



Annual Report
St. Luke's College of Nursing
WHO Collaborating Centre for Nursing Development
in Primary Health Care
2013



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ANNUAL REPORT 2013

1. Name of the Centre

WHO Collaborating Centre for Nursing Development in Primary Health Care

2. Address

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3. Head of the Centre

Professor Naoko Arimori

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	04/2013 to 04/2014		

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

Naoko Arimori, RN, PHN, CNS, MNS.

Activity 2 Development of Intergenerational care model for health promotion

Tomoko Kamei, RN, PHN, PhD.

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

Yaeko Kataoka, RN, CNM, PhD.

Ikuko Oikawa, RN, OHN, 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.

Activity 1

Development of Health Navigation for the Community Individuals

Responsible Person: Naoko Arimori, CNM, Rn, PhD.

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—mini music concerts were held once a month at lunchtime and(5)— A relaxation tea lounge (tea ceremony) was held once a month as well. Luke-Navi is managed by many community volunteers and medical volunteers (nurse, public health nurse, dietitian, dental hygienist).

Outcome

- 1)In 2013, there were 694 visitors for the health counseling and health screening, 275 visitors for the mini-health-related lecture and the mini-music concert, and 150 visitors for the tea lounge. In total, over one thousand community visitors joined our Luke-Navi activities.
- 2)In 2013 there were 26 community volunteers and 20 medical volunteers. There were 47 organizations that have formed cooperative ties with Luke-Navi.
- 3)Luke-Navi opened 7 volunteer meetings, and provided 8 seminars for the volunteers.
- 4)In 2013 academic year, 98 undergraduate students and 26 continuing education program students learned in 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.
- Naoko Sato & Keiko Takahashi ,Naoko Arimori et.al(2014).Activity Evaluation from a First Time Participant's Questionnaire of "Lunch Time Open Lecture on Health and Music Concert for the Public". BULLETIN OF ST.LUKE'S COLLEGE OF NURSING ,40,118–121.

Activity photo



health counseling



mini health-related lectures



health check

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 and promote their physical and mental status, and maintain and/or improve their quality of life by providing a meaningful destination and will encourage their energetic participation, a people-centered intergenerational day program was provided in a college building once a week by nursing faculty, nursing students and volunteers living in Tokyo which is super-aged urban community.

Outcome

We have conducted this intergenerational program (St. Luke's Nagomi-no kai) continually once a week with 29 times per year for seven years. The participants were community dwelling frail elderly, demented elderly, elderly who lives alone and school age children and the program goal were to promote elder's physical and mental health and intergenerational exchanges between both generations.

In 2013, eighteen female elders [mean age 83.2 (range 72-92)] and eight school age children [mean age 10 (range 10-10)] were registered in this program. Eight elders were continuing participants from the program beginning and eight elders were newly registered in this year.

The session included cooking snacks, calligraphy, walking around the districts, intergenerational game activities, hand massage, mini-theater with movies, reminiscence group, work of a Christmas card and seasoning ceremonies.

Mean VAS (visual analogue scale; 0- nothing at all ~ 10 very much satisfied) score of program satisfaction were 9.3 point for elderly and 8.0 point for children.

Our intergenerational day program represents high program satisfaction with both generations and it indicated that this program provides mutual beneficial exchanges and solidarity between generations. That would be 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, St. Luke's Society of Nursing Research, 17(1), 9-18, 2013.

Activity photo



Collaborating Centres

PROGRESS REPORT

Activity 3

The Development of Child and Family-centered care model for the people

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, we provided and shared information which families need. The purposes of this class were (1) prepare older siblings for a new role, (2) understand the mechanism of pregnancy and childbirth and (3) join in the childbirth.

Outcome

Eight sibling preparation classes were held from May 2013 to March 2014. A total of 85 families enrolled in the program. Classes averaged 10.6 families representing the 30.9 participants. The average age of the attending children was 3.6 years old. Participant satisfaction score measured by the 10-point Visual Analog Scale was 9.5 on average. Overall we received positive responses from participants.

Activity photo



Activity 3

The Development of Child and Family-centered care model for the people

Activity 3 - 2 Family-centered care models

Responsible Person: Ikuko Oikawa, RN, MNS.

