

1-(1)

デジタルを活用した健康な高齢コミュニティ研究

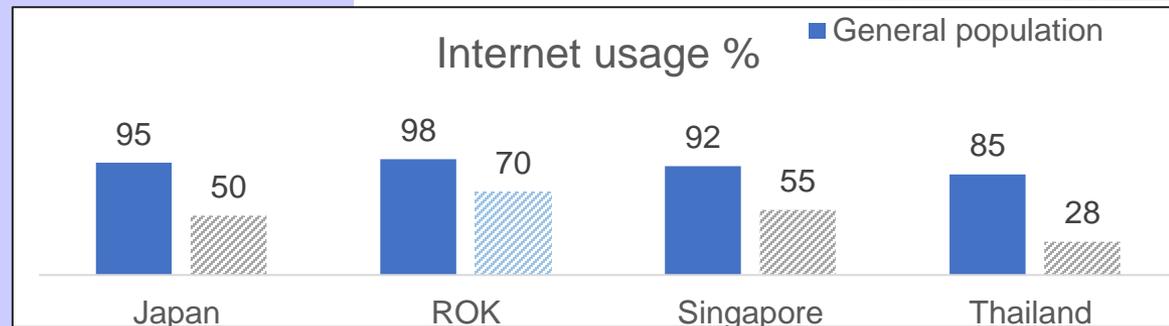
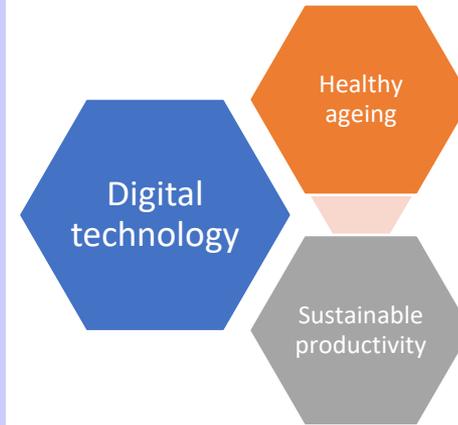
Digitally Inclusive, Healthy Ageing Communities (DIHSC)

A cross-cultural study in Japan, Republic of Korea, Singapore and Thailand

【Background】 One out of three persons in Japan will be an old person in a few years. Half of those older persons still do not utilize internet, smart phone apps or digital technology. Whereas more than 70 % of the seniors in the Republic of Korea (ROK) use internet and 55 % in Singapore, in 2019. The use of digital technology for health promotion has the potential to promote individual and community empowerment, advocating for healthy active ageing. Research questions are (1) what are the contextual influences of digital inclusion? (2) what are its consequences on healthy ageing.

【Objective】 This study aims to measure digital skill of the older persons in Japan, Korea, Singapore and Thailand, in order to identify paths and association between digital inclusion and older persons' participation in health promotion and health-related quality of life.

Quantitatively digital skill, e-health literacy, participation in health promotion and quality of life will be analyzed in structural equation models.

