ANNUAL REPORT

St. Luke's International University, Tokyo, Japan

WHO Collaborating Centre for Nursing Development in Primary Health Care

Name of the Centre & Location

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Director of the Centre

Erika Ota, RN, CNM, PhD, Professor of Global Health Nursing

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Director of SLIU WHO Collaborating Centre
for Nursing Development in Primary Health Care

Erika Ota, RN, CNM, PhD, Professor of Global Health Nursing

In 1978, the Declaration of Alma-Ata was approved by 134 countries. It set the target of "attainment by all peoples of the world by the year 2000 a level of health that will permit them to lead a socially and economically productive life." In 2015, a total of 193 United Nations member states agreed to the 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs), aimed to prevent that anyone would be left behind. The SDG 3 health goal, "Ensure healthy lives and promote the well-being of all at all ages," incorporates Target 3.8, which reinforces the objective of the Declaration of Alma-Ata to "Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all," by 2030.

St. Luke's International University World Health Organization Collaborating Centre (WHOCC) for People-Centered Care (PCC) in Primary Health Care (PHC) has been re-designated seven times over the past 29 years since 1990. In 1990, we started WHOCC for Nursing Development in PHC, and in 2011 we started assisting WPRO and member states with the development of PCC models, especially the development of a regional action framework to help countries achieve universal health coverage by promoting integrated PCC service delivery. PCC makes health literacy and technology possessed by health care personnel available to the people in an easily understandable manner. We engage in a partnership intended to eliminate the anxiety and pain of people. To achieve SDG 3, PHC is a key contributing factor; therefore, we developed the PCC partnership model to ensure the quality of care intended to cover various health and social issues facing community members who receive care and their families, to support them to protect their own health.

Our research identified 8 partnership elements that community members and health care personnel share. These are 1. Understanding each other, 2. Trusting each other, 3. Respecting each other, 4. Using each other's strengths, 5. Taking on each other's roles, 6. Overcoming problems together, 7. Shared decision making, 8. Learning together.

We wish to share our experience with primary health care amid a super aging society in Japan with other countries around the world.

Establishment and Activities of the Centre

Ever since St. Luke's International University (SLIU) was designate as a WHO Collaborating Centre 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 centre, SLIU has collaborated with local (Japanese), WPRO and AFRO nursing research and educational organizations.

The Centre has been conducting research to improve the quality of nursing care to meet the nursing care needs of an advanced country. Taking the current state of PCC in PHC into account, the centre has also initiated the development of a PCC model needed in the 21st century and an international collaboration model.

Terms of Reference —Our Activities—

TOR1 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.

TOR2 Share with other Member States the lessons learnt in Japan on the implementation of health literacy programs that resulted in better engagement of women and their families with health care providers

TOR3 Help build nursing and midwifery education capacity in low-resource countries in the WPRO region.

TOR 1

Assist WPRO and Member States with the development of community People-Centered Care (PCC) models based on the values of PHC in the context of aging societies. <by Associate Professor Keiko Takahashi, RN, PHN, PhD>

Development of the Health Literacy of People in the Community

Outcome

TOR 1-1-1 <Health Navigation Project>

Development of Health Navigation for People in the Community

The purpose of our activity is to cooperate with individuals in the community who are conscious of their own health issues, by providing needed information and experts' consultations. Through the health navigation center, LukeNavi, our activities could improve health literacy among people in the community. LukeNavi provides four community-based health service activities: (1) health navigation, (2) health screening, such as blood pressure, bone density, grip strength and body composition, (3) health-related library, and (4) health-related mini-lectures and mini music concerts. In FY2018, Luke-Navi was in operation on more than 223 days. In total, 4607 community visitors participated in our activities, and created adult and older adult learning groups in our urban community. Health literacy was also enhanced through health-related mini-lectures and the library. The mean participant satisfaction score measured by the 10-point VAS was 9.3. In FY 2018, there were 12 non-health professional volunteers, nurses, and librarians who contributed to this program.

