
NEWS FROM JACHN

Topics of Japanese Community Health Nursing

1. A Simple Introduction of Community Comprehensive Care Centers, and the Role of Public Health Nurses in Dementia Measures

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Minami-azabu Community Support Service Center

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Community comprehensive care centers are institutions established upon the 2006 amendment of the Long-Term Care Insurance Act to improve health care and comprehensively support the promotion of welfare for community residents by providing the aid needed for maintenance of physical and mental health and stability in daily life. These community comprehensive care centers comprise three types of professionals: social workers, chief care managers, and Public Health Nurses. Approximately 70% of all community comprehensive care centers are managed by private businesses commissioned by the corresponding municipality; these centers are responsible for long-term care insurance operations in the municipality in which they are located.

Based on the nature of their qualification, the primary duty of Public Health Nurses is to engage in long-term care of elderly individuals from a perspective of prevention. However, in accordance with the Japanese government's Comprehensive Strategy to Accelerate Dementia Measures (New Orange Plan), many Public Health Nurses now promote dementia measures as community dementia support workers. The Comprehensive Strategy to Accelerate Dementia Measures was jointly formulated in 2015 by the Ministry of Health, Labour and Welfare and other relevant government ministries as an effort to realize the goal of creating "a society that respects the decision of people with dementia and that enables them to continue to live their lives comfortably in their familiar communities as long as possible" put forth in the Five-Year Plan for Promotion of Measures against Dementia (Orange Plan) published by the Ministry of Health, Labour and Welfare in 2012. Based on the philosophy described above, community dementia support workers support the cooperation between medical institutions, long-term care service providers, and community support institutions in accordance with the circumstances of the community; provide consultation for the sake of supporting dementia patients and their families; and hold events such as dementia support training courses and Alzheimer Cafés.

Here is an example. A Public Health Nurse is informed of persons of interest by community residents who have attended a dementia support

training course. The Public Health Nurse visits the house and realizes that the persons of interest are an elderly couple living by themselves. Both of them boast of being in good health and not needing to go to the doctor. However, for the last six months, the wife has been buying the same thing every time she goes shopping. The husband's nutrition is poor; he is very thin. When they show the Public Health Nurse around their home, there are half-rotten vegetables piled around the stove. The Public Health Nurse, who is also a specialist in community dementia care, makes arrangements for the elderly couple to receive a visit from an early dementia intensive support team, who will guide the couple to examination at a medical center for dementia and related disorders. At the same time, the Public Health Nurse also invites the couple to the community salon for persons with dementia, interviews them about their daily lives, and recommends the use of long-term care insurance service to them if necessary in order to allow them to live their lives as they wish. Although things do not often go so smoothly, Public Health Nurses go about their duties every day in the hope of achieving the sort of outcome described above.

2. Issues and Views of Pediatric Home-visit Nursing in Japan

Yumi Sakagami

School of Nursing, Mukogawa Women's University

In Japan, advances in medicine have led to increased survival rates for pre-term infants and those born with congenital impairments and improved the prognosis for children with chronic diseases and cancer. Currently, the number of children with complex and continuing health care needs has been rapidly increasing in the

community. It is estimated that the number of such children is approximately 17,000. Some of these children depend on complex medical technologies such as mechanical ventilation and gastrostomy, renal dialysis or intravenous drug therapies, for their survival.

Children are constantly growing, progressing, and changing. Consequently, pediatric home medical care differs from adult care in that it must support the changes in the children's life stages as well as their development and progress. Therefore, people with a wide variety of occupations in each field of medical, welfare, education, healthcare and administration need to work as a team in the community to support home care. In such a community team, home-visit nurse is an important position to support children and their families.

Home-visit nursing agencies first opened in 1992. Currently, the number of agencies has reached 8484 (as of April 2016). Today, home-visit nursing services are covered mainly by long-term care insurance (approximately 70%); and the remainder is covered by medical insurance. Pediatric home-visit nursing services are covered by medical insurance. Currently, the number of children (0-9 years old) with medical complexity receiving home-visit nursing has increased by 9.5 times compared to such visits in 2001. However, the number of home-visit nursing agencies with children's populations under the age of 18 are less than half of all agencies. Home-visit nursing agencies in a pediatric home medical care system are not enough. In order to enhance home-visit nursing services, it is important to promote the securing and training of human resources who practice home-visit nursing for children.

