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Editorial

Dear conference participants and readers of Clinical HP, this 21st International Conference on Health Promoting Hospitals and Health Services (HPH) in May 2013 marks the 20th anniversary of the European Pilot Hospital Project of Health Promoting Hospitals (EHPH). The project came to life in 1993 with the aim to make the WHO Ottawa Charters' demand to "reorient health services" a reality for hospitals. The challenge was to focus on positive health, to implement a comprehensive orientation towards health including body and mind alike, to extend health promotion efforts also to hospital staff and inhabitants of the community served, and to offer a stronger contribution of health care services to reaching public health goals.

The 20 pioneer hospitals from 11 countries that participated in the project have in the meantime grown to a global family with more than 1000 registered hospitals in all continents. In light of today's NCD epidemic, the increasing inequity in health, and new health threats such as climate change, the sustained commitment and efforts of this growing international network are today probably stronger needed than ever before – a need that is also reflected in WHO-Euro's policy paper Health 2020 which demands to strengthen person-centred health care and public health services alike.

During the EHPH project, in which the university hospital in Linköping participated, Sweden already hosted the 3rd international HPH conference in 1995. The focus of this earlier conference on health gain measurement is now, in 2013, in Gothenburg, being taken further. Top international speakers, experts and experienced HPH practitioners will come together to discuss

- WHO's Health 2020 strategy and possible contributions of HPH;
- New findings from psychoneuroimmunology and implications for healthcare;
- Tools and approaches to measure patient-reported health outcomes;
- Impacts of culture and design on health; and
- Approaches towards designing health systems and services that support health-oriented healthcare.

15 plenary lectures were invited to cover these issues. In addition, the conference will have a rich program of oral papers, posters and workshops. The Scientific Committee screened almost 770 abstracts which were submitted from all continents. Of these, 582 papers (75%) were finally accepted for presentation in: 32 oral paper sessions and workshops (125 papers), 16 oral mini sessions (59 papers), 2 poster sessions (397 papers). With a total of more than 800 registered participants for the main conference and its side events, the conference is the biggest in Europe so far. Delegates come from 37 countries worldwide, 67% are from Europe, 29% from Asia, 3% from the Americas and 1% from Australia and Africa.

Once again, the abstract book of the annual HPH conference is published as a supplement to the official journal of the international HPH network, Clinical Health Promotion – a format which grants increased visibility and recognition to the conference and to the substantial work of the many people working on HPH around the globe.

Virtual Proceedings of the conference will be launched online after the conference.

We would like to thank the many people who contributed to the program development and to the production of this abstract book: the plenary speakers, the abstract submitters, the members of the Scientific Committee, the session chairs, the Editorial Office at the WHO Collaborating Centre for Evidence-based Health Promotion in Copenhagen, and above all the local hosts of this 21st HPH conference in Gothenburg and Sweden.

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Scope & Purpose

For the program of the 21st International Conference on Health Promoting Hospitals and Health Services (HPH) in May 2013, the Scientific Committee decided to focus on approaches and tools to develop more health oriented health services. This selection was made for two reasons:

First, the conference will mark the 20th anniversary of the European Pilot Hospital Project of Health Promoting Hospitals (EPHP). This project came to life in 1993 with the aim to make the WHO Ottawa Charters' demand to "reorient health services" a reality for hospitals. This endeavor was taken up with regard to positive health, a comprehensive health orientation that refers to body and mind alike, and a stronger contribution of health services towards public health. In light of today's NCD epidemic, the increasing inequity in health, and new health threats such as climate change, this reorientation is stronger needed than ever before. This need is also reflected in WHO-Euro's new health policy paper Health 2020 which demands to strengthen person-centred health systems and public health services alike.

Second, after 1995, the HPH conference 2013 will be the second one hosted by the Swedish HPH network. The 2013 conference will take further discussions on health gain measurement and related topics that were initiated earlier on. Top international speakers and experts and experienced HPH practitioners will come together to discuss specifically the following topics:

WHO's Health 2020 strategy– what can HPH contribute?

In its Health 2020 strategy, WHO-Euro reinforces the need for a reorientation towards public health. The conference will explore the potential contributions of HPH.

New findings from psychoneuroimmunology and implications for healthcare

HPH follows a comprehensive concept of health. As such, it promotes a somato-psycho-social understanding of health. What can we learn from modern research on psycho-neuro-immunology for the improvement of treatment and the further development of health services and systems?

Patient-reported outcome measurements – promising tools for HPH

What tools and approaches – such as measuring patient-reported health outcomes – can help making health services more health-oriented?

Focusing on empowerment

There is, today, rich scientific evidence demonstrating that health promoting encounters (supporting empowerment and coping) and environment do not only improve patients' self-rated health but also their prognosis on morbidity and mortality. How can health services be adapted for better patient empowerment, and how can service providers be empowered for empowerment?

What is known about the effects of hospital design and environment on the health and well-being of patients and staff?

There is increasing evidence for the effects of culture and design on health. How can these findings be used to further develop hospitals and health services into healing settings? What examples of good practice are there?

How can health systems and health service purchasing support health-oriented health services?

The structure, underlying values and practices in health care, management systems and purchasing systems have a strong impact on the services offered. How can health management systems and health services purchasing better support a whole patient perspective and the comprehensive HPH approach?

Abstracts have been invited to the following topics:

MAIN CONFERENCE TOPICS:

- Health 2020 – contributions by HPH
- Implications of psychoneuroimmunology for health promoting healthcare
- Patient-reported outcome measures
- Patient empowerment
- Health promoting culture & design in healthcare
- Hospital management and purchasing systems to support the whole patient perspective

HEALTH PROMOTION FOR SPECIFIC GROUPS OF PATIENTS

- Health promotion for children and adolescents in and by health services
- Health promotion for mothers and babies
- Age-friendly health care – health promotion for older patients
- Reducing inequity in healthcare for migrants and vulnerable groups
- Health promotion in psychiatric care
- Health promotion in primary care

ADDRESSING THE HEALTH OF HEALTHCARE STAFF

- Workplace health promotion for healthcare staff
- Healthy design for health care staff

SPECIFIC HEALTH & HEALTH PROMOTION TOPICS

- Health enhancing physical activity
- Addressing alcohol in healthcare
- Tobacco free health services
- Pain-free health services
- Mental health promotion in general healthcare
- HPH networks
- User involvement in healthcare
- HPH & Environment
- Long-term effects of health promotion interventions
- Technologies to support health promotion and empowerment
- Cost-effectiveness of integrated care models

HPH TOOLS AND INSTRUMENTS

- Measuring and improving health literacy in healthcare
- HPH standards and quality management

Wednesday, May 22, 2013**09:00-16:00**

Pre-conferences on Tobacco, Mental Health and Physical Activity

09:00-16:00

HPH General Assembly (upon invitation only)

16:15-17:15

HPH Governance Board (upon invitation only)

18:00-18:45

Formal Opening

18:45-20:15

Plenary 1

20:15-23:00

Welcome Reception

Thursday, May 23, 2013**09:00-10:30**

Plenary 2

10:30-11:00

Coffee, tea, refreshments

11:00-12:30

Oral Sessions 1

12:30-13:30

Lunch

12:30-13:30

WHO HPH Recognition Project - Working Lunch

13:00-16:00

Show and Tell

13:30-15:00

Oral Sessions 2

15:00-15:30

Poster Sessions 1

15:15-15:45

Mini Oral Sessions 1

15:30-16:00

Coffee, tea, refreshments

16:00-17:30

Plenary 3

19:30-00:00

Conference Dinner

Friday, May 24, 2013**09:00-10:30**

Plenary 4

10:30-11:00

Coffee, tea, refreshments

11:00-12:30

Oral Sessions 3

12:30-13:30

Lunch

13:00-16:00

Show and Tell

13:30-15:00

Oral Sessions 4

15:00-15:30

Poster Sessions 2

15:15-15:45

Mini Oral Sessions 2

15:30-16:00

Coffee, tea, refreshments

16:00-17:00

Plenary 5

17:00-17:30

Conference Summary & Closing

17:30-19:00

Farewell Refreshments



Plenary 1: Opening Lectures

Health 2020 and the European Action Plan for strengthening public health - the contribution of HPH

KLUGE Hans

The vision for Health 2020 is for a WHO European Region in which all people are enabled and supported in achieving their full health potential and well-being and in which countries, individually and jointly, work towards reducing inequities in health within the Region and beyond. Health 2020, the new WHO European health policy framework, will be outlined in this session, followed by further detail of the European Action Plan for strengthening public health services and capacity, (the EAP). The purpose of the EAP is to ensure that Public Health services are strengthened to respond to the current and emerging public health challenges facing the WHO European region. The overall vision is to support the delivery of the Health 2020 policy framework by promoting population health and well being in a sustainable way. The wider context of Public Health Challenges, especially the financial crisis will be presented, and forthcoming international policy directions, for example, strengthening public health within the update of the Tallinn Charter in October 2013 will be described. The HPH role is an important contributor to the implementation of the EAP and the role that individuals and organisations can make to improving health across the European Region will be outlined.

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Mind-body connection: Psychoneuroimmunology (PNI) - Important implications for health services and systems

VEDHARA Kavita

Historically, medicine and healthcare services have been 'disease focussed'. That is, they have been concerned with the biological processes that give rise to and maintain disease; and, in turn, they tend to focus on these processes when considering how best to treat and manage disease. In contrast, Psychoneuroimmunology is concerned with the bidirectional relationships that exist between these biological processes and the mind. The fact that connections exist between the mind and the body is now in no doubt. It is the clinical relevance of these connections which is the subject of much enquiry and will be the focus of this presentation. This talk will present evidence which illustrates the diverse ways in which the functioning of the mind can impact on both disease and treatment outcomes. It will include details of research which has examined how psychological

functioning can alter the effectiveness of vaccinations; and in so doing potentially influence vulnerability to disease. It will also explore how psychological functioning impacts on common disease outcomes such as wound healing; and in so doing, alter prognostic outcomes. Should we be able to demonstrate that the mind has clinically relevant effects on disease and treatment outcomes, then we can entertain the possibility that healthcare systems which treat the patient, as well as their disease, will achieve better healthcare outcomes than those which focus on the disease alone.

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What do citizens expect from more health-oriented health services?

KOSINSKA Monika

We live in interesting times. External changes in our economies, societies, technology and climate are having effects throughout the health system. From the changes to the demands on the health systems from demographics and lifestyles; to the organisation and financing of care; to what we deliver and how we deliver it; these are all issues that are coming together in a way that will change our healthcare systems for the feasible future. In addition to this, in Europe as our populations get older and heavier users of the health services, we are seeing changes in expectations. Patient empowerment and health literacy are both drivers and consequences and mean that expectations are highest at a time when pressures are too. How to manage the balance between an empowered patient who can navigate his or her care with confidence and assertiveness, and those patients who are vulnerable and simply want to be cared for during their times of extreme vulnerability and fear. The European principles and values in healthcare systems have never seemed more apt. Solidarity, equity, sustainability, affordability and accessibility should and can act as guiding principles in these times of change. Increasing reference in the public debate to patients as consumers of healthcare needs to be treaded with caution, both in its presumptions and its ability to deliver. How to provide quality and affordability services, bringing appropriate continuity of care and managing a shift to community based care? How to navigate the governance and financing incentives as health and social care become increasingly closer? What does that mean for the patient and their expectations of 'health' and 'social' services? What about the increasing expectations on the role and leadership from the health service sector on broader issues? Procurement including quality hospital food, support and the holy grail – communication. The presentation will explore the complexity of the expectations and considerations from the perspective of the EPHA, a citizens' health advocacy organisation working to influence European policy to improve health and reduce health inequalities.

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Plenary 2: Psychoneuroimmunology and empowerment for the coproduction of health

The Promise of Psychoneuroimmunology for Health-promoting Patient Interactions

MCCAIN Nancy

Psychoneuroimmunology (PNI) provides an inherently holistic approach for integrating the person-environment transactions of the stress process with the psychosocial, spiritual, biobehavioral, and pathophysiological processes involved in numerous stress-disease relationships (McCain et al., 2005). Given compelling research supporting multidimensional interactions between psychological and physiological dimensions of health, PNI provides a promising foundation for enhancing health-promoting patient interactions. This plenary session will focus on the foundational knowledge of PNI and its implications for health-promoting patient interactions, building on a schema for promoting altruism \Rightarrow promoting happiness \Rightarrow promoting health. Psychoneuroimmunology: An integrating paradigm "PNI is concerned with the mechanisms of multidimensional neuro-endocrine-immune system interactions, including the influence of psychosocial factors on immunological function and thus health status" (McCain et al., 2005, p. 320). PNI mechanisms may induce immunosuppressive effects and negative health consequences. Promoting altruism \Rightarrow Promoting happiness "Promoting mind-body health should be the responsibility for all health care providers....Not only are the effects beneficial for those being provided care, but studies have shown that people experience greater job satisfaction and happiness when they are altruistic or give to others" (Love & Femia, 2011, p. 454). There appear to be psychological benefits to helping others. "Well-being" is characterized by feeling hopeful, happy, and good about oneself, as well as energetic and connected to others (Post, 2005). Promoting happiness \Rightarrow Promoting health: The PNI connection "A holistic approach to care is often described as one addressing physical, psychological, spiritual and social needs....Evidence to support this approach can be found in the field of psychoneuroimmunology" (Buckley, 2002, p. 505). A number of PNI-based strategies for stress management (including relaxation, imagery, biofeedback, meditation, tai chi, and yoga) have generally been associated with positive immunological function and health status. Approaches for health-promoting patient interactions clearly are indicated, including empowerment strategies, supporting engagement and meaning, and creating holistic care environments. Buckley, J. (2002). *International Journal of Palliative Nursing*, 8, 505-508. Love, K., & Femia, E. (2011). *Geriatric Nursing*, 32, 453-454. McCain, N.L., Gray, D.P., Walter, J.M., & Robins, J. (2005). *Advances in Nursing Science*, 28, 320-332. Post, S.G. (2005). *EXPLORE*, 1, 360-364.

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Reducing stress through cultural competent health services

CHIARENZA Antonio

One out of every 33 persons in the world today is a migrant, however the percentage of migrants varies greatly from country to country. In the WHO European region the total number of migrants is estimated to be 75 million, 8.4% of the population. Despite the fact that most migrants are healthy when they first arrive in their host country, they risk suffering from poorer health compared to that of the average population. These migrant groups are more vulnerable, due to their lower socioeconomic status, social exclusion, discrimination and poor living conditions; in general all these factors impact on the health and mental health of migrants. This vulnerability can only be further exacerbated by a lack of access to health services and to quality of care. Examples of this include not only language and cultural barriers in patient-doctor communication but also lower levels of health literacy among migrants, especially where the appropriate use of health care systems is concerned. Specific challenges for migrants include understanding explanations of treatments and ensuring fully informed consent, taking an active role in the care process, and accessing health education, health promotion and disease prevention programmes. In order to ensure interactions are effective with diverse patients, health providers and services need to learn about their patients' ideas and experiences, socio-cultural characteristics, living conditions, health literacy and language proficiency, and recognise the interrelationship between these factors in the context of health care. People are so diverse that developing competence for health care professions based solely on cultural knowledge, or simplified ideas about the health-related beliefs of specific ethnic groups, does not allow for understanding individual diversity. It is important to look beyond culture to examine its intersections with gender, class, race, ethnicity, age and other social distinctions. As shown in the Migrant-friendly Hospital approach, integrating interpreting services, patient information and education strategies and staff intercultural competence in the policy and management system is a key to successful responsiveness to migrant needs. This approach has been taken over and further developed by the HPH Task Force on Migrant-Friendly and Culturally Competent Health Care. This presentation looks at the work undertaken to date by the Task Force MFCCCH to develop effective strategies and tools for reducing inequity in healthcare for migrants and other vulnerable groups. It proposes a new approach at both individual and organisational levels, based on the idea of encouraging staff to focus on the uniqueness of the individual, recognising and valuing all differences and ensuring equity of treatment for all as the major strategy to reduce disparity in health care.

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An integrated approach to physical and mental health - implications for health policy and practice

NURSE Jo

Good Mental health and well being is an important health outcome in its own right. However it can also be framed as a determinant for a wider range of health outcomes - both for non communicable diseases and communicable diseases. This session describes the epidemiological associations of poor mental health and a range of health risk taking behaviours and wider physical health outcomes. In order to understand the causal pathways for the links between physical and mental health outcomes a lifecourse perspective is applied, followed by a description of how mental health affects health risk and protective behaviours and an overview of the neuro- chemical and physiological responses that help explain some of these associations. Implications for health promotion approaches and public health services are then presented, including a more integrated approach between physical and mental health that promotes sustainable well being.

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Plenary 3: Effects of hospital culture & design

Culture and health: Practice implications from theory

BJURSELL Gunnar

During the last decade a multitude of reports, based mainly on advanced brain imaging technologies, have provided new insights into the everlasting plasticity of the brain. This phenomenon has opened up new ways for the rehabilitation of brain related disorders as well as health promotion. Publications in high impact science and medical journals show how cultural stimulation of the brain can be used for enhancing learning and relearning processes. The importance of music for the enhancement of cognitive functions will be described as well as the use of music in stroke rehabilitation. Moreover examples will be given demonstrating how dance or different types of arts can successfully be used in health promotion of elderly people. Health promotion has had a certain focus on physical exercise and food intake. The knowledge level of today indicates the importance of brain exercise for experiencing a high level of wellbeing; the challenge is to find the motivation to constantly use your brain during the whole life span.

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being that called Salutogenic approach to design! Research on Salutogenic direction highlights the impact of design factors that inspire the designer and planner toward healthy society to develop the condition that stimulate health and wellbeing and thereby promotion of health and prevention of diseases in all level of society. An increase in the consideration of Salutogenic design approach leads to social innovation and economical growths that requires interdisciplinary application of sciences such as Architecture, medicine, public health, psychology, design, engineering with culture, art and music! This presentation discusses Antonovsky's salutogenic theory to apply wellness factors that promotes health and well-being in the built environment that may promote health and wellbeing. According to the theory, a sense of coherence is fostered by people's ability to comprehend the environment (comprehensibility), to be effective in his behaviour (manageability) and to find meaning by the stimuli and exposure (meaningfulness). Key words: Salutogenic design, stress reducing, health promotion, psychosocial factors

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The Salutogenic Design Approach - The Search for Healthy Society

DILANI Alan

While clinical practice focuses on treating illness, there's also a raft of research to suggest that the quality of build environment has a highly important role to our health and wellbeing. The World Health Organization defines health as "a state of complete physical, psychological and social well being, (Bio-Pscho-Social) and not only the absence of illness." Health can be divided into two different perspectives: the biomedical and the holistic. From a biomedical viewpoint, health is considered to be a condition without diseases. In the western world, the biomedical perspective has been the leading perspective and thereby created the medical care as business industry. The holistic viewpoint emphasises multiple dimensions of health, including the physical, psychological, emotional, spiritual and social well-being by creating psychosocially supportive design. We are living in a post-industrial age in the knowledge (Google) society and healthcare should focus on providing "wellness" as well as treating illness. Therefore require a new way to look the role of built environment within the context of health and well-



Plenary 4: Measuring patient-reported health outcomes

What are patient-reported health outcomes, and why do we need them for clinical learning?

KRISTENSON Margareta

The international HPH conference was in 1995, as this one, held in Sweden; then in Linköping. The title was "Health gain Measurements as a Tool for Hospital Management and Health Policy". This is also a central theme for this conference. To gear at health gain we need to measure outcomes. Evidence based medicine is sometimes understood as the implementation of evidence based interventions. However, we need to know whether these interventions actually work in our specific contexts, and also, if the outcome is good also from the patients perspective. The latter is in line with the holistic concept of health defined long ago by WHO as a state of mental, social and physical wellbeing, not merely the absence of disease and infirmity. Patient reported outcome measures (PROM) can be disease specific and generic. The former use questions of domains defined by professionals, and are important for understanding the specific medical outcome. However, generic of health related quality of life (HRQoL) e.g. EQ-5D and SF-36 are needed to understand whether we have increased the health gain for patients in terms of in terms of mental, social and physical wellbeing, and if not, and in what dimensions we may have failed. While the individual patients wellbeing has a, self evident, value in itself, it is important to know that low HRQoL is an, independent predictor for disease and death e.g..also after control for present disease. Present research suggests that this is not a matter of latent disease but rather an effect by psych-neuroendocrine mechanisms leading to an increased general susceptibility of disease. Why, then, is PROM not an ordinary part of health services quality assessments? The presentation shall give some possible answers e.g a common understanding that we do not need this information and that "hard" medical outcome measures are still seen as enough. The increase of patients who live with chronic disease does imply that measures of survival are not enough. There is also skepticism about the validity and reliability of PROM. The presentation shall describe that the subjective information from patients is central for our understanding of the results and also present data on patients view on this issue, with clear response that they find this information important. Work load for personnel of questionnaire is a real problem where todays development of Information Technology gives promising ways forwards for a learning system towards health. ROM (routine outcome measuring) with feed-back to patients and professional has shown to be important for clinical learning, and especially important for patients where effects of treatment are poor. National quality registers offer one valuable structure to measure PROM in routine and examples from these data shall be presented.

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Subjective pain measurement in clinical routine: Implications for patients and staff

TASSO Simone

About 25 years have passed since W.H.O. stated that pain can be effectively treated in 90% of the patients in hospitals. Notwithstanding this, surveys are still demonstrating that pain control is poor for patients in hospitals, as patients complaining of pain range from 43% up to 91%. Within the HPH Network the adequate treatment of pain is considered an important task for promoting the well-being of patients. Facing this problem correctly means enacting the actions foreseen in the Ottawa Charter, as changing a culture which often considers pain as an unavoidable event, being an integral component of the disease. As the Budapest Declaration suggests, multi-sectoral actions on patients, staff and communities are to be promoted. Health professionals show severe lack of knowledge on pain and its measurement and they do not rate it as a priority in clinical practice: it is a firm belief that curing the diseases is the only task of medicine; pain is considered to be a symptom that might be dangerous to hide when pain is not due to a clear cause, nothing is done for understanding its origin, but is rather disregarded; Hindrance do not spring only from professionals but also from patients themselves. Several surveys revealed that several patients are afraid of the side effects of analgesic drugs are afraid to become drug-dependent do not want to inconvenience the staff by complaining about pain wanted to show oneself to be stoic Pain measurement in non-communicative patients is more problematic. In fact, more than a decade has passed since the first specific measuring tools have been created for this type of patients: notwithstanding this, these tools are known and used in a very limited way. At last, it is quite clear this requires the community to sensitize everybody to the problem and to change its beliefs and behaviour.

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The systematic use of an Health Literacy approach to transform health system equity, quality and outcomes

OSBORNE Richard

Health literacy is broadly defined as a person's ability to seek, understand and use health information. Although it has come to be regarded as a determinant of health and health inequalities, the measurement of the concept has remained elusive. Also, there have been few attempts to develop systematic ways to understand and improve how individual practitioners and organisations should respond to people with low health literacy, and thus improve health outcomes and reduce health inequalities. This presentation will describe a new approach to health literacy and will cover the following: What really is health literacy (from the patient/citizen, practitioner, planner and policymaker perspectives)? The development of the Health Literacy Questionnaire (HLQ) using international best practice in instrument construction techniques, in partnership with all stakeholders, and with a clear vision of how the questionnaire should inform intervention development. The OPTimising HEalth LiterAcy (Ophelia) process where frontline practitioners, planners and patients are engaged to co-create health literacy solutions to transform a system. The HLQ was developed over six years and comprises the following domains: Reading and understanding health information Having sufficient information Ability to find good quality health information Healthcare provider support Actively managing my health Social support Active engagement with healthcare providers Navigating the health system Critical appraisal The Ophelia process identifies current, and generates new, health literacy interventions. It then tests ways in which organisations can support people who have differing health literacy abilities. Many practitioners and managers working in the community sector are experienced in supporting people who have limited health literacy abilities. The Ophelia process simultaneously and systematically gathers the knowledge (explicit and tacit) of our best front-line practitioners and planners across organisations. Ophelia builds on this experience and knowledge to generate much-needed innovation that is designed to improve health literacy, equity, and health outcomes. The Ophelia process is not only a modern approach to grounded health literacy intervention development; it is also a process for embedding (routinisation of) system improvements to maximise sustainability. The co-creation of health literacy interventions with planners, practitioners and patients, ensures ownership of the outputs at each level. The process ensures the interventions will work in the real-world setting because that is where they are generated. The planners (executives, managers, clinical leaders) are a part of the team to ensure there is macro, as well as micro, suitability of the range of interventions developed. The Ophelia process also includes developing and facilitating communities of practice – another key element for sustainability. In summary, to develop and implement effective health literacy interventions, a whole-of-system approach is needed. The starting point, however, is a thorough understanding of the health literacy needs of the community. This is provided by the HLQ: a panel of nine independent indicators of health literacy that

reflect which interventions are needed at the individual level, and which responses are required at the practitioner and organisational level.

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Plenary 5: Enabling more health oriented health services through more health oriented health systems

Making Health Promotion Your Daily Business - A Case Study of Health Oriented Healthcare Management in an HMO

LEVIN-ZAMIR Diane

In order for Health Promotion to be effective, it must be an integral part of an organization's policy and daily activity. Clalit Health Services, Israel's largest health service organization and the second largest non-governmental health service organization in the world, has positioned health promotion as part of its national policy, practice and research agendas. Health Promotion in Clalit, is based on the WHO definition - the process of enabling people to increase control over their health and its determinants, and thereby improve their health. Physical, mental and social health are all included within this definition. Beginning with a mission statement of contributing to a "Healthy Israel", Clalit revisits its national strategy every three years for update and renewal. Health Promotion in Clalit supports and is supported by all of the organization's strategic pillars: Health/medical quality: reducing health disparities in chronic disease, disease prevention and early detection; Excellence in service: providing a variety of accessible and culturally appropriate health promotion services; Innovation: Using technological innovation and public /professional participation for innovative approaches to health promotion, communication and research; Cost containment: creative use of available in-kind budget and developing outside resources (income from services beyond the basket of services, grants etc); Health promotion in healthcare is not merely an abundance of projects, but rather part of the organic make-up of the organization, even during periods of financial crisis in the healthcare system. To demonstrate this, health promotion investment in the following topics will be presented: pre-diabetes and diabetes, capacity building for promoting healthy lifestyles, and smoking cessation services. Emphasis will be placed on integration of hospital and primary care services, adapting initiatives to the health literacy needs of the public as well as how a whole patient perspective has been adopted in action planning, implementation and evaluation.

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A whole patient pathway perspective - past traditions and future trends in Västra Götaland

HARLID Ralph

Well-integrated care pathways are essential in a successful health care organization. This requires that costs are controlled and that personnel effectively coordinate the planning of the whole patient pathway, but also requires a positive perception of the care by patients. Much of the philosophy behind effective organizations such as lean management is based on experience from industrial processes. The health care market differs from other markets in a number of aspects. One such aspect is its relationship to the patient who acts in true self-interest in consuming this subsidised public service, having little knowledge of the correlation of need versus care, but whose perception of the care is essential for a successful treatment. Historically, this may have been a minor challenge as the health care service was rather authoritarian and not questioned. However, times have changed, luckily for the better. The involvement of the patient in the process has given us a broader perspective - from the single diagnosis to a whole patient perspective over a longer period. This has also provided an opportunity to move from disease management and sometimes disease prevention to health promotion. Health-promoting goals and activities have a prominent place in primary care, dental care and hospital care in the region of Västra Götaland nowadays. The primary care centres as well as all the hospitals are certified in health promotion. Continuing this health-promoting approach through the whole patient pathway is a very strong trend for the future. However, patient power continues to increase, not least through reforms, making further demands on the health care services. The inclusion of the societal preferences in the prioritisation is one such challenge and in order to achieve this we have to liaise with the patient even further. A number of initiatives in Swedish health care and in the region of Västra Götaland are now implemented. A further development that includes bilateral contracts and agreements on patient responsibility is not far away. How this will tap into health promotion is still to be seen but further opportunities are likely.

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Towards a more health oriented health service in Sweden

OHLMAN Sven

Socialstyrelsen, the Swedish National Board of Health and Welfare, work to ensure good health, social welfare and high-quality health and social care on equal terms for the whole Swedish population. The National Board of Health and Welfare is a government agency under the Ministry of Health and Social Affairs. The majority of our activities focus on staff, managers and decision-makers in the above-mentioned areas. The National Board of Health and Welfare compiles and develops knowledge in health and social care, disease control, and environmental health. The goal is to steer towards increased welfare and good health, as well as treatment and care based on science and proven experience. All citizens have the right to treatment and care that is founded on respect for people's self-determination and that is knowledge-based, appropriate, safe, patient-focused, effective, equal, and provided in reasonable time. The National Board of Health and Welfare issues national guidelines for dental, health and social care. The guidelines describe which treatments and methods build on science and proven experience. The guidelines are a support for politicians and executives so that they can best allocate public resources. Examples include national guidelines for diabetes care, cardiac care, dental care and disease prevention methods. Dr Ohlman will address trends in Swedish health service and focus on the concept Health promoting health services.

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Session O1.1: Strategies to enhance patient empowerment

A preoperative education intervention to reduce anxiety and improve recovery among Chinese cardiac patients: a randomised controlled trial

GUO Ping, ARTHUR Antony, EAST Linda

Introduction

Patients awaiting cardiac surgery typically experience physical and psychological stress. Although there is evidence that preoperative education can improve postoperative outcomes among general surgical patients, less is known about preoperative education for patients undergoing cardiac surgery, particularly in the context of healthcare delivered in China.

Purpose/Methods

To evaluate whether a preoperative education intervention designed for Chinese cardiac patients could reduce anxiety and improve recovery. A randomised controlled trial was conducted at two public hospitals in Luoyang, China. Adult patients undergoing cardiac surgery were randomly allocated to usual care or preoperative education that included usual care plus an information leaflet and verbal advice. 153 patients were recruited to the trial, 77 of which were randomly allocated to usual care and 76 to preoperative education.

Results

135 (88.2%) completed the trial. The participants who received preoperative education experienced a greater decrease in anxiety score (mean difference -3.6, 95% CI -4.62 to -2.57; $P < 0.001$) and in depression score (mean difference -2.1, 95% CI -3.19 to -0.92; $P < 0.001$) compared with those who did not. The preoperative education patients reported less interference from pain in sleeping ($P = 0.02$). There was borderline evidence to suggest a reduced number of hours spent in the ICU among preoperative education patients ($P = 0.05$).

Conclusions

This form of preoperative education is effective in reducing anxiety and depression among Chinese cardiac patients. Preoperative education should be incorporated into routine practice to prepare Chinese cardiac patients for surgery. More trials of complex interventions delivered in China are needed to provide evidence for Chinese healthcare.

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A Patient Empowerment Model of Care for Cancer Patients in NTUH

**TSENG Chang-Chang, YANG Yu-Ting,
CHENG Yih-Ru**

Introduction

Certain cancers, of which the mortality rates are relatively lower, have been considered as chronic illnesses. In June 2007, NTUH established the first independent Clinical Psychology Center (CPC) in Taiwan to offer a patient empowerment model of care. For this purpose, CPC provides a newly developed psycho-oncology consultation service for cancer patients. To be sure, this consultation service is an indispensable care to help the patients release their stress so that they might be able to live a contented life.

Purpose/Methods

Because the payment of National Health Insurance is only available in psychiatric and rehabilitation wards in Taiwan, we started to consider the feasibility of providing only one session psycho-oncology intervention in other wards. In this patient empowerment model, we interview the patients and their families one by one to formulate their problems, to help them to re-experience and to release their tension to the illnesses, to regulate their emotions, and to facilitate the emotional supports between themselves.

Results

From 2007/11 to 2012/12, CPC offered this psycho-oncology service for cancer patients and their families 766 times in total. Although the patients at different stages have different psychological problems, we could still accomplish our service by listening, empathizing, and respecting our patients and their families. We informed them about the knowledge of the illnesses, taught them the coping strategies, and encouraged them to make decisions together. A case for consultations would be presented and discussed.

Conclusions

The number of cases for psycho-oncology service significantly increases year by year. Ward staffs acknowledge that the service resolved most of the problems they had encountered and help them continue their care in most of the cases. We found that how staffs understand and have a respect for patients' feelings about their illnesses and treatments was positively related to treatment adherence and better outcomes. Hopefully, we'll establish a comprehensive cancers empowerment care model to improve the quality of their life.

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The concept of Bodyknowledging as a basis for patient empowerment in health care.

HEGGDAL Kristin

Introduction

The research implies utilizing the Grounded Theory of Bodyknowledging, as a frame for the development of a new program of health promotion in long-term illness. The theory's initial empirical basis was 61 in depth interviews with patients diagnosed with COPD, Stroke and Inflammatory Bowel Disease. The following hypothesis guided further research: The process model of Bodyknowledging function as a tool to strengthen sense of coherence, health and empowerment when patients and health professionals use the model systematically in clinical practice.

Purpose/Methods

A qualitative process evaluation was conducted containing a) Program development, b) Program testing and c) Evaluation. Thus; the theory and model was used as a frame for the structure and content of a new program of health promotion in health care. Communication devices were developed and methodological approaches chosen that were consistent with the framework. Health care personnel were prepared by means of an educational module. Patients striving with different illnesses participated in the testing and evaluation of the program.

Results

Sense of Coherence Questionnaire was used to measure patient outcomes. Patients' capacity to handle the situation was changed positively after they had participated in the program. Qualitative interviews with patients and health care personnel were conducted to study the efficiency of the program in depth. Participants describe a change in their own understanding of their life situation and a shift of perspective towards possibilities for wellbeing. Trust in their capability to promote personal health was enhanced.

Conclusions

Health care personnel holds the view that the program, offers a new tool to involve patients in their care, and to efficient strengthen health and empowerment. The program is tested and shown to be a significant tool for the promotion of health and empowerment across clinical settings. The program is now in the process of implementation to be used interdisciplinary in specialist and community care. Active patient participation and education for professionals is a necessary condition for the results.

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Mindfulness-Based Stress Reduction (MBSR) Alleviate Mental Fatigue After Traumatic Brain Injury or Stroke

JOHANSSON Birgitta, BJUHR Helena, RÖNNBÄCK Lars

Introduction

Mental fatigue is for many a very distressing and long-term problem after a traumatic brain injury (TBI) or stroke. It will make it more difficult for the person to return to work and participate in social activities, and it can take several years to find strategies and to accept the new situation. No effective therapy exists today. The aim was to implement mindfulness-based stress reduction (MBSR) aimed at improving the condition of these patients.

Purpose/Methods

MBSR is a structured public health intervention to cultivate mindfulness. The results of the program were evaluated using the mental fatigue scale (MFS) and tests measuring information processing speed, attention and working memory. 32 patients were included, 18 stroke, 11 TBI, 3 with other brain diseases. All were well rehabilitated. Sixteen were randomized for inclusion in the MBSR program. The other 16 served as controls and received no active treatment, but were offered MBSR during the next 8 weeks.

Results

Statistically significant improvements were achieved in the MFS, and in information processing speed after 8 weeks. After that, we offered an advanced program and 17 participated during 8 months. These positive results remained at follow-up after the advanced program.

Conclusions

The results from the present study show that MBSR may be a promising non-pharmacological treatment for mental fatigue after a stroke or TBI.

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Motivational Interview as a tool for empowering the patient and health care staff

WETTERQVIST Åsa, BRANDELL EKLUND Astri

Introduction

The traditional perspective in health care is to search for defects and deficiencies, and is also an approach strongly rooted



in us as human beings. This has a high justification - if symptoms exist, severe disease must be excluded. But if that mindset persists in working with behavioral change, it is no longer helpful. This requires a shift of perspective, to see what the person can and want instead of what he or she has failed so far.

Purpose/Methods

Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change. It is useful in the perspective of supporting patients gaining a healthier lifestyle, and also in empowering health care professionals towards a more health promoting way of working. Motivational Interviewing was used in the Swedish Risk Drinking Project (2004 - 2010). Training trainers and peer to peer training were effective tools in reaching the health care professionals.

Results

The Risk Drinking Project showed that providing advice in a way suited to the daily practices of health care professionals, building on their already existing competence and Motivational Interviewing, is an effective way of empowering the health care staff. A more health oriented care was thereby implemented. This has since been taken in consideration when launching new projects and guidelines in the same field.

Conclusions

In 2011, the Swedish National Board of Health and Welfare published National Guidelines for Methods of Preventing Disease to give recommendations for methods effective in helping patients change an unhealthy lifestyle. The recommended methods in these guidelines include motivational strategies. This seminar will address the need to spread empowering attitudes in the health care sector and how that can be done using the MI "spirit" and strategies. We will also provide some basic MI tools for working with lifestyle change.

Comments

The authors of this abstract holds positions as Experts in Health Promoting Health Services (ÅW) and MI (ABE) in the Swedish National Institute of Public Health. Both were engaged in the Risk Drinking Project and are now taking part in implementing the new guidelines mentioned in the Abstract Conclusion.

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Session O1.2: Reducing language barriers & improving migrant's access to healthcare

Measuring Equity: Collecting patient demographic data in Toronto hospitals

KANEE Marylin, BENNETT-ABUAYYASH Caroline, AGIC Branka, MOHAMED Anthony

Introduction

Aside from the information visible on patient health cards, Canadian hospitals rarely collect patient-level demographic data. This creates a significant barrier to reducing health inequities since hospitals are unable to link patient-level health outcomes to patient socio-demographic data. 3 Toronto teaching hospitals and Public Health collaborated to develop a model for collecting patient-level demographic data to improve quality of care, patient outcomes, and access to services. The model is currently being implemented in 18 Toronto hospitals.

Purpose/Methods

The Demographic Data Collection Model is based on extensive research and an environmental scan of best practices. It includes: - a 15 question survey tool to collect socio-demographic data, - effective ways to gather sensitive personal information, - a methodology and training materials to guide data collection, - communication tools and strategies to engage staff and patients around the goals of demographic data collection. Survey questions, training and communication materials were piloted in 5 sites with 2242 patients.

Results

Findings show that patients are willing to provide data when they understand it will be used to improve quality of care and access to services. It is critical to train data collectors thoroughly to ensure that they are comfortable asking the questions and understand the larger goals of data collection. Patients were most uncomfortable with question about income. A high acuity patient group required rapport with their caregiver to respond to the survey.

Conclusions

Findings from the pilot were used to improve the Model, including the questions, data collection methods, staff training and patient engagement. Utilizing pilot study findings, we are developing strategies to link demographic data to health outcome indicators such as readmission rates, birth weight, and use of diabetes protocols in order to identify and address gaps in quality and equity. Eighteen hospitals are currently using the updated model to collect data and apply it to achieve health equity.

Comments

As part of the oral presentation, we will include: -Video clips produced to educate data collectors and the public about patient demographic data collection -An introduction to the Measuring Equity web site -An overview of the Measuring Equity guide to patient -data collection -Additional results of the pilot project -Suggestions for successful implementation of patient demographic data collection

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Healthcare Consortium Project Removes Language Barriers and Improves Equity

ABRAHAM Elizabeth

Introduction

Research has demonstrated that, without professional interpreters, treating a patient who is not proficient in the dominant language places patient safety at risk and increases both organizational liability and overall costs of care. As global migration continues, health service providers are challenged to provide safe, effective and equitable treatment to migrants and asylum-seekers. Many organizations do not allocate the necessary resources to fund the interpretation services. Charges can be prohibitive for phone interpretation, unless high volume warrants a discount.

Purpose/Methods

In 2011, the Toronto regional health authority (RHA) approached University Health Network (UHN), a multi-site, academic hospital with a robust interpretation program and a high user of phone interpretation. UHN was asked to issue a request for proposals for a high quality phone interpretation service on behalf of a consortium of hospitals and other healthcare service providers (HSPs), with pricing discounts as volume increased. UHN developed a change management strategy for consortium HSPs to support uptake of the service.

Results

When the contract was signed in 2012, 34 organizations had joined the consortium. Through effective change management and communication plans, the volume of the first month exceeded predictions; consequently, charges were even lower than expected. HSPs that previously had no access to professional interpretation services were now able to reach an interpreter in over 170 languages, 24/7, at an affordable rate (average US\$16.00/call). Volume has continued to increase, and other Ontario HSPs will be joining the consortium.

Conclusions

This project demonstrates the ability to achieve economies of scale through collaboration. Through this signature initiative,

the RHA has delivered on its commitment to improve equity for vulnerable populations by ensuring access to professional language services. While hospitals pay for the service through their own budgets, the RHA is covering the cost of phone interpretation for community health organizations in order to remove financial barriers. Future requests for proposals will be issued for face-to-face interpretation and video interpretation.

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Tackling Inequity in healthcare addressing Comprehensive Health and Social Care for Migrants

MÉNDEZ Elvira

Introduction

The Program "From Compatriot to Compatriot", Barcelona, Spain (1997-2012) is leading by the Asociación Saldy y Familia (ASF), a non profit NGO. The program is based on a tripartite scheme involving collaborations between public healthcare services, migrant associations and local government and ASF. The program offers a portfolio of health and social services for newly arrived and irregular migrants. The program also performs a strategic advocacy actions aimed at facilitating and maintaining access of irregular migrants to public health services.

Purpose/Methods

The purpose is to contribute actively to maintaining universal coverage of public health services in Spain with special emphasis on ensuring equitable access of the most vulnerable migrants. The methods used are: a) Organizational: activate and hold the set of public and private actors (local government, regional office processing of health card, migrant NGO) cooperating with the Program. b) Direct Care: provide migrants with immediate healthcare, information and processing health card, financing of essential drugs and social assistance.

Results

The Program has served 2268 newly arrived and irregular migrants during 2009-2012 and their greatest achievements are: 1) Provide immediate healthcare to the most vulnerable migrants 2) Get a health card in most cases allowing normal access to the public health system. 3) Inform and guide migrants to social resources at your fingertips. 4) Steadily maintain a high level of strategic advocacy actions aimed at facilitating access of irregular migrants to public health services.

Conclusions

The Program has developed the capacity to deal with new populations of newly arrived migrants and migrant's emergent profiles of deprivation. The Program has consolidated the partnership of public and private actors described above which has allowed to ensure continuity of the services in an adverse



political and legal environment. The Program is an indispensable reference for all Spanish organizations engaged in maintaining universal coverage of public health services.

Comments

The Association Salud y Familia is an active member of PICUM (Platform for International Cooperation on Undocumented Migrants) and COFACE (Confederation of Family Organisations in the European Union) which facilitates dissemination of good practices at European Level

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The complexity of healthy ageing in the context of migration: experiences from professionals

LOOD Qarin, DAHLIN IVANOFF Synneve, DELLENBORG Lisen, MÅRTENSSON Lena

Introduction

Equitable healthcare implicate equal access to, and utilisation of high quality services for equal need, but research points at serious health and healthcare inequities according to migration status. Nevertheless, there is a scant knowledge on how healthy ageing can be promoted in the context of migration. In order to increase the possibilities for persons to achieve a healthy ageing in the context of migration, we must develop an understanding for what may influence health in the context of migration.

Purpose/Methods

To explore health professionals' experiences of what may influence possibilities to achieve a healthy ageing in the context of migration. Employing focus group methodology, qualitative data were collected from 18 professionals, working in a sub-urban area with low socio-economic status, and inhabited by a large proportion of persons who are foreign-born. During and after data collection, data were analysed with guidance from the method developed by Krueger and Casey, progressing from an empirical to an abstract level.

Results

The results report how several parameters influence possibilities for a healthy ageing in the context of migration. The parameters are represented by categories (sense of belonging, conception of home, heterogeneity, mutual understanding, expectations) and the overarching theme "Complexity" visualises how the categories are interrelated in a complex and unpredictable way. Therefore, no generalisations can be made. Instead, the results provide a foundation for a frame of reference on how to design health-promoting interventions for older persons who are foreign-born.

Conclusions

A holistic and person-centred approach is needed in order to step away from the single risk factor analysis to health and healthcare inequities.

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Developing a Greater Understanding of Social Determinants of Health to Promote Health of Children and Families through Cultural Competence Education

SAPPLETON Karen, KARMALI Karima

Introduction

SickKids Hospital in Toronto is Canada's most research-intensive and largest paediatric centre dedicated to improving children's health. As innovators in child health, SickKids improves the health of children by integrating care, research, and education. The diversity of the city (42.1% of immigrants settled in Toronto in 2010) is reflected in the patients at SickKids. The need for health promotion in children and youth is reflected in Canada's newcomers who experience health disparities and potentially future chronic health conditions.

Purpose/Methods

In 2009, SickKids received funding from Citizenship and Immigration Canada to develop cultural competence programming aimed at enhancing the quality of healthcare delivered to newcomer children and families. A key component of the program focused on the development and delivery of cultural competence education for clinical and non-clinical staff. SickKids' values of family-centred care, patient safety, and service excellence were embedded into our cultural competence programming to improve communication and develop greater understanding of the SDOH that affect newcomer families.

Results

A 2-day cultural competence workshop was developed for clinical staff, and a half-day workshop was developed for non-clinical staff. To sustain the education within the organization and to accommodate staff needs, the clinical workshop became 3 half days in the following year. To date, over 150 workshops have been delivered to over 2000 hospital employees. A commitment to change intervention highlighted the positive impact of the education on staff's understanding of settlement stressors and communication needs for newcomer patients/families.

Conclusions

This presentation will provide an overview of the development and implementation of SickKids' cultural competence education program and the impact this had on clinical practice at the

hospital. Participants will understand how such education promotes health of children and families by developing a greater understanding of SDOH, improved cross-cultural communication, increased health literacy, and enhanced availability of resources. In addition, lessons learned with regard to implementing a hospital-wide education program and strategies for sustaining cultural competence education will be discussed.

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“I know that there is a law. I don’t know anything else” Foreign users’ and health operators’ experience with immigration and health.

BARSANTI Sara, CAPITANI Giulia, MACIOCCO Gavino, NUTI Sabina

Introduction

The project “Immigrati e salute. Percorsi di integrazione sociale” (Migrants and Health. Key route to social integration), financed by the Tuscany Region, aimed at mapping the different ways of access to regional health services by foreign users and the problems that users encounter. The objective of the project was to propose effective solutions for reducing inequalities, promote an appropriate use of services and improve “health literacy” among migrants.

Purpose/Methods

The following research activities were carried out: - Quantitative research activities (i.e. analysis of the following health information flows: Hospital Discharge Files, Certificate of Assistance for Childbirth, Emergency Room Services); - Qualitative research activities, which are the object of the present abstract. We organized 16 focus groups with health operators and administrative staff and 12 focus groups with foreign users. Moreover, 24 non Italian-speaking migrants were individually interviewed in the presence of cultural mediators.

Results

Critical issues were identified: (i)obstacles to information access, since the main information’s source for migrants is word-of-mouth. Both migrants and professionals have inadequate knowledge of regulations on migrants’ health care. (ii)economic or structural obstacles as costs of prescription, schedule and location of service delivery. (iii)communication obstacles as lack or underuse of interpreting services, inappropriate use of mediation services and underestimation of risks. (iv)inappropriate use of services as emergency services’ overuse and in appropriate inpatients due to social determinant of health.

Conclusions

The recommendations proposed highlight the need for a regional coordination. This is essential to ensure homogeneous and optimized actions by Local Health Authorities and effective strategies to improve health literacy and promoting health among migrants. It is imperative that each LHAs identifies a specific team of people dealing with intercultural issues and coordinating the use of facilitation tools (e.g. translated texts, mediation services). It is also essential to foster training among health operators.

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Session O1.3: Comprehensive approaches towards workplace health promotion in healthcare

The LeanHealth project: Merging occupational health, safety and health promotion with lean: an integrated systems approach

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Introduction

Occupational health interventions do not always achieve the expected outcomes and one reason for this has been suggested to be their lack of integration into other organizational functions and goals. In an ongoing project at Lasarettet in Enköping, occupational health and safety and health promotion are therefore integrated into the existing participatory system for continuous improvement (in this case the Lean tool Kaizen).

Purpose/Methods

The aim of this presentation is to describe how such integration can be done and studied scientifically, by giving an overview of the LeanHealth project. The 12 departments in the hospital are matched and randomized to control (6) and intervention (6) conditions. The project emphasizes interactive research-practitioner collaboration and takes a multi-method approach. The data collection includes web-based surveys at four time points, observations, interviews and document analysis. Both effects and issues regarding implementation are studied.



Results

Preliminary results from a subset of the gathered data show that the intervention departments differ when it comes to implementation factors such as manager support, employee participation and employee readiness for the integration. They also differ in the extent to which they have started to implement the integration. Variations in implementation factors between departments in relation to degree of implementation will be illustrated during the presentation.

Conclusions

The LeanHealth project will provide new knowledge on how occupational health and safety and health promotion can be integrated with quality improvement. It will also provide knowledge on how implementation affects the intervention outcomes. Implementation factors at department level appear to be important for the implementation success. Thus it is important to consider implementation factors when conducting and evaluating occupational health interventions. Further expected results include potential effects on individual health- and efficiency-related variables and department level sickness absence.

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The Perspective of Organizational Health for Staffs in Health Promoting Hospitals

LEE Meng-Chien Leslie

Introduction

The health promotion for hospital staffs is a crucial theme of HPH, but it is few discussed from the organizational perspectives. The Organizational Health indicates the abilities and resources as a whole, that an organization could cope with the conflicts between different values and accomplish its mission with better performance. Such perspective has been used in company management for decades. This research tried to analyze changes of worksite health promotion in hospitals after attending HPH from this point of view.

Purpose/Methods

We interviewed staffs from 11 HPH participating Hospitals in German. Self-made standardized interview questionnaire were used, which including 31 structuralized questions and 3 open questions in 4 categories: 1) Work Factors, 2) Structure Factors, 3) Cultural Factors and 4) External Factors plus the inquiry of their motivations and expectations from HPH.

Results

Total seventeen staffs of 11 hospitals were interviewed. Their feedbacks including: 1) positive changes of hospital health

promotion policies were observed. 2) Investments and activities for staffs were increased. 3) less influence to the management style, job design and worksite facilities, the existing policies considered already sufficient for staffs, and 4) the cultural changes were still unknown among staffs. In addition, organizational health was indirectly supported by national health insurance, but not by the public health policy.

Conclusions

HPH protocols have changed the health promotion policies in the member hospitals after the certification, but the real organizational change is still not impact on the staff level. HPH strategies should emphasize participation of hospital staffs from bottom to top, and focus on the health culture more intensively. The new application of organizational health has great potential for the efficient and comprehensive evaluation of HPH. A further research and development of organizational health instrument for hospital staffs is highly recommended.

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Leadership and the implementation of a health promoting workplace for nurses

BILTERYS Robert, DEDOBDELEER Nicole

Introduction

To achieve the WHO-Euro Health 2020 objectives aiming to reorient health services towards public health, one WHO's recommendation is improving leadership capacity. In Canada, nurses' workplace is an important issue. To improve their working conditions and the quality of care, one of the largest University Hospitals in Canada decided to implement the WHO Health Promoting Hospitals project (HPH), and particularly its dimension related to workplace health promotion. This hospital is a member of the Quebec Network of Health Promoting Institutions.

Purpose/Methods

Our objective is to present some of the results of a case study designed to better understand the implementation context of a health promoting nursing workplace. Interviews were conducted among 7 strategic stakeholders and 18 nurse managers of the university hospital, in order to assess their perceptions about the implementation of a health promoting workplace.

Results

Different levels of commitment exist among strategic actors in the implementation process of a health promoting workplace. Leadership issues also emerged from nurse managers' perceptions towards the implementation of HPH. Results show that

strategic actors' commitment is, inter alia, linked to their understanding of HPH. After information provided on HPH, data also reveal differences between two groups of nurse managers about used/proposed strategies to implement a health promoting workplace. Those brought to light two leadership styles i.e. transactional and transformational.

Conclusions

Our study contributes to a better understanding of the type of commitment and leadership needed to implement a HPH project such as a health promoting workplace. Our results suggest hospitals should identify leaders and reinforce leadership capacities, knowledge and communication about HPH among both strategic and tactical managers, if they wish to implement HPH. Leadership is important since it supports better HPH implementation. This is consistent with the Health 2020's policy framework advocating health professionals' training and enhanced leadership capacity.

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Resilience of workplace: focus on psycho emotional wellbeing

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Introduction

Deviant lifestyles are not always rational choices, as they often act as factors of reward in case of chronic stress, i.e. the pursuit of satisfaction through the so called "comfort food". In order of protecting the health of employees without blaming them for their bad habits and support their role as positive "testimonial" toward the citizens, led to a study based on the standard HPH 1st/4th. The literature on resilience, PNI and the neuroimmunomodulation inspired our team

Purpose/Methods

Development of specific integrated tools for self assessment on protective factors that promote resilience of the individual and organizations. We promoted a series of training on : -stress

management, -gender differences, -relaxation techniques, - internal communication, -decision making skills, -lifestyles and personality factors linked with PNI, than a Consensus Meeting to set up psycho-emotional standard checklist(download on HPH regional website). Integration with strategy on the prevention of work-related stress (legislative decree 81/2008). We activated healthy lifestyles programs.

Results

The self assessment has been carried out by according to standard 1st/4th, in addition we focused on the implementation of psycho emotional wellbeing on our workplace and we shared this approach with our managers and operators. We have found out that in order to have a " comfortable and pleasant workplace" there should also be: - clearness towards the employees and their tasks; - good communication on procedures; training on stress management and chronobiology - facilities for healthy lifestyles

Conclusions

In 2010 we noticed the lack of attention on the psycho emotional wellbeing of our employees. In 2011 we began the training on this subject and in 2012 it has become part of the budget of our program. In 2013 it should become a regional network program. The topic can be controversial, as the stress is often perceived in a subjective way, that is according to the individual's experiences. The surveys about this matter can be misleading for their tendency to generalize.

Comments

Of course the output of the individual stress has either subjective and objective causes, so it is often difficult to distinguish where the worst "load" come from. The psycho emotional standards are based on the activation of a strategy of self empowerment rather than hammering on the diagnosis.

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Preventing and Managing Healthcare Staff Conflict and Violence in Taiwan

STAWASZ Mariola

Introduction

Healthcare workers, including physicians, nurses, medical technicians and administrative staff, experience high levels of occupation stress as a result of heavy workloads, extended working hours, time-related pressure and phenomena of workplace conflict (WPC) and workplace violence (WPV). Paradoxically, the job sector with the mission to care for people's health appears to be at the highest risk of WPV. Too frequently, healthcare workers are exposed to violence, mainly from patients, patients' families, and visitors. This violence can take the form of intimidation, harassment, stalking, beating, stabbing,



shooting, and other forms of assault. As the variety of consequence of experiencing WPV, may not only effect's healthcare workers professions, but it also influence recruitment employees to threaten patients' care.

Purpose/Methods

The purpose of this study is to look for a framework to identify, prevent and manage violence and conflict in health industry workplaces. The study analyzes respective literature on recent research which shows that nearly 65% Taiwanese' healthcare workers have suffered in the latest years from an experience of WPV. Moreover, the Catholic Cardinal Tien Hospital in Taipei conducted a study from October 1, 2012 to November 30, 2012. It recruited 850 healthcare workers staff using purposive sampling (also known as judgmental, selective or subjective sampling). Thus, a huge data to work-related stress was collected.

Results

The prime sources of stress were found in an excessive workload (50.3%), inadequate staff (38.6), being involved in the emotional distress of patients (36.7%), and experiencing WPV (55%). All items show the high-risk factors for better identification of strategies to prevent stress and violence in healthcare settings.

Conclusions

The findings of this study may help hospitals and nurses in avoiding, reducing, and controlling incidents of WPC and WPV. The experience of WPC and WPV becomes common in Taiwanese hospitals. Thus, it should be taken seriously. Intervention levels can be taken: (1) on an organizational level, (2) individual-organizational level, and (3) some individual level.

Comments

We have to be aware that conflicts and violence threaten the safety of staff, patients, and visitors in hospitals and healthcare organizations of all sizes and settings. Moreover, they demoralize healthcare professionals, especially nurses, who are most often the victims of violence, and costs hospitals untold millions in lost time, employee turnover, reputation for quality care, and additional security measures.

