

The Current status of Visiting Nursing system in community care for the elderly : Japan, Korea and Thailand

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Objectives

Japan, Korea(NIEs) and Thailand(ASEAN) have been faced with rapid aging and likely more acute demand for community care for the elderly than most Asian countries. The aim of this study was to compare the current status of Visiting Nursing system for the elderly in terms of medical care and prevention in Japan, Korea and Thailand.

Methods

A review was done of official materials such as Health and Welfare Statistics, and literature on community health nursing.

Result #1 RAPID AGING in East Asia

Figure 1 : Population aged 65 and older in 2015 vs 2030

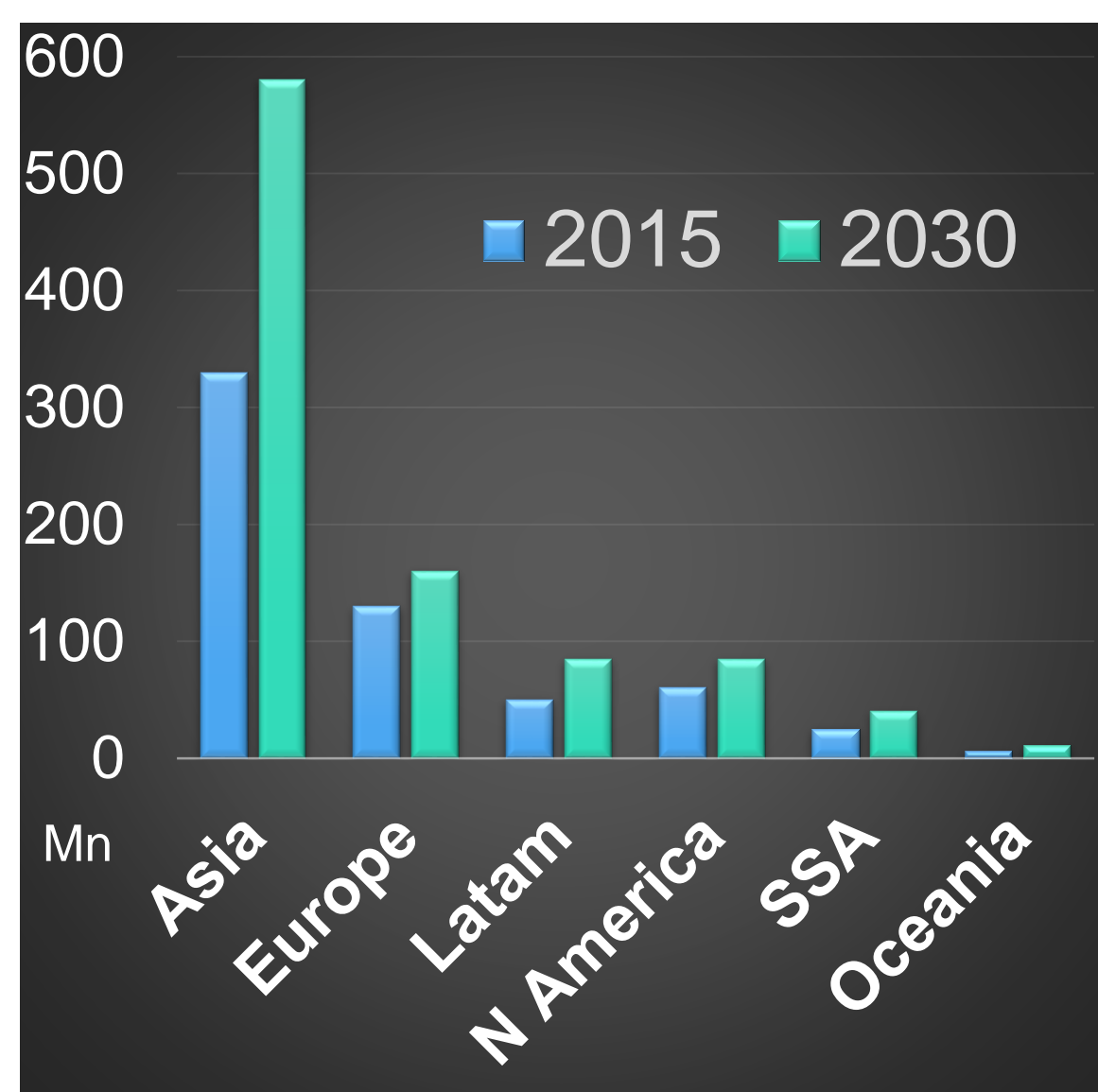
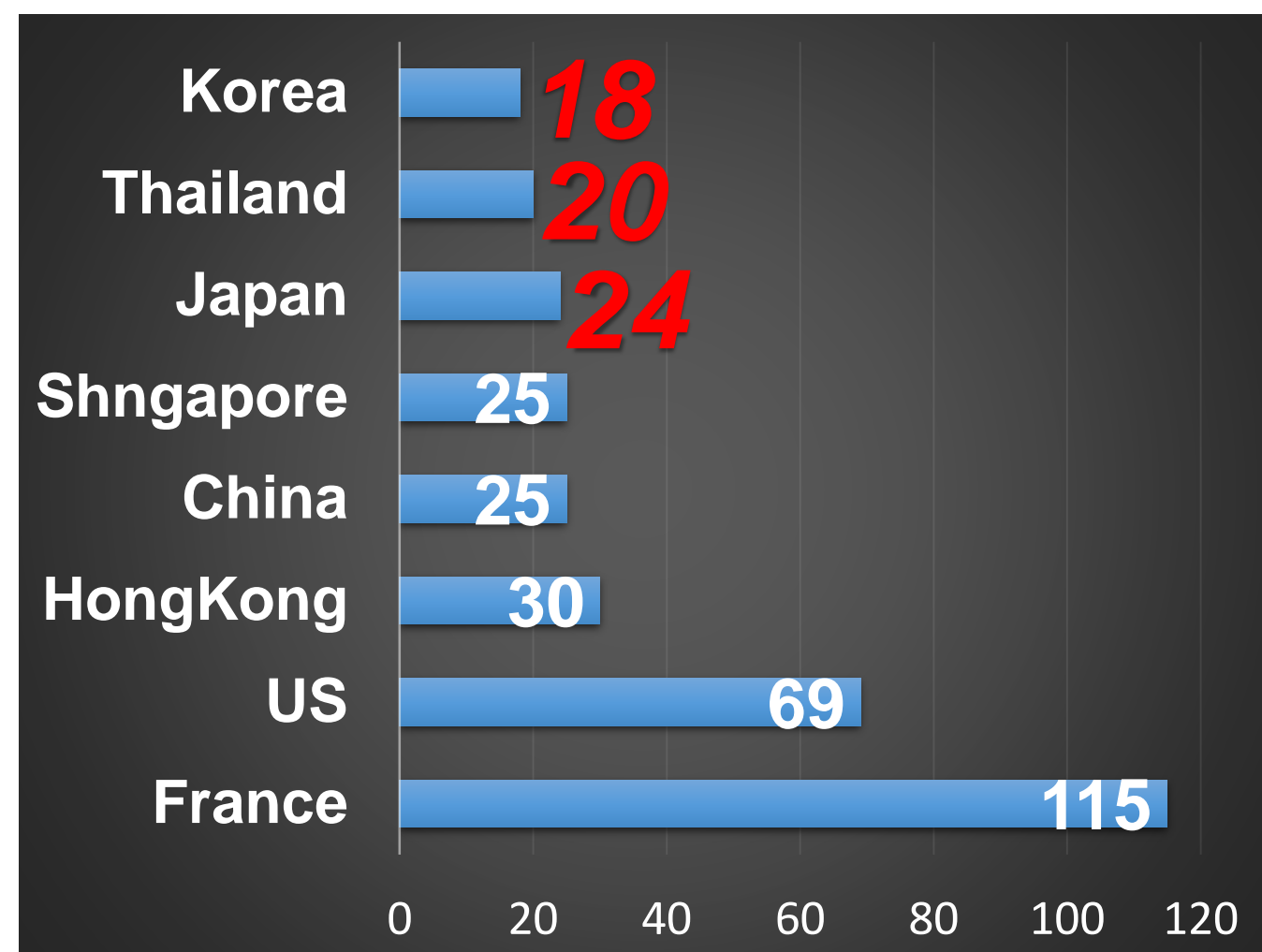


