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Management of aging society in Kobe, Japan

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Abstract

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In Japan, aging is expected to progress further at a serious pace; therefore, the Japanese government and administrations at all levels have responded to this matter by initializing policies and plans for the management of the elderly society. This research aimed to describe the following issues: (1) long-term care insurance for the elderly and (2) health care services for the elderly. The research was based on the principles of documentary and qualitative research. The data were collected via document research and interviews with the Kobe Municipal officers which was composed of the chief and three staff members of the Elderly and Welfare Section for policies, plans, and management of the aging society in the Kobe Municipality during October- November, 2014. In addition, the data were collected from interviews with twenty elderly Japanese people who participated in Shiawase–no-mura (the Comprehensive Welfare Complex). Content analysis was used to analyze the data.

The research findings were as follows: (1) long-term care insurance for the elderly is a policy that provides care for the elderly, and is based on "Welfare Law for the Elderly" which was designed for low income elderly who have no family to care for them. However, the new long-term care insurance departs from past practices with respect to the following: (a) shifting the major responsibility for care giving from family to the state; (b) integrating medical care and social services via unified financing; (c) enhancing consumer choice and competition by allowing free choice of providers; (d) requiring older persons themselves to share the costs via insurance premiums as well as copayments; and (e) expanding local government autonomy and management capacity in social policy. (2) As far as health care services for the elderly is concerned, the Japanese government's initiative, the Welfare Law for the Elderly, has a special system for the elderly, called "Health Service System for the Elderly." The facility services in special nursing homes and home care aid services are funded by taxes. For, the Kobe Municipal has policies, plans, and management designed for the aging society: the long-term care insurance is that in which Kobe city is equipping itself to manage effectively the trend of increasing numbers of aging people by launching the statement, "keep life and take care" as well as planning for aged people with Alzheimer's disease and aged people who are isolated. Kobe established the "Shiawase–no-mura": the Comprehensive Welfare Complex designed for the elderly including the disabled and all the members in the family, and the program called Kobe Senior Citizens' College or "Silver College," which provides for the elderly to maintain life-long learning. The curriculum is composed of a general course which provides general education, sports, and health management studies, and the special courses include welfare community, living environment, international exchange, cooperation, and general art.

The research finding suggested that long-term care insurance, health care services and colleges for the elderly should be promoted to improve the quality of their life.

Key words: policy, plan, aging society, management

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การจัดการสังคมผู้สูงอายุในโกเบ ประเทศญี่ปุ่น

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บทคัดย่อ

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ประเทศญี่ปุ่นมุ่งหาความสำเร็จอย่างก้าวหน้าในการจัดการกับสภาพสังคมที่มีผู้สูงอายุอายุยืนยาวเป็นจำนวนมากและเพิ่มจำนวนอย่างรวดเร็ว รัฐบาลและหน่วยงานภาครัฐทุกระดับต่างได้มีการรับมือกับเรื่องนี้อย่างสร้างสรรค์ไม่ว่าเรื่องการกำหนดนโยบายและแผนเพื่อการจัดการสังคมผู้สูงอายุ การศึกษาครั้งนี้มีวัตถุประสงค์ เพื่อศึกษานโยบายและแผนสองเรื่อง คือ หลักประกันการดูแลระยะยาวสำหรับผู้สูงอายุ และการให้บริการด้านสุขภาพสำหรับผู้สูงอายุ การศึกษานี้ใช้หลักการวิจัยเอกสารและเชิงคุณภาพ เก็บรวบรวมข้อมูลในเดือนตุลาคม-พฤศจิกายน พศ. 2557 โดยการศึกษาจากเอกสารและการสัมภาษณ์เจ้าหน้าที่เทศบาลโกเบซึ่งประกอบด้วยหัวหน้า 1 คนและเจ้าหน้าที่ 3 คนของแผนกผู้สูงอายุและสวัสดิการเกี่ยวกับนโยบาย แผน และการจัดการสังคมผู้สูงอายุของเทศบาลโกเบ นอกจากนี้ได้สัมภาษณ์ผู้สูงอายุชาวญี่ปุ่น 20 คน ที่มาใช้บริการของหมู่บ้านแห่งความสุข (Shiawase–no-mura: the Comprehensive Welfare Complex) เกี่ยวกับความคิดเห็นต่อการจัดการสังคมผู้สูงอายุของเทศบาลเมืองโกเบ วิเคราะห์ข้อมูลโดยใช้การวิเคราะห์เนื้อหา

