

Ministerial Notification No. 430 of the Ministry of Health, Labour and Welfare

Notice is hereby given under the provisions of Article 7, paragraph (4) of the Health Promotion Act (Act No. 103 of 2002) that, under the provisions of Article 7, paragraph (1) of this Act, the basic policies for comprehensive public health promotion (Ministerial Notification No. 195 of the Ministry of Health, Labour and Welfare of 2003) shall be completely revised as set out below, and the revisions shall be applicable from April 1, 2013.

Yoko Komiyama
Minister of Health, Labour and Welfare
July 10, 2012

A Basic Direction for Comprehensive Implementation of National Health Promotion

This direction, under the circumstance of aging population with falling birth rate and transition of disease structure of our nation in the 21st century, through improvement of lifestyle and social environment, aiming all citizens from infant to elderly to have hope and meaning for living while supporting each other, aiming to achieve a vibrant society with healthy and spiritually rich lives according to life stages (i.e. each stage of human life such as infancy, childhood, adolescence, adulthood, older ages and so on. The same applies hereinafter.), and therefore aiming social security system to become sustainable, declares basic matters for comprehensive implementation of national health promotion, and promotes “The second term of National Health Promotion Movement in the twenty first century (Health Japan 21 (the second term))” (hereinafter National Movement) from 2013 fiscal year to 2022 fiscal year.

I. Basic goals for implementation of National Health Promotion

1 Extension of healthy life expectancy and reduction of health disparities

Addressing issues associated with the rapid increase of the aging population and

change of diseases structure, through prevention of life-style related diseases, and improvement and maintenance of functions to perform social life, we will extend healthy life expectancy (length of life that an individual lives without limitation in daily activities due to health problems).

Furthermore, through development of good social environment which supports health life at every life stage, we reduce health disparities (gap in health status between the groups, created by difference in community or socioeconomic status).

2 Prevention of onset and progression of life-style related diseases (prevention of NCD*)

In order to prevent cancers, cardiovascular diseases, diabetes and chronic obstructive pulmonary disease (COPD), we will implement such programs focusing on primary prevention (ie. preventing onset of life-style related diseases by improvement of life-style and promotion of health) as eating healthy diet and acquiring habitual exercise, and also implement programs aiming at prevention of progression of diseases, that is, onset of complications or worsening of symptoms.

* Cancer, cardiovascular disease, diabetes, and COPD are categorized as lifestyle-related diseases in Japan. Internationally, these four diseases are regarded as non-communicable diseases (NCD), and the necessity to implement comprehensive program for prevention and control of NCD is stressed.

3 Maintenance and improvement of functions necessary for engaging in social life

In order for citizens to perform independent daily life, we will implement programs that would contribute to improvement and maintenance of mental and physical functions at every life stage from infancy to old age. In order to prevent or postpone life-style related diseases, we would implement programs for formulating healthy life-style from childhood. Moreover, we will implement “mental health programs” according to life stage, such as mental health issues for working generation.

4 Establishment of a social environment where health of individuals is protected and supported

As health of an individual is affected by such social environment as family, schools, the community, and workplaces, it is important to endeavor to develop environment which support and protect health of individuals as overall society, thus we would establish environment which comprehensively support people’s health promotion movement by active involvement of the government as well as corporations and

non-profit organizations.

Furthermore, by promoting mutual aid and social ties both in the community and occupational setting, this policy is intended to help organize a supportive and inclusive environment which protects health of all people, including those who find difficulty in ensuring comfortable life in time and spirit and those who are not interested in promoting health.

5 Improvement of social environment and such life-style as nutrition and dietary habits, physical activity and exercise, rest, alcohol drinking, tobacco smoking, and oral health.

To accomplish the above four directions, it is important to improve nutrition and dietary habits, physical activity and exercise, rest, alcohol drinking, tobacco smoking, and oral health as basic factors related with promoting health of citizens. For the effective implementation of health promotion programs, it is crucial to segment the target populations based on life stage, gender and socioeconomic status, and to comprehend distinctive characteristics, needs, and health issues of each segment.

In addition, we specifically conduct measures to improve life-styles for the high-risk population of life-style related diseases and the young adults and middle-aged adults who will be the elderly during the period when proportion of elderly population becomes largest, and also reinforce health promotion among citizens through communities and workplaces, based on effect of social environment on health of citizens.

II. Items relating to targets in public health promotion

1 Establishment and evaluation of targets

The national government shall set nationwide public health promotion targets and shall make these targets known to the public and to the many people involved in health, and shall continuously survey and analyze changes, etc. in health indices, and shall return the results of surveys and analyses to the public and to relevant personnel, in order to improve the awareness of relevant personnel and the general public and to support independent initiatives.

Also, in order to effectively promote public health promotion initiatives, in establishing specific targets, the national government shall have a shared awareness of the current status and issues, with information provided by the many people involved in

health promotion, and shall select issues and shall establish specific targets that are based on scientific evidence and for which actual assessment is possible.

