# Day 1　November 19 (Thu.)

| Venue | Floor Room | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 |
|---|---|---|---|---|---|---|
| ACMCF Presentation Room | 5F Conference Room 501 | | | | | 11:50-12:40 ACMCF Luncheon Seminar アジア慢性期医療学会ランチョンセミナー Detecting and Preventing Dementia Early : A Novel Approach to Chronic Care via Gut Microbiota Testing 認知症になる前に見つける・防ぐ~腸内細菌叢検査で実現する慢性期医療の新たなアプローチ~ Chair : Naoki Saji 佐治 直樹 Speaker : Kouta Hatayama 畑山 耕太 シンバイオシス・ソリューションズ株式会社 |
| ACMCF Exhibition | 5F 501 lobby | | | | 11:00-18:00 Exhibition 企業展示 | |

# Day 2　November 20 (Fri.)

| Venue | Floor Room | 8:00 | 9:00 | 10:00 | 11:00 | 12:00 |
|---|---|---|---|---|---|---|
| ACMCF Presentation Room | 5F Conference Room 501 | | 9:00-12:00 Symposium 2 シンポジウム2 Foreign Workers in Japan's Healthcare and Long-Term Care Sectors 「日本における外国人人材の受入と就業状況」 Chair : Yoshihiro Takaishi 髙石 義浩 Speaker : Hiroya Yaguchi, Jeffri Ardiyanto, Keiko Inomata, Flores, Sandra Jerusalem, Yuko O. Hirano | | | 12:00-12:10 Closing Remarks 閉会の辞 |
| ACMCF Exhibition | 5F 501 lobby | | 8:30-12:00 Exhibition 企業展示 | | | |

| 13:00 40 50 | 14:00 10 20 30 40 50 | 15:00 10 20 30 40 50 | 16:00 10 20 30 40 50 | 17:00 10 20 30 40 50 | 18:00 10 20 30 | Venue |
|---|---|---|---|---|---|---|
| | 12:50-13:50<br>**Keynote Lecture**<br>**基調講演**<br>Prospects for the Development of Long-Term Care Systems and Services for Older Persons in Indonesia<br>Chair：Tetsuya Nakamura<br>中村 哲也<br>Speaker：<br>Maria Endang Sumiwi | 14:00-18:00<br>**Symposium 1**<br>**シンポジウム 1**<br>Current Status of Long-Term Care in Japan, Korea, and China<br>**各国の慢性期医療の状況**<br>Chair：Kentaro Nakao<br>中尾 健太郎<br>Speaker：Yasuko Hashimoto<br>HA CHANG YOUNG<br>KANG SHIN WOO<br>KIM EUN YOUNG<br>Gao Yongjun | | | | ACMCF Presentation Room |
| **Exhibition**<br>**企業展示** | | | | | | ACMCF Exhibition |

| 13:00 40 50 | 14:00 10 20 30 40 50 | 15:00 10 20 30 40 50 | 16:00 10 20 30 40 50 | 17:00 10 20 30 40 50 | 18:00 10 20 30 | Venue |
|---|---|---|---|---|---|---|
| | | | | | | ACMCF Presentation Room |
| | | | | | | ACMCF Exhibition |

# Access Map

## Fukuoka International Congress Center

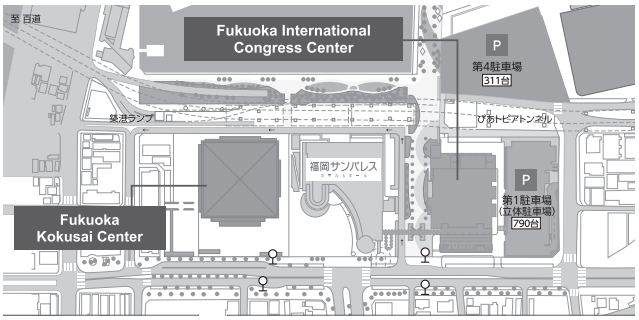
### ACCESS MAP

2-1 Sekijo-machi, Hakata-ku, Fukuoka 812-0032, Japan

### Fukuoka Area




### Venue Area




#### On Foot from the Subway

Gofukumachi Station: approx. 12 minutes

Nakasu-Kawabata Station: approx. 15 minutes

### Public Transport

#### From Fukuoka Airport Station

Take the Airport Subway Line to Hakata Station.
Then take a bus as described below.

#### From Hakata Station (Hakata Exit)

Stop F, in front of Nishi-Nippon City Bank.
Take bus No. 88 or BRT.

#### From Tenjin

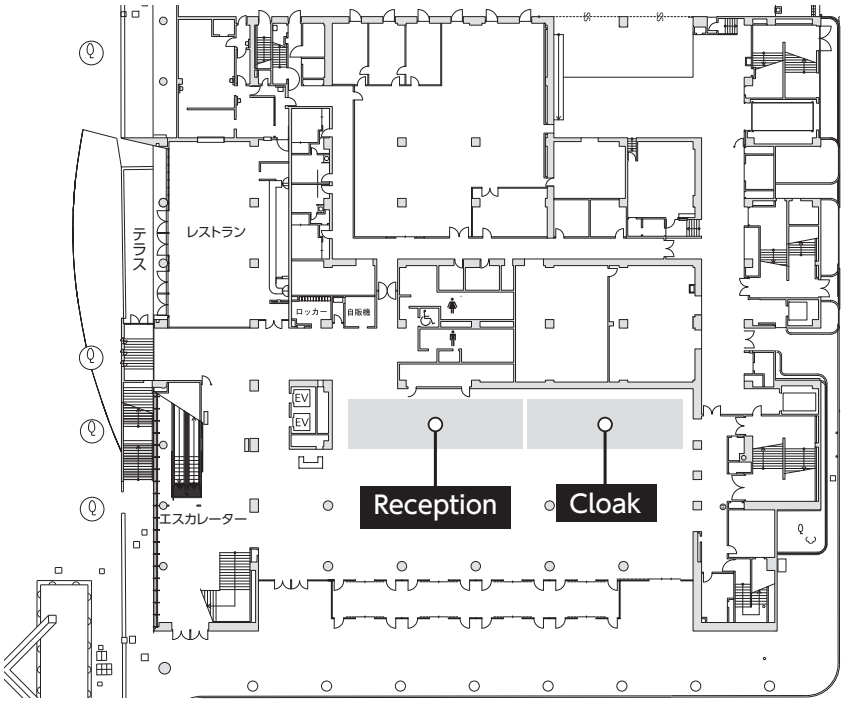
Stop 2A, in front of Solaria Stage.
Take bus No. 80 or BRT.

**Get off at:**

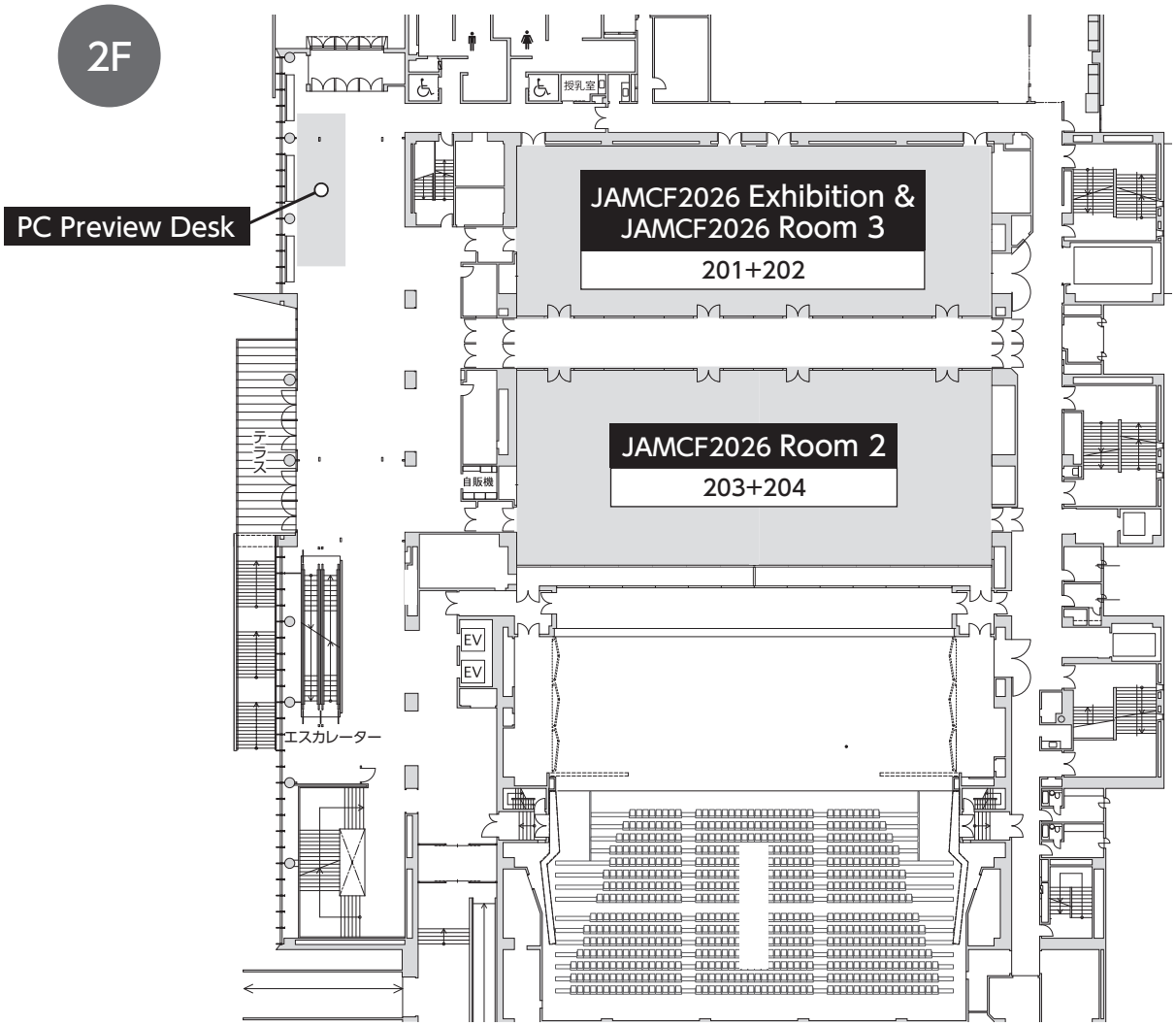
**Kokusai Kaigijo / Sunpalace-mae**
(International Congress Center / Sunpalace)
The venue is a short walk from the bus stop.

