Towards Sustainable Ageing Society
International Comparative Study on Productive Aging
2012-2015

6 November 2015
“North-East Asian Forum on Population Ageing”

International longevity Center-Japan
Health and the Wealth of Nations

Robert Butler

Global Aging report, International Longevity Center Global Alliance, 2010

1. Most discretionary funds are accumulated by populations 50 and above.

2. Healthy older persons are more apt to remain productively engaged in society in their old age through continuing work or voluntary activity and that they require fewer health services.

3. The healthcare and pharmaceutical industries, financial services and the like all profit by the realities of people living longer.
Population ages 65 and above as a percentage of the total population

%  


year

Japan  Republic of Korea  Germany  China  United Kingdom  USA  Mongolia  Indonesia

UN, Population Prospects 2015
Total Social Security Expenditure in Japan (trillion yen)

- **Medical Care**
- **Pension**
- **Welfare and others (including long-term care)**

National Institute of Population and Social Security Research 2014
Population of 75+ in Japan

- 1995: 7.2 million (5.7% to total population)
- 2010: 14.2 million (11.1%)
- 2025: 21.8 million (18.1%)
- 2040: 22.2 million (20.7%)

National Institute of Population and Social Security Research 2014
<table>
<thead>
<tr>
<th></th>
<th>year</th>
<th>Japan</th>
<th>Denmark</th>
<th>The Netherlands</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (million)</td>
<td>2015</td>
<td>126.6</td>
<td>5.7</td>
<td>16.9</td>
<td>64.7</td>
</tr>
<tr>
<td></td>
<td>2050</td>
<td>107.4</td>
<td>6.3</td>
<td>17.6</td>
<td>75.4</td>
</tr>
<tr>
<td>Percentage of population 65 or older</td>
<td>2015</td>
<td>26.3</td>
<td>19.0</td>
<td>18.2</td>
<td>17.8</td>
</tr>
<tr>
<td></td>
<td>2050</td>
<td>36.3</td>
<td>24.3</td>
<td>27.5</td>
<td>24.7</td>
</tr>
<tr>
<td>Labor Force Participation Rates 65-69 (%)</td>
<td>2014</td>
<td>41.4</td>
<td>15.9</td>
<td>15.7</td>
<td>20.7</td>
</tr>
<tr>
<td>Living Alone Couple</td>
<td>2009</td>
<td>17.7</td>
<td>46</td>
<td>36.1</td>
<td>34.1</td>
</tr>
<tr>
<td>Living with family</td>
<td></td>
<td>38.5</td>
<td>48</td>
<td>59.0</td>
<td>53.4</td>
</tr>
<tr>
<td>65+(%)</td>
<td></td>
<td>40.0</td>
<td>Under 1%</td>
<td>0.8</td>
<td>1.9</td>
</tr>
</tbody>
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OECD Stat., UN Population Prospects, Eurostat, Comprehensive Survey of Living Conditions
<table>
<thead>
<tr>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>17.9</td>
<td>3.5</td>
<td>6.4</td>
<td>5.9</td>
<td></td>
</tr>
</tbody>
</table>

Pensionable age

<table>
<thead>
<tr>
<th>Pensionable age</th>
<th>Japan</th>
<th>Denmark until 2022</th>
<th>The Netherlands until 2022</th>
<th>UK until 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>65</td>
<td>65</td>
<td>65</td>
<td>65</td>
</tr>
</tbody>
</table>

Public expenditure on old-age and survivors cash benefits, % of GDP (pension, medical care, long-term care)

<table>
<thead>
<tr>
<th>Public expenditure</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>10.4</td>
<td>40.5</td>
<td>8.4</td>
<td>1.2</td>
</tr>
<tr>
<td>Denmark</td>
<td>8.4</td>
<td>67.8</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>6.2</td>
<td>49.0</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>UK</td>
<td>6.1</td>
<td>46.7</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Ratio of Taxation and Social Security Spending to National Income (%)

<table>
<thead>
<tr>
<th>Ratio of Taxation and Social Security Spending</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>40.5</td>
<td>67.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Denmark</td>
<td>8.4</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>6.2</td>
<td>49.0</td>
<td>21</td>
</tr>
<tr>
<td>UK</td>
<td>6.1</td>
<td>46.7</td>
<td>20</td>
</tr>
</tbody>
</table>

Consumption tax/VAT (%)

<table>
<thead>
<tr>
<th>Consumption tax/VAT</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>-8.3</td>
<td>8</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>Denmark</td>
<td>1.2</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>-2.3</td>
<td>-2.3</td>
<td>-2.3</td>
<td>-2.3</td>
</tr>
<tr>
<td>UK</td>
<td>-5.7</td>
<td>-5.7</td>
<td>-5.7</td>
<td>-5.7</td>
</tr>
</tbody>
</table>

General government net lending/borrowing, % of GDP

<table>
<thead>
<tr>
<th>General government net lending/borrowing</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>-8.3</td>
<td>-8.3</td>
<td>-8.3</td>
<td>-8.3</td>
</tr>
<tr>
<td>Denmark</td>
<td>1.2</td>
<td>1.2</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>-2.3</td>
<td>-2.3</td>
<td>-2.3</td>
<td>-2.3</td>
</tr>
<tr>
<td>UK</td>
<td>-5.7</td>
<td>-5.7</td>
<td>-5.7</td>
<td>-5.7</td>
</tr>
</tbody>
</table>

