



Annual Report
St. Luke's College of Nursing
WHO Collaborating Centre for Nursing Development
in Primary Health Care
2012



St. Luke's College of Nursing
10-1, Akashi-cho, Chuo-ku, Tokyo 104-0044, Japan
Phone:+81-3-3543-6391 Fax : +81-3-5565-1626

ANNUAL REPORT 2012

1. Name of the Centre

WHO Collaborating Centre for Nursing Development in Primary Health Care

2. Address

St. Luke's College of Nursing, Department of Nursing
10-1, Akashi-cho, Chuo-ku, Tokyo 104-0044, Japan
3-8-5, Tsukiji, Chuo-ku, Tokyo 104-0045, Japan

Phone : +81-3-3543-6391 Fax : +81-3-5565-1626

e-mail : who@slcn.ac.jp

3. Head of the Centre

Professor Masako Yamada

4. Terms of reference of the Centre

- 1) To develop and evaluate models for nursing in primary health care for an aging society in a developed country.
- 2) To identify and promote nursing leadership in primary health care.
- 3) To update standards of nursing education and practice to implement primary health care.
- 4) To facilitate research development relevant to nursing by identifying research priorities and developing research networks.
- 5) To influence governmental and professional agencies to promote nursing leadership in the development of primary health care.
- 6) To support international collaboration in nursing education, research and practice related to primary health care

Institution Name	St. Luke's College of Nursing		
Name of the relevant department, unit, section or area of the institution	Department of Nursing		
City	Tokyo		
Country	JAPAN	Reference Number	JPN-58
Title	WHO Collaborating Centre for Nursing Development in Primary Health Care		
Report Year	04/2012 to 04/2013		

Title of Activity

In agreement with WHO, to evaluate and develop further nursing models of People-Centered Health, based on the values of PHC, to contribute to Millennium Development Goals and address the needs of ageing population.

Activity 1 Development of Health Navigation for the Community Individuals

Masako Yamada, RN, PHN, CNS, MNS.

Activity 2 Development of Intergenerational care model for health promotion

Tomoko Kamei, RN, PHN, PhD.

Activity 3 Development of Family-centered care model for the people

Yaeko Kataoka, RN, CNM, PhD.

Ikuko Oikawa, RN, PHN, MNS.

Activity 4 Development of women-centered care model for health promotion

Akiko Mori, RN, CNM, PHN, PhD.

Naoko Hayashi, RN, PhD.

Activity 5 Development of elderly-centered care model for home care & health promotion

Tomoko Kamei, RN, PHN, PhD.

Fumiko Kajii, RN, PhD.

To contribute to WHO's work in furthering maximal utilization of health workers through nursing leadership in People-Centered Care and capacity-building and advancement of interdisciplinary advanced nursing practice (ANP) education and service delivery.

Activity 6 Development of capacity of team building for graduate students in advanced nursing

Michiko Hishinuma, RN, PHN, PhD.

Tomoko Kamei, RN, PHN, PhD.

To support the work of WHO in implementing research and system changes which improve the education and advanced practice of nurses and midwives in PHC.

Activity 7 Organizing Caring Community for the People with Genetic Disorders

Naoko Arimori, RN, CNM, PHN, PhD.

To further progress towards MDG Maternal and Child Health targets through expanded regional and global partnerships.

Activity 8 Collaborative development of master program in midwifery at Muhimbili University

Shigeko Horiuchi, RN, CNM, PhD.

Activity 9 Collaborative development of master program in community health nursing at Islamic University

Junko Tashiro, RN, PHN, CNM, PhD.

Special Project

Disaster Relief Activities for The Great East-Japan Earthquake, Tsunami and Nuclear Power Plant Accidents in Fukushima, Japan

Toshiko Ibe, RN, DNSc

Masako Yamada, RN, PHN, CNS, MNS

Activity 1

Development of Health Navigation for the Community Individuals

Responsible Person: Masako Yamada, RN, PHN, CNS, MNS.

