

October 22-28, 2015
Osaka University, Japan

Final Report



The 2015 RENKEI
Interdisciplinary Workshop
on Living with an Ageing Society

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Preface

I would like to extend a warm welcome to you. We are delighted to have you here to participate in this RENKEI workshop, entitled “Living with an ageing society.” It is co-hosted by the University of Liverpool and Osaka University. Thank you very much for coming.

The name RENKEI is an acronym, but it is also the word for “collaboration” in Japanese. One of the main aims of RENKEI is to encourage you to develop a RENKEI perspective to be active in collaboration. We are proud you have come from the UK and Japan to study, experience, and discuss the problems of aging societies, proposing solutions for a better society. The members of the Gerontology research group in the School of Human Sciences, in collaboration with Dentistry, Medicine, and Engineering, have been working hard for months in preparation, and I am very impressed with their dedication. Our School of Human Sciences aims to educate scholars who have a multidisciplinary approach to solving complex problems in contemporary society, including a wide range of disciplines from primatology to social and behavioral sciences. I am confident that you will share a range of experiences with your fellow participants and return home with fresh new perspectives.

Population ageing is a significant issue, especially among developed countries, including the UK and Japan. Japan leads the world in aging. This year, the ratio of the senior citizens rose to 26% in Japan. This is the highest in the world. Although the ratio in the UK is currently at 17%, there is no doubt that the world is facing the largest tide in history; the emergence of a super-aging society. We must employ all available resources and human wisdom to cope with this issue, which will define your future.

Diplomatic relations between the UK and Japan date back 400 years. In the field of ageing research, I believe we have much to learn from each other. The UK has a long history of epidemiological studies and an accumulated knowledge about healthy aging support and longevity. Japan is a front-runner in applying technology to improve the wellbeing of older people, upgrading usability and design, utilizing robotics, and advancing home security systems. I hope this workshop will provide opportunities for gerontology scholars and students between the UK and Japan to initiate and deepen collaboration.

We cannot deny there are negative aspects of ageing in our societies. Increasing costs of medical care and insurance pose serious problems to our society. Still, we should recognize the positive

side of ageing societies. Last month, for example, we celebrated the graduation of a student who completed his doctoral degree in Human Sciences at 73 years of age. This was his second Ph.D. following his first, 30 years ago, in a different field. He is an example of the positive impact of longevity and healthy ageing on opportunities for lifelong learning. In addition, there is an expanding market for companies catering to older people. We have seen and will continue to see the development of innovative technologies and services for the elderly. Indeed, you will see some of these examples first hand during the workshop. I encourage you to discover the positive aspects of aging, and develop new frameworks to support this super aging society.

This seven-day workshop will provide opportunities for you to create a new network, leading to collaborative research for the creation of better aging in society. Enjoy the workshop and make the most of this unique opportunity. I hope we will successfully build RENKEI, or collaboration, between the UK and Japan, academia and industry, and across disciplines.

October 23, 2015
Shojiro Nishio
President
Osaka University

1. Programme

Thu 22th October 2015		
13:00-	Registration at the international cafe in the Department of Human Sciences building located in Suita campus (see http://www.osaka-u.ac.jp/en/access/)	
18:00-20:00	Getting to know each other buffet at <i>Takumi</i>	
DAY 1: Fri 23th October		
	Venue: <i>Room 207, Department of Human Sciences</i>	
9:00-9:45	Presentation of program outline	Yasuyuki Gondo (RENKEI Coordinator)
9:45-10:00	Opening remarks	Shojiro Nishio (President of Osaka University)
10:00-12:00	Opening Lecture: 60min Discussion: 30min “A brief overview of gerontology in Japan and Tokyo Metropolitan Institute of Gerontology”	Shoji Shinkai, M.D., Ph.D., M.P.H. (Tokyo Metropolitan Institute of Gerontology)
12:00-13:30	Lunch & Tea	<i>At International Café</i> Delivery from <i>Lei can ting</i>
13:30-15:30	Mini Lecture Session 1: 30min Q&A: 5min	
	1. “Biology of ageing”	Ken Sugimoto, M.D., Ph.D. (Osaka University)
	2. “Physiological aging and aging related diseases”	Kei Kamide, M.D., Ph.D. (Osaka University)
	3. “Dental and oral functional dimension of ageing”	Kazunori Ikebe, D.M.D., Ph.D. (Osaka University)
	Discussion	
15:30-16:00	Tea Break	
16:00- 17:00	<Group Discussion> Discuss and select a main topic for the group	
19:00-21:00	Welcome Buffet	Venue: Viking Restaurant <i>VERDE</i> In Hotel Hankyu Expo Park

DAY 2: Sat 24th October		
	Venue: <i>Icho Hall 3F</i>	
9:00-10:30	Special Lecture 1: 60 min Discussion: 30min “Demography of ageing: Length of life vs Quality of life”	Yasuhiko Saito, Ph.D (Nihon University)
10:30-11:00	Tea break	
11:00-12:00	Lecture 1: 45 min Discussion: 15min “Business issues in aging in Japan”	Hiroshi Ueda, Ph.D (Osaka University)
12:00-	Relocate to the Ageless Center (the Exhibit Hall for care devices) Lunch	*taxi to Senri-chuo Lunch box at PIER 6 (6F)
14:00 – 17:00	Site visit to the Ageless Center <Group Discussion>	http://www.ageless.gr.jp/pdf/age_eng.pdf
17:00 -	Free time	
20:00-	Back to hotel by own Free group meeting time	
DAY 3: Sun 25th October		
	Venue: <i>Icho Hall 3F</i>	
9:00-11:00	Mini Lecture Session 2: 30 min Q&A: 5min	
	4. “Stay engaged in Society: Social dimensions of ageing”	Keiko Katagiri, Ph.D. (Kobe University)
	5. “Emotional dimensions of ageing”	Kate Mary Bennett, Ph.D (University of Liverpool)
	6. “Cognitive ageing”	Kazuma Ishimatsu, Ph.D. (Graduate School of Health Care Sciences)
11:00-11:30	Tea break	
11:30-13:00	Special Lecture 2: 60 min Discussion: 30 min “Universal design and usability for older adults: Our challenges as Tsukuba-type Living Lab at the Centre for Usability and Aging Research (CUAR)”	Etsuko Harada, Ph.D (Tsukuba University)

13:00-14:00	Lunch	Lunch Box from Koromoyoshi
14:00-15:00	Lecture 2: 45 min Discussion: 15min “Recent robotics for aging society”	Hieyong Jeong (Osaka University)
15:00-15:30	Tea break	
15:30-17:30	Presentation by invited lecturers from companies: 1. “SECOM’s Vision and SECOM’s Healthcare Services” 2. “Initiatives for the Aging Society of Daiwa House Industry — Robot Business of Daiwa House”	Hideki Hirazawa (SECOM Medical System) Junichi Sato (Daiwa House Industry Co.,Ltd)
18:00-20:00	Buffet dinner	Venue: <i>Minelva</i>
	Free group meeting time	
DAY 4-5: Mon 26th-Tue 27th October (Visit to rural village and care facilities)		
8:30- on 26 th	Relocate to Ikuno Silver Mine Meet at the North gate of the Hotel Hankyu EXPO Park	http://www.ikuno-ginzan.co.jp/
10:30- 12:30-	Visit to Ikuno Silver Mine Lunch Walk around Ikuno Town	
15:00-	Relocate to Tajima Longevity Village Group discussion	http://choju.ez-site.jp/
19:00-	Dinner	Restaurant <i>Gohanya</i> (Torobako bento)
	Overnight stay in the Longevity Village	
7:30- on 27 th	Breakfast	Restaurant <i>Gohanya</i>
Day 5	Place: Tajima Longevity Village Hall	
9:00-9:10	Welcome address	Sakae Hirose (Yabu City Mayor)
9:10-9:55	Lecture 3: The way to support the super-aged society	Masahiko Komori (Longevity Village - a branch of Hyogo Prefecture Government)

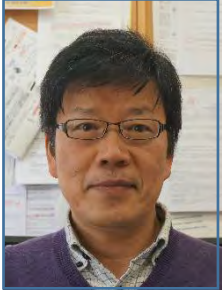
9:55-10:05	Short break	
10:05-10:10	Welcome words	Shunji Morimoto (Executive head of Yabu City Silver Human Resources Centre)
10:10-11:30	Presentation & skit : Promoting the activities of elderly people	Members of Yabu City Silver Human Resources Centre
11:30-	Lunch Rice-cake making Songs	Members of Yabu City Silver Human Resources Centre
13:30	Relocate to care service apartment	http://www.secomfortwest.com/
15:30-	Visit to care service apartment "Comfort Hills Rokko"	
18:00-	Free Time	Eat out in Kobe
20:00-	Back to hotel by own Free group meeting time	
DAY 6: Wed 28th October		
	Venue: <i>Icho Hall 3F</i>	
9:00-10:30	Lecture 4: 45 min +45 min <Discussion> Differences and similarities in approaching ageing society between Japan and the UK. Bridging ideas of the two countries.	Susan Pickard, PhD (University of Liverpool)
10:30-10:40	The brief words	Toshiya Hoshino (Executive vice president of Osaka University)
10:40-11:00	Tea break	
11:00-12:30	Group discussion and preparation for presentation	
12:30-13:30	Lunch	Restaurant <i>Couleur</i>
13:30-15:30	Group discussion and preparation for presentation	
15:30-16:00	Tea break	
16:00-18:30	Group presentation session	15-20min presentation + 10min discussion for each group
18:30-18:55	General discussion and brain storming for the next workshop in Liverpool	

18:55-19:00	Closing remark	Masayuki Nakamichi (Dean Osaka university department of Human Sciences)
19:00-21:00	Farewell party	Venue: <i>Minelva</i> Speech: Matt Burney(British council)
DAY 7: Thu 29th October		
Leave Osaka		

2. Lectures

Opening Lecture

“A brief overview of gerontology in Japan and the state-of-the-art research in gerontology”



Shoji Shinkai, MD, PhD, MPH

Vice-Director,

Tokyo Metropolitan Institute of Gerontology

Short Biography:

Shoji Shinkai obtained his MD and PhD at Ehime University studying Epidemiology and Public Health. He has worked at the Tokyo Metropolitan Institute of Gerontology since 1998, and has been the principal investigator of Kusatsu Longitudinal Study on Ageing and Health (2003-present), which is successfully ongoing community-based observational and intervention study. He has extensively experienced in collecting data on physical, psychological, nutritional and social functions of community-dwelling older adults. His current interest is to develop a novel community health system for preventing frailty in later life and to determine the effects on healthy ageing.

Abstract:

In this lecture, he briefly reviewed gerontology in Japan. First, he mentioned about the gerontology-related issues concerning Japan, including challenges and possibilities for aging society, and discussed research and education as well as the history of gerontology in Japan. Second, he introduced some of the core institutions for research in gerontology in Japan, including Tokyo Metropolitan Institute of Gerontology, National Centre for Geriatrics and Gerontology and The University of Tokyo Institute of Gerontology. Finally, he talked about the state-of-the-art research in gerontology, titled “prevention of frailty in a community and its assessment”.

Contents:

1. Gerontology in Japan: Current standing and future prospects
 - What is Gerontology?
 - Challenges and Possibilities for Aging Society
 - Current Standing for Research in Gerontology in Japan
 - Current State of Gerontological Education in Japan
 - Geriatrics
2. Core Institutions for Gerontological Research
3. The state-of-the-art Research: Prevention of Frailty in a Community and its Assessment

Aging Society

There are three different types of society based on the proportion of elderly:

- Ageing society: 7-14% of the population are 65 years or older.
- Aged society: 14-21% of the population are 65 years or older. (e.g., U.K.)
- Hyper-aged society: 21% or more of the population are 65 years or older. (e.g., Japan)

Source: The Wisdom Years, Ageing into the 21st Century

Possibilities in Longevity Society

As an Individual:

Longer life - "An extra 30 years" (Carstensen, 2012)

- Organizing a 90-year life journey
- Planning one's life in various ways
- Ending your life in your own way

As a Society:

Aging population

→ Rebuilding soft and hard infrastructure

Source: Akiyama, H., Nov. 2012, Cho-ju shakai no machi zukuri (in Japanese).

