

# JAPAN TRIP 2014

**Harvard School of Public Health Student Club of Japan**

## 1. はじめに

私たちハーバード公衆衛生大学院日本人会は、同大学院公認の学生組織として、日本人及び日本に関心のある学生、研究者を中心に、全ての人により良く生きる社会の実現に向けた活動に取り組んでいます。

同大学院は今年度で創立 100 周年を迎え、次世代のリーダーの育成をテーマに掲げています。これを踏まえて私たちは、世界に誇るべき日本のヘルスシステムを実地で学び、公衆衛生、医療、介護、福祉分野における取組や課題を取り上げ、日本及び世界各国が今後どのように対処していくべきか、世界各国の学生、研究者と共に考え、公衆衛生分野における将来のリーダーとしての見識の深化と意識の醸成を目的としたスタディツアー「ジャパントリップ 2014」を開催いたしました。

今回で第 7 回を迎えたジャパントリップでは、日本に学びたいという我が国に関心のある学生、研究者たちの想いと、日本を世界に伝えたいという私たち日本人会の想いの実現のため、

### The Secrets of Japanese Longevity 「日本の長寿のヒミツを探る」

をテーマといたしました。ジャパントリップを通じて、参加者は、日本のヘルスシステムを学ぶにとどまらず、様々な分野のリーダーから意思決定を行った体験を聞き、将来のリーダーとして自らを見つめ直す機会を得るとともに、世界中からの参加者との交流を通じて、視野の幅を広げることができました。ジャパントリップにおける体験が、参加者の今後のキャリア形成、そして公衆衛生の向上に対し、貴重な貢献をもたらすことを確信しております。

このように、今回、ジャパントリップを実りあるものことができましたのも、皆様方の温かいご支援、多大なるご尽力を頂戴したおかげです。ここに私たちの活動をまとめた報告書を作成いたしましたので、ご一読をいただけますと幸甚に存じます。

末筆ではございますが、皆様方の更なるご発展、ご多幸を祈念いたします。

ハーバード公衆衛生大学院日本人会  
ジャパントリップ 2014 実行委員会一同

## 2. ジャパントリップ 2014 について

### 【目的】

今年度のジャパントリップは「The Secrets of Japanese Longevity（日本の長寿のヒミツを探る）」のテーマのもと、長寿社会を支える地域の保健医療・介護・福祉分野での取組みとヘルスシステムを学び、日本の長寿の背景と課題、そして当該テーマにおける日本と参加者母国の未来について、参加者とともに考えることを目的とした。

何度も実行委員で議論を重ね、参加者たちには、特に日本の地域における現状と取組みを知ってもらいたいとの思いを共有した。そこで地域医療で実績がある岡山県を訪問先とし、岡山を拠点に世界規模で力強く活動をされている AMDA（特定非営利活動法人アムダ）様のご協力を得て、地域保健医療・介護福祉をさまざまな視点から学ぶ企画とした。さらに日本人の生活の場の理解を深めるために、訪問診療・訪問介護への随行やホームステイ体験を盛り込むこととした。

### 【内容】

テーマ	The Secrets of Japanese Longevity 「日本の長寿のヒミツを探る」
日程	2014（平成 26）年 3 月 15 日（土）～23 日（日）7 泊 9 日
参加者	ハーバード公衆衛生大学院 (HSPH) およびジョンズホプキンス公衆衛生大学院の学生・研究者等 15 名、日本人引率者 9 名
アドバイザー	イチロー・カワチ教授 HSPH 社会行動科学学部学部長 マイケル・ライシュ教授 HSPH 武見国際保健プログラム
訪問先	岡山県：日本の高齢者福祉保健医療を学ぶ 岡山県知事表敬、岡山県福祉保健部、岡山県医師会、保健所、高齢者保健施設、在宅介護他業種協力の見学、岡山県総社市における福祉政策講義および市長との懇談 東京：日本のパブリックヘルスにおけるリーダーシップとヘルスシステム 厚生労働省、武見敬三参議院議員事務所、民間企業

【日程概要】

日付	午前	午後
3月15日(土)	ボストンより空路移動	
3月16日(日)		岡山空港集合
3月17日(月)	岡山県庁 岡山県知事表敬 岡山県保健福祉部	訪問診療、訪問介護随行 御津医師会と意見交換 後楽園観光 御津医師会との懇親会
3月18日(火)	岡山済生会にて講義 岡山済生会ライフケアセンター見学	総社市役所訪問 岡山大学にてカワチ教授による講義 “Secret of Longevity” SAKEの会 ホームステイ体験
3月19日(水)	尾道グループ 尾道方式について、片山医師による講義、懇談会  倉敷グループ 川崎医療福祉大学にて地域包括ケアに関する講義、大学病院研修センター見学、川崎メディカルミュージアム見学	
3月20日(木)	グラクソ・スミスクライン株式会社	武見敬三参議院議員による講義 国会議事堂見学 厚生労働省職員による講義 厚生労働副大臣表敬
3月21日(金)	自由行動	
3月22日(土)	オーガナイザー有志主催による築地・浅草ツアー	自由行動 懇親会
3月23日(日)	解散	

## 【参加者一覧】

Anders	Huitfeldt	ScD Epidemiology
Catherine	Braun	MPH CMP
Chris	Suharlim	MPH CMP
Claudia	Suemoto	Post-doc SBS
Ellana	Stinson	MPH HPM
Ester	Villalonga-Olives	Post-doc SBS
Gabriella	Tantillo	MPH QM
Katherine	Unsworth	SM GHP
Lan	Nguyen	SM HPM
Lily	Gutnik	MPH GH
Majdi	Osman	MPH GH
Maria	Teresa Garcia	MPH QM
Neha	Khandpur	ScD Nutrition
Beth	Fischgrund	MPH GH
Mona	Sobhani	MPH (The Johns Hopkins Bloomberg School of Public Health)
Tadahiro	Ikemoto	MPH EH
Daiki	Kobayashi	MPH QM
Yu	Shibui	MPH CMP
Toru	Tsuboya	Visiting Research Fellow
Shinichi	Tomioka	Takemi Fellow
Junichi	Naganuma	MPH CMP
Hitomi	Naganuma	MPH HSB
Marika	Nomura-Baba	Takemi Fellow
Eri	Matsuki	MPH CLE

MPH: 公衆衛生学修士課程, EH: Environmental Health (環境保健) 専攻, QM: Quantitative Medicine (生物統計) 専攻, CMP: Health Care Management and Policy (医療マネジメント・政策) 専攻, CLE: Clinical Effectiveness (臨床統計) 専攻, GH: Global Health (国際保健) 専攻, HSB: Health and Social Behavior (社会・行動科学) 専攻, SM: 修士課程, HPM: Health Policy and Management (医療政策・マネジメント) 専攻, GHP: Global Health and Population (国際保健・人口) 専攻, ScD: 博士課程.  
※日本語訳は意識

