

NEWS FROM JACHN



Michiko Konishi
President of JACHN
Gifu College of Nursing

1. Activities of the Japan Academy of Community Health Nursing

The Japan Academy of Community Health Nursing (JACHN) carries out activities as an academic society, towards the objectives of the academic advancement of community health nursing studies, education in community health nursing studies and the training of people who will be able to undertake community health nursing activities, so that the JACHN will be able to contribute to people's health and welfare. The community health nursing activities involved cover four areas: public health nursing, occupational nursing, school health nursing and home care nursing. Therefore, the JACHN would like to work to have people better understand and accept community health nursing studies, including not only the nursing profession, but also the field of health, medical and welfare professionals who work in teams and the people utilizing these professionals. The planning of the JACHN's activities is mainly carried out by the JACHN Board of Directors, the Editorial Board, the Committee for the Promotion of Research Activities, the Publicity Committee, the Education Committee, the Committee for Promoting International Exchange Activities, the Committee for Science Council of Japan and the Policy Proposing Committee for Social Insurance Union Society Related Nursing, and the activities are promoted and managed through the cooperation of JACHN members.

The JACHN studies what the education provided should be in undergraduate courses, which provide the basic education for the development of people to carry out community health nursing activities, OJT, which provides continuing education, and graduate school courses. The academy also examines training concerning characteristic research methods in community health nursing activities, the improvement of pay for nursing care provision in collaboration with other academic societies and organizations related to nursing and the roles and functions of the nursing profession in safety and confidence in medical treatment. Furthermore, the JACHN encourages international exchanges and also jointly organizes or cooperates to hold international academic meetings, in order to promote the advancement of community health nursing studies from an international perspective. This newsletter is one such example, and the JACHN plans to further energize international exchanges by adding an English language version to the JACHN Website, which is currently offered only in Japanese.

The JACHN journal is published twice a year, and Vol. 12 was issued in FY 2008. The journal includes information on the activities of the Board of Directors and committees and specially planned academic meetings and is mainly composed of reports on the research activities of JACHN members. It thereby contributes, along with its members, to the building of an academic system and the development of educational methods related to community health nursing studies.

The JACHN hosts an academic meeting once a year. This meeting is believed to contribute to the

spread of community health nursing activities, as it is an opportunity to learn about community health nursing activities that are distinctive to the region where the meeting is held. People, including non-members, promoting similar research and activities can exchange opinions, and people involved in community health nursing in the meeting region can gain an understanding of the objectives and substance of the activities of the JACHN.

2. Expectations for Community Health Nursing in Japan

By Kayoko Hirano

Tohoku University Graduate School of Medicine

The field of community health nursing was reorganized at the time of curriculum revision in 1996. This revision defined community health nursing as the field of nursing professions that included public health nursing by public health nurses (“the Hokenshi”) and continuous nursing by visiting nurses. I think that the concept of community health nursing has been developed without a clear defined methodology of public health nursing and of visiting nursing. Prior to the establishment of the visiting nursing care policy, public health nurses had performed home visits as one of their “district activities.” The home visits of these public health nurses were categorized in community health nursing because these visits, at a glance, were same as the individualized home care support. The district activities performed by public health nurses in Japan, however, are not limited to the individualized home care support.

To begin with, I believe that community is a concept that cannot be defined as a static entity, but it is a dynamic and complex substance. Community is something that is not concrete but highly abstract and only imaged within each person. Public health nurses have visited citizens’ homes monitored volume and quality of services delivered by other institutions, and diagnosed the community by a means of a home visit. Public health nurses not only grasp the community as the foothold for their activities, but also become members of the community to collaborate with other community people and organizations. While making the community as their unshakeable foothold, public health nurses make themselves members of the community using another foothold. Where is this “another foothold” on which public health nurses are standing? I believe that public health nursing education is to know where another foothold is.

Community health nursing education should make students consider where their foothold will be. Public health nursing and visiting nursing have different foothold and dissimilar academic methodology. It is my hope that educators in community health nursing will teach clear differences and perform research on separate methodologies.