New approach to building a community for delaying the onset of frailty using social capital

【Rural area model】

Population, 26,501 with a aging rate 33% (the old-old 20%);
Main industry, agriculture; Beautiful nature ; Strong human bond.

Yabu City, Hyogo Prefecture

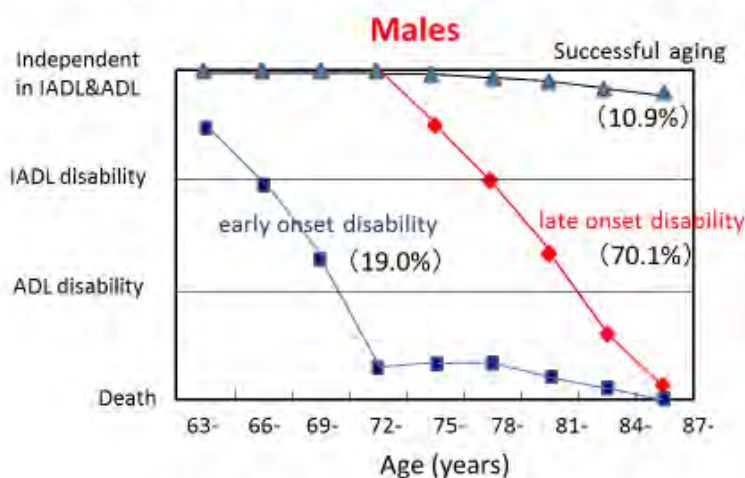
Hatoyama Town, Saitama Prefecture

【Suburban area model】

Population, 15,305 with an aging rate of 28% (the old-old 12%) ;
Newly developed town from 1974 in the suburb of Tokyo, ie, it was called "a bed-town" of Tokyo.

Patterns of Functional Decline in Later Life

20-year prospective study on Japanese elderly (N=5717)



Drawn from Akiyama H et al. Kagaku, Iwanami Publisher, 2010



“Demography of ageing: Quantity vs. Quality”

Yasuhiko Saito, PhD

*Professor, University Research
Centre, Nihon University*

Short Biography

Yasuhiko Saito is a Professor at the University Research Center at Nihon University, Tokyo, Japan. He obtained his Ph.D. (Sociology) from the University of Southern California, Los Angeles, USA. His specializations are in demography and gerontology, and he has been working on population aging and health issues in both developed and developing countries.

Abstract:

In this lecture, two summary measures of population health are introduced. Life expectancy is an expected length of life on average for a whole population and can be regarded as a measure of quantity. Healthy life expectancy is an expected length of life in good health on average for a whole population and can be regarded as a measure of quality. Trends in the number of centenarians in Japan were also discussed.

Contents:

1. Life expectancy
2. Health expectancy
3. Definition of health
4. Centenarians

Life Expectancy

- Average length of expected life for a population
- Summary measure of age-specific mortality rates
- Life expectancy goes up if mortality rates go down
- Life expectancy can be computed at any age

Health Expectancy: Definition

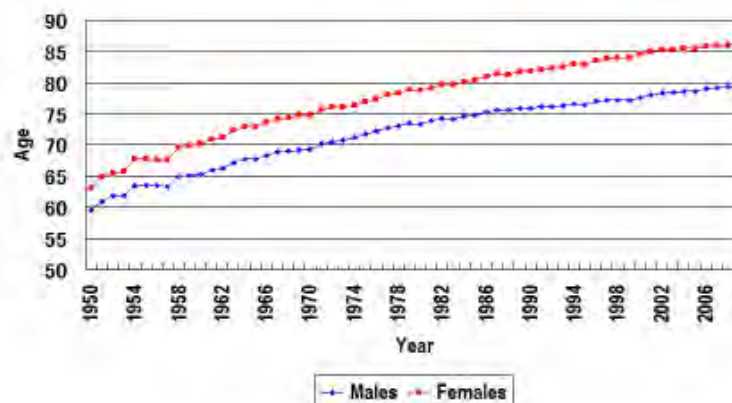
Summary measure of both mortality and morbidity

Life Expectancy = [Healthy Life Expectancy](#)
+ Unhealthy Life Expectancy

86 Years of Life = 82 Years of Healthy Years
+ 4 Years of Unhealthy Years

4 years of unhealthy years do not mean the last 4 consecutive years of life.

Trends in Life Expectancy at Birth: Japan



Hypotheses of Predicting Future Population Health

Compression of Morbidity
Expansion of Morbidity
Dynamic Equilibrium

The debate on the future population health was another impetus to advance health expectancy research.

Special Lecture 2

“Universal design and usability for older adults: Our Challenge as Tsukuba-type Living Lab at the Centre for Usability and Aging Research (CUAR)”



Etsuko Harada

*Professor,
University of Tsukuba*

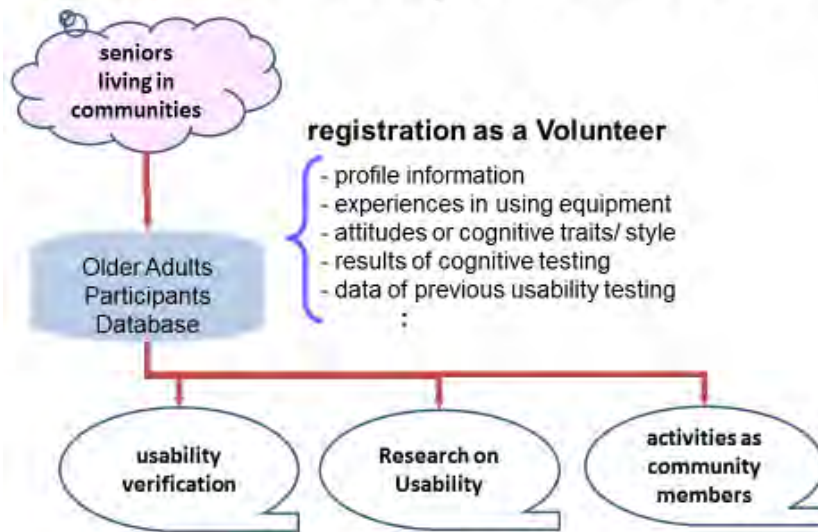
Short Biography:

Prof. Harada received her B.A., M.A., and Ph.D. in Psychology (1990) from University of Tsukuba, majoring in experimental cognitive psychology. She joined Tokyo Research Institute of IBM Japan (1986), and started her Cognitive Engineering study. After leaving IBM, she began to teach Cognitive Science and Informatics at Hosei University (1989), and since 2010, she has been doing researches and also teaching on Cognitive Psychology and Cognitive Engineering Cognitive Psychology at University of Tsukuba. She has built up and is managing *CUAR*, Centre for Usability and Ageing Research, since 2011.

Abstract:

Based on activities of CUAR, Center of Usability and Ageing Research at University of Tsukuba, some aspects of relations between human ageing and usability have been clarified. Older adults' usability problems have multiple aspects, and are highly suggestive for thinking Human-Artifacts interaction in general for all ages. Older adults' problems are not special, and similar phenomena should be happen with younger adults when they are in panic, or very tired, etc.; verification of usability for older adults are (again) for useful for general usability improvement. However, there are neuro-cognitive changes, occurring with human ageing and it is thought that to be mainly observed as learning difficulties in human-artifacts interactions by older adults. Those neuro-cognitive originated problems and Culture-based problems in usability design could be discriminated, maybe through cross-cultural studies.

CUAR: Activity and Structure



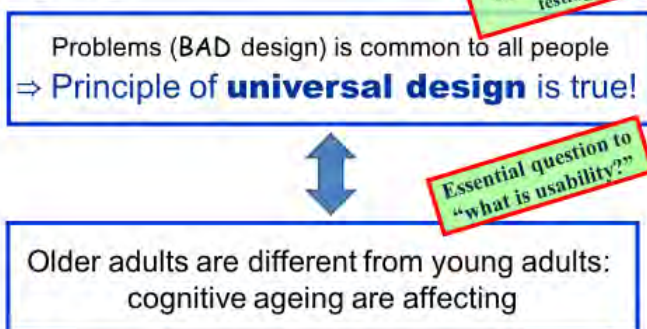
CUAR as Tsukuba-type Livig Lab

Example of Activities : food packages



Usability for Older adults?:

Dual aspects of usability and ageing



3

Hypo: Four-layered affecting factors to OA unique human-artifacts interaction

(c) **attitudes, strategies, goals and values**

- meta-cognition and culture /social factors,
- strategies to "keep myself (looks) effective"

(b) **lack of knowledge/ mental models** about systems; especially "**information**" concept

(a) changes or decline of **Cognitive functions** {declined inhibition, slowing-down, goal ignorance}

(0) changes or decline of **Perceptual/ behavioral functions** (effortful hypothesis)

Lecture 1

“Business in Aging in Japan”



Hiroshi Ueda

Founder, Senior Access

Short Biography:

Dr. Hiroshi Ueda is the founder of Senior Access that provides a variety of services in business in aging societies. Dr. Ueda has received a Ph.D. in Gerontology and a Master of Science in Applied Demography (M.S.A.D.) at the University of Southern California (USC). He also obtained a Master of Public Health (M.P.H.) in Gerontology from New York Medical College (NYMC).

Dr. Ueda has worked as an Associate Professor at the Graduate School of Human Sciences, Osaka University, Japan. He previously worked as a technical officer for the World Health Organization (WHO) for nine years, as part of its Ageing and Health Programme. He currently has several titles such as Adjunct Associate Professor at the USC Andrus Gerontology Center, Visiting Faculty Member at Osaka University, and others.

Abstract:

Along with the experience of rapid population aging, Japanese society has faced challenges and opportunities in a variety of issues of the elderly. Business in aging has developed in the past decades for its necessity and business interests and opportunities.

Elderly consumers drive and sometimes lead the market with societal expectation due to their affordable income and assets and acquired time for socialization such as leisure and recreation after retirement. The market offers a variety of products and services for from healthy to frail elderly directly and indirectly. With a future IOT prosperity in the aging societies, universal design and ergonomic approaches shall be considered in the market to gain a wider age range consumers. The protection of old age consumers shall be emphasized since the increasing rate of consumer troubles is faster than the increasing number of the elderly.

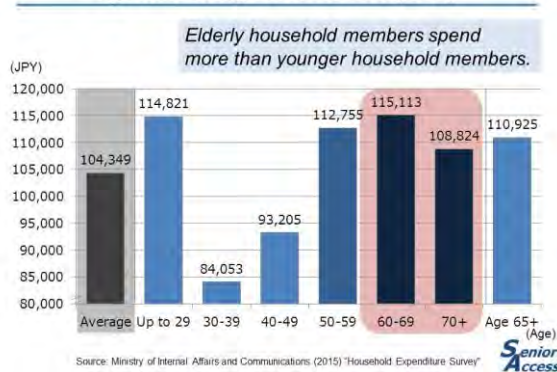
Japan has shown its high labor force participation of the elderly among the OECD countries. With the inevitable decline in Japan's labor force in aging society under current public policy approaches, the continuation and reentry of the elderly in labor market with their enthusiasm, knowledge, experience, flexibility of labor conditions such as accessibility, hours and days of work, is expected in the future.

With an appreciation of gerontological approaches, the knowledge and experience of business in aging in Japan might be well applied in many other countries with their mutual information sharing and communications.

Contents:

1. Elderly as consumers
2. Proverbs in “silver market”
3. Consumption expenditure by older adults
4. Product and services for the elderly: examples
5. Consumer behaviors of the elderly – three characteristics
6. Consumer troubles among the elderly
7. Elderly in labor force - knowledge and experiences: examples
8. Future business in aging societies: application to other countries

Average Monthly Consumption Expenditure Per Capita, by Different Age Householder (2014)



Approaches in “Silver Market”

Products or goods with the title of “... **for the elderly**”, “... **for the old individuals**”, “... **for senior citizens**”, “... **for the aged**”, etc., will not be popular items in market.

As long as its indicates “**the elderly**” in its **product name**, then it will be avoided by consumers, even with scientifically verification.

Instead, using the concept of ‘**universal and ergonomic designs**’ for a variety of people, from child to the elderly, disabled, handicapped, etc., can be widely accepted in market.

