Health Status

4.

Health Consciousness

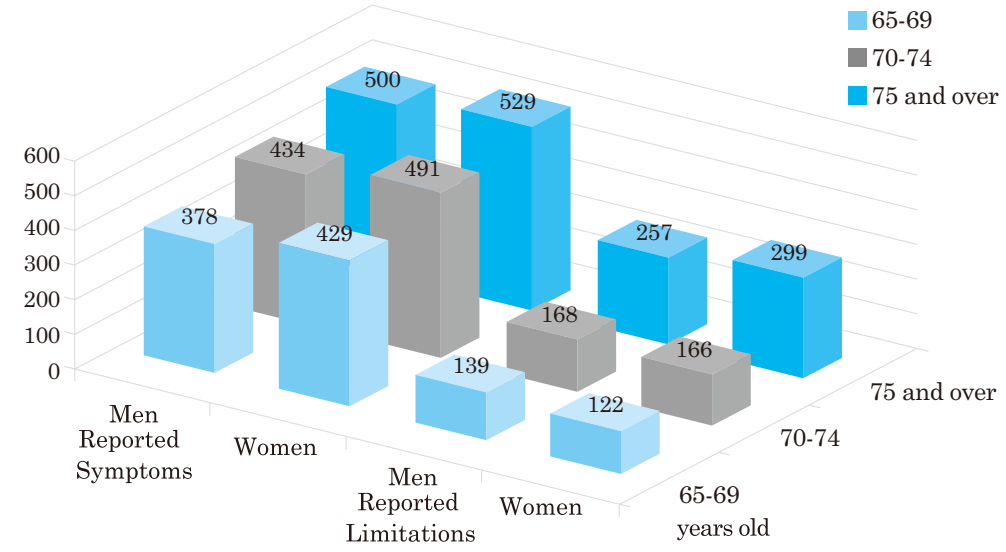
Japanese older people see themselves as fairly healthy—about 18% rate their health as good or very good, 21% poor, and 38% as satisfactory. However, about half feel they have some symptom of illness. *1

Interestingly, the proportion of older people with subjective symptoms of illness is not very different across age groups. In contrast, a more behavioral measure—the proportion reporting that their daily life is affected by some health condition or disability, which is about 1/4 of everyone aged 65 and over—does rise sharply with age. (4-1)

Japanese older people are health-conscious, and try to stay healthy by getting enough hours of relaxation, maintaining a regular schedule, eating nutritionally balanced meals, doing walking and sports, and so on. (4-2)

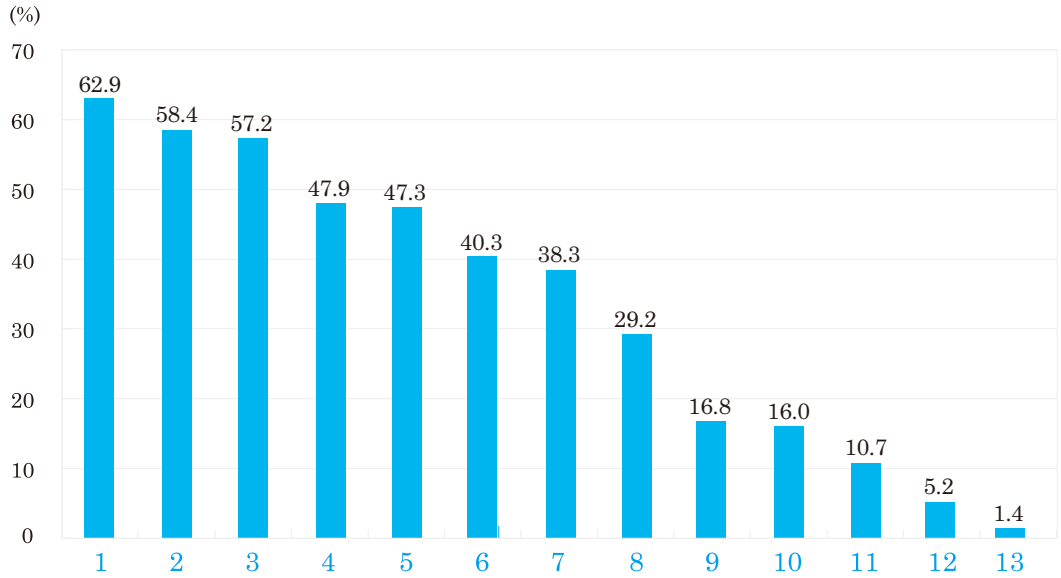
*1 Ministry of Health, Labour and Welfare,
Comprehensive Survey of Living Conditions of the People on Health and Welfare, 2007

