Asian Journal of

HUMAN SERVICES

Printed 2020.1030 ISSN2188-059X

Published by Asian Society of Human Services

October 2020

Vol. 19

ASIAN SOCIETY OF HUMAN SERVICES

Human Services

DOI: http://dx.doi.org/10.14391/ajhs.19.63
Asian Journal of Human Services, VOL.19 63-72

SHORT PAPER

A Study of the Measures Taken by Local Governments for Care Prevention;
Examination by Questionnaire Survey

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ABSTRACT

In Japan, the aging population has increased, prompting local governments to develop care preventive programs for older adult residents. However, this localized approach makes it difficult to determine the types of care preventive programs that have been developed throughout the country. Therefore, this study carried out an inventory survey of care preventive programs that were certified by the local government as having long-term care rates of 15.0% or less. The response rate of the questionnaire survey by mail was 39.5%. The results indicate that the most frequent care preventive activity was exercise. Local governments implemented care preventive programs that older adult residents tried and continued to use until participation rates for the programs were reduced for environmental maintenance. Additionally, local governments focused on developing care preventive programs that provided resident-based activities in the area.

<Key-words>
preventive care, program, older adult residents, local government, questionnaire

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Asian J Human Services, 2020, 19:63-72.

Received
August 25, 2020

Revised
October 4, 2020

Accepted
October 7, 2020

Published
October 30, 2020

DOI: http://dx.doi.org/10.14391/ajhs.19.63
Asian Journal of Human Services, VOL.19 63-72

I. Introduction

In 2018, the aging population of Japan was the highest on record, with older adults accounting for 28.4% of its population (Statistics Bureau of Japan: September 15, 2019). The proportion of Japan's population that is 65 years or older is the highest of any country worldwide.[1] The increase in the aging population continues, and it is estimated that one out of every three Japanese residents, or 33.3%, will be older adults in 2036.[2] Japan is now a full-scale aged society, for which the care insurance system was developed in 2000 to provide security to older adults by guaranteeing them living and healthcare facilities in the Great Society. The annual expense totals for the care insurance system increase yearly; annual expenses were 4.4 trillion yen for 2001, but increased to 10.2 trillion yen in 2018, and are expected to be more than double, or to be 2.3 times the 2018 total, in 17 years.[3] The care insurance system covers half of the annual expense total for the care insurance provided and levies a tax. Officials worry that increases in the aging population will lead to accumulating healthcare expenses. Therefore, experts believe that the extension of healthy life expectancy by the promotion of care prevention is essential for restraining increased expenses in the social security system.

The care insurance system provides all services to older adults aged 65 years and older except for payments and also now provides general care prevention services. As one of the care prevention policies, community support projects started in 2005 in the municipalities. From the viewpoint of the promotion of care prevention and comprehensive functional enhancement in the area, community support projects increased care prevention services and daily life support services as determined by each municipality, which provided expanded services beginning in 2011.[4] Additionally, it was decided to conduct community support projects in all municipalities by April 2017 through a revision of the care prevention policies in 2014. The general care prevention services are mainly provided by the local governments after being wrested from the control of the national government.[5] The general care prevention services include the following: the "function improvement of the exercise device" that is centered on a diseased joint or the fall prevention program, the "oral cavity function improvement" that is centered on chewing and swallowing or the dentistry program, and "nourishment improvement" that is mainly centered on improving the decline in bodily functioning or the hypoalimentation program. In addition, it is thought that depression is triggered by empty weakening and occurs primarily among those who are homebound. There are multiple "homebound prevention" programs, including "cognitive functional decline prevention" and "depression prevention." Care prevention services are described as model programs in "a care prevention manual" produced by the Ministry of Health, Labour and Welfare. The local governments that manage the enforcement of the businesses evaluate the local services. However, in many local governments, the evaluation of services is infrequently conducted. The statistical report that determines

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whether an area needs long-term care does not indicate the care prevention services provided in the area. Therefore, I performed a questionnaire survey with a care prevention menu among the local governments where the long-term care need was low. This selection approach was considered to be effective for capturing the services provided by these local governments.

II. Methods

1. Participants

There were 1,571 insurers (the local governments including the inter-jurisdictional affiliation) in the list of 7th period insurer insurance standard amount (Ministry of Health, Labour and Welfare).[6] There were 296 participants in this study having certification for 15.0% or less of the long-term care rate among insurers. The certification rate for long-term care in Japan was 18.3%. To investigate effective efforts to prevent long-term care, I surveyed 296 insurers with a low certification rate for long-term care.