Employment of The Elderly Some considerations

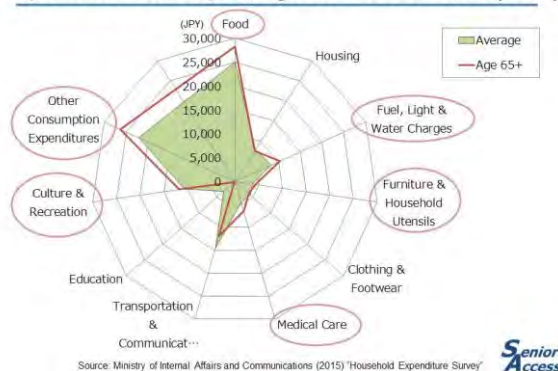
Many older persons prefer to continue working, and business corporations increases their expectations for it.

Some business owners may say ...

Older employees:

- work more than younger counterparts.
- cause less number of accidents with wise decision.
- show better degree of proficiency by working slowly and surely.
- imply better cost effectiveness of work education with their longer period of work.
- comfort many younger customers in communication.

Comparison of Average Monthly Consumption Expenditure Per Capita, Age 65+ Householder (2014)

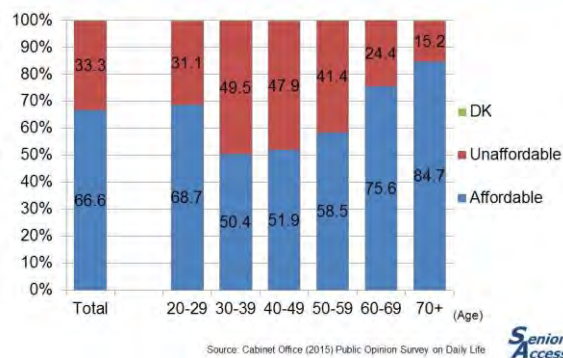


In the Future ...

Gerontology, with its inter-, multi-, and trans-disciplinary approaches, **will be continuously important** to support the life of the elderly in **business** as well as other areas.

Experience in “**silver market**” in Japan will **provide abundant information** and can be **applied in many countries** with some adjustments, if necessary.

Daily Life Satisfaction: Spare Time



Lecture 2

“Robotic technology for ageing society”



Hieyong JEONG

*Assistant Professor (Specially Appointment),
Osaka University*

Short Biography:

Dr. Jeong received the Ph.D. degree in Mechanical Engineering from Osaka University, Japan, in 2009. From Apr. 2009 to Nov. 2013, he was a Senior Research Engineer (Full-time) at SAMSUNG HEAVY INDUSTRIES, CO., LTD, Daejeon, Republic of Korea. From Nov. 2013 to Mar. 2014, he was a Researcher (Full-time) at Chonnam National University, Gwangju, Republic of Korea. From 2014 to present, he has been an Assistant Professor (Specially Appointed / Full-time) at the Department of Robotics & Design for Innovative Healthcare, Graduate School of Medicine, Osaka University, Suita, Japan. His research interests include Multi-fingered Robotic Hand, Touch Sense, Healthcare Technology, Human Posture, Endoscope, Ageing effect, and Industrial Manipulator.

He received the Certificate of ROBOMECH from the R&D Division of the Japan Society of Mechanical Engineers in 2005, and also the Award of SICE Chugoku Branch from the Society

Abstract:

The number of elderly people who are 65 years old or above, will increase by about 7.09 million in 15 years from 2010 to 2025. The required number of caregivers will also increase by 50%, to about 2.32 – 2.44 million. However there is a serious trouble of manpower shortage because of low birthrate. Although there are several considerable solutions in order to solve the manpower shortage, in the present lecture we focus on applying for nursing care robot. The current robot industry is mainly producing industrial robots. However, it is forecasted that the area of nursing care and welfare will grow rapidly in the future. It is expected that the entire robot industry will increase significantly to a size as large as 9.7 trillion yen in 2035. Accordingly, in the present lecture, after I introduce several kinds of present nursing care robots, I hope to discuss future plans for development direction.

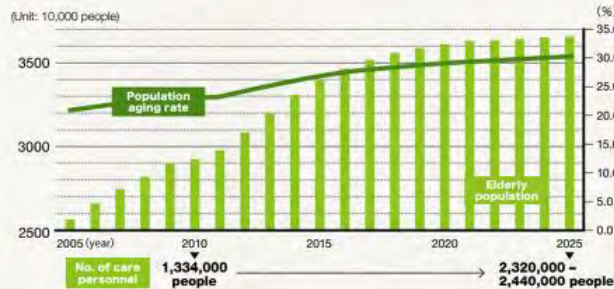
Contents:

1. Population ageing and elderly population
2. Manpower shortage
3. Market of robotic devices for nursing care
4. The present nursing care robot

Necessity of Nursing Care Robot

Population aging and elderly population

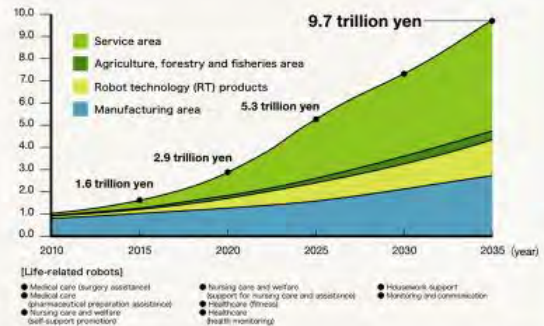
The number of elderly people who are 65 years old or above, will increase by about 7.09 million in 15 years from 2010 to 2025. The population aging rate of the entire society will increase from 23% to 30%. Accordingly, the required number of caregivers will also increase by 50%, to about 2.32 ~ 2.44 million.



Necessity of Nursing Care Robot

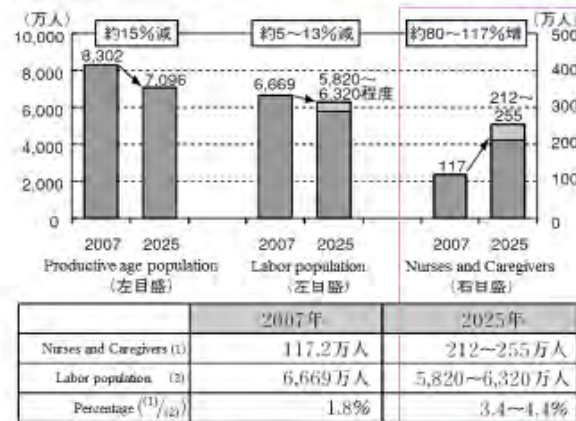
Market of robotic devices for nursing care

The current robot industry is mainly producing industrial robots. However, it is forecasted that the area of nursing care and welfare will grow rapidly in the future. It is expected that the entire robot industry will increase significantly to a size as large as 9.7 trillion yen in 2035.



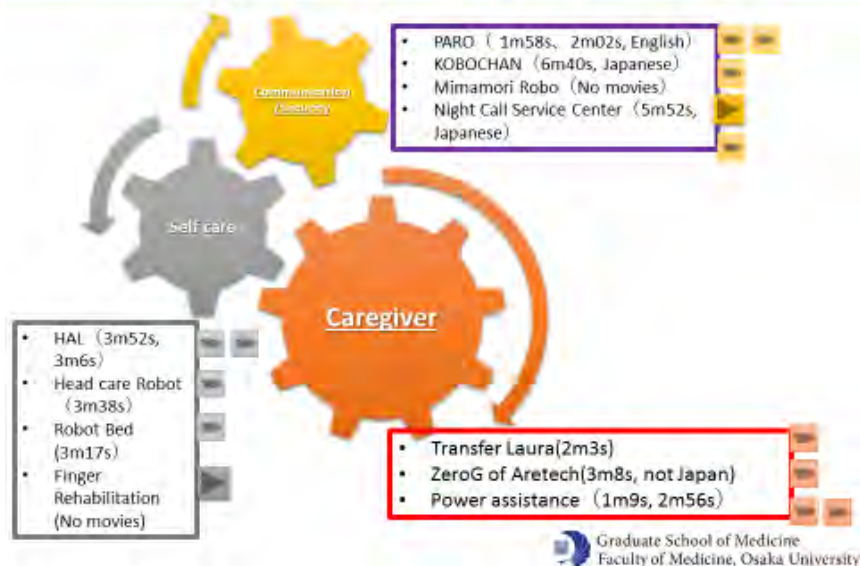
Necessity of Nursing Care Robot

Productive age population, Labor population, Necessary number of Nurses and Caregivers



<資料：厚生労働省「介護現場とロボット」(2010年9月)>

The present Nursing Care Robot



Lecture 3

“The way to support the super-aged society”



Masahiko Komori

*Assistant manager of community care section in Tajima Longevity Village of
Tajima Inhabitants Bureau of Hyogo Prefectural Government*

Short Biography:

Mr. Komori was born in Hiroshima in 1966 and graduated from Kouchi School of allied health and medical professions and got a physiotherapy certificate. He started to work at Hyogo Prefectural Kakogawa Medical centre (Rehabilitation in orthopedics) in 1988, and then at Hyogo Prefectural Tajima Longevity Village (Community care) in 1999. He engages in various social activities such as a member of investigative committee of plan for preparation of community care of Tottori Prefecture, an advisor of municipalities' support committee of preventive care of Tottori Prefecture, an observer of section of practical supply of preventive care of Hyogo Prefecture etc. He is also a member of evaluation committee of subsidy for propulsion for preventive care of Shiga Prefecture and a member of the working group for training leader of propulsion of community comprehensive care in public interest incorporated association of Japanese physical Therapy Association.

Abstract:

Tajima area is a typical underpopulated area located at the northern part of Hyogo Prefecture, but the rate of centenarian among population of over 65 in this area is second highest in the prefecture and there are many healthy old people. The reasons are: 1) Tajima area is rich in nature and people can work actively for a long time in rice and vegetable fields. 2) The relationship between inhabitants is close and the function of self-help and mutual help are properly working in community. People are surrounded by many friends and can live actively with their own role. That is why, I think, there are many healthy old people in Tajima area. However, once most inhabitants get to the old-old in the future, the function of self and mutual help in community will not work. A new system suited to super-aged society is necessary to live at ease in such a society. We are conducting the following actions for that: 1) Care prevention system which offers community-unit health promotion instead of personal unit; 2) Restructuring system of self and mutual help function which finds people who want to do community activities but are not engaged in and offers them a place to learn and do activities; 3) System developing to improve care skills. Requested by the city, rehabilitation professionals of the prefecture are conducting on-the-job training to care staffs.

Contents:

1. The features of Tajima area
2. Life of older people in Tajima
3. System to support the life of the oldest old (the role of the government and inhabitant)

The features of super-ageing society

- ① Increasing of the old-old
- ② Declining of the function of community
- ③ Decreasing of productive-age population



How to cope with it?

- ① Increase the active old-old people
- ② Utilize the human resources of the community and borrow the power from other communities
- ③ Improve professional skills

System in which people who need care can live

【Improve the quality of care giver skills
(support for severely disabled people)】



Requested by the city, rehabilitation professionals of the prefecture are conducting on-the-job training to care staffs. Developing a system to improve care skills.

System of care prevention

【Health activities in community as a whole, not as a person】



Lectures about health
Exercises
recreation
Discussion

Advantages

- Few people drop out, because they do together.
- Easy to go to the venue, the community center.
- People effectively get health activities and information.

System for restructuring of self-help & mutual help

【Discover and train people who can actively participate.】



Recruit people who can participate as a “care prevention supporter” and provide a training course and a place for activities.

Lecture 4

“Differences and similarities in approaching an ageing society: Japan and the UK”



Susan Pickard

Reader in Sociology

University of Liverpool

Department of Sociology, Social Policy and Criminology

Short Biography:

Susan Pickard has been researching and publishing in the field of age and ageing since her PhD that looked at the experience of old age in a South Wales Valley area. She is a Sociologist by training and has researched and published as PI most recently on international comparative studies of the construction and meaning of frailty as a discourse of geriatric medicine and on the intersection of gender, age and class (funded by the British Academy and Leverhulme respectively). She has also worked as co-investigator working with doctors and health economists on several large evaluations of policy innovations for older people funded by the UK Department of Health. She teaches Sociology at the University of Liverpool and her textbook ‘Age Studies: how we age and are aged through the life course’ is published by Sage in June 2016.