4-1 Symptoms and Limitations Reported by 65 and Over (per 1,000 people)



Ministry of Health, Labour and Welfare, *Comprehensive Survey of Living Conditions of the People on Health and Welfare*, 2010

4-2 Health Promotion Measures among 65 and Over (%)



1. Sufficient relaxation and sleep
2. A regular daily schedule
3. Nutritionally balanced meals
4. Walking and other physical activities
5. Periodic medical check-ups
6. A positive mental outlook
7. Enjoyable hobbies
8. Frequent outings to visit, shop, walk, etc.
9. Abstaining from drinking and smoking
10. Participating in community activities
11. Taking supplements and tonics
12. Do not care about health promotion
13. Other

Cabinet Office, *The 7th International Study on Living and Consciousness of Senior Citizens, 2010*

Utilization of Health Care

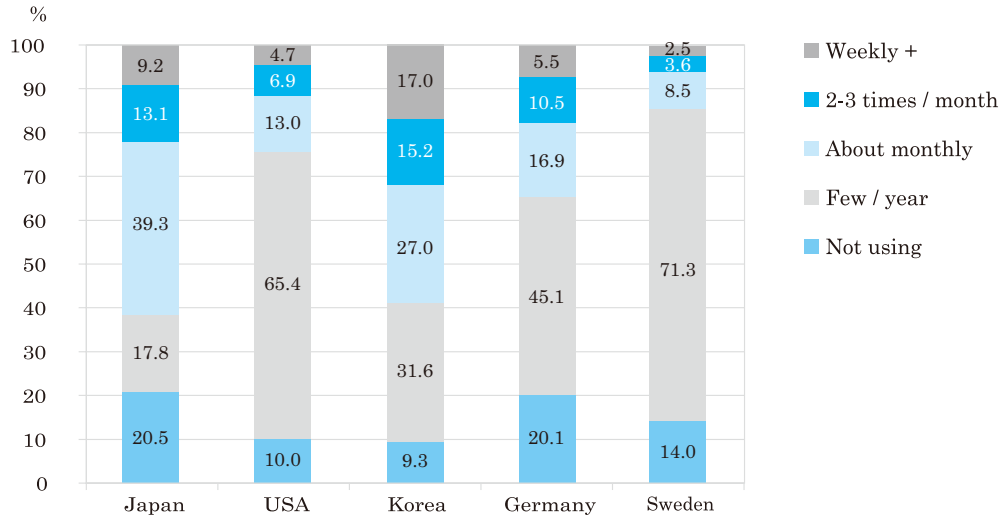
People aged 65 and over also consult doctors relatively often, about 60% see a doctor at least once a month, which is two to four times the rate found in the US, Germany and Sweden (although similar to Korea). (4-3)

As people get older they are more likely to visit physicians, and in particular to enter hospitals. (4-4) For example, on a given day in 2011, only 0.3% of people in their early 30s were in the hospital, and 3.0% were visiting a physician. Among people aged 75-79, 2.9% were in the hospital and 13.4% visited a physician.*2

In 2010, 23% of the population aged 65 and over accounted for just over half of all health care spending. As the number of older people, particularly people aged 75 and over, continues to grow, their proportion of health care spending inevitably will rise. (4-5)

