

# Population Ageing, Baby-Boomer Cohorts and Health Care Reform: their Implications for Genders

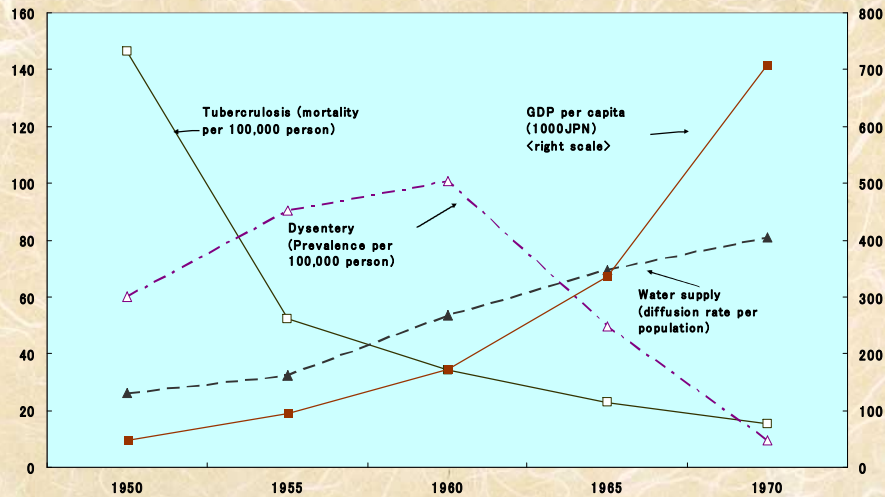
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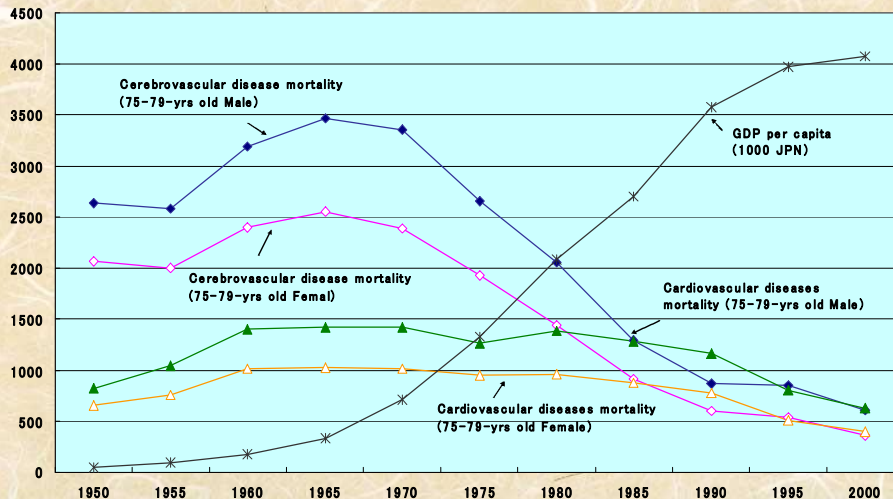
## The Overview of Japanese public health in latest fifty years (1)

Fig. 1 Trends of tuberculosis mortality, dysentery prevalence, GDP per capita and receiving population of water supply (1950-1970)



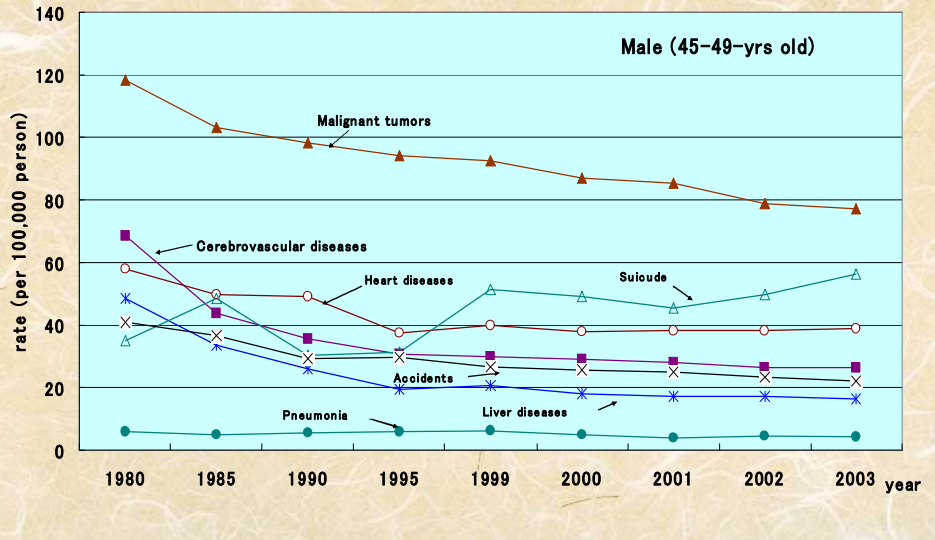
## The Overview of Japanese public health in latest fifty years (2)

