

Welcome to Japan's Public Health Nursing Information Website!

In Japan, we have a law governing the qualification of public health nurses (PHNs), which has been in effect for over 70 years. We created this website to allow people from all over the world to learn more about the basics of public health nursing practice in Japan. We hope this website will be useful to you all.

I. Public Health Nursing as defined by Japan Academy of Public Health Nursing

Since its founding in 2012, the council of Japan Academy of Public Health Nursing has deliberated on the definition of the terms "public health nursing practice", "public health nursing science", and "public health nurses", occasionally soliciting public comments on these terms. The final definition of these terms was approved by the council in April 2014.

- Japan Academy of Public Health Nursing

http://plaza.umin.ac.jp/~JAPHN/wp-content/uploads/2015/05/def_phn_en.pdf

II. Public health-related policies and statistics

This section contains links to information regarding public health-related policies, statistics, and other data.

- Ministry of Health, Labour and Welfare

[Organization, White Paper, Social Security Policies in Japan]

<http://www1.mhlw.go.jp/english/>

- Japan Public Health Association

[Public Health in Japan 2013]

<http://www.jpha.or.jp/sub/pdf/phj2013.pdf>

III. Public health nursing in Japan

1. Regulations on Public Health Nurses

The enactment of Regulations on Public Health Nurses in 1941 provided a regulatory framework for certifying public health nurses (PHNs). Several years later, the Act on Public Health Nurses, Midwives and Nurses (Act No. 203 of 1948) was passed and the PHN has become one of the national qualifications that is awarded only to those individuals who have passed a national examination. The purpose of the Act on Public Health Nurses, Midwives and Nurses is to improve the quality of PHNs, midwives, and nurses, and to thereby expand and improve medical care and public health (Article 1). According to this Act, the term "Public Health Nurse" refers to a person who, under licensure from the Minister of Health, Labour and Welfare, uses the title "Public Health Nurse" and provides health guidance as part of his/her job (Article 2).

A person seeking to become a PHN must pass the National Public Health Nursing Examination and the National Nursing Examination, and must receive licensure from the Minister of Health, Labour and Welfare

(Article 7). In other words, only government-certified individuals are permitted to use the title "Public Health Nurse".

2. PHN training

This section provides links to information regarding the PHN training programs available in Japan.

- Japanese Nursing Association (Nursing in JAPAN)

<http://www.nurse.or.jp/jna/english/nursing/education.html#basic>

- Japan Academy of Community Health Nursing (Newsletter No. 10)

<http://jachn.umin.jp/newsletter/10.NewsFromJACHN2010.pdf>

3. Number of certified public health nurses in Japan

This section provides figures and tables showing changes in the number of certified PHNs in Japan. You can view the 2014 data on certified PHNs in Japan on the following webpage:

According to the information provided on this webpage, there are currently 48,452 employed PHNs in Japan as of the end of 2014, which corresponds to a rate of 38.1 per 100,000 population.

- *Public Health Administration Report 2014: "Number of Employed Public Health Nurses by Place of Work"*, Ministry of Health, Labour and Welfare.

