Section 3. Measures against Lifestyle-Related Diseases through “Health Japan 21” and Promotion of “Shokuiku (food and nutrition education)”

1. Promotion of Measures against Lifestyle-Related Diseases through “Health Japan 21”

The Ministry of Health, Labour and Welfare has been promoting the “National Health Promotion Movement in the 21st Century (Health Japan 21)” as the third health promotion measure for citizens since 2000. “Health Japan 21” aims to reduce the number of deaths of people in the prime of their life, prolong healthy years of life, and improve people’s quality of life (QOL) in order to become a vigorous society in which all citizens can live in good health both physically and mentally. To this end the Ministry of Health, Labour and Welfare set goals within the 9 areas given below.

The Health Promotion Law was enforced in May 2003 to establish legal foundations for facilitating greater health promotion efforts by citizens made in accordance with “Health Japan 21”.

The Subcommittee on Community Health and Nutrition and Health Promotion of the Health Sciences Council conducted an interim evaluation of “Health Japan 21” in December 2006 and published a written report of the “Health Japan 21 middle evaluation report” in April 2007. In consideration of the middle evaluation countermeasures against lifestyle-related diseases will be further promoted as a national campaign in cooperation with industry and through efficient and effective health checkups and counseling guidance made by health care insurers.

In addition, and as part of the reform of the medical care system, discussions were held on how to provide specific health checkup and specific counseling guidance based on scientific grounds at the “Study Group on Standard Health Checkup and Counseling Guidance”, aiming at effective and efficient implementation of the specific health checkup and specific counseling guidance focused on metabolic syndrome (visceral fat syndrome). A “Standard Health Checkup and Counseling Guidance Program” was compiled in April 2007 with specific health checkup and specific counseling having started in FY 2008.

(1) Nutrition and Dietary Habits

Nutrition and dietary habits are closely related to most lifestyle-related diseases as well as people’s quality of life. To improve people’s nutrition and dietary habits it is necessary to encourage the individuals to change their lifestyle as well as develop the necessary underlying environment.

Accordingly, “Dietary Reference Intakes for Japanese (2005)” was scientifically prepared and includes health promotions to be used over the period of 5 years from FY 2005 to 2009, and aims at
preventing energy or nutrient deficiency diseases, lifestyle-related diseases, and health disorders due to excessive nutrient intake.

To promote better dietary patterns as a measure in promoting “Shokuiku (Food and Nutrition education)”, the Ministry of Health, Labour and Welfare, and the Ministry of Agriculture, Forestry and Fisheries jointly compiled a “Dietary Guidelines for Japanese”, and the Ministry of Health, Labour and Welfare, and the Ministry of Agriculture, Forestry and Fisheries decided “Japanese Food Guide Spinning Top” in June 2005 to provide easy-to-understand information on what and how much to eat and thus encourage individuals to follow an appropriate lifestyle. Efforts are being made to disseminate and utilize the guide through measures that include promotion of the services available from registered dietitians, dissemination and enlightenment via community volunteers such as promoters of healthier dietary habits, and measures in cooperation with the food industry (promotion of Shokuiku (food and nutrition education) will be further described later).

In addition, nurturing health instructors such as registered dietitians has been promoted to cope with the specific health checkup and specific counseling guidance for use against metabolic syndrome (visceral fat syndrome) that commenced in FY 2008. Furthermore, strategic services to prevent metabolic syndrome with a focus on the promotion of exercise and dietary rhythm adjustments have been promoted that include a clear understanding of the current situation, seminars, and measures in cooperation with private industry.

(2) Physical Activities and Exercise

Physical activities and exercise effectively prevent lifestyle-related diseases and are an important factor in health promotion, and therefore it is necessary to implement measures such as raising public awareness on physical activities and exercise, increasing the percentage of individuals involved in daily exercise activities and habits, and creating environments where those activities can take place.

Accordingly, the “Recommended Exercise for Health Promotion” was revised as the “Exercise and Physical Activity Reference for Health Promotion 2006 –Physical activity, exercise and fitness” in July 2006 to be in line with the latest scientific knowledge. Standard values for physical activities, exercise, and physical strength for preventing lifestyle-related diseases based on the results of a variety of research are given in the revised edition. In addition, “Exercise and Physical Activity Guide for Health Promotion 2006” was compiled to make widely available the content of the standards in an understandable manner. Ongoing efforts are being made to disseminate and utilize the guideline.

