1) Identifying information about persons requiring special care and healthcare service provision systems [emergency response phase, recovery phase]

[Issues] (1) How to identify and support housebound victims and other persons requiring special care.
(2) How to develop healthcare service provision systems.

[Situation and issues created by the Great East Japan Earthquake]

As large numbers of victims evacuated to various locations after the Great East Japan Earthquake, such as designated evacuation centers, public facilities, homes of relatives and acquaintances and their own homes, an important issue was the early identification of persons requiring special care, including the elderly, persons with disabilities, and infants and toddlers. A large number of hospitals (380 in total) in Iwate, Miyagi and Fukushima prefectures were also affected by the disaster,(1) which placed additional strain on the provision of medical services. Local authorities and medical institutions in disaster-affected areas were required to work together with numerous healthcare teams rushed in from outside these areas and provide healthcare and medical support to disaster victims by effectively leveraging the limited healthcare resources available.

[Initiatives in the aftermath of the Great East Japan Earthquake]

・Sharing registry information to conduct door-to-door visits to disaster victims forced to live as evacuees in their homes (Issue 1)

Local authorities and support groups patrolled the affected areas and conducted door-to-door visits to assess conditions, in order to gain insight into the situations of disaster victims who were forced to take shelter in their own homes (housebound victims).

The local authority and organizations for persons with disabilities in Minamisoma City, Fukushima Prefecture shared information registered in “disability certificates” and made door-to-door visits to offer support to about 590 persons with disabilities who were housebound victims because of difficulty in evacuating and living in evacuation centers. Although there were concerns that sharing information listed in these “disability certificates” could violate the city’s ordinance on the protection of personal information, which prohibits providing an individual’s information to outside organizations for purposes other than its intended use, the information was shared with the application of a stipulation to provide information “when deemed urgent and unavoidable to protect an individual’s life, physical condition, or property” (Case study 1-1).

・Creating registries of persons requiring assistance to evacuate and sharing information with relevant authorities (Issue 1)

Revisions to the Basic Act on Disaster Management in June 2013 required municipality heads to draw up registries of persons requiring special care who have difficulty evacuating on their own in the event of a disaster and require special assistance for smooth and speedy evacuations. The

information listed in these registries is then shared with authorized parties involved in the provision of support for evacuations, such as fire departments, prefectural police, social welfare workers, municipal social welfare councils and voluntary disaster management organizations, based on local disaster management plans formulated by municipalities. As a general rule, under normal conditions, sharing information contained in these registries requires the consent of the individual in question. However, this information can be shared without consent if provisions are stipulated in personal data protection ordinances or other regulations.(2) An individual's consent is also not required in cases when a disaster has occurred or there is a risk for a disaster occurring.

→ *Related topic: 4) Rebuilding the livelihoods of disaster victims*

・Providing information to senior citizens and persons with visual and hearing impairments (Issue 1)

Taking note of the high mortality rates of persons requiring special care in the Great East Japan Earthquake, the aging of persons with disabilities and actual conditions for persons with acquired disabilities, Aizuwakamatsu City in Fukushima Prefecture has formulated a "Master Plan for Persons Requiring Special Care". This plan outlines efforts to share information in written form when providing information to persons requiring special care at evacuation centers to prevent people from missing announcements, as well as the care needed in using plain language and characters that are easy to understand. Information shall also be provided in audio format to accommodate persons with visual impairments.(3)

・Establishment of welfare evacuation shelters (Issue 1)

In the aftermath of the Great East Japan Earthquake, a maximum of 152 welfare evacuation shelters* were opened for the elderly and persons with disabilities who did or could have experienced difficulties living in general evacuation centers in a disaster.(4) Welfare evacuation shelters provided support to persons requiring special care, offering them assistance to prevent stress and protect their privacy in group settings, as well as healthcare services by nurses. Lifestyle and employment counselors worked with relevant organizations to provide support, playing a central role in interviewing disaster victims about their physical health, living conditions and home environments with a view to helping them restart their lives in the community.(5) However, many of those requiring special care were forced to take shelter in their own homes because of an insufficient number of welfare evacuation shelters and a lack of space.(6)

In response to the lessons learned from the Great East Japan Earthquake, the Cabinet Office formulated "Guidelines for securing and managing welfare evacuation shelters" in April 2016. These guidelines have assembled the accumulated knowledge from the disaster to identify actions that need to be taken in ordinary times to deal with disasters and encourage municipalities to designate welfare evacuation shelters and develop operational systems before a disaster occurs.(7)

