

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

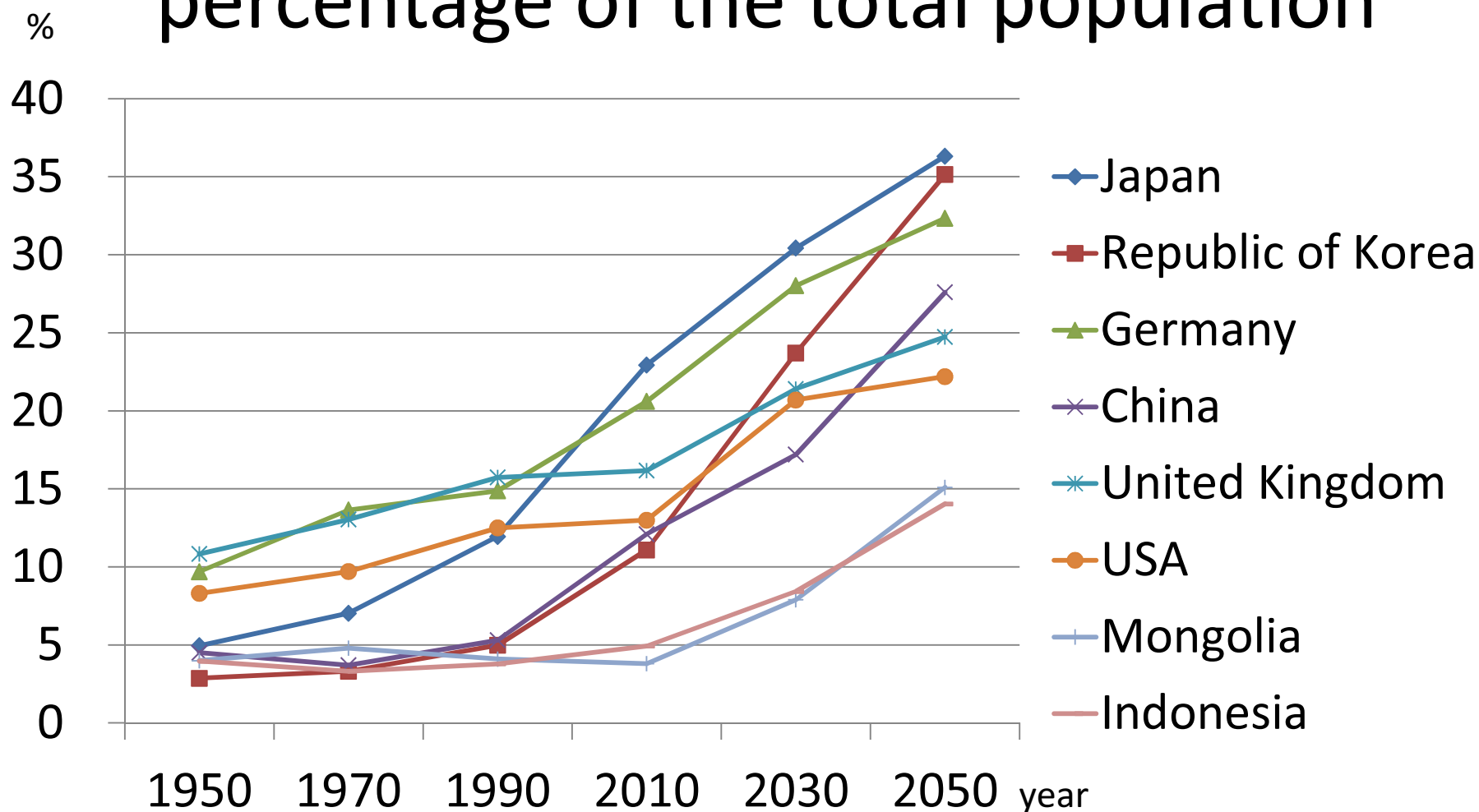
Health and the Wealth of Nations