Furthermore, the specific targets shall generally be set with a span of 10 years, and the national government shall carry out systematic initiatives in order to achieve these targets. With regard to the targets that have been established, the national government shall continuously survey and analyze numerical changes, etc. relating to the main targets, and shall endeavor to appreciate differences in health and lifestyles among the various prefectures. Moreover, a midterm evaluation of all the targets shall be carried out five years after their establishment, and a final evaluation shall be carried out 10 years after their establishment, in order to appropriately evaluate the results of the various activities aimed at achieving the targets and reflect them in subsequent health promotion initiatives.

2 Approach to establishment of targets

The targets shall aim to prevent the onset or increase in severity of lifestyle-related diseases and maintain and improve the functions necessary for engaging in social life with the intention of extending healthy life expectancy and reducing health disparities, and they shall address improvement of lifestyles and provision of a social environment in order to achieve these objectives.

1) Extension of healthy life expectancy and reduction of health disparities

Extension of healthy life expectancy and reduction of health disparities are the ultimate objectives that should be realized in Japan through improvement of lifestyles and provision of a social environment. Specific targets shall be established according to Appended Table 1, on the basis of the index of the average period with no impediment to everyday life. Also, the national government shall comprehensively promote measures against lifestyle-related disease and advance support initiatives in a range of fields, such as medicine and nursing care, toward the achievement of these targets.

2) Prevention of onset and progression of lifestyle-related diseases

In addition to measures against cancer and cardiovascular disease, which are major causes of death in Japan, measures against diabetes, which has increasing numbers of patients and can cause serious complications, and against chronic obstructive pulmonary disease (COPD), which is predicted to become a rapidly increasing cause of death, are important issues in extending the healthy life expectancy of the people.

With respect to cancer, from a perspective of promoting comprehensive prevention,

diagnosis, and treatment, the targets shall be to reduce the age-adjusted cancer death rate and, in particular, to increase the cancer screening rate in order to facilitate early detection.

With respect to cardiovascular disease, the targets shall be to improve hypertension and to reduce dyslipidemia, which are risk factors for the onset of cerebrovascular disease and ischemic heart disease, and to reduce the mortality rates of these diseases.

With respect to diabetes, the targets shall be to prevent onset in order to curtail the increase in the number of diabetic persons, and to prevent progression of the disease through appropriate control of blood glucose levels, a reduction in cessation of treatment, and a reduction in complications, etc.

With respect to COPD, the targets shall be to increase recognition that prevention is possible by stopping smoking since smoking is the major cause of COPD, and that early detection is important.

Specific targets relating to the above items are as shown in Appended Table 2, and with the aim of achieving these targets, the national government will work to prevent onset and progression of these diseases by encouraging behavioral changes that are beneficial to health, such as appropriate diet, moderate exercise, stopping smoking, etc., and by putting in place the social environment for them, and in addition, will promote a system of coordinated medical care and will work to implement specified health checkups and specified health guidance.

3) Maintenance and improvement of functions necessary for engaging in social life

As the birth rate decreases and the population ages, prevention of lifestyle-related diseases and maintaining the functions for engaging in social life even in old age are essential for extending healthy life expectancy.

In order to maintain the functions necessary for engaging in social life, mental health is as important as physical health. Maintaining mental health greatly influences the quality of life of the individual, and with the aim of building a society that supports healthy minds across all generations in order to prevent such social losses as suicide, the targets will be a reduction in the suicide rate, a decrease in severe depression or anxiety, an enhanced support environment in the workplace, and enhanced measures for coping with children's mental and physical problems.

Furthermore, promoting the health of expectant mothers and children is essential to supporting the health of the next generation, which will bear the burden of the future,

and the targets will be to ensure acquisition of healthy lifestyles from childhood onward and an increase in the number of children with the ideal body weight.

Moreover, efforts that focus on the health of elderly people need to be strengthened in order to delay the reduction in function accompanying old age, and the targets will be to control the increase in the number of people making use of nursing care insurance services and to prevent cognitive decline and locomotive syndrome, and also to maintain favorable nutritional status, to increase the amount of physical activity, and to promote social participation, such as work.

The specific targets relating to the above items will be as shown in Appended Table 3, and the national government will enhance measures for mental health, initiatives for sound health promotion among expectant mothers and children, and prevention or support initiatives relating to care.

4) Provision of social environment to support and protect health

In order to provide social environment to support and protect health, it is essential for a range of such bodies as the people, companies, civil organizations, etc., to work voluntarily toward promoting health. As shown in Appended Table 4, specific targets will be established with regard to strengthening the local links of mutual assistance within the community, increasing the proportion of people proactively involved in activities aiming to promote health, increasing the number of companies working on activities relating to promoting health and voluntarily giving out information, and increasing the number of bases for the activities of civil organizations that offer specialized assistance or consultations in familiar settings, and in addition, with the aim of reducing health disparities, targets will be established with regard to local governments understanding disparities in health status, which are issues at the regional level, and working on countermeasures.

The national government will work toward achieving these targets by disseminating information on the activities of companies and civil organizations, etc., working voluntarily on promoting health, and evaluating these activities in order to facilitate the motivation of the relevant companies, civil organizations, etc.

5) Improvement of life-style and social environment relating to nutrition and dietary habits, physical activity and exercise, rest, alcohol, smoking, and dental and oral health

Targets relating to nutrition and dietary habits, physical activity and exercise, rest, alcohol, smoking, and dental and oral health will be shown in Appended Table 5, and

are based on the approaches for each of these items laid out in the following.

