

# NEWS FROM JACHN

## Topics of Japanese Community Health Nursing

### 1. Creating a society of coexistence as a dementia policy and the current state of community health nursing practice

#### 1) Creating a Society of Coexistence as a Dementia Policy and the Role of Public Health Nurses

**Natsuki Yamamoto**

*Faculty of Nursing and Medical Care, Keio University*

Japan's aging population has made dementia a significant public health challenge. By 2025, one in five individuals aged 65 or older is expected to be living with dementia. Recognizing this, Japan enacted the Basic Act on Dementia to Promote an Inclusive Society in 2023, which emphasizes "coexistence" as its foundational principle. The Act envisions a society where individuals with dementia can live with dignity and remain integral members of their communities. Key objectives include:

- Raising public awareness to reduce stigma and enhance understanding.
- Developing dementia-friendly, barrier-free communities.
- Strengthening support systems for continuous care and meaningful participation.

Rather than focusing solely on prevention, the

Act highlights the importance of enabling individuals with dementia to remain connected with their communities.

### The Role of Public Health Nurses in Dementia Care

Public health nurses (PHNs) are expected to play a central role in achieving this vision. Embedded in local communities, PHNs are uniquely positioned to address the needs of individuals with dementia, their families, and the broader community. Beyond providing care, they are tasked with empowering residents, fostering dementia-friendly environments, and supporting community-driven initiatives that promote inclusion.

### Primary, Secondary, and Tertiary Prevention: Expectations for PHNs

#### Primary Prevention

PHNs are tasked with reducing dementia risk by promoting healthy lifestyles. They are expected to organize fitness programs, nutrition workshops, and anti-smoking campaigns tailored to older adults, aiming to enhance physical, mental, and social well-being. Additionally, PHNs are encouraged to collaborate with local leaders to establish initiatives that empower residents to take active roles in building dementia-friendly communities. These efforts aim to foster both individual health and social cohesion.

#### Secondary Prevention

PHNs are expected to prioritize early detection and intervention. This includes conducting cognitive screenings to identify individuals with mild cognitive

impairment (MCI) or early-stage dementia and connecting them with appropriate care services. PHNs are also tasked with leading group programs combining memory exercises and social activities, which promote mental health and reduce stigma. These efforts encourage early help-seeking behaviors, a critical factor in effective intervention.

### Tertiary Prevention

For individuals already diagnosed with dementia, PHNs are expected to focus on enhancing quality of life. This involves coordinating personalized care plans, ensuring access to medical and welfare services, and organizing programs aimed at maintaining functional abilities and slowing disease progression. PHNs are also encouraged to promote community-based initiatives, such as dementia cafés and volunteer networks, which reduce social isolation. Importantly, PHNs are tasked with empowering residents to sustain these efforts, ensuring that communities remain inclusive and supportive over the long term.

### Challenges

Despite these expectations, several challenges persist:

- **Workforce and Resource Gaps:** Addressing the shortage of trained PHNs and ensuring equitable access to dementia care in underserved areas remains crucial.
- **Community Capacity Building:** Supporting the long-term sustainability of community-led initiatives requires ongoing guidance and collaboration from PHNs, and local governments.

Investments in PHN education, interdisciplinary collaboration, and technological innovation are necessary to overcome these challenges, fully empower PHNs in their roles and strengthen community-based dementia care.

### Conclusion

The Basic Act on Dementia underscores Japan's commitment to fostering an inclusive society where individuals with dementia can live with dignity and maintain meaningful connections. Public health nurses are central to this vision, bridging policy and practice through prevention, care, and community empowerment. By addressing systemic challenges and supporting PHNs in fulfilling their expected roles, Japan might strengthen its efforts to build a society rooted in respect, coexistence, and dignity.

### [Reference]

- Cabinet Office, Government of Japan. (2017). *Overview of the White Paper on Aging Society (2017)*. Retrieved January 16, 2025, from <https://www8.cao.go.jp/kourei/whitepaper/w-2017/gaiyou/pdf/1s1s.pdf> (in Japanese)
- Basic Act on Dementia to Promote an Inclusive Society. Ministry of Justice, Japan. Retrieved January 16, 2025, from <https://www.japaneselawtranslation.go.jp/outline/92/905R510.pdf>
- National Center for Geriatrics and Gerontology. (2020). Case studies of initiatives for dementia prevention in municipalities. Retrieved January 16, 2025, from [https://www.mhlw.go.jp/content/12300000/R2-5G2\\_s.pdf](https://www.mhlw.go.jp/content/12300000/R2-5G2_s.pdf)

### 2) Supporting to Coexisting: Embracing Life with Dementia

#### Shinpei Saruwatari

*Community medical relations office, Shirakawa hospital, Seiko-en*

Even for individuals with dementia, the desire to live as independently as possible and enjoy life with family and friends remains universal. However, many people living with dementia may harbor thoughts such as: 'My life is over now that I have dementia.' These feelings reflect the social and emotional burdens often experienced by individuals with dementia.

