Perspective on health care in the local government

Tanji HOSHI[1] and Toshitaka NAKAHARA[2]

1. Foreword

In accordance with the constitutional reform in the health care section, responsibility for important duties has been transferred from the national government to the regional and local governments.

The emphasis of the health policy in the government, especially in the local government, has been shifted from an economic policy to a health policy. This shift will continue to increase in proportion to the increase in the population of the elderly.

In this paper, perspective on a health policy in both municipalities and Health Centers were discussed and expressed based not only on the public health history but also on constitutional reform.

2. Health Care System

2-1. Public Health History[1,2]

In 1868, during the short civil war known as the Meiji Restoration, an alliance of powerful landholders, young samurai, and mercantile capitalists overthrew the feudal system. At this turning point, leaders of the new government sought eagerly to adopt the institutions of the Western countries that seemed to be best suited for modernizing the Japanese administration system.

In medicine the government decided in 1870 to adopt the German system which was then considered the most advanced in Europe at that time. In the Meiji era (1868-1912) Japan took her place in the sisterhood of modern nations with up-to-date industries, political institutions, and social system.

The Medical Code (ISEI) was enacted in 1874, heralding the initiation of modern medical and public health administration in the country. The ISEI covered medical, public health and pharmaceutical administration, as well as medical education, and the licensing of medical practice.

The most serious health problems during the first half of the Meiji peried were the outbreaks of acute infectious diseases such as cholera and smallpox.

The Taisho period (1912-1926) and the early years of the Showa period were marked by growing social tension associated with a series of socio-economic and natural disasters.

At this time, the pattern of disease began to change from acute infectious diseases to socially rooted, chronic ones. The high incidence of tuberculosis among workers is a case in point.

Various health laws were enacted to cope with the changing disease patterns. The Health Center Law was enacted in 1937. For the main purpose of The Health Center had been to improve the state of health among the military, and to fight against infectious diseases by adopting the methods which caused infected patients to be segregated to medical facilities a long distance from their families.

The Minister of War proposed the Cabinet meeting to set up Health Centers throughout the country in 1937 before the establishment of the Ministry of Health and Welfare. In 1938, the government established the Ministry of Health and Welfare.

In the same year the Institute of Public Health was established supported by a huge grant from the Rockefeller Foundation, introducing America's advanced public health care system.

1) Tokyo Metropolitan University, 2) Department of Public Health Administration, the Instiute of Public Health)

After these steps, however, Japan became even more deeply involved in war, leading finally to surrender in 1945. Immediately after World War II, the national health systems were fundamentally reorganized, based on the New Constitution aiming at a peaceful welfare state. This was achieved with the powerful support of America's Occupation Forces under the extremely depressed national economy at a time of high inflation, shortage of food, and nationwide epidemics.

The government made all efforts to reorganize and to strengthen the national health care systems in general, especially the nationwide health center network system.

Based on the strong support of economic planning, targets in the mid-1900s were primarily directed at laying the foundation for public health services: organizing local Health Centers and voluntary health agencies, initiating investigations, and establishing programs to supplement health services and to combat the high rates of morbidity and mortality of infants and children.

2-2. Health Administration Structure

General Health Administration forms a nationwide system at four levels: (1) Central Government, (2) Prefectural Government, (3) Health Center, and (4) City, Town and Village Local Governments. As to the central government, the Ministry of Health and Welfare is the principal body responsible for general health administration.

At the prefectural level, organizational structure is designated by the Local Autonomy Law (1947). Each prefecture has a department or bureau responsible for health administration.

According to the Health Center Law, all prefectural governments and large municipal governments are required to establish Health Centers for the improvement of public health. The Health Center is financed by local and national governments. By the end of April, 1994, Japan's Health Centers have increased to 852.

Based on the central governmental recommendation, all of the municipalities must set up their own Health Service Centers in their own towns. Japan's Health Service Centers now stand at 1215 at the end of April, 1994.

