

Evaluation of Healthy Fukuoka City 21

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Background

Fukuoka City is the 8th largest city in Japan of 1.4 million population, close to the Korean Peninsula and the Chinese Continent. When Healthy Japan 21 (HJ21), Japanese national health promotion plan, was established in 2000, prefectures and cities were obliged to start their own plans referring to HJ21. Uniqueness of HJ21 is its adoption of population based numerical goals and participatory strategies. After two years of pursuing its own participatory strategy, Fukuoka City started its own health promotion plan, Healthy Fukuoka City 21 (HFC21). In HFC21, four areas of lifestyle (physical activity, mental health, food and nutrition, and health administration), two disease (diabetes and cerebral stroke), and four life stages (childhood, youth, adults and aged) were considered as targets of health promotion, and more than fifty numerical goals were set.

In 2006, the fourth year since HFC21 was established, the whole process of Fukuoka city's health promotion was evaluated comparatively with nation.

Characteristic aspects

In Japanese culture where "they decide, I follow" attitude was still prevalent than "I decide, we collaborate", most of health-related local governmental plans used to be drafted and evaluated mostly under top-down leadership. Therefore, whole city based participatory health promotion is new challenges and experience for the city and for people.

Methods

At first, participatory planning and execution process was self-evaluated by city project team using evaluation sheet prepared by Ministry of Health and Welfare. The evaluation sheet was consisted of 27 topics such as community people's inclusion in the planning committee, democratic sharing of objectives among community people, opening of procedural information to community people, and so on. Each topic was evaluated by two or four point scale.

Community based health promotion activities were evaluated by each 7 city wards and 144 school districts as number of activities and events.

Attitude and behavior changes of community people were evaluated by questionnaire survey.

Attainments of numerical goals were evaluated by the use of annual city statistics, city's registrations and various kinds of local surveillance.

Results

Among 27 topics of planning and executing processes, 25 were identified as "somewhat participatory" or "participatory". In the rest of two topics regarding collaboration of city authorities and private company sectors, the process was evaluated as "still lack of participation".

Of all 144 school districts, citizens' executive committees were established in 142 districts, and in total, 1302 activity groups were identified. The largest numbers of activity groups were based on community based self-government groups. According to questionnaire surveys of 283 leaders of activity groups, 60.1 % reported the increase of community people's interests toward health promotion, and 72.4 % reported the increase of community people's walking habits.

In contrast to the positive evaluation by community leaders, city statistics and surveillance shows that more than half of exercise and nutritional lifestyle indicators (such as rate of people who exercise regularly,

rate of people who eat breakfast regularly, rate of people who enjoy eating, and so on) did not improve but deteriorated. Health administration was the only area of lifestyle that most of numerical goals were partially fulfilled. In spite of the rather poor status of lifestyle improvement, the people's knowledge regarding two major diseases improved. More than 75% of people aged 40 years and over monitor their blood pressure at least once a year, and more than 95% of them understood the danger of diabetes and its complications.

Conclusion

Because of newly introduced participatory strategy, most of the planning process of HFC21 was evaluated as participatory by municipal staffs. However, survey shows that most of citizens are still under the influence of some authority, not governmental but commercial ones, and the meaning of health promotion is only partially recognized. Because of the recent intensive commercial campaign against metabolic disorders including diabetes and cerebral stroke, most of people already gained scientific knowledge about disease. However, most of peoples' lifestyle-related behaviors remain unchanged.

Further empowerment of health promotion toward "I decide, we collaborate" attitudes and behaviors is needed to counter rapidly aging society.