

Health Promotion Measures

Overview

Changes in National Health Promotion Measures

1st National Health Promotion Measures (FY1978-1988)	2nd National Health Promotion Measures (from FY1988) (Active 80 Health Plan)	3rd National Health Promotion Measures (from FY2000) (National Health Promotion in the 21st Century (Health Japan 21))
<p>(Basic idea)</p> <ol style="list-style-type: none"> Lifetime health promotion <ul style="list-style-type: none"> Promotion of primary prevention of geriatric diseases Promotion of health promotion projects through three major elements (diet, exercises, and rest) (special focus on diet) 	<p>(Basic idea)</p> <ol style="list-style-type: none"> Lifetime health promotion Promotion of health promotion projects with the focus on exercise habits as they are lagging behind the other two of the three elements (diet, exercise, and rest) 	<p>(Basic idea)</p> <ol style="list-style-type: none"> Lifetime health promotion <ul style="list-style-type: none"> Focusing on primary prevention, extended healthy life expectancy, and enhanced quality of life Setting specific targets to serve as an index for national health/medical standards and promotion of health promotion projects based on assessments Creation of social environments to support individuals' health promotion
<p>(Outline of measures)</p> <ol style="list-style-type: none"> Lifetime health promotion <ul style="list-style-type: none"> Establishment of health checkups and a complete health guidance system from infants and small children through to the elderly Establishment of health promotion bases <ul style="list-style-type: none"> Establishment of health promotion centers, municipal health centers, etc. Securing sufficient human resources, including public health nurses and dietitians Dissemination and enlightenment of health promotion <ul style="list-style-type: none"> Establishment of municipal health promotion councils Promoting the use of recommended dietary allowances Nutritional content labelling for processed food Conducting studies on health promotion, etc. 	<p>(Outline of measures)</p> <ol style="list-style-type: none"> Lifetime health promotion <ul style="list-style-type: none"> Enhanced health checkup and guidance system from infants and small children through to the elderly Establishment of health promotion bases <ul style="list-style-type: none"> Establishment of health science centers, municipal health centers, health promotion facilities, etc. Securing sufficient manpower such as health fitness instructors, registered dietitians, and public health nurses Dissemination and enlightenment of health promotion <ul style="list-style-type: none"> Promoting the use of and revising recommended dietary allowances Promoting recommended exercise allowance Promoting the system to approve health promotion facilities Promoting Tobacco Action Program Promoting a system of nutrition information labelling for meals eaten outside home Promoting cities with health oriented cultures and health resorts Conducting studies on health promotion, etc. 	<p>(Outline of measures)</p> <ol style="list-style-type: none"> National health promotion campaign <ul style="list-style-type: none"> Dissemination and enlightenment of effective programs and tools with regular revision Dissemination and enlightenment of the acquisition of good exercise habits and improved dietary habits with a focus on metabolic syndrome Implementation of effective medical examinations and health guidance <ul style="list-style-type: none"> 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 (from FY 2008) Cooperation with industry <ul style="list-style-type: none"> Further cooperation in voluntary measures of industries Human resource development (improving the quality of medical professionals) <ul style="list-style-type: none"> Improved training for human resource development in cooperation between the government, prefectures, relevant medical organizations, and medical insurance organizations Development of evidence-based measures <ul style="list-style-type: none"> Revision of data identification methods to enable outcome assessments <p>etc.</p>
<p>(Guidelines, etc.)</p> <ul style="list-style-type: none"> Dietary guidelines for health promotion (1985) Report on nutritional content labelling for processed food (1986) Announcement of a weight scale diagram and table (1986) Report on smoking and health-related issues (1987) 	<p>(Guidelines, etc.)</p> <ul style="list-style-type: none"> Dietary guidelines for health promotion (by individual characteristics: 1990) Guidelines for nutrition information labeling for meals eaten outside home (1990) Report on issues of smoking and health (revised) (1993) Exercise guidelines for health promotion (1993) Promoting guidelines on rest for health promotion (1994) Report by the study group on Tobacco Action Program (1995) Report by the study group on ideal separate smoking areas in public places (1996) Physical activity guidelines by age (1997) 	<p>(Guidelines, etc.)</p> <ul style="list-style-type: none"> Dietary guidelines (2000) Report by the committee for establishing standards for determining the effect of separating smoking areas (2002) Sleep guidelines for health promotion (2003) Guidelines on implementation of health checkups (2004) Japanese Dietary Reference Intake (2005 edition) (2004) Guidelines for well-balanced diet (2005) Smoking cessation support manual (2006) Exercise and Physical Activity Reference for Health Promotion 2006 (2006) Exercise guidelines for good health 2006 (exercise guide 2006) (2006) Japanese Dietary Reference Intake (2010 edition) (2009)

