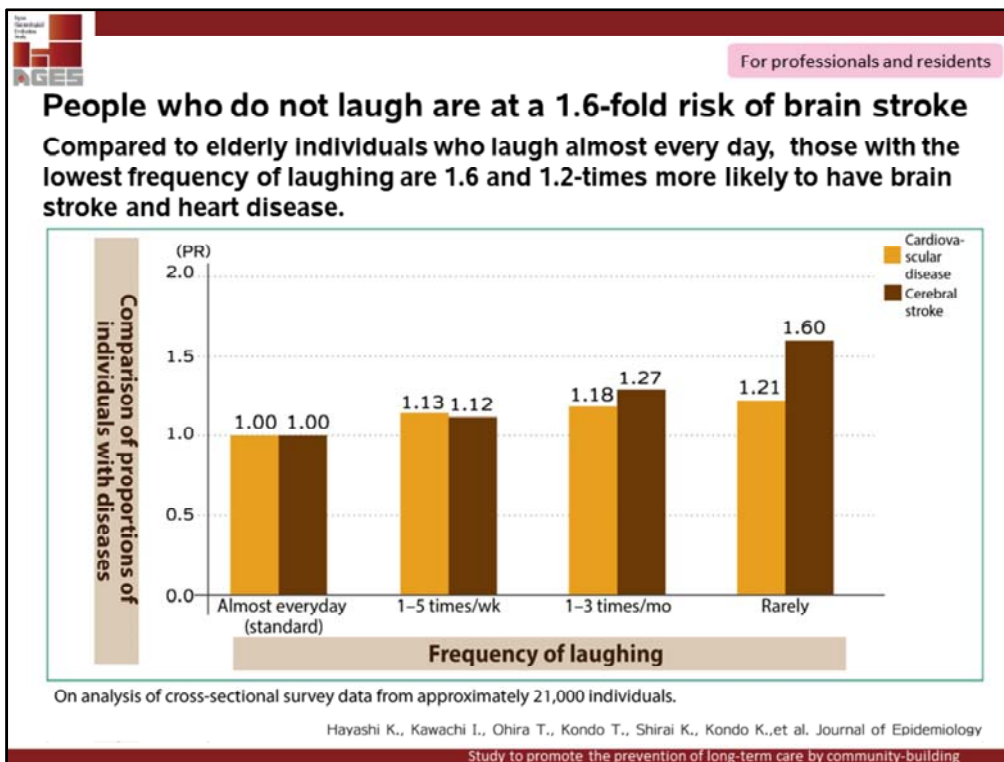
#### Remarks on this slide

- ✓ Analysis of survey data on approximately 20,000 elderly revealed that men and women who laugh less frequently have lower self-evaluations of their health. Incidentally, “self-evaluations of own health” has been established as a predictive marker of the person’s vital prognosis.
- ✓ Specifically, men and women who “rarely laugh” have 1.54 and 1.78 times more likely, respectively, to have poor self-evaluations of their health compared to people who laugh “almost every day.”
- ✓ These findings suggest that laughing is linked to better health and longevity.

See reference at bottom of slide for details

#### Sample questions to audience

- ✓ Have you ever heard that laughing also has potential health benefits? (Good fortune and happiness come to the home of those who smile?)

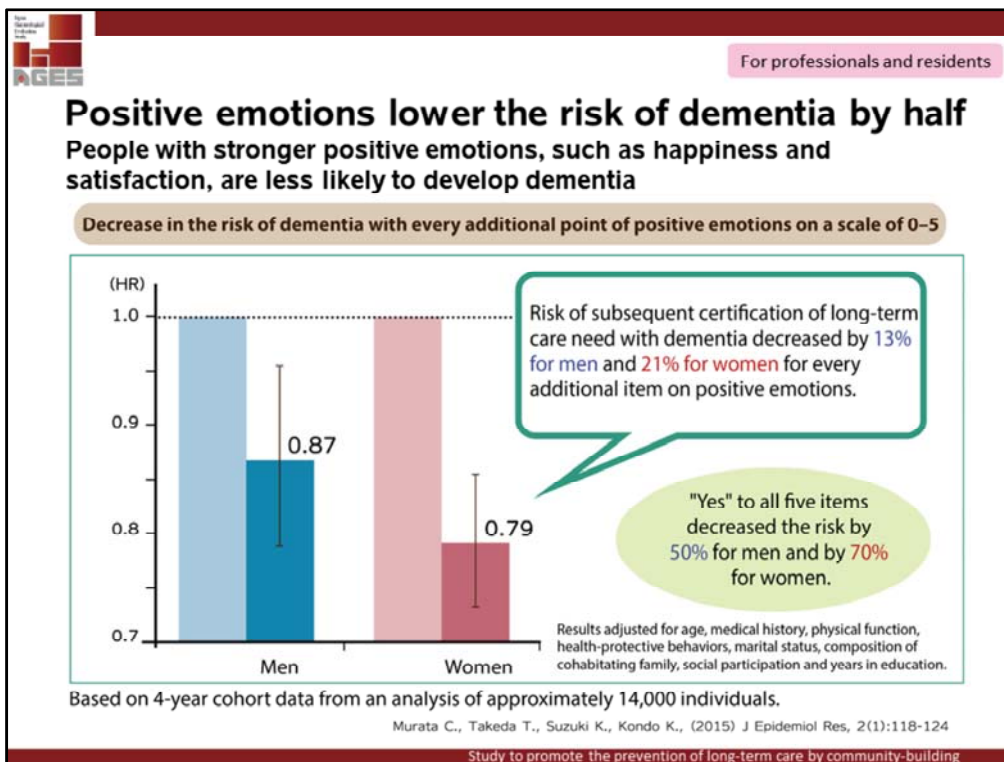


### Remarks on this slide

- ✓ Survey data on 21,000 elderly individuals revealed that frequency of laughing is linked not only to subjective markers such as self-evaluations of health but to disease such as cerebral stroke and heart disease.
- ✓ Specifically, people who “rarely laugh” are 1.6 times more likely to have cerebral stroke and 1.2 times more likely to have heart disease than people who “laugh almost every day.” This suggests that laughing is also an indispensable part of a healthy social life. See reference at bottom of slide for details

### Sample questions to audience

- ✓ Have you heard that laughing also has potential health benefits? (Good fortune and happiness come to the home of those who smile?)



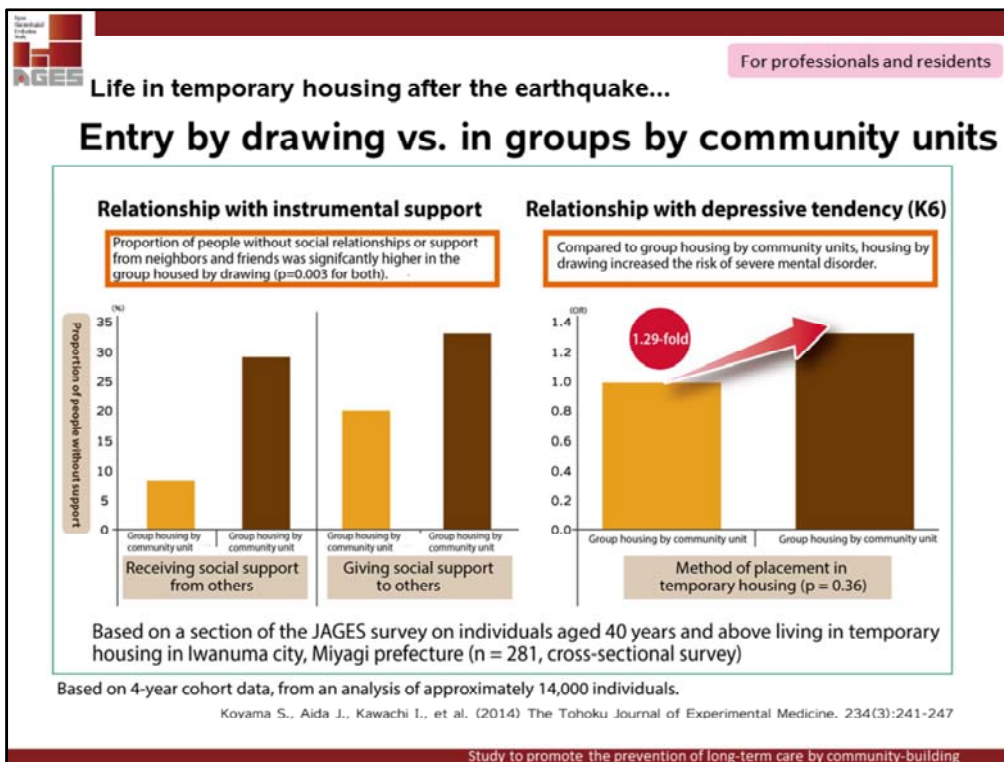
### Remarks on this slide

- ✓ A 4-year follow-up study on 14,000 elderly without certification for long-term care need showed that people with positive emotions had subsequently decreased their risk of dementia by half.
- ✓ Specifically, one additional point on a 5-item questionnaire for a 5-point scale on happiness and fulfillment lowered the risk of certification for long-term care need with dementia 4 years later by 13% for men and by 20% for women.

See reference at bottom of slide for details

### Sample questions to audience

- ✓ Positive emotions may contribute to preventing dementia as well.



### Remarks on this slide

- ✓ An analysis of 281 people living in temporary housing after the earthquake suggested that community interactions are associated with health. Compared to evacuees who entered housing with their community members, those who entered housing independently by drawing were at a disadvantage in terms of both social support and depression.
- ✓ e.g., Among residents placed by drawing, the rates of receiving support from others or giving support to others were significantly lower, and the rate of depressive tendency was significantly higher.
- ✓ N.B. These results are based on cross-sectional data (based on 1 survey after the disaster) and do not indicate causal relationships.

See reference at bottom of slide for details

### Sample questions to audience

- ✓ Relationships with neighbors may function protectively for post-disaster cooperation and against depression.

# Common awareness formation stage

## Progressive Approaches

For professionals and residents

The following slides introduce examples of the progressive approaches aiming for the Common awareness formation stage





For professionals and residents

**e.g., City B's use of the "Long-term care preventive measures support site"**

**1) Higher rates of cognitive function decline compared to other cities, towns, and villages**

Community Diagnosis Form

Area	Rate	Comparison	Color
Handa City	1.32	1.32	Red
Other Areas	0.99	0.99	Green

**Comparison by spheres of living**

There are 1.32 times more school districts compared to areas with lower rates of people with cognitive decline.

Fig. 1. Rate of cognitive decline within elementary school district 13 of Handa city (early-stage elderly)

**2) Gain awareness of the problems with community residents, and come up with measures together**

Why does our community have a high rate of people with cognitive decline?

Characteristics of areas with low rates of cognitive decline	Characteristics of areas with high rates of cognitive decline
① Participation in volunteer activities	⑦ Presence of decreased IADL
② Participation in sports groups	⑧ Low degrees of intellectual activity
③ Participation in hobby groups	⑨ Absence of health checkups
④ Participation in seniors' clubs	⑩ High rates of people who walk less than 30 minutes a day
⑤ Receiving emotional support	
⑥ Receiving instrumental support	

**Ideas** There are many facilities that people can walk to, but there are also many areas without any.

Communal gardens in open areas → Use the cultivated vegetables in cooking classes → Provide meals cooked in cooking classes to salons

Goal: to create a community-led system to ensure that participation at any level can contribute to preventing dementia.

Next step: Building the system

Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ It is also possible to use the long-term care preventive measures support site and link it to resident-led system-building.
- Building a system that uses area-specific resources by sharing problems particular to each city or to each elementary school district
- Although government support is also essential for system-building, self-led activities do not occur without residents' ideas.

### Example of City B

- ✓ Having a common understanding of the challenges (utilizing the "Long-term care preventive measures support site")
- The problem: A higher rate of people with cognitive decline compared to other cities, towns, and villages
- Different districts within the same city had different rates of people with cognitive decline with a maximum difference of 1.32-fold in some elementary school districts.
- Elementary school districts with high rates of people with cognitive decline were characterized by "low IADL and intellectual activity," "low rates of health check-ups," and "minimal walking per day."
- ✓ Activities appropriate for the community were brainstormed in a resident-led discussion.
- A list of community-specific resources was made to reach a common understanding of the problems.
- Although there were many facilities within walking distance in the city, they also realized that they had another resource: open spaces.
- Many of these areas were not cultivated, and a proposal was made to make communal vegetable gardens in those open areas.
- Vegetables grown in those gardens could be used for cooking classes, and the meals



For professionals and residents

## Example: City C that utilized the Target District Selection sheet

**Progress: 2017**

<b>March</b>	Model community selected
<b>June</b>	Planning with municipal office (health department) governing the model community
<b>August</b>	Explanation and request for cooperation to relevant divisions
<b>September</b>	Explanation and request for cooperation to community comprehensive support center Explanation to relevant community groups Volunteer recruitment, preparatory meetings for launching the salon, launching support
<b>October</b>	Conference on confidentiality Explanation and request for cooperation to relevant community groups Questionnaire survey (pre-intervention)
<b>November</b>	Questionnaire survey (pre-intervention), data collection at salon
<b>December</b>	Questionnaire survey (post-intervention), data analysis by various experts
<b>January</b>	Physical strength measurement (post-intervention), data analysis by various experts
<b>February</b>	Short presentation of progress at long-term care prevention salon promotion report conference
<b>March</b>	

This initiative has continued in Kobe City since 2016. It has been expanded to a comparative area as well. Continued validation of effectiveness is scheduled.