2-3. Background of the new policy for Public Health[1,2]

According to the final Report of the Ad Hoc Commission of the Administration they have decided to set the upper limit to the rate of the people's tax liabilities below 50% in 2020. Because, under a high rate of income tax, most workers, especially younger ones, would be reluctant to work very hard. The continued development of the health services must be conducted within the framework of the national economy as it is defined by the above Report.

On the otherhand, based on the Medial law enforced in 1985, the additional hospital bed will be restricted if they already have more beds than they need in proportion to the population.

Demographic changes have caused an increasing population of elderly patients in the hospital sector, many of them are the subject of a co-ordinated discharge plan similar to the situation in developed countries[3,4].

Patients are not supposed to be hospitalized for a period of time exceeding 3 months or so. Another reason can be given that if hospitalization extends to a period of more than 3 months, the income for medical treatment from the patients will be inevitably decrease.

It is established by the New Community Health Law in 1994 that the main responsibility for the mainteinance of home care lies on cities, towns and villages.

These series of law revisions covering health care are interrelated with each other.

3. The Health Goals of Health Planning in Prefectures

Health Plans of the 47 prefectures based on The Medical Law in 1985 were reviewed to examine the factors of evaluation; the final goal, implementation plan, development of resources and evaluation planning, which were recommended as health planning factors[4-8].

In Japan, 8.5% of the 47 prefectures have set up the future health goals by using the numerical number, on the other hand, all of the prefectures have already set up the number of beds in each of their own medical areas.

One of the main contents of the health plan was to improve the enforcement of the implementation plan. There were 14 prefectures, which set up the goal for upgrading the facility and the manpower development needed for a future health care activity by using the numerical number.

The following factors were pointed out for improving the methods of health planning and the future orientation intended to improve the people's state of health[9].

1) setting up the future health goals intended to be reached other than the number of medical bed in regional area.
2) development of the actual evaluation planning to determine the effectiveness of health planning.
3) The role of the Health Center for supporting health planning in municipalities is extremely important.

4. Perspective from the point of Health Promotion

Current ideas of health promotion are evolving in a milieu reflecting recent life expansion and health improvement, and recognition of the above-mentioned factors other than medical service largely set-out to determine the health welfare of the nation.

Some current determinations[10-12] are "health promotion is the process of enabling people to increase control over and to improve their health" and "The advancement of well-being and the avoidance of health risks by achieving the optimal levels of the behavioral, societal, environmental and biomedical determinants of health".

4-1. Development of the Health Resourses

Proposal of "80-year lifespan; promoting a healthy life" was put forward by the Congress of National Health. The same idea was taken up by the Ministry of Health and Welfare in the White Book on Public Welfare, where the issue of health is emphasized greatly.

Promoting health is not always attained by availing oneself of professional services. Because people will benefit from available professional services only when they themselves have some knowledge on health issues.

It will be realized that laying self-care has an essential role to play in improving health and reducing health cost. Health education plays a key role in developing this sort of general idea.

The emphasis on health education is shifting from intervention to community involvements.

WHO[12] says that the professional attitude that care is someone's responsibility is related to the fact that in the past health professionals have taken away from the people their decision-making power regarding their health. People should act spontaneously to improve their own health rather than rely on others. People are capable of thinking and acting constructively to identify and solve their own health problems.

In developing people-oriented health technologies, priority should be given to available lay resources and to indigenously developed health practices.

People should also be given greater opportunity to participate actively in the design of health care services and these plannings.

4-2. Development of the Public Health Nurse

This trend of decentralization has also exerted influence upon the distribution of manpower to the health care sectors.

According to the new community health law responsibility that enforces a health care system for a baby and his/her mother lies with municipalities. For example in the case of three-year-old children of the municipalities in 1989, in Japan, data from a questionnaire survey in 1990 was analyzed[14,15].