2. Data Collection

I investigated via questionnaire the enforcement situation for care prevention services among study participants. The questionnaire investigation provided descriptive data that was analyzed using qualitative analytic techniques. I mailed the questionnaire and the greeting card to participants printed on green paper, in reference to a previous study in which the response rate was higher when the survey and letter were printed on green paper than on white paper.[7] The questionnaire was mailed in June-July of 2019. The questionnaires were sent on June 10 and again on July 8 with a deadline for response. If there was no reply to the first mailing, I attached a demand letter on July 22 and mailed it to the local government, that is, the care welfare section bureau or the care prevention person in the department, with a deadline for response of August 5.

The questionnaire contained items regarding the care prevention menu provided to the participants. Questionnaire items included: “I regarded this activity as important to include in the menu for care prevention,” “This approach was thought to be effective for care prevention in all menu items,” and “This is the care prevention enforcement menu that I carried out the most.” In addition, I inquired about the population from the local government and the number of participants per each menu item.

The Grounded Theory approach that Glaser & Strauss proposed for use in the field was adopted as the analysis method.[8] Grounded Theory categorizes a phenomenon and considers the properties of the category. As many categories as possible are created from the data, and it is recommended that the researcher organizes the data in various ways to expand upon the properties of each category. I unified the fluctuations of the words from the free descriptions provided by the respondents.

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I also performed text mining of the provided data. I created a word cloud in which the size of a word reflected its appearance frequency in the text. In addition, I developed a co-occurrence network where words were grouped depending on the degree of their co-occurrence and positioning in a sentence. I used the User Local text mining tool for analysis.

3. Ethical Considerations

When I mailed the questionnaire to participants, I enclosed a study request document that described the purpose of the study and stated that the submission of the enclosed survey was voluntary. The document also explained that I obtained consent for the responses, and there was no disadvantage of refusing to answer any of the questions. The study was approved by the Tokai Gakuen University Ethics Committee (2020-6).

III. Results

1. Response rate of questionnaire

A total of 56 insurers responded to the first mailing, which produced a response rate of 18.9%. As a result of mailing the demand letter, I obtained responses from 61 local governments. In summary, I received responses from a total of 117 local governments (69 cities, 39 towns, 8 villages, 1 regional union) in the entire country. The response rate of the questionnaire was 39.5%.

2. Questionnaire responses

The number of “care prevention enforcement menus” obtained from the 117 local governments was 613. The 613 menus were classified into 15 categories, which were further classified into four core categories. The results are displayed in Table 1. One-third or more of the menu items were related to “exercise,” and there were many activities performed in a classroom format. In addition, there was a wide variety of activities related to nourishment, cognitive function, and oral function.

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<Table 1> Classification of the care prevention enforcement menus carried out most frequently

Category		Core Category
1	Exercise that is mainly focused on resistance training	Class-based preventive care activities
2	Nourishment improvement classroom, cooking class	
3	Brain training, dementia prevention classroom	
4	Oral function improvement	
5	Care prevention through music	
6	Composition model classroom	
7	Physical fitness test	Counseling and enlightenment activities regarding care prevention
8	Visiting lecturer	
9	Care preventive lecture	
10	Health counseling	
11	Salon activity	Care preventive activity as a place for the community
12	Community-based social program	
13	Services such as daycare	
14	Home healthcare services	
15	Program for promoting long-term care prevention	More highly advanced care preventive activity

The question, “I regarded this as important to include in the menu for care prevention” included 235 responses, which were classified into 17 categories, which were further classified into five core categories. The results are shown in Table 2. Most answers were related to “menu contents.”

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<Table 2> Classification of the importance of menu inclusion for care prevention

Category		Core Category
1	Devising the menu for care prevention	Development of the care prevention menu
2	Importance of functional recovery care	
3	Importance of dementia prevention in particular	
4	Homebound prevention	
5	Care preventive exercises developed by local government	
6	Choice of the full menu made available to the user	Menu that will maintain users' interest
7	Contents to continue at home, and participants to be able to perform	
8	It is fun and can be continued safely	
9	Instruction by specialists such as physical therapists	Goal-oriented business development
10	Integrated business development	
11	Evaluation of the care prevention business	
12	Easy to participate in the environment and the atmosphere	Environmental maintenance of the care preventive activity
13	Consciousness enlightenment to be able to wrest care prevention	
14	The community element upon which personal relationships are formed	Resident-based community formation through the care preventive activity
15	City planning to take root in the area through the care preventive activity	
16	The creation of meaning through social participation will improve quality of life	
17	Resident-based care preventive activity by preventive care leader training	

There were 160 answers to the question, "The approach that was thought to be effective in care prevention for all menu items." A total of 160 responses were classified into 15 categories, which were further classified into five core categories. The results are shown in Table 3. Additionally, the word cloud is shown in Figure 1 and the co-occurrence network is shown in Figure 2.

