

THE 4th WELL AGING SOCIETY SUMMIT ASIA-JAPAN Report



Opening remarks



Kazuchika Iwata
(Parliamentary Vice-Minister for Economy, Trade and Industry)

One major role of this event is to discuss the utilization of data for health and medical care in the aging society. Another important topic is the creation of the health care industry. Today, I hope to deepen the debate on industrial creation from both supply and demand perspectives.

Guest Greeting / Keynote Speech

" Recent Medical Situations and the Challenges "

Toshio Nakagawa (President, Japan Medical Association)

Since the first Covid-19 outbreak, the Japan Medical Association (JMA) has been promoting various activities. We have been holding a press conference on every Wednesday, and in August of this year, we sent a letter to our members to once again ask for their cooperation following the full-blown outbreak. We are often questioned why “medical collapse” is feared in Japan when Japan has more hospital beds compared to foreign countries, but the situation is so because the definition of hospital beds in Japan includes psychiatric beds whereas that of many other countries don’t.

I would like to make an international comparison of social security spending as a clue to finding a solution to the problems of the super aging society. There is a weak correlation between aging rates and GDP health care spending. Since the health care spending includes that of all generations, it can’t simply be compared with the aging rate, but the ratio of Japan’s health care spending to GDP is not exactly high.

In 2016, we announced JMA 2016 Declaration of IT Development. In addition, the Nippon Kenko Kaigi (Japan Health Council) was established with the aim to implement firm countermeasures at workplaces and in community in collaboration with economic organizations, private organizations, and local governments. And, through these efforts, JMA will work on disease prevention and health promotion.

Five Declarations of Execution for Health Promotion 2025

1. Designate the municipalities which work on environmental improvement that allow people to stay healthy in life through region/community development as 1,500 cities/towns/villages.
2. Through the joint committees of insurers in all 47 prefectures, work on the prevention and health development activities together with their members and healthcare workers.
3. Ensure that more than 100 thousands companies work on health management with insurers.
4. Ensure that more than 2,000 insurers offer the insured and companies a place for learning the importance of prevention and health promotion as well as health insurance and work on promoting a good strategy to receive care.
5. In a society coexisting with the anxiety about infectious diseases, ensure that more than 2,500 insurers and 200 thousands medical institutions and pharmacies work on novel approaches utilizing digital technology for prevention and health development throughout life.

Panel Session ①

"New Health Promotion with Personal Health Record"

< Panelist >

Kimiyuki Nagashima (Executive director, Japan Medical Association)

Toshihiro Maeta (President and Chief Executive Officer, MTI Ltd.)

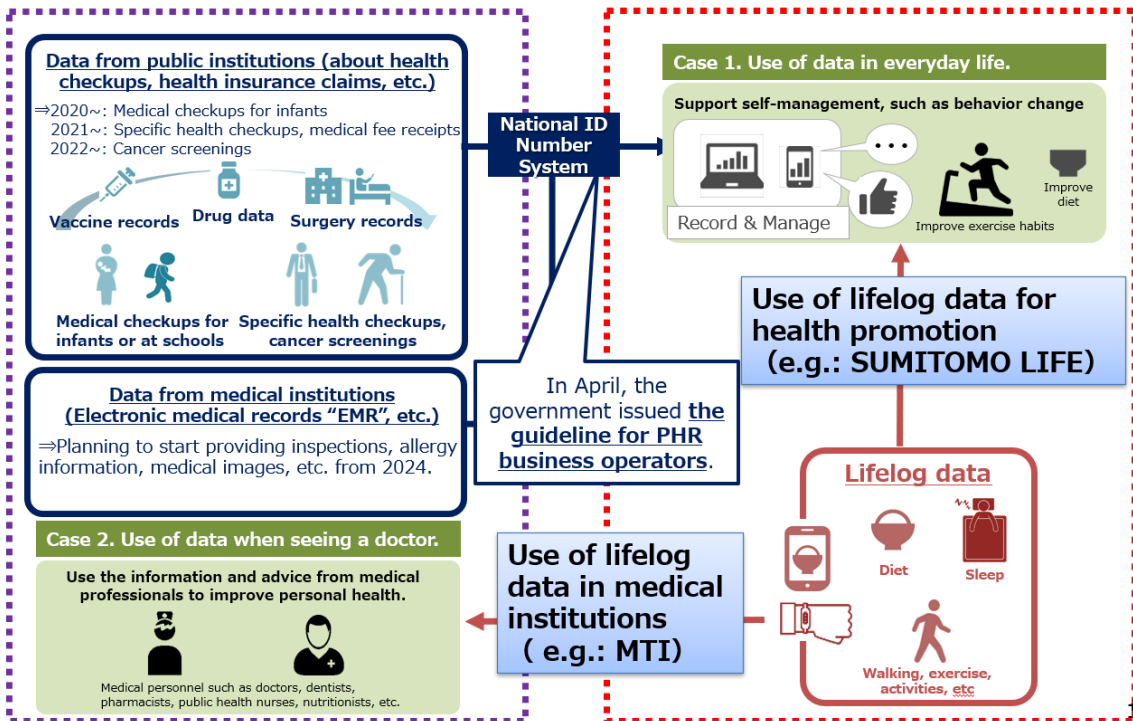
Yukinori Takada (President&Chief Executive Officer, SUMITOMO LIFE INSURANCE COMPANY)

< Moderator >

Ryuichi Yamamoto (Chairman, Medical Information System Development Center(MEDIS))

● To start off, Mr. Yamamoto, the facilitator, talked about the status of Personal Health Record (PHR), followed by three panelists who each gave a presentation from their position and perspective:

Yamamoto: The need for PHR began to be recognized from the beginning of the 21st century. Currently, it is most used in the United States, and a system called the Blue Button is used by 150 million people. In Japan, the Ministry of Economy, Trade and Industry is working diligently on its promotion, and a framework which allows an access to information such as medical examination and receipt possessed by public institutions through myna portal is being completed. By adding user's life log data in the portal, the development of various health services using PHR and utilization of PHR in medical care become possible.



Panel Session ①

"New Health Promotion with Personal Health Record"

Takada: Out of life, aging, disease, and death, Life insurance has developed products in the order of death, disease, and aging. The next one up in line is finally life. We will support well-being with both manpower and technology. The "Vitality" health promotion insurance is a product that focuses on disease prevention by minimizing the risk of diseases by promoting continuous health suggesting activities. The insureds' status is tracked by the points they receive from activities they participate in, such as online health examination, other examinations, and daily exercise. They are given rewards according to their status and the status also gets reflected on their insurance fee. The big data collected from their wearable device and smart phone will be utilized for disease prediction.

SUMITOMO LIFE's Vision: WaaS

WaaS (Well-being as a Service)

Provision of organic Wellness service via life insurance

[as is] Provision by each business entity



Non-serial and pinpoint customer touch points

Provision of organic Wellness service



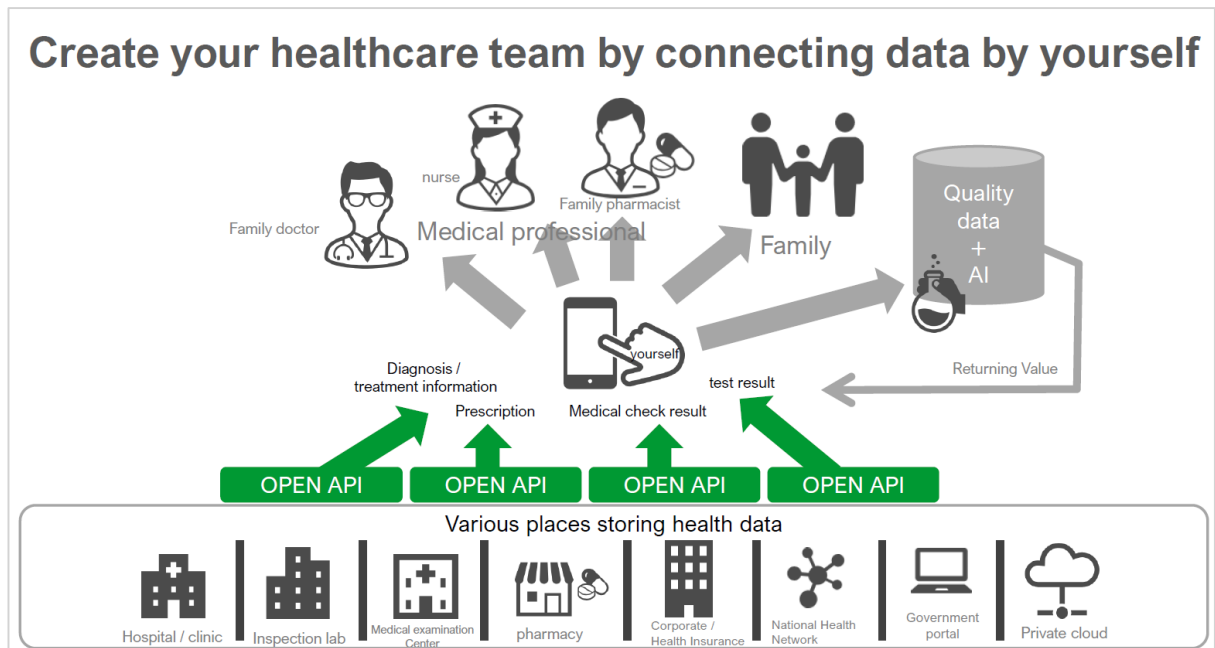
Customer touch points on a continuous basis