Results showed that in 1989, only 7% of the 3,198 municipalities were able to perform health examinations independently for the three-year-old children. However, 83% of the cities which had a population of 500,000 or more were able to perform the health examinations independently.

In both the large cities designated by the Government and those cities which have Health Centers, the health personnel system adequately supported these health examinations. Due to the lack of health personnel, rural towns and villages with a small population required public health nurses to be assisted by other staff, mostly by public health nurses from prefectural Health Centers. For example, in those areas with a population of less than 3,000, 43% of the total volume of the work of the public health nurses requisite for performing the health examinations had to be covered by the assistance of the prefectural public health nurses.

Health Planning for the 47 Prefectures were reviewed to determine the relationship between the development of the public health nurse manpower and the health planning for each prefecture[13].

There are significant relationships between the development of the public health nurse manpower and the setting up of the final health goal, medical facilities for the elderly, municipal Health Service Center facilities, and other health manpower development in the future.

By using the linear discriminant function analysis, the significant relational factors to the development of the public health nurse manpower are the development of health manpowers such as medical nurse and doctors, as well as medical facilities for the elderly, and municipal Health Service Center facilities in future.

5. Perspective of Health Care

Since differences in the state of health can largely be attributed to differences in living standards and different life styles, the prospects for improving the state of health through preventive measures are looking up and health care can be a major sector[11].

For example, the health standards of the Tokyo Metropolitan area are higher than that of residents of the other prefectures. On the otherhand, big gaps of health standards among Wards are found in Tokyo. There are statistically significant relationships between health levels and socioeconomical factors ; for example, annual income per person and living conditions rather than medical care facilities or health care manpowers.

We should discuss this from a perspective of how to solve these health issues from the point of a health policy based on the Statements of WHO "Supportive environment for Health" in 1991[10].

5-1. Perspective on Health Care in the Municipality

Since an advisable health care plan on equal terms for the entire population can be achieved in a more satisfactory manner than the present condition, the Ministry of Health and Welfare is transferring various kinds of authorities to the municipalities. From now on, the Ministry of Health and Welfare should extend financial aid to both Health Centers and municipalities.

Advances in nutrition science and technology plus social, political, and economic changes influences the growth and development of public health nutrition services[16]. The number of public health nutritionists will be employed at local levels to meet the rising demand for nutritional services.

Municipalities should put emphasis on the development of a good health care system corresponding to the needs of the inhabitants. One of the largest areas of municipal health care in the future will be the care of the elderly. The elderly are a group which already occupies a major shares of the municipal health care resources.

According to the new law, responsibility for launching a health care system for babies lies with the municipalities. Municipality needs to employ various experts and also to set up health service centers.

As for the construction plans for health service centers, it is desirable to construct them on sites nearest to the city halls so that many of the staff of the municipal office can follow up on their health-activities.

Each and every sector of society is responsible for monitoring the consequences of their own health policies and drawing up suitable health policy objectives. But, a real purpose is to improve health for all people in one area rather than just promoting the implementation program itself. The health care system can provide other sectors of society with a better decision making base for devising health-improving programs[11]. The involvement of the health services in municipal basic planning should be designed so that democratic influence can be strengthened.

5-2. Perspective on Health Care in the Health Center

The system of Health Centers in Japan has been characterized by central planning, by lack of self planning function and by being financed by the central governments. I would like to propose a new approach which is now feasible within the framework of a democratic local government.

Certain factors are proposed which will create a different and more effective health care system to meet the local needs. These factors include the making of their own health plans, the provision of both Health Centers and municipalities to determine these needs and services.

The problems with which the Health Centers are now faced are not new; they have been discussed for the last 50 years. The problems have yet to be solved, because due to the concerns over the government involvement, we have been reluctant to impose central planning and management on to the system[1,2].

In fact since 1982, we improved a health screening system as the first step toward a primary prevention-oriented program. The background of this improvement is the high mortality rates among middle-aged adult groups in Katsushika Ward in Tokyo. We paid attention to the fact that some screenees with no positive findings were ready to take up smoking again without any anxiety.

