
Current Situation and Issues of Healthcare for Employees: Based on Analysis of Recent Trend and Cases

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The purpose of this paper is to roughly understand the current situation and direction of health and medical care field in an in-house welfare system and introduce recent cases. There are three organizations related to in-house healthcare; company, labor union and organization composed of labor and management, e.g., health insurance union and welfare foundation in major companies. In this paper, I will introduce efforts of companies and health insurance unions.

I. Current Situation of Health and Medical Care System

Before introducing specific cases, I would like to describe the current situation of health and medical care system in the in-house welfare system. According to General Survey on Welfare and Retirement Benefit 2003¹ conducted by the Research Institute of Employee Benefit (RIEB), among current welfare programs (Corporate Statistics), the one most introduced is “congratulatory/condolence/disaster payments” (92.2%), followed by “retirement allowance upon sudden death/condolence money program” (88.8%), “checkup (legal checkup plus extra checkup)” (71.8%), “housing allowance/rent subsidy” (54.9%) and “property accumulation subsidy program” (54.1%). This result shows that the introduction rates of top three programs including “checkup” are far higher than that of others. Focusing on health and medical care field, the introduction rate of welfare system is as shown in Table 1.

Answers to “What program do you want to introduce or expand?” are “tobacco control (support for separation of smoking areas or bans on smoking)” (24.1%), “mental health” (21.0%), “health check for lifestyle-related disease” (19.3%) and “checkup (legal checkup plus extra checkup)” (18.7%), i.e., health and medical care field occupied from second to fifth place. The top was “official certification support.”

The RIEB analyzed the reason why health and medical care field is focused on and found that companies are developing an attitude of actively support and manage it against the backdrop of the emergence of an aging society with fewer children, the correction of industrial injury standards for brain and heart disease and Japanese government’s promotion of “Healthy Japan 21.”^{2,3}

¹ Survey targets: persons in charge of personnel and general affairs in companies with 30 or more employees. Sample size: 1,561 (response rate: 19.5%). Survey period: December 2001 to January 2002.

² “Healthy Japan 21” is the third national healthcare movement begun in 2000 by the Ministry of Health, Labour and Welfare. It aims to improve lifelong lifestyle, prevent lifestyle-related disease and reduce the burdens of individuals and society. In particular, in order to promote national health, pre-

Table 1. The Introduction Rate of Welfare System in Health and Medical Care Field

Items	Introduction rate (%)
Checkup (legal checkup plus extra checkup)	70.0
Health check for lifestyle-related diseases	54.5
Private complete medical checkup subsidy	35.3
Mental health	10.2
Dispatch of family care helper	3.1
Long-term income security insurance subsidy	1.9

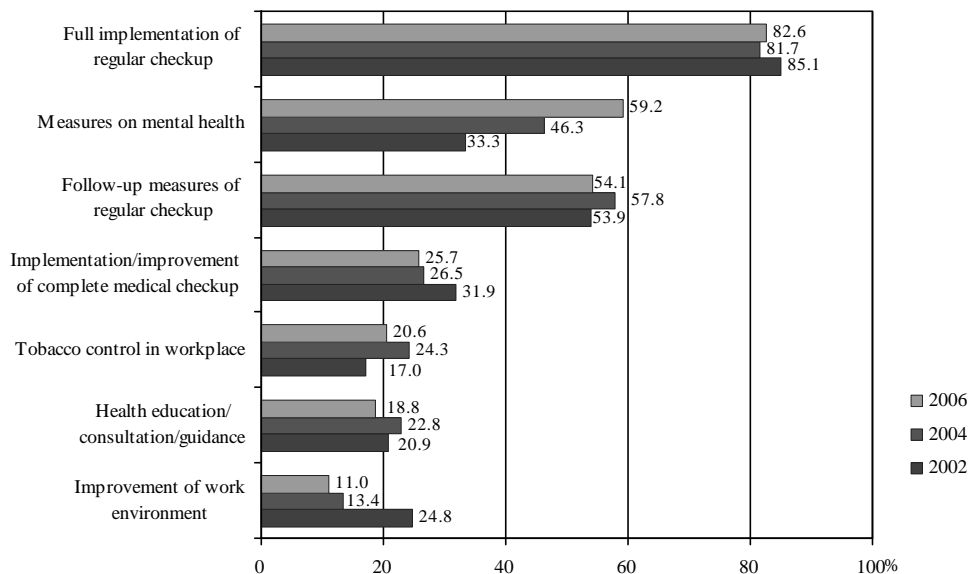


Figure 1. Health-Promoting Measures: Time Series Variations in Top Seven Measures (Multiple Answers up to 3)

There is also a survey on companies' efforts for the health and medical care field conducted by the Mental Health Research Institute, the Japan Productivity Center for Socio-Economic Development. This research institute conducted a survey three times in 2002, 2004 and 2006 for the purpose of analyzing companies' actual efforts on mental health. The survey results of time series variations in top seven health-promoting measures are shown in Figure 1.

vent disease and improve the quality of life, it sets numerical targets of nine fields (nutrition and dietary life, physical activities and exercise, rest and mental health care, smoking, drinking, dental health, diabetes, cardiovascular disease and cancer) by 2010 and takes measures with three pillars; improvement of self-control ability to achieve the goal, support and regular management by experts and promotion of information management and dissemination/enlightenment activities.

³ Excerpt from Summary 1 of "Results Summary of General Survey on Fringe and Retirement Benefit."

