

Aging in Japan

National Policies, Regional Issues, and Local Government Measures: Making It Possible to Continue Living in a Familiar Environment with a Sense of Security

Japan is aging faster than any other country in the world. With limited international migration of its population, Japan's rapid aging rate is attributed to the steady prolongation of its life expectancy and the sharp drop in its birthrate. Some communities experience additional factors that affect population and demographical shift. This article discusses aging-related national policies, regional issues, and community efforts. As one such community, we will look at Myoko City, Niigata Prefecture, and its efforts aimed to help the elderly to continue living peacefully in an environment with which they are familiar.

■ Population Aging in Japan: Fastest in the World

The number of years required for the aging rate (which in this paper means the proportion of the total population that is aged 65 or over) to increase from 7% to 14% is generally known as the doubling time of the aging rate. It is used as a measure of the speed with which the population is aging. The aging rate in Japan reached 7% in 1970, and 14% in 1994. This means that the doubling time was 24 years. This is an exceptionally short time for a country in which the aging rate already exceeds 14%. The doubling time in those European countries where the rates are relatively rapid (Finland, Romania, Germany, Portugal, Bulgaria, Greece, Austria, Spain, and so on) is about 40 years. In the countries where the rate is relatively slow (France, Norway, and so on), it is about 100 years. Although these other countries have a lot of time to address the issues involved, there is (or there was) a necessity for Japan to respond swiftly.

This trend toward a rapidly increasing aging rate is expected to continue for some time yet. The estimated aging rate as of September 15, 2006, was 20.7% (Ministry of Internal Affairs and Communications, *Older People in Japan Viewed from Statistics*). However, according to the medium estimates in *The Population Projections for Japan* published by the National Institute of Population and Social Security Research (compiled in January 2002), the figure will reach the 25% level in 2014, and it is projected to rise to 35.7% in 2050. In 2015, all members of the first baby-boom generation (those born between 1947 and 1949) will be elderly (for the purposes of this paper, aged 65 or over). At that time, the elderly population is expected to exceed 32 million.

■ National Government Policies

Public services benefiting the elderly in the areas of pensions, medical care, and welfare underwent rapid improvement during the 1970s in Japan. This came about as a response to rapidly increasing demand from the elderly, but at the same time it was also connected to a rapid increase in expenditure on social security benefits. From the 1990s, measures were taken for quantitative

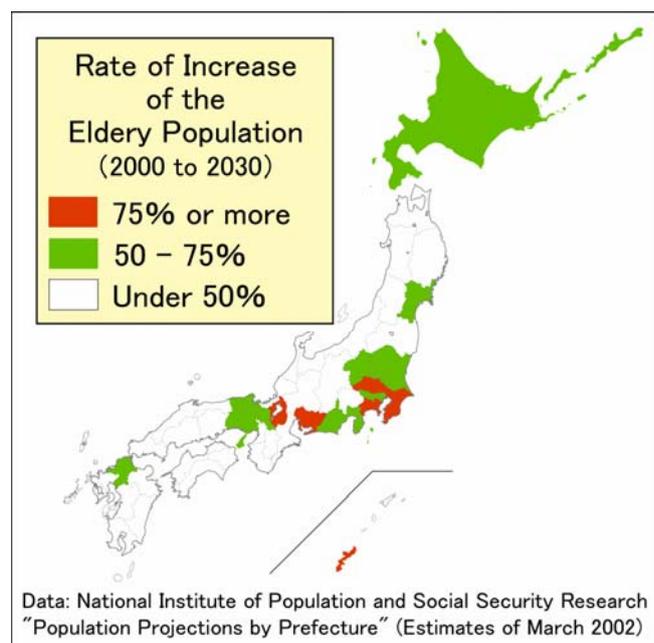
improvements and a raising of quality in the service infrastructure, as seen in the Ten-year Strategy to Promote Health Care and Welfare for the Elderly (Gold Plan), the New Gold Plan, and others. On the other hand, action to adjust or optimize the growth in expenditure on social security benefits has also been taken, such as measures to raise the pensionable age and increase co-payment rates of public health insurance.

