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ORIGINAL ARTICLE

Practices of Public Health Nurse in Health Management Support Program for Public Assistance Recipients

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ABSTRACT

From January 2021, Ministry of Health, Labour and Welfare has implemented health management support program, a measure that targets public assistance recipients to promote self-support by providing medical care and navigating them to encourage health. This study aims to show public health nurses' practices within the program. We had health nurses from municipalities to participate in the study, who are actively engaged in health management support program. The first author conducted in-depth, semi-structured individual interviews in August 2022, which cover perspectives and experience of the public health nurses. The practices of public health nurse in health management support program for public assistance recipients is divided into the core categories of the followings; [detecting life crises and health issues of the recipient and household], [reconnecting with society and establishing lifestyles that recipients would feel peace with], [assisting every aspect of recipient's life in the perspective of health], [overlooking the local care system and utilizing them to support the recipient], and [turning individual case to regional matter]. The findings from this study not only highlight the importance of health management support program, which is intended to encourage the public assistance recipients to begin adjusting their lifestyles. It emphasizes the necessity of more active involvement that goes beyond preventing lifestyle-related diseases such as assisting the recipient reconnect with the society and providing comprehensive support by accompanying them. The insights help to significantly progress the practices of public health nurses.

Keywords: public assistance, lifestyle-related diseases, health management support program, public health nurse, Japan

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1. Introduction

In Japan, the public assistance system aims to guarantee the recipients a minimum standard of living and promote self-support. Approximately 80% of the recipients receive medical assistance¹⁾, and within those households, it is reported that there is higher rate of the followings; hospital visit of children and adults even at younger age, chronic diseases in all generations such as diabetes²⁾, mortality rates³⁾ and incidence rate of mental illness⁴⁾. Thus, many of the recipients have health problems, and in addition to economic independence, they require support in both managing their health and life.

In 2018, the health management support program for public assistance recipients was established with a law revision. From January 2021, it became mandatory for any social welfare service offices to enforce health management measures of both medical care and life support. Local governments first survey and analyze current health/ medical information and social resources, then followed by selecting approaches to local health issues based on the result from the following: navigating the recipient into (1) a health checkup, (2) a medical institution visit, and providing (3) health guidance on lifestyle-related diseases, (4) lifestyle support, (5) health guidance and lifestyle support in cooperation with primary physicians (as prevention of serious illness) and (6) guidance for frequent medical checkups.

The practice rate of health management support programs was 30.1% higher in social welfare offices with healthcare professionals, particularly in providing “health guidance and lifestyle support”⁵⁾. However, while 59.8% of offices have healthcare professionals, only 30% staff public health nurses⁵⁾. Previous research has demonstrated that the presence of medical professionals, such as public health nurses, leads to higher implementation rates of the program. However, public health nurses are often assigned to offices alone, which has been identified as a barrier from sharing their skills with other colleagues⁶⁾.

The Ministry of Health, Labour, and Welfare provides guidelines for the health management support program⁷⁾. While prior studies have addressed the support provided to female public assistance recipients⁸⁾, the skills of caseworkers⁹⁾, as well as the competencies of public health nurses before the support program became mandatory⁶⁾, research on the specific practices of public health nurses within the current framework remains insufficient. Therefore, this study aims to explore the specific practices of public health nurses in municipalities with pioneering approaches through in-depth interviews. The findings will offer concrete examples of effective practices that can be used to assist social welfare offices in developing training programs or guidelines, and ultimately in improving the quality of support provided to public assistance recipients.

2. Participants and Methods

2.1. Design

Qualitative study

2.2. Participants and recruitment

We called for public health nurses engaged in health management support program in 24 municipalities and 16 that were reported to be pioneering from the previous survey. The division management layers in the municipalities handed over an informed consent to public health nurses with experience. Interested participants mailed the form with information to the first author.

