



**100 Actions to Achieve a
Healthy Social Model
Anticipating the Era of
100 Years of Life**

Fukuoka Health Model Initiative

2017 Fukuoka City

- On the Cover -

About "Fukuoka 100"

In anticipation of the arrival of an era in which living to the age of 100 is common:
A sustainable social mechanism can allow us to "Live as We Are," with each individual
having a healthy mind and body. "Fukuoka 100" indicates 100 actions needed to achieve
a healthy social model for both individuals and society.

Introduction

Suppose You Live to Be 100 Years Old. Will You Be Able to Live as You Do Now?

Japan is entering an unfamiliar territory that has never been experienced by any other country. Our population is simultaneously super-aging and decreasing. Our life expectancy grows longer each year, and soon we will be able to expect to live to be 100 years old. But if our current social system does not change, our happiness will not be sustainable.

What would be required in order to truly appreciate “longevity in the future?” We must build a mechanism where both individuals and society feel a sense of happiness. With the assistance of technology, relationships between the local community and individuals can be strengthened. Everyone’s need for medical care, nursing, and an efficient society can all be achieved.

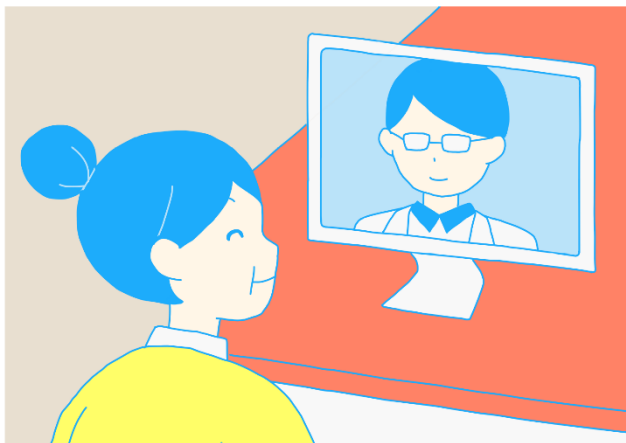
It will not be easy to find the best solutions. But if Fukuoka (which takes pride in being “the most energetic town in Japan”) does not solve this problem, who will? We must change our way of thinking, because the old ways no longer work.

To build a city where residents will be naturally healthy, we must go beyond administrative barriers to provide services centered around residents. By establishing the “CareTech” Program and providing nursing training to Asia, we will take on these challenges without limiting ourselves to the traditional methods of medical care and nursing.

The “Fukuoka Health Model Initiative” is Fukuoka’s solution and message to the rest of the world. We will build a healthy social model that anticipates the era of 100 years of life.

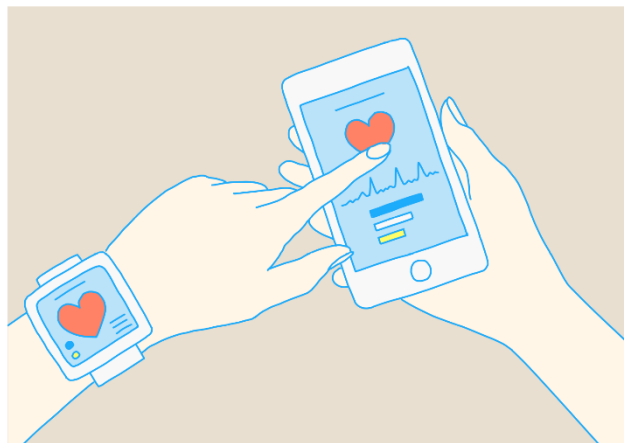


A Remote Medical Examination using ICT



(c) Digital Medical Home Era (P.23)

B Promoting a Health and Monitoring System using ICT and IoT



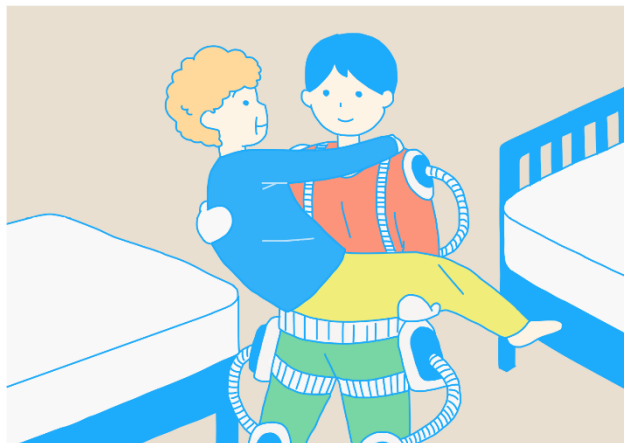
(b) Integrated Health Hub (P.19)
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C The Spread of Dementia Care Techniques
Training the Nursing Leaders of Asian Countries



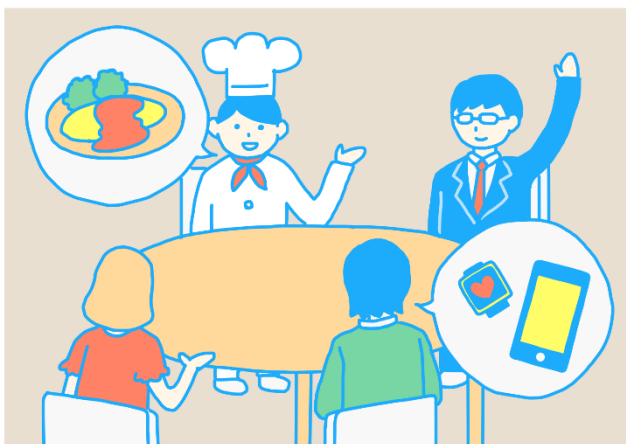
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1. Anticipating the Era of 100 Years of Life

(1) Can Fukuoka Remain “a Fine City” in the Future?

It is often said that Fukuoka is “a fine powerful City.”

Fukuoka is the fifth-largest city in Japan (population over 1,550,000), behind Yokohama, Osaka, Nagoya, and Sapporo.

Fukuoka has the fastest-growing population in Japan.

In 2016, the British magazine *Monocle* ranked Fukuoka as 7th in their “Most Livable City in The World” rankings.

Every year, 2 million foreigners enter Japan through Fukuoka.

Fukuoka is continuously evolving as an exchange offices city in Asia.

If all of this is true, Fukuoka surely is one of the finest cities in Japan right now.

But will the “vigor” and “energy” of Fukuoka last forever? Unfortunately, the answer is “no.” Like other areas in Japan, Fukuoka must overcome a big obstacle very soon.

(2) What is This “Big Obstacle?”

All large cities in Japan are undergoing a “change in the population structure,” with a rapid increase in the number of senior citizens and a sharp decrease in the number of children and labor population.

Fukuoka is proud to have the second-fastest growing population in the country. According to the national census, our population increased by 75,000 people in the last five years. However, the labor population (15-64 years old) has only increased by 5000 people. Also, the population of children aged 14 and below (who will bear the next generation) has increased by less than 10,000, and the population of people aged 65

and over has increased by 61,000¹.

When looking at aging ratios, the elderly was only 17.4% of the population in 2010. It is currently projected that the elderly will represent 24.8% of the population in 2025, 31.0% in 2040, and 34.3% in 2050.

Since financial resources for medical welfare will not increase due to decrease in the labor population (who pays the taxes and pension premiums), Fukuoka will have a big problem with the increasing burden of medical welfare.

To mitigate this problem, we will immediately be undertaking radical measures in order to cultivate a brighter future.

(3) Arrival of the “Era of 100 Years of Life”?!

The combination of a super-aging society and the population decline that Japan is facing has never been experienced by any other country in the world. This is an era in which people cannot predict what will happen in the future – No empirical rule from the past will lead to solutions.

Currently, the life expectancy in Japan is 81 years for males and 87 years for females. The “Era of 90 Years of Life” is coming soon. Further, improved understanding of the human body through the accumulation of medical knowledge and the progression of medical technology may lead to “the Era of 100 Years of Life” – a time in the near future when many will become 100 years old.

“Aging” means, “a prolonged life expectancy.” Originally, a long life was seen as a very delightful circumstance. We must avoid a future where this becomes untrue due to the limitations of our social systems.

For example, Fukuoka has a large population of elderly people who live alone. If the aging continues at this rate, more and more people will live alone. They

¹ If respondents did not answer their age, the calculation of their age is done by proportionally allocating respondents' age group.

will be anxious about things such as, “who will come if I fall?” and “I am worried because I have no relatives nearby.” You cannot call such a place the “city that delights in longevity from the heart.”

To prevent this, we are raising awareness of the arrival of the “Era of 100 Years of Life.” We would like to create a sustainable social system that enables each person to live in a healthy manner both mentally and physically. We would like to get ahead of the whole country and create the “city that delights in longevity from the heart.”

(4) Building a Sustainable “Healthy Society”

In order to build a sustainable “city that delights in longevity from the heart,” there are two conditions that must be met.

The first condition is “to bring happiness to each citizen (individual) and to the city (society) where the individuals gather.” Medical care and nursing services might not bring the same happiness to “individuals” (who are busy trying to satisfy their needs) and “society” (the system to support individuals). While plentiful services might bring happiness to “individuals,” the taxes can be a heavy burden to others. On the other hand, the needs of “individuals” may not meet while we are building a system that is effective for “society.” Reconciling the needs of the individual and the needs of society is a big challenge that cannot be avoided.

The second condition is “finding the means to strengthen relationships between the local community (society) and the individual by utilizing technology.” Throughout the world, various technologies are being developed. Soon, artificial intelligence will assist doctors with medical examinations, and sensors in towns or houses will track people's movements and alert us of abnormal situations.

On the other hand, we cannot forget that the convenience brought by the development of technology can weaken relationships between people, and isolate them from society. The problem we face is how to incorporate the power of ICT², IoT³, the care of people

² ICT: Information and Communication Technology

³ IoT: Internet of Things – various devices are equipped with interactive communication capabilities to

within their families and communities, and medical and nursing services into daily life in a balanced way. Achieving these two conditions is necessary to create healthy individuals and society. Aiming to create a well-connected and sustainable “healthy society” will help raise our “quality of life.”

