Panel. 1 Health Promotion toward active aging

Evidenced-based Health Promotion for active aging in Japan

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Mission of Aichi Health Plaza
~Health for Every Person in Aichi~

- Prevention of Diabetes, Cardiovascular diseases
- Prevention of NCDs
- Prevention of Nursing-Care
- Prevention of dementia
- Health Promotion, Prevention of obesity
- Health enhancement class
- Good Health Conditions
- No good Health Conditions

- Children
- Students
- Adults
- Elderly
Health for Every Person in Aichi ~ Form Children to Elderly

Development of IoT system
Maintaining functional capacity over the life course

- **Early Life**: Growth and development
- **Adult Life**: Maintaining highest possible level of function
- **Older Age**: Maintaining independence and preventing disability

*Source: Kalache and Kickbusch, 1997*

*Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.*
Health Promotion and NCD prevention

Healthy Lifestyle

Healthy Environment
Health Education
Awareness Program
Health Promotion program

Adequate Treatment

Unhealthy Lifestyle

Health Checkup
Health Guidance

Intervention

Rehabilitation
Relapse prevention
The Health Japan 21 (2nd edition: 2013 ~ 2023)

Active society which everyone lives healthy and helps each other

Extend the healthy life expectancy, reduction of the health inequity

Quality of life  Quality of Social environment

Prevention of NCD  Functional Capacity  participation for social activities  Access for health resources

Improve lifestyle  Improve the social environment

Specific activities through next health promotion
Structure of Health Japan 21

- Nation
- 47 Prefectures
- 1,718 Municipalities

- Prefectural Health Promotion Plan
- Regional Medical Plan
- Training programs for local human resources
- Evaluation and support for municipalities
- Infrastructure building for health
- Municipal Health Promotion Plan
- Implementation of Health Programs
- Community-based health promotion
- Infrastructure building for health

Academia
Medical Associations
Health Companies
Socio-economic situation
Objective
Comprehensively promote health of residents to enable them to remain healthy and active throughout the life.

Basic Policy
(I): Health Promotion Throughout Life
(II): Prevent NCDs
(III) Improve Lifestyle
(IV): Health Promotion Supported by Society

Basic Goal:
Long and Healthy Lives in Aichi
Change of Mortality rate by Age group (1997-2017)
Overweight or obese population Measured, % of population aged 15+, 1982 – 2017
Source: OECD Health Statistics: Non-medical determinants of health

"BMI=22" is the best for health in Japanese

Metabolic syndrome Criteria
Focusing on Visceral fat accumulation

Health Japan 21
BMI ≥ 25 is diagnosed obesity.

Nationwide Intervention system
Shokuiku Basic Act 2005
(Food and Nutrition Education /Promotion)
to cultivate the philosophy of the nation about “food and nutrition” and enhance people be able to practice a healthy dietary life.

School Lunch

Elementary School
Lower grades (6-7yo 520 kcal)
Middle grades (8-9yo 640 kcal)
Higher grades (10-11yo 770 kcal)
The certification criteria of “Smart Meal”

We call a healthy meal as “Smart Meal” which was selected by open recruitment. We developed a certification criteria of Smart meal based on the standards of the “healthy meal pattern” by MHLW, DRIs, and other scientific evidences.

Healthy Eating, food, environment” consortium

THE JAPANESE SOCIETY OF NUTRITION AND DIETETICS, Japanese Society of Nutrition and Foodservice Management The Japan Diabetes Society, Japan Society for the Study of Obesity, Japan Society of Hypertension,
**Active Guide**

- **+10 min of activity every day, anywhere, anytime.**
  - 18 – 64 years old
  - 65 years or older

  *Let’s see where you can add 10 min of activity in your daily life.*

  - Walking, jogging, aerobics, TV program, gardening...
  - While commuting: Take a brisk walk, ride a bike.
  - While working: Move frequently, use the stairs, choose the bathroom furthest away.
  - During lunch break: Take a walk, go out for lunch...
  - While working: Choose the bathroom furthest away, do some light gymnastic movements...
  - When going home: Increase your stride length, use the stairs.
  - 8:00 pm: Take a walk, go to sports center, stay active when watching TV (muscle training, stretching)...

  *For your safety*

  Although physical activity is essential for your health, it may cause accidents or injuries in some cases. We recommend you to pay attention in your activities to the following points:

  - You should increase your exercise duration bit by bit.
  - Do not exercise when you feel tired, when you are sick or injured, or if you have any disabilities that may prevent you from exercising.
  - In case of illness or injury, please consult a doctor or a health and fitness professional.

**Active Child Program**

**Importance of activities in childhood**

- Do you walk, move or exercise for at least 60 min a day?
  - Yes
  - No

- Do you have any exercise habits?
  - Yes
  - No

- Do you walk faster than other people in the same age and of same sex?
  - Yes
  - No

- Do you have already achieved healthy habits?
  - Yes
  - No

**Let’s start with +10**

To have a longer healthy life, be active for an additional 10 min every day.

*18 – 64 years old*

- Be active for 60 min every day! The more vigorous, the better.
- Make it more effective. Do some muscle training or sports.