# Floor Map

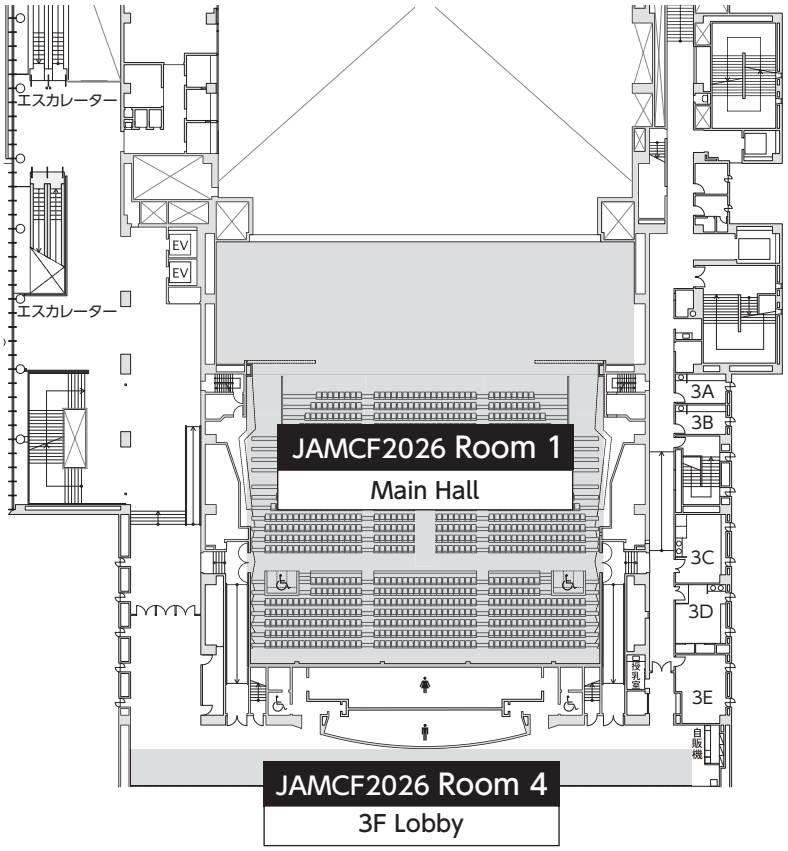
## 1F



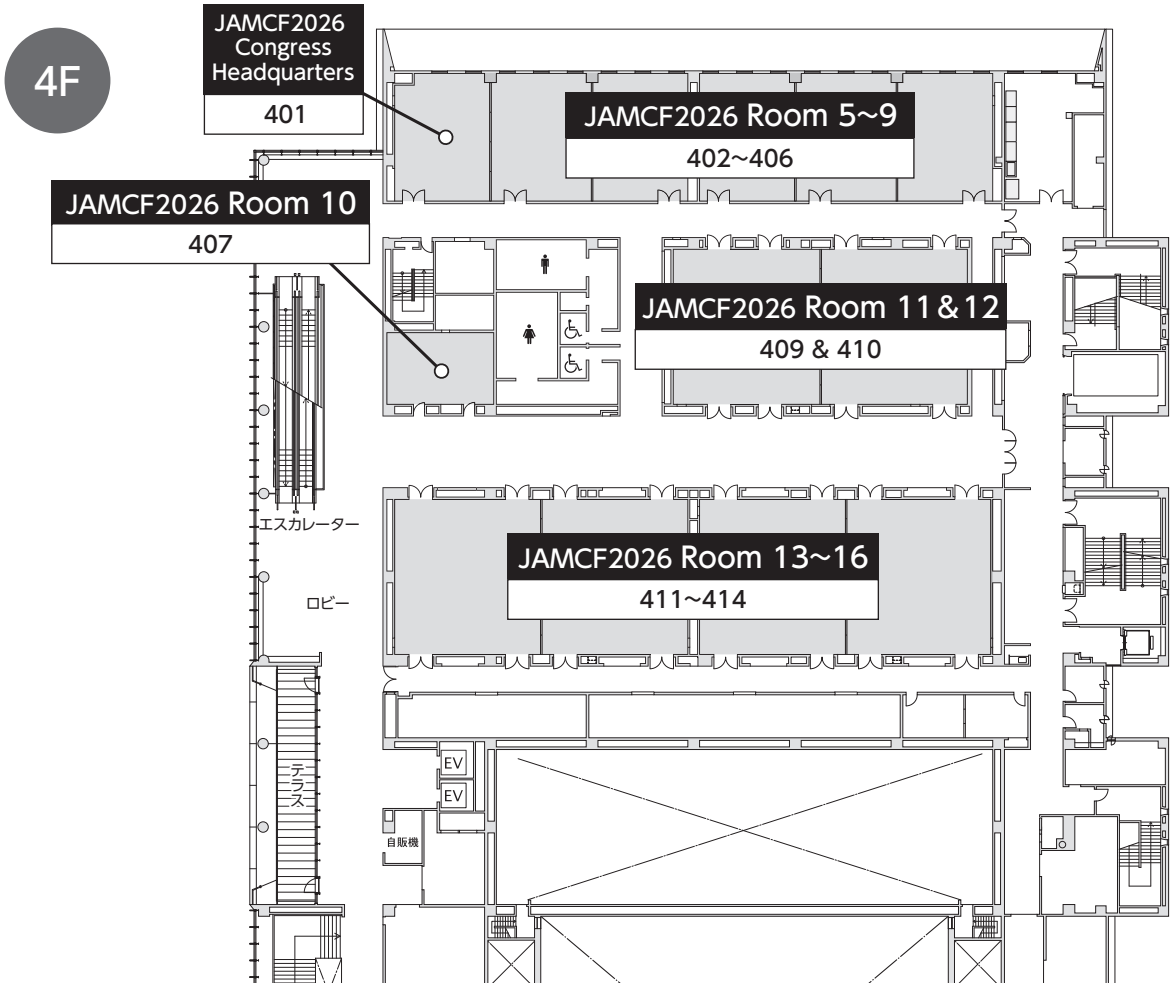

## 2F



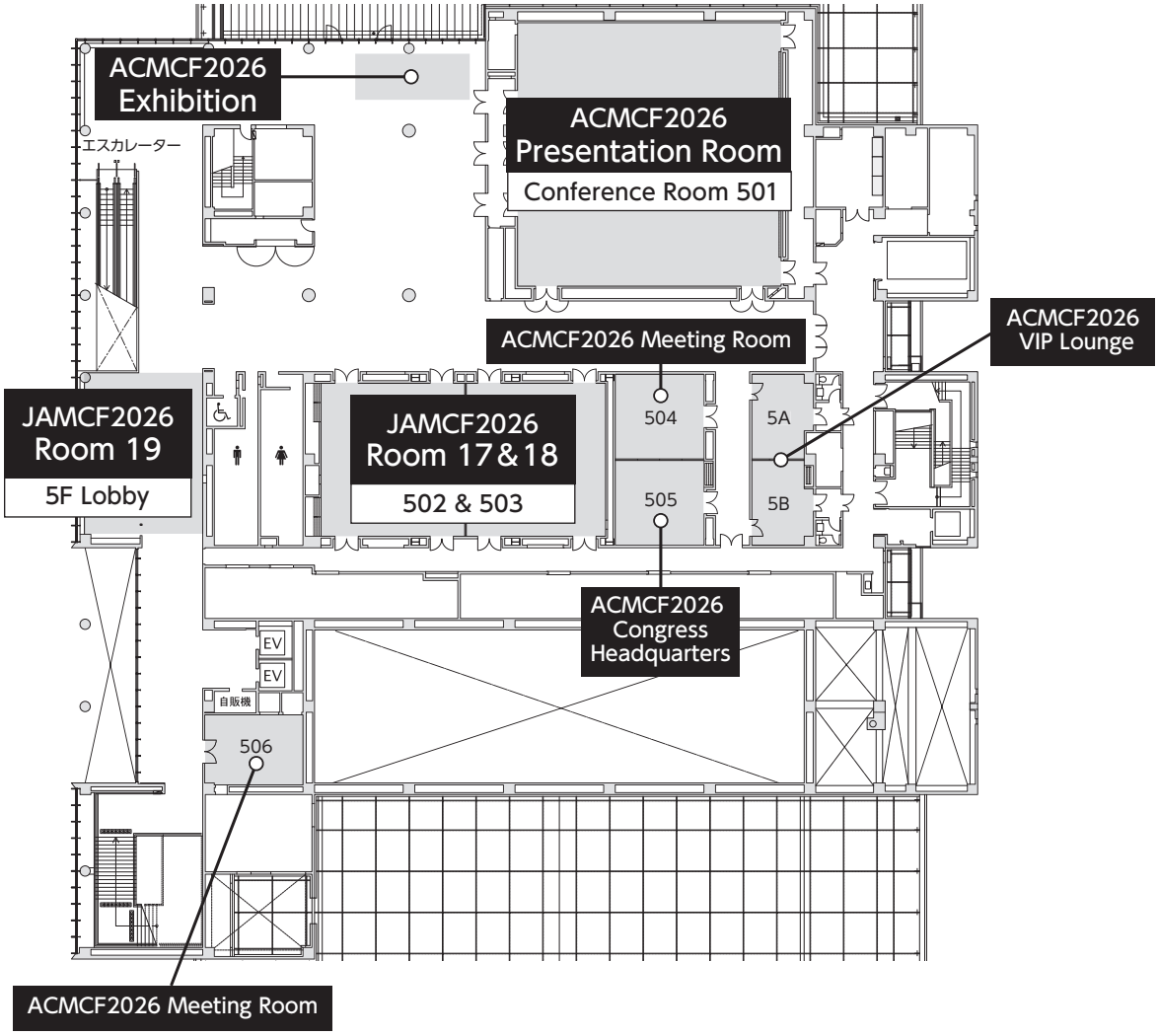
## 3F


エスカレーター
EV
EV
エスカレーター
JAMCF2026 Room 1
Main Hall
3A
3B
3C
3D
3E
授乳室
自販機
JAMCF2026 Room 4
3F Lobby

## 4F


JAMCF2026
Congress
Headquarters
401
JAMCF2026 Room 5~9
402~406
JAMCF2026 Room 10
407
JAMCF2026 Room 11&12
409 & 410
エスカレーター
JAMCF2026 Room 13~16
411~414
ロビー
テラス
EV
EV
自販機

# 5F


ACMCF2026
Exhibition
エスカレーター
ACMCF2026
Presentation Room
Conference Room 501
ACMCF2026 Meeting Room
ACMCF2026
VIP Lounge
JAMCF2026
Room 19
5F Lobby
JAMCF2026
Room 17＆18
502 & 503
504
505
5A
5B
ACMCF2026
Congress
Headquarters
EV
EV
自販機
506
ACMCF2026 Meeting Room

# November 19 (Thu.)

## ACMCF Luncheon Seminar
## アジア慢性期医療学会ランチョンセミナー

November 19 (Thu.) 11:50～12:40
Fukuoka International Congress Center 5F Conference Room 501