As above survey conducted by the RIEB, this result also shows that companies put their efforts into the implementation of employees' checkup. As for mental health, when the RIEB conducted a survey in 2002, it was the second most answer to "What program do you want to introduce or expand?" It has also rapidly increased the percentage in the surveys conducted by the Mental Health Research Institute year by year; 33.3% in 2002, 46.3% in 2004 and 59.2% in 2006.

II. Trend of Expenses Related to Medical Care and Healthcare Field from the Viewpoint of Welfare Expenditures

According to Survey on Corporate Welfare Expenditures⁴ conducted by the Nippon Keidanren (Japan Business Federation), non-legal welfare expense per capita has been nearly flat; 28,203 yen in 2002 and 28,286 yen in 2006. Housing expense which is the most expensive in the welfare expenditures has decreased somewhat; its score was 96.6 in 2006 with a score of 100 representing 2002 (14,456 yen in 2002 and 13,962 yen in 2006). In contrast, medical care and healthcare expense which consists of medical and health facility management expense and health support expense got a score of 115.8 with a score of 100 representing 2002 (2,700 yen in 2002 and 3,127 yen in 2006). This is one of the few increased items in the legal welfare expense. We can also see from the structure of welfare expenditures that companies are trying to expand medical care and healthcare fields. Based on above trend of corporate welfare system, I will introduce the following manufacturing company's case.

III. Healthcare Activities of Company J

1. Outline of Company J

Company J mainly manufactures and sells chemicals. The capital is about 80 billion yen, the number of employees is about 4,000 and annual sales are about 1.1 trillion yen on a consolidated basis (as of 31 March 2006).

2. Healthcare System

Company J has health promotion centers as a sector of managing employees' health. The centers are placed in the Headquarters and five main establishments. The center in the Headquarters plans healthcare policies and specific measures and plays a comprehensive role. Five main establishments are three factories (one of them has a laboratory) and two sales branches (Tokyo and Osaka). Each health promotion center consists of industrial

⁴ Survey of companies belonging to the industrial group member of Nippon Keidanren and member companies of Nippon Keidanren. The fiftieth survey was conducted in 2005. About 700 companies are surveyed every time. The number of participants was 645 in 2005 (manufacturers 49.8% and non-manufacturers 50.2%).

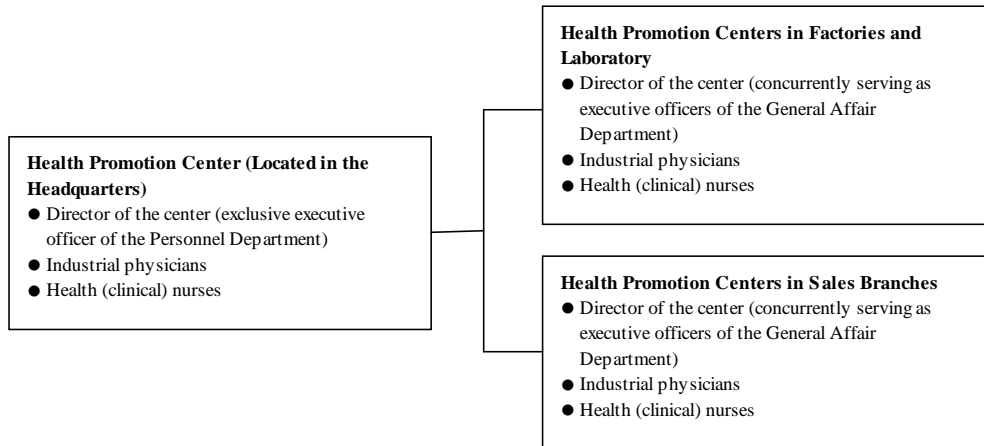


Figure 2. Healthcare System of Company J

physicians and health (clinical) nurses as professional healthcare staff under a director of the center. The director of the health promotion center in the Headquarters is an exclusive executive officer and executive officers of the General Affair Department concurrently serve as other directors of establishments (see Figure 2).

3. Factors of Today's Healthcare and the Future Direction

Company J also shows a trend to put more emphasis on medical care and healthcare field in the benefit programs as same as above survey. That is, companies have focused on counseling of all employees for checkup and the follow-up check. Now, maintaining that counseling, they are making efforts with an additional basic policy, "physical to mental," on the basis of changes in work and social environments. This does not mean that the company makes light of physical stuff. They are trying to respond to increased mental issues in workplace maintaining such efforts. Company J regards the following as factors of today's mental issues:

- (i) Hard work caused by expansion of scope of work and increase in activities per capita owing to reduced number of employees
- (ii) Exposed power harassment and sexual harassment (Management's less aware of change with the times is one of factors.)
- (iii) Employees' lowered tolerance for stress (Employees cannot take strict instructions and hard work.)
- (iv) Changes in family life and school education (e.g., pampering due to the low birthrate, avoidance of troubled experience, etc.)

