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# NEWS FROM JACHN

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## Topics of Japanese Community Health Nursing

### 1. Community-based Integrated Care System

#### **Kumiko Morita**

Graduate School of Health Care Sciences, Tokyo Medical and Dental University

In Japan, since the establishment of the long-term care insurance system in 2000, the population over the age 75 has increased rapidly and this increase will continue up to 2025.

From around 2030, the rapid growth of the population over age 75 will level off but the population over age 85 will continue to increase for another 10 years.

Facing this situation, a structure called 'the Community-based Integrated Care System' will be established. This structure comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the rest of their lives in their own ways in environments familiar to them, even if they become heavily in need of long-term care.

As the number of elderly people with dementia is estimated to increase, establishment of the Community-based Integrated Care System is important to support the community life of the elderly with dementia.

The progression status varies from place to place: large cities with stable total population and rapidly growing population of over 75 elderly, and towns and villages with a decrease of total population but gradual increase of population over the age of 75.

It is necessary for municipalities, as insurers of the Long-term Care Insurance System, as well as prefectures, to establish the Community-based Integrated Care System based on regional autonomy and independence.

### 2. Seamless Support from Pregnancy through the Child-rearing Period

#### **Chikage Tsuzuki**

Faculty of Nursing Sciences, Kobe City College of Nursing

In Japan, a society with aging population and low birthrate are progressing. The number of live births per year has continued to decrease in recent years, and had dropped to one million, with a total fertility rate of 1.46 in 2015. In comparison with various countries of Europe and America, this value is the low standard in Japan. There are several factors to this background. Firstly, because the number of female workers has been increasing, they have to deal with multiple tasks. Secondly, the populations of unmarried or late married males/females and the numbers of nuclear families have been increasing. Other factors include the

lack of childcare support for the childcare generation and the isolation of child-rearing.

"Healthy parent and children 21 (2<sup>nd</sup>)" is a policy of maternal/family and child rearing promotion in Japan. The policy aims for "the society into which all children grow healthily" for the decade starting in 2015. One of the targets is "seamless support from pregnancy through the child-rearing period". The goals are reduction and early detection of risk of abuse by dealing with anxiety concerning child-rearing, and isolation. Concretely, this means the enhancement of maternal and child health measures throughout pregnancy, delivery and childcare. Furthermore, the cooperation system between each project and the related organizations are being strengthened, including a nationwide establishment of comprehensive support centers as a one-stop consultation base for maternal and child health.

A public health nurse is stationed in each municipality with a population of 5,000-20,000 people and is concerned with residents' health care in each charge area. At the start of pregnancy, a pregnant woman notifies the municipality of her place of residence, and of her pregnancy, and a maternal and child health handbook is issued. During the pregnancy, there are a further 14 times for prenatal health check, and various subsidies for the cost of childbearing are available. After delivery, home-visit guidance is provided by public health nurses for all infants. Furthermore, 3 times (infant, 18 and 36 months old) of health checkups has become a legal requirement in all municipalities. The participation rate of health checks in the municipalities exceeds 90 percent.

Public health nurses are conducting health checks, various kinds of health guidance and consultation for maternal and child health in the health centers of the municipalities. The situation of

all pregnant women and mothers is followed up continually from early pregnancy. Public health nurses perform home visits and consultation as needed and are concerned with the needs of family, parent and child. They focus on providing careful and intimate support to families with children, while promoting the development of a community which can watch over children's healthy growth and provide a supportive network for families with children.

### 3. Recent Movement in Public Health Nurses Education

**Masako Kageyama**

Osaka University Graduate School of Medicine

As of 2014, approximately 50,000 public health nurses (PHNs) have been employed at places of work. The majority (approximately 70%) of them work at public health centers, municipal offices, or other similar public institutions in Japan (Public Health Administration Report 2014 by the Ministry of Health, Labour and Welfare).

The enactment of Regulations on Public Health Nurses in 1941 provided a regulatory framework for certifying PHNs. The first National Public Health Nursing Examination was conducted in 1952. Since 1992, four-year nursing colleges/universities sharply increased and many 4-year college/university education programs include a training program for PHNs.

In these years, enhancement of nursing services has been required to meet advanced and diversified healthcare, an aging society with fewer children, and diversification of citizens' needs. In 2009, amendment bills for the Act on Public Health Nurses, Midwives and Nurses gained approval for the first time in 60 years. The amendments specify

graduation from a 4-year college in the opening of the provision on the eligibility to take the nurse's examination, and extend the minimum period required for PHN training/education from six months to one year. The ministerial order was revised and enforced in 2011, when the number of credits required for the PHN training/educational curriculum was increased from 23 to 28. Under these major revisions of the PHN training/educational curriculum, many 4-year college/university education programs have changed to educate only selected nursing students.

