総　説

A role of public health center on the health promotion in Japan
本邦の健康増進における保健所の役割

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Summary

To date, public health centers have functioned as front-line institutions for public health maintenance/promotion in communities. With a shift of disease structure from infectious diseases such as tuberculosis to metabolic syndrome and other lifestyle-related diseases, reflecting lifestyle changes, as well as internationalization and aging with a decreasing birth rate, their roles have also changed. As the Community Health Act replaced the Public Health Act in 1994, their leadership has strengthened as bases for community-based integrated health promotion, which manage further complicating health and environmental problems using their specialties. This paper outlines the transitions of public health centers from their establishment before World War II, roles, and services, and observes the current status and challenges of health promotion, including the management of health risks and development of social capital as a resource for resident-centered healthcare.

抄　録

保健所は地域の中で、公衆衛生の第一線の機関としての役割を担ってきた。結核など感染症が猖獗を極めた時代から、国際化、少子高齢化やメタボリック症候群など生活習慣病を中心とする時代へと疾病構造の移り変わりにつれてその役割は変わってきた。平成６年には保健所法から地域保健法へと変わり、ますます複雑化する健康、環境問題に対処可能な高い専門性をもった広域的な拠点として地域の健康増進に指導的な地位を得るに至った。本文では、戦前の保健所の設置から現在の保健所までその役割、業務を歴史的に俯瞰すると同時に、健康危機管理、住民中心の健康資源としてのソーシャル・キャピタルの醸成が課題となっている今日の健康増進について考察したものである。

Keywords: Community Health Act, public health centers, professional liaison, health risk management
キーワード：地域保健法、保健所、専門職連携、健康危機管理

Introduction

Over many years, public health centers have functioned as front-line institutions for public health maintenance/promotion in communities. With a shift of disease structure from infectious diseases represented by tuberculosis to obesity and other lifestyle-related diseases, reflecting lifestyle changes, as well as internationalization and aging with a decreasing birth rate, their roles have also changed. As the Community Health Act replaced the Public Health Act in 1994, their leadership has strengthened as bases for community-based integrated health promotion, which manage further complicating health and environmental problems using their specialties. This paper outlines the transitions of public health centers from their establishment before World War II to their current status to develop future perspectives on these institutions[3)].

1. Services provided by public health centers

Public health centers are public front-line institutions supporting community residents' health, as specified in the Community Health Act, and they provide health services that require specialized skills. They are located in prefectures, government ordinance-designated and core cities, cities approved to establish public health centers, and special wards. The Community Health Act specifies

basic guidelines on community health measures, such as the establishment of public health centers, and basic items related to community health promotion. It aims to contribute to the maintenance and promotion of community residents' health by ensuring the appropriate implementation of these measures in communities[1]. Services provided by public health centers are mainly classified into 2 categories: personal and objective health services, involving different types of professionals. The following sections summarize the past development of public health centers, and discuss their future directionality.

2. Circumstances that led to the establishment of public health centers

In April 1937, when the original Public Health Act was enacted, 187 public health centers were established as institutions to provide health consultation services for general citizens[2]. These centers were defined as bases for the provision of necessary guidance to improve citizens' physical fitness[3]. In January 1938, the Ministry of Health and Welfare was organized to promote citizens' physical fitness and welfare. Since that time, it has been in charge of administration regarding matters of public health, including the management of affairs related to public health centers[4].

3. Establishment of the new Public Health Act after World War II

In 1947, the Public Health Act was enacted[2]. Under the guidance of Colonel Crawford F. Sams leading the General Headquarters (GHQ), the following items were incorporated into the new act: 1) the enhancement of hygiene awareness, 2) vital statistics, 3) improvement of the nutritional status and food/beverage hygiene, 4) housing, water supply, sewerage, waste disposal, cleaning, and other environmental hygiene systems, 5) public health nurses, 6) improvement and promotion of public healthcare services, 7) maternal, infant, and elderly hygiene, 8) dental hygiene, 9) testing and examination for hygiene maintenance, 10) prevention of tuberculosis and venereal, epidemic, and other diseases, and 11) promotion of public health in rural areas. The GHQ also defined the public health center in Suginami-ku, Tokyo as a model, which was followed by the opening of model public health centers throughout Japan.

4. The Community Health Act and public health centers

The Community Health Act was enacted in 1997[1-3]. The Basic Guidelines for Promotion of Community Health Measures (1994)[7] emphasize the necessity of enhancing the following functions: 1) specialized and technical services to manage mental disorders, intractable diseases, and AIDS, 2) the collection, classification, and utilization of information, 3) surveillance and research, 4) support for municipalities, 5) health risk management, and 6) planning and investigations. As an example of these measures, approaches to utilize rain water in Sumida-ku, Tokyo were presented[7]. It was a beture of public health center. In 2014, a new law to promote rain water usage was enacted[8]. As reports on the enhancement of functions in objective health services are rare, attention should be paid to future trends in this area.