So how can we take the lead in this initiative? Fortunately, we have several “advantages” in Fukuoka.

“Youth as a city,” in which aging comes ten years later, compared to other areas in Japan.

Ranked number one for three years in a row for the rate of business start-ups in the 21 big cities⁴ tells us that success lies with an “environment which aids challenges.”

“The economic strength of the city’s gross product is about 7 trillion yen,” which is similar in size to countries such as Sri Lanka and Croatia.

Right now, we have the chance to take bold and advanced actions to accommodate our future super-aged society⁵. We would like to create a healthy society by providing solutions to other cities in Japan and other Asian countries who currently faced with aging issues while making our own citizens happy with the solutions discovered through these measures.

measure things remotely and have autonomous control via the Internet.

⁴ Rate of business start-ups: The percentage of newly-established businesses against the number of businesses already existed over a specific period.

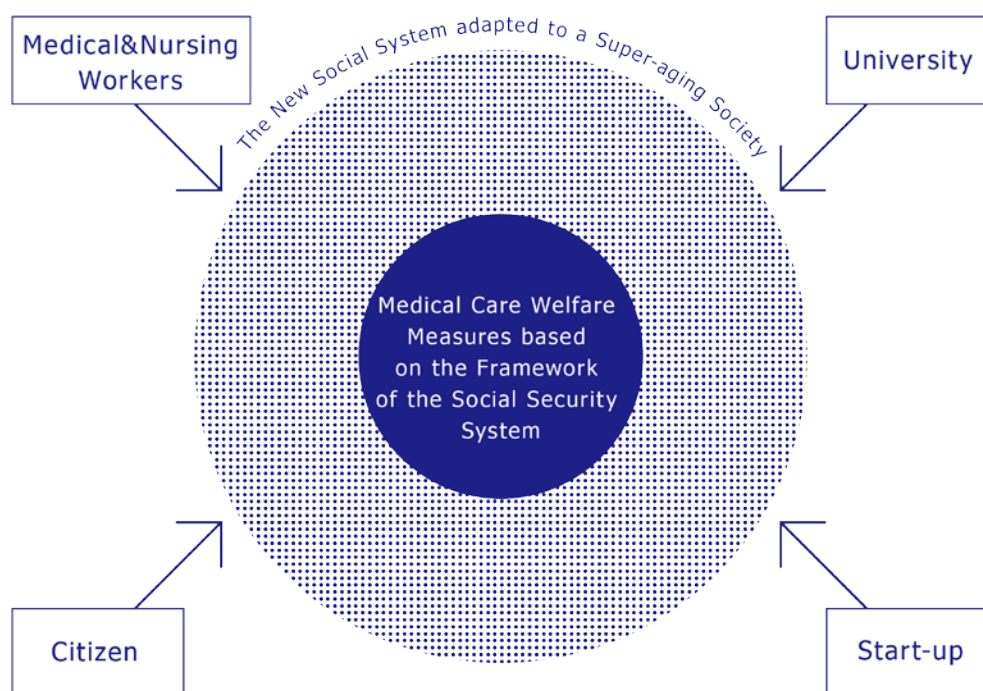
⁵ Super-aged society: The percentage of the population aged 65 and over exceeds 21% of the entire population. According to the World Health Organization (WHO), societies with a 7 to 14% of an elderly is called aging society, whereby 14 to 21% is considered aged society.

2. Strategic & Business Architecture Measures in View of the Year 2025

(1) Creation of Strategy

From now on, the systems and services required for medical care and welfare will increase and diversify (both quantitatively and qualitatively). However, there is a limit to how far the administrative system and its benefits can be expanded. What can we do to find a solution?

In June 2016, we formulated the “Fukuoka City Health and Welfare Comprehensive Plan” with the goal of raising the “quality of life” even for a super-aging society. Anticipating the year 2025 (when the Baby Boomer generation will turn 75 years old), the plan describes what kinds of actions should be taken. Among them, we have developed the philosophies of “from ‘welfare to distribute’ to ‘supportive welfare’” and “from ‘supported side’ to ‘supporting side.’” We have declared our intention to make a major policy changes.



To quickly implement this idea, it is necessary not only to re-build the administrative policies to accommodate sustainable systems, but also to change the previous “paradigm” that defined social insurance systems to take advantage of the ideas and methods of businesses, universities, and citizens. It will be necessary to build a new social system to include homes, community improvements, the means of work, health and medical care, and nursing care services.

We think that the Strategy & Business Architecture of promoting detailed action is indispensable in order to accelerate the creation of a new social system adapted to a super-aging society. Therefore, we decided to formulate the “Fukuoka Health Model Initiative.”

(2) The Three Approaches of the Strategy & Business Architecture

To fully implement the ideas mentioned above, we will approach the problem from the following three completely new aspects.

Create a reason for as many as citizens to personalize this future problem and move towards the solution together.

Understanding the wisdom of universities and businesses as well as those who are directly involved with medical and nursing care in the hospital or nursing home.

To show Fukuoka’s future-oriented “solution” to the rest of the world regarding the unprecedented issue of “the super-aging society in big cities.”

We will use these approaches and implement the solutions to this issue.

3. Three Strategic Viewpoints and Seven Pillars

The first step towards “a Healthy Social Model Anticipating the Era of 100 Years of Life” is to examine the Three Viewpoints and erect the Seven Pillars, as formulated by the Strategy & Business Architecture.

(1) Three Viewpoints

(a) From “Experience” to “Evidence”

In the fields of medical care and nursing, services have so far been provided by caregivers who have learned and practiced their “skills.” It was common that the measures required in the health and welfare domains were determined based on the caregiver’s judgment and years of experience.

However, large quantities of medical care and nursing data have been collected by advanced technologies (such as ICT), and this data can be analyzed and utilized from now on. Through these methods, we are now able to better understand how to provide effective cures, care in appropriate environments, and what kind of environment tend to force people to long-term care.

This allows us to aim for a system to deliver care “at the right level, in the right place” based on scientific evidence by using the “treasure trove” of existing data while protecting a patient’s private information.

(b) To Respect the Uniform “Rule” to “Diversity”

There is a uniform “rule” in the present environment of medical care and nursing system that improves efficiency and fairness. However, current situation shows the rule cannot cover each person’s life or issues. We must also determine whether a patient’s needs can be met using a checklist, or if they have needs that fall through the cracks between institutions. We must develop a mechanism that can respond to all people and lifestyles flexibly.

(c) From “Separation” to “Integration”

Until now, systems and service types were prepared according to progress in medicine and identification of daily living problems. Mechanisms were constructed to deal with issues such as medical care, nursing care, and disabilities.

However, the reality is that there are a rising number of people who suffer from various interlinked problems, such as issues with child-rearing, nursing, sickness, and work. We aim to bring together the scattered and separate services into a cohesive mechanism in which the service, the provider, and all relevant information are unified in focusing on the patient with limited financial and human resources.

(2) Seven Pillars

(a) Citywide Caregivers

- The practice and spread of scientific and systematic nursing

Nursing is a service where the medical “nursing” aspect and the “support of everyday life” aspect are combined. The methodology on how to measure the quality of the care provided and how to raise that quality have not been established. There is a lack of scientific evidence to show what is “better nursing,” since all care is delivered based on the experience and knowledge of each caregiver. From the way things currently stand, it is difficult to secure the quality of services based on the rapidly increasing needs of patients. We are already facing problems such as labor shortages in nursing homes, families who cannot bear the burden of care in the home alone, and patients who live alone and do not have relationships with other people.

In order to respond to increasing needs with fewer providers, reduction of care burdens and improvements in quality can be made by improving productivity through the use of technology.

While applying scientific principles and organizational systems approaches to nursing care, we can increase the quality and productivity of the care based on evidence. And by sharing care techniques with all citizens (including health care professionals and family

care providers), and with an understanding of dementia, we aim to create a society where patients and their families can live comfortably.

< Issues with the Status Quo >

The Senior Citizen Who Needs Care

In Fukuoka, it is expected that by 2025 around 100,000 aged people will require long-term care. This includes 55,000 elderly persons with dementia, which is close to double the number of elderly persons requiring care as of 2014. These numbers are expected to increase in the years following 2025.

The percentage of people aged 20 and over who are uneasy about the possibility of becoming bedridden or suffering from dementia in old age is around 75%.

The Environment of the Senior Citizen

One in four of senior citizens lives alone in Fukuoka.

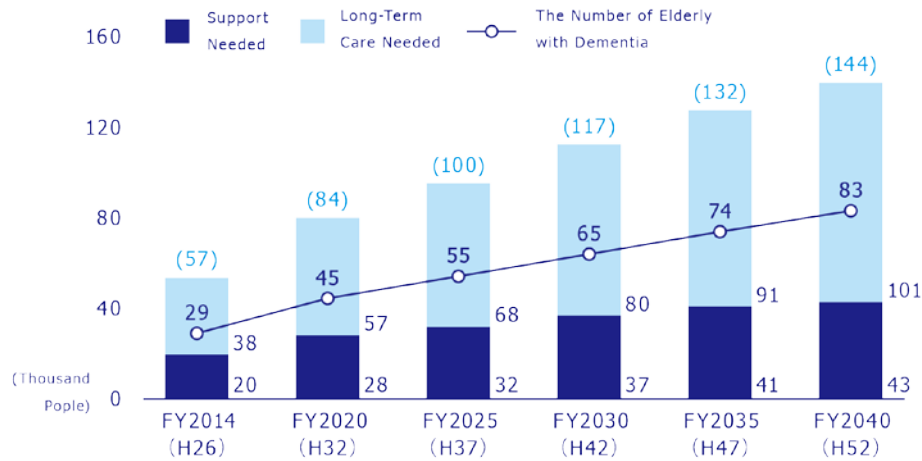
The family care burden increases due to the lack of caregiver personnel⁶ and weak relationships in the community. It is increasingly difficult to maintain an environment where senior citizens can live in comfort.

