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## Commentary

### Commentary to “the Review for Promoting Evidence-based Healthcare and Welfare Policies for People with Disabilities”: Why is the “Definition of Health for a Care-focused Mature Society” we proposed needed in Japan?

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"Drastic reforms in healthcare" are required in Japan. We need to ensure sustainable management of the system against increased medical costs and physician's burden etc. Universal Health Coverage (UHC) in Japan has been highly evaluated internationally because it provides medical treatment at a relatively low cost and contributed to the longevity of the people [1]. On the other hand, since 2008, Japan has become a country in which 'population reduction and declining birthrate and aging' become simultaneous. And, the disease structure has changed significantly in developed countries. In the analysis of "Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) 2010" by the World Health Organization (WHO) and 7 institutions of Japan, the United States and the United Kingdom for the past 20 years (1990 to 2010), the following evidence is shown: "The disease burden of the world is , In the past premature death of children under 5 years old was the biggest factor, but now, The majority of factors are due to musculoskeletal disorders, psychiatric disorders, injuries etc., and such burden is increasing as people live longer [1].

"Healthcare 2035" [1] has been proposed to further develop healthcare and lead the world as a maturing nation. The new vision to be achieved by "Healthcare 2035" is the following: 1) Lean Healthcare; Increase the value of health care, 2) Life Design; Supporting subjective choice in society, 3) Global Health Leader; Japan will lead the world health care.

In recent years, comprehensive healthcare measures against lifestyle diseases such as cancer have been applied, and the average life expectancy of Japanese people has been extended to "a level that is even regarded as a goal as a human being." In Japan where access to medical care is guaranteed by the UHC system, it can be said that the future health policy should focus on "a Care-focused Mature Society" that can aim for mature death by preventing premature death. To contribute to the new vision of "Healthcare 2035," through current situation analyses and policy review, we proposed the following two policy recommendations [1,2]: 1) "Disability Registry" construction as a prognosis/outcome indicator in medical database, and 2) "Definition of Health for a Care-focused Mature Society" : in a care-focused mature society such as Japan, the notion that

"despite 'social, physical, and mental challenges' such as the disabilities acquired from trauma or disease, quality of life can be maintained and that one 'is able to' self-manage and aim for "self-actualization" should be added to the future "definition of health."

#### Disability Registry construction

In Japan, "Health Japan 21 "was proposed in 2000 according to the philosophy of "Health-related groups of society support various efforts that each individual living in Japan in the 21st century based on their own health perspective will realize health [1]." Health Japan 21's basic strategy is to reduce early death and obstacles, to lengthen a healthy and undisturbed period of life in health, that is, to extend healthy life span, to fulfill a life full of satisfaction for each and every one of us, and, to fulfill a sustainable society in order to achieve this. And as a concrete measure to realize it, "set goals (values) related to health, provide sufficient information, improve the lifestyle based on self-selection, and improve the environment necessary for health promotion advance" is indicated. In Japan, a lot of clinical information databases (Clinical Efficacy Databases) are built for each type of disease or organ, and enormous information on the medical care of patients is accumulated. Regarding trauma patient registration system, we have found that, although the National Clinical Database (NCD) which covers more than 95% of surgery performed by general surgeons throughout Japan, and over 1,200 thousand cases are entered per year [1] was good, but the prognosis/outcome and information in chronic phase was relatively lacked. Therefore we decided to start with the construction of the mechanism.

The "Disability Registry (narrowly defined)" is a database for wide area municipalities such as prefectures to grasp the health care information of persons with disabilities currently owned by municipalities, etc., by type of disability. For prefectures, grasping the entire disability across sectors is necessary for formulating plans and evaluating policies.

The "Disability Registry (Broad definition)," that is the Medical / Nursing Care / Health Welfare Database for injured / injured patients is trying to consolidate existing databases by

utilizing the mechanisms of next-generation medical infrastructure law and block chain technology. If we added much more epidemiological approaches to the health policies for people with disabilities, such as, acquired disability can be reckoned as prognosis/outcome indicator of the injury or disease, utilization of the database will contribute to review the policies from the perspective of themselves. So we thought that building "Disability Registry" can also be a measure for improving information accessibility necessary for promoting health promotion policies in symbiotic society.

In this paper, I referred to the database system of outcome information by tracking patient information as "prognosis / outcome information system." The reason is that I think "The owner of the information stored in the database system is uniquely the patient himself". Though both "prognosis" and "outcome" are terms expressing the "course" of a medical condition along the time axis, the former means prospective view, whereas the latter means retrospective view. The medical information that the doctor gets will be mostly "outcome" information, but from the viewpoint of "patient" the necessary information is overwhelmingly "prognostic" information. While having "physical, mental and social" difficulties and burdens / challenges, such as "sequelae and injuries caused by trauma and diseases," the necessary information for patients who are trying to live somehow, might be "prognosis" to the last, it is not "outcome."