Target district for implementing the long-term care prevention project: Selection sheet  
(Compiled and provided by the University of Tokyo, Laboratory of Health Education, Graduate School of Education)

No.	Name	Risk of long-term care need	Socioeconomic factors	Social and other resources	District quintile	City quintile
1	...	...	...	...	...	...
2	...	...	...	...	...	...
3	...	...	...	...	...	...
4	...	...	...	...	...	...
5	...	...	...	...	...	...

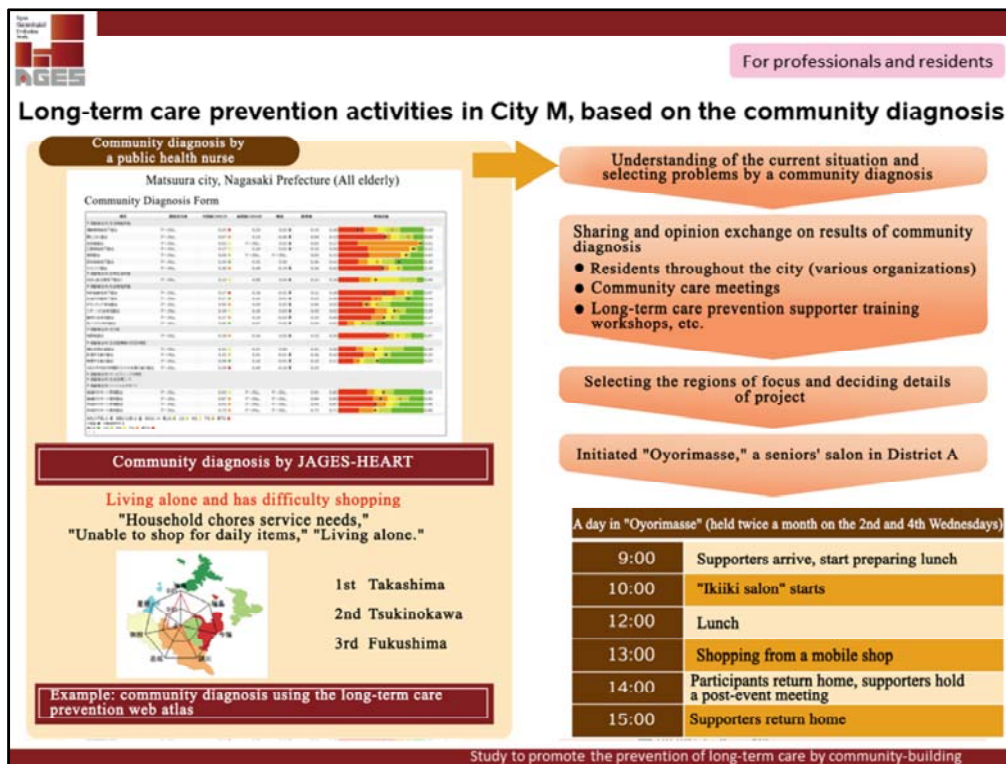
Toyo Ashida, Naoki Kondo, Katsunori Kondo (2016) Welfare Index, 63(7): 7-13

Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ It is effective to use the “Target area selection sheet” in major cities.
- Larger cities involve challenges that do not exist for small or mid-sized cities in selecting the areas for focused intervention.
- Cities with populations over 1 million require a selection of several among almost 100 spheres of life.
- The “Selection sheet for target districts for implementing the long-term care prevention project” presents problems specific to each community in visible formats and was developed for major cities.
- It is a table for evaluating “Risk factors of long-term care need,” “Community’s resources,” “Variations in community activities (human resources, intra-community relationships, volunteer work, etc.),” and “Other related factors.”
- ✓ Example: Kobe City
- Four districts among 78 spheres of life (Community General Support Center spheres) were selected in 2015 as model districts.
- Volunteers were recruited, preparatory conferences for salon launching were held, salon launching support was given, and actual salon activities were implemented in these districts.
- Physical strength measurements and questionnaire surveys were conducted before implementing salon activities to validate the effectiveness of the salons. Concurrent intervention in around 4 sites is optimal considering government support systems for meticulous support and appropriate evaluation of effectiveness.
- It is difficult to receive sufficient cooperation without consensus-building from the municipal offices of the district for intervention, related government offices in the city, and community general support center, etc., even if the target district is narrowed down.
- The “Selection sheet for target districts for implementing the long-term care prevention project” was well received as extremely helpful in smooth consensus-

professionals from related organizations and agencies.




### Remarks on this slide

- ✓ First step: drawing up the community's current status and problems
  - Methods: JAGES-HEART, which presents per-region survey results in visible formats the "Long-term care Prevention Web Atlas" that color-codes community diagnosis data on a map
  - Conducting a community diagnosis and sharing a common notion of the existing problems enables narrowing down regions of focus smoothly and realization of resident-led initiatives best suited for the challenges particular to that region.
  
- ✓ Long-term care prevention activities in City M
  - 1. A public health nurse makes a community diagnosis.
  - 2. Results of the community diagnosis are shared with the community's residents.
  - Specific methods: Results are shared with as many residents as possible through various groups within the whole city and shared with other health care and welfare institutions in "Community Care Meetings."
  - At the same time, long-term care prevention supporter training workshops are held for residents to share the problems and educate staff.
  
- ✓ After sharing community-specific challenges, select the regions of focus and narrow down the initiative options best for that district.
  - This led to selecting District A in the city that had a high number of problems such as difficulties shopping and living alone. Here, "Oyorimasse," a seniors' salon held twice a month, was implemented to serve lunch to elderly residents.
  - Gathering a large number of people attracted mobile shops and consequently improved the shopping environment for residents.
  
- ✓ Involving residents in coming up with their own solutions contributed to activities best suited for the community.


For professionals and residents

## Details and outcomes of long-term care prevention project "Oyorimasse" in District A

All participants enjoy lunches hand-prepared by supporters

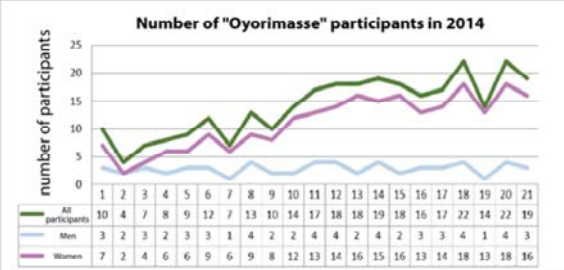


Shopping from a mobile shop



"Oyorimasse" is scheduled to expand its activities to exercising and arts and crafts while participants enjoy conversations and meals with one another. Matsuura city is scheduled to open a prefecture-funded social gathering site operated by the District B Social Welfare Committee in 2014. A similar resident-led social gathering site was opened in district C as well.

### Number of "Oyorimasse" participants in 2014



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
All participants	10	4	7	8	9	12	7	13	10	14	17	18	18	19	18	16	17	22	14	22	19
Men	3	2	3	2	3	3	1	4	2	2	4	4	2	4	2	3	3	4	1	4	3
Women	7	2	4	6	6	9	6	9	8	12	13	14	16	15	16	13	14	18	13	18	16

	Men (2)	Women (6)
Reasons for participation	<ul style="list-style-type: none"> <li>• Lost opportunities to speak with people since the death of wife</li> <li>• Invitation from community general support center</li> <li>• Lost acquaintances since moving and since wife entered a care home</li> <li>• Invitation from community general support center</li> </ul>	<ul style="list-style-type: none"> <li>• Got information from general center</li> <li>• Got information from the district welfare commissioner</li> <li>• Got information by word of mouth from people who already participated (4)</li> </ul>
Benefits	<ul style="list-style-type: none"> <li>• Gained opportunities to be spoken to</li> <li>• Met new people and now have opportunities for conversation</li> <li>• Having conversations is emotionally relaxing</li> <li>• Even without talking, seeing familiar faces has a relaxing effect</li> <li>• I enjoy games that we all play together</li> </ul>	<ul style="list-style-type: none"> <li>• This has become something I look forward to (all participants)</li> <li>• I can eat with everybody</li> <li>• I can play games</li> <li>• It does not cost any money</li> <li>• It has become a setting where I can speak to others frankly</li> </ul>
Changes	<ul style="list-style-type: none"> <li>• I became more cheerful</li> <li>• It gives me a chance to refresh my mood</li> <li>• I began to come out just to see people, even if I do not feel very well</li> <li>• I feel like an emotional wall has been lifted off me</li> </ul>	<ul style="list-style-type: none"> <li>• I became more energetic (all participants)</li> <li>• My stroke complications improved, and I am able to work in the field again</li> </ul>
Requests	<ul style="list-style-type: none"> <li>• It would be great if I could get to know other participants better and see them outside of this event as well</li> <li>• I want to try gate ball, too</li> <li>• Games that give us some exercise</li> <li>• I do not feel comfortable speaking to women, so I wish there were chances to speak to more people</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing in particular (all participants)</li> </ul>

Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ District A in Matsuura City has started a project to prevent seclusion through an event called "Oyorimasse" held twice a month for eating together and chatting.
- All participants enjoy lunches prepared by supporters to prevent seclusion.
- Exercising and arts and crafts are among some of the other activities held.
- This succeeded in attracting mobile stores, which has improved participants' access to shopping as well.
  
- ✓ The first step of evaluating the activity is to record the number of participants. It is equally important to record live feedback of participants as well.
- Although the number of participants is increasing, we found that there were some differences in trends between men and women.
- Even if there are opinions of a few, hearing opinions on how they came to participate, the benefits and changes they experienced from participation, and requests for the future makes it possible to check whether the intentions of the plans met participants' needs.
  
- ✓ Subsequently, the outcomes of the project in District A of Matsuura City have been shared and attempts to expand it to other districts have been made with the funding of the prefecture.

For professionals and residents

## Measures on inter-community disparities of seclusion by multi-disciplinary collaboration using survey data Town A, Kumamoto Pref.

Date	Summary
2013 Oct	JAGES Survey: Taken in 10 districts in the city
2013 Nov-2014 Mar	Held Community General Care Meetings 3 times. Participating departments: Disaster prevention, environment, education, construction, promotion policy, agricultural planning, tourism and international exchange promotion, revenue, national health insurance, long-term care insurance, health promotion, social welfare, community general support center, council of social welfare, Community diagnosis groupwork: Urgent priorities: "Seclusion" and judgment
2014	Holding regular Community General Care Meetings (8 times/year) Sharing each division's projects and building a shared understanding of challenges related to the aging society
2015 Jan	Based on comparative data on small regions, "Mizukoshi district," a mesomountainous region, was selected for implementing a multi-department collaborative social participation promotion project.
2015 Jan	Obtained funding from Kumamoto prefecture. Started discussions with resident organizations of Mizukoshi district.
2015 Feb	Incorporated long-term measures against inter-community disparities in seclusions into the 6th term Long-term Care Insurance Project Plans
2015 Apr-	Discussion bodies, including private organizations, scheduled to be established

**Comparison: Proportion of people in seclusion by municipalities**

**Comparison between small regions**

**Multi-department meetings**

**Goals set: Improving inter-community disparities in seclusion**

	Flat regions	Mesomountainous regions
Current	6.10%	11.10%
6th term	6.00%	10.10%
7th term	5.50%	9.00%
8th term	5.00%	8.00%

Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ Setting optimal goals is important for evaluating results.
- Setting goals appropriate for the characteristics of the small community, rather than setting goals for the entire town, makes it an attainable realistic goal for residents.
- Setting optimal goals that residents can accept is essential for continuing resident-led activities.
  
- ✓ Example of Town A in Kumamoto Prefecture.
- Comparing results of the Health and Living Survey to those of other cities and towns made it possible to identify the large proportion of residents in seclusion as a problem.
- A community general care meeting was held involving medical, welfare, and long-term care professionals as well as departments of disaster prevention, environment, education, construction, agriculture, tourism, and revenue to reach a shared understanding of seclusion as a community problem.
- Information was shared that there is a large difference in the proportions of residents in seclusion between the flat and mesomountainous regions of the same town. Therefore, different targets were set for flat and mesomountainous regions.
- A district within the mesomountainous region with the largest problems was selected for focused intervention. It was determined to implement a community participation promotion project in collaboration with many departments. A prefectural budget was obtained as well.
- Both short- and long-term measures against inter-community disparities in seclusion in the town were incorporated in the Long-term Care Insurance Project Plans.

