

Good Practice from Japan for Improving Health Equity for Patients

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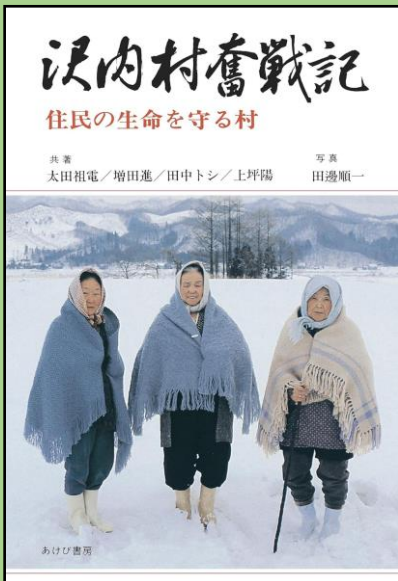
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A Rich Tradition
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- Introduction to the Japan HPH Network (J-HPH)
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 - Jouhoku Hospital, Kanazawa
 - 2024 Noto Peninsula Earthquake

History of Health Promotion in Japanese Hospitals



- **Saku Central Hospital**
- Opened in 1944.
- Worked with local farmers to improve both health and living conditions in the region.
- A pioneer in health promotion in Japanese hospitals.



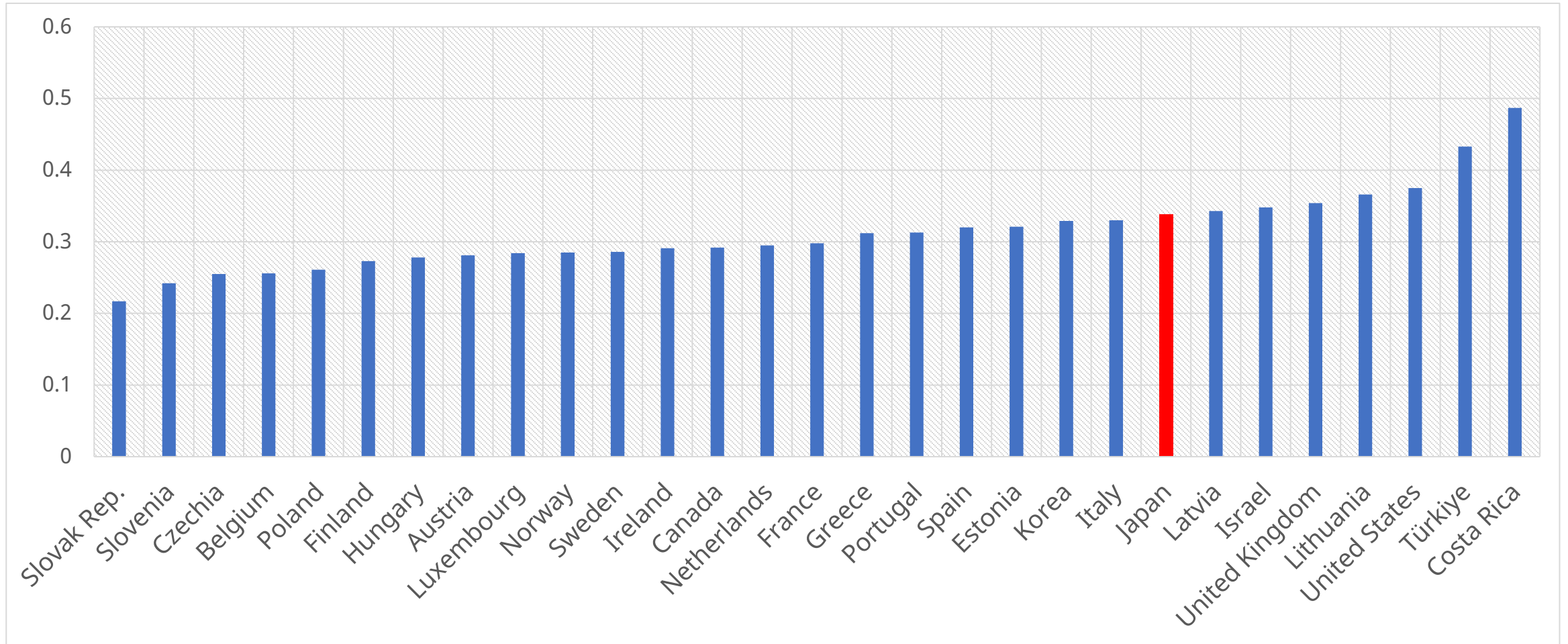
- **Sawauchi Village**
- A remote village suffering from the "three hardships": heavy snow, multiple diseases, and high mortality due to poverty.
- Implemented the "Health for All" policy and achieved Japan's first zero infant mortality in 1962.



