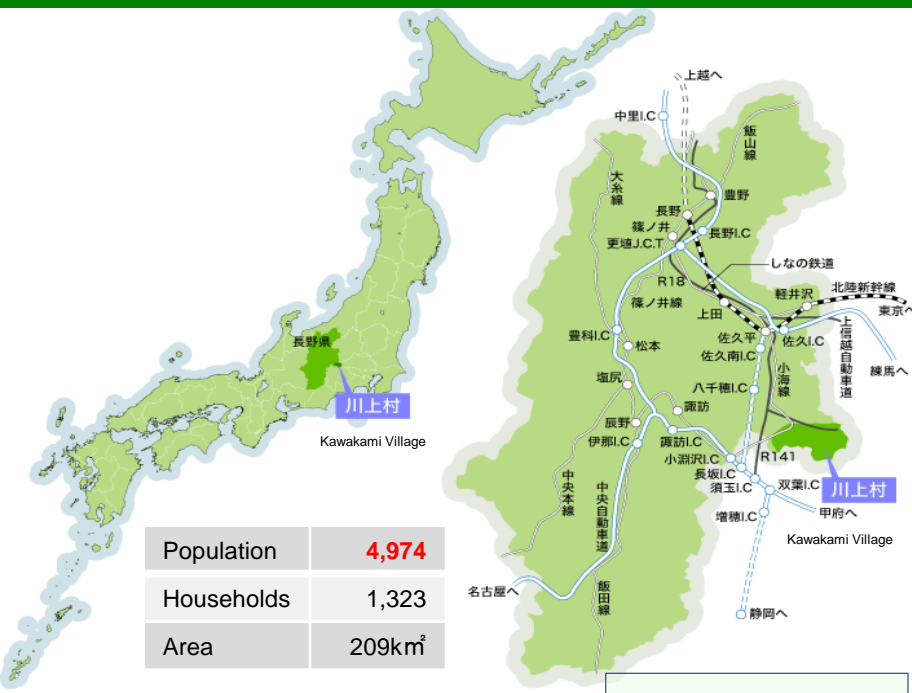


Achievements after 20 years of Health Park Scheme

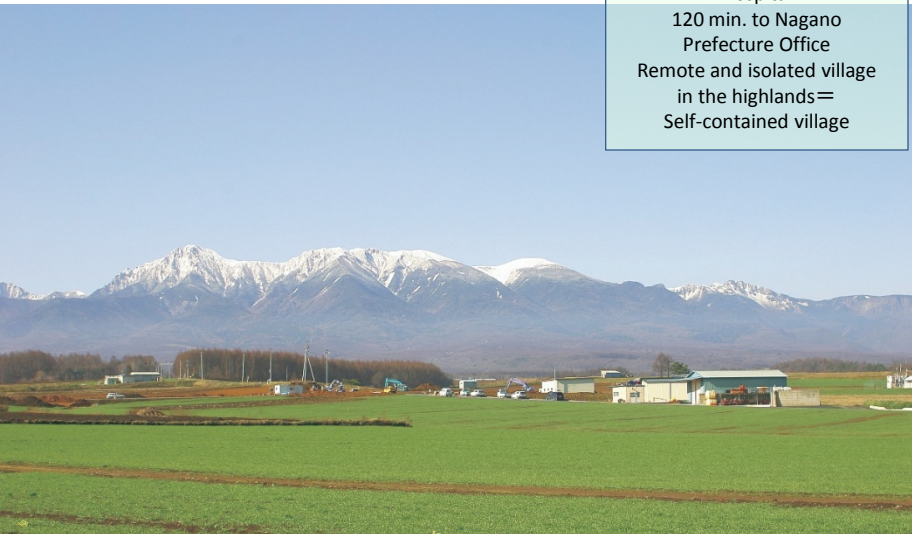
Kawakami Village, Nagano Prefecture

Overview of Kawakami Village



Population	4,974
Households	1,323
Area	209km ²

75 min. to Saku General Hospital
 120 min. to Nagano Prefecture Office
 Remote and isolated village in the highlands = Self-contained village