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Session O1.4: Measuring and improving health literacy

What can hospitals learn from the Health Literacy Survey in Europe (HLS-EU) concerning patients' difficulties with using hospital services?

**PELIKAN Jürgen, RÖTHLIN Florian,
GANAHL Kristin**

Introduction

A number of patient studies mostly from Anglo-Saxon countries have shown that health literacy (HL) is important for patients, regarding the adequate and effective use of health services. The first European survey on population HL (HLS-EU study) in 8 European countries measured a. o. the use of health services. Therefore data allow a comparison between the health literacy of people who used hospital services in the 12 months prior to the survey and of those who did not use hospitals.

Purpose/Methods

The study used an 86-item questionnaire covering HL, socio-economic status, personal health behaviors, health status and health service use. The tool relates to a conceptual framework and definition developed by the HLS-EU project consortium (Sorensen et al. 2012). The total sample included 8000 respondents, from 8 independent national subsamples (Austria, Bulgaria, Germany, Greece, Ireland, Netherlands, Poland and Spain) with 1000 respondents each. Bivariate and multivariate analyses were used to identify differences for hospitalized respondents as compared to the others.

Results

There is a social gradient for HL. In addition, individuals who have used hospital services (in the last 12 month) more frequently have lower health literacy than those who have not. A set of specific HL tasks could be identified which were on average experienced as more difficult by hospital users as compared to the rest of the respondents.

Conclusions

In order to better serve their patients by taking patients' needs and competences more systematically into account, hospitals can and should be developed to become more user-friendly by following the attributes recommended for "Health Literate Organizations" (Institute of Medicine, USA).

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Improving Patient Comprehension of Discharge Instructions by a Patient Oriented Hospital Discharge Procedure

BAGNULO Alberto, FRANCHI Luigi, MACALUSO Maria Catena, CHIARENZA Antonio, GASPARINI Ivanna, MACCABRUNI Valeria

Introduction

Patient comprehension of contents of the letter of discharge from the Hospital (major diagnoses, recommended therapy and medication changes, follow-up appointments, self-care instructions and whom to contact if problems develop) is low, especially for seniors who commonly show low cognition after an acute hospitalization. In addition to this, the majority of seniors (>70ys) have inadequate health literacy. Another cause of a lack of comprehension of the discharge instructions is inaccuracy in terms of language used and a general practitioner-targeted format.

Purpose/Methods

To ameliorate comprehension of discharge instructions from an Internal Medicine Ward we are testing a format of patient-oriented letter which provides for senior patients a space for a discharge counselling, standardized and delivered with a language written at a low literacy level, focused on informing patients of principal diagnosis, type of follow-up appointments, medication category and purpose after discharge. Counselling and cognitive impairment screening tests are performed at discharge and after 30 days. A psychologist is included in this project

Results

Expected results are a reduction rate of re-hospitalizations for adverse medication-related events at 30 and 60 days from discharge, improved adherence to prescribed therapy, follow-up, self-care instructions and correct disease-management pathway.

Conclusions

Principal causes of low understanding by seniors of contents of the discharge letter from an Internal Medicine Ward are low cognition following an acute hospitalization and discrepancy between the prevailing level of patient's health literacy and the level at which discharge instructions are written. A letter template and a discharge procedure patient-oriented should improve the understanding of the instructions and reduce re-hospitalisation rate within 30-60 days from discharge.

Comments

Care Transition is a complex process involving a team of health providers and many possible optimization strategies, in particular at the moment of discharge from the hospital. In this context, patient-oriented written instructions and a standardized

care transition counselling, with patient and caregivers, can be extremely useful also for the purposes of reducing re-hospitalizations

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Evaluation of Patient Education Materials (PEM) for patients with colorectal cancer undergoing elective surgery – a combination of three methods.

SMITH Frida

Introduction

Hospitals performing elective surgery for colorectal cancer (CRC) often follow the Enhanced Recovery after Surgery (ERAS) concept, which requires well informed and motivated patients to be successful. Most hospitals provide both written and oral information prior to surgery, but little is known how this written information should be designed in terms of readability, suitability and comprehensibility to meet the patient's needs in order to manage the demanding rehabilitation and be prepared for surgery and disrupted life when diagnosed with cancer.

Purpose/Methods

A mixed methods design was used to characterize patient education material (PEM) provided to patients undergoing surgery for colorectal cancer in order to further understand how to design readable, suitable and comprehensible PEM. The validated instrument Suitability and comprehensibility in materials (SAM+CAM) was used to analyse 127 PEMs, complemented with additional automated language-technology analysis. Deductive and inductive analysis of focus group data with former patients with CRC was performed and coded under the existing SAM+CAM categories and new categories developed.

Results

The majority of PEM (77 %) scored as adequate according to SAM+CAM. Only PEMs developed with the help of professionals scored as superior (10 %). Discharge brochures scored the worst. Language technology complemented the readability analysis and pinpointed areas of improvement. Focus-group analysis provided nine new categories other than the SAM+CAM. These were of much importance for patients' understanding of information. A combination of the three methods enhanced the possibility to better understand design and development of PEM.

Conclusions

PEMs provided to patients with CRC do not fulfill the demands and information-needs from patients even when considered



adequate by validated instruments. Patients' both specific and individual needs must be taken into consideration when designing new PEM. Focus must be on how information can become personally adapted although a general approach. Written and oral information must be more coherent. Using patients' knowledge early in design and integrating manual and automated methods could provide more tailored PEM in different levels.

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The Evaluation of the Efficacy of the Diabetes Conversation Map Education to Patients with the Type 2 Diabetes in Healthcare Management

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Introduction

The Diabetes Conversation Map Education is a novel group-based health education approach nowadays. It emphasizes the use of group discussion and visual learning experience to facilitate the individuals with diabetes to control diseases and to take more responsibilities for their own well-being. The Cardinal Tien Hospital Yonghe Branch Diabetes Education team adopted this new approach to educate the type 2 diabetes patients in order to see how well such approach can improve health-care behaviors and skills of diabetes patients.

Purpose/Methods

In order to test the efficacy of diabetes conversation map education to the patients with type 2 diabetes in healthcare management, a total of 67 type 2 diabetes patients were recruited for participating in this program (n=57). The instructor of the education programme employed the conversation maps to instruct the knowledge of diabetes and to facilitate positive learning experience. The programme consisted of two hours sessions per week over a 4-month period, for total of 32 sessions.

Results

A pre-post test design was done to test the efficacy of the new approach. The parameter of the efficacy includes: laboratory data, self-care behaviors and self-efficacy. In the laboratory data, there is no significant difference in HbA1c and fasting glucose between the pre- and post-test. In the self-care behaviors, the items of diet control, exercise, and self-monitoring of blood glucose show significant improvement ($p < 0.01$). In the

self-efficacy, the items of medication adherence, hypoglycemia care, and foot-care demonstrate significant difference ($p < 0.05$).

Conclusions

The Diabetes Conversation Map Education to patients with type 2 diabetes in healthcare management shows significant improvements in self-care behaviors and self-efficacy. The participants could identify their own problems in control of diabetes and could improve diabetes self-management behaviors though the participation of the program designed. As a result, this novel education approach has the potential to be put in use in the clinical practice of diabetes education healthcare management.

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Group and individual counseling to Mountainous Aboriginal Population with Post-traumatic stress after natural disaster in Southern Taiwan

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Introduction

PingTung Province with her longitudinal long belt in shape is located at the south-end of Central Mountain Range of Southern Taiwan. During typhoon season with heavy rainfall, mudslide is common phenomenon in the mountainous areas, where the aboriginal people reside there for generations. In 2008, a catastrophic natural disaster, known as 88 flooding caused by a tropical typhoon. Study on how to alleviate the post-traumatic stress on those vulnerable populations with tribal culture concerns were done.

Purpose/Methods

A regional teaching hospital, PingTung Christian Hospital (PTCH) located in the Southern Taiwan has facilitated an outreach counseling program for the mountainous people after natural disaster. PTCH were allocating the trained counselors to base in the vulnerable community for long-term commitment and assistance. We used mental health parameters to perform the pre- and post-counseling assessment for the population. Activities were designed and done based on the cross-tribal culture diversity.

Results

Totally, 387 persons of two major aboriginal tribal groups were studied and followed up. After a series of counseling, we found improvement of mental health and response on positive thinking. Around 1.1%, 9.5%, and 79.8% were noted with severe, moderate and mild distress in pre-counseling assessment. Post-counseling assessment revealed only 5.4% and 33.8% in moder-

ate and mild distress. No severe distress case was found. The rest was within the normal range of mental health.

Conclusions

The incidence of natural disaster was increasing gradually and influencing globally. The impact on mental health of post-traumatic vulnerable would be assessed. With proper mental support and counseling, the vulnerable were able to be revitalized and back to his/her normal life. The cultural concerns for aboriginal persons should be considered and internalized during the assessment and counseling in order to provide an achievable goal for quality of life.

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Session O1.5: Symposium on HPH and Age-Friendly Health Care

Symposium on HPH and Age-Friendly Health Care

CHIOU Shu-Ti

Agenda Opening Remarks by the Chair Shu-Ti CHIOU, Director General, Bureau of Health Promotion, DOH, TWN / Chair of the Working Group on Health Promoting Hospitals and Age-friendly Health Care Part I: Age-Friendly Health Care Initiatives Moderator: Herbert HABETS, Geriatric clinical nurse specialist and nurse researcher of Orbis Medical Centre, Sittard – Geleen / Senior lecturer of Zuyd University, Heerlen, NED How do healthcare organizations adapt to the challenges of population aging: proposing a framework of age-friendly hospitals and health services Shu-Ti CHIOU, Director General, Bureau of Health Promotion, DOH, TWN / Chair of the Working Group on Health Promoting Hospitals and Age-friendly Health Care Senior Friendly Hospitals – a Canadian perspective Barbara LIU, MD, FRCPC, Executive Director, Regional Geriatric Program of Toronto, University of Toronto, CAN Part II: Frontline Examples by 3 Hospitals Moderator: Herbert HABETS, Geriatric clinical nurse specialist and nurse researcher of Orbis Medical Centre, Sittard – Geleen / Senior lecturer of Zuyd University, Heerlen, NED Taiwan Example: Transforming the service for a better tomorrow: the implementation of Age-Friendly Health Care in Ditmanson Medical Foundation Chia-Yi Christian Hospital Yu-Chen CHANG, Director of Community Health Department, Ditmanson Medical Foundation Chia-Yi Christian Hospital, TWN Canada Example: MOVE ON and Beyond: The Journey to Senior Friendly Care at Sunnybrook Health Sciences Centre Deborah BROWN-FARRELL, RN(EC), MHSC, GNC(C), Site Coordinator for Early Mobilization & Nurse Practitioner, Sunnybrook Health Sciences

Centre, CANUSA Example: Elder-friendly Strategies to Create Enabling Environments in US Acute Care Settings Marie BOLTZ, Director of Practice Initiatives at the Hartford Institute for Geriatric Nursing, New York University; NICHE Practice Director, USA Part III: Discussion Moderator: Belinda PARKE, Assistant Professor of Faculty of Nursing, University of Alberta, CAN Abstract The world's population of persons aged 60 and over is expected to reach 2 billion by 2050, which is more than triple of the number in 2000. Older persons have higher needs of healthcare utilization. Health promotion, disease management and patient safety interventions delivered in and by hospitals have been shown to improve older persons' health outcomes. However, these interventions need to be provided in a more proactive, coordinated and well-organized way to achieve predictable and equitable health gains. A working group on "Health Promoting Hospitals (HPH) and Age-friendly Health Care (AFHC)" has been established with the aims to develop an internationally applicable framework on age-friendly health care and to disseminate the best practice examples. This Symposium on HPH and Age-Friendly Health Care will highlight the challenges of aging to healthcare delivery system and the AFHC initiatives from different continents, as well as showcase the pilot examples from hospitals in Taiwan, Canada and the U.S.

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How do healthcare organizations adapt to the challenges of popula- tion aging: proposing a framework of age-friendly hospitals and health services

CHIOU Shu-Ti

Introduction

The population in Taiwan is aging. By 2012, people aged 65 and over occupies 11.2% of the population. Older persons are important users of health care. Evidences have shown that health service utilization can impose risk to or add health gain for older persons. We aimed to develop a framework of age-friendly health care and help hospitals and health services identify their weaknesses, develop action plan, and continuously improve themselves to meet older persons' needs and expectations.

Purpose/Methods

Taiwan's framework were based on the WHO principles of age-friendly healthcare, the WHO Standards for Health Promotion in Hospitals, and the Elder-Friendly Hospital Initiative in Canada. It consists of 4 standards (i.e. management policy, communication and services, care processes, physical environment), 11 sub-standards and 60 measurable elements. After being pilot-tested and validated, the recognition of "age-friendly hospitals and



health services" was officially launched. Hospitals take self-assessment for internal improvement, and an on-site visit by 3 surveyors will be followed.

Results

After officially launching the recognition, hospitals demonstrated high interest and enthusiasm for becoming age-friendly hospitals. By 2012, 39 hospitals applied for the recognition and 38 passed. Weakness on several elements were identified, including staffing in geriatric care, basic training for all staff and training in core competence for clinical staff. Surveyors' evaluation showed that these hospitals demonstrated very high leadership support, allocated resources for age-friendly care, had moderate to high progresses, and were expected to have very promising future development.

Conclusions

Taiwan's framework of age-friendly health care has been developed, validated and applied in response to the aging population. 38 hospitals are officially recognized as age-friendly health care organizations. Weaknesses in management policy and care processes were identified and will be addressed for future improvement. The impact of this recognition program on the experiences and health gains for older persons should be evaluated in the future.

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Senior Friendly Hospitals – a Canadian perspective

LIU Barbara

Introduction

In Canada, health care is a provincial responsibility. Senior friendly hospital (SFH) activities are taking place in several provinces. This presentation will provide highlights of initiatives at the national and provincial level. It will focus on the activities in Canada's most highly populated province, Ontario, and the Regional Geriatric Program's SFH framework.

Purpose/Methods

One hundred and fifty-five hospitals completed a SFH self assessment. A provincial summary report described the current state of SFH practices and opportunities for improvement. We conducted a literature review and used modified Delphi process to identify items for inclusion in an online toolkit to support hospital's as they developed improvement plans. Selection was based on feasibility; interprofessional usability; need for additional resources/training; potential to enhance care. Indicators for monitoring and accountability were identified through a similar process.

Results

In the summary report, we made twelve recommendations that focus on two clinical priorities – prevention of functional decline through interprofessional early mobilization strategies and 2) prevention and management of delirium through interprofessional strategies. The online toolkit contains resources to screen, assess and manage older patients with functional decline and delirium. The two pairs of indicators identified for the two clinical priorities, each include a process and an outcome indicator.

Conclusions

Senior friendly hospital care is being recognized as a health care priority in Canada. The SFH framework guides the work in a provincial strategy and assist hospitals in planning improvement initiatives to address the unique needs of older hospital patients.

Transforming the service for a better tomorrow: the implementation of Age-Friendly Health Care in Ditman-son Medical Foundation Chia-Yi Christian Hospital

CHANG Yu-Chen

Introduction

With the rapid increase of aged population, more than 90% of older adults (aged 65 and above) in Taiwan has at least one OPD visit each year. The "Taiwan's Framework of Age-friendly Health Services" was introduced to the society in 2009 by the Bureau of Health Promotion of Taiwan to secure the older adults seeking for health aids and promote health quality and dignity. This study is to understand the quality performance after implementing this program in a regional hospital.

Purpose/Methods

The hospital adapted the "Taiwan's Framework of Age-friendly Health Services" in 2010 and start the implementation in January 2011. The falls rate was recorded and compared with the data of peer hospitals which could be obtained from TCPI (Taiwan Clinical Performance Indicators). Information for THIS (Taiwan Healthcare Indicator Series) was collected every 6 months. The observation period was from the 2nd half of 2010 to the first half of 2012.

Results

The incidence rate of falls was reduced from the 4th quarter of 2010 to the first quarter of 2012, and the satisfaction of patients was increased. Three out of the five satisfaction domains of THIS showed statistically significant. The praises to the staff reached another high.

Conclusions

Systematic implementation of "Taiwan's Framework of Age-friendly health services" may improve the self-reported satis-

faction of the senior patients and some observational outcomes, such as fall incidence. Further studies on more indicators may warrant the benefits of implementing this framework at different levels of health care.

MOVE ON and Beyond: The Journey to Senior Friendly Care at Sunnybrook Health Sciences Centre

BROWN Deborah

Introduction

Seniors account for 43% of provincial health expenditures in Ontario. One third of older adults develop a new disability in an activity of daily living during hospitalization and half of these patients are unable to recover function. Sunnybrook Health Sciences Centre (SHSC) discharges on average 11,000 patients per year over the age of 65 and many will not resume their former functioning. Therefore, in 2008 SHSC developed a Senior Friendly Hospital strategy to achieve the best health outcomes for seniors.

Purpose/Methods

An evidenced based educational program was developed to promote early mobilization in senior patients with the goal of reducing the risk of hospital acquired disability. Using a knowledge translation approach focus group discussions, educational sessions and one-on-one coaching sessions were conducted with the interprofessional staff. The cultural underpinnings of senior care were woven into mobility dialogues, complemented with attention to the environmental infrastructure and equipment. Interprofessional tools were developed to support the practice change.

Results

The educational initiative was implemented across ten acute care units. Eighty percent of the staff participated. The integration of early mobilization into care was demonstrated by the daily documentation of mobility levels in patients' charts along with the number of mobility related activities per shift. Regularly scheduled audits demonstrated that staff were easily able to incorporate the mobility assessment into their daily care practices but required more support to consistently document the number of mobility related activities, on an on-going basis.

Conclusions

Through the promotion of shared ownership for mobilization, interprofessional collaboration and teamwork was positively impacted with a heightened awareness of the significant challenges faced by seniors. The engagement of unit leaders led to the development of mobility unit champions responsible for creating dialogue with team members to further embed early mobilization into unit based care processes. Organizational support was demonstrated by senior leadership walkabouts, recognition for practice change and the adoption of a corporate wide mobility standard of care.

Elder-friendly strategies to Create Enabling Environments in US Acute Care Settings

BOLTZ Marie

Introduction

The ever-increasing number of older adults and the growing societal imperative to improve quality represents compelling reasons for hospitals to upgrade elder care delivery. Nurses Improving Care for Healthsystem Elders (NICHE) organizations engage staff at all levels to transform the geriatric care environment through the use of evidence-based practice (EBP) guidelines; staff, patient, family education programs; project management tools, and multi-dimensional metrics of quality. A physician /nurse collaborative care model guides the integration of EBP into the treatment plan.

Purpose/Methods

Foundational to NICHE is the Geriatric Resource Nurse (GRN) model wherein staff nurses are supported by an advanced nurse clinician (ANC) to become unit based peer consultants and educators, and leaders of interdisciplinary quality initiatives. A case study illustrates a NICHE hospital's journey, including the uptake and evaluation of the GRN Model. The process of early planning, evaluation of organizational readiness, pilot implementation, and dissemination are examined.

Results

Improvements in patient outcomes (decreased delirium occurrence/severity; less dementia-related behavioral expressions of distress, increased patient/family satisfaction), organizational metrics (including resource consumption) and staff gerocompetence and satisfaction are reported.

Conclusions

NICHE is a systemic geriatric acute program that supports efforts to prevent hospital-acquired complications and promote functional and cognitive recovery.



Session O1.6: Symposium: Implementation of National Guidelines for Methods of Preventing Disease

Implementation of National Guidelines for Methods of Preventing Disease – Experiences from a joint venture between National Agencies, National societies for Health Professionals and the Sweden HPH Network

KRISTENSON Margareta

The Swedish National Board of Health and Welfare (NBHW) is drawing up evidence-based national guidelines for proper care of patients with the most widespread and resource consuming diseases. In 2011 NBHW published National Guidelines for Methods of Preventing Disease that provide recommendations for methods supporting patients in their efforts to change unhealthy lifestyle habits. The guidelines discuss tobacco use, hazardous use of alcohol, insufficient physical activity and unhealthy eating habits. The guidelines strongly recommend a health promoting approach when dealing with disease prevention. PurposeThe primary target groups of the guidelines are healthcare decision makers, as well as healthcare professionals. The symposium will focus on how stakeholders from national agencies, county councils, organizations for health professionals and the Swedish HPH- Network together support the implementation of National guidelines for methods for preventing disease. AGENDA SpeakersIrène Nilsson Carlsson, National Board of Health and WelfareThe Guidelines: The rationale, recommendations and how the NBHW supports the implementationIngvor Bjugård, Swedish Association of Local Authorities and Regions SALARPlanned activities among the county councilsÅsa Wetterqvist and Astri Brandell Eklund, National Institute for Public Health, Lessons learned from the riskdrinking project-Lars Jerdén, The Swedish Society of Medicine and Ylva Lyander, Swedish Society of NursingPolicy statement, program and activities among the organizations of health professionalsMargareta Kristenson, The Swedish HPH networkThe HPH network as instrument for implementing guidelines, strategies and activities, from purchasing systems to webbased trainingPanel: We will discuss the benefits with systematic implementation in healthcare, with the involvement of health professionals, as well as the importance of focusing on assignments and other structural conditions that need to be in place for a successful implementation. We will also discuss our experiences from cooperation and interactions among stakeholders to support implementation of National Guidelines in healthcare.

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Session O1.7: Meeting of HPH Taskforce Tobacco Free United

What did we do and what was achieved? Invitation to the Final Open Meeting of the Taskforce Tobacco Free United (TFU)

ORIORDAN Ann, FLEITMANN Sibylle, RUSTLER Christa, CHALOM David, CARABASA Esther

Introduction

What did we do and what was achieved and what will happen now? In 2008, the Task Force Tobacco Free United (TFU) was established to gather health professionals and health services to work on tobacco control, using Health Promotion principles, the WHO Framework Convention on Tobacco Control (FCTC), WHO recommendations for health professional involvement in tobacco control and to base practical actions on the concept of ENSH – Global Network for Tobacco Free Healthcare Services. This meeting will aim to address these questions, present results and discuss recommendations for the future.

Purpose/Methods

The TFU four year action plan (2008 to 2013) was carried out in three specific action groups: Advocacy, Synergy & Good Practice and Evaluation. Each subgroup had a lead who worked with a number of TFU participants on a specific action plan towards a defined outcome. • Advocacy - heighten awareness and engagement of professionals • Synergy and Good Practice – Presentations, workshops and Pre Conferences • Evaluation – Policy implementation, performance and key Indicators Over 58 participants from more than 28 countries joined the TFU. They are either members of one of the networks or from outside the networks and active in tobacco control.

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Advocacy - engagement of professionals in tobacco control

CARABASA Esther, FLEITMANN Sibylle, Ann ORIORDAN

Introduction

Tobacco has killed more than 5 million people worldwide in 2008 – by 2030 WHO estimates that the death toll will exceed 8 million a year, if society does not react. In their daily work, health professionals are constantly confronted with premature death and disease caused by tobacco consumption. For them every day is a new battle to reduce suffering and hardship of patients and their families who have been trapped by this deadly habit. Health care professionals need to engage and show leadership in combating tobacco consumption. They have an important duty to act as role models for the general population so as to convince and support them to stop this disastrous habit. Through personal and organisational efforts health professionals at all levels can influence the health/tobacco political process!

Purpose/Methods

Engagement and support by health professional and health services for strong tobacco control measures was the task of the Tobacco Free United (TFU) advocacy sub group. Using an initial advocacy tool from the Veneto Regional HPH Network, the TFU Charter and TFU Pact were developed and promoted widely. Activity was strengthened with the use of technology and later again in 2011 when the Advocacy Petition Campaign, "HEALTH PROFESSIONALS FOR A TOBACCO FREE WORLD" utilised social media. The advocacy petition campaign goal was to gather and to bring the signatures of committed health professionals and organisations worldwide to the attention of delegates at 5th Conference of the Parties to the WHO FCTC on 12-17 November 2012 in Seoul, Republic of Korea.

Results

41.522 health professionals from 555 organisations in 78 countries worldwide signed the petition. The petition poster was distributed to delegates at COP5 in Seoul, November 2012, to demonstrate the personal and organisational commitment of health professionals and health service for the implementation of strong tobacco control policies.

Conclusions

Advocacy tools and activities can engage health professional and health services and support their efforts to influence the health/tobacco political process! The use of technology proved to be highly effective as an advocacy tool while the potential of social media has yet to be utilised.

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Methods and results of sharing Good Practice for implementing tobacco control policies in health care services

RUSTLER Christa, GUNNING Miriam, CHALOM David, FERNANDEZ Esteve, ORIORDAN Ann

Introduction

Hospitals and Health Care Services have an obligation to take action on tobacco use and control in health services. Health Promoting Hospitals (HPH) share this obligation in collaboration with the ENSH-Global Network for Tobacco Free Health Care Services. ENSH-Global provides hospitals and health care services a key strategy to guide in the performance of their obligation to reduce the use of tobacco in all its forms and its deleterious health effects and implement best quality for treatment of tobacco users. "Sharing and learning" is the fundamental concept by which the sub group operates and the HPH-CA taskforce's criteria on "good practice" in health promotion that includes Empowering, Participatory, Holistic and Equitable are endorsed.

Purpose/Methods

The standardised requirements and self audit of the ENSH-Global concept support the identification of "good practice" and "areas of improvement" in health care tobacco control measures. Experiences and knowledge in implementation can be described and shared in a structured way and follow the participatory dimensions of Knowledge Management (Nonaka & Takeuchi). TFU, the common platform of HPH and ENSH-Global facilitated and organised workshops, events and activities to facilitate, promote, identify and support the transfer of "experiences" and "Good Practice" in the implementation of comprehensive tobacco control policies in healthcare services. On the basis of the ENSH-Global concept of the ENSH Gold Process was promoted by TFU as a valuable way to identify and share good practice in tobacco control. HPH and ENSH-Global members were invited to participate in this process.

Results

TFU hosted the ENSH Gold Forum Event within a number of pre conferences with the support of HPH in the international conferences 2009, 2010, 2012 and 2013. The number of participating hospitals increased in this process. Over all 20 hospitals and health care services from 8 countries participated in the ENSH Gold Process. More than 500 attendees participated in the pre conferences and discussions. Most of the presentations of ENSH Gold Forum members are available online.

Conclusions

Participatory development of evidence and expert based standardised requirements support from a structured "sharing and learning" process in a way that attracts hospitals and health care services to improve their processes and results in tobacco control.



Evaluation – Policy implementation, performance and key Indicators

**CHALOM David, ORIORDAN Ann,
DELANDER Brith-Marie, KJEVIK Gry**

Introduction

The What, Why and How of indicators was the focus taken by the evaluation sub group of Tobacco Free United (TFU), a collaborative taskforce of HPH – International Network of Health Promoting Hospitals and Health Care and ENSH – Global Network of Tobacco Free Health Care Services. This focus was considered essential as standards and indicators are vital tools for evaluation. Standards express professionally consented statements on health care structures or processes that should be in place, and indicators address health care processes and outcomes and provide a quantitative tool to assess variations in performance over time and between institutions. This rational was further strengthened by the following known facts. Health Promoting Hospitals and Health Services (HPH) have an obligation to take action on tobacco use and control in health services; ENSH-Global Network (ENSH) members are required to monitor implementation of Standards for tobacco control policies in healthcare services and health professionals have a critical contribution to the goal of the WHO Framework Convention on Tobacco Control (FCTC) that sets a framework for the elimination of tobacco in all its forms.

Purpose/Methods

In 2010, the TFU evaluation sub-group commenced work to collect both theoretical and evidence based criteria to establish a framework of implementation indicators based on the ENSH-Global Standards. Then using a consultation process, a set of performance and key indicators were identified that are applicable for use in monitoring tobacco control policies at individual health service level and at a national level. The need, value and potential contribution of having and using performance and key indicators will be discussed along with a description of the consultation process used to establish these indicators.

Results

Initially 167 potential indicators were identified in the theoretical framework for tobacco free policies in healthcare services. Through a series of meetings, workshops, internal and external consultations, these were reduced to a set of 11 performance indicators and a set of 5 key indicators. These were then piloted and verified within the ENSH GOLD Forum Process 2013.

Conclusions

The overall aim of achieving a consensus on performance and key indicators was realised. The use and integration of the performance indicators in tobacco control policies in healthcare services is highly advocated and monitoring of the key indicators at a national or regional level is strongly recommended.

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Session O1.8: Workshop: Addressing the best research method for Health Promotion Interventions

Workshop: Addressing the best research method for Health Promotion Interventions

**HOLLIDAY Charvonne, SCHROEDER Diana,
THOMPSON Trina, GUARNACCIA Sebastian, MASIELLO Matt**

Introduction

The selection of adequate research methods is important in designing successful clinical, health promotion initiatives. The methodology controversy for health promotion intervention effectiveness has been long standing and highly debated. Agreement on the applicability of randomized controlled trials (RCT) is a major component of the debate. This abstract is a proposal to conduct a workshop at this year's conference regarding methodology recommendations for health promotion interventions.

Purpose/Methods

Various methods are useful for evaluating health promotion. For example, conducting pilot studies to test study protocols, determining the organization's readiness to implement, measuring the reliability and validity of study tools, and developing a clear evaluation plan are important topics that will be discussed in this workshop. More specifically, we will explore the benefits and challenges of using a RCT in a clinical setting.

Results

The standard methodology for conducting clinical research is the RCT although this methodology is not always feasible for health promotion intervention. Conducting RCTs can be expensive, extremely complex, and challenging in the clinical setting when physicians must delay the delivery of an intervention to specific cohorts. The literature supports that a variety of study designs are useful for evaluating public health initiatives and that no single method is perfectly suited, all of the time.

Conclusions

Health promotion programs are important and Health 2020 will rely on preventive health measures as a means of improving the population health status. Measuring program effectiveness is paramount in knowing which interventions are most effective and affordable. Therefore, professionals interested in implementing and evaluating health promotion should be aware of the benefits and challenges of particular measurements.

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Session O2.1: Providing age-friendly healthcare

Partnership model for a healthy ageing

**RÄFTEGÅRD FÄRGREN Therese,
JANSSON Anna**

Introduction

Considering demographic trends in Sweden the proportion of older people will increase in the years to come. This will have a major impact on society as a whole. The Swedish National Institute of Public Health was in 2010 commissioned by the government to design and implement a partnership model to promote healthy ageing. The basis for this model is building partnership between county councils, municipalities and NGO:s. Four county councils and 17 municipalities are involved in the project.

Purpose/Methods

The purpose of the Partnership model for a healthy ageing is to promote health among older people. Main target group are individuals, 60-75 years old with minor health problems according to selected criteria. Participants are offered health coaching based on Motivational interviewing at primary care for twelve months. As a result of an established cooperation between primary care, municipalities and NGO:s participants are also encouraged and invited to participate in a wide selection of different physical and social activities.

Results

Effect and process outcomes are studied in an evaluation. A total of 1940 individuals are included, divided into intervention and control group. First results show that 2/3 are women, a majority have higher education and are born in Sweden. A majority have been included because of their waist line measures. Building partnership has been a challenge but the results are positive. Over 240 activities have been registered as a part of the model. Final results will be published in 2013.

Conclusions

Health promoting activities towards older people are important in order to meet the challenges of an increasing older population. However actors such as the county councils and municipalities cannot act alone. Building partnership has to be seen as an important cornerstone in health promoting work. This model allows county councils and municipalities to build partnerships within existing structures with focus on promoting health among older people. The evaluation will show examples of how such efforts can be successful.

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Senior Friendly Hospitals in Ontario, Canada: The Development of Accountability Indicators for Quality Improvement in Delirium and Functional Decline

WONG Ken, TSANG Ada, SCHWARTZ Rhonda, LIU Barbara

Introduction

The Senior Friendly Hospital Strategy in Ontario, Canada aims to optimize the health and wellness of older adults while they are hospitalized and to support their safe transition home or to the next appropriate care environment. In 2011, a self-assessment summary of all 155 adult-serving hospitals in Ontario was completed; and recommended that hospitals enhance their processes to minimize hospital-acquired delirium and functional decline. Indicators for monitoring, evaluation, and accountability were needed to support this ongoing work.

Purpose/Methods

A working group was convened to identify the indicators. A panel of clinicians, educators, researchers, decision support personnel, and hospital and government administrators from urban and rural hospital settings was recruited to provide diversity of expertise. Potential indicators were identified from a comprehensive literature review and an environmental scan of existing practice. On-line Delphi panel voting and face-to-face consensus meetings were conducted until indicators were selected based on criteria that included validity, feasibility, appropriateness, and clinical relevance.

Results

A process and outcome indicator for each of delirium and functional decline were identified. For delirium, these are (1) the rate of baseline delirium screening, and (2) the rate of hospital-acquired delirium. For functional decline, the indicators are (1) the rate of activities of daily living (ADL) function assessment at admission and discharge, and (2) the rate of no decline in ADL function. Preliminary technical definitions were established along with a plan to pilot test the indicators.

Conclusions

In Ontario, the initial focus of Senior Friendly Hospital care is the prevention of delirium and functional decline. Identifying appropriate indicators for these complex clinical areas can be accomplished using a structured process that brings together the diverse expertise needed to thoughtfully consider all the challenges and uncertainties involved. With the additional learning that pilot testing will provide, these indicators will offer a common language for hospitals in quality improvement strategies to optimize care for frail older patients.

Comments

The Ontario Senior Friendly Hospital (SFH) Strategy is an initiative funded and led by the Local Health Integration Networks of



Ontario. The SFH Indicators working group is co-chaired by the Regional Geriatric Program of Toronto and Baycrest.

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Age-Friendly Hospital staff of the influencing factors of the knowledge and attitudes of the elderly

KUO Ying-Ling, WU Meng-Tien, HUNG Ling-Yu, CHANG Pei-Li, CHEN I-Ju

Introduction

Taiwan's elderly population is more than 11% of the total population in 2012. With the increase in the elderly population, the medical needs of the elderly and the quality is more important. Knowledge and attitudes of health care workers for the elderly, will be reflected in their medical practices.

Purpose/Methods

The aim of the study was to explore the willingness and attitudes toward elderly care and related factors among staffs in an Age-Friendly Hospital. / Through the age-friendly hospital before and after review of the certification, understand the change of the employee's knowledge and attitude. The 615 employees total from an Age-Friendly Hospital in Northern Taiwan, inclusion received the structured questionnaires online. 165 effective questionnaires respond to ratio 26.83%. The questionnaire consisted of a basic demographics datasheet, knowledge and attitudes toward old people scale. Use UCLA Medicare Attitude Scale (UCLA Geriatrics Attitudes Scale, GAS), elderly Knowledge Questionnaire (Facts on Aging Quiz 1, FAQ1). Data were collected during Dec 2012. Analysis using descriptive statistics, paired sample t test, Fisher exact test, Pearson correlation coefficient, ANOVA analysis, Wald chi-square test, and linear regression analysis.

Results

Knowledge, willingness and attitudes toward elderly care differed significantly among different staffs departments. Differences in care-giving willingness were significantly associated with experience, staffs department, and take care of good feelings. Average scores indicated a relatively positive attitude toward the elderly. Found the elderly knowledge questionnaire (FAQ1) for the elderly knowledge of correctness upgrade from 47.14 points to 54.67 points, have significant growth. Divided into four groups (physician groups, nursing staff, medical personnel, and administrative staff groups), before and after each group measured each contributed a significant difference ($p = .000$, $p = .000$, $p = .002$; 95% CI = 5.94-9.80, 3.79-9.75, 3.72-15.48). Attitude consistent with positive for elderly medical care (GAS), increased by 2.87 points to 3.0 points. It is significant of nurses group ($p = .000$; 95% CI = 0.09-0.22).

Conclusions

The results of this study provided information regarding the willingness and attitudes toward elderly care of staffs in an Age-Friendly Hospital. Education on elderly care can improve staffs' willingness. Based on a high degree of professionalism of the physicians, knowledge and attitude of the elderly, is more correct forward, so the pretest and posttest were not significant differences. Had the experience to take care of the elderly, and take care of good feelings will affect future willingness to work in the elderly. The importance on elderly-related education and including relevant courses in professional continuing training curricula to enhance staffs' willingness and attitudes toward elderly care and promote elderly care quality.

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Health promoting long-term care – a pilot project in Vienna

CICHOCKI Martin, HÜBEL Ursula, MÜLLER Sascha, KRAJIC Karl

Introduction

Healthy and active ageing is a policy and research priority within the WHO strategy for "Health 2020". Following this strategy, the promotion of good health for older people requires strengthened health systems and expanded evidence base for health and social care policies. Research challenges existing forms of residential aged care. A two-year pilot project - "Health has no age" - investigated the potential of comprehensive health promotion in this setting, involving three units of a large provider organisation in Vienna.

Purpose/Methods

Building upon a systematic needs assessment for residents, staff and relatives - using questionnaire, interview and focus group techniques - a strategy development has been initiated. The process was organised in local steering groups and supported by an external consultant. Issues were identified to define an agenda and plan specific health promoting interventions within the organisation. A specific intervention targeting residents for the promotion of mobility was set up as a randomized controlled trial including 300 participants.

Results

Concerning the strategy development, different health issues were identified for involved groups (e.g. mobility for residents, workability for staff, information for relatives), and elaborated at local and central level. Concerning the mobility intervention, effects were measured for participating residents. They improved their performance of activities of daily living, subjective health status and mobility range. As for the overall development of residential care organisations towards a health promot-

ing setting, supportive and hindering factors for different aspects of health promotion were analysed.

Conclusions

The project "Health has no age" was implemented to explore development processes of health promotion within residential long term care. The scientific benefit of the project was to generate knowledge about feasibility and – partly - effectiveness of using the settings approach. For policy and practice the project could demonstrate its usefulness of putting health promotion on the agenda for long term care in the national context.

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Session O2.2: Health promotion in psychiatric health services and institutional care

Standards for mental health promotion in psychiatric settings: development and validation of a self-assessment tool

GIL Renata, BERGER Hartmut

Introduction

In recent decades public mental health has focused on the prevention and treatment of mental illness. However, traditional mental health interventions that are effective in alleviating mental illness do not necessarily promote mental health. Therefore, there is a need to formulate guidelines for health promotion in mental health care. The Task Force on Health Promotion in Mental Health Settings has developed a self-assessment tool with a set of standards for mental health promotion in psychiatric services.

Purpose/Methods

The study aimed to test the adequacy of the self-assessment tool and to evaluate of relevance and applicability of standards within a mental health context. This study focused on both HPH member psychiatric hospitals and psychiatric settings unrelated to the HPH network. Pilot institutions were asked to assess the compliance with standards and evaluate the relevance, applicability and importance of measurable elements (total of 87) as well as to evaluate the tool in general.

Results

The results will be published at the HPH conference in May 2013.

Conclusions

Mental health promotion should be seen as an important goal for public mental health as well as an important future challenge, which must be answered. Therefore, there is a need to formulate guidelines for health promotion in mental health services that will stimulate development of better practices. The self-assessment tool is a practical tool to support mental health facilities in the monitoring and implementing of health promotion strategies and standards to patients, staff and community.

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Positive mental health - from what to how: a health promotion study in psychiatric care

MJØSUND Nina Helen, VINJE Hege Forbech, ERIKSSON Monica, ESPNES Geir Arild

Introduction

About half of the western population struggles with mental health problems during their lifetime. Treating disorders does not necessarily lead to good health. There is a need to complement treatment of disorders with mental health promotion in psychiatric care. Knowledge, inspired by the theory of salutogenesis, on how to promote and protect positive mental health can help persons with mental disorder not only to recover, but to strengthen resources, to increase coping capacities and to improve and maintain their health.

Purpose/Methods

Lived experiences from daily life and from in-patient psychiatric care are explored. Fifteen former patients with mental disorder are interviewed in order to gain knowledge on the essence, promotion and protection of positive mental health. The study is an explorative and interpretative qualitative inquiry, inspired by Interpretative Phenomenological Analysis. Positive experiences and success stories told by informants who consider themselves to be in recovery and whose life have been improved by treatment received from the mental health services, are explored.

Results

Preliminary findings on how people with mental disorders experience positive mental health are presented. This also includes how they perceive their own health promoting and health undermining experiences. Their experiences with health promotion from psychiatric in-care as well as their suggested improvements on how to promote and protect positive mental health in hospitals are discussed. Researchers, policy makers and practitioners can benefit from these findings by including



this new knowledge into policymaking and planning of more health-oriented health services.

Conclusions

Patient generated knowledge of positive mental health and how to promote it, can contribute effectively to improved health promotion. Positive mental health expressed by everyday language is important for the development of health promotion interventions. These findings can shed light on the process of movement in health and the need for resources to promote this movement towards the positive end of a mental health continuum. Improvements based on recommendations from users are essential for more health-oriented health services.

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In what direction should we go to promote health in mental health care?

SVEDBERG Petra

Introduction

There is a growing recognition of the need for health promotion interventions in all health care today. In spite of this, health promotion interventions among patients with mental illnesses have been scarce in research, practice, and policies.

Purpose/Methods

The emphasis in this presentation is to present a possible model for what nurses do when they intend to promote health in mental health care. I am going to present a model that covers the main points in my research regarding health promotion interventions in mental health care and in some way answers the questions: In what direction should we go to promote health in mental health care?

Results

Health promotion in mental health care is a process-oriented intervention which considers that health is a process of development and the interaction between the nurse and the patient is central. The essence in mental health promotion is empowerment, educational support, and practical support conveyed through a good alliance. A health promotion approach in mental health care are associated with the patients' perceptions of self-empowerment as well as with satisfaction with care.

Conclusions

In conclusion I want to highlight the fact that whether the patient's health is promoted or not will depend on a number of enabling and facilitating factors. The reciprocal relationship between the patient and the nurse is important because each influences the other and health promotion outcomes depend

on the quality of that interaction. Of special importance in mental health care is the availability of health promotion actions related to positive health outcomes.

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A psychoeducational group program for refugee patients in psychiatric treatment

FERNANDEZ Manuel

Introduction

Refugees often experience considerable mental distress during the migration process. Many have faced persecution, war and torture. These experiences can lead to mental health problems like depression and posttraumatic stress disorder. A delay of diagnosis and treatment is common and caused by obstacles accessing mental health services, such as the language barriers, cultural differences and stigma. Refugee patients in psychiatric treatment have lower levels of adherence causing chronicity of the disorders and lack of integration into society.

Purpose/Methods

A psychoeducative group program using translators was offered to some of refugee patients in parallel to the usual treatment of the Unit for Transcultural Psychiatry during 2011 (30 participants). The aim was a higher level of adherence to treatment and motivation to integration in the Swedish society. A follow up of the program was made in the fall 2012 and the spring 2013 interviewing the participants of the program.

Results

Half of the participants were interviewed respecting their mental health and integration into society by a psychiatrist using mixed methods with quantitative psychiatric scales and qualitative interviews. The software Atlas.ti was used for the qualitative analysis. The participants gave new perspectives of their migration process and their social situation and integration into society. The adherence of group program participants to usual treatment was higher than non-participants with better outcomes. They were more motivated to social rehabilitation and they expressed the will to integrate into society.

Conclusions

The study concludes that psychoeducational group programs for refugee patients in psychiatric treatment using translators can be an efficacious method to reach higher level of adherence, better outcomes and a better integration into society.

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The young child in hospital treatment-a historical film document

PAUL Rainer

Introduction

Nowadays it is very much accepted, that the young child should be accompanied by a significant foster person during hospital treatment to avoid traumata of early separation. The film by Robertson and Robertson ("Young Children in Brief Separation") has helped to establish the so called "rooming in" of mother and child during the hospital treatment of the child. Anyhow, in these days costeffective arguments attack this health promoting activity.

Purpose/Methods

The purpose of this presentation is to demonstrate by a documentary film made by Robertson and Robertson in the early sixties the effects of early separation on the very young child, and also the health promoting effects on the mental health of the young child, when its mother can stay with it in the hospital. The implications for the politics of WHO towards mental health promotion in those times will be reported and reflected.

Results

Although it is in some kind a historical document it is clearly demonstrated, that early separation causes a trauma which deeply effects the bonding abilities of the child towards mother and father.

Conclusions

Even everyday general hospital treatment may have a longterm, a lifelong risk-effect on the mental health of our patients. That is why these effects should be controlled carefully.

Comments

It might be worthwhile to have a fresh look on classical documents on health promoting pioneers to keep being motivated for the health promoting work we are doing.

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Session O2.3: Linking health promotion and quality management

Addressing implementation challenges when developing clinical practice guidelines – A case study of the Swedish national guidelines for methods of preventing disease

SUNDBERG Linda, KARDAKIS Therese, GARVARE Rickard, NYSTRÖM Monica E

Introduction

Clinical practice guidelines (CPG) are widely used tools to enhance healthcare quality and translating evidence into practice. Despite efforts to improve development and implementation of CPGs, gaps between research and clinical practice are still apparent. In Sweden the National Board of Health and Welfare responsible for national CPGs recently developed CPGs for prevention focusing on tobacco, alcohol, physical activity and eating habits. This was done using a second generation guideline development model that addresses several challenges of CPG implementation.

Purpose/Methods

The purpose of this study is to investigate and evaluate the process of developing CPGs that address prevention, with a specific focus on how challenges related to CPG quality and implementation are addressed in the CPG case at hand. A mixed methods approach based on archival data, observations, interviews and questionnaires was used.

Results

Difficulties related to quality and ambiguity of evidence and recommendations are addressed through a systematic CPG development process. The studied case, the Swedish National Guidelines for Methods of Preventing Disease, was a long and complex process that came across challenges that the general NBHW guideline model did not address. Quality assessment of these CPGs suggests additional efforts are needed in the areas of development within domains of stakeholder involvement and applicability.

Conclusions

First generation CPGs were produced by professionals and confined biomedical evidence. Second generation CPGs are produced by national authorities with efforts to be objective, transparent and balance multiple interests and involve multiple stakeholders. There is potential for a third generation CPGs that synthesize the previous generations aiming for both applicability and transparency. There is also a need to adapt the approach to areas with less or non RCT-research, new adopter



contexts and stakeholders and address long development phases.

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The Development and Validation of Clinical Health Promotion Tools: Contributions to Health 2020 through a Patient-centered Clinical Intervention

HOLLIDAY Charvonne, ARIETTI Virginia, HAWKINS Marquis, PLUDA Ada, BRIONI Alessandro, COLOMBO Denise, D'AGATA Emanuele, FACCHETTI Susanna, GRETTIER Valeria, DE LEONARDIS Maria Cristina, ZANARDINI Anna, GENNARI Annalisa, BRIVIO Andrea, MASIELLO Matt, GUARNACCIA Sebastiano

Introduction

Asthma is a leading chronic condition among children, causing disability as well as direct and indirect health-related costs. Given the international burden of pediatric asthma, Italian and American clinicians and public health professionals have designed a clinical health promotion initiative to monitor and address the medical, social, and psychological issues impacting the health of children with asthma.

Purpose/Methods

Based on the tenets of the Expanded Chronic Care Model, a comprehensive, clinical tool has been developed to improve the health and well-being of pediatric asthma patients. Specifically, a recently enhanced database holds 150-questions for hundreds of patients. This database and its recent expansion of 25 validated health promotion questions allows for longitudinal monitoring of patients outcomes. With this information, clinicians are able to pinpoint health concerns that may contribute or exacerbate the patient's asthma symptoms.

Results

In implementing this tool in a pediatric asthma clinic, the researchers have developed a public health intervention to strengthen the health and wellness of the target population. In addition, this clinical health promotion tool has also been used to track the progress of patients regarding asthma control, social and physical limitations, medication usage, and determinants of health. Based on the information collected, patients will be referred to an appropriate health promotion consultant.

Conclusions

This international collaboration has successfully developed a clinical informatics system to track asthma-related outcomes and identify areas of needed individual patient improvement. While this tool has been validated for a pediatric asthma population, the concept and theory applied can be adapted to any clinical setting. To develop patient-centered systems, strengthen the presence of public health, and enhance health and well-being of our patients as stated in the Health 2020 framework, a holistic approach to healthcare is necessary.

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Assessing the implementation of a health promoting birthing center (HPBC) in Montreal

REY Lynda, DEBOBBELEER Nicole, BROUSSELLE Astrid

Introduction

There is a dearth of literature related to the WHO-HPH concept implementation process and limited evidence about whether HP programs conducted within an HPH framework is beneficial to patients, carers, staff and the community.

Purpose/Methods

We conducted the implementation assessment of a HPBC in Montreal, which was developed within the framework of the WHO-HPH standards. We also investigated barriers to and facilitators of the HPBC implementation process. To do so, questionnaires were conceived based on the WHO self-assessment tool and we adapted them to the HPBC context. The tools were administered to managers and health professionals and semi-directed interviews were conducted with them, including parents to inquire about their knowledge and perceptions of the HPBC activities.

Results

Four dimensions of HPH were identified and mean scores were calculated for each dimension implementation level: HP organization (56.7%); HP care (39.1%), HP workplace (52.3%) and HP community (20.5%). Managers perceived the HPBC project more positively than professionals and nurses. Patients reported general satisfaction with HP services offered by the HPBC. Financial support, human resources dedicated to HP, comprehensive HP planning, etc. were reported as facilitators. Barriers were lack of organizational support, difficult working conditions, lack of patient-centered practices, etc.

Conclusions

The HPBC made important efforts in implementing HPH dimensions in a comprehensive way: HP activities and strategy de-

played targeted parents, staff and the organization. However, there is a long way to go to achieve a complete implementation of these dimensions, particularly the HP workplace and the HP community. Managers should be more close to the "practical context" and adapt their strategy to the staff working realities. Staff should receive training in HP practices so as to better consider parents needs.

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Using the Expanded Chronic Care Model in an International Initiative to Address the Chronicity of Pediatric Asthma in a Clinical Setting

GUARNACCIA Sebastiano, HOLLIDAY Charvonne, ARIETTI Virginia, HAWKINS Marquis, PLUDA Ada, BRIONI Alessandro, COLOMBO Denise, D'AGATA Emanuele, FACCHETTI Susanna, GRETTIER Valeria, DE LEONARDIS MariaCristina, ZANARDINI Anna, GENNARI Annalisa, BRIVIO Andrea, MASIELLO Matt

Introduction

Internationally, asthma is a leading chronic condition among children and adolescents. This clinical, asthma intervention addresses the Health 2020 aims by improving the health and well-being of youth and their families, strengthening the presence of public health in a European health system, and ensuring patient-centered care. Specifically, this intervention was designed to appropriately manage and reduce the use of asthma-related medications in youth, ages five through 18, through intervention and tracking patients' determinants of health with a clinical informatics system.

Purpose/Methods

Based on the Expanded Chronic Care Model, a database was enhanced to include in-depth clinical and health promotion questions regarding asthma and associated health concerns. Contingent on patients' self-reported conditions, individuals were referred to one or more interventions that address Health 2020 topics: activity, nutrition, tobacco, violence, and well-being. Preliminary health data is reported for consenting patients who received the intervention (n=13) and patients who did not (n=6). All patients received a motivational interview and consultation with a physician.

Results

The treatment group had a significantly higher BMI ($p<0.01$) and had one or more underlying health concerns. Shortly after beginning the intervention, the treatment group had better asthma control compared to the non-intervention group ($p=0.16$). Nocturnal symptoms decreased significantly for both groups ($p=0.02$) as did reported exacerbations ($p=0.06$). The percentage of children who controlled their asthma with therapy slightly increased over time and the percentage of children who increased their control without medication also increased over time, bordering significance.

Conclusions

A holistic approach to health care is needed to successfully address chronic conditions. In addressing the health and well-being of pediatric asthma patients, associated health conditions must also be considered in patient care. This pilot project demonstrates some of the preliminary benefits of developing clinical tools and health promotion initiatives in a hospital-based setting. Unlike many other clinical interventions, this initiative addresses the chronicity of pediatric asthma as well as non-communicable disease and prevention factors to ensure patient-centered care.

Comments

This abstract highlights a collaboration between two, WHO-HPH Regional Networks based in Italy and the United States. This data is pilot data from a larger study that is currently taking place in Italy. Acknowledgments: Associazione ALCP e RB

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Session O2.4: Networks of Health Promoting Hospitals and health Services

How can the effectiveness of health promotion networks in the settings approach be defined and re-searched? Results from Health Promoting Hospital (HPH) networks

DIETSCHER Christina, PELIKAN Jürgen

Introduction

Since the launch of WHO's Ottawa Charter, networks have become an important tool to spread health promotion especially in the context of the settings approach. Health Promoting Hospitals and Health Services (HPH), founded in 1990, are one of these networks. In 1995, WHO-Euro decided to encourage the formation of national and regional HPH networks as main



strategy for further spreading and developing HPH. However, despite more than 20 years of networking in health promotion in general, and specifically in HPH, a sound conceptual base for defining aims, strategies and effectiveness of networks in the settings approach is still missing. "PRICES-HPH", an international HPH evaluation project, coordinated by the WHO Collaborating Centre for Health Promotion in Hospitals and Healthcare at the Ludwig Boltzmann Institute Health Promotion Research (Vienna, Austria), from 2008-12, and a related dissertation project addressed this knowledge gap, taking HPH networks as one example.

Purpose/Methods

The presentation will address two research questions: 1) How can aims, strategies and effectiveness of networks (specifically: HPH networks) in the settings approach of health promotion be defined? And 2) How can network effectiveness be empirically researched? Answers provided are based on literature analyses of publications on health promotion outcome models (Nutbeam 1998, Saan & de Haes 1995, Spencer et al. 2007), network concepts in health promotion (Bröckamp-Stone 2004), the capacity building approach (Bell Woodard et al. 2004, Hawe et al. 1997) and quality approaches (Donabedian 1966). For empirical analyses, data from 28 HPH networks (= response rate of 80%) and HPH contacts in network member hospitals (N = 180 = response rate of 34%) were used.

Results

A general network effectiveness concept, specifying desired network outcomes, structures and strategies to obtain them, will be proposed. Based on data analyses from the PRICES-HPH network and hospital data, specific types of network management and interventions that were found to support network effectiveness will be presented, as well as supportive capacities in the relevant environments of the networks.

Conclusions

Recommendations to HPH networks will be formulated on the basis of the results.

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Evaluation of the strategic plan 2011-2014 of the Catalan HPH Network after two years of implementation

SANTIÑÀ Manel, JUVINYÀ Dolors, SIMÓN Rosa, BRIANSÓ Maria, IBÁÑEZ Rocío, MONTEIS Jaume, PÉREZ Ana Carol, BALLESTER Mònica, ROMERO Nené, PLANAS Maria Josep, FIGUERAS Nora

Introduction

The Catalan Network started in 2007, promoted by 11 hospitals. Currently is constituted for 18 centres. In 2011 a Strategic Plan was created for the period 2011-2014 with the main objective of accomplish the HPH international Action Plan. This communication presents the state of art two years after the creation of this work plan.

Purpose/Methods

The methodology is divided in three stages. The first step was the creation of the HPH Catalan network Strategic Plan related to the HPH international Action Plan. The second step is the implementation that includes evaluation each month with final evaluation each year during the period. The final step will be a final evaluation ending the Strategic Plan period in 2014 and concluding with a new Strategic Plan for the next period.

Results

The Strategic Plan was created in 2011 for a period of 4 years. It is divided in 7 areas, each one with its objectives: implementation, visibility, alliances, resources, organization, training and dissemination. Ending the year 2012, after two years since the creation of the work plan, from a global of 33 objectives, 18 have been achieved, 7 are in process, 6 pending and only 1 deleted. From the 6 pending objectives, 5 were written to be accomplishing in 2012.

Conclusions

The creation of the Strategic Plan 2011-2014 of the Catalan HPH Network allowed being more effective. The work plan, established with a 4 year projection, has been achieved 55% the second year. Having a strategic plan is important to achieve the goals set by the HPH international network effectively. The results of the first strategic plan evaluation makes us optimistic.