2.3. Data collection

We conducted semi-structured individual interviews lasting approximately 60-90 minutes in August 2022. The interviews were conducted via telephone or Zoom and recorded using an IC recorder. Before recording the interviews, informed consent was obtained. To understand the approaches, facilitators asked the participants to share on the followings: (a) description of the cases in which they provided the support, (b) any matter that they paid their attention to when engaged in the support and kind of support that they provided in cooperation with related organizations.

2.4. Data analysis

Demographic data of the participants were descriptively analyzed. Interview contents were transcribed and analyzed using content analysis¹⁰. To ensure reliability and validity¹¹, the following processes were conducted: (1) the first author read each participant's statement several times to focus on the data and to acquire general understanding of the content, (2) the text statements for each answer were divided into units by its means, grouped according to the main content and the identified units were coded. (3) The codes were sorted into core, single and subcategories for each question by similarities and (4) to validate the analysis, Taniyama, having experience with content analysis, checked the initial attempt. Then, both authors discussed multiple times and revised the coding as well as categorizations until a high level of agreement was obtained. As a final step, (5) all co-authors specializing in community nursing and qualitative research reviewed the coding and classification. We conducted respondent validation with the participants to establish reliable qualitative research¹².

2.5. Ethical considerations

This study was approved by The Ethics Committee of Tokushima University Hospital (Approval Date 25th July 2022, Approval Number 4201). Participants were informed of the study's purpose verbally and in writings; the interviews were not intended to evaluate the respondents themselves and that they have a right to withdraw at any time. Participants who agreed voluntarily to participate signed consent forms. All participants were offered a 2,000-yen book card for participating the interview at the end of the study.

3. Results

3.1. Participants' background (Table 1)

5 respondents, 3 chief clerks, a chief examiner and member agreed to participate (Table 1). Their background as a public health nurse ranged from 19-26 years with experience in the social welfare sector ranging from 0.3-7 years. Interview duration varies from 42 to 93 minutes, with an average of 59.2 minutes.

Table1. Participants' background

	Local government	Position	Experience as public health nurse (year)	Experience in social welfare sector (year)	Interview duration (min)
1	A	Chief examiner	24	2	60
2	B	Chief clerk	16	0.3	46
3	C	Chief clerk	26	7	93
4	D	Member	20	0.5	55
5	E	Chief clerk	19	4	42

3.2. Results of qualitative analysis (Table 2)

Practices of the health management support program for the public assistance recipients was extracted and organized into 100 codes, 37 subcategories, 15 categories and 5 core categories. In this study, [] indicates core categories, and " " indicates what the participants stated. 5 core categories were classified as follows – [detecting life crises and health issues of the recipient and household], [reconnecting with society and establishing lifestyles that recipients would feel peace with], [assisting every aspect of recipient's life in perspective of health], [overlooking the local care system and utilizing them to support the recipient] and [turning individual case to regional matter]. (Table 2). The relationships between categories are not clearly sequential or hierarchical, but are practiced simultaneously or reciprocally.

The core category [detecting life crises and health issues of the recipient and household] included the categories such as: detecting life crises, capturing aspect of the recipients and capturing the health issues of the entire household. The participants practiced the following supports: determining the clinical condition and assessing urgency, detecting of the suicidal, grasping characteristics of the recipient, understanding recipients with little social involvement, finding health issues of the recipient's family members and reviewing the entire household as a system that promoted the recipient's circumstance.

“Some people lose the will to live and start by saying, 'I want to die,' even though we visit them to give them guidance on lifestyle-related diseases. Some people are mentally unstable and they spend their life day-night reversal. There are also cases in which they are drinking alcohol while being unable to go to the bathroom or eat, so we try to prioritize the issues and make sure they are not life-threatened.”

“We also help the recipients who may be dehydrated or in terminal stages of cancer but have been left untreated to get medical attention and treatment.”

The core category [Reconnecting with society and establishing lifestyles that recipients would feel peace with] included the following categories: not letting go of every opportunity to approach, setting a priority to stabilize life of the recipient first and tying back broken networks. The participants practiced the following supports: making use of services offered by medical assistance, implementing prompt helps from other care services, promoting self-support as top priority, tying stable life and health to come up with solutions, finding out the reasons for isolation from the society, having understanding for the recipients for difficulty in speaking out and acting and having accompanist functions.

