



## **WHO Workshop**

### **Translating Scientific Evidence into Policy**

#### **– Facilitate the Mechanism for Promoting Successful Local Case**

#### **Models of Health System Management for Dementia –**

*Organized by the WHO Kobe Centre (WKC)  
in collaboration with Kanagawa Prefecture, Japan*

**Date:** 13 March 2019 (Wed)

*to be followed by an optional study visit organized by Kanagawa Prefectural Government on  
14 March 2019 (Thu)*

**Venue:** Yokohama, Kanagawa Prefecture, Japan

**Language:** Japanese

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## **1. Concept of the workshop**

### **Background**

The WHO Centre for Health Development (WHO Kobe Centre – WKC) works under its strategy for 2016-2026 to conduct research and synthesize evidence about health systems and innovations, particularly in the context of population ageing, to accelerate progress towards Universal Health Coverage (UHC). Given its unique location in Japan and strong collaboration with local municipalities and academia, WKC has conducted community-based implementation research on resilient and sustainable health system, with the effort to generalize the lessons from Japan, the country with the highest rate of older population and longer history of health system management for addressing related health issues, with other countries and communities which are facing or are going to face similar situations.

Dementia is an emerging global health issue with rapidly increasing number of people with dementia and following social burden due to expanding medical and formal & informal care cost, especially in low- and middle-income countries where more than 65% of new patients appears and usually health system is not ready to manage the emerging issue. WKC has been conducting research on health system management of dementia especially in light of local implementation of evidence-based policies and programmes. Kobe Dementia Project, which aims to build a successful local model of early detection and intervention for dementia through collaboration between Kobe City and Kobe University, indicates the importance of producing and facilitating local case models of health system management for dementia with effective scientific monitoring-assessment-improvement cycle through public-academia collaboration.

Based on the above-mentioned experiences and expertise, WKC will organize a workshop on evidence-based local policy implementation through collaboration between local municipalities and academia, convening responsible officials of local municipalities and leading researchers in this research area in Japan. With support of Kanagawa Prefecture, this workshop will be held in Yokohama.

### **Objectives**

The objectives of the workshop are as follows:

- a) Synthesizing the existing successful local model of health system management of dementia in Japan;
- b) Capacity building of responsible local municipality officials; and,
- c) Facilitating collaboration public-academia collaboration for scientific evidence-based policy development and implementation.

## Expected outcomes

Following are the expected outcomes of the workshop:

- List of local models of health system application for dementia management in Japan
- List of implementation gaps and challenges for local municipality in Japan
- Initiating possible future collaboration between local municipalities and academia in Japan
- Policy implication on lessons from Japan in light of generalizability for other countries with different income and health system background

The result of the meeting will be summarized into a report to share the existing successes and challenges in health system management for dementia with other countries and regions.

## Programme

**Day 1:** Please refer to 15. List of Participants regarding the participants and observers of the workshop

09:30–09:45	Opening remarks: <ul style="list-style-type: none"><li>- Kanagawa Prefecture: Mr. Yuji Kuroiwa, Governor</li><li>- WHO Kobe Centre (WKC): Dr Sarah Louise Barber, Director</li></ul>
09:45–10:00	Introduction of Participants & Group Photo
10:00–10:15	Background of the Workshop <ul style="list-style-type: none"><li>- Dr Ryoma Kayano, Technical Officer, WKC</li></ul>
10:15–10:45	Japan national policy and programme for dementia: <ul style="list-style-type: none"><li>- Mr Yukinori Hayashi, Deputy Director, Office for Dementia Policy Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare of Japan (MHLW)</li><li>- Mr Masaki Takahashi, Deputy Director, Healthcare Industries Division, Commerce and Service Industry Policy Group, Ministry of Economy, Trade and Industry</li></ul>
10:45–11:15	Kanagawa Prefecture Activities: <ul style="list-style-type: none"><li>- Ms Tomoko Tanaka, Director of ME-BYO Management, Health Promotion Division, Kanagawa Prefecture</li><li>- Mr Naohiko Matsutani, Group Leader, Health Promotion Division, Kanagawa Prefecture</li></ul>
11:15–11:30	Coffee Break

- 11:30–11:45 Kobe Dementia Study and Kobe City activities “Kobe Model”
- Mr Hidekazu Hayashi, Manager, Nursing Care Insurance Division, Senior Citizens’ Welfare Department, Public Health and Welfare Bureau, Kobe City
  - Professor Yoji Nagai, Director, Clinical and Translational Research Center, Kobe University Hospital
- 11:45–12:00 Hyogo Prefecture Activities
- Ms Junko Yoshii, Group Leader for Dementia Prevention & Care Policy, Hyogo Prefecture
  - Professor Hisatomo Kowa, Professor, Graduate School of Health Sciences, Kobe University
- 12:00–12:30 Japanese Society for Dementia Prevention (JSDP) Programme and Leading Activities in Tottori
- Professor Katsuya Urakami, President, Japanese Society for Dementia Prevention (JSDP); Professor, Biological Regulation, Faculty of Medicine, Tottori University
  - Ms Chiho Aritomi, Assistant Manager, Houki Area Comprehensive Support Center, Houki Town, Tottori Prefecture
  - Ms Maki Hayashi, Chief, Area Comprehensive Support Center, Welfare Relief Division, Kotoura Town, Tottori Prefecture
- 12:30–12:45 NGO/NPO activities:
- Mr Takehito Tokuda, Board Member, Dementia Friendship Club
- 12:45–13:00 Public-Private-Partnership (PPP)
- Mr Ryoji Noritake, CEO, Board Member, Health and Global Policy Institute
  - Professor Satoko Hotta, Professor, Graduate School of Health Management / School of Medicine, Keio University
- 13:00–14:00 Lunch
- 14:00–15:30 Dementia programmes in Japan: Introduction from leading local municipalities
- 1) Aichi Prefecture and NCGG
- Ms Yumi Shindo, Research Coordinator, Office of Strategy and Planning, National Center for Geriatrics and Gerontology (NCGG)
  - Mrs Yukiko Yamamoto, Senior Chief, Regional Comprehensive Care, Dementia Response Office, Medical and Welfare Planning Division, Health and Welfare Department, Aichi Prefecture

- 2) Usuki City (Oita Prefecture)
  - Dr Noriyuki Kimura, Associate Professor, Department of Neurology, Faculty of Medicine, Oita University
  - Mr Hitoshi Sugino, Director, Health Insurance and Health Promotion Division, Usuki City, Oita Prefecture
- 3) Gobo City (Wakayama Prefecture)
  - Mr Yasuyuki Taniguchi, Subsection Chief, Nursing Welfare Division, Community Support Section, Gobo City, Wakayama Prefecture
- 4) Machida City (Tokyo)
  - Mr Masato Yoneyama, Elderly Welfare Division, Machida City
- 5) Omuta City (Fukuoka Prefecture)
  - Mr Shimpei Saruwatari, Director Department of Medical Cooperation, Shirakawa Hospital, Omuta City, Fukuoka Prefecture
- 6) Yamato City (Kanagawa Prefecture)
  - Mr Tadashi Sugiuchi, Director, Elderly Welfare Section, Health and Welfare Department, Yamato City, Kanagawa Prefecture
  - Mrs Mayumi Kaise, Assistant Manager, Elderly Welfare Section, Health and Welfare Department, Yamato City, Kanagawa Prefecture
- 7) Yokote City (Akita Prefecture)
  - Ms Tomoko Takahashi, Public Health Nurse and Manager, Integrated Community Support Center, Public Health and Welfare Department, Yokote City, Akita Prefecture
- 8) Fukuoka City (Fukuoka Prefecture)
  - Mr Koichi Kasai, Director, Dementia Care Support Section, Elderly Affairs Department, Public Health & Welfare Bureau, Fukuoka City Government

15:30–15:45	Coffee Break
15:45–16:45	Group Discussion (5 groups)
16:45–17:45	Feedback and plenary discussion
17:45–17:55	Wrap up
17:55–18:00	Closing remarks

## Day 2:

study visit in Kanagawa Prefecture – organized by Kanagawa Prefectural Government

Venue: "Biotopia", me-byo valley

(300 Yamada, Oimachi, Ashigara-gun, Kanagawa Prefecture 258-0015)

URL: <https://www.biotopia.jp/>

On the second day, site visit at Me-Byo Valley which consists of ME-BYO ex Plaza, the Marche and Forest Road, and the Japanese restaurant Mizuho no Sato was conducted. ME-BYO ex Plaza is an experienced-based event space set up by Kanagawa prefecture where visitors can learn about me-byo. It provides visitors the opportunity to review their lifestyles while having fun. The Marche and Forest Road is an area built around the theme of being kind to your mind and body where locally-produced items and organic products are available for sale. It also introduces sites rich in nature that make active use of therapies such as forest therapy. Mizuho no Sato is a buffet-style restaurant where visitors can eat dishes that meet the needs determined by the me-byo check sheet they filled out at the ex Plaza.