### Detecting and Preventing Dementia Early：A Novel Approach to Chronic Care via Gut Microbiota Testing
### 認知症になる前に見つける・防ぐ～腸内細菌叢検査で実現する慢性期医療の新たなアプローチ～

Chair：Naoki Saji（National Center for Geriatrics and Gerontology, Center for Comprehensive Care and Research on Memory Disorders, Director）
佐治直樹（国立長寿医療研究センター　もの忘れセンター　副センター長）

LS **Assessing MCI Risk Through Gut Dysbiosis：New Strategies for Risk Visualization and Dietary Intervention**
**腸内細菌叢の異常から紐解く MCI リスク：その可視化と食事介入による新戦略**
Kouta Hatayama（Team Leader, Principal Researcher, Research and Analysis Dept., R&D Div., Research and Analysis Office, Symbiosis Solutions Inc.）
畑山耕太（シンバイオシス・ソリューションズ株式会社　研究開発本部　調査・研究部　調査・研究室　チームリーダー　主幹研究員）

共催：シンバイオシス・ソリューションズ株式会社

## Keynote Lecture
## 基調講演

November 19 (Thu.) 12:50～13:50
Fukuoka International Congress Center 5F Conference Room 501

### Prospects for the Development of Long-Term Care Systems and Services for Older Persons in Indonesia

Chair：Tetsuya NAKAMURA（CEO, IMS Group）
中村哲也（IMS グループ板橋中央病院　理事長）

KL Maria Endang Sumiwi（Director General of Primary and Community Health, Ministry of Health of the Republic of Indonesia/インドネシア共和国保健省　基礎・地域保健総局長）

## Symposium 1
## シンポジウム 1

November 19 (Thu.) 14:00～18:00
Fukuoka International Congress Center 5F Conference Room 501

# Current Status of Long-Term Care in Japan, Korea, and China
# 各国の慢性期医療の状況

Chair：Kentaro Nakao（Director, IMS Yokohama Higashi-totsuka General Rehabilitation Hospital)
中尾健太郎（イムス横浜東戸塚総合リハビリテーション病院　院長）

### Invited Lecture 1（Japan)
### 招待講演 1（日本）

IL1 Chronic Care Medicine in Japan
Yasuko Hashimoto（President, Japan Association of Medical and Care Facilities)

### Invited Lecture 2（Korea)
### 招待講演 2（韓国）

IL2 The Present and Future of Long-Term Care Medicine in Korea：Toward a Sustainable Model in a Super-Aged Society
HA CHANG YOUNG（CEO, Director, PYEONGTAEK SAMSUNG HOSPITAL)

### Invited Lecture 3（Korea)
### 招待講演 3（韓国）

IL3 The Present and Future of Rehabilitation in Korea
KANG SHIN WOO（Hospital Director, The Myungpum Rehabilitation Hospital)

### Invited Lecture 4（Korea)
### 招待講演 4（韓国）

IL4 From Bed to Home：A Seamless Continuum of Hip Fracture Rehabilitation and Home-Visit Care
KIM EUN YOUNG（Medical Director, Pogeunhan Rehabilitation Hospital)

### Invited Lecture 5（China)
### 招待講演 5（中国）

IL5 AI in the Management of Chronic Diseases in China Outlook
Gao Yongjun（Hospital Director, Nantong City Rugao Construction Hospital)

### Discussion
### ディスカッション

# November 20 (Fri.)

Symposium 2
シンポジウム 2

November 20 (Fri.) 9:00～12:00
Fukuoka International Congress Center 5F Conference Room 501

## Foreign Workers in Japan's Healthcare and Long-Term Care Sectors
## 「日本における外国人人材の受入と就業状況」

Chair：Yoshihiro Takaishi（Chairman & Hospital Director, Hojo Hospital, Jujinkai Medical Corporation）
髙石義浩（医療法人社団　樹人会　北条病院　理事長、第 7 回アジア慢性期医療学会　大会長）

S2-KL1 **Systems for Acceptance of Foreign Care Workers and Status of Operation**
**外国人介護人材の受入れ制度と運用状況**
Hiroya Yaguchi（Director, Support Department for Foreign Care Workers, Japan International Corporation of Welfare Services (JICWELS)）
矢口浩也（公益社団法人　国際厚生事業団　外国人介護人材受入支援部長）

S2-KL2 **長期介護従事者の日本での配置に関するインドネシアの政策～日本でのインドネシア人長期介護従事者の貢献と成果と医療専門職や長期介護従事者の教育・研修に関する政策～**
Jeffri Ardiyanto（Director of Health Human Resources Deployment, Ministry of Health, Republic of Indonesia）
（インドネシア共和国保健省　保健医療人材配置局長）

S2-1 **Current Status and Challenges of Integrating Foreign Care Workers：Seeking Mutually Fulfilling Collaboration through Group Support and Field Practice**
**外国人介護人材受け入れの現状と課題―グループ支援と現場実践を通じた「双方に心豊かな」協働への模索―**
Keiko Inomata（Director of Care Department, Nursing Department, IMS Group Secretariat）
猪股恵子（IMS（イムス）グループ本部事務局　看護部　介護部長）

S2-2 **Work and Life as a Foreign Care Worker：From an EPA Care Worker to an Assistant Supervisor**
**外国人介護職員としての仕事と生活―EPA 介護職員から副主任への歩み―**
Flores, Sandra Jerusalem（Assistant Supervisor, Saitama Royal Care Center）
フロレス　サンドラ　ジェルサレム（埼玉ロイヤルケアセンター　副主任・介護福祉士）

S2-3 Promoting Sustainable Employment and Professional Development among Foreign Care Workers：A Prospective of Mental Well-Being and Career Development

外国人介護職の定着と成長を支える―精神的健康とキャリア形成の視点から―

Yuko O. Hirano（Professor, Nagasaki University Institute of Biomedical Sciences, Japan）

平野裕子（長崎大学生命医科学域保健学系　教授）

# ACMCF Luncheon Seminar
# アジア慢性期医療学会ランチョンセミナー

## Detecting and Preventing Dementia Early：A Novel Approach to Chronic Care via Gut Microbiota Testing

## 認知症になる前に見つける・防ぐ～腸内細菌叢検査で実現する慢性期医療の新たなアプローチ～

◆Date and Time：November 19 (Thu.) 11:50 ~ 12:40

| | | |
|---|---|---|
| ◆Chair： | Naoki Saji | National Center for Geriatrics and Gerontology, Center for Comprehensive Care and Research on Memory Disorders, Director |
| | 佐治　直樹 | 国立長寿医療研究センター　もの忘れセンター　副センター長 |
| ◆Speaker： | Kouta Hatayama | Team Leader, Principal Researcher, Research and Analysis Dept., R&D Div., Research and Analysis Office, Symbiosis Solutions Inc. |
| | 畑山　耕太 | シンバイオシス・ソリューションズ株式会社　研究開発本部　調査・研究部　調査・研究室　チームリーダー　主幹研究員 |

# ACMCF Luncheon Seminar Biography
# アジア慢性期医療学会ランチョンセミナー　略歴

**Chair**

## Naoki Saji
## 佐治　直樹

National Center for Geriatrics and Gerontology, Center for Comprehensive Care and Research on Memory Disorders, Director
国立長寿医療研究センター　もの忘れセンター　副センター長

### Biography

| | |
|---|---|
| **1999** | Graduated from Gifu University School of Medicine |
| **1999** | Completed postgraduate training in Internal Medicine and Neurology at Gifu University Hospital and affiliated hospitals |
| **2003** | Staff Neurologist/Chief Neurologist, Department of Neurology, Hyogo Brain and Heart Center at Himeji |
| **2007** | Entered the Graduate School of Medicine, Kobe University |
| **2011** | Assistant Professor/Associate Professor, Department of Stroke Medicine, Kawasaki Medical School |
| **2015** | Chief Physician/Deputy Director, Center for Comprehensive Care and Research on Memory Disorders, National Center for Geriatrics and Gerontology（NCGG） |
| **2023** | Assistant Counsellor, Secretariat of Healthcare Policy, Cabinet Office, Government of Japan |
| **2025** | Director/Deputy Director, Center for Comprehensive Care and Research on Memory Disorders, National Center for Geriatrics and Gerontology（NCGG） |

### 略歴

| | |
|---|---|
| 1999年 | 岐阜大学医学部卒業 |
| 1999年 | 岐阜大学病院/関連病院において内科・神経内科を研修 |
| 2003年 | 兵庫県立姫路循環器病センター　神経内科　医員/医長 |
| 2007年 | 神戸大学大学院医学系研究科　大学院課程 |
| 2011年 | 川崎医科大学脳卒中医学教室　特任講師/特任准教授 |
| 2015年 | 国立長寿医療研究センター　もの忘れセンター　医長/副センター長 |
| 2023年 | 内閣府 健康・医療戦略推進事務局　参事官補佐 |
| 2025年 | 国立長寿医療研究センター　もの忘れセンター　特命部長/副センター長 |
| 2026年 | |

Speaker


## Kouta Hatayama
## 畑山　耕太

Team Leader, Principal Researcher, Research and Analysis Dept., R&D Div., Research and Analysis Office, Symbiosis Solutions Inc.
シンバイオシス・ソリューションズ株式会社　研究開発本部　調査・研究部　調査・研究室　チームリーダー　主幹研究員


### Biography

Research Fields：Gut Microbiota, Microbiology

Dr. Kouta Hatayama received his Ph.D. in Integrative Environmental Science from the Graduate School of Life and Environmental Sciences, University of Tsukuba in 2006. After serving as an AIST Special Researcher at the National Institute of Advanced Industrial Science and Technology（AIST）and a Postdoctoral Researcher at Ritsumeikan University, he joined Sagami Chemical Research Institute in 2008, where he served as Group Leader of the Applied Biochemistry Group from 2017. In October 2022, he joined Symbiosis Solutions Inc., continuing research on microbiology and gut microbiota.

### 略歴

専門分野：腸内細菌叢、微生物学

2006 年筑波大学大学院生命環境科学研究科修了、博士（生命共存科学）。同年、産業技術総合研究所 産総研特別研究員。立命館大学ポスドク研究員を経て、2008 年公益財団法人相模中央化学研究所に入所、2017 年より同研究所生命化学グループリーダーを務める。2022 年 10 月よりシンバイオシス・ソリューションズ株式会社に入社。長年にわたり微生物および腸内細菌叢の研究に従事している。

# LS

# Assessing MCI Risk Through Gut Dysbiosis：New Strategies for Risk Visualization and Dietary Intervention

Team Leader, Principal Researcher, Research and Analysis Dept., R&D Div., Research and Analysis Office, Symbiosis Solutions Inc.