Vegetable field at the foot of Yatsugatake Mountains

Regional industrial power

- ◎Lettuce production **62,604t** (No. 1 in Japan)
- ◎Rate of people engaged in agriculture **38.2%** (among the total population)
- ◎Farmland area per farming household **2.72ha** (2010 Agriculture Census)

Employment power

- ◎Rate of employment within the local area **93.7%** (within Kawakami Village)
- ◎Rate of employment at home **72.8%** (people working at home or self employed)
- ◎Women's employment rate **63.3%** (rate of women employed over 15)
- ◎Unemployment rate **1.5%** (lowest in Nagano Prefecture) (2010 Census)

Community power, family power

- ◎Rate of the elderly living alone **10.0%** (as of 2012, slightly growing)
- ◎Rate of young population **13.9%** (2010 census, No.1 in county)
- ◎Average age of volunteer fire fighters **30.7**
- ◎New farmers **11** (2012)

Elderly power

- ◎Rate of healthy elderly **85.1%** (unique statistics to Kawakami Village)
 (Among those aged 65-74) **96.7%** (No. 1 in Japan)
- ◎Rate of working elderly **63.3%** (employment rate among those aged 65 or above)
- ◎Unemployment rate **1.5%** (lowest in Nagano Prefecture) (2010 Census)

Health power

- ◎Medical cost per subscriber to NHI **171,177 yen** (lowest in Nagano)
- ◎Rate of subscription to NHI **71.8%** (No. 1 in Japan)
- ◎NHI tax per subscriber **104,678 yen** (highest in Nagano Prefecture)

(Preliminary figures for FY2011)

History of Kawakami Village

1. Kawakami Village before WWII

- “Further up along the river, there’s a village called Kawakami Yatsuga-mura. One of the most remote areas in the mountains of Shin-shu, so poor and desolate that only the sick ever get a chance of eating white rice” (from “*Chikuma River Sketches*” by Toson Shimazaki 1912)
- Life of villagers ... Extreme poverty
- Limited harvest of rice ... Only enough to feed the villagers for 2 months
- Cash income ... Meager income from silkworm and pony breeding
- Villagers work away from home as migrant workers

3. Steps toward becoming a vegetable kingdom

- The high season for Chinese cabbage and lettuce ... Japan’s summer is hot and humid
- Started production of Chinese cabbage through trial and error. Tried shipping in ice, but they all went rotten
- Big opportunity arises during Korean War. US troops were looking for a source to procure lettuce Special procurement boom - war industry
- Each village had wide communal land for collecting grass in those days. 1500ha of such land was cultivated utilizing government grants and allocated evenly to all households in the village. Kawakami Village received Asahi Agriculture Award in 1973 as the only community with a growing number of full-time farmers.
- All households in the village became a land-own farmer. Farmland area per household: 2.5 ha
- The municipality, farmers and Agriculture Cooperative all worked together toward a shared objective. Average annual income: 2.5 million yen. Farmers earn a year’s income in 3 months (4 times heavy labor)

2. Development through utilization of forest resources

- 1935 Opening of Koumi Railroad ... Turning point
↓
Abundant forest resources could be transported
- Aimed economic development through utilization of forest resource
A major company from outside the village started operation of a saw mill
Larch wood was used for construction purposes in large cities
↓
- Deep forests turned into bald mountains ... Result of relying people from outside
- Lesson learned: Local development must be pursued by the hands of the local people

4. From an agriculture-based to life-based community

- Toward becoming a village with highest level of overall satisfaction
 - Responding to informatization (advanced informatization strategy)
 - Securing public transportation (profitable operation of municipal bus service)
 - Promoting exchange (overseas training program for women and agricultural successors)
 - Responding to the growing elderly (Health Park Scheme)
 - Fostering leisure and cultural activities (Furusato Village School)
- Village aims
 - Human resource development (education to foster affection for the local community and culture)
 - Three “Fu” principles: *Fu-mi* (flavor); *Fu-shu* (custom); and *Fu-do* (climate)

Overview of the Health Park Scheme

Basic philosophy: The entire village as one hospital (1993) Every single patient/resident supported by the Health Park as a whole