I interviewed health and clinical nurses of Company J about future direction of healthcare and they stated as follows: "We are making efforts aimed at support for employer's legal obligation of security and employees' self-healthcare, i.e., 'protect your

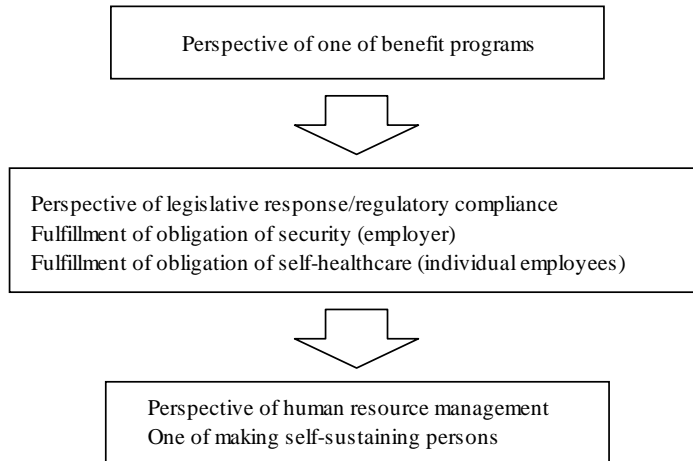


Figure 3. Changes in the Characteristic of Companies' Healthcare

health by your own power,' unlike one of conventional benefit programs.⁵ In other words, our goal of healthcare is to let employees clearly understand their health conditions and be able to help themselves when feeling strange. That is, we provide healthcare as human resource development." Figure 3 shows changes in the characteristic of companies' healthcare.

These factors are basically difficult to solve, though there is a need to make ceaseless efforts such as in-house education. They begin with the recognition that these factors certainly continue to occur in workplace. The most important thing is to prevent the occurrence of such issues as much as possible before employees enter a danger zone while it is also important to support an employee who has to go to a hospital for the treatment of mental illness and make trinity efforts between the employee, industrial physicians (health nurses) and workplace for his return to work after the treatment as a matter of course. Through such efforts, the company aims to develop employees (human resources) who can keep themselves in shape. This is the meaning of "making self-sustaining persons" as the industrial physician says.

4. Company-Wide Efforts

(1) Enrichment of Regular Checkup: Sharing of Roles with Health Insurance Union

Company J had added extra checkup items to legal checkup items. Since 2004, it has shared roles of items and expenses with the health insurance union (actually, sharing between labor and management) under the cooperation based on the opinions of industrial

⁵ Mori (1995) pointed out that the purpose of conventional company benefit programs (synonymous term of non-legal benefit programs) is "to improve labor productivity," "to enhance the willingness to work (secure sense of belonging and loyalty)," "advantages for hiring or fixation" and "stabilization of labor-management relationship" on the basis of analyzed theories and surveys. Company J's industrial physician's "conventional benefit programs" is close to what Mori pointed out.

Table 2. Legal Regular Checkup Items and Company J's Ones

Checkup items
<i>Legal regular checkup items (Article 44 of Ordinance on Industrial Safety and Hygiene)</i>
Survey on health history and work history
Test of subjective and objective symptoms
Measurements of height and weight, eye test and hearing test (1,000/4,000Hz)
Chest X-ray test and sputum test
Blood-pressure measurement
Anemia test (hemoglobin content and red blood cell count)
Liver function test (GOT, GTP and γ - GTP)
Blood fat test (total cholesterol, triglyceride and HDL cholesterol)
Blood glucose test
Urine test (sugar and protein)
Non- exercise electrocardiography
<i>Company J's regular checkup items (Additional items to legal checkup items)</i>
Body fat percentage and BMI
Anemia test (hemoglobin, hematocrit and platelet)
Inflammation (white blood cell)
Liver function test (neutral fat and LDL cholesterol)
Renal function test (creatinine and uric acid)
Blood glucose test (HbA1c)
Stomach cancer screening (pepsinogen method)
Urine test (uric blood)
Fecal occult blood test (colorectal cancer)
<i>Company J health insurance union's regular checkup items since 2004</i>
Ultrasound examination of five organs for 35 years old or older
Cervical cytology (self blood collection method, for all women)
Prostate-specific antigen test (for all men aged 45 or older)

physicians as shown in Table 2. The expenses for the checkup are not even between Company J and the health insurance union depending on the checkup they implement, and all checkup results are collected by the industrial physicians of the health promotion centers and used for counseling of all employees.

(2) Increased Interview Opportunities and Detailed Network for Mental Care

The Industrial Safety and Health Act was revised in 1 April 2006 (see Figure 4) obliging face-to-face counseling with industrial physicians, etc. for employees whose monthly overtime work is more than 100 hours. For Company J which has emphasized on the prevention, this is insufficient to prevent the occurrence possibly before employees enter a danger zone and, therefore, in addition to conventional company-wide "interview of all employees" after regular checkup, Company J has drastically reviewed the counseling for overwork with exclusive staff of the health promotion center since fall 2006 aimed at strengthening of mental care.

A general-staff worker whose self-reported monthly overtime work is 40 hours or longer was required to receive counseling with healthcare staff (health/clinical nurse). However, self-reported working hours were sometimes different from actual ones. In