Figure 2 : The world's most aged or ageing societies in East Asia

Country	Share of population aged 65+					
	2015	2020	2025	2030	2035	2050
Japan	26.8	28.5	30.3	31.8	33.4	37.7
Korea	13.1	15.8	19.7	23.7	27.4	35.1
HongKong	15.1	18.2	22.3	26.3	29.2	34.5
Shngapore	11.7	15.1	19.3	23.3	26.7	33.9
Thailand	10.5	13.0	16.1	19.5	22.8	30.1
China	9.6	12.1	14.2	17.2	21.3	27.6

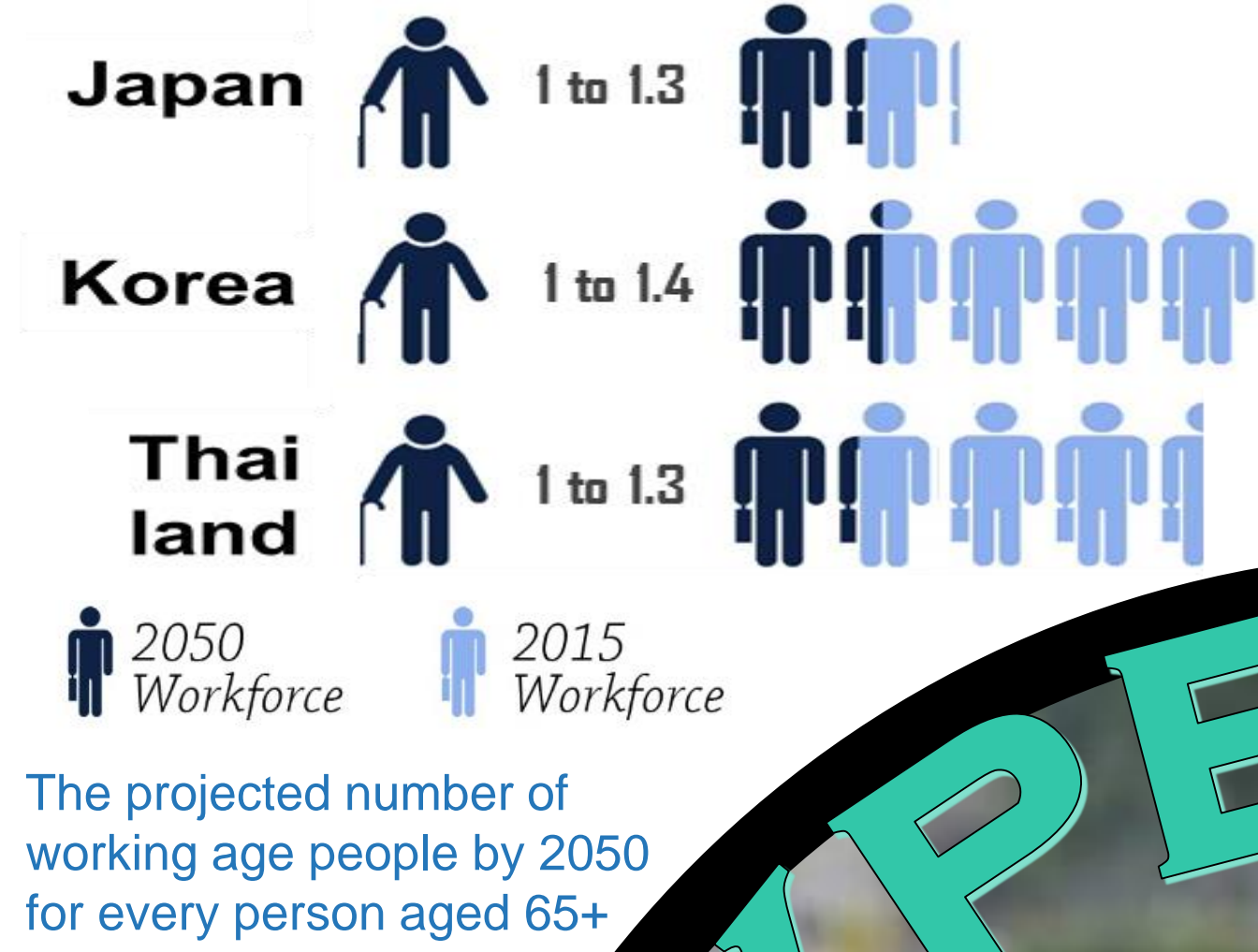
Figure 3 : Ageing in East Asia is accelerating

Years taken for share of 65+ age group in total population to double from 7% to 14%



A remarkable feature of the ageing phenomenon in East Asia, in particular Japan, Korea and Thailand are that these regions are getting older at a faster rate than has previously been seen, and are ageing five times faster than France. Governments must prepare for this reality.

Figure 4 : Disappearing Workforce to support the Elderly



Result #2 Japan

Japan has the world's oldest population. It became a hyper-aged society (defined as those in which more than 21% of the population is 65+) in 2007. As for medical care, Japanese home-visit nursing is provided by both medical insurance since 1994 and long-term care insurance (LTCI) since 2000, which mainly covered by LTCI (approximately 75%) and the number of visiting nursing agencies (VHA) grew to over 8,000.

