AMED Symposium on Healthy and Active Ageing

Wednesday 12th April 2017, 9:00 – 17:00
Royal College of Physicians, London

Summary

Background

Ageing has been highlighted internationally as an issue that has a broad impact, not only in terms of health and welfare but also economically. In Japan, the government is taking steps to tackle this pressing challenge and has brought the topic to the top of the agenda at international meetings such as the G7 Ise Summit.

In terms of implementation, Japanese municipalities are providing 'community-based integrated care', while Japanese health insurers are administering 'data health plans', both with an emphasis on health management and disease prevention. In terms of research, AMED is supporting development of local evidence-based interventions, applications of personal health records, regional risk diagnosis, preventive care, and epidemiological cohort studies among others.

However, there is insufficient research into scaling-up of identified good practices and applying research results in reality (so called 'translational research'). Furthermore, many challenges exist around engaging those who may be indifferent to their own health, and shortcomings in collaborations between researchers, local governments and the private sector.

Against this background, this symposium was held in order to clarify the challenges to existing implementation and translational research efforts to address healthy ageing in Japan and the UK, and the necessary steps to overcome them. With this focus on translational research and local-scale preventive interventions, experiences were shared across multiple sectors, including academia, local government and industry.

Session 1: Challenges and Opportunities in Translational Research

Dr Reiko Akizuki, Japan Agency for Medical Research and Development (AMED)

Dr Akizuki presented an overview of the day's objectives: to address how to close the gap between research and practice via cross-sectoral collaboration in efforts to promote healthy ageing, and gave some background on the health and long-term care systems in Japan, focusing on how it is funded and the challenges it faces. She outlined two current Japanese efforts: 'Community-based integrated care' – combining care for the elderly through local community support; and 'Data health plans' – evidence-based health promotion programmes implemented by health insurers.

Professor Louise Robinson, Newcastle University

Professor Robinson explained the challenges presented by the UK's ageing population and how they are unequally distributed socially and geographically. She outlined the importance of viewing older people as a significant targetable market and potential workforce, and also described the UK's investment in improving dementia care and how disjointed funding for research and practice is a major challenge that must be overcome.

Professor Katsunori Kondo, Chiba University & National Centre for Geriatrics and Gerontology

Professor Kondo spoke about his large-scale, nation-wide ageing study: JAGES, and how cooperation across municipalities has been key to its success. He presented his work on developing indicators and management tools for age-friendly communities, and how its results have included easier identification of health needs geographically for policy-making. Trials of volunteer-led social programmes to prevent functional decline with ageing, focusing not on 'health' but on 'fun', demonstrated benefits within just 5 years, producing a win-win for participants and local government.

Dr Kate Walters, University College London

Dr Walters presented her work building an evidence base for home-based health promotion targeting mildly frail older people, and its key feature: 'co-design'. By involving commissioners, service end-users and carers from the very beginning of the service design process it has been possible to ensure feasibility and to identify key elements of effective interventions: education and enablement components, strategic approach (motivation to maintain, not improve health), and engagement in behaviour change.

Dr Naoki Kondo, University of Tokyo

Dr Kondo outlined extending lifespans and reducing health disparities as key Japanese policies. He presented several examples of private-public partnerships and non-health sector collaborations (e.g. a Nestle-Sony intelligent barista coffee machine which promotes social interaction), as well as the effectiveness of different ways to incentivise healthier lifestyles (e.g. cashback on vegetarian menu items, musical stairs that people want to climb to play, etc.). He also emphasised the effectiveness of supporting local government officials in their promotion of healthy ageing.

Session 2: Community-based Preventive Interventions

Dr Akira Sugenoya, Matsumoto City

Dr Sugenoya presented his efforts as Mayor of Matsumoto City to promote healthier living, by incorporating 'health' goals into different aspects of life, such as the environment, economy, education, etc. (e.g. prizes to bank customers who undertake regular health checks, etc.). He outlined successes in cooperation with local researchers to improve diets and promote sociability (e.g. through karaoke clubs) and described his main challenges still to overcome: people indifferent to their health and taking on external studies to local implementation.

John Craig, Care City

Mr Craig introduced the role of Care City as an innovation centre in a poor part of East London, aiming to pilot new health technologies and (more importantly) new pathways to embed use of those technologies in the UK's health systems. He emphasised the need for close partnership with local authorities, but also the importance of entrepreneurial approaches to work across sectors in creating age-friendly environments and communities. Examples shown included a mobile ECG offering rapid diagnosis of heart conditions to visitors to local pharmacies.

Dr Peter Kevern, Staffordshire University

Dr Kevern spoke about a collaboration between his university and the local government to tackle general poor health and health inequalities across Staffordshire, focusing on translation and application of research evidence into practice. He presented his work, in collaboration with locally active charities (e.g. Alzheimer's Society), to engage and leverage local church communities as effective networks to improve care for dementia patients through community education and training of champions.