In Ōmuta City, Fukuoka Prefecture, a collaborative initiative between the municipality and private organizations was launched in 2004: the “Hotto Anshin Network Simulation Training.” This project aimed to foster a supportive environment for individuals with dementia living in the community. The primary objectives were to enhance community awareness about the importance of watching over and supporting individuals with dementia and to establish a community custom of finding and helping them if they go missing. Over time, practices of simulation training were repeated with many community residents, resulting in an increased interest from residents, educational institutions, and private organizations. These efforts also inspired everyday practices, such as community members keeping a watchful eye to prevent individuals with dementia from going missing.

However, as this project evolved, an unintended challenge emerged: some long-term participants in the training, upon developing dementia themselves, became increasingly withdrawn. While the training succeeded in raising awareness about dementia, it inadvertently reinforced the perception of individuals with dementia as ‘completely recipients of support.’ This framing led some individuals to feel reluctant to be seen as dependent, further isolating them from their communities. This outcome was contrary to the project’s original intent.

Recognizing this issue, we began to shift our approach to emphasize the concept of living alongside individuals with dementia as equal members of the community, rather than framing them solely as people who require support. For instance, when asked, ‘Is there anything you are struggling with?’ many individuals respond with ‘No.’ However, deeper dialogue aimed at fostering mutual respect often reveals desires such as, ‘I don’t want to be monitored when I go out. I want the freedom to

go out when I choose and reach my destination on my own.’

To address these needs, we have collaborated with individuals with dementia to develop help-cards and smartphone map applications, which enable greater independence in navigating their communities. These tools are part of broader efforts to empower individuals not only to return home safely but also to independently manage their own mobility and daily activities. Additionally, we have initiated participatory approaches to community improvement, working alongside individuals with dementia to reassess local environments and institutional practices.

Rather than preemptively making decisions on behalf of individuals with dementia, it is essential to build communities that amplify their voices and prioritize their autonomy. We believe that enabling individuals with dementia to leverage their creativity and resilience within supportive environments will contribute to shifting societal perceptions. As this happens, more people might begin to think, ‘Even with dementia, it’s possible to live a meaningful life.’ Such a transformation could help dismantle the stereotype of dementia as synonymous with dependence, fostering communities where people ‘live alongside dementia’ and empowering individuals to embrace life with confidence.

### **3) Trial of Community General Support Centers to Support the Lives of Older Adults with Dementia: Current Status and Issues in Urban Areas**

**Akemi Okano**

*School of Nursing Department of Nursing, Osaka Metropolitan University*

In Japan, the prevalence of dementia increases

with the aging of the population and is a major cause of the need for nursing care. Japan's dementia policy has been in force since 2005. The policy was drafted with the key objective of spreading accurate knowledge about dementia to residents and ensuring appropriate medical care and services. Currently, based on the premise that dementia can affect anyone, the goal is to create a society that combines coexistence – wherein even people with dementia can live with hope – with prevention, which delays the onset and worsening of the disease. Dementia support projects have been promoted for nearly 20 years, but problems continue to exist, such as the elderly refusing to seek medical treatment, difficulty in understanding their actual living conditions, and limited understanding about dementia among the elderly, their families, and local residents<sup>1, 2)</sup>.

General support community centers are institutions that receive consultations and provide support to older adults with dementia. The perceived factors causing difficulty in support older adults with dementia are observed to be diverse. These include complexity of including dementia symptoms in the long-term course of older adults, difficulty in receiving family support, challenges in acceptance of the dementia diagnosis by patients, their families, and other residents, barriers in using existing systems and measures, difficulties in reconciling conflicting opinions of individuals with dementia, community centers, and related organizations, and discrepancies between community general support centers and residents, including individuals and their families. The community centers were unable to find a solution. To overcome these difficulties, they require (i) the practical ability to assess the relationship between older adults with dementia and the surrounding phenomena, (ii) negotiating skills to cooperate with residents and related organizations, and (iii) facilitative skills to collaborate with residents and related organizations. Apart from this, (iv) they

need to assess the region and develop regional support<sup>3)</sup>.