“Many people live in solitude and although a full range of counseling agencies are involved with these people, they are unable to access them. They do not know how to access or speak information of themselves. So, we function as sort of a hub, connecting and reconnecting the broken networks.”

“When we visit, the person may begin to talk about his or her problems. He says, 'I haven't had a bath, I haven't done my laundry. I can't go to the hospital because I smell, I'm dirty, and I can't take the train,' he says. Understanding the reason why they cannot go to the hospital, we begin by having them cleaned.”

The core category [assisting every aspect of recipient's life in perspective of health] included the categories: being involved with the recipient over time, providing health guidance with understanding of recipient's background, being

involved with the recipient with prevention perspective and expanding support content flexibly. The participants practiced the following supports: taking time to develop relationship, aiming for small changes, grasping the recipient in depth, avoiding to give guidance from the very start, providing health guidance in accordance with life of the recipient, providing guidance according to the recipient, providing prevention support, valuing small concerns, broadening the sight for more than lifestyle improvement and understanding the importance of maintaining the basic life.

“Some don't even have cooking utensils such as microwave or frying pan. We ask them to show us their refrigerators and what they have inside. We also ask them how they spend their money. By looking at the house's condition, we can understand the living situation and provide health guidance according to the individual.”

The core category [overlooking the local care system and utilizing them to support the recipient] included the categories: taking measures to ensure smooth support, working together with local government to support the recipient and supporting as a whole community. The participants practiced the following supports: accompanying and utilizing visit by social caseworkers for acceptance by the recipient, handing over cases to appropriate sections, utilizing strength of sections, cooperating with caseworker and employment support worker, proceeding while sharing information with multiple professionals, leaving to highly expertise professionals, cooperating with employment service, cooperating with community volunteers, cooperating with doctors and employing private services.

“Sometimes, we visits alone but more often, we are accompanied by a caseworker. That way, it is easier for the recipient to accept us at the first approach. We are also involved as medical professionals into accompanying the recipient to the hospital or visiting the doctor. We also make sure that information is communicated in the way the individuals can understand.”

The core category [turning individual case to regional matter] included the categories: understanding the role as administrative public health nurse, who belongs to welfare division and serving as government affiliated public health nursing provider. The participants practiced the following supports: engaging with the recipient in ways that are unique to public health nurses in welfare division, making the best use of health exam data provided by department of health, taking on a role as administrative public health nurse and utilizing gained knowledge and experience as public health nursing.

“Many of the recipients are not very health conscious and are struggling to live their lives. Many of them are isolated and we need to be engaged with the feelings of working together as a team and an accompanist. By doing so, some recipients told me, 'I was able to do my best because you were by my side'. Although public health nurses in the welfare department provide more individualized support, I think it is important to evaluate the performance ratio of the program and link it to commercializing of the program.”

Table2. Practices of public health nurses in the health management support program for public assistance recipients

