

## Measures for National Health Promotion

### Overview

### Changes in National Health Promotion Measures

The 1st National Health Promotion Measures (FY 1978-1988)	The 2nd National Health Promotion Measures (FY 1988- ) (Active 80 Health Plan)	Healthy Japan 21 (FY 2000-) (21st Century Measures for National Health Promotion)
<p>(Basic idea)</p> <p>1. Lifetime health promotion  <span style="font-size: 2em;">}</span> Promote primary prevention of geriatric diseases</p> <p>2. Encourage health promotion projects through three major elements (diet, fitness exercises, and rest) (special focus on diet)</p>	<p>(Basic idea)</p> <p>1. Lifetime health promotion</p> <p>2. Encourage health promotion projects with the focus on exercise habits as they are lagging behind the other two of the three elements (diet, fitness exercise, and rest)</p>	<p>(Basic idea)</p> <p>1. Lifetime health promotion  <span style="font-size: 2em;">}</span> Focusing on primary prevention, extending healthy life expectancy and enhancing people's quality of life</p> <p>2. Setting specific targets to serve as an index for national health and medical care standards and promoting health building programs based on evaluations</p> <p>3. Creating social environments that support individuals' health promotion</p>
<p>(Outline of measures)</p> <p>① Lifetime health promotion</p> <ul style="list-style-type: none"> <li>• Establishment of health checkups and a complete health guidance system from infants and small children through to the elderly</li> </ul> <p>② Establishment of health promotion bases</p> <ul style="list-style-type: none"> <li>• Establishment of health promotion centers, municipal health centers, etc.</li> <li>• Securing sufficient manpower such as public health nurses and dieticians</li> </ul> <p>③ Dissemination and enlightenment of health promotion</p> <ul style="list-style-type: none"> <li>• Establishment of municipal health promotion councils</li> <li>• Promoting the use of recommended dietary allowances</li> <li>• Nutritional content labelling for processed food</li> <li>• Conducting studies on health promotion, etc.</li> </ul> <p style="text-align: right;">etc.</p>	<p>(Outline of measures)</p> <p>① Lifetime health promotion</p> <ul style="list-style-type: none"> <li>• Enhanced health checkup and guidance system from infants and small children through to the elderly</li> </ul> <p>② Establishment of health promotion bases</p> <ul style="list-style-type: none"> <li>• Establishment of health science centers, municipal health centers, health promotion facilities, etc.</li> <li>• Securing sufficient manpower such as health fitness instructors, registered dieticians, and public health nurses</li> </ul> <p>③ Dissemination and enlightenment of health promotion</p> <ul style="list-style-type: none"> <li>• Promoting the use of and revising recommended dietary allowances</li> <li>• Promoting recommended exercise allowance</li> <li>• Promoting the system to approve health promotion facilities</li> <li>• Promoting Tobacco Action Program</li> <li>• Promoting a system of nutrition information labelling for meals eaten outside home</li> <li>• Promoting cities with health oriented cultures and health resorts</li> <li>• Conducting studies on health promotion, etc.</li> </ul> <p style="text-align: right;">etc.</p>	<p>(Outline of measures)</p> <p>① National health promotion campaign</p> <ul style="list-style-type: none"> <li>• Dissemination and enlightenment of effective programs and tools with regular revision</li> <li>• Dissemination and enlightenment of the acquisition of good exercise habits and improved dietary habits with a focus on metabolic syndrome</li> </ul> <p>② Implementation of effective medical examinations and health guidance</p> <ul style="list-style-type: none"> <li>• Steady implementation of health checkups and health guidance with a focus on metabolic syndrome for insured persons/dependents aged 40 or older by Health Care Insurers (since FY 2008)</li> </ul> <p>③ Cooperation with industry</p> <ul style="list-style-type: none"> <li>• Further cooperation in voluntary measures of industries</li> </ul> <p>④ Human resource development (improving the quality of medical professionals)</p> <ul style="list-style-type: none"> <li>• Improved training for human resource development in cooperation between the government, prefectures, related medical organizations, and medical insurance organizations</li> </ul> <p>⑤ Development of evidence-based measures</p> <ul style="list-style-type: none"> <li>• Revision of data identification methods to enable outcome evaluations</li> </ul> <p style="text-align: right;">etc.</p>
<p>(Guidelines)</p> <ul style="list-style-type: none"> <li>• Dietary guidelines for health promotion (1985)</li> <li>• Report on nutritional content labelling for processed food (1986)</li> <li>• Announcement of a weight scale diagram and table (1986)</li> <li>• Report on smoking and health-related issues (1987)</li> </ul>	<p>(Guidelines)</p> <ul style="list-style-type: none"> <li>• Dietary guidelines for health promotion (by individual characteristics: 1990)</li> <li>• Guidelines for nutrition information labelling for meals eaten outside home (1990)</li> <li>• Report on smoking and health-related issues (Revised) (1993)</li> <li>• Exercise guidelines for good health (1993)</li> <li>• Promoting guidelines on rest for health promotion (1994)</li> <li>• Report on the study group on Tobacco Action Program (1995)</li> <li>• Report by the study group on separate smoking areas in public places (1996)</li> <li>• Physical activity guidelines by age (1997)</li> </ul>	<p>(Guidelines)</p> <ul style="list-style-type: none"> <li>• Dietary guidelines (2000)</li> <li>• Report by the committee for establishing standards to determine the effect of separating smoking areas (2002)</li> <li>• Sleep guidelines for health promotion (2003)</li> <li>• Guidelines on implementation of health checkups (2004)</li> <li>• Japanese Dietary Reference Intake (2005 edition) (2004)</li> <li>• Guidelines for well-balanced diet (2005)</li> <li>• Smoking cessation support manual (2006)</li> <li>• Exercise and Physical Activity Reference for Health Promotion 2006 (2006)</li> <li>• Exercise guidelines for good health 2006 (exercise guide 2006) (2006)</li> </ul>

