

Great Centenarians

〈Population Aged 100 and Over〉 (People)

1968	153	2030	273,000
1988	2,668	2055	634,000
2008	36,276		

Source: Ministry of Health, Labour and Welfare and National Institute of Population and Social Security Research, *Latest Demographic Statistics*, 2008



Kimi Shindo
(Born in 1908, Age 100)

Ms. Kimi Shindo set up a shanty on the devastated land soon after World War II to start a handcrafts shop, harnessing buttons and threads which she had managed to gain under supply shortage. Her effort was rewarded and the business developed over time to open two branches. She continued to look after the shop until she was 93 or 94 years old.

Several years ago she wrote down “I wish to live to 100 years old!” on the strip of paper at Tanabata (Star Festival, Legendary once-a-year rendezvous of two stars in the Milky Way), and ultimately her wish came true. Her next wish is to live to 110 years old.

From a series of “HYAKU-SAI-OH (Great Centenarians)”
photographed by Shoichi Ono

These are photos of older people aged 100 and over who live in an exotic port city Yokohama.
956 centenarians live in Yokohama as of January 1, 2009.
Indicated is the age when the photo was taken.

Health Status

3.

Health Status

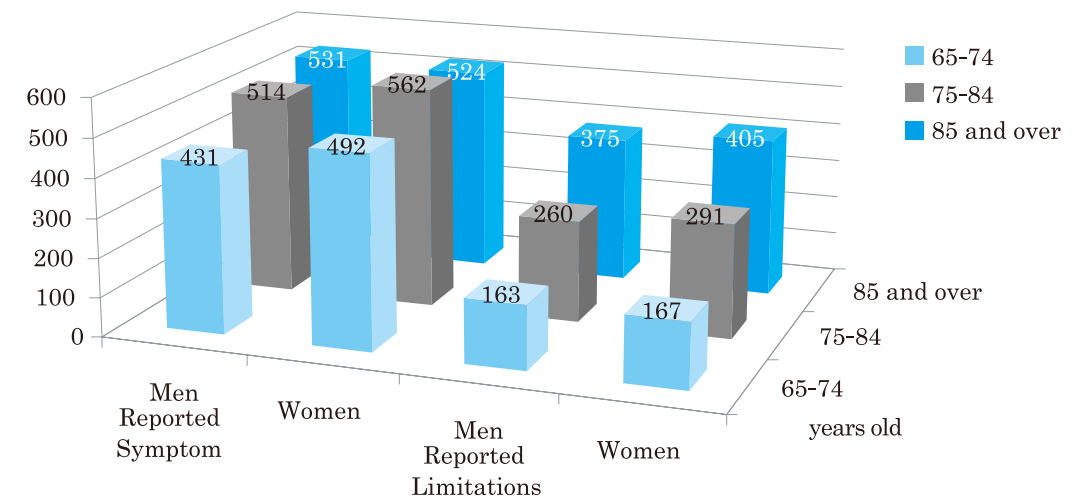
Health Consciousness

Japanese older people see themselves as fairly healthy—about 20% rate their health as good or very good, 25% poor, and 40% as satisfactory. However, about half feel they have some symptom of illness. ^{*4}

Interestingly, the proportion of older people with subjective symptoms of illness is not very different across age groups. In contrast, a more behavioral measure—the proportion reporting that their daily life is affected by some health condition or disability, which is about 1/4 of everyone aged 65 and over—does rise sharply with age. (3-1)

