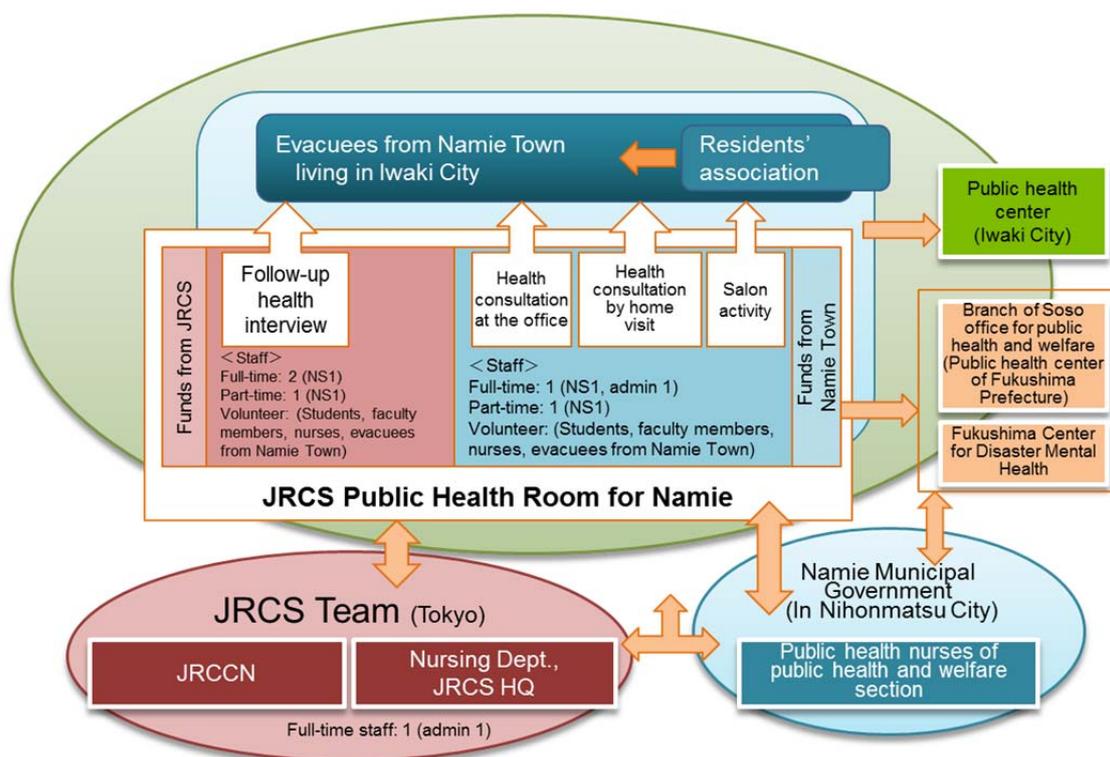


IV. Project activities

A. Framework of JRCS Public Health Room for Namie

From 2013, the project started to be financially supported by both the Namie Municipal Government and the JRCS HQ and this allowed the project to continue. For this reason, the local base office was renamed as the JRCS Public Health Room for Namie from the Iwaki Red Cross Office. Following this name change, the reorganized its framework to have two functions: a health interview function and a health assistance function (a function for salon activities and health consultations).

<Figure 4: Framework of JRCS Public Health Room for Namie>



The follow-up health interview mentioned in the figure above is about a health interview survey for some evacuees that the Namie Municipal Government requested the project to follow up on. This is the same health interview survey that has been conducted by the project so far. However, the follow-up health interview was not held only for a

health survey but also for figuring out the evacuees' health conditions by listening to them. To emphasize this function, it was therefore named as a "follow-up health interview."

Besides this follow-up health interview, some other programs were included in the health assistance function: a health consultation program in which the evacuees visit the public health room to receive health consultations; a home-visit health consultation program in which the nurses visit the evacuees at the evacuees' requests; and a program of salon activities. Since the new base office was given these two functions, the office was renamed as JRCS Public Health Room for Namie and started its activities in October 2013.

