

## **“Healthy Japan 21”**

**- A new Perspective on Health Promotion Policy for Japan in the 21st century -**

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## Abstract

“Healthy Japan 21” is a new health policy that has been proposed for the 21st century: it embodies a totally new concept for its viewpoints and methods. To start with, for its goal, the focus is placed on the “quality of life” or a life that is free of diseases, rather than mere prolongation of life. For its doctrine, the emphasis has shifted dramatically from improving the health of the entire population (the traditional approach for health improvement) to “achieving an ideal health status for each individual.

The ultimate aged society that arrives first in Japan is a society in its ultimate form for human being. Why did Japan become westernized, giving up her traditional culture? Why did she go through industrialization, sacrificing her nature? And why does she try so hard to industrialize the developing countries? These efforts are all preparation for the arrival of a ultimate aged society. During the 20th century, we believed in unlimited possibilities and expanded our social frontier. In the 21st century, on the other hand, a super-aged society (the ultimate society), a glimpse of which we have witnessed from time to time, will descend on us sooner or later. It is expected to arrive first in Japan.

“Healthy Japan 21” is intended to prepare for the arrival of the hitherto unheard of super-aged society by building the physiological basis of people. This policy is social experimentation on an immense social scale, in which questions are posed on the understanding of health, the relationship between individuals and society, the relationship between administration and citizens, the manner by which central and local governments operate, and the new relationship between prevention and therapy. “Healthy Japan 21” may be summarized as an experiment on a huge scale directed to the ultimate form of human society, in which Japan and each of her citizens play a role and set an example for the rest of the world. Even just by considering various approaches newly suggested for this venture, one may be convinced that it is a policy with features suitable for a country that has already achieved the world's highest longevity.

## **I. Birth of “Healthy Japan 21”**

### **1. New approach**

“Healthy Japan 21” is a new health policy that has been proposed for the 21st century: it embodies a totally new concept for its viewpoints and methods. To start with, for its goal, the focus is placed on the “quality of life” or a life that is free of diseases, rather than mere prolongation of life. For its doctrine, the emphasis has shifted dramatically from improving the health of the entire population (the traditional approach for health improvement) to “achieving an ideal health status for each individual.” In the past, similar campaigns were vaguely addressed to the population as a whole and the general health status; but for the present policy, the thrust is on 9 major areas; and policies are being addressed to “generations” that are characterized by totally different life styles and value concepts. For its methodology, conventional secondary prevention has been abandoned: opted for are primary prevention and a mass approach. The specific approach is to be based on a “bi-directional social marketing” method. It is indeed a new health policy that is suitable for a country that has already achieved the highest average life expectancy in the world.

### **2. New theme**

The major feature of this policy is that it will introduce a totally different relationship between the individual and society or administrative body of the government. Furthermore, the relationship between the central government and local legislative bodies is described differently from the conventional concept. Individuals occupy center stage and society, which helps them in maintaining their health, plays a supporting role. Municipalities (such as cities, towns, and villages) make adjustments to the societal role and add directionality. Furthermore, prefectural governments are required to support these actions implemented by the local municipalities while performing their own role and promoting their own programs. The central government

is responsible for supporting its own citizens, local municipalities, and prefectural governments, while performing its own role and carrying on “Healthy Japan 21” as a whole. Thus these roles and plans are interwoven, each ultimately serving to support the citizens in maintaining their health.

To build the foundation for an ultimate aged society, reformation is taking place in areas such as public health, medical care, nursing, and social welfare. “Healthy Japan 21” is a policy that forms part of this government effort: it not only supports the health of individual citizens but performs an important role in maintaining social welfare policies, such as medical insurance and insurance for elderly care where formidable financial difficulties are expected.

### **3. Process for policy formulation**

The “Healthy Japan 21” Planning and Determination Committee (composed of 15 public health and medical care specialists), upon receipt of the plan drawn by the “Healthy Japan 21” Planning and Evaluation Committee (composed of 35 specialists in the field), met 10 to 15 times for discussions and adopted a final version of the policy in March 2000. The specific targets of the policy—under headings such as “diet, exercise, rest, smoking, consumption of alcoholic beverages, dental diseases, diabetes mellitus, circulatory diseases, and cancer prevention”—are based on the results of objective research by the respective subcommittees (composed of 55 specialists). The policy is to be implemented for a 10-year period starting in 2001 and ending in 2010. Halfway through this period, a nationwide evaluation is to be conducted for possible improvement of the policy.

## II. Overview of “Healthy Japan 21”

### 1. Emergence of the “ultimate aged society,” which is composed of people who have reached the oldest average age, the ultimate wish of mankind

According to the “World Health Report 2000” compiled by WHO, the health status of the Japanese people is at the highest level in the world. The average life expectancy, which was the lowest among the developed countries immediately after the Second World War, overtook those of other countries sometime between 1965 and 1975, and has maintained this high level since 1984 (Fig. 1).

### Historical Trend of Life Expectancy at Birth

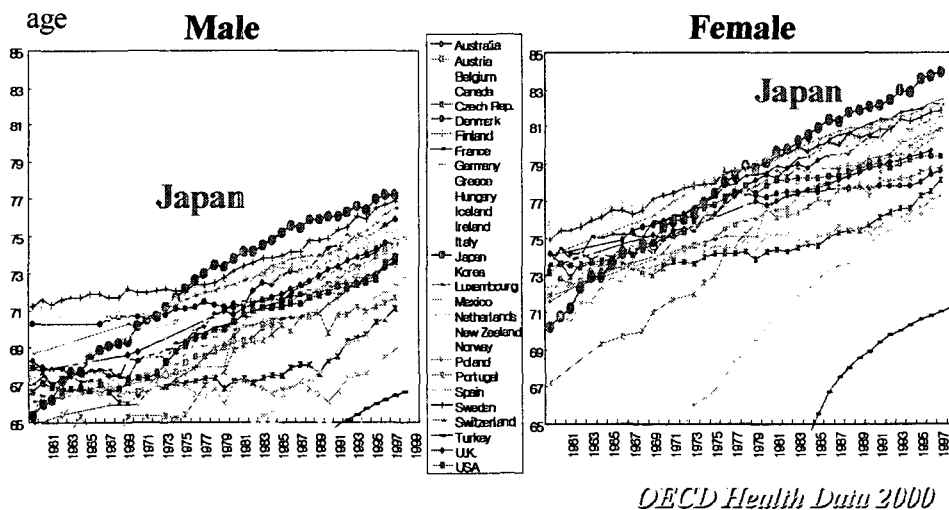


Fig. 1

The average life expectancy of Japanese women, which reportedly continues to widen the gap from the second highest, has attracted the attention of other countries.