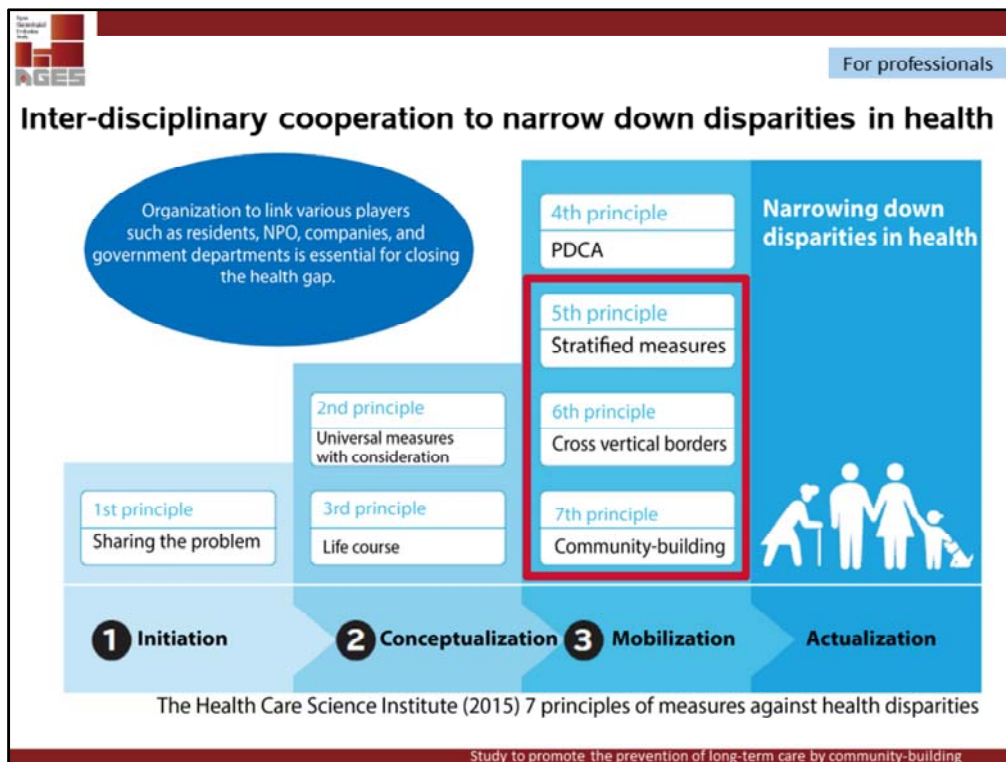


# Management-led formation stage

**Significance of multi-disciplinary,  
cross-institutional collaboration**

(For professionals)

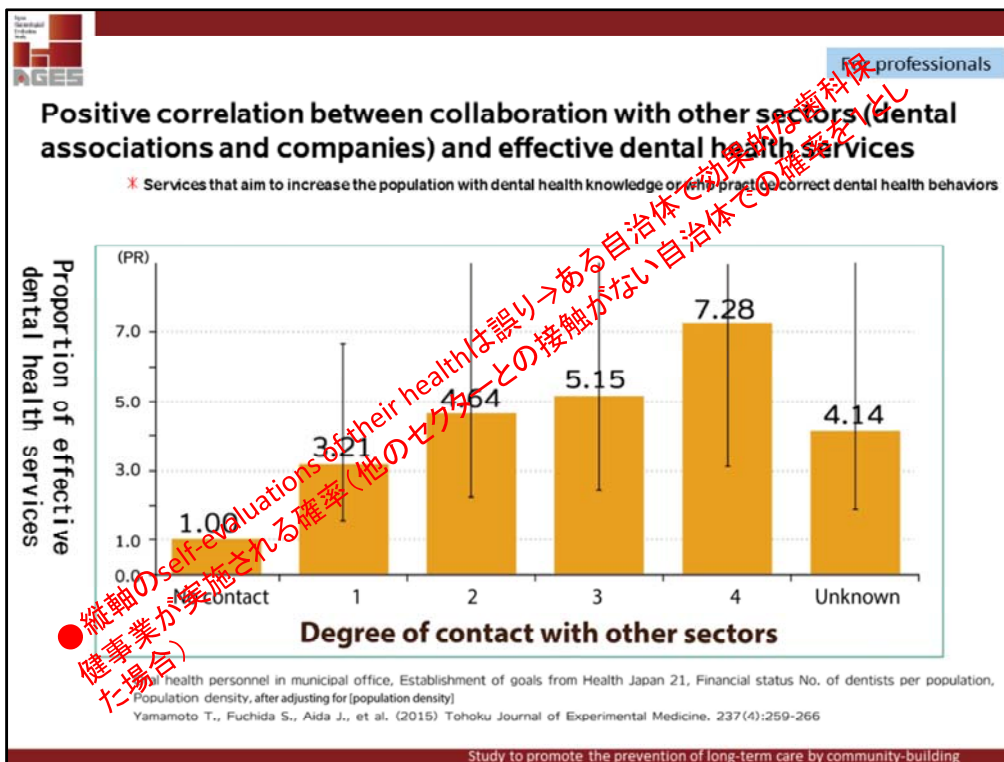
The following slides are intended to share the significance of multi-disciplinary or multi-institutional collaboration within the Management-led formation stage, primarily to experts.



### Remarks on this slide

- ✓ Mobilizing various players is essential for narrowing down disparities in health.
- “Initiation” and “Conceptualization” of the “7 principles against disparities in health” are not sufficient for closing this gap.
- Building systems and organizations that navigate residents and the various divisions of NPOs, private companies, and government is essential.
- ✓ The following 3 principles are critical in addition to the 4 principles of PDCA (plan, do, check, action), consisting of setting goals, evaluating results, and linking to the next activity.
- 5<sup>th</sup> principle: “Stratified measures that take characteristics and relationships between the state, local governments and communities into account”
- 6<sup>th</sup> principle: “Crossing vertical borders—i.e., connect the various players such as residents and various divisions of NPO, companies and government”
- 7<sup>th</sup> principle: “Community-building by collaboration with town-developing departments other than those directly related to health”
- ✓ “Stratified measures,” “crossing vertical borders,” and “community-building” are essential in preventing long-term care as well.
- ✓ It is essential to cross vertical borders and connect as many players as possible in ways best fit for their characteristics.

See reference at bottom of slide for details

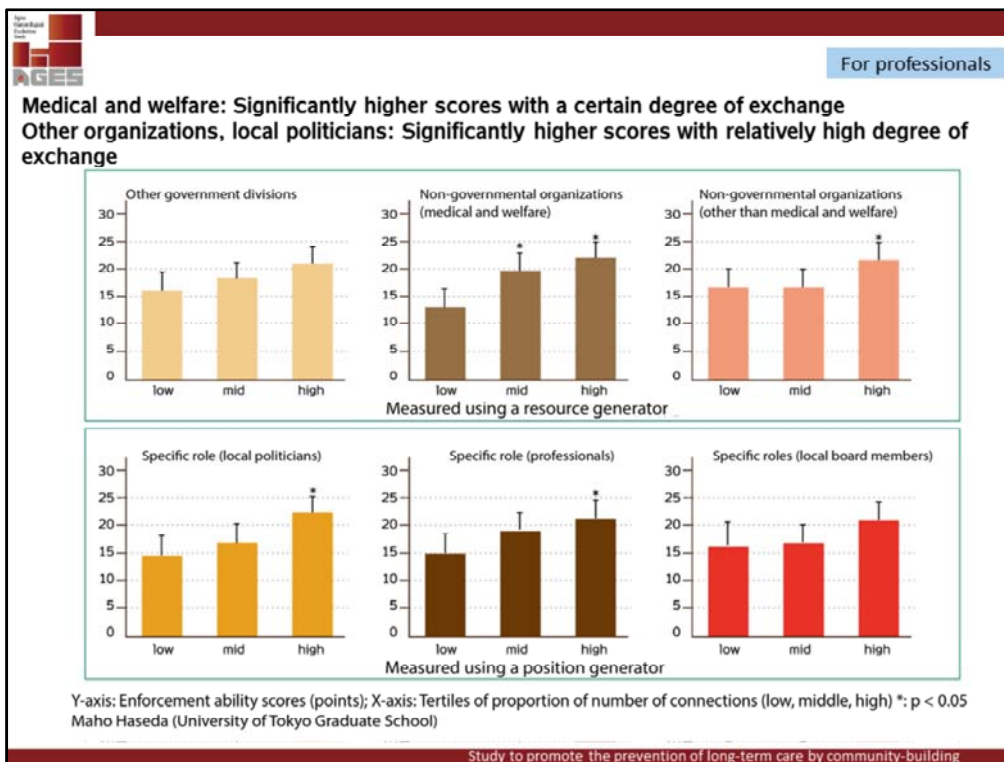


### Remarks on this slide

- ✓ Example: Successful outcomes of collaboration in dental health services
  - Results of a nationwide 2012 survey on 800 local governments
  - Comparison between local governments that operate dental health services alone versus those in collaboration with residents, dental associations, and companies
  - Local governments in collaboration were 3.21 to 7.28-fold more likely to be involved in effective activities, and this trend increased with the number of collaborating partners.
  - This indicates that more effective health services are managed through collaboration with residents, medical associations, and companies compared to those dental health services singly operated by local governments.
- ✓ The results demonstrate the potential effectiveness of activities executed by local governments that are boosted through collaboration with various partners in the community.
- ✓ Community-wide collaboration is also expected to render positive outcomes in long-term care prevention.

See reference at bottom of slide for details





### Remarks on this slide

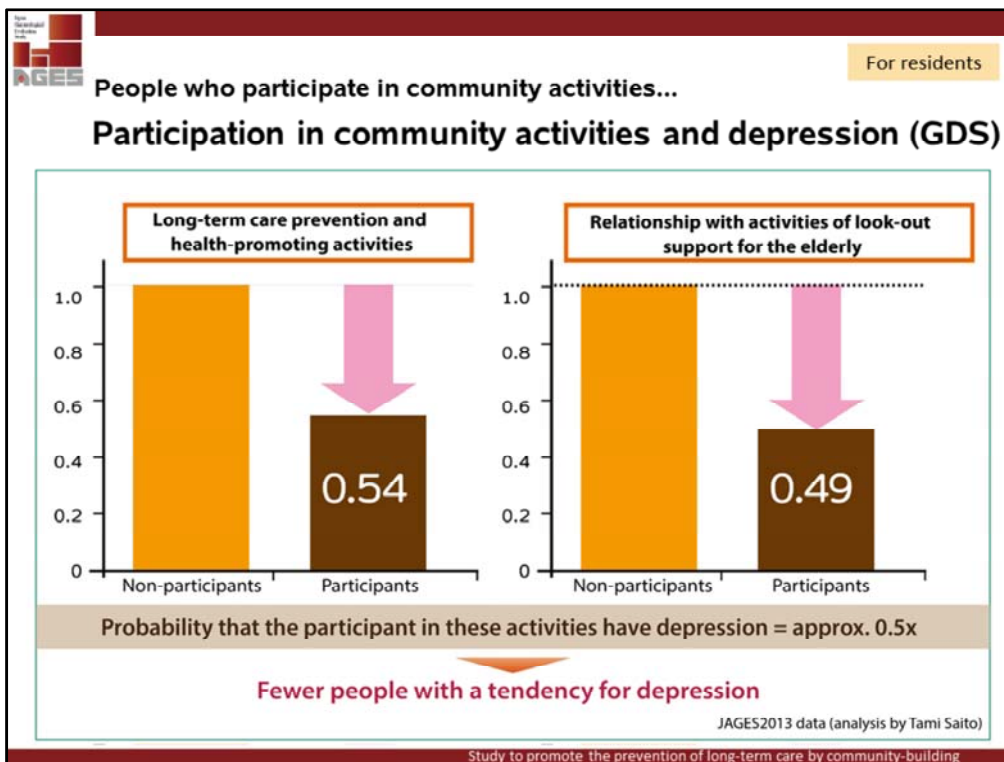
- ✓ Results of a questionnaire survey on local government employees who participated in the JAGES survey
- ✓ Government employees who work in multi-disciplinary or multi-institutional collaboration tend to develop social resources for raising the community's health standards and have higher abilities for systematizing and enforcement (enforcement abilities).
- ✓ Specifically, government employees with more connections with "other departments within the government," "organizations other than the government (medical and welfare)," and "organizations other than the government (other than medical and welfare)" have significantly higher enforcement ability scores. Likewise, "local politicians," "professionals," and "local board members" with more connections have significantly higher enforcement ability scores.
- ✓ The results indicate the potential increase in professionals' abilities through multi-disciplinary and multi-institutional collaboration.