B. Activities for the health interview survey and health assistance

1. Health interview survey and health assistance

a. Target populations

When this project began in October 2012, the evacuees from Namie Town under the age of four or age 65 or older who were living in Iwaki City were surveyed by the prefectural public health center. Therefore, the project targeted the evacuees age between 5 and 64. Afterwards, in April 2013, the health insurance section of the Namie Municipal Government asked the project to survey all citizens who evacuated from Namie Town to Iwaki City. In 2014, some evacuees started moving to the public housing for the survivors. The survey for these evacuees was taken over by the Iwaki Branch (of the prefectural public health center) of the Soso Office.

b. Procedures before the health interview

First, the staff telephoned the survey target populations and explained the interview survey. The evacuees were asked if they would accept a home visit interview. If accepted, the staff arranged a schedule for the home visit. If not accepted, the staff asked for a telephone interview. If both interviews were refused, the staff stopped asking for the interview altogether. Therefore, the interview was conducted in two ways: by home visit or by telephone.

<Photo 9: Morning briefing. The staff shared information before visiting the evacuees.>



c. Questionnaires

The health interviews were conducted by using three types of questionnaire forms: (1) a form for health survey for families who live in private rental housing rented by the prefectural government for the evacuees; (2) a form for health consultation; and (3) a form for health survey for people who evacuated from Namie Town to Iwaki City. During a telephone visit or a home visit, the nurses decided on which form to use and carried on the interview. The details of each form are as follows:

(1) Form for health survey for families who live in private rental housing rented by the prefectural government for the evacuees

This form was prepared by the Namie Municipal Government. This was a survey face sheet for all evacuees from Namie Town. Basic data including family structure and their health conditions was collected by using this form.

(2) Form for health consultation

This form was prepared by the Namie Municipal Government. The questionnaires were asked to the evacuees who were thought to need assistance on a continued basis. Detailed information and necessary assistance were filled in on this sheet by the nurses.

(3) Form for health survey for people who evacuated from Namie Town to Iwaki City

This form was prepared by the JRCCN. The questionnaires were asked only when the evacuees accepted to answer on the condition of anonymity. For the second year survey conducted from October 2013, the questions were modified to allow the evacuees to answer more easily.

2. Methodology for the health interview

a. Interview team

The home visit was always conducted by a pair of nurses.

b. Interview

The interview was conducted according to “Guide for interviewing” and “Steps for interview and case analysis.”

The focus should be placed on listening to each evacuee’s narrative instead of their answers to the questionnaires, because this interview survey is not for a study but mainly for providing care by listening to the survivor’s narrative.

<Photo 10: Figuring out the evacuees’ health conditions by focusing on listening to their narratives>



3. Case analysis

The evacuees who required assistance or follow-up were categorized. According to the decision criteria prepared by the prefectural public health center, the cases were categorized into: A (Needs continuous support); B (Needs information provision to the evacuee); and C (No problem). If there was an evacuee who was categorized as A and needed a re-visit by the Red Cross, the plan was discussed (e.g. frequencies, timing). If there was an evacuee who was categorized as A⁺, he/she was informed to the Namie Municipal Government and the response was considered because such a case needed to be reported to the municipal government and followed up on a continuous basis.

The evacuees who needed follow-ups were discussed at the regular liaison meeting between the Namie Municipal Government and the JRCS. Since the summer of 2014, the project has invited staff of the Iwaki Branch of the Soso Office and the Fukushima Center for Disaster Mental Health to discuss the follow-ups together, share information and strengthen the follow-up arrangements for the evacuees from Namie Town.

C. Results of the health interview survey and health assistance

1. The health interview survey from October 15, 2012 to September 30, 2013

The survey was conducted from October 15, 2012 to September 30, 2013 with 1,067 families or 2,228 evacuees. The number of telephone calls made was 1,873 and seven families per day on average. The total number of families interviewed was 748 (70%). The home visits accounted for 65%, which was more than the telephone interviews. The interview was refused or not needed by 319 families, which accounted for 30% of all the target families. The most common reason for the refusals or no need for the visit was that they did not need the interview because they had no health problems. The number of families that the project could not reach was 178. They were also included in families who refused the interview. The evacuees who were found to need assistance accounted for 9.8% of all the target evacuees.

