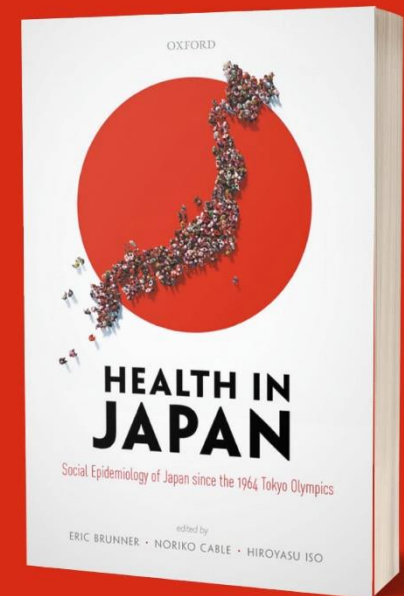


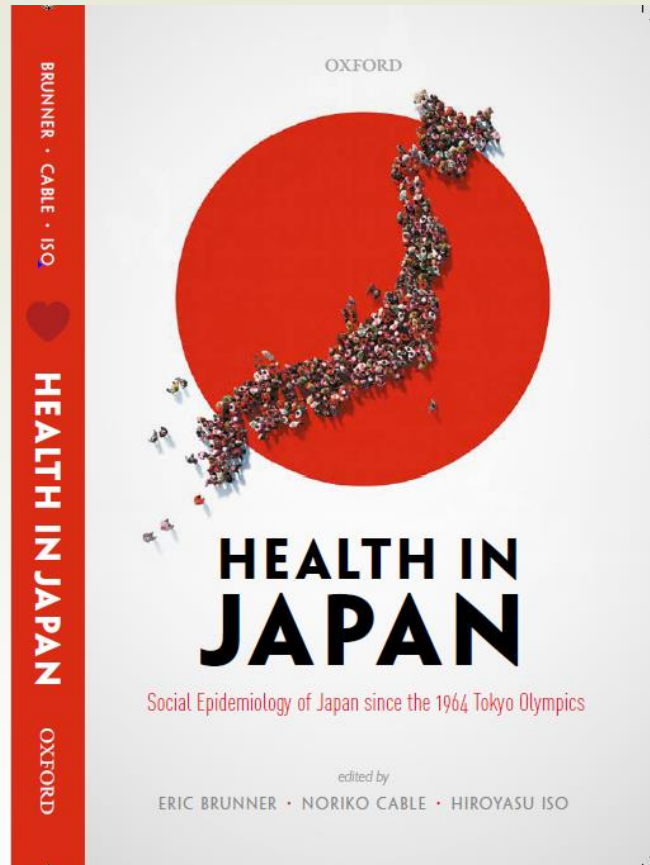
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HEALTH IN JAPAN

Social Epidemiology of Japan since the 1964 Tokyo Olympics

edited by ERIC BRUNNER • NORIKO CABLE • HIROYASU ISO





Forewords Keizo Takemi
 Michael Marmot

Prologue: Japan's COVID-19 Pandemic

PUBLIC HEALTH IN EUROPE AND JAPAN

In the latter half of the 20th century, Japan developed into a thriving economy, and the Japanese remain one of the healthiest populations in the world to this day. Below, the editors have outlined some of the key differences between the European and Japanese standards of public health and wellbeing and explore how the Japanese attitude to life has allowed them to achieve this reputation.



Highest among high-income countries. Increased in the past 50 years by more than 2.5 years per decade.

In 2017, it was 81.1 in men and 87.3 in women, compared to 67.7 and 72.9 years in 1965. In comparison, in 1965, UK men 68.6 and women 74.6; 2017 men 79.2 women 82.9.

LIFE EXPECTANCY



The fertility rate (FR) declined to a low of 1.3 in 2005, and stood at 1.4 in 2018. In 1964 it was 2.1, the level at which the population replaces itself over the long run.

In the UK, in 1964 FR was 2.3, and in 2018, FR was 1.7

FERTILITY



The Japanese population is super-ageing and shrinking. Peaked in 2008 at 129,083,560.

	Population (M)	0-19 years (%)	65+ years (%)
JAPAN			
1964	97.4	37.6	6.0
2020	126.5	17.0	28.4
UK			
1964	53.9	30.9	12.1
2020	67.9	23.1	18.7

In 2020, there are 36 M people aged 65+ in Japan, compared with 13M in UK. These times as many older people for twice the population.

POPULATION



Japanese women have a much longer life expectancy than Japanese men, despite low levels of participation in work and politics.

If social status is important, the position of Japanese women may have been misjudged by western observers.

GENDER AND HEALTH



Japan has had UNIVERSAL HEALTH CARE since 1961, funded by taxation and insurance. In 2017, health expenditure was 10.9% of GDP, compared with 9.9% in UK and 17.1% in USA.

In 2008, Japan has had a 20% means-tested copayment system for older people.

HEALTH CARE



Universal LONG-TERM CARE INSURANCE was introduced in 2000 for those aged 65 or more, when 2.2M people were eligible. In 2017, this number had risen to 6.3M.

LTC is funded by taxation (50%), salary deduction from workers aged 40-64 (28%) and pension deductions (22%).

SOCIAL CARE



Japan has a lower income inequality than USA and UK but higher than Scandinavian countries.

COUNTRY	GINI COEFFICIENT	TOP 5% INCOME SHARE
Denmark	0.26	35.2%
Finland	0.26	37.2%
Sweden	0.28	36.9%
Japan	0.34	39.7%
Korea	0.35	39.7%
UK	0.36	41.6%
US	0.39	46.5%

However the very low Covid-19 mortality [107] mirrors the high level of social cohesion.

INCOME INEQUALITY



The salaryman system is in decline.

Between 1990 and 2020, less secure, NON-STANDARD EMPLOYMENT e.g. part-time and agency work, increased to 22% in men and 36% in women.

WORK



Smoking rates in Japan in 1965 were respectively 16% and 82% in women and men. In 2018, very few women smoked (7%), compared to men (29%). The difference in the smoking rate contributes in part to gender inequality in health in Japan.

Japanese TOBACCO CONTROL has been weak by international standards with policy interference by the industry.

SMOKING



Westernization of the Japanese diet has been slow. The enduring RICE-BASED DIET is evidence of Japanese cultural resilience.

