

International symposium on the issue of aging:
From the global perspective on the aging issues in the 21st Century;
Comparative views between Japan and the United States of America

Part I

Under the auspicious of U.S. Foundation for International Economic Policy and the National Asian Pacific Center on Aging, with the co-sponsorship of Japan's Ministry of Health, Labor and Welfare, Embassy of the United States of America in Japan, Aichi Prefecture government, Kasugai city, Konan city, Sun-Life and Sun Vision Social Welfare organizations, Aichi Social and Welfare Organization and other professional and academic entities, the symposium was held in Nagoya city in Japan on February 21, 2004.

The participants to this symposium included the delegates from the United States and Japan. On the U.S. side, it was headed by Dr. John B. Tsu, Chairman of U.S. Foundation for International Economic Policy who is also serving in his capacity as Chairman of President's Advisory Committee on Asian Americans and Pacific Islanders, Ambassador Jack C. Chow, MD, who was Personal Representative for Secretary of the State in charge of HIV/AIDS and is now assigned to be Assistant Director General at WHO, Mrs. Marie Guadalupe Wissel(Lupe) who is the Staff Director of the U.S. Senate's Special Committee on Aging and Mr. Clayton Fong, Executive Director of the National Asian Pacific Center on Aging and serving as Chairman of Asian Pacific American Institute for Congressional Studies. On Japan side, the delegates included Ms. Yumiko Watanabe, Senior Policy Planning Official at the Bureau of the Elderly of the Ministry of Health, Labor and Welfare, Dr. Akihiro Igata, President of Nagoya University of Arts and Sciences who has been active in many important area of Japan's Social Policy being promoted by Japanese government, some of the role he has been playing are a member of the Ministerial Commission on Japan's Long Term Care Services Insurance System and on other ministerial commission, Dr. Teruhisa Mokuno, CEO of Sun-Life and Sun-Vision Social & Welfare Organization(not for profit) and Distinguished Visiting Research Professor at John F. Kennedy University. Professor Daisaku Maeda of Japan Lutheran College has acted as the moderator for the symposium who has also been active in Japan's Social Policy as a member of a numerous ministerial commission at Japan's Ministry of Health, Labor and Welfare and other regional governments in Japan.

The opening remarks by the delegates from Japan and the United States were presented by Ms. Yumiko Watanabe, representing Japanese delegates and its counterparts in the United States were presented by Ambassador Chow and Mrs. Wissel, followed by remarks, views and discussions by the delegates which focused on some of the pressing issues aging facing both Japan and the United States. Since the purpose of the symposium was designed to enhance the bilateral relationship on the issues of health and long-term care services in

comparative analysis between Japan and the United States, all delegates expressed the importance of the further enhanced collaboration and cooperation to cope with the issues of aging and its relevant matters in the bilateral relationship. Dr. Tsu has made his remarks in expressing the importance of this kind of symposium in order to have the shared knowledge and concerns in dealing with the issues of aging and stated further that the furtherance of the bilateral relationship on health and long term care services is equally significant as same as trade, national security and other areas of the bilateral relationship because of the fact that the issues of aging have already impacted on the growth of economy and other areas of socio-economic factors which are needed to have more insight for the enhanced bilateral relationship. A special message from the Hon Yoshiro Hayashi, former Minister of Health and Welfare and the Honorary Chairman of U.S. Foundation for International Economic Policy was read at the symposium site in which he congratulated on the success of this event and emphasized the importance of the bilateral relationship on health and long-term care services for the elderly in the era of growing aging society.

The outline of the opening remarks by the delegates and the presentation of views, opinions, suggestions and discussions which took place at the symposium may be summarized as follows:

Mrs. Watanabe began her opening remarks by enumerating the historical perspective of how Japan's Long Term Care Service Insurance System was enacted as a law(s) in 1997 and its implementation in April, 2004. Since the law(s) enacted in 1997 required the review of the law(s) as a stipulation at the time of the enactment of the law(s), the first round of which is to be completed by the end of March, 2005. Mrs. Watanabe firstly focused on "Basic Principle of Establishment Long-term Care Insurance System by citing a number of fundamental points out of which the current system has been put it in place. She cited by listing four major basic principles which are: (1) Decentralization of power; Municipal insurers are responsible for operation and finance, (2) Selection and competition; Services selection by users. Introduction of civil vitality, (3) Promotion of in-home care, and (4) Fairness and efficiency of benefits and burden; Benefits included; Certification of long-term care needs, care management, and preventive benefits. On Burden side, it called for collection of premium from the elderly.