### 3. インフォメーションセッション

2013年10月16日、HSPHで最大、メインの教室である Kresge G1 で行われるイチロー・カワチ教授の授業にて、ジャパントリップ 2014 の開催をアナウンスした。その後2013年11月21、22日の2日間に渡り、Tripの詳細についての説明を行う Information Session を開催した。特に2回目の session では2012年のジャパントリップ参加者である Joan (ScD candidate)に自身の Trip 体験談を話してもらったこともあり、参加者の日本に対する興味が高まったのを実感できた。2日間総計で22名の出席者を得、12月4日の申し込み締め切りまでに17名の応募があった。申し込み後のキャンセル、追加申し込み等の調整を行い、最終的に15名の学生/研究者をつれてのジャパントリップ開催が決定した。



### 4. 事前勉強会

基本的な日本の医療および介護制度についての知識を共有するために、ジャパントリップ参加予定者に対してレクチャーを行った。レクチャーは参加者に限らず聴講可能なものとした。事前勉強会の開催に関して、アドバイザーのイチロー・カワチ教授より協力を得ることができた。

- 1) Thursday, Feb 20th, 5:30-6:30pm (FXB-G12)  
Speaker 1: Dr. Toru Tsuboya, SBS Visiting Researcher  
Title: "Japan Overview"  
Speaker 2: Dr. Junichi Naganuma, MPH candidate  
Title: "General Overview of Universal Health Care System in Japan"

- 2) Monday, Feb 24th, 5:30-6:30pm (Kresge G2)  
Speaker 1: Professor Ichiro Kawachi, SBS Chair  
Title: "Japanese Longevity: More than the Tofu."  
Speaker 2: Dr. Shinichi Tomioka, Takemi Fellow, GHP  
Title: "General Overview of Long-Term Care Insurance System in Japan"



## 5. 訪問記録

### 3月17日(月) 岡山県庁

岡山県庁にて、伊原木知事を表敬訪問した。県庁保健福祉部の担当課長らより、日本及び岡山県の医療・保健・福祉・介護などについての現状および今後の課題についてのプレゼンテーションを聞いた。岡山県の特徴ある取り組みとして、1) 愛育委員(地域のボランティア組織)、2) 晴れやかネット(医療情報ネットワーク、診療情報の共有化など)などの説明を受けた。

In our first official activity of the HSPH Japan Trip we visited the Okayama Prefecture. Several senior members of the State administrative staff attended the session. There we learned about how the Japanese health system is structured, the current problems and the challenges faced by the Japanese social insurance system through the presentations of Prefecture office staffs. Japan has universal health coverage and the health system is covered by employer's contribution, employee's copayment, and mainly by the government coverage at all levels (municipality, prefectures, and federal contributions). Citizen's contribution varies by age (children, adult, or elderly). The health care delivery model was also explained as was the integration of the healthcare provision, social pensions and the medical insurance. The sustainability of the public pension system was highlighted as a challenge faced by the Prefecture. Maternal and child health in Okayama was another presentation topic. The structure of the maternal and childcare system and aspects of information collection were highlighted and the use of such data in the establishment and promotion of community healthcare was emphasized. Data presented highlight the decrease in the number of births, birth rate and total fertility rate in Okayama. On the other hand, Okayama has been very successful in decreasing maternal mortality and infant neo-natal and perinatal mortality.

We also attended a short presentation by Dr. Suganami, president of AMDA (Association of Medical Doctors of Asia). He explained us the role of AMDA, a non-profit organization that was founded in Okayama. AMDA helps people affected by natural and man-made disasters worldwide. The visit ended with a welcoming speech to Japan and the prefecture from Governor Ryuta Ibaragi. We exchanged gifts and got our official picture with the Governor. The entire session was video recorded and made it to a news segment in a local TV channel! Please see the link below:

[http://www.sanyo.oni.co.jp/news\\_s/news/d/2014031716364922/](http://www.sanyo.oni.co.jp/news_s/news/d/2014031716364922/)

In our opinion, Japan health system is an excellent example of universal health coverage. Japan has been able to provide good quality universal health care to Japanese citizens. Besides the high prevalence of elderly and the challenges that come with an aging society, the system is working well. In our visit, we could notice the widespread worried about the maintenance of this system with more advanced population aging. It is expected that those with 65 years and old will achieve 35% in 30 years and probably new ways to provide universal health care will be necessary.

This was a great way to kickstart our trip in Japan!

**Claudia Suemoto and Neha Khandpur**



**山陽新聞**  
THE SANYO SHIMBUN  
WebNews

地域ニュース	国内外ニュース	スポーツ	動画	天気	投稿	グルメ	観
政治   経済   社会	スポーツ	文化   岡山	倉総	東備	玉野	笠井	

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**地域ニュース**

米から福祉、医療事情視察に来岡 ハーバード公衆衛生大学院生

日本の福祉、医療事情を視察するため、岡山県入りしている米ハーバード公衆衛生大学院の学生らが17日、県庁の伊原木隆太知事を表敬訪問した。

公衆衛生大学院の24人と、来岡を仲介したAMDの菅波茂代表が訪問。最初に県の担当職員が、電子カルテで情報ネットワークを構築し、医療サービスの質向上や業務効率化に取り組んでいる現状を紹介した。

この後、伊原木知事が歓迎あいさつし、一行の代表を務めるクラウディア・スエモトさんは「岡山滞在中に、医療や福祉の事情をしっかりと学び、理解を深めたい」と述べた。

記念品の交換では、岡山県から、ももちの縫いぐるみが、公衆衛生大学院からは、写真立てなどがそれぞれ贈られた。

一行は19日まで岡山県に滞在。御津医師会や岡山医療センターなどで高齢者福祉や在宅医療の現状を学ぶ。

動画ニュース Movie news >>一覧



[写真拡大](#)  
伊原木知事と記念撮影するハーバード公衆衛生大学院生ら

(2014/3/17 17:26)

### 3月17日（月） 岡山市保健所

中瀬岡山市保健所所長より岡山市保健所の取り組みについての説明を受けた。県庁でも説明があった愛育委員をはじめ、町内会やおやこクラブなど様々な地域活動が盛んであり、また当該地域のソーシャルキャピタルが豊かであることは岡山市の保健政策上極めて重要であるとの説明を受けた。ジャパントリップ参加者からは、愛育委員などの地域活動をどのように活発に維持していけるかについてなど多くの質問があり、活発なディスカッションが行われた。



Our visit to Okayama City Public Health Center played an instrumental role in providing the Japan Trip 2014 participants with a well-rounded experience. The goal of the trip was to provide participants with first-hand knowledge and a sound understanding of how Japan provides care to its aging population using a universal health care system. More importantly, the trip offered participants the opportunity to understand the secrets Japanese citizens' longevity. The visit to Okayama City Public Health Center also provided participants the chance to understand initiatives and programs being implemented to maintain longevity and to foster rich social capital. We learned more about how the Health Center is structured in terms of the populations served and the number of employees (e.g. - staff, directors, and committee members) assigned to each group. Of the programs discussed, we were most fascinated by the function and impact that the Aikku committee has had on the surrounding community and elderly who have been authorized for nursing care. It was also interesting to learn of the Aikku committee's history, which dates back to 1936, and can be attributed to enrichment and maintenance of social capital within Okayama City.