# Management-led formation stage

**Significance of volunteer activities①**  
**Effects on individual health**

(For residents)

The following slides are intended to be used in the Management-led formation stage, primary to an audience of residents, and show the potential effects of participation in volunteer activities on the individual's health. They are intended primarily for use in explanatory meetings for residents.

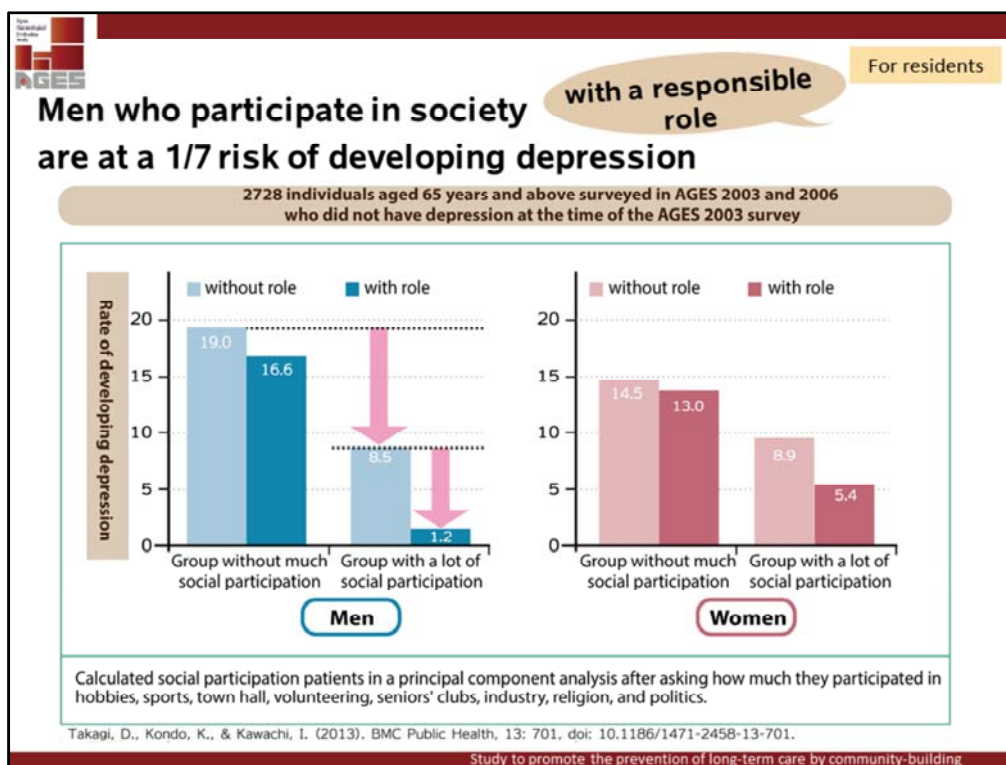


#### Remarks on this slide

- ✓ Survey on approximately 5,000 elderly individuals who are not certified with need for long-term care
- ✓ Individuals who participate in "Long-term care prevention and health-promoting activities" and "Look-out support for the elderly" are less than half as likely to be in depression compared to "non-participants."
- ✓ This is an analysis of one survey and therefore does not indicate causal relationships but suggests that there is a relationship between participation in community activities and depression.
  - \*Neither have been adjusted for variables.

#### Sample questions to audience

- ✓ We found that the rate of depression is lower among people who participate in community activities.



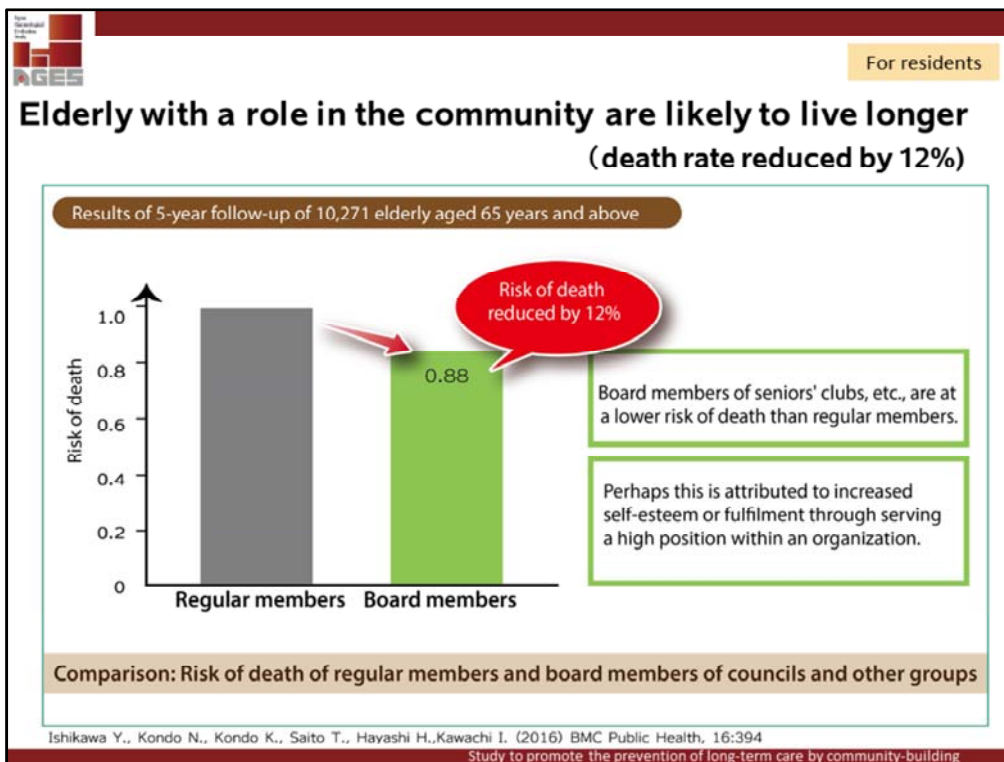
### Remarks on this slide

- ✓ Results of a 3-year follow-up survey on approximately 2,700 men and women aged 65 years and above
- ✓ “Degree of participation in social activities” was estimated by how much individuals participated in hobby, sports, town, volunteer and seniors’ groups, and clubs.
- We found that men and women who participated extensively in social activities were less likely to have developed new depression 3 years later compared to those who did not participate much in social activities.
- ✓ Furthermore, people who had a role were even less likely to have become depressed than people who only participated.
- ✓ This trend was particularly remarkable in men.
- A comparison among people with high levels of participation has shown that the risk of becoming depressed among people with responsibilities (1.2%) was one-seventh that of people without roles (8.5%), as shown by the blue bars in the left graph.
- ✓ Although the difference among women (red graph) is not as remarkable as men, women with responsibilities, too, were at a lower risk than women without one.

See reference at bottom of slide for details

### Sample questions to audience

A follow-up study suggests that there is a causal relationship between social participation and depression and that a role within the social activity was particularly effective in preventing depression.



### Remarks on this slide

- ✓ Results of a 5-year follow-up survey on approximately 10,000 men and women aged 65 years and above
- ✓ "Social participation with a role" was also associated with the risk of death.
- ✓ Specifically, people with one or more responsibilities among participants of local government or seniors' groups were at a 12% lower risk of death than members without responsible roles.

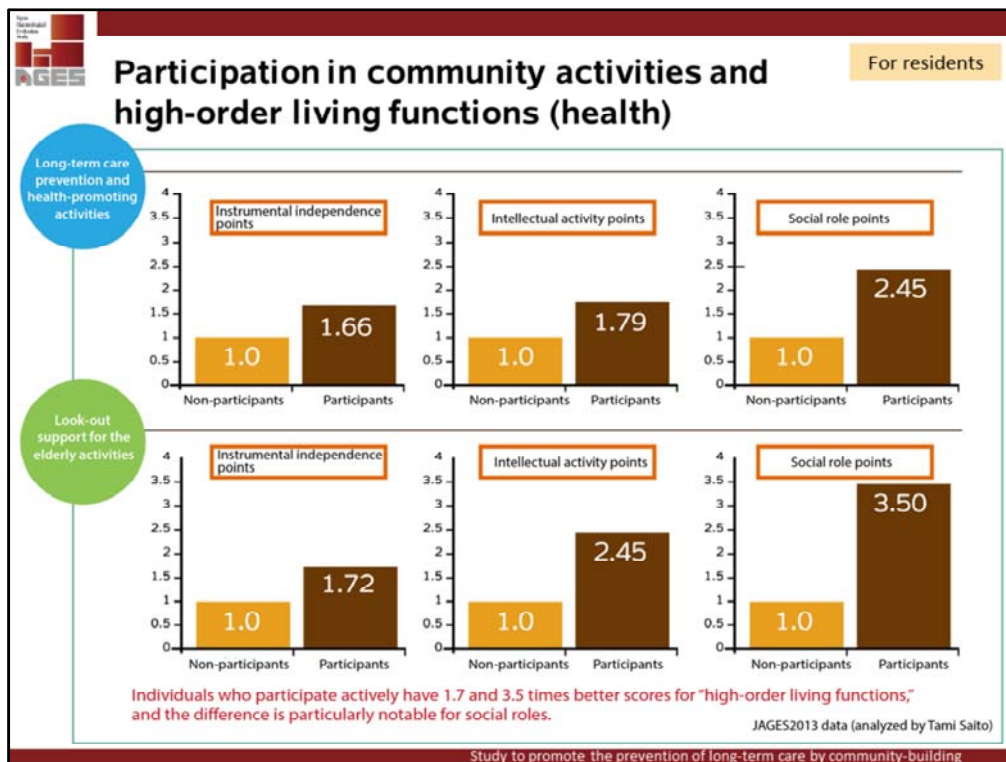
\*Results adjusted for sex, age, income, years in education, marital status, self-evaluations of health, depression, and years in the residence.

- ✓ Increased self-esteem or fulfilment through serving a high position within an organization may be some of the underlying reasons.

See reference at bottom of slide for details

Sample questions to audience

- ✓ Active participation in the community, but even better, social participation with a role may be linked with longevity.



### Remarks on this slide

- ✓ Results of analysis on approximately 5,000 elderly individuals without certification of long-term care need
- ✓ Individuals who participate in "Long-term care prevention and health-promoting activities" or "Look-out support for the elderly" have 1.7-fold and 3.5-fold better scores, respectively, of "high-order living functions" than non-participants.
- ✓ Scores were particularly high among people with "social responsibilities," including caring for people, listening and advising, and active exchange with young people.

### Sample questions to audience

Did you know that participating in community activities and having social responsibilities within the community can be helpful in having a lively old-age?

### [Information for reference]

- ✓ In addition to independence in the activities of daily living, the three "high-order living functions" of 1) Instrumental independence, 2) Intellectual activity, and 3) Social responsibilities must be good to pass a lively senior life.
- ✓ "High-order living functions" consist of
  - 1) Instrumental independence:  
Ability to select means as needed to live self-sufficiently. Specifically, these include domestic chores such as cleaning or meal preparation and carrying out daily tasks using tools and equipment. They also include financial management.
  - 2) Intellectual activity:  
Ability to carry out intellectual activities such as "exploring," "creating," and "leisure activities." Intellectual activity consists of activities that require complex thought and time, and decline of this capacity leads to extended periods of time spent without a purpose.
  - 3) Social responsibilities:  
Acts including caring for others, listening and advising, and active exchange with young people. This also includes the ability to take on and carry out responsibilities within a residential community and to

enjoy information exchange.