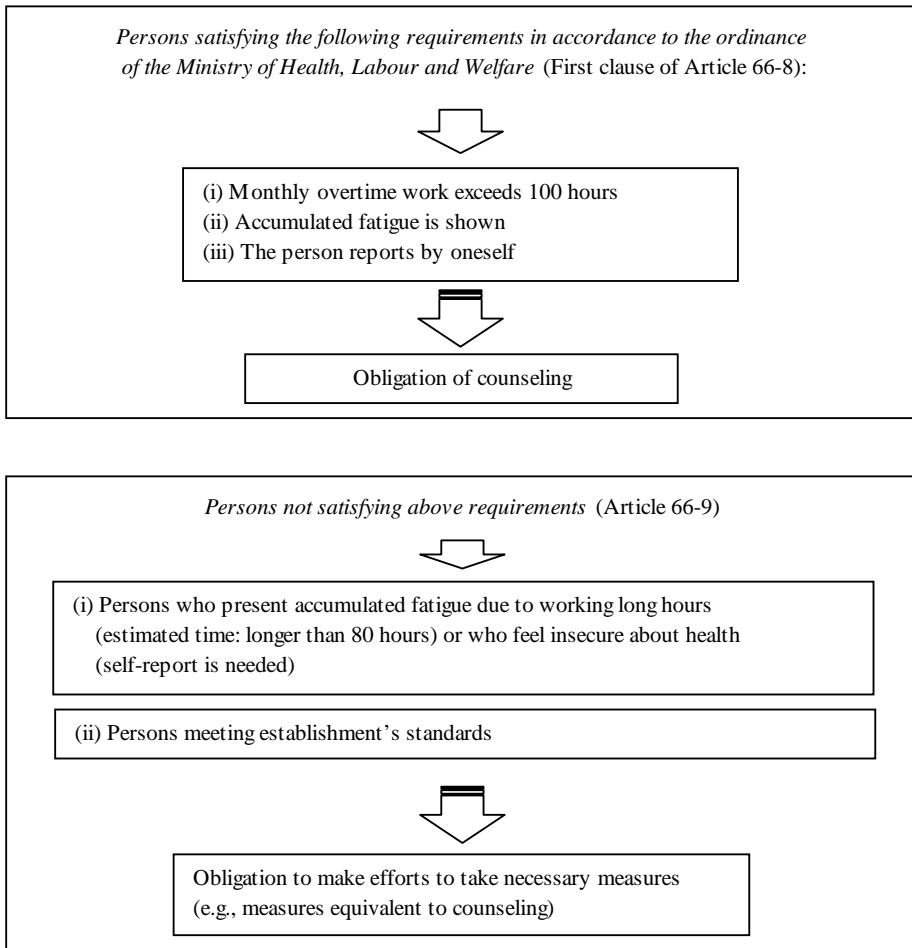


Figure 4. Counseling System Based on the Revision of the Industrial Safety and Health Act

addition, the worker who worked overtime for 40 hours or longer every month could only have an opportunity of counseling per three months. Later, labor and management built momentum toward more strict time management. Based on the agreement between labor and management in April 2006, individual personal computer's startup and shutdown times have been automatically recorded and employees have input "starting time" and "closing time" of work (self-report) so that executive officers can see both data to approve their working hours. Furthermore, the time management has also been strengthened for executive officers.

With this new system, the health promotion center drastically reviewed the conventional consulting method. In particular, when monthly overtime work (estimated monthly overtime work of general-staff workers and executive officers) are: (i) 60 to 79 hours, (ii)

80 to 99 hours and (iii) 100 hours or longer, the center required the worker to: (i) fill out a doctor's questionnaire and receive above consulting with staff once per two months, (ii) receive above consulting with staff every month and (iii) receive consulting with an industrial physician of the health promotion center every month respectively. This enables the company to find out problems earlier than before and take preventative measures. As a result, an executive officer complaining about insomnia was found.

On the other hand, as shown in Figure 2, large establishments (factory, laboratory and Tokyo and Osaka sales branches) have health promotion centers with exclusive staff and are well organized. The problem is local establishments with no health promotion center. The company then increased the frequency of regular checkup in local establishments from once a year to every six months to provide a balance with large establishments. Moreover, the health promotion center staff go the rounds of local establishments once a month in consideration of the timing of counseling.

(3) Mental Health Workshop Held by Industrial Physicians

Mental health workshops had been held for employees who are promoted to executive post as one of labor management training. These workshops are held for executive officers and general-staff workers separately now. Especially the workshop for executive officers contains self-care of themselves as well as labor management.

(4) Support for Healthcare of Persons Working Overseas

There are about 200 employees who are working overseas for Company J. The industrial physicians of the health promotion center had checked doctor's questionnaire and regular checkup data once a year. However, due to the low collection rate, slightly fewer than 30% in 2006, the company is trying to increase the collection rate and industrial physicians have gone the rounds of Southeast Asia and China regularly for counseling since spring of 2007 at the first step. They will expand their rounds to the world.

(5) Strengthening of Cooperation between Health Promotion Centers

Given the poor communications between the centers, the technical physicians and director of Headquarters' health promotion center have visited each health promotion center to communicate well since April 2007. Hereafter, director meeting and industrial physician/healthcare staff meeting will be held to understand the company-wide situation and share the efforts. The company is also considering the improvement of daily report system between centers.

(6) Response to Return-to-Work and Reinstatement of Employee Who Takes Sick Leave Because of Mental Health Problem

In Company J, labor and management have sufficiently discussed this issue. Now the company takes finely-tuned responses to return-to-work and reinstatement of employees

Table 3. Company J: Concept of Response to Return-to-Work and Reinstatement of Employee Who Takes Sick Leave Because of Mental Health Problem

1. *Definitions of return-to-work and reinstatement*
 Return-to-work: meaning to return to workplace. Reinstatement: meaning to return from a recess (work absence, leave, etc.) to work, i.e., meaning to both reemployment and reinstatement.

