



***For Immediate Release***

**ACCJ Survey Estimates Disease Costs Japanese Economy at Least 3.3 Trillion A Year in Lost Productivity**

- **Chronic Pain and Mental Illness the Leading Causes of Absenteeism and Presenteeism**
- **ACCJ White Paper Makes Proposals to Reduce Economic Burden of Disease Through Prevention and Early Detection**

**November 25, 2011** –The American Chamber of Commerce in Japan (ACCJ) today announced national survey results showing that disease costs the Japanese economy at least 3.3 trillion yen a year in lost productivity, a major drag on economic competitiveness and growth.

The ACCJ simultaneously released a comprehensive healthcare White Paper containing policy proposals to reduce the economic burden of disease through the promotion of prevention and early detection by the government, health insurance providers and employers. Many forms of infectious and chronic disease can be prevented or detected early in a cost effective manner. Healthcare systems and health policies in Japan have traditionally focused on treatment of medical conditions after they occur, rather than on prevention. The ACCJ believes its proposals could boost productivity and prevent excessive increases in healthcare costs.

The ground-breaking 80-question national survey covered 5,000 respondents representative of the Japanese population in regard to regional, age and male-female distribution. Based on responses, the nationwide productivity loss was calculated as the sum of losses from Absenteeism (the economic value of sick time off), Presenteeism (the economic value of health-related productivity impairment at work) and Disability Loss (the economic value of salary income lost due to changing or quitting jobs).

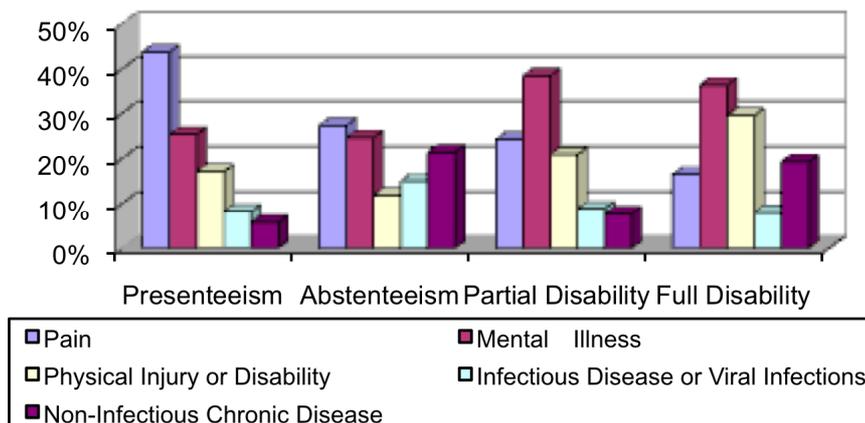
The ACCJ said that 3.3 trillion yen was a conservative loss estimate based on the data received. It did not include economic losses due to costs of medical treatment, which were outside the scope of the survey. A summary of the results in billions of yen is below.

Type of Loss	Absenteeism	Presenteeism	Partial Disability	Full Disability	Total Economic and Productivity Losses
Due to own disease	¥361	¥282	¥894	¥466	¥2,003
Due to family member disease	¥155	¥191		¥618	¥1,360
Total	¥516	¥473	¥894	¥1,084	¥3,363

Health issues were categorized under five headings: pain, mental illness, physical injury or disability, non-infectious chronic disease, and infectious disease or viral infection.

The survey found that the two leading causes of Absenteeism and Presenteeism among workers were pain (including chronic back or neck/shoulder pain, migraine, arthritis and other causes of pain) and mental illness including depression. Mental illness including depression was the leading cause of Disability losses.

#### Causes of Economic Burden by Type and Percentage of People Impacted



The survey also found that the top five future medical concerns among people in Japan in descending order were cancer, chronic back or neck/shoulder pain, stroke, influenza, and diabetes. The survey indicates that a significant proportion of Japanese people are not fully aware or taking advantage of the benefits of screening, prevention and early detection. It also showed low participation rates in many relatively easy prevention and early detection measures, such as regular exercise and annual health checkups, despite a general interest in more information and increased participation.