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Outcome of the 1st HPH Seminar in Japan and Practice Afterwards -A Historical 1st Step toward National HPH Network in Japan -

**ITO Masahiro, TAMURA Akihiko,
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Introduction

In September 2012, Japan Federation of Democratic Medical Institutions (Min-Iren <http://www.min-iren.gr.jp>) organized the first HPH seminar in Japan, welcoming 278 participants including 66 medical doctors and dentists even from outside the federation. With official support from the Japan Primary Care Association (JPCA) and the International HPH Network, the

seminar gave a fruitful learning opportunity and marked a historical 1st step toward organizing a national HPH network in Japan.

Purpose/Methods

Purpose of the seminar was to understand the international standards of HPH, to learn about examples of HPH activities and practices from Japanese institutions, to think "what HPH tasks can be found" at one's own workplaces, and to take the first step saying "let's try". The program consisted of a main lecture by Prof. Hanne Tønnesen, "HPH for beginners" reports from the first HPH hospital in Japan, and "Let's start HPH", a world café style group discussion.

Results

After the seminar, 2 more hospitals registered for HPH, so HPH is now practiced at 9 hospitals in Japan. Additionally, more hospitals and institutions are considering membership application, and many non-HPH hospitals have actively organized study groups on HPH. In order to extend HPH practice to outside of affiliates, Min-Iren is preparing distribution materials such as Japanese version of "International HPH Network" brochure, an instruction DVD "Let's start! HPH", and the Japanese translation of HPH textbook.

Conclusions

Seminar participants understood and acquired confidence that HPH was a global standard tool that could even review and develop Min-Iren's existing medical and nursing care activities. HPH can promote cooperation among medical institutions internationally and locally, as well as educational institutions and business enterprises. Enhancing HPH in and out of Min-Iren membership and promoting HPH practices at affiliated institutions can lead to activation and development of the 3.5 million community Kyodososhiki (associates of affiliated organizations).

Comments

Introduction of Min-Iren: Established in 1953, the Japan Federation of Democratic Medical Institutions (Min-Iren) has long worked for "a realization of nondiscriminatory and equal medication and welfare" having affiliate membership with 143 hospitals, 563 clinics and 1800 nursing institutions, organizing 100,000 staff including 3,300 fulltime doctors and 3.5 million Kyodososhiki members (associates of affiliate organizations).

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Peer review on Health Promoting Hospitals-members health orientation

HELLSTRAND Mats

Introduction

The project Learning through Peer Review (LPR) was conducted January 2009 – august 2011, with a follow up seminar during 2012. The concept of peer review, between comparable organisations, had earlier in Sweden been applied in other settings. Now the HPH network challenged itself to create an adjusted "HPH"- model for learning through peer review. The model is applicable for team learning for implementation of HPH using a cost-effective model. How could co-ordinating project leaders facilitate and promote this process?

Purpose/Methods

The purpose was to explore if a modified model of LPR can offer valuable shared learning of "HPH-ing" in terms of level of implementation and on the know-how of processes for improvement. A manual was developed; essential documentation was shared between the reviewing teams. Five pairs of health care organisations participated. Each pair designed their own type of peer review. Each pair designed their own type of peer review, with support of the HPH process leaders.

Results

Adjusted HPH-model of peer review was recognised as an enlightening and empowering method to share know-how of "HPH-ing". The model improved health orientation processes in participating organisations. Each preparation process, form for reviews meetings, and feedback reporting seems to imply its own designation to gain best effect. At organisational levels all concerned have participated. Teams consisted of mixed professions. One-year follow-up seminars have been conducted confirming the results of the peer review process.

Conclusions

Results confirms good effects. The HPH-model of peer review has the potential to contribute substantially to the learning in the Swedish HPH-network. The empowering effect also seems to support strengthened action in participating teams within their mother organisations. Effort is needed to design different processes, to facilitate within ordinary resources.

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Effects of the peer review process on the health promotion and disease prevention activities in the County Council of Östergötland

LUNDGREN Lena, VAN VLIET Jolanda

Introduction

During 2010-2011 a peer review on health promotion at the management level was performed between the County Councils of Östergötland and Västerbotten. In Östergötland, our strengths found were focus on health orientation in all policy documents, and the clear differentiation made between health promotion and disease prevention. Areas of improvement were the lack of a cohesive organizational structure, lack of links between the population, patient and employee perspective as well as the lack of apparent and reported action.

Purpose/Methods

To improve focus on health promotion in our health care system based on the strengths and areas of improvement found in the performed peer review process during 2010-2011.

Results

The lack of a cohesive organizational structure for health promotion was improved by mapping involved human resources at all levels, by changing the Health Council from an expert council to a working council and by incorporating the public health centre in the centre for health care development. Several new actions have started since, both from the patients', e.g. focus on empowerment, and from the population perspective, e.g. the Health lift program. These actions also try to apply the employee's perspective.

Conclusions

In the peer review one learns a lot about the own organization, while reviewing the other, as well as about the peer organization. The lessons learned during the peer review process have been very valuable for the county council in Östergötland to undertake actions and make the improvements necessary to achieve a better health care and thereby contribute to a greater equity in health in the region.

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A Dying HPH-Network Revived - The new collaboration of the Health Promoting Hospitals and Health Service with a highly professional network of healthcare industry

HÜLLEMANN Klaus, BECKER Berit

Introduction

The German Health Promoting Network grew out of the European pilot project. It grew in the early years to more than 70 member hospitals. Then it dwindled to less than 50 members now with further decreasing tendency. The enthusiasm of the early days has cooled off. The expenses for the HPH office could no longer be covered by the income. We were faced with the question: Should the German network be terminated or are arising fundamentally new opportunities?

Purpose/Methods

Based on the results of the national HPH conference 2012 in Berlin, we convened a strategy meeting. Participants: Board of Directors, CEO, experts in the management of our member institutions, representatives of a network of experts in the health sector. We discussed the following question: Can a partnership between the German HPH-network and the network of other experts in the health sector represent the German network on a sound basis? We will go into some details of the professional institution, which will become our cooperative partner.

Results

From the valley of tears begin the ascent on paved path. - The new collaboration of the German Health Promoting Hospitals and Health Service with a highly professional network of healthcare industry is promising. It may become a model for other HPH-networks.

Conclusions

The German HPH-network as some other HPH-networks (e.g. Switzerland) are not powerful enough to be in competition with the other providers of the health sector, who are better fit out financially, have better political connections and are more professional. At the next international HPH-conference 2014 we will give a report of one year experience with a new HPH-structure and organization, perhaps a model to copy.

Comments

We hope that on behalf of our partner organization our congresses will become more attractive for physicians and other graduates. And our network will gain many new member hospitals and in the end also gain more money. That is basic for a broader acceptance of HPH in society.

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Session O2.5: Alcohol interventions in hospitals – Final Task Force workshop

Alcohol interventions in hospitals – Final Task Force workshop

In this workshop we will present and discuss the results of the activities in the Task Force on Alcohol interventions in hospitals. Tentative program: Alcohol interventions and the HPH Policies and Standards Presentation of the database on intervention experiences and research Status for the implementation of best evidence practice: Paper - presentation and discussion Where do we go from here?

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Session O2.6: How can we create empowerment in the interaction between professionals and patients in clinical settings to reach increased health outcomes?

How can we create empowerment in the interaction between professionals and patients in clinical settings to reach increased health outcomes? From theory to practice

KRISTENSON Margareta

The workshop aims at addressing how we can use present knowledge on the close relationships between psychosocial factors, biological factors and health outcomes. Especially, how we can apply this knowledge in professional encounters between the health professions and patients in a clinical setting. The presentations span from psychobiology and basic principles on professional encounters to examples from the clinical setting. The workshop aims at interactive discussions between the presenters and the audience. Speakers: Psychosocial factors, psychobiology and health. Margareta Kristenson, MD, Professor in Social and Preventive Medicine, Linköping University Empowering encounters. Lars Jerden MD, PhD, specialist in Family Medicine Empowerment at the Intensive Care Unit. Lotti Orwelius, Reg Nurse, PhD, specialist in intensive care Empower-

ment for patients with neurologic disease. How to optimize the interaction and the outcome of the clinical visit. Anne-Marie Landtblom, MD, PhD, specialist in neurologic disease

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Session O2.7: Smoking Cessation Interventions: Effectiveness research

Smoking Cessation Interventions: Effectiveness research

TØNNESEN Hanne

In this symposium we will be dealing with effectiveness research in regard to Smoking Cessation Interventions (SCI). Effectiveness research is defined as evaluation of already implemented SCI using real-life data. This contrasts the efficacy research origination from intervention under specific project or research conditions, such as randomised clinical trials. An overview of the needs and challenges for effectiveness research will be, as well as examples of the effectiveness of national and subnational Smoking Cessation Interventions. We will look at the implementation of new initiatives and the importance of follow-up in order to evaluate new smoking cessation interventions on a national or subnational level. The symposium will include a discussion among the participants and speakers. Program: The needs and challenges for effectiveness research in Europe- L. Clancy (Ireland) Effect of smoking cessation interventions - J. Farkes (Slovenia) (TBC) "Effectiveness of cessation programmes in real life" experience of the Catalan Network for Tobacco-free hospitals. (Esteve Fernandez from ENSH) New initiatives and follow-up - N.T. Kjaer (Denmark) (TBC) National effectiveness research - M. Rasmussen (Denmark)

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The needs and challenges for effectiveness research in Europe

CLANCY Luke

Introduction

The adoption of the Guidelines for the implementation of Article 14 of the FCTC in November 2010 (FCTC / COP4 (8) 2010), meant that knowledge on effectiveness of smoking cessation treatment was for the first time ever supplemented by a global policy framework to support countries to develop effective treatment systems. With the acceptance of these Article 14 recommendations, there is a pressing need for detailed monitoring of smoking cessation systems implementation across the world (Bitton et al. 2010), including the EU.

Purpose/Methods

Aim: To highlight the need for effectiveness research but also to highlight the challenges in Europe of meeting this need. **Methods:** It is agreed that reliance on randomised control trials (RCTs) in Smoking Cessation is inadequate to meet the needs of decision makers in most EU countries. It is important to know from these RCTs that effective interventions exist but their applicability in MS where context is very different is unreliable. There is a need for data collection at MS level which is analysed according to innovative strategies and validated by agreed statistical approaches using techniques such as propensity scores and instrumental variables. We are well aware from EQUIPP, e.SCCAN and PESCE of the shortage of adequate data so that data collection becomes a huge challenge and the greatest opportunity for fruitful collaboration.

Conclusions

Art.14 recommends that countries use existing health care infrastructure to build their SC treatment system but most EU countries are not ready to comply with many Art.14 recommendations. They need the evidence base on effectiveness and cost effectiveness of treatments, the appropriateness and adequacy of structures, and the practicability of introducing national SC programmes before proceeding appropriately.

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Effectiveness research on smoking cessation: evaluation of real life studies

FERNANDEZ Esteve

Introduction

Although it is clear that clinical trials are necessary to assess the efficacy of interventions, such as smoking cessation therapies, it is important to conduct evaluative research once these proven

activities are implemented to assess the effectiveness. The aim of this communication is to present two examples of research to evaluate the effectiveness of smoking cessation as implemented in real life conditions.

Purpose/Methods

The first study assessed social class and educational differences in long-term smoking cessation success among a cohort of 1,561 smokers attending between 1995 and 2001 a specialized smoking clinic in the metropolitan area of Barcelona, Spain. We computed 1-year and long term probabilities of relapse according to social class and educational level. The second study aimed to evaluate the effectiveness of the Catalan Network of Smoke-free Hospitals smoking cessation programme for abstinence among 930 workers of 33 hospitals in Catalonia, Spain. We calculated 6-month abstinence rates and their main predictors.

Results

The first study revealed social inequalities in smoking relapse after treatment: patients of deprived social classes or with lower levels of education were at higher risk for relapse than were patients in more affluent social classes or with higher levels of education, independently of other well-known predictors of relapse, such as nicotine dependence and type of treatment. The second study found that smoker hospital workers treated in the framework of the Network's smoking cessation programme presented a high probability of remaining abstinent after 6 months of follow-up. After controlling for potential confounding variables, significant predictors of abstinence were male sex, smoking 10 to 19 cigarettes/day, having low or medium nicotine dependence, and using combined treatment (nicotine replacement therapy and bupropion).

Conclusions

Both studies helped to understand the impact of smoking cessation programmes as conducted in real clinical settings and triggered improvement actions.

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New initiatives and follow-up

TØNNESEN Hanne, RASMUSSEN Mette , KJAER Niels T.

Introduction

New initiatives for smoking cessation intervention are developed continuously. They may be based on new evidence presented together with patient preferences and relevant staff competences, but other times they are based on clinical experiences and other inputs. In any case it is relevant to compare the effect after implementation with existing programmes.

Purpose/Methods

Two new initiatives have been taken for A) young disadvantaged smokers and B) adult smokers. A) Young Initiative is a programme especially designed to disadvantage smokers from 16-25 years of age. B) Come & Quit is a new, flexible smoking cessation intervention programme, which gives the citizens the opportunity to choose how their smoking cessation intervention will be put together. The programme consists of different open sessions, which the individual smoker can participate in according to needs and wishes. The Danish Smoking Cessation Database is used for follow-up and comparison.

Results

The results will be presented at the conference for both groups and compared to the Gold Standard Programme.

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National Effectiveness Research in Smoking Cessation Interventions

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Introduction

Systematic monitoring of the effect is recommended nationally and internationally to assess and improve the quality of established smoking cessation intervention (SCI) programmes. This has been done for 12 years in Denmark through the national Danish Smoking Cessation Database (SCDB).

Purpose/Methods

Aim: To elucidate the possibilities for effectiveness research on a national level. Methods: SCI Units regardless of sector document their activities through the SCDB. Over 77,000 smokers are registered. The large majority underwent the 6-week gold standard program, but other programmes are registered also. Follow-up is mandatory at the end of the SCI and after 6 months. SCDB compares results based on indicators and quality criteria. The SCDB is highly flexible and integrates new national initiatives for treatment of smokers. This is possible due to a strong collaboration with other operators within the field.

Results

Standards and indicators: Annually reports include compliance (61 %), 6 month follow-up rates (82 %), continuous quit rates (39 %), and all-over satisfaction (85 %). 38 SCI Units were awarded certificates for fulfilling at least one of the standards. Use of SCDB: It is used nationally for comparative research, by the Ministry of Health in order to plan and evaluate initiatives and programmes. Regionally and locally data is used to document activities in relation to health agreements.

Conclusions

National or subnational databases on effectiveness for health promotion intervention corresponding to Clinical Quality Registries are necessary in order to conduct effectiveness research. This holds great potential in order to improve public health, as well as great opportunities for international cooperation.

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Session O2.8: HPH and Environment Symposium 2013

BUND-Label “Energy Saving Hospital” – Best-practice examples in Germany

DICKHOFF Annegret

Introduction

Hospitals are energy intensive organizations and they use energy in a number of different fields. This offers a variety of possibilities for energy saving activities. There are more than 3.100 hospitals in Germany. By investing in buildings and technical equipment the clinics could reduce their energy costs in total by approximately 600 million Euros and 6 million tonnes of carbon dioxide (CO₂) per year.

Purpose/Methods

BUND, Friends of the Earth Germany, started the project for energy saving hospitals in 2001. The label is given to clinics which are specially committed to energy efficiency and thus to climate and resources protection. There are four criteria according to which the activities of a hospital are checked; at least two of them have to be fulfilled.

Results

Since 2001 BUND handed the label to forty hospitals. These clinics planned and realised different modernisation activities. They refurbished their buildings and reconstructed their technical facilities. For example now they run combined heat and power plants, solar energy plans, solar heating systems or wood chipping heating systems. Their energy costs were reduced by up to two million euro a year per hospital. In total, all forty hospitals save more than 60.000 tons CO₂ per year.

Conclusions

The forty Best-practice models demonstrate how environment friendly energy sources can be used and energy can be saved. BUND uses its high public recognition to present the hospital's activities to improve the image of the hospitals. The BUND certificate is handed over to the engaged hospitals during a ceremonial act, to which the press is invited. Several press



articles, radio and TV features about the labelled hospitals have been published by now.

Development of Indoor Air Quality Control in Taiwan

LAI Ching-Chih

"Indoor Air Quality (IAQ) Act" was announced at 2011 in Taiwan. Behind South Korea, Taiwan became the second country that regulating IAQ of public area by law. Nine items of concentration limits of indoor air pollutants were defined, including CO₂, CO, form aldehyde, PM₁₀, PM_{2.5}, total hydrocarbon, bacteria, fungi, and O₃. In this talk, the strategy of IAQ management in Taiwan will be introduced, and some of control technologies developed by ITRI will be reported as well. The IAQ Act in Taiwan defined some of public and private premises for regulation; the first priority is the most sensitive area for public health, including hospital, young children school, and so on. The other premises include libraries, office, stations terminals, cinemas, hotels, shopping malls, et al. Owners of the announced premises that fail to comply with the indoor air quality standards and can not to make improvements within a limited period, will be fined NT\$50,000 to NT\$250,000. In severe circumstances, the use of the premises may be prohibited; when necessary, an order may be issued to terminate the business. In order to improve the IAQ, and to promote relative industries development, some of control technologies have been developed by ITRI. Recently, a room temperature catalyst was patented, which can decompose O₃, CO, and form aldehyde in ambient condition with no heating. And a nano-silver with high valances was synthesis successfully, which antibacterial performance was superior to conventional nano-silver. The proposed mechanism and test results will be discussed in this talk for these two novel materials.

County Council to monitor pharmaceuticals with negative environmental impact used in the County Council. The report of this monitoring exercise is then used by hospitals and other stakeholders for setting environmental targets. The classification system is available at the website www.janusinfo.se/environment

Environmentally Classified Pharmaceuticals – what the Classification is and How it is Used

MARTINI Siv

The majority of all pharmaceuticals that patients take are excreted in the urine, in an unchanged condition or as metabolites, and reach wastewater plants and sometimes even waterways and groundwater. Reducing residues from pharmaceuticals in nature is an important part of the environmental work of Stockholm County Council. One aspect of this work is the assessment and classification of pharmaceuticals according to their impact on the environment when they are used. For example, the classification system is used in considering the environmental impact in the so called Wise List, a list of recommended pharmaceuticals for common diseases in Stockholm County Council, issued by the Drug and Therapeutics Committee. About 85 percent of the GPs in Stockholm County Council follow the recommendations given in the list. The classification is also used by the Environmental Department of the Stockholm

Session O3.1: Developing tobacco-free health services

Integrated Smokefree Hospitals

DICKENS Andrea, RIDOUT Laura

Introduction

Hospitals receive a high footfall of smokers through their doors every day. They are a significantly underplayed opportunity to engage, refer and support smokers to quit and to promote a Smokefree environment. Even where smokers have no intention of quitting at that point, the use of Nicotine Replacement Therapy (NRT) to reduce withdrawal symptoms during the hospital stay (Hughes, 2006; Hughes, 2007), encourages compliance with Smokefree policies and makes the patients' stay more comfortable.

Purpose/Methods

Smokefree South West is working with local services and alliances to support all 20 acute trusts across the South West region to develop truly Smokefree Hospitals. This involves a comprehensive and integrated approach across the hospital, including robust senior level engagement, Smokefree policies, Smokefree grounds, staff engagement and training, brief interventions, availability of stop smoking medications and temporary abstinence.

Results

5 consistent strands identified to achieve a successful Smoke-free Hospital. Environment: smokers look for 'cues' to smoke such as tobacco litter. Support: Effective medication must be available for both quitting and temporary abstinence, plus quick simple referral processes. Training: easy to access, ideally e-learning, no longer than 25 minutes and covering very brief advice, conflict resolution and rationale for a Smokefree hospital. Awareness: robust public facing communication plan including materials to support staff. Enforcement: clear, effective Smokefree policy consistently enforced.

Conclusions

The South West programme underlines all 5 strands need to be undertaken for a successful outcome. A coordinated 'industrial scale' sub national approach helps accelerate adoption in line with public and patient "expectations". The result is a gradual positive cultural change. The South West Smokefree 'whole hospital' approach has been replicated in hospitals with very different estates and structural settings. 16 Acute Trusts and 20 hospital sites have re-launched their Smokefree policy and are now Smokefree.

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Preoperative smoke abstinence as chance to reduce postoperative complications

SCHMIED Hermann, RÖTHLIN Florian

Introduction

In recent years the effect of smoking cessation intervention or smoke-free periods prior to surgeries, on postoperative complications is studied and discussed. Some studies demonstrated that a preoperative smoke abstinence can reduce the frequency of postoperative complications in a variety of elective surgeries.

Purpose/Methods

A systematic review was conducted and 37 publications could be identified. The data from the studies were analysed in the context of the following research questions. 1) Which types of postoperative complications can be reduced by a preoperative smoke-free period? 2) At which point before surgery should the smoking cessation take place to reduce postoperative complications significantly? 3) How successful are smoking cessation interventions in the context of elective surgeries for a sustainable influence on the smoking behavior of the patient? 4) Is there evidence that preoperative smoking cessation interventions can save treatment expenses?

Results

There are pathophysiological explanations and empirical results which indicate that a smoke abstinence, starting 3-8 weeks before surgery, can reduce wound-related complications and infections, especially in plastic surgery and major orthopedic surgery. This is probably also true for bone healing complications. The results for pulmonary / respiratory complications are inconsistent. Only studies dealing with coronary artery bypass surgery consistently reported a risk reduction through preoperative smoking abstinence. There is little evidence that a preoperative smoking abstinence can reduce in-hospital mortality and other observed complications (cardiovascular, neurological, renal and gastrointestinal complications and urinary tract infection). Comprehensive smoking cessation intervention could reduce the percentage of smokers from 38% to 87% at the time of surgery. Few studies have analysed the smoking behavior of patients even after one year. These reported that 23% to 35% of participants are still abstinent from smoking. Observed indicators with reference to treatment time and effort have provided little evidence that a preoperative smoke-free period can reduce treatment costs.

Conclusions

The studies show that the main starting point for a systematic implementation of "smoke-free operations" is associated with elective surgeries such as knee and hip arthroplasty and plastic surgery (especially with flaps). There are only few studies (4 cohort studies, 2 RCT) which allow a conclusion on the effect of (only) several weeks of smoke-free period before surgery. For evidence-based decision-making and planning of smoking cessation interventions in connection with elective surgeries additional studies would be desirable.



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Smoking in vehicles is lower than mobile telephone use while driving, but is socially patterned: a survey in Dublin City, Ireland 2012

GILROY Irene, DONNELLY Nicole, MATTHEWS Wayne, DOHERTY Kirsten, CONLON Greg, CLARKE Anna, DALY Leslie, KELLEHER Cecily C, FITZPATRICK Patricia

Introduction

Legislation banning smoking in cars carrying children under age 16 is being considered in Ireland with limited evidence of the effect of such legislation internationally. Legislation prohibiting mobile telephone use (MTU) while driving has been in place since 2006. To date there is scant data on smoking in cars and MTU while driving in Ireland. The aim of this study was to identify both the prevalence of smoking in vehicles and the use of hand-held mobile telephones by drivers.

Purpose/Methods

This was an observational survey of smoking by drivers and passengers and MTU by drivers in 2,230 cars stopped at traffic lights over three periods at two busy intersections in north and south-side Dublin. Data was recorded if a driver or passenger was observed smoking or any driver was using a mobile phone. Data included demographics, make, model and year of car, and specifically for smoking, whether the window was open and if there was anyone else in the car.

Results

The prevalence of smoking (1.39%) and MTU (2.56%) was low with no significant diurnal variation. More males than females engaged in smoking (66.7% vs. 33.3%) and MTU (61.4% vs. 38.6%). Most were aged 30-65 years. Smoking rates decreased markedly as car value rose, from 2.05% in the lowest quartile to 0.5% in the highest ($p=0.029$). Nine people (eight adults and one child) in 2,230 cars (0.4%) were observed as being exposed to a smoking driver.

Conclusions

The public health importance of regulating passive smoke exposure is clear but the resources required to police such a ban in vehicles may be labour intensive for the yield in detection or prevention.

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Session O3.2: Supporting mental health promotion in community settings

Child and adolescent psychiatry in schools

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Introduction

Referrals to child and adolescent psychiatry (CAP) have increased substantially. But still, epidemiological research shows that most children and adolescents with mental health problems go undetected and untreated. This is due to several factors: The referral system is arbitrary; people working close to adolescents have not been trained to identify and treat mental health problems. In this ongoing pilot study we try to meet some of these challenges.

Purpose/Methods

Employees from the local CAP unit at Levanger Hospital, work one day a week at high schools in the region. Through meetings and counselling enhancement of the competence of teachers, nurses and educational welfare officers in identifying and helping adolescents suffering from mental health problems are pursued. We also participate in assessment and short interventions, meeting students directly.

Results

The service is effective: There are 4-5 direct consultations every day. Drop out rates are lower than at the hospital. The adolescents that seek out the service are suffering from mental health problems to the same degree as those referred to the CAP unit. Students receive help, adaptations and in some instances referral earlier than previous. School and health staff in the local communities is very satisfied with the service.

Conclusions

The preliminary findings from this study indicate that, moving the services closer to adolescents result in earlier identification and better communication between the CAP unit and local health services and schools, thereby making services to each student more coherent and effective. Ways to further improve this service will be discussed.

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The Swedish National Alcohol Helpline – characteristics of callers at baseline and results at 12 months follow-up.

**DAMSTRÖM THAKKER Kerstin,
HEINEMANS Nelleke, AINETDIN Tuula**

Introduction

In an attempt to meet the need for a broader treatment base for alcohol problems, the Swedish National Alcohol Helpline was introduced in 2007. The telephone counseling provided is based on Motivational Interviewing with elements of Cognitive Behavioral Therapy, when needed also referral to more relevant services. The intended target group was hazardous alcohol users. However, as assessed by the AUDIT, the majority of the callers seeking help to change their own drinking habits are probably alcohol dependent.

Purpose/Methods

The study is the first evaluation of the efficiency of the counseling provided by the Alcohol Helpline. Participants were recruited among first-time callers screened by the AUDIT. Though less than half consented to participate the AUDIT score was identical among participants and non-participants while differences in gender and age were non-significant. At baseline and after 6 and 12 months structured interviews were made by telephone. Totally 187 of the 278 responders (67%) took part in all the three interviews.

Results

Though most of the participants had relatively severe alcohol problems at baseline most of them were socially well established. Less than half had previously sought help due to their alcohol problems, every fourth male and every sixth female had approached medical services. After 12 month the AUDIT scores were significantly reduced, among males from 23 to 14 and among females from 22 to 13. Significant improvement was also reported in self-assessed general health and Major Depression and/or Generalized Anxiety Disorder.

Conclusions

The Alcohol Helpline provides support by telephone and callers can be anonymous. Nevertheless, most callers were not ready to seek help until they had suffered relatively extensive problems due to their drinking. During the year following the first contact most respondents reported significant reductions in alcohol consumption and consequences as well as significant improvements in mental health. The unique contribution of the Alcohol Helpline is hard to assess as many also had other support, sometimes following recommendations by the councilors.

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The amplifying effect of Antonovsky's sense of coherence in psychoeducational multi family groups for schizophrenia. A prospective field study.

GASSMANN Walter, BERGER Hartmut

Introduction

Psychoeducational multi family groups (PG) have proven their effectiveness in enhancing the familial climate and reducing relapse rates of schizophrenic disorders. But it is still an open question, through which processes psychoeducational interventions work. This study explored prospectively whether the level of Antonovsky's sense of coherence (SOC) had a salutogenetic influence on psychopathological signs, global functioning and health related quality of life among PG participants compared to a control group (CG).

Purpose/Methods

The study was designed as a prospective field study with 41 schizophrenic outpatients. Four subgroups of patients (PG with high and low SOC levels, CG with high and low SOC levels) were assessed four times within a one year period with the Positive and Negative Syndromes Scale (PANSS), the Sense of Coherence Scale (SOC-29), the Global Assessment of Functioning Scale (GAF) and the WHO-Quality of Life Scale (QOL). Statistical effects were proven by an analysis of variance with repeated measurements.

Results

At baseline all patients with low SOC levels showed the highest PANSS and the lowest GAF and QOL scores. After intervention PG participants showed, independent from their level of SOC, a significant decrease of PANSS and a significant enhancement of GAF and QOL scores, whereas PG participants with high SOC scores recovered mostly. In the CG no remarkable alterations could be observed, especially CG participants with low SOC scores showed still the weakest values in all observed variables.

Conclusions

It could be shown that psychoeducational multi family groups can lead to remarkable improvements in clinical outcomes and health related quality of life, whereas the level of the participants' SOC seems to be an active and predictive ingredient of these interventions. A strong SOC supports a better recovery. Therefore, implications for clinical practice are the targeted integration of salutogenetic therapy principles in psychoeducational interventions to optimize the therapeutic efforts for an enhancement of the SOC.

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Increased self-awareness in the process of returning to work

HAUGSTVEDT SULHEIM Karen Therese, HALLBERG Ulrika, GRAFF-IVERSEN Sidsel, SØRENSEN Marit, HAUGLI Liv

Introduction

Long-term sick leave is a significant problem for individuals, employers, health services and the welfare society. Conventional medical treatment may not increase work ability, and research on the effect of rehabilitation has suffered methodological problems. From health understood as an interactive process of the individual's capacity in relation to the demands of everyday life, employees on sick leave were offered participation in a counselling programme, based on Gestalt theory, mindfulness and phenomenological understanding of the body.

Purpose/Methods

The aim of this study was to explore the participants' processes of change related to their increased ability to work. The qualitative study design was based on modified grounded theory. A total of 12 female employees, all of whom had increased work ability one year after the programme, participated in open focus-group interviews at the end of the programme. The participants in the two focus-groups were the same as in their counselling groups.

Results

Experienced processes of change are described through: Becoming more aware of one's own thoughts, emotions and bodily reactions; Taking oneself seriously and accepting oneself; Being secure enough to face being challenged; Realizing new possibilities and choices and Trying out new ways of acting. A secure setting and open-minded listening seemed essential for exploring new ways of thinking and behaving. Existential issues as own core values were important, together with taking own emotions seriously and being challenged by the counsellors.

Conclusions

The women described how experiences of increased awareness contributed to reconstruction of their self-understanding and opened up for new possibilities. This seemed to have provided them with new ways of communicating and acting, which enhanced participation in work. The context of the learning programme, the existential issues and counselling challenges appeared as essential in these processes of change. The findings give insights into aspects that might be important when designing rehabilitation programmes.

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Saving a Life in Community, Workplace and School by BHC-5L, a New Model Based on Eastern Asia Culture.

FANG Chun-Kai, CHIANG Yi-Chen, HSIAO Hsueh-Wen

Introduction

QPR (question, persuade, and refer) has been the golden model of gatekeeper for suicide prevention in the world since 1995. However, QPR was developed in Western culture. In Taiwan, a new model, BHC-5L (being happiness catchers- looking, listening, learning, loving, and living) has been developed for Eastern culture since 2010. BHC-5L was designed to promote general population to find those who were in suicidal risk. The survey hopes to understand the preliminary efficiency of the model.

Purpose/Methods

Based on the previous programs to construct the model and to train the 37 trainers, we designed 3 standard lectures of BHC-5L for community, school, and workplace. The manager of BHC-5L arranged the trainers to offer one hour lecture among three different groups since September 2010. We observed the acceptance of audiences and the efficiency for promoting knowledge of suicide prevention in New Taipei City from January 2012 to December 2012.

Results

There were 183 lectures of BHC-5L including 87 in community, 51 in workplace, and 45 in school. Total audiences were 18,213. The range of the acceptance rates were The means of the 10-item test were 84.61 in community, 78.28 in school, and 79.13 in workplace. The means of satisfaction rate were 4.29 in community, 3.98 in school, and 4.09 in workplace.

Conclusions

As similar as gatekeepers for suicide prevention in Western culture, the model of happiness catchers is appropriate to facilitate mental health style and suicide prevention. The preliminary efficiency seems useful in New Taipei City. The larger samples and more administrative divisions will be necessary to find the efficiency of BHC-5L.

Comments

The model of BHC-5L was developed by New Taipei City Government, Chung Shan Medical University, and Mackay Memorial Hospital. New Taipei City is the largest administrative division in Taiwan. The suicide mortality numbers were also the highest in Taiwan. It's important to design a model for general population to understand the concept of suicide prevention and health promotion.

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Session O3.3: Considerations on the application and effectiveness of health promotion in healthcare in different contexts

Health promotion in Hospitals: Now better than ever

DE ROODENBEKE Eric

If care is the first function of a hospital, other functions should not be underestimated. Among these functions prevention has always been considered as a key one but most often underfunded and poorly recognized in activity measurement. Health promotion is a critical part of prevention which was mostly focused in hospitals on secondary and tertiary level. When health promotion was considered as an activity for hospitals it was mostly on an opportunistic mode. While the patient was in a hospital for a treatment or for diagnosis then the opportunity was sized for inclusion in a health promotion program. But this approach was related to an acute episode paradigm with limited perspective of follow up or connection with teams providing usually the first line care. But the need for care in the population is evolving with a major growth of ageing patients requiring attention for multi-chronic conditions. Because of the complexity of pathology there is a need of care coordination and an integration of healthcare service delivery. In such a context health promotion can't be just an opportunistic approach but must become part of a care program for which hospitals have to be included as they play a major role in diagnosis and for treatment schemes of chronic and multi-chronic patients while front line care is critical for identifying cases and providing a holistic day to day follow up. In addition the fast development of genomics with drastic reduction of costs will be changing quickly the approach on health risk management. The individualization of risk factors as well as treatments will allow putting in place real personalized medicine. This will change the approach of health promotion from mass approach with standard program into individualized programs which are more likely of good observance. In addition the genomic medicine is likely to merge health prevention and health promotion when genomic profile will be provided for all individuals. Today this may appear as science-fiction but in a period of 10 years it is likely just to be routine process. Another building block is the development of Electronic Health Records that will play a major role to integrate coordination of care and the development of such records will be accelerated with the implementation of cloud computing. When these records will become available for all, the component of health promotion can be fully included in the treatment schemes with possible monitoring and evaluation. Health promotion will not be anymore in addition to health care but it will fully become part of health care with the same importance than other treatments. In addition the increased level of education and continuous empowerment of citizen, at least in most OECD countries, is going along with a better recognition that people have a central role for their health. This means that

health professionals are supporters and advisors to people who are decision makers. This also means that individuals have a major responsibility when they are aware of risk and do not comply with healthy behavior. As long a large part of health condition was not under people responsibilities healthy behavior was just recommended but with genomics difference between what results of behavior and what is inherited or unpredictable will become much clearer. Health promotion will here again become included as part of a health plan for which people will have to be accountable for. Last the universal health coverage which is common in European countries is becoming a major international agenda. Making financial responsibility of health to the community will support stronger development of integration of care inclusive of all component of support to good health of population. Efficiency will guide more and more options for approaches to secure long lasting good health to people. Responsibility of people will also be more obvious as spending have to be capped and funded. The combination of these 5 factors should put hospitals in the middle of health promotion as health promotion will not anymore be considered as an addition to care but as an integrated part of a care plan with similar monitoring and evaluation of results than for treatments. Hospitals in the meantime will have also dramatically changed as they will become hubs for health information management, specialized intervention and mobilization of adequate resources in support to person situation. The capacity of hospitals to evolve will determine whether they will become major players acting as a facilitator to needed transformations.

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Health promotion or health care – a profitable interaction?

FELDMAN Inna, HELLSTRAND Mats, SAMPAIO Filipa

Introduction

The possibility to estimate health care savings given a change in population lifestyles may be of interest to health promotion specialists and decision-makers. A macro model entitled Risk factors, Health and Societal Costs (RHS) was developed to estimate changes in incidence and health care costs of ten common diseases during five years. The estimations were based on four common risk factors for disease: obesity (BMI>30), daily tobacco smoking, lack of exercise and risk alcohol consumption.

Purpose/Methods

The RHS model is based on relative risks that define the relation between disease incidence and risk factors. Relative risks were collected from Swedish and international publications and are age- and gender-specific. Swedish national registers were used to retrieve incident cases. Changes in risk factor prevalence lead to changes in new cases of disease. Disease-specific health care costs were retrieved from Stockholm Council. The following



parameters were imputed in the model: population data, current risk factor prevalence and potential changes.

Results

The RHS model is able to predict future cases of illness and related costs. By creating scenarios with different changes in risk factors, the model can thus estimate the potential gains/losses in health in monetary units. The different scenarios, where it is assumed a 1% reduction in risk factor prevalence, show that significant savings in health care costs can arise from modest changes in population lifestyle habits. Lower levels of risk factors generate greater impact in regards to disease prevalence.

Conclusions

The model can be used to simulate the effects of different scenarios in regards to how risk factors can change in different population areas. To build scenarios requires two types of data available: age- and gender- stratified population data and the prevalence of risk factors. The results of the model can be used as relevant arguments in discussions with decision-makers for a more health promoting health care system.

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Pay for performance Changes in lifestyle, primary care in Västernorrland

DOCK Johannes

Introduction

Before the Swedish health choice reform in 2010, Västernorrland County Council had a general compensation for public health interventions towards primary care. In connection with the reform, a system of compensation for supporting patients with unhealthy lifestyle via Identification, Action and Results was introduced. The purpose of pay for performance is a simple way to stimulate good work and economic compensation. This work corresponds to the National Board of Health and Welfare National Guidelines for Methods of Preventing Disease.

Purpose/Methods

Criteria for identification, action and results was designed. When meeting a patient, caregivers open a special note in the Journal. All caregivers can see what has already been done. The note is filled in by mouse click. Every month, the notes generate compensation, and the health center, can see number of identifications, actions and results made the previous month. The result is based on tobacco use, hazardous use of alcohol, BMI and insufficient physical activity.

Results

The first compensation was paid in May 2010. Year 2012 was the first year with all levels of remuneration for all lifestyles. The differences between health centers are large, from 15 sek

to 150 sek per listed patient counted on a full year. The result is based on tobacco use, hazardous use of alcohol, BMI and insufficient physical activity. In total, the system contains 18 million sek.

Conclusions

Payment for performance in primary care in Västernorrland has lead to an increase of work with lifestyle toward patients. There are problems regarding assessment of the action part since it is very difficult to examine its quality. In the longer term, a system of compensation for identification and result is more appealing. Payment for performance in primary care in Västernorrland has lead to Health care professionals that at a greater extent supports patient's lifestyle changes.

Comments

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The use of a health performance model in health promoting organizations

DEDOBBELEER Nicole, CONTANDRIOPOULOS André-Pierre, BILTERYS Robert

Introduction

In Quebec, there is a strong pressure on health organizations to improve quality and to incorporate performance measures in order to maximize health gains. Expectations are progress and results. Contandriopoulos et al. (2007) have developed a system to evaluate health services performance (EGIPPS) in order to promote evidence-based practices for better governance and decision-making. In EGIPSS model, Parsons' Theory of Social Action was used as a guide.

Purpose/Methods

Performance is defined as the capacity for any organization to realize valued goals, to obtain the necessary resources to respond to the health needs of the population, to productively provide quality services and to develop and to maintain common values. The objective of this presentation is to analyze standards for Health Promoting Health and Social Services Centers (HSSCs) in the context of the EGIPSS model. A self-assessment tool adapted to the needs and realities of Health Promoting HSSCs was used.

Results

Results show how standards for Quebec Health Promoting Health and Social Services Centers can be classified within the

dimensions of the EGIPSS model and how a Health Promoting Health and Social Services Center can thus become a higher performing center. They also suggest how standards could be completed to increase health gain orientation in health services.

Conclusions

The need of new developments in the standards of Quebec Health Promoting Health and Social Services Centers but also in the standards of Quebec Health Promoting Hospitals will be discussed.

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Intervention in primary care – impact of socioeconomic and ethnicity on lifestyle changes and risk factors

WALLER Maria, HÖGBERG Tine

Introduction

Unhealthy lifestyle as smoking, extensive use of alcohol, physical inactivity and unwholesome diet causes a burden of disease in Sweden today. There is a strong association between socioeconomic position and unhealthy living. Individuals with low education and economically vulnerable show poorer eating habits and are less physically active. We wanted to study whether the group with socio-economic risk and unhealthy living can be promoted to life-style changes in order to provide the right support at the right level.

Purpose/Methods

To study impact of a new health promotion methodology to life-style changes on primary care attendants with a socioeconomic and ethnic burden. Our population was participants in Hälsolyftet, an intervention study in primary health care context 3691 men and women aged 18-79 were offered health profile, health dialogue, blood pressure/blood sugar check. "Risk group" socioeconomically was defined as having three vulnerability factors of; living alone, low education, unemployment, born outside Scandinavia. This group was compared with the remaining participant group concerning biological parameters and lifestyle changes

Results

2121 participants in the program attended the 1-year follow-up. Change from baseline to 1 year was compared between the two groups. The "risk group" had improved 9 parameters. A higher percentage of the risk group had improved positively compared to the "no risk group" concerning perceived stress. Improved biological markers were p-glucose, systolic blood pressure, and BMI. Lifestyle improvement was seen for alcohol abuse, smok-

ing, physical inactivity as well as perceived mental stress and wellbeing

Conclusions

Improvement concerning several risk factors was observed at one-year follow up in the group with a socioeconomic and ethnic burden. The method seems feasible to motivate and strengthen a socioeconomically vulnerable group of patients to initiate lifestyle change. The results showed that the "risk group" had changed their habits to a greater extent than the group with "no risk". A health promoting program performed in ordinary primary health care context reached vulnerable individuals who improved their lifestyle.

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Session O3.4: Linking HPH and health literacy

Symposium: How can health literacy be better integrated into HPH?

DIETSCHER Christina

The concept of health literacy is increasingly being discussed as a relevant determinant of individual health and a measurable quality of healthcare systems. Based on a comprehensive literature review, an integrated definition of health literacy was proposed as "people's knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course" (Sorensen et al. 2012). As such, the concept appears highly relevant to Health Promoting Hospitals. How can both concepts be better integrated?

This question shall be explored by three exemplary presentations

- Using national data on health literacy (HLS-ISR) for integrating health literacy into Clalit's health promotion agenda
Diane Levin-Zamir (Clalit, Israel)
- Health literacy across healthcare settings: a reflection of the patient's needs and gaps in service provision
Richard Osborne (Deakin University, Australia)
- How can the 10 criteria of health literate organizations, as defined by the IOM, be integrated into the 18 core strategies and 5 standards of Health Promoting Hospitals and Health Services (HPH)
Jürgen Pelikan, Christina Dietscher (LBHIPR, Vienna WHO-CC, Austria)

For the discussion following these inputs, questions and comments from representatives of HPH task forces and working



groups (migrants, older people, children & adolescents) shall be invited.

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Using national data on health literacy (HLS-ISR) for integrating health literacy into Clalit's health promotion agenda

LEVIN-ZAMIR Diane

Background

The Institute of Medicine (US) cites Health Literacy (HL) as the most significant social factor influencing inequity and social disparities in health. Up until 2013, no data were available regarding health literacy on the population level in Israel. The Health Literacy Survey of Israel (HLS-ISR) assessed the level of Health Literacy in the Israeli population and characterize it according to personal and social-demographic factors, to study the association between HL and self-reported health, use of healthcare services and selected health behaviors. The study in Israel was led by Clalit, Israel's largest health service organization, and the second largest non-governmental health service organization in the world

Methods

Stage I included consensus/focus groups to develop and test the HLS-ISR measure based on the European Health Literacy Survey (HLS-EU) tool applying content analyses methods, and culturally adapted to Israel. In Stage II a national representative sample of 600 Jewish and Arab adults were interviewed in their homes. The data firstly allowed for development of HLS-ISR measure, and secondly to assess its associations with personal and social determinants, health behavior and use of health services, and to compare data to STOFHLA measure for functional health literacy, all based on analyses of variance and regression analyses.

Results

The average HL in Israel is 13.1, (range 0-16) with high correlation between HLS-ISR and the STOFHLA test supporting the validation of the measure. Over 10% of the sample have poor or inadequate HL. HLS-ISR was significantly negatively associated with age and positively associated with education and SES ($p < .001$). Low HL is significantly associated with greater use of health care services, with low self-rated health, lower rates of physical activity and higher BMI scores.

Implication of study conclusions for HPH

HLS-ISR validated measure allows for Clalit to identify populations with greater needs and higher risk for less adequate HL—older, lower SES and education levels, low self-rated health, higher health risk behavior, greater use of health services. The

findings are used for international comparison and for health service planning and health promotion intervention in Clalit and beyond. They will help to design and improve existing health promotion resources regarding health behavior, navigation and use of health services, while promoting policy for developing appropriate and accessible and communication channels in the healthcare system.

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Health literacy across healthcare settings: a reflection of the patient's needs and gaps in service provision

OSBORNE Richard

Health literacy is increasingly considered to be a determinant of equitable health outcomes in the developed and developing world. While the link between health literacy and development is not well documented, strong links exist between health literacy and education and also between education and development.

Based on available information, examples of successful health literacy interventions can be grouped into two broad categories:

- (1) In the clinical settings, improvements among patients have been made in
 - disease management, medical adherence and service use.
- (2) In community settings, improvements have been made in
 - community participation,
 - mobilization of community resources, and
 - creation of opportunities for meeting basic development needs in low income countries and, primarily in developed countries, promotion of healthy lifestyles.

HL: if we can't measure it, we can't manage it

While improvement in health literacy is a desired outcome, we cannot demonstrate improvements without a well-operationalised and sensitive tool to measure it. The Health Literacy questionnaire (HLQ) was specifically designed to provide diagnostic information on the health literacy needs and challenges of individuals in their engagement in interventions, services, and aid programs. Data from the HLQ therefore provides specific information on the composition of interventions to meet health literacy needs. This may include data to redesign current interventions (e.g., entry points, recruitment processes, clinical materials) such that a wider range of people (particularly those disadvantaged/usually neglected) can enter a service or intervention and stay engaged. A health literacy lens can provide added value to current programs through improved targeting, uptake and equity. The HLQ data also assists with creating de novo interventions.

Health literacy is an interaction between an individual's capabilities and their environmental and cultural context.

There are likely to be many determinants of health literacy that extend beyond the usual issues of education and literacy. In Western cultures the individualistic worldview predominates. In many Eastern/Asian cultures there is a more collective view. If ability to access, understand and use health and health services is at the core of health literacy, then the local culture and how health services are provided will strongly influence the local operationalisation of the construct. For example, in many tribal settings, information is handed down from leaders (elders) of the community – therefore concepts of individualistic seeking, understanding and acting on health information will not work. In these settings an understanding of how the community as a whole receives and transfers information becomes far more important than an individual's actions. Consequently the approach to measuring health literacy in Asia will need to be different to Europe.

In summary, a health literacy approach has the potential to:

- reduce health inequalities
- empower citizens to engage in their self-management of their own health and, consequently create multiplier effects through their family/community
- improve the targeting and impact of current aid programs
- increase productivity through improving health of workers and mitigating productivity loss through poor health
- diagnose how difficult it is for healthcare professionals and their organizations to deliver care and identify where resources need to be invested to ensure equitable services are provided across a community.
- strengthen health care systems

This presentation will outline how the Australian/Western culture and the Thailand/Eastern culture Health Literacy Questionnaires were developed and how the tools are being used in developed and developing countries to promote health equity and improve health outcomes.

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How do the 10 attributes of health literate organizations relate to the 18 core strategies and 5 standards of Health Promoting Hospitals and Health Services (HPH)?

PELIKAN Jürgen, DIETSCHER Christina

Introduction

The concept of health literacy is increasingly being discussed as a relevant determinant of individual health and a measurable quality of healthcare systems. Based on a comprehensive literature review, an integrated definition of health literacy was proposed as “people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course” (Sorensen et al. 2012). As such, the concept appears highly relevant to Health Promoting Hospitals.

Purpose/Methods

There is consensus on health literacy being an interactive concept, relating individual competences to contextual or situational demands. Therefore, health literacy can be improved both by addressing the abilities of people and by changing contextual demands, such as the transparency and navigability of healthcare systems and organizations. The latter approach is also taken by the Institute of Medicine in the USA who summarized 10 attributes of a health literate organization (HLO), by that compensating the traditionally strong focus of clinical medicine on the individual component (via patient information, education and counseling). While the settings approach in health promotion which is a.o. pursued by the International Network of Health Promoting Hospitals and Health Services (HPH) also includes the individual perspective, it puts more emphasis on how structures (including design) and processes of health care organizations can hinder or support health literacy. Against this background, the question how to integrate the 10 attributes of the IOM approach into concepts of HPH, especially into the 18 HPH core strategies and 5 standards, shall be addressed on the basis of a systematic analysis of the applicability of the 10 IOM attributes to the strategies and standards of HPH.

Results

The presentation will propose an integrated approach, provide exemplary indicators and suggest strategies for the organizational implementation of health literacy into health promoting health service organizations by building organizational capacities for health-literate organizations integrated into quality and health promotion structures.

Conclusions

Concluding recommendations for Health Promoting Hospitals will be formulated.

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Session O3.5: Workshop of the HPH-Taskforce for Children and Adolescents in and by hospitals

From Rhetoric to Realisation - Promoting the Health and Human Rights of Children

ROBINSON James

In the conclusion of her paper charting the development and implementation of the 1959 Platt Report in the UK Davies (2010) states: "If we are to provide care that meets the needs of hospitalized children in the 21st century we now need to focus our efforts on seeking their perspectives to inform practice." The Platt report had come about as the culmination of decades of development in understanding the impact of hospitalisation on the psychological well-being of the child. Evidence showed that separation from parents, which was common across Western hospital practice, caused significant distress to the child and could adversely impact on the parent-child relationship. Despite the evidence it was many years before hospital administrators and health care professionals changed their attitudes and practice toward involving parents in the care of the hospitalised child. Involving parents continues to be a challenge in some countries but far less of a challenge than that of involving children in their own care. Involving the child in decision making about their care is enshrined in Article 12 of the UN Convention on the Rights of the Child and Article 5 of the EACH Charter. However despite the fact that the UN Convention has been ratified by all but two nations and that the EACH charter has been accepted in some 16 countries in reality the voice of the child is seldom heard. In this workshop we will explore the extent to which we already engage with children and how we can further advance the cause of giving the child a voice in promoting their health and well-being. References: Davies R (2010) Marking the 50th anniversary of the Platt Report: from exclusion, to toleration and parental participation in the care of the hospitalized child. *Journal of Child Health Care* 14 (1) 6–23 European Association for Children in Hospital Charter <http://www.each-for-sick-children.org/each-charter/the-10-articles-of-the-each-charter.html> United Nations Convention on the Rights of the Child <http://www2.ohchr.org/english/law/crc.htm>

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Session O3.6: How can health services use patient-reported outcome measurements to promote better health?

How can health services use patient-reported outcome measurements to promote better health?

KRISTENSON Margareta

Patient reported outcome measures (PROM) are increasingly used in research, and also in routine health care, however, there is still a potential to use these measures more effectively. This symposium aims at giving examples on how PROM, especially measures of health-related quality of life (HRQoL), can be used to learn more about patients' health outcomes; and how this information can help us identify unmet needs. Especially, this symposium illustrates how this can be done using standardized measures in national quality registers. Speakers What can we learn by using measures of HRQoL as outcome measures? Evalill Nilsson; MD. PhD ; Östergötland County Council; Linköping HRQoL after intensive care – experiences from the Swedish Intensive care Registry (SIR) using the SF-36 as a basis for health promoting interventions after intensive care Lotti Orwelius; PhD, CCRN, Linköping University HRQoL after Hip surgery – implications for intervention using data on EQ5D from the Swedish Hip Arthroplasty Register Ola Rolfsson University of Gothenburg How to use a PROM instrument in a national quality registry - experience from the Swedish Pediatric Diabetes Quality Registry (Swediabkids). Karin Åkesson Futurum - the Academy for Healthcare, County Council, Jönköping.

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Session O3.7: Workshop of the HPH-Taskforce for Migrant-friendly and Culturally Competent Hospitals

Development of the HPH-TF MFCCH Equity Standards in Health Care for Migrants and other vulnerable Groups

CHIARENZA Antonio

This workshop will target primarily hospital/ health care management and professionals with management responsibilities. Workshop Organisers: Representatives of the HPH Task Force MFCCH

Introduction

The HPH-Task Force on Migrant-Friendly and Culturally Competent Healthcare has developed a set of standards aimed at providing healthcare organizations with a comprehensive strategy for measuring and monitoring accessibility, utilization and quality of health care for migrants and other vulnerable groups. The proposed standards and measurable elements were derived from literature documenting theoretically and evidence-based policies that promote equity in health care as well as a critical review of existing standards. They adopt an approach at both individual and organisational levels, based on the idea of encouraging staff to focus on the uniqueness of the individual, recognising and valuing all differences, and ensuring equity of treatment for all as the major strategy to reduce disparity in health care. The standards for equity in health care address 5 domains: (1) Equity in policy, (2) Equitable access and utilisation, (3) Equitable quality of care, (4) Equity in participation and (5) Promoting equity. Effective equity standards can be one crucial mechanism for operationalizing strategic commitments to equity in healthcare organisations. Thus, the final goal of the standards is to provide hospitals and health services with a self-assessment tool for identifying problems (e.g. inequitable access, systematic barriers) and solutions (e.g. measurable improvements, equity-oriented planning). Similar to the HPH standards, the standards for equity provide a real opportunity for staff and services to question what they do, why they do it, and whether it can be done better.

Workshop Aim

The aim of this workshop is to present and discuss the development process and validity testing of the tool in a sample of 45 health care organisations from 12 countries. Pilot organisations were asked to assess clarity, relevance and applicability of the standards and their compliance with staff and service needs. As a whole, the evaluation of the standards was positive, however some criteria proved to be somewhat problematic and suggestions for improvements were made by pilot institutions. On the base of the feedback received from the pilot test an improved

version of the standards was developed which will be presented in the workshop. Specific attention will be given to the standards on equity policies, accessibility, and quality of care by representative of Norway, Spain and The Netherlands, illustrating the outcomes and the level of compliance with the standards in the health organisations involved. The workshop will conclude with the illustration of future steps and activities of the HPH-Task Force on Migrant-friendly and Culturally Competent Healthcare.

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Equity in healthcare policies and programmes

SEELEMAN Conny, ESSINK-BOT Marie-Louise

The objective of the standard on policy is to define how an organisation should develop policies, governance and performance monitoring systems, which promote equity. The four substandards in this domain concern the following topics: 1) promoting equity in all aspects of activities; 2) measuring equity performance; 3) having an integrated equity plan; 4) competent staff. Context In the Netherlands we pilot tested the Equity Standards in three organizational settings: an organization for nursing-homes and home care; a paediatric hospital; a dept. of gastroenterology and hepatology in an academic hospital. In each setting we organized an in-depth interview with a key-informant to both validate the standards and to assess each organization's compliance with the standards. Additionally we interviewed two informants specifically about the standard on participation.

Preliminary findings

Adapting the Equity Standards into Dutch proved to be a time-consuming and difficult task. Importantly, we could not translate the word 'equity' and therefore used the English term with a descriptive clarification in Dutch. Only the nursing-home organization had an explicit equity policy (called 'interculturalisation policy'), relating to most subjects the Equity Standards intend to cover. The Equity Standards ask organizations to review the impact of all their plans and policies on equity. However, none of our organizations showed such a pro-active approach to equity in all policy. Equity performance was only assessed in the nursing-home organization. Although two organizations offered some training to their staff related to equity, none of the organizations had an extensive equity training program. We found that completion of the standards was an intervention in itself. For example, asking a key informant about data collection to measure equity in accessibility of the organization made the respondent reflect on accessibility. The respondent became aware that he had always assumed that accessibility was equal among all the organization's patients, but that this had never been verified.



Conclusion

The three organizations assessed the policy standard on policy as clear, relevant and applicable, but only one organization addressed equity actually at policy level. The Dutch pilot also suggests that the equity standards are usable as a self-assessment to identify equity problems in an organization.