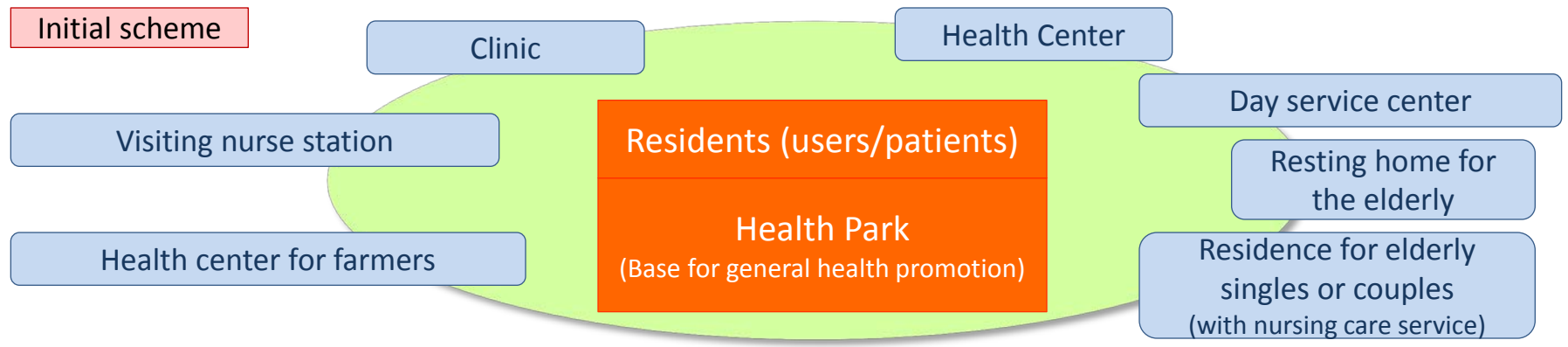
Factors essential for nurturing and maintaining human life

Advanced medical care

Natural environment

Human relationship

Integrating public health/welfare/medical/nursing services



Health Park scheme

The Health Park scheme was announced in April 1993 with an aim to build a welfare community for supporting healthy and satisfying lives of residents by integrating public health service, welfare and local medical services. The Health Park Central Building was completed in October 1998, forming a base for residential services together with an existing clinic and day service center. Development of elderly housings, short-stay facility, electronic health record system and local support system for those in need will follow in the future to improve overall community welfare.



Collaboration between medical/nursing/welfare staff to support home care

NHI clinic	Visiting nurse station
<ul style="list-style-type: none"> Started operation in April 1988 Two doctors dispatched from Saku General Hospital The clinic operates on a two-doctor basis and in the afternoon the doctor visits patients at home Introduced electronic medical records system in 2010 Local medical network with Saku General Hospital Koumi Branch at the core (information sharing via ID link) Certified as home care support clinic in May 2012 Number of outpatients (1,065/month FY 2010) Number of patients visited at home (37.5/month FY2010) 	<ul style="list-style-type: none"> The clinic launched visiting nurse services in 1998 Social Welfare Council also started operation of a visiting nurse station in 1999 The two services were integrated and enhanced under the direct operation of the municipality in 2009 Number of visits (2,641/year); number of emergency visits (265/year) 3 nurses are allocated to respond to emergency situations 24 hrs/365 days The nurse station receives phone calls from home-care patients and contacts the doctor when necessary. The station not only answers calls but sends a nurse as a basic principle. Residents have become more confident about home care. Cancer patients can now spend their end of life at home with their family Visiting nurses supported the terminal stage of 10 patients who died at home in 2012

Promotion of collaboration between different professionals (Health Park Liaison Meeting)



The conference is comprised of Comprehensive Support Center staff, care managers, public health nurses, clinic doctors, and representatives of the day service, elderly care home and *Ikigai* day service organizations, as well as external knowledgeable persons for comprehensive coordination among various services including public health, welfare and medical services.