In short, this program strengthened the mental and physical health of the people in the community and contributed to the reduction of soaring health care costs by developing the health literacy of the ageing urban community. Devoted volunteer staff made it possible for this program to be low-cost, and motivated elderly volunteers to participate in community activities. Since "ageing" is one of the most serious and common issues in all developed countries, and is also 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.

TOR 1-1-2 <Health Literacy Project>

Development of Health Literacy-related Lectures for People in the Community Using E-Learning Resources

The project provides E-learning opportunities to individuals in the community. The core merit of this project lies in the fact that nurses' and librarians' expertise and non-health professional volunteers could help strengthen the health literacy of individuals in the community who are flooded by a huge amount of health-related information on the internet and in books. We gave lectures to individuals aged over 18 years in the community at St. Luke's International University on 24th Nov and1st Des 2018 and 23rd Feb and 2nd Mar 2019. On these four days, the six-hour lectures dealt with such issues as how to search useful health-related information on the internet and in books, and how to evaluate the information. The methods used in these lectures consisted of E-learning material designed by our team of researchers and active learning. Thirty individuals (twelve males and eighteen females) with an average age of 54.3 years participated in the program. The program accomplished a maximum possible score of 5.00 on average in the item of Communicative and Critical Health Literacy (e.g. Seeking information from various sources, Extracting relevant information, Considering the credibility of the information, Understanding and communicating the information, Making decisions based on the information), which was revealed by the

questionnaire distributed before and after the program. The average participant satisfaction score measured by the 10-point VAS was 9.1. The health literacy e-learning is available on our WHOCC website, and access is free of charge.

TOR 1-1-3 <People-Centered Care Project>

The Development of a Scale to Measure Partnerships in People-Centered Care Involving Citizens and Health Care Professionals: Examination of the Reliability and Validity

Objectives: People-centered care (PCC) is undertaken through citizen-initiated partnerships with healthcare professionals (hereinafter professionals) to improve health problems experienced by individuals and the local community. The purpose of the present study was to develop a scale to measure citizen-initiated PCC partnerships between citizens and professionals in health support activities to improve health issues experienced by individuals and local communities. This study was also aimed to examine the reliability and validity of such a scale.

Methods: For the draft of the PCC partnership scale, 9 researchers narrowed down item content from detailed experiences of 11 managers of activity groups involving factors of the PCC concept. Using examples from activities conducted by both citizens and professionals, 37 items were extracted. Superficial validity was also examined by three professionals and three citizens who were members of citizen-professional healthcare support groups, and the draft of a five-point assessment scale was created. A nationwide self-administered questionnaire was then completed by citizens and professionals who were members of groups that conducted activities. The study design was a qualitative, cross-sectional descriptive study, and the study period was from December 2017 to April 2018. The survey content included participant attributes, the draft of a PCC partnership scale, and cooperative effect factors as a subscale to determine collaboration. Principal component analysis and confirmatory factor analysis were performed using statistical software (SPSS Statistics Ver23 and AMOS Ver23).

Results: Questionnaires were distributed to 655 target groups, and responses were obtained from 340 groups (response rate: 51.9%) with valid responses from 329 of 340 groups (97.0%). Using principal component analysis, we found component loading of $\geq$ 0.59, contribution rate of $\geq$ 58.1%, and Cronbach's α coefficient of $\geq$ 0.77 for each of the eight subscale items: 1) understanding each other, 2) trusting each other, 3) respecting each other, 4) using each other's strengths, 5) taking each other's roles, 6) overcoming problems together, 7) shared decision-making, and 8) learning together. There was a positive correlation (p-value = 0.01) for PCC partnership scale scores and scores of cooperative effect factors as the subscale to determine collaboration. Confirmatory factor analysis revealed a permissible level of conformity.