On the process of reviewing the current system in place, the Ministry of Health, Labor and Welfare undertook the task of investigating the various factors both pros and cons of this system through the nation-wide hearing from regional and local governments as well as the providers of the care services for the elderly. It was pointed out by her that "Reconsideration of the system" planned 5 years after the implementation is a critical problem. Thus, the on-going process of reviewing of the system which is now being undertaken which is due by the end

of March, 2005 is regarded as more complex and a challenge for the Ministry to cope with.

Implementation Condition of Long-term Care Insurance System (1) was another topic which she referred to. She noted that service users are rapidly increased for the last three years. According to her presentation, number of primary insured has increased from 21.65 million at the end of April, 2000 to 24.12 million at the end of August, 2003.

As far as number of people certificated in need of care has increased from 2.18 million at the end of April, 2000 to 3.65 million at the end of August, 2003, which is an increase of 67%. On the change of service users, she noted that number of users for in-home services and facilities were 1.49 million at the end of April, 2000, out of which 970 thousands users were at in-home services and 520 thousands were at the various institutional facilities. Whereas, the total users at the end of June, 2003 were reported at 2.81 million and 2.09 million at in-home services and 720 thousands at facilities. It has shown the increase of 89%, 115% and 40% respectively. She commented that these statically reported figures indicate that the system has been widely integrated into the community of the elderly and their families for the benefits of this system.

Commenting on increase in people requiring care at support level or lower level, she pointed out that (1) the number of people certified in need of care increased by 1, 46 million in 3 years and 4 months (67%) and (2) people certified in need of care at support level or care level 1 has been increased by 100%. Projection or trends of the number of people certified in need of care by care level is summarized as follows;

The increasing rate since the end of April, 2000 has been reported;

- Total-----67%
- Level 5---51%
- Level 4---32%
- Level 3---44%
- Level 2---58%
- Level 1—108%
- Support level---85%

She predicts that the trends for increase of users will continue more than what had been projected in the earlier years at the time of the enactment of the law(s) in question. She emphasized the importance of some measures to be deployed to make long-term care service insurance system to be a viable and sound system, some of which include a program calling for “Effective of Long-term Care Prevention” She has cited that services for people at lower care levels like support level or care level 1 are not leading to improvement of conditions requiring care.

In order to show the division between In-home Care Services and Institutional

Facilities for Care Services that users of the system are taking its benefits are shown;

- In home services in terms of number of users-----2.09 million (74%)
- Institutional facilities for care services -----720 thousands (26%)

Whereas, Insurance Benefits Amount is shown;

- In-home services-----18.75 billion yen (\).
46%
- Institutional facilities for care services-----21.83 billion yen(\) 54%

It is noted that facilities services users, accounting a quarter of the whole, are spending more than half of insurance benefits amount.

Another important topic upon which Ms. Watanabe dwelled on her remarks was dealt with the issues of the further enhanced efforts for continuing In-home life to meet the needs of the elderly. She pointed out that 36% of the elderly wishes to continue to live in their present home even when they become weak. It is also pointed out that the elderly hoping to be placed in public long-term care facilities is 11.6%. In more specific way how the elderly wish to lead their aging period of their lives, the following figures may indicate “Living arrangement desirable when the elderly become frail or weak” as presented by Ms. Watanabe at her opening remarks;

- Hope to continue to live in the present house-----36%
- Reform the present house into a more comfortable one-----21.4%
- Enter a public long-term care facilities-----11.6%
- Enter a private long-term care facilities-----3.0%
- Provided care at a child’s house-----5.8%

Ms. Watanabe implied that the above cited trends may change depending on how this care insurance system could be made available in terms of quantity and quality as well as the balance sheet of the system as a viable and sustainable one with the understanding and support of the society at large in the process of reviewing the current system in place.

She has stated that higher care levels are more liable to use facility services. As to care level 4 & 5, more than half of services are using facility services. According to Monthly Report on Condition of Long-term Care Benefits(inspected in May,2003), care level of 4 and 5 who are more housed at institutional facilities such as Special nursing homes for the elderly and Health facilities for the elderly.

What is becoming one of the biggest issues in terms of long-term care services is how to cope with those elderly. Ms .Watanabe stated that (1) almost half of the elderly requiring long-term care have a symptom of dementia. The ratio

among those in facilities amounts to nearly 80%, and (2) among seriously demented persons, “the elderly with dementia whose physical ability is not declining” amount to 250,000. 60% of those are living in their home.