Program explanation

This project runs the health information center called Luke-Navi from Monday to Friday for the local community. Luke-Navi provided six community-based activities: (1) health counseling, (2) health screening such as measurement of blood pressure, bone density, height, weight and BMI, (3) health related library, (4) mini health-related lectures and (5) mini music concerts were held once a month at lunchtime and (6) A relaxation tea lounge (tea ceremony) was held once a month as well. Luke-Navi is managed many community and medical volunteers (nurse, public health nurse, dietitian, dental hygienist).

Outcome

In 2012, there were 721 visitors for the health counseling and health screening and 342 visitors for the mini-health-related lecture and the mini-music concert. In total over one thousand community visitors attended our Luke-Navi activities.

In 2012 there were 32 community volunteers and 22 medical volunteers. There are 41 external organizations that have formed cooperative ties with Luke-Navi. To support our activities Luke-Navi provided primary classes as well as advanced classes for the community and medical volunteers. They co-worked with the faculty to guide 97 undergraduate students and 16 continuing education students. Some college researchers developed their research ideas from the activities of Luke-Navi.

Reference

- Keiko Takahashi, Michiko & Hishinuma, Masako Yamada et,al (2013). Evaluation of the Activity for Health of the Local Community: LUKANAVI Health Navigation, Managed by St. Luke's College of Nursing, BULLETIN OF ST.LUKE'S COLLEGE OF NURSING ,39,47–55.
- Keiko Takahashi & Michiko Hishinuma et.al(2012).Academic Nursing Practice at St. Luke's College of Nursing in Japan; Community "Walk-In Health navigation" Offered on Campas,The 9th International Conference with the Global Network of WHO Collaborating Centres for Nursing and Midwifery, 77.

Activity photo



Activity 2

Development of intergenerational care model for health promotion

Responsible Person: Tomoko Kamei, RN, PHN, PhD

Program explanation

To prevent elders from becoming home-bound, that they should keep their physical and mental health and maintain or improve their quality of life by providing a meaningful destination and will encourage their energetic participation, an intergenerational day program was provided in a college building once a week by nursing faculty, part time nurses and volunteers living in the urban community.

Outcome

We have conducted this intergenerational program continually 27 times per year for five years for community dwelling frail elderly and school age children to promotion of elder's health and intergenerational exchanges for both generations.

In 2012, thirteen female elders [mean age 75.6(SD 6.9)] and six school age children [mean age 9(SD 0)] were registered in our program. Eight elders were continuing participants from the beginning and five elders were newly registered to the program.

Elder's psychological QOL was longitudinally evaluated using the geriatric depression scale-15 (GDS-15) every six months.

The non-depressive group of elders (n = 8) showed no significant changes in GDS-15 score 2.6, 2.8, and 2.3 points at first involvement, after twelve months, and after twenty-four months respectively. In depressive group of elders (GDS > 5, n = 4) showed 8.8, 3.8, and 4.5 points at first involvement, after twelve months, and after twenty- four months. There was significantly decreased in GDS-15 score between first involvement and after twelve months ($p < 0.001$), and first involvement and after twenty-four months ($p < 0.001$).

Children's perceptions for elders were 'Elders have wisdom', 'Elders are so honest' and so on.

Our IDP represents decreasing elder's depressions especially in depressive elders because the intergenerational day program provides mutual beneficial exchanges and solidarity between generations. That will decrease elder's isolation and provision for positive effects in mental health. And bring children's positive perceptions for the elderly.

Reference

- Tomoko Kamei, Yuko Yamamoto, and Fumiko Kajii (2013). Developing a St. Luke's Intergenerational Exchanges and Relations Observation (SIERO) Inventory and Analysis of the Reliability and Validity, Manuscript submitted for publication.

Activity photo



Elderly and children cooked and had fruit cup together.

Activity 3

The Development of Child and Family— centered care model

Activity 3-1 Sibling Preparation Class

Responsible Person: Yaeko Kataoka, RN, CNM, PhD

Program explanation

In order to enhance family with infant and having new baby, providing and sharing information which families need. Development of educational materials to implement sibling preparation class for midwives.