Home-visit nursing is required to provide support according to the growth of the child and lifestyle of the family, and enhance collaboration

between medical, welfare, education, healthcare and administration. In Japan, the most pressing need of children receiving home medical care and their families is to be able to receive more respite care (short-term admission to care facility and daytime temporary support) services. However, there are not sufficient numbers of facilities that provide such respite care service. Long-term home-visit nursing was provided reimbursement from the government of Japan. Long-term home-visit nursing is expected to become an important role as one resource of respite care.

All children have a right to education. However, the guardians of highly medically-dependent children may be required to attend schools with their children. Currently, there is a new kind of support, whereby the home-visit nurse visits children's schools on behalf of their parents and practices nursing for children. Home-visit nurses are required to share information and collaborate with the school teacher. Expanding the role of home-visit nursing services is an urgent issue, not only for the happiness of children, but also so that families can lead full lives.

3. Learning and Future Perspectives of the Course of Public Health Nurse Training of the Graduate School

Ikumi Wayama

Tohoku University Graduate School of Medicine

The Tohoku University Graduate School of Medicine Public Health Nurse Training Course incorporates a curriculum to develop Public Health Nurses who are capable of multifaceted understanding of individuals, families, and local communities. One of the characteristics of this curriculum is the approximately 1 year of practical

training in public administration, business, and education. The majority of this practical training takes place in public administration, where I had the opportunity to engage deeply with a single community or was continuously involved in individual cases, enabling me to conduct practical training in a deliberate manner. I also had the chance to take joy in building trusting relationships over time with Public Health Nurses, other staff, and residents, thereby enriching my learning experience.

Students in the graduate school can also conduct research in their areas of interest as they undergo practical training. I researched drinking problems among university student groups. Through my research, I was able to understand the true states of people who need support. I was also able to learn more deeply about the importance of working on problem-solving with these types of people from the perspective of a Public Health Nurse.

I also appreciate what an incredibly valuable experience it was to have the chance to participate in academic conferences while I was a graduate student. When presenting posters, I felt that I had the chance to utilize the skills I had cultivated in graduate school lectures and practical training conferences up to that point: namely, how to present material in an easy-to-understand manner, and how to give oral explanations. At the academic conference, five students including me in the Tohoku University Graduate School of Medicine Public Health Nurse Training Course held a workshop with the aim of building a network of graduate students enrolled in courses for obtaining public health nursing licenses: the workshop was attended by graduate students from multiple universities. I feel that this network will be useful in my work as a Public Health Nurse. I will always cherish this network, along with the personal

connections I have made through my practical training and research. In graduate school, it is necessary to take things on independently in all sorts of situations. I had experienced many things passively, so I struggled quite a bit. However, I think I was able to accomplish what I did because I was surrounded by people who also wanted to be Public Health Nurses. I'm glad that I was able to have firsthand experience of encountering difficulties I couldn't have overcome alone and succeeding thanks to the presence of others.

Going forward, as the needs of residents are predicted to become more diverse and complex, I intend to continue my efforts as a Public Health Nurse while also searching for support methods that will help residents to lead better lives. I intend to use what I learned in graduate school in various fields in the future, with never-ending gratitude to the professors who taught me and to the senior students, classmates, and junior students who supported me; and with the attitude with which I and my classmates studied and researched together for two years as the inaugural class of the Tohoku University Graduate School of Medicine Public Health Nurse Training Course.

4. On Training New Nursing School Graduates to be Home-Visit Nurses

Ai Kobayashi

School of Nursing, Kobe Women's University

In Japan, meeting the need for home-visit nurses has become an urgent issue as the demand for community-based home care is expected to increase significantly in the future. To resolve this issue, in their 2009 10-Year Strategy for Home-Visit Nursing Care and 2014 Home-Visit Nursing Action Plan for 2025, the Japanese Nursing Association,

the Japan Visiting Nurse Foundation and the National Association for Home-Visit Nursing Care have advocated for the training of new nursing school graduates with no clinical experience as home-visit nurses. Behind this recommendation, there is the common belief that it is difficult for new graduate nurses to work as home-visit nurses, given that the job typically involves visiting patients' homes, usually alone, and determining, implementing and evaluating care. Even if some nurse students wished, they conventionally have been required to have 3–5 years or more of clinical experience to be hired as a home-visit nurse.