Just illustrate some of statistical data concerning how those elderly with dementia are being housed at their home, special nursing homes for the elderly, health facilities for the elderly, sanatorium type medical facilities and other facilities are presented to show the recent condition (as of the end of September, 2002);

- Persons certified in need of care (or support) are taken as a sample number (unit: 10 thousand). Out of 314, those being housed at homes are 210, Special nursing homes for the elderly are 32, those being housed at health facilities for the elderly are 25, those who are taken care of at sanatorium type of medical facilities are 12 and other facilities are 34.
- As to the level of independency, it is taken as a category of level II or higher and level of III or higher are listed as follow with the total number of certified person as 149 for the level II or higher and 79 for the level III or higher;
 - * Independency level of II: 73(Homes), 27(Special Nursing homes for the elderly), 20(Health facilities for the elderly), 10(Sanatorium type of facilities for the elderly) and 19(Other facilities)
 - * Independency level of III or higher: 28(Homes), 20(Special nursing homes for the elderly), 13(Health facilities for the elderly), 8(Sanatorium type of facilities) and 11(Other facilities).

Ms. Watanabe commented that the increase of the elderly with dementia is going to be one of critical issues in long-term care services for which Japanese Ministry of Health, Labor and Welfare must focus which will be one of the focal points in the process of the second round of the current system. She presented some of the measures to cope with this issue which is aimed at an importance of sustaining dignity. For this purpose, the Ministry has urged to implement some of effective measures which calls for (1) avoidance of a drastic environmental changes with a possible way of keeping the elderly in the environment used to the elderly, (2) Need to provide atmosphere comfortable for the elderly and (3) encourage and motivate the importance of self-dependency both physically and mentally. In order to enhance the above cited conditions in which the elderly could lead their life more normally, she cited that group homes, small-scale multi-functional services bases, development of the role that the community could establish more adhesive and collaborative networks and alliance among providers of care services and community in general.

With the historical perspective of how long-term care insurance system came into being as it is currently in place with its originally envisioned philosophy and policy as developed by the Ministry of Health, Labor and Welfare and some of emerging problems and issues since the implementation of the system, she identified three major issues which the Ministry of Health, Labor and Welfare is

now placing its priority of policy in the process of reviewing the current system. It is: (1) How to improve and strengthen long-term care prevention, (2) How to establish dementia care and (3) How to support continuity of in-home life (in cooperation with medical cares). These three points were cited as the basis for discussion points at the symposium for inviting other views, opinions, suggestions and recommendations not only from other delegates during the discussion period among the delegates but also a number of questions raised in writing as well as vocally, the some of points Mrs. Watanabe presented as her opening remarks were questioned which will be dealt at the later part of this summary of the symposium.

Interestingly enough, Dr. Igata who has been one of the ranking members of the Ministerial Commission for Japan's Long-term Care Services Insurance System made somewhat noticeable remarks, commenting on the roots out of which the enactment of the current law(s) was initiated at least from the view point of Japan's Social Policy and the on-going conditions at the time of developing philosophical and political angles. By quoting his own expression, the development and creation of long-term care service insurance system on universal basis across the nation was right in its direction due to the imperative requirement to meet the need of aging population in the recent years in Japan, but the methodology adopted for the creation of this system at the time of initial stage was based on the idea of "Try and Run" It may well be either interpreted or pointed out in terms of the pros and cons that the funding fathers of this system placed more weight on the establishment of institutional care facilities first to meet the increasing demands of the elderly without more comprehensive studies and insight into how the supporting and operating aspects of programs were to be followed later. In other words, it has been pointed out by many experts on this important system that the architect of the long-term care services insurance system failed to have a good projection of how mounting and complex problems could emerge at the later date such as a question of sustainability of this system due to regional discrepancies exist across the nation and that the prediction of growing aging population in its accelerating rate, continuing decline of birth rate and above all the fiscal picture of the nation's wealth including a prediction of growth national economy and other related important factors.

In view of the continuing and emerging issues on the current system, it was adequate that the legislative branch of the government attached the stipulation requiring the review of the system after 5 years to make it more adequate system to be fair and above all as a sustainable system. Nonetheless, it is fair to say that we are still in the "uncharted water" until such time that the care services insurance system is firmly and soundly established with a large consensus of people at large. In this sense, the on-going process of efforts on the part of the U.S. Congress has been trying to amend the current long-term care services policy is worthwhile to look into. The questions raised by the audiences at the symposium have touched on these points as well which will be introduced at later part of this summary more in detail. Also, Dr. Igata's

presentation and remarks will be noted in the later part of this summary as well. Presentations and remarks by other delegates are also described in the later part of this summary.