Organization of Care

Currently, a shortage of caregiver personnel exists in Fukuoka. It is expected that this situation will continue in the future.

⁶ Caregiver: People who are engaged in providing nursing care under this strategy.

Future Estimation for Long-Term Care and Dementia Care for Elderly People



*1 The number of elderly people needing long-term care is estimated from the certified ratio of long-term care category as of January 2014 and the future population estimation.

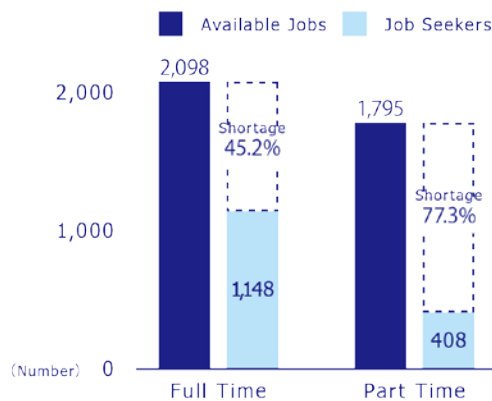
*2 The number of elderly people with dementia is estimated from the elderly ratio of Independent Level II (Daily Life) within those long-term care needed in the Fukuoka City, and multiplied by the number of those estimated to certified long-term care needed as of January 2014.

*3 The population estimation is extracted from the January's Basic Resident Register for 2014 and the "Future Population Forecast of Fukuoka City (Fukuoka City)" for years after 2014 and 2015.

Source: "Comprehensive Vision Concerning Health and Welfare of Elderly (2014)" and "Planning Commission for Comprehensive Vision Concerning Health and Welfare of Elderly."

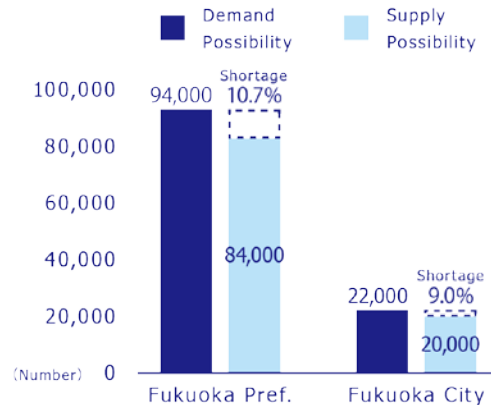
< Policy Measures >

The Hiring Outlook of Caregivers in the Fukuoka Region



Source: Available jobs and job seekers by occupation (March, 2016) Total of Job Placement Offices in the Fukuoka Central, East, South, and West.

The Supply Situation of Caregivers in the Fukuoka Region (Transition scenario in 2025)



Source: Supply and demand estimation of care givers in 2025 (Definite Value) by "Ministry of Health, Labour and Welfare"

The basic information regarding dementia and systematic dementia care techniques will be shared with citizens, including nursing care experts in a hospital or nursing home and care-giving families. At the same time, the various components that make up society will promote support for dementia in each position and a community where the patients and their family can live in peace.

The Spread of Dementia Care Techniques

We aim to verify and disseminate the effect of "Humanitude"⁷ during our Promote initiatives. Humanitude is one of the communication and care techniques for dementia, which reportedly calms the behavior and psychological symptoms caused by dementia and reduces fatigue and burnout of nursing staff.

While carrying out a model introduction to hospitals and nursing homes, we will promote the maintenance and improvement of independent and efficient care techniques in the institution through utilization of ICT, etc.

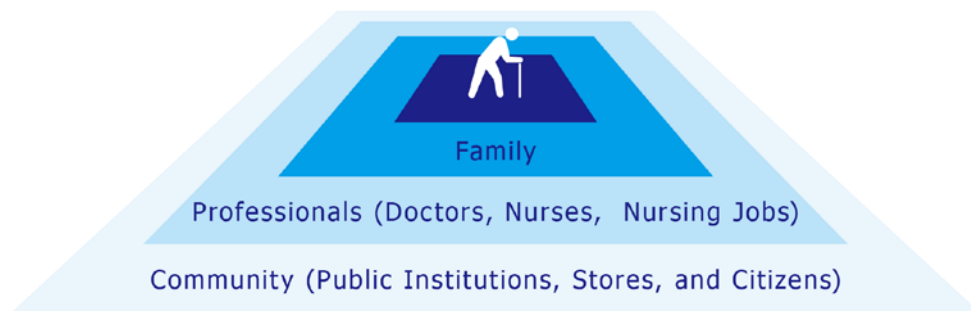
While supporting the development of simple versions of the program's teaching materials (that are easy to participate and learn for care giving families), we will promote measures to spread this knowledge to citizens and to establish these measures and practices.

Everyone's Involvement and Participation Beyond Areas and Positions

While deepening the community's understanding of dementia from business to citizen, we will create an environment that promotes support for dementia patients and their families.

⁷ Humanitude: A care technique developed in France that is based on a comprehensive communication using sensation, emotion, and language.

The Spread of Care Techniques



Before nursing care needs arise, create an opportunity to understand nursing care services, how to use them, and the nature of dementia to prepare for both family care and work, reducing the stress surrounding the topic.

Nursing Literacy⁸ Improvement Program

Working with businesses and functional groups, this program promotes measures to improve nursing literacy for people at around age 40.

⁸ Nursing literacy: Ability to use nursing care services

(b) Integrated Health Hub

- Infrastructure development that integrates the information of caregivers and receivers

Social security systems (such as medical care and nursing) were divided into smaller subsections according to the age and the problems of the people who needed to use the services. They needed to search for required information and services and secure the service provider every time.

However, complicated problems that cross different systems (such as illness, home problems, and advanced age) could make searching for required information and services lengthy and difficult. Also, securing personnel for each system will become difficult as the active population decreases. That is why it is important to centrally integrate health information, medical care, nursing information, service, and providers that had been separated based on age, issues, systems into one to focus--on patients. With this integration, we aim to create a mechanism for one-stop consulting about "uneasiness" or "small troubles," or to enable selection of new services based on each person's needs (such as "to provide a recipe suitable for the person," based on their desires).

< Issues with the Status Quo >

Utilization of Information

Information and services on health, medical care, and nursing are divided by field and life stages. The information is not utilized to optimize or improve the value or efficiency of the services that citizens receive.

There are many people who advocate for sharing of patient information and positive information disclosure between medical institutions.

There is no mechanism by which citizens can see a complete picture of their health information, and they rarely have opportunities to offer input into their medical care and nursing care services.

< Policy Measures >

Using a local blanket-care information platform⁹ as an infrastructure, promote a one-stop source for health, medical care, and nursing information. This will promote the decision-making processes concerning the civic production of active health, medical care, and nursing care services.

Unification and Utilization of Medical Care and Nursing Data

All the fragmented data related to medical care, nursing, medical statements, medical examinations, and assessment of long-term care certification, etc. are collected and protection is provided for a patient's private information. By analyzing the collected data, we can piece together a visualization of the current situation by location and future planning based on a life log¹⁰, and also promote evidence-based health care planning.

In the future, as well as unifying life log data such as health, medical care, nursing, etc. of every person based on their agreement, we aim to realize a system that information can be shared between institutions concerned with health, medical care, and the nursing fields in order to design and propose various services and information which were customized to every individual, which can be selected from based on the individual's intentions. Also, by disclosing analysis result of the collected data, new health care services can be created by civilian enterprise companies¹¹.

Sharing of Home Care Support Information

By sharing information (such as medical examination results and the status of a long-term care patient at the time of the visit that are useful for home care support with families) seamlessly with doctors in charge, nursing providers, and

⁹ Local complete care information platform: Information and telecommunications infrastructure required to collect data held by government branches. Necessary to conduct analysis related to local blanket care [*] and utilize seamless coordination between remote medical treatment and nursing staff through the sharing of information. * Location blanket care: Medical care, nursing, assisted living, etc. are offered seamlessly at a location (even if a person becomes sick or requires nursing), so that anyone can continue to live in a familiar location.

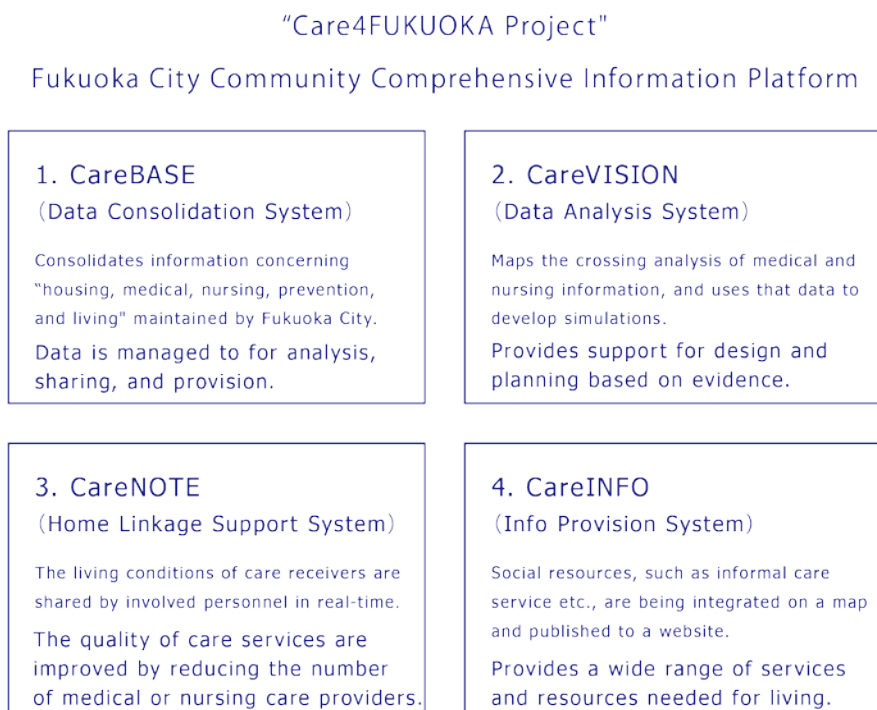
¹⁰ Life log: Digital record (action history) of a person's activity.