Abstract:

This lecture compares social policy and broader cultural influences on shaping approaches towards ageing in Japan and the UK, a review intended to help researchers in this collaboration understand the context in which their inquiries are framed in both countries. I identify some of the key areas of significance in shaping the ageing experience/response of both societies towards ageing, including history, policy approach, cultural narratives about the role of ages, stages and generations, as well as demographical composition, employment and retirement structures. I highlight specific contrasts/commonalities between both countries and questions arising and finally I suggest some questions that might impact on the future of ageing experiences in both countries and ways that both might gain insight from the experience of the other.

Contents:

1. Social stratification in UK/Japan and ageing
2. Institutions and ageing in UK and Japan
3. Socio-cultural aspects of ageing in UK and Japan
4. Futures of ageing in both countries compared and contrasted

Overview

- Your group/individual research questions are framed by social context: UK and Japan
- This lecture will try to provide an outline of that context
- I will identify some of the key areas of significance in shaping ageing experience/response of societies towards ageing
- I will highlight specific contrasts/commonalities between both countries and questions arising
- I will suggest some questions for future ageing
- Slant towards UK; my thoughts about Japan necessarily very tentative... Please use as starting point (not final word) for further discussion!

Why Japan and UK make good comparison

- Both island nations dominated by big metropolitan area and served by national health system
- Different social systems especially a society characterised by large and increasing social inequality in UK with Japan by comparison very low levels of income inequalities, high social cohesion
- Different cultural approach that frames all ages including old age eg UK values 'youthfulness'; Japan maturity
- Both ageing societies, but Japan 'hyper-aged' society
- Contrasts and comparisons that mean that both countries can profitably learn from each others' experiences, research contributions and methodological approach

Questions for UK-based researchers

- Social stratification: How might we understand complex interplay of health inequalities through studying Japanese society?
- Is there any other way of viewing old age beyond the successful or productive age/unsuccessful old age binary?
- How might we learn to value age more as a society?
- How might we use the example of Japan to plan for (increased) ageing?
- What lessons might we learn from Japan's health and social care system ?
- How might we perceive the optimal balance between ageing as individual choice and ageing as social engagement/involvement/generativity? What other ways might we view 'productivity' ?
- How might we move from an age-differentiated to an age-integrated society with same opportunities - in work, leisure, education - open to all, no matter what age? (Moody)

Questions for Japanese researchers

- What could be the components of the 'ideal longevity society'?
- Will it be possible to maintain Japan's high standard of living in a hyper-aged society?
- Will it still be possible to value the aged in a hyper-aged society? In one with a growing neo-liberal ethic?
- How can a hyper-ageing society be innovative/entrepreneurial rather than conservative?
- What can be done to improve sense of generational equity?
- How might the negative results of growing social inequality be offset?
- What new ways may be found to support carers?
- Can we involve carers/ older people more in designing technology to meet their own perceived needs, desires?

Mini Lecture 1

“Biology of Aging”



Ken Sugimoto

Lecturer,

Geriatric & General Medicine,

Osaka University Graduate School of Medicine

Short Biography:

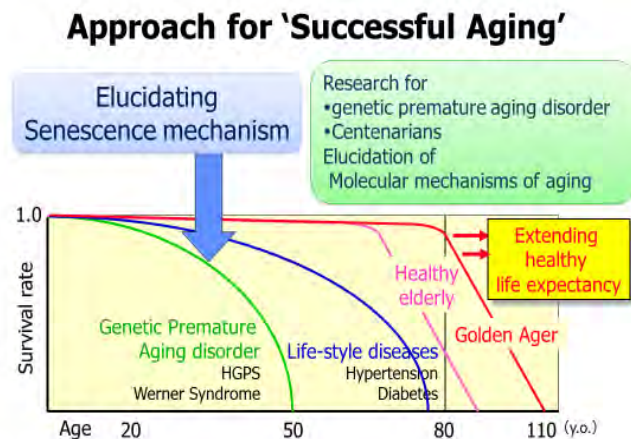
Dr. Sugimoto was born in Osaka, Japan in 1970. I received his M.D. and Ph.D. from Geriatric Medicine in Osaka University Graduate School of Medicine in 2004. He used to be a postdoctoral researcher at University of California San Francisco Medical Center, USA, and now he is an associate professor, Geriatric & General Medicine, Osaka University Graduate School of Medicine. My current research is focusing on clarifying mechanisms underlying the association between diabetes and frailty or sarcopenia.

Abstract:

Aging is a major risk factor for many of the common diseases, such as cardiovascular disease, diabetes, cancer and Alzheimer's disease. Advanced healthcare in modern society can make people alive longer, so the theories and mechanisms of aging become even more important to understand. Gerontologists define aging as follows: a continuous, universal, progressive, intrinsic, and deleterious process that decreases an organism's ability to maintain homeostasis in the face of environmental stressors. Four traditional aging theories based on this concept are better known. Aging-associated factors such as apoptosis, autophagy and responsible genes for premature aging diseases have attracted attention recent years. As for regulation of aging, calorie restriction or exercise have been established as useful anti-aging tools. Aging research can open the door to clarify the unknown mechanisms of development of age-related diseases.

Definitions of Biological Aging

1. Program theory of aging
2. Error catastrophe theory of aging
3. Cross-linkage theory of aging
4. Free-radical theory of aging
5. Autoimmune theory of aging



Mini Lecture 2

“Physiological aging and aging related diseases”



Kei Kamide MD, PhD

*Professor, Division of Health Sciences,
Osaka University Graduate School of Medicine*

Short Biography:

Dr. Kamide was born in Suita, Osaka, Japan in 1965. He received M.D. degree in Kochi Medical School in 1990. He received his Ph.D. in Geriatric Medicine, Osaka University Graduate School of Medicine in 2000. Previously, He was a staff physician at the National Cardiovascular Center, Osaka, Japan; lecturer at Geriatric Medicine, Osaka University Graduate School of Medicine. Then, he became professor at Division of Health Sciences, Osaka University Graduate School of Medicine from 2013. His research targets are mainly the management of life-style related diseases, such as hypertension and cardiovascular diseases including genetic aspects and factors related to the healthy longevity using longitudinal cohort study for aged population. Recently, he starts the new research about issues on home medical care.

Abstract:

Aging consists of two types. One is physiological aging, which is physiological changes in organs and their integrated functions by becoming old, and another is pathological aging, in other words, aging related diseases. That is defined as physiological changes are beyond abnormal range by aging. That is induced to some pathological symptoms and low activity of daily life now or in future. There was the difference of their characteristics in those two aging, physiological and pathological regarding prevalence, time course, classification and coping way and so on. This lecture will clarify these two different types of aging to help understanding gerontology and geriatric medicine. These two different types of aging to help understanding gerontology and geriatric medicine.

Physiological aging

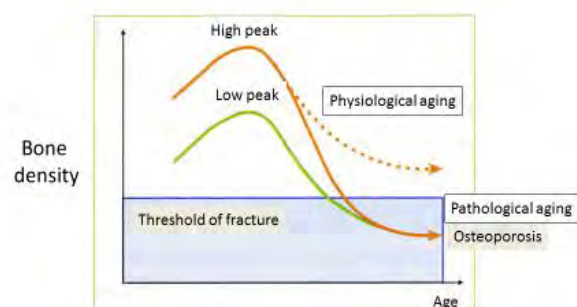
Physiological changes in organs and their integrated functions by becoming old

Pathological aging (Aging related diseases)

Physiological changes are beyond abnormal range by aging. That is induced to some pathological symptoms and low activity of daily life now or in future.

	Physiological	Pathological
Prevalence	Everybody	Only patient
When ?	From 20-30 y.o	Onset of disease
How ?	Irreversible	Reversible by treatment
Progression time	Slowly	Progressive
Classification	Healthy person	Patient
Coping	Prevention for diseases	Treatment for diseases

Physiological and Pathological aging - Bone -



Mini Lecture 3

Dental and oral functional dimension of aging



Kazunori Ikebe

Associate Professor,

Department of Prosthodontics, Gerodontology and Oral Rehabilitation

Osaka University Graduate School of Dentistry

Short Biography:

Dr. Ikebe was born in Osaka, Japan in 1962. He graduated Osaka University Faculty of Dentistry with degree of Doctor of Dental Surgery in 1987, and then his Ph.D. in Dental Sciences from Osaka University in 1991. He was a research associate and clinical instructor at the Department of Removable Prosthodontics, Osaka University Faculty of Dentistry, Osaka, Japan (1995-1998); an assistant professor at the Department of Removable Prosthodontics, Osaka University Dental Hospital, Osaka, Japan (1998-2007); an assistant professor at the Department of Prosthodontics, University of Iowa (1999-2000); an associate professor at the Department of Prosthodontics, Gerodontology and Oral Rehabilitation, Osaka University, Osaka, Japan (2007-). His current research is on removable prosthodontics, oral physiology (mastication, salivary, flow, taste ability, swallowing) and geriatric dentistry.

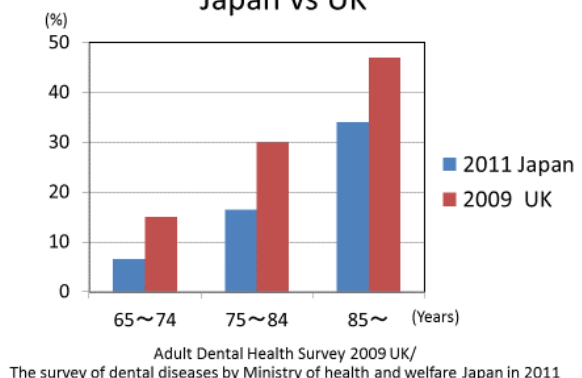
Abstract:

Oral health among older people is improving; however, prevalence rates of oral diseases are increasing dramatically in low- and middle-income countries. The interrelationship between oral health and general health is particularly pronounced among older people. Poor oral health can increase the risks to eating abilities, and affects nutritional intake. Scientific evidences of the contribution of dental care and oral health to longer healthy-life expectancy have been accumulating. The risks common to both oral diseases and non-communicable diseases should be recognized in order to prevent oral diseases and tooth loss, and maintain and revitalize oral function by a life-course approach. In order to contribute to preventing a decline in oral function in old age, dental and other health professionals must create an environment of multi-professional collaborative practice. Dental health throughout life is a fundamental factor for improving quality of life.

Do you have any image of oral status of old people?