Program explanation

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

The core members of this program are 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) Caries-prevention ~no cavity permanent teeth~ ; 2) Child's CPR & First Aid ~Let's protect Child's Life~ ; 3) Food allergy at school and daycare center; 4) Preventable disease by vaccination ; 5) Support and care to anxious children.

Outcome

The number of the participants to the programs increased continuously every year and 199 participants included in this year. The exchange of opinions of participants is active. There are many consultations about the child care and it supports their life. Their evaluations were positive, such as: new knowledge was included; good atmosphere; easy to understand and child-care option (during the seminar, we took care of their child). This option had many applicants and very popular but it is needed to examine the safety management.

There is a plan to continue this project and study about how we can develop child and family-centered care in community though it is needed to manage the problem of budget.

Activity photo



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PROGRESS REPORT

Activity 4

Development of women-centered care model for health promotion

Activity 4-1

Health Promotion during the Reproductive Age :Rukako's Salon

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

Program explanation

The purpose of this activity is to provide place and opportunity to share safely their emotional distress for women with fertility problem and to provide exact medical or psychosocial information to them from fertility nurses. This activity was held 10 times a year, a total of 106 people participated. There was one time of program that a trainee of certified nurse planned.

Outcome

We obtain the impression of women by a questionnaire at the end every time. All women answered "I was satisfied" or "I was almost satisfied" , and 95% wanted to participate again.

Reference

2013 Annual report of St. Luke's College of Nursing Research Center for Development of Nursing Practice.

Activity photo



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PROGRESS REPORT

Activity 4

Development of women-centered care model for health promotion

Activity 4-2

Educational program for preventing cervical cancer toward young women

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

Program explanation

We developed an online educational program concerning prevention of cervical cancer and have been evaluating the effectiveness for reducing CC risk in young people.

Outcome

Online educational program included:

- (1) a system for grouping people into the TTM stages of change;
- (2) knowledge provided for each stage of change;
- (3) a communication space using bulletin board system;
- (4) a system for communication with researchers;
- (5) an assessment tool and a system for managing personal information.

Reference

· Online Educational Content Development for Reducing Cervical Cancer Risk. 5thInternational Cancer Congress(ICC)(in Lima, Peru)

Activity photo : Online educational contents (example)



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 elder's falls, fall-related fractures and injuries, multi-dimensional fall prevention program consisted exercise and education sessions (epidemiology of falls, meals and diet, home hazard modification program, and foot self-care) 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 the second year of the SAFETY on ! program and 51 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 twenty- six elders (three were dropped out) and twenty- five elders for control(three were dropped out).

We followed them for twelve weeks and the number of faller was 2(8.7%) for SAFETY on! group and 1(4.5%) for control (RR=1.913, 95%CI: 0.260~14.415, ARR=-0.042, 95%CI=-0.114~0.079, NNT=24). We tried to continue collect data for next year.

Reference

Tomoko Kamei, Fumiko Kajii, Yuko Yamamoto, Yukako Irie, Rumi Kozakai, Tomoko Sugimoto, Ayako Chigira, Naoakira Niino.,Effectiveness of a home hazard modification program for reducing falls in urban community-dwelling older adults: A randomized controlled trial, Manuscript submitted to the journal.

Activity photo



Symbol sticker



Home hazard modification program

Acknowledgement

This study was funded by Grant-in-Aid for Scientific Research (KAKENHI), Challenging Exploratory

Collaborating Centres

PROGRESS REPORT

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, RD, PhD, Associate Prof.

Outcome

Twelve family caregivers caring for elderly with dementia at home participated in eight times programs 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 and flower arrangement.

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.



Discussion scene



Flower arrangement

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 new system devices were under construction.

The new system included tablet PC as patient’s terminal, and Bluetooth non-wired data transfer system, which involved blood pressure, pulse rate, body weight, walking counter, and pulse- oximetry via a tablet PC and the internet. It was adopted to maintain by elderly COPD patients and easily sent the physical and mental data to nurse’s monitor center.

