

Health Care Support for Welfare Recipients

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厚生労働省
Ministry of Health, Labour and Welfare

Public Assistance System

Public assistance system

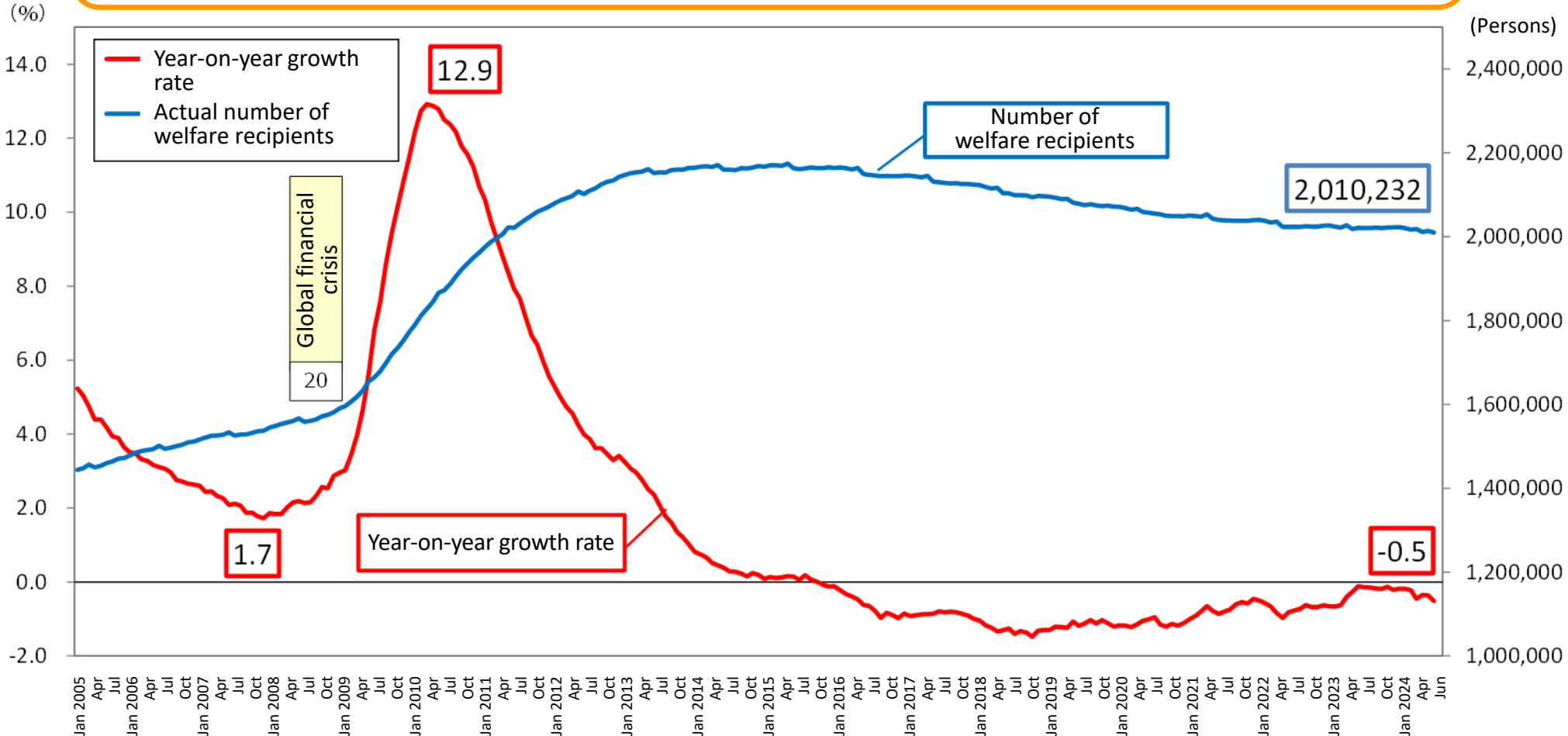
- Guarantee of a minimum standard of living
 - ⇒ Provide public assistance to persons who are still in living in poverty even after utilizing all of their assets, abilities, etc., according to the level of poverty
- Promotion of self-support
 - ⇒ Employment guidance and support by case workers, employment-support workers, etc.

