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## Healthy Japan21, Reference Materials

### Reference 2

### Methods of Approach and Participation

The original Japanese version and its English translation were prepared by Masaki Moriyama.

#### Section 1

#### **Consolidating and Understanding Current Methods for Reaching and Motivating the Public**

Concerning the means of approaching and motivating people, a variety of technical methods have been suggested in past health-improvement drives. Particularly notable are those based on the behavioral sciences, learning sciences, and social psychology/social engineering.

The behavioral sciences approach employs a carefully thought-out and intensive approach toward motivation and behavioral modification step by step after assessing individual risk based on a knowledge of risk factors studied epidemiologically. The learning sciences approach starts off with people's current health status (e.g., checkup results etc.). Then turning people's attention to physiological and pathological conditions and changes taking place in the body, learning and understanding can be deepened step by step. This way the learning sciences approach attaches importance to enhancing problem-solving abilities. The social psychology/social engineering approach rests on the concept of building up healthier communities and individuals. After setting principle-based or concept-based goals, group work is undertaken toward quantification and realization of the goals.

The nuts and bolts of the behavioral sciences approach lies in the approach to

individuals, but approaching small groups is also effective. The learning sciences approach starts by approaching individuals, but once self-motivated learning gets going, learning opportunities begin to spread extensively. The social psychology/social engineering approach starts by reaching out to communities and groups first, and then to individuals through them.

All these approaches have obtained significant results in their characteristic ways; however, it can safely be said that none of them have come into wide use. Although many professionals in fields relevant to health improvement know about these approaches, in fact they feel slightly uneasy about their command of these methods. Consequently, health education centering on unilateral information dissemination is still prevalent in some arenas.

What should be done first in Healthy Japan 21 to reach out to and motivate people is to have professionals in health improvement acquire a good command of existing approaches so that they feel confident enough to adopt a variety of methods as needed. (multi-method means of making contact)

#### **1. Thorough Training in Behavioral Sciences, Learning Sciences, and Social Psychology/Social Engineering Approaches**

The principles of the behavioral sciences, the learning sciences, and the social psychology/social engineering approaches should be understood. As for the behavioral sciences, start off by learning risk factors, and then learn how to motivate individuals in order for them to control and change their behaviors. Concerning the learning sciences, learn how to find opportunities and create opportunities for learning, and develop abilities strong enough to satisfy citizens' thirst for knowledge. Regarding the social psychology/social engineering approach, learn how to establish principles and concept-based goals in relation to regional development and to put them into practice.

#### **2. Developing Training Opportunities to Promote Multi-method Means**

Develop abilities for judging the optimum methods to approach and motivate people, and the skills to solve multifaceted problems through combined approaches, taking into consideration the results of individual, group and community examinations to promote health improvement.

### **Section 2**

#### **Strategies for Coping with Changing Communities and People**

If existing approaches will hold good in the future as well, a multi-method

approach is the optimum strategy for reaching out to people in Healthy Japan 21. However, due to the recent rapid changes in the public at large, people as well as communities targeted by these methods are also undergoing dramatic change. Even though a multi-method approach may be possible, new situations are emerging which perhaps cannot be handled in this way alone.

### **1. Changes in Communities**

Among three approaches mentioned above, the learning sciences approach and the social psychology/social engineering approach in particular have been intended for small cities with populations of less than 100,000 or towns or villages or small communities. In such communities, people have usually known each other by sight and it has been relatively easy for them to find situations or neighbors to help better their health. However, with drastic urbanization, the traditional ‘community-based society’ is on the verge of disappearing. Even though we often say, “Learn about the community” or “Help create a community,” it is no longer easy to get a real feel for what a community actually is, and this trend is becoming pervasive across the nation.

