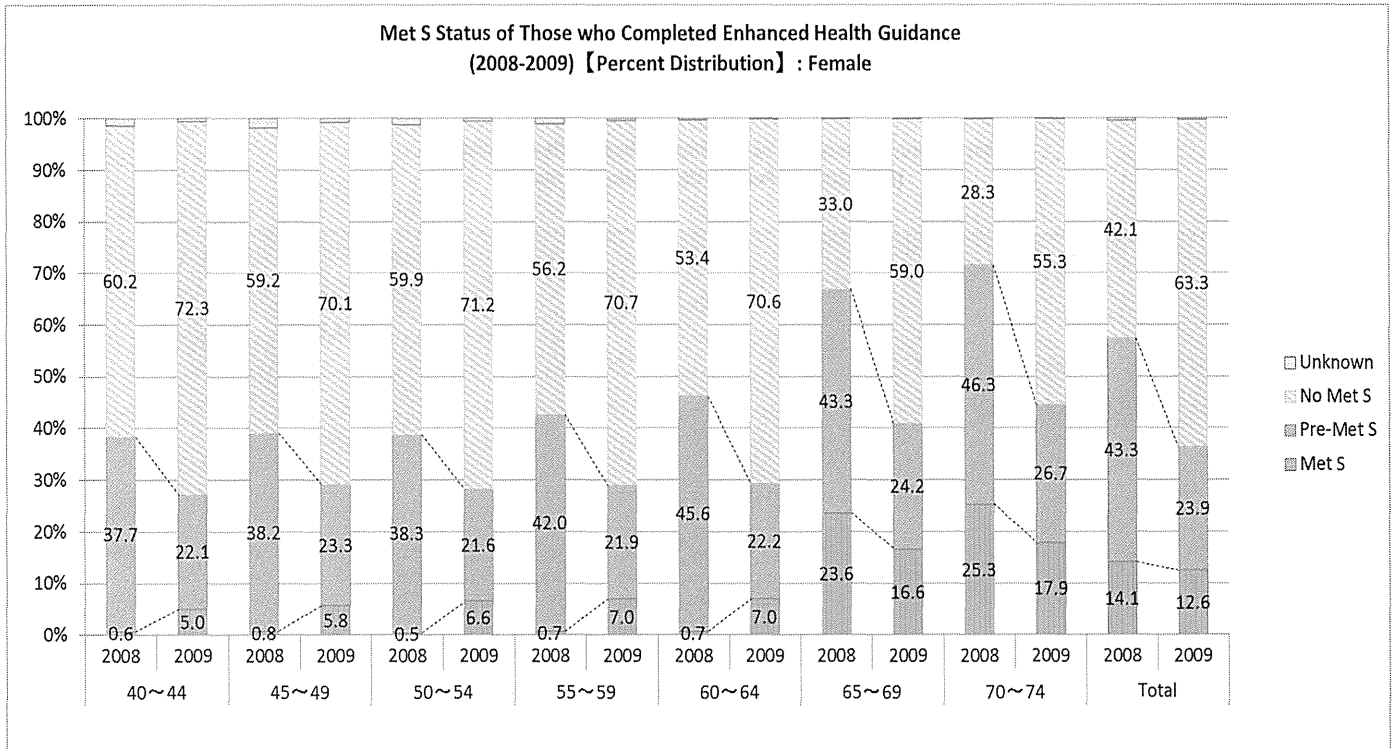


b-2. Women



The following sections describe women who completed the enhanced HG for the first time in Time 1.

- From FY 2008 to 2009, the Met S group decreased from 14.1% to 12.6%, and the pre-Met S group also decreased from 43.3% to 23.9%. The no Met S group jumped from 42.1% to 63.3%.
- From FY 2009 to 2010, the Met S group increased slightly from 11.6% to 13.0%, but the pre-Met S group decreased from 41.1% to 24.5%. The no Met S group increased from 47.3% to 62.4%.
- From FY 2010 to 2011, the Met S group increased from 8.3% to 11.0%, but the pre-Met S group decreased from 39.5% to 25.1%. The no Met S group increased from 52.0% to 63.6%.