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<Table 3> Classification of the approach that was thought to be effective in care prevention for all menus items

Category		Core Category
1	Exercise for muscular strength improvement	Main care prevents physical activity
2	Ikiiki 100 years-old exercises	
3	Classroom that carries out various types of activities	
4	Cognitive training	Development of care prevention menu
5	The classroom where a specialist provides a lecture	
6	Development of individual menu with a job rehabilitation specialist	
7	Environmental maintenance with a location and transportation that make participation easy	Environment maintenance and creating an atmosphere that is easy to participate in
8	Creating a casual atmosphere in which participants can participate	
9	Salon activity	The care preventive activity that took root in the area
10	Development of a support system for older adult residents in an area	
11	Maintenance of an opportunity for going out and social participation	
12	Human relations that are built through active engagement in an activity	
13	Resident-based activities organized by the volunteer	Care preventive activity by voluntary groups
14	Support for personal training of care prevention specialist and start-up of voluntary groups	
15	Opportunity to continue care prevention after class, and gather socially	

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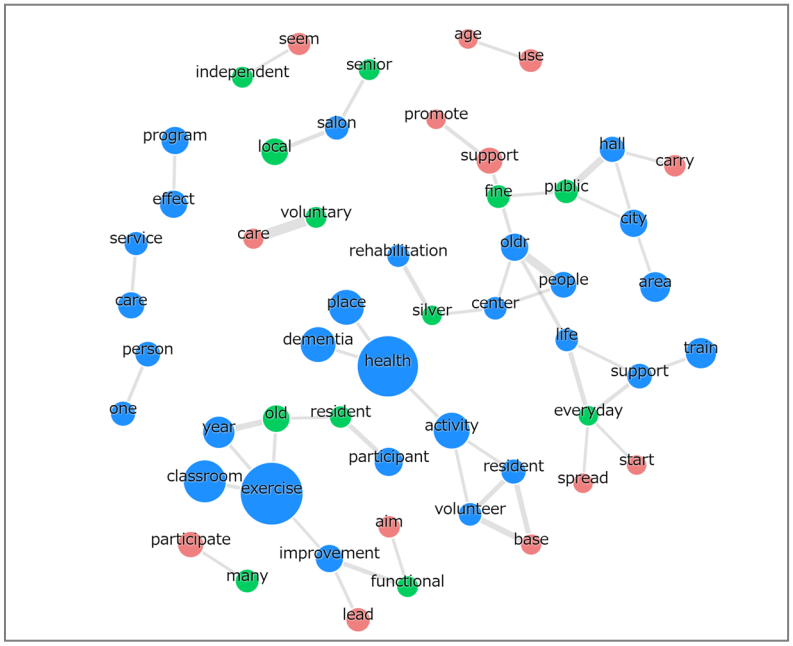
<Figure 1> The word cloud about the menu effective most



<Figure 2> The co-occurrence network about the menu effective most

IV. Discussion

The results of this investigation revealed that the menu of care preventive practices in local governments with a low care authorization rate included many exercise items. Local governments supported the care preventive approach for older adult residents in an area, and the approach connected residents with voluntary activities. In addition, the activity that was thought by the local government to be most effective for care prevention was healthy activities consisting mainly of exercise in which older adult residents found

DOI: http://dx.doi.org/10.14391/ajhs.19.63
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participation easy. Additionally, it is thought that it is effective to develop a voluntary activity that takes root in the area. In Kim's review of exercise interventions in the older, aerobic exercise and balance training mainly performed for community-dwelling elderly and also community-based intervention program has potential effect on their subjective well-being.[9] In addition, the conclusion of the report by CHO et al. is regular exercise intervention in physical and mental function is a key point for successful aging in oldest-old adults.[10] The results of this study were considered to support these reports.

In Japan, where a further increase in the aging population is predicted, a situation may arise in the future where care preventive activities may have to depend on the individual and collective efforts of local inhabitants given the social security budget restraint of the country. In some local governments that participated in this study, activities organized by residents have been already established. Voluntary activity among residents will become increasingly essential in the future. Local resources are utilized effectively, and it is expected that sustainable activities are being structured and offered to residents. To summarize, the care preventive approach by local governments involves carrying out various activities, many of which provide residents with opportunities for physical activity. Local governments focus on exercise as an effective resident-based care preventive activity. Future studies should explore the approach adopted by other countries that have a large aging population for developing care prevention programs. The results of this study may help them to propose more effective activities for their citizens.

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DOI: http://dx.doi.org/10.14391/ajhs.19.63
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Asian Journal of Human Services

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Asian Journal of Human Services
VOL.19 October 2020

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Publisher | Asian Society of Human Services
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Production | Asian Society of Human Services Press
#1Floor Ohara Bill, 2-11-5, Takezaki-Town, Shimonoseki-City, Yamaguchi-Prefecture, 750-0025, Japan
E-mail: ashs201091@gmail.com

ASIAN JOURNAL OF HUMAN SERVICES
VOL.19 October 2020

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