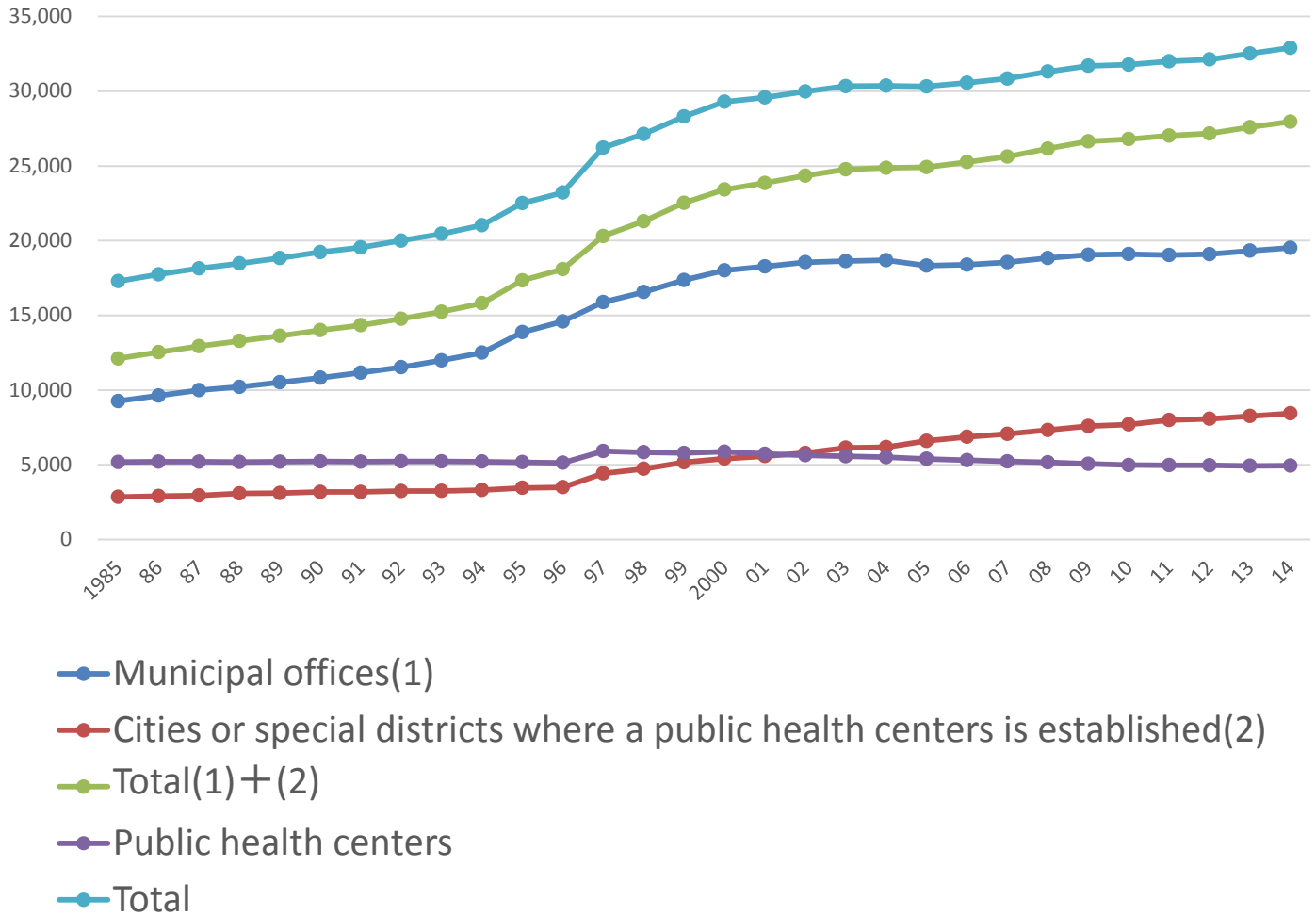
<http://www.mhlw.go.jp/toukei/saikin/hw/eisei/14/dl/kekka1.pdf>

Changes in the number of employed public health nurses by place of work

	Total	Public health centers	Municipal offices	Hospitals	Clinics	Home-visit nursing stations	Long-term care insurance facilities	Social welfare facilities	Business institutions	Schools and training centers	Others
1996	31,581	8,887	15,641	1,615	1,362	456	70	448	1,475	379	1,248
1998	34,468	7,888	18,336	1,744	1,448	657	54	542	1,659	519	1,621
2000	36,781	7,630	20,646	1,770	1,388	638	52	627	1,672	641	1,717
2002	38,366	7,670	21,645	1,653	1,327	497	629	472	1,910	826	1,737
2004	39,195	7,635	22,313	1,858	1,193	487	542	471	2,415	841	1,440
2005	40,191	7,185	23,455	1,904	1,257	309	571	337	2,437	884	1,852
2008	43,446	6,927	24,299	2,770	1,392	276	533	390	3,524	983	2,352
2010	45,028	7,131	25,502	2,791	1,497	268	447	417	3,532	1,075	2,368
2012	47,279	7,457	26,538	3,019	1,661	250	379	409	4,119	1,119	2,328
2014	48,452	7,266	27,234	3,075	1,757	275	460	490	4,037	1,210	2,648

Source: *Public Health Administration Report* by the Ministry of Health, Labour and Welfare, which, up until 1998, was referred to as *Ministry of Health and Welfare Report*. (The number of PHNs employed at midwifery homes is included in the "Others" category).