In Japan, mean adult body mass index [i.e. 23 kg/m²] is well below that in UK [i.e. 28 kg/m²].

The proportion of adults overweight or obese in 2016 was 29% (41% obese) in Japan compared with 63% (22% obese) in France.

DIET AND OBESITY



If you would like to learn more about the cultural and behavioural determinants of health in the Japanese population based on the research of the country's leading social epidemiologists, pick up your copy of **HEALTH IN JAPAN** at global.oup.com today.

£39.99 | \$55.00
9780198848134

edited by Eric Brunner • Noriko Cable • Hiroyasu Iso

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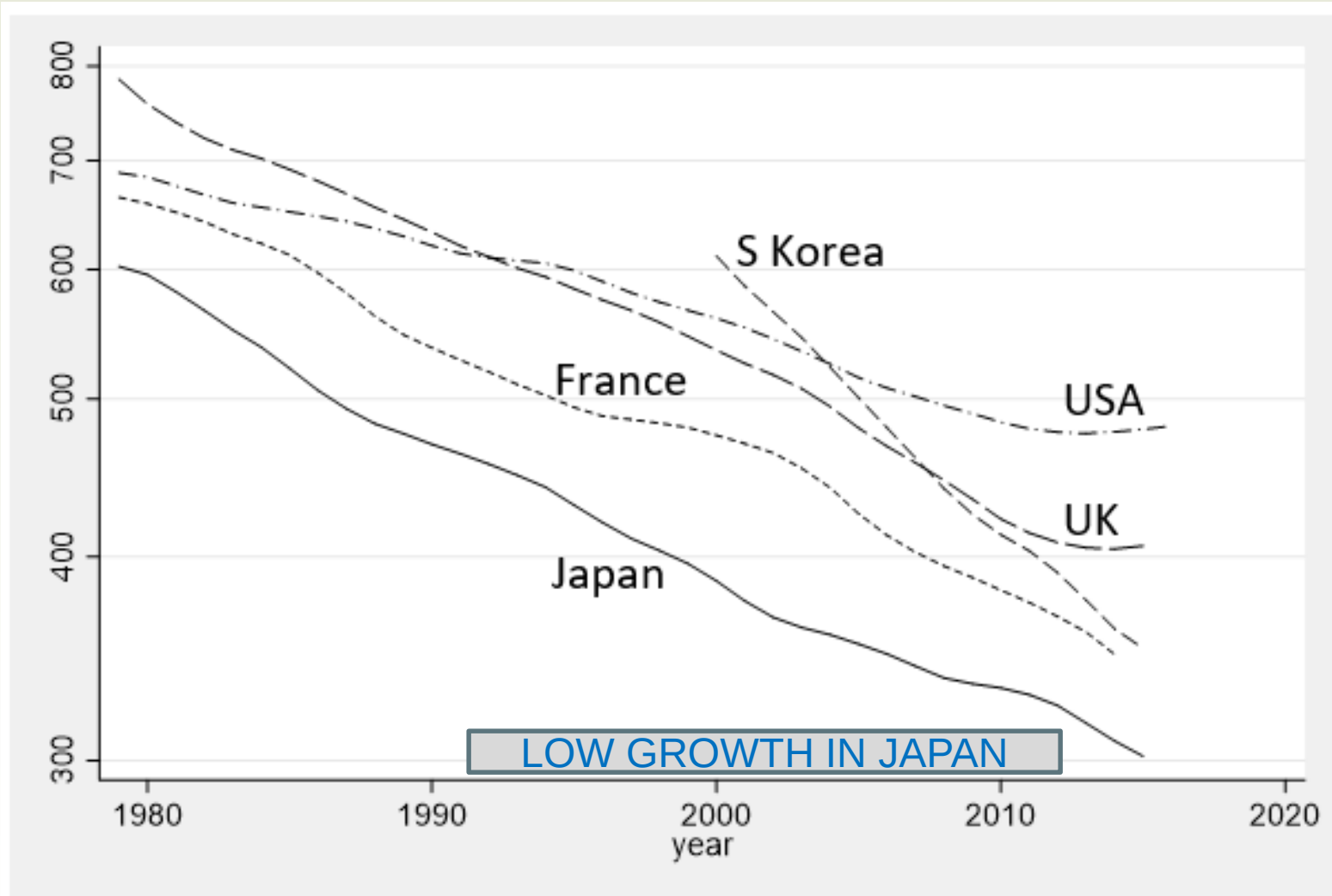


Highest among high-income countries. Increased in the past 50 years by more than 2.5 years per decade.

In 2017, it was 81.1 in men and 87.3 in women, compared to 67.7 and 72.9 years in 1965. In comparison, in 1965, UK men 68.6 and women 74.6; 2017 men 79.2 women 82.9.

LIFE EXPECTANCY

All-cause mortality, 1979-2016, age-standardized





Universal LONG-TERM CARE INSURANCE was introduced in 2000 for those aged 65 or more, when 2.2M people were eligible. In 2017, this number had risen to 6.3M.

LTCI is funded by taxation (50%), salary deduction from workers aged 40-64 (28%) and pension deductions (22%).

SOCIAL CARE



Japan has a **lower income inequality** than **USA** and **UK** but **higher** than **Scandinavian countries**.