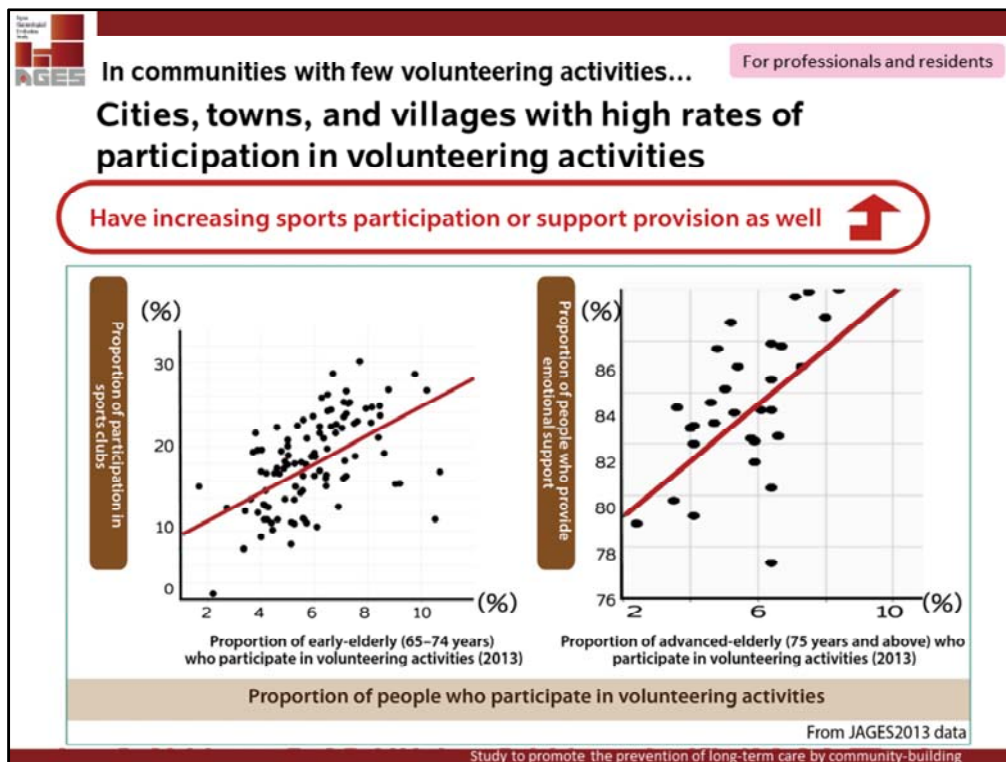
# Management-led formation stage

**Significance of volunteer activities 2)  
Effects on community health**

For professionals and residents

The following slides are intended for sharing the potential effects of promoting volunteer activities on health of the community unit that go beyond individual health.



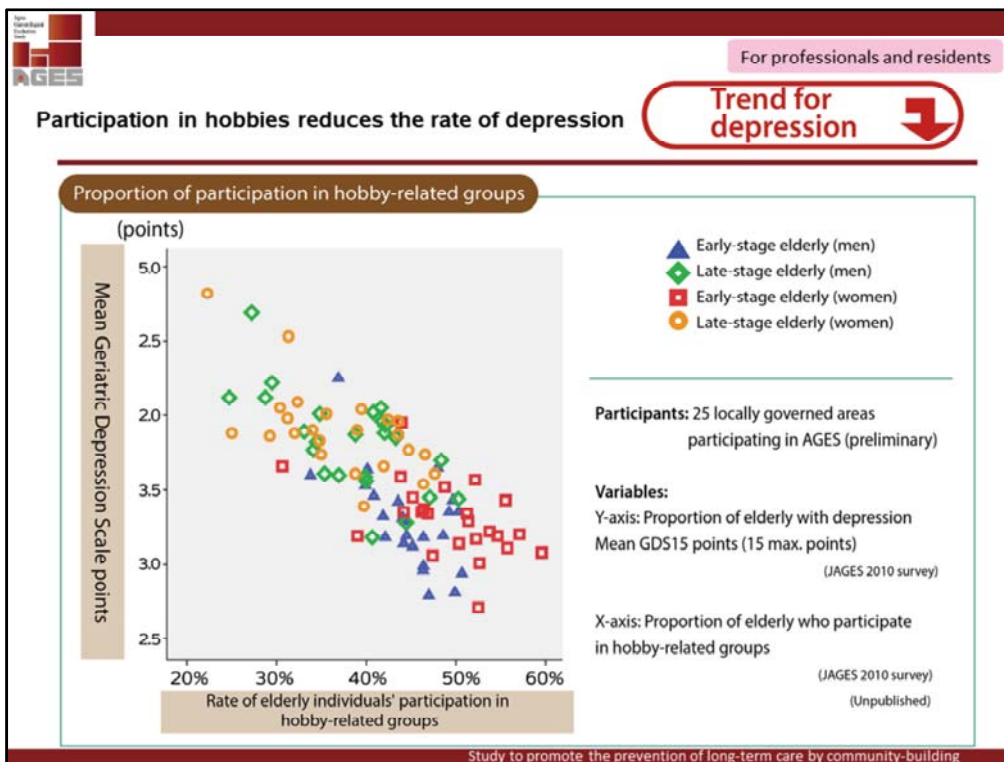


### Remarks on this slide

- ✓ Slide that provides descriptions for recruiting participants of volunteer activities
- ✓ A 2013 survey on approximately 130,000 elderly individuals without certification for long-term care need
  - The proportion of elderly people who volunteer in a given community was compared to the proportion of those who participate in sports clubs and the proportion of those who provide emotional support in these graphs.
  - The x-axes of the two graphs represent the proportion of people who volunteer; the y-axis of the left graph represents the proportion of people who participate in sports clubs, and the y-axis of the right graph represents the proportion of those who provide emotional support. The mean values for the area examined are plotted. (Left: early-stage elderly, Right: advanced-stage elderly)
- ✓ Both graphs increase in a positive correlation; cities, towns, and villages with higher rates of people who volunteer also have higher rates of people who participate in sports activities or who provide support.
- As an analysis of results from one survey, this graph does not represent causal relationships with volunteer activities but does show an association.

### Sample questions to audience

- ✓ Perhaps higher involvement in volunteer activities in the community will also increase the various indicators of the community related to health.

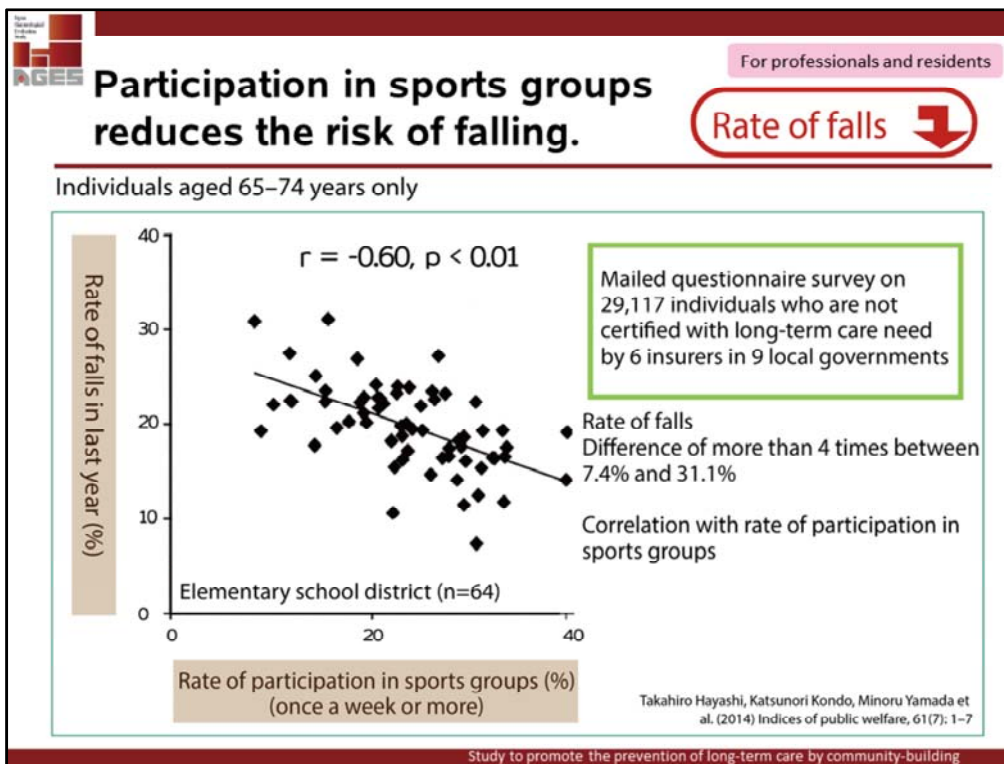


### Remarks on this slide

- ✓ A 2010 survey on approximately 100,000 elderly without certification for long-term care need by 25 local governments
- ✓ There was an association between the proportion of elderly who participate in hobby-related groups in a given region and the mean "Geriatric Depression Scale (GDS-15)" of the elderly in that region.
- The x-axis of this graph represents the proportion of people who participate in hobby groups, and the y-axis represents the GDS score of depression. This is a scatter plot of 100 early and advanced-stage elderly from 25 locally governed areas by men and women.
- As indicated by the graph, regions with higher rates of participation in hobby-related groups were associated with lower rates of depression.
- As an analysis on the results of one survey, this graph does not indicate causal relationships but does suggest an association with depression.

### Sample questions to audience

- ✓ We found that regions with high rates of participation in hobby groups have low rates of people with depression.



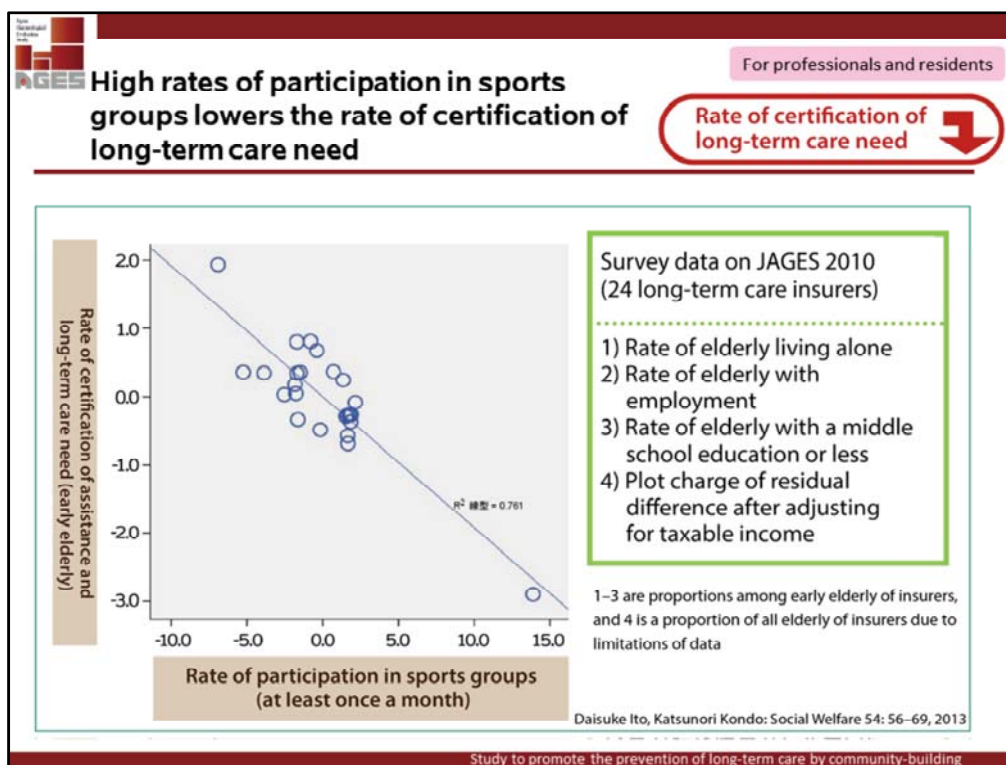
### Remarks on this slide

- ✓ An analysis on a survey of approximately 29,000 individuals by 9 local governments analyzed for each of the 64 elementary school districts
- There was a large gap in the rate of early elderly aged 65–74 years who have fallen in the last year between elementary school districts of up to a 4-fold difference from the lowest of 7.4% to the highest of 31.1%.
- ✓ Furthermore, there was an association between the rate of elderly who have fallen and the rate of participation in sports organizations.
- The x-axis of this graph represents the rate of elderly participants in sports organizations within the elementary school district, and the y-axis represents the rate of elderly who have fallen in the last year, which are plotted by the 64 elementary school districts.
- As shown by the graph, elementary school districts with higher rates of participation in sports organizations had lower rates of people who had fallen with a statistically significant difference.

See reference at bottom of slide for details

### Sample questions to audience

Did you know that there are towns with higher or lower rates of falls and that the rates of falling are lower in towns with higher rates of participation in sports organizations?