<Table 3: The health interview survey conducted from October 15, 2012 to September 30, 2013>

Target families: 1,067	Total number of families visited: 748 (70%)	By telephone: 262 families (35%)	Evacuees who needed assistance: 105	Total number of telephone calls made: 1,873
	Total number of families who did not need or refused the visit: 319 (30%)	By home visit: 486 families (65%)		
		Visit was not needed or refused by: 141 families (13.2%)		
		Not reached: 178 families (16.6%)		

<Photo 11: Nurse bag (containing a manometer and other items) and questionnaire forms. The nurses visited the evacuees with these items.>



2. The health interview survey from October 15, 2013 to September 30, 2014

The results of the survey conducted from October 2013 to September 2014 are shown in the table below (Table 4). This survey was conducted in the second year of the project. Besides the evacuees who were targeted in the first year, the project targeted additional 186 families who newly moved to Iwaki City. This amounted to 1,253 target families for the second year of the survey. The number of evacuees who were judged to need assistance was 82, and the total number of telephone calls made during the second year was 1,005.

During this period of time, the project conducted the first-round survey to the evacuees who newly moved to Iwaki City and the second-round survey to the evacuees targeted in the first year.

Comparing the results of the evacuees targeted in the first year of the project between their first round and the second round, the number of visits decreased from 70% to 52.3% in the second round. To be more specific, the telephone visits decreased from 35% to 21.7% and the home visits were significantly declined from 65% to 30.6%. The number of evacuees who needed assistance reduced from 105 to 66. On the other hand, the ratio of families who refused or did not need the visit and families who could not be reached increased from 30% to 38.3%. Families who refused or did not need the home visit were increased to 18.4% from 13.2%. Families that the project could not reach were increased to 20% from 16.6%.

The ratio of visits to the new evacuees was higher than during the first-round survey to the evacuees targeted for the first year of the project. The ratio of the home visits was especially higher than the telephone visits. The survey results detected many evacuees who needed assistance. This suggests that the evacuees who newly moved to Iwaki City would need to be visited for interview.

<Table 4: The health interview survey conducted from October 15, 2012 to September 30, 2013>

Target families: 1,253	Families targeted for the 2nd round: 1,067	Families visited: 558 (52.3%)	By telephone: 232 families (21.7%)	Evacuees who needed assistance: 66	Total number of telephone calls made: 660
			By home visit: 326 families (30.6%)		
		Families who did not need or refused the visit: 409 (38.3%)	Visit was not needed or refused by: 196 families (18.4%)		
			Not reached: 213 families (20.0%)		
		Unknown: 100 (9.4%)	N/A		
	Families targeted for the 1st round: 186	Families visited: 135 (73.4%)	By telephone: 45 families (24.5%)	Evacuees who needed assistance: 16	Total number of telephone calls made: 345
			By home visit: 90 families (48.9%)		
		Families who did not need or refused the visit: 51 (14.3%)	Visit was not needed or refused by: 17 families (2.2%)		
		Not reached: 34 families (18.5%)			

From October 2013, the project started the second-round survey to the evacuees targeted in the first year.

The percentage of the target families was as 90.6% in the data. This is because the data of new-born babies were not included in their families or some family members living in the same houses were not included in the data of the target families. All of these cases were treated as different families. For these reasons, it was found that the data provided by the Namie Municipal Government included 100 families more than the actual data. From the next year, these 100 families will be included in the relevant families.

3. The health interview survey from October 2014 to September 2015

The results of the survey conducted from October 2014 to September 2015 are shown in the table below (Table 5). This period was the third year of the project. In addition to

the evacuees targeted for the first time in the first year and in the second year, 103 families who newly moved to Iwaki City were targeted for the first time in the third year. The total number of the families targeted in the third year was 1,369. There were eleven evacuees who were found to need assistance. The total number of telephone calls made was 1,552.

