

Pleasant, sustainable care prevention— “Relaxation salons” developed in collaboration with the community The Case of Taketoyo Town, Aichi Prefecture

Introduction

From 2013, the basic policy direction for Health Japan 21 (the second term) is to close the health gap by building a good social environment that supports healthy living in all generations. The Care Prevention Manual (March 2012, revised) also advocates “community-building to prevent the need for nursing care.”

In Taketoyo Town we have opened a number of “Relaxation Salons” since 2007 in a primary prevention project to help elderly people avoid the need nursing care. This project aims to develop a social environment that makes it easy for elderly people to use the service and to promote community-building by calling for volunteers to support this social environment.

This article describes the following in relation to these activities: (1) Outline of the town of Taketoyo, (2) History of these efforts, (3) Activity content, (4) Results of activities so far, and (5) Issues and outlook.

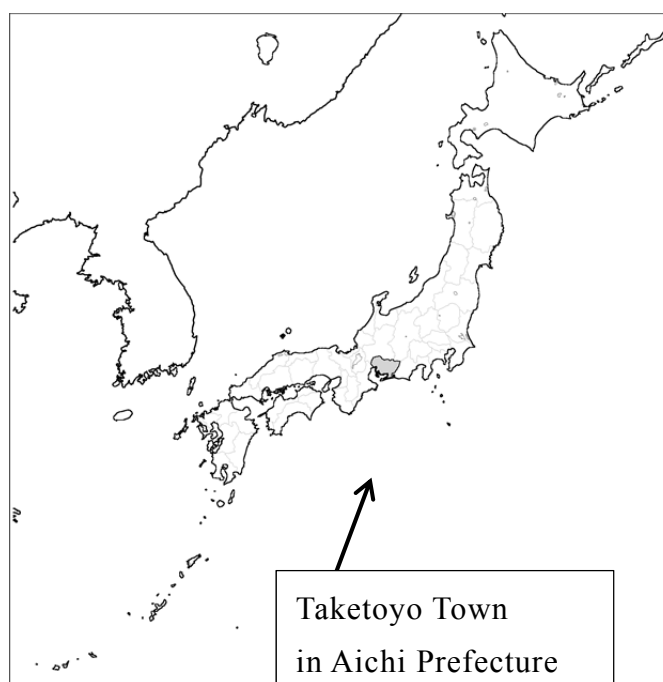
(1) Outline of region

Outline of Taketoyo and demographic composition

Taketoya is a town with a land area of 26 km² located near the center of the Chita Peninsula in



Figure 1 Location of Taketoyo Town



western Aichi Prefecture, Japan (Figure 1). It has a long history as a port and railroad town, and developed rapidly after World War II as an industrial town that played a role in the coastal industrial zone. With this development the town's population grew each year, until recent years when this growth has leveled off. The current population (as of the end of fiscal 2011; the same for all statistical figures below) is 42,635 people.

Reflecting its industrial structure, Taketoyo has had a higher proportion of working-age people than neighboring towns, and was called a "young town." However, the elderly population has been gradually increasing in recent years, to 8,728 people. In 2000 when the long-term care insurance system was introduced the proportion of elderly (aged 65 years or over) was 12.8%, compared with 20.5% today. Even so the proportion of old-old people (aged 75 years or over) among elderly people is 40%, lower than the national average of 52.4% (at the end of fiscal 2010), and the town is characterized by having many relatively young, vigorous elderly people. A low percentage of people aged 65 years or over have received certification of long-term care need (11.9%; national average 17.8%) and of them a low percentage have received certification for higher levels of care need (Care Need 4: 13.8%, Care Need 5: 8.2%).

Public health activities system

The town currently has nine full-time public health nurses, who are assigned mainly to the Health Section, Health and Welfare Department and are active in a public health center located in the center of town.

With the introduction of the long-term care insurance system, the public health nurses were assigned to other sections in addition to the Health Section, where they had previously been over-concentrated. Currently, two public health nurses are assigned to the Welfare Section in the Health and Welfare Department, and one is assigned to the Childcare Support Section in the Health and Welfare Department (both sections are within the town government office main building).

