



2014 Edition

Annual Health, Labour and Welfare Report
— For the Realization of a Society of Health and —
Longevity

- First Year of Health and Prevention -

[Summary]

MHLW

Overview of the Annual Health, Labour and Welfare Report 2016

Part 1 (Themes) For the Realization of a Society of Health and Longevity- First Year of Health and Prevention -

- The recent efforts on health issues are introduced and analyzed, while circumstances and awareness of health issues in our country are studied. At the same time, this report addresses the fact that the course of action has been changing from the extension of 'Life expectancy at birth' by improving the sanitation of the environment including use of infectious disease countermeasures, to the extension of 'Healthy life expectancy at birth' through active health promotion.
- Approaches taken by local governments, companies and organizations were studied, and are described in this report in addition to the listings in the column to encourage actions on health promotion.

Content

(Local governments) Shizuoka Pref., Matsumoto City in Nagano Pref., Kure City in Hiroshima Pref., Fujieda City in Shizuoka Pref. and Myoko City in Niigata Pref.
 (Companies) Tanita, co., Headquarters of Daiwa Securities Group Inc., Mitsubishi Electric co. and Mutual Benefit Association for Tokyo Metropolitan Employees
 (Organizations) You-homeclinic Ishinomaki, Aichi Health Promotion Foundation, Deaimura Kurara, JA-Zenchu, Yamanashi Koseiren Health Care Center

Column

Preventive long-term care and integrated community care system (Setagaya-ku Tokyo, Daito City in Osaka, Takeda City in Oita Pref. and Omuta City in Fukuoka Pref.)
 Health ranking (Development Bank of Japan), measures for prevention of health problems due to excessive work (Japan Labour Health and Welfare Organization), etc.

Part 2 (Annual administration report) 'Responses to current political challenges'

- In Part 2, activities of MHLW related to various political issues are presented clearly to the public in the annual administrative report

Feature	The Comprehensive Reform of Social Security and Tax	Chapter 6	Realization of sustainable medical and long-term care to provide peace of mind
Chapter 1	Creation of an environment where it is easy to have a family	Chapter 7	Ensuring healthful and safe living
Chapter 2	Promotion of employment measures for activation of the regions and improvement of the economic system	Chapter 8	Comprehensive promotion of support for persons with disabilities
Chapter 3	Creating an environment where one can work in confidence	Chapter 9	Contribution to the international community and appropriate actions for foreign workers, etc.
Chapter 4	Ensuring peace of mind for feasible self-reliance in life and livelihoods	Chapter 10	Restructuring of the administration system and promotion of information policy
Chapter 5	Establishment of a reliable pension system for elderly people and young people		

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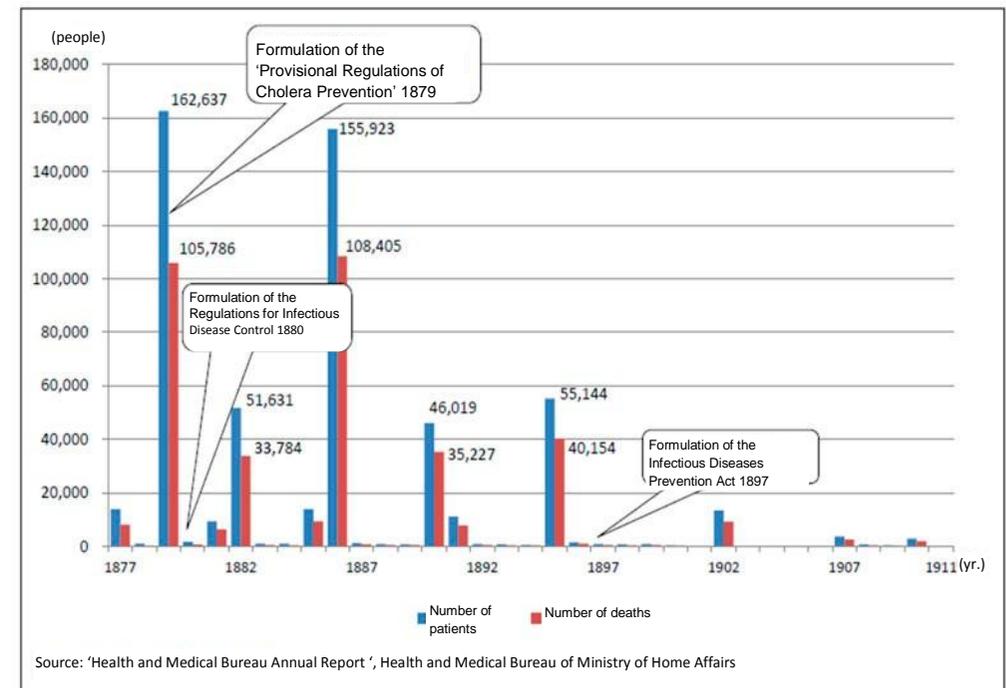
Chapter 1 Trend of Measures Related to Health Issues in Japan

- Since modern sanitation policies were launched in the Meiji Era, the focus points had been such sanitation improvements as countermeasures against cholera and tuberculosis, etc.
- Diseases affecting adults began increasing in the 1950's.
- Health promotion gradually began, triggered by the Tokyo Olympics (1964).
- Health promotion measures were initiated (the First and the Second) in the wake of an increase in diseases affecting adults which took place while the health standard had been improving, including longer life expectancy at birth. In addition, preventive long-term care and special health checkups were introduced.

