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
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 hands 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.

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: Everyday, people's healthy consciousness is cultivated efforts to prevent chronic diseases or to decrease the severity of disease or in order to promote good health. A significant role is played by promotion and improvement of healthy lifestyles. Care of preventing the cause of disease, "primary prevention" with emphasis on health promotion, includes physical activity, healthy eating, and mental health. It is also essential to develop comprehensive health promotion measures, such as health education and public health activities. Secondary prevention: Early detection of the early stages of disease or disease is essential to prevent progression. Tertiary prevention: Care of the health care of those already suffering from disease, such as early detection of disease or disease progression.
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.

Combining Forces of Individuals and Society

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.

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 Reforming Regional Plans

To ensure 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 services 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
- Reduce 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

**Rest and Mental Health**
- Reduce the number of suicides

**Cancer**
- Reduce cancer incidence and mortality

**Diabetes**
- Reduce diabetes complications
  - Diabetic nephropathy
  - Blindness

**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*
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.

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.

**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 1997

**What is BMI (Body Mass Index)?**
BMI is calculated using the formula: BMI = weight (kg) / height (m)²

Optimal weight range for adults: 18.5 to 25.
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.

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.

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.

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".

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 1996

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.

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.

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.

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

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

1.1 Increase the proportion of persons maintaining optimal weight

Benchmark

<table>
<thead>
<tr>
<th>Proportion of obese persons, etc.</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity in schoolchildren</td>
<td>13.7%</td>
</tr>
<tr>
<td>Obesity in women aged 20-29</td>
<td>23.3%</td>
</tr>
<tr>
<td>Obesity in men aged 40-69</td>
<td>24.3%</td>
</tr>
</tbody>
</table>

*National Nutrition Survey 2017

1.2 Reduce fat energy ratio

Benchmark

<table>
<thead>
<tr>
<th>Daily average intake (cal)</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2a Age 20-49</td>
<td>27.1%</td>
</tr>
<tr>
<td>*National Nutrition Survey 1997</td>
<td></td>
</tr>
</tbody>
</table>

1.3 Reduce salt intake

Benchmark

<table>
<thead>
<tr>
<th>Proportion of persons who control their weight</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male aged 15 and over</td>
<td>62.6%</td>
</tr>
<tr>
<td>Female aged 15 and over</td>
<td>80.1%</td>
</tr>
</tbody>
</table>

*National Nutrition Survey 1999

1.7 Decrease the proportion of persons who skip breakfast

Benchmark

<table>
<thead>
<tr>
<th>Proportion of persons skipping breakfast</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior high school students</td>
<td>6.0%</td>
</tr>
<tr>
<td>Male aged 20-29</td>
<td>32.9%</td>
</tr>
<tr>
<td>Male aged 30-39</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

*National Nutrition Survey 1997

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

Benchmark

<table>
<thead>
<tr>
<th>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</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>56.3%</td>
</tr>
<tr>
<td>*National Nutrition Survey 1996 — Proportion of persons who take moderate-sized meals with friends or family in the same place</td>
<td></td>
</tr>
</tbody>
</table>

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

Benchmark

<table>
<thead>
<tr>
<th>Proportion of people who read nutrition labels</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td></td>
</tr>
</tbody>
</table>

*Will be established in FY2000 based on National Nutrition Survey 1993

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

Benchmark

<table>
<thead>
<tr>
<th>Proportion of informed persons</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male adult</td>
<td></td>
</tr>
<tr>
<td>Female adult</td>
<td></td>
</tr>
<tr>
<td>*National Nutrition Survey 1996 — Proportion of persons who know the size and quality of meal appropriate for themselves</td>
<td></td>
</tr>
</tbody>
</table>

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

Benchmark

1.2 Increase availability and use of healthy dishes

Benchmark

<table>
<thead>
<tr>
<th>Availability in number</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Proportion of healthy dish users]</td>
<td>Current* 2010</td>
</tr>
</tbody>
</table>

*Research and figures will be defined at end of FY2000

1.3 Increase learning opportunities and participation

Benchmark

<table>
<thead>
<tr>
<th>Number of learning opportunities</th>
<th>Current* 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Proportion of participants]</td>
<td>Current* 2010</td>
</tr>
</tbody>
</table>

*Research and figures will be defined at end of FY2000

1.4 Increase voluntary study and activity groups

Benchmark

<table>
<thead>
<tr>
<th>Number of voluntary groups</th>
<th>Current* 2010</th>
</tr>
</thead>
</table>

*Research and figures will be defined at end of FY2000

Definitions:

- Optimal intake of nutrients (food)
- (Nutritional status, level of nutrient (food) intake)
- Proportion of persons maintaining optimal weight
- Daily average intake
- National Nutrition Survey
- Balanced meal
- National Nutrition Survey 1996
- National Nutrition Survey 1993
2.5 Increase persons who engage in some kind of community activity
Benchmark
[Proportion of 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) 5,430 6,100 or more
2.6b Female (aged 70 or over) 4,904 5,600 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 700 meters

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 1995, Japan Health Promotion & Fitness Foundation

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 1998, Japan Health Promotion & Fitness Foundation