## Overview of the Health Promotion Law

### Chapter 1. General Provisions

(1) Purpose

Provide basic matters regarding comprehensive promotion of people's health and make the effort to improve public health through implementation of measures for promoting people's health.

(2) Responsibilities

- ① People: Improved interest and understanding of the importance of healthy lifestyle habits in being aware of one's own health status and make the effort to stay healthy throughout life.
- ② The government and local governments: Make efforts to disseminate the appropriate knowledge on health promotion, collect/organize/analyze/make available information, develop and improve the quality of human resources, and provide the required technical support.
- ③ Health promotion service providers (insurers, business operators, municipalities, schools, etc.): Make an active effort to promote health promotion programs for people including health consultations.

(3) Cooperation between the government, local governments, health promotion service providers, and other related entities.

### Chapter 2. Basic Policies (legally establishing "Healthy Japan21")

(1) Basic policies

Basic policies for comprehensive promotion of people's health are formulated by the Minister of Health, Labour and Welfare.

- ① Basic direction with promoting people's health
- ② Matters regarding goals in promoting people's health
- ③ Basic matters regarding formulation of health promotion plans of prefectures and municipalities
- ④ Basic matters regarding national health and nutrition surveys and others
- ⑤ Basic matters regarding cooperation between health promotion service providers
- ⑥ Matters regarding dissemination of the appropriate knowledge on dietary habits, exercise, rest, smoking, drinking, dental health, and other lifestyle habits
- ⑦ Other important matters regarding promotion of people's health