Outline of the Health Promotion Act

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 establish "Healthy Japan 21")

(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 in Japan 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.

Outline of Results of National Health and Nutrition Survey Japan, 2009

National Health and Nutrition Survey

- Objective: Amassing of basic information for comprehensive promotion of national health in accordance with the Health Promotion Act (Act No.103 of 2002)
- Subjects: Households in 300 unit areas randomly selected from unit areas established in the Comprehensive Survey of Living Conditions 2009 (approximately 6,000 households), and members of households aged 1 or older (approximately 18,000 persons)
- Survey items: [Survey on physical condition] Height, weight, abdominal circumference, blood pressure, blood tests, number of steps taken when walking, interview (medication status, exercise)
[Survey on nutritional intake] Food intake, nutrient intake, etc., dietary situation (skipping meals, eating out, etc.)
[Survey on lifestyle] General lifestyle encompassing dietary habits, physical activities, exercise, rest (sleep), alcohol usage, smoking, dental health, etc.
- * "Dental health" and "dietary habits" are items emphasized in 2009 via "Health Japan 21"

Outline of Results of Survey

(1) Dental health

- One in every four persons aged 80 (75-84) has 20 or more teeth. Tooth decay prevention measures for children significantly improved upon. -
 - The percentage of those "aged 80 (75-84)" with 20 or more teeth was 26.8%, an increase of 3.8 points from the previous survey (in 2004; hereinafter the same).
 - The percentage of those "aged 70 or older" who could eat anything was 59.2%, an increase of 4.8 points from the previous survey.
 - The percentage of infants (aged 1-5) who had fluoride put on their teeth to prevent tooth decay was 57.6% and the percentage of school-age children (aged 6-14) using toothpaste containing fluoride was 86.3%, increases of 14.7 points and 29.8 points from the previous survey, respectively.

(2) Status of breakfast eating habits and weight control

- Those who do not eat breakfast typically acquired the habit of skipping breakfast in their childhood. "Going to sleep early and sleeping well" is necessary if breakfast is to be eaten. -
 - The percentage of males who rarely ate breakfast was 10.7% and that of females 6.0%. With both males and females the percentage was higher amongst those in their 20s (21.0% with males and 14.3% with females) and 30s (21.4% with males and 10.6% with females).
 - Of those who did not habitually eat breakfast 32.7% of males and 25.2% of females had acquired the habit when in "elementary school" or "junior/senior high school". In addition, the percentage of those who had no intention of eating breakfast every day was 38.1% with males and 30.3% with females.
 - The largest percentage of those who did not habitually eat breakfast considered "going to sleep early and sleeping well" to be necessary in eating breakfast (29.8% with males and 31.0% with females). When compared with females many males considered "support from families and the people around them" (18.6% with males but only 6.3% with females) and "improved working conditions, including less over-time work" (17.7% with males and 8.4% with females) to be necessary.
- 70% of males and 80% of females took care to control their weight. However, only 30% of them ate meals or exercised with the aim of preventing/improving metabolic syndrome. -
 - The percentage of those who had the intention of taking care to control their weight was 67.8% with males and 75.6% with females, increases of 7.0 points and 5.8 points from the previous survey (in 2004), respectively.
 - The percentage of those who ate meals or exercised with the aim of preventing/improving metabolic syndrome was 27.5% of males and 24.2% of females.

