International Seminar on

Health Promotion and Challenged Sports for Persons with Disabilities

March 2, 2013

National Rehabilitation Center for Persons with Disabilities
Japan

(WHO Collaborating Centre for Disability Prevention and Rehabilitation)

This report is available to read on a website of the Center
http://www.rehab.go.jp/english/whoclbc/seminar.html

Program

Time & Date: 12:30～17:30, March 2 (Sat.), 2013
Venue: National Rehabilitation Center for Persons with Disabilities (NRCD)

Facilitator: Seishi Kato, Director, Research Institute, NRCD

12:30 ***Opening address***
Fumio Eto, President, NRCD

12:40～ ***Keynote Lecture***
"The World Report on Disability; Implications for health promotion and sport"
Pauline Kleinitz, Technical Officer, Disability and Rehabilitation, Western Pacific Regional Office, WHO

Break

13:30～ ***Presentation***

1 **"Policy and Current Status of Health Promotion for Persons with Disabilities in Thailand"**
Wachara Riewpaiboon, Director, The Institute of Health Promotion for Persons with Disability, Thailand

2 **"Quality of Life for Persons with Disabilities through Participation in National Sports Programs"**
Horst Strohkendl, Former Associate Professor, Faculty of Special Education, University of Cologne, Germany

3 **"KPC's (Korea Paralympic Committee) Roll and Plan for Development of Korean Sports for the Disabled "**
Cho Hyang-Hyun, Secretary General, Korean Sports Training Center d-ground, Korean Paralympic Committee, Republic of Korea

4 "Measures for Promotion of Sports for Persons with Disabilities in Japan"

Junji Kimijima, Director, Office of Support for Promotion of Independence, Department of Health and Welfare for Persons with Disabilities, Ministry of Health, Labour and Welfare

5 "Present Approach to Sports for Persons with Disability in Japan"

Kunio Nakamori, Director, Training Division, Japan Sports Association for the Disabled,
Secretary General of Japan Paralympic Committee

6 "Approach for Improvement of Health Promotion and Sports for Persons with Disabilities at Yokohama Rehabilitation Center and Yokohama Raport

Junko Koike, Director, Yokohama Rehabilitation Center

7 "Approach for Development of Health Promotion and Sports for Persons with Disabilities at National Rehabilitation Center for Persons with Disabilities"

Yoshiko Tobimatsu, Director, Health Promotion Center, National Rehabilitation Center for Persons with Disabilities

Coffee break

16:20～ ***Discussion among lecturers and Q&A with audience***

Facilitator: Toru Ogata, Director, Department of Rehabilitation for Movement Functions, NRCD

17:30 ***Closing Address***

Kozo Nakamura, Director, Rehabilitation Services Bureau, NRCD

Opening Address: Fumio Eto

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Facilitator: Seishi Kato

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Opening Address

Fumio Eto
President
National Rehabilitation Center for Persons with Disabilities

Good afternoon, ladies and gentlemen. Thank you very much for coming to the international seminar. I am the president of NRCD, the National Rehabilitation Center for Persons with Disabilities. I would like to first of all take this opportunity to extend our deepest gratitude for coming. We have been designated as the WHO collaborating center for disability prevention and rehabilitation since 1995, and had been hosting international seminars accordingly. Today, we are delighted to host the seminar entitled 'health promotion for persons with disabilities and challenged sports.'

In 1948, WHO was established and defined health as the following. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. The good health is a prerequisite to be an active participant in various activities. In 1978, Declaration of Alma-Ata emphasized four major services of prevention, curative treatment, rehabilitation and health promotion in primary health care. WHO and the World Bank presented "World Report on Disability" in 2011. This report points out that the people with disabilities are at high risk of secondary disabling conditions, and prevention efforts have not been sufficient. Based on research in Japan, it is indicated that those with disabilities seemed to be less active in participating or engagement in sports and exercises.

Even if they continue social participation such as holding jobs or attending schools while having disabilities, people who have less opportunity to exercise may increase the risk of decline in physical strength or fitness. It also implies that the people with disabilities tend to become obese. Consequently, regardless of with or without disabilities, the need for exercise habits for health promotion including prevention of long-term lifestyle-related diseases has been recognized.

To all people, enjoying sport is an activity that may improve quality of life. Therefore, the efforts to increase opportunity for the people with disabilities to have access to sports are gradually expanding.

In this international seminar, we would like to introduce the activities and the vision of WHO toward the promotion of health, including the health conditions and sports for the people with disabilities. Then, we ask to report on the efforts of various countries

which are Germany from Europe, Thailand, South Korea and Japan from Asia. At last we will discuss on the issues of health promotion and sports for people with disabilities, and on the future efforts of ours to be done. We hope for your active engagement and expect for most fruitful result of the seminar. Thank you very much.

Keynote Lecture

The World Report on Disability; Implications for health promotion and sport

Pauline Kleinitz,
Technical Officer, Disability and Rehabilitation,
Western Pacific Regional Office, WHO

Good afternoon, everyone. Hello and thank you for the invitation to be here today and to speak to you all. I especially extend my thanks to the National Rehabilitation Center who have not only organized this seminar and invited me but also brought you all together to talk about what is a very important and quite topical area within disability.

Increasingly, we understand that sports can play a really powerful role in people with disabilities' health, but also in shifting attitudes in the community. I have to admit that, while the World Health Organization fully supports and wants to see more inclusive sports, a lot of hard research and evidence regarding this topic is still to be developed. For today's representation, I am actually going to draw on a lot of the findings from our World Report on disability.

Our World Report was developed in partnership with the World Bank and released in 2011. It provides many useful findings and recommendations that can really relate specifically to the area of sports and disability inclusive sports, to help promotion and understanding of the links between sports and disability. I will begin first by just talking a little bit about the World Report and then moving to some of the findings that are most relevant.

The World Report on disability fills a major gap. It provides evidence on the global situation of people with disabilities. It has answered questions such as; how many people with disabilities are there? What are some of their needs? What are some of the activities and initiatives that can overcome barriers?

The World Report on disability has shown us how we can really implement the Convention on the Rights of People with Disability. The Convention provided a guiding framework to much of the report. Ultimately, it is the Convention that should underpins and flavors much of our work ensuring that we understand disability, and inclusion of people with disability in sports, in the context of human rights.

The report was developed over a number of years with a significant number of contributors from over 70 different countries. Its publication ensured that people with disabilities were part of the organizing or editorial committees, and very involved

throughout the whole process. It is very important in this field that we work closely with people with disabilities or their representative organizations. The example of process that was used for the World Report should also be used for efforts that we will be talking about today in terms of inclusive sports and health promotion.

I would like to just mention a couple of the highlights of the report including its increased global estimates of disability. Previously, the World Health Organization had reported 10% of the global population had some form of disability. But, when we undertake good analyses drawing on very sensitive tools - capturing disability in elderly populations, capturing mild learning difficulties, and things like that - we actually come up with close to 15% of the global population as having some form of impairment or disability. This is a significant finding and a significant figure. Because of aging populations and some of the chronic diseases that exist, and also because of injuries and road traffic injuries and disasters, disability prevalence is actually increasing. In some countries, I am sure in this region in Japan and others particularly with aging populations, we see that increase. What the report also told us was that there are inequalities in the impact of disability on people - that certain populations, poorer people, older people, and women are often disadvantaged differently. Not all people with disabilities are equally disadvantaged.

The report told us about key barriers that existed in any sector or across sectors. This list of barriers is very important in understanding for example how we move things forward when it comes to including people with disabilities in sports and ensuring that they benefit from health promotion activities and are actually having their health promoted. You can see inadequate policies and standards. The negative attitudes still play a strong role; lack of provision of services, problems with the service delivery that exists, inadequate funding, lack of accessibility, lack of consultation and involvement, and lack of data and evidence. The good news that the report found was that those barriers can often be overcome and that is really important for us in this topic today because I think what we will hear certainly are some really positive examples of how we can make sports more inclusive.

The outcomes of these disabling barriers are above. They are generally that people with disabilities have poorer health than the rest of the population. That in particular is important for us today and Fumio has already mentioned this. The fact that people with disabilities do have poorer health outcomes tells us that health promotion initiatives and sports are very important for people with disabilities. The need is there and the need for people with disabilities to be prioritized in some of these programs is there.

We also found from the report that people with disabilities have lower educational achievement, higher rates or less economic participation which leads to higher rates of poverty and increased dependency and reduced participation. The important thing to realize though that it is not so much the health condition which causes the problems for people with disabilities. It is the way that society treats people with a health condition which matters the most. Again, that really is highlighted in the area of sport because it is not really often the health condition that prevents participation. There are so many ways we can adapt sports and make sports accessible or tailor new sports that people with disabilities with different impairment types can access. We need to do all that but we need to make sure we are addressing these attitudes that often exist in society.

This provides you just with an overview to the World Report on Disability. The photo is just of the cover of that report. You can see the first two chapters are broadly about disability. The chapters after that really are quite sectoral. There is general healthcare, rehabilitation, assistance and support, enabling environments, education, work and employment. The last chapter, the way forward, is a set of recommendations. When I talk about those recommendations, I will link them directly to this topic. First of all, I want to say for your interest, I know the executive summary of the World Report has been translated into Japanese and certainly the report itself. There is a publisher that is translating it. I hope one day in the not so far away that the report will be completely accessible or translated into Japanese.

Today, what I wanted to do is just run through some of the highlights of those sectoral chapters, particularly the ones that are most relevant around health and rehabilitation, and move quickly through those other chapters to speak to the recommendations for you.

I do not probably need to say too much on this but disability of course can be complex and difficult to measure. There is this lack of consistency in definitions and methodologies around the globe. We often find it hard to do good analyses across countries because we cannot compare data. From the report we certainly acknowledge that we need to and we can improve disability statistics. The ICF or the International Classification of Functioning Disability and Health is a World Health Organization understanding of disability and we promote that. We truly include the important role of the environment. We promote initiatives that help us compare data and of course, we really promote and encourage the tools and the research. Just in health, this is particularly important to some of these key findings because this speaks to this topic that we are on today about health promotion. One of the things that the health chapter found in terms of some of the issues and the challenges where the people with

disabilities have ordinary health needs. Some people with disabilities may also be particularly vulnerable to secondary conditions such as pressure sores or bladder infections for people with spinal cord injury. It may also be co-morbidities like the correlation between schizophrenia and diabetes.

There is also a link between violence and increased rates of violence for people with disability. There is a potential for there to be specific health issues for people with disabilities but most people with disabilities just have the ordinary health needs that everyone has. There is a tendency often for health to get too focused on the impairment and overlook and not sometimes see the ordinary health needs. When it comes to health promotion and the messages about activity and diet and those very typical health promotion messages, sometimes people with disabilities probably do not receive them like maybe the rest of population. There are barriers often health promotion, messages may not be in multiple formats for the different impairment groups. We need to be mindful over time that people with disabilities had ordinary health needs and need that information about good health.

People with disabilities also experience barriers to health and I have touched on that in terms of information. That is really important. Unfortunately, when we did quite considerable analysis for this report, we found that people with disabilities are more than twice as likely to find the healthcare provider skills are inadequate. Nearly three times more likely to say that they would deny the level of care or the care they needed and four times more likely to be treated badly.

Now, while some of these may not feel like it applies in Japan, this is a global analysis, but it is quite damning in some ways to the health sector to say that actually we are not always meeting the needs, often not meeting the needs of people with disabilities. Essentially, the report found that it is the cost, distance, and transport that are the main barriers to accessing healthcare.

In terms of some of the solutions, I will touch on this because it is very important. Policy and legislation are always those higher level responses are needed. Similarly with sports and health promotion, when countries ratify the convention on the rights of people with disabilities, they are in their legislation. They are saying that people with disabilities will access and benefit equally from the health services that exist. We really need to make that happen.

Financing is always an issue that we need to make sure because it is often the financial barriers that are experienced the most. The service delivery needs to have reasonable accommodations including the accessible information, the targeted interventions that are sometimes required.

We really know that often the general population, whether these are health professionals or whether these are teachers or whatever it might be, but certainly in the health, often lack some of the good understandings around disability and the needs of people with disabilities, and that we need to keep building their capacity.

One of the findings from the report was that CBR, community based rehabilitation, can play a very helpful role in health promotion and increasing access to health. We certainly need to keep building the evidence and the research around these sorts of solutions to accessible health.

Before I go on, I am curious, who in the audience is familiar with Community Based Rehabilitation? CBR? Anyone familiar? A few but not many. For those who are familiar, this approach looks across sectors. It is not just about health but includes health, education, livelihoods and social empowerment.

CBR is really used a lot. It is an important strategy in a lot of the low and middle income countries. You understand that under the health part of the CBR programs, there is often an emphasis on health promotion, targeted health promotion and similarly sports is included in the social and recreation part of the CBR approach. CBR on this topic can play quite a useful role.

Rehabilitation is a very good investment. It builds human capacity and it promotes participation. The role of rehabilitation or the ability of rehabilitation to do that is exemplified sometimes in promoting participation in sports. Rehab sectors play a real role in enabling people with disabilities to be at that optimal level of functioning and really can promote good quality of life activities and initiatives. Rehabilitation is really an enabler to a lot of these and so it does play an important role.

Unfortunately, in many countries in our region, there are still significant gaps in rehabilitation and we are quite challenged to meet the rehab needs especially with rehabilitation being very centralized often in capital cities, but not for example in the rural areas.

We find too that rehabilitation personnel are limited. The sorts of specialized skills that we want, and I think this is an issue for the higher income countries like Japan, often to have rehabilitation personnel who have those skills to meet some of the higher level needs or complex needs in terms of helping people access all sports as well as just promoting people in the community in any sports. We certainly want more leadership and investment in the rehabilitation sector.

In terms of the solutions, again, we really prompt and promote better policy and higher level mechanisms whether it is legislation or regulation to strengthen rehab. We need to ensure that it is financed, often the multiple ways of financing to meet the

needs of the sector. We need to keep building these human resources for rehabilitation. We need to build the mid-level workers. Meaning, we often find in many countries, it is very hard to have enough therapies for example in all the rural areas so we need to often develop people such as the community-based rehabilitation workers, the CBR workers to really meet those needs. We know that service delivery and that integration into health. It is interesting. In some countries the rehabilitation sector is outside of ministries of health. Sometimes, it sits with the Ministry of Welfare which is not included in health which is the case here in Japan. That can mean that the leadership or the coordination between health and other ministries is complicated. We really look for that coordination and leadership. Assistive technologies are playing increasingly a bigger role in rehabilitation. They obviously do at times in sports too in trying to access sports.

One of the things that we really promote is that we do not always need the cutting edge and the innovative approaches but what we really need to focus on is just getting the assistive technologies out there into the community away from the specialized center in the capital city but across the country in rural areas as well. We need more research and evidence which you'll notice as I start to just touch on some of these sectors that there is some repetition around the need for the policy, the financing, human resources, and research.

I included assistance and support because this area is also relevant in terms of supporting participation. Assistance and support really refers to the non-therapeutic forms of help which enabled people to live independently and to participate in society and I know that in terms of sports, they can play the volunteers or the other people in programs that support participation are really important. We need to understand and support this as a sector to really bring about this inclusion. Personal assistance, sign language interpreters, and other forms of assistance and support can really help people with disabilities go to school, get a job, participate in sports and live independently in their community.