The public health nurses assigned to the Welfare Section are mainly in charge of home-visit surveys for long-term care insurance certification. The nursing care prevention project is mainly overseen by the Health Section and the Community Comprehensive Support Center (the Welfare Section entrusts this project to the Social Welfare Council. Currently, no public health nurses are assigned there).

(2) History of activities

Collaboration with Nihon Fukushi University

The Mihama Campus of Nihon Fukushi University is located in the town of Mihama, which neighbors Taketoyo to the south. Nihon Fukushi University and Taketoyo have worked together since the introduction of the long-term care insurance system to conduct surveys on the health and lives of general elderly people (the surveys target all people aged 65 years or older who have not received care certification; this includes people targeted by the current secondary prevention project). The survey covers a wide range of items, including elderly people's state of health, level of independence in daily living, lifestyle including frequency of going out and participation in community organizations, social capital including affection for community in which they are living, years' of education, and economic status. These surveys are currently conducted every three years in joint research by Nihon Fukushi University and local governments nationwide, including municipalities in the Chita Peninsula area. Changes in subjects over time are followed (in addition to changes in responses, the survey looks at changes in status of certification of long-term care need, and death). The circumstances of elderly people revealed in these surveys and the health gaps with neighboring municipalities are identified and analyzed. Today the health gap between people has become a well-known area of concern, but the university has focused on this since 1999 and has examined the background and regional characteristics that give rise to these gaps. It is also studying the kinds of care prevention measures that will be effective in the future.

Town public health nurses previously had almost no contact with such survey studies, and at first did not fully understand the meaning of the research. Looking back, the surveys enabled understanding of a wide range of residents' characteristics, inclinations, and thoughts that could not be understood from health checkup data. At the time, however, public health nurses thought the meaning was in gathering information on-site itself, and continued to set up and run various public health projects without considering the data they were gathering, relying on their "intuition and experience" as public health nurses rather than verification from objective data. It did not take long before we realized that these surveys provided evidence and hints for our subsequent projects.

Startup of "salons as a care prevention model project"

At the time of the revisions to the long-term care insurance system in 2006, a major

focus of attention was the importance of preventing the need for nursing care. Several such “care prevention projects” had been undertaken as government initiatives up to that point. Programs such as exercise and relaxation to prevent falls and nutritional improvement programs were planned as individual classes, with instruction provided by licensed specialists (for a fee). This limited the number and frequency of these classes, in addition to which nearly all the classes were held at public health centers. The concept of “care prevention” (that is, preventing the need for nursing care) had also not spread at that time; few people participated in most of these classes and it seemed that the only participants were certain repeat participants who had a high level of health awareness.

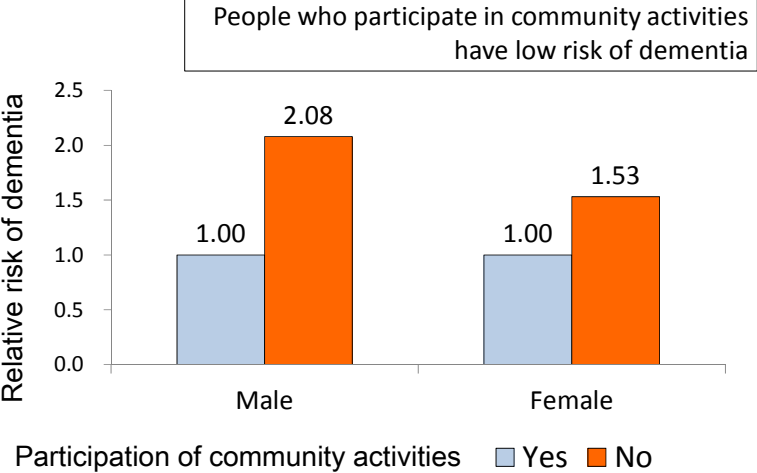
Professor Katsunori Kondo of Nihon Fukushi University was quick to see the limitations to national movements and secondary prevention. One day before the revisions had been introduced he asked us if we would like to try holding salons for elderly people in Taketoyo as a care prevention model project that emphasized primary prevention.