2. *Flow of return-to-work and reinstatement*
 Employee takes sick leave because of mental health problem.
 ↓
 Employee's doctor gives permission to reinstate.
 ↓
 Counseling for return-to-work (judgment): The employee is provided with counseling to confirm if he/she can reinstate.
 ↓
 Return-to-work: The employee returns to job in which he/she took responsibility before leave in principle.
 ↓
 Going to work with treatment: Rehabilitation for reinstatement. Employee's behavior is checked if he/she can reinstate.
 (work by hours, not full-time)
 ↓
 Counseling for reinstatement (judgment)—Regarded as administrative leave up until this stage
 ↓
 Reinstatement

3. *Requirements for return to work*
 (i) The employee recovers from illness.
 (ii) The employee can understand the cause of illness and consider and take measures.
 (This judgment is important. There is a likelihood of recurrence if the employee becomes this situation.)
 (iii) The employee is strong enough to return to work.

4. *Requirements for instatement*
 (i) The employee can work for normal working hours.
 (ii) The employee can do a job (half or more of expectation).
 (iii) The employee does not bother others around more than necessary.
 (iv) Quantity and quality of work decrease, but it is not necessary to give the employee special treatment.

who have mental health problems (see Table 3). Employees having mental health problems, their supervisors, the personnel department and industrial physicians/staff of the health promotion center have been informed about the purpose and procedures of this. As a result, many of them could return to work smoothly.

5. Efforts of Establishment K of Company J (Focusing on Mental Health Response)

Establishment K of Company J has strengthened efforts for mental healthcare for the first time in the company. Specifically, industrial physicians (health nurses) put up their antenna to receive information through wide-ranging routes for primary prevention. According to an industrial physician, there are roughly five routes.

(1) Route Based on the Survey on Working Long Hours

Establishment K has conducted questionnaires targeting workers whose monthly overtime work is 40 hours or longer about general physical conditions from three years ago. It also sometimes use “concise occupational stress assessment website”⁶ of Japan Industrial Safety and Health Association. Industrial physicians (health nurses) provide counseling on the basis of these results. There are about 1,500 employees at Establishment K and about 50 employees receive counseling per month. Sometimes nearly 90 employees receive counseling. For employees working overtime for more than 40 hours every month, counseling is provided every three months for a follow-up. Another characteristic of activities of Establishment K is to take finely-tuned responses to even executive officers. Although executive officers (section chief, senior researcher or higher positions) are exempt from overtime work allowance in Company J, under the complete time management in Establishment K, even executive officers have been obliged to input starting and closing time of work into their own personal computers from a few years ago, for the first time in the company. It has also provided compulsory counseling to executive officers whose monthly overtime work exceeds 80 hours. After implementing the complete time management, executive officers deeply understand the importance of relationship between time management and health management and no one refuses to receive counseling when overtime work exceeds 80 hours from the perspective of setting good examples for their subordinates. There are about 100 managers in Establishment K and about 10% of them receive counseling per month.

(2) Route from Counseling of All Employees after Regular Checkup

Establishment K’s health promotion center has conducted counseling of all employees after regular checkup once a year from five years ago. Industrial physicians and health nurses break into teams to conduct this counseling. This route is most effective for primary prevention accordingly. They can give healthcare guidance to employees before entering the danger zone enhancing a preventive effect.

(3) Route from Manager’s Management of Subordinates

This route is a case in which a manager notices his or her subordinate’s physical or mental fatigue, discuss with him and persuade him to go to the health promotion center.

⁶ “Concise occupational stress assessment website” is one of deliverables from Research Report on Occupational Stress and Its Impact on Health of Research on the Prevention of Work-Related Disease conducted by the then Ministry of Labour. This evaluation is not to make the diagnosis of illness but to let respondents become interested in the degree of stress and mental and physical health and increase awareness of mental and physical healthcare. It is intended that on this result, respondents may find suitable hygiene and cure for stress or consult with industrial physicians, health nurses, medical nurses or experts depending on circumstances. Nobody other than the respondent knows the answering contents or results. There are two questions; “stress about work” and “stress within one month” (each question has 15 to 17 items) and respondents can receive the diagnosis of mental stress response, physical stress response, tiredness and depression based on the result of the judgment.

(4) Route from Employee's Awareness

This is a rare case in which the employee himself directly goes to the health promotion center to receive counseling.

(5) Route from Labor Union

Labor union is of central importance as a checker of health management. It plays a part in the primary prevention through leadership's daily stewardship, information from union officials and consultation by employee himself. For the purpose of labor-management negotiation, it also interviews both supervisors and employees (union members) based on monthly overtime work data in which the company discloses to the union. At that time, the labor union suggests the improvement of job allocation and personnel issues. In this way, labor and management make efforts to prevent the occurrence of issues before working long hours becomes overwork. At the same time, it also makes full use of relationship with industrial physicians and health nurses when individual union members have a mental health problem.

IV. Case Study: Health Management Activities of Health Insurance Union (Company J's Health Insurance Union)

1. Health Insurance Union Playing a Role in Health Management

Health insurance union is of another central importance as a healthcare support by the company. There are two kinds of health insurance unions; a general health insurance union organized by each company and a comprehensive health insurance union organized by each industry or each company group (except government-managed health insurance in which small and medium companies belong to).

These health insurance unions consist of employers and employees (including retired persons for a certain period of time) and are managed with insurance premiums⁷ as a main financial resource in which both employers and employees pay at a constant rate. Health insurance service policies are democratically determined by organizations such as assembly or council and the members generally consist of executive officers of the personnel sector (including health management sector) from management side and union members from labor side provided that there is a labor union in the company. The service of the health insurance union therefore reflects the labor-management relationship in the company and company's personnel policies. In short, when considering actual situations and issues of "company support for employees' health management," we cannot ignore the existence of health insurance unions.