Time during which improvement of sanitation standards was the focus

- Acute infections such as cholera were the targets from the beginning to the middle of the Meiji Era. Countermeasures against chronic infections such as tuberculosis etc. were implemented after the middle of the Meiji Era.
- Establishment of the Health Center Law (1937) and Ministry of Welfare (1938) during the war.
- Right after the end of WWII, the Preventive Vaccination Law was established (1948) to prevent acute infections. Progress has made in tuberculosis measures (Publicly funded health care by the Revised Tuberculosis Control Law (1951)).
- Establishment of the Labor Standards Act and the Ministry of Labor (1947).
- As disease structure changed, cerebrovascular diseases became a leading cause of death in 1951, overtaking tuberculosis.
- Medical insurance for the whole nation which can support a high healthcare standard was established (1961).

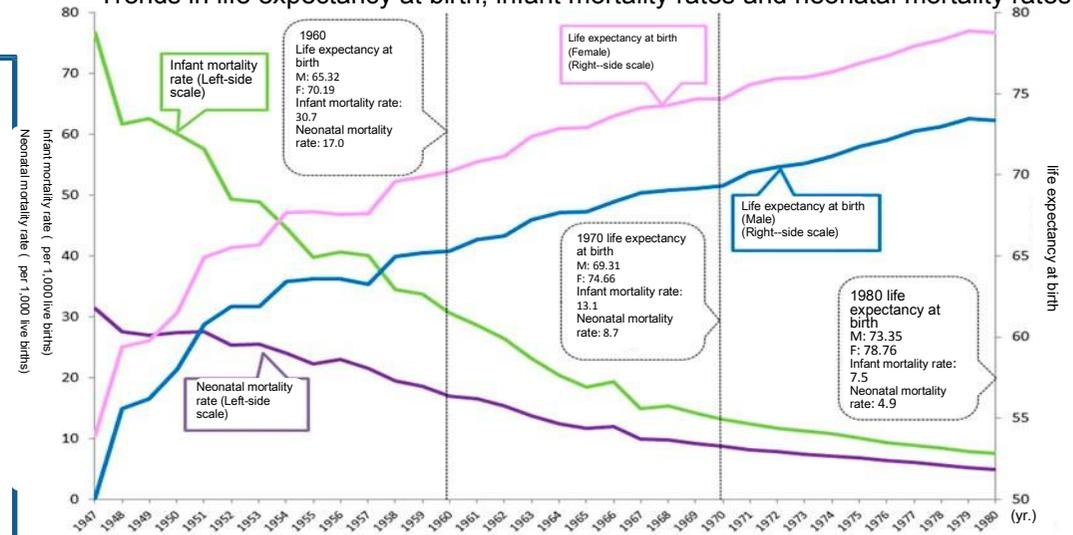
Trends in the number of cholera patients and deaths in the Meiji Era



The beginning of active health promotion measures

- “All Japan Physical Fitness” began, triggered by Tokyo Olympics (1964).
 - The mortality rate of neonatal and infants went down, while life expectancy at birth increased. Diseases affecting adults were emerging in spite of an improvement in nutrition and body size.
 - 1st Public Health Promotion Measures (1978 and after), 2nd Public Health Promotion Measures (1988 and after)
 - From ‘adult disease’, whose focus is aging, to “life-style related disease”, whose focus is the pathogenesis process (Council on Public Health, 1996).
- Re-engineering of healthcare measures in the region: The roles played by municipalities and Public Health Centers were clearly defined by the “Community Health Law” (1994), which was a revision of the ‘Health Center Law’.
- Promotion of measures in the fields of maternal, child, geriatric and occupational health.

Trends in life expectancy at birth, infant mortality rates and neonatal mortality rates



Source: Life expectancy at birth from 'Abridged life tables' and 'Complete life tables', Statistics and Information Department of the Minister's Secretariat, MHLW
 Infant mortality rates and neonatal mortality rates from 'Vital Statistics', Statistics and Information Department of the Minister's Secretariat, MHLW

(note): 1. Life expectancy at birth before 1972 does not include Okinawa Pref.
 2. Infant mortality rates and neonatal mortality rates before 1972 do not include Okinawa Pref.

The beginning of comprehensive health promotion measures

- The MHLW was founded (2001).
- Formulation of Health Japan 21 (2000) and the enactment of the Health Promotion Law (2003): Health promotion adopted a nationwide approach aiming at the goal of improving lifestyle, etc. in response to the changes in the disease structure.
- Switchover to the prevention oriented, long-term care insurance systems (2006): Review of preventive long-term care insurance benefits, and introduction of community support projects.
- Specific medical checkups and specific health guidance begun (2008): “Metabolic syndrome” became a focus to promote countermeasures against life-style related disease.

	Intake of food group (1 person/day)				Average height				
	1950	1960	1970	1980	1950	1960	1970	1980	
grains	77%	71%	56%	49%	10 yrs old	Boy 127.1 cm	131.6 cm	135.3 cm	137.3 cm
Vegetables	242g	219g	249g	251g	10 yrs old	Girl 126.6 cm	132.0 cm	136.2 cm	138.3 cm
Fruit	42g	59g	81g	155g	17 yrs old	Boy 161.8 cm	165.0 cm	167.8 cm	169.7 cm
Sea food	61g	76g	87g	93g	17 yrs old	Girl 152.7 cm	153.7 cm	155.6 cm	157.0 cm
Meat	8 g	30 g	43 g	68 g					

Source: Ministry of Health and Welfare "National nutrition

Source: Ministry of Education, Culture, Sports, Science and Technology "School health statistics survey"

Indicators	1950	1960	1970	1980	Source	Remarks
Leading causes of death	1st: Tuberculosis 2nd: Cerebrovascular diseases 3rd: Pneumonia & Bronchitis	1st: Cerebrovascular diseases 2nd: Malignant neoplasms 3rd: Heart diseases	1st: Cerebrovascular diseases 2nd: Malignant neoplasms 3rd: Heart diseases	1st: Cerebrovascular diseases 2nd: Malignant neoplasms 3rd: Heart diseases	Statistics and Information Department of the Minister's Secretariat, MHLW "Vital Statistics"	"Malignant neoplasms" became the top killer in 1981. Excluding Okinawa Pref. in 1950, 1960 and 1970.
Percent distribution of cerebrovascular diseases, malignant neoplasms and heart diseases	24.7 %	44.2 %	54.8 %	61.9 %	Statistics and Information Department of the Minister's Secretariat, MHLW "Vital Statistics"	Excluding Okinawa Pref. in 1950, 1960 and 1970.

