

資料1

Aged-Friendly NYC Initiatives

City Initiatives: Community and Civic Participation
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Employment & Economic Security

- Provide job training and search assistance to older New Yorkers
- Increase the number of paid job opportunities for older New Yorkers
- Assist older New Yorkers short of work histories to obtain employment allowing them to be eligible for Social Security

Volunteerism

- Promote intergenerational volunteering and learning through partnerships with schools and nonprofit organizations
- Provide new volunteer opportunities and expand resources for older New Yorkers through timebanking and other initiatives

Cultural & Recreational Activities

- Establish citywide partnership between senior centers and libraries
- Recruit artists to conduct programs in senior centers
- Provide a guide of discounted arts/cultural events for older New Yorkers

Information & Planning

- Publicize citywide opportunities for older New Yorkers through new older adult-focused NYC & Co. website
- Redesign DFTA's website to be more user friendly and provide greater information about services
- Conduct local community assessments of neighborhoods to determine age friendliness
- Conduct cultural competency trainings on LGBT issues with the City's senior service providers

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1. Employers and industries need assistance in recruiting, placing, and training older workers to meet the demands of today's economic environment.
 (Initiative): Provide job training and search assistance to older New Yorkers.
 2. Employment opportunities are important for the personal and financial well-being of older New Yorkers.
 (Initiative): Increase the number of paid job opportunities for older New Yorkers.
 3. A number of older New Yorkers, including recent immigrants and those whose employment histories are limited to informal work, are ineligible for Social Security.
 (Initiative): Assist older New Yorkers short of work histories to obtain employment allowing them to be eligible for Social Security.
 4. Many older adults live separately from their families and are at risk for social isolation; conversely, many younger adults lack contact with elders.
 (Initiative): Promote intergenerational volunteering and learning through partnerships with schools and nonprofit organizations.
 5. Older New Yorkers provide critical resources to the City and seek continued involvement in political and civic activities.
 (Initiative): Provide new volunteer opportunities and expand resources for older New Yorkers through time banking and other initiatives.
 6. Use of public libraries declines after age 50.
 (Initiative): Establish citywide partnership between senior centers and libraries.
 7. Many older adults are interested in cultural activities and desire greater access to them.
 (Initiative): Recruit artists to conduct programs in senior centers.
 8. New York offers many cultural opportunities, but affordability can be a challenge.
 (Initiative): Provide a guide of discounted arts/cultural events for older New Yorkers.
 9. Older adults want to pursue their interests and interact socially while staying active and busy.
 (Initiative): Publicize citywide opportunities for older New Yorkers through new older adult-focused NYC & Co. website.
 10. Older adults desire a "one-stop shop" for information about City services.
 (Initiative): Redesign DFTA's website to be more user-friendly and provide greater information about services.
 11. Older adults desire to be included in all levels of decision-making about their

communities' needs.

(Initiative): Conduct local community assessments of neighborhoods to determine age-friendliness.

12. Some older adults who are lesbian, gay, bisexual, or transgender (LGBT) do not feel welcome in trying to access City services.

(Initiative): Conduct cultural competency trainings on LGBT issues with the City's senior service providers.

City Initiatives:Housing

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Affordable Housing Development

- Target housing funds and streamline process of building low income housing for older New Yorkers
- Examine parking requirements for affordable senior housing and amend the zoning code as necessary to facilitate construction of senior housing
- Provide loans for rehabilitation and new construction of affordable housing

Homeowner & Renter Assistance

- Provide loan assistance to older New Yorkers for home repairs
- Engage NYC home improvement contractors in best practices for the older adult market
- Improve access to SCRIE through transfer to Department of Finance
- Expand eviction prevention legal services for older New Yorkers

Aging in Place

- Provide additional supportive services to NORCs
- Target Section 8 vouchers to vulnerable older adults at risk of eviction
- Promote access to new models of housing that support aging in place

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13. Demand for publicly-subsidized or financed low income senior housing (such as Section 202 units) far exceeds supply.

(Initiative): Target housing funds and streamline process of building low income housing for older New Yorkers.

14. Zoning requirements for parking may be an impediment to the development of new affordable housing.

(Initiative): Examine parking requirements for affordable senior housing and amend the zoning code as necessary to facilitate construction of senior housing.

15. Preserving innovative, affordable, and appropriate housing is an important determinant of health for older New Yorkers.

(Initiative): Provide loans for rehabilitation and new construction of affordable housing.

16. Many older homeowners are on fixed incomes and may not have the resources to make needed repairs to their homes.

(Initiative): Provide loan assistance to older New Yorkers for home repairs. The

17. Some older adult homeowners may have special needs and circumstances and could benefit from a contractor who is sensitive to these needs when they are seeking home repairs.

(Initiative): Engage NYC home improvement contractors in best practices for the older adult market.

18. Affordability of housing is a concern. Nearly half of all renters age 65 and older in NYC spent at least 35% of their income on rent in 2005.

(Initiative): Improve access to SCRIE through transfer to Department of Finance.

19. Older adults fear the costs of housing-related legal proceedings and often do not have the resources to defend themselves.

(Initiative): Expand eviction prevention legal services for older New Yorkers.

20. Older adults appreciate and benefit from living in close-knit micro-communities. Social service programs within the City's NORCs should be expanded.

(Initiative): Provide additional supportive services to NORCs.

21. Frailty can lead to an inability to keep living independently in the community.

(Initiative): Target Section 8 vouchers to vulnerable older adults at risk of eviction.

22. While there is an increased demand for alternatives to nursing home care, such models can be prohibitively expensive to develop and difficult for older adults to access.

(Initiative): Promote development of and access to new models of housing that support aging in place.

City Initiatives: Public Spaces and Transportation

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Accessible & Affordable Transportation

- Improve elevator and escalator service and enhance accessibility of subway stations
- Improve efficiency of Access-A-Ride by equipping vehicles with GPS devices and implementing phone notification system
- Match accessible taxis with users who need them
- Develop model accessible taxi
- Develop taxi voucher program for older New Yorkers who are unable to use public transportation

Safe & Age-friendly Public Spaces

- Increase seating in bus shelters
- Install public restrooms at key locations Citywide
- Create new, pedestrian-friendly public spaces while calming traffic
- Redesign street intersections at key locations citywide to improve safety for older New Yorkers
- Identify age-friendly parks and encourage older adults to utilize them

Planning for the Future

- Provide environmental stewardship workshops and engage older New Yorkers in planting trees as part of *PlaNYC* and *MillionTreesNYC*
 - Conduct study to better address the mobility needs of older New Yorkers
 - Promote use of Universal Design Guidelines through education and awareness efforts
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23. Half of New Yorkers regularly use mass transit, but not all subway stations are accessible. Older adults desire information regarding the status of elevators in subway stations before making a trip.

(Initiative): Improve elevator and escalator service and enhance accessibility of subway stations.

24. Some older adults have reliability and efficiency concerns regarding Access-A-Ride.

(Initiative): Improve efficiency of Access-A-Ride (AAR) by equipping vehicles with GPS devices and implementing phone notification system.

25. Many taxis are not wheelchair accessible or easy to get in and out of.

(Initiative): Match accessible taxis with users who need them.

26. A goal to strive for in the future is assuring that all taxis purchased for use in the City are wheelchair accessible.

