

NEWS FROM JACHN

Initiative for Comprehensive Community Care Systems

1. Developing a comprehensive community care system

Japan is aging faster than any other country in the world. The number of those aged 65 or over, which already exceeds 30 million (almost a quarter of the total population) will peak at some 39 million in 2042, followed by a further increase in the share of the population aged 75 or over.

Accordingly, the demand for medical and long-term care is expected to accelerate from 2025 onwards, when some 8 million baby-boomers will be aged 75 or over.

In this light, the Ministry of Health, Labour and Welfare (MHLW) is promoting the development of systems for providing comprehensive community support and services (comprehensive community care systems) targeting 2025, with the objectives of maintaining the dignity and providing support for the independent living of the elderly, so that they may continue to live the rest of their lives in their hometown, where possible. The development of comprehensive community care systems is crucial because the number of elderly with dementia is also expected to increase, requiring further support for community life.

Significant differences in the aging structure have emerged in different areas, particularly between the metropolitan area, where the total population will stabilize with a rapid increase in the proportion of those aged 75 or over, and rural areas, where the total population will decline and the number of people aged 75 or over will stabilize. Comprehensive community care systems need to be developed at the initiative of local insurers, i.e. municipal and prefectural governments, based on the characteristics of the communities concerned. Indeed, the municipal governments are required to build by 2025 their own

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comprehensive community care systems by drawing up and implementing three-year long-term care insurance projects, based on the principle of community ownership and in accordance with local characteristics.

2. Concept of comprehensive community care systems (report of the research project on the vision of sustainable long-term care insurance and comprehensive community care systems, "Issues for Future Discussion on the Development of Comprehensive Community Care Systems," financed by the FY2012 MHLW grant for the promotion of health-care programs for the elderly, March 2013)

The objective of long-term care insurance is to maintain the dignity and provide support for the independent living of the elderly. Traditionally, a comprehensive community care system designed to attain this objective by providing comprehensive support and services to enable the elderly to continue to live in their hometown whenever possible, is defined as "any local system that can offer appropriate livelihood support services, including welfare services, as well as medical and long-term care to ensure personal safety, security and health in daily living, based on the provision of housing to meet the needs of the elderly." Five key components of a comprehensive community

care system have been identified: housing, livelihood support, long-term care, medical care and prevention. Based on this idea, the Long Term Care Insurance Act, revised in 2011, provides that the national and local governments shall strive to develop comprehensive community care systems (Article 5(3)2 of the Long Term Care Insurance Act).

3. Components of comprehensive community care systems

A comprehensive community care system is supposed to cover an area of daily life (junior high school district) where necessary services can be provided within approximately 30 minutes. Professional services including long-term care, medical care and prevention, as well as housing and livelihood support/welfare services, which are preconditions for such professional services, are the components of comprehensive community care systems that should ensure home assistance through close interactions.

■ Housing and lifestyle

Comprehensive community care systems depend on the development of necessary housing as basic infrastructure to ensure that the elderly can maintain the lifestyle that meets their preferences and financial resources. The living environment thus developed should fully respect the privacy and dignity of the elderly.

■ Livelihood support and welfare services

Livelihood support should seek to ensure that life can continue with dignity despite any deterioration in mental or physical capacity, financial conditions, or family relationships.

Livelihood support covers various activities to be conducted by various parties, ranging from meal preparation and other tasks that can be handled by service providers to informal support including engagement and observation by neighbors. For the poor and vulnerable, livelihood support may be provided as a welfare service.

■ Long-term care, medical care and prevention

Services including long-term care / rehabilitation, medical / nursing care and healthcare / prevention should be provided by professionals. From the perspective of care management, such services may be integrated with livelihood support as necessary.

4. Choice and awareness of the elderly and their family members



This is a crucial element in the support of community care systems. As a substantial proportion of the elderly population live on their own or with another aged household member, it is important that the elderly and their family members understand the meaning of living at home before making their choice, and prepare themselves for what will be required.

