《Review》

The long term care insurance system in Japan –Significance of nutritional preventive care–

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Introduction

As a chief member of the council of the ministry of health, labor and welfare of Japanese government, I have been deeply engaged in the institution and its revision of the long term care insurance in Japan, in 2000 and 2005 respectively. In this paper, its background, history and development, and revision, especially from the nutritional aspects, will be presented and discussed.

The institution of the long term care insurance in Japan 2000

Japan has become one of the countries with the longest life-expectancy in the world in a short period. As the creation of the ideal longevity society is the biggest task of mankind, ever experienced, many advanced countries have been focusing their efforts to create a new social system, suitable for the longevity society. To this end, we were obliged to establish an ideal longevity society by ourselves.

The introduction of the new long term care insurance in 2000

The institution of this insurance system was one of these trials towards the ideal longevity society in future, to establish a system responding to the society's major concern about care for aging, whereby citizens can be assured that they will receive suitable care and be supported by society as a whole. This insurance system was enacted, toward the satisfactory service delivery for every elderly person.

As a new policy of Japan, it was undertaken to separate long term care from medical one, to establish a welfare system as a first step to device the structure of social security.

Structure of the long term care insurance system in Japan

The long term care insurance system in Japan is one of three major national programs for the elderly and aged people, along with the ones for pension, and for medical care. All Japanese citizens over the age of 40 should pay premiums.

Benefits can be paid to handicapped elderly people older than 65, and to special young people, who are handicapped from those diseases, that closely relate to aging. Insurers shall be local municipalities. Since many systems in Japan had been controlled by Japanese central government, the new system is controlled by local authorities.

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Before its start, all social care services had been given by legal relief-measures to limited people. After its institution, one became able to choose the services, as one's right by paying premiums.

Now, each municipality must provide care- or support- requirement certification, based on the screening judgment, through analysis by computer system. The benefits for the long term care service are classified as support-required (preventive benefit), or care level from class 1 to 5, according to need for help.

This new system has many advantages, comparing with those in other countries.

The care or support in this system is not "relief to handicapped aged people", but promote independence. Thus, the concept of welfare was changed to "promotion of independence." This new concept is definitely written in article 1 of the long term care insurance act.

In general, the insurance system should be supported only by premiums of all users, similar to the one in German system. However, in the system in Japan, the half of total expense is supported by public fund (25% by the central government and another 25% by local municipalities.). On the contrary, total expense of long term care is supported by public fund in many northern European countries. Therefore, our system has both advantages of the pure insurance system obviously in Germany and the one of northern European countries.

The users must pay one tenth of all benefits i.e. total expenses of given services. Since the start of the new system, the number of users had increased rapidly especially those requiring slight care or slight support, so that the number of the users of support level and care level I became about double in 2005 within 5 years.

This rapid increase means its high reputation, but it also means drastic increase of the total expenses. In fact the total expense grew from 3.6 in 2000 to 6.8 trillion yen in 2006.

Accordingly, a steep growth in premium will be expected in the current system in that the sustenance of this system, has become an urgent issue to be solved. (Fig. 1)

Revision of the long term care insurance system in 2005

Japan has undertaken the first major revision of its long term care insurance system in 2005, based on the experience of 5 years according to the legal obligation.

It should be stressed that this revision is not an entire renewal of the law, but its natural development and growth based on the success and excellent results of 5 years' experience. At the same time, it is also important that the fiscal sustenance of this system became an urgent problem, as this system is supported by the insurance premiums and the public fund. If the cost of the system continues to escalate at its current rate, the program would have to raise its premiums or to raise the financial support by the public fund in order to remain fiscally balanced. For the latter, the possible procedures are now discussed, to raise the consumption tax as the exclusive financial source of this system or to expand the premium-supporting people to the younger generation, older than 30. Anyway,

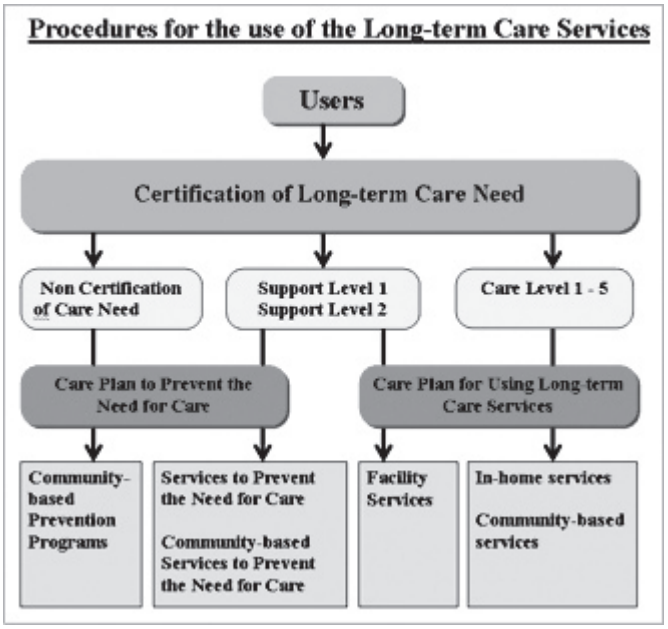

Figure 1 Overview of the revision of the long-term care insurance system

the sustenance of this system is now the most urgent problem to be solved.

