



# COMMUNITY-BASED INTEGRATED CARE SYSTEM FOR THE ELDERLY IN JAPAN AND IMPLICATIONS FOR VIETNAM

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*(Received: March 31, 2022; Accepted: September 09, 2022)*

**Abstract.** Known as an “aging society,” Japan has faced some economic and social problems such as an increase on social security costs and the gap between medical and social care. Since 2006, the Community-based Integrated Care System has been gradually introduced in Japan as an effective solution to solve these problems. Through a review of the recent literature, this article presents and discusses the Community-based Integrated Care System in the context of Japan. From the Japanese experience, we proposed some recommendations for policy and the development of professional social work to support the elderly in the context of Vietnam. Three eldercare policy measures for Vietnam are suggested, including promoting a community-based care model for the elderly, enhancing the communication connections among older adults, and strengthening the public-private partnership in developing a diversity of support services in the community for the elderly.

**Keywords:** Community – based Integrated Care System, Elderly, Japan, Social work, Vietnam.

## 1. Introduction

Population ageing is becoming a demographic trend all over the world in this century. The United Nations Population (2017) forecasted that the elderly population will increase from 962 million people in 2017 to nearly 2,1 billion people (or 23% of the whole world population) by 2050 [29]. The forecast also shows that population ageing is a scenario that will occur in most developing countries; even the speed of ageing in these countries is faster than the rate of ageing in developed countries. This trend will bring heavy challenges for both developed and developing countries to ensure social welfare for their citizens. To fight this increasing challenge of the population ageing, countries with the highest ageing rates globally, such as Japan, China, and South Korea, have tried to find ways to change social policies and develop many kinds of models to support the elderly. The model of community-based support services

is considered a practical solution that these countries have implemented for many years [13], [24], [33], [34], [35].

Japan is well known as the country with the highest level of aging population in the world. So far, Japan is the only country that has above 30 percent older adults in the total population [16]. Early falling into the "aging society,"<sup>1</sup> Japan had to face problems in economy and society: the increasing costs of social security and the gap between medical and social care. So, the Government of Japan attempted to build a Community-based Integrated Care System (CICS) that supports the delivery of both family care and community care "through coordinating Non-Profit Organisations, volunteer organizations, and private businesses in the community" [28, p.8]. Integrated Care also was an approach by the World Health Organization (WHO). In the context of many countries enhancing care services for the elderly, WHO operationalized this concept of Integrated Care through the Integrated Care for Older People approach to focus on improving or maintaining older people's intrinsic capacity and functional ability to support healthy ageing [31], through community-level health and social care interventions [32]. Integrated Care is recognised as an important enabler to healthy ageing [2], and Japan is among a few countries applying this method to build the CICS. Japan has experimented with various approaches to address the challenge of its aging population, but the CICS has been the most effective solution from the perspectives of equity and sustainability [23].

Vietnam officially entered the "aging society" after 2010, with the proportion of people over 65 years old reaching 7%, becoming one of the ten countries with the fastest ageing rate in the world [19]. In the context of low per capita income and weak social welfare networks, this situation has threatened the social protection system for the elderly. According to the Vietnam Country Report, in 2019, there is only 23.5% in out of 13.4 million elderly people were entitled to monthly pensions and social benefits from the State budget and social insurance fund. Meanwhile, 64.4% of the elderly have no pension or other allowance [1]. Moreover, older persons in Vietnam also face other issues such as physical and mental health problems, "living alone or with only their spouse, rural and ethnic minority older persons live in households with worse living conditions than their urban and Kinh counterparts" [27, p.8]. Recently, in Vietnam, support for older people from the family system is increasingly narrowing daily. The reason is the trend of households where older people live alone or with only their spouses, which is quicker every day [7]. On the other hand, the Vietnam Government's Social Assistance policy

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<sup>1</sup> The United Nations and the World Health Organization defines "aging society" as older population aged 65 years and overtaking up 7% of the total population. When the percentage reaches 14%, it is called "aged society," where "super-aged society" refers to more than 20% of the population is over 65.