Detailed Data 1 Status of Formulating Health Promotion Plans in Prefectures/Municipalities

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

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

	Total	Formulated	Plan to formulate in FY2009	Plan to formulate in FY2010	Plan to formulate in FY2011 or later	No plan
Health center-designated cities	66	63	1	1	1	0
Special wards in Tokyo	23	23	-	-	-	-
Other municipalities	1,710	1,208	77	84	292	49

(As of Dec. 1, 2009)

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

Prefecture	Number of municipalities	Formulated	Formulation rate	FY2009	FY2010	FY2011 or later	No plan
Hokkaido	175	87	49.7%	5	7	66	10
Aomori	39	39	100.0%	0	0	0	0
Iwate	34	31	91.2%	0	2	1	0
Miyagi	34	32	94.1%	2	0	0	0
Akita	24	19	79.2%	1	1	3	0
Yamagata	35	35	100.0%	0	0	0	0
Fukushima	57	29	50.9%	5	7	16	0
Ibaraki	44	22	50.0%	3	4	7	8
Tochigi	29	26	89.7%	3	0	0	0
Gunma	35	31	88.6%	2	2	0	0
Saitama	68	39	57.4%	3	2	24	0
Chiba	53	22	41.5%	1	1	29	0
Tokyo	38	26	68.4%	0	3	9	0
Kanagawa	29	14	48.3%	1	2	7	5
Niigata	30	29	96.7%	1	0	0	0
Toyama	14	11	78.6%	1	1	1	0
Ishikawa	18	13	72.2%	5	0	0	0
Fukui	17	14	82.4%	1	1	1	0
Yamanashi	28	26	92.9%	0	2	0	0
Nagano	79	55	69.6%	5	2	17	0
Gifu	41	34	82.9%	3	3	1	0
Shizuoka	35	34	97.1%	1	0	0	0
Aichi	56	56	100.0%	0	0	0	0
Mie	30	12	40.0%	3	7	8	0
Shiga	25	19	76.0%	0	1	1	4
Kyoto	25	9	36.0%	1	4	11	0
Osaka	39	33	84.6%	0	0	3	3
Hyogo	37	36	97.3%	1	0	0	0
Nara	38	33	86.8%	0	0	3	2
Wakayama	29	18	62.1%	0	0	11	0
Tottori	19	13	68.4%	0	0	3	3
Shimane	21	21	100.0%	0	0	0	0
Okayama	25	23	92.0%	2	0	0	0
Hiroshima	20	20	100.0%	0	0	0	0
Yamaguchi	19	12	63.2%	1	4	2	0
Tokushima	24	15	62.5%	2	2	5	0
Kagawa	16	16	100.0%	0	0	0	0
Ehime	19	17	89.5%	2	0	0	0
Kochi	34	18	52.9%	7	3	6	0
Fukuoka	62	26	41.9%	0	1	25	10
Saga	20	13	65.0%	0	3	4	0
Nagasaki	21	21	100.0%	0	0	0	0
Kumamoto	46	23	50.0%	7	10	6	0
Oita	17	15	88.2%	2	0	0	0
Miyazaki	27	14	51.9%	0	2	11	0
Kagoshima	44	27	61.4%	3	4	6	4
Okinawa	41	30	73.2%	3	3	5	0
	1,710	1,208	70.6%	77	84	292	49

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

Detailed Data 2 Number of Patients and Deaths Related to Lifestyle Diseases

	Total number of patients (1,000 persons)	Number of deaths (Person)	Mortality rate (to the population of 100,000)
Malignant neoplasm	1,518	353,318	279.6
Diabetes	2,371	14,399	11.4
Hypertensive diseases	7,967	6,758	5.3
Heart diseases	1,542	189,192	149.7
Cerebrovascular diseases	1,339	123,393	97.6

Source:

<Total number of patients> "Patient Survey 2008", Statistics and Information Department, Minister's Secretariat, MHLW
 <Number of death/mortality rate> "Summary of Monthly Report of Vital Statistics", Statistics and Information Department, Minister's Secretariat, MHLW

(Note) The number of deaths and mortality rate were approximate figures in 2010.