In addition, we learned about the AGES project, a national campaign designed to prevent smoking among junior high school students, and efforts to develop a nutrition guidebook. We also learned more about school festivals and classes designed to teach international visitors how to make sushi in order to sustain healthy eating habits. It was appreciated how the Public Health Center not only focuses on medical care, but also emphasizes the importance of dental care, a vital part of maintaining a healthy lifestyle. We were also thrilled to learn that the Center is interested in expanding committees and ongoing projects as well as community networks and collaborations in order to expand their reach and have more of an impact on the surrounding communities. The Okayama City Public Health Center's current committee and program structure can arguably be identified as an important contributor to the longevity of Okayama residents. In order to maintain effective programs and committees, it is critical that the Center maintain a strong presence in Okayama and continues to engage the city's youth. This is especially important as the number of volunteers begins to dwindle. To support the aforementioned goal, it can be argued that the community exercise program has been developed to achieve such goals. In conclusion, this was a great experience and an extremely vital learning experience to better understand how international health systems manage difficult health care challenges.

**Ellana Stinson and Majdi Osman**

### 3月17日（月） 訪問診療

ジャパントリップ参加者および日本人実行委員が6つのグループに分かれ、御津医師会（岡山市北区）の開業医の先生方のご協力のもと、実際の訪問診療に同行させていただいた。ジャパントリップ参加者からは、日本では往診までも公的保険に組み込まれ、さらに手ごろな自己負担額で高齢者が利用できることに驚く一方で、今後さらに高齢化率が上昇する中で、現状の制度をどのようにして維持していくことができるかが課題であろう等の意見も聞かれた。

We attended a home visit by a primary care physician in Okayama prefecture. The physician was in charge of a small clinic and had four nurses working with him. The household that we visited is one of a wealthy family. The patient is a 99-year-old male who had a stroke 3 years before and had been bed-ridden ever since. He was taken care of by a home nurse, who came every day, and his daughter who was always at his side. The daughter did not receive any formal training, but was able to observe the nurse as she took care of the patient every day. The physician came once a week to check on the patient's condition. Since this household seemed quite wealthy, they were able to afford renting expensive medical equipment for sustaining the patient.

One unique aspect about this patient is that, all four generations lived in the same house, so the family members could take care of the elderly. The medical insurance for the elderly helped tremendously (covering almost all costs and fees), yet taking care of a patient 24/7 was still a daunting task. A lot of families opted to send their members to an elderly health care center. This explains the generally good conditions of the patients, although he had stayed in bed for several years.

The physician took care of more than twenty cases like this every week, which is a lot compared to the average visits paid by other physicians. At the clinic, the nurses also worked at full capacity. The daily presence of the nurses seemed to play an important part in ensuring the family about the patient's condition.

We were able to watch all the procedures conducted by the nurse, and were able to hear from the physician about his experience working with patients. All in all, it was a great learning experience.

**Lan Nguyen and Lily Gutnik**



### 3月17日(月) 御津医師会とのディスカッション

岡山医療センターにて、森脇医師・御津医師会会長らより、御津医師会がとりにくんでいる地域医療を支える取り組みについての紹介をうけた。特に、高次医療機関の負担を減らす目的の「夜間診療輪番制度」や、医師会会員が病気や事故などで一時的に休診せざるを得なくなった時に他の会員が診療応援する「有事医師派遣制度」などについての詳細な説明が行われた。ジャパントリップ参加者とのディスカッションでは、特に、限界集落での医療をどのように維持していくかについて深い議論が行われた。

またこの夜には、岡山市内にて御津医師会との懇親会が行われた。



We had the privilege of hearing from Dr Kazuhisa Moriwaki, President of the Mitsu Medical Association. A broad range of participants attended the meeting and it was wonderful to hear their views on the role of doctors in designing, advocating and evaluating healthcare. We were welcomed by healthcare professionals from across Okayama as well as representatives from AMDA.

The discussion began with an insightful presentation from Dr Moriwaki, who outlined the role of the Mitsu Medical Association and the broad range of activities undertaken by its members. Firstly, he outlined the role of members in designing policy to improve community healthcare in the region.

He highlighted the structural organization of the Mitsu Medical Association and its place within the broader arrangement of medical associations in Japan. At the local level, doctors engage with the District Medical Association who then engage up through the Prefectural Medical Association and Japan Medical Association. As a physician practicing in the UK, I found this very interesting as typically doctors in the UK do not form regional or district medical associations. Our engagement with policy is usually through the British Medical Association (BMA). Some argue this approach in the UK means the BMA is less responsive to local concerns and indeed the current UK government is encouraging more local doctor's associations to form in order to respond more

effectively to the concerns of communities. Dr Moriwaki then outlined the broader structure of the Japanese health system. It was great to hear this from his perspective and provided a much needed reminder of the organizational challenges faced by the health system in a time of demographic transition. He then honed down on the role of the Mitsu Medical Association in the local area. The Mitsu Medical Association has the mission to build community health care that “supports and protects the lives of local residents”. This mission is built on information sharing, transparency and trust building between the community and the medical association. Their activities fell into eight broad categories ranging from CPR training to a marginal village medical program.

Dr Moriwaki then moderated a great discussion between the Japan Trip participants and the staff and members of the Mitsu Medical Association. We discussed the meaning of marginal communities in different countries, the role of the Mitsu Medical Association in national and local politics and the contrast between working in the public and private sector. Towards the end of the meeting a cardiac surgeon who was present discussed his drive and motivation for working in a public hospital, where earnings are typically lower than in the private sector. He said, “I do it out of a need to serve my community and train the next generation of surgeons”.

This underlying commitment to serve the local community is something that clearly drives the Japanese approach to health care. Despite the challenges faced at the federal level to deal with the demographic transition, the physicians we met at the Mitsu Medical association were focused on local solutions to deal with this problem. At HSPH and in the UK we are typically biased to large national-scale solutions and it was refreshing to see the capacity of local action to improve the lives of people. Having AMDA present also convinced me that working on local and global health is crucial to improved health.

**Majdi Osman and Anders Huitfeldt**

### **3月18日(火) 岡山済生会**

岡山済生会において、岡山済生会グループの取り組みについて説明を受けた。内容は主に、1) ライフケアセンター(老健など高齢者施設群)、2) 済世丸(瀬戸内海の離島医療)、3) 訪問看護、であった。その後、ライフケアセンター内の施設を見学し、実際に高齢者の方がデイサービスやリハビリを行っている様子を見学した。ストレッチャーのまま入浴が自動でできる介護器具を見たジャパントリップ参加者は一様に驚いた様子であった。ジャパントリップ参加者からは、自国にもこのような制度ができれば素晴らしいなどの声が聞かれた。

We had a very pleasant and informative visit to Okayama Saiseikai General Hospital. We heard from hospital representatives about many of their programs including the medical service ship, homecare services, and the hospital itself. We heard quite a bit about the "Saisei-maru," which is the only medical service ship in Japan and just celebrated its 50th anniversary. It serves 65 islands in 4 prefectures (Okayama, Hiroshima, Kagawa, and Ehime). We were all very impressed by this creative and effective solution to the problem of having small populations on remote islands in the Seto Inland Sea. The ship is clearly a vital part of the community and is the only medical service for people living on these isolated islands. It is particularly important since the populations of these islands are predominantly quite old, which means that they are both more in need of medical care and less able to easily come to the main towns for medical exams on a regular basis.