การวิจัยพบว่า 1. นโยบายหลักประกันการดูแลระยะยาวสำหรับผู้สูงอายุเป็นเรื่องการให้การรักษาดูแลสุขภาพ ซึ่งมีฐานกฎหมายสวัสดิการสำหรับผู้สูงอายุที่ออกแบบสำหรับคนสูงอายุที่มีรายได้ต่ำที่ไม่มีสมาชิกในครอบครัวดูแลหลักประกันสุขภาพระยะยาวได้มีการพัฒนามากขึ้นโดยได้ปรับเปลี่ยนความรับผิดชอบจากครอบครัวไปสู่ภาครัฐ การรวมการรักษาโรคกับการให้บริการทางสังคมผ่านระบบการเงินร่วมกัน การยืดหยุ่นสนองตอบต่อความต้องการของผู้รับบริการให้หลากหลายและเสรี พร้อมให้ผู้สูงอายุได้ร่วมรับผิดชอบค่าใช้จ่าย รวมทั้งให้รัฐบาลท้องถิ่นได้มีอิสระในการจัดการนโยบายด้านสังคมนี้ 2. การบริการด้านการรักษาสุขภาพของผู้สูงอายุของประเทศญี่ปุ่นนั้นได้รับการดูแลเป็นอย่างมากรัฐบาลได้กำหนดกฎหมายสวัสดิการสำหรับผู้สูงอายุที่เรียกว่า ‘ระบบให้บริการด้านสุขภาพสำหรับผู้สูงอายุ’ มีการจัดสรรภาษีเพื่อจัดทำศูนย์ดูแลผู้สูงอายุ การบริการดูแลที่บ้าน ส่วนกรณีการจัดการสังคมผู้สูงอายุของท้องถิ่นคือ เทศบาลเมืองโกเบพบว่า มีนโยบายและแผนการจัดการที่ออกแบบเพื่อให้คนสูงอายุของโกเบได้หันมาร่วมในหลักประกันสุขภาพระยะยาวอย่างทั่วถึงด้วยการรณรงค์เพื่อการดูแลให้ผู้สูงอายุมีอายุยืนยาว รวมทั้งมีแผนการดูแลผู้สูงอายุที่ป่วยเป็นอัลไซเมอร์และผู้สูงอายุที่อยู่อย่างโดดเดี่ยว เทศบาลเมืองโกเบยังได้สร้างสถานที่เรียกว่า ‘หมู่บ้านแห่งความสุข’ เพื่อเป็นสถานที่เพื่อให้ผู้สูงอายุ คนพิการและทุกคนในครอบครัวได้มาใช้ร่วมกัน ไม่ว่าเพื่อการพักผ่อนหย่อนใจ มีที่พัก ห้องอาหาร ส่วนจัดงานนิทรรศการจำหน่ายสินค้าจากองค์กรผู้พิการ คนสูงอายุมาสาธิตงานหัตถกรรม นอกจากนี้ ยังมี ‘วิทยาลัยสีเงิน’ ที่ให้ผู้สูงอายุที่ประสงค์จะเรียนรู้เพิ่มเติมในเรื่องการศึกษา กีฬา การจัดการสุขภาพ สวัสดิการสังคม ธรรมชาติและการแลกเปลี่ยนนานาชาติ และศิลปะ

ข้อเสนอจากผลการวิจัยนี้ ควรส่งเสริมให้มีหลักประกันการดูแลระยะยาวสำหรับผู้สูงอายุ และการให้บริการด้านสุขภาพสำหรับผู้สูงอายุอย่างทั่วถึง ตลอดจนวิทยาลัยที่ส่งเสริมการเรียนรู้ด้านต่างๆ เพื่อพัฒนาคุณภาพชีวิตของผู้สูงอายุ

คำสำคัญ: นโยบาย แผน สังคมผู้สูงอายุ การจัดการ

Introduction

Remarkably, Japan has the highest proportion of elderly citizens in the world. The dramatic aging of Japanese society as a result of a low birth rate and long life expectancy is expected to continue, and the population began to decline in 2011[1]. According to 2015, 33.0% of the Japanese population is above age 60, 25.9% are aged 65 or above, 12.5% are aged 75 or above[1]. The average life expectancy at birth was 81.4 years for men and 88.3 years for women in 2015[2].