- ✓ Loss of teeth, Missing teeth?
歯の喪失?
- ✓ Denture?, False teeth?, 義歯?
- ✓ Reduced oral function?, 口腔機能

Comparison of edentulous population Japan vs UK



Mini Lecture 4

“Stay engaged in society: Social dimensions of aging”



Keiko Katagiri

Associate Professor,

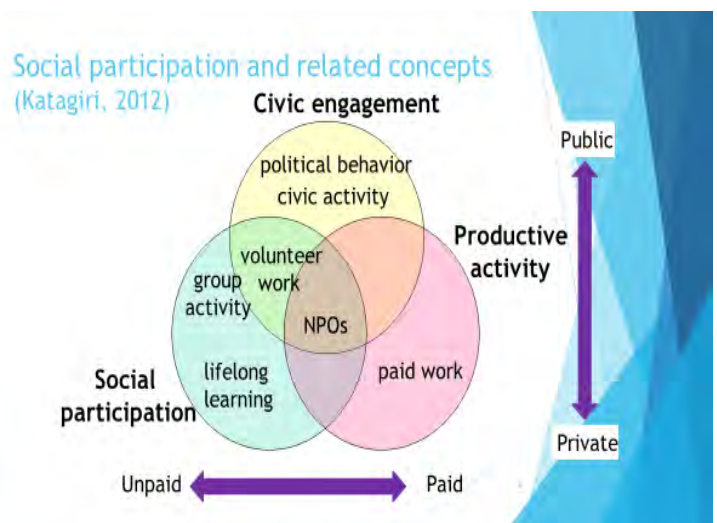
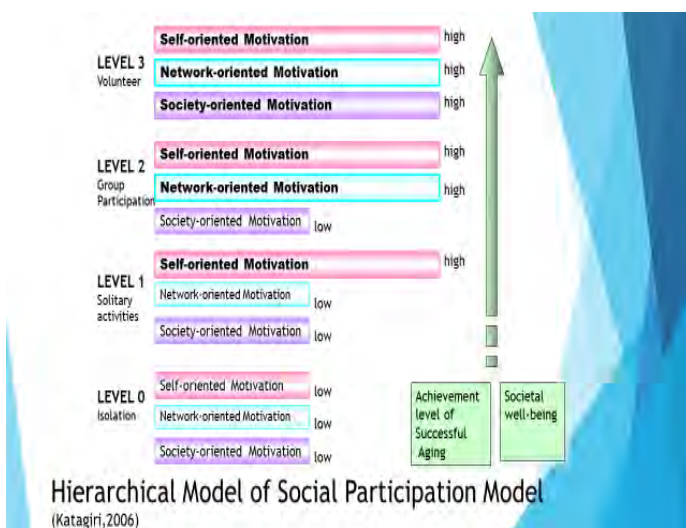
*Graduate School of Human Development and Environment,
Kobe University*

Short Biography:

Dr. Keiko Katagiri is Associate Professor at the Graduate School of Human Development and Environment of Kobe University since 2013. She received her Ph.D. in Social Psychology in 2006 from the University of Tokyo. She is the recipient of awards from the Gerontological Society of America, the Japanese society of Social Psychology, Japan NPO Research Association & Japan Socio-Gerontological Society. Her research interest mainly covers the social dimensions of aging in urban areas, such as social participation, civic engagement, social isolation, older workers, and urbanization, from the social-psychological perspective. The study also includes older families, especially the changes they experience in an aging society with low birth rate. She is interested in conducting international and interdisciplinary studies; for example, comparing the effects of geographical characteristics on old people's walking behavior and their health in Hong Kong, Singapore, and Tokyo.

Abstract:

Presentation included three topics: 1) life after retirement in Japan, 2) importance of social participation for Japanese, 3) possible social engagement. First, it is explained that Japanese are experiencing longer retired life than previous generations. It can be a serious problem for Japanese senior couples because they are not accustomed to spending time together and especially for husbands as they were workaholic and difficult to find something to do after retirement. Then social participation is introduced as an effective strategy to adaptation to retired life because husband can find a role and develop network in their community. At the same time, wives welcome their husband's going out instead staying all day long at home. Finally, it is suggested that not only social participation, but also paid work (full-time workers/part-time workers) and volunteer work are possible ways to stay engaged in society for Japanese seniors.



Mini Lecture 5

“Emotional dimension of ageing”



Kate M Bennett

Reader

Dept of Psychological Sciences


University of Liverpool

Short Biography:

I am a Reader in Psychology in the Department of Psychological Sciences and the School of Psychology at the University of Liverpool. The major focus of my work is the psychology of later life including the interplay between physical and mental health and social relationships. I am an expert in widowhood and bereavement. I also carry out research into the longitudinal effects of gender and marital status on health and psychological wellbeing in older people. I am CI on the ESRC's/HEFECW study "Maintaining function and well-being in later life: A longitudinal cohort study". I am also interested in resilience, caregiving, and nutrition in later life.

Abstract:


The talk focuses on the emotional aspects of aging and focuses on two aspects in particular: wellbeing is influenced by marital status transitions; and resilience. Data is presented which examines the impact of spousal bereavement and divorce and wellbeing, using British, longitudinal data. The evidence suggests that wellbeing decreases as a consequence of both divorce and spousal bereavement, with some, but not all, data suggesting a return to pre-transition levels. Women report lower wellbeing than men, but it is still unclear why this should be the case. In divorce the differences between men and women's wellbeing disappear, suggesting that the impact is greater for men. In the second half of the talk I focus on resilience in later life, taking an ecological approach to resilience. I suggest that individual, community and societal resources contribute to resilience. The talk focused on the first two. I illustrate resilience with data from older widowed men. The concluded with some provocations for participants to consider.

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Sub-Summary

- Wellbeing is affected by marital status transitions
 - Transitions out of marriage lead to increases in emotional distress
 - Women report higher levels of distress than men - Why?
 - This disappears in divorce - Why?
 - Depression and Life satisfaction are impacted by widowhood for both men and women
 - Return to baseline?
 - Depends on measure
 - Depends on time scale

19/01/16

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Sub-summary

- Resilience focuses on why *some* people do well despite adversity
- Ecological Resilience
 - Importance of individual and community resources (and the emotional components of these) and societal resources
- Some widowed men (and women) are resilient
- Stability, gradual change or turning point
- Pathways: individual characteristics (personality, life view, health)
 - Community resources (social support, family and participation)
- How to focus on societal responsibility and not blame the individual for a failure to be resilient?

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Mini Lecture 6

“Cognitive Ageing”



Kazuma Ishimatsu

*Associate Professor,
Graduate School of Health Care Sciences,
Jikei Institute*

Short Biography:

Kazuma Ishimatsu received his B.A. and M.A. in Human Sciences from Waseda University in 1997 and 1999, respectively; and then his Ph.D. in Human Sciences from Osaka University in 2004, with a dissertation on visual attention and ageing. Prior to his current position he was a researcher at the National Institute of Occupational Safety and Health, Kanagawa, Japan; an assistant professor at the Medical Research Institute, Tokyo Medical and Dental University, Tokyo, Japan; and a postdoctoral fellow at the National Institute of Advanced Industrial Science and Technology, Ibaraki, Japan. His research is on how attention and executive functions change with ageing and how cognitive ageing influences human behaviour. His research interests include cognitive ergonomics, occupational safety and health, and patient safety.

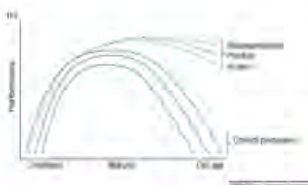
Abstract:

The purpose of this lecture was to briefly outline the major findings in the field of cognitive ageing. Cognitive abilities rise steeply from infancy to young adulthood, and then are either maintained or decline to old age, depending on the specific ability (Craik & Bialystok, 2006). Firstly, age-related changes in cognitive functions were reviewed. Although results from behavioural methodologies have indicated an age-related decline in cognitive functions, cognitive ageing is also characterized by both age-related increases as well as decreases in brain activity (e.g., PASA and HAROLD). Secondly, cognitive ageing theories (e.g., generalised slowing, resources deficit theory, and inhibition deficit theory) were illustrated. And then focusing on visual attention (e.g., inattention blindness, useful field of view, and divided attention), a more detailed description of cognitive ageing was provided.

Age-related changes in cognitive functions

- Age-related differences have been documented in a wide variety of cognitive variables
- Cognitive abilities rise steeply from infancy to young adulthood, and then are either maintained or decline to old age, depending on the specific ability
- Age-related changes are varied among individuals

(Craik & Bialystok, 2006; Kramer & Kray, 2006)



Reprinted from Craik & Bialystok (2006) Fig 1c

Theories of Cognitive Ageing

- ❑ Generalised Slowing/ Speed Deficit theory (Cerella, 1985; Salthouse, 1996)
- ❑ Resources Deficit theory
 - Attention is shared by different mental operations that occur simultaneously or in close succession (Kahneman, 1973)
 - Ageing decreases the amount of resources available for operations
 - Dual-task paradigms have been used
- ❑ Inhibition Deficit theory
 - Ageing diminishes the efficiency of inhibitory processes that prevent irrelevant information from entering or remaining in the focal attention or working memory (e.g. Hasher & Zacks, 1988)

Company Presentations

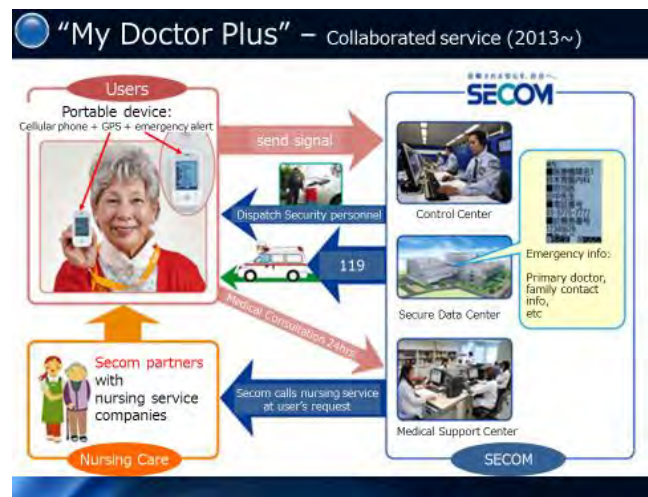
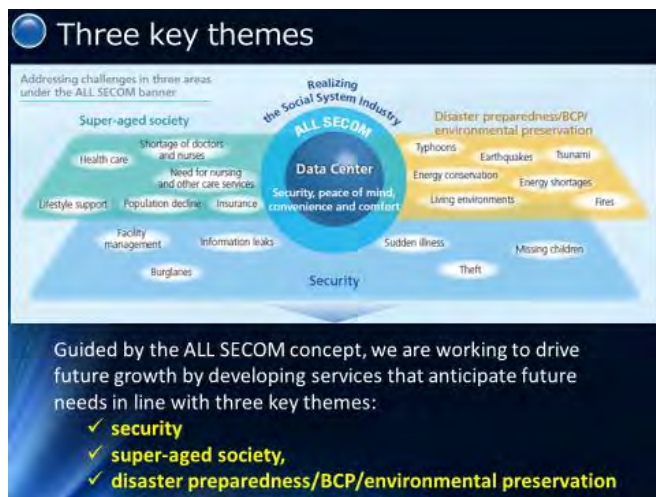
Besides a variety of academic lectures, there were presentations by invited lectures from companies.

1. “SECOM’s Vision and SECOM’s Healthcare Services”

Hideki Hirazawa



Mr. Hirazawa worked as an Engineer at SECOM Intelligent Systems Laboratory from 1989 and a Strategic Planner of home medical department at SECOM from 1996. He became the General Manager of network service department at SECOM Medical System in 2006 and the Director of IT healthcare division at SECOM Medical System in 2009. He is currently the Managing Director at Kobe Kaisei Hospital.



2. “Initiatives for the Aging Society of Daiwa House

—Robot Business of Daiwa House”

Junichi Sato



Mr. Sato graduated from Lakeland College (Wisconsin, USA) majoring in Biology in 2004. He entered Daiwa House Industry as a sales representative of house in 2005. He transferred to Robotics Business Department at the time of start-up, working as a sales representative of Robot Suit HAL, Therapeutic Robot PARO,

Daiwa House

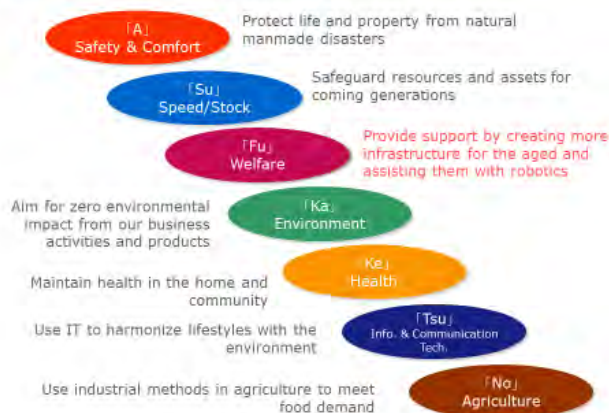
The Overview of Daiwa House Group

Daiwa House Group —
working to co-create value for individuals, communities and people's lifestyles



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Daiwa House 7 Keywords for New Business



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Robotics Business of the Daiwa House

Robot Suit HAL® for Well-being



POPO The Partial Body Weight Supported Lift



PARO The Therapeutic Robot



Senior Pose The Aging and Hemiplegia Simulation Kit



Minelet Sawayaka The Automatic Excretion Processing System



Mooglee The Crawlspace Inspection Robot



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Robotics Business of the Daiwa House

COMUQON for hearing loss



JINRIKI



HUMANY Automatic Urine Collection System



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3. Site Visits

In addition to taking a broad range of lectures on ageing, the programme included three site visits.