Just as the Saisei-maru brings medical services to people in these remote communities, the Okayama Saiseikai General Hospital also has a nursing team that provides an impressive array of medical at-home care to patients in Okayama. This is a great way that the hospital can help the large elderly population in the prefecture without housing them all in the hospital. It can also be more comfortable for the patients to be at home than having to move to the hospital.

After the presentation we toured the hospital and saw the different kinds of rooms available. It was very interesting that in addition to full medical facilities, there were also a couple of floors that were designed for long-term care for elderly patients. In the US, this would be like having a nursing home within a busy central hospital. It was surprising to go from touring the neurology floor to a floor with very residential-looking rooms and common spaces where residents were making origami.

Overall we found Okayama Saiseikai General Hospital to be a very impressive facility that was implementing creative programs to deal with the challenges of their aging population. It was very clear that their patient-centered approach was integral to all of the services they provide and all the staff that we encountered.

**Kate Unsworth and Gabriella Tantillo**



総社市・宝福寺にて精進料理（昼食）後、境内を散策





### 3月18日(火) 総社市役所

総社市役所にて、片岡市長を表敬訪問した。同市長が力を入れて取り組んでいる、「障がい者千人雇用センター」・「雪舟くん」(同市内での低額タクシー)・同市の農業振興政策などについての力強い説明を受けた。ジャパントリップ参加者からは、一般的に生産性が低下していると思われる障がい者の雇用をどのようにすることで拡大できたのかについてなど活発な議論が行われた。



On March 18, the mayor-Soichi Kataoka and his staff invited us to visit the Soja City department of health and welfare where we were warmly greeted. The mayor then gave a very interesting presentation on the three projects that the Department of Health and Welfare has undertaken recently. The first project involves the city reaching out to its citizens that have a disability and helping them find work if they want it. The city has dedicated office space that we later got to see where staffers assist both disabled citizens and prospective employers connect as well as manage any issues that might arise once the person has found employment. We were impressed that Soja City was focusing on this, as it's only a small percentage of the overall population.

The next project we heard about was actually the mayor's own business that he started. His business buys local fruits and vegetables above market price in order to support the local aging farmers. The produce is then used in the school lunches. The mayor admitted he was losing money on this project but feels the benefit of supporting the local farmers outweighs the cost.

Finally, we heard about a taxi project that has been set up in Soja city to address the problem of a rapidly aging population who can no longer drive or have access to a car. For a flat fee, you can call this taxi shuttle service and get picked up and dropped off anywhere in the city radius. This is a great program especially as it allows people to stay socially connected with their community.

After the Mayor's presentation, we toured the building and got to see the disability and taxi offices. It was a wonderful day and we all learned so much about the amazing things Soja city is doing for its citizens.

**Catherine Braun and Lan Nguyen**



### **3月18日 カワチ教授特別講義 “Sushi & Sake 101”**

岡山大学高尾講師らの協力のもと、岡山大学よりジャパントリップの顧問でもあるカワチ教授より “Sushi & Sake 101”の講義を受けた。寿司の正しい楽しみ方や季節ごとの旬のネタの違い、また日本酒の製造過程や等級の違いなどについて非常に熱のこもった講義であった。講義の後には、実習として約10種の日本酒の試飲を行いながら、同会に参加した岡山大学・東京大学・京都大学などの学生などとも交流を行った。

To visit a University medical center in a new country is an interesting experience. At the beginning of the visit we could experience the courtesy of Japanese professors and the shyness of Japanese students.

First, Prof. Kawachi gave a great presentation about sushi and sake. The informal lecture about these parts of the Japanese culture was useful to understand the following: 1) how important is food and specially fish in Japan, 2) how important is to know the product you eat, specially the seasons the product is available, 3) how different is sushi and specially fish and wasabi in the US compared to Japan, 4) that different kinds of sake exist and can be compared to wine in the Mediterranean countries (sake can mix with some food and it is important to choose the sake that will be served in each meal). Among other interesting facts, Dr. Kawachi taught us that it's important to sit at the counter and look at the chefs; the best seats are on the house. And then sushi is grouped and served according to color, and texture: white, pink, fish that shine, tuna, seafood, eggs and finally the omelet. The battling order is according to EPA/DHA.

The presentation of Prof. Kawachi was one piece of the puzzle we wanted to build during the trip: to learn about the secrets of Japanese longevity. Undoubtedly, a healthy diet is crucial for the longevity of citizens. Furthermore, food size is another key variable in the puzzle.

Second, we had the opportunity to mix with Japanese students, with Prof. Kawachi and with the professors of the Okayama University. It was a pleasure to taste delicious food and delicious sake after the lecture and practice what was learnt during the lecture tasting different kinds of sake, feeling the differences of this product, and verifying that small sizes of food are important. We also tried to reproduce the eating order Prof. Kawachi suggested, to feel the differences between the fish served at the party.

The mix with Japanese students was prodigious. Despite they seemed shy at the beginning during the lecture -especially when Prof. Kawachi directly asked questions to the Japanese audience- the mix during the party was successful. The distended atmosphere helped the mix between students and we could exchange experiences and talk about the different countries we live in. In general, the experience at the Okayama University was a success.

**Ester Villalonga-Olives and Maria Teresa Garcia-Romero**



- Tonight's Featured Sake**
1. Juyondai 十四代 純吟/生 (Yamagata) 香り
  2. Isojiman 磯自慢 特純 (Shizuoka) やや香り
  3. Hirouki 飛露喜 特純 (Fukushima) バランス型
  4. Kuheiji 九平次 純大 (Aichi) バランス型
  5. Jikon 而今 純吟/生 (Mie) 香り
  6. Kudoki-jozu くどき上手 (Yamagata) 純大 香り
  7. Ippaku-suisei 一白水成 (Akita) 純吟 やや香り
  8. Amaneko 亜麻猫 (Akita) 特純 酸と甘み
  9. Denshu 田酒 (Aomori) 特純 お燗酒
  10. Oku-harima 奥播磨 (Hyogo) 山廃純米 お燗酒
  11. Naraman 奈良万 (Fukushima) 純米 お燗酒
  12. Soga ソガ (Nagano) 純吟/生 酸とやや香り
  13. Hou-ou Biden 鳳凰美田 (Tochigi) 純吟/生 香り



### 3月18日（火） ホームステイ

ホームステイは希望者のみの企画ではあったが、外国人参加者15名のうち12名が希望する人気の企画となった。一般財団法人岡山県国際交流協会（OPIEF）及び、岡山市国際交流協議会のご協力を得て、計8家庭にお邪魔させて頂いた。訪問先では、各人が各ご家庭でそれぞれに温かいおもてなしを受けた。例えば、日本ならではの銭湯に連れて行って頂いたり、お抹茶を振舞って頂いたりしたご家庭もあった。おおよそ半日程度の短い時間ではあったが、参加者とホストファミリーの間には絆が芽生え、涙ながらにお別れをする姿も見られた。今後も、この偶然の出会いからのご縁が末永く続くものと願う。



### 3月19日(水) 川崎医科大学・倉敷観光

川崎医科大学ではまず院長応接室にて付属病院長の園尾博司先生から挨拶を頂戴し、病院の概要について説明を受けた。その後秋山祐治准教授の案内で病棟および臨床研修センター、ミュージアム、ドクターヘリを見学し、担当者から詳細な説明を受けて質疑応答を交わした。昼食後、静岡県立大学の西田在賢教授より日本が取り組む地域包括支援センターの現状や政策課題の講義を受けた。美観地区に移動して各々自由時間を楽しんだ。

We started our trip in Kawasaki Hospital. This is a privately-owned hospital that also serve as a teaching hospital to the Kawasaki University. This hospital is relatively large, with a total of 1800 staffs, encompassing of 400 physicians, 950 nurses, and other health staffs and administrators. Caring a high volume of 1600 outpatient and 650 inpatient, this hospital plays a major role providing curative services to residents of Kurashiki. In addition, this hospital's Doctor Heli Program plays a vital role for Okayama Prefecture in general.