In Japanese societies, the major causes for the rapid transformation of a section of the population into an aging population are the improvement in living standards (facilities) and the increased distribution and quality of medical care. These two factors have lowered the death rates for all age groups. The remarkable improvement of health care in Japan and the availability of medical services for all were achieved by the introduction of compulsory National Health Insurance in the 1960s. In addition, the encouraging of the Japanese people to eat high protein diets and the promotion of health education have assisted in reducing mortality from cerebrovascular diseases[3]. From an observation of the drug stores and advertisements on television, the older Japanese people are interested in consuming vitamins and supplements.

Population aging affects local and national economies as well as pension, health, and long-term care systems. The shrinking working-age population and increasing number of older nonworking adults hamper economic expansion and challenge the pension system. The government of Japan has responded to concerns about the stress that demographic changes place on the economy and social services with policies intended to restore the fertility rate and make the elderly more active in society. As Waited (2005)[4] argued, the number of older adults we can expect in the future could tell us something about how policy makers, the government, and community are handling this phenomenon effectively by providing facilities such as sufficient number of hospital beds, geriatricians, home health aides, and nursing home beds according to the requirement. In addition, the proportion of the population that is old, especially the oldest, indicates how many working-age adults will be available to provide financial support to the elderly and to work as home health aides, geriatricians, food services workers, and so on. In fact, we cannot plan for population change or design appropriate and effective responses without understanding the processes that underlie increase in longevity, the mechanisms that accelerate or delay the onset of disability, the incentives that affect retirement decisions (including employment and saving for retirement), and the role of public programs and policies in all of these factors. Forecasting these changes, understanding their consequences, and formulating appropriate policies will, indeed, be significant and challenging.

Ogawa and Matsukura (2005)[5] focused on the Japanese experience, and they argued that the policy responses discussed could serve as a model for other countries undergoing the phenomenon of population aging, particularly in the context of Asia; despite her rapid economic development, Japan has retained many of her traditional cultural values, and these practices provide a good model for policy makers, stakeholders, as well as aging adults to combine these with the best of modern approaches to ensure adequate support to older adults. From the perspective

of creating a model, aging is baroque, and one model cannot be all things to all people. However, Japan's experiences as regards aging policies, plans, and management might be the ones that Thailand could study and apply to her society as there are similarities between the two countries, for example, the common traditional culture of the family caring for old adults.

This study, therefore, aimed to describe the policies for providing care for the aging population in Japan, in which long-term care for the elderly and health care services for the elderly are managed in Japan, and especially the management of the aging society in the Kobe municipality/city in Japan. Kobe city was the study site for data collection as there was a large number of the elderly. The findings of the study would enable researchers and policy makers to understand more about the reality of Japanese policies and plans for the elderly, and, hopefully, they would be able to learn something of benefit from the Japanese case and apply to their countries.

Methods

This research was conducted in Kobe city, Hyogo prefecture. The research was based on the principles of qualitative research, focusing on the description of two key dimensions of Japan's policies and plans which have been substantially affected by rapid population aging; they are as follows: (1) long-term care insurance program and (2) health care services. The research was done through documentary–literature reviews, reports, observation at the sites, and in-depth interviews. The data collection was conducted in October-November, 2014. The data were collected via interviews with the Kobe Municipal officers which was composed of the chief and three staff of the Elderly and Welfare Sector for policies, plans, and management of the aging society in the Kobe Municipality. In addition, the data were collected from interviews with twenty elderly Japanese people who participated in the Comprehensive Welfare Complex. Additionally, the researcher used the participatory observation and a short talk with some elderly people in some sites where they participated in some activities, for example, at Arima hot springs - Gin Yu Onsen and in Shiawase–no-mura, or "happy village," as well as in shopping plazas. The data were analyzed by following the research objectives using the content analysis.

Results

Part I. Policies and plans for management of aging society in Japan

1) Long-term Care Insurance System for the elderly

The issue of long-term care of the elderly is one of the most important issues facing citizens, along with the issues of medical care and pensions. In Asia, the family members, spouses, or children of the elderly people have traditionally been responsible for providing long-term care, but dramatic changes in technology, social structure, and way of life have changed people's perspective of this practice. The first modern programs for older people in Japan can be dated back to 1963, but the major expansion came in 1973, when, in response to rising public concern, medical care was made virtually free for persons aged 70 and older (and for the bedridden, age 65 and older). At that time social services, including nursing homes and home care, were still means-tested and not usually available to anyone who could be cared

for in the family. From 1963 to 1993 the number of hospitalized older persons increased tenfold, and they occupied nearly half the hospital beds (about one-third of these for stays of more than a year). Japan's rate of institutionalization is about 6 % for population over the age of 65, which is similar to other rich nations; however, in rich countries, those in hospitals make payments using medical insurance even though many countries do not require much medical supervision, whereas the situation in Japan is unique to the country[6].

