

# 2010 Public Opinion Survey on Healthcare Policy

- **Survey period: January 2010**
- **Survey method: Visits by researchers, followed by submission of responses**
- **Survey coverage: 1,650 men and women nationwide aged 20 and above (Two-stage sampling method)**
  - **50 locations were selected across the nation (Stage 1)**
  - **33 persons aged 20 and above were selected from each location (Stage 2)**
- **Valid responses: 1,024 (Response rate 62%)**
- **Breakdown of Respondents**

By region	
• Hokkaido & Tohoku	12%
• Kanto	35%
• Chubu & Tokai	16%
• Kinki	16%
• Chugoku & Shikoku	10%
• Kyushu & Okinawa	12%

By age	
• 20s	14%
• 30s	18%
• 40s	17%
• 50s	17%
• 60s	22%
• 70s +	11%

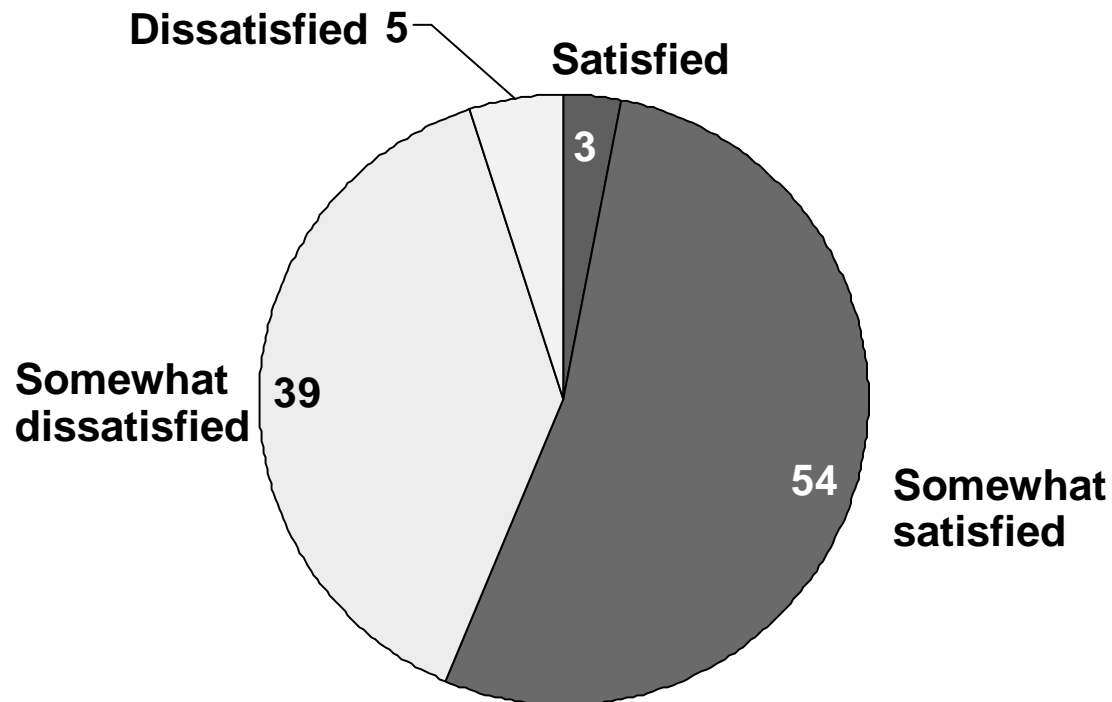
By gender	
• Male	49.9%
• Female	50.1%

# Approximately 60% of the public are satisfied with the current healthcare system.

Exhibit 2

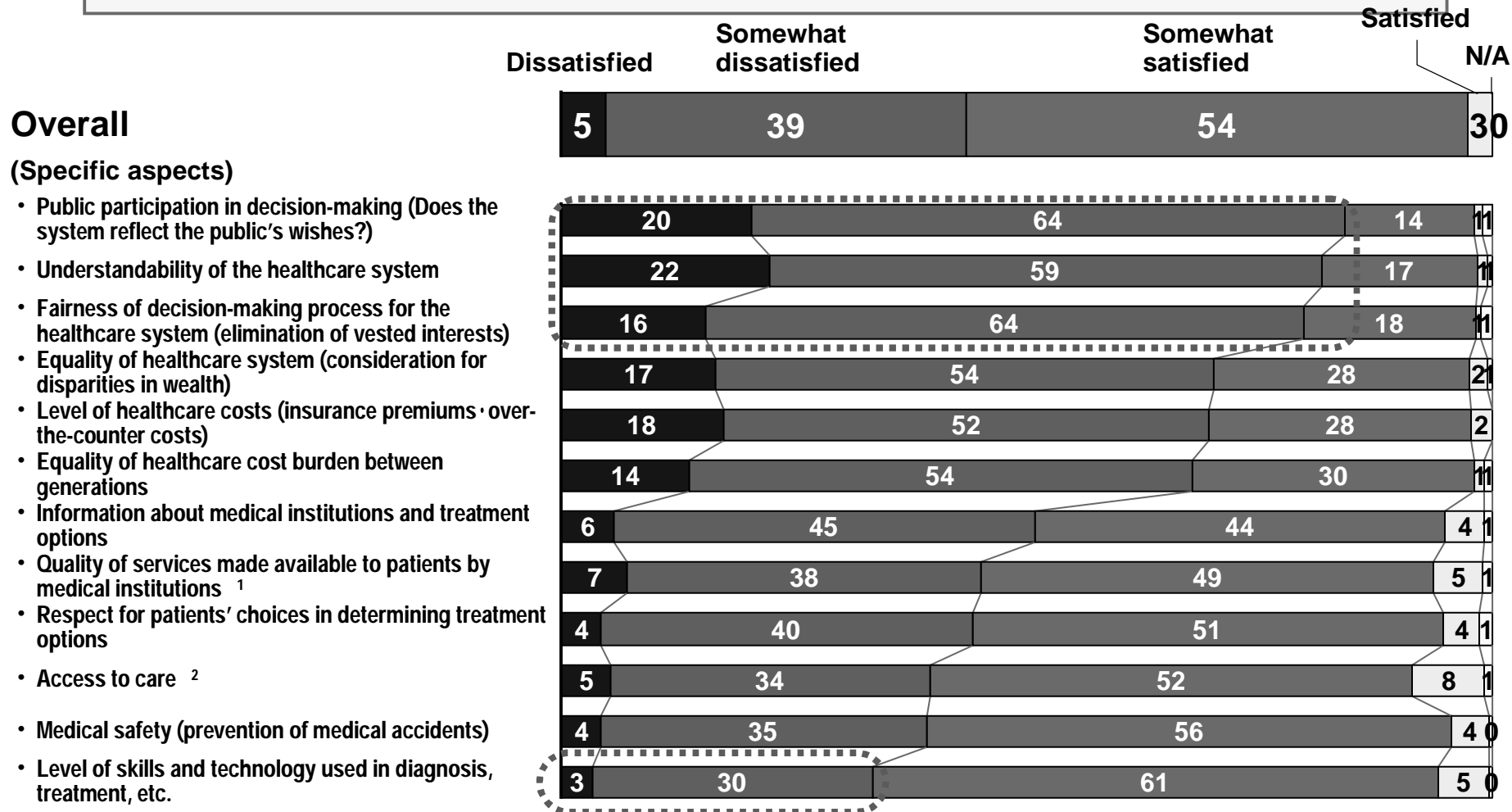
(%; January 2010; n=1,024)

How satisfied are you with the current healthcare system? [Q4]



**More than 80% of the public are dissatisfied with the decision-making process and understandability of the healthcare system, while the majority are satisfied with the medical services and treatments.**  
 (%; January 2010; n=1,024)

**How satisfied are you with the current healthcare system? [Q4]**



<sup>1</sup> Non-medical services, including employee responsiveness, the medical institution environment, and waiting times

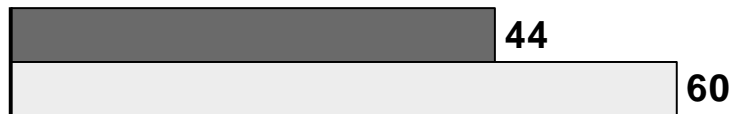
<sup>2</sup> Possibility of receiving medical care at the medical institution and time of one's choice

Source: Health Policy Institute, Japan, "2010 Public Opinion Survey on Healthcare Policy"

**Over the past few years, public dissatisfaction with the decision-making process of the healthcare system has increased, while public satisfaction with the medical services and treatments has increased.**  
 (%; January 2010; n=1,024)