- ◎Health Park Liaison Meeting (held daily to share information and consider service policy for each user)
- ◎Worker training sessions (training sessions are held by inviting external knowledgeable persons)
- ◎A pilot project is underway to demonstrate the effectiveness of a welfare/nursing/medical service collaboration system to support home-care patients (full operation targeted for FY 2013. See page 9)

Comprehensive support for community health focusing on care prevention

Promotion of care prevention

Increasing the rate of healthy elderly through enhanced care prevention (Many people in their 70's are still active as farmers)

- Rehabilitation class • • • Exercise/training to prevent falling provided under professional instruction (40 times a year)
- Back ache prevention class • • • Lectures given by professionals and classes to provide knowledge and prevent back aches
- Health consultation • • • Held at community halls / crop collection stations (approx. 50 times a year)
- Training for supporters of people with dementia • • • Train people who can understand and support dementia patients
- Dental health seminars • • • Guidance provided by dental hygienists for those with compromised oral function

Enhanced home-care services for the elderly

- **Meal delivery service** • • • Home delivery of nutritionally balanced lunches; the deliverer says hello and makes sure everything is all right
- **Fure-ai lunch service** • • • Held at community halls and sponsored by the local community
- **Iki-gai day service (3 times a week)** • • • Service provided for those who have retired from work, to spend a relaxing day at the health center taking a meal, bath, joining rehabilitation exercise and recreation activity. Transportation service is also provided,
- **Living support/outing support** • • • Provides support for daily chores such as cleaning the room or going shopping. Transportation service is provided from home to destination within the village.

Nursing-care insurance

Truly user-centered service provided by the only care service operator in the village (Social Welfare Council)

- Nursing care plan developed in direct cooperation with the Comprehensive Support Center
- Approx. 80% of those certified for need of long-term care stay at home
- 5th term nursing care insurance fee: 4,450 yen (Fund: 42,780 thousand yen/ as of beginning of 2013)

	Changes of nursing care insurance fee
1 st term	2,246 yen
2 nd term	3,317 yen
3 rd term	4,133 yen
4 th term	4,066 yen
5 th term	4,450 yen

Achievements of the Health Park Scheme

After 20 years' efforts

As a result of various efforts ■■■ Current status of Kawakami Village shown in numerical figures

○ Increased rate of healthy elderly (free of nursing care)

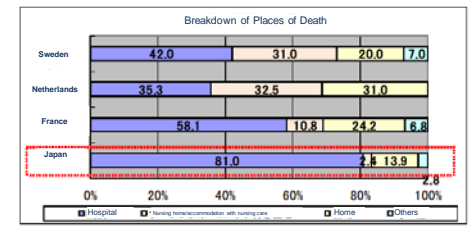
◎FY 2010 rate of healthy elderly people: 85.7% (1,043 are healthy out of 1,217)
 (97.2% for age group 65-74 ...459 are healthy out of 472)

⇒ Although aging of population is a disadvantage for local development, it can be turned into a positive factor by increasing the rate of healthy elderly (We have been advocating this since 20 years ago)

○ Increased rate of people who spend their end of life at home

- ◎Number of deaths: 20 (2011); 30 (2012); 12 (up to Aug. 2013)
- Number who died at home surrounded by family and visiting nurse:
 8 (2011); 10 (2012); 7 (up to Aug. 2013)
- Rate of those who ended their life at home: 40% (2011); 33% (2012); 58% (2013)
- ◎Approx. 60% of those who died were users of some kind of home-care services
 (Many of those who died away from their home were also users of home-care services)
- ◎Consultation is offered to all families that suffered a loss.

Places of Death (Comparison by Country)



Issue
 Japan shows a high rate of deaths in hospitals compared internationally

○ Reduced medical costs

- ◎Medical cost per subscriber to NHI 171,177 yen (lowest in Nagano Prefecture)
- ◎NHI subscription rate 71.8%
- ◎NHI tax per subscriber 104,678 yen (highest in Nagano Prefecture)
- ◎Households paying maximum NHI tax 16.4%

(preliminary figure for FY2011)

○ The roles assumed by Health Park

- ◎Use rate of Kawakami Village residents of Saku General Hospital Koumi Branch (core hospital for neighboring 5 municipalities) is only 3%, whereas its population share is 30%
- ◎The Health Park (combining a clinic, visiting nurse station, care managers, care givers, etc.) functions as an alternative for the regional core hospital