Notice: English translation by JACHN

Basic Directions of Health Japan 21 (Phase 2)

(An excerpt from Chapter 3 of the reference material on implementation of Health Japan 21 (Phase 2))

This article sets out the basic directions of Health Japan 21 (Phase 2), to be introduced in FY2013, in light of the current status of health promotion measures in Japan and issues raised in the Final Assessment of Health Japan 21.

1. Identification of 10-year “goal” based on the vision

The “goal” should be built on the forecast of demographic changes in the next 10 years, in view of the socio-economic changes and the rapid aging of population caused by the declining birthrate in Japan in recent years.

■ Background

- Japan enjoys a world-class average, and healthy life expectancy.
- Total population has been declining, resulting in rapid aging.
- The family structure has been transformed, marked by the declining birthrate, the rising percentage of people remaining single throughout their life, and the increased number of divorces, etc.

- The economic downturn has caused the unemployment rate to rise to 5%. The increase in irregular employment points to the hardships still facing young workers.
- The number of single-member households has been increasing, including among the elderly.
- The relative poverty ratio has risen to 16.0%, with 2.09 million people living on welfare – a record high.
- The education continuance rate has improved, with one in two children going on to college. Meanwhile, over 100,000 primary/middle school-age children refuse to go to school.
- Cases of lifestyle diseases, including cancer, have been increasing, with total healthcare costs exceeding ¥30 trillion.
- The number of suicides remains around 30,000, pointing to serious problems facing the working-age population as attested by deaths from overwork (karo-shi).
- The number of consultations concerning child abuse is growing steadily, exceeding 50,000 cases.
- 70% of the population feels concerned or insecure in their daily life, particularly about post-retirement life planning and current health conditions.

2. Ten-year goal

A society where every citizen can lead a healthy and happy life with mutual support

- A society giving hope to every child and adult
- A society providing the elderly with something to live for
- A society placing priority on health as the basis for hope and a reason for living
- A society where even those afflicted with disease or requiring long-term care can lead a satisfactory life in their own way
- A society with functioning mutual aid within local communities and among generations
- An inclusive society where everyone has access to health resources
- A society able to halt and then reverse the widening health gap among the population by improving the social environment

3. Basic directions

In light of these views, the Working Group and the Expert Committee adopted the vision of a society where every citizen can lead a healthy and happy life with mutual support, and proposed the following five basic directions for Health Ja-

pan 21 (Phase 2): (i) extension of healthy life expectancy and reduction of inequality in health; (ii) prevention of occurrence and worsening of major lifestyle diseases; (iii) maintenance and improvement of necessary functions for social life; (iv) development of the social environment to support and maintain health; and (v) improvement of lifestyle and social conditions related to nutrition/diet, physical activity/exercise, rest, drinking, smoking and dental/oral health.

The chart below shows the correlation between the 10-year vision and basic directions. In summary, the project seeks to: prevent the occurrence and worsening of major lifestyle diseases by improving the lifestyle habits of individuals and the surrounding social environment; improve the quality of life by preventing the deterioration of social life functions; facilitate access to health resources and ensure equality; and raise the quality of the social environment through increased opportunities for social participation, thereby extending the healthy life expectancy and reducing inequality in health.

Notice: English translation by JACHN

Activities of Public Health Nurses Following the Eruption of Mt. Ontake

Mt. Ontake erupted on 27 September 2014 at 11:52 (Japan Standard Time). The eruption caused the worst volcanic disaster in post-war Japan, with 57 killed and seven persons still unaccounted for.

Ontake, located on the border between Nagano and Gifu Prefectures, is the westernmost mountain in Japan with a height of over 3,000m. Ranked as one of the Top 100 Mountains in Ja-



pan, it is popular among mountain climbers due to its easy routes despite the significant altitude. The eruption occurred in the middle of the season of fall colors, when the number of climbers can reach several thousand a day.