### **2. Changes in People**

Whatever approach is employed, it takes considerable energy to reach the target audience. If people eagerly look forward to gaining knowledge or information provided by professionals and give favorable responses to their efforts, it is certainly rewarding. However, carefully thought-out, powerful approaches don’t always guarantee behavioral changes. What is worse, there may be little or no concern about the particular approach chosen occasionally. While people’s academic experience and the quality of the material taught at school are both showing consistent improvement, various media sources also continue to pass on health information to people. As a result, it is not unusual for people to know things even health professionals do not know, concerning a specific topic. There is, moreover, the argument that while people’s stock of knowledge has increased because of continued efforts, the gap between their knowledge and behavior has nevertheless become even wider. Lifestyles have become diverse and individualistic. The number of people who are likely to swallow whole the lifestyle recommended by professionals is surely on the decrease. Now even bewildered professionals are emerging who fumble for the right words to further convince people whose behavior has not changed in spite of their already ample knowledge. A lukewarm response to the most enthusiastic approaches is the likely result.

Health promotion professionals have sincerely dedicated themselves to better health for all and have taken great pride in their contribution. They have developed

as professionals by reaching out to people and communities using various approaches, and by learning from their feedback. However, responses from communities and citizens have become tepid. Consequently, there is a growing tendency for professionals to find approaching people and focusing the study to be no easy matter. Needless to say, there is nothing wrong with traditional methods whose effectiveness has been verified, including the use of behavioral sciences as well as the multi-method means of approaching which incorporates these established methods. However, as long as people and communities face drastic changes that are nevertheless hard to define, there is a great need for a flexible and highly adaptable approach with extended methodologies which can cope with such an entwined situation.

### Section 3

#### Participation and Communication as a Strategy

However effective a method of approaching people is, its effectiveness is liable to diminish as time goes by. However, whatever changes may occur, professional efforts should not go unrewarded. Professionals and citizens alike are indispensable for better health. Their partnership is an effective tool for improving health. Even if a specific method or a strategy reaches an impasse, one can put one's hope on tomorrow, as long as there is a partnership. Even though a community dissolves and acquaintances are lost, people still reside there. Although it is said that the differential in knowledge between professionals and nonprofessionals has narrowed, with professionals finding it more difficult to provide health education, it is hardly a bad thing for people to acquire a wealth of knowledge. When future steps are considered with the aim of establishing an amicable relationship with people and recognizing the knowledge they possess, the importance of participation and communication in addition to other valid approaches comes to the surface.

(1) What is participation?

Participation means that people gather with a definite purpose to talk and act as a group. Participation offers an opportunity for people to express themselves, and it should be fun in itself. Good communication is essential for participation. Therefore participation and communication are inseparable.

(2) How important is participation?

Participation and communication can bring forth unanticipated developments, including new values and information. It is necessary to set up a citizen-led drive

centering on participation and communication as an ideal platform for Healthy Japan 21.

(3) The route to participation

Participation and communication are principles for building a society, and not just by a special group of people alone, but by everyone. It is a well-known fact that even a newborn baby communicates, and thus participates. However, people merely meeting face-to-face does not guarantee communication. If participation and communication are forgotten, ingenuity becomes necessary in order to rediscover and reestablish their value.

(4) The relationship between participation and other approaches

Participation and communication can be regarded as a basic strategy which basically must be combined with all other methods with reference to future health improvement. The multi-method approach, without doubt, will be made even more versatile by incorporating participation and communication.

## Section 4

### Participatory Human Resource Development to Build Better Health

What counts in participation is that all those concerned share mutual respect. At the beginning of group participation, remarks and actions of participants are highly liable to be disordered, even though all may have a clear general sense of purpose. However, each participant recognizing the disorder and yet waiting for something to emerge from the chaos can be considered a form of respect. The role of participating professionals is to purposefully create disorder, appreciate its value, grasp a clear picture of what is emerging, sort it out, and learn from it. By helping other participants toward understanding and self-reliance, each participant can be a good partner to actively support better health.

