

“Welfare Village Building” project

Cooperation among
Consumer retail coop and
Health and Welfare coop

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The rise of Disconnected Society

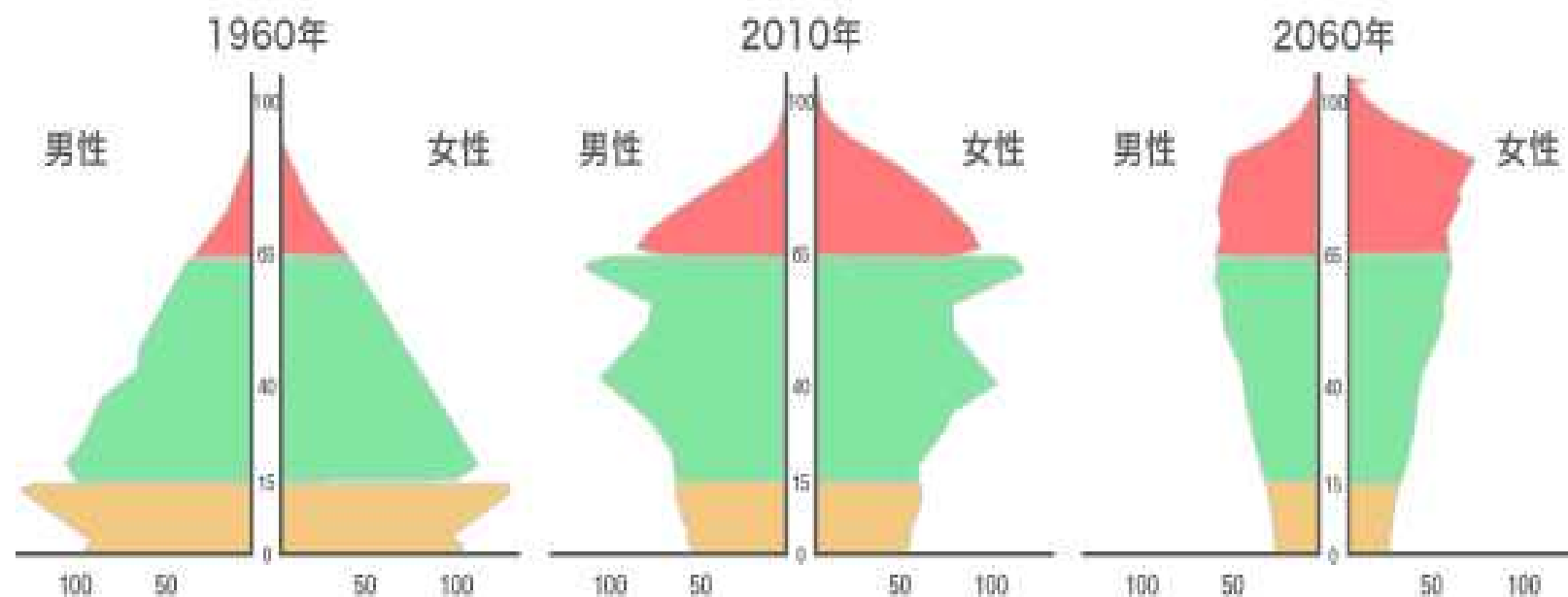
Three years ago, NHK Special gave shock to Japanese with the dismal portrait of **Disconnected Society**,

