A Path to Wellness
To Extend Healthy Life Expectancy

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Goa, India
The predicted life expectancy for the Year 2065 is 84.95 for men and 91.35 for women.
## General Outline for Aging Society Management (Feb 2018 Cabinet Decision)

<table>
<thead>
<tr>
<th>Item</th>
<th>Status quo (Latest figures)</th>
<th>Numerical targets / reference indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Life Expectancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Age 71.19 (2013)</td>
<td>• Extend by 1 year or more (2020)</td>
</tr>
<tr>
<td>Female</td>
<td>Age 74.21 (2013)</td>
<td>• The increase in healthy life expectancy is to surpass the increase in average life expectancy (2022)</td>
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<tr>
<td></td>
<td></td>
<td>• Extend by 2 year or more (2025)</td>
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<tr>
<td>Annual health check-up rate</td>
<td>71.0% (2016)</td>
<td>80% (2020)</td>
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<tr>
<td>(in Age 40-74)</td>
<td></td>
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<tr>
<td>Age 65 or older who routinely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>exercise (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52.5% (2015)</td>
<td>58% (FY2022)</td>
</tr>
<tr>
<td>Female</td>
<td>38.0% (2015)</td>
<td>48% (FY2022)</td>
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</table>

* From *General Outline for Aging Society Management* (February 2018 Cabinet Decision) ([link](http://www8.cao.go.jp/kourei/measure/taikou/pdf/p_honbun_h29.pdf))
Promotion of the Healthy Life Extension Plan
The goal is to extend the healthy life expectancy by 3 years for both men and women to bring it up to 75 years or greater by 2040.

Focused efforts for lifestyle-related diseases, chronic kidney diseases, dementia, and the prevention of long-term care
Aim to improve the participation rate of the specific health check-up and specific health guidance programs.
Work on integrated implementation of cancer screening and specific health check-up.
Further promote the cooperation between Dementia Medical Centers and Community-based Comprehensive Support Centers.
Promote integrated implementation of health services and long-term care prevention at the municipality level.

Efforts for health promotion and the management of allergic diseases and dependence (addiction)
Implement measures against passive smoking thoroughly.
Promote measures to prevent aggravation and reduce symptoms of allergic diseases.
What “Healthy Life Extension" Brings For Us

Realize ageless society

Increase healthy elderly

Prevention and healthy living promotion in younger generations

(Working age extension will)
- Increase tax revenue
- Secure social security resources, etc.

- Reduce the growth in the medical and long-term care expenditures, etc.

(The creation of new industries will)
- Increase employment
- Bring economic growth (stabilize the national finance)

- Increase tax revenue
- Secure social security resources, etc.
The business leaders, healthcare organizations, and municipal leaders together launched the Japan Health Conference in July 10, 2015, in which the private-sector takes the initiative to promote progressive preventative care and health development among local governments, companies, and insurers, with the aim of extending healthy life expectancy and optimizing the healthcare expenditure.

To develop cross-sectional progressive efforts in local governments, companies, and insurers, the Conference adopted the “2020 Declaration of Healthy Community and Workplace Development,” which incorporates the key performance indicators toward 2020.

To ensure to achieve these goals,

1) A working group will be established for each project, and the Ministry of Health and the Ministry of Economy will cooperate in investigating specific approaches so that any bottlenecks will be eliminated and the cases of good practice can be expanded.

2) The “Japan Health Conference Portal Site” will be established to promote competition, for example by visually describing the project status by area or field of business.

*Nippon Kenko Kaigi (http://kenkokaigi.jp/index.html) held in 2018*
Trend in population demography of Japan by age group

*Long谷川敏彦氏資料、岡崎陽一（1986）『明治大正期における日本人口とその動態』『人口問題研究』178、総務省統計局「国勢調査」、国立社会保障・人口問題研究所「日本の将来推計人口(平成29年推計)」(出生中位(死亡中位)推計)より作成。

Meiji Restoration
End of WWII
2008 Total population at its peak (128.08 million)
Now
Baby boomers are at least 75 in age
Elderly population at its peak

Age 14 or less
Total Population
Age 15-74 in 2025 (%) 70.7%
Age 15-74 in 2040 (%) 69.1%
Age 75 or older
Age 65-74

The population of Age 15-64 will reach its peak in 1990 (69.7%)
If the working population is extended to up to Age 74, the ratio for 2025-2040 will remain the same as that of 1990 (the peak).
It will converge to the 2005 level when the working population was up to Age 64.