Services to realize healthy long-living society and to contribute to resolving social challenges

Panel Session ①

"New Health Promotion with Personal Health Record"

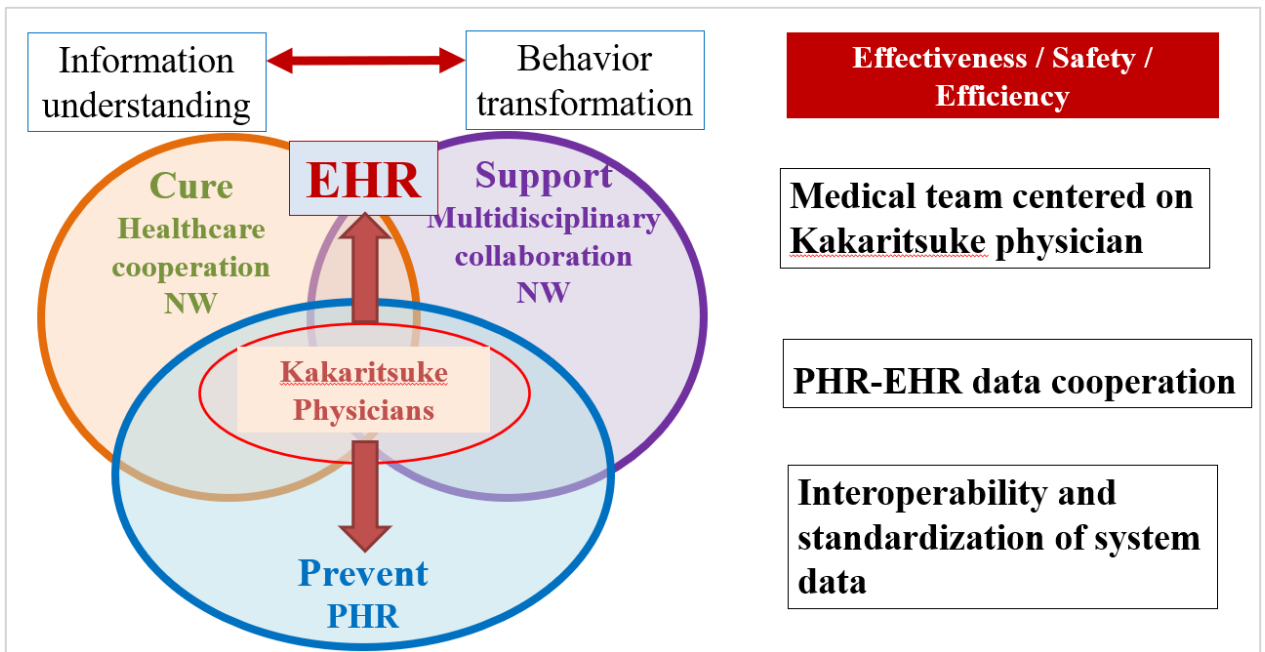
Maeta: We access the PHR in our cloud through open API and provide various services that users can use with their own will. For example, "LunaLuna" is a health management service for women, which helps the birth of approximately 300 thousand every year. The menstrual period, base body temperature, and body condition recorded in LunaLuna can be shared with their doctors if they wish. "Boshimo (mom and child)" is an app that manages data related to the mom since pregnancy. It is linked to medical institutions and municipality to automatically send information such as vaccination updates to the user. The key here is the user centric system where medical institutions support the patient with the data of the patient.



Panel Session ①

"New Health Promotion with Personal Health Record"

Nagashima: The future of health promotion will need three elements: "prevention," "treatment," and "support." And this is where PHR becomes useful. The user himself/herself will check the daily data collected by their wearable device every day and hour to improve their health. In addition, when the regional medical team and care takers with the regional home doctor in the center uses PHR, "a new health promotion" that can focus on people and patients becomes possible. In the future, in order to link, integrate, and utilize PHR and EHR data such as electronic medical records, promotion of interoperability and standardization of systems and data become indispensable.



● Many are less interested in primary prevention. There was an opinion which stated that society as a whole, including families, businesses, local governments, and family doctors, needs to work without boundaries in order to promote health promotion efforts that utilize PHR.

● When it comes to recording data, continuity is important. Changes can be found when there is data of the past. In addition, portability is extremely important for horizontal linkage of scattered data. It was pointed out that horizontal linkage is only possible on the premise that the life health record of a person belongs to the person even if it was written by others.

● Also, it was pointed out that utilization of open API must be promoted in order to avoid confusion in system linkage of PHR.

"Health and Productivity Management: From the Perspective of ESG Investors"

< Video Message >

James Coldwell (ShareAction Head of WDI Workforce Disclosure Initiative (WDI))

Priti Shokeen (Vice President & Director, ESG Research & Engagement, TD Asset Management)

< Panelist >

Akemi Hatano (Chief Quantitative Analyst, Financial Research Department, SBI Securities)

Wakaba Kawai (Senior ESG Specialist, Responsible Investment Research Department, Nomura Asset Management)

Takuma Inamura (Director, Healthcare Industry Division, Commerce and Service Industry Policy Group, Ministry of Economy, Trade and Industry)

< Moderator >

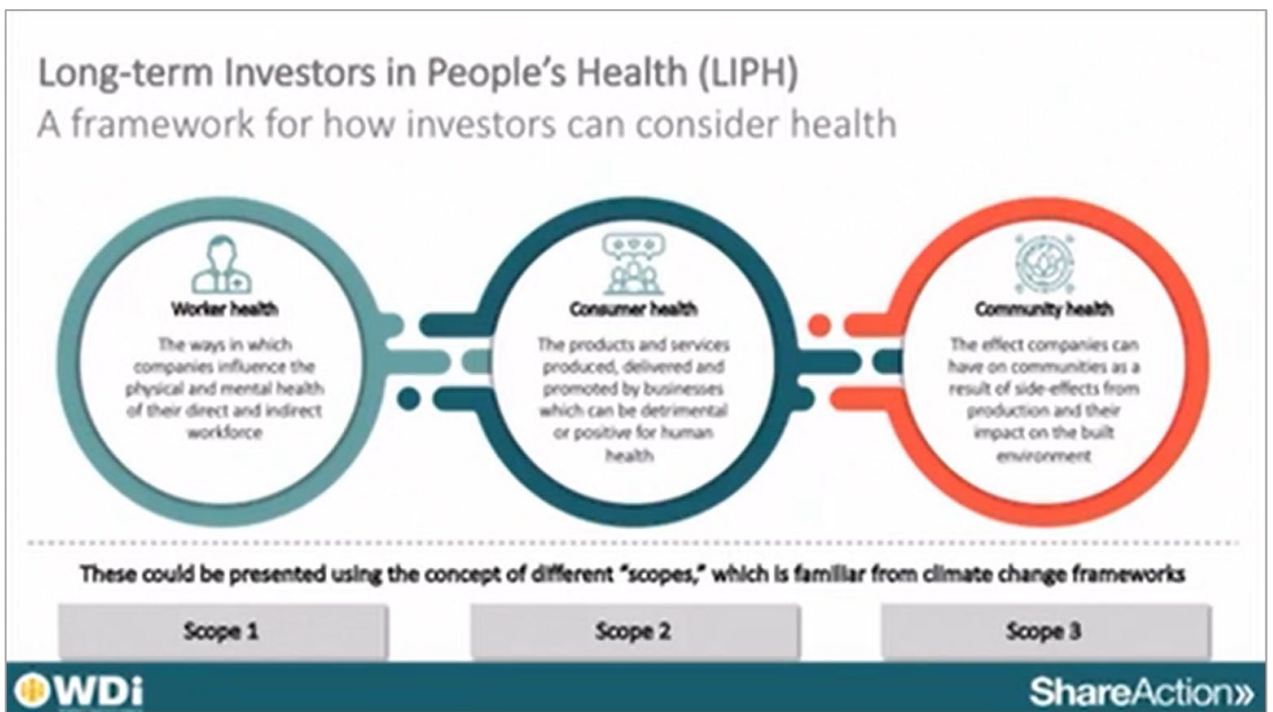
Masaru Arai (Chairman, Japan Sustainable Investment Forum)

● Two video messages from abroad were played at the beginning. Three panelists each gave a brief presentation afterwards:

Shokeen: Investors are growing interest in human resources management. It is now said that 80% of the market capitalization of a company is related to human resources, and the quality of employees can serve as a differentiator in CSR investment. We look into diversity, corporate culture about health and safety, employee turnover, work-life balance, and training, but companies are not obliged to disclose such information yet. From that perspective, the disclosure of health management data promoted by the Ministry of Economy, Trade and Industry is noteworthy. This is also useful for foreign investors interested in sustainable investment. Foreign countries should disclose this information as well.

