Reference 13

FOR A DYNAMIC SOCIETY WHERE ALL CITIZENS
ENJOY GOOD HEALTH AND HAPPINESS

HEALTH JAPAN 21

LET'S START TOGETHER

National Health Promotion in the 21st Century

健康日本21
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WHAT IS 健康日本21 HEALTH JAPAN 21? HEALTH JAPAN 21?

NATIONAL HEALTH PROMOTION IN THE 21st CENTURY

Healthy, Vibrant and Caring 21st Century

The average life span in Japan lengthened rapidly in the period following World War II, with improvements in living conditions and advances in medicine. Today, Japan has become one of the leading countries in the world in terms of population longevity.

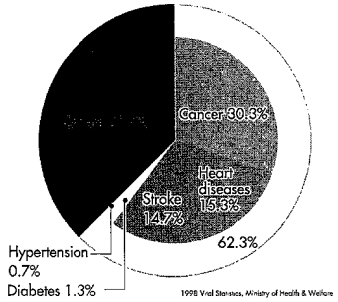
However, as the Japanese population rapidly advances in age, the growing number of persons suffering from lifestyle-related diseases caused by inappropriate diet, physical inactivity, etc., and who become bedridden or suffer from senile dementia and require nursing care, is becoming a serious social problem. With the rising number of aged and the falling birth rate, the burden for the treatment of such diseases and for people to support them is supposed to increase dramatically.

In order to make Japan in the 21st century a society where every citizen is able to live in good health and with a sense of self-fulfillment, it is all the more important to take assertive action on measures stressing "primary prevention," aimed at fostering good health and preventing disease. It is vital to reduce the number of premature deaths and patients requiring nursing care and to extend the health expectancy.

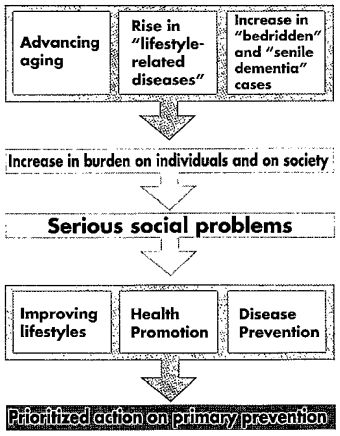
What are primary prevention, secondary prevention and tertiary prevention?

Primary prevention: Day-to-day efforts to prevent disease, and to eliminate diseases at an early stage.
Secondary prevention: Early signs of disease are detected through periodic health examinations in order to promote good health. It signifies the prevention and improvement.
Tertiary prevention: Care of diseases established diseases, with attempts made to fully restore bodily functions, minimizes the negative effects of concerning the causes of diseases (risk factors).

Percentage of deaths caused by lifestyle-related diseases is 62.3%



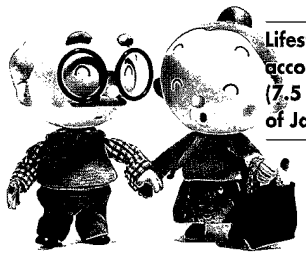
Issues for the 21st Century



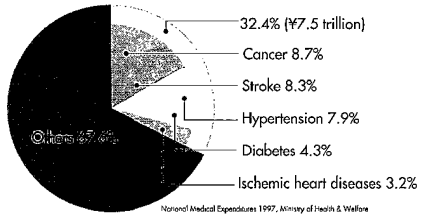
Goal of "Health Japan 21"

"Health Japan 21" has been planned for the development of a "dynamic society where all the citizens are in good health and happy." Good health is a challenge that each individual must work to achieve voluntarily, based on his or her personal view of health. In addition to such personal efforts, society at large must also support voluntary health promotion activities.

In view of this goal, National Health Promotion in the 21st Century (Health Japan 21) has set specific targets for FY2010 in an effort to increase health expectancy. Under this movement, all health-related organizations and groups are to join hand with citizens for the all-round and effective promotion of health and to organize activities and boost awareness of health promotion, founded on personal choice and decision-making in all sectors of society.

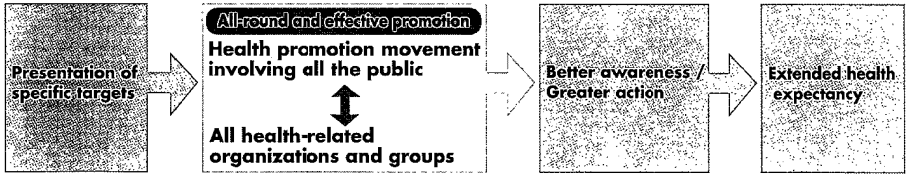


Lifestyle-related diseases account for 32.4% (7.5 trillion yen) of Japan's medical expenditure



National Health Promotion in the 21st Century

Dynamic society where all the citizens are in good health and happy



What is "health expectancy"?

"Health expectancy" is a term used to describe the span of life in which a person is able to live in good health and with sense of fulfillment and self-enrichment, without suffering from senile dementia or becoming bedridden.

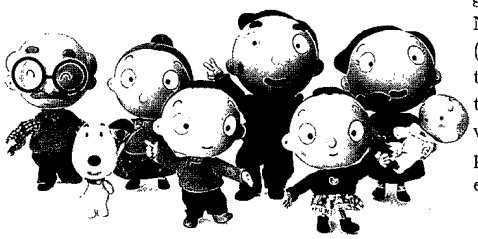
If a person suffers a stroke, for example, diligent efforts in rehabilitation and eventual success in being able to walk on one's own, to take care of oneself in daily living, such as grooming oneself and eating meals without assistance, and even to take leisurely strolls, can lead to increase of "health expectancy."

The term represents a broad concept of people being able to live as they wish, setting their own goals in life and taking care of themselves, even when their health continues to be impaired.

Health Promotion From Now On

Japan's health promotion programs date back to the First National Health Promotion Program, which was introduced in 1978, and the Second National Health Promotion Program of 1988. Under these programs, a health infrastructure has been laid out, including the establishment of a system of health examination for elderly citizens, human resource development, development of activity guidelines, etc. Founded on these achievements, National Health Promotion in the 21st Century (Health Japan 21) has been newly adopted as the third program in national health promotion. In order to encourage the Japanese people to engage voluntarily in health promotion, it is important to provide society-wide support of their individual efforts.

COMBINE FORCES OF INDIVIDUALS AND SOCIETY



Health Promotion in the Past and "Health Japan 21"

First National Health Promotion Program (from 1978)

Basic Approach

1. Implementation of health promotion throughout one's lifetime
2. Implementation of health promotion programs based on the three factors of health promotion (nutrition, exercise, and rest), placing priority on nutrition

Basic Policy

1. Establishment of system for health examinations and health guidance
2. Development of infrastructure for health promotion
   - Establishment of health promotion centers, municipal health centers, etc.
   - Human resource development, such as public health nurses and nutritionists
3. Greater awareness and dissemination of health promotion activities
   - Establishment of municipal councils for implementing health promotion
   - Widen acceptance of nutritional requirements
   - Research on health promotion
4. Nutritional guideline for health promotion (1985)

Second National Health Promotion Program (from 1988) **: Active 80 Health Plan**

Basic Approach

1. Implementation of health promotion throughout one's lifetime
2. Implementation of health promotion programs with emphasis on promoting regular exercise, one of the three factors in health promotion (nutrition, exercise, and rest), for which activities remained underdeveloped

Basic Policy

1. Dissemination of exercise for health promotion
   - Human resource development
   - Promotion of designated health promotion facilities
2. Nutritional guideline for health promotion (specific to target characteristics) (1990)
3. Exercise guideline for health promotion (specific to age group) (1993)
4. Rest guideline for health promotion (1994)