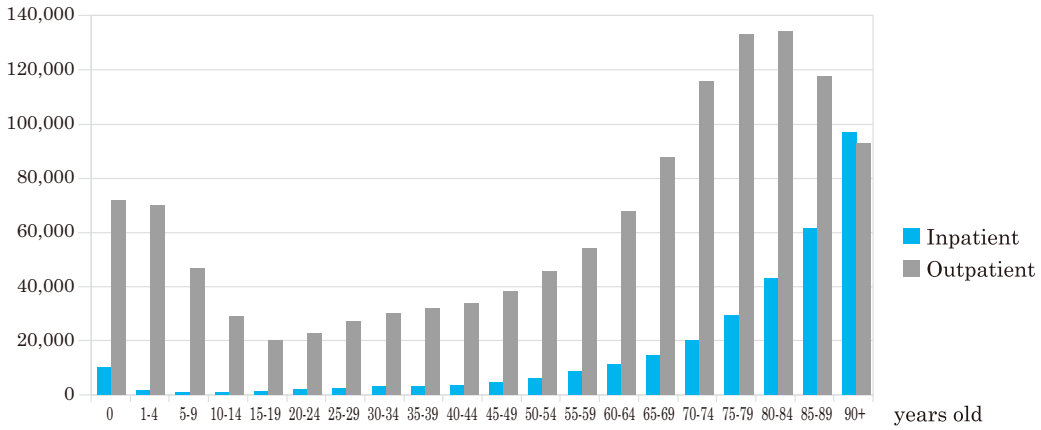
*2 Ministry of Health, Labour and Welfare, *Patient Survey*, 2011

4-3 Health Care Utilization among People Aged 65 and Over (%)



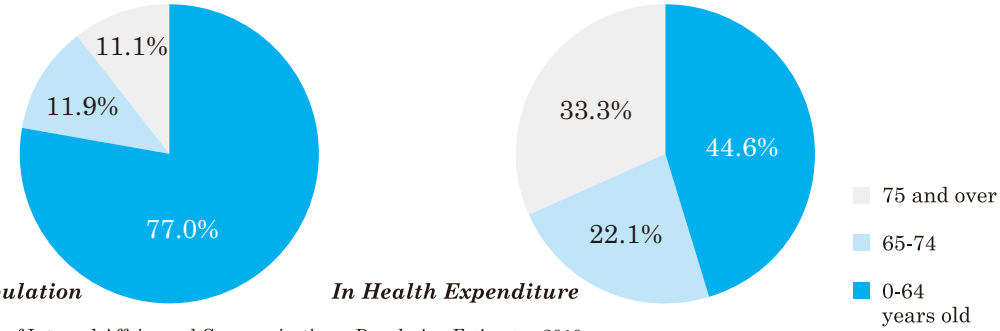
Cabinet Office, *The 7th International Study on Living and Consciousness of Senior Citizens*, 2010

4-4 Health Care Utilization by Age Group (per 100,000 people)



Ministry of Health, Labour and Welfare, *Patient Survey*, 2011

4-5 Population Ratio and Total Expenditure on Health by Age Group (%)



Ministry of Internal Affairs and Communications, *Population Estimates*, 2010
Ministry of Health, Labour and Welfare, *Outline of National Health Expenditure*, 2010