"Health and Productivity Management: From the Perspective of ESG Investors"

Coldwell: I would like to introduce two of our efforts with ShareAction. The first one is the Long-term Investors for People's Health, or LIPH. This is a program for investors that evaluates companies in terms of employee health, consumer health, and community health. It incorporates health into the framework of ESG investment and encourages investors to be involved in health issues in a coordinated manner. The second one is a program that I myself is working on, which is the Workforce Disclosure Initiative, or WDI. It asks companies to disclose their issues with labor. Since it overlaps with the efforts of the Ministry of Economy, Trade and Industry's health and productivity management survey in many ways, I would like to keep asking them for the disclosure of such information.



Panel Session ②

"Health and Productivity Management: From the Perspective of ESG Investors"

Inamura: "Health management" is to think and practice employees' health management from a management perspective. Investment in health is expected to revitalize companies and eventually lead to improvement of business performance and stock prices. In 2016, we started the certification system for excellent health management corporations, and 9,700 companies were certified last year. 82% of the 225 companies that make up the Nikkei Stock Average respond to the health management survey. In June of this year, 441 of the top 500 companies were disclosed. Health management corresponds to health and safety in the S of ESG. This will be an appealing factor for ESG investors. In the future, I would like to proactively speak about my efforts to overseas to make health management a brand of Japanese companies.

Disclosing the grade report of H&PM certificates

- METI started to disclose the grade report for top 500 companies H&PM certificate.
- **Total market capitalization of the companies agree to disclose the information is 249 trillion yen (1/3 of Japan's listed companies).**

News Release



June 17, 2021

Evaluation Summaries for the 2021 Certified Health & Productivity Management Outstanding Organizations Recognition Program (Large Enterprise Category [White 500]) Have Been Published

- Promoting corporate disclosure of information on health and productivity management -

With the value of health being reaffirmed throughout society because of the COVID-19 pandemic, more and more companies, etc. are viewing their employees' health as an asset, and investing in it from a business-management perspective through health and productivity management. In recent years, institutional investors have also been evaluating companies' efforts toward health and productivity management from the standpoint of ESG, and it has become important for companies to disclose information on their health and productivity management in a form that can be used for comparisons. Therefore, with the aim of highlighting the progress of each company's efforts, METI has published the evaluation summaries (feedback sheets) for the 441 enterprises that gave their consent out of all those involved in the 2021 Certified Health & Productivity Management Outstanding Organizations Recognition Program (Large Enterprise Category [White 500]).

No.	管理番号	社名	業種	総合評価 フラグ (10段階 刻み)	順位フラ グ (100位 刻み)	総合評価	書社側面1 評価	書社側面2 評価	書社側 評価
			αzyoname	rank_main _f1	rank_main _f2	soep	score_sok u1	score_sok u2	score u3
114	109	1860 戸田建設株式会社	建設業	2	3	611.0	63.2	59.4	61.4
115	110	1861 株式会社能谷組	建設業	1	2	625.2	65.2	61.4	61.4
116	111	1878 大東建設株式会社	建設業	1	1	645.9	68.3	62.8	62.8
117	112	1887 日本国土開発株式会社	建設業	1	1	657.0	69.9	66.0	66.0
118	113	1828 積水ハウス株式会社	建設業	1	2	623.8	65.6	60.1	60.1
119	114	1954 日本工業株式会社	サービス業	1	2	620.5	66.9	62.1	62.1
120	115	1979 株式会社大塚社	建設業	2	4	604.5	61.9	60.1	60.1
121	116	2002 株式会社日清製粉グループ本社	食料品	1	3	615.0	60.2	62.6	62.6
122	117	2188 株式会社パソナグループ	サービス業	1	1	654.3	70.4	65.8	65.8
123	118	2201 森永製菓株式会社	食料品	1	3	615.6	63.6	63.4	63.4
124	119	2206 江崎グリコ株式会社	食料品	2	5	598.6	63.1	62.1	62.1
125	120	2267 株式会社ヤクルト本社	食料品	1	2	633.8	62.8	64.2	64.2
126	121	2378 株式会社ルネサンス	サービス業	2	3	612.1	64.9	58.6	58.6
127	122	2395 株式会社新日本科学	サービス業	1	2	628.7	63.4	64.6	64.6
128	123	2412 株式会社ベネフィット・ワン	サービス業	1	1	646.1	66.8	63.4	63.4
129	124	2432 株式会社ディー・エヌ・エー	サービス業	1	1	642.2	66.8	64.9	64.9
130	125	2471 株式会社エス・エス・エー	サービス業	1	1	646.4	67.9	65.1	65.1
131	126	2501 サッポロホールディングス株式会社	食料品	1	1	636.1	65.9	64.0	64.0
132	127	2502 アサヒグループホールディングス株式会社	食料品	1	1	659.9	67.8	66.0	66.0
133	128	2503 キリンホールディングス株式会社	食料品	1	2	625.8	63.6	62.8	62.8
134	129	2607 不二製油グループ本社株式会社	食料品	2	3	610.6	60.6	62.4	62.4
135	130	2651 株式会社コーソ	小売業	1	1	654.3	70.5	66.3	66.3
136	131	2768 双日株式会社	卸売業	1	1	642.8	68.8	60.3	60.3
137	132	2802 味の素株式会社	食料品	1	1	660.5	67.8	63.9	63.9
138	133	2810 ハウス食品グループ本社株式会社	食料品	1	2	624.2	65.2	59.1	59.1
139	134	2871 株式会社ニチレイ	食料品	1	1	661.1	70.3	64.9	64.9

https://www.meti.go.jp/english/press/2021/0617_001.html

Panel Session ②

"Health and Productivity Management: From the Perspective of ESG Investors"

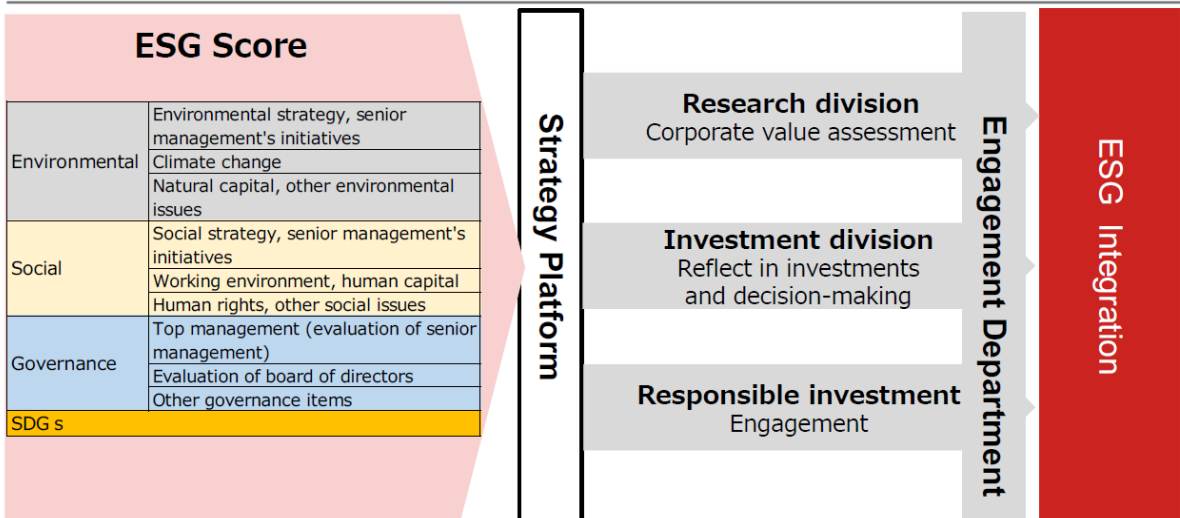
Kawai: As the differentiator for corporate competitiveness shifts from tangible assets to intangible assets, analysis of non-financial information represented by ESG is becoming important for measuring corporate values. Our company calls integrating ESG factors into investment process, ESG integration, and evaluate corporate ESG commitment with our own scoring items. In addition to the disclosure of management's vision and commitment to social issues, working hours, paid leave acquisition status, diversity of human resources, etc., we also evaluate whether the company is proactive in health management. In the future, we would like to collaborate with domestic and overseas initiatives and institutional investors for the improvement of corporate analysis and the creation of social impact.

