#### 일본건강증진 사업의 목표 및 추진전략

Dr. Tanji Hoshi (Professor of Healthy City and Health Promotion, Urban Research Institute, Tokyo Metropolitan University, Japan)

# Healthy Japan 21 objectives and strategies 健康日本21

Tokyo Metropolitan University 首都大学東京 星 旦二

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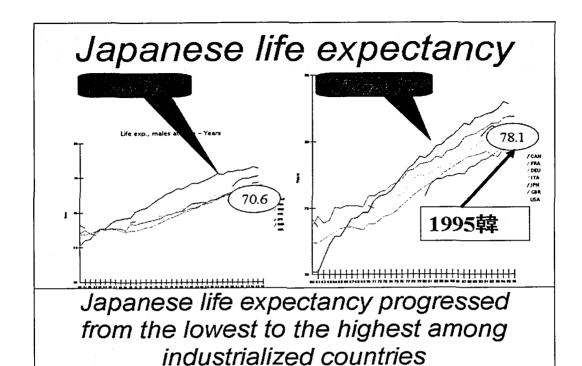
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   Health Standards in Japan
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   Goals and objectives
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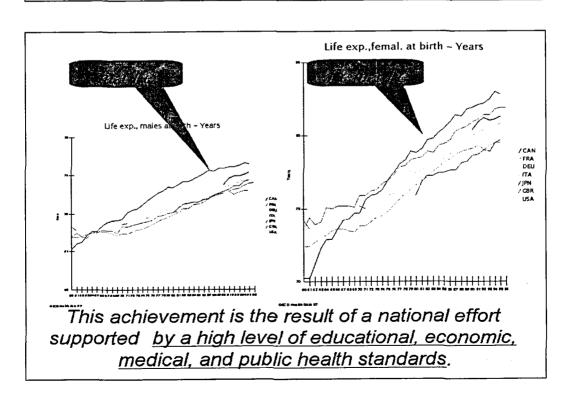
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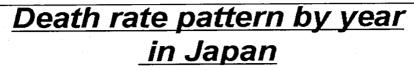
Means

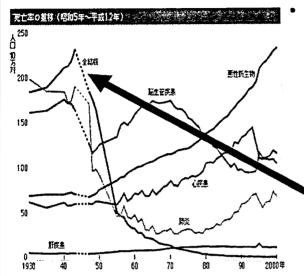
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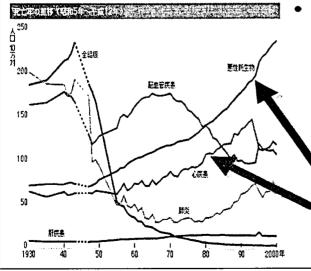




One reason attributed to the rapid increase in Japanese life expectancy after the World War II is the considerable decrease in the number of acute diseases such as

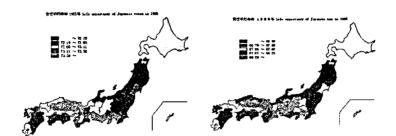
<u>"infectious</u> disease."

#### "lifestyle' related diseases" are increasing



Disease pattern has dramatically changed due to an increase in "lifestyle' related diseases" such as cancer and cardiovascular disease