¹¹ Health care: Maintenance of health, health improvement, and health care administration

care managers¹², we will promote the creation of a system that provides different systems in a unified manner. By collecting and managing vital data¹³ by utilizing applications¹⁴ and wearable sensor devices, we can promote the patient's self-management of health, get advice from professionals, and send alarm notifications to concerned parties such as family members by automatic monitoring, etc.

Consolidation of Life Service Information

We will promote the creation of an environment where anyone can easily refer to available information on regional resources required for civic life by aggregating information on life support services¹⁵ provided by medical institutions, nursing care facilities, elderly housing, private enterprises, and NPOs¹⁶.



¹² Care Manager: The official name for personnel who have the professional expertise and skill to provide independence support for long-term care, or to reduce care burdens of families and other caregivers. When receiving a request from a long-term care or a family, a care manager will take into consideration the patient's mental and body health, environment, their family's desire to create a care giving service plan, and contact care-giving businesses based on that service plan.

¹³ Vital data: Information on the health status of a patient, such as pulse rate, body temperature, blood pressure, and information about the movement of the person (such as walking and running).

¹⁴ Application: the software used to perform specific work on a computer. The abbreviated word for application software (app) may also be used in this context.

¹⁵ Life support service: One of the health and welfare services provided by the local government, which promotes smooth operation of nursing insurance to support the ability of elderly people to live at home independently and without nursing care.

¹⁶ NPO: Non-profit organizations are not government, municipal branches, or private companies. They are independent entities that promote public welfare in society such as medical, social welfare, environment, international cooperation or exchange with the support of citizens and private companies. Non-incorporated volunteer organizations and entities are also included.

To live better until the end of your life, we will support you and your family in your final days¹⁷.

Terminal Support

By recording the intentions of the patient concerning the person's end-of-life intentions to share with their family, we can reveal a positive declaration of intent to live like themselves to the end while promotes communication with the person's family or a medical institution.

When the person passes away, it offers a mechanism to support the execution of a funeral, the disposition of residual household effects, etc.

¹⁷ Preparation for the end of life: Actions taken to plan for the end of one's life so that he/she can live better today as who he/she is.

(c) Digital Medical Home Era

- Enhancement of a “home-care structure” function which utilizes ICT

When a patient’s condition worsens, he or she will want to go to as large a hospital as possible for a medical examination and to receive medicine. It is inevitable that patients will ask for such medical care.

Because of this, it is possible that unnecessary examinations and medicines have been provided. This imposes a financial burden of medical expenses, and may take up too much of a medical worker’s time. Important issues for the future will not only involve medical examinations, but how to perform illness prevention and health maintenance in daily life. Also, if medical treatment is possible in the environment in which a person has lived their life, a person can receive treatment and continue to live as they always have even when regular hospital visits become difficult. The infrastructure involved in this “home-care structure” will become increasingly large and indispensable to each area. Therefore, we will promote the use of ICT and cooperate with¹⁸ private enterprises to strengthen the “family doctor” function that contributes to local medical care.

< Issues with the Status Quo >

Demand for Home Medical Treatment¹⁹

Demand for remote medical treatment in Fukuoka is expected to expand to 22,000 people in 2025 (a 250% increase from 2013). An efficient and high-quality organization must be built, and the efforts of talented people will be required.

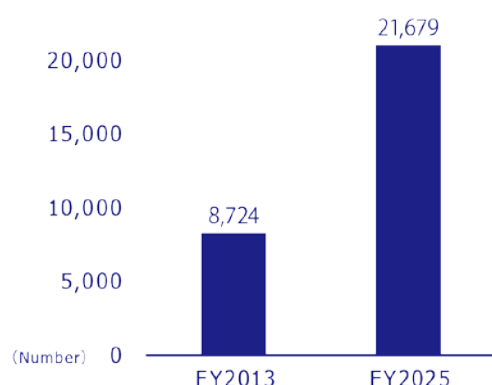
Tendencies and the Point

12.2% of Fukuoka residents pass away at home, which is fewer than other locations similar in size and population to Fukuoka. (5th least among cities designated by government). This statistic is expected to increase by 370% by 2025. It is also expected that one out of every four people will be “troubled” about places where people have spent their last moments.

¹⁸ Cooperation: Multiple entities working together for common goals.

¹⁹ Remote medical treatment: Medical workers (such as doctors and nurses) visit a patient’s house to provide medical service when it is difficult for the patient to go to hospital regularly.

Patients Requiring Medical Treatment at Home (estimation) [Fukuoka City]



*1 The number of patients who receive home visit care is shown for 2013. The estimated numbers of the Community Medical Concept are derived from "Home visit care by medical institutions' locations within the home care."

*2 In 2025, the number of patients included those who switched from medical treatment at a hospital to home care. The estimated number of patients of the Community Medical Concept were derived by subtracting elderly care facilities demands (admission numbers) from "Remote medical treatment by patients' locations."

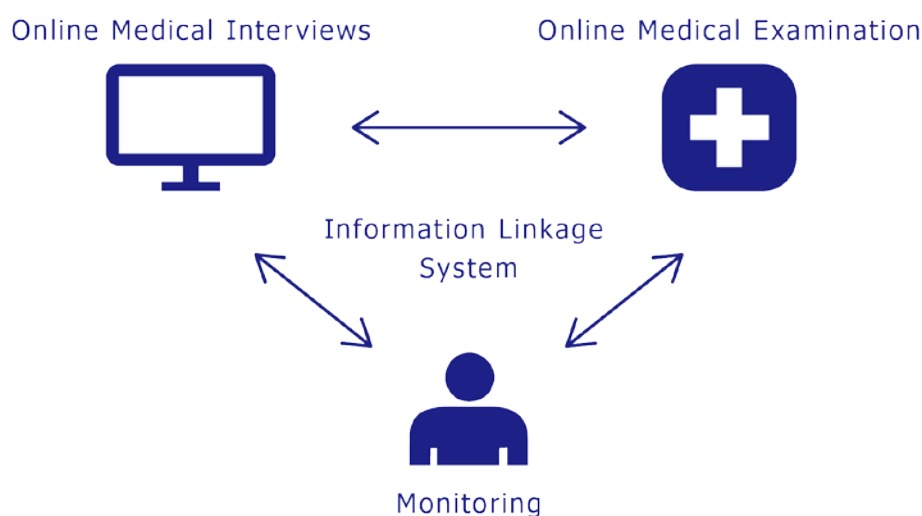
* In Fukuoka Prefecture, for the advanced acute stage and the acute stage: the medical institution location, convalescence, chronic stage, and patient address base, are to be adopted.

* The values of the chart on the left used numbers based on medical institution's base for easy comparison, as the patients' location cannot be identified.

Source: Fukuoka City Community Health Care Concept "Medical demands such as convalescence, chronicity, and a remote medical treatment."

< Policy Measures >

Promotes the coordination between the development of civilian enterprise companies using an ICT-medical service model and the strengthening of "home-care structure" functions.



Online Medical Interviews

By allowing patients to organize the content that the patient wishes to tell the doctors on a daily basis, omission of complaints²⁰ is prevented and the doctor can collect and prepare sufficient information prior to a personal visit. The efficiency of medical treatment time and the quality of medical care will be improved.

²⁰ Main complaints: Main symptoms that cause patients to seek consultation with a doctor.

On-Line Medical Examination

By using the travel time usually required to visit a patient and conduct a medical examination for something more valuable, we can improve a doctor's productivity. This method also mitigates the burden of regular hospital visits to the patient, and is useful when continuous consultation with difficult patients is required. It also aims to prevent omissions from medical treatment.

Information Linkage System

Aims to build a mechanism that makes it possible to share information with a family and facilitate interactive communication between the doctor, the patient, and the family. It takes into consideration the patient's personal information and promotes "the creation of the network that watches a patient." Also includes the vendor who provides fixed monitoring and consultation support.

(d) Health Lab

- Production of a mechanism which produces new services for supporting health

Various measures have been developed all over the country concerning the production of health support measures. These measures are built to aid healthy production, and have also contributed to making friends.

However, the measures have yet to mature, as verifications were not enough to determine whether they were truly effective. There is also the possibility that the term “the production of health” is tinged with a compulsory tone, and is encouraged by providers.

From this point onwards, using evidence and knowledge concerning the newest behavioral economics²¹, promote an integrated experiment and a mechanism that incorporates city planning and various other services beyond the scope of the administration by which all citizens can tackle health enhancement “with pleasure.”

< Issues with the Status Quo >

Element of Medical Expenses

Lifestyle-related diseases and related issues comprise about 40 percent of the medical expenses (National Health Insurance and medical care for people over seventy-four years old) of Fukuoka.

Causes of Long-Term Care

The factors for long-term care in Fukuoka are that 40% of males suffer from diseases related to lifestyles and 30% of females suffer from locomotive syndromes²².

