Dementia Care Lessons from Japan

As the world’s oldest country, where approximately 25% of its 128 million people are over 65, Japan is leading the way with inspirational initiatives to help its 4.6 million elderly living with dementia. We see headlines like: “How Japan is training an entire country to help with dementia: Japan can’t change dementia. So Japan is changing Japan” (Yang, Toronto Star, 2015)

Canada is by comparison a younger nation. Yet, we too will have approximately 25% of the population over 65 years of age by 2031 (Statistics Canada, 2010). Thinking ahead is a good plan. What is Japan doing that we can adopt in our home and community care policy and practices?

This E-News highlights a number of innovative grassroots and country-wide initiatives. Some schemes harness the energy and compassion of volunteers. Other projects build on existing structures or businesses. Still other programs originated with a push from government. All the examples demonstrate the resourcefulness and commitment of communities, governments and private sector organizations to keep older people safe, help them to hold on to their dignity, and to provide much needed assistance to their caregivers.

Best wishes for 2016 from CRNCC Co-Chairs,

Janet Lum  🌸  Paul Williams


Dementia Supporters in the Community

In Japan Dementia Supporters or Neighbourhood Watch or Dementia Friends include over 6.1 million volunteers who have been mobilized to support people with fading cognitive abilities. They have participated in a government-funded 90-minute training session to recognize the cues of people who are lost, confused and/or wandering, and to lead them safely back home. The neighbourhood network scheme is widely popular, with 61% of local municipalities setting up volunteer staffed neighbourhood watch networks in partnership with the police, local businesses and NGOs. The practice provides low key, informal, compassionate and seemingly effective social care. It is officially sanctioned by the central government (Hayashi, 2015).

Dementia Supporters go beyond designated volunteers. They include:

- “well” older members in the community who become peer-supporters for the community's frailer members;
- school children who have been taught what to do when they see seniors who appear lost;
- store clerks who notice customers walking back and forth in the aisles;
- garbage collectors who realize that an older resident is no longer putting out the recycling;
- bank tellers who understand why clients have returned to withdraw money for a third time in one day; and,
- apartment managers who want insights on how best to deal with elderly tenants knocking on the wrong doors, failing to sort bins, or taking other residents’ newspapers.

Government officials have reached out to convenience stores to spot older people who may be disoriented and wandering late at night or early in the morning. Many convenience stores are particularly helpful because they generally stay open 24 hours.

In Osaka Prefecture, managers of 7-Eleven Japan, Lawson, Family Mart and Circle K-Sunkus convenience stores attend training sessions conducted by local cities and towns. They learn how to recognize and treat people exhibiting characteristic symptoms of dementia, as well as how to contact police or family members. The session is approximately 60-90 minutes (Japan Today, 2015).

Businesses, welfare offices, railway and bus companies, gasoline stations, and government employees can also make use of a quasi-governmental “Patrol and Watch SOS Network” which links cities and towns searching for wanderers. The SOS Network distributes data on older persons once a family reports a relative missing and provides information on appearance and clothing.

Eyes in the Neighbourhood

How should employees of large supermarkets react when they see older customers opening a box of cookies or grabbing fruit to eat on the spot?


By March 2015, approximately 50,000 Aeon employees have learned how best to respond to people who show signs of dementia through training and role playing in the store setting.

Financial institutions too are joining the dementia training caravan. Frontline bank tellers face the daily challenges of older people who have no surviving family members, or have children who live in other cities. Seniors may forget their pin number, or enter the wrong pin number 3 times prompting the system to block access to their account, or withdraw money and then forget and complain that their money is missing. Thus, banks are training special support staff to recognize the behavioral traits of clients with dementia so as to provide appropriate support.


Sakura-chan and Suzu-no-ya

In Kobe, Taeko Maruo turned her privately rented home into “Sakura-chan.” In 2004, with the help of volunteers, she opened her residence to serve lunch to older people with dementia patients and their carers, and to provide a base for other social activities such as day-trips and dementia awareness education. Carers receive much needed respite and have access to a 24 hour help line. Since Kobe local authority offices are located next door, officials are often offered lunch to witness first-hand the activities at this open house. The success of the Sakura-chan project has led to the approval of startup funding for 12 additional sites under this model (Hayashi, 2015).

The Suzu-no-ya or “Open houses” operate much like the Adult Day Centres in Canadian provinces and elsewhere in the world, providing lunch, social activities for people with dementia and companionship, peer support and respite for family carers. The main difference is that volunteers (not “professionals”) provide care and support in these “Open Houses” and they operate out of spaces in low-rent or re-purposed vacant properties in Japan.