3.3 Decrease persons who use sleeping aids or alcohol to sleep
Benchmark
[Proportion of persons who use sleeping aids or alcohol to sleep] Current* 2010
3.3a National average 14.1% 13% or less

4.1 Adequate dissemination of awareness regarding the health hazards of smoking
Benchmark
[Proportion of informed persons] Current* 2010
4.1a Male 84.9% 100%
4.1b Female 59.2% 100%
4.1c Non-smokers 65.9% 100%
4.1d Heart diseases 40.5% 100%
4.1e Stroke 35.1% 100%
4.1f Arteriosclerosis 34.1% 100%
4.1g Abdominal diseases related to pregnancy 79.6% 100%
4.1h Respiratory diseases 27.3% 100%
* Survey on Smoking and Health Problems 1998

4.2 Efficacy under age 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) 3.6% 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

4.4 Dissemination of support programs on giving up smoking
Benchmark
[Proportion of municipalities with support programs] Current* 2010
4.4a Male 100%
4.4b Female Total

Health Hazards of Smoking
1. Hazard level of smokers compared to non-smokers
(1) Death by cancer

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>4.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Larynx</td>
<td>22.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Oral &amp; pharynx</td>
<td>20.5%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>2.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Stomach</td>
<td>1.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Liver</td>
<td>1.5%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Kidney</td>
<td>3.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>1.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Bladder</td>
<td>2.0%</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

Deaths by type of cancer

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

<table>
<thead>
<tr>
<th>Smoking rate</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (deaths)</td>
<td>1.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>1.4</td>
<td>1.5</td>
</tr>
<tr>
<td>Icteric liver disease</td>
<td>1.7</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Note: *Prospective study by Hiroyama, et al (1988-1985) 
*2 A prospective study of gastric and duodenal ulcer and its relation to smoking and diet (1985-1986) 
Note: Relative risk of smokers when non-smoker level is 1. 

(3) Other diseases 

<table>
<thead>
<tr>
<th>Smoking rate</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (deaths)</td>
<td>1.8</td>
<td>4.0</td>
</tr>
<tr>
<td>Gastric ulcer*</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Duodenal ulcer*</td>
<td>2.0</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: *Prospective study by Hiroyama, et al (1988-1985) 
*2 A prospective study of gastric and duodenal ulcer and its relation to smoking and diet (1985-1986) 
Note: Relative risk of smokers when non-smoker level is 1. 

(4) Influence on pregnant women 

<table>
<thead>
<tr>
<th>Smoking rate</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature birth</td>
<td>3.3</td>
<td>2.4</td>
</tr>
<tr>
<td>Underweight infant</td>
<td>2.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Congenital abnormality</td>
<td>1.3</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Source: 1978 Study on Physical and Mental Disabilities, Ministry of Health & Welfare 
Note: Relative risk of smokers when non-smoker level is 1. 

(5) Periodontitis 

<table>
<thead>
<tr>
<th>Smoking rate</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sizukai (1998)</td>
<td>2.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Dalg, et al. (1997)</td>
<td>1.9</td>
<td>1.7</td>
</tr>
</tbody>
</table>

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

■ 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1a Male</td>
<td>4.1%</td>
<td>2.3%</td>
<td>2.3%</td>
</tr>
<tr>
<td>5.1b Female</td>
<td>0.3%</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

* Awareness Survey on Health Promotion 1996, Japan Health Promotion & Fitness Foundation 
**Drop by 20% or more 

Note: Person who drinks in large quantities: Person who drinks equivalent or 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2a Male (Grade 9)</td>
<td>25.4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5.2b Male (Grade 12)</td>
<td>51.5%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5.2c Female (Grade 9)</td>
<td>17.2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5.2d Female (Grade 12)</td>
<td>35.9%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note: National Survey on Underage Drinking 1996
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)

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

Benchmark

6.11a 20 or more teeth at age 60 (age 75-84) 11.5% 20% or more
6.11b 24 or more teeth at age 60 (age 55-64) 44.1% 50% of KIHASA

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

Benchmark

6.12a Age 60 (55-64) 19.9% 30% or more

6.13 Increase the proportion of people who undergo regular dental examinations

Benchmark

8.2 Increase potassium intake

Benchmark

8.2a Adult

8.2b Adult

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)

8.6 Decrease the number of diabetic patients (estimate)

8.7 Continued treatment of diabetic patients

8.8 Decrease in Diabetes Complications

8.9 Decrease diabetic patients (See 7. Diabetes)

8.10 Increase the number of people who undergo health examinations

Benchmark

8.11 Decrease cardiovascular diseases through lifestyle improvement (estimates)

Note 1: Decrease in each disease scoscope represents mortality, affection rate and ratio of tougher decline of AOC caused by the diseases

Note 2: Current state – Stroke mortality 110.0 (per 100,000); number of deaths 137,819
Male: 108.9 mortality; 65,520 deaths
Female: 113.1 mortality; 72,299 deaths
Ischemic heart diseases mortality 57.2 (per 100,000); number of deaths 71,679
Male: 62.9 mortality; 38,666 deaths
Female: 51.8 mortality; 33,112 deaths

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