**Kouta Hatayama**

With rapid societal aging, early detection and intervention for Mild Cognitive Impairment (MCI) are critical in chronic care. Advances in gut-brain axis research highlight the pivotal role of gut dysbiosis in cognitive decline. Based on our latest research, this seminar presents practical strategies for MCI risk evaluation and personalized nutritional intervention.

First, we outline dysbiotic patterns characteristic of individuals with MCI identified via 16S rRNA amplicon sequencing and discuss potential mechanisms linked to cognitive decline. Based on microbiome data, a predictive model was developed to non-invasively visualize and quantify MCI risk levels previously difficult to assess objectively.

Second, we present human intervention trial data on the effects of specific foods—Tamogitake mushroom (Pleurotus cornucopiae var. citrinopileatus), Moringa oleifera Lam. leaves, and rice bran—on gut microbiota modulation and cognitive function. Results showed that individual cognitive responses (responders vs. non-responders) depend on baseline gut microbiota composition, indicating that pre-assessment enables targeted dietary interventions for efficient, reproducible cognitive management.

Finally, we introduce gut microbiota testing services for clinical and general use. Utilizing sex-specific analysis accounting for microbiome differences between males and females, this stool-based test evaluates multi-disease risks, including MCI, and provides tailored dietary recommendations. We outline practical applications of objective risk assessment and personalized care in routine practice and preventive medicine.

# LS

# 腸内細菌叢の異常から紐解くMCIリスク：その可視化と食事介入による新戦略

シンバイオシス・ソリューションズ株式会社　研究開発本部　調査・研究部　調査・研究室チームリーダー　主幹研究員

**畑山　耕太**

超高齢化社会を迎えた我が国において、認知症の前段階である軽度認知障害（MCI）の早期発見および介入による進行予防は、医療・介護分野における最重要課題の一つである。近年の「腸脳相関（Gut-Brain Axis）」研究の進展により、腸内細菌叢のバランス崩壊（ディスバイオシス）が脳機能や認知機能の低下と深く関連していることが明らかになってきた。本講演では、腸内細菌叢と MCI リスクとの関連性について演者らの最新の研究成果を概説するとともに、個別化された認知機能改善アプローチの実践的な戦略について提示する。

まず、腸内細菌叢の 16S rRNA アンプリコン解析等を通じて明らかとなった MCI 患者に特徴的な腸内細菌叢のディスバイオシス構造と、脳機能低下との関連性やメカニズム仮説について解説する。これを基盤として構築されたリスク予測モデルは、得られた腸内細菌叢データの解析に基づき、従来は客観的な把握が困難であった MCI リスクの高低を非侵襲的に数値化・可視化することを可能にした。

さらに、特定食品（タモギタケ、モリンガ、米ぬか）の摂取が腸内細菌叢の構成に与える影響と、それに伴う認知機能改善効果に関する臨床介入データを紹介する。研究結果からは、食品介入による効果の現れ方（レスポンダー/ノンレスポンダー）に個人差が存在し、その差異は食品摂取前の個別的な腸内細菌叢の構成に依存することが示された。すなわち、あらかじめ対象者の腸内細菌叢の特徴を把握し、相性の良い特定食品を選択・介入することで、より効率的かつ再現性の高い認知機能の維持・改善アプローチが期待できる。

最後に、こうした知見を臨床およびヘルスケアの現場へ導入するための社会実装の取り組みとして、医療機関向け・一般向けの腸内細菌叢検査サービスを紹介する。本サービスでは、腸内細菌叢の性差を踏まえた男女別解析により、便検体から MCI をはじめとする多角的な疾病リスクを評価し、リスクに応じた推奨食品の提案を可能としている。本講演を通じて、日常診療や予防医療における客観的リスク評価と個別化ケアの実践的活用法について概説する。

# Keynote Lecture
# 基調講演

## Prospects for the Development of Long-Term Care Systems and Services for Older Persons in Indonesia

◆Date and Time：November 19 (Thu.) 12:50 ~ 13:50

| | | |
|---|---|---|
| ◆Chair： | Tetsuya NAKAMURA | CEO, IMS Group |
| | 中村　哲也 | IMS グループ板橋中央病院　理事長 |
| ◆Speaker： | Maria Endang Sumiwi | Director General of Primary and Community Health, Ministry of Health of the Republic of Indonesia/インドネシア共和国保健省　基礎・地域保健総局長 |

# Keynote Lecture Biography

**Chair**

## Tetsuya NAKAMURA
## 中村　哲也

CEO, IMS Group

### Biography

POSITION TITLE

CEO, IMS Group
Chairman, MEIHOUKAI medical corporation
Chairman, MEIRIIKAI medical corporation foundation
Chairman, MEISEIKAI medical corporation
Chairman, SANAIKAI medical corporation
Chairman, MEITOUKAI social welfare corporation
Chairman, Asia Association of Medical and Care facilities
Director, Japan Association of Medical and Care facilities
Director, Japan Hospital Federation

EDUCATION/TRAINING/INSTITUTION AND LOCATION

| | |
|---|---|
| Mar, 1983 | Graduate from Teikyo University, school of Medicine |
| Jun, 1983 | Entrance at Teikyo University the second internal medicine |
| Apr, 1990 | Duty, Itabashi Chuo Medical Center |
| Mar, 1990 | Ph.D. in angiocardiology |

POSITIONS

| | |
|---|---|
| Apr, 1991-Jun, 2007 | Director, Itabashi Chuo Medical Center |
| Apr, 2004-Mar, 2025 | Principal, Itabashi Chuo Nursing School |
| Jul, 2006- | Chairman, MEIHOUKAI medical corporation |
| Jul, 2006- | Chairman, MEIRIIKAI medical corporation foundation |
| Jul, 2006- | Chairman, MEISEIKAI medical corporation |
| Jul, 2006- | Chairman, SANAIKAI medical corporation |
| Apr, 2009-Mar, 2019 | Principal, IMS Yokohama International Nursing school |
| Sep, 2010- | Chairman, MEITOUKAI social welfare corporation |
| Apr, 2019- | CEO, IMS Group |
| Jun, 2026- | Chairman, Japan Hospital Federation |

## 略歴

＜職位＞

IMS グループ　理事長
医療法人社団明芳会　理事長
医療法人財団明理会　理事長
医療法人社団明生会　理事長
医療法人三愛会　理事長
社会福祉法人明東会　理事長
アジア慢性期医療協会　理事長
日本慢性期医療協会　常任理事
一般社団法人全国公私病院連盟　会長

＜学歴＞

| | |
|---|---|
| 1983年3月 | 帝京大学医学部　卒業 |
| 1983年6月 | 帝京大学医学部　第２内科入局 |
| 1990年4月 | 医療法人社団明芳会板橋中央総合病院 入職 |
| 1990年5月 | 医学博士　取得 |

＜職歴＞

| | |
|---|---|
| 1991年4月～2007年6月 | 医療法人社団明芳会板橋中央総合病院　院長 |
| 2004年4月～2025年3月 | 板橋中央看護専門学校　校長 |
| 2006年7月～ | 医療法人社団明芳会　理事長 |
| 2006年8月～ | 医療法人財団明理会　理事長 |
| 2006年9月～ | 医療法人社団明生会　理事長 |
| 2006年10月～ | 医療法人三愛会　理事長 |
| 2009年4月～2019年3月 | イムス横浜国際看護専門学校　校長 |
| 2010年9月～ | 社会福祉法人明東会　理事長 |
| 2019年10月～ | IMS グループ　会長 |
| 2026年6月～ | 一般社団法人全国公私病院連盟　会長 |

**Speaker**

# Maria Endang Sumiwi

## Director General of Primary and Community Health, Ministry of Health of the Republic of Indonesia/インドネシア共和国保健省　基礎・地域保健総局長

## Biography

**dr. Maria Endang Sumiwi, MPH** is the Director General for Primary Care and Community Health at the Ministry of Health of the Republic of Indonesia. She has extensive experience in public health, health systems, and primary health care, with a career spanning government, international organizations, and research institutions.

dr. Maria received her medical degree from Universitas Gadjah Mada, Indonesia, and a Master of Science in Public Health from Umeå University, Sweden. Her previous professional experience includes work with Médecins Sans Frontières, UNICEF Indonesia, the World Health Organization, and the Eijkman Institute for Molecular Biology.

# KL

# Prospects for the Development of Long-Term Care Systems and Services for Older Persons in Indonesia

Director General of Primary and Community Health, Ministry of Health of the Republic of Indonesia/インドネシア共和国保健省　基礎・地域保健総局長

**Maria Endang Sumiwi**

Indonesia is experiencing rapid population ageing, increasing the need for long-term care（LTC）systems and services to support older persons with declining functional capacity and varying levels of dependency. In 2025, approximately 34 million people, or 11.93% of Indonesia's population, were aged 60 years or older, and this proportion is projected to reach approximately 20% by 2045. According to the 2023 Indonesian Health Survey（SKI）, 2.8% of older persons experience moderate, severe, or total dependency and require LTC. However, only 22.4% of older persons identified as requiring LTC have received these services, highlighting a gap in service coverage.

Indonesia has established a foundation for LTC delivery through primary health care（PHC）, with 7,222 Puskesmas（69.9%）providing LTC services and 9,174 implementing the Integrated Primary Health Care（ILP）approach. Current efforts include functional and geriatric screening through the national Free Health Check-Up programme, the development of older-person-friendly PHC, integrated geriatric services, and PHC-led LTC. Within this framework, health workers and community cadres identify older persons requiring support, while PHC teams assess their health and functional needs, coordinate care plans, provide follow-up, and facilitate referrals when needed.

Family caregivers remain central to LTC provision. Children account for 62.9% of caregivers, followed by spouses（14.3%）and siblings or in-laws（8.5%）. This highlights the importance of strengthening support for family caregivers alongside formal services and improving coordination between health and social care.

Moving forward, ILP offers an opportunity to strengthen continuity of care through primary health care, community networks, and home visits. Advancing an integrated and sustainable LTC system will require stronger cross-sectoral coordination, caregiver capacity, accessible service models responsive to different levels of dependency, and sustainable financing. These efforts are essential to supporting older persons in maintaining functional ability, dignity, and quality of life.

**Keywords**：Long-term care；older persons；population ageing；Integrated Primary Health Care；community-based care；Indonesia.