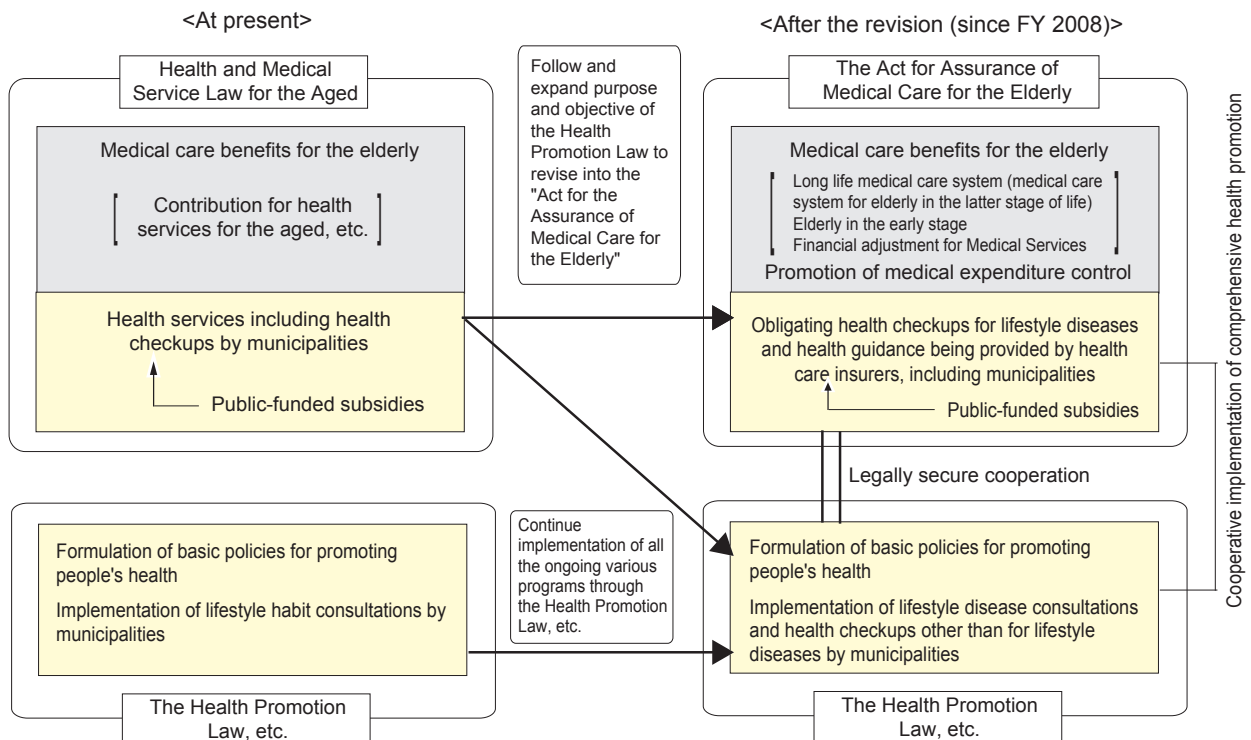
(2) Formulation of health promotion plans for prefectures and municipalities (health promotion measure plans for the people)

(3) Guidelines on implementation of health checkups

Guidelines on implementation of health checkups by health promotion service providers, notification of the results, a health handbook being issued, and other measures are formulated by the Minister of Health, Labour and Welfare in supporting people's lifelong self management of health.

## Revision of the Health and Medical Service Law for the Aged (revised in 2006)

- Improved health checkups for preventing lifestyle diseases and continued implementation of various other health checkups and health services



## Overview of the New Health Frontier Strategy

### [Purpose of the strategy]

Aimed at extending the healthy lives of people according to their individual situation through a national health promotion campaign, with the focus on preventive measures, efforts will be made to create a healthy nation where people suffering from disease, people with disabilities, and the elderly can fully display their abilities and live full lives through reviewing the role of the family, enhancing local communities, and innovative new technologies and systems.

### [Concrete content of the strategy]

- (1) Health measures to be taken by people individually according to their situation
  - ① Health measures for protecting and raising children (child health)
  - ② Health programs to aid females (women's health)
  - ③ Further promotion of metabolic syndrome measures (overcoming metabolic syndrome)
  - ④ Further promotion of measures against cancer (overcoming cancer)
  - ⑤ Mental health promotion (mental health)
  - ⑥ Further promotion of Nursing Care Prevention measures (Nursing Care Prevention)
  - ⑦ Dental health promotion (dental health)
  - ⑧ Promotion of food education (food selection)
  - ⑨ Promotion of exercise/sports (physical)
- (2) Families, communities, technologies, and industries to support the New Health Frontier Strategy
  - ① Families/communities as a health support entity (family/community)
  - ② Efforts to expand human activity areas (human activity area expansion)
  - ③ Innovations in medical care/welfare technologies (research and development)

### [National strategy promotion campaign]

Efforts will be made to develop a national campaign in cooperation with local governments through active publicity that utilizes the internet and other media and the appointment of health ambassadors to clarify the content of the strategy for the public and facilitate as many people as possible taking concrete action

### [Implementation period of the strategy]

For 10 years from FY 2007 to FY 2016

### [Procedure of the strategy]

Formulate concrete implementation plans (action plans) and implement concrete measures.

### [Guidelines of the strategy]

In order to represent the progress of the strategy in an understandable manner guidelines will be formulated and included in the action plans.