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Equitable access and utilisation of health services

KUMAR Bernadette Nirmal, LE Christopher

Demographic changes caused by the increase in international migration have posed new challenges to health care services. The Norwegian Laws stipulate that equitable health services shall be made available regardless of age, gender, ethnicity or geographical place. The Ministry of Health and Care Services recognizes that services need to be adapted to the patients' needs. Documenting inequity in health care remains a challenge; therefore, it is essential to generate evidence. Evidence based practice will enable attaining equitable access and utilisation of health services for migrants and other vulnerable groups. Norwegian Centre for Minority Health Research (NAKMI) is a national research, policy and development centre established by the Norwegian Ministry of Health and Care Services, and managed by the Norwegian Directorate of Health located at the Oslo University Hospital. As the Norwegian National centre, NAKMI aims to promote and contribute to attaining equitable health services in Norway. NAKMI's multi- and interdisciplinary approach to health is wide ranging covering both somatic and mental health at the local, national and international level. Our main target groups are health policy makers and managers, health professionals, researchers, students and others who work within the field of minority health. NAKMI is also a member of the HPH-Task Force on Migrant-Friendly and Culturally Competent Healthcare, which has developed a set of standards aimed at providing healthcare organizations with a comprehensive strategy for measuring and monitoring accessibility, utilisation and quality of health care for migrants and other vulnerable groups. As one of 12 countries conducting the pilot test of the standards, NAKMI has successfully managed to pilot these standards in Norway in three University Hospitals and one Nursing Home for the elderly in 2012. In the course of the piloting we conducted 27 focus groups and collected data from 148 evaluation forms. Each focus group was restricted to a specific standard and the respective evaluation form. Of the 5 standards tested NAKMI has had the responsibility for Standard 2 on equitable access and utilization of health services. Testing of the standard 2 in Norway included 6 focus groups and 36 forms. We will present the preliminary results from the pilot testing of standard 2 from Norway and from the total sample of 45 health organizations,

from 12 countries. We will focus on the comparison of results from the entire sample and Norway drawing out the lessons learnt from the pilot testing.

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Equitable quality of care for all patients

SANTIÑÀ Manel

The objective of the standard on equitable quality of care is to assist the organisation in developing the following areas so that they respect the uniqueness of patients: patient assessment; staff / patient interactions; safe environment; discharge and continuity of care. The four substandards in this domain concern the following topics: 1) the assessment of health needs; 2) consider individual patients' ideas and their experiences of health and illness; 3) ensure that the organization has an environment that makes the patient feel safe; 4) ensure effective discharge and continuity of care. ContextThe HPH-Catalonia has participated by pilot testing the standards in two high technology teaching hospitals. MethodsBoth organizations followed the same methods to evaluate the 3rd standard. First of all, we created a working team composed by members of the Quality and Clinical Safety Department and by different professionals (doctors, nurses, social workers). All team members individually evaluated the different items in the standard and finally the responses were shared and discussed to achieve a single answer accepted by everybody. Preliminary findingsBoth organizations assessed the different items of the 3rd standard, the 'Equitable quality of care for all patients' and agreed that this standard is in general clear, relevant and applicable in our organizations, but might be necessary to further clarify how to measure some items that can be difficult to assess, e.g. "The organization takes account of the individual characteristics and experience of each patient in clinical practice". Both organizations fulfilled most of the items in the standard, but not as a part of a specific equity program. All the initiatives were part of other accessibility, privacy, assessment of patients' needs or patient comfort programs. ConclusionsThe objective of the standard ("To assist the organisation in developing specific areas so that they respect the uniqueness of patients") seems to be achieved: the standard provides clear directions on how to deliver a high quality, patient-centred care for all, acknowledging the unique characteristics of the individual and acting on these to improve individual health and wellbeing. We suggest to incorporate these standards as a specific part of the global HPH standards, in order to increase the value of this sets of standards and take advantage of synergies between them.

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Session O3.8: Health Promotion in Complex Interventions

Health Promotion in Complex Interventions

PEDERSEN Bolette

In this symposium we will address how to integrate health promotion in complex interventions for different patient groups by presenting examples on best evidence based practice and on-going research projects. The presentations include evidence on using computerized alcohol screening in emergency or hospital settings, preoperative smoking cessation interventions and physical exercise programmes before surgery. Finally, a gold standard alcohol cessation programme in acute fracture surgery and a lifestyle intervention programme for alcohol and drug addicts will be presented. The symposium will include a discussion among the participants and speakers. Programme Computerized alcohol screening and intervention in emergency or hospital settings. T Neumann, H Krampe, LF Kerper, E Weiß-Gerlach, C Spies. Interventions for preoperative smoking cessation. T Thomsen, N Villebro, AM Møller. Physical exercise and postoperative outcomes. PR Nielsen, H Tønnesen. Scand-Ankle project: Alcohol intervention in acute surgery. J Weber, B Pedersen, K Oppedal, L Egund, H Tønnesen. VIP project: Health Promotion for Alcohol and Drug Abusers. K Hovhannisyan, E Skagert, K Thornqvist, M Ohlsson, MM Wikström, H Tønnesen.

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Computerized alcohol screening and intervention in emergency or hospital settings

NEUMANN Tim, KRAMPE H, KERPER LF, WEISS-GERLACH E, SPIES C

Introduction

Screening and intervention for alcohol use disorders in emergency or hospital settings faces constraints such as limited resources (staff, time, financial, training). Computerized screening and intervention is one way to provide screening and intervention services to patients otherwise not reached in hospital or emergency settings.

Purpose/Methods

Systematic literature, search terms: Computer, screening OR intervention, alcohol, hospital OR emergency (and synonyms).

Results

There was some evidence of efficacy in reducing risky alcohol use (6 RCTs, 3 observational studies identified); however due to a substantial heterogeneity in respect to study design it is impossible to draw further conclusions. Computerized screening and intervention is feasible and accepted by staff and patients, however many patients were missed, not eligible or refused participation. Compared to the routine procedures of identification and documentation of alcohol use, anonymous computerized alcohol screening identified more at-risk drinkers.

Conclusions

More evidence is needed to learn how integration in a stepped approach can result in a risk reduction similar to more intensive interventions or how issues of confidentiality do impact on screening results and the number of patients receiving an intervention.

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Interventions for preoperative smoking cessation

THOMSEN T, VILLEBRO N, MØLLER AM

Introduction

Smokers have a substantially increased risk of postoperative complications. Preoperative smoking intervention may be effective in decreasing this incidence, and surgery may constitute a unique opportunity for smoking cessation interventions. The objective of this review was to assess the effect of preoperative smoking intervention on smoking cessation at the time of surgery and 12 months postoperatively and on the incidence of postoperative complications.

Purpose/Methods

The specialized register of the Cochrane Search methods: Tobacco Addiction Group was searched using the free text and keywords (surgery) or (operation) or (anaesthesia) or (anesthesia). MEDLINE, EMBASE and CINAHL were also searched, combining tobacco- and surgery-related terms. Most recent search April 2010.

Results

Selection criteria: Randomized controlled trials that recruited people who smoked prior to surgery, offered a smoking cessation intervention, and measured preoperative and long-term abstinence from smoking and/or the incidence of postoperative complications. Data collections and analysis: The authors independently assessed studies to determine eligibility. Results were discussed between the authors. Main results: Eight trials enrolling a total of 1156 people met the inclusion criteria. One of these did not report cessation as an outcome. Two trials initiated multisession face to face counselling at least 6 weeks before surgery whilst six used a brief intervention. Nicotine



replacement therapy (NRT) was offered or recommended to some or all participants in seven trials. Five trials detected significantly increased smoking cessation at the time of surgery, and one approached significance. Subgroup analyses showed that both intensive and brief intervention significantly increased smoking cessation at the time of surgery; pooled RR 10.76 (95% confidence interval (CI) 4.55 to 25.46, two trials) and RR 1.41 (95% CI 1.22 to 1.63, five trials) respectively. Four trials evaluating the effect on long-term smoking cessation found a significant effect; pooled RR 1.61 (95% CI 1.12 to 2.33). However, when pooling intensive and brief interventions separately, only intensive intervention retained a significant effect on long-term smoking cessation; RR 2.96 (95% CI 1.57 to 5.55, two trials). Five trials examined the effect of smoking intervention on postoperative complications. Pooled risk ratios were 0.70 (95% CI 0.56 to 0.88) for developing any complication; and 0.70 (95% CI 0.51 to 0.95) for wound complications. Exploratory subgroup analyses showed a significant effect of intensive intervention on any complications; RR 0.42 (95% CI 0.27 to 0.65) and on wound complications RR 0.31 (95% CI 0.16 to 0.62). For brief interventions the effect was not statistically significant but CIs do not rule out a clinically significant effect (RR 0.96 (95% CI 0.74 to 1.25) for any complication, RR 0.99 (95% CI 0.70 to 1.40) for wound complications).

Conclusions

There is evidence that preoperative smoking interventions including NRT increase short-term smoking cessation and may reduce postoperative morbidity. The optimal preoperative intervention intensity remains unknown. Based on indirect comparisons and evidence from two small trials, interventions that begin four to eight weeks before surgery, include weekly counselling, and use NRT are more likely to have an impact on complications and on long-term smoking cessation. We are currently updating the review and will present the updated results in May.

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Physical exercise and postoperative outcomes

NIELSEN Ret Rotbøll, TØNNESEN Hanne

Introduction

Clinical studies have evaluated a correlation between preoperative walking capacity or function and outcome after hip and knee joint replacement surgery with contradictory results. Our aim was to investigate the effect of preoperative metabolic and/or aerobic exercise on surgical outcome, as well as to evaluate the effect of cumulated exercise by using a cutoff value at 3.5 hours through a systematic review.

Purpose/Methods

The literature search was performed in Pubmed, Embase, and Cochrane Library databases. The inclusion criteria were ran-

domised controlled trials, full paper publications, describing the preoperative exercise program and reporting outcome data. Exclusion criteria were inadequate randomisation, and unclear interventions or outcomes. The final literature analysis involved 12 studies. The review included meta-analyses on postoperative complications, specifically deep venous thrombosis, and length of stay.

Results

The trials included 616 patients in samples sizing from 20 to 131. The duration of follow-up ranged from 12 to 96 weeks. The preoperative period of training ranged from 4 to 8 weeks; the number and duration of individual sessions varied from 9 to 56 and from 30 to 60 minutes, respectively. All trials reported one or more primary outcome. Meta-analyses were possible for postoperative complications and lengths of stay. Neither development of deep venous thrombosis, odds ratio 0.48 (95% CI 0.18 to 1.25) nor the total complication was significantly reduced, 1.08 (0.64 to 1.86). The result for length of stay was -0.22 (-0.86 to 0.42).

Conclusions

This review showed that preoperative exercise had no effect on the surgical outcome, neither overall nor for the cut-off value of 3.5 hours per week.

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Scand-Ankle: Alcohol Intervention in Acute Surgery

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Introduction

Patients with a high alcohol intake have an increased risk of having complications compared with patients with a low intake and non-drinkers [1]. Preoperative alcohol cessation intervention has been shown to halve the frequency of postoperative complications. However what still remains unexplored, is the effect of alcohol cessation during and after surgery.

Purpose/Methods

A randomised clinical multi-centre study with blinded evaluation and analyses. The study evaluates the effect of an intensive patient education programme aimed at alcohol cessation in the perioperative period for adult patients drinking 21 or more drinks per week for at least 3 months undergoing osteosynthesis for ankle fracture. The programme consists of weekly meetings to support alcohol cessation; including alcohol withdrawal prophylaxis and supervised disulfiram. The scope of the programme is alcohol cessation for 6 weeks following surgery with follow-up visits up to 12 months after surgery. We aim to include 2 x 60 patients in the trial.

Results

Patient recruitment is ongoing since December 2009. The primary outcomes are *Postoperative complications and second surgery *Frequency of continuous alcohol cessation and changes in alcohol intake (biochemically validated) *Cost and cost-effectiveness

Conclusions

The effect of perioperative alcohol cessation intervention has not yet been investigated, and the Scand-Ankle trial is evaluated in four PhD theses. In perspective, on short term we expect the number of postoperative complications and use of health care resources to be reduced by alcohol cessation in the perioperative period. On long term, the effects of alcohol cessation or a reduced alcohol intake can yield other significant health effects.

Comments

References: [1] Tønnesen et al. Smoking and alcohol intervention before surgery: evidence for best practice. *Br J Anaesth.* 2009 Mar;102(3):297-306.

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outcomes are health status, health-related quality of life, harm reduction, use of health services, time to return to work (or similar activity). Patients randomized to control group with conventional treatment or intervention group with 6 weeks VIP program. Both groups followed up for two years.

Results

VIP Screening: 203 patients were screened, age 50 years (range 27-75), 66 % man and 34 % woman. 77% were alcohol dependent, 54% drug dependent and 31% both. The 80% had at least one HD, 50% had two and 27% had three HD. 79% were smokers (18% also snuff), 70% had overweight and 44% were physically inactive. 77% of the screened had at least one co-morbidity and 30% had two or more. 46% had heart disease, 30% respiratory disease, 27% liver disease and 9% had diabetes. VIP RCTs: 120 patients (59%) was subsequently included in the RCT, which is ongoing. Data is not yet analysed.

Conclusions

The preliminary conclusion is that there seems to be a major need for additional health promotion activities among substance abusers.

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VIP (Very Important Patient) project: Health Promotion for Alcohol and Drug Abusers

**HOVHANNISYAN K, SKAGERT E,
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MM, TØNNESEN H**

Introduction

Drug and alcohol addiction often accompanied by other risk factors such as heavy smoking, poor nutrition and physical inactivity. In addition, co-morbidity may also be increased compared to the background population. A comprehensive cross-section Health Promotion could have a major potential for better outcomes for these patients. The aim is to identify the presence of comorbidity and lifestyle risk factors, and to evaluate the effect of adding the VIP program to usual alcohol and drug treatment.

Purpose/Methods

VIP project consists of VIP Screening and VIP RCT. VIP Screening: 400 adult men and women with alcohol and drug dependency are screened. Lifestyle factors, comorbidity, socioeconomic factors recorded and analysed. VIP RCT: 2 x 120 patients included after screening, if they have at least one health determinant (HD) in addition to alcohol/drugs dependency and at least one co-morbidity. Primary outcomes are compliance to addiction treatment and alcohol or drug-free days. Secondary



Session O4.1: Health promotion for children and adolescents in and by health services

Youth Friendly Hospital Model

WILHELMSEN Kjersti Sirevåg

Introduction

Akershus University Hospital identifies young people as a group of patients with it's own challenges and needs. In wanting to better meet the challenges and needs of this group, the hospital started the Adolescent Medicine Project as priority area in 2012-2016. Our vision is to become a youthfriendly hospital. A key component of this developing project is the involvement of young experts.

Purpose/Methods

To approach this ambitious and important task, the project created the "Youth Friendly Hospital Model" (YFHM), which consists of six young-people-oriented- themes around a core:

1. Availability (- of service for the young person)
2. Environment (physical and psychological, suited for the young person)
3. Transition (going from health care for children to health care for adults)
4. Competence development (Improving hospital staff skills to meet the needs of young persons)
5. Collaboration across services (between health care for children and adults and across different administrative levels in healthcare services).
6. Rights (awareness and compliance)

At the core of the model is the youth council. One of the project's stated goals is to ensure genuine user participation. A council of around 10 young people (15-20 yrs) mirroring important patient groups is recruited. The youth council's mandate is to comment and to elaborate on the six YFHM-themes.

Results

In august 2012 two subprojects, each corresponding to one of the YFHM-themes, were created. A workgroup of clinical staff were assigned to each of the subprojects. For 2013 these two subprojects will continue, in addition to the formation of new subprojects corresponding to other YFHM-themes will be chosen. A project leader, serves as a liaison between the groups (youth council, subproject work group, project head management group) and keeps "the ball in play

Conclusions

To set ambitious goals is not enough. We found the usefulness of mapping out concrete areas of intervention, within a comprehensive framework. We believe our model keeps our ambitions within reach. We believe adolescent medicine is about the specialist health meeting youth on their terms, in order to promote health and coping for the young.

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Improving child health promotion practices in multiple sectors – outcomes of the Swedish Salut Programme

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Introduction

To improve health in the population, public health interventions must be successfully implemented within organisations, requiring behaviour change in health service providers as well as in the target population group. Such behavioural change is seldom easily achieved. The purpose of this study was to examine the outcomes of a child health promotion programme (The Salut Programme) on professionals' self-reported health promotion practices, and to investigate perceived facilitators and barriers for programme implementation.

Purpose/Methods

A before-and-after design was used to measure programme outcomes, and qualitative data on implementation facilitators and barriers were collected on two occasions during the implementation process. The sample included professionals in antenatal care (ANC), child health care (CHC), dental services (DS) and open pre-schools (OP) (n=144 pre-implementation) in 13 out of 15 municipalities in a Swedish county. Response rates ranged between 81% and 96% at the four measurement points.

Results

Health promotion practices and collaboration improved in all sectors. Significant changes included an increase in the extent to which professionals raised a range of lifestyle topics (CHC, DS) including issues related to men's violence against women (ANC), an increased use of motivational interviewing and 'fathers visits' (CHC), improvements in the supply of healthy snacks and beverages (OP), and increased inter-sectorial collaboration. Main facilitators included sector-specific work manuals and inter-sectoral collaboration, while main barriers were related to workload issues.

Conclusions

This multisectoral programme for health promotion, based on sector-specific intervention packages developed and tested by end users, and introduced via interactive multisectoral seminars, shows potential for improving health promotion practices and collaboration across sectors. Consideration of the key

facilitators and barriers for programme implementation as highlighted in this study can inform future improvement efforts.

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Facilitating Implementation of Child Development Programs

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Introduction

For years, researchers have tried to provide insight into change dynamics that might guide organizations to successfully implement innovations. But the fundamental nature and causes of change is still not fully understood. A broader organizational dimension of change and the concept of process facilitation were addressed when studying an implementation of the International Child Development Program (ICDP) in Västerbotten County. The attempt was part of a larger initiative aiming at developing, increasing and coordinating strategies for parent-ing-support.

Purpose/Methods

The purpose was to increase knowledge regarding factors that could influence and challenge organizational changes in order to improve understanding of contributors to adoption and sustainability when implementing the ICDP. A holistic, action-oriented, iterative research approach was used. Data was collected through interviews, observations and questionnaires. The views of employees, managers and process facilitators regarding the implementation process were analyzed in terms of if, how and by whom, factors were perceived as likely to affect the implementation process.

Results

This study covers an initial phase of the implementation of the ICDP. It provides a holistic model, covering factors of importance when implementing the ICDP, including areas where adequate attention was lacking. The most significant discrepancies between perceived levels of importance and perceived level of prevalence were found regarding; "comprehensive plan of action", "hands-on support", "anchoring on relevant organizational levels", "networking" and "systematic follow-up". Factors described as present were; "motivation" and some features of the "innovation" (e.g. potential for reinvention).

Conclusions

An initial lack of process-management was obvious and reported by all respondent categories. It is therefore notable that the factor "motivation" seemed to be present to a high degree. Results from this study in terms of the holistic model might be used as a basis for defining roles and division of responsibilities for those deciding upon change initiatives. In an ongoing follow-

up study, the impact of initiatives on working routines related to parenting support is investigated.

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An educational counselling group-programme for parents of children with disabilities

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Introduction

The burdens on parents of children with disabilities are well documented, and the parents' way of handling the situation is crucial to the health and well-being of all family members. We wanted to conduct a supportive group-based counselling programme, aiming at increasing the parents' ability to handle the situation. Based mainly on Gestalt education and personal construct theories, a group-model (Haugli & Steen) had been evaluated among patients with chronic pain, and adjusted to employees at long-term sick leave.

Purpose/Methods

The aim was to further develop a programme for the parents, in order for them to become more aware of themselves and handle better their situation. A working group of parents together with professionals skilled in counselling, discussed the structure and themes of the sessions. Then they developed the sessions' programme and methods, which were tried out and evaluated by the parents. By exploring new ways of thinking, reacting and behaving, they experienced some processes of change.

Results

The programme had a total of four sessions, each lasting five hours during daytime and addressing a specific theme: self-identity, one's own core values, own emotions and own qualities. The individual activities were such as mindfulness and body awareness training, writing, creative drawing and guided imagery, shared with others in pairs, in small groups or the whole group. The group leaders encouraged the participant's story telling, awareness of available resources and exploring own solutions, also in-between the sessions.

Conclusions

This programme illustrates themes and methods that can give parents of children with disabilities a support to "pause" in daily routines and enhance their understanding of their situation and themselves, to detect new priorities, resources and possibilities when it comes to how to handle the situation. We need more knowledge about methods for supporting the participants' new awareness and understanding to develop health promotion



measures relevant for them and other groups who experience long-lasting health problems.

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Influence of Pets on Social Competence of Children

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Introduction

Animal assisted therapeutic interventions increase in number and intensity throughout child- psychiatric hospitals. However, the reasons for positive therapeutic effects in specific human animal interactions still remain unclear. The epidemiological part of our study examines if the presence of pets during childhood shows a positive effect on the psychosocial adjustment of children and therefore on their mental health. The experimental part of our study looks into specific analogous human – animal interactions, specifically into interactions between in-patient children and dogs.

Purpose/Methods

The Child Behaviour Checklist (Achenbach, 1991) is used as screening instrument. A self developed parent questionnaire is used to examine the extent of child animal interaction and psychosocial adjustment of the child. With a Semantic Differential (Osgood), a polarity profile to capture different assessments, the individual subjective assessment of dog features by the child is examined through analysis of specific emotional and arousal factors. The evaluation is effected from variance and factor analytic methods and T-test for independent samples.

Results

Our results confirm that children develop significantly less dissociative symptoms if they grow up with domestic animals, especially if they show responsibility towards the animal, but also, if they were able to adequately cope with loss of the animal during childhood ($p=0.05$). This finding applies for both children with an internalising and externalising symptom pattern. Children with internalising disorders preferred homogeneous and stable dog features, whereas children with externalising disorders preferred variable and stimulating dog features ($F=0.01$).

Conclusions

Our study outlines the role of domestic animals as a measurable contributing factor for social competence. The extent of this positive effect in children depends on the quality of the interaction between child and animal. Animal assisted therapeutic interventions in child psychiatric hospitals should be based on a suitable match of characteristics of the disorder and tempera-

ment features of the child on one hand and temperament features of the animal on the other.

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Session O4.2: Improving equity in healthcare for socio-economically vulnerable groups

Health care partnerships: reducing barriers to health care in vulnerable areas

EKBERG-JANSSON Ann, ASCHER Henry, WERNERID Ida, RANJBAR Vania

Introduction

Chronic Obstructive Pulmonary Disease (COPD) is increasing in prevalence worldwide. Most known cases are diagnosed too late; 8/10 individuals remain undiagnosed and thus do not receive treatment. COPD almost exclusively affects smokers and former smokers. Northeast Gothenburg, a region with low socioeconomic status and a large migrant population, is particularly affected due to many smokers and low health service usage despite high rates of illness. Late diagnosis generally entails poor prognosis; therefore, efforts are required to ensure early detection.

Purpose/Methods

The project entailed Angered's Local Hospital coordinating a partnership with local community health centres to arrange free spirometry sessions at various locations throughout the northeast region on World COPD Day. It aimed to reach individuals who normally do not encounter health services in order to detect suspected COPD cases in early stages (1 and 2) as the illness becomes increasingly difficult and costly to treat in later stages (3 and 4). Sessions were also advertised through local newspapers and radio.

Results

Nearly 300 spirometries were conducted. Efforts to reach high-risk individuals were largely successful as the majority of those screened were smokers or former smokers. Within these groups, roughly 30% were suspected COPD cases. Furthermore, more than 80% of these were considered to be in an early stage (stage 1 or 2). A survey among the local community health centres indicated that staff held overwhelmingly positive attitudes towards the collaboration and the achievements of the project.

Conclusions

Through collaborations and by adapting health services to the population being served, barriers to health care can be reduced which enables greater opportunities for early interventions. In the long run, such early interventions are likely to be beneficial and profitable to individual patients as well as society as a whole.

Comments

Staff members completing the survey reported that collaboration projects produce greater awareness and therefore greater effects. As such, they proposed collaboration also with regard to other public health topics, for example diabetes testing.

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Identifying and Preventing Medical Errors in Patients who Experience Language Barriers when Receiving Care

BETANCOURT Joseph

Introduction

The Institute of Medicine report Crossing the Quality Chasm defined patient safety as an essential component of high quality health care. The role of language barriers and their impact on adverse events and patient safety is now receiving greater attention. Research suggests that adverse events that affect patients who experience language barriers when receiving care are more frequently caused by communication problems and more likely to result in serious harm compared to patients who don't.

Purpose/Methods

1. Systematic review of the literature on language barriers and patient safety (English articles, PubMed, 1966 to 2009).
2. Interpreter pilot project to gather additional insight into the types of patient safety incidents they commonly observe.
3. In-depth interviews with frontline staff and clinical and administrative leaders to obtain input on conditions affecting safety for patients who experience language barriers in care, and culturally diverse patients.
4. "Town Hall" meeting to help inform our understanding of how hospitals are addressing linguistic and cultural sources of error.

Results

Our research identified five key recommendations:

1. Foster a supportive culture for safety of diverse patient populations
2. Adapt systems to better identify medical errors in LEP patients

3. Develop strategies to empower frontline staff and interpreters to report medical errors

4. Develop systems to routinely monitor patient safety among LEP patients

5. Prevent errors by strengthening interpreter services, providing translated materials, and developing training on interpreter use, cultural competency, and advocacy. We developed a Hospital Guide and Team Communication Training Module (TeamSTEPPS) to prepare hospitals to meet these challenges.

Conclusions

There are certain high-risk clinical situations that need attention to prevent adverse events among patients who experience language barriers in care. These high-risk scenarios include: medication reconciliation, patient discharge, informed consent, emergency department care, and pre, peri- and post-operative care. Ensuring that resources are available to address these high-risk clinical situations should be a priority. Below are three key recommendations to address these high-risk scenarios:

- Require presence of qualified interpreters
- Provide translated materials in preferred language
- Use "teach-back" to confirm patient understanding

Comments

The key research findings will be presented, recommendations, and an overview of the Hospital Guide and the TeamSTEPPS Communication Training Module. This work has particularly relevance to Migrant-Friendly Hospitals and those that are strengthening their capacity to deliver quality care to diverse patient populations. It is being disseminated across the US now, several key recommendations are being implemented as well.

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A learningproject - Care on equal conditions

WALLIN Hanna, GRANATH Marianne

Introduction

Primary prevention and health promotion efforts within health care services should reach groups who are at particular risk of poor health. Currently, health and medical services do not reach all of the population equitably. As part of the development towards equitable care, the Swedish Association of Local Authorities and Regions (SALAR) has started the project entitled "Care on equal conditions". The project is an agreement between SALAR and the Swedish Government during the years 2011-2014.

Purpose/Methods

The purpose of the project is to identify and develop methods for achieving equitable care. The project covers all aspects of health and medical care, from reception, accessibility, treatment and cohesive care processes to management and govern-



ance. The method is based on Breakthrough Series. Teams from nine primary care units, geographically spread in Sweden, are collaborating. Most of the development work is carried out directly in the health care unit. Development is based on the local situations for each unit.

Results

A steering committee has set four areas to work within: 1) Access for groups that are not reached by health and medical services today and are at particular risk of ill health, 2) Communication skills in health services, 3) Access to health promotion and preventive health efforts and 4) Patient satisfaction. The final results will be presented in late 2013. The project is evaluated by researchers from the School of Health, Care and Social Welfare at Mälardalen University.

Conclusions

In Sweden welfare services such as health care have a major impact on population health. The health care service is an important arena and actor that can reduce health inequalities. It is possible and important to develop methods within health care units to be able to reach population equitably. The methods been tested and evaluated in this project are intended to be distributed and implemented national.

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What is killing our kids, Risk Reduction in Vulnerable Groups

MULLEN Jana, MULLEN Julianne

Introduction

the data to be reviewed is compiled from the CDC (Center for Disease Control, USA) and American Academy of Pediatrics looking at age related deaths we will also review preventive services aimed and decreasing this number the presentation gives an overview on both latest trends and action taken to save lives for instance SIDS in infancy motor vehicle accidents in teens with proven programs including "Back to Sleep" and graduated drivers licenses in particular States in USA Specific to our State in New Mexico drug related overdoses: rehabilitation programs Harm reduction quality measures needle exchange programs

Purpose/Methods

present the numbers and the facts

Results

review of the data and measures for prevention

Conclusions

In seeing where preventable deaths occur we can direct our focus to prevention, both in information systems, rallying our

political legislation to make changes, inform the public and create a greater awareness for change which can make a substantial impact on creating better lives for our children and less risk for the future

Comments

I am a member of the Academy of Pediatrics and have worked both on the board for my County Public Health Department as well as on their Child Protection Team and am presently on the HPH task force for children and adolescent rights in hospitals.

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Applying the capabilities approach to migrant health and health care

PITHARA Christalla

Introduction

The capability or capabilities approach offers an understanding of well-being based on the effective opportunities or freedoms of individuals to live in ways they perceive as worthwhile. It promotes empowerment rather than a top-down view of how individuals should behave in different contexts, including health and health care. The capabilities approach has so far been applied in health and health care, health economics, development studies and political philosophy, immigration and health inequalities.

Purpose/Methods

To pull together evidence from the various contexts in which this approach has been applied and discuss its importance in migrant health. It will focus discussion on temporary migrants, using evidence from the case of Cyprus as an example.

Results

Temporary migrants have not been included in discussions of health inequalities or health inequities because of migration policies which aim to control and limit entitlements in order to discourage permanent residency. The state of health and health care however cannot be removed from the wider context of social, political, cultural and policy realities, and these realities impact on health inequities, despite any improvements in the way health care is delivered.

Conclusions

The capabilities approach fits well with the holistic approach to health care, which acknowledges the interconnections between the biological, psychological, and wider social systems in the promotion and sustaining of good health and wellbeing, and the notion of patient empowerment. It allows for the ethical and moral assessment of existing policies and social and organizational infrastructure, while at the same time acknowledges the role of health agency in health functioning.

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Session O4.3: Using patient-reported outcome measures in healthcare

Should we collect point-of-contact feedback? Perspectives and experiences of patients, staff, and volunteers at an inpatient rehabilitation facility.

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Introduction

Comprehensive service evaluation includes the patients' perspectives. Point-of-contact feedback (POCF) enables patients to provide feedback during or immediately after a care episode. Although increasingly common, little is known regarding patients' and staffs' perspectives of POCF. Hence, it is uncertain whether POCF is an appropriate and useful method of service evaluation.

Purpose/Methods

The study sought to discover the perspectives and experiences of patients, staff, and community volunteers regarding POCF at a 100 bed sub-acute inpatient rehabilitation facility. Patients at the facility provide weekly POCF via a hand-held electronic five item Likert-style questionnaire collected by two volunteers from the community. Participants included 20 current patients, 26 staff from 10 different professional groups, and 2 community volunteers. Two researchers collected data via semi-scripted interviews. Data was collected and analysed using constant comparison methods during which themes were identified.

Results

Patients, staff and volunteers endorsed POCF as appropriate and potentially useful for evaluating and improving services. Patients appreciated the opportunity to provide feedback and enjoyed the volunteers' attention and conversation. POCF enabled feedback from patients who indicated they might not respond to mail-out questionnaires. Staff: valued regular and up-to-date performance feedback; expressed concerns about patients under-reporting negative feedback due to fear of reprisal; wanted POCF integrated into quality improvement processes; wanted additional feedback that included both

quantitative and qualitative information from other methods such as post-discharge questionnaires and focus groups.

Conclusions

Our data from patients, staff and community volunteers supports the use of POCF. By capturing information from patients who might not respond to other service evaluation methods, POCF provides a unique perspective of health-service performance. However, because of POCF's limitations, patient feedback should also be sought from other methods to ensure services are accurately and comprehensively evaluated from the patients' perspective. To gain the most benefit from POCF, healthcare organizations need to design and implement systems to respond to feedback in a timely fashion.

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Determinants of Quality of Life in HIV patients. A pilot study.

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Introduction

As HIV has evolved from a lethal towards a chronic disease, quality of life (QoL) has become an important outcome variable in HIV care. Concerns about the physical and mental consequences of the chronic illness became prominent. In HIV treatment decisions, the impact on QoL is a particular point of interest for both physician and patient. The aim of this pilot study was to evaluate and to identify the determinants of QoL in a single centre HIV cohort.

Purpose/Methods

The study was conducted between January 1st and October 31st 2012 at a tertiary care referral centre in Belgium. Every HIV patient actively followed was eligible to participate. Socio-demographic data were collected by using a specifically developed self-report questionnaire in addition with the EuroQoL-6D (EQ, Hoeymans et al, 2005), the MOS-HIV (Wu et al, 1998), the Beck Depression Inventory-II (Beck, 2002) and three neurocognitive complaints (NCC) screening questions (Simioni, 2010). SPSS Statistics 21 was used for statistical analyses.

Results

A total of 237 patients participated. Sex ratio is 4:1, mean age 45.8±10.7 years and 63.7% is homosexual. Mean EQ-score is 0.84±0.18, comparable to the general population (0.88, Hoeymans et al, 2005). Mean Physical and Mental Health Score (PHS, MHS) are 53.0±9.5 and 50.8±9.8, respectively. In multiple



logistic regression analysis depressive symptoms (EQ OR 3.2 (CI 1.27-7.98), PHS 3.9(1.37-10.86), MHS 31.9(12.66-80.61)), being disabled (EQ 9.31(3.08-28.15), PHS 45.5(11.40-181.42)), NCC (EQ 3.97(1.81-8.73), MHS 4.04(1.63-10.00)) and non-adherence (PHS 2.70(1.03-7.12)) were independently associated with diminished QoL.

Conclusions

QoL among this HIV population is almost equal to QoL in a normal reference population. Presence of depressive symptoms, NCC and being disabled are independent predictors of poor QoL in this sample of HIV patients. Notably, non-adherence covariates with physical health.

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Influencing Self-rated Health Among Adolescent Girls With Dance Intervention

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Introduction

Recent research has found increasing prevalence of psychological health problems among adolescents. Poor health is 3 times more common for girls than for boys. Many young girls with internalizing problems (ie depressed mood, low selfworth, psychosomatic symptoms) need more help than the school healthcare can offer. The need to develop treatment and intervention alternatives is evident. Exercise is considered an active strategy to prevent and treat depression and anxiety for schoolaged youth. Dance is a well-established form of physical activity.

Purpose/Methods

A randomized controlled three-year intervention trial was conducted. The primary aim is to describe how a dance intervention for adolescent girls with internalizing problems can influence self-rated health. A secondary aim is to describe the adherence to and experience of the dance intervention. Recruitment was carried out in collaboration with the school healthcare. The dance intervention was conducted twice weekly for 8 months. Dance styles varied between African dance, jazz, and contemporary dance. Focus was on joy of movement, not on performance.

Results

The analysis includes 112 girls of whom 59 girls were randomized to intervention. A total of 67% had an attendance rate of 50-100% and 91,5% rated it as a positive experience. The dance intervention group improved their SRH more than the control group at all follow-ups. The difference in mean change was 0.30 (95% CI, -0.01 to 0.61) at 8 months, 0.62 (95% CI, 0.25 to 0.99) at 12 months, and 0.40 (95% CI, 0.04 to 0.77) at 20 months.

Conclusions

The key finding in this study was that girls participating in the dance intervention improved their SRH more than those in the control group. This effect remained 4 and 8 months after the intervention had ended. The results also show high adherence and positive experience, which suggest that an intervention with dance can be suitable for adolescent girls with internalizing problems. This study points out the role of joyful social physical activity in influencing health.

Comments

We conclude that an intervention with dance is feasible even if the girls lacked previous experience in dancing. The importance of enjoyment to increase participation in physical activity for adolescent girls is also emphasized in other studies. According to these results, despite problems such as stress and psychosomatic symptoms (and other potential challenges in being an adolescent girl), dance can result in high adherence and a positive experience for the participants, which might contribute to sustained new healthy habits.

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Hospital Food Service: Development of a 9-day Vegan Menu for Postpartum Women and Evaluation of Patients' Satisfaction

HU Fang-Ching, LIN Yu-Fang, WU Chin-Hui

Introduction

In the traditional Chinese society, a practice, "postpartum care month", is performed for women after labor. Intensive nutritional supplement is given to the women, which enhances maternal recovery from labor and strengthens general health. In this month, Chinese lactating mothers consume largely in chicken soup, flavored with sesame oil and rice wine. This diet affects the composition of maternal milk and lactation performance. At Tzu Chi General Hospital Taipei Branch, we developed a 9-day vegan menu for postpartum omnivorous patients.

Purpose/Methods

Dietitians designed a 9-day vegan menu for postpartum women and incorporated Chinese medicine into the menu. The nutrition analysis was completed with the nutrient analysis software. A questionnaire consisted of eight questions using the five-point Likert scale (1 = very unsatisfied with food and 5 = very satisfied with food) was designed to evaluate postpartum women's satisfaction on the vegan meal. The questionnaire evaluated on the food varieties, portion size, flavor, texture, desserts, serving temperature, serving time, and overall satisfaction.

Results

The vegan menu for postpartum women contains of 50% carbohydrate, 20% protein, and 30% fat. The nutritional components that met postpartum women's needs, such as fiber, calcium, vitamin D, and iron, were also analyzed. The questionnaire showed an overall satisfaction score of 73.5%. Moreover, the respondents also expressed satisfaction with the food varieties (72.5%), portion size (75.5%), flavor (71.0%), texture (72.5%), desserts (72.5%), serving temperature (72.0%), and serving time (71.0%).

Conclusions

In our culture, the "postpartum care month" practice was associated with better health status in postpartum women. The given 9-day vegan menu for postpartum women provides adequate nutrition, optimal food variation, and high satisfaction in omnivorous lactating women. The results revealed that vegan diet could be an alternative food option for postpartum women.

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Session O4.4: Addressing health risks and lifestyle development at the workplace

Addressing the benefits of a physical activity maintenance program among healthcare staff: The MUHC Wellness Challenge

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Kara, LAVIGNE Genevieve, CYR Guylaine**

Introduction

The use of pedometer to increase physical activity has been widely highlighted in health promotion programs. More recently, several studies have shown significant relationships between pedometer use and numerous indicators including physical & mental wellbeing, as well as employee performance and quality of services provided. However, very few studies directly target hospital employees and even fewer investigate the determinants of physical activity maintenance after the end of the intervention and program sustainability in health care organizations.

Purpose/Methods

Following a six-month challenge consisting in increasing physical activity using a pedometer, 310 employees of a university-affiliated multisite healthcare centre in Canada were screened to evaluate the impact on anthropometric, biomedical, psychological and behavioural indicators. Employees were from 22 to 70 years of age and held various jobs titles and work schedules. Data were collected at baseline (T0), and after eight-week (T1) and 6 months (T2) of the challenge using clinical measurements (e.g. blood test) and questionnaires.

Results

Results revealed that the 8 weeks physical activity challenge led to significant reductions in participants' weight and body mass index, blood pressure and cholesterol levels. Furthermore, the challenge was associated with significant reductions in fatigue, insomnia and stress levels. Results from the follow-up questionnaires revealed that most participants maintained or increased their levels of physical activity in the months following the intervention. Interviews results revealed that health improvements, weight loss and behaviour monitoring (by wearing a pedometer) were important motivators.

Conclusions

This comprehensive health promotion program reinforces the notion that workplace health promotion programs are not only effective, they lead to significant physical and psychological improvements that can be maintained in the long term. Following this challenge, the organization put in place various initiatives to promote sustainability of physical activity among employees such as; on-site physical activity, individualized wellness consultations, 'walking clubs' and the 'Wellness Ambassadors Committee' whose mandate is to spread the organization's commitment for a healthy active community.

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The influence of health promotion on fitness status in hospital workers: Results of three- year physical fitness examination in Cardinal Tien Hospital Yung Ho Branch

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TSOU Jhi-Chyun, MA Hon-Kwong**

Introduction

Among health promotion hospitals, we concerned the health related fitness status in hospital workers. We performed physical fitness examination once per year to assess the fitness levels



among hospital workers, including doctors, nurses, and paramedical related staffs. The objective of this study is to determine whether a series of active lifestyle education and a health hospital environment can improve fitness status over time.

Purpose/Methods

The health related fitness examination was performed by sit-and-reach test, 1-minute sit up test, and 3-minute step test with preset cadence, which was examined Hamstring flexibility, abdominal muscular strength, and cardiorespiratory endurance. The design of this study is repeated measured intervention; data collected at baseline (first year), two-year, and three-year. Statistical analysis was performed with SPSS for Windows 16.0 software (descriptive statistics, paired t-test, repeated measured ANOVA), and outcomes were assessed using an intention-to-treat analysis. α value was 0.05 for paired t-test, and was adjusted to 0.0167 for repeated measure ANOVA.

Results

There were 101 participants (age: 39.17 ± 9.91 yr.; gender: 17 male, 84 female) completed three-year examination. Results showed scores for flexibility ($p=0.013$) and muscular strength ($p=0.011$) increased significantly among three years. But, there are no difference in cardiorespiratory endurance ($p=0.916$). We further compared time effects on fitness status. Results found flexibility and strength were significant increasing at first to second year ($p=0.043$; 0.039) and first to third year ($p=0.004$; 0.008).

Conclusions

Health promoted education and environment had benefits on muscular strength and flexibility. However, it maybe need to more active exercise intervention to enhance cardiorespiratory endurance. These findings provide important information for future hospital health promotion, such as exercise programs to support health promotion hospital policy to enhance physical fitness function in hospital workers.

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Healthy weight loss by ourselves - Hsinchu, Taiwan medical institutions staff weight loss program

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Feng, HUANG Mei-Luan, CHEN Meng-Kan,
LI Ying-Ying**

Introduction

Lacking exercise and overweight are becoming the serious issues in the developed country. According to the health examination of our hospital staffs, the proportion of body mass index

higher than 24 are 44.8%. Because of many comorbidities of overweight and cardiovascular disease, the hospital director promoted serial activities for body weight reduction and develops self health management.

Purpose/Methods

Health promotion department has planned health programs in our hospital since March 2012. We utilized hospital resource to create the environment for exercising in the hospital. We provided weight scale for each department, making self monitor available. We designed high fiber meal, and our staffs had other choice for healthy food. If our staffs created one club, they could get extra fifty thousands New Taiwan dollars from the hospital for club affairs. We cooperated with nearby university, educating our staffs step aerobics training and exercise skill. We arranged weight reducing competition, urging our staffs maintaining healthy stature

Results

Our staffs got total weight loss of 578.6 kilograms from May to October in 2012. The total numbers of participants increased from 6 to 132. Participants made their effort reducing weight all the time even in the work. One of members said: "Participating the health activities let us not only encourage each other and relieve our stress in the working place, but also increase our working efficiency and mutual friendship."

Conclusions

The hospital is a place to provide medical services. Hospital staffs play multiple roles, such as health care providers, or health care planers. Therefore, the health of hospital staffs is the foundation of patients' health. The health promotion is our core spirit. We incorporated the notion of ideal body weight into their life. Our goal is to achieve comprehensive preventive medicine and create the health promotion environment in the hospital.

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Gender and Department Difference in the Prevalence of Metabolic Syn- drome among Hospital Employees

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Introduction

Metabolic syndrome (MS) has received massive attention for years because of its correlation with high risk of cardiovascular disease and diabetes. Previous studies have shown a high prevalence of obesity and metabolic syndrome in hospital employees. The strain of heavy workloads and shift work that most hospital employees suffer may have become a threat to their health. Therefore, the purposes of this study are to ex-

plore the prevalence of metabolic syndrome and its correlation among hospital employees in Taiwan.

Purpose/Methods

To analyze the prevalence of MS in different sexes and different departments (medical doctors, nurses, medical technicians, administration and construction staffs), we used the database of the health examination of the employees in a medical center in northern Taiwan in 2011. The definition of MS in light of the criteria proposed by Taiwan Department of Health in 2007 was adopted in this study. Due to some limitation, the total cholesterol was used to replace the HDL-C value.

Results

63 male (22.3%) and 219 female (77.7%) subjects were included. The mean age was 47.74 ± 10.24 years old. The overall prevalence of MS was 22.3% (34.9% in males, 18.7% in females, $p < 0.01$). The prevalence of overweight, hypertension, diabetes, and hypertriglyceridemia in males were significantly higher than those in females ($p < 0.01$). No significant difference existed in the prevalence of MS among different departments. The medical doctors had higher overweight (54.2%, $p < 0.01$) and hypertension (52.5%, $p < 0.05$) prevalence than others.

Conclusions

The prevalence of metabolic syndrome, overweight, hypertension, diabetes, and hypertriglyceridemia showed the gender difference in this study. Although medical doctors have more medical knowledge than other employees, the prevalence of overweight and hypertension in this group are higher than those of others. To give an impetus to the health promoting hospital, we recommend that hospital employees do exercise on a regular basis, maintain a healthy diet and ideal body weight, especially for men and all medical doctors.

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Effect of using manual handling tools to prevent low back pain in nurses

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Introduction

A lot of nurses have lower back pain (LBP) in Japan because their work is physically demanding, such as transferring and repositioning patients, without manual handling tools. Action is required to prevent LBP among nurses. However they have almost no experience with manual handling tools, including slide sheets, which are effective for preventing LBP. We investigated the effect of one year intervention using manual handling tools to prevent LBP among nurses.

Purpose/Methods

The subjects were 140 female nurses working in Chidoribashi General Hospital (336beds, 8wards). Intervention wards were comprised of 2 chronic phase wards (I-CWs, $n=30$) and 3 acute phase wards (I-AWs, $n=59$). Control wards were 3 acute phase wards (C-AWs, $n=51$). As a baseline, we conducted a questionnaire on LBP and usage of manual handling tools. A few nurses, appointed as leaders, in every intervention ward received LBP prevention education focusing on usage of manual handling tools. All nurses in the intervention wards learned the same program from their ward leaders. During intervention, the leaders exchanged their experiences at a monthly meeting and the industrial physician inspected the wards. Half a year later the leaders received LBP prevention education once again. A year later we conducted another questionnaire on LBP, usage of manual handling tools, changes in LBP prevention awareness and behavior. The prevalence of current LBP, using the χ^2 test, was evaluated. A logistic regression analysis was performed to evaluate usage of manual handling tools and changes in awareness and behaviors.

Results

The prevalence of current LBP decreased by 10% just in I-CWs (Table1). Manual handling tools were used more in I-CWs and I-AWs than C-AWs (Table2). The number of nurses whose awareness of LBP prevention improved was greater in I-CWs (OR3.90 (2.29-7.07)) and I-AWs (OR1.63 (1.05-2.60)) than in C-AWs. Also, more nurses in I-CWs (OR3.20(1.83-6.03)) and I-AWs (OR1.87(1.11-3.39)) changed their behavior to prevent LBP. In I-CWs (OR1.88 (1.05-3.44)), the number of nurses who always appropriately adjusted the heights of the beds was the most.

Conclusions

These findings suggested that usage of manual handling tools might lead to a greater awareness of LBP and behavior to prevent it, therefore decreasing the prevalence of LBP among nurses.

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Health promotion by integrating with employees' family: an example from a local hospital

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Introduction

Promoting employee health increases productivity, and family is key origin of employees' vitality. Chinese culture attaches great importance to family and many people spend leisure time with



family at the weekend. In our hospital, 60% of our employees are married. Therefore, encouraging the employee's family participating maybe a niche for health promotion. This not only promotes individual's health but also all family members. Meanwhile, intervention for whole family may enhance the employee's motivation and benefits emotional exchanges among family members

Purpose/Methods

Health promotion department proposed the project of "Family Day". The superintendent leaded and joined the activity every time. The location is in "18 Peaks Mountain Park" and "Hsin-Chu Zoo", which are composed of many foothills and 10 minutes driving from our hospital. This area offers the prettiest greenery and many trails for hiking. We designed missions by mapping out trails of varying difficulty degrees and set up stations of health promotion. Participants earned the rewards after accomplish each mission

Results

143 people participated the first activity although it was a rainy day. The number participants doubled at the second time and more than 600 copies of health education products were delivered. Previously, the weekend health promotion activity only attracted citizens, not employees. After implanting the project of "Family Day", the percentage of employees increased from 11% to 50% after excluding the staffs on duty. One employee said that "Family Day is more attractive than traditional activities and made us unity

Conclusions

Many studies showed health promotions increase employees' health. Integrating with family concepts into health promotion enhanced employees' centripetal force. Not only they had more opportunities of sharing family life, but also they implanted the health promotion concepts into their daily life. In conclusion, the project of "Family Day" makes everyone experience the healthy life and learn the health knowledge. In future, we hope the employees' health could be improved by implementing family concepts into health promotion projects

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Session O4.5: Approaches towards public health and community health promotion

Public Health and Disability

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Introduction

In 2008, the Swedish Public Health Institute presented a report on the health situation for people with disabilities. Research revealed information that people with disabilities rate their health ten times lower than the population. The poor health status is partly due to the disability but to 30% due to health determinants such as lack of participation, life style issues, accessibility, attitudes and discrimination as well as financial insecurity.

Purpose/Methods

In order to increase knowledge on the health situation among people with disability, the Stockholm County Disability Federation had the opportunity to present current research on public health and disability in collaboration with the County Council of Stockholm as part of the Public Health Report of Stockholm County 2011.

Results

People with disability report a lower level of physical activity, a higher level of obesity and they smoke more frequently. The odds ratio to develop illness is doubled among physically inactive compared to those physically active. Among high school pupils with intellectual disability, 65% report an inactive leisure time and they express frustration over their recreational possibilities. The effect of one negative life style factor is often enhanced by another. Mental illness is twice as common. Discrimination is experienced.

Conclusions

Health among people with disabilities may be improved by increased participation, changes in life style, active leisure time, respectful interaction, improved accessibility and secured financial situation. Information on health and life style issues in relation to disability needs to be explored within the health care sector. We need to develop an accessible health promoting health care, hence health promoting initiatives should ensure inclusion of people with disabilities. Collaboration with organizations of people with disabilities is advised.

Comments

This is a topic in development. Many health promoting initiative are implemented in the mainstream health care for a "mainstream patient". Such initiatives are seldom accessible for people with a cognitive, physical, communicative or mental disability even though people with disabilities often are in greater need and would benefit more than others. I hope we will have the opportunity to discuss this aspect of health inequity and how to develop accessible health promoting health care.

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The Health lift in the County of Östergötland

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Introduction

The concept of Health Promoting Hospitals and Health Services describes the need to broaden the objective for Health Services to, beyond medical treatment, also develop disease prevention and health enhancement on both the individual and population level to tackle their needs more proactively. This means, in the clinical setting, to develop prevention strategies by identifying and giving support to change unhealthy lifestyle factors, but also to identify individuals with psychosocial needs and support them in coping ability and empowerment strategies.

Purpose/Methods

The Health Lift Östergötland focuses on improving health at the individual and population level. Random samples of inhabitants aged 40-70 years old are invited to health surveys examining lifestyle, psychosocial factors, and biological risk factors. Results are presented at an Individual Health Curve and discussed in a consultation, focusing on the individual needs for support and empowerment strategies. The data collected in the individual health surveys consisting of self reported and objectively measured data are pooled for public health surveillance.

Results

From the autumn 2012, the Health lift has started at 32 of 42 primary care units in the county. So far, over 50 nurses or other personnel has been educated within the Health lift concept, including identifying needs, discussing life style and, in dialogue, empowering participants to improve their own health. Preliminary results showed a participation rate of around 45%. Those who participated were very satisfied with the opportunity to get a health survey and the support during the consultation.

Conclusions

The Health lift is unique in creating strategies for prevention at both the individual and the population level and at the same time provide a basis for health policy decisions. The Health lift in Östergötland is one of the strategies presently used in primary care to contribute to a more equitable health for the population in our region.

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Evaluating the Resource Network Platform Model in Community Health Promotion

HUNG Ta-Chuan, WEI Ching-Yao

Introduction

To evaluate the effectiveness of community resource network platform, to evaluate the effectiveness of health promotion among community members and to promote an environment that supports collaboration between community organizations.

Purpose/Methods

In order to encourage healthy behavior among community members, we have integrated nearly 50 community organizations (such as schools) hosting a "Committee for Community Health Promotion Assembly" every six months, discussions include collaborations integrating dynamic health promotion models when promoting community health, such as: community health stations, disease prevention angels, healthcare volunteers, supporting groups for health promotion, Health Day, health education and promotion, health screening, hand-washing dance and drawing contests.

Results

Between 2011 and 2012, by collaborating with 39 organizations, 500 events were held with attendance of 48,000 participations and 96% satisfaction. Local volunteers served 6,485 attendances at 50 health stations. Other accomplishments include: establishing 3 smoke-free area, betel-nut-chewing quitting rate up to 71%, total weight loss of 2,071kg in 2012, 97% accuracy for correct hand-washing, 94% reduction in enterovirus infections and 20.4% of the elderly participating in 3 or more health promotion events.

Conclusions

We recommend close collaboration with community organizations, empower seed-workers in creating a healthy community and promote our health promotion model among other communities.

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"Androna Giovani" Project

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Introduction

An increase drug use in young population inevitably interferes with individual ability to face development duties characterizing



transition to adult life. Department for addictions of A.S.S. 1 "Triestina" in the period from 2004 to 2009 surveyed an increase of the number of new 16 to 21 years old drug-addicted users (2004: 1.1%; 2009: 27%) that result difficult to treat with traditional means used by Drug-addiction Services.

Purpose/Methods

We searched for an answer: medical and extra-medical, public and private agents confronted their own specific areas (inter-sectoriality). This made possible to create a centre for young people, open 3 afternoons a week, where besides having therapy and toxic controls, is possible to have a colloquy with psychologists and educators and to participate in activities and laboratories organized thanks to 6 project partners. The possibility of formation and job inclusion facilitates integration into suitable contexts and influences individual empowerment.

Results

From April 2011 the Centre followed 37 young people under 21; 32 of them in treatment at the Department for Addiction. The opening of this space allowed to carry out information and training activities about disease, risk and protection factors; reduction of drop-out; better compliance; creation of significant relationships with adults; peer relationships without the drug mediation. We processed internal recommendations about the admission to treatment of young people and the reorganization of Services by opening a suitable centre.

Conclusions

In a framework of spending cuts in the socio-medical field, this project allowed to join and optimize investments of different institutions (health Services, social-private and associations) by planning and working together. Multidisciplinary and multiprofessional approach made easier for young people to revisit and understand the need to which the drug addiction gives an answer in this particular phase of life and allowed to affect the construction of identity through the possibility to experiment themselves in new relational contexts.

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Luoghi di Prevenzione: the holistic approach in training on strategies for bringing about change in high risk lifestyles

**ANGELINI Paola, BOSI Sandra,
CHIARENZA Antonio, RIBOLDI Benedetta,
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Introduction

Luoghi di Prevenzione" (LDP) is a regional Reference Centre for the training of operators on health promotion, coordinated by

the Reggio Emilia League against Tumours and co-managed by the Local Health Unit, Municipality and Province of Reggio Emilia with the support of the Emilia-Romagna Region. As well as being a physical and organisational place, LDP is: -A training model for the implementation of health promotion interventions -A workshop on research and the application of good practices for health promotion-A training and orientation programme for lecturers, trainers and health workers on the use of interactive techniques based on the motivational approach to change.

Purpose/Methods

The LDP methodology envisages the active involvement of people and the use of interactive techniques for promoting learning that motivates change in behaviour and helps individuals to set their own health targets. The LDP approach is holistic, integrated into the cognitive, emotional and relational components. "Knowing how to look after oneself" is a target that can be achieved in a context that promotes self-awareness, effective interpersonal relations, a sense of responsibility and positive interaction with the environment, making use of the languages of: medicine, pedagogy, biology, psychology, epistemology, sociology, anthropology, neurosciences and bioethics. The use of a number of languages aims to activate defence strategies and protective factors (life skills) so as to recognise and tackle the pressures that lead to the adoption of high risk behaviours. Patients explore their own point of view also using tests and questionnaires and reprocessing ideas in a personal way through expressive and creative activities. The training and operational setting, in small groups, uses the following methodologies: -Welcome: brainstorming and focus group; -Exploring experiences: Scientific experience workshop, motivational training, relaxation and guided imagination; -Decisional skills: Role play and playback theatre -Expressive reprocessing: Creative writing, art therapy, musical workshop, -Negotiating health targets; behavioural adaptation training. The supervision is provided through distance learning methods.