- (Initiative): Develop model accessible taxi.
27. There are large sections of the City not well-served by bus or subway routes.
(Initiative): Develop taxi voucher program for older adults who are unable to use public transportation.
28. Many bus stops lack seats or shelter.
(Initiative): Increase seating in bus shelters.
29. Unexpected delays in transit and poor weather can make access to restroom facilities difficult for older adults.
(Initiative): Install public restrooms at key locations citywide.
30. There are few places to sit and some sidewalks are crowded and have various obstacles.
(Initiative): Create new, pedestrian-friendly public spaces while calming traffic.
31. Pedestrian safety is a concern for older New Yorkers.
(Initiative): Redesign street intersections at key locations citywide to improve safety for older New Yorkers.
32. Some older adults feel that certain parks are at times too crowded and their programs geared to the younger population.
(Initiative): Identify age-friendly parks and encourage older adults to utilize them.
33. More opportunities should be created for older adults to engage in volunteerism with issues they feel passionately about.
(Initiative): Provide environmental stewardship workshops and engage older New Yorkers in planting trees as part of *PlaNYC* and *MillionTreesNYC*.
34. The needs of older people and individuals with disabilities should be incorporated into transportation and related planning efforts.
(Initiative): Conduct study to better address the mobility needs of older New Yorkers.
35. Participation in the life of the City could be made easier with fewer architectural and physical barriers.
(Initiative): Promote use of Universal Design Guidelines through education and awareness efforts.

City Initiatives: Health and Social Services

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Wellness & Healthcare Planning

- Increase HIV awareness and health literacy among older New Yorkers
- Redesign senior centers to focus on wellness and develop health outcomes
- Establish fitness club discount for older New Yorkers
- Increase awareness about health insurance options through DFTA's HIICAP program

Assistance to At-Risk Older Adults

- Implement citywide falls prevention initiative
- Provide free air conditioners to at-risk older New Yorkers
- Conduct outreach to older New Yorkers at risk of social isolation
- Add Silver Alert to Notify NYC
- Expand "Savvy Seniors" campaign to educate older New Yorkers about identity theft and fraud

Access to Nutritious Food

- Improve older New Yorkers' access to food stamps by implementing telephone application process and outreach campaign
- Implement NYC Green Cart program and form supermarket commission to address needs of neighborhoods underserved by supermarkets
- Provide bus service for older New Yorkers to access grocery stores
- Increase efficiency in the City's case management and home-delivered meals programs

Caregiving & Long-Term Care

- Provide counseling and support services to grandparents raising grandchildren
- Expand educational materials and supports available to family caregivers
- Explore policies that would allow more New Yorkers to take family leave when needed
- Conduct outreach and workshops on long-term care and caregiving resources for employers in NYC
- Increase access to community-based care
- Expand training opportunities and other supports for paid caregivers
- Promote awareness and education about long-term care insurance

Palliative Care & Advance Directives

- Promote palliative care
 - Expand existing HHC palliative care programs
 - Promote advance directives
 - Advocate for State legislation authorizing family members or domestic partners to act as surrogates to make health care decisions on behalf of an incapacitated adult
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36. The number of older New Yorkers with HIV/AIDS is on the rise.

(Initiative): Increase HIV awareness and health literacy among older New Yorkers.

37. Studies show that older adults using senior centers desire a greater variety of programs and activities.

(Initiative): Redesign senior centers to focus on wellness and develop health outcomes.

38. A significant percentage of older adults does not engage in regular physical activity.

- (Initiative): Establish fitness club discount for older New Yorkers.
39. Older New Yorkers desire assistance with understanding the intricacies of various health plans.
(Initiative): Increase awareness about health insurance options through DFTA's HIICAP program.
40. Falls are the leading cause of morbidity and mortality from unintentional injury among older individuals.
(Initiative): Implement citywide falls prevention initiative.
41. Older New Yorkers are especially at risk for health problems related to heat.
(Initiative): Provide free air conditioners to at-risk older New Yorkers.
42. A sizable percentage of older New Yorkers lives alone and nearly 17% are at risk for social isolation.
(Initiative): Conduct outreach to older New Yorkers at risk for social isolation.
43. Alert systems should be adopted to protect vulnerable older adults.
(Initiative): Add Silver Alert to Notify NYC.
44. Older adults are worried about being cheated or robbed in financial schemes.
(Initiative): Expand "Savvy Seniors" campaign to educate older New Yorkers about identity theft and fraud.
45. Access to affordable and nutritious food is a concern among older New Yorkers.
(Initiative): Improve older New Yorkers' access to food stamps by implementing telephone application process and outreach campaign.
46. About three million New Yorkers do not live near grocery stores. Older adults are concerned about the closing of affordable supermarkets as a significant loss to their neighborhoods and to their well-being.
(Initiative): Implement NYC Green Cart program and form supermarket commission to address needs of neighborhoods underserved by supermarkets.
47. The need to travel for nutritious food is burdensome to older adults with disabilities.
(Initiative): Provide bus service for older New Yorkers to access grocery stores.
48. An ever-increasing demand for home-delivered meals and other supports requires fine-tuning and streamlining delivery of services.
(Initiative): Increase efficiency in the City's case management and home-delivered meals programs.
49. While the increasing role of grandparents as parents is a phenomenon that has gained visibility in recent years, their role is not well-acknowledged in some

social service systems.

(Initiative): Provide counseling and support services to grandparents raising grandchildren.

50. More than one million NYC residents provide care to older family members with chronic illnesses. Informal caregivers need more support in coordinating care for relatives.

(Initiative): Expand educational materials and supports available to family caregivers.

51. Many caregivers who are eligible for unpaid family leave and need to use it cannot afford to do so.

(Initiative): Explore policies that would allow more New Yorkers to take family leave when needed.

52. A majority of unpaid family caregivers work and have had to make some adjustments to their work life as a result of caregiving responsibilities. Conflicts with such responsibilities impact workplace productivity.

(Initiative): Conduct outreach and workshops on long-term care and caregiving resources for employers in NYC.

53. Most older adults prefer to “age in place” by receiving care in their homes and communities as an alternative to nursing home care.

(Initiative): Further increase access to community-based care.

54. There is a shortage of paid caregivers despite increasing demand. Direct care workers may not receive the training and support they need to perform their duties.

(Initiative): Expand training opportunities and other supports for paid caregivers.

55. Long-term care costs are rapidly increasing and many older adults are concerned about how they will afford care. Only a quarter of New York State residents age 50+ have purchased longterm care insurance.

(Initiative): Promote awareness and education about long-term care insurance.

56. Palliative care programs are often underutilized.

(Initiative): Promote palliative care.

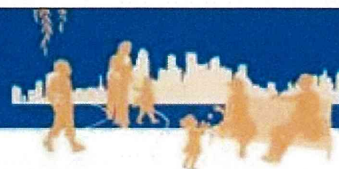
57. More can be done to increase access to hospital-based palliative care, as 42% of hospitals in New York State still do not have such programs.

(Initiative): Expand existing HHC palliative care programs.

58. Many individuals do not make their wishes regarding what types of end-of-life care they would want to receive known. Only an estimated 15 to 25% of Americans complete advance directives.

(Initiative): Promote advance directives.