Medical assistance

- The medical expenses of most welfare recipients are **covered in their entirety by medical assistance.**
(Approximately 98% do not have public health insurance)

Changes in the Number of Welfare Recipients

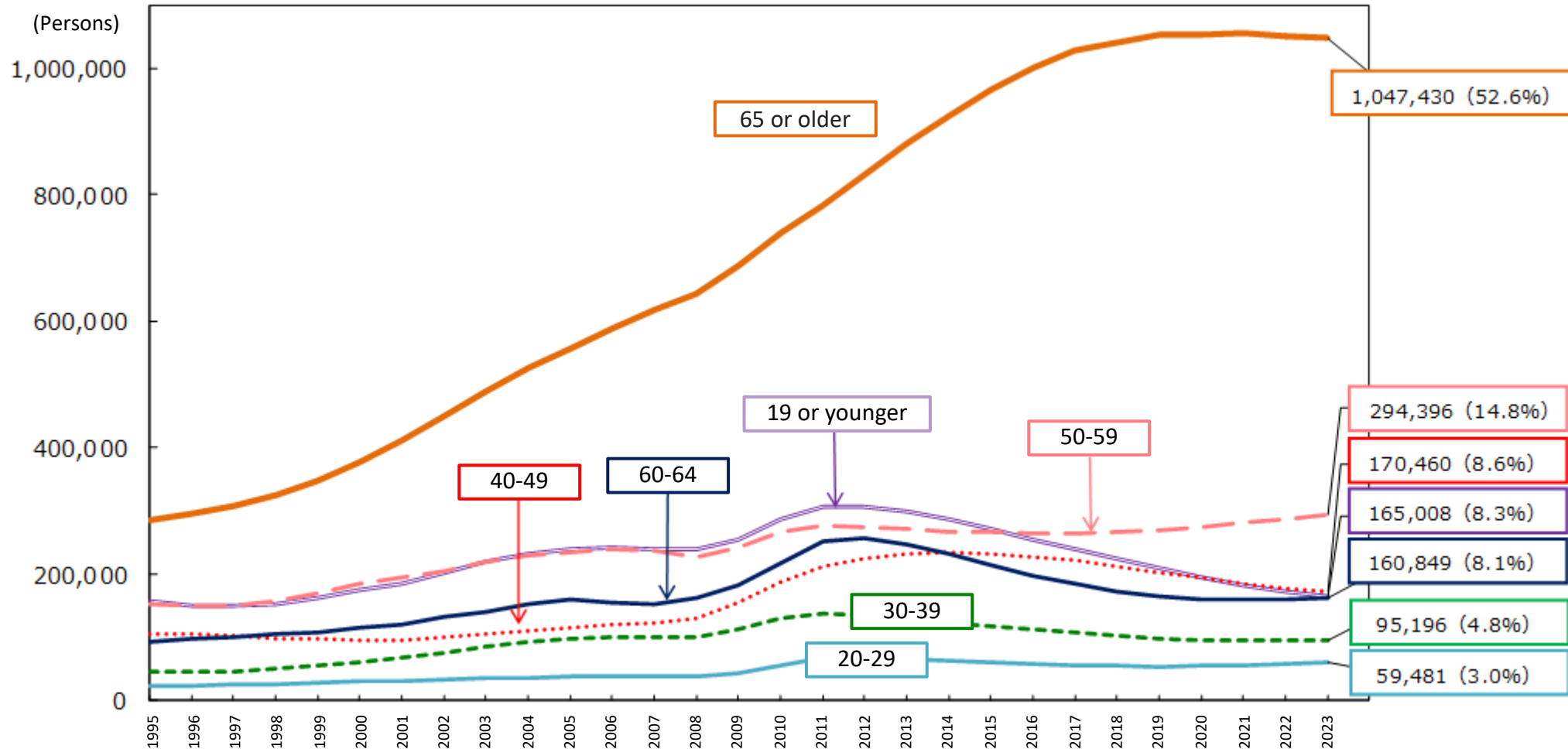
- As of June 2024, the number of welfare recipients was 2,010,232.
There was a sharp increase after the global financial crisis. Although there are seasonal changes, the number has been trending downward in recent years.
- The year-on-year growth rate in June 2024 was -0.5%. After peaking at 12.9% in January 2010, the growth rate has been declining and has been negative since September 2015.