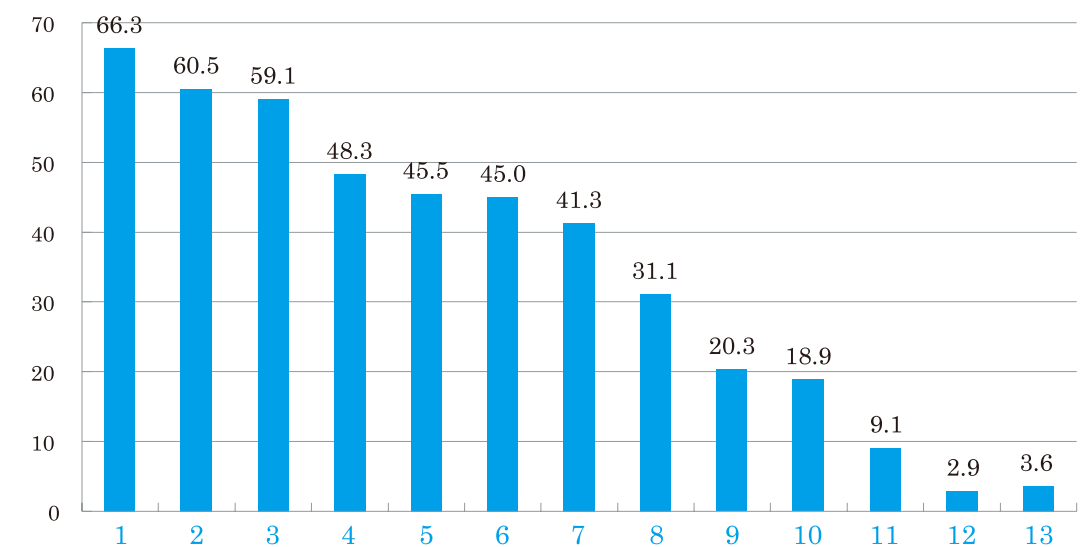
Japanese older people are health-conscious, and try to stay healthy by getting enough hours relaxation, maintaining a regular schedule, eating nutritionally balanced meals, doing walking and sports, and so on. (3-2)

3-1 Symptoms and Limitations Reported by 65 and Over (per 100,000 people)



Ministry of Health, Labour and Welfare, *Comprehensive Survey of Living Condition of the People on Health and Welfare*, 2007

3-2 Health Promotion Measures among 65 and Over (%)



1. Sufficient relaxation and sleep
2. A regular daily schedule
3. Nutritionally balanced meals
4. Walking and other physical activities
5. A positive mental outlook
6. Periodic medical check-ups
7. Enjoyable hobbies
8. Frequent outings to visit, shop, walk, etc.
9. Participating in community activities
10. Abstaining from drinking and smoking
11. Taking supplements and tonics
12. Other
13. Do not care about health promotion

Cabinet Office, *International Study on Living and Consciousness of Senior Citizens*, 2005

Health Status

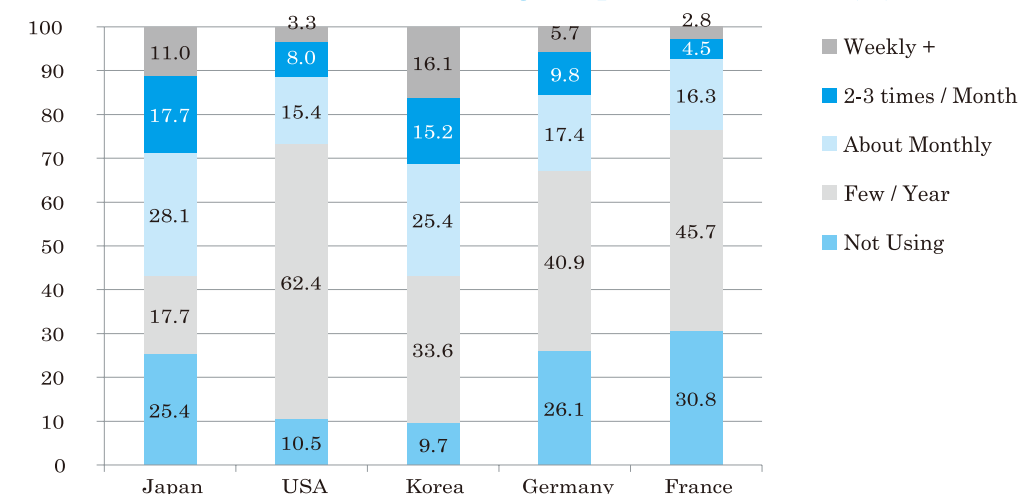
Utilization of Health Care

People aged 65 and over also consult doctors relatively often, about 60% see a doctor at least once a month, which is two or three times the rate found in the US, Germany and France (although similar to Korea). (3-3)

As people get older they are more likely to visit physicians, and in particular to enter hospitals. (3-4) For example, on a given day in 2005, only 0.3% of people in their early 30s were in the hospital, and 2.9% were visiting a physician. Among people aged 75-79, 3.5% were in the hospital and 14% visited a physician.*5