There are also policies that contribute toward alleviating the progressive aging of Japan's population. The total fertility rate in Japan has been consistently declining in recent years, and in 2005 it reached the unprecedented low of 1.25. The falling birthrate is a major factor that affects the acceleration of population aging because it immediately reduces the population of the young. The question of whether or not to bear children is, of course, up to the individual. It is important, however, to develop an environment that makes it appear easier to have children. Combined public and private sector efforts are underway to expand childcare support programs and to create a social environment that reconciles working and child rearing. Although it is not certain yet whether this is a result of such efforts, the number of births from February to August of 2006 (provisional edition of the Ministry of Health, Labour and Welfare's *Vital Statistics*) showed a consecutive seven-month increase over the same months in the previous year. Expectations have been raised among the people concerned.

■ Regional Issues

A look at the aging rate for the 47 prefectures of Japan shows that the highest rate, 28.1%, is in Akita Prefecture and the lowest, 16.9%, is in Saitama Prefecture. Prefectures in major urban areas have relatively low rates, while over 30 prefectures show rates higher than the national average of 21.0% (Ministry of Internal Affairs and Communications, *Population Census of Japan: Preliminary Counts of the Population on the Basis of Summary Sheets* as of October 1, 2005).

The size of the elderly population in Japan as a whole is expected to increase by about 50%–60% from 2000 to 2030. (An increase of approximately 30% is forecast for the period from 2005 to 2030.) There are some prefectures where an increase of 75% or more is expected in the vicinity of major urban areas, but the figure in the majority of prefectures will not reach 50% (see the figures in National Institute



of Population and Social Security Research's *Population Projections by Prefecture*, compiled in March 2002). There are regions where assuring the necessary services for a rapidly increasing elderly population will be an issue. On the other hand, some regions might experience an excess supply of services unless they consider other ways of using the service infrastructure that they have hitherto built up.

Communities across Japan are currently starting to take measures toward regional development in order to make themselves more attractive, and making efforts to bring in more visitors and retain their permanent resident population. In doing so, they are taking into account the kinds of demographic trends described above, the transfer of authority and revenue sources from the national government to localities, and other such policy trends. One such example is the efforts to promote the relocation of the retiring baby boom generation, an effort covered in the first article in this series. But even if the number of visitors and permanent residents increases, this may end up being little more than a short-lived boom unless the communities are an environment where people can continue living for a long time and with a sense of security. People's worries and insecurities regarding their everyday life center mostly on planning for life in old age, on their health and that of their families (Cabinet Office, *Public Opinion Poll on National Life*, etc.).

Measures Taken by Myoko City: Emphasis on Prevention and Creation of Regional Networks

The revision of the long-term care insurance system in 2005 and the revision of the health care system in 2006 clearly defined an emphasis on prevention and community-based care as the future direction for regional health and welfare. Since 2003, Myoko City has been implementing trial programs for the elderly that are designed to prevent the need for long-term care by such means as increasing their muscular strength. These programs have been well received by participants. Since April 2006, the plan has been to increase the number of long-term care prevention centers and improve the range of services offered. The Regional Comprehensive Support Center that was part of the long-term care insurance system plays a key role in this work.

Classes for the elderly who are at high risk of requiring long-term care and assistance provide



instruction in such areas as physical exercise, prevention of malnutrition, improvement of oral functions, prevention of dementia, and prevention of social withdrawal syndrome. Individual visits are made to give guidance to people who find it difficult to attend classes. Programs for the general elderly population include health education and consultation, awareness training to prevent falls and related matters, and training of human resources to take part in programs to prevent the need for long-term care in all city districts. Starting from around 2001, community centers called Chiiki Genki Chaya (Happy Café) were set up as a way of preventing the elderly from withdrawing from society, and they can now be found in approximately 80 locations. They are turning into centers for exchange across generations in the local community, and are not just a program for the elderly.