Core category	Category	Subcategory	Code	
Detecting life crises and health issues of the recipient and household	Detecting life crises	Determining the clinical condition and assessing urgency	With the possibility of the body being left in poor condition, determine the clinical condition and assess urgency to deal with the situation	
			If not life threatening, never hurry for immediate improvement, even the cause may be an inappropriate lifestyle	
				Promptly find medical/ insurance card for those with alarmingly high sugar or blood pressure levels and navigate them to get medical support
				Connecting terminal stage cancer that is left untreated to medical support and treatment
		Detecting of the suicidal		Support to maintain the person's will to live when conversation starts with "I want to die"
				Build a team to support those who are suicidal
	Capturing aspect of the recipients	Grasping characteristics of the recipient		Expect the possibility of dropouts along the way
				Grasp the needs of recipients who express themselves emotionally, such as shouting
				Engage with the recipients understanding that many of them cannot speak out for themselves
				Expect and be prepared to provide support for the recipients who does not know how to make hospital appointment or visits to the doctors
			Understand that some may lack in recognizing the importance of health since they have no symptoms	
			Expect that many recipients may be mentally unstable and low in motivation for health	
Understanding recipients with little social involvement			Grasp and comprehend habits the recipient has constructed over the years	
			Understand severe state of the recipients in scenes, where a can filled with urine is found in the room and consider how the environment of the house could be adjusted	
			Understand that some cases may be complex and difficult to handle, because the recipient's issues are diverse	
			Recognize the possibility of the recipient having no emergency contacts or people to rely on	
Capturing the health issues of the entire household	Finding health issues of the recipient's family members		Understand that many of the recipients have no geographical or community ties	
			Acknowledge and be prepared for cases that involve consultation with recipients who have been living on the street for over 30 years	
			Uncover health issues of family members including elder/ child abuses, dementia, developmental disorders, etc.	
Reviewing the entire household as a system that promoted the recipient's circumstance			Prioritize critical family health issues over the recipient's lifestyle diseases	
			Be prepare for supports that may involve cares for infants and toddlers	
			Recognize and carefully observe the entire household for that they may have impact on the recipient	
			Include the entire household into assessing health issues as well as lifestyle-related diseases	

Core category	Category	Subcategory	Code	
Reconnecting with society and establishing lifestyles that recipients would feel peace with	Not letting go of every opportunity to approach	Making use of services offered by medical assistance* *Financial aid provided to public assistance recipients	Approach when the recipient is advised for clinical visits, which are aided by medical assistance Take time to ask questions on the recipient's health status upon issuing medical cards	
		Implementing prompt helps from other care services	Promptly introduce help as required	
	Setting a priority to stabilize life of the recipient first	Promoting self-support as top priority		Start by focusing on finding out their daily concerns for possible solutions as the recipient makes just enough to get by Prioritize establishing the life of the recipient with very limited tools including refrigerator, microwave, kitchen tools and air conditioning Advise to promote self-support life Understand situations, where making both ends meet every day is a struggle Begin with small support to make the recipient feel better View significance in intervening in daily life matters rather than lifestyle improvement Organize issues in their priority and put aside giving guidance on lifestyle diseases if needed Engage with the recipient in a way, which would direct them to better future
			Tying stable life and health to come up with solutions	Take into the account that they may be in a process of finding job, communicate and assist the recipients into the importance of continuing medications Understand that no health is no work (employment) when trying to find a solution Recognize that encouraging clinical visits may support stabilize life of the recipient in some cases, even their habits may remain the same
	Tying back broken networks	Finding out the reasons for isolation from the society		Take into account of reasons, why the recipients could not make clinical visits (could not use public transports due to their body odor and clothes condition etc) Arrange clinical visits to even those who had problems and have stopped visits Encourage the recipients, who changes hospitals frequently to stick and continue their visits
			Having understanding for the recipients for difficulty in speaking out	Have understanding that the recipient may not know how to get in touch with hospitals, though there may be many to ask help for Introduce and help connect the isolated recipient with appropriate hospitals, though they may have many to access
		Acting and having accompanist functions		Be involved with the mindset to function as a hub and connects the recipient to the social network Acknowledge that intervention of public health nurses is an opportunity for health management support program* to have connection with the recipient *A measure implemented by Ministry of Health, Labour and Welfare with the aim to promote self-support of the public assistance recipients
			Implementing prompt helps from other care services	Reassure by letting the recipient know that there will be public health nurse to accompany and help them into self-support their life