only ensures the little needs of older adults because both are limited budget and policy beneficiaries, only a minor number of vulnerable elderly are beneficiaries of the Social Assistance policy, such as the older above 80 without a pension, the lonely elderly, the poor elderly above 75 aged who live in the poor minority or/and rural and mountainous [15]. This can show that the rapid increase of the trend of “the elderly will must be caring by themselves or will depend on support services from outside the family in the future” [18, p.72]. This situation shows that Vietnam is currently the same as Japan in the past when the proportion of older people at high and needed a specialized support system. Therefore, it is necessary to learn the CICS model of Japan to develop policies for the elderly in Vietnam's current population context.

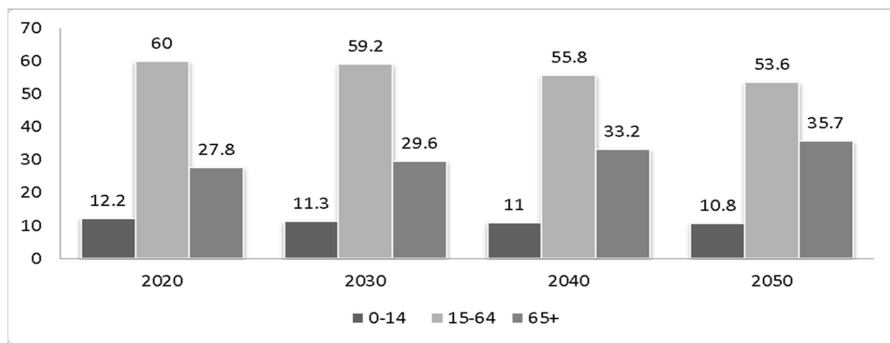
Through a review of the recent literature, this article aims to (i) clarify the context of the population ageing in Japan and Vietnam; (ii) describe Japan's Community-based Integrated Care System and experiences, and (iii) suggest some eldercare policy implications in Vietnam from experiences of Japan.

## **2. Japan: The population ageing and the Community-based Integrated Care System**

### **2.1. *The population ageing in Japan***

Since 1970, Japan has become an "aging society" with a decrease in productive age population and a rapid increase in the proportion of the older. And then, Japan has already entered “aged society” and “super-aged society” in 1995 and 2006, respectively [3]. So far, Japan ranks 11<sup>th</sup> in the top populous country globally and is also one of the countries with the highest population life expectancy in the world [10]. In 2020, Japan's total population was 125.8 million, of which 35.7 million are aged 65 years old and above, accounting for 28.4 percent of the population. Life expectancy at birth in this country is 87.74 years for women and 81.64 years for men [30].

In 2002, The Japanese National Institute of Population and Social Security Research officially announced Japan's new population projections to 2050. Accordingly, the population of Japan was forecasted to decrease in the future. However, the population structure will change drastically by age group. Specifically, the age group from 0 to 14 will decrease gradually, while the age 65 and above will rapidly increase in the future as presented in Figure 1.



**Figure 1.** Projected future population proportion by age group in Japan, 2020 – 2050 (%)

(Source: Japanese National Institute of Population and Social Security Research)

Today, Japan is a country that has the fastest aging population globally and the lowest birth rate. However, Japan is still the nation with the longest life expectancy in the world. The Japanese Ministry of Health, Labor, and Welfare also showed that in 2020, the number of people over 100 years old in Japan surpassed 80,000 for the first time in the context of the country's rapidly aging population [22].