Conclusion: We developed the PCC partnership scale consisting of 37 items concerning 8 factors scored on a five-point scale each. The validity and reliability of the scale were confirmed based on the results of criterion-related validity and internal consistency.

※**Grant-in-Aid for Scientific Research (B)**

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Activity Photo

TOR 1-1-1 Health Navigation Project: Luke-Navi Health Navigation Center

TOR 1-1-2 Health Literacy Project: Health Literacy Lecture

TOR 1-1-3 People-Centered Care Project:

Table 1. Scale for Measuring Partnerships in People-Centered Care Involving Citizens and Health Care Professionals

	Please answer all of the questions below. Please circle the one answer that best describes your thoughts or actions. * "Members" refers to those participating in activities with you in the activity group.	Strongly agree.	Somewhat agree.	Neither agree nor disagree	Somewhat disagree.	Strongly disagree.
Understanding each other	1 I introduce myself to the members when I meet them for the first time.	5	4	3	2	1
	2 I understand the members' roles in activities.	5	4	3	2	1
	3 I understand the members' positive qualities.	5	4	3	2	1
	4 I understand the way the members think about activities.	5	4	3	2	1
	5 I understand the way the members feel about activities.	5	4	3	2	1
Trusting each other	6 I believe in the members and engage in activities.	5	4	3	2	1
	7 I communicate my frank opinions about activities to the members.	5	4	3	2	1
	8 I recognize the members as partners in activities.	5	4	3	2	1
	9 I feel comfortable participating in activities with the members.	5	4	3	2	1
Respecting each other	10 I respect the roles of the members in activities.	5	4	3	2	1
	11 I respect the members' opinions.	5	4	3	2	1
	12 I respect the members' feelings.	5	4	3	2	1
	13 I treat the members with respect.	5	4	3	2	1
Using each other's strengths	14 I express my expectations for the members in activities.	5	4	3	2	1
	15 The members and I make the most of our strengths in activities.	5	4	3	2	1
	16 I recognize the strengths of the members in activities.	5	4	3	2	1
	17 I ensure that the members' opinions are reflected in activities.	5	4	3	2	1
Taking on each other's role	18 The members and I each have a role in activities.	5	4	3	2	1
	19 I discuss safety measures for activities with the members.	5	4	3	2	1
	20 I fulfill my role decided with the members in activities.	5	4	3	2	1
	21 The members and I take responsibility for our roles in activities.	5	4	3	2	1
Overcoming problems together	22 I have opportunities to consult with the members about activities.	5	4	3	2	1
	23 I share my thoughts about activities with the members.	5	4	3	2	1
	24 I engage in activities with the members.	5	4	3	2	1
	25 I overcome problems with the members.	5	4	3	2	1
	26 When our opinions on activities do not coincide, I talk with the members until we are in agreement.	5	4	3	2	1
Shared decision making	27 I share goals for activities with the members.	5	4	3	2	1
	28 I value the members' thoughts on activities.	5	4	3	2	1
	29 I share my experiences and knowledge I think are necessary for activities with the members.	5	4	3	2	1
	30 I share the experiences and knowledge vommunicated to me by the members with everyone.	5	4	3	2	1
	31 The members and I hold discussions before making decisions on activities.	5	4	3	2	1
	32 I am satisfied with the decisions the members and I make on activities.	5	4	3	2	1
	33 I participate in activities with the members on equal terms.	5	4	3	2	1
Learning together	34 The members and I learn from activities together.	5	4	3	2	1
	35 I gain knowledge and information useful for activities from the members.	5	4	3	2	1
	36 I communicate what I have learned from a member to the other member.	5	4	3	2	1
	37 Sometimes I realize that the members' perspectives on activities differ from mine.	5	4	3	2	1

TOR1-2

Development of an intergenerational health-promoting care model

<by Professor Tomoko Kamei, RN, PHN, PhD>

The people-centered intergenerational day program called “Nagomi-no-Kai” is a weekly intergenerational day program for older adults and school-aged children to enhance cross-generation relations and promote the health of older adults in an urban community.