Table 1. Public health centers in Japan between 1997-2017

Year	1997	1998	1999	2000	2001	2002	2017
Total number	706	663	641	594	592	582	481
Prefecture	525	490	474	460	458	448	363
City	142	137	136	108	109	111	95
Special wards	39	36	31	26	24	23	23

The Community Health Act specifies that public health centers should manage affairs related to the following items[1]: 1) the enhancement of hygiene awareness, 2) vital statistics, 3) improvement of the nutritional status and food hygiene, 4) housing, water supply, sewerage, waste disposal, cleaning, and other environmental hygiene systems, 5) medical and pharmaceutical affairs, 6) public health nurses, 7) improvement and promotion of public healthcare services, 8) maternal, infant, and elderly hygiene, 9) dental hygiene, 10) mental health, 11) healthcare for patients with intractable or specific diseases that require long-term care, 12) prevention of AIDS, tuberculosis, venereal, epidemic, and other diseases, 13) testing and examination for hygiene maintenance, and 14) management of other affairs to maintain and promote community residents' health. Professionals providing personal health services include: medical doctors, dentists, public health nurses (nurses), registered dieticians, nutritionists, radiological/medical technologists, dental hygienists, and physical/occupational therapists. In some municipalities, consultants specializing in mental health and welfare are in charge of mental health services. In such a situation, it may also be necessary to promptly establish environments and systems for these different types of professionals to participate in activities for health promotion/maintenance from equal standpoints.

In contrast, objective health services cover the following areas, mainly involving veterinarians and pharmacists: 1) the improvement of the nutritional status and food hygiene and the licensing of cooks/confectionery

hygiene specialists, 2) approval, audits, and observation of food manufacturing, cooking, and sales facilities, wholesale markets, and facilities providing meals for groups (such as restaurants), 3) food-related complaint management and consultation services, the laboratory testing of foods, containers, and packages, receipt of reports on food poisoning from physicians, surveys on such events, and awareness-enhancing activities to prevent them, 4) receipt of applications related to housing, water supply, sewerage, waste disposal, cleaning, and other environmental hygiene systems, waterworks, and other public water systems, examination and guidance on these issues, and river, well, and pool water quality examination, 5) countermeasures against environmental pollutions, 6) operating permission, observation, and guidance for beauty salons, barber shops, cleaning service providers, hotels, entertainment centers, and public baths, 7) management and euthanasia of wild dogs and stray cats and finding new owners for these animals, 8) management of medical and pharmaceutical affairs and receipt of applications for licensing from medical professionals, 9) approval for/registration of those selling pharmaceutical products and poisonous/deleterious substances, 10) approval for the establishment of hospitals, clinics, treatment places, and pharmacies and complaint management, and 11) medical audits and on-site examination for medical institutions based on the Medical Service Act.

Health centers located in municipalities provide personal health services. These centers are facilities that comprehensively provide health services for community residents from mothers and children to the elderly. The Medical Service Act defines municipal health centers as “facilities to execute businesses necessary to provide residents with services, including health examinations and guidance, medical examination, other community-based activities, health promotion/maintenance, and health risk management”. Based on this, health centers function as bases for resident-led health promotion/maintenance.

5. Systematization of public health centers

According to the Basic Guidelines for Promotion of Community Health Measures[4-6], public health centers should develop their scales, facilities, and equipment while considering the characteristics of each community to strengthen their functions as integrated, specialized, and technical bases for community health promotion/maintenance. In this respect, particularly in the following aspects of personal health services, technical and financial support from the government is needed: promoting the collection, classification, and utilization of information regarding mental health, intractable disease/AIDS management, food and environmental hygiene, and medical and pharmaceutical affairs as bases for integrated audits and examination; extensively collecting, managing, analyzing, and providing information related to healthcare, medicine, and welfare; promoting surveillance, research, and studies focusing on community residents’ daily lives; and collecting, classifying, utilizing, examining, and studying information. The act also specifies that the centers should establish systems to adopt appropriate health-related measures as institutions managing healthcare and medical affairs in communities, such as preventing health risks, ensuring sufficient medical services in each community, and organizing health risk management systems. They should also develop systems to systematically collect healthcare-related and medical information in each community daily, including on holidays and during the night-time.

In addition to these roles, public health centers also carry out the following duties to promote associations with medical, care, and welfare measures: 1) actively supporting the establishment of liaison among medical institutions and fairly and impartially coordinating through collaboration and cooperation with community-based medical associations and 2) identifying, assessing, analyzing, and disclosing health-related issues in each jurisdiction ward. In the case of prefectural public health centers, they should also: 1) strengthen community-based integrated care systems through collaboration among medical institutions and among medical, care, and welfare services to manage patients during acute, recovery, and maintenance periods, 2) promote information-sharing with municipalities in each jurisdiction ward and community health measures through multi-layer collaboration, and 3) coordinating with care and welfare measures.

6. Health risk management

6-1. Definition

According to the Basic Guidelines for Health Crisis Management established by the Ministry of Health, Labour, and Welfare in 2001[9], health risk management is “a category of services to prevent health damage due to pharmaceutical products, food poisoning, infectious diseases, drinking water, or other causes that threaten citizens’ lives, health, or safety and the spread of such events, and treat persons

suffering from them under the jurisdiction of the Ministry of Health, Labour, and Welfare".

