

Involving the Community in Research to Make Akita Prefecture Japan's Leader in Healthy Longevity

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The 115th HGPI Seminar featured an introduction of collaborative efforts for community development led by the Advanced Research Center for Geriatric and Gerontology at Akita University in Akita Prefecture that involve community members as well as the local government, professional associations, and businesses.



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HGPI 主催：日本医療政策機構 (HGPI)

<POINTS>

- **The Akita University Advanced Research Center for Geriatric and Gerontology was established in 2019 with the objective of contributing to better community medicine and expanding health and longevity education and research through interdisciplinary research on Japan's aging society as well as through innovative research in geriatric medicine.**
- **When aiming for healthy longevity, it is important to improve health conditions for every individual. At the same time, it is also important to engage in community development to provide a safe living environment.**
- **For researchers, community member involvement is an essential part of research activities. Establishing systems that help community members who participate in research improve their own health leads to better, more sustainable research.**

■ Professor Ota's interest in gerontology and efforts from Akita University

After graduating from university, I served in the Department of Geriatrics at the University of Tokyo Hospital for over two decades. I also studied abroad in the United States to learn gerontology. As people age, dementia and a number of other diseases begin to emerge. Although people tend to focus on the medical aspects of such conditions when they appear, gerontology is related to various other academic fields in addition to geriatrics, which is my field of specialty. It encompasses the sociology of aging, basic aging, law, economics, science, engineering, pharmacology, and financial gerontology, the latter of which has attracted a great amount of attention in recent years. Gerontology is a multidisciplinary field that is related to various aspects of life for older adults.

As of July 2022, Akita Prefecture had the highest rate of population aging in Japan, with 38.8% of its residents aged 65 years or over. There, the Akita University Advanced Research Center for Geriatric and Gerontology was established at Akita University in 2019 to improve the healthcare provision system for elderly people, to advance multidisciplinary research on societal aging and cutting-edge research on healthcare for older adults based on findings in dementia and community sociology, and to contribute better community healthcare and advancing research on longevity and health education. There, the prefectural government, the Akita Medical Association, and Akita University are working together to address various issues facing community healthcare and the issues of population aging and birthrate decline.

■ Community development is vital for good health and long life

Based on concepts from gerontology, it goes without saying that it is important to medically treat or prevent diseases from developing when thinking of how to help people live longer, healthier lives, but it is also important to create safe environments. This means supporting people's health through community development. Similar concepts have spread in the international community through concepts like, "active aging," "aging friendly cities," and "healthy aging," and a number of collaborative global efforts are now advancing, such as when the United Nations designated the decade from 2021 to 2030 as the "Decade of Healthy Ageing" on December 14, 2020.

Akita City is actively involved in the Age Friendly City (AFC) initiative and has been a member of the WHO Global Network for Age-friendly Cities and Communities (GNAFCC) since 2011. With leadership from the administration, Akita City is building partnerships with various local businesses and is taking part in the Living Lab and other initiatives with the objective of becoming a city that is a friendly place to live for older adults.

As part of these efforts, the Akita University Advanced Research Center for Geriatric and Gerontology has conducted various studies aiming to optimize opportunities for health, social participation, and safety based on "aging in place," a concept in which people can continue living true to themselves in familiar cities even while growing older. The Center is a collaborative effort that spans seven countries and is led by the University of Manchester in the U.K. Its partner cities include Akita City, Japan; Quebec, Canada; Brussels, Belgium; Oslo, Norway; Bilbao, Spain; and Brno, Czech Republic. Aging has been a topic of growing attention in the past few years, particularly for isolation among older adults. This situation occurred in part due to the Coronavirus Disease (COVID-19) pandemic. Next, I will compare measures in each country with a basis on three pillars: equity, democracy, and diversity.

■ Integrated initiatives for community development and healthy longevity

In a region like Akita, the key issue for the daily lives of older adults is driving. There are many areas without public transportation, so being unable to drive a car is a hindrance to daily life. It causes all sorts of issues to sprout up at once, including hospital visits and shopping for daily necessities. There has been a great deal of discussion about getting older adults to turn in their driver's licenses in recent years, making this an issue of great concern to Akita Prefecture's senior citizens. This is why focus is being placed on men through an approach based on extending "driving life expectancies," as men tend not to be as interested in more conventional approaches based on healthy life expectancies or dementia prevention. The initiative is centered around roadside stations, where participants can take part in various programs including lectures, exercises, and actual driving lessons. Many companies have taken part in designing programs, such as those providing hands-on experience with new technologies, cognitive function tests, and lessons on safe driving. Moving forward, I would like us to scientifically verify the effectiveness of these programs, such as those related to cognitive function and information processing ability.

