

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)

日本健康教育学会

Japanese Society of Health Education and Promotion

Welcome 어서 오세요 欢迎



to the Japanese Society of Health
and Education and Promotion

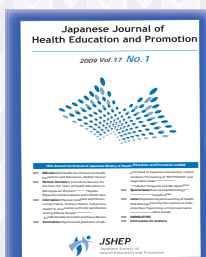
Our society is the place where researchers, practitioners, and other professionals related to health education and health promotion, can exchange views and opinions with gravity and with great delight. There are people of all ages. Let me introduce you something about our society.

*Yukari Takami, Kagawa Nutrition University
Director-General of JSHEP*



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/NPWP members.

Takashi Eto, MD, PhD, President



Japanese Journal of Health Education and Promotion

Just for your information.

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 behaviors, 2007
- Taniguchi T. Psychosocial predictors of leftover 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' acquiring 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

HEALTH ISSUES IN ADULTS

- Kawai K. Newcomers' support network structure and mental health, 2006
- Nam EW. An analysis of the effectiveness of the K-WIFY model in participatory health promotion education for university students in Korea, 2007

HEALTH ISSUES IN ELDERLY

- Liu X. Chronological evaluation and causal relationships between physical and social health for the urban elderly dwellers, 2008
- Konishi F. Physical condition and fitness, living habits, dietary habits, subjective health in association with life satisfaction among elderly people, 2009

HEALTH PROMOTION IN COMMUNITIES

- Okuno H. Categorization and characteristics of health volunteer activities in government health centers in Japan, 2008

Participatory Seminar

organized by Japanese Society of Health Education and Promotion

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.

How to address a New Health Check-Up and Counseling System Focused on Metabolic Syndrome



お問い合わせは
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