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1986 SURVEY ON ACTIVITIES OF PUBLIC HEALTH NURSES IN HEALTH SERVICE FOR ELDERLY PEOPLE

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PURPOSE AND METHOD

The Law Concerning Health and Medical Care for the Aged was enacted in 1983. The purpose of the Law is "To provide comprehensive health services for prevention of disease, provision of treatment and rehabilitation in order to ensure preservation of health and availability of adequate medical and health service for elderly people, thereby to promote their health and welfare" (Article I) As Japan is rapidly moving into aged society, the Ministry of Health and Welfare has deemed it an urgent issue to implement certain measures to constrain the health budget for the elderly people by introducing new systems for provision of medical and health services and for financing these services for the elderly.

The medical and health services as provided for in this Law can be divided into two categories: medical and health services, and non-medical health services. The latter includes issuance of personal health notebook, provision of health education, health consultation, health check, rehabilitation, and home visit. These services are to be provided by the local government for the population over 40 years of age. The key persons in the provision of health services by the local governments are public health nurses.

Prior to initiating planning of health service system for the elderly people, the Ministry of Health and Welfare launched the First 5-year Project with the purpose to identify the specific objective of such health service and the necessary manpower to provide the service. At the final stage of the 5-year Project in 1986, the government was to make necessary modifications to the Project in view of the experiences gained from the Project.

Japanese Nursing Association considered it necessary to have its views on the health service for the elderly people reflected in the government policy and make appropriate propositions. In order to support our views with facts, JNA conducted a national survey on the activities of public health nurses within the health service system for elderly people. The survery focused on the areas of services that were considered to involve some problems from the point of view of public heath nurses. This includes follow-up instruction after health check-ups, home visit

service, provision of rehabilitative service, manpower of PHNs, participation of PHNs in health service planning, and relationship of PHNs with prefectural health centers.

The questionaires were sent to 3276 cities, towns and villages all over the country, and 3171 (96.8%) were recovered.

They were distributed to the public health nurses working with the goverments of cities, towns and villages through the prefectural chapters of JNA. They were requested to fill in the data as of October 1, 1985, and return the completed questionaires back to JNA through their prefectural chapters.

FINDINGS OF SURVEY

1. Number of PHNs

(1)Increase in Number of PHNs Employed by Local Governments

During the years of 1982 to 1985, 34.8% of the total cities, towns and villages increased their PHNs, the total number having been increased from 10,290 to 11,759. Cities with largaer population tended to increase their employement of PHNs.

The increase of PHNs in the urban area was 650 (15.4% of the 4,218 in 1982) and 819 in the urban area (13.5% increase from 6,054 in 1982).

In 1982, there were 403 local governments that did not employ any PHNs to serve their population. 45.6% of them had their own PHNs at the time of the survey, there being 243 cities, towns and villages left without any PHNs as yet.

(2)Local Distribution of PHNs

There are more PHNs working in larger cities and towns than in smaller towns or villages. The findings reveald, however, the number of PHNs per 100,000 population in larger municipalities is smaller than that of smaller municipalities (See Table 1).

Both extremes were found in twons and villages with smaller population; the larger number of PHNs per 100,000 population in certain areas , and none of PHNs employed at all in other areas. It should be noted that, aside from the fact that this ratio is improved greatly when one PHN is employed in a town or a village with far less than 100,000 population, small municipalities were very positive about employing PHNs in whom both the population and the local governments placed great confidence and entertain expectation for what they do to improve the health of the people, thus yielding better ratio of PHNs versus population.

2. Implementation of Health Service for Elderly People

(1)Follow-up Service after Physical Check-ups

The respondents were asked to reply to what extent the follow-ups such as health education, health consultation or home visits were done to those who were found to have some health

problems needing observation, instruction or treatment. Less than half of the total municipalities (47.5%) were found to provide adequate follow-up services.

23.5% replied they could only provide half of the follow-up services they considered necessary, and 23.2% replied they could only provide less than 25% of the necessary follow-up services. 4.6% said they did not do any follow-up services at all.

The reasons for this inadequate provision of follow-up services were attributed to shortage or lack of PHNs (75.8%), the resuls of health check-ups not being utilized systematically for follow-up services (20.7%), their placing emphasis on encouraging people to receive health check-ups and not being able to afford any follow-up services (20.1%), and the importance of follow-up services not being recognized in the health organization (14.1%).

(2)Home Visit Service

As of 1983, 96% of the total municipalities provided home visit service to those bed-ridden patients needing care at home.