Nomura Asset Management ESG assessment Framework



- ESG score is an effective tool for assessing the risk, return and impact of ESG factors
- Conducting ESG assessments based on multiple quantitative data, utilizing the knowledge of corporate research analysts and ESG specialists

Nomura Asset Management's proprietary ESG score framework



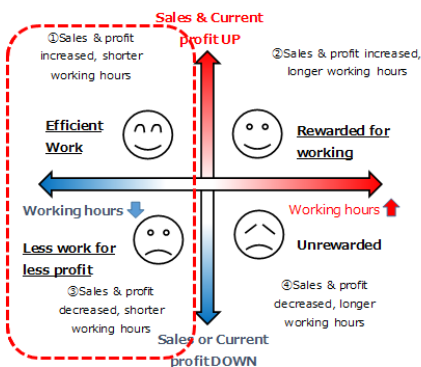
"Health and Productivity Management: From the Perspective of ESG Investors"

Hatano: Health management may be an important opportunity to improve labor productivity in Japan. Work style reform has shown signs of improving labor productivity, where profits improve even if working hours are reduced. A quadrant analysis of labor productivity shows that the stock prices of companies with clearly reduced overtime hours are high. The same applies to stock allocation. Data indicates that health management increases productivity. The characteristics of health management are often found in bargain stocks and small to medium sized stocks. We believe that small and medium sized stocks capable of sustainable growth are also very attractive investment options. After Covid-19 market shock, high returns were seen in stocks of companies that take initiatives in health management. This suggests that companies that invest in human resources may have been preferred in the risk-off situation.

Productivity needs to be improved in an aging society with a declining birthrate and an economy with a continuing labor shortage

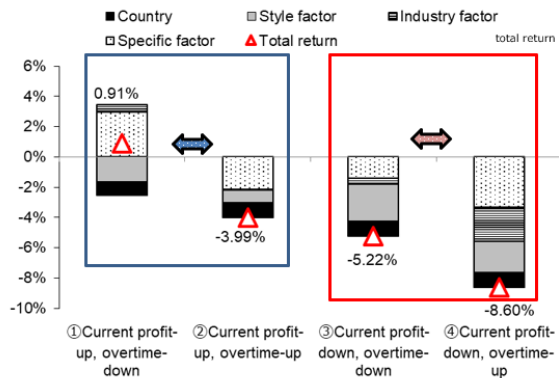
There is a positive correlation between productivity gains and stock returns

Four categories of employee productivity



Source: SBI SECURITIES

"Employee productivity 4 categories" portfolio returns constructed from changes in "recurring profit" and "mean monthly overtime hours"



Note: TOPIX Index component universe, annualized returns, observation period June 30, 2017 to October 31, 2019, monthly frequency, equal value portfolio
 Source: Bloomberg and the Ministry of Health, Labour and Welfare on the Women's Participation and advancement in the Workplace and MSCI's BARRA Japanese Stock Model JPE4, SBI SECURITIES

"Health and Productivity Management: From the Perspective of ESG Investors"

- During the discussion, Mr. Arai, the facilitator, asked questions to the panelists to deepen the debate.
- When Ms. Kawai was asked "how to get companies to disclose well-being and health management data," he first mentioned that "the framework of the Ministry of Economy, Trade and Industry is a good guideline for data disclosure," and said that the convenience of comparison and disclosure will increase if the disclosure standards become globally unified. He mentioned that it is necessary to strengthen cooperation with NGOs around the world.
- When asked, "is health management data useful for analyzing small and medium sized companies?" Ms. Hatano said, "only a limited amount of information can be found about small and medium sized stocks, and they are troubled with labor shortages and securement of talented personnel." He said that that is why health management is a useful information to make investment decisions.
- When asked about the Ministry of Economy, Trade and Industry's efforts to collaborate with overseas, Mr. Inamura said, "while taking advantage of an opportunity like today, we wish to disclose what kind of data we have for overseas and their purposes."

Panel Session ③

Special Panel Discussion for India and Japan supported by ERIA and MEJ “Digitalization in Hospital and Nursing Home”

<Invited Speaker by MEJ & ERIA>

Kanoko Oishi (Director, Medical Excellence JAPAN)

< Panelist >

Kengo Miyo (Chief Medical Informatics Officer, Center for Medical Informatics Intelligence, National Center for Global Health and Medicine)

K. Ganapathy (Director, Apollo Hospitals Gropup Apollo TeleHealth Services and Apollo Telemedicine Networking Foundation)

R.S. Sharma (CEO; Chief Executive Officer, Ayushman Bharat Digital Mission, Government of India)

Tepei Sakano (Representative director/CEO, Allm Inc.)

Yoshiki Sasaki (Chief Executive Officer, Social Impact Solutions)

Hiroki Nakatani (Special Advisor to the President of ERIA)

< Moderator >

A. B. Dey (Professor and Dean of the School of Geriatrics and Gerontology Cardiothoracic and Neurosciences Centre AIIMS)

●At the beginning, there was a greeting from Ms. Oishi on behalf of the supporters, and the presentations of the panelists followed:

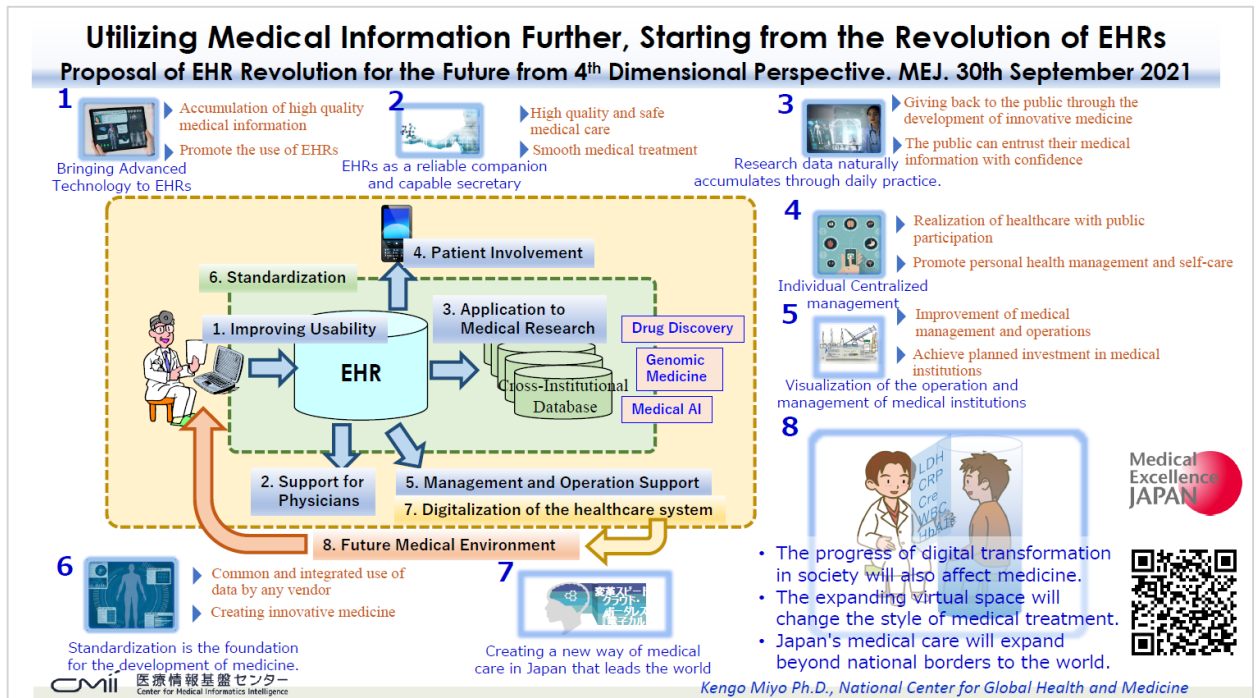
Oishi: Japan is known for its high-quality nursing and medical care. India, on the other hand, is a world leader in digital technology. Building strong cooperation between Japan and India will open up new healthcare paths that will lead to the expansion of both quality and capacity in both countries. Various trials have been conducted regarding patient-centered medical care. To accelerate that process, Japan and India will enter a new stage of international cooperation. We hope that Medical Excellence India will be established in the near future. We would like to cooperate with MEJ and work together to promote global health.

Sharma: India has become a "connected country" in the last decade. With more than 1 billion mobile phones, more than 700 million internet connections, and more than 600 million smartphones connected to the internet, it is easy to develop digital technology in India. India's Aadhaar ID is an online identity. Trust is the key with digital medicine, and digital identity is very important. With the progress of eKYC and digital signatures, citizens have digital lockers in the public cloud. The use of Unified Payment Interface, scalable digital payment systems, and open API are also progressing.