- **Min-Iren**
- Established in 1953 through collaboration between local residents and medical professionals.
- Committed to promoting equitable healthcare and creating healthy communities nationwide.

Income inequality, 2021, OECD

Gini coefficient



Japan HPH Network (J-HPH)

- **History**

- Established in 2015.

- **Mission**

- To improve the health of patients, staff, and local residents, in collaboration with local communities, companies, non-profit organizations, and municipalities,
- To achieve health promotion, happiness, fairness, and equity in society.

- **Member**

- 123 member institutions
- Second-largest national HPH network in the world.

- **Conference Themes**

- Interventions for poverty
- Addressing social isolation
- Support for foreign residents
- Support for LGBTQ+ individuals
- Responding to the climate crisis
- Supporting vulnerable people during pandemics

- **Tool Development**

- “Economic support tools for healthcare and welfare staff”.



“Economic Support Tools for Healthcare and Welfare Staff”

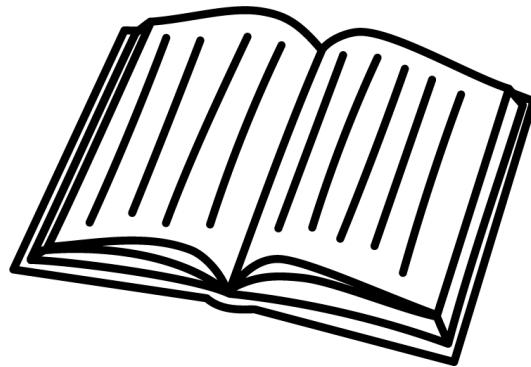
Ask

Ask about the patient’s financial status.



Explain

Explain the risks of financial hardship.



Do

Prescribe available social resources.



ステップ 1 Step 1: Ask

経済状態を尋ねる質問をしてください

以下の質問の中で尋ねやすい質問をしてください。

ただし、経済状態に関する問診は、単独では困窮した人をスクリーニングする感度が低いことを理解してください。できるだけ多くの情報を活用して、困窮した患者・利用者さんを見逃さないようにしてください。

質問	回答	感度 (%)	特異度 (%)
趣味やささやかなぜいたくを楽しむための経済的な余裕はありますか。	余裕がない	41.3	81.9
現在の暮らしの状況は経済的に見てどのように思われますか。	苦しい	39.7	82.8
この1年間で、医療費の支払いに不安を感じたことはありますか。	不安があった	30.7	78.9
この1年間に、給与や年金の支給日前に、暮らしに困ることがありましたか。	困った	30.2	78.2
この1年間で、あなたや家族が経済的な理由で、病院や歯科に受診するのを控えた経験はありますか。	はい	22.2	87.2

*感度と特異度は等価所得132万円以下に対するものです。

ステップ 2 Step 2: Explanation

貧困の健康リスクを理解し、患者さんに伝えてください

▶右図参照

貧困は多くの疾患のリスクを増大させます。

ステップ 3 Step 3: Do

社会資源を活用した支援をしてください

▶P4~P7へ

支援で患者・利用者さんの健康を改善することができます。



患者属性

全ての人

医療費の支払いが必要な人

障害のある人

医師の書類の必要性

質問する
困っている状態に気づく対象になる制度を見つける

生活保護制度

税金の申告
(確定申告、障害者控除、医療費控除)

高額療養費制度

難病医療費助成制度

自立支援医療
(精神通院医療)

無料低額診療事業

障害年金

特別障害者手当

特別児童扶養手当
障害児福祉手当

各種手帳

— 様々な制度を活用しても、生活が苦しい状況が続く場合、生活保護申請を検討していますか。

— 所得税や住民税を支払っている場合、毎年年末調整や確定申告などを行っていますか。

— 医療費が高額になる場合、高額療養費制度の活用 (限度額適用認定申請) をしていますか。

○ 指定難病医療制度の対象になりますか。

○ 精神疾患で通院による医療が必要な場合、自立支援医療の手続きをしていますか。

— 収入等が少なく医療費の支払いが難しい場合、無料低額診療事業の利用を検討したことがありますか。

○ 障害年金を受けていますか (20歳以上の方で、障害の要因となった病気やケガの初診日において65歳未満である場合)。

○ 複数の重度障害がある場合、特別障害者手当を受けていますか (20歳以上を対象)。

○ 特別児童扶養手当、障害児福祉手当を受けていますか (20歳未満を対象)。

○ 身体障害者手帳、療育手帳*、精神障害者保健福祉手帳を持っていますか。
*療育手帳の名称は「愛の手帳」「希望の手帳」など自治体によって異なる場合があります

Examples of available resources: social assistance, pensions, disability allowances.

