

REVIEW ARTICLE

A report on the footsteps of 10 years and challenges in Hanwa community-based rehabilitation research group

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Abstract

After opening of Osaka Kawasaki Rehabilitation University (OKRU) in 2006, Professor and physical therapist Kazuyoshi Yamamoto organized Senshu (later Hanwa) community-based rehabilitation research group in 2007, aiming at the community contribution to Senshu (Hanwa) area and also the development of rehabilitation professionals and others. This report presents these 10 years activities of the rehabilitation research group and challenges to the future.

INTRODUCTION

According to Japan Association of Rehabilitation Hospital and Institution (JARHI), “The community-based rehabilitation (CBR) includes all the activities that are cooperated by all the personnel, institution, and organization relating with health, medicine, welfare, caring, and others of the inhabitants living in the community, including the disabled-children, -adults, -elderly and their families. The CBR helps promoting their lives in the beloved community throughout their lives with security, relief, and respect” (Japan Association of Rehabilitation Hospital and Institution, 2020)

In 2007, Senshu community-based rehabilitation (CBR) research group was launched by the advocate of professor Kazuyoshi Yamamoto, who was one of the pioneers and leaders of the CBR in Japan, owing to his enthusiastic clinical practice for the disabled children and adults for many years in Daito city, Osaka prefecture. He organized the research group with physical therapists (PT), occupational therapists (OT), speech therapists (ST), and other professionals and organizations in the Senshu district, the south-east area of Osaka prefecture. The research group changed its name to Hanwa CBR research group in 2013, since the group expanded its activities to wider area including northern area of Wakayama prefecture. In this paper, we will report the ten-year activities of the Hanwa CBR research group and discuss the further challenges of the group.

FOOTSTEPS OF 10 YEARS IN THE HANWA CBR RESEARCH GROUP

As widely known, Prof. Yamamoto was one of the pioneers and leaders of the CBR in Japan on the basis of the long-term enthusiastic clinical practice for the disabled children and adults in Daito city, Osaka. He influenced rehabilitation professionals in Japan through his lectures, workshops, papers, books and professional opinions to the government (Yamamoto, 2005). Prof. Yamamoto was frequently compared to Dr. Seishi Sawamura (Sawamura, 2018), one of the famous and excellent leaders in an area of rehabilitation in Japan. Dr. Sawamura has worked at Hyogo prefectural total rehabilitation center on the basis of long-term practice and still works enthusiastically until the 88 years old at present. Dr. Sawamura is a medical doctor and Prof. Yamamoto was a physical therapist, thus their professions were different, but both had made great efforts for developing the CBR and preventative measures against the aging society in Japan. For example, Prof. Yamamoto proposed the guideline for preventing the bedridden aging persons to Ministry of Health, Labour and Welfare as “strategy for the zero bedridden ~ 10 articles to prevent the bedridden,” whereas Dr. Sawamura proposed the CBR supporting system as a chairman of “CBR research group” which was organized by the governmental advisory group. The CBR supporting system has been expanded to various service projects in various areas in Japan. Dr. Sawamura also proposed the

“definition of community-based rehabilitation” (Japan Association of Rehabilitation Hospital and Institution, 2020) as a leader of the JARHI. The definition was influential and so included in the “Community Comprehensive Care System” under Long-term Care Insurance Act (Sawamura, 2018). The Community Comprehensive Care System was spawned from concerns about a rapid decrease of birthrate and increase of aging population in Japan. The baby boom generation will become over 75 years old in 2025, and the aging population over 65 years old will be 30% of total Japanese population. The Community Comprehensive Care System is defined by Ministry of Health, Labour and Welfare that “A community-based system can appropriately provide, based on individuals’ needs, various livelihood support services, including welfare services as well as health care, long-term care, and prevention in spheres of daily life in order to ensure safety, security and health. It is founded on the principle of provision by the home.”

When Prof. Yamamoto started the Senshu CBR research group in 2007, which was a precursor of the Hanwa CBR research group, Prof. Yamamoto simultaneously became the President of Osaka Kawasaki Rehabilitation University (OKRU). The OKRU, which was established in 2006 with the mission of contributing to the community through rehabilitation service, was initially three-year technical college and developed into four-year university later. When Kumiko Terayama was assigned as the vice president of OKRU in 2009, the university was supposed to have the first graduates in the majors of physical therapy, occupational therapy and speech therapy.