Reportedly, it has achieved the ultimate goal in human life expectancy. By improving one's life expectancy in a very short time, the average age of society has also advanced at an unheard of speed: the aged segment will be 1/4 of the population in 2015 and 1/3 in 2050. It is expected that our society will be dominated by an aged population in a percentage<sup>1)</sup> that is unheard of in human history (Fig. 2).

## **Population estimate above 65 years old**

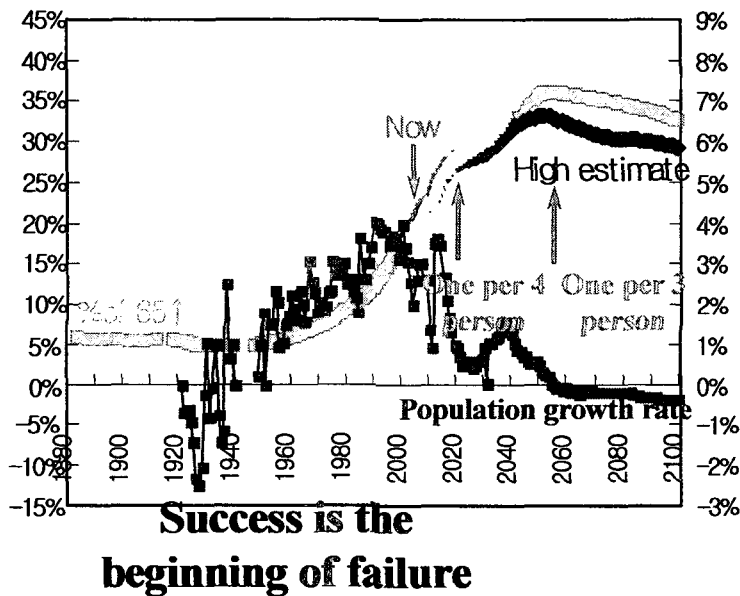


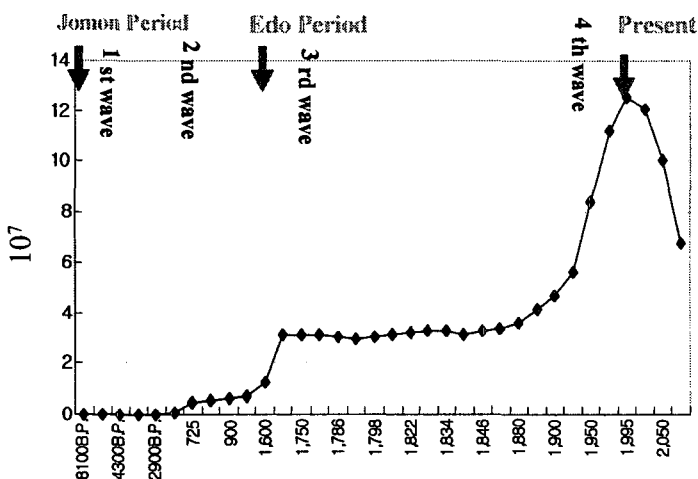
Fig. 2

Such a drastic change in the population composition is partly due to a reduction in the birth rate. Reasons cited for this drop in the birth rate are: postponement of marriage and childbirth by college-educated women who have achieved more prominent professional positions; and nuclear families not wanting to upset their stable

1) WHO defines an “aging society” as one with a population over 65 years that exceeds 7%; an “aged society” with a 65-year-old or older population that exceeds 14%; and a “super-aged society” with a 65-year-old or older population that exceeds 21%.

economic status by having too many children. The special overall birthrate in Japan for 2000 was down to 1.34, considerably less than 2.02, the number that is considered to be the minimum necessary to maintain the country's population. Therefore it is believed that the population will begin to decrease, starting around 2007. The Japanese population, which was around 30 million during the Edo Period, underwent a 4-fold increase after the Meiji Revolution. Since then, as if going down from the peak of a mountain, it has decreased gradually. It is expected that by 2050, it will be less than 100 million; and within 100 years it will be one half of the current population (Fig. 3). For the past 100 years common knowledge was cultivated in this social structure which designates increase in population as prerequisite. In future, society will be such that what was the common knowledge in the past may no longer be applicable.

### **Japanese Population Trend Past and Future**



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Fig. 3



## 2. Changes in Japanese society

A French historian, Philip Alias, stated that “childhood,” a stage in life that is to be protected by “adults,” emerged in the process of modernization in Europe where a school system was established. The standard life process that is defined by society continues to undergo historical changes.

In its relationship with society, the life process in modern Japan may be divided into three phases: phase I (ending around the age of 20) when a person grows and learns to become a member of society; phase II (ending around 50 years) when a person interacts with society through his occupation, while having a family and raising the children who will be members of the next generation; and phase III (over the age of 50) when having raised his own children, one perhaps contemplates his own death from time to time, but reaps the fruits of his life through participation in social activities. One is considered to be more vulnerable to physical and psychological changes during the transitional stages between these phases. The transitional stage between phases I and II is called adolescence; and between phases II and III it is sometimes called “gerontoscence” (Fig. 4).

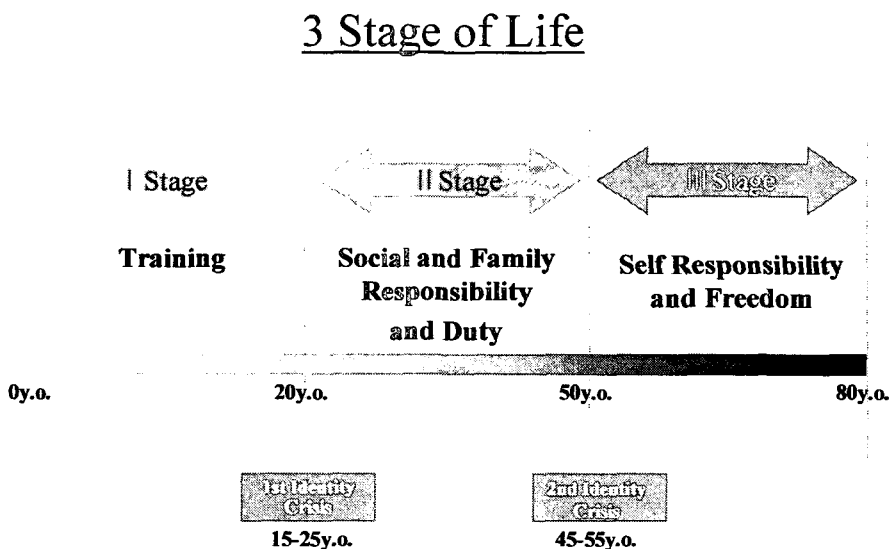


Fig. 4

Among these, phase III may be called a new stage in life that expanded for the first time in the second half of the 20th century when the length of one's life after 50 years increased. Prolonging life expectancy and a decrease in family size resulted in changes in the population structure; and for the first time in the history of the world, mature adults (those over 50 years of age and in phase III of their life) may exceed one-half of the adult population in Japan in (2003). One wonders if society must prepare for social changes in which these mature adults will outnumber the rest of the population.