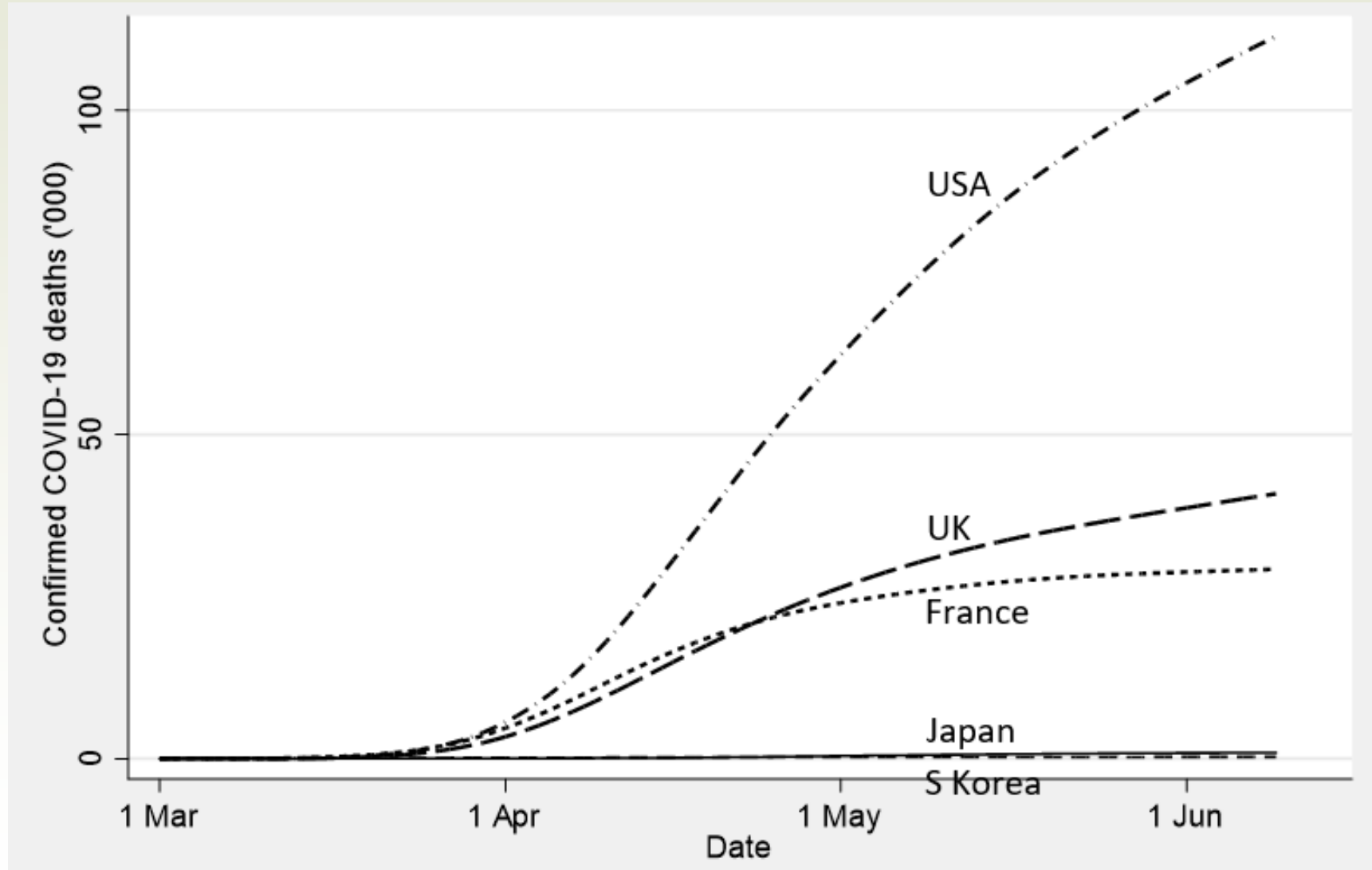
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US	0.39	46.5%

However the very low **Covid-19** mortality **[1072]** mirrors the high level of social cohesion.

INCOME INEQUALITY

Cumulative total confirmed deaths from COVID-19

1 March - 9 June 2020





Westernization of the Japanese diet has been slow. The enduring RICE-BASED DIET is evidence of Japanese cultural resilience.

In Japan, mean adult body mass index (c.23 kg/m²) is well below that in UK (c.28 kg/m²).

The proportion of adults overweight or obese in 2016 was 29% (4% obese) in Japan compared with 63% (22% obese) in France.