3-4 Discussion – Changes in Metabolic Syndrome Status

Among individuals who completed the intensive HG for the first time, the proportions of the Met S groups decreased by 14 to 21% in men and by 20 to 30% in women. The proportions of the pre-Met S groups also decreased by 10 to 11% in men and by 8 to 10% in women. As a result, the no Met S groups increased by 24 to 32% in men and 28 to 40% in women. It is remarkable to observe that 20 to 30% of men and 30 to 40% of women no longer had metabolic syndrome or pre-metabolic syndrome after the completion of the intensive HG.

Among those who had completed the enhanced HG, the proportions of the Met S groups increased by 1 to 8% in men, and increased or decreased by 2 to 3% in women. The proportions of the pre-Met S groups decreased by 25% in men and by 14 to 19% in women. Consequently, the no Met S groups increased by 17 to 25% in men and 12 to 21% in women. In terms of age differences, among men and women 40 to 64 years of age, the proportions of the Met S groups were nearly 0 at baseline but increased to around 10% a year later. This indicates that metabolic risk factors worsened even after the completion of the enhanced HG intervention.

On the other hand, decreases of the proportions of the Met S groups were seen among men and women 65 to 74 years of age. The HG eligibility algorithm classifies all adults aged 65 to 74 years into the enhanced HG group even though their metabolic risk factors may be highly elevated. Further research is needed to closely monitor the changes of metabolic syndrome status before and after intervention by incorporating the severity of baseline metabolic risk factors for this oldest age group. Nevertheless, it is reasonable to say that the enhanced HG was effective, evidenced by the reductions of the proportions of pre-Met S by 25% in men and by 14 to 19% in women. It is also important to point out that 20 to 30% of men and 10 to 20% of women who had pre-Met S at baseline improved and no longer had the condition after the enhanced HG intervention.

On a final note, data for individuals who did not participate or dropped out from HG were not analyzed in this study. In order to show the true effects of HG, comparisons between intervention and control groups are needed. It is important to note that not all the metabolic risk improvements seen in this study were attributed to the HG intervention, because a small proportion of individuals in the control groups were believed to have similar improvements without intervention.

Conclusions and Closing Remarks

This interim report is a summary of the workgroup's activity during 2013, and describes findings from studies of the SHEHG Mandate's effects on clinical and behavioral indicators.

Overall and for each gender and age stratum, the intervention groups achieved greater reductions in waist circumference, BMI, and body weight, and also had greater improvements in blood glucose, blood pressure, and lipid compared to their respective control groups.

In terms of the changes of HG eligibility, adults who had completed the intensive HG tended to move up to a lighter health guidance category, indicating improved metabolic risk factors. There were little age differences, but women tended to have greater improvements than men. A smaller proportion of adults who had completed enhanced HG also showed improvements in metabolic risk factors.

As for the changes of metabolic syndrome status, 20 to 30% of men and 30 to 40% of women who had metabolic syndrome or pre-metabolic syndrome at baseline improved their conditions after completing the intensive HG. Among adults who had completed the enhanced HG, the proportions of adults who had pre-metabolic syndrome decreased approximately by 25% in men and by 15% in women, while the proportions of adults who no longer had the condition increased by 20 to 30% in men and by 10 to 20% in women.

In summary, this report provided evidence that the HG intervention had measurable reductions in metabolic risk factors among participating men and women 40 to 74 years of age.

There are some important tasks remain for the workgroup. The present report focused on the changes of metabolic risk factors after the HG intervention within a year. In the future, multiple years of follow-up should be conducted to observe long-term changes. Furthermore, how those improvements in metabolic risk factors impacted the savings in national health care expenditures, which is the main charge of this workgroup, has not yet been fully examined.

Currently the workgroup is studying the SHEHG Mandate's impact on the savings in national health care expenditures, and preparing a report to summarize findings by the end of FY2014.

Workgroup Meeting Schedule and Agenda

The Work Group for Studying the Effects of the Special Health Examination and Health Guidance Mandate on Health Care Expenditures

Meeting #	Date	Agenda
1	March 1, 2013	Methods of studies
2	September 17, 2013	Progress of the SHEHG's effects on health indicators
3	December 10, 2013	Progress of the SHEHG's effects on health indicators
4	February 7, 2014	The SHEHG's effects on health care expenditures
5	March 10, 2014	Interim report (draft)
6	March 17, 2014	Interim report (draft)

Workgroup Members (in alphabetical order)

The Work Group for Studying the Effects of the Special Health Examination and Health Guidance Mandate on Health Care Expenditures

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