The “salons” would be places where local residents gathered at community centers or other public facilities. They would be run by these people themselves and be places where they could make friends and socialize. Salon projects for elderly people had already been implemented by many local governments nationwide, but in Taketoyo there were not yet any that had been made open to the general public.

It was becoming clear from university research that an effect could be expected by using such “salon” activities in care prevention projects. For example, it had been shown from a

three-year follow-up of people who meet friends with a high frequency and people who participate in community gatherings that they were 1.5 to 2 times less likely to develop dementia (Figure 2).¹⁾ In addition, self-motivated

Figure 2 Participation of community activities and incidence of dementia (from the data of follow-up from 2003 to 2006)



participation in gatherings as volunteers associated with the running of these meetings was found to be effective in preventing the need for care in both men and women.²⁾

Considering these circumstances and research findings, the Taketoyo Relaxation Salon (in the following, “Salon”) Project Conference was started by the local government administration and university. Visits to inspect trial sites were also made and the plan for a model project was brought into focus. At this time it was agreed that having residents play central roles and the government provide support so that the salons could be continued comfortably and pleasantly were important to the program. It had been shown from an investigation of individuals who made their first application for long-term care need certification, by checking their status one year before the application was made, that half of them had none of the risk factors (history of falling, depression, isolating themselves at home, malnutrition, decreased oral function) for coming to need nursing care.³⁾ For this reason the salons targeted all elderly people and not just high risk individuals. The condition most commonly cited by residents for participation in community projects was the closeness of the place where they are held,⁴⁾ and a general policy was set of establishing salons in various places so that even elderly people could walk to them without difficulty.

Efforts did not stop as simply holding the salons as a program to prevent care need; changes before and after implementation were compared and the effect of the salons was examined.

(3) Activities

Collaboration with residents—Nurturing social capital

In July 2012 the Ministry of Health, Labor and Welfare announced revisions to the Basic Plan to Promote Community Health Measures. These revisions emphasized the importance of resident-centered healthy community building and nurturing and the use of social capital, but the Taketoyo salon project had been carried out with collaboration with town residents as a basic condition from the beginning (2007).

It was necessary to find a large number of people (community volunteers) so that the salons could be continued long-term and in many places. For this purpose, meetings to explain the project to community residents and call for volunteers were held in October 2006. These meetings described the care prevention effect of the upcoming salons, and direct appeals were made for the need for volunteers. Two workshops were held starting in November with about 50 residents who agreed with the meaning of the salons and expressed a desire to cooperate, and through these

workshops a shared image was developed for the kind of salon people would like to make and be involved in. In this way common key words were identified and “key phrases” were adopted to express the image we were aiming for in the Taketoyo salons. These key phrases were (1) Salons that make people smile, (2) Salons where the ideas of each person are respected, and (3) Salons where people meet and create bonds.

These key phrases are still posted at every venue even today, five years after the start of the program. They are recited together before each event and have taken root as the “core values” that should not be forgotten. When new venues are opened, these key phrases are always presented to give direction for people’s efforts.

Through such work, the attitude that the project is run not as a government initiative but as an expression of residents’ own ideas has slowly pervaded.

Operation and current status of the salons

After all the workshops, a preparatory committee was selected to make concrete plans. Through several meetings three locations were selected for the first model neighborhoods. Common rules for the operation of the salons were then also established based on the residents’ own wishes (there would be a participation fee of 100 yen per time, the participation fee would be paid by participants and volunteers alike, people are free to participate at any salon without a reservation). Other things such as the frequency and duration of meetings and program content were decided through discussion among the volunteers at each site. After first communicating that they would like to make the frequency of the salons something that would not be a burden to the volunteers, groups at two sites decided open the salons for half a day once a month, and a group at one site decided to open the salon for a full day twice a month.

For the first year after start of the salons, the municipal government Welfare Section and the Community Comprehensive Support Center provided full intervention in support of the salons. This intervention consisted mainly of training volunteers and financial assistance. From the second year operation of the salons was entrusted fully to the volunteers, with the volunteers at each site doing everything from project planning and operation to managing the budget. At first some volunteers were uneasy about being entrusted with the project and the decrease in support from the town, and some expressed misgivings and satisfaction. After a year had passed, however, success in finding their way in operating the salons seemed to have become a source of great confidence for them, and finally a smooth transition was made to operation by

the volunteers.