3. Community Health Nursing Activities by Field and Related Topics and Concerns

1) Public Health Nursing

By Kazuko Saeki

Hokkaido University Faculty of Sciences

Reforming community health system in 2008

The aging of Japanese society is advancing, with people 65 years old or older accounting for 22% of the population in 2008. The main causes of death in 2006 were mainly lifestyle-related

diseases, led by cancer (34%), heart disease (16%) and cerebrovascular disease (12%). Furthermore, national medical care spending totaled approximately 33 trillion yen, approximately 260,000 yen per capita. As a part of “medical care system reform,” Japan began offering “Specified Health Checkups and Specified Health Guidance,” which is a system that has health insurers be responsible for providing health checks and health guidance thereafter. This is a preventive medicine activity that focuses on lifestyle-related diseases in particular. Support is provided actively to people at a high risk of contracting a lifestyle-related disease. This support is carried out on an ongoing basis through interviews, telephone calls, letters and e-mail, to have them exercise, reconsider their diets, etc.

At the same time, regarding the health problems of mothers and children, in addition to health checks for infants and small children (at 4 months, 1 year and 6 months, and 3 years), Japan inaugurated the “Baby Visitation System.” The purpose of this system is to alleviate the childcare anxiety experienced by mothers. Under this system, visits are made to all babies up to 4 months old and their mothers.

Furthermore, in the case of elderly people, effort is being devoted to nursing care prevention activities to prevent them from becoming bedridden or being afflicted with dementia. Nursing care prevention involves group support activities, utilizing halls in communities, to help people strengthen their muscles to prevent people from becoming shut-ins and from falling and hurting themselves.

The objectives of these community health activities are to maintain and increase the health of individuals and prevent health problems and create healthy communities. These activities are carried out by community health workers assigned to municipal and prefectural health centers.

2) Home Care Nursing

By Setsu Shimanouchi

Policy Proposing Committee for Social Insurance Union Society Related Nursing
International University of Health and Welfare

Economic Strategy for Home Care Nursing in Japan

– The significance of our proposal to the Ministry of Health, Labour and Welfare (MHLW) for the development of a visiting nursing fee system –

Japanese people are tending to live longer in spite of chronic illnesses and/or disorders, and Japan has the longest life expectancy in the world. Therefore, the demand for home care is growing, and the government’s national health and welfare policy is to expand home care services.

There are two types of public insurance system in Japan: the Long-Term Care Insurance (LCTI) and health care insurance. Both of these insurance programs could reimburse home care services. Of clients in visiting nursing stations, 77% are covered by long-term care insurance while 23% are covered by health care insurance. To improve the quality of home care services, it is necessary to have sufficient nursing staff and adequate salary conditions in the home care setting.

The Japan Academy of Community Health Nursing submitted to the MHLW four proposals on visiting nursing fees in 2007 and five in 2008 with evidence-based data through the Social Insurance Union of Societies Related to Nursing.

1. Four proposals were submitted for health care insurance reforms in 2007, accepted by the MHLW and became effective from April 2008:

- 1) Additional fee for 24-hour service: 5,400 yen per client per month
- 2) Visiting fee for terminally ill patients: 12,000 yen → 20,000 yen
- 3) Specified patient by severity: 200 yen for two visits per month
- 4) Additional 250 yen per visit for all cases

2. Five proposals have been submitted for the 2009 long-term care insurance reforms in 2008, and are currently under consideration by the MHLW:

- 1) Reward system for visiting nursing stations with clerks and avoiding risks, to ensure safe and stable services
- 2) Visiting fee for terminally ill clients: 20,000 yen
- 3) Conference fee from hospital to home care for care coordination
- 4) Reward system for visiting nursing stations by improvement in level of care of clients
- 5) Visiting nursing fee according to LTCI care levels

3) Occupational health Nursing

By Noriko Nishikido

School of Health Sciences, Tokai University

In the field of occupational health and nursing, companies, medical care insurers, labor and health organizations, etc., develop various health support activities from their respective positions and provide the range of support covering from individual support to organizations, including the creation of healthy workplace climates. In recent years, the responsibility of business owners has been increasing as concerns areas such as mental health problems caused by excessive work and workplace environments and the worsening of lifestyle-related diseases. Furthermore, the responsibilities of industrial doctors has been increasing through such measures as the adoption of the “system for interviews by doctors of people working long overtime hours.” However, the prospects for solving the problems through these measures alone are slim. Promotion of the use of occupational health nursing professionals beyond what it has been heretofore is urgently needed in order to make the various responses effective, link the high risk approach and the population approach in workplaces and promote health activities more efficiently and effectively. We must also take into consideration the fact that there are small and medium-sized companies that do not have industrial doctors serving them exclusively.