#### 1. The Participatory Approach

◎ First Step: “Not Approaching” as a means of approaching people

Professionals in the 20th century have reached out to people aggressively, using a myriad of theoretical methods to the fullest. It will be vital for health improvement in the 21st century to expand on conventional methods through a multi-method application and further supplement the effects through participation and communication. Doesn't it seem that it is important at first to begin with no approach

at all, in order to call forth active public participation? Specifically, instead of starting off with an aggressive approach and immediately getting down to work, wait and see what happens next after arranging an appropriate setting.

◎ Second Step: Get accustomed to doing without an “approach”

Many users of traditional approaches have tended to show excessive zeal even in the way they look at their target audience. If they have to stop applying a certain approach all of a sudden, professionals are bound to become perplexed. In such a case, just drop the approach for a while. Consciously relax your shoulders and eyes, and say a few words in a light manner. Reduce the intensity of the approach until it becomes invisible. In brief, an aggressive approach should be scaled back to its starting point. In fact, this just seems like starting over; such a situation often becomes the real beginning of participation.

◎ Third Step: Shift the focus from expertise to the target audience, the individual citizen

Meet the target audience in a completely relaxed manner and think about the individuals. For instance, what health considerations need attention, and what kind of attention? What lifestyle is this person leading? What ideas does this person have about his or her own health? Surprisingly enough, this process makes professionals realize that they have approached the person even without knowing much about him or her, and this is the very moment that accountability has shifted from expertise to the individual. When the desire to know about someone as a partner in health improvement grows in a professional's mind, the situation naturally becomes participatory. If professionals change, citizens begin to change in sync. When professionals and individual citizens regard each other as partners and get a real sense of the other's participation, useful communication for health improvement begins to emerge.

◎ Fourth Step: Develop communication focused on the way of life

The first step in respecting the individual is to try to learn about him or her without any preconceived ideas. Questionnaires are usually handy for investigating a situation, but if one wants to know about a person standing before one's eyes, direct communication is preferable. Any health-relevant topic will do: diet, daily activities, or the living environment. Develop communication while having fun, steering topics in a direction where people can form both detailed and general pictures of their daily lives. First get them to bring up keywords related to their daily lives, then develop the meaning of those words step by step, continuing the dialogue as understanding grows. In most cases, people find themselves starting to offer illustrations from their own

situation in a first person point of view, such as, “Come to think of it, I seem to be such-and-such.” A myriad of background factors (e.g., family, workplace, community and childhood experiences) begin to emerge through the keywords, and begin to be discussed in connection with personal experience. Potential problems become clearer, which may prove to be a breakthrough toward solving those problems.

(1) Conducting a workshop on participatory approaches

Participatory approaches have great potentials, different from those of many conventional methods. They help expand health improvement possibilities, offering second or third options after traditional methods. In order to adopt a participatory approach effectively, a couple of hours for a workshop will be beneficial. It is not difficult technically, but a change in attitude may be necessary. If participants practice well with each other, they can immediately put the approach to practical use.

(2) Research on the participatory approach and sophistication

The nuts and bolts of the participatory approach lies in how daily life becomes the focal point, allowing people to talk from the standpoint of their own lives. Research and information exchanges are also necessary for professionals with hands-on experience using suitable communication methods and visualization skills.

## 2. Participatory Knowledge

Information passed on to citizens by professionals tends to be precise and expressed according to defined principles, that is, expertise, while words spoken freely by citizens about health tend to be concrete, which is the essence of participatory knowledge. What does the professional’s word ‘high-calorie food’ conjure up for the average citizen? It might be ‘a Japanese cake served by a friend’ or ‘the kids’ spaghetti leftovers’ or ‘vending machine coffee after a night shift.’ Thus, there is a gap between professionals and average citizens who conjure up particular images of things closely related to their own lives. Undoubtedly, it is appropriate to use expertise in order to talk about the principles of disease prevention or health improvement, but the phrase ‘high-calorie food’ lacks human feeling. On the other hand, participatory knowledge is a mirror of people’s life, which should give something of an insight into the complexity of daily life from a human perspective. Professionals should take note of what average citizens have to say in relation to daily life in order to provide further support to them. Understand what people have learned and their self-development through participatory knowledge, and then reconsider expertise using that participatory knowledge. Then the value of individual experience will come into view. It becomes possible to appreciate the roles of accountability and concrete evidence for

Healthy Japan 21 with a participatory look at people's real life experiences.