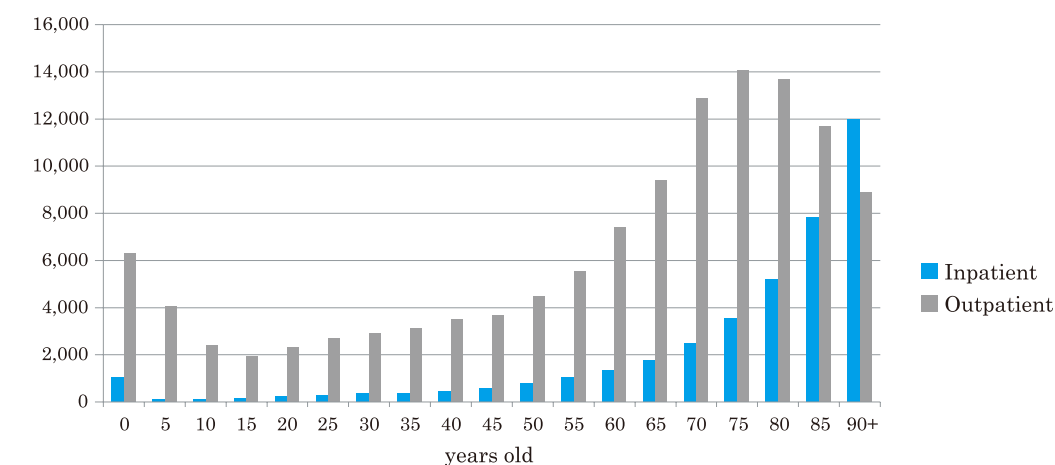
In 2005, the 20% of the population that is aged 65 and over accounted for just over half of all health care spending. As the number of older people, particularly aged 75 and over people, continues to grow, their proportion of health care spending inevitably will rise. (3-5)

3-3 Health Care Utilization Among People 65 and Over (%)



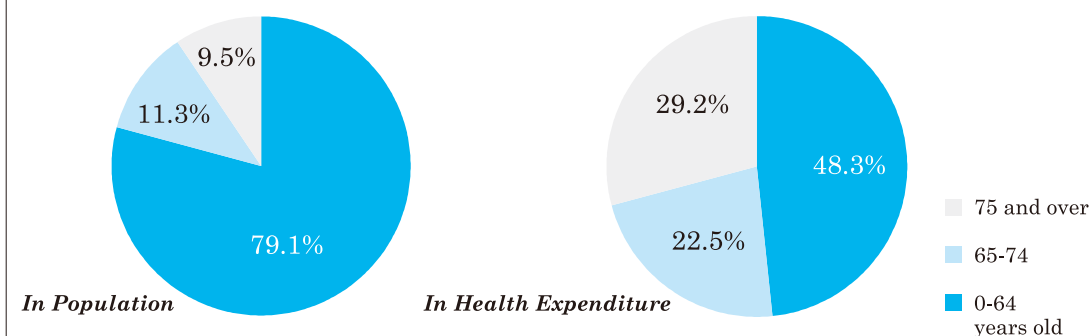
Cabinet Office, *International Study on Living and Consciousness of Senior Citizens*, 2005

3-4 Health Care Utilization by Age Group (per 100,000 people)



Ministry of Health, Labour and Welfare, *Patient Survey*, 2007

3-5 Population Ratio and Total Expenditure on Health by Age Group (%)



Ministry of Internal Affairs and Communications, *Population Estimates*, 2006
 Ministry of Health, Labour and Welfare, *Outline of National Health Expenditure*, 2006