Chapter 2 Conditions and Awareness of Health

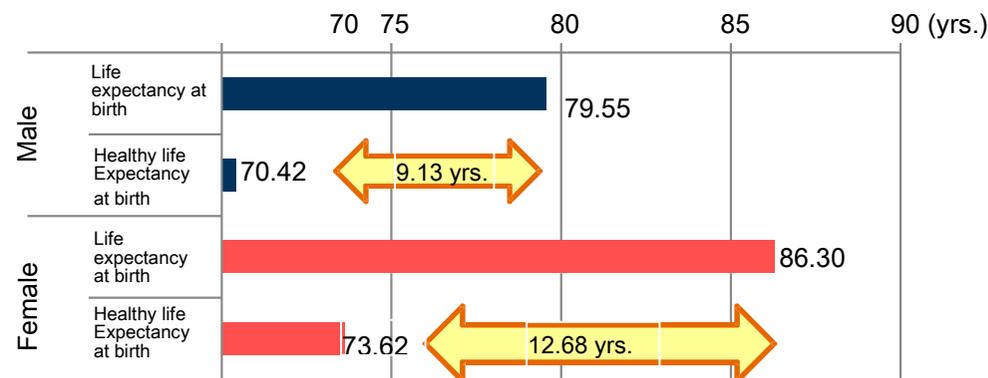
Section 1 Changes in Society Related to Health and Health Awareness

- Japan has achieved the highest level of longevity in the world, and the highest healthy life expectancy at birth; in particular, both men and women have achieved the world's top longevity.
- On the other hand, only 30 % of people in Japan recognize the phrase "healthy life expectancy at birth".
- Extension of healthy life expectancy at birth is the key to avoid more medical spending as the aging of society progresses.
- About 60 % of people have anxiety over their health regardless of the fact that 70 % of people believe that they are "healthy".

Conditions and awareness in health

< Discrepancy between life expectancy at birth and healthy life expectancy at birth(2010)

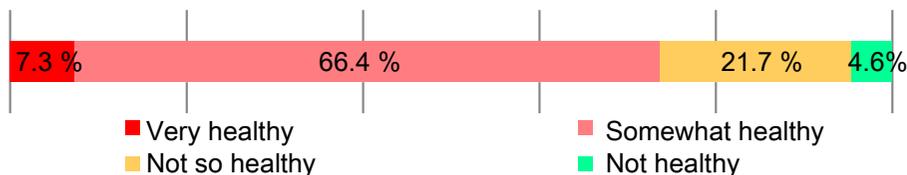
- The discrepancy between life expectancy at birth and healthy life expectancy at birth (*) is about 9 years for male and 13 years for females.
 (*) Estimation of the equivalent years of full health that a person can expect to live without any restriction
- The burden of medical costs increases if the discrepancy between life expectancy at birth and healthy life expectancy at birth becomes large. It is important to extend healthy life expectancy at birth while reducing the discrepancy with life expectancy at birth for daily living and happiness, while medical expenses are expected to increase due to the aging population.



Health consciousness

About 50 % of people who have anxiety over their health pointed out decline of their physical strength, while stress in young people and chronic disease in elderly are the anxiety elements.

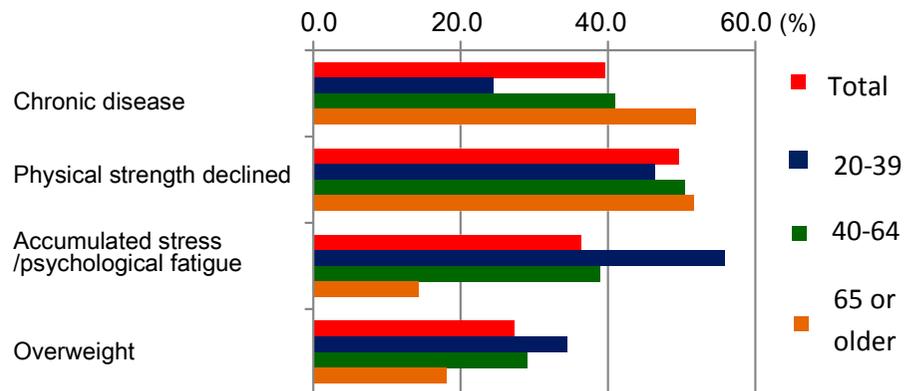
< Good health >



Source: "Study of the aspirations for health (2014)" prepared by outsourcing by the Office of the Director-General for Policy Planning and Evaluation, Assistant to the Director-General for Economic and Fiscal Management, MHLW.

Source: Life expectancy at birth was obtained in "Complete life tables" by the Statistics and Information Department of the Minister's Secretariat, MHLW. Healthy life expectancy at birth obtained in the "Study on the cost-effectiveness of measures for life-style related disease, and prediction of healthy life expectancy at birth" by Grants-in-Aid for Scientific Research, MHLW.