Third National Health Promotion Program (from 2000) **: National Health Promotion in the 21st Century**

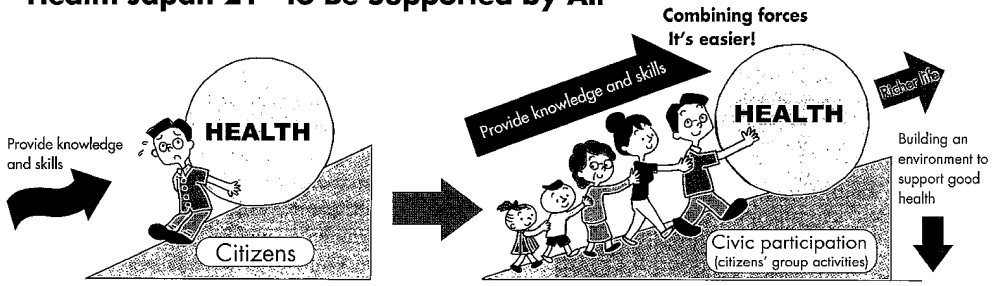
Basic Approach

1. Realization of a dynamic society where all the citizens are in good health and happy
2. All-round action to implement health promotion of the people in order to reduce premature deaths and to extend the period of life in which people are able to live in good health, without being bedridden or suffering from senile dementia (health expectancy)

Basic Policy

1. Spreading and enlightening by various measures
2. Establishing promotion systems and supporting regional plans
3. Promoting various health care activities efficiently and harmoniously
4. Promoting evidence-based policies

"Health Japan 21" to Be Supported by All



Establishing an Environment for Supporting Health Promotion

"Health Japan 21" is being implemented in order to create an environment for each and every citizen to achieve their health goals.

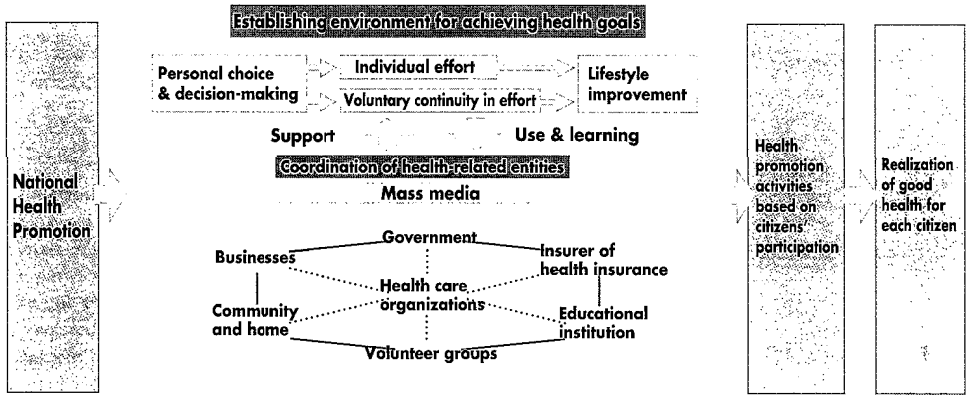
In order to achieve the goal of health promotion activities, it is necessary to build an environment that supports individuals in their efforts to improve their lifestyles and thereby improve their health. For this reason, administrative organizations, medical insurance entities, health care organizations, educational institutions, mass media, business enterprises, volunteer groups, and other interested parties are to collaborate by making maximum use of their respective features and provide all-round support to individual health promotion activities.

Effective Promotion by Cooperation of Various Stakeholders

In supporting the voluntary health promotion activities of citizens, based on personal choice, it is necessary to provide adequate and accurate information. For this reason, information must be made available in detail and through various channels, including wide-ranging information through the mass media and through the specific health education programs based on health care projects.

In addition, promotions aimed at local citizens in general and at high-risk groups should be combined judiciously to assess the distinctive characteristics and needs of the target types and to promote appropriate activities effectively.

Based on this perspective, the health care program for the elderly currently under way is to be coordinated interactively with the health programs provided by insurer of health insurance to ensure efficient implementation.



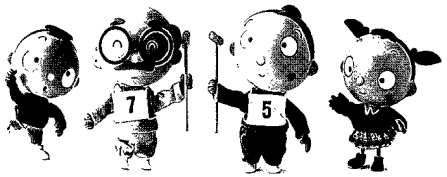
Developing Regional Plans

For the effective implementation of the health promotion programs, concrete "regional plans" are to be developed, adapted to local conditions and characteristics and with the participation of local citizens and various health-related organizations and groups.

Local governments will cooperate closely with municipal governments, insurer of health insurance and health care entities at schools and workplaces and play a central role in developing a "regional plan" and reinforcing the ties with these organizations. "Health Japan 21," which places emphasis on a wide range of needs for citizens, self-determination and voluntary action is starting now.

"HEALTH JAPAN 21" STARTING NOW

START!



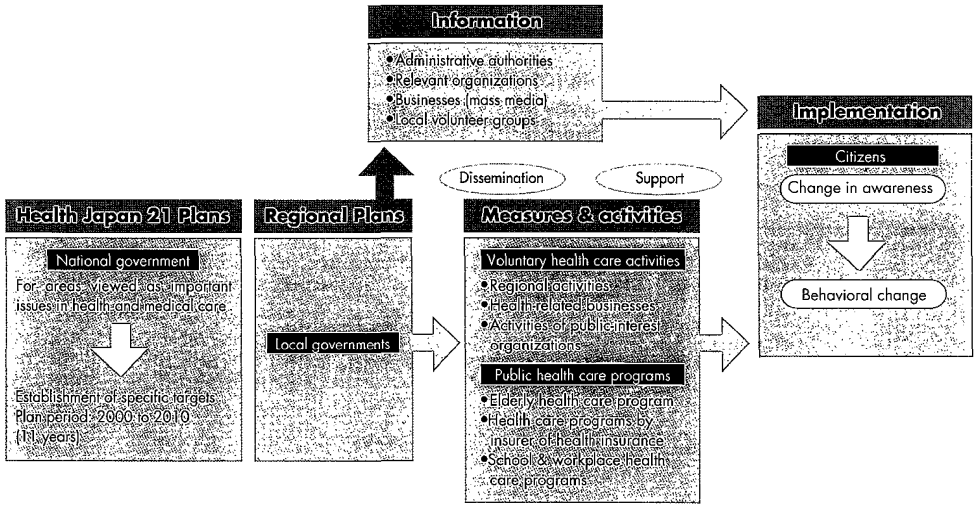
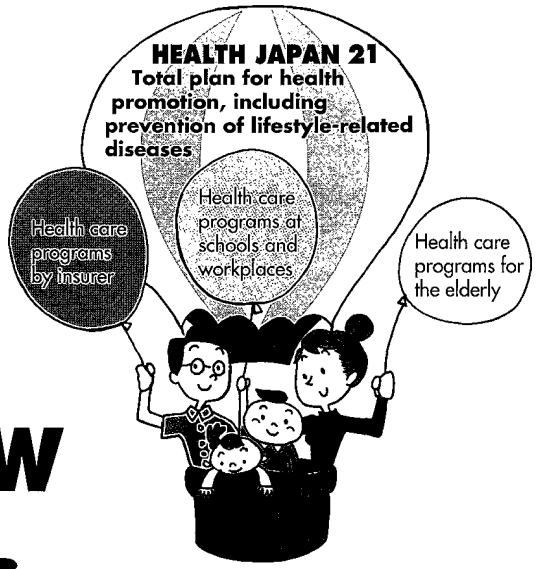


Image of "Health Japan 21"

Creation of a healthy and dynamic society

Extended health expectancy
Reduction of premature deaths



Participation and cooperation of all

(citizens, businesses, relevant organizations, and governmental bodies)

Strategies for Effective Implementation

"Health Japan 21" will be promoted in an all-round and effective way in the future based on the following four perspectives:

① Advocacy and Enlightening by Various Measures

The greater understanding of citizens and relevant entities will be promoted through public relations utilizing the mass media and employing various methods such as the organization of nationwide events.