In Japan, the ratio of those who stay unmarried (currently around 10%) is approaching 30% in the Metropolitan Tokyo area, which is considered to be culturally more advanced than the rest of the country. It has been said that the number will exceed 20% in future. Thus it is expected that after 2010, the majority of the population will be composed of those who place greater weight on the individual's life and value concepts. There will be rapid changes from a society that had been oriented toward belonging and being loyal to organizations or groups to one in which the emphasis will be placed on an individual's social participation that is based on his own needs and desires. A society in which individual's needs and desires are considered absolute results in learning and social participation starting early in childhood; and social contributions and self-expression are regarded to be important in adulthood. Such a trend will continue into old age and a new life style may prevail, in which learning continues and one remains professionally active throughout life, thus erasing the traditional distinction between life stages.

Since the Meiji Period, the Japanese family system has been oriented toward large families that descended directly from their ancestors. This was based on the prevailing philosophy of the "family" above the individual. However, postwar changes in the social system led to a prevalence of nuclear families and the family size diminished significantly. In recent years, the number of single-person households has rapidly increased; and many aged individuals live alone without sharing their home with their children. Social phenomena, such as occupational relocation alone without one's family, DINKs (double income no kids), and single mothers, which had been

considered social anomalies, are now everyday occurrences. In fact, there are no established norms for families, households, or cohabitation. The relationship between individuals and society is multi-faceted and the areas where the safety net that uses the traditional family image as an effective prerequisite has been much narrowed. Thus a new concept of social security will be needed to meet the demands of life in the 21st century. Individualized risk management in how to cope with one's life situation—by which one learns how to avoid risk throughout his life and where society is able to offer support to the individual—is needed.

### **3. Challenge to the 21st century**

Through the Meiji Revolution, Japan had the first opportunity in the modern age to take the helm in building a military power to resist invasion by other militarily superior countries. Following the Second World War, Japan had a second opportunity in the modern age to rise from the ashes and steer herself to achieve a miraculous economic recovery, gaining enormous confidence as an economic power. The next 50 years will offer a third opportunity for this country to achieve greatness of another type. The first time, the country was patterned after foreign military powers; and the second time, commercial organizations were copied to build a “Japan, Inc.,” for which re-arrangement of personnel and organizations after a successful prototype was sufficient. However, at the third juncture, the super-aged society with few children, a situation that no other country has faced before, awaits us. Japan has been assigned to lead the rest of the world in overcoming this totally new challenge (Fig. 5).

Facing this future prospect with no precedent to turn to, it is dangerous to try to apply the old concepts or overly optimistic attitudes that are based on past value judgments. Only bold social experimentation and reflection on the numerous failures will serve as guides in building a rich and sustainable society. To build a future basis also, health policies will occupy very important positions. In the unheard of third attempt to lead the world, efforts should be addressed to the manner by which a society is constructed to suit the needs of future populations; and emphasis must be placed on

social innovations that quietly prevail in people's mind. "Healthy Japan 21" is not a mere policy to prevent diseases: it is a proposal for a people's campaign to provide a more active future for Japan.

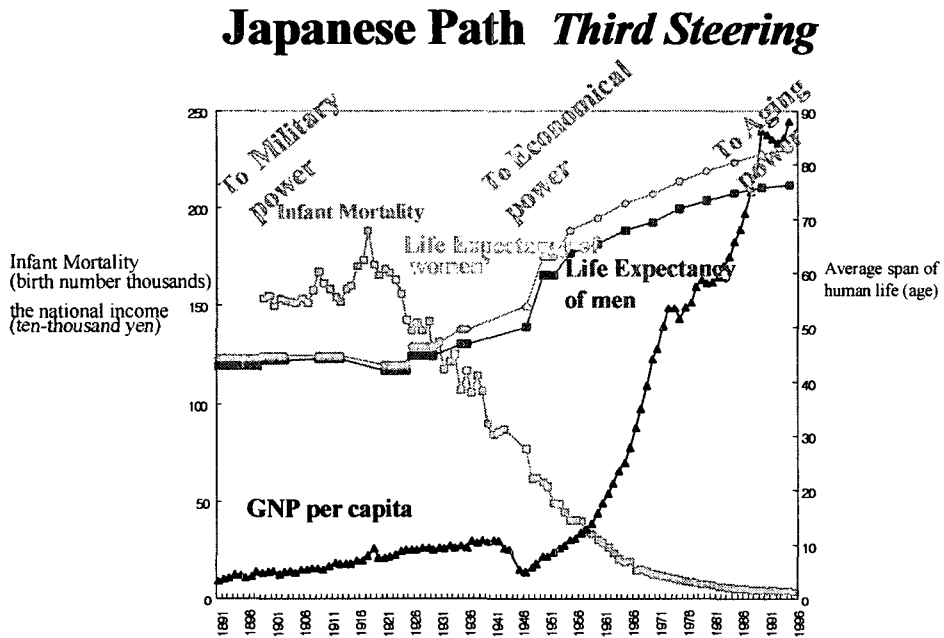


Fig. 5

### III. Doctrine of "Healthy Japan 21"

#### 1. Actualization of individual health and social support

According to public opinion surveys, "health" is a significant concern in people's minds. The estimated life stage mortality in Japan is gradually decreasing. By postponing death, the questions of how to enjoy a high-quality life and live a satisfactory life have become an individual's goal in life. In a modern society where everyone enjoys a long life, life planning that extends into advanced age has become

necessary. Building a basis for this long life is a responsibility that rests both on the individual and society.

Each person plays a central role in maintaining his health. A person is expected to find the meaning of health and the way it should manifest, select the method and resources to achieve health that are adaptable to his circumstances, make plans to assure a healthy state throughout his life, and realize a healthy state based on these approaches. Needless to add, the responsible behavior of individual citizens who play the primary role in these processes is the real “source” of health.

