Aim of the establishment: Reinforcing, promoting, and disseminating health education
Example of our activities: Annual conference (1/year), Symposium (1/year), Journal publication (quarterly)
Member: Researchers and practitioners from community health, school health, and industrial health (about 1,200 members)

Japanese Society of Health Education and Promotion (JSHEP) is rather young academic society established in 1991. Professor Tadao Miyasaka, Honorary President and Honorary Member, was the first figure in the beginning of this society as well as the pioneer of health education in Japan. Specialty in members of JSHEP is distributed in wide areas such as public health, occupational health, maternal and child health, school health, nutrition, physical activity, tobacco control, and dental health. We are also interested in international health promotion and education, and have some experiences of collaboration with overseas countries including IUHPE/NPW members.

Welcome to the Japanese Society of Health and Education and Promotion

Our society is the place where researchers, practitioners, and other professionals related to health education and health promotion, can exchange views and opinions with gravity and with great delight. There are people of all ages. Let me introduce you something about our society.

PUBLIC HEALTH THEN AND NOW
Kickbusch I. Role of health promoter, 2000
Nishida C. Strategies for effective and sustainable national nutrition plans and policies, 2002

HEALTH ISSUES IN CHILDREN/ADOLESCENTS
Izuchi H. The psychosocial predictors of excessive eating of snack in Japanese junior high school students using the theory of planned behavior, 2007
Tanguchi T. Psychosocial predictors of left food in Japanese elementary school students: The feeding of ‘MOTTAINAI’ and vegetable intake.
Togari T. Sense of coherence (SOC) and its related factors among Japanese urban high school students, 2009

DEVELOPMENT OF EDUCATIONAL/EVALUATION TOOLS
Fujinami C. Development of an assessment index of the health promoters acquired process of self-reliant attitude and behavior and comparison of the process among health promoters, 2008
Yamawaki K. Development of the stages of change and self-efficacy scales for walking behavior.
- Internet based cross-sectional study among 30-49 years Japanese adults - , 2008

Participatory Seminar

Recently, the number of overweight people, diabetes patients, and its complications has been increasing in Japan. The medical expenditure also maintains an upward trend. In order to reduce diabetes and cardiovascular diseases, the Japanese government decided to enforce a new policy for health check-up system and lifestyle intervention program focused on metabolic syndrome in 2008.

According to the Japanese diagnostic criteria for metabolic syndrome, visceral fat obesity is the fundamental component. Weight loss and reduction of visceral fat could improve all other co-morbidities by improving adipocytokine secretion pattern. The key to reduce visceral fat is energy control. In other words, it is reduction in energy intake (proper diet) and increase in energy expenditure (active physical activity). But, the lifestyle modification is a hard work; therefore, health professionals are expected to support the clients for behavior change.

There are three types of intervention programs based on the number of risk factors for metabolic syndrome. These are 'only giving information program' for people at low risk, 'motivating program with only one consultation' for people at medium risk, and 'intensive and continuing consultation program' for people at high risk. The insurers have the obligation to execute health check-up and subsequent intervention programs.

This new action plan posed several kinds of problems and challenges for health professionals. Therefore, the Japanese Society of Health Promotion and Education held the workshop to discuss about the responsibilities and roles of health professionals in the new system in 2008 and 2009.