Sources: National Survey on Public Assistance Recipients, Monthly Surveys (MHLW)
 (Data for March 2012 and earlier are from Report on Social Welfare Administration and Services)
 * Data for April 2023 and later are preliminary figures

Annual Changes in the Number of Public Assistance Recipients, by Age Group

- Looking at changes in the number of public assistance recipients by age group, although there was a significant increase in those aged 65 and over, that trend has levelled off in recent years.
- Half of public assistance recipients are aged 65 years or older.



Source: National Survey on Public Assistance Recipients, Annual Survey (MHLW) (Data for 2011 and earlier are from the National Survey on Public Assistance Recipients [different title in Japanese])

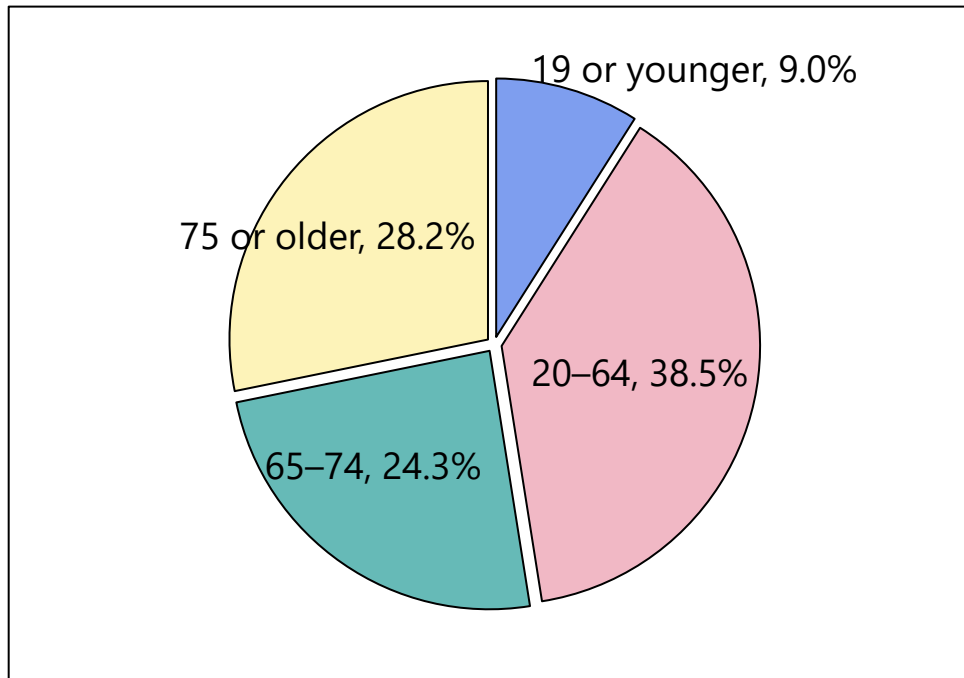
* As of the survey data in July each year. * Data for 2023 are preliminary figures.