59. Absent advance directives, a physically or mentally incapacitated person may not have health care decisions made by loved ones who best understand his/her wishes. (Initiative): Advocate for State legislation authorizing family members or domestic partners to act as surrogates to make health care decisions on behalf of an incapacitated adult.



Checklist of Essential Features of Age-friendly Cities

This checklist of essential age-friendly city features is based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress. More detailed checklists of age-friendly city features are to be found in the WHO Global Age-Friendly Cities Guide.

This checklist is intended to be used by individuals and groups interested in making their city more age-friendly. For the checklist to be effective, older people must be involved as full partners. In assessing a city's strengths and deficiencies, older people will describe how the checklist of features matches their own experience of the city's positive characteristics and barriers. They should play a role in suggesting changes and in implementing and monitoring improvements.

Outdoor spaces and buildings

- Public areas are clean and pleasant.
- Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
- Pavements are well-maintained, free of obstructions and reserved for pedestrians.
- Pavements are non-slip, are wide enough for wheelchairs and have dropped curbs to road level.
- Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times.
- Drivers give way to pedestrians at intersections and pedestrian crossings.
- Cycle paths are separate from pavements and other pedestrian walkways.
- Outdoor safety is promoted by good street lighting, police patrols and community education.

- Services are situated together and are accessible.
- Special customer service arrangements are provided, such as separate queues or service counters for older people.
- Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
- Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible.

Transportation

- Public transportation costs are consistent, clearly displayed and affordable.
- Public transportation is reliable and frequent, including at night and on weekends and holidays.
- All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.

- Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.
- Specialized transportation is available for disabled people.
- Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.
- Transport stops and stations are conveniently located, accessible, safe, clean, well-lit and well-marked, with adequate seating and shelter.
- Complete and accessible information is provided to users about routes, schedules and special needs facilities.
- A voluntary transport service is available where public transportation is too limited.
- Taxis are accessible and affordable, and drivers are courteous and helpful.
- Roads are well-maintained, with covered drains and good lighting.
- Traffic flow is well-regulated.
- Roadways are free of obstructions that block drivers' vision.
- Traffic signs and intersections are visible and well-placed.
- Driver education and refresher courses are promoted for all drivers.
- Parking and drop-off areas are safe, sufficient in number and conveniently located.
- Priority parking and drop-off spots for people with special needs are available and respected.

Housing

- Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.
- Sufficient and affordable home maintenance and support services are available.
- Housing is well-constructed and provides safe and comfortable shelter from the weather.
- Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.
- Home modification options and supplies are available and affordable, and providers understand the needs of older people.
- Public and commercial rental housing is clean, well-maintained and safe.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.

Social participation

- Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.
- Events are held at times convenient for older people.
- Activities and events can be attended alone or with a companion.
- Activities and attractions are affordable, with no hidden or additional participation costs.

- Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.
- A wide variety of activities is offered to appeal to a diverse population of older people.
- Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.
- There is consistent outreach to include people at risk of social isolation.

Respect and social inclusion

- Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.
- Services and products to suit varying needs and preferences are provided by public and commercial services.
- Service staff are courteous and helpful.
- Older people are visible in the media, and are depicted positively and without stereotyping.
- Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.
- Older people are specifically included in community activities for "families".
- Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.

- Older people are recognized by the community for their past as well as their present contributions.
- Older people who are less well-off have good access to public, voluntary and private services.

Civic participation and employment

- A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.
- The qualities of older employees are well-promoted.
- A range of flexible and appropriately paid opportunities for older people to work is promoted.
- Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.
- Workplaces are adapted to meet the needs of disabled people.
- Self-employment options for older people are promoted and supported.
- Training in post-retirement options is provided for older workers.
- Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people.

Communication and information

- A basic, effective communication system reaches community residents of all ages.
- Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.

- Regular information and broadcasts of interest to older people are offered.
- Oral communication accessible to older people is promoted.
- People at risk of social isolation get one-to-one information from trusted individuals.
- Public and commercial services provide friendly, person-to-person service on request.
- Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type.
- Print and spoken communication uses simple, familiar words in short, straightforward sentences.
- Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.
- Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.
- There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries.

Community and health services

- An adequate range of health and community support services is offered for promoting, maintaining and restoring health.
- Home care services include health and personal care and housekeeping.
- Health and social services are conveniently located and accessible by all means of transport.
- Residential care facilities and designated older people's housing are located close to services and the rest of the community.
- Health and community service facilities are safely constructed and fully accessible.
- Clear and accessible information is provided about health and social services for older people.
- Delivery of services is coordinated and administratively simple.
- All staff are respectful, helpful and trained to serve older people.
- Economic barriers impeding access to health and community support services are minimized.
- Voluntary services by people of all ages are encouraged and supported.
- There are sufficient and accessible burial sites.
- Community emergency planning takes into account the vulnerabilities and capacities of older people.

WHO/FCH/ALC/2007.1

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資料3

「American Health Care Association」の「Quality Report」のハイライト

HIGHLIGHTS FROM THE 2012 QUALITY REPORT

Growth of short-term skilled rehabilitation



The type of care provided by skilled nursing facilities has **changed**.



Of the **3.7 million** individuals who received care in a nursing facility in 2009, only **23%** resided in the facility for a year, while **77%** were admitted for short-term rehabilitation.



As a result of this shift, both the **range of services** provided to individuals in skilled nursing facilities and their **acuity of illness** has **significantly increased** over time.

Improvements in quality across spectrum of measures



On average, individuals are receiving **more time with nurses** on a daily basis, while nursing staff turnover continues to decrease.



The number of skilled nursing facilities with **deficiency-free surveys** has steadily increased.



Overall **customer satisfaction** remains high, with short-stay patients' satisfaction increasing to **87%**.

The Five-Star Rating System

43%

The number of facilities receiving a rating of **four or five stars** has steadily increased to **43 percent**.

The number of facilities receiving a **one or two star** rating has correspondingly **decreased**.

These results stem from an **increase in staffing levels** and **improvement in quality measures**.

Looking Ahead



ahca.

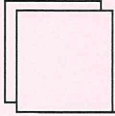
Reimbursement trends for both Medicare and Medicaid have begun to shift from payments based on volume and type of services provided to payments based on outcomes and quality.

12 AHCA state affiliates operating value-based purchasing arrangements in 2012

26 states will have some form of Medicaid managed long term care by 2014



Scan the QR code or visit <http://www.ahcanca.org/qualityreport> to view the full 2012 Quality Report.