Fig 5 : Number of visiting nursing agencies

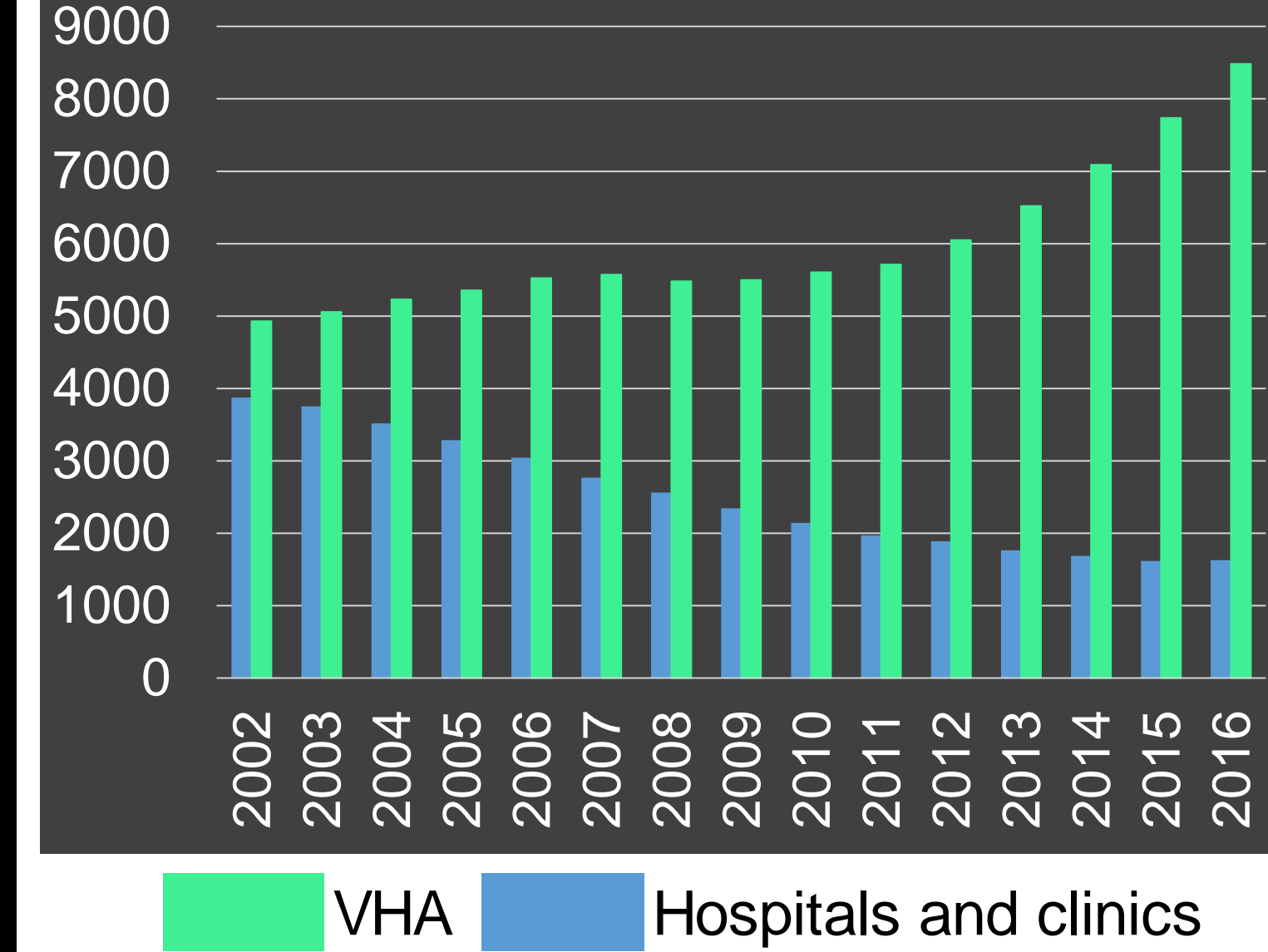
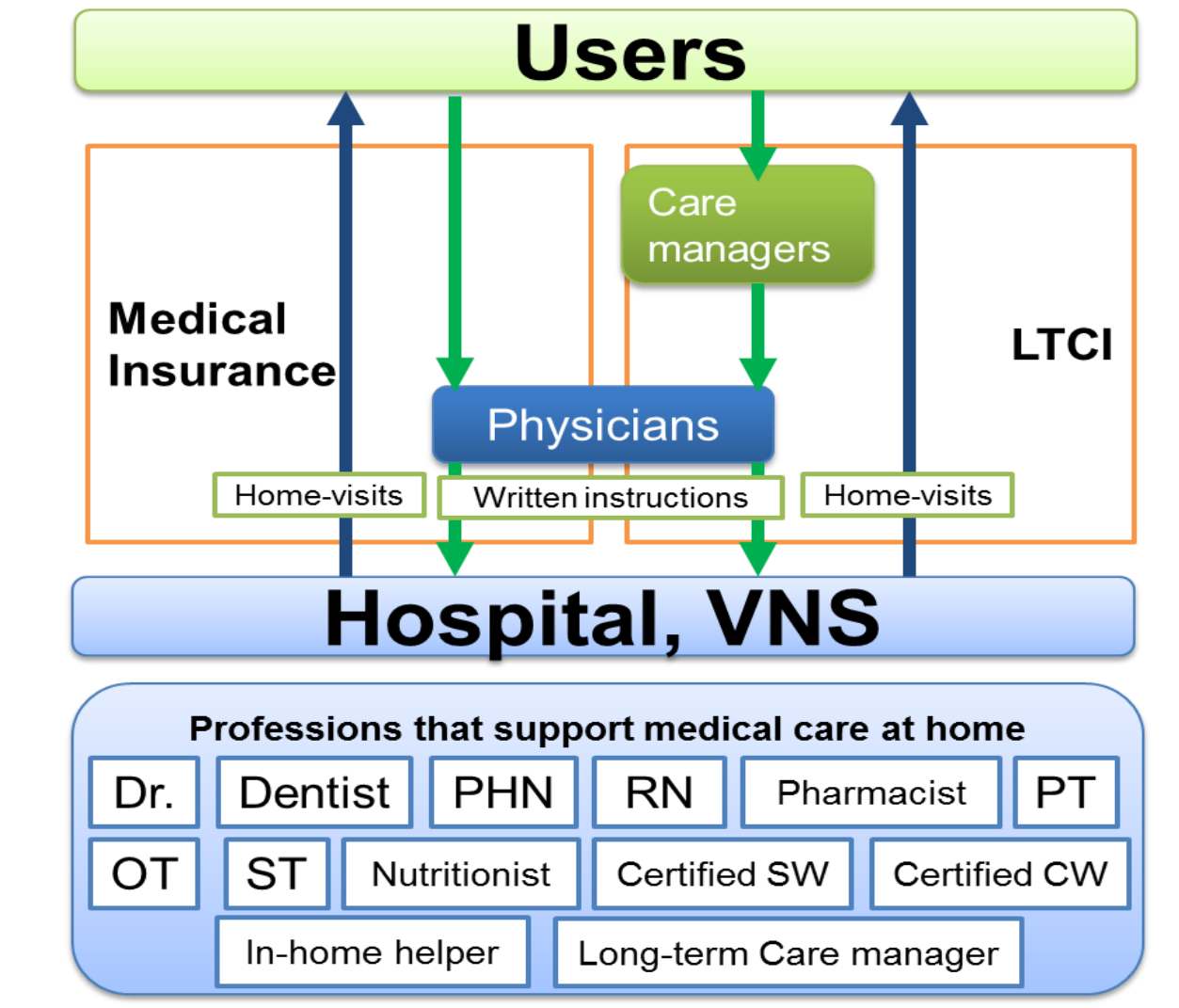