Session 3: Data Health and Preventive Interventions

Yoshio Nakaie, Uchida Yoko Health Insurance Association / Dr Yuji Yamamoto, MinaCare

Mr Nakaie presented his work as manager of a corporate health insurer, in collaboration with health consultancy 'MinaCare', to implement health promotion activities using data analysis to target at-risk employees. These targeted interventions have succeeded in reducing health risk indicators (e.g. high blood glucose levels) and medical care costs in general. Dr Yamamoto spoke about the need to redefine healthcare values (i.e. shift emphasis to cost-effectiveness or productivity) as a way to incentivise healthcare cost payers to switch from a 'pay-for-service' to a 'pay-for-value' model.

Seishi Kodama / Yuko Moriya, Kao Corporation & Kao Health Insurance Society

Mr Kodama explained health promotion measures aimed at Kao Corporation staff that target 5 areas (lifestyle, mental health, smoking, cancer, women's health) and make effective use of a PDCA cycle to improve health outcomes. Working in cooperation with researchers, these evidence-based measures (e.g. providing healthy Japanese meals and monitoring impact on visceral fat levels, encouraging walking by providing pedometers) have been successful in increasing health literacy among staff, improving general health and reducing healthcare spend.

Dr Abraham George, Kent County Council

Dr George introduced a local initiative for collection, curation and analysis of health-relevant data from various health (GPs, hospitals) and non-health (fire & rescue services, government registries) sector sources, aiming to provide answers to complex healthcare planning questions through comprehensive analysis. Such analysis of personal-level data, linked via NHS number and pseudonymised, has been used to map chronic disease and multi-morbidity rates across Kent, to chart per-capita healthcare costs and to model demand for hospital beds under different scenarios over time.

Discussion & outcomes

Open discussion focused on the following pre-specified topics:

- Encouraging behaviour change in those indifferent to their own health
- How to better engage local government, healthcare facilities and insurers with limited resources in collaboration for healthy ageing

- How local universities and the private sector can support community-based interventions by health insurers, and the obstacles to such collaborations

It became clear that although various efforts targeting prevention of decline due to ageing via both health and social care are underway in both countries, several significant challenges exist:

1. Scaling-up of best-practice
   Despite many intervention programmes demonstrating clear benefits locally, expanding those programmes or implementing them in other areas often proves difficult. This challenge is exacerbated by the fact that resources and priorities differ greatly among implementers (e.g. local governments often place higher emphasis on industry and tourism, investing little in health) and that there are insufficient approaches aimed at those indifferent to their own health.

2. Weak collaboration between community-based programmes and research projects
   Specifically:
   - There are few opportunities or platforms for information-sharing among multiple sectors (researchers, implementers, industry, etc.).
   - Although the private sector and local governments require researchers' analyses in order to provide sound programmes of intervention, from the researchers' perspective such analyses offer little potential for publication and the collaboration itself is often difficult.
   - There is little funding support available for research into small-scale interventions tailored to local needs, as general preference goes to large-scale and international research.
   - Time scales differ for researchers, governments and the private sector, making their collaboration difficult: companies require rapid progression to a workable business model and governments seek rapid planning and implementation of policy, while researchers require more time to implement effective studies.

In order to address the above challenges, the following essential steps were identified:

1. Approaching those indifferent to their own health by creating value beyond 'health'
   If an individual does not take an active interest in their own health, then the effect of 'push' style programmes targeting health outcomes will be limited. Instead, values such as 'fun', 'happiness', 'usefulness', or for industry 'increased productivity' should be the objective, and living environments should aim to be places that make people want to be physically active.

2. Use of real-world big-data and AI
   Building a strong evidence base has traditionally been done with an emphasis on RCT and other hypothesis-verification research. However, there are so many diverse factors that have an influence on health that it is difficult to propose appropriate hypotheses. Moreover, there are many challenges to overcome when starting a new local intervention study, such as 1) the long time it takes to get results, 2) difficulties in acquiring consent, 3) ethical considerations, etc.

Therefore, it is important to consider how efforts not implemented as research (e.g. offering healthy meals to staff) and approaches not ostensibly health-related can yield evidence through analysis using AI and real-world data. Such analyses may also be expected to lead to more effective ways to engage those indifferent to their own health. How best to build a framework for the gathering and analysis of these kinds of local data would be a challenge in itself.

3. Promoting collaboration among researchers, local governments and industry
   Cooperation on the ground is essential in conducting translational research to connect research and practice, but ways of thinking and language used by the actors differ greatly. It is essential therefore that those in the health sector frequently approach those outside of it and build platforms for continuous discussion, with the goal to co-design and implement research for both impact in academia through publications and impact beyond academia through creating business models for commercialisation.

4. Need for research on social prescribing
   Social prescribing (community-based social or physical activity prescribed to address an individual's well-being needs) is attracting much attention lately as an alternative to medication, but there is a need to build an evidence base and develop appropriate evaluation criteria.

Photographs

Opening presentation by Dr Reiko Akizuki

Session 1 Discussion and Q&A

Session 2 Discussion and Q&A

Session 3 Discussion and Q&A

Prof. Louise Robinson, Newcastle University

Dr Akira Sugenoya, Matsumoto City

Final discussion

Group photograph