In order to curb the rise in medical care costs by reducing the average length of hospitalization, the government of Japan established the long-term care insurance scheme in 2000, hoping to reduce the long stays in hospitals by facilitating home care of older persons 5. Where the aging of the population has been advancing at a rate that is unprecedented in world history, the Japanese government has been increasing the number of care facilities and manpower as the "Gold Plans 1999" target year (The Ten Year Strategy to Promote Health Care and Welfare for the Elderly, which was formulated in 1989, and it was renamed the "New Gold Plan" in 1994 by revising the numerical targets). In addition, in December of 1997, a Public Long-Term Care Insurance Law which was designed to cover the growing long-term care expense was passed by the National Diet. It reimbursed expenses for facility services and home care services to senior citizens who are in need of care[7].

The history of the policies on long-term care for the elderly: these policies which provide care for the elderly were started with the Welfare Law for the Elderly which was designed for the low income elderly who had no family to care for them. This policy moved forward with the prevailing traditional belief that family members should take care of their elderly relatives. However, as there was an increase in the demand for long-term care, the coverage was gradually expanded too. Basically, these days, any elderly person that needs long-term care can receive services based on the Welfare Law for the Elderly. As a welfare system, taxes are used to fund these services, so the fees borne by the users are divided into many levels, depending on their income level. This fee is decided by the municipality by considering who is eligible and the content of the benefits are set by taking into account both the income of the elderly person and their family situation[7].

The Japanese government has improved the long-term insurance care system by continuing the Gold Plan was formulated in 1989 with specific goals to be achieved over a ten-year period ending in 1999. This plan aimed to promote the development of care service and man power in the field of long-term care for the elderly. For implementing this goal plan, each of the municipal governments in Japan has to conduct a fact-finding survey on the elderly people living within its jurisdiction in order to formulate a specific action plan for the development of a service infrastructure based on the results of the survey. This was because the prefecture government level also drew the action plans based on the action plans of the municipalities within their prefecture. This goal plan was improved in 1994 to suit the needs of the elderly people. However, there exists this problem as regards long-term care for the elderly, as Okamoto (1992)[3] pointed out, that social admissions of the elderly people during the 1970s and 1980s not only

meant that some critically ill patients could not be admitted but also that it caused extra work for nurses and jeopardized efficiency. The reasons why elderly people could not return home were because of lack of family care givers, lack of home help services, lack of space, and administrators; however, these problems were ignored. In recent years, the government at all levels has taken a more active role in encouraging the development of facilities for the long-term care of disabled elderly people.

The new long-term care insurance in Japan departed from past Japanese practices in several respects: (1) shifting of the major responsibility of caregiving from the family to the state; (2) integrating medical care and social service via unified financing; (3) enhancing consumer choice and competition by allowing free choice of providers; (4) requiring older persons themselves to share the costs via insurance premiums as well as copayments; and (5) expanding local government autonomy and management capacity regarding social policies. Although the new long-term care insurance operates mainly on social insurance principles, half of the money has to come from general revenues: 50 percent from national revenue, while 25 percent each from prefectures and municipalities[6].

2) Long-term Care Insurance System in Kobe city

The researchers studied documents about Kobe city and interviewed Head and the staff of the Elderly and Welfare section. There are two programs for insurance payments from the 2006 fiscal year to the 2008 fiscal year per person per year, and the details are as follows:

1. Insurance payment for people aged 65 or more

This program is classified into five categories.

The first category is if the individual is receiving livelihood protection and an Old Age Welfare Pension, and if the entire household is exempt from paying the residential tax, then they should pay 28,164 yen (a monthly average of 2,347 yen).

The second is if the individual and the entire household are exempt from paying the residential tax, and if the total income including the taxable pension of the previous year was 800,000 yen or less, then the individual should pay 28,164 yen (Monthly average 2,347 yen).

The third category is if the individual and the entire household are exempt from paying the residential tax, and the total income including the taxable pension of the previous year was more than 800,000 yen, then the individual should pay 42,246 yen (a monthly average of 3,521 yen).