The creation of a symbiotic society fosters a culture of cooperation. To achieve this, it is important for these organizations to adopt a broad, community-based perspective and a positive vision for activities, rather than narrowly defined support, for older adults with dementia. To conceive and implement ideas across organizational boundaries, it is necessary to identify the issues facing older adults with dementia in the area of activity and to devise a plan of action along with other people in the area. The general support center and the municipal government's commissioning department need to cooperate to lead this process. We believe that acquiring community assessment and facilitation skills, which are key to fostering a culture of collaborative activities, is an urgent task for creating a society wherein older adults with dementia can coexist.

#### [Reference materials]

- 1) Hirasawa S, Wang J, Mikami A (2020). Issues in Dementia Care and a Comprehensive Community Support Center Approach to these Issues. Chubu Gakuin University Repository 21, 71-80.
- 2) Yoda J, Sato E, Izumune M, Suda Y, Yokouchi R (2020). Difficulties in dementia support for professionals belonging to the Community General Support Centers in A Prefecture and Countermeasures. YPU journal of health sciences, 6 (2), 9-19.
- 3) Okano A. (2024). Factors hindering coordination in supporting older adults with dementia and educational needs at general-support community centers. Japan Academy of Community Health Nursing, 27 (1) , 33-41.

#### **4) Dementia Prevention from Middle Age ; Potential Contributions of the Field of Occupational Health and New Strategies**

**Miwa Tomizuka**

*Komazawa Women's University*

As the aging population rapidly advances, the prevalence of dementia in Japan is predicted to reach 14.9% by 2040<sup>1)</sup>, making dementia prevention an urgent issue. Japan boasts one of the world's leading aging rates, and its efforts to combat dementia have attracted international attention.

In January 2025, Japan's first dementia-related law, the Dementia Basic Act, came into force. This law has "coexistence" and "prevention" as its basic principles.

Regarding dementia prevention, it has been reported that amyloid beta protein, which causes Alzheimer's disease, accumulates in the brain more than 10 years before cognitive decline becomes evident<sup>2)</sup>, and the importance of early intervention has been pointed out. In addition, risk factors for dementia extend to all generations from young to elderly, and five risk factors have been identified for middle-aged people: high blood pressure, excessive drinking, obesity, hearing loss, and head trauma, making prevention from middle age extremely important<sup>3)</sup>.

In promoting dementia prevention from middle age, efforts in the field of industrial health can play a major role and may contribute as a new prevention strategy. Major occupational health activities in the workplace must be carried out based on legal grounds such as the Industrial Safety and Health Act, so dementia is often seen as a problem for the elderly and is not considered a priority issue. However, in anticipation of a significant decline in the working population after 2040, in parallel with measures for currently apparent health issues such as the prevention of lifestyle-related diseases and mental health measures, it is necessary to promote efforts toward prevention of dementia without regarding it as a problem after retirement. To do so, it is necessary to consider feasible measures based on the current situation in the industrial health field.

As for specific support, first, among the risk factors for middle-aged and elderly people, high blood pressure, excessive drinking, and obesity overlap with risk factors for lifestyle-related diseases, so by incorporating a perspective of dementia prevention into regular health checkups and follow-ups after specific health guidance, it is thought that in addition to preventing dementia, it will be possible to strengthen the motivation to improve lifestyle habits for people who have difficulty changing their behavior.

Next, although hearing loss in middle-aged and elderly people progresses slowly and changes are difficult to notice, there are cases where improvement can be expected through otolaryngological intervention. However, it has been reported that only about 30% of people who are aware of their hearing loss visit an otolaryngologist, and the low consultation rate is a concern<sup>4)</sup>. Therefore, it is important to provide information about the relationship between hearing loss and dementia during regular health checkups and actively encourage people to visit an otolaryngologist early. Actively promoting measures against hearing loss from middle-age is expected to not only suppress frailty caused by hearing loss, but also contribute to preventing dementia in the future.