## **2. Opening Remarks**

### **Kanagawa Prefecture: Mr Yuji Kuroiwa, Governor**

Since becoming Governor of Kanagawa, our prefecture has been promoting initiatives which enable collaboration among a variety of sectors beyond that of medicine alone. Under the theme "Kanagawa, Making Lives Shine," our initiatives aim to achieve a "Society of Smiling Centenarians." We are proud of the fact that this theme closely aligns with the targets of the United Nations Sustainable Development Goals (UN SDGs), and Kanagawa Prefecture established an SDGs Promotion Headquarters as well as a Director in Charge of Livelihood & SDGs following formulation of the UN SDGs. Our capital city, Yokohama, has also been selected by the national government as a model SDGs "Future City." In realizing healthy and diverse aging societies, one important area of policy will be the creation of dementia-friendly communities.

By 2050, the largest portion of Japan's population will be aged 85 and over. Sustainable societies cannot be built using 20th century-style system models as-is, and that is where the concept of ME-BYO comes into play. Rather than being separable entities, health and sickness form a continuum. To create inclusive societies in which people can live their daily lives alongside illness while making gradual improvements, we need to see a shift toward systems designed based on the concept of ME-BYO. Dementia stands out as the prime example of a theme which requires discussions based on ME-BYO.

The factors of diet, physical activity, and social involvement are considered crucial in improving one's ME-BYO status. To promote industrial innovations supporting these three factors, Kanagawa has

launched the "Healthcare New Frontier (HCNF) Policy" and is encouraging the development of "Made-in-Kanagawa Industries." As of March 2019, the ME-BYO Industry Association, composed of businesses sharing this perspective, saw participation climb to nearly 700 companies, with representation extending beyond the traditional healthcare fields and into a variety of other sectors including finance and IT.

Both at home and abroad, efforts are underway to spread the concept of ME-BYO worldwide. As a prefecture, Kanagawa, has signed memorandums of understanding with governments and research institutions spanning the globe, including the Singaporean Government and the World Health Organization (WHO). ME-BYO summits with such stakeholders from every country are held yearly, and discussions with the WHO on ME-BYO indexing are currently underway.

The aging of Japan has attracted global attention, and we are proud of the fact that Kanagawa Prefecture's ME-BYO improvement initiatives have grown into a concept that can be shared worldwide. Other unique initiatives being undertaken by Kanagawa in the field of dementia include the creation of our dementia supporter logo, the nationwide roll-out of "Cognicise (a mixed activity of cognitive training and exercise)" classes intended to boost cognitive function, the promotion of aging-friendly cities, and the development and distribution of educational dementia guidebooks geared toward children.

Next, we would like to present a best practice of Kanagawa Prefecture. In the Wakabadai District of Yokohama City, the portion of the population aged 65 and over ballooned from 23.3%, in 2008, to 47.8%, in 2018, extremely high when compared to the national average of 28%. That said, the rate of designation for long-term care need is declining. This need is declining because there are plentiful neighbourhood association activities, guaranteed opportunities for multigenerational interaction, and planned activities like sporting events. The importance of social participation and of community have been well illustrated. To deepen today's discussions, I would like to reiterate the importance of community within the context of healthcare systems facing the challenges of dementia.

In pursuit of a "Society of Smiling Centenarians," Kanagawa Prefecture looks forward to partnering with stakeholders both inside and outside Japan, and we would like to express our gratitude to the WHO Kobe Centre for its leadership.

**WHO Kobe Centre (WKC): Dr Sarah Louise Barber, Director**

On behalf of WHO Centre for Health Development, I would like to congratulate you on having this workshop in collaboration with Kanagawa Prefecture.

The WHO Centre for Health Development works under our strategy for 2016-2026 to conduct research



and synthesize evidence about health systems and innovations, particularly in the context of population ageing, to accelerate progress towards Universal Health Coverage (UHC). Given its unique location in Japan and strong collaboration with local municipalities and academia, WKC has conducted community-based implementation research on resilient and sustainable health systems. We aim to learn the lessons from Japan, the country with the highest rate of older population and longer history of health system management for addressing related health issues and share experiences with other countries and communities which are facing or are going to face similar situations.

Dementia is an emerging global health issue with rapidly increasing numbers of people with dementia and following social burden due to expanding medical and formal & informal care cost, especially in low- and middle-income countries where more than 65% of new patients appears and usually health system is not ready to manage the emerging issue. WKC has been conducting research on health system management of dementia especially in light of local implementation of evidence-based policies and programs. Kobe Dementia Project, which aims to build a successful local model of early detection and intervention for dementia through collaboration between Kobe City and Kobe University, indicates the importance of producing and facilitating local case models of health system management for dementia with effective scientific monitoring-assessment-improvement cycle through public-academia collaboration.

Based on this experiences and expertise, we will organize this workshop on evidence-based local policy implementation through collaboration between local municipalities and academia, convening responsible officials of leading researchers in this research area in Japan.

We invited Ministries, local municipalities, academia and NPOs working on dementia in Japan to this workshop for synthesizing the existing successful local model of health system management of dementia in Japan, capacity building of responsible local municipality officials and facilitating public-academia collaboration for scientific evidence-based policy development and implementation.

I hope fruitful discussion and information exchange will be made through this workshop. Lastly, but not least, I would like to express sincere thanks to Kanagawa Prefecture to support to organize this workshop and Kobe City to implement Kobe Dementia study.

### **3. Workshop Introduction and Overview**

**Dr Ryoma Kayano, Technical Officer, WKC**

Working with 194 Member States, the goal of the WHO is "for everyone to enjoy the highest attainable standard of health," defined as "a state of complete physical, mental and social well-being and not

merely the absence of disease or infirmity." The only research facility in the world directly connected to WHO headquarters is the WHO Centre for Health Development, commonly referred to as the WHO Kobe Centre (WKC). The WKC collaborates with academic organizations and research institutions in Japan and abroad to create scientific evidence for solving problems in global health. In recent years, aging and dementia have become a major topic in global health. Research on dementia is an extremely important theme for the WKC as it is located in the rapidly aging country of Japan.

In 2015, Japan was the only country where over 30% of its population was age 60 and over. However, several countries will have aging populations by 2050. In light of this forecast, the WHO published the World Report on Ageing and Health in 2015. Extensive attention has also been being paid to dementia-related issues. The number of people living with dementia is increasing worldwide and is predicted to reach over 150 million by 2050. The societal burden is also growing, with total expenditures predicted to exceed 200 trillion JPY by 2030.

In light of these circumstances, in 2017, the World Health Assembly adopted a global action plan on dementia. The plan is comprised of 7 pillars, including the positioning of dementia as a crucial healthcare issue, the development of environments that promote public awareness, and efforts aimed at risk reduction and prevention. These seven pillars also appear in Japan's New Orange Plan, which was created in 2015 and revised in 2017. Under this plan, Japan is pioneering initiatives in various domains.

Efforts to determine the pathology of dementia and develop drugs to treat it are still in progress. Meanwhile, interest in preventative measures for dementia is growing. In 2017, an article in the Lancet stated that 35% of dementia risk factors are preventable. In terms of slowing the progression of the disease, the importance of early detection and intervention in ensuring quality of life (QOL) for those affected has been repeatedly confirmed.

National dementia plans based on these efforts have been put in place in various countries around the world. Awareness of the issue is increasing while risk factors and intervention points are becoming clearer. At the same time, best practices for earlier detection and intervention are beginning to emerge in every region at the community and municipality level. These best practices must be gathered and shared to establish evidence so that they may be implemented in healthcare systems.

Representatives and researchers from communities all over Japan that have implemented or maintained these best practices have gathered at this event. We hope that by gathering Japan's insights and evidence, searching for universal policy values, and sharing these lessons learned beyond the borders of Japan, we will see the creation of societies friendly to people of all ages.

#### **4. Japan's National Policy and Programme for Dementia**

**Mr Yukinori Hayashi, Deputy Director, Office for Dementia Policy Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare of Japan (MHLW)**

I would like to introduce several of Japan's current policy developments. The New Orange Plan was established in Japan in 2015 and later revised in 2017. It is the hope of the MHLW that such policies serve as the basis for achieving dementia-friendly societies. Steady progress is being made toward the Plan's numerical targets, and to meet targets set for late FY2020, training programs are being promoted including dementia supporter trainings.

Emphasis is also being placed on the creation of environments and the dissemination of information as seen from the viewpoints of people affected by dementia. For instance, to disseminate the voices of lived experience, we produced a peer support meeting DVD in which people with dementia share their stories. We are also considering how to support the participation of people with dementia in society, and progress is being made toward developing environments which enable people with dementia to find as well as keep employment. An overview of "Decision-making Guidelines for the Daily and Social Lives of People with Dementia" has also been drafted, and efforts are being made to support such decision-making.

For dementia measures to be furthered by the whole of society and across relevant ministries, a Ministerial Council for the Promotion of Dementia Care Policies has been established. The Council's first meeting took place in December 2018, and managerial as well as expert meetings are also underway. In addition, there are plans to establish a public-private partnership (PPP) dementia council, in hopes of dementia measures being promoted not only by the public sector but also by multi-stakeholders including industry, academia, and civil society.