However, Prof. Yamamoto suddenly passed away in 2007, and the research group stopped the activities. In spite of the discouraged occurrence, the research group restarted in 2009 with the efforts of Dr. Tatsuhito Kawasaki, the director of Mizuma hospital, as the representative, Prof. Touru Furui, a chief physical therapist of Kawasaki hospital as general secretary, Mr. Shinji Abe and Kumiko Terayama as general supervisors, with having a desire to develop the CBR in the Hanwa area.

In the restarting phase of the Senshu CBR research group, a brief regulation was constructed. Aims of the research group were to provide opportunities to meet new people who are involved in the various kinds of rehabilitation and to work together in order to support the CBR activities from the research aspects (article3). To achieve the aims, the research group needed to practice workshops for both the group members as rehabilitation professionals and people in the Sens-

hu community. The research group also needed to practice other kinds of activities necessary to achieve the aims (article4 business contents). In fact, 16 workshops were continuously held for the members between 2009 and 2019, and nine workshops for the professionals as well as the Hanwa and Senshu community citizens. Several other workshops were also held to discuss the topics of the medical fee reform, newly proposed definition of the CBR, and others.

The research group secretariat has been carried out by secretary general Prof. Furui, Mr. Abe, and other OT and PT staffs at Kawasaki hospital. Moreover, all the secretary members were too busy with their own university or hospital work and to set up the regular business meeting time. The financial support was afforded by the annual University budgets as recognized community contribution service activity.

The workshop styles have been lectures, opinion exchanges, and discussions by famous professionals, such as chairpersons of the Associations of Physical and Occupational Therapists. The list of the titles of the workshops for the professional and community is shown below. Numbers in parentheses indicate the year the workshop was held.

1. Practice for community support and challenges to be worked to the future (2007)
2. Future of visiting rehabilitation. Reformation of systems for the disabled (2010)
3. Let’s recover your vitality by home care program (2011)
4. Disaster and rehabilitation (2012)
5. Toward the mutual support system~ Kaizuka shelter system for the citizens necessary to support at disasters (2013)
6. Community based rehabilitation and care services based on geriatric health service facility (2014)
7. Promotion of appropriate care services for the dementia from early diagnosis (2016)
8. Aiming to prevent the dementia by appropriate physical exercises (2017)
9. Medical treatment with no physical restraints for the dementia and tender- hearted community construction (2019)

The workshop meetings for the group members were organized for the more individualized topics under the above 9 workshop themes. Meetings have been held occasionally for the group members for research purpose, discussing the CBR problems in the Senshu and Hanwa areas. Following is the list of 16 meeting titles. Numbers in parentheses indicate year the meeting was held.

1. What is CBR action? ~ basic concepts and future

- direction (2007)
2. Introduction to hospitals and institutes where the members work with (2007)
 3. Case study for supporting the disabled living in the community (2009)
 4. Case study for home visiting rehabilitation (2010)
 5. Home nursing, home care and home nursing for the psychiatric patients (2010)
 6. Outpatient rehabilitation~Part1 (2011)
 7. Outpatient rehabilitation~Part2 (2011)
 8. To live in his or her own home continuously~ Case study for the disabled with spinal progressive muscular atrophy (SPMA) and employment for the psychiatric disabled (2012)
 9. To live in his or her own home continuously~ Case study for the bad condition of walking device in the disabled with apraxia (2012)
 10. Cooperation and challenge of disaster prevention in the community within the Community Comprehensive Care System (2013)
 11. Disaster prevention approach by all the community persons and institutes (2013)
 12. Construction of CBR system in Kawasaki city of Kanagawa prefecture (2014)
 13. A new wave of outpatient care~ Introduction to Management Tool for Daily Living (MTDLP) (2015)
 14. Reports on practice of MTDLP (2016)
 15. Thinking about the strategy for using physical exercise to the aging citizens (2017)
 16. Construction of community support system from the stand point of the PT and OT Professional associations (2019)

The members' interests for discussion topics have been shifting to the CBR at home visiting, rehabilitation services in disasters and care, and rehabilitation and prevention for dementia. The relationship between disaster and rehabilitation is discussed from the view point of the CBR in the occasion of the Great East Japan earthquake happened on March 11, 2011. The dementia and care prevention problems are trend topics at present.

FUTURE DIRECTIONS AND CHALLENGES FOR THE HANWA CBR RESEARCH GROUP

It has already passed 10 years since the Hanwa CBR was launched. In the last section, we outline the future directions and challenges the research group should need to strive for.

- 1) Meetings and conferences should be held regularly and more frequently since the research group has not been active enough to date.