Characteristics of Medical Assistance ①

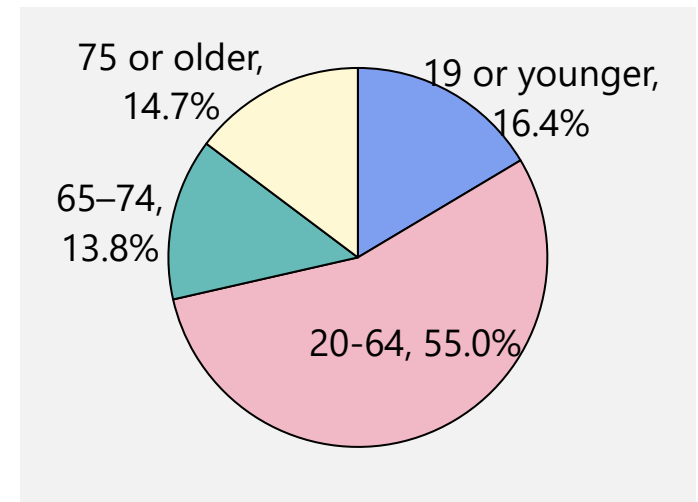
○ Breakdown of public assistance recipients by age group

Looking at the percentage of public assistance recipients by age group, more than half of them are aged 65 or older.

[Public assistance]



[Reference] Total population



Source: National Survey on Public Assistance Recipients (2021),
Population Census of Japan (2020)

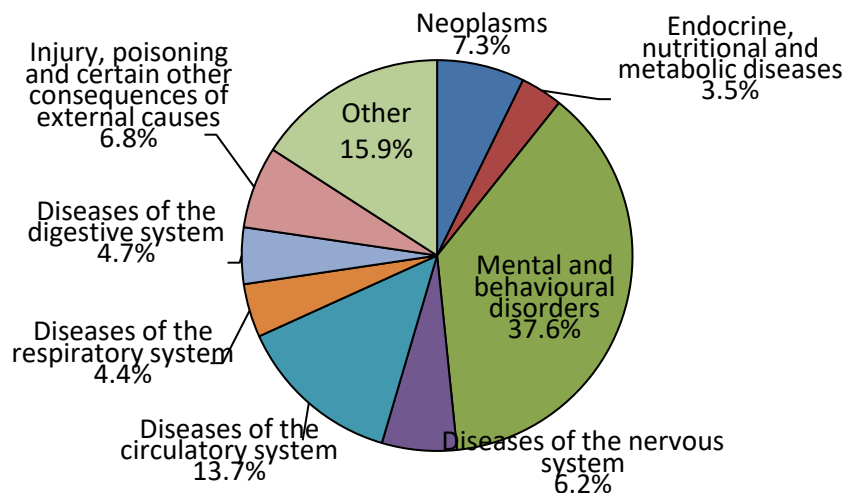
Characteristics of Medical Assistance ②

○ Breakdown of receipts for medical assistance by injury/illness

<Inpatients>

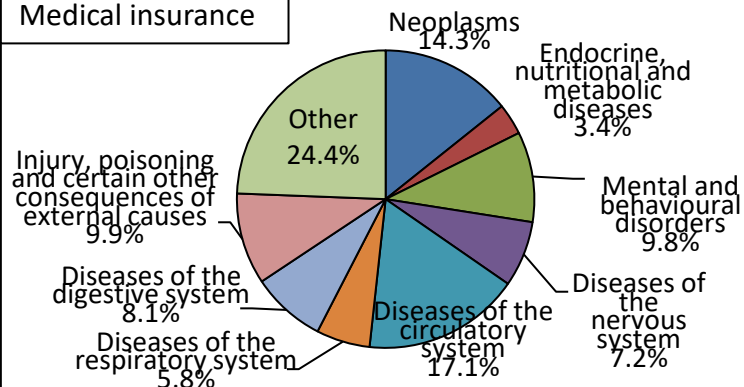
Higher percentage of mental and behavioral disorders compared to medical insurance

[Public assistance]



[Reference]