⁷ Average premium rate of 1,561 health insurance union across the nation in 2005 was 73.95 per thousand. The breakdown is; employer's contributions 40.92 (55.3%) and insured persons' contributions 33.03 (44.7%). Data was of health insurance unions.

Table 4. Expenditures of Health Insurance Unions in 2004 (unit: %)

Expense items	National society-managed employment-based health insurance	Company J's health insurance union
Administrative fee	2.1	3.6
Insurance benefit expense ¹	52.0	47.9
Contributions to healthcare of the elderly ² and others	37.2	42.0
Health service expense	4.9	4.0
Health guidance advertizing expense ³	0.4	0.2
Disease prevention expense ⁴	3.0	1.5
Sports incentive expense ⁵	0.2	0.7
Directly-managed recreation facility expense	0.8	0.6
Others	0.5	1.0
Others	3.8	2.5
Total expenditures	100.0	100.0

Source: "Annual Report on Health Insurance Union Service 2004" issued by National Federation of Health Insurance Societies and Company J's health insurance union settlement data. Annual report shows average values of 1,584 health insurance unions.

Notes: ¹Insurance benefit expense is a medical cost.

²The mechanism of contributions to healthcare of the elderly is to prevent the possibility that the national health insurance with higher ratios of the elderly becomes involved in financial difficulties by contributing more funds from health insurance unions and government-managed health insurance with lower ratios of the elderly than national average.

³Health guidance advertising expense is mainly for issuing monthly reports and launching awareness campaigns for insured persons.

⁴Disease prevention expense is for health check, distribution of medicines, health counseling, health seminar, etc.

⁵Sports incentive expense is for sports facility contract, and healthcare campaigns and events, etc.

2. Insurance Service of Health Insurance Union with Narrow Resource

Among insurance premium income from employers and employees, the resources allocated to service for health management (health service) are limited. As shown in Table 4, health insurance benefit expenses and contributions to healthcare of the elderly⁸ account for the majority of the breakdown of expenditures of health insurance unions and the percentage of health service expense is only 4.9% (excerpt from Annual Report on Health Insurance Union Service 2004). With this narrow resource, each health insurance union finds the best way and develops their health service activities. I would like to sort out the current situation and issues.

First is sharing of roles with company's health management support for employees. It can be seen in health management targets and health promotion activities. Generally company's targets are employees while health insurance unions' targets are employees (issued

⁸ In the current healthcare system, most of medical expenses for the elderly and retirees persons are financed by "contributions" (contributions to healthcare for the elderly and contributions to retiree benefits) from medical insurance systems including health insurance unions. In case of health insurance unions, contributions are allocated to nearly 40% of health insurance expenses, a big burden.

persons) and the family (dependents). Company's health promotion activities, as introduced in above section, focus on implementation and follow-up of checkup on the basis of the Industrial Safety and Health Act and improvement of mental health measures. On the other hand, health insurance' unions' health management activities cover a widespread area such as development and implementation of unique health promotion programs, health guidance advertising activities, implementation of health check for employees and the dependents, setting up of health consulting offices and introduction of sports facilities. Company's sharing role is expected to be further issues in the context of legal claim against employers with changes in socio-economic environment, the way of employer's welfare measures for employees and roles/finance of health insurance unions (In company J, as mentioned above, there is a clear role-sharing between the company and health insurance unions after labor-management discussions).

Second is a response to "specific checkup and specific health guidance." In particular, "Medical Reform Acts" which were passed into law in June 2006 have obligated medical insurers (health insurance unions in companies) to carry out specific checkup and specific health guidance focusing on lifestyle-related disease prevention since 2008. As a policy target, it is required to decrease the number of lifestyle-related disease patients and potential patients by 25% in 2015 compared to 2008. The targets are insured persons (employees) aged 40 to 74 and the dependents. The reason why the health and labor administration obligates this is attributed to the fact that "Healthy Japan 21," a national healthcare movement, which started with a notice of the administrative vice minister for the then Ministry of Health and Welfare has not produced adequate results. It seems the Ministry of Health, Labour and Welfare is considering how to incorporate changes in amount of grant-in-aid for the healthcare system for the latter-stage elderly into a law as a penalty depending on the result of each health insurance union's efforts. However, since health insurance unions are supposed to contribute to that grant-in-aid, their opposition can be expected. Either the penalty is right or wrong, according to this, each health insurance union has to develop and implement the projects on specific checkup and specific health guidance by the end of fiscal year 2007. This effort would be health insurance unions' core health service and have an impact on companies' support measures for health management of employees.⁹

3. Specific Case Studies on Health Insurance Unions' Health Service

Based on above issues, many of health insurance unions find the best way and develop their health service activities with narrow resources. I introduce the health service of

⁹ Nippon Keidanren announced "Concept on Review of Regular Checkup Items" as of 16 February 2007. It insists that regarding the movement of specific checkup to be conducted by the Ministry of Health, Labour and Welfare, health management related to the job should be clearly distinguished with health management attributed to self-awareness such as lifestyle-related disease and appeals the necessity of discussions on sharing of roles and cooperation between medical insurers, employers and workers.