② Establishing Promotion Systems and Supporting Regional Plans

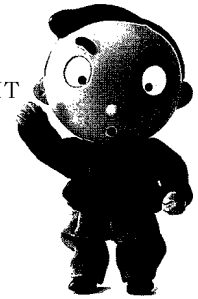
To encourage continuity in the movement, organizations that function as driving forces in health promotion, such as the Health Japan 21 Promotion Council formed by the national government, local governments, various health-related organizations, etc., will be developed. At the same time, manuals regarding how to make regional plans and how to promote health care project will be produced and distributed, and a database of various statistical materials will be created for use in regional plan development.

③ Promoting Various Health Care Activities Effectively and Harmoniously

To achieve an efficient and consistent health care program throughout a person's lifetime, action will be taken to promote the development of a common infrastructure to facilitate interaction and coordination among health care programs for the elderly and health survices provided by insurer of health insurance.

④ Promoting Evidence-based Policies

In addition to research on the development of a health education methodology for the effective promotion of the movement, a Health Japan 21 Information System will be developed to enhance project activities.



Attaining Specific Goals

For the effective implementation of health promotion activities, it is important that many people and relevant bodies share information on the health status of target population, select important issues based on a common awareness of the current situation and existing problems, and set specific goals based on scientific evidence.

Health Japan 21 establishes targets for 2010 in nine specific areas to promote action toward improvements in lifestyles, the reduction of risk factors, and the reduction of diseases.

PROCESS TO ATTAIN GOALS FOR EACH AREA

IMPROVING LIFESTYLES

Nutrition & Diet

◎ Reduce the average fat energy ratio
◎ Reduce the average salt intake
◎ Increase the average vegetable intake
◎ Increase the average intake of calcium rich foods
◎ Increase the proportion of persons practicing weight control
◎ Reduce the proportion of persons skipping breakfast
◎ Increase the proportion of persons who take balanced meals
◎ Increase the proportion of persons who check nutrition labeling
◎ Increase the proportion of persons who understand the importance of meal size
◎ Increase the proportion of persons with incentive for dietary improvement
◎ Increase the healthy eating opportunities and the proportion of users of such opportunities
◎ Increase the opportunities to study health and nutrition and the proportion of persons participating in such studies
◎ Increase the number of voluntary groups engaged in the study of health and nutrition and in relevant activities

Physical Activity and Exercise

◎ Increase the proportion of persons who exercise deliberately to maintain and improve their health
◎ Increase the proportion of persons who exercise regularly
◎ Increase the number of walking steps taken in daily living

Rest and Mental Health

◎ Action to deal with stress
- Reduce the proportion of persons who feel stress

◎ Securing adequate sleep
- Reduce the proportion of persons who are unable to gain adequate rest through sleep
- Reduce the proportion of persons who use sleep-inducing aids and alcohol

Alcohol

◎ Reduce the proportion of persons who drink alcoholic beverages in large quantities
◎ Stamp out underage drinking
◎ Dissemination of awareness about "moderate drinking"

Dental Health

◎ Reduce the proportion of small children who habitually take sugar-sweetened foods and drinks
◎ Increase the proportion of persons who use toothpaste containing fluoride
◎ Increase the proportion of persons who use dental floss

REDUCING RISK FACTORS

Nutrition and Diet

◎ Increase the proportion of persons maintaining optimal weight
- Reduce obese persons
- Reduce obese children

Tobacco

◎ Stamp out underage smoking

Cardiovascular Diseases

◎ Lower average systolic blood pressure
◎ Reduce the proportion of persons with hyperlipidemia

Diabetes

◎ Reduce the prevalence of diabetics

ENHANCING HEALTH EXAMINATIONS

Cardiovascular Diseases

◎ Increase the number of persons who undergo health examinations

Cancer

◎ Increase the number of persons who undergo cancer screenings

Diabetes

◎ Promotion of diabetes screening and follow-up counseling
- Number of persons who undergo regular health examinations for diabetes
- Follow-up counseling rate for persons with diabetes-related problems

◎ Continued treatment of diabetic patients
- Rate of continued treatment of diabetic patients

Dental health

◎ Increase the number of small children who receive fluoride application
◎ Increase the number of persons who have received personal oral hygiene counseling
◎ Increase the number of persons who undergo plaque removal and dental cleaning
◎ Increase the number of persons who undergo regular dental examinations

DECREASING DISEASES

Cardiovascular Diseases

◎ Reduce cardiovascular diseases
- Reduce stroke incidence and mortality and the resulting drop in ADL* caused by stroke
- Reduce ischemic heart diseases in incidence and mortality and the resulting drop in ADL* caused by ischemic heart diseases

Cancer

◎ Reduce cancer incidence and mortality

Diabetes

◎ Reduce diabetes complications
- Diabetic nephrosis
- Blindness

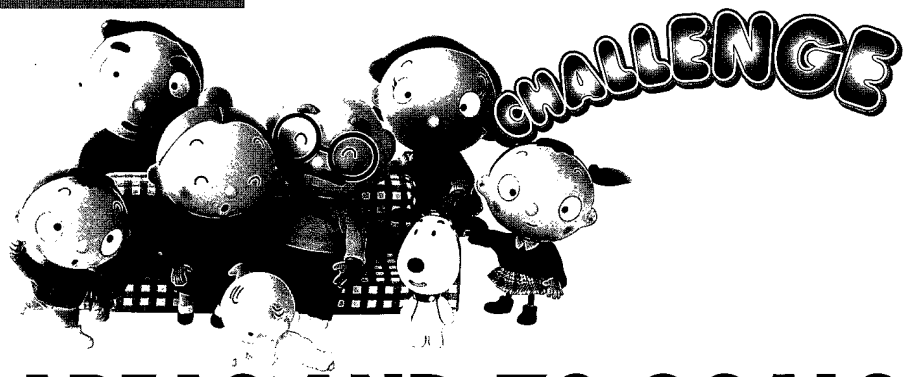
Rest and Mental Health

◎ Reduce the number of suicides

Dental Health

◎ Increase the proportion of children (three-year-olds) free of tooth decay
◎ Reduce the average number of decayed teeth
◎ Reduce the number of persons suffering from serious periodontitis
◎ Increase the proportion of persons who still have their own teeth

* Note: ADL = activities of daily living



9 AREAS AND 70 GOALS

1 Nutrition and diet

2 Physical activity and exercise

3 Rest and Mental Health

4 Tobacco

5 Alcohol

6 Dental health

7 Diabetes

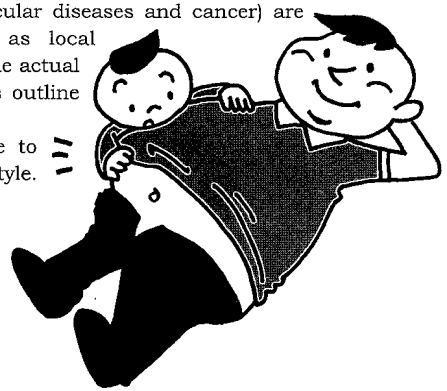
8 Cardiovascular diseases

9 Cancer

Setting Goals in 9 Areas and Concepts for Each Area

The goals of the national movement concerning nine areas (namely, nutrition and diet, physical activity and exercise, rest and mental health, tobacco, alcohol, dental health, diabetes, cardiovascular diseases and cancer) are national-level goals. Movement organizers such as local governments and other public organizations will set the actual goals to be shared by relevant parties based on this outline and in consideration of local conditions.