Core category	Category	Subcategory	Code
Assisting every aspect of recipient's life in perspective of health	Being involved with the recipient over time	Taking time to develop relationship	Think there will be another opportunity to be involved with the recipient, even if 1 visit may be missed Accept that constructing relationship with the recipient could take time with regular visits. With the public health nurse being a member of department where versatile information is centralized, there is no worry to lose connection with the recipient Adjust tones to avoid being harsh Maintain the relationship and let the recipients know that there will be another when the visit turns negative Stay patient until the recipients open up their troubles through multiple visits
		Aiming for small changes	Aim small changes without setting goals high/ expecting drastic improvement
	Providing health guidance with understanding of recipient's background	Grasping the recipient in depth	Try finding the strength of the recipient Try getting to know the recipient's personality Be involved with the recipient assuming to watch until the end and go through everything
		Avoiding to give guidance from the very start	Start by guiding the recipients into preparing for lifestyle disease improvement Build and prepare well the recipients into atmosphere to improve health before giving any health guidance
		Providing health guidance in accordance with life of the recipient	Advise for alternatives when the recipients choose unhealthy, cheap food Find out the recipient's value towards money and information such as food in their refrigerator, so that health guidance meeting their standard can be achieved Start by listening to the recipient's life and navigate them into health topics
		Providing guidance according to the recipient	Keep in mind a clear, easy to understand guidance when giving to recipient who may be challenged Minimize guidance at 1 visit
	Being involved with the recipient with prevention perspective	Providing prevention support	Connect the recipient to welfare services for people in needs of care/ disabilities in order to prevent any future damage Approach in a way to prevent further damage
		Valuing small concerns	Connect any small concerns to the relevant sections and share information Identify factors that contribute to economic poverty and discontinued employment in the public health perspective
	Expanding support content flexibly	Broadening the sight for more than lifestyle improvement	Think beyond implementing behavior change programs Have a sense of support without being conscious of 1 year time limit of the program
		Understanding the importance of maintaining the basic life	Support maintaining a basic living of the recipient as a public health nurse Think beyond simply giving health guidance

Core category	Category	Subcategory	Code	
Overlooking the local care system and utilizing them to support the recipient	Taking measures to ensure smooth support	Accompanying and utilizing visit by social caseworkers for acceptance by the recipient	Utilize regular visits conducted by social caseworkers and accompany them so that the recipient would feel more accepting of public health nurses Recognize sudden and solo visit by the public health nurse may make recipients feel at unease Conduct co-visit with the social caseworkers who know the recipient	
		Handing over cases to appropriate sections	When in the case of the recipients showing motivation and improvement, hand over the case to department of health	
		Utilizing strength of sections	Engage with the recipient by utilizing sections' strength of having centralized information	
	Working together with local government to support the recipient	Cooperating with caseworker and employment support worker		Accompany the caseworker on their visits and provide assistance based on the recipient's lifestyle Capture it as an opportunity for caseworker and public health nurse to work together Proceed into working together with labor support worker
			Proceeding while sharing information with multiple professionals	Share any information to caseworker that is obtained from health guidance, which relates to assisting and self-supporting recipient's life Discuss with caseworker in advance, in cases where a large number of psychiatric drugs are prescribed from multiple visits to hospitals
			Leaving to highly expertise professionals	Have mental health social workers to get involved with recipients with mental health-related issues
	Supporting as a whole community	Cooperating with employment service		Be involved with the recipient in hand-in-hand with employment service
			Cooperating with community volunteers	Be involved with the recipient in cooperation with community volunteers
		Cooperating with doctors		Engage with the recipient, while consulting issues and sharing information to their doctor Accompany the patient to their visit to the hospital and support sharing information Explain to doctors any reasons for medical interruption on behalf of the recipient Have a doctor provide any concerns to council
			Employing private services	Promptly employ private service if required
	Turning individual case to regional matter	Understanding the role as administrative public health nurse, who belongs to welfare division	Engaging with the recipient in ways that are unique to public health nurses in welfare division	Acknowledge that public health nurses are on forefront of social welfare Engage and ensure all guaranteed support is provided to the recipient (ie. Specific health guidance), while keeping in mind that they have no insurers Understand that approaching the recipient while younger, they are more likely to establish self-support from public assistance
			Serving as government affiliated public health nursing provider	Making the best use of health exam data provided by department of health
Taking on a role as administrative public health nurse		Conduct population approach rather than individual assistance to the recipient with a sense of unity who lives in the same community Look into price performance ratio of the health management support program Utilize the support in order to better conduct community assessment Not only to limiting healthcare management of individual recipient but expands the scope of support in order to optimize the cost of medical assistance From limited support conducted by outsource, it was apparent that improving lifestyle, while they construct trust relationship with the recipient is difficult. Thus utilize the learning to switch to direct health guidance approach by council public health nurse Share any information on community characteristics to public health nurse in department of health, which is obtained through individual engagement		
	Utilizing gained knowledge and experience as public health nursing	Utilize strengths as a professional having ability to approach with a medical perspective Engage in health guidance through experience gained in the department of health		