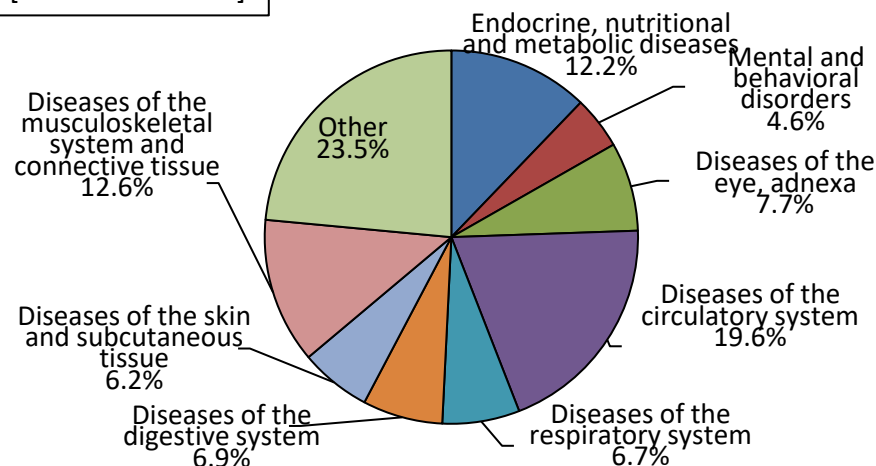
Medical insurance



<Outpatients>

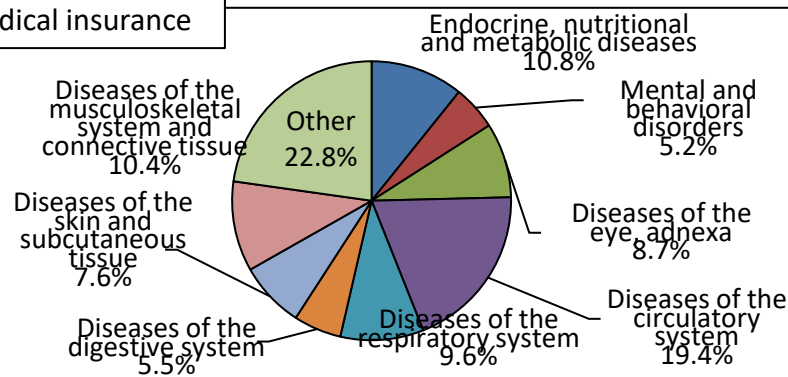
Breakdown of receipts is similar to that of medical insurance

[Public assistance]



[Reference]