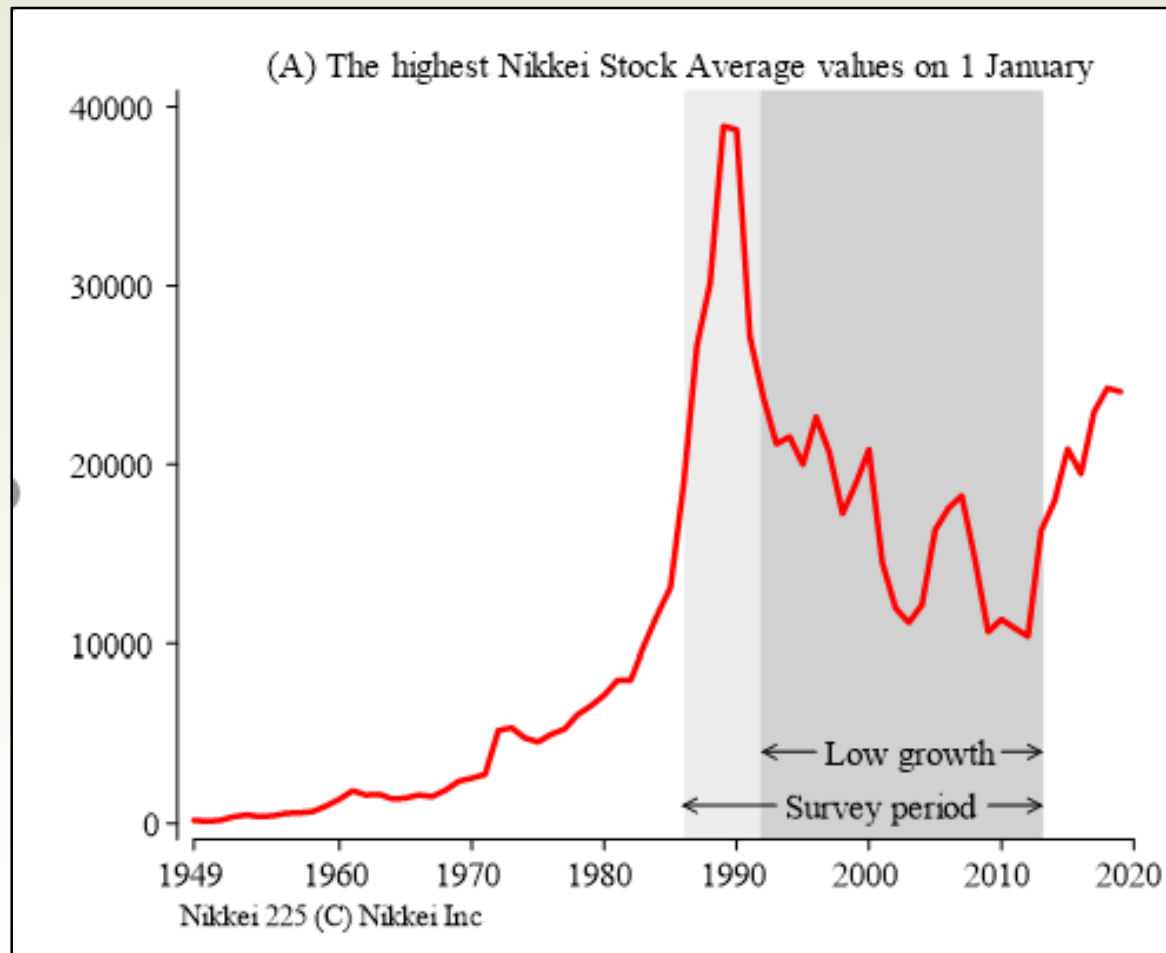
DIET AND OBESITY

Natural experiment

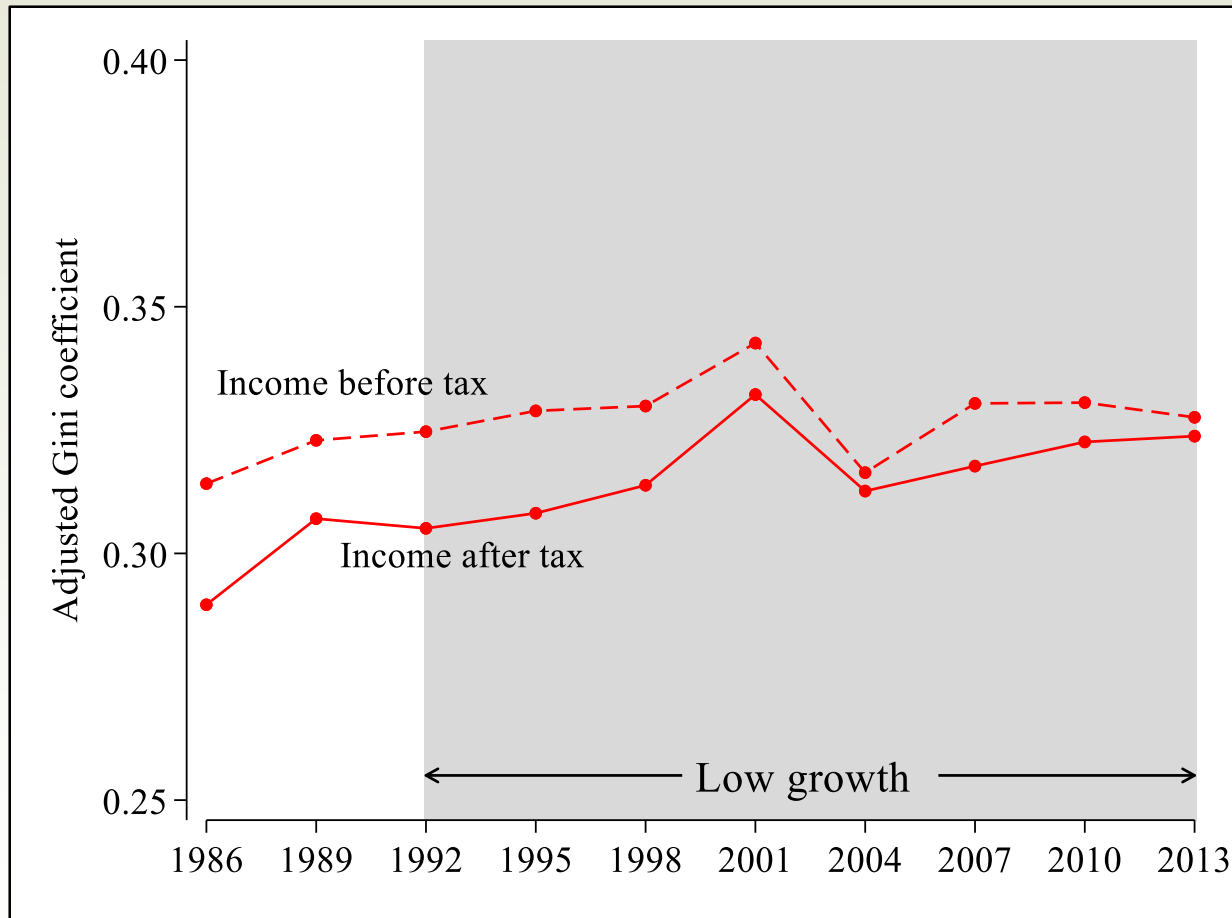
did low economic growth in Japan 1992-2013 lead to poorer health and greater health inequality?