Because, in general, basic nursing education in Japan provides limited opportunities for students to practice their nursing skills with patients, they acquire most of their skills as they accumulate practice in clinical settings after obtaining their nursing license and starting to work. As a result, new graduates tend to worry that if they were to start working at a visiting nurse agency straightaway, they may not acquire all the skills they need for a nursing career. In addition, one also hears from visiting nurse agencies, the employers, that the operational burden of hiring new graduates, who need to be trained before they can be effective workers, is significant, and that they don't have the necessary human resources or time to spare for training. In an attempt to address this situation, regional organizations, such as nursing schools, visiting nurse agencies, hospitals and the Visiting Nurse Agency Association, have begun trying to create new graduate training programs. To eliminate the anxiety of nursing students and employer issues associated with training new graduates, it is essential to organize a system for training in which all the relevant parties work together, including visiting nurse agencies, teaching hospitals, nursing schools and municipalities.

Training new nursing graduates has more than just downsides. Besides increasing the number of home-visit nurses available, doesn't it also contribute to enhancing the educational capability of home-visit nursing care industry overall? At the agency level, staff can benefit from the opportunities for reflection they get as they verbalize nursing practices while training new graduates. Furthermore, the organization can profit from the opportunity to re-examine its systems for training and sharing information. In any case, it's likely that a national training program will eventually be established for the industry. As the variety of strategies for the training of new graduates expands, the kinds of innovations that arise will be something to look forward to.

TNMC & WANS International Nursing Research Conference 2017 in Bangkok, Thailand

1. Overview

TNMC & WANS International Nursing Research Conference 2017
Bangkok, Thailand on 20-22, October, 2017

Ayumi Kono

Department of Home Health Care Nursing, Osaka City University

TNMC (the Thailand Nursing and Midwifery Council) & WANS (the World Academy of Nursing Academy of Nursing Science) International Nursing Research Conference 2017 was conducted in Bangkok, Thailand, on 20-22 October 2017. The main theme of the conference was "Culture, Co-creation and Collaboration for Global Health" and nursing academic scientists, researchers and research scholars from worldwide gathered to foster

international collaboration and networking in nursing research to improve global health outcomes. A lot of nursing scholars from Japan, including members of the Japan Academy of Community Health Nursing participated in the conference and JACHN is a member of the WANS. They had more than 600 oral or poster presentations, which included approximately 200 presentations from Japanese participants. Participants exchanged and shared their experiences and research results on all aspects of global health and nursing innovations. Moreover, they provided several forums to discuss the issues and trends of nursing related to global health, especially our academy member, Prof. Hiroko Nagae (Tokyo Women's Medical University) and her colleague introduced presentations regarding community-based care to support end-of life care in the forum on "elderly care in Japan".

2. Brief Reports of Participants

Yoko Tanaka

Graduate School of Nursing, Osaka City University

1) Public Health Nurse (Thailand)

In Thailand there is no Public Health Nurse qualification. After graduating from the 4th Faculty of nursing university, those who complete the nursing graduate course work as Public Health Nurses or work in government. Nurses working in the community are called community health nurses.

In 1984, Doctor of Public Health (Public Health Nursing) was the first established doctoral education Program at the Faculty of Public Health, Mahidol University. In 1990, the first doctoral degree in nursing was established as a collaborative program between four major universities (Mahidol University, Chiang Mai University, Khon Kaen University and Prince of Songkla University) led by Associate

Professor Dr. Tassana Boontong, Associate Dean, Faculty of Nursing, Mahidol University. Fifty eight Doctor of Nursing Science degrees (DNS) have been conferred under this program.

2) Teenage Pregnancy

Teenage pregnancies. Dr.Siriporn, Ms.Beena (UNICEF, Thailand), Dr.Warisa (International Health Policy Program, Ministry of Public Health, Thailand) introduced a very interesting theme for Special Issues. Thailand has seen a rise in pregnancy rates among teenagers. In the background of teenage pregnancy in Thailand are problems such as drugs and homelessness. Meanwhile, Thai Health Promotion Foundation is running a project called "Prevention and Dealing with Teenage Pregnancy at Provincial Level". In applying 10 of UK's strategy, 9 missions were introduced. The 9 missions consisted of: 1) development of integration mechanism, 2) parents' skill on talking about sexuality with kids, 3) comprehensive sexuality education, 4) analysis of adolescent targeted groups, 5) campaign of adolescent sexual health and birth control, 6) youth-friendly sexual health services, 7) health service system connection, 8) establishing a creative platform for adolescents, and 9) development of data system/mentoring/evaluation for capacity building. It is a 3-year project (2015-2018) in which 19 provinces are participating. This project is promoted through collaboration between UNICEF and Dr. Siriporn. Dr Siriporn reported that it is necessary to prepare the environment (legislation, measure, policies, interventions, services) to support teen pregnancy.