*65 years or older*

- Do not keep your body inactive. Move for 40 min every day!

**Quality of various movement**

- Athletic play or traditional play
- Customization tips and practice examples
Health checkup and Health Guidance

Specific Health Checkup

+ Detailed exam

Classification

Non-MetS | Pre-MetS | MetS | Tx

Explanation about test results

Pre-MetS: Counseling to motivate people

MetS: Intensive support

Evaluation

Good Access

Targeting

Medication

Effective program

MetS; Metabolic Syndrome
Intensive lifestyle modification program

For Work place

180 P

For community

300 P

Continuous Support
(180≤) consultation
Group Working
FAX
E-mail
Phone call
Infrastructure development

- Standardized Life-modification program by national committee for LSRD prevention
- Training workshop (National, Local Gov., Insures, Academic society)
- Data analysis system (national database)
- Evaluation meeting
- Incentive or disincentive system for medical insures
Increase in participation rates of specified health checkups and health guidance

Health Check up

Health Guidance

Increase in participation rates of specified health checkups and health guidance
Change in clinical indicators from the examination data at baseline (FY2008) to subsequent three years (FY2009, 2010, 2011) in participants and controls for Intensive HG

Men aged 40-64

**ΔWaist Circumferences (cm)**

**ΔBody Weight (kg)**

**ΔTriglyceride (mg/dl)**

**ΔHbA1c (%)**

**ΔSystolic Blood Pressure (mmHg)**

**ΔHDL Cholesterol (mg/dl)**

*Participants  Control

*p<0.05  **p<0.01
Change in clinical indicators from the examination data at baseline (FY2008) to subsequent three years (FY2009, 2010, 2011) in participants and controls for Intensive HG  

40-64 Women

**ΔWaist Circumference (cm)**

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**ΔBody Weight (kg)**

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**ΔSystolic Blood Pressure (mmHg)**

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**ΔHbA1c (%)**

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**ΔTriglyceride (mg/dl)**

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**ΔHDL Cholesterol (mg/dl)**

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**p < 0.05  * p < 0.01**
Prevention of Frailty

- Hypertension
- Cardiac disease
- Cerebral vascular disease
- Diabetes mellitus
- Respiratory disease
- Malignant tumor

- Cognitive impairment
- Dizziness
- Eating disorder/dysphagia
- Visual impairment
- Depression
- Anemia
- Hearing loss
- Delirium
- Susceptibility to infection
- Body weight loss

Complicated with chronic diseases

and/or

Geriatric syndrome

Mutual influence*

No frailty (healthy)

Frailty

Disability (physically disabled)

Death

Aging

Reserve capacity
Increase in the number of elderly people who can live independently at home

Prevention of worsening of lifestyle-related diseases

- Control of chronic diseases
- Compliance in taking medicines
- Under-nutrition

Prevention of aging-related decline in mental and physical function

- Oral function
- Cognitive function
- Motor function

Comprehensive understanding of health, frailty, and living conditions of the elderly

- Appropriate medical examination and medication
- Non-smoking and drinking in an appropriate manner
- Low-salt diet, proper water intake, weight control
- Eating and swallowing exercises, taking care of dentures
- Exercise rehabilitation
- Going out social participation

Health support for frail elderly and home-care elderly
新高齢者健康度評価結果表（表面）

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<tr>
<th>健康長寿 のための 健康度評価結果表</th>
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**総合スコア**
- 今回の：84
- 前回：...

**動く・体力**
- 良好です。これからも活動的な生活を継続してください。
- 10m歩行：...
- 握力：...
- 関節可動部：...

**おすすめの運動**
- 荷物をくんびくらく、おしゃれができない程度で行うことをおすすめします。
- 痛みのある部分については、運動を控えましょう。

**生活体力**
- 歩行速度：...
- 握力：...
- バランス：...

**食べる・お口**
- [食べる] 楽しい食事は健康長寿のとも。この時間！
- たんぱく質・糖分を含む食事を日ごろからとっています。

**お酒・たばこ**
- [お酒] 問題ありませんでした。
- [たばこ] 禁煙できて良かったです。
Early detection /Early Intervention

Prevention of Sarcopenia and Frailty

Chair rise test; Baseline, 3, 6, 9 month after training

※「椅子立ち上がりテスト」とは…
腕を胸の前で組んだ状態で座り、できるだけ早く椅子から立ち上がり、もとの位置に座る。これを5回繰り返す。

運動を継続した2グループ（青と赤）の方が、普段の生活を続けたグループより良い結果となりました。
運動継続が素早い動きを可能とし、体力向上につながります。

Aichi Health Promotion Foundation
Need for nursing care (annually) during follow up period (Age-matched)
Positive Messages

• Communicate in a positive way that they can feel safe, pleasure, and connection to the society, and the importance of health care.

• Pay attention to “what they can” in their daily lives and establish action goals to maintain and enhance what they can.

• Properly combine self-care and surrounding supports by family members and community services (e.g., health-care services).

• Connect them to medical organizations, including in cooperation with and shifting to other health-care services, in a flexible manner if necessary.
Thank you very much for your attention!