

Asian Pacific Journal of Disease Management
(The journal of the Japan Society of Health Support Science)

Message for the foundation: For the foundation of the Society journal

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1. Background to the establishment of the Japan Society of Health Support Science

1.1 Increase in the need for health support

There can be no question as to the value of maintaining the quality of life and extending healthy life years. To realize these goals, it is vital to prevent the onset of lifestyle-related chronic diseases, the development of physical conditions requiring long-term care, and the general deterioration of health. Medical science and technology to address these issues has progressed dramatically in the last fifty years; even in just the last twenty-five or ten years. The Japanese health care system has also developed at a very rapid rate.

Today, this is all common knowledge. So has the number of people suffering from lifestyle-related chronic diseases or requiring long-term care declined due to the diffusion of health- and prevention-oriented values and the advancement of science and technology? The answer is an emphatic “NO”. On the contrary, these numbers are actually increasing. Why? Because social and economic incentives and the behavior of people affected by such incentives are not that simple. Furthermore, if the term, “lifestyle-related”, also includes the current state of work-related life, a significant increase in the number of people with mental illness, such as depression, has become an additional major problem.

Moral or spiritual judgements such as “going back to the good old days” and “the efforts of each individual person are the key” cannot solve the current problems. Instead, a new social system is required. Such a new system should avoid central government paternalism, the imposition of

personal responsibility without support, and a market economy serving only those consumers with the ability to pay. We are now living in an age where integration among independent individuals, public insurers, healthcare service providers and local governments should be aimed for. To urge these parties to exercise autonomous actions, yet in concert with common goals, a social infrastructure for health support services is indispensable. As an example, standardization of quality assurance measures is a particularly important element.

1.2 Development of prevention programs

At the same time it must be said that research and implementation of prevention programs in this country began quite some time ago and have been steadily performed since the introduction of measures against stroke sixty years ago. In the workplace, various programs have been executed pursuant to the Industrial Safety and Health Law. Concerning community health, local governments have been working on preventive health, including implementation of National Health Insurance Health-up Programs, pursuant to the Health and Medical Service Law for the Elderly. In recent years, local projects aiming to prevent people from requiring long-term care, and the achievements of such projects, are often reported. These show that in both the workplace and the community, many theoretical and practical study results have been demonstrated based on numerous projects in prevention.

The Japanese government's policy for healthcare has changed significantly in the last couple of years. Preventive programs have now come to be included in both the public health insurance system which covers the entire population of Japan (except for the livelihood protection recipients) and the public long-term care insurance system which covers everybody aged 65 years old and above (and people between 40 and 64 years of age suffering from ailments caused by aging).

In the field of medical services, it is noteworthy that the concept of metabolic syndrome has recently been introduced to explain and spread the understanding of the importance of preventing lifestyle-related diseases. From fiscal 2008, all public health insurers in Japan will be required by law to offer specific health examinations and health guidance for metabolic syndrome. In the field of long-term care, the system has already changed to

emphasize prevention. Since April 2006, payments for certain preventive measures have been covered by public long-term care insurance, in order to prevent people from becoming in need of long-term care. In addition, local governments have started offering prevention programs for people not even yet recognized as requiring long-term care.

Recently, various businesses have been actively working to implement highly specialized “disease management” programs, many of which are based on the activities and research developed in the U.S. In Japan, substantive investigations and research activities for disease management began in around 2000. There has been many reports written by a number of organizations. While too numerous to list all of them here, the following are some examples of groups who have published results of their work in the field:

- Investigation into Health Management at Workplaces, by the Institute for Health Economics and Policy, led by Dr. Shinya Matsuda, Executive Vice President of JSHSS.
- The Study Group of Disease Management, established in 2001 by the Sompo Japan Foundation, chaired by me, with Chief Research Officer of Sompo Japan Research Institute, Mr. Atsushi Kobayashi, Director of JSHSS.
- The Disease Management Association of Japan, established in 2005. The Honorary Chair is Dr. Shigekoto Kaihara (Vice President of the International University of Health and Welfare), and Chair is Dr. Masaki Mutoh (Vice Director of International University of Health and Welfare Mita Hospital and Professor at Graduate School of the International University of Health and Welfare).

2. Establishment of the Japan Society of Health Support Science

Taking into consideration the increase in need and actions to date, as described above, we believe that an interdisciplinary academic society is now necessary for this new healthcare field. Therefore, we established the Japan Society of Health Support Science in June 2006 to bring together researchers from medical science, nursing science, public health science, pharmacology, economics, business administration, psychology, sociology, behavioral science and other related fields.

2.1 The meaning of the Society's name

Next, I will explain why we adopted the words “health support” in the name of the Society. We used the term “health support” mainly because “disease management” translated into Japanese sounds rather harsh.

In our country, defining the purpose of the Society's research purely as “disease management” may cause misunderstanding that JSHSS is a society only for medical professionals such as physicians, nurses and dietitians. Secondly, “disease management” translated into Japanese may somewhat overemphasize the concept of case management, i.e. preventing the exacerbation of conditions of people who are or were already suffering from a disease or condition. Of course, the Society encourages investigations and research into case management as *one* of its major research fields. Nevertheless, in Japan there is also strong interest in people at risk of disease, who are not yet ill but whose annual medical examination data cannot be ignored, as well as in health programs for people who are currently in good health. For these reasons, we became convinced that the use of “health support” in the Society's name is most appropriate.

We were also reluctant to use the word “management” because we wanted to encourage and value voluntary effort by individuals. This is the third reason to use the term “health support”. It refers to the expression of “support for independent life”, which is also the mission of the public long-term care insurance system. This system, which began in 2000, has been well accepted by Japanese society. The name of JSHSS indicates the intention not only to improve the health related behavior of patients and other residents but also to raise the level of health service providers, insurers and local government, by providing support through the collaboration of specialists in various fields of science.

2.2 The Society's Purpose and Journal

The purposes of JSHSS are as follows.

- i. To provide opportunities for researchers and parties implementing measures relating to health support in Japan and other countries in the Asia-Pacific region to exchange and share their research achievements and results of implemented programs.

- ii. To provide opportunities for education to people wanting to perform research or to implement measures relating to health support.
- iii. To contribute to the development of research and implementation of measures for health support in Japan and other countries in the Asia-Pacific region through collaboration with related academic societies, research groups and associations, etc.

A vital means to fulfill the purposes described above is the Society's journal in English. JSHSS distributes its journal in countries in the Asia-Pacific region and promotes international exchange among interested parties. We hope that people in a broad range of fields in Japan and overseas will contribute to the journal, including: researchers belonging to universities and think tanks; medical professionals such as physicians, nurses, and dietitians who implement health support programs; for profit corporations and non-profit organizations who provide health support services; companies developing cutting edge technology for health support service providers; public insurers, private life insurance and non life insurance companies; and officials in the central and local governments who engaged in making and implementing health policies.