2015 ANNUAL REPORT

Development in People-Centered Nursing Care at St. Luke’s International University
PCC Research Department
Name of the Center & Location

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Both the Declaration of Alma-Ata (1978), which summarizes the outcomes of the first International Conference on Primary Health Care, and the Ottawa Charter for Health Promotion (1986), which describes a health-oriented infrastructure and policies for the creation of an economically productive virtuous social health cycle, have been influenced by the Lalonde Report (1974), which includes the following statement in its preface:

“Good health is the bedrock on which social progress is built. A nation of healthy people can do those things that make life worthwhile, and as the level of health increases so does the potential for happiness.”

Our goal is to achieve such a virtuous health cycle on a global scale.

“Primary Health Care” has been defined as follows:

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. (WHO, 1978)

In Japan, amidst the rapid aging of society and advances in medical technology, strategic initiatives (Health Care 2035) to assure a sustainable health care system safeguarding people’s health will be implemented from now on. With advances in medical technology, the average life expectancy of people has been prolonged, and survival despite severe impairments has become possible. Although these are positive developments as such, more people are now living with chronic and latent conditions while receiving constant medical care. High stress levels in society are also a source of much mental suffering.

We live in an age marked by global movement of information and people. The need for worldwide cooperation and measures to handle previously unforeseeable infectious diseases like Ebola fever, Zika virus (ZIKV) disease, MERS (Middle East Respiratory Syndrome), etc., has become a huge challenge. An infectious disease like Ebola fever can have disastrous effects, surpassing those of war, on humankind. Accurate information has to be swiftly communicated to all people, further spread of the disease has to be halted, and risks associated with infection have to be prevented. Around the world, many people are suffering from malnutrition, many are fighting AIDS, and many more are living with non-communicable disease. It is not only necessary to find preventive measures, but also to provide care that improves the quality of life of these people.

The clinical practice and research in people-centered nursing care performed at St. Luke’s International University is intended to convey detailed know-how on the primary health care of elderly people and mother-and-child. It is our important role to disseminate the results of these very valuable activities, and we will perform this mission in recognition of our re-designation as a Japan-based WHO Collaborating Center for Nursing Development in Primary Health Care.
The St. Luke’s International University (SLIU) World Health Organization Collaborating Center (WHO CC) for Nursing Development in Primary Health Care (PHC) was first designated as a WHO CC for Nursing Development in PHC in 1990 and has been re-designated six times over the last 24 years. People-centered health care is a special initiative in WHO Western Pacific Region (WPRO) and people-centered health care is an umbrella term which better encapsulates the foremost consideration of the patient across all levels of health systems (WHO, 2014).

In 2011, our WHO CC began to assist WPRO and member states in the development of community People-Centered Care (PCC) models based on the values of PHC in the context of aging societies. One of our top tasks is the development of a regional action framework to help countries achieve universal health coverage by promoting integrated PCC service delivery.

In 2015, SLIU WHO CC developed PCC partnership model (Figure 1) through 14 projects, focusing on the improvement of the health literacy, behavior, and well-being of community members of all ages. The health issues focused on were as various as those pertaining to families expecting children, stillbirths, mothers with small children, women suffering from infertility, adults and older adults with chronic illnesses and NCDs, frail older adults needing fall prevention awareness, older adults with neuro-cognitive disorders and dementia, and caregivers without health information, as well as an intergenerational program for frail or dementia-suffering older adults and school-aged children in the super-aging Japanese society. Through these projects to encourage community members to take initiative of their own health; 4,721 community members participated in 2015. PCC partnership model is intended to cover various health and social issues concerning community members and their families, create new values concerning health, and form a social system that guarantees quality of care during the building process of partnership between community members of all ages and healthcare providers to sustain UHC.

The life expectancies of Japanese males (80.5 years) and of Japanese females (86.8 years) (Ministry of Health, Labour and Welfare, 2015), are the one of longest life expectancies in the world for both sexes (Ministry of Health, Labour and Welfare, 2013). However, Japan also faces a low birth rate, which means a decreasing population and an ongoing shortage of healthcare providers and social security.

Our experience will be important not only for our country but also countries which has realized issues related to longevity. We would like to share our experiences and gained wisdom to the world.
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Establishment and Activities of the Center

Ever since St. Luke’s International University (SLIU) was designate as a WHO Collaborating Center for Nursing Development in Primary Health Care (PHC) --- People Centered Care (PCC) --- in 1990, it has played a central role in nursing education, practice and research. To fulfill the roles of this center, the SLIU has collaborated with domestic and WPRO and AFRO nursing research and educational organizations.

The Center has been conducting research to improve the quality of nursing in order to meet the nursing needs of an advanced country. Also, by taking into account the current state of PCC in PHC, the center has begun development of a PCC model needed in the 21st century and an international collaboration model.