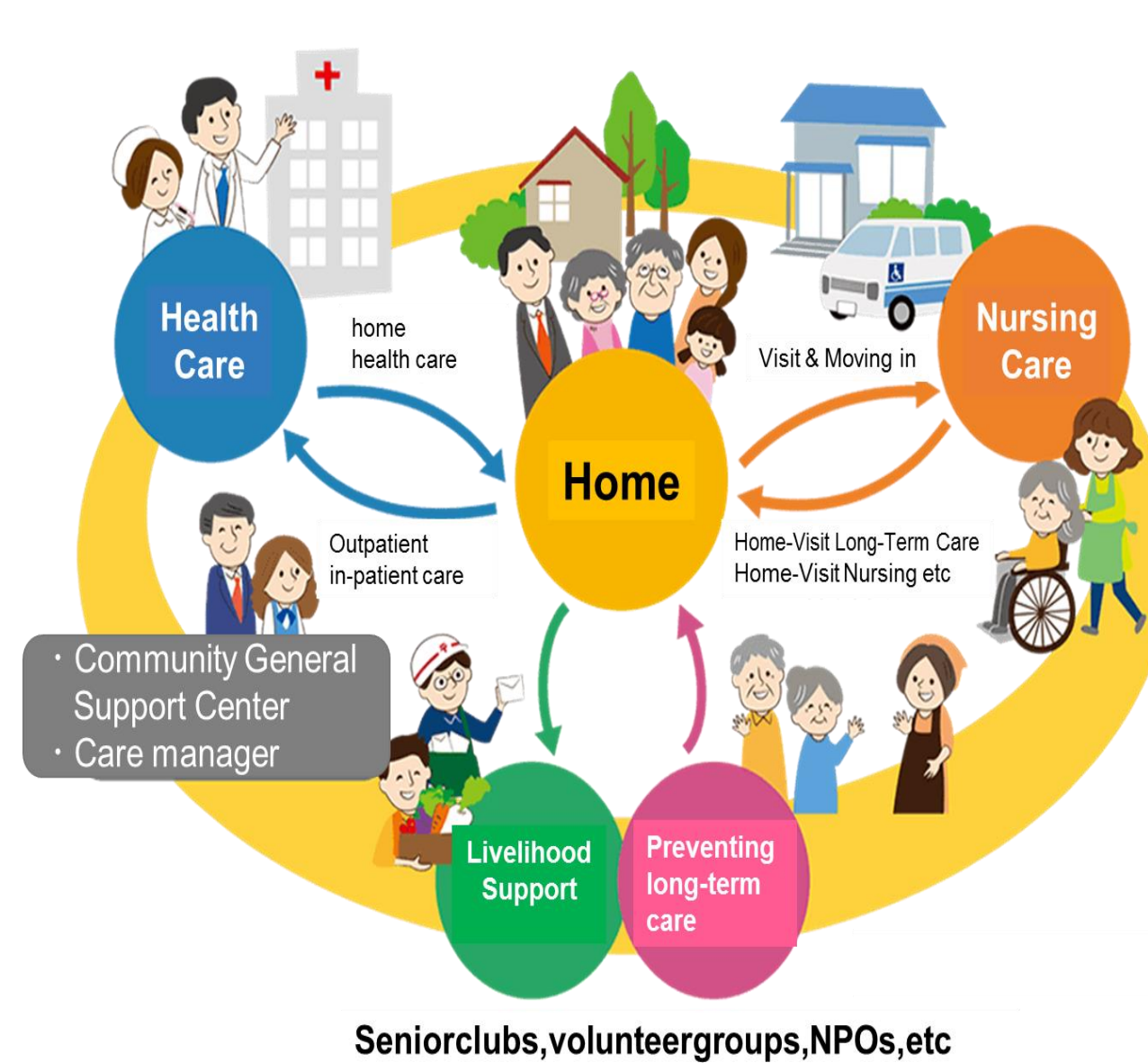
Fig 6 : Medical insurance system and LTCI system



LTCI had limitations for solving problems of rapid aging and no systematic service for prevention is established. But by 2025 when the baby boomers will become age 75 and above, a structure called 'the Community-based Integrated Care System' (Fig 7) will be established that comprehensively ensures the provision of health care, nursing care, housing, and livelihood support.

The socialization of long-term care that came along the ageing of the population, and the second shift in Japan towards an increased reliance on the community can provide useful information for other ageing countries.

Fig 7 : Establishing 'the Community-based Integrated Care System' Enriching Community support projects



Result #3 Korea

Korea faces the most rapid pace of ageing in the world and urgently needs to prepare for an ageing society. Korea government policy is based on the principle of "family first, then the government". But as societies modernize, confucian values have waned, Korea's pension system, its culture of early retirement and limited labor protection for the older generation has resulted in severe poverty. (Fig8)