The new evacuees were surveyed for the first time in the third year. The project conducted the second-round survey to the evacuees who were surveyed for the first time in the second year of the project. The third-round survey was conducted to the evacuees who received the first-round survey in the first year of the project.

From the winter of 2014, some evacuees began living in the public housing for the survivors. They were removed from the target populations of this project and categorized as “persons who moved to other places.” This category includes not only those who moved out of Iwaki City to other cities but also who moved to the public housing for the survivors, even if the public housing was located in Iwaki City. They are regarded as persons who moved to other cities according to the public authorities’ procedures. The the Iwaki Branch of the Soso Office is in charge of the evacuees who moved to the public housing for the survivors located in Iwaki City.

The ratio of the first-round families interviewed was higher than those who did not need or refused the interview also during this third year. These results show that many evacuees who newly moved to Iwaki City hoped to receive the health interview.

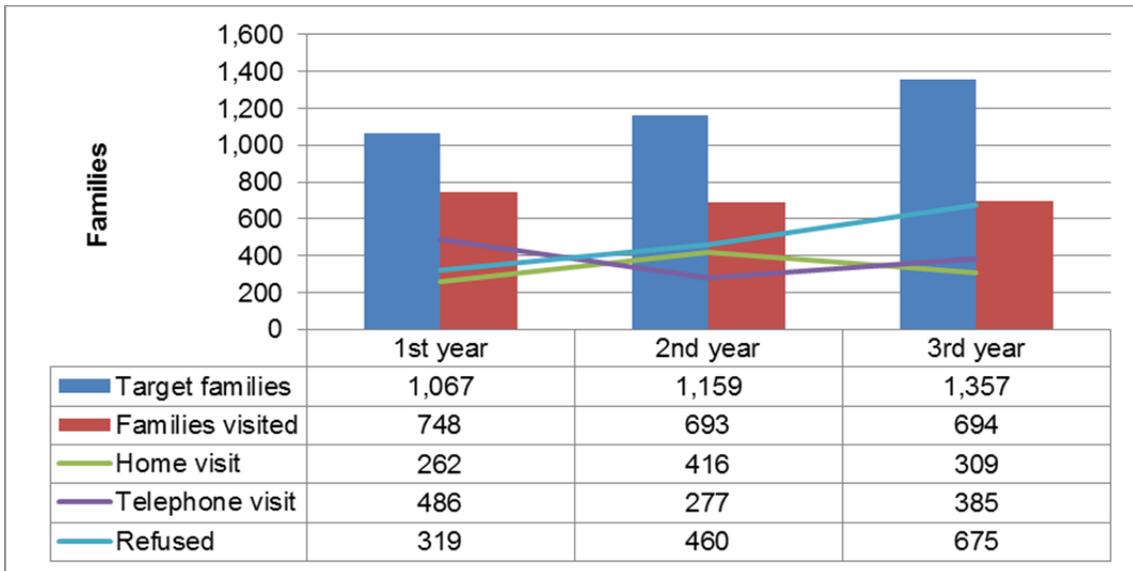
<Table 5: The health interview survey conducted from October 2014 to September 2015>

Target families: 1,369	Target families for the 3rd round: 1,070	Families visited: 542	By telephone: 302 families (28.3%)	Evacuees who needed assistance: 7	Total number of telephone calls made: 1,449	
			By home visit: 240 families (22.5%)			
		Families who did not need or refused the visit: 528 (49.5%)	Refused by telephone: 219 families (18.4%)			
			Moved to other places: 309 families (29.0%)			
	Target families for the 2nd round: 196	Families visited: 105 (51.6%)	By telephone: 62 families (10.9%)	Evacuees who needed assistance: 2		
			By home visit: 43 families (16.8%)			
		Families who did not need or refused the visit: 91 (49.5%)	Refused by telephone: 38 families (20.7%)			
			Moved to other places: 53 families (28.8%)			
	Target families for the 1st round: 103	Families visited: 47 (73.4%)	By telephone: 21 families (20.4%)	Evacuees who needed assistance: 2		Total number of telephone calls made: 73
			By home visit: 26 families (25.2%)			
		Families who did not need or refused the visit: 56 (54.4%)	Refused by telephone: 20 families (19.4%)			
			Moved to other places: 36 families (35.0%)			