(1) The accumulation of participatory knowledge

Participatory knowledge can be accumulated by continued communication with individual citizens. For example, regarding how to reduce caloric intake, it is found out that there are as many different experiences as there are citizens. Listen to their experiences, express them in other words, add images to help understanding, and utilize media such as CD-ROMs and DVDs. In this way, teaching materials which make a shared experience possible can be compiled. These teaching materials can be utilized fully by citizens and professionals alike in order to study the wide diversity of desirable health improvements.

(2) Cultivation of human resources who can utilize participatory knowledge

A clue to the best approach may lurk in someone's casual remarks. Once a perfect command of participatory knowledge is acquired, the ability to conjure up a person's situation from a few brief words is enhanced, and professionals may even sense an improvement in their own self-image. Workshops including practice drills are effective for discovering one's aptitudes as a partner and nurturing them.

### 3. Development of Participatory Learning Opportunities

One-sided imposition of "health instruction" in a dead silent place is unbecoming to the goals of Healthy Japan 21. What should be done to initiate communication and partnership for health improvement in a broad spectrum of places (e.g., communities, schools, workplaces, and hospitals)? No one can say that professionals and average citizens have communicated sufficiently with each other. Just as conventional professionals have not known much about individuals, the awareness of those individuals themselves about other people's health (e.g., views on health, diet, physical activities, emotions and stress) has been almost nil. If no one sees a need for mutual understanding, participatory health improvement will be doomed to failure. However, in reality, everyone wants mutual understanding, which comes into being when participatory communication is attempted in small groups.

Communication and partnership-building can be developed at any time, if only health-conscious people can get together in communities or schools or workplaces or hospitals — anywhere, as long as there is a calm and supportive atmosphere. If they can talk about daily life and health matters so that they can create both broad and detailed pictures, people will also inevitably begin to talk of their own accord. Candid and concrete remarks have potentials to create networks themselves. Comments such as "My case is much the same," or "This is different from me," first begin to appear. As more health-related ideas or perceptions arise from people, remarks such as "I feel

like I'll be able to become so-and-so as well," or "So-and-so seems suitable to me," begin to emerge. Some people even make comments such as, "While we are all different, we have something in common, too" or "When I can find even one aspect I share with many other people, it really warms my heart." At that point, participatory and communicational learning has begun.

(1) Case studies to investigate the learning processes in participatory learning

What happens in a participatory and communicational situation? For instance, Mr. A had an opportunity to learn about Mr. B's and Mr. C's diet in a nutrition class, and said, "When I was younger, I had similar ideas to Mr. B about diet." Then, touching on Mr. C's diet, he said, "I am thinking that I want to emulate Mr. C's diet in ten years or so." Mr. A's comments demonstrate that people begin to learn about better health interactively where each individual or lifestyle serves as an example to follow. It is a professional's duty to investigate the learning process from participatory case studies and support a network for shared learning.

(2) Spread of participatory learning

By presenting their own methods for keeping fit during participatory learning sessions, participants can become both teachers as well as learners, and this situation triggers a chain reaction. What is expected of an advisor is to help communication develop freely and to create an environment where participants can review of their own accord what they have learned.

## Section 5

### Measures against Lack of Information and other Barriers to Health Improvement

#### 1. Lack of Information

In the case of small groups with relatively homogeneous members, a variety of participatory networks related to learning for health improvement are born spontaneously. However, when it comes to society at large, constituent members are not homogeneous. Even though people want to do something, lack of appropriate information often leaves them at their wits' end as to what to do or where to start or who to turn to for help. Find out from citizens' perspectives what information is required and facilitate access to that information. These are the first steps to be taken for creating a participatory society.

(1) Finding necessary information

Imagine the times when people might need health-related information.