6-2. Roles

On examining the Basic Guidelines for Community Health Crisis Management (2001) in terms of community-based health risk management, the Public Health Act was revised as the Community Health Act in 1994 to establish new community health systems. However, this was followed by the frequent occurrence of health problems in communities, indicating the necessity of reviewing the roles of healthcare and hygiene sections in community-based health risk management. To address such a situation, the Basic Guidelines for Promotion of Community Health Measures (established by the Ministry of Health and Welfare in December 1994 as Notification No. 374) were revised in March 2000, specifying basic community health measures, including community-based health risk management. These guidelines (No. 143) emphasize the necessity of creating manuals for local public bodies to appropriately perform health risk management, with public health centers as integrated, specialized, and technical bases for community health promotion/maintenance also playing a central role in community-based health risk management.

6-3. Activities

Thus, public health centers are defined as bases for community-based health risk management to address health problems that have frequently occurred over these years. As administrative institutions managing healthcare-related and medical affairs in communities, they are charged with the task of leading health risk management through activities, such as normal audits, while coordinating the activities of community-based medical institutions and municipal health centers, and establishing systems to provide necessary services for residents. The roles they are expected to play include: ensuring sufficient medical services for victims, clarifying causes, preventing the spread of health damage, providing mental care for disaster victims (e.g., health management and countermeasures against PTSD), and adopting special measures for persons with disabilities, children, the elderly, and other disaster-vulnerable groups.

7. Social capital

The revised Basic Guidelines for Promotion of Community Health Measures No. 464[6] newly mention social capital development to create healthy communities with self- and mutual support. In order to establish systems that allow residents to continue their fulfilling lives in the communities they have long lived in, it is necessary to ensure sufficient healthcare, medical, and welfare functions in each community. The re-examination of conventional systems to provide medical/care services is also indispensable as a challenge in developing a new community, covering infrastructures, such as re-organizing multiple communities as a "compact city" to comprehensively support residents' daily activities through housing, companionship, observation, and other services. Deliberations upon social capital and health have just started in Japan[10], which is facing globally unprecedented aging, and the consequent necessity of not only promoting individual measures, but also developing social capital through resident organizations' activities. Residents, in addition to each type of professionals, should fully understand this and adopt appropriate actions.

Conclusion

Since the revision of the Public Health Act as the Community Health Act, public health centers' roles have been redefined, and their functions have been enhanced to date. Based on the new Community Health Act to improve 6 items in communities, plans were developed, according to their situations, and this was effective to resolve problems at that time. However, in personal health services, new challenges in integrating healthcare, medical, and welfare services, represented by community-based integrated support and health risk management, have been identified. With the Tokyo Olympic/Paralympic Games around the corner, internationalization, countermeasures against newly emerging infectious diseases and other health risks, and smoking should be simultaneously addressed. In food environments, there are also a number of issues to be addressed under the leadership of public health centers. To adopt HACCP (Hazard Analysis Critical Control Point) as a food safety management measure, a revision of the Food Sanitation Act is currently being considered. HACCP adoption has already been made obligatory in some advanced countries, suggesting the necessity of promptly establishing international-level hygiene management systems in Japan.

References

1) Community Health Act http://www.houko.com/00/01/S22/101.HTM (4/10, 2018)

2) Public Health Center, A History of the First 50 Years, Japan Public Health Association, 1988
3) Report on Regional Public Health Services (in Japanese), Ministry of Health, Labour and Welfare, http://www.mhlw.go.jp/stf2/shingi2/2r9852000000g3yx-att/2r9852000000g5sk.pdf (4/10, 2018)
4) Basic Guidelines for Promotion of Community Health Measures" (in Japanese), December 1994, (No. 374) Health Service Bureau, Ministry of Health, Labour and Welfare
5) Basic Guidelines for Promotion of Community Health Measures" (in Japanese), March 2000, (No. 143) Health Service Bureau, Ministry of Health, Labour and Welfare
6) Basic Guidelines for Promotion of Community Health Measures" (in Japanese), July 2012, (No. 464) Health Service Bureau, Ministry of Health, Labour and Welfare
7) Makoto Murase: Environmental sanitation inspector of Sumida Public Health Center, from April 1972 to March 1995; August 1994 Executive director of the Tokyo International Conference on Recycling Rain; Received Rolex Awards for Enterprise on October 2002
8) Law on the promotion of rain water usage http://www.mlit.go.jp/mizukokudo/mizsei/mizukokudo_mizsei_tk1_000068.html (4/10, 2018)
9) Basic Guidelines for Health Crisis Management (in Japanese), March 2001, http://www.mhlw.go.jp/general/seido/kousei/kenkou/sisin/index.html (4/10, 2018)
10) Application of Social Capital with a focus on civic activities in Japan, March 2015, http://www.mhlw.go.jp/file/06-Seisakujouhou-10900000-Kenkoukyoku/0000092157.pdf (4/10, 2018)