Some of the issues though were that often historically some of the support has been in residential institutions and it has been segregated. Also, services may exists, they may not really be responsive to people with disabilities, their needs and not really driven by rights or all that independent living concept and approach. There is often also a problem with the quality of the services, but without these assistance and this sorts of services that support participation, without that people with disabilities are often quite isolated.

In terms of solutions, broadly in terms of planning and policy, there is a move away from institutional approaches and we are trying to always promote inclusion in community to ensure that people with disabilities have the autonomy that they want and the rights and control over the services that they not only want but that is actually their right. There is a need certainly for these to be affordable for services to expand. We often see in many countries that governments play a role and non-governmental organizations play a role, but overall we need to keep building the capacity to support this. This again as a sector plays a very important role in supporting people in sports.

This presentation is touching on the higher level issues that we need to consider as we continue to drive this issue around sports and help promotion forward because nothing is in a vacuum or is on its own. It all sits within a bigger complex system of governance and service systems. We need to be mindful of that bigger picture.

The other area which is very relevant to sports and to health promotion is around enabling environments. By environments we mean the physical, the social, the attitudinal. All these can be enabling or can be disabling. These people with disabilities can actually access buildings or public transport or information. They cannot access the health or the education, the sports or their local community. Creating this broader, enabling environment is very important. Some of the issues that we found when the World Report was developed was that while there may be laws and policies about accessibility, there is often poor compliance with these. We really need to build the compliance and it may also be often limited awareness and understanding.

In the contemporary world, being able to use cell phones, email and internet are increasingly vital, but often the websites or devices are actually inaccessible. The pace of technology change can often mean that the new communication products are not compatible with the existing older ones. Overcoming what is often referred to as the digital divide is very important.

Inaccessible environments and information make people excluded or dependent on others for assistance but it is ultimately often the negative attitudes or the lower expectations that can be most disabling for people with disabilities.

In terms of the solutions, we need the higher level laws, policies, or the standards to be in place. We need to increase this compliance. We need to make sure that that actually these laws or these standards are being upheld. Universal design principles can be very helpful as we move forward. Promoting information awareness for example through training for architects, designers, engineers and other professionals is an important part. Ensuring that people with disabilities are participating in the design, in the implementation, in the evaluation, the idea of access audits that people with

disabilities are undertaking those access audits is a very good example of how we can involve people with disabilities in those processes.

Education remains relevant to this topic because certainly, education and schools are very important setting for establishing and promoting inclusion in sports and for health promotion messages and understandings. Unfortunately, the World Report on disability found that even while we understand the importance of education, in many countries around the world, children with disabilities are still excluded from schools. We also found that children with disabilities are often less like to start school than their peers and that they are more likely to finish earlier. Across the different impairment types, the enrollment rates will differ. We still have sort of issues in a lot of education systems. On leadership on this issue, on ensuring that schools are genuinely inclusive that they are adequately resourced to support inclusion of children with disabilities and they still is often the sorts of attitudes within the education system but might exist in the general community which might be around the lower expectations of people with disabilities or children with disabilities.

The power of education settings to break down from a very young age any misconceptions that people and children have that disability are really crucial to addressing some of these barriers or attitudes over the long term and I think seeing children with disabilities in mainstream school, participating in the sports, having sporting activities whether they are adapted slightly or specific programs that children with disabilities can participate in. That would really build understanding and break down some of those attitudes and that is so important.

Broadly solutions for the kind of challenges that exist in the education, it is around the higher level legislation policy ensuring that learner's centered approaches are being utilized where we understand or teachers understand that it is about the education system being flexible and adaptable to the needs of the children and rather the children hefting to fit into the education system and approaches. We need additional support. We know that mainstreaming children with disabilities requires teachers with additional training and support. It often requires assistance in the classroom and it often requires assistance in the classroom and it often requires therapy in school sessions. We need to keep building teacher capacity, removing the physical barriers overcoming those negative attitudes and again more research.

This sector which is the last sector still plays a role and it is certainly important for people with disability, their livelihood and their ability to attain employment is so important. Unfortunately, people have assumed that people with disabilities cannot work but we know different and most of you all know that very well, but with certainly

within many countries we work in and World Health Organization focuses on, we still need to keep breaking down those assumptions that people with disability are not able to work. Some of the issues that just were really highlighted in the report was that there is this lower economic participation but there is a difference depending on the type of disability people have. We still see a wage gap between men and women with or without disabilities and we certainly can absolutely assume and know that it is this lack of or decreased opportunity for employment that causes the major reason for poverty.

Physical barriers and lack of transport are often referred to by many people with disabilities as still the most significant barrier at times for their employment and the negative attitudes and misconceptions continue to be an issue. There are a number of solutions to address this from the higher level through to addressing targeted programs that address the misconceptions and the misunderstandings of the employment sector.

The crosscutting recommendation so the final chapter of the World Report titled the way forward includes these nine crosscutting recommendations and what I would like to do is just really highlight the link and the relevance of these recommendations to our work and to draw upon as we continue to work in this area and promote inclusion.

First of all the top recommendation enable access to all mainstream policies, systems and services. When it comes to both sports and health promotion, we need to take what we often call a twin-track approach. A twin-track approach is really these first two recommendations. One is about mainstreaming across the existing programs that are actually there for people without a disability in communities but therefore everyone and the other one is the specific programs.

In terms of this issue health promotion programs for example, there is a lot to be done that the health promotion sector and obviously the World Health Organization health promotion is a big part of what we do. We really are very strong on public health and ensuring that health promotions programs the messages that we want which are often tailored to the national context and the needs ensuring that these are made available in various formats that they exist and that they are I guess focused sometimes and ensure that disability groups for example service providers or disabled people's organization are also part of the health promotion programs and the health promotion, the design of the programs and the implementation of them.

In some countries like in Australia which is where I am originally from, certainly lot of the sports programs, for example the programs promoting children being active in our local whether it is football or cricket or other sports that are played in Australia. They all have very strong policies now on ensuring that children with disabilities can access these programs. There is generally training packages and resources that are

now available for the coaches and the local community, people who are running these programs to give them the information and the understanding on how to include children with disability.

We do need and this is what the World Report told us that we also need to invest in specific programs and that this twin track approach is so important so that the programs that do focus specifically on people with disabilities and promoting them in sports that are tailored to the different impairment types or their abilities are also really needed.

We need this twin-track two-pronged approach and this exists very much. We need to ensure to reach particularly the communities. Sometimes the very specific work can be very focused around the higher levels of sport or the national sports institutes or something like that, but we really still need to make sure that everyone in the community benefits as well. The third recommendation around strategies and plans of action, increasingly, I would imagine that this children could play a role within priorities that are set within disability plans of actions at the national level. This topic, this area is becoming understood to be very powerful and important.

We need to always involve people with disabilities in our programs and the way how we design and evaluate them. Ensuring that the disabled people's organizations are involved, are even leading in much of the development of this is really important. We need to keep building human resource capacity and this includes people like teachers like health professionals as well as maybe specific community workers in how to include people with disabilities in the sports.

We need to fund adequately, prioritize this more. The point 7, the recommendation around public awareness and understanding of disability, in some ways, inclusive sports play a very important role in changing that and the Paralympics in London and some of the discussion about the powerful role that Paralympic movement and games like the recent London games can have in shifting people's understandings and attitudes about people with disability.

We also need to keep building the evidence. I really want to highlight that we do not yet have a good body of evidence in research and certainly the World Health Organization is always very focused on getting good quality research and analyses done regarding any topic and really encourage you all to keep that in mind as you keep working in this area or can ensure that we really are starting to build the evidence and the research on how to do this because we are actually I think are still learning on how to do this.

Some of the final implications and just what I wanted to touch on is that in many ways, when we understand the importance of this, of including people with disabilities

and help promotional sports. This is ultimately about human rights. It is about them benefitting from the things that exist for everyone. It is also that their health and their quality of life but I think it is about attitude change in the community. We need this twin-track approach mainstreaming and specific approaches to address this.

We need to keep in mind the national context. There is no as is often the way, we cannot give you recommendations that fits every country. There is a need to tailor and be very national specific. We need to really ensure we had people with disabilities involved in the programs, the design. We keep building capacity to realize this and we build the public awareness and we build the evidence.

Finally, I will just share that in our World Report on disability, we included a text box about some great work that is happening in the Pacific. Certainly, the World Health Organization, we can claim that in the Pacific where we are doing health promotion work in terms of increasing people to be more active and to be more engaged in sports. We are actually working with the stakeholders to ensure that those programs reach out and include people with disabilities.

The Australian Government, the AusAID, it is the funding body for development is funding the Australian sports commission to do this work in the Pacific to ensure that some of the work that they are doing in promoting sports is targeted to include people with disabilities. Also, the World Health Organization in a healthy city programs and healthy urban planning programs, we have advised and we very much promote those cities and planning that really enable and foster the activity, the physical activity and physical activity for elderly people, for people with disabilities.

While there are many efforts going on and in various places, I look forward very much to today's presentations to hearing from the other speakers who are working some of them much more closely in this than I have been. We all have a lot to keep learning from and a lot to keep sharing and seminars such as these are really very important in learning from each other because when we are doing things relatively new, we really need to hear what others are doing and keep learning and understanding from other organizations.

I will finish and thank you all for your attention. I thank you and I congratulate you all on your efforts, those of you who are working in this area. The efforts certainly that the National Rehabilitation Center here are undertaking. I want to just thank and congratulate again the organizers of this event and finally ***arigato gozaimasu***.
Thank you very much.

Presentation

Policy and Current Status of Health Promotion for Persons with Disabilities in Thailand

Wachara Riewpaiboon
Director
The Institute of Health Promotion for Persons with Disability, Thailand

Good afternoon, everyone. Thank you very much for the invitation to present the Thai experience on this seminar. First of all, I would like to introduce the Thailand disability situation. The comparative study of Thailand National Disability survey in 2002 and 2007 showed that the number of person with disability increased from 1.68 to 1.74 million with stable proportion of 2.7% of the total population.

About 70% of them live in the rural area mostly in the North Eastern region. More than 50% of person with disability is over 60 years. There is an increase in trend from 56% in 2002 to 58% in 2007. Most of them have mobility difficulties followed by seeing while one third of them have both difficulties.

Approximately 3% of person with disability in Thailand are children. Ranking types of difficulties are learning, intellectual, hearing, and mobility difficulties. Even though it is improving, the education opportunity of these children is rather problematic. About 44.5% still never enter school or receive very little educational opportunity. About 40% of person with disabilities are in working age group. More than 90% of them have little educational opportunity. So, 50% of them still have no job opportunity. Most of them work as an employee in agricultural area. Their average income is three times less than non-disabled person. There are about 1.1 million persons with disability in Thailand registered for disability card that make them eligible for some specific disability welfare.

According to the right protection and quality of life improvement by the legislation is by the law named Rehabilitation for Persons with Disabilities that was enacted in 1991 and then transformed to be the new one named Empowerment and Quality of Life Development of Persons with Disabilities Act in 2007. The content of the new legislation is congruent with the UN-CRPD. By this law, they established the National Empowerment Quality of Life Development of Person with Disability office, fund and 5 years strategic plan and action plan.

The implementation is decentralized to at least provincial level marked by the Provincial Action Plan and Budget Plan. All levels are engaged by the disability civic

groups namely according to six types of disability and also the Thailand Disability Council.

The major right issue includes no discrimination, accessibility to information, public space, and buildings, basic services such as health, education, vocational and social support service such as personal assistance services, sign language interpreter service; however, no specific mention on health promotion. Now, only general health, medical rehabilitation and assistive devices are mentioned.

As we know the ICIDH was proposed to describe disability in 1980. Thereafter, the CBR; community-based rehabilitation, had been propositioned within the realm of primary health care. At that time, the CBR composed of medical, educational, vocational, and social rehabilitation.

In Thailand, CBR was deployed as a strategy to improve access to rehabilitation and healthcare especially for people who are living in the rural community by the Ministry of Public Health. As a result, person with disability particularly those who live in the rural areas gained more access to basic rehabilitation and assistive devices. However, participation in social activity had not been much prominent.

Within the first two decades of implementation, the health promotion of person with disability had no concrete action. As the ICF had been developed and issued in 2001, its conceptual framework is shown in the slide. It states the important of both personal capability which include activity and participation and also the environmental context of a person. At the end of the second decade, the CBR program in Thailand had been evaluated. The environmental context as both attitude and physical barrier had been more concerned. In order to meet more equal opportunity of person with disability, the direct involvement process through support forming of self-help group was very strategic part rather than creating just access to personal healthcare.

The new CBR matrix with the new additional component of empowerment is very much compromising with the concept of health promotion that requires a state of being active agency of a person or a group. Individual functional capability which means functional ability and self-autonomy are considered as health potential of individual whereas environmental barriers or availability of choices of health promotion knowledge and accessible facilities are also needed to take into account. Disability then is not just an individual health issue, but also social issue. From this matrix, development process approach is firstly through the health component particularly rehabilitation and assistive technologies lead ones to go to the empowerment components especially developing and strengthening the self-help group of the persons with disability. Eventually, we could work forward on “health promotion” and further

empowerment with the equalization of opportunities in education, livelihood, and other social areas of life.

Regarding the ICF and new CRB matrix framework, it seems disability movement is similar to the health promotion movement within health sector as stated in the Ottawa's Charter on health promotion in 1986; in Jakarta declaration in 1997 and also in the Bangkok's Charter in 2005, in terms of needs for empowerment and being active agency of a person. However, both rehabilitation and health promotion issues are very much known to the mainstreaming health sector which is very community-based. Therefore, it is quite limited in health investments and also the operating budget is also rather low.

From the Ottawa's charter's, I would like to stress that it consistently states that health promotion is a process of enabling people similar to rehabilitation to increase control over and to improve the health to reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and to realize aspiration and also to satisfy needs and to change or cope with the environment. Health is therefore seen as personal and social resources for everyday life not just the objective of living. Therefore, health promotion is not just the responsibility of health sector but have to go beyond to other sectors.

For a person living with disability, rehabilitation is seen as a starting point for the health promotion. Functional capability training is primary individual empowerment then equipped with appropriate assistive devices and also individual adjustment. Self-help group is eventually supported for further civic engagement in further health promotion movement while social support services are also needed for independent and active social living.

Individual health promotion for people with disability is not explicitly elaborated. In order to maintain independent and active social living as long as possible, Health promotion in terms of maintaining optimum level of physical activity, enough exercise and balanced food intake, good maintenance of assistive devices are crucial for their health whereas avoiding from health risk exposure is also vital for preventing secondary conditions or complications. It is equally essential to maintain mental, social, and spiritual health in terms of self-value recognition, feeling of having social meaningful life, having life satisfaction, no pain, no depression, and no chronic anxiety.

Person with disability are also exposed to general health risk as general population living in the same social and physical environment, but many of them such as the blind and the deaf cannot access the existing health information while health promotion information for a person living with some kind of disability like intellectual impairment

or autism is not sufficiently available. The oral health is one important area that needs to be promoted among person with disability especially for a person with intellectual disability, autism or upper body movement difficulties. Otherwise, we will bring about further nutritional health risk, pain, and loss of self-confidence to have social interaction with others. There are some specific health risk associated disabilities suggest risk of having metabolic syndrome which is indicated by the high body weight, high body mass index, high blood cholesterol, but low bone density, risk of pressure ulcer, arthritis, tendinitis, depression, and chronic renal failure among those who have paralysis and neurogenic bladder. All are in need for health promotion knowledge and activities. So, health promotion is as important as rehabilitation for person with disability.