In terms of the future outlook for dementia measures, the MHLW will lay down a framework based on the dual pillars of prevention and balancing daily life with treatment by mid-May which will be reflected in national policy, and we hope to achieve patient-centred policies. The Office for the Advancement of Dementia Measures even maintains a Facebook Page, where they are working to spread dementia-related information and raise awareness. We look forward to your continued support and understanding.

**Mr Masaki Takahashi, Deputy Director, Healthcare Industries Division, Commerce and Service Industry Policy Group, Ministry of Economy, Trade and Industry**

Super-aged societies are an ideal of humanity, so the extension of healthy longevity is of particular importance. Along with the extension of healthy longevity comes the need for creating communities

and industries which enable participation in society and employment throughout later stages of life. In looking toward such super-aged societies, we recognize the issue that today's healthcare and social security systems, achieved during the 80's based on stable, 19th century-style demographics, will no longer be compatible with the 21st century-style demographics of the future.

Dementia is an important theme for healthy aging societies, and this importance has been mentioned in the "2018 Future City Strategies" as well as in "Society 5.0." The importance of PPP platforms as well as public implementation have been pointed out in particular. METI is therefore promoting PPPs in dementia-related fields, such as, for example, roundtable discussions on PPPs in the dementia field conducted by organizations such as the Japan Agency for Medical Research and Development (AMED).

In publicly implementing dementia measures, in addition to contributions from those involved in medical and long-term care, we also hope to collaborate with consumer goods industries. METI looks forward to continuing to facilitate industrial development by supporting demonstration projects as well as the sharing of information by partnership councils. Since it is also crucial to have a clear grasp of the situation in field of dementia, information on screenings and interventions needs to be organized. METI has launched an information collection website as part of the Public-Private Joint Demonstration Platform for Dementia Patients. This system is designed such that industry, government, academia, and civil society can enter information on activities under various themes such as screening, disease management, and balance of daily life and treatment.

Through activities such as the "Project for Establishing a Public-Private Joint Demonstration Platform for Dementia Patients" and by advancing additional demonstration projects, METI hopes in the future to propose the establishment of evaluation criteria as well as methods for effective dementia initiatives. With dementia as our focus, METI looks forward to continuing to support PPP development of innovative social designs.

## **5. Projects in Kanagawa Prefecture**

### **Ms Tomoko Tanaka, Director of ME-BYO Management, Health Promotion Division, Kanagawa Prefecture**

I would like to explain the promotion of dementia measures in Kanagawa Prefecture. Dementia Centers have been established in 12 locations, and various initiatives are underway including the training of Early-Onset Dementia Support Coordinators. On September 21, 2017, to raise awareness in concert with World Alzheimer's Day, the Kanagawa Prefectural Government Building was illuminated in orange. Similarly, an event was held near the east exit of Yokohama Station in 2018 at which a giant Ferris wheel was illuminated in orange and people affected by dementia shared their voices. Our public

awareness campaigns are characterized by the collaborative efforts of an implementation committee consisting of members from both the public and private sectors.

We have also created a logo unique to Kanagawa that shows support for people with dementia and their families, and we are trying to raise awareness. The prefecture even published a booklet aimed at raising awareness among children. We are thus working to ensure that stakeholders of all generations are aware of and understand dementia. As the next step for Dementia Supporters, we have created the Orange Partner Training. Lectures and group work are underway at various organizations, and a system is being established so that Orange Partners can assist at events, including dementia cafes, family support groups, and government trainings. With their consent, a list of Orange Partners is being shared among the municipalities in Kanagawa, and these Partners are playing a part in the promotion of dementia measures across the whole of the prefecture.

Another theme of major importance is support for people affected by early-onset dementia. We are continuing to strengthen support systems through efforts such as the creation of peer support meetings and spaces that welcome people affected by dementia. We are working to offer places such as dementia cafes where people with dementia and their families can comfortably gather, in hopes that dementia-friendly spaces will facilitate the creation of dementia-friendly communities.

In addition, "Cognisize" classes for improving cognitive function and slowing cognitive decline have seen rapid growth in popularity. Kanagawa sends instructors to communities in every prefecture throughout Japan, using elements such as robots to make things fun and exciting. In partnership with the National Centre for Gerontology and Geriatrics, Kanagawa has also succeeded in working with its municipalities to implement screenings for the early detection of mild cognitive impairment (MCI).

**Mr Naohiko Matsutani, Group Leader, Health Promotion Division, Kanagawa Prefecture**

We believe it crucial to promote dementia measures in tandem with the concept of ME-BYO and from the perspective of ME-BYO improvement. The Kanagawa Prefectural Government has therefore established a section dedicated to reducing the risk of dementia, and a variety of prevention and awareness-raising activities are taking place. I would like to introduce just a few of these.

One is the raising of awareness among younger generations. For high school students, classes on dementia are being conducted using virtual reality (VR). The first initiative of its kind in Japan, approximately 1,200 students have participated so far. Multi-stakeholder collaborations are also underway. Partnering with a local professional soccer team, exercise classes have been offered for older individuals and their grandchildren. Classes targeting 40 participants over the course of six months were available in two communities. This project led to the "Joint Agreement on the Promotion of ME-BYO Measures and Sports" with the local soccer team, and so with dementia as a starting point,

the overall benefits promoted by ME-BYO measures are beginning to emerge.

As a prefecture, the situation toward which Kanagawa ideally aims is one in which individuals consider things such as dementia and ME-BYO for themselves and then work to improve their ME-BYO status. To achieve this ideal, cycles need to be established which promote such habits among more and more residents, through the formulation of a ME-BYO index and the discovery of effective ways of improving ME-BYO status. Kanagawa Prefecture believes that we have entered a second stage, so to speak, in terms of improving ME-BYO status as an approach to dementia. We would therefore like to promote citizen-led implementation research, and we would like, for instance, to analyse the actual outcome data from collaborations between businesses and the citizens of Kanagawa.

We believe that promotion of such measures will lead to the promotion of novel innovations such as the creation and use of big data which incorporates various types of health data including medical and long-term care data. Through citizen-led implementation efforts, Kanagawa looks forward to promoting problem-solving while producing tangible results while and to spreading the ME-BYO approach to dementia throughout the whole of Japan.

## **6. Dementia Study and Projects in Kobe City: Kobe Model**

**Mr Hidekazu Hayashi, Manager, Nursing Care Insurance Division, Senior Citizens' Welfare Department, Public Health and Welfare Bureau, Kobe City**

In September 2016, at the G7 Health Ministers' Meeting held in Kobe City, a commitment to promoting dementia measures was included in the "Kobe Communiqué." In 2018, amidst this growing momentum, the city enacted its "Ordinance for the Creation of a Dementia-Friendly Kobe," drawing on perspectives which spanned prevention and early intervention, provision of treatment, dementia-related accident prevention and assistance, and community-building. Based on such ordinances, we are working to establish the "Kobe Model."

The Kobe Model consists of two support pillars, one aimed at early diagnosis through an innovative diagnostic support system, and one aimed at people facing dementia-related accidents through an innovative accident self-assistance system. Under the diagnostic support system, first a cognitive function screening and a health check-up are conducted to determine whether dementia is suspected. Second, a more precise cognitive function screening and diagnosis is provided. We have implemented a 2-step framework for detecting and diagnosing dementia which requires no out-of-pocket contribution. The first step is now offered by approximately 350 healthcare providers, the second step, by approximately 50 providers, and progress is being made such that people who are diagnosed can then be seen at specialized facilities.

In our accident self-assistance system, the city has taken out liability insurance and created a mechanism for subsidizing up to 200 million yen in damages when person with dementia is responsible for an accident. In case of an accident, the city also runs a 24-hour call center for round-the clock consultations, and if either party involved is a citizen of Kobe, then a variety of efforts are made, including the immediate dispatch of search services for persons with dementia who cannot be located as well as the provision of financial support to citizens involved in accidents.

In terms of funding and expenses for such a model, the annual cost is approximately 300 million yen, equating to a 400-yen contribution per citizen per year. Around 600 public comments have been received from citizens, with opinions by and large in favour of this funding mechanism.

In terms of post-diagnostic support, consultation desks offering daily life support as well as specialized medical advice have been set up and are in operation at Dementia Centres. As concepts, the prevention of dementia and the prevention of long-term care need are absolutely vital.

**Professor Yoji Nagai, Director, Clinical and Translational Research Center, Kobe University Hospital**

Looking back on the past dementia policy projects of Kobe City, policy assessment has not yet been possible. In particular, coordination in terms of aspects such as the certification of long-term care need has not been seen. That is why Kobe University and Kobe City are working together to evaluate baseline assessments (cognitive function) and outcome assessments (degree of social burden), and the creation of a model that will incorporate methods such as risk stratification is currently underway. We would like to score cognitive function indices such as the verbal fluency index (VFI), to quantify outcomes, and to continue promoting research including cohort studies upon which policies can be quantitatively evaluated and assessed.