The fourth category is if the individual is exempt from paying residential tax, but the rest of the household pays residential tax, then the individual should pay 56,327 yen (a monthly average of 4,694 yen).

The fifth category is if the individual pays residential tax, then the individual should pay according to the individual's income which is within the bracket of 61,960–112,654 yen (a monthly average of 5,164–9,388 yen).

2. Insurance payment for people aged 40 to 64

This program allows individuals calculate and select various options, depending on the health insurance scheme of which the individual is a member. The payment of the premium is included in the health

insurance premium payments. The main services of the long-term insurance in the home services are composed of the following issues:

- Home Care or Home Helper Service, in which a home helper visits the individual's residence to help with the bathing, toileting, and other personal care needs as well as with washing, cleaning, taking out garbage, and other everyday chores.

- Day Care Service, which includes commute to a day care center where bathing, meals, and rehabilitation service are provided.

- Day Care Rehabilitation at facilities, which provides physical and occupational rehabilitation activities that are supervised by rehabilitation specialists at geriatric health care facilities for the elderly.

- Short-term Stay Facility with Everyday Needs, which provides short-term stay at special nursing homes for the elderly, etc., where the individual can receive care for everyday needs.

- Health Care and Welfare Necessities Rental Service, which are facilities that include wheelchairs, special beds, bedsore prevention items, and walking assistance equipment and are available for renting out.

- Short-term Stay Facility with Nursing Care, which includes short-term stay at geriatric health care facilities for the elderly, where the individual can receive the required care and rehabilitation.

- Benefits for House Alterations, in which partial support is received for the payment of installation of handrails, elimination of steps, etc., in the house, and the maximum amount given is 200,000 yen per year; 90 percent of the expense within this limit can be obtained.

When an individual needs to use this long-term care insurance, a care manager is consulted at an "Egao no Madoguchi." The user of the long-term care service must bear the burden of 10 percent of the costs incurred in principle. However, when the individual burden for one month exceeds a fixed amount, one can apply to a ward office and a refund of the amount that exceeds the frame can be received. It extends from 15,000 yen to 37,200 yen, according to the citizen tax taxation situation of the home, etc. In addition, this long-term care insurance has set the regulation for nonpayment of the insurance. The details are as follows:

- When one does not pay the insurance for 1 year or more from the time of payment, it is necessary to bear the cost of the long-term care service individually in full once. However, 90 percent is reimbursed if you apply to the ward office later.

- When one does not pay the insurance for one and a half years or more from the time of payment, the reimbursed payment of 90% might be temporarily prohibited, and it is allotted to the nonpayment insurance.

3) Health care services for elderly

There are several factors that have contributed to improve the health of the people in Japan; the availability of medical services for all was achieved through the introduction of compulsory national health insurance in the 1960s. Compulsory National Health Service System was financed through employer contributions, individual contributions, and taxes through non-profit insurance funds. Okamoto (1992) and Murayama (2005)[3,8] pointed out that Japanese people are health-conscious as they tend to be willing

to take medication at the first sign of illness, and they visit doctors much more frequently. From the participatory observation at Arima Gin Yu Spa, the researcher found that the elderly, both female and male adults, in Japan pay attention to their health, and that if they are still self-assisted, they like to spend their weekends (Saturday or Sunday) at the hot spring. Some elderly come to the hot spring with their daughters, some come alone, and some come as a couple. In addition, the research found that there are many commercial advertisements on the daily television in Japan on vitamins or supplements for the elderly.

However, in Japan, children or relatives take care of their elderly parents; they would not be able to get any money or be employed by the municipality as caregivers. So, if the children or the relatives quit their jobs in order to take care of their family members, such families would become poorer and poorer. Japan has a universal health insurance system, under which all Japanese people are insured. Minami et al. (2006), and Tatara and Okamoto (2009)[9-10] pointed that the health care system in Japan is regarded as egalitarian because Japanese people can go to any hospitals, doctors, or clinics they like without any differences in cost. This means that no matter where they make use of health care services (treatment or drugs), the cost, the service, and the service charge are the same. However, the co-payment system used usually has the rate as 30 percent of the total cost[8]. Japan has the Japanese Civil Law which says that "the family has the responsibility to take care of their elderly parents," but there is no punishment even if people do not follow this law. However, the reasons why elderly people live in old age homes in Japan are the following: conflicts with family, economic reasons, physical handicaps, and homelessness.