Aged-drift Society, Aged-bankrupt Society

Solitary death: Nation-wide 30,000 cases , Tokyo 3,000 cases

Japan, from aging to post-aged society

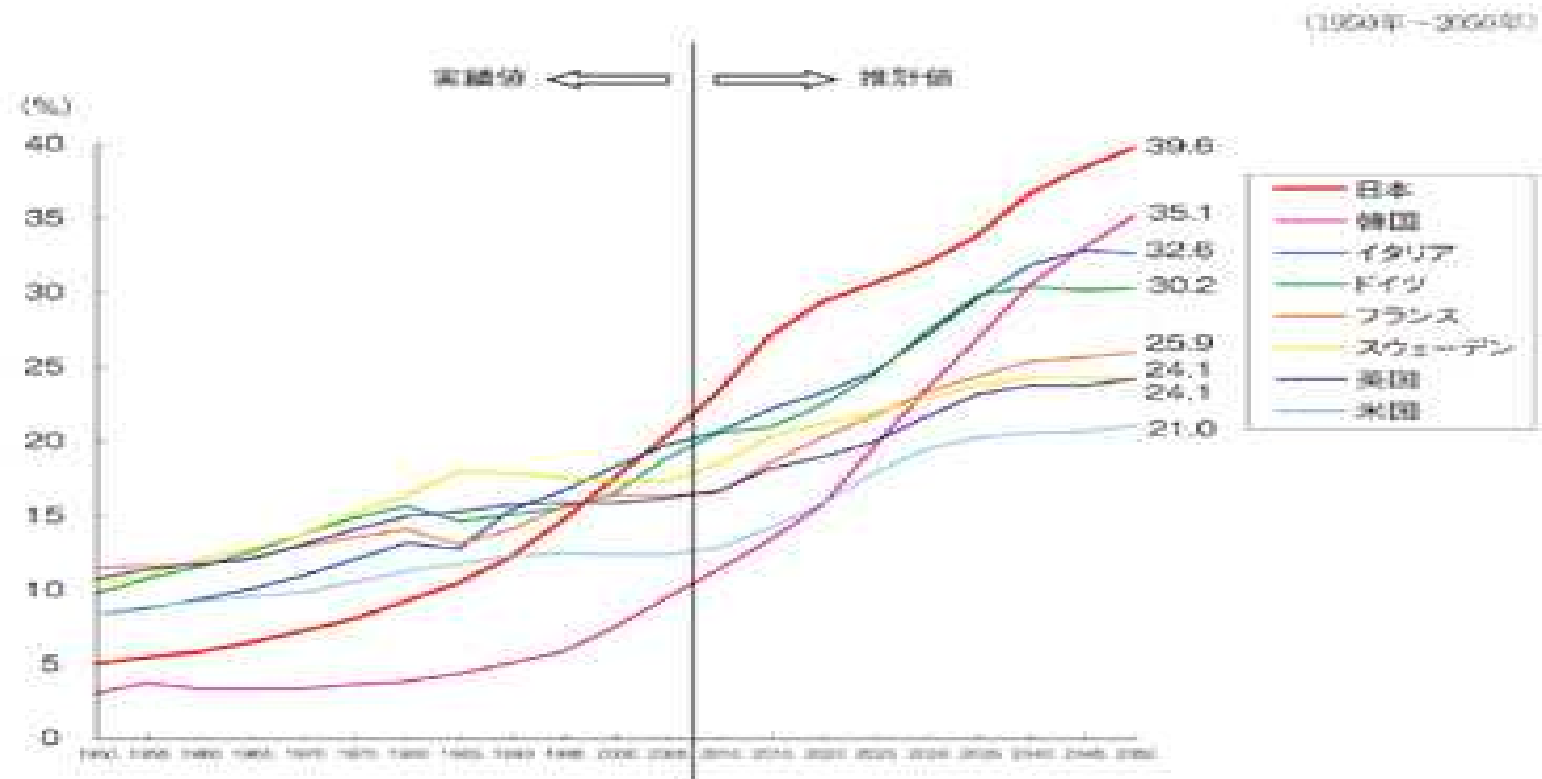
人口ピラミッドの変化



(注)縦軸は年齢、横軸は人口(単位:万人)。

(出典)1960年および2010年は総務省「国勢調査」、2060年は国立社会保障・人口問題研究所「日本の将来推計人口(2012年1月推計)」の出生中位・死亡中位推計。