## **7. Projects in Hyogo Prefecture**

**Ms Junko Yoshii, Group Leader for Dementia Prevention & Care Policy, Hyogo Prefecture**

Hyogo Prefecture, with both urban areas like Kobe City as well as rural areas, faces significant regional disparities, and yet, Dementia Centres have been established in 19 locations throughout the prefecture. Through such efforts, Hyogo Prefecture is working to advance dementia measures with the goal of building communities where individuals diagnosed with dementia can continue to live with peace of mind.

I would like to introduce our Project for the Promotion of Early Dementia Diagnosis. This project involves a screening test for the symptoms of dementia that can be administered at Specific Health

Check-ups or check-ups available to people aged 75 and over. By offering the test at the same time as regular check-ups, we are hoping to foster an environment that enables testing and lowers peoples' sense of aversion. To coincide with screenings, we are also focusing on improving peoples' health by implementing programs such as our 'Exercises for Energetic Centenarians' (Iki-iki Hyakusai Taisou).

In the two years since 2017, the Project for the Promotion of Early Dementia Diagnosis has seen implementation in 4 communities and has reached 3,128 people, approximately 3%, or 126 people, were suspected of having dementia, of whom 44 sought medical treatment.

This project has brought to the fore both results as well as issues. One result of the project was that recognition of dementia increased, leading to increased public awareness. In addition, during post-implementation follow-up, increased understanding was achieved among the reception staff at primary care clinics and Comprehensive Community Support Centres, and the integration between Initial Phase Intensive Support Teams (IPISTs) and supporting physicians improved.

On the other hand, the 3 issues below merit further discussion: First, follow-up among people with either no apparent symptoms or who are recommended for re-screening a year down the road remains inadequate. The lack of follow-up among this group acts as a barrier, decreasing peoples' motivation to receive early diagnoses. Thus to promote early diagnosis, a follow-up system needs to be developed, aimed at people who have no apparent symptoms or who are recommended for re-screening.

Second, there exists no established way of approaching people suspected of having dementia and their families. Many people who attend check-ups are already very interested in their health and in dementia. That is why we must consider how service providers can approach and reach out to people who may be in need of medical or social support, but who may find it difficult to search for information and access medical facilities on their own.

The third issue is the formulation of an integrated system involving Dementia Centres and IPISTs. Although the implementation of this project has strengthened integration between Dementia Centres and support physicians, the question that now poses an ongoing issue is how to achieve integration among various professionals including local dementia support physicians.

Hyogo Prefecture, having taken into account the above, has confirmed that in terms of our future outlook for dementia measures, by promoting a shift in awareness, among not only residents but also government leaders and related organizations, we will further promote early detection through preventative screenings and respectful, personalized support for people affected by dementia. Having implemented preventative dementia screenings in every municipality throughout Hyogo, we now hope to see our initiative spread and are planning to hold forums to promote the exchange of opinions.



**Professor Hisatomo Kowa, Professor, Graduate School of Health Sciences, Kobe University  
Japanese Society for Dementia Prevention (JSDP)**

Hyogo Prefecture and Kobe University, on the basis of a PPP, are planning to begin 10 years of observational and interventional research on dementia prevention in Tanba City, spanning April 2019 through March 2029. An annual, multi-year budget of 3 million yen has been secured, and interventions will take place via a comprehensive program of exercise, nutrition, and lifestyle changes. Outcomes measurements will be based on Specific/Basic Health Check-up results as well as medical and long-term care claims data.

As an industry-academia partnership initiative, Kobe University, in collaboration with companies such as the Kobe Shinbun Bunka Center, is also implementing the "Cognicare" program as a special lecture series. The strength of the Cognicare program is that it provides a space which enables continuous preventative intervention, and it enables individuals to grasp changes in their cognitive function prior seeing a doctor.

The creation of a comprehensive system of dementia care in Hyogo Prefecture will require multi-stakeholder collaboration. To address the preclinical period, we will implement government-led prevention seminars as well as Cognicare classes in partnership with businesses. The government and healthcare providers will also work to conduct cognitive function monitoring more closely based on the daily lives of residents.

To address mild cognitive impairment (MCI) as well as the later stages of dementia, medical and long-term care service providers will administer diagnostic and preventative interventions, functional training, and initial phase intensive support. Additional systems such as an accident self-assistance system will be set up as government initiatives, and through integrated implementation, a comprehensive system of dementia care will be created. We must research and develop mechanisms for the unobtrusive detection of shifts in peoples' behaviour and cognition.

**8. Japanese Society for Dementia Prevention (JSDP) Programme and Leading Projects in Tottori**

**Professor Katsuya Urakami, President, Japanese Society for Dementia Prevention (JSDP); Professor, Biological Regulation, Faculty of Medicine, Tottori University**

The societal cost of dementia in Japan totals around 14.5 trillion yen annually. Included in the Basic Policy of the New Orange Plan is the goal of realizing of a society in which the intentions of people living with dementia are respected and in which they can live on their own terms for as long as possible in pleasant, familiar environments. One of the pillars for achieving this goal is the promotion of R&D for methods of dementia prevention. "Prevention" and "Balancing daily life with treatment" have

become major themes and have even been mentioned in press conferences by the Prime Minister.

At the JSDP, our 3 pillars of activity are evidence creation, capacity building, and the realization of regional collaboration. In terms evidence creation, our society is working on the establishment of a new system for grading the quality of evidence. At present, music as well as art therapy have been certified as effective (Grade A), based on third-party prospective studies and controlled, open-label studies.

In Kotoura Town, Tottori Prefecture, we are working to prevent dementia by using the Orange Registry, we developed the "Tottori Method Dementia Prevention Program," and we have carried out a 24-week, interventional study. The study utilized the Touch Panel-type Dementia Assessment Scale (TDAS), thus objectively assessing cognitive function.

In terms of capacity building, we developed an academic certification for Dementia Prevention Specialists, and trainings are underway, with 285 people having earned the certification to date. In 2020, the JSDP plans to host a conference from October 23 to 25 at the Pacifico Yokohama. We have registered June 14, the birthday of Dr Alzheimer, as Dementia Prevention Day, and we will carry out activities June 9 - 16 for Alzheimer's Prevention Week.

**Ms Maki Hayashi, Chief, Area Comprehensive Support Center, Welfare Relief Division, Kotoura Town, Tottori Prefecture**

Kotoura Town, home to a population of 17,304 people and with 35.4% aged 65 and over, faces aging at a rate that exceeds the national average. The rate of designation for long-term care need, however, stands at only 16.14%, with over 80% of older residents remaining healthy. Kotoura Town advocates four pillars for living happily regardless of age—physical activity, nutrition / oral care, social participation / community-building, and mental stimulation. By taking advantage of municipal services and engaging in the above-mentioned activities, older citizens themselves are working to prevent dementia and maintain independence.

As local efforts to fight dementia, the town is also implementing the following three levels of activity—dementia prevention and awareness campaigns as primary prevention, early diagnosis / intervention and forgetfulness consultations as secondary prevention, and, as tertiary prevention, community-building that enables even those diagnosed with dementia to live with peace of mind.

For primary prevention, the town is using long-term care prevention classes and screenings to address prevention and awareness. For the early detection of secondary prevention, short, simple touch panel-type screenings referred to as the "Forgetfulness Consultation Program" and TDAS screenings are available. For tertiary prevention, projects such as dementia cafes, club activities, and a youth-

supporter exchange programs are in place. Through efforts spanning 2003 to the present, early-stage consultations are now available from Comprehensive Support Centres, social workers, and families.

**Ms Chiho Aritomi, Assistant Manager, Houki Area Comprehensive Support Center, Hoki Town, Tottori Prefecture**

Hoki Town, located in Tottori Prefecture, is home to 10,955 people, of whom 36.8% are aged 65 and over. Through the support of Tottori Prefecture and The Nippon Foundation, Hoki Town has become a living lab for R&D involving the "Tottori Method Dementia Prevention Program." Efforts have been underway since 2016, and over the course of the program's evaluation, a 2-year period which spanned FY2017 and FY2018, 136 Hoki Town residents aged 65 and over participated in the program. The Program consists of an effective combination of physical activity, classroom learning, and mental stimulation, and observed outcomes have included improvements in physical function. Beyond improvements in physical function, the Program has led to increased community involvement, and participants have reported high degrees of subjective satisfaction. Program information sessions are currently underway, and we plan to expand through Zenken Corporation.

## **9. Projects of NGO/NPO**

**Mr Takehito Tokuda, Board Member, Dementia Friendship Club**

The Dementia Friendship Club (DFC) is currently advancing regional activities based on the two pillars of health and welfare as well as dementia-friendly communities.

In terms of health and welfare, the DFC focuses on improving the quality and availability of services; realizing comprehensive, integrated care; and organizing the societal resources necessary for people affected by dementia to live out their daily lives, such as through cross-sectoral, regional collaborations. In terms of dementia-friendly communities, we are working to develop environments in which people affected by dementia can not only receive services, but also actively participate in consensus-building, and we believe that such initiatives represent the role that NGO/NPOs should play.

People with dementia face a wide array of challenges in their day-to-day lives, including shopping, using transportation, and basic mobility issues. Addressing these sorts of daily challenges requires an approach from the perspective of city planning.