On the personal level, efforts are being made to develop healthy habits in view of each individual's lifestyle.



1 Nutrition and diet

Nutrition and diet

Nutrition and diet are closely linked to many lifestyle-related diseases and are now being more closely linked to the quality of life.

The main goal has been divided into three phases: namely, optimal intake of nutrients (food), individual activity for optimal nutrient (food) intake, and environment-building to support individuals in such activities.

Goal-setting

- **Optimal intake of nutrients (food)**
- **Behavioral change for optimal nutrient (food) intake**
- **Environment-building to support behavioral change**

EXAMPLE

GOAL

Increase the proportion of persons maintaining optimal weight

BENCHMARK

- Obese male aged 20-69 (BMI of 25 or higher)
  Current level: 24.3%* → 2010: 15% or less
- Obese female aged 40-69 (BMI of 25 or higher)
  Current level: 25.2%* → 2010: 20% or less

* National Nutrition Survey 1997

GOAL

Increase the proportion of persons taking healthy meals regularly and in moderate quantities

BENCHMARK

- Persons (adults) who take a balanced meal at least once a day in the company of one or more persons (such as family members) over more than 30 minutes of mealtime
  Current level: 56.3%* → 2010: 70% or more

* National Nutrition Survey 1996

What is BMI (Body Mass Index)?

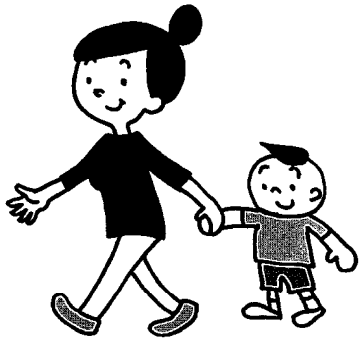
This index is often used to measure the level of obesity, and is calculated by dividing weight (in kilograms) by height (in meters) squared.
Optimal weight: Height (m)^2 x 22 (Standard BMI is set at 22)

2 Physical activity and exercise

Physical Activity and Exercise

Physical activity and exercise are effective in preventing lifestyle-related diseases and are important elements in health promotion.

Goals have been set separately for adults and elderly citizens regarding awareness of physical activities in everyday living, regular exercise, etc.



Goal-setting

- Awareness of physical activity
- Regular exercise, etc.

EXAMPLE

GOAL

Increase the average number of walking steps taken in daily living

BENCHMARK

Number of steps taken in daily living

MALE

Current level: 8,202* → 2010: 9,200 or more

FEMALE

Current level: 7,282* → 2010: 8,300 or more

* National Nutrition Survey 1997

3 Rest and Mental Health

Rest and Mental Health

Mental health is an important factor that affects quality of life.

Goals have been set on the reduction of stress, assurance of sleep and reduction of suicides.

Goal-setting

- Reduction of stress
- Assurance of sleep
- Reduction of suicides

EXAMPLE

GOAL

Reduce the proportion of people who feel stress

BENCHMARK

People who feel stress

Current level: 54.6%* → 2010: 49% or less

*Awareness Survey on Health Promotion 1996

4 Tobacco

Tobacco

Cigarette smoking is closely linked to cancer and cardiovascular and many other diseases, and is also a risk factor in abnormalities in pregnancy.

Goals have been set on the thorough dissemination of awareness of the health hazards of cigarette smoking, stamp out underage smoking, environment-building for the elimination and reduction of hazards of passive smoking (smoking area zoning), and the support of persons trying to quit smoking.

Goal-setting

- Adequate dissemination of knowledge
- Prevention of underage smoking
- Environment building for elimination (zoning) & reduction of passive smoking
- Support of persons trying to give up smoking

EXAMPLE

GOAL

Thorough dissemination of awareness of the health hazards of smoking

BENCHMARK

Proportion of persons with awareness of this subject

- Lung cancer
  Current level: 84.5%* → 2010: 100%
- Heart disease
  Current level: 40.5%* → 2010: 100%
- Stroke
  Current level: 35.1%* → 2010: 100%
- Influence on pregnancy
  Current level: 79.6%* → 2010: 100%
- Periodontitis
  Current level: 27.3%* → 2010: 100%

* Survey on Smoking and Health Problems 1998

5 Alcohol

Alcohol

Alcohol is a major influence on health, and can have a chronic impact, such as causing organ dysfunctions.

Goals have been set for a reduction in the number of heavy drinkers, stamp out underage drinking, and dissemination of awareness of "moderate drinking"

Goal-setting

- Reduction of heavy drinkers
- Stamp out underage drinking
- Dissemination of awareness of "moderate drinking"

EXAMPLE

GOAL

Eliminate alcoholic beverage drinking by underage persons

BENCHMARK

Proportion of Alcoholic beverage drinkers

MALE IN THIRD YEAR OF HIGH SCHOOL

Current level: 51.5%* → 2010: 0%

FEMALE IN THIRD YEAR OF HIGH SCHOOL

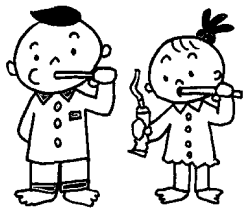
Current level: 35.9%* → 2010: 0%

* National Survey on Underage Drinking 1996

Dental Health

Preventing tooth loss is a key not only for effective food chewing but also in assuring quality of life, such as enjoying meals and conversation. Also, tooth decay and periodontitis must be prevented because they lead to tooth loss.

Goals have been set for the prevention of tooth decay and periodontitis that are likely to cause tooth loss and on prevention of tooth loss.



Goal-setting

- **Prevention of tooth decay and periodontitis**
- **Prevention of tooth loss**

EXAMPLE

GOAL

Increase the proportion of persons having more than 20 teeth at age 80

BENCHMARK

Proportion of persons having their own teeth

AGE 80 (75 to 84)

Current level: 11.5%* → 2010: More than 20%

* National Survey on Dental Diseases 1993

Diabetes

The number of diabetics in Japan is growing rapidly with recent changes in lifestyle and in society. Once diabetic, full recovery is difficult. If neglected, it very often causes serious complications and leads to a decline in the quality of life.

Goals have been set on the improvement of lifestyles in order to promote diabetes prevention, the early detection of diabetes and continuity in treatment. In addition, the impact of improvement in lifestyle on reduction in diabetics has been estimated.

Goal-setting

- **Improvement of lifestyle**
- **Early detection**
- **Continuity in treatment**

Estimation

- **Reduction of diabetics**

EXAMPLE

GOAL

Reduce the number of diabetic patients (estimate)

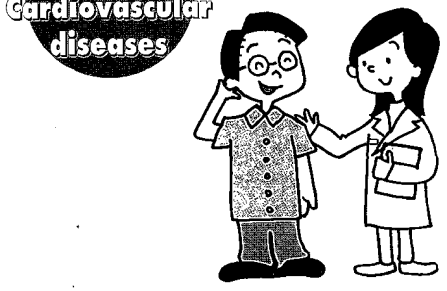
BENCHMARK

Number of diabetic patients

Current level: 6.9 million* → 2010: 10 million**

* Survey on Diabetes 1997

** Number is estimated at 10.8 million if no improvement is made to people's lifestyles.



Cardiovascular diseases

Cardiovascular diseases are one of the leading causes of death in Japan. Even when non-fatal, these diseases may also cause aftereffects that erode the quality of life.

