Social prescribing for healthy ageing for older persons

Lessons from Japan's experience

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- Japan's Experience of Policy Shift
  - –From High-Risk Approach to Community/Population Approach
- Japan's Community-Based Social Prescribing Model
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Limitations of High-Risk Strategy

- It is difficult to screen frail older people.
- Frail people is unable to participate in prevention programs.
  - expected: 5% of older people
  - actually: 0.2%
- Functions declined after one year from the end of program.

2006.10.29
Asahi Newspaper

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Policy Shift and New Intervention

- The high-risk strategy proved ineffective.
- Japan's healthy ageing=long-term care prevention policy shifted toward a community-/ population-based approach.
- Without applying any screening or eligibility criteria, a preventive social prescribing scheme was offered to all older adults in the community.

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NHS England https://www.england.nhs.uk/personalisedcare/social-prescribing/

What is social prescribing?

- Social prescribing is ・・・
  an approach that **connects people to activities, groups, and services in their community** to meet the practical, social and emotional needs that affect their health and wellbeing.

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Intervention study in Taketoyo town, Aichi

Community Gathering Place(CGP)

kayoi-no-ba

Seasonal events

☆New year party

☆Spring festival

☆Summer festival

☆ Sports event

☆ Chrismas party

（盆 踊 り）

（玉 入 れ）

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Enjoyable Social Programs

←Ping-Pong

Game→

Just chatting is very popular!

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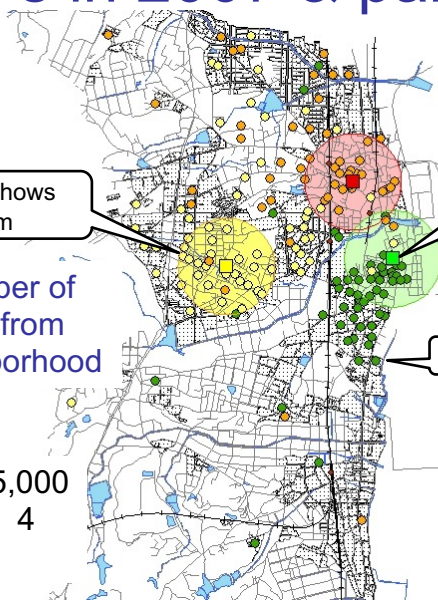
3 CGPs in 2007 & participants



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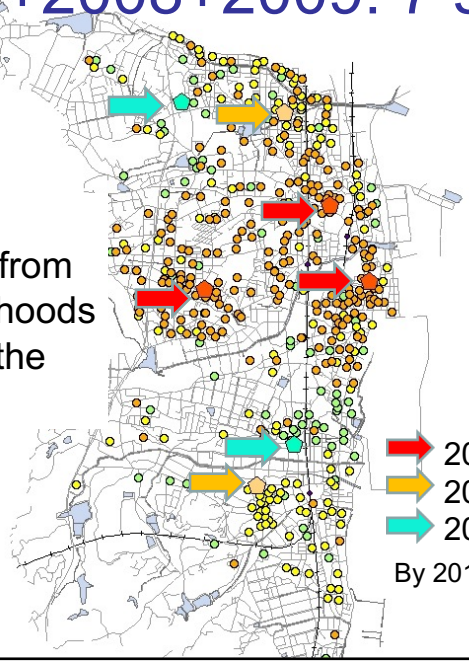
2007+2008+2009: 7 sites

increased participation from the neighborhoods surrounding the new CGPs



2007 3 CGPs
2008 new 2 CGPs
2009 new 2 CGPs
By 2012 Total of 10 CGPs

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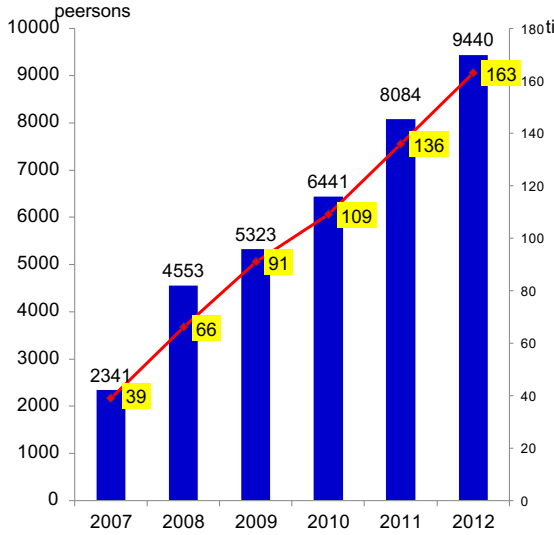
Trend of Number of CGP, Participants & Events



No. of CGP	3	5	7	8	8	10

Behavior can be changed by changing the social and cultural environment.