Terms of Reference —Our Activities—

1. In agreement with WHO, evaluate and further develop nursing models of People-Centered Care, based on the values of PHC, and to contribute to Millennium Development Goals and address the needs of the ageing the population.

2. Contribute to WHO’s work in expanding maximal utilization of health workers through nursing leadership in People-Centered Care, and capacity-building and advancement of interdisciplinary Advanced Nursing Practice (ANP) education and service delivery.

3. Support the work of WHO in implementing research and system changes which improve the education and advanced practice of nurses and midwives in PHC.

4. Further progress towards MDG Maternal and Child Health targets through expanded regional and global partnerships.

Structure of the Center

The Center is connected to all WHO Collaborating Center for Nursing as part of the Global Network. As a subsection of the Global network, it belongs to the Western Pacific region (WPRO).

GLOBAL NETWORK

WHO Region for Africa (AFRO)
WHO Region for the Americas (AMRO)
WHO Region for the Eastern Mediterranean (EMRO)
WHO Region for Europe (EURO)
WHO Region for South East Asia (SEARO)
WHO Region for Western Pacific (WPRO)

About St. Luke’s International University (SLIU)

The SLIU was first founded in 1920 as the College of Nursing at St. Luke’s International Hospital. Then in 1964, the College of Nursing was formed to develop nurses with professionalism and sensitivity based on the spirit of Christianity. The college began offering a master course in 1980 and a doctoral course in 1988. While emphasizing graduate education, the college has incorporated transfer and credit programs. The aim of the SLIU is to contribute to the society by providing high-quality PCC and nursing education, research and practice. Also, in April 2003, the Research Center for Development of Nursing Practice was established to gather scientific data for the health problems associated with the Super-Aging Society with low birth rate and to investigate and develop methods to provide PCC in partnership with the public. In 2014, the name of college was changed to St. Luke’s International University.
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WHO Region for Africa (AFRO)

WHO Region for the Americas (AMRO)

WHO Region for the Eastern Mediterranean (EMRO)

WHO Region for Europe (EURO)

WHO Region for South East Asia (SEARO)

WHO Region for Western Pacific (WPRO)
PCC Activities 2015

TOR 1
In agreement with WHO, to evaluate and develop further nursing models of People-Centered Care, based on the values of PHC, to contribute to Millennium Development Goals and address the needs of ageing the population.

<table>
<thead>
<tr>
<th>No</th>
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| 1  | Development of Health Navigation for Community Individuals  
Keiko Takahashi, RN, PHN, PhD                   |
| 2  | Development of Intergenerational Care Model for Health Promotion  
Tomoko Kamei, RN, PHN, PhD                     |
| 3  | Family-Centered Care Models  
Yaeko Kataoka, RN, CNM, PhD & Ikuko Oikawa, RN, MNS |
| 4  | Development of Women-Centered Care Model for Health Promotion  
Akiko Mori, RN, CNM, PHN, PhD & Naoko Hayashi, RN, PHN, PhD |
| 5  | Development of Elderly-Centered Care Model for Home Care & Health Promotion  
Tomoko Kamei, RN, PHN, PhD                     |

TOR 2
To contribute to WHOs work in furthering maximal utilization of health workers through nursing leadership in People-Centered Care and capacity-building and advancement of interdisciplinary Advanced Nursing Practice (ANP) education and service delivery.

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| 6  | Development of Team Building Capacity for Graduate Students in Advanced Nursing  
Michiko Hishinuma, RN, PHN, PhD & Tomoko Kamei, RN, PHN, PhD |

TOR 3
To support the work of WHO in implementing research and system changes which improve the education and advanced practice of nurses and midwives in PHC.

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| 7  | Organizing a Caring Community for the People with Genetic Disorders  
Mikiko Aoki, RN, CNM, PHN, PhD |

TOR 4
To further progress towards MDG Maternal and Child Health targets through expanded regional and global partnerships.

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| 8  | Collaborative Development of Master’s Program in Midwifery at Muhimbili University  
Shigeko Horiuchi, RN, CNM, PhD & Yoko Shimpuku, RN, CNM, PhD |
| 9  | Collaborative Development of Master’s Program in Community Health Nursing with Islamic University in Indonesia  
Junko Tashiro, RN, PHN, PhD |
Activity 1  

Development of Health Navigation for the Community Individuals

The widespread trend of internet usage sometimes confuses citizens about selecting accurate health information. We aim to improve health literacy among community individuals through a health navigation center, Luke-Navi. Luke-Navi provides five community-based health service activities; (1) health navigation, (2) health screening, such as measurement of blood pressure, bone density, grip strength and BMI, (3) health-related library, (4) health-related mini lectures and mini music concerts, and (5) a relaxation tea lounge.

Outcome

In total, 3133 community visitors participated in our activities, and created adult and older adult learning groups in our urban community. Also, they enhanced health literacy through health-related mini lectures and library.