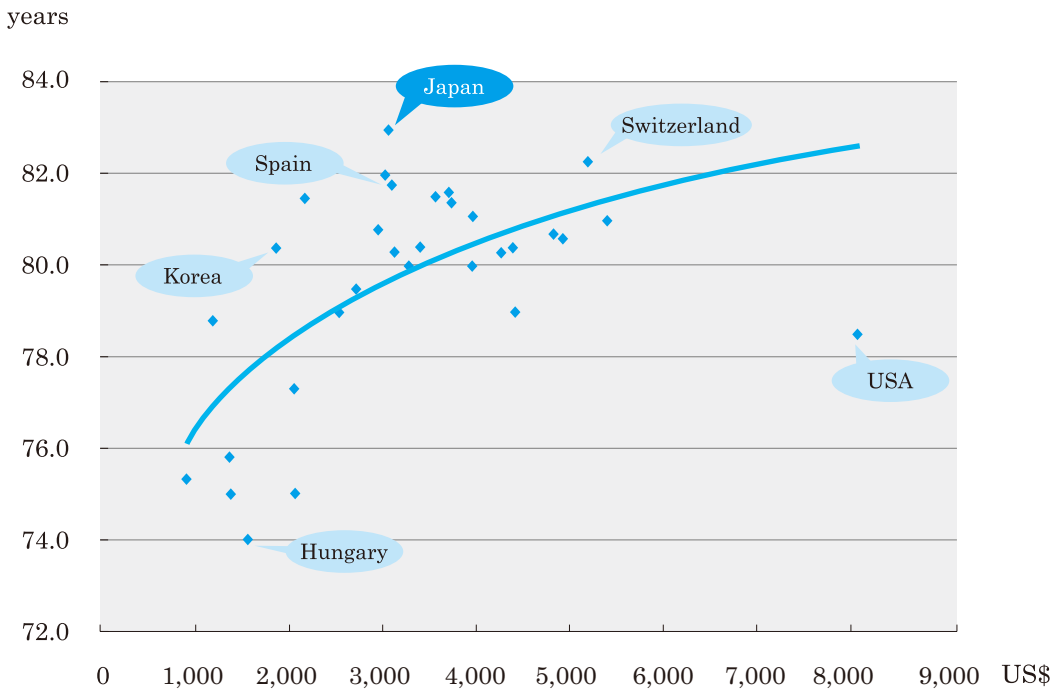
Expenditure for Health Care

Japan has lower per person health care expenditures (3,035 US $) than most other developed countries, while the life expectancy is the highest (83.0) of all. On this point of view, it may be certain that the policy related to health care is implemented effectively in Japan. (4-6)

For most older Japanese, medical care is not a great financial burden. Like everyone else, they participate in publicly mandated health insurance, and pay monthly premiums, plus a co-payment for in-patient and out-patient treatments and drugs. However, except for relatively affluent people, both premiums and co-pays are substantially lower for older people than for the rest of the population. Because their medical needs are higher and their financial resources lower, older people's health care costs are substantially subsidized both by general revenues and by the working-age population through their health insurance programs.

Both to hold down future spending and for its own sake, the Japanese government has long encouraged preventive health care practices, including provision of free annual medical checkups and consultations for older people. Recently concern has grown about increases in obesity and problems with blood pressure, cholesterol, and diabetes. All these conditions increase the risk for heart and cerebrovascular diseases. A campaign is on to detect symptoms of such "metabolic syndrome" early and encourage appropriate lifestyle changes as well as medical treatment.

4-6 Total Expenditure on Health per Capita in US$ and Life Expectancy at Birth in OECD Countries (2009)