Robert Butler

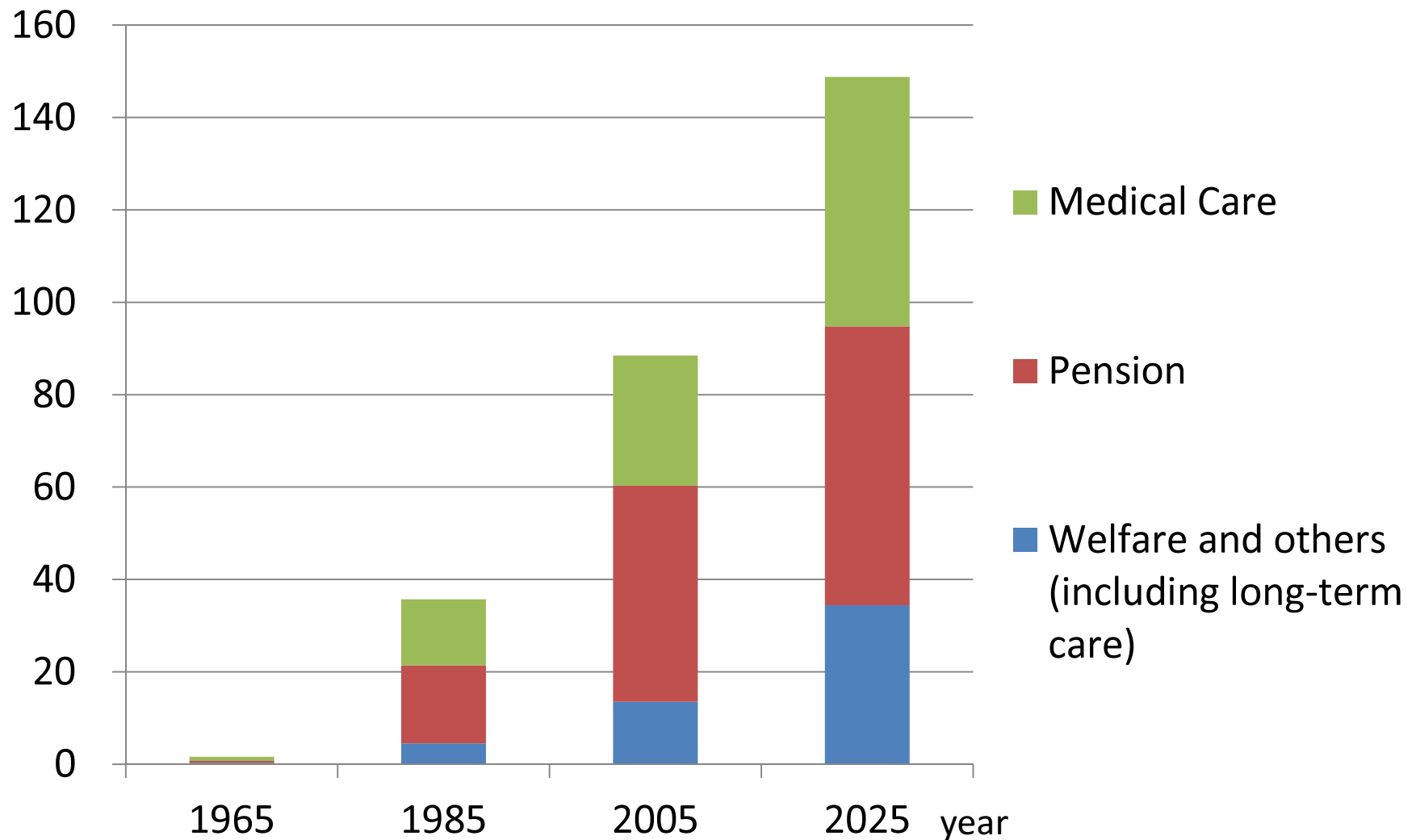
Global Aging report, International Longevity Center Global Alliance, 2010