The current PHN training/educational curriculum has the following four types: (1) nursing colleges/universities provide education to all students for nurses and PHN; (2) nursing colleges/universities provide education to all students to become nurses but limited students for PHNs; (3) one-year course provided by three-year colleges or training institutions; and (4) two-year master's course. According to the Ministry of Health, Labour and Welfare, there are 258 PHN training/education institutes as of November 28th, 2016. Over eighty percent of them are 4-year colleges/universities.

The Ministry of Health, Labour and Welfare has published 2035 Japan Health Care Vision. Japan has faced the fastest aging society with fewer children under a tough economic situation. To manage limited resources and solve difficult health problems, there are great expectations of PHNs. In the grand design declared by the Japan Academy of Public Health Nursing (JAPHN), the Academy is promoting PHN training/education to the level of master's course as one of the strategies to prepare for challenges in the years up to 2035. More PHNs students need to be educated to master course level to gain greater competency.

#### 4. Current Situation and Educational Approaches in Home-visit Nursing in Japan

**Noriko Yoshiyuki**

Department of Home Health Care Nursing, Osaka City University

With the aging population and rising needs for long-term care services in Japan, there has been a paradigm shift in healthcare from hospitals to community settings. Home-visit nursing is an important community-based service, which provides care for individuals living at home. This article describes the current issues and strategic education approaches of the home-visit nursing workforce in Japan.

##### 1) Shortage and Demand for Home-visit Nursing

Despite a great demand for home-visit nursing, the majority of nurses in Japan work in hospital settings. The percentage of the home-visit nursing workforce has not changed in recent decades, consisting only of 2% (41,000 home-visit nurses, in 2013) of the total nurse workforce in Japan. Home-visit nursing supply and demand could become even more problematic in the next ten years, when baby boomers reach 75 years old. In order to meet the future demand for a home-visit nursing workforce, it is estimated that at least 50,000 home-visit nurses are needed: moreover, to improve the current home death rate in Japan (13%) to that of the Netherlands (30%), an estimated 150,000 home-visit nurses will be needed by 2025.

This home-visit nursing shortage relates not only to numbers, but to an overall skills' deficit in the workforce. The average age of home-visit nurses is 47, which is older compared to hospital-based nurses, whose average age is 37. In addition, the majority of Japanese visiting nursing agencies

generally have less manpower, with an average of 4.7 nurses per nursing agency. These factors, coupled with the staff shortage, have resulted in difficulty of maintenance of skills and development of specialties within home-visit nursing. Therefore, the current issue of home-visit nursing is to ensure the quantity and quality of manpower.

## 2) Aligning Education and Training with the Home-visit Nursing Practice Environment

There are two possible approaches, focusing on education and on training for home-visit nurses, as a strategy for strengthening the home-visit nursing workforce in Japan.

### (1) Continuous Professional Development

With rapid changes in community-based healthcare, it is critical for home-visit nurses to update their professional knowledge and skills, to ensure the continued delivery of high quality, and effective evidence-based care. However, many home-visit nursing agencies are not able to offer continuing education, due to deficit in resources. To tackle this problem, nursing organizations such as the Japanese Nursing Association, and local Home-visit Nursing Associations are playing a critical role in curriculum development, by identifying job needs and vacancies, advertising programs, and providing equipment and materials for training. Furthermore, there are some career development opportunities like Certified Nurse Specialist (CNS) and Certified Nurse (CN) in the fields related to home-visit nursing.

### (2) Education Initiative for New Graduate Nurses

In recent years, education programs for new graduate nurses have been developed around the country to respond to the shortage of young manpower in this field. In many programs, local Nursing associations, educational institutions, hospitals, as well as home-visit nursing agencies collaborate with each other to provide learning

opportunities, including on-the-job/off-the-job training, hands-on hospital training, e-learning, career counseling, and skill assessment. Such education programs enable new graduate nurses to develop their competencies, knowledge, skills, and attitudes, and contribute to the recruitment and retention of new graduate home-visit nurses.

In the next decade, the role of home-visit nursing, as a profession which can deliver appropriate clinical care and enrich the quality of life of individuals in the community, will be even more vital. In order to establish a sustainable community-based health care system, action and investment in the improvement of the home-visit nursing workforce are urgent.