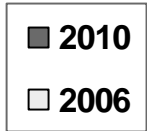
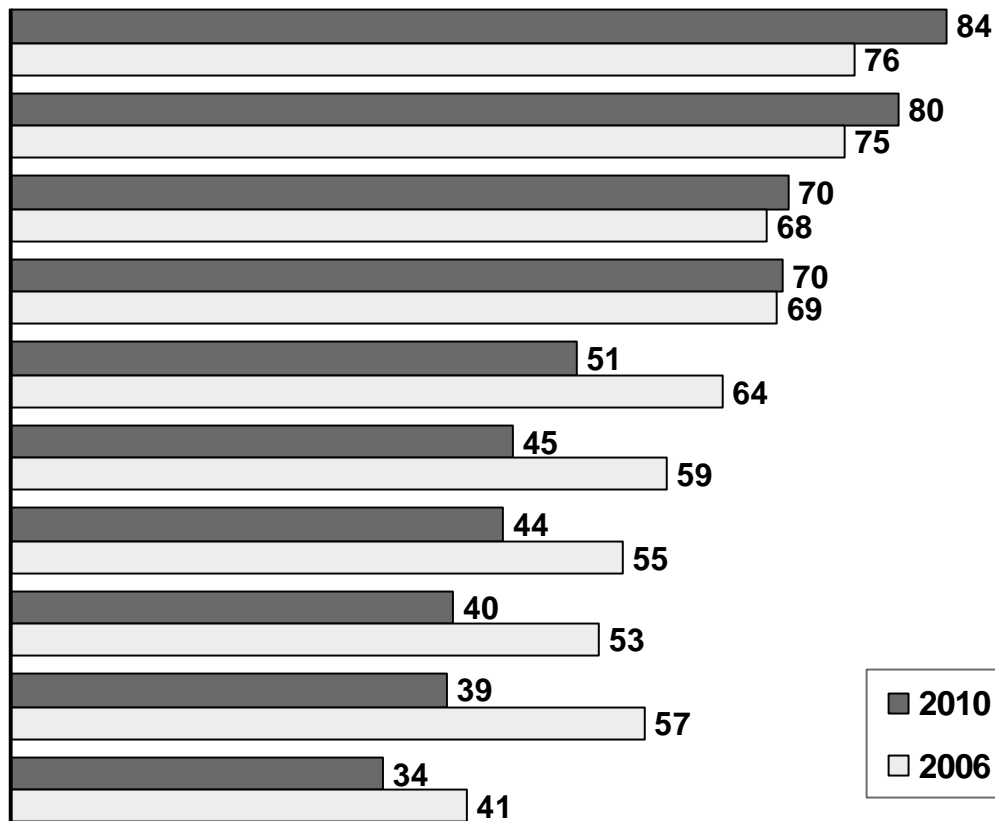
**How satisfied are you with the current healthcare system? [Q4]**

**Overall**



**(Specific aspects)**

- Public participation in decision-making (Does the system reflect the public's wishes?)
- Fairness of decision-making process for the healthcare system (elimination of vested interests)
- Equality of healthcare system (consideration for disparities in wealth)
- Level of healthcare costs (insurance premiums over-the-counter costs)
- Information about medical institutions and treatment options
- Quality of services made available to patients by medical institutions <sup>1</sup>
- Respect for patients' choices in determining treatment options
- Access to care <sup>2</sup>
- Medical safety (prevention of medical accidents)
- Level of skills and technology used in diagnosis, treatment, etc.



# Nearly 80% of the public are worried about the future of the healthcare.

**Exhibit 5**

(%; January 2010; n=1,024)

**Considering the future, how worried are you that you and your family . . .  
[Q5]**

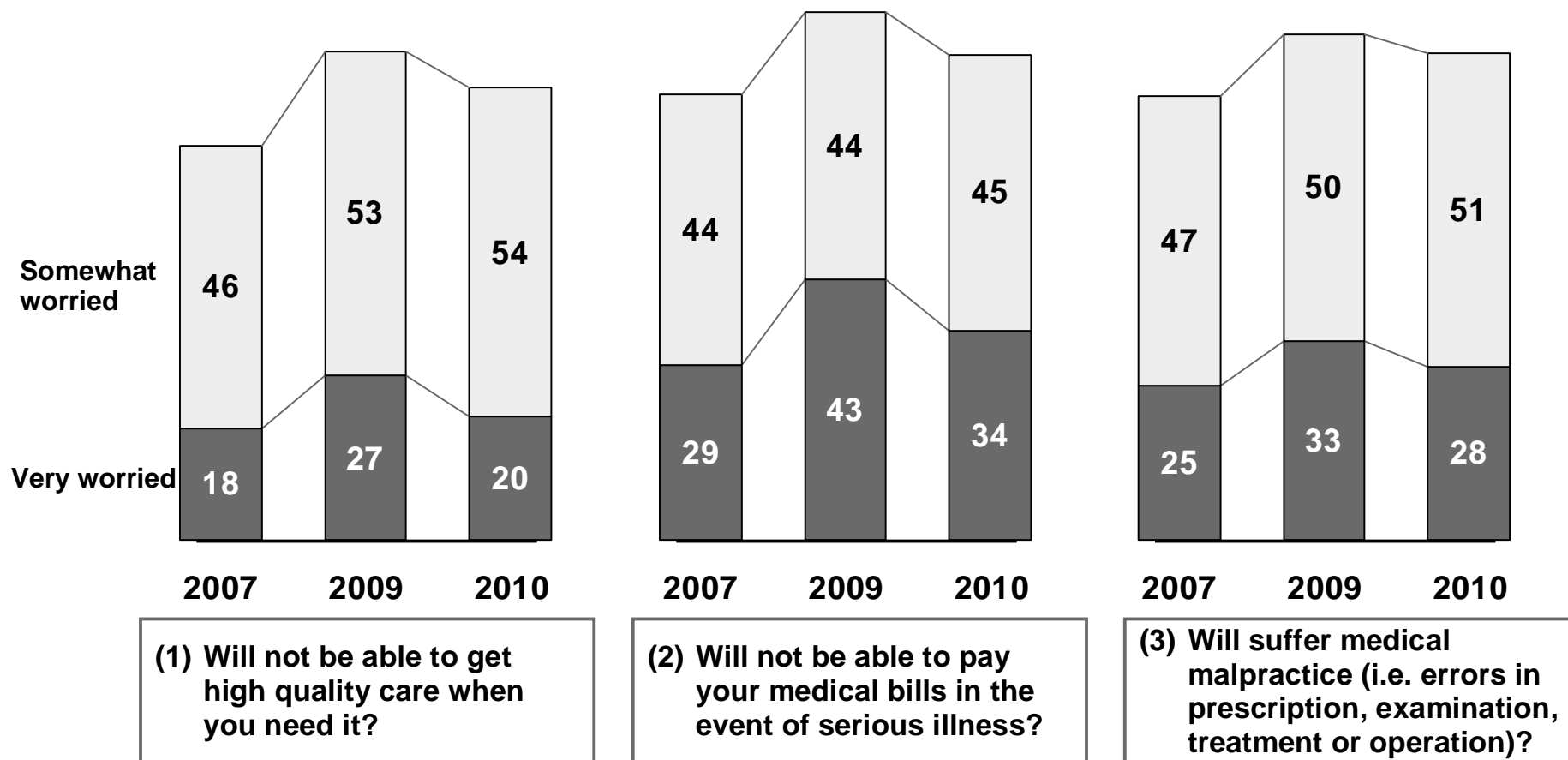
	Very worried	Somewhat worried	Not very worried	Not worried at all
Will not be able to get high quality care when you need it?	20	54	24	20
Will not be able to pay your medical bills in the event of serious illness?	34	45	19	20
Will suffer medical malpractice (i.e. errors in prescription, examination, treatment or operation)?	28	51	18	21

# Public anxiety about healthcare has slightly lessened over the year.

Exhibit 6

(%; January 2010; n=1,024)

Considering the future, how worried are you that you and your family . . .  
**[Q5]**

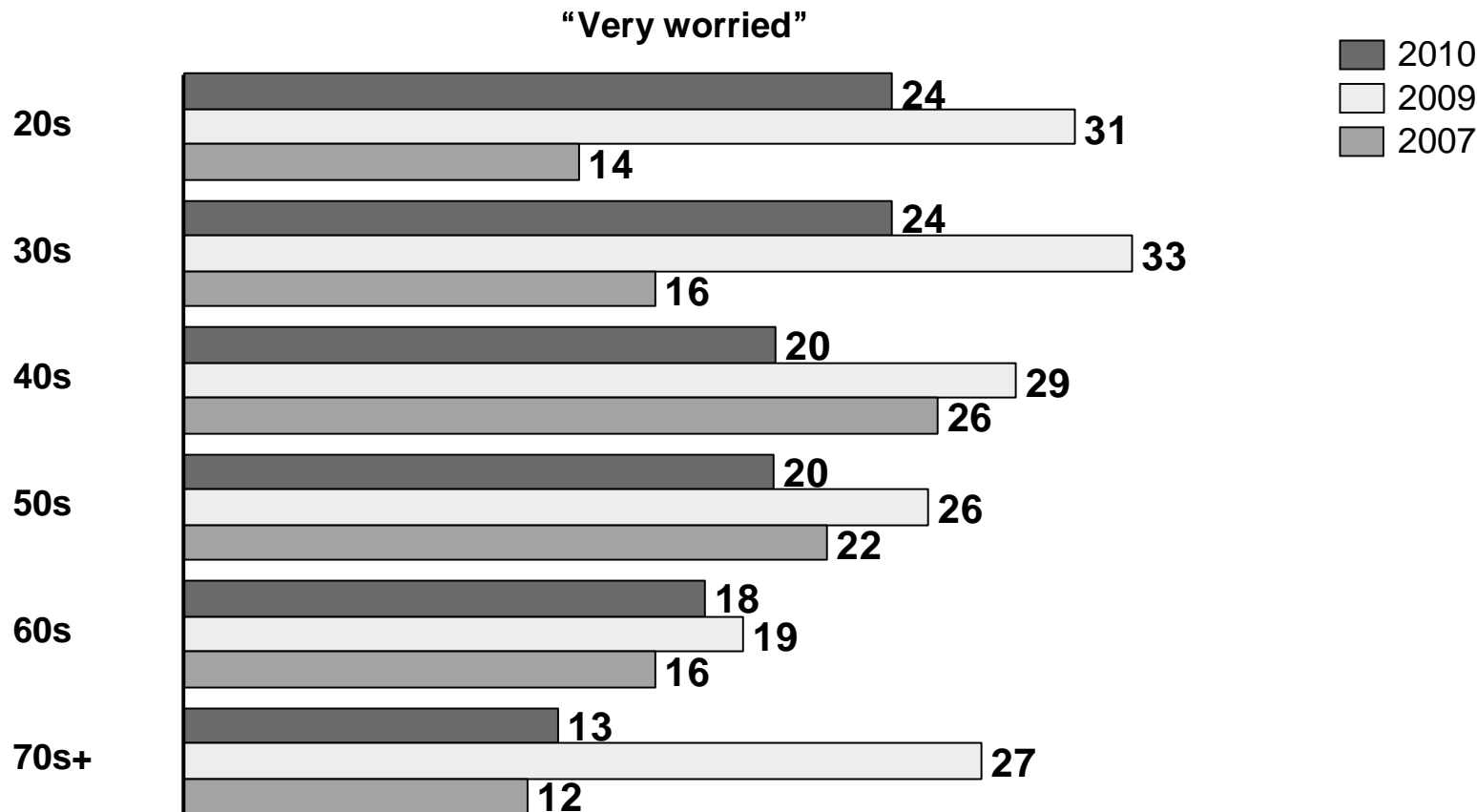


# Anxiety about healthcare is most prevalent among people in their 20s and 30s and has not decreased much over the years.