4. Changes observed over the period from the first year to the third year

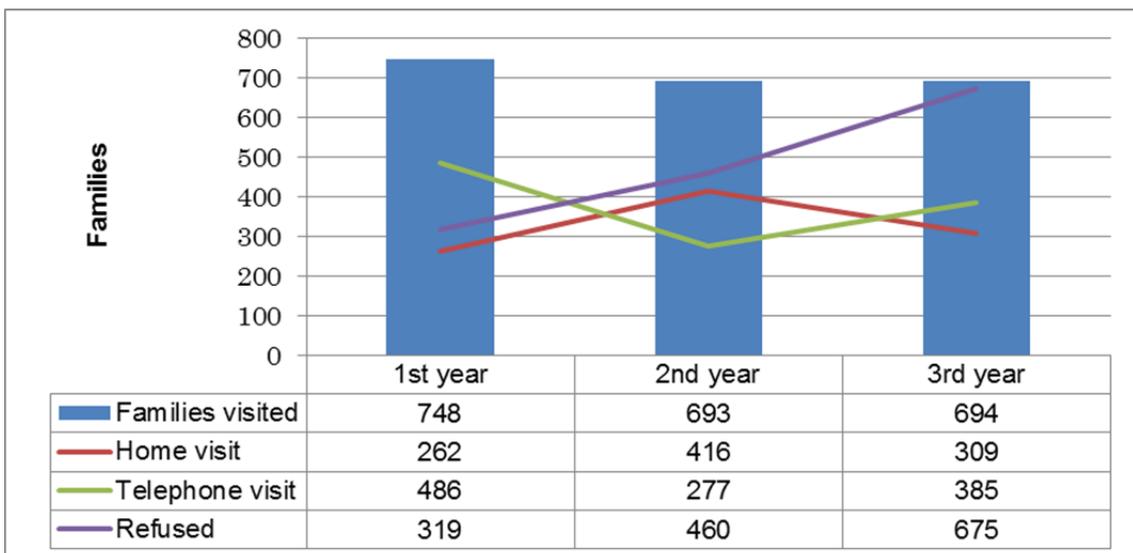
The number of the target families increased from the first year to the second and the third years. The total number of home visits and telephone visits did not changed so much for each year, but there were more families who did not need or refused the health interview (“Refused” in the table below) year by year.

<Figure 5: Changes observed from the first year to the second and the third year of the project>



The number of visits to the families targeted in the first year of the project declined year by year, and the number of the families who did not need or refused the interview (“Refused” in the table below) increased.

<Figure 6: Changes observed from the first year to the second and the third year in the families targeted in the first year of the project>



D. Salon activities

1. Support for salon activities organized by other organization

In 2012, the project supported salon activities which were organized and held by other organizations. The Red Cross staff and nurses participated in the activities and provided blood pressure measurement or health consultations if needed. The staff and nurses joined 20 salon activities (Table 6).

<Table 6: FY 2013 salon activities organized by other organizations during which the JRCS provided health assistance>

Date	Activity name	Organized by:	Number of participants	Joined by JRCS to provide:
2013/02/09	Nakoso salon	Residents' association	8	Health consultation
2013/02/21	Dumbbell exercise	Health insurance section of Namie Municipal Government (Health insurance section)	About 30	Help for the public health nurses of Namie Town
2013/02/22	Reunion party (for cooking and improvement of daily lives)	Health insurance section	About 30	Help for the public health nurses of Namie Town
2013/03/19	Dumbbell exercise	Health insurance section	About 26	Help for the public health nurses of Namie Town
2013/03/26	Onahama salon	Volunteers	5	Health consultation
2013/04/25	Dumbbell exercise	Health insurance section	About 17	Help for the public health nurses of Namie Town
2013/05/22	Nakoso salon	An NPO	5	Health consultation
2013/05/23	Mama, Refresh!	Health insurance section and an NPO	17 families	Help for the public health nurses of Namie Town
2013/05/23	Dumbbell exercise	Health insurance section	About 17	Help for the public health nurses of Namie Town
2013/06/12	Salon for creating small objects	Residents' association	9	Health consultation
2013/06/19	Dumbbell exercise	Health insurance section	About 11	Help for the public health nurses of Namie Town
2013/06/26	Mama, Refresh!	Health insurance section and an NPO	11 families	Help for the public health nurses of Namie Town