資料編

●入院医療患者数推計結果

患者数(2011年:起點値)

914.9

単位(千人)

総数	総数	病院								一般診療所					
		総数	精神病床	感染症病床	結核病床	療養病床			一般病床	総数	療養病床			一般病床	
						総数	医療保険適用病床	介護保険適用病床			総数	医療保険適用病床	介護保険適用病床		
総数	総数	1,341.0	1,290.1	293.4	0.1	2.9	286.6	221.8	64.7	707.2	50.9	12.7	9.4	3.2	38.2
	0~4	18.2	17.7	0.0	0.0	0.0	0.1	0.1	0.0	17.5	0.5	0.0	0.0	0.0	0.5
	5~9	5.6	5.5	0.1	0.0	0.0	0.1	0.1	0	5.2	0.1	0	0	0	0.1
	10~14	5.7	5.6	0.6	0.0	0.0	0.1	0.1	0	4.8	0	0	0	0	0
	15~19	7.5	7.3	1.4	0.0	0.0	0.2	0.2	0	5.6	0.2	0	0	0	0.2
	20~24	11.6	10.8	2.7	0.0	0.0	0.4	0.4	0	7.8	0.8	0	0	0	0.8
	25~29	18.0	15.8	4.4	0.0	0.1	0.4	0.4	0	10.9	2.2	0	0	0	2.2
	30~34	24.2	21.8	6.8	0.0	0.0	0.6	0.6	0	14.5	2.4	0	0	0	2.4
	35~39	29.9	28.2	10.2	0.0	0.0	0.9	0.9	0	17	1.7	0	0	0	1.7
	40~44	31.9	31.2	13.1	0.0	0.1	1.4	1.4	0	16.7	0.6	0.1	0.1	0	0.6
	45~49	36.1	35.6	15.4	0.0	0.1	2	1.9	0.1	18.2	0.5	0	0	0	0.4
	50~54	46.3	45.5	19.3	0.0	0.1	3.2	2.9	0.2	22.9	0.8	0.1	0	0	0.8
	55~59	69.6	68.3	28.6	0.0	0.2	5.6	5.2	0.4	33.9	1.3	0.2	0.2	0	1.1
	60~64	118.5	116.1	43.2	0.0	0.3	11.6	10.4	1.2	60.9	2.4	0.4	0.3	0	2
	65~69	111.7	109.1	32.9	0.0	0.2	14.4	12.4	2	61.6	2.6	0.5	0.5	0	2.2
	70~74	141.6	137.5	33.1	0.0	0.3	23.7	19.9	3.9	80.4	4	0.7	0.6	0.1	3.3
	75~79	176.1	170.5	30.1	0.0	0.4	40.1	32.1	7.9	99.9	5.6	1.6	1.3	0.2	4.1
	80~84	189.5	181.2	24.6	0.0	0.5	56.7	44.1	12.6	99.3	8.3	2.3	1.8	0.5	6
	85~89	158.3	150	16	0	0.4	59.2	43.8	15.4	74.4	8.2	3	2	1	5.3
	90歳以上	137.7	129.4	9.9	0	0.2	65	44.4	20.6	54.3	8.3	3.8	2.4	1.3	4.6
男	総数	613.6	597.4	145.3	0.0	1.9	101.8	84.5	17.3	348.4	16.2	3	2.5	0.5	13.1
	0~4	9.9	9.7	0.0	0.0	0.0	0.0	0.0	0.0	9.5	0.2	0.0	0.0	0.0	0.2
	5~9	3.1	3.1	0.1	0.0	0.0	0.1	0.1	0	2.9	0	0	0	0	0
	10~14	3.2	3.2	0.4	0.0	0.0	0.1	0.1	0	2.7	0	0	0	0	0
	15~19	4.0	3.9	0.6	0.0	0.0	0.1	0.1	0	3.2	0.1	0	0	0	0.1
	20~24	5.4	5.2	1.3	0.0	0.0	0.2	0.2	0	3.7	0.1	0	0	0	0.1
	25~29	6.7	6.5	2.2	0.0	0.0	0.3	0.3	0	4	0.2	0	0	0	0.2
	30~34	9.0	8.8	3.6	0.0	0.0	0.3	0.3	0	4.8	0.2	0	0	0	0.2
	35~39	13.7	13.4	5.7	0.0	0.0	0.5	0.5	0	7.1	0.3	0	0	0	0.3
	40~44	17.6	17.2	7.6	0.0	0.0	0.9	0.8	0	8.8	0.4	0	0	0	0.3
	45~49	20.4	20.1	8.9	0.0	0.1	1.2	1.2	0	9.9	0.3	0	0	0	0.3
	50~54	27.5	27.0	11.7	0.0	0.1	2	1.9	0.1	13.3	0.5	0	0	0	0.4
	55~59	41.5	40.8	16.9	0.0	0.1	3.5	3.3	0.3	20.3	0.7	0.1	0.1	0	0.6
	60~64	70.5	69.1	24.6	0.0	0.3	7.2	6.5	0.7	37.1	1.3	0.2	0.2	0	1.1
	65~69	64.2	62.7	17.3	0.0	0.2	8.6	7.4	1.1	36.7	1.5	0.2	0.2	0	1.2
	70~74	75.3	73.5	16.1	0.0	0.2	12.2	10.2	2	45.1	1.8	0.3	0.2	0	1.5
	75~79	85.0	82.8	12.9	0.0	0.2	18	14.8	3.2	51.7	2.2	0.6	0.5	0.1	1.6
	80~84	77.7	75.0	8.7	0.0	0.3	20.4	16.4	4	45.5	2.8	0.6	0.4	0.1	2.2
	85~89	49.7	47.5	4.6	0.0	0.2	15.4	12.2	3.2	27.3	2.1	0.4	0.3	0.1	1.7
	90歳以上	27.7	26.4	1.9	0	0.1	10.4	7.9	2.6	14.1	1.3	0.4	0.3	0.1	0.8
女	総数	727.5	692.7	148.1	0.0	1.1	184.8	137.4	47.4	358.7	34.8	9.7	7	2.7	25.1
	0~4	8.3	8.1	0.0	0.0	0.0	0.0	0.0	0.0	8.0	0.3	0.0	0.0	0.0	0.3
	5~9	2.5	2.4	0.0	0.0	0.0	0	0	0	2.4	0	0	0	0	0
	10~14	2.5	2.4	0.3	0.0	0.0	0.1	0.1	0	2.1	0	0	0	0	0
	15~19	3.5	3.3	0.8	0.0	0.0	0.1	0.1	0	2.4	0.1	0	0	0	0.1
	20~24	6.3	5.6	1.4	0.0	0.0	0.2	0.2	0	4	0.7	0	0	0	0.7
	25~29	11.3	9.3	2.2	0.0	0.0	0.2	0.2	0	7	2	0	0	0	2
	30~34	15.2	13.1	3.2	0.0	0.0	0.3	0.3	0	9.6	2.1	0	0	0	2.1
	35~39	16.2	14.8	4.5	0.0	0.0	0.4	0.4	0	9.9	1.4	0	0	0	1.4
	40~44	14.2	14.0	5.5	0.0	0.0	0.6	0.5	0	7.9	0.3	0	0	0	0.2
	45~49	15.7	15.5	6.5	0.0	0.0	0.8	0.7	0	8.2	0.2	0	0	0	0.2
	50~54	18.8	18.4	7.7	0.0	0.0	1.1	1	0.1	9.6	0.3	0	0	0	0.3
	55~59	28.0	27.5	11.7	0.0	0.0	2.1	1.9	0.2	13.6	0.6	0.1	0.1	0	0.5
	60~64	48.0	46.9	18.7	0.0	0.0	4.4	3.9	0.5	23.8	1.1	0.2	0.1	0	0.9
	65~69	47.6	46.4	15.6	0.0	0.1	5.9	5	0.9	24.9	1.2	0.2	0.2	0	0.9
	70~74	66.3	64.0	17.1	0.0	0.1	11.5	9.6	1.9	35.3	2.2	0.4	0.3	0.1	1.8
	75~79	91.1	87.7	17.2	0.0	0.1	22.1	17.3	4.7	48.2	3.4	0.9	0.8	0.1	2.4
	80~84	111.8	106.2	15.9	0.0	0.2	36.4	27.7	8.6	53.8	5.6	1.8	1.4	0.4	3.8
	85~89	108.6	102.5	11.4	0.0	0.2	43.8	31.7	12.2	47.1	6.1	2.6	1.7	0.8	3.6
	90歳以上	110.0	102.9	8.1	0.0	0.1	54.5	36.5	18	40.2	7.1	3.4	2.1	1.2	3.7