Doctor Heli program in Kawasaki Hospital started 13 years ago, and has been providing services to ~450 patients per year. In fact, they celebrated the 5000th flight last year. Doctor Heli has 40% higher rescue rate compared to Ambulance and this improves the rescue rate of the hospital. As an illustration, flying at the speed of 250km/hour, Doctor Heli, with one physician and two nurses, can reach the remote area of northern Okayama within 15 minutes while ambulance needs approximately 1.5 hours. Initiated by Kawasaki Hospital and University, this program has been very successful that is now replicated in 34 hospitals in Japan.

Being a private hospital, the high overhead cost of having a helicopter service begs into question the financial stability of this Doctor Heli program. This is where the government steps in. The helicopter, pilot, and maintenance personnel are contracted by the Okayama prefecture government to a private company. Maintenance and operational costs are taken care of by the prefecture while medical staffs are provided by the hospital. Kawasaki hospital has 10 flight emergency medicine physicians whose schedules are integrated with the operational of the hospital's emergency room. This efficient scheduling system allows the hospital to keep costs down while still being able to operate the program which provides service to 2-3 patients per day. In addition, 80% of the patients picked up by the program are sent to Kawasaki hospital, while only 20% are sent to neighboring 5 top tier trauma center. This translates into hospital revenue and sustainability of the program.

After gaining a deeper understanding of the Doctor Heli program, we examined the skills lab and ward of the hospital. The skills lab ward was created a mirror image to the real patient ward, with fully functional medical equipment and nurse station – of course with dummy patient mannequins in bed and skills lab equipment in place. It is clear that the hospital put much thought and effort in designing and building this facility, which allows students and physicians to utilize the facility while still in the hospital, but still allows the hospital to quickly transform the lab into additional service capacity when the need arise (in case of emergencies and outbreak).

We visited the medical museum, which has interactive programs that motivates the general population – children and students – to learn more about medicine, human anatomy and physiology. After that we received a presentation on a strategy to sustain healthcare cost for aging population by using an integrated care system – with healthcare authority decentralized to the municipal level. We haven't been able to discuss much facet of the strategy due to its developmental state. We ended our trip with a visit to Kurashiki tourism area, which was very lovely and has much souvenir and snack shops.

**Lily Gutnik and Chris Suharlim**



### 3月19日(水) 片山医院・尾道観光

千光寺(尾道市)を訪れ、一足早い桜を楽しんだ。その後、尾道市医師会地域医療システム研究所所長で OMA (Onomichi Medical Association) モデル提唱者でもある片山壽先生を訪問した。OMA モデルとは尾道市にある3つの総合病院と尾道市の開業医が患者一人一人の入院時・退院時に必ず15分間の合同カンファレンスを行うことで効果的な”continuity of care”を図る包括医療システムである。参加者からは、どのようにして多くの関係者(病院勤務者、開業医、介護施設勤務者など)が参加するカンファレンスを持続的に行っていくことができているかについてなどについて活発な議論が交わされた。尾道訪問最後のイベントとして、福山駅周辺で尾道ラーメンを味わった。



We visited Dr. Katayama's clinic and learned about the development and success of his innovative initiative, the Onomichi Medical Association (OMA) method. Dr. Katayama explained that in Onomichi, as well as Japan as a whole, there has been an increase in the percentage of the population that is over 65 years old. He described that this "super aging population" has a lot of health care needs and requires a large amount of health care services. Therefore, it is crucial to accurately forecast the health care needs and resources to adequately plan to provide quality services. To accomplish this, Dr. Katayama established the OMA in 1994 to utilize a Comprehensive Care Model for the health care needs of the elderly.

Dr. Katayama presented his model to us on a powerpoint presentation and spent time answering questions about how this model changed and improved health care in Onomichi. According to him, the key to the success of his plan is collaboration. The plan stemmed from the realization that medical doctors can not address the increase need for medical services among the elderly on their own. Dr. Katayama formed the OMA to incorporate all sectors of health care providers and to provide a platform for them to collaborate. One of the main accomplishments of this system is that it enables the elderly to receive medical services in their own homes. For example, when an elderly person becomes very ill, ER care is the first step. Next, when this patient is discharged from the hospital, there is a discharge meeting with the patient's home physician and the hospital staff. Also, other health professionals who are connected to the patient's care are incorporated into the meeting, including dental care professionals. This new system provides a long-term management program to care for the elderly. The multidisciplinary care team model grants the patient health care that is comprehensive, collaborative, and patient-centered, as well as addresses the problems with continuity of care.

The OMA, which is a private association, was the first in Japan to bring the palliative care model to home care. It introduced a method to provide multidisciplinary home health care within the larger community. The OMA meetings were built on a collaborative philosophy among all levels of health care providers, from the care managers, to the family doctors, to the nurses. As a result, it provides a medical system that is an integrated, unified network, which addresses the patient as a complete person, not just a disease or a symptom. Students from the Japan Trip queried as to the incentives for the providers to attend these case management meetings, which could be frequent and comprehensive. Dr. Katayama explained that there were financial incentives to attend the meetings and that all parties involved realized the benefit to the patient.

After his presentation, Dr. Katayama gave us a tour of his health facility and stayed to answer all of our questions. It was enlightening and fascinating to listen to this novel approach, and it left all the students wondering how we can introduce this method into our respective health care systems.

**Beth Fischgrund and Catherine Braun**

### **3月20日(木) グラクソ・スミスクライン株式会社 (GSK)**

GSKの概要について話を伺った後、GSKの若手職員と合流して前半は全体が8-10名程度のグループに分かれて「リーダーシップキャリア及び患者の視点」というテーマで小グループによるディスカッションが行われた。ディスカッションの最後にGSK、ジャパントリップ側共に代表で1名ずつがラップアップを行った。後半はGSKおよび日本のHTAに関する現状や課題などについてGSKのHealth Outcome部門の担当者からプレゼンテーションが行われ、ジャパントリップ参加者との質疑応答が行われた。

We visited the headquarters of GSK in Tokyo, where we had the chance to meet some of the employees of the company from all different areas: research and development, clinical trials, information technology, etc.

First we were divided among groups so we could interact with GSK employees and had a very interesting discussion about leadership, since we come from the school of public health and this topic is of so much importance in every level of health. Some of the conclusions reached were that leadership is not about leading others, but about serving others and helping the team achieve the goals regardless of whether we take the lead position or not. Another very interesting point that was raised was how to lead you need to first share and be vulnerable to others, that way you can build empathy and work together towards a particular goal of interest for all. This activity was very enriching and valuable because it gave us a chance to glimpse the cultural differences and similarities between Japan's work culture and each of our own countries'.