The Dementia Action Alliance (DAA) is an organization that was formed to realize dementia-friendly communities. In the case of Plymouth in the UK, participation and collaboration have extended beyond the halls of Alzheimer's associations and municipal offices to include an array of sectors, from bus

companies and clinics, to libraries and churches. Rather than being government-led, the non-profit sector is driving these efforts, with action plans under development and steps concurrently being taken to bring about dementia-friendly communities.

In order to promote dementia-friendly communities in Japan, we must shake off the idea that the government is the sole bearer of responsibility for the public good. Making progress will require local organizations and regional businesses to also lend a hand in bearing this responsibility. Similar to the actions of the DAA in the UK, we must foster platforms for public decision-making and develop core teams to promote their activities. Furthermore, rather than fragmented, local efforts, we must join forces, forming regional networks aimed at dementia-friendly communities, and creating environments where we can learn from each other. Likewise, NGOs/NPOs also need to cooperate, coordinating their efforts and exchanging know-how.

One such example has been "RUN Tomo" (Run Tomo-orrow), an initiative which promotes the creation of inclusive, welcoming communities through team-building activities with people affected by dementia. RUN Tomo facilitates community-building by offering spaces for members of the community to interact with people affected by dementia. These activities have led to the formation of teams which address local dementia-related issues, and we hope to see these teams also foster the formation of intra-regional networks.

To add to that, we have launched a website entitled "100dfc," with the goal of establishing a platform to link together large numbers of dementia-friendly communities and facilitate the open exchange of information. The site has been active for three years, the activities of 30 communities are currently registered, and teams are now forming.

## **10. Projects of Public-Private Partnership(PPP)**

### **Mr Ryoji Noritake, CEO, Board Member, Health and Global Policy Institute**

Commissioned as an AMED research project in FY2016, Health and Global Policy Institute (HGPI) conducted survey research on international PPPs within the field of dementia. By clarifying the progress being made by PPPs abroad in the field of dementia, this research highlighted not only the need for, but also the originality of, Japanese PPPs.

While partnerships abroad primarily involve pharmaceutical and medical device-related industries, for instance, partnership platforms in Japan involve not only pharmaceutical and medical device-related industries but other private sector industries as well, such as retail, finance, and manufacturing. Many such dementia-related practices need to be shared with the rest of the world.

We also need to elevate the voices of patients and families affected by dementia and need to see platforms which enable people with dementia to actively take part in efforts to address the social issues surrounding dementia. Later today, Satoko Hotta will introduce the "Co-Creation Hub for a Dementia-Friendly Future," which embodies this concept in the fullest extent.

Globally, a wide array of such partnerships is emerging. At the fifth anniversary summit of the World Dementia Council (WDC) held in London in December 2018, a message from Japan's Prime Minister Abe was shared, and the former UK Prime Minister Cameron gave an address. Hopes were also expressed for Japan, a G20 host country. Alongside the Alzheimer's Society of the UK and the AARP, HGPI plans to gather best practices for dementia-friendly initiatives and to propose policy recommendations. With prefectures and municipalities in Japan harbouring a significant number of best practices, joint events such as this are of the utmost importance, not only for disseminating findings throughout Japan, but to the world at large.

**Professor Satoko Hotta, Professor, Graduate School of Health Management / School of Medicine, Keio University**

The number of people living with dementia is continually growing, and the number of people who, following diagnosis, continue to live life with purpose and joy is gradually increasing, yet many people with dementia still run into issues in day-to-day life as well as at work and feel isolated. That is why initiatives to help people "live better with dementia" are so important. Realizing such initiatives will require co-creation panels to elevate the patient-voice. With dementia patients at the centre, families and caregivers; community residents; medical, long-term care, and welfare personnel; businesses; municipalities; relevant ministries and organizations; and researchers must all join forces in taking action.

The activities of the Co-Creation Hub for a Dementia-Friendly Future, which was established from this perspective, are aimed at three goals. The first is to explore, alongside people living with dementia, their diverse lifestyle models. The second is to co-create, alongside people with dementia, policies, projects, services, and communities that address daily issues and enrich daily life. The third is to work toward policies that support a present and a future in which people can live better with dementia.

In order to turn the Co-Creation Hub for a Dementia-Friendly Future into a platform where people living with dementia, families, and caregivers can share their stories, we first aim to interview 100 people, and we also plan to include people with dementia as interviewers.

To date, interviews conducted with dementia patients have revealed that while challenges are individualized, they tend to fall into one of eleven areas, so in order to bring more joy into the lives of

those affected, we need initiatives in these eleven areas. The Co-Creation Hub for a Dementia-Friendly Future will conduct workshops and hold discussions on themes within each of these areas.

In the UK, there are set standards for dementia-friendly communities, and formal recognitions are issued in multiple areas. To accelerate the realization of dementia-friendly communities in Japan, we must organize and translate the voices of lived experience, establish forums for multi-stakeholder dialogue, and formulate collaborative frameworks for addressing issues that cannot be solved single-handedly.

## **11. Dementia Programmes in Japan: Introduction from Leading Local Municipalities**

### **Projects in Aichi Prefecture**

**Ms Yukiko Yamamoto, Senior Chief, Regional Comprehensive Care, Dementia Response Office, Medical and Welfare Planning Division, Health and Welfare Department, Aichi Prefecture**

Aichi Prefecture is home to a population of 7,539,000 people, with 24.8% aged 65 and over. While the prefecture is fortunate to have many businesses and universities, its older population is rapidly growing. With drastic increases in the number of older individuals living with dementia on the horizon, Aichi Prefecture has established the "Aichi Orange Town Vision" to advance dementia measures. Throughout the "Aichi Health Village" and surrounding areas (Higashiura Town, Obu City), a variety of mid-morning activities will be conducted through FY2020 and FY2025. The prefectural government has established and will play a coordinating role in four action plans and eleven initiatives.

Our guiding principle is "the realization of a society in which members living, studying, and working in the region 'take the initiative' in 'dementia-friendly community-building.'" As part of this community-building, we are working to train dementia-friendly corporate supporters, and as a prefectural initiative, in addition to our standard Dementia Supporter trainings, we will implement skill-building seminars. Training programs which could be implemented at the workplace- or store-level are under consideration and would centre around group work based on good practices fit to each company.

We have also established a "Dementia Partner Declaration," with plans to involve innovative social resources such as businesses and universities. Companies and universities eligible to register as Aichi Dementia Partner Companies / Universities will not only complete Dementia Supporter trainings but will also make extensive efforts in the area of dementia. By asking for documentation of current as well as future efforts and activities at the point of registration, we are promoting a highly effective method of encouraging individuals to "take the initiative" in "dementia-friendly community-building." Aichi Prefecture has also launched "Take the Initiative on Dementia, ONE Action" (2017) and its

"Ordinance for the Promotion of Aichi Dementia Measures" (2018).

**Ms Yumi Shindo, Research Coordinator, Office of Strategy and Planning, National Center for Geriatrics and Gerontology (NCGG)**

The National Centre for Gerontology and Geriatrics (NCGG), located in the Higashiura area of Obu City, is one of the National Centers (NCs) for advanced and specialized medical research. In addition to a hospital with 301 inpatient beds, the NCGG also houses various research institutes. Working in close partnership with the Aichi Orange Town Vision, each department at the NCGG is involved in cross-sectoral collaboration with the prefecture. Cognisize instructor trainings and the ORANGE Registry have been launched, and as projects of Aichi Prefecture, we have implemented various trainings and screenings including an Initial Integrated Support Team (IST) training and the Platinum Longevity Screening.

At the Aichi Orange Town Obu Roundtable, one of the joint projects being undertaken with Obu City, multi-stakeholders from the public and private sectors gather together, working in groups to discuss topics such as current regional efforts and next steps.

**Projects in Usuki City, Oita Prefecture**

**Mr Hitoshi Sugino, Director, Health Insurance and Health Promotion Division, Usuki City, Oita Prefecture**

In Usuki City, a municipality with 38,711 people, 39.14% of the population is aged 65 and over. Our administration aims to develop an "inclusive local community" such that everyone can live openly and at ease, knowing that the community as a whole looks out for one another. In collaboration with local residents, initiatives are underway so that residents can "live their lives, from beginning to end, with peace of mind."

In light of shifting demographics, one measure that Usuki City has taken is to establish a Community Promotion Council in each former elementary school district, and councils will play a pivotal role in future community activities. Centered primarily around these councils, municipalities, academic institutions, and health and welfare providers will work to coordinate their efforts and build face-to-face relationships.

"Usuki Stone Buddha Net" is a network that ties together information on the city's medical and long-term care providers. By using information and communication technology (ICT), it has grown into a comprehensive local ICT network for the patient-centred medical care, long-term care, and welfare services needed by residents to live with peace of mind.

**Dr Noriyuki Kimura, Associate Professor, Department of Neurology, Faculty of Medicine, Oita University**

As a PPP initiative, the city has been hosting dementia seminars and public forums in each elementary school district, and as a research project, touch panel-type dementia screenings were conducted, resulting in a 23% overall positive screening rate (n=531), with screening rates varying by area. A collaborative research project called the "Usuki Study" was also started by researchers from industry, government, and academia. It combines biosensors and imaging tests and aims to identify dementia risk factors by analysing data for approximately one thousand people.