**"Definition of Health for a Care-focused Mature Society"**

In 1948, "Health" in the WHO Charter was defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." In Japan, its Japanese translation has been used as a definition of health. After that, in WHO a new proposal was made in 1998 on the definition of health, "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity." This new proposal is said to have elapsed without deliberation though the proposal to the general meeting was adopted at the executive board. In Japan, although this new "definition of health" was examined, consideration did not proceed because "there is no suitable Japanese translation for "dynamic" and "spiritual" of WHO's new proposal. For that reason, it is said that the definition of health of 1948 has been used until now in Japan.

However, the trend of health has been greatly different from that of 1948. *Machteld Huber* and her colleagues [1] insist, "complete well-being" of WHO's definition of health no longer does not make sense given the increase in chronic illness. They propose the following: We should focus on "the ability to adapt and self-manage in the face of social, physical, and emotional challenges." In the process of life, people face various "problem or challenges" of physical, mental and social. As a result, you may be forced to spend the rest of your life (from the starting point of life in case of congenitality) with various "sequelae and disorders, chronic diseases etc." Considering such situations, shifting the concept of "health" to "the ability to adapt and self-manage" seems more reasonable as a definition in a care focused mature society. At least this definition seems to be trying to position people living with disabilities and chronic

diseases in concepts of health as well.

It is difficult to reflect concepts not included in "definition of health" in national health policy. In that sense, "Definition of health" can be said to be "the concept, regulation of the target, scope and direction of health policy" of the country. If so, in the recent years of the situation of health, education, economy, etc. diversify in each country, it may be better for "definition of health" to be "original definition according to each country's circumstances." Therefore, we proposed the "Definition of Health for a Care - Focused Mature Society" like Japan (Table 1), to realize of "Health Care 2035."

In recent years, the "technical environment" for people with disabilities to conduct societal activities "independently" has been making remarkable progress with the development of supporting equipment, AI (Artificial Intelligence) etc. As mentioned before, "Promotion of" health of mature society "policy" would be one of the most important tasks for Japan, to realize a coexisting society of higher quality, together with creating a support environment by "people". Then, in order to realize that, what kind of approach should we examine first? Currently, one of the methodologies I'd like to examine for future introduction is self-management education (SME) [1]. SME is one of the behavioral intervention methods for health management of various chronic conditions such as asthma, arthritis, cancer, COPD, depression, diabetes, epilepsy, heart disease, etc. In Japan, it has already been adopted as a health management method for diabetes and other chronic conditions. If we view "disability" as one of the chronic conditions and develop SME program with chronic condition of disability, we have the possibility to incorporate disability into current health promotion policy in Japan. In the United States, utilization of health promotion policy of SME has been started in CDC, SME program for Disability-Related Condition is also provided, so I would like to refer to it and exchange opinions and methodologies each other.

Overall, it was thought that construction of the Disability Database will contribute to health promotion for the "Definition of Health for a Care-focused Mature Society" from the viewpoint of improving of information accessibility for all: including "people with disabilities."

**Table 1.** "Definition of Health for a Care-focused Mature Society" (Quoted from Ref. 4. The lower Japanese sentences are translated by Dr. Tomoko Tachibana.)

Definition of Health for a Care-focused Mature Society	In a care-focused mature society such as Japan, the notion that "despite 'social, physical, and mental challenges' such as the disabilities acquired from trauma or disease, quality of life can be maintained and that one 'is able to' self-manage and aim for "self-actualization" should be added to the future "definition of health."
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## References

1. Akashi H, Osanai Y, Akashi R. Human resources for health development: toward realizing Universal Health Coverage in Japan. *Biosci Trends*. 2015;9(5):275-9.
2. Wang H, Dwyer-Lindgren L, Lofgren KT, Rajaratnam JK, Marcus JR, et al. Agespecific and sex-specific mortality in 187 countries, 1970–2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 2012; 380: 2071–94.
3. Health Care 2035 Advisory Panel. The Japan Vision: Health Care 2035 Executive Summary. June, 2015.
4. Tachibana T, Mizushima H. A Review for Promoting Evidence-based Healthcare and Welfare Policies for People with Disabilities. A Proposed “Definition of Health” for a Care-focused Mature Society. *J Epidemiol Public Health Rev*. 2017; 2(6).
5. Tachibana T, Mizushima H. Promoting Evidence-Based Health and Welfare Policies for People with Disabilities: Proposing a “Definition of Health” for a Care-Focused Mature Society. *Epidemiology (Sunnyvale)*. 2017; 7:334.
6. Ministry of Health, Labour and Welfare. Health Service Bureau.
7. National Clinical Database. NCD.
8. Huber M, Knottnerus JA, Green L, et al. *BMJ*. 2011 Jul 26;343:d4163.
9. Kate R, Lorig, Halsted R, Holman. Self-Management Education: History, Definition, Outcomes, and Mechanisms. *Ann Behav Med*. 2003; 26(1):1-7.

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