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

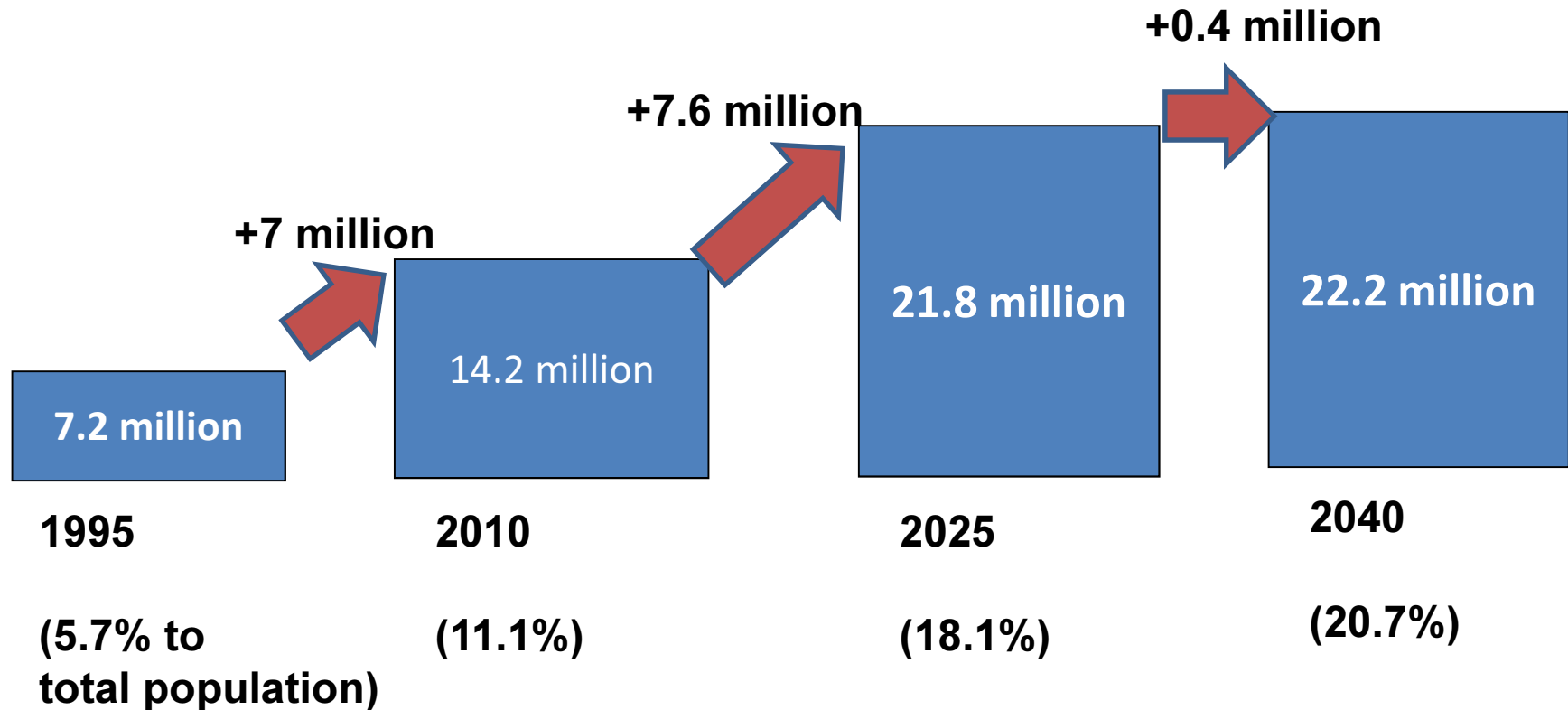


Total Social Security Expenditure in Japan (trillion yen)



National Institute of Population and Social Security Research 2014

Population of 75 + in Japan



National Institute of Population and Social Security Research 2014

DATA(1)

	year	Japan	Denmark	The Netherlands	UK
Population (million)	2015	126. 6	5. 7	16. 9	64. 7
	2050	107. 4	6. 3	17. 6	75. 4
Percentage of population 65 or older	2015	26. 3	19. 0	18. 2	17. 8
	2050	36. 3	24. 3	27. 5	24. 7
Labor Force Participation Rates 65–69 (%)	2014	41. 4	15. 9	15. 7	20. 7
Living Alone Couple Living with family 65+(%)	2009	17. 7	46	36. 1	34. 1
		38. 5	48	59. 0	53. 4
		40. 0 (2013)	Under 1% (1995)	0. 8	1. 9

