

## Development of a new health services in Japan

- Medical system reform in 2008 and specification health guidance to begin newly –

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Aiming to adequate (restraint) of increasing medical cost, radical revision of medical insurance system will be performed in 2008. The cities, towns and villages wrestled with various health services such as basic medical checkups, health guidance etc. according to the Geriatric Health Act after 1983. However, the checked-up rate, especially younger generation, did not increase, and, in addition, health guidance has not been almost performed after examination. Though a ratio of abnormal finding by medical examination rises year by year, also national medical expenses increase year by year in total and now it exceed  $30 \times 10^{12}$  yen. In 2000, "The Healthy Japanese 21 Plan" that published numerical target after ten years for the first time in our country was devised, but according to the intermediate evaluation carried out in 2005, almost none of the item has improved.

Therefore, by medical system reform of 2008, putting an important point in anti-metabolic syndrome measure and it is obliged for organization of medical insurance to thorough enforcement of specification medical examination and specification health guidance based on of that purpose and a medical examination result.

I speak a summary of specification health guidance in medical system reform.



# What changes how?

The thing which medical system reform  
in 2008 aims at.

**Masanobu YAMAKAWA, Ph.D.**  
**Chairperson at the 16th JHEP (2007)**  
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## Intermediate evaluation of the Healthy Japanese 21 (2000) in 2005

- Certain extraction and enforcement of health guidance of lifestyle-related disease extra group are insufficient.
- A thorough medical examination (ME) and health guidance (HG) based on scientific evidence is necessary.
- Further improvement of quality of ME / HG is necessary.
- The presentation of a strategy and the program that are concrete as a country is insufficient.
- Maintenance of data for stocktaking / measure evaluation is insufficient.

## The present conditions of a lifestyle-related disease

Changing of a life-style or increasing of a senior citizen.....

→ increasing lifestyle-related disease (invalid / extra group)

L-R Disease	Accident
<b>A cerebrovascular accident</b>	<b>130,000 / year</b>
<b>Myocardial infarction</b>	<b>50,000 / year</b>
<b>Cancer</b>	<b>310,000 cancer / year</b>
<b>(an example): stomachs 50,000, colon 40,000, lungs 60,000)</b>	

## The present conditions of risk of lifestyle-related disease

### The present conditions of a lifestyle-related disease (Coarse estimation)

L-R Disease	existence invalid	extras group
Diabetes	$8,80 \times 10^4$	$7,40 \times 10^4$
Hypertention	$31,00 \times 10^4$	$20,00 \times 10^4$
Hyperlipemia	$30,00 \times 10^4$	

For example, DM existence invalid / extra group increased of 1.2 times in five years.

an anti-general lifestyle-related disease measure is urgent  
 → A short-term effect is not always big, but, for a middle long term, it must be the important key to adequacy of medical cost and to extension of healthy life expectancy.