Finally, various dementia countermeasures are currently being implemented, mainly for the elderly, under the leadership of local health. On the other hand, in industrial health, maintaining and improving the health of employees is positioned as a long-term investment for companies, and strategic health management is being promoted. Taking advantage of the strengths of such government and industrial health, we believe that the challenge for the future is to position dementia prevention as an important issue for community and workplace collaboration, and to build a system to promote continuous and

comprehensive prevention from middle-aged and elderly people. In addition, we would like to accumulate pioneering cases of dementia countermeasures in industrial health and research on dementia prevention, and link them to policy.

#### [Reference materials]

- 1) Cabinet Office Japan (2024). Annual Report on the Ageing Society. [https://www8.cao.go.jp/kourei/whitepaper/w-2024/zenbun/pdf/1s2s\\_02.pdf](https://www8.cao.go.jp/kourei/whitepaper/w-2024/zenbun/pdf/1s2s_02.pdf). Accessed 2025 march 25.
- 2) Li J, Wang YJ, Zhang M, et al (2011). Vascular risk factor promote conversion from mild cognitive impairment to Alzheimer disease. *Neurology*, 76: 1485-1491.
- 3) Gill Livingston, Jonathan Huntley, Andrew Sommerlad, et al. (2020): Dementia prevention intervention and care: 2020 report of the Lancet Commission. *Lancet*, 396, 413-446.
- 4) Yasue Uchida (2024). Role of hearing care in a society seeking to prevent dementia and frailty and create an inclusive society. *Audiology Japan* 67, 238-244.

## 2. Best Research Awards of Japanese Community Health Nursing

### 1) Study of Factors of Elderly Male Participation in Social Activities



**Akiko Morinaga**  
*Department of Nursing, School of Medicine, Kurume University*

**Objective:** The objective was to reveal the outline of elderly males' participation in social activities and to discuss ways of support to help participation.

**Method:** An anonymous questionnaire survey of elderly males living in the city of A was conducted. The analysis focused on the relationship between the factors cited below, which were selected through

factor analysis, and personal aspects, physical and mental aspects, aspects of life, or social aspects.

**Results:** The questionnaires were distributed to 980 elderly males; 416 of them were selected as subjects of analysis. Three factors, "Interacting with locals," "Personal amusement," and "Continued learning," were selected through the factor analysis of the question about social activities. The items that showed an important relation with all the factors were "economic affordability," "confidence in walking," "Tokyo Metropolitan Institute of Gerontology Index of Competence," and "Community Commitment Scale." The items that showed a relation to "Interacting with locals" only were people with no disease and the advanced elderly. The item which showed a relationship only with "Personal amusement" was the young elderly.

**Discussion:** In order to facilitate elderly males' participation in community service, mobility support, using ICT, and support for the prevention of frailty would be effective. To help their continuous participation in social activities, supporting all generations' participation in the activity, such as "Interacting with locals," would also be effective.

[Key words] elderly males, social activities, participation factors, community-dwelling

### 2) Public health nurses' activities conducted in normal times to promote residents' mutual assistance during disaster



**Noriko Hosoya**  
*Department of Nursing, Faculty of Healthcare Sciences, Chiba Prefectural University of Health Sciences*

**Objective:** To identify activities performed by public health nurses (PHNs) in normal times that have promoted residents' mutual assistance during



disasters across different municipalities in Japan.

**Methods:** We conducted a nationwide cross-sectional self-report questionnaire survey of PHNs in 1,463 municipalities. The questionnaires assessed whether activities were conducted to promote residents' mutual assistance during disasters and if so, what details could be provided. We provided a qualitative analysis of the objects and methods of such activities.

**Results:** We obtained 535 responses (a valid response rate of 36.6%). We found that 160 municipalities (29.9%) had conducted the aforementioned activities, and nine categories were extracted from 199 codes. The categories were as follows: "Hold meetings and drills for mutual assistance in the event of a disaster for resident groups;" "Develop a disaster prevention system that includes those requiring special care together with district organizations, etc.;" "Link health services with activities to promote residents' mutual assistance during disaster;" "Provide residents with education regarding mutual assistance in times of disaster in various ways and with various contents;" and "Discussing and taking measures for disaster prevention and mutual assistance within an organization to improve comprehensive care in the community."

**Discussion:** The characteristics of these activities were: group support that produces mutual assistance, including for those requiring special care; a population approach to prepare mutual assistance in a time of disaster by joining with daily health activities; construction of a system that undertakes constant mutual assistance in normal times as well as in times of disaster.