1868 34.56 million
2008 Total population at its peak (128.08 million)
2115 50.56 million

End of WWII (Ten Thousand People)
What We Need to Consider Nationwide

How to protect the world's best medical system

✓ Stay healthy even when you get aged
✓ Prevent aggravation even when you get sick

Promote efforts for prevention and healthy living
Differentiation by care function
➢ Functional differentiation of the inpatient beds according to the patient stages (advanced acute care, acute care, recovery care, or chronic care stage)
➢ Functional differentiation between small/medium-sized hospitals and large hospitals

Reduce non-operating beds in public medical institutions including hospitals
Medical care at the final stage of life
Stewardship of expensive drugs
Proper selection of medical materials for surgery

Outpatient Care
Promote the community-based comprehensive care, including encouraging patients to seek care from *kakaritsuke* (primary care) physicians
Cost-conscious prescription according to symptoms and characteristics of patients
Efforts in medical professionals, companies, and insurers by the Japan Health Conference
Measures against lifestyle-related disease and locomotive disease by *kakaritsuke* physicians
Refrain from issuing a prescription for a prolonged period at once

Reform promotion from the medical side
➢ The Integrated Securing of Funds for Regional Medical and Preventive Long-term Care based on the Community Medicine Plan will be used
➢ Raise public awareness by charging an extra fee for patients who visit large hospitals without any referral letters

Steady implementation of the New Public Hospital Reform Plan and the Public Medical Institutions 2025 Plan
Raise public awareness about the end of life with dignity
Prescription practice based on drug effectiveness
Consider viewpoints according to different ages and functions

*Kakaritsuke* Physicians Faculty Training Program
Publish in clinical guidelines
Leaders from the business community, medical organizations, and local governments collaborate to develop good examples in transverse fashion
Extension of healthy life expectancy
Drug stewardship by *kakaritsuke* physicians
To Extend Healthy Life Expectancy

Average Life Expectancy
Healthy Life Expectancy

Infant checkups
Maternal and Child Health Act
MHLW Equal Employment, Children and Families Bureau

Age 0
[Infancy]

School checkups
School Health and Safety Act
MEXT Sports and Youth Bureau

6
[School Age]

Health checkups for employees
Industrial Safety and Health Act
MHLW Labour Standards Bureau

18
[Work Age]

Specific checkups
Health insurance Insurers (mandated)
MHLW Health Insurance Bureau & Health Service Bureau

22

40

M 72.14
F 74.79
As of 2016

M 81.25
F 87.32
As of 2018

Health checkups for the elderly aged 75+
Assurance of Medical Care for Elderly People Act
MHLW Health and Welfare Bureau for the Elderly & Health Insurance Bureau

75
[Elderly]

Systemize as “lifelong Health Services”
**Major Health Measures That Are Currently Underway**

- **JMA**
  - Centralization of lifelong health business

- **Private Sector**
  - JMA
  - Japan Health Conference

- **Service Providers**
  - Health business
  - Welfare
  - Collaboration Health

- **Insurers**
  - Data Health Plan (Health issue solutions for the insured)

- **Welfare**
  - Incentives to support measures
  - Award system
    - The adjustment program for the late-elderly support money
    - Will be reflected on the insurance premium rate

**JMA will**

1. Work on lifelong health management by centralizing the health checkup data, and
2. Be involved in the efforts of the Japan Health Conference consisting of economic groups, medical organizations, the insurers, and local governments in order to extend healthy life expectancy.
Social Security in a Depopulating Society

**Raise the maximum age for active social participation**

**Medicine has a significant role to play**

- Manage dementia
- Create the purpose of life for the elderly
Of the 37,000 (approx.) new dialysis patients in 2015, 1,600 (43.7%) were due to diabetic nephropathy

* New dialysis patients in 2015 = 36,797
The changes in living environment and the aging drastically changed the disease structure, and lifestyle-related diseases became more common.

Diabetes, in particular, is developing in a wide range of age groups. However, many have little awareness of their subjective symptoms and leave untreated or abandon treatment even though the disease will cause various pathological conditions.

Promotion of diabetes control

Three pillars as the goals
(1) Enhance *kakaritsuke* physicians’ capacity and promote collaborative care
(2) Encourage people to proactively seek care and enhance follow-up guidance
(3) Improve the outcome in diabetes treatment
Working Groups

JMA
Japan Diabetes Society (JDS)
Japan Association for Diabetes Education and Care (JADEC)
Japan Society of Nephrology (JSN)
Japan Ophthalmologists Association (JOA)
Observers from other organizations

Managing Organizers

Japan Medical Association
Japan Diabetes Society
Japan Dental Association
Japan Association for Diabetes Education and Care

Member Organizations

National Federation of Health Insurance Societies
All-Japan Federation of National Health Insurance Organizations
Japan Society of Nephrology
Japan Ophthalmologists Association
Japanese Nursing Association
Japan Society of Metabolism and Clinical Nutrition
Japan Health Promotion and Fitness Foundation
JAFIAS
Japan Academy of Diabetes Education and Nursing
Japan Society of Health Evaluation and Promotion
Japan Dietetic Association
Japan Society of Ningen Dock
Japan Pharmacists Association
Japan Physical Therapists Association
Japanese Physical Therapy Association

Governments

Member organizations include:
dentist associations
nursing associations
pharmacist associations
dietician associations
ophthalmologist associations
nephrology associations
etc.