In 97.1% of those cities, town and villages, PHNs and part-time PHNs and nurses provided such home visit service. 23.7% of the total home health manpowers were part-time nursing personnel.

In some small towns or villages, home health service was planned and implemented with the assistance from PHNs working with the prefectural health centers. The recipients of home visit service provided in this way represented 8.7% of the total recipients.

According to the statistics of the Ministry of Health and Welfare, there are 2,670,000 bed-ridden elderly people aged over 65 years in Japan, and of this about 150,000 received home visit service. Our survey revealed, however, the average number of home health visits made to 39.5% of these elderly persons are "two or three times a year" with. It should be said that the home health visit programmes are still at their preliminary stages, exploring the possibility of launching on full scale undertaking.

(3)Ambulatory Rehabilitation Service

Only 34.0% of the municipalities provided ambulatory rehabilitation services. With 45.4% of the total cities, towns and villages, particulary those of small populations, the ambulatory rehabilitation service was still at a planning stage or not considered at all.

In the municipalities where the ambulatory rehabilitation service was provided, public health nurses were found to actively participate in the planning of such service(59.9%). They were also involved in instruction on rehavilitative excercise, occupational therapy and recreational activities (59.1% of municipalities), programme, planning (53.4%), and assumed responsibility for programme implementation (47.9%).

3. Support from Prefectural Government Health Centers

The health centers of the prefectural goverments provided strong support to the municipal governments in their planning and implementing health services. The types of the supports include sending public health nurses and other health professionals from prefectural health centers to the municipalities (85.9% and 58.2% of the municipalities respectively), counselling on the improvement of quality of service (68.8%), provision of training (51.5%), and loan of equipments and tools (34.9%).

4. SUMMARY

There was a wide variety in the levels of the implementation of the health service for the elderly people among the municipalities. The number of the public health nurses employed by those municipalities was considered to be one of the major factors affecting the service. More PHNs should be employed by those municipalities to ensure quality and quantity of service.

The public health nurses employed in the municipalities were found to be involved in a variety of jobs depending on the policy of those municipalities. It is recommended that the municipal governments should see to it that PHNs may devote more unique function of PHNs. There was also recognized wide variety in the extent of implementation of health service among the prefectural health centers. The role of the prefectural government in this respect should be emphasized.

Table 1 Number of Public Health Nurses per 100,000 Populations

Population \ Number of PHNs		Total	None	1～9	10～14	15～19	20～24	25～29	30～34	35～49	50～	Number of Municipalities
Total		100.0	7.7	19.5	18.1	15.6	11.5	8.7	6.0	8.4	4.5	3,171
Towns and Villages	～ 3,499	100.0	34.4	−	−	−	−	3.2	11.8	22.6	28.0	279
	3,500 ～ 5,499	100.0	14.4	−	−	11.2	24.2	14.1	1.4	24.5	10.1	347
	5,500 ～ 77,999	100.0	7.7	−	14.5	22.6	0.4	19.8	18.0	12.5	4.4	495
	8,000 ～ 12,999	100.0	5.3	11.1	19.0	18.8	22.5	9.8	6.3	6.3	1.0	685
	13,000 ～ 17,999	100.0	2.4	16.0	25.8	20.8	19.0	10.1	3.0	2.7	0.3	337
	18,000 ～ 22,999	100.0	2.5	26.6	26.6	16.6	17.6	5.5	2.5	1.5	0.5	199
	23,000 ～ 27,999	100.0	2.1	31.2	26.0	28.1	8.3	1.0	3.1	−	−	96
	28,000 ～	100.0	−	50.0	35.9	7.7	3.8	1.3	1.3	−	−	78
Cities	～ 34,999	100.0	1.0	29.4	34.3	24.5	6.9	2.9	1.0	−	−	102
	35,000 ～ 54,999	100.0	1.6	38.3	35.0	19.7	3.8	1.1	−	−	−	183
	55,000 ～ 79,999	100.0	2.4	58.9	25.8	12.1	0.8	−	−	−	−	124
	80,000 ～ 129,999	100.0	−	76.4	20.2	3.4	−	−	−	−	−	89
	130,000 ～ 229,999	100.0	1.8	87.5	10.7	−	−	−	−	−	−	56
	230,000 ～	100.0	−	87.0	13.0	−	−	−	−	−	−	54
	largest cities	100.0	−	61.7	36.2	−	2.1	−	−	−	−	47