**Preventing the Need for Long-Term Care:
Training for Muscular Strength**



The Regional Comprehensive Support Center in Myoko City, together with its Steering Council, is also engaging in the creation of regional networks. Their idea is that a variety of service providers must team together in networks and function as a supporting mechanism in order to make their region a place where people can continue living independently in their own homes and in the communities they are accustomed to, in good health, and with a sense of security. In the Care Forum, regional health-care providers, long-term care providers, the users of their services, local residents, and government officials take part in group discussion and other such activities. They join together in thinking about the nature of care from the perspective of emphasizing prevention and community-based care, and coordinating efforts by diverse professions. Events called Open Sessions on Care Management generally take place once every month in cooperation with care managers. As professionals who coordinate the management of long-term care services for users, the care managers hold the keys to community-based care, and they find that the sessions offer very good opportunities for training.

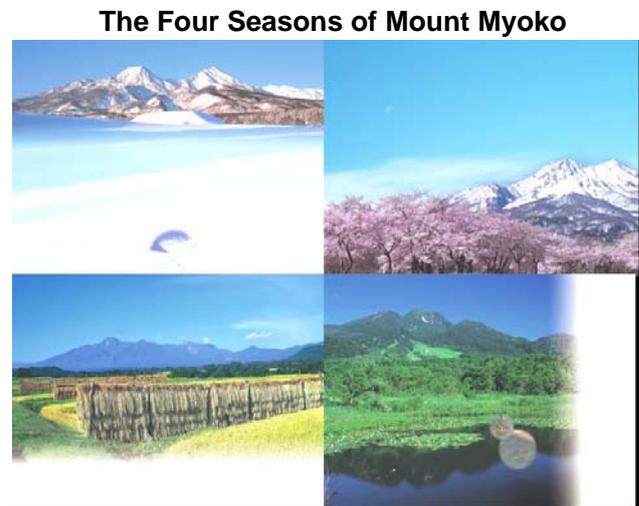
●Creative and Steady Implementation

The past several years have seen a wave of reorganization in Japan's municipalities. The number of municipalities, approximately 3,200 in 2000, is now around 1,800. Myoko City itself was formed through the consolidation of three municipalities on April 1, 2005. The city encompasses an area of approximately 450 square kilometers ranging in elevation from several tens of meters above sea level to 2,500-meter mountainous areas. This area contains a resident population of approximately 38,000 people (as of September 1, 2006). The city is often thought to center on agriculture and tourism industries such as hot spring resorts and skiing, but electronics and other manufacturing industries are also a strong presence. When the total added value produced in this city is divided by

the population (to derive something like per capita GDP), the resulting figure is quite large.

Myoko City places value on the connections between human and nature. The hope that all life can be fostered with a sense of security forms the basic principle of its city planning: the ‘creation of Bioregion.’ Recycling of resources, the promotion of agriculture, forestry, tourism and other such industries, as well as the promotion of culture, are augmented by an awareness program referred to as ‘Myoko Citizens’ Heart and Mind Promotion Project.’ The project aims to pass on local traditions of gratitude and consideration for others in a joint effort by households, schools, communities and businesses.

Enabling people to live in the place they are accustomed to, in good health and with peace of



mind, was seen as one of the city’s key planning objectives. The projects include snow removal for elderly people who are living alone and others in similar need, and the improvement of assisted living facilities that allow temporary, short-term stays during the winter, activities typical of a region with some of the heaviest snowfalls in Japan. The key is to steadily implement creative measures that make sense to everyone. The emphasis on prevention and regional networking explained in this article are the sort of roles expected of the Regional Comprehensive Support Centers under the long-term care insurance system. One good point is that the direction taken by national government policy and the basic principle of city planning in Myoko City are synchronized with each other. Another is the city government’s active involvement in establishing and operating the Regional Comprehensive Support Center.

The aging rate in Myoko City has already reached the relatively high level of approximately 27% (it had an elderly population of approximately 10,000 people as of October 1, 2005). Though the increase in the size of the elderly population is expected to be less than 10% over the next decade, it will be necessary, as in many other regions, to take into consideration the growing numbers of the old-old (generally defined as those aged 75 or over), who are at greater health risk. Local governments will continue to face this challenge of building vital, attractive communities that keep up with changing social and economic trends.

This article was produced under the supervision of Koichiro Yamauchi (Director of Project for the Future, Myoko City, former Deputy Director, General Affairs Division, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare, and former Short-term Research Fellow of International Longevity Center-USA.)