●入院医療患者数推計結果

患者数(2015年:推計値)

1,059.3

単位(千人)

総数	総数	病院								一般診療所					
		総数	精神病床	感染症病床	結核病床	療養病床			一般病床	総数	療養病床			一般病床	
						総数	医療保険適用病床	介護保険適用病床			総数	医療保険適用病床	介護保険適用病床		
総数	総数	1,328.4	1,278.0	290.6	0.1	2.9	283.9	219.7	64.1	700.6	50.4	12.6	9.3	3.2	37.8
	0~4	17.1	16.7	0.0	0.0	0.0	0.1	0.1	0.0	16.5	0.5	0.0	0.0	0.0	0.5
	5~9	5.4	5.3	0.1	0.0	0.0	0.1	0.1	0.0	5.0	0.1	0.0	0.0	0.0	0.1
	10~14	5.4	5.3	0.6	0.0	0.0	0.1	0.1	0.0	4.5	0.0	0.0	0.0	0.0	0.0
	15~19	7.3	7.1	1.4	0.0	0.0	0.2	0.2	0.0	5.5	0.2	0.0	0.0	0.0	0.2
	20~24	11.2	10.4	2.6	0.0	0.0	0.4	0.4	0.0	7.5	0.8	0.0	0.0	0.0	0.8
	25~29	16.3	14.3	4.0	0.0	0.1	0.4	0.4	0.0	9.9	2.0	0.0	0.0	0.0	2.0
	30~34	22.0	19.8	6.2	0.0	0.0	0.5	0.5	0.0	13.2	2.2	0.0	0.0	0.0	2.2
	35~39	25.7	24.3	8.8	0.0	0.0	0.8	0.8	0.0	14.6	1.5	0.0	0.0	0.0	1.5
	40~44	33.5	32.8	13.8	0.0	0.1	1.5	1.5	0.0	17.5	0.6	0.1	0.1	0.0	0.6
	45~49	39.5	39.0	16.9	0.0	0.1	2.2	2.1	0.1	19.9	0.5	0.0	0.0	0.0	0.4
	50~54	48.3	47.5	20.2	0.0	0.1	3.3	3.0	0.2	23.9	0.8	0.1	0.0	0.0	0.8
	55~59	63.1	61.9	25.9	0.0	0.2	5.1	4.7	0.4	30.7	1.2	0.2	0.2	0.0	1.0
	60~64	94.5	92.6	34.4	0.0	0.2	9.2	8.3	1.0	48.6	1.9	0.3	0.2	0.0	1.6
	65~69	138.0	134.8	40.7	0.0	0.2	17.8	15.3	2.5	76.1	3.2	0.6	0.6	0.0	2.7
	70~74	153.3	148.9	35.8	0.0	0.3	25.7	21.5	4.2	87.1	4.3	0.8	0.6	0.1	3.6
	75~79	181.5	175.8	31.0	0.0	0.4	41.3	33.1	8.1	103.0	5.8	1.6	1.3	0.2	4.2
	80~84	211.5	202.2	27.5	0.0	0.6	63.3	49.2	14.1	110.8	9.3	2.6	2.0	0.6	6.7
	85~89	192.9	182.8	19.5	0.0	0.5	72.1	53.4	18.8	90.7	10.0	3.7	2.4	1.2	6.5
	90歳以上	182.1	171.1	13.1	0.0	0.3	85.9	58.7	27.2	71.8	11.0	5.0	3.2	1.7	6.1
男	総数	606.8	590.8	143.7	0.0	1.9	100.7	83.6	17.1	344.6	16.0	3.0	2.5	0.5	13.0
	0~4	9.3	9.1	0.0	0.0	0.0	0.0	0.0	0.0	9.0	0.2	0.0	0.0	0.0	0.2
	5~9	3.0	3.0	0.1	0.0	0.0	0.1	0.1	0.0	2.8	0.0	0.0	0.0	0.0	0.0
	10~14	3.0	3.0	0.4	0.0	0.0	0.1	0.1	0.0	2.5	0.0	0.0	0.0	0.0	0.0
	15~19	3.9	3.8	0.6	0.0	0.0	0.1	0.1	0.0	3.1	0.1	0.0	0.0	0.0	0.1
	20~24	5.2	5.0	1.3	0.0	0.0	0.2	0.2	0.0	3.6	0.1	0.0	0.0	0.0	0.1
	25~29	6.1	5.9	2.0	0.0	0.0	0.3	0.3	0.0	3.6	0.2	0.0	0.0	0.0	0.2
	30~34	8.2	8.0	3.3	0.0	0.0	0.3	0.3	0.0	4.4	0.2	0.0	0.0	0.0	0.2
	35~39	11.8	11.5	4.9	0.0	0.0	0.4	0.4	0.0	6.1	0.3	0.0	0.0	0.0	0.3
	40~44	18.5	18.1	8.0	0.0	0.0	0.9	0.8	0.0	9.3	0.4	0.0	0.0	0.0	0.3
	45~49	22.4	22.1	9.8	0.0	0.1	1.3	1.3	0.0	10.9	0.3	0.0	0.0	0.0	0.3
	50~54	28.8	28.2	12.2	0.0	0.1	2.1	2.0	0.1	13.9	0.5	0.0	0.0	0.0	0.4
	55~59	37.6	37.0	15.3	0.0	0.1	3.2	3.0	0.3	18.4	0.6	0.1	0.1	0.0	0.5
	60~64	56.1	55.0	19.6	0.0	0.2	5.7	5.2	0.6	29.5	1.0	0.2	0.2	0.0	0.9
	65~69	80.0	78.1	21.6	0.0	0.2	10.7	9.2	1.4	45.7	1.9	0.2	0.2	0.0	1.5
	70~74	81.7	79.7	17.5	0.0	0.2	13.2	11.1	2.2	48.9	2.0	0.3	0.2	0.0	1.6
	75~79	88.9	86.6	13.5	0.0	0.2	18.8	15.5	3.3	54.1	2.3	0.6	0.5	0.1	1.7
	80~84	88.7	85.6	9.9	0.0	0.3	23.3	18.7	4.6	51.9	3.2	0.7	0.5	0.1	2.5
	85~89	65.7	62.8	6.1	0.0	0.3	20.4	16.1	4.2	36.1	2.8	0.5	0.4	0.1	2.2
	90歳以上	38.4	36.6	2.6	0.0	0.1	14.4	10.9	3.6	19.5	1.8	0.6	0.4	0.1	1.1
女	総数	721.8	687.2	146.9	0.0	1.1	183.3	136.3	47.0	355.9	34.5	9.6	6.9	2.7	24.9
	0~4	7.8	7.6	0.0	0.0	0.0	0.0	0.0	0.0	7.5	0.3	0.0	0.0	0.0	0.3
	5~9	2.4	2.3	0.0	0.0	0.0	0.0	0.0	0.0	2.3	0.0	0.0	0.0	0.0	0.0
	10~14	2.4	2.3	0.3	0.0	0.0	0.1	0.1	0.0	2.0	0.0	0.0	0.0	0.0	0.0
	15~19	3.4	3.2	0.8	0.0	0.0	0.1	0.1	0.0	2.4	0.1	0.0	0.0	0.0	0.1
	20~24	6.0	5.4	1.3	0.0	0.0	0.2	0.2	0.0	3.8	0.7	0.0	0.0	0.0	0.7
	25~29	10.2	8.4	2.0	0.0	0.0	0.2	0.2	0.0	6.3	1.8	0.0	0.0	0.0	1.8
	30~34	13.8	11.9	2.9	0.0	0.0	0.3	0.3	0.0	8.7	1.9	0.0	0.0	0.0	1.9
	35~39	13.9	12.7	3.9	0.0	0.0	0.3	0.3	0.0	8.5	1.2	0.0	0.0	0.0	1.2
	40~44	14.9	14.7	5.8	0.0	0.0	0.6	0.5	0.0	8.3	0.3	0.0	0.0	0.0	0.2
	45~49	17.2	16.9	7.1	0.0	0.0	0.9	0.8	0.0	9.0	0.2	0.0	0.0	0.0	0.2
	50~54	19.6	19.2	8.0	0.0	0.0	1.1	1.0	0.1	10.0	0.3	0.0	0.0	0.0	0.3
	55~59	25.4	24.9	10.6	0.0	0.0	1.9	1.7	0.2	12.3	0.5	0.1	0.1	0.0	0.5
	60~64	38.3	37.5	14.9	0.0	0.0	3.5	3.1	0.4	19.0	0.9	0.2	0.1	0.0	0.7
	65~69	58.4	56.9	19.1	0.0	0.1	7.2	6.1	1.1	30.5	1.5	0.2	0.2	0.0	1.1
	70~74	71.7	69.2	18.5	0.0	0.1	12.4	10.4	2.1	38.2	2.4	0.4	0.3	0.1	1.9
	75~79	92.8	89.4	17.5	0.0	0.1	22.5	17.6	4.8	49.1	3.5	0.9	0.8	0.1	2.4
	80~84	122.9	116.8	17.5	0.0	0.2	40.0	30.5	9.5	59.2	6.2	2.0	1.5	0.4	4.2
	85~89	127.2	120.0	13.3	0.0	0.2	51.3	37.1	14.3	55.2	7.1	3.0	2.0	0.9	4.2
	90歳以上	143.5	134.2	10.6	0.0	0.1	71.1	47.6	23.5	52.4	9.3	4.4	2.7	1.6	4.8