OECD Stat., Health at a glance, MHLW, MoF, NTA, IMF
Future of Care System

• Increasing the consumption tax
• Raising insurance premiums
• Cutting-down the average length of hospital stays
• Enhancing mechanisms to support the elderly at the local level
Targets for “Health Japan 21”  
(the second term, 2013-2022)

- Achieving extension of healthy life expectancy and reduction of health disparities
- Prevention of onset and progression of life-style related diseases
  1. Cancer  
  2. Cardiovascular disease  
  3. Diabetes  
  4. COPD
- Maintenance and improvement of functions necessary for engaging in social life
  1. Mental health  
  2. Children’s health  
  3. Health of elderly people
- Putting in place a social environment to support and protect health
- Improvement of everyday habits and social environment relating to nutrition and dietary habits, physical activity and exercise, rest, alcohol, smoking, and dental and oral health
Comprehensive Community-based Integrated Care System

Healthcare

Long-term care

Housing

Living support

Prevention

Integrated community care support center/care manager

Commuting to medical facilities/care facilities

Own home/elderly housing with long-term care

Home-visit care
• Nursing care

Old people’s club, residents’ association, long-term care prevention, living support, etc.

Provides consultation and coordinating services

MHLW
Long-term care/Rehabilitation
Medical care/Nursing care
Health/Prevention
Daily life support/Welfare services
Housing/How to live
Choices and attitude of older persons and their family

Source: ‘The Points of future discussion to establish community-based comprehensive care system,’ Study Group for Community-based Comprehensive Care, March 2013

**Self-help:** Copayment of Long-term Care Insurance and Medical Care Insurance
Purchase of market services
Correspondence by older people themselves and their family

**Mutual support:** Volunteer support and activities by local residents, in which cost burden is not systematically secured.

**Collaborative support:** Benefits from Long-term Care Insurance and Medical Care Insurance

**Public support:** Portion of Public expense (tax) of Long-term Care Insurance and Medical Care Insurance
Services provided by the municipalities
Evidence Regarding Productive Aging 1

According to a survey in A city (N=6010):
‘In the area where social contribution activities are positively promoted, health level of older people is high.’

‘Self-absorbed activity has a possibility of producing negative effect on health.’

Dr. Hidehiro Sugisawa

Effects on health and its mediation factors of social participation evidenced at the community level, ‘The International Comparative Study on Productive Aging and Health Promotion,’ 2012, pp89-90, ILC-Japan
Evidence Regarding Productive Aging 2

‘The follow-up review on the samples aged 70 and older was conducted for three years. It became evident in this longitudinal survey that social contribution is useful for prevention of cognitive deficit.’ ‘One of the significant ways offering scientific evidence is physical activity, and the other is social contribution activity as clarified in the study.’ ‘General social participation is not meaningless, but has no strong impact.’

Dr. Hiroshi Shibata

In order that older people shall positively create the communities,

International Comparative Study on Productive Aging 2012-2015

As a society ages dramatically, older people are expected to stay healthy longer and to play more roles in a society.

**Denmark**
“care with hands behind the back” rather than “care to do what the person cannot do”

**The Netherlands**
Voluntary activities “supplement” and “fill the gap of” public services

**UK**
Voluntary organizations provide living support not provided through social services

**Germany**
Low-threshold care services

**Japan**
Integrated Community Care

International Comparative Study on Productive Aging
http://www.ilcjapan.org/studyE/index.html
Older people are supporting older people through volunteer activities. They are stimulated by such activities, with the feeling they belong to the community and also the sense of controlling their life. Although the budget provided by the borough is low, its outcome is great.

(Official in charge of older persons, Camden Borough, London)

Interview, International Comparative Study on Productive Aging, ILC Japan
Household assistance or physical support should not be ‘Done for them’ but ‘Let’s do together!’ In Denmark it is called ‘care with both hands behind.’ Unless we urge care receivers to try to do by themselves, it could lead to declining their ability.

(Training center leader, Gladsaxe City, Denmark)

Interview, International Comparative Study on Productive Aging, ILC Japan
We will focus on ‘self-capacity’—what one can do by oneself, as a national attitude for future. In case support is essentially needed, we firstly seek for support of social network (family, neighbors, friends, etc.). The systems are minimized, leaving only the necessary ones. Unless the issues above are put in practice, it will be impossible to cope with increasing population aging.

(Public Policy Advisor, Leiden City, The Netherlands)

Interview, International Comparative Study on Productive Aging, ILC Japan
There is an idea that voluntary activities after retirement can not only contribute to a society but also prevent the volunteers themselves from needing care. Is “doing everything for them” really the support for independent living? Wouldn’t excessive support weaken people’s “power to live”?

Mr. Yasuyuki Shirakawa
Long-Term Care Insurance and Daily Living Support Systems: Comparison between Japan and the Netherlands
18/Feb./2015  ILC-JAPAN Roundtable Meeting
Today the young old health level in Japan is extremely high. The number of seniors who can positively participate in social or voluntary activities is increasing, but there still remains an issue that their potentiality is not made fully use of.

Dr. Takao Suzuki

Health Promotion in Super-Aged Society, 18/Feb./2015
ILC-JAPAN Roundtable Meeting
Arnsberg, Germany

Marita Gerwin – Stadt Arnsberg – Zukunftsagentur – Fachstelle Zukunft Alter