Results

The training involves about 18,000 young people, 800 people in risk target groups, 1000 health operators and 1400 teachers per year. Training programmes are available on the platform, organised based on 4 determining factors of the "Gaining health" programme, but also on personal and emotional identity. A project to prevent smoking in teenagers was the subject of an RCT in which the effectiveness was proven in terms of reducing young submitted smokers. " (submitted to "Drug: education, prevention and policy").

Conclusions

Contrasting the increasing spread of chronic diseases and young forms of pathological addiction, both of which are connected with lifestyle, is promoted by holistic interventions with actions on the social, healthcare and educational networks that change the contexts and put into practice methodologically coherent programmes, from prevention to care. Working on the training of operators with strategies that envisage interaction between cognitive, emotional and relational factors increases their effectiveness in the motivational approach to the users making a change, and makes it easier to change the contexts and the dynamics of the work groups.

Comments

The LdP method was positive in terms of efficiency/efficacy and is currently shared with the Marche, Veneto, Calabria and Friuli Venezia Giulia regions as a good practice for the holistic training of operators and supporting change in high risk lifestyles.

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Key to the effective implementation of age friendly community: a case of a semi-urban area in Taiwan

LAI Yi-Ling, CHANG Pin-Yi, CHEN Ching-Yuan, LIN Ming-Nan, LIN Chin-Lon

Introduction

Since 2005, Taiwan's government launched the implementation of community care stations to respond to an aging society. But, there was low coverage of community care stations in Tanzi District in Taichung city, and there are some barriers in operation, resources and ineffective health promotion planning. In order to increase the coverage, improve inter-sectoral integration and develop multiple health promotion activities, this study aimed to explore facilitators of the successful implementation of age friendly communities.

Purpose/Methods

This study adopted five action areas of Ottawa Charter to analyze and explore key action plans. We collaborated with national polices to establish age care stations; identified key persons in communities, and linked to both Departments of Health and social Welfare so as to establish new stations and improve access; strengthened cooperation platform between stations and experience sharing; improved personal skills through medical professionals as health consultants for the stations to develop programs; regularly conducted needs assessment with station coordinators.

Results

The coverage increased from 12.50% to 31.25%. Responsive staff in District Health Center played a key role in resource links. The cooperation platform was established with 9 units from Departments of Health and Social Welfare and NGOs. 9 inter-sectoral meetings were held with 200 person-time participation. 250 persons averagely aged 70 year-old participated in annual publication ceremony. The program development with 53 person-time participation of multi-disciplinary professionals and 3000 person-time participation of older persons included 15 topics.

Conclusions

The Ottawa action framework is a useful tool to identify potential and key action areas for the effective implementation of age

friendly community. This study concluded with the importance of policy support from the government and hospital, and the integration of the cooperation platform. It also suggests that an information system should be developed to integrate and circulate community resources.

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Session O4.6: Promoting health through culture and design

Can cultural interventions improve self-knowledge, stress management and health?

TROGEN-HAGMAN Marianne, EDÉN Lisa

Introduction

Previous research supports that culture activities can influence health and quality of life. This knowledge forms the base of this pilot project "Culture and health" e.g to use cultural expressions: art, image creation, dance/movement, music listening and the written word as a stress reduction. The target group is mainly health care workers seeking Occupational Health Services for stress-related problems, either for rehabilitation or as prevention. Each cultural intervention is created to contribute to the participants' self-knowledge through individual activity.

Purpose/Methods

To examine the effect of cultural interventions on self-knowledge; increased awareness of stress reactions, reducing stress and increase control. Culture is used in the program as a carrier of symbols and meaning and group process, dialogue, reflection, mindfulness and physical activity are integrated in the program. This pilot includes 11 participants that met 12 times for three hours. Evaluation interviews and manager and employee dialogue was measured and qualitative data from interviews were analysed.

Results

The program resulted in decreased exhaustion, increased quality of life and improved health. The cultural interventions had a significant effect on self-awareness, the ability to manage stress and resulted in new strategies to reduced stress. Changes in the working situation, personal attitude and collaboration with manager also contributed to decreased stress. People on sick-leave reduced their sick-leave and /or returned to work.

Conclusions

Cultural interventions stimulated the participants' associative and creative abilities. Mindfulness strengthened opportunities to open up to new experiences that most of the participants were unaccustomed to, that through reflection and dialogue



were processed and integrated. An increased awareness of stress and new attitudes developed. We conclude that this model proves promising as a successful stress-reduction program and the next step is to conduct research in order to evaluate the effectiveness of this program.

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A Comparative Study of Intensive Care Patient Rooms

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Introduction

The physical design of healthcare spaces has a tangible impact on patients, their families, and staff. Therefore, it is important that design decisions be made purposefully in order to create a truly health-promoting environment. In the midst of the high demand for new intensive care units, many organisations are focusing on strategies such as single-bed rooms, patient and family centred-care, and access to daylight and outdoor views.

Purpose/Methods

This study investigates how design strategies in three recent intensive care units in Sweden affect the well-being of patients, families, and staff. The area of focus is the patient room "module", usually consisting of a pair of patient rooms and a joint location for monitoring and documentation. Three intensive care units completed since 2010 were reviewed. Methods included plan drawing analysis, staff questionnaires (n=72), staff interviews (n=9), and systematic observation (6 hours).

Results

In some patient rooms, access to daylight and/or outdoor views was excellent, while other rooms were hindered by frosted glass or adjacent bushes or buildings. Single-bed rooms gave family members improved privacy and greater ability to stay in the patient room. Some patient room modules provided efficient patient observation and staff collaboration, but more noise and reduced patient privacy. Other modules provided a calm patient room environment but caused some staff to feel isolated and have difficulty in getting assistance.

Conclusions

Reviewing design projects after completion can help ensure health-promoting outcomes are truly achieved. The design of the patient room module should provide a balance between privacy, visibility, quietness, and staff access to assistance. A design that allows a high level of visibility from the patient room to the corridor may reduce staff feelings of isolation. An

environment that allows flexibility in use may be able to support variances in staff personality, patient acuity, and changing models of care.

Comments

This study was a master's thesis project at Chalmers University, Department of Architecture, and included collaboration between the ICUs at Kungälv Hospital, Mölndal Hospital, and at Trollhättan Hospital (NÄL).

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Cultural activities – a tool for wellbeing

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Introduction

Research has shown that taking part in cultural activities you like, can promote health and wellbeing. There is also a growing evidence of how cultural activities can stimulate the brain. Culture for wellbeing defines culture in a broad sense to incorporate individual creativity and artistic expression as well as nature and the environment. In 2012 the Public Health Centre, Östergötland County Council, developed a pilot programme using cultural activities as health promotion in primary care.

Purpose/Methods

Counsellors in primary health care have recommended patients with milder psychological problems to join series of cultural activities. By joining the programme and participate in the series of activities as well as paying a small fee, patients take their own responsibility as a strategy of empowerment and coping. By being a participant instead of a patient focus is redirected to wellbeing. Each activity shall meet specific criteria; being joyful and without demands of result etc.

Results

22 patients have participated in series of activities with different themes; painting, reading, gardening, handy craft and nature. A questionnaire was sent to participants before and after the series as well as to actors and counsellors. Preliminary results show that all parts are positive to the concept. Patients reports positive comments on wellbeing and social networking. Counsellors have found a complement to methods in traditional health care. Actors are interested of developing their specialities in this area.

Conclusions

Our results have shown that culture for wellbeing is highly appreciated among both patients and counsellors. Culture for wellbeing seems to be a possible way for health promotion and

patient empowerment. Traditional health care is lacking tools for this group of patients, except from counselling. The pilot study is now being integrated as a regular tool in primary health care in Östergötland County Council. Co-operation between health care and cultural actors opens new possibilities and arenas.

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Ubuntu - an exhibition using culture and design to inspire Health Care Professionals to work with Person-centred care

**TENGGREN DURKAN Jeanette,
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Introduction

We wanted to inspire hospital staff to think about and work with Person-centred care (PCC). We wanted to do it in a new and interesting way. In a unique collaboration with the Röhsska Museum, Sweden's only Museum of Design and Applied Art, Sweden's national research Centre for Person-centred Care (GPCC) created an exhibition. Ubuntu consisted of ten rooms in a disused hospital corridor at Sahlgrenska University Hospital/Östra, where it was on display from March until September 2012.

Purpose/Methods

The aim was for Ubuntu to be a sensory, thought provoking introduction to PCC through an "Alice in Wonderland through the looking glass" experience. A truly inter-disciplinary project group, consisting of many-discipline researchers and pedagogues from Gothenburg University together with curators from the museum and creative arts and drama artists created it together. Hospital staff visited in guided groups and worked their way through it in pairs, using a take-home guide book, which then became a source for in-depth after-work.

Results

650 people visited the exhibition, guided by trained volunteer guides, in groups of maximum 20. Visitor focus group interviews, together with observational notes from the guides all point to the fact that this was a big success. It was appreciated by the staff in many ways; getting a cultural experience at work in an environment which they thought they knew, but which had been completely transformed; getting the opportunity to do an intellectual exercise, and question their everyday working practice.

Conclusions

Using culture in this way proved to be very fruitful, especially the collaboration between such vastly different disciplines. The

use of visually, auditory and sensually stimulating themed interactive displays helped staff to gain an understanding of the main themes behind PCC; partnership, narrative, documentation, patient's resources, using culture as a new and different teaching method. Not only did this encourage learning, but it was also a very pleasurable and rewarding feel-good experience for the staff.

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Going Green: Increasing Healthy Choices at Alfred Health

CORBEN Kirstan, WAY Andrew

Introduction

Alfred Health is one of few health services within Victoria, Australia, to have invested in enhancing the nutritional value of foods and drinks available on its sites and at its functions. Green, amber and red classifications identify most to least healthy choices. Alfred Health set out to achieve at least 50% availability of green and no more than 20% red in retail and vending. A stronger position on catering for meetings and events made red rated items unavailable.

Purpose/Methods

Objectives: • To achieve at least 50% availability of green rated items and no more than 20% red in retail and vending • To achieve meeting and event catering practices that do not include red rated items • To increase the engagement of community organisations in the provision of meeting and event catering services Effective partnership and collaboration between Alfred Health and the retail and catering providers enabled assessment and significant enhancement of the nutritional values of recipes and menus.

Results

Substantial gains in the nutritional value of foods and drinks retailed at Alfred Health are demonstrated by achieving 43% availability of green (compared with only 30% two years earlier) and only 27% red (compared with 42% in 2010). Only a 7% shift from red to green is required for Alfred Health to fully achieve its objective for retailers combined. Vending and catering services both fulfil their contractual obligations regarding the provision of green, amber and red foods and drinks.

Conclusions

Alfred Health has demonstrated strong achievement in increasing the availability of healthier foods and drinks via its retail, vending and catering practices. This initiative recognises the sensitive balance between enabling consumer choices and the rights of businesses to meet consumer demand and indicates that such nutrition improvements are feasible organisationally and commercially. Alfred Health's experience may assist other



health services that share a genuine commitment to contributing to a public culture of healthy nutrition and healthy choices.

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Session O4.7: Applying standards for health promotion to hospitals and health services

Implementation of HPH standards: the results of external evaluation in Estonia

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Introduction

The HPH movement in Estonia was initiated in 1999. The first evaluation of HPH network was conducted in 2005 and it was focused on the implementation of health promoting activities as well as quality assurance in the hospitals. The first self-assessment of implementation of HP standards in hospitals belonging to the Estonian HPH network was conducted in 2007 and followed by external evaluation (EE) in 2008. The next EE of HPH network in Estonia was initiated in 2012.

Purpose/Methods

The first EE in 2008 was focused on the implementation of HP standards in four Estonian hospitals which represented the different types of hospitals as well as different regions of Estonia. The purpose of second EE in 2012 was to evaluate the progress of implementation of HP standards in the same hospitals. The evaluation process included the analysis of results of self-assessment and on-site semi-structured interviews with the HPH coordinators as well as review of HPH documentation.

Results

Compared to the 2008, the progress was found in implementation of all HP standards. HP is expressed in managerial documents and implemented in different guidelines. The role of nursing staff in patient management has notably increased. Also, there is progress in promotion of healthy workplace. The recommendations based on the findings of previous evaluation were implemented to improve the continuity and cooperation. Areas for further improvement include documentation of patient information as well as moving to the smoke-free hospital environment.

Conclusions

In all evaluated hospitals health promotion is strongly supported by the top managers of hospitals. With the support of national HPH network, health promotion is not any more viewed as one of the project based activities, but it is integrated in the hospitals' everyday work and is seen as an essential part of medical and nursing manipulation.

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Evaluation Standards on Health Promoting Hospitals related with the accreditation criteria of the Catalan hospitals system

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Introduction

The Catalan Health Promoting Hospitals and Health Services network (HPH) is running since 2006 and nowadays it is integrated by 18 centers and has 3 Working Groups: Standards in Health Promotion, Health Literacy and Staff. The Catalan HPH Working Group in Standards on Health Promotion has the specific objective of assess the implementation of health promotion in the Catalan hospitals. In order to does this implementation, the Working Group assess the HPH members in the implementation of the Standards in Health Promotion.

Purpose/Methods

To compare, identify evaluate and improve the current quality accreditation criteria of the Catalan Health System, created by the Health Department of the Government of Catalonia. To identify common points between the Quality Accreditation Criteria of the Catalan Health System and the HPH Standards in Health Promotion. The working Standards on Health Promotion identified which of the Standards in Health Promotion were included in the accreditation criteria used by the Catalan Health Department.

Results

Some common points between the Government criteria and the HPH Standards have been identified. From 535 codes only 164 were identified as Standards on Health Promotion: 30.6% If we divide the criteria then the differences are: Leadership 59.3%, Policy and strategy 55.5%, People 78.9%, Partnerships and resources 37.8%, Procedures 27%, Results (customers, people, society) 8%. The 47.3% indicators were identified.

Conclusions

The HPH strategy facilitates the process for all hospitals to do a self-assessment on the implementation of health promotion in the center. It gives basic information to identify good practices and improvement actions. The HPH Standards on Health Promotion Working Group recommended to the Catalan Health Department to add at least two standards to the government accreditation criteria

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Annual Swedish members self assessment of health orientation

HELLSTRAND Mats

Introduction

The Swedish HPH network has since 2005 been monitoring the members health orientation through a self assessment indicator questionnaire. Starting from 2009 about 80 % of HPH members in the national HPH network and participate in the monitoring. Aggregated results are presented every March to the HPH yearly board meeting, as input to the action plan for the coming year. The same results, combined with members own position, are brought to each member in April, for local application.

Purpose/Methods

The aim is to highlight network positions and potentials to the network board. The aim is also, addressing each member organization, to highlight local positions and potentials compared with the aggregated picture. Both aims are supposed to support improved performance. Method During may to oktober the network indicator task force evaluates the results and feasibility of the latest conducted network self assessment. Existing and new questionnaire indicators are discussed. In November the updated manual is communicated to the member process leaders.

Results

Routines and procedures for annual assessment of members health orientation are applied in the Swedish network since 2005. In the network there are excellent examples on how the self assessment information helps monitoring actual position and potential improvements. National HPH trends becomes obvious. Good examples are described.

Conclusions

Annual systematic self assesement through a questionnaire monitors position and trends both at network and member level. For the swedish HPH-network the annual assessment offers important information on areas for improvement. Examples of good practice how to use the results at member level are at hand. Improved routines needs to be developed to improve the implementation impact of the indicator self assesment.

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Session O4.8: Quality Management of Health Promotion in Hospitals and Health Services: The WHO HPH Recognition Project

Quality Management of Health Promotion in Hospitals and Health Services: The WHO HPH Recognition Project

KIRK SVANE Jeff

In this symposium we will be dealing with how to manage quality of health promotion in hospitals and health services. The concrete focus will be on the current international multi-centre study (RCT) on this issue: a project evaluating whether a WHO-HPH recognition process for health promotion generates more health promotion service deliveries and better health gain for patients and staff. The symposium will deal with all issues relevant to this topic, and thus it will address the issue of quality management of health promotion from many perspectives and angles. The scientific background and the study design will be explained. Likewise the overall status of the project will be reported. Also, practical experience from many of the participating departments (from the Intervention Group), will be presented. Further to these, experiences from Coordinators of participating National / Regional HPH Networks will be included. The symposium will conclude with an open invitation to any new hospital department or network wishing to take part in the study, and a more general discussion among the participants and speakers of further perspectives, possibilities and challenges. Program for Symposium: Project description and status: The WHO HPH Recognition Project – JK Svane (WHO CC), ST Chiou (TW), H Tonnesen (WHO CC) Intervention Group Expectations and Experience: Step 1: Inclusion – D. Boyer (CAN) / Speaker TBC Step 2: Baseline Data – J Farkas (SLO) / Speaker TBC, S Pattarakulwanich (THA) / Speaker TBC Step 3: Quality Plan – ST Chiou (TWN) / Speaker TBC Step 4: Implementation – M Kalvachova (CZE) / Speaker TBC Further perspectives & Welcome new departments – ST Chiou (TWN)

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Project description and status: The WHO HPH Recognition Process

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Background: Following up on major international HPH projects, such as the HPH DATA , the WHO HPH Recognition Project seeks new knowledge in a relatively novel area. We know that Clinical Health Promotion (HP) has significant effect on treatment outcome and patient safety and that, for this reason, HP is a core part of quality in hospitals . On that background, HP should be a natural part of quality management, accreditation, certification and recognition. Today, however, these most often only include HP implicitly, which is why an amply powered international multi-centre RCT is needed to develop a viable way to assess hospital departments' HP performance. **Aim:** To evaluate whether a WHO HPH Recognition Process generates: a) more HP service deliveries and b) better health gains for patients and staff. **Methods:** The study is ongoing as an International Randomized Clinical Trial (RCT). It aims for a total of 2 x 44 hospital departments from National/Regional HPH Networks (after informed agreement). Today, 36 of these departments are included in 5 countries. The included departments are allocated to either intervention (IG) or control group (CG). The IG starts the process immediately, and the CG continues usual clinical routine. After a one-year delay, the CG commences the process too – allowing for many cross-comparisons. Data is collected using validated WHO HPH tools and standards as well as other validated tools. **Results:** Today inclusion is almost half way to completion. Results will show whether the process generates significantly better health gain for patients and staff. This will be measured by number of HP activities delivered, the HPH DATA Model, the HPH Documentation Model, medical record audits, organizational data forms (WHO Standards on HP), and health surveys (incl. SF36v2) for patients and staff. **Conclusion:** High-level evidence (RCTs) on recognition regarding clinical HP is very rare, so this study will bring about new insight concerning the effect of HP for patients, staff and organizations. **Contact information / Study participation:** Jeff Kirk Svane, PHD Student, WHO CC, [jstva0004\(at\)bbh.regionh\(punkt\)dk](mailto:jstva0004(at)bbh.regionh(punkt)dk) Additional interested departments are welcome to make contact for more information and to sign-up for participation! **References:** 1 Tønnesen H, Svane JK, Lenzi L, Kopecky J, Suurorg L, Bukholm IRK, Hsu ST, Hübner M, Krogerus S, Kellner-Rechberger S, Masiello MG et al. Handling Clinical Health Promotion in the HPH DATA Model: Basic Documentation of Health Determinants in Medical Records of tobacco, malnutrition, overweight, physical inactivity & alcohol. Clin Health Promot , vol 2 issue 1, April 2012. 2 Oppedal K, Nesvåg S, Pedersen B, Skjøtskift S, Aarstad AKH, Ullaland S, et al. Health and the need for health promotion in hospital patients. Eur J of Pub Health 2010;30:103-104. 3 Groene O, Jorgensen SJ. Health promotion in hospitals-a strategy to improve quality in health care. The Eur J of Pub Health 2005;15:6-84. 4 Standards for health promotion in hospitals: development of indicators for a self-assessment tool, WHO/Europe 2004. World Health Organization Regional Office for Europe 2004

Session M1.1: Clinical health promotion for children and adolescents

A qualitative exploration of paediatric health professional views on talking about lifestyle behaviour change with hospitalised patients and families in an acute setting

ELWELL Laura, POWELL Jane, KELLY Deidre, CUMMINS Carole

Introduction

Recent health care policies state that all health professionals have a responsibility to talk to patients about lifestyle behaviour change as part of an initiative called 'Make Every Contact Count'. Integrating this aim into paediatric settings presents an opportunity to influence the child and wider family and intervene before unhealthy behaviours become ingrained. Research is sparse and it is unclear whether health professionals are motivated to engage in lifestyle change conversations or have the appropriate skills and knowledge. We explored the views of health professionals in a paediatric acute setting concerning talking about lifestyle behaviour change with patients and families.

Purpose/Methods

Thirty-three semi-structured interviews were conducted with clinical staff (junior doctors, allied health professionals, ward nurses and health care assistants) from wards and departments at Birmingham Children's Hospital. The majority had not yet attended relevant training. Data were analysed using an inductive thematic framework approach.

Results

Two emergent superordinate themes capture the views of health professionals on talking about lifestyle behaviour change: (1) 'barriers and facilitators', including clinical setting, environmental constraints, staff's own health behaviours and confidence, the patient's medical condition, family culture and beliefs (2) 'the education approach' that is, provision of information in itself was seen as sufficient to change behaviour.

Conclusions

Implementation of routine brief lifestyle behaviour change conversations into paediatric hospital settings presents challenges. While paediatric health professionals are receptive to the importance of lifestyle behaviour change, they would benefit from extra support to develop confidence and behaviour change knowledge and skills related to instigating effective lifestyle change conversations.

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Involving children in research and innovation processes in the development of digital health promotion intervention

EINBERG Eva-Lena, SVEDBERG Petra, WÄRNESTÅL Pontus, THOMSEN Michel, STIGMAR Jennie, ENSKÄR Karin, ÅKESSON Maria, NYGREN Jens

Introduction

Severe or chronic illness in childhood may contribute to physical and psychosocial problems later in life. Peer support among individuals who share the same experience is an important factor in promoting health and wellbeing and can act as a buffer against stress and adversities. Empirical evidence that could guide development of digital and interactive solutions for peer support between school-aged children affected by illness is limited.

Purpose/Methods

The process presented here is focused on establishing methodology for children's participation in innovation processes and to capture the child's underlying behaviors and goals related to peer support processes and health. Focus group interview is a child-friendly method that promotes participation and access to children's perspectives, insights and experiences related to their health. Healthy children were recruited from a local elementary school. Focus groups were carried out in two sessions for each group with an interval of 1-2 weeks.

Results

Adjustments were made between each focus group to adapt the meeting structure to a level commensurate with the children's experience, age and abilities and to focus discussions on innovation incentives related to a digital peer support service. A mixture of informative and creative techniques such as open questions, brainstorming, drawing and painting and photography were used to assist the children to express themselves. The children were pleased to participate and wanted to meet again in this form of group.

Conclusions

Our adapted focus group structure are now being used with children with experience of severe illness (cancer) to develop Personas (fictitious characters of users) in the innovation process. Children's participation through our method has improved the chances of capturing children's goals and behavior, and added unique material for the continuing design process.

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Empowerment in Clinical Trials on Children

CHAPLIN John, BULLINGE Monika

Introduction

As a result of the European Paediatric Regulation, there is a need for increased participation of children in clinical trials of medicines. The 3 year European RESPECT project aimed to achieve consensus among all stakeholders in the clinical trials process, including the families, on how to create an environment in which children are empowered to participate in clinical trials.

Purpose/Methods

Interviews, surveys and workshops with clinical staff, families participating in trials, patient organisations and pharmaceutical companies, were conducted in order to identify insights into the empowerment process of children and parents concerning their participation in trials.

Results

Paediatricians reported that parents did not always understand the difference between clinical trials and regular treatment. Empowerment was seen where families became research partners in the trial and their input was valued, although they did not always feel that their contribution was appreciated sufficiently. Several patient organisations reported that they were ill-equipped to support empowerment of their members participating in clinical trials. However, we found good examples of trials where patients felt empowered to make valuable contributions.

Conclusions

There is a need to create an environment in which children, parents and patient organisations are empowered to participate in clinical trials. We developed a set of proposals to encourage cooperation and mutual respect among sponsors, clinical trial centres, paediatricians, families and patient organisations, each contributing their unique perspectives as active research partners. Within the clinical trials environment, empowerment of patients is challenging but where it is achieved it can have real value for the patient and the clinical researcher.

Comments

Empowerment in the clinical trials environment is very challenging but the benefits can be far reaching for patients and clinical researchers.

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Teaching medical students about health promotion among children and adolescents- a case study from Romania

POPA Monica, SARBU Dana, LOTREAN Lucia Maria

Introduction

The medical curriculum of undergraduate students can play an important role in increasing awareness about the importance of health promotion among children and adolescents and in equipping students with appropriate knowledge and skills regarding this issue. This paper focuses on the situation encountered at the University of Medicine and Pharmacy from Cluj-Napoca, Romania which prepares for medical profession both Romanian students which are taught in Romanian (Romanian section) and students from other countries which are taught in English (English section).

Purpose/Methods

This paper describes the teaching of medical students from both Romanian and English section about health promotion among children and adolescents, as part of a wider teaching program in the field of preventive medicine and health promotion developed at Department of Hygiene (Food and Nutrition Hygiene, Child and Youth Hygiene, Environmental Hygiene). It identifies the educational objectives and the teaching methods and presents also the evaluation of the impact perceived by students and teachers.

Results

The educational objectives focuses on several issues related to children and adolescent health: factors which influence their health risk behaviours; the measurement of health behaviour and physical development; the concepts of health promotion and health education; the scientific basis of health promotion in different settings (schools, hospitals, community); development, implementation and evaluation of health promotion programs. The feedback received from students was positive, especially among students from the English section, the subjects and the performed activities being considered interesting and stimulating.

Conclusions

Inclusion of health promotion among children and adolescents in the medical curriculum contributes to the building of an appropriate medical training, which matches the needs and health goals of the communities.

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Type 1 Diabetes Children's Right to have FUN in Taiwan

CHENG Biwen, HUANG Chi-yu, WU Jie-Ying, LIN Jui-Hsiang, TING wei-hsin, LEE yann-jinn

Introduction

Since 1925, Dr. Leonard FC Wendt founded the first type 1 diabetes camp in Michigan, United States of America. Over 20,000 type 1 diabetes children and youths have participated in diabetes summer camps globally each year. However, the empowerment of type 1 diabetes children in Taiwan has only slowly begun to rise in the past 20 years. In collaboration with Kungtai Foundation, children with type 1 diabetes in Taiwan are welcomed to a three days fun and educational diabetes camp held every summer since 1992.

Purpose/Methods

The diabetes camp staff consisted of pediatric endocrinologists, nurses, dieticians, social workers, counselors and other assisting volunteers. The average number of camp staff involved is about 70 annually, with a near 1:1 ratio of staff to children. The children are divided into two groups: children's group (grades 2-6) and youth group (grades 7 to 12). The average number of participants is about 40 in both groups. A carefully designed camp schedule is arranged, encompassing not only specific times for blood glucose monitoring, administering insulin and educational lessons, but also enriching their days with a diverse array of fun interactive activities and sports.

Results

Diabetes summer camp provides a media for type 1 diabetes children in Taiwan their right to have "FUN", including the fundamental knowledge about their body and disease, understanding how to take care of themselves now and in the future, and not to feel any different from other children. These happy campers are empowered to self-manage diabetes in a supportive camping environment. Positive responses from these children and their families support the continuity of diabetes summer camp in Taiwan.

Conclusions

For the past twenty years, the type 1 diabetes summer camp in Taiwan continues to give diabetes children an unforgettable summer experience that focuses on their right to have FUN: - Fundamental knowledge of living with type 1 diabetes mellitus, its cause and effect on health. - Understanding the need for strict blood glucose, careful diet planning and regular insulin injection and adjustments. - Not to miss out the fun of growing up and not to feel out-casted or alone.

Comments

For years, pediatric endocrinologists at Mackay Memorial Hospital has actively participated in the type 1 diabetes summer camp held by Kungtai Foundation, a support group for type 1 diabetes children and their families in Taiwan. Medical professionals work collaboratively with the community support group,

helping type 1 diabetes patients to improve their quality of life and promote their bio-psycho-social well-being. Many type 1 diabetes children in Taiwan, however, are lacking the resources and support living with the disease. We hope to reach out further and benefit many more children in the near future.

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Session M1.2: Reducing inequalities in healthcare

The approach on Health care services to the Female Genital Mutilation practice according to the therapeutic, prevention and salutogenic models: a Regional Research project coordinated by the Bologna Local Health Authority

SIMONELLI Ilaria, CACCIALUPI Maria Giovanna

Introduction

Female Genital Mutilation (FGM) represents a challenge for the health care services in terms of acceptability, health operators activities, local community culture. The abandonment of the FGM practice is linked with its cultural understanding and health promotion activities in and by health care services: the FGM social representations of both migrant and indigenous people are useful to improve health literacy, empowering strategies, health care services operational models.

Purpose/Methods

The Research aimed at: Comparing social representations of FGM in the Italian and migrant populations; Individuating possible strategies to abandon FGM; Mapping and analyzing health, relational and cultural issues connected to the health care services; Singling out possible therapeutic, prevention and salutogenic strategies; Improving health professionals' preparation; Supporting interventions and initiatives to prevent FGM and to promote health culture. The methodology required the use of questionnaires, focus groups with Italian and migrant women, experts meetings, and the data specular elaboration.

Results

Results showed that FGM is perceived - by both Italian and migrant women - as a violation of human rights and a health damage. We found a good level of satisfaction of migrant women accessing health care services (therapeutic model) and we understood the importance of the community role for



abandoning FGM (prevention model). Finally, it emerged the importance of parents and mothers for FGM abandonment and also the awareness of women's role as agents of cultural change (salutogenic model).

Conclusions

FGM social representations are homogeneous and focus on rights violations. There are gaps in migrant women's knowledge of the health risks for the newborn. The resources for the Social representations change are: cultural integration, parents, communities, Institutions, and circumcised women as agents of cultural and salutogenic change. Concerning health care services, there is the need to guarantee continuity between therapeutic, prevention and health promotion aspects. The Rights-based Approach to Health can constitute a relevant conceptual framework in this direction.

Comments

This issue is being developed and discussed internally by the HPH-CA Task Force that we joined recently.

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Analysis of Stress in an Aboriginal Population in Taiwan: A Prospective Cross-sectional Study

TSAO Yu-Chung, HO Chih-I, LING Tiing-Soon, CHEN Jau-Yuan, TSAI Yi-Wen, CHANG Ko-Chen, CHANG Shy-Shin

Introduction

Our medical service covers mountainous areas and focuses on three remote aboriginal villages, which are geographically isolated in Fu-Hsing Township, Taoyuan County, Taiwan. Eighty percent of the residents here are aboriginals, and most of them belong to the Atayal ethnic group. About half of the residents are farmers who grow peaches as their major source of income. We would like to analyze the stress level of aboriginal farmers using dehydroepiandrosterone sulfate (DHEA-S) level, a biomarker of psychosocial stress.

Purpose/Methods

In this prospective cross-sectional study, participants were 268 aboriginal residents of many occupations. Socio-demographic characteristics and biochemical variants were compared between Farmers (n=128) and Non-farmers (n=140) by using nonparametric tests. Correlation and multinomial linear regression analyses were conducted to examine whether and to what extent the variables affected the level of DHEA-S.

Results

Aboriginal farmers were older, more likely to be male, and had lower DHEA-S levels than non-farmers ($p=0.001$). Multinomial linear regression analyses confirmed that DHEA-S was negatively associated with age, occupation (farmer), and gender (female).

Conclusions

Aboriginal farmers experienced higher psychosocial stresses than those in other occupations. This study may help concerned authorities to recognize this condition and consider possible solutions to relieve the stress on aboriginal farmers. This is a novel study that focuses on the stress level of a specific occupation in a specific ethnic group.

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The authorization of free or low-cost medical care program

SHINOZUKA Masaya, MATUYAMA Kimihiko, ISHIKAWA Shinsuke, MIYAZAKI Yasushi

Introduction

In Japan, the universal national health insurance (NHI) system was established in 1961, but due to soaring NHI premium, increase of non-regular employment, and the hurdle of livelihood protection receipt, those who are uninsured have been increasing recently. When an uninsured has a medical examination he will bear the full medical expenses. (For insured, the burden is 10-30%) Therefore, it is becoming more difficult for them to consult a medical institution, and they do not consult until they become severely ill.

Purpose/Methods

There is a system to provide free or very low-cost medical care for those who have difficulties to receive adequate medical care because of financial reason. If certain conditions are fulfilled, approval can be received by applying to the jurisdictional prefectures. In Saitama Prefecture where our hospital located, 12 medical institutions have received authorization to carry out of this system. In order to receive authorization of this system, in December 2012 our hospital applied to Saitama Prefecture.

Results

There were some hurdles until the authorization. Firstly, it is the ratio of patients under livelihood protection to all the patients. To obtain the authorization the standard is 10%, but our hospital is 8%. Secondly, it is the obligation to periodically provide free health consultation, health education, etc. to those who have difficulties to make a living. As a result of negotiation with the prefecture from February 2013 it has become possible for us to carry out a free or low-cost medical-care system.

Conclusions

We have decided on total exemption for those who are uninsured and have difficulties to make a living. And we have decided application of the system was 1 month (max 3 months) in principle. Moreover, total exemption of burden charge for those with insurance and monthly incomes below 110% of the standard amount of Livelihood Protection subsidy. And in the case of below 130% then burden charge will be exempted 50%. These applications are limited to 6 months.

Comments

Although a free or low-cost medical care program is a useful system for the destitute patients, it is necessary to provide not only for medical care, but to take measures for them in order to break away from poverty. Moreover, since the medical institutions which have acquired the authorization are limited, how to gain access to those institutions remains as problems. On the day, we are going to report some examples of utilization of the system and some problems after its implementation.

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The importance of sex-related education for refugee : Improving women's health

SHIN Youndok, YOO Seungchul, LEE Choungah, PARK Hyosook, YOU Byungook

Introduction

The number of women defectors entering into the Republic of Korea increase rapidly. In 2011, 1908 people out of 2706 defectors were women (70.5%). Seventy percent of them were in the childbearing age between 20 and 40 years old. It was uncommon to investigate sex related issues because of many hardships including sexual harassment during escape. This study tried to find out: women defector's knowledge levels on sex and health, the influence of their knowledge on their sexual behavior, the changes of knowledge and behavior over time of settlement, and the demands for sex education to basic data that could help developing customized policies for them.

Purpose/Methods

The study was performed on defector women living in Seoul and the Gyeong-gi province. Participants were gathered from cancer prevention project carried out in Suwon Medical Center (SMC) between May 2012 and October 2012, and from Hana-won, a adjustment shelter for defector women between August 2012 and September 2012. 123 women were asked to fill out questionnaires. It contained the questions about their level of sexual knowledge, sexual behavior, level of sexual education, and obstetrical and gynecological health knowledge. 122 of

them were used for the final analysis. One was excluded due to insincerity and 122 of them were used for analysis. Descriptive statistics, frequency analysis, and multiple regressions were carried out with SPSS 19.0 software with the level of significance of 0.1.

Results

Women defectors got 7.74 points in average on their sexual knowledge out of 17 points. Participants got relatively low points on sub-categories of 'pregnancy and birth,' 'sexual behavior,' and 'sexual health' while they got high score on 'sexual organs.' They got 2.53 points in average out of 4 points on sexual attitude. Their scores were relatively higher on sub-categories of 'pleasure and amusement' and 'sexual permissiveness' than 'same sex affairs' and 'having sex before marriage', showing they were more open to sexual behaviors for 'pleasure and amusement' and 'sexual permissiveness.' In factors that affect the sexual knowledge of women defectors, the Pap tests had the biggest impact. From the women who had Pap smears, those that were married, and had relatively long settlement periods had higher sexual knowledge. Also in marital status, unmarried women had higher sexual knowledge than those married. In the factors that affect the sexual attitude of women defectors, the experience of stillbirth had the most impact. Also in marital status, married women had lower attitude points than the unmarried. In religion, Buddhism appeared to have lower attitude points than atheists.

Conclusions

The need for developing better sex and health-related policies and customized educational programs practical for women defectors. We propose the multilateral attempt for defectors to get more accurate sexual knowledge and behavior.

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Session M1.3: Improving age-friendly health policy and healthcare

An office for elderly health in ministry of health: has it educational approach or not?

RAKSHANI Fatemeh, SEPEHRI Zahra

Introduction

Elderly health office in ministry of health is one of the main sources of educational contents for all of the health centers. In this study we will evaluate this office in producing educational media.



Purpose/Methods

Systematic review of health education materials and educational interventions was done. After announcement about gathering products about health education, four media were selected from the posted materials that met the following criteria: described health, provided information to educate something, and published between 2008 and 2009. The review focused on four main criteria and 70-90 alternative criteria (based on the type of media). Sixteen specialists calculated the score of products based on designed checklists. Then, data entered in special software.

Results

The elderly health office at health ministry had no documented product and intervention in the format of poster, journal, bulletin, film and mass media programs in 18 months period. The office produced one pamphlet, three books in this period. Overall score for pamphlet was 38.28 from 100 and 54.94 for books. Among 44 evaluated centers, the center had overall 3th rank in production of the educational books and 31th rank for pamphlet.

Conclusions

Elderly health office has a critical role in conducting health educational contents. In conditions that this office has a limited role in this area, we should revise our potential role and remind effect of health education in health promotion.

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Applying Importance-Performance Analysis to Evaluate the Medical Service Quality of a Geriatric Long-term Care

SHIEH Jiunn-I, WU Hsin-Hung, HUANG Kuan-Kai

Introduction

The percentage of elderly citizens in Taiwan is projected to reach 20.04% by 2027. In order to meet the urgent needs of the dependent elderly, it is important to improve the service quality of geriatric long-term care. The past decade has witnessed a tremendous expansion of long-term institutional and community-based care services. A number of nursing home disasters have drawn public attention to issues related to quality assurance. Quality assurance constitutes merely one part of long-term care issues in Taiwan.

Purpose/Methods

The purpose was to evaluate the service quality of a geriatric long-term care center. The questionnaire based on the service quality (SERVQUAL) model with twenty one questions was

analyzed by importance-performance analysis to identify major strengths and weaknesses. The survey was taken on August 15-24, 2012 with 113 patients or their families at geriatric long-term care center, the ancillary organization of Show Chwan Memorial Hospital. A total of 102 valid questionnaires were received, and the valid return rate was 95.5%.

Results

Six items were identified by importance-performance analysis as the major strengths of this long-term care center, including "comfort and safe environments", "responding ability for emergency", "quality sanitary conditions and maintenance", "medical staff with professional abilities", "proper arrangement of rehabilitation and daily activities", and "staff's concern and assist when patients encounter difficulties". In contrast, three items, classified as major weaknesses, were "quality of meals plan and dining", "cordial attitude of medical staff", and "service staff with good communication skills".

Conclusions

This case study uses importance-performance analysis based on SERVQUAL model to evaluate the service quality of this geriatric long-term care center. To maintain the competitive advantage, this long-term care center needs to concentrate on these six major strengths. On the other hand, if this long-term care center is to remove customer dissatisfaction immediately, three major weaknesses should be placed in the highest priority for continuous improvement. In doing so, the management team can significantly improve patients' acquisition and retention.

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Effect of Comprehensive Geriatric Assessment and Target Physical Fitness in Older Outpatients

CHANG Jen-Hung, HUNG Chi-Wen, CHIU Yin-Chi, SHIEH Ying-Hua

Introduction

The elderly always had high risk of falls. In order to prevent falls of elderly, we started a project of 「Target Physical Fitness」 and designed exercise prescriptions for individuals based on their physical fitness results. Our goal is to help the elderly use exercise as part of lifestyle modification, to reduce the incidence of falls.

Purpose/Methods

We collected data, including BMI (Body Mass Index), and results of sit and reach test and two-minute stair-step exercise for initial evaluation. CGA (Comprehensive geriatric assessment), including function of the extremities, cognitive function and memory, nutrition and ADL (Activities of Daily Living), was used for further assessment.

Results

75 people were enrolled in this study, average age 76.4 ± 8.5 (years), BMI is 25.2 ± 3.9 (kg/m²). 8% elderly had poor function of upper extremities; 28% elderly had poor function of lower extremities; 60% elderly had memory impairment; 24% elderly had poor nutrition; 32% elderly had poor ADL score; 12% elderly had history of falls.

Conclusions

Physical fitness and CGA are efficient tools in helping design individual exercise prescription, which can improve overall function of the elderly and decrease the incidence of falls.

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Effects of Yoga Exercise on Body Flexibility and Quality of Life for Middle Aged

LIU Wen-Chi, CHING Yung-Chieh

Introduction

It is very important to understand the health of middle-aged women. The purpose of this study was to explore the effects of yoga exercise on body flexibility and quality of life for middle aged women.

Purpose/Methods

The purpose of this study was to explore the effects of yoga exercise on body flexibility and quality of life for middle aged women. A quasi-experimental pretest-and-posttest design was used. They were randomly assigned to a yoga exercise ($n = 20$) and control group ($n = 20$). All subjects signed an informed consent form prior to participation in the experiment. The experimental group received a regular schedule of yoga exercise (sixty minutes a day, three days a week) for four weeks, while the control group was prohibited from any exercise.

Results

Total 40 middle aged women, middle aged women age: mean age 43.75 ± 4.87 yr, body height: mean height 157.14 ± 3.90 cm, and body weight: mean weight: 55.66 ± 4.97 kg, period significantly increase 10 ± 4.52 to 20 ± 3.25 ($p < .005$) in body Flexibility; quality of life period significantly increase 3 ± 1.25 to 7 ± 2.55 ($p < .005$) to participate in the study.

Conclusions

In conclusion, four weeks of yoga exercise intervention improve body flexibility and quality of life for middle aged women. However, in order to further improve their body composition, the necessity of additional measures during intervention is indicated.

Comments

Based on study results, we should provide health promotion and counseling service about perimenopause, in order to solve many midlife women's doubtfulness and improve their perimenopausal adaptations.

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Session M1.4: Empowerment for hospital patients

Empowering patients and families to navigate on their healthcare journey

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Introduction

People with complex conditions and disabilities have changing needs for information to help them navigate care systems and make health-related decisions over time. A hospital and a national non-profit organization joined forces to create an accessible website and database with information to help support people living with chronic conditions and disabilities. 'Health Gateway' complements care by linking people to resources that answer questions about topics such as returning to work, housing, self-care, peer support, caregiving and accessing equipment and services.

Purpose/Methods

This website was created because people living with complex conditions and disabilities that fluctuate over time have needs for information that change over time. Focus groups conducted with experts, providers, patients and loved ones identified common questions and topics that people living with illnesses want to better understand. The website and searchable content management system was built to deliver this information through one 'gateway' in order to help meet these largely unmet needs.

Results

'Health Gateway' provides quick access to information from reliable sources to answer frequently asked questions at different points in a person's journey from hospital back to community. The website focuses on issues that commonly affect people living with a complex health conditions, such as: housing, money, jobs, equipment and devices, self-care, caregiving, coping and peer support. The online resource centre targets people and their caregivers, but also serves as a valuable tool for professionals supporting them.



Conclusions

Most patients and families need reliable sources of information to help them understand their options and navigate systems of care, especially when going back to community after a hospitalization. This collaborative project builds on current literature, best practices in consumer health information delivery, and the strengths, knowledge and networks of front-line staff, organizations, patients and their caregivers. Inclusive design research and evaluation is currently being conducted as part of continuous quality improvement for the website.

Comments

This project addresses a gap in current health services by connecting people to information resources through an accessible and easy-to-navigate 'one-stop-shop' information portal. It enables people and their caregivers to become more active as self-managers while on their journey back to health, work, or community. We hope to create new knowledge of how to improve user experience and incorporate inclusive design principles into an online website targeting the needs of people with complex conditions and disabilities.

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Implementing health promoting encounters in Swedish Health care

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Introduction

Health promoting encounters in healthcare are intended to enable patients to become more involved in their care and own health, to improve self-efficacy and to feel respected and listened to. An on-line educational material was developed by the Swedish HPH network with the purpose to inspire health care professionals in enhancing their health promoting and encouraging approach. Focusing on implementing health promoting encounters is part of the on-going shift in Sweden from a perspective of "Medical care" to "Health care".

Purpose/Methods

The Swedish HPH network has created a task force aiming at acknowledging and developing methods regarding health promoting encounters in health care. This is a resource for all member organisations, and during the spring of 2013, a symposium is being held in Stockholm. Some member organisations have clear directives from the boards that all health care units are obligated to educate their staff in "Health promoting encounters" or in the value of patient empowerment and patient centred encounters.

Results

Eight out of 20 County Councils are represented in the task force. Results from the Swedish HPH-standards show an increase in member organisations that educate in health-promoting activities (50% in 2004, 84% in 2011), although it is not possible to differentiate between educating staff in prevention or in health promoting encounters. In theory this would lead to an increase in patients who feel involved in and satisfied with their encounters with the healthcare system. Today, no such analysis is possible.

Conclusions

The on-line educational material and other equivalent materials are now spreading throughout the Swedish HPH network. An increasing number of organisations acknowledge the benefits of educate staff in health promoting activities. There is a need to develop better tools for evaluating the effect of these activities.

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Person-centred care facilitates patients' empowerment

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Introduction

Chronic heart failure (CHF) mostly affects the elderly and is a lifelong and progressive disease and the single most common cause of hospitalization with frequent re-admissions. Many patients with CHF are independent but there are some uncertain and fragile patients who need to strengthen their self-confidence in order to be able to perform relevant self-care.

Purpose/Methods

To evaluate if person-centred care (PCC) facilitates patients self-confidence, compared with usual care in patients hospitalized for worsening CHF. PCC emphasizes patient involvement in care and is a partnership between the patient and the health care professionals. In a controlled before-and-after design eligible patients with CHF were assigned to either a usual care group or a PCC intervention group. PCC in this study consists of three steps: 1) a comprehensive patient narrative at admission in order to identify patients' resources for and barriers to recovery; 2) in a partnership, a PCC plan is drawn up based on patients' narrative and clinical information within 24-48 hours; 3) The PCC plan is followed up every 48 hours.

Results

In total, 248 patients were included in the study, 123 in the usual care group and 125 in the PCC intervention. Patients' in the PCC reported less uncertainty in illness ($p=0.04$), increased belief in medication ($p=0.04$), better performance in communication with the community home help service ($p=0.04$) and retained activity in daily living ($p=0.07$).

Conclusions

Our findings suggest that patient with worsening CHF who received PCC improved their self-confidence in relation to their illness and treatment. These results indicate that PCC applied in hospitalized patients with worsening CHF is associated with improved empowerment.

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From informed consent to shared decision

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Introduction

Informed consent (IC) is often understood as a formality for informing the patient about a proposed diagnostic procedure or treatment and for offering the provider legal protection. Over the past few years, other approaches to decision-making in medicine have been developed. In our organisation, we consider the traditional IC model to be outdated and have adopted the Shared Decision Making (SDM) approach, with an interpretation that strongly emphasises reaching decisions jointly with the patient and with the agreement of citizens' representatives.

Purpose/Methods

Our goal is for the patient to be fully empowered when deciding on a diagnostic treatment or a therapy. In 2011, we began involving professionals (physicians and nurses) in training sessions on SDM that revolve around how to listen to the patient and identify his or her needs, how to formulate proposals for diagnosis or treatment not only according to the pathology, but also to suit the patient's concept of life, and how to discuss and cope with possible refusal

Results

In two years, over 200 health care providers (out of approx. 2800) have been involved in training sessions. During the sessions, they expressed a desire to follow the SDM model, to produce specific informative brochures that would accompany the agreement form (which is necessarily more technical), to follow the principles of Health Literacy and techniques for establishing a warm, effective relationship with the patient (already treated in other training exercises) and to review the organisation's IC/SDM procedure

Conclusions

This direction has been highly praised by clinicians because of its emphasis on the ethical and philosophical principle of personal "independence", its impact on their professional activity,

the resulting improved development of the relationship between health care provider and patient, and the lower probability of disputes and legal problems. Citizens' representatives have strongly supported the project, both during its initial phase and in monitoring its development, which is still ongoing.

Comments

In the future, the project will focus on helping clinicians learn the SDM model, reviewing the procedure and the consent forms used by the Health Service, examining the ethics of the procedure, and improving those organisational and structural elements that impede the establishment of a good relationship with the patient and the creation of an SDM.

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Session M1.5: Supporting tobacco cessation

Varenicline versus Transdermal Nicotine Patch : A 3-year follow-up in a smoking cessation clinic in Taiwan

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Introduction

Varenicline is the latest medication approved for smoking cessation therapy but few studies have been reported to compare Varenicline with transdermal nicotine path. This study was undertaken to compare the cessation effectiveness between Varenicline and transdermal nicotine patch in a smoking cessation clinic in Taiwan's medical center for 36 months long-term follow-up

Purpose/Methods

We enrolled patients who seeking help at a Taiwanese smoking cessation clinic between Feb 2006 and Aug 2009. A range of baseline variables were collected together and all patients were aged ≥ 18 years and either smoked ≥ 10 cigarettes per day or scored ≥ 4 on the Fagerström Test for Nicotine Dependence. Participants were classified into Varenicline group or Nicotine patch group as they wish. The treatment program offered participants with maxima 8 weekly sessions in 90 days. The primary outcomes of the study were 7-day abstinence rates at 3, 6, 12 and 36 months from the first clinical visit without CO validated biochemistry data. Three call attempts were made at follow-up. If the participants could not be contacted, they were still considered as smokers.



Results

A total of 587 participants were enrolled; 291 opted for Varenicline and 296 for nicotine patch. Varenicline users had a significantly higher abstinence rate than nicotine patch group in 3 months follow up [47.6% vs. 30.2%; aOR (Adjusted Odds Ratio) = 2.12, 95% confidence interval (CI) = 1.49 – 3.04], 6 months (42.2% vs. 28.5%; aOR = 1.88, 95% CI = 1.32 – 2.69) and 36 months (33.4% vs. 20.3%; aOR = 2.06, 95% CI = 1.40 – 3.02) 7-day abstinence rates via phone call.

Conclusions

The results indicated that Varenicline had a higher abstinence rate than nicotine patch at 36 months long-term follow-ups in treatment-seeking-dependent smokers in smoking cessation clinic.

Comments

There is still few study to compare varenicline and nicotine patch and also no enough evidence to determine whether varenicline is better than the nicotine patch, this study could be a valuable reference for answer.

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Exploring the health promotion model Applying to predict the quit smoking behavior for patient with mental illness

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Introduction

It kills nearly 6 million people and causes hundreds of billions of dollars of economic damage worldwide each year. Smoking is a behavior, also is a chronic disease, it affects human health and economic. Smoking rates of mental illness are significantly higher than the general population, 70-80% of patients with schizophrenia have smoking habits, and tobacco use continues to be the leading global cause of preventable death.

Purpose/Methods

The purpose of this study was to explore health promotion model to predict quit smoking behavior for psychiatric patient. 177 patients with smoking were invited to participate the study in a psychiatric teaching hospital in southern of Taiwan. Chiu's "Assessment of cognitive attitude and behavior of the tobacco control" rating scale as a measurement tool, the content of scale included smoking habits, the perception of quitting smoking policy and life satisfaction. Multiple regression analysis used to the behavior of smoking cessation.

Results

The results of this study revealed that the health promotion models predict smoking cessation behavioral model explained variance was 43%, had significant difference, the explanatory power of individual characteristics and experiences model was 10% no significant difference. Smoke Cognition model can predict 12% variances significant difference, attitude and environmental support can predict 8% variances, significant difference, Behavior-Specific cognitions and Affect model can predict 17% variance, significant difference. To promote to quit during hospitalization model can predict 26% variances, significant difference.

Conclusions

Behavior-Specific cognitions and Affect have a great impact on smoking cessation programs, this issue is worth to explore in future. In this study, health promotion mode could assist patients planning to quit smoking, reduce the utilization of health care, disease incidence and mortality. This health promotion also can improve quality of life.

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Development of the first computer tailored program for smoking cessation from Romania

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Introduction

Current research in health communication and education for smoking prevention and cessation has identified the benefits of matching health messages to relevant characteristics of individuals, potentially boosting the effects of these messages on the targeted health behaviours. Advances in information and communication technologies have facilitated tailoring through the use of sophisticated computer algorithms, allowing the creation of highly individualized messages that can address each individual's unique needs, motivations and beliefs related to the health behaviours being targeted.

Purpose/Methods

This paper presents the development and implementation of the first computer tailored program for smoking cessation among adult smokers from Romania. The program has two main objectives. The first one is to offer personalized counseling for smoking cessation to Romanian adult smokers who are willing to quit smoking in the next 6 months. Second, the program aims to increase awareness among physicians, public health practitioners and policy makers about the use of computer tailoring for smoking cessation and health promotion.

Results

The program involves: (1) recruitment of smokers through general practitioners and advertisement (2) diagnosis through questionnaires at the individual level of characteristics that are relevant for a person's smoking behavior (3) development of the message library that contains all education messages that may be needed (4) development of a set of decision rules that evaluates the diagnosis, selects and generates tailored messages (4) generating of one personalized letter for each participant (5) sending this letter by e-mail or mail.

Conclusions

The program represents the start in Romania of computer tailored health education -an innovative approach, which proved to have an important contribution in the field of health promotion in other European countries. It facilitates and increases the access of Romanian smokers to smoking cessation tailored counseling and their chance of quitting smoking, increasing their health and quality of life.

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Relapse prevention and counselling training in smoke free hospitals

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Introduction

Despite the strong evidence shown by secondary prevention interventions in reducing relapse incidence and more than 25% of mortality, it is documented that they involve less than 20% of heart attack patients. The CDC of the Veneto Region, with the Ministry of Health, started up in 6 regional Local Health Authorities a relapse prevention program on hospitalized cardiopathic patients, already stroked by cardiovascular accidents. The program's aim is to promote healthy lifestyles connecting hospital and territory resources

Purpose/Methods

75 cardiopathic patients have been recruited by the cardiology ward of each Health Authority to which has been administered a questionnaire about their lifestyle. Starting from the result of the questionnaire, it is proposed a different prevention intervention that goes working on physical activity, tobacco cessation or healthy nutrition. Moreover, in synergy with the HPH network and Smoking Cessation Services, Veneto Region is improving an anti-tobacco counselling training on cardiology staff, to motivate inpatients to quit smoking.

Results

Anti-tobacco counseling training will provide, for about 75 cardiologists and nurses, 20 hours training in tobacco addiction and its treatment, basic skills of brief motivational counseling, field practice of learned skills. The evaluation of the anti-tobacco counseling training on cardiology staff will be carried out through the monitoring of the counseling activities during the project time of 8 months and the collection of some indicators as the patients number forwarded to the smoking cessation service and those who effectively stop smoking.

Conclusions

This project offers to cardiopathic inpatients an effective and integrated rehabilitation intervention and a structured follow-up and relapse prevention. Cardiology staff training wants to strengthen Health Promoting Hospitals network, providing the motivational counseling tool as a further resource of the ordinary professional competence, to help quitting smoker inpatients.

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Session M1.6: Addressing occupational safety and risks of healthcare staff

Taiwan Occupational Safety and Health Management System for Wan Fang Hospital

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Introduction

For the establishment of the hospital workplace safety and health management system, formulation traditional labor safety and health management system through the introduction of international occupational safety and health management series of standards, and combined with the competent authorities of the domestic labor set the implementation of the Taiwan Occupational Safety and Health Management System Guidelines construct Wan Fang Hospital, the mode of operation of the occupational safety and health management system.

Purpose/Methods

Combined with OHSAS18001 (Occupational Health and Safety Assessment Series Specification) specification, consolidation the Taiwan Occupational safety and health management system guidelines (Taiwan Occupational Safety and Health Management Systems, TOSHMS), continuous improvement mode PDCA quality management, the construction of a hospital's occupa-



tional health and safety the mode of operation of the management system.