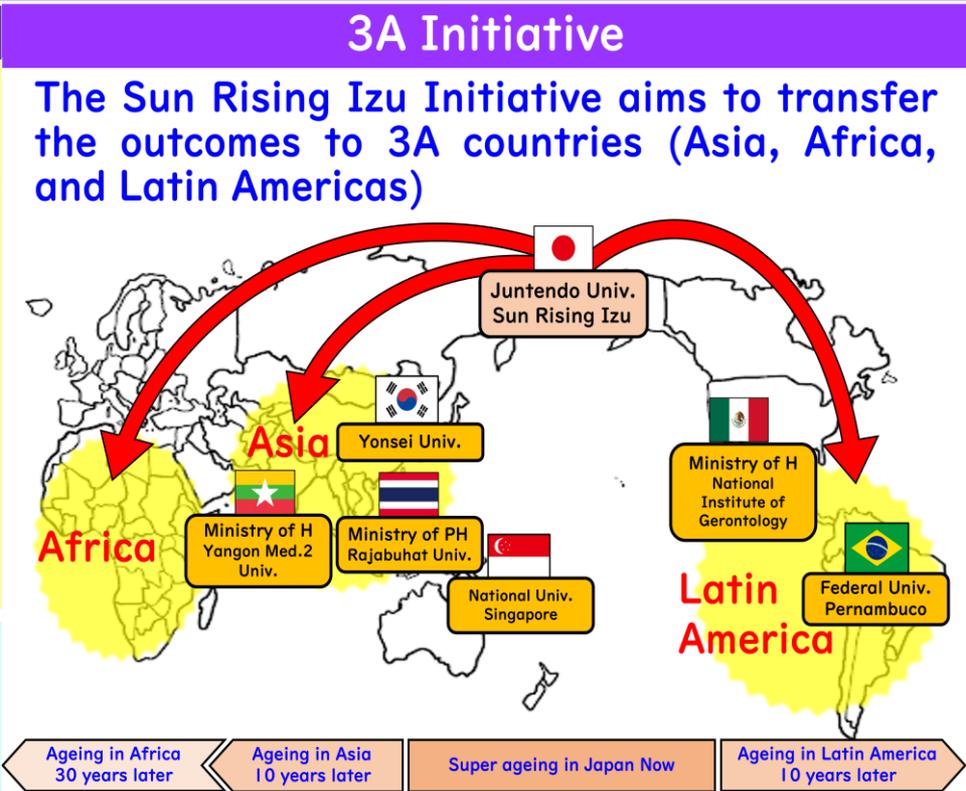
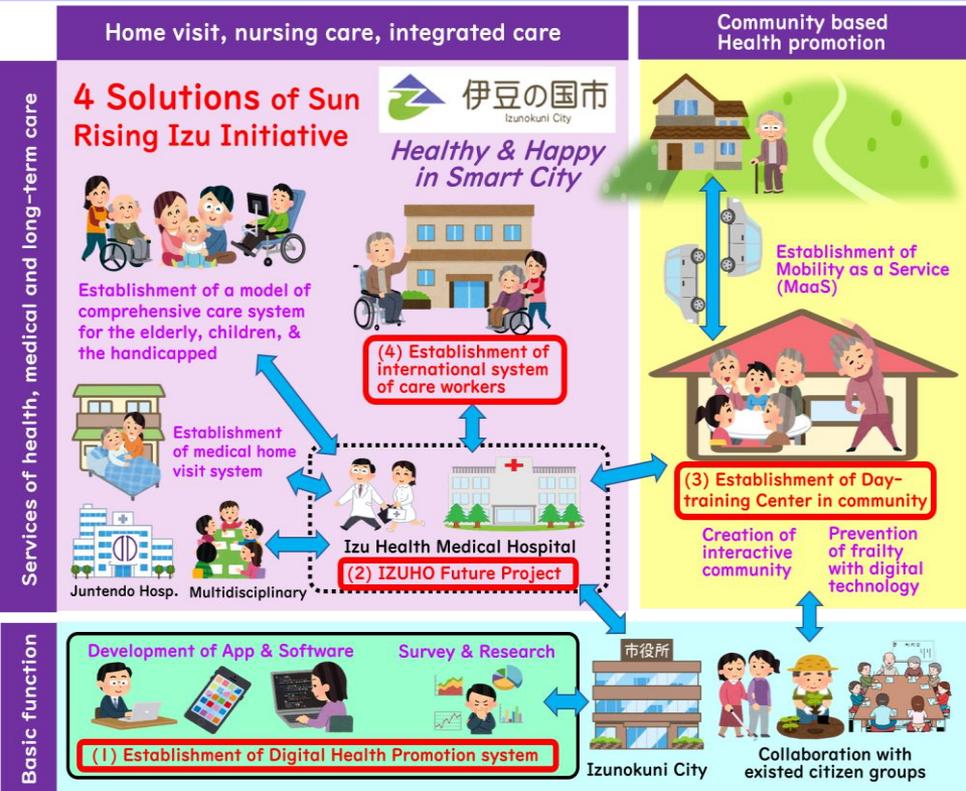


1-(2)

持続可能なまちづくり研究事業 (陽伊豆る国構想と3A構想)

Sustainable Smart Healthy City (Sun Rising Izu Initiative & 3A Initiative)

[Objective] The project aims to create healthy & happy society for everybody, no one left behind, in Izunokuni city, and to transfer the outcomes to the world.



1-(2)

陽伊豆る国構想の研究領域

Research domains of Sun Rising Izu Initiative

【Solution 1】 Strengthening of digital operational functions



Comprehensive evaluation of the initiative using “Liveable Well-Being City score (β ver.)” developed by Japan Smart City Institution.

【Solution 2】 Establishment of medical home visit system



Evaluation of effects of home visit, using developed validated indicators.

【Solution 5】 Establishment of comprehensive care system model for elderly and handicapped



Evaluation of effects of care system, using developed validated indicators.

【Solution 3】 Prevention of frailty using digital technology in Day-training center



Evaluation of effects of training, using developed digital devices with AI technology.
Survey of user's satisfaction for MaaS (mobility as a service with AI).

【Solution 4】 Establishment of international system for care workers from Thailand

Recruit students at Rajabhat Univ. who want to learn how to care of the elderly in Japan. Provide them opportunities to learn Japanese language and culture as soon as possible.



Japan



Thailand

Students come to Japan and start working. Students learn how to care the elderly.

The workers provide services to care of the elderly at nursing home in Thailand. The workers disseminate their skills to health volunteers who are working at community.