**April 2008~**

**Imposition of specification ME to the organization of medical insurance**



**Hierarchization of the object according to the possession situation of risks**

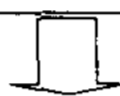
About 34% of a testee

Metabolic syndrome / extra group

1,960万人



**Imposition of specification health guidance to ..**



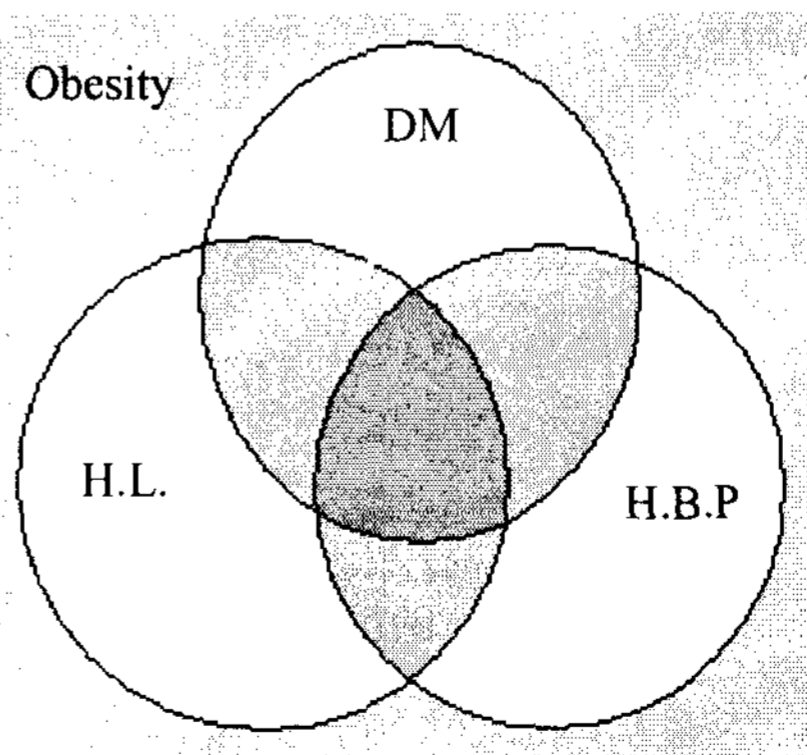
**Decrease of a risk factor of a lifestyle-related disease**



**Decrease of medical cost due to a lifestyle-related disease**

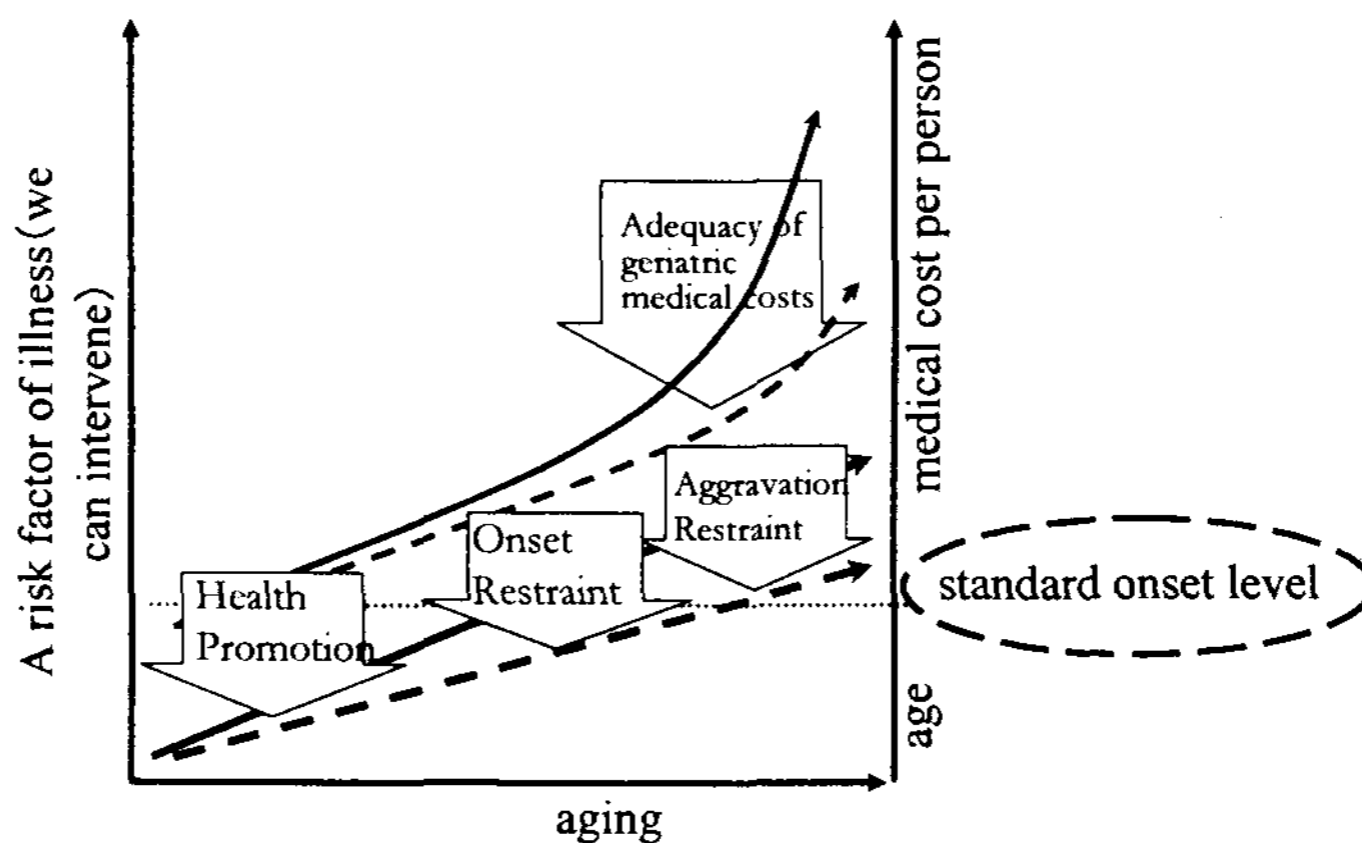
## The situation of risk repetition of a lifestyle-related disease among persons of obesity (Coarse estimation)