## **Korea-Japan 3<sup>rd</sup> Joint Conference on Community Health Nursing in Pusan, Korea**

### **1. Overview**

The 3<sup>rd</sup> Korea-Japan Joint Conference on Community Health Nursing in Busan, Korea

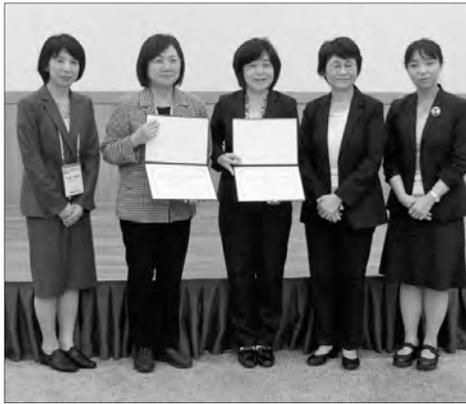
Busan, Republic of Korea on 1th-3th, July, 2016

#### **Yukiko Kanaya**

Department of Home Health Care Nursing, Osaka City University

The conference was held at Bexco Convention Center in the Republic of Korea, hosted by the Korean Academy of Nursing Science (KACHN) and the Japan Academy of Nursing Science (JACHN).

A total of 362 people registered and attended the conference. Among them 170 participants were from Japan, 190 from Korea.



Awardees, Ms. Yukiko Anzai (second from left)  
and Ms. Mina Ishimaru (third from left)



Awardee, Ms. Sawa Teraoka

The theme of the program was “Future Directions: Disaster Preparedness and Nursing”. A number of keynote speakers were invited to present aspects of their research that represented different perspectives on disaster preparedness. There were 22 general oral research presentations and 224 poster presentations. Among them, 7 oral presentations and 119 posters were by Japanese nurses. Awards for the oral and poster presentations were given to three Japanese participants.

## 2. Awardees in Japanese Presentators

**Mina Ishimaru** (Awardee of oral presentation)  
Graduate School of Nursing, Chiba University

I feel honored to receive the Best Oral Presentation Award on ‘Using faculty self-reflection to construct a research support model for public health nurses.’ I am proud of our collaborative relationships between universities and public health nurses in Chiba over the last 40 years, and among the universities which contributed to this research. Furthermore, we will continue to provide research support as best we can.

Through this research support, we would like to

pursue PHN’s health care practice improvement and PHN’s learning and professional development. In addition, we would like to continue to work on faculty development. Thank you very much.

**Yukiko Anzai** (Awardee of poster presentation)  
School of Nursing, Miyagi University

We were awarded best poster presentation at the Third Korea–Japan Joint Conference on Community Health Nursing for our study of Earthquake Disaster Support Activities of Public Health Nurses. This study was conducted to elucidate public health nurse activities during earthquake disasters based on experiences obtained during the Great East Japan Earthquake and its immediate aftermath. First, we interviewed public health nurses and analyzed public health nurse activity contents. Then we administered two questionnaire surveys for which we carefully selected activity contents. This report described the analysis and findings of the second survey.

This study was conducted through collaboration of seven researchers and many public health nurses. We have gratefully accepted this award for our study on behalf of all contributors. We

extend our sincere gratitude to the academic meeting board.

**Sawa Teraoka** (Awardee of poster presentation)  
Graduate School of Medical Sciences, Kyushu University

This time, I am very honored to receive the Best Poster Presentation Award of The 3<sup>rd</sup> Korea-Japan Joint Conference on Community Health Nursing. In this study, we examined the effect on the cognitive function of horticultural activities of the elderly with dementia. Our results led us to suggest that the effects on cognitive function were different from the existence of horticultural experience in the past.

From now on, encouraged by this award, we would like to develop this study in order to create a program that can be utilized in the field.

Finally, I would like to thank from the bottom of my heart everyone who gave me so much support and cooperation.

### 3. Brief Reports of Participants

**Satoko Okawa**  
School of Nursing, Osaka Prefecture University

I participated in a professional visit to the Jin-gu community health center, and the Hopo Rolling Stock maintenance office. In this report, I focus on these two facilities.

There is no qualification of public health nurse in South Korea. The nurse who works in a public health section is carrying out a role of public health nurse.

Based on the Community Health Law, health care activity is performed in South Korea. Community health activity is carried out in

community health centers. Such activity includes dentistry and medical examination of elderly people or students, classes on lumbago prevention and other things. Community health centers have been using Chinese medicine effectively. In maternal and child health care, the community health center holds baby massage and classes for pregnant women. The center also distributes diapers and milk to low-income families

Hopo is carrying out the maintenance and management of the subway No. 2 line. 150 employees work every day, and there are two public health nurses. In Hopo, Public health nurses carry out health education to the workers twice per month. In South Korea, heavy drinking is a big health problem. Hopo put up a banner and a signboard to warn people against heavy drinking.

I think community health activity does not differ much between Japan and South Korea. However, I was impressed with the additional support to families in need. Similar awareness and support is also needed in Japan for families in need, now and in the future.