< Anxiety over health >



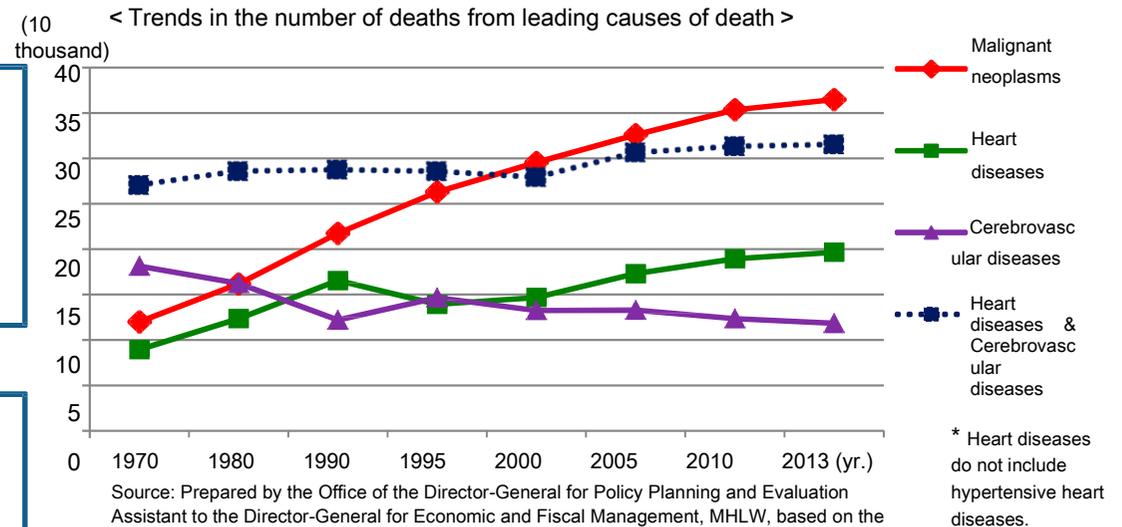
Source: "Study of the aspirations for health (2014)" prepared by outsourcing by the Office of the Director-General for Policy Planning and Evaluation, Assistant to the Director-General for Economic and Fiscal Management, MHLW.

Section 2 Life-style

- About 60 % of the causes of death, including cancer and heart disease, are from life-style related diseases. Controlling excess salt and fat consumption is necessary to prevent such disease.
- Nearly 60 % think about balanced food, but obesity has been increasing among men.
- Exercise and regular checkups are important for health. People tend to engage in such activities more as they get older.

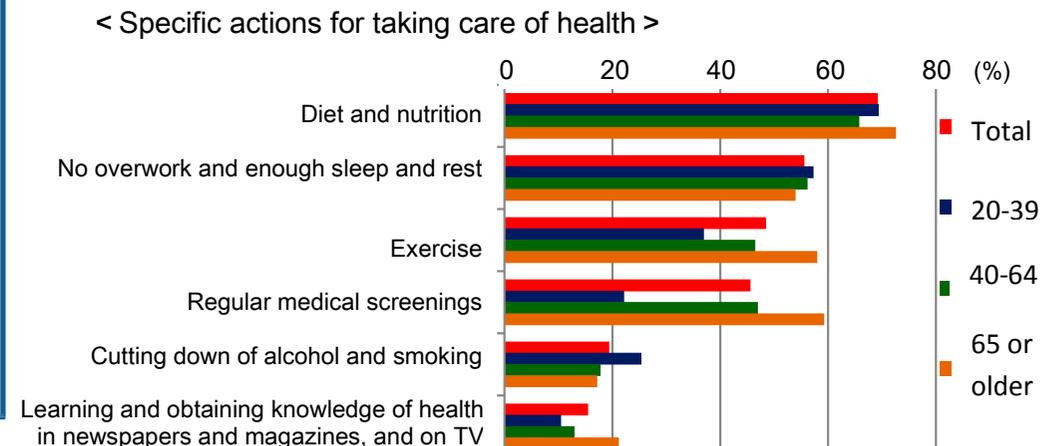
Cause of death

- Malignant neoplasms are the top killer, and heart diseases take second.
- These life-style related diseases cause about 60 % of deaths, and about 30 % of public medical expenses.



Health activities

- The majority of people do specific things to care for their health. Over half of them are careful about 'food and nutrition' and 'sleep and rest', and more people exercise and receive medical screenings as they get older.
- It is also important to receive screenings and health checkups in addition to moderate exercise and a good, nutritionally balanced diet in order to prevent life-style related disease. It is desirable to increase the number of people who receive cancer screenings and special health checkups (target of special health checkups: 70 %, cancer screenings: 50 %, in theory)

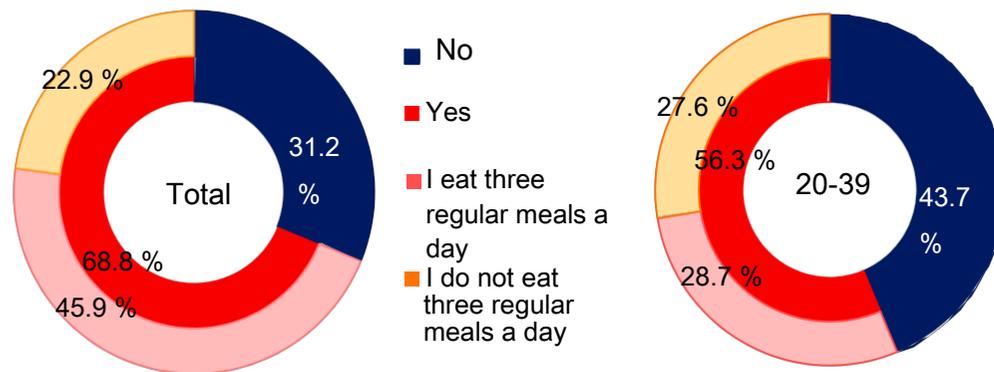


Source: 'Study of the aspirations for health (2014)' prepared by outsourcing by the Office of the Director-General for Policy Planning and Evaluation, Assistant to the Director-General for Economic and Fiscal Management, MHLW.