It is not possible for each citizen to achieve a satisfactory health status by himself. A society will be expected to provide them with resources such as systems, facilities, commodities, and services and contribute to improve their health status in various manners. These resources include diverse groups that support people in making health-related choices. Traditional groups—such as administration, employers, schools, families, insurance providers, and specialists—are important; but other groups such as business organizations, the mass media, and non-profit organizations are also expected to aid people in solving health-related problems. Diverse people and organizations should be available to help. Utilizing their capacity, they “share” the role of support. For the common goal of health promotion, they “cooperate” with each other and constitute a social network, which may be called a “connection (health connection)” to support the health of people (Fig. 6).

The administration must play the role of supporting an individual to achieve an ideal health status effectively and efficiently by adjusting the losses and gains of various participants and seeking their cooperation, instead of simply advocating the importance of health. The far-reaching ideal of “Healthy Japan 21” is to bring about individual health through the cooperation of citizens and society, which will serve as a “power (health power)” to sustain the people’s health in 21st century Japan (Fig. 7).

# Healthy Japan 21

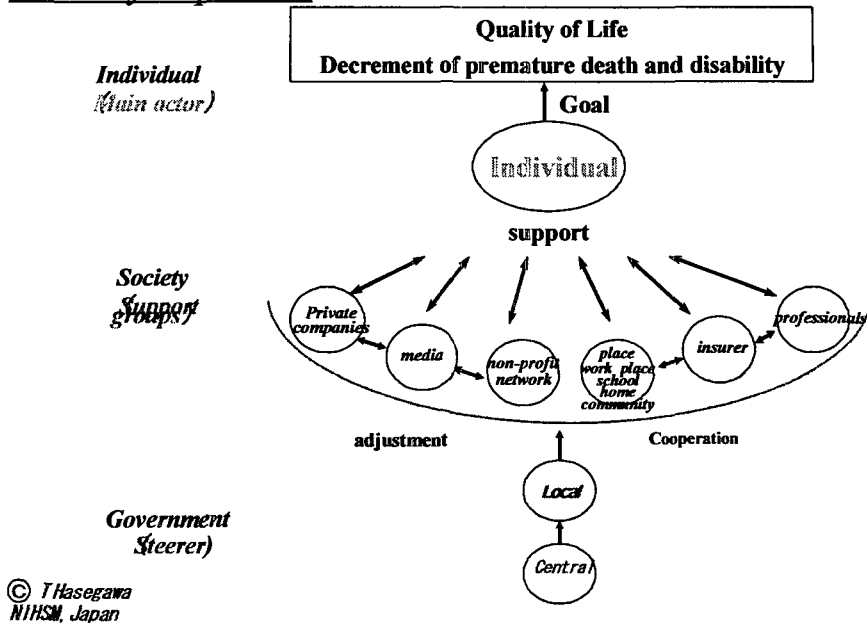
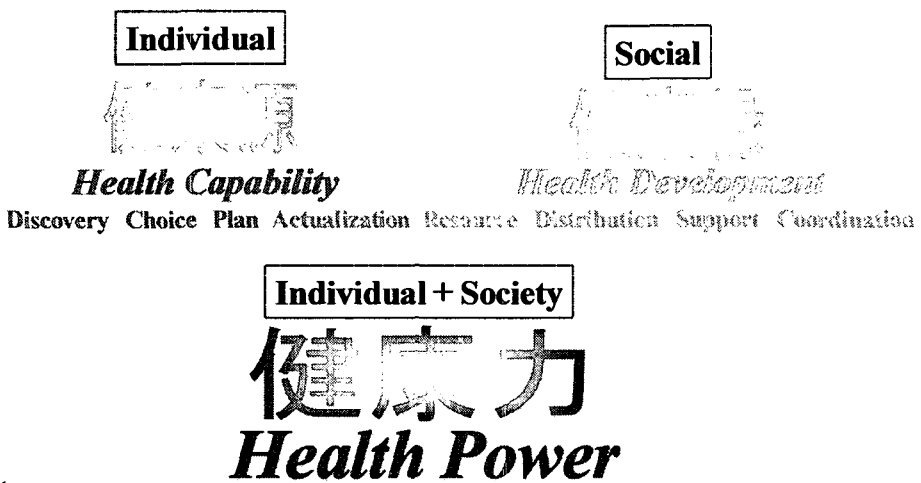


Fig. 6

## Basic Concept of Healthy Japan 21



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Fig. 7

## 2. Three creative actions for the future

### *(1) Achieving health as the basis of building a healthy society*

Because of this accelerated aging of society, one may expect the financial burden related to treatment and nursing care to continue to rise. On the other hand, in the future when outstanding economic growth can no longer be expected, it becomes difficult to increase the societal share of the expenses involved in medical treatment and nursing care. The next generation will justifiably expect this societal burden to be reduced. Regardless of the extent of development made in the field of medical care, it is not possible to avert the eventual death of everyone. Therefore the emphasis in disease prevention will be directed to removing those factors that may cause one's early demise. The target for society in "Healthy Japan 21" will be "to ease the societal burden caused by illness and disability and construct an active and sustainable society by prolonging a healthy life for its citizens." In other words, "achieving a state of good health" by individual citizens is important as the "basis of building a society" that supports the sustainable future of Japan.

### *(2) Achieving health as the basis of constructing life*

After the Second World War, the incidence of acute diseases, such as infections was nearly eradicated and the possibility of an early death was markedly reduced. At the moment, diseases that may lead to death are represented by chronic diseases—such as cancer and circulatory diseases. These are associated with the eminent implication of deterioration of the quality of life over an extended period, including the possibility of randomly administered therapy. The probability that death will occur before the age of 65 years is 11% (16% for males and 6% for females); and the percentage of those who remain bedridden or suffer from a demented state prior to death is considerable. One's life style has been blamed as the cause of many diseases that are responsible for an early death or disorders and individuals should make a conscious effort to maintain active life by utilizing resources that are available around them. The individual goal described in "Healthy Japan 21" will be to "improve the quality of life,

while preventing an early death or disorders so that one may enjoy a rich and satisfying life.” “Achieving health” while giving due consideration to a long life is important as a sustained “basis for building a constructive life.”

### *(3) Creation of society as a basis for achieving health*

Like the extensive availability of a transportation network and medical facilities, this is an age when one can readily come into contact with resources that support health. However, one doubts if people can adapt to the value judgments for richness and satisfaction that has been set by conventional society. As the standards for wealth and satisfaction vary, depending on individual value judgments, it will be necessary to respect one’s individual dignity in achieving health throughout his or her life. “Achieving health” must be the basis for “life planning” that is compatible with each individual’s philosophy. The “basis for achieving health” constitutes one path for a productive life, so it is necessary to implement “building of a society” that can support health for all types of citizens. In practice, one must not lose sight of respect for the dignity of others and avoid making demands that might lead to forced subjugation by the majority.

