

Welcome to Japan's Public Health Nursing Information Website!

In Japan, more than 70 years have passed since the Act on Public Health Nurses, Midwives, and Nurses, which manages public health nurse (PHN) qualifications, came into effect in 1948. 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 all of you.

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. In addition, the system of public health nursing science was examined and approved by the by the council in 2017.

- Japan Academy of Public Health Nursing

“The Definition of Public health Nursing”

https://japhn.jp/wp/wp-content/uploads/2017/05/def_phn_en.pdf

“The System of Public Health Nursing Science#

https://japhn.jp/wp/wp-content/uploads/2022/05/phn_system_en_220512.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

“Annual Health, Labour and Welfare Report”

<https://www.mhlw.go.jp/english/wp/index.html>

- Japan Public Health Association

“Public health in Japan 2021”

<http://www.jpha.or.jp/sub/pdf/PHJ2021.pdf>

- Japanese Nursing Association

“Nursing in JAPAN”

<https://www.nurse.or.jp/english/assets/nursing/nursing-in-japan-en.pdf>

III. Public health nursing in Japan

- 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.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.

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.¹⁾ In other words, only government-certified individuals are permitted to use the title "Public Health Nurse".

2. Education and Training of PHN

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

1) Education System of PHN

- Japanese Nursing Association (Nursing in JAPAN)

“Nursing Education in Japan”

<https://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>

The regulation on designation PHN was amended to increase the total number of credits from 28 credits to 31 credits, effective April 1, 2021.

2) New Nursing Staff Training Guidelines ~ Public health nurse edition ~ (In Japanese)

- Ministry of Health, Labour and Welfare

<https://www.mhlw.go.jp/bunya/iryuu/oshirase/dl/130308-3.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.

According to the information provided on this webpage, there are currently 55,595 employed PHNs (Female: 53997, Male:1598), in Japan as of the end of 2020 which corresponds to a rate of 44.1 per 100,000 population. You can see the Changes in the Number of Employed Public Health Nurses by Place of Work in table 1. Also, you can view the 2020 data on certified PHNs in Japan on the following webpage:

- Public Health Administration Report 2020: "Number of Employed Public Health Nurses by Place of Work", Ministry of Health, Labour and Welfare.

<https://www.mhlw.go.jp/toukei/saikin/hw/eisei/20/dl/kekka1.pdf>

Table 1. Changes in the Number of Employed Public Health Nurses by Place of Work

Year	1996	1998	2000	2002	2004	2006	2008	2010	2012	2014	2016	2018	2020
Total	31581	34468	36781	38366	39195	40191	43446	45028	47279	48452	51280	52 955	55595
Public Health Centers	8887	7888	7630	7670	7635	7185	6927	7131	7457	7266	9204	9451	9952
Municipal Offices	15641	18336	20646	21645	22313	23455	24299	25502	26538	27234	28509	29666	30450
Hospitals	1615	1744	1770	1653	1858	1904	2770	2791	3019	3075	3271	3307	3559
Clinics	1362	1448	1388	1427	1193	1257	1392	1497	1661	1757	1930	2003	2301
Home-visit Nursing Stations	456	657	638	497	487	309	276	268	250	275	315	259	307
Long Term Care Insurance Facilities	70	54	52	629	542	571	533	447	379	460	1027	1336	1603
Social Welfare Facilities	448	542	627	472	471	337	390	417	409	490	412	421	519
Business Institutions	1475	1659	1672	1910	2415	2437	3524	3532	4119	4037	3079	3349	3789
Nursing School Training center or Research Institute	379	519	641	826	841	884	983	1075	1119	1210	1188	1148	1194
Others	1248	1621	1717	1737	1440	1852	2352	2368	2328	2648	2342	2015	1921
Number of public health nurses per 100,000 population		27.3	29.0	30.1	30.7	31.5	34.0	35.2	37.1	38.1	40.4	41.9	44.1