Changes in the number of full-time public health nurses working in each community



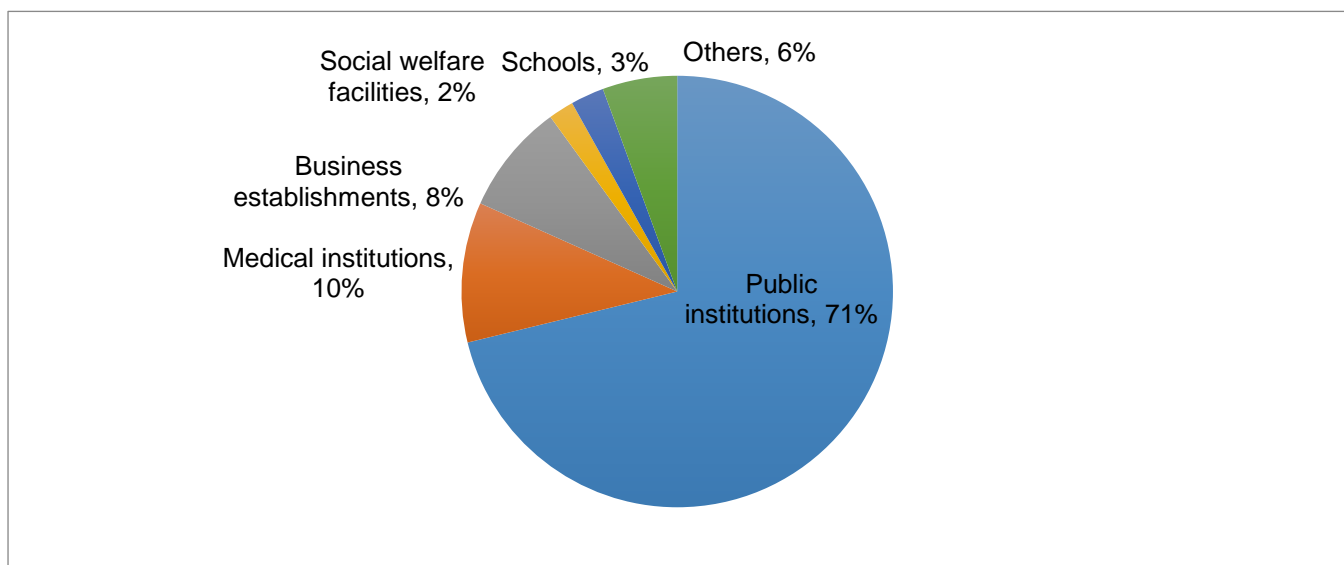
	1985	86	87	88	89	90	91	92	93	94	95	96	97	98	99	2000	01	02	03	04	05	06	07	08	09	10	11	12	13	14
Municipal offices(1)	9,256	9,628	9,990	10,206	10,520	10,826	11,158	11,525	11,982	12,502	13,876	14,586	15,881	16,560	17,358	18,007	18,272	18,555	18,628	18,686	18,325	18,387	18,556	18,831	19,051	19,097	19,031	19,089	19,326	19,513
Cities or special districts where a public health centers is established(2)	2,852	2,906	2,945	3,084	3,108	3,181	3,180	3,241	3,252	3,311	3,459	3,500	4,421	4,731	5,166	5,412	5,579	5,786	6,140	6,180	6,592	6,870	7,064	7,321	7,590	7,697	7,991	8,076	8,261	8,442
Total(1)+(2)	12,108	12,534	12,935	13,290	13,628	14,007	14,338	14,766	15,234	15,813	17,335	18,086	20,302	21,291	22,524	23,419	23,851	24,341	24,768	24,866	24,917	25,257	25,620	26,152	26,641	26,794	27,022	27,165	27,587	27,955
Public health centers	5,180	5,206	5,202	5,184	5,201	5,222	5,204	5,228	5,223	5,215	5,174	5,132	5,915	5,840	5,783	5,871	5,728	5,636	5,565	5,503	5,397	5,304	5,220	5,160	5,058	4,975	4,972	4,959	4,929	4,941
Total	17,288	17,740	18,137	18,474	18,829	19,229	19,542	19,994	20,457	21,028	22,509	23,218	26,217	27,131	28,307	29,290	29,579	29,977	30,333	30,369	30,314	30,561	30,840	31,312	31,699	31,769	31,994	32,124	32,516	32,896