Figure 8 : Poverty rates are high for Koreans 65+

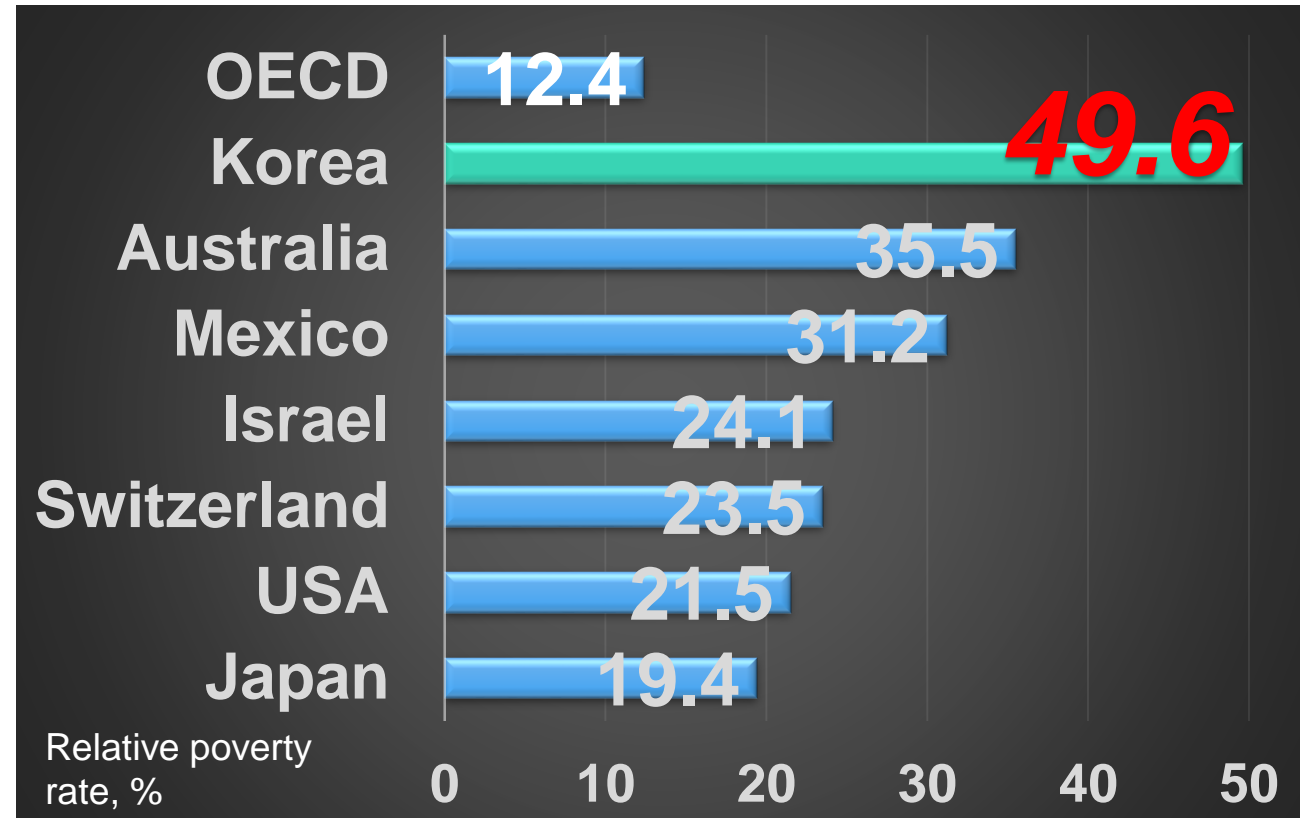
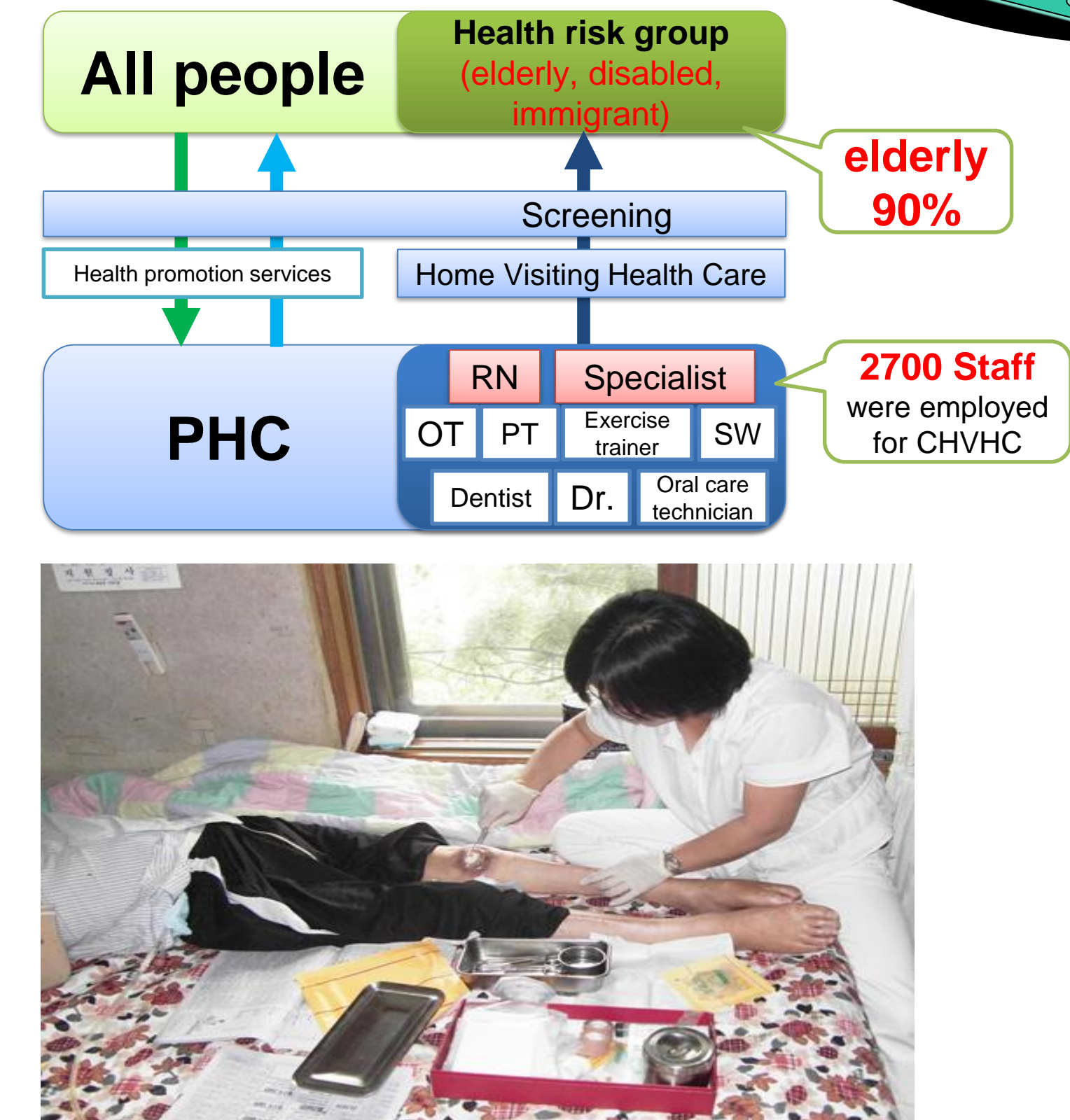


