

# Performance of Rural Municipalities After the 2015 Reformation of Long-Term Care Insurance in Japan

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Worldwide, welfare is trending from a welfare state model to social participation to ensure the sustainability of health care systems. Japan, where the aging rate will reach 40% by 2060, reformed public Long-Term Care Insurance (LTCI) on a large scale in 2015 and started the Comprehensive Service project (CS project), which emphasizes the prevention of long-term care through social participation in the community. Through this project, communities work to develop prevention efforts revolving around the community salon/café and mutual support, including all daily tasks that previously were the purview of family members. Each municipality has an obligation to promote a CS project through new community development initiatives among community members. The purpose of this study is to investigate the CS projects performed by rural municipalities and to explore the important factors for their success. The authors used a case study methodology and constant comprehensive methodology for analyzing interview data to pull out the elements of successful initiatives. The study shows that the following factors influence success: recognition of demographic risk, recognition of the ineffectiveness of LTCI services, developing a passionate philosophy and strategy as a municipality, developing community members' initiative, and having many assets and full participation in the community. These factors imply that community development is a critical part of any successful CS project.

*Keywords:* long-term care insurance in Japan, community development, mutual support, prevention, asset-based approach

## Introduction

Worldwide, welfare under the aging population combined with a decreasing birthrate is trending from a welfare state model to social participation to support older people's independence more strongly and to promote mutual aid in the community, which link to ensuring the sustainability of health care systems. The Netherlands implemented a drastic change to long-term care insurance in 2015 to reduce the number of people using benefits and promote community development by municipalities. It is said that 2015 is "the first year of decentralization" in the Netherlands. Similarly, in 2015 the United Kingdom initiated the Care Act 2014 and

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determined that the well-being principle and personalization are the responsibility of municipalities so that they will put more focus on what people can do and want to do rather than their deficits (Tarrant, 2020).

These worldwide trends can be seen as the shift from a deficit approach to an asset-based approach. A deficit approach leads individuals and communities to a disempowered and dependent condition so that the demand expands causing the collapse of institutions like long-term care insurance. Consequently, the health care systems of almost all countries of the welfare state have been in a severe condition. Therefore, the importance of well-being and individuals' feeling in control of their lives are focuses in the context of an asset-based approach (Garven, Mclean, & Pattoni, 2016). They are not receivers of public services but supporters of everyone through mutual support of daily life in the community. Professionals do not work "for" clients but associate "with" them by developing their strengths through a person-centered perspective. In this way all members, including community members, policymakers, and professionals, experience the paradigm shift in the field of social and health care services and community development.

Japan already has the highest aging rate, 29.1% (2021) of over 65-year-olds and it is predicted to reach to 40% around 2060. Due to this paradigm shift, the central government launched a warning stating that the rapid reduction of the productive generation after 2025 will be a more decisive social risk than the rapid increase of older generation. The central government encourages older people to continue working in the labor market or even in the volunteer field, and to activate intelligent technology (The Report of the Ministry of Economy, Trade and Industry, 2018).

Twenty years have passed since Japanese Long-Term Care Insurance (LTCI) started, which in spirit and purpose is to support older people in living independently even as they get frail. Its budget tripled, from 0.3 to 1.1 billion yen, and the number of insured grew three times as well, from 2.2 to 6.4 million. During this period, the average premium among municipalities more than doubled, from 2,911 (2000) to 6,014 yen (2021). The Ministry of Health, Labor and Welfare places great importance on the sustainability of LTCI.

Japanese LTCI has been revised widely every three years since it came into force in 2000. In these severe conditions, a change from a hospital-completed model to a community-completed model began in 2011 and community-based integrated care was introduced, in which the medical care, nursing care, long-term care, and daily life support and prevention in the community based on appropriate housing must be provided in a seamless manner to support aging in place.

The reformation of the 2015 Comprehensive Service for Prevention of Long-Term Care and Daily Life Support [called Comprehensive Service (CS) or *Sogo Jigyō* in Japanese] has caused drastic changes to LTCI. Comprehensive Service (CS) is for older people with minimal needs (support levels 1 and 2) and the purpose is to create "a wide variety of services by a wide variety of bodies", including community members and organizations, such as neighborhood associations, elderly associations, hobby groups, shops, and unions.