Health Status

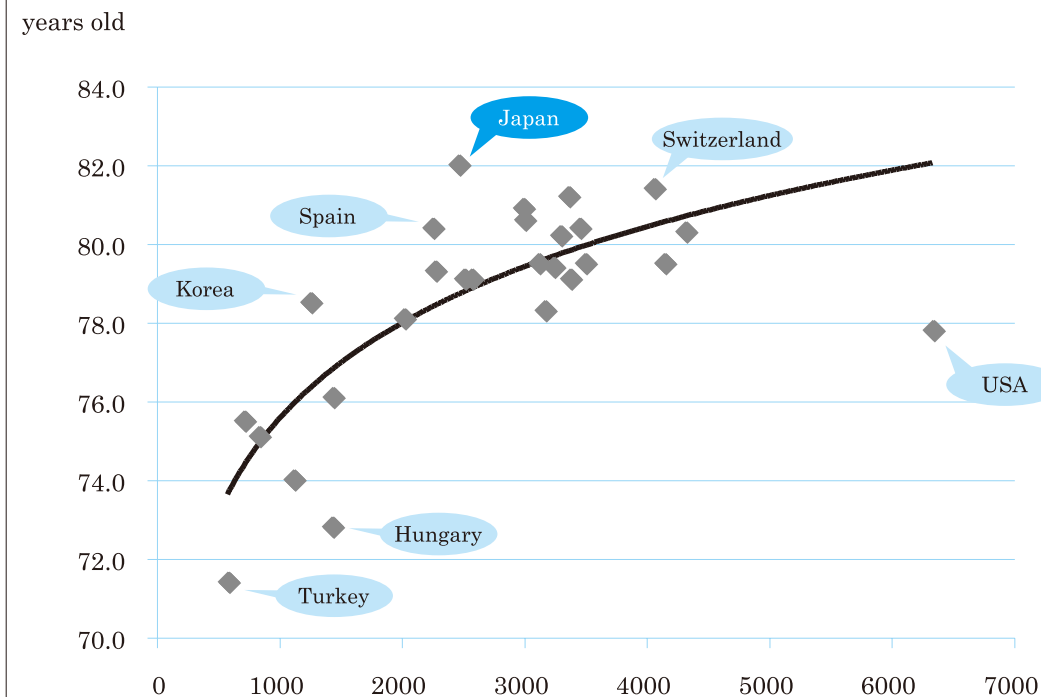
Expenditure for Health Care

Japan has lower per person health care expenditures (2,474 US \$) than most other developed countries, while the life expectancy is the highest (82.0) of all. On this point of view, it may be certain that the policy related to health care is implemented effectively in Japan. (3-6)

For most older Japanese, medical care is not a great financial burden. Like everyone else, they participate in publically mandated health insurance, and pay monthly premiums, plus a co-payment for in-patient and out-patient treatments and pharmaceuticals. However, except for relatively affluent people, both premiums and co-pays are substantially lower for older people than for the rest of the population. Because their medical needs are higher and their financial resources lower, older people's health care costs are substantially subsidized both by general revenues and by the working-age population through their health insurance programs.

Both to hold down future spending and for its own sake, the Japanese government has long encouraged preventive health care practices, including provision of free annual medical checkups and consultations for older people. Recently concern has grown about increases in obesity and problems with blood pressure, cholesterol, and diabetes. All these conditions increase the risk for heart and cerebrovascular diseases. A campaign is on to detect symptoms of such "metabolic syndrome" early and encourage appropriate lifestyle changes as well as medical treatment.

3-6 Total Expenditure on Health per Capita in US\$ ppp and Life Expectancy at Birth in OECD Countries (2005)