Other than personal capability and health information access, there is also a need for equal opportunity to access peace, shelter, education, food, income, stable ecosystem, sustainable resources, and social justice in order to improve individual health. The major social determinants of health such as level of education, socio-economic status and the welfare system are needed to be readjusted and also with more additional innovative service model.

In Thailand, health promotion including disease prevention was PP health benefit package is considered as public goods with externalities benefits. They are provided free of charge to the Thai population and are historically funded by the general tax revenue with supply-side financing to the Ministry of Public Health facilities.

It has subsequently been transformed from supply side only to also demand-side funding with additional role of sin tax that we got from alcohol and tobacco. In 2001, the personal PP services were funded by the National Health Security Office (Universal health coverage, UC policy) under the new health coverage policy. The UC budget for PP services is directly allocated from National Health Security office as a central purchasing to a public and private contractual network of providers. A typical network of rural areas is a district health system consisting of district hospital and 10 to 12 health centers each covering about 5,000 people. Unfortunately, the UC budget allocated for PP services is diminishing after having one searching peak after we implement the UC policy.

It seemed just for maintenance of the personal minimum health promotion benefit package for total population and also you can see from this slide, the table 1, it showed the proportion of about 17% to 19% of UC budget annually allocated for personal health promotion services. Coming back here to the more initiative, at the same time just before the introduction of the UC policy in Thailand, the Thai Health Promotion

Foundation was established by the law as an independent public agency managed by the governing body chaired by the Prime Minister. It uses the sin tax principle for financing health promotion. A 2% additional surcharge on tobacco and alcohol taxation was earmarked for the fund. The budget derived from sin tax significantly increased from 1,592 billion Baht in Thai baht in 2002 to 2,859 billion Baht in 2009. It is increasing. The Thai Health Promotion Foundation mission is to empower civil society and promote the well-being of the citizen by acting as funding catalyst to support programs and action that change social value, lifestyles, and environment in the ways that are conducive for better health.

The main portfolio would be society campaign on tobacco, alcohol, traffic accident, active living, and obesity, sexuality and HIV-AIDS prevention. It also addresses various social determinants of health and board-based community and civil society movement. The concern is also paid to the health promotion of the vulnerable people.

The first attention paid to the Health Promotion for Person with Disability was started by establishing the health promotion program for people with disability in 2005 by the collaboration of the Thai Health Promotion Foundation, the Health System Research Institute, and the Sirindhorn National Medical Rehabilitation Center. During the first 5 years, it focused on the capacity building of disable people self-help groups to increase access to rehabilitation services and assistive devices and the attitude and the universal designed campaign. It eventually transformed to be the Institute of Health Promotion for People with Disability under the Health System Research Institute (HSRI), but still co-funded by the Thai Health Promotion Foundation. It aims at people empowerment by networking and making changes in terms of the increased independence and active social living with quality of life. The changes will be made in many levels like at individual level, at the self-help group level or disabled people organization level, at the committee level, also in the policy level.

It addresses rehabilitation as also a part of health promotion for general population and the health promotion for person with disability itself. The allocated budget is averagely 20 to 30 million Baht a year. The changes happened as a result of many kinds of initiative by its partners. Some health benefit-proved initiatives were proposed to the personal health benefit package that will be distributed or implement further by the National Health Security Office. The current 3-year plan focuses more on health risk and health promotion barrier of persons with disability study, the development of health promotion initiatives for people with disability to enhancing social participation and health inequity reduction.

The examples of previously conducted activities of the Institute include establishing the orientation and mobility training for the blind, the oral health promotion for person with disability in the primary healthcare setting, the development of sign language interpreter services in the community, and the study of the general and specific health risk, development of health promotion package for person with disability and other initiative of health promotion activities such as building the health promotion leadership among person with disability for example the BIKE4WE initiative, which means that everyone can bicycle outdoor together either having disability or not.

It also includes the home and community facility modification to support independent household and community living, to design and produce the enabling furniture for household that have people with disability, to develop the feasible local travelling mode in order to make them participate in the social event. Also, we try to develop a school health facility or curriculum in order to make children with disability have health promotion education as well. Of course, we also try to improve the livelihood of the people with disability. This means in order to achieve health outcome of person with disability not only functional outcome but also social participation with more learning and earning opportunity outcomes that needs equal serious concern.

This is just a picture that I like to give an idea to all of you here. This is the slide of orientation and mobility training for the blind in the rural community. This is the slide of development of the oral health promotion in primary healthcare setting. And this is the slide of health education for children with disability in ordinary school. And that is all for my presentation. Thank you very much.

Quality of Life for Persons with Disabilities through Participation in National Sports Programs

Horst Strohkendl
Former Associate Professor, Faculty of Special Education,
University of Cologone, Germany

Mr. President, dear audience, thank you for inviting me to speak about my topic; 'Quality of Life for Persons with Disabilities through Participation in National Sports Programs.' I want to mention the World Health Organization and the International Code for Functioning (ICF). Their rehabilitation model helps to understand the social aspects of disability and the benefits of sports participation, added with the contribution of the contribution of the scientist Aaron Antonovsky. He developed Salutogenese. It is a health program. It identifies "the sense of life" as an important factor in health care.

1. Historical implications in rehabilitation of SCI

The wheelchair sports experiment has brought some experiences that are quite significant in the rehabilitation of persons with spinal cord injuries. Everybody knows, that wheelchair sports activities are used as physical adjustment training in modern treatment of spinal cord injury. Participation in wheelchair sports can bridge the gap between hospitals and societies. This is the most important part that participation is a very important issue for having a healthy life. A lesser known person in rehabilitation of persons with disability is an American, Tim Nugent. He redacted from his experience in wheelchair sports some principles, that are quite important for the modern rehabilitation:

- Disability is not a disaster, but a challenge of life.
- The person is not disabled but can grow by overcoming the challenge of physical impairment.
- That means, that the person's spiritual and mental values are not disabled. Maybe the body or the eyes or something others can be impaired, but this is a challenge, that can be overcome and the spiritual and the mental value of the person can grow.
- This is also achieved by fostering self-determination of athletes to develop their own living opportunities and quality of life.

A good example for that experience became the Paralympics in London. It was a tremendous success in public recognition. And we can see on the left side, Patrick

Anderson, the best wheelchair basketball player and on the right side is Pistorius, who are good models to see what can be achieved by participation in sports.

But the question for us is: Is this outstanding public awareness equivalent to the number of participants on national level? My experience: Elite sports provide spectators but not necessarily participants. Especially if you know, to win a gold medal needs professional training and you cannot provide for everybody professional training.

2. Back to the roots and actual deficiencies

To go back to the roots, to the originals, and to look on the history, the two pictures that you see on the left side, the right side is Sir Ludwig Guttmann, who is well-known. The other one is the first president of the German Wheelchair Sports Federation. Actually, he was a farmer, and never was involved in sports. But he learned by participation in sports, when he was rehabilitated with his spinal cord injury, that he had a new life, and he put all his efforts to bring this experience to our people in Germany. And he wanted to have as many people as possible to participate in sporting activities.

The Paralympics Spirit became the successor of the Stoke Mandeville Spirit. It generated during the 1940s, wheelchair sports as a means of rehabilitation of spinal cord injuries and it was meant, that the International Stoke Mandeville Games focused on changing stigma into respect and public recognition. There are two objectives. One was to use it as a means of rehabilitation, so that people are integrated into our society. The development of the Stoke Mandeville Games was focused on publicity, that the public recognizes, that people with impairments can achieve and can enjoy. Today the original objective, social integration, is forgotten in most rehabilitation hospitals in the United Kingdom. The BBC recognized the Paralympic games, discovered Guttmann's work and they now found, that in all United Kingdom wheelchair sport is not provided in the hospitals. This is a case not only in United Kingdom. It happened in most countries. In most countries, we have some elite sports but not necessarily participation on the broad basis.

3. Ongoing challenges and proper means in rehabilitation of SCI

The challenges of spinal cord injuries are still the same as 70 years ago. It is still a life threatening impairment; loss of significant body functions and destroyed body image; strenuous body care and all day skills. But more importantly destroyed self-concept – this is an educational issue – loss of self-worth, loss of social recognition and appeal, loss of sense of life. Do you remember Antonovsky? It is important to have a sense in life in order to have a healthy life. Family members and friends may suffer even more. It is still the challenge 70 years after Sir Ludwig Guttmann has

introduced the treatment of spinal cord injuries. Though we have to look more distinctly on the issue and also to find out what are the proper methods and means to get more people involved in wheelchair sporting activities:

-We have to look on the psychological readjustment process of the impairment

-People have to learn enjoyable movement skills and games that are not elite-oriented, that are more recreational and can be done by even less talented and gifted people.

-Use the important role of the peer counselors. That means, the people in wheelchairs, who are experienced, can work as role models.

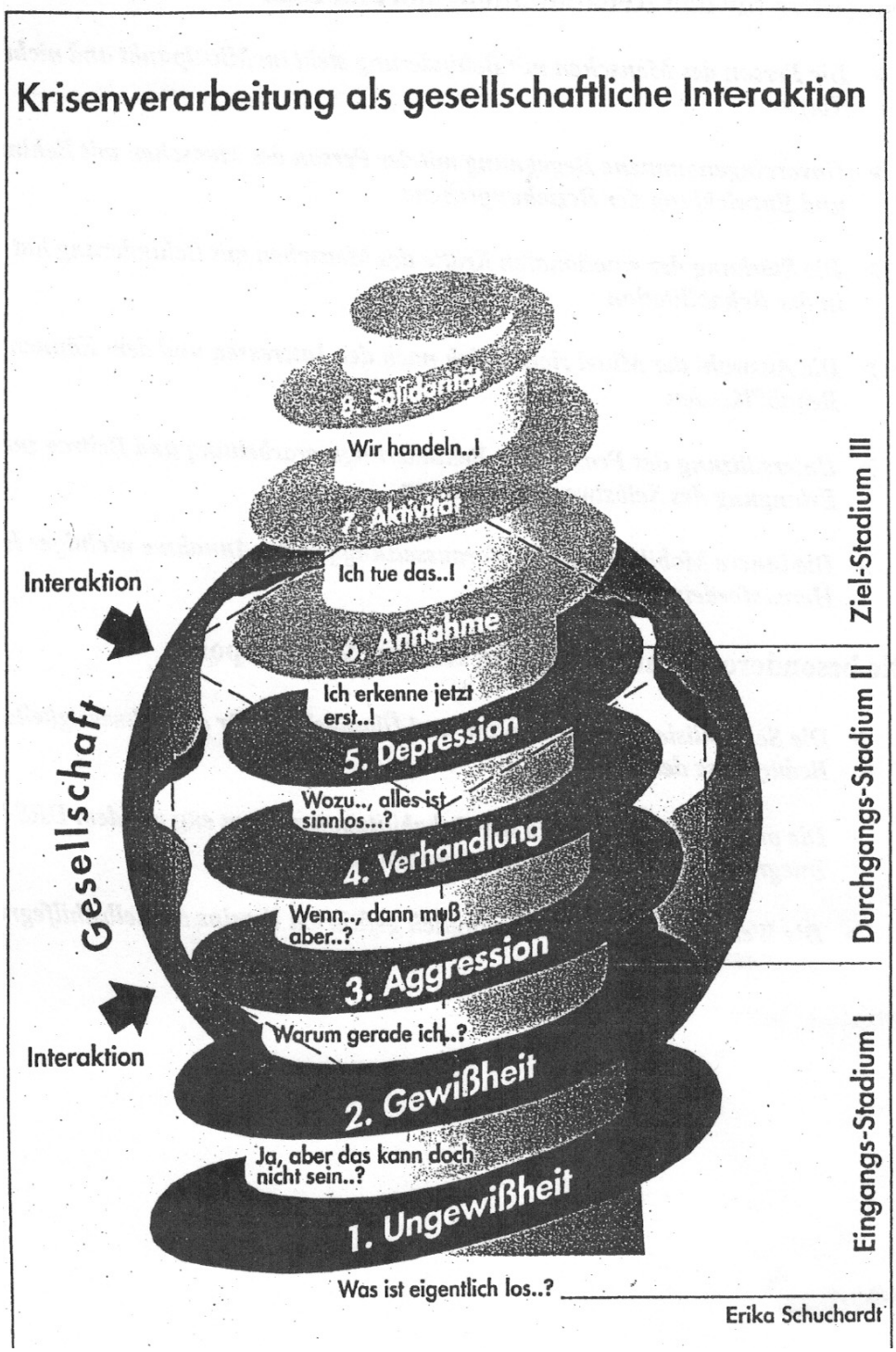
-We provide in Germany training courses together with family members and lay instructors. I have to talk about it later on.

-Out of these training courses, we hope, that there are follow up activities. Family members will initiate the foundation of regular community programs.

-Last, not least, to achieve the training courses and also to provide the community programs, we need the training of lay persons to become recruiters and instructors.

4. Guidance through the psychological adjustment process

I go back to the psychological readjustment process and we see here this is the model of Erika Schuchardt, which can give us valuable information how to proceed in rehabilitation.



She is showing eight steps how it works, that people can readjust, can overcome the disability and develop a new self. Important is the third level, you have to read from down upwards. The important part of the process is aggression. This is defined as the weeping of the soul and it takes some time until we can approach a person with

disabilities and to reconsider which sport or any other activity can be learned. We have to wait up until the people show some kind of activity (the 7th level).

In Germany, we recruit people at the fairs where they come and then look for something new. Nowadays, the time people stay in hospital is too short and that they cannot learn the sport quite well. Reaching the period of activity, we can even get people like Herbert Krah. He was our first president, who took up solidarity (the final level) and he got involved in organizing the German Wheelchair Sports Federation.

We have to learn a wider understanding of sporting activities to generate emotional and social benefits. So, this includes not only the classic sports, which we know from the Paralympics. On the left side, you see electric wheelchair hockey. That means in sports, we use our body as an instrument to generate emotional effects. And by using electric wheelchair, the person is incorporating this instrument and then it generates also learning and enjoying of emotional effects.

Solidarity and inclusion is an important issue. You have here Fusen, the Japanese balloon volleyball. This is what I see is the best inclusive activity, but you do not necessarily have to make it a competition. It is an excellent recreational activity, where playing together and assistance is learned.

A good promotion is to encourage athletes, even elite athletes, to become counselors. On the right side, she is one of my pupils. She is a gold medalist and now working in a rehabilitation center in Hamburg and doing recruiting. The counselor also needs some training:

- He should know the level of the psychological adjustment process that I have shown you before and not get too early on this issue.
- Establish a positive relationship. I think that is quite easier between disabled than between able bodied.
- Believe in resilience from own experience. In Japan you know Konjo, an ability not to give up in difficult situations. This ability can be strengthened in a person by sporting activities and individual support.
- The instructor should know, that an individual has a unique personality, and has to know, how to teach successful basics according to the interest and level of experience of his student.
- Knowing emotions need time to change and to grow,
- Showing real opportunities, and encourage the student to express new desires and allow new dreams.