3.1 Tajima Longevity Village

The first was visit to Tajima, an ageing community in rural area, Hyogo prefecture. The participants had an overnight stay in Tajima Longevity Village and learned the actual living conditions of older people in Tajima area. Through lectures and interaction with members of the Silver Human Resources Center of Yabu City, they learned various activities carried out by community to support an ageing society. The Silver Human Resources Center actively participates in health promoting actions for elderly people. Besides presentation, members of Silver Human Resources Center acted “supporting a dementia family” in a play. The participants had cultural experiences of rice-cake making and singing Japanese children’s songs with the silver members.



The Mayor of Yabu City



Mr. Masahiko Komori



The members of Silver Human Resources Center



The team delivering laughter and heal



Yabu-karabo Exercise



Torobako bento dinner at Restaurant Gohanya



Rice-cake making



3.2 ATC Ageless Center

The second was visit to the ATC Ageless Center, the Exhibit Hall for care devices. This is the Exhibit Hall for health, welfare and care devices at the largest scale in Japan. The participants were guided by the floor staffs and were encouraged to see state-of-the-art technologies including robotic technology. They had vigorous discussion after looking around.



Instant senior experience



Wheelchair experience



Comforting Robot Paro-chan



Discussion time

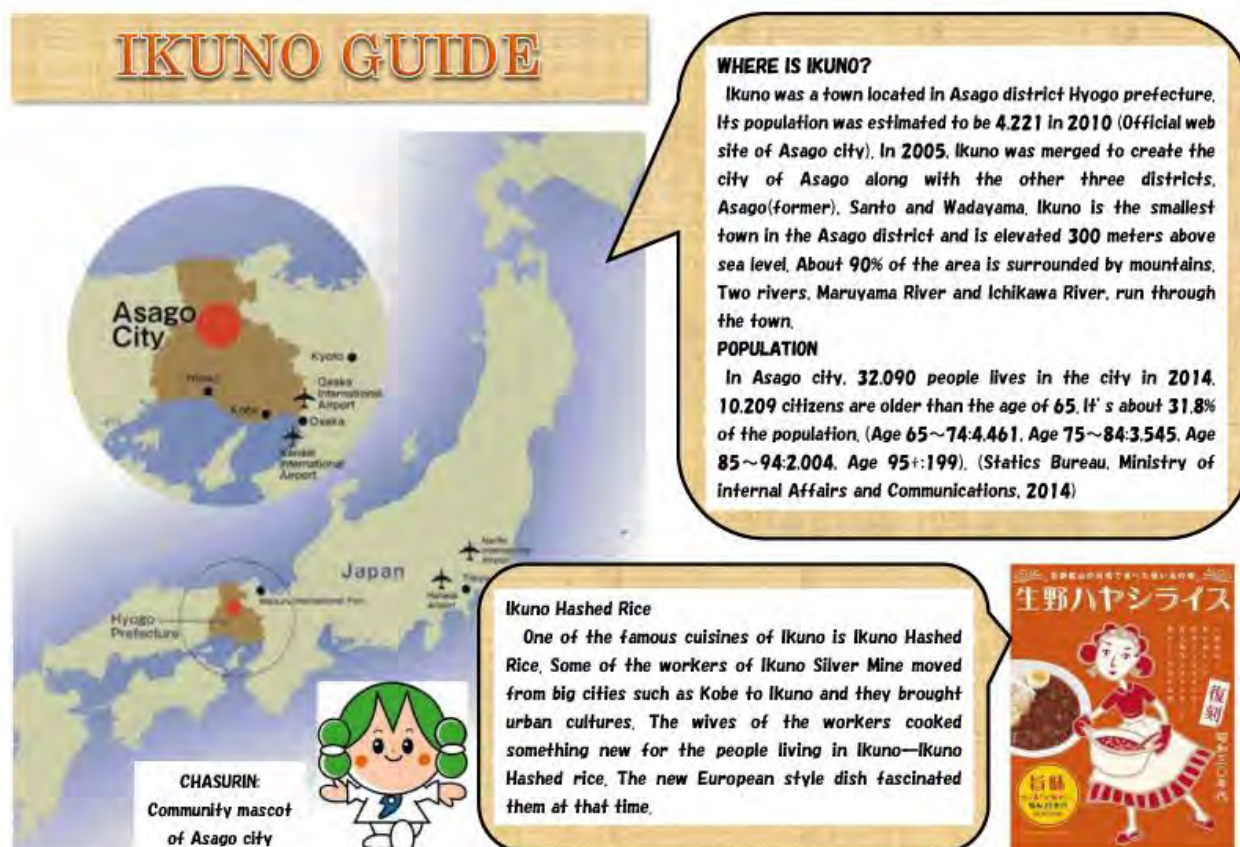
3.3 Care Service Apartment: *Comfort Hills Rokko*

They also had an opportunity to visit *Comfort Hills Rokko*, which was SECOM's care service apartment located in Kobe city. Living comfortably without feeling anxiety of ageing is the concept of “comfort ageing”. *Comfort Hills Rokko* is realizing this concept. Kobe Kaisei Hospital, an affiliated hospital of SECOM, is adjacent to the Apartment in the site, which provides high quality of medical & care service system. SECOM's own security system assures safe and comfortable life for the senior residents.



4. Excursion to *Ikuno*

In order to learn Japanese history and culture, the participants visited Ikuno, which is a silver mine town located in Asago City, Hyogo prefecture. They explored the silver-diggings at Ikuno Silver Mine, one of the three oldest mines in Japan. They walked around Ikuno Town, where the workers of Ikuno Silver Mine and their family used to live. Old houses and official residences remain and an old life-style can be seen. The participants visited *Izutsu-ya* Ikuno Machitsukuri Kobo (Ikuno town-making workshop). Many travelers used to stay at this place when they came to Ikuno as official travels in Edo period, about 500 years ago. The participants enjoyed old Japanese houses and rural scenery.



Ikuno Silver Mine

The exploitation of Ikuno silver mine started in 1542. The mine has been controlled by feudal lords such as Nobubaga Oda, Hideyoshi Toyotomi and Ieyasu Tokugawa during the Muromachi and Edo periods. After the unification of Japan, the Ikuno mine came under the direct control of the government, then under the jurisdiction of the imperial estate after the restoration of the Emperor. The mine went through various modernizations with the presence of the French engineer Jean-Francois Coignet. A great quantity of silver and mineral has been extracted while the mine was in activity. The Ikuno mine is one of the greatest industrial heritage of Japan that is possible to visit. The participants learned about the story and the industrial heritage of the Ikuno Silver Mine.



Ikuno Town

A walk in Ikuno unveils the beauty of the town. *Izutsu-ya* was built in 1832. During the Edo era, it was forbidden for travelers to stay in the mine town. There were six inns exclusively for government officials visiting the mine town to stay in, *Izutus-ya* was one of them. Today, it is possible for tourists to visit *Izutsu-ya*, which has been converted into a craft shop where many souvenirs in the shape of a salamander can be found.



Izutsu-ya



5. Group Discussion and Presentation

The participants were divided into small groups. Each group selected some specific issues related to ageing society and discussed solutions to these problems. They presented their ideas on the final day of the workshop. An experienced researcher was assigned to each group as a facilitator to assist with collecting information and promoting discussion.

Group 1 Three Y Zetto

Title: *Elderly Children*

Members: Zsombor Koszegi, Yuexin Li, Yukiko Tateyama, Yuko Kurushima



Background

Yukiko Tateyama



Zsombor Koszegi



Gerodontology

Yuko Kurushima

Economics

Yuexin Li

Solution

Business idea: job opportunity for the elderly in kindergartens



"Second Home"

Elderly problems

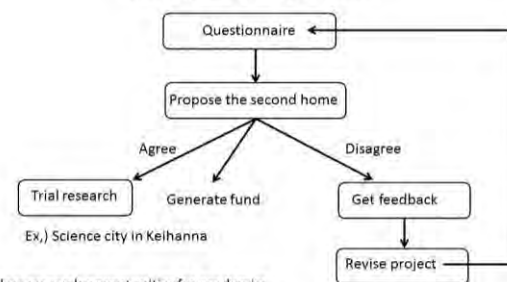
- Loneliness
- Meaningless life (appreciation)
- Few job opportunities (full time)
- Outdated skill set
- Being poor
- Lack of exercise
- Lack of rehabilitation
- No motivation to learn new technologies

Children problems

- Lack of childcare facilities
- Short opening hours
- Sick children stay at home
- Lack of example (education)
- Do not meet elderly people

Research Proposal

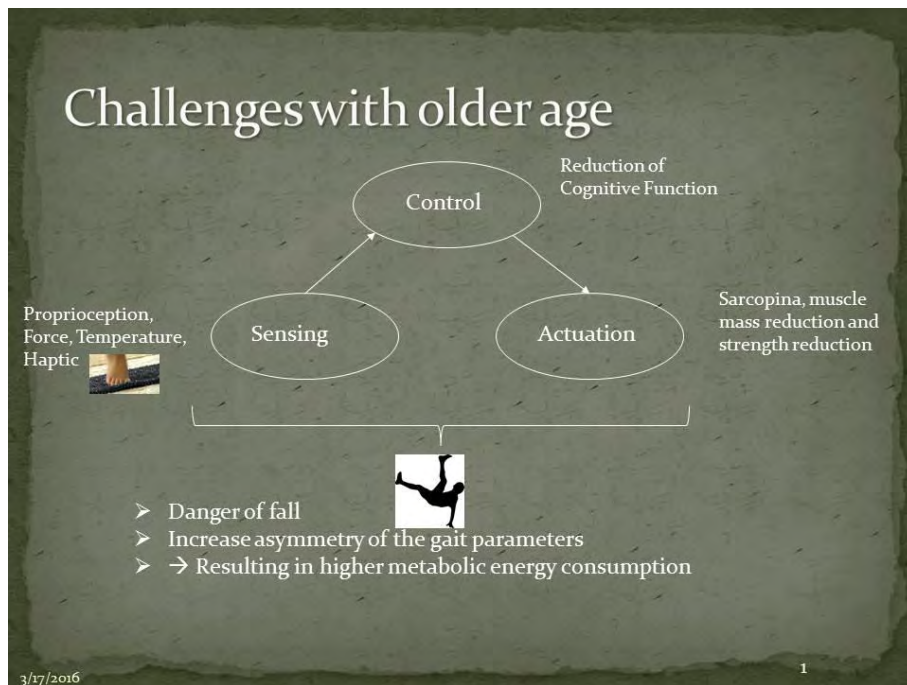
Would you like to join "Second Home"?



Group 2 LEAC

Title: *Examining Companion Robot*

Members: Eri Kiyoshige, Laura Soulsby, Caroline Olcott, Alireza Abouhossein



Paro: Multi-sensory robot

- Multi-sensory behavioral therapy (MSBT)
- Stimulation of:
 - Visual
 - Auditory (hearing)
 - Olfactory (smell)
 - Tactile (touch)



M. Heinen et al. (2013). Social Robotics Journal

What sensory are missing

- Intelligent Interaction
- Adaptive Interchangeable Dialogue between Patient and Robotic Companion



Group 3 Ulysses

Title: *Exploring the Acceptability of High-tech Tools for Enabling Social Interaction in a Cross-Cultural Context: Methodological Considerations*

Members: Sanmei Chen, Kiyooki matsumoto, Clare Thetford, Dulce Rodrigues



The 2015 RENKEI Interdisciplinary Workshop on Living with an Aging Society

Why this area?

Aging society



Increasing demands for carers



Lack of social interaction



Reduced well-being and quality of life

We don't know if high tech tools are acceptable to promote social interaction in different social contexts



→ Technological response

➢ Development of interactive robots

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The 2015 RENKEI Interdisciplinary Workshop on Living with an Aging Society

Partnership with industry, government, academics

- Industry (e.g. robot company, nursing home)
- Government
- Academics (health economists)



- Research fund
- Provision of data (sales, market research)
- Facilitate the research using their connections

The 2015 RENKEI Interdisciplinary Workshop on Living with an Aging Society

Potential impact

- To inform social care provision policy and practice
- Old people, care service providers and families (acceptable, affordable, effective?)
- Industry:
 - identification of potential users
 - inform development of future technologies
 - diffusion of high-tech for social interaction in the community
 - potentially engaging wider industry in care provision
- UK and Japan learning from each other's experience

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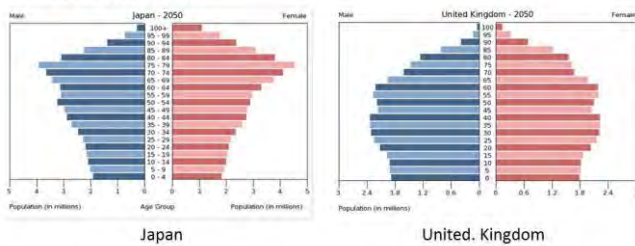
Group 4 IDC

Title: *Intelligent Design for Communities*

Members: Aya Toyoshima, Sae Shindo, Tatiana Sanches



In 2050...