With the operational flow at these three initial sites as a model, salons were later opened at one or two new locations each year. As the number of sites increased so did the number of participants. In fiscal 2011 there were eight sites and the total number of visits to the sites exceeded 8,000, comparable to the elderly population of the town (Table). Salons in two new locations opened in June and November 2012, and the target number of 10 locations for the salons (based on an estimation of the number of salons needed so that all elderly people in the town could walk to one within 15 minutes) was reached one year earlier than the target year of 2013. Awareness of the salons within the town has also risen, and today 10% of the actual number of elderly people who have not received long-term care certification participate. The salons have developed into a key feature of the town’s care prevention projects.

Public health nurse intervention

From the start of the salon project there was cooperative involvement by the Taketoyo Town Welfare Section, Health Section, and Social Welfare Council, Nihon Fukushi University, and Seijoh University. Currently, the main interventions are provided by the Community Comprehensive Support Center, but Health Section public health nurses also go around to each salon location 2–3 times a year to provide health consultation and health talks to participants. They also attend the monthly meetings of the “Relaxation Salon Management Council” and meetings of people in charge of office work, and are engaged in consultations for the selection and operation of new sites.

(4) Results of activities

In Japan’s aging population, living long in a state of health is desired by both

Table Yearly trend of the number of participants for the “Relaxation salons”

Fiscal year	2007	2008	2009	2010	2011
Population of elderly (people)	7,471	7,874	8,259	8,368	8,728
Number of places of salons (places)	3	5	7	8	8
Total times of opening salons (times)	39	66	91	109	136
Actual number of participants (people)	401	583	637	637	794
Total number of participants (people)	2,341	4,553	5,323	6,441	8,084
Proportion of participants among elderly without long-term care certification (%)	8.3	8.4	8.7	9.9	10.4