Detailed Data 3 Estimated Numbers on Diabetes

Age	Males (survey samples: 1,619)		Females (survey samples: 2,384)	
	Strongly suspected of having diabetes	With possibilities of having diabetes	Strongly suspected of having diabetes	With possibilities of having diabetes
20-29	1.1%	0%	0%	0.9%
30-39	3.0%	3.0%	0.5%	5.4%
40-49	7.6%	11.0%	2.9%	10.4%
50-59	12.1%	16.7%	5.6%	20.8%
60-69	22.1%	17.3%	14.1%	18.2%
70 or older	22.6%	18.4%	11.0%	23.8%

When the above figures are applied to the estimated population as of October 1, 2007, the estimated numbers nationwide are as follows:

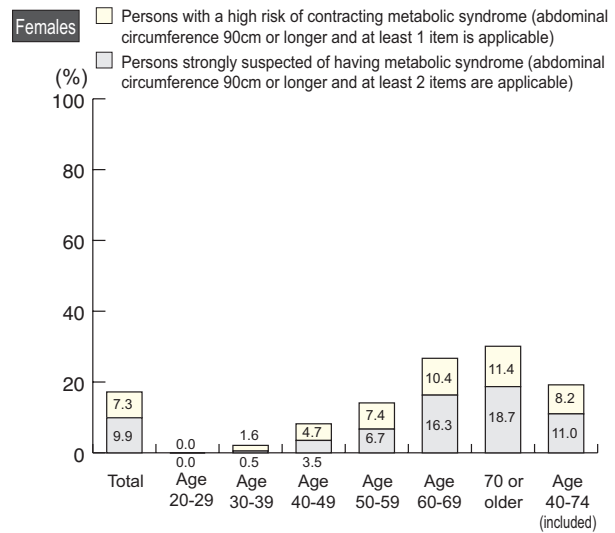
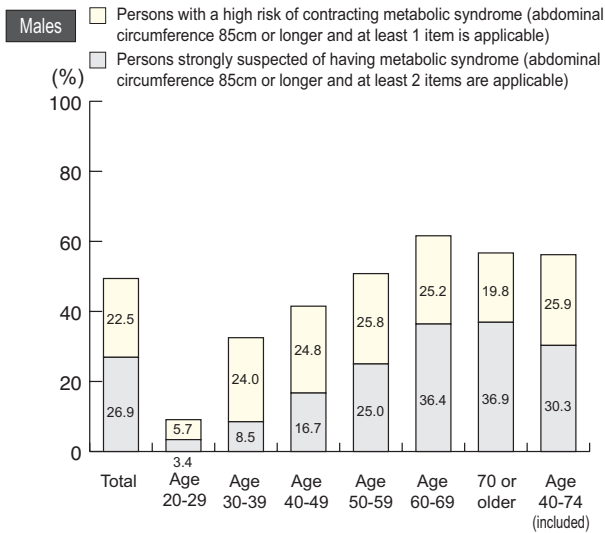
- Those strongly suspected of having diabetes: approx. 8.9 million persons
- Those with possibilities of having diabetes: approx. 13.2 million persons

Source: "National Health and Nutrition Survey Japan, 2007", Health Service Bureau, MHLW

Detailed Data 4

Status of Patients and Persons Having a High Risk of Contracting Metabolic Syndrome (Visceral Fat Syndrome)

Of persons aged 40 to 74, 1 in every 2 males and 1 in every 5 females are either patients or are having a high risk of contracting metabolic syndrome (visceral fat syndrome). The estimated numbers are approximately 10.7 million patients, approximately 9.4 million persons at high risk, and approximately 20.1 million in total.