Fig. 2 Trends of Cerebro-, Cardio-vascular diseases mortality and GDP per capita (1950-2000)



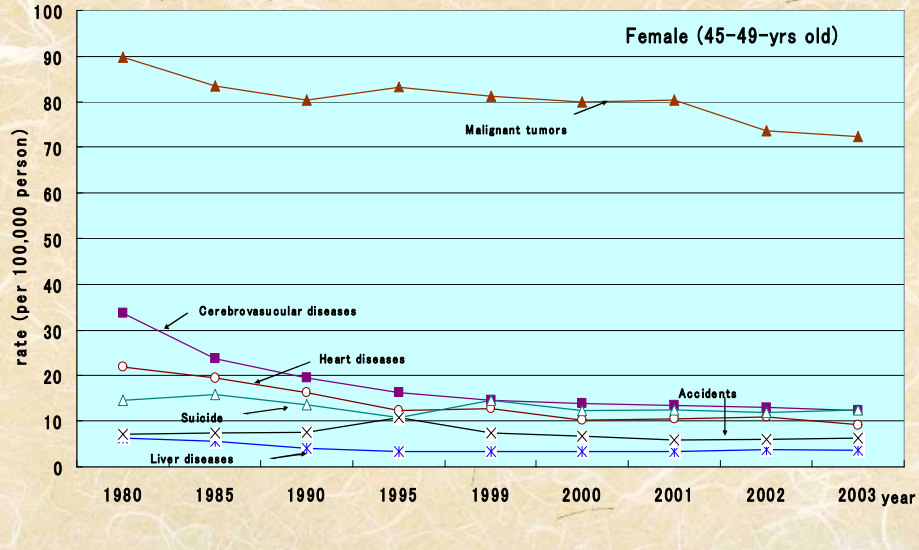
### The Overview of Japanese public health in latest fifty years (3)

Fig. 3 Trends of major cause of death and mortality in middle-aged male (1980-2003)



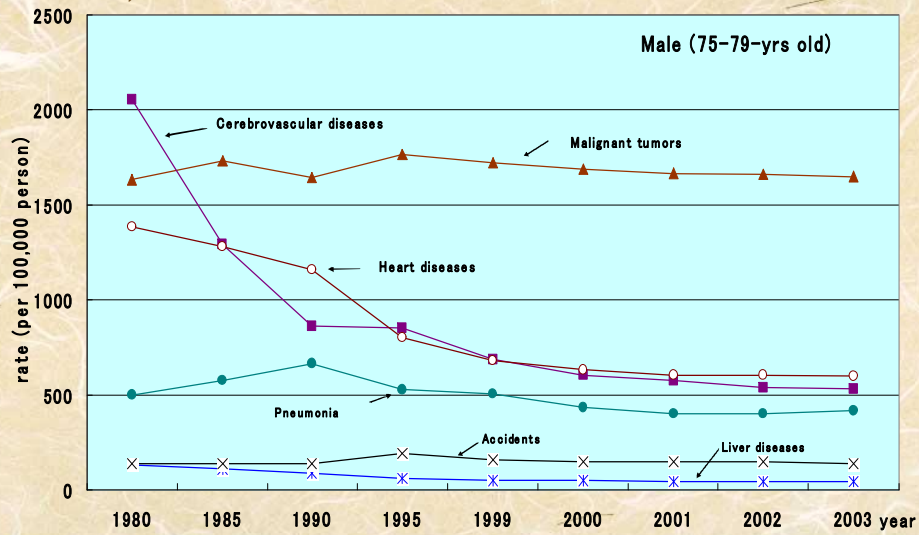
### The Overview of Japanese public health in latest fifty years (4)