Research Question

How to reach age friendly communities?

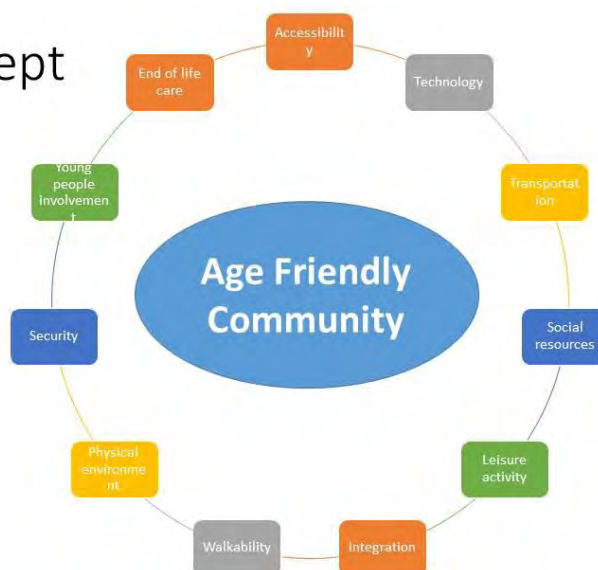
- Feasibility of its implementation (further discussion in Liverpool)

Government does not treat old people !

From CIA World Factbook



Our Concept



Group 5 Team Godzilla chan

Title: Ichijyu-sansai (一汁三菜) versus The Sunday Roast

Members: Marina Kozono, Juliet McClymont, Alison Burrows



Research target



Promoting intercultural attitudes to food to promote peace and purpose – **Ikigai**, for older adults.



Research scope

- Our approach is to tackle this problem from a multidisciplinary holistic perspective taking traditional concepts of food from Japanese culture.
- 食育 Syoku-iku - Food education by older adults attending schools to transfer knowledge of traditional food techniques and ritual



Research scope

- The Sunday roast
 - Is the Sunday roast a comparable social concept to Ichijyusansai in British culture?



Food model

- We believe the Japanese food model is relevant and successful at linking intergenerational social interactions
- Lessons can be learned and applied to UK society, to use food as an anchor for intergenerational society interactions.



Group 1 was awarded the Best Presentation Prize and Group 5 received the second prize.



6. Participants' List and Profiles

Name	Institution	Discipline	Year
Yukiko Tateyama	Kyoto University	Global Health and Socio-epidemiology	D1
Yuexin Li	Kyushu University	Economics / Art Finance / Financial Liberalization	M1
Sanmei Chen	Kyushu University	Exercise Epidemiology	D3
Sae Shindo	Nagoya University	Nursing	M1
Yuko Kurushima	Osaka University	Dental	Attending Staff
Aya Toyoshima	Osaka University	Psychology	D3
Eri Kiyoshige	Osaka University	Medicine	M1
Marina Kozono	Osaka University	Policy Studies and Ageing Psychology	D2
Kiyooki Matsumoto	Osaka University	Public Health	D1
Alison Burrows	University of Bristol	Inclusive Design	Research Assistant, Post-doctoral researcher
Dulce Rodriguez	University of Bristol	Education	D1
Zsombor Koszegi	University of Bristol	Neuroscience	Post-doctoral Research Assistant
Alireza Abouhossein	University of Leeds	Design, Robotics & Optimisation	Research Fellow
Laura Soulsby	University of Liverpool	Psychology	Lecturer
Juliet McClymont	University of Liverpool	Evolutionary Morphology and Biomechanics	D3
Clare Thetford	University of Liverpool	Sociology, Social Policy and Criminology	Research Fellow
Tatiana Sanches	University of Southampton		D1
Caroline Olcott	University of outhampton	Gerontology	D1

18 participants in total



Yukiko Tateyama



Yukiko Tateyama is a pharmacist in Japan. She obtained her MPH from Kyoto University School of Public Health, Japan and now pursuing her PhD program in the Department of Global Health and Socio-epidemiology at Kyoto University School of Medicine. Under JICA Volunteer program in 2010, she participated in HIV/AIDS initiatives as a program officer in the rural governmental office in Zambia. The experience ignited her interests on global health issues; especially in understanding risk factors for noncommunicable diseases in the social, cultural, and economic contexts in the SubSaharan African region which she undertook as her research. For her master's thesis, she conducted qualitative research on risk perception, behavior and socio-cultural factors related to non-communicable diseases in Zambia, and is currently continuing further epidemiological study in the same area using a mixed method approach. The rapid increase of both older population and non-communicable diseases has been observed in developing countries and becoming an issue of global significance. Understanding the current situation and issues of ageing society is critical, and this workshop is beneficial for her research as aging is a factor related to noncommunicable diseases. She expects to be able to gain the practical idea of a comprehensive approach to ageing society and further geriatric care in this workshop.



Yuexin Li



I am a master student in Department of Economics, Kyushu University. I have received my bachelor's degree in Economics in Renmin University of China. And probably I will study for PhD degree next year. Macroeconomic policies and art finance are my research fields. I can offer the idea of how to activate the Japanese economy and introduce the art finance as an alternative investment tool to maintain the value of funds and pensions. I feel very excited to have the opportunity to discuss the ageing society issue with scholars from different intellectual disciplines. I am sure that the workshop will inspire me to think further about the topic. I hope that we can implement our innovative ideas in future, dealing with the issues of ageing society together.

Sanmei Chen



I am a PhD student in the department of behaviour and health science of Kyushu University. I come from China. I got bachelor degree of medicine in the school of nursing, Central South University in China. I have been qualified as a registered nurse and once worked in a community health center when I was doing master programme of community nursing. Three years ago, I came to Japan to do PhD degree. Presently I am working on a population-based longitudinal study for establishing effective strategies to prevent or delay placement in long-term care among community-dwelling older adults. I always have strong interest in ageing and I will devote my future career to provide better care for older adults and improve their quality of life. I look forward to learning more about the ageing society from other fields and countries in the upcoming interdisciplinary workshop.



Sae Shindo



Hello, everyone. I'm a registered nurse as well as a graduate student. Having got the registered nurse licence, I went straight to the graduate school in order to get master's degree and learn about nursing much more. While studying there, I have been working at Nagoya University Hospital as a part time nurse. I started gaining the interest of studying global social issues since I was a little girl. I have encountered various types of death circumstances and how differently people respond to mortality. From my experiences, I observed how important the support of a nurse was, and I realized that I should get the ability to reduce the weight of many serious problems though my nursing expertise. So I decided to be a nursing specialist in the field of hospice palliative care, especially oncology. In the future, I would like to relieve people from the burden of difficulties and help people realize the importance of learning about life from people who face death. I personally think that a broad multidisciplinary approach that includes experts who have different background is so essential. I'm looking forward to sharing interesting ideas with you.



Yuko Kurushima



I graduated from Post Graduate School of Dentistry last year. Now I am working at Osaka University Dental Hospital as a clinical dentist. Regarding my research, I'm interested in Human genetics as well as Gerodontology. I'll visit King's College of London, UK from 2016 April, and stay there for 2 years. Please let me know culture, people, society, economy, whatever you know in UK. I'd like to exchange ours.

Aya Toyoshima



I'm a third year student in doctoral program. I was born and raised in Chiba Prefecture, and lived in Tokyo when I was an undergraduate student. I moved to Osaka from Tokyo about five year ago. My major is psychology, and I study about a relationship between social contact and subjective well-being among older adults. I'm interested in interdisciplinary research and collaboration with international members. If there are psychosocial topics that you want to ask, please feel free to ask to me anything.

Eri Kiyoshige



Hello, Nice to meet you! My name is Eri KIYOSHIGE. I am a graduate student in the School of Medicine at Osaka University. My major is community health nursing, and I study Healthy life expectancy. I grew up in Himeji City which is close to Tajima in Hyogo. So I feel an affinity with the visiting equipment in this work shop. In holiday, I often go to trip and watch Figure skating game. I am looking forward to meeting you and talking about Japan and British ageing!

Marina Kozono



I have been majoring in Policy Studies and Ageing Psychology. The major I took at Kwansei Gakuin University and Osaka University gave me a more profound insight into such things as designing the solutions for ageing society; these studies provided me with a basic knowledge of related theories. Through my education, my interest in gerontology has grown to be the field I desire to pursue in my life. My career goal is to become a professional gerontology specialist. The primary reason why I would like to take part in RENKEI programme is that I would be able to take a great opportunity to understand a transnational cross-disciplinary research. My major research interests are health and activities in relation to longevity, cognitive function and individual differences. Recently I have tried to analyze leisure activities using a sample of about 2400 older adults (e.g., 70s, 80s, 90s, centenarians) and examined the associations between leisure activities and other personal resources factor. I'm a member of the SONIC (Septuagenarian, Octogenarian, Nonagenarian Investigation with Centenarian) longitudinal research project and have contributed to conducting this survey. Also, I have designed to interview survey project especially centenarians, in other words people who are over 100 years old. We have gone to their private homes or nursing homes and interviewed centenarians and their families about the secrets of longevity! The various experiences as a member at RENKEI programme would provide me with an opportunity to become a specialist for making public policy in the ageing society. I would like to get your thoughts or feedback during this programme. I'm looking forward to sharing precious time and talking with you.

Kiyoaki Matsumoto



I have several years' experience working as PT in the remote island which is famous for longevity in Japan. My expertise is Public Health and Social Epidemiology. My areas of interest are motor function and social capital of the elderly in Japanese local areas. I think collaboration is something like chemical reaction. One reaction could cause a new reaction one after another. I would like to make new network of different area researchers. So I'm looking forward to meeting other participants.

Alison Burrows

I am a post-doctoral researcher in User-Centred Design (UCD) on the SPHERE project, which aims to develop home sensor systems to monitor the health and wellbeing of people living at home. My role in SPHERE involves collaborating with researchers from various backgrounds, advising and assisting them to apply user-centred and participatory design methods, to help deliver technology that is appropriate and desirable to the stakeholders. This work has enabled me to better understand healthcare needs and services, as well as how technology can help address emergent challenges in this area. I have a background in Industrial and Interior Design, but I see myself primarily as a design researcher. I have a PhD in Inclusive Design, from Loughborough University. This research investigated the Out-of-Box Experience (OoBE) of new technology for people aged 50 and over, with a view to positively influencing their uptake of these products. I conducted studies with older people in their homes, using design ethnography methods such as semi-structured interviews, technology tours and cultural probes. This approach was invaluable for me to empathise with the lived experiences of older people, rather than focusing solely on the negative and sometimes stereotyped aspects of ageing. My final thesis contributed new knowledge about the importance of social interaction during the initial stages of older people's interaction with new technology, framed within the personal significance of independence for older people. My areas of interest broadly include user experience design, inclusive design, and service design, with a strong interest in interdisciplinary research.

Dulce K. Rodriguez

I am very excited about collaborating with all of you. I am sure that together we will come up with interesting ideas while also having fun. My research interests are on how seniors can leverage technology to become again active participants in society and how technology may support the development of vulnerable communities through intergenerational practice. My work on online cross-cultural intergenerational practice, within the field of education, has the goal of enhancing the learning process through connected learning. About my background: I am a first-year Doctoral Researcher Student at the University of Bristol, U.K., where I recently completed the M.Sc. in Technology, Education and Society. I have an M.A. in Educational Leadership from the University of San Francisco, U.S.A., and a bachelor's in Telecommunication Systems Engineering from UIA Mexico. I have 8 years of experience working at the university level in Mexico.

