Event: Japan’s Ageing Population, Health Care, and Lessons for Canada -- panel discussions at Annual Conference of Japan Studies Association of Canada.

Participants: Approx. 120, including JSAC members and overseas visitors.

Location: Thompson Rivers University, Kamloops, B.C.

Date: October 15, 2006.

Main conclusions: Canadian hospitals should be managed as networks with a greater emphasis on adapting business management practices; there needs to be a focus on expansion of long-term formal community care as part of public health care in Canada.

The Japan Studies Association of Canada 2006 annual conference examined the theme of ‘Japan at our doorstep and in the global community.’ The conference was multidisciplinary, with presentations by scholars with backgrounds in politics, business, social sciences, education, culture and the humanities, and fine arts. There were some 102 presentations made to the approximately 121 people attending, including about 30 Japanese residents, smaller numbers from the US and UK, one Finnish resident, plus approximately 51 student volunteers. The Asia Pacific Foundation of Canada sponsored two panels on ‘Japan’s Ageing Population, Health Care, and Lessons for Canada.’

Historically, Japan has been the ‘learner’ and has borrowed extensively from Western industrialized nations. However, as the world’s second-largest economy and a home to a complex modern society, Japan now offers critical areas from which Canada can gain insight and knowledge. Two inter-related areas of significant interest to Canada are: Japan’s ageing society and health care. The year marks a momentous shift in Japan – its population decreased for the first time. The resultant myriad of issues that Japan’s policy-makers face, and the reality that Japan’s elderly population is projected to grow to an astounding 32.3% of the total population by 2030, make these topics even more timely considering Canada’s own demographic shifts. The JSAC 2006 conference sought to highlight ways in which Canada can learn from Japan in these areas. Two special panels explored the ageing of Japan’s population and health care in Japan, areas in which Canada has numerous challenges in terms of policy development.
The two panels took place on Saturday, October 15. The first panel: **Health Care & Ageing – Lessons for Canada (1)**, chaired by Jim Tiessen, an associate professor in the DeGroote School of Business at McMaster University, involved four papers by:

Dr. Hiroya Ogata, formerly of Japan’s National Institute of Population and Social Security Research -- Japan’s 2006 health care reforms: Influences on hospital management (read by J. Tiessen).


Dr. John Campbell, University of Michigan -- Policy correction: The first reform of Japan’s long-term care insurance system.

James Tiessen -- Hospitals in Japan and Canada: Similar challenges, different contexts.

The second panel: **Health Care & Ageing – Lessons for Canada (2)**, chaired by Tom Waldichuk of Thompson Rivers University, also involved four papers by:

Dr. Yoshihiro Kaneko, Director of the Department of Empirical Social Security Research -- The complementarity and substitutability of long-term and hospital care for the elderly in Japan.


Dr. Neena Chappell, Canada Research Chair at the University of Victoria -- lessons to be learned from ageing in Japan -- Will Canada benefit from or misuse them?

Dr. Hannu Pirnes, a principal lecturer at Laurea University of Applied Sciences -- Learning by developing – encouraging innovativeness in joint Japanese-Finish elderly care research and development projects.

**Overview of the Health and Ageing Panel Presentations**

The overall theme of the two panels was health care reform with a focus on the elderly. One of the topics was hospital management in Japan with comparisons to Canada; presenters examined differences between the two systems and how the Japanese system could be applied to Canadian hospital management. The other major topic was care for the elderly with a focus on the delivery of health care for seniors and changes to long-term care insurance. Presenters focused...
on the sustainability of the existing care system in Japan as the proportion of the elderly population increases. They also speculated on how the Japanese elderly care system could be applied to Canada.

Dr. Ogata examined the history of healthcare in Japan and new changes to the health care system for seniors. There has been a move toward the regionalization of health care, similar to the Canadian system.

Dr. Tiessen talked about his research on Japanese hospital management, examining why hospitals change or do not change and whether Japanese hospitals compete. He noted that that there was little competition in the Canadian hospital system.

Dr. McMillan also focused on hospital management, especially the application of Japanese management systems to the Canadian hospital system.

Dr. Campbell talked about successful policy corrections in Japan, using prior examples of the national pension system and free medical care for the elderly, and then focusing on the 5th year reform of the newer policy of long-term care insurance.

Dr. Kaneko also examined long-term care insurance and contrasted it with hospital care for the elderly. He focused on expenditures for long-term care insurance.

Dr. Ogawa presented the evolution of population ageing in Japan and how the Japanese government first noticed the low fertility rate in 1969. He also indicated that the second generation of baby-boomers will begin to accumulate wealth around 2030 for their retirement.

Dr. Chappell contrasted the care of the elderly in family settings both in Japan and Canada and compared attitudes to the care of the elderly in the two countries, discussing implications of Japan’s formal embrace of long-term community care for an ageing society.

**Policy implications for Japan and Canada**

There was much discussion about health care policy for the elderly in Japan. Dr. Campbell talked about the changing Gold Plan in Japan, which has become expensive to pay for owing to the high percentage of elderly. He talked about *kaigo yogo* (preventive care) as a way for the elderly to be less dependent on programs under the Gold Plan. *Kaigo yogo* focuses on such areas of prevention as strength building, nutrition and oral care. Dr. Campbell also mentioned that the number of daycare centres for elderly has taken off.
Both Japan and Canada are ageing, with Japan currently having a higher percentage of elderly. Both countries are subject to the high cost of health care for seniors. How to reduce these costs while still maintaining adequate health care for seniors is a challenge for both Japan and Canada. Japan is undergoing health care reform, and Canada is also grappling with an expensive medicare system.

**Lessons for Canada in hospital management and care for the elderly.**

Dr. McMillan argued that Canadian hospitals should be managed more efficiently as networks with a greater emphasis on adapting business management practices, which is more common in Japan. He referred to the massive amount of money that the Canadian federal government devotes to health care. He then spoke of the relationship between business and medicine in Canada and was critical of the lack of collaboration between business schools and medical schools. He argued that new management involving decision networks can improve the delivery of health care for seniors. As a departure for further discussion the question was asked: ‘what can Toyota teach hospital management?’

Dr. Chappell pointed out that Canadian society is not very different from Japanese society when it comes to elder care. She argued that Canadians demonstrate a practice of filial piety similar in many ways to the Japanese and that Japanese-style formal home care is the best solution for the elderly in Canada. One problem Dr. Chappell mentioned is that care givers themselves are ageing. However, support to children who become caregivers for their ageing parents has not been resourced in Canada. There needs to be a focus on expansion of long-term formal community care as part of public health care in Canada.