Diet and health

- It is necessary to have adequate vegetables and fruit, while controlling excessive intake of salt and fat, to prevent life-style related diseases. 60 % of people listed 'Nutritionally balanced diet' as the main target of their diet from now on.
- About 70 % are careful with their diet. 66.7 % of them have three meals a day (45.9 % in total).
- Over 50 % of young people are careful with their diet. About half of them have three meals a day (28.7 % in total) which indicates less interest in diet in the younger generation.
- Obesity in men has increased with the westernization of the diet.

< Are you careful about diet for your health? >

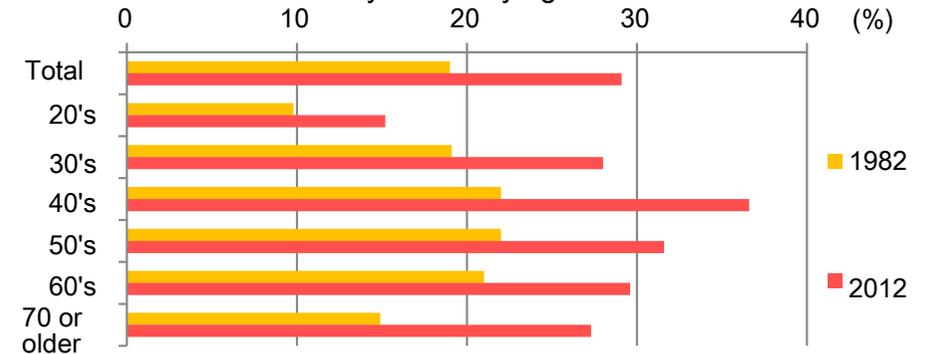


Source: "Study of the aspirations for health (2014)" prepared by outsourcing by the Office of the Director-General for Policy Planning and Evaluation, Assistant to the Director-General for Economic and Fiscal Management, MHLW.

Drinking and Smoking

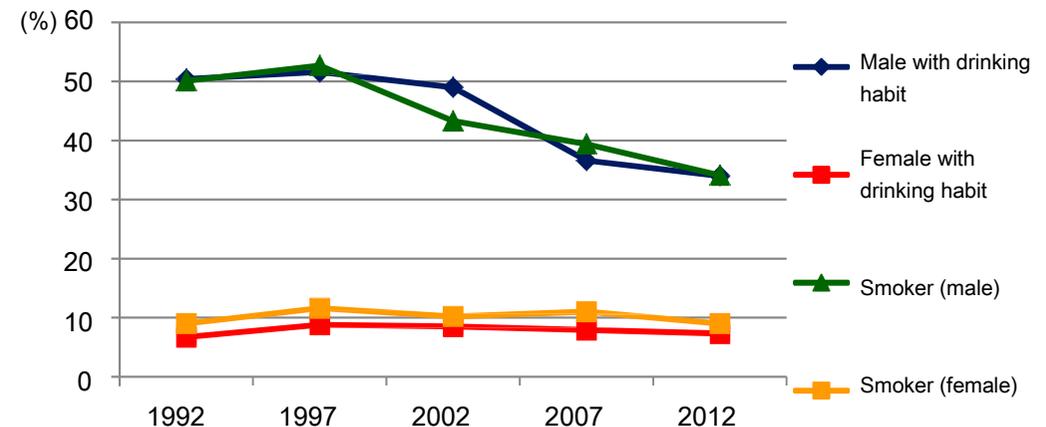
- The number of men with a drinking or smoking habit is decreasing every year.

< Obesity in men by age >



Source: "National Health and Nutrition Survey" by Health Service Bureau, MHLW

< Trend of drinking or smoking habit >



Source: "National Health and Nutrition Survey" by Health Service Bureau, MHLW

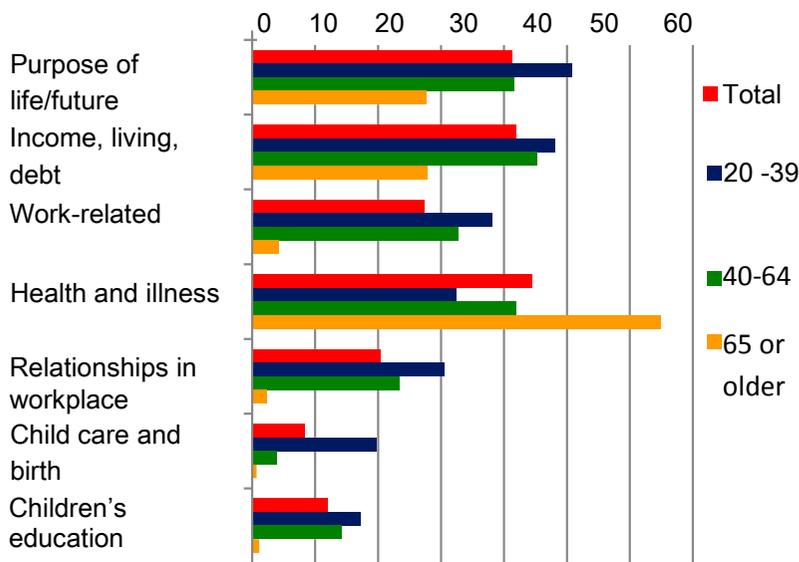
Section 3 Mental and Social Health

- About 70 % have anxiety and worries about their health, and young people tend to have more anxiety. Anxieties vary by generation.
- About 40 % do not get enough sleep or rest. They want to spend time outdoors if more days off were available to them, but in reality, they spend most of their days off indoors.
- People increasingly have a need for help within their communities while many of them do not have neighbors whom they can cooperate with.