(3) Rest and Mental Health Development

Mental health is a decisive factor in determining quality of life. Three major factors for maintaining health both physically and mentally are said to be appropriate “exercise”, well balanced
“nutrition and dietary habits”, and “rest” to ensure physical and mental refreshment and thus a comfortable lifestyle. In addition, getting sufficient rest and handling stress are both essential to good mental health.

Accordingly, “Sleep Guidelines for Health Promotion” were established in 2003 and dissemination and enlightenment of information on sleep has been promoted in cooperation with related organizations and the mass media (measures against stress and prevention measures against suicide are described in Section 2 of Chapter 3 and Section 4 of Chapter 9, respectively).

(4) Tobacco

Tobacco smoking has been pointed out as being related to the cause of many types of cancer such as lung cancer as well as ischemic heart disease. It has also been pointed out that the negative impact on people’s health is not limited to the smoker himself/herself, but extends to the people surrounding them via “passive smoking”, which is accidently inhaling the smoke when someone else is smoking.

“Health Japan 21” is promoting comprehensive measures to achieve ① dissemination of the necessary information on the impact of smoking on the health, ② prohibiting minors from smoking, ③ complete separation of smoking areas in public areas and workplaces and promoting awareness on it, and ④ dissemination of programs to support people giving up smoking.

Pursuant to the Health Promotion Law, managers of facilities that deal with heavy human traffic are required to take relevant measures to prevent passive smoking. Since FY 2005 regional efforts at the prefectural level against smoking have been supported by special emergency promotion projects with countermeasures against smoking that focus on preventing parents from smoking, which has a big impact on their children and other minors, and complete separation of smoking areas in recreational facilities where preventive measures against passive smoking are yet to be fully implemented.

In February 2005 the “World Health Organization Framework Convention on Tobacco Control” was established. And in consideration to this Japan is promoting the establishment of a system to enhancing tobacco control measures.

In addition, smoking cessation treatments have been covered by health insurance since April 2006 and the affect of that is to be evaluated. A “Manual on Smoking Cessation Support” was compiled in May 2006 and distributed to promote even more effective support for people to stop smoking. In consideration of “Guidelines on protection from exposure to Tobacco Smoke” being adopted in July 2007, a “Study Group on Preventive Measures against Passive Smoking” was held in March 2008 and discussion has continued on the further promotion of preventive measures against passive smoking.
Furthermore, after the interim evaluation of “Health Japan 21” it was decided to set the new goal of “The person who wants to quit smoking quits”, which was considered apt for use in the national campaign. This goal deems it necessary to reduce the negative impact on public health through measures such as promoting awareness of the negative impact on health from smoking to increase the number of people who wish to quit and providing support for those who wish to quit so as to decrease the rate of smoking and tobacco consumption.

(5) Alcohol

The effect of alcohol on health includes acute alcohol intoxication when a large amount of alcohol is consumed over a short time, liver disease from chronic drinking, and a relationship to illnesses such as cancer. Underage drinking is considered to affect both young people’s physical and mental development, while alcohol being consumed by pregnant woman is considered to affect the fetus.

The following goals were set in “Health Japan 21”, ① reducing the number of heavy drinkers, ② prohibiting minors from drinking, and ③ disseminating information on appropriate alcohol intake. In accordance with these goals measures such as disclosing information at seminars and holding symposiums on underage drinking are being implemented.

A “public-health problems caused by harmful use of alcohol” resolution was adopted at a World Health Assembly in May 2005 Member States were requested to formulate, implement, and evaluate effective strategies and programs to reduce the negative effects on health and society caused by harmful use of alcohol. In accordance with the resolution discussions were held at a WHO Regional Committee to develop a draft strategy. “Strategies to reduce the harmful use of alcohol” was approved for submission at the 63rd World Health Assembly as a proposed global strategy. The Ministry of Health, Labour and Welfare has been promoting countermeasures against alcohol abuse, which is becoming an important global issue, in cooperation with related ministries and agencies including the National Tax Agency.

(6) Oral Health

Maintaining oral health contributes to promote quality of life. Quality of life consists of many factors, and oral health relates especially for enjoying meals, communication and so on. The 8020 campaign is a national campaign for oral health promotion. "8020" is a word for enlightening the importance of retaining at least 20 teeth at the age of 80. (Maintaining the chewing ability by retaining 20 or more teeth helps enriching daily life.) To ensure the "8020 campaign" is required for achieving the 8020. And the Ministry of Health, Labour and Welfare (MHLW) subsidizes local governments for the 8020 campaigns. Local governments carry out the campaigns, to prevent periodontal disease and tooth decay which are main causes of tooth loss.