**[Key words]** public health nurse, mutual assistance, disaster prevention, municipality, normal times

### 3) Relationship between High Risk of Undernutrition and Increased Risk of Physical and Psychosocial Health Problems among Older Adults Living Alone through Study of Luncheon



**Ayaka Hirochi**  
*Shitennoji University Faculty of Nursing*

**Objective:** To investigate the relationship between high risk of undernutrition and increased risk of physical and psychosocial health problems among older adults living alone.

**Method:** We conducted a questionnaire survey of older adults who were living alone in A-city and attended a luncheon. We conducted multiple logistic regression analyses based on nutritional status, as evaluated by the Nutrition Screening Initiative, with responses to various items about physical and psychosocial health as the independent variables.

**Results:** Overall, 31.8% of participants were classified as malnourished high risk. Risk factors associated with malnutrition included "diabetes outpatient" (OR = 3.25, 95%CI: 1.41–7.52), "awareness of difficulty swallowing" (OR = 4.03, 95%CI: 1.79–9.09), "non self-rated health" (OR = 4.91, 95%CI: 2.32–10.40), "meeting friends less often than once a week" (OR = 2.39, 95%CI: 1.23–4.64), and "asking family members to shop for groceries" (OR = 10.96, 95%CI: 1.06–113.82).

**Discussion:** About 30% of our participants were at (high risk for) undernutrition, which is as high as or higher than patients requiring long-term care in previous studies. Because malnutrition is associated with a history of diabetes, clinicians should ensure that patients attend diabetes appointments, and encourage them to attend health consultations. To mitigate malnutrition and related risks, older

individuals living alone should receive support in shopping for groceries; it would also be helpful to expand social resources related to food.

**【Key words】** luncheon, older people living alone, malnutrition, physical factor, psychosocial factors, NSI (Nutrition Screening Initiative)



## The 28th Annual Research Conference of JACHN

**Main Theme** : The Future of a Community-Based Inclusive Society

**Date** : Septembet 6-7, 2025

**Venue** : Japanese Red Cross College of Nursing, Shibuya, Tokyo, Japan.

<https://www.redcross.ac.jp/>

**Chairperson** : Chie Ishida (Professor of Japanese Red Cross College of Nursing)

**Program** :

- ◆ Chairperson's speech: Chie Ishida
- ◆ Educational lecture ◆ Symposium ◆ Keynote speech ◆ Online session ◆ Workshop ◆ Special discussion
- ◆ Board planning seminar ◆ Research seminar.

**Website** : <https://procomu.jp/jachn2025/index.html>

## ICCHNR and QNI joint Conference 2025

**Main Theme** : The Race to Address Health Inequalities: Community Nursing in the Lead

**Date** : April 15-17, 2025

**Venue** : City St George's, University of London, Northampton Square, London, UK

**Website** : <https://www.citystgeorges.ac.uk/news-and-events/events/2025/april/the-race-to-address-health-inequalities-community-nursing-in-the-lead>

## 7th International Conference of the Global Network of Public Health Nursing

**Main Theme** : Building Resilience and Innovative Solutions: Amplifying Impact and Advancing Positive Global Public Health Change

**Date** : July 29-31, 2025

**Venue** : Calgary, Alberta, Canada

**Chairperson** : Dr. Aliyah Dosani (Mount Royal University) and Dr. Zahra Shajani (the University of Calgary)

**Website** : <https://www.gnphn.com/7th-international-gnphn-conference>

**Program** :

- ◆ Leveraging partnerships to tackle global health security.
- ◆ Healthy recovery after COVID-19
- ◆ Global leadership on public health science and data
- ◆ Climates and Environmental Change
- ◆ And many more interesting lines of inquiry that will be confirmed shortly.

Publisher: International Exchange Promotion Committee

Kaoru Konishi (Osaka University),

Satoko Okawa (Kansai Medical University),

Takashi Naruse (Sompo Institute Plus Inc.),

Yuko Fujimoto (Oita University of Nursing and Health Sciences),

Natsuki Yamamoto (Keio University)

Secretariat of JACHN:

Ozawa-building 2F, 4-1-1, Kagurazaka, Shinjuku-ku, Tokyo

162-0825, Japan

TEL: +81-(0)3-5206-7431 FAX: +81-(0)3-5206-7757

E-mail: [office@jachn.net](mailto:office@jachn.net)