**Projects in Gobo City, Wakayama Prefecture**

**Mr Yasuyuki Taniguchi, Subsection Chief, Nursing Welfare Division, Community Support Section, Gobo City, Wakayama Prefecture**

Gobo City is home to 23,780 people, with 30.5% of the population aged 65 and over. Under the theme "turning municipal duties, missions, and philosophies into ordinance," Gobo City is developing an ordinance from the perspective of and alongside individuals affected by dementia. The goal of the ordinance is "to make Gobo a city where everyone, including those affected by dementia, can live better together."

To develop this ordinance, a working group was formed and discussions held, at which people living dementia and their partners participated as meeting constituents. Considerations on the content of the ordinance spanned the course of four working group meetings, with participation and suggestions received as needed from organizations such as the Japan Dementia Working Group (JDWG).

Working groups began by discussing the meaning of friendliness in the word "dementia-friendly." People living with dementia explained that they "would like to see the creation of an ordinance that creates a community where it is okay to make mistakes," and that they "would like to let people know that there are still things people with dementia can do; that there are still ways, even if small, that they can contribute; and that this sort of thinking enables people with dementia to take part in the community."

The ordinance specifies the roles of people with dementia, the public, and project participants. To raise awareness for the ordinance and promote dementia measures, the city also convened the "Inter-Agency Liaison Conference on the Promotion of Dementia Measures." Based on the principle that "we are not alone in looking out for ourselves," the ordinance was named the "Gobo Dementia Ordinance for Co-Creation of Inclusive Communities," and it is set to go into effect in April 2019.

Individuals with dementia who participated as working group members commented, "There is no



doubt that this ordinance, rather than being government-led or something created by researchers and academia, is truly the product of our voices," and hopes were expressed for future communities in which people with dementia no longer face discrimination and in which such ordinances are no longer necessary.

### **Projects in Machida City, Tokyo**

#### **Mr Masato Yoneyama, Elderly Welfare Division, Machida City**

Machida City is home to 428,571 people, with 26.4% of the population aged 65 and over. In Machida, the creation of spaces that welcome people with dementia and their families has been positioned as an important aspect of policy.

The "D Cafe" serves as an example of the city's PPP initiatives. The purpose of these cafes is to provide a place that helps to alleviate the void in care following diagnosis, and the phrase, "from 'special places' to 'everyday places,'" has been included as a concept. Held monthly at eight Starbucks locations throughout the city, welcoming environments are being created for individuals who, while not receiving formal nursing care services, may benefit from other forms of care. As of January, FY2018, D Cafe had taken place 80 times, with participants totalling around 800 people.

D café has grown into an opportunity for people affected by dementia to get out of the house and consult with other families and has even lead to the managers of all eight Starbucks having since become Dementia Supporters. Regarding public relations, D Cafe has received significant media coverage.

In terms of collaborative efforts with academic institutions, the city has also established "Machida 'I' Statements." This document, which reflects the standpoints of people living with dementia, contains 16 statements on the necessary form for communities and societies. Although activities such as D-Cafe did help to multiply the voices of lived experience being shared throughout the community, a need was sensed for a common guidebook incorporating the perspectives of people with dementia. It was this need that lead to the "Machida 'I' Statements." Workshops are held four times a year at which "All of Machida" gathers together, including local residents affected by dementia, medical and long-term care professionals, NPOs, academic researchers, businesses, and members of government. Many participants, including individuals affected by dementia, have chosen to take ownership and created their own 'I' and 'We' Messages. Over 100 people have participated in such bottom-up activities.

### **Projects in Omuta City, Fukuoka Prefecture**

#### **Mr Shimpei Saruwatari, Director Department of Medical Cooperation, Shirakawa Hospital, Omuta**

## **City, Fukuoka Prefecture**

Omuta City is home to 115,803 people, with 35.7% of the population aged 65 and over. The city has divided its approach to creating dementia-friendly communities into five phases: 1. Community-building driven by government and specialists, 2. Community-building driven by government, specialists, and citizens, 3. Community-building driven by multiple sectors, 4. Community-building driven by both individuals affected by dementia and multiple sectors, and 5. Community-building driven by individuals affected by dementia.

Activities being implemented in Phase 1, as community-building driven by government and specialists, include dementia coordinator trainings (human resource development), forgetfulness consultations and screenings (early support), reading to elementary and middle school students about dementia (developing understanding), and the Dementia SOS Network Simulation (community-building).

Activities being implemented in Phase 2, as community-building driven by government, specialists, and citizens, include a missing person simulation drill, which has been conducted since 2004, and efforts involving highly effective mechanisms such as awareness promotion and networks. When conducting the simulation drill, a planning committee is organized, with multi-sectoral participation including social workers and long-term care establishments. These activities have led to the emergence of a community enhancement-based NPO. In addition, when an older individual with dementia returns home following in-patient care, a joint conference is held with not only medical and long-term care professionals but also local residents. This system enables even those individuals who live alone to be watched over by the community.

In Phase 3, as community-building driven by multiple sectors, each sector participates in the simulation drills, and by increasing awareness, a ripple-effect has been triggered, with local shop associations and mobile marketplaces for areas lacking supermarkets now hosting collaborative events.

In Phase 4, as community-building driven by both individuals affected by dementia and multiple sectors, workshops are being held to address the participation of people with dementia in society and employment. Members of industry, elderly welfare service providers, and government representatives are working together to develop a model in which even older individuals who need long-term care can participate in employment. One achievement to date resulted from a collaboration between a delivery company and a long-term care establishment, and a form of delivery was devised in which residents help with internal deliveries.

Phase 5 activities involving community-building driven by individuals affected by dementia will be developed in the future. In terms of simulation drills, people with dementia have thus far been

regarded as the "target of support." Issues spanning protection through to employment require ongoing efforts, but going forward, we must proceed as partners in the creation of local landscapes. As an example, a dementia-friendly library and museum project has just been set in motion.

### **Projects in Yamato, Kanagawa Prefecture**

Yamato City is home to a population of 237,112 people, with 23.68% aged 65 and over. In 2016, the "Declaration for a Yamato Ready to Welcome 10,000 Citizens with Dementia" was released, and in 2018, the "Declaration for a Yamato Where Citizens in Their Seventies Are No Longer Seniors."

Dementia prevention efforts are being emphasized in the form of cognitive function screenings, and the city has introduced its "Mind and Body Health Check" cognitive screenings in three public facilities. These screenings target any citizen who is concerned about forgetfulness, regardless of age, and about 30 people are screened per month. A total of 365 people have been screened to date, with 25% suspected of cognitive decline. The 14% of all individuals screened who were observed to have cognitive decline based on the results were then provided in-home guidance as well as consultations.

Yamato has also implemented, "Dementia Prevention Cognisize Classes." As a result of this portion of the city's screening and prevention initiatives, improvements in aspects of daily life such as exercise and motivation are beginning to emerge. Cognisize has inspired the appearance of independent activities run by four groups, and efforts are underway to expand additional Cognisize classes, hiking, and riding Cognibikes into tourist activities. Issues requiring future consideration include questions such as how to sustain the efforts and activities of both groups and individuals as well as details such as what formats should be used for data.

### **Projects in Yokote, Akita Prefecture**

#### **Ms Tomoko Takahashi, Public Health Nurse and Manager, Integrated Community Support Center, Public Health and Welfare Department, Yokote City, Akita Prefecture**

Yokote City is home to 91,000 people, with 36.5% of the population aged 65 and over. Projects involving dementia measures are being promoted based upon collaboration with the local medical association, with suggestions from the association to the mayor having served as the initial spark. These suggestions lead to the introduction of a forgetfulness consultation program for early dementia detection and intervention. Thus from the beginning, projects have been initiated with dementia prevention as the driving policy.

To ensure city-wide integration among public health nurses working at Comprehensive Support Centers and the City Health Center, projects have been developed collaboratively, with sub-committees formed to establish dementia prevention project plans and to carry out project

assessment. To facilitate the implementation of projects undertaken in collaboration with physicians, a system is under consideration which would enable public health nurses to more easily consult with the medical association. Such systems demonstrate how Yokote is developing effective approaches based on local circumstances, while centring around the seven pillars of the New Orange Plan.

In terms of preventative efforts, Dementia Supporter trainings are being held (even in elementary schools), and classes on dementia are being offered. As early detection and response, a touch-panel type forgetfulness consultation program as well as screenings are being implemented, and as support for people living with dementia and their caregivers, "Yorimichi" gatherings are being hosted by the Hokkorinosato Project. These gatherings provide a welcoming space specifically for individuals affected by dementia, with gatherings opened to the public once a month so that anyone is free to attend. Ongoing discussions on dementia measures are also being held by the Yokote Dementia Measure Promotion Council, with issues spanning preventative educational interventions for younger generations, community-building, network creation, and the realization of peer support meetings.

