This monograph covers the output of the conference titled “2014 – New Opportunities for Japan and V-4 Cooperation” and contains Japanese and Polish contributions. It offers reflections on the status nascendi of economic and cultural relations between the two nations. Viewpoints and research results mirror the various interests and arguments of the scholars (mainly economists, sociologists, and Japanologists), businessmen, and representatives of administrative bodies (central and local governments) who participated in the conference, all of whom are searching for common solutions.

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1. Health inequalities across Europe

There is a large literature showing that European countries are faced with substantial disparities in the health status of their populations. Early studies on this topic have traditionally focused on the difference between Eastern and Western Europe. Overall, people in the East live shorter lives [Bobak and Marmot 1996; Guo 1993; Meslé, Vallin; Andreyev 2002], have a worse self-rated health status [Carlson 1998], suffer from a larger number of chronic conditions [Cockerham 1997], and spend more years in a state of poor health [Andreev, McKee, and Shkolnikov 2003; Jagger et al. 2008] when compared to those in the West. These research findings suggest large differentials in the health status of overall populations between Eastern and Western Europe, a phenomenon known as the “East-West health divide” [Marmot and Bobak 2000]. More recently, however, researchers have begun to direct their attention to inequalities within the former communist countries in the East. The life expectancy in East Central European countries has continued to increase since the early 1990s, whereas all the former Soviet republics have experienced wide fluctuations in life expectancy since the collapse of the Soviet Union in 1991 [Meslé 2004; Murphy 2011]. Consequently, as shown in Figure 1, East Central Europe has started catching up with the West, while the former Soviet countries have continued to be left behind [Luy, Wegner, and Lutz 2011].

Differences in mortality rates within Eastern European countries have become one of the major topics in European demography. Compared to the large volume of research on mortality differentials, however, relatively little is known about how the overall population health status varies between these two groups of countries. In fact, a small but growing body of research suggests substantial disparities in health and life expectancy between East
Central Europe and the former Soviet Union [Minagawa 2013]. In 2008, for instance, differences in the number of years spent in a perceived good-health status between the ages 20 and 74 amounted, on average, to almost 10 years for both genders. These results illustrate emerging inequalities in terms of the health-related quality of life among Eastern European countries.

These findings are indeed encouraging: men and women in East Central Europe not only enjoy longer lives, but also spend many more years in good health than those in the former Soviet Union. The real challenge for the countries in East Central Europe is how to deal with the issue of their aging populations. From this standpoint, Japan, a country with one of the fastest growing aging populations in the world, serves as a useful reference for countries in East Central Europe, including Poland.

![Fig. 1. Life Expectancy at Birth for European Country Groups, 1989–2008](source: World Health Organization (WHO))

2. Measures and Programs toward Successful Aging in Japan

Japan has long been a world leader in terms of population health status. It is widely recognized that Japanese men and women enjoy one of longest as well as healthiest lives in the world. In addition, the proportion of
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the Japanese population aged 65 and above has continued to increase. In 2011, for example, 23.3% of the population was 65 years of age or older. These demographic trends have produced concerns among Japan's policy makers, such as increases in the costs of elderly care and its consequences for the nation's health care expenditures.

In the face of the growing number of older people in the country, the national government of Japan has paid particular attention to active social participation as the key determinant of elderly well-being. A large literature suggests that being socially active contributes to the physical and mental health status of older people (for a comprehensive review [House, Landis, and Umberson 1994]). There are various programs and measures to help the Japanese elderly to continue to be socially active in later life. The Silver Human Resource Centers (SHRCs), for instance, offer part-time paid work for those who wish to remain employed after retirement. The center's major role is to place men and women aged 60 and above within temporary employment in departments of local governments or business [Weiss et al. 2005]. SHRC employment includes outdoor work (e.g., cleaning up streets and parks), administration of facilities (e.g., administering car and bicycle parking lots), and office work (e.g., reception [ibidem]).

Additionally, there is a rising interest in personal development at older ages. The Japan International Cooperation Agency (JICA) sends a group of experts overseas as senior volunteers (SVs). The SV initiative started in 1990 as a part of the Japanese government official development aid (ODA) project. JICA annually recruits men and women aged between 40 and 69 as volunteers who work on specific projects in developing countries for one or two years. Over the past two decades, more than 4,500 individuals have worked as SVs in more than 60 countries in the world, primarily in Asia and Latin America, in the fields of education, machinery, and agriculture [JICA 2011].

There is evidence suggesting the beneficial health consequences of active social engagement among Japanese elders. Using nationally representative data of men and women older than 65 in Japan, Minagawa and Saito [Minagawa, Saito 2014a] found that group affiliation confers advantages against mortality risk. In this study, those who belonged to at least one social group were 44% less likely to die during the study period compared to those who did not belong to anything. Notably, the protective effects of active social participation against mortality remained strong even when socio-demographic characteristics, physical health conditions, and family relationship variables were accounted for. Other studies have also reported the positive impacts of social engagement among the Japanese elderly [Sugisawa, Liang, and Liu 1994]. Taken together, these research
findings provide strong evidence to suggest that continued social participation at advanced ages produces health benefits to older individuals, highlighting the importance of active aging in achieving successful aging in the Japanese context.