By fostering the resilience of an individual, it means that the person strengthens himself first and then the person is ready to allow to have dreams and to have desires.

5. Special experiences from Germany in recruiting on national level

a) In Germany, we have quite good experience with ***mobility training courses***. These are two to six days courses for novices and their family members. Lay instructors, a team of disabled and non-disabled persons, are providing the program. They teach individual and social sporting activities, appreciate each other's friendship and solidarity and they exchange experiences from their all day living.

b) The national ***foundation of self-aid groups*** on community level is an important requisite in social integration. I have gathered some points that we have to look on:

- Family members and friends are motivated to organize recreational sporting activities one time per week.
- The community supports this initiative by allowing the use of gyms of public schools in the evening. That is the case in Germany. I do not know how it is in Japan.
- By legislation the group is accepted as tax free organization. I think the good t thing is, that you have a National Rehabilitation Center here in Japan and you have a good contact with the Ministry of Inner Affairs. You can initiate this program here, and most important is to provide training opportunities for lay persons to become instructors for recruiting purposes and supporting the community programs.

c) The ***training of lay people***, disabled, and non-disabled to become instructors. I am the head of Instructor Training in Germany and we provide 180-hour training program.

The lay instructors are open for personal relationships with all group members. They know about the psychological difficulties of novices. They work closely together with rehabilitation staff of hospitals to allow the first contact with novices. We know that integration of new people in our programs is only achieved by personal contact and needs a close relationship and working together of both the community program and the hospital. Social integration is not done only by publicity. Trained lay instructors are interested to assist novices to enter community programs. That means that they personally benefit from this experience. Here you can see this is a hello from one of the German teams after passing our instructor training successfully. Thank you.

KPC's (Korea Paralympic Committee) Roll and Plan for Development of Korean Sports for the Disabled

Cho Hyang-Hyun,
Secretary General, Korean Sports Training Center d-ground,
Korea Paralympic Committee

Good afternoon. This is Cho Hyang-Hyun, Secretary General of KPC. I would like to say thank you for the invitation especially Fumio Eto. I will present about the current status of sports for the disabled in Korea and I will also introduce Korean sports training center.

I will present about current status of the sports for the disabled in Korea. In Korea, there are 2.2 million registered people with disability. Among these people with disabilities, only 13,000 people are registered as the national athletes.

As you see, there are 30 summer sports including swimming, goalball, wheelchair in summer and then there are five sports event including ice sledge hockey, wheelchair curling, cross country in winter games.

This is the government budget. In 2005, the budget is $5,000,000 and then 2012 the budget has been increased 8times to $40,000,000

The government department related to disabled has been transferred from the Ministry of Health and Welfare to Ministry of Culture, Sports, and Tourism in 2005. Korean Paralympic Committee was established based on Korean Sports Promotion Act, Article 34 in 2006. After this change, Korea had a good relationship with the JPC.

KPC consists of nine departments and 73 full time employees working at KPC. KPC works with 16 cities and the provincial sports committee for the disabled and support 41 associated sports federation.

We only explain about major business and responsibility of KPC. KPC signed MOU with many countries. In order to improve the international relationship, KPC signed MOU and LOI with many countries such as Vietnam, Singapore, and Philippines and we also signed LOI with other countries including European and Asian countries like Japan and Thailand.

Next, I will introduce Korean Sports Training Center for the Disabled. Korean Sports Training Center opened in 2009 and this is located in Inchon at about 50 kilometer from Seoul and Korean sports training is not only trained national authorities, but also promote sports activities connected with the regional society and then we have many facilities.

We are going to introduce the different sports event. We can play badminton, athletics, soccer, wheelchair rugby, volleyball, basketball, tennis, goalball, swimming, judo, table tennis, fencing.

We have a plan to build a second construction such as archery and athletes field, wheelchair tennis. The national athletics trained in these facilities. We also have many leisure training center programs, so we have the sports medical room. We have a restaurant. We have a nurse room. We have fitness room, so in the case of injury during competition or the training, we have physical therapy in this program.

We also have PC room, karaoke, movie-theater, and library. The athletes can release their stress through this program. Last month, the JPC people visited our Korean Sports and Training Center.

I will explain about the vision and mission of KPC. First we build up sports infrastructure and second we will expand the human resource. Next, we will support sports sciences and we also spread the Paralympic movement.

In details, the goals is to go into the top 10 in international games such as the Paralympics. We will also organize the 2018 Pyeongchang Winter Games.

We are going to expand the support for national team athletes. We also invest in the valuable athletes and we are going to participate in the international game such as the Paralympics. Also, we are going to hold international games.

We do not have any facilities for winter games. We have a plan to build up the winter facilities such as ice sledge hockey, wheelchair curling, and speed skate facilities. Actually, we do not have many athletes for winter games. We try to find athletes from summer games, for examples, biathlon game is very similar with the shooting.

We only have two business winter sports team. We gradually increase the business of winter sports team.

As you see, we have 12 different summer business team but we are going to increase the summer business team also.

We also support the sports science program to enhance the competiveness.

We also support our 41 associated sports federation. The JPC had a great experience in the Olympics games so we are going to cooperate with the JPC. In order to hold a successful 2018 Pyeongchang Paralympics, we are going to do our best and we also have a good relationship with other countries.

We have dream programs. Dream program means people who never experienced winter sports. We just invite them and then we can give them opportunity to have winter sports. In order to promote the public relationship, we promote this kind of program.

In order to develop the public relationship for sports for the disabled, we are going to name the celebrity athlete.

Thank you.　This is all we prepared.

Measures for Promotion of Sports for Persons with Disabilities in Japan

Junji Kimijima
Director
Office of Support for Promotion of Independence,
Department of Health and Welfare for Persons with Disabilities,
Ministry of Health, Labour and Welfare

Good afternoon, ladies and gentlemen. My name is Kimijima. I am delighted to stand here to speak to you. The history of Japanese sports for the people with disabilities and also the status quo. Now, let me start off by sharing the history of the development of sports for persons with disabilities in Japan.

It dates back to 1964. Actually, it started in the wake of the Tokyo Olympics and the Paralympics in 1964 and followed by the so-called, the National Sports Festival for Physically Disabled which has been held ever since after following the national sports . The National Sports Festival for Physically Disabled has been hosted by each prefecture.

Since 2001, it was integrated with the National Sports Festival for Intellectual Disabilities. The National Sports Festival was combining for those with intellectual disabilities and the physical disabilities. The national government bears a fixed amount of 55 million yen and this is a fixed amount. This amount is shouldered by the national government and much of the remainder of the budget is shouldered by the prefectural governments. It is not possible for the central government alone to host the national sports competitions for the people with disabilities.

As for the National Sports Festival for the Disabled, we have the pleasure of the opening and closing ceremonies privilege with the presence of members of royalty and such intangible support has indeed contributed to the spread of National Sports Festival as a national event up to today. We very much appreciate the support of the royal family. Those participating athletes must be selected. Prefectural and designated city governments host sports events at prefectural and city level to serve as the qualifying tournaments. We believe that this has led to the prevalence of sports for persons with disabilities because of the engagement of the prefectural and local municipal governments.

In other words, sports and competitions for persons with disabilities are actually jointly hosted by the national government and the local government.

Now, Welfare Centers for Persons with Disabilities have been established in prefectures and designated cities since 1972. This is another noteworthy event because this has supported the spread of sports for persons with disabilities.

The Welfare Center for Persons with Disabilities actually gives consulting, providing trainings for daily living, rehabilitation, and sports recreation as well as responding to the inquiries from persons with disabilities and it has become a hub of activities for volunteers and organizations of each type of disability. It is equipped with gymnasiums, swimming pools, exercise rooms, counseling rooms, training rooms, accommodation rooms, dining rooms, etc. One-third of total cost was covered by the government subsidy to 2700 square meters and over. Currently, it has completed these improvements already. The National Welfare Centers for Persons with Disabilities actually have been jointly supported by the central and regional governments and actually in the prefectures, they have had the footholds represented by the Welfare Centers for Persons with Disabilities. As the competitions have been supported by both central and the prefectural governments, this has been the characteristic in history.

Today, let me highlight some of the leading representative sports. In 1981, that is the beginning of the International Year for Disabled Persons being designated and that is also the year when the Oita International Wheelchair Marathon has started. This was a very major marathon event for wheelchair athletes and this has been supporting sports for persons with disabilities in Japan and the existence of Japan Sun Industries, the so-called, has become not only the model of sports for persons with disabilities but also the model of the employment of persons with disabilities. As a result, since 1974, various activities have been ensuing.

In 1974, Japan Wheelchair Basketball National Championship, the so-called Prime Minister Cup was initiated and in 1988, National Wheelchair Long-distance Relay Race in Tokyo was established, and it is being ongoing. These are the important milestones and most of them are being sponsored without the subsidies from the government and we are very thankful that they have been supported by the private sector, the enterprises as well.

As for the Fiscal Year 2013 budget related to sports for persons with disabilities. This is the table which shows the general outline. Now, as for the national sports festival for the disabled, you can see ¥55,000,000 by the government and that is the only part which has been expanded by the national government. This is the Japan Sports Association for the Disabled. This will be that association, the old expenses required an anti-doping and information collection, all these would incur necessary expenses and those are supported by the government and also Paralympics. Such

international competitions would require financing. Japan Sports Association for the Disabled is subject to subsidy and the implementation of athletes development strengthening project. ¥588,832,000 is subsidized to the Association.

Today, I would like to highlight Oita International Wheelchair Marathon as an example.

Let me show you this chart first. Oita International Wheelchair Marathon has been ongoing for 32 years and all the participating athletes, the average age has been investigated and translated into this graph. There are classifications, T51 through 54. The most severe disabilities are classified as T51. There are four classes and for each class, average age in the past 32 years was recorded and this shows the entire participating athletes covered in this graph.

At a glance, you can tell that every time we have this competition, the average age is heightened. As you can see, the average age is going up. In other words, actually it shows the differences in the average age rather for T51 in each event regardless of the type of marathon because of less number of participating athletes but as for T54, that is mild disability class. Every time there is upper trend of age in each event. Most probably, we can assume that participating athletes are coming back regularly and as you can see that each athlete is aging every year.

We have compared the foreign athletes against Japanese athletes. Now, if we single out the average age of the foreign athletes, we found out that the dotted line plotted shows that for half marathon participants and full marathon participants, we compared the oldest persons. Also half marathon versus full marathon, the youngest runners are plotted. Then as for the foreign athletes, regardless of whether it is full or half marathon, every year, the foreign athlete is getting older by one year probably meaning that it is the same identical athletes. Here, the change of athletes, so there are certain points which there are identifiable changes in athletes. As for the average approximately, 25 to 40, that is the average age; 35 to 45, that is when every year we see the comparable increase.

Now, as for the youngest athletes compared against the oldest athletes, the youngest ones do not show the steep change. We can assume that it is because the youngest athletes are replaced by new ones but on the other hand, more senior athletes, they keep coming back; the same people not being replaced. This shows the foreign athletes.

Now, compare against the next graph. This is the Japanese athletes being singled out. At a glance, you can tell that the Japanese athletes' average age, the bottom is around 40. From the very beginning, the youngest ones were around 40 and the average age is going up and now it is between 45 and 55, and recently, it is almost like

60. That is the situation of Japanese athletes participating in wheelchair marathon. As for the oldest athletes whether they are participating in half marathon or long marathon, every year, we see the same athletes coming. The oldest people are recorded by the same athletes coming back. Unlike the foreign athletes, they are not actually replaced when there is no change of course in the process. It is not interrupted. The same people keep coming back. That is the trend as for the Japanese athletes.

Now, look at the youngest athletes. Now, unlike the oldest athletes, it is almost steady, flat. Every year, of course there is an entry of new comers but when it comes to the youngest age and the gap between them and the oldest athletes, the gap is widening every year. The average age is not actually decreased because the younger athletes are quite limited in terms of new entrance. That is the reason that there is a wider gap every year between the oldest and the youngest athletes because of very limited number of young entrance.

This trend is expressed in words. As a whole, you see that the average ages of participating athletes is obviously on the rising trend and as for T51, severe disabilities class clearly shows difference in the average age in each event regardless of full or half marathon because of less number participating athletes. For now, there is tendency of gradual increase and the average age is seen in each event, but mostly concentrated in ages of 25 and 35 and for both full and half, the oldest persons have been changing. Young athletes are continuously being produced and entered into the marathon.

As for Japanese athletes, there is at least 10-year difference between the average age between Japanese and the foreign athletes because Japanese athletes, the average is 35 to 45 whereas foreign athletes, 25 to 35. As for the oldest persons of both full and half, it seems that the same athletes are continuously participating and younger athletes are continuously being produced. Still, the gap still keeps expanding between the young and old and when comes to Japanese athletes.

The central government and the prefectural governments are being jointly supportive of the Japanese national sports and competitions for persons with disabilities, but now the major challenge is how to actually discover and explore the new athletes with disabilities. There is a welfare center for persons with disabilities in Japan but the barrier is that it is very difficult to secure place where they can train themselves near their home and also coaches and all the supporters must be secured to make sure that they have prime environment for training. Japanese society per se is experiencing aging. The same thing can be said about the sports for disabled, so we have to explore new athletes. Thank you very much.

Present Approach to Sports for Persons with Disability in Japan

Kunio Nakamori
Director, Training Division,
Japan Sports Association for the Disabled
Secretary General of Japan Paralympic Committee

Good afternoon, everyone. My name is Nakamori of Japan Sports Association for the Disabled. I am very honored to have this opportunity to speak before you.

Can I take about a minute to introduce myself? In 1974, I started out in this world of sports for disabled people and currently I work for the Japan Paralympic Committee (JPC). I worked for 29 years in one of the sports centers for persons with disabilities as an instructor. I instructed the athletes and also worked for establishment of organizations and management.. Since then, I started working in the secretariat of the Japan Sports Association for the Disabled, and have been working in charge of JPC for theses 10 years.

I have been in this world ever since I graduated at the university. I am a specialist in swimming instruction. I still continue to give instructions in swimming both as a job and as a volunteer. I instruct people with almost all disabilities such as Cerebral Palsy, intellectual disability, visual disability, amputation, spinal cord injury and cerebral vascular disorder. I am also involved in the swimming federation as a volunteer and I have been involved in the Japan championships, the training camps and other events.

These are my international activities. I have been to nine Paralympics, winter and summer and eight other international games. I was the Chef de Mission of the Japanese delegation for the London Paralympics. Through such activities, I have learned very much.

This shows the Japanese participation in the Paralympics. We started out with rehabilitation sports to competition sports to more elite sports. In 1964, hosting the Tokyo Paralympics was a very big event for all of us because it became the incentive to create sports centers throughout Japan. In 1974, Osaka City Sports Center for the Disabled was established. Persons in home with disabilities participated in sports activities.

After the hosting of the Nagano Winter Paralympics, we established the Japan Paralympic Committee to include all disabilities. The Japan Sports Association for the Disabled includes physical disabilities, intellectual disabilities and mental disabilities.

As Mr. Kimijima reported, the hosting of the Tokyo Paralympics was a big initiative. It triggered a lot of reforms and actually led to the formation of our association and also from the following year, the annual national sports festival for person with disabilities had been held every year since then. It contributed to promote sports for persons with disabilities.