(%; January 2010; n=1,024)

**Considering the future, how worried are you that you and your family . . .  
[Q5]**

**(1) Will not be able to get high quality care when you need it?**



Source: Health Policy Institute, Japan, “2010 Public Opinion Survey on Healthcare Policy”, “2009 Public Opinion Survey on Healthcare Policy”  
“2007 Public Opinion Survey on Healthcare Policy”

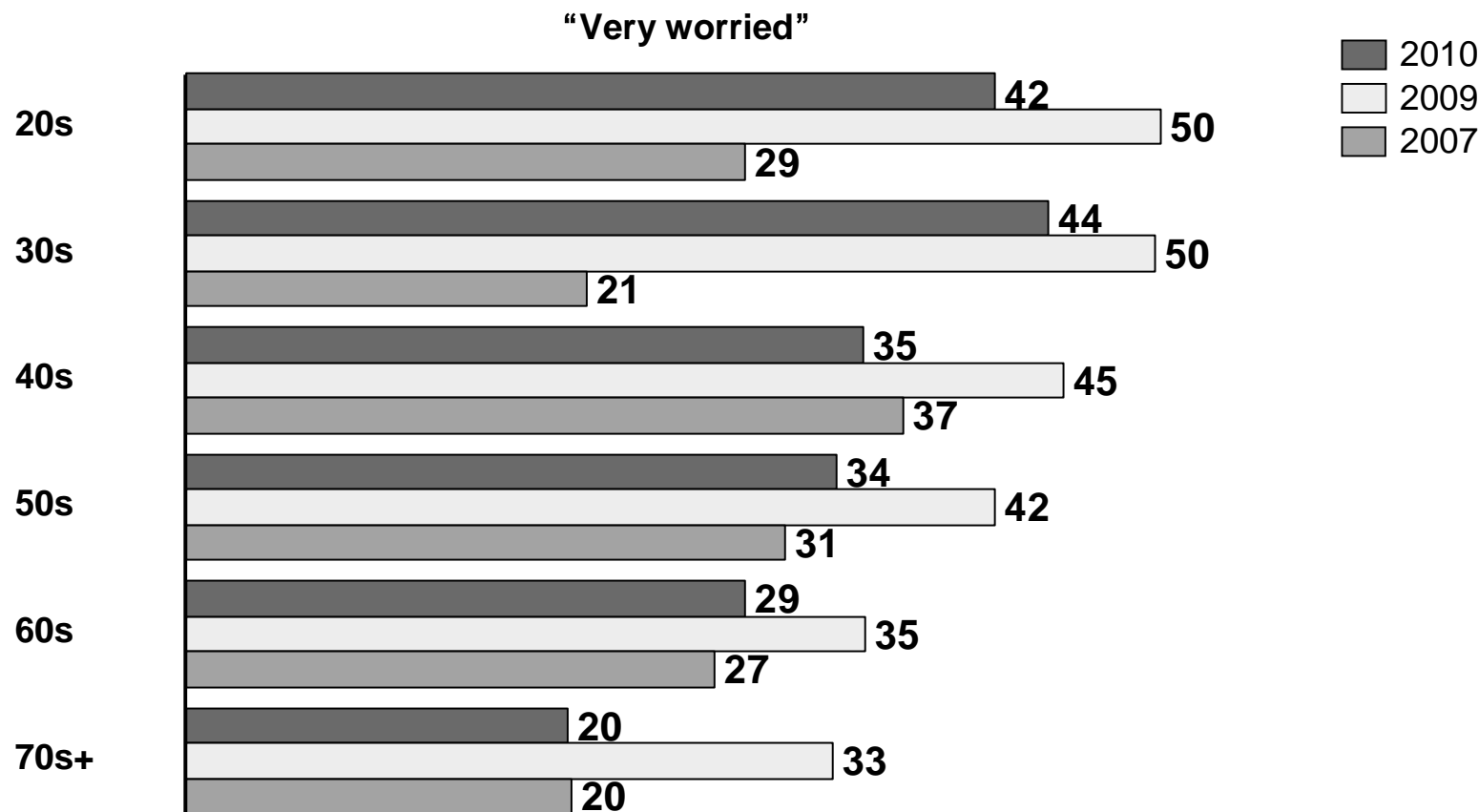
**Anxiety about healthcare is most prevalent among people in their 20s and 30s and has not decreased much over the years.**

**(Continued)**

(%; January 2010; n=1,024)

**Considering the future, how worried are you that you and your family ...  
[Q5]**

**(2) Will not be able to pay your medical bills in the event of serious illness?**



Source: Health Policy Institute, Japan, “2010 Public Opinion Survey on Healthcare Policy”, “2009 Public Opinion Survey on Healthcare Policy”  
“2007 Public Opinion Survey on Healthcare Policy”



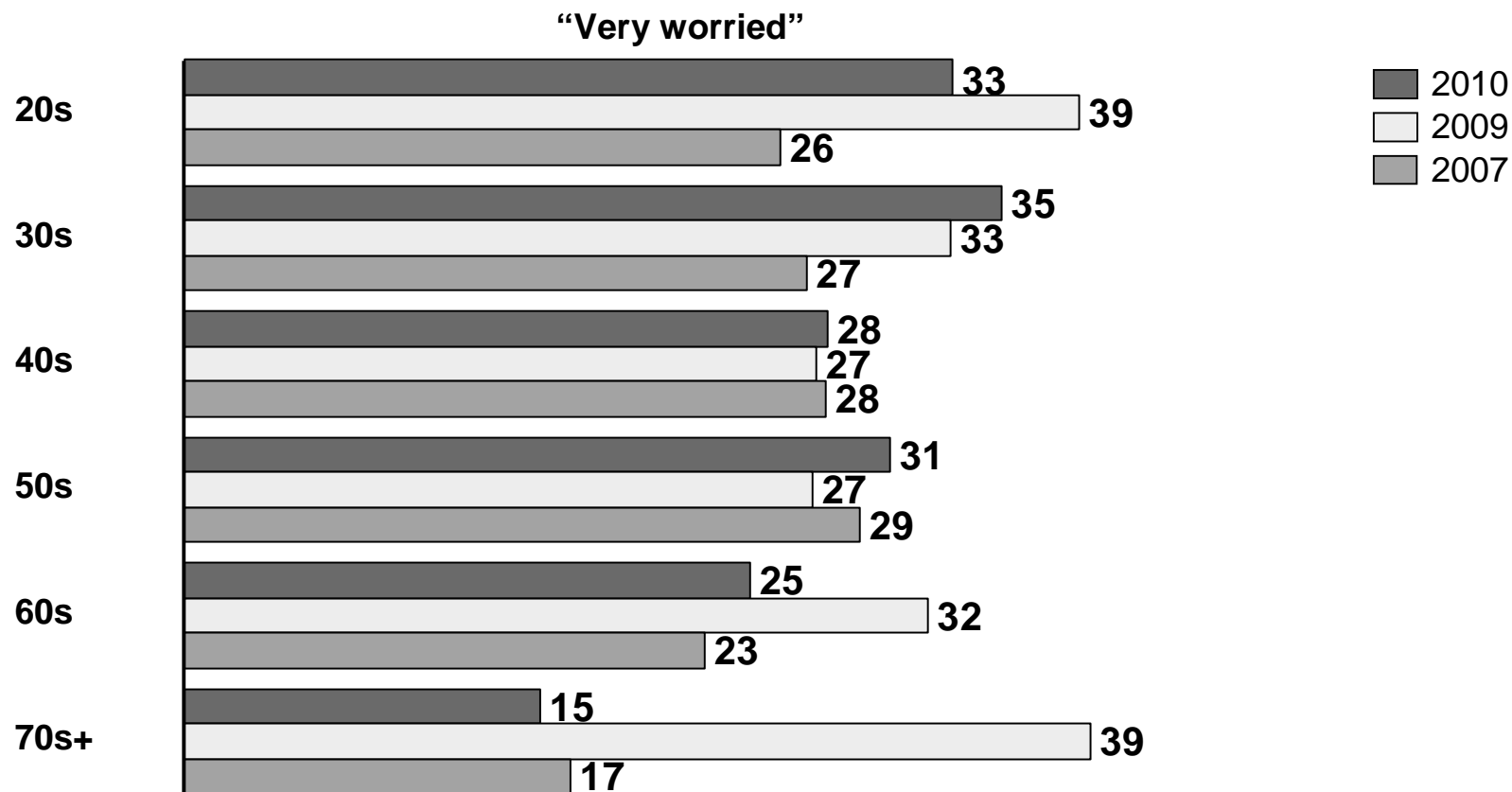
# Anxiety about healthcare is most prevalent among people in their 20s and 30s and has not decreased much over the years.