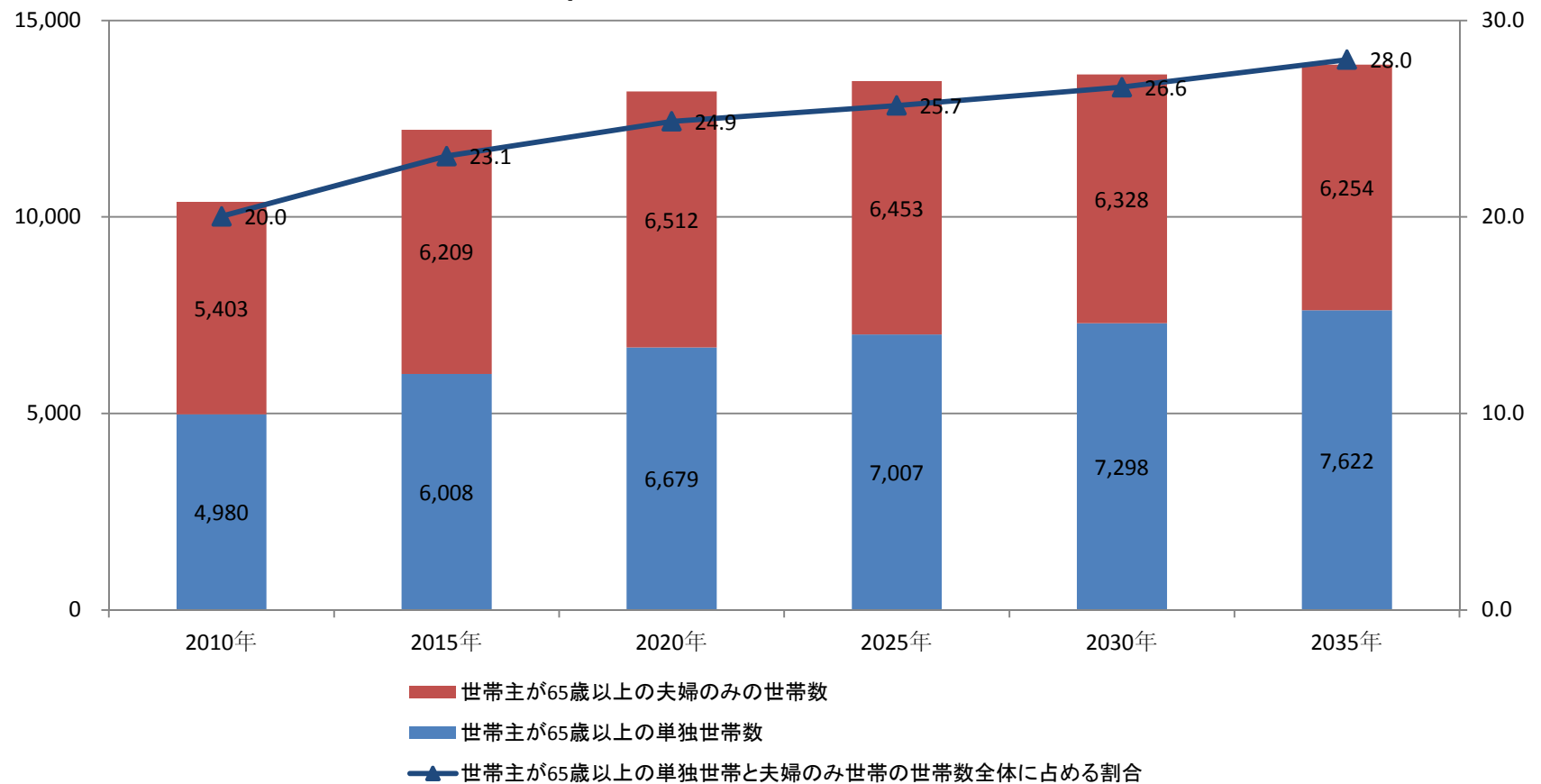
Japan's elderly population rate



- 注
- 1 国際連合の「World Population Prospects: The 2006 Revision」による。ただし、日本は、内閣府の「平成20年版高齢社会白書」による。
 - 2 「高齢化率」とは、総人口に占める65歳以上の高齢者人口の割合をいう。
 - 3 2010年以降は推計値である。

