

NEWS FROM JACHN

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President of JACHN: Katsuko Kanagawa
(President, Ishikawa Prefectural Nursing University)

I PURPOSE AND ACTIVITIES OF JAPAN ACADEMY OF COMMUNITY HEALTH NURSING

The Japan Academy of Community Health Nursing (JACHN), established in 1997, is committed to the academic development, education and dissemination of community health nursing. Nurse professionals involved in community health education and research, and in municipalities and health centers, home care, school and occupational nursing are invited to join us for research exchange opportunities.

II ACADEMY ORGANIZATION

1. GENERAL AFFAIRS

Functions include: office work for membership; proceedings of general assembly, board and council meetings; distribution of the proceedings and response to the inquiries; business and liaison of committees; JACHN journal sales; and matters not handled by committees.

(Emiko Saito: Ishikawa Prefectural Nursing University)

2. Accounting

Functions include: responsibility for all accounting procedures for the JACHN; income and expenses of board meetings and committee activities; monitoring of services outsourced to the Business Center for Academic Societies Japan (collecting dues and fees from members and expenditures for members such as mailing our journal, academic meetings, conducting the annual meeting, and board election) and publishing by Igakushoin publisher.

(Michiko Fukushima; Japan Red Cross Nursing College)

3. Editorial Board

The academic world of community health nursing made rapid progress during the past decade. Each issue of the official journal of JACHN is full of high quality research papers. This JACHN Journal aims to contribute to the improvement and development of research activities and its practical application in the field of community health nursing.

Research in community health nursing frequently requires multidisciplinary cooperation. This JACHN Journal calls for papers that will be valuable to nurse scientists and specialists actively involved in community health nursing. Your comments and interesting information, sent directly to the Editorial Board, will be greatly appreciated.
(Address the Editorial Board)

Secretarial for the Editorial Board, c/o Department of Community Health Nursing, School of Health Sciences, Faculty of Medicine,

Osaka University, 1-7 Yamada-oka, Suita-city, Osaka 565-0871, Japan

(Kazuo Hayakawa; Osaka University, Sumiko Iida; St. Christopher College of Nursing,)

(Kinuko Takasaki; Tokyo Medical and Dental University)

4. Promotion of Research Activities

The committee promotes collaboration between researchers in community health nursing and practitioners in municipality, home care, school nursing, occupational nursing and other areas to conduct nursing research to improve community health nursing activities.

(Michiko Konishi: Hiroshima University, Asako Hirayama: Gifu Prefectural Nursing University)

(Tomoyo Miyama; Health Science University of Hokkaido)

5. Public Relations

The committee works on a wide range of nursing activities covered by JACHN the societies and organizations of nurses in municipalities and health centers, home care, schools and occupational nursing. It also prepares leaflets for the membership application.

(Harue Yamagishi; Yamanashi Medical University, Fujiko Yazawa: Miyagi University)

6. Education

This committee was set up in fiscal 2000 to investigate basic nursing education, graduate nursing education and current community nursing education. It started with undergraduate education and the basic learning contents of four areas of community health nursing (public health nursing, home care nursing, occupational nursing and school nursing).

(Keiko Kouno; Tokai University)

(Masako Murayama; Aichi Prefectural Nursing College)

7. Promotion of International Exchange

To promote international academic exchanges, the committee shares the educational and mutual activities of community health nursing through international seminars, international joint research projects and presentations, and exchange visits. The committee tries to exchange information on issues essential to improving practical community health nursing and education, and policy-making.

(Setsu Shimanouchi; Vice President of JACHN, Tokyo Medical and Dental University)

(Sachiyo Murashima; The University of Tokyo)

8. Working Committee for the Science Council of Japan

The committee is working to have the JACHN approved as a registered organization of the Science Council of Japan as an academic organization. For that purpose, not only academic activities but also healthy organization management are important. The academic backgrounds of members are also needed. Given a diverse and appropriate committee composition, the entry is hoped for in 2003.