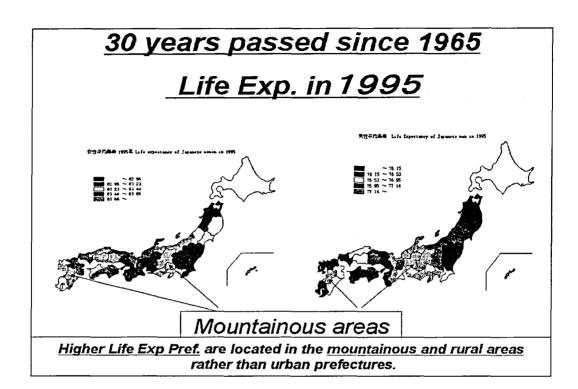
### Life Expectancy of 47 Pref. in 1965

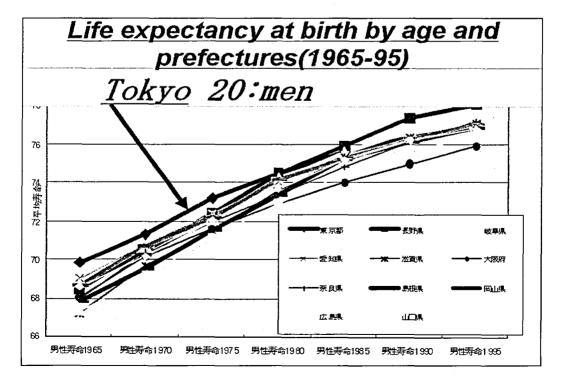


Tokyo is NO.1 both men & women in 1995.

#### Co-relational factors in 1965

- Increase of Income
- Not poverty
- Urban area
- Warm & no snow
- Industrial area
- Easy access to medical care



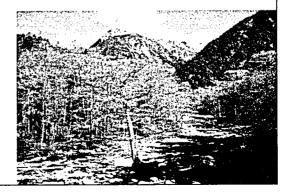


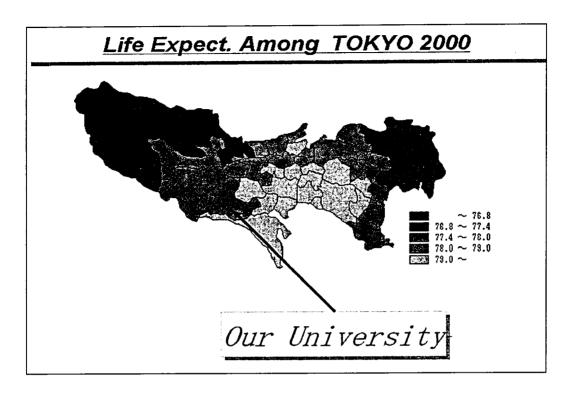
#### <u>Health of Tokyo</u>

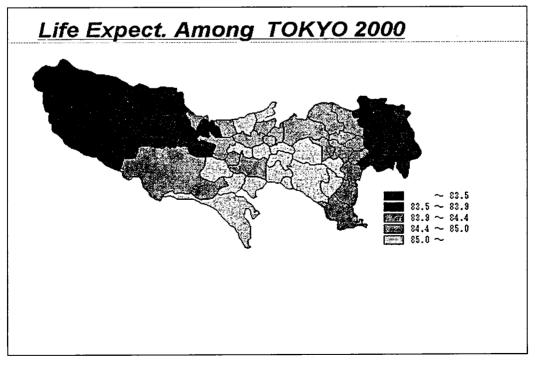
- Rank of <u>Tokyo's</u> life expectancy at birth by prefectures is <u>descending</u>.
- In 1995,Rank of Tokyo is 20/47 Pref. for men, 33/47 Pref. for women.

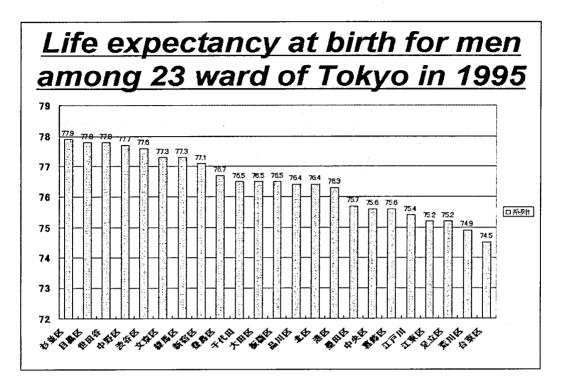
#### Co-relational factors

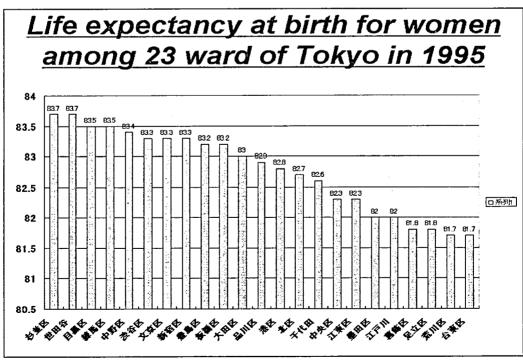
- Pure Water & Air
- Affordable Income
- Social network
- Working style
- Rural factors
- Safety Slow life