Results

Risk identification is primary safety considerations Wan Fang Hospital staff to fire safety (19.4% in 2010; 19.8% in 2011), the 2010 main criterion for biological hazards contact (14.3%), harmful substances contact (12.2%), slippery floorfall (12.1%); 2011 by commuting traffic accidents (10.9%), the floor slippery fall (10.3%), harmful substances contact (9.8%) for the personal safety considerations focus of its staff, the risk assessment results provide further hospital the relevant units focus on improving workplace safety and health reference.

Conclusions

Wan Fang Hospital since 2005 to establish the safety and health management system, OHSAS 18001:2007 revision 2009; well as the implementation of the Council of Labor Affairs of Taiwan Occupational safety and health management system (TOSHMS) "validation healthcare services both by domestic and international occupational health and safety management system verification hospitals, but also to enhance Taiwan's medical institutions feasibility of the implementation of workplace safety and health system management.

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Links of health and environmental assessment in physical medicine and rehabilitation division

SAMUSIENE Sigita

Introduction

A work in the health care sector has one of the most risks to develop occupational skin diseases, diseases caused by biological agents and musculoskeletal diseases in the developed countries of the world. From 4 to 13% of the EU workers maintain that their working environment is directly related to the health problems.

Purpose/Methods

The aim of research was to investigate what the Rehabilitation workers think about their health and the working environment factors. An anonymous questionnaire was created for Rehabilitation staff in December of 2009. The survey data were summarized. All department employees answered the questionnaire.

Results

41.7% workers rated their health as well, 58.3% respondents rated their health on average. None of the staff didn't value their health badly. During 12 months respondents complained of back pain, headaches, dizziness, numbness in the hands

frequently (33-50%). The staff troubled with arm joints pain, fatigue, sleeplessness moderately (17%). 8% of workers suffered from high blood pressure, heart rhythm disorders, varicose veins, running eyes and respiratory diseases. Respondents indicate a stressful, dusty and low temperature environment, an electromagnetic fields influence mostly.

Conclusions

Many workers satisfied with their working conditions moderately. It was observed following mistakes of the work organization: Only half of the masseuses have 10 minutes break after each massage procedure; All physiotherapists had impact of electric power. This happens rarely- once in 6- 12 months. In presumption that is due to the careless behavior with electrotherapy equipment or loss of attention due to the overwork. Water therapeutic exercises and relaxation sessions will be organized for the staff to improve their health in the nearest future.

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Complementary and alternative medicine use in the management of sleep quality among emergency physicians in Taiwan

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Introduction

The use of complementary and alternative medicine (CAM) in general practitioners, rheumatologists, pediatricians, obstetricians, and gynecologists have previously been reported. Most of these studies were conducted in the United States or European countries. Little is known about CAM use by physicians in Taiwan and in particular, emergency physicians.

Purpose/Methods

The purpose of this study was to describe CAM use in the management of sleep quality among emergency physicians in Taiwan. Information on demography, lifestyle, general health status, Pittsburgh Sleep Quality Index (PSQI), and previous use of CAM were ascertained from physicians attended an annual meeting of the Taiwan Society of Emergency Medicine in 2011. PSQI scores were dichotomized using a cut-off value of 5. Logistic regression analyses were used to evaluate association between sleep quality and CAM modalities.

Results

Of the 263 valid questionnaires received (response rate = 83.2%), the mean age of the respondents was 39.9 years and 61.6% had poor sleep quality. Over 76% of the respondents had used at least one CAM modalities in the previous month. Multi-

ple logistic analyses indicated that poor sleep quality was significantly associated with CAM use (odds ratio [OR]=2.10, $p=0.013$), use of caffeinated beverages (OR=2.37, $p=0.011$), exercise regularly (OR=8.97, $p=0.041$), and religious belief of Buddhism (OR=4.14, $p=0.008$).

Conclusions

CAM was widely used by emergency physicians in Taiwan and its use was independently associated with poor sleep quality. Other strong independent factors associated with CAM use by emergency physicians were regular exercise, Buddhist belief, and the use of caffeinated beverages. Additional investigations are needed to determine if similar factors are associated with CAM use in physicians of other specialties.

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Session M1.7: Health promotion and quality management

Do health promoting hospitals correspond to the key components of well-functioning health system?

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Introduction

Health systems are defined by WHO as comprising all the resources, organizations and institutions that are devoted to taking interdependent action aimed principally at improving, maintaining or restoring health. Health promoting hospitals (HPH) are integrated part of overall health system. Do HPH correspond the key components of well functioning health system?

Purpose/Methods

To evaluate the correspondance of Lithuanian HPH network hospitals activities to the to key components of well functioning health system. According to the WHO health systems' framework health systems need to perform six key functions: (1) leadership and governance; (2) health workforce; (3) medical products, vaccines and technology; (4) health information; (5) health financing and (6) service delivery. The examples of good practice in the above mentioned six areas were extracted from the pull of health promoting activities within the Lithuanian network of HPH. The results are also based on the questionnaire survey of 1025 physicians and nurses working in different size (large - more 1000 beds, middle - 500-1000 beds, small- less

500 beds) and randomly selected three hospitals (overall response rate – 74,7%).

Results

The evaluation of HPH performance in six key functions revealed a lot of examples of good practice. The evaluation of: 1) leadership and governance disclosed that administration of HPH take responsibility for HP conception and strategy implementation in hospitals; 2) health workforce – the survey showed that majority of HPH health professionals are very positive about their working conditions and implementation of healthy worksite projects; 3) medical products, vaccines and technology – the application of health promotion standards within HPH network can be assessed as very positive step of new technology implementation into practice; 4) health information – it is known, that good governance it is only possible with good information on health, its challenges and for HPH - implementation of HP standards, evaluation and follow-up of HPH network activities gives a lot of opportunities for managing staff, health professionals to monitor the situation; 5) health financing – creation an Lithuanian Association of HPH and differentiation of annual fees gives a good opportunity to implement different activities; 6) service delivery – well functioning health systems and hospitals as well are only as effective as the services they provide and application of HP standards and provision of HP projects shows, that majority of them are related with improvement of the quality of health services.

Conclusions

Lithuanian HPH network and majority of member hospitals fulfil the key components of well functioning hospital.

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The Effects of Case Management on Lifestyle and Readmission Rate in Patients with Heart Failure

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Introduction

Case management is an integrated care strategy for patients with heart failure. It also implies a diversified care model. The benefits of case management include the improvements of medical care quality and cost-effectiveness by integrating and coordinating the health care services. In other words, the patients with heart failure can utilize the limited resources to obtain higher benefits. The objective is to investigate the effects of case management care model on lifestyle and re-hospitalization rate of patients with heart failure.



Purpose/Methods

This study used a pretest and posttest questionnaire design. By the purposive sampling, one hundred patients aged 30 to 90, diagnosed of heart failure were recruited from June 2011 to March 2012 at a regional teaching hospital in Chiayi County. Medical records, quality of life scale (QOLS) and the European heart failure self-care behavior scale (EHFScBS) were used to evaluate the differences after six months of case management. SPSS 18.0 was used to analyze the data.

Results

In comparison with pre-case management, the QOLS and EHF-ScBS showed a significant improvement after case management. In QOLS, role-physical (RP), the physical component summary (PCS) and the last is vitality (VT) improved significantly. In EHFScBS, compliance of visiting the heart failure clinic as scheduled arrangement, life care behavior and the capability of seeking for medical assistance improved significantly.

Conclusions

In re-hospitalization, the length of hospitalization is reduced from 11.06 to 1.02 days, the rehospitalization rate is reduced from 1.48 to 0.17 and the cost of hospitalizations is reduced from NT 141912 to NT 8364. In medical records, the smoking, drinking, and exercise habits, NYHA functional classification, left ventricular ejection fraction (LVEF) and biochemical blood tests were shown to have a significant improvement.

Comments

The benefits of the case management have been confirmed in improving the disease knowledge, quality of life and self-care behavior. The results can help the medical institutions to design a complete case management model.

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Efficacy of Combination of long- and short-acting Erythropoietin in hemodialysis patient

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LIAO Hui-Yen, CHUANG Hui-Ying, LI Chen-Hao, TSAI Jen-Pi, LIN Ming-Nan**

Introduction

Erythropoiesis-stimulating agent has been an important method for the treatment of anemia in dialysis patients. In responding to Taiwan's health insurance statutes, majority dialysis patients received short-acting EPO subcutaneously to increase the effect. But frequent injections bring patients more pain and nursing staff more work loading. On the other hand, long-acting EPO cost much.

Purpose/Methods

The purpose of the project is to maintain patients' hemoglobin value, reduce injection frequency, and reduce nursing staff's work pressure by the method of combined using long- and short- acting EPO controlled under reasonable cost in a local hemodialysis center.

Results

To exclude conspicuous causes of hemoglobin decline, there are 92% (47/51) patients receiving simply short-acting EPO have Hct>30%. After three months use of combined short- and long-acting EPO, there are 91% (43/47) patients with Hct>30%. The use of short-acting EPO generate 7% of prime cost and the use of combined short- and long- acting EPO generate 8.8% of prime cost. The frequency of injection reduced from 372 to 108 a month.

Conclusions

The efficacy of maintaining Hemoglobin value makes no difference in simply short-acting EPO use and combined EPO use. Since the increased cost is acceptable, combined short- and long- acting EPO use are suggested to significant reduce injection frequency and staff's work pressure.

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Realist evaluation of a national emergency department pain management improvement program

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Introduction

Each year, there are over 7 million emergency department (ED) presentations in Australia with the majority of these patients presenting with pain as their primary concern. Despite the importance and size of this clinical issue, EDs manage pain poorly. This study evaluated a National Health and Medical Research Council initiative that aimed to improve pain management practices in Australian EDs. This study aimed to identify which hospital site-based interventions were most effective and why.

Purpose/Methods

This evaluation was undertaken using a realist evaluation approach underpinned by program logic modelling. The realist approach, which considers context-mechanism-outcome (CMO) configurations, is particularly useful in dynamic complex settings and generates a thorough understanding of what strategies work (or don't work). The realist synthesis was undertaken across 55 hospitals using clinical audit data, levels of participation in the project, and thematic analysis of formal interviews with key hospital staff.

Results

This analyses identified wide variation in improvement outcomes from each department and, surprisingly, no association between any of the intervention strategies and improved clinical performance could be identified. However the realist synthesis revealed that while a change effort was necessary to improve performance, the success of an intervention was dependent on factors associated with the local context such as supportive local governance, open and consultative processes between clinical staff and the project team, openness to innovation, and flexible organisational systems.

Conclusions

This work has investigated the interventions and factors that are associated with improved pain management in the ED and provide strong guidance for future efforts to improve ED pain management. Considering, measuring, and improving the local context and identifying important interactions between context and mechanisms will lead to optimal opportunity for interventions to achieve improved outcomes. The realist synthesis is a useful theory-based approach to evaluate complex and multi-site studies particularly where large variation in practice is observed.

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Session M1.8: Public health & community outreach for health promotion

Study on public interest of Republic of Korea (ROK)-type HPH 'Regional Cardio-CerebroVascular Center'

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Introduction

HPH aims 'Health 2020' and addresses disease prevention, health education and health promotion. The Korean HPH, 'RCCVC' was started as a part of tertiary prevention strategies of national action plan for cardio-cerebrovascular disease(5-years temporary project). We has supported and built 9 RCCVCs nationwide as local-base hospitals to manage AMI and stroke since 2008. RCCVC, like HPH, pursues public values as reducing health inequalities of improving accessibility to high quality/rapid treatment at local cities and promoting a comprehensive hospital-based disease management.

Purpose/Methods

This study aims to serve as a foundation to develop a desirable management model and strategies for RCCVC through an analysis of public interest. We developed measures based on the definition of World Health Report(WHO, 2000) for public interest to assess public interest of RCCVC. A questionnaire is comprised of 7 domains(total 37 items) and was measured using a 7-point Likert scale. Data were collected for 180 participants who work in RCCVCs through mail-survey. Statistical analyses were performed using SPSS20.

Results

The average score of 7 domains was 5.71points and the 'provision of high quality comprehensive services' domain was the highest score as 5.96points. Next, in order of score, 'organization operation control', 'complements against market failures', 'legal and institutional basis', 'quality improvement of manpower and organization', 'cost control' and 'emergency medical service' domains were 5.89points, 5.81points, 5.73points, 5.53points, 5.17points, and 5.11points respectively. By sub-centers, 'Prevention&Management Center', 'Cardiovascular Center', 'Cerebrovascular Center', and 'Cardiocerebral-Rehabilitation Center' were 5.89points(± 0.67), 5.87points(± 0.75), 5.85points(± 0.78), and 5.60 points(± 0.93) respectively.

Conclusions

This research has great significance in respect that it embodied existing definitions of public interest and developed measurement tools for it. Our findings indicate that services of RCCVC have relatively high public interest. For example, RCCVC provides 24-hours specialist's resident-on-call, 1:1-customized education for inpatients, F/U-service after discharge, and outpatient education. It also provides campaigns to raise early symptoms awareness and CPR training to the community. Therefore, it calls for continuous financial and technical support to sustain these comprehensive(pre-/in-/post-hospital) interventions.

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Training mind and body in the park

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Introduction

The increasingly higher incidence of chronic pathologies and their complications, which are largely preventable, requires a decisively different care model from the hospital model where patients are received in the acute phase hence needing immediate care. To not only prevent people falling ill, but also to prevent those who are already ill having relapses, deteriorations and disabilities, it is necessary to identify targeted policies



and strategies, in the different local environments, with the aim of reducing the impact of chronic diseases and improving people's quality of life.

Purpose/Methods

A joint proposal between the Municipality's Department of Social Policies and the Reggio Emilia Local Health Unit Dementia Programme for citizens that aims to stimulate active participation of people in the prevention and care process. The proposal consists of providing the local community with a defined programme of exercises for body and mind, described in special panels located in a city park, in order to encourage the participation of people in carrying out physical activity and doing exercises that aim to strengthen the memory and related functions. From a geragogic point of view, the programme of activities is intended for the whole population but particularly for the elderly.

Results

It has been proven that doing sport helps people to age well, increases the body's resistance, slows down the involution of the muscular, skeletal and cardiovascular apparatus and brings about benefits to the psycho-intellectual functions. The improvement in the cognitive functions is even greater if, as well as physical activity, people perform specific exercises that aim to reinforce the memory. Creating opportunities that combine fun and socialising with activity and memory training means slowing down the speed of physiological cerebral ageing, reduces the risk of dementia and improves people's quality of life.

Conclusions

Lack of self-sufficiency is a big care-related problem which tends to absorb increasing resources within the context of healthcare and social-healthcare services. It is therefore fundamental to put into practice all the possible prevention actions that aim to change lifestyles, reduce vascular risk factors and improve cognitive performance. The effectiveness of prevention at every stage of life is a health investment that must involve strong integration between social and healthcare services in identifying public health strategies and policies aiming to keep people's mental and physical efficiency as high as possible.

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and their families). A lack of OTK may decrease the efficacy of communication between clients and occupational therapists (OTist), and may hamper treatment planning, damage clients' participation in OT, and lead to poor treatment outcomes. However, there is a lack of research on the OTK that clients want and need to know.

Purpose/Methods

This study investigated the important OTK for stroke clients. Considering the inequality of OTK between clients and OTist, we collected both stroke clients' and stroke-related OTist' opinions. Through structural interviews, stroke clients' were asked about what OTK domains needed more information and their preferable ways to deliver OTK. In addition, we investigated what OTK that OTist wanted to deliver to stroke clients. The OTist' opinions were collected and integrated via the Delphi Method.

Results

50 stroke clients (28 stroke patients) and 9 OTist participated in this study. The first 3 OTK domains that the clients identified were treatment goals, the theories, and the principles of OT for stroke patients. They preferred to receive OTK in the fashion of one-to-one explanation, handbooks, and lessons of patient education (listed from high to low preference). The OTist's group consensus of important OTK were core value and services of OT, and laws of OT related to clients' welfare.

Conclusions

Opinions on important OTK from OTist did not align with stroke clients' well because the clients wanted to know more about OT interventions for stroke. We suggest that OTist provide OTK education by integrating stroke clients' needs and the OTist' concerns. The one-to-one approach to explain the OTK (including OT treatment goals, core values and services of OT, and laws of OT related to clients' welfare) to clients is most recommended.

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Important occupational therapy knowledge for stroke patients and their families

WU Tzu-Yi, HSIEH Ching-Lin

Introduction

Occupational therapy knowledge (OTK) is knowledge about occupational therapy (OT), and is important for clients (patients

Session M2.1: Reaching out into the community to promote the health of children and adolescents

Empowering basic school children in health promotion programmes in cape coast metropolis in central region of Ghana

YAWSON Mercy

Introduction

Good health practices among children promote optimal childhood health, growth, and intellectual development; prevent immediate health problems, and may prevent long-term health problems. Studies have shown that school health promotion initiatives have a positive impact on behavior and attitude of children towards health practices and promotion. Thus, paper aims at assessing the impact health promotion programmes have on the knowledge, attitude and perception of basic school children on health related issues.

Purpose/Methods

The descriptive research design was used for the study. The study area was Cape Coast Metropolitan Area in the Central Region of Ghana. Multistage random sampling technique was used to sample 384 basic school pupils from 12 basic schools for the study. Self-enumerated questionnaire was the main instrument used.

Results

The results from the data analysis show that females dominated the population (53%), as more than half of pupils were below the age of 12 years. The study also revealed that the school health promotion initiative used as an intervention programme generally had a significant positive impact on the knowledge (p -value=0.000), attitude (p -value=0.000) and perception (p -value=0.000) of the basic school children.

Conclusions

School health promotion initiative seems to have positive impact in promoting good health practices among children. It can however be used as a tool to empower basic school children to promote healthy living and life style.

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The preliminary experience of implementation of the child injury prevention program in Taipei

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Introduction

Accidents remain the main cause of mortality and morbidity for children under the age of six in Taiwan. To prevent children from accidental injuries becomes the biggest challenge for the department of health of Taipei city government. In order to decrease the mortality for children under the age of six, we developed the Save children and infants from injuries (Scifi) program since 2012. Through Cooperation with multidiscipline, the program focused on three domains – the safety of sleep, of traffic and of housing for children.

Purpose/Methods

1. Collaborating with the experts from Taiwan Pediatric Association and Taipei Medical Association, we developed the Children's Safety and Health Advisory leaflets. 2. Training healthcare providers and delivering the concepts for children safety, allowing general public to know more about the children's safety. 3. Conducting the home safety visits to check the housing environment, eliminate risk factors, and reduce the occurrence of accidents to children. 4. Promoting the rental services of child safety car seat within medical institutions for newborn babies to go home safe and sound.

Results

1. In 2012, four meetings were held and formulated seven consulting forms for the safety of children for different ages for the physician-based injury prevention counseling clinic. 2. Four training courses for the SCIFI program were held, and 189 healthcare providers were trained. The satisfaction rate is 90%. 3. 123 cases were visited for housing safety, and the incident of falling was 51.45%. 4. Under the cooperation of manufacturers and hospitals, Mackay Memorial Hospital is the first hospital in Taipei to set up the rental services of child safety car seat within hospital since November 22, 2012.

Conclusions

According to our preliminary experience, the department of Health of Taipei City Government will focus on falling prevention for the home visits program and recruit more hospital to implement the rental services of child safety car seat in 2013. After all, children injury prevention needs teamwork to achieve our final goal to allowing our beloved children to grow up in a healthy and safe environment.

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Keeping sex in mind: evaluation of an education programme to school students in St. Vincent's University Hospital, Dublin, Ireland

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Introduction

Health education seminars have been offered to school students (aged 15 – 16 years) within the hospital catchment area for 12 years aimed at increasing students' knowledge about their health and well being and to enable behaviour change. However, internationally detailed evaluations of such seminars are not completed. We present here the analysis of self-completed student evaluations of seminars from 2009 to 2011.

Purpose/Methods

Students attended one or more of four hour-long seminars available: Smoking, Minding Your Mind (MYM) and Healthy Eating Active Living (HEAL) for boys and girls. Student opinions were recorded via the Likert Scale on a structured form. Responses were dichotomised into those who found them satisfying and those who did not (i.e. those who 'strongly agreed' vs. everyone else). Regression analysis took into account gender, seminar type and other relevant variables. In all, 384 students attended (25.5% males, 74.5% females).

Results

A minority of students 'strongly agreed' that the seminars met their expectations (17.2%), were interesting (18.0%) and the balance between information and activity was good (18.8%); conversely more strongly agreed that they understood the information given (53.6%). The MYM seminar was less likely to meet male expectations than females ($p < 0.05$); conversely males were more satisfied with the HEAL seminar ($p > 0.05$). Regression analysis showed a good balance between information and activity, providing clear and interesting information significant in meeting expectations ($p < 0.05$).

Conclusions

Differences emerged according to gender and type of seminar in this evaluation in common with other health promotion activities. More targeted student health seminars could enhance engagement.

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Body perception in female pubertal development: An issue of body and mind

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Introduction

Body perception rather than body size has been shown to be important for health related adolescent behavior, particularly in girls. Meanwhile, body perception may be affected by bodily changes, especially changes visible for others. Female pubertal development is characterized by many physical changes, such as accelerated growth and altered body fat distribution. Girls' body perception is found to correlate more with waist circumference (WC) than with body mass index (BMI), implicating that body perception is related to body fat distribution.

Purpose/Methods

Purpose To examine the relationship between body perception and the emergence of female characteristics occurring naturally during pubertal maturation in adolescent girls. **Methods** To access body perception and items concerning pubertal development, 220 girls, aged 11–16 years, provided self-reported data on body perception and on characteristics of female pubertal maturation. To access body size; height, weight, hip and waist circumference (WC) were obtained by physical measurements. Univariate logistic regression modeling was used to relate pubertal characteristics to body perception.

Results

Of the 76 girls (35%) perceiving themselves as overweight ($n=220$), only 14 and 36 girls were overweight according to BMI and WC respectively. Girls who reported breast development or acne ($n=144$) had higher risk to perceive themselves as overweight, compared to girls who did not discern these characteristics ($n=76$). These findings persist after adjusting for overweight according to WC. Non-overweight girls reporting female characteristics ($n=170$) were more at risk to perceive themselves overweight than overweight girls reporting these characteristics ($n=50$).

Conclusions

Body perception in female pubertal development is a complex issue between body and mind. Girls, and non-overweight girls in particular, may therefore easily confuse naturally occurring changes during female adolescent development with being overweight. So, understanding physical changes that normally occur during puberty along with girls' own body perception needs to be improved among girls themselves, their parents, the school personnel and others working in health services. Thus, facilitate health awareness during adolescence.

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Session M2.2: Improving health promotion for elderly citizens

Community Health Promotion – An Advocacy of Co-participation in a community located in Southern Taiwan

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Introduction

The Political and Economic place of strategic importance in Taiwan is mainly located in the Northern Taiwan. In the contrary, most elderly and small tribal (Aboriginal) populations were located in the Southern Taiwan. Around 13.66% (2005) of elderly population were living alone in Taiwan, where they had less access to the health care setting for health and illness care. An advocacy of co-participation for health care concern is programmed and implemented.

Purpose/Methods

A regional teaching hospital, PingTung Christian Hospital (PTCH) located in the Southern Taiwan has facilitated an outreach program for the community-based organization (CBO) in co-participation caring of elderly staying alone in the community. The program was based on the Ottawa Charter for Health Promotion with five action areas. The Indigenous or cultural factors were implanted in the action plans.

Results

Five action areas including building healthy public policy, create supportive environments, strengthening community action, developing personal skills and re-orientating health care services toward prevention of illness and promotion of health were implemented indigenously. Totally, 15 community health alliances were formed and functioned. Then, they facilitated the establishment of the community exercise road map, walking path, bicycle route, aerobe group and healthy kitchen. Additionally, diversified health education programs were introduced to the community according to the indigenous needs.

Conclusions

Through the five action areas' programming, elderly living alone were more participating in the community activities and self caring motivation. And further impact on the elderly understanding of the health promotion will be collected and analyzed.

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A Multidisciplinary Program to Promote Successful Aging

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Introduction

Taiwan is one of the fastest aging society in the world. The percentage of people over age 65 has exceeded 10%, expected to reach 14% by 2017. To promote healthy aging, a multidisciplinary program was developed for community-dwelling elderly by Taiwan Adventist Hospital. It was based on the successful aging model by Rowe and Kahn, which involved three components: 1) freedom from diseases and disability, 2) maintaining high cognitive and physical function, and 3) social and productive engagement.

Purpose/Methods

Weekly activities were held for 3 months. Physicians, pharmacists, and dieticians gave interactive lectures regarding disease prevention, medication-use safety, and healthy diet. Cognitive impairment and depression were screened by validated questionnaires, and cancer screening services were provided. Group exercise was instructed for fall prevention and maintaining physical fitness. Traditional handicraft making was taught by experienced craftsman. Dramatherapy, led by professional instructors, helped the elderly to express emotions and connect with others. Movies were also used to generate group discussion.

Results

A total of 70 individuals aged 65 years and older participated in the program. The attendance rate throughout the 3-month course was quite high. At the end of the program, the participants reported high level of satisfaction and increased sense of well-being. The lessons also helped them to build better concepts of healthy lifestyle and how to achieve successful aging. Several participants even showed high enthusiasm toward handicraft making and turned it into a productive hobby.

Conclusions

A well-designed program is helpful for health promotion in the elderly. It calls for integration efforts between health care professionals and the local community. Group-based activities increased social engagement and psychological well-being. Long-term benefits on maintenance of cognitive and physical function will be followed in the future.

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Effect of a community-based dietary intervention on healthy eating in older adults

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Introduction

Overweight and obesity pose a challenge to public health in Taiwan. According to our investigation, proximately sixty-five percent of the community older people living in Hsin-Chu City were overweight, which is much higher than the average of people in Taiwan. The kitchens of community centers usually provide free lunch for the community-dwelling people when they attended the activities in the center; however, the meals were either high in fat/salt or low in protein

Purpose/Methods

The purpose of this intervention was to reduce fat and salt consumption and increase fiber intake for the community elderly who living in four districts of Hsin-Chu City, Taiwan. 195 community-dwelling older adults were investigated before and after a "healthy diet" program intervention. These participants came to community activity centers twice a week and received nutrition class at least once by dietitian. The chefs of community centers were instructed by dietitians and prepared healthy meals for all the participants

Results

The average fat and salt consumption of all participants were reduced about 20% and 12% respectively, and their fiber intake was increased 16% after a four-week dietary intervention. Also the adequate amount of high biological value protein intake was also corrected for those people who did not receive enough

Conclusions

Our community-based dietary strategies successfully reduced the fat and salt consumption and increased fiber intake via nutrition lectures and the real-meal provision. In the future, we expect that overweight or obesity in these elder adults may be improved through this dietary intervention model

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Session M2.3: Developing tobacco-free healthcare services & supporting tobacco cessation

Tobacco-free Hospital Accreditation and Network Development : Review of two-year implementation of National Experiences

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Introduction

Taiwan launched the active preparation to apply the network member at the end of 2010. Bureau of Health Promotion, Department of Health, Taiwan has been authorized as the corporate member that coordinates Global Network for Tobacco Free Healthcare Services since February 2011.

Purpose/Methods

The purpose of this project aims to create the network and encourage the hospitals as the ENSH member in national level. First of all, we held a public hearing in the first year. Second, we announced information to recruit the hospitals in the project and help them to apply ENSH membership. Third, to identify the detail definitions and guidance in each item of ENSH standard, 9 experts and 8 hospital representatives were invited in the first expert meeting, who discussed how ENSH Standard and Self Audit Question items would be suitable for Taiwan hospitals. Fourth, we organized the experts in the tobacco control field and went on site visits to the hospitals. Finally, we held the Tobacco-free Hospitals Conferences in 2011 and 2012, many information and practice experiences collected from Europe experts and local health professionals.

Results

53 hospitals in 2011 and another 60 hospitals in 2012 have participated the project and applied ENSH membership. In the first year, 32 of 53 hospitals performed as the Gold level. In the second year, 52 hospitals received our continuing monitoring, on site visit and document reviewed total 112 hospitals as a result. The statistics of Taiwan hospitals indicated that Standard 1 "Commitment" had the highest score and Standard 9 "Compliance Monitoring" had the lowest score. In addition, three international conferences were held in Taiwan, one of the most important was the pre-conference on Tobacco Free Health Care Services Hosting the ENSH GOLD Forum 2012, it is the first time of ENSH Tobacco related conference out of European country with around 400 participants. It is worthwhile mentioning, 5 hospitals has gained the great honor as Gold Forum Member Award in international level. Besides, during the Conference, many Tobacco free implementing-related dialogues have taken place and have produced fruitful and remarkable outcomes. At the end of 2012, we had a Ceremony Award for 112 hospitals who participated national validation in 2012. They were given

an award in our national level, 82 for Gold, 25 for Silver, 3 for Bronze and the other 2 hospitals without these award were given potential award to encourage them.

Conclusions

In the coming year, we aim to recruit more hospitals to join the Network and plan to revise the sub-guideline in national level in order to different type of hospitals. More training activities and collaborations will be initiated to promote the Tobacco-free culture & practice in healthcare settings. Acknowledgement: Support from the Bureau of Health Promotion, Department of Health in Taiwan under grants No.CCY99022-1 is gratefully acknowledged.

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Population-based study of smoking behavior and smoking cessation among adults in Taoyuan, Taiwan

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Introduction

Smoking is viewed as a chronic and addictive disease. It is essential to promote the smoking cessation on the smokers' health and environmental protection.

Purpose/Methods

This study is conducted to explore the results of knowledge, attitudes, and behavior of smoking in Taoyuan, Taiwan. Based on the stratified sampling, the study participants was conducted with a total of 1500 adults aged 18 years or older received computer assisted telephone interview. The demographic characteristics, smoking behaviour, and smoking cessation results were collected.

Results

The prevalence of smoking behavior was found to be 17.7%. Males exhibited a greater prevalence of smoking behavior than females (30.3% vs. 4.6%, $p < 0.001$). The proportion of smoking cessation was 68.2% in smoking population. Using multiple logistic regression analysis, male gender, age, education, alcohol drinking, betel nuts chewing, antismoking attitudes, and antismoking self-efficacy were the significant factors associated with a smoking behaviour. In addition, betel nuts chewing, passive smoking in workplace, and antismoking attitudes were significantly related to smoking cessation.

Conclusions

In conclusion, it is essential to promote the smoking cessation on the smokers' health and environmental protection. It is also worth to promote the smoking cessation program to help smokers quit smoking and reduce smoking population.

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A Totally Smokefree Environment: Improving Clinical and Environmental Management

CORBEN Kirstan, WAY Andrew

Introduction

Alfred Health is proud to be recognised among its peers for its strong leadership and high performance as a totally smokefree health service. In May 2008, Alfred Health became the first major metropolitan health service within Victoria, Australia to achieve smokefree. Subsequently, a number of phases of renewed commitment and increased investment have led to substantial improvements in the clinical and environmental management of smokefree, many of which would be transferable to other health services.

Purpose/Methods

Objectives: To increase to at least 80% the number of inpatients who have the opportunity for assessment and management of nicotine dependency; To reduce the impact of smoking around the perimeter of The Alfred. The above objectives were progressed via the establishment of a pharmacy led, evidence based clinical model for the management of nicotine dependency among inpatients across Alfred Health and exploration of the potential for designated smokefree footpath space with the City of Melbourne.

Results

Nicotine dependency management was effectively integrated within patient care in 84% of cases in 2012 compared with 14% in 2011. Clinical performance remained stronger than 80% even in areas such as inpatient mental health where a strong majority (67%) of patients were nicotine dependent. Smoking around the perimeter of The Alfred has reduced to less than one third of its former rate, with the greatest reductions observed among the inpatient population following the implementation of the clinical management model.

Conclusions

Alfred Health has demonstrated a long standing commitment to population health through tobacco control and specifically its leadership as a totally smokefree health service. Through the implementation of a pharmacy led clinical model, more than 80% of inpatients now have nicotine dependency assessment and management effectively integrated within their care. Further reduction in the impact of perimeter based smoking at The Alfred may be enabled by the introduction of smokefree footpath space.

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Session M2.4: Promoting health-enhancing physical activity

Physical activity on prescription. Implementation of a method in primary care

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Introduction

Inadequate physical activity leads to health problems with increased risk of lifestyle-related diseases such as the metabolic syndrome, with increased risk for cardiovascular disease and type 2 diabetes. In the primary care in Gothenburg, a physical activity on prescription (PAP) scheme, consisting of an individualised dialogue with the patient, written information, training diary and structured follow-up, has been used as a method to increase the physical activity level. Up until now PAP in primary care are sparsely studied.

Purpose/Methods

The aim was to identify the degree of change in physical activity level at a 6-month follow-up, specifically the proportion of patients moving from inadequately to sufficiently physically active and to study any changes in medical risk factors and health-related quality of life. The 194 patients included in the study, were 30-80 years old, physically inactive and had at least one component of the metabolic syndrome present. They all received PAP at one of fifteen local primary health care centres.

Results

During the first 6 months period patients received caregiver-PAP-support, on average 1-2 times through return visits or telephone contact. A total of 148 patients (76 %) completed the 6-month follow-up and 75% of these had increased their physical activity level. A total of 44% had moved from being inadequately to sufficiently physically active. There were statistical significant improvements in waist circumference, fasting plasma glucose, HDL at 6-month follow-up ($p < 0.05$). The SF-36 showed a statistical significant increase in self-rated vitality ($p = 0.005$).

Conclusions

Significantly improved physical activity level, cardiovascular risk factors and health-related quality of life were found at 6-month follow-up. There is today scientific evidence and support in guidelines and recommendations about increased physical activity and health effects. Future focus will be on finding effective strategies for implementation of physical activity as a treatment strategy in health care, which still is incompletely studied. This study may add knowledge about the efficacy of PAP referred to positive health effects in clinical practice.

Comments

This study is a survey of the implementation of the PAP-method in the clinical setting. This 6-month follow-up is a part of a larger ongoing study where a 5-year follow-up, a randomized enhanced support by physiotherapist and a health economic analysis also is included.

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Adherence and impact of Physical Activity on Prescription, (FaR®), in patients with chronic heart failure

EDSTRÖM Cecilia

Introduction

Chronic heart failure (CHF) is a severe disease with a 5-year survival rate of approximately 50 %. Prognosis and quality of life can be improved by pharmacological treatment and physical activity. Physical Activity on Prescription, (FaR®), is a well-documented and tested method for treating illness with exercise. The aim of this study was to examine if FaR® was a useful method for promoting physical activity in patients with CHF and if the training improved walking distance, muscle strength and endurance.

Purpose/Methods

The participants in this study include patients that have visited Heart Centre of Norrlands Universitetssjukhus from January 2009 - June 2010. A total of 93 patients were invited to participate and 49 were included in the study. Before study start patients performed tests on walking capacity (6 MWT), and static and dynamic shoulder muscle endurance. All participants got Physical Activity on Prescription. Post tests were performed on 26 patients and 23 patients were followed-up by telephone.

Results

The adherence to FaR® was 65 % for the whole group. Most patients chose walking as activity however group activities (hydrotherapy, peripheral muscle training and aerobics) had best adherence. The adherence to group activities was 76% and to walking 68%. Adherence to home training program was very low. The exercise training gave better results in 6 MWT and dynamic shoulder muscle endurance.

Conclusions

This study shows that Physical Activity on Prescription, FaR®, is a useful method for prescribing activity to patients with CHF with a total adherence of 65%. Patients with CHF improve their walking distance and dynamic shoulder endurance after training. However, prescription of home training without specific follow up is not effective.

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Physical activity pattern in chronic inflammatory arthritis - still lots to do!

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Introduction

The World Health Organization recommendations (WHOrec) of physical activity (PA) for individuals with chronic inflammatory arthritis (CIA) are equivalent to those for the general population. People with CIA have an increased risk for cardiovascular comorbidities which enhances the importance of a healthy lifestyle. Guideline compliance is scarcely studied in this group. The aim was to study self-reported PA in individuals with rheumatoid arthritis (RA) and spondyloarthritis (SpA) in two population based cohorts in Sweden.

Purpose/Methods

A questionnaire survey was undertaken in 2009 (SpA, n=3711) or 2010 (RA, n=1,910) including measures of self-reported PA according to WHOrec; 150 minutes of moderate-intensity PA (MI-PA) or 75 minutes of vigorous-intensity PA (VI-PA) per week. These recommendations were merged and categorized into meeting or not meeting the WHOrec. The two different recommended levels (MI-PA and VI-PA) were also studied separately.

Results

1,387 individuals with RA (mean 65 years) and 2,167 with SpA (mean 55 years) responded. WHOrec were met by 65% in the RA-group (women 67% vs. men 58%, $p<0.01$) and in 68% (women 61% vs. men 53%, $p<0.01$) in the SpA-group. MI-PA were met by 51% (52% vs. 47%, $p=0.12$) in RA and 57% (61% vs. 53%, $p<0.01$) in SpA and VI-PA by 34% (36% versus 29%, $p=0.02$) in RA and 32% (29% versus 35% $p=0.01$) in SpA.

Conclusions

Six to seven out of ten individuals with CIA met the WHOrec of PA for health, but we found sex differences. Women with RA were in general more physical active while women with SpA preferred MI-PA and men preferred VI-PA. This is useful information when coaching individuals to achieve a healthier lifestyle in clinical practice. Still there is a substantial proportion not reaching the recommendations and it is therefore important to recommend a healthy lifestyle early in the disease.

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Session M2.5: Measuring patient-reported outcome measures and health literacy

Multilingual patient reported outcome measure development: the QOLISSY instrument.

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 WOOLMAN Hartmut, BULLINGE Monika**

Introduction

In children whose height and growth velocity has fallen substantially below norms for age, sex and familial height, behavioural and emotional problems can be experienced. In treatment decisions, the quality of life of the children should be taken into consideration but, at present, a standardised QoL instrument for short stature does not exist. Through consensus building in five countries a growth-related quality of life instrument for use in treatment decisions related to short stature youth was developed.

Purpose/Methods

The target population consisted of short stature children (height < -2 SDS) with a diagnosis of growth hormone deficiency or Idiopathic short stature. We followed international instrument development guidelines outlined by the FDA and a patient-centred methodology capturing the subjective experience of the children themselves. Focus groups, cognitive debriefing, pilot testing and a field test of the questionnaire were conducted simultaneously in five countries. Qualitative and quantitative analyses were carried out on three age groups: 4-7, 8-12 and 13-18 years.

Results

110 families participated in the pilot study and 336 participated in the field test. Of these, 162 families completed a re-test questionnaire. Further item reduction was performed using differential item functioning and structural equation modeling. The final questionnaire consists of a three-domain core structure with 21 items, the full questionnaire being 49 items for children and 65 items for parents.

Conclusions

The QOLISSY questionnaire marks a significant step forward in assessing patient reported outcomes of short stature and growth hormone treatment on QoL. It is almost unique in being based on items generated from the subjective experience of children and being constructed simultaneously in five languages. The QOLISSY methodology demonstrates a new approach possibilities for future patient reported outcome measurement development.



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An Arrhythmia-Specific questionnaire in Tachycardia and Arrhythmia - ASTA -

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Introduction

The unpredictable nature of arrhythmia can cause negative impact on a person's daily life situation, for some with a pronounced symptom burden and consequently with negative effects on the patient's well-being and Health-Related Quality of Life (HRQOL). Assessment of patient reported outcome measures can provide valuable information for quality assurance of healthcare interventions. A disease-specific questionnaire makes it possible to assess to what extent a certain disease influences a patient's daily life.

Purpose/Methods

The purpose was to develop and validate an arrhythmia-specific questionnaire assessing symptom burden and HRQOL i.e. the Arrhythmia-Specific questionnaire in Tachycardia and Arrhythmia (ASTA). Methods Items were developed through a literature review and interviews. The items were evaluated by an expert panel. Three questionnaires were used; SF-36, Symptoms Checklist and ASTA. Homogeneity was evaluated with correlations and Cronbach's alpha for internal consistency. Criterion (against golden standard) and construct validity was evaluated (item-total correlations, convergent and discriminant validity and confirmatory factor analyses).

Results

Homogeneity and internal consistency were satisfactory. Criterion validity explored sufficiently, but not extremely strong correlations between the ASTA symptom scale and the Symptoms Checklist. Construct validity showed sufficient item-total correlations. Convergent and discriminant validity was supported by the higher correlations to the Symptoms Checklist compared to SF-36 and with the strongest correlations between the ASTA's physical subscale and the SF-36's PCS and for the ASTA's mental subscale and SF-36 MCS. The confirmatory factor analyses demonstrated satisfactory high factor loadings (HRQOL scales).

Conclusions

Patient reported outcome measures are being increasingly emphasized in research and for evaluation of the quality of care. Assessment of symptom burden and HRQOL is of importance for evaluating arrhythmia patients' subjective experiences. Instead of focusing solely on objective measurements the main goal must be the patient's well-being. The ASTA ques-

tionnaire demonstrated good psychometric properties in the targeted patient population and can be a valuable contribution to the assessment of patient reported outcome measures in arrhythmia patients.

Comments

Assessment of patient reported outcome measures is important to catch the patient's perspective. For reliable assessments we need validated questionnaires, developed for and together with the targeted patient population. ASTA is a new and validated disease-specific questionnaire suitable for patients suffering from either supraventricular or ventricular arrhythmias. ASTA has good psychometric properties and can be a valuable contribution in both clinical practice and research use.

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Measuring health literacy in people with chronic and complex health conditions – do patient and clinician perspectives agree?

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Introduction

Patient health literacy is increasingly recognized as an important determinant of health outcomes, particularly in people with chronic and complex health conditions. Concurrently, psychometrically-sound health literacy assessment tools are required. The Health Literacy Questionnaire (HLQ) assesses a person's health literacy status and is designed to assist clinicians understand and meet the health literacy needs of patients. The HLQ is in its final stages of validation.

Purpose/Methods

HLQ validation at the individual level was undertaken with patients and clinicians from Barwon Health's Hospital Admission Risk Program (HARP) to determine if a patient's HLQ data matched their lived experience, and whether the patient and their HARP clinician evaluated the patient's health literacy similarly when using the HLQ. HARP patients had participated in at least 4 months of case management and care coordination. HARP patients and their clinicians each completed the HLQ and were interviewed separately about their responses.

Results

Forty-five HARP patients were invited to complete the HLQ: 22 questionnaires were completed and 20 patients and their clinicians consented to be interviewed. Results indicated high concordance between the patient's HLQ and interview data. Likewise, patient and clinician HLQ data and narrative reports

were similar. Occasional discordance between patient and clinician responses typically reflected the patient's higher estimation of their health literacy ability.

Conclusions

High concordance between patient and clinician HLQ and interview data provides evidence of the HLQ's validity in assessing the health literacy status of individuals with chronic and complex health conditions; however, uncertainty exists regarding the generalizability of these results due to the small sample size. Regardless, this innovative study builds on an extensive validation process to ensure that clinicians can use the HLQ to understand and meet the health literacy needs of patients.

Comments

The final stages of data analysis are currently being completed which includes quantitative statistics describing the association and level of agreement between the patient and clinician responses. This information will be presented at the conference in the addition to the information contained in the abstract.

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Session M2.6: Improving healthy lifestyles of healthcare staff

Strategies and Analysis of the Physical Fitness among Hospital Staffs

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Introduction

To understand the physical fitness of staffs in Taiwan Landseed Hospital, we included the physical fitness test in the annual physical check-up. We analyzed the change of two consecutive fitness tests over two years. Strategies to improve the fitness of staffs were proposed.

Purpose/Methods

The study enrolled staffs of Taiwan Landseed Hospital who participated two consecutive fitness tests in 2010 and 2012. The changes of six categories of fitness test over two years were investigated by simple and multivariate logistic regression analysis.

Results

A total of 728 staffs were enrolled as study sample. Age and leg muscle power were related to the elevation of BMI. Middle age employees were less risk of elevated BMI than Young staffs.

Both of getting better and becoming worse of leg muscle power increased the risk of elevated BMI.

Conclusions

Strategies of free gym use, rearrangement of elevator stops to staff restaurant were proposed to improve the leg muscle power.

Comments

Strategies of health promotion among staffs based on the annual physical check-up should be proposed as health promotion activities.

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Liking Hospital Vegetarian Meal

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Introduction

six hundred thousand people die from colorectal cancer globally each year. 30-50% of the global colorectal cancer incidence is related to diet intake. Furthermore, a report from the American Society of Nutritional Sciences in 2003 showed that a well-designed vegetarian diet has disease preventative and health beneficial effects. Through daily promotion of vegetarian meal for our hospital's staff and interactive activities with our staff, we developed better awareness to healthy diet and environment protection.

Purpose/Methods

Taipei Tzu-Chi General Hospital launched a \$35NTD (= \$1 USD) vegetarian meal to all hospital staff since January 2011. Each meal contained an average of 660kcal. An interactive activity was carried out for two weeks, between 2012/10/24-11/09, A large white board with "Like" and "Dislike" was posted out during meal serving hours and allowed the staff to write the dishes they liked or disliked onto the board. The white board also welcomed suggestions from the staff.

Results

Since 2011/01/01, the healthy vegetarian lunch program for hospital staff has provided over 52,599 meals. The interactive "Liking Hospital Vegetarian Meal" activity further increased the number of hospital staff by 2,086 (10% increase) to join the lunch program during the two weeks of event. From the white board, suggestions were collected and 16 best suggestion were selected. Not only the number of hospital staff to consume vegetarian diet is increased, also staff satisfaction and motivation for healthy eating is enhanced.



Conclusions

With bi-directional interactive activities, health promoting and healthy vegetarian diet concepts are effectively implemented through the meals provided for the hospital staff. The hospital staff acknowledged the fact that vegetarianism is not only beneficial to the human body, but also to the environment. Adopting vegetarian diet is important towards reducing global warming and a long-term goal in our health promoting hospital.

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Hospital-based Health Promotion through Healthier Food Choices

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Introduction

The project on 'Healthier Food Choices at KK Women's and Children's Hospital (KKH)' has been on-going for 2.5 years since April 2010. The project aims to promote healthy eating in both staff and the general public through (i) increasing knowledge on making healthier food choices when eating out, (ii) increasing knowledge and awareness on the healthy eating guidelines promoted by the Singapore Health Promotion Board, (iii) promoting healthier food choices in KKH

Purpose/Methods

The project involved several food outlets in KKH, starting in 2010 with the hospital's food court, Kopitiam, where estimated sales of 111,000 per month are made, and then rolled out in 2012 to include (i) the McDonald's fast food outlet with estimated sales of 15,000 set meals per month and (ii) Delifrance, a cafe-like outlet providing sandwiches, pastries, hot meals and beverages

Results

Kopitiam : After close to 3 years, awareness of healthier choices at Kopitiam continues to be high amongst staff and visitors, with almost 50% of staff and visitors making healthier choice purchases more than 1/2 the time McDonalds and Delifrance: Although awareness of this initiative amongst staff is good (80% or more), however only 25-27% report making healthier choice purchases more than 1/2 the time. Amongst visitors, between 4-47% had requested for healthier alternatives or tried the healthier choice set meals

Conclusions

As results show that the effects of promoting healthier eating amongst hospital staff and visitors can be sustainable. However, it is challenging to promote healthier food purchases in food outlets like McDonald's and Delifrance which are not traditionally considered to be venues for healthy eating.

Comments

At this stage, the 3 largest food outlets in KKH are offering healthier food choices, with 3 smaller outlets remaining. This is in line with the project's aim of promoting healthier eating in general, so that the hospital can be a place to be well, as well as to get well

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Workplace Health Promotion in Swedish Healthcare

NYSTRÖM Berit

Introduction

The Swedish network of Health Promoting Hospitals (HPH) was established in 1996. This network is part of the international network, initiated in 1993 by WHO. The network have work in four perspectives: Patient, Population, Employee, Control and Management. The network is working primarily through a series of thematic groups, focused on a specific health areas. The thematic groups share their knowledge in the network through workshops, reports and a website. All groups use action plans, monitored on an annual basis.

Purpose/Methods

The thematic group on Workplace Health Promotion originates from the perspective of employees and the purpose is to form a model for healthy work place. The task is to collect and disseminate information and ideas on the development of healthy workplaces through a website, mainly for the HPH network but also for other actors within health services. The website offers a model for Workplace Health Promotion and conveys practical tips and tools for the application of the model.

Results

Material and support resources for dealing with workplace health promotion have been summarized in a leaflet. Tools, questionnaires and checklists have been developed, as well as suggestions for a work process. On the website there are tips, ideas, suggested readings, related links and good examples. Files, tools, leaflets and power point presentations for download are available in the toolbox. Tools: Employee Surveys, SAM Checklist, Checklist for managers, Dialogue map, FAS Dialogue tool, Business Plan, Activity List.

Conclusions

The idea of promoting health at workplaces parallel to the preventive initiatives has been growing during the last ten years. The interest in taking part of the thematic group has increased, learning more about the topic and taking part of good examples. For the time being there are twenty participants from hospitals and health care organizations all over Sweden, who meet four times a year, sharing experiences and learning best practices.

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Session M2.7: Using new technologies in health promotion

Taipei Smart Medical Package Experience of A Telehealth Model

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Introduction

The aim of Taipei Smart Medical Package is to develop a mobile, low cost and stable telehealth model. The Taipei Smart Medical Package boasted several advantages. First, it supported Linux on SoC platform from Intel running on X86 architecture, which ensured stability and saved investment on hardware and software. AA battery combining industrial fanless design reduced maintenance cost. Second, the mobile terminal equipment allowed convenient installation and budget transportation. Third, cloud hosting was an economic, maintenance-saving and effective solution.

Purpose/Methods

The program adopted innovative case management by attaching health risk assessment report to out-of-pocket health checkup clients, as a way to enlarge client base and extend service period. In order to understand people's opinions on the Taipei Smart Medical Package, this study carried out an acceptability questionnaire survey.

Results

Those willing to pay for Taipei Smart Medical Package accounted for 20.6 % of the health center clients at the hospital, 27.9 % of the local clinic patients and 51.5% of the electronics shoppers ($p < 0.001$). Among those willing to pay 84.6% had private insurance; 77.9% had regular health examination ($p < 0.001$). More than half (55.8%) of the middle class were willing to pay for the package. It clearly indicated that a demand existed not only in the higher income population.

Conclusions

Our research discovered the advantage of combining insurance and health screening. Collaboration among healthcare facilities, health examination centers and insurance companies is expected to consolidate the market while integration of health screening, ICT and consumer products generates multiple sources of income.

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E-health self-monitoring improves patient participation and together we develop the organisation around the patients

ALVEFLOO Annika, ZAMAN Britt-Marie

Introduction

Patients should be able to participate in creating a good lifestyle and disease control by using different information and communication tools. And together, we will work with constant improvements in order to develop a modern, efficient and safer care.

Purpose/Methods

We've been gathering ideas for improvements through patient dialogues over a cup of coffee in the entreés, shading of patient visits, systemic meetings and focus group discussions. Increased patient involvement when patients call to schedule an appointment for the first visit, self- registration in quality registers through the e-service my health care contacts (MVK). Open house where the patient initiates early contact with health care without a referral or an appointment time

Results

We got 70 pc improvement suggestions (0 pc 2011) National patient survey showed us better results: enrolment, round, information, confidentiality. New knowledge about young patients through focus group discussions. Cancellation and Rebooking decreased when first visit patients schedule their appointment themselves. Patient's self-registration in quality register has increased by 15%. Facebook: interactive contact route, our policy is strength the positive, answer questions and correct error. 88 citizens without referral and appointment in early stages of sickness came to Open hous. No cost of organisation.

Conclusions

Patients can take control of their health, lifestyle, disease and hospital contacts. Number of cancellation and rebooking decreases when the patient himself may determine the time Open house is a effective and resourceful organisation to fond the patients early in their disease evolution Simple and cost-effective methods give a good chance of spreading the methods locally, regionally and Nationally. On the patient's wish list: own personal health account, apps such as better self-control, test results, appointments, and professional chat rooms

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Development of a mobile phone self-report system for persons with hypertension

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Introduction

Health promotion in hypertension care implies supporting patients to adhere to treatment. By empowering the patient and by facilitating an understanding of the importance to reach the treatment goals, a self-report system may be a means to provide such support. There is a need for feasible and usable tools why mobile phones, always switched on and carried along, may be a technology with great potential for this purpose.

Purpose/Methods

This study aimed to develop a hypertension specific mobile phone self-report system ensuring comprehension, comprehensiveness and relevance of items and to examine the usability. Item development was based on results from focus groups interviews with patients and health care providers. Content validity and usability was ensured through 21 cognitive interviews in four rounds. The analysis was iterative based on an item tracking matrix to systematize the analysis process showing items round by round from initial version to final item wording.

Results

The focus groups resulted in a draft set of 16 items that was tested in the cognitive interviews, where one additional item was added resulting in a total of 17 items. The respondents understood the majority of items and response options well. The mobile phone self-report system was perceived easy to use, to have relevant items and a good coverage.

Conclusions

The content validity (comprehension, comprehensiveness and relevance of items) and usability of the mobile phone self-report system was satisfying. Further, the self-report system needs to be evaluated as a tool to facilitate adherence to treatment, and improve the management of hypertension by engaging the patient as an active and empowered partner and in care.

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Implementation of an innovative web-based system to support self-management in populations of people with complex needs: www.SteppingUp.org.au

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Introduction

Chronic conditions contribute enormous burden of disease, yet access to appropriate, person-centred programs remains limited. SteppingUp, a web-based self-management intervention, was co-created in partnership with patients, clinicians, non-government organisations and policymakers for wide implementation. It adopts principles of evidence based care and personalisation to promote optimal outcomes for broad patient groups. Following a pilot with people with complex chronic conditions, indicating high acceptability, and significant clinical gains, the aim of the study was to evaluate implementation processes and useability.

Purpose/Methods

Healthcare practitioners from three organisations were trained to provide SteppingUp. Service delivery models were co-developed with each organisation. During a seven-month implementation period trained practitioners incorporated SteppingUp clinical activities (assessment, program set-up, monitoring and support, and review) into their usual clinical roles. A team and peer support approach to managing implementation issues was used. Patient evaluation included website data and qualitative interviews. Evaluation of practitioner experience involved surveys and qualitative interviews.

Results

There was low practitioner attrition; 3 of 18 trained practitioners withdrew due to a change in their employment. Mid-term interviews demonstrated strong commitment to the program, but identified recruitment and engagement challenges. Improvement strategies included revised patient selection and communication. 85 patients were recruited. In-depth interviews indicated wide-ranging improvements from disparate starting points. Sites reported benefits at the patient, practitioner and organisational level with minimal delivery and set-up burden. Sites expressed strong desire to continue delivering SteppingUp.

Conclusions

SteppingUp is highly flexible, strongly endorsed by clinicians and patients, implementable and delivers relevant improvements to complex and vulnerable patients. The use of new technologies to support health promotion and empowerment

can be successfully integrated into mainstream care. When existing service systems and context are considered and models for service delivery adapted and co-created locally, the burden of introducing novel programs is minimised. While SteppingUp is a promising innovation comprising evidence-based self-management components, controlled trials are required to demonstrate effectiveness.

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Evaluation of an Information and Communications Technology System in a Cardiovascular Center at a Medical Center in Northern Taiwan

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Introduction

The development of information and communications technology (ICT) in Taiwan healthcare institution is increasing faster as others in the world. A new ICT system (including Mobile Car, Patient Terminal and Radio Frequency Identification System, etc.) was introduced in a cardiovascular center at a medical center in northern Taiwan. However, clashes between the system of health care work inscribed in these tools with the actual nature of work could result in staff resistance and decreased organizational uptake of the ICT system.

Purpose/Methods

This study conceptualized a multimodality evaluation process by sociotechnical theory to explore the impact of an introduction of ICT system. Time-motion study done before and after the ICT system introduction. The focus groups and questionnaire survey were undertaken. 146 of staff and 300 of patients and caregivers in the cardiovascular center were subjects to inform consent to join the survey of ICT introduction. Statistical analysis was performed using the R 2.15.2 software (R Foundation for Statistical Computing, Vienna, Austria).

