

Japanese Health Promotion for Old Population

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Primary prevention for long-term care

The percentage of the older population is estimated to continue increasing rapidly and reach up to 28.9% in 2020 as reported by the National Institute of Population and Social Security Research [1]. Japan will face a super-aged society in the near future, in which 40% of the population will be over 65years-of-age [2]. However, prolongation of life expectancy is inevitably associated with greater numbers of frail old people who need help in daily activities. The percentage of the old-old population (aged 75 years and over) in 2012, comprising more frail people compared to the young-old population, exceeded 11.9% of the nation's population in Japan.

In such a situation, many older Japanese wish to be healthy for their entire life and continue to live in their hometown with a sense of security until the end of their life. Under such circumstances, we should establish a society in which old people can enjoy a healthy, satisfying life through social participation and contribution. For an active ageing society, the World Organization (WHO) policy framework requires action on the following three basic pillars: Health, Participation and Security. As for the policy framework, enhanced participation in social activities is required to attain the goal of active aging [3]. Also in Japan, the government started the Health Japan Project (the 2nd term) in April 2013, which is a 2nd version of a 10-year national campaign intended to

prolong length of healthy life and to improve quality of life. As many older retired peoples are expected to have more time to participate in various activities in the community, participation in social activities would increasingly play a key role in contributing to the health of older adults in today's aging society in Japan [4].

Previous studies have investigated the association between participation in social activities and various health outcomes [5]. In a study in Sweden, it was found that social participation was the strongest predictor of low physical activity [6]. Also in a study conducted in Japan reported that lack of participation in social activities was significantly related to an increased risk to suffer from disability and subsequently requiring the application of Japanese long-term care insurance(LTCI) [7]. In addition, participation in social activities is supposed to be very important in the community, since it may develop social capital. Social capital refers to the quantity and quality of social relationships such as formal and informal social connections as well as norms of reciprocity and trust that exist in community [8]. Many recent studies have found that high levels of social capital are associated with better health [9, 10].

Secondary prevention for long-term care

An increase in long-term care expenses due to the increase of an aging population can affect the insurance premiums of both the old and the actively working generation [11].

With the comprehensive reform of social security and the tax system, establishing an integrated community care system and ensuring the sustainability of the Japanese LTCI system is an essential topic [12]. LTCI in Japan was introduced in 2000 to cover social care for 2 million people aged 65 years and older; and the number of insured people under LTCI doubled by 2006 [13]. Since 2006, LTCI was revised focusing on preventive care by detecting people aged 65 years and older who are at high risk of needing future care or support. The preventive care project provides community-based exercise programs and programs to improve cognitive function and malnutrition status. Many local governments are trying to detect community dwelling older people who are at high risk, using the basic health check list called “Kihon Checklist” [14]. The basic health check list consists of 25 items and seven categories (daily life, physical ability, nutrition, oral condition, seclusion, forgetfulness, and mind) for the screening of older people who have functionally or cognitively declined [15]. A subject is identified as showing “Low physical strength” if they score three or more negative responses in questions 6-10. “Low nutritional status” is assessed by answers to both questions 11 and 12, with negative answer indicating lower status, and “Low oral function” was defined as two or more negative responses in questions 13–15. A subject is identified as showing frailty if they answered at least 10 or more negative responses in questions 1–

20 (interpreted “Overall low score on questions 1–20”). The target people for the secondary preventive care project, who are at high risk of needing future care or support, are defined by the criteria of the Japan Ministry of Health, Labor and Welfare as those who show lower function in at least physical strength, nutritional status, oral function and overall low score on questions 1-20. When we approach them to make preventive intervention, we should also reference the categories of “Houseboundness”, “Low cognitive function” and ”Depression risk” to make effective interventions.

“Houseboundness” referred people who answered “no” to question 16. “Low cognitive function” referred to participants who had at least one or more negative conditions in questions 18–20, and “Depression risk” referred to elderly people who had two or more negative responses (questions 21–25). We clarified the usefulness of Kihon Checklist for the prediction of future disability of community dwelling older peoples (16). “Low physical strength”, “Low nutritional status”, “Low cognitive function” and”Depression risk” in Kihon Checklist were strongly associated with 3 years later certification of LTCI. Thus, Kihon Checklist could be useful for prediction of future disability status of older peoples. Interventions and preventions for physical strength, nutritional status, cognitive decline and depression are supposed to be very important. Actually, various preventive intervention programs were provided in the community by the local

government and have been proved to be effective for preventing functional or cognitive decline of older peoples.

Our research on healthy longevity

“Which factors influences the healthy longevity?” is the key for the practice of LTC prevention project. There has been considerable research on the influence of these factors on morality from birth to older age but remarkably little research on how these factors affect the likelihood that a person will survive and remain healthy to an oldest old age [17]. Starting with the research premise of healthy longevity in Japan, we started a longitudinal cohort study for the aged population to clarify factors contributing to healthy longevity. It is the study, called as “Septuagenarians, Octogenarians, Nonagenarians Investigation with Centenarians (SONIC study).” Aims of the SONIC study are to investigate age differences and similarities in factors influencing healthy aging and psychological well-being including psychological (cognition, change in emotion and compensation; personality, psychological development), social (socio-economic status, social relationship), medical, dental and nutritional aspects [18]. Study participants include more than three thousand, septuagenarians aged 69–71 years, octogenarians aged 79-81 years, nonagenarians aged 89-91 years, and centenarians aged 100 and over collected from four urban and rural towns in Japan. We are looking for

targets to realize the health promotion for prevention of LTC in SONIC study.

Conclusion

In order to realize a better aged society in which all people can have healthy, satisfying lives while supporting each other, there will be increasing demand for health care professionals who have the skills to manage the health of the population and communities.

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