No. of Participants
No. of Events

Source: Taketoyo town

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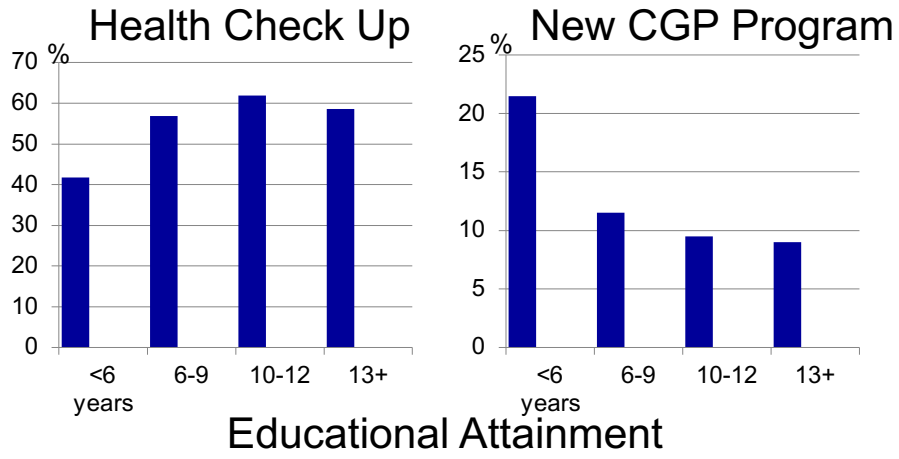
Participants Rate by Education



The new CGP Program might reduce inequalities in health

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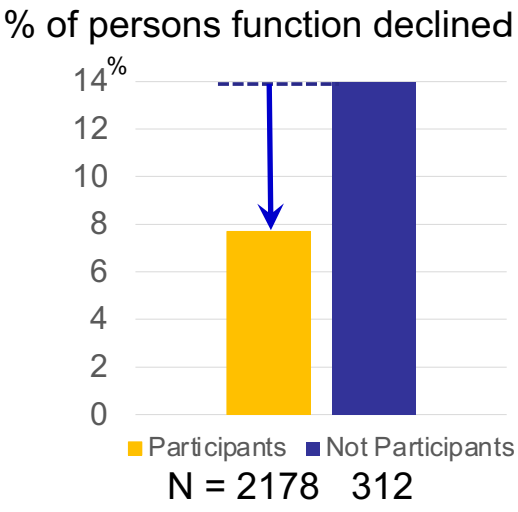
Participants Keep Functions

Taketoyo project, 2014



A comparison between participants and non-participants in the Taketoyo CGP project

over the 5-year follow-up period, the participants showed a 6.3% point reduction

Hikichi, H., Kondo, N., Kondo, K.,et. All: Effect of community intervention program promoting social interactions on functional disability prevention for older adults: propensity score matching and instrumental variable analyses, JAGES Taketoyo study.
Journal of Epidemiology and Community Health
doi: 10.1136/jech-2014-205345

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Changes in healthy ageing policy in Japan
From high-risk approach to community approach