Goals have been set on the improvement of lifestyles from the standpoint of primary prevention of cardiovascular diseases and on early detection of such diseases. Also, the effect of lifestyle improvement on reduction of mortality caused by cardiovascular diseases has been estimated.

Goal-setting

- **Improvement of lifestyles**
- **Early detection of cardiovascular diseases**

Estimation

- **Reduction in cardiovascular diseases**

EXAMPLE

GOAL

Reduce the proportion of people with hyperlipidemia

BENCHMARK

Prevalence of hyperlipidemia

MALE (serum total cholesterol level of 240ml/dl or more)

Current level: 10.5%* → 2010: 5.2% or less

FEMALE (serum total cholesterol level of 240ml/dl or more)

Current level: 17.4%* → 2010: 8.7% or less

* National Nutrition Survey 1997

Cancer

Cancer is the top killer in Japan and accounts for roughly 30% of all deaths.

Goals have been set on the improvement of lifestyles and the number of persons who undergo cancer screening from the standpoint of primary prevention of cancer.

Goal-setting

- **Improvement of lifestyles**
- **Increase in persons who undergo cancer screening**

EXAMPLE

GOAL

Increase the number of persons who undergo cancer screening

BENCHMARK

Number of cancer screening takers

STOMACH CANCER

Current level: 14.01 million* → 2010: 21 million or more

UTARINE CANCER

Current level: 12.41 million* → 2010: 18.6 million or more

* Survey on Health & Welfare Service Demand 1997

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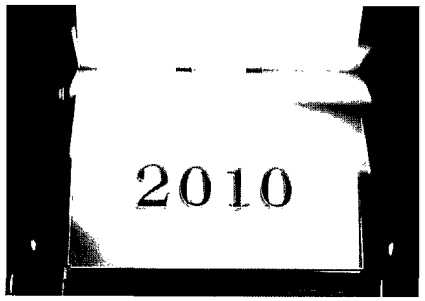

Goal

The goals in this nationwide health promotion movement have been established in the course of building common awareness on current conditions and issues through broad-ranging deliberations by the Health Japan 21 Planning Group & Plan Development working Group, regional public hearings, and regional symposia, as well as through information sharing among a large number of experts and relevant parties.

TARGETS BY 2010

1.Nutrition and Diet

● Optimal intake of nutrients (food)

(Nutritional status, level of nutrient (food) intake)

1.1 Increase the proportion of persons maintaining optimal weight

Benchmark

[Proportion of obese persons, etc.]		Current*	2010
1.1a	Obesity in schoolchildren	10.7%	7% or less
1.1b	Underweight problems among women aged 20-29	23.3%	15% or less
1.1c	Obesity in men aged 20-69	24.3%	15% or less
1.1d	Obesity in women aged 40-69	25.2%	20% or less

* National Nutrition Survey 1997

[Definitions]

Obesity in schoolchildren: More than 20% above standard weight based on Hibi method

Obese person: Person with BMI of 25 or higher

Underweight person: Person with BMI of under 18.5

BMI (Body Mass Index): Weight (kg) / [Height (m)]^2

1.2 Reduce fat energy ratio

Benchmark

[Daily average intake rate]		Current*	2010
1.2a	Age 20-49	27.1%	25% or less

* National Nutrition Survey 1997

[Definitions]

Fat energy ratio: Proportion of energy produced by fat in total energy intake

1.3 Reduce salt intake

Benchmark

[Daily average intake]		Current*	2010
1.3a	Adult	13.5g	Under 10g

* National Nutrition Survey 1997

1.4 *Increase vegetable intake*

Benchmark

[Daily average intake]		Current*	2010
1.4a	Adult	292g	350g or more

* National Nutrition Survey 1997

1.5 Increase intake of calcium rich foods

Benchmark

[Daily average intake (adult)]		Current*	2010
1.5a	Milk & dairy products	107g	130g or more
1.5b	Beans	76g	100g or more
1.5c	Deep-colored vegetables	98g	120g or more

* National Nutrition Survey 1997

[Definition]

Calcium rich foods: Milk & dairy products, beans & deep-colored vegetables.

● Behavioral change for optimal intake of nutrients (foods)

(Awareness, attitude, and behavior)

1.6 Increase persons who are aware of their own optimal weight and practice weight control

Benchmark

[Proportion of people who control their weight]		Current*	2010
1.6a	Male (aged 15 and over)	62.6%	90% or more
1.6b	Female (aged 15 and over)	80.1%	90% or more

* National Nutrition Survey 1998

[Definition]

Optimal weight: Standard based on [Height (m)]^2 x 22 (standard BMI of 22).

1.7 Decrease the proportion of persons who skip breakfast

Benchmark

[Proportion of persons skipping breakfast]		Current*	2010
1.7a	*Junior high/high school students*	6.0%	0%
1.7b	Male (aged 20-29)	32.9%	15% or less
1.7c	Male (aged 30-39)	20.5%	15% or less

* National Nutrition Survey 1997

1.8 Increase persons who eat balanced meals in terms of quality and size

Benchmark

[Proportion of persons who eat balanced meals at least once a day, in the company of 2 or more persons, such as family members, and spending 30 or more minutes per meal]

		Current*	2010
1.8a	Adult	56.3%	70% or more

* National Nutrition Survey 1996 – Proportion of persons who take moderate-sized meals with friends or family in slow pace

[Definition]

Balanced meal: Meal that meets established requirements in daily calorie intake and concentrations of various nutrients.

1.9 Increase persons who read nutrition labels when eating at restaurants or purchasing food

Benchmark

[Proportion of people who read nutrition labels]		Current*	2010
1.9a	Adult	-	-

* Will be established in FY2000 based on National Nutrition Survey 1999

1.10 Increase persons who know the size of meal for maintaining optimal weight

Benchmark

[Proportion of informed persons]		Current*	2010
1.10a	Adult male	65.6%	80% or more
1.10b	Adult female	73.0%	80% or more

* National Nutrition Survey 1996 – Proportion of persons who know the size and quality of meal appropriate for themselves

1.11 Increase the proportion of persons who show interest in dietary improvement among those who believe there are problems in their diet

Benchmark

[Proportion of persons in improvement incentive]		Current*	2010
1.11a	Adult male	55.6%	80% or more
1.11b	Adult female	67.7%	80% or more

* National Nutrition Survey 1996 – 31.6% of men and 33.0% of women believe there are problems in their diet

● Environment-building for personal behavioral change *aimed at optimal nutrient (food) intake* (*environment* level)

1.12 Increase availability and use of healthy dishes

Benchmark

[Availability in number]	Current*	2010*
1.12a	-	-
[Proportion of healthy dish users]	Current*	2010*
1.12b	-	-

* Research and figures will be defined at end of FY2000

[Definition]

Availability of healthy dishes: Availability of well-balanced dishes for better diet in school lunches, at restaurants, and at food retailers.

1.13 Increase learning opportunities and participation

Benchmark

[Number of learning opportunities]	Current*	2010*
1.13a	-	-
[Proportion of participants]	Current*	2010*
1.13b	-	-

* Research and figures will be defined at end of FY2000

[Definition]

Learning opportunities: Opportunities in the community and at workplace to obtain information on health and nutrition.

