

Profile of Masaki Moriyama

Basic Data

Full Name	Moriyama Masaki
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First name	Masaki
Degree	MD, Ph.D.
Title of appointment	Professor of Public Health
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Professional Education

Name of institution	Period of study From --> to	Field of study	Degree earned	Language of study
University of Illinois, USA	Sept '91 --> Dec '91	Case study of health education	Non-degree	English
Graduate School, University of Texas at Austin, USA	Sept '79 --> May '81	Anthropology	Master of Arts	English
Graduate School, Tohoku University, Japan	Apr '75--> March '79	Public Health	Doctor of Medical Science	Japanese
School of medicine, Tohoku University, Japan	Apr'69--> March '75	Medicine	Bachelor of Medicine & M.D.	Japanese

Additional appointments

Regional Director, NPWP (Northern Part of Western Pacific Region), IUHPE (International Union for Health Promotion and Education)

Committee Chairman of International Relationship and Board member, Japanese Society of Health Education and Promotion.

Adjunct Instructor, Graduate School of Education, Tokyo University

Adjunct Instructor, Graduate School of Nursing, Okinawa Prefectural College of Nursing

Committee Chairman of Healthy Fukuoka City 21, Fukuoka City

Short & Narrative Self-Introduction

Born in 1951, I received M.D. degree from Tohoku University School of Medicine, Japan in March 1975. From 1975 to 76, I joined in a health survey of Japanese immigrants in Bolivia and Argentina. I continued my study on maternal & child health, and received Ph.D. degree from Tohoku University in 1979. From 1979, I studied physical anthropology at University of Texas at Austin, USA, and received M.A. degree in 1981. From same year, I started to work at Nagasaki University Medical School, Japan. From 1991 to 92, I did health communication research at University of Illinois at Urbana-Champaign, USA. Since 1997, I am joining to the faculty of Fukuoka University Medical School as a professor.

Outside of the university, I am serving as a board member of JSHEP (Japanese Society of Health Education and Promotion.) I also worked as a committee member of Healthy Japan 21, the first comprehensive and evidence-based national health-promotion plan starting from 2000. As a chief discussant, I drew up the section of collaboration and networking. During 2001-2007, I worked as a board of trustees member of IUHPE, and also worked as the regional director of NPWP since 2003.

Sharing and learning of health-related realities is essential to develop tight partnership regarding health promotion and education in this region (NPWP; northern part of the western pacific.) However, lots of barriers (such as geographic location, language, culture, etc.) prevent us from doing it. The second NPWP conference held in June 2006 in Tokyo inviting Dr. Mittelmark (IUHPE president) was a corner stone to start discovering our uniqueness toward meaningful collaboration. As a professor of public health at Fukuoka University, one of the most southern universities in Japan that has the best access to other Asian countries, I have been doing research and education regarding collaborative learning and sharing of health related values. From 2005, Dr. Nam Eun Woo and myself started academic exchange meeting of Japan (JSHEP) and Korea (KSHEP; Korean Society for Health Education and Promotion), and this exchange is ongoing steadily. Diversities in this region should not be considered as obstacles but rather as potential resources for the region to learn and grow.

Personal History of Research

According to Ottawa Charter for health promotion (1986), health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. In such creation of health, frank atmosphere to accept uniqueness of each people and open dialogues to reveal what one thinks and feels is important. However, in such culture where suppressing one's uniqueness is a valued norm, people hesitate to reveal or accept one's uniqueness. The author started his trial to increase open dialogues regarding health and lifestyle by developing and applying visual and non-visual ways to do ice-breaking and assist reflective communication. The process of initial trials was revealed in a book titled "Taiwa Karano Chiikihoken Katsudo (From dialogue into community health activities)" published in Tokyo, 1991.>>> [PDF7512kb in JP](#)

Since then, several methods have been developed, and challenges are still ongoing. This is the web site to reveal the major outcomes of this challenge.

To increase open dialogues in various health promotive settings, the author adopted the following three basic strategies; (1) Visual clues and formats; Develop and adopt effective visual clues and formats for people to reflect and communicate one's life-related uniqueness, (2) Reflective questions; Develop and adopt reflective questions for people to elicit one's unique narratives regarding their life, and (3) Awakening sensory dimensions; Awakening hidden sensory dimensions (such as touch) to enrich reflection and communication of one's daily life.

Concepts of the three basic strategies were presented at the following occasions of AERA (American Educational Research Association) and related papers.