### **Projects in Fukuoka City, Fukuoka Prefecture**

#### **Mr Koichi Kasai, Director, Dementia Care Support Section, Elderly Affairs Department, Public Health & Welfare Bureau, Fukuoka City Government**

Fukuoka City is home to a population of 1,509,000 people, with 20.7% aged 65 and over, the highest rate of population growth in Japan, and the highest ratio of citizens in their teens and twenties. Having suddenly become a super-aged society in 2017, the population aged 65 and over is projected to reach 1.3 times its current size by 2025.

To ensure a society of health and longevity in the coming era of centenarians, Fukuoka has proposed one hundred actions in the form of the "Fukuoka 100." Implementation is based on seven strategic pillars, summarized as follows: 1. A community in which all citizens participate in care, 2. A community which transcends the boundaries between systems and services, 3. A community which realizes digital-age healthcare services, 4. A community in which anyone can achieve health while enjoying life, 5. A community in which there is interaction and engagement among the generations, 6. A community which serves as hub for care-tech ventures, 7. A community which promotes the internationalization of care.

As the leading project of Fukuoka 100, the "Dementia-Friendly City Project" is underway, and the introduction of "Humanitude" is being promoted. A first among municipalities in Japan, Yves Gineste's "Humanitude" method, composed of "eye contact, verbal communication, and touch," was introduced in 2016, and trainings have been offered to health and long-term care providers as well as family members. An empirical study conducted in Fukuoka in 2016 demonstrated improvements in the

behavioral and psychological symptoms of dementia (BPSD) among patients who received care using Humanitude, with reductions also observed in perceived levels of caregiver burden among informal caregivers.

The city is also working to implement "Dementia-Friendly Design" guidelines. Referring to the University of Stirling's Dementia Services Development Centre (DSDC), Fukuoka plans to introduce designs such as high-contrast toilets, to conduct implementation testing in FY2019 at public facilities and long-term care establishments, and to formulate guidelines based on outcomes and the voices of people affected by dementia.

## **12. Group Discussions**

Group discussions were held after representatives from industry, government, academia, and civil society from every region of Japan gave presentations. The group discussions focused on comparing and contrasting problems and solutions facing policy measure implementation in each region, methods for converting examples from each region into universal evidence, future cooperative efforts between regions, possibilities for cooperative efforts between government and academia that surpass regional borders, ways to contribute to the country or to the WHO, and other themes. Viewpoints shared are as detailed below.

### **Discovering People Affected by Dementia and Conducting Outreach**

Although preventative screenings are continuing to grow in popularity throughout the country, the individuals most in need of screenings for conditions such as MCI often find it difficult to attend. Sustained efforts must be made to spread initiatives to communities by encouraging communication among people affected by dementia. Multi-stakeholder collaboration is needed for the promotion of early diagnosis and intervention.

### **Gathering the Voices of Lived Experience**

The importance of the patient voice is being emphasized in dementia measure development; yet individual voices will change over time depending on symptom progression and environment. We look forward to the sharing of best practices regarding the settings in which opinions should be gathered.

### **Interventions for Persons in the Later Stages of Dementia**

In terms of balancing daily life and treatment, many best practices are beginning to emerge throughout discussions on dementia measures. Going forward, however, we now hope to see the gathering of case examples on how intervention should take place once symptoms have progressed, on the sharing of research results from the medical angle, and on the ideal form for multi-stakeholder collaboration at the point of intervention.

### **Striking a Balance Between Cultural Context and Standardization**

The development of dementia-friendly societies and dementia-friendly policies should proceed in consideration of context and regional characteristics including demographics and culture, but standardized axes of assessment are also anticipated. We must therefore discuss and identify measures which should be implemented based on regional characteristics and on measures as well as projects which can be rolled out in a generalized fashion. In addition, there are hopes not only for quantitative assessment methods, but also qualitative methods based on the patient voice and satisfaction levels.

### **The Need for Mid- to Long-Term Collaborative, Multi-Stakeholder Research**

Most research and demonstration projects being conducted in municipalities and communities throughout Japan last from 2 to 3 years. For patient follow-up, subsequent policy evaluation, and the collection and establishment of evidence, longer-term research is necessary.

### **The Need for Spaces which Foster a Continual Opinion Exchange**

At the municipal and community levels, various best practices for dementia measures are appearing throughout Japan. Spaces for exchanging these sorts of best practices and experiences have thus far remained rare. Japan's best practices in the field of dementia have attracted global attention. In the context of global health, there is therefore great need for forums such as this. We look forward to the ongoing leadership of the WHO Kobe Centre.

## **13. List of Japan's community-based best practices**

Best practices from each region or organization are sorted under the headings "Systems and institutions," "Actions to promote public awareness," "Human resource development," "Community-building," and "Promoting healthy life years and prevention" as listed below.

### **Kanagawa prefecture**

- Systems and institutions
  - Kanagawa prefecture has 12 medical centres for dementia.
  - ✓ Establish a department specializing in lowering dementia risks.
- Human resource development
  - ✓ Train support coordinators for early-onset dementia.
  - ✓ Train people in dementia support and dispatch them to discussions, work groups, and dementia cafes. In Kanagawa prefecture, these people are called Orange Supporters.
- Actions to promote public awareness
  - ✓ Hold events with private businesses.
  - ✓ Create a visible mark for supporters of people with dementia and their families to wear.
  - ✓ Raise awareness across all ages, particularly among children. In Kanagawa, this is done by creating booklets, using VR for education, and holding soccer lessons for the elderly and their grandchildren with a local professional soccer team.

- Community-building
  - ✓ Establish spaces for people with dementia and their families in cafes and integrated community support centres.
- Promoting healthy life years and prevention
  - ✓ Cooperate with municipalities to conduct screenings for early detection.
  - ✓ Dispatch coaches to provide physical and cognitive training (called "cognicise," a combination of "cognition" and "exercise") that also makes use of robots.

### **Kobe City**

- Systems and institutions
  - ✓ Dementia policy has been promoted according to the Kobe Communiqué from the G7 Kobe Health Ministers' Meeting in September 2016.
  - ✓ Kobe City enacted the Kobe City Dementia-friendly Community Building ordinance in 2018.
  - ✓ The two pillars of the Kobe Model:
    - ✧ Support early diagnosis by subsidizing examinations to remove out-of-pocket expenses for the people undergoing examination.
    - ✧ Provide emergency support that empowers people to help themselves when there is a problem.
  - ✓ Provide primary nursing care and prevent dementia by opening counters for lifestyle consultation and consultation with medical specialists at dementia care centres.

### **Hyogo prefecture**

- Systems and institutions
  - Hyogo prefecture has 19 medical centres for dementia.
- Promoting healthy life years and prevention
  - ✓ Provide cognitive ability tests at designated examinations and later-stage elderly healthcare check-ups to promote early diagnosis.
  - ✓ Support cooperation between medical institutions, intensive support teams for the early stages of dementia, and other such parties.
  - ✓ Promote health with the "Iki-iki Age 100 Exercise," an exercise for helping people remain active and healthy at age 100.
  - ✓ Provide lectures on prevention and programs on cognitive care.
  - ✓ Tamba City started an intervention program combining exercise, nutrition, and lifestyle as well as research to evaluate its outcomes.

### **Tottori prefecture**

- Human resource development
  - ✓ A "Dementia Prevention Specialist" academic certification has been created to develop human resources.
- Promoting healthy life years and prevention
  - ✓ Establish a new evidence certification and grading system to evaluate evidence on dementia prevention created by academic societies.
  - ✓ Plan and implement a program for conducting research on intervention and objectively evaluating cognitive ability. Tottori prefecture has established the Tottori Method Dementia Prevention Program for this purpose.
  - ✓ Kotaro-cho provides services for the elderly based on the themes of exercise, nutrition and oral function, social participation and community development, and cognitive activity.
    - ✧ Take action to raise public awareness of dementia and prevent dementia through examinations and lectures on preventative care.
    - ✧ Provide a Forgetfulness Consultation Program using simple, touch panel-based tests and the Touch Panel-type Dementia Assessment Scale (TDAS).

- Community-building
  - ✓ Provide dementia cafes, group activities, and interact with child dementia supporters.

#### **Dementia Friendship Club**

- Community-building
  - ✓ Build a community network through jogging events such as Run Tomo ("Run Together").
  - ✓ Build a platform for collecting regional best practices and promoting reciprocal learning such as the "100 DFC" ("Dementia Friendly Community").

#### **Health and Global Policy Institute**

- Systems and institutions
  - ✓ Health and Global Policy Institute (HGPI) disseminates research and makes proposals on the creation of Public-Private Partnerships (PPPs) for dementia. In addition to collecting examples from abroad, HGPI proposes that cooperative initiatives between government and civil society involving representatives from the pharmaceutical industry and academia that also include retailers and financial institutions are established.
- Community-building
  - ✓ Collect and analyse best practices for building dementia-friendly communities from within Japan and from abroad.

