

Community Health Promotion Programs in Japan

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I. Introduction

Before considering health promotion programs carried out in Japan, I would like to explain a summary of today's health conditions of Japan for a while. Current major concern in public health world as well as political or economic world is an aging society. To say more precisely, it would be an aging society with relatively small children's population. Estimated total

population is 126,166,000 in 1997. Among these, almost 10% population lives in Tokyo Metropolitan Area. Age group distribution of the population is as follows: Age between 0 and 14 accounts for 15.3%, age between 15 and 64 accounts for 69.0%, and age 65 or over accounts for 15.7%. The proportion of 65 years old or over becomes increasing. That is why we call an aging society has come. On the other hand, birth rate becomes lower in these days. Since 1990, it has been equal to or below 10.0 per 1,000 population. That of

1997 was 9.5. Low birth rate is one of the reflections of low fertility. The average number of live birth in women at age between 15 and 49 is called "Total fertility rate", which has been below 1.6 since 1990 and is 1.39 in 1997. Life expectancy in Japanese population is one of the longest in the world. In 1997, that of male is 77.19 years and that of female is 83.82 years. People are apt to die in later their lives except in cases of congenital disorders, injuries, or suicide. We can see this tendency from Proportional Mortality Index (PMI), which is 92.3% in 1997. If you look at death rate in each age group, you can easily notice that Japan is relatively higher death rate country in age between 1 and 4 among selected established market economy countries, whereas rather lower in other age groups. Top three causes of death are malignant neoplasm, cerebrovascular diseases, and heart diseases. If you calculate years of potential life lost (YPLL) by age 65, you will find unintentional injuries and suicide stand top class as well as malignant neoplasm and cerebrovascular diseases.

II. Health Promotion Policy at Government Level

In general, Japanese health and sanitary administration has three levels, which are government level, prefecture level, and municipal level including cities, towns, and villages, though some particular cities are given authority to take charge of health and sanitary administration independent from prefectures. 38 cities designated by ordinance, and 23 special wards in Tokyo are such particular cities. Total number of prefectures is 47.

There are three ministries, which govern health promotion related programs. These are Ministry of Health and Welfare, Ministry of Labor, Ministry of Education, Science, Culture, and Sports.

1. Health Promotion Policy through Ministry of Health and Welfare (MHW)

1) Short History

It was 1964 that the first Olympic game in Asia was held in Tokyo. After this big event, many people were interested in health and physical strength promotion. In 1970, "Nutrition and Health Class" were open in health centers, which were managed by prefectures or special cities or wards. Here health promotion was taught in relation to

nutrition and food habit. Since 1972, Health Promotion Model Centers were built one by one in some selected area. This institution was remodeled to "Health Science Center" in 1995.

To prepare for the coming aging society, building cheerful and active society was thought to be a goal and the 1st National Health Promotion Plan was proposed in 1978. It had three components. First one was comprehensive health screening strategies, which meant creating geriatric health programs adding to ante-natal, post-natal, infant, child and housewife health checkup programs would contribute to make the life long health care system. The second component of the plan was building municipal health center and increasing health manpower such as disposition of public health nurses in each municipal as basic arrangements. The third component was establishing Health and Physical Strength Promotion Foundation in order to disseminate and educate people to make more concern to health creation in daily life.

Life expectancy became longer year by year, and to live after the age 80 was not a dream at all to ordinary people. The 2nd National Health Promotion Plan named "Active 80 Health Plan" was aimed to

make people live active after the age 80. The goal is that elderly people can take care of themselves and also can attend social activities with satisfaction.

Now the next general health promoting strategy named "Healthy Japan 21" is under discussion.

2) Health Promotion Programs

One of the ways of thinking on health promotion is analytical one, which consists of three factors, nutrition, exercise, and rest. Every five year, MHW announced Recommended Dietary Allowance (RDA). The latest version is version 5 in 1994. The next version has almost completed and will be soon announced. RDA is often used as the basic principle in considering health promotion. Version 6 RDA will somewhat be different from former one. The purpose of RDA is not limited to upper level of each nutrient, but sometimes it gives information of prevention for excessive intake of the nutrients such as oil soluble vitamins, vitamin A, D, E, and K.

National Nutrition Survey is done every year in November. In this survey, 5,000 households are selected and studied. The major subjects of this survey are physical condition, nutrition Intake, and diet condition.

In each survey, there is a specific theme. In 1996 survey, "Obesity in men and Slimming Diet in Young Women" was the one.