Representing for the United States of America, Mrs. Lupe Wissel, Staff Director for the U.S. Senate's Special Committee on Aging presented her opening remarks in introducing historical perspective of how long-term care services system was introduced based on the Older American Acts and focused on some of the current trends in care services for the elderly in its style and methods both by the Federal and state governments in terms of their policies in conjunction with Medicare and Medicaid, and Social Security Acts. Her detailed comments will be elaborated as follows:
The opening remarks by Mrs. Luppe Wissel are summarized as follows:

“

I want to thank the U.S. Foundation for International Economic Policy for inviting me to be part of this very important symposium. Senator Larry Graig, who serves as Chairman of the U. S. Senate Special Committee on Aging, and who is my boss, sends you his best regards. He hopes to someday come to Japan and be part of these important discussions.

I am pleased to be here to discuss and exchange information about the financing and quality-related trends of long-term care in the United States, along with projections of the growth in long-term care needs over the coming decades.

I will begin by describing how we think about long-term care in the United States, discuss current policy and related issues, further trends, and conclude with a description of the evolving consumer choice movement.

Long-term care referees to a wide range of medical, social, personal care and supportive services for people who have lost the capacity for self-care due to chronic illness or frailty. There is a continuum of care in the United States based on living arrangement, medical, and social demands of individuals.

The way we think about care is along the living arrangement continuum. Long-term care services are generally delivered in a single-family homes, multi-family units, assisted living, and nursing homes settings. Single or multiple family units or group residencies are appropriate living arrangements when medical and social services demand is low.

The past decades have been a shift in emphasis away from long-term care provided in nursing home settings to less restrictive homes and community-based care. This shift represents the increasing importance placed on individual dignity and choice.

The United States spent \$1.2 trillion or Yen 150 trillion on all personal health care services in 2001. This is equal to about 14% of U.S. national income and that is a lot of money. About \$150 billion or Yen 18.8 trillion—or 12 percent of health spending—was spent on long-term care.

There are two major government health insurance programs in the United States---Medicaid and Medicare. Medicaid is for poor people and Medicare is for old people. Medicaid is a Federal/state government health and long-term care program for low-income and Americans without significant economic assets. Medicare is a Federal government health insurance programs for Americans who are age 65 and older or those under age of 65 who are disabled and unable to work.

Increasingly, there is an emerging emphasis in the United States to provide long-term care services in the home and community-based settings. The total experiences for LTC services in the home were \$ 37 billion or Yen 4.6 trillion in 2000 and the demand is projected to grow. Many states are concerned about their ability to continue support for Medicaid long-term care services because of increasing fiscal pressures.

Second concern is that most public funding goes for institutional care. Almost 20% of the people who receive services reside in nursing homes—yet 70% of total long-term care spending is for nursing home care. In the United States, the average cost of nursing home care last year was \$57,000 or Yen7.1 million.

Many experts believe that state and Federal policies have a bias in favor of nursing homes. In the United States, families who receive little or no assistance from government programs provide most long-term care. About 60% of seniors receive care at home or in the community. They rely on unpaid caregivers, primarily spouses and adult children.

Finally, with increasing demand for long-term care services, quality is an area where we are always paying close attention. Nursing homes are subject to Federal oversight and regulation. Assisted living is currently regulated by states. Because assisted living is the fastest growing industry providing long-term care, there are no uniform quality standards for states to use. My own Senator, Senator Craig, and other members of Congress are working to develop sensible standards that ensure high quality and consumer protections while maintaining flexibility that seniors prefer.

The need for long-term care in the United States is expected to grow significantly in coming decades. Two thirds of the people receiving some form of long-term care services are over 65, an age group expected to double by 2030. After 2030, even faster growth rates are anticipated for people over 85, the age group most likely to need care.

There is some question about whether the growth in long-term care spending will rise as rapidly as the number of senior citizens. Disability rates among the elderly have been declining over the last 20 years. If this trend continues, the elderly of the future may be healthier, which may reduce their need for care. On the other hand, increased longevity later in their years.