Each municipality has the obligation to encourage people to support each other in the community. The goal is to establish a highly efficient, highly effective support system for those requiring care or related support and to build cohesion in the community again, which we Japanese lost after WWII and after enforcement of LTCI (MHLW, 2018; Matsuoka, 2019). The central government recommends two things to municipalities. One is to form "the association" to talk about problems and solutions in the community. The second is to have "Life Support Coordinator" (LSC) for developing informal resources provided by community members.

Three years, from 2015 to 2017, was the transition period for municipalities to prepare this new CS project. After 2018, it was determined that older people would use CS with rules and fees the municipality can set independently by establishing various services with the community members and organizations instead of the former prevention benefit, which had been ruled under the national law of LTCI and provided by professionals and certified providers.

In this way it is said that the substantial purpose of the CS project is community development (MHLW, 2018). In this reformation in 2015, municipalities had to take stronger leadership roles to develop CS projects in the community. Only 10% of municipalities, however, conduct CS projects successfully. The central government initiated new policies, such as incentive grants for reinforcement in 2020 but with few positive results.

### **Purpose and Methodology**

The purpose of this study is to investigate the successful performance of Comprehensive Service projects (CS projects) in small rural municipalities with fewer than 10,000 inhabitants, including at the village level in the municipality, which show high performance and to determine the important factors that influence success.

#### **Target**

In Japan (2019 population: 126 million) there are 1,741 municipalities, including 23 wards in the Tokyo metropolitan area, 792 cities, 743 towns, and 183 villages in rural areas. About 550 municipalities have a population of less than ten thousand people (2019). Generally these municipalities located in rural areas suffer from population decrease and a super-high aging rate over 40%. If an aging rate of a village rises above 50%, the village is called *Genkai-Shuraku* in Japanese, which means “Villages of Limitation”. Limitation means that the municipality has certain limits for retaining its governance. In the high economic growth age, 1955-1973, metropolitan cities absorbed the young generation from rural areas to meet the demand for a large labor force. Almost half a century has passed since this era, and parents who remained in these rural areas have aged. *Genkai-Shuraku* is the result of high economic growth in Japan. We include small village with aging rates above 50% in quite large municipality as the target of this study.

Regrettably, the municipalities which are actively proceeding with CS projects with community members are less than 15% (NTT Data Institute, 2019). It is believed that less than 5% of municipalities have established high-performance CS projects. We selected four successful municipalities in rural area out of these few cases.

#### **Methodology**

We used a case study methodology to investigate the performance of four municipalities and conducted semi-structured interviews with the policymakers and volunteers and used a constant comprehensive methodology for analysis to pull out the elements of successful initiatives. The interview flow contains why they have started and how they have conducted CS projects with the community members and organizations and what they carried out through CS projects. The data received in the interviews were recorded by IC recorder with interviewees' permission. The transcribed text data were coded by the axis of what the data mean for success of CS projects and compared across existing categories, and these categories are refined constantly as new ones are developed.

This research was conducted with the approval of the ethics committee of Tokyo Kasei University (No. 20190035).

## **Results: Comprehensive Service Project in Four Municipalities**

### **I-town in Hokkaido**

I-town is a small rural municipality in Hokkaido with 6,803 inhabitants and a 43.6% aging rate (2019). In the early 1970's, the municipality faced the risk of population decrease and started promoting a pottery salon as a way to keep people active. The policymakers of I-town continuously conducted new actions, such as building many exercise clubs and salons for long-term care prevention.

The recent crucial crisis is that the population aged over 65 is predicted to be greater than the productive generation (from 15 to 64 years old) by 2025. The LTCI payment continues to increase so fast that the municipality was convinced that it could not keep people's health and well-being only with LTCI and needs effective prevention to change to a mutual support system rather than depending on LTCI. Based on the actions and experiences built up so far and crucial crisis recognition, a CS project was begun in I-town in 2015, which consists of three pillars: salons for social participation and long-term care prevention, daily life support, and transportation support. The municipality takes complete responsibility for the CS project which was commissioned by the I-town Social Welfare Council (I-SWC).