## 2.2. The Community-based Integrated Care System in Japan

In order to deal with an aging society, Japan has tried to promote a CICS since 2006. This system is defined “as a system in the community which provides appropriate living arrangements and appropriate social care such as daily life support services in addition to long-term and medical care to ensure health, safety, and peace of mind in everyday life. The ideal size of each community is defined as an approximate range of 30-minute walk” [28, p.2]. This system was derived from the first activities at Mitsugi hospital, located in a mountainous area of Hiroshima province. In the 1970s, the proportion of elderly bedridden patients increased due to inadequate care at home after discharge from the hospital. The Mitsugi town government and some medical experts were very concerned about this. Furthermore, the needs of patients and their families in caring also more and more increasingly at that time. So that, in 1974, Mitsugi hospital and local governments cooperated to create Japan’s first CICS to provide home care services for patients and integrate other aged support services in this locality [9].

The primary goal of establishing the CICS is to build comprehensive services and supports within close communities that support independent living and reaffirm the value of the elderly until the end of their lives. By this, the elderly could live the rest of their lives in their ways in environments familiar to them, even if they become heavily in need of long-term care. Figure 2 describes in detail about activities of this system.

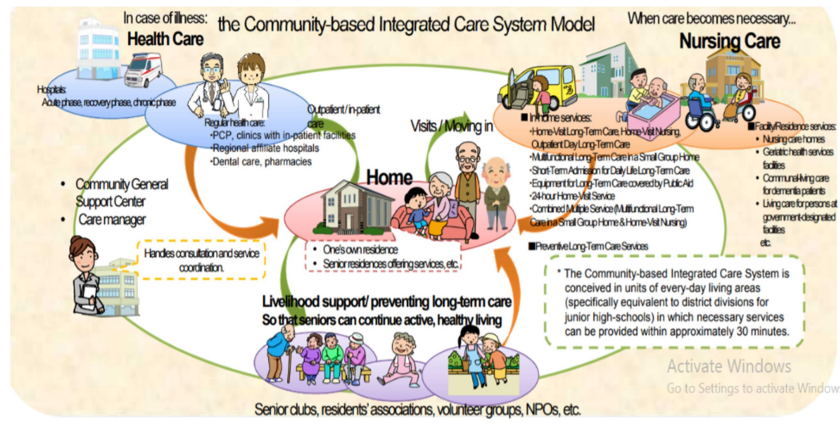


Figure 2. The Community-based Integrated Care System Model in Japan

(Source: Ministry of Health, Labour, and Welfare Japan)

“Community-based” is understood as shifting from a hospital-based to community-based mindset, and “Integrated” is providing healthcare, long-term care, preventive long-term care, housing, and livelihood support in an integrated manner in collaboration with private sectors, volunteers, and others [4]. It is a municipality-based system that unifies healthcare and long-term care and promotes mutual support among members of the community [23].

There are four main elements in the CICS: Self-help (provided by the individual or their family); Mutual aid (provided through an informal network like volunteers, resident's association); Care (provided by organized social security programs like Long-term Care); Government Care (provided by public medical and welfare services such as hospital, community general support center) [25]. Agents of the CICS include users (elderly persons), caregivers (family or else), residents of the community, municipalities, prefectures and city governments, the state, long-term care providers, private businesses, Non-Profit Organisations, community associations [28].

The central strategy of Japan in the CICS is to focus on care by the community rather than care by society [28]. Therefore, community participation will be the core foundation of this system, and the community general support centers will implement that role. Developing the support centers is one of the most common activities that Japanese Governments recommend because these are places older individuals can gather, exercise, do crafts and other activities, and, in general, socialize with others [11]. Staffs in these community general support centers are nurses, social workers, or anyone else who is educated professional, and licensed to work. They will work in groups, outreach, and counseling for the elderly in need of care, using various

community networks, continuous and comprehensive care management support to the elderly in the community [28].

### 3. Vietnam: The population ageing, and some lessons learnt from Japan

#### 3.1. The population ageing in Vietnam

Not out of the trend of the ageing population in the world, Vietnam is also joining the ageing process, even at a higher rate than previously developed countries. This process is still happening throughout the regions and localities of Vietnam [18]. According to the Vietnam General Statistics Office: Viet Nam is a country with one of the highest rates of ageing. The total population on 1<sup>st</sup> April 2009 was 85.85 million, while that on 1 April 2019 was 96.21 million, of which the older population in 2009 was 7.45 million (8.68 percent of the total population) and in 2019 was 11.41 million (11.86 percent of the total population). On average, “in the period 2009–2019, the annual growth rate of total population was 1.14 percent, while that for older population was 4.35 percent” [27, p.3].