Fig. 4 Trends of major cause of death and mortality in middle-aged female (1980-2003)



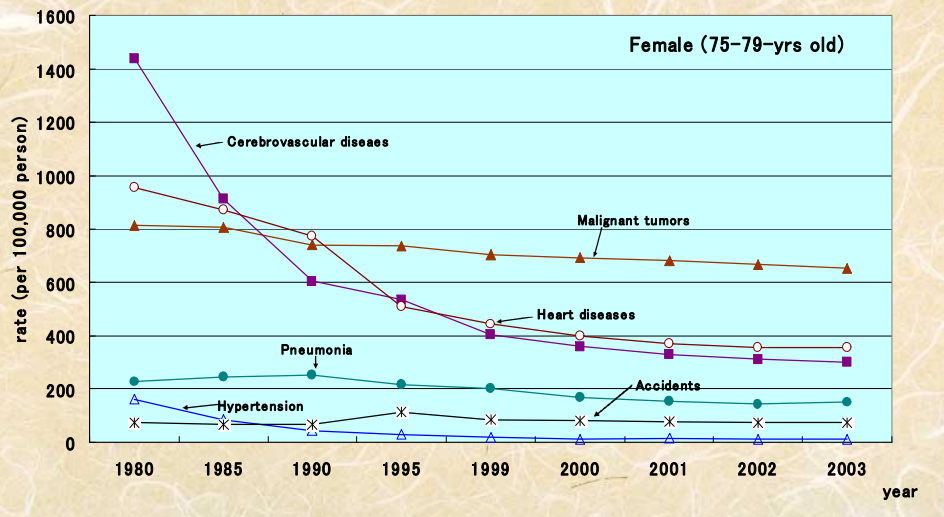
## The Overview of Japanese public health in latest fifty years (5)

Fig. 5 Trends of major cause of death and mortality in elder male (1980-2003)



## The Overview of Japanese public health in latest fifty years (6)

Fig. 6 Trends of major cause of death and mortality in elder female (1980-2003)





## Japanese experience in socioeconomic change and public health

### Public health during the economic growth era

- Investment on modernization of sanitary system reduced infection of communicable diseases
  - ← Traditional public health phase
- Introducing the Universal Health Insurance system and the Public Health Center system were effective to control chronic lifestyle diseases (ex. Cerebrovascular and cardiovascular diseases mortality fell rapidly.)
  - ← Therapeutic and educational phase of public health.

### Public health under the mature economy and population aging

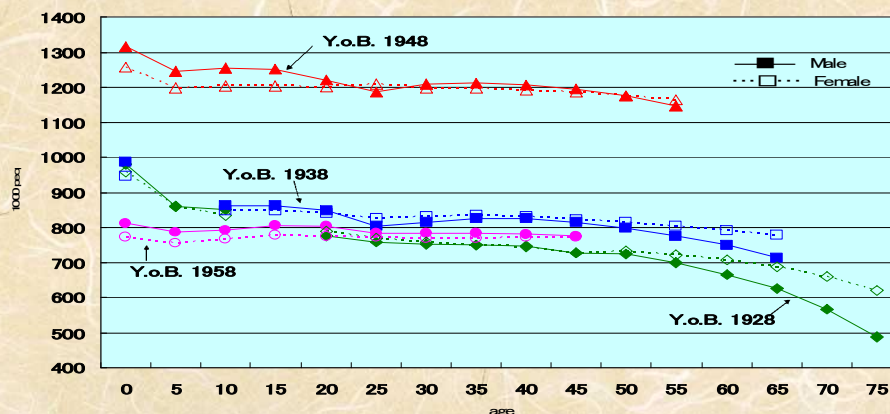
- Public health programs face a difficult phase to control malignant tumors and mental health sector. (ex. Malignant tumor is still major cause of death, suicide increased in middle-age male.)
  - ← New (Modern) public health phase?

## Health Problems in the graying baby-boomer generation: characteristics of baby-boomers (1)

### Large population

1947-1949 birth year cohort was 8,057,000 people at birth. 6,798,000 people in 2004.