Additionally, many local governments carry out another approach called "the periodontal screening" to control periodontal disease. It is carried out based on the Health Promotion Law in the place
of the Health and Medical service law for aged, from 2008. The Screening is intended to for the
adults at the age of 40, 50, 60 and 70. MHLW subsidizes local governments to carry out the screening
test.

Some of indices about oral health in "Health Japan 21" are achieved or being approaching the
targeted values. Many indices have regional properties, and proper interventions for oral health are
required for each region.

(7) Diabetes

Diabetes can often occur before the patient is aware of its development. And without
appropriate treatment it can result in serious complications such as retinopathy, nephropathy, and
neuropathy. In the terminal stage it can lead to blindness or require dialysis treatment. Diabetes is
also known to facilitate the onset or development of strokes and cardiovascular diseases, such as
ischemic heart disease, resulting in lowering people’s quality of life (QOL). Countermeasures such
as preventing the onset, early discovery, and prevention of complications are important with this
disease.

The number of diabetes patients in Japan is increasing as a result of the changes in people’s
lifestyles and social environments. According to an “Outline of the National Health and Nutrition
Survey, Japan 2006” (Health Service Bureau, Ministry of Health, Labour and Welfare) approximately
8.2 million people are strongly suspected of having diabetes, the estimated population reaching about 18.7 million when those who definitely have it are included.

In “Health Japan 21” specific goals were set for improving people’s lifestyles, early discovery,
and continued treatment in promoting the primary prevention of diabetes.

Furthermore, in consideration of the interim evaluations of the reform of the medical care
system and “Health Japan 21”, new goals were set that include “reducing the number of patients
and those that have a high risk of contracting metabolic syndrome (visceral fat syndrome)” and
“increasing the number of visits for specific health checkup specifically programmed against metabolic
syndrome (visceral fat syndrome) followed by specific counseling”.

In addition, subsidies for health science research expenses have been spent on “Japan Diabetes
Outcome Intervention Trial” since FY 2005 to examine such intervention measures as ① halving the
rate of transition from the pre-diabetes stage to actual diabetes, ② halving the discontinuation rate
of treatment by diabetes patients, ③ reducing diabetic complications by thirty percent.
(8) Cardiovascular Diseases

The second leading cause of death in Japan is heart disease and the third cerebro-vascular disease, while the number of deaths caused by cardiovascular disease accounts for approximately 30 percent of the total. Reducing the prevalence rate and death rate of cardiovascular disease has become an important issue as the aftereffects of cardiovascular disease are important factors in lowering patients’ quality of life (QOL).

In “Health Japan 21” specific goals were set to improve lifestyles and the early discovery of cardiovascular disease through primary prevention of them. Therefore, in addition to early discovery through health checkup and prevention of them becoming chronic, primary prevention through dissemination and enlightenment of nutrition and dietary habit information as well as physical activities and exercise is important.

Furthermore, research on the prevention, diagnosis, and treatment of cardiovascular disease has been promoted in “Comprehensive Research on Cardiovascular and LifeStyle-Related Diseases”.

(9) Cancer

Cancer has been the leading cause of death since 1981 in Japan with currently more than 300 thousand people dying from it every year. In consideration of this preventive measures such as improving people’s lifestyles are very important. To overcome cancer measures focused on research have been implemented and include the “Comprehensive 10-Year Strategy for Cancer Control” that commenced in FY 1984, the “New 10-Year Strategy to Overcome Cancer” that commenced in FY 1994, and the “3rd-term Comprehensive 10-Year Strategy for Cancer Control” that commenced in FY 2004 from all of which technologies for diagnosis and treatment of cancer have progressed. Furthermore, in accordance with the “Cancer Control Act” that was introduced by members of the Diet and approved in June 2006, the “Basic Plan to Promote Cancer Control Programs” was approved in June 2007, efforts against cancer have been made in a comprehensive and systematic manner (for more details on the comprehensive and systematic promotion of countermeasures against cancer refer to Chapter 2).

2. Promotion of “Shokuiku (food and nutrition education)"

In relation to changes in the environment surrounding dietary habits that have occurred in recent years the promotion of Shokuiku (food and nutrition education) has become an important issue in maintaining people’s health both physically and mentally throughout their lifespan and in nourishing humanity itself. In consideration of the Basic Law on Shokuiku was enforced in July 2005 that aims at dissemination of basic food education principles and at clarifying the responsibilities of both national and local governments as well as providing basic information
relevant to the promotion of food education. In addition, the “Basic Plan to Promote Food Education” covering the 5 years of FY 2006 through to FY 2010 was formulated in March 2006 to promote comprehensive and systematic measures for promoting “Basic Program for Shokuiku Promotion”.