Date	Activity name	Organized by:	Number of participants	Joined by JRCS to provide:
2013/06/27	Dumbbell exercise	Health insurance section	About 19	Help for the public health nurses of Namie Town
2013/07/10	Salon for creating small objects	Residents' association	6	Health consultation
2013/07/17	Towel salon	Residents' association	11	Health consultation
2013/07/25	Magic show	Residents' association	10	Health consultation
2013/07/30	Dumbbell exercise	Health insurance section	About 11	Help for the public health nurses of Namie Town
2013/09/19	<i>Kamomekko</i> salon	Health insurance section and an NPO	15 families	Help for the public health nurses of Namie Town
2013/09/26	Dumbbell exercise	Health insurance section	About 9	Help for the public health nurses of Namie Town
2013/07/30	Nordic walking	Health insurance section	About 15	Help for the public health nurses of Namie Town

2. Salon activities organized by the JRCS Health Room for Namie

By participating in the salon activities in the table above, the project tried to figure out what the evacuees needed. Based on some of the findings of their needs, the JRCS Public Health Room for Namie planned and held one salon activity (Table 7).

<Table 7: Salon activity organized by the JRCS in 2013>

Date	Activity name	Number of participants	Activity
2013/07/31	JRCS salon	5	Exercise to prevent locomotive syndrome, health consultation

In 2013, the project began to plan and operate its own salon activities. Based on the health interview results, the project organized and held four types of salon activities: salon for mothers and children, class of *shakyo* (hand copying of the Buddhist sutra), handicrafts and health exercises. The most popular activities were *shakyo* and salon for mothers and children. Since health exercises are also held by other organizations, it is a challenge for the project to attract more evacuees to the health exercise class held by the JRCS.

In addition to the activities above, one-time salon activities were also organized and held. Some of the JRCCN faculty members organized a salon activity where the evacuees could come and talk with the faculty members over a cup of tea about anything that was on their minds. Two evacuees participated in this salon activity. Another one-time salon activity was organized, which was about storytelling of mountains by an actor, talking about nursing care and reading picture books to children. This activity was joined by more than 20 people.

<Photo 12: Salon activity>



<Table 8: Outline of the salon activities held from October 2013 to September 2014>

Activity name	Activity	Schedule	Number of activities held	Number of participants
Salon for mothers and children	Mothers come to the salon with their children. The children play with the nurses and the mothers talk with each other.	2-4 times/month; 10:00-12:00; Planned by JRCCN faculty members	21	Total: 77 mothers; 88 children On average each time: 3.5 mothers; 4.1 children
Class of <i>shakyo</i>	This is a class for both men and women and provided for people who are not even good at exercising as an opportunity to talk with other participants. This class may help the participants to have a hobby. During the class, they should focus on <i>shakyo</i> calligraphy.	2 times/month; 10:00-12:00; Planned and operated by JRCS Public Health Room for Namie	14	Total: 69 On average each time: 4.9
Handicrafts	This is provided for people who are not even good at exercising as an opportunity to talk with other participants. The participants may become interested in this activity as hobby. This activity can lead to the pleasure of creating something.	1 time/month; 10:00-12:00 or 13:00-15:00; Planned and operated by JRCS Public Health Room for Namie	5	Total: 41 On average each time: 5
Health exercise	This is a class for both men and women. They move their bodies during this salon activity to learn how to exercise every day and compensate for lack of exercise.	1 time/month; 10:00-12:00 or 13:00-15:00; Planned by JRCS nurses dispatched from JRC hospitals	10	Total: 40 On average each time: 4