The data from World Bank also show that the population aged 65 and above in the period of 2010 - 2020 has been continuously increasing (Table 1)

**Table 1.** Author's calculation of the proportion in ages 65 and above in Vietnam based on World Bank data (2020)

Years	Population (thousand)	Proportion of ages 65 and above (%)
2010	87.967	6.48
2011	88.871	6.48
2012	89.801	6.47
2013	90.782	6.49
2014	91.713	6.55
2015	92.677	6.66
2016	93.640	6.82
2017	94.600	7.03
2018	95.545	7.27
2019	96.462	8.11
2020	97.338	7.88

Even though the proportion of the elderly has grown, currently, Vietnam is still in the period of “golden population” structure because for every two people of working age, there is

one dependent person. However, it has been predicted that by 2040, the period of golden population structure will end [27].

Like other countries with population ageing, the elder population in Vietnam tends to increase due to a decrease in mortality rate and an increase in life expectancy. For about ten years recently, the increase in the older population accounted for about 40 percent of the rise in the total population. In this period, the average annual growth rate of the total population was 1.14 percent, while that for the older population was 4.35 percent. The those aged 60–69 had the highest growth, followed by the oldest-old (those aged 80 and over) [27].

From the above analysis, we can see some similarities in the process of ageing between Japan and Vietnam. Vietnam is currently also suffering some effecting of "aging society" as Japan in the past. However, Japan soon had essential policy strategies to professionalize elderly care activities to ensure social security. Therefore, to develop professional caring for older people activities in the ageing population context, Vietnam should learn from Japan's experience in the CICS.

### *3.2. Some lessons learnt from the Community-based Integrated Care System in Japan*

Firstly, enhancing the social capital<sup>2</sup> of older people. In the CICS, Japan has focused on two elements: Self-help and Mutual aid. These main columns will support the elderly to be more active in social participation and to have easy access to help from others regarding good self-reliance. According to Nummela (2009), "using resources to improve the social participation of citizens may be helpful in enhancing the health of the elderly because as high involvement and social support seem to be related to better health" [20, p.194]. The CICS supports older people who can do paid jobs. The paid jobs not only bring income for older people but also help them maintain mental and physical health in their lives because of participation in social relationships. Therefore, Japan's government can reduce from State budget in the cost of elderly health care policy by promoting self-reliance and mutual support in communities. That is the reason why in Japan, we easily can see older adults working and earning money in their community.

Secondly, the CICS model in Japan focuses on the characteristics of the community. In this system, the focus is no longer on care by society but on care by the community. Therefore, Japan has built community-based integrated care centers. These centers play a major role in

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<sup>2</sup> According to Anne Gray (2009), Social capital has been defined as the array of social contacts that give access to social, emotional, and practical support. The support that is available is an outcome of network ties, the quality of relations with others, their practical availability, the values that they hold, and the trust placed in them. Social ties may be with kin, particularly spouses and adult children, with neighbors and friends, or with fellow members of organisations (including social clubs, sports clubs).

community care. It has three functions: first, the implementation of various preventative care services. Second, outreach and counseling for elderly in need of care, through the use of various community networks; and third, continuous and comprehensive care management support that includes supervision of care managers. The community-based integrated care centers use funds from the Long-Term Care Insurance System<sup>3</sup> and taxes. Since 2006, these centres are increasingly being established by municipalities and should ultimately exist in every district (delimited by a school area, which covers around 20,000 habitants) [28]. Thus, it can be seen that the CICS model is a framework tailored to the community's features and uses the resources of each community. Japan has done this by taking advantage of resources right in the community where the elderly live. This model both supports older people and saves the nation's budget.