Fig 9 : Home visiting service in Korea

Classification	CHVHC_PHC	HC_Hospital (Home Care)	HV_LTCI (Home Visit Nursing Care)
Source of fund	Tax no charge	health insurance charged 20% of total cost	LTCI tax charged 20% (institute) 15% (home)
Start-expand	*1990 2-3 PHN practice *2002 field experiment *2007 expand to 2700 staff employ temporary base	2001.2 nationwide perform	2008.7 lanching
Kind of staff	R.N. & specialist PT, OT, exercise trainer, Dietitian, Dr. (part-time) Oral care technician Social worker	Home care nurse specialist (Master degree)	R.N. or Nurse aid

Fig 10 : Customized Home Visiting Health Care system



Customized Home Visiting Health Care(CHVHC) is provided under Community Health Act in 2007. To reduce the health inequalities, RN in 253 public health centers were employed and trained for CHVHC, diagnose health risk in a region (all household) by screening tool, select and register families with health problems and home-visit regularly to provide primary care services, health education, information and refer to other services.

Result #4 Thailand

The aging of society in Thailand outstrips that in all other ASEAN countries. Thai government policy identifies "family and community" as core providers of care, a stance reflecting cultural and social traditions. Non-family paid assistance among older persons remains relatively rare (Fig 11,12).