Panel Session ③

Special Panel Discussion for India and Japan supported by ERIA and MEJ
 “Digitalization in Hospital and Nursing Home”

Miyo: Digital and medical information systems actually have a high affinity. In Japan, the computerization of medical institutions began in the 1970s, and by 2017, 85.4% of hospitals with more than 400 beds was using electronic medical records. In September of this year, MEJ announced a strong strategy to create a new medical care starting from the reform of electronic medical records. First, aim to utilize the accumulated data for medical support, medical research, PHR, and management by dramatically improving the usability. For that purpose, in addition to standardization, the medical system itself needs to become digitally compatible. If medical DX is promoted, it will be possible to examine 3D patient images and remotely control surgical robots from Japan. Such an era is around the corner.



Panel Session ③

Special Panel Discussion for India and Japan supported by ERIA and MEJ “Digitalization in Hospital and Nursing Home”

Ganapathy: There are 138 million elderlies in India. It is of utmost importance that they live in good health and happiness. QOL is also important for young people, but it is known that 6% of people in India live alone, and the population over the age of 65 is increasing. In addition, there is a risk of falls and hip fractures over the age of 80. I think smart home technology should be used in geriatrics. As a part of Japan-India collaboration activities, I think that Japanese technologies such as smart toilets can be effectively used for rehabilitation for old people.



K.Ganapathy © November 2021

CHAPTER

1

Geriatric Smart home technology implementation— are we really there?

K. Ganapathy

Apollo Telemedicine Networking Foundation, Chennai, Tamil Nadu, India

LEARNING OBJECTIVES

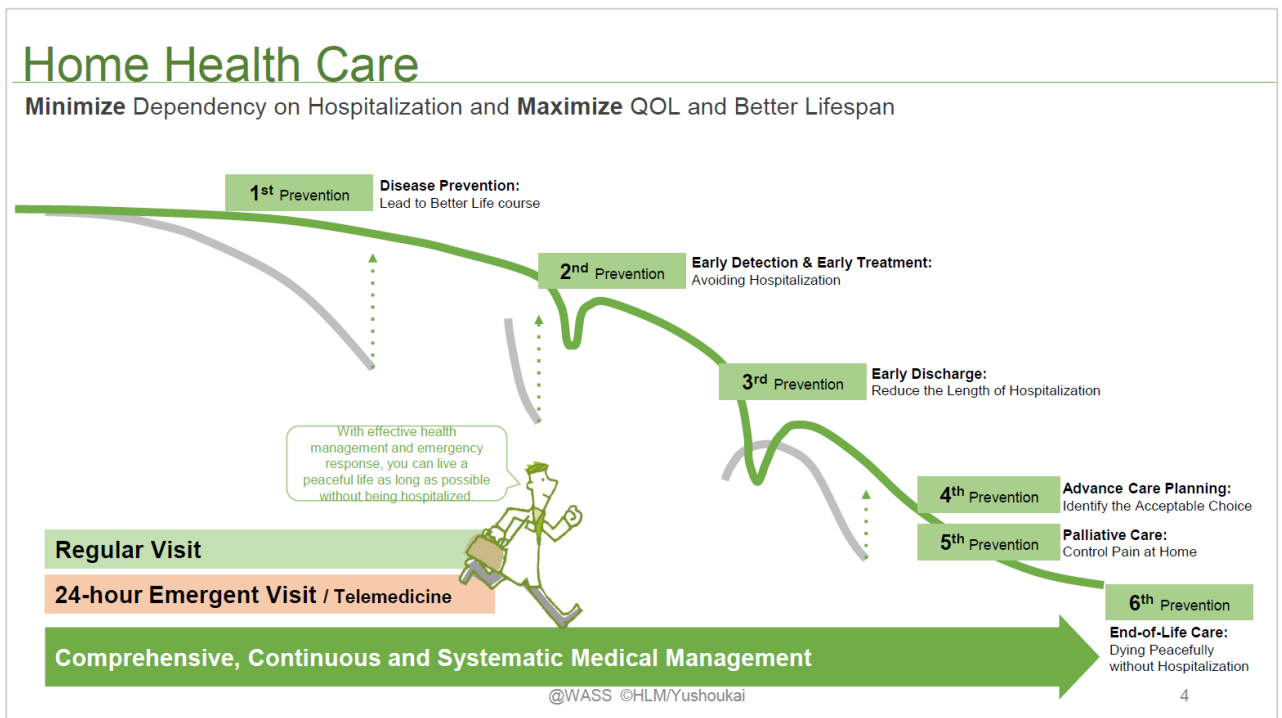
- The primary Learning Objective of this introductory chapter is for the reader to have a balanced view of the use of Smart Home Technologies (SHTs) for geriatric rehabilitation.
- Practical utilitarian value of SHTs from a clinician's perspective, demonstrating a clinical difference in healthcare outcomes is not the same as achieving technical success.
- Technology acceptance from the beneficiary's perspective is essential.
- Limitations, disadvantages, and the necessity to ensure that SHT is a tool and not an end by itself will be highlighted.

1.1 Introduction—geriatric landscape

Panel Session ③

Special Panel Discussion for India and Japan supported by ERIA and MEJ
 “Digitalization in Hospital and Nursing Home”

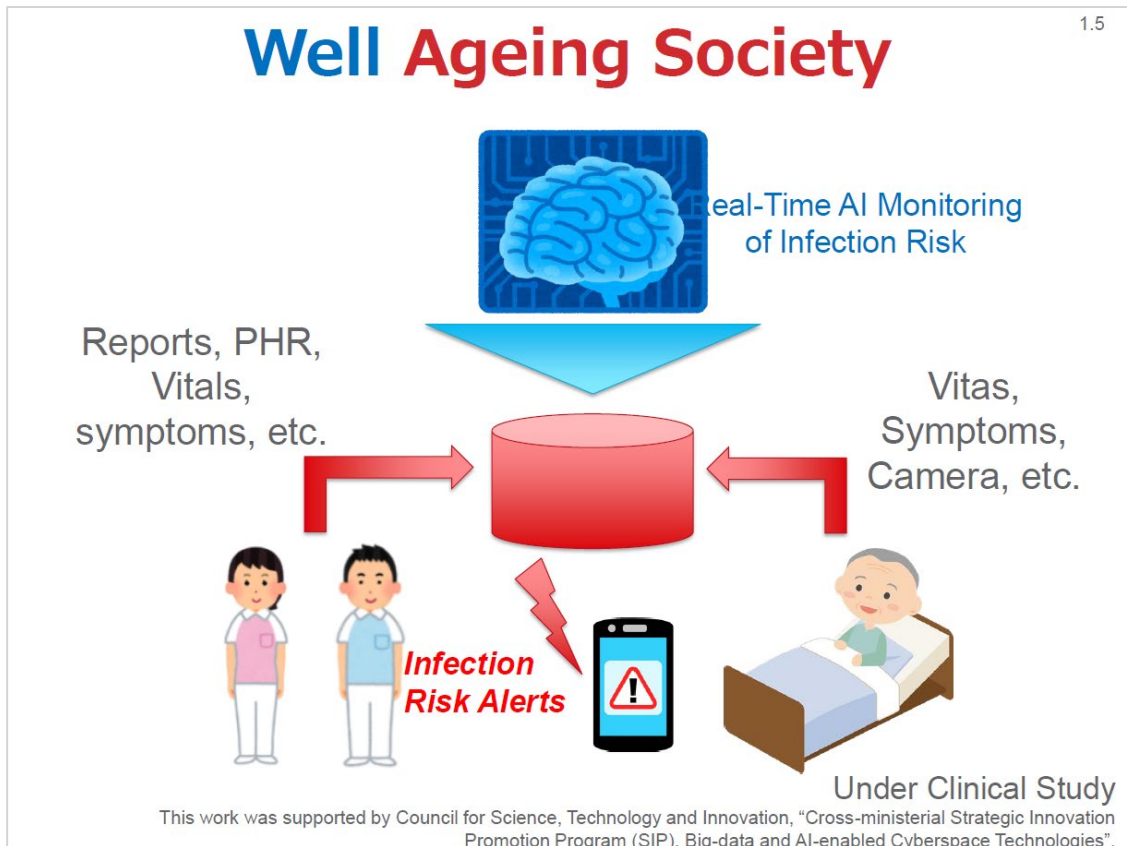
Sasaki: The purpose of home health care is to reduce the dependence on hospitalization and maximize quality of life by preventing disease, detecting diseases and providing treatment at an early stage. Home medical information system (homis) is a cloud-type electronic medical record service that improves complicated work in home medical care and solves the problem of information sharing among team members. It is already used in more than 100 clinics and has collected data of more than 28,000 patients. Doctors can access the data from anywhere, making it possible to establish a 24-hour care, which is difficult to provide in small clinics. With the use of technology, homes can become hospitals.