Case Study: Elderly Patient with Financial Hardship

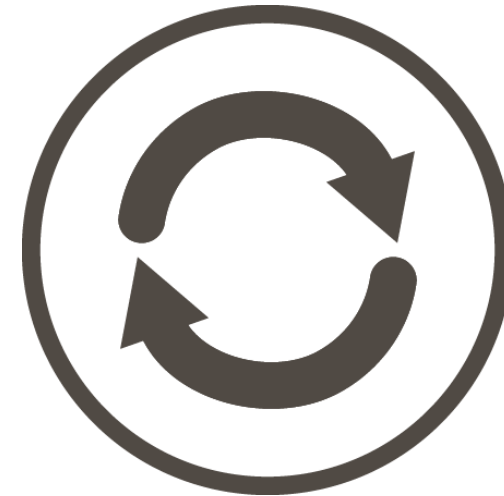
Ask



- Received home visits
- Bedridden
- Received public assistance
- Did not use air conditioning even on extremely hot days

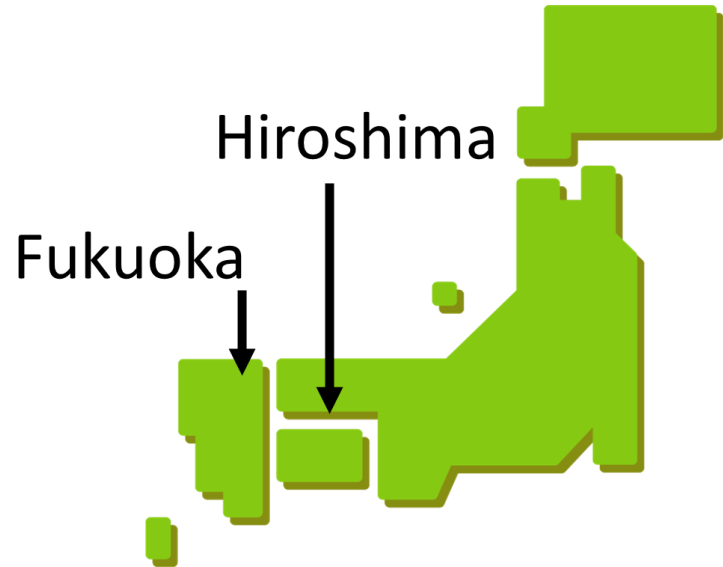
- It was discovered that she was not using air conditioning to save on electricity costs.