4. Discussion

In this study, we interviewed public health nurses engaged in the health management support program for the public assistance recipients. We found that they were practicing the following 5 strategies: detecting life crises and health issues of the recipient and household, reconnecting with society and establishing lifestyles that recipients would feel peace with, assisting every aspect of recipient's life in perspective of health, overlooking the local care system and utilizing them to support the recipient, and turning individual case to regional matter.

In the core category of [detecting life crises and health issues of the recipient and household], the following 3 categories were identified: detecting life crises, capturing aspect of the recipients and capturing the health issues of the entire household. The participants prioritize addressing immediate life threats such as assisting those who may be suicidal. According to a previous study, the prevalence of suicide attempts among the recipients is about twice as high as non-recipients¹³). This fact underscores the importance of addressing life-threatening crises as a priority. Also, rather than immediately correcting inappropriate lifestyle habits of the individuals, public health nurses were engaged in capturing health problems of the whole household and setting the foundation to support long-term improvement. In households receiving public assistance, deterioration of children's health has been reported to be directly and indirectly affected^{14,15}). These studies emphasize the need for public health nurses to take a comprehensive view of the health of all household members while avoiding life-threatening situations.

In the core category of [reconnecting with society and establishing lifestyles that recipients would feel peace with], the following 3 categories were identified: not letting go of every opportunity to approach, setting a priority to stabilize life of the recipient first and tying back broken networks. The public health nurses intervened and focused to stabilize the recipient's lives by arranging necessary care providers and re-visits for those whose visits had been interrupted due to problems with the hospital. They also played a central role in reconstructing social networks by building bridges to counseling agencies. When compared to the non-recipient, it has been shown that the recipient with social connections were more likely to go off the public assistance within 3 years¹⁶). Public health nurses are required to work toward the recipients' independence and reestablish the social connections that have once been disconnected.

In the core category [assisting every aspect of recipient's life in perspective of health], the following 4 categories were identified: being involved with the recipient over time, providing health guidance with understanding of recipient's background, being involved with the recipient with prevention perspective and expanding support content flexibly. The participants practiced their support to avoid going straight to directing the recipients into health guidance with the thoughts that they would have other chance to meet them again even if they missed one opportunity. According to the Ministry of Health, Labour and Welfare, half of the recipients have been receiving public assistance for more than five years¹⁷). On the other hand, the support period for a specific health guidance lasts about 3 to 6 months¹⁸). The health management support program allows more time to understand the background and build relationship with the recipients, which can be used as a strength. Furthermore, data on the number of the assistance receiving households shows that 55.6% of them were elderly and 24.9% were challenged or injured¹). From this, it can be inferred that many recipients have medical conditions. Therefore, public health nurses need to work in hands with the recipient as well as preparing them into improving their lifestyle-related diseases while making the most out of the long-term support potential.

In the core category [overlooking the local care system and utilizing them to support the recipient], the following 3 categories were identified: taking measures to ensure smooth support, working together with local government to support

the recipient and supporting as a whole community. They accompanied caseworkers on their visits, provided support based on daily lives of the recipients and collaborated with employment services and doctors. When supporting the recipients, the importance of leading a connection to social resources is emphasized and peer support has been pointed out crucial¹⁹⁾. Patient navigation via telephone has also been reported to help increase the rate of health checkups²⁰⁾, while decreasing the number of hospitalizations and emergency room visits²¹⁾. The significance of collaborating and coordinating with other professionals has also been emphasized²²⁾, thus public health nurses only require to connect the recipient into necessary services but also actively work closely with related departments such as doctors, caseworkers and community volunteers.