Panel Session ③

Special Panel Discussion for India and Japan supported by ERIA and MEJ “Digitalization in Hospital and Nursing Home”

Sakano: Acute cardiovascular disease is the number one cause of death for humankind, and vascular disease such as stroke accounts for 30% of the causes of dementia. Allm has been working on medical ICT to fight against these diseases. In the field of medical care and nursing, we provide a comprehensive community care solution called "Team" and an app called "Join" that allows communication between medical staffs. In addition, we collaborate with universities, medical device manufacturers, and pharmaceutical companies to create international telemedicine and education platforms, and in AI development. In the future, we would like to expand our collaboration in order to further expand the opportunities for medical ICT and AI to play an active role in the field of nursing care.



Panel Session ③

Special Panel Discussion for India and Japan supported by ERIA and MEJ “Digitalization in Hospital and Nursing Home”

- The discussion, facilitated by Dr. Dey, focused on how Japan-India cooperation should be. Mr. Shahma mentioned that both countries share a common culture of respecting the elderly, and there is much that India can learn from the leader of the aging society, Japan. He also pointed out that the Indian technology will be an enabler of Japan-India cooperation.
- As an actual example of collaboration, Mr. Sasaki talked about the pilot test that has started in Mumbai and Delhi. He suggested the possibility of the realization of sophisticated IT-based home healthcare in India.
- Mr. Sakano pointed out that in order for the Japanese ICT venture capitals to expand their business in India, support from the public sector, clinical partners, and business partners are needed.
- In the end, Mr. Nakatani gave the “closing statement” and finished the session.

<Closing statement>

Nakatani: The two countries share a common problem with increasing number of elderlies. Collaboration is of a great significance. The relationship between Japan and India is unique. Ever since the Former Prime Minister Abe and Prime Minister Modi agreed on the vision statement, high-level meetings have taken place between the two governments. Also, agreement to strengthen collaboration in the field of health was made at the Quad Summit. Today's session served as a very good momentum. Let's keep discussing.

Panel Session ④

"Risk Reduction of Dementia & Social Implementation"

< Panelist >

Hidenori Arai (President, National Center for Geriatrics and Gerontology)

Satoshi Kasai (Executive Officer, CEO of Nursing Care & Seniors Business, Sampo Holdings, Inc)

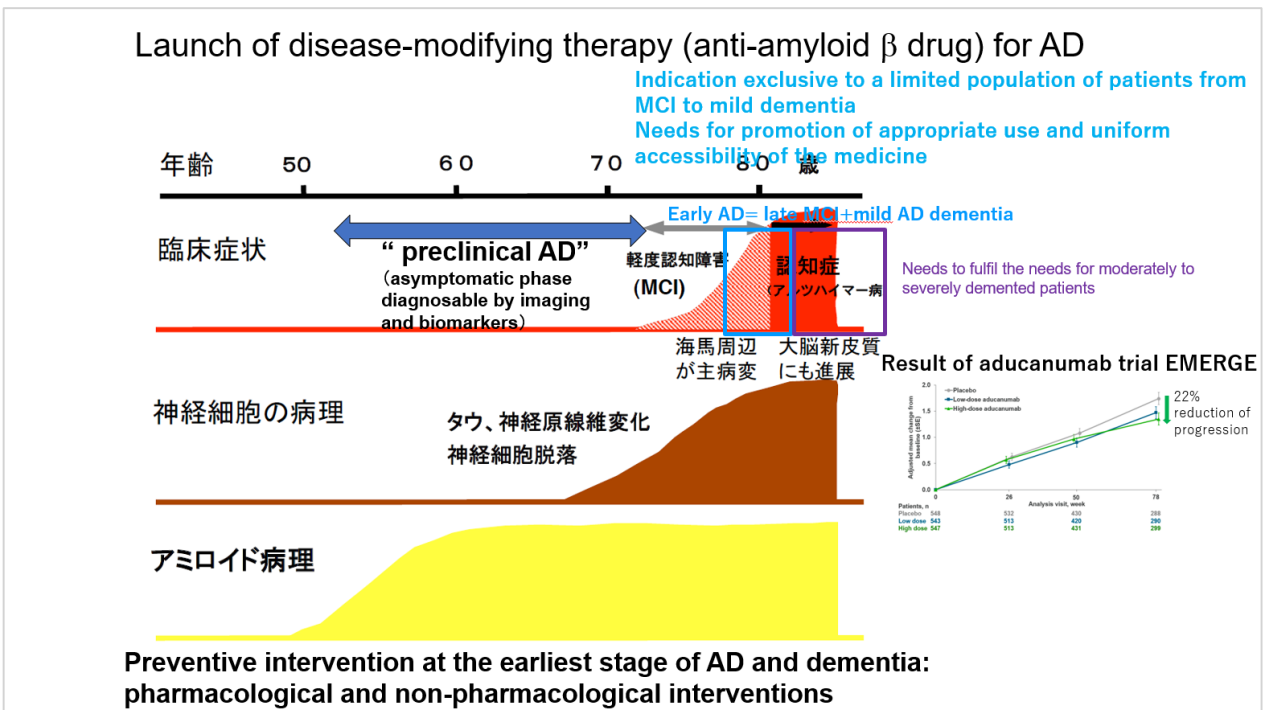
Tokihiko Hayashi (Mayor of Tamba City, Hyogo Prefecture)

< Moderator >

Takeshi Iwatsubo (Professor, Neuropathology, The University of Tokyo)

●At the beginning, Mr. Iwatsubo, the facilitator, introduced an overview of the forefront of dementia prevention. Three panelists introduced the specific efforts made at actual clinical site.

Iwatsubo: This year, a clinical treatment for dementia "aducanumab" gathered attention. However, its effect is expected only in patients with mild cognitive impairment or at mild-dementia stage, and moderate to severe dementia patients are excluded from its administration target. With that in that background, there are increasing social expectations for non-pharmacological preventive interventions for a wide range of people in early stages. The world's most advanced researches in the field are Finland's FINGER research and Japan's J-MINT. How to create evidence and move onto social implementation are two very important milestones.















Panel Session ④

"Risk Reduction of Dementia & Social Implementation"

H. Arai: Many studies have identified risk factors for dementia. We also know that about 40% of risk factors can be intervened and modified. A study conducted by FINGER of Finland, a forerunner to J-MINT, showed that the combination of exercise, nutritional intervention, cognitive training, etc. enhances the effect. The goal of J-MINT study is to establish scientific evidence for drug-free dementia prevention called multifactorial intervention. In addition, we will clarify the mechanism of cognitive decline suppression by looking into biomarkers and images. The ultimate goal is the social implementation of the J-MINT model.

J-MINT Multimodal Intervention

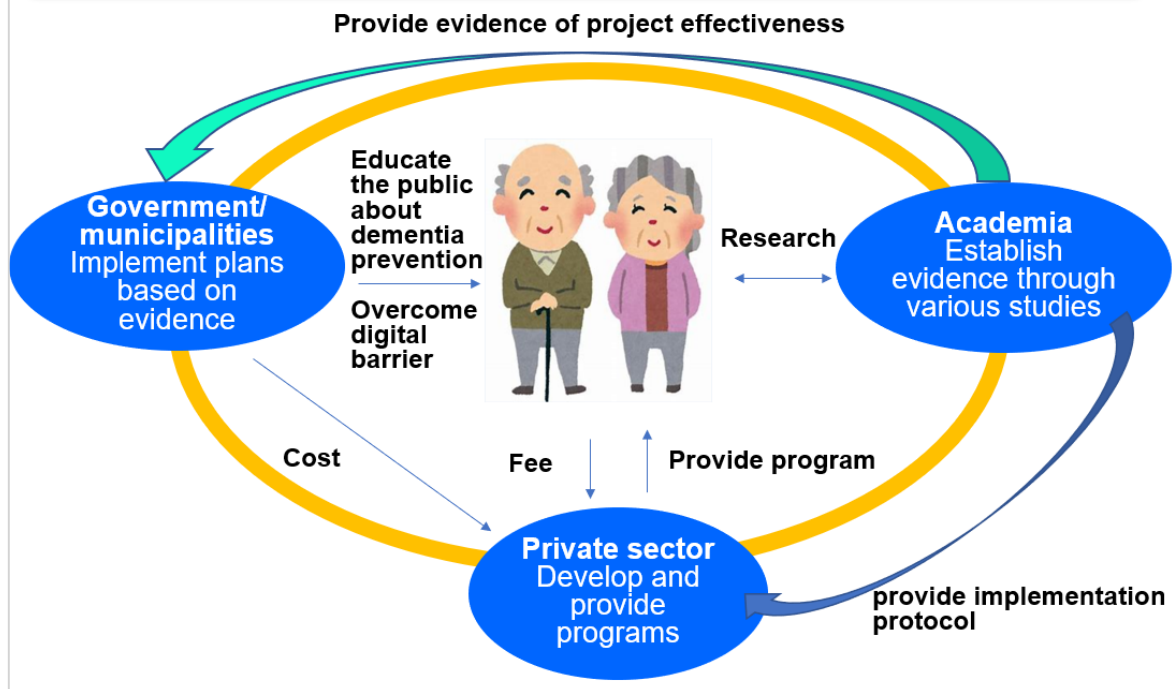
Contents	Provider	Summary	
Medical check of Lifestyle disease	NCGG Nagoya U Nagoya City U Fujita Health U TMIG	Management of vascular risks and provide advice for oral health   	Length: 18 mo. Frequency: at the time of regular medical examination
Physical exercise	KONAMI Sports Club	Multicomponent exercise program (stretch, muscle strength, aerobic, exercise with dual task and behavior modification)   	Length: 18 mo. Frequency: Once a week 90minutes for each
Nutritional guidance	SOMPO Health Support	Support for taking meals regularly and well-balanced food including dementia preventive food   	Length: 18 mo. Frequency: 3 times meetings 12 times telephone calls
Cognitive training	Nestle Japan Posit Science	Cognitive training by iPad-based computer program (Brain HQ)   	Length: 3 mo × 3 times 30 minutes a day 4 times a week