Results

The time-motion study showed interpersonal communication time and equipment tracking time decreased significantly. There are more efficient workflow, communication pattern and collaborative and integrated network of medical care after ICT introduction. Staff and patients or caregivers have positive attitude on ICT introduction.

Conclusions

The findings conclude that the introduction of ICT system improves the communication between physicians, nurses and patients, increase staff satisfaction and save time. A multimodality evaluation process by sociotechnical theory to explore the impact of an introduction of ICT system is valid.

Comments

The ICT system can be spread out of the other wards in the hospital.

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Session M2.8: HPH and environment

Region Västra Götaland's new Environmental Action Programme has health promotion in focus.

REIMERS Viveca

Introduction

Region Västra Götaland's tasks comprises both providing health care services and creating prerequisites for growth and development in the region. Our organization has consistently promoted health, also in our Environmental Policy, which is supported by our motto "A good life". With a current Environmental Action Programme running until 2013 and the new for 2014-2016 under development – to be adopted by the Regional Council – our aim is a stronger tool for health promotion as an incentive for environmental actions.

Purpose/Methods

Our 18 hospitals play an important role as large role models when co-operating with other players in Västra Götaland to secure environmental achievements. During the process all environmental coordinators and the leaders of the hospitals and other units have been involved in the process of proposing the new goals. The four main challenges concretized in the programme are preventing effects of climate change, and promoting a non toxic environment, sustainable use of resources and diversity of plant and animal life

Results

Västra Götaland has a good reputation for environment and health promotion. Several methods and projects have been accomplished that enhanced awareness of our responsibilities and secured less climate impact, less use of harmful substances etc. The challenge for world health of pursuing stricter routines for antibiotics is an environmental issue. Reducing overuse and prescribing drugs in smaller packets will create less hazardous



waste. Prescribing physical activity instead of drugs for preventing and treating many diseases, is prioritized in our programme.

Conclusions

Enhanced focus on management systems and following up will effectively support implementing the new Environmental Action Programme. We launched Design with Consideration as a tool for sustainable transformation of public premises, the Green List for procurement of eco-labelled furniture. We only buy green cars, we serve 25% organic food. Certain boards and their services; (procurement, estate management, public transports) have special responsibilities but our broad collaboration, competence and communication are tools for achieving the goals for the hospitals and departments.

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Ferrara University Hospital: Competition "Lose your kg in excess! The best of the year" – Campaign to promote best practices in selection and collection of infectious waste and recycling, to be a hospital with less environmental impact

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Introduction

Striving for environmental sustainability calls for a revision of policies, strategies and actions to follow in the main areas of contact between environmental, social and economic development. The objectives of this approach include minimization of natural resources consumption, of waste production (enhancing reuse and recycling), of air and water pollution. For Ferrara University Hospital it means trying to manage the health facilities in an environmentally friendly perspective to minimize the impacts of activities on health and therefore health.

Purpose/Methods

Reduce the production of infectious waste and increase recycling. Key elements of the Project: - selling technique "door to door" - structural and process changes (eg reusable containers vs. disposable, 90% of reusable sterile tissue in operating theatres) - Use of reminders to promote the proper and safe selection and collection of infectious waste and increased recycling (eg POSTER "STOP & THINK") - Training and support to empow-

erment - Active monitoring of the production trend for quick corrective actions.

Results

Impact reduction is measured in kg of infectious waste not produced, € unspent, % of recycling, kg CO2 eq.. These indicators evaluate the performance of Hospital, homogeneous macro-areas, single care-areas. In the period 2006-2012, the production of infectious waste has been reduced by 23%. In 2012, the % of recycling reached 41%. The winner of Competition "Lose your kg in excess! The best of the year" was "General Surgery Operating Theatre Team", with a reduction of 52%.

Conclusions

For environmental management, the hospital ethical commitment can also be realized by reducing the production of infectious waste and increasing recycling, able to ensure safety and to reduce the hospital's environmental impact. It develops within the Project "A LESSER IMPACT", started from 2007; it's part of Company Policy, integrated with Regional Program for environment; it promotes safety and risk management; it's a fundamental commitment for HPH Hospital Network on social marketing and promotion of virtuous behavior.

Comments

For Ferrara University Hospital sustainable development means managing processes and structures oriented to continuous improvement in environmental performance, application of environmental criteria in the design of new facilities / activities and the acquisition of goods and services, social communication and promotion of virtuous behavior.

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Nature and Garden as Supportive Environments in Nature Based Therapy- how do they influence the rehabilitation process for individuals with stress related mental disorders.

SAHLIN Eva, VEGA MATUSZCZYKB Josefa, AHLBORG JR Gunnar, GRAHN Patrik

Introduction

Nature Based Therapeutic programs (NBT) have increased in number in Sweden during the last decade. These programs often comprise two parts; (1) traditionally used medical rehabilitation methods for stress related disorders which are professionally integrated in a nature context; and (2) activities, or simply being, in a garden and/or nature

Purpose/Methods

This study aims to explore how participants in a NBT program experienced, explained, and evaluated the impact of nature and garden on their recovery from stress related mental disorders. Semi structured interviews were conducted with eight women and three men participating in a NBT program in Sweden. Data was analyzed using Interpretative Phenomenological Analysis.

Results

Two super ordinate themes emerged: • Existential dimensions. The symbolism discovered between processes in nature paralleled one's own life. Experiences from nature walks during the program initiated a new view on life. Because of the deeper awareness of nature the participants forgot about their own situation and re-evaluated their lives. • Help to change dysfunctional patterns of thoughts/behaviors. Experiencing nature's pace and participating in garden-activities gave practice in doing one thing at a time, and allowing one to take breaks.

Conclusions

Existential reflections were important in the recovery process from stress related mental disorders for the study population, and nature was experienced as an important source for existential reflections to arise and develop. Activities in nature and garden or simply stay in nature and garden were important in the recovery process. Garden/nature may be supportive environments for stress recovery and rehabilitation for this specific patient group.

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Session P1.1: Health promotion for mothers and babies

Italian national programme of midwives' counselling "Smoke free moms"

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Introduction

In Italy 70% of female smokers quit smoking during pregnancy; about 70% relapse after delivery; 20% of young females are smokers even at the beginning of pregnancy. In order to prevent ETS exposition of children, the Ministry of Health, the Italian League against Cancer and the National Federation of the College of Midwives started "Smoke-free moms". The aim is favouring the midwives' intervention to support pregnant women quitting smoking and to follow them and their partners in the puerperal period

Purpose/Methods

The national programme provides training to midwives in anti-tobacco counselling techniques, such as motivational cessation and follow-up, particularly during pregnancy and puerperium. The programme consists in tailored training, professional support, distribution of specific educational material, monitoring and effectiveness evaluation.

Results

The follow-up evidenced that midwives improved their knowledge and their practice in anti-tobacco counselling. The next follow up, pointed out, especially in Veneto Region, an increase of the percentage of no smoking women during pregnancy (95,7% in Veneto Region), a decreasing percentage of women who relapse after pregnancy, from 11,5% to 4,3% at 3rd child vaccination (13 months), and an important relationship between mothers and fathers smoking habits

Conclusions

The programme is well accepted by midwives and patients too, feasible, sustainable and has pointed out its effectiveness.

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Overweight and obesity in expectant parents: socio-demographic patterns and within-couple associations. A population-based, cross-sectional study.

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Introduction

Overweight and obesity in pregnancy increases the risk of several adverse pregnancy outcomes. However, both mothers and fathers' health plays an important role for long-term health outcomes in offspring. While aspects of health and lifestyle of pregnant women have been reported, the health of expectant fathers and correlations of health variables within couples have received less attention. This study aimed to explore the prevalence and socio-demographic patterns of overweight and obesity in Swedish expectant parents, and to assess within-couple associations.

Purpose/Methods

This population-based, cross-sectional study investigated self-reported data from 4352 pregnant women and 3949 expectant fathers, comprising 3356 identified couples. Data were collected in antenatal care clinics between January 2008 and December 2011. Descriptive, correlation and logistic regression analyses were performed.

Results

Overweight/obesity was prevalent in 29% of women pre-pregnancy and in 53% of expectant fathers. In a majority of couples (62%), at least one partner was overweight/obese. The likelihood of being overweight or obese increased relative to partner's overweight or obesity, with women and expectant fathers being more than six times more likely to be obese if their partners were obese, compared to if their partners had normal weight. A clear socio-demographic gradient was also found in relation to obesity.

Conclusions

The prevalence of overweight and obesity in expectant parents was high, with a clear social gradient, and a minority of couples reported both partners with a healthy weight at the onset of pregnancy. Partner influence on health and health behaviours, and the role both mothers and fathers play in health outcomes of their offspring, underpins the need for a more holistic approach actively including fathers in the delivery of pregnancy care and postnatal and child health services.

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Can excessive weight gain during pregnancy in obese women be prevented?

HABY Karin

Introduction

Around 13 % of women assigned to maternal health care (MHC) in Sweden are obese (BMI \geq 30) (Body Mass Index). The risks increase for complications during pregnancy, delivery and neonatal period when mother's BMI exceeds 30. Excessive gestational weight gain (GWG) further increases the risks. It is unclear whether intervention during pregnancy can prevent excessive weight gain and which method is effective. In this pilot-study a project is presented that aims at reducing weight gain in obese pregnant women.

Purpose/Methods

To evaluate the effects of a standardized behavioural intervention program emphasizing nutrition and physical activity, offered to pregnant women with BMI \geq 30. The intervention group consisted of the 50 first enrolled obese pregnant women and a control group in the same city, receiving regular antenatal care. The intervention included 90 minutes extra with the midwife. Aqua aerobics, dietetic contact, walking poles and pedometers were offered, as well as prescription of physical activity and networking with surrounding health actors in the community.

Results

The women in the intervention group had significantly lower GWG (8,6 \pm 4.9vs.2.0 \pm 5.8;p=0.002) and significantly lower weight at the postnatal check up in comparison with the first contact (-0.2 \pm 5.7vs.+2.5 \pm 5.3;p=0.013) as well as change in BMI (0.04 \pm 2.1vs.+0.95 \pm 2.0;p=0.0016). There was a slight trend towards increase in consumption of vegetables within the intervention group (score 3 \pm 1,0vs.3.2 \pm 1,0;p=0.09) as well as in physical activity (score 2.8 \pm 1,vs.3.1 \pm 1,0; p=0.13). There were no differences between the groups regarding self-estimated health or confidence in ability to influence one's health.

Conclusions

Obese pregnant women participating in a short-term, standardized life style program - within regular antenatal care and with little extra resources - can limit their GWG and show less weight-gain after pregnancy compared to controls. Our intervention shows that with some extra support from her midwife, the pregnant woman can manage to make life style changes during pregnancy. It is of utmost importance to develop similar care programs in the MHC to promote the health of future mothers and children.

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Web-based support as a person-centered and health oriented service for women with type 1 diabetes during pregnancy and early motherhood

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Introduction

Pregnancy and early motherhood is an extraordinarily demanding period for women with type 1 diabetes, who therefore need optimal support. Due to demanding requirements during the period of pregnancy and early motherhood there is a need for education and counseling regarding self-care. Extended professional care should be provided in ways that move beyond the illness of diabetes, towards a more health oriented and person-centered focus. To empower mothers during this time, a web-site has been developed using participatory design.

Purpose/Methods

To describe the design and content of a randomized control trial that investigate whether and how the developed web-based support for women with type 1 diabetes can improve well-being and self-management during pregnancy and early motherhood. The ongoing trial evaluates the effectiveness of the web-based support, in which women with type 1 diabetes are randomized in early pregnancy to either usual care or web-based support in addition to usual care.

Results

The developed person-centered and health oriented web-based support consists of three complementary parts: 1) specific information about pregnancy, childbirth and early motherhood in relation to type 1 diabetes; 2) a self-care diary including a device for documenting and evaluating blood glucose levels, insulin doses, food intake, physical activities and overall well-being; and 3) a forum for communication between women with type 1 diabetes in the childbearing period. The support is developed for both computer and mobile use.

Conclusions

The web support for self-care, self-learning and peer support is a person-centered and health oriented service that provides possibilities for documentation and shared decision-making, building on a therapeutic alliance between the mother with diabetes and the health-care providers, and on the woman's documentation, as a complement to usual health care organizational arrangements. This may strengthen self-care ability by empowering women with type 1 diabetes during a vulnerable period.

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“They are heroes” Father participation in their role for ensuring safe motherhood in Indonesia

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Introduction

Father involvement has been shown to be beneficial to the health of pregnant women and infants alike. Indonesia has made significant progress in health related issues over the last decades. For instance, infant mortality dropped from 118 deaths per thousand births in 1970 to 35 in 2003. But Indonesia still has homework to do, maternal and infant mortality rates are higher in Indonesia than in most of the comparable countries of the region (Improving Indonesia's Health Outcomes Final Report, 2009).

Purpose/Methods

The purpose of this study was to identify the prevalence of father's participation in practices ensuring safe motherhood and the factors associated with their participation in Indonesia according to Indonesia Demographic Health Survey (IDHS) 2007. Method: A population-based sample (15,262 participants) selected from 33 provinces in Indonesia and surveyed in 2007 by Statistics Indonesia (Badan Pusat Statistik).

Results

The study shows that 72% of surveyed husbands took active steps towards ensuring safe motherhood for their spouses. The prevalence increased with age until age 40-44. Respondents with higher education were more supportive of their pregnant wives than others. Likewise, men with clerical jobs were more supportive than others. Wealthier and urban husbands were also found to be more supportive. Maybe surprisingly, husbands who wanted fewer children than their wives did more to ensure safe motherhood than other husbands.

Conclusions

The key predictors of father participation were age, education, area of living, and wealth status (Shefer-Rogers and Sood S., 2004; Illiyazu Z., et al., 2010; Kakarie O., et al., 2011). Prevalence of father participation in safe motherhood went down between 2002-2003 and 2007 (from 77% to 72%), on the other hand the IDHS found the maternal mortality in 2007 to be lower than 2002-2003 (228 vs. 307 deaths per 100,000 births). This startling fact needs some further looking into.

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Women want to give birth without pain. Personalized information campaign: “What do you know about pain management during labor?”

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Introduction

Pregnancy and motherhood are special stages in the life of a woman. The fear that most affects women is the pain and suffering of childbirth. The Italian Law n.38 dated March 15, 2010 ("Measures to ensure access to palliative care and pain therapy") provides pain relief to hospitalized people, also including analgesia during labor. Yet, national data do not confirm compliance with the above law when it comes to analgesia in labor.

Purpose/Methods

Understand women's knowledge of labor analgesia and give answer to their decision to give birth without pain. An online questionnaire was aimed at women of childbearing-age of Ferrara between February-July 2012. Based on women's responses, a local information campaign about analgesia will be launched soon in order to enable women to make an informed and responsible choice. The study was promoted by Ferrara University Hospital, part of Hospital Territory Without Pain Project, in collaboration with local Authorities and Women Associations.

Results

1573 women aged between 18 and 45 years (average age is 31.8 years) compiled the questionnaire. 66% of women sampled declared to know what is labor analgesia, but only 72% of them indicated the correct definition of analgesia during labor. Women received information about analgesia in labor mainly by health professionals (45%). 74.9% of interviewed women would ask for epidural pharmacological analgesia during labor, and 83.5% of them motivate their choice with fear of the pain associated with vaginal delivery.

Conclusions

Women demand the application of Law n.38 and to give birth without suffering. Preliminary results will be used to improve the care of the birth path, to support mother and child, to humanize birth and to create appropriate tools of information on labour analgesia, in order to ensure a conscious choice and an equal health promotion.

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The First Step of Life: Successful Breastfeeding

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Introduction

Breast milk provides the optimal nutrients for health and development of the newborn and infants. Therefore, exclusive breastfeeding for infants up to 6 months of age is recommended by the World Health Organization (WHO) and many other professional organizations. Previous studies indicate that mothers' perception on breastfeeding effectiveness during early postpartum period is associated with sustained breastfeeding. It is very important for nurses to understand the factors associated with perception of mothers in their own culture.

Purpose/Methods

The purpose of the study was to explore the factors associated with perception on the effectiveness of breastfeeding in mothers during early postpartum period in Taiwan. A correlation research design was adopted. Questionnaire used for data collection included general information, BBS scale, social support scale, fatigue scale and status of sustaining breastfeeding at 1st and 2nd months postpartum. Data were analyzed by SPSS 19.0.

Results

1). The exclusive breastfeeding rate was 56.6 % at 1st month and 47.2% at 2nd month; 2). Mothers' level of perception on breastfeeding effectiveness was positively correlated with sustaining breastfeeding at 1st and 2nd months; 3). Social support for breast feeding was positively correlated with mothers' perception on breastfeeding effectiveness in mothers. 4). Main sources of social support came from nursing staffs and husband; 5). Postpartum fatigue was negatively correlated with the level of perception on breastfeeding effectiveness.

Conclusions

It is concluded that most mothers were willing to provide breastfeeding for their babies as the main source of nutrients. Mother' level of perception on breastfeeding effectiveness was positively correlated with sustaining breastfeeding at 1st and 2nd months.

Comments

Nurses plays an important role in helping mothers to have successful feeding at early postpartum period, to establish breastfeeding confidence, and consequently to sustain breastfeeding at 1st and 2nd months.

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Integrated nutrition policy for a healthy start

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Introduction

According to HEALTH 2020 framework the promotion of public health, the reduction of inequalities and the development of a strong governance for health are achieved through a whole-of-government approach and a whole-of-society approach. Alliances and networks connect people and organizations towards common objectives and joint actions in a qualified setting. Breastfeeding promotion and balanced complementary feeding start are strategic for impact on children's and mothers' health. They represent the effectiveness outcome of networking on health behaviors

Purpose/Methods

It's necessary approaching to families of children 0-3 years with shared content and coherent actions building networks of specific services and relative working paths. The project design involved local authorities, nursery school teachers, Regional Healthcare Agencies, Burlo Garofolo Pediatric Institute, Pediatricians, families. The joint actions included training, public communication activities, applying regional guidelines and the Protocol for the management of breast milk to the nursery school. Regional breastfeeding rates assess behaviors in populations and impact of Agencies' interventions

Results

Data have been collected during 2010 and 2012 in 50% of the Trieste's nursery schools (public and private) showed that the number of children exclusively breastfed for 6 months has almost doubled. The Protocol is correctly applied in 95% of facilities while 83% of schools found a dedicated place for nursing within the structure. In 2012 "Triestina" Healthcare Agency formalized Nursing and Children's Feeding Policy (Step 1 of UNICEF Baby Friendly Community Initiative) that summarizes consistent healthcare pathways for families

Conclusions

According to the systemic-ecological health promotion scenery, institutional co-design and transversal and interdisciplinary engagement of the health professionals have been winning strategies facilitating the individual adoption and practice of health choices. Coordinated and shared actions can respond to the families' disorientation with unambiguous and coherent messages, creating opportunities for context through educational interventions aimed at health literacy and at social construction of health

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Improved nursing rate and decreased mastitis incidence after introduction of a full-time nursing consultant

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Introduction

Nursing is good for mothers and babies. The nursing rate in Taiwan raised from below 50% ten years ago to near 75% recently after many health promoting efforts. We introduced a full-time professional as a consultant of all the nursing mothers about eighteen months ago. The contents of her work included telephone interviews, hospital round visits, nursing technique teaching during prenatal calls at our outpatient department. Increased nursing rate and decreased incidence of mastitis was expected.

Purpose/Methods

We examined the records of all the mothers who had their babies delivered in our hospital in the past three years. They are divided into control or study group when their babies were born before or after introduction of this program. The nursing rate during hospitalization, one month later, and the occurrence of mastitis during the first nursing month was calculated and compared. A chi-squared test was applied and a p-value less than 0.05 was considered significant.

Results

There were totally 3452 cases included in this review. The control group consisted of 1686 women and the study group 1766 cases. There were no significant difference in parity, maternal body weight, socioeconomic status, Cesarean section rate and professional status. The nursing rate during hospitalization was 82.08% and 87.12% respectively ($p < 0.01$). One month after birth the nursing rate dropped to 78.93% and 81.47% respectively ($p < 0.01$). The incidence of mastitis was 5.83% and 0.56% respectively. ($p < 0.01$)

Conclusions

A health promotion program like ours with a full-time nurse as a consultant to manage complaints and troubles about nursing before and after birth significantly increased nursing rate during hospitalization and one month after birth. The incidence of mastitis also decreased significantly after the introduction of this coaching program. This promotion program really improved the nursing rate and provided an option to raise it in Taiwan.

Comments

Due to the shortage of manpower and financial support in Taiwan, a total care from a midwife like that in some developed countries is impossible. However, promotion of nursing rate is still a government policy and deserves attention. Except a program like ours, more friendly environment, extension of follow-up period to six months and an internet based communi-

ty support are supposed to raise the nursing rate more. And that will be our next goal to trace their contributions.

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Rolling out the Baby-friendly Hospital Initiative in Austria: Supportive and hindering factors

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Introduction

There is sound evidence that breastfeeding, as compared to other ways of infant nutrition, is the best protection for infant health, with lasting positive effects also for later life (e.g. reduced risks of diabetes and obesity), and that breastfeeding is also beneficial for the health of mothers (e.g. reduced risks of ovarian and breast cancer). On these grounds, the WHO recommends exclusive breastfeeding for at least 6 months. And there is also evidence that support of pregnant women, mothers and families by obstetric personnel is one of the key factors for starting and maintaining breastfeeding. This is why WHO and UNICEF started the Baby-friendly Hospital Initiative (a 10-step certification scheme) in 1991. In Austria, there is currently a national health policy focus on supporting healthy nutrition a.o. by strengthening the Baby-friendly Hospital Initiative. The Austrian HPH network in cooperation with the Ludwig Boltzmann Institute Health Promotion Research has been commissioned with the roll-out and its evaluation between September 2011 and December 2013. Interim evaluation results are now available.

Purpose/Methods

For rolling out the initiative, a four-step approach was taken. The steps comprise: raising general interest for BFHI (I), providing specific information on how to implement the approach (II), involving organizations and healthcare professionals via workshops (III), and motivate them to invest in obtaining the BFHI certificate (IV). The purpose of the accompanying evaluation is to identify in how far roll-out activities are performed as planned, whether they reach their target groups, and what furthering and hindering factors for the roll-out can be identified. Methods used include questionnaires sent to head personnel in obstetric wards (medical, nursing and midwife staff), telephone interviews, workshop evaluations, and reflections in the steering group of the project.

Results

Results of a first interim evaluation report will be presented, outlining the achievements so far, as well as the furthering and hindering factors encountered, and the strategies chosen to deal with hindering factors.

Conclusions

On the basis of the evaluation findings, recommendations for implementing the BFHI approach in healthcare organizations will be provided.

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Interaction of epidural analgesia in breast-feeding

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Introduction

We set off from studies in the literature reflected on the effects of epidural analgesia on duration of breast-feeding. These studies report conflicting results, in particular seems to be emerging that epidural analgesia has a negative influence on his life. Therefore, bearing in mind that there are many factors that may affect its success, such as the intention to breastfeed, parity, maternal age, traditions, level of education, the mother's physical or mental condition and that support is given, the kind of childbirth and conflicting results emerged during the analysis of these studies, we decided to evaluate what was the trend of breast-feeding in reality, pemet in women who have given birth with epidural analgesia.

Aims

The aim of this study is to analyze and compare the rates of breastfeeding at discharge, 3 and 6 months, in a group of children born by spontaneous vaginal delivery with epidural analgesia and a group of offspring of spontaneous childbirth without analgesia, in order to establish the most favourable conditions for promoting breastfeeding. Later we make improvements to variations on the findings from the survey and we will measure the results we set off by the global public health recommendation, according to which children should be breastfed for the first 6 months of life for healthy growth, development and optimal health (Global Strategy for infant feeding and childWHO/UNICEF, 2002). Recent studies there is a great diversity on duration of breast-feeding based on different modes of delivery. In particular by Baumgarder studies (2003), Volmanen (2003) and Wiklund (2009) shows a greater recourse to artificial milk integration between those born by vaginal delivery with epidural analgesia and a reduction in this rate group breast-fed at 6 weeks. Berlin (2005) found a reduction in rates of breast-feeding at 6 weeks in a group of multiple births with previous positive experience of breast-feeding and who had given birth with analgesia. Unlike Wiecezorek (2010), always

considering a group of multiple births with previous positive experience of breastfeeding and who had given birth with epidural analgesia did not find significant differences in the rates of breastfeeding at 6 weeks. Stresses, however, that 67% of mothers of her champion has enjoyed the support of lactation consultants provided free of charge from the Canadian Government. Given this heterogeneity we thought it appropriate to see the situation in Mantua on the different modes of delivery.

Methods

The first part of the project, started 10/30/2012 ended the 10/30/2012 when, from data emerged, has begun the second part which will last until 30/10 (2013). The first part consists of a prospective study which involves the recruitment of 130 mothers during hospitalization using information about the study, acquisition of informed consent and compiling the first questionnaire. then we proceeded to compile a questionnaire at 3 and 6 months of age of the child, by contacting by phone the mothers. The midwife devoted doctor neonatologist, project manager, provided for process data. Project managers have developed in team (physician, neonatologist doctor obstetrician, midwife, nurse of the nest, salt personnel delivery and pre-delivery counselling sessions courses) which are significant elements that make a change to improve the rate of breastfeeding in women with spinal anesthesia. The second part is to apply improvements based on results that emerged, in recruiting a new moms group in epidural anesthesia and collecting questionnaires to 0, 3, 6 months in a similar way. This second part allows us to measure our intervention. 1 Step: Random 130 mothers enlistment during hospitalization after childbirth, prior information on the study and acquisition of informed consent. The questionnaire concerned, in addition to personal details and delivery mode, questions regarding intention to breastfeed, breastfeeding and early integration of artificial milk 2° step January 2012: First questionnaire data processing by collecting information on the mother's level of education and participation at piams courses pre-delivery counselling sessions. 3° step March 2012: telephone interview at 3 months of age of the child and completing the second questionnaire concerning breastfeeding or artificial, the eventual upturn. 4 June 2012: telephone interview at 6 months of age of the child and completing the third questionnaire concerning breastfeeding or artificial, the introduction of solid foods, as well as the possible resumption work 5 July-August 2012: data processing, September-October 2012 re-process data 6 October 2012-October 2013 second part with new enrollment of moms and interviews, having measurable modification porttato:: early breast attack (within 60 ' from birth), security enterprise and pre-delivery counselling sessions courses of ASL, support mothers in limiting milk 1 requests as integration during hospitalization

Results

FIRST PART: these mothers enrolled 130: 84 Calved spontaneously (40 with epidural analgesia) and 46 with Caesarean section. Analyzing the duration of breast-feeding at 6 months and 3 we found a reduction in the duration of breastfeeding in mothers who have given birth with epidural analgesia. The average level of education, which seems to be a factor favoring the continuation of breast-feeding, it turned out the same in both groups. We worked on the intention to breastfeed on



infant formula supplementation on maternal request during hospitalization and premature attack of the newborn after birth (within 60 minutes after birth). SECOND PART: new enrollment of 40 mothers in spinal anesthesia with same 0 times interviews-3-6 months. As A result of interventions. Interventions: 1) reassuring atmosphere during pregnancy with participation of our staff neonatologist-nursery nurse courses not only business, but also pre-delivery counselling sessions to those promoted by ASL. 2) support to women in the first days after birth so as to limit the demands of milk MOM snow 3) early attack neonato (within 60 minutes after birth) more affecting, correction of the system.

Conclusions

New things of the project We found that the rates of breastfeeding mothers who have given birth with epidural analgesia are less than 6 months and 3 than those of mothers who have given birth without. The factors most influential results were planning to breastfeed, integration with artificial milk during hospitalization and premature breast attack. Collecting data to 0 times, 3, 6 months, choice of the most influencing factors, correction of the system. After reprocessing of data is necessary to create a favourable background during pregnancy through the spread of accompanying courses at birth and by ensuring that competent staff provide unique information, providing support to women in early puerperium, which are essential for the initiation of lactation, and introduced to the mother the territorial network that already exists. Key Performance Indicator Reprocessing data indicators of second part to measure our performance and improve the rate of breast-feeding in women in epidural analgesia

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Comparing breastfeeding and feeding by bottle after milking

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Introduction

Human breast milk contains a lot of nutrition, and is the healthiest form of milk for infants. We encourage mothers to have breastfeeding for at least 6 months after delivering. The objective of this study is to compare the discomfort of mothers who had breastfeeding or feeding by bottle after milking.

Purpose/Methods

Between Sept and Oct 2012, 120 mothers who delivered within 6 months were surveyed by phone. Breastfeeding or feeding by bottle after milking was recorded. The feeding problems (blocked ducts) were also asked.

Results

The average age was 28.9. The average parity was 1.94. Sixty-five mothers had breastfeeding. Among them, 5 (7.7%) had blocked ducts. Fifty-five mothers had feeding by bottle after milking. Among the 55 mothers, 9 (16.4%) had blocked ducts (including 2 had mastitis which need surgical treatment). The mothers who feeding by bottle after milking had higher blocked ducts rate than breastfeeding (OR=2.34).

Conclusions

The mother who with breastfeeding had less blocked ducts rate. Breastfeeding can also improve the relationship between mother and infant. We have the responsibility to encourage mothers to have breastfeeding.

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Evidence-based Health Promotion- the study of DHA in human milk

CHUANG Lu-Te

Introduction

Docosahexaenoic acid (DHA) is a long-chain omega-3 polyunsaturated fatty acid (LCPUFA) that is critically important for the structure, development and function of the retina and central nervous system (CNS), ultimately contributing to improved cognition. It is known that the DHA content of breast milk is positively correlated with maternal DHA intake. Since there is a lack of information about the DHA status of pregnant and lactating women in rural Taiwan.

Purpose/Methods

All pregnant women who attended the Obstetrics and Gynecology Outpatient Clinic of Kinmen Hospital on Kinmen Island in Taiwan between May 1 and May 30, 2011 were invited by research nurses to enroll in the study. The maternal blood sample was obtained on the day of their delivery. Cord blood was collected by the obstetrician following delivery. Participants were asked to visit the doctor forty-two days after the delivery, at which time a nurse collected breast milk on the day mothers were visiting the doctor for post-natal well-baby check-up.

Results

The DHA percentages of maternal and neonatal plasma phospholipids were 5.16% and 6.36%, respectively, which are higher than values reported for most populations elsewhere in the world. The DHA percentage for the breast milk of Kinmen mothers was also high (0.98%) relation to international norms. The DHA proportions in maternal and neonatal plasma phospholipids were positively correlated ($r = 0.46$, $p = 0.01$).

Conclusions

We show that the DHA status of mothers and newborns on Kinmen Island is satisfactory, thereby providing an evidence-based argument for promoting breastfeeding in Taiwan.

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New Concept of Nutrition and Health for Postpartum Women

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Introduction

Postpartum nourishment is a tradition of Chinese. Although western people do not pursue this practice, post-delivery care receives more and more attention from the western medical community. In the past, an economic deficient era, Chinese women usually take advantage of postpartum period to get rests and nourishment. However, as metabolic syndrome has become a prior public health issue in recent years, the traditional high fat, high protein and low fiber nourishing diet may not meet the nutritional needs of modern postpartum women.

Purpose/Methods

The purpose of this study is to develop a nutrition program for postpartum women and evaluate its effectiveness. Components of the program are a postpartum nutrition manual, a teaching material, and a ten-day cycle menu. Contents of the manual and teaching material include nutrition knowledge, dietary taboo, and Q&A etc. Subjects of this study are asked to fill in a satisfaction questionnaire prior to discharge from hospitalized or institutional postpartum women. Level of satisfaction is measured using a 5-point Likert scale.

Results

A total of 735 questionnaires was collected. 92.2% of respondents express that they are satisfactory about the postpartum lecture (very satisfactory 58.6% and satisfactory 33.6%). 88.2% of respondents express that they are satisfactory about the postpartum meals (very satisfactory 53.5% and satisfactory 34.7%). A further analysis of satisfaction of the meals finds that satisfactory degree of respondents about variety of dishes, flavor of dishes, freshness of dishes, portion size of meal, and service is 80%, 88.2%, 95.3%, 91.8%, and 94.1%, respectively.

Conclusions

The postpartum dietary supply based on balanced nutrients in accordance with the principles of traditional medicated diets is agreed by most postpartum women. New concepts of postpartum nourishment include a moderate amount of protein, use of Chinese herbal medicine, increase of fruit and vegetable intake, removal of cold ingredients such as crab, bamboo shoots, cabbage, orange, watermelon, etc., cool ingredients such as white radish, spinach, bean sprouts, etc. cooked with warm and hot ingredients such as ginger, sesame oil, etc.

Comments

Studies have shown that the etiology of metabolic syndrome can even be traced back to the nutritional status of the fetus in the womb. Meanwhile, it is deserved noting that inappropriate postpartum nourishment may lead obesity in the future. Therefore, methods of traditional postpartum nourishment need to be adjusted to conform health requirements of modern people. Promotion and implementation of the new concept of postpartum nourishment is important. A postpartum nutrition lecture accompanied with a manual is a good channel.

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Pelvic Floor Muscle Training After Birth to Prevent Stress Urinary Incontinence

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Introduction

Stress urinary incontinence is a common health complaint after birth and severely reduces quality of life. The pelvic floor muscles are a group of muscles that wrap around the underside of the bladder and rectum. The common reason for the pelvic floor muscles to become weakened is childbirth. Pregnancy and vaginal delivery are the major risk factors for development of stress urinary incontinence. Pelvic floor muscle exercise is benefit for treatment of stress urinary incontinence. The purpose of this study was to evaluate the intensive pelvic floor muscle training after birth to prevent stress urinary incontinence.

Purpose/Methods

A single-blind randomized controlled trial was conducted at our hospital and two district OBS/GYN hospitals. Total one hundred twenty-two healthy nulliparous women were randomly allocated to the training group (n=62) or the control group (n=60). A training program for intensive pelvic floor muscle exercise was planned for the training group after birth. An 8-week intensive pelvic floor muscle training program was introduced to the training group and supervised by the fixed physiotherapists. The control group received the customary information for pelvic floor muscle exercise. The outcome measure was as the self-reported symptoms of stress urinary incontinence. We used Pearson's Chi-square test with Yate's continuity correction as the statistical method.

Results

At 12 and 36 months follow-up, significantly fewer women in the training group reported stress urinary incontinence than the control group. 13 of 62 (21%) in the training group versus 21 of 60 (35%) in the control group was noted at the 12 months follow-up (p=0.009). 18 of 62 (29%) in the training group versus



27 of 60(45%) in the control group was noted at the 36 months follow-up ($p=0.007$).

Conclusions

Pregnancy and vaginal delivery are considered to be the main risk factors in the development of urinary incontinence because pregnancy and childbirth may cause damage to the fascias, ligaments, pelvic floor muscles, and nerves supporting and controlling the bladder neck and urethra. The pelvic floor muscle exercise was noted to be effective for treatment of stress urinary incontinence. To prevent stress urinary incontinence, women have been encouraged to perform pelvic floor muscle exercises after childbirth. In our study, Intensive pelvic floor muscle training after birth decreased the incidence of stress urinary incontinence after 12 and 36 months follow-up.

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The Social Background of Newborn Babies and their Families

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Introduction

It is described that the relative poverty ratio among children in Japan is approximately 15.7% on OECD standard. However, it is difficult to distinguish those living in poverty from those who live in reasonable economic conditions in daily ambulatory practice, because of medical support programs. Each city in Japan provides free or subsidized medical care for children until a certain age. Also a childbirth assistance program is available for pregnant women who can't give birth in a hospital or clinic for economic reasons. We investigated the background of parents during pregnancy and babies following birth up to 3 months. From this data, we tried to clarify some key indicators of poverty.

Purpose/Methods

We reviewed the charts of 325 children who were born in Mimihara General Hospital in 2009. 49 cases used the childbirth financial assistance program. In Japan, there are 6 types of health insurance for children according to their social situation and the occupation of their parents. We recorded the type of health insurance program for all newborn babies. In addition we considered financial statistics, family background and domestic situation.

Results

The group of 49 cases who used the financial assistance program during childbirth were reliant on some kind of social welfare. About 30% of these cases were without a male parent. In some cases the single mothers living with her parents and her children and was unsupported by a male. Those single mothers who relied on welfare gave birth at a younger age,

there were also significantly more smokers in this group. The pregnancy period was less than 38 weeks and birth weight was lower than usual. The number of babies who were breast-fed during their first month was significantly low. Income levels were almost the same between those households living on social welfare and the single parent families. In this group, almost households were not homeowners. Also infants had needed more medical attention at a local health center from a visiting nurse, or by telephone follow up, before the 3 month routine medical examination.

Conclusions

The data showed a single parent family suggested a poverty situation. Those who needed childbirth financial assistance had a higher smoking rate and a lower breast-feeding rate. These factors clearly affect infant growth environment and indicate a situation of poverty.

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Session P1.2: Health promotion for children and adolescents in and by hospitals

Healthcare delivery process and outcomes among children and adolescents with type 1 diabetes in Tallinn

SUURORG Lagle

Introduction

Tallinn Children's Hospital has been responsible for specialized health care for children and adolescents with type 1 diabetes (D1) in North-Central Estonia. The importance of quality of care assessment is recognized among health care practitioners. No state level guideline or quality indicators have been developed therefore in the hospital IDF/ISPAD Guideline for Diabetes in Childhood and Adolescence (2011) has been used to assist individual care givers in managing children and adolescents with diabetes in a prompt, safe, consistent, equitable, standardised manner.

Purpose/Methods

The purpose of the study was to investigate the quality of care process and outcomes among patients with D1 cared in outpatient centre of tertiary level hospital according to ISPAD guideline. The hospital electronic health records were used for retrospective collection of clinical data. Sample consisted of 158 patients, representing 20% of the total number of children (790) treated from 01.06.2011. to 31.05.2012. The sample represented approximately two thirds of all Estonian D1 patients in the 0-18 age category

Results

All patients visited endocrinologist ≥ 3 times (range 3-17) and underwent quarterly determination of HbA1c. Median HbA1c was 8.2% (range 5.6-14.4%). Diabetic ketoacidosis (DKA) affected 40.8% of patients at onset of D1. In children with established D1 DKA occurred in 14.6% and hypoglycaemia in 2.5% of them. Optimal glycemic control was found in 29%, HbA1c at high risk level was in 25% of children. Screening for BMI, blood pressure and microvascular complications was done in 80% and 62% of patients.

Conclusions

Metabolic control in children was poorer than target delineated by guideline. Mean HbA1c level was below the optimal level in less than one third of patients. Screening for microvascular or macrovascular complications fell short of target by guideline. Diabetes team consisted of specialized endocrinologist and nurse and rarely a psychologist participated. The several aspects of care are potential targets for interventions and quality improvement initiatives: education adapted to meet the different needs, learning styles of children and parents.

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The prevalence of Metabolic Syndrome in Taiwan Adolescents

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Introduction

Metabolic Syndrome (MS) is identified as a major risk factor for cardiovascular disorders. However, the prevalence of MS in Taiwan adolescents is not clear.

Purpose/Methods

The aim of this study was to estimate the prevalence of MS in Taiwan adolescents. Adolescents aged 14 ~18 years from the senior high school students in Taipei participated in a cross-sectional survey. Adolescents MS were defined as ≥ 3 of the following: 1. central obesity (1) waist circumferences ≥ 90 th percentiles for age and gender or (2) BMI: overweight and obesity. 2. blood pressure: ≥ 90 th percentile of the specified age-sex blood pressure or systolic BP ≥ 120 or diastolic BP ≥ 80 mmHg. 3. fasting glucose ≥ 100 mg/dL. 4. fasting triglycerides ≥ 100 mg/dL. 5. HDL-cholesterol ≤ 40 mg/dL.

Results

A total of 40,454 (male 20,761; female 19,693) subjects were enrolled in our study. While using the waist circumferences as one of the risk factors, the prevalence of the metabolic syndrome was 3.2% (1,294/40,454), sex specified prevalence was male: 4.51% (937/20,761), female: 1.81% (357/19,693). By using the BMI as one of the risk factors, the prevalence of the

metabolic syndrome was 5.14% (2,081/40,454), sex specified prevalence was male: 7.75% (1,610/20,761), female: 2.39% (471/19,693).

Conclusions

Our findings provide evidence for the prevalence of MS in Taiwan adolescents. Further health promotion program like lifestyle interventions are recommended in MS adolescents

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Health Promotion of Taiwan Adolescents with Metabolic Syndromes

HUANG Chung-Yu, HO Chin-Yu, CHEN Ming-Chen, YU Wen-Ruey

Introduction

In adolescents, metabolic syndrome is associated with increased risk of hypertension, type 2 diabetes mellitus, cardiovascular and other diseases. Lifestyle interventions including physical activities and nutritional education play a crucial role in prevention and should be performed as early as possible.

Purpose/Methods

The aim of our study was to evaluate the effectiveness of lifestyle interventions in adolescents with metabolic syndrome. We enrolled 113 high school students aged 14 to 19 years from Taipei (Taiwan), who met the criteria of modified metabolic syndrome. Lifestyle interventions was conducted and we gathered the data (blood pressure, fasting glucose, triglyceride, high density cholesterol, body mass index and waistline) before and after 1 year. Student T-test was used in our study.

Results

After interventions, we found global reduction of fasting glucose, triglyceride and waistline ($p < 0.02$). In addition, body mass index was significantly decreased in overweight and obesity group ($p < 0.005$). Neither the students' past medical history nor family history (either father or mother) influenced the effectiveness of interventions.

Conclusions

Lifestyle interventions are effective in adolescents with metabolic syndrome. The program may be conducted to all high school students.

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In Taiwan, Early Intervention Program has implemented for children with pervasive developmental disorder (PDD) for last 15 years. There were increasing of service in diagnosis and physical rehabilitation by 2012, however less than 20% of children with PDD

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Introduction

In Taiwan, Early Intervention Program has implemented for children with pervasive developmental disorder (PDD) for last 15 years. There were increasing of service in diagnosis and physical rehabilitation by 2012, however less than 20% of children with PDD received mental health service due to the lacking of psychology therapist and service for children. This research used applied behavior analysis (ABA) to serve the need of mental health for children with PDD to improve the quality of life for their families.

Purpose/Methods

The purpose of research was to study the quality of life for the family with children who were at risk of PDD after receiving a set of ABA intervention, social interaction and parenting program to address concerns of behavior, communication and social skills. Eight families including children and caregivers were refereed from psychiatric doctor and recruited for a one month intervention. Health, wellness and Quality of Life questionnaire were used to collect data from caregivers before and after intervention.

Results

The responses to the structured questions of Health, wellness and Quality of Life which included Physical state, mental and emotional state, stress evaluation, life enjoyment, overall quality of life, and overall impression were rated in percentages. The data collected were analysed using the computer software known as Statistical Package for Service Solution (SPSS). The caregivers of children with PDD who had received ABA intervention showed significantly improvement on overall states but physical state and stress evaluation.

Conclusions

Families with children with PDD sustained more stress than general families. Without mental health intervention and supporting, parents learn how to cop their children's behavior and emotion by experiences. The caregivers pointed out that training of parental skills and ABA intervention for kids helping them to overcome the difficult in everyday. But with only one month training, parents indicated that they had no faith on themselves

to assist their kids and worried about the future of children every moment.

Comments

According to the limit of cost, the researcher can not cover a bigger sample and a longer period of intervention, therefore the research be restricted to 8 families for one month intervention. For further research, a method to cope the limit above will be suggested in order to looking for a better generalization and effectiveness of ABA intervention. An additional supporting group for parents can also be considered for further research to help parents dealing with stress and develop confidence.

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Early intervention of children with developmental delay in Taoyuan city of Taiwan

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Introduction

Early intervention in this kind of children is always needed in order to improve the high incidence. It is supposed to decrease the requirements of social welfare and special education if we give the earlier evaluation and treatment for delayed children, and accompany the better neural or mental development. Tao Yuan General Hospital involve the early intervention for these suspected delayed cases and want to find more cases hidden in society.

Purpose/Methods

To describe the early intervention of developmental delay in Taoyuan city of Taiwan. We collected 283 children in rehabilitative clinics due to suspect delayed development screened by physiatrists in 2011-2012. Every child is evaluated by physio-therapist, occupational therapist, language therapist and psychotherapist. The range of age is from birth to 6 years old.

Results

Definite delay was diagnosed in 78%(221 cases) and borderline delay was found in 20.8%. The highest number is in age from 25 months old to 3 years old, and the percentage of less 3 year-old children increased year by year.(32% in 2011, and 44% in 2012). Motor and speech delay were most types but we also noted that the emotional development, sensory integration problems or hyperactivity were more and more recently.

Conclusions

We found the higher concern recently by society and government to children with developmental delay in Taoyuan city in Taiwan, and the better promotion should be seen in usage of social and hospital resources. The emotional development or

sensory integration problems may result from change of social and learning environment in recent years, the later study may be also needed.

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The Outcome Research of Group Psychotherapy for Adolescents with Asperger's Disorder

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Introduction

The essential features of Asperger's Disorder are qualitative impairment in social interaction and restricted repetitive and stereotyped pattern of behavior, interest and activity. The intervention strategies of Asperger's Disorder are provided by social skills training, cognitive-behavior therapy and social story. In addition, group psychotherapy is also thought to one of the interventions which it can offer the chance of social interaction, social roles, and etc. However, there are only few studies based on group psychotherapy as a treatment for adolescents.

Purpose/Methods

The study aimed to explore the effectiveness of group psychotherapy for junior high school adolescents with Asperger's Disorder. The method adopted quasi-experimental design and conducted pre-test and post-test. During the period, eight participants who aged range from 12 to 14 years old had attended semi-structured interview eight times and seventy minutes per session. "Behavioral and Emotional Rating Scale (BERS)" and "Scales for Assessing Emotional Disturbance (SAED)" were used and were rated by caregivers before and after the treatment.

Results

This study indicated that the participants' scores of interpersonal strength, family involvement, school functioning, and affective strength were increased, and the degree of emotional disturbance was decreased. The participants are few, that is, it didn't reach a sufficient number. Therefore, only relationship problem scores exhibited significance statistically but the others didn't. However, the change of means and the results of caregivers' reports showed that the participants presented less behavioral problems, less emotional problems, more positive interpersonal interaction and oral expression.

Conclusions

According to the results, group psychotherapy could improve their interpersonal relationship, emotional control, positive interaction behaviors and oral expression ability in adolescents with Asperger's Disorder, that is, group psychotherapy might be an effective treatment for adolescents with Asperger's Disorder.

However, this group was held on the summer vacation which the teens had few social interaction during the period so that the result might be under-estimated. The research also made suggestions for future researches and interventions.

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The Therapeutic Group as an ecological-economic element in the age of spending-review

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Introduction

In a maternal-infant hospital the rising demand of savings in the public expenses for health cannot actually influence negatively the quality of an premature action over preschool-age development disorders through specific therapeutic paths. The choice of a term group therapy represents an interactive and communicational therapeutic model: this model is intensive and integrates cognitive functions and emotional aspects which determine a great incentive for change through a multiple-connection network that involves the different subjects (child, parents, operators).

Purpose/Methods

The Therapeutic Group is a daily intensive rehabilitation activity (integrated physical therapy and speech therapy) that lasts eight weeks as a day-hospital cycle. It is embedded into the rehabilitation path of a child but causes its temporary interruption. The procedure is multimodal and interdisciplinary (infant-neuropsychiatrist, psychologist, neuro-physical therapists, educators) with weekly team meetings. At the same time, a Parents Group is held twice a week by the clinical psychodynamic psychologist, in support of the process.

Results

The clinical contribution regards 555 subjects, including 409 males (73.7%) and 146 females (26.3%), an average of 4 yrs + 7/12, affected by preschool-age development disorders. The 29 % of the children were able to repeat several cycles, due to different development periods and/or to the lacking of a response to the individual therapy already carried out.

Conclusions

The study of group therapeutical activity during last decade enables the monitoring of operational ecological-economic standards (a more favourable prognosis on the scholastic career



in primary school, psychopathological-comorbidity) and effectiveness (specific pediatrics-oriented therapy, prompt therapeutic response with the elimination of waiting lists).

Comments

These data represent useful elements for the redefinition of the current groups (more selective inclusion criteria, immediate therapeutic response at earlier ages) and consumer satisfaction (parental-support and discharge activities).

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Halmstad project - a participatory intervention to promote children's mental health

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Introduction

Mental illness in children is a major health problem in the world and in Sweden children have a worse health trend than other age groups in the society. The burden of mental illness motivates health promotion interventions (SBU) designed to reduce health inequalities early in childhood and may help move children onto healthier lives, with the hope of maximizing health across the life course (The Swedish National Institute of Public Health, 2011).

Purpose/Methods

This project aims to develop a school based intervention that promotes mental health of children. The project has a participatory design and the children have multiple roles in the research- and design process, as informants, designers and validators. The project will be implemented based on the precede-proceed model of health program planning & evaluation (Green & Kreuter, 2005) and an ecological approach to health promotion.

Results

In the first steps we have done a cross-sectional study regarding children's quality of life as well as focus group interviews and in depth interviews with children aged 14-19 years to acquire knowledge about young people's perspectives on factors that promotes mental health. Analysis and a summary of the results in the first steps have contributed to the problem formulations forming the basis for further interviews.

Conclusions

Based on this, a grounded theory approach will be used to get more knowledge about predisposing, reinforcing and enabling factors in relation to children's involvement and participation. The results from these interviews will be used during the phase of design and development of the intervention where children contribute with the child perspective on the intervention and

act on an equal basis as co-designers. The intervention will be implemented in Halmstad municipality and subjected for process-, impact- and outcome evaluation.

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The Investigation of the Current Status of Health Concept and Health-Promoting Lifestyle Profile among Taiwanese Adolescents

YUAN Jai Yu, LEE Gin Ying

Introduction

Health promotion is highly critical of recent trends and underpins the concepts and health promotion schools. Taiwanese adolescents have been facing heavy pressure from schoolwork and preparation for entering higher education. They also experience problems of mood swings associated with puberty, conflicts with parents, and peer identification, which make them more vulnerable to the influence of unhealthy habits from parents and peers. Health concept and the implementation of health promoting lifestyle can lead to dramatic effects on their future lives.

Purpose/Methods

This study aims to explore the current status of health concepts and health-promoting lifestyle profiles among adolescents, and to demonstrate the importance and necessity of establishing positive health-promoting lifestyles. A total of 250 adolescents were included in this study. Adolescent Health Promoting Scale and Health Concept Scale were used to investigate the differences in current status of health concept and health-promoting lifestyle among the adolescents with different demographic parameters.

Results

In the study, adolescents had diverse and positive health concepts. They considered the characteristics of a healthy person included having no physical illness, responsible for personal roles, and environment adaptability. The health promotion scoring, social supportive behaviors scored the highest, while health responsibility behavior scored the lowest and was attributed to the lack of healthy habits and considering themselves healthy. In general, gender, age, parental backgrounds (ie. economic conditions, educational level) showed significant differences in both health concept and health promotion scoring.

Conclusions

Adolescence is a critical period of physical and mental changes for cultivating health concepts and developing a healthy lifestyle for the future. Our findings indicated that poor health concept and insufficient awareness of potential health risks

contributed to unhealthy lifestyle for adolescents. Health education related interventions are suggested to enhance adolescents' motivation in practicing healthy behaviors, which can reduce risks of chronic disorders and mental illness, and eventually prevent disease and promote health for the people in the country.

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The correlation between insufficient physical activity, nutrition and overweight, obesity of teenagers aged 14-18

LAPIENIENE Laimute

Introduction

Children's physical activity and nutrition are very important issues since they are interfaces with the risks of overweight and obesity. The main reasons for the occurrence of overweight and obesity are diseases, the way of life as well as inappropriate nutrition. WHO declares that more than 5 million children are obese and 22 million have overweight problems. In Lithuania there are more teenagers girls than boys who have problems with overweight. The aim is to reveal the correlation between insufficient physical activity and nutrition and overweight and obesity of teenager aged 14-18.

Purpose/Methods

The tasks are: - to survey the concept of physical activity and the impact of its lack on the origin of overweight and obesity; - to analyse the approaches of the healthy nutrition and its importance for children's health; - to explore the correlation between physical activity and nutrition and overweight and obesity of teenager aged 14-18.

Results

Theoretical part deals with psychological, social and cultural, economical factors that may influence children's physical activity and their nutrition. The research data are supplied in the analytical part. 40 students, participated in the research, which aims at analysing students' BMI, their comprehension of the importance of physical activity and eating habits. The research analysis suggest that physical activity of students aged 14-18 is insufficient; the majority of students prefer passive activities at school as well as at home. Furthermore, students do not have the skills of healthy nutrition.

Conclusions

- Physical activity is one of the most important risk factor for the occurrence of overweight and obesity. Thus, physical activity is very important for children as it influences their harmonious growing and health. - Nutrition is one of the most important agents that affect the intensity of metabolism. Healthy

eating is essential condition for children's normal growing, physical and mental development and consequently it helps to avoid overweight and obesity.

Comments

The research analysis propose that students aged 14-18 are inclined to passive activities at school as well as at home. Students who have overweight or obesity problems are not willing to change their way of life, they do not have healthy eating habits and they eat irregularly.

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How often the college students follow "three-principles of exercise"?

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Introduction

Health life is associated with exercise regularly. "Three principles of exercise" was propagated by government for long time. It means at least 3 times of exercise per week, at least 30 minutes each time and at least 130 heart beat per minute during exercise. The objective of this study is to investigate how often the college students follow "three principles of exercise".

Purpose/Methods

Between Sept 2010 to Sept 2011, 215 college students from 4 universities (2 public, 2 private) were provided the questionnaires. The frequency of exercise per week in the past year was asked.

Results

Forty-five (20.9%) males and 170 (79.1%) females agreed to answer the questionnaire. The median age was 20. One hundred and fifty-nine (74%) of the students were science majors and 56 (26%) were humanities major. Seventy-one (33%) students had exercise more than 3 days per week in the past year. One hundred and thirteen (52.6%) participants had exercise 1-2 days per week, however 31 (14.4%) students had no any exercise in the past year.

Conclusions

Exercise can promote health, however only one-third of students followed "three principles of exercise". In order to have health life, the advantages of exercise should be emphasized in the campus.

Comments

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Paediatrician-lead motivational counselling is effective for BMI control in 4-7 yo overweight children: a individually randomized controlled trial

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Introduction

Obesity is one of the leading case of morbidity and mortality in the industrialised world. One of the risk factors for lifetime obesity is over-weight and obesity in pre-puberty and adolescence. Healthcare services, particularly paediatricians, can be a point of contact for early prevention. Patient-cantered and motivational counselling is recommended to change behaviours in children. However, it is not clear the efficacy of a family paediatrician-lead counselling intervention in young overweight children.

Purpose/Methods

We conducted a randomised controlled trial to evaluate the efficacy of a family paediatrician-lead counselling in reducing the BMI of over-weight (85th≤BMIpercentile<95th, CDC) children aged 4-7 yo. The study was conducted in 2011-2012 and involved 75 out of 81 family paediatricians in Reggio Emilia Province, Italy. Enrolled children attended a baseline and a 12-months visit, assessing BMI and lifestyle behaviours. Control group received usual care and information leaflet. Intervention group received a five-interview counselling. Paediatricians were trained for motivational counselling

Results

187 children were randomly allocated to counselling and 185 to control; 95% of the children attended the 12-months visit. There were significant differences in variation of BMI score

from baseline to 12 months between intervention (+0.49, 95%CI 0.31-0.67) and control group (+0.81, 95%CI 0.63-0.99). Counselling was particularly effective in females and in highly educated mothers. There were also more positive changes in dietary behaviours and physical activity in the intervention than in control group.

Conclusions

The compliance was excellent. The family (children and parents) paediatrician-lead motivational counselling studied in this trial is effective for BMI control compared to usual care, in overweight children aged 4-7 yo. Lifestyle behaviours were also affected positively by the intervention.

Comments

Our pragmatic trial, involving virtually all the Reggio Emilia family-paediatricians and vast majority of eligible children, proved at the same time efficacy and effectiveness of the intervention. Paediatricians satisfaction, assessed with an interview, was very high. Results encourage use of BMI measurement and motivational counselling in primary care practice for early intervention in children overweight.