OECD Stat., UN Population Prospects, Eurostat, Comprehensive Survey of Living Conditions

DATA(2)

	year	Japan	Denmark	The Netherlands	UK
Average inpatient hospital stay (day)(Acute)	2013	17. 9	3. 5 (2005)	6. 4 (2012)	5. 9
Pensionable age	—	65	65 67 until 2022	65 67 until 2022	65 67 until 2018
Public expenditure on old-age and survivors cash benefits, % of GDP (pension, medical care, long-term care)	2011	10. 4	8. 4	6. 2	6. 1
Ratio of Taxation and Social Security Spending to National Income(%)	2012	40. 5	67. 8	49. 0	46. 7
Consumption tax/VAT (%)	2015	8	25	21	20
General government net lending/borrowing, % of GDP	2014	-8. 3	1. 2	-2. 3	-5. 7

OECD Stat., Health at a glance, MHLW, MoF, NTA, IMF

Future of Care System

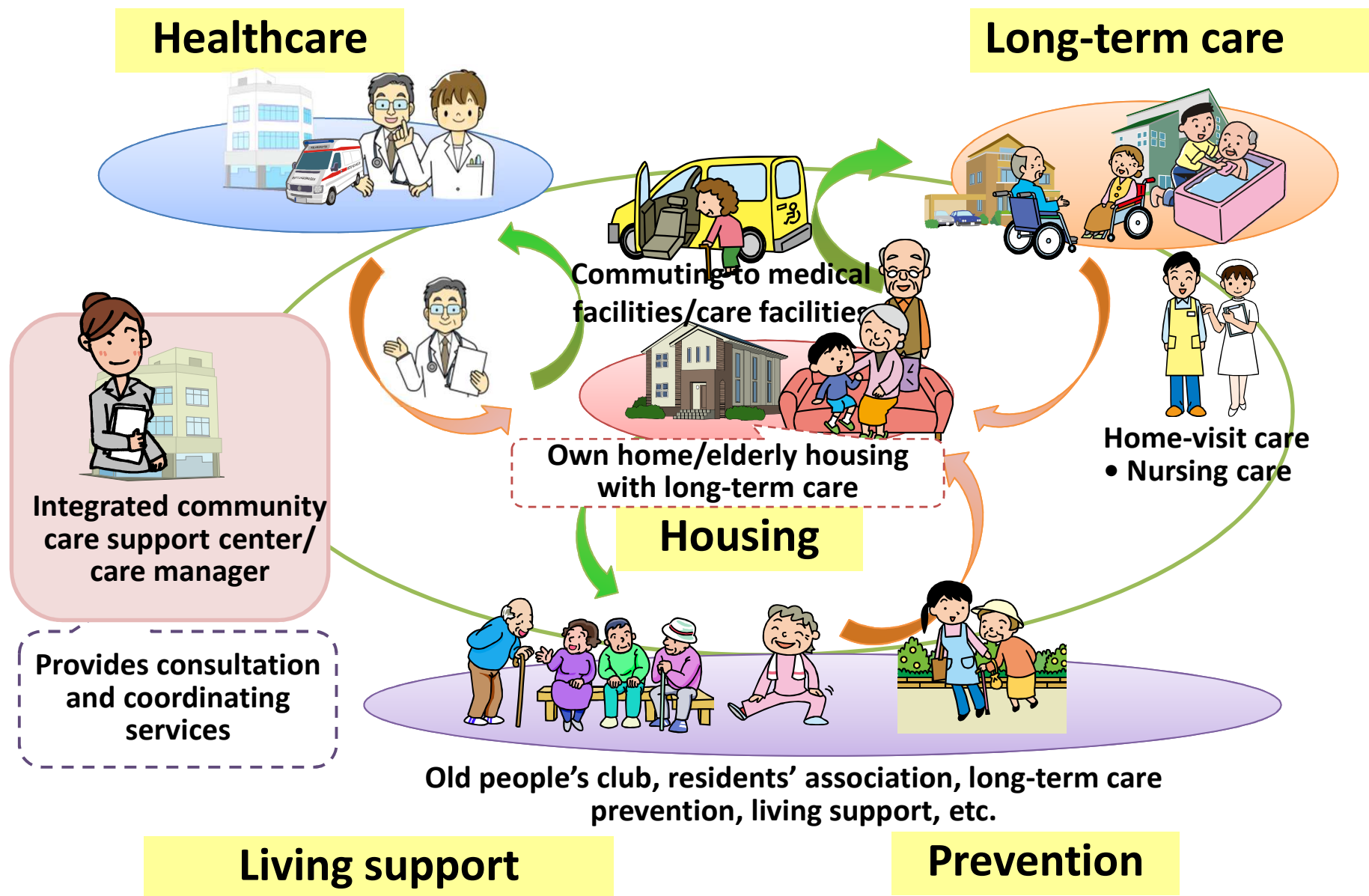
- Increasing the consumption tax
- Raising insurance premiums
- Cutting-down the average length of hospital stays
- Enhancing mechanisms to support the elderly at the local level