Participant satisfaction scores measured by the 10-point VAS* was 9.03 on average. In 2015, there were 31 community volunteers and 7 medical volunteers (nurse, doctor, dietitian, dental hygienist) who contributed to this program. Through this process, we formed cooperative ties with hospitals and coffee shops in a total of 51 facilities, which displayed our posters in the neighboring community.

In 2015, we also developed e-learning materials to cultivate community individuals’ health literacy and evaluated them on the internet. The result was that the average score of the 87 examinees for “ability to evaluate health information” significantly increased from 1.90 before trying this e-learning to 3.41 after the e-learning (maximum possible score is 5.00).

<Improving Community Mental & Physical Health and Reducing Medical Costs>

In short, this program strengthened the mental and physical health of the people in the community and contributed to reduce the soaring medical costs by developing the health literacy of the ageing urban community. Devoted volunteer staff enabled this program to be low-cost, and motivated elderly volunteers to work in the community activities. As “ageing” is one of the most serious and common issues among all developed countries and is becoming dramatically prevalent in middle- and low-income countries, our program is expected to provide a new model of enlightening the local community about this issue.

This health navigation model, with citizens as the driver and health providers as the navigator, is unique and new. The internet has also come into wide use in developing countries, and we plan to promote this model to other countries in the Asian region, so that people there can choose correct health information.

Reference


Activity Photos

Mini-health lecture

Acceptance of Taiwanese students
Activity 2 <by Tomoko Kamei, RN, PHN, PhD>

**Development of Intergenerational Care Model for Health Promotion**

A people-centered intergenerational day program, “Nagomi-no-kai” was provided in a University building once a week by nursing faculty, nursing students and volunteers living in Tokyo, which is super-aged urban community. The gathering session is provided on a weekly basis for older adults who are frail, independent of whether they have dementia or not, and school-aged children to enhance intergenerational relationships and promote health in an urban community. It is intended to prevent older adults from becoming home-bound and to promote their physical and mental status, and maintain and improve their quality of life by providing a meaningful destination that encourages their energetic participation and helps to feel relaxed.

**Outcome**

In 2015, fifteen female older adults [mean age: 84.2 years (range 73-90 years)] and six school-aged children [mean age: 12 years] registered for the program. Five undergraduate students and 4 advanced nursing course students each performed practicum on two days in this program and facilitated intergenerational exchange skills and knowledge. Students took a role of program facilitators and communication providers for both generations. Community volunteers also supported and actively participated in this program.

Our intergenerational day program showed high satisfaction among both generations; the mean VAS10 scores of the program were 9.2 points among the older adults and 7.8 points among the children. This indicates that the program provided mutual benefits and solidarity. It was considered that the program helped to decrease isolation and improved the quality of life among the older adults, provide them with positive mental health, and helped them maintain their physical status, and simultaneously nurtured positive perceptions toward elderly people among the children. The program improved the relationship among these two generations, although there were fewer interactions between children and older adults with dementia or those who were very frail than older adults who were not demented. In short, this program is an example of prevention of depression and isolation as well as promotion of social participation of frail older adults. This program reduces medical costs because the elderly people maintain their health and everyday life in the community. In the Confucian culture, family is considered very important; however, the tendency of nuclear families spreads not only in Japan, but also China, Korea, Australia, and other high and middle income countries. This program promotes interaction among different generations, which is useful in recovering the lost family connection.

**Reference**


Activity Photos

Intergenerational program facilitation training for advanced dementia nursing course

Handbook of intergenerational support in the community
Family-Centered Care Models — Sibling Preparation Class

In a depopulating community, the existence of a new baby is precious. With the recent increase in families with one child, young families do not know how to take care of multiple children; however, there are no educational programs for such families and young children on how to welcome a new family member.

The purposes of this sibling preparation class were to (1) prepare older siblings for a new role, (2) to help them understand the mechanism of pregnancy and children, and (3) to allow them to join in the childbirth.

**Outcome**

A total of 67 families were enrolled in the sibling preparation program. This year we have provided seven sibling preparation classes during the year. The class had a waiting list every time. The participant satisfaction score measured by VAS* was 8.7 on average. Overall we received positive responses from participants.

To increase the number of classes, we planned to educate midwifery students and young midwives. Three to four of them joined every class and learned how to conduct such a class for small children and their family. Next year we will have more members who can provide this class. Based on this experience, we will develop a training program and materials for health care providers, and disseminate these to other Asian countries.

Last year, we conducted interviews with fathers who participated in the sibling preparation class to let them describe their concerns about the older child and their expectations of the class. We presented the results of this research at an academic conference.

**<Family Education on Welcoming a New Family Member>**

In short, this program met the needs of parents and young children who are not familiar with the role changes when having another new baby. Especially the children could understand and their health literacy level was enhanced. This program can also be adopted in other countries that need sibling preparation, which facilitates family ties and child development.
Activity 3-2  

<by Ikuko Oikawa, RN, MNS>

**Family-Centered Care Models — Development of Child and Family-Centered Care Models**

The purpose of this program was to develop and enhance Child-Family Centered Care, through educational programs for parents and people working with children, and to share information and experiences about children’s health.