Following the eruption, the families of victims waited in the base town of Kiso for information about the whereabouts of their loved ones. Public health nurses and other personnel dispatched by the prefectural government provided mental and physical care for the victims' families at the waiting and accommodation facilities around the clock. Those activities were reported by the Asahi and Mainichi newspapers. According to these articles, the PHNs from the prefectural government, in cooperation with other nurses sent by the Japanese Red Cross Society, gave the families of missing climbers 24-hour support to detect any mental or physical problems. Reportedly, nurses also gave advice on health problems for the family members, who complained of insomnia, headaches and severe stress, and referred them to a hospital where necessary.

No one knows when a disaster may strike. The sudden, unexpected loss of a family member or friend is a traumatic experience for the survivors, with substantial impact on their mental and physical well-being. The response of nurses following the eruption of Mt. Ontake confirms the importance of PHN support for victims' families in coordination with medical institutions and other parties at the time of disaster.

Current Research : Vol. 17(1)-(3) of JJACHN

Vol. 17 (1)

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Emiko Saito: Introduction of the 6th International Conference on Community Health Nursing Research. 17(1): 3, 2014.

Original Articles

Yasufumi Osono, Sakiko Fukui: Characteristics of Home Nursing Agencies for Nurses Which Recognize That They Provide Quality Terminal Care. 17(1): 4-12, 2014.

Jun Okahisa, Noriko Nishikido: Coordination by Occupational Health Nurses to Support Workers with Cancer. 17(1): 13-22, 2014.

Research Report

Chizuru Nagata, Ikuko Kitamura: Functions and Issues of Community-based Services for Aging-in-Place under a Community Comprehensive Care System. 17(1): 23-31, 2014.

Informations

Midori Mimaya: Factors Associated with Visiting Nurses' Intent to Continue Working. 17(1): 32-39, 2014.

Kazue Yoshihara, Naoka Kamio, Akiko Akiyama: Factors Influencing Accidents of Infants Which Occur within the Third Months of Life. 17(1): 40-43, 2014.

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JACHN Project for Improvement of Disaster Relief: Medium-and-long Term Health Influence of the Radiation Hazard from the Nuclear Plant Accident and Public Health Nursing Activities. 17(1): 44-53, 2014.

Vol. 17 (2)

Preface

Kazuko Saeki: The Establishment of a New Entry-level Community Health Nursing in the Nursing Curriculum. 17(2): 5, 2014.

Special Issue

Katsuko Kanagawa: The Significance of a Non-profit Organization in Community Health Nursing Activities. 17(2): 6-9, 2014.

Original Articles

Junko Sasaki, Mineko Nanba, Kazue Ninomiya: Management Difficulties Perceived by Home-visit Nursing Administrators. 17(2): 10-18, 2014.

Michiyo Hirano, Kayoko Kawahara, Kazuko Saeki: Development of a Scale to Measure the Social Activities of Older Women Requiring Daily Support. 17(2): 19-27, 2014.

Naomi Fukushima, Ayumi Kono: The Relationship between Drinking and Functional and Psychosocial Characteristics among Male Elders Certified as Support Level in the Long-Term Care Insurance System. 17(2): 28-35, 2014.

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Masako Kageyama, Keiko Yokoyama, Yukako Nakamura, Sayaka Kobayashi: Factors Related to Family Groups' Intention Regarding Continuation in a Family Peer-education Program on Mental Disorders. 17(2): 36-44, 2014.

Information

Azusa Arimoto, Etsuko Tadaka: Literature Re-

view on Public Health Nurses' Activities and Challenges in Preventing Child Abuse in Japan. 17(2): 45-54, 2014.

The 17th Annual Conference of JACHN: Presidential Address

Reiko Okamoto: Action Research in Community Health Nursing; Succession and Change. 17(2):55-61, 2014

The 17th Annual Conference of JACHN: The Board of Director's Seminar

Kazuko Saeki, Akiko Ozaki, Tamae Sato: Definition of Community Health Nursing and Community Health Nursing Education in Nursing Curriculam. 17(2): 62-74, 2014.

Committee Report

JACHN Science Committee: Definition of Community Health Nursing. 17(2): 75-84, 2014.

Vol. 17 (3)

Preface

Sanae Haruyama. For Further Enhancement of In-service Training for Community Health Nurses 17(3): 3, 2015.