(Continued)

(%; January 2010; n=1,024)

Considering the future, how worried are you that you and your family ...  
 [Q5]

(3) Will suffer medical malpractice (i.e. errors in prescription, examination, treatment or operation)?



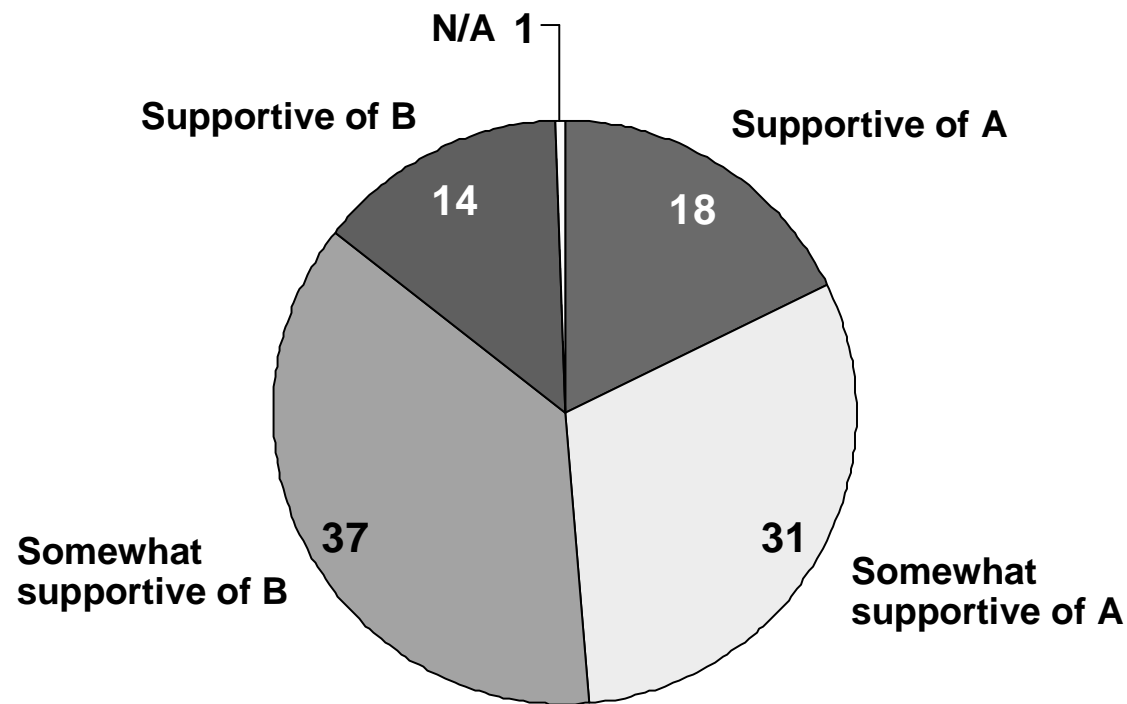
Source: Health Policy Institute, Japan, “2010 Public Opinion Survey on Healthcare Policy”, “2009 Public Opinion Survey on Healthcare Policy”  
 “2007 Public Opinion Survey on Healthcare Policy”

# The public is evenly divided between those who prioritize economic growth and those who prioritize social security.

(%; January 2010; n=1,024)

There are differing opinions regarding whether priority should be given to national economic growth or to social security (income redistribution by means of pension, healthcare, unemployment insurance etc.). [Q17]

- A:** Prioritize economic growth. Expansion of industries and subsequent growth of the national economy will lead to an increase in tax revenues sufficient to cover the cost of social security
- B:** Prioritize social security. Dispelling uncertainty over employment and retirement prospects will encourage consumption and lead to economic growth



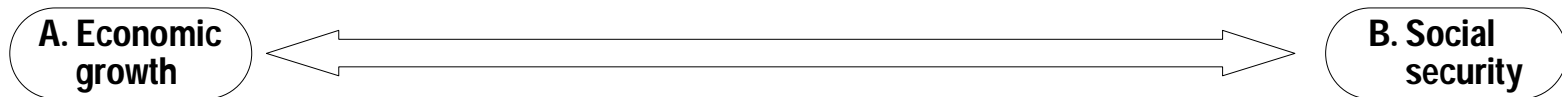
# High income/asset population tend to prioritize economic growth, whereas low income/asset population tend to prioritize social security. Exhibit 11

(%; January 2010; n=1,024)

There are differing opinions regarding whether priority should be given to national economic growth or to social security (income redistribution by means of pension, healthcare, unemployment insurance etc.). [Q17]

**A:** Prioritize economic growth. Expansion of industries and subsequent growth of the national economy will lead to an increase in tax revenues sufficient to cover the cost of social security

**B:** Prioritize social security. Dispelling uncertainty over employment and retirement prospects will encourage consumption and lead to economic growth



	Supportive of A	Somewhat supportive of A	Somewhat supportive of B	Supportive of B	N/A
<b>High Income</b>	24	34	29	11	1
<b>Middle Income</b>	19	30	36	15	0
<b>Low Income</b>	12	26	46	16	1

High Income: income of more than 8 million yen or assets of more than 20 million yen (roughly corresponding to top 20%)

Low Income: income of less than 5 million yen and financial assets of less than 300 million yen (roughly corresponding to lowest 20%)

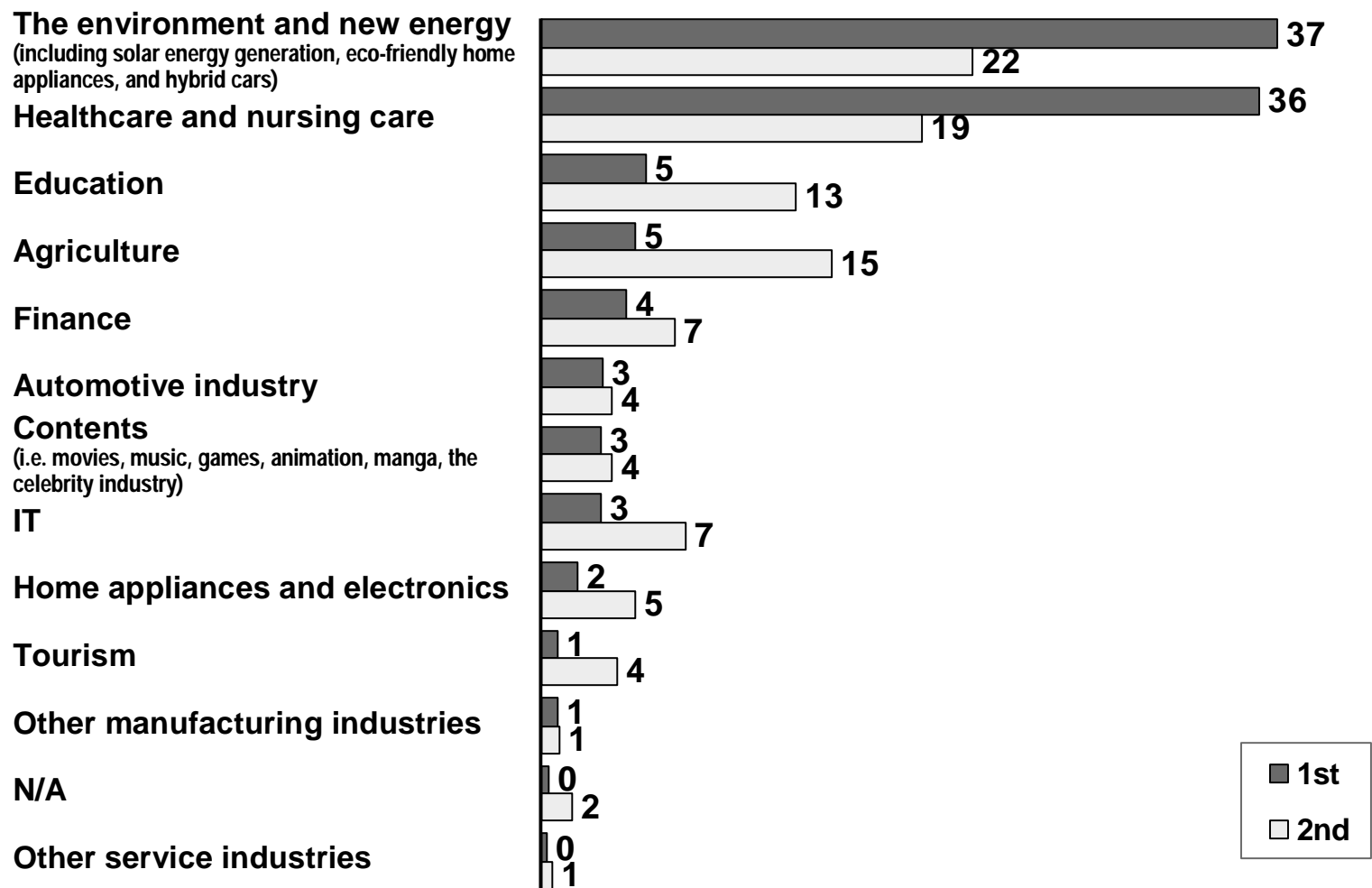
Middle Income: others

Source: Health Policy Institute, Japan, "2009 Public Opinion Survey on Healthcare Policy"

# There are overwhelming expectations for “the environment and new energy” and “healthcare and nursing care” to be growth industries.