Japan's family composition

Extended family → nuclear family
→ 1 person household



1 person household of the elderly



資料：総務省「国勢調査」

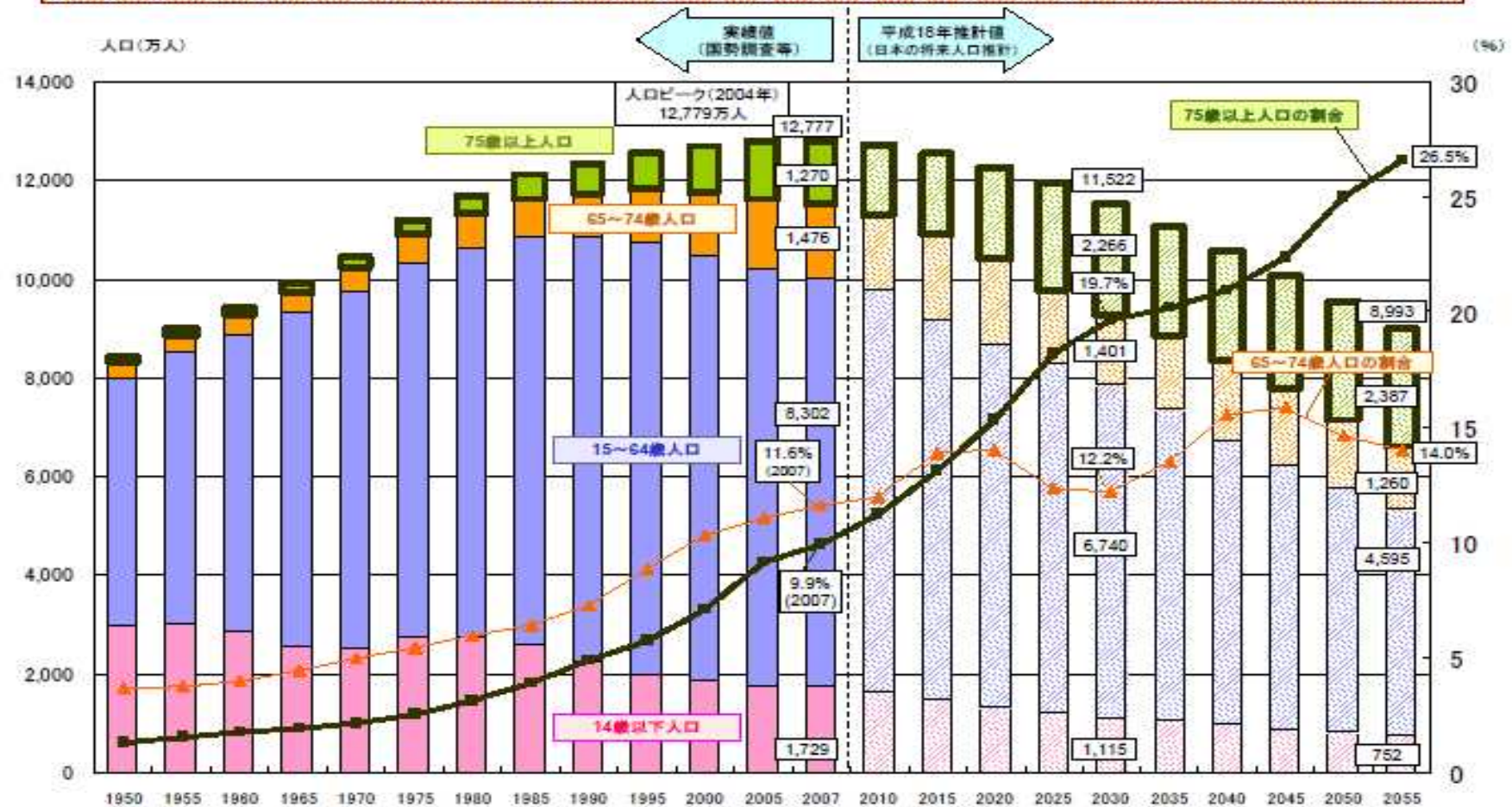
(注1)「一人暮らし」とは、上記の調査・推計における「単独世帯」のことを指す。

(注2) 棒グラフ上の()内は65歳以上の一人暮らし高齢者の男女計

(注3) 四捨五入のため合計は必ずしも一致しない。

Increase of the elderly over-75s

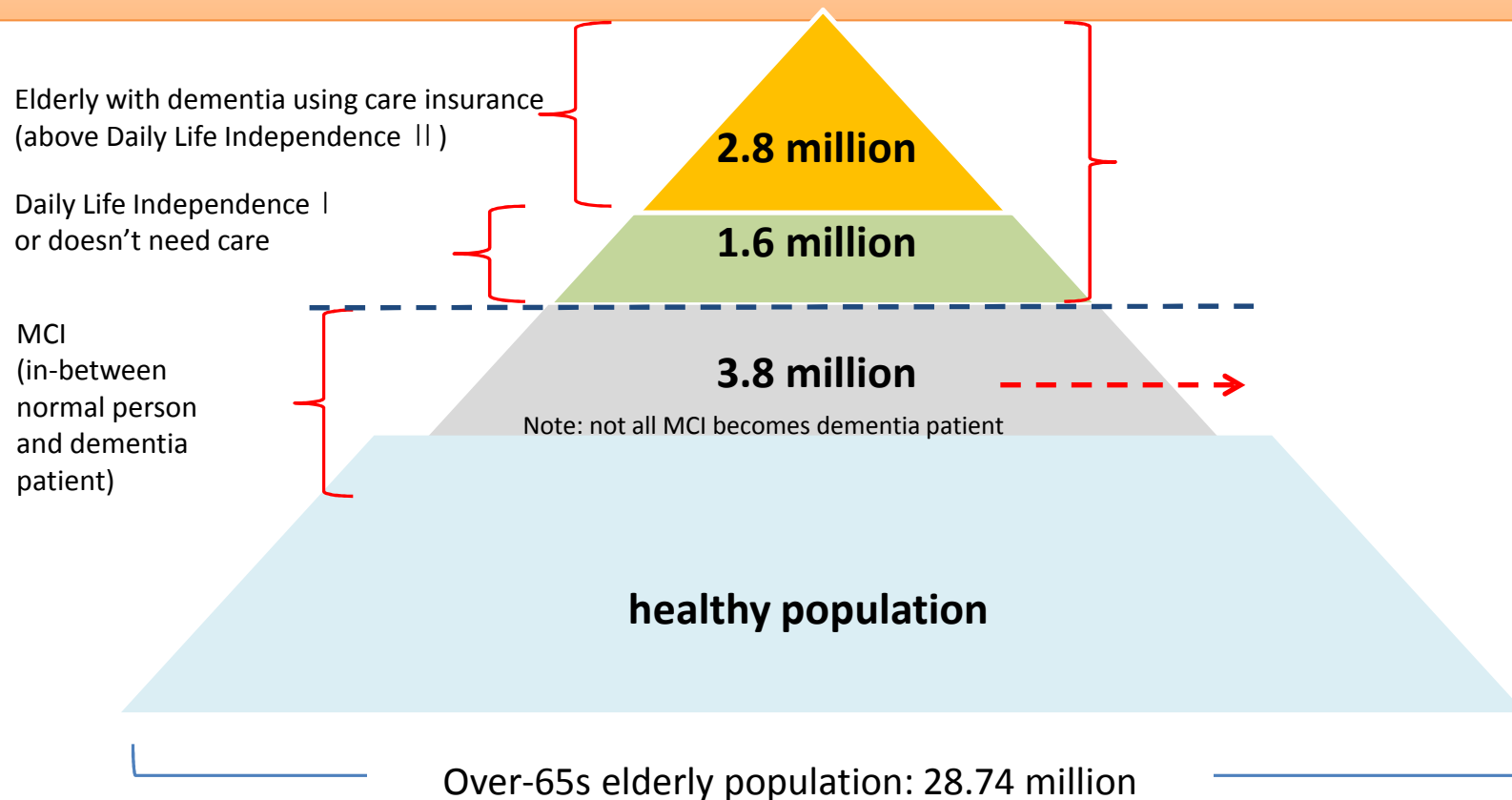
○ 我が国の75歳以上人口の割合は現在10人に1人の割合であるが、2030年には5人に1人、2055年には4人に1人になると推計されている。



資料: 2005年までは総務省統計局「国勢調査」、2007年は総務省統計局「推計人口(年報)」、2010年以降は国立社会保障・人口問題研究所「日本の将来推計人口(平成18年12月推計)中位推計」

Dementia: 1 out of 7 elderly

- ✓ Nation-wide elderly over-65s' dementia prevalence is estimated to be 15%, or 4.39 million person in 2010. National wide MCI (in-between normal person and dementia patient) prevalence is 13% or 3.8 million person in 2010.
- ✓ In 2010, 2.8 million elderly with dementia use the care insurance.



Tokyo Consumer Coop

the practice of “Welfare Village Building”

- ✓ Tokyo Consumer Coop proposes the plan for “Welfare Village Building” plan in 2008.

Basic Idea . . .

1. Build a safe and assuring community which one can live “as oneself”.
2. Seek a mutually helping local society : identify and practice the role of consumer coop.

Aim . . . un-solitary and assuring community building

Cooperation . . . among retail coop and health and welfare(HeW) coop.