Do

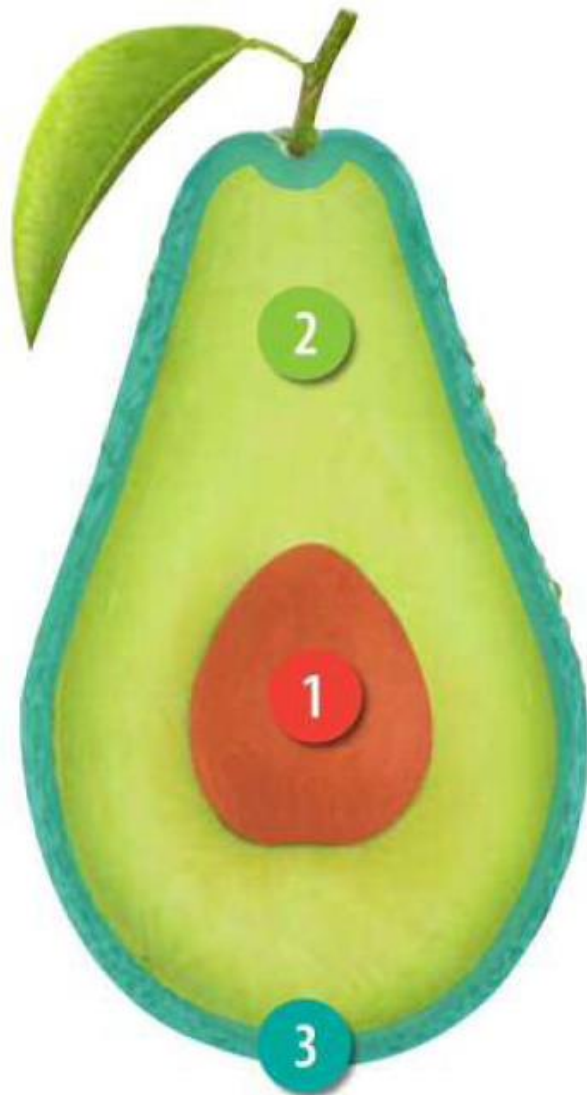


- She applied for disability certification and was classified as Level 1.
- An additional disability allowance was added to the public assistance.
- She was able to use the air conditioner without financial worries, preventing heatstroke.

Example 1: Chidoribashi General Hospital



Efforts to address healthcare equity



1

- **Micro Level**
- Individual-level practices

2

- **Meso Level**
- Community-level practices

3

- **Macro Level**
- Advocacy for policy changes

Micro-Level Practices

- Out-of-pocket medical expenses in Japan
 - Patients are required to pay 10% to 30% of medical costs depending on age and income.
- There is an increase in avoidance of regular medical visits among people below the poverty line:
 - OR 1.28 for men (CI 1.19-1.83) OR 1.42 for women (CI 1.14-1.82), according to Obikane et al.,
- One of the solutions is the Free and Low-Cost Medical Care Program (**FLCMC**):
 - This program allows hospitals to reduce or eliminate out-of-pocket expenses.
 - It is a vital support measure for low-income individuals who do not qualify for public assistance.
 - The FLCMC program is only available at a limited number of medical institutions in Japan. At our hospital, around 4,000 patients use this program each year.

Micro-Level Practices

Case study

- 70-year-old man living on a pension with diabetes and hypertension
- Accumulated gambling debt and overdue insurance payments, leaving almost no pension income after repayments
- Unable to afford treatment costs and had to stop medical care
- A friend, concerned about his situation, accompanied him to our hospital for consultation
- Utilized the **FLCMC** and was able to resume outpatient treatment



Micro-Level Practices

“Ikimasu-tai”: Home Visits for Socially Isolated Patients

- Support for patients facing social difficulties are not limited to within the hospital.
- Staff members carry out voluntary home visits (**Ikimasu-tai**) to patients who are considered in need of such assistance due to social difficulties.
- **Case Study**
 - A patient who had stopped chemotherapy treatment
 - Upon visiting, it was found that the reason was the inability to afford medical costs.
 - The patient was able to receive inpatient chemotherapy after enrolling in the **FLCMC**.