(1) Nutrition and dietary habits

Nutrition and dietary habits are essential from the point of view of preventing lifestyle-related diseases, maintaining or improving functions necessary for engaging in social life, and improving quality of life. Targets will be established in relation to maintaining ideal body weight and appropriate diet, which are priority life stage issues and include targets relating to the health of the next generation and of elderly people, and also with regard to reduction in salt content of food and nutritional and dietary control at specified food service facilities (facilities that provide meals to specified people in large numbers on a continuous basis. The same applies hereinafter.), in order to provide social environment for health promotion.

The national government will work toward achieving these targets by setting standards and guidelines relating to healthy diet and nutrition, promoting people's movements relating to healthy diet through collaboration among relevant administrative organs, promoting dietary education, training human resources with specialized technical ability, and putting in place systems through cooperation between companies and civil organizations, etc.

(2) Physical activity and exercise

Physical activity and exercise are essential from the point of view of preventing lifestyle-related diseases, maintaining or improving functions of social life, and improving quality of life. Targets will be established relating to making exercise habits entrenched and increasing the amount of physical activity, including targets relating to the health of the next generation and of elderly people, and will be established with regard to providing environment in which people can easily take on physical activity and exercise.

The national government will work toward achieving these targets by revising standards and guidelines for exercise for the purpose of health promotion and putting in place systems through cooperation between companies and civil organizations.

(3) Rest

Rest is an important element in relation to quality of life, and having sufficient sleep in terms of both quality and quantity in daily life and maintaining the body and the mind through leisure are essential from the point of view of maintaining physical and mental health. Targets will be established relating to ensuring rest through sufficient

sleep and to reducing the proportion of workers that work 60 hours or more per week.

The national government will work toward achieving these targets by revising guidelines on sleep for health promotion.

(4) Alcohol

Alcohol is not only a risk factor for health problems such as lifestyle-related diseases, various other physical diseases, and depression, it can also be a cause of social problems such as underage drinking and traffic accidents due to drunk driving. Targets will be established relating to reducing the number of people drinking quantities of alcohol that increase the risk of lifestyle-related disease onset and preventing underage drinking and drinking during pregnancy.

The national government will work toward achieving these targets by public awareness of correct information with regard to alcohol and by measures to prevent underage drinking, etc.

(5) Smoking

Smoking is the largest preventable risk factor for non-communicable diseases (NCD) such as cancer, cardiovascular disease, diabetes, and COPD, and it is also a primary factor in the increase in low birth-weight infants, and passive smoking is a cause of various diseases, thus avoiding the health hazards of smoking is essential. Targets will be established relating to reducing the rates of smoking among adults, underage smoking, smoking during pregnancy, and passive smoking.

The national government will work toward achieving these targets by measures to prevent passive smoking, help with quitting smoking for those who wish to quit, measures to prevent underage smoking, and education and public awareness on the health effects of tobacco and on quitting smoking.

(6) Dental and oral health

Dental and oral health is essential for maintaining good food intake and articulation and, therefore, makes a huge contribution to quality of life. Targets will be established relating to prevention of periodontal disease, caries, and tooth loss, as well as maintenance and improvement of oral function, from the point of view of preventing disease in order to enable lifelong maintenance of healthy oral function.

The national government will work toward achieving these targets by public education relating to dental and oral hygiene and further promotion of the 80-20 Campaign (20 teeth at age 80 years).

III. Basic items relating to the formulation of Prefectural Health Promotion Plans and Municipal Health Promotion Plans

1 Establishment and evaluation of Health Promotion Plans

When formulating Prefectural Health Promotion Plans and Municipal Health Promotion Plans (hereinafter “Health Promotion Plans”), local governments need to select important tasks of their own accord using indices relating to the health of people in the local community such as vital statistics, data relating to medical care or long-term care, specified health checkup data, etc., and based on the current status of local social resources, etc., and need to establish targets for attaining these targets and periodically evaluate and revise these targets.

Prefectural governments shall take into consideration the nationwide health promotion targets established by the national government, and they shall formulate targets, based on regional circumstances, with respect to the representative national targets that are easy for local residents to understand, and in addition, they shall endeavor to understand differences in health and lifestyle among municipalities (including special wards; this applies hereinafter.) within the prefecture.

Municipal governments shall take into consideration the targets set by the national and prefectural governments, and they shall endeavor to set targets with an emphasis on the targets relating to specific types of implementation, projects, establishment of foundations, etc.

2 Points to note when formulating plans

The following points need to be noted when Health Promotion Plans are formulated.

1) The prefectural government shall play a central role in formulating the Prefectural Health Promotion Plan from the point of view of promoting integrated initiatives by the municipal government, medical insurers, school health personnel, occupational health personnel, companies involved in health promotion, civil organizations, etc., and in strengthening cooperation between these relevant personnel. The prefectural government shall therefore make use of councils for the promotion of regional and occupational cooperation made up of Health Promotion Plans executive, personnel, medical institutions, representatives of companies, prefectural labor department personnel, and other relevant personnel, shall hold discussions regarding policy in order to define the divisions of roles between these relevant personnel and facilitate

cooperation between them, and shall reflect the results of these discussions in the Prefectural Health Promotion Plan.