- ✓ Practiced in 3 communities as model cases from 2010.
(4 consumer coops and each local heW coop)

Coops' welfare program: the basis of “Welfare Village Building”

	Healthcare coops	Local consumer coops	Extra consumer coop	NPO, social welfare corporations	Total
Home care station	28	0	0	0	28
Home help	27	15	13	28	83
Daycare service	5	7	4	18	34
Mini daycare service	1	0	0	3	4
Home help rehabilitation	8	0	0	0	8
Comprehensive regional support center	3	0	0	2	5
Care planning support	47	10	2	14	73
Elderly care facilities • short stay	4	0	0	0	4
Group home	3	0	0	1	4
Meal service	1	0	0	24	25
Welfare device lend • sale	4	1	0	0	5
Transportation service	1	0	0	5	6
Childcare, baby-care supporting	2	7	0	11	20
Mutual help activities	1	2	0	36	39
Total	135	42	19	142	338

First, consumer coops' guardian role in personal delivery

- Consumer coop membership rate: average 32%, maximum 62%
- Personal delivery: 1.15 million (1 delivery a week)
joint purchase: 0.4 million
- 1 delivery truck visits 60 members a day.
- Survey of 4 consumer coops providers : Providers sincerely look after members and respond properly in times of concerns. They feel confidence and rewardedness in this practice.
- Guardian activities are practiced not only in the model communities but also in the whole Tokyo area by 4 coops.
- The number of local authorities willing to make an guardian activity agreement increased.

With the coop delivery label



Healthcare coops distribute their brochures in person or visit the members' home.

Second, health building activities

- “Nobinobi([のびのび](#)) 3Q Exercises”
“Welfare Village Building・Suginami(杉並)” and Prof. Yamada of Suto University collaborated to make 3Q Exercises for over 1 year. The number of consumer coops practicing it is increasing.
- The precautionary action for not being stumbled is emphasized.
- HeW coops conduct the health check-up (blood pressure, bone density, vascular age measurement) in various spots including event zone and consumer coops' shops.



3Q Excises (left) and health check-up.

Third, making gathering spaces

- “Welfare Village Building・Suginami(杉並)” cooperated with consumer coops and social welfare council to make a “worthwhile(いきがい) salon” and “Orange Café” etc. It is mainly driven by local HeW coops. Dementia patients and their families visit the places and enjoy chat or various games.
- This practices are extended to encompass whole Tokyo area.
- Most important thing is gathering together “voluntarily”.
Efforts to find a pleasing “treasure” is needed.





New practices



Disaster prevention volunteer learning activities (left) and daily guardian activities while daily dinner delivery

We aim to extend these activities to the whole Tokyo area.

Plant a tree... and grow

- Make fields for males' social participation and activities.
- Growing trees bridges cross-generation communication and exchange.
- Make a forest helps to prevent fire and disasters.
- Save the environment, purify our air and water, and stop global warming. Leave worth-living environment to our children and grandchildren.



Health and Welfare coops and their activities

- HeW coops are self-governing organizations based on the Consumer Cooperative Act which local people establish to address their problems relating to health and daily lives. Coops own and operate medical facilities and care business center and conduct business and movement for solving the problem through the cooperation among employees and community resident-members
- HeW coop is the only model that allows the participation of people in the management and operation of medical facilities in Japan. The collaboration between experts and people in professional areas contributes to enhance the peoples' democratic practices.
- National HeW coops make the “Health and Welfare Cooperative Patients’ Bills of Rights” in 1991 and work for the people’s participation and democracy in healthcare.
- 117 HeW coops are operating with 2.9 million members in Tokyo. HeW coops (healthcare coops) located in over 40 countries worldwide.

The meaning of cooperation among retail coops and HeW coops

- Consumer retail coops are familiar to the Japanese.
- 4 large consumer retail coops start the “Welfare Village Building”. (members are 2 million, target area is Tokyo) 4 coops sometimes compete each other in their business and cooperate. Meanwhile driving community-based activities is not easy.
- HeW coops develop community-based activities in the healthcare and care service areas. The participation of HeW coops catalyze the development of project.
- Until now, Tokyo Consumer Cooperative Union works as a secretariat for the model community project.
- Tokyo has numerous small scale HeW coops. Though the number of members are moderate as of 0.2 million, they play a huge role in this cooperation. HeW coops penetrate into the community and practice “Welfare Village Building” as well as develop their own businesses in doing so.