Outcome

Six sibling preparation classes were held from May 2012 to March 2013. A total of 53 families enrolled in the program. Classes averaged 8.3 families representing the 25.8 participants. The average age of the attending children was 3 years old. Participant satisfaction score measured by the 10-point Visual Analog Scale was 9.3 on average. Overall we received positive responses from participants.

Activity photo



Activity 3

The Development of Child and Family— centered care model

Activity 3-2

Family— centered care models

Responsible Person: Ikuko Oikawa, RN, PHN, MNS.

Outcome

The purpose of this program : To develop and enhance Child-Family Centered Care, through an educational program for parents and children, and people whose work is related to children by-, sharing information and experiences about children's health.

The core members of this program were clinical nurses, a public health nurse, dental hygienists, child care nurses and Child Health Nursing faculty members. We held five seminars this year with parents and the staff of medical/ social welfare/educational sectors related to children in this community. Topics of these seminars were ; 1) Let's eat with no cavity tooth deliciously ; 2) Children's CPR & First Aid ~Let's protect Child's Life~ ; 3) Allergy of children; 4) Common diseases of children and the vaccination ; 5) Art of the relation with the child.

The number of participants repeating the program increases every year and this year about 175 people participated. The medical/ social welfare sector is familiar with this program. Their evaluations were positive, such as: the contents included new knowledge; a good atmosphere of the seminar; the contents were understandable and there was an option for day care (during the seminar, we took care of their child). The child-care option had many applicants and very popular.

We will continue this project and study about how we can develop child and family-centered care in community.

Activity photo



Activity 4

Development of women-centered care model for health promotion

Activity4-1 Health Promotion during the Reproductive Age

Responsible Person: Akiko Mori, RN, CNM, PHN, PhD.

Outcome

- 1) Women were provided knowledge and information about the uterus myoma, the endometriosis, infertility, and the prenatal diagnosis by the nurse's mini lecture. Women described that they studied very well and they got new knowledge of women's health they had not learned yet.
- 2) Women learnt the hand massage to promote the communications between the married couple and they learnt the role playing to convey their minds and feelings to the medical staff and they learnt the yoga for relaxation. These are all means of self- care. They looked happy during practice.
- 3) One woman described that she had been relieved by noticing the variety of life. Another woman described that feelings became easy.
- 4) Women recognized the nurse as a friendly provider of the knowledge that they had wanted to learn. The nurse had talked that women's some distresses were conveyed to them straightly and they were motivated to want to understand the women by it.
- 5) We report our activities annually.

Reference

Mina Jitsuzaki, Akiko Mori, Report on "Lukako Women's Health Café" Provided by St. Luke's College of Nursing and TERUMO Corporation. Bulletin of St. Luke's College of Nursing, 39, 56-60, 2013.

Activity photo



Activity 4

Development of women-centered care model for health promotion

Activity4-2 Health Promotion for Women Surviving Cancer

Responsible Person: Naoko Hayashi, RN, PHN, Ph.D

Outcome

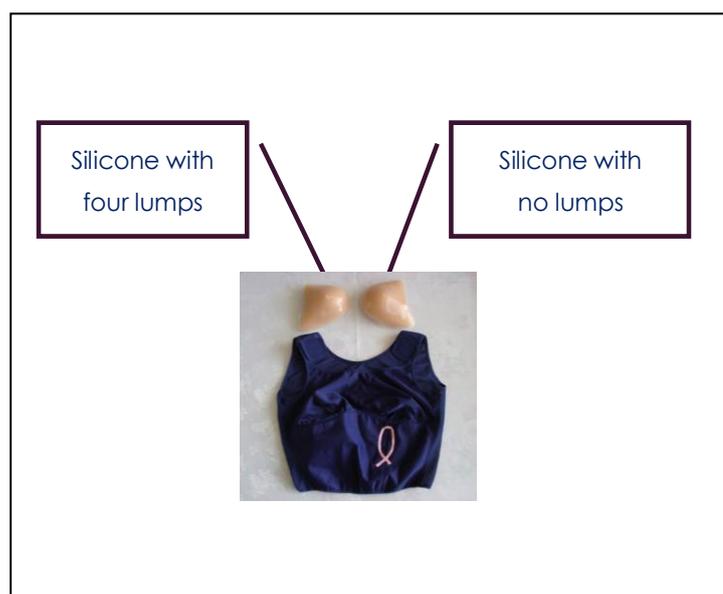
The purpose of our educational program was to develop and evaluate the validity of the educational intervention to promote breast awareness for women, and to discuss the effectiveness of the intervention.