2) When the Prefectural Health Promotion Plan is formulated, consideration shall be given to harmonize between the Medical Care Plan that the prefectural government shall formulate as prescribed in Article 30-4 paragraph (1) of the Medical Care Act (Act No. 205 of 1948), the Prefectural Plan for Reasonable Medical Expenses prescribed in Article 9 paragraph (1) of the Act on Assurance of Medical Care for Elderly People (Act No. 80 of 1982), the Prefectural Insured Long-term Care Service Plan prescribed in Article 118 paragraph (1) of the Long-Term Care Insurance Act (Act No. 123 of 1997), the Prefectural Cancer Control Promotion Plan prescribed in Article 11 paragraph (1) of the Cancer Control Act (Act No. 98 of 2006), and other plans related to the Prefectural Health Promotion Plan, as well as the basic items prescribed in Article 12 paragraph (1) of the Act Concerning the Promotion of Dental and Oral Health (Act No. 95 of 2011) set by prefectural government.

The prefectural government shall also support the formulation of the Municipal Health Promotion Plan and, as necessary, shall analyze individual municipalities and endeavor to establish targets within the Prefectural Health Promotion Plan that aim to correct regional disparities in health status.

3) Health care centers shall, as wide-area, specialized, and technical bases for local health, collect and analyze health information with the aim of reducing health disparities, etc. and provide this information to local residents and relevant personnel, and they shall also give support to municipal governments in the formulation of Municipal Health Promotion Plans according to regional circumstances.

4) When formulating the Municipal Health Promotion Plan, the municipal government shall cooperate with the prefectural government and healthcare centers, and, from the point of view of effective implementation of projects, shall aim for cooperation among health projects that it carries out in its capacity as a health insurer, such as integrated formulation of the Implementation Plan for Specified Health Checks, which it formulates as a health insurer as prescribed in Article 19 paragraph (1) of the Act on Assurance of Medical Care for Elderly People, and the Municipal Health Promotion Plan, etc., and health promotion projects that it carries out in its capacity as a project executor, and shall also give consideration to harmony between the Municipal Health Promotion Plan and the Municipal Insured Long-Term Care Service Plan prescribed in

Article 117 paragraph (1) of the Long-Term Care Insurance Act and other plans relating to the Municipal Health Promotion Plan.

Furthermore, the municipality shall be mindful to position health promotion projects carried out on the basis of Article 17 and Article 19-2 of the Health Promotion Act (Act No. 103 of 2002) within the Municipal Health Promotion Plan.

5) Prefectural and municipal governments shall evaluate and revise the plans within a fixed period, taking into consideration the period of national government targets, and shall link them to continuous initiatives for health promotion among local residents. When carrying out these evaluations and revisions, as well as evaluating projects that they themselves have carried out, prefectural or municipal governments shall also evaluate the progress and achievements of initiatives by medical insurers, school health personnel, occupational health personnel, companies, etc. within the prefecture or municipality, and be mindful of reflecting these in subsequent initiatives, etc.

6) Prefectural and municipal governments shall be mindful to allow the independent participation of local residents in the establishment of health promotion targets, in the process until achievement of targets, and in the evaluation of targets, and to allow proactive reflection of their opinions in health promotion initiatives.

IV. Basic items relating to surveys of public health and nutrition and other surveys or research relating to health promotion

1 Use of surveys when implementing policy relating to health promotion

The national government shall plan and efficiently carry out surveys of public health and nutrition, etc. in order to evaluate targets, etc. for advancing public health promotion. At the same time, the national government shall also advance surveys and research relating to improvement of the social environment, as well as improvement of lifestyle habits.

The national government, local governments, and independent administrative agencies shall analyze the current status of health promotion and evaluate policy relating to health promotion on the basis of information from national health and nutrition surveys, prefectural health and nutrition surveys, basic surveys of people's living, health checkups, health guidance, results of local cancer registration projects, different types of statistics relating to disease, etc., health insurance claims, and other information, etc. that has been collected. At this time, it is important that these bodies

recognize the importance of ensuring strict enforcement of suitable handling of personal information and compliance with the Act on the Protection of Personal Information (Act No. 57 of 2003), the Act on the Protection of Personal Information Held by Administrative Organs (Act No. 58 of 2003), the Act on the Protection of Personal Information Held by Independent Administrative Agencies, etc. (Act No. 59 of 2003), the Statistics Act (Act No. 53 of 2007), and ordinances created by local governments based on the intent of Article 11 paragraph (1) of the Act on the Protection of Personal Information, etc., and also make full use of the results of the various surveys, etc. to efficiently implement policy relating to health promotion on a scientific basis.

Furthermore, these bodies shall proactively endeavor to publicize the information obtained from these surveys, etc.

Moreover, the national government and local governments shall endeavor to construct frameworks utilizing ICT (information and communications technology; the same applies hereinafter.) that allow health information such as the results of health checkups to be used by individuals and also allow collection and analysis of such information on a nationwide scale so that the people and relevant personnel can take effective steps with regard to lifestyle habits.