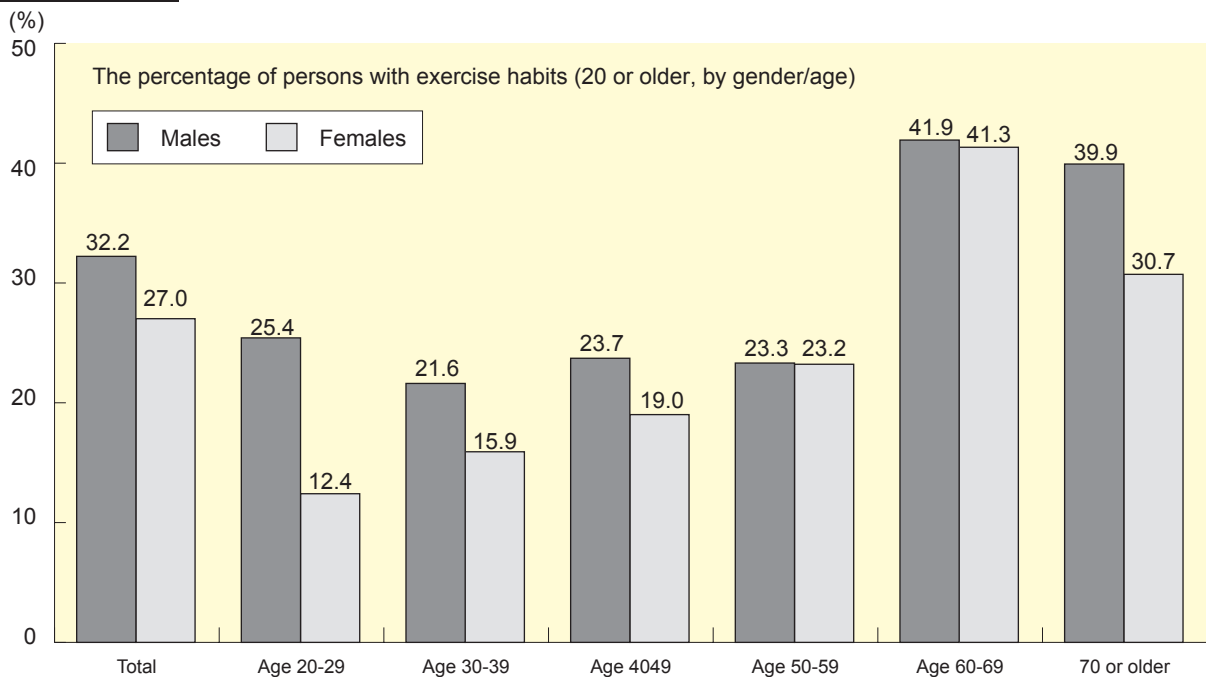


- Persons strongly suspected of having metabolic syndrome (visceral fat syndrome).
Persons with abdominal circumference 85cm or longer for males and 90cm or longer for females and at least 2 of 3 items (blood lipid, blood pressure, and blood glucose) are applicable.
- Persons with a high risk of contracting metabolic syndrome (visceral fat syndrome).
Persons with abdominal circumference 85cm or longer for males and 90cm or longer for females and at least 1 of 3 items (blood lipid, blood pressure, and blood glucose) is applicable.

Source: "National Health and Nutrition Survey Japan, 2007", Health Service Bureau, MHLW