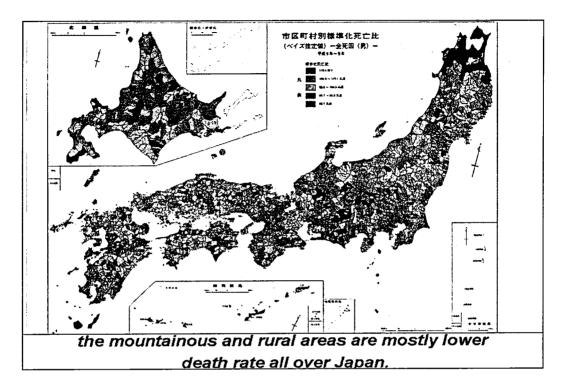


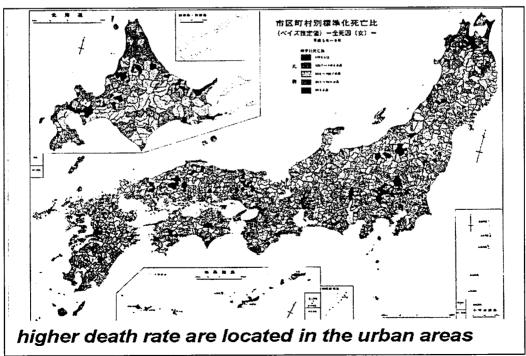


#### Co-relational factors

- Correlated with Income
- Housing space
- Socioeconomic factors
- Forest and Green

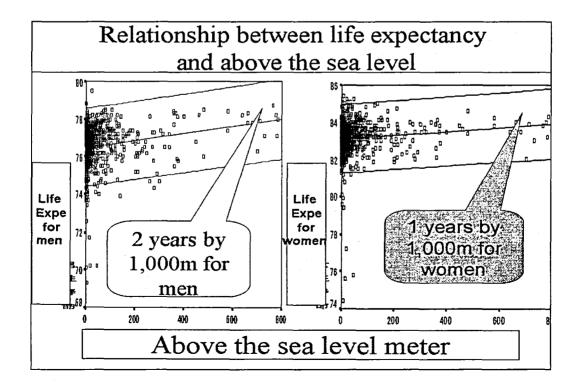
SMR:
standardized
Mortality
Ratio in 3, 300
municipalities

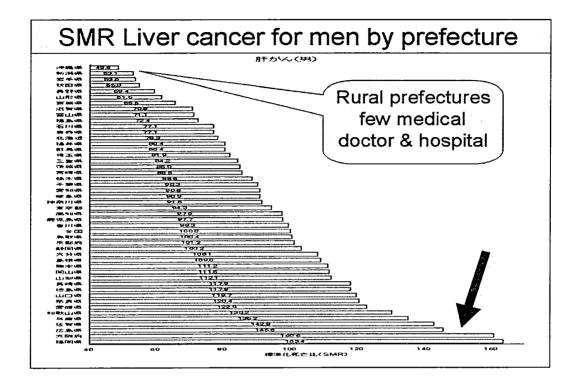




# Relationship between Life expectancy and the height above the sea level

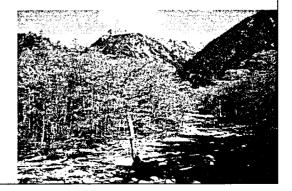
 Life expectancy is correlated with the height above the sea level significantly.