We have developed a new health screening system which includes a guide for controlling one's life style and for encouraging individuals to continue desirable health practices. Another outcome of health screening can be also connected to other advice given in prevention and health promotion among the screenees. This education method is similar to the concept recommended by the World Health Organization.

The Health Center will adopt reforms that require the least change in the current system. However, these changes will not address adequately the fundamental problems within the system, and ultimately, major changes will have to be undertaken in the near future just like the the United States' health care system[17,18] Annual budget cuts from the central government over the next several years with impose burden on local governments. In these situation, it would be very difficult to expect full-time health-care from providers. But actually, Health Centers are supporting health care of the municipalities. Health Center should send physicians and public health nurses to towns and villages. At the same time, a Health Center should support cities, towns and villages from a specialized view

point aiming at heigtening the effect of an activity by making up for the shortage of the professional staff in cities, towns and villages.

In the near future, many of the municipalities are willing to prepare health plans that will provide better health care for the people. In order to be able to upgrade the health of the entire population, much more information will be required to identify those high risk groups in society which have the greatest risk of suffering from poor health especially the workers in the small company.

It is important to work out forms of cooperation between Health Centers and municipalities to make it possible for the elderly to receive health care in their own homes. In order to develop a joint programme of operation, Health Centers and muncipalities should come to a general agreement concerning collaboration especially in terms of consultancy work referrals training and development activities as well as regional health care implementation programmes[1,2]. One of the principle fundamentals of the Health Center is that psychiatric care be conducted as much as possible in an open and home like atmosphere suitable to the patients' usual living and social environment.

In service training course should also be used to increase the exchange of knowledge between health care and welfare services, especially home help services.

It is desirable that the Health Center should perform the evaluation of the health care systems with the municipality simultaneously. It is very important for people to participate in their own health planning process from the point of health promotion[19-21]. Health care methodology is formed through actual activities in both municipalities and in health centers.

Future research should emphasize the assessment of preventive interventions, because chronic degenerative disease is preventable and that medical treatment options are also widely available in cases caught at an early stage[21-28].

REFERENCE

1) The historical Overview of Health Center and New Law. Hoshi, T. Iwanaga, T. Takabayashi, K. Hokenfu-zashi. 49(11) : 848-858, 1993.
2) Public responsibility about the health policy for elderly people. Hoshi, T. Iwanaga, T.: Hokenfu-zash., 48(10), 768-772, 1992.
3) Tierney-A, Closs-J. Discharge planning for elderly patients. Nurs Stand. 7(52) : 30-33, 1993.
4) The Surgeon General Report on Health Promotion and Disease Prevention. USA DHEW/PHS.1979.
5) Public Health Service Implementation Plans for Attaining the Objectives for the Nation. 1980.
6) Promoting Health/Preventing Disease: Public Health Service Implementation Plans for Attaining the Objectives for the Nation. 1983.
7) Mason, J.O. Public Health Reports. 1990 ; 105 : 441.
8) Correlational Factors of the Medical Care Cost for Eldery. Hoshi, T., Takabayashi, k. Igakunoayumi. 1993 ; 165(2) : 124
9) Health Planning in 47 Prefectures in Japan. Hoshi, T., Nakahara, T.: Japanese Journal of public Health, 40(8), 636-643, 1993.
10) Health Promotion. 「Supportive Environment for Health」 WHO Sundsvall Statements. 1991.
11) The Swedish Health Services in the 1990s. The National Board of Health and Welfare. 1985.
12) New approaches to health education in primary health care. WHO TRS 630. 1983.
13) Study on the development of the public health nurse manpower and correlational factors in the prefectural health planning. Hoshi, T., Nakahara, T., Iwanaga, T. Hokenfu-zashi. 50(3) : 223-228. 1994.
14) Relationship between health services for maternal and child health and working hours. Hoshi, T., Nakahara, T.: Japanese Journal of public Health. 39(12), 883-890, 1992.
15) Health Personnel Staffing Requirements for Health Examination for Three Year old Children in Municipalities in Japan. Hoshi, T., Nakahara, T.: Japanese Journal of public Health, 40(8), 644-652, 1993.
16) Public health nutrition : a historical perspective. Egan-MC. J-Am-Diet-Assoc. 94(3) : 298-304, 1994.
17) The United States' health care system : problems