And we published the guidelines for telenursing throughout systematic review and meta-analysis of the literature and show how to start telenursing for home care patients. We also provided telenursing seminar for nurses and others to spread telenursing in Japanese settings.

Outcome

The new telenursing system was under constructions. The results of meta-analysis were published to the journal and telenursing guidelines also published. The telenursing seminar participants were fourteen and the age range was 20~60. Eight were nurses, one was care manager, one was athletic trainer, and others were company employers. The VAS (visual analogue scale; 0 point not at all ~ 10 very much satisfied) score indicated 9.0 (*SD* 0.9) and the participants were much satisfied to the program. We’ll continue to develop the telenursing system in next year.

Reference

Tomoko Kamei, Yuko Yamamoto, Fumiko Kajii, et al. Systematic review and meta-analysis of studies involving telehome monitoring-based telenursing for patients with chronic obstructive pulmonary disease. *Japan Journal of Nursing Science*, 10(2),180-192, 2013.

DOI: 10.1111/j.1742-7924.2012.00228.x

Tomoko Kamei. Information and communication technology for home care in the future.

Japan Journal of Nursing Science, 10(2),154-161, 2013. DOI: 10.1111/jjns.12039

St. Luke’s College of Nursing Telenursing SIG. Telenursing practice guidelines, World Planning, Tokyo, 2013.

Home page http://www.kango-net.jp/project/04/04_2/pdf/20131214.pdf

Activity photo



Telenursing practice guidelines



Telenursing seminar

Acknowledgement

This study was funded by Grant-in-Aid for Scientific Research (KAKENHI)(B), 2013-2015, No.252934

Collaborating Centres

PROGRESS REPORT

Activity 6

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

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

Outcome

- 1) The advanced nurse practitioners who were trained in this capacity will lead the medical professional teams.
In the 2013 academic year the program which enhanced the capacity of this team building continued. Twenty-four students of the master's course joined the program. The program was comprised of five steps; step 1; understanding the systematic approach and people-centered care, step 2; challenge program seminar based on the Michigan Model (see photographs), and step 3; internship using the team approach at model medical institutions, were done in 2013. In 2014 the students will build teams in a clinical environment based on this model.
- 2) An open seminar was held on September 5th. Two instructors, working as facilitators for the challenge program, provided the seminar regarding the challenge program. 115 people attended the seminar and the resulting survey indicated that most were satisfied with the content of the program.
- 3) A graduate school clinical faculty meeting was held on March 17th with 42 participants. Two of the practicum faculty were evaluators. This "Development of team building capacity for graduate students in advanced nursing program" was evaluated positively by the participants.
- 4) Evaluation reports and/or research abstracts/reports are to be provided annually to the WHO to facilitate broader dissemination of lessons learned.
We provide a research report (see reference), and introduce the program on the web site of St. Luke's College of Nursing.

Reference

- T. Kamei et.al.(2014): Program Evaluation and Description of Changes with Advanced Clinical Nursing Practice Course Students to Participate in Team Building in the Master's Programs. Bulletin of St. Luke's College of Nursing, No.40, 9-18

Activity photo



Activity 7

Organizing a Caring Community for People with Genetic Disorders.

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

Program explanation

We aim to organize a caring community for the people with genetic disorder such as Down syndrome. This project involves patients, families, family associations, health professionals and nursing students in order to identify health and support needs of the patients. Using community-based participatory approach, we have periodic meetings between participants and staff to monitor the progress of the community empowerment.

Outcome

1. The Genetic Nursing courses was launched at St. Luke's College of Nursing Graduate School (Master's degree program) on April 2011. As of April 2014, our college is the only institution that offers courses for Certified Nurses Specialist in Genetic Nursing. Our master students had an opportunity to exchange their opinion on genetic nursing activities with U.S. nurses last year. We also teach Genetic Nursing in our undergraduate program. Our students made the guide map of Down's syndrome's care in Tokyo chuo-ku.
2. We are planning the research project about the core competencies in genetic nurses among U.K., U.S., Israel, Brazil and Japan
3. Down's syndrome's parents and medical staff held the seminar of Dr. Braian Skotoko regarding Down's syndrome's latest topics. We have engaged in the project on medical treatment and education in collaboration with children with Down's syndrome, their family and students (both undergraduate and graduate) since 2012 (<http://acceptions.org/?p=3649>).