The cardinal points of this revision 2005 were as follows:

1) Improvement of the regional care level.
With the establishment of "regional comprehensive support center" in every town and village with a population of more than 20,000, where nurses, social workers and care-managers should cooperate as the cardinal staff to promote the regional care services in those regions, toward "aging in native places".
2) Incorporation of the more preventive care as a major service component.
The physical exercise or training, nutritional care and oral care became to be enforced.
3) Intensifying the relation with other social insurance systems, such as medical insurance and public pension scheme.
4) Averaging the expenses between institutional care and home care.
Now, the users have to pay the accommodation cost, including that of diet, so that the difference in both cares, will be equalized.

Establishment of the new prevention benefits

The new preventive cares were introduced, so that people slightly requiring support or care, would not assume a condition requiring support or care, on the basis of their situations. In this revision, prevention of bedridden state was the most urgent problem, so that the suitable physical exercise or training should be included in the benefits. Those who are able to live in independence should continue to live without any support, so that the support should be limited to find the possible activities for them to help to live in independency.

Oral sanitary care is also an important benefit, for the prevention of aspiratory pneumonia, which is one of the frequent cause of death of aged people. As the third point, the nutritional preventive care was introduced to avoid mal-nutrition or to raise the low protein-level in blood of the aged people.

Nutritional aspects of the version 2005

As a cardinal benefit for preventive care, a new nutritional care was incorporated. This service is identical with that in the general health promotion projects for the elderly people.

Through many surveys, it became clear that the albumin level in blood of aged people was low in general. The percentage of the elderly people with lower albumin level in blood, lower than 3.5gr./ dl was found to be in about half of the ones both in institutional care and at home. The deficient nutritional conditions might jeopardize the self independency with high quality of life.

In recent years, the dieticians were aware of the need and balance of food, to prevent the life-style-related diseases. For their prevention, some restrict ions on salt, total energies, fat or cholesterol intake etc were advised.

Now, among aged people, it became clear that some deficiency of nutrition prevails, both under institutional care and at home. This new data suggested that the insufficient food intake was more urgent in addition to its balance.

The low albumin level in blood is induced not only by deficient served food, but also by anorexia or by mal-absorption from the intestinal canal. Now, the dieticians should aware of all factors, except for the

calories of served food. The nutritional care for aged people should prevent the life style-related diseases, and in addition, avoid the malnutrition.

Through the introduction of new preventive nutritional care in the long term care insurance system, the responsibilities of the dieticians become more and more important, to avoid to have the orderly people fall in bedridden state.

Many dieticians had focused their efforts to offer the enough nutritional elements as the food. However, now, they must be aware, how much the elderly people can eat, and how much it can be absorbed, especially for the aged people, The dieticians should face to these new problems.

Health Promotion Plan Japan 21

In accordance with the rapid increase of elderly and aged population in Japan, the health promotion became one of the most urgent problems, to guarantee a healthy and happy aged society. Japanese government proposed the Health Plan Japan 21 in 2000 for the subsequent 10 years

Thus Japanese government proposed it following the excellent example of American healthy people plan 1990.

This plan contains many items, with concrete quantitative goals to be achieved within 10 years. Some are for physical exercises, including walking, and sports, playing etc, for example, it is recommended to walk additionally 1000 steps every day.

In nutritional aspect, some goals are proposed, to prevent the life-related diseases i.e. restrictions on salt intake and fat-intake. The intake of vegetables is recommended to 350 gr/d.

Percentage of the people, who are aware of body weight control, is now 60%, which should be raised to 90% after this plan. In addition, the percentage of people, who do not take breakfast, should be suppressed to less than 15%

The implementation of this reform package of the long term care insurance was carried on, based on these backgrounds. Anyway, we must always be aware of the health promotion to create a happy and healthy longevity society. Thus nutritional aspects should always be kept in mind in the long term care.

Conclusion

The long term care insurance system was introduced smoothly in 2000. It was the first step to create the most ideal longevity society by ourselves under the interest of the whole world.

The preventive nutritional care, incorporated in this system in its version 2005, is now under the social concern. It became important to be aware of mal-nutrition, in addition to the prevention of the life-related diseases.

The nutritional science in Japan had succeeded in the control of Beriberi with success. Next, it had succeeded to cope with the malnutrition after the end of the World War II. The dieticians in Japan became aware of the control of any life-style-related diseases. Now they have faced the new problems in the care of elderly and aged people. The nutritional science became again the indispensable problems in the matured society.

References

1) Long term care insurance system in Japan (Revision) 2005 : Ministry of Health Welfare and Labor
2) IGATA A. Toward a society with maturity and harmony : Arch Gerontol Geriat 1994 ; 19 : 203-211
3) IGATA A. Creation of the ideal society for long life : Some challenges in Japan. Geriatr Gerontol Int 2005 ; 5 : 229-233