# Symposium 1
# シンポジウム 1

## Current Status of Long-Term Care in Japan, Korea, and China
## 各国の慢性期医療の状況

◆Date and Time：November 19 (Thu.) 14:00 ~ 18:00

◆Chair：

| | |
|---|---|
| Kentaro Nakao | Director, IMS Yokohama Higashi-totsuka General Rehabilitation Hospital |
| 中尾　健太郎 | イムス横浜東戸塚総合リハビリテーション病院　院長 |

◆Speaker：

| | |
|---|---|
| Yasuko Hashimoto | President, Japan Association of Medical and Care Facilities |
| HA CHANG YOUNG | CEO, Director, PYEONGTAEK SAMSUNG HOSPITAL |
| KANG SHIN WOO | Hospital Director, The Myungpum Rehabilitation Hospital |
| KIM EUN YOUNG | Medical Director, Pogeunhan Rehabilitation Hospital |
| Gao Yongjun | Hospital Director, Nantong City Rugao Construction Hospital |

# Symposium 1 Biography

**Chair**

## Kentaro Nakao

Director, IMS Yokohama Higashi-totsuka General Rehabilitation Hospital

### Biography

| | |
|---|---|
| **Mar. 1989** | Graduated from Showa University School of Medicine |
| **May 1989** | Joined the Department of Surgery, Showa University School of Medicine |
| **Dec. 1994** | Obtained a Doctor of Philosophy（Ph.D.）in Medicine<br>Effect of Splenectomy in 1,2-dimethylhydrazine-induced Colon Cancer in Rats. |
| Apr. 1995 – Oct. 1995 | Domestic Research Fellow, Iwate Medical University |
| Sep. 1999 – Mar. 2002 | Research Fellow, UCSF Cancer Center（USA） |
| Subsequent Positions | Served at Showa University Toyosu Hospital（Surgery）, Tokyo Seamen's Insurance Hospital（Surgery）, Kikuna Memorial Hospital（Surgery）, Makita General Hospital（Chief of Surgery）, and Yamanashi Red Cross Hospital（chief surgeon） |
| **May, 2008** | Assistant Professor, Department of Gastroenterological and General Surgery, Showa University School of Medicine |
| **Mar. 2011** | Resigned from Showa University |
| Subsequent Positions | Served as Surgery department at Social Insurance Central General Hospital and Meirikai Central General Hospital |
| **Jul. 2014** | Chief of the Department of General Medicine（Surgery）, Shin-Totsuka Hospital |
| **Jan. 2016** | Vice Director, Shin-Totsuka Hospital |
| **Oct. 2021** | Director, Shin-Totsuka Hospital |
| Apr. 2022 – Present | Director, IMS Yokohama Higashi-Totsuka General Rehabilitation Hospital（Renamed from Shin-Totsuka Hospital） |

Speaker


# Yasuko Hashimoto

President, Japan Association of Medical and Care Facilities
Chairman, Wafukai Medical Corporation
Chairman, Tokujukai Social Welfare Corporation
Chairman, Fukujukai Social Welfare Corporation
Doctor of Medical Science


## Biography

### Education and Career

| | |
|---|---|
| 1981 | Graduated from the School of Medicine, Nagoya Health University (now Fujita Health University) |
| 1981 | Joined the First Department of Internal Medicine, Kagawa Medical University (now the Faculty of Medicine, Kagawa University) |
| 1985 | Joined the Indiana University Cancer Research Institute, USA |
| 1988 | Joined Wafukai-Hashimoto Hospital |
| 2000 | Appointed Chairman of Wafukai Medical Corporation |
| 2007 | Established Senri Rehabilitation Hospital, Wafukai Medical Corporation |
| 2020 | Established Senri Rehabilitation Clinic Tokyo, Wafukai Medical Corporation |

### Professional Appointments

- Chairman, Chronic Stage Rehabilitation Association
- Steering Committee Member, National Study Group on the Abolition of Physical Restraints
- Chairman, Kagawa Study Group on the Abolition of Physical Restraints
- Chairman, Kagawa Women Physicians' Association
- Member, Long-Term Care Insurance Subcommittee, Social Security Council, Ministry of Health, Labour and Welfare
- Member, Expert Committee on Reducing the Burden of Documentation in the Long-Term Care Field, Long-Term Care Insurance Subcommittee, Social Security Council, Ministry of Health, Labour and Welfare
- Director, Japanese Association of Community Healthcare
- Director, Japan Society of Community-Based Integrated Care
- Advisor, Home Medical Care Political Federation
- Director, The Japanese Organization for Education and Certification of Rehabilitation Medicine
- Member, Hospital Committee, Japan Medical Association
- Councilor, Japan National Council of Social Welfare
- Member, Review Committee for the Research Study on Promoting Team-Based Care to Prevent and Reduce Behavioral and Psychological Symptoms of Dementia (BPSD)
- Director, Osaka Association of Medical and Care Facilities

## HA CHANG YOUNG

### CEO, Director, PYEONGTAEK SAMSUNG HOSPITAL

**Biography**

- KyoungPook National University, School of Medicine
- Aju university hospital, Residency of Internal Medicine
- Samsung Medical Center, Fellow of Department of Endocrinology and Metabolism
- CEO and Director of Pyeongtaek Samsung Hospital
- Executive Director of Korea Association for Medical and Care Facilities

## KANG SHIN WOO

### Hospital Director, The Myungpum Rehabilitation Hospital

**Biography**

- Bachelor's Degree, Korea University
- Master's Degree, CHA School of Medicine
- Residency Training in Internal Medicine, Samsung Medical Center
- Hospital Director, The Myungpum Rehabilitation Hospital

## KIM EUN YOUNG

### Medical Director, Pogeunhan Rehabilitation Hospital

**Biography**

- M.D., College of Medicine, The Catholic University of Korea
- Residency in Physical Medicine and Rehabilitation, National Rehabilitation Center
- Clinical Fellow, Seoul National University Bundang Hospital
- Clinical Assistant Professor, Catholic University of Korea Uijeongbu St. Mary's Hospital
- Medical Director, Pogeunhan Rehabilitation Hospital

## Gao Yongjun

### Hospital Director, Nantong City Rugao Construction Hospital

**Biography**

- President, Nantong City Rugao Construction Hospital
- Chairman, Rugao Ciai Nursing Home
- Chairman, Nantong Renci Rehabilitation Nursing Co., Ltd.,
- Chairman, Nantong Yongyi Yizier Health Technology Co., Ltd.,

# IL 1

# Chronic Care Medicine in Japan

President, Japan Association of Medical and Care Facilities
**Yasuko Hashimoto**

Japan is experiencing the most rapid population aging in the world. More than one-quarter of its population is now aged 65 years or older, resulting in a substantial increase in the number of individuals living with chronic diseases, functional impairment, frailty, dementia, and multiple comorbidities. In response to these demographic changes, chronic care medicine has become an essential component of the Japanese healthcare system. Unlike acute care, which primarily focuses on curing disease, chronic care medicine aims to support patients throughout the later stages of illness by maintaining health, preserving functional ability, and improving quality of life while respecting each individual's dignity and personal values.

The scope of chronic care medicine extends far beyond the management of chronic diseases. It encompasses comprehensive medical care for older adults with stroke sequelae, heart failure, chronic respiratory diseases, neurodegenerative disorders, dementia, severe disabilities, and patients requiring long-term medical interventions such as enteral nutrition, tracheostomy care, or mechanical ventilation. Patients receiving palliative and end-of-life care are also an important part of this population. Rather than focusing solely on disease control, chronic care medicine emphasizes optimizing patients' physical, cognitive, psychological, and social well-being.

A defining characteristic of chronic care medicine in Japan is its multidisciplinary approach. Physicians, nurses, rehabilitation therapists, dietitians, pharmacists, dentists, dental hygienists, medical social workers, care managers, and long-term care professionals work together to provide coordinated, patient-centered care. Rehabilitation is regarded as an integral component of medical treatment rather than an optional service. Early and continuous rehabilitation, combined with appropriate nutritional management and oral healthcare, plays a crucial role in preventing frailty, sarcopenia, aspiration pneumonia, and prolonged bedridden conditions. The ultimate goal is to maximize each patient's functional independence and enable the highest possible level of participation in daily life.

Another important feature is the close integration of healthcare and long-term care services. Since the introduction of the Long-Term Care Insurance system in 2000, Japan has promoted seamless collaboration between hospitals, community healthcare providers, and long-term care facilities. This policy has evolved into the Community-based Integrated Care System, which aims to ensure that older adults can continue living safely and independently in familiar communities while receiving appropriate medical, nursing, preventive, and social support. Chronic care medicine plays a central role in achieving this goal by facilitating smooth transitions from hospital to home and coordinating long-term support across multiple care settings.

Despite its achievements, chronic care medicine in Japan faces numerous challenges. The rapidly growing older population has increased demand for healthcare professionals, while workforce shortages continue to worsen. Rising medical expenditures, inflation, and increasing labor costs have placed significant financial pressure on healthcare institutions, yet reimbursement systems have not always kept pace with these economic realities. Furthermore, advances in digital health, artificial intelligence, and integrated data management present both opportunities and challenges for improving the quality and efficiency of chronic care.

Looking ahead, chronic care medicine will become increasingly important not only for Japan but also for many countries facing population aging. Its mission extends beyond prolonging survival to supporting patients in living meaningful lives with dignity, maximizing functional ability, preventing unnecessary disability, and respecting individual preferences throughout the continuum of care. In this sense, chronic care medicine represents a transition from a healthcare model centered solely on curing disease to one that equally values healing, supporting, and enabling people to live well despite chronic illness.

# IL2

# The Present and Future of Long-Term Care Medicine in Korea：Toward a Sustainable Model in a Super-Aged Society

CEO, Director, PYEONGTAEK SAMSUNG HOSPITAL
**HA CHANG YOUNG**

Introduction and Purpose
Korea entered a super-aged society in 2025, with people aged 65 years and older accounting for more than 20% of the total population. Rapid population aging is accompanied by increasing multimorbidity, functional decline, and long-term needs for medical care and supportive services. This demographic transition requires a fundamental reconsideration of the role and structure of long-term care medicine in Korea. This presentation examines the current status and major challenges of Korea's chronic care system and proposes a sustainable model for a super-aged society.
Current Status and Challenges
Long-term care hospitals in Korea currently serve a heterogeneous population, ranging from patients requiring continuous medical management after acute illness to those primarily requiring rehabilitation, assistance with activities of daily living, and long-term supportive care. This functional overlap makes it difficult to ensure appropriate medical care for patients with high medical complexity while simultaneously promoting timely transition of patients with lower medical needs to rehabilitation, long-term care, or community-based services.
In addition, functional linkages among long-term care hospitals, long-term care facilities, rehabilitation services, and community-based care remain insufficient. As a result, patients may experience fragmented care, unnecessary institutionalization, or inappropriate transitions between healthcare and social care settings. The central challenge is therefore not simply the number of long-term care beds, but whether patients receive the right care in the right setting according to their medical and functional needs.
Conclusion and Implications
Korea's long-term care policy should shift from a simple bed-reduction approach toward functional differentiation and patient-centered continuity of care. Long-term care hospitals should strengthen their role as appropriate medical settings for patients with high medical complexity and ongoing treatment needs, while patients with lower medical needs should be supported through rehabilitation, long-term care services, and community-based care.
A sustainable Korean chronic care model should establish an integrated continuum from acute care to rehabilitation, medical chronic care, long-term care, and community care, with clearly defined functions and effective transitions between levels of care. Such a model can improve patient safety and quality of care, reduce unnecessary institutionalization, and promote more efficient use of healthcare resources in a super-aged society.
Keywords：super-aged society；long-term care medicine；long-term care hospitals；functional differentiation；continuity of care；community-based care.