and solutions. Lichtenstein-RL. Surv-Ophthalmol. 38(3): 310-317, 1993.
18) The potential for changing the health care system within the current Polish transformations. Wloch-K. Public-Health. 1993. 107(6): 437-439
19) The Mission for Home Care and Health Care. Hoshi, T., Takabayashi, k. Rinshyo Kango. 19(14): 2158-2164, 1993.
20) Health Planning in Resional areas. Hoshi, T.: SALUS, 36-44, 1993. TOKYO.
21) Situation of health promotion planning on municipal fundamental plan. Hashino, K., Iwanaga, T., Hoshi, T.: Nihon Kosyueisei Gakkai, 39(10), 237, 1992.
22) New Health Promotion from Negative toward Positive Health (in Japanese). Hoshi, T.: Japanese Journal of Dental Health Education, 8(2), 129-137, 1993.
23) Cancer Control Objectives for the Nation: 1985-2000. A Publication of the National Cancer Institute. 1986. 1
24) Berkman, l.f., and L. Breslow.: Health and Way of Living. Oxford University Press, 1983.
25) Puska, P. et all.: The North Karelia Youth Project.: Preventive Medicine.: 133-148, 1981.
26) Multiple Risk Factor Intervention Trial Group.: Multiple Risk Factor Intervention Trial. J.A.M.A.: 1465-1477, 1982.
27) Hoshi Tanji. Report regional seminar on health system research, Relationships between health practices and physical health. Manila, Philippines, World Health Organization. PP. 1-56, 1990.
28) Community Prevention and Control of cardiovascular Disease. WHO. TRS (732), 22-24, 1986.

保健所・市町村での政策的動向

星　旦二，中原　俊隆

（要　旨）

市町村における保健活動を重視する地域保健法が成立している．ここでは，保健活動の歴史的経緯と行政改革を背景にして，これからの保健所と市町村の役割それに今後の展望について文献的に考察した．

医療費の安定化が叫ばれ，長期入院が制限されたり，病院病床数の過剰な地域では新規の病床を増やすことができなくなっている．一方，施設ケアや在宅ケアが叫ばれている．地域保健法の成立は，医療法の改正，福祉関連法の改正，保健医療計画，地域の老人保健福祉計画と関連する一連の動向である．その背景を臨時行政改革審議会の答申によってみると，若者に対する税金の負担を軽減させ，若者の勤労意欲を保ちつつ，経済の成長を低下させないための税の仕組みの一貫として捉えることができる．

地域保健法では，在宅ケア，母子保健サービスが住民の身近な市町村で実施されることになっている．

厚生省は市町村に対して各種権限を委譲することから，市町村に対して財政面での援助をすべきであろう．また，市町村は保健センターを建設する必要がある．その建設場所は，役所に極めて近い場所に建てることが望ましい．何故ならば，市町村の職員は，活動を理解できやすくなるとともに，総合的な健康政策が発揮されやすいからである．

現在保健所は，市町村の保健活動を支援しているが，今後とも保健所は，町村に対して医師や保健婦それに栄養士などの専門職種を派遣すべきであり，活動の効果が上がることを目標に市町村を支援することが望まれている．またそのための調査研究が望まれている．

市町村は，住民の健康レベルを向上させるための計画を作成している．よって，保健所は，市町村と共に活動の評価を実践することがが望まれる．また，住民が計画作成過程に参加することが大切であろう．保健所改革は，今後とも続くであろう．