Original Articles

Keiko Koide, Reiko Okamoto, Yasutoshi Nekoda, Mari Okada: Effect on Public Health Nurses of a Reflection-based Health Guidance Skills Improvement Program. 17(3): 4-13, 2015.

Waka Itoi, Tomoko Kamei, Etsuko Tadaka, Fumiko Kajii, Yuko Yamamoto, Kiyoto Hirose: Development of the Community Intergenerational Observation Scale for Elders (CIOS-E) and Children (CIOS-C) and Test of Their Reliability and Validity. 17(3): 14-22, 2015.

Takehiko Kasejima, Etsuko Tadaka, Rie Taguchi, Azusa Arimoto, Yuka Dai, Yuki Imamatsu: Subjective Well-being and Related Factors for Healthy Longevity among Community Dwelling Elderly People. 17(3): 23-29, 2015.

Research Reports

Keiko Ono, Eiko Ogasawara: Evaluation of Seminar Program for Home Health Care Nursing in Foundation Education. 17(3): 30-40, 2015.

Reiko Okahisa, Toshiko Tada: The Strengths of Adult Men Who Received Health Guidance in the Process of Lifestyle Transformation. 17(3): 41-50, 2015.

Yuki Imamatsu, Etsuko Tadaka: Qualitative Study on Professional Methods by Public Health Nurses for Encouraging Behavioral Change and

Sustainability for Healthy Lifestyle for Persons at High-risk of Lifestyle Related Diseases. 17(3): 51-59, 2015.

Shinobu Makino, Asami Tatsumi, Toshiko Otsuka: The Experience of Elementary School Teachers' Support of School Non-attending Children Neglected by Their Parents. 17(3): 60-69, 2015.

Informations

Mai Hosoda, Hisae Nakatani, Kazuko Ikeda: Relationship of Lifestyle and Purpose in Life of Workers at a Manufacturing Plant. 17(3): 70-77, 2015.

Kumi Inomata, Yayoko Kawana: Expectations to Universities by Training Instructors in Occupational Health and Nursing Practicum. 17(3): 78-83, 2015.

Index for Utilization in Community Health Nursing

Etsuko Tadaka: Preface to "Index for Utilization in Community Health Nursing". 17(3): 84, 2015.

Mariko Kawaharada: Social Capital. 17(3): 85-88, 2015.

Tomomi Maruo: Behavioral and Psychological Symptoms of Dementia. 17(3): 89-92, 2015.

Kyoko Yoshioka-Maeda : Practical Competency of Public Health Nurses. 17(3): 93-96, 2015.

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17(3): 97-104, 2015.

Announcement of the 18th Academic Conference of the JACHN



WELCOME TO YOKOHAMA 2015

Dates: 1 – 2 August 2015

**Venue: Conference Center of PACIFICO
Yokohama**

Etsuko Tadaka, PhD., RN, PHN

Chair of the 18th Academic Conference of the Japan Academy of Community Health Nursing
Department of Nursing, Graduate School of Medicine, Yokohama City University

Welcome address:

We are delighted to welcome to you to the 18th Academic Conference of the Japan Academy of Community Health Nursing (JACHN), in Yokohama on 1- 2 August 2015.

Since 1997, led by the president, Dr. Katsuko Kanagawa (Former Professor at the University of Tokyo), JACHN has pursued its objective of contributing to human health and well-being through the academic development, education and dissemination of community health nursing, successfully authorized as a general incorporated association in 2014. The 18th Academic Conference will mark the new start of JACHN.

The Conference will be held under the theme: “Grand Challenges of Community Health Nursing towards a Healthy-Longevity Society”. The term “Healthy-Longevity Society ” means a community where each resident can lead a healthy, fulfilling life even in the process of aging. And “Grand challenges” means not merely routine academic questions or practical problem but big directives and goals which have to be achieved in the future.

Nor must we forget various challenges if we support our society to attain a peaceful Healthy-Longevity Society. Therefore, the 18th Academic Conference of the JACHN will make every effort to identify significant challenges and prospects for such a society, engaging in active discussions and exchanges, and utilizing wisdom and insight in partnership with various fields and citizens.