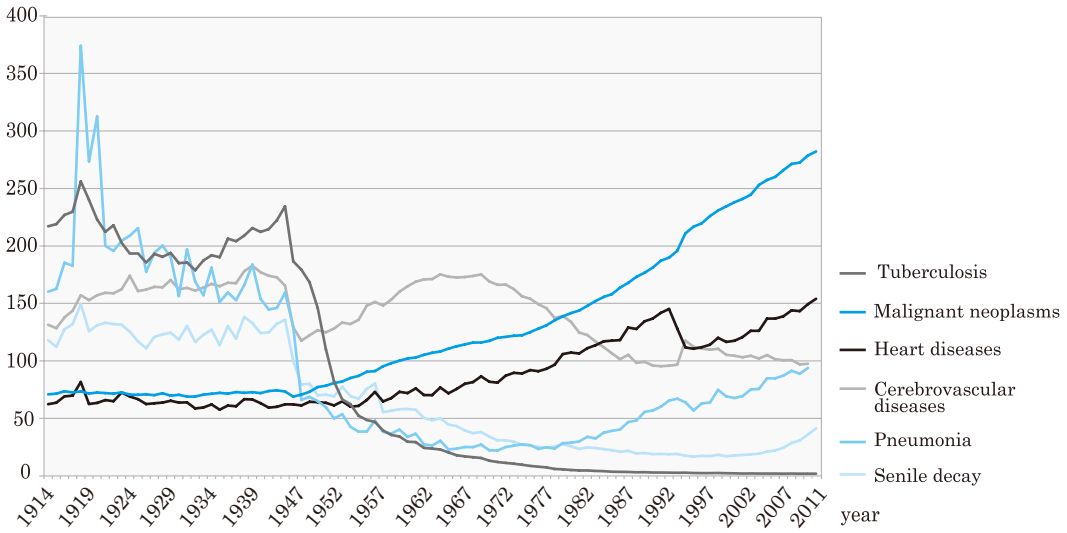
OECD, *OECD Health Data*, 2012

Changes in Causes and Places of Death

The prevalence of diseases is significantly different from that in 1950s, when the primary causes of deaths were tuberculosis, cerebrovascular diseases and pneumonia. The changes in causes of deaths are due to improvement of public health measures as well as of medical and pharmacological technology. (4-7)

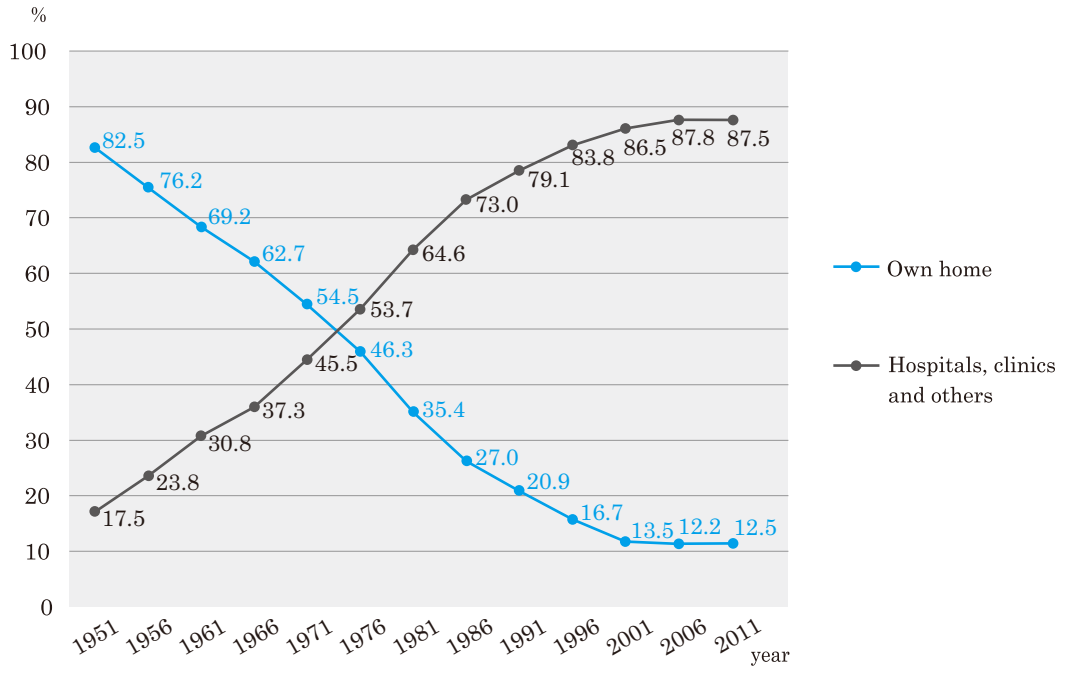
A major change during the period from 1950 to 2000 is from dying at home to dying in a hospital. (4-8) This change is problematical in terms of both health care costs and the interests of the dying people and their families. Movements have developed in response to changes in pattern of dying. Some advocate the use of advance directives or living wills to allow patients greater choice about how much their lives should be extended with technology. Others encourage the development of better palliative and terminal care, which thus far has been available mainly in hospitals and for cancer patients. Good hospice care should be available to all dying people at home or in a nursing home if they and their families desire it.

4-7 Causes of Death (per 100,000 people)



Ministry of Health, Labour and Welfare, *Vital Statistics*, 2011

4-8 Changes in the Place of Death (%)



Ministry of Health, Labour and Welfare, *Vital Statistics*, 2011