Evaluation of effects of exchange care worker system between J & T.

1-(3)

杉並区保健生協高齢者コホート研究 (杉並スタディ)

Community Based Social Innovation (CBSI) for Healthy Ageing* (Suginami Study)

【Background】 WHO definition of CBSI refers to initiatives that seek to empower older people to improve their self-efficacy in caring for themselves and their peers, maintain their well-being and promote social cohesion and inclusiveness.

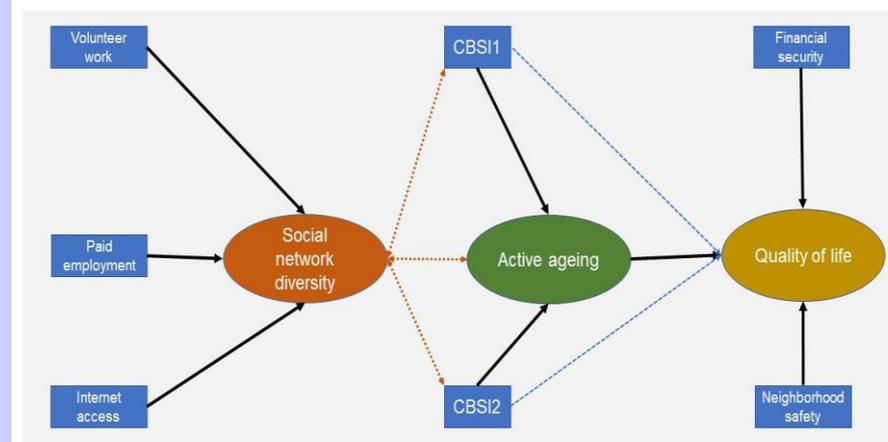
【Objective】 The study regarded a community as the CBSI, group exercise activities for care prevention as CBSI-1, and social/cultural activities as CBSI-2 that include hobbies such as reading, chorus, and knitting. It was analyzed to determine management form, the environment surrounding the elderly, and the relationship between CBSI and QOL.

【Methods】 A mixed method was performed for the elderly of the Suginami Health Co-op.

【Findings】 The study revealed that CBSI-1 provided the opportunity to reduce loneliness and maintain social connections among older community members. CBSI-2 functioned as a place to share values based on hobbies, increased the independence of the elderly, and helped them enjoy a life based on their interests.

【Conclusion】 We developed the CBSI model that guarantees QOL of the elderly.

* **Healthy ageing:** A concept defined by WHO that refers to maintaining the functional ability depending on the value of the elderly.



1-(4) タイ王国チェンマイ県メヒア市高齢者コホート研究 (CIIC study) Community Integrated Intermediary Care (CIIC) for older people

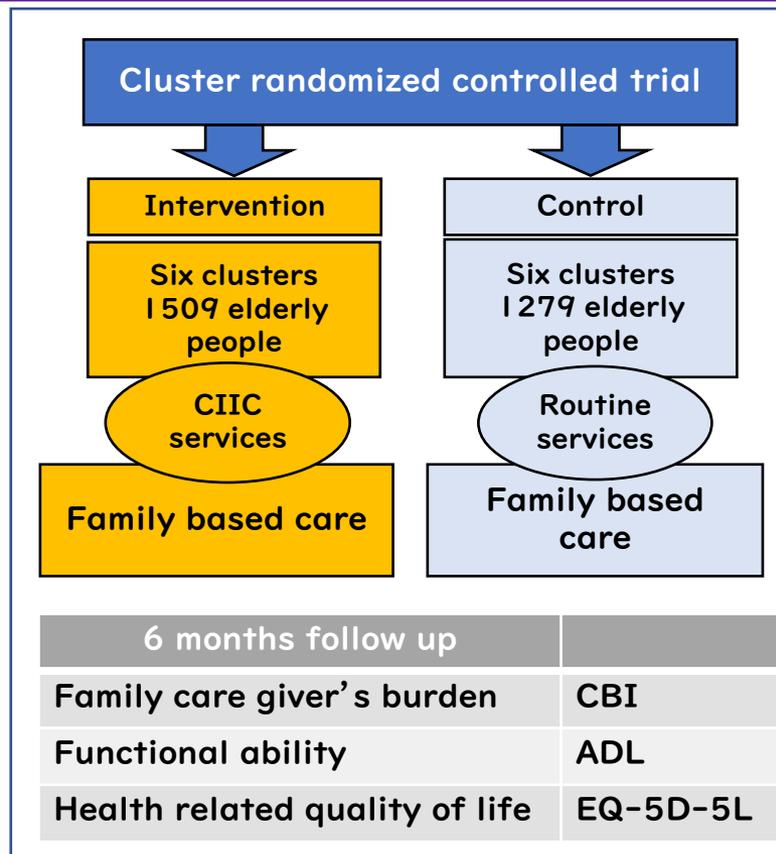
【Background】 In 2016, 16% of the Thai population was 60 years and over, which is projected to increase to 33% by 2040.