The mutual support custom of families taking care of their elderly is declining, and this has put more pressure on the government to provide care for the elderly[11]. To manage this matter, the Japanese government's initiative, Welfare Law for the Elderly - in which facilities and services in special nursing homes as well as home care aid services are provided, which are funded by taxes - was launched. Because it is under strict budgetary restraints each year, the volume of services provided has not been sufficient to meet the rapid increase in demand from elderly persons[12]. All the Japanese are covered by an insurance plan for medical services. The Japanese people can receive medical services with a lower copayment. Under a special system for the elderly, which is called the Health Service System for the Elderly, the elderly can choose admission to readily and easily accessible hospitals instead of utilizing the welfare system which involves complex procedures and a check of the income and details of the family situation. Long-term insurance policies and plans and health services for the elderly are linked with each other[13-14].

Waited (2005)[4] noted that rapid aging of the older population has important implications since the oldest tend to have very different needs for health care and help from the family. Half of the oldest of the old adults required assistance with everyday activities such as bathing, dressing, eating, and toilet use. Ogawa and Mutsukura (2005)[5] reported the average length of hospitalization per patient in Japan as very long and the same as one of the factors causing the rapid increase in medical costs.

From the interview with the staff of the Elderly

and Welfare Section, the Kobe Municipality on health care for the elderly, the researchers found that the number of beds for the elderly in the hospitals in Japan tends to be limited. This year, in a case considered in Kobe city, it was found that there were 5,289 beds, and the city has plans to increase the number of beds from last year as it was indicated that there were 5,809 old adults on the waiting list. There are 50 hospitals that have a set of facilities but related issues, and so the elderly have to wait for a long time to receive care. Even though Japan is advanced in their initiatives on health care for the elderly, problems still occur, for example, problems like hospitals for the elderly being insufficient to meet the increasing demand from aging people and the shortage of physicians and nurses. The municipality attempts to solve these problems by having action plans to increase the number of facilities every year and provides many training programs on care of the aged to family members.

Part 2: Policies and plans for management of aging society in Kobe Municipality

The data from both interviews the staff of Elderly and Welfare Section and research documents, the findings revealed that the management, policies, and plans for the elderly, including the disabled, and all the members in the family comprise a project called "Shiawase–no-mura": the Comprehensive Welfare Complex. Shiawase–no-mura is the comprehensive welfare complex or the "happy village," located in Yamado-cho, Kita-ku, equipped with a variety of integrated facilities designed to support independent living for the disabled and the elderly and ensure their participation in society. This place is also built to serve as a meeting place for all Kobe citizens to deepen mutual understanding and to work together to create a society in which everyone can lead a full life.

The history of this management complex goes back to 1971 as it was started in that year, and the Mayor at that time was Mr. Tatsuo Miyazaki. The Kobe Municipality studied the basic concept, and then in 1980, the master plan was established and the urban plan decided that the overall cost would be about 40 billion yen. In 1981, the groundbreaking ceremony and, later, in 1987, some facilities like job training centers for the disabled, tennis courts, etc., opened. More facilities like Kobe Rehabilitation Hospital opened, management funds, regulations, etc., were established, and in 1989, the site was fully inaugurated, and the Kobe Citizens' Welfare Promotion Association is the body responsible for the integral administration and management of activities, including undertaking projects to enhance public awareness regarding welfare, promote welfare activities, and promote health.

The purposes of this site are as follows:

1. To provide comprehensive services, including training, care, and guidance for the disabled, the elderly, and others with disabilities. To promote and support their efforts to lead more independent lives and participate more fully in society.
2. To promote exchange and personal interaction involving all members of society : the disabled, the elderly, children, women, and workers.
3. To serve as the core facility of the city of Kobe's in-home care policy by offering information, consultation, and education, and by conducting

research and development.

4. To provide the public with a place to relax and refresh in a beautiful setting of natural greenery as a wellness park.

5. To provide comprehensive welfare services aimed at integrating welfare, health and medical care, education, labor, sports and recreation, and related fields.