Then we moved on to have the lecture by Dr. Taizo Matsuki called Japan drug approval and pricing system. This was a fascinating lecture that summarized the process for drug approval in Japan, its challenges and areas of opportunity. In Japan, the process to have a drug approved means that ultimately it will be reimbursed for by the health system. As we had previously learned in other visits during the trip, Japan has universal health coverage. In general patients pay 30% of the expenses, but elderly or minority only copay 10-20%. Since the health system faces budget constraints, there is continuous re-evaluation of drug prices according to comparable available drugs, innovativeness, usefulness, marketability, pediatrics, sales, expensive admin. costs, taxes, etc. One of the most innovative ways that this assessment is being done is through Health technology assessment (HTA). HTA is used to evaluate drug's impact on public health, a cost-effectiveness analysis (CEA) based on:

- Assessment of outcome, efficacy, data
- Appraisal: interpretation, social and ethical consideration, medical needs
- Decision: reimbursement, pricing, reevaluation

In Japan, HTA is used to calculate costs and pricing at this moment, eventually will be used for all 3 areas, like the UK does currently.

There has to be a balance between public or individual budget and patient access limitations (if government decides not to reimburse a drug, then patient's access is limited). Some interesting the benefits to society as a whole are so small, they will not be accepted for reimbursement. So those patients will be uncovered, unfairly? If HTA was applied systematically. We analyzed the real-life example of CEA of Avolve for benign prostatic hyperplasia using cost, QALYS, ICER; and how it was concluded that Avolve could be CE compared to mono therapy. (Threshold 5-6 mill yen per QALY) HTA by GSK in Japan is currently undertaken in 5 main areas of medicine. The outcome that they search for is epidemiologic data, CEA and patient generated reports.

**Maria Teresa Garcia Romero and Beth Fischgrund**



### 3月20日(木) 武見敬三参議院議員による講義およびディスカッション

参議院議員会館1階会議室にて武見敬三参議院議員と昼食を共にし、その後日本の国民皆保険制度についてご講義を頂いた。講義では日本の皆保険の背景から維持するための課題や政府の取り組みについて様々なデータを用いた包括的な内容であった。特に就労年限を高めること、健康寿命を維持すること、それによって社会保障の財源を持続可能にすることなどに主眼がおかれ、高齢社会を克服することを通して世界の中での日本のプレゼンスを再び高めるという武見議員の思いを受けて、参加者とも活発な質疑応答がなされた。

The lecture given by Representative Keizo Takemi was very inspiring and we learned a lot from his experiences. In the beginning of his lecture, he mentioned that he lived in Boston for two years and attended HSPH. He shared his fond memories as a researcher and we were able to connect with him right away. His father established the Takemi Fellowship that is offered in HSPH. Many of us recognized or know personally some individuals who have received the fellowship. It was very nice to have these connections in the beginning of the lecture.

He discussed five main topics that advanced Japan as well as challenges that Japan faces with UHC. Those are: Comprehensive policy package to expand the healthy middle class, effects and characteristics of Japan's Health Coverage, Legal framework of Japan's healthcare system, Challenges faced by Japan and other Asian countries and Lessons from Japan and Japan's commitment to UHC at the global level.

In the 1960s, policy package was established to expand healthy middle class. This was accomplished through doubling incomes by increasing exports, enhancing social capital including housing, sewerage, reduction of unemployment and enhancing social welfare. As part of the comprehensive policy package, Universal Health Coverage was achieved in 1961. These changes were done successfully in post-war, and the aim was to decrease low-income population and to create healthy middle class.

The characteristics and effects of Japan's Universal Health Coverage is unique and after fifty years, it has become one of the models to other countries that want to adopt universal health care system. Representative Takemi shared few characteristics of Japan's Universal Health Coverage. He mentioned that UHC was introduced before the economic growth and population burst. We were impressed by many of the characteristics of Japan's UHC but what caught our eyes was the socially vulnerable are covered by public livelihood assistance and they do not require out-of pocket payment. This has significant effect in the society because it prevents household from being bankrupted by high medical bills. Many patients in the United States are struggling with the burden of their medical bills and it has become public health issue. It is remarkable to learn that Japan's UHC have found a method to prevent that.

The legal framework of Japan's healthcare system was different in pre-WWII and in post-WWII. In pre-WWII, the focus was to increase wealth and military power while in post-WWII, the legal framework was focused on the social welfare. Over time, health policy has evolved and this is because of some of the policy concerns that are arising. In the 21st Century, major policy concerns were low economic growth and rapid aging, fiscal imbalance, widening of the gap between life expectancy and healthy life expectancy. Due to these concerns, social security policy change was made and introduced Long-Term Care Insurance in 2000 to create "Healthy Aging Society". The phrase, "healthy aging" was new to us and made us think a little. Foremost, we were impressed about Japanese longevity but after visiting Okayama prefecture we realized how health care costs and burdens are tremendous. Representative Takemi emphasized that it is important for the public health professionals to focus on how we can build a healthy aging society and we agreed that it was a very valid point and insightful.

Representative Takemi mentioned that world's population of 65 years and older will grow significantly by the year of 2030 and many other countries will be considered "aging society" as well. This is one of the challenges that is faced in Japan as well as in many other Asian countries. He brought us to the attention that there is about ten years of gap between life expectancy and healthy life expectancy. For male life expectancy and healthy life expectancy are about 70 years and about 80 years respectively and for female, life expectancy and healthy life expectancy are 74 years and 86 years respectively. These statistics gave us different perspective on aging society.

Even though there are challenges with Japanese UHC, there are many lessons that can be learned from them. Representative Takemi and his team have made the commitment to UHC at the global level. He shared his story that only a week before our meeting that he was consulting with governmental officials of Vietnam to implement UHC that is suited for Vietnam. Prime Minister Abe has also mentioned that he wants to prioritize global health in its foreign policy. Representative Takemi mentioned that another goal for Japan is to create an environment where there are many economically active elderly in the future. Japan has been a leader in UHC and it has many potentials to share its stories to many countries.

**Mona Sobhani and Claudia Suemoto**



### **3月20日(木) 国会議事堂見学**

参議院議員会館内の議員オフィスを見学した後に、衛視の方の案内により約1時間に及ぶ国会議事堂の見学ツアーを行った。英字のパンフレットを片手に参院本会議場、御休所、中央ホール、政治家像などを見学して回り、建物の造りや沿革のみならず日本の中央集権システムや憲政史などについても理解を深める機会となった。最後は議事堂の正面に回って全員での記念撮影も行った。



After having a great lunch and conversation with Senator Takemi, we continued with a tour in National Diet Building, which is very popular for its beauty and historical values. One of the Japanese organizers of the Japan Trip told me that she visited the building once when she was an elementary school student as a part of a school trip and she was amazed by the beauty of the building.

As we enter the building, we saw many pictures and historical resources about Japanese politics and about the building itself. There were the diet members' seats in which I was allowed to sit and take pictures.

Made primarily of stone, the building differs from traditional Japanese architecture made of wood. After the nationwide competition for designs for the Diet Building held in 1918, construction was launched in January 1920 and completed about 17 years later in November 1936. The entire Diet complex has an air of dignity that is in keeping with the Diet's position as the political center of the nation.