Step Exercise Salon is popular in I-town, where community members enjoy chatting while having tea and sweets after step exercise. The social worker at I-SWC has talked and worked with community members so passionately that twelve step-exercise salons are held every week in community centers by neighborhood association members and commissioned volunteers independently with a little support from the Life Support Coordinator (LSC) of I-town. LSCs just visit the salon, observe, and provide support if needed. There are more than 4,000 yearly participants. In addition to this exercise, there are more than forty salons, such as Mahjong Salon, Calculation Training Salon, Blow Gun Salon, Cognitive Exercise Salon, News Reading Salon, and Environmental Recycling Salon, which were all established after 2015. The total accumulated participants in 2017 was 13,600. I-SWC also encourages the elderly association members to operate mutual support for looking after each other, shopping assistance, garbage disposal assistance, accompanying to clinic/hospital, and assistance for moving heavy furniture.

The important thing is that I-SWC required older people to attend a lecture on the demographic crisis, the public service situation, the meaning of the CS project, and the volunteer activity before allowing volunteers to act independently.

A community development practitioner of I-SWC highlighted this point in an interview.

People who have lived in the community with their friends and their neighbors so far have the tendency to lose the relations and the ties after getting frail and to become a person who just receives help. If we could build up the mutual aid system among community members, people can age in place in the same relationship as before. So the important point is not to create services for people who need it but to think a great deal about mutual support and of keeping good relationships which people have had in their usual surroundings so far.

I-town got the remarkable outcome of a 48% payment reduction and a 36% reduction in users of LTCI in addition to the recovery of cohesion among people. This corresponds to a savings of ninety thousands euros a year.

### **K-town, Northern Part of Japan**

K-town is a municipality in the northern part of Japan with 5,048 inhabitants and a 43.8% aging rate. The rate of people over 75 is 25.8% which is twice as high as the Japanese average rate (2019). In the Meiji era, the town experienced prosperous times thanks to a copper mine, which contributed to Japanese modern industrial

development. After closing the mine in 1986, the town's population decreased. The population was 6,124 in 2010. This means the population decreased by about one thousand people in the past eight years. In addition to the increase of older people and the decrease of the younger generation, it is anticipated that even the people over 75 will be decreasing in the near future. The shape of the population pyramid shows a typical coffin shape, which is the projection for Japan in 2050.

K-town started a CS project in 2015 with cooperation from the K-town Social Welfare Council (K-SWC) and the Community General Support Centre (CGSC). The municipality focused on empowering and supporting what the community members want to do and prevention and collaboration among medical and social service professionals, including community members.

First, they reconsidered the effect of institutional day services where professionals take care of older people regardless of their care needs in spite of the lack of professionals. Instead of institutional day services by professionals, they established "mini day K", which is supported by volunteers and the participants can enhance the possibility of what they can do and want to do. "Mini day K" is not only for older people but also the gathering point for all generations in the community.

There are 37 neighborhood associations in six villages in K-town. Similar to other small municipalities in the rural area, the social ties and the social cohesions among village members are so strong that the participation rate in the neighborhood association is almost 100% in each village. The members of neighborhood associations, however, feel anxious about the absence of young successors. Policymakers recognized that it is important to focus on their strengths, such as hobbies, special abilities, and what they have done so far, and that a top-down approach will not work well because each village has different needs, even in this small town. Taking advantage of the 100% participation rate and recognition of needs difference in each village, K-town introduced two kinds of meetings. One is held at the very small neighborhood association level, which consists of one hundred households on average. The other is the meeting held for all of K-town. If someone has a desire to start a food delivery service at the neighborhood association meeting level, all K-town meeting members immediately support this desire rooted in community members' strength by allowing them to use the K-town central kitchen with various organizations whether private or public. After these collaborations with full member participation, there are 26 salons in K-town, including 17 salons established after 2015.

The outcome in K-town is remarkable. The monthly premium of this town went down to 38 euros (5,300 yen) after the CS project started, which is the second lowest in Akita prefecture, where the average is 60 euros (8,400 yen).

### **MT-village in H-city**

MT-village with 1,419 inhabitants and a 55.9% aging rate (2019) is one district in H-city (47,000 population with a 41.9% aging rate) in western Japan. H-city was formed by merging one city, two towns, and four villages in 2009, and there are sixteen areas in seven districts now. 78% of the population is concentrated in a central district; the other six districts' population is less than 2,000 and the aging rate is over 50%. MT-village is one of these six districts.