The ACCJ White Paper, entitled "Investing in Health as a Competitive Advantage," covers twenty-seven disease areas, ranging from hepatitis and breast cancer to chronic pain and healthcare associated infections. In addition to a careful analysis of ways to improve government healthcare policy, the White Paper includes a variety of case studies of successful policies in other countries.

“Increasing labor productivity is tremendously important for Japan’s economic vitality. Improving health of workers and thus boosting labor productivity will be essential to grow the Japanese economy and increase its international competitiveness,” the White Paper stated.

“The ACCJ Survey is the first comprehensive estimate of the economic costs of disease ever conducted in Japan, and shows that chronic pain and mental health are greater burdens on economic productivity than expected. The large economic impact of these chronic diseases does not show up in statistics about mortality rates, but the survey shows that they deserve special attention,” said William Bishop, Chairman of the ACCJ Healthcare Committee.

“The economic burden of disease is likely to increase as Japan’s society continues to age. But by investing in health, Japan could increase productivity and lengthen the average healthy life span (before the need for home nursing care) in a way that supports economic growth. We sincerely hope our Survey and White Paper are seen as a solid contribution to the healthcare and economic policy debate in Japan,” said Bruce Ellsworth, Vice Chairman of the ACCJ Healthcare Committee.

For full survey report and white paper, please visit the link below:

Survey: [http://www.accj.or.jp/doclib/advocacy/Healthcare\\_Survey\\_E.pdf](http://www.accj.or.jp/doclib/advocacy/Healthcare_Survey_E.pdf)

White Paper: [http://www.accj.or.jp/doclib/advocacy/HWP\\_E.pdf](http://www.accj.or.jp/doclib/advocacy/HWP_E.pdf)

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### About ACCJ

The American Chamber of Commerce in Japan (ACCJ) was established in 1948 by representatives of 40 American companies and has grown into one of the most influential business organizations in Japan. Consisting mainly of executives from American companies, the ACCJ has members representing over 1,000 companies with offices in Tokyo, Nagoya, and Osaka. Working closely with the governments of the United States and Japan and other business organizations, the ACCJ promotes trade and investment flows between the United States and Japan, promoting the interests of U.S. companies and members, and improving the environment for international business in Japan. Over 60 committees representing various industries play a central role in making ACCJ policy recommendations by issuing Viewpoints, Public Comments and White Papers and holding over 400 events and seminars annually on public policy and economic trends. The ACCJ also undertakes charitable efforts and supports its members' CSR activities.

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## NATIONAL PUBLIC OPINION SURVEY HIGHLIGHTS

### ECONOMIC IMPACT

- 15% of respondents had personal health problems that negatively affected their ability to work or productivity.
- 10% had family member health problems that negatively affected their ability to work or productivity

### PREVENTION

- 61.7% of respondents support the October 2010 tobacco tax increase while 17.5% oppose. Of those who oppose, 67% agree that smoking is a health risk but think the tax hike is unfair to smokers.
- Only 34% consider the health promotion programs provided by their employer and/or health insurance provider to be useful.
- 84% think vaccines are important for prevention and 87% think that the government should subsidize them.
- 76.6% of women are interested in osteoporosis and 59.1% have taken some sort of preventive action, including increasing calcium in their diet.
- 52.6% are concerned about healthcare associated infections and 75.7% think the Japanese government should adopt a national strategy to reduce their risk. \*
- 80.3% would like more information on stroke and how to prevent it.

### EARLY DETECTION

- Over 40% of respondents had not had a comprehensive health check-up in the past year, but many say they would if their health deteriorates.
- Only 30% of Japanese in the high-risk group of 50 – 79 years of age have ever had a hepatitis virus screening but many said they would if it was included free in their annual health checkup.
- Only 52% of women aged 40-69 had a breast cancer (mammography) screening in the past 2 years. Those that were not screened said they would if they found lumps or if free screening were included as part of their annual health check up.
- Less than half of women aged 30 – 69 had a cervical cancer screening in the past two years. Those that were not screened said they would if their health deteriorates or if free screening were included as part of their annual health check up.

- \* "A healthcare-associated infection (HAI) is an infection occurring in a patient during the process of care in a healthcare facility which was not present or incubating at the time of admission" - WHO