"Risk Reduction of Dementia & Social Implementation"

Kasai: From the stand point of the person in charge of J-MINT operation, with the perspective of a private company which will be responsible for future social implementation, I would like to introduce the expected challenges. Although the elderly is grouped as old people, there are difference in their physical abilities, cognitive functions, nutritional status, and motivation. Flexible programs and nutrition advice that accord with each individual's condition is needed. In order to do provide that, it is also necessary to train highly specialized instructors. Creating attractive programs that keep the elderly motivated is where we, the private sector, come in. In social implementation, it is important to balance productivity and quality, but the power of the private sector will also be needed. The academia is responsible for presenting an intervention protocol, and I hope it is flexible and easy for the private sectors to innovate.

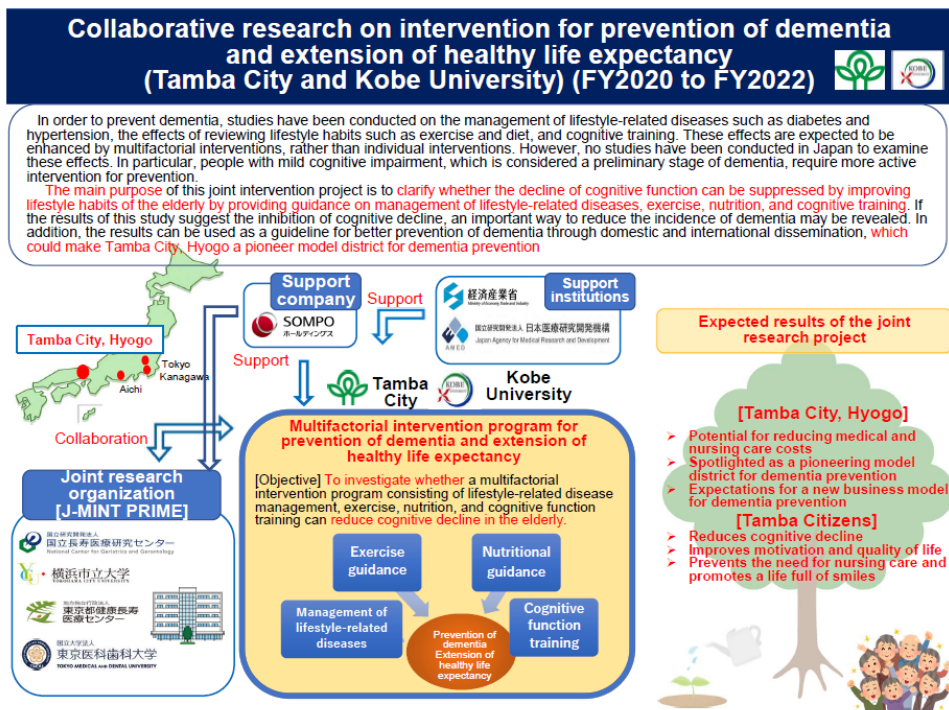
Preparing for social implementation of dementia prevention project

3. <2> Collaboration among government, academia and the private sector for social implementation of the project



"Risk Reduction of Dementia & Social Implementation"

Hayashi: The aging rate of Tamba City is as high as 31%, and 20% of the elderly are issued a certification of long-term care. Dementia prevention is the city's utmost challenge. From 2020, the city collaborated with Kobe University and opened a health promotion class for the mind and body. We carry out programs such as double task exercise and calculation that have the potential to stimulate the brain, and evaluate their effects every 6 months. The participation rate is high with more than 85%. To spread the words about this class, we will further deepen the collaboration with Kobe University. Although the class hasn't been evaluated as an effective measurement, I hope that this dementia prevention class brings a big economic effect to the city of Tamba.



- Challenges for social implementation were discussed.
- In order to establish health promotion and link it to industrialization, it is necessary to make companies that need manpower to understand the social benefits of dementia prevention and ask for their investment.
- The panelists agreed that in order for social implementation to proceed smoothly, it is necessary to show concrete numerical values on how much risk can be mitigated by performing multifactorial intervention. It was also pointed out that it is the role of academia to economically show the effect of reducing social security costs in the future, and it will be easier for stakeholders to make investment decisions by showing the evidence with actual figures.
- It was confirmed that the world's efforts toward social implementation require unique ingenuity within the social systems of each country, and that Japan is the only country taking actual actions at this time.

Closing Session

”Lessons for Japan toward Global Healthy Aging”

< Panelist >

Hiroki Nakatani (Visiting Professor, School of Medicine, Keio University)

Mark Pearson (Deputy Director of Employment, Labour and Social Affairs, OECD)

Michael Hodin (CEO, Global Coalition on Aging)

< Moderator >

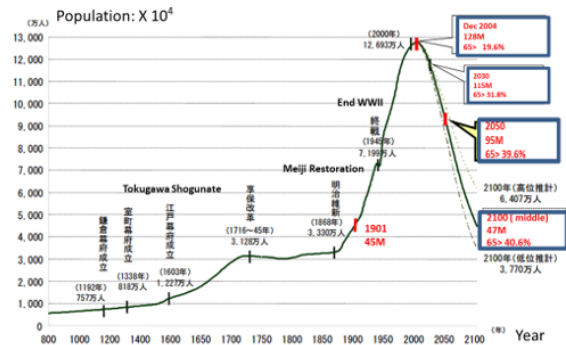
Takuma Inamura (Director, Healthcare Industry Division, Commerce and Service Industry Policy Group, Ministry of Economy, Trade and Industry)

Nakatani: “Thirty-six Views of Mt. Fuji: The Great Wave Off Kanagawa” symbolizes the status of the world’s aging society. A Japanese ship is trying to overcome the first wave, and the world is watching us from the ships behind. On the first day of this international conference titled Super Active Aging Society, various knowledge was shared for the themes “Health,” “finance and way of work,” and “social participation.” As a conclusion, we were able to share a common understanding that investment to health, investment to education, and investment to connection are needed. The innovation that will generate from this discussion will bring sustainability and continuity to the Japanese society. The Super Active Ageing Society Summit and Well Aging Society Summit will further strengthen cooperation and work together to solve the problems of the aging society.

Demographic Changes and Need of Innovation

Population Trend in Japan: Rapid Increase and Decrease in 100 years

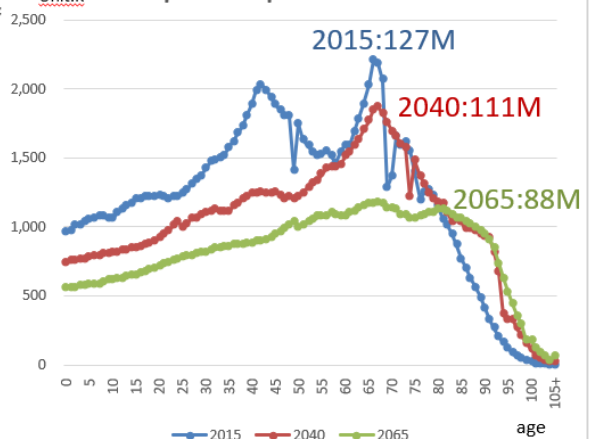
- In 2100, the population size will return to Meiji Era → drastic impact on society and health market



(出典)総務省「国勢調査報告」、同「人口推計年報」、同「平成12年及び17年国勢調査結果」による補間推計人口、国立社会保障・人口問題研究所「日本の将来推計人口(平成18年12月推計)」、国土庁「日本列島における人口分布の長期時系列分析(1974年)を6社」、国土交通省国土計画局作成

Source: 国土審議会政策部会長期展望委員会資料 平成23年2月21日, 21 Feb. 2011, <http://www.mlit.go.jp/common/000135837.pdf>

Japanese Population Trend and Estimates



Data source: http://www.ipss.go.jp/pp-zenkoku/j/zenkoku2017/ob_zenkoku2017/g_tables/pp29gg0105data.htm

Closing Session

”Lessons for Japan toward Global Healthy Aging”

Pearson: How is Japan compared to OECD countries in terms of people’s health? Japan boasts the longest average life expectancy with 84 years. The death rate is also low. Japan’s health status is much better than that of the rest of the developed countries. The national health insurance program is also working. On the other hand, Japan faces challenges in the performance of health care system. The biggest challenge is the utilization of digital technology and data. The average number of electric medical records are less compared to OECD. Japan is behind in terms of digital health and utilization of information. Data is not useful if the structure to utilize safe health data is not improved. Significant regulatory reforms are needed.



