

April 1, 2004

Japan Academy of Community Health Nursing (JACHN)

ESTABLISHED IN OCTOBER 15, 1997

NEWS FROM JACHN

No.3



Michiko Konishi
President of JACHN

As the president of Japan Academy of Community Health Nursing (JACHN), I would like to convey my warmest greetings to all our members and international colleagues, particularly to all those who have dedicated their time and efforts to the development of community health nursing all over the world. Since I took presidency of JACHN for the third term in July 2003, I have been working hard in preparation for the 3rd International Conference on Community Health Nursing Research. This will be held in cooperation with JACHN in September and October, 2005.

The Academy has experienced tremendous achievements since it was established in 1997. Among these are; smooth operation of the annual conference, publication of the semi-annual journal, and registration of JACHN as a new member of Science Council of Japan for the 19th term. The Academy encompasses societies and academic groups of nurses who are working in a wide range of areas such as; municipal governments, local health centers, home care service providers, schools, companies, colleges of nursing and others. Even though their work environment is diversified and their clients' level of health is varied, these nurses are dedicated to one common value, that is, a strong commitment to work towards the goals of JACHN. These goals include evaluating the community's health needs and promoting the healthy lifestyle and health development of the community. In addition, the Academy membership offers caring nursing services to the communities which are scientifically sound and efficient, for the purpose of supporting the quality of life in illness states. These goals also include encouraging community members to develop health care projects for the whole community and thereby strengthening their awareness towards improving their level of health status.

The Academy presently has membership of over 900 persons with nursing professionals serving as the core members. They continuously contribute towards improvement of health status of the community. These nursing professionals can mainly be categorized into two groups; the nurses providing direct nursing care working at various institutions, and the nurses working at educational institutions contributing through education and research. The cooperation and collaboration between these groups is essential for the success of the Academy. Annual conference and journal publication are among the various activities hosted by JACHN which allow these two groups to exchange opinions and enrich their experiences.

In closing, I would like to request each and every member of JACHN for future support for Academy in order to advance community nursing practice and move towards the full accomplishment of its goals. I wish you to be assured that all your constant understanding and enthusiastic cooperation are highly appreciated.

(Michiko Konishi: Hiroshima University)

**Secretariat of Japan Academy of Community Health Nursing:
Department of Community Health Nursing, Division of Health Sciences
& Nursing, Graduate School of Medicine, the University of Tokyo
7-3-1 Hongo, Bunkyo-ku, Tokyo, JAPAN 113-0033
Phone: +81-3-5841-3597 fax: +81-3-5802-2043
Contact chiiki-adm@umin.ac.jp for further information.**

The Health Promotion Law and Health Promotion through People's Participation

1. Health Issues of Today's Japan and Health Promotion (Recent health issues which require inter-sectoral cooperation)

In the past tuberculosis (TB) was considered a national disease in Japan, but TB and other infectious diseases have been controlled to a considerable extent due to public health efforts, legal reform and people's participation. Maternal and child health, which was another major national challenge, has also substantially improved as there has been a remarkable decrease in maternal and infant mortality.

At present, aging of our society makes it increasingly important to counter diseases attributable to lifestyle (DAL) such as cancer, cardiac disease, high blood pressure, cerebro-vascular disease, and diabetes. These are found mostly among adults and the aged people. The National Health Promotion Project (NHPP) initiated in 1978 has not proven to be so effective as expected in controlling DAL. Further, such problems as mental health, domestic violence, child abuse, worry about child-rearing, reproductive health/rights of women and emerging infectious diseases are attracting more attention. Recently, resurgence of once-successfully-controlled TB has been seriously considered, and the Ministry of Health, Labor and Welfare has declared an emergency call for tackling TB.

The following provides some concrete data related to the above issues.

A) HIV/AIDS and STIs

A national survey on sexual attitude and behavior of young people showed that around 20% of high school students and 60-70% of university students had experienced sexual intercourse at the time of graduation. However, the percentage of contraceptive practice was low, which indicated little knowledge about safe sex among students. As a result HIV/AIDS and STIs have been on the rise in recent years, which is compared to the situations the USA and European countries of 10 years ago. Sex education is vitally necessary from primary school up, but in reality it is far behind. In terms of school health, collaborative efforts between school and health personnel in the community are almost non-existent.