For more information, see:

Housing LIN Report—Japan: Where grassroots support initiatives are growing in empty houses

In 2005, the government started a campaign focused on educating the general public on the challenges of living with dementia. The Ministry of Health, Labour and Welfare in partnership with Community-Care Policy Network (NPO) launched a 10-year nationwide public campaign called, “Campaign to Understand Dementia and Build Community Network.”

The Campaign was also designed to provide training for participants to become dementia supporters so as to build communities where people with dementia could live safely and independently. Goals included:

- Nationwide Caravan to train one million Dementia Supporters
- Support for the associations of people with dementia and their families
- Care Management involving dementia patients and their families
- Building dementia friendly communities

Seven Pillars of the New Orange Plan

In January 2015, Japan announced the New Orange Plan: A Comprehensive Strategy for the Promotion of Dementia Measures～Towards a Community Friendly to the Elderly with Dementia.

The Plan proposed seven pillars:

1. Promote the dissemination of knowledge and understanding on dementia;
2. Provide timely and appropriate medical and nursing care, etc.;
3. Strengthen measures on early onset dementia;
4. Supporting carers of people with dementia;
5. Promote development of elderly and dementia friendly communities;
6. Promote the research and research dissemination on dementia diagnosis, treatment prevention and rehabilitation;
7. Emphasize the viewpoints of people with dementia and their carers.


Stepping back, what are some of the key lessons from Japan?

First, we can point to government leadership. Health care reform in Japan is largely a government-led policy initiative to address a rapidly aging population.

Second, the government has implemented the Long Term Care Insurance (LTCI) which, importantly, is a dedicated funding stream that helps pay for a wide range of home, community and institutional care determined by the needs of those 65 years or older, or those 40 to 65 years with age-related disabilities (such as early onset Alzheimer). Medical care is covered under a separate health insurance scheme (Peng & Tiessen, 2015). Despite the predictable problems around assessment criteria, the point is that the LTCI was designed to address the rising level of care needs as well as the inappropriate use of high cost acute care services under the medical insurance system (“social hospitalization” or what we call ALC beds) (Peng & Thiessen, 2015). In 2011-2012 the Long Term Care Insurance system was further reformed to facilitate older people to age at home: insured services were prioritized for individuals requiring heavier levels of care. Regular home and nursing visits, as well as patrols and quick response visits by care workers were also introduced. Local municipalities were tasked with providing care in an integrated manner (Morikawa, 2014).

Third, the Japanese government took the lead in supporting and funding widespread education and training to diverse community and private sector organizations, and willingly funded grassroots community and private sector initiatives without the requisite pilot studies or randomized controlled trials to demonstrate “evidence”. Funding instead was based on “experiential and tacit knowledge” of what activities appear to work (Billings & Leichsenring, 2014).

Finally, in contrast to line-by-line reporting and strict eligibility assessments, community groups have flexibility and a broad latitude to do what they see as important to keep people safe and socially engaged.

On the Radar

March 2016

10-11 | Walk with Me: Changing the Culture of Aging in Canada
Presented by: Schlegel-University of Waterloo Research Institute for Aging (RIA) & CapitalCare Foundation
Location: Fantasyland Hotel
Edmonton, AB

April 2016

4-6 | Together We Care 2016
Presented by: Ontario Long-Term Care Association
Location: Metro Toronto Convention Centre
Toronto, ON

11-14 | World interRAI Conference: Global Collaborations, Local Benefits
Presented by: interRAI, CIHI and Ontario Hospital Association
Location: Westin Harbour Castle
Toronto, ON

14 | SAVE THE DATE
Caring for Caregivers: Bridging the Care Gap
Presented by: Canadian Research Network for Care in the Community and Health System Performance Research Network
Location: Ryerson University
Toronto, ON

17-19 | Putting the Pieces Together – Collaborating for Quality Hospice Palliative Care in Ontario
Presented by: Hospice Palliative Care Ontario
Location: Sheraton Parkway Toronto North Hotel and Convention Centre
Richmond Hill, ON

25-27 | Great Places to Live and Work OANHSS Annual Meeting & Convention
Presented by: Ontario Association of Non-Profit Homes and Services for Seniors
Location: Sheraton Centre, Toronto, ON

May 2016

4-5 | Rethink Aging 2016: Transitions in Life and Care
Presented by: Ontario Gerontology Association
Location: Chestnut Residence and Conference Centre
Toronto, ON

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CRNCC is committed to creating an open and accessible environment that offers current and relevant information. We welcome comments, questions, and concerns.

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