1.14 Increase voluntary study and activity groups

Benchmark

[Number of voluntary groups]	Current*	2010*
1.14a	-	-

* Research and figures will be defined at end of FY2000

[Definition]

Voluntary group: Citizens, community organization, business enterprise, etc., engaged voluntarily in activities related with health and nutrition in the community or at the workplace.

2. Physical Activity and Exercise

● Adult

2.1 Increase persons who consciously choose to exercise

Benchmark

[Proportion of persons who exercise consciously]		Current*	2010
2.1a	Male	52.6%	63% or more
2.1b	Female	52.8%	63% or more

* Health & Welfare Statistics 1996

[Definition]

Person who exercises consciously: Person who regularly works out and exercises as part of everyday living to maintain and improve their health.

2.2 Increase the number of walking steps taken in daily living

Benchmark

[Number of walking steps taken in daily living]		Current*	2010**
2.2a	Male	8,202	9,200 or more**
2.2b	Female	7,282	8,300 or more**

* National Nutrition Survey 1997

** Increase of approx. 1,000 steps: 1,000 steps equivalent to approx. 10 minutes of walking, roughly equivalent to distance of 600 to 700 meters

2.3 Increase persons who exercise regularly

Benchmark

[Proportion of persons who exercise regularly]		Current*	2010
2.3a	Male	28.6%	39% or more
2.3b	Female	24.6%	35% or more

* National Nutrition Survey 1997

[Definition]

Person who exercises regularly: Person who exercises 30 or more minutes each time, twice or more a week, continuing for one or more year.

● Elderly citizens

2.4 Increase persons who actively go outdoors

Benchmark

[Proportion of persons who exercise regularly]		Current*	2010
2.4a	Male (aged 60 or over)	59.8%	70% or more
2.4b	Female (aged 60 or over)	59.4%	70% or more
2.4c	Person aged 80 or over	46.3%	56% or more

* Awareness Survey on Daily Living of the Elderly 1999, Management and Coordination Agency

[Definition]

Person who actively go outdoors: Person who regards himself/herself as "active in going outdoors" including outings such as shopping and taking walks in daily living.

2.5 Increase persons who engage in some kind of community activity

Benchmark

[Persons engaged in community activity]		Current*	2010
2.5a	Male (aged 60 or over)	48.3%	58% or more
2.5b	Female (aged 60 or over)	39.7%	50% or more

* Awareness Survey on Participation of the Elderly in Community Activities 1998, Management and Coordination Agency

2.6 Increase the number of walking steps taken in daily living

Benchmark

[Number of steps taken in daily living]		Current*	2010**
2.6a	Male (aged 70 or over)	5,436	6,700 or more**
2.6b	Female (aged 70 or over)	4,604	5,900 or more**

* National Nutrition Survey 1997

** Increase of approx. 1,300 steps: 1,300 steps equivalent to approx. 15 minutes of walking, roughly equivalent to distance of 650 to 800 meters

3. Rest and Mental Health

● Dealing with stress

3.1 Reduce persons who feel stress

Benchmark

[Proportion of persons who feel stress]		Current*	2010
3.1a	National average	54.6%	49% or less**

*Awareness Survey on Health Promotion 1996, Japan Health Promotion & Fitness Foundation

**Reduction of 10% or more

[Definition]

Person who feels stress: Person who feels stress during the last month.

● Assurance of adequate sleep

3.2 Decrease persons who are not able to rest adequately through sleep

Benchmark

[Proportion of persons with inadequate sleep]		Current*	2010
3.2a	National average	23.1%	21% or less**

*Awareness Survey on Health Promotion 1996, Japan Health Promotion & Fitness Foundation

**Reduction of 10% or more

3.3 Decrease persons who use sleeping aids or alcohol to sleep

Benchmark

[Proportion of persons who use sleeping aids, etc.]		Current*	2010
3.3a	National average	14.1%	13% or less**

*Awareness Survey on Health Promotion 1996, Japan Health Promotion & Fitness Foundation

**Reduction of 10% or more

[Definition]

Sleep aid: Sleeping pills or tranquilizers.

● Decrease in suicides

3.4 Decrease the number of suicides

Benchmark

[Number of suicides]		Current*	2010
3.4a	National figure	31,755	Under 22,000**

* Vital Statistics, Ministry of Health & Welfare 1998

4. Tobacco

4.1 Adequate dissemination of awareness regarding the health hazards of smoking

Benchmark

[Proportion of informed persons]		Current*	2010
4.1a	Lung cancer	84.5%	100%
4.1b	Asthma	59.9%	100%
4.1c	Bronchitis	65.5%	100%
4.1d	Heart diseases	40.5%	100%
4.1e	Stroke	35.1%	100%
4.1f	Gastric ulcer	34.1%	100%
4.1g	Abnormalities related to pregnancy	79.6%	100%
4.1h	Periodontitis	27.3%	100%

* Survey on Smoking and Health Problems 1998

[Definition]

Health hazard: *See Appendix "Health Hazards Caused by Smoking"*

4.2 Eliminate underage smoking

Benchmark

[Proportion of smokers]		Current*	2010
4.2a	Male (Grade 7)	7.5%	0%
4.2b	Male (Grade 12)	36.9%	0%
4.2c	Female (Grade 7)	3.8%	0%
4.2d	Female (Grade 12)	15.6%	0%

* National Survey on Underage Smoking 1996

4.3 Widespread zoning of smoking areas in public spaces and workplaces, and dissemination of knowledge on effective zoning of smoking areas

Benchmark

[Proportion of smoking area zoning]		Current*	2010
4.3a	Public spaces	-	100%
4.3b	Workplaces	-	100%
[Proportion of informed persons]		Current*	2010
4.3c	*Dissemination of knowledge on effective zoning of smoking area*	-	100%

* Survey will be conducted in FY2000

[Definitions]

Widespread zoning of smoking area: Zoning of smoking areas in public spaces and workplaces

Effective zoning of smoking area: Method of zoning that eliminates hazards of secondhand smoke (passive smoking) to the greatest possible extent

4.4 Dissemination of support programs on giving up smoking

Benchmark

[Proportion of municipalities with support programs]

		Current*	2010
4.4a	National	-	100%

* Survey will be conducted in FY2000

[Definition]

Support program on giving up smoking: Personal health care counseling, etc., to support individuals in quitting smoking

[Persons who want to quit or reduce smoking]

	Male	Female	Total
Want to quit	24.8%	34.9%	26.7%
Want to reduce	38.3%	34.7%	37.5%
Total	63.1%	69.6%	64.2%

(Survey on Smoking and Health Problems 1998)

Tables

Health Hazards of Smoking

1. Hazard level of smokers compared to non-smokers

(1) Death by cancer

	Male	Female
Prospective study by Hirayama, at al (1966-1982)	1.7	1.3
Cohort studies of atomic bomb victims (1963-1987)	1.6	
Cohort studies of Ministry of Health & Welfare (1990-) *	1.5	1.6

Source* : Ministry of Health & Welfare cohort studies (currently in tabulation)

Seven-year monitoring from 1990 of 20,000 each of male and female community residents aged 40 to 59 in 4 health care center districts.

Deaths by type of cancer

	Male		Female	
Lung	4.5	22.4	2.3	11.9
Larynx	32.5	10.5	3.3	17.8
Oral & pharynx	3.0	27.5	1.1	5.6
Esophagus	2.2	7.6	1.8	10.3
Stomach	1.5	–	1.2	–
Liver	1.5	–	1.7	–
Kidney	–	3.0	–	1.4
Pancreas	1.6	2.1	1.4	2.3
Bladder	1.6	2.9	2.3	2.6
Cervix	–	–	1.6	1.4

Source: Left – Prospective study by Hirayama, et al (1966-1982)
Right – Cancer Prevention Research, National Cancer Institute (USA) (1982-86)

Note: Relative risk of smokers when non-smoker level is 1.