As the Shiawase–no-mura site provides 32 facilities as programs, we can classify the facilities that are provided for the elderly: the first facility is called "Shinko-en Shiawase–no-ie" (senile dementia care center) which specializes in the care of elderly senile dementia suffers and undertakes research on care and rehabilitation, guidance, family counseling, and day respite service. The second facility is Hiyodori Recreational Center (multi-purpose short-stay facility) which provides overnight or short-term accommodation, and offers training, consultation, and related services for the elderly, the disabled and their families; it has capacity for 70 persons. The third facility is Reha Kobe (rehabilitation/elderly care facility), and this program provides services such as nursing, care, rehabilitation, and personal assistance covered by the long-term care insurance system to the elderly where their condition is stable and hospitalization is not required. There are also other facilities, for example, Shiawase–no-mura In-home Care Support Center (Anshin-sukoyako-center and Egao-no-modoguchi) and an outpatient rehabilitation department. Moreover, this site provides a hot spring health center which offers a place for relaxation and bath to promote health; it is also equipped with a gymnasium for building physical strength.

In addition, the city of Kobe city has policies and plans in place for the management of the aging society in that Kobe city intends to (1) increase the number of aging people by launching the statement, "keep life and take care," (2) plan for the management of aging people with Alzheimer's disease, and (3) plan for the management of the aging people who live isolated[15-16].

Kobe Senior Citizens' College

The most interesting program in Shiawase–no-mura is the one that provides the elderly with the facility to enjoy life-long learning, and it is called the Kobe Senior Citizens' College or Silver College[13]. This program is in cooperation with the facilities available within the comprehensive welfare complex; this new establishment is a suitable place for learning for the cosmopolitan, welfare-minded city of Kobe and allows the elderly to augment their wealth of experience, knowledge, and skills, while making effective use of the facilities, and to return the results to the community. The eligibility criterion for entering this program is that the applicants should be elderly residents of Kobe aged 57 years and older in order to take the course of length 3 years.

Objectives of students to attend classes at the Silver College: 1) To enjoy continued learning and other activities; 2) To utilize their acquired skills and knowledge to keep up with new trends; 3) To study traditional cultures and carry them over to the next generations. The curriculum is composed of a general course which provides general education, sports, and health management studies, and the special courses are community welfare, living environment, international exchange and cooperation, and general art.

The history of the Kobe Silver College: it was established in September 1993 for the senior citizens of Kobe city who are over 57 years old so that they could enrich their mature lives and continue enjoying learning and education. The documents of this institution claim that even though there are a number of similar institutions in Japan, it is not common for an institution of this kind to have a campus with excellent facilities. There are four courses of studies, and each course can teach 100 students a year. The details are as follows:

1. Health and welfare course: this course is intended for students of the course to gain knowledge of health and well-being in their lives, and the students also study how a welfare-oriented society has to be and how each citizen has to behave in such a society.

2. International exchange and cooperation course: the course offers a wide variety of topics ranging from area studies with emphasis on Asian countries to Kobe's historical relations with the outside world.

3. Environment course: the course is mainly focused on studying how people could live within a sustainable environment. There are a lot of field activities to understand how we have to co-exist with nature surrounding us.

4. Art course: this course has four sub-courses, namely art and craft, music, gardening, and food culture. Each sub-course has a class of 30 students a year. The students have to study the history of their respective areas and improve skills so that their talent could be utilized in local communities.

Other facilities that provided in the Silver College are a hall, lounge, lobby, learning center equipped with open book stack, self-study corner, video booth, student dining room with 100 seats, and parking lot[17].

Data from interviews with twenty elder people participated in the Shiawase–no-mura: the Comprehensive Welfare Complex in Kobe city showed that the respondents were 8 males and 12 females. There were 5 persons, aged between 65-70 years, and 15 persons aged between 71-80 years. Regarding their health condition, all of them answered that their health were fine. They were asked about the long- term care insurance system, there were 20 persons to have a long - term care insurance on insurance payment for people aged 65 and more which the program was designed by Kobe city. Five persons paid as the first category that the entire household is exempt from paying the residential tax, then they pay 28,164 yen (a monthly average of 2,347 yen).

Eight persons paid as the third category that the entire household are exempt from paying the residential tax, and the total income including the taxable pension of the previous year was more than 800,000 yen, then the individual should pay 42,246 yen (a monthly average of 3,521 yen). Five persons paid as the fourth category is if the individual is exempt from paying residential tax, but the rest of the household pays residential tax, then the individual should pay 56,327 yen (a monthly average of 4,694 yen).

Two persons paid as the fifth category is if the individual pays residential tax, then the individual should pay according to the individual's income which is within the bracket of 61,960–112,654 yen (a monthly average of 5,164–9,388 yen).