# IL3

# The Present and Future of Rehabilitation in Korea

Hospital Director, The Myungpum Rehabilitation Hospital
**KANG SHIN WOO**

Korea entered a super-aged society in 2025, when adults aged 65 and over reached 20.3% of the population — projected to reach 40% by 2050. Per-capita medical expenditure in this group is about KRW 5.31 million, roughly three times the national average, and cerebrovascular disease patients rose 21.1% between 2018 and 2022 while related expenditure rose 29.7%, fastest among those aged 80 and over. A larger older population therefore means a pool of patients with functional decline expanding at the same pace ; where no system is accountable for functional recovery after discharge, medical spending and caregiving burden rise together, and discharge without recovery becomes the beginning of long-term care.

Designated convalescent rehabilitation hospitals expand from 53 to 71 institutions in the third term (March 2026 – February 2029), yet they cover only the first phase of recovery. Two policy changes now reshape where patients go next ; nationwide rollout of Integrated Community Care across 229 municipalities from 27 March 2026, and reform of medically focused long-term care hospitals in the second half of 2026. Both disperse patients toward long-term care hospitals, nursing homes, long-term care insurance and home — precisely the settings where rehabilitation is currently weakest.

The gap is structural. Inpatient care accounts for 81% of rehabilitation service use versus 19% for outpatient and day-hospital care ; home-visit rehabilitation is deferred to Stage 2 of integrated care ; chronic-phase reimbursement in long-term care hospitals is capped at two years from onset with narrowing items and frequency, shifting the goal from recovery to maintenance ; and rehabilitation access within nursing homes remains limited. For these patients, an interruption in rehabilitation allows functional decline and caregiving burden to accumulate, ending in readmission or long-term institutional stay. Conversely, when rehabilitation continues through the long-term care hospital, home and facility stages, patients retain the function already gained and can still realise remaining recovery potential — contributing directly to return to daily life and to reduced caregiving burden. This is why rehabilitation must be strengthened in exactly these settings, so that continuity is preserved.

Therefore proposing standardised screening of rehabilitation need after admission and before discharge ; adding rehabilitation need to patient classification so that long-term care hospitals serve as an intermediate stage of functional recovery ; a new coverage package bridging the period immediately after discharge ; pre-discharge linkage planning with the next pathway arranged before the patient leaves ; expansion of home-visit rehabilitation within Stage 2 of integrated care, bundled with home nursing, housing modification, transport and caregiver support ; and outcome measures — home-discharge rate, readmission, functional improvement and caregiver burden — that verify return to daily life.

# IL4

# From Bed to Home：A Seamless Continuum of Hip Fracture Rehabilitation and Home-Visit Care

Medical Director, Pogeunhan Rehabilitation Hospital
**KIM EUN YOUNG**

Background：Hip fracture in older adults carries substantial mortality and functional decline and represents a sentinel event rather than a simple orthopedic injury. Nationwide Korean cohort data show approximately 20% one-year and 43.8% five-year mortality after hip fracture surgery, a risk 2.85 times higher than an age-matched general population, and 40 to 60% of survivors never regain their pre-fracture level of mobility. Unlike stroke or spinal cord injury, where rehabilitation gradually improves a largely fixed trajectory, hip fracture rehabilitation itself determines the trajectory of recovery.
Objective：To describe an evidence-based, system-level continuum of care, from acute surgery through inpatient rehabilitation to home-visit rehabilitation, that improves community reintegration after hip fracture, and to illustrate this continuum with institutional experience and a real patient case in Korea.
Methods：International clinical practice guidelines（AAOS 2021, NICE CG124, the Fragility Fracture Network's Global Call to Action 2018, and APTA/JOSPT 2021） were reviewed and compared with the current status of hip fracture care in Korea, including a national pilot program for designated rehabilitation medical institutions running since 2017 and now in its third phase. Institutional data from a hospital performing both inpatient and home-visit rehabilitation stages of this continuum are presented alongside a documented patient case, pre- to post-rehabilitation Berg Balance Scale and Modified Barthel Index scores, and home-visit rehabilitation video footage. Korean nationwide long-term-care survey and health-insurance claims data were reviewed to quantify caregiver and national economic burden.
Results：Major international guidelines converge on early surgery within 24 to 48 hours, early mobilization, and interdisciplinary orthogeriatric care. Korea's rehabilitation medical institution pilot program has expanded steadily, from 45 to 53 to 71 hospitals across three phases, and now formally includes home-visit rehabilitation. The presented patient case demonstrated substantial functional gains, Berg Balance Scale improving from 5 to 27 and Modified Barthel Index from 41 to 84, over an approximately 60-day inpatient rehabilitation course. Caregiver burden and national healthcare costs both rise sharply when patients fail to regain independence.
Conclusion：A seamless continuum connecting acute care, inpatient rehabilitation, and home-visit rehabilitation, rather than any single stage in isolation, determines whether hip fracture patients return home. This continuum depends on system-level infrastructure, not individual clinical effort alone, a lesson reinforced by both international evidence and personal caregiving experience.

# IL5

# AI in the Management of Chronic Diseases in China Outlook

Hospital Director, Nantong City Rugao Construction Hospital
**Gao Yongjun**

The stark contrast between the daunting reality of over 300 million patients with a disease control rate of less than 20%, and the vast market opportunity valued at RMB 336.8 billion.
The Panorama of AI in China and Its Technological Foundatio.
Three Core Categories of AI in Chronic Disease Management.
The Coordinated Evolution of Technology, Services, and Payment, Alongside Four Major Practical Challenges：Data, Compliance, Adherence, and Payment.

# Symposium 2
# シンポジウム 2

## Foreign Workers in Japan's Healthcare and Long-Term Care Sectors
## 「日本における外国人人材の受入と就業状況」

◆Date and Time：November 20 (Fri.) 9:00 ~ 12:00

| | | |
|---|---|---|
| ◆Chair： | Yoshihiro Takaishi | Chairman & Hospital Director, Hojo Hospital, Jujinkai Medical Corporation |
| | 髙石　義浩 | 医療法人社団　樹人会　北条病院　理事長、第 7 回アジア慢性期医療学会　大会長 |
| ◆Speaker： | Hiroya Yaguchi | Director, Support Department for Foreign Care Workers, Japan International Corporation of Welfare Services（JICWELS） |
| | Jeffri Ardiyanto | Director of Health Human Resources Deployment, Ministry of Health, Republic of Indonesia |
| | Keiko Inomata | Director of Care Department, Nursing Department, IMS Group Secretariat |
| | Flores, Sandra Jerusalem | Assistant Supervisor, Saitama Royal Care Center |
| | Yuko O. Hirano | Professor, Nagasaki University Institute of Biomedical Sciences, Japan |
| ◆演者： | 矢口　浩也 | 公益社団法人　国際厚生事業団　外国人介護人材受入支援部長 |
| | Jeffri Ardiyanto | インドネシア共和国保健省　保健医療人材配置局長 |
| | 猪股　恵子 | IMS（イムス）グループ本部事務局　看護部　介護部長 |
| | フロレス　サンドラ　ジェルサレム | 埼玉ロイヤルケアセンター　副主任・介護福祉士 |
| | 平野　裕子 | 長崎大学生命医科学域保健学系　教授 |

# Symposium 2 Biography
# シンポジウム 2　略歴

**Chair**


## Yoshihiro Takaishi
## 髙石　義浩

Chairman & Hospital Director, Hojo Hospital, Jujinkai Medical Corporation　Matsuyama, Ehime, Japan

医療法人社団　樹人会　北条病院　理事長・院長/医学博士


### Biography

Professional Summary

Senior physician and healthcare executive with extensive leadership experience in hospital administration, chronic care medicine, and regional healthcare governance. Over four decades of clinical and organizational expertise spanning surgical practice, hospital management, and national-level professional associations. Actively engaged in advancing chronic care systems, international collaboration, and policy development within Japan's healthcare sector.

Education & Training

M.D., Okayama University School of Medicine（1985）
Ph.D. in Medicine（1994）
Surgical Residency & Fellowship, First Department of Surgery, Okayama University（1985–）
Advanced Surgical Training, Second Department of Surgery, Tokushima University（1994–）

Professional Appointments

| | |
|---|---|
| 2000–Present | Hojo Hospital, Jujinkai Medical Corporation |
| 2004–2008 | Vice Director |
| 2008–Present | Hospital Director |
| 2014–Present | Chairman, Jujinkai Medical Corporation |

Leadership Roles in Professional Organizations

International Committee Member, Japan Association of Chronic Care Medicine
Board Member, Japan Hospital Federation
Vice President, Japan Association of Private Hospitals
Auditor, Ehime Association of Chronic Care Medicine
Board Member, Ehime Medical Association
Vice President, Matsuyama Medical Association
Branch Director, All Japan Hospital Association, Ehime Chapter

Areas of Expertise

Hospital administration and governance
Chronic care and long-term care systems
Surgical medicine
Healthcare policy and regional medical coordination

International medical collaboration
Organizational leadership and strategic planning

## 略歴

| | |
|---|---|
| 1985年 | 岡山大学医学部 卒業 |
| 1985年 | 岡山大学医学部第一外科入局 |
| 1994年 | 徳島大学医学部第二外科入局 |
| 2000年 | 医療法人社団 樹人会 北条病院　勤務 |
| 2004年 | 医療法人社団 樹人会 北条病院 副院長 |
| 2008年 | 医療法人社団 樹人会 北条病院 院長 |
| 2014年 | 医療法人社団 樹人会 理事長 |

日本慢性期医療協会　国際委員
全国公私病院連盟　理事
日本私立病院協会　副会長
愛媛県慢性期医療協会　監事
愛媛県医師会　理事
松山市医師会　副会長
全日本病院協会愛媛県支部　支部長

**Speaker**

# Hiroya Yaguchi
# 矢口　浩也

Director, Support Department for Foreign Care Workers, Japan International Corporation of Welfare Services（JICWELS)
公益社団法人　国際厚生事業団　外国人介護人材受入支援部長