Obesity only about 20%
Either one disease about 47%
Either two disease about 28%
All three diseases about 5%

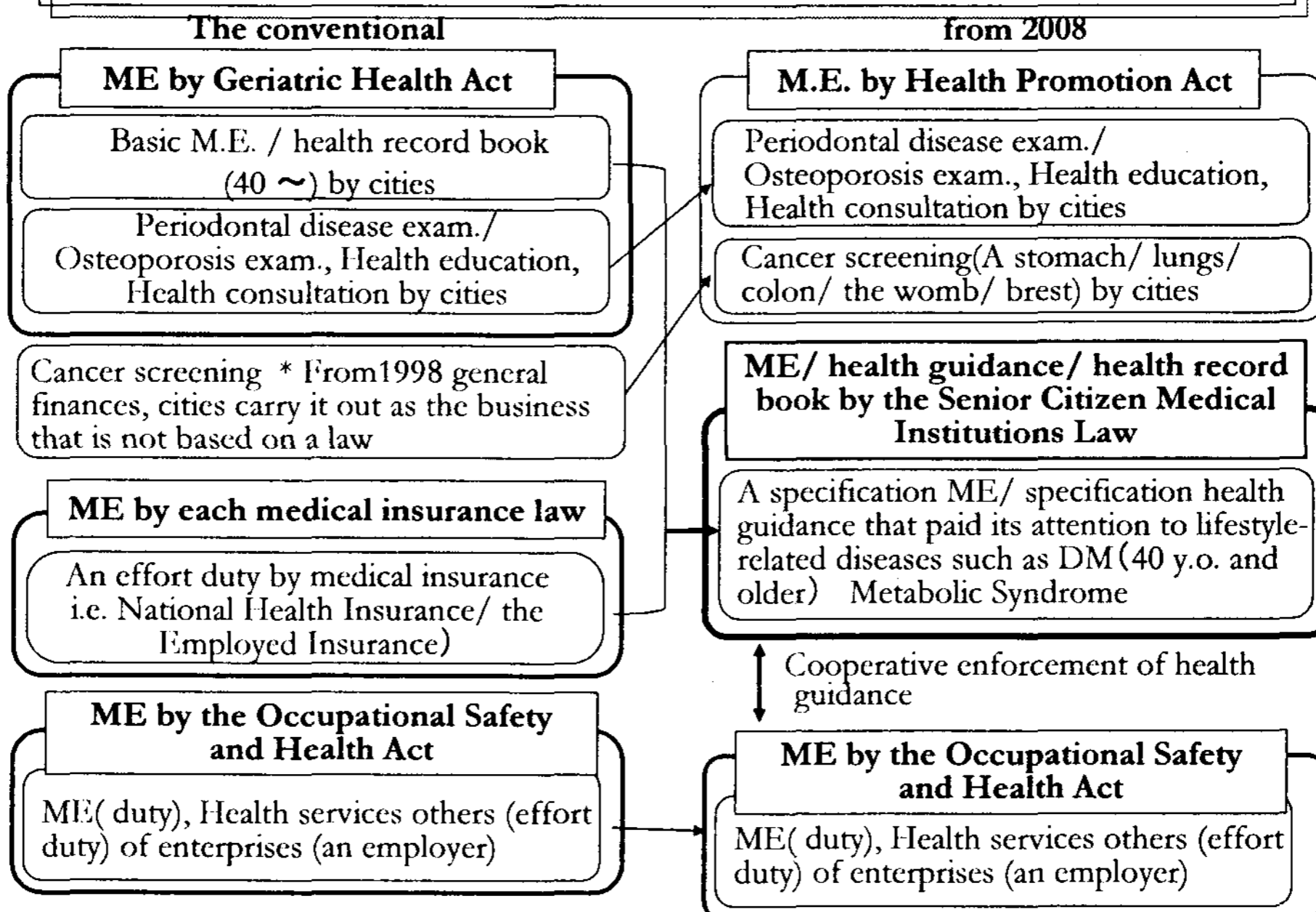


(recounted from H14 diabetes fact-finding)

## Adequacy of geriatric medicine costs by anti-lifestyle-related disease measure enforcement (An image)



## About the handling of various health services



## A basic way of thinking of ME / health guidance

	Till now		From now on
Relations of ME / HG	The HG added to ME	The latest scientific knowledge & analysis for problem extraction	To extract objects of HG for the lifestyle-related disease prevention that paid its attention to internal organs fat type corpulence.
Characteristic	HG of process serious consideration.		HG to give a result.
Purpose	Early detection / early treatment of an individual disease.	Technique to promote behavior transformation	The early intervention / action transformation that paid its attention to internal organs fat type corpulence.
Contents	General reporting to affect transmission of a ME result, an ideal habit.		Self-choice and action transformation.
Object	The person whom it was judged to be "guidance required", and participated in health businesses such as healthy education.		The HG that it is hierarchized for all the ME testees, and is necessary.
Method	Health guidance to be based on only a ME result of a point at one time.		A secular variation of a ME result, the HG that were based on a prediction in the future.
Evaluation	Output evaluation (the number of times, the number of people).		Output evaluation (the number of times, the number of people).
Enforcement subject	Cities, towns and villages		Organization of medical insurance.

## A basic way of thinking

- Aiming the prevention such as diabetes, CHD, a cerebrovascular accident chiefly, a general idea of a metabolic syndrome was introduced.
- Carrying out ME and HG as one body, systematization does the whole aiming at a thorough HG.
- Extracting a person needing service for all the members effectively and offer service to these people surely.
- Incorporating structure evaluating an effect of service and contrive contents of service, and planning to improve the quality of a provider  
 .....are necessary?

## The selection/ hierarchization of a person for HG object

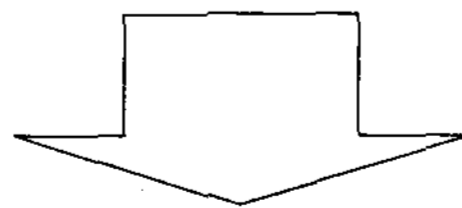
### A judgment

- A ME result (The number of risks to affect internal organs  
fat syndrome)
- A question vote (A treatment career, smoking, a  
meal, exercise)
- Presence of a problem in a habit and the contents.