It is unclear how the increasing costs for long-term care will be financed. The outcome depends on how fast the economy grows and what policy changes are made. The issue is complicated because of the shrinking worker to retiree ratio in the United States. This demographic fact will make it difficult to maintain future Social Security, Medicaid and Medicare benefits at the current levels. Fewer workers and a growing demand for aging services will be a challenging task for policy makers.

The United States is taking some action. Congress recently passed a Medicare reform bill that for the first time in 38 years made some fundamental changes to the program. One of the key changes is the Health Saving Accounts, allowing people and employers an opportunity to contribute into the account for their healthcare needs. It also gives people more control over their care.

In addition to Health Savings Accounts, other policy initiatives related to the guiding momentum in the U.S. political marketplace. One such initiative is a move to provide a substantial tax credit for families currently shouldering significant long-term care expenses. Families who pay for long-term care for frail and aging relatives have high expenses. Many older people lack the financial resources to pay for their care, but have children who may be able to help with some tax relief. Providing a tax credit for long-term care services allows families to keep more of their earnings to care for their elderly relatives. It also helps keep adult children financially and personally involved with their aging parent's care.

Currently, only about 5% of American seniors in nursing homes have private long-term care insurance coverage. Many policymakers are interested in providing more insurance. One example is the Long-term Care Partnership bill that provides those who purchase long-term care insurance a guarantee that their assets (money and property) will be protected if their insurance spending limits is reached. Americans will no longer have to become poor by spending down assets in order to qualify for the government-run Medicaid long-term care program.

In conclusion, the American long-term care system is extremely complex with many dynamic moving parts. We are moving away from nursing home settings to give our frail and aging seniors more choices for care. Most seniors prefer to remain in the dignity and security of their own home. They prefer having their families involved with their care decisions. Our long-term care discussions and reforms are moving in that direction, but there is still much more to be done.

Concluding Remarks:

Where do we go from here and what can we learn from each other?

One thing we can do is share and exchange information on how our respective countries have met these challenges. While our systems are different, we are bound by common desire to provide seniors with a secure dignified quality of life in their golden years.

Thank you for allowing me to share with you some of the key features of the long-term care system in the United States.”

Mrs. Luppe Wissel’s opening remarks demonstrate that the long-term care services system and its trend, particularly on the part of the policymakers is shifting from the conventional government program oriented system to more selective system with a significant incentives to enable families of frail and aging seniors to provide benefits and motivations in the form of tax credits and other methods of aids, which will move the population of aging from institutional settings to their homes and communities, designed to enhance not only the choice of the elderly to spend their aging years but also to respect dignity of the elderly. Ironically, Japan’s Ministry of Health, Labor and Welfare is shaping its policy in that same direction. But, Philosophy and vision for a shift from institutional care to in-home and community care is not exactly same as it is not supported by other means of support in the form of benefits for those who will provide care services at homes. In the process of reviewing the current system, it is hoped that what U.S. policymakers have been promoting as a significant measures to motivate grown children of aging seniors in the form of tax credits and other benefits to be provided are implemented, the Ministry’s policy may be more dynamic enough to be supported by people in general. On these points, there have been many questions raised by the audiences at the symposium, some of which are worthwhile for attention and study. Mrs. Wissel has made comments regarding Japan’s Care Service Insurance System during the panel discussions which will be described at later part of this summary section.

Dr. Jack Chow opened his remarks by citing about the importance of this symposium and expressed that he was delighted to be a part of this specialized symposium together with his colleagues from the United States and its counterparts from Japan.

He stated that the purpose of this symposium is very important not only from the view point of the bilateral relationship between Japan and the United States on health and aging issues but also from the role and responsibility that WHO has been playing. He outlined the role that WHO has been playing to cope with the issue of aging from health and care-services point of view not only for developed countries but also developing countries. In his view, WHO maintain the following views which are quoted from the paper presented are as follows:

"The challenge for health care systems":

Rapid population ageing will lead to changing demands to health care system in both developed and developing nations. Health care system will be expected to accommodate care for older people adults together with care for other groups. Health care systems will have to adapt to increasing proportions of the oldest old. While ageing is not in itself a disease and old age should not be seen synonymous to frailty and sickness, increasing demands on the health sector can be expected.

"Some good news": In developed countries e.g. the USA, disability rates in older age have declined in recent years. But the most likely future scenario will depend on policies to be implemented now. Healthier life-styles will lead to future cohorts of older people ageing in better health-the "healthy-ageing" scenario. Advances in bio-technology are increasingly benefiting individuals that in the past would have become disabled. The challenge for the developing world is two-fold: investing in "healthy ageing" from a public health perspective and making medical interventions more cost-effective and more widely available.