## Biography

| | |
|---|---|
| 2006 | Joined the Japan International Corporation of Welfare Services（JICWELS). Responsible for accepting candidates for nurse and certified care worker under the Economic Partnership Agreement（EPA). |
| 2019 | Director, Acceptance Support Department. Responsible for EPA acceptance. |
| 2020 | Director, International Training Department. Responsible for learning support for EPA candidates. |
| 2023–present | Director, Foreign Care Worker Support Department. Responsible for operating the secretariat of the Council on Specified Skilled Workers in the Nursing Care Field and promoting Japanese nursing care in sending countries. |

■ 略歴 ■

| | |
|---|---|
| 2006年 | 国際厚生事業団入職。<br>経済連携協定（EPA）に基づく外国人看護師・介護福祉士候補者の受入れを担当。 |
| 2019年 | 受入支援部長として EPA 受入れを担当。 |
| 2020年 | 国際研修事業部長として EPA 候補者の学習支援等を担当。 |
| 2023年 | 外国人介護人材支援部長として介護分野の特定技能協議会事務局運営や送り出し国を対象とした日本の介護 PR を担当。 |

## Jeffri Ardiyanto

### Director of Health Human Resources Deployment, Ministry of Health, Republic of Indonesia

■ Biography ■

To Be Announced

## Keiko Inomata
## 猪股　恵子

### Director of Care Department, Nursing Department, IMS Group Secretariat
### IMS（イムス）グループ本部事務局　看護部　介護部長

■ Biography ■

**Education**
B.A. in Social Welfare Management, Nihon Fukushi University

**Qualifications & Certifications**
Certified Care Worker（Japan）、Certified Social Worker（Japan）、Dementia Care Leader/Instructor、Certified Care Manager、Certified Instructor of Fixed Team Nursing

Joined the IMS Group in 2003. Starting her career as a Certified Care Worker on the front lines, she gained extensive field experience in outpatient rehabilitation and long-term care health facilities. She subsequently served in key management roles, including Director of Care Department at the special nursing home “Clover no Sato IMS Home Kaupili Itabashi,” where she dedicated herself to advancing dementia care, building self-sustaining teams, and establishing community-integrated care networks.
Currently, she serves as Director of Care Department at the IMS Group Secretariat Nursing Department. Centered on transmitting the core philosophy and technical excellence of “Japanese-style care,” she actively promotes organizational development and human resource cultivation to foster a work environment where both foreign and Japanese staff can achieve mutual growth and long-term professional fulfillment.

## 略歴

**最終学歴**
日本福祉大学　福祉経営学部　卒業

**主な資格**
介護福祉士　社会福祉士　認知症介護指導者　介護支援専門員　固定チームナーシング認定指導者

2003 年 IMS グループ入職。介護福祉士として通所リハビリや介護老人保健施設等の現場第一線に従事。特別養護老人ホーム「クローバーのさと イムスホームカウピリ板橋」介護部長などを歴任し、認知症ケアの実践をはじめ、自律的なチームづくりや地域社会と連携したケアの基盤構築に尽力する。現在は IMS グループ本部事務局 看護部 介護部長を務める。「日本の介護」の心と技術の継承を軸に、外国人職員と日本人職員が共に高め合い、心豊かに働き続けられる組織づくりと人材育成を推進している。

## Flores, Sandra Jerusalem
## フロレス　サンドラ　ジェルサレム

Assistant Supervisor, Saitama Royal Care Center
埼玉ロイヤルケアセンター　副主任・介護福祉士

## Biography

I am from the Philippines. After obtaining my nursing license, I worked as a pharmacy sales assistant and later as a company nurse. In 2017, I came to Japan under the Economic Partnership Agreement（EPA）program and joined Saitama Royal Care Center as a care worker. Through continuous Japanese language study and professional training, I passed the National Certified Care Worker Examination in 2021. I currently serve as Assistant Supervisor, where I support EPA and other foreign care workers, provide work guidance, collaborate with multidisciplinary professionals, and contribute to improving the quality of care.

## 略歴

私はフィリピン出身です。看護師資格を取得後、薬局勤務および企業看護師として勤務しました。2017 年に経済連携協定（EPA）に基づく介護職員として来日し、埼玉ロイヤルケアセンターに入職しました。日本語学習と介護技術の習得に努め、2021 年に介護福祉士国家試験に合格しました。現在は副主任として、EPA 介護職員や外国人職員への支援、業務指導、多職種との連携、介護サービスの質の向上に取り組んでいます。

## Yuko O. Hirano
## 平野　裕子

Professor, Nagasaki University Institute of Biomedical Sciences, Japan
長崎大学生命医科学域保健学系　教授

## Biography

**Yuko O. Hirano, Ph.D.** is Professor at the Nagasaki University Graduate School of Biomedical Sciences. She received her Ph.D. in Health Sciences from the University of Tokyo and served as Associate Professor at Kyushu University before joining Nagasaki University in 2011. Her research expertise lies in the sociology of health and illness, and global health. She has conducted extensive research on the international migration of nurses and care workers, healthcare globalization, migrant health, and healthcare

workforce policies, leading numerous national and international collaborative research projects.

## 略歴

| | |
|---|---|
| 1997年3月 | 東京大学大学院医学系研究科博士課程修了（保健学博士）。 |
| 1997年4月～2005年3月 | 九州大学医療技術短期大学部　助教授 |
| 2002年10月～2007年3月 | 九州大学医学部保健学科　助教授（医療技術短期大学部改組のため併任） |
| 2007年4月～2011年3月 | 九州大学大学院医学研究院　准教授 |
| 2011年4月～現在 | 長崎大学生命医科学域保健学系　教授 |

＜専門＞
専門は保健医療社会学。グローバル化と保健医療、人材移動、外国人看護師・介護人材の受入れや支援、移民の健康課題に関する研究に取り組む。国内外で多数の研究プロジェクトを主導し、国際的な共同研究や人材育成にも尽力している。

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# S2-KL1

# Systems for Acceptance of Foreign Care Workers and Status of Operation

Director, Support Department for Foreign Care Workers, Japan International Corporation of Welfare Services（JICWELS）

**Hiroya Yaguchi**

Japan is a super-aged society, with people aged 65 and over accounting for approximately 29% of the population. As those aged 75 and over increase, demand for long-term care will grow further, while a shrinking working-age population has intensified the shortage of care workers. Approximately 2.72 million care workers will be needed in fiscal year 2040, far exceeding the current workforce, and foreign care workers are increasingly expected to be one of the solutions.

There are three systems to accept foreign workers in nursing care, each with a different framework covering purpose, target countries, period of stay, and quotas：the Economic Partnership Agreement（EPA）, started in 2008 to strengthen bilateral partnerships；Technical Intern Training, established in 1993 for skills transfer, with nursing care added in 2017；and Specified Skilled Worker, created in 2019 to address labor shortages. The status of residence "Nursing Care" is for Certified Care Worker holders, with no limit on renewals, offering long-term residence. Technical Intern Training transitions to Employment for Skill Development in fiscal 2027, and home-visit services were opened up in April 2025.

Acceptance of foreign care workers has expanded rapidly, drawing growing public interest, yet the actual numbers accepted and their retention and disappearance are not well understood. This presentation explains how these systems operate in practice, including such figures.

Based on knowledge JICWELS has accumulated as the accepting coordinating organization under EPA and secretariat of the Council on Specified Skilled Workers in the Nursing Care Field, it presents the benefits and points to note identified through monitoring visits.

# S2-KL1

# 外国人介護人材の受入れ制度と運用状況

公益社団法人　国際厚生事業団　外国人介護人材受入支援部長
**矢口　浩也**

わが国は世界に先駆けて超高齢社会を迎えており、総人口に占める 65 歳以上人口の割合（高齢化率）は約 29% に達している。高齢者、とりわけ 75 歳以上人口の増加に伴い介護需要は今後も拡大が見込まれる一方、生産年齢人口の減少により介護の担い手不足は深刻さを増している。介護職員の必要数は 2040 年度に約 272 万人と推計されるが、現状の職員数との間には大きな開きがあり、その解決策の一つとして外国人介護人材への期待が高まっている。

介護分野における外国人材の受入れ制度には、経済連携協定（EPA）、技能実習、特定技能の 3 制度（後述する在留資格「介護」を除く）があり、それぞれ創設の目的、対象国、在留期間、受入れ人数等の枠組み等が異なる。EPA は 2008 年に開始された二国間の経済連携強化を目的とする制度、技能実習は 1993 年創設の技術移転を目的とする制度（2017 年に介護職種を追加）、特定技能は 2019 年に創設された人手不足対応を目的とする制度である。これらのほかにも、介護福祉士資格を取得した外国人を対象とする在留資格「介護」があり、在留期間の更新に上限がなく長期的な滞在の道が開かれている。技能実習は 2027 年度から育成就労制度へ移行する予定であり、また 2025 年 4 月には訪問系サービスへの従事が一定の要件のもと解禁されるなど、制度は現在も変化を続けている。

外国人介護人材の受入れは近年急速に拡大しており、社会的な関心も高まっている。一方で、実際に何人が受け入れられ、定着や失踪等がどのような状況にあるのかは十分に共有されていない。本講演では、受入れ人数の推移や定着・失踪等の実態を含め、外国人介護人材の受入れ制度の運用状況を解説する。

そのうえで、公益社団法人国際厚生事業団（JICWELS）が EPA の受入れ調整機関および介護分野における特定技能協議会の事務局として蓄積してきた実務知見をもとに、巡回訪問等の実態調査から見えてきた受入れの効果と留意点を紹介する。

# S2-KL2

# 長期介護従事者の日本での配置に関するインドネシアの政策～日本でのインドネシア人長期介護従事者の貢献と成果と医療専門職や長期介護従事者の教育・研修に関する政策～

Director of Health Human Resources Deployment, Ministry of Health, Republic of Indonesia

**Jeffri Ardiyanto**

To Be Announced

# S2-1

# Current Status and Challenges of Integrating Foreign Care Workers：Seeking Mutually Fulfilling Collaboration through Group Support and Field Practice

Director of Care Department, Nursing Department, IMS Group Secretariat

**Keiko Inomata**

With Japan's worsening shortage of care personnel, securing and nurturing foreign care workers is an urgent priority. From an employer and field manager's perspective, this presentation examines current practices and challenges in fostering a fulfilling workplace for both foreign and Japanese staff, drawing from group-wide support across our group, which operates multiple medical and care facilities (IMS Group), and practical experiences at Clover no Sato IMS Home Kaupili Itabashi.

The IMS Group has established organizational support for administrative procedures and daily life transitions. However, establishing an effective Japanese language educational framework remains an ongoing challenge, requiring further institutional development to support long-term retention.

At Clover no Sato IMS Home Kaupili Itabashi, emphasis is placed on conveying the philosophy and delicate skills of "Japanese-style care." Sharing person-centered values enables foreign staff to take pride in their profession while encouraging Japanese staff to reflect on their own caregiving practices and workflow standardization. Nevertheless, real-world integration faces daily obstacles, including language barriers, cultural differences, and heavy instruction burdens on Japanese staff.