#### **Keio University's Co-Creation Hub for a Dementia-Friendly Future**

- Community-building
  - ✓ Keio University has established the Co-Creation Hub for a Dementia-Friendly Future as a platform for various parties to cooperate and take action for people with dementia. It brings together the families and supporters of people with dementia, local residents, healthcare providers and care workers, businesses, local governments, related government agencies, and researchers to work together towards the following goals.
    - ✧ Discover various dementia-friendly lifestyle models together with those most affected by dementia.
    - ✧ Solve issues that hinder the daily lives of people with dementia and create policies, projects, services, and spaces that enrich their daily lives.
    - ✧ Actively use findings to create policies that make it easier to live with dementia today and in the future.

#### **Aichi prefecture**

- Systems and institutions
  - ✓ Aichi prefecture has formulated the Aichi Orange Town Plan.
    - ✧ A mid-to-long term dementia project is being carried out together with the National Center for Geriatrics and Gerontology at the Aichi Health Village Park and its surrounding regions including Obu City and Higashiura Town.
    - ✧ Discussions involving multi-stakeholders from industry, government, academia, and civil society were held at the Aichi Orange Town Planning Meeting in Obu to promote efforts in the region.
  - ✓ Establish a dementia partner declaration for promoting cooperation between industry, government, and academia.
  - ✓ In Aichi prefecture, the One Person-One Action Plan for Dementia was formulated in 2017 and the Aichi Prefectural Ordinance for the Promotion of Dementia was enacted in 2018.



- Human resource development
  - ✓ A prefectural initiative for educating businesses on providing more support to people with dementia is underway. In addition to holding normal training seminars for dementia supporters, step-up courses tailored to individual workplaces and shops are being held.
  - ✓ Intensive support teams for the early stages of dementia are being trained.
  - ✓ Cognicise (mixed activity of cognitive training and exercise, developed by National Center for Gerontology and Geriatrics) coaches are being trained by the National Center for Geriatrics and Gerontology.
- Promoting healthy life years and prevention.
  - ✓ Create an Orange Registry.

### **Usuki City**

- Systems and institutions
  - ✓ Councils to promote regional development have been established in all past elementary school districts. Healthcare and welfare providers have built face-to-face relationships with local governments and universities and are strengthening cooperative ties with authorities and local residents.
  - ✓ Lectures on dementia are being provided and public forums are being held in every elementary school district as a cooperative effort between the government and the private sector.
  - ✓ A care network using information communication technologies (ICTs) called “Usuki Sekibutsu Net” (named after Usuki City’s famous stone Buddha sculptures) has been built to provide integrated care in the city by enabling healthcare providers and care institutions to share information.
- Promoting healthy life years and prevention
  - ✓ Research on dementia risk factors is underway at Oita University.

### **Gobo City, Wakayama prefecture**

- Systems and institutions
  - ✓ In April 2019, the Gobo City enacted the Gobo City Ordinance for City-Wide Cooperation in Working Together with People with Dementia, which was created together with people with dementia and their partners. The ordinance clarifies the roles of people with dementia, the roles of the citizens of Gobo City, and the roles of local businesses.
- Actions to promote public awareness
  - ✓ The Liaison Committee for the Local Promotion of Dementia Policy was established to promote actions for building public awareness.

### **Machida City**

- Community-building
  - ✓ Events called “D Café” have been held at Starbucks cafes. There, people with dementia are provided a space to receive consultation after diagnosis.
  - ✓ A series of statements by people with dementia called the Machida I Statements have been gathered and shared. These statements portray the ideal community and society from the perspectives of people with dementia and aim to promote the adoption of those perspectives by various people, including parties related to dementia.

### **Omuta City**

- Human resource development
  - ✓ Training for dementia coordinators is underway.
  - ✓ Classes aimed at elementary- and middle-school students using illustrations to portray dementia are being provided.
- Community-building
  - ✓ Multi-stakeholders are providing simulated dementia SOS network training exercises.
  - ✓ Hold conferences for local residents to build a local network for watching over elderly people with no cohabitants.
  - ✓ Hold workshops aimed at planning employment and social opportunities for people with dementia. In Omuta City, people with dementia were involved in planning a project in delivery operations.
  - ✓ A dementia-friendly library and museum have been planned.
- Promoting healthy life years and prevention
  - ✓ Provide consultations and examinations aimed at forgetfulness prevention.

### **Yamato City**

- Promoting healthy life years and prevention
  - ✓ Brain and Body Health Checks aimed at assessing cognitive function are being provided at three public facilities located in Yamato City. Health guidance and consultation meetings based on screening results are also being provided.
  - ✓ A Dementia Prevention Cognicise Class is being held. It has led to participants independently arranging trips and exercise groups.

### **Yokote City, Akita prefecture**

- Promoting healthy life years and prevention
  - ✓ Introduce a forgetfulness consultation program for early detection and diagnosis of dementia.
  - ✓ An integrated community care center developed together with public health nurses working in health service has been established in Yokote City. A subcommittee was formed to plan

and evaluate projects for dementia prevention.

- ✓ Build a system that enables public health nurses from the government to consult medical societies.
- ✓ Implement forgetfulness consultation programs using touch panels or forgetfulness examinations for early detection of dementia.
- Human resource development
  - ✓ Provide courses to train dementia supporters that are accessible to anyone of elementary school age and older.
- Actions to promote public awareness
  - ✓ Provide education on dementia prevention and health accessible to anyone of elementary school age and older.
- Community-building
  - ✓ An event called Yorimichi (which means to make a side trip or detour) is held at the Hokkori no Sato community centre once a month. Anyone can participate, not only people with dementia.
  - ✓ Provide a forum for discussion on how to build bonds and networks in the community. Provide opportunities for people with dementia to join these meetings.

#### **Fukuoka City**

- Systems and institutions
  - ✓ The Fukuoka 100 includes 100 recommended actions for building a healthy society in the era of the 100-year lifespan.
  - ✓ The Dementia Friendship Project, which is the core of the Fukuoka 100 initiative, began operations.
  - ✓ Create dementia-friendly design guidelines to build dementia-friendly environments such as for bathroom planning.
- Promoting healthy life years and prevention
  - ✓ Improve Behavioural and Psychological Symptoms of Dementia (BPSD) for people with dementia by providing care practices that prioritize humanism.

#### **14. Outcomes of the workshop and future policy recommendations**

- Various best practices concerning efforts for dementia have been established and gathered in every region and city in Japan, but the sharing of these practices is insufficient. In the future, efforts should be made to proactively transmit best practices not only domestically but also abroad. Coordination and cooperation between multi-stakeholders should also be promoted.
  - ✓ Spaces and platforms for continuous discussions for sharing best practices must be created.
  - ✓ Many best practices in the context of shared living have been discovered, but examples of best practices or ideal forms of intervention for situations in which the condition of the person with dementia has advanced must be discovered based on scientific research.
  - ✓ After dementia diagnosis, cooperation should not only include dementia care centres and support doctors. A mechanism that strengthens cooperation with each field covered by

intensive support teams for the early stages of dementia and improves access to total care is needed.

- While more and more municipalities are actively working to provide preventative examinations for early detection and early diagnosis, efforts must be made to lower psychological and physical barriers to examination and improve access. Actions that surpass boundaries between municipalities and fields and promote regional public awareness also require promotion and cooperation.
  - ✓ Actions to promote public awareness of dementia should target all ages, including children. Actions aimed at promoting awareness through face-to-face communication with people with dementia should be prioritized.
  - ✓ Insufficient effort is being devoted to providing follow-ups to people whose preventative examinations found no abnormalities as well as to people whose screenings recommended a second screening within a few days. Follow-up systems and outreach methods for contacting people with dementia or their families must be established.
  - ✓ Community efforts must be made to make it easier for people with mild cognitive impairment (MCI) and other symptoms to attend examinations. This should be done through communication between concerned parties and cooperation among multi-stakeholders.
  
- Mid-to-long term research jointly conducted by industry, government, academia, and civil society is necessary for follow-ups for people with dementia, policy evaluation, and the collection and establishment of scientific evidence.
  - ✓ There is little research assessing the impact of dementia policy measures enacted in each municipality, or said research is conducted over short periods and is insufficient. Research should be conducted to evaluate policy, score cognitive function assessments, quantify outcomes, and establish qualitative assessment techniques.
  - ✓ While the evaluation axis will be standardized in the future, differences in regional characteristics, culture, and demographics should also be taken into account. Therefore, discussions must be held on how to separate policies and individual projects that can be implemented across regions.
  
- When planning efforts for dementia, it is critical that people with dementia are involved during planning and that their stories and opinions are shared. Dementia-friendly environments should be built based upon the stories and opinions of people with dementia.
  - ✓ A shift from the perception that the government is the bearer of public burden in promoting and vitalizing dementia-friendly communities is required. Multi-stakeholders must participate in planning and bearing the public burden.
  - ✓ Local residents and businesses should be proactively included in community decision-making. Reciprocal learning, coordination, and cooperation are necessary to promote public awareness as well as to develop the human resources that can become the core members in that effort.
  - ✓ People present symptoms differently according to their progression and their environment. In light of this, examples of effective methods for hearing opinions must be shared.

## 15. List of Participants

### Speakers (in order of presentation)

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#### Hyogo Prefecture

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