

資料4

メキシコシティでのWHO会合資料：

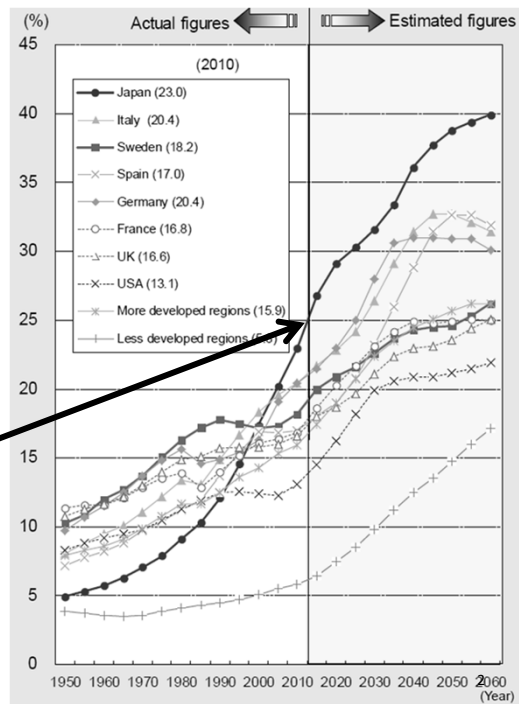
Japanese Strategy on ageing and health

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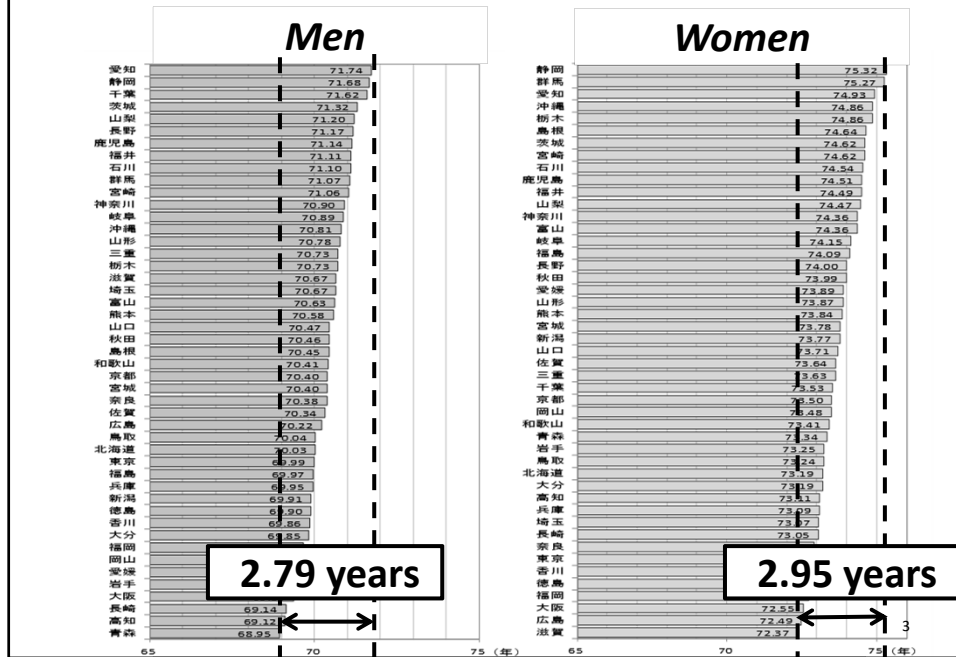
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Yosuke Inoue, PhD
The University of Tokyo, Japan

Cross-national Trends in aging rate (% people aged 65+)

27.3%
(as of Sep. 2016)