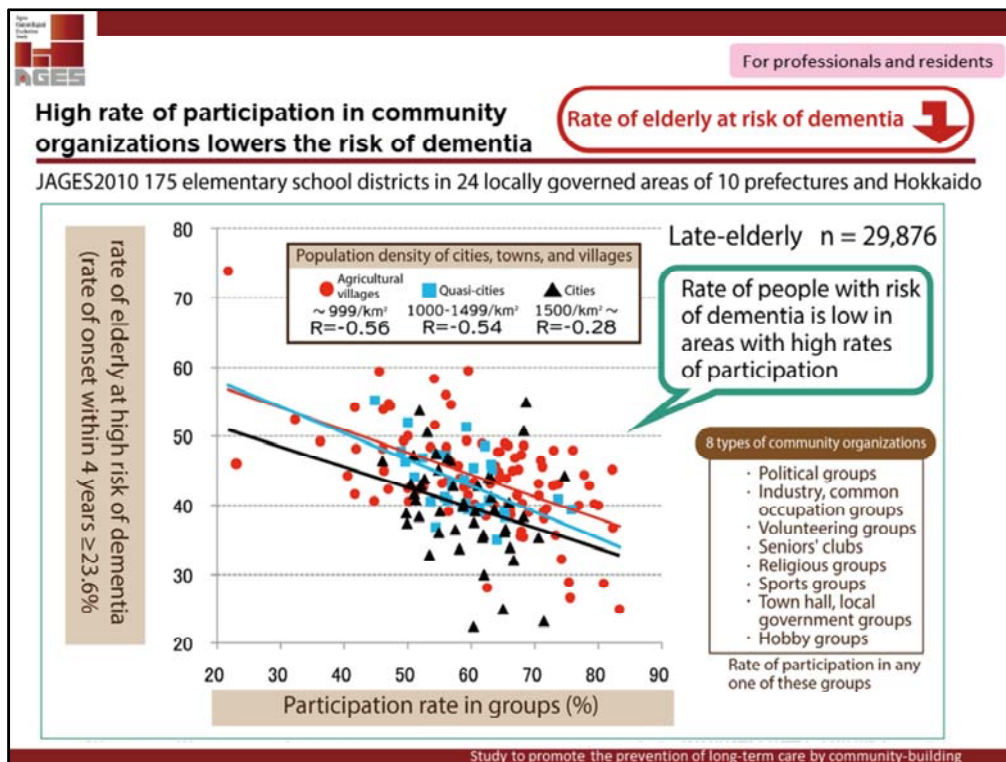
### Remarks on this slide

- ✓ The rate of participation in sports organizations was also correlated with the rate of certification of assistance need or certification of long-term care need.
- ✓ An analysis on approximately 100,000 elderly without certification of long-term care need indicated a relationship between rates of participation in sports organizations and the rates of certification of long-term care need.
  - This graph represents results of an analysis on 24 early-stage elderly (aged 65–74 years) people with long-term care insurance.
  - The x-axis represents the rate of early-stage elderly participating in sports organizations, the y-axis represents the rate of early-stage early certified with assistance need or long-term care need, and the graph plots data on 24 communities.
  - As shown by the graph, we found that higher rates of participation in sports organizations were associated with lower rates of certification of assistance need or long-term care need.
  - This study revealed a statistically significant relationship, based on results for each community adjusted for the rate of elderly living alone, employment rate, education, and income (the effects have been excluded).

See reference at bottom of slide for details

### Sample questions to audience

- ✓ Did you know that communities with active participation in sports have lower rates of people certified with long-term care need?



### Remarks on this slide

- ✓ Results of analysis on survey results on approximately 30,000 late-stage elderly in 175 elementary school districts in 24 locally governed areas analyzed by elementary school district
- The community's rates of participation in various activities were also associated with risk of dementia in that community.
- The x-axis of this graph represents the rate of people who participate in one of the 8 community organizations (see slide), and the y-axis represents the rate of late-stage elderly at high risk of dementia.
- The graph plots data on 175 elementary school districts.
- The rate of participation in community organizations is expected to vary between rural and urban areas; thus, agricultural villages are represented by red dots, semi-urban areas with blue squares, and urban areas with black triangles. The red, blue, and black lines represent their relationships.
- ✓ All lines are negative slopes: in agricultural villages (red line), semi-urban cities (blue line), and cities (black line), elementary school districts with higher rates of participation in community organizations have lower rates of elderly individuals at high risk of dementia.

### Sample questions to audience

- ✓ Did you know that high rates of participation in community organizations are associated with low rates of people who are at risk for dementia?



# Management-led formation stage

**Progressive approaches for management-led formation**

For professionals and residents

Study to promote the prevention of long-term care by community-building

The following slides summarize “Case presentations of progressive communities” intended as references for the Management-led formation stage. They are intended for both professional and resident audiences for visualizing concrete ideas.



For professionals and residents

## Works applying the community diagnosis (City B)

Shared community diagnosis results and problems surrounding long-term care prevention at a workshop in which different types of volunteers active in the same community participate

Items with correlations extracted from support site

Characteristics of communities with fewer elderly with cognitive decline
① Participation in volunteering activities
② Participation in sports groups
③ Participation in hobby groups
④ Participation in seniors' clubs
⑤ Receiving emotional support
⑥ Receiving instrumental support

Participation in hobby groups and risk of depression

Community building is the key because cities, towns, and villages with high rates of participation in hobby groups have low rates of depression.

We had residents brainstorm possible activities.

Presented that the communities with low rates of cognitive decline are characterized by high rates of participation in hobby and other groups.

- 1) Applied to list interventions in the order of priority
- 2) Applied as material for convincing residents in areas at high priority
- 3) Enabled involving local key persons for advancing through the project

Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ Case presentation of City B: Results of community diagnosis translated to resident-led community activities
- Sharing the results of the community diagnosis and understanding the community's problems are effective for improving the health of the community as a whole—i.e., for promoting the population strategy for preventing long-term care.
- In this case, we shared with the residents that communities with low rates of people with cognitive decline have higher rates of social participation in hobby groups and allowed residents to plan their own activities.
- ✓ Results of information sharing
  - 1) Obtained approval from the city on the order of priority of regions that require intervention
  - 2) Obtained approval for intervention on the need for community intervention from residents living in the community
  - 3) Resident-led activities allowed promoting the project with involvement of local key persons

### Information for Reference

- ✓ Population strategy = Targets currently healthy elderly as a primary preventive measure of future frailty
- Measures for preventing long-term care need that aims for health promotion. Examples: seniors' salons, exercising classes.
- Analogy 1: Non-smoking policies. Making all public buildings non-smoking, increasing taxes on cigarettes. Analogy 2: Regulations on salt in processed foods as a measure against high blood pressure.
- ✓ High risk strategies = Conventionally, the main strategy in preventing long-term care
- This screened for people with risk factors of long-term care need through health

For professionals and residents

## Developing a Recreational Salon in Taketoyocho, Aichi Prefecture 1)

Project goals: Providing a service that welcomes participants of all levels of health and fitness conditions

**The top-down model-focused strategy:** the town takes the lead to make decisions and recruits volunteers

Should the strategy be:

- Easy to generate enthusiasm, but may be fleeting.
- It is easier to gather volunteers with a clear goal.
- However, despite laborious discussions, projects may evaporate in a shorter time.

**The bottom-up process-focused strategy:** Resident groups hold discussions on the community's problems to execute the plan

Or should the strategy be:

- Takes more time.
- It is hard to instill awareness in the residents to think about their community's problems
- The model-focused strategy may be more realistic for the town organizer.

Discussions were repeated to choose between




Since it is an ongoing project, the process-focused approach may be ideal but requires a longer preparation period and may seem endless. Process-focused approaches may not be appropriate for the town, since it will be unknown whether it will become an exchange program.

Ultimately, a **"hybrid approach"** was taken to plan the project: Starting with a model-focused approach, and transition to a process-focused approach


Hiroshi Hirai: Population approach attempts in preventing long-term care. Community rehabilitation 4(1)-(6), 2009  
Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ Success was achieved with a hybrid strategy for Taketoyocho, Aichi prefecture: Initial activities were in line with the model strategy and gradually transitioned to a process-focused strategy.
- ✓ There are three subtypes of the population strategy that intervenes with the community as a whole: the model-focused strategy, process-focused strategy, and hybrid strategy.
  - The model-focused strategy is characterized by government professionals who determine the activities based on a community diagnosis or another method, and volunteers are recruited for those activities.
  - In the process-focused strategy, residents lead the discussions for resolving the community's problems, narrowing down options, and selecting activities in a bottom-up manner.
- ✓ All have pros and cons:
  - The model-focused strategy starts with a pre-determined goal, so an early rush occurs easily. It is also easier to recruit volunteers for a project with a clearly indicated goal. However, top-down projects may not have an enduring effect.
  - The process-focused strategy does not start with an explicit goal, so it takes time until the activity begins to take off. It requires an incentive to make residents think seriously about ways to resolve the community's problems. For the government, this



method is associated with more uncertainty compared to the model-focused strategy. However, they tend to have long-term success once the initial obstacle is overcome.



For professionals and residents

## Developing a Recreational Salon in Taketoyocho, Aichi Prefecture 2)

Meeting for recruiting volunteers-->of 62 attendees, 52 agreed to participate.

KJ method at the first workshop: Many opinions about hopes and prospective activities were collected.

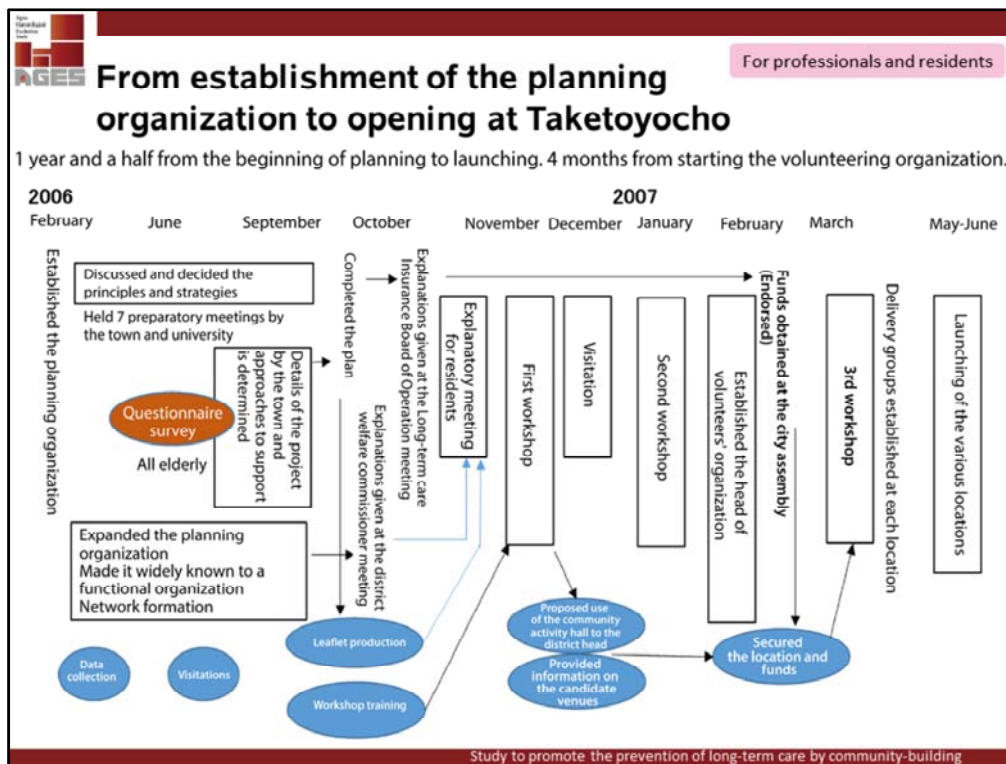
Date	Meeting/Observation	Details	Results (Decisions, comments, opinions)
mid to late Dec	Visiting and observing existing case	Visited "Hapiwan" (Tokoname city)	Achieved an idea of activities as a testbed; felt encouraged by and were impressed about activity leaders and volunteers
26 Dec-22 Jan	Preliminary meeting for workshop	Discussed how to carry out and divide groups in the 2nd workshop	Decided to propose both options of forming groups by content and by location
29-Jan	2nd workshop	Drew up topics for debate for concrete planning of the project	Extracted topics for consideration: <ul style="list-style-type: none"> <li>• Location for establishment</li> <li>• Frequency of the activity, time, and content,</li> <li>• Administration of the town</li> </ul>
7-Feb	1st preparatory meeting	Discussed the topics drawn up in the workshop.	First meeting of preparatory committee members, introduction
20-Feb	Visiting and observing existing case	Visited "Iwaname district salon" (Handa city)	Necessary to start increasing understanding of the challenges of providing food and drinks
1-Mar	2nd preparatory meeting	Discussed the topics drawn up in the workshop (determining the location)	Narrowed down candidate locations to 3 based on needs resource data of each district
7-Mar	3rd preparatory meeting	Visiting the candidate locations for establishment	Confirming and checking the candidate facilities and their equipment
14-Mar	3rd workshop	Presentation of each team's summary of activities	Propose candidate locations Form teams by location Determine summary of activities
late Mar to May	Discussion by teams	Preparation for opening	Determining details of activities
11-May	4th workshop	Presentation of each team's menu of activities	Details of the opening ceremony Discussion on the activities from the 2nd session onwards
27-May	Opened Owasecho location	Opening ceremony	Number of participants: 161
19-Jun	Opened Age location	Opening ceremony	Number of participants: 150
21-Jun	Opened Tamanuki location	Opening ceremony	Number of participants: 153

Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ Taketoyocho required an 18-month preparatory period before the volunteer-led project began to take off.
- This table displays the events in the last half-year.
- Residents gave their opinions on their hopes for the future of the new town and activities they were interested in for the first workshop in November 2006. This table represents the approximate half-year from the second workshop in January 2007 to the salon launching in May/June in 3 districts of the town.
  