■ About early-onset dementia

Since I came to Akita, I have helped conduct a survey on real-world circumstances for early-onset dementia. According to our latest data from 2020, we found that approximately 35,700 people are living with early-onset dementia in Japan, 354 of whom are residents of Akita Prefecture. Over the course of conducting this survey, we were gifted with opportunities to hear individual voices from people living with early-onset dementia and their families. This allowed us to reaffirm challenges that are unique to early-onset dementia. These include the fact that patient advocacy organizations for people with early-onset dementia have many older adults as members, or that they have difficulties maintaining employment and struggle to cover household finances. I would like for us to connect those voices to revisions of our systems.

■ Conducting dementia research that contributes to better health for older adults

For elderly people to live longer, healthier lives, it is important for them to spot changes in their own health as early as possible. For people living with dementia, it is vital to notice cognitive decline as early as possible. From this perspective, Akita Prefecture is participating in the Orange Registry established by the National Center for Geriatrics and Gerontology and is gathering various data from elderly people on an ongoing basis while working to establish a database.

When conducting this research, we are focusing on methods of integrating research and community member activities. Since regular health checkups for older adults do not include evaluations of cognitive function or aspects related to mental health, interest is high in cognitive function surveys conducted through research initiatives. For example, we have developed a method of conducting a cognitive function assessment while people being examined play mahjong. Results are then returned to each person who participates in the research and are utilized in lifestyle guidance. Even if we say someone is "experiencing cognitive decline," the environment and other underlying factors differ for each person. Naturally, each person has a different living environment, family structure, and life history, so public health nurses serving in communities are making sure they understand these factors when visiting each person's home to provide lifestyle guidance and personalized support.

Participants tend to be around 75 years of age, and there tend to be more women than men. After the study, participants are provided with scores for memory, attention, executive function, and processing capacity. Some people are shocked when they see their results and learn that they may have mild cognitive impairment (MCI). Instead of having participants drop out of the study and disengage, I would like for us to convey to them the significance of detecting their condition early so they can undergo more accurate testing at a hospital or receive guidance to support systems.

Over the course of this research, we have learned about a number of risk factors for dementia including depressive tendencies, loss of physical strength in the legs, frailty, polypharmacy, and social frailty, or the tendency to live a secluded lifestyle. I am particularly interested in methods of overcoming social frailty. Akita Prefecture is a region that gets lots of snow and has few options for public transportation, which make it easy for people to become secluded in their homes. I would like for us to utilize digital technologies to create opportunities for communication or to devise methods to get people to go outside and be active, such as by measuring steps taken and other daily activities to provide notifications.

Our other efforts include inviting residents to participate in research through exercise groups as part of our community activities or by having them participate in musicals to measure cognitive function and improvements in frailty. Some community members have started activities in which they study frailty on their own, collect data, and share their findings with other community members.

In the coming era, rather than just waiting in the laboratory at the university, it will be important for researchers to go out into communities and interact with community members to co-create activities for achieving better health. Furthermore, the data obtained over the course of that process must not only be used for research; it must be used to contribute to better health promotion for community members. This is what I would like to keep in mind as I continue my research.

Overview

Date & Time: Thursday, March 9, 2023; from 18:30 to 20:00 JST
Format: Online (Zoom webinar)

Language: Japanese
Participation Fee: Free

Profile

Hidetaka Ota (Professor and Director, Advanced Research Center for Geriatric and Gerontology, Akita University (ARGG))

Dr. Hidetaka Ota graduated from the school of Medicine, Kumamoto University, and received training of internal medicine at the Tokyo University and Tokyo Metropolitan Geriatric Hospital. He was researcher at Signal Transduction Laboratory, M.G.H, Harvard Medical school. After graduating the University of Tokyo Graduate School of Geriatric Medicine, he worked as assistant professor and specially appointed lecturer at Department of Geriatric Medicine, Graduate School of Medicine, University of Tokyo, and from 2015, as senior manager, Japan Agency for Medical Research and Development (AMED), and specialist for dementia, Ministry of Health, Labour and Welfare. He was appointed to his present position in 2018.

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