3. Efforts toward Integrating Technological Developments and Aging

Recently, in the face of increases in the elderly population, there has been a growing interest in introducing new technological developments to the field of health care for the elderly. The goal is to reduce both physical and psychological burdens on care-givers. In 2012, the Ministry of Economy, Trade, and Industry and Ministry of Health, Labour, and Welfare jointly released “the 4 Priority Areas where Robotic Technology is to be Introduced in Nursing Care of the Elderly.” The program seeks to encourage the use of robotic technology in the care field, such as electric wheelchairs and toilet assistance, and to create a new market for robotic care equipment in the country. As shown in Figures 2a and 2b, 59.8% of care-receivers answered that they were interested in using robotic devices, and the proportion reached more than 65% among care-givers the Cabinet Office of Japan (2014). These results illustrate the increasing interest in robotic equipment among those who work in the field of health care for the elderly.

Additionally, evidence indicates the positive impacts of using modern information and communication technologies (ICTs) to the well-being of older individuals. The development of ICTs, such as the computer, internet, and cell phones, has indelibly transformed the way contemporary society exchanges information, and new technologies have increasingly become popular among older people as well. Today, competence in technology usage is spreading to more and more elderly individuals in the world, whom researchers often refer to as “silver surfers” [Cody et al. 1999]. There is indeed reason to believe that older adults especially stand to benefit from technological connectedness. Individuals tend to experience social withdrawal after retirement and a loss of meaningful relationships with age, and these events often increase the risk of feeling lonely, powerless, or depressed [Mirowsky and Ross 2003]. ICTs may help overcome such problems. For instance, new communication technologies, such as cell phones, allow older people to keep in contact with geographically remote family members or friends and to stay connected.
with the outside world. Therefore, ICTs might be a key source of social engagement, support, and life enhancement for older people. Past studies have indeed shown that more frequent contact with one’s social network, such as family, friends, and neighbors, lessens the risk of loneliness among older adults [De Jong Gierveld et al. 2009].

In the case of Japan, an analysis by Minagawa and Saito [Minagawa, Saito 2014b] found that the use of cell phones was related to lower levels of depressive symptoms among older people, and the protective effects were particularly strong among women. These results demonstrate that among the many advantages brought about by recent technological developments, cell phones appear to be an important contributor to the psychological well-being of the Japanese elderly. Older people, however, are still faced with a number of barriers, including the complex details of cell phone contracts, the limited size of the display and buttons that are too small and easy to misdial [Kurniawan 2008]. Older adults should therefore be considered in the design of cell phone devices and services, and it is important to redesign technologies to address the needs and demands of older users. In Japan, for instance, there are mobile devices specially developed for older people called raku raku phone, or handy phones, with large displays and a function of audio feedback when pressed.

![Fig. 2a. Interests in using robotic devices among care-receivers (%)](source: Cabinet Office of Japan (2014))
In the face of increases in longevity, it is important to consider the health-related quality of life, as long life does not always mean healthy life: people can experience a longer life but worsening health [Crimmins, Hayward, and Saito 1994; Crimmins, Saito, and Ingegneri 1989; Crimmins, Saito, and Ingegneri 1997]. It is indeed encouraging that people in East Central Europe, including Poland, now enjoy both longer and healthier lives, but a crucial question arises as to how to deal with their aging populations in coming years. From this point of view, Japan provides a valuable case study to understand the challenges associated with population aging. The government has focused on the importance of social integration at advanced ages, and there are both public and private programs and measures that seek to achieve successful aging through promoting active aging. Furthermore, there has been a growing interest in using new technologies, namely robotic devices, in the field of care.

To sum up, as population aging is pervasive and will eventually affect every country in the world, the Japanese experience can provide examples for other countries that will soon be faced with the issues surrounding population aging. More efforts should be made toward sharing knowledge and experiences between countries, and an initiative, namely the “2014 – New Opportunities for Japan and V-4 Cooperation”, serves as a good example for precisely such a purpose.
Streszczenie

W obliczu zjawiska wydłużania się średniej długości ludzkiego życia, ważne jest, by naukowo zająć się problematyką jego jakości, ponieważ dłuższemu życiu nie zawsze towarzyszy dobre zdrowie. Ludzie żyją dłużej, ale ich stan zdrowia może się pogarszać. Optymistyczny jest fakt, że ludność Europy Środkowo-Wschodniej, w tym Polacy, żyją coraz dłużej i dłużej pozostają w dobrej kondycji, pojawiają się jednak problemy charakterystyczne dla szybko starzejących się społeczeństw. Z tego punktu widzenia Japonia może służyć jako cenny przykład do zrozumienia wyzwań stojących przed starzejącym się społeczeństwem. Rząd japoński zogniskował swoją uwagę na integracji społecznej (problemie niesprawiedliwego i bolesnego wykluczenia z powodu podeszłego wieku), która okazuje się niezmiernie istotna dla starszych osób. Ponadto w Japonii funkcjonują odpowiednie programy państwowe i prywatne, a także opracowano mechanizmy pozwalające cieszyć się przywilejami wieku poprzez promowanie aktywnego stylu życia. Poza tym obserwuje się rosnące zainteresowanie nowymi technologiami, przede wszystkim robotami, wykorzystywanymi m.in. w dziedzinie opieki nad seniorami. Podsumowując, ponieważ zjawisko starzenia się społeczeństw jest powszechne i ostatecznie będzie dotyczyć każdego kraju na świecie, przypadek Japonii może służyć jako przykład empiryczny dla innych krajów, które wkrótce staną przed podobnymi wyzwaniami. Autorka stwierdza, że wskazane jest podejmowanie większej liczby przedsięwzięć, dzięki którym można szerzyć wiedzę i wymieniać się doświadczeniami i właśnie konferencja „2014 – New Opportunities for Japan and V-4 Cooperation” znakomicie wpisuje się swoimi założeniami w ten nurt.
References


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New Opportunities for Polish-Japanese Cooperation: Diagnosis and Prospects

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