Company J's health insurance union. This union consists of about 4,400 insured persons (including part-time workers) and about 5,400 dependents. The premium rate is 72 per thousand, the employer contributes 45 and insured persons pay 27. The health service expense was 97.16 million yen in 2004, 4% of total budget 2.4168 billion yen. This is somewhat lower than national average, 4.9%.

(1) Particular Efforts toward the Improvement of Lifestyle—1 (2002)

In fall 2002, this health insurance union developed a particular efforts in order to carry out the slogan, "Let's walk with 10,000 steps," which is one of items recommended by the Ministry of Health, Labour and Welfare in "Healthy Japan 21." The company and labor union extended every possible cooperation to the health insurance union and achieved some positive results of "walking custom." In order to measure the results, it conducted Survey on Walking Campaign.

Contents of Survey on Walking Campaign

1. Name of campaign: Challenge Walk 2002
2. Implementation period: 15 October to 16 November 2002
3. Number of distributed campaign measurement sheet: 4,843
4. Number of samples: 3,335
5. Collection rate: 68.8%
6. Implementation method
 - (1) Distribute step counting pedometers to all samples to measure the number of steps and enter the measurement sheet everyday during the period.
 - (2) When the campaign period ends, submit the sheet to the health insurance union.
 - (3) The union will award a prize for participation to all and a special prize to persons who walked with 10,000 steps a day.

The characteristic of this survey is to analyze the correlation between walking results, checkup results immediately before the campaign and individual medical expenses. The analysis results are as follows (excerpt from "Walking survey results data" of Company J's health insurance union issued on 20 September 2002):

(i) The insured persons of Company J's health insurance union (Company J's employees) walk far more than national average (you need to consider a special impact of the campaign).

❖ Participants' average number of steps by sex (the numbers in parenthesis are from "national average" of National Nutrition Survey 1999)

Male: 10,364 (8,042)

Female: 10,646 (7,319)

Average: 10,420 (7,644)

Note: The number of steps is a monthly average of steps on weekdays and weekends.

(ii) The numbers of steps of female white-collar automobile commuters working a factory and of male local sales persons who drive a car a lot are relatively smaller compared to other insured persons. In contrast, the number of steps of male blue-collar automobile commuters working a factory exceeds 10,000 on average. One of the reasons may be the effect of patrolling in the factory.

(iii) It seems people walk more on weekdays and less on weekends. (Male average numbers of steps on weekday and weekend are about 10,500 and 9,500 respectively. Female average numbers of steps on weekday and weekend are about 11,000 and 9,300 respectively.)

(iv) Regarding persons walking a lot, the level of neutral fat is relatively lower. The level of high-density lipoprotein cholesterol (beneficial cholesterol) which has a high correlation with stamina is higher.

(v) As for medical expense, the outpatient treatment fee of insured persons walking with 12,500 steps or more is relatively lower.

(2) Specific Efforts toward Improvement of Lifestyle—2 (2006)

On the basis of these results, Company J's health insurance union once again becomes acutely aware of the importance of improving lifestyle and has continued the campaign making improvement little by little every year since 2002. However, relations with regular checkup results and medical expense are not continuously verified. According to health insurance union staff, the analysis will be resumed with assessment of entire health services.

Especially in 2006, the company changed the campaign name as "Checking Campaign" in celebration of the 80th anniversary of Company J's health insurance union and called for all insured persons and all dependents to attend not only walking but also checkup with many items which are recommended by "Healthy Japan 21." The contents are as follows:

Contents of "Checking Campaign"

1. Campaign name: Health J 21 (lifestyle improvement program)
2. Implementation period: 1 to 31 October 2006
3. Number of distributed campaign program sheets: 9,800. (Targets are insured persons and the dependents of this health insurance union)
4. Number of samples: 1,406 (insured persons: 994, dependents: 268 and others: 144)
5. Collection rate: 14.3%
6. Implementation method
 - (1) Record sheets (see Record Sheet below) are sent from the health insurance union to employees' homes. Insured persons and the dependents set health targets following an example on

the sheet.

❖ Course contents

Check course (entry of figure)

Example: “Measure visceral fat with a body composition meter,” “Measure blood pressure,” “Count the number of steps,” etc.

Action course (entry of ○, △ and ×)

Example: “Brush teeth after each meal,” “Take two non-drinking days a week to give my liver a rest,” “Walk with 10,000 steps or more a day,” etc.

- (2) Enter a self-target in the record sheet and make a record every day. Enter a figure or a symbol, ○, △ or ×.
- (3) Evaluate the results by yourself one month later and submit the record sheet to the health insurance union.
- (4) The company will give gift vouchers as a prize for participation to all participants. In addition, a winner selected from participants by lottery will receive a special prize (a meal coupon or a travel coupon worth 30,000 yen).

Record Sheet (Example)

If you choose Check course, enter a figure. If you choose Action course, enter a symbol, ○, △ or ×.

○: Achieve the target, △: Nearly achieve the target, ×: Fail to achieve the target.