Medical insurance

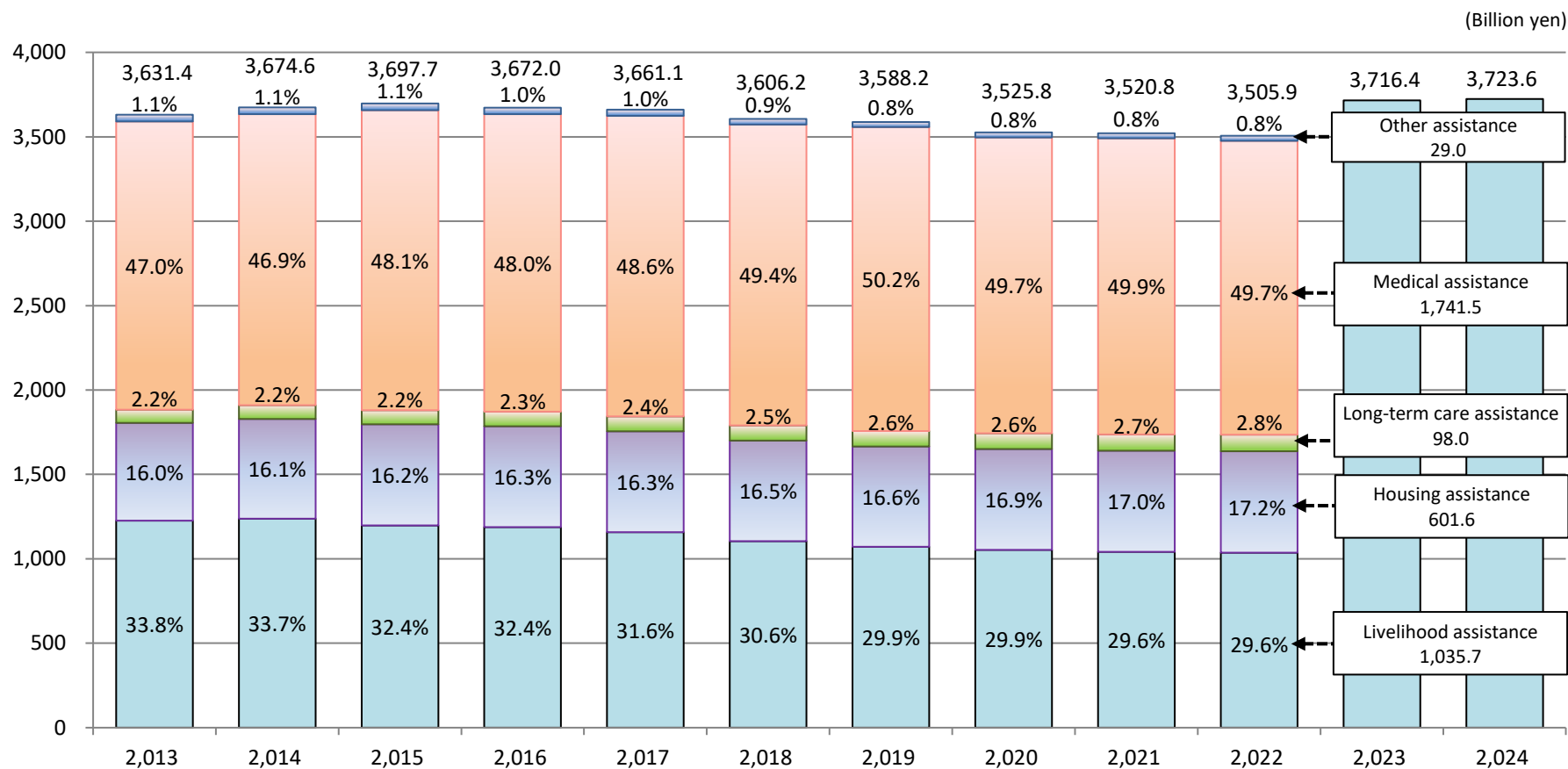


Note: Concerning medical assistance, if there are benefits under other laws and regulations (Services and Supports for Persons with Disabilities (outpatient mental medical service, etc.), such benefits are given priority.

Sources: Statistics of Medical Assistance (June 2022), FY2021 Survey on Medical Insurance Benefits

Medical Assistance Costs as a Percentage of Public Assistance Costs

- Contributions by the national government to public assistance costs (operating expense basis) are approximately 3.7 trillion yen (initial budget for FY2024).
- Approximately half of the actual amount is for medical assistance.



Source: Report on the Results of the Public Assistance Cost-Sharing Program

*1. Excluding office expenses for public assistance facilities

*2. Actual amounts used for figures through to FY2022 (provisional figures for FY2022), amended budget amounts used for FY2023, and initial budget amounts used for FY2024

