Activities of the Okayama Prefectural Medical Association

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Okayama Prefecture is a region on the Seto Inland Sea between the Chugoku Mountains to the north and Shikoku Mountains to the south, which has been blessed and protected by nature. The three major rivers flowing through the prefecture carved out the Okayama Plain, the largest plain in the Chugoku region, and Kibi Kingdom, a state with power and influence approaching that of the Yamato Imperial Court, prospered here during the 3rd and 5th centuries. During the birth of modern Japan from the end of the Edo Period through the Meiji Period, the region produced several prominent medical scientists such as Genzui Udagawa, Genpo Mitsukuri, and Koan Ogata.

Originally established in 1915, the Okayama Prefectural Medical Association (OpMA) was newly reestablished in 1947 as an incorporated association, as it remains today. The association comprises 24 municipal medical associations and of the 3,021 members (as of March 31, 2007), 1,542 are hospital-based physicians. Membership has increased by 220 over the past 10 years.

In April 2006, a new board was formed under the leadership of Dr. Atsushi Suenaga, president of OpMA at that time. Cooperating with related organizations such as the Japan Medical Association (JMA), collaborating with municipal medical associations, sharing information with the prefectural government, and enhancing public relations, the OpMA seeks new directions in its activities, several of which are introduced below.



## Specific Health Check-ups and Specific Health Guidance through Occupational Health Activities

As part of preparatory efforts in the training area for the planned introduction of the Specific Health Check-ups and Specific Health Guidance system in 2008, the OpMA board first of all established an Industrial Health Physicians Committee. Our Social Security Committee and other operating committees also participated in the various JMA-organized training seminars concerning this new system.

Secondly, the OpMA urged the prefectural government to set up a "Council for Promotion of Health Coordination in the Region and the Workplace" at an early date, and after much effort the first meeting was held in March 2007. The Vice-President in charge of our Industrial Physicians Health Committee has been appointed Chairperson of the Council, as a result of which communications with the Okayama Prefecture Health Insurers Council and prefectural government's Health and Welfare Division staff have

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improved dramatically.

OpMA training seminars, including skill-improvement training, have been held three times so far. Attracting many participants, each of these seminars was held jointly by the JMA Continuing Medical Education Course, the Sports Health Physicians Training Seminar, and the Industrial Health Physicians Training Seminar and has contributed to the honing of skills and improvement of quality in patient guidance regarding exercise, health, and the prevention of metabolic syndrome.

Recently we have been receiving many inquires from OpMA members as well as municipal medical associations about logistic and management aspects for conducting the specific health checkups and health guidance introduced in April 2008. In addition to industrial health physicians training activities which have been carried out routinely every year, these activities have been added to the daily activities of the OpMA.

(Text: Former Vice-President Kou Ishikawa)

## **AED Efforts**

Established in 2001, ACLS Okayama changed names in 2006, its fifth year of operation, to NPO Kyumei Okayama (NPO Life Saving Okayama) and continues to expand. So far more than 300 OpMA members have participated in ACLS courses. Many doctors who have completed ACLS courses also participate in emergency resuscitation training seminars within Okayama Prefecture as instructors and work to further hone their skills.

When ACLS Okayama was first established, it was widely debated and even became a topic of discussion within the JMA Emergency Disaster Medical Response Committee. I remember reporting on the situation in Okayama and saying that the JMA should also become involved in ACLS activities as soon as possible.

Recently I have seen AEDs in many places, and it would be no exaggeration to say that now everyone knows the word "AED." In 2004, a high school student who suffered cardiopulmonary arrest during exercise was able to make a full recovery thanks to the appropriate emergency medical treatments, including AED administered by a bystander. This incident was widely publicized in the mass media, and the number of AED training sessions being held for high school

students and teachers increased sharply.

The Okayama Board of Education and OpMA subsequently held discussions, and since 2007 AED training sessions have been held for high school students and teachers every year. Moreover, AED training sessions for the general public are also held, and the OpMA provides municipal medical associations with materials and support when they hold training sessions as well. The OpMA itself holds one AED training seminar annually for the general public; this year's seminar was a rousing success with over 100 participants. I am quietly proud to see that these seminars also provide an excellent opportunity for local residents to learn more about the OpMA and local medical associations.

(Text: President Toshio Ido)

## **Hearing Screening for the Newborns**

It is not well-known that one in every 1,000 babies is born with a high level of deafness. Unidentified, this can impair language development. If babies with a high degree of deafness are identified through testing shortly after birth and the appropriate hearing and language habilitation (conductive education) is begun at around 6 months of age, it is possible to improve hearing and prevent language impairment. For this reason it is vital that (1) babies' hearing is tested a few days after birth; (2) babies with a high degree of deafness receive conductive education appropriate for their developmental age; and (3) there is close coordination between members of the "conductive education" comprising obstetricians, pediatricians, health nurses, family members, otologists, and speech therapists.

The ground has been ploughed for this since the 1950s, when otorhinolaryngologists in Okayama Prefecture began focusing on treatment and education to prevent language impairment in deaf children.

By reaching out to deaf newborns needing protections due to the disability, healthcare helps these children become not only independent but also tax-paying members of the community, enabling them to live harmoniously within the hearing society, and so such measures hold great significance. Within the OpMA, the Obstetrics and Gynecology Committee, Pediatrics Committee, and Otorhinolaryngology Committee have worked together with the government to set up the

Newborn Hearing Testing Council which since 2001 has been testing the hearing of newborns in Okayama Prefecture (Newborn Hearing Screening activities). By the end of fiscal 2006 a total of 73,854 newborns had had their hearing tested (79% of all newborns), of which 49 were found to have high degrees of deafness. Cochlear implant operations have been carried out and conductive education including hearing aid training has begun for these children. The development of

another 41 newborns is being observed and supervised by otologists as well as pediatricians.

Through close cooperation and coordination between the families of children with highly deaf in both ears and obstetricians, pediatricians, otologists, and speech therapists over many years, the OpMA plays a part in activities that will nurture these children to become independent members of society.

(Text: Executive Director Hideo Kasai)