



Proceedings of

3<sup>rd</sup> World Congress on

# Public Health, Nutrition & Epidemiology

November 13-14, 2017

Osaka, Japan

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## Keynote Forum (Day 1)



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# PUBLIC HEALTH, NUTRITION & EPIDEMIOLOGY

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## Hiroshi Mizushima

*National Institute of Public Health, Japan*

### Evidence based public health to precision public health

Precision medicine by the personalized medicine now became possible. We can use genetic testing for drug metabolizing enzymes such as CYPs to estimate the adverse effect or efficiency of the drug for each patient. We also can check the genetic change of a cancer to see how it acts for the particular patient. Also, recent findings suggest possible genetic background for high risk for many diseases such as cancer, hypertension, dementia, autism or allergy. These high-risk markers are effective for prevention of the disease, which is a new style of public health. This precision public health is the key for making the personalized prevention care the next step. This is possible not only by the genome data, but also transcriptomics, wearable sensors and other big data can have relation. Also, such genotype combination with the food habit also has strong relation with the disease. Neonatal screening or recent maternal blood genetic testing is also very effective to early find the inherited disease. Evidence based public health is the key word for us. It is very important to get patient database for evidence based public health and precision public health. For this purpose, we need big data to make the evidence.

### Biography

Hiroshi Mizushima has his expertise in medical informatics, computer science, public health informatics, molecular biology, etc. He has graduated from University of Tokyo, Faculty of Pharmaceutical Science in 1983 and obtained his PhD in 1988 at University of Tokyo. He has established Cancer Information Service and Cancer Information Network at National Cancer Center and became Professor of Medical Omics Informatics at Tokyo Medical and Dental University in 2009. He moved to National Institute of Public Health (NIPH) in 2011 and became Director of Center for Public Health Informatics at NIPH in 2017. He is currently the President of Japan IT-Healthcare Association and others.

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## PUBLIC HEALTH, NUTRITION &amp; EPIDEMIOLOGY

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## Tomoko Tachibana

National Institute of Public Health, Japan

### Towards improvement of information accessibility in a care-focused mature society: A proposed definition of health for a mature society

The objective was to identify issues arising in information infrastructure development so that the Japanese public, regardless of the presence or absence of disability, can easily obtain and use information necessary for everyone, in a well-integrated society while mutually respecting personality and individuality and to generate proposals that work towards improving information accessibility. Evidence-based public health policies were compared between cancer and trauma (injuries, damage and sequelae). Public health policy for cancer follows the Cancer Control Act. Evidence such as survival rates is useful not only for health care providers and policymakers but also for cancer patients in executing the right to self-determination in promoting health. Meanwhile, evidence about long-term outcomes of trauma in Japan is overwhelmingly lacking, although the incidence of trauma is estimated to be comparable to that of neoplasms in the 2014 national patient survey. In recent years, we have assessed the promotion of the disability health and welfare policy and engaged in research aimed at a “re-evaluation of disability health and welfare policy from the perspective of trauma prognosis.” To realize this review in the community-based integrated care system, we focus on the database of diagnoses, treatments, treatment effects, etc. of patients visiting medical institutions, and intend to develop a disability registry. Developing this registry utilizing clinical effect information is expected to enhance quality as evidence in health and welfare policies for people with disabilities (=PDs). In care-focused mature societies such as Japan, the following concept needs to be included in the definition of health: Taking into consideration the disease burden and various other “social, physical and psychological problems,” health pertains to maintaining the patient’s quality of life, enabling his/her control over his/her own life, offering things that he/she can do him/herself and fostering his/her self-actualization.

#### Biography

Tomoko Tachibana has her expertise in research and passion in improving the health and wellbeing. Her research on regional models for progressing toward establishment of a disability registry using the clinical efficacy database creates new pathways for improving health and welfare policies for PDs. She has been building this model over years of experience in clinical medicine, research, evaluation, teaching and administration in hospitals, public health centers and an education institution.

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# Public Health, Nutrition & Epidemiology

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## Keynote Forum (Day 2)



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## PUBLIC HEALTH, NUTRITION &amp; EPIDEMIOLOGY

November 13-14, 2017 Osaka, Japan



## Hiroko Watanabe

Osaka University, Japan

### Dietary nutrition status among Japanese women with gestational diabetes mellitus at the time of diagnosis

**Introduction & Aim:** The diagnosis rate of gestational diabetes mellitus (GDM) is estimated to increase four-fold in Japan according to revised criteria put out in 2010. Women with a high pre-pregnancy body mass index (BMI) and inadequate nutritional status are more likely to be at a greater risk for the development of GDM. The purpose of the study was to evaluate the nutritional status of GDM women at the time of diagnosis.