"Key areas of work":

The Ageing and Life Course Program focuses on four areas: information dissemination, capacity building (research and training), advocacy and policy development. Examples of activities:

- promoting active and healthy ageing through the "Global Movement for Active Aging" (special focus on physical activity and nutrition);
- training of primary health care workers in old age care;
- assessing the effects of HIV/AIDS on older people in Africa and their ability to care providers;
- an initiative on prevention of elder abuse world-wide;
- implementing ageing friendly standards e.g. "ageing friendly" health care centers
- Development of policy recommendations for healthy and active ageing. For an example, UN Second World Assembly on Aging.

Dr. Chow stated that another issue of concern to global aging issues needs equal attention is the role older people play as care providers for the chronically and terminally ill patients and the upkeep of children orphaned by AIDS. UNAIDS and WHO estimated that, at the end of 1999, a total of 18.8 million people had died of AIDS. Of these, 14.8 million were in Sub-Saharan Africa. Furthermore, of 14 million children under 14 years who had lost one or both parents to AIDS, 12.1 live in Sub-Saharan Africa.

In Africa and other countries with poor health infrastructure and non-existent state welfare support, the burden of care is undertaken by the family. Evidence from Africa and Asia, including a recent WHO study in Zimbabwe, concluded

that this burden is borne primarily by older women. They are providing this care under extreme conditions of poverty, stigma and lack of support.

In his view in coping with the issues of aging, Dr . Chow summarized an important concept and action which are cited below:

"FRAMEWORK FOR COLLECTIVE ACTION":

There are (3) major pillars which are regarded as the basis for forming collective action;

First pillar is PUBLIC HEALTH STRATEGIES, the sub-sections of which are (1) prevention which include specifically osteoporosis, (2) treatment, and (3) care which is further subdivided as (a) Acute, (b) chronic, (c) palliative, and (d) supportive. (4) is R&D which is new drugs and diagnostics? (5) is S&T, which include innovation linking to the enhancement of R&D. (6) is education and training of national work forces aiming at enhancement of health work process. (7) is surveillance and epidemiology which are for better detect and analyze dist of disease and health status of elderly. (8) is infrastructure which is for hospice and clinics as well as community care facilities?

Second pillar is MOBILIZING CIVIL SOCIETY which is subdivided into (1) building alliances, coalitions and partnership. (2) is strategic & operational synergies mutual reinforcement. (3) both public/ private and NGO sectors such as NAPCA who is one of the main sponsors of this symposium.

Third pillar is Supporting Political Leadership which includes (1) national community levels,(2) make case for continued sustained investment; health & social wellbeing of the elderly and (3) is assertive & appreciative citizenry who can reinforce the need for continued investment.

Commenting on the importance of the role that foundation of resource mobilization is very critical for the success of coping the issues of aging and its relevant matters, Dr. Chow cited that financial support either on the bilateral relationship between Japan and the United States or multiple relationship involving developed and developing nations. He stated that the mobilization of expertise is another aspect of importance which requires for the enhancement of science & medicine and social / behavioral.

Ambassador Chow introduced importance of (3) major concepts and actions which will advance and enhance to deal with the pressing issues facing the increasing population of aging. He named it as "3C" which is the key to the success of mobilization of the required resources to its maximum effectiveness. They are (a) communicate, (b) collaborate and (c) cooperate. The next is for "3P", which stands for (a) people, (b) programs - process and (c) product - outcomes. Lastly, "3D" which is (a) quantity(more), (b) quality (better) and (c) Intensity (now).

Ambassador Chow concluded his opening remarks by saying that this type of symposium is so important to have shared concerns and knowledge on the issue of aging facing both Japan and the United States and implementation of measures to lead the aging period of the elderly to enable more independent and meaningful. He said that WHO continues to play an important role not only for the sake of health of human being in the world but also the emerging issues such as the issues of aging. He cited that WHO appreciates greatly for invaluable assistances and supports being extended by Japan financially and human resource way and emphasized that each nation should continue to support for the activities that WHO has been carrying out for the past years and the years ahead. Following the opening remarks by Ms. Watanabe, Mrs. Wissel and Ambassador Chow, the floor was open for other delegates to make their views, opinions and remarks. President Igata, MD, Dr. Mokuno and Mr. Fong relating to some of the issues as referred to by the above cited delegates who made their opening remarks. Each delegates also focused on some of the pressing issues on the aging and the relative policy and systems which are in place and for the future both in Japan and the United States.