Nikkei stock exchange index 1949 - 2020

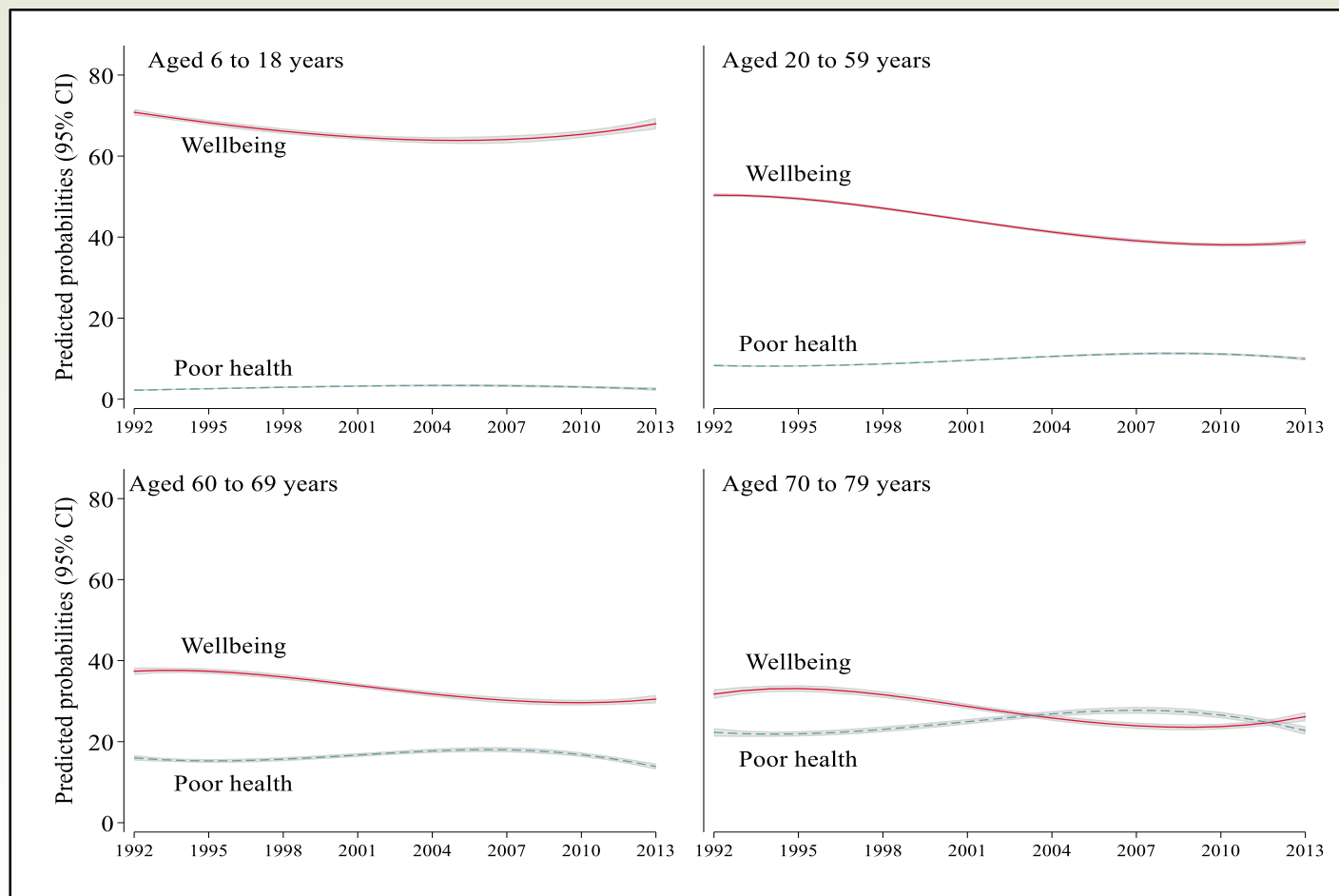


Gini coefficient for household income, Japan, 1986 - 2013



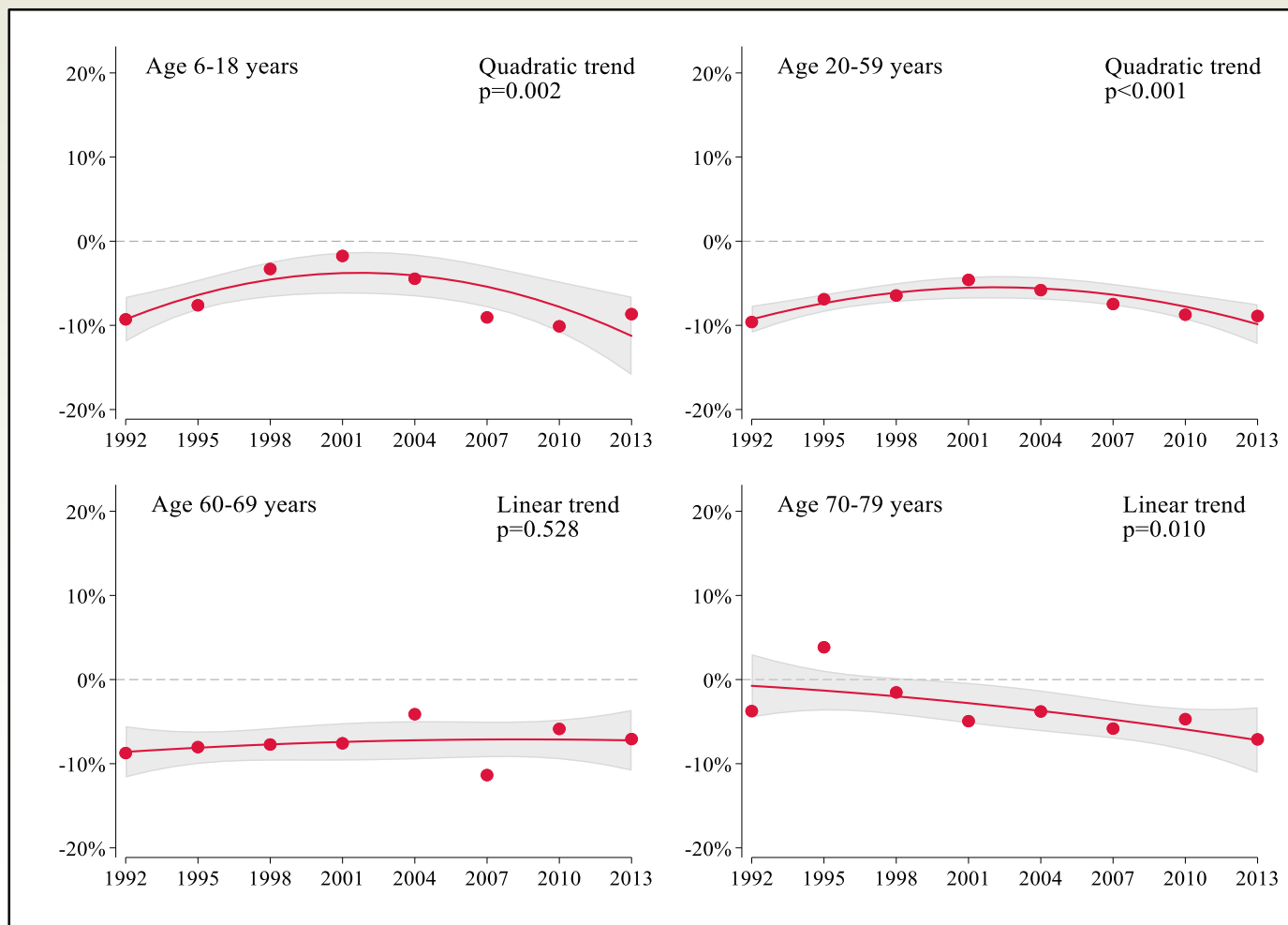
Adjusted for age of adults in household, age and sex of household head, household size and prefecture