●入院医療患者数推計結果

患者数(2020年:推計値)

1,200.9

単位(千人)

	総数	病院							一般診療所						
		総数	精神病床	感染症病床	結核病床	療養病床			一般病床	総数	療養病床			一般病床	
						総数	医療保険適用病床	介護保険適用病床			総数	医療保険適用病床	介護保険適用病床		
総数	総数	1,302.2	1,252.8	284.9	0.1	2.8	278.3	215.4	62.8	686.7	49.4	12.3	9.1	3.1	37.1
	0~4	15.0	14.6	0.0	0.0	0.0	0.1	0.1	0.0	14.4	0.4	0.0	0.0	0.0	0.4
	5~9	5.1	5.0	0.1	0.0	0.0	0.1	0.1	0.0	4.7	0.1	0.0	0.0	0.0	0.1
	10~14	5.1	5.0	0.5	0.0	0.0	0.1	0.1	0.0	4.3	0.0	0.0	0.0	0.0	0.0
	15~19	6.9	6.7	1.3	0.0	0.0	0.2	0.2	0.0	5.1	0.2	0.0	0.0	0.0	0.2
	20~24	11.0	10.2	2.5	0.0	0.0	0.4	0.4	0.0	7.4	0.8	0.0	0.0	0.0	0.8
	25~29	15.5	13.6	3.8	0.0	0.1	0.3	0.3	0.0	9.4	1.9	0.0	0.0	0.0	1.9
	30~34	19.6	17.6	5.5	0.0	0.0	0.5	0.5	0.0	11.7	1.9	0.0	0.0	0.0	1.9
	35~39	22.5	21.3	7.7	0.0	0.0	0.7	0.7	0.0	12.8	1.3	0.0	0.0	0.0	1.3
	40~44	28.4	27.8	11.7	0.0	0.1	1.2	1.2	0.0	14.9	0.5	0.1	0.1	0.0	0.5
	45~49	43.9	43.3	18.7	0.0	0.1	2.4	2.3	0.1	22.1	0.6	0.0	0.0	0.0	0.5
	50~54	52.1	51.2	21.7	0.0	0.1	3.6	3.3	0.2	25.8	0.9	0.1	0.0	0.0	0.9
	55~59	65.4	64.2	26.9	0.0	0.2	5.3	4.9	0.4	31.9	1.2	0.2	0.2	0.0	1.0
	60~64	81.8	80.1	29.8	0.0	0.2	8.0	7.2	0.8	42.0	1.7	0.3	0.2	0.0	1.4
	65~69	115.9	113.2	34.1	0.0	0.2	14.9	12.9	2.1	63.9	2.7	0.5	0.5	0.0	2.3
	70~74	180.9	175.7	42.3	0.0	0.4	30.3	25.4	5.0	102.7	5.1	0.9	0.8	0.1	4.2
	75~79	202.5	196.1	34.6	0.0	0.5	46.1	36.9	9.1	114.9	6.4	1.8	1.5	0.2	4.7
	80~84	225.9	216.0	29.3	0.0	0.6	67.6	52.6	15.0	118.4	9.9	2.7	2.1	0.6	7.2
	85~89	225.7	213.9	22.8	0.0	0.6	84.4	62.5	22.0	106.1	11.7	4.3	2.9	1.4	7.6
	90歳以上	250.0	234.9	18.0	0.0	0.4	118.0	80.6	37.4	98.6	15.1	6.9	4.4	2.4	8.4
男	総数	593.5	577.8	140.5	0.0	1.8	98.5	81.7	16.7	337.0	15.7	2.9	2.4	0.5	12.7
	0~4	8.2	8.0	0.0	0.0	0.0	0.0	0.0	0.0	7.8	0.2	0.0	0.0	0.0	0.2
	5~9	2.8	2.8	0.1	0.0	0.0	0.1	0.1	0.0	2.6	0.0	0.0	0.0	0.0	0.0
	10~14	2.8	2.8	0.4	0.0	0.0	0.1	0.1	0.0	2.4	0.0	0.0	0.0	0.0	0.0
	15~19	3.7	3.6	0.5	0.0	0.0	0.1	0.1	0.0	2.9	0.1	0.0	0.0	0.0	0.1
	20~24	5.1	4.9	1.2	0.0	0.0	0.2	0.2	0.0	3.5	0.1	0.0	0.0	0.0	0.1
	25~29	5.8	5.6	1.9	0.0	0.0	0.3	0.3	0.0	3.5	0.2	0.0	0.0	0.0	0.2
	30~34	7.3	7.2	2.9	0.0	0.0	0.2	0.2	0.0	3.9	0.2	0.0	0.0	0.0	0.2
	35~39	10.4	10.1	4.3	0.0	0.0	0.4	0.4	0.0	5.4	0.2	0.0	0.0	0.0	0.2
