

Health Promotion

In Brief

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THE SCIENCE OF HEALTH PROMOTION

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- Kenneth R. Pelletier 216 **International Collaboration in Health Promotion and Disease Management: Implications of U.S. Health Promotion Efforts on Japan's Health Care System**
An evidence-based review of the literature on the health and financial impact of U.S.-based workplace health promotion programs was conducted to determine the insights that might be drawn from these programs to inform the development of programs in Japan. These insights include the following: Randomized controlled research designs are the gold standard in research, but may not be realistic for workplace health promotion programs. Comprehensive multifactorial programs are most likely to produce positive health outcomes. In measure the financial impact of programs, measures of medical cost provide an incomplete picture; measures of disability management, and productivity enhancement are important, especially in an aging society. To produce long-term change, programs should be maintained on a long-term basis. Measuring the impact of programs on retirees and dependents is important, but often neglected in U.S. studies. Creating health enhancing workplace environments is important to create lasting change, but is often neglected in U.S. research.
- Financial Analysis**
- Yosuke Chikamoto 230 **Relationships Between Behavioral Risk Factors and Dental Care Costs in a Japanese Worksite**
Isao Igarashi
Rina Yamada
The relationship between dental-related behaviors and dental utilization were studied among 5915 employees in a Japanese worksite during the year 2000. Dental costs made up 24.3% of total medical costs, and averaged 11,816 yen (about U.S.\$98) per person per year. Only 38% of employees used any dental care, and that group visited the dentist an average of 7 times during the year. Over 75% of employees reported brushing at least once per day and 60% said they used a relatively new tooth brush. All demographic and behavioral variables explained only 1.4% of the variance in having any dental costs. Tooth brushing and smoking were not statistically significant predictors. Age and gender explained 8.1% of the variance in having dental costs at the 90th percentile. Toothbrushing increased the variance explained to 9.5% and smoking behavior was not a statistically significant predictor.
- Wendy D. Lynch 238 **The Association Between Health Risks and Medical Expenditures in a Japanese Corporation**
Yosuke Chikamoto
Kumiko Imai
Tsui-Fang Lin
Donald S. Kenkel
Ronald J. Ozminowski
Ron Z. Goetzel
The relationship between health risks and medical care expenditures for fiscal year 2000 was examined among 6543 predominantly male, white collar employees of a large Japanese electronics company. Average total expenditures were 48,017 yen (U.S.\$445). The 90th percentile of the expenditure distribution was approximately 111,750 yen (U.S.\$1037). The most commonly reported risk factors were lack of exercise (52.9%), current smoking (35%), stress (33%), and poor nutritional habits (23.6%). Least common were recently quitting smoking (2%), high blood pressure (4.1%), and high blood glucose (9.4%). The prevalence of overweight or obesity was 15.9%. High blood pressure and recent quitting were consistently related to high expenditures, after adjusting for the influence of other predictors. Adjusted expenditures were 76% higher for recent quitters and 22.6% higher for employees with high blood pressure. Current smoking, poor nutrition, and alcohol risk were also associated with lower expenditures. Those with multiple cardiovascular risk factors had adjusted medical expenditures that were 128% higher than those with no cardiovascular risks. Those who had multiple risk factors for stroke had expenditures that were 13% lower than those without stroke risk factors. This paper represents a first step in examining the association between health risks and medical expenditures in Japanese employees.
- Yumiko Nishimura 249 **Association Between Lifestyle-disease Diagnosis or Risk Status and Medical Care Costs in a Japanese Corporation**
Yosuke Chikamoto
Hideaki Arima
Medical care costs were compared among 3292 employees age 34 and older in a Japanese corporation who were categorized into one of four groups: 1) those diagnosed with diabetes, hypertension or hyperlipidemia, 2) those with none of those diagnoses, but extremely high levels of blood glucose, blood pressure or total cholesterol, 3) no diagnosis but high levels of the blood glucose, blood pressure or total cholesterol and 4) those with normal levels of glucose, blood pressure or total cholesterol. Among men and women, 14.9% had diagnoses, 24.6% were extremely high risk, 40.9% were high risk and 19.7% had none of these risks. Those with diagnoses had mean medical costs more than double the other groups, and were more than six times as likely to have high costs (90%), but there were no statistically significant differences in costs between the three groups with no diagnosis.
- Commentary**
- Jamie Hwang 255 **The Evolution of Tobacco Use and Control in the United States: An Interview With Dr. John Farquhar**
Yumiko Nishimura, Associate Director of the Asia/Pacific Research Center's Comparative Health Care Research Project at Stanford University interviewed John Farquhar, Professor Emeritus of Medicine and of Health Policy and Research at Stanford University about tobacco control in the United States and lessons that might be extracted to address tobacco control in Japan.
- Yumiko Asukai 260 **Tobacco Control: Recent Movements in Japan**
Yoichi Torii
Yosuke Chikamoto
The authors contend that tobacco control in Japan has not kept pace with the rest of the global community in the last several decades, and 48.3% of men identify themselves as current smokers. Government programs to reduce smoking are based on courtesy and avoiding moral corruption of youth, not protecting health. National health goals include encouraging exercise, nutritious diet and appropriate rest, but do not mention tobacco control. Japan has more than four times as many cigarette vending machines as the United States, and national excise taxes are among the lowest in the world. These policies may be influenced by the fact that the national Ministry of Finance owns 66.73% of the stock of the Japan Tobacco, one of the largest tobacco companies in the world.



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