

Trend of Healthy Life Expectancy Taking into Account the Elderly Care Facility Population

Reiko HAYASHI

Both life expectancy and healthy life expectancy are extending in Japan. As of 2016, the healthy life expectancy was 72.14 years for males and 74.79 years for females, 0.95 years and 0.58 years longer than the healthy life expectancy of 2013, respectively. These official numbers are calculated based on responses to the question concerning "daily life activity limitations due to health reasons" asked in the Comprehensive Survey of Living Conditions, which is carried out every three years (on a large scale) by the Ministry of Health, Labour and Welfare. However, there is a criticism that this survey does not include the elderly care facility population and hence does not truly capture the health status of the total population. In fact, the Comprehensive Survey of Living Conditions takes samples from the census districts of postcodes 1 and 8, which include general households and dormitories, respectively, but not from the census districts of postcode 4, which are occupied by large hospitals and social facilities, including elderly care facilities. As the elderly living in care facilities are expected to have daily life activity limitations, the existing health indicator that does not take this population into account might underestimate the health status of the overall population.

In this paper, healthy life expectancy was adjusted using the proportion of the population of the census districts of postcode 4 by sex and age, under the assumption that all the postcode 4 population have daily life activity limitations due to health reasons. The resulting trend from 2001 to 2016 was compared with the trends without adjustment, and it was confirmed that the increasing trend of healthy life expectancy is not affected by the elderly care facility population adjustment.

Although there is a policy to refrain from increasing the elderly care facility to promote the home-based integrated community care system, the number of facilities still increases and there is an increased diversity of elderly living arrangements such as elderly collective housing or group homes for persons with dementia. The elderly care facility population remains to be taken in consideration as an important factor in the assessment of population health.