One highlight of the tour was our visit to the chamber of the House of Councillors. We sat in the second floor, which was reserved for visitors and members of the press, where we listened to an audio guide explaining about the process of the events and about the building. I imagined the many important discussions and decisions that take place here and that affects the Japanese population.

Visiting the building made me experience the long history of Japanese politics. The visit was both intellectually and historically stimulating. I left the building feeling amazed. It makes me wonder what kind of policy breakthrough the Japanese Government will make in the near future to support Japan's rapidly aging society.

**Chris Suharlim and Ester Villalonga-Olives**

### 3月20日(木) 厚生労働省・井上肇氏(健康局肝炎対策推進室長/新型インフルエンザ対策推進室長)

厚生労働省にて HSPH の卒業生でもある井上肇氏(健康局肝炎対策推進室長/新型インフルエンザ対策推進室長)から超高齢社会の現実というテーマで講話を頂いた。前半部分は人口動態や医療費等の統計を先進国間で比較することを通して日本の立ち位置を明示し、後半では大都市圏の高齢化の課題について、千葉県への出向経験もある同氏の地域に根ざしたより具体的な視点での話を聞くことができた。さらにそれらを世界の新興国の中心都市と重ねながら高齢化の問題として論じて頂いたため、参加者の興味も高く様々な角度からの質問が飛び交った。

This would quite possibly be one of the best (if not the best) presentations we have had on this trip! Dr. Inoue presented his opinion on not so much the secret of Japanese longevity but more, as he put it, the reality of aging and the Japanese population. His talk highlighted the diseases associated with longevity and their management, associated risks and costs. He also outlined challenges that an aging society posed and the global implications of aging. This report briefly summarizes his key messages.

Japan has the highest life expectancy in the world – something that we saw for ourselves in the course of our travels across the country. Life expectancy for women at 65 is 5 years higher than it is for men. Over a third of Japanese population is currently at least 65 years of age or older. Japan witnessed a dramatic increase in life expectancy and an associated rise, in the early 1900's, in the proportion of old seniors. This segment of society is projected to keep growing over the next 6 decades. Despite the aging population, mortality from heart attack, stroke and cancer amongst the Japanese is the lowest among the developed countries, as is the prevalence of risk factors for chronic diseases like obesity, and illicit drug use. Annual per capita health expenditure is also the lowest in Japan compared to other countries. Japan currently spends the largest proportion of its health care expenditure on health care in general and on long term health care of its oldest citizens ages 90 - 94.

The growing segment of society that is out of the productive workforce has placed a huge burden on the tax payers and has been cited as a contributing factor for a sluggish economy. This segment has a very interesting geographic distribution. The epidemiology center for aging is within a 10 km radius of the capital city of Tokyo with a majority of the aged population focused within a 50 km radius. This has been attributed to urban migration that took place over 7 decades ago. That early generation of migrants are today's old seniors.

Dr. Inoue summarized saying the secret to Japanese longevity and the explanation of the phenomenal increase in citizen's over 65 years, in his opinion, was the effective management of diseases and risk factors and the early investment in health care. However, an aging society comes with its set of unique challenges in which the financial sustainability of the current health care model was at risk. Also urban aging, a result of the increased longevity and seen as a result of urban migration, has been linked with reduced social capital and a lower reliance on the informal support and care provided by a close nit traditional community. The Japanese model has great implications for other aging populations and urban societies with a growing elderly population.

Dr. Inoue engaged in a very forthright discussion with the participants following his presentation. The possible unintended consequences of focusing resources on the oldest member of society the challenges of having not just an aging society but a healthy aging society were discussed. The political discourse around tobacco restriction, issues about immigration to change the population pyramid and revitalize a sluggish economy and the food environment as a possible cause of longevity were also addressed. It wouldn't be a stretch to say that all the participants left this session feeling like they had a better appreciation of not just the accomplishments of Japanese society but also the challenges that came with such progress. Dr. Inoue's understanding and verbalizing of the current situation in Japan was truly remarkable. We enjoyed it immensely, benefitted from this

engagement and would highly recommend a similar session for subsequent student trips to Japan. Many thanks to the phenomenal organizing committee for crafting a remarkable itinerary that made for a very very special trip!

**Neha Khandpur and Mona Sobhani**

### **3月20日（木）厚生労働省・秋月玲子氏（保険局医療課）**

同じく HSPH の卒業生である秋月玲子氏（保険局医療課）から日本の医療保険制度と診療報酬改定についてのご講義を頂いた。特に診療報酬制度については他では聞くことが難しい詳細な内容で、また難解な制度をとともわかりやすく話してもらったため、参加者も一気に理解が深まったようで好評を得ていた。その後、秋月氏の同伴により土屋品子厚生労働副大臣を表敬訪問。医療政策の課題について厚労省を代表して総合的な視点からブリーフィングをして頂き、記念撮影をもって訪問を終えた。

We visited the Ministry of Health on March 20th, and were given an excellent talk by HSPH alumni Dr. Akizuki. Dr. Akizuki talked about the Japanese Health care system, and how the country has been able to achieve universal coverage through an innovative insurance system where medical expenditure is shared between the central Government, the local government, the employers, insurance companies through premiums, and direct payments from the patients in the form of co-payments.

Through this system, Japan has been able to give its citizen choice in healthcare providers, access to health care regardless of income and a simple and affordable fees structure. The system also has the advantages of having less paperwork, and may be effective at controlling health care costs.

On the flipside, Dr Akizuki also mentioned that some critics may argue that the system leads to excessive visits, overdiagnosis and overtreatment. Moreover, the system may not be effective at aligning the incentives properly in order to improve quality and productivity.

Afterwards, we had a meeting with the Senior Vice-Minister for Health, Shinako Tsuchiya. Mrs. Tsuchiya told us to enjoy Japan (as if we needed any encouragement on this!), and talked about the sustainability of the health care system in the context of the aging population. She answered a number of pre-submitted questions in the form of an excellent handout, which explains the problems of the “Super aged society”, the response to the Great East Japan Earthquake, and how the Japanese government contributes to Global Health by sharing its expertise.

In summary, our visit to the Ministry of Health was highly informative, and helped us gain a much deeper understanding of how Japan is responding to structural challenges that will soon become apparent across the developed world. We greatly appreciated the opportunity to learn from the insights that Japan has gained as the first country to experience this demographic shift.