Stress

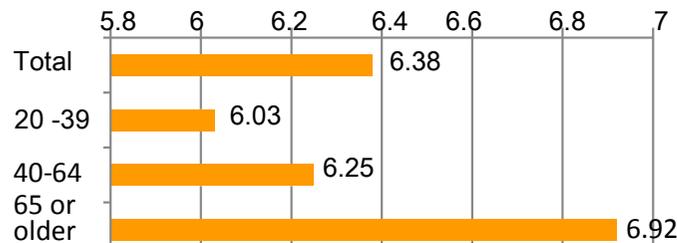
- Many young people do not have a purpose in life and have problems in their living or relationships in the workplace, while the elderly suffer from illness and other health problems.
- Half the causes of death for people in their 20's is suicide, and about 40 % of the motives are from work-related depression and distress.
- Few young people feel they are happy, presumably due to stress in the workplace, etc.

< Details of anxiety and distress >



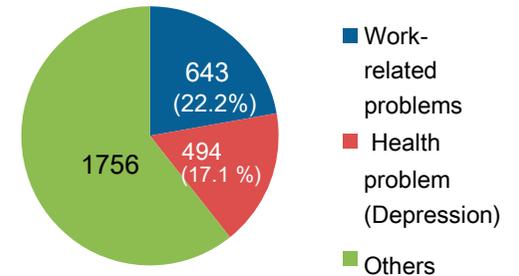
Source: "Study of the aspirations for health (2014)" prepared by outsourcing by the Office of the Director-General for Policy Planning and Evaluation, Assistant to the Director-General for Economic and Fiscal Management, MHLW.

< Happiness by generation (self-rating out of 10) >



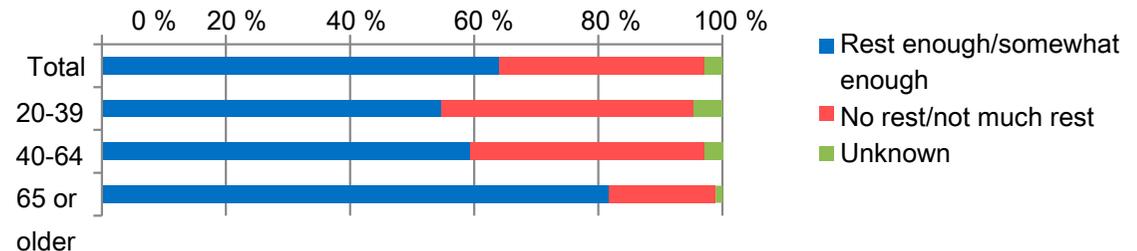
Source: "Study of the aspirations of health (2014)" prepared by outsourcing by the Office of the Director-General for Policy Planning and Evaluation, Assistant to the Director-General for Economic and Fiscal Management, MHLW.

< Causes & motives of suicide in people in their 20's >



Source: 'Suicide in 2013' Cabinet Office and Japanese National Police Agency

< Getting enough rest from sleep >



Source: 'Study of the aspirations for health (2014)' prepared by outsourcing by the Office of the Director-General for Policy Planning and Evaluation, Assistant to the Director-General for Economic and Fiscal Management, MHLW.

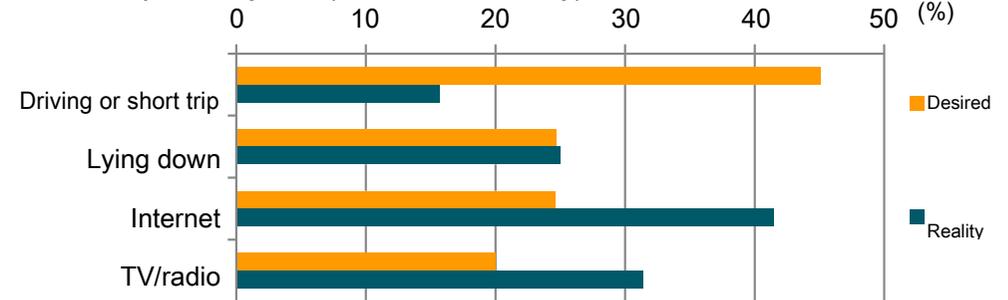
Days off and Sleep

- Sleep time in Japan is short compared with other countries. About 40 % of the working generation is not able to rest enough from sleep.
- Many people want to spend their days off on outdoor activities such as trips. But the reality is that they spend that time indoors such as on the Internet in many cases.
- A high proportion of young people prefer to just lie down in their homes.