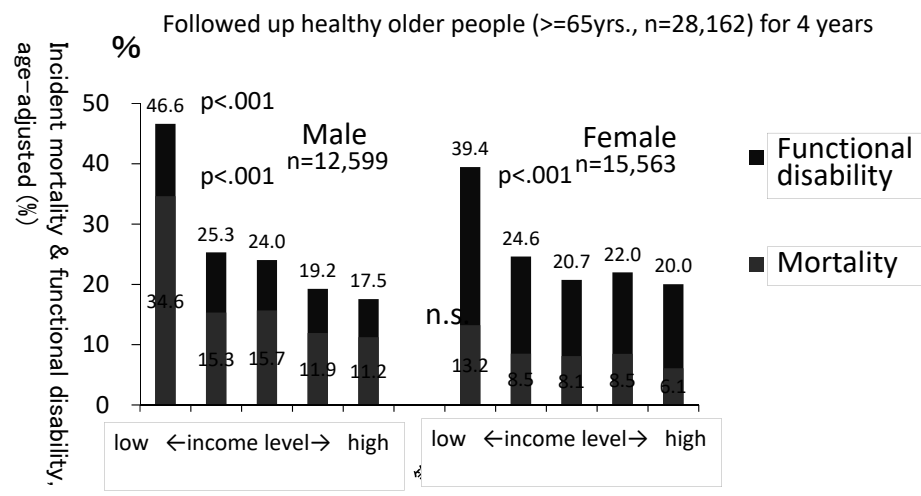


Healthy Life Expectancy among 47 prefectures



Japan has health inequality issues

Mortality incidence & functional disability by income



premium levels of long-term care insurance

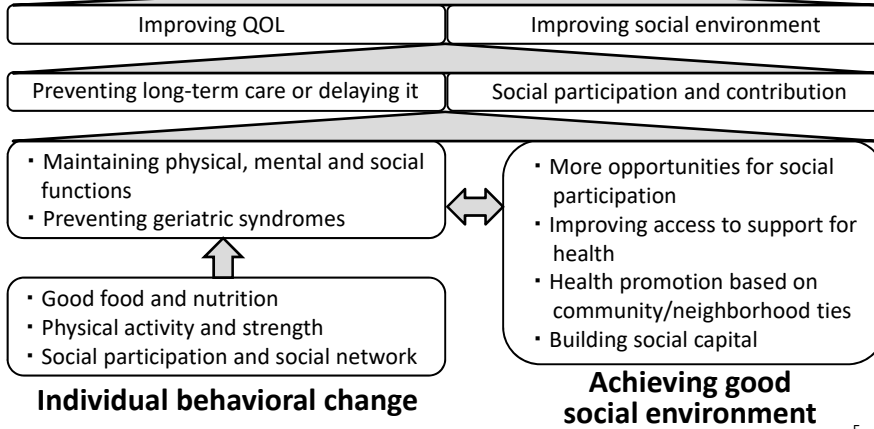
Slide provided by Prof. Katsunori Kondo

Kondo, Hirai 2008

Health Japan 21 (the second term)

National health promotion strategy

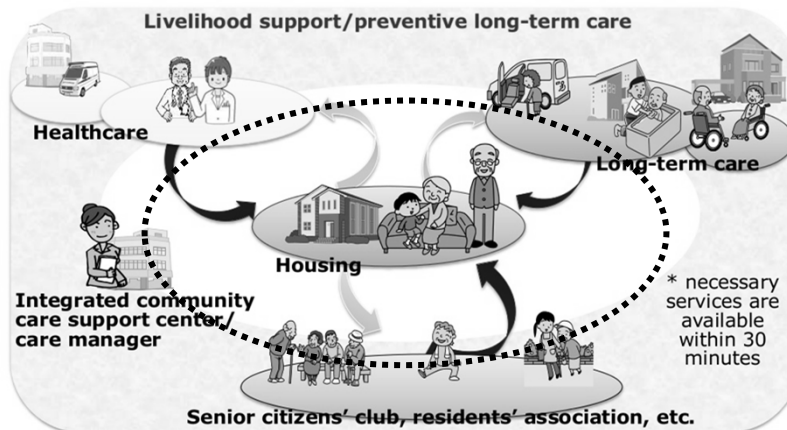
Longer healthy life expectancy / Closing the health gap