一般介護予防は、通いの場（社会参加型）へシフト

2006 High risk approach is introduced

従前の介護予防（ハイリスクアプローチ）

行政が提供者・住民が受給者

2014 community approach: Gathering place lead by citizens

平成26年 地域づくりによる介護予防

これからの介護予防（ポピュレーションアプローチ）

住民が運営者・行政が支援者

2019 More diversity & strengthen function on CGPs, and PDCA cycle

令和元年 厚生労働省一般介護予防検討会指針

通いの場の多様性・機能強化
PDCA に沿った事業展開

PDCAサイクルに沿った「通いの場」の取組を推進するための手引き：P6 図1

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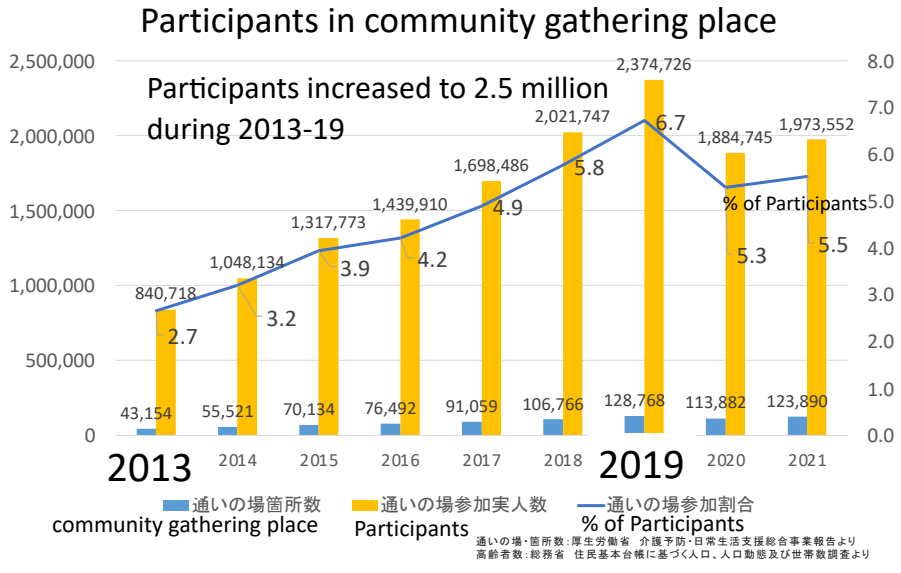
住民主体の「通いの場」

Participants increased 1.5 million



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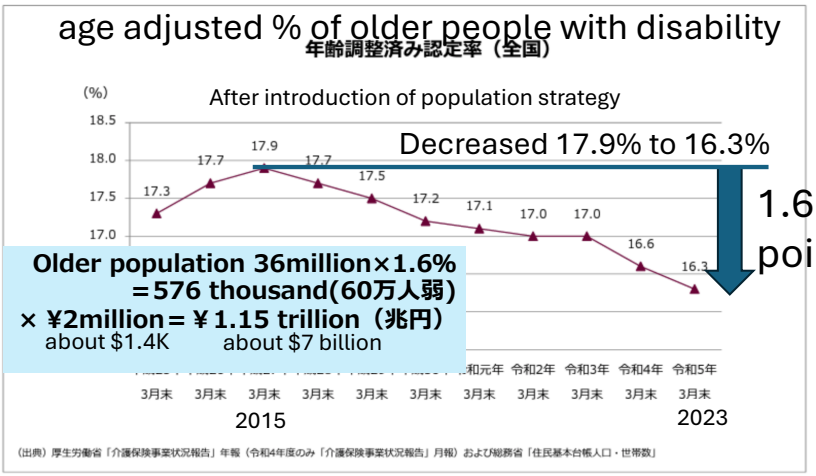
第１号被保険者の認定率（年齢調整後）の変化
（介護保険事業状況報告月報及び人口推計から作成）

○ 要介護認定率はピーク時の平成27年３月末の17.9%から減少してきており、令和５年３月末には16.3%となっている。 （平成27年３月末比▲1.6%）



厚生労働省「2040年に向けたサービス提供体制等のあり方」
現状と課題・論点について
https://www.mhlw.go.jp/content/12300000/001371773.pdf P94

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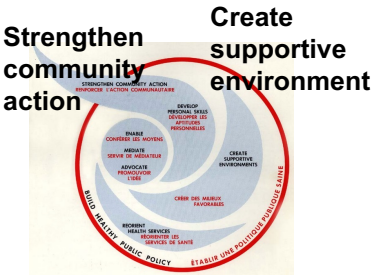
Conclusion
Lessons from Japan's experience

- Community-/Population-based approach is better than high-risk/individual approach



- Japan's community-based social prescribing model demonstrates a scalable and equitable strategy for promoting healthy ageing and reducing functional decline in a super-aging society.

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