2 Implementation of research regarding health promotion

The national government, local governments, and independent administrative agencies, etc. shall implement research regarding the relationship between the social environment or lifestyle habits of the people and lifestyle-related diseases, and they shall provide accurate and sufficient information to the people and relevant personnel regarding the results of such research. Support also needs to be given to ensure that the outcomes of new research are linked to effective health promotion practices, such as by reflecting them in standards and guidelines relating to health promotion.

V. Basic items relating to cooperation and collaboration among personnel implementing health promotion projects

In order to effectively and continuously provide high quality health services, health personnel shall carry out through specified health checkups and specified health guidance, cancer screening, health checkups for workers, etc., and in order to ensure an adequate response when people change their residence, change their occupation, or retire, when health projects are executed, effective use must be made of existing

organizations and mutual cooperation must be facilitated between health business personnel implementing joint projects, etc., with councils for the promotion of regional and occupational cooperation playing a central role.

As a specific method, policy relating to health will be implemented efficiently and effectively by measures that include sharing of individual health information between responsible organizations carrying out cancer screening, specified health checkups, and other checkups. Furthermore, with the aim of increasing the convenience of people undergoing checkups and achieving checkup rate targets, cancer screening, specified health checkups, and other checkups may be carried out at the same time, and campaigns may be carried out to improve the checkup rate through the participation of responsible organizations carrying out different types of checkups.

In addition to the above items, cooperation between health promotion project personnel involved in implementing health checkups will also depend on guidelines for health promotion project personnel relating to the implementation of health checkups, etc. established according to Article 9 paragraph (1) of the Health Promotion Act.

VI. Items relating to the dissemination of correct awareness relating to diet, exercise, rest, alcohol, smoking, maintenance of dental health, and other lifestyle

1 Basic approach

Since changes in the awareness and behavior of the people are needed for health promotion, sufficient and accurate information must be provided to the people to support their proactive health promotion initiatives. Ways will therefore be devised to ensure that this provision of information in relation to lifestyle habits is based on scientific findings, is easy to understand, is easy to link to health promotion initiatives by the people, and is attractive, effective, and efficient. With this information provision, ways will also be devised to enhance recognition of the importance of the effects of the social environment of the family, nursery school, school, workplace, and community on lifestyle habits.

With the provision of information relating to health promotion, utilization of a variety of channels such as mass media including ICT, volunteer groups relating to health promotion, industry, school education, medical insurers, and health project health consultations, and giving effective encouragement that meets the characteristics of the target group by combining several methods are important. When information is

provided, efforts shall be made to ensure that incorrect information or information that is inappropriate due to marked bias is not provided.

Furthermore, the national government, local governments, etc. shall work to formulate and disseminate guidelines relating to all areas of lifestyle habits.

2 Health Promotion Month, etc.

In order to further promote peoples' movements, September shall be designated Health Promotion Month, and the national government, local governments, companies, civil organizations, etc. shall carry out a variety of events, publicity, and other public awareness activities to enhance self-awareness among the people, and health promotion initiatives aiming to foment an environment of mutual support in health and fitness across society as a whole shall be further promoted.

In order to make the relevant initiatives more effective, a campaign for dietary improvement shall also be carried out in September.

When implementing Health Promotion Month and the campaign for dietary improvement (hereinafter "Health Promotion Month, etc."), efforts need to be made to establish tasks according to local conditions and devise ways to ensure the participation of as many local residents as possible, including those with little interest in health. As well as activities in the community, core events, etc. at nationwide level will also be implemented through mutual cooperation among the national government, local governments, companies, civil organizations, etc. in order to implement Health Promotion Month, etc. in a focused and effective manner.

VII. Other important items relating to implementing public health promotion

1 Effective systems for resolving local health issues

It is desirable for institutions and groups related to health promotion to recognize the roles that they should each play, and, in order to resolve local health issues, for core implementation organizations comprising personnel from municipal health centers, healthcare centers, medical insurers, medical institution, pharmacies, local comprehensive support centers, educational institutions, the mass media, companies, volunteer groups, etc. to establish action plans centered on municipal health centers and healthcare centers and based on the various Health Promotion Plans to achieve each of the health promotion targets in the plans, and to aim for effective initiatives through measures to ensure cooperation among occupational categories, such as ensuring that

the initiatives of the various institutions and bodies complement each other.

When local governments formulate Health Promotion Plans, etc., the national government also needs to give technical support through measures such as suggesting methods for the creation and analysis of databases of statistics and data, and prefectural governments need to give the same technical support to municipal governments.

2 Promoting voluntary initiatives and cooperation implemented by diverse responsible bodies

Companies involved in health promotion services relating to nutrition, exercise, and rest, companies involved in the manufacture of health equipment, food-related companies, other companies involved in activities relating to health and fitness, and groups such as NGOs and NPOs need to carry out voluntary initiatives in order to further encourage peoples' efforts for health promotion, and information regarding these initiatives needs to be disseminated to the people. The national government and local governments need to provide incentives to increase the number of companies working to put in place the social environment for health and fitness by means such as acknowledging companies whose initiatives are outstanding among all the relevant initiatives and proactively publicizing these initiatives so that they are widely known by the public. As an initiative for health promotion, private companies that carry out health promotion services for the people could cooperate with responsible bodies and other relevant institutions that carry out health checkups and screening in order to provide recipients with effective and efficient health promotion services. The promotion of such initiatives will allow the development of a market for diverse, high quality health promotion services that meet the needs of recipients.