Worrying and emergency cases when a person dear to them has come down with a disease can be considered for instance. Other cases we might consider are people wanting to do something actively for better health (e.g., learning how to quit smoking or volunteering for a nursing-care job). In these cases, the key to facilitating people's action without anxiety is information. And what kind of information will be required in each case? Giving a general answer to this question is not easy. However, merely interviewing citizens with firsthand experience, seeing how they accessed appropriate information, and making a flowchart can help professionals grasp the real picture of insufficient information or uneven distribution of information.

## (2) Eliminating the lack of information

Entirely eliminating a lack of information will require a colossal amount of material (e.g., many bulky telephone directory-like materials and manuals). However, all information is not necessarily required. The bottom line is that citizens should be able to stand at the threshold of a social network and take a first step. If easy-to-understand information is available about how to take a first step in a wide range of situations from coping with an emergency case to acquiring skills as a volunteer, citizens can go on to consider the next action without anxiety. In order for citizens with varied lifestyles from the young to the elderly to access such information without a hitch, a good location to store information should be worked out. A good choice would be public places (e.g., community centers, schools and convenience stores), which people are likely to visit at least once a day out of necessity, thus allowing people to access information easily. It is also necessary to enhance information accessibility through telephones and the Internet, which don't require any specified physical location. However, information management by public agencies should be somewhat restrained. Citizen involvement in the stockpiling of new information and evaluation of existing information can help information sources to continue growing both in quantity and in quality.

## 2. Barriers

When communication and problem solution do not show progress, despite the fact that free communication and networks have begun and necessary information has seemingly become available, the problem is highly likely to stem from technical terms and other information-related barriers, in particular, which disturb active public participation and communication. In fact, in many health improvement-relevant fields (e.g., healthcare, medical care, welfare, and nursing care) excessively technical and difficult-to-understand terms and information are prevalent, and it is undeniable that they stand in the way of active public participation and communication. Even

though technical terms may be familiar to professionals, people who are unfamiliar with these terms will likely become defensive. Even simple and easy-to-understand terms and information in each professional field (e.g., “palpitation” or “breathlessness” in medical care and “bed-bath” in nursing care) are often unfamiliar to the average person.

If a citizen has communication difficulties (e.g., being hard of hearing or lacking in Japanese fluency), things are liable to become worse. Even a small barrier is sometimes hard to overcome. Needless to say, barriers must be determined from a citizen’s point of view. Especially when it comes to the goal of being barrier-free, things must be seen from the weakest person’s standpoint.

(1) Training to develop sensitivities to barriers

This training would be intended for professionals rather than average citizens, primarily because many barriers are apt to result from a professional’s specialist viewpoint. The most appropriate instructor would be a person who is a user of a health improvement system or a system relevant to healthcare, medical care, welfare, and nursing care, and particularly a person who has failed to overcome some barrier would be the most preferable. Those who have finished this training should be able to spot even inconspicuous barriers on their own initiative, and actively to point out what is difficult, hard to understand, and inconvenient in communities, schools, workplaces and hospitals, so that anybody can participate in communication with full understanding of health improvement.

(2) Training to acquire barrier-free tactics

Trainees study the skill of talking in plain language from a non-professional’s standpoint, when health-related concerns and concepts have been described with difficult technical terms. Professionals who have received this training are supposed to join efforts with average citizens to advance a barrier-free environment. Needless to say, Healthy Japan 21 itself needs to take the lead in aiming at barrier-free language.

(3) Training to understand what constitutes a barrier

It is desirable for a health-improvement drive to result in a greater number of healthier people, but at the same time it is also preferable that participation and communication be extended to include sick people and disabled people as well. The biggest challenge in carrying this out is that able-bodied people find it difficult to put themselves in the situation of a sick or a disabled person. Good health is a great asset. However, if the possession of good health makes it difficult to relate to sick and disabled people, a paradoxical situation is likely to occur in which the

“health-improvement drive” will impede the “culture of health.” Learning about the situation of a sick or a disabled person is not an easy matter. In reality, able-bodied people can’t experience an illness or disability firsthand and vicarious experience is all they can expect. However, it is known that learners can find a cooperative frame of mind very naturally when they learn from an instructor who is well versed in the situation of the sick and the handicapped, or from a sick person or a disabled person firsthand.