Detailed Data 5

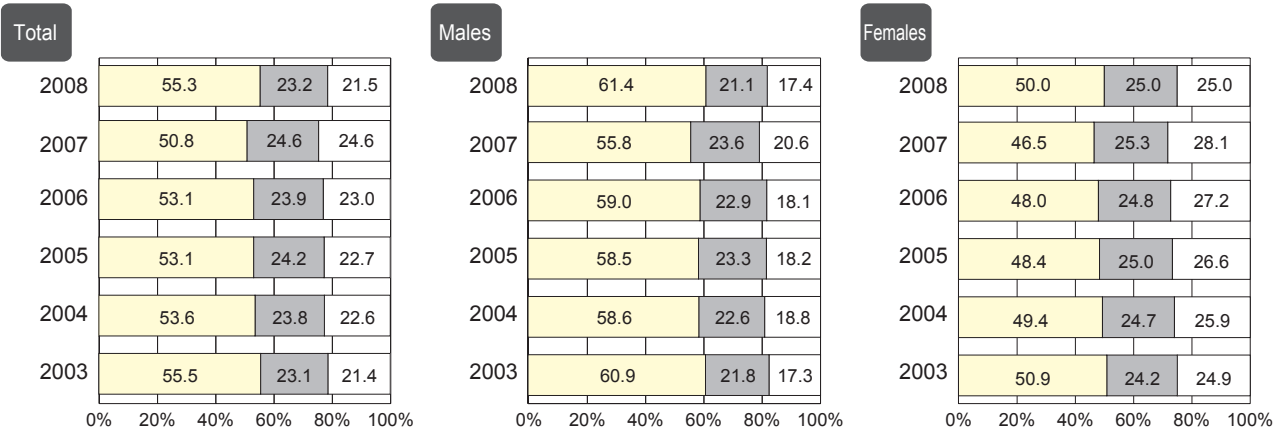
Status of Exercise Habits



Source: "National Health and Nutrition Survey Japan, 2009", Health Service Bureau, MHLW

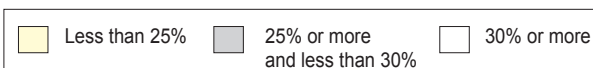
(Note) Persons with exercise habits: Those who have been continuing daily exercise of 30 minutes or longer at least 2 days a week for at least a year.