- ✓ In the case exhibited in this table, the preparation was completed promptly in a 3–4-month period between the February 2006 preparatory committee meeting for the launching in May/June, but this preparatory time can vary widely by the community's resources and problems.
- Other cases within the same town of Taketoyocho required more than 6 months between choosing the location and opening the facility.
- It is important to have set goals for the process-focused strategy, but it is also essential to be flexible and start with realistic steps rather than rushing for decisions by such and such date or such and such meeting.
  
- ✓ Events that preceded the actions displayed on this table (for reference)
- Seven preparatory meetings by the town and university were held between February and September 2006.
- A questionnaire survey was conducted on all elderly residents of the town in June 2006 to survey on the state of seclusion and demand for a salon project.
- At the same time, volunteers were recruited. Over 500 of the 2700 respondents answered that they were willing to cooperate.
- Through observing previous cases led by other municipalities and researchers, we found that preparation and support for "hard" work, such as financing and arranging

- The subsequent first workshop held in xxx 2006 and the second workshop, also displayed on this table, mark the transition to the process-focused activities.



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- At the same time, volunteers were recruited. Over 500 of the 2700 respondents answered that they were willing to cooperate.
- Through reviewing previous cases by other municipalities and researchers, we found that preparation and support for “hard” work, such as financing and arranging a location for the facility, were essential for the success of the project.

- The subsequent first workshop held in xxx 2006 and the second workshop, also displayed on this table, mark the transition to the process-focused activities.

**AGES** **Promoting isolation prevention in large-scale housing complexes: Nagoya City, Aichi prefecture** For professionals and residents  
 Following a preparatory period since June 2012

**Opening of the Saturday Salon Naruko!**

**10/8/2013** With the cooperation of various partner organizations and repeated discussions with volunteers, the "Saturday Salon Naruko" opened on October 5, 2013 (Sat) for preventing isolation of residents in Naruko Complex.





Participants filled the venue at the opening at 9 o'clock. Approximately 100 attendees participated in addition to the staff this day.


Tasting of delivery obento

As an opening event for the first day, an obento tasting was held.

Study to promote the prevention of long-term care by community-building

**Remarks on this slide**

- ✓ Presentation of a case in an urban area
  - A salon was opened in the housing complex of Narukocho, Nagoya city, to prevent isolation.
  
- ✓ The project was launched after a preparatory period lasting a year and 4 months, starting in June 2012.
  - Repeated discussions with operating volunteers were held, and over 100 people participated at its opening.
  
- ✓ Ideas borne out of discussions with volunteers utilized community resources characteristic of cities.
  - As an opening event, a delivery obento tasting was held with the cooperation of a local obento company.
  - Urban areas have certain drawbacks, such as difficulty in finding a venue for holding the events or in recruiting volunteers, but are rich in community resources.
  - A project built on an idea that only a local volunteer could conceive.



# Evaluation period

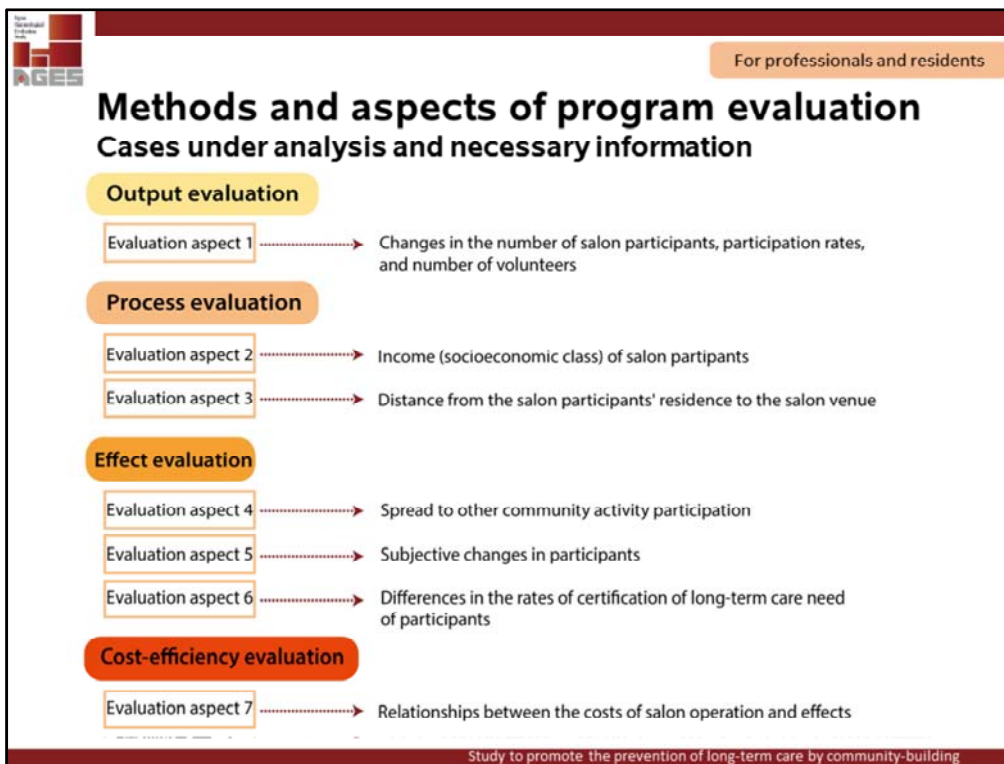
## Methods of evaluation and necessary information

For professionals and residents

Study to promote the prevention of long-term care by community-building

The following slides are intended to be used closer to the Evaluation period. Newly launched projects such as seniors' salon activities require various efforts for continued success. Proving that the activities that we have been promoting are effective for preventing the need for long-term care shall provide motivation to continue the activities. Furthermore, we have the responsibility to report the benefits of continuing support to the government organizations that assist in these projects. The following slides are intended to provide insight for what should be prepared in advance for evaluating the results of the activity and information that should be collected and present previous cases from an evaluation standpoint.





### Remarks on this slide

- ✓ There are 4 broad categories of evaluating projects and programs: "Output evaluation," "Process evaluation," "Effect evaluation," and "Cost efficiency evaluation."
- ✓ The following slides exhibit specific examples and datasets required for these evaluations.

#### Output evaluation:

Evaluates the results (expansion) as a ratio of the investments made for the service.

Parameters: the number of salons, participants, participation rates

#### Process evaluation:

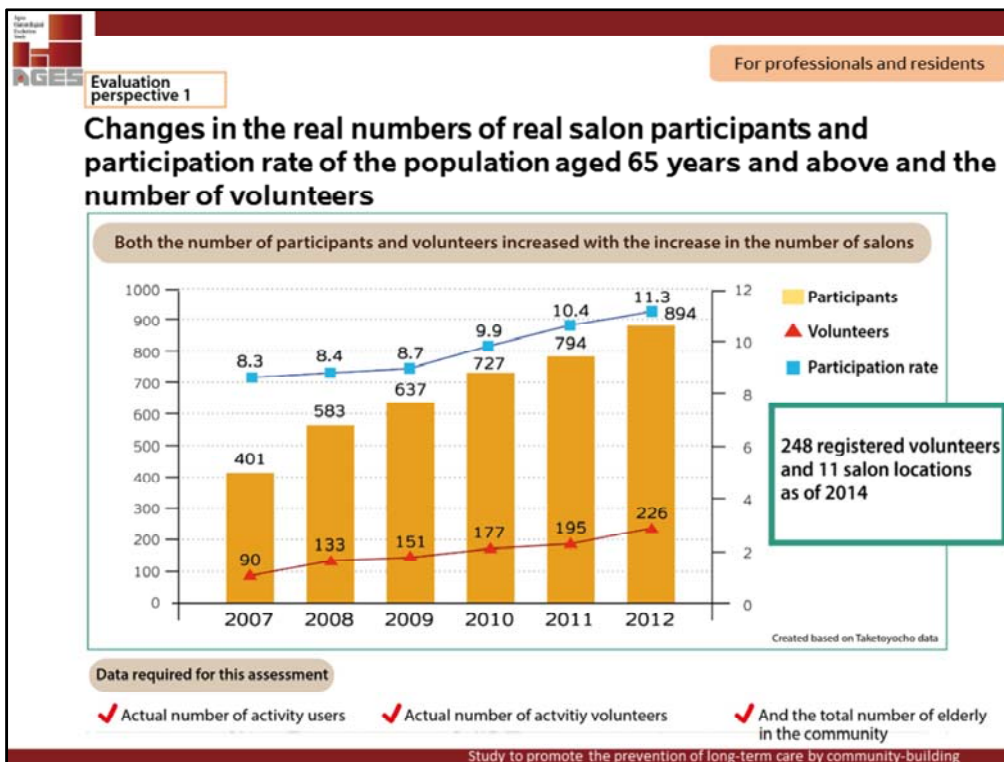
Evaluates whether the intended clientele is able to participate (use) the newly launched service: Parameters: social class, distance to the salon

#### Effect evaluation:

Evaluates the effects of the said service, including effects on participants' health state and derivative effects on other community activities

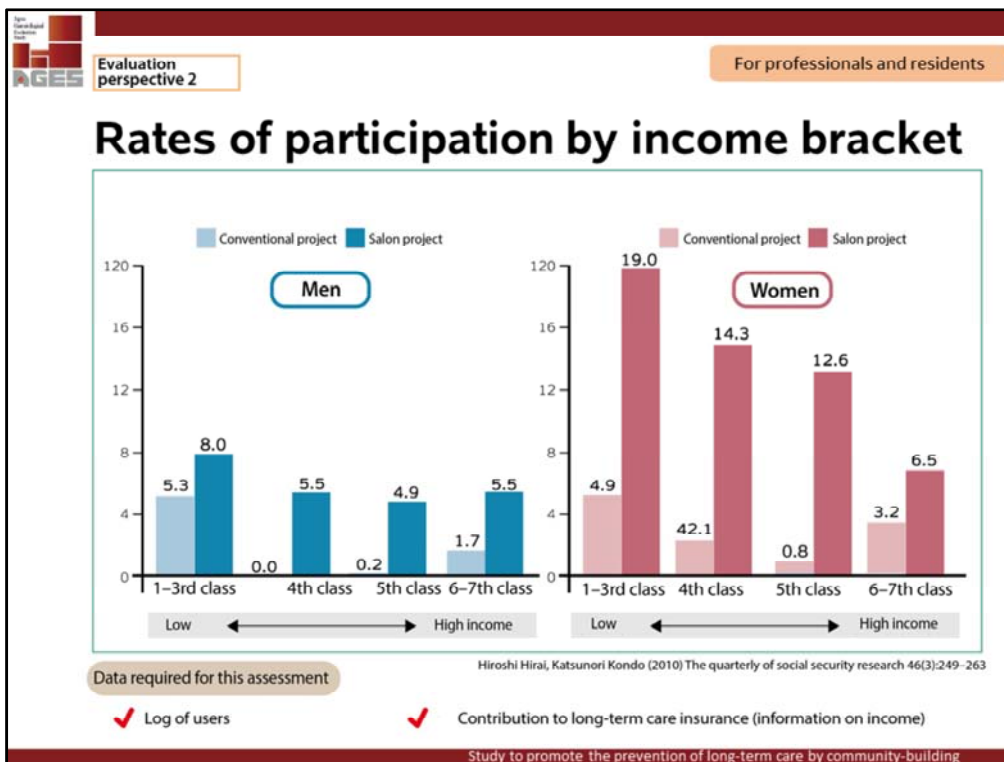
#### Cost-efficiency evaluation:

Evaluates the validity of the service from a financial standpoint: Parameters: effects of the service relative to the costs of operation



#### Remarks on this slide

- ✓ Output evaluation of seniors' salons (\*) in Taketoyocho
- ✓ Since opening of the first 3 locations in 2007, the number of locations increased as the number of participants and volunteers increased. The graph also demonstrates the participation rate of more than 10% of all elderly people in the town.
- ✓ To indicate these results, it is essential to have an accurate count of participants and volunteers (not a total). A directory and attendance chart for volunteers and participants is a requirement for this.



#### Remarks on this slide

- ✓ This slide displays the participation rate by family income to further investigate the types of people who are participating.
- ✓ In contrast to conventional projects for which user rates were higher among people from middle and low-income families, in this community, we found that resident-led salon projects were more accessible for people with lower income, particularly women, showing that this project can contribute to narrowing the health disparity.
- ✓ It is essential to collect data on participants' identifications and income to find these results. Here, we have referred to long-term care insurance payments imposed on participants to obtain information on their income.

