

Long-Term Care Policy Training Report

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Ekachai Piensriwatchara,
Elderly Health Division, Bureau of Health Promotion

The training program included population statistics in Japan, collaboration among ministries, with prefecture, municipalities and private company, LTC insurance system, policy on certification of needed LTC, system of HR development on LTC and care management. The field trips were available in Tokyo and rural area in Wakayama prefecture, including home visiting care, respite-care, LTC for the elderly with dementia, small multifunctional service.

A change in Japanese demographic profile shows that the proportion of elderly population has been aging society (7%), aged society (14%) and super-aged society (21%) since 1970, 1995 and 2006 respectively, then increased to 25% in this year and is expected to rise to 30% in 2025. There are 20% of Japanese elderly living alone.



The LTC system and structure in Japan were complicated and developed year by year to strengthen the system. The source of LTC funding is mixed: 45% from taxes, 45% from social contributions, and 10% from cost-sharing. Insurance contributions are paid for by people aged 40 years or older. LTC insurance program is managed by individual municipalities. Each municipality reviews and revises LTC plan and the situation of financial balance every 3 years. To prevent the increasing of LTC expenditure, the LTC preventive projects were implemented. The concept is to improve the physical and mental health and quality of life of elderly at high risk of needing future care or support. The projects include community-based exercise or oral health programs and those to improve cognitive function and to prevent malnutrition.

Japan imposes high skill requirements for LTC workers in the community, including home helper, care worker and care manager. The process of care management started from assessments to care plan, care conferences and monitoring conditions until the end of care. In term of controlling financial system, the central government has to limit the number of institutional based-LTC providers and increase the community based-LTC activities, such as home visit, day care service, short-stay service, small-scale multifunctional home care and daily group care for the senior with dementia. The revision also introduces 24-hours regular visiting/on-demand services and extend the scope of care plans to cover all aspects of social care and activities.

The success strategies to strengthen Japanese LTC system are as following: strengthen the cooperation of medical care services and LTC services, securing the care worker and betterment of quality of services, enhancing the residents for elderly, promoting measures for demented elderly, enrichment of the function of insurer, and mitigating the increase of insurance premium.

In conclusion, we learn from the experiences of Japan that the role of the Japanese family in providing elderly support has been reduced and taken over by formal givers and formal institutions. So, a key challenge is how to support the informal sector. This is a challenge facing Thailand. What we should do in Thailand are to set LTC policy at all levels, to have good cooperation



of all sectors at each level and across level, to achieve the important criteria for management of community based LTC and to periodically monitor and evaluate LTC program in the community. It is important to emphasize on multiple-agency involvement, partnership between authorities and general citizens, and provision of wide variety of services and supports for elderly.