The Tokyo Paralympics was held for five days with 370 athletes of 22 countries. Mainly, participants of the game was persons with spinal cord injury . We have domestic games as well where people with other disabilities also participated such as amputee, hearing, visual disabilities and this has been held every year since then.

In 1991, national game for people with intellectual disabilities, and in 2001 we national game was integrated with physical disabilities and intellectual disabilities.

In 2008, people with mental disabilities as well were integrated into our national games.

The participation of people with disabilities has increased very, very much and very broadly as well. Also, sports centers for the disabled have been established because these people with disabilities were not able to use ordinary sports centers for non-disabled people, so we established the first one in Osaka.

This is a sport center in Tokyo. We have sports athletic facilities, track and field, swimming pool, gymnasium. This is for wheelchair training rooms. The Tokyo one has accommodations lodgings also meeting room and conference rooms. We also have a tennis court and archery field as well.

Sports centers have since been established throughout Japan as you can see in this map.

With this, people with disabilities are now able to enjoy sports relatively near their homes. As was reported in the case of Korea, this is on the prefectural level. Almost all prefectures of Japan have prefectural sports association and a sports facility as well. On the right hand side, you see the sports instructors associations is various parts of Japan.

In 1998, we hosted the Nagano Winter Paralympics. With the establishment of the Japan Paralympic Committee, we were able to reinforce the training of our athletes. We started out with only physical disabilities and since then incorporated intellectual disabilities and mental disabilities later on. Currently, we have almost all disabilities.

The Paralympics committee includes the intellectual disability people and we also incorporate the Deaflympics athletes and also other athletes as well.

There are a total of 62 organizations involved in our Paralympics Committee. The Paralympics cover all sports related to persons with disabilities. The yellow ones are

the winter sports. We include all sports involved in the Paralympics. These are the Deaflympics sports for deaf people or the deaf athletes and the intellectual disability sports and also other sports.

On the National Sports Federation level, we have quite a variety of different sports. After Athens, we have been able to start up more intensive programs. The first, we got a subsidy and we are now able to provide funds to the 62 member organizations under the Paralympic committee, so that they can reinforce their activities.

The second, we are now able to give scientific and medical support. At last, after Athens in 2004, we were able to strengthen our activities with more scientific research and medical research as well. Medical, scientific committees were established to support our prefectural organizations and also with the Japan Anti-Doping Agency (JADA) and the Japan Sports Arbitration agency (JSAA). We are members of JADA, JSAA as well as Japan Sports Association. All the national federations are members of the Japan Paralympics Committee from where they receive our funds.

Until about 2003, we focused on just participating in the Paralympics and the Deaflympics. Our main focus was that but after Athens, we were able to incur more activities such as scientific research, international training of international officials. From about 2004, our scientific activities were further strengthened and from 2008 or 2009, as Mr. Kimijima explained, with more funding from the government, we were able to further improve our activities because the governments subsidies were increased. More activities increased. Since then, all these activities continue to this day.

We also have certifications for sports doctors and sports trainers. We have training for anti-doping control programs and also training for trainers as well.

Budget-wise, from about 2008, after Beijing Paralympics, the public funding for sports for people with disabilities, the public funding for sports for persons with disabilities we have been receiving but that was not enough. We discussed negotiations with Ministry of Health, Labour and Welfare. We had the green part increased for reinforced training for the athletes. This is the material from 1 year ago, so it is a little bit old but as you can see, the government subsidies funding has been increasing over the past years.

The Paralympic Committee, the JPC, we cooperate with international organizations, so we collaborate with other countries. On the international level, of course, the Asia Paralympic Committee is an umbrella organization of International Paralympic Committee(IPC) and Japan as one of the members of Asia as well as IPC. In Asia, we as a leader in the Asia region, we plan to help support other developing countries of our region. The biggest focus is on the Paralympic games to get good results in the

Paralympic games is one of our main goals and what can we do to be successful. We have the Deaflympics and other global world-scale games and also in Asia, we have the Asia Para Games and the Asian Youth Para Games. We are one of the central biggest delegations to all these international sporting events especially in Asia. We distribute funding to our national federations. This fiscal year, ¥550,000,000 was provided to 61 sports organizations. So, they can participate in international competitions and whole training camps.

As was explained by Mr. Cho, scientific support initiatives are very important. Currently, under this scientific support initiative, we have seven programs. Leaders from each of the seven fields get together to discuss what we can do to strengthen our athletes.

From about 2008, we are far behind Korea, but we have started to give incentives and rewards to medalists in the Paralympics like ¥1,000,000 for gold medalist, ¥700,000 for silver and ¥500,000 for bronze medalist. Rewards in Olympic game is three times more. We analyzed the results for the London Paralympics. I am sorry but we do not have the materials in Japanese. Now, the Japanese delegation that went to London as you can see, we did not gain many medals in London. Compared with the previous six games, you can see compared to Barcelona in '92 and Athens, Beijing and then London, you can see that our medals have been decreasing. As I said, the support funding to our national federation is about 10 times more than the situation in Athens but the result was not so good. I would like to explain the reason later.

There were positive results from London. One was that for the first time, we won gold medal in team game of goal ball. Until now, the highest was the Vancouver silver medal for sledge hockey. For the first time, we won a gold medal. One of the ID athletes – we do not have very many ID athletes actually participating but we have a gold medalist in the 100-meter breast stroke. Also, for wheelchair tennis, for the first time, we had a consecutive victory in the men's singles. A negative result was that the number of medals in athletics decreased from 12 to 5 and in cycling, our medals decreased from 6 to 1. That was a big loss and also in archery where we had medals before, we did not have any medals and there were no new sports in which we won medals.

If we look at this more closely, athletics, cycling, swimming – the red ones show the best results in the four games and the green ones are the worst results. In London, we have green for many of it. In red, the best results were in 2004. In 2012 in London, you can see that there are no red sports.

In our team sports; however, we have two sports which are red which are the best scores so far. In sports like sitting volleyball, we have not been performing as well as before. We did increase the number of training camps. For team sports, we have had more participation in international sports events, so probably it was a little bit better but for individual sports, we did not do well.

In wheelchair sports, we won twice against Australia and lost two times against China and Australia. In other words, it was two to two, but Japan turned out to be third place because of the score comparison. Australia as a result got the silver medal. If we had been in the final competitions, we may have been able to get a medal, but we lost in the preliminary rounds and so we could not get a medal.

The top one shows the Olympics. This is a comparison between the Olympic Games and the Paralympic Games. The bottom part shows the Japan results in black. In the Olympics, there is not much of a difference between the results of the Japanese team and the top team which was USA whereas in the Paralympics, there is a big disparity between the top team China and Japan, so that if we can get more funds for more training, I think that we have a potential to raise the scores results of the Paralympic athletes.

This is the results analysis for the medal-winning top countries. This shows that the top ranking countries, the percentage of medals that were won by the top-ranking countries was very high. From 2004 Athens to 2012 shows the analysis of the results from 2000 to 2012 of the top medal-winning countries. The countries that hosted the Paralympics and put a lot of funds, a lot of training into their athletes' performance did actually get better results. In order to raise the level of our delegation. We need more scientific research, more experience and international competitions.

Issues to solve. For the athletes, the first priority is in green to support the training. For the national federations, it is important to improve the infrastructure and then funding and then human resources. But for us, JPC, our most priority is we want more funds. Then after that, we can improve our infrastructure and consequently our human resources as well.

We come under the Ministry of Health, Labour and Welfare, so together with the ministry, I hope to work further for the improvement of the Paralympic activities in Japan.

Thank you.

Approach for Improvement of Health Promotion and Sports for Persons with Disabilities at Yokohama Rehabilitation Center and Yokohama Raport

Junko Koike
Director
Yokohama Rehabilitation Center

Good afternoon, everyone. My name is Junko Koike, the Director of Yokohama Rehabilitation Center. Today, I would like to talk about the initiative for improvement of health promotion and sports for persons with disabilities in Yokohama.

I would like to share some overview of the Yokohama City. Yokohama is located next to Tokyo. It is the biggest, largest local city with population of 3.7 million but we are facing the aging issues. We have the elderly persons over 65 years of age is already 20%. The number of persons with disabilities with physical disability certificates are around 90,000 but among them if we include intellectual disabilities, it will become more numbers and more than 100,000. We can assume that 3% or 4% of the population have some kind of disabilities if included with intellectual and the mental disabilities.

Today, I would like to introduce the two centers; the Yokohama Rehabilitation Center (YRC) and the Yokohama Rapport are located in the northern part of Yokohama City.

I would like to share the overview of facilities. The YRC has the Information Consultation Department , Medical Department, and Welfare Department. The subject of the person with disabilities are categorized with the life stage with chronic disabilities who are living in the community and we provide them medical services, consultation and support, home visit care, assistive products, and for the children to have the group education, and transitional support for employment of adult persons with disability to live in a community.

The main activities for us is to improve the activities of daily living (ADL) and quality of life (QOL) of home-based service for persons with disabilities, and for the disabilities which occurred in the developmental period of children to provide a service from childhood to adult stage. We have several rehabilitation centers for children in Yokohama city and the YRC is the core or leading center of advanced rehabilitation services including assistive products.

Now, I would like to introduce the Yokohama Rapport. The Yokohama Rapport is the sports facilities for persons with disabilities. It is categorized as a Type A of the

welfare facilities for person with disabilities by the governments. We have the facilities for the arena, swimming pool, and the fitness room. We have 260,000 visitors per year. We also have the cultural facilities such as a toy library, creative workshop, theater hall, and we have usually 160,000 visitors per year.
The characteristics of this center is designed for person with disabilities but we welcome citizens without disabilities. Persons with disabilities and the caregivers and other citizen can enjoy and use the facility just together.

The activities of the Rapport is divided into 2 categories. One is for sports and the other one is community support. For the sports activities, we have the sport event programs and we also support community activities.

Today's topic, some of the activity that is conducted by the Yokohama Rehabilitation Center and the Rapport. I would like to introduce three of them. Number 1 is effects of continuing sports activities. Number 2, activities to promote sports and activities. Number 3, the development of new sport activities.

As for the effects of continuing sports activities, we had a survey and identified the changes of the physical fitness and QOL of the persons with chronic stroke in 5 years of time who have continued the support activities. We had a survey who visit Rapport who survived the chronic stroke.

As for Rapport, we conduct annual event to measure physical fitness. We selected the subject for chronic stroke. We conducted the assessment in 2006 and 2011. We choose the subject who attended, who participated the assessment in 2006 and 2011. The subjects have the post-stroke hemiplegia and the total number of the subjects who are 45. It is not a big number but we followed up the changes of these subjects in 5 years.

The profile of the subjects in 2011, the mean age was 68. The average duration of the post-stroke is 11.7 years. As for the sports activities, we divided them into two groups. One for the continuing group is 35 persons and the other group , non-continuing group was 10 persons..
We used the assessment on items. The number 1 is 6-minute walk test and number 2, maximum speed of a 10-meter walking and number 3, comfortable speed of 10-meter walking and number 4, grip strength which is an unaffected side and number 5 is the side steps.

As for the QOL test, we used the SF-36 forms to assess the QOL and also had an interview with all the subject. This is the result of the survey. The number of the subjects were 45, but we divided them into two groups with 35 who are continuing sports activities and 10 with non-sport activities.

The assessment was conducted in 2006 and 2011. This chart shows the comparison of the results. Because of the aging from the 2006 to 2011, regardless of the support experience, most of them have the score reduced with the aging. When you see the 10-minute walking, you can see the asterisk and the other one for the grip strength, two asterisks. This means they are significantly reduced. When you say the group in the continuing group, when they see the 10 minutes walking, you can see the number was improved. It is not significant in the statistics, but you can see the improvement.

The next slide shows with targeting only for the continuing groups and we divided it into two age groups under 70 years of age and over 70 years of age. When you see the groups because the first one was conducted in 2006 and the other one is 2011, in these 5 years, the score tend to reduce because of the aging but when you see that only the group of this younger group with under 70, you can see that there are slight improvement of the 6-minute walk and 10 meters maximum speed and comfortable speed. You do not see there is no significant improvement statistically, but you can see that the score or the physical fitness was maintained or a little bit improved.

As for the 6-minute walk, this is the chart to compare with the elderly people without any stroke or any health issue problems. I got this data from the Minister of Education statistics. This chart shows that even for the elderly people in a good health condition still reduce the physical fitness as the time goes by.

Now, this is the comparison between the elderly person's group without health issues and the red one is showing the stroke survivors. You can see that some slightly reduced of the red groups but you can see the scores did not reduce drastically because of the stroke.

This shows the result of the SF-36. This shows the QOL, Quality of Life and we conducted this with all subjects with 45. Compared with 2006 and 2011, we did not see any significant difference. When you see the chart, the average and the Japanese in 50s and 60s and 70s without disabilities. You can see that most of the scores are almost the same or they did not have any significant difference because of the stroke after effect.

Another chart shows that the continuing group, the change of the scores of the continuing group in 2011 and 2006. We could see only one significant difference with the statistics. It is the P value 0.05 but you can still see the significant improvement in the vitality.

Another is non-continuing group and you can see that those groups do not exercise regularly and you can see the significant difference in the emotional area. You can see that it reduced significantly in these 5 years.As a conclusion, for the health of elderly persons over 60 years of age showed that the reduced score in 5 years. But for the

stroke survivors and group of continuing sport activities with the younger group. You can see that there are some improvement of the physical fitness or the score was maintained. As for QOL of the stroke survivors, there is some vitality of SF-36 that was improved and for the non-continuing group that the score of role-emotional was reduced significantly. Regular social inclusion through sport activities can have a favorable impact on stroke survivors, physical fitness, and mental activities.

I would like to introduce some promotional efforts for the sports activities.

At Rapport, we offer community support activities to encourage persons with disabilities to improve QOL and the normalization and improvement of the social participation. We also encourage them to join the sport activities not only at the Rapport, but also the programs in the local communities so that the person with disabilities can have the independent activities.

The number of events that local programs, we started this program in 2000 and you can see that the number of the events and the participants number. This chart shows that every day at least one event is held in any part of Yokohama City.

This chart shows the detail of activities and participants. Most of the activities have the program for the rehabilitation and the sports. That is more than 50% of the programs are targeted with the rehabilitation and the sport. What is our understanding is that we support the person with disabilities to do something independently like organize the sports and recreational guidance to conduct programs by person with disabilities by themselves. They can see that 30% of the activities are done by the person with disabilities themselves.

As for the participants, almost 50% of the participants have some kind of difficulties, but there are other care givers and volunteers or the staff members. We also offer the training for the staff members and volunteers, so you can see the high number of the persons without disabilities attend this kind of event.

The promotion efforts for the sport activities; we have the improvement in the environment where people can enjoy sport in a nearby areas especially for the persons with hemiplegia. Not only the staff of the Rapport, but also the members in the local communities cooperate each other to offer the sport programs in the local communities. We are building up know-hows and techniques or knowledge about the sport programs, so we can support or train the staff and volunteer members to provide programs in local communities.