*3. National-local sharing arrangement: National 3/4, local 1/4

[Developments] Health Care Support for Welfare Recipients

December 2013	<p><u>Amendment to the Public Assistance Act</u></p> <ul style="list-style-type: none"> • Provision that beneficiaries themselves are obliged to make efforts to maintain and promote their own health • Strengthening of the authority of welfare offices to conduct investigations (facilitated access to the results of health checkups under the Health Promotion Act)
March 2015	<p>Implementation of health care support for welfare recipients (Notice of the Director of the Public Assistance Division, Social Welfare and War Victims' Relief Bureau, Ministry of Health, Labour and Welfare, March 31, 2015)</p>
June 2018	<p><u>Amendment to the Public Assistance Act</u></p> <ul style="list-style-type: none"> • Creation of health care support services for public assistance recipients
October 2018	<p>Creation of the "Guideline for Health Care Support Services for Public Assistance Recipients" (October 2, 2018)</p>
January 2021	<p>Enforcement of health care support services for public assistance recipients</p>
June 2021	<p>Amendment of the Public Assistance Act</p> <ul style="list-style-type: none"> • Establishment of provisions allowing welfare offices to request that the mayor of a municipality, etc. provide health checkup information on a public assistance recipient when necessary for the implementation of health care support services for public assistance recipients

Promotion of Health Care Support for Welfare Recipients

[FY2024 budget] 2,275,932,000 yen (FY2023: 2,275,932,000 yen)

Implementing entities: Prefectures, designated cities, core cities, local governments with welfare offices

Burden ratio: 3/4

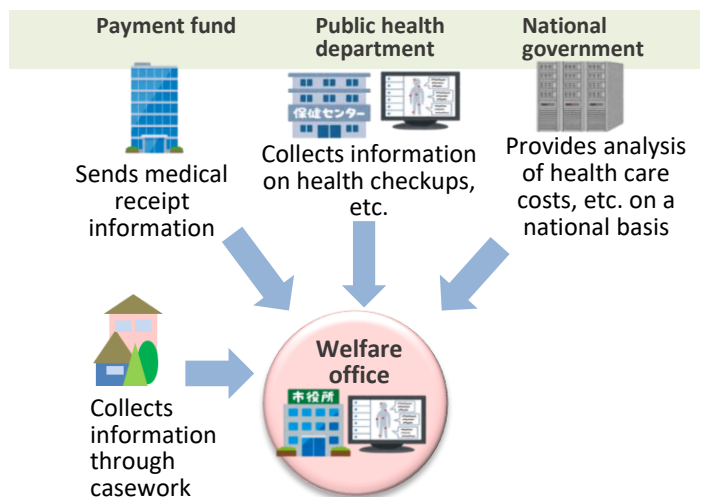
Overview of services

- The purpose of the public assistance system is to guarantee a minimum standard of living for public assistance recipients and promote their self-support. Promoting self-support requires support to be provided not only in terms of economic independence, but also in terms of independence in daily life and independence in social life.
- On the other hand, while **many public assistance recipients** are not eligible for the health services provided by medical insurers, **they are thought to have many health issues**, so are **in need of health care support** in terms of both medical care and daily life. For this reason, **welfare offices promote prevention of the onset and severity of lifestyle-related diseases based on data**, referring to data health in medical insurance.
- **Health care support services for public assistance recipients became a mandatory service in January 2021**. Since **services are required to be implemented at all welfare offices, all local governments bear the expenses necessary for the effective and efficient implementation of services**.

Flow of health care support services for public assistance recipients

(1) Identification of current circumstances and health issues

- Survey and analyze the current circumstances (health and medical information, social resources, etc.) in each local government, and understand the health issues of public assistance recipients in the community (community analysis)



(2) Planning of services

- Formulate a service policy for each local government based on community analysis. **Select from (a)–(d) in addition to (e)** in the following examples of initiatives

- (a) Recommendation for health checkups
- (b) Recommendation for consult at medical institution
- (c) Health guidance and livelihood support for lifestyle-related diseases, etc.
- (d) Health guidance and livelihood support in collaboration with usual doctor (prevention of exacerbation)
- (e) Frequent checkups and guidance

(3) Implementation of services

- Based on the service policy, stratify people according to risk and implement interventions for groups or individuals
- * Implemented initiatives are not limited to medical interventions, but also take into account such aspects as social participation

(4) Evaluation of services

- In accordance with established evaluation indicators, evaluate structures, processes, outputs, and outcomes

Encourage the independence of public assistance recipients through health maintenance and promotion

[Examples of Initiatives] Intra-agency Coordination, Collaboration with Health Care Professionals ①

- There are examples of effective implementation through various forms of partnership, such as utilization of knowledge and know-how from similar services in other systems (such as health services), information sharing, and consultation with professionals.