Prefectural MAs

Local Japan Anti-Diabetes Promotion Councils
(Installed in all 47 prefectures)

Work with different specialists and other occupations involved in awareness-raising projects, etc.
Response to the reduction of diabetic patients

Prevention・severity prevention

• Training for physicians including Kakaritsuke physicians to strengthen numerical control of diabetic patients

Severity prevention

• Create partnership between clinics and hospitals, especially establishing and analyzing databases to help physicians working in clinics

Establish effective treatment

• Highly effective treatment and medicines by continuing research on database construction and improvement of outcome

Conclusion of "Agreement on Collaboration for Prevention of Severe Diabetic Nephropathy“ (March 24, 2016)

Conclude an agreement with the JMA, the Ministry of HLW and the Japan Diabetes Countermeasure Promotion Council to promote efforts for prevention of severe diabetic nephropathy in communities
Declaration 2

Increase the number of organizations that work on preventing the aggravation of lifestyle-related diseases by collaborating with *kakaritsuke* physicians to bring it up to at least 800 municipalities and 24 regional unions. Such efforts should utilize the Japan Anti-Diabetes Promotion Council and other opportunities.

<table>
<thead>
<tr>
<th>Year</th>
<th>Municipalities</th>
<th>Regional Unions</th>
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<tbody>
<tr>
<td>2016</td>
<td>118/1,716</td>
<td>4/47</td>
</tr>
<tr>
<td>2019</td>
<td>1,180/1,716</td>
<td>32/47</td>
</tr>
</tbody>
</table>
Partnership Agreement for the Promotion of Diabetes Care by Kakaritsuke Physicians and Aggravation Prevention

(September 19, 2018 at the Saitama Prefectural Government)

Japan Medical Association, Japan Anti-Diabetes Promotion Council, Saitama Medical Association, Saitama Anti-Diabetes Promotion Council, and Saitama Prefecture signed the partnership agreement.

Declaration

1. The diabetes aggravation prevention program led by the governments and the research projects led by medical associations (and Japan Anti-Diabetes Promotion Council) will work to enhance partnership in promoting respective program/projects of each.

2. Parties involved will work to extend healthy life expectancy of the Japanese people by extensively advancing diabetes aggravation prevention and promoting effective diabetes care by kakaritsuke physicians

* From Nichii News (Issued on Oct 20, 2018)
"Preventing disease" is a major role of medicine

Diagnosis and treatment are not the only role for physicians. In “the age of 100-year-life,” prevention is the key to achieve lifelong health.

Role for a *Kakaritsuke* physician

- **Prevent**
  - Collaborate in educational programs across different occupations
- **Cure**
  - Hospital-clinic collaboration
- **Support**
  - Multi-disciplinary collaboration

**Role as a school physician**

**Role as an occupational health physician**
Collaboration between *kakaritsuke* physicians and local specialists

The collaboration between *kakaritsuke* physicians and local specialists will lead to establishing the collaboration between the governments and the organizations involved.

**Kakaritsuke physicians**, Ophthalmologists, Dentists, Multi-disciplinary collaboration as needed

- Pharmacists, nurses including assistant nurses, licensed dietitians, medical social workers, etc.

**Continuing education**

Provide community information

**Collaboration**

- Refer to specialists
- Accept patients after symptoms improved

**Local specialists** in diabetes or kidney diseases

**Medical Associations**

**Local Governments**
Changes in Smoking Rate

- **Male**
  - Smoking rate of Adults:
    - 2000: 53.5%
    - 2004: 46.9%
    - 2008: 39.5%
    - 2012: 32.7%
    - 2016: 29.7%
  - Smoking rate of JMA Members:
    - 2000: 27.1%
    - 2004: 21.5%
    - 2008: 15.0%
    - 2012: 12.5%
    - 2016: 10.9%

- **Female**
  - Smoking rate of Adults:
    - 2000: 13.7%
    - 2004: 13.2%
    - 2008: 12.9%
    - 2012: 10.4%
    - 2016: 9.7%
  - Smoking rate of JMA Members:
    - 2000: 6.8%
    - 2004: 5.4%
    - 2008: 4.6%
    - 2012: 2.9%
    - 2016: 2.4%
## Anti-smoking Measures by JMA

### Campaign against passive smoking

The campaign to collect signatures for the enhanced prevention of passive smoking and its realization was carried out nationwide in 2017. Successfully collected **2,643,023 signatures** with the understanding and cooperation of many people.

### Publicity activities for passive smoking prevention

A video on passive smoking prevention was produced and aired at large public viewing screens in Shibuya, Tokyo, in 2018.

* The video is available on the JMA homepage. (http://www.med.or.jp/people/cm/000001.html)
Thank you for your attention.