- About 70~80% of participants reported that they were able to easily understand the lectures concerning breast cancer, the importance of early detection of breast cancer, and breast self-examination(BSE) given by both the nurse and breast cancer survivor. Furthermore, over 95% of participants stated they were satisfied with the program and considered it useful.
- Participants responded favorably concerning their understanding of the importance of routine BSE and early detection of breast cancer, and indicated that the program was useful for learning BSE with the silicon breast models we developed.
- These results indicated that the components, methods, and teaching materials of the intervention program were appropriate. Practicing BSE using the silicone breast models was particularly effective for providing motivation to perform BSE and enhancing BSE self-efficacy ($p < .001$).

Reference

- VALIDITY OF AN EDUCATIONAL INTERVENTION PROMOTING BREAST AWARENESS FOR WOMEN IN JAPAN. The 17th International Conference on Cancer Nursing, 9-13th March 2012, Prague, Czech Republic. abstract number: P-52.

Activity photo



Activity 5

Development of elderly-centered care model for home care & health promotion

Activity 5-1 : SAFETY on ! Fall prevention program for the elderly living in the urban community

Responsible Person: Tomoko Kamei, RN, PHN, PhD

Program explanation

To prevent elderly's falls, fall-related fractures and bed bound, multi-dimensional program including exercise and education was provided by interdisciplinary professional research team; gerontologist, public health nurse, nurse, nutritionist and educator of exercise.

This program focusing on preventing of falls among elderly in their own residence, and 4 weeks program was developed and followed up for the participants for 54 weeks.

Outcome

In this year, our program provides first year of the SAFETY on ! program and 38 elders were registered. We provided four times weekly program and two times follow-up program, total of six times program for them. We randomly assigned elders into two groups; SAFETY on! group for eighteen elders and sixteen elders for control.

We followed them for twelve weeks and the numbers of fallers were 2(11.1%) for SAFETY on! group and 1(6.3%) for control (RR=1.78, 95%CI: 0.245~13.335, ARR=-0.049, 95%CI=-0.145~0.111, NNT=20). We tried to continue collect data for next two years.

Reference

- Tomoko Kamei.(2012). Development and effectiveness of Home Hazard Modification Program for elderly in their residence, Symposium, 9th Annual Conference of The Society of Fall Prevention Medicine, Tokyo.

Activity photo



Symbol sticker

Acknowledgement

This study was funded by Grant-in-Aid for Scientific Research (KAKENHI), Challenging Exploratory Research 2012-2014, No.24660058.

Activity 5

Development of elderly-centered care model for home care & health promotion

Activity 5-2 : Support and training program development for family members caring for elderly with dementia at home

Responsible Person: Fumiko Kajii, RN, PhD, Associate Prof.

Outcome

Six families caring for elderly with dementia at home participated in this program this year. They could get much knowledge about dementia and skills of caring and approaches to help elderly with dementia by our offering knowledge of the care and showing the solution for problem and trouble. The numbers of their coping actions between before and after the program increased in particular. Furthermore they could have the time when their feelings could be refreshed by talking with other family caregivers.

Reference

- Fumiko Kajii, Tomoko Kamei, and Yuko Yamamoto (2012). Change of the action about a care burden feeling and stress coping between before and after the refresh program for families of the elderly with dementia. 17th St Luke's Society for Nursing Research Academic Meeting.
- Fumiko Kajii, Yuko Yamamoto, and Tomoko Kamei (2012). Consideration of the nursing support program and the program administration for family caring for the elderly with dementia. 15th Japan Academy of Community Health Nursing Academic Meeting.

Activity photo



Discussion scene

Acknowledgement

This study was funded by Grant-in-Aid for Scientific Research (KAKENHI), Scientific Research (B) 2010-2013, No. 22390107.