Reference

- Megumi OKAWA, Akiko TERASHIMA, Rie NOTOMI, Naoko ARIMORI. (2013) Genetic Nursing in the United States of America -
-Translation of Genomic into Health Care-, bulletin of St. Luke's College of Nursing (40), 122-127.

Activity photo

A Class of Physical Exercises



Determine the Program through Discussion



Activity 8

Collaborative development of master program in midwifery at Muhimbili University

(Linkages WHO's OSER and KRA's: SDSNW KEAs3,5, WPR HR AP KRAs 2,4 WPR HRH OWERS 10.009)

Responsible Person: Shigeko Horiuchi, RN, CNM, PhD. Yoko Shimpuku, RN, CNM, PhD.

Program explanation

This project is a combination of education, research, and partnership development. By putting collaborative efforts for establishing the midwifery master's program at Muhimbili University in Tanzania, which is the first one in the country, partnership model of global collaboration is developed. In addition, to improve health-workforce difficulties, it is necessary to conduct research to describe and analyze the issue. Collaborative research provides a learning opportunity for not only St. Luke's faculty and students, but also Tanzanian young teachers or midwives.

Outcome

<Education>

Linked to: SDSNW KEAs3 Education, training, and career development
WPR HR AP KRAs 2 Health workforce education, training, and continuing competence

The progress by March 2013 is:

1. The curriculum of the new midwifery master's program, which had been developed collaboratively, was accepted by the University.
2. To respond to the concerns about the shortage of instructors shown by the Tanzania Commission for Universities (TCU), the names of St. Luke's faculty members were submitted as adjunct faculty of Muhimbili University.
3. The current status is waiting the approval from TCU. Muhimbili faculty is expecting to start the program from Fall 2014.

<Research>

Linked to: HRH OMERS 10.009 Technical support provided to Member States, with a focus on those facing severe health-workforce difficulties in order to improve the production, distribution, skill mix and retention of the health workforce

Three master's students of St. Luke's have conducted research and submitted thesis from this project regarding a) Tanzanian midwives' abilities of clinical judgment, b) Tanzanian midwives' learning needs, and c) Tanzanian midwife's adolescent reproductive health education (see the reference).

a) Tanzanian midwives' abilities of clinical judgment

Referral to higher health care institution may be delayed due to: 1) revision and confirmation of initial problem identification, and 2) organizing the environment for medical intervention or referral. Hence, it is important to improve not only midwife's competency, but also the system that

facilitates medical consultation or referral when it is necessary for patients.

b) Tanzanian midwives' learning needs

- Tanzanian midwives' motivation is enhanced by the intention to improve health of mothers and children as well as the conception of "knowledge is power".
- Midwifery master's program is highly needed among Tanzanian midwives.
- Not only the master's program, but also continuing education for working midwives is needed as there is a financial barrier for higher education.

3) Tanzanian midwife's adolescent reproductive health education

This research is the continuation of Tanzanian master's graduate of St. Luke's, which investigated effectiveness of reproductive health awareness program for adolescents.

- As compared with the study conducted in an urban area, the program impact for the rural area was not as effective
- Need to revise the reproductive health program for the rural students taking into account their rural culture and learning needs

<Partnership development>

Linked to: SDSNW KEAs 5 Partnership for nursing and midwifery services
WPR HR AP KRAs 4 Health workforce governance, leadership and partnerships for sustained HRH contributions to improved population health outcomes

From the 3-year collaboration experience, we found 3 key factors that enhanced the progress of the project:

- 1. Have in-person communication**
- 2. Share the same value and goal**
- 3. Confirm feasibility to increase team members' motivation and commitment**

Based on the concept of "Humanized Childbirth" shared at the seminar in Tanzania in 2012, Tanzanian midwives reported their changes in practice. They started providing more privacy for birthing women in the delivery room. As Tanzanian midwives learned that the "Humanized Childbirth" project was successfully conducted in Brazil with local frontline workers, it motivated them that they could change and improve care for their patients.