We will provide a large spectrum of outstanding events such as special lecture, educational lectures, symposium, workshops, seminars, and other events covering a wide range of diverse perspectives related to a Healthy-Longevity Society. We will also address some new initiatives, including a pre-conference evening seminar for practitioners as a postgraduate education, and a student café as an undergraduate education to community health nurses of the next generation.

PACIFFICO Yokohama, the venue of the Conference, is a convention complex located in the center of Yokohama (Minato Mirai district), an international city with various sightseeing spots including those related to the history of modern Japan opening up to the outside world. We hope that participants will have the time to appreciate the attractions of the city after the Conference.

We hope to see you in August 2015 in Yokohama!

Main Theme: Grand Challenges of Community Health Nursing towards a Healthy-Longevity Society

Presidential Lecture: Etsuko Tadaka, Professor

Department of Nursing, Graduate School of Medicine, Yokohama City University

Title: Grand Challenges of Community Health Nursing towards a Healthy-Longevity Society

Special Lecture: Wataru Omori, Professor emeritus at the University of Tokyo and the head of the NPO Community-Care Policy Network

Title: Prospects and Challenges for Community Care Policy and Human Resource Development towards a Healthy-Longevity Society

Educational Lecture I: Zentaro Yamagata, Professor

Department of Health Sciences, Basic Science for Clinical Medicine, Division of Medicine, Graduate School Department of Interdisciplinary Research, University of Yamanashi

Title: Community-Based Lifelong Health Promotion and Social Capital

Educational Lecture II: Hiroshi Haga, Professor

Graduate School of Gerontology, J. F. Oberlin University

Title: Community Intervention in the Health of the Aged and the Formation of a Social Network

Symposium I

Title: Building a New Community in a Depopulating Society: Creation of Public goods and Collaboration

Masako Akiyama, Representative Director

Cares Center Inc. Hakujuji Home-visit Nursing Station

Noboru Sugiyama, Administrative Director

Urban Housing and Community Renovation Association NPO

Emiko Kishi, Professor

Department of Nursing, Faculty of Medical Technology, Teikyo University

Symposium II

Title: Ensuring the Sound Development of All Children: Lifelong Self-Care Capacity-building from Childhood

Takashi Asakura, Professor

Division of Arts and Sports Sciences, Tokyo Gakugei University

Yukie Takahashi, Director, PHN

Yokosuka City Children's Guidance Center

Mie Yokoyama, Professor

Community Health Nursing, Graduate School of Nursing, Osaka City University

Workshop I: Hirofumi Takagi, Professor

International Health and Nursing, School of Nursing, Toho University

Title: Community Health Nursing as a Science: Focus on Qualitative Study

Workshop II: Hitoshi Miyazawa, Associate Professor

Graduate School of Humanities and Sciences, Ochanomizu University

Title: Community Visualization and Statistical Analysis: Application of GIS to Community Health Nursing

<< 2 Days Program List >>

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| ● Opening remarks and orientation | ● Joint Seminar |
| ● Presidential Lecture | ● Discussion Session |
| ● Special Lecture | ● Student Café |
| ● Educational Lecture | ● Pre-seminar |
| ● Symposium | ● Poster Session |
| ● Workshop | ● Round Table Discussion |
| ● Seminar organized by the Board of Directors | ● Exhibition |
| ● Open Lecture | ● Reception |



Announcement of the 6th International Conference on Community Health Nursing Research

- **Dates:** 19th – 21st August 2015
- **Venue:** Cultural Centre, Seoul National University, Seoul, South Korea
- **Theme:** Knowledge Translation into Community Health Nursing Practice: Health Promotion through the Life Span
- **Chair:** Insook Lee, Ph. D., Seoul National University

Important notice:

- Early bird registration will open till **the 31st May 2015.**
- The last possible date for registration for presenters of accepted abstract presentations is **31st May 2015.**

Publisher: Committee for Promoting International Exchange Activities

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