#### Co-relational factors

- Pure Water & Air
- Affordable Income
- Social network
- Working style
- Rural factors
- No medicine
- Safety Slow life



#### Health determinants

by USA healthy people 1979

• Health care 10% ¥

• Life style 50%

Environment 20% 11

• Gene 20%

#### Background of Health Policy

- Redistribution income fairy
- Pure Air & Water
- Sustainable development
- Promote healthy behavior
- Promote safe & same communities
- Improve system for personal and public health by collaboration with citizen

#### **Healthy Japan 21**

## objectives & strategies



Kenkou-Nippon 21
(Healthy Japan 21)
Japanese National
agenda of health
promotion &
disease prevention
in 2000



!	Outlines, National Agenda of Healthy Japan 21
•	General statements (35 pages) Introduction
•	Appendix (14 pages) 1. Calculation of health related indicators 4 2. Commitment and participatory action for people-10 Particular statements 1 - 9 sections (100 pages)

#### Goals

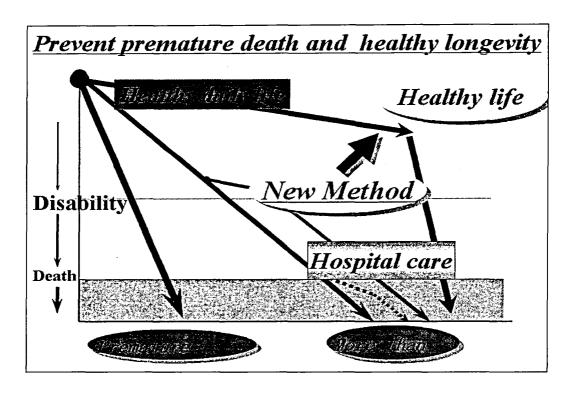
• To give our nation vitality in the 21 st century which enable all people to live healthier and happier life, we need to reduce morbidity among working age population, to increase the "healthy years of life," as well as to improve our quality of life.

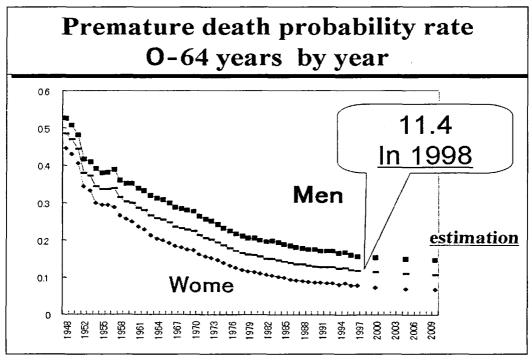
#### Two Main Goal

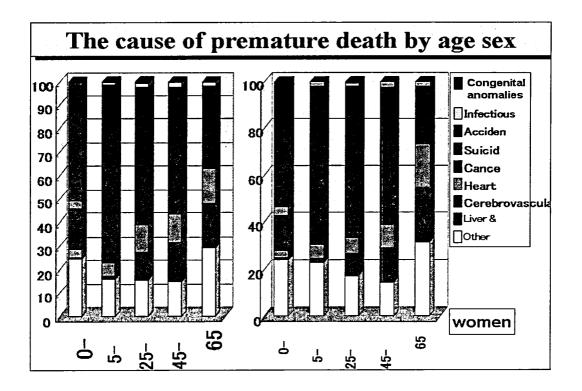
# 1.<u>Prevent</u> <u>premature death</u> 2.<u>Improve healthy</u> <u>life</u>

#### Two Main Goal: Improve healthy life

Strategic Planning for Health
 Promotion in 21st Century (Healthy
 Japan 21) has been introduced in
 order to realize the extension of
 healthy life span by providing
 specific aims to be achieved by the
 fiscal year 2010.