(%; January 2010; n=1,024)

**Which of the following do you think holds most potential as a growth industry? (Rank 1st and 2nd) [Q18]**

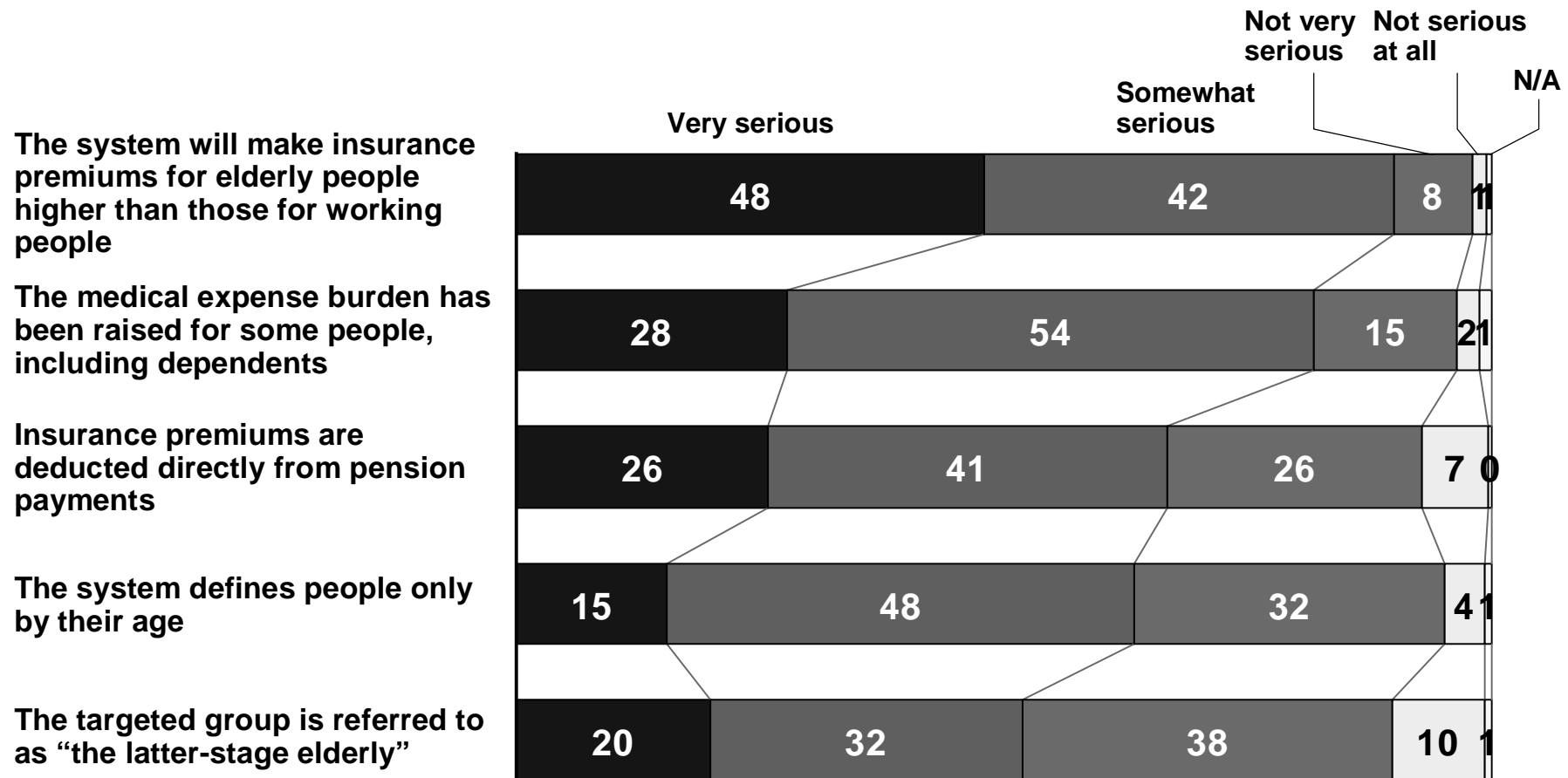


Source: Health Policy Institute, Japan, “2010 Public Opinion Survey on Healthcare Policy”

# The majority of the public see problems with the healthcare expense burden of the healthcare system for the latter-stage elderly.

(%; January 2010; n=1,024)

The following problems have been pointed out regarding the healthcare system for the latter-stage elderly (the healthcare system for people over 75). How serious do you think these problems are? [Q7]



# In all age groups, the majority see problems with the insurance premium and healthcare expense burden of the healthcare system for the latter-stage elderly.

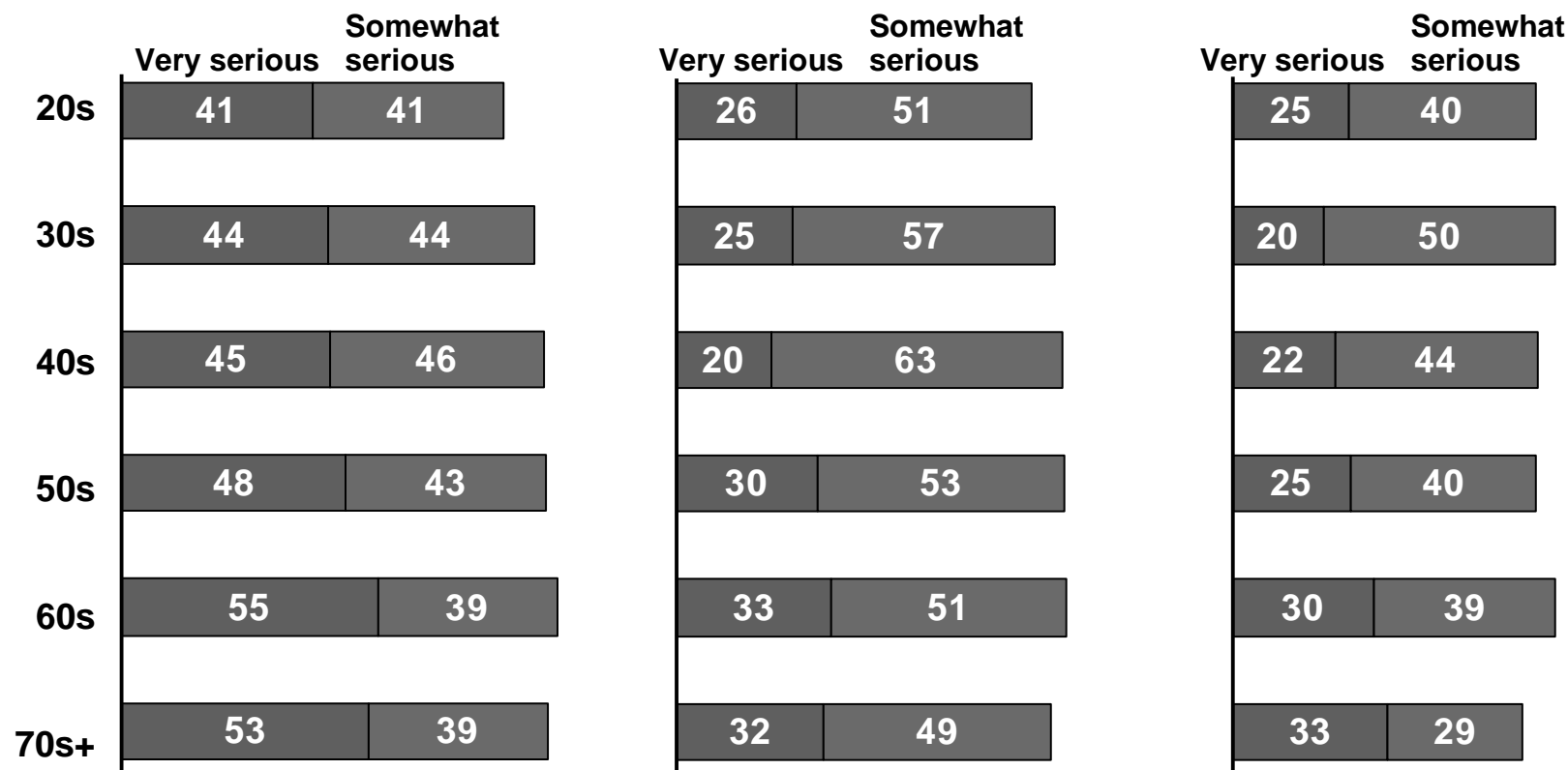
(%; January 2010; n=1,024)

The following problems have been pointed out regarding the healthcare system for the latter-stage elderly (the healthcare system for people over 75). How serious do you think these problems are? [Q7]