Core members of this program were clinical nurses, public health nurses, dental hygienists, child care nurses and Child Health Nursing faculty members. Topics of seminars were; 1) Cavity prevention from under one year old---the things we can do now, 2) Children’s CPR & First Aid, 3) Children’s allergies, and 4) Prevention of infective diseases.

**Outcome**

In 2015, four seminars were held to enhance and develop knowledge and skills in Child Care. The participants continued throughout, and approximately 88 families and people related to child care attended this year. They actively exchanged questions and opinions through the programs. The following themes on the evaluation form were rated high by the participants; "gained new knowledge," "clear to understand," and "it helped to have baby-sitting available."

**<Learning Family Safety>**

In short, the program addressed the needs of families who want to learn about family safety. This program facilitated family development. The baby-sitting service during the seminar was popular, but safety management should be conducted more carefully. The program can be repeated as the knowledge and skills of child care are important in many other contexts too. With this program, parents become more literate and learn to take responsibility for their own children’s health and safety, which can enhance the Family-Centered Care model in the community.

**Activity Photos**
Activity 4-1  <by Akiko Mori, RN, CNM, PHN, PhD>

Development of Women-Centered Care Model for Health Promotion
―Health Promotion during the Reproductive Age: Rukako’s Salon

We have provided women time and space where they can talk and share experiences about reproductive health in collaboration with nursing professionals and peer support groups. The purpose of this activity was to provide a place and opportunity for women where they can share in a relaxed environment their emotional distress regarding fertility problems, and to provide relevant medical or psychosocial information by fertility nurses.

Outcome
In 2015, we opened the salon nine times on Saturday afternoons or Friday evenings. In total, 37 women participated in the salons. Nurses certified in infertility nursing and self-help group members attended the salon as facilitators. Concerning the questions by participants, nurses provided answers and related information. Statistically, 73% of the participants were 35-44 years old, 30.0% were introduced by a friend, 22.0% saw a flyer of the salon in some fertility clinic, and 13% of participants got the information from the internet. Their impressions after participation were, "I learned a lot," "I was encouraged," and "I felt relieved." The women’s satisfaction scores were 8.9 out of 10.0 points. In the future, the participants would like to have exchanges with an embryologist, have the men of infertility couples attend the events, and have yoga or stretch activities at the salon to promote reproductive health.

<Reaching Out to Women under Infertility Care>

The program is a new care model for infertility couples and can also be adopted in other countries facing infertility issues, such as China, South Korea, and Australia. Infertility enjoys a prominent position in developed countries, but it exists in all places. For example, when women in developing countries are infertile, they are experience discrimination or are marginalized. Since this program involves use of the internet to attract participants, it can be applied to recruit marginalized populations too. The findings suggest that women struggling with infertility need expert and peer support as well as support from the partner.

Reference
Development of Women-Centered Care Model for Health Promotion—Decision-Making Support for Female Breast Cancer Patients Concerning Oncofertility

Our objective is to develop an online educational program for oncology nurses supporting female breast cancer patients' decision-making concerning oncofertility. We interviewed seven female breast cancer patients, seven breast surgeons, one gynecologist, and thirteen clinical nurses.

Outcome
The results indicated that breast surgeons explained the effects of cancer treatment on gonadal dysfunction/fertility, ways of fertility preservation (Assisted Reproductive Technology: ART), possibility of pregnancy by ART and the maximum period that surgeons could postpone cancer treatment because of ART. Gynecologists gave patients more detailed information about ART, i.e. the merits and demerits of the respective fertility treatments. Oncology nurses recognized the importance of expertise about oncofertility, but they thought they had very limited knowledge about oncofertility and reproductive health. Patients collected information through health professionals, friends, family members, and internet sites, and decided whether they would or would not try ART. Both patients and health professionals believed that the cooperation between cancer care and reproductive medicine is indispensable. The results also implied oncology nurses' growing supporting roles in decision-making about oncofertility for female cancer patients.

Improving Oncology Nurses’ Expertise Concerning Oncofertility
In short, this result identified female breast cancer patients’ needs about oncofertility. A lack of expertise concerning oncofertility among oncology nurses was also indicated. In a nod to the growing interest of oncology nurses in gonadal dysfunction/ fertility problems and fertility preservation for female cancer patients, we have been developing an online educational program based on these outcomes. At the same time, as an education and research committee member of the Japanese Society of Cancer Nursing, the project leader (Hayashi) held an oncofertility seminar for advanced oncology nurses (CNs and CNSs). The seminar was attended by 133 oncology nurses, and they were highly satisfied with the program and hoped to be enrolled in other courses focusing on oncofertility too.