## **IV. Goals for “Healthy Japan 21”**

### **1. Sharing the goals**

To promote “Healthy Japan 21” through cooperation among individual citizens and multiple organizations and groups with diverse purposes, it is essential that they share a common goal for policy. To formulate a nationwide goal, the Ministry of Health, Labor and Welfare proposed goals for 9 fields and 70 items based on scientific studies (Fig. 8).



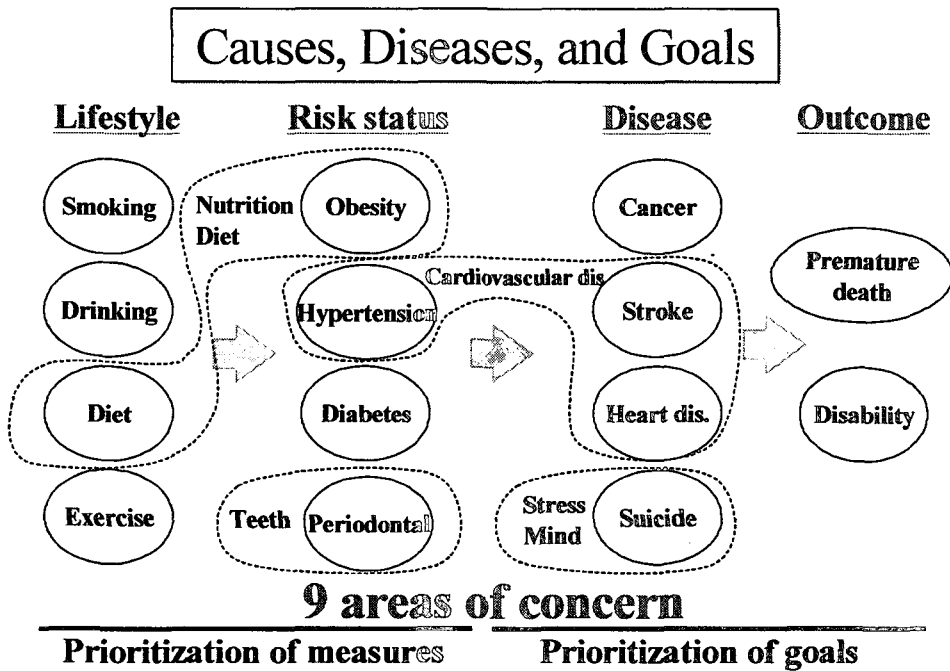


Fig. 8

There are some duplications in content so the number of items was ultimately reduced to 60; for 53 of which more detailed numerical goals are displayed. The numerical goals that should be achieved by year 2010 (indicated together with the current figures) involve as many as 98 items (Fig. 9). The goals indicated as these specific figures may be used as an objective evaluation standard for various programs that are implemented in the region.

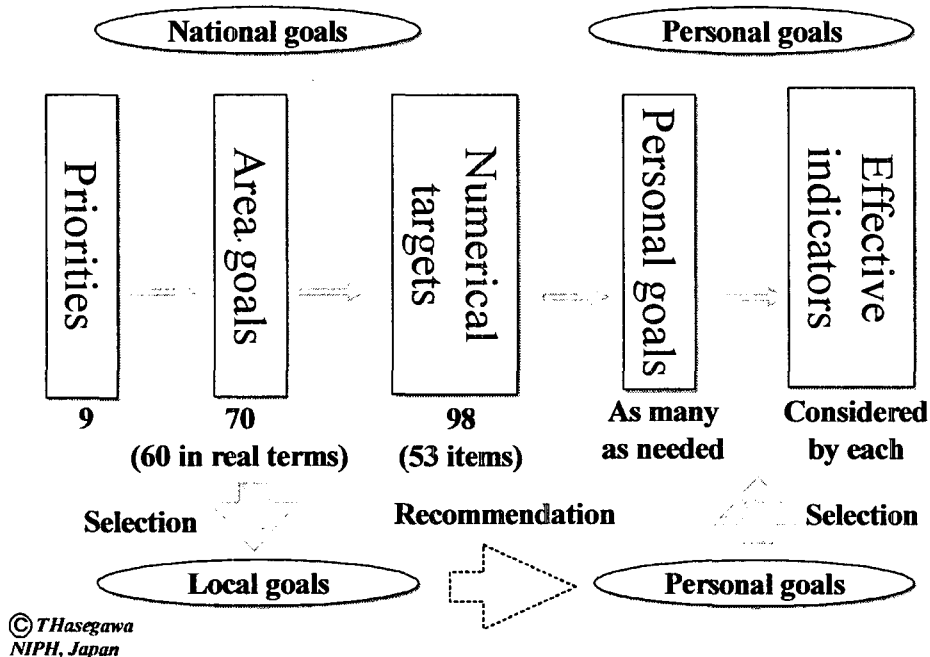


Fig. 9

## 2. Goals for individuals

The indices proposed by the Ministry of Health, Labor and Welfare are those used in cooperation with individual citizens who participate in “Healthy Japan 21” and actualize health. They may be used to evaluate a citizen’s activities and should be the ones that can be shared among them. Based on these indices, prefectural governments and local municipalities select appropriate indices of their own; other indices may be added if necessary. In reality, the decision on what indices to select will be based on the current conditions in that particular area.

Individual citizens are also expected to have their own plans. To support their planning, it is necessary to replace the numerical indices indicated by the government with specific actions that citizens may carry out. In such a form of support, the

government does not insist on fixed principles or just causes as it frequently has in the past; instead it must consider what method is most suitable to match the status of the citizens, adopting a realistic and strategic approach, while aiming at a solution to the problem.

### 3. New indices

In past practice of public health activities, a target index was for mortality within a large population group, as illustrated by suggestions such as “260 people died of cancer annually in a population of 100,000; let us reduce this figure to 200.” If the goal is set for an individual citizen’s health, it is necessary to give due consideration to his age and stage in life when evaluating his health situation. “Healthy Japan 21” adopts the life stage mortality concept; in which the probability that a person with certain attributes will die from certain causes is computed based on his life stage (Fig. 10). By using this index, the general health of a person at various life stages can be objectively indicated. This index can be shared by citizens who intend to achieve health and the society that supports them.