In the implementation of health promotion initiatives, the relevant administrative fields and the relevant administrative institutions also need to cooperate fully with respect to health and fitness measures, measures including health guidance in the fields of occupational health that take dietary education, maternal and child health, mental health, prevention of long-term care, and consideration during employment, measures relating to health promotion in the field of health, labor and welfare administration including measures implemented by health insurers, as well as school health measures, measures to create walking roads (paths such as promenades, etc. provided for people to walk along), etc., measures to facilitate use of the rich natural environment such as forests, etc., measures in the field of lifelong sports such as use of integrated local sports

clubs, and cultivation of health-related industries, etc.

3 Human resources responsible for health promotion

In local governments, doctors, dentists, pharmacists, public health nurses, midwives, registered nurses, assistant nurses, registered dietitians, dietitians, dental hygienists, and other personnel shall be responsible for health guidance and consultations from local residents regarding lifestyle and habits overall, including nutrition and dietary habits, physical activity and exercise, rest, mental health and fitness, alcohol, smoking, and dental and oral health.

The national government and local governments shall endeavor to secure public health nurses, registered dietitians, etc. to implement policy relating to health promotion and improve their qualifications, to cooperate with exercise coaches working for health promotion, such as health and exercise trainers, and with general and sports physicians, and to create systems to support volunteer organizations and self-help groups, including those with members promoting dietary improvement, the spread of exercise, stopping smoking, etc.

For this, the national government will need to enhance training of these human resources with a focus on cultivating their capacity for comprehensive planning and adjustment and improving their qualifications as leaders, and prefectural governments will have to collaborate with relevant bodies including municipal governments, medical insurers, regional medical associations, dental associations, pharmacists' associations, Nursing association, and dieticians' associations, in order to enhance training based on the latest scientific findings, not only for local government staff but also for specialists involved in policy relating to regional and occupational health promotion.

Endeavors shall also be made to ensure mutual cooperation between local health personnel and school health personnel, etc. for public health promotion.

Appendix

Table 1 Targets for achieving extension of healthy life expectancy and reduction of health disparities

Indicators	Current data	Target
1. Extension of healthy life expectancy (average period of time spent without limitation in daily activities)	Male 70.42 years Female 73.62 years (2010)	To extend healthy life expectancy more than the increase of life expectancy (2022)
2. Reduction of health disparities (gap among prefectures in average period of time spent without limitation in daily activities)	Male 2.79 years Female 2.95 years (2010)	Reduction in gap among prefectures (2022)

Note: To accomplish (1) above, not only the “average period of time spent without limitation,” but “average period of time individuals consider themselves as healthy” should also be taken into account.

Furthermore, to accomplish (2), each prefecture should aim to extend their healthy life expectancy with the longest healthy life expectancy among all prefectures being the target.

Table 2 Targets for the prevention of onset and progression of life-style related diseases

(1) Cancer

Indicators	Current data	Target
1. Reduction in age-adjusted mortality rate of cancer under age 75 (per 100,000)	84.3 (2010)	73.9 (2015)
2. Increase in participation rate of cancer screenings	Gastric cancer Male 36.6% Female 28.3% Lung cancer Male 26.4% Female 23.0% Colorectal cancer	50% (40% for gastric, lung, and colorectal cancer) (2016)

	<p>Male 28.1% Female 23.9%</p> <p>Cervical cancer Female 37.7%</p> <p>Breast cancer Female 39.1%</p> <p>(2010)</p>	
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Note: These rates represent individuals who are between 40 and 69 years old (for cervical cancer age of individuals is between 20 and 69 years).

Furthermore, breast and cervical cancer screening rates are percentage of women screened within the past two years.

(2) Cardiovascular Disease

Indicators	Current data	Target
1. Reduction in age-adjusted mortality rate of cerebrovascular disease (CVD) and ischemic heart disease (IHD) (per 100,000)	<p>CVD Male 49.5 Female 26.9</p> <p>IHD Male 36.9 Female 15.3</p> <p>(2010)</p>	<p>CVD Male 41.6 Female 24.7</p> <p>IHD Male 31.8 Female 13.7</p> <p>(2022)</p>
2. Improvement of hypertension (reduction in average systolic blood pressure)	<p>Male 138 mmHg</p> <p>Female 133 mmHg (2010)</p>	<p>Male 134 mmHg</p> <p>Female 129 mmHg (2022)</p>
3. Reduction in percentage of adults with dyslipidemia	<p>Those with total cholesterol over 240 mg/dl</p> <p>Male 13.8% Female 22.0%</p> <p>Those with LDL cholesterol over 160 mg/dl</p> <p>Male 8.3% Female 11.7%</p> <p>(2010)</p>	<p>Those with total cholesterol over 240mg/dl</p> <p>Male 10% Female 17%</p> <p>Those with LDL cholesterol over 160 mg/dl</p> <p>Male 6.2% Female 8.8%</p> <p>(2022)</p>
4. Reduction in number of definite and at-risk people with metabolic syndrome	<p>14,000,000</p> <p>(2008)</p>	<p>25% less than 2008</p> <p>(2015)</p>
5. Increase in participation rates of specified health checkups and specified health guidance	<p>Specified health checkups 41.3%</p> <p>Specified health guidance 12.3%</p> <p>(2009)</p>	<p>Will be set based on the second term of medical cost adjustment plan starting in 2013 (2017)</p>