In the core category [turning individual case to regional matter], the following 2 categories were identified: understanding the role as administrative public health nurse, who belongs to welfare division and serving as government affiliated public health nursing provider. The participants carefully checked to ensure that regular services, including specific health guidance, were not left undone as the recipients were not insured by national health insurance. In addition, experience and learnings from individual cases were shared with department of health to expand on activities to solve local problems. The health management support program aims to function as a strengthening measure to prevent lifestyle-related diseases and promote data-based preventive means⁸⁾. With this program, public health nurses are called for better conducting community assessment, analyze receipts of medical assistance as well as health checkup data from department of health and provide appropriate health guidance.

There are several previous studies, which provide description of public health nurse's practice in supporting the public assistance recipients^{6),8)}. However, there is no study that describe their practices after implementation of the current program. This study's findings offer concrete examples of effective practices from municipalities with pioneering approaches which can assist public health nurses in social welfare offices. Moreover, this study contributes to filling the gap in the literature by focusing on how public health nurses adapt and apply their skills in the current program, offering practical guidance for improving the quality and consistency of health management support programs nationwide.

5. Limitations and implications

The results of this study could be used when public health nurses become newly assigned to social welfare offices where few were assigned. Table 2 summarizes the reported approaches of the health management support the study has compiled through the eyes of the public health nurses. We propose 5 fundamental domains to consider and address in the support settings. This study clarified public health nurses' skills to support the recipient while assessing priorities from life crises to putting health issues on hold when not urgent.

There are 2 primary limitations. First, the data include participants who have worked in a social welfare office for less than a year. Public health nurses often move every 3 years and therefore could affect by its change. However, all of the participants in this study were public health nurses with many years of experience who were recommended by pioneering support municipalities. Second, the study included 5 participants, which was a limitation due to the specific focus of the research. We targeted public health nurses involved in the health management support programs across 24 municipalities, including 16 identified as pioneers in this program. This group represents a valuable and highly relevant population for understanding the implementation of the program. Future research needs to expand the sample size and implement quantitative data. An example may include exploring how public health nurses' practices in health management support programs at welfare offices have impact on health-related outcomes for public assistance recipients.

6. Conclusion

Public health nurses in municipalities with pioneering health management support conducted approaches such as assessment of life risks, adjustment of habits and going beyond prevention of lifestyle-related diseases. They also helped the recipients into actively connect with society and providing comprehensive support by accompanying them.

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References

- 1) Ministry of Health, Labour and Welfare. Survey of the Protected Persons. 2024. (reiwa yonendo hihogosha chousa(in Japanese)). Available online: https://www.e-stat.go.jp/stat-search/files?stat_infid=000040150842 (Accessed 30 April 2024)
- 2) Kondo K. The power of “Attendant”. 2019. (tsukisoi no chikara (in Japanese)). https://www.jages.net/project/jititaijointresearch/konkyu/?action=common_download_main&upload_id=5271 (Accessed 30 April 2024)
- 3) Shahidi FV, Ramraj C, Sod-Erdene O, Hildebrand V & Siddiqi A. The impact of social assistance programs on population health: a systematic review of research in high-income countries. *BMC Public Health*, 2019, 19, 1-11.
- 4) Kino S, Nishioka D, Ueno K, Haseda M & Kondo N. Public assistance program and depressive symptoms of the recipient: a cross-sectional Japan Gerontological Evaluation Study. *BMC Geriatrics*. 2022, 22(1), 177.
- 5) Mizuho Research & Technologies, Inc. Study on linkage with overall healthcare policies to further strengthen the governance of medical assistance. 2022. (iryoufujyo no saranaru governance kyouka no tame hokeniryoshisakuzenpan tonorenkei ni kansuru chousa kenkyu (in Japanese)) https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000194160_00013.html (Accessed 30 April 2024)
- 6) Marutani M. The Support Provided by Public Health Nurses to Assist Residents Living in Poverty in Welfare Centers. *Japan Academy of Community Health Nursing*, 2012, 15(2), 46-54.
- 7) Ministry of Health, Labour and Welfare. Guidance for Health Management Support Program for Protected Persons (revised August 2020). 2020. (hihogosha kenkokanrishien jigyo no tebiki (in Japanese)). <https://www.mhlw.go.jp/content/12000000/000809908.pdf> (Accessed 30 April 2024)
- 8) Fujimoto H & Kobayashi M. Support Provided by Health Nurses from Welfare Offices for Female Welfare Recipients. *Japanese Journal of Public Health Nursing*, 2023. 12(1), 2-9.
- 9) Hara M & Kuroda K. Health Support of Recipients by Welfare Caseworkers -Analysis of a Questionnaire Implemented at Urban Welfare Office. *Journal for the study of health and well-being*, 2020, 13, 43-54.
- 10) Elo S & Kyngäs H. The qualitative content analysis process. *Journal of Advanced Nursing*, 2008, 62(1), 107-115. DOI: 10.1111/j.1365-2648.2007.04569.x
- 11) Elo S, Kääriäinen M, Kanste O, Pölkki T, Utriainen K & Kyngäs H. Qualitative content analysis: A focus on trustworthiness. *SAGE Open*, 2014, 1-10.
- 12) Creswell JW & Miller, DL. Determining validity in qualitative inquiry. *Theory into practice*, 2000, 39 (3), 124-130.