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Integrated community care system

To live in community in a pleasant and familiar environment



Effective collaboration among care providers and community resources is necessary to promote the integrated community care system

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Monitoring indicator

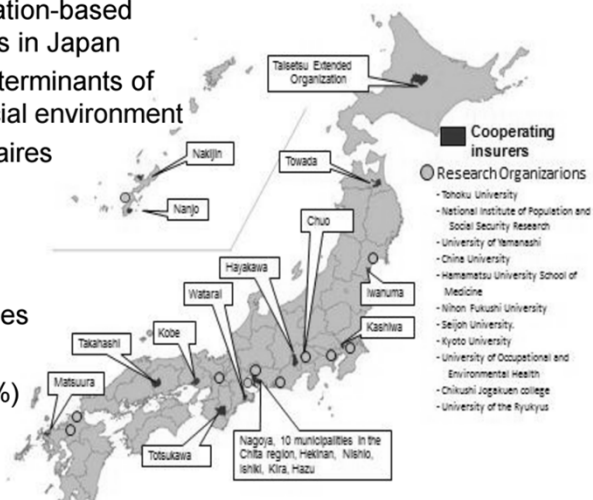
- Based on these national policies, municipalities must develop their original plan/system.
 - They also set original indicators to evaluate their plan/system.
 - However..., this makes difficult to compare the progress among municipalities.
- ▼
- Comprehensive benchmark system with multi-faceted indicators is warranted!

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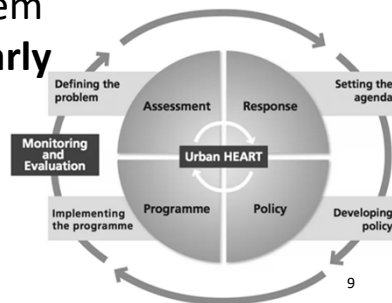
Japan Gerontological Evaluation Study (JAGES)

- One of the few population-based gerontological surveys in Japan
- Focused on social determinants of health (SDH) and social environment
- In 2010/11 questionnaires were sent to 170,000 older people and responded by 112,123 individuals across 31 municipalities in 12 prefectures (response rate: 66.3%)



JAGES HEART

- We developed the JAGES HEART (Health Equity Assessment and Response Tool) in the collaboration with WHO Kobe Center.
- The JAGES HEART is a tool to plan, implement and evaluate the plan/system in the community **particularly for older population**.
- This was created based on Urban HEART by WHO.



JAGES-HEART Core Indicators

- **Summary indicators**
 - All-cause mortality
 - Proportion of new certifications for long-term care requirement
- **Specific indicators**
 - Cause-specific mortality
- **Physical environment**
 - Number of falls in a year
- **Human and social development**
 - Proportion of participation in sports clubs
 - Proportion of volunteer participation
 - Number of “shut-in” older individuals
 - Number of projects for social exchange (e.g., community center programs)
- **Economics**
 - Proportion of respondents receiving welfare benefits
- **Governance**
 - Long-term care insurance premium (by income class)

Corresponding to **SO2**
2.2 Enable older people’s engagement

JAGES-HEART Core Indicators

- **Summary indicators**
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- **Human and social development**
 - Proportion of participation in sports clubs
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 - Number of “shut-in” older (Corresponding to **SO4**
4.3 Ensure the quality of person-centred and integrated long-term care
 - Number of projects for social programs)
- **Economics**
 - Proportion of respondents receiving welfare benefits
- **Governance**
 - Long-term care insurance premium (by income class)

Criteria for assessing benchmark indicators for JAGES HEART

1. Accuracy: reliability and validity
2. Representativeness: Are indicators capturing the elements and dimensions to be measured?
3. Social acceptability: Will it be accepted and understood by stakeholders?
4. Significance from the academic viewpoint
5. Intervention potential: Can it be changed?
6. Feasibility of data collection: Can data be collected?
7. Policy priority: Should be adopted by insurers (i.e., local government) and service providers