Wellbeing and poor self-rated health, 1992-2013



Comprehensive Survey of Living Conditions

Inequality (SII) in wellbeing by HH income after tax, 1992-2013

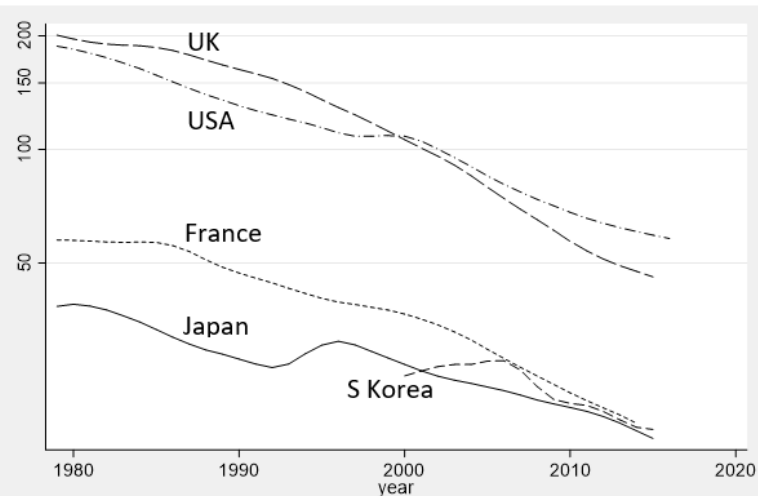


RESERVE SLIDES

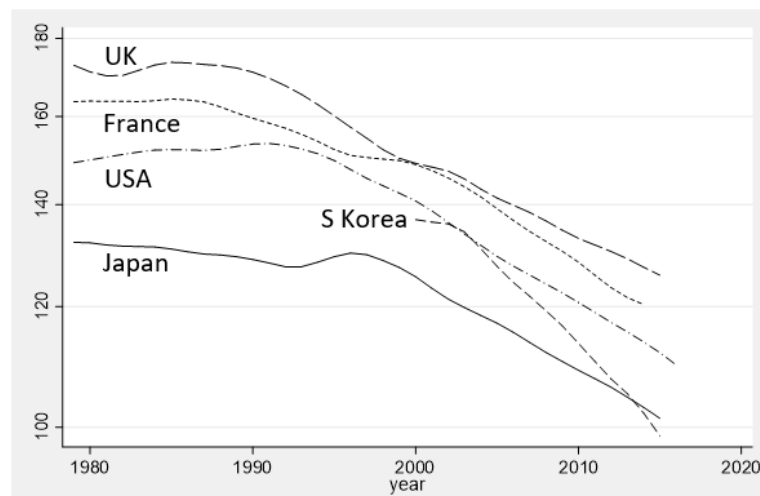


Heart disease, cancer and stroke mortality, 1979-2016, age-standardized

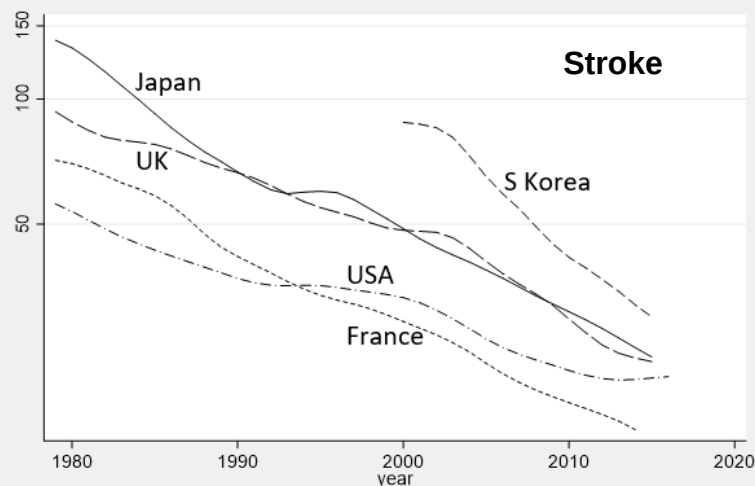
C Ischaemic heart disease



D Cancer

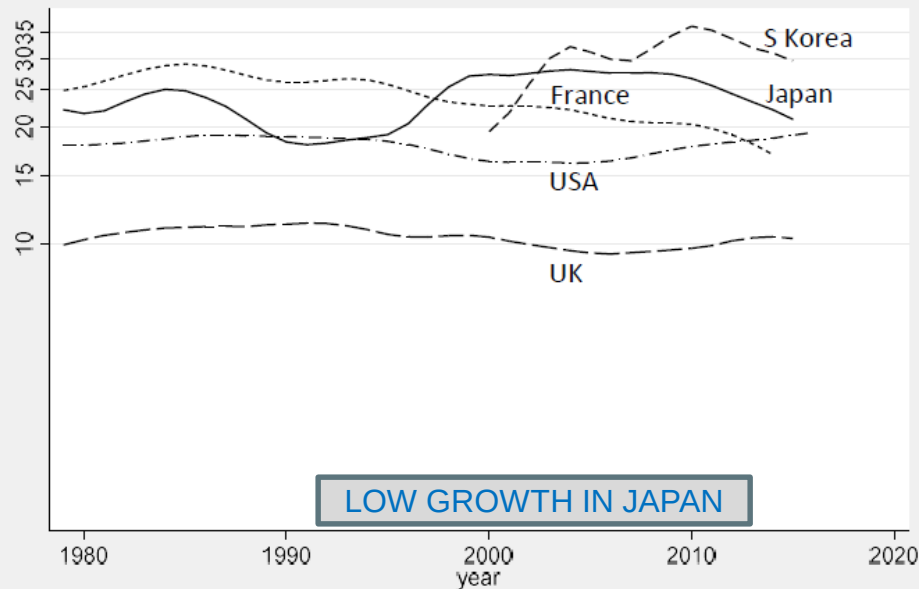


Stroke

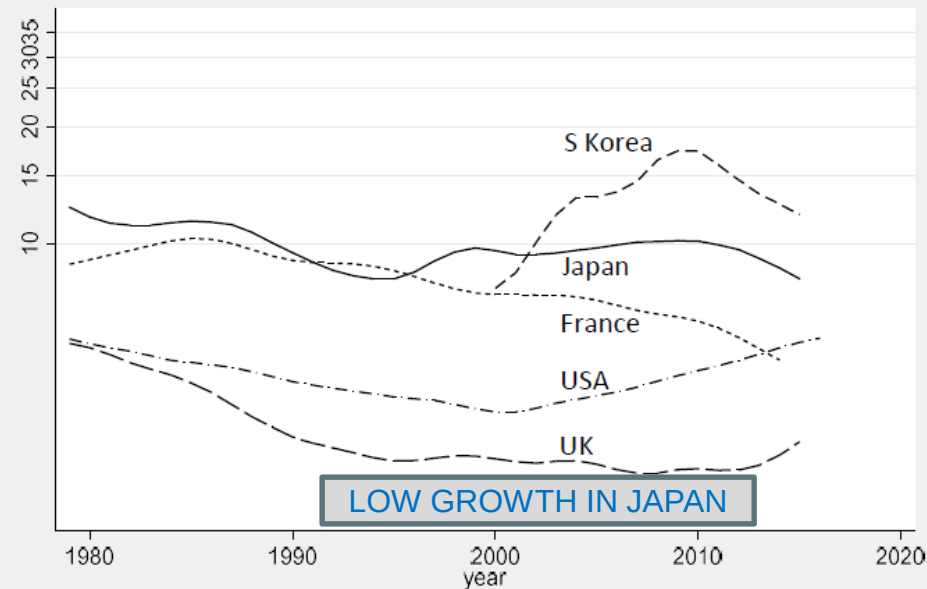


Suicide mortality, 1979-2016, age-standardized

MEN



WOMEN



Japanese wellbeing study 1986 - 2013

Nationally representative survey
Ten triennial waves 1986-2013
Sample N=625,262

Comprehensive Survey of Living Conditions

Examining trend in inequality in wellbeing according to income over the period of economic stagnation



Summary

During 20 years of low growth, 1992-2013

- Income inequality was modest and stable
- Headline health statistics continued to improve
- Overall, levels of wellbeing remained similar to those during the 'miracle' growth period before 1992
- Inequality in wellbeing according to income was broadly stable



2020

How fast is Japan moving toward the SDG 2030 targets?

SDG7

Renewable energy

●	Major challenges remain
➔	Score stagnating or increasing at less than 50% of required rate
VALUE	5.94
YEAR	2018

SDG13

CO2 emissions from energy

●	Major challenges remain
●●	Trend information unavailable
VALUE	8.8
YEAR	2017

9.3 tCO₂/capita

The post-growth, post-pandemic question

How strong is the link between economic growth, human health and wellbeing?

It is weak!

Must we continue to stress our planet's ecosystems to have good health?

Not needed. But progress on clean energy and climate action is slow

Can we ditch the orthodoxy that our wellbeing depends on economic growth?