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

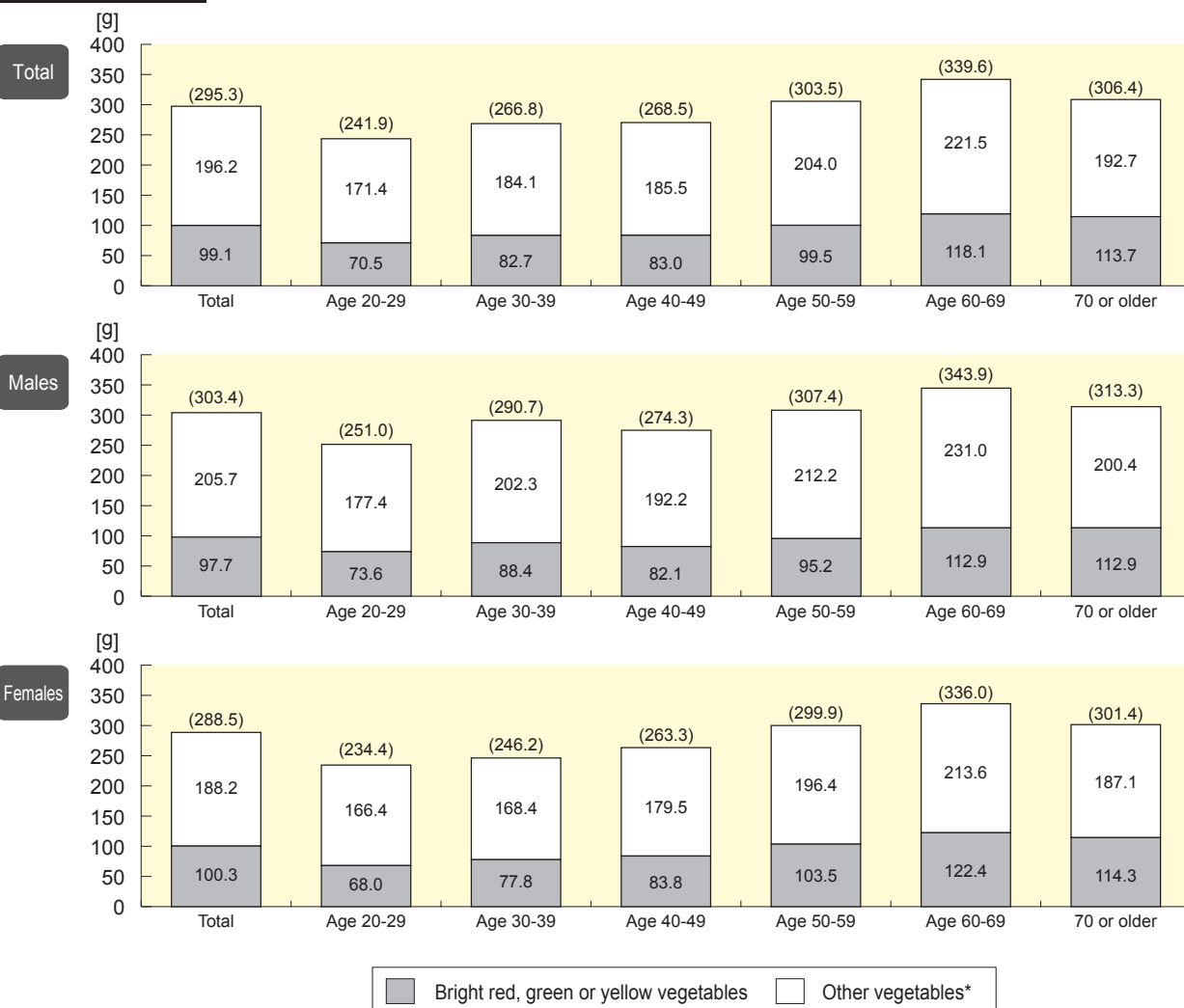


Source: "National Health and Nutrition Survey Japan, 2008", Health Service Bureau, MHLW

(Note) Fat energy ratio: Percentage of energy intake from fat



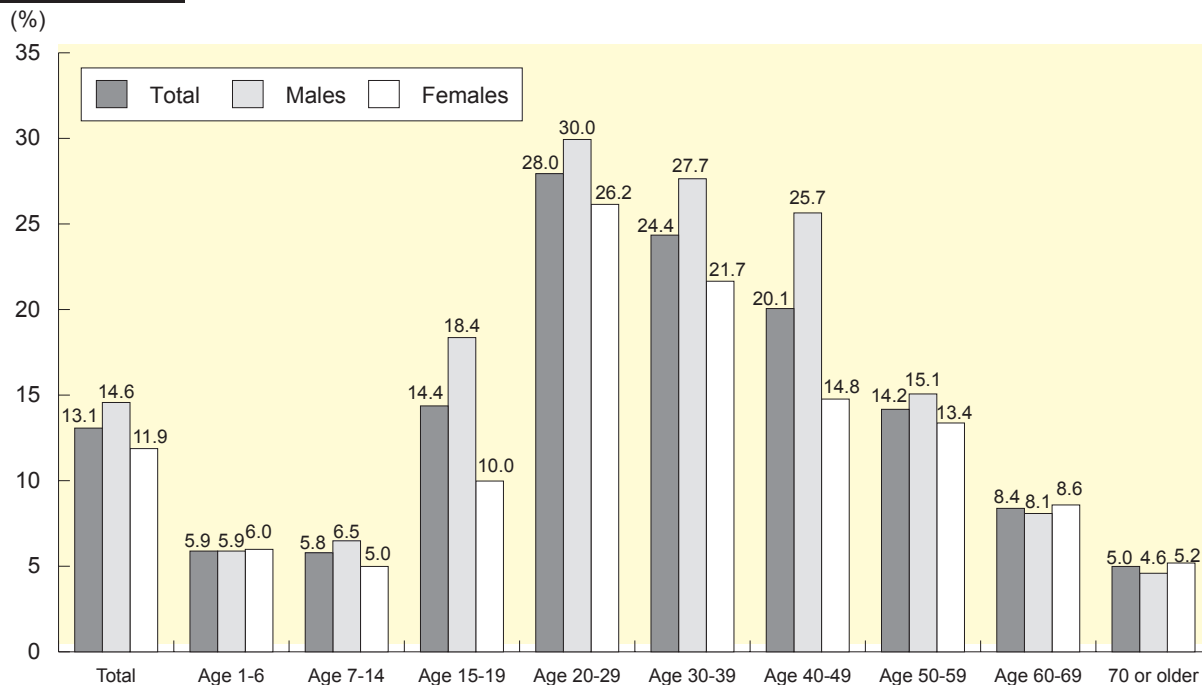
Detailed Data 7 Average Intake of Vegetables, etc. (20 or Older, by Gender/Age)