See reference at bottom of slide for details

AGES Evaluation perspective 3

For professionals and residents

## People living closer are more likely to participate

- Measured the distance to the venue using Geographic Information System (GIS)
- The subjective sense of health of people living nearby had improved more

Distance to the venue (m)	Rate of participation (%)
0-219	~19
250-499	~10
500-749	~9
750-999	~7
1000-1249	~5
1250-1499	~4
1500-1749	~2
1750-2000	~2
2000+	~1

Ichida Y., Hirai H., Kondo K., et al. (2013) Social Science & Medicine, 94:83-90

Data required for this assessment

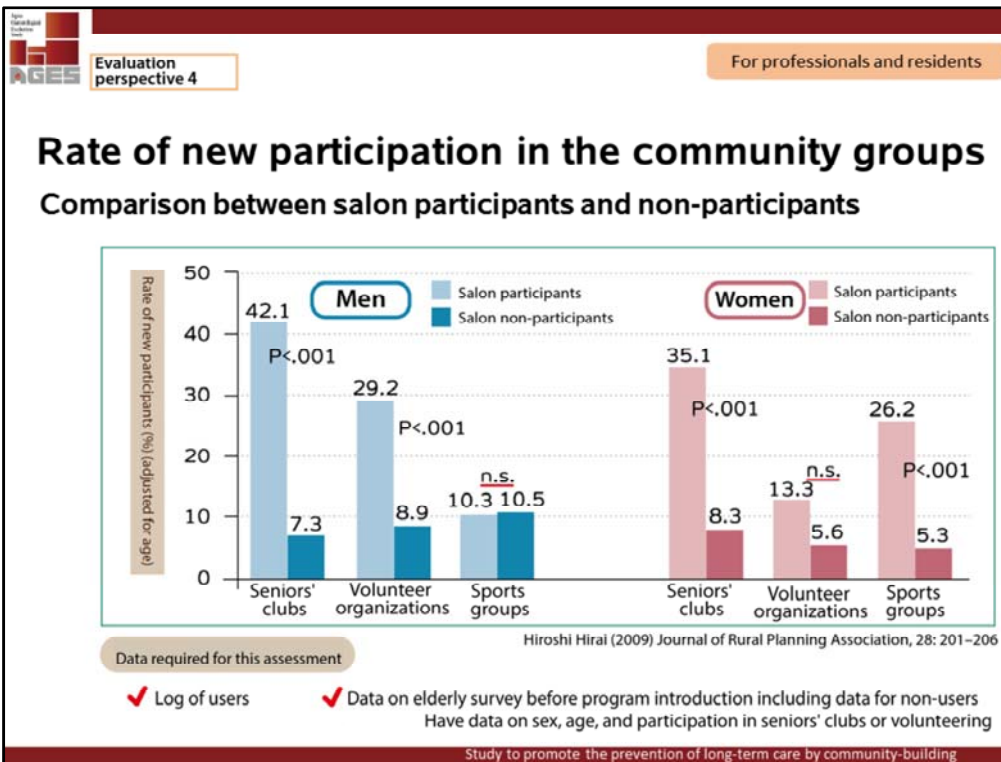
- ✓ User log and their addresses
- ✓ salon venue address
- ✓ address of the elderly of the community
- ✓ Questionnaire survey data before and after implementing the program for the elderly in the community

Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ This graph plots data to show the distance from the participants' homes and the salon venue to further investigate the types of people who are participating. As shown in the left figure, the participants (red circles), the non-participants (blue circles), and the location of the salon (orange square) plotted on a map show that a higher number of participants live closer to the salon. As the graph of the right shows, the rate of participants increases markedly within the 250-m radius of the salon venue. This provides a good indicator for optimal placement of salons within the community and for estimating the number of salons to be opened in the community as a whole.
- ✓ It is essential to collect data on participants' names and addresses and the addresses of salon venues to find these results.

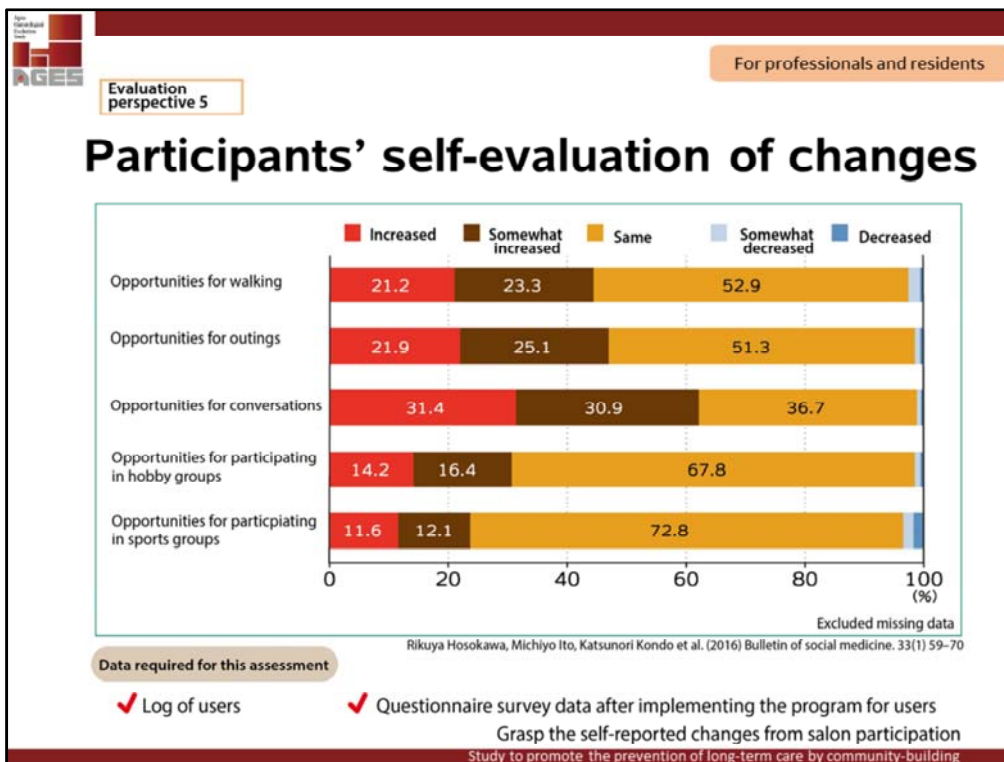
See reference at bottom of slide for details



#### Remarks on this slide

- ✓ We compared salon participants to non-participants to evaluate “new registration” to seniors’ clubs, volunteer organizations, and sport groups to investigate the derivative effects of salon activities on other community activities.
- ✓ Men and women salon participants had significantly higher rates of new registration in seniors’ clubs in the community compared to non-participants. For men, participation in the salon was associated with increased participation in volunteer organizations, and, for women, it was associated with participation in sports groups.
- ✓ In addition to participant member logs, data from surveys on seniors that show participation rates on other seniors’ clubs and volunteer activities are required to find these data (impossible with data from a survey on salon participants alone).

See reference at bottom of slide for details



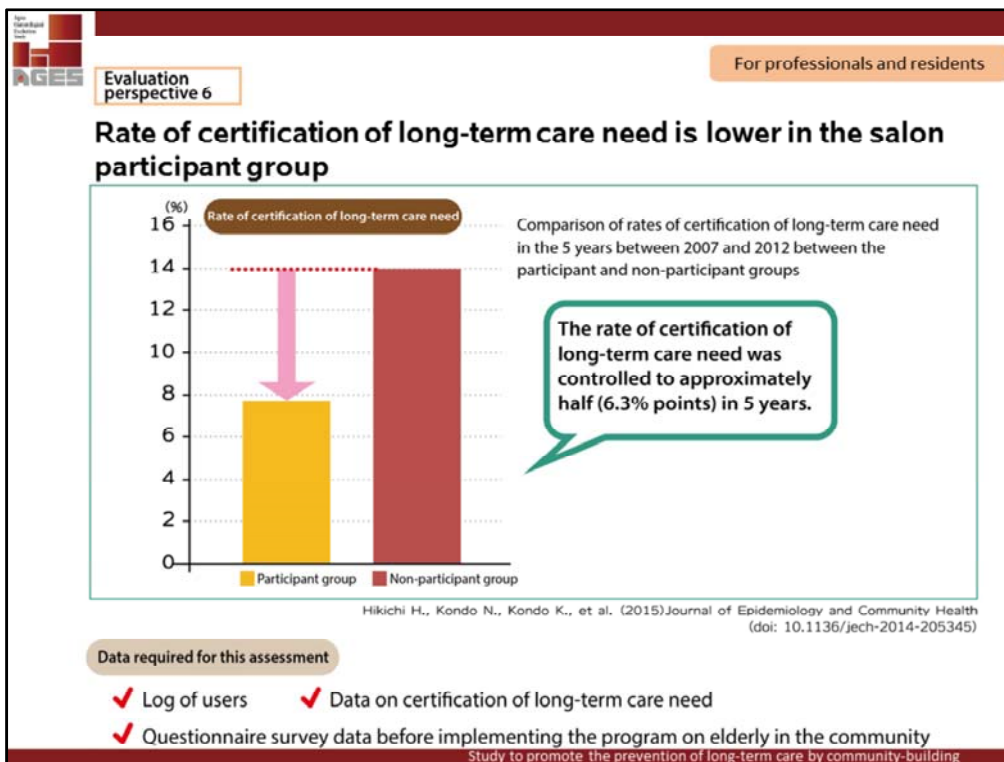
### Remarks on this slide

- ✓ A brief summary of the effects of participation as a comparison of self-evaluations made before and after participation in a specific activity

(The present are results of an analysis on a questionnaire survey of participants in the "Health exchange house" in A city, Aichi prefecture.)

- ✓ Although it is important to note that these are scores based on a self-evaluation, the data suggest that this project contributed positively to increasing participants' opportunities for walking, frequency of outings, and chances for having conversations. (However, it is also important to note that it is possible that only individuals who noticed an effect continued to participate in the project, so, technically, these are not "effects of this project.")
- ✓ A participants' log and a questionnaire survey conducted before and after participation in the project are required to find these results (the questionnaire can be distributed to salon participants only).

See reference at bottom of slide for details



#### Remarks on this slide

- ✓ To validate the effects of health maintenance and promotion of salon participation, we followed up salon participants and non-participants to compare the differences in likelihood of requiring certification of long-term care need.
- ✓ Here, we examined rates of long-term care need certification by salon participants and non-participants and found that 14% of non-participants were certified in 5 years, whereas the rate of certification was approximately half (7%) among participants. (Groups were adjusted so that the participant and non-participant groups were almost equal in all parameters with the exception of salon participation/non-participation to exclude the possibility that individuals with better health statuses prior to salon participation were more likely to participate.)
- ✓ Participation or non-participation to the project must be linked to information on certification of long-term care need in performing effect evaluations such as this. Furthermore, since it should be assumed that salon participants and non-participants have different characteristics in various other realms, it is ideal to have a set of data from prior to the project to adjust for their effects.

See reference at bottom of slide for details



AGES Evaluation perspective 7 For professionals and residents

## Salon operation costs and breakdown as of 2010

Item	Details, unit cost	Amount (yen)
<b>Total cost</b>		<b>6,327,077</b>
1) Labor costs		3,197,460
2) Total actual expenses	Venue operation cost, fees to instructors, temporary staffing fees	3,129,617
	Actual number of participants (727) *per person	8,703
	Total number of participants (6441) *per person	982
	Salon (8 locations) *per location	790,885
	Salon opening (109 days) *per day	58,047

Katsunori Kondo (2015) Financial Review. 123:133-157

Total reimbursement for long-term care fees per person: 1,92 million yen  
**Preventing four** new certifications with long-term care annually makes this an efficient project

VS

Mean over 5 years = 600people  
x8% = **48 people**

Data required for this assessment

- ✓ Log of users
- ✓ Data on certification for long-term care need
- ✓ Operating costs of the salon
- ✓ Number of staff and volunteers, and number of hours taken for operation (time study)

Study to promote the prevention of long-term care by community-building

### Remarks on this slide

- ✓ Evaluation of the per-cost effects in Taketoyocho, Aichi prefecture. In this area, approximately 6.32 million yen was invested for annual salon operation costs. Considering that the mean annual per capita cost of long-term care is 1.92 million yen, preventing four new certifications with assistance or long-term care need per year through salon activities makes it profitable as a long-term care prevention service.
- ✓ Results of an examination indicated that the project prevented certification of assistance or long-term care need in approximately 48 people over 5 years (9.6/year), demonstrating that it is a profitable (highly cost-efficient) project.
- ✓ An accurate account of costs associated with salon operation are required for these evaluations in addition to logs of users and data on certification of long-term care need. Costs of operation include costs of venue operation, payments to instructors, and temporary staffing costs. Wages paid to employees that provided assistance should also be reflected as accurately as possible based on measures such as the time they invested in the project.

See reference at bottom of slide for details



This slide set was created as part of the “Study to promote the prevention of long-term care by community-building” (author: Katsunori Kondo) by the Japan Agency for Medical Research and Development (AMED) (27410101: First author: Katsunori Kondo)

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Study to promote the prevention of long-term care by community-building