Reference
Activity 5-1 <by Tomoko Kamei, RN, PHN, PhD>

Development of Elderly-Centered Care Model for Home Care & Health Promotion —SAFETY on! Fall Prevention Program for Older Adults Living in the Urban Community

As 20-30% of older adults fall during a year, and half of those who fall become confined to bed, and 10% have fractures, it reduces older adults’ independent living and changes the structure of family functions, while becoming bedridden, increases older adults’ chances to die from pneumonia. ‘SAFETY on!’ fall prevention program provides a multi-dimensional fall prevention program for older adults living in the community. ‘SAFETY’ provides safety and foot care knowledge (eg. Slippers & footwear), physical Activities & efficacy, Food and nutrition, Tablets & medication, and eYeight awareness. We included these keywords in the program and developed educational materials, such as leaflets, a wall tapestry, stickers and magnets and toe exercise towels to improve fall prevention awareness among older adults, and performed randomized controlled trials. Through this program, physicians, public health nurses, nurses, and health exercise instructor researchers enhanced their competency for fall prevention education strategies.

Outcome

From 2012 to 2014, 132 older adults were registered in the program and followed in 2015. 119 were met the eligibility criteria. Older adults were randomly assigned to either the intervention group (using educational materials for fall prevention awareness) (n = 60) or the control (no materials) group (n = 59) and were followed for 52 weeks. The fall occurrence ratio during 12 weeks was 6.7% in the intervention group and 10.1% in the control group (RR= 0.66, 95%CI =0.204–2.076; ARR=0.035, 95%CI=-0.059–0.112, NNT=28). The fall occurrence ratio during the 52 weeks was 26.7% in the intervention group and 35.6% in the control group (RR=0.749, 95%CI=0.435–1.279; ARR=0.089,95%CI=-0.076–0.246, NNT=11). Fall occurrence ratio in the younger older adults (<75 yo) group was significantly lower than in the older older adults(≥75 yo) group(Log rank test, p =.047). Intervention by enlightenment educational materials has been shown to be effective to prevent falls in the under 65 years old group.

Based on group interviews with both groups, patients talked about growing fall prevention awareness. The intervention group posted wall tapestries and magnets to visibly indicate locations in their home and frequently recalled the details of fall prevention education, and they talked to families and visitors about fall prevention behavior. These “SAFETY on!” education materials were effective in keeping fall prevention awareness active in the intervention group. These materials have the potential and can be useful for continuous conscious prevention of falls among community dwelling older adults. Finally, VAS10 of 9.7(SD 0.7) points was seen.

Fall Prevention Awareness Education for Active Ageing & Reduction of Medical Costs

In short, the educational materials had an effect on preventing falls in younger older adults. We translated these materials into English and uploaded them on the SLIU WHO CC website (http://university.luke.ac.jp/who/documents/index.html) to serve as a reference for WPRO countries. Fall prevention can reduce medical and surgical expenses and hospital stays. For active ageing, it is necessary even in developing countries to prepare for upcoming ageing issues. The educational materials and multi-dimensional fall prevention program can be used in many different contexts. We hope to expand the program to other WPRO countries for the purpose of the global prevention of fall issues and collaboration among ageing countries.
Reference


Activity Photos

SAFETY on ! leaflet

SAFETY on ! Toe-exercising towel

SAFETY on ! Fall prevention sticker

SAFETY on ! Wall tapestry

SAFETY on ! Fall prevention magnet

Elderly-Centered fall prevention education materials for WPRO and global community
Development of Elderly-Centered Care Model for Home Care & Health Promotion —Home Monitoring-based Telenursing for COPD Patients to Enhance Self-Management for COPD and Quality of Life

The WHO warns that COPD (chronic pulmonary disease) is becoming the 4th cause of death worldwide. COPD is a progressive and inflammatory disease mainly due to tobacco, and 33% of patients in stage 4 who receive home oxygen (HOT) are re-admitted to hospital due to acute exacerbations.

The hospitalization costs per patient is around 620,000 JPY (6,000 USD), and of course, patients suffer much due to difficulty to breath, which reduces their quality of life. It is therefore important for nurses to detect and prevent early stage of exacerbation. To prevent exacerbations of COPD, we have been developing a new home monitoring–based telenursing system. It was not only adopted for elderly people with COPD but also amyotrophic lateral sclerosis (ALS) and Diabetes Mellitus (DM) patients to self-measure and easily send the physical and mental data to the nurses’ monitor center.