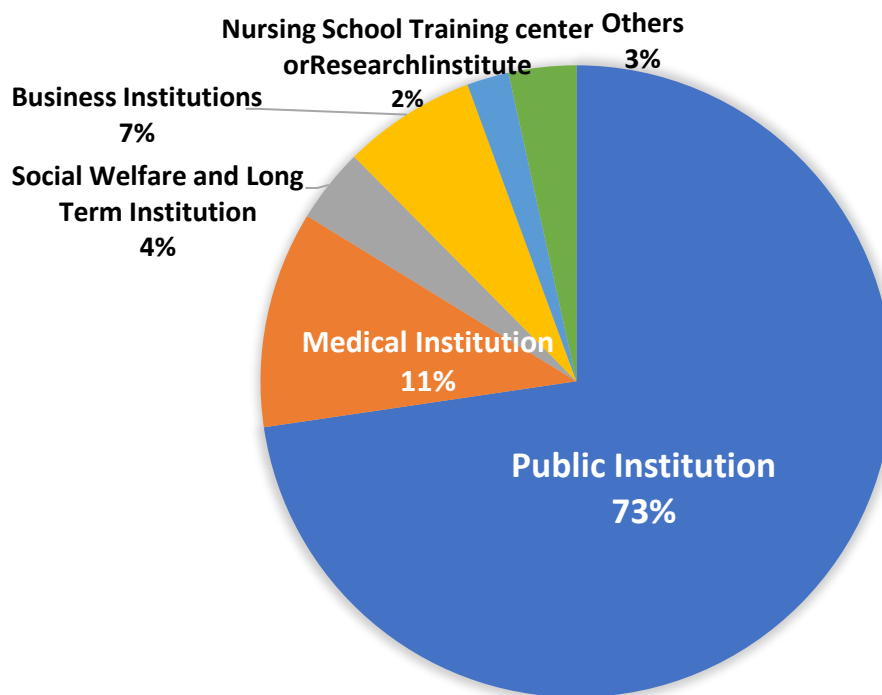
Source: Public Health Administration Report by the Ministry of Health, Labour and Welfare, which, up until 1998, was referred to as Ministry of Health and Welfare Report. (The number of PHNs employed at midwifery homes is included in the "Others" category).

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, disaster, communicable diseases 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.



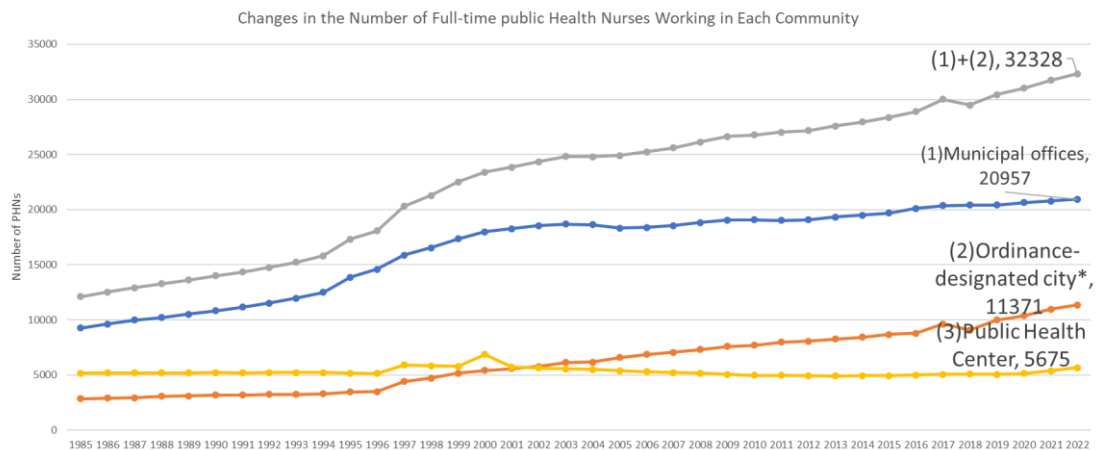
Source: Public Health Administration Report 2020, Ministry of Health, Labour and Welfare.

Figure 1. Percentage of public health nurses' workplaces

1) Public institutions

Figure 2 shows changes in the number of full-time public health nurses working in the autonomous community.

https://www.mhlw.go.jp/toukei/saikin/hw/hoken/katsudou/09/dl/ryouikichousa_r04_1.pdf



*Cities or Special Districts Where a Public Health Centers is Established (2)

Source: Ministry of Health, Labour and Welfare “Public health nurse activity area survey”

Figure 2. Changed in the Number of Full-time Public Health Nurses Working in Each Communities

(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 district of Tokyo) that is allowed to have a dedicated public health center.

The PHNs working at public health centers collaborate with other healthcare professionals and institutions to identify health care issues. They also engage in a wide range of professional activities to serve the community, including promoting measures to prevent lifestyle-related diseases, suicides, domestic and child abuse, providing support to help people suffering from incurable diseases, 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 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 human resources developmental 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 also 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 the 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 terrorist threats.

There are also public health nurses who work for medical insurers under the Health Insurance Act. Public health nurses contribute to the health care of workers and their families who join the medical insurer. For example, the public health nurses analyze health examinations and medical cost data and provide health guidance to prevent the aggravation of metabolic syndrome and diabetes.

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 mostly two types of social welfare facilities that PHNs work for, namely those that serve elderly people and those that serve children.

The former includes social welfare councils, elderly citizens' welfare centers, geriatric health services facilities, and so on. At these facilities, PHNs engage in activities to improve the elderly's health, offer general counseling to them, and provide the necessary support to

their family.

Community General Support Center for elderly citizens is a facility established (2005) 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 school 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 families. 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 the hospital can continue to convalesce at home. They also provide consultation and support to patients and their family when necessary.

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