(Katsuko Kanagawa, Emiko Saito: Ishikawa Prefectural Nursing University)

(Setsu Shimanouchi; Tokyo Medical and Dental University)

9. Auditing

The auditors oversee documentation methods of operation, accounting and assets for healthy organizational management.

(Sugako Fukase; St. Christopher Nursing University)

(Tomoyo Miyama; Health Science University of Hokkaido)

III RESEARCH CONFERENCE CHAIRPERSONS AND PRESENTATION THEMES

First June 20-21, 1998	Katsuko Kanagawa, R.N., P.H.N., Ph.D. (Professor, University of Tokyo) The Strategy of Community Health Nursing Development of Community/Population-Based Nursing Interventions
Second June 19-20, 1999	Asako Hirayama, R.N., P.H.N., B.N. (Professor, Chiba University) Educational Contribution of Community Health Nursing
Third June 17-18, 2000	Setsu Shimanouchi, R.N., P.H.N., Ph.D. (Professor, Tokyo Medical and Dental University) Development of Research and Practice in Home Care
Forth June 16-17, 2001	Michiko Konishi, R.N., P.H.N., Ph.D. (Professor, Hiroshima University) Practical Research of Health Guidance in Community Health Nursing

IV SYSTEM AND ACTIVITIES OF COMMUNITY HEALTH NURSING

1. PUBLIC HEALTH NURSING

In Japan a public health nurse license is one of three licenses in nursing. A university education in nursing qualifies one to take the examination for the licenses of nurse and also public health nurse. Alternatively, public health nurses receive education in public health (community health nursing, epidemiology and the social welfare system) for a year in addition to three years of basic nursing education, pass the national examination and obtain a license.

Public health nurses (PHN) provide most of the public health nursing in Japan. On December 31, 1998, there were 34,468 public health nurses working in Japan. Of 34,468 public health nurses, 18,336 (53.2%) worked in municipalities, and 7,888 (22.9%) worked at prefectural health centers. Most nurses work and provide nursing care to sick people in hospitals, while public health nurses characteristically are involved in prevention of disease and health promotion in the community.

There are 3,300 municipalities in Japan providing personal health services for community residents with emphasis on maternal-child health, elderly care and adult health. Starting in 2003 mental health will also become one of the main services provided. Public health nurses provide not only various health examinations based on the law, but also implement health consultation, education and home visits.

There were 592 prefectural health centers in Japan on April 1, 2001. They take a central role in improving and promoting local public health through collection and analysis of information on 1) community health, organization and utilization of services, 2) food hygiene, 3) environmental health, 4) medical and pharmacological issues, 5) infectious diseases including AIDS, tuberculosis, sexually transmitted disease, 6) health services for persons with intractable diseases without effective treatment, and 7) quality improvement for municipal health activities.

Public health nurses at the prefectural health centers and in municipalities play an essential role in personal health services. Public health nurses carry out activities to resolve fundamental issues they identify as they provide direct services. Thus they address needs by "producing essential services" and "reflecting them to municipal bylaws." From now on they will place an emphasis on the latter.

(Sachiyo Murashima; The University of Tokyo)

2. HOME CARE NURSING

Home care system in Japan was started under the Health Law for the Aged in 1983. Since then, mainly public health nurses have provided home help and care as a public service, while health care institutions have provided home nursing care. Visiting nursing stations were established across the nation from 1992. There are now 5,170 stations in Japan (July, 2001). The long-term care insurance was launched in 2000, and the home care system and methods of service provision were legitimated as follows:

- (1) Judgement for the need of care: the care level is divided into 6 levels of care-needed under municipal responsibility;
- (2) Establishment of a maximum reimbursement per month for services according to the care level;
- (3) Establishment of a care manager system that allows care managers professionals to conduct care management, including mandatory assessment, care plan, and adjustment/monitoring for services. All health care and welfare professionals are eligible for the national examination and training.
- (4) Care managers claim a monthly fee based on care level.