Health and life of the elderly

- The heart of disease is ■■■ chronic disease.
- People in need of care(要介護者):
4.31 million in 2005, 8.71 million in 2050.
- Dementia: currently 8 million, 1 out of every 4 elderly in 2045. (including the latent)
- Massive death Society: rapid increase of the death of the elderly from 1 million to 1.6 million a year.

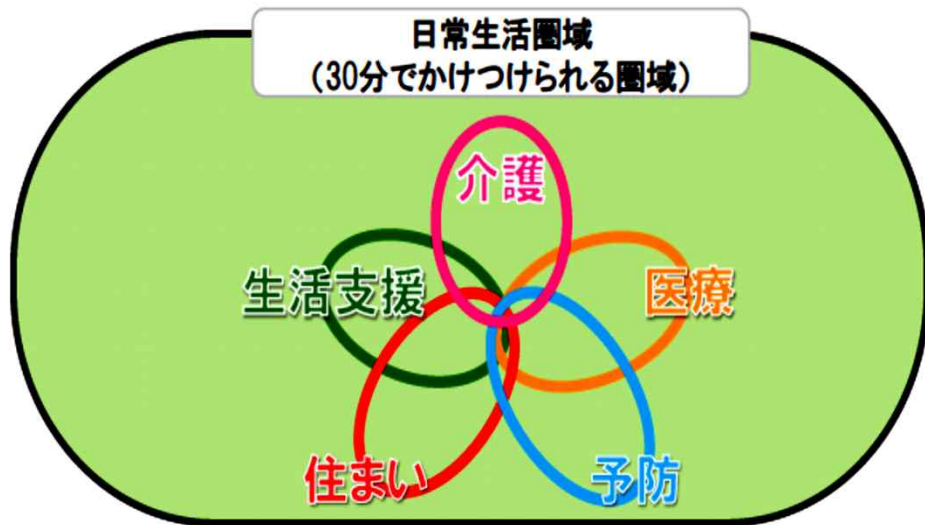


Retreat of safety net and social security

- National sovereign State-building Period: peace constitution and progress in social security.
- Rapid Economic Growth Period: the emergence of environment pollution and social problems, as well as innovative local governments and substantial social security system.
- Retreat of social security and “Japanese-style Welfare Society”
 - : Under the neoliberal policy, the state withdrew from the social security system and commercialized the system depending on the private sector. The state emphasized the “self-responsibility” of people.
 - : Japan’s private saving rate is among the first in the world, but savings cannot relieve the worries about the future.
 - : Widespread cheating cases targeting the elderly.

Government program: “comprehensive regional care”

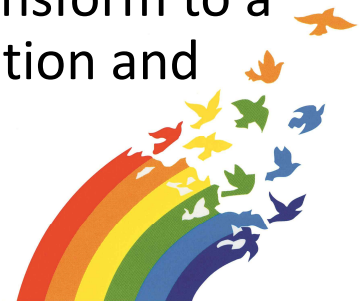
- Jump in the number of people in need of care.
 - Places accommodating the elderly unable to be in the hospital or care homes are in short.
 - Government policy to cut the social security expenses . . .
- “comprehensive regional care” on a large scale



Comprehensive regional care is defined as a regional system that can provide houses tailored to the need of the elderly and appropriately provide various daily life support services including healthcare, care, preventive care and welfare services to the daily life region. The ideal daily life region is “30 minutes’ access in most cases” and practically refers to the middle school zone.

Solitary Death from 30,000 to 200,000

- Solitude of children, females, the aged are deepening.
- Unmarried rate and 1 person household of the aged are rapidly increasing. A research predicts that the solitary death will come to 200,000.
- The government begrudges spending on social security costs. Families sustains the people's lives and the crisis of living with a perception of "therapeutic treatment and lunch is up to the person".
- Although Japan has an enormous economic performance of GDP 2nd in the world, it confronts the danger of the post-aged society as it wastes and uselessly plunders the money.
- Japan will have to confronts a national crisis if it fails to transform to a society of leisurely living which based on peoples' cooperation and solidarity.



If we overcome post-aged society,
we can contribute to international peace.

“Co-operatives make a better world”
2012 UN Year of Cooperatives Slogan

If it can extend cooperation and
solidarity beyond the isolated
areas,

Japan can overcome the post-aged
society in the world, thus
contribute to the peaceful
international outcome.