We aim to make a contribution to prevent older adults from becoming homebound, promote their physical and mental wellbeing, and maintain and/or improve their quality of life by offering them a meaningful destination and encouraging their energetic participation, while promoting their social capital. We held 18 sessions of the people-centered intergenerational day program during FY2018 at a university-related facility on a weekly basis under the leadership of nursing faculty staff (n = 6), a physical health-promoting faculty staff member (n=1), and community volunteers (n=5) living in the central part of Tokyo, which is an ultra-aged urban community.

Outcome

In 2018 we evaluated a total of three children and 4 non-frail and 3 frail older adults. The children were in grades 5 to 7. The average age of the older adults was 78.8 years (*SD* 3.5) in non-frail and 88.3 years (*SD* 3.1) in frail individuals.

On-site researchers completed SIERO inventories that provided quantitative data about participants’ interactions, while participants’ satisfaction with the program was evaluated using the visual analogue scale, (VAS)-10. Findings suggested that non-frail older adults developed increased verbal communication with children. The best practices showed that the promotion of linguistic, emotional, and positive attitudinal experiences in both generations led to the creation of meaningful and satisfying relationships.

Our intergenerational day program provided a high level of satisfaction to both generations; the mean VAS-10 score of program satisfaction was 9.31(*SD* 0.1) points for older adults and 10 (*SD* 0) points for the children. The mean participation period was 7.3 years for older adults and 2.3 years for children, and this program was thus a regular outing place for participants. This indicates that the program provided mutual benefits and a sense of unity. It is considered that the program decreased isolation and improved the quality of life of older adults, contributed to positive mental health, and helped maintain physical well-being, while it also promoted a positive perception of older adults among the children. The program facilitated closer relations between the two generations. In short, this program provided a model for the prevention of isolation, while promoting social participation of frail older adults. This program has the potential to reduce medical expenses by helping older adults maintain their health in the community. In Confucian culture the family was considered very important; however, a shift towards nuclear families has spread, not only in Japan, but also throughout China, Korea, Australia, and other high- and middle-income countries. This program promotes interactions between different generations, which is useful to recover lost family connections.

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Activity Photos

TOR 2-1

Educational program to encourage young female students to undergo cervical cancer screening.

<by Akiko Mori, RN, CNM, PhD>

Outcome

In Japan, the examination rate of uterine cervical cancer screening is 42.1%, and the examination rate among 20-29 year-olds is 26.5% (Ministry of Health, Labour and Welfare, 2015). It is necessary to raise the examination rate among young women.

The aim of the study was to evaluate the educational program, "Let's try cervical cancer screening - on Cervical Cancer Screening for Female Students" and to examine the impact of the program to change the intention and behavior for screening.

The target of the study was women attending a full-time university, junior college, or special school in a metropolitan area, aged from twenty to twenty-six years, who had never undergone cervical cancer screening.

The educational program was based on a health belief model, and was constructed based on knowledge of cervical cancer and by "benefit," "seriousness," "morbidity," "self-efficacy" and "barrier" of the health belief model. We evaluated the program using an unsigned self-descriptive questionnaire before and after the program. We analyzed changes in the scores of knowledge, health belief, and self-efficacy before and after the program, using the paired t-test.

We asked subjects about their intention to undergo cervical cancer screening.

We analyzed the changes in the transformation stage by Friedman's test before, immediately after, and two months after the program.