From April 2008, medical care insurers have been obligated to provide designated health checks and designated health guidance to insured people and their dependent spouses who are 40 years old or older, in order to strengthen measures to prevent lifestyle-related diseases, such as metabolic syndrome, and strive to keep medical spending at a reasonable level. In addition, in 2005, the “Guidelines for Community and Workplace Related Promotion Programs.” This has also brought to light the problem of coordinating nursing in occupational health and public health nursing in community health. It can truly be said that we need to strengthen the organic/harmonious coordination among companies, medical care insurers and government and private sector organizations in communities. In order to tackle this difficult situation, we need to improve all

contributing components comprehensively. In the basic education and ongoing education provided to hygienists hereafter, we urgently need to strengthen diverse skills and abilities. This includes the skills for providing health guidance to individual workers, of course, and also the support skills to promote autonomous solutions by discovering problems common to workplaces, the ability to carry out coordination to promote cooperation among multiple organizations and multiple occupations, management ability and the ability to implement measures, and the ability to evaluate and study various aspects, including expenses.

4) School Health Nursing

By Mikako Arakida

International University of Health and Welfare

School health in Japan changes greatly from 2008 to 2009.

The School Health Law, which was instituted in 1958, was revised comprehensively and this revision will become effective in April, 2009. The law also is renamed the School Health and Safety Law. As the new name shows, it stresses the strengthening of safety as well. This new law specifies a section named "Nurse-teachers," which prescribes that "Nurse-teachers and other staff shall cooperate mutually to provide the necessary health guidance." In the contents of the duties concerned, the health guidance to be provided is defined clearly. This can be assumed to be an acknowledgement of the contributions made by nurse-teachers to health in schools to date.

In addition, the Course of Study from Kindergarten to High School, which prescribes the contents of education provided in schools, was revised. This revision was in response to the problem of the declining academic abilities of children, which has received attention over the past few years, and involved increasing the educational content of many subjects. Although the revision itself did not directly affect health in schools, it foresees factors affecting children's life rhythms and the effect on children's mental health of problems such as truancy and bullying. Regarding truancy in particular, although the trend had declined temporarily, it is still a concern as it has increased once again over the past two years.

There are expectations that nurse-teachers will ascertain the health conditions of the children and fulfill the role of coordinator within the school, with families and with community nursing programs.



The 12th Annual Research Conference of JACHN

We introduce the 12th annual research conference of JACHN 2009. The main theme of the conference is "Essence of the preventive art and knowledge of community health nursing". Speeches, a symposium, oral and poster presentations, and workshops will be planned to allow members to present their practical experience as well as results of educational and research activities, and to exchange opinions on them.

We look forward to the participation of our members and many other people to ensure a successful conference and contribution to community health nursing.

Date: 8-9 August, 2009

Venue: Overseas Vocational Training Association (OVTA),
1-1 Hibino, Mihama-ku, Chiba city, 261-0021, Japan
<http://www.ovta.or.jp/en/index.html>

Chairperson: Misako Miyazaki (Professor, School of Nursing, Chiba University)

Program

■ First day, August 8 (Sat.)

- Chairperson's Speech: Misako Miyazaki
"Preventive art and knowledge of community health nursing: Focusing on health guidance practice"
- Symposium:
"Art and knowledge of community health nursing: from the viewpoint of continuous, sustained, and progressive health care activities"
- Oral/poster presentations and workshops
- Banquet

■ Second day, August 9 (Sun.)

- Special Guest Speech
Osamu Nakamura (Professor Emeritus of Chiba University)
"Affluent living with the design of the community"
- Oral/poster presentations and workshops

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