Activity 5

Development of elderly-centered care model for home care & health promotion

Activity 5-3 : Home monitoring-based telenursing for COPD patients to enhance self management for COPD and quality of life

Responsible Person: Tomoko Kamei, RN, PHN, PhD

Program explanation

To prevent exacerbations of COPD (chronic pulmonary disease), home monitoring –based telenursing was developed and provided telenursing for them.

Forty- two COPD patients with GOLD stage IV were participated in this study and randomly assigned into telenursing (TN) group and usual care(UC) group. Twenty one patients for TN group and twenty one patients for UC, and given telenursing for more than three month.

We published the guideline for telenursing throughout meta-analysis of the literature.

Outcome

TN group showed significantly decreased acute exacerbations, and the onset of acute exacerbation was delayed compared to UC group. Meta-analysis demonstrated that nine original articles (seven studies) were identified by data-base, five RCTs, and two CCTs, with 550 participants were integrated in the meta-analysis. TN reduced hospitalization rate (RR = 0.80; 95% CI: 0.68–0.94), emergency department visits (RR = 0.52; 95% CI: 0.41–0.65), exacerbations (RR = 0.57; 95% CI: 0.41–0.79), mean number of hospitalizations (MD = –0.14; 95% CI: –0.19 to –0.09), and bed days of care (MD = –0.76; 95% CI: –0.79 to –0.73) in severe and very severe COPD patients. Implementations for six months showed significantly reduced hospital admission and emergency department visits. However, TN did not affect mortality (RR = 1.36; 95% CI: 0.77–2.41). Thus, TN significantly reduces use of health care services, but does not affect mortality in patients with severe and very severe COPD.

Reference

- Tomoko Kamei, Yuko Yamamoto, Fumiko Kajii, et al.(2012). Systematic review and meta-analysis of studies involving telehome monitoring-based telenursing for patients with chronic obstructive pulmonary disease. *Japan Journal of Nursing Science*, DOI: 10.1111/j.1742-7924.2012.00228.x

Activity photo



**Evidence-based guideline for
Telenursing 2012-2013.**

Acknowledgement

This study was funded by Grant-in-Aid for Scientific Research (KAKENHI) (B), 2010-2012, No.22390446.

Activity 6

Development of team building capacity for graduate students in advanced nursing.

Responsible Person: Michiko Hishinuma RN. PHN. PhD, and Tomoko Kamei RN. PHN. PhD

Outcome

- 1) Advance nurse practitioners who trained the team building capacity will lead the medical professional teams.

In 2012 academic year, the program which enhanced the capacity of team building was started. Twenty four students of master course joined the program. The program was made from five steps and step 1; understanding systems approach and people-centered care, step2; challenge program seminar by Michigan Model (see photographs), and step 3; internship of team approach at model medical institutions were done in 2012. Next year the students will try to build a medical team in some clinical wards.

- 2) Evaluation reports and/or research abstracts/reports to be provided annually to WHO to facilitate broader dissemination of lessons learned.
We provide a research report (see reference), and introduce the program on web site of St. Luke's College of Nursing.

Reference

• T. Kamei et.al.(2013): Program Evaluation and Description of Change with Advanced Clinical Nursing Practice Course Students to Participating Three Day Seminar Program for Team Building in the Master's Programs. Bulletin of St. Luke's College of Nursing, No.39, 36-46. <http://hdl.handle.net/10285/9841>



Activity 7

Organizing a Caring Community for People with Genetic Disorders.

Responsible Person: Naoko Arimori RN, CNM, PHN, PhD

Outcome

1. We developed and implemented a life-span genetics continuing education program, as members of the education promotion committee of the Japan Society of Human Genetics and the Japan Society of Genetic Counseling. The Genetic Nursing course commenced at St. Luke's College of Nursing Graduate School (Master degree course) started April 2011.

2. We held the seminar about the non-invasive prenatal genetic testing: NIPT with St. Luke's International Hospital. Approximately 200 professionals participated in the seminar. We developed and evaluated an education program on decision support of genetic medicine for nurses (<http://narimori2.jpn.org/top.html>).