→ *Related topic: 5) Emergency shelter management and community building*

・Building healthcare and medical support networks (Issue 2)

Local healthcare providers and support teams from outside the disaster areas teamed up to provide support to disaster victims. On March 20, Iwate Prefecture established the "Iwate Disaster

Medical Support Network", which included representatives from Iwate Medical University, Iwate Medical Association, Japanese Red Cross Society, National Hospital Organization and Iwate Prefecture, to take in support teams from outside the disaster areas and coordinate healthcare services over a wide area. Those familiar with the disaster areas, including local physicians and government staff, played key roles in activities on-site by coordinating visits to evacuation centers and sharing information on patients. The network's structure also helped guarantee that support activities would continue even after support teams from outside the disaster areas left. Since the disaster, Iwate Prefecture has worked on developing a system of disaster medical care coordinators who are located in prefectural disaster response headquarters, public health centers, municipal disaster response headquarters and other locations to supervise medical first-aid activities during a disaster. As of December 2019, 45 coordinators have been appointed to prefectural and regional disaster response headquarters (Case study 1-2).

The Ministry of Health, Labour and Welfare issued "Enhancing and strengthening medical systems in the event of a disaster" (Notification from the Director General, Health Policy Bureau, March 2012) and "Establishing systems for healthcare and medical activities in the event of a large-scale disaster" (Joint notification from the Director, Health Sciences Division, Minister's Secretariat; Director General, Health Policy Bureau; Director General, Health Service Bureau; Director General, Pharmaceutical Safety and Environmental Health Bureau; and Director, Department of Health and Welfare for Persons with Disabilities, Social Welfare and War Victims' Relief Bureau, July 2017). All prefectures have been requested to establish systems that are capable of fully demonstrating coordination functions, such as dispatching medical teams. Training programs started in fiscal 2014 for prefectural disaster medical care coordinators who are assigned to healthcare coordination headquarters in areas affected by disasters (1,003 persons have completed training as of April 1, 2020). Training programs for local disaster medical care coordinators, who are assigned to public health centers and other facilities in disaster areas, were also launched in fiscal 2017 in all prefectures.[8]

・Shift from emergency aid to long-term recovery and reconstruction support (Issue 2)

Some supporters and organizations from among the aid workers and groups who arrived in the disaster areas to provide emergency aid have put down roots in local communities to provide new healthcare resources and continue their activities throughout the recovery and reconstruction period. The Japanese Association of Neuro-Psychiatric Clinics dispatched mental health care teams, primarily comprising private practitioners around Japan, to disaster areas to provide support in the cities of Sendai, Ishinomaki, and elsewhere. A team from the association established a general incorporated association called the Disaster Mental Care Network Miyagi to continue activities after the closure of the evacuation centers, and opened "Karakoro Station" in front of JR Ishinomaki Station in October 2011. As of 2020, activities at the station have continued through commissioned projects from Ishinomaki City and Miyagi Prefecture, with mental health care counseling services and salon activities offered in Ishinomaki City, Onagawa Town, and Higashimatsushima City.[9] [10]

[Lessons learned and know-how gained]

(1) Establish support systems for persons requiring special care in collaboration with stakeholders in ordinary times

- Municipalities should create lists of persons requiring assistance to evacuate, review local disaster management plans and sort out the relationship with personal information protection ordinances and regulations so that the information in these registries can be shared with related organizations even in normal times.
- Municipalities will work with community and other local associations, medical and welfare-related groups and others to determine the locations of persons requiring special care who have evacuated to sites outside of evacuation centers and what, if any, support is required.
- Municipalities, facility staff and support groups should consider designating and establishing operational systems for welfare evacuation shelters even in normal times and conduct trainings so that the intake process at these shelters is smooth for persons requiring special care.

(2) Establish systems to receive teams providing aid from outside disaster areas and to coordinate the location of activities

- Disaster medical care coordinators should be assigned to prefectural headquarters and in each region.
- Systems should be place that allow teams to work together to support disaster victims by sharing information through regular meetings and other activities in order to ensure that activities of teams providing aid continue through local healthcare and other related organizations.
- Local authorities should consider outsourcing programs in order to allow support teams from outside the disaster areas to continue performing activities in the recovery phase and beyond.

* Welfare evacuation shelters: Shelters that offer special considerations and accommodations primarily for persons requiring special care, such as senior citizens, persons with disabilities, infants and toddlers, and other individuals.

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