YRC and Rapport also conducted development of new sport activities. Today, I would like to introduce program called Access Dinghy. The Access Dinghy is a small kind of yacht developed in Australia. There are other new sports activities such as the

sledge and equipment which are adjusted to the different disabilities and also have the different sport activities for the Aspergers Syndrome like the group activities, but today I would like to introduce the program called Access Dinghy.

When we develop new support, there are some policies that we have. First of all, we contact with the NPO which offers the special programs for the person with disabilities. We try to work together with the existing NPO. We hold the workshops for the staff members talking about the disabilities or techniques to assist persons with disabilities. We also develop assistive devices to fit the program. This time because it is a sailing, we develop a new stick to sail the small yacht. As for the setting, we need to use the harbor, so we had to make it accessible so we improved the environment of the harbor.

As for the corporation with NPOs, for the sailing, we need many equipment and the coach staff. So, the NPOs offer those kind of equipment and expertise and Rehabilitation and Rapport offer the know-how about the disabilities.

Our ultimate goal is that we cooperate. We support them to hold periodically the workshop or trial sailing in the local communities. You can see the picture that the person with disability such as the hemiplegics and we had to explain, we had to teach them about the stroke or spinal cord injury or cerebral palsy, amputees, and other disabilities.

This is the example, one of the assistive devices for sailing. To use the Access Dinghy, that small yacht, we need a special device or seating for the person with disability to stay to provide a stable sitting position. This chair is called Delta Seat.

As for the person with disabilities in upper limb like with the hands, so that we developed a special joystick that is easy to control without a strong grip. Some participants are joining the competition as well.

Lastly, I would like to show you how we accommodated the harbor to use. The harbor itself is not designed only for the person with disabilities. It is being used for general public. We developed lifting system which can be movable lift. You can see there is a pole. You can pull in whole of the harbor. We can use this lift only when the person with disabilities use the harbor. You can see that there is a lift and the string hanging equipment. You have to move down the person from the harbor to the yacht.

For the Rapport and YRC, we think it is important to have a good network and a communication, corporation with the local NGOs and communities. Our ultimate goal is that the person with disabilities will go back to their community with big smile. Thank you.

Approach for Development of Health Promotion and Sports for Persons with Disabilities at National Rehabilitation Center for Persons with Disabilities

Yoshiko Tobimatsu
Director, Health Promotion Center,
National Rehabilitation Center for Persons with Disabilities

Good afternoon, ladies and gentlemen. My name is Tobimatsu, Director of Health Promotion Center, NRCD and I would like to speak on the subject of efforts of NRCD in promoting health and supporting sports for persons with disabilities.

I would like to talk about these four items. Also, about how we identify health for persons with disabilities and also what we have been doing, what we have engaged in and first of all what does elderly mean. The definition of elderly perosns is for those who are 65 years old or above. We are actually, in Japan, entering into the super elderly society. One out of five is above 65 and as you can compare internationally, you see that Japan is the most rapidly aging society without doubt. It is a super aging society. That is the actual situation in Japan and this is the pyramid of population. It is bell-shaped. The elderly people, that is on the top. Dark blue is being supported by the blue working people and this is the transition. In the middle it is 2005. The right is 2055 and you can see the population is moving towards depopulation with the greater proportion of elderly people and the younger people lessening.

As for Japanese productive population, 1.3 persons have to support one elderly person. That is going to be the reality in Japan. This is not unique to the case in Japan. When we look at the western countries, we can identify the similar trend and also in Asia as well outside of Japan. We see the similar trends, so aging society, aging trend is prevalent in all these countries. In other words, this problem is being shared by many countries and not just Japan.

This shows those elderly people who require care and actually designated as those who do require care officially and as you can see, this is not the increase. Now, you see different grades or classifications of the type of care required for the elderly people and you can see that these are on the increase as well. In other words, those people who required care is on the increase, why? It is because of these reasons and courses and females or males. On the right is female. On the left is male. The cause elderly people need care is cerebral vascular diseases and orthopedic impairments such as bone & joint diseases and falling.

WHO is advocating the healthy life expectancy. That is the most important thing. In Japan, what we mean by healthy life expectation is considered to be the life expectancy when the people can enjoy independent autonomous life without requiring support or care. That is the idea; however, there is a period of time that you have to face when you require care. As a sound society, it is much more preferable if people can enjoy healthy life expectancy period longer.

In Japan, healthy life expectancy period is long but at the same time, Japan's life expectancy per se is long. You can see that the aging population would be encountering the period when they will be providing care sooner or later because they live longer. Now, extension of healthy life expectancy, let me introduce you through Healthy Japan 21. This identifies the things that we should keep in mind to enhance healthy life expectancy. Also, Smart Life Project, three actions have been advocated. The first is proper exercise; the second is proper eating habits; and the third is no smoking. Also, the Japanese government has enacted the Health Promotion Act. These are just some examples of attempts to extend healthy life expectancy in Japan without care.

When it comes to the health promotion for those who with disabilities, when we shed light on that, we have to understand what health means and at the very beginning of this seminar, someone explained WHOs definition of health. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. What does it mean? What does health mean for persons with disabilities ? That means that they have to be independent and autonomous, no need for care. Well, actually, even among persons with disabilities, they do share common issues such as obesity as well as the lifestyle related diseases and also locomotive syndrome. These are some of the issues. They could shorten healthy life expectancy as a result of this general factors and the health threatening events like cerebral vascular disease could shorten their healthy life span and activity deterioration could occur.

Also, the speaker from Thailand has stated that there are health threatening events specific to disabilities which would result in complications such as spinal cord injury, bed sore, contracture, bone fracture, urinal infection and decline of renal function. Also stroke, contracture recurrence which would mean the threat posed to the health resulting in complications and visual disorders. It is important not to exacerbate the level of existing disease for those who have diseases now.

Let me focus on the persons with disabilities and locomotive syndrome. With the super aging society becoming a reality in Japan, it is so important for us to try to

develop preventative measures and also try to identify proactively those that might or that have the highest potential of deteriorating the activities as a result of aging.

One of the threats will be locomotive syndrome. Deterioration of locomotive organs such as bones, joints and muscles related to the locomotion specific to disability, they could be subjected to deterioration as they age. Also, like walking disorder, impairments, and many of those who with disabilities must resort to wheelchairs. They are wheelchair-bound for walking, for mobility, so people with disabilities must rely on specific mobility measures. The locomotive syndrome could mean that wheelchair-bound people would be suffering from shoulder joints, elbow joints, and wrist dysfunctions. As a result, they are no longer able to make movements or free mobility and so people with disabilities could suffer from graver locomotive syndromes. When people with disabilities age, then their locomotive functions could deteriorate even further more than the healthy people and also the lifestyle related diseases could strike them, so these are some of the threats that must be dealt with proactively because they could be a major threat to those people with disabilities.

Those people with disabilities, why is it important? Especially important for them to maintain a healthy life expectancy. I have been trying to emphasize this because the period to maintain functions depending on the degree of disability and maintenance of that period. Extensive healthy life expectancy with the people with disability is important because the mobility or the movements could be restricted and also people with visual disability could be restricted activities because they need to use a white cane to walk and the lack of access to proper information because of intellectual disabilities could discourage them to become active members of everyday lifestyle, everyday interactions and also because of the lack of exercise. People with hearing disorders is same situation. The chronic lack of exercise could result in malnutrition, mal-health, and metabolic syndrome could result. Also, locomotive syndrome could be the major threat. Thus, these factors could shorten the healthy life span. This could strike not just the healthy people, but it could strike even more gravely by giving a bigger blow on people with disabilities..

This is my idea of healthy life expectancy of people with disabilities. I would highlight the healthy life expectancy of people with disabilities means the period to maintain functions depending on the degree of disability and the maintenance of the period. That is extremely important and also extensive healthy life expectancy.

Now, let me talk about the Health Promotion Center. It was newly established in October 2010 in the hospital and the objective of the center is as following: one, health promotion for persons with disabilities to support projects promotion and research and

development of various program that will contribute to improvement of the health and the QOL of people with disabilities. These are promoted. In the presentation of Dr. Koike, there has been various activities ongoing. It is not just in Yokohama but there are many regional promotional centers that have been very active promoters of the health promotion for people with disabilities and it is important that all these good examples should be extended and widely disseminated for the health promotion of people with disabilities.

The philosophy of health promotion center is visualized here and this is ICF model. Now, please note that engagement is extremely important and of course, we have to take note of health but at the same time, participation is so important by highlighting the enhancement of QOL, quality of life, of people with disabilities. That is the most important objective. In order to enable people to participate and become active participants, it is important to develop environment and also health conditions should be enhanced and that hospitals and centers, medical and vocational rehabilitations are provided to improve functions and be acquired vocational skills.

Actually, Health Promotion Center is focusing on the everyday lifestyle of people with disabilities in order to upgrade the QOL. Now these are some examples of health promotion projects. We have to identify the realities of lifestyle disease of people with disabilities and develop programs to prevent such diseases and to modify lifestyles and encourage active engagement of the people involved. It promotes the development of the optimum environment to promote health of these people. In concrete, the physical checkup of the people with disabilities and there is health screening, specific medical examinations and development of program for prevention of secondary disability, as well as the users of Rehabilitation Services Bureau with health administration and health promotion and project to develop health promotion support program for the people with disabilities.

Fourthly, the enlightenment or the educational campaign projects related to health promotion of the people with disabilities. Five, research and studies on the lifestyle diseases of the people with disabilities. Sixth, developmental programs to reduce the burden of caregivers and development of care systems. This is the program for caregivers to reduce their burden.

Now this is this age distribution of the users of Rehabilitation Services Bureau in NRCD 2011. The vertical axis shows number of users and end it is now 76. That is the subject. So, the horizontal access shows the age. There are some elderly people as well here among the users. Now, as for the primary diseases defined here, also particularly impaired people and also we do have spinal cord injury, cerebral vascular

diseases and also external injuries of the brain and others shown and arbitrated. You see here that the spinal cord injury, cerebral palsy and also external injury because of amputation. The internal organs are healthy but there are impairments externally.

What happens to these people? Among 58 persons, 23 persons almost 50% of them are suffering from obesity and that became quite apparent. When there has been various checkups that had been done and then the blood pressure abnormalities were shown among many of them. Among 76 people, 31 people had problem of blood pressure, 17 people had lipid abnormality, 12 people had high urinary acid and 3 people had problem of blood glucose. They showed abnormalities. As far as the state of health, not so good. That was the status of the person. Checked, and so they needed to cope with that. Exercise intervention was executed and that the rehabilitation hospitals, people have taken initiatives and as health promotion center, those people have intervened. 21 people those who with higher brain dysfunctions; visual disabilities and physical disabilities; all people were males and average age was 38. Group exercise guidance was provided to them .

At that time, the exercise intervention so-called was implemented and also daily life guidance and also nutrition and education. These three types of interventions have been provided. As a result of 3 months intervention, body weight has gone down conspicuously, and the body fat percentage went down, and BMI naturally coincided with reduction of body fat. With the positive interventions, all the abnormalities after checkups have shown improvements.

Now, the conclusions that the interventions have proven to be quite effective and therefore, this kind of interventions should be shared and also extended in other areas. Next year, we will collaborate with Yokohama Rehabilitation Center and Chiba Rehabilitation Center they are leading municipalities. We should together try to promote these interventions of projects as the health promotion effective measures and that we should share and extend nationwide.

Next is support sports clinic and support challenged sports. As Mr. Nakamori gave a presentation, the sport is a very effective means just to enhance the health. Now, health promotions and sport clinic was opened in July 2010. With the objective of health promotion for people with disabilities and promotion or physical activities and also support of athletes with disabilities.

We can prevent disabilities as well as monitoring the state of health, but at the same time more positive intervention. For instance, sports disordered treatment is part of the menu and consultation or making expedition and acceptance of voluntary trainings in

gym and also consultation on doping with sports pharmacist. These are some of the support activities for athletes with disabilities.

As for sports support projects, we have various actions being taken and the major objective is to enhance quality of life of people with disabilities and develop the environment to provide challenged sports programs and develop programs that make full use of disability characteristics and carry out dissemination activities through the training center for people with disabilities sports science. As well as to support the improvement of petition power of challenged sports. Part of the outcome should be expected outcome should be the diffusion of these sports; sports activities for the disabled people.

In concrete some of the actions we have taken are listed here. Number 1, medical support related to challenged sports. We provide medical checks to athletes and we were given the budget from government and to undertake the medical checkup. We can support the health. Also, provision of athletic rehabilitation program for the people with disabilities because oftentimes these athletes with disabilities find it very difficult to find a place where they can train themselves. If they are able to find a place where they can stay for several days to engage in the concentrated training, that would really make their training effective, so we can provide them with some of the accommodation and venues and cooperation in sending medical staff to sports events and expeditions. Also number 2, provision and improvement of training environment. Number 3 is development of challenged sports support programs. Number 4, research and study on challenged sports. Number 5, training and up-scaling of personnel concerned with medical science of challenged sports. Human resources development is very important. They have to be highly skilled and well-trained.

This shows the physical examinations scenes and it is the rugby athletes. They are being checked up. Medical check-up is conducted and blood pressure and also the body fat. These are measured. The data is taken and it is very important that it is to be given the feedback that given the results, so as the team. They are informed of the data. Not only the data is given to them but when they go together for training and they dine together, so the nutritional advice or diet advice is given to them and they are educated of nutritional aspects as well as awareness of what it takes to be healthy as a group. They are able to gain information and enhance awareness with the presence of experts. So, 6 months later when we do the same thing and the data always shows the improvements from the previous time. It is very important that these people are given not only a venue for training but also opportunities to enhance the awareness about what it takes to be healthy and about nutritionist aspects and also the most effective training

methods. So, all these expert knowledge and information can be conveyed. As a result of that or not, we do not know, but we improve the competition power and goal ball team got a gold medal and also as for the wheelchair rugby, the fourth place. It was very fantastic results and records. Medical checks are so important and each athlete with disability is able to be fully aware of his or her own health status and follows a nutritious guidance and awareness of health maintenance helps them continue with their health. They need to make it a routine and obligatory and nationwide and it is so important that we always keep targeting for the enhancement of QOL of people with disabilities.

Thank you.

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Discussion

***Facilitator Ogata*:** I am from National Rehabilitation Center for Persons with Disabilities. My name is Ogata. We have heard a lot from many presenters and I learned a lot personally. Now, we have about 1 hour for discussions and Q&A. The first half, 30 minutes will be discussions among the lecturers from the presenters and questions from the floor will be received 30 minutes later. I know that you have many questions but can you wait 30 minutes while we have discussion among the lecturers first.

To start off, can I ask all the presenters, so from your presentations, sports for persons with disabilities, sports in relation to health promotion and health maintenance, sports for recreation and also for competition as athletes and sports for the Paralympics, so in the concept of the same word sports, there has been many different aspects of sports and many objectives of sports.

Miss Kleinitz talked about twin-track approach for mainstreaming and also disability specific undertakings. This was a very good way to organize this concept in our minds. Athletic sports and also health promotion sports, how should we link these or distinguish them, maybe, differentiate? Can we start off with comments on that topic, so sports for athletic purposes and/or for health promotion? Do you have any comments on this? Miss Kleinitz, what do you think about this? You talked about the two. If you can start again with a few words on the twin-track that you mentioned.