**Detailed Data 1 Status of formulating health promotion plans in prefectures/municipalities**

[Status of formulating health promotion plans in prefectures] Plans were already formulated in every prefecture (at the end of March 2002)

[Status of formulating health promotion plans in municipalities and special wards]

	Total	Already formulated	To be formulated in FY 2007	To be formulated in FY 2008	To be formulated in FY 2009 or later
Health center-designated cities	60	57	-	-	-
Special wards in Tokyo	23	23	-	-	-
Other municipalities	1,734	1,022	158	114	440

(As of Dec. 31, 2007)

[Status of formulating health promotion plans in municipalities by prefectures]

Prefecture	Number of municipalities	Already formulated	Formulation rate	In FY 2007	In FY 2008	In FY 2009 or later
Hokkaido	176	73	41.5%	12	11	80
Aomori	39	28	71.8%	11	0	0
Iwate	35	28	80.0%	2	2	3
Miyagi	35	28	80.0%	4	3	0
Akita	24	17	70.8%	0	4	3
Yamagata	35	35	100%	0	0	0
Fukushima	58	23	39.7%	9	7	19
Ibaraki	44	18	40.9%	3	2	21
Tochigi	30	20	66.7%	4	4	2
Gunma	38	30	78.9%	2	0	6
Saitama	68	27	39.7%	9	0	32
Chiba	54	20	37.0%	1	2	31
Tokyo	38	22	57.9%	3	1	12
Kanagawa	28	11	39.3%	2	2	13
Niigata	34	28	82.4%	1	2	3
Toyama	14	10	71.4%	0	1	3
Ishikawa	18	9	50.0%	4	5	0
Fukui	17	11	64.7%	1	3	2
Yamanashi	28	20	71.4%	8	0	0
Nagano	80	52	65.0%	3	3	22
Gifu	41	24	58.5%	7	3	7
Shizuoka	40	34	85.0%	2	3	1
Aichi	59	58	98.3%	1	0	0
Mie	29	13	44.8%	2	2	12
Shiga	26	12	46.2%	5	2	7
Kyoto	25	8	32.0%	2	5	10
Osaka	39	32	82.1%	0	0	7
Hyogo	37	32	86.5%	2	2	1
Nara	38	31	81.6%	1	2	4
Wakayama	29	17	58.6%	0	1	11
Tottori	19	11	57.9%	2	1	5
Shimane	21	16	76.2%	4	0	1
Okayama	25	20	80.0%	2	1	2
Hiroshima	20	12	60.0%	8	0	0
Yamaguchi	20	13	65.0%	1	2	4
Tokushima	24	10	41.7%	5	1	8
Kagawa	16	13	81.3%	3	0	0
Ehime	19	14	73.7%	2	2	1
Kochi	34	3	8.8%	6	18	7
Fukuoka	63	23	36.5%	2	2	36
Saga	19	10	52.6%	2	2	5
Nagasaki	21	13	61.9%	6	2	0
Kumamoto	47	19	40.4%	5	6	17
Oita	17	11	64.7%	3	2	1
Miyazaki	29	16	55.2%	0	2	11
Kagoshima	43	23	53.5%	4	1	15
Okinawa	41	24	58.5%	2	0	15
	1,734	1,022	58.9%	158	114	440

(Note) Excluding health center-designated cities and special wards.

**Detailed Data 2** Number of Patients/Deaths Related to Lifestyle Diseases

	Total number of patients (1,000 persons)	Number of deaths (Person)	Rate of deaths (Per 100,000)
Malignant neoplasm	1,423	336,290	266.7
Diabetes	2,469	13,971	11.1
Hypertensive diseases	7,809	6,141	4.9
Heart diseases	1,658	175,396	139.1
Cerebrovascular diseases	1,365	126,940	100.7

Source: <Total number of patients> "Patient Survey 2005", Statistics and Information Department, Minister's Secretariat, MHLW  
 <Number/rate of deaths> "Summary of Monthly Report of Vital Statistics 2007", Statistics and Information Department, Minister's Secretariat, MHLW

**Detailed Data 3** Estimated Numbers Related to Diabetes

Age	Male (investigation objects: 1,744 men)		Female (investigation objects: 2,552 women)	
	Those strongly suspected of having diabetes	Those with possibilities of having diabetes	Those strongly suspected of having diabetes	Those with possibilities of having diabetes
20 - 29	0%	0.9%	0%	1.2%
30 - 39	0.5%	1.9%	0.5%	4.6%
40 - 49	4.8%	9.2%	2.2%	11.0%
50 - 59	13.1%	13.1%	8.2%	12.6%
60 - 69	14.7%	14.4%	12.8%	16.1%
70 -	21.2%	14.2%	15.3%	19.0%