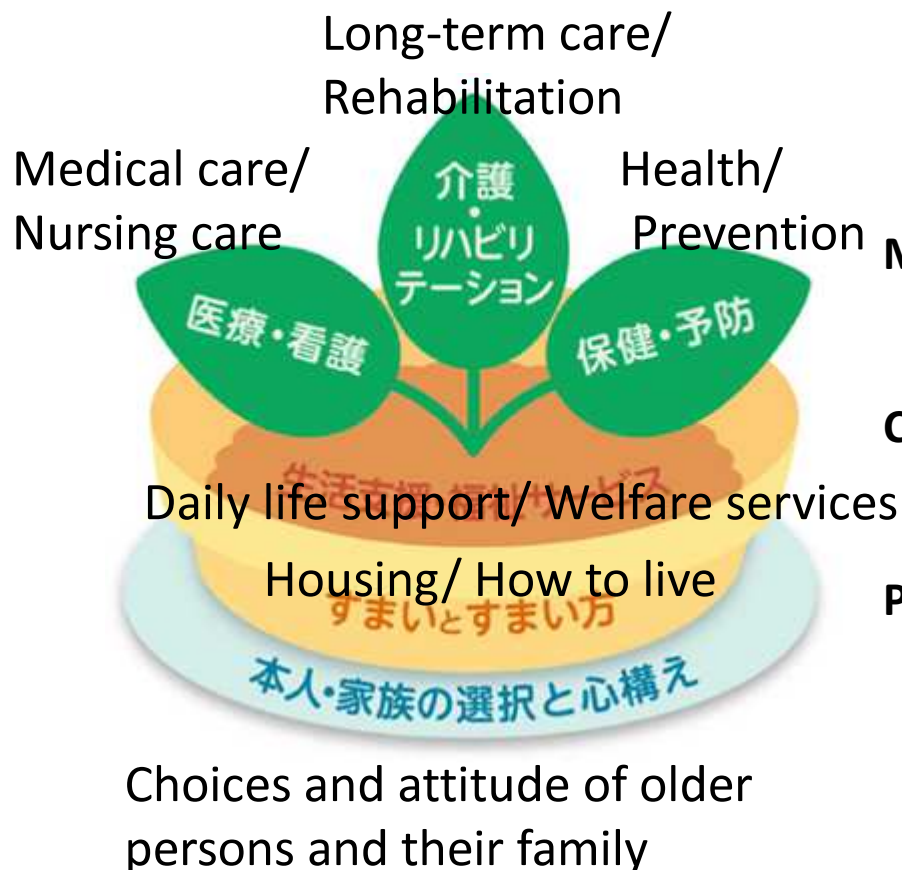
Targets for “Health Japan 21”

(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





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

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

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

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,

The International Comparative Study on Creating a Society where We Can Be in Active Service Our Whole Lives, 2014, p.7, ILC-Japan.