Micro-Level Practices

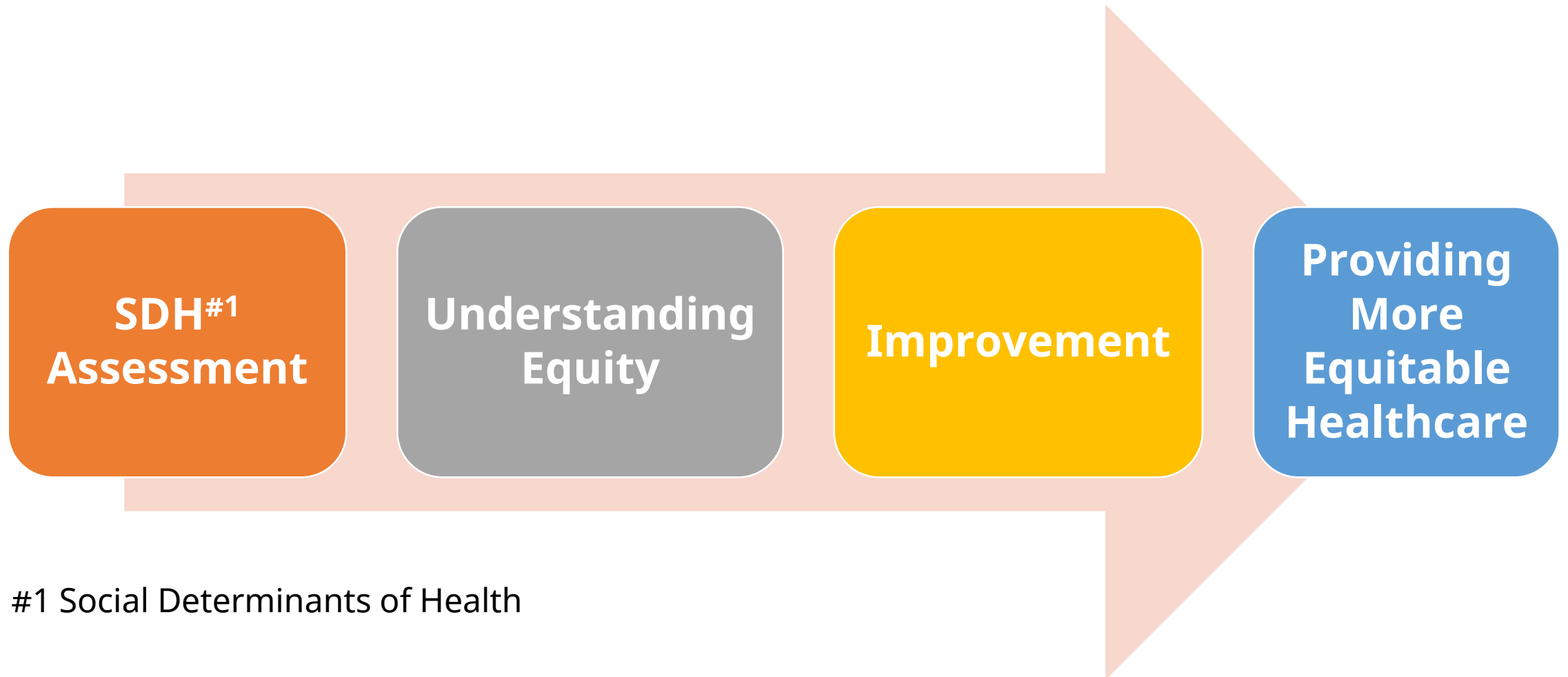
Support for Marginalized Groups



Supporting LGBTQ+ individuals

Educational materials in Vietnamese for foreign pregnant women

Measuring Healthcare Equity



#1 Social Determinants of Health

HPH Evaluation and Intervention Sheet

	Items	Interview	Intervention
Lifestyle = HPH Data Model	Smoking	Do you smoke regularly?	Smoking Cessation Education
	Intention to Quit Smoking	For smokers: Do you want to quit smoking?	Referral to a Smoking Cessation Clinic
	Harmful Drinking Habits	Alcohol consumption > 40g per day	Referral to an Alcohol Specialty Clinic
	Obesity	BMI>25	Guidance by a Dietician
	Malnutrition	BMI<18	Guidance by a Dietician
	Oral Hygiene	Have you visited a dentist in the last 6 months?	Guidance by a Dental Hygienist
SDH	Financial Hardship	Have you had any financial or life difficulties before hospitalization?	Interview with a MSW
	Social Isolation	Do you have someone to rely on when you are sick?	Interview with a MSW