Outcome

We developed a 19-item telehome monitoring-based telenursing (THMTE-19) system for patients with COPD, ALS and DM (CAD). The telenursing system THMTE-19 was adapted for patients with CAD who performed self-screenings of their physical and mental status using a self-operated touch panel tablet PC (Xperia Z2, Sony) once a day in the morning. A total of 19 physical and mental states were self-screened and transmitted to the tablet PC from a Bluetooth-installed pulse oximeter (9560 Onyx II BT, NONIN), manometer (HEM-7081-IT, Omron), bath scale (HBF-206IT, Omron), and step counter (HJ-720IT, HHX-IT1, Omron). These data were monitored and triaged, and telementoring and health consultations by telenurses were provided. Each patient’s goal was set by the nurse researchers using the ‘managing well’ tool at the beginning. We confirmed the data transmission status in two healthy young adults. Afterwards, we offered 12-week telenursing to 10 CAD patients, namely, 1 case of COPD (75-year-old man), 4 cases of ALS (mean 60.3 years, men) and 5 cases of type II DM (mean 74.8 years, men). As a result, telenursing per person was performed for 15～240 days (mean 105 days) among a total of 1,046 days, with a trigger incidence of 9.8%. Each patient’s own goal was set as number of steps per day, weight control, physical activities, and so on. Patients’ acceptance was categorized as “feelings of safety,” “feelings of support” and “feelings of understanding one’s own condition,” and these supported patients’ proactive living. Finally, we released a telenursing protocol brochure for NCD patients at home through a visit to an online health center in Australia. The telenursing practices were reviewed by physicians and nurses specialized in CAD.

We also held telenursing practice seminars to spread telenursing in Japan, and 15 nursing faculty and other professionals participated in the seminar with a mean participants' satisfaction of 9.0 points on the VAS10 scale.

<Preventing CAD Exacerbation and Reducing Medical Costs>

In short, this system is useful to monitor and prevent acute exacerbations of CAD patients, and it was well-accepted by CAD patients and the health professional community. It can reduce the incidence of re-hospitalizations and emergency physician visits as well as the burden of hospital visits. These result in a decrease of medical expenses. The system was developed collaboratively with the
TOC —PCC Activities 2015—

University of Queensland, Center of Online Health, Australia. This system can be used even in WPRO countries if there an internet connection and PC with web camera are available. Especially countries with a high prevalence of tobacco smoking will face this issue of COPD in 30-40 years.

Reference


Websites
- Support for Home Oxygen Therapy and Chronic Respiratory Disease
  http://kango-net.luke.ac.jp/paxhot_v1/index.html
- Nursing Net—HOT&Telenursing
  http://kango-net.luke.ac.jp/zaitaku_kango/telenursing/
Activity Photos

Telenursing system (THMTN-19) well for the patients

CAD Telenursing guide and managing well

University of Queensland, Center of Online Health, Australia

Telenursing Seminar at SLIU

Telenursing Guidelines

Telenursing Protocols
Activity 6  <by Michiko Hishinuma RN, PHN, PhD, Tomoko Kamei, RN, PHN, PhD>

Development of Team Building Capacity for Graduate Students in Advanced Nursing

There is a global need to improve effectiveness of teamwork in interdisciplinary medical treatment.

In order to enhance the capacity of advanced nurses to work in collaborative health teams, a new educational course has been developed and implemented. This course consisted of five steps, including: 1) understanding the system approach of the health team, 2) simulation of the interprofessional approach by the Michigan Model, 3) internship in the team approach at model institutions, 4) practicing and demonstrating leadership in an interprofessional team and 5) evaluating one’s own practice and presenting implications for future innovation of practice.

**Outcome**

A team-building class (1 credit, 30 hours) was started in the master-level course. Twenty-four students (49.0%) participated in this class. Three final reports (master's theses) focused on team-building and people-centered care were completed.

**<Educating Students on the Importance of Team-Building and Team Work>**

The team approach is very important in health care to improve the condition of people. All of the students who took this course understood that the team approach is promoted by communication, leadership, membership and partnership. It is important to understand and utilize each other’s strengths. This game-based learning system changes the traditional hierarchal system, and improves the power balance among team members. In short, the activity-based program was effective for team building with high student satisfaction. This program is effective to educate graduate nursing students in advanced practice nursing.

**Activity Photos**
Organizing a Caring Community for People with Genetic Disorders

We aim to organize a caring community for people with genetic disorders such as Down’s syndrome. This project involves patients, families, family associations, health professionals and nursing students in order to identify health and support needs of patients. Using community-based participatory approach, we held periodic meetings between participants and staff to monitor the progress of community enlightenment.

Outcome

In 2015, nursing students joined these activities as volunteers and had opportunities to learn how to take care of persons with Down syndrome and their families.

We succeeded in continuing the project for four years. In a questionnaire survey, participants gave 9.5 points out of 10 in VAS. The parents of children with Down syndrome requested that the project be continued the following year.

Although the parents were not able to actively participate in the program at the beginning, they began to participate positively over time. This is what we learned from “The Meeting of Parents of children with Down Syndrome.” In addition, the specialists who ran the program realized the effect of the program from children of Down syndrome and their parents.