Concerning exercise, "Recommended Exercise Allowances for Health Promotion" was open to public in 1993. It gages people the idea how they actually do exercise in daily life to create their health. More over, "Guideline to Exercise and Fitness" was announced. Training system for fitness and exercise specialists or instructors was established in late 80s, and these specialists are working in municipals to contribute to residents' health promotion.

Rest and recreation are another factor of health promotion. Some people have much concern of rest and recreation on the base of thinking about too much work, prevention of life style related diseases, and stressful society. Corresponding to such situation, MHW announced "Guideline to Rest and Recreation for Health Promotion" in 1994.

Another general strategy is "Creative Strategies for Healthy and Cultural Cities." It is one of the modifications of healthy city initiative advocated by world health organization, European Regional Office.

2. Health Promotion Policy through Ministry of Education, Science,

Culture, and Sports (MESCS)

In Japan, school health has history of over a hundred years. School health consists of two major components, health education and health administration. The former is divided into health instruction and health guidance, and the latter is divided into health checkup, health counseling and school environment sanitation. Special programs such as AIDS education or dental health promotion program may be added. In school health field, there is a lot of discussion of innovation to fit today's children's health condition from either mental or physical aspects. Introduction of the idea of health promotion was written in the government report in 1997. The function of health room in each school and importance of nurse teacher were discussed, too.

3. Health Promotion Policy through Ministry of Labor (ML)

Considering aging society and simultaneous health problems, ML made a plan of physical and mental health promotion for laborers. It is called "Total Health Promotion Plan." This plan has two steps. The first step is health measurement by industrial physician. It contains history taking,

questionnaire about daily life including works and exercise history, physical diagnosis, medical examinations including blood sampling, and exercise. The second step has two essential components and two optional components. The former is exercise guidance and health guidance. The latter are psychological counseling and nutrition guidance.

III. Health Education Specialist

There is still neither qualified nor trained health education specialist or health educator in Japan. Historically, short course of health education was settled in a few institutions such as the Institute of Public Health, Juntendo University, and Kitazato University in the 50s. A short course (about a month) is still opened once a year at National Institute of Public Health, Tokyo. Most of audience is officers from health centers. Some of them are physician, dentist, public health nurses, or nutritionists.

Apart from above, Japanese Association of Health Education planned special workshop named "A Workshop on Training for Health Educator" in 1998. This trial was affected by the training system in U.S.

IV. Health Promotion Practice in Community Level

There is another opinion about health promotion, which is different from analytical way of thinking. They think health promotion itself should be total activities, which cover daily life. One application of this idea was found in the plan of some township. Main title is "Healthy and Cultural Cities with Community Participation." The concept here is to realize the creation of healthy towns by people's participation in several levels. Two major components are "Health Creation in Human Being" and "Health Creation in Communities." Both components affect each other. In the first component, there are two contents, "Creating Healthy Life Styles" and "Lifelong Health Creation." In the second component, they're also two contents, "Creating Healthy Environment" and "Community Innovation Particularly in Health and Culture."

V. Future Issues

Now, there has been a lot of discussion on administrative efficacy, and one of the solutions was announced from the government last year. That is reorganization of ministries,

whose number will be reduced. Other administrative innovation would be put into practice in near future.

Corresponding to aging society, a new "Care Insurance System" will be introduced in 2000. It is a huge national project, and there are a lot of subjects to be solved. Actually, rather few people knows what happens after this system is introduced. People aged 40 or over are basically the insured and certain insurance premium is deducted from his or her salary every month. When we consider health promotion program in community, there must be something related to care insurance system after the year 2000.

Any community plan will be affected by communities or nations economic condition. In this meaning, economic stabilization makes a better environment to extend health promotion programs in communities. Whether industries are active or not, people's tax burden is heavy or not, the economic condition of medical insurance system is sound or not, all these matters are important economic environment.

In education fields, more attention should be paid to children's freedom, human rights, sound spirit, or life skills to enjoy their lives as well as obtaining higher knowledge.

People are changing gradually. They realize the value of enjoying lives. We must also pay more attention to mutual aid in our society. To make an environment easy to work as a volunteer in community is one of the examples.

VI. Conclusion

There are kinds of health promotion related programs planned by Ministry of Health and Welfare, Ministry of Labor, and Ministry of Education, Science, Culture, and Sports. Major objective of the program is prevention of life style related diseases through life. Other subjects are mental health in each age, and healthy and cultural cities projects including environmental preservation, supporting aged and handicapped people, and community participation. Finally, administrative, economic, educational, and people's behavioral innovation are essential to actualize health promoting society.

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