3. Organizing salon for mothers and children on a continued basis

The health interview survey results showed that the evacuation from Namie Town forced some multigenerational families with pre-school children to live separately in parents-and-children families and elderly families. The results also found that families with small children evacuated to different locations and the mothers had very few opportunities to meet. Due to these situations, the mothers withdrew and isolated themselves from society and did not have someone to talk to about raising children. Based on these findings, the project started to organize and hold social events from autumn 2013 for mothers and their pre-school children. These events were named as “salon for mothers and children” and were held twice a month in the JRCS Public Health Room for Namie. In spring 2015, the project employed a part-time nursery teacher so that children could enjoy more plays. These social events are still being held.

<Table 9: Salon for mothers and children; Activities from October 2013 to September 2015>

Year	Date	Activity	Number of mother participants	Number of child participants
2013	11/29	Playing for children and chatting for mothers	4	6
	12/11	Playing for children and chatting for mothers	5	7
	12/21	Playing for children and chatting for mothers	2	2
2014	01/15	Playing for children and chatting for mothers	4	4
	02/03	<i>Setsubun</i> (bean-throwing) festival for children and mothers to enjoy talking	3	4
	02/12	Playing for children and chatting for mothers	2	2
	02/24	Playing for children and chatting for mothers	4	6
	03/03	Playing for children and chatting for mothers	4	6
	03/24	Excursion for strawberry picking	2	2
	04/09	Cherry blossom viewing	4	4
	04/21	Playing for children and chatting for mothers	4	4
	05/14	Playing for children and chatting for mothers	5	5
	05/28	Playing for children and chatting for mothers	4	4
	06/11	Playing for children and chatting for mothers	5	5
	06/25	Planting potato nursery	5	5

Year	Date	Activity	Number of mother participants	Number of child participants
	07/09	Playing for children and chatting for mothers	2	2
	07/23	Water playing in plastic pools	4	6
	08/04	Water playing in plastic pools	3	3
	08/27	Playing for children and chatting for mothers	2	2
	09/10	Playing for children and chatting for mothers	2	2
	09/24	Digging for potatoes	4	7
	10/09	Playing for children and chatting for mothers	3	5
	10/22	Playing for children and chatting for mothers	6	7
	11/12	Playing for children and chatting for mothers	2	2
	11/19	Playing for children and chatting for mothers	9	10
	11/26	Playing for children and chatting for mothers	3	3
	12/03	Playing for children and chatting for mothers	3	4
	12/10	Playing for children and chatting for mothers	4	4
	12/17	Playing for children and chatting for mothers	2	3
	12/24	Christmas party	4	4
2015	01/07	Playing for children and chatting for mothers	4	6
	01/14	Playing for children and chatting for mothers	5	5
	01/21	Playing for children and chatting for mothers	4	5
	01/28	Playing for children and chatting for mothers	5	5
	02/03	<i>Setsubun</i> (bean-throwing festival)	12	15
	03/03	Girls' festival	4	4
	03/04	Girls' festival	5	4
	03/11	Playing for children and chatting for mothers	3	4
	03/18	Playing for children and chatting for mothers	7	11
	03/25	Farewell party	7	11
	04/15	Playing for children and chatting for mothers	6	7
	04/22	Making <i>koinobori</i> (toy carps)	4	4
	05/13	Playing for children and chatting for mothers	7	8
	05/27	Making toy crocodiles	10	9
	06/10	Playing for children and chatting for mothers	6	7

Year	Date	Activity	Number of mother participants	Number of child participants
	06/24	Making ornaments for <i>tanabata</i> star festival	8	9
	07/08	Playing for children and chatting for mothers	8	9
	07/29	Season's first water playing in plastic pools	9	14
	08/05	Water playing in plastic pools	11	11
	08/19	Water playing in plastic pools	8	13
	09/02	Yoga class for mothers	12	13
	09/16	Disaster prevention class for mothers and children	11	11