(2) Death by cardiovascular disease

	Male	Female
Total (death)	1.2	1.2
Cardiovascular diseases total	1.4	1.5
Ischemic heart diseases	1.7	–
Stroke	1.7	1.7

Source: 1980-1990 Basic Survey on Cardiovascular Diseases, known as "Nippon Data" (currently in tabulation), covering some 10,000 persons aged 30 or over.

Note: Relative risk of persons who smoke 20 cigarettes a day when non-smoker level is 1.

(3) Other diseases

	Male	Female
Bronchial asthma*1	1.8	4.0
Gastric ulcer*2	3.4	–
Duodenal ulcer*2	3.0	–

Source: *1 Prospective study by Hirayama, et al (1966-1982)
*2 A prospective study of gastric and duodenal ulcer and its relation to smoking and diet (1968-1990)

Note: Relative risk of smokers when non-smoker level is 1.

(4) Influence on pregnant women

Premature birth	3.3
Underweight infant	2.4
Congenital abnormality	1.3

Source: 1979 Study on Physical and Mental Disabilities, Ministry of Health & Welfare

Note: Relative risk of smokers when non-smoker level is 1.

(5) Periodontitis

Shizukuisi (1998)	2.1
Dolan, et al (1997)	1.9
Sakki, et al (1995)	1.7
Brown, et al (1994)	2.7

Note: Relative risk of smokers when non-smoker level is 1.

2. Drop in relative risk through stopping smoking

(1) Death by lung cancer (male)

Hirayama (1990)	0.3*
Doll, et al (1976)	0.3

* for 10 years or more

Note: Relative risk of smokers after 10 to 14 years of abstinence from cigarettes when non-smoker level is 1.

(2) Death by ischemic heart disease (male)

Number of cigarettes (per day)	1-4 years of abstinence	10-14 years of abstinence
1 ~ 19	0.6	0.5
20 or more	0.6	0.5

Source: National Cancer Institute (USA) (1969)

Note: Relative risk of person who no longer smokes when level for current smoker is 1.

3. Level of decline in cardiovascular diseases with drop in smoking rate

Smoking rate		Drop in stroke			Drop in ischemic heart diseases			Drop in total cardiovascular diseases		
Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total
55%	15%	16%	6%	11%	11%	7%	9%	17%	4%	10%
45	10	29	15	22	24	17	20	26	10	18
35	10	42	15	28	37	17	26	35	10	22
25	5	55	24	39	50	26	38	44	17	30
15	5	68	24	46	63	26	44	53	17	35
0	0	87	33	60	82	36	59	66	23	45

Note: Drop in each disease category represents drop in mortality, morbidity, and the number of persons whose ADL levels lower due to disease

Assumption in forecast of effect in preventing cardiovascular disease is drop in average systolic blood pressure by roughly 4.2mmHg due to improvement in lifestyle such as:

- Drop in average daily salt intake by 3.5g for adult
- Increase in average potassium intake by 1g
- Drop in obesity (BMI of 25 or over) to 15% or less of males and 18% or less of females
- Drop in heavy drinkers (540 ml or more per day) among adult males by 1%
- 10% of Japanese population walk briskly for 30 minutes a day

5. Alcohol

5.1 Decrease persons who drink in large quantities

Benchmark

[Proportion of persons who drink in large quantities]

		Current*	2010**
5.1a	Male	4.1%	3.2% or less
5.1b	Female	0.3%	0.2% or less

* Awareness Survey on Health Promotion 1996, Japan Health Promotion & Fitness Foundation

**Drop by 20% or more

[Definition]

Person who drinks in large quantities: Person who drinks equivalent of more than 60 grams of pure alcohol on average per day

5.2 Eliminate underage drinking

Benchmark

[Proportion of persons who drink alcoholic beverages]

		Current*	2010
5.2a	Male (Grade 9)	25.4%	0%
5.2b	Male (Grade 12)	51.5%	0%
5.2c	Female (Grade 9)	17.2%	0%
5.2d	Female (Grade 12)	35.9%	0%

* National Survey on Underage Drinking 1996

5.3 Dissemination of awareness of "moderate drinking"

Benchmark

[Proportion of informed persons]

		Current*	2010
5.3a	Male	-	100%
5.3b	Female	-	100%

* Survey will be conducted in FY2000

[Definition]

Moderate Drinking: Drinking approximately equivalent to 20 grams of pure alcohol on average per day

Note: Equivalents for typical alcoholic beverages

Types of beverages	Beer (one 500ml-size bottle)	Japanese sake (one 180ml serving)	Whiskey/brandy (double, or one 60ml serving)	Shochu (35°) (one 160ml serving)	Wine (one 120ml serving)
Alcohol content	5%	15%	43%	35%	12%
Amount of pure alcohol	20g	22g	20g	50g	12g

6. Dental Health

● Prevention of tooth decay in infancy

6.1 Increase the proportion of small children free of tooth decay

Benchmark

[Proportion of small children (three-year-olds) free of tooth decay]

		Current*	2010
6.1a	National average	59.5%	80% or more

* Dental health examination findings on three-year-olds 1998

6.2 Increase the proportion of small children who have received fluoride application

Benchmark

[Proportion of small children (three-year-olds) who have received application]

		Current*	2010
6.2a	National average	39.6%	50% or more

* 1993 Dental Diseases Survey

6.3 Decrease the proportion of small children who habitually take sugar-sweetened foods and drinks as snacks

Benchmark

[Proportion of small children (18-month-olds) with such habits]

		Current*,**	2010**
6.3a	National average	29.9%	

*Proportion of 18-month-olds who eat snacks more than 3 times a day (survey by Kubota, et al 1991)

**Research and figures will be established in FY2000

[Definition]

Frequent snacking: Food and drinks taken as snacks more than 3 times a day

● Tooth decay prevention in school-age children

6.4 Decrease the average number of decayed teeth per person

Benchmark

[Number of decayed teeth per person (12-year-olds)]

		Current*	2010
6.4a	National average	2.9	1 or less

* School Health Care Statistics 1999

[Definition]

Average number of decayed teeth per person: Average total of untreated teeth, teeth lost by decay, and treated teeth per person (DFM total).

6.5 Increase the use of fluoride toothpaste

Benchmark

[Proportion of users]

		Current*	2010
6.5a	National average	45.6%	90% or more

* Fluoride toothpaste usage rate among schoolchildren (study by Arakawa, et al, 1991)

6.6 Increase the proportion of persons who receive personal dental hygiene guidance

Benchmark

[Proportion of persons who have received such guidance during the last year]

		Current*	2010
6.6a	National average	12.8%	30% or more

* Health & Welfare Statistics 1993 (15-to-24 age group)

[Definition]

Personal dental hygiene guidance: Tooth cleaning instructions given by dentist or dental hygienist based on state of oral hygiene of the individual.

● Periodontal disease prevention in adulthood

6.7 Decrease aggravated periodontitis

Benchmark

[Proportion of afflicted persons]

		Current*	2010**
6.7a	Age 40	32.0%	22% or less
6.7b	Age 50	46.9%	33% or less

* Reference figure, Fujinomiya City Model Project Report 1997-1998

** Decrease by 30% or more

[Definition]

Aggravated periodontitis: Deep periodontal pockets of 4mm or more in CPI inspection used to study periodontal diseases.