**(1) The system will make insurance premiums for elderly people rise at a higher pace than those for working people**

**(2) The medical expense burden has been raised for some people, including dependents**

**(3) Insurance premiums are deducted directly from pension payments**

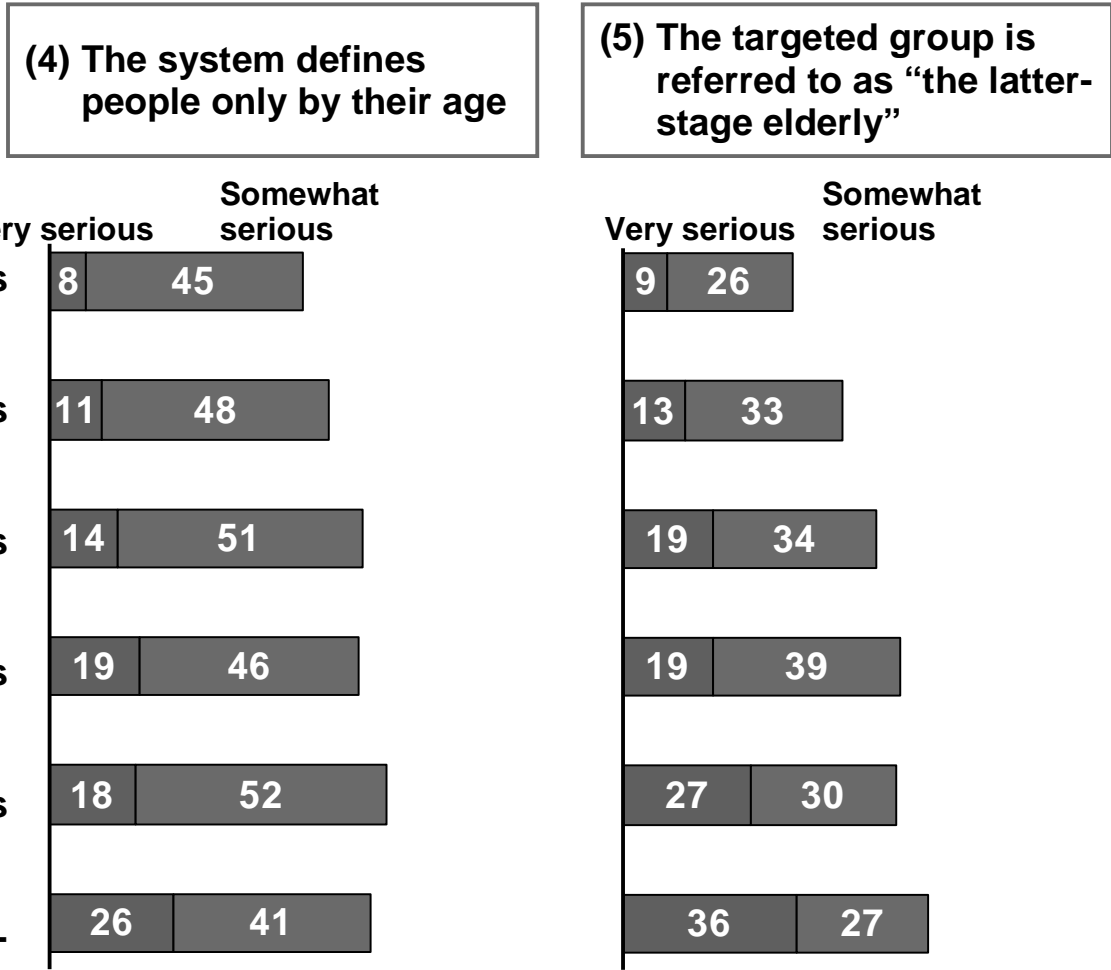


Source: Health Policy Institute, Japan, "2010 Public Opinion Survey on Healthcare Policy"

**There is a tendency for older generations to see problems with the name of the system and the way the system defines targeted people only by their age.**

(%; January 2010; n=1,024)

**The following problems have been pointed out regarding the healthcare system for the latter-stage elderly (the healthcare system for people over 75). How serious do you think these problems are? [Q7]**



Source: Health Policy Institute, Japan, "2010 Public Opinion Survey on Healthcare Policy"

# Evaluation of the current administration's health policy

(%; January 2010; n=1,024)

**How much credit do you give to the following health policies implemented by the Hatoyama Cabinet or publicized in the party manifesto? [Q16]**

	Much credit	Some credit	Little credit	No credit	Not sure	N/A
Budget Screening (Jigyo Shiwake)	27	38	15	11	9	0
Increasing the number of doctors by 50%	21	43	9	5	22	0
Tobacco Tax Hike	21	39	15	18	7	1
Response to New-type Influenza A	7	49	23	9	12	1
Abolition of the Healthcare System for the Latter-stage Elderly	15	28	22	12	23	0
Emphasis in budget allocation on the emergency medical care of hospitals rather than small clinics	8	32	25	8	28	1
Integration of Employee Health Insurance with National Health Insurance and its unified operation as regional insurance	8	28	16	8	39	1
Overhaul of the Central Social Insurance Medical Council management and personnel selection	5	27	14	7	47	1

The advisory panel for the Ministry of Health, Labour and Welfare. It consists of members including doctors and experts and decides on pricing for diagnosis, treatments and medicines

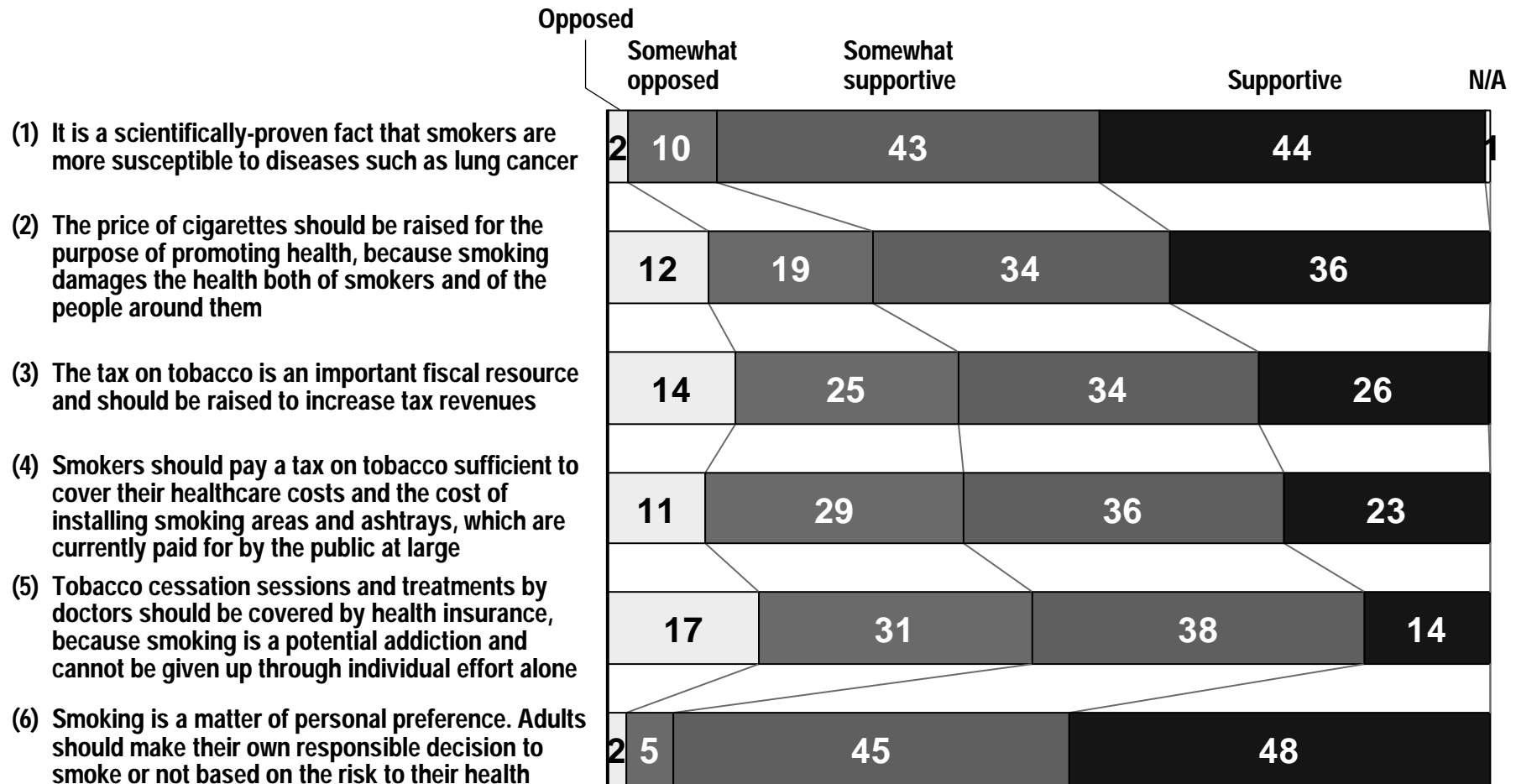
Source: Health Policy Institute, Japan, "2010 Public Opinion Survey on Healthcare Policy"



# Views regarding tobacco policy

(%; January 2010; n=1,024)

**There are a variety of views regarding tobacco policy. What is your view of each of the following opinions? [Q8]**



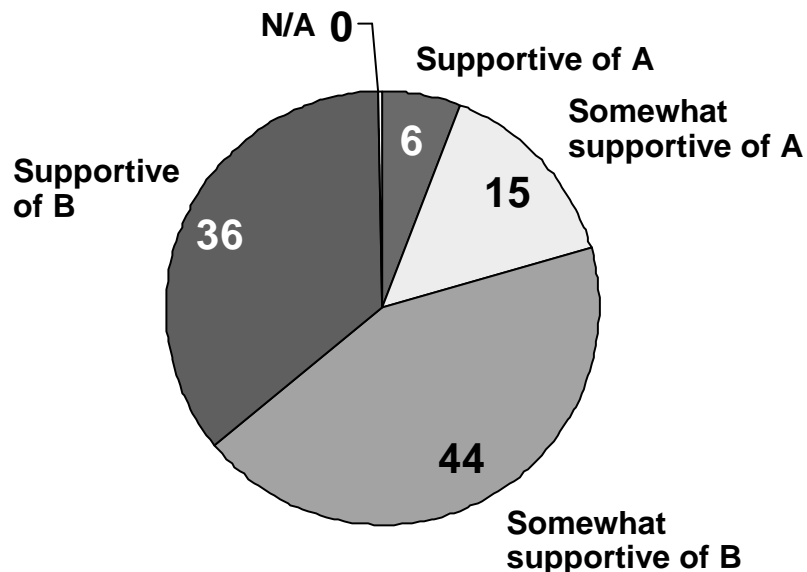
# The majority of the public support the sharing of individual medical information.