(3) Diabetes

Indicators	Current data	Target
1. Reduction in complications (number of patients newly introduced to dialysis due to	<p>16,247</p> <p>(2010)</p>	<p>15,000</p> <p>(2022)</p>

diabetic nephropathy)		
2. Increase in percentage of patients who continue treatment	63.7% (2010)	75% (2022)
3. Decrease in percentage of individuals with elevated blood glucose levels (HbA1c (NGSP) \geq 8.4%)	1.2% (2009)	1.0% (2022)
4. Prevent increase in number of diabetic persons	8,900,000 (2007)	1,000,000 (2022)
5. Reduction in number of definite and at-risk people with metabolic syndrome	14,000,000 (2008)	25% less than 2008 (2015)
6. Increase in participation rates of specified health checkups and health guidance	Specified health checkups 41.3% Specified health guidance 12.3% (2009)	Will be set based on the second period of medical cost adjustment plan starting in 2013 (2017)

(4) COPD

Indicators	Current data	Target
1. Increase recognition of COPD	25% (2011)	80% (2022)

Table 3 Targets for maintenance and improvement of functions necessary for engaging in social life

(1) Mental health

Indicators	Current data	Target
1. Reduction in suicide rate (per 100,000)	23.4 (2010)	Will be set based on modified suicide prevention plan
2. Decrease in percentage of individuals who suffer from mood disorders or anxiety disorders	10.4% (2010)	9.4% (2022)
3. Increase in percentage of occupational settings where interventions for mental health	33.6% (2007)	100% (2020)

are available		
4. Increase in number of pediatricians and child psychiatrists per 100,000 children	Pediatricians: 94.4 (2010) Child psychiatrists: 10.6 (2009)	To increase (2014)

(2) Children's health

Indicators	Current data	Target
1. Increase in percentage of children who maintain healthy lifestyle (nutrition, dietary habits, physical activity)		
A. Increase in percentage of children who eat three meals a day	5 th grade 89.4% (2010)	To reach 100% (2022)
B. Increase in percentage of children who exercise regularly	(Ref) Three times a week or more 5 th grade Male 61.5% Female 35.9% (2010)	To increase (2022)
2. Increase in percentage of children with ideal body weight		
A. Reduction in percentage of low birth weight infants	9.6% (2010)	To reduce (2014)
B. Reduction in percentage of children who tend to be obese	5 th graders who are overweight or obese (2011) Male 4.60% Female 3.39%	To reduce (2014)

(3) Health of elderly people

Indicators	Current data	Target
1. Restraint of the increase in Long-Term Care Insurance service users	4,520,000 (2012)	6,570,000 (2025)
2. Increase in identification rate of high-risk elderly with low cognitive function	0.9% (2009)	10% (2022)
3. Increase in percentage of individuals who know about locomotive syndrome	(Ref) 17.3% (2012)	80% (2022)
4. Restraint of the increase in undernourished elderly (BMI under 20)	17.4% (2010)	22% (2022)
5. Decrease number of elderly with back or foot pain (per 1,000)	Male 218 Female 291 (2010)	Male 200 Female 260 (2022)

6. Promotion of social participation (employed or engaged in community activities)	(Ref) Percentage of those who are involved in any form of community activities Male 64.0% Female 55.1% (2008)	80% (2022)
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Note: the target for 1. is set based on the results from the Outline basic and integrated Reform Plan for Social Welfare and Tax.

Table 4 Targets for putting in place a social environment to support and protect health

Indicators	Current data	Target
1. Strengthening of community ties	(Ref) Percentage of those who consider that “There is a strong bond between the community and myself.” 45.7% (2007)	65% (2022)
2. Increase in percentage of individuals who are involved in health promotion activities	(Ref) Percentage of those volunteering health or medical service 3.0% (2008)	25% (2022)
3. Increase in number of corporations that deal with health promotion and educational activities	420 (2012)	3,000 (2022)
4. Increase in number of civilian organizations that offer accessible opportunities for health promotion support or counseling	(Ref) Number of Reported organizations 7,134 (2012)	15,000 (2022)
5. Increase in number of local governments that make efforts to solve health disparity issues (number of prefectures that identify problems and have intervention programs for those in need)	11 (2012)	47 (2022)

Table 5 Targets for improvement of everyday habits and social environment relating to nutrition and dietary habits, physical activity and exercise, rest, alcohol, smoking, and dental and oral health