**Anders Huitfeldt and Katherine Unsworth**



### 3月21日(金) 自由時間

自由時間は各々が日一杯、自身の興味関心に合わせて様々な場所を訪問した。オプションツアーとして、参加者の一部は築地市場および浅草へのツアーを実施し、東京の賑やかな雰囲気を楽しんだ。一泊で京都への小旅行を決行した者もあれば、高尾山に登り、その後銭湯を楽しんだ参加者もいた。パークハイアット東京のバーで、映画「ロスト・イン・トランズレーション」の雰囲気に浸る者や、メイドカフェや猫カフェを楽しんだ者もいた。都庁展望台から綺麗に富士山がみえ、夕日に映る幻想的な東京の景色が感動的で美しかったと報告する参加者もいた。また、留学や仕事で日本に滞在中の自国の友達に会うなど、有意義に自由時間を活用してくれた参加者もあった。ボストンから岡山、そして東京と連日タイトなスケジュールが続いていたにも関わらず、自由時間といって休憩することなく、短時間にも関わらず効率的に電車を乗りついで東京中を果敢に移動する姿には日本人実行委一同驚いた。様々な体験をし、写真を撮り、記念品を購入し、参加者一同自由時間もとても楽しめたようだった。



### 3月22日(土) 懇親会

夜中の3時に目が覚めるひどい時差ぼけと格闘しながら、日曜日から木曜日までの分刻みの研修を終えた参加者は、疲れも忘れて金曜日と土曜日の自由時間に思い思いの場所を観光していた。京都や鎌倉を散策する者だけでなく、三鷹の森ジブリ美術館や秋葉原のメイドカフェを訪れた参加者も！懇親会場では、それぞれが撮りためた写真を見せ合い、1週間のジャパントリップを振り返りながら、洋食とワインを楽しんだ。「満天星」のシェフが作る料理の数々は格別で、心を尽くして下さるお店の皆様のサービスは、時の経つのを忘れるほどに心を和ませてくれた。

また、連休の中日にも拘らず、多額の寄付をくださった先輩方も懇親会場に駆けつけてくださった。2006年から続くジャパントリップの歴史を「繋ぐことができた」と実感する機会ともなり、実行委員としても先輩方の来場に何よりも喜びを感じた。

ジャパントリップ2014は「日本の長寿のヒミツ」を学ぶことがテーマだったが、実行委員一同、訪問先のアレンジ、ファンドレイズ、参加者の選考、勉強会の実施等々、半年近くかけた準備期間中に学校の課題とは別に多くの時間と労力を投入し、大分寿命を縮めていたように思う。しかし、懇親会場に溢れる笑顔や感謝の言葉は、疲弊を心地よい疲れに変えてくれた。心理学では、人生を星の布置に例えることがある。満天の星のごとく集った仲間が、またこの場所で再会できる日がくるといいなと心から思える夜だった。



### **Your answer to “The Secret of Japanese Longevity”**

All of us came on this trip for different reasons. Some of us have always been intrigued by Japanese culture, some of us went to Japan to rediscover aspects of our ancestry and others because we truly wanted to make a difference in the lives of the Japanese people.

After my visit to Japan, I think the secret of Japanese longevity lies among several factors. First of all, the respect for the elderly in Japanese society elevates the status of seniors in a way that is not seen in the western world, leading to better social integration and psychosocial well-being, as they are less likely to feel neglected or like a burden to their families. As we witnessed in the traditional homestay, the willingness of families to take care of their aging parents and include them in family rituals, particularly in the more rural regions, increases family cohesion, psychological support and attention to the medical status of the elderly.

Outside of cultural factors, Japan's social policies have also played a vital role. As we learned in Keizo Takemi's lecture on universal healthcare, Japan's economic strategy after World War II emphasized building the middle class via the redistribution of wealth through a highly progressive taxation system. It also stressed high-quality education as a means to economic advancement and the improvement of infrastructure throughout the island. These strategies were extremely successful in lifting people and particularly the seniors of today out of poverty, providing a safety net and jobs, and lessening the financial difficulties of retirement for the elderly. Its implementation of universal health coverage provided a means through which healthcare was equitably financed via equal co-pays, but that protected the lower-income population and the very elderly from catastrophic medical expenses. The introduction of long-term insurance since 2000 has provided a source of funds to create high quality health programs, such as efficient, aesthetic and creative nursing homes and home-care that serve the needs of its senior citizens without becoming an undue financial burden on families. The constant revision of reimbursement rates every two years has also helped keep medical inflation in check and assured that healthcare can be financed.

Furthermore, Japan recognized the rural-urban divide that haunts many nations today and duly invested a lot into building the infrastructure of rural and isolated communities. This was made clear by the number of physicians working in marginal villages, the quality of medical schools in rural areas like Kurashiki and in their highly coordinated Saiseikai boat to deliver healthcare to remote islands.

Last but certainly not least, the overall diet, based on fish, steamed rice and vegetables is undoubtedly healthier than the red meat and carbohydrate laden meals of the West. The ritualistic aspects of meals, down to the level of details in the display of the semi-compartments in bento boxes and sushi breakfasts, has a psychological effect on the food consumer, allowing one to enjoy and take in the moment as one samples a wide variety of micro-portions of many different foods.

Although Japan faces many challenges ahead, particularly in the area of sustainable financing for its aging population, its culture combined with the level of organization and planning have resulted in a country with ones of the best health outcomes in the world. I believe that all these factors in combination account for the secret of Japanese longevity.

**Gabriella Tantillo and Ellana Stinson**

## 7. 謝辞

ハーバード公衆衛生大学院日本人会主催によるジャパントリップ 2014 にあたり、たくさんの方々に温かなご支援を賜りました。

日本人有志での研修の企画運営はみな初めての経験でした。学業や研究との両立の難しさも抱えながらも、実行委員一同、参加者に日本のパブリックヘルスのサポーターとなってもらいたい、日本を楽しんでもらいたいとの思いで準備に取り組み、問題もなく、参加者の大きな笑顔とともにジャパントリップ 2014 を終えることができました。ここに実行委員一同より、ご協力・ご支援いただきましたみなさまに深謝申し上げます。みなさま方からの温かいご協力・ご支援なくしては実現できなかつたと改めて実感しております。

ジャパントリップ 2014 の趣旨と私たちの思いにご賛同いただき、貴重なご寄付をいただきました方々を下記に記します。改めまして実行委員一同、心よりお礼申し上げます。ありがとうございました。

ハーバード公衆衛生大学院ジャパントリップ 2014 実行委員一同

朝倉 敬子 様	木津喜 雅 様	梶田 祥子 様
阿部 智一 様	後藤 あや 様	町田 宗仁 様
池田 千絵子 様	近藤 尚己 様	松本 知沙 様
石川 善樹 様	坂井 香月 様	安岡 潤子 様
上田 佳代 様	崎坂 香屋子様	吉田 章一 様
上塚 芳郎 様	白井 ころろ 様	依田 健志 様
内田 毅彦 様	高岡 志帆 様	サノフィ・ジャパングループ 様
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小坂 健 様	都竹 茂樹 様	
北川 洋 様	徳田 安春 様	
北林 春美 様	中村 安秀 様	

なお今回のジャパントリップ 2014 では、岡山県域におけるトリップ企画・催行に際しまして、AMDA (特定非営利活動法人アムダ) 様の全面的なご協力をいただきました。AMDA グループ代表 菅波 茂先生、事務局の谷 佳世様に深くお礼申し上げます。また今回、私たちの学びに温かくご協力くださいましたみなさまに、心よりお礼申し上げます。

また HSPH 日本人会のウェブページにつきまして、ジャパントリップ初回時から今日まで管理してくださっている長谷川 敬洋様にも心よりお礼を申し上げます。



ハーバード公衆衛生大学院 ジャパントリップ 2014 実行委員

池本 忠弘  
小林 大輝  
渋谷 優  
坪谷 透  
富岡 慎一  
長沼 潤一  
長沼 仁美  
野村 真利香  
松木 絵里