

## CONFERENCE ABSTRACT

### Developing of social and community prescription model as the third system for sustainable community-based integrated health care system

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**Purpose:** Aging is progressing in Japan at a speed unparalleled in other countries. According to the national census of 2015, the population aged 65 years or over is about 33.4 million people (about 26.7% of the Japanese population), and it is forecast to reach a peak of about 39 million people in 2042. Furthermore, the ratio of the population aged 75 years or over is expected to continue to increase thereafter. In the super-aged society, a new problem such as frailty that is not covered by the insurance systems will occur in super-aged society. A new system solving such a problem is necessary for sustainability of the integrated community-based care system.

**Method:** All of the articles and reports from the following journals were examined: Chiiki fukushi kenkyu (Study on Community Welfare], published from 1973 ) and Shakai fukushi kenkyu (Study on Social Welfare], published from 1967 ). Furthermore, the precedent studies to be related to the integrated community-based care system were examined. We considered a new system for sustainability of the integrated community-based care system.

**Result:** The Japanese government has been continuing its efforts to integrate care so as to meet the needs of a super-Aged society and to strengthen primary care and community medicine, enacting the Re-arrangement of Relevant Acts for Promoting the Comprehensive Provision of Medical and Nursing Care in Communities in 2014. This act is promoting the building of community-level comprehensive support and service setups, which is to say the integrated community-based care system so that as far as possible people can continue to live in their own way and in familiar surroundings to the end of their lives. This system is comprised of five constituent elements: three specialized service (professional services of prevention, medical treatment, and nursing care) and two non-specialized service (preconditions for these services, that is, housing and living support/welfare services). We developed social and community prescription model, in which social and community prescription is a strategic management tool which links the non-specialized service to the specialized service of the integrated community-based care system.

**Conclusion:** Social and Community Prescription is a strategic management tool which links the non-specialized service to the specialized service of the integrated community-based care system. In order to structure the integrated community-based care system, and for improving its quality, it is critical to strategically use the social and community prescription. On the other hand, the non-specialized service are based on social common capital in the community, which are regional activities that presently exist in each local region as well as new regional resources that might be

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created out of changes in the social environment in the future. We have developed the social and community prescription model which is useful to avoid “ The tragedy of the commons ”.

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**Keywords:** social and community prescription; social and community prescription model; the third system; sustainability; community-based integrated health care system

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