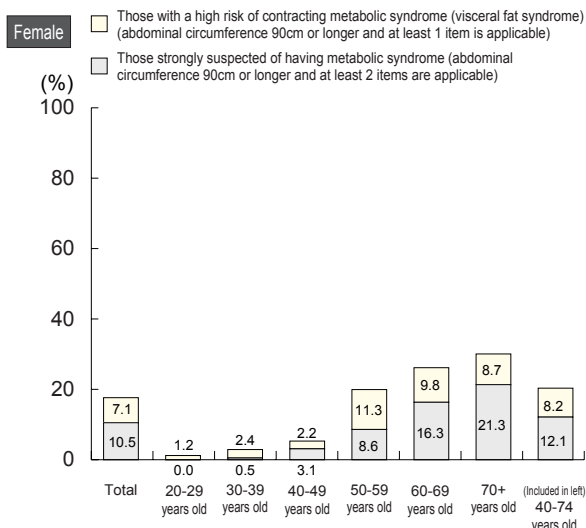
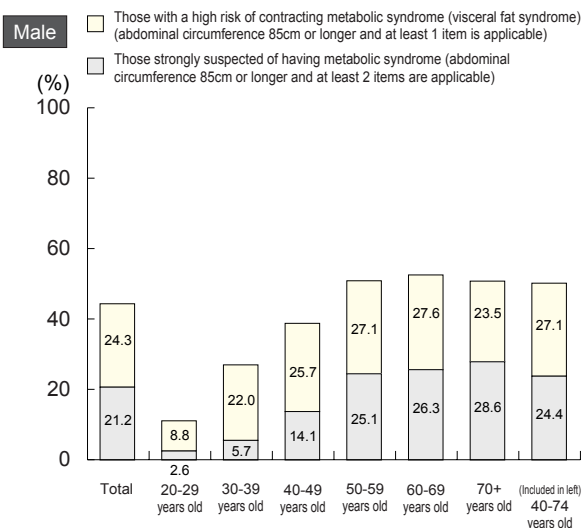
When the above figures are applied to the estimated population as of October 1, 2006, the estimated numbers nationwide are as follows:

- Those strongly suspected of having diabetes: approximately 8.2 million people
- Those with possibilities of having diabetes: approximately 10.5 million people

Source: "The national health and nutrition survey in Japan 2006", Health Service Bureau, MHLW

### Detailed Data 4 Status of Patients and Those Having a High Risk of Contracting Metabolic Syndrome (Visceral Fat Syndrome)

Of people aged 40 to 74, 1 in every 2 men and 1 in every 5 women are either patients or are having a high risk of contracting metabolic syndrome (visceral fat syndrome). The estimated numbers are approximately **9.6 million patients**, approximately **9.8 million people at high risk**, and approximately **19.4 million in total**.



**○ Those strongly suspected of having metabolic syndrome (visceral fat syndrome)**

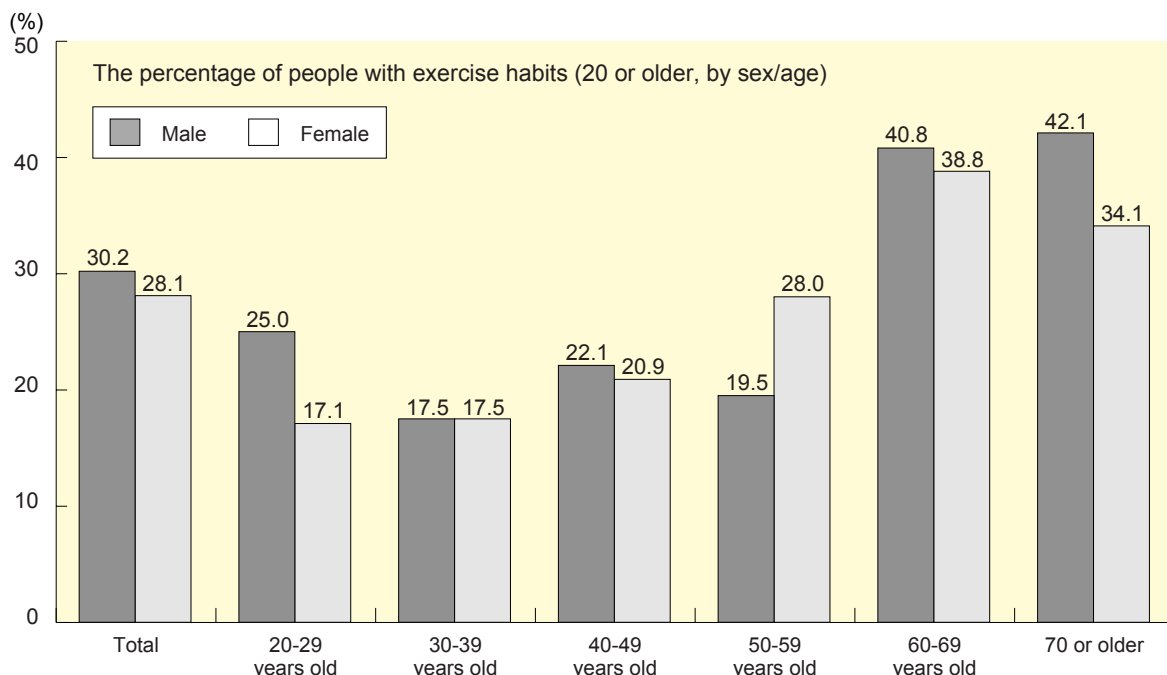
Those with abdominal circumference 85cm or longer for men and 90cm or longer for women and at least 2 of 3 items (blood lipid, blood pressure, and blood glucose) are applicable.