Source: "National Health and Nutrition Survey Japan, 2009", Health Service Bureau, MHLW

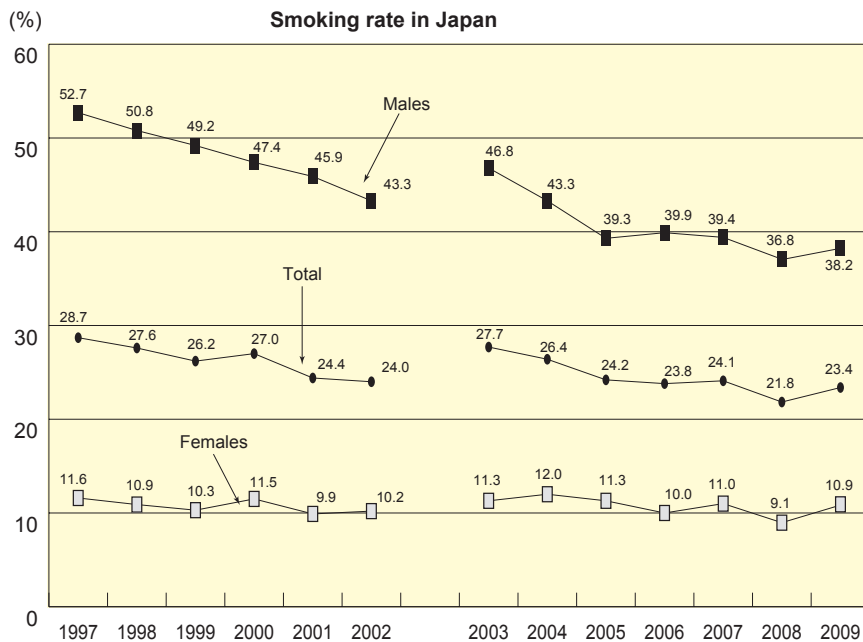
(Note) The figures in parentheses indicate the total intake of "bright red, green or yellow vegetables" and "other vegetables (excluding bright red, green or yellow vegetables)".

Detailed Data 8 Percentage of Persons Skipping Breakfast (1 or Older, by Gender/Age)



Source: "National Health and Nutrition Survey Japan, 2008", Health Service Bureau, MHLW

Detailed Data 9 Status with Smoking Rate



Smoking rate in various countries (%)

Country	Males (%)	Females (%)
Japan	(36.8)	(9.1)
Germany	(37.3)	(28.0)
France	(30.0)	(21.2)
Netherlands	(35.8)	(28.4)
Italy	(31.3)	(17.2)
U.K.	(27.0)	(25.0)
Canada	(22.0)	(17.0)
U.S.A.	(24.1)	(19.2)
Australia	(18.6)	(16.3)
Sweden	(16.7)	(18.3)

Source: "National Nutrition Survey" up to 2002 and "National Health and Nutrition Survey Japan" from 2003 onward

(Note) Definition of smoking and survey methods differ between the National Nutrition Survey and the National Health and Nutrition Survey Japan hence figures cannot simply be compared.

Source: WHO Tobacco ATLAS (2009)

"National Health and Nutrition Survey Japan, 2009" for the figures for Japan (Note) The figures in parentheses are from WHO Tobacco ATLAS (2006) and the National Health and Nutrition Survey Japan, 2008