Clients have the option of public or private services. Since 2000, home care subjects can receive services under both long-term care Insurance and medical insurance.

Long-term Care Insurance includes Home Help, Bathing, Visiting Nurse Service, Rehabilitation, Medical Check., Auxiliary Supplement, Housing Reorganization, Day Care, Group Rehabilitation, Short Stay, Supporting Instrument and Group Home for Dementia.

Health Insurance includes Nursing, Medication, Clinical Treatment, Laboratory and others.

Both include Nurse Visit, Consultation by Medical Doctor, and Rehabilitation.

(Setsu Shimanouchi; Tokyo Medical and Dental University)

3. OCCUPATIONAL HEALTH NURSING

The awakening of occupational nursing Japan was in the early 1930s when nurses who majored in public health started to work at companies. Activities began using the title of occupational nurse and assuming systematic activities after the International Congress on Occupational Health was held in Tokyo in 1969. It has been a relatively short time since occupational nursing was defined, and its role and duties identified in October 1991.

However, it becomes more important year by year because the physical and mental health of working people are threatened by rapid changes in working environment including changes in industrial structure, industrial globalization, changes in the labor force, working and employment styles, and the introduction of advanced technology. Occupational nurses are needed to give support based on nursing philosophy that recognizes the value and worth of people.

To respond to social needs, we have to improve our professional skills and competencies. Education is essential, but the occupational nursing taught in basic nursing education is insufficient except in a few institutions in Japan. Therefore, in 1995, the Occupational Nursing Committee of the Japanese Society of Occupational Health established a continuing education system. This system has a basic course (50 hours), brush-up course (220 hours), and an advanced course (10 hours). Each curriculum has practical subjects based on the five pillars of occupational nursing theory: understanding of the subjects, knowledge of occupational nursing, the duties of the occupational nurses and occupational nursing skills. Continuing courses are offered.

Graduate education was far behind. An occupational nursing course of the master level finally started at Tokai University in 1999. It is hoped that the same kind of specialized graduate course will be available at more universities. A doctoral course is also desirable. The many people involved in occupational nursing research, inspire each other and produce steady achievements in countries such as Finland, Sweden, France, the United Kingdom, and the United States. Close collaboration with occupational nurses and efforts for better education are also required in Japan.

(Keiko Kouno; Tokai University)

4. SCHOOL HEALTH NURSING

School nurse was born in Japan in 1905. Its main role was to care for children with communicable diseases like trachoma. The school nurse has been a teacher since 1941 and was designated a "school nursing teacher" in 1947. Currently, there are more than 42,300 schools including elementary school, junior high school, high school and special needs school in Japan, and one school nursing teacher is available in each school.

There are several courses of study for obtaining a school nursing teacher license; courses for public health nurses, nurse, more than 6-month course for school health, or to complete school health education for 2 – 4 years in case no license of nurse. School nurse teaches provide services for maintaining and promotion students' health. Some health problems, although affecting relatively few, are increasing in children and students, for example, refusal to go to school, allergy diseases and obesity. Near sightedness and caries are common. Unforeseen accidents, eating disorders, pregnancy, sexually transmitted disease, smoking, drinking and child abuse are also increasing.

School nurse teachers are involved in three areas; health management, health education and organizational activities. Health management includes assessment, screening, case finding, case management, environment management, and emergency care. In health education, activities are available for individuals, classes and groups such as health promotion and illness prevention and counseling. Organizational activities include establishment of promotion system in school and collaboration among families and community institutions.

School health teams are comprised of the school nurse teacher, school physician, dentist, pharmacist, dietician and school counselor. Of these professionals, only the school nurse teacher is available as a full-time employee at all schools and takes an initiative to promote activities with other teachers, parents and community health staff.