Society and Health

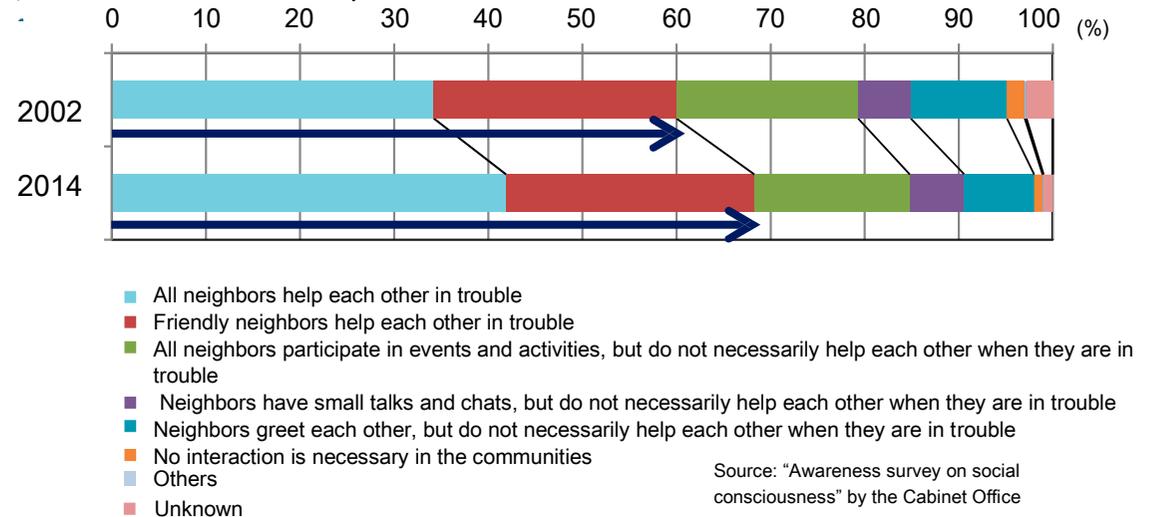
- Society has changed due to a declining birthrate and a growing proportion of elderly people with less interaction in local communities. The proportion of people who have nobody to help or receive help from in their neighborhood exceeds 60 %.
- The number of people who wish to have community cooperation is increasing.

< How to spend days off (desired and reality) >



Source: 'Study of the aspirations for health (2014)' prepared by outsourcing by the Office of the Director-General for Policy Planning and Evaluation, Assistant to the Director-General for Economic and Fiscal Management, MHLW.

< Desirable relationships in the communities >

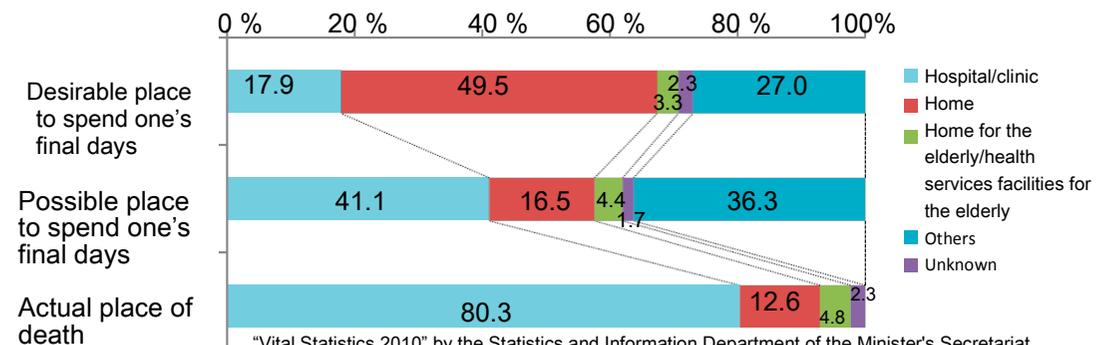


Source: "Awareness survey on social consciousness" by the Cabinet Office

Section 4 View of Life and Death

- Most people died in hospitals or clinics regardless of their wish to die at home

< Desirable place to spend one's final days - desired and reality >



"Vital Statistics 2010" by the Statistics and Information Department of the Minister's Secretariat, MHLW and "Report of the Study Group on Publicity and Enlightenment of Creating a Peaceful and Reliable End-of-life Stage" (METI)

Chapter 3 Recent Efforts for the Extension of Healthy life expectancy at birth

Section 1 Initiations by National Government

- The 2nd term of Health Japan 21 was launched starting from FY 2013 to FY 2022 based on the final evaluation of Health Japan 21. Five basic goals for implementation such as ‘Extension of healthy life expectancy and reduction of health disparities’, etc. were set up, with practical targets for each goal.
- MHLW, in coordination with companies, municipalities and organizations, has been initiating ‘Smart Life Project’ which promotes exercise, good diet and no smoking, to support and encourage health promotion for the public.
- Revitalization of Healthy life expectancy at birth became a theme addressed by the whole national government as ‘Extension of Healthy life expectancy at birth’ and became a part of Japan Revitalization Strategy, etc. In response to these imperatives, MHLW has been implementing various initiatives.

Health Japan 21 (The second term)

- Five basic goals for implementation and 53 specific targets were set up.
 - Extension of Healthy life expectancy at birth and reduction of health disparities: ‘Extension of Healthy life expectancy at birth which exceeds the increase of life expectancy’
 - Prevention of onset and progression of life-style related disease: ‘Target participation rate of cancer screenings is 50 %’, etc.

‘Extension of healthy life expectancy at birth’ initiated by the government

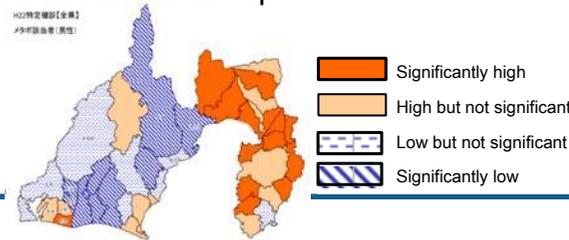
- Japan Revitalization Strategy: ‘One year or longer healthy life expectancy at birth by 2020’
- Health and medical strategies: “Realization of a society of healthy longevity” as one of the basic goals

Initiations by MHLW

- Intensive health promotion campaigns such as ‘Smart Life Project’ and ‘Smart Life Project Award’
- Promote initiations in preventions and health management for the realization of a ‘Society in which healthy life expectancy at birth can be extended’
 - Using ‘Program Act’: Support importance of society of healthy longevity, and initiations of individual health management, disease preventions and care preventions
 - Amendment of the standards of nutrition, exercise and rest, health promotions for women, and the initiations of 12th Occupational Safety & Health Program

Section 2 to Section 4 Initiations by municipalities, companies and organizations

< Visualization by 'Health map' in Shizuoka Pref. > < 'Yellow Papers' in the Headquarters of Daiwa Securities Group >



Shizuoka Pref.

