Healthy Japan 21

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Key words: National health promotion; Life-long health project; Investment in health

Background of New Concepts

The Ministry of Health and Welfare (currently the Ministry of Health, Labor and Welfare) has been working to prepare infrastructure that will enhance the health of the Japanese people by establishing a system of medical check-ups for the elderly, creating local health centers and other facilities, and training fitness instructors, as a part of the “First-phase Measures for National Health Promotion” begun in 1978 and the “Second-phase Measures for National Health Promotion” begun in 1988.

Based on the results of these efforts to promote health and on public health activities taking place both inside and outside Japan, a task force to plan Healthy Japan 21 and a task force to set up the Healthy Japan 21 Project were organized in November 1999, drawing together a number of experts sanctioned by the Public Health Council. Issues were discussed by the task forces for about one and a half years, and the results of their activities were compiled in the Report of the Task Forces for Planning Healthy Japan 21 and Framing the Healthy Japan 21 Project.

On the basis of these reports, the Ministry of Health and Welfare issued a communication from the permanent vice-minister for health and welfare entitled “National Health Promotion Movement in the 21st Century (Healthy Japan 21)” on March 31, 2001. The Ministry selected as targets of the Tertiary National Health Promotion Movement issues relevant to improving cancer, heart disease, stroke, lifestyle-related diseases such as diabetes mellitus, and underlying lifestyle factors, and provided goals for these targets, aiming at implementation by 2010. These actions facilitated and extended the health promotion movement, in which self-motivated individuals are involved in their own health and quality of life, and solicited widespread cooperation and support from private associations and various administrative bodies.

This large-scale project to promote national health is what is known by the term “Healthy Japan 21.”

Basic Policies and Goals

The four basic policies of “Healthy Japan 21” are as follows: (1) the importance of primary prevention; (2) creation of a supportive environment for the enhancement of health; (3) goal setting and assessment; and (4) the promotion...
of effective, well-coordinated activities by the
various implementing bodies.

These activities are intended to cover nine
specific areas: (1) diet and nutrition; (2) physi-
cal activity and exercise; (3) leisure and men-
tal health; (4) smoking; (5) alcohol; (6) dental
health; (7) diabetes; (8) cardiovascular disease;
and (9) cancer.

Because these activities are slated to be imple-
mented nationwide, the organizations respon-
sible for their implementation, including local
public organizations, are expected to formulate
goals that are held in common among the
participating organizations and are relevant to
their actual situations, while keeping in mind
the overall goals of Healthy Japan 21. The goals
for promoting the health of participants should
be individual and specific, based on the partici-
pant’s health status and view of good health,
also with reference to the overall goals of the
project. The proposed goals are expected to be
expanded or reviewed as occasion demands.

In addition, under the heading “Promotion
of health in communities” Healthy Japan 21
has directed that specific plans for the promo-
tion of health be formulated in the manner best
suited to the actual situation of that particular
area (local plans) by enlisting the cooperation
of residents and various community health
organizations, in order to effectively promote
the plan.

Problems

The author participated as a member of all
the task forces and committees responsible for
development of the “Healthy Japan 21” project
(Task Force for Planning Healthy Japan 21,
Task Force for Framing the Healthy Japan 21
Project, Expert Committee for Framing the
Healthy Japan 21 Project, and Public Health
Council).

While fully appreciating the importance of
the Healthy Japan 21 project, the author also
would like to point out certain issues raised by
the project.

(1) The project places too much emphasis on
measures against lifestyle-related diseases
(formerly called adult diseases), focusing
its attention on a healthy adult life while
disregarding measures for maternal and
child health, infant health, and the health
of schoolchildren. In response to such criti-
cism, the “Healthy Parent and Child 21”
project was hastily formulated, but it is
mainly a supplementary, patchwork plan.

(2) The importance of primary prevention
received too much emphasis. In particular,
 Task Force for Planning presented certain
negative opinions as to the contributions
made by the medical community in pro-
longing the life span of Japanese people
and questioned some of the benefits of sec-
ondary prevention. Eventually, however,
these views were altered to a great extent,
reflecting the opinions of the Japan Medi-
cal Association and other critics.

(3) Another criticism was that the project imi-
tated similar projects in other countries, as
represented by “Healthy People 2000” in
the U.S., and was not an original Japanese
health plan designed specifically for the
Japanese people.

(4) Although this project is one that aims at
promoting health and fostering indepen-
dent, individual participation, there is a
great deal of national and local govern-
ment involvement. It is also problematic
that the national government set forth basic
principles for the formulation of local plans
that were intended to be specific to the
realities of the particular region.

Policies of
the Japan Medical Association

On the other hand, the Japan Medical Asso-
ciation (JMA) is proposing a life-long health
project as one of its five specific plans for medi-
cal structural reform. The plan is grounded in
a report issued in March 1998 by the Health
Investment Project Committee (formed in 1997
by JMA), “Systematization of activities of maintaining and promoting life-long health.”

The life-long health projects proposed by JMA are based on the idea that health is a form of capital, and the promotion of health projects throughout the life span is actually an investment in health. JMA has offered the following two suggestions based on the idea of investment in health: (1) enactment of the Basic Health Law and (2) the value of daily clinical practice.

In addition, the specific themes of life-long health projects cited by JMA include (1) measures against lifestyle-related diseases as primary prevention, (2) improvement of health examinations as secondary prevention, (3) guidance based on the results of health examinations as secondary prevention, and (4) prevention of the development or aggravation of illness and recovery of impaired function.

In addition, it was decided that health projects should cover the entire life span and involve all periods of life, from the fetal stage (including the health of the expectant mother) to infancy, childhood, puberty, and adolescence, young adulthood, middle and late middle age, and advanced and late advanced age.

Based on the above concerns, JMA considers Healthy Japan 21 to lack the concept of health as an investment, as proposed in JMA’s life-long health projects.

Unlike previous projects on maternal and child health, school health, industrial health, and elder health, Healthy Japan 21 has not been implemented to conform to laws that have already been enacted; rather, it is being promoted through the spontaneous participation of individuals, communities, and groups, who then set and accomplish goals. In this regard, the project should expand its horizons in order to fulfill its mission, namely, promotion of people’s health in the 21st century.

Therefore, for Healthy Japan 21 to succeed, it is vitally important that family physicians, who are familiar with community health needs, and JMA, which has as its mission the support of family physicians, take part and cooperate in the project.

It is desirable that Healthy Japan 21 be promoted through strategies that are aligned with the purpose of the life-long health projects proposed by JMA.