(1) Nutrition and dietary habits

Indicators	Current data	Target
1. Increase in percentage of individuals maintaining ideal body weight (Reduction in percentage of obese individuals [BMI 25 and more] and underweight individuals [BMI less than 18.5])	Obese males in their 20s to 60s 31.2%	Obese males in their 20s to 60s; 28%
	Obese females in their 40s to 60s 22.2%	Obese females in their 40s to 60s; 19%
	Underweight females in their 20s 29.0% (2010)	Underweight females in their 20s 20% (2022)
2. Increase in percentage of individuals who consume appropriate quality and quantity of food		
A. Increase in percentage of individuals who eat balanced diet with staple food, main dish and side dish more than twice a day	68.1% (2011)	80% (2022)
B. Decrease in mean salt intake	10.6 g (2010)	8g (2022)
C. Increase in consumption of vegetables and fruits	Mean daily intake of vegetables 282g Individuals who consume fruit less than 100 g per day 61.4% (2010)	Mean daily intake of vegetables 350g Individuals who consume fruit less than 100 g per day 30% (2022)
3. Increase in dining with family regularly (decrease in percentage of children who eat alone)	Breakfast Elementary school student 15.3% Junior high school student 33.7% Dinner Elementary school student 2.2% Junior high school student 6.0% (2010)	To decrease (2022)

4. Increase in number of corporations in food industry that supply food product low in salt and fat	Registered corporations 14 Registered restaurants 17,284 locations (2012)	Registered corporations 100 Registered restaurants 30,000 locations (2022)
5. Increase in percentage of specific food service facilities that plan, cook, and evaluate and improve nutritional content of menu based on the needs of clients	(Ref) Facilities with registered/non-registered dietitians 70.5% (2010)	80% (2022)

(2) Physical activity and exercise

Indicators	Current data	Target
1. Increase in daily number of steps	20-64 years old Male 7,841 steps Female 6,883 steps Over 65 years old Male 5,628 steps Female 4,584 steps (2010)	20-64 years old Male 9,000 steps Female 8,500 steps Over 65 years old Male 7,000 steps Female 6,000 steps (2022)
2. Increase in percentage of individuals who regularly exercise	20-64 years old Male 26.3% Female 22.9% Over 65 years old Male 47.6% Female 37.6% (2010)	20-64 years old Male 36% Female 33% Over 65 years old Male 58% Female 48% (2022)
3. Increase in number of local governments that offer community development and environment to promote physical activity	17 prefectures (2012)	47 prefectures (2022)

(3) Rest

Indicators	Current data	Target
1. Reduction in percentage of individuals who do not take rest through sufficient sleep	18.4% (2009)	15% (2022)
2. Reduction in percentage of employees who work 60 hours or more per week	9.3% (2011)	5.0% (2020)

(4) Alcohol drinking

Indicators	Current data	Target
1. Reduction in percentage of individuals who consume alcohol over recommended limits (male > 40 g, female > 20 g per day)	Male 15.3% Female 7.5% (2010)	Male 13% Female 6.4% (2022)
2. Eradication of underage drinking	Third grade of junior high school Male 10.5% Female 11.7% Third grade of high school Male 21.7% Female 19.9% (2010)	0% (2022)
3. Eradication of alcohol consumption among pregnant women	8.7% (2010)	0% (2014)

(5) Tobacco smoking

Indicators	Current data	Target
1. Reduction in percentage of adult smoking rate (quit smoking among smokers who want to quit smoking)	19.5% (2010)	12% (2022)
2. Eradication of underage smoking	First grade of junior high school Male 1.6% Female 0.9% Third grade of high school Male 8.6% Female 3.8% (2010)	0% (2022)
3. Eradication of smoking during pregnancy	5.0% (2010)	0% (2014)
4. Reduction in percentage of individuals who are exposed to passive smoking at home, workplace, restaurants, governmental institutions, and medical institutions	Governmental institutions 16.9% Medical institutions 13.3% (2008) Workplace 64% (2011) Home 10.7% Restaurants 50.1% (2010)	Governmental institutions 0% Medical institutions 0% (2022) Workplace--no secondhand smoke (2020) Home 3% Restaurants 15% (2022)

(6) Dental and Oral health

Indicators	Current data	Target
1. Maintenance and improvement of oral function (increase in percentage of individuals in their 60s with good mastication)	73.4% (2009)	80% (2022)
2. Prevention of tooth loss		
A. Increase in percentage of 80-year-old individuals with over 20 teeth remaining	25% (2005)	50% (2022)
B. Increase in percentage of 60-year-old individuals with over 24 teeth remaining	60.2% (2005)	70% (2022)
C. Increase in percentage of 40-year-old individuals with all teeth remaining	54.1% (2005)	75% (2022)
3. Decrease in percentage of individuals with periodontal disease		
A. Decrease in percentage of individuals in 20s with gingivitis	31.7% (2009)	25% (2022)
B. Decrease in percentage of individuals in 40s with progressive periodontitis	37.3% (2005)	25% (2022)
C. Decrease in percentage of individuals in 60s with progressive periodontitis	54.7% (2005)	45% (2022)
4. Increase in number of children without dental caries		
A. Increase in number of prefectures where over 80% of 3-year-old children have no dental caries	6 prefectures (2009)	23 prefectures (2022)
B. Increase in number of prefectures where 12-year-old children have less than 1 dmft (the mean decayed, missing, and filled teeth)	7 prefectures (2011)	28 prefectures (2022)
5. Increase in percentage of individuals who participated in dental check-up during the past year	34.1% (2009)	65% (2022)