In H-city, the Social Welfare Council (H-SWC) has been working firmly for community development in each district, but the primary schools and middle schools have been closed due to the decrease in the birthrate in the past ten years. Furthermore, five out of ninety activity salons were closed due to the population aging within one year.

At the beginning of the CS project, the policymakers of H-city decided that they should use this as an opportunity to restart community development in sixteen areas. First, they tried to make only one community-based steady organization in each area rather than raising up many new organizations and activities. The policymakers held associate meetings with commissioned welfare volunteers and neighborhood association members several times in collaboration with H-SWC, which was commissioned for the CS project. Consequently, nine daily life support services and thirteen salons were established by volunteers. The slogan to promote the CS project was “The people who can do will do what and when they can do!”.

The population of MT-village is 1,419, including 780 people (55%) older than 65 and 460 people over 75 (32.4%), and the number of single household people is 130. The social cohesion was so strong that it was quite natural to create the MT Vigorous Supporters Club, which included 50 volunteer supporters ranging in age from their 30s to 90s (median: 70s). MT service is the daily life support served by club volunteers, such as light bulb replacement, clearing away snow, shopping support, and petroleum refueling. This service is limited to people who really need the real mutual support from neighbors. The leader said that a person starts support if she/he knows a neighbor who gets support from MK service. The club volunteers provide transportation services as well from users' homes to health care facilities with a car the municipality loans out for free. At that time, they make sure to make contact with a care manager to get the user's medical information.

The leader of MT Vigorous Supporters Club said:

When the former MT-village disappeared, it became so clear for us to have no public officers in this village and fewer town councilors. We have no choice but to do something by ourselves. The merger of municipalities was a decisive beginning for us to stand up and take action together.

A policymaker in H-city said:

We cannot figure out the outcome of a CS project as a numerical value. We recognized, however, that the mutual support by neighbors increased and community-based organizations were created. And the direct connection between the community members and the elderly department of the municipality started. The effort for a CS project made the councilors start to think and talk about the community in the municipal assembly. These days the business department person in the municipality attends the community meetings. These are the big invisible outcomes of the CS project.

### **MK-village in F-city**

F-city is a municipality with a population of 116,000 and a 30.1% aging rate, where the features of each district are diverse, from a shopping district to deep mountain and sea areas. The younger generation has been coming into this city to work at a famous car company's factory and lived in the shopping area. But MK-village's sea area, 1,300 inhabitants and a 52% aging rate, is an island village suffering from severe population decrease and aging.

The LTCI certification rate has been greater than 20% in F-city, which is higher than the Japanese average rate of 18.0% and was the worst level in the prefecture. The monthly premium was 5,779 yen, which was also higher than the prefectural average. The reason for this condition was that many day service providers rushed into F-city from outside due to the lack of nursing homes. The increase of day services, however, did not lead to users' physical improvement but made a change for the worse. This means the usage of day services caused an increase in LTCI payments without good results. Policymakers were convinced that the most important point for the CS project is community development through which community members collaborate with LTCI providers and various community-based organizations such as CGSC and SWC.

F-city started a CS project in April 2017 from MK-village with strong crisis recognition. A policymaker visited the community several times to talk with people directly to understand what they are suffering from and how they want to live, and he visited SWC and CGSC as well since 2015. It took more than one year for the groups and the policymaker to have a meaningful relationship with each other. He discovered that people in MK-village were trying to solve the problem of a lack of shopping assistants for older people. However, the CGSC thought the problem is due to older people's withdrawal. Because of this disagreement, they reached an impasse for collaboration. Eventually, the policymaker gained the confidence to collaborate with the CGSC and decided to make a successful model in MK-village first before it was initiated in other villages.

What he planned first was an all-in-one project, which is a collaborative project of several bodies in the community. A Social Welfare Foundation (SWF) provided a car for picking up people in their 80s and 90s and taking them to a shopping center and getting them back home. The shopping center company provided the room for preventative exercises, and the care professionals provided exercise instruction. The community members called the elderly people who wanted to attend this project or who looked frail enough to attend, where they can enjoy exercise and shopping and eating together at one place. Happy Healthy Club was established in 2017 after groups collaborated. Now four exercise salons have been established in MK-village, as well as vegetable shops and food delivery services in another district.