Example 1

- **Prepare a data health plan for medical assistance in collaboration with relevant departments and external experts. Establish a collaborative system from the planning stage, clarifying the roles of relevant departments and professionals.**
 - In response to creation of the services, set up a working group within the agency, and formulate a data health plan. Set numerical targets for each initiative. Evaluate the status of implementation against targets every fiscal year and revised the plan for the next fiscal year.
 - Share results of data analysis with both the welfare department and the health department. Information is shared closely on a day-to-day basis (health department has a database of medical care, long-term care, health checkups, etc., including for public assistance recipients).
 - To promote services effectively, at meetings of the heads of each ward health center, information on data health plans and data analysis results, etc. is shared, opinions are exchanged, and requests are made for cooperation. The roles of relevant departments and professionals are clarified, for instance, the Office of Protective Services is responsible for recommending medical examinations (selection of eligible people, mailing of health checkup coupons), the health department conducts health checkups, and public health nurses from the health department provide health guidance based on the results of the health checkup. In addition, organic and effective collaborative systems have been established with relevant departments, such as connecting with long-term insurance and disability welfare services, etc. depending on the case, or having public health nurses from health department provide information on community resources that are also available to public assistance recipients and connect them to the resources.

[Examples of Initiatives] Intra-agency Coordination, Collaboration with Health Care Professionals ②

- There are examples of effective implementation through various forms of partnership, such as utilization of knowledge and know-how from similar services in other systems (such as health services), information sharing, and consultation with professionals.

Example 2

- **Provide individualized support utilizing a variety of information, such as analysis using qualitative information in addition to health and medical information, and comparative analysis with insured persons.**
 - The promotion of health care support services for public assistance recipients is also stated in the top-level administration plan.
 - The two service policies are: make medical care fairer and extend healthy life expectancy. The content and targets of initiatives are formulated with reference to the data health plan and health promotion plan of the insurance department.
 - In analyzing the current situation, the characteristics of public assistance recipients are identified by comparing the age at which their prevalence rate of lifestyle-related diseases begins to rise relative to insured persons.
 - Caseworkers (CW) provide guidance on the prioritized use of other systems and frequent health checkups. Public health nurses provide health guidance based on individual health conditions. Enhanced initiatives are implemented by CWs and public health nurses working together, such as visiting the homes of public assistance recipients and providing health counseling depending on the situation.

[Examples of Initiatives] Intra-agency Coordination, Collaboration with Health Care Professionals ③

- There are examples of effective implementation through various forms of partnership, such as utilization of knowledge and know-how from similar services in other systems (such as health services), information sharing, and consultation with professionals.

Example 3

- **Prepare a data health plan for medical assistance with reference to the data health plan of the insurance department. Implement initiatives through public health nurses in systematic collaboration with relevant departments.**
 - In response to creation of the services, prepare a data health plan with reference to the data health plan of the insurance department. Set numerical targets for each initiative. Conduct an evaluation at the end of each fiscal year, consider issues and ways for improvement, and make revisions as required.
 - Facilitate smooth information sharing by providing access to information on public assistance recipients which is held by relevant departments, through a health information system managed by the insurance department.
 - In addition to having public health nurses assigned to the insurance department and establishing a relationship between the insurance department and welfare department that allows for easy consultation, establish a collaborative system with other departments (long-term care and child welfare) through coordination of the relevant public health nurses. Share knowledge and know-how on health services, such as by holding study sessions and meetings to exchange views on health guidance with the insurance department.