**Ayako Okochi**  
Graduate School of Medicine, Yokohama City University

The 3<sup>rd</sup> KJCCCHN was held on 1-3 July at Bexco in Busan, attended by 400 delegates, owing to the Chair and President of KACHN, Prof. Kyung Ja June. Japanese delegates included President of JACHN, Prof Misako Miyazaki. Busan is the second largest city in Korea and also a scenic port city. With the theme "Challenges and future directions: Disaster preparedness and nursing", the conference focused on how Korean and Japanese academies of community health nursing are leading to community building for disaster preparedness. For this theme,



the program included groundbreaking lectures, seminars and presentations that balanced comprehensive theoretical findings and practice-based research that consequently signified the partnerships between community, professionals and academia. Korea and Japan similarly experienced unprecedented massive disaster: MERS-CoV outbreak and Sewol ferry disaster; the great East Japan earthquake. This joint conference elaborately and purposefully discloses these disasters' health effects and clues to solutions in the past, present and future.

One of my main objectives of attending this conference was to moderate the oral session with a Korean moderator, Prof. Young Ko. The Concurrent session 2 consisted of three presentations that depicted child health, health behaviors and nurses' disaster management core competencies. The presenters and audiences discussed Japanese children's obesity, the influence of diet on cardiovascular disease and the development of disaster preparedness ability. I deeply appreciate Prof. Ko for her thoughtful handling of the session, and the expression of hospitality that I found in the collaboration among Korean and Japanese researchers and in Korean student volunteers' smiles.

### **Naomi Fukushima**

Department of Health and Welfare, Izumi City  
Municipal

I attended the 3<sup>rd</sup> KOREA-JAPAN Joint Conference on Community Health Nursing, in Busan, Korea on July 2-3, 2016. The theme of this conference was Challenges and future directions: Disaster preparedness and nursing, and the contents were very interesting for me because I had carried out health activities against disaster for a month as a public health nurse at the time of Great East Japan Earthquake in 2011.

Many of the participants in this conference were academic teachers and students from universities, and apparently very few were participants from practical workplaces like me as a municipal public health nurse, but I enjoyed the conference very much and learned a lot from the academic researchers.

This time, I gave a poster presentation with the theme of "Drinking status among ambulatory frail elders living at home". I was able to obtain much significant knowledge from many other presentations of researchers that appeared to be useful for my future practice.

In addition, at the welcome reception held during the conference, I was very impressed with the heartfelt hospitality including a lot of delicious Korean cuisine, music performance by students, and so on, and I got to know new research colleagues. I will make an effort to make use of the precious experience of participation in this conference for the future community health activities in Japan.

Finally, I would like to express my sincere gratitude to the Korean and Japanese people who were committed to the preparation of this conference.

**Ryo Horiike**

Osaka University Graduate School of Medicine

I participated and presented at The 3<sup>rd</sup> KJJCCHN. The venue was beautiful and very large, there were many posters and a lot of participants listened to the lectures. The lectures were really helpful and I spent a precious and meaningful time there. The title of my poster presentation was "GIS analysis for community health nursing diagnosis". GIS focuses on geographical characteristics. The geographical characteristics of Busan are different from Japan (e.g., Town planning, building, nature, transportation, and road). This was very impressive for me and made me think deeply about community

health at the level of geographical characteristics. Additionally, Korean researchers' posters at the venue really stimulated me and inspired me. This inspiration will help me and improve my research. At night, many Koreans were walking quite fast along the promenade, which lay alongside the sea shore. I have never seen a scene like this. I felt strongly that community health nursing must be in accordance with a country's culture and I'll put that experience to use for my next international conference.

Continuously researching and updating information makes possible good research and presentation. The 3<sup>rd</sup> KJJCCHN was really worth participating and I am grateful to everyone involved in this conference.

### The 20<sup>th</sup> Annual Research Conference of JACHN

**Theme :** "Advanced and Creative Community Health Nursing within a Comprehensive Community Health Care Framework"

**Date :** August 5-6, 2017 (Saturday - Sunday)

**Venue :** Beppu International Convention Center B-CON Plaza

**Chair :** Sachiyo Murashima (Oita University of Nursing and Health Sciences)

**Program :**

- ◆Chairperson's Speech: Sachiyo Murashima  
"Construction of Discipline of Community Health Nursing to Support the Future of the Community"
- ◆The 20<sup>th</sup> Anniversary of JACHN Special Lecture: Kathy Magilvy (University of Colorado)  
"Ideas for a New Community Health Nursing Based on Community-based Aging Care and Research in the US"
- ◆The 20<sup>th</sup> Anniversary of JACHN Special Symposium - Board of Directors Planning Seminar-  
"Community Health Nursing and Social Implementation: Is Research in Community Health Nursing Being Put to Use in Practical Reform?"
- ◆Symposium ◆Educational lecture ◆Open lecture ◆The appointed workshop ◆Poster presentations
- ◆Workshops ◆Free assemblies ◆Reception

**Website :** <http://jachn20.umin.jp/>

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Kumiko Morita (Tokyo Medical and Dental University),  
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