Source: Central Social Insurance Medical Council, Feb. 13, 2013

The future of the Health Park and Kawakami Village

Further evolution of the Health Park	Active utilization of ICT
<ul style="list-style-type: none">• Promote the development of health and welfare policies in line with local characteristics.• Further extend healthy life years and increase resident satisfaction levels.• Further enhance home-care services so that people can spend their end of life at home with their loved ones and improve quality of life during the terminal stage.• Develop and secure professional human resource to undertake local welfare, nursing care, and medical services (Local people to service local people).• Build a place where everyone, including the disabled, children refusing to go to school, depressed mothers, elderly men living alone, and people with various difficulties can all take a break and be with someone else.	<ul style="list-style-type: none">• Information and communication technology could better utilized in remote and inconvenient areas, where homes are dispersed and remote from access to transportation, rather than in urban areas.• A pilot project is underway to demonstrate <u>a welfare/ nursing care/ medical service collaboration system.</u> → Aims: to facilitate closer collaboration and communication among involved parties; to increase work efficiency; and to improve service quality by accumulating and enabling effective use of various data.
<h3>Maintaining a close relation between service providers and users</h3>	<h3>Increasing flexibility in social security and building infrastructure (Proposal from Kawakami Village)</h3>
<ul style="list-style-type: none">• The achievements realized in Kawakami Village so far very much owe to the close relationship <u>between service providers and users as members of the same small community, where everyone knows each other's face and who they are.</u>• When we conducted a survey asking the villagers' views on consolidation of municipalities, many residents showed concerns that they may have to give up the finely-tuned services they receive today if the village expands in size through consolidation (meaning that most residents preferred to stay as a single village).• We will not try to grow in size <u>but rather pursue and enhance collaboration with neighboring municipalities and medical institutions as necessary.</u>	<ul style="list-style-type: none">• It is best to develop and implement measures most suitable to the local characteristics of each area to maximize effectiveness and efficiency.• It is important to eliminate unnecessary restrictions (such as restrictions placed upon care prevention activities in the nursing-care insurance program) as much as possible and leave the decisions in the hands of the local people.• Elements that need to be common across the nation shall be maintained, but other elements of <u>social security should be allowed more flexibility to suit local characteristics.</u>• <u>The national government should build infrastructure so as to support different approaches by different municipalities regardless of their size.</u>

Overall picture of the Health Park Scheme

Health Park Scheme (integrating public health, welfare and local medical services)

Basic philosophy: Every single patient/resident supported by the Health Park as a whole

The Health Park scheme was announced in April 1993 with an aim to build a welfare community for supporting healthy and satisfying lives of residents by integrating public health service, welfare and local medical services. The Health Park Central Building was completed in October 1998, forming a base for residential services together with an existing clinic and day service center. Development of elderly housings, short-stay facility, electronic health record system and local support system for those in need will follow in the future to improve overall community welfare.

Health Park	The park combines on the same premise a central building (housing the health and welfare office, Social Welfare Council, multi-purpose room, training gym, acupuncture clinic, two spas, a healthy restaurant, kitchen, and a medical office), a clinic, day service facility, Ikigai day service, Kawakami Daiichi Nursery School, Nanbu Fire Department Kawakami Branch, Saku Police Kawakami Substation, an orchid, a recreation trail, a view spot on the hill, etc.
Liaison Meeting	The conference is comprised of Comprehensive Support Center staff, care managers, public health nurses, clinic doctors, visiting nurses and representatives of the day service, elderly care home and <i>Ikigai</i> day service organizations, as well as external knowledgeable persons for comprehensive coordination among various services including public health, welfare and medical services. ○Health Park Liaison Meeting (held daily to share information and consider service policy for each user) ○Worker training sessions (training sessions are held by inviting external knowledgeable persons) ○A pilot project is underway to demonstrate the effectiveness of a welfare/nursing/medical service collaboration system to support home-care patients (full operation targeted for FY 2013)