(1) Visual clues and formats

⊗Moriyama M & Harnisch DL (1992) Use of visual symbols to promote communication between health care providers and receivers. Paper presented at AERA, San Francisco, CA. April, 1992. [Repository-PDF878KB](#)

⊗Moriyama M & Harnisch DL (1992) Visual Thesaurus of Symptoms. University of Illinois at Urbana-Champaign. [CheckPDF 1100k](#)

(2) Reflective questions

⊗Moriyama M & Harnisch DL (2000) Participatory format to assess headache. Paper presented at AERA, New Orleans, LA, April, 2000. [CheckPDF1430k](#)

⊗Moriyama M et al. (2001) `Participatory assessment of the environment from children's viewpoints: Development of a method and its trial. Paper presented at AERA, Seattle, April, 2001. [PDF1360k](#)

(3) Awakening sensory dimensions

⊗Moriyama M. (2007) Diagramming lifestyle by haptic mapping of common objects; health education method for visually impaired. Poster presented at AERA, Chicago, April, 2007 [PDF670k](#)

During the course of these trials to increase open dialogues in Japan, Japan's first national health promotion plan ([Healthy Japan 21](#)) was launched in 2000. The author took part to write Healthy Japan 21, especially at the section of Sanka-To-Hatarakikake (participation and promotion, in Japanese).

⊗Japanese Ministry of Health and Welfare (2000) Healthy-Japan- 21, Japanese National Health Promotion in the 21st Century. Japanese Ministry of Health and Welfare, 2000 [PDF210k](#)

⊗Moriyama M (2000) Methods of Approach and Participation. In Japanese Ministry of Health and Welfare (Eds.), Healthy Japan 21, Reference 2. Japanese Ministry of Health and Welfare, 60. [PDF100k](#)

For the last ten years, the author continues to adopt the three strategies, and doing his academic activities to substantiate strategies. Among several worksheet methods developed, the most purposeful one to reveal one's uniqueness is WIFY.

WIFY, its outline.

[WIFY](#) is already used in Japan, Korea, China and Thailand. Dr. Eun Woo Nam has developed K-WIFY, a modified version of WIFY focusing on health related environment.

The message of [WIFY](#) is simple and straightforward Not only written words but also songs are effective for people to realize and communicate their health and life related uniqueness. WIFY

Major Publications in English

Japanese Dietary Education Basic Law (2005) [PDF69KB](#)

Japanese Health Promotion Law (2002) [PDF76KB](#)

Japanese Ministry of Health and Welfare (2000) Healthy-Japan- 21, Japanese National Health Promotion in the 21st Century. Japanese Ministry of Health and Welfare, 2000 [PDF210KB](#)

Moriyama M. (2007) Diagramming lifestyle by haptic mapping of common objects; health education method for visually impaired. Poster presented at AERA, Chicago, April, 2007 [PDF670KB](#)

Moriyama M. (2005) Development of Health Promotion Program through IUHPE: Possibilities of Collaboration in East Asia. Journal of Korean Society for Health Education and Promotion, 22(3): 97-107. [PDF1061KB](#)

Moriyama M. (2001) Health Promotion and education can be a more dynamic issue in Japanese local settings. Korean Journal of Health Education and Promotion, 3(1):9-20. [PDF1358KB](#)

Moriyama M et al. (2001) Participatory assessment of the environment from children's viewpoints: Development of a method and its trial. Paper presented at AERA, Seattle, April, 2001. [PDF1360KB](#)

Moriyama M & Harnisch DL (2000) Participatory format to assess headache. Paper presented at AERA, New Orleans, LA, April, 2000. [PDF1430KB](#)

Moriyama M (2000) Methods of Approach and Participation. In Japanese Ministry of Health and Welfare (Eds.), Healthy Japan 21, Reference 2. Japanese Ministry of Health and Welfare, 60-69. [PDF100KB](#)

Moriyama M (1996) Visualization and feedback of students' concepts. Material for presentation at workshop. [Repository-PDF3152KB](#)

Moriyama M & Harnisch DL (1992) Visual and Verbal Interview Formats of Medical Symptoms;A Comparative Framework. [Repository-PDF1564KB](#)

Moriyama M & Harnisch DL (1992) Use of visual symbols to promote communication between health care providers and receivers. Paper presented at AERA, San Francisco, CA. April, 1992. [Repository-PDF878KB](#)

Moriyama M & Harnisch DL (1992) Visual Thesaurus of Symptoms. University of Illinois at Urbana-Champaign. [Repository-PDF2277KB](#)

URL in Five Languages

From Dialogue into Health Promotion and Education

<http://www.wifywimy.com/>