6.8 Increase the use of dental floss

Benchmark

[Proportion of users]

		Current*	2010
6.8a	Age 40 (35-44)	19.3%	50% or more
6.8b	Age 50 (45-54)	17.8%	50% or more

* Health & Welfare Statistics 1993

[Definition]

Dental floss: Tools used for cleaning between teeth (dental floss, flossing brush, etc.).

6.9 Adequate dissemination of knowledge regarding health hazards of smoking (See 4. Tobacco)

6.10 Dissemination of support programs for quitting smoking (See 4. Tobacco)

● Prevention of tooth loss

6.11 Increase the proportion of persons who have 20 or more teeth at age 80 and 24 or more teeth at age 60

Benchmark

[Proportion of persons having own teeth]		Current*	2010
6.11a	20 or more teeth at age 80 (age 75-84)	11.5%	20% or more
6.11b	24 or more teeth at age 60 (age 55-64)	44.1%	50% or more

* Dental Diseases Survey 1993

6.12 Increase the proportion of persons who undergo regular plaque removal and teeth cleaning

Benchmark

[Proportion of persons who underwent cleaning during the last year]

		Current*	2010
6.12a	Age 60 (55-64)	15.9%	30% or more

* 1992 Neyagawa City Study on persons who underwent regular plaque removal and cleaning teeth during the last year

6.13 Increase the proportion of persons who undergo regular dental examinations

Benchmark

[Proportion of persons who underwent examinations during the last year]

		Current*	2010
6.13a	Age 60 (55-64)	16.4%	30% or more

* Health & Welfare Statistics 1993

7. Diabetes

7.1 Decrease obesity among adults (See 1. Nutrition and Diet)

7.2 Increase the number of walking steps taken in daily living (See 2. Physical Activity and Exercise)

7.3 Meals well balanced both in quality and in quantity (See 1. Nutrition and Diet)

7.4 Increase the number of persons who undergo diabetes screening

Benchmark

[Number of persons who undergo screening]		Current*	2010**
7.4a	Persons who undergo diabetes screening	45.73 million	68.6 million or more

* Survey on Health & Welfare Service Demand 1997

** Increase by 50% or more

7.5 Promotion of follow-up counseling after diabetes screening

Benchmark

[Proportion of persons who take counseling]	Current*	2010
7.5a Follow-up counseling rate among persons found to have medical problems in a diabetes screening (male)	66.7%	100%
7.5b Follow-up counseling rate among persons found to have medical problems in a diabetes screening (female)	74.6%	100%

* Diabetes Survey 1997

7.6 Decrease the number of diabetic patients (estimate)

[Estimated figure]		Current*	2010**
7.6a	Number of diabetic patients	6.9 million	10 million

* Diabetes Survey 1997

** Number estimated at 10.8 million if lifestyle is not improved

Note: Figure represents the estimated number of diabetic patients in 2010, based on lifestyle improvement

7.7 Continued treatment of diabetic patients

Benchmark

[Proportion of persons who undergo continued treatment]

		Current	2010
7.7a	Rate of continued treatment among diabetic patients	45%*	100%

* Diabetes Survey 1997

7.8 Decrease in Diabetes Complications

Benchmark

[Number of persons in whom complications were reported]

		Current	2010
7.8a	Diabetic nephropathy	10,729*	-***

[Number of persons suffering from complications]

		Current	2010
7.8b	Blindness Approx	3,000**	-***

* 1998; Japanese Society for Dialysis Therapy

** Study on Vision Impairment Diseases, Ministry of Health & Welfare 1988

*** To be defined in 2002

8. Cardiovascular Diseases

8.1 Decrease salt intake (See 1. Nutrition and Diet)

8.2 Increase potassium intake

Benchmark

[Average intake per day]		Current*	2010
8.2a	Adult	2.5g	3.5g or more

* National Nutrition Survey 1997

8.3 Decrease obese adults (See 1. Nutrition and Diet)

8.4 Increase persons who exercise regularly (See 2. Physical Activity and Exercise)

8.5 Improvement in hypertension (estimate)

[Estimate] Reduction of average systolic blood pressure by approx. 4.2mmHg

Note: Estimated effect from following actions:

- Reduction of average salt intake per day for adult by 3.5g
- Increase in average potassium intake by 1g
- Reduction of obesity (BMI of 25 or more) by 15% or less among men (aged 20 or over) and 18% or less among women (aged 20 or over)
- Reduction of heavy drinkers among adult males by 1%
- Brisk walking for 30 minutes per day by 10% of population

8.6 Greater action on tobacco (See 4. Tobacco)

8.7 Decrease the prevalence of hyperlipidemia

Benchmark

[Proportion of persons with hyperlipidemia]		Current*	2010
8.7a	Male	10.5%	5.2% or less
8.7b	Female	17.4%	8.7% or less

* National Nutrition Survey 1997

[Definition]

Hyperlipidemia: Total serum cholesterol level of 240mg/dl or over

8.8 Decrease diabetic patients (See. 7. Diabetes)

8.9 Greater action on alcohol drinking (See 5. Alcohol)

8.10 Increase the number of persons who undergo health examinations

Benchmark

[Number of examinees]		Current*	2010
8.10a	National total	45.73 million	68.6 million or more

* Survey on Health & Welfare Service Demand 1997

8.11 Decrease cardiovascular diseases through lifestyle improvement (estimates)

Estimates

Smoking rate		Drop in stroke			Drop in ischemic heart diseases			Drop in total cardiovascular diseases		
Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total
55%	15%	16%	6%	11%	11%	7%	9%	17%	4%	10%
45	10	29	15	22	24	17	20	26	10	18
35	10	42	15	28	37	17	26	35	10	22
25	5	55	24	39	50	26	38	44	17	30
15	5	68	24	46	63	26	44	53	17	35
0	0	87	33	60	82	36	59	66	23	45

Note 1: Decrease in each disease above represents mortality, affliction rate and ratio of further decline of ADL caused by the diseases

Note 2: Current state – Stroke mortality 110.0 (per 100,000); number of deaths 137,819

Male: 106.9 mortality; 65,529 deaths

Female: 113.1 mortality; 72,290 deaths

Ischemic heart diseases mortality 57.2 (per 100,000); number of deaths 71,678

Male: 62.9 mortality; 38,566 deaths

Female: 51.8 mortality; 33,112 deaths

(Vital Statistics 1998, Ministry of Health and Welfare.)

9. Cancer

9.1 Greater action on tobacco (See 4. Tobacco)

9.2 Decrease salt intake (See 1. Nutrition and Diet)

9.3 Increase vegetable intake (See 1. Nutrition and Diet)

9.4 Increase the proportion of persons eating fruit in daily meals

Benchmark

[Proportion of persons eating fruit]		Current*	2010
9.4a	Adult	29.3%	60% or more

* National Nutrition Survey 1997

9.5 Decrease fat energy ratio (See 1. Nutrition and Diet)

9.6 Greater action on drinking alcohol (See 5. Alcohol)

9.7 Increase the number of persons who undergo cancer screening

Benchmark

[Number of examinees]		Current*	2010**
9.7a	Stomach cancer	14.01 million	21 million or more
9.7b	Uterine cancer	12.41 million	18.6 million or more
9.7c	Breast cancer	10.64 million	16 million or more
9.7d	Lung cancer	10.23 million	15.4 million or more
9.7e	Colon cancer	12.31 million	18.5 million or more

* 1997 Survey on Health & Welfare Service Demand

** Increase by 50% or more

Note: Number of persons who undergo cancer screening is a total of screening recipients and multiphasic health testing recipients in Survey on Health &Welfare Service Demand 1997.