	40~44	15.7	15.4	6.8	0.0	0.0	0.8	0.7	0.0	7.9	0.4	0.0	0.0	0.0	0.3
	45~49	25.0	24.6	10.9	0.0	0.1	1.5	1.5	0.0	12.1	0.4	0.0	0.0	0.0	0.4
	50~54	31.1	30.5	13.2	0.0	0.1	2.3	2.1	0.1	15.0	0.6	0.0	0.0	0.0	0.5
	55~59	39.1	38.4	15.9	0.0	0.1	3.3	3.1	0.3	19.1	0.7	0.1	0.1	0.0	0.6
	60~64	48.6	47.6	17.0	0.0	0.2	5.0	4.5	0.5	25.6	0.9	0.1	0.1	0.0	0.8
	65~69	67.0	65.5	18.1	0.0	0.2	9.0	7.7	1.1	38.3	1.6	0.2	0.2	0.0	1.3
	70~74	97.4	95.1	20.8	0.0	0.3	15.8	13.2	2.6	58.4	2.3	0.4	0.3	0.0	1.9
	75~79	99.9	97.3	15.2	0.0	0.2	21.2	17.4	3.8	60.8	2.6	0.7	0.6	0.1	1.9
	80~84	97.1	93.7	10.9	0.0	0.4	25.5	20.5	5.0	56.9	3.5	0.7	0.5	0.1	2.7
	85~89	79.8	76.3	7.4	0.0	0.3	24.7	19.6	5.1	43.9	3.4	0.6	0.5	0.2	2.7
	90歳以上	58.6	55.8	4.0	0.0	0.2	22.0	16.7	5.5	29.8	2.7	0.8	0.6	0.2	1.7
女	総数	709.1	675.2	144.4	0.0	1.1	180.1	133.9	46.2	349.6	33.9	9.5	6.8	2.6	24.5
	0~4	6.8	6.7	0.0	0.0	0.0	0.0	0.0	0.0	6.6	0.2	0.0	0.0	0.0	0.2
	5~9	2.3	2.2	0.0	0.0	0.0	0.0	0.0	0.0	2.2	0.0	0.0	0.0	0.0	0.0
	10~14	2.2	2.1	0.3	0.0	0.0	0.1	0.1	0.0	1.9	0.0	0.0	0.0	0.0	0.0
	15~19	3.2	3.0	0.7	0.0	0.0	0.1	0.1	0.0	2.2	0.1	0.0	0.0	0.0	0.1
	20~24	5.9	5.3	1.3	0.0	0.0	0.2	0.2	0.0	3.8	0.7	0.0	0.0	0.0	0.7
	25~29	9.6	7.9	1.9	0.0	0.0	0.2	0.2	0.0	5.9	1.7	0.0	0.0	0.0	1.7
	30~34	12.2	10.5	2.6	0.0	0.0	0.2	0.2	0.0	7.7	1.7	0.0	0.0	0.0	1.7
	35~39	12.2	11.1	3.4	0.0	0.0	0.3	0.3	0.0	7.4	1.1	0.0	0.0	0.0	1.1
	40~44	12.6	12.4	4.9	0.0	0.0	0.5	0.4	0.0	7.0	0.3	0.0	0.0	0.0	0.2
	45~49	19.0	18.7	7.9	0.0	0.0	1.0	0.8	0.0	9.9	0.2	0.0	0.0	0.0	0.2
	50~54	21.1	20.6	8.6	0.0	0.0	1.2	1.1	0.1	10.8	0.3	0.0	0.0	0.0	0.3
	55~59	26.3	25.8	11.0	0.0	0.0	2.0	1.8	0.2	12.8	0.6	0.1	0.1	0.0	0.5
	60~64	33.2	32.4	12.9	0.0	0.0	3.0	2.7	0.3	16.4	0.8	0.1	0.1	0.0	0.6
	65~69	49.1	47.8	16.1	0.0	0.1	6.1	5.2	0.9	25.7	1.2	0.2	0.2	0.0	0.9
	70~74	83.8	80.9	21.6	0.0	0.1	14.5	12.1	2.4	44.6	2.8	0.5	0.4	0.1	2.3
	75~79	103.0	99.1	19.4	0.0	0.1	25.0	19.6	5.3	54.5	3.8	1.0	0.9	0.1	2.7
	80~84	129.1	122.7	18.4	0.0	0.2	42.0	32.0	9.9	62.1	6.5	2.1	1.6	0.5	4.4
	85~89	145.8	137.7	15.3	0.0	0.3	58.8	42.6	16.4	63.3	8.2	3.5	2.3	1.1	4.8
	90歳以上	190.4	178.1	14.0	0.0	0.2	94.3	63.2	31.2	69.6	12.3	5.9	3.6	2.1	6.4

●入院医療患者数推計結果

患者数(2025年:推計値)

1,306.8

単位(千人)