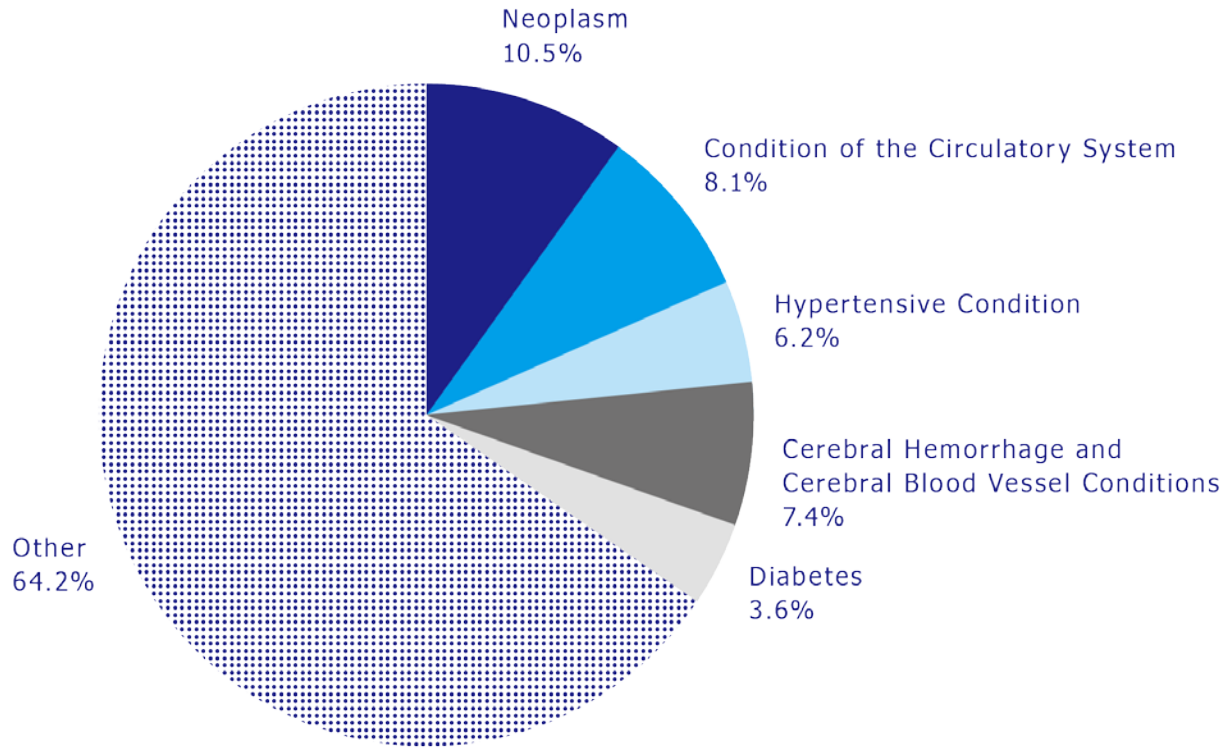
Health Consciousness

²¹ Behavioral economics: A new economic model designed to pay attention to those who are not necessarily acting rationally. Used to identify social phenomenon and economical actions that cannot be explained using traditional economics by observing human action.

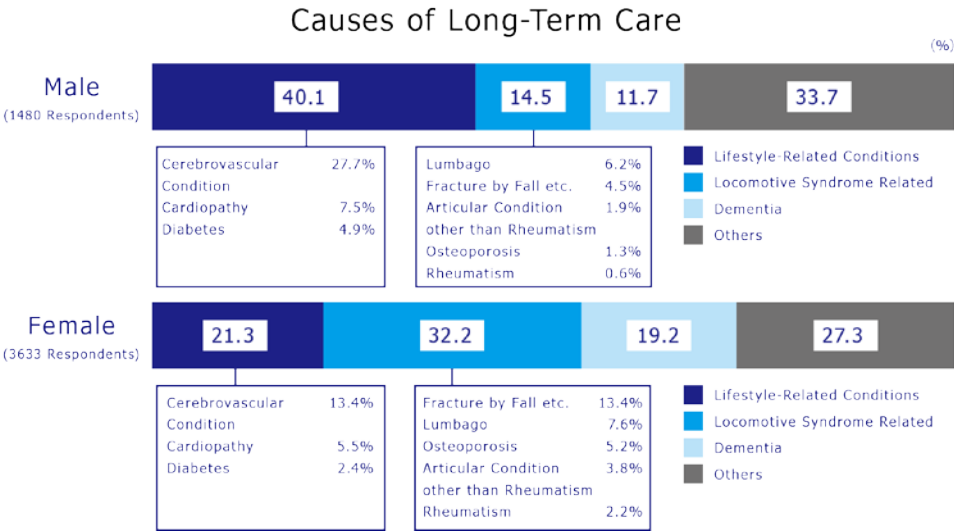
²² Locomotive Syndrome: Symptoms, such as fall fractures, low back pain, joint disease, and osteoporosis, which arise by the decline of body movement structures (such as bones, joints, and muscles).

Fukuoka's specific examination consultation rate remained at about 60% of the National Municipal National Health Insurance average (2013: National Municipal National Health Insurance average of 38.5%, Fukuoka 22.1%), compared with the ordinance of the city ordinance average (26.8%). There is also a low consciousness of citizens' health risks, such as low visit rates.

Breakdown of Fukuoka City Health Care Costs
(National Health Insurance and Medical Costs of Persons Over 75 Years Old)



(Note) Pharmacy expenses and dentistry examination costs (by people over 75 years old) are not included. Source: Fukuoka City (May, 2014)



Source: "Heisei elderly people survey in the 25th fiscal year" [Fukuoka]

< Policy Measures >

“Fukuoka Health Lab” will be established by the citizens, companies, universities, and government branches as a place of co-creation and collaboration²³. This lab will facilitate products and service development, as well as serving for the ground of proof-of-concept and deployment, via open innovation²⁴. These products and services will be useful to maintain citizens’ health and nursing prevention.

Promotion of Co-Creation Innovation²⁵

In accordance with health needs and social issues (such as prevention of lifestyle-related diseases and locomotive syndrome), an Ideathon²⁶ from all stakeholders will be held. We will create an open platform to match ideas, products, services, funds, talented people, universities, and business interests from new companies to large enterprises to promote collaborative innovation.

Accumulation of Data and Gathering of Evidence

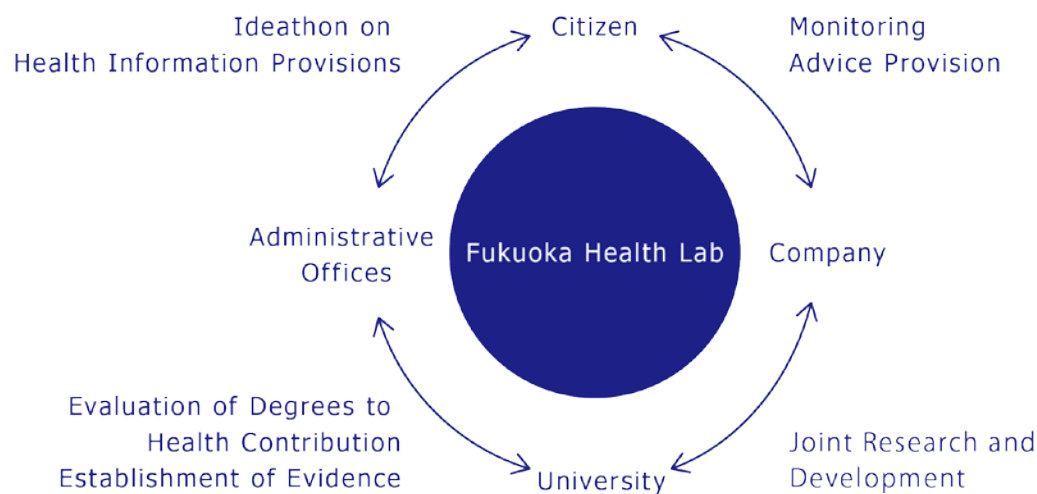
We will promote data collection and accumulation through businesses such as medical care and nursing care, administrative action, and even through citizens who may be indifferent to the process, participate in the verification of new products and services developed by companies. Furthermore, we will attempt to gather more evidence by analyzing data concerning assessments of health contribution.

²³ Co-creation: Various entities such as municipal councils, companies, local associations, NPO, universities, and government branches acknowledge each other’s roles and responsibilities. They will bring together wisdom and collaborate to create the better future for local communities by leveraging beneficial and available resources while cultivating mutual relationship and partnership.

²⁴ Open innovation: To create new values and solve issues by using external capabilities and ideas.

²⁵ Innovation: Expansion of a new product, service, a market, etc. using a new way of thinking using to change a technique or a system.

²⁶ Ideathon: Type of event where ideas are put together by groups for specific themes. The word is a portmanteau of Idea and Marathon.



People will take control of their own habits, changing their lifestyles to improve their own health and reduce their own risks for lifestyle-related diseases and locomotive syndrome. We will promote healthy behaviors through various structures and mechanisms, even to citizens who are not interested in health.

Predicting Health Risks

Based on the results of epidemiological research at Kyushu University School of Medicine²⁷, citizens can use health checkup data on their own to recognize their health conditions and the risks of future diseases. They will be able to receive health advice on what to do to reduce those risks.

Promoting Healthy Behavior

We will promote the creation of an environment that encourages behavioral changes in people who are not interested in health check-ups by increasing

²⁷ Hisayama Epidemiological Study: Over 50 years of medical study of lifestyle diseases. The study attempts to identify the types of exercise and diets expected to prevent lifestyle diseases such as diabetes, cardiovascular disease, and dementia.

opportunities to receive specific medical examinations or scheduling a “next consultation” upon completing the current exam.

We will cooperate with universities both in Japan and overseas to actively incorporate the latest research results (such as behavioral economics and cognitive psychology²⁸), and will promote a system to unconsciously induce healthy behaviors to our citizens (including citizens who are not interested in health). We will utilize various resources to turn the whole town into a health promotion, and combine advertising with incentive mechanisms to encourage healthy behaviors.

Health-Conscious Menu Development and the Healthy Restaurant Authentication System

We will promote efforts to support healthy eating habits of citizens through development of health-oriented menu via public-private partnership and by a certification system for restaurants engaged in health and eating habits improvement efforts.

²⁸ Cognitive psychology: Area of psychology that studies human cognitive activities such as sensation, memory, and thinking.

(e) Multi-Generational Community Model

- Production of multi-generation exchange / community networks

In Fukuoka, community halls and social welfare councils²⁹ are established for each elementary school district, and local community activities are developed throughout. One problem we have is a shortage of promoters of community activity, and the issue of inertia.