**○ Those with a high risk of contracting metabolic syndrome (visceral fat syndrome)**

Those with abdominal circumference 85cm or longer for men and 90cm or longer for women and at least 1 of 3 items (blood lipid, blood pressure, and blood glucose) is applicable.

Source: "The national health and nutrition survey in Japan 2006", Health Service Bureau, MHLW

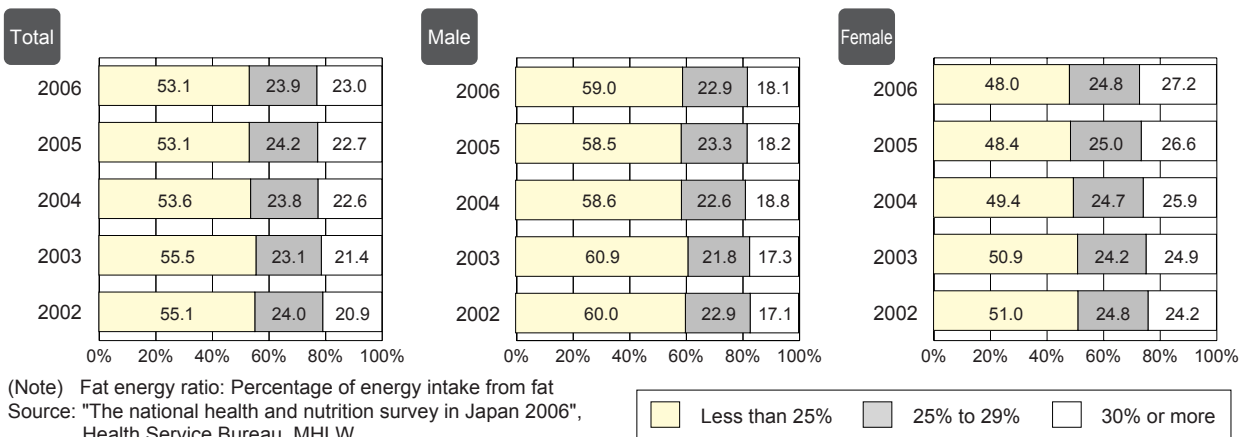
### Detailed Data 5 Status of Exercise Habits