(%; January 2010; n=1,024)

Please give your opinion on the sharing of information about your body and health, such as test results and X-ray pictures, between the medical institution you visit and other medical and research institutions. [Q11]

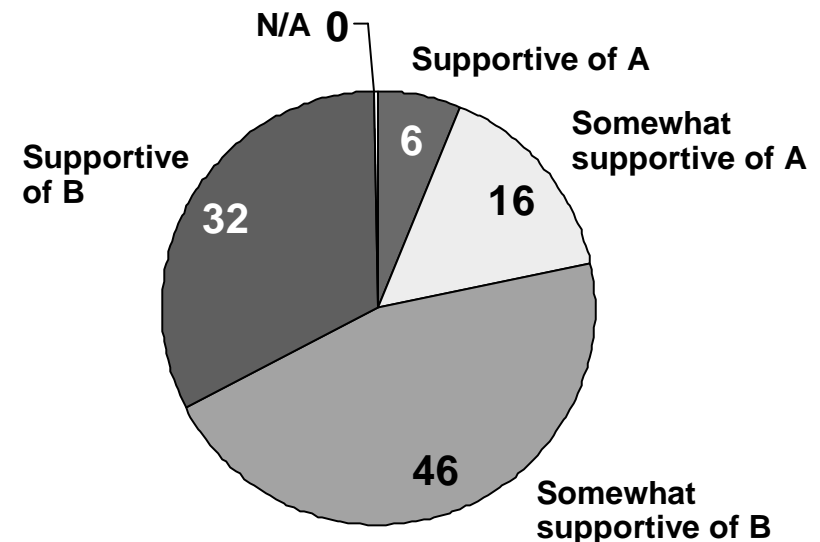
(1) Sharing your medical information locally will allow any doctor in your region to refer to and utilize it for your treatment in cases where there is a change of hospital or doctor due to reasons such as an emergency. Which of the following is closest to your opinion about sharing your information for your treatment?

A: Basically, private information should not be shared  
 B: Information useful for treatment should actively be shared as long as it is only among medical institutions and based on certain rules



(2) Information about your body or condition may benefit society as a whole if it is utilized for medical research and/or health policy making (In such cases, information would be provided on an anonymous basis). Which of the following is closest to your opinion about your medical information being used anonymously for the benefit of society, such as for research and policy making?

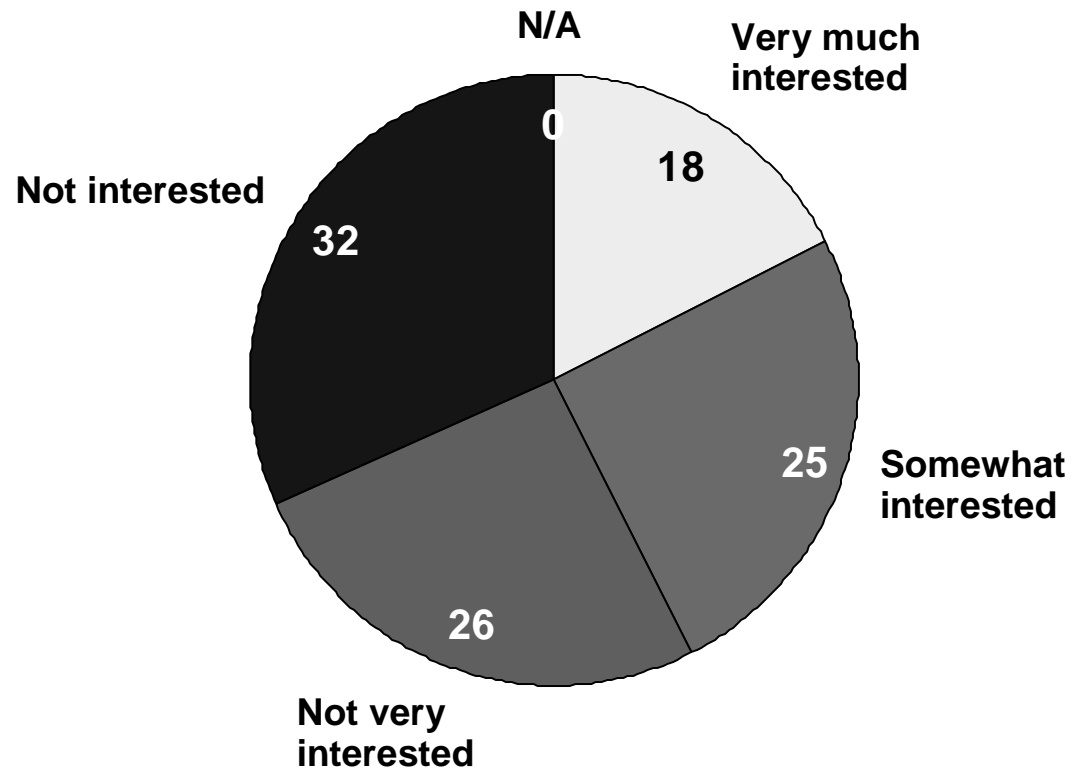
A: Basically, private information should not be shared  
 B: Information useful for society should be utilized as long as it is used only among authorized institutions and based on certain rules



# Approximately 40% of the public are interested in receiving remote medical care.

(%; January 2010; n=1,024)

Are you interested in consulting a doctor by phone, internet, or videophone from your own home? [Q9]

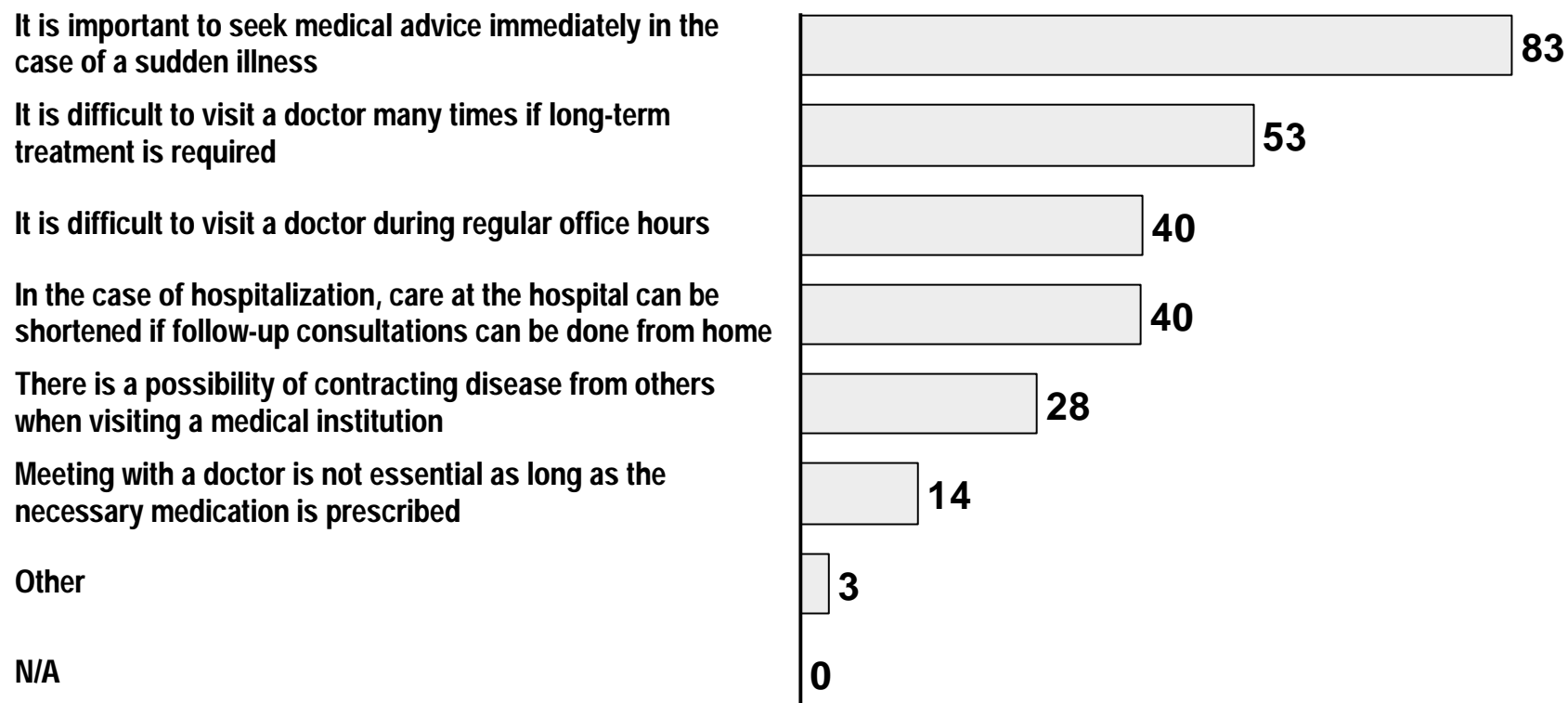


# Remote medical care is most needed for seeking medical advices in case of emergency.

(%; January 2010; n=434)