It will be difficult, but yes we must

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3 SECTIONS

health across the life course

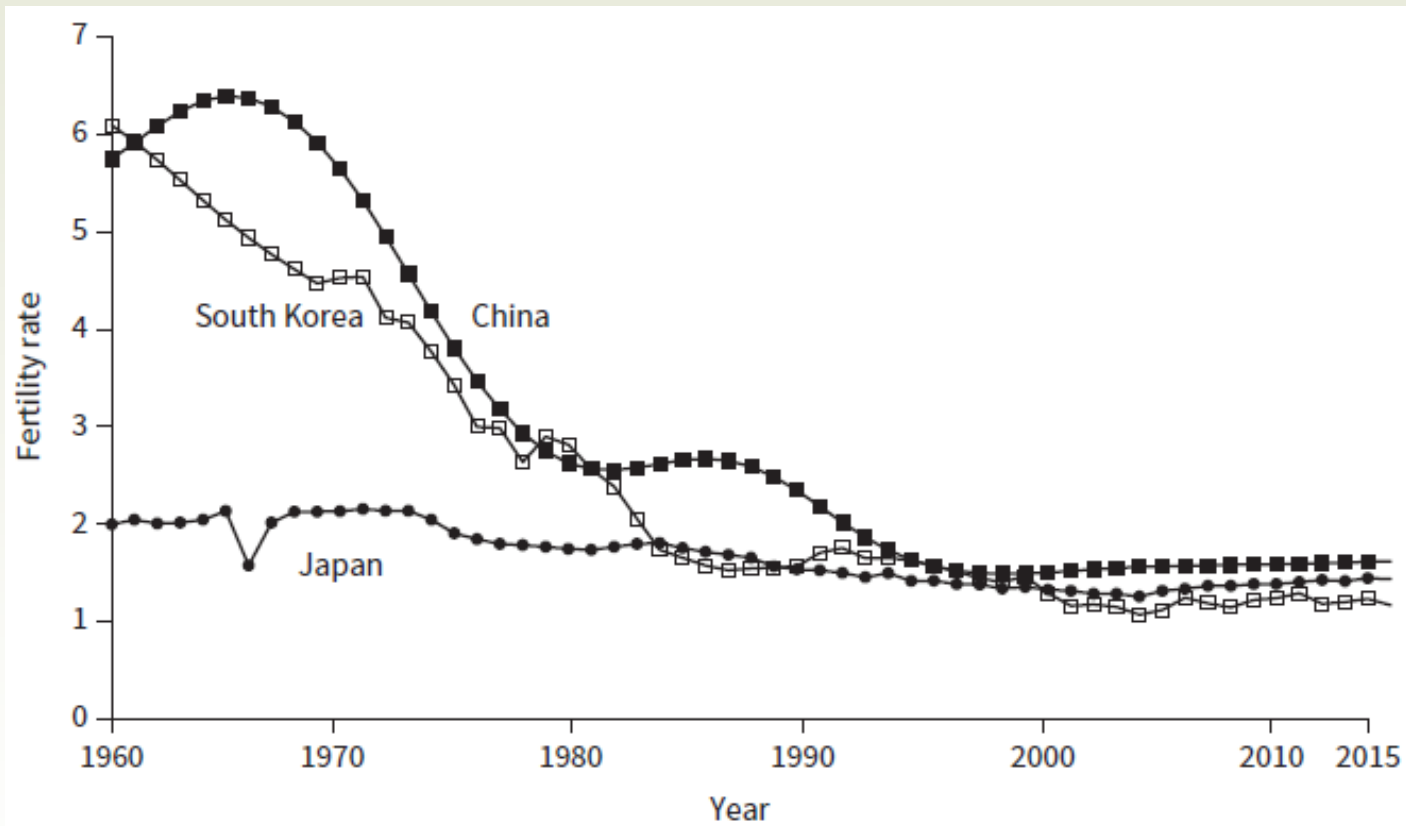
chronic disease and risk factor trends

Japan and the planet

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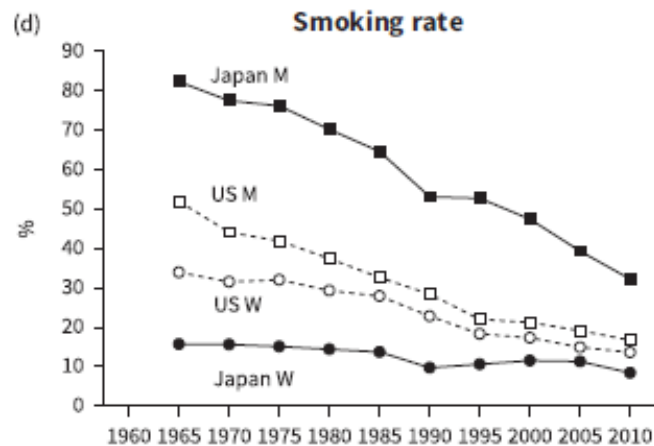
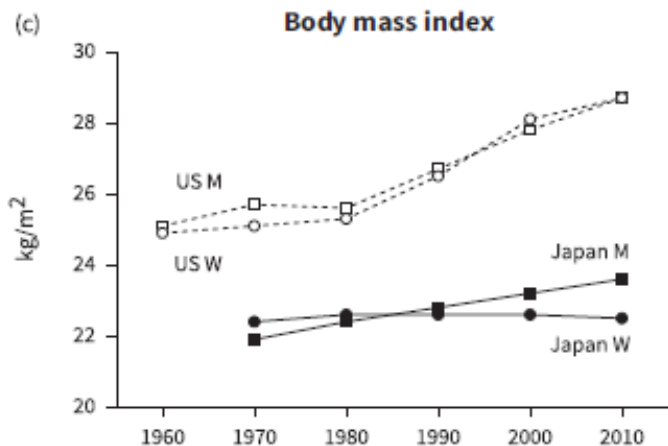
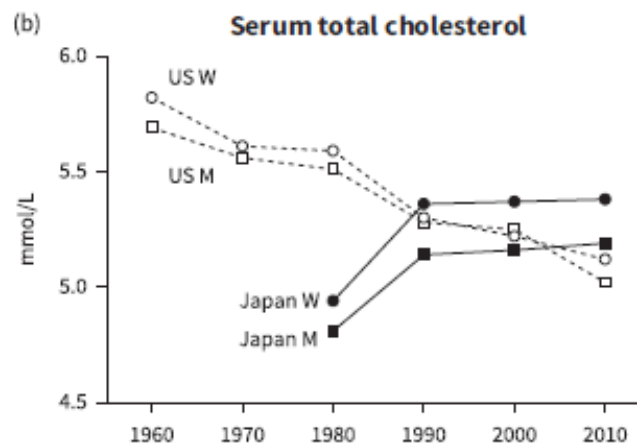
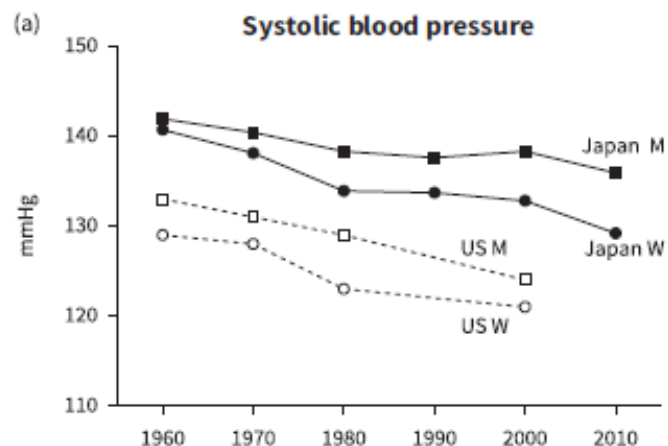
Fertility rates in Japan, South Korea, China, 1960– 2015



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Key facts comparison of Millennium Development Goals and Sustainable Development Goals

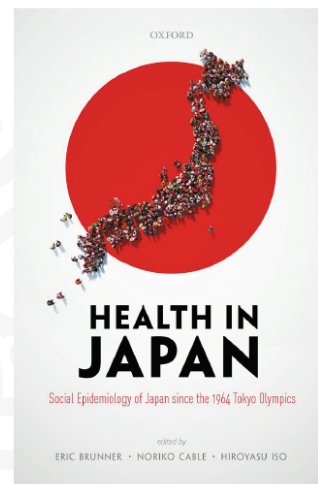
	MDG	SDG
		
Years covered	2000–2015	2016–2030
Major Objective	Poverty Reduction	Sustainable Development
Goals & Targets	8 Goals 18 Targets	17 Goals 169 Targets
Priority Area in Health	MCH+Major Infections	Health in Life Course
Target Countries	Low Income Countries	All countries
Approach	Diseases Specific (Vertical) Realistic and Numerical Target Setting	Multisectoral Approach (Horizontal) Back-casting (Ambitious Target Setting)

Health in Japan

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- 日本の社会疫学をリードする研究者が、日本人の健康の社会的決定要因に関するエビデンスと見解を集大成した最初の英文書籍

本文20章は、ライフコースの主要ステージ、慢性疾患とその危険因子の変遷、日本と世界(地球)のテーマなどから成り、日本のみならず世界各国の読者の興味と好奇心を満たすものである。日本が直面している慢性疾患、超高齢化、健康格差の動向、災害と健康などの健康課題が網羅されており、疫学研究者、学生のみならず、広く公衆衛生分野の専門家・実務家にとって必読の本である。

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