***Kleinitz*:** When I was referring to the twin-track approach, I was particularly referring to the fact that in the community, sports are often promoted either at community level or at a more serious elite level. Similarly, in health promotion the sort of messages around, for example, reduction in salt intake, more activity, or less smoking is pitched at and focused on everyone. 'Twin-track' suggests that what we should do is make sure that for sports programs in the community, in schools, or even at higher levels, people with disabilities are able to participate and are able to be involved and that those programs reach out to people with a disability. That is really the first aspect of twin-track.

The second aspect is that we also often need quite targeted disability-specific approaches. For community, we could have programs like we have heard today that are reaching out to people with disabilities in local communities and have objectives around participation. Also, there are targeted approaches like the Paralympics and the facilities in Korea or things like that which are often designed at that more elite level. In some ways, the twin-track I think of is for both broad sport and health promotion on the one hand, and disability specific on the other, occurring at community level as well as for that higher level of sport and elite sports. The twin-track can apply at all those

levels. We need the community-level approaches to really meet broad health promotion objectives. In some ways, ensuring that sports are promoted through mainstream or specific programs at a community level will actually meet the objectives around health promotion much more than just an elite focus for example. It is just a comment on that.

***Facilitator Ogata*:** Thank you. Dr. Strohkendl.

***Strohkendl*:** The main question, who is providing the community programs. If we ask, if there is something existing, normally, we can identify a devoted person behind it, who had the power and the energy and the resources to organize the community program. This cannot be administrated from government, but it must be encouraged and from my experience that is why I promote these training courses with family members.

Family members are most interested in the well-being of them. On the other hand, the persons who suffer from a tragedy of life via disability have a tendency to isolate themselves. They are only integrated into society by a personal contact. That is why I think we need a lot of recruiters and we find more recruiters among the family members and not necessarily among professional people. I am an advocate on the one hand. We need experience. We need professional people in the rehabilitation centers, but on community level, we need a lot of lay people who get some qualification to establish community programs.

***Facilitator Ogata*:** In other words, community-based approach is very important. Dr. Wachara from Thailand, what do you think in relation to the community supporters? Are there any activities in Thailand? What do you expect more from the community in Thailand?

***Riewpaiboon*:** Regarding the first question, I think health is the process of living and we can do health promotion in many, many settings. Probably, we should do in a household. We also can do in the community, in school or especially even in the society as a campaign. Then if we talked about health promotion in order to be in the special event like Paralympics, it might be to say that is for excellence but it also helps to promote positive attitude and opportunity for people.

Also, for school setting, the health promotion can be like the health education in school for children. They can play a sport, but just for exercise, just for learning.

For the second question that you asked, in the community, I think we have to arrange the mechanism. Probably, we can say health sector usually think about the service provision and we provide the health promotion service. It is not exactly to support everyday health promotion. If we say, community could provide the facility, just something like a space for people to come together and play aerobic or probably just one or two equipment to exercise or play games. It could be said that that is the health promotion for people in the community. If the community would be inclusive, it means people with disability are needed to be included by just make the spaces and facilities accessible for all. The university side, it should be adapted. It should be considered.

***Facilitator Ogata*:** In other words, accessibility is very important for community activities as well. Dr. Koike, in Japanese society, I think you have been very successful in that in providing accessibility and you place an importance on individual support, also families and peer support. I think there are many different successful models and also you talked about the role of NPO. Outside of the hospital, who can be the players in this field?

***Koike*:** When we work with the community, we conduct many programs. The intermediate users of programs we involved the lay people. At Yokohama Rehabilitation Center and Raport Center but the number of people that we can serve is very limited. We can provide service directly to are very limited. We need many people to work as intermediaries like these are volunteers or related organization. How can they support us so that our services will reach more people? A more broader wider audience. That is one of our duties to make sure that we work with NPOs or maybe public health centers involve as many people as possible maybe even for caregivers in the Long Term Care Insurance for elderly people, so that our services reach as many people with needs as possible. Not just people that come directly to us and that we can work directly with. That would be very limited. Does that answer your question?

***Facilitator Ogata*:** Yes, we are talking now about community based inclusive activities. How can we keep people on the program, enable them to keep participating in every level whether it is for recreational sports or for the health promotion? How can we make sure they can keep them working on health promotion and not give up in the middle? Do you have any points for how we can keep them working on this?

***Strohkendl*:** I think that professional people from the hospitals, they have to use volunteers as promoters on the community level. The German Sports Federation for Disabled, they promote a Club system that is run by volunteers. That means, that is a low cost organization and you can reach many, many people. These lay people are supported by specialist by giving them education and training. This is what we have in Germany: special programs for lay people who learn about rehabilitation sports. They work closely together with professional people. Even if they succeed in establishing a personal relationship, then you can be more certain that we reach the people who leave the hospital. Normally, if somebody is leaving hospital, I say, there is no vacation from disability and it means he is isolating himself. He is quite threatened to become depressed and he cannot have the power by himself to go and to take the opportunities that are provided. That is why we need here special assistance from lay people who are educated to bring these people to a community program.

***Riewpaiboon*:** From Thai experience, I think there is also the importance of the collaboration between the local government and the central government that support the service system. If they can collaborate, it might make the sustainability of the health promotion in the community. The other point is if you do only among the health professional, it might be not much inclusive or might not be responsive to people with disability or might not succeed in making the collaboration. I think we should include disabled people organization or self-help group to move forward together and then the success of the collaboration will make the sustainability of the health promotion in a community.

***Facilitator Ogata*:** Any other comments from other presenters?

***Tobimatsu*:** Sports is very important for people with disabilities. In our hospital, we have our PE program, physical exercise. A person who has not gotten used to be a person with disability and has not accepted the situation yet might throw a strong ball at others in a game in the PE program. The person cannot care others situation yet. After understanding the disability and accepting the situation, the one cares others with disability and tries to throw the ball with considering the others situation. If people with disabilities are able to enjoy sports, it will become a part of their lives but in Japan, there are very few rehabilitation centers or rehabilitation hospitals with this physical exercise component. Also, we do not have a certification system for specialized staff.

The hospitals, even if they provide such services, it does not bring in income. For people with disabilities to enjoy sports more, the medical rehabilitation sector needs to train more specialist in this field to enable people with disabilities to enjoy sports. As Dr. Strohkendl said, we also need lay people in the community and we need to train them as well. I have noticed that very strongly.

In the community in Japan, as Mr. Nakamori, the Japan Sports Association for the Disabled People, they train sports trainers for disabled people. Maybe, they would be qualified to do what Dr.Strohkendl proposed.

***Strohkendl*:** You speak about enjoyment. That means in sports, it is primarily practiced by people for enjoyment. I mentioned, they use their body as an instrument to play with. Even, they meet only one time per week the emotional effect generated by success and by appreciation of each other is the most beneficial for their well being of the participants. This is really done on recreational level. This is a different kind of approach and not necessarily has to do with elite sport. Somebody who starts on recreational level may go to elite sport, but this is a minority. On the other hand, others who appreciate social relationship and appreciate success and enjoyment, they have all the power to follow the advices they get from everybody. If they do not have the power by themselves, they will ignore any given advices.

***Kleinitz*:** I would like to just add something. We understand that sports are important for people with disabilities for multiple reasons, like health and social inclusion. But often people with disabilities themselves may lack the understanding that sport is good for them; that they more than even other people in the population need to really look after their health. In addition sport can really assist them to participate more. Sometimes with these sorts of issues, I think we have to specifically raise awareness amongst people with disabilities about the benefits of sports. There are ways to do this through disability service organizations or rehabilitation centers, but the bulk of people with disabilities may not access these centers. They are living in the community and need this message from health professionals, their local doctor or community workers. Increasing everyone's understanding that sport is a good thing and better knowledge on where it can be accessed can also help to recruit people to join in sporting activities.

***Facilitator Ogata*:** Thank you very much. Rehabilitation is not only for the physical exercise, but it already helps the emotional improvement. I think that I wanted you to emphasize. Your presentations were saying that it is important to collect the data and

evidence. When we talk about the emotional changes among the participants, I think it is important for us to collect data to show that the sport for the persons with disabilities really help the emotional improvement. I think it is very difficult to collect the good data for that. We have to figure out how we can do the surveys and what kind of data is needed to move the government or to start a new event or programs. I would like to have your input about the data collection.

***Kimijima*:** In my presentation, I introduced the example of Oita International Marathon and share the data according to the age differences. We have the different categories from the T51 to T54. T51 is classified with the severe disabilities. I am not really sure how much our basic knowledge about the sports for persons with disabilities is, but when we are talking about the local community that sports for persons with disabilities in local communities I think that is very important and basic element to realize the really inclusive society because they have classification. When we talk about the London Paralympics, there were 20 sports, but actually that game itself was 503 games. When we talk about swimming, they have the 100-meter race, 200-meter race, but it also have when we talked about the sports for persons with disabilities, all the players are classified according to the severity or degree of the disabilities. You can see that there is equality and try to realize the equality among the participants. For example, I am 56 years old. If I want to join the baseball game, no team will accept me. They said, I am too slow to run or I cannot play well. I will not have the opportunity, but for the sports for persons with disabilities, they do not have age limitations. They only offer the qualification according to the degree of the disability. I think it shows one example of the equality and realization of equality in the society.

About the data collection, when we have the big international competition, the foreign players come to the event, but unfortunately most of the players just come to play the game and go back to their countries, but if we have the opportunity to have physical measurement of the physical fitness at the time of the international event. You can collect data from the 100 or 200 participants. Recently, I realized, there was an opportunity and we did not do any data collection when we hold international events.

In the previous presentation, I talked about the age because we did not have the data for this course of the physical fitness. I do not think the Oita prefecture have that kind of data either. When we talked about the classification of the international games for the person with disabilities, I think that is a great opportunity for us to collect good data. If we have that good evidence, then we can improve the understanding of the supporters and the caregivers over the general public.

***Facilitator Ogata*:** For the support as reviewers of the games, I think it is very important to have the classifications that we understand why they have to classify what is happening here. Is there any opinion or comments about the data collection?

***Strohkendl*:** I would like to know how many active athletes the countries have. I only assume, what I know, that we have on the elite level a reasonable number, but the number is still very small. One number has been given by the Korean presenters and I calculated it is not 1% of the disabled participants in sports. For me, the most important question, how can we increase the percentage of participation? As elite sports demands more and more training and professional training, this number will not grow. It can only grow by having recreational activities etcetera on community level and that makes a big number.

In Germany, we have the German Olympic Sports Federation (DOSB), the umbrella organization. We have 27 million people involved in Club programs and 99% of clubs are organized by volunteers. Only 1% is organized by professionals. Those are big resources where we support the volunteer programs, but the volunteer program cannot provide elite sports. That is clear, but they can provide that people come from the hospital and somewhere and participate in the community program.

In the community program, if somebody participates, it can go on to elite level if he is talented. Programs are based nationally would mean, to bring people more in regular activities and then they serve as a placenta, [ph] I can say, also for elite sports.

***Kleinitz*:** I would like to comment that while we will always need to increase data and evidence, I feel similarly that one of our key purposes of any sort of data collection or research agenda needs to be about really increasing this participation in the community. We often really need to understand how we best expand coverage of programs, and that often requires better data, along with a lot of reflection and research to understand what is working. It is great to measure for example the impact on well-being or the impact on health, but we also need to measure the programs that work to really attain that participation in the community because that is how we will maximize the impact of the work that we are all doing or promoting.

***Facilitator Ogata*:** That is an issue that if we will just focus on the data, we sometimes overlook the real overview of the program. Dr. Koike, you showed us the data, the

difference in 5 years. Is there any difficulty in your collection of the data that one that you presented in your presentation?

***Koike*:** In our center, usually when we offer any kind of event or program, we have the questionnaire before the event or after the event because we can use that as a basic data. Because our program is funded by the Yokohama City, we have to explain to them, we have to be accountable why this program is important.

It is one of the reasons, but in order to get the budget where the program to be funded, we have to collect data and show that to the city government because management of the Rapport such as maintenance of facility and personnel cost for community support is not cheap. It needs a cost. We have to prove them that it is cost effective; it is meaningful. We have to share that in our program. Support the person with disabilities to maintain their functioning level. That is our starting point; whenever we have the opportunity that we take the opportunity or take advantage of getting the data.

It is very important to have the clear purpose when we collect the data and we have to have a clear target. When we are asked to do the sample surveys with many subjects, that is very difficult. The number of the subjects is very limited because we have 90,000 persons with disability that have the certificate of the physical disability in the Yokohama City but we cannot collect the data from all of them. When we need to have the data to know whether participants of community program of health promotion satisfied or not, we have to face some barriers about the privacies, the private information, or they do not understand why it is important to have the data or share their personal experience or personal information. That is a good idea to have the data collection from the athletes from the Paralympics. You can collect the big number of the data but in our center, what do we do is we get the basic data and re-evaluate continuously from the same persons.

***Facilitator Ogata*:** Thank you very much but I knew that the situation of data collection is very difficult for the professionals because they have other work to do that and it is very difficult for them to find time today to collect data. I think it is already 30 minutes had passed and we would like to have the floor to have the questions or comment for this seminar. We have the interpreter so you can ask questions in Japanese and English. Please wait for the microphone.

***Matsuo*:** I work for the Department of Medicine of University of Saga. My name is Kiyomi Matsuo. I think there are two issues that we were talking about the athletes for

the Olympics or the Paralympics and elite athletes. I used to do tennis and I wanted to attend an international competition for the tennis. When I retired from the tennis competition, it was very difficult to maintain my physical fitness. If the Olympic athletes and Paralympic athletes continue to exercise the same way they do for the younger time. It is going to be difficult when they get older. They have to adjust. They exercise, so they have to control the amount of their exercise. They have to be careful with their diet. I think it is important to have the support or advice to the athletes who were in elite athlete program. I think that what was shown from Miss Koike's data, I think that the exercises are different from the elite athletes and the common athletes that people who just love to join the sport program as for recreation.

What I want to say is that it is important for all the children, for all the people from the younger age regardless the disabilities to learn about the exercise or diet to maintain their physical fitness. What is the best diet for that person? It is not regardless of disability. I think it is important to have that kind of education for all the children, all the people. Do you have any comment for that?

***Facilitator Ogata*:** Your comment was about the physical exercise and health itself and this should be educated or trained. Do you have any comments?

***Strohkendl*:** Normally, I would say that elite sport does not care about health. They care about winning and they do everything that makes success. In wheelchair rugby, we have now experience over 20 years. I have seen many athletes coming and going because elite sport is strenuous for tetraplegics and may cause permanent injuries.

Here is a big temptation that we summarized: Okay, sporting activity is good but if you overdo it, it also has some dangers.

***Tobimatsu*:** I agree with that view that it is important to have the house management for the elite athletes to show them the appropriate exercise, so that they can avoid the risk of losing their health. That is part of the health promotion to protect the health of the athletes.

Please let me say one comment about how we see the athletes of the Paralympics. With their exercise, I think it is not a part of the health promotion. We should think it separately. I am not negating. I do not have the negative opinion about the athletes of the Paralympics. They are the role models or they have the role as a role model and having the Paralympics athletes that encourage the lay people to understand about disabilities. What I want to say is whatever everything that people without disabilities

can do can be done by the person with disabilities. There should not be any differentiation.