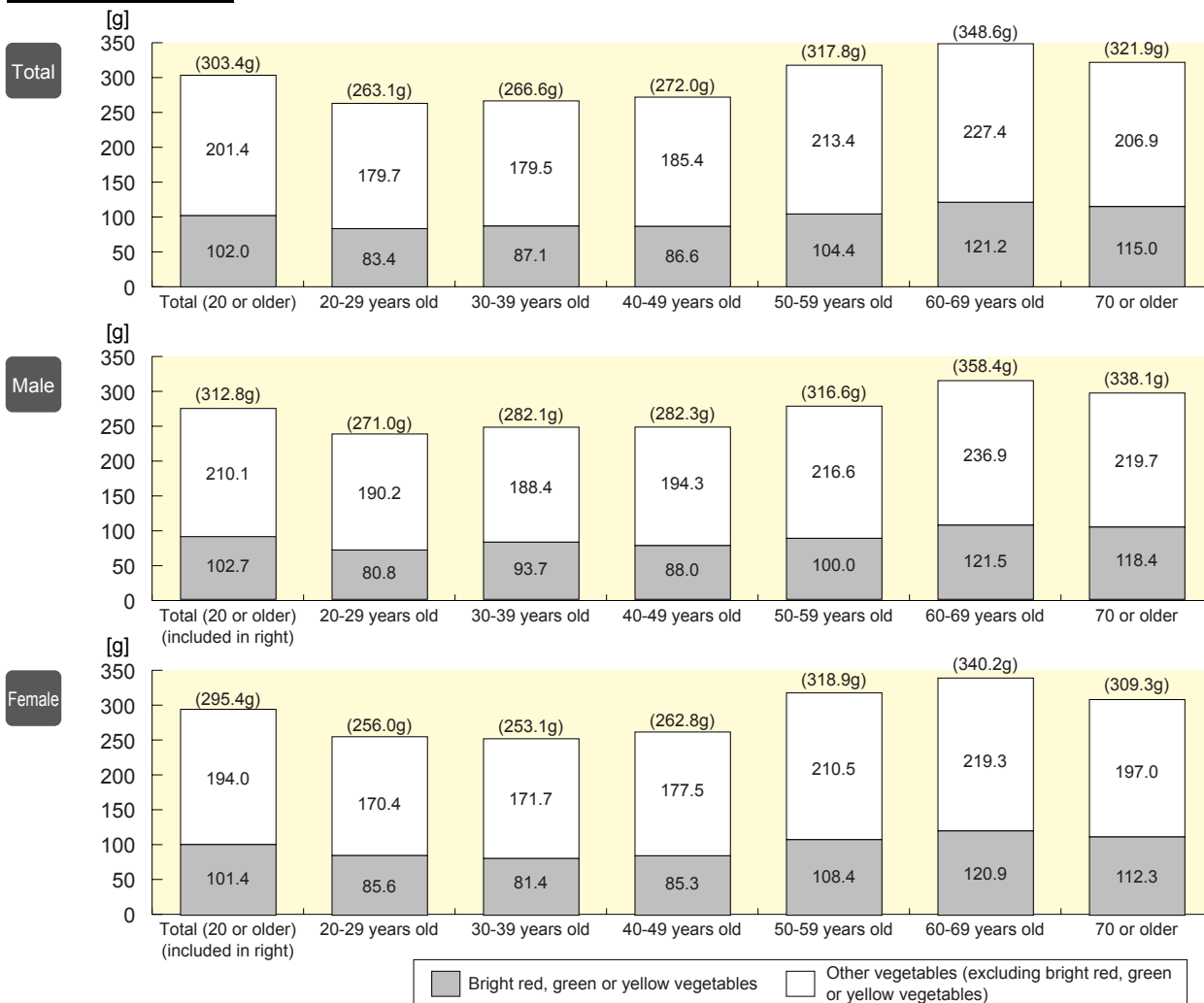
(Note) People with exercise habits: Those who have continued exercise of at least 30 minutes per day and at least 2 days per week for at least a year.

Source: "The national health and nutrition survey in Japan 2006", Health Service Bureau, MHLW

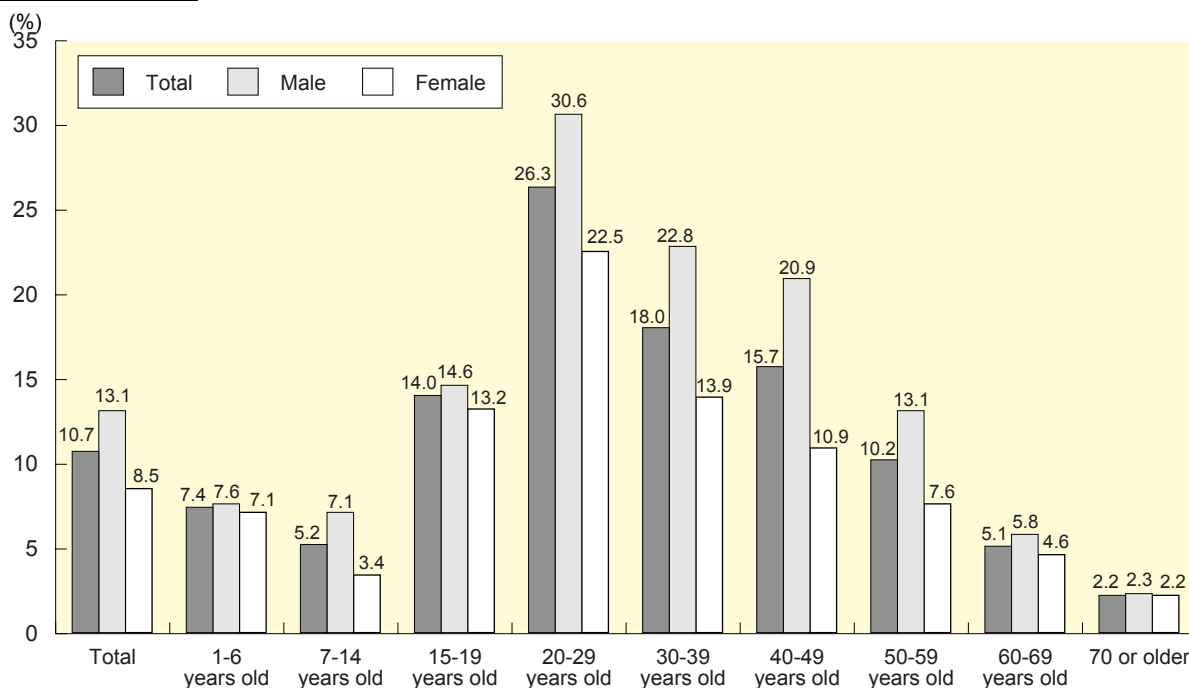
### Detailed Data 6 Changes in the Distribution of the Fat Energy Ratio (20 or Older)