B) Smoking

Smoking rates in Japan are more than 50% for males, and around 13% for females. While the tendency has not changed over the past 50 years for males, female smokers have been increasing in the recent years. Other developed countries rarely show such high smoking rates as Japan. Smoking can effectively be controlled by changing lifestyle behaviours. However, Japanese society is still permissive of tobacco advertisement such as TV spot commercials. Tobacco is easily available even for minors through vending machines. Therefore, some reports indicate that the smoking rate for male high school students is as high as 37%. Stop-smoking efforts should be promoted at various levels such as school, community and work place.

C) Suicide

Due to the economic down turn, the number of middle-aged people who killed themselves has increased around 50% over the past few years. In Japan suicide ranks among the top four causes of death for people between 10 to early 60 years old. However, the government has taken no concrete countermeasures for reducing the incident. Collaborative efforts are required among the government and enterprises.

2. Learning from Health Promotion in Europe and the USA

Europe and the USA have been introducing new and effective public health policies for the past 20 years. Japan should learn from their experiences. However, some efforts have been made towards this direction. One of the new policies is based on the concept and strategies of Health Promotion which is expected to lay a foundation for Healthy Japan 21.

Since the 1978 Alma Ata Declaration, the concept of primary health care was accepted to tackle DAL, for example by promoting healthy lifestyle and by working with people. The WHO Ottawa Charter, a Charter of Health Promotion, adopted in Ottawa, Canada in 1986 clearly provided the guidelines and strategies towards development of health promotion projects applicable to Japan.

3. Development of Health Promotion in Japan—from the National Health Promotion Project (NHPP), Healthy Japan 21 to the Health Promotion Law

The NHPP established the municipal-level health centers throughout Japan as well as mobilized manpower such as public health nurses and nutritionists. The NHPP continued for 20 years including the Second NHPP introduced in 1988. The NHPP proved

effective to some extent, but no dramatic effect was obtained in terms of mortality and morbidity. The reasons were as follows: 1) Main focus was placed on nutrition and physical exercise, thus comprehensive approach was missing; 2) Positive countermeasures such as No Smoking Project were lacking; 3) Evidence-based approach was not sufficient; and 4) Top-down approach and conformity were continued.

Healthy Japan 21 policy initiated in 2000 was designed to take these problematic points into account. Healthy Japan 21 is characterized by emphasizing: 1) Primary prevention; 2) Facilitating people's participation; 3) Setting the outcome targets; 4) Involving various implementing agencies; and 5) Designing a health promotion plan at local level. In 2002 the Health Promotion Law was enacted as a legal basis for Healthy Japan 21. The emphases of the new law include the following: 1) The government (both central and local), health organizations, medical facilities and other related institutions work towards collaborative support for the promotion of people's health; 2) Maternal and child health, school health, occupational health, medical insurance and health for the aged should be integrated; and 3) Provision of necessary information must be communicated through effective means.

4. The Action Strategies

In designing and implementing the local program for Healthy Japan 21 the following points should be taken into consideration: 1) Measurable targets should be set in line with priorities perceived by people; 2) Develop partnerships with the working group for a comprehensive plan; and 3) Never be afraid of making mistakes in the process of achieving what is really needed.

5. What is to Be Avoided

The following should be avoided: 1) Only making a plan and no follow-up action; 2) No priorities clarified; 3) No concrete measurable targets established; 4) No people's participation; and 5) No systematic review in relation to previous plans.

6. Effective Implementation of Local Program

The local program for Healthy Japan 21 will be effectively implemented with the following points taken into consideration: 1) Visions should be discussed among people in clarifying the program target; 2) Well-balanced attitude toward vision and reality; and 3) Enriching a promotion system for program.