#### Goal: Reduce of Premature death

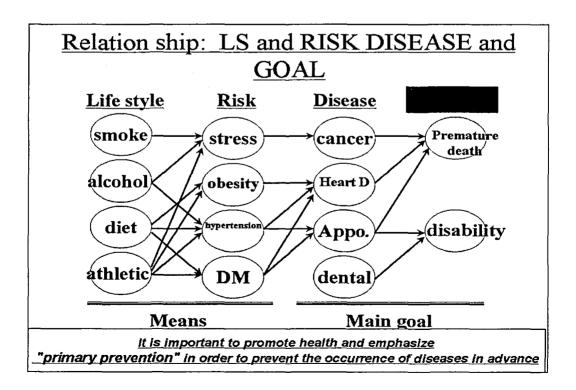
- Accident ↓
- Cancer 4
- · Suicide +
- Heart disease ↓

# Main target 9 objectives

### 9 Main target

- 1. Nutrition
- 2. Physical activity
- 3. Rest & relaxation
- 4. Tobacco restriction
- 5. Alcohol restriction
- 6. Dental health
- 7. Diabetes
- 8. Cardiovascular
- 9. Cancer

#### 70 Targeted Values National Agenda of Healthy Japan 21 2. Physical activity 3. Rest & 1. Nutrition relaxation 4. Tobacco 5. Alcohol 6 Dental health restriction restriction 7. Diabetes 8. Cardiovascular 9. Cancer disease prevention prevention prevention



#### Focus on "primary prevention"

- We should not limit our effort to early detection through routine medical exams which is the heart of the traditional diseases control.
- It is important to promote health and emphasize "primary prevention" in order to prevent the occurrence of diseases in advance.

#### Another objectives

- 1. Premature death
- 2. Improve healthy life
  - ·Medical cost ↓
  - •Bed ridden people↓
  - -Social tax 1

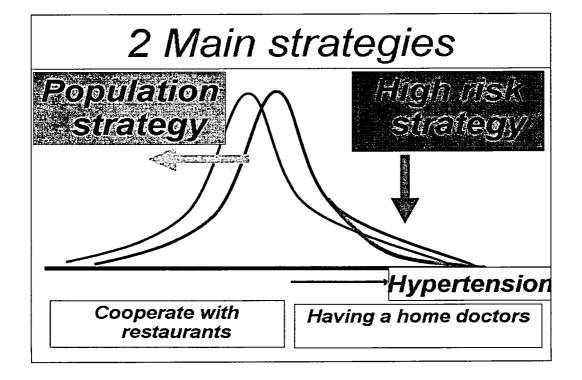
### Midcourse review 20/53 are not achieved More than half of goals are achieved

Targeted Values	Baseline	Actual in 2004	Goal (2010)
Thin 20years for lady	23.3%	26.9%	15.0%
Obesity 20~60 for men	24.3%	29.4%	15.0%
Obesity 40~60 for women	25.2%	26.4%	20.0%
Lack of breakfast for men	20.5%	24.7%	15.0%
Numb of walking step men	8,202歩	7.676歩	9,200歩
Numb of walking step women	7,282歩	7.084歩	8,300歩
Over drinking	4.1%	7.1%	3.2%
Hyperlipidemia for men	10.5%	11.5%	5.2%
Hyperlipidemia for women	17.4%	18.2%	8.7%
Mamma screening	1064万人	766万人	1600万人
Intake of Milk	107g	146.2g	130g

### Progress on Healthy Japan 21 Objectives

In the most recent Healthy People 2000 Review (1998-99) the sixth in a series of profiles tracking the year 2000 objectives, some 15 percent of the objectives have reached or surpassed the year 2000 targets. These include child and adolescent death rates. Death rates for children 1-14 years have declined by 26 percent from the 1987 baseline to surpass the year 2000 target of 28 deaths per 100,000 population. Preliminary 1997 data indicate a death rate of 25 per 100,000 population for this age group. Progress toward the targets has been made for another 44 percent of the objectives (e.g., prenatal care, child immunizations, and mammography screening). Some 18 percent of the objectives show movement away from the targets (e.g., overweight and diabetes prevalence). Data for 6 percent of the objectives show mixed results and 2 percent show no change from the baseline. Thirty-five objectives (11 percent) have baseline data but have no additional data with which to evaluate progress. Two new baselines were obtained this year on health promotions programs for older adults and counties with health promotion programs for racial and ethnic groups. Baselines have yet to be attained for 9 objectives (3 percent).