Public health and preventive healthcare

Maternal	<ul style="list-style-type: none"> Fertility treatment aids (30% borne by the patient and 70% covered by aid) Issue of maternal handbook (once/month) Child birth education (3 times/year) Aid for prenatal checkup (113,140 yen/ checkup)
Infant	<ul style="list-style-type: none"> Visiting checkup of newborn babies (a health nurse visits to see the baby within a month after birth) Aid for 1-month checkup (5,500 yen/ checkup) Infant checkups (4th, 7th and 10th month; free of charge; 8 times a year) Mother/baby gatherings (for babies up to toddlers; 2-3 times/ month) Baby food class (instructed by managerial dietician; held as needed)
Toddler	<ul style="list-style-type: none"> Consultation for mothers of 14th-month babies (4 times/year) Infant checkup (18th month; 3 times/year; free of charge) Consultation for mothers of two-year-old babies (5 times/year; free of charge) Infant checkup (30th month; 1-2 times/year) Mother/toddler gatherings (for 1, 2 and 3 year-old children; up to ages when they start running around; 2-3 times/month) Infant checkup for 3-year-olds (3 times/year; free of charge) Mother/toddler gatherings (for children who will enter kindergarten the following year; once/month)
Children	<ul style="list-style-type: none"> Kawakami Health Seminar (Staff from nursery, elementary and middle schools, health nurses and dieticians gather to study themes relevant to children's health; An annual theme is chosen each year; held 5 times/year) Consultation provided at child consultation centers by a psychological counselor, health nurses, and childcare coordinators (4 times/year) Childcare consultation by childcare coordinator and health nurse (once/month) Consultation for children with developmental difficulties Medical care for children up to high-school students is free of charge
Adults	<ul style="list-style-type: none"> Participation rate for specific health checkups: 52.3% (136th in Japan; aiming to raise participation rate to 65%) Health screening (patient bears 1,000 yen) Basic health checkup for ages 18 and above; colon cancer, hepatitis screening and chest x-ray for ages 40 and above; prostate cancer screening for ages 50 and above Aid for complete medical checkups of village residents (Chikuma Hospital and other hospitals within the prefecture; aid of 11,000 yen) Gynecological exam (for ages 20 and above, patient bears 500 yen) Breast exam (mammography for ages 40 and above; 2,000 yen; ultrasound exam for those who wish; 500 yen) Lung cancer screening with spiral CT (for ages 40 to 75; once every 5 years; patient bears 2,000 yen) Gastrofiberscopy (performed at the clinic; for ages 40 and above; patient bears 4,000 yen) Aid for brain checkups (aid of 20,000 yen; once every 2 years) Aid for cancer screening using PET or CT (aid of 20,000 yen; once every 5 years)
Vaccination	<ul style="list-style-type: none"> Statutory vaccination (against polio, MR, measles, rubella, BCG, JE, etc.) Influenza (aid of 2,000 yen is provided for children in middle school and below and for ages 65 and above) Hib, pneumococcus, cervical cancer (free of charge for specified ages) Aid for vaccine against pneumococcus (aid of 4,000 yen for ages 75 and above)
Mental health	<ul style="list-style-type: none"> Mental health & welfare consultation with a psychiatrist (4 times/year) Suicide prevention (counseling, lectures, gatekeeper training) Consultation with psychological counselor (4 times/year) Mental health consultation with health nurse (6 times/year)