Viewing foreign staff not as supplementary labor, but as valued partners requires aligning macro-level institutional frameworks with micro-level field education and interpersonal support. In this symposium, by comparing operational realities with legislative policy, practical field studies, and the personal experiences of EPA certified care workers, we present the authentic successes and struggles of care providers. Through this multi-perspective dialogue, we aim to explore actionable strategies for achieving meaningful, sustainable collaboration that benefits both foreign and Japanese care workers.

# S2-1

# 外国人介護人材受け入れの現状と課題 ―グループ支援と現場実践を通じた「双方に心豊かな」協働への模索―

IMS（イムス）グループ本部事務局　看護部　介護部長
**猪股　恵子**

日本の介護現場において人材不足が深刻化する中、外国人介護人材の確保と育成は急務となっている。本発表では、医療・介護の複数施設を運営する当グループ（IMS グループ）全体における組織的な取り組みと、特別養護老人ホーム「クローバーのさと イムスホーム カウピリ板橋」での実践経験を通じ、事業者・現場管理者の立場から外国人職員と日本人職員の双方が心豊かに働き続けられる環境づくりに向けた現状と課題を報告する。

当グループ全体としては、計画的な受け入れに向け、法的な手続きのサポートや生活基盤のフォローアップなど組織的なバックアップ体制を構築してきた。一方で、長期定着の鍵となる「日本語教育環境の整備」は未だ模索の段階であり、グループ全体でどのように実効性の高い学習支援体制を確立していくかが今後の重要な課題となっている。

一方、「クローバーのさと イムスホーム カウピリ板橋」の現場では、単なる作業手順の修得にとどまらない「日本の介護」の根底にある想いや丁寧なケア技術を伝えることを大切にしてきた。尊厳を護るケアの姿勢を共有することは、外国人職員のプロとしての成長だけでなく、日本人職員にとっても自らのケアや指導法を見直し、業務の標準化や職場環境の改善につながる機会となっている。しかし現実には、言葉や文化の違いによる日常的な戸惑い、指導を担う日本人職員への負荷、受入に対する意識のばらつきなど、解決すべき現場の課題も多く存在する。

外国人職員を単なる労働力ではなく共に成長するパートナーとして捉えるには、制度や法的な枠組み（制度面）と、現場での教育や人間関係（実践面）の双方が噛み合うことが不可欠である。本シンポジウムでは、制度や実践事例・調査分析、当事者（EPA 介護福祉士）の視点と対比させながら、受け入れ事業者・管理者のリアルな実践と課題を提示したい。制度の活用・定着における事業者の役割を整理するとともに、外国人・日本人双方の成長と幸せにつながる「これからの協働のあり方」について、フロアの皆様と多角的に議論を深めたい。

# S2-2

# Work and Life as a Foreign Care Worker : From an EPA Care Worker to an Assistant Supervisor

Assistant Supervisor, Saitama Royal Care Center

**Flores, Sandra Jerusalem**

This presentation describes the personal and professional journey of a Filipino care worker who came to Japan in 2017 under the Economic Partnership Agreement（EPA） and was later promoted to Assistant Supervisor at a long-term care health facility. It examines the challenges encountered while adapting to life and work in Japan, the factors that supported professional growth, and the experiences that contributed to career development.

After arriving in Japan, I faced various challenges, including adapting to a new culture, living apart from my family, improving my Japanese language proficiency, communicating with residents and colleagues, documenting care records, and learning specialized caregiving terminology. These challenges affected both my daily life and professional development.

Key factors that supported my growth included workplace assistance with daily living and administrative procedures, Japanese language training, preparation for the National Certified Care Worker Examination, guidance from senior staff, and regular mentoring. My own efforts, such as studying Japanese daily, communicating proactively, reviewing care records, and continuously seeking to learn from mistakes and unfamiliar situations, also played a significant role.

These experiences strengthened my empathy, resilience, and leadership skills. As an Assistant Supervisor, I now support EPA and other foreign care workers, provide staff guidance, collaborate with multidisciplinary professionals, and contribute to improving the quality of care. This case demonstrates that organizational support, an inclusive workplace, and continuous self-improvement enable foreign care workers to develop professionally and become future leaders in long-term care.

# S2-2

# 外国人介護職員としての仕事と生活―EPA介護職員から副主任への歩み―

埼玉ロイヤルケアセンター　副主任・介護福祉士
**フロレス　サンドラ　ジェルサレム**

本発表では、2017 年に経済連携協定（EPA）に基づく介護職員として来日し、介護老人保健施設において副主任へ昇進するまでの、フィリピン出身介護職員としての個人的および職業的な歩みを報告する。本事例を通して、日本での生活や介護現場への適応過程で直面した課題、専門職としての成長を支えた要因、ならびにキャリア形成につながった経験について考察する。

来日後は、異文化への適応、家族と離れて生活することへの不安、日本語能力の向上、利用者や職員とのコミュニケーション、介護記録の作成、介護に関する専門用語の習得など、多様な課題に直面した。これらの課題は、職場だけでなく日常生活や学習、専門職としての成長にも大きな影響を及ぼした。

これらの課題を乗り越えるうえで、職場による生活支援や事務手続きの支援、日本文化への理解を深めるための支援、日本語研修、介護福祉士国家試験対策、先輩職員による指導や定期的な面談が大きな支えとなった。また、毎日の日本語学習、積極的なコミュニケーション、介護記録の振り返り、不明な点をそのままにせず継続して学ぶ姿勢など、自らの主体的な取り組みも専門職としての成長に大きく寄与した。

さらに、これらの経験を通して、利用者や職員の立場を理解し尊重する姿勢、相手に寄り添う共感力、そしてチームを支えるリーダーシップを培うことができた。現在は副主任として、EPA 介護職員および外国人介護職員への支援、業務指導、多職種との連携、介護サービスの質の向上に取り組んでいる。

本事例は、適切な組織的支援、多様性を尊重する職場環境、ならびに継続的な自己研鑽があれば、外国人介護職員は専門職として成長し、将来的には組織を支えるリーダーへ発展し得ることを示唆する。また、本経験は、多文化共生の推進と効果的な支援体制の構築が、人材育成および介護サービスの質の向上に重要であることを示すものである。

# S2-3

# Promoting Sustainable Employment and Professional Development among Foreign Care Workers：A Prospective of Mental Well-Being and Career Development

Professor, Nagasaki University Institute of Biomedical Sciences, Japan

**Yuko O. Hirano**

The acceptance of foreign care workers in Japan has expanded through various visa categories, including the Economic Partnership Agreement (EPA) program, the Technical Intern Training Program, the Specified Skilled Worker system, and international student pathways. As a result, foreign care workers have become indispensable members of Japan's long-term care workforce. Previous discussions have mainly focused on addressing labor shortages and improving acceptance systems through measures such as language education and daily life support. However, to develop a more sustainable framework for accepting foreign care workers, it is essential to shift the focus from an employer-centered perspective to a worker-centered one that supports their long-term professional development and career continuity.

This report examines how acceptance systems and workplace environments can support the mental well-being and career development of foreign care workers. They often face challenges related to language and cultural differences, relationships with care recipients, their families, colleagues, and separation from family members in their home countries. Such circumstances may lead to stress and feelings of isolation. This report argues that workplaces where foreign care workers are recognized, supported, and provided with opportunities for professional growth can enhance both psychological well-being and job retention.

The report also reconceptualizes foreign care workers not merely as labor resources but as professionals who contribute to the advancement of care practice. Through their work in Japan, they acquire specialized knowledge and skills, including dementia care, person-centered care, and interdisciplinary collaboration. Furthermore, the experience gained in Japan can be regarded as a form of career capital that generates transferable knowledge, skills, professional networks, and intercultural competencies valuable not only in Japan but also in their home countries and other parts of the world. Therefore, the success of policies concerning foreign care workers should be evaluated not only by the number of workers accepted but also by their ability to maintain mental well-being, remain professionally motivated, and achieve long-term career growth.

# S2-3

# 外国人介護職の定着と成長を支える―精神的健康とキャリア形成の視点から―

長崎大学生命医科学域保健学系　教授
**平野　裕子**

日本における外国人介護人材の受入れは、EPA（二国間経済連携協定）、技能実習/就労育成、特定技能、介護留学生など、様々な在留資格の形を取りながら拡大しており、今や彼ら/彼女らは介護現場において重要な役割を担う存在である。外国人介護人材の受入れに関する議論は、介護人材不足への対応や受入れ制度の整備、日本語教育や生活支援といった側面に焦点が当てられることが多かった。しかし、今後、外国人介護職の受入れを持続的なものとするためには、「いかに受け入れるか」という雇用者側からの視点だけでなく、「いかに成長し、働き続けられるか」という外国人介護職者側の視点を考慮しなければならない時期に来ている。

本報告では、外国人介護職の精神的健康を維持し、キャリア形成を後押しするためにいかなる受入れ制度や職場環境を構築すべきなのかについて考察する。外国人介護職は、言語や文化の違いに加え、利用者や家族との関係構築、職場内の人間関係、自国の家族との距離など、多様な課題に直面している。そのなかで、孤立感やストレスを抱えることも少なくない。一方で、職場で承認され、自らの成長を実感できる環境は、精神的健康の維持や職業継続意欲の向上につながることを取り上げる。

また、本報告では、外国人介護職を、「支援を必要とする人材」としてだけでなく、介護の専門性を発展させる主体として捉え直してみたい。彼ら/彼女らは、来日後の就労経験を通じて、認知症ケア等の介護技術や介護観（自立支援、尊厳の保持、利用者主体、個別ケア等）を学び、地域包括ケア、多職種連携を通して、やがて利用者を支える専門職として成長していく存在でもある。さらに、母国語や異文化理解を活かしながら職場に新たな価値をもたらすことも少なくない。このように、今や外国人介護職を単なる労働力としてではなく、専門性を発展させる主体として捉え直すことが求められている。

本報告では特に、「日本で働く経験」を、外国人介護職にとってのキャリア資本として位置づけたい。日本での介護実践を通じて獲得される知識、技術、人間関係、異文化適応能力は、日本国内のみならず将来的に母国や第三国においても活用可能な資源となり得る。このような視点は、送出し国が重視する人材育成と、日本が重視する人材確保を結び付けるものでもある。

外国人介護人材政策の成果は、単に何人を受け入れたかによって測られるべきではないだろう。むしろ、外国人介護職が精神的に健康な状態で働き続け、専門職として成長を実感しながらキャリアを構築できるかどうかが重要な指標となる。本報告を通じて、外国人介護職を「不足を補う人材」から「成長する介護専門職」へと捉え直し、定着と成長を支える受入れ環境の在り方について議論したい。