Main points in the case studies

[Municipalities]

- ① 'Health map' was created based on the data obtained by special health checkups of about 500 thousand residents. Life-style related diseases in the prefecture are 'visualized' (Shizuoka Pref.)
- ② 'Life-style improvement project for children' for future 'prevention', and 'Brain activation points program' for the prevention of dementia (Matsumoto City, Nagano Pref.)
- ③ Medical expense analysis by building a database of medical prescriptions. Promotion of generic drugs (Approx. 500 million yen of cumulative drug cost reduction) and prevention of severe diabetes. (Kure City, Hiroshima Pref.)
- ④ More people received special health checkups by the efforts of health promotion 'health mileage', health checkups on Saturdays and free pick-ups and drop-offs, etc. (47.2 % in FY 2000 when the nationwide average was 33.7 %) (Fujieda City, Shizuoka Pref.)
- ⑤ 'Myoko low salt living campaign' was deployed in capturing the quantity of salt consumption of citizens, providing health education by age and promoting the healthiest teeth in Japan (Myoko City, Niigata Pref.)

[Companies]

- ① Health conditions are 'visualized' by 'Tanita's health programs' using its own equipment and the Internet, etc. (approx. 18,000 yen per person of medical costs reduction year-on-year in FY 2000) (Tanita Corporation)
- ② Medical prescriptions and health checkup data are analyzed to create a 'Yellow Paper' sent to people with high risks of 'Life-style related diseases' as a major health promotion measure. As a result, 80 % of people visited medical institutions to receive medical checkups (Headquarters of Daiwa Securities Group)
- ③ More dependents received specific health checkups stimulated by the appending of health checkup items (30.9 % in FY 1996 to 41.3 % in FY 2000). An individual can view his/her health condition on the web. The introduction of an evaluation mechanism on healthy people using a point system (Mutual Benefit Association for Tokyo Metropolitan Employees)
- ④ Employer, labor union and the health insurance association worked together to establish five goals including increasing the number of people who exercise regularly. A company-side approach was taken, led by the Executive Directors of HR, etc. in such ways as training employees as leaders (7.04 billion yen of insurance benefit reduction in nine years (estimation)) (Mitsubishi Electric, Co.)

[Organizations]

- ① Clinics were opened in half a year after the disaster in coordination with the communities. The 'Health and Life Revival Council in Ishinomaki district' was launched to conduct a survey via interviews of 20,000 households which were affected by the disaster, and a database was built based on the information. Information is shared among concerned parties to provide the elderly comprehensive support for health and living. (You-homeclinic Ishinomaki, Medical Corporation Tetsuyu)
- ② Health education is provided by sending instructors in coordination with the Board of Education and schools, with a focus on the importance of having a healthful life-style starting from childhood (Aichi Health Promotion Foundation)
- ③ The elderly sell handmade products and one-coin lunches (500 yen) by taking advantage of their skills. They enjoy business in a fun, stress free and worthwhile manner. The town government and Chamber of Commerce, etc. support the business, resulting in the stimulation of town activities (Deaimura Kurara)
- ④ 'JA Healthy 100 Years Project' was initiated in prioritizing efforts for 'Exercise' and 'Diet', etc., taking previous activities into consideration. Details of the project were distributed to the JA offices nationwide after the feasibility tests. Central Union of Agricultural Co-operatives (JA-Zenchu)
- ⑤ Child education in order to increase the number of people who receive cancer screening, a health class held during multiphase health screening, and additional optional screenings are implemented.

Section 5

Case Studies of Initiations

- Each organization needs to encourage its members to improve their daily activities in order to advance health promotion

On initiations

- Utilization of ICT
 - Medical expenses may undergo multiple analyses for such concerns as regional trends and interrelationships using multiple data, if the building of a database of medical prescriptions, etc. is advanced. In addition, it may facilitate effectiveness evaluation.
 - It is important to collect information using ICT and share it with concerned parties in order to promote initiatives effectively.
 - Development of a variety of software and the rapid spread of smartphones enable the building of health, even for people who are busy, depending on their circumstances, by checking their body compositions such as weight and body fat in one glance, for example.
- 'Visualization of challenges' and 'Identifying needs'
 - It is important to identify challenges by making them visible with data analysis, in order to advance health promotion for which financial resources and staff are limited. On that basis, what needs to be worked out should be identified to examine an effective means of implementation.

◎ Motivation (incentive)

- It is necessary to 'motivate' people to start building their health and taking a firm hold on it. For example, visualization of individual initiatives, introduction of a fun flavor to the activities, awards and benefits, etc.
- Improvement of the convenience of health checkups and strong encouragement from bosses for receiving such checkups are needed.

Considering individual activities

In implementing initiations

- Cooperation and collaboration
 - As people have interactions within their communities, such as in everyday life, at community meetings, schools and workplaces, etc., great effect can be expected from versatile approaches by sharing courses of action and ideas with the abovementioned organizations.
In this case, a sufficient approach to the concerned parties is necessary, such as by explaining details, etc.
- Ability to act
 - Exercising data analysis and systems for health promotion are important. It is beneficial to conduct effectiveness evaluations while selecting specific communities and people as model subjects for such evaluations.
 - The presence of key persons, and instructions from top management (top-down), may lead to great outcomes.