## Section 6

### Path to a Participatory Organization and Society

The goal of participation is that all sorts of people, including not only professionals but also average citizens, expand communication about health in a variety of places, and create an environment where they can suggest and practice various things without restraint. If a bit of active participation begins to expand with enough information to back up that participation and with barriers removed, people will probably start moving on to self-motivated participation. However, in reality, due to the restricted situations facing many people, smooth progress in participation is not always guaranteed.

#### 1. Creating a Participatory Situation

In order to broaden a participatory and communicative atmosphere across all sorts of health-related organizations and situations, it is necessary to keep increasing active participation steadily in a broad spectrum of situations.

##### (1) Developing sensitivities concerning participation

The first step toward participation in real terms begins when one acts while also considering questions like these: “Can other people join here? And will their participation make various things more fun and interesting?” One must become sensitive to the reality of a lack of participation in various health-related situations. Sensitivities to participation can be developed by continuing to consider what should be done in order to carry out various tasks more pleasantly and more interestingly, teaming up with the members who might seldom meet otherwise because of differences in age, sex, and background.

##### (2) Checking on and improving the extent of participation in health-related organizations and sites

In promoting participation, it is essential to assess how far participation and

communication are already realized, in terms of the constituent members of an organization, the nature of the task at hand and what has been decided. It is indispensable to evaluate the program content in order not to end up with participation and communication as mere slogans. “To what extent are professionals learning from people’s participation?” “To what degree are people learning from other people?” “How well do both professionals and average citizens welcome active participation?” These are the points to be assessed without fail.

## 2. Creating a Participatory Perspective

The higher the professional competence demanded, the more difficult it becomes to expand public participation and communication. However, it is in such a crucial moment that participation and communication take on great significance. What should be done as a final step in positioning participation as a permeating principle in Healthy Japan 21 is to review the role of professionals who work in the mainstay settings for health improvement.

### (1) Establishment of “participatory expertise”

◎ First Step: Add “taking the average person’s standpoint” to the list of needed expertise

It is well known that our complex modern society owes a great deal to professionals’ dedication. The field of health promotion is no exception. Professionals have always studied the most up-to-date situations and accumulated their professional skills and expertise, keeping up with the times. Active public participation is crucial for health improvement in the 21st century. Therefore, why not add “taking the average person’s standpoint” to the list of needed expertise?

◎ Second Step: Become accustomed to using expertise which takes into account the average citizen’s viewpoint

Professionals usually don’t devote personal concern or interest to their work. It is not until they get off work and leave the office that they become individuals. However, if “taking an average person’s standpoint” is an important skill, there is a need for them to dare to bring such a standpoint to their work. For instance, try to set some target value in a community for Healthy Japan 21. After setting the target value using professional expertise, switch over and look at that target as a private individual. One doesn’t lose professionalism doing this, but things will be seen from a different angle with a new professionalism which takes into account the average person’s viewpoint (Table 1).

◎ Third Step: Switch over from a professional to an average person (Table 1)

When looking at the target value after switching over from the professional view,

the target value will inevitably appear more distant, to a greater or lesser extent. Suppose that an individual's position is the first step of the stairs, then the target value previously set as a professional seems several steps higher. If it is easily imagined under such conditions what sort of daily life should be led in order to approach the target value, the target may be attainable enough for people. However, if it is difficult to picture such a mode of daily life, the target value can be considered too far apart from people's awareness.