(Masami Matsuda: University of Shizuoka)

THE 7th RESEARCH CONFERENCE OF JAPAN ACADEMY OF COMMUNITY HEALTH NURSING

Facing a super-aging society, a role of community health nursing (CHN) is vital and crucial. High expectation for CHN activities is unprecedented. In order to meet the demands of this dynamically changing society and social circumstances, JACHN will convene the 7th Research Conference with the main theme "Community Health Nursing and Innovations of Social Environments."

All the people interested in CHN as well as the JACHN members are cordially invited to join us. Please come and take this opportunity to share with everyone your opinions and experiences.

Membership application leaflets are available now.

Date: Saturday, June 12 and Sunday, June 13 in 2004

Venue: Convention Center at Osaka University Campus
1-1 Yamada-oka, Suita-shi, Osaka, Japan

Main Theme : Community Health Nursing and Innovations of Social Environments

Chairperson: Kazuo Hayakawa, professor of Nursing Science, Faculty of Health Sciences, Graduate School of Medicine, Osaka University, Japan

For further information, contact <http://www/coop.osaka-u.ac.jp/jachn7/>
or comns7@sahs.med.osaka-u.ac.jp

(Kazuo Hayakawa: Osaka University)

ICCHNR 2005

**THE 3RD INTERNATIONAL CONFERENCE
ON COMMUNITY HEALTH NURSING RESEARCH
New Challenges and Innovations in Community Health Nursing**

The 3rd International Conference on Community Health Nursing Research (ICCHNR) will be held in Tokyo, 2005. The conference will explore social trends and needs, at present and in the future. With the aim of improving evidence-based practice in community nursing, the conference theme will be "New Challenges and Innovations in Community Health Nursing." It includes community health nursing practice, education and research. Health needs in community nursing are expanding and becoming increasingly globalized. We believe that organization within an international framework is needed to meet the health challenges confronting us.

We are pleased to invite nursing researchers, educators and practitioners to take this opportunity to contribute to the dynamic changes taking place within community health nursing.

We warmly welcome your participation and presentation at the conference.

First Announcement

- **Date** : September 30(Fri.)-October 2(Sun.), 2005
- **Venue** : Toshi Center Hotel, Tokyo, JAPAN
- **Organized by** : International Conference on Community Health Nursing Research(ICCHNR)
- **Co-organized by** : Japan Academy of Community Health Nursing (JACHN)
- **Chairperson** : Setsu Shimanouchi, Tokyo Medical and Dental University, Japan
- **Conference Coordinating Office** : Department of Community Health Nursing and Home Care Nursing, Tokyo Medical and Dental University, Japan

Secretariat

THE 3RD INTERNATIONAL CONFERENCE ON COMMUNITY HEALTH NURSING RESEARCH
ICS Convention Design, Inc.
Sumitomo Corporation Jinbo-cho Building, 3-24 Kanda-Nishiki-cho, Chiyoda-ku, Tokyo, Japan 101-0054
TEL : +81-3-3219-3541
FAX : +81-3-3292-1811
E-mail : icchnr2005@ics-inc.co.jp
<http://www.ics-inc.co.jp/icchnr2005/>

Program

- Chairperson's Speech
- Keynote Speech
- Symposium
- Oral Presentation
- Poster Presentation
- Research Design/ Method
- Workshop
- Network Opportunities (Free Meeting)

Registration Fees

*All Payments must be in Japanese yen(¥) (JPY).
Member of ICCHNR or JACHN : JPY 35,000 (On / before Oct. 31, 2004) , JPY 38,000 (After Nov. 2004)
Non-Member of ICCHNR or JACHN: JPY 40,000
Student : JPY 25,000
Overseas Participant : JPY 35,000
The local currency is Japanese yen (¥).

Further Announcement

Jun. 2004 Distribution of the Second Announcement
Registration / Call for Papers
Jan. 2005 Deadline for abstracts
Apr. 2005 Acceptance Notification of Abstracts
Jun. 2005 Distribution of the Third Announcement

Registration, call for papers, accommodation and study tour information will be provided in the second announcement in June, 2004 on our Web site (<http://www.ics.co.jp/icchnr2005/>).

(Setsu Shimanouchi: Tokyo Medical and Dental University)