If we take the “Era of 100 Years of Life” into perspective, we need to change the way we think about senior citizens. We must move past the idea that social roles are defined by a person’s age.

Then, regardless of gender or generation, we will be able to engage the capabilities and motivations of each person to promote an environment that supports the community.

< Issues with the Status Quo >

Employment Volition

Voluntary employment is very high even at the elderly level, and about 70% of people hope to continue working even after passing the age of 65.

Employment Opportunities

In Fukuoka, the employment rate for people aged 65 and over³⁰ is low when compared to other cities (21.3% of national average, Fukuoka 18.3%). Also, females have a much lower rate of ownership than men (28.6% male and 11.1% female in Fukuoka).

Volition to Make Changes

In Fukuoka, the percentage of those who have considered starting up their own businesses is high in active generations (20s to 50s). 40% of men in their forties

²⁹ Social Welfare Council: Based on Social Welfare Act, private social welfare organizations are established with public nature and individuality. They are constituted from local citizens or public and private social welfare institutions. They are established at the national, prefectural, major city, and municipal levels.

³⁰ Employment rate: Ratio of employed persons (those who are working to obtaining an income) in the population. Here, we point out the percentage of employed persons (person aged 65 and over who are working to obtain an income) in the population who are aged 65 and over.

want to start their own businesses.

Expected Fields

In the local community, the shortage of workers and jobs are issues, and new talent is needed.

In order to support elderly people who require nursing care in the community, senior citizens are expected to contribute to community businesses³¹, etc.

<Policy Measures>

We will promote the creation of an environment where we can connect across generations and work together to fix regional problems.

The Activity Debut for the Local Labor Population

We will promote the creation of an environment where active working people (40 to 50 years old) can participate in the community, such as by collaborating with companies and professional organizations to provide learning opportunities about local activities.

Using the Community to Fix Regional Issues

Regardless of sex and generation, each local resident can bring knowledge, experience, and skills to promote a system that fulfills needs and solves problems.

For seniors who have finished raising children, etc. who discover themselves with new life style, we can spread awareness that they now have time to participate in activities or find employment. We will support them from the stage of awareness to the realization of the goal.

Introduction of a Comprehensive Support Function

We will hold seminars, events, etc. to transmit these new values according to the "Era of 100 Years of Life" for the labor population (aged 40 to 50) to seniors, and encourage them to create their own second life.

³¹ Community business: The local issues are solved by the technique of "business" as harnessing local resources

We will create an environment in which the necessary skills and knowledge can be acquired by collaborating with universities and vocational schools. We will promote the creation of opportunities for continuous social participation according to volition and ability.

We will promote information exchanges or opportunity creation for citizens who wish to participate in the community, such as plans for life employment, volunteer work, or to make friends.

From people who are motivated but unsure how to contribute to those who have clear ideas, we will create support mechanisms and provide leadership training.

We will conduct employment events for hopeful industries and promote the opportunity to work and have other experiences.

Utilization of “R60 Club”

We will use the R60 Club to plan and manage various events by making full use of the experiences, skills, and interests that senior citizens have cultivated. We will promote the discovery and accumulation of business ideas for those who wish to gain or retain employment.

In addition to introducing examples of the activities of the R60 Club to citizens, it will encourage willing senior citizen participation by recognizing excellent performance.

Comprehensive Support Mechanism



R60 Club

Support Various Events to Harness the Experience, Skills, Hobbies and Interests of the Elderly.
An Examination and Accumulation of Business Seeds

Planned & Managed by Elderly

[Tourism and Culture] History / Stroll Tours	[Purpose in Life] Old Favorite Music and Live Experiences
[Culture and Experience] The Hakata Weave and Textile Production Experience.	[Start Up Experience] Starting a Cafe in an Empty Store-Space.

Elderly people can create a second life for themselves as they see fit.

(f) CareTech Program

- A promotion of innovation in health care, medical care, nursing care, and technology

In our role as a “start-up city,” we have been supporting a wide range of start-ups. However, we cannot say that we have sufficiently supported those with a high potential to grow and contribute to our citizen's quality of life such as the health, medical care, and nursing care fields. These fields, where you “care” for a wide array of people in health, medical care, and nursing care, have specific issues (such as cause-and-effect analysis) which can cause situations to be delayed. We will focus on supporting start-up companies who will undertake challenges in the field of “care.” We will make a name for Fukuoka as a place that supports “Care-Tech.” In the field of “Care-Tech,” new technologies (including IoT and artificial intelligence, elderly-assistance alert systems, and sensors for detecting urination) are constantly appearing. We will also create an environment for start-up companies to operate in Fukuoka that can consistently draw from the various needs of the area.

< Issues with the Status Quo >

Venture Capital Investment in Japan

Japan's venture capital investment is 2% of that of the US. The investment ratio in the health care area (which is a growing field) is less than half of that in the United States (investment ratio in the biotechnology, medical and healthcare fields: 26% in the US, 12% in Japan).

Points of Contact with Specialists, Medical Care, and Nursing Locations

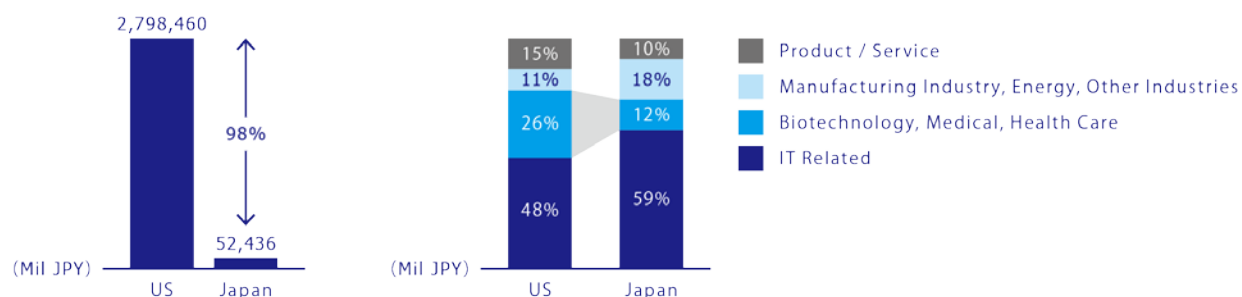
The cooperation of the “health care industry” is indispensable in regard to medical and nursing care providers, local governments, etc. However, there are few “open spaces” where stakeholders can gather, giving a strong impression of exclusion.

Reservation of Profitability

Because the fields of healthcare, medical care, and nursing care have been protected by the “system” so far, the usual market principles have not functioned.

There are few financing providers who will lend capital required to launch new businesses, and loan availability from regional banks is not always sufficient.

Japan-U.S. Venture Capital Amount Investment by Area



Source: Venture Enterprise Center "2013 Annual Report on the Venture Businesses."

Data and Local Resources Information

It is difficult to access data on local resources that can be utilized to create new health care services (such as "health × food," "health x tourism"), and the data determining market entry points.

< Policy Measures >

As a base for new technology "Care-Tech" innovations in the fields of health, medical, and nursing care, we will aim for collaboration opportunities and ecosystem³² creation with start-up companies, citizens, medical and nursing care providers, large businesses, universities, and investors through start-up support measures such as start-up cafe³³ and full-time support experimental projects³⁴ and the "Fukuoka Health Lab."

Regular Ideathon Meetings

We will regularly hold opinion exchange meetings to share medical welfare needs and to discuss social issues with start-up companies and citizens, medical and nursing care providers, universities, investors, etc. This will lead to the development of concrete products and services. We will promote exchanges with new businesses in the "Care-Tech" field.

³² Ecosystem: Interactions between multiple companies and personnel that facilitate product development and business activities. By complementing each other's technology and capital, developers, ad agencies, sales reps, and marketing media, companies and consumers become involved with one another and go beyond industrial or national borders to prosper together.

³³ Start-up café was established on October 11, 2014 in Fukuoka as a casual place to meet for "those who wish to start a business" and "those who wish to support a new start-up."

³⁴ Full-support on demonstration experiment: Fukuoka's initiative to call for demonstration experiments from persons or companies nationwide who have unique technology or ideas. Outstanding projects are given full support for experimentation in Fukuoka.

Foundation of a “Care-Tech Alliance”

As a framework for enabling experimental collaboration, speedy contracting, and investing that are beyond the current system, we will create “Care-Tech Alliance.” We will also promote the development and commercialization of “Care-Tech” through start-ups, major companies, medical and nursing care providers, investors, and citizens building networks.

Start-up Training in the Care-Tech Domain

We will regularly hold matching events (such as start-up cafe and a start-up selection³⁵) to connect medical and long-term care business operators, large companies, universities, and investors to discuss new business and service ideas.

If necessary, we will promote the growth of start-up companies by deregulating and utilizing special zones (special national strategy area³⁶), formulating guidelines for each field, and utilizing crowdfunding³⁷ sources.

Showcasing Care Tech

We promote the collaboration between “Care Tech” ventures, Nursing Care Facility (Day Service)³⁸, and Elderly Welfare Facility (Special Nursing Home for the Elderly³⁹). We aim the center of the “Care-Tech” showcase that uses ICT and IoT etc.

³⁵ Start-up selection: The Fukuoka City-sponsored matching event where enterprises in various stages meet and provide business opportunities to start-up companies and major companies.