Hiroshi Shibata, Yoko Sugiwarara, Hidehiro Sugisawa 2012, Specified Factors and effects of Social Contribution Activities on Mental and Physical Well-being in Middle-aged and older Japanese people: The Longitudinal Analyses of two Representative Panels. Applied-Gerontology、Vol.6, No.1, Society for Applied-Gerontology-Japan

International Comparison 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 them-selves, 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**

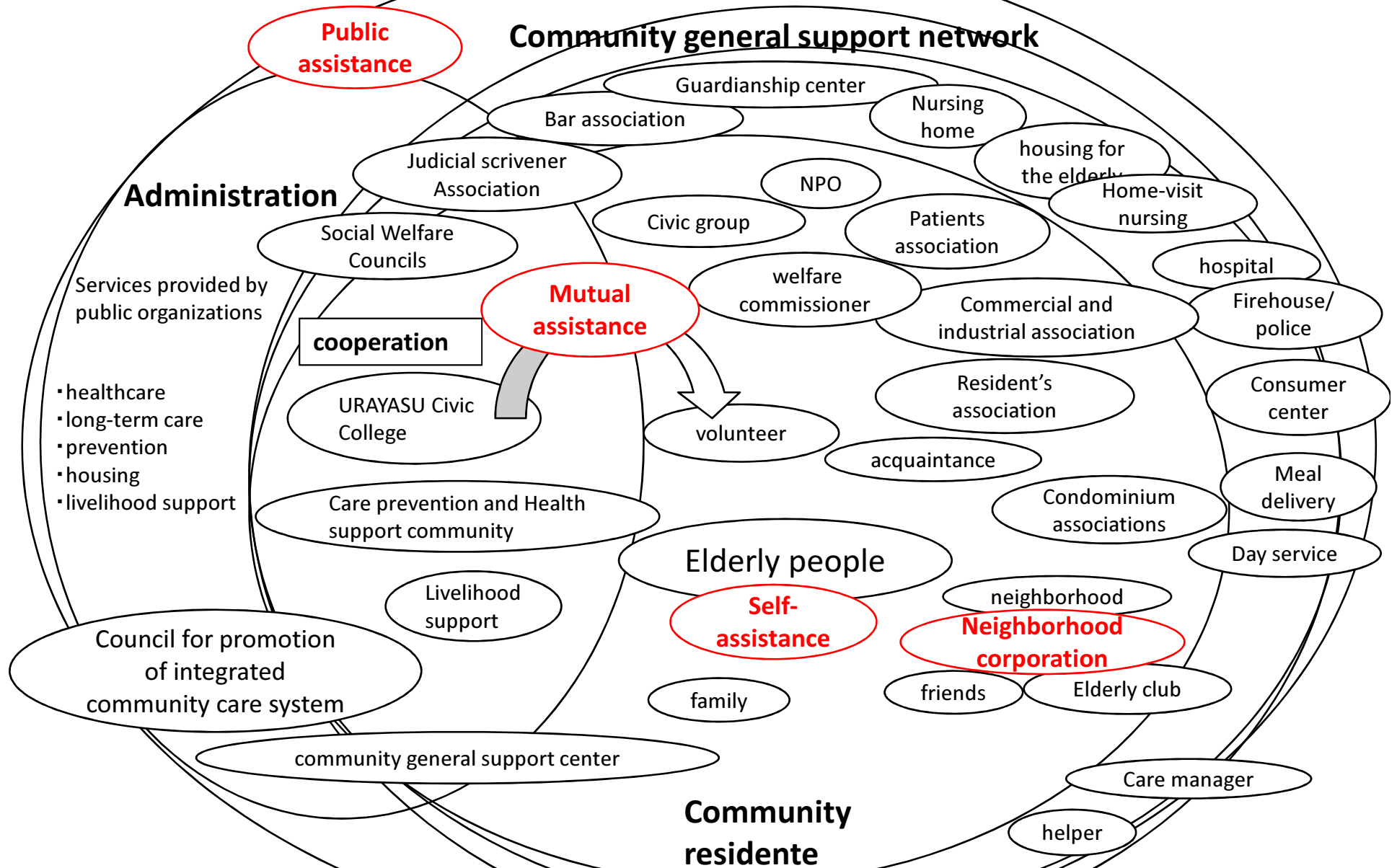
18/Feb./2015 ILC-JAPAN Roundtable Meeting

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

Urayasu City, Tokyo



Arnsberg, Germany