Zsombor Koszegi



I am a postdoctoral researcher, working in the Biochemistry department at the University of Bristol, UK. My area of expertise is in experimental neuroscience. I have spent several years studying age-related neurodegenerative diseases (including Alzheimer's disease, stroke, and ischemia) using different animal models. In my work, I try to understand how these diseases affect neurons in the brain and investigate treatment mechanisms that could be beneficial for future human medical trials.

Age-related research is becoming more important and relevant to our society with longer lifespan and other demographic changes. Unfortunately, age-related research in my field in academia often deals with models only, while neglecting to look at the ageing population. In addition, my research in neuroscience has yet to integrate sociological or psychological aspects. Therefore, I am particularly interested in research projects that approach ageing from an interdisciplinary perspective. I am keenly interested to see how basic science affects the ageing society, and to find a link between academic research, industry, and the ageing generation. I am looking forward to getting to know researchers from other fields, who share similar interests in age-related questions. I hope that by attending this interdisciplinary workshop, I can broaden and share my knowledge about how my research can contribute to a better living for everyone in an ageing society.



UNIVERSITY OF LEEDS

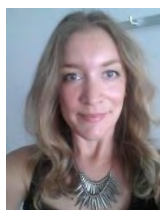
Alireza Abouhossein



I am a post-doctoral fellow at the University of Leeds working in assistive and rehabilitative robotics. I have a mechanical engineering background that has specialized in biomechanics. I look forward to understanding how Japanese tackle the problem of the ageing society. I am interested to see these challenges from different perspectives. Of course, collaborative efforts are also on my agenda. Therefore, I am looking forward to meeting enthusiastic individuals from across the globe.



Laura Soulsby



My primary research at the University of Liverpool focuses on the psychosocial impact of transitions associated with growing older, including bereavement, chronic illness, retirement and care work. Specifically, I am interested in how these significant, and increasingly common, life events affect interpersonal relationships and identity, and how older adults manage these transitions, including the concept of psychological resilience.

I am very excited at the possibility of exploring cross-cultural differences in the experience of these and other transitions in later life. This will be my first visit to Japan and I am very much looking forward to it!

Juliet McClymont



My particular interests lie in the co-ordinated arrangement response of the central nervous system (CNS) to perturbation, and how this system can be trained and improved in people over 65 to improve balance and stability. The CNS simplifies the control of posture and sway in balanced muscle groups that often become un-balanced during a sedentary lifetime. This compounds decreases in postural stability and increases postural sway, adding to the likelihood of falls in these people.

Clare Thetford



I am a social scientist researching health and social care, focussing upon the needs and experiences of older people with sight loss, comorbidities and related services. My work draws upon theory and methods of a range of disciplines, (notably sociology, psychology & demography). Projects I have led and am involved in are multi-disciplinary: sociology, psychiatry, psychology, ophthalmic practitioners/scientists, health & social care service providers, voluntary organisations. This work considers people living with sight loss, exploring issues of: social support and the role of carers; social isolation and inclusion; decisions and the delivery of treatment; and the provision of statutory and voluntary services. I am familiar with a range of research methods but specialise in use of qualitative research methods which enables a deeper understanding of needs and experiences of older people. My approach focusses on empowering methods – which prioritises the voice of participants. My research is data-driven rather than having a predetermined framework of analysis. My research focusses upon the ‘lived experience’ of older people, and through understanding this experience, seeks to explore and inform how services and policies should be developed to better meet their needs. This work takes account of the demographic changes which are bringing about an ‘ageing’ society but also a range of other changes, such as technology (such as drugs and IT), and societal attitudes. I am looking forward to meeting new colleagues to make cross-cultural comparisons with a country facing similar challenges, though with a different cultural heritage. Through discussions, I hope that innovative ideas and theories will be generated by sharing our experiences and insights. I also look forward to creating new research partnerships and collaborations with a view to developing grant proposals and publications. In particular, I am keen to further develop my work on vision impairment and the notion of ‘resilience’.



Tatiana Sanches



I studied architecture between 2001 and 2007 in the Portuguese city of Oporto. After graduating with an M.Arch and membership of the Portuguese Institution of Architects in Lisbon, I worked in architectural practice in Brno, Czech Republic, having previously spent time in the country as an Erasmus Scholar. The projects I worked on included urban master planning, residential and commercial developments. During the following years I practiced architecture across Portugal and in Barcelona, Spain. In 2013 I returned to higher education to improve my knowledge of sustainable building design

and optimisation for thermal comfort and energy efficiency. Thus I took the MSc in Energy and Sustainability of Buildings in the Faculty of Engineering and the Environment at the University of Southampton, graduating in 2014. I was then offered the chance to pursue a PhD at Southampton on Sustainable Cities and it was in this context that I applied for the RENKEI programme. Many concepts of cities/towns that aim at promoting well-being among residents have arisen over recent years. However, such concepts largely fail to consider how urban areas or neighbourhoods could be structured in order to be suitable for older age groups and people with reduced mobility. Being aware of such issues, one of the aims of my project is not only to promote sustainability across cities/neighbourhoods and the well-being of their residents, but to make them inclusive to all age groups. By attending the workshop I hope to bring together our combined knowledge to develop a new index that considers older age groups which currently are neglected or not properly addressed in the concepts of sustainable cities.

Caroline Olcott



My name is Caroline Olcott. I am a mature student and have just started my first year studying for a Ph.D at the University of Southampton. I graduated from the university's MSc. Gerontology course this year. I live part of the year in Tokyo. I have lived in Japan for 15 years in total. I am particularly interested in comparative research which in my case is between Japan and the UK, particularly looking at the intersection of policy and practice and culture/society which may produce practical recommendations for either state. I have a background in nursing and am currently visiting a Day Care Centre in Japan as a volunteer. I am very much looking forward to attending the workshop and having the opportunity to mix with students and academics from both Japan and the UK who all have an interest in the issues of an ageing society.

7. Facilitators' Short Biographies

Tomoko Wakui

Dr. Wakui is a researcher at Tokyo Metropolitan Institute of Gerontology. She has been conducting research in the field of health science and social gerontology, focusing on informal caregiving and the development of support programs for family caregivers, while evaluating research on Long-Term Care Insurance (LTCI) for older adults and their families. She obtained her Ph.D. degree in Health Science in 2012 at the Department of Social Gerontology, School of Health Sciences & Nursing, Graduate School of Medicine, the University of Tokyo, Japan. She is currently working on three projects; the first project examines social trends in caregiving in Japan by using national data over the past 20 years, focusing on changes since the implementation of the LTCI program. The second project examines the impact of LTCI and community environments on the individual, based on two questionnaire surveys of approximately 5000 primary caregivers of older adults in Japan. The third project is a comparative study with Johns Hopkins University. It aims to clarify how care tasks are shared in both countries, and the impact these tasks have on family relationships and the psychological burdens on caregivers.

Yoshiko Lily Ishioka



Dr. Ishioka is a psychologist working on aging research. Her research is to investigate age differences and age-related changes in cognitive function from a life course perspective. In particular, she works on two multi-cohort longitudinal research projects. One is the SONIC, Septuagenarian, Octogenarian, Nonagenarian Investigation with Centenarian, using a sample of older adults from both urban and rural areas. The other is the Keio-Kawasaki Aging Study (K2 Study) with data of older people in Kawasaki city. After completing her doctor's course in Human Sciences at Osaka University in Academic Year 2012, she became an Adjunct Researcher at Tokyo Metropolitan Institute of Gerontology. She is now a Project Research Associate in All-Round Program for Leading Graduate School "Science for Development of Super Mature Society", Graduate School of Science and Technology at Keio University.

Kazuhiro Harada



Dr. Harada is a postdoctoral researcher at Department of Preventive Gerontology, National Center for Geriatrics and Gerontology, Aichi, Japan. He received a B.S. in Human Sciences from Osaka University in 2006, and Ph.D. in Sport Sciences from Waseda University in 2011. He wrote his doctoral thesis on "A Behavioral Approach to Promoting Strength Training among Older Adults". His main research interests is health behavior change (especially physical activities). He

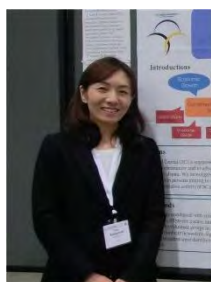
has published in the areas of psychological and environmental determinants of physical activities, behavioral mechanisms of mammography participation, and a relationship between going outdoors and cognitive function among the elderly. Now he is mainly participating in a randomized control trial to prevent further cognitive decline through physical activities among older adults with cognitive impairments.

Megumi Tabuchi



Dr. Tabuchi is a Research Fellow for Young Scientists at Japan Society for the Promotion of Science (JSPS). She received her Ph.D. in Human Sciences from Osaka University in 2012. The doctoral thesis was “Altruistic Behavior for young generations in old adults”. Her main research interests are intergenerational interaction and development of “generativity”, concern for guiding and establishing the next generations in old adults. Her research focuses on how development of generativity in old adults is affected by the interaction with young people. She has conducted cross-sectional and longitudinal survey, intervention study and experimental research to examine the effect of intergenerational interaction, and published in the areas of gerontology.

Mai Kabayama



She is an assistant professor at Department of Health Promotion Science, Osaka University Graduate School of Medicine from 2012. She received MS of Health Science in 2000 from Osaka University, and studied at the University of Oregon as a Fulbrighter in 2000 and got MS of Education. From 2001 to 2010, she worked as a public health nurse in Osaka.

Her main research interests are community health promotion; from a view point of social capital and the preventive care for the community-dwelling frail older people. She is also interested in the preventive intervention for the people with life-style related diseases. Now she is mainly involved in the healthy longevity study (SONIC), randomized control trial of saving alcohol amount for keeping optimal blood pressure control (OSAKE study) and Osaka home care registry study (OCARE).

Takeshi Nakagawa



Dr. Nakagawa is an Assistant Professor at Graduate School of Human Sciences, Osaka University. He received B.A. of Human Sciences in 2007 and M.A. in 2009 from Osaka University. He obtained his Ph.D. in Human Sciences from Osaka University in 2015. His doctoral thesis was “Valuation of Life in Old Age”. His specialties are psychology of aging and lifespan developmental psychology. He is interested in age differences and age changes of well-being, predictors of well-being, and psychological adaptation to adverse situations such as decline in health. He is now engaging in a longitudinal research project incorporating young-old, old-old, and oldest-old adults. Further, he is collaborating with foreign researchers and conducting cross-cultural projects.

List of Members who supported this Workshop

Working Group in RENKEI

Institutions	Name	Title
Osaka University	Yasuyuki Okamura	Professor, Director of International Collaboration and Executive Vice President
Osaka University	Toshiya Hoshino	Professor, Director of International Collaboration and Executive Vice President
University of Liverpool	Samar Hasnain	Professor, International Lead for the Faculty of Health & Life Sciences
University of Liverpool	Anthony Hollander	Professor, Head of Institute of Integrative Biology

Executive Committee in Osaka University

Institutions	Name	Title
Osaka University	Yasuyuki Gondo	Associate Professor, Graduate School of Human Sciences, Chief Organiser for RENKEI
Osaka University	Kei Kamide	Professor, Division of Health Sciences, Graduate School of Medicine
Osaka University	Kazunori Ikebe	Associate Professor, Department of Prosthodontics, Gerodontology and Oral Rehabilitation
Osaka University	Saori Yasumoto	Deputy Director of the Office of International Exchange
Osaka University	Miyako Matsui	Secretary, Graduate School of Human Sciences
University of Liverpool	Kate M Bennett	Reader, Department of Psychological Sciences and the School of Psychology
University of Liverpool	Richard Hinchcliffe	Head of PGR Development, Center for Lifelong Learning
University of Liverpool	Susan Pickard	Reader, Department of Sociology, Social Policy and Criminology, Director of postgraduate research
Osaka University		Staffs, International Affairs Division, General Affairs Section, Accounting Section, Educational Affairs Section



International Affairs Division



Yamada oka1-1 Suita, Osaka, 565-0871 Japan

E-mail: kokusai-koryu-kikaku@office.osaka-u.ac.jp

Website: <http://www.osaka-u.ac.jp>

Facebook: <https://www.facebook.com/OsakaUniversity>

Research: <http://resou.osaka-u.ac.jp/ja>

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