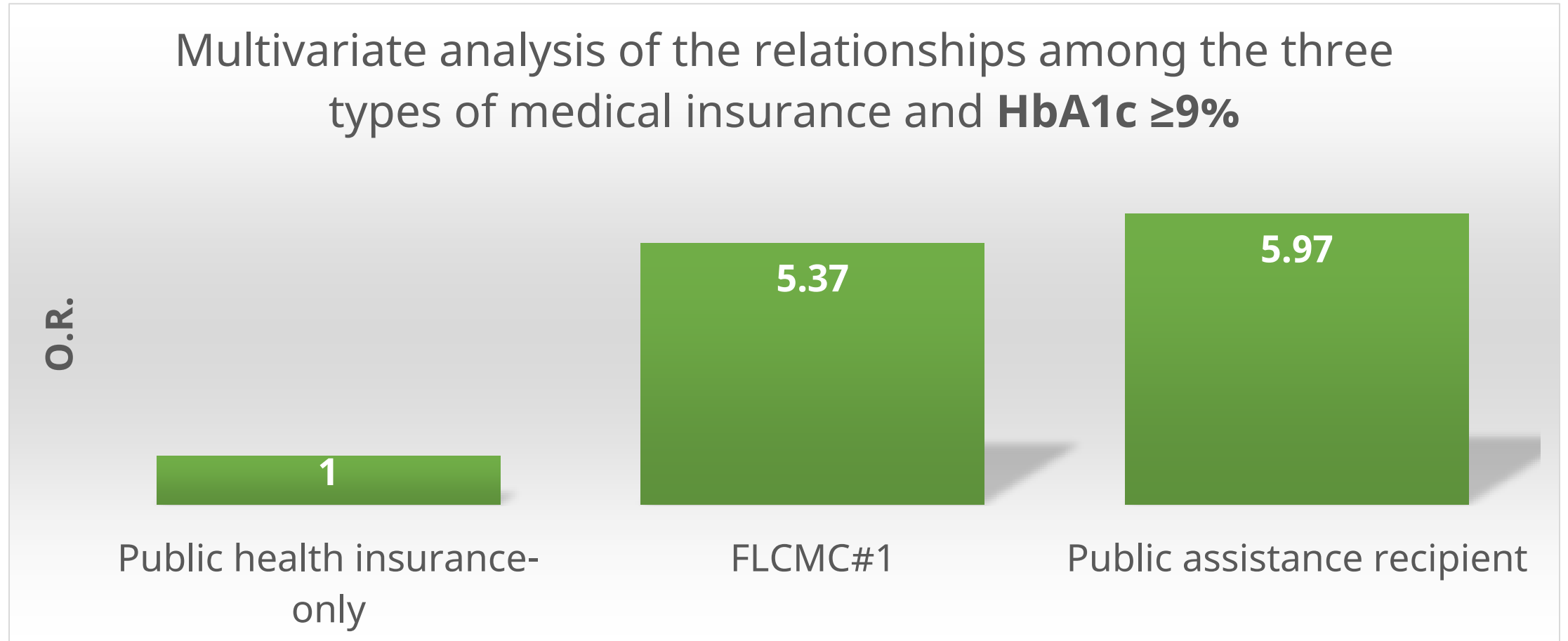
Interview and Intervention Results

	Interviews Conducted		Interview Responses		Intervention
	Number of People Interviewed (n)	Interview Implementation Rate (%)	Number of Applicable People (n)	Applicability Rate (%)	Intervention Rate (%)
Smoking	252	88.1	109	43.3	14.7
Intention to Quit Smoking	38	34.9	16	14.7	NDA
Harmful Drinking Habits	45	15.7	16	35.6	NDA
Obesity	285	99.7	53	18.6	43.4
Malnutrition	285	99.7	68	23.9	27.9
Oral Hygiene	277	96.9	186	65	95.7
Financial Hardship	266	93	43	16	49
Social Isolation	263	92	56	21	NDA

Data as of Aug. 16. 2024

NDA: No data available at this time

Limitations of Social Support Programs



Meso Level

Macro Level Practices



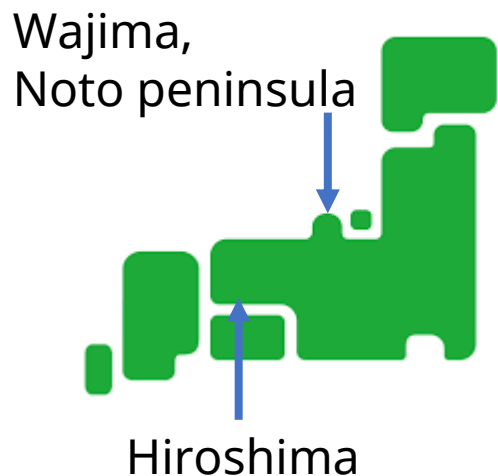
Meso Level: Tomono-Kai works to prevent social isolation among the elderly.

Macro Level: Advocacy for social welfare improvements, including street campaigns and food distribution for those in need.



Example 2: Jouhoku Hospital and Wajima Clinic

- The 2024 Noto Peninsula Earthquake occurred at the beginning of the year, causing significant damage.
- In disasters, vulnerable populations tend to suffer greater health impacts, which leads to a widening of health disparities.



2024/1/1, 18:00: Joint Response Headquarters



Post-Earthquake Outreach in Wajima



Health support activities at evacuation shelter



Wajima Clinic staff



Community outreach activities in Wajima

Conclusions

- The J-HPH network has prioritized addressing health inequities.
- Chidoribashi General Hospital has made efforts at the micro, meso, and macro levels to ensure equitable healthcare.
- In the aftermath of the earthquake, Jouhoku Hospital and Wajima Clinic have worked to ensure that no one is left behind.
- We will continue our efforts to promote equitable healthcare in Japan.



Japan Network of Health Promoting
Hospitals & Health Services