<Table 10: Classes of *shakyo* from October 2013 to September 2014>

Year	Date	Program	Number of participants
2013	12/04	Hand copying of the Buddhist sutra	6
2014	01/07	Hand copying of the Buddhist sutra	11
	02/04	Hand copying of the Buddhist sutra	5
	03/04	Hand copying of the Buddhist sutra	7
	04/10	Hand copying of the Buddhist sutra	4
	05/07	Hand copying of the Buddhist sutra	2
	06/04	Hand copying of the Buddhist sutra	4
	07/02	Hand copying of the Buddhist sutra	8
	07/16	Calligraphy for daily use	4
	08/06	Hand copying of the Buddhist sutra	0
	08/20	Calligraphy for daily use	7
	09/03	Calligraphy for daily use	2
	09/17	Hand copying of the Buddhist sutra	7
	10/01	Calligraphy for daily use	2

<Table 11: Handicrafts salon from October 2013 to September 2014>

Year	Date	Number of participants
2014	05/22	2
	06/18	2
	07/16	0
	08/20	1
	09/17	0

<Table 12: Health exercise from October 2013 to September 2014>

Year	Date	Number of participants
2013	10/17	3
	12/12	7
2014	01/21	4
	02/18	7
	03/18	3
	05/28	6
	06/25	3
	07/23	4
	08/27	3
	09/24	0

E. Acceptance of trainees

On February 5 and 6, 2013, the Iwaki Red Cross Office welcomed participants in a disaster nursing training trip to Fukushima planned for nurses from Asian countries who had been accepted by the JRCCN. This was part of a JRCCN's project to accept nurses from Asian disaster-prone countries as fellows, aimed at developing a program and method for disaster nursing education based on each country's characteristics. Six fellows from three Asian countries participated in this training trip to Fukushima.

a. Date: Tuesday, February 5, 2013 – Wednesday, February 6, 2013

b. Purpose:

This training trip aimed to provide the opportunities for the trainees:

- to travel to the area affected by the Great East Japan Earthquake and Tsunami and compare with/consider the challenges facing their countries; and
- to interact with the survivors who were forced to evacuate and to assist them.

<Table 13: Itinerary of the trip>

Day 1: February 5, 2013	
9:00	Departure from Tokyo (Lunch break on the way to the destination)
14:00-15:00	Visit to temporary housing in Adachi Sports Park in Nihonmatsu City; Interacting with the residents
15:00-16:00	Tsushima temporary clinic run by Namie Municipal Government <ul style="list-style-type: none"> • Interacting with physicians • Experiencing of using a whole body counter (alternately in two groups)
16:30-17:00	Namie Municipal Government Office in Nihonmatsu City <ul style="list-style-type: none"> • Courtesy visit to the mayor
18:30	Arrival at a hotel in Iwaki City (Spa Resort Hawaiians)
Day 2: February 6, 2013	
9:00-11:00	Visit to an area affected by the tsunami (Onahama)
11:30-13:00	Iwaki Red Cross Office (in Iwaki Branch of Japanese Red Cross Fukushima Blood Center) <ul style="list-style-type: none"> • Interacting with people of Namie Town (over lunch)
13:00-14:00	Iwaki Red Cross Office (in Iwaki Branch of Japanese Red Cross Fukushima Blood Center) <ul style="list-style-type: none"> • Discussion of the health interview survey project
14:00	Departure for Tokyo

<Photo 13: Trainees on a disaster nursing program from Asian countries >



For one week in August 2014, two doctoral course students from the Disaster Nursing Global Leader Degree Program of the JRCCN worked for the project as interns. Together with the public health nurses and nurses working at the local office, these students made phone calls to the evacuees, made home visits for health interviews and helped to run a communication event for the evacuees.

For one week from August through September 2015, two doctoral course students from the Disaster Nursing Global Leader Degree Program of the JRCCN worked for the project as interns. Together with the public health nurses and nurses working at the local office, these students made phone calls to the evacuees, made home visits for health interviews, helped to run a communication event for the evacuees and updated a manual for JRCS nurses to use while being dispatched from JRC hospitals.