◎ Fourth Step: Integrate an average person's viewpoint into expertise

A switch of position requires a little change in awareness. One person engaged in healthcare work recalled that it took courage to switch over to a typical person's point of view. However, even though courage is needed, it is required only at the beginning. While switching over from a professional to an average person and back, the shift begins to seem very natural. Unless a professional reconsiders the meaning of a task from a typical person's viewpoint, the task will remain unfinished no matter how sophisticated the expertise involved. This is when the typical person's view has taken a firm hold as part of true professionalism.

(2) Participation through the empowerment of "the average person's perspective" (Table 1)

"Taking a typical person's position" means a new development in professionalism or an advanced form of participation. These professionals have learned the means to "approach individuals" as more sophisticated form of professionalism. So, is it acceptable for people merely to maintain their usual position all along? Or is it likely that people will come closer to the professional's position in further participatory situations?

Setting target values, which requires great expertise, leaves little room for nonprofessionals' contributions, as many people see it. However, the process of target value-setting can't all be carried out by professionals alone. Individual free judgement is indispensable in some aspects. Take priority-setting for target values, for example. If prevention measures are prioritized by paying attention solely to the importance of diseases, some professionals can handle this task in an integrated fashion from an appropriate choice of a weighting function to calculation. However, judgements requiring more than one special field (e.g., deciding the relative priority of "provisions for safe food" and "nutrition education" in the Healthy Japan 21 agenda) are more than one professional can manage. Even then it is possible to make a decision from an average citizen's standpoint, however.

◎ First Step: People begin to speak out with a participatory frame of mind.

Have people list what they find important for health improvement from the point of view of someone living their everyday life. What should be kept in mind at this stage is to let them speak from a first person point of view. People who are not used to speaking their minds are highly likely to go no further than expressing their requests at first, such as “I want such-and-such.” However, as communication and participation develop, they begin to make participatory remarks, such as “Probably my role is such-and-such,” or “I can do so-and-so.”

◎ Second Step: People begin to assert the perspective of everyday life.

When people begin to think about contributions to health improvement and talk about “everyday people,” it is important to listen to what they have to say attentively. When several aspects begin to surface, it is advisable to ask further about the importance of each aspect mentioned. One recommended method is to let them rank the key words they use. Carry on the conversation in a way such that relationships between individuals and the overall picture remain always visible, starting with the overall tendency, moving on to things of individual importance and getting back to overall tendencies again. This way even though the key words go beyond the boundaries of individual expertise, people can still rank them easily from an everyday standpoint.

◎ Third Step: People adopt a comprehensive perspective.

Ask people what is important and what should be done to make Japan as a whole healthier based on the key words listed from a typical individual’s perspective. People who are not familiar with switching over to a comprehensive perspective may be at a loss for an answer. However, if they take their time, they can definitely begin to speak spontaneously. The professional’s advice on viability and significance is important at this stage. This is the point when people say that they are able to sympathize with a professional’s hardships.

◎ Fourth Step: People evaluate the overall health improvement drive.

The situation where people skillfully handle both the everyday perspective and a more comprehensive viewpoint, depending on needs, can be comparable to the situation where professionals have a good command of both a professional’s position and an individual’s position. As professionals acquire higher expertise by approaching one step closer to people, people can make their perspective on everyday life more sophisticated by bringing themselves one step closer to professionals. Thus people can come to possess abilities to assess the health-improvement drive itself from an independent individual perspective.

### **3. Networking for Further Participation and Communication**

This chapter has illustrated how people and professionals can establish a partnership for health improvement and acquire new abilities while moving forward together, and even gaining momentum for further participation and communication.

When an awareness begins to grow that health improvement is not a specialized matter but an opportunity to pursue learning pleasantly and gain an interest in how people live their lives, then a network for learning and practice begins to grow in every corner of the society, and health will for the first time truly deserve to be called our culture. In 1999, a book about the daily life of a young man born without arms and legs, a condition known as congenital tetra-amelia, gained wide recognition from a broad spectrum of the populace, from elementary school children to senior citizens, and even hit the best-seller list. So it is obvious that now, as we consider the state of our health in Japan, we are now on the threshold of such a new era of awareness.