		Check course		Action course	
Implementation contents A		Measure blood pressure		Take two non-drinking days a week to give my liver a rest	
Implementation contents B		Check the number of steps with a pedometer		Be sure to brush teeth after each meal	
Implementation results		A	B	A	B
1	Sun	115-88	8,566 steps	×	○
2	Mon	122-89	9,932 steps	○	○
3	Tue	125-90	10,356 steps	×	○
4	Wed	118-85	12,655 steps	×	△
5	Thu	125-92	7,605 steps	×	△
6	Fri	120-85	10,654 steps	×	○

The following became clear in this campaign:

- (i) The breakdown of Check course was; “Measure weight/body fat” 61%, “Count the number of steps” 25% and “Measure blood pressure” 10%.
- (ii) The breakdown of Action course was; “Exercise (e.g., sit-up, push-up, etc.)” 40%, “Stretch” 23%, “Brush teeth” 18% and “Take a day to give my liver a rest” 11%.
- (iii) The breakdown of participants’ self-evaluation was; “Made a great effort” 14%, “Made

a good effort” 45%, “Made a normal effort” 29%, “Made less effort” 11% and “Fail to make any effort” 1%.

Company J’s health insurance union appreciates these results from the perspective that (i) an attempt to include the family as an anniversary campaign received a certain evaluation, (ii) it was found that people prefer accessible, simple and clear targets and (iii) this triggered changes in future health action. It points to the necessity of this campaign and increase in the participation rate as future issues.

(3) Basic Concept of Health Service in Fiscal Year 2007

I introduce the latest projects of Company J’s health insurance union.

Basic concept

- (i) Focus on primary prevention (health promotion and prevention of onset) and secondary prevention (early detection and treatment) more than ever.
- (ii) Develop unique plans on the basis of “specific checkup” which is expected to be required from fiscal year 2008.
- (iii) Clarify roles and functions as health insurance union and promote services under the cooperation with the company and labor union.

Specific efforts

- (i) Continued implementation of lifestyle improvement program: “Checking Campaign”
In the next fiscal year, under the cooperation with the company, managers take the initiative in participating in the campaign to increase the participation rate of workplace.
- (ii) Health guidance advertising
Actively continue to utilize existing media such as various in-house magazines and health insurance union’s website to promote better understanding of full-scale medical service reform and foster the sense of health such as prevention of metabolic syndrome and lifestyle-related disease.
- (iii) Continued checkup from the viewpoint of early detection and treatment
 - (a) For insured persons
 - When company’s regular checkup is conducted, the health insurance union continues to conduct checkup for additional three items (ultrasound examination of five organs, prostate-specific antigen test and cervical cytology) at the expense of the union.
 - Gynecological exam (breast/uterus cancer test) is continuously conducted.
 - Dental checkup
 - (b) For dependents
 - Grant aids for expenses of housewife checkup (general checkup plus above gynecological exam), local government’s checkup and in-home blood test are continuously conducted.
 - Dental checkup
 - (c) For insured persons and dependents
 - Grant aids for complete medical checkup and immunization against influenza are

Table 5. Number of Telephone Counseling Users

FY	Annual number of users
2003	819
2004	809
2005	537

Note: The reason for the decrease in 2005 may be increased users of insurance company's telephone services and increased internet users.

continuously conducted (medical checkup of the brain is covered by the grant aid for complete medical checkup).

- Telephone counseling (family health counseling and mental health counseling. See Table 5 for number of users.)
- Counseling (mental health counseling)

(iv) Continued health promotion support activities

Continue contracts with two sports clubs to continue grant aids for users with limits of not more than four times a month.

V. Summary

I introduced the recent trend of health and medical field of in-house welfare system centered on case studies of Company J and Company J's health insurance union. The following seven points were clarified by the case studies:

1. For several years, there is a tendency that non-legal welfare expenses of in-house welfare system are intensively allocated to health and medical field.
2. Company J's health and medical field activities have been shifted from physical care to mental care. It does not mean that the company makes light of physical checkup and the follow-up function which are requested by the Industrial Safety and Health Act, but indicates that the importance of support system for mental care is increasing with today's changes in work environment. That is, the company (health management sector) thinks that employees' self health management is largely responsible for physical problems, i.e., lifestyle-related disease problems. The company tries to strengthen follow-up of mental care which is deeply related to the job from the perspective of employer's obligation of security and company's risk management.
3. Mental care measures have a close relation with control of working hours. Company J makes efforts more than counseling system required by the revised Industrial Safety and Health Act. A check system for overload work is installed making full use of multiple routes and the prevention for mental problems is accomplished. In addition, with communications between labor and management, the company takes finely-tuned responses to sick leave and reinstatement because of mental health problem interlocking with strengthening of labor management.

4. Company J's regular checkup items exceed legal items with finely-tuned consideration. Especially, the health insurance union also plays a part in the role through labor-management negotiations.
5. In Company J, the center of efforts on the prevention of lifestyle-related disease is being shifted to the health insurance union which is another party responsible for in-house health and medical field. However, the health insurance union has a structural fragile financial condition and the issue is to continue playing that role for employees (insured persons) and the dependents with limited health service budgets and staff. This is a common issue in other companies with a problem of "specific checkup and specific health guidance" in which the Ministry of Health, Labour and Welfare expects health insurance unions to conduct.
6. The sharing of roles for health and medical field between a company and a health insurance union is being trapped in a cage of chaos. Thoughts of the Ministry of Health, Labour and Welfare and Nippon Keidanren are not clear. It is not easy to distinguish between "health management related to the job and health management attributed to self-awareness such as lifestyle-related disease" in which Nippon Keidanren states. For instance, one of the causes for lifestyle-related disease is stress but the stress factor is not only private lifestyle (food, exercise, etc.) but also changes in working life.
7. It is essential to communicate between the government, employer's association, labor union and health insurance union for future health and medical activities in companies. Similarly in a company, labor-management discussions are required more than ever how to make the roles of the health insurance union as a partner, the company and the labor union.