

The 30th International HPH Conference

Health Promotion Center

: Expansion of health promotion activities in the hospital and in the community

and challenges

Background/Purpose

Since joining HPH in 2013, we have been considering the smoking cessation that has been carried out at the Health Promotion Center, the efforts to address the asbestos problem, and the health checkups for atomic bomb survivors.

Method/Intervention

We will consider future activities using smoking cessation activities for staff in hospitals, smoking cessation activities in the community, efforts to address asbestos problems in all prefectures with the Saitama Construction Association, cooperation in health prevention activities, and health checkups for atomic bomb survivors.

Smoking cessation outpatient clinic: It is said tobacco will kill about 1 billion people this century(Ref.1). A smoking cessation team was formed with a multidisciplinary team, including doctors and clerical staff, and conducted e-learning for staff, mothers' classes, and smoking cessation consultations at local health plazas. The smoking rate among staff was 14,0% in 2011, which decreased to 8,7% in 2017 and 6,5% in 2022. The progress of smoking cessation in each workplace in the hospital was slow for the catering staff. This was improved by directly hiring people who had experience cooking meals at other workplaces, where they learned the habit of smoking before getting a job at our hospital. Smoke prevention classes were also held for children in the community. Smoking classes for children from kindergarten to elementary school were advertised by local union members and took care of the children on the day. In addition, a junior high school student who participated in

this class on the day of the event later told me about smoking cessation at his school. Photo 1

Tackling pneumoconiosis and asbestos issues: In response to the health hazards caused by asbestos, we opened an outpatient clinic for pneumoconiosis and asbestos in 2005. The pneumoconiosis health checkup of the Saitama Construction Association is conducted at related affiliated clinics in all prefectures of Saitama Prefecture, and the secondary interpretation of all chest X-rays is performed at our center. The number of pneumoconiosis health checkup secondary readings by the Saitama Construction Association was 53,780 in 2010 and has been on a downward trend since then, reaching 38,994 in 2021. The incidence of pleural plaques was 8.6% in 2013 and 7.5% in 2021, and is on a downward trend. The smoking rate among Saitama Construction Association members is about 40%, and of the 51 lung cancer deaths in 2021, 7 (13.7%) were lung cancer (Saitama Construction Association: Message 2021). Asbestos

is known to cause mesothelioma and lung cancer. According to our 2008 nationwide survey of affiliated hospitals, pleural plaques were found in 13% of primary lung cancers.

(Ref. 2) The government recognizes responsibility for asbestos exposure and enhances the compensation system. However, many people do not know that they are the target audience. In the one-year period from August 2023 to July 2024, nearly 300 people were found to have plaque findings during health checkups at the health checkup center. Due to their busy work, few of the Saitama Construction Association members who have undergone medical examinations come to the hospital to explain their plaque findings. We have also held health classes at the Saitama Construction Association, but we need to consider new methods such as returning results using smartphones and other devices. (Health Literacy)

Health checkups for A-bomb survivors: We have been conducting medical examinations for A-bomb survivors in

Hiroshima and Nagasaki for some time. As the population ages, the number of patients who have been examined has decreased from 213 in 1995 to 43 today. Article 6 of the Treaty on the Prohibition of Nuclear Weapons (TPNW) obliges victim states to provide assistance to victims. The Japan government has not ratified the TPNW. In 1994, the government enacted the Atomic Bomb Survivors Assistance Act, which provides medical, health, and welfare measures, but consistently does not recognize state compensation. A-bomb survivors are more likely to have health concerns, disadvantaged livelihoods, and a desire to be compensated for all aspects of damage. (Ref. 3) The current situation of the aging A-bomb survivors is considered to be the Social Determinant of Health created by the war. At our hospital, we set up intensive health checkup days in spring and autumn to interact with health checkup patients. At that time, A-bomb survivors provide health consultations and consultations on how to use the medical system. (Photo). It

is necessary to create an environment in which A-bomb survivors can easily receive health consultations and to advocacy the government.

Recently, a delegation from the Kyrgyz Republic came to our hospital to observe the prevention of lifestyle-related diseases. (Photo). Explained the activities of HPH.

(Photo)

Results: Anti-smoking movement: Staff are decreasing. Aim for 0% further.

We would like to consider expanding smoke prevention classes in the community.

Pneumoconiosis and asbestos outpatient clinics: The number of members of the Saitama Construction Association is decreasing, and the number of patients receiving medical examinations is decreasing. The government's relief system for asbestos victims is also expanding, and we would like to increase the number of people who undergo secondary health checkups.

The number of A-bomb survivors' health checkups is declining as the number of people undergone is aging. I would like to promote exchanges with the A-bomb survivors and think about how we can provide appropriate support as a whole.

Ref.1: Prabhat Jha, et al. Global Effects of Smoking, of Quitting, and of Taxing Tobacco. N Eng J Med 2014;370:60-8.

Ref.2:Akihiko Tamura, et al. Potential asbestos exposure among patient with primary lung cancer in Japan. J Occup Health 2018;60:236-245.

Ref.3:Vladisaya Bilyanova Vsiieva ,et al.Addressing the atomic bomb damage:Associations between 'state compensation' demands and aspects of survivors'suffering. Global Policy.2023;14:500-515.