In this plan 7 points were outlined as basic policies for use in promoting Shokuiku (food and nutrition education) which includes:

① Implement measures to promote both physical and mental health and nourish humanity with respect being paid to the differences in the knowledge that has been acquired by people of different age group and health condition.

② Implement measures to raise awareness among parents and guardians, educators, and health professionals so that children can learn to enjoy eating.

③ Implement measures to provide extensive information on food including food safety through various means and facilitate active exchanges of opinions between administrative and other related organizations, and consumers.

An additional 9 goals are also set for Shokuiku (food and nutrition education) as they were considered worthy of being included in the national campaign which includes, ① decreasing the percentage of people who skip breakfast, ② increasing the percentage of people who practice their dietary habits in accordance to the “Japanese Food Guide Spinning Top”, ③ increasing the percentage of people who are aware of metabolic syndrome, and ④ increasing the number of volunteers involved in promoting Shokuiku (food and nutrition education). These goals are to be achieved through the implementation of promotional measures.

Furthermore, in order to contribute to the national food education campaign a conference of experts on promoting food education was held in June 2007 and the “Important Matters of National Campaign to Promote Food Education” compiled. In addition, the “Committee for Evaluating the Promotion of Food Education”, which aims at evaluating the progress made in promoting Shokuiku (food and nutrition education), and the “Discussion on Food Education Activities by the Industry”, which discussed the content of the food education information that needs to be provided, have been held since October 2007.

(1) Promotion of “Shokuiku (food and nutrition education)” through Health Promotion

In recent years the percentage of obese adults has increased due to inappropriate dietary habits and a lack of exercise. In order to prevent obesity it is important to develop awareness and knowledge on a healthy lifestyle from childhood and acquire a healthy lifestyle as well as good exercise habits. Hence the Ministry of Health, Labour and Welfare has been supporting services conducted by prefectures as “measures to prevent obesity from childhood”. In FY 2007, in addition
to measures to prevent obesity from childhood, preventive measures against obesity targeting people in their twenties and thirties have been implemented as countermeasures against metabolic syndrome and continued to be implemented in FY 2008.

In addition, every October has been designated as dietary habit improvement month. In relation to this promotional activities are conducted to improve people’s dietary habits by aiming at raising individuals' awareness of the need to improve them and encouraging their practice in everyday life.

(2) Promotion of “Food Education” through Maternal and Child Health Care Activities via “Health Japan 21”

The “Report of the Study Group on Healthy Development of Children through Food (from the viewpoint of “Food Education”)” was compiled in February 2004 and aimed at promoting food education corresponding to each development stage from infancy to adolescence as an effort to enhance the support system for promoting measures implemented in cooperation between families, day care centers, schools, and other related institutions.

The infancy and childhood stages are especially important with regard to acquiring good basic dietary habits and establishing healthy parent-child relationships. In the “FY 2005 Evaluation of Nutrition in Infancy and Childhood”, which was published in Jun 2006, it was revealed that parents feel the most anxiety during the lactation period just after delivery and when weaning babies, and also that approximately 10 percent of infants (4 years old or younger) do not eat breakfast every day. In consideration of this a “Support Guide on Lactation and Weaning” was compiled and published in March 2007. Efforts are being made to disseminate and enlighten people with this support guide that encourages mothers to breastfeed and provides guidelines on how and when to start babies eating food by aiming at promoting appropriate support for lactation and weaning.

In addition, with respect to health support for pregnant and lactating women through food, further dissemination and enlightenment efforts are being made through the “Guidelines on Dietary Habits for Pregnant and Lactating Women” (compiled and published in February 2006), which incorporates information such as desirable combinations and amounts of food during pregnancy and the lactation period as well as related guideline values for appropriate body weight gains during pregnancy.

(3) Promotion of “Shokuiku” through Risk Communication with Consumers

The Basic Law on Shokuiku has many aspects to it but includes healthy dietary habits that take into consideration the nutritional balance and appreciation of food. In relation to food safety Article 8 outlines that “Considering that securing the safety of food and people being able to consume it without any anxiety is the basis for a healthy diet, food education shall be implemented in an
affirmative manner in line with international collaborations that offer extensive information on food, including food safety and exchanging opinions on it, would enhance public knowledge and understanding of food and thereby contribute to appropriate dietary habits by citizens’.

To enhance public knowledge and understanding of food safety and contribute to the appropriate dietary habits of citizens, the Ministry of Health, Labour and Welfare will make the effort to promote the risk communication that follows (refer to Section 3 of Chapter 9) in a systematic manner in cooperation with related institutions including local governments.