

Maurer's Healthcare Insight (85)

Updating the Numbers

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How the custom of writing an annual piece on numbers published by the MHLW got started is a mystery. Most likely it stems from my experience of practically living in the then called *Koseisho* from 1987 to 1993 while representing the US PMA. The Ministry then and now compiles a wealth of numbers on health and welfare in Japan. Hard to say if this is a productive exercise. Does counting every tree result in Ministry officials losing sight of the forest?



Whether or not the data leads to policy initiatives is questionable, but it does allow an observer to measure the health of this society. I recently talked to an American who lived and worked in China for many years. He married a Chinese woman and speaks and reads Chinese like a native. They have two teenage children and several years ago elected to live in Japan. When asked why, his response was a surprise. "In China people dispose of their garbage by throwing it out the window on to the street. In Japan, the garbage is sorted, bagged, tagged and put under netting on the sidewalk at specific times for pickup." In his view this factor made Japan a much better place to live and raise children.

So let's look at a few of the metrics reported by the MHLW. Maybe they will convince you Japan is a good place to live, or make you wonder why you came here.

Families and the Population

Of interest are the changes in Japanese households over a 30 year period, i.e. 1975 to 2005:

Households (000)	With children			Without children	With person + 65 years
	Total	Total	Two children		
1975	32,877	17,427	8,089	15,450	7,118
2005	47,043	12,366	5,323	34,677	18,532
	+43%	-29%	-34%	+124%	+160%

In 1975 53% of all Japanese households had children. By 2005 this percentage dropped to 26.3%. Conversely, in 1975 22% of all households had a person 65 years and over. By 2005 this percentage rose to 39%. Over this same time frame, the percentage of one person households increased from 18% to 25% of the to-

tal, but three-generation-family households decreased from 17% to 10%.

In short, more Japanese are living alone, the so-called nuclear family is practically non-existent, and fewer and fewer households have children.

Looking at marriages:

	Total	Japan only	Japan + foreign	Total divorces
1999	762,028	730,128	31,900	250,529
2005	714,265	672,784	41,481	261,917
	-6%	-8%	+30%	+5%

Over the above time frame the total number of divorces only increased by 5%, but divorces involving a Japanese husband and a foreign wife increased by 46%, and increased by 29% in marriages involving a Japanese wife and foreign husband. So, the total number of "mixed" marriages is increasing, but so too are the divorces among these couples.

As you might expect, most divorces, 35%, occur with couples who have lived together less than five years, and had no children (41%), or only one child (27%). But a significant number (15%) of all divorces involved couples who lived together for 20 years or more.

The mean age of marriages continues to increase every year. In 2005 it was 31.7 for grooms and 29.4 for brides, or a 2.3 difference in mean age. In 1985 83% of all marriages were between first married grooms and brides. This dropped to 75% in 2005. Thus, one in four marriages now involves a bride or groom who remarried or both remarried. This may be a case of if you don't succeed at first, try, try again. It's either that or live alone as the increase in single person households, i.e. one out of four households, indicates.

	Births	Fertility rate	Neonatal deaths
1990	1,221,585	1.54	3,179 (2.6/1000)
2005	1,026,530	1.26	1,510 (1.4/1000)
	-16%	-18%	-53%

The number of births is on downward trend as the mean age for marriage increases thus cutting the fertility rate, and the number of neonatal deaths decrease. Thus, the Japanese population decreased in 2005 for the first time to 125,730,000. It is forecasted that by 2055 there will be 89,930,000 Japanese, of which 41% will be 65 years or over. Unless older Japanese men start marrying much younger foreign women the fertility rate will go below 1.0 (it is now at 0.98 in Tokyo), deaths will far out number births, the government will probably continue to limit immigration, and the last Japanese will turn out the lights sometime during the third millennium.



Why are people hospitalized or receiving treatment as outpatients? Below are the top five reasons:

Inpatients
1. Mental disorders
2. Circulatory diseases
3. Neoplasms
4. Injury
5. Digestive disease

Outpatients
1. Digestive disease
2. Musculoskeletal disease
3. Circulatory disease
4. Disease of the eye
5. Injury

Health

At about 170 cm I am not a tall person but when I arrived in Japan in 1970 I was usually the tallest person in an elevator. These days I am looking up not down to people. Did I shrink with age or are the Japanese taller?

2004	Male	Female
Age	Height (cm)	Height (cm)
21	173.4	158.9
60~69	164.2	151.4
Diff	9.2	7.5

Yes, the guys in my age bracket are shorter than me, and the young men are taller. In a single generation the average height of males increased 9.2 cm and females 7.5 cm. If this pace continues it will not be long before we have Japanese playing basketball in the NBA.

Healthcare Patients per Day

(000)	Total	Inpatients	Outpatients	Hospitals	Clinics
1993	8,402.5	1,429.5	6,973.0	3,430.3	3,713.2
2005	8,555.2	1,462.8	7,092.4	3,258.0	4,020.0
Change	+1.8%	+2.3%	+1.7%	-5.0%	+8.3%

As noted above the number of patients per day gradually increased over time, not surprising given the aging of the population. By the way, the number of physicians increased at a much faster rate (a 17% increase from 1994 to 2004). Over this time period the number of hospitals declined while clinics increased. More doctors are opening clinics and pulling in patients from fewer hospitals.

Are these patients satisfied? Below are the top three reasons inpatients and outpatients are satisfied or dissatisfied:

Outpatients

Satisfied	Dissatisfied
1. Question to and counsel from the doctor	1. Waiting time
2. Confidentiality	2. Cost
3. Consultation & treatment	3. Consultation time

Inpatients

Satisfied	Dissatisfied
1. Nursing care	1. Meals
2. Question to and counsel from the doctor	2. Convenience of room, bathroom and toilets
3. Consultation & treatment	3. Confidentiality

The health care system in Japan has resulted in one notable achievement, that is the average life expectancy at birth is the highest in the world.

	Average life span		Centenarians	
(000)	Male	Female	Male	Female
1965	67.74	72.94	36	162
2005	78.53	85.49	4,150 (2006)	24,245
Change	+10.79	+12.57		

COMMENTARY/MEDICAL DEVICES

The forecasted life expectancy in the 2045-2050 time frame is 84.1 for males and 92.5 for females. For the past seven years the number of centenarians in Japan has increased by 2,194 per year on average. As noted, most of these (85%) are women. Given a continuation of these long term trends, in 40 to 50 years it will not be uncommon for Japanese women to celebrate a 100th birthday.

Of course the downside of an increased life expectancy is the social security cost.

(000)	SS expenditure/head	% of national income
1973	¥57.4	9.49
2004	¥670.8	23.72
Change	+613.4	+14.23

Of the total Social Security expenses in 2004, medical care represented 31.7% or 7.52% of national income. And of the total medical expenses, 39% are used

for the elderly, up from 15% in 1975. Not surprising that the aging of Japan's population is the main driver behind the increase in medical expenses, but the percent of medical expenses to national income is about half the US level and on par with European countries. Difficult to argue that medical expenses are out of control in Japan.

Finally, a statistic worth pondering:

2004	Residents in Japan	Japanese living overseas
US	48,844	339,387
UK	18,082	50,845

Given that Japan appears to be a healthy place to live, why do more of its citizens elect to live in the US and the UK than vice versa? I regret to say the MHLW does not publish data to answer this question.

As P. Reed Maurer ages he is becoming a more intensive user of Japan's health care system.