< Improving the lives of people with Genetic Disorder>

The field of genetic nursing is growing globally, and it is another important issue that nursing professionals must face. This type of primary health care that supports parents of children with disabilities should be discussed and applied in other countries, especially where women tend to have children at a later stage in life, taking human rights into consideration.
Collaborative Development of Master’s Program in Midwifery at Muhimbili University

(Linkages WHO’s OSER and KRA’s: SDSNW KEAs 3,5, WPR HR AP KRAs 2,4 WPR HRH OWERS 10.009)

This project is a combination of education, research, and partnership development. By collaborative efforts for establishing the midwifery master’s program at Muhimbili University in Tanzania, which is the first one in the country, a partnership model of global collaboration is developed.

Outcome

The collaborative Master’s course continues to educate the 9 students in the second year. For the year of 2015, there were 20 students who were enrolled in the program. We conducted a seminar to enhance the research and teaching skills of the students in January 2016. For this seminar, Dr. William Holzemer was invited as an expert in higher education, and Dr. Horiuchi and Dr. Shimpuku traveled to teach students there. The case report of our collaboration to establish the Master’s program in Midwifery was published to share the key points of collaboration1(2).

Three Master’s graduates of St. Luke’s succeeded in publishing their master’s theses on work conducted in Tanzania. The findings suggest ways of motivating midwives to study to save mothers and babies in more efficient and scientific ways3(4). Another study indicated inefficient referrals of midwives due to a lack of environmental management and triage skills5(6)7). More educational opportunities, especially nursing/midwifery management, are needed to enable midwives to work with proper workloads. The other study showed the needs for a culturally appropriate educational program for the prevention of adolescent pregnancies in rural Tanzania8(9).

The ongoing study to teach midwives and examine if there was improvement in midwives’ BP/CR and counseling knowledge and behavior using an educational program of job aid supported counseling for BP/CR during antenatal care in rural Tanzania successfully finished this year. The findings show the effects on knowledge and behavioral changes of midwives in terms of providing more danger signs and using proper counseling skills. The study will be shared at an international conference in the following year.

Another contribution to WHO is the translation of the statement of “Prevention and elimination of disrespect and abuse during childbirth” into Japanese10). The translated statement was introduced in the newsletter of the Japan Academy of Midwifery. Currently we collaborate with the WPRO project, Early Essential Newborn Care. We attended the seminars in Japan in September 2015 and in China in March 2016 and translated the First Embrace program video into Japanese (in the approval process). We are planning to conduct a collaborative seminar for the coming year.

Reference

9) Kawano, Y., Shimpuku, Y., Horiuchi, S. "Comparing the questionnaire outcomes with cognitive interviews after a reproductive health program among adolescents in rural Tanzania." the 30th Japan Academy of Midwifery (Kyoto, Japan), March 18-20, 2016

Activity Photos
Activity 9  <by Junko Tashiro, RN, PHN, PhD>

**Collaborative Development of Master’s Program in Community Health Nursing with Islamic University in Indonesia**

This program was aimed to develop a master’s program in community nursing at Islamic University of Indonesia (UIN) to promote the health status of the community. We developed a community health and nursing practicing model for prevention and health promotion in rural Indonesia. The model was reported at the 10th Conference of the Global Network of WHO Collaborating Centers for Nursing and Midwifery, and the first international nursing seminar in the region (Region IV of West Java) was held for nurses and nursing students.

**Outcome**

The final phase of activity, development of a community health program for noncommunicable diseases in a rural community with Islamic University was completed by March 2016. Two major outcomes are as follows:

1) Brochure on the activity results in Indonesian language (see Reference 1)

   We shared the information on the importance of tackling the emerging health issue of noncommunicable diseases in the district. We made 260 copies of a brochure on the activity results in the Indonesian language with Indonesian research partners. The contents include: health needs and basic nursing education needs of the district of West Java; health behaviors of people with hypertension in the district; high-salt foods in the district (see the photo below); and recommendation for a district health program for noncommunicable diseases prevention and health promotion in community settings. The brochure was distributed to faculty members, students, and health professionals in the district.

2) Strengthened partnership in the conduct of research

   Through this activity, Indonesian researchers and Japanese researchers promoted effective communication and strengthened partnership to conduct an international collaborative study. Based on this partnership, a PhD student has conducted a research on child obesity in an urban area of Indonesia with Indonesian research partners of Universitas Islam Negeri Syarif Hidayatullah Jakarta [Syarif Hidayatullah State Islamic University Jakarta] (UIN). In addition, we have been conducting research on noncommuniable disease prevention and health promotion for women in urban and rural Indonesia with the Indonesian research partners of UIN and Indramayu College of Health Science.

   This research collaboration will help to develop a Master’s Program in Community Nursing in Indonesia.

**Reference**


Collaborative Development of Master’s Program in Community Health Nursing with Islamic University in Indonesia

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Outcome

The final phase of activity, development of a community health program for noncommunicable diseases in a rural community with Islamic University was completed by March 2016. Two major outcomes are as follows:

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We shared the information on the importance of tackling the emerging health issue of noncommunicable diseases in the district. We made 260 copies of a brochure on the activity results in the Indonesian language with Indonesian research partners. The contents include: health needs and basic nursing education needs of the district of West Java; health behaviors of people with hypertension in the district; high-salt foods in the district (see the photo below); and recommendation for a district health program for noncommunicable diseases prevention and health promotion in community settings. The brochure was distributed to faculty members, students, and health professionals in the district.