### Detailed Data 7 Average Intake of Vegetables, etc. (20 or Older, by Sex/Age)

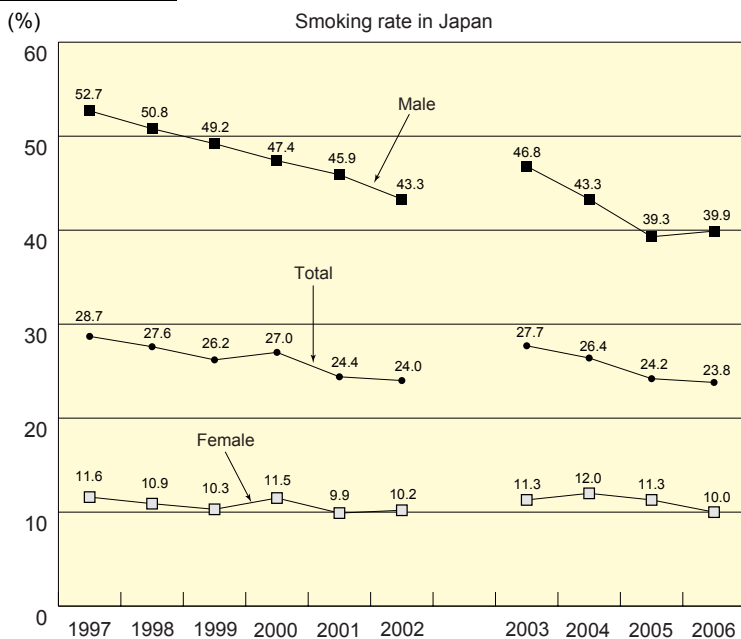


### Detailed Data 8 Percentage of People who Skip Breakfast (1 or Older, by Sex/Age)



Source: "The national health and nutrition survey in Japan 2006", Health Service Bureau, MHLW

### Detailed Data 9 Status of Smoking Rate



Source: "The national nutrition survey" until 2002 and "the national health and nutrition survey in Japan" since 2003

(Note) Definition of smoking and survey methods differ in the national nutrition survey until 2002 and the national health and nutrition survey in Japan hence simple comparison of these figures may be difficult.

Smoking rate in other countries (%)

Country	Male (%)	Female (%)
Japan	(39.3) 39.9	(11.3) 10.0
Germany	(39.0) 37.3	(31.0) 28
France	(38.6) 30	(30.3) 21.2
Netherlands	(37.0) 35.8	(29.0) 28.4
Italy	(32.4) 31.3	(17.3) 17.2
U.K.	(27.0) 27.0	(26.0) 25.0
Canada	(27.0) 22.0	(23.0) 17.0
U.S.	(25.7) 24.1	(21.5) 19.2
Australia	(21.1) 18.6	(18.0) 16.3
Sweden	(19.0) 16.7	(19.0) 18.3

Source: WHO Tobacco ATLAS (2006)

"The national health and nutrition survey in Japan 2006" for the figures in Japan

(Note) Figures in parentheses are from WHO Tobacco ATLAS (2002) and the national nutrition survey 2005