Fig. 7 Population of birth year cohort by age



Source: Statistic Bureau, Ministry of Public Management, Home Affairs, Posts and Telecommunications, Japan. "Population Estimates of Japan 1920-2000". "Current population estimate (As of Oct. 1st., 2003)".

## Health Problems in the baby-boomer generation: characteristics of baby-boomers (2)

- Concentrate in urban area  
49.2% of the cohort lived in three large urban area (Tokyo area: 26.5%, Osaka area: 13.9%, Nagoya area: 8.7%) in 2000.<The Population Census 2000>
- Typical “Bread-winner” households model  
Many women in this cohort leaved workforce market at marriage. Female workforce rate of this cohort at 25-29-yrs olds was 42.6%.<Labour Force Survey>

## Health Problems in the baby-boomer generation: Life style

- Life style (50-59-yrs old) <National Health and Nutrition Survey 2003>  
Smoking rate: 54.4 % (M), 12.0 % (F)  
BMI  $\geq$  25: 30.9 % (M) , 23.8% (F)  
Daily exercise (Continuing minimum 30 minutes exercise twice a week): 23.3 % (M), 28.3 % (F)  
Vegetables (recommended 350 g/day):  
311.3 g (M), 31.9 g (F)
- Health check-up (Comprehensive survey of living conditions 2001)  
Recipients rate: 72.2 % (M) , 60.9 % (F)  
Diabetes rate: 16.1 % (M), 7.1 % (F)



## Health Problems in the baby-boomer generation: Gender difference in diseases

Diseases	Patients (50-54-yrs old) (1000 people)	
	Male	Female
Tumors	11.3	18.7
Diabetes	10.6	7.7
Hyperlipemia	4.5	6.6
Mental disorders	33.8	26.2
Hypertension	18.5	21.5
Spinal disorders	5	6.6
Intervertebral disk disorders	4.8	5.4
Osteoporosis	-	1

Source: Patient Survey 2002

## Trends of Health Care Reform in Japan:

### *Main Factors affecting Health Care System*

- *Aging population*

Increasing the elderly push up health care and long-term care costs.

Low birth rate decrease the labor force .

- *Matured economy*

Deregulation in the health care sector expects to expand the market for health care industry.



To maintain the financing mechanism and coverage of social health insurance system are main issues of health care reform.

## Trends of Health Care Reform in Japan:

### *Forthcoming health care reform programs*

- Introducing a new social health insurance scheme for super aged
- Increasing out-of-pocket payment rate in Medical Services for the Aged
- Deregulation of the Private-Public health care services
- Increasing social insurance premium rates
- Remodeling the current compulsory health check-up program

## Forthcoming health care reform: their implications for “baby-boomers”

- The insurer of the New social health insurance scheme for super aged and the Longterm-Care Insurance System are local government (cities, towns and villages).

“Baby-boomers” concentrate in urban area and female lives three year longer than male. → Is it possible to maintain both social health and nursing-care insurance schemes ?

- Expanding social-private mixed medical service reduces out-of-pocket payment for advanced medical treatments.

A number of female tumor patients in “Baby-boomers” is larger than male in population. There are large potential demands for advanced medical treatments. → Who pays for the cost?

*Private medical insurance contract in the PRIVATE life insurance sector increased 161.7 % in 2004 fiscal year (not included non-life insurance sector)*



- Remodeling compulsory health check-up program focuses metabolic disorders.

“Baby-boomers” male diabetes patients rate at health check-up is 2.26 times of female. The male recipient number of medical treatment is 1.37 times of female. → Basic check-up will remodel the primary screening. Medical examination and health education provide focusing risky group.

## Present and Future Public Health Issues

- Cancer control

Loose control of pollutants considered economic growth has caused increasing cancer patient.

Ex. Mesothelioma appear thirty years later of asbestos exposure.

- Mental health problems

Biomedical model based on public health is not suitable for mental health.

Ex. Since end of 1990s, suicide among middle aged male is secondary cause of death.

- Control of lifestyle influence

Public health faces comprehensive social approach.

Ex. Barrier-free housing program may reduce risk of long-term care caused from in-house accident.

Improvement of the labour market may reduce the suicide among middle-aged male.