- 13) Kino S, Stickley A, Nishioka D, Ueno K, Saito M, Ojima T, et al. Suicidal ideation and suicide attempts among older recipients of public welfare assistance in Japan. *Community Health*, 2022, 76, 873-879.
- 14) Terakawa Y, Inada H, Tsuji H, Imura G, Ikemiya M, Tabata N, et al. Association between Tooth and Childcare Environment in Osaka City 3-Year-Old Child Health Examinations. *Journal of Child Health*, 2018, 77(1), 35-40.
- 15) Sato Y, Yamaguchi E, Wada H & Takeuchi H. Health status and family characteristics of elementary and junior high school students living in poor households: from a multicenter collaborative survey in outpatient care. *Journal of the Japanese Pediatric Society*, 2016, 120 (11), 1664-1670.
- 16) Kino S, Nishioka D, Ueno K & Kondo N. Role of psychosocial factors in starting and leaving public assistance programs by older Japanese population: Longitudinal Japan Gerontological Evaluation Study. *Archives of Gerontology and Geriatrics*, 2022, 99, 104615.
- 17) Ministry of Health, Labour and Welfare. Survey of the Protected Persons. 2023. (reiwa sannendo hihogosha chousa (in Japanese)). <https://www.e-stat.go.jp/stat-search/files?tclass=000001202801&cycle=7&year=20210> (Accessed 30 April 2024)
- 18) Ministry of Health, Labour and Welfare. Guidance for Smooth Implementation of Specific Health Examination and Specific Health Guidance (Version 4.1). 2024. (tokuteikensa, tokuteihokenshidou no enkatsu na jisshi ni muketa tebiki (in Japanese)). <https://www.mhlw.go.jp/content/12400000/001248033.pdf> (Accessed 30 April 2024)
- 19) Okuda T, Inazuki T, Kakita Y & Tsutsumi K. *Companion support for the needy: Total support for economic deprivation and social isolation*. 2014, Akashi Shoten. Tokyo.
- 20) Ali-Faisal SF, Colella TJ, Medina-Jaudes N & Scott LB. The effectiveness of patient navigation to improve healthcare utilization outcomes: A meta-analysis of randomized controlled trials. *Patient Education and Counseling*, 2017, 100(3), 436-448.
- 21) Kelley L, Capp R, Carmona JF, D'Onofrio G, Mei H, Cobbs-Lomax D, et al. Patient navigation to reduce emergency department (ED) utilization among Medicaid insured, frequent ED users: a randomized controlled trial. *The Journal of emergency medicine*, 2020, 58(6), 967-977.
- 22) Hara M & Kuroda K. Health support for recipients of livelihood protection -A review of the needs and consideration of a support system. *Journal for the study of health and well-being*, 2019, 12, 15-28.