

# 健康日本 21（第 2 次）計画と高齢者の口腔の機能向上 Oral Function Promoting for the Older Adults Included in Healthy Japan 21, 2<sup>nd</sup> Version

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## 1. Final evaluation of Healthy Japan 21

In the year 2000, a strategy called “Healthy Japan 21” was implemented. This is a health promotion strategy from 2000 to 2010, including 13 oral health items. In 2011, a final evaluation of Healthy Japan 21 was made. Comparing to the total area evaluations, oral health showed the most highest achievements.

## 2. Healthy Japan 21, 2<sup>nd</sup> version (2012-2022)

A new “Healthy Japan 21, 2<sup>nd</sup> version” has started in June of 2012 which has for overarching goals: a) Enlargement of health life and decrease of health inequality, b) Prevention and control of lifestyles-related diseases, c) Retention and Promotion of function needed for social life, d) Create social and physical environments that promote good health for all, and e) Improvement of lifestyles and social environments for nutritional-dietary life, physical activity-exercise, taking rest-recreation, drinking alcohol, smoking and dental-oral health.

## 3. Dental and Oral Health goals in Healthy Japan 21, 2<sup>nd</sup> version

New dental and oral goals are as follows: a) Keep or promotion of oral function: Increase the proportion of people with well mastication at the age of over 60 years. from 73.4% (2011) to 80% (2022), b) Prevention of tooth loss: Increase the proportion of people having own teeth to 50% at 80 y (25%), 70% at 60y (60.2%), 75% at 40y (54.1% in 2005) in 2022, c) Decrease proportion of people having periodontitis: Decrease to 25% (31.7% in 2009) at 20y, 25% (37.3% in 2005) at 40y and 45% (54.7 in 2005) at 60y in 2022, d) Increase children with caries free: Increase prefectures having caries free child proportion to 23 prefectures (6 in 2009) at 3y and under DMFT at 12 y to 28 (7 in 2011) in 2020, and e) Increase proportion of people who visit dental office once a year to 65% (34.1% in 2009) in 2022.

4. A Dental and Oral health Law was legislated on the 10<sup>th</sup> of August, 2011, stressing the importance of the upstream program for the young to the aged. Since that year, local governments (37 prefectures, 8 towns, 2 districts) have legislated their own local dental and oral health law (at June 18, 2013).

## 5. 8020 achievements in Japan and possible 8020 activities in Taiwan

The 8020 campaign, “To retain more than 20 teeth at the age of 80” started in 1989 in Japan. Several epidemiological surveys concerning the achievements of 8020 have been carried out across Japan. Possible 8020 activities in Taiwan from our 20-years 8020 experience in Japan; a) To carry out a national wide 8020 campaign. b) To developing tools of self-checking dental and oral health not only for adults, but also for children such as having their own note book.

In summary: In the final evaluation of Healthy Japan 21, oral health showed the highest achievements, a new Healthy Japan 21, 2<sup>nd</sup> version (2012 ~2022) started having targets of increase of well masticatory people over 60 years and 8020 people. 8020 programs in Taiwan were discussed.

## Oral care plays life-support role for the dependent elderly

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Japan faces a globally unprecedented future as an aging society. It is widely acknowledged, both in and outside government, by 2015 more than one in four Japanese will be over 65. Efforts are under way to revise the health care system to meet the needs. Dental services must change according to the social changes.

The health status of the oral cavity greatly influences an individual's nutritional status, level of comfort, and ability to communicate. In addition, the mouth is a potential source of systemic infection in the compromised patient. Poor oral conditions may adversely affect general health, and certain medical conditions may have a negative impact on oral health. Good oral condition is maintained through effective oral hygiene, a process that includes cleaning plaque and debris from the teeth, palate, tongue, and wall of the mouth.