President Igata made his remarks under the theme of "Future Prospect of Welfare Policy in Japan". He cited about importance of (1) international cooperation on the welfare policy for the elderly and aged people, (2) the creation of the ideal aged society is the common task of mankind, and (3) every country should cooperate with each other in its common know-how and information. He introduced historical perspective of how the national care services insurance system was established. However, he touched on some of emerging issues yet to be resolved. He stated that "its economical basis to the sustainable one and regional care system will be the most important problems in the future". Commenting on three years of experience of the long-term care insurance system, he pointed out that there are (4) major factors which have either changed Japanese attitude toward the universal long-term care service insurance system or possible emerging problems ahead. He elaborated the following points; (1) its enforcement has changed the concept of welfare and social habit of Japanese, (2) the users have increased rapidly, (3) its new unique advantages were indicated, (4) the system has been put it in place by the concept of "Try and Run" and (5) it must be restructured as the sustainable system.

He further advanced his remarks concerning the future perspective of this system. He pointed out that how can we achieve the self-independence of the aged people? to what extent is the sustainable system possible? His view of this system from economic point of view which are; (1) the new care insurance system became to be regarded as a new industry, (2) the shortage of manpower in this field might be expected in Japan, even after full mobilization of elderly man power.

He urged the importance of "Preventive Care" in order to ensure and enhance

the sustainability of this system on the account of the reasons which are; (1) it is noted that the goal of the care insurance is not the relief of handicapped, but the promotion of self-independency, (2) regional care is indispensable is to be heeded, and (3) the rehabilitation is indispensable, not only for disease related handicaps, but for prevention of infirmity.

President Igata emphasized that the long-term care system is the public system for all and it will be the case that in the ideal care system, one need not save money for the future. He stressed the importance of "terminal care in the welfare institutions. He pointed out that the dying in the hospital is not always happy for the aged people. He further stated that the dying with dignity for natural death should be respected. He said that the peaceful dying is a cardinal premise for the ideal aged society.

President Igata stresses the fact that this system has contributed economically to the growth of regional industry as a new industry. It will pave the way for promising high technology in the aged society and the long-term care insurance is a new industry.

Since one of the important aspects of this symposium is to have the shared knowledge and concerns on the issue of aging and its relevant matters, President Igata emphasized the furtherance of the bilateral relationship on health and aging between Japan and the United States. He cited about some of points that Japan should learn from the United States. These are;

- Involvement of family
- Quality control of care services
- Intermediate institutions for home care
- Organization of volunteer activities
- Care management

In concluding remarks, President Igata listed the following important points:

- The creation of the happy longevity society is one of the biggest tasks, which mankind has not experienced before.
- Its creation will be possible through try and error
- In collaboration with many countries, it will be possible to cope with the common problems of mankind in future.

During the panel discussions and responding to questions raised by the audiences at the symposium, President Igata and other delegates have expressed their respective comments, views, opinions and exchange of views among the delegates which will be dealt in the next summary of this symposium at our website.

As CEO of providers of long-term care services for the elderly with invaluable experience as well as scholars specializing in the issues of aging, Dr.Mokuno

introduced his remarks focusing on some specific issues relating to the current system and made his views and recommendations in the process of reviewing the current system which are now being undertaken for the completion of the review and revision by the end of March 2005.

He has provided the materials concerning comparative notes between Japan and the United States in the system of long-term care services. Although the structure of the system is different due to law(s), regulations and codes between the two countries, he touched on some of important points which will be implemented in the operation of institutional facilities providing long-term care services under the current system but also recommended items to be reviewed and revised in order to create more realistic and sound system.

He has listed a number of issues which are regarded to be reviewed for improvement in the system through the process of review and revision of the on-going task of completing the review process by the end of March 2005. Firstly, He stated that the auditing system into institutional facilities for care services for the elderly under the current system should be improved. He pointed out that the auditors being assigned from the regional government in charge of the long-term care service insurance system, is not appropriate nor productive by large in terms of how the operation of providers of care services be audited in terms of its methods and contents of the auditing. His observations based on his involvement at the time of auditing demonstrate that those assigned to conduct the task of auditing of the providers of care services at institutional settings are less interested in how the operation of facilities are being conducted in accordance with the regulations and guidance applied under the current system but they are primary concerned about the financial figures of how it is properly documented to meet the requirements.