	総数	病院								一般診療所					
		総数	精神病床	感染症病床	結核病床	療養病床			一般病床	総数	療養病床			一般病床	
						総数	医療保険適用病床	介護保険適用病床			総数	医療保険適用病床	介護保険適用病床		
総数	総数	1,266.1	1,218.0	277.0	0.1	2.7	270.6	209.4	61.1	667.7	48.1	12.0	8.9	3.0	36.1
	0~4	13.6	13.2	0.0	0.0	0.0	0.1	0.1	0.0	13.1	0.4	0.0	0.0	0.0	0.4
	5~9	4.4	4.3	0.1	0.0	0.0	0.1	0.1	0.0	4.1	0.1	0.0	0.0	0.0	0.1
	10~14	4.8	4.7	0.5	0.0	0.0	0.1	0.1	0.0	4.0	0.0	0.0	0.0	0.0	0.0
	15~19	6.5	6.3	1.2	0.0	0.0	0.2	0.2	0.0	4.8	0.2	0.0	0.0	0.0	0.2
	20~24	10.3	9.6	2.4	0.0	0.0	0.4	0.4	0.0	6.9	0.7	0.0	0.0	0.0	0.7
	25~29	15.2	13.3	3.7	0.0	0.1	0.3	0.3	0.0	9.2	1.9	0.0	0.0	0.0	1.9
	30~34	18.6	16.7	5.2	0.0	0.0	0.5	0.5	0.0	11.1	1.8	0.0	0.0	0.0	1.8
	35~39	20.0	18.9	6.8	0.0	0.0	0.6	0.6	0.0	11.4	1.1	0.0	0.0	0.0	1.1
	40~44	24.9	24.3	10.2	0.0	0.1	1.1	1.1	0.0	13.0	0.5	0.1	0.1	0.0	0.5
	45~49	37.3	36.7	15.9	0.0	0.1	2.1	2.0	0.1	18.8	0.5	0.0	0.0	0.0	0.4
	50~54	58.0	57.0	24.2	0.0	0.1	4.0	3.6	0.3	28.7	1.0	0.1	0.0	0.0	1.0
	55~59	70.6	69.3	29.0	0.0	0.2	5.7	5.3	0.4	34.4	1.3	0.2	0.2	0.0	1.1
	60~64	84.9	83.2	31.0	0.0	0.2	8.3	7.5	0.9	43.6	1.7	0.3	0.2	0.0	1.4
	65~69	100.5	98.2	29.6	0.0	0.2	13.0	11.2	1.8	55.4	2.3	0.4	0.4	0.0	2.0
	70~74	152.1	147.7	35.5	0.0	0.3	25.5	21.4	4.2	86.3	4.3	0.8	0.6	0.1	3.5
	75~79	240.7	233.1	41.1	0.0	0.5	54.8	43.9	10.8	136.6	7.7	2.2	1.8	0.3	5.6
	80~84	254.1	243.0	33.0	0.0	0.7	76.0	59.1	16.9	133.2	11.1	3.1	2.4	0.7	8.0
	85~89	244.7	231.8	24.7	0.0	0.6	91.5	67.7	23.8	115.0	12.7	4.6	3.1	1.5	8.2
	90歳以上	314.7	295.7	22.6	0.0	0.5	148.6	101.5	47.1	124.1	19.0	8.7	5.5	3.0	10.5
男	総数	575.6	560.4	136.3	0.0	1.8	95.5	79.3	16.2	326.8	15.2	2.8	2.3	0.5	12.3
	0~4	7.4	7.3	0.0	0.0	0.0	0.0	0.0	0.0	7.1	0.1	0.0	0.0	0.0	0.1
	5~9	2.5	2.5	0.1	0.0	0.0	0.1	0.1	0.0	2.3	0.0	0.0	0.0	0.0	0.0
	10~14	2.7	2.7	0.3	0.0	0.0	0.1	0.1	0.0	2.3	0.0	0.0	0.0	0.0	0.0
	15~19	3.4	3.4	0.5	0.0	0.0	0.1	0.1	0.0	2.8	0.1	0.0	0.0	0.0	0.1
	20~24	4.8	4.6	1.2	0.0	0.0	0.2	0.2	0.0	3.3	0.1	0.0	0.0	0.0	0.1
	25~29	5.7	5.5	1.9	0.0	0.0	0.3	0.3	0.0	3.4	0.2	0.0	0.0	0.0	0.2
	30~34	7.0	6.8	2.8	0.0	0.0	0.2	0.2	0.0	3.7	0.2	0.0	0.0	0.0	0.2
	35~39	9.2	9.0	3.8	0.0	0.0	0.3	0.3	0.0	4.8	0.2	0.0	0.0	0.0	0.2
	40~44	13.8	13.5	6.0	0.0	0.0	0.7	0.6	0.0	6.9	0.3	0.0	0.0	0.0	0.2
	45~49	21.2	20.9	9.2	0.0	0.1	1.2	1.2	0.0	10.3	0.3	0.0	0.0	0.0	0.3
	50~54	34.7	34.1	14.8	0.0	0.1	2.5	2.4	0.1	16.8	0.6	0.0	0.0	0.0	0.5
	55~59	42.3	41.6	17.2	0.0	0.1	3.6	3.4	0.3	20.7	0.7	0.1	0.1	0.0	0.6
	60~64	50.6	49.6	17.7	0.0	0.2	5.2	4.7	0.5	26.6	0.9	0.1	0.1	0.0	0.8
	65~69	58.2	56.9	15.7	0.0	0.2	7.8	6.7	1.0	33.3	1.4	0.2	0.2	0.0	1.1
	70~74	81.8	79.8	17.5	0.0	0.2	13.2	11.1	2.2	49.0	2.0	0.3	0.2	0.0	1.6
	75~79	120.5	117.3	18.3	0.0	0.3	25.5	21.0	4.5	73.3	3.1	0.9	0.7	0.1	2.3
	80~84	110.4	106.6	12.4	0.0	0.4	29.0	23.3	5.7	64.7	4.0	0.9	0.6	0.1	3.1
	85~89	89.3	85.3	8.3	0.0	0.4	27.7	21.9	5.7	49.0	3.8	0.7	0.5	0.2	3.1
	90歳以上	77.6	74.0	5.3	0.0	0.3	29.1	22.1	7.3	39.5	3.6	1.1	0.8	0.3	2.2
女	総数	691.0	657.9	140.7	0.0	1.0	175.5	130.5	45.0	340.7	33.1	9.2	6.6	2.6	23.8
	0~4	6.2	6.0	0.0	0.0	0.0	0.0	0.0	0.0	6.0	0.2	0.0	0.0	0.0	0.2
	5~9	2.0	1.9	0.0	0.0	0.0	0.0	0.0	0.0	1.9	0.0	0.0	0.0	0.0	0.0
	10~14	2.1	2.0	0.3	0.0	0.0	0.1	0.1	0.0	1.8	0.0	0.0	0.0	0.0	0.0
	15~19	3.0	2.9	0.7	0.0	0.0	0.1	0.1	0.0	2.1	0.1	0.0	0.0	0.0	0.1
	20~24	5.6	5.0	1.2	0.0	0.0	0.2	0.2	0.0	3.6	0.6	0.0	0.0	0.0	0.6
	25~29	9.5	7.8	1.8	0.0	0.0	0.2	0.2	0.0	5.9	1.7	0.0	0.0	0.0	1.7
	30~34	11.5	9.9	2.4	0.0	0.0	0.2	0.2	0.0	7.3	1.6	0.0	0.0	0.0	1.6
	35~39	10.8	9.8	3.0	0.0	0.0	0.3	0.3	0.0	6.6	0.9	0.0	0.0	0.0	0.9
	40~44	11.0	10.9	4.3	0.0	0.0	0.5	0.4	0.0	6.1	0.2	0.0	0.0	0.0	0.2
	45~49	16.1	15.9	6.7	0.0	0.0	0.8	0.7	0.0	8.4	0.2	0.0	0.0	0.0	0.2
	50~54	23.3	22.8	9.6	0.0	0.0	1.4	1.2	0.1	11.9	0.4	0.0	0.0	0.0	0.4
	55~59	28.3	27.8	11.8	0.0	0.0	2.1	1.9	0.2	13.7	0.6	0.1	0.1	0.0	0.5
	60~64	34.3	33.5	13.4	0.0	0.0	3.1	2.8	0.4	17.0	0.8	0.1	0.1	0.0	0.6
	65~69	42.5	41.4	13.9	0.0	0.1	5.3	4.5	0.8	22.2	1.1	0.2	0.2	0.0	0.8
	70~74	70.5	68.1	18.2	0.0	0.1	12.2	10.2	2.0	37.6	2.3	0.4	0.3	0.1	1.9
	75~79	121.0	116.5	22.8	0.0	0.1	29.3	23.0	6.2	64.0	4.5	1.2	1.1	0.1	3.2
	80~84	144.2	136.9	20.5	0.0	0.3	46.9	35.7	11.1	69.4	7.2	2.3	1.8	0.5	4.9
	85~89	155.3	146.6	16.3	0.0	0.3	62.6	45.3	17.4	67.4	8.7	3.7	2.4	1.1	5.1
	90歳以上	235.4	220.2	17.3	0.0	0.2	116.6	78.1	38.5	86.0	15.2	7.3	4.5	2.6	7.9