Reference

Shimpuku, Y., Horiuchi, S., Matsutani, M., Eto, H., Nagamatsu, Y., Oguro, M., Iida, M., Yaju, Y. "Partnership Model of Global Collaboration: The Shared Value of Humanized Childbirth in Tanzania," 17th East Asian Forum of Nursing Scholars (Manila, Philippines) February 20-21, 2014

Kana Shimoda: Midwives' Intrapartum Monitoring Process and Management Resulting in Emergency Referrals in Tanzania, St. Luke's College of Nursing, Tokyo, Master thesis, 2014.

Nao Tanaka: Midwives' Expectations and Learning Needs for Professional Development in Tanzania, St. Luke's College of Nursing, Tokyo, Master thesis, 2014.

Aiko Itokawa: Evaluation of a Reproductive Health Awareness Program for A Quasi-Experimental Pre-test Post-test Research Adolescence in Rural Tanzania, St. Luke's College of Nursing, Tokyo, Master thesis, 2014.

Activity photo

Tanzanian midwives visited the St. Luke's Birth Clinic and learned how to deliver in different positions



St. Luke's faculty and students visited Tanzania and conducted collaborative research



Collaborating Centres

PROGRESS REPORT

Activity 9

Collaborative development of master's program in community health nursing with Islamic University in Indonesia

Responsive Person: Junko Tashiro, RN, PHN, MA, PhD

Outcome

The aim of this study was to develop a model to strengthen nursing and midwifery within primary health care in Indonesia. Based on the results of an interview study on stakeholder's perceptions on the ways to strengthen nursing and midwifery, we (including Indonesian counterparts) focused on the health needs families in a rural community of West Java. We interviewed stakeholders of community health including the director of health in a local government, the director of health centers, and schoolteachers. Health professionals reported non-communicable diseases such as hypertension, heart disease and diabetic mellitus as increasing; however, prevention programs are not developed yet. We conducted interviews with school teachers at a primary school of this rural community. Schoolteachers reported approximately 25% of school children are overweight. While they are concerned about the overweight school children they have not started any health education for healthy diet, eating and exercising yet. Next year, we will conduct a larger survey of community health needs for school children and their parents who are middle aged. Based on the health needs identified in the community, we along with our Indonesian counterparts and collaborators would like to develop a model for healthy families and community and to reform the curriculum of community health nursing in rural communities.

Reference

PUBLICATION

- 1) Mizutani, M., Tashiro J. & Maftuhah. (2014). Health Needs Assessment in a District of West Java for Health Promotion. *Journal of St. Luke's Society for Nursing Research*. (Submitted).

PROFESSIONAL PRESENTATION (FY 2013~)

- 2) Tashiro, J., Maftuhah, Mizutani, M., Karyadi, & Matsutani, M. (2013, May). *Strategies for Strengthening Nursing and Midwifery Perceived by Stakeholders in Indonesia*. International Council of Nurses 25th Quadrennial Congress (Oral presentation in concurrent session). Melbourne, Australia.
- 3) Mizutani, M., Maftuhah, & Tashiro, J. (2013, October). *Perceived Health, Health Concerns, and Health Lifestyle of Middle-Aged Muslim Farmers in a Rural District of West Java, Indonesia - A Pilot Study*. The 3rd World Academy of Nursing Science (Poster presentation). Seoul, Korea.
- 4) Mizutani, M., Tashiro, J. & Maftuhah. (2013, November). *Health System Assessment Targeting Preventable Noncommunicable Diseases and Health Promotion in Indonesia*. The 28th Japan Association for International Health Congress (Poster presentation). Okinawa, Japan.
- 5) Mizutani, M., Maftuhah, & Tashiro, J. (2013, December). *Perceived Barriers and Promoting Factors Relating to Health Lifestyle for Rural Middle-Aged Muslim Farmer in West Java, Indonesia - A Pilot Study*. The 4th ASEAN International Conference on Humanized Health Care 2013 (Oral presentation). Yogyakarta, Indonesia.

2013年度
WHOPHCコラボレーティングセンター事務局メンバー

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