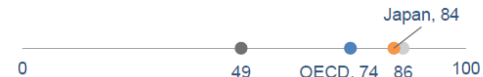
1) How does the Japanese health system compare? Findings from Health at a Glance 2021

Population coverage is high, with high satisfaction and strong financial protection

Population coverage, eligibility (2019 or nearest year)
Population eligible for core services (% population)



Financial protection (2019 or nearest year)
Expenditure covered by compulsory prepayment (% total expenditure)



Population coverage, satisfaction (2019 or nearest year)
Population satisfied with availability of quality health care (% population)



Major indicators of quality are mixed, with relatively low antibiotics prescribing but higher-than-average 30-day mortality following acute myocardial infarction and low breast cancer screening rates

Safe primary care (2019 or nearest year)
Antibiotics prescribed (defined daily dose per 1 000 people)



Effective preventive care (2019 or nearest year)
Mammography screening within the past two years (% of women 50+)



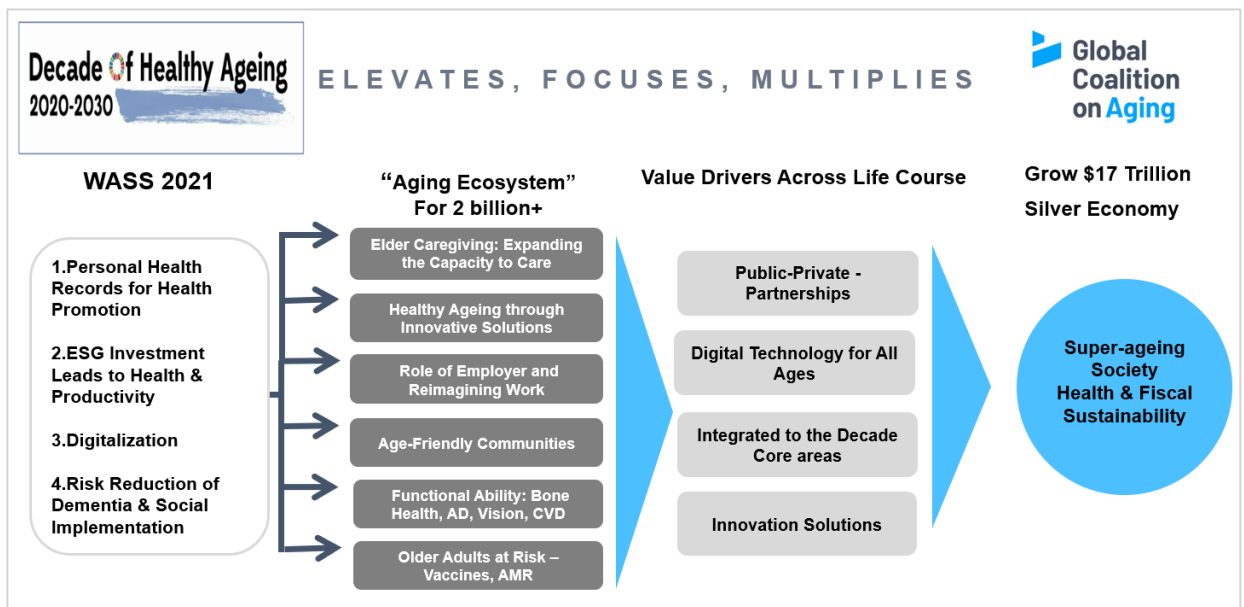
Effective secondary care (2019 or nearest year)
30-day mortality following AMI (per 100 000 people, age-sex standardised)



Closing Session

”Lessons for Japan toward Global Healthy Aging”

Hodin: Our social security system, medical system, labor concept, and education system were all established over 70 years ago. In aging society, these need to be rebuilt. The silver economy, which is currently worth about \$17 trillion, must be doubled. Unfortunately, other economic factors are not financially sustainable. In order to expand silver economy, telemedicine, AI, and data collection should be recognized as investment for the future rather than cost. As many as 2 billion people on the planet will be over 65 in the near future. It is imperative that innovation be at the core.



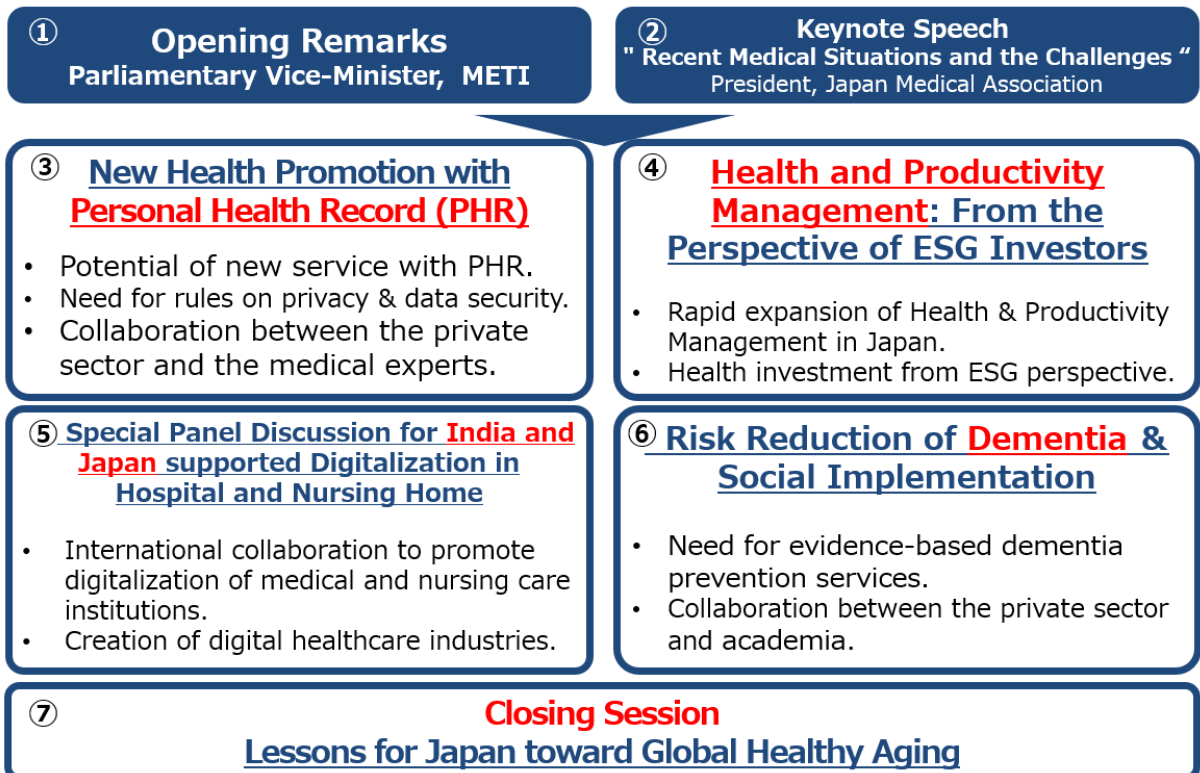
Closing Session

”Lessons for Japan toward Global Healthy Aging”

- The panelists exchanged what they learned from Covid-19. As Japan reduced the flow of people without going into lockdown when tracking the data of people’s movement, the importance of information literacy was once again brought out, as well as that of public health in aging society.
- It was also mentioned that people became more conscious about their health and started to take care of their condition in cooperation with medical care providers.
- In the end, Mr. Inamura looked back on the two days of this international conference.

Inamura: It is very important to exchange and discuss various perspectives between the government and private sectors. During the last two days, many suggestions were brought up, including those of academia and medical professionals. We were also able to learn many things from hearing the experiences of foreign countries. What I want to emphasize most is the importance of information. This international conference also plays an important role in spreading various information, initiatives and policies. I would like to thank you all for this very meaningful time and hereby close this session.

DAY2 WASS: Overview of program



Closing Remarks



Yojiro Hatakeyama
(Director General for Commerce and Service Industry Policy,
Ministry of Economy, Trade and Industry)

Taking measures against problems that become apparent due to aging is a universal issue. From this year, this event was co-sponsored by the NIKKEI Super Active Aging Society Conference, and the content was enriched with a wider range of people on the stage.

