Evaluating integrated social care by utilizing regional resources in Japan

Masaaki Otaga¹, Mie Morikawa¹, Tatsuya Oguchi², Yoh Tamaki¹, Takuya Matsushige¹, Toshiro Kumakawa¹

1: National institute of Public Health, Japan; 2: Takasaki University of Health and Welfare, Japan

Background: The Japanese government has recently promoted a community-based integrated care system, and the new reform of the system implemented in 2012 will reinforce this integration of care. In Japan, social security expenditures are increasing along with the increasing elderly population ratio; therefore, it is important to promote the utilization of existing regional resources to reduce longterm care provision costs. In each regional community, a variety of organizations and groups provide a range of functions in the lives of local residents, from providing small bits of information such as health promotion to great undertakings such as the reconstruction of the local community. Regional centers and the local social welfare councils are representative organizations that offer seamless support services in cities, towns, and villages throughout the country as representative organizations by integrating regional resource information into these support services. Regional resources are not necessarily limited to information concerning social care activities for the elderly, and this means care is provided in the broadest sense.

Purpose: The purpose of this study is to gain an understanding of the actual conditions and the intensity of integration between regional centers and regional resources for nationwide social care provision.

Methods: A self-completed survey was administered at 4,557 Community-based integrated Centres [CBICs] regional centers and 1,741 social welfare councils [SWCs] in Japan. The purpose of this survey was to gain an understanding of the actual conditions of these centers and how they collect, manage, and use their regional resources for the benefit of all. We used 5 degrees of the “functional clinical integration scale” developed by Ahgren (2005) to evaluate integration intensity.

Results:

1. The recovery rates for the CBICs and SWCs were 31.5% (1,437/4,557) and 43.4% (808/1,741), respectively.
2. Regarding the intensity of integration, the top three regional resources of the CBICs were Case worker/children’s social workers’ council, 3.41; Communal organizations, 2.41; and
Fundamental organizations for regional welfare promotion, 2.38. Those of the SWCs were Case worker/children’s social workers’ council, 3.92; Volunteer group, 3.32; and Communal organizations, 2.95.

3. The scores for the different categories of regional resources used by the CBICs in providing social care were: Watching over, 3.03; Salon and intercommunication, 2.71; and Fitness, 2.54. Those of the resources used by the SWCs and the regional resources were Urban renovation, 4.38; Salon and intercommunication4.21; and Watching over, 3.65.

Conclusions and Discussion: This study is the first to reveal on a national scale the main uses of regional resources for social care provision at two types of regional centers in Japan. In order to structure the Community-Based Integrated Care System and improve the quality of seamless care in the communities, it is critical to strategically use the regional resources existing in each local community to provide social care for the people who need it. Therefore, it is necessary to continually update information concerning regional resources and build a system to effectively use this information.

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