Community healthcare

NHI clinic	<ul style="list-style-type: none"> Established in April 1988; Introduced electronic medical records system in 2010 Doctors dispatched from Saku General Hospital; The clinic operates during the morning and in the afternoon the doctor visits patients at home Local medical network with Saku General Hospital Koumi Branch as the local core (information sharing via ID link) Certified as home care support clinic in May 2012 Gastrofiberscopy (Every Tuesday) Number of outpatients (1,065/month FY 2010) Number of patients visited at home (37.5/month FY2010) Nutritional guidance provided by municipality's managerial dietician Two doctors, three nurses and two clerks
Visiting nurse station	<ul style="list-style-type: none"> The clinic launched visiting nurse services in 1998 Social Welfare Council also started operation of a visiting nurse station in 1999 The two services were integrated and enhanced under the direct operation of the municipality in 2009 Number of visits (2,641/year); number of emergency visits (265/year) 3 nurses are allocated to respond to emergency situations 24 hrs/365 days Aiming to increase the rate of those who can spend their end of life at home Number who died in 2010 (20), number who died at home surrounded by family and visiting nurse (8), rate of those who ended their life at home 40%
Acupuncture clinic	<ul style="list-style-type: none"> Established in 1998; directly run by the municipality A commissioned therapist on Mondays, Wednesdays, and Fridays; a general therapist on Tuesdays, Thursdays and Saturdays Number of patients (6.8/ day for 2010)
NHI	<ul style="list-style-type: none"> NHI subscribers: 2,649 among 4,239 residents (subscription rate: 62.5% as of 2010; highest in Nagano Prefecture) NHI medical costs per subscriber: 171,177 yen as of 2011 (lowest in Nagano Prefecture) Total of NHI medical costs: 418,873,126 yen for 2010 NHI tax per household: 318, 237 yen (highest in Nagano Prefecture) Households paying maximum NHI tax: 146 out of 887 residents for 2011
Medical insurance for elderly aged 75 or above	<ul style="list-style-type: none"> Number of insured persons: 683 as of 2010 Annual medical cost per insured person: 717,409 yen (46th out of 77 in prefecture) Total of medical costs for the elderly aged 75 or above: 446, 725, 131 yen
Child welfare worker	Total number of advisers and children's guards in each neighborhood: 13 (3-year term)
Health helper	Helps preventive healthcare programs by visiting each household and asking which checkups the residents wish to take: 37 helpers (2-year term)
Healthy diet promotion group	A voluntary group active during the agricultural off-season (Nov.-Mar.) Lunch service to the elderly living alone (twice), promotion of healthy cooking, dietary education classes
NHI council	Operation of NHI, determination of NHI tax rate (comprised of representatives of public interest, 3 from women's society of the municipality Council, 3 doctors/pharmacists, 3 insured persons)
Health management committee	Responsible of local preventive healthcare and health management (14 members)
Community Health Comprehensive Support Center Steering Committee	Advices on the operation of Comprehensive Support Center

Welfare and nursing care

Comprehensive support for community health/ Care prevention	<ul style="list-style-type: none"> Rate of elderly: 27.1%, Rate of elderly aged 75 and above: 16.2% Rate of healthy elderly: 85.1% (1,017 among 1,196) 2010 96.7% for those aged 65-74, 77.3% for those aged 75 and above Many people in their 70's are still active as farmers Elderly living alone: 112 (of which 72 do not have any relatives living in the village) Rehabilitation class (exercise/training to prevent falling) total of 484 participants for 40 classes Back ache prevention class (lecture classes given by 20 doctors and physical therapists) Health consultation held at community halls, etc. (total of 542 participants, held 46 times at 10 locations) 	<i>Commissioned to Social Welfare Council</i>
Nursing care insurance	<ul style="list-style-type: none"> Number of persons certified for need of care: 164 (as of Oct. 2011) Day service users 104 Elderly home users 12 (dementia patients) Special elderly nursing home users: 31, elderly care nursing facility users: 17 (both located outside of the village) 5th term nursing care insurance fee: 4,450 yen (lowest in the county) 	
Day service	<ul style="list-style-type: none"> Day care facility was opened in 1991 Open 360 days a year (closed during new years' holiday) Average number of users 16/ day 	
Other services	<ul style="list-style-type: none"> Caregiver visits (20.5 users/ day) Small scale day service at elderly home (5.3 users/ day) Support for at-home care by care managers (96.8 users/ month) Lunch party held for elderly living alone Refreshing service to support at-home care (once a year), commissioned by the village Kibo-no-tabi travel service for the disabled (once a year) aided by the village and prefecture Tickets for free ride on municipality bus (for the elderly aged 70 and above and the disabled; total of 1004 people) Elderly welfare assembly (held once a year) 	Run by Social Welfare Council
Welfare for the disabled	<ul style="list-style-type: none"> Welfare handbook for the mentally disabled (26), rehabilitation handbook (26), physical disability certificate (196) Provision of adaptive equipment for the physically disabled (9 users; 1,299,823 yen) Provision of equipment for daily living (9 users) Time care service (2 users) Mobility support (11 users) Welfare services for the disabled (same services as those provided with nursing care insurance; 33 users) Local Activity Support Center (opened in April 2012) Free Space <i>Mebuki</i> (activity of Parent's Association for Intellectual Disabilities) every Saturday 	

*Those services/programs indicated in red are provided by the local government alone

Aiming to enhance local collaboration by utilizing ICT

The future of the Health Park Scheme pilot project to demonstrate a welfare/nursing/medical collaboration system to support home-care patients