The auditors assigned are, in the most cases, neither knowledgeable nor professionalized in terms of how the long-term care services being provided. Since the auditors are assigned from respective regional government in which the institutional facilities are located, the auditors tended to think of their task not only in terms of how the providers of care are maintaining financial records but also they tended to think that the providers of care services for the elderly be directed by these bureaucratic staff. These auditing methods prevent providers of care services for the elderly from properly evaluated, particularly how the detailed task of care services are being provided for the elderly, which will provide the opportunity for the users of the facilities in their choice.

Dr.Mokuno recommended that institutional facilities for care services for the elderly be audited by more independent entities rather than regional government, which will provide full disclosure of quality of care services provided for the choice by potential beneficiaries of the current system.

Another issue he focused on is a question of the issue of licensing and certificates for professional persons who are engaged in care services.

Although Japanese Ministry of Health, Labor and Welfare has implemented some of licensing and certificate programs but it is not enough to enhance the ability and quality of those professional persons to meet the requirement of changing care services and medical services to provide them with the elderly. In this regard, he urged that some of the measures implemented in the United States be helpful to advance these issues.

He also urged the importance of continuing professional educational programs for those who are named as so-called professional yet without having the due and authorized licenses and certificates as it is done in other countries. He emphasized the importance of continuing educational programs which will pave the way for those professional to be classified as the authorized professional in engaging with their respective professional areas in care services for the elderly.

Commenting on some difficulties facing the providers of care services for the elderly from view points of the providers, he pointed out "regional discrepancies" exist in terms of pay scale for labor and wages for medical doctors/nurses in spite of all most same fees for care services extended to the elderly regardless of whether institutional facilities are located in relatively cost burden and less cost burden regions. For an example, the wages for nurses and care givers in Akita Prefecture in Japan and Nagoya city is shown in wage differential which is 30% less as far as the labor cost of care givers is concerned compared to Nagoya, yet the fees to be charged to the beneficiaries of the care services under the current system is same. This will lead to difficult financial picture of the providers in the major metropolitan cities where the demands for entry into institutional facilities are much greater compared to some of the remote regions. In nutshell, he recommended that the Ministry of Health, Labor and Welfare should look into this particular issue more closely in order to keep the current system to be viable for the providers of care services for the elderly, particularly in the metropolitan regions where the cost of living including wages are much higher.

Dr.Mokuno stated some of the issues further during the panel discussions which will be outline at Part II of this summary.

Mr.Fong made remarks by saying that he would refrain from stating again concerning the overview of the issues of aging in the United States as other delegates from the United States had already presented. His remarks were centered on a very specific issues relating to the long-term care services system for the elderly in the past, present and the future. He focused on (3) major lessons from which one should learn in order to enhance more elaborated and sound system and the policy implementation for improving the cons-side as experienced in the past years. He stated that the United States experienced difficulties in the implementation of effective programs which are Medicare and Medicaid as these programs at the time of implementation was based on certain predictions and assumptions which have proven to be not adequate in terms of

the assessment at that time due to the emerging new factors difficult to predict at that time. Secondly, he stated that so much "unknown factors" which have emerged recently to become major factors which required for review of the programs due to the unexpected factors affecting on the programs. He pointed out that the role of the government in these programs were larger in 1900's, which was demonstrated in the case of "management care "and so-called "pre-conceived approach to the issue of aging was one of the dominant phenomenon". He stated that the United States is now faced with "Back lush".

He concluded that the issue of aging is so complex and it is particularly true among the community of so-called minority because of different historical heritages in terms of the building of the nations from where Asian, Hispanic and Pacific Islanders immigrated and settled as the first generation of Asian, Hispanic and Pacific Islander's American who were inherited with their mother countries culture, way of life and other factors. Then, the second generation of those settlers did grow in population and it is now the case that Hispanic and Asian Americans are becoming the noticeable percentage of the population in the United States. Nonetheless, their heritages pose significant factors in their lives, particularly, in their ageing period. NAPCA has been the organization to advocate the dynamic policy in implementing an appropriate approach to the elderly of Hispanic and Asian origin to make them more comfortable in their environment of aging period.

After these remarks were presented, the symposium moved on to free discussions among the delegates on the issues and concerns as expressed by each delegates. At the end of the panel discussions, many questions were raised from the audiences toward the delegates. The summary of the panel discussions and the questions raised from the audiences at the symposium will be introduced in the part II of this paper. Professor Daisaku Maeda's concluding remarks at the symposium will shed some lights on the issue of aging from the global perspectives.

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