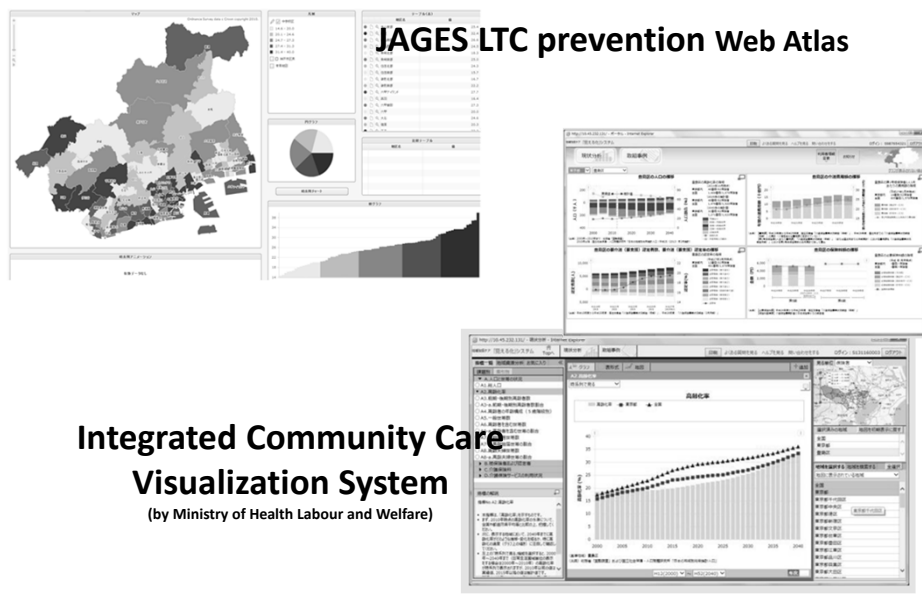
Community-level SOCIAL CAPITAL scale

(Saito et al., 2017 in *J Epidemiol*)

- **Civic participation**
 - Participation in
 - Volunteer groups
 - Sports groups/clubs
 - Hobby activity groups
 - Study or cultural groups
 - Activities for teaching specific
- **Social cohesion**
 - Trust to one's community
 - Norms of reciprocity to one's community
 - Attachment to one's community
- **Reciprocity**
 - Received emotional support
 - Provided emotional support
 - Received instrumental support

Corresponding to SO2
2.1 Foster older people's autonomy

Data Visualization Systems in Japan



Cross-sectoral collaborations count

- Utilizing data and seeking for collaborations with non-health sectors are difficult for local health professionals
- Need supports by higher-level institutions / academic members
- JAGES's intervention study shows that such supports are effective

Active support group vs. control group

"Active support" 16 municipalities
Providing community diagnosis data and support municipality staffs on how to utilize it

Assist them organizing cross-sectoral meeting on ageing policies

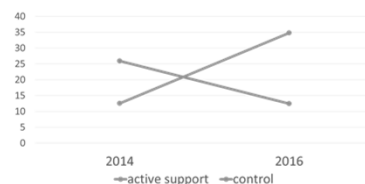
Supporting to utilize community diagnosis data for community empowerment

"Control" 16 municipalities
Only providing community diagnosis data

Community diagnosis sheet

Social & health risks maps

Changes in communications with non-health sectors



Haseda et al, 2017 15

Imprecations for global indicators on ageing

- Have **specific systems for aged populations** in the universal health coverage systems (eg, Japan's public long-term care insurance)?
- Have **strategic plans for ageing and health disparity** (eg, Integrated Community Care / Health Japan 21)?
- Have data utilization systems/ support tools for local governments conducting **community diagnosis** (eg, JAGES-HEART, Integrated Community Care Visualization System)?
- Have support systems for local government in promoting **cross-sectoral collaborations**?

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