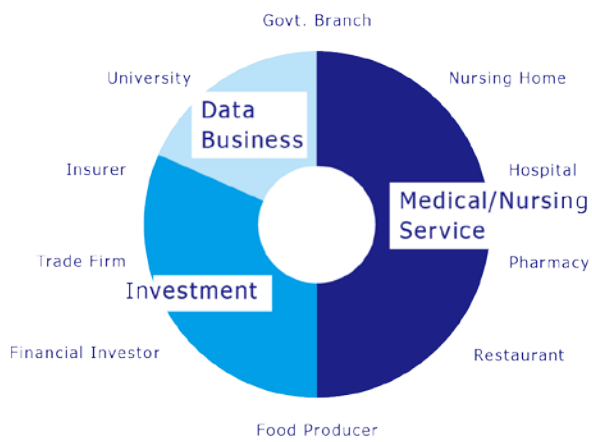
³⁶ Special area (special national strategy area): A special zone formed by regulation to verify the effectiveness of the revitalization of the economy of Japan. Fukuoka was specified as the “Global Foundation and Special Job Creation Area” in May 2014

³⁷ Crowdfunding: The word is made from Crowd and Funding. Creators and entrepreneurs obtain funding and cooperation from an unspecified number of people via the Internet in order to achieve specific ideas or goals, such as product and service development.

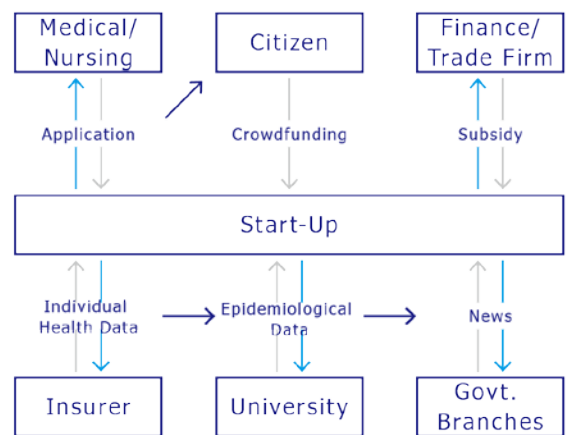
³⁸ Day service: Provides care for everyday life, such as by providing baths, meals, and functional training at a day service center.

³⁹ Nursing-care welfare facilities for the aged (Special Nursing Home for the Elderly): Provides care for everyday life, such as nursing, functional training, health care administration, and medical treatment.

Consortium Image



Framework to Promote Business



(g) Center of International Aging Care

- Framework improvement to support foreign nationals training and exchanges

Fukuoka is the largest city and is closest to the rest of Asia. We have the reputation of being open to foreign countries and many medical institutions. As a developed country at the forefront of the world, we have the potential to turn our care skills into “soft power⁴⁰.”

However, the efforts of foreigners to become active in the field of nursing care and to develop nursing care services and related industries in other countries has just begun.

Asian countries are just behind Japan in addressing the problems of an aging population. By accepting leading candidates who take care of their communities, sharing our experiences in the nursing care field, and learning together, the quality of nursing care in Fukuoka will be improved and various businesses (such as nursing care businesses) will come to Asia. We aim to be the bridge to that advancement.

If globalization advances at nursing care sites and “nursing care” becomes the “KAIGO” (an international language) that bridges the gap between Fukuoka and the world, it will lead to stimulation and rewards to the people working in the nursing care field. Through these efforts, we expect to promote intercultural exchanges with Asia in the nursing care world, which in turn will lead to securing the services of excellent foreign workers highly skilled in nursing care.

< Issues with the Status Quo >

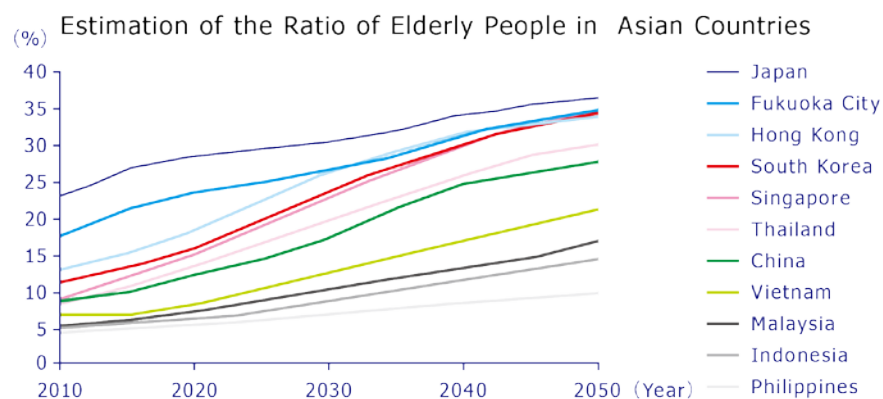
Aging in Asia

The aging of the rest of Asia is following Japan at a rapid pace. Nurse training is an important future issue for all of Asia.

A rise in the aged population of Asia is similar to that Japan, and using Japan as a model of a super-aging society is expected.

⁴⁰ Soft power: Strength which can be used to influence foreign countries through charm of the country rather than force.

Asian Caregiver Recruitment Environment



“Nursing” has been added in a foreigner's residency status and as a targeted occupational description for skill training system for foreigners⁴¹. An Economic Partnership Agreement (EPA)⁴² will improve the framework to accept nursing care personnel. Fukuoka has the geographical advantage in Asia and is expected to challenge super-aging. We will demonstrate leadership in Asian caregiving human resources development and technological development.

< Policy Measures >

We aim to collaborate with industry, academia, and the government to create an environment where Asian care workers are taught. We will attempt to establish a mechanism to train personnel as nursing care leaders in Asian countries and to support activities in their home country.

Programs to Train Nursing Care Leaders in Asia

We will organize alliances by nursing care worker training schools, hospitals, academic institutions, etc. We will establish a curriculum and an authentication scheme for the training program to ensure the quality of the training.

⁴¹ Skill training system: The system of accepting foreigners (such as those from developing countries) for a fixed period of training in Japan. Skills are transferred through OJT as an international contribution.

⁴² Economic Partnership Agreement (EPA): Agreement between two or more countries (or areas). It is a comprehensive agreement that includes fields other than trade, such as the transfer of people and investments, government procurements, bilateral cooperation, in addition to the element (liberalization of goods and service trade) of Free Trade Agreement (FTA). The abbreviated name of "Economic Partnership Agreement"

We will design a modular curriculum that can be modified according to the trainee's expertise and needs. We will promote the acceptance of dispatch training from nursing universities and nursing care providers in Asian countries.

Acceptance Support for Asian Care Workers

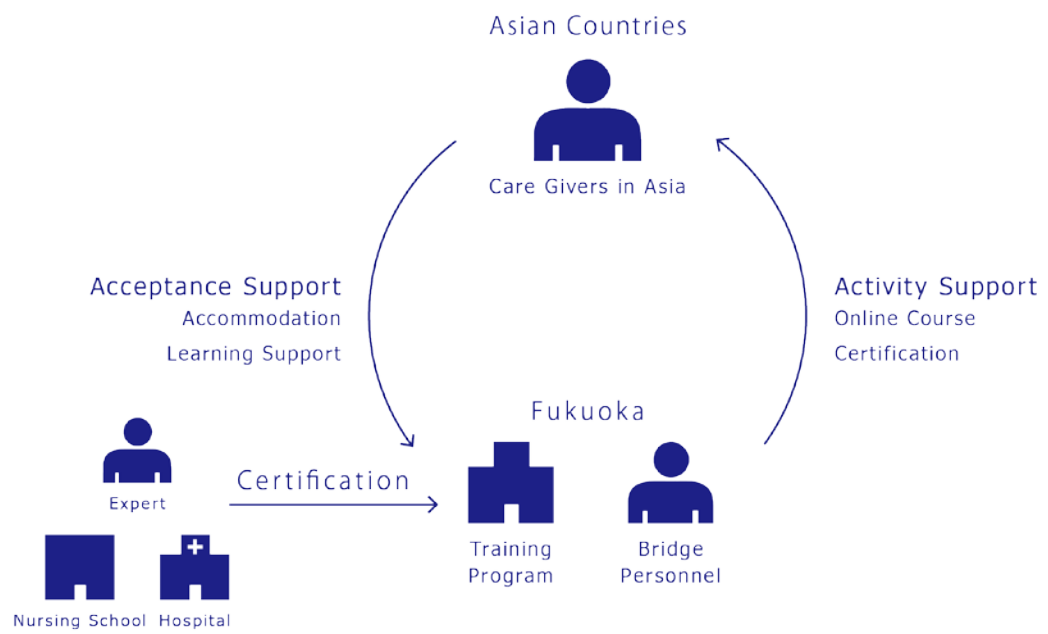
We will support students by helping them find a place to stay (such as vacant properties and host families), providing Japanese and Hakata dialect language instruction, and striving to attain an environment of acceptance so that they not only acquire nursing care knowledge, but also understand Japanese / Fukuoka culture. Then, by having them become "Fukuoka fans," we will attempt to increase the exchange population and improve the quality of nursing care by securing excellent Asian talent.

As necessary, we will take on the challenge of creating an environment that will make it easier for students to participate in the training program, such as by deregulating utilizing special zones.

Activity Support in Their Home Country

After graduation, we will provide online courses that can be used even after the student returns home, and will provide networking opportunities for graduates. Graduates will act as a bridge talented person⁴³, and they will cooperate with vendors in Fukuoka to try and create a mechanism to support marketing of Japanese-style nursing care services and related products to Asian countries. In the future, we will work with universities, research institutes, hospitals, etc. in Asian countries to establish our own certifications, so they will be useful for students after they return home.

⁴³ Bridge talented people: The people who are familiar with circumstances in both Japan and overseas, and who can become a bridge when Japanese businesses expand to their home country.



4. Challenge of Fukuoka

The “Seven Pillars” mentioned here is a “challenge list” to adapt to the coming super-aging society, and to a future that will appreciate a long-lasting life. This promotes incorporation of new ideas and methods with a wide range of players and the administration. Some things may require trial-and-error experimentation. Others will require the consensus and collaboration of many. Of course, the mobility and flexibility to quickly and reasonably convert the content of the initiatives and how to proceed as necessary in accordance with the direction of the pillars is also important.

We must consider the concrete actions accompanying these “Seven Pillars” as soon as possible while considering the “needs of society,” “feasibility,” and “social impact.” We will develop a thorough plan for these items and follow through.