OECD, OECD Health Data, 2007

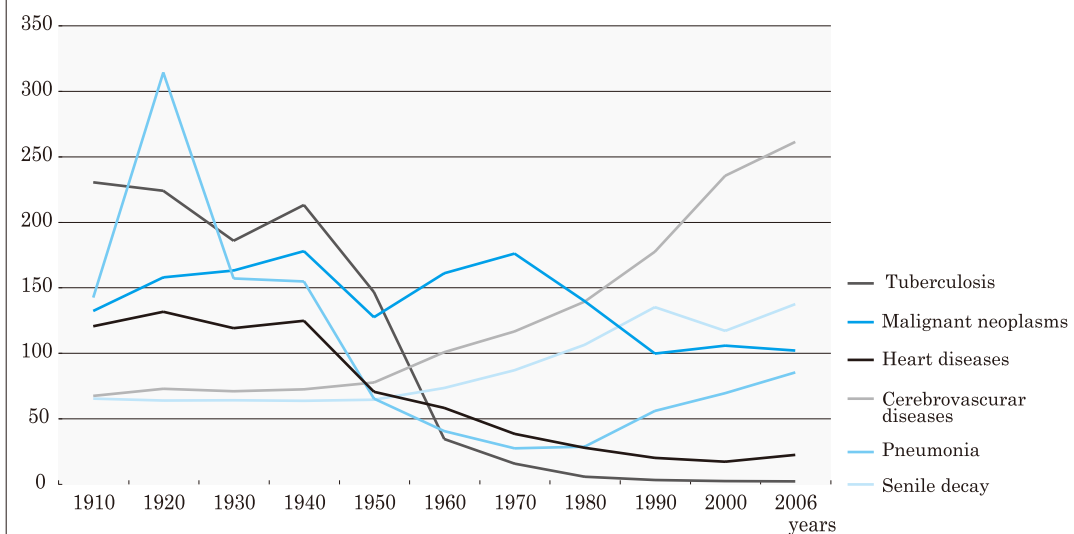
Health Status

Changes in Causes and Places of Death

The prevalence of diseases is significantly different from those in 1950s, when the primary causes of deaths were tuberculosis, cerebrovascular diseases and pneumonia. The changes in causes of deaths are due to improvement of public health measures as well as of medical and pharmacological technology. (3-7)

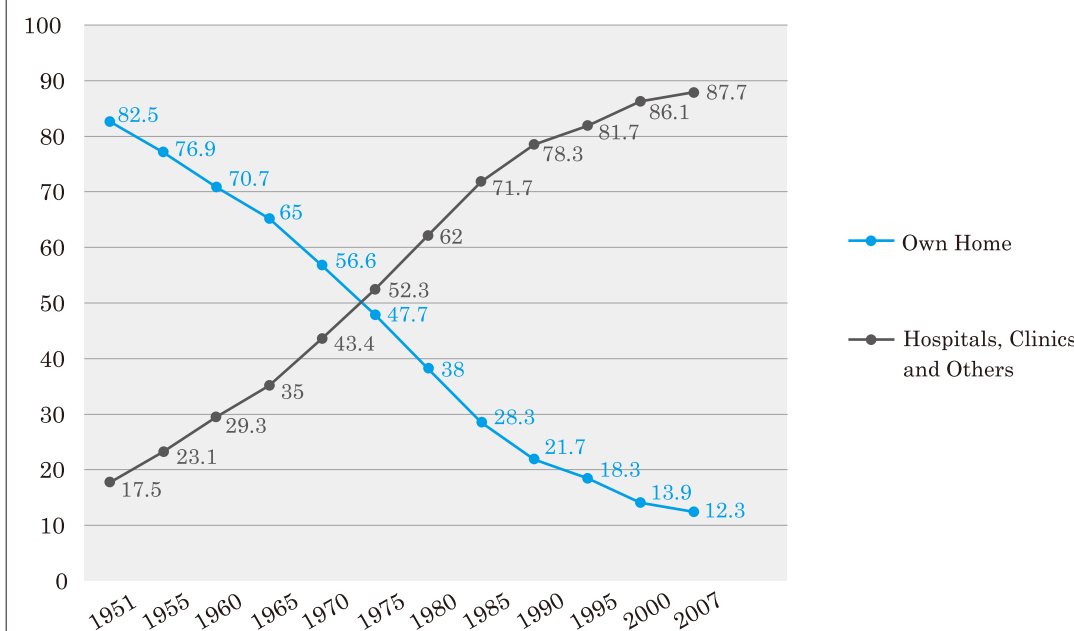
A major change during the period from 1950 to 2000 is from dying at home to dying in a hospital. This development is problematical in terms of both health care costs and the interests of the dying people and their families. Movements have developed in response to changes in pattern of dying. Some advocate the use of advance directives or living wills to allow patients greater choice about how much their lives should be extended with technology. Others encourage the development of better palliative and terminal care, which thus far has been available mainly in hospitals and for cancer patients. Good hospice care should be available to all dying people at home or in a nursing home if they and their families desire it. (3-8)

3-7 Causes of Death (per 100,000 people)



Ministry of Health, Labour and Welfare, *Vital Statistics*, 2006

3-8 Changes in the Place of Death (%)



Ministry of Health, Labour and Welfare, *Vital Statistics*, 2007