The policymaker said:

When I visited the village the first time, they didn't accept me. I was disappointed. But I talked with them sincerely and tried to put into practice what they wanted to do by the next visit. After one year, they started to hear my words. I found that it takes time to establish a good relationship with community people, so I thought that it would be better to start one by one rather than doing it in one spurt.

### **Result of Constant Comparison Analysis**

After the constant comparison analysis, we established five categories for the factors influencing the success of a CS project: recognition of demographic risk, recognition of the ineffectiveness of LTCI services, developing a passionate philosophy and strategy as a municipality, developing community members' initiative, and having many assets and full participation in the community, as shown in Table 1 and the following summary.

All targeted rural municipalities were suffering from radical population decrease and a super-high aging rate and boundless expansion of LTCI payments without positive effect. It was estimated that the rate of ageing generation would be over the productive generation in 2025 in I-town, and there was a decrease in population by one-fifth in the past eight years in K-town.

Policymakers in these municipalities focused on the higher certification rate of LTCI and the higher premiums than states' or neighboring prefectures' average. In this critical situation, they took notice of the inefficiency of LTCI services, such as day services, which had been provided regardless of users' needs and without any physical improvement. Policymakers were convinced that they could not ensure people's health and independence with only LTCI services. They believed there would be no future for LTCI unless they started preventative action and gained support in the community. They never ignored this situation but rather disclosed it to people to start a CS project with citizens' awareness of the issues.

Table 1

*The Factors Influencing Success*

	I-town	K-town	MT-village	MK-village
Population (aging rate)	6,803 (43.6%, 2019)	5,048 (43.8%, 2019)	1,419 (55.9%, 2019) (city: 47,000, 41.9%)	1,300 (52%, 2019) (city: 116,000, 30.1%)
Start of CS project and subject	-2015 -commissioned SWC	-2015 -municipality	-2017 -commissioned SWC	-2017 -municipality
Factors influencing success	Recognition of demographic risk	-productive generation exceeds elderly generation in 2025 -decrease of 65+	-population decrease (1,000 person decrease in 8 years) -even 75+ decrease -lack of professionals	-many districts over 50% aging rate -disappearance of salons in the community
	Recognition of ineffectiveness of LTCI	-huge expansion of LTCI payment	-inefficient day services	-
	Passionate philosophy and strategy	-community development to help each other -three pillars: salons for preventative exercise, daily life support, transportation support	-community development where people can do what they want to do -focus on strength and needs difference in each village	-community development by CS project -one steady organization in one area (not many)
	Community members' initiative	-community members run 40 salons every week	-two kinds of meetings to realize people's desire (community, whole town)	-MT Vigorous Supporters Club in MT-village
	Many assets and full participation	-community members -neighborhood association -commissioned welfare volunteers -SWC -CGSC	-community members -neighborhood association -commissioned welfare volunteers -SWC -CGSC	-community members -neighborhood association -commissioned welfare volunteers -SWC -CGSC
Output of CS project	-52 salons -daily life support -transportation service	-Mini day K -26 salons -reablement	-3 salons in MT village (13 salons in whole city) -MT service	-all participation model (city, SWC, SWF, private firm, community)
Outcome of CS project	-36% down of certification rate -48% down of LTCI payment	-reduction of premium	-many invisible changes	-

In all targeted municipalities there were policymakers or practitioners with a passion for proceeding with a CS project. After taking a long time to establish strong relationships with community members through multiple visits, they discovered the need for difference in each area and made a clear strategy with a positive philosophy, which had been developed by listening to people describing their problems and desires.

Based on peoples' needs, the targeted municipalities developed the philosophies and strategies shown in Table 1. The philosophy (the former) and the strategy (the latter) of each municipality were "the community development to help each other" and "three pillars (salons, daily life support, transportation support)" in I-town; "the community where people can do what they want to do" and "focus on strength and needs difference in each village" in K-town; "community development by CS project" and "not many but one steady organization in one area" in MT-village; and "with the community members" and "from making one successful case" in MK-village. The common feature of all these cases is community development with community people.