**Methodology:** A cross-sectional study was conducted in 2012 in Japan of 44 GDM women and 169 non-GDM women in the second trimester. Dietary habits during the last month of gestation were assessed with a self-administered dietary history questionnaire. GDM was diagnosed by a 75-g oral glucose tolerance test, which was performed around gestational week 24. The diagnostic criteria of the GDM test followed the guidelines set forth by the International Association of Diabetes and Pregnancy Study Groups.

**Findings:** The prevalence of pre-pregnancy BMI was significantly higher in the GDM women than in the non-GDM women ( $p < 0.001$ ). The median total energy intake was significantly lower in the GDM women compared to that of the non-GDM women ( $p < 0.001$ ). However, the percentage of energy from total fat was significantly higher ( $p < 0.01$ ) and the percentage of energy from total carbohydrates was significantly lower ( $p < 0.05$ ) in the GDM women than in the non-GDM women. The amounts of fiber were significantly lower ( $p < 0.05$ ) in the GDM women than in the non-GDM women.

**Conclusion:** Dietary fat intake may be causally related to the incidence of GDM in reproductive-age women. They should be encouraged to eat a well-balanced diet both before and during pregnancy.

### Biography

Hiroko Watanabe has her expertise in evaluation and passion in improving the women's health and wellbeing. She has experience of working as a Midwife for 8 years at University Hospital in Tokyo, Japan. Her areas of research interest are nutritional education among reproductive-age women and weight and nutritional management during pregnancy.

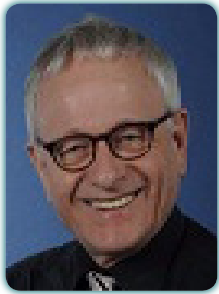
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# PUBLIC HEALTH, NUTRITION & EPIDEMIOLOGY

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## Bernhard Mann

University of Koblenz-Landau, Germany

### Development of public health in Germany

**Statement of the Problem:** The research purpose is the question asked by the German-Japanese Society for Social Sciences, Germany (2018) - how democracy could be improved. Is there a chance to strengthen democracy by promoting the health of the population (F.W. Schwartz, 2015)? Most important are these questions: how to strengthen the system of health, how to promote the awareness of health and how to come from health as a thinking way to well-being as a living way (R.A. Mall, 2015) Are there facts which are showing these structures and processes in the context of the German History of Public Health?

**Methodology & Theoretical Orientation:** A qualitative research with analysis of the literature and phenomenological observations: As per WHO definition of health and 38 aims of health could explain the strengthening of the health system and awareness, focusing in the concept of resilience and salutogenesis (A. Antonovsky, 1997).

**Findings & Conclusion:** The history of Public Health started in Germany in the 19<sup>th</sup> century with the development of social medicine and social rights. It has been interrupted by the destroying fascism (1933-1945) with race medicine, euthanasia and the power of Authoritarian personalities (T. Adorno, 1973). Since the 80<sup>th</sup> there is a new creativity in Public Health, supported by universities and politics, realized as health economics, health psychology, health sociology, health management, especially occupational, and a consciousness of the need of democracy to be build up by fit people. Modern Public Health is an important concept for the social construction of health and the protection of democracy.

### Biography

Bernhard Mann completed his PhD (Social Gerontology and Social Planning), University of Kassel; Master of Public Health (MPH) Medical University of Hannover; MA (Social Sciences and Political Economy), University of Erlangen-Nurnberg; Professor of Health and Social Management, Universities of Applied Sciences Bamberg and Bielefeld; Adjunct Professor of Health Sociology, Public Health, Sociology and Social Medicine, Universities of Bonn and Koblenz-Landau and Universities of Cooperative Education and Applied Sciences, Düsseldorf, Essen and Heidelberg. Assistant Professor of Sociology, Universities of Erlangen-Nuremberg and Konstanz. Member of the Senate, German Society of Applied Sociology. International experiences in Europe, Mexico, Japan and India. Publication: The Pedagogical and Political Concepts of Mahatma Gandhi and Paulo Freire. International Studies in Political Socialization and Political Education. Vol. 8, Hamburg 1995.

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