Units: number of public health nurses

4. Roles and responsibilities of public health nurses

Due to the social changes that have taken place in recent years, health issues in Japan have become more diversified and complex than ever. Consequently, PHNs are increasingly faced with the challenge of coping with serious problems, such as abuse and health crisis incidents. Public health nursing services are therefore needed in various fields, and as a result, work settings of PHNs have diversified and broadened a great deal. However, according to data reported by the Ministry of Health, Labour and Welfare, which shows the number of PHNs by place of work, the majority (approximately 70%) of PHNs work at public health centers, municipal offices, or other similar public institutions.

To help not only individuals at various stages of life and disability (and their family) but also communities (including groups, organizations, and geographic regions) improve their ability to promote health, PHNs are taking comprehensive action to secure the availability of the resources needed to achieve this goal.



Source: *Public Health Administration Report 2014*, Ministry of Health, Labour and Welfare.

1) Public institutions

(1) Public health centers (established in prefectures or designated cities and special districts)

A public health center is an organization governed by the Community Health Act. It is established not only in each prefecture to provide health services to multiple municipalities within the prefecture but also in each government-designated city or major urban area (including the special districts of Tokyo) that is allowed to have a dedicated public health center. The PHNs working at a public health center collaborate with other healthcare professionals and institutions to identify health issues. They also engage in a wide range of professional activities to serve the community, including promoting measures to prevent lifestyle-related diseases, suicides, and abuse, providing support to help people suffering from incurable diseases, and responding to infectious disease outbreaks and public health emergencies. Furthermore, they analyze the results of various surveys (including vital statistics surveys) conducted by public health centers to develop health programs and to establish a comprehensive system for delivering effective health, medical, welfare, and nursing services. PHNs contribute to community health promotion by strengthening collaboration among the municipal authorities that are under the

jurisdiction of a specific public health centers, by providing professional advice and support to them, and by serving as coordinators to facilitate communication among the relevant parties. PHNs also contribute to improving the quality of healthcare services available within the community by providing guidance to medical facilities, by reviewing and making improvements to various health programs, and by assisting in the human resources development efforts.

(2) Health centers (municipalities)

The Community Health Act mandates that a health center be established in each community. PHNs working at health centers encourage community citizens to actively take part in improving their own health by working alongside them, by making home visits or offering health guidance when needed, by providing health seminars and health checkups, and by engaging in community activities. Their primary job responsibility is to identify the characteristics and health issues of the community to provide personal services aimed at primary prevention of diseases. Specifically, health centers provide the following types of services: maternal and child health services (infant health checkups and parenting support programs), adult health services (lifestyle-related disease prevention programs, mental health care programs, welfare services for persons with disabilities, and woman protection programs), and elderly health services (programs designed to prevent the elderly people from becoming dependent on long-term care and to help them live a meaningful life). To eliminate health inequities and to promote the efforts to improve community health, PHNs collaborate with community organizations, volunteer groups, and other relevant institutions to not only create and effectively use social capital but also ensure that the community has the necessary resources to cope with natural disasters or other potential health crises.

