

## Editorial

# Cooperation of Community Health and Occupational Health Care to Promote “Health Japan 21”- New Roles of Health Care Specialists

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In recent years, birthrates have been lowering with the changes of age and disease structures in the Japanese population. In order to minimize negative effects, it has become necessary to propel comprehensively the national health promotion so that all citizens can spend meaningful healthy lives in the society through improvement of life habits and social environments in accordance with life stages (each stage of human life such as infancy, childhood, adolescence, adulthood, older ages and so on) in the future) [1].

As a core of the countermeasures, “The second term of National Health Promotion Movement in the twenty first century (Health Japan 21 (the second term))” started in 2013 fiscal year and will be carried out until 2022 fiscal year. The basic goals of Health Japan 21 (the second term) are as follows) [1].

**Basic goals for implementation of national health promotion**

1. Extension of healthy life expectancy and reduction of health disparities
2. Prevention of onset and progression of life-style related diseases (prevention of non-communicable disease)
3. Maintenance and improvement of functions necessary for engaging in social life
4. Establishment of a social environment where health of individuals is protected and supported
5. Improvement of social environment and such life-style as nutrition and dietary habits, physical activity and exercise, rest, alcohol drinking, tobacco smoking, and oral health

Health Japan 21 (the second term) targets all life stages of all citizens and the public administration for the measures of each life stage is divided.

The community health (Ministry of Health, Labour and Welfare) provides health management and health care service aiming at healthier life for community residents of infancy and puberty, and

the elderly mainly based on laws and ordinances such as Community Health Act and Health Promotion Act, Health and Medical Service Act for the Aged, Maternal and Child Health Act. The occupational health (Ministry of Health, Labour and Welfare) imposes the practice of measures for securing employees’ safety and health on employers and employees mainly based on laws and ordinances such as Labor Standard Law, the Occupational Safety and Health Act. On the other hand, the school health (Ministry of Education, Culture, Sports, Science and Technology) maintains the mental and physical health of pupils and performs instructional activities to develop ability and knowledge for healthy school life with the School Health and Safety Act as a base.

**Problem of the Health Administration Practice**

Although the public administration is performing health promotion for all life stages of all citizens dividing their roles, there exist problems that have not been solved for many years. It is about health service for people in adolescence and late middle ages, the generation in the prime of life, consisting of two aspects.

The first aspect is that the purposes and subjects, responsible entities and activity contents designated by the plural acts diverse, and the cooperation between the systems are inexplicit. Therefore, health statuses of the regions cannot be grasped and the health information is not transmitted precisely, particularly at the time when one shifts their occupational health care to the community health after their retirement. As a result, such people fail to continue health service appropriately.

The second aspect is that not all workers are covered in the occupational health care for the generation in the prime of life. In the industry of Japan, small working places with less than 50 employees accounts for approximately 97% of all working places, and 60% of all workers work there. This means that small working places are originally the main stream of the occupational health care policy. However, associated laws and ordinances are loose for small working places in actuality, and the actual situation of the occupational health care of small working places has been overlooked for half a century. As a result, the number of deaths by occupational accidents and that of workers with prescribed industrial diseases have stopped their downward slide at 1,000 and more than 7,000, respectively, and the number of acknowledged brain and heart diseases and mental disorders as industrial accidents has increased) [2]. Despite the fact that abnormal findings were observed in more than 50% of labors in their medical examination and mental stress was recognized in approximately 60% of them) [2], occupational health care has not yet spread through small and medium-sized firms. This aspect has had an influence on international evaluation of the working environment of Japan, which has been rated low in various international evaluations)

[3].

The evaluation has pointed out that productivity is low in spite of long working hours, human rights of labors are not guaranteed, social security is not secured, the principle of gender equality is violated and so on) [1]. Furthermore, in recent years, the wave of revolution such as work-life balance, Sustainable Development Goals (SDGs) or Environmental, Social and Corporate Governance (ESG) investment and so on is rushing in Japanese industry. The government stated that it was necessary to change completely the conventional working-style for securing labor force in the era of population decline with the above in mind, and therefore developed 2017 Working-Style Reform Implementation Plan. Private enterprises have come to focus on “health and productivity management” as occupational health care measures, and the working place side which has been negative against the occupational health until now has come to be interested in occupational health as a basis of “health and productivity management”. However, most of the small and medium-sized work places are currently facing difficulty in introducing the occupational health care.

### Industrial Health Care Support for Small Working Place

As a solution for the above-mentioned problems, cooperation of community health and occupational health attracts attention. Ministry of Health, Labour and Welfare states that the purposes of community health and the occupational health care do not necessarily correspond while on the other hand they are common in health service they offer. The Health Promotion Act enforced in 2003 encourages citizens to make efforts for their health as well as promotes the cooperation among health promotion executors for effective health services. In order to achieve extension of healthy life expectancy and improvement of quality of life, which are the goal of purpose of Health Japan 21 (the second term), it is vital to provide measures that have been accumulated in each of community health and occupational health care until now and take measures based on the cooperation between them) [1].

It is expected that cooperation between the community health and occupational health will enable to eliminate the vertical administration system of ministries and government offices in charge, which differs in each health service, and each citizen will receive health service in a seamless form continuously through the lifetime. Furthermore, it is expected that support for small working places with which it is difficult for the occupational health care is to be involved will be progressed by community health working on making of health promotion together with small establishments, with

a central focus on the generation in the prime of life in small working places. As an occupational health care support for local small working places, cooperation among plural occupations over the border between community health and occupational health care based on connections between medical insurers and organizations in charge of community health and moreover among organizations or groups with small-and medium-size firms and occupational field health care specialist teams (industrial physician, industrial nursing profession, industrial sanitary technician, safety management specialist) as members will be effective) [4].

The nature as a leader that the health care specialist (nurses and community health nurses) assumes draws attention for cooperation between community health and occupational health care. Health care specialists are expected to play a central role in the process to cohere organizations and groups of plural occupations in the local, by demonstrating knowledge about health care, research ability, administrative ability, ability as a facilitator and ability to lead meeting progress, and by investigating the actual situation in the local, leading group works, and utilizing the mediators with higher education systems.

### Conclusions

In Japan, where low birthrates and aging are progressing, health promotion for all citizens is being promoted currently. In such a movement, health management of the generation in the prime of life has been left behind from both community health and occupational health care for many years, and it has become a primary problem.

As countermeasures for this problem, measures to protect safety and health of labors belonging particularly to small working places by activities for which the occupational health care and the community health are cooperated over the wall of the hierarchy in the public administration have been groped for. While promoting the measures, the role that health care specialists assume has become important.

### References

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