This program was concluded by participating once, and the program was provided six times in total, and 27 of the 28 people who applied actually participated. The participants were divided into six groups, and the mean number of people in one group was five people. The difference in the average score of knowledge before and after the program was statistically significantly different, with a higher knowledge score after the program ($t(26) = -10.01$, $p < 0.05$). The difference in the average score before and after the program for each subscale of the health belief scale was significant. The "benefit" score significantly increased after the program ($t(25) = -5.25$, $p < 0.001$), while the "barrier" score significantly decreased ($t(26) = 9.05$, $p < 0.001$). The "seriousness" score also significantly decreased ($t(26) = 5.14$, $p < 0.001$). No change was found in the "morbidity" score. The self-efficacy scores significantly increased ($t(26) = -3.81$, $p = 0.001$). The intention of the cervical cancer screening of twenty-one subjects was not a statistically significant change 2 months after the program. Two students underwent cervical cancer screening after the program.

Reference

Suzumoto, E. (2018). Development and Evaluation of an Educational Program on Cervical Cancer Screening for Female Students. (Unpublished master's thesis). St. Luke's International University (Tokyo, Japan).

Activity Photo

Video (cover) of teaching materials

Eri (left) showed this video to young women who visited our university festival and informed them of the importance of cervical cancer screening.

TOR 2-2

Family-Centered Care Models—Sibling Preparation Class

<by Professor Yaeko Kataoka, RN, CNM, PhD.>

A declining birthrate is one of the social issues facing Japan. With the recent increase in one-child families, 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 (1) to prepare older siblings for a new role, (2) to help them understand the mechanism of pregnancy and children, and (3) to allow them to attend the childbirth. In addition, the purpose of this class for parents was to teach them how to respond to an older sibling's behavior such as infantile regression.

This class was started in September 2009 and 70 classes were conducted until November 2011. The class consists of two parts, one part for parents and the other for children. We developed an original parenting support booklet for multiparas printed in A5 size and consisting of 20 pages.

Outcome

This year, we analyzed the characteristics and feedback of the participants over the last decade (2009-2018).A total of 764 families had enrolled in the classes with an average of 9.6 families and 27.4 participants enrolled in each class. Most of the families included a mother (98%) and father (73.4%). The age of the siblings was from 0 to 11 years (mean 3.48 years). The parents expected the class to educate the family on how to prepare to welcome the baby as well as to provide sex education for the siblings of the baby. The parents learnt how to talk about sex with their children through the class. Since many parents wanted their elder child to attend the childbirth, demonstration of childbirth and advice concerning siblings were much appreciated. Another popular topic among participants was infantile regression of siblings. The overall participant satisfaction score was high with an average of 90±11.2.

References

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Activity Photo

Japanese

English

TOR 2-3

Educational Program for Children and Parents about the Prevention of Asbestos Exposure

<by Sarah Yasuko Nagamatsu, RN, PhD>

Asbestos causes serious health problems such as lung cancer and malignant mesothelioma decades after exposure to it. Historically, victims of asbestos poisoning had been workers at factories or construction sites where asbestos is handled. However, recently some patients with malignant mesothelioma had been exposed to environmental asbestos. There have been many incidents of exposure to asbestos in schools, kindergartens and nurseries in Japan. It is a major concern for parents how they can protect their children against asbestos poisoning.

Unfortunately, information on asbestos and protective measures against it is limited in Japan.

We developed a website with educational contents for children and their parents on safe practices to prevent asbestos inhalation. The educational content was developed using simple language and visual cues to assist the understanding of the users, and includes the following headings:

What is Asbestos?
Where is Asbestos found?
How to Protect against disasters
What to do if you have been exposed

Another issue is the psychological care of people who are already affected by asbestos such as patients with asbestos-related diseases who had been exposed to asbestos, their family members and medical professionals. Therefore, we started e-mail and telephone consultations of anyone who has been affected by asbestos.

Outcome:

Five telephone consultations were made. Three concerned asbestos exposure in a kindergarten and day care center building that was undergoing renovations or demolition. One of them was so dangerous for the children that a specialist was sent to protect the children.

There was also a request to provide support to the bereaved family members of people who had died of asbestos-related diseases. These bereaved family members suffered prolonged grief. Therefore, grief therapy was conducted in both the Tokyo and Osaka areas.