We are also planning a project involving foster care for children with Down's syndrome in collaboration with children with Down's syndrome, their family and students (both undergraduate and graduate) beginning in 2012. (<http://rcdnp.slc.n.ac.jp/clinic/archives.html>).

Reference

• Hiroko SUSAKA, Naoko ARIMORI. (2012) Genetic Nursing in the U.K. Bulletin of St. Luke's College of Nursing (39), 65-70.

Activity photo



A Class for 'Daily Clothes Changing'



Activity 8**Collaborative development of the Master's program in Midwifery at Muhimbili University of Health and Allied Sciences School of Nursing (MUHAS SON).****Responsible Person: Shigeko Horiuchi, RN, CNM, PhD****Outcome**

The Midwifery Master's program is established in MUHAS SON.
<http://www.ap.slc.ac.jp/mt5/asia-africa/>

Prior to the start of the Midwifery Master's program, we held a seminar at Dar es Salaam, Tanzania, entitled:

What is "Humanized" Childbirth in Tanzania? - Brainstorming Conference -

Purpose: To introduce the core concept of the Master's program, "Humanization of Childbirth," to Tanzanian midwives and to provide them the opportunity to brainstorm how the concept could be applied to the context of Tanzania.

Keynote: Dr. Shigeko Horiuchi

Date: 8/30-31/2012

Place: Dar es Salaam, Tanzania

Participants: 123 Midwives and Nurses

The participants first concerned about risk of infection and lack of health facilities, materials, and human resources; however, one midwife proposed at the final session:

"Humanized childbirth is possible in our setting by using available resources. We don't need anything from Japan or UK to conduct humanized childbirth.

We can do that with OUR own limited resources!"

This changed the environment of discussion completely, and midwives suggested several ideas to implement "Humanized childbirth," including changes in themselves, improvement of the environment with managers, and promotion of research to influence policy makers as well as to conduct evidence-based practice. This result validates that they are willing to learn to be change makers, and that it is the right time to start the Master's program to provide higher education.

Reference

•Frida Madeni, Shigeko Horiuchi and Mariko Iida. Evaluation of a reproductive health awareness program for adolescence in urban Tanzania-A quasi-experimental pre-test post-test research. *Reproductive Health* 2011, 8:21 doi:10.1186/1742-4755-8-21

•Yenita Agus, Shigeko Horiuchi, and Sarah E Porter: Rural Indonesia women's traditional beliefs about antenatal care, *BMC Research Notes*, 2012, 5:589, doi:10.1186/1756-0500-5-589

• Shimpuku, Y., Horiuchi, S., Leshabari, S., Malima, K., Matsutani, M., Eto, H., Nagamatsu, Y., Oguro, M. Yaju, Y. "Process Report of a Collaborative Project between Tanzania and Japan to Develop a Master's Program in Midwifery" The 9th International Conference of the Global Network of WHO Collaborating Centres for Nursing and Midwifery (Kobe, Japan) June 2012

• Shimpuku, Y., Horiuchi, S., Leshabari, S., Malima, K., Matsutani, M., Eto, H., Nagamatsu, Y., Oguro, M. Yaju, Y. "Starting a Midwifery Master's programme in Tanzania: Lesson learned from the collaborative

project between Tanzania and Japan” The East, Central, and Southern African College of Nursing
the 10th Scientific Conference (Port Louis, Mauritius) September 2012

• Shimpuku, Y., Horiuchi, S., Matsutani, M., Eto, H., Nagamatsu, Y., Oguro, M., Iida, M., Yaju, Y., Mori, T.
“Process report of the collaborative project to develop the Master’s program in Midwifery in Tanzania:
The seminar of “Humanized Childbirth”” St. Luke’s Academia (Tokyo, Japan) February 2013

• Shimpuku, Y., Horiuchi, S. “The Concept of “Humanization of Childbirth with Women-Centered Care
(HC/WCC): Japanese Nurse-Midwives’ Application of the Concept to Global Health Research, Education,
and Practice” the 10th Annual National Conference, Asian American Pacific Islander Nurses Association,
“Global Health: Nursing in the Future- Research, Education, and Practice” (Honolulu, Hawaii) March
2013