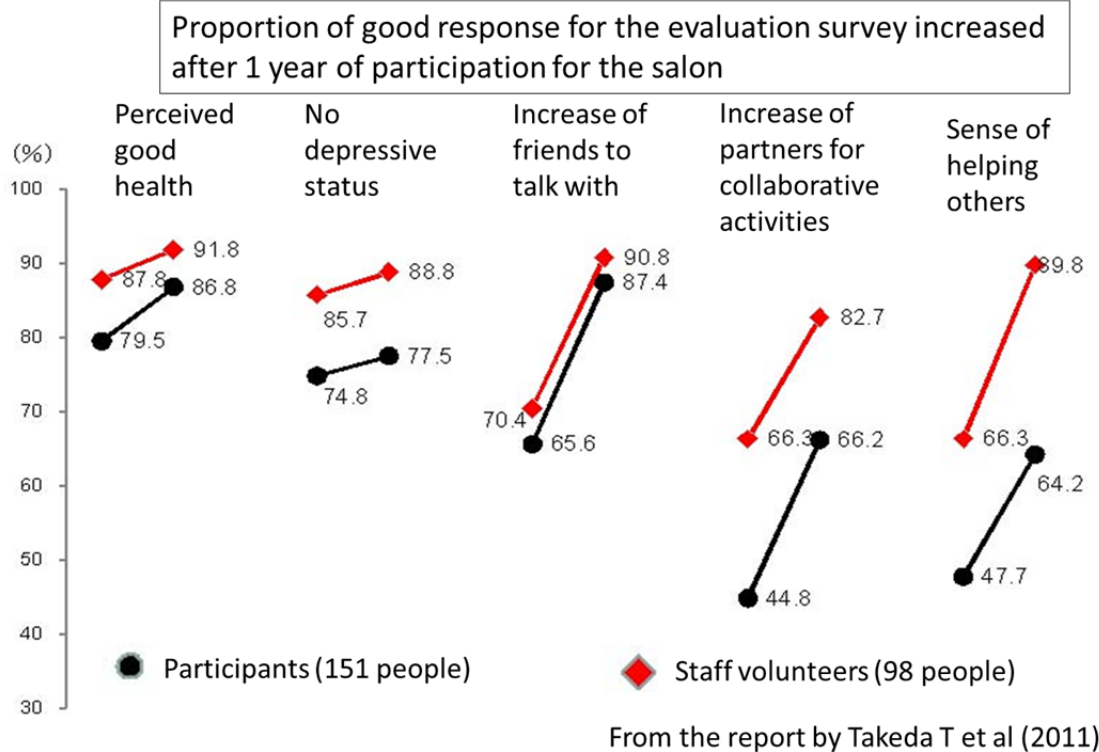
as of March 31 in each fiscal year

individuals and society. For this people need to maintain and prolong their independence to the extent possible, and delay the time when they become frail or come to need care. To achieve this it is important to start care prevention while people are still healthy and vigorous. This “prevention” perspective is the area of specialty of public health nurses, and from this perspective we have felt, based on the difficulty of secondary prevention and our experiences in the salon project, that there are limits to what is possible with government initiatives. The efforts of community residents themselves and activities by local organizations are crucial.

When developing these salons was first suggested, I was, to be honest, concerned about how many local residents would actually raise their hands to volunteer. When the lid to the project was actually opened, however, the response was greater than I had imagined. Many people offered their cooperation with a sense of purpose based on the idea that this project was also important for them personally. I feel that they were supported by that idea in continuing their involvement in starting up this big project.

The anticipated effect also appeared. Each year, with the cooperation of Seijoh University, a “vitality check” of participants and volunteers (a questionnaire on daily

Figure 3 Change from the first participation in the salon and 1 year later (Aggregated from the data of fiscal 2007-2010)



life activities and psychosocial condition, and a survey of cognitive function and physical strength) is carried out (in fiscal 2012, such checks were carried out at six of the 10 sites). In the period from 2007 (when the first salons were opened) until 2010, a comparison of data from people who received both an initial check and a check after one year showed increases of about 20% in “having someone to talk to,” “having someone to do things together with,” and “feeling that I am useful,” respectively, in both volunteers and participants⁵⁾ (Fig. 2). Even though the salons are held only once or twice a month, they were found to nurture social support and networks. Secondary prevention subjects also participated in the salons, and among the 200 general participants who received “vitality checks” at six sites in 2012, 64 (32.0%) were elderly people deemed to have motor function risks. Although a simple comparison cannot be made, this corresponds to 0.7% of the entire elderly population of the town. With the addition of participants at other salons where vitality checks were not performed, the proportion would probably exceed the 0.8% that participate in secondary prevention projects nationwide (2011 Care Prevention Project Report).

(5) Issues and future outlook for the salons

Currently the salons continue to run stably, and the target number of sites has been achieved. From fiscal 2013 we are considering opening new “calisthenics salons” that specialize in calisthenics to increase the participation of men who lack stimulation and to enhance activities for people who are targets for secondary care prevention.

Through the salons I have made new connections with many town residents. I came to understand the ability of residents to implement local organization activities, which had not been fully revealed and used previously, and think that we have been able to increase the number of powerful allies for future public health nursing activities. The shift from public health programs that were excessively concentrated at public health centers to a program in which public health nurses moved out into the community, the rightful place for their activities, has also been a valuable experience for me.

As expressed by the key phrases, all of the salons are filled with smiling faces and participants can participate at whichever site they would like at their own pace, making new acquaintances and reuniting with old ones. Participants also feel an awareness of their roles, with each person doing what they can at a level they are comfortable with.

In consideration of the policies of Health Japan 21 (the second term), announced in July 2012, Taketoyo Town has also begun the “Second Stage Healthy Taketoyo 21

Smile Plan,” a 12-year health promotion plan. The perspectives advocated in the plan of closing the health gap, raising social capital, and developing a social environment that supports and protects health may seem novel at first glance, but the most fundamental part—community building and having community residents themselves play the main roles—remains unchanged. There is also a renewed awareness of the fact that the approaches used in the salon project were effective in achieving its goals.

The abilities of residents that were felt through this salon project are true social capital, and something of real value for Taketoyo. In the future, together with the people living in Taketoyo, we would like to continue to build and develop salons with residents in the main roles. We would also like to be public health nurses who continue to go out into the community for activities and encounter many smiling residents.

- References

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