【Objective】 Community-integrated intermediary care (CIIC) is a novel service model designed to enhance and support the traditional family-based informal caregiving. This study aimed to evaluate the effectiveness of the CIIC model in selected communities in Thailand.

【Methods】 A cluster-randomized controlled trial was conducted with 2,788 participants: 1,509 participants in 6 intervention clusters and 1,279 participants in 6 control clusters.

【Findings】 After six months of CIIC services, there was significantly lower caregivers' burden, less functional decline and fewer people with depression in the intervention clusters.

【Conclusion】 Older residents who had CIIC in their communities were less likely to become frail compared to the residents in the control site.



I-(5)

タイ王国チェンマイ市における移民労働者研究 Immigrant worker study in Chiangmai, Thailand

【Background】 Many Myanmar immigrants have worked in Northern Thailand, but language barrier and acculturation issue have been identified.

【Objective】 The study was conducted with the aim of understanding the health status of migrant workers, verifying their relationship with socio-economic factors and cross-cultural adaptation, and identifying risk factors.

【Methods】 We conducted an interview questionnaire survey at a hospital in Chiangmai city.

【Findings】 The average age of 414 respondents was 29.5 ± 9.0 years, 26.3% reported smoking, 40.8% had a drinking habit, 75.8% reported no exercise habit, 40.1% overweight/obese, and 27.1% hypertension. Depressive tendencies were observed in 13.0%. 53.4% of the respondents had musculoskeletal disorders, suggesting the need for early intervention, with cross-cultural adaptation being significantly associated with workers classified as marginalized and depressive tendencies.

【Conclusion】 In ASEAN economic zone where labor liberalization is progressing, the actual state of health damage (musculoskeletal disorder and non communicable diseases) caused by the working and living environment of migrant workers was clarified.

Fig: Acculturation strategy of Myanmar migrant workers to Chiang Mai, Thailand, 2017 (n=414)



TNN Aung, Y Shirayama, S Moolphate, MN Aung, T Lorga, M Yuasa. Health risk behaviors, musculoskeletal disorders and associated cultural adaptation, depression: a survey among Myanmar migrant workers in Chiangmai, Northern Thailand. *International Journal of General Medicine* 12; 283-292, 2019.

TNN Aung, Y Shirayama, S Moolphate, T Lorga, M Yuasa, MN Aung. Acculturation and its effects on health risk behaviors among Myanmar migrant workers: A cross-sectional survey in Chiang Mai, Northern Thailand. *International Journal of Environmental Research and Public Health* 17(14) DOI: 10.3390/ijerph17145108, 2020.

1-(6)

WHOスピリチュアルヘルス研究 Study on WHO Spiritual Health for Japanese people

【Background】 Unlike mental health caused by the electrochemical reaction in the brain, Spiritual Health (SH), which is defined as the meaning and the purpose of life, has already been demonstrated in many overseas studies to be closely related to health and QOL. The WHO has also discussed adding the SH to the definition of health as a fourth health following physical, mental and social health. Despite the agreement of many countries, the addition was postponed due to the abstention of cautious minority countries such as Japan, which has little research on SH and no common understanding among the people.

【Objective】 What kind of SH is suitable for Japanese people whose religion is ambiguous and has their own view of life and death? This study hypothesized that “self-selection of life way” could be an alternative definition to that question. In order to prove this hypothesis, the study firstly examines overseas literature to sort out the definition, classification, and measurement method of SH, and then conduct a survey of the attitudes and recognition on the SH among ordinary people and medical professionals in Asia and Japan. From an academic and interdisciplinary point of view, the study aims to propose a definition of SH that would be suitable for Japanese people.

【Methods】 (1) To Review scientific articles related to the SH published not only in English but also in Spanish, Arabic, Hindu, Urdu, Thai, and Chinese languages, and categorize the definitions in other countries. (2) To compile measurement methods and classifications by reviewing the literature. (3) To conduct an awareness survey on the SH for the general people in Asia and Japan, and extract the characteristics that the Japanese recognize through comparison between other Asian countries and Japan. (4) To conduct an awareness survey on the SH and its opposite concept, Spiritual Pain (SP), for Japanese medical professionals (especially those engaged in home medical care and terminal care), and extract the characteristics that medical professionals recognize. (5) Based on the above literature review and survey results, the characteristics of Japanese SH and SP are analyzed interdisciplinarily from the perspectives of religious studies, cross-cultural communication, public health, clinical medicine, and psychology. We result in proposing a definition and classification suitable for Japanese people.