# Two Main strategies



#### Mission; informed choice

- Our health promotion effort, including their life-style changes, are people oriented and based on individual's choice.
- In order to support such efforts, it is necessary to provide adequate and appropriate information to all people so as to allow individuals to make informed choices.

# Progress of Healthy Japan 21

### Progress of Healthy Japan 21 健康日本21地方計画、策定状況

건강 일본 21 지방 계획. 책정 상황

	Total	HP plan is already made by June 2005	HP plan will be maid by March 2005
Government Ordinance City	57	54	3
Tokyo Metropolitan Districts	23	21	1
Other Cities & Towns	3,043	1,147	419
Total	3,123	1,222	423

## Health Promotion planning in Japan

- <u>2000.3. Kenkou-Nippon 21</u> (Healthy Japan 21)
- 2000-2002; Most of prefectures fixed their own agendas.
- 2001-2005 ; <u>About half of</u> <u>municipalities have been set</u> <u>up their own agendas.</u>

# Means -thinking -partnerships -implementation

#### Means: partnership

 Organizations working in the field of health, including not only governmental organizations, but also health insurers, health service providers, educational organizations, mass media, private companies, volunteer groups and others, should bring in their expertise to collaborate with each others.

#### Means: <u>supportive</u> environment for health

we can create a
 <u>supportive environment</u>
 <u>for individuals to facilitate</u>
 <u>individuals' health</u>
 promotion efforts in a
 systematic way.

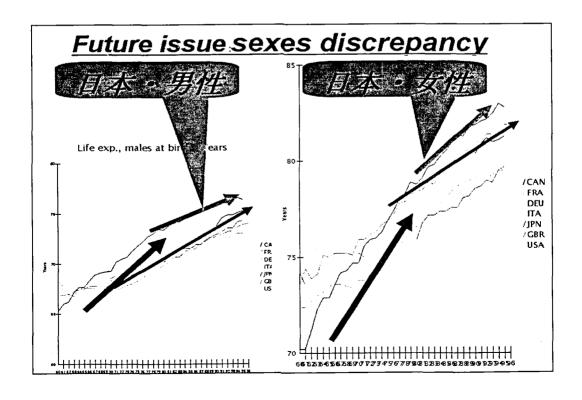
#### Evaluation in 2005 for 2010

The evaluation for improve

- The evaluation of the initiative will be performed twice: the midterm evaluation will be conducted during the fiscal year 2005; and the final evaluation during the fiscal year 2010.
- The results of evaluations will be utilized as references for promotion of the proceeding initiatives.

#### Time frame 2000-2010

•The time span of the initiative is until the end of the fiscal year 2010.



#### Sexes discrepancy

- <u>Japanese men</u> is exceeded by Iceland in 2004, on the other hand, <u>women</u> will not be exceeded by OECD in near future.
- As a hypotheses, main three reasons; Dhigh smoking rate,

  2 over working and 3 increase of suicide for men should be pointed out.