The Paralympics have many advantages but also considered to be as human rights for the person with disabilities to have the same kind of opportunity with the person without disabilities, but it is important to consider health of the athletes as well.

***Facilitator Ogata*:** Are there any questions?

***Kaneda*:** The Biwako Seikei Sport College, my name is Kaneda. I think when we had the Nagano Paralympics and after that we started a new idea concept of the sports for persons with disabilities. We do not use the rehabilitation, but we rather use the health promotion. We have this different use of the word rehabilitation and health promotion.

I would like to have a question to Dr. Strohkendl. I know that the German Federation of the Sport for Person with Disabilities and they said there are three works that competition, rehabilitation, and recreation, and in the middle of them, there is a German Federation for the sport athletes. They said they threat them equally. I would like to know that you still have the same concept for the four works. When we talk about the rehabilitation by the German Federation for the Sport, these are not their association because German Federation for the Sports Therapy and can you explain about the PT, physical therapy? Can you differentiate the German Sports Association, Therapy Association, and the Physical Therapy Association? Ms. Kleinitz, if you know other organization who has been very active for the health promotion in

***Strohkendl*:** In Germany, we have the Sports Federation for Persons with Disabilities and sporting activities are supported in Germany by the health insurance. Now, the focus is more on impairments that are generated by civilization diseases like heart diseases and these are 75% of all disabilities. This is a group that is not necessarily interested in elite sports. It is more health related.

Unfortunately, we do not have figures about how it is promoting the classic disabilities who also can have a potential to participate in competitions and participate on elite level. From my impression, it is much easier to get support civilized diseases and people who are interested in health than having severely disabled introduced to sporting activities. As I had mentioned before, normally we have not so many young people, who can be potentially athletes in sports. But these are people who have an acquired disability and the recruiting of these people is quite difficult because they have to overcome the psychological barriers. They are anxious and it takes some time to

convince them to go and if they come to the club, there must be somebody who helps them to come to the level of the group, because this is a quite complex issue and that is very, very different to able-body sports because able-body sport is recruiting their participants from children. We are recruiting people mostly from adult people or older people and that is psychologically a different issue.

The other question was about the sports therapy that on the one hand, we have physiotherapy and we have sports therapy. The professional qualification of instructors is quite developed in Germany, but these people mostly are employed in rehabilitation centers who take care of their patients with civilization diseases. They are not so much employed in the rehabilitation centers like spinal cord injury, because the rehabilitation centers prefer physiotherapist and not necessarily sports therapist.

Secondly, the time now for persons with spinal cord injuries to stay in hospitals is very short. That is why to learn sport is so difficult for novices and therefore I promote additional assistance after the hospital. These are mobility training courses: Introduction after they have reached the level of activity in the psychological process and accept their disability. Also family members are involved in this mobility turning courses and I can say from the experience in our children programs, which we have started in 1981, this inclusion was most successful. We have 100 groups for children and young adults in our club systems all over Germany and 90% of these programs had been initiated by parents who participated in the mobility training course. That is why I promote this method and this action also for other countries. It could be also beneficial especially for adult participants of various impairments.

I do not know if I have covered all your questions.

***Facilitator Ogata*:** If you can identify some countries that are standing as far as very active engagement in terms of sports, could you share some of your thoughts?

***Strohkendl*:** By chance, my son met a basketball player from Uganda 2 years ago. He was a national basketball player. He mentioned to my son, he has seen wheelchair basketball in Uganda. By chance, we met and though we succeeded to have a workshop in Uganda.

Also in this country there are people who look primarily on international relationships – they have NPC, so they immediately assume, "Oh, we could have basketball in Rio/Brasil 2016." I told them, the next 10 years I will hear nothing about international competition! Try to develop your national program first of all. In August 2013, I will come back and look if I can promote coaches and referees and build the national program first before we go to international level! I say we need a time

period of 10 years of national development first, before we go to international competitions.

***Facilitator Ogata*:** Thank you very much. Any other questions from the floor? The floor is open. This is an excellent opportunity and if you are not sure, just raise your hands.

***Nakagawa*:** Thank you very much ladies and gentlemen. Shonan International Marathon, that is what we host. My name is Nakagawa. We have a category of wheelchair marathon. There were some persons with disabilities who wanted to participate, but he said he did not have wheelchair that is suitable for the competition and he did not know how to train himself. That was an inquiry made to our institute. That is why I decided to come to this event. Those people who have disabilities and who are very eager to embark on some athletic activities, it is so difficult for them to access the proper information given in internet. I had to form Rapport in Yokohama to get the information as to how to get started of being athletic. In Japan and overseas, I am sure there are plenty of people with disabilities who are so eager just to embark on a new arena of doing some kind of new sports and become athletes. What is the best way to embark on that? What is the starting point and also the best information to be accessed? Do you have any system that you have in the overseas that is readily available for those people?

***Facilitator Ogata*:** Thank you very much. That is true. The people who want to start some athletic activities and some sport as disabled people. The first thing is that they do not have the proper equipment to prepare, such as the attire, wheelchair, and that they do not know how to get started. What is the first step? That is probably the first question people would come up with. So, what about in Japan, do you have any suggestions and advice, Japanese panelists?

***Kimijima*:** Thank you very much for your question. First of all, I have to really reflect upon what we have not done because there is not really the right contact where those people can access. There is much mentioned about rehabilitation and of course there is National Rehabilitation Center as well as Yokohama Rehabilitation Center. You can think about these centers first. Those people who are hospitalized take treatments and then rehabilitation.. In that process, if they happen to be lucky to come up with good advisers or experts, then they might start doing some sport but otherwise no. That is

the status quo. Unfortunately that is not good. You just happened to be hospitalized and then you come across somebody who has got brilliant idea about how to start sport. Maybe that is the only way.

Actually, I can speak for myself about metabolic syndrome. While the Japanese people as a whole actually are so into health orientation and everybody has much interest in health. Actually, they want to do some physical fitness activities and when it comes to people with disabilities, why cannot they be part of that boom? Because people without disabilities like us after we take gym in school or maybe some extracurricular activities engaging in some sports, after that period is over, that is it. We do not do any sport anymore and that is often the case with us. While Japan is such an affluent country now and in fact because we become so rich, we just have to do our fitness just running and doing fitness in the fitness club. That is kind of an irony. Those cultures and instructors, they sometimes give us such inspirations for us to be active athletes, do some sport exercise, that is a very good way and of course the government administration level like government and the municipalities. They could do something but if they do it, if they take initiatives, it becomes part of the role of welfare and it is really not exactly an extension of health of individuals. I think it is best if the private sector and others are much more involved in this boosting everyone to be engaged in sports.

***Koike*:** The presenter of Ministry of Health, Labour and Welfare said there is no contact person or place you can go, but actually after the injury, you get the medical rehabilitation and that is only for limited time. For very limited time, that means that you have to often go to or be a admitted in the hospital which specializes in that particular injury or disease. It might be outside of your community, but sports activity, is a part of everyday life. It really does not make sense for you to do sports or have to go far away to do some sports. It is got to be within close vicinity of where you live. That is the difference like for instance NRCD,.I do not know how much knowhow expertise Yokohama Rehabilitation Center and Rapport.can provide. I might be sounding a bit reserved, but technical aspects yes, we can provide information that this is where you can go to get a wheelchair for instance or this is the sort of training you can go through but can we recommend that the nearest, closest, the venue where they can do that, I am not sure. You actually have to go to the nearby sports center and you really have to find out in your own community to find out what is the closest place where you can go to do the training.

If people with disabilities want to really enjoy the opportunities of doing sport or exercise as an extension of everyday life, that is the way it should go. Of course in Yokohama and the other cities, we could provide some technical information but the most important thing is it has to be within close vicinity. It is got to be close by. Otherwise, it is difficult to continue. So, you have to find it within your close community and of course we can provide all our wisdom and the information that you have gained and I hope that you can become agent to spread our information here that we have gathered today in your communities.

***Facilitator Ogata*:** Thank you very much. Now, from overseas, any advice? How about Germany? May I ask you?

***Strohkendl*:** About racing, this is individual sport, but I must say, hi-tech wheelchair, with which you can achieve elite results, cost about ¥600,000. That means in Euro, €6000 and in developing countries, that is a lot of money. But you can do also racing on national level. Those available wheelchairs we know from a company, named Motivation. They build wheelchairs with the products they find on the market in that country. The problem is, participants in developing countries should not compare with high-tech products. Somebody who likes athletics should not compare with elite sports, with people who have a long tradition, and whether they can spend 30 hours training per week. This is not the model that normally a person from a developing country can follow. If you give them high-tech equipment, after half a year it is broken down because they cannot repair it. It is a very complex issue and that is why participation does not necessarily mean, that you have only the elite model to follow. You can do physical activities and sporting activities, recreational activities in the community with the other people and enjoy it apart of elite sports.

***Facilitator Ogata*:** In Germany, what is the first point of access that you would recommend if you happened to be disabled and you want to start some sports?

***Strohkendl*:** I can tell you, I am now in-charge in Germany with wheelchair rugby and the Cologne Club has about 40 rugby players and 10 women among them. If a new person is coming, I take care of him/her. It takes sometimes half a year after somebody is contacted before he comes. And it needs a lot of encouragement. If he comes, I am the first person to take him aside and bring him by individual training to the level of the group. Then we have two groups in our club. One group is for

beginners and the other group is participating in competition. Every year, we organize the biggest wheelchair rugby tournament. That is one week before Easter. Now, it is 15s time we organize it. We have 50 teams participating. The reason why we have 50 teams is, because we play in four divisions according to level of performance: beginner teams to elite teams.

Though, we have many teams participating. New teams are participating because they start on the lower level. The next years they go up to the higher divisions. This program helps to encourage new players to participate. But the most important task is recruiting for novices to participate. We need people, who bring them to the sport because our population is not coming from children. They have to be addressed after being confronted with a tragedy of live. They have to accept disability first and then they have to find their opportunity to participate. And normally they cannot achieve it by themselves. They need some assistance from people who are doing the recruiting process.

That is why I say, all those Paralympics are quite successful as big, big message to the society first of all. They sent the important message that athletes with impairments can achieve and can enjoy. But the Paralympics are not effective in recruiting, because these are athletes, who trained five times a week. They have the time, they have the resources, and they have the talent. Otherwise, if somebody starts, he immediately will say, "Oh, I cannot achieve these goals" so he will stop. We have to give him other opportunities where he can enjoy on recreational level.

***Facilitator Ogata*:** Any other speakers with additional comments to complement?

***Tobimatsu*:** Right, there is no contact at the ministry. I am very saddened to hear that but actually I disagree. I think there are different contacts like rehabilitation centers and the sports center for the disabled. If you just make a phone call and somebody would be able to give you at least some information or advice I would say and of course, the sports equipment, gear is very expensive. It could be quite expensive and some people I know says that while there is some senior guy who can rent you something, a really good device and the spinal cord injury was suffered and this person just owned a wheelchair company and so he said, "I can just let you use the wheelchair that we made because I know how you feel." It took time but this person who was injured and was really depressed because of the spinal injury. Now he is really happy and speeding with wheelchair. Anything could inspire or trigger. I think it is really important and

this person is now engaged in vocational rehabilitations. It is really a great opportunity.

Peers can really do a lot to inspire each other and make progress together. However, having said that, we have to be careful if someone who did not know much about disabilities will just say, "Come on. You can do it." Just bring in some disabled people. That could be risky because we can just start sailing. The sailboat competition, we could do that. That could be dangerous. I think that those people who would introduce the disabled to sports must be well aware of what it takes.

***Facilitator Ogata*:** Thank you very much.

***Kimijima*:** Maybe I was misunderstood a little bit. I mentioned that sports is not medical or it is not welfare. It is not a welfare thing. It should not be that. unless you go to a hospital, you can learn about disability sports or you have to go to a welfare, somewhere place in order to learn about disability sports. if someone who wants to play sports, does not want to go to a doctor or local government, they just want to enjoy sports. We do not have a contact place. In fact, people without disabilities, we do not have a contact place to go to when we just want to learn more about sports. I think the sports field has much more to work on. As Dr. Tobimatsu said, I think it is peer work. Mr. Nakagawa said, "I used to do sports." I think these are the people that are very important. How to coordinate these people to become the contact people when people want to learn about sports.

***Facilitator Ogata*:** Thank you very much.

***Matsuo*:** In the disability sports association, there are very many national federation of different sports. If someone who wants to enjoy wheelchair marathon, if they just contact the organization of non-disabled sports, we can link them up with the disabled sports organizations. We talked about peer counseling, but people who actually are involved in sports for people with disabilities, I think we should disseminate our information more.

***Facilitator Ogata*:** I think Mr. Nakamori would enjoy that comment. We had a very active discussion but for time limitations maybe one last question from the floor. If there are no more comments…

***Strohkendl*:** Going into the peer counseling. That means recruiting is primarily a psychological problem. There is nobody a better promoter than an educated experienced athlete. He must be educated for peer counseling. If he is an educated peer, he has to forget about himself and identify with the person and this needs some training. That is not automatically learned easily by everybody.

***Facilitator Ogata*:** Thank you very much. I would like to end our discussions here. It is very difficult to wrap up a session like this, but through our discussions today, I think we all agreed on the importance of a community-based approach. Also, peer support, peer counseling. I think these are the keywords in disability sports. In relation to sports, in order to raise the level of the health, in order to promote health, also for positive effects on the mental aspects, I think sports play a very important role. I think these were the points that have been emphasized by the speakers. I apologize for the lack of time and thank you very much to all our lecturers and presenters. Warm hands again.

Closing Address

Kozo Nakmaura
Director
Rehabilitation Services Bureau
National Rehabilitation Center for Persons with Disabilities

My name is Nakamura as I have just been introduced. I would like to say a few words upon the closing of this event. Today, we have held international seminar on health promotion and sports for people with disabilities. I thank all participants who are with us today.

As introduced by the President Etoh in the opening, we are a WHO Collaborating Centre. This international seminar has brought together the experiences of specialists from overseas and in Japan on undertakings to promote health and sports for people with disabilities.

Here in Japan, in 1961, just before the hosting of the Tokyo Olympics, a new law called the Sports Promotion Act was enacted. Again, in 2011, this was changed to the sport basic law on sports. This law states the basic concept of sports of the country saying that sports is a basic right for all people to enrich their lives through enjoying it and that we should enable all persons to enjoy sports in meeting their desires and their abilities. In this basic concept, it is also stated that we need to provide necessary accommodations to enable people with different types of disabilities to able to enjoy sports.

In today's seminar, we have discussed different and many undertakings on each community and country level to enable more people with disabilities to participate in sports. In relation to health promotion, people with disabilities are always under the risk of their functions becoming lower or suffering secondary health failures. We need to be especially focused on health promotion for people with disabilities. As was mentioned by Director Tobimatsu of the Health Promotion, we established a new health promotion center within the National Rehabilitation Center in 2010.

These top issues need to be discussed among a wide-range of specialist and different people. In that respect, I know that the lectures and the reports that we have received today will be very helpful in promoting sports and health in the future.

Together with your support from all of you, we hope to further our endeavors for the improvement of health and sports for persons with disabilities into the future.

I thank you again for your participation and with this, I will close today's seminar.
I declare this seminar to be closed. Thank you so much for taking time off your busy schedule to be with us today.