## Step 1 Judge a risk of accumulation of internal organs fat by the abdomen and BMI

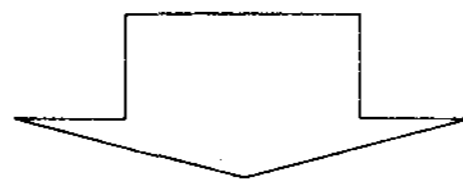
- **abdomen**  $M \geq 85\text{cm}$ ,  $F \geq 90\text{cm}$  → (1)
- **abdomen**  $M < 85\text{cm}$ ,  $F < 90\text{cm}$   
and  $\text{BMI} \geq 25$  → (2)





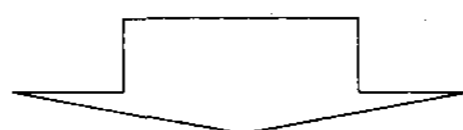
## Step 2 Count an additional risk by a test and asking questions result

① Blood sugar	at hunger time blood sugar HbA1c Taking medicine	$\geq 100\text{mg/dl}$ or $\geq 5.2\%$ or
② Serum lipid	Triglyceride HDL cholesterol Taking medicine	$\geq 150\text{mg/dl}$ or < 40mg/dl or
③ Blood pressure	Systolic Diastolic Taking medicine	$\geq 130\text{mmHg}$ or $\geq 85\text{mmHg}$ or
④ Smoking	Only count when more than 1 risk for ① ~ ③	history of cigarette smoking



## Step 3 group a person of health guidance object from step 1 and 2

For case (1)	Number of risk in Step 2	Level of support
A person of object that additional risk	2 and more	Positive support level
	1	Incentive support level
	0	Reporting level
For case (2)	3 and more	Positive support level
	1 or 2	Incentive support level
	0	Reporting level



## Health Guidance

**Reporting:**

- basic understanding about a characteristic of a lifestyle-related disease and improvement of a habit
- for all the members, accorded with individual needs, a habit by an offer of a medical examination result

**make a plan every person of object**  
keep a stage of action transformation under control in a medical examination result and a detailed question vote.

**Incentive support.**  
Set an individual aim for improvement of a habit and support the incentive that action transformation by a self-act effort is enabled

**Positive support.**  
Set an individual aim in conformity to a stage and help continuation of a concrete, feasible action

**Evaluation every person of object**

By introducing a way of thinking of a metabolic syndrome an effective and intelligibly measures can be developed.

A thorough measures led for extra group by a thorough ME / HG.

For aiming at decrease of internal organs fat type corpulence of the nation, a thorough approach that focused on "thorough exercise custom" "improvement of the eating habits" is necessary.

A thorough measures to the whole group by population approach.

Decrease of a person of a hyperglycosemia, high blood pressure and high fat blood state, and decrease of the person who have these risks 2 and more

Restrain the onset of aggravation and complications such as a CHD / a cerebrovascular accident.

**Extension of healthy life expectancy - Adequacy of medical cost.**

# 第16回日本健康教育学会 ～健康教育のパラダイムシフト～

平成20年度の医療保険制度改革では、特に健診・保健指導の見直しに重点がおかれています。

そこで、テーマを「健康教育のパラダイムシフト」としまして21世紀の健康教育およびヘルスプロモーションのより一層の進展に向けた活発な研究発表と議論の場となることを願っています。多数ご参加下さいますようお願い申し上げます。

学会長 山川 正信 (大阪教育大学教授)

2007年7月6日(金)・7日(土)

会場: シティプラザ大阪

〒540-0029 大阪市中央区本町橋2-31)



後援: 大阪府

特別講演 7月6日(金)13:40～14:50

保健と医療にある性しさとは何か 基本的な問題を考える

平盛 勝彦 先生 (香手医科大学名誉教授・モリーオ館代表取締役)

教育講演1 7月7日(土)10:20～11:30

「食」育は子どもから家族へ、学校へ、地域へ発信

足立 己幸 先生 (女子栄養大学名誉教授・NPO食生活学実践フォーラム理事長)

教育講演2 7月7日(土)14:30～15:40

医療制度改革と健康教育の役割

勝又 浜子 先生 (厚生労働省健康局保健指導室長)

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