## New Indicator for Premature Death

PYLL: “Triangle of Premature Death” \*arbitrarily set

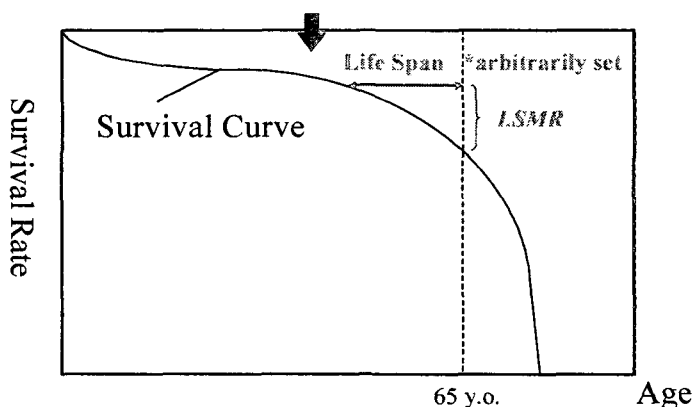


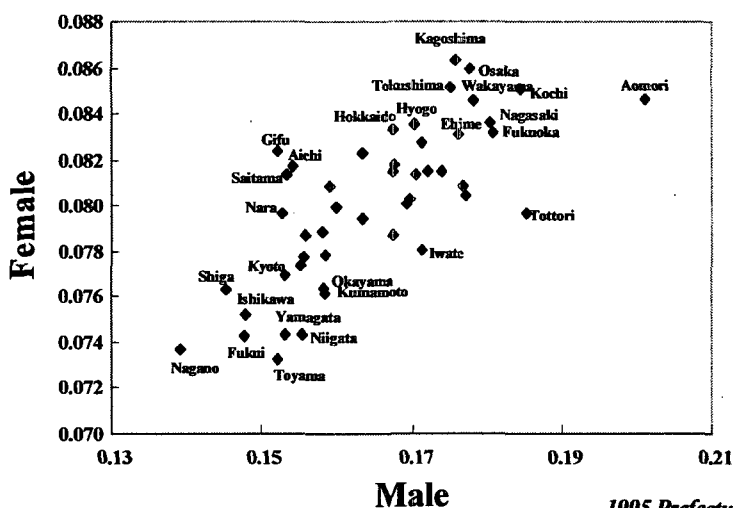
Fig. 10

## V. The objects of “Healthy Japan 21”

### 1. The objects, area, and workplace of the past

For the objects, the focus was placed on certain areas of prefectures, local municipalities or various work sites (workplace). Even when determined by using the new health index, life stage mortality, a difference as much as 1.7 times is found among prefectures in the probability that death will occur up to the age of 65 years (Fig. 11).

### Life Stage Mortality Rate 0-64 yrs old \*



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1995 Prefecture Life Table  
\* Exclusive of deaths due to the earthquake in Hyogo pref.

Fig. 11

When various occupations are compared, mortalities are higher among farmers and young females in managerial positions (Fig. 12).

## Relative Mortality of Executives to Total Population

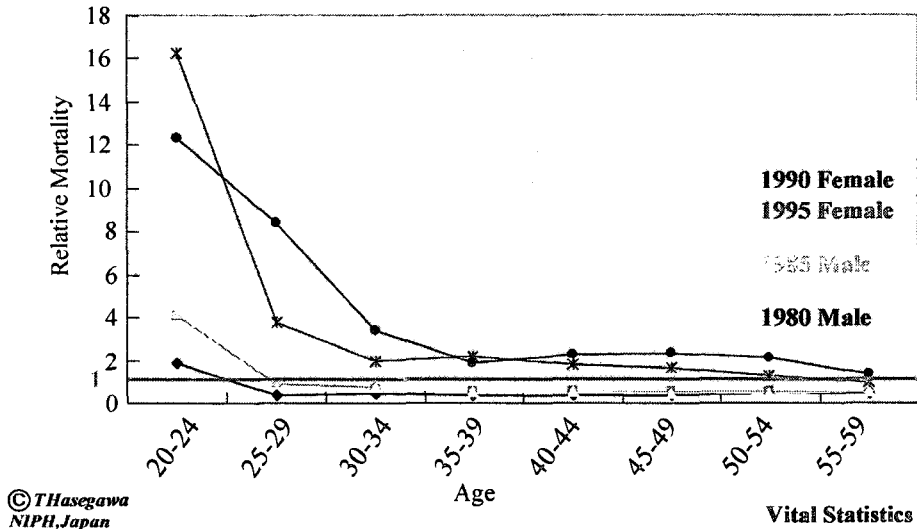
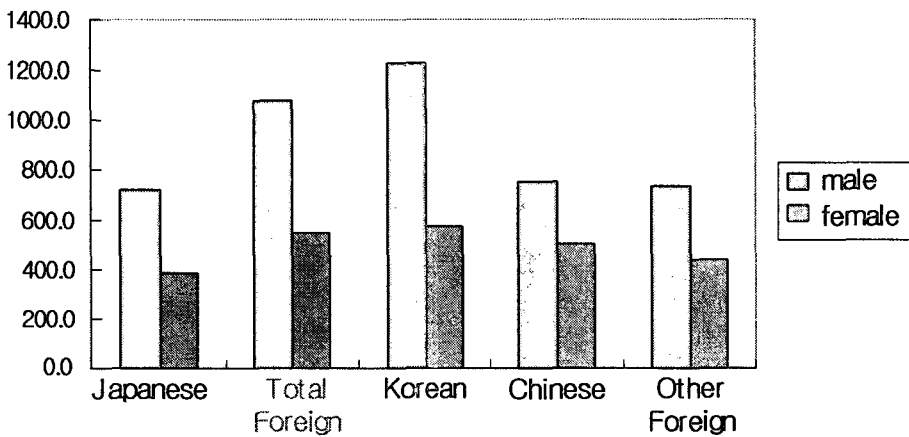


Fig. 12

When mortality is examined among aliens residing in Japan, the age-adjusted mortality for Korean men was 1.7 times the average for Japanese (Fig. 13).

## Age Adjusted Mortality Rate in Japan Per 100,000



Japanese Vital Statistics and Census 1995

Fig. 13

It is believed that the objects of the campaign should not be limited to those that have been examined in the past: those groups of people who are not necessarily healthy should be newly identified and included in the objects of this policy.

## 2. The objects and generations that are newly proposed in the policy

It is believed that Japanese society is formed by various birth cohorts; or it is understood that society is formed while various generations exert influence on each other, as in a federated nation that is composed of diverse generations (Fig. 14).