#### Final Conclusion for Health

- Redistribution income fairy
- Pure Air & Water
- Sustainable development
- · Promote healthy behavior
- Promote safe & same communities
- Improve system for personal and public health by collaboration with citizen
- Feel happiness & Buddhism with Pease
- Comprehensive oriental medicine
- Supportive environment

#### For solving the health problem

- Doctor first to Patient first
- Medical to Life model
- Informed choice
- Participate for share idea
- Supportive environment
- Disclosure & Collaboration

#### 감사합니다. 感謝

- THANK YOU VERY MUCH!
- Please share our experience each other for improving our health

〈국문요약〉

#### 일본 건강증진사업 목표 및 추진전략: Healthy Japan 21

Tanji Hoshi

Professor of Healthy City and Health Promotion Urban Research Institute, Tokyo Metropolitan University

Healthy Japan 21의 목적은 삶의 질을 향상시킴은 물론 노동가능 인구집단의 유병률을 줄이고 건강수명을 연장시키기 위하여, 21세기 모든 일본인들이 더욱 건강하고 행복한 삶을 향유할 수 있도록 국가사업을 활성화하는 것이다. 구체적 목적은 조기사망을 예방하고 건강생활을 향상하는 것으로, Healthy Japan 21의 전략적 기획과정에서 건강수명의 연장을 실현하기 위하여 2010년까지 달성되어야 하는 구체적인 목적들이 또한 제시되었다.

조기사망을 감소시키기 위하여 사고, 암, 자살, 심장병 감소의 중요성을 인식하고 9개의 주요 목표로 영양, 신체활동, 휴식과 이완, 금연, 절주, 구강보건, 당뇨병 예방, 심혈관계질환 예방, 암 예방을 설정하였다. 흡연, 알콜, 식사 그리고 운동과 같은 생활양식은 스트레스, 비만, 고혈압과 같은 위험요인 및 질병관리와 관련이 있으며, 위험요인은 암, 심장병, 구강질환의 발생과 밀접한 관련을 갖는다. 따라서 질병의 발생을 예방하기 위해서는 건강증진과 일차예방이 강조되어야 한다. 일차예방에 중점을 두기 위해서 우리는 전통적인 질병관리의 중점사항인 정기적인 건강검진을 통해 질병 조기발견을 노력을 게을리 하지 말아야 할 것이다. 아울러 의료비 감소, 병상에 있는 사람들의감소, 사회세의 감소도 또한 달성되어야 하는 사업의 결과로 설정되어 있다.

가장 최근의 Healthy Japan 2000(1998-99)의 평가에 따르면 목표들의 15%가 달성되었거나 초과 달성된 것으로 나타났다. 이 중 아동과 청소년의 사망률의 경우, 1-14세

아동의 사망률은 1987년부터 26%가 감소되어 2000년도 목표인 인구 100,000명단 28명의 사망을 초과 달성한 것으로 평가되었다.

Healthy Japan 21의 두 가지 주요 전략은 일반 인구집단을 위한 전략과 고위험 집단을 대상으로 하는 전략으로 구성된다. 개인의 건강한 생활양식으로의 변화를 포함한 우리의 건강증진 노력은 사람 중심으로 개인의 선택을 기반으로 하고 있다. 이러한 노력을 지원하기 위하여, 각 개인이 정보를 갖은 상태에서 올바른 선택을 할 수 있도록 적당량의 올바른 정보를 제공하는 것이 필수적이다.

이와 같은 일본의 건강증진계획은 2000년 3월에 Healthy Japan 21이 설립되었으며, 2000-2002년 사이 모든 현이 자신의 사업계획을 설정하였으며, 2001-2005년에는 약 반수 정도의 지방자치단체들이 자신들의 사업계획을 확정하였다.

건강증진을 이루는 중요한 수단은 파트너 쉽에 있다. 정부조직 뿐 아니라 건강보험회사, 보건의료서비스 제공자, 교육단체, 대중매체, 사기업, 봉사단체 등을 포함한 건강분야의 조직들은 자신들의 전문적 기술들을 한데 모아 서로 협력하여야 한다. 또 하나의 중요한 수단은 건강 지지적인 환경이다. 개인의 건강증진 노력을 체계화함으로써지지적인 환경을 조성할 수 있다.

Healthy Japan 21에 대한 평가는 2005년에 중간평가가, 2010에 최종평가가 있을 예정이다. 평가결과들은 이후에 진행될 사업의 향상을 위한 기준으로 활용될 예정이다.