Figure 12 : Elderly Thais rely on their children

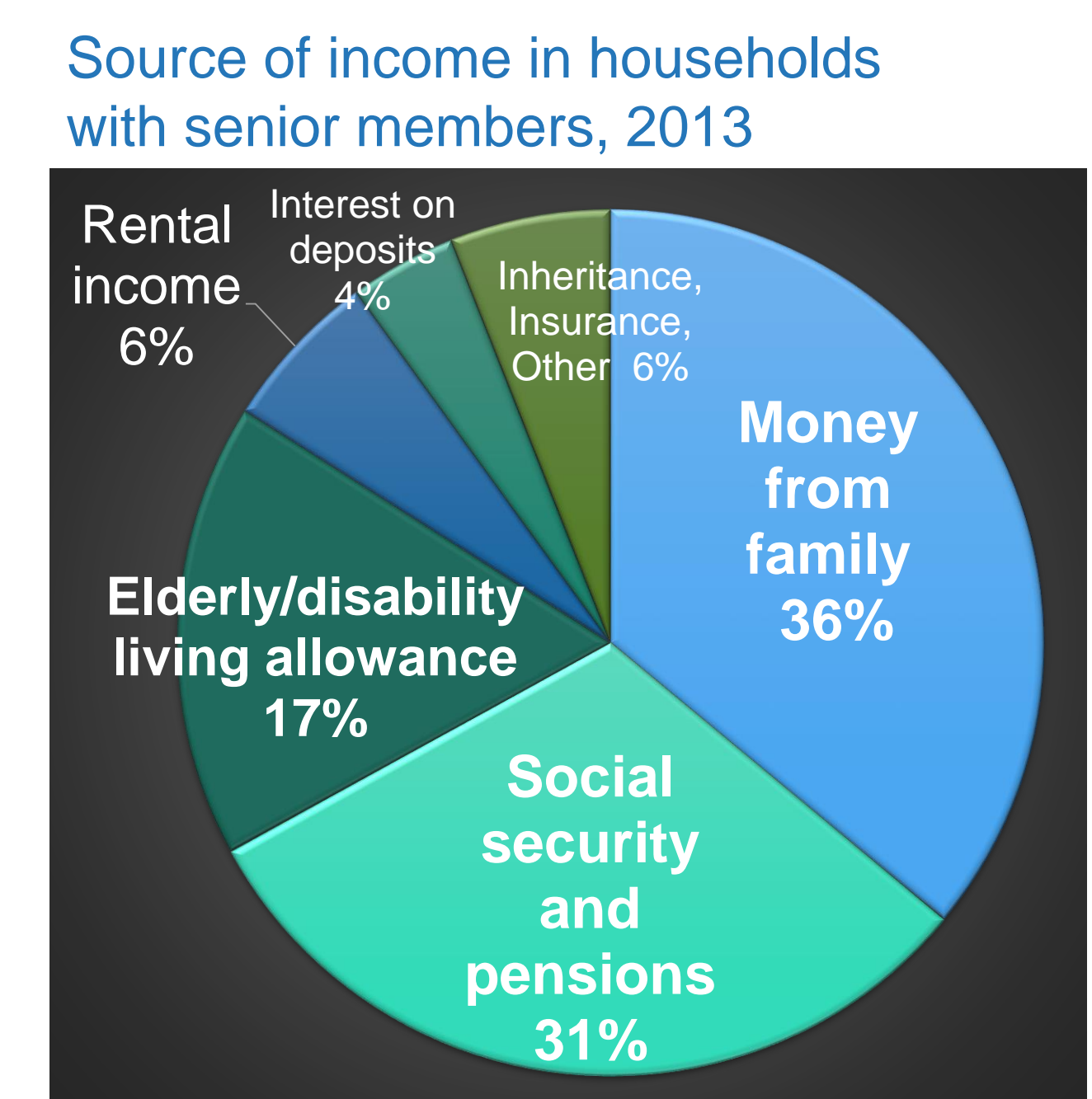
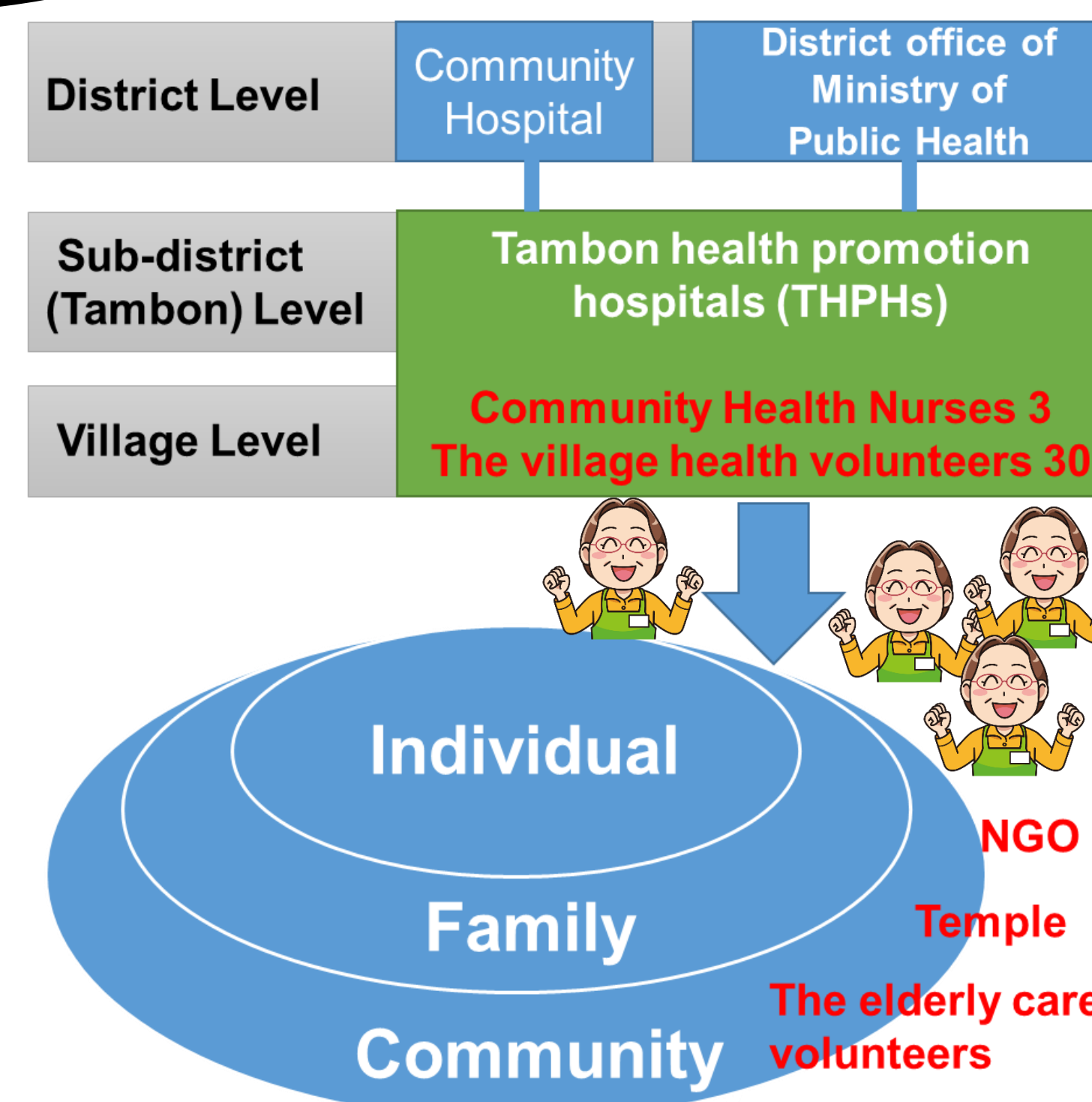


Figure 11: Structure of community health care in Tambon



The Village Health Volunteer (VHV) Program is the backbone of the Thai national health system since 1978. More than a million VHVs in 2015, they can serve as a bridge to the formal health system and support preventive healthcare by visiting in cooperation with community health nurses(CHNs). CHNs are supported by VHVs who live in communities regarding follow-up and collection of necessary health information.



Ms. Uthumporn (VHV) smiles, saying "seeing people in the community healthy makes me happy. If I had to choose between helping the community or helping myself, I would help the community."

Conclusions

As visiting nursing system is an urgent policy issue, Japan should establish the Community-based Integrated Care System including visiting nursing system for prevention and Korea expected to develop a home-visit nursing system based on LTCI. In Thailand, formal LTC systems remain in a nascent stage. The VHVs are expected to systematically coordinate their work with government public health policies.