解体・改築工事によるアスベストから子どもを守ろう

「古い建物には現在は使用が禁止されているアスベストが含まれている場合があります。アスベストを含む建物の解体・改築工事では、アスベストを飛散しないように、事前のアスベストの有無の検査実施やその結果の届け出が義務付けられています。お住まい、職場、お子さんの学校等の近くで工事が行われそうな時や行われている時は、アスベスト対策を行っているか確かめましょう。

Step 1

工事の表示を写真にとる。

Step 2

工事を実施している地域の役所に電話し、「環境対策課＊」につないでもらいましょう。＊役所によって若干名前が異なることがあります。「アスベストの問題を扱う部署」と言ってください。

Step 3

「近隣住民だが、○○町〇丁目〇番地の工事でアスベストが飛散しないか心配です、アスベストの有無と飛散予防策について確認してきてください。施工会社と電話番号は。。。。。」と担当者にお願いしましょう。 確認した結果も教えてもらいましょう。

TOR 3

<by Shigeko Horiuchi, RN, CNM, PhD; Kana Shimoda, RN, CNM, PhD;
Yuko Masuzawa, RN, CNM, PhD; and Miyuki Oka, RN, CNM, PhD>

Support of nursing and midwifery education capacity building in low resource countries in the WPRO region

Outcome

Establishment of an international collaborative research center with Myanmar and Lao People's Democratic Republic

Objectives: We have expanded our field research station to Myanmar and Lao People's Democratic Republic (Lao PDR) in Southeast Asia. Since Myanmar and Lao PDR have numerous maternal and child health problems, we initiated projects with the goal of developing a sustainable global nursing and midwifery leader training model focused on improving the quality of maternal, childbirth and neonatal care.
Methods: The project aimed to establish research-cooperative frameworks with Myanmar and Lao PDR.
Results: We invited the stakeholders from Myanmar (University of Nursing, Mandalay) and Lao PDR (University of Health Science, Mahosot Hospital and Ministry of Health) to Japan in June (Myanmar) and in July (Lao PDR) 2018. During their stay, we provided opportunities to visit nursing and midwifery educational institutions and perinatal medical institutions in Japan, and to share ideas about our mutual countries' clinical and educational situations and challenges. Through these discussions, we strengthened bilateral research-cooperative frameworks. This led to the first collaborative seminar on quality improvement of nursing education in Lao PDR in September 2018.

Respectful Maternity Care seminar in Tanzania

Objectives: The seminar introduced Respectful Maternity Care (RMC) to midwives and midwifery students in Muhimbili National Hospital and Muhimbili University of Health and Allied Science (MUHAS), Dar-es-Salaam, Tanzania, to strengthen the quality of midwifery care and promote RMC throughout Tanzania.
Methods: The seminar took place in MUHAS in August 2018. Two Japanese and two Tanzanian faculties/researchers and four graduate students of St. Luke's, including three resident students who are Japan International Cooperation Agency volunteers, acted as the facilitators. The seminar consisted of three sections: (1) lectures: sharing the concepts of 'Women-Centered Care' and 'Disrespect and Abuse (D&A)'; (2) role-playing: playing the roles in frequently occurring antenatal and childbirth situations with D&A; and (3) group discussion: discussing how the midwifery care at the participants' own facilities could be improved.
Results: A total of 51 midwives and midwifery students participated in the seminar. After facilitators' role-playing of care with D&A, all participant groups discussed what should have been improved and then shared improved care through another role-playing session. During and after that section, the participants gave feedback to one another and seemed to enjoy the roles they played as well. In the final section, using the think-group-share method, they all discussed how they could attempt to promote RMC, and at the same time they also reaffirmed how important it is to improve their work environmental conditions.

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<Research article>

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Activity Photo

The collaborative seminar in Lao PDR

The collaborative seminar in Tanzania

June 2019