2) Business establishments

PHNs working for a company or business institution are called "occupational health nurses". Governed by the Industrial Safety and Health Act, occupational health nurses are committed to managing and improving the health and safety of both employers and employees through collaboration with industrial physicians and health supervisors. Their tasks can be largely categorized into the following five types: (1) health management (physical checkups, stress check, health guidance, etc.), (2) work environment management (removal of factors that are detrimental to health and creation of a pleasant working environment), (3) work management (encouragement of a proper working posture, management of working hours, etc.), (4) overall management (establishment of a corporate system for ensuring occupational safety and health, promotion of measures for improving occupational health, etc.), and (5) occupational health education (provision of education to employees upon employment or upon assignment to either new or hazardous duties to ensure that they understand not only their work but also what they should do to stay healthy). Prevention of work-related injuries and accidents were the primary issues of concern during the post-war period of rapid economic growth. However, greater emphasis has been recently placed on preventing lifestyle-related diseases and mental health issues (such as depression) through collaboration with human resources and labor divisions. Furthermore, globalization has led to the need to deal with emerging infectious diseases and the terrorist threat.

3) Schools

At schools, certified nursing teachers take charge of all matters concerning the healthcare and health education at school. Governed by the School Health and Safety Act, nursing teachers are responsible for managing the health and safety of all students (including infants and children) and school staff. In addition to offering education and guidance on health-related matters, nursing teachers provide physical checkups and health counseling to school children and staff and are responsible for managing and preventing infectious diseases at school. They also contribute to improving community health by using the school as a channel for reaching out to and providing health education to the community residents through collaboration with the relevant institutions.

PHNs working at a university or other educational research institutions (i.e. faculty members who are also certified PHNs) take part in training students in accordance with the educational principles set out by the institution and based on the PHN/nurse education curriculums. They also engage in research activities concerning public health nursing, thereby contributing to the development of public health nursing science and improvement of nursing practice.

4) Social welfare facilities

There are largely two types of social welfare facilities that PHNs work for, namely those that serve elderly people and those that serve children. The former include social welfare councils, elderly citizens' welfare centers, geriatric health services facilities, and so on. At these facilities, PHNs engage in activities to improve elderly people's health, offer general counseling to them, and provide the necessary support to their family.

A community center for comprehensive support of elderly citizens is a facility established under the supervision of the municipal government based on the Long-Term Care Insurance Act. This facility, which is run either directly by the municipal government or by the social welfare corporation designated by the municipal government, provides comprehensive support to help elderly citizens live a better life. PHNs working for this facility offer care management services to prevent elderly citizens from becoming dependent on long-term care, take part in the projects aimed at protecting the rights of the elderly and people with disabilities, and play an important role of serving as mediators or coordinators to promote and strengthen collaboration and communication among health institutions, medical institutions, and welfare institutions within the community.

Social welfare facilities serving children include day-care centers and long-term care facilities for children in general as well as children (and other people) with disabilities. PHNs working at these facilities collaborate with the nursery teachers and other staff to manage children's health and environment. In line with this, increasingly more PHNs have been recently assigned to work for child consultation centers, where they provide care to children with disabilities as well as to children suffering from post-traumatic stress disorder as a result of abuse. These PHNs also provide information to, and facilitate communication among, the relevant institutions to ensure that children get the necessary support.

5) Medical institutions (hospitals, clinics, etc.)

At medical institutions, such as hospitals and clinics, PHNs are assigned to divisions, such as the collaborative community health care office, health guidance office, or discharge support office. PHNs assigned to the collaborative community health care office collaborate with other health care professionals both inside and outside the hospital as well as with the relevant institutions to review and make improvements to the patient support policy. They also provide guidance and consultation to patients as well as their family. PHNs assigned to the health guidance office regularly check patients for signs of lifestyle-related diseases or other illnesses, provide health guidance and education to patients identified as having health problems, and help hospital staff maintain their health. PHNs assigned to the discharge support office collaborate and coordinate with the local health and welfare divisions, home-visit nursing stations, and other relevant institutions to secure the necessary support to both patients and their family so that patients discharged from hospital can continue to convalesce at home. They also provide consultation and support to patients and their family when necessary.

<References>

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(The 2015 International Committee is responsible for this article.)