(Mikako Arakida; Hamamatsu Medical University)

V SYSTEM OF NURSING EDUCATION FOCUSED ON COMMUNITY HEALTH NURSING

In the Public Health Nurse, Midwife and Nurse Law established in 1948, "Public Health Nurse (PHN)" refers to an individual, licensed by the Minister of Health, Labor and Welfare, who is engaged in providing health teaching. "Midwife" refers to a woman licensed by the Minister of Health, Labor and Welfare, who practices midwifery or provides health care to pregnant women, women after childbirth and newly born infants. "Nurse" refers to an individual, licensed by the Minister of Health, Labor and Welfare, who provides nursing care to the sick or disabled and to women after child birth and assists physicians in medical examinations and treatment very classic definition "Assistant Nurse" refers to an individual, licensed by a prefectural government, who carries out, under the direction of a physician, dentist or nurse, the prescribed duties of a nurse.

Nursing education for PHN, midwife and nurse is shown as follows:

1. High school → University/College (4 years) → National Examination (Nurse, PHN, Midwife)
2. ① High school → Junior college/Nursing School (3 years)
 ② Practical nurse → Nursing school/Junior college for practical nurse(2 years)
 ③ National examination (nurse) → Public health nursing school/midwifery school (1 year) → National examination (PHN, midwife)

Public health nursing education is offered in integrated curriculum of nursing and public health nursing in 4-year university/college and in one-year public health nursing schools to persons who have passed the national nursing examination. (Universities/colleges (82) provide public health nursing schools (65) provide public health nursing education, and have a capacity of 2,255 for year *(2000.4).

Recently, nursing education is rapidly being moved to the university or college level from the junior college or nursing school level. The number of examinees for public health nursing license who have been educated in university/college is gradually increasing. A total of 91 universities and colleges have nursing education courses (including the schools which do not yet have graduates). The master degree is available in 35 graduate schools and the doctoral degree in 11 graduate schools *(2001.4).

The curriculum for public health nursing programs is as follows:

Curriculum for Public Health Nursing Programs

Content of Education	Number of Credit
Community Health Nursing	12(10)
Introduction to Community Health Nursing	3(2)
Activities of Community Health Nursing	9(8)
Epidemiology /Health Statistics (Including Data Management)	4
Health and Social Service Administration	2(1)
Clinical Practice	3
Community Health Nursing Practice	3
Total	21(18)

Source: Rules of Training Schools for Public Health Nurses, Midwives and Nurses, amended in 1997. (The number of credit in the integrated curriculum of nursing and public health nursing is given in parentheses)

(Masako Murayama: Aichi Prefectural Nursing University)

VI THE 5TH RESEARCH CONFERENCE OF JAPAN ACADEMY OF COMMUNITY HEALTH NURSING

Since health promotion, long-term insurance and health care reform for a super-aging society are on going, more attention is paid to community health nursing covering a wide range of health activities in health centers and municipalities and in home care, occupational nursing and school nursing. The 5th Conference of Japan Academy of Community Health Nursing will be held on June 22 and 23, 2002 under the theme, "Health promotion with residents and challenge of community health nursing toward the future" Issues will be discussed in each field of community health nursing. We welcome many participants for professional exchanges at the conference.

(Meri Matsumoto; Kochi Women's University)

VII INTERNATIONAL SEMINAR IN JAPAN ACADEMY OF COMMUNITY HEALTH NURSING

Speakers : Joan K. Magilvy, R.N., Ph.D. (University of Colorado, U.S.A.)

Ester Mogensen, R.N., Ph.D. (Karolinska Institute, Sweden)

Community health nursing education in Japan has been shifting from 4-year undergraduate education to graduate education. In Western countries various measures are being taken to improve education. This seminar will offer you an opportunity to exchange information about future education in community health nursing in Japan through the reports on community health nursing in the United States and Sweden.

Theme: Community health nursing Education in the future: For improvement of undergraduate and graduate education

Date: 9:30 – 12:30 Saturday, June 22, 2002

Place: Kochi prefecture culture center

(Akiko Sasaki : Saitama Prefectural University, Kumiko Morita : Tokyo Medical and Dental University)

◆Secretariat :

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Cherry Blossoms
(Japanese National Flower)