Older people are known to be vulnerable to declining oral status, so good oral care will help maintain self-esteem and improve general well-being and quality of life. It is generally agreed that bacterial plaque is a common etiologic factor in the development of dental caries and inflammatory periodontal disease, and the plaque may be an etiologic factor for aspiration pneumonia. This plaque can be controlled and prevented by a combination of oral hygiene cleaning techniques. Therefore, oral hygiene should not be looked upon by caregivers as a task to be done only if there is time, but should be incorporated as an integral part of total care. Oral care is a basic caregiving activity. Providing a person with facilities for brushing the teeth and/or rinsing the mouth is often regarded as 'appropriate' oral care in hospitals. However, it is impossible in chronic care facilities, such as nursing homes, because the number of caregivers is insufficient for this type of oral care. Therefore, the development of a simple and effective oral care system is urgently needed to reduce the strain, fatigue and burden on caregivers.

There is a need for standardization and systemization of oral care programs for dependent elderly. We developed a systematic oral care program which incorporated these 7 basic concepts.

The program of my lecture is;

1. Introduction; Aging society from the medical viewpoint
2. A quick review of the oral conditions of the dependent elderly and importance of oral care
3. Interactions between oral conditions and prevalent systemic diseases
4. Development of systematic oral care program "Oral care system"
5. Oral care and risk management

## 邁入高齡化的台灣社會，老人口腔照顧的新趨勢

### New Trends in Oral Health Care for the Elderly meeting Aging Society of Taiwan

張進順

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台灣人口成長現象，因社會變遷及醫藥衛生發達的結果，造成出生率及死亡率的逐年降低。國民平均壽命逐年提升，1951 年的男性平均壽命為 53.38 歲，女性為 56.33 歲，到了 2009 年，台灣國民平均壽命兩性為 79.2 歲，其中男性為 75.9 歲，女性為 82.5 歲。在日本，男性則是 79.59 歲，女性平均壽命以 86.44 歲，刷新世界紀錄。人口結構方面，由金字塔型快速轉型為保齡球瓶形狀。台灣 65 歲以上老年人口快速增加，於 1993 年已達 147 萬餘人，占總人口的 7%，正式邁入世界衛生組織所謂的「高齡化社會」，到了 1997 年底更增加到占總人口的 9.23%。而根據行政院經建會預估，到了西元 2021 年時，老年人口將增加到 14.4%，台灣老年人口成長的速度僅次於日本，較歐美先進國家快上 20 年以上，

口腔疾病為全身系統性疾病的重要元凶，牙齒與口腔之照顧，不僅是為了預防蛀牙及牙周病，也是保持身體健康之重要方法。須強制進行口腔照顧的病患，身體機能比一般人更容易退化而導致無法順利吞嚥的障礙。因此，口腔照顧不能只顧慮到器官方面，對於機能方面的照顧也是不可欠缺的。所謂的口腔照顧分為兩種，其一是清除附著在牙齒及口腔粘膜上的殘渣污垢，即為器官方面的口腔照顧，而機能方面的口腔照顧是以維持及恢復口腔機能為主要目的。這兩種照顧若能互相配合得當，則能大大提高口腔照顧之功效。

本次報告將描述台灣地區首次進行政

區及安養中心老人推動新式「口腔照護」之狀況與其成效。其完成之工作項目及成果如下：

- 研發創新教材及工具：設計『健口操』運動及口腔照護教材。
- 社區資源整合與連結：結合衛生單位與臺灣口腔衛生學會、長青健康活力站、社區關懷照顧據點、里辦公處、志工及媒體等，建構支持性環境，充分活絡社區健康服務網，增進長者健康照顧技巧，採取有效健康之生活型態。
- 成立「健口操推廣小組」，透過專業團隊，針對長青健康活力站及安養機構 100 位長者，進行口腔機能前、後診察、檢測及問卷調查（問卷調查如附件），探討長者在健口操運動介入後的成效。
- 辦理口腔機能診察、檢測及問卷調查訓練課程，以達檢測及評估之一致性。
- 辦理健口操志工及安養機構種子訓練，並加以運用，以達推廣之成效。
- 提供參與健康促進活動及安養機構之長者，健口操及口腔照護課程，以促進長者口腔保健、改善口腔健康問題。
- 探討健口操介入與長者口腔機能狀況的關係。
- 建構產、官、學、社之整合機制，促使老人口腔健康促進之計畫與業務得以推廣。