Through the CS project with these philosophies and strategies, community members have been encouraged to act independently in establishing salons and mutual support systems with self-awareness that we act for ourselves and together. The municipality disclosed the demographic situation and LTCI critical status honestly to the community members so they could understand and act with this self-awareness. In I-town the practitioner provided a lecture to the volunteers to describe the meaning of LTCI, the CS project, and volunteer activity.

To proceed with the project, each municipality involved many community organizations, such as SWC, commissioned volunteers, neighborhood associations and elderly associations, and CGSC. The members of these organizations came to know each other in the community through CS projects.

They established many salons and mutual support systems which led to effective outcomes, such as a decrease in the certification rate of LTCI and a decline of premiums, as shown in Table 1.

### Discussion

The study shows the important factors for the success of a CS project: recognition of demographic risk, recognition of the ineffectiveness of LTCI services, developing a passionate philosophy and strategy as a municipality, developing community members' initiative, and having many assets and full participation in the community.

Worldwide, the paradigm shift from welfare states to a participatory society has been proceeding in health and social services. The community development and community empowerment of asset-based approaches became the first priority in promoting this social change (Garven et al., 2016). The public sector took responsibility and did everything for the citizens following the laws and the rules where the people became dependent as the objective of the top-down relationship with the public sector. On the contrary, in a participatory society, people are independent concerning how they live their lives and the services they want. They work with policymakers and professionals in an equal relationship in an asset-based approach. The people described in this paper developed successful CS projects because they were able to make independent decisions.

CS projects in Japan aim to create diverse services provided by diverse bodies in the community with the philosophy of "prevention through social participation". The primary purpose of a CS project in Japan is community development (Hattori, 2014) and is based on the concept of an asset-based approach rooted in the paradigm shift from welfare states to a participatory society. We can regard this asset-based approach as an innovation with value overturn from those supported by services to those doing the support (Garven et al., 2016).

The results of the study show that the municipalities' motive for promoting CS projects was mainly the desperate demographic situation and inefficiency of LTCI services. It is supposed that the crucial crisis spurred innovation because elderly people's physical and mental decline is fatal in super-aged small rural societies. The small size of the population may work well when a municipality promotes a CS project in a community that has stronger cohesion characteristics than urban areas (Yakushige & Hirota, 2014).

Our results suggest that the passion of policymakers and practitioners is essential for the success with the philosophy and the strategy of community development. They visited the community frequently to develop good relationships and encourage people to solve these problems and enhance well-being in the community independently through establishing salons and mutual support systems. These actions are community

development and imply that policymakers believe that everybody has something valuable to contribute to society and can be the center of community development.

This concept of the center of community development, which fits the concept of the change from those supported by services to those doing the supporting, can be seen to link so closely to the theories of “person-centered practice” and “strength approach” similar to “asset-based approach” (Saleebey, 2006; Pulla, 2012). As the result of people’s independent actions, an equal relationship between citizens, professionals, and the municipality was developed.

The results suggest as well that full participation of commissioned volunteers, neighborhood associations, and elderly associations in the community, whose members are all citizens, with CGSC and SWC is important. In this way community members and the public organizations are working together as equal partners so that strength and capacity can be built in the community. Now, due to age, fewer people can be historical commissioned volunteers or be members of neighborhood associations in Japan (Kanagawa, 2020). In K-town, however, they activate a 100% participation rate for the neighborhood association to act in the community. It is a big contrast that neighborhood associations in urban areas are just a subcontractor of the public office (Yakushige & Hirota, 2014). The policymakers in a municipality must regard community members as the center of community development and support them to act independently and collaborate with all people, associations, and organizations in the community.

### Conclusions

It is quite regrettable that few municipalities initiate CS projects in Japan despite the CS projects’ aim of community development and an asset-based approach, which is the same as the world trend from a welfare state to a participatory society. We suggest that policymakers in rural municipalities should pay strong attention to situations concerning demographics and LTCI and disclose it to community members to encourage them to take action to enhance well-being independently as the center of community development. Community members have enough strength. The philosophy and the strategy established with strong passion will be the motive and the energy for them to start action and collaborate with various people and organizations in the community.

### Recommendation for Future Research

We investigated four municipalities in rural areas. We cannot generalize this result, but the results we found are relatively valuable because we discovered that successful municipalities proceeded with CS projects in the context of an asset-based approach. Further study on large cities in urban areas would be done.

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