Takahiro Inoue

Faculty of Nursing, Kwassui Women's University

The Thailand Nursing and Midwifery Council (TMNC) and the World Academy of Nursing Science

(WANS) were held from 20 to 22 October 2017 in Bangkok, the capital city of the Kingdom of Thailand. It had been over a year since Thailand's beloved King Bhumibol Adulyadej passed away at the age of 88, and the five-day- long royal funeral ceremony was about to start. Big altars were seen everywhere in the city and also at the conference site, and each of them was decorated with yellow marigold flowers. Participants were requested to dress in black for the conference and during the stay in Thailand in order to show their sympathy. I was deeply impressed by how Thai people showed their respect and offered condolences to the late King.

Of the keynote speeches I attended, the one interested me the most was entitled "Global Health: Lessons Learned from MDGs to SDGs". The Millennium Development Goals (MDGs) were the eight international development goals with measurable targets and clear deadlines for improving the lives of the world's poorest people by 2015. The Sustainable Development Goals (SDGs) build on the success of the MDGs and aim to go further to end all forms of poverty. It was suggested that the rate of visiting hospital of children with suspected pneumonia is higher in urban areas than rural areas in Thailand, and that income disparity affects this rate. Access to clean and safe water is still difficult, and in some areas woman have to bring a bucket of water to the birth clinic when giving birth. This affects child and maternal mortality. I have learnt that we still have so much to do as a Nurse, Public Health Nurse or Midwife to achieve the goal for the next generation.

Keiko Ono

Community & Home Health Nursing, Department of Nursing, Musashino University

I participated in the International Nursing

Research Conference on “Culture, Co-creation and Collaboration for Global Health,” 20-22 October 2017. The conference was held at The Miracle Grand Convention Hotel, Bangkok, Thailand. The purpose of the three-day conference was to bring together international researchers and practitioners who are interested in all aspects of global health and nursing innovations. At first, the Mourning Ceremony in Remembrance of His Majesty the Late King Bhumibol Adulyadej was held before the Opening Ceremony. Afterward, impressive keynote speeches were presented. Next, there was Refreshment before lunch, including Exhibition & Poster presentation and snack time. At that time, I gave a poster presentation on “Utilizing the interRAI Assessment for Making Care Plans for the Elderly by Japanese Nursing Students” and discussed nursing education. Coincidentally, I met Thai Alumni friends from my PhD graduate school in the U.S. I was so glad to see my alumni friends again. I promised to meet them in the future to discuss our research and education. I expressed my sincere gratitude for the conference not only for updating advances in nursing research, practice, management, and education concerning global health issues, but also for contributing to fostering international collaboration, networking, and partnerships in nursing research in global health. The Day Three programs concerned special issues in research methods and their implications. I participated in the Mixed Methods Research. I thought it was interesting that the issues were same around the world. After the closing ceremony, I received an email declaring “You are the winner!” From a pool of evaluations through a mobile application, I was the winner of a lucky draw. I picked up my prize, a cute pouch, which reminds me of the conference where I enjoyed programs and met many friends.

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The 21st Annual Research Conference of JACHN

Theme : The Reform of Community Health Nursing Practice in Cooperation between Practitioners and Educators

Date : August 11-12, 2018 (Saturday-Sunday)

Venue : Nagaragawa Convention Center (Gifu city)

Chair : Mitsuko Kitayama (Professor, Gifu College of Nursing)

Program :

◆Chairperson's speech: Mitsuko Kitayama

Enrichment of "Education" and "Research" about Community Health Nursing and Reform of Community Health Nursing "Practice"

◆Special lecture: Takayoshi Kusago, Ph.D.(Professor, Social System Design, Faculty of Sociology, Kansai University)

Collaboration of Citizen and Local Government for Cultivating a High Well-being Community: Potential of Action Research

◆Educational lecture ◆Symposium ◆Appointed workshop ◆Poster session ◆Workshop ◆Open lecture

◆Reception

Website : <http://jachn21.yupia.net/>

Publisher: International Exchange Promotion Committee
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