We are planning to make a successful model ahead of the rest of the world that showcases Fukuoka's values while firmly discussing with many more citizens in the future. This is not just for all Fukuoka citizens young and old, but also for people engaged in medical and nursing care, and for raising questions and related messages to universities and private companies. We would also like to find people who are interested in Fukuoka's efforts not only from Asia, but from all over the world.

If you are interested in this Strategy & Business Architecture, please raise your hand and let your voice be heard.

This is the model of a sustainable healthy society that looks forward to the “Era of 100 Years of Life”

We can build it together!

Appendix Profile of the Fukuoka citizen in 2025

55-year-old male (office worker) (currently 47 years old)



I spent 30 years in small and medium-sized enterprises in the field of accounting. Every day was consumed with round trips between the company and home. The only thing I enjoyed was beer every evening, but I was diagnosed with diabetes five years ago.

Although it will still be some time until I reach retirement age, my children have already graduated from university. I want to do work that will benefit society by making use of my experiences. I was interested in the leaflets I got at the Hawks game and I attended an event thinking about my Second Life.

I was introduced to a group of college students in an engineering department who had started a life support venture for old people. They developed a watching sensor for elderly people, but were in trouble because they did not have any knowledge of accounting. I decided to help them only on Tuesday and Friday evening. When I worked with them, I reduced my drinking, and my medical examination results stabilized. I plan to retire early and join their company.

20-year-old female (college student) (currently 12 years old)



I came out from Miyazaki and I live alone. But I always dine out, so I started dieting. I tried changing my lifestyle by checking the recommended menu and doing the 5-minute exercises on the mobile application. Buses are crowded, so I walk as much as possible. I found lots of parks and temples, so it is surprisingly fun! I can use the points I saved by walking at convenience stores.

A grandmother who lives in the next apartment finds it is painful to go shopping because it's cold, so I sometimes bring her a dish that I made and introduced her to a neighborhood student volunteer group who helps her go shopping. In the meantime, I help set up PC for video conversation with her family doctor.

45-year-old female (nurse) (currently 37 years old)



With a recommendation from the facility manager at work, I acquired Japan's first systematic dementia care method, which was developed in collaboration with industry, government, and academia five years ago. It is now a basic skill of the facility staff.

Together with the creation of a care plan by artificial intelligence (AI) and sophisticated user-watching by IoT, even inexperienced staff can provide the same quality of care as a veteran.

In recent years, I have also served as a part-time lecturer at the Department of Care Data Analysis at the University. Nowadays it is natural to record and consult with tablets at a nursing home. The use of collected nursing care user data is progressing. I was asked by food manufacturers for my cooperation at the development stage and consulted with a company who carries medicines and foodstuffs to senior citizens at Genkaijima by drone for something that can be sold for nursing care.

Fukuoka is also a safe city for the elderly who are wandering, as more people in the area have knowledge of dementia thanks to training received at the age of 40.

83-year-old male (local volunteer) (currently 75 years old)

When I consulted my family doctor with shoulder severe pain, I was asked if the same thing had happened in the past. However, my memory isn't as good as it used to be. So, when I agreed to have my medical data researched, I learned it hurt in the same place that I had broken it 10 years ago.



Because I needed surgery, I consulted with doctor along with my son in Tokyo via video. He explained the surgical method and the risks in an easy-to-understand manner. I was satisfied and took the surgery.

Now I rehabilitate at home for 20 minutes every day while watching videos sent via smartphone. I am living with the help of people from various generations in the housing complex, but I think I will soon enter dedicated housing for the elderly. On the website of the city hall, we began looking at the housing. An e-mail will when my favorite property is available.

60-year-old female (housewife) (currently 52 years old)

Once our youngest child became independent, I began to participate in activities I had been invited to by my friends. For members who like new things, I was informed about musical applications developed by a Fukuoka venture, which will raise the stage level by mastering the subject songs and dances. There are also functions that allow users to compete for ranking across the country, and everyone in our circle had been excited for over a year.



When my bone density was measured during a physical examination, the numerical value had improved and the bone's age was in the early 50s. I was praised by the public health nurse, but I was only singing and dancing for fun, and I feel good.

The other day I learned that there are ventures in the area that offering services to help with minor troubles in people's daily lives. I heard that there was many topics that I could contribute by making use of the experiences in child-rearing and home-making. Having confidence in my health, I joined the staff. Although it is the first time in 30 years I have worked, but I have a feeling of satisfaction every day.

43-year-old male (citizen of Mongolia) (currently 35 years old)

For five years, I learned nursing care and worked at a certification facility in Fukuoka. I have opened a nursing home care facility in my home country. It is a popular facility with a waiting list of 300 people, and it often appears in the media.



Fukuoka is famous in Asia due to the global standard of nursing care that was developed jointly between a graduate school and a nursing home. Also, the Mongolian translation of "Instructions for Keeping Healthy," which is useful for a senior citizen's production of health is in a best seller.

At our facility, we do not use salt or oil. "Healthy burdock udon" from Fukuoka is a very popular dish. I heard that the manufacturing company has entered the markets of ten countries in Asia. It is a relationship that I often talk about via the TV phone with the Tajima family of Nishishin, who was my homestay family in Fukuoka. I would like to for my son to study in Mongolia next year.

Fukuoka Health Model Initiative Formulation Committee Member List

Committee

Chairperson:

Takeo OGAWA, Emeritus Professor of Kyushu University / Fukuoka Asian Urban Research Center, Special researcher

Vice President:

Akinori KIYOSAKI, Director of Fukuoka Directive Council

Rei GOTO, Associate Professor of Graduate School of Business Administration, Keio University

Megumi TAKADA, Professor of Department of Business and Technology Management, Graduate School of Economics, Kyushu University

Yoshio TSUBOI, Vice Director of Fukuoka University Hospital

Takuya NAKAMURA, Executive Director, Advanced Health City, Fukuoka City Public Health & Welfare Bureau

Toshiharu NINOMIYA, Professor of Department of Epidemiology and Public Health, Graduate School of Medical Sciences, Kyushu University

Hana HAYASHI, Associate Director, McCann Global Health

Chieko HIGUCHI, President of Non-Profit Organization Tangaku

Satoko HOTTA, Professor, Education and Management in Health and Welfare, International University of Health and Welfare Graduate School

Manami HORI, Professor of Department of Human Development Human Welfare Environment, School of Humanities and Culture, Tokai University

Hiroaki MIYATA, Professor of Department of Health Policy and Management, School of Medicine, Keio University

Shinsuke MUTO, Medical Director of You Home Clinic, Tetsuyu Healthcare Holdings Pte Ltd.

Daigo YOSHIDA, Assistant Professor of Department of Epidemiology and Public Health, Faculty of Medical Sciences, Kyushu University

Fukuoka Health Model Initiative Formulation Committee Member List

Advisor

Shigemori ISHIDA, Honorary President of Fukuoka University / Fukuoka City Public Health and Welfare Council Chairman / Fukuoka City National Health Insurance Management Council Chairman

Yoshikazu KENJO, Professor of School of Commerce, Keio University

Yoshikazu GOTO, Visiting Professor of Nihon Fukushi University (Professor of Department of Materials Engineering, The University of Tokyo)

Katsunori KONDO, Professor of Center for Preventive Medical Sciences, Chiba University / Director of Japan Gerontological Evaluation Study, Center for Gerontology and Social Science, National Center for Geriatrics and Gerontology

Hitoshi NAGARA, Chairman of Fukuoka City Medical Association

Mamoru YAMASHITA, Special Assistant to Director-General, Office of Counsellor for Social Security, Director-General for Policy Planning and Evaluation, Ministry of Health, Labour and Welfare

(Healthcare 2035 Member)

* Until June 20, 2016

Shinichi NOZAKI, Special Assistant to Director-General, Office of Counsellor for Social Security,
Director-General for Policy Planning and Evaluation, Ministry of Health, Labour and Welfare
(Healthcare 2035 Member)

* From June 21, 2016

Takayuki YOSHINO, Director General of Kyushu Regional Bureau of Health and Welfare, Ministry
of Health and Welfare

Secretariat: Fukuoka City Public Health & Welfare Bureau Advanced Health City
Department

Secretariat Support: Accenture Corporation

(Public Service and Medical Health Headquarters, Strategic Consulting Headquarters)

History of the Formulation of the Fukuoka Health Model Initiative

(1) Fukuoka Health Model Initiative Formulation Committee

We held five Fukuoka Health Model Initiative Formulation Committee. In addition, we have been visiting advisors since July and conducted hearings.

1st Meeting	June 2, 2016	Prior issues, committee announcement
2nd Meeting	June 27	Prior issues, committee announcement About committee idea global image arrangement
Interview	July 20	Mr. Yoshikazu Goto
Interview	July 21	Mr. Hitoshi Nagara / Mr. Yoshikazu Kenjo
Interview	July 22	Mr. Katsunori Kondo / Mr. Shigemori Ishida
3rd Meeting	July 26	Strategy & Business Architecture concept and an action plan About leading businesses
4th Meeting	August 18	Strategy & Business Architecture outline plan About leading business
Interview	October 14	Mr. Takayuki Yoshino
5th Meeting	January 30, 2017	About a Strategy & Business Architecture plan

* Mr. Yamashita and Mr. Nozaki of the advisers heard opinions while attending formulation meeting

(2) Outline of the Strategy Plan Briefing Session and Lecture Meeting

At the time of strategy formulation, a lecture was held to explain the outline of the strategy plan, etc. for citizens, medical and nursing care workers, private enterprise stakeholders, etc.

February 6, 2017

Instructor:

**McCann Global Health
Associate Director**

Ms. Hana Hayashi

**“Health Creation Achieves
Results”**

Instructor:

DATA VEHICLE Inc., director

Mr. Hiromu Nishiuchi

**“How to Make Fukuoka Healthy
with Data”**

Fukuoka Health Model Initiative

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