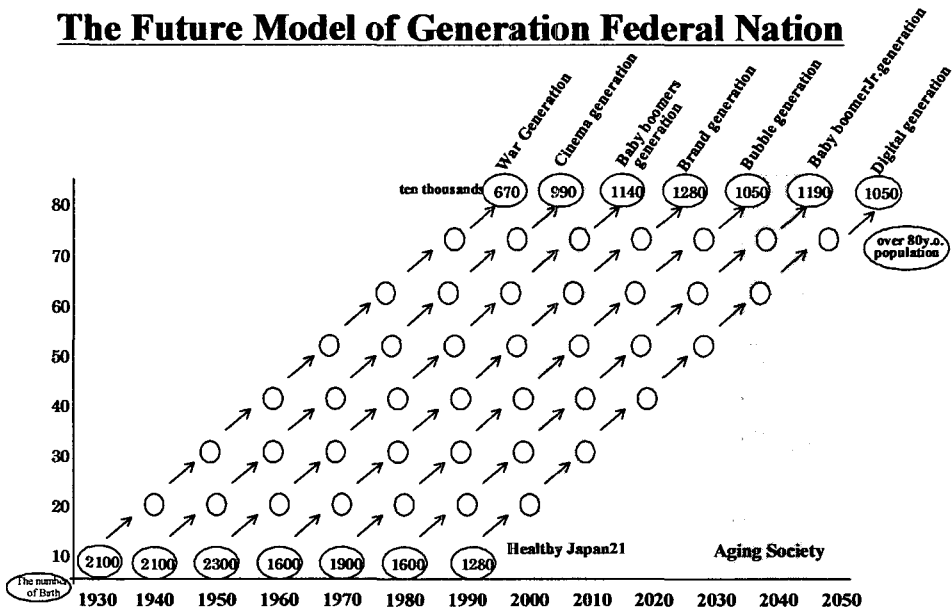


Fig. 14

Therefore for health policies for the 21st century, it is necessary that first, each policy be prepared for a generation in which the presence of an aged population is projected. In addition, generations share a diet, exercise habits, and life styles; and they are likely to share common risks for certain diseases. When support is offered for achieving good health by using societal resources, groups that share similar concepts

or value judgments may be regarded as the groups that will conceive effective actions to be carried out. For these three reasons, “Healthy Japan 21” is considered to be the first policy in the world that treats groups as its object. The generations that will emerge in the 10-year period ending in 2010 represent those preceding and succeeding the groups in transition between phases I and II in life. Specifically, the so-called “bubble” generation that is involved in child-rearing followed by care of their parents is considered to be a likely object of the policy. In addition to conventional groupings according to age, this new generation will be very useful.

## **VI. Methodology adopted by “Healthy Japan 21”**

### **1. Conventional methodology for public health**

For a public health methodology, there are various approaches: primary, secondary, and tertiary preventive methods that are based on the natural history of a disease; high risk approaches related to health promotion, health protection, disease prevention in response to the pathogenesis of a disease, and interventional methodology; and finally a group approach.

Primary prevention to avoid diseases by distancing oneself from a disease source is represented by an enlightening approach, such as hygienic improvements and health education. A good example of secondary prevention, in which a disease is detected early so that early treatment may be started, is screening for cancer and circulatory diseases. The tertiary prevention is intended to treat patients so that complications can be eliminated as early as possible and prompt social rehabilitation may become possible: this approach includes clinical treatment and rehabilitation. The high risk approach is applied only to that segment of the population at high risk. Those individuals with factors that may lead to the development of diseases are counseled and treated to eliminate those factors. The population approach is a means intended to reduce a risk for the entire population through actions such as providing health education for the public (Fig. 15).

## Classification by Subject

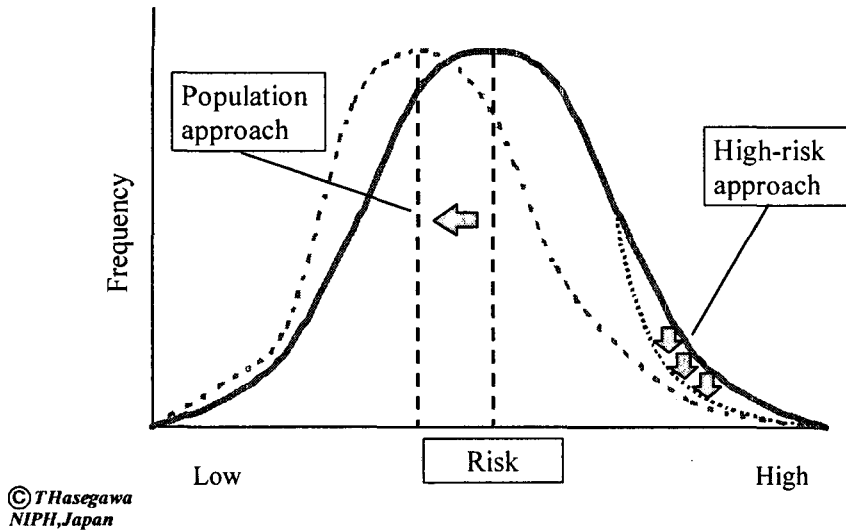


Fig. 15

Traditional public health activities have tended to employ the strategies of secondary prevention and the high risk approach. Needless to add, secondary prevention, which purports to detect diseases early to control and prevent complications continues to be important. However, it is necessarily targeted to only those people at high risk and it may not be effective when examined from the viewpoint of the distribution of medical resources.

### 2. New concept in methods of prevention

For an aging society that requires greater resources, efficacy and efficiency for prevention must be clearly indicated to avoid wasting policy resources. To utilize the precious resources and implement efficient preventive measures, it is necessary to aim at helping citizens achieve healthy status, while emphasizing primary prevention and using the group approach. This basic stance has also been witnessed in the worldwide trend promulgating new public health activities.



“Healthy Japan 21” does not make citizens follow administrative intentions through conventional interventional health guidance. It emphasizes the importance of better organization of a social environment that may aid people’s life styles while focusing on continuing health learning by individuals. It also demands a change from an attitude that “problems can be solved by offering sufficient services in the areas of public health and preventive medicine” to “society offers help so that individuals may achieve a satisfactory health status.”

### **3. Social marketing technique**

In implementing the “Healthy Japan 21” that is based on the new concept described above, it is necessary to carry out actions to suit the health status that objects need or expect.

For the social marketing that has been suggested for a methodology for this purpose, 4 stages, which are based on bi-directional interactions, are considered: “comprehending the status of individuals that constitute the object of the policy”, a stage of so-called market research in business activities; a stage of “transmitting messages to the objects” (resembling PR in business); a stage at which “the resources, which each person constituting the object of the policy may select, is developed based on information that has been provided”; and a series of social mechanisms, all of which are believed to lead to the building of a community (Fig. 16). Specific generation is set for the target based on life course approach (Fig. 17).