Regarding their participation in activities at Shiawase-no-mura (Comprehensive Welfare Complex) that Kobe Municipal established. All (20 persons) participated in the activities in this site. They partici-

pated in having lunch with family members or friends. Five persons participated in for selling products that the money will donate for supporting the disabled people funding. Fifteen persons participated in the fair or special activities that conducted by Kobe Municipal

Four persons are studying here on arts, gardening and health. Their aims were to have skills for recreation and helping community - teach and produce products for raising money to disabled people funding. Eleven persons learnt some course here, arts, health, sports, gardening. Four persons did not learn anything at Silver College. Twenty elder people were interviewed about aging society management by Kobe city. All agreed that Kobe city has done the great task to elder people and all ages including disabled people.

Discussion

There was an increase in the demand for long-term care insurance in Japan, the fees borne by the users are divided into many levels, depending on their income levels. This fee is decided by the municipality who is eligible and the content of the benefits are set by taking into account both the income of the elderly persons and their family situation. Respondents who were elder people all had long term care insurance and they paid in different rates.

For the aging society management, as Japan is decentralization, the local governments are strong and focusing on quality of people' lives. For Kobe municipality /city managed aging society satisfied elder people. A site called Shiawase-no-mura (Comprehensive welfare Complex) or means happy village was the success project for not only elder but also all ages, family member and disabled people. Silver college established to fulfill elder education and volunteer mind of Japan identity. The finding of this study could apply to Thailand to manage the aging society. In Thailand, the first school[18] for elder people just opened in Phitsanulok province in May 2016. With ageing of Thai society & younger people moving away, schools for elder people provides places for sharing knowledge & exchanging ideas. Over 100 people aged 55 or more from eight villages who applied to study at the school on Wednesday which was held at the Romsamer Witthaya School, running by the Tambon Administration Organization (TAO), provides a one-year course for older students. The local government drew up the school's curriculum in line with the second national plan for older persons (2002-2021). The school was intended to enhance recognition of elder people as well as the dignity of elder people and improve the quality of their lives. Volunteers, local educational officials and local scholars were invited to share their knowledge and experiences with the elderly students.

According to the statistics, Thailand has begun the transition to an aging society. Because of the age profile, this transition will be rather quick. The responsibility of the children to look after the parents in old age, as well as the elderly adults to look after their grandchildren when the parents have to work in urban areas or cities is deeply embedded in Thai culture. Most elderly people are still cared for by their children or relatives. However, this arrangement is coming under strain as the society becomes more urbanized, families are fragmented into nuclear units, and more women are working outside which makes it difficult to provide good care for elderly people. As a result of this Thai phenomenon, there are some

elderly people live alone in difficult situations. This is similar to the change in the Japanese society [19-20].

Thailand established the national elderly council in 1982. Thailand respects the United Nations assembly recognized elderly rights in 1991, so the national committee of senior citizens was set up in 2002, with the second national plan for older persons (2002–2012). As the report of the Embassy of Japan in Thailand pointed out that the situation of the aging population in Thailand is facing a radical change and difficulties due to the lack of social insurance, welfare, and others related factors. So in 2011, the Japanese government provided cooperation and budget to Thailand to establish income and health promotion for the elderly in rural areas[21].

Conclusion

From the overview and study of the policies and plans for management of the aging society in Kobe, Japan, the study concluded that the policies and plans for the management of the aging society in Japan have been improved continuously as far as changes in the society are concerned. Long-term insurance and health care services have been improved in terms of "participatory state" rather than "welfare state" which translates into citizen co-payment in long-term care insurance, pension, and health care for the elderly. Older adults are most in need of assistance from others through government policies and plans or from their family - in particular, older people who are in poor health, those with few or no family members, as well as those who have scarce financial resources. Health policies and management for older people should be taken into account by policy makers, planners, researchers, insurance companies, social service agencies, and, even, family members.

The local government's policies and plans for the management of the health of the elderly is the most significance as regards implementation. In the case of the Kobe municipality, it has policies, plans, and management processes for the aging society: Kobe city intends to (1) increase the number of aging people by launching the statement, "keep life and take care," (2) plan for the management of aging people with Alzheimer's disease, and (3) plan for the management of the aging people who live isolated. An interesting project called the "Shiawase–no-mura", the Comprehensive Welfare Complex which is designed for the elderly, including the disabled, and all the members in the family, and a program called the Kobe Senior Citizens' College, or Silver College, which provides the facilities for the elderly to enjoy life-long learning are the highlights.

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