Activity photo



123 Tanzanian midwives gathered : Humanized Childbirth Seminar, August 30-31, 2012

Activity 9**Collaborative development of master program in community health nursing at Islamic University****Responsible Person : Junko Tashiro, RN, PHN, MA, PhD.****Outcome**

Aim of this study was to develop a model to strengthen nursing and midwifery in Indonesia through the collaboration with Indonesian counterparts by describing Indonesian stakeholder's perception on the way to strengthen nursing and midwifery. Based on the interview survey of 20 stakeholder's, results were 1) a policy "Healthy Indonesia 2025" assuring Healthy; self -sufficient; just of Indonesia has being enacted although intervention programs are not clear after the policy started. 2) currently, approximately 250,000 nurses are working in hospitals, 150,000 midwives are working in community health centers. In terms of further improvement of quality of care in both hospital and community, it is essential to strengthen nursing and midwifery through strengthening education. We developed a strategic model to strengthen higher education. This result will be presented at ICN 25th Quadrennial Congress in Melbourne, Australia. Based on this model to strengthen nursing and midwifery in Indonesia, we will conduct a survey investigating health needs of family in a rural community.

Reference

· Mizutani, M., Tashiro J., & Maftuhah. Community Health Needs in a District of West Java, Indonesia: A Multi-method Study. Journal of St. Luke's Society for Nursing Research. (manuscripts under submission).

Activity photo

St. Luke's College of Nursing Disaster Relief Activities for The Great East-Japan Earthquake, Tsunami and Nuclear Power Plant Accidents in Fukushima, Japan.**Responsible Person : Toshiko Ibe, RN, DNSc / Masako Yamada, RN, PHN, CNS, MNS**

Research Centre for Development of Nursing Practice at St. Luke's College of Nursing (SLCN) has started supporting Fukushima Prefecture by sending nurse volunteers since April, around 1-1/2 months after the Great East-Japan Earthquake and tsunami on March 11, 2011. Our activities are based on partnership with the non-profit organization Japan Clinical Research Support Unit which launched the project "Hopes and Connections for the disaster victims". Upon request of the local government we sent 1,075 nurse volunteers in total to three sites, Iwaki City, Soma City and Koriyama City as of March 31, 2012.

In Soma City we provided assistance to the activities of mental health care team by sending mental health nurses.

In Iwaki City, initially the 127 evacuation shelters housed more than 19,000 evacuees. We provided nursing care in two evacuation shelters set up civic sports centre and school gymnasium. After the shelters in Fukushima Prefecture have closed in mid-August, our focus of assistance was shifted toward supporting those who have moved from evacuation shelters to temporary housing units. In Iwaki City, we conducted more than 4,600 home-visits to serve the victims who decided to live in their house damaged by the earthquake and tsunami.

All inhabitants in Tomioka-machi have been forced to flee due to the ongoing nuclear crisis at the Fukushima No.1 Nuclear Power Plant. We conducted 2,670 home-interviews with Tomioka-machi evacuees living in temporary housing facilities or apartments in Koriyama City, in which it was revealed that disaster victims who have been dispersed to locations outside their local municipalities lost their ties with their municipalities of origin and they need detailed information from their hometown governments. Furthermore they have health problems caused by psychological stress, disruption of familiar lifestyles, etc.

Through the activities, we managed private information properly and took efforts to protect private information of the disaster victims. For the nurse volunteers, staff of the Psychiatric & Mental Health Nursing at SLCN provided monthly mental health care sessions and around 50 nurse volunteers participated.

There remains the potential for an increase in physical and mental health problems and in the risk of solitary deaths of people living alone in temporary housing. It is important we consider how future care for the disaster victims will be continued.



Above: Temporary House Visit

St. Luke's College of Nursing
WHOPHC Collaborating Centre
2012

Junko Tashiro
Masako Yamada
Naoko Arimori
Tomoko Kamei
Michiko Oguro
Keiko Takahashi
Yukari Yaju