Activities to achieve an ideal health status necessarily include elements to construct a community so that the society as a whole will be transformed into one that supports the health of its citizens. This process will produce a significant effect only through innovativeness on the part of the citizens and support of the participants. On the whole, changes in an individual's attitude and the social structure mean creating a new society; and that people in multiple fields are involved in this creation. For this process, marketing methodology, which effectively utilizes the mass media to influence people, will be found to produce a notable effect.

# 4 Factors of Social Marketing

## Interactive Information Exchange

.....Market Research

## Information Provision for Selection

.....Empowerment

## Social Instrument for Empowerment

.....Development of Resources

## New Social Designing

.....Social Designing

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Fig. 16

### Life Course Approach to Risk Factors & Challenges by Generation

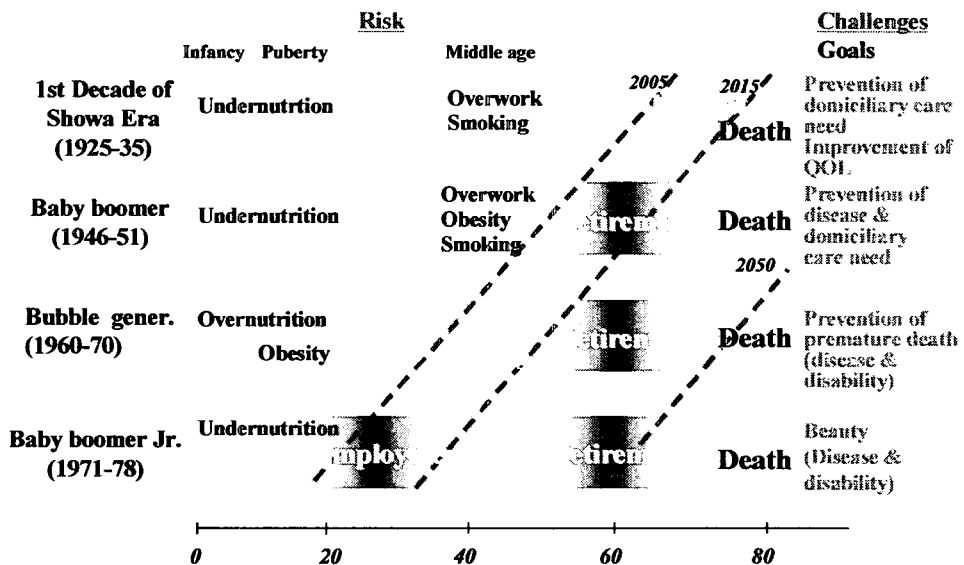


Fig. 17

## VII. Summary

The ultimate aged society that arrives first in Japan is a society in its ultimate form for human being. Why did Japan become westernized, giving up her traditional culture? Why did she go through industrialization, sacrificing her nature? And why does she try so hard to industrialize the developing countries? These efforts are all preparation for the arrival of a ultimate aged society. During the 20th century, we believed in unlimited possibilities and expanded our social frontier. In the 21st century, on the other hand, a super-aged society (the ultimate society), a glimpse of which we have witnessed from time to time, will descend on us sooner or later. It is expected to arrive first in Japan.

“Healthy Japan 21” is intended to prepare for the arrival of the hitherto unheard of super-aged society by building the physiological basis of people. This policy is social experimentation on an immense social scale, in which questions are posed on the understanding of health, the relationship between individuals and society, the relationship between administration and citizens, the manner by which central and local governments operate, and the new relationship between prevention and therapy. “Healthy Japan 21” may be summarized as an experiment on a huge scale directed to the ultimate form of human society, in which Japan and each of her citizens play a role and set an example for the rest of the world. Even just by considering various approaches newly suggested for this venture, one may be convinced that it is a policy with features suitable for a country that has already achieved the world's highest longevity.

## 건강한 일본 21

### - 21세기 일본의 건강 증진 정책에 대한 새로운 전망 -

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“건강한 일본 21”은 21세기를 위해 제시되어져온 새로운 보건 정책이다. 이 정책은 관점과 방법면에서 완전히 새로운 개념을 담고 있다. 시작부터, 그 정책의 목적은 단순한 삶의 연장 이라기 보다는 질병으로부터 자유로운 삶 또는 삶의 질적인 측면에 초점을 두고 있다. 신조에 있어서도, 중요시되던 부분이 전체 인구의 건강의 향상(건강향상)에 대한 전통적인 접근)에서 획기적으로 각 개인의 이상적인 건강 상태를 성취하는 것으로 바뀌었다.

일본이 최초로 도달하는 고령화 사회는 인간을 위한 궁극적인 삶의 형태를 토대로 한 사회이다. 왜 일본은 그들만의 전통적인 문화를 포기하면서 서구화되었는가? 왜 그들의 자연을 희생하면서 산업화 과정을 거쳐왔는가? 그리고 왜 일본은 개발 도상국을 산업화하기 위해서 그렇게 열심히 노력하고 있는가? 이러한 노력들은 모두 고령화 사회로의 도달에 대해 준비를 위한 과정이다.

20세기 동안, 우리는 무한한 가능성을 믿었고, 우리사회의 미개척 영역을 확장해왔다. 반면에 21세기에는 우리가 가끔씩 목격해 왔던 초 고령화(Super-aged)사회가 조만간 우리사회가 직면하게 될 것이다. 이것은 또한 일본에도 예외 없이 처음으로 도달할 것이라 예상되어 진다.

“건강한 일본 21”은 인간의 생리학적인 토대를 구축함으로써 전대 미문의 초 고령화 시대의 도래를 준비하기 위해 의도된 것이다. 이 정책은 거대한 사회의 규모에 대한 사회의 실험이다. 그 속에는 건강에 대한 이해, 개인과 사회와의 관계, 정부와 시민 간의 관계, 지방정부와 중앙 정부가 시행하는 정책, 및 예방과 치료간의 새로운 관계 등에 대한 질문을 담고 있다.

“건강한 일본 21”은 인류사회의 초 고령화 현상에 의해 시행되는 거대한 규모의 실험으로 요약되어 질 수 있다. 그 속에서 일본정부와 국민들은 각자의 역할을 맡고, 나머지 세계를 위해 예를 제시 할 것이다. 단지 이러한 모험을 위해 새롭게 제시된 다양한 접근 방법을 고려하는 것 외에도 “건강한 일본 21”은 세계 최고 수준의 평균수명을 이미 성취한 나라들을 위해, 적합한 정책 모델을 제시하리라 확신한다.