- 2) The research group secretariat should manage the group systematically such as reconsidering the regulations, group membership and financial support because there are no qualification regulation to become a group member or membership fees at a present. The group should also consider a cooperation with OKRU, Kawasaki hospital, and other related institutes.
- 3) The research group should be operated as activities of the CBR in the Community Comprehensive System. While the CBR focuses on a wide range of population from the disabled children and adults to the elderly persons, Community Comprehensive Care System was constructed for only aging persons under the Long-term Care Insurance Act. However, as the Japanese Government recently proposed the slogan "Toward realization of a symbiotic society," the Community Comprehensive Care System can encompass various people such as the elderly, the disabled children and adults, foreigners, people isolated from society, sexual minorities and other minority groups. And also the necessity of concept and skills of rehabilitation has been rapidly recognized to the Community Comprehensive Care System. Because of this current movement, some of the group members has suggested the change of the name of the research group to Hanwa Community Comprehensive Rehabilitation and care research group.
- 4) The research group should cooperate more closely with the Kawasaki group. The Kawasaki group has vigorously contributed to the local community. For example, the representatives of the Kawasaki group such as Kawasaki hospital, Mizuma hospital, the OKRU, and related institutes, gather once a month to build annual plans, and they hold "Mizuma Conference to contribute to Mizuma district," which is chaired by the president of Kawasaki hospital, Shigeko Kawasaki, for supporting the local community. This project enters the second year. Also, "Kawasaki Festival" was held twice in 2018 and 2019 for the local community, especially for the elderly in this area. The festival in 2019 was remarkably successful by collaborating with the OKRU annual festival "Senkasai." They set a health check section to evaluate health parameters, such as vital signs, physical and mental examinations for dementia prevention. Other than these single events, "Counselling corner for disabled children and their families" operates as regular basis to support the community. Also, the OKRU established "Cognitive Reserve Research Center" in 2019 to conduct re-

search for cognitive rehabilitation. Furthermore, the OKRU plans to establish the graduate school and offer master's degree program. Along with these university activities, the Hanwa CBR research group should be activated in cooperation with various kinds of professionals and others above.

CONCLUSION

Here we restate the definition of the CBR. "CBR includes all the activities that are cooperated by all the personnel, institution and organization relating to health, medicine, welfare, caring and other inhabitants living in the community, in order for the disabled-children, -adults, -elderly and their families can live in their beloved community through their lives with security, relief and respect."

The ultimate goal of the Hanwa CBR research group is to make the community's everyday activities and their circumstances healthier. The Japanese

Association of Occupational Therapists defines the occupational activities as daily living performance (see Figure). The Hanwa CBR research group must keep studying the occupational activities as daily living performance for the disabled and elderly in accordance with the community based rehabilitation defined by the JARHI.

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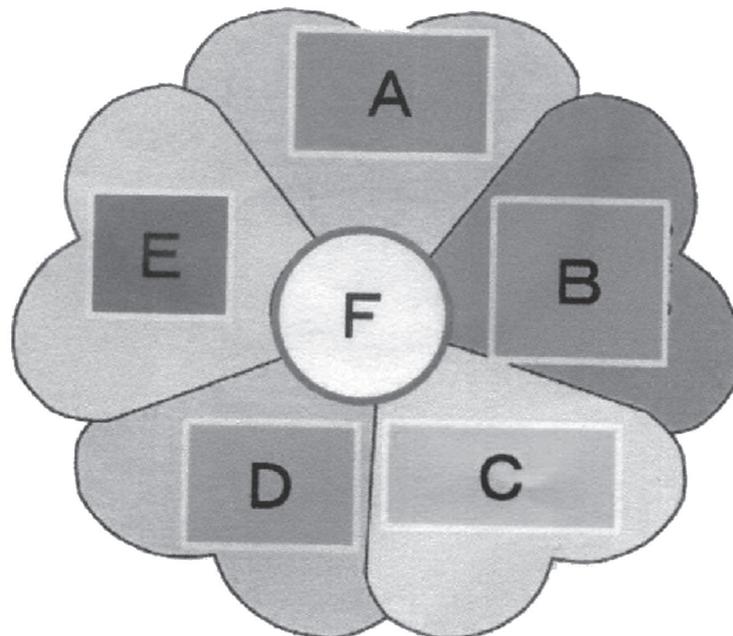


Figure. Structure of Human Daily Life Performance
 F: Human daily life performance
 A: Activities of daily living
 B: Instrumental activities of daily living such as house work
 C: Productive activities such as employment
 D: Recreational activities such as hobbies
 E: Work such as community activities
 (From Japanese Association of Occupational Therapists 2016: modified by Terayama)