**Are you interested in consulting a doctor by phone, internet, or videophone from your own home? Why do you think so? [Q9]**

**(1) What is your reason for being interested in consulting a doctor by phone, internet, or videophone? [Q10]**



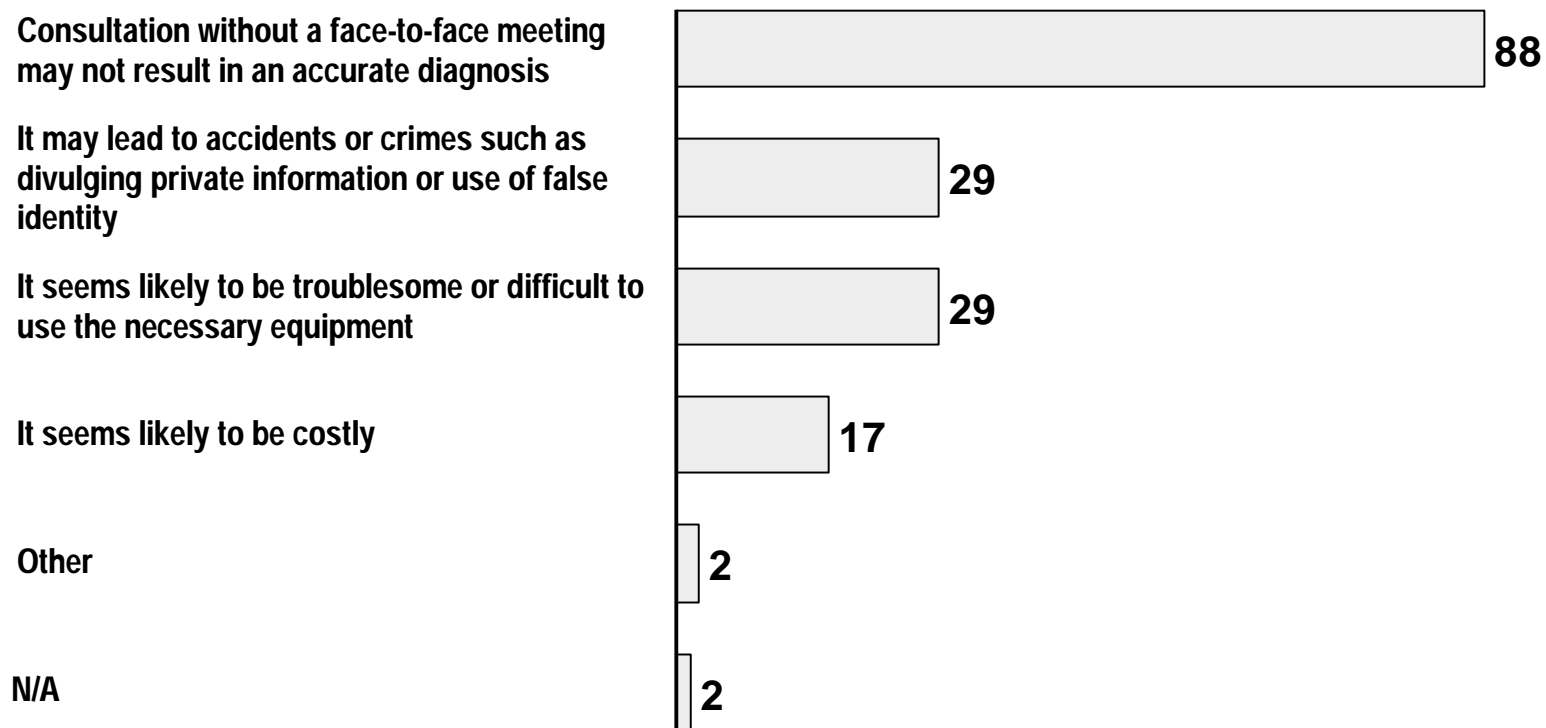
# The dominant reason for not being interested in remote medical care is doubt about accuracy of diagnosis without face-to-face consultation.

Exhibit 21

(%; January 2010; n=590)

Are you interested in consulting a doctor by phone, internet, or videophone from your own home? Why do you think so? [Q9]

(2) What is your reason for not being interested in consulting a doctor by phone, internet, or videophone? [Q10]



# Population density of the respondents' resident areas does not largely affect the need for remote medical care.

(%; January 2010; n=1,024)

**Are you interested in consulting a doctor by phone, internet, or videophone from your own home? [Q9]**

		Very much interested	Somewhat interested	Not very interested	Not interested
Population density per km <sup>2</sup>	10,000<	18	25	24	33
	5,000-10,000	15	28	26	31
	500-5,000	18	25	26	30
	<500	19	22	26	33

# Remote medical care is most needed by people who have to spend more than 30 minutes traveling from home to medical institutions.

(%; January 2010; n=1,024)

**Are you interested in consulting a doctor by phone, internet, or videophone from your own home? [Q9]**

		Very much interested	Somewhat interested	Not very interested	Not interested
Time required to travel from home to your usual medical institution	Less than 10 minutes	17	24	28	31
	10-20 minutes	18	26	23	33
	20-30 minutes	17	24	26	32
	More than 30 minutes	20	29	20	30

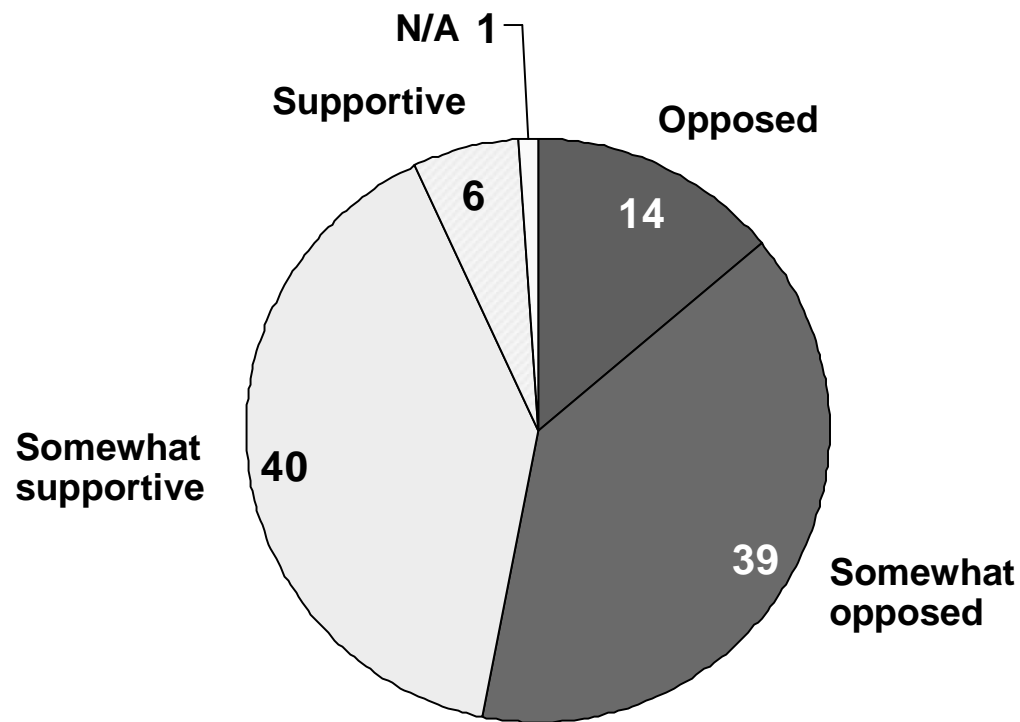
# Slightly more people oppose promoting healthcare efficiency through limiting patients' access to care at large hospitals.

(%; January 2010; n=1,024)

## What is your response to the following statement? [Q6]

In order to promote healthcare efficiency, small-to-medium-scale medical institutions should specialize in treatment of minor conditions, while large-scale medical institutions and special hospitals should specialize in hospitalization care and advanced medical treatment. Such role sharing is needed to prevent spiraling healthcare costs and contain the public financial burden, even if it may lead to limiting patient access to care to some extent\*.

For example, requiring a referral from a primary care doctor before receiving care at a large/specialist hospital, or increasing over-the-counter medical payments.





# Evaluation of the Minister, Senior Vice-Ministers, and Parliamentary Secretaries of the Ministry of Health, Labour and Welfare

Exhibit 25

(%; January 2010; n=1,024)

How much credit do you give to the performance of the Minister, Senior Vice-Ministers, and parliamentary secretaries of the Ministry of Health, Labour and Welfare? [Q14]

	Much credit	Some credit	Little credit	No credit	Not sure	N/A
<b>Akira Nagatsuma</b> <i>Minister</i>	12	35	14	7	32	0
<b>Ritsuo Hosokawa</b> <i>Senior Vice Minister</i>	3	12	12	6	66	1
<b>Hiroyuki Nagahama</b> <i>Senior Vice Minister</i>	3	10	11	6	69	1
<b>Kazunori Yamanoi</b> <i>Parliamentary Secretary</i>	3	10	10	7	70	0
<b>Shinya Adachi</b> <i>Parliamentary Secretary</i>	2	9	10	6	72	1

# The most appropriate person to serve as the Minister of Health, Labour and Welfare

(January 2010; n=1,024)

Who in your opinion would be the most appropriate person to serve as Minister of Health, Labour and Welfare? He/she need not necessarily be a member of the current ruling party or a Diet member.