Thirdly, to implement the CICS actively, Japan has little by little focused on developing human resources for this system. Human resources in the community include health nurses, social workers, and care managers, all working as a team. The CICS promotes the education of professional caring workers for older adults who can understand the physical and mental characteristics of the elderly fully as well as the ability to cooperate with other professionals [24]. In 2018, "263 nursing colleges in Japan admitted 23,667 students to train care workers for the CICS" [24, p.280]. In addition to training domestic human resources, Japan also promotes cooperation in human resource training with other countries, including Vietnam. Creating human resources in the community is the vital foundation of the CICS because it shows community participation (care managers/workers working with the elderly through the community general support center). Furthermore, human resources in the community are essential to solve existing problems in Japan and many other developed countries: the increasing social security costs and the gap between medical and social care. This problem is also one of the challenges that Vietnam is currently facing in supporting the elderly. Therefore, learning how to develop human resources from the CICS in Japan to develop professional social workers to support the elderly is necessary for the Vietnam context.

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<sup>3</sup> In 1997, Japan started to develop the Long-term Care Insurance policy. Participants in Long-term Care Insurance in Japan are people over 65 years old (first insured group) and between 40 and 64 years old (second insured group). In addition, foreigners residing in Japan for more than three months and having an address in Japan are also entitled to participate in this type of insurance. The funding of Long-term Care Insurance in Japan is taken half (50%) from taxes and the other half from insurance premiums. Every taxpayer aged 40 and older are obligated to pay a long-term care premium based on their public health care premium rating.



#### 4. Eldercare policy implications in Vietnam

From the Japanese lessons above, we want to suggest some policy implications in the context of Vietnam's current population ageing. First of all, promote establishing a community-based care model for the elderly in Vietnam. The CICS in Japan is a care system that combines medical and long-term care with approaches like other integrated care systems around the world. This model both are solutions supporting older people and saves the nation's budget. Vietnam recently has started implementing some model "Counseling and community-based care for the elderly" and achieved positive results [21]. Therefore, this model is necessary to coordinate services and support caring for the elderly in the families and communities. Besides that, establishing community support centers and training the human resources in the community is also a suggestion to help more aged approach services quickly and promote professional care such as social work with the elderly [12].

Second, enhancing the connections among older adults in the community. From the CICS of Japan, we see that "Self-help" and "Mutual aid" are two elements that improve relationships among older people, as well as enhancing's capacity. Currently, Vietnam is implementing an intergenerational self-help club model for the elderly. This model is similar to the "Self-help" and "Mutual aid" in the CICS of Japan. Through this model, the elderly receive help from people of the younger generation in their community as well as connect with other people of the same age. Therefore, the next time Vietnam needs to promote the establishment of elderly clubs in the community to give the elderly the opportunity to participate and connect to improve their social capital.

Finally, strengthen the public-private partnership and develop diversity-supporting services in the community for the older. Japan built the CICS to provide comprehensive care for the elderly towards healthy aging. As a result, the care services are offered diversely. In Vietnam recently, "there has been increasing trend of households where older persons live alone, live with spouse only, or live only with their grandchildren (so-called "skipped generation" households), suggesting that older persons will have to take care of themselves" [27, p.37]. Moreover, the mentality of the elderly often prefers to live in a familiar environment within their own community rather than nursing homes or centers for social protection. Thus, public-private partnerships to create various services at home and community-based care will help to reduce the state budget for social welfare.

## 5. Conclusion

The article presented and discussed the CICS model in the context of Japan. From Japan's experience such as focusing on the elderly's social capital, leveraging community resources, and developing professional care workers for older adults, we have made three implications for eldercare policy in Vietnam, including promoting a community-based care model for the elderly, enhancing the connections among older adults in the community through developing many clubs of older people, strengthening the public-private partnership, and developing diversity-supporting services in the community for the older.

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