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Reference


UHCが提唱するのは医療へのアクセスに向けたもので、科学省の私立大学戦略の研究基盤形成支援事業の下、21世紀COEプログラムで開いている。聖路加国際大学研究センターでは、●SDGsとユニバーサルヘルスカバレッジ

●引用文献

世田谷病院は2015年12月に開催されたWHO CCのシンポジウムで、後藤博士は、SDGsの目標9の「すべての国民が教育を受けることができる」を、持続可能な開発目標(Sustainable Development Goals, SDGs)の目標4「すべての国民が教育を受けることができる」と結びつけた。持続可能な開発目標は、2015年9月に開催された「全体のための開発目標:2015年以降の持続可能な開発のための行動フレームワーク」で採択されたもので、UHCはSDGsの目標4と連動している。

●WHO西太平洋事務局でUHCについて受講

WHO西太平洋事務局では、UHCに焦点を当てた教育を受講する機会を提供している。2015年6月19日〜22日に開催されたICN2015韓国大会では、WHO西太平洋局のAnnette Mwansa Nkowane氏、ICMのFrances Day-Stirk会長、ICNやWHO CC関係者らが集まり、SDGsの目標4「すべての国民が教育を受けることができる」の重要性を再確認した。

●WHO CCを基軸とした実践研究

WHO CCを基軸とした実践研究を進めている。聖路加国際大学研究センターでは、●PCCを基軸とした実践研究

People-Centered Care (PCC) の取り組み

PCCは、患者中心ケアの原则を基軸に、患者の需要や優先順位に基づき医療を提供するものである。PCCの実践は、患者の権利を尊重し、患者の役割を明確にすることを目指している。

●地元のヘルストラストをめざす

WHO NEWS

WHO NEWS

WHO NEWS

WHO NEWS

WHO NEWS

WHO NEWS
世界保健機関ニュース

世界保健機関（WHO）では、Global Health Workforce Alliance（世界保健人材アライアンス）が、2014年に発表した「A global strategy on human resources for health（保健人材における世界戦略）」を求めており、その中で、保健人材にかける投資の増加をめざし、助産師の育成に投資することで、帝王切開や医療的な出産を減らし、医療費を下げることや、女性のキャリアの選択肢を増やし、公的機関への就職を促進することによる経済効果も謳っている。

聖路加国際大学アジア・アフリカ助産研究センターでは、WHOコラボレーティングセンターの活動の一貫として、タンザニアのムヒンビリ健康科学大学（MUHAS）と協働している。タンザニア初の助産学修士課程を設立すべく、2011年よりカリキュラム開発、ステークホルダーミーティング、セミナーによる学び合い、教員・学生の交換留学プログラムにより、お互いの文化や助産教育・実践に対する理解を深め、必要な許可を取得し、ついに2014年10月より、課程を開始するに至った（JSPSアジア・アフリカ学術基盤形成事業2011-2013）。

2014年12月8日、助産学修士課程の開講式を行うため、井部俊子学長、堀内成人教授、筆者の3人が渡航し、MUHASの副学長Ephata Kaaya博士、Sebalda Leshabari学部長や教員たち、ムヒンビリ国立病院のAgnes Mtawa看護部長に加え、タンザニア保健省Amma Kasangala氏、在タンザニア日本大使館岡田明樹大使（当時）、JICAタンザニア事務所より木全洋一郎次長、阿部記実夫氏、小竹一嘉企画調整員が参加し、それぞれに祝辞、講演等を行った後に記念撮影をした。助産が学びの進歩をもたらすために、必要な環境を作るために、多くの国々が努力しているが、本連載では、タンザニアの助産教育の進歩について報告したい。
St. Luke’s International University has academic exchange agreements with 12 institutions:

University of São Paulo, Ribeirão Preto College of Nursing (Brazil)
McMaster University School of Nursing (Canada)
Syarif Hidayatullah State Islamic University Jakarta (Indonesia)
Yonsei University, School of Nursing (Korea)
Trinity University of Asia, St. Luke’s College of Nursing (Philippine)
Kaohsiung Medical University, College of Nursing (Taiwan)
Muhimbili University of Health and Allied Sciences, School of Nursing (Tanzania)
Mahidol University Faculty of Nursing, Mahidol University Faculty of Medicine, Ramathibodi Hospital (Thailand)
University of California, San Francisco, School of Nursing (USA)
Oregon Health & Science University, School of Nursing (USA)
University of Illinois at Chicago, College of Nursing (USA)
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<td><strong>Name of the relevant department, unit, section or area of the institution</strong></td>
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<td><strong>Report Year</strong></td>
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