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Relationship between lifestyle and obesity in a Taiwanese schoolchildren population

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Introduction

Postural abnormalities which is more serious day by day in domestic. According to information in Ministry of Education show that the prevalence of children obesity in Chiayi is the worst around the country; obviously, children obesity is the most important children health issue in the Chiayi. The purpose investigating into that the relationship between lifestyle of fifth and sixth grade students(physical activity, sleep, sedentary behaviour, diet, confidence, knowledge, body type, opinion and making a thing) and health postural.

Purpose/Methods

In this study, using Cross-Sectional Correlational Design. There are 18 villages and towns, it a total of 129 elementary school in Chiayi. An object of study is fifth grade students in Chiayi, and taking general survey; the research tool is that health weight actively questionnaire which is collected data analyzing by frequency, percentage, mean, standard deviation, Chi-square test, multiple logistic regression and so on.

Results

The object in this study, there are 1628 boys, 1623 girls (mean age = 10.5±0.5 year old). An Chi-square test indicated that there are significant differences ($P < 0.001$) between lifestyle and body weight such as how often doing vigorous activities, watching TV after school, with vegetable juice, broth, gravies bibimbap and so on.

Conclusions

The risk of obesity is based on the amount of getting higher or lesser score in lifestyle, and children with obesity were more likely had their meal mixed with veritable or spicy soup, so that regularly and healthy lifestyle is important issue for children. The finding of this study may enhance the identification of healthy lifestyle which may improve health outcomes in children.

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Psychosocial correlates of cigarette smoking among Taiwanese Youth

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Introduction

Smoking is the most preventable cause of premature death in the world. Also, smoking rates are projected to increase substantially in south-western coastal Taiwan.

Purpose/Methods

This youth-based questionnaire survey aimed to explore the individual, family, and peer correlates for cigarette smoking among students in Grades 7–12. The sample included 1483 grade 7-12 students (males, 50.9%) recruited from a union school in south-western coastal Taiwan. Demographic factors, biophysical (perceived physical health), psychosocial factors (parents' attitude toward smoking, peers' smoking, and knowledge and attitudes toward smoking, exposure to environmental tobacco smoke) and behavioral factors (exercise frequency) were explored. Logistic regression analyses were conducted to identify risk factors associated with cigarette use.

Results

Of the 1483 adolescents, 6.5% currently smoked and 3.6% formerly smoked. They started smoking at the age of 12-13 (35.7%) and were more likely to have peers and family members who also smoked. Correlates of smoking behavior were older age, parents' attitude toward smoking (26.5% believed that their parents accepted), poor knowledge on the dangers of smoking, inappropriate attitudes toward smoking, exposure to environmental tobacco smoke (ETS), and low self-efficacy to avoid smoking.

Conclusions

Our findings support the association of smoking behaviors in Taiwanese youth with several individual, family, and psychosocial factors identified in Western studies. Intervention in cigarette use should be multifaceted, by taking its correlates and ETS into consideration.

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Breakthrough series (BTS) model can decrease the unexpected readmission rate in pediatrics ward

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Introduction

Breakthrough series (BTS) model was established in 1994. It can be improve the quality of health care. The objective of this study is to determine whether unexpected readmission rate within 7 days after discharge can be decreased in pediatrics ward by application of BTS.

Purpose/Methods

Unexpected readmission within 7 days after discharge in pediatrics ward was high in our hospital. It was 2.6% in July 2012. The BTS was applied in pediatrics ward since July 2012. We identified 2 risk factors: aborigines and private insurance. The patient's parents, if they were aborigines or had private insurance, health care education was emphasized before discharge by a case manager who is a nursing educator. Fever management, nursing care and washing hands were included in health care education.

Results

After application of BTS, although the unexpected readmission rate within 7 days after discharge was no difference statistically ($p = 0.86$) in pediatrics ward, but the unexpected admission rate was dramatically decreased. They were 2.1%, 1.9% and 1.6% in Sept, Oct and Nov 2012.

Conclusions

BTS application can decrease the unexpected readmission rate within 7 days in pediatrics ward. Furthermore, the case manager may also play an important role in health care.

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Dose reduction strategies in pediatric CT examination

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Introduction

Pediatric patients are more susceptible to the risks arising from exposure to ionizing radiation than adults. For pediatric patients exposed for medical purposes thus becomes necessary optimize radiation protection, this is particularly true in Computed Tomography (CT) because the doses received by patients with this diagnostic procedure are higher than those imparted in conventional X-ray examinations.

Purpose/Methods

We have studied 27 patients between 0 and 15 years old undergoing body CT using a dual-source CT scanner. On this scanner we had a software upgrade that introduced new systems of dose reduction: Siemens CarekV, suggesting the most suitable value for kV and Safire that is a new iterative reconstruction algorithm. The examinations were acquired using pediatric protocols, looking at patient size and personalizing acquisition parameters. We have collected patient's age, the district examined, CTDIvol, DLP and effective dose.

Results

We have divided patients into 4 groups (0-1, 2-5, 6-10, 11-15 years old) and for each group we have evaluated the mean value of CTDIvol, DLP and Effective Dose for thoracic and abdominal district. The dosimetric values were compared with the same kind of data obtained analyzing 100 pediatric examinations carried out with the same CT scanner before optimization. We have also compared our data with European Diagnostic Reference Levels as reported in recent publication of ICRP 121.

Conclusions

We have obtained a mean effective dose that is respectively, for the four groups, equal to 1.5, 1.2, 1.2, 3.3 mSv (chest), and 1.9, 4.8, 3.1, 8.6 mSv (abdomen). After optimization the values of CTDIvol, DLP and effective dose were greatly reduced, respectively -58%, -71%, -69%. Our data are very similar to European Diagnostic Reference Levels reported in ICRP 121 for Germany, that are the lowest values registered in Europe at the moment.

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Involving children in the design of new facilities for a children's hospital

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Introduction

The environment for paediatric healthcare is challenged with its suitability to giving safe and secure care. New infectious diseases need the patient wards to be adjusted for care that decreases the possibility to transmit bacteria and virus among patients. Another challenge is the importance of bringing healthcare that involves the whole family being together with the patient. Today's facilities for children's healthcare are not designed to give safe, secure and family-centred care.

Purpose/Methods

The purpose of this project was to involve children in the design of a new hospital building for children's healthcare in Skaraborg hospital, Sweden and find out which needs the children have according to the environment. Children were invited by a letter to schools and kindergartens, preschools, primary schools and secondary schools. Children were invited to write, draw, paint and build their thoughts and ideas on how premises for a children's section in the hospital could look like and experienced.

Results

Children sent in 300 drawings, 40 narratives, 22 miniature models and a lot of ideas of how to design the new environment. Important to children was a lot of colours and different shapes, they also wanted a lot of technical equipment and homelike environment. Some children illuminated their need of having places that were calm and quiet. The children's innovative ideas about the new facilities were issued at an exhibition in the hospital's central entrance.

Conclusions

To be able to fulfil patient needs in care processes, an involvement of patient in healthcare organizations quality improvement is needed, thus it is seldom described in theory. This project shows that children are very interested to be involved in the design of care processes and can contribute with valuable information. The architect and the hospital's art unit received the children's ideas and is now using them designing the new facilities.

Comments

This project is included in a larger project for designing new patient processes in women and children's healthcare at Skaraborg hospital, which is followed by action research.

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Project "Red Carpet"

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Introduction

The Pediatric Hospital Bambino Gesù numbers four centres in the Lazio region, three peripheral centres in Central-South Italy, and is inside two hospital centres in Cambodia and Tanzania. In consideration of the high number of ordinary and daily admissions, Day Surgery and out-patients' department's annual visits, the Health Administration has assigned a project to "Reception and Services for the family" labeled "Red Carpet", whose motto is: You care for your child and we take care about all the rest.

Purpose/Methods

When a transfer is necessary to reduce difficulties, the person in charge in peripheral centres e-mails the OPBG's Reception (tappetorosso@opbg.net) providing all the in-coming patient's necessary info. The Hospital reception contacts the patient's family offering instructions (boarding facilities, social-worker's assistance, psychological support) and assigns an "guardian-angel" who will welcome on arrival the patient and family, guide them through to the nursing department and remain their point of reference for the whole period of their stay and needs immediately after

Results

The completely adequate assistance course which covers both medical side and social assistance, supports the needs of the family, held as an integral part of the cure. The project introduces the well-being and interaction between Health personnel, Reception operators and Social services, the inmate's stay is more serene and obviously facilitates recovery. It also provides help for 'protected-dismissals' which need before-hand assistance organization outside the Hospital to return home, some with the help of 'Onlus Associations'

Conclusions

The "Red Carpet" project is ambitious, but possible because of the on-going attention and care for the family nucleus pursued by the Health Administration. Discomfort and pain are normally the two elements which accompany a hospital admission: human sympathy and concrete but discreet protection are two elements which may ease and perhaps cancel the original admission trauma, operating through a network of different Hospital figures interacting among themselves.

Comments

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Project: Places for Families

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Introduction

Over the years the Bambino Gesù Children's Hospital has been subject to a deep transformation, from a small district hospital it turned into a Centre of Excellence especially improving the quality of tertiary service. Such improvement of assistance has been duly supported by logistics development thus leading to the creation of new spaces dedicated to families. The customs of this service mainly consist of patients, mothers of hospitalized children, nursing mothers and families in economic difficulties and in emergency situations.

Purpose/Methods

- offer communal areas and supplementary services to enjoy patients leisure and waiting time - upgrade the quality of reception for patients and their family - improve the welcoming service meant to become the Hospitals main point of contact.

Results

A room has been properly equipped, where the parents can read but not limited to It was renovated "The Home of the Storks" to the breastfeeding mothers. A Launderette service is now offered in a laundry room. A gym room for the mothers has been set up in the playroom area. The Department of Neurology and Neurosurgery has been adorned with decorative paintings. The sample taking centre have been furnished to look even more comfortable with decorative stickers.

Conclusions

The project aims to create a positive and familiar atmosphere, with the welcoming center's motto: we hope to be successful.

Comments

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The application of transdisciplinary rehabilitation services for children served in resource room and its satisfaction survey

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Introduction

Resource rooms are classrooms where a special education program can be delivered to a student with a disability. The child getting this type of support will receive some time in the resource room and some time in the regular classroom. The children received early interventional rehabilitation services, but the services were been stopped in elementary school, and only learning program by school teachers left. The aim of this study was to assess the satisfaction survey for resource room children's mothers.

Purpose/Methods

The transdisciplinary services in hospital once a week provided for 10 elementary schools. The rehabilitation team work closely with the child's resource classroom teachers and mothers to ensure support is indeed helping the student to reach their full potential. The therapist followed the IEP (Individualized Education Program) and did take part in the IEP review meetings. The satisfaction survey consisted of 2 sections, one on delivered services quality, and the others on services benefits for specific students, teachers, and mothers.

Results

The response rate for satisfaction survey was 90.3%(including 121 mothers of 134 children served in resource room programs). The results show a positive correlation between mothers' participation in children's affairs and mothers' satisfaction. Mothers' satisfaction has no correlation with the number of class hours spent in resource room programs per week. They were most satisfied with the improvement in the academic performance of their children in the resource room and least satisfied with the school's communication with them.

Conclusions

A high level of dissatisfaction was uncovered. Overall, the level of mothers' understanding has a predictive power on mothers' satisfaction. Students need to be active - not passive learners. So our rehabilitation team changed from consultative approach to direct intervention and transdisciplinary services. We have a challenging role to design individualized rehabilitation program to meet the specific needs of the students for them to maximize their learning potential. So now we must continue to work hard to improve our satisfaction.

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Empowerment on stress management and lifestyles at school

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Monica**

Introduction

There is cumulative evidence that disparities in income, education and other dimensions of Socio Economic Status account for appreciable variance in disease rates. A person who develops, matures, and ages in a low socioeconomic position could become vulnerable to impairments in the functionality of stress regulatory systems of the brain and body important for health. Interventions should focus on ways that will improve allostasis and minimize allostatic load. To promote lifestyles in adolescence it's necessary to act on life skills.(1)

Purpose/Methods

To promote a method of work that constitutes a common denominator for all the talk about lifestyles and addictions based on life skills. Processing boards for the training of teachers and students on the topics of emotional intelligence and stress management through experiential on relaxation response. Enabling tools for individual autonomy informed choices based on life skills facing fears and desires to avoid the effect curiosity aroused by the students of the list of negative effects of deviant lifestyles

Results

Creation and publication of theoretical - experiential cards(www.iss.it/binary/publ/cont/0821.pdf pg 9-15 Health promotion at school. Activities on: sexuality, mental health, life skills, media education and bullying. Report is addressed to health and school professionals) on emotions and stress management in accordance with the evidence of Mind Body Institute (www.massgeneral.org/bhi/).Trained 40 teachers in middle and high schools on Relaxation Response: two paths of 9 hours. Final meeting with students for presentation of their products (power point), debate with experts.

Conclusions

Students showed that the greatest antidote to stress is creativity.Older students (14-19 years) have shot some video interviews with their peers and teachers on stress and how to face off. The youngest (11-13 years) were led in the analysis of their fears getting in touch with visualization techniques aimed at tackling and transform them. Parallel discussions were conducted with checklists for individual awareness of the nice things that get rewards daily without economic cost or low cost

Comments

(1) Central role of the brain in stress and adaptation: Links to socioeconomic status, health, and disease Bruce S. McEwen1 and Peter J. Gianaros2 Ann N Y Acad Sci. 2010 February; 1186: 190-222.

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“Our silence will not protect” Health Services and Schools to help children and adolescents who experience the illness or the death in their household

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Introduction

An incurable disease is a problem that affects the entire family unit. Often children and adolescents, who spend much of their time in school, are involved in the path of the illness of a family member. The teacher may be able to capture the changes that occur in the students. The main objective of the project is to provide teachers, at school, the ability to support the students in case of illness/grief of a family member.

Purpose/Methods

The Steering Committee created a working group with nurses and doctors in the public health service and in the palliative care service and with school teachers. This group realized a 6 hours course and collected references for teachers on issues of illness and bereavement. The palliative care service has set up a counselling service dedicated to teachers of the schools involved in the project. We gave to the teachers a satisfaction survey about the project.

Results

Since Jan.2009 to Dec.2012, the project involved 16 institutions (primary and secondary schools) and 3 high schools in Trento. Ninety-seven teachers participated. More than half judged the course compliant with the school initiatives and believes that the course motivated their work on the issue of disease/death. All teachers were satisfied with the information received on the palliative care service counselling. An average of about 15 teachers used the counselling service each year (25% of teachers didn't attend the training course).

Conclusions

This project highlighted some important results both about the organizational impact of the alliance between health care services both about the teachers perspective, regarding their needs to acquire skills in helping the students who are coping with the illness or death of a family member. Moreover, We emphasize the effects in the use of counselling services. In the same schools, after the project, the request for palliative care counselling increased from an average of 6 to 15 requests per year.

Comments

The project seems to be easily transferable to other areas of the health service and to other cities. The intersectoriality activated

with the involvement of the Palliative Care Service, the Public Health Service and the School could enhance through the collaboration of others non-health institutions and organizations. During 2012, some teachers collected the narratives of their students on the topics of illness and bereavement. Moreover, during 2013, we will propose a specific course for parents on those issues.

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Improving Children BMI, Body Fat Percentage, Muscle Mass, and Physical Performance by a Multiple-approach Program in Elementary Schools

CHUANG Hai-Hua, YEH Wei-Chung

Introduction

Childhood obesity has been scientifically proven closely related to adolescent and adult obesity, which is an important risk factor for metabolic syndrome and cardiovascular diseases. Taiwan, as a developed country, has faced an increasing prevalence of childhood obesity in recent years. Chang Gung Memorial hospital carried out a one-semester-intervention program with a multi-approach for about 2450 children in 4 elementary schools in year 2011. Results showed significant improvement in body-mass-index (BMI), body composition, and physical performance.

Purpose/Methods

Chang Gung Memorial hospital recruited around 2450 children aged from 6 to 12-year-old from 4 near-by elementary schools. A multi-approach intervention program including lectures, educational pamphlets, contests with rewards for children who achieved targeted life-style changes, healthy gymnastics, and a doctor consultation session for parents who had over-weighted children was carried out for one semester. Body height, body weight, BMI, body fat percentage(BF%), muscle mass, and physical performance were measured before and after the intervention program.

Results

Regarding body composition, BMI changed from 18.75 ± 3.521 to 18.63 ± 3.60 ($p < 0.05$), BF% from 17.32 ± 7.284 to 5.42 ± 6.988 ($p < 0.01$), muscle mass from 27.09 ± 6.719 to 28.58 ± 7.302 ($p < 0.01$). As for physical performance, 30-second-sit-ups counts increased from 15.95 ± 5.01 to 28.81 ± 35.582 ($p < 0.01$); 1-minute-sit-ups counts increased from 26.35 ± 10.133 to 30.32 ± 9.561 ($p < 0.01$); 800-meters-run time decreased from 302.16 ± 61.568 s to 288.09 ± 58.345 s ($p < 0.01$).



Conclusions

The results showed significant improvement concerning BMI, BF%, muscle mass, muscular endurance, and cardiovascular fitness. It suggested that this one-semester-intervention program with a multi-approach was effective. Limitations of this study included a lack of control group and quantitation of intervention. However, it was a very successful start for the hospital to expand its health promotion service to children in near-by communities. A renovated project with a larger sample size and a more delicate study design will be carried out from year 2013 to 2015.

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The empowerment model of short-term medical volunteer service: a pilot study of health promotion for children in Ladakh

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Introduction

Many Taiwan hospitals provided staffs the opportunities to volunteer short-term medical service abroad recently. However, the sustainability and effectiveness of service were concerned. Ladakh is the largest division of Jammu and Kashmir State in north India with elevation over 3000m. Because of inconvenient transportation and underdeveloping economy, health care and medical resources are unequally distributed. We aimed to set up a preliminary self-operated health care system and create a new service model in a school of 214 children in Ladakh.

Purpose/Methods

All volunteers participated International Volunteers Training Program, which was designed by a project manager with prior field experience in Ladakh. The service period was 14 days in August of 2012. The team, composed of 4 medical volunteers, visited a local school of 214 children aged 4-14 years. Concerning the integration of short-term service with local medical system, we focused field work on health check-up, health education, semi-structured interviews with residents, and establishment of a health care center in school.

Results

Totally 116 boys and 98 girls underwent health check-up. Comparing with WHO growth chart, one-third of children were below the 3rd percentile of standard height and weight. One-hundred-and-twelve (52.3%) children had caries, and 44 (20.1%) had skin problems. Four children with heart murmur were referred. We set up a health care center with basic medications, chart records, and medical manuals and empowered

school staffs to learn basic health care techniques. Through field work, we also partially investigated local medical resources.

Conclusions

We showed a sustainable and professional model based on short-term medical service of hospital. The designed training program is necessary to avoid misguiding by misinterpretation of local conditions and cultures. In terms of local perspective, setting up basic health care center would resolve common health problems and avoid conflicts between short-term service and local medical system. The sustainable management and integration might develop after medical resources investigation. Promoting this service model will be beneficial to volunteers and residents in Ladakh.

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School Health Promotion- a Successful Alliance between a HPH Hospital and a School

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Introduction

A HPH hospital in Taipei, Taiwan allies with an elementary school. Two organizations from different fields join efforts to promote the health of the students. This alliance stimulated sparks and ideas for both. These approaches the alliance created together successfully strengthen students' attention and knowledge and their health behavior was proven to be improved.

Purpose/Methods

Our goal is to help students internalize/ obtain healthy living skills, therefore lead a healthier life. Several principles we follow to promote their health. The dietitian from the hospital scripted a comic play. Student actors played in the video clips, drew lots of attention among schoolmates. The healthy diet video clips were played during lunch and daily raffle was held for right answer. Drawing/poster contests were held for the topic of healthy diet, so that younger kids have chances to participate

Results

Participation and knowledge are improved. The average pre-test score of healthy diet knowledge is 69, and the average post-test score is 77. The score improved by 11.6%. 2,283 students participate in the daily raffle game, and 44 pieces of artwork

were turned in for the drawing/poster contest, which is pretty good for a non-mandatory school activity. 10 winning pieces are exhibited at gallery in school hallway.

Conclusions

The key to a successful health promotion plan is to provide "right topic" to the "right audience" with intriguing approaches. With the consensus from both organizations, we made the health promotion plan a hit. Through the alliance, we share the resource and exchange the ideas on health promotion, and made health promotion efficient and effective than we did individually in the past.

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On-Site Vision Screening for Children in Primary Schools of Remote Areas

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Introduction

Vision-threatening diseases of school children in remote areas are sometimes ignored due to difficulty in seeking ophthalmologists. We report the results of on-site vision screening for children in primary schools of remote areas by ophthalmologists from Tzu Chi General Hospital, Taipei Branch.

Purpose/Methods

Seven primary schools in remote areas of New Taipei City were selected as the jurisdiction schools of Tzu Chi General Hospital, Taipei Branch. The nurses in schools performed vision pre-screening of all children of grade 0, 1 and 2 (age of 5 to 8 years old) by eye charts and NTU 300" random-dot stereograms. For those whose visual acuity less than 0.9 or who failed NTU 300" random-dot stereograms, the ophthalmologists went to their schools and performed on-site ophthalmic exam.

Results

Of 571 children from the 7 schools, 238 persons (41.7%) were recognized as abnormal by vision prescreening. Two hundred twenty one persons (92.9%) then received on-site vision screening, and 172 (77.8%) were diagnosed as ametropia, including 154 with myopia less than -0.5 D, 22 with hyperopia more than 2 D, and 90 with astigmatism more than 1 D. Among these 172 children, 138 (80.2%) were newly diagnosed. They were referred to hospitals or ophthalmic clinics for further treatment.

Conclusions

The proportion of previously undetected visual abnormality was high among school children in remote areas. On-site vision screening can offer early detection of vision-threatening diseases for these children.

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The effectiveness of the self-protection advocate program for the kindergarten children in Taiwan

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Introduction

Children are national assets and hope in the future. To promote the development of children's physical and mental integrity, the medical social workers planned the self-protection advocate program for the kindergarten children in the community in Taiwan during November 2009 to May 2010. Using the human resource from the University Graduates to the Industrial Attachment Program of the Ministry of Education, we educated the kindergarten children about the self-protection sense of health and safety by the picture storybooks.

Purpose/Methods

Little was known about this new practice for children and teachers. To evaluate the effectiveness, we started this study. There were 67,389 children from 3 to 7 years in Changhua County in 2009. We selected the top six child population of the 26 townships in Changhua County and included 195 kindergartens. We designed the pre-test and post-test for children and the activity satisfaction questionnaire for the teachers.

Results

37 kindergartens (19.0%) participated and the total number of children was 3,242. There were 990 children (30.8%) completed the pre-test and post-test. The ratio of the correct answer in the post-test (91.6%) was higher than the pre-test (68.6%). The results of the activity satisfaction survey for the teachers in the kindergarten were excellent (93.1%) and perfect (6.9%).

Conclusions

This study confirmed the good effectiveness of the self-protection advocate program for the kindergarten children. We could educate the children by the picture storybooks, which made them absorb knowledge about the self-protection cognition. Besides, the high satisfaction among the teachers was also verified the effectiveness of the program. We suggest that medical social worker can use this effective program to promote many work in their field in Taiwan.

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Health promotion through outreach activities directed at children in a migrant population

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Introduction

Angered's Local Hospital is a health promoting hospital in northeast Gothenburg, serving a population dominated by migrants and Swedes with low socioeconomic status. The prevalence of obesity, smoking and physical inactivity is high. In order to improve public health, the health care board allocated resources to improve health promotion by dieticians in a proactive way. The dieticians' main objective was to promote a healthy weight development in children.

Purpose/Methods

The purpose of this programme was to reach families that will normally not encounter health promoting activities and to facilitate their selection of healthy food. Dieticians visited six different open nursery schools, where parents are welcome to gather during their parental leave. Each venue was visited, on average, three times during a four months period. Each time a certain topic was discussed, for example sugar content in food, fruits and vegetables, snacks and to spread the meals during a day.

Results

We evaluated the initiative after six months by gathering the staff for a discussion. They reported their own experiences and what the parents had expressed that the programme had brought, for example: A greater awareness about healthy foods in general; More discussions about food choices; Reduced mental stress among parents regarding meals; A positive effect of several visits which made it possible for parents to be present at the open nursery schools when it suited them

Conclusions

In a short period of time Angered's Local Hospital have been able to reach a large number of families through an outreach programme. By using this approach they have met families that normally do not attend activities arranged by health care providers. The parents as well as the staff working at the nursery schools have been given inspiration and knowledge to make healthier choices. A survey among the participants indicated that they had overwhelmingly positive attitudes towards the outreach activities.

Comments

This health promoting activity, with its main objective to promote a healthy weight development in children, only required a small economic investment but will hopefully improve the health of children in the area in the long term.

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How do we meet the needs of refugee children? The Refugee team in Gothenburg - a multi-professional model for the investigation, treatment and dissemination of knowledge

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Introduction

Many children and young people arriving in Sweden have experienced war, violence, abuse and persecution. An increasing proportion are unaccompanied. Physical and psychological symptoms are common and can affect the ability of adaptation to the new circumstances. Shortcomings in the evaluation and treatment of both somatic diseases and trauma symptoms are not uncommon and knowledge in health care and in children's everyday environments are often inadequate. Therefore a joint paediatric and child psychiatric Refugee Children Team was organised.

Purpose/Methods

The results of the work during the first four years will be discussed: what general conclusions can we draw? How can specialist help improve mental and somatic health through teamwork with broad expertise and an approach that is aimed both to the child and his/her family?

Results

The team is treating children in family and unaccompanied children, primarily with combined physical and psychological symptoms. Paediatricians, psychologists, social workers, nurses and secretaries are included. We endeavor to work from the CRC principles of inclusiveness by starting with children and families' needs and work to strengthen their resources. This means that we often work quite untraditional. Our second mission is to increase awareness about specific needs of children related to migration and mental trauma by lectures and consultations.

Conclusions

The results of the work will be discussed: what general conclusions can we draw? How can specialist help improve mental and somatic health through teamwork and an approach that is aimed both to the child and his family? We want to emphasize the importance of broad cooperation, such as with teachers, accommodation for unaccompanied children, social services and voluntary organisations as well as the interaction between specialised activities and to meet refugee children and their families in everyday life.

Comments

We find it successful to work with a holistic physical and psychological team work model, with high skills and a flexibility to the needs of the children and their families. The combination of a broad collaboration with the child in focus and a combination of a basic and committed care and high level specialist competence is highly relevant and rewarding both from a patient and a professional perspective.

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Effect of Taiwan Injury Prevention Counseling Program on Accidental Injury Prevention in Children

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Introduction

Injury is a leading cause of morbidity and mortality for children. This high burden of disease is similar throughout the world and especially so in poorer countries. This study aimed to evaluate the effect of prevention counseling program on injury prevention in Taiwanese children and to explore the potential to intervene and to optimize the role in prevention.

Purpose/Methods

Questionnaires and education sheets were set up according to the age of children, 0-12, >12-30 and >30-48 months. From Jan. 2011 to Dec 2011, 196 children were randomly distributed into the study and control groups. The family filled out the questionnaires before inspection by physicians. In the study group, the pediatricians evaluated the answers, and educated for knowledge, attitude, and behaviors. In the control group, the family only obtained questionnaire without education. Family filled out questionnaire again one month later.

Results

Data were respectively gathered from medical centers (50%), regional hospitals (20%) and local clinics (30%). In the study group, family's behavior, knowledge and attitude improved after education in all age groups. The improvements of knowledge, attitude and behavior in the study group are 9.28, 8.64 and 43.41% respectively, compared to 8.06, 4.55 and 32.62% in the control group. In the second age group, accidental events occurred in the study group less than the control group after counseling ($p=0.031$).

Conclusions

Parents received counseling from pediatricians had an appropriate effect on behavior, knowledge and attitude improvements. In addition, the effects of children's injury prevent

program operated by pediatrician in the clinics and hospitals are satisfied. The children's injury prevention program could be offered for children in Taiwan.

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Road accident is a severe problem among college students

HSU Chao-Yu, HSIEH Chun-Hung, LIN Hui-Cheng

Introduction

Road accidents were happened commonly in Taiwan due to increasing the number of motorcycles. Road accident may cause physical or psychological diseases. Health life is associated with safety of traffic. The objective of this study is to investigate the severity of road accidents among college students.

Purpose/Methods

Between Sept 2010 to September 2012, 712 college students from 4 universities (2 public, 2 private) were provided the questionnaires. The severity of road accidents was asked. There were 10 questions to be answered.

Results

One hundred and sixty-six (23.3%) males and 546 (76.7%) females agreed to answer the questionnaire. The median age was 20. Most of the students knew (86.2%) road accidents is one of 10 major causes of mortality in 2010. Three hundred and nineteen (44.8%) students had road accidents in the past 3 years. Among these 319 students, 201 (63%) had road accidents in the last year. Three hundred and ten (97.2%) used motorcycles when road accidents were happened.

Conclusions

A high percentage of college students had road accident in the past 3 years. Road accident is a severe problem among college students. Prevention of road accident is one of the ways for health promotion. Education of traffic safety is necessary in the campus.

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What are we doing in children's health office in ministry of health for health education?

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Introduction

Children's health office in ministry of health is one of the main sources of educational contents for all of the health centers. In this study we will evaluate this office in producing educational media.

Purpose/Methods

Systematic review of health education materials and educational interventions was done. After announcement about gathering all products about health education, 4 media were selected from the posted materials that met the following criteria: described health, provided information to educate something, and published between 2008 and 2009. The review focused on four main criteria and 70-90 alternative criteria (based on the type of media). Sixteen specialists calculated the score of products based on designed checklists. Then, data entered in special software.

Results

The office at ministry of health in Iran has no documented product and intervention in the format of poster, pamphlet, journal, bulletin, film and mass media programs in 18 months period. The office produced four books whose overall score was 54.37 from 100. For books, the calculated score in pre-intervention was (20/100), and scores were 78.86/100, 87.12/100, 20/100 for properties, implementation and evaluation, respectively. Among 44 evaluated centers, the office had overall 5th rank in production of educational books.

Conclusions

Considering a global view on the results, it seems our health educators in children's health office have some strength and some weaknesses in production of educational media for children. So, they need to meet again health education principles and its process especially in evaluation of the media.

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Session P1.3: Health promotion for socio-economically disadvantaged groups - improving equity in care

Centre in Reggio Emilia for refugees and persons requesting political asylum: promoting health and social integration

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Introduction

In 2011, the war in Libya caused many people (approx. 20,000) to flee. They sought a place on Italian shores where they would be received, and on April 5, 2011, the government began advising them to apply for political refugee status. More than 200 persons reached our area. Reggio Emilia hosts 63 migrants, and 48 of them are housed in a facility built several years ago as lodging for workers at a construction site for a high speed rail line.

Purpose/Methods

To provide those being hosted with information and education for their self-determination, with the help of educators from the cooperative that manages the refugee camp. Jointly designing and managing training sessions, together with local associations, for the 48 persons hosted by the city of Reggio Emilia, on: local mobility (the use of public transit, rules of the road), health, Italian, health care services, and rules of workplace safety. A work history has been created for each person.

Results

The Local Health Service has completed 6 sessions on health, standards and hygiene in collective living, and the use of the national health service. In particular, one session was a basic course on safety in the workplace (Ital. Legis. Decree 81/08), and a certificate was issued for use as a qualification for possible future employment. The sessions were subdivided by nation - Nigeria (20 persons), Mali and Libya (18), and Bangladesh (10) - and a cultural mediator was constantly present.

Conclusions

Besides hosting the "refugees" and meeting their basic needs, the local community has made a coordinated contribution to increasing their awareness of and capacity for decision-making, with an important role being played by professionals from the Local Health Board. The various national groups have responded differently to the educational stimuli. The Nigerians, who have a fair amount of schooling and a local peer network, have become integrated to the greatest extent; persons from Mali and Bangladesh are much less successful.

Comments

An extremely critical problem that could reverse the positive effects of the actions taken is the fact that more than 80% of those seeking political asylum have not been successful. Italy is terminating its active custody of these people at the end of 2012. The future of those who are not recognised as "refugees" is very uncertain.

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Analysis of Access by Transgender People to Immigrants' Health Centre of Reggio Emilia (Italy)

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Introduction

In Reggio Emilia, last years has raised the number of transgender people in the complex world of prostitution. They are often involved in prostitution market, element that emphasize stigmatisation because trans-sexual, prostitute, and irregular migrants. Health condition is complex, and requests a close cooperation between different health and social services. Being irregular migrants, social exclusion, discrimination and violence make really difficult to access services, considering the high risk of health's compromising, and necessity to guarantee care continuity.

Purpose/Methods

Objective is to evaluate access and perceived quality of health centre, to get continuity, and compliance of person as final goal. A questionnaire has been directly, and individually administered to a convenience sample composed by transgender people entering in immigrant health centre of Reggio Emilia, in a four month period (2012). The questionnaire has been structured considering different validated tools, and it has been first tested with experts' panel, and a pilot study including immigrant people unrelated to research sample.

Results

In research period transgender present at health centre were 14; all consented to participate at research. Full sample come from Latin America, and prevalent age is between 29/39 years (50%). Frequency of access at centre is mainly twice a month (60%). 70% considers centre's structure good, as well as site and opening time. 100% report to be welcomed, listened, and respected. Same percentage declares to have got clear information, respect of privacy, consent request, and to have solve health problem.

Conclusions

Users' centre evaluation is really positive, regarding both structure/organization, and health operator: some of them define it "precious", and this is a fundamental point to get compliance to health path. Health centre is described as a landmark for own health problem, as well as a place that protect health right, and respect people, without judgment and prejudice.

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The supporting medical treatment menu for health in the place of refuge

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Introduction

For diabetic or kidney disease patients in the refuge from Futaba(*1), it was required nutritional management emergency because of stress by living in a group in the classrooms or gymnasium and simple meal which was not handmade for a long time. In spite of cooking facilities and the staff system were limited, the administrator, Council of Social welfare and volunteers started to offer medical treatment food to refugee.

Purpose/Methods

This report was informed our support of nutritional management for refugee. We offered reduced salt menu 2times a day to 20 people.

Results

It was reported that a diabetic person's data had been improved. But several patients were not improved. They are bad nutrient state, needing restrict protein intake or potassium limitation, and the person treated with dialysis. We created the menu that diet therapy for dialysis treatment and renal disease in addition for diabetes. And we indicated constituents of energy, protein and salt. Lastly, we provided appropriate training for cooks and backed up the city office to provide meal independently.

Conclusions

We could improve the condition of health needing diet therapy for diabetes and dialysis. The city signed managerial dieticians and cooks. They came off providing patient food. It led to independence support. A meeting of administration and support team was regularized and solved some issues quickly. The city office's subsection-chief stated "I deeply sensed the food problem is the basis of the health. I want to demand setting of the post which considers refugee's meal as the system."

Comments

(*1)Futaba In March 11, 2011 Futaba town municipal office (in Fukushima prefecture) had to move to an old high-school at Kazo city (in Saitama prefecture) as a place of refuge.

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Advancing Health Equity for New Immigrants through Cultural Competence Training

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Introduction

Upon arrival, the majority of Canada's newcomers are in better health than their Canadian born counterparts; however, just 5 years later new immigrant health scores fall below those of Canadian born residents. Research demonstrates that these health disparities are in part due to health care inequity; particularly due to healthcare provider inadequacies in appropriately responding to patient cultural beliefs regarding health, illness and treatment. Culturally competent practices increase the quality of health care for marginalized groups and improve patient/provider communication.

Purpose/Methods

The New Immigrant Support Network (NISN) was created in 2009 through funding from Citizenship and Immigration Canada. Due large numbers of new immigrants settling in Toronto in 2010 (42.1%), the NISN broadened its focus from developing a culturally competent organization to building capacity for cultural competence across the provincial healthcare system through an extensive cultural competence training. The free two-day Cultural Competence Train-the-Trainer workshop and manual were created and delivered throughout Ontario to support the delivery of cultural competence education.

Results

To date, over 300 individuals representing multidiscipline roles from nearly 150 community and hospital-based organizations have attended the Train-the-Trainer workshops. The NISN also created and provided participants access to diverse knowledge transfer resources including a cultural competence film, 15 e-Learning modules, and over 300 multilingual patient education materials. A public access Cultural Competence website and on-line Community-of-Practice were also created to freely share resources. Healthcare organizations across Ontario are using our resources to advance health equity within their workplace.

Conclusions

In this presentation you will learn about the development and delivery of the Cultural Competence Train-the-Trainer Workshop as an effective method of reducing health inequities for marginalized populations. You will also learn about how the workshop was developed, organized and promoted; the creation of a cultural competence education community-of-practice for workshop participants; the effectiveness of the Train-the-Trainer approach as a knowledge transfer strategy; and lessons learned as the leaders and facilitators of a complex and often misunderstood topic.

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Wellness Centre in Västmanland

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Introduction

In Sweden, county councils are responsible for conducting health care. How can the county Västmanland work more aggressively to support socio-economically-disadvantaged groups to improve health? These groups have a greater need for support to improve lifestyles and quality of life. This was the starting point to the development of the Wellness centres that started in 2007 and have gradually established.

Purpose/Methods

Since 2008, there are two so-called wellness centres in Västmanland, with two more in 2013. Staffing consists of health pedagogues and from 2013 also by behavioural scientists. The target groups are informed about, and referred to health centres from the health care and from collaboration partners that in different forms support these groups (employment agency, social insurance, and municipalities). One can also participate in the wellness centre activities entirely on their own initiative. Central method at the centre is healthy talks with solution-focused methodology, with elements of motivational interviewing and cognitive approach, focusing on a systematic capture, guide and strengthen the individual's own resources. Based on the results of the first dialogue, an individual plans for further discussions, participation in group activity at the wellness centre or other activity that is available in the community.

Results

During 2012, approximately 400 people in the target groups were involved in health talks and other activities. 30 – 40 % reported improved self-estimated health through participation in the Wellness centres activities.

Conclusions

Current case results suggest that activity in the Wellness centres, based on solution-focused methodology, result in improved health of a significant proportion of the participants. Cost efficiency measured in QALYs seems to be high. An in-depth follow-up of changes in lifestyle is needed and has to be planned for. The issue of solution-focused methodology promotes strengthening in empowerment with improved health of socio-economically-disadvantaged groups deserves a thorough in-depth research, as well as the possible impact of the method on living habits change. It is estimated that 800 - 1000 people in socio-economic priority target groups in Västmanland will participate in the expanded Wellness centres activity during 2013.

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Integration through collaboration: (Re)designing preventive healthcare to increase foreign-born women's participation in a cervical cancer screening-program

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Introduction

Early detection of cervical changes through gynaecological screening serves as a good protection against cervical cancer. In the northeast part of Gothenburg almost 50 percent of the 100 000 residents are foreign-born. Poverty index is higher in this part of the city than in the rest of the country and the health status among the citizens is also lower. The participation rate in the screening-program was significantly lower in this area than in the rest of the city.

Purpose/Methods

Community representatives were involved to identify barriers for participation among foreign-born women as well as potential successful intervention to increase participation. These representatives also played a great part in the campaign that came to focus on the spreading of verbal information between women. Many different interventions were tested and one of the most successful ones was the modified bus that made it possible to take a Pap smear test at strategically located places in the area during eight weeks.

Results

During the campaign the number of pap-smear tests increased by 42 percent. A positive effect of the representatives' participation in the campaign was that the local community got involved. The women included their existing network, e.g. by making shop-owners and associations "partners". By letting the women themselves be the carriers of the message it has a greater potential to spread, even after the campaign. This is also demonstrated by the number of pap-smear test that continues to increase steadily.

Conclusions

Collaborating with community representatives when identifying barriers of healthcare services is a necessity in order to (re)designing culture specific interventions likely to meet the different needs of the local population. Collaboration should not stop there, participation when executing the interventions should also involve the representatives. The community members involved may benefit from such participation themselves, e.g. increased confidence, a sense of playing an important role, as well as acting as a bridge between healthcare providers and receivers.

Comments

The focus on orally spread information and information given by key actors sharing cultural background seemed to have been important interventions in this project. Doing so, information may better be suited to meet the cultural expectations of the

population. The intervention will also give an input to the healthcare providers by providing them with knowledge about topics where knowledge among the population is lacking

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Breast Cancer Screening Equity Profile in Bologna

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Introduction

Breast cancer is the leading cause of death among women. Researchers documented that women need regular mammogram tests to improve their life chances. In Bologna the breast screening programme started in 1997, each 2 years women (45-74 Y old) are invited to do mammogram. It's important that every woman could attend regularly to screening, regardless of who you are and where you come from. It's known that a variety of structural, organizational, and sociocultural barriers preclude many women from using these services.

Purpose/Methods

The aim of this work is to measure inequalities in breast cancer screening uptake, to identify areas of greatest need. We conducted an equity profile, using data from the last complete screening round, mapping the services provided, auditing the breast screening uptake, analyzing who didn't attend by equity domain: age, ethnicity, disability, geography and deprivation. Statistical analysis were performed to measure the disparities. In addition, to better understand why some women didn't attend to the programme we have done several interview and focus group with key people and woman.

Results

Compliance rate in Bologna's area was 52%: Not all the target population received the invitation letter; In the considered period there was a late time referral; only 48 % women living in Bologna city attend to the programme Ethnicity disparities comparing Italian women: OR 1.57 (C.I. 1.51-1.63); Age disparities comparing 50-59 to 45-49 y old: OR 1.22 (C.I. 1.18-1.25) disabled woman comparing abled OR 1.65 (C.I. 1.55-1.74) women with High socioeconomic status comparing low Socioeconomic Status OR 1.12 (C.I. 1.07-1.17) Qualitative analysis are in progress.

Conclusions

This Health Equity Audit was the first conducted in our organization. Through this analysis we had the opportunity to better understand who are our targets population but also the point of view of our professionals involved. We have had also the opportunity to improve time referral response, invite all the eligible



women to do mammogram and have a little increasing in the adhesion to breast screening.

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Community health educational approach to promote cancer prevention for North Korean defectors

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Introduction

North Korean defectors are continuously increasing in South Korea. They can't get appropriate medical service and information during their long journey to freedom. After the introduction of Pap smear and development of recombinant vaccine of Human papilloma virus, the uterine cancer of the cervix is regarded as effectively preventable cancer, but without continuous interest and proper education, victims might not be decreased. We conducted community educational program about Pap smear and vaccination for the North Korean defectors and natives.

Purpose/Methods

The purpose of this study was to setup a community to attempt to improve cancer prevention program. From September 2011 to November 2012, we performed community educational program about Pap smear and vaccination for uterine cancer of the cervix for North Korean defectors and natives. Recruiting was done in cooperation with the regional division of the Settlement Support Center of Ministry of Unification. After education, the questionnaires were retrieved.

Results

104 participated, of which the median age was 48. The proportion of persons who ever had any lecture or education about women health care was lower in defectors of 66% compared with 80% in natives. Majority of participants said they will take annual routine check for cervical cancer (79.6% in defectors VS 99.5% in natives). Almost of all participants was satisfied by this program (94.5% in defectors VS 96.8% in natives).

Conclusions

There is little opportunity for people to have information about women health and cancer prevention. Community based educational program may have a role to improve them.

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Hospital Health Services reorientation to tackle with health inequities enhanced by the Greek Socioeconomic Crisis

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Introduction

We know that diabetes prevention interventions through lifestyle and pharmacology are effective, but its socioeconomic determinants call for significant changes in the way we use our social structures, especially, in Greece after the financial crisis of 2009. Evidence of the systematic use of type 2 diabetes (T2DM) risk scores for case identification is lacking in Greek rural areas. The need to reorient our hospitals' services and develop the right policies to approach high risk individuals is greater than ever.

Purpose/Methods

The aim of this pilot study is to build up a partnership between our Hospital and private pharmaceutical companies, politicians, local social services programmes. Our effort was to break down barriers for programme participation by visiting remote villages of the Municipality of Evrotas in Lakonia and get updated epidemiological data using the validated in Greece, FINDRISK questionnaire to identify high-risk T2DM subjects. These persons will be followed over by the combined Hospital and Municipal door to door intervention programme.

Results

Our study included 273 persons: (168 female and 105 male). Mean age: 61.57 years and BMI: 28.54 kg/m². We have found that 63 (23.07%), 80 (29.30%), and 22 persons (8.05%) have risk-scores: 12-14, 15-20, and ≥21, respectively. We have also found that 33 (12.08%), 126 (46.15%), and 111 persons (40.56%) had BMI < 25, 25-30 and >30, respectively. In lifestyle habits questions: 90% of men reported every day exercise and 86.6% consumption of fruit and vegetables over 61.1% and 74.4% for females.

Conclusions

Effective primary prevention of T2DM is a worldwide public health priority. To achieve this, national and local political support and action is needed for the development of targeted intervention programmes through partnerships and coordination centres. In our study the preliminary results have shown that in these remote, difficult road access areas, implementation of such programmes and systematic actions towards obesity, lifestyle habits are necessary to deal with the different

facets (eg economic, social, political, etc) associated with diabetes epidemic.

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Research gaps in health-promotion concerning older persons who are foreign-born

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Introduction

Ageing in a foreign country involves leaving a significant part of one's previous life experiences and socio-cultural resources behind. Feelings of loss and separation, associated with ageing and migration, may make it hard to maintain health. Health-promotion aims to enable persons to increase control over, and improve their health. However, the whole population must have a fair chance to achieve this goal, and promotion of health should not be compromised by socioeconomic, political or cultural factors.

Purpose/Methods

This systematic literature review aimed to systematically review randomised controlled trial publications in order to describe the content and the effects of health-promoting interventions for older persons who are foreign-born. Electronic databases were systematically searched, undertaking a stepwise procedure. Publications with a randomised controlled design were included and publications without health-related outcomes, or that evaluated disease prevention interventions were excluded. Potentially relevant publications were assessed for relevance and design and Cochrane's established methods for evaluation and data extraction were used.

Results

The final sample (n=8) of publications describes six different interventions for older persons who are foreign-born and older persons from ethnic minority groups. Six key elements (activity and participation, a person-centred approach, health information, cultural modifications, provider education, theoretical foundation) of the interventions were identified, which provide some guidance when planning health-promoting interventions for older persons who are foreign-born. However, no evidence-based conclusions could be drawn due to the scarcity, diversity, and scientific quality concerns of the included publications.

Conclusions

At this stage, the significant lack of published results within this area should encourage researchers to confront differences in healthcare access that may imply healthcare inequities. A vital next step is qualitative and quantitative research in order to present results that can argue for any specific type of health-

promoting interventions that meet the needs of older persons who are foreign-born.

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Background and Prevalence Analysis of Health Issues in an Aboriginal Population in Taiwan

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Introduction

Taiwan is an island country with 48 out of 309 counties located in the mountainous area or outlying island. Scanty medical resources were mainly due to inconvenient traffic. We started to provide medical services in three isolated aboriginal villages in Fu-Hsing Township since 2002 with local out-patient department, twenty-four hours emergency medical service and mobile medical service. However, according to the concept of community-oriented primary care, we would like to clarify the major health problems of this aboriginal ethnic group.

Purpose/Methods

In this prospective cross-sectional study, participants were 337 aboriginal residents (total residents at the time were 2703). We distributed questionnaires that included basic information about personal history, occupation, substance use, and exercise habits. We also arranged free health checks that included basic laboratory data in January 2012. After the exclusion of incomplete or missing data, 268 participants remained. The prevalence rate of metabolic syndrome, hepatitis, and substance use were calculated and compared with urban Taiwanese.

Results

The prevalence of metabolic syndrome, according to the revised NCEP/ATPIII criteria, was 48.7%, with 42.9% in male and 53.2% in female, which is higher than urban Taiwanese in all age groups. The prevalence of smoking, betel nut chewing and alcohol drinking were 25.0%, 13.4% and 33.6%, respectively; while the prevalence of urban area were 22.7%, 10.9% and 18.8%. The prevalence rate of positive HBsAg and anti-HCV were 19.3% and 6.1%; while the prevalence of urban area were 17.3% and 2.4%.

Conclusions

The prevalence rate of metabolic syndrome, substance use and previous viral hepatitis exposure of these aboriginal residents were higher than urban Taiwanese. However, the differences of the prevalence between three villages were not significantly different. Therefore, we arranged serial interventions to the residents of one of these three villages. We will evaluate the results of our intervention one year later through post-tests.



Our interventions include individual health management, health education classes, programs for cessation of substance use, etc.

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An Epidemiologic Study of Developmental Problems among Aboriginal Children in North Taiwan

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Introduction

Lack of previous studies for developmental problems about aboriginal children in Taiwan may imply long term neglect for this issue. Since the status of minority, socioeconomic disadvantage and inconvenience to access medical resource may probably have negative effect to children's physical and mental health, this study was aimed to explore the developmental problems among aboriginal children in North Taiwan, and the result may serve as reference for further service and health care for this population.

Purpose/Methods

We collected total 118 3-7 year-old aboriginal children in North Taiwan, and most of them belonged to Atayal tribe. First, the teachers and parents completed questionnaires including Chinese Child Developmental Inventory (CCDI), SNAP-IV ADHD questionnaire, and Clancy Behavior Scale. Following that, according to the results of the data, we arranged diagnostic interview for the children questioned. The interview was performed by child psychiatrists with K-SADS, and children with suspected language delay were additionally evaluated by psychologist with use of PPVT.

Results

58.5% were male and 41.5% were female. The age ranged from 36~81 month-old, and the mean age was 53.74 ± 10.80 months. 38.1% of children had at least one delayed developmental aspect (developmental quotient <75%) over CCDI, 1.7 % and 5.1% had ≥6 items (≥ 2 scores) of inattentive domain, hyperactive/impulsive domain respectively, 1.7 % had ≥ 4 items (≥ 2 scores) of oppositional domain of SNAP-IV, and 0.8% with scores ≥ 15 of Clancy Behavior Scale.

Conclusions

High prevalence of developmental problems of aboriginal children in North Taiwan was found in this study.

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Inequality related to difference in education - what is the annual cost for inequalities related to differences in education?

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Introduction

During the last centuries, public health has improved tremendously, not only in Sweden but in all industrialized countries. This improvement can be visualized by life expectancy, for example, which shows an increase in the Swedish population from 52 years in the early 20th century to 83 years as of today. In addition, when analyzing mortality, an annual decrease by 1,7 % can be seen from 1991 to 2010.

Purpose/Methods

Although improvements in public health are encouraging, challenges related to inequality due to education and other factors remain a problem. In fact, analyzing mortality more closely, including educational differences, shows that the mortality among those with higher education (post secondary school) are decreasing twice as fast (2,4 % annually) compared to the group with only elementary education (1,3 % annually). This development has resulted in an increasing gap of mortality between the groups.

Results

The National Board of Health and Welfare asked the question; what is the annual cost for inequalities related to differences in education? To address this issue, Sirona Health Solutions got the assignment to make an initial analysis of costs based on: i. Avoidable inpatient care (undvikbar slutenvård) ii. Productivity loss as a result of preventable death (produktivitetsbortfall till följd av åtgärdbara dödsfall) iii. Cost of quality caused by lost life years (kvalitetskostnader till följd av förlorade framtida levnadsår) iv. Quality-adjusted life year (QALY) (kvalitetskostnader relaterat till sämre levnadskvalitet).

Conclusions

The results show that direct costs of inequalities related to difference in education amounts to more than 6 billion SEK each year. In addition, indirect costs, e.g. quality loss, amount to approximately 150 billion SEK kronor each year.

Comments

Sirona made the analysis with the National Board of Health and Welfare, reference person is Ingrid Schmidt. We would like to present this analysis as a contribution to put this engaging and important issue on the agenda. By showing the costs related to inequality related to the difference in education we hope that this can contribute to a more health-oriented health care and highlight the importance of equal health and health care, as well as health promotion and preventive programs.

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Session P1.4: Health promotion for patients in psychiatric care & mental health promotion

The physical health problems experienced by people suffering from mental illnesses

SURVILAITE Danguole

Introduction

In 2011-2012 (since November 2011 until April 2012) Club 13&Co. (National Association of Persons with Mental Disorders and Their Friends), as a member of GAMIAN-Europe (Global Alliance of Mental Illnesses Advocacy Networks-Europe), participated in the international survey on the physical health of people living with mental illnesses.

Purpose/Methods

Aim. The main aim of this survey is to assess patients' experience of healthcare system in Lithuania and comparing it with other European countries. In particular the survey was looking at the interlinks between mental and physical health and the impact on patients' lives. **Method.** This study was looking at the experiences of adults (aged 18 years or older) who have been diagnosed with a mental illness. In Lithuania 109 questionnaires were sent to randomly selected mentally ill patients and later analyzed. In this presentation demographic data (age, gender, education, civil status housing of respondents), physical problems and their kind respondents suffer from, timing of physical problems diagnosed, experienced barriers to receive care for physical health problems, role of environment, attitude and information from professionals are presented.

Results

Results. 1156 responses from 30 countries were analyzed. Responses were grouped into 4 categories according countries: the Old EU (Belgium, Denmark, Finland, France, Greece, Italy, Portugal, Spain, Sweden, The Netherlands, UK) – 422 responses, New EU (Cyprus, Latvia, Poland, Hungary, Czech Republic, Romania, Malta, Lithuania, Slovenia) – 413; Europe not EU (Croatia, Israel, Turkey, Russia) – 313; not Europe (Pakistan, Kenya, Uganda, Un Arab, Venezuela, USA – 8). Due to the fact that the respondents of non-European countries are totally atypical respondents, they are not mentioned in the following results. There were 109 surveys from Lithuania, i.e. 26,39 % of new EU, and 9,42 % of all.

Conclusions

Conclusions: 28,81% of all respondents were diagnosed with schizophrenia (in Lithuania – 53,21%), 19,29 % – bipolar disorder, 22,23 % depression (accordingly in Lithuania: 5,50% and 13,76%). 85% of all respondents experience physical problems (in Lithuania – 91%), 36,27% of all respondents having physical problems was diagnosed before mental illness (in Lithuania – 43,43%), The main physical problems the respondents suffer

from are: weight – 44,44 % (in Lithuania – 48,48%), smoking – 38,99% (in Lithuania – 37,37%), heart problems, including blood pressure – 25,97% (in Lithuania – 40,40%), eye problems – 24,14% (in Lithuania – 47,47%), diabetes – 8,08% (in Lithuania – 7,07%). • In 41,61% cases the psychiatrists too little explain how mental illness could affect physical health (in Lithuania – 25,68%). • Comparisons between Lithuania and European countries are provided in the tables.

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Implementing national guidelines for disease preventing methods in an outpatient clinic for Psychosis care

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Introduction

Unhealthy lifestyle such as tobacco use, risky alcohol consumption, insufficient physical activity and unhealthy eating habits contribute to physical illness and increased risk of premature death. People diagnosed with schizophrenia have increased risk of lifestyle related diseases and premature death compared with mentally healthy people. The National Board's guidelines for disease prevention methods have clearly emphasized the importance of a more equal health care system with more focus given to vulnerable groups. People with schizophrenia are a priority group.

Purpose/Methods

The unit for Psychosis Care and Forensic Psychiatry, University hospital of Uppsala has currently well-established routines and forms for health promotion. Nevertheless, we would like to develop the existing procedures so that they will be consist with the methods recommended by the National Board's guidelines for disease prevention methods. A comprehensive checklist called "a health profile" will be worked out from existing materials used by the unit for Psychosis Care. Medical staff will be offered ongoing training in the field.

Results

Initially routines for health promotion will be developed and implemented. The results of this work will be presented when data is available.

Conclusions

Both the psychiatric and somatic health care clinics have difficulties in identifying physical illness and also to provide adequate treatment for this group of patients. Therefore it is important that the clinics will practice the new prevention methods recommended by the National Board and to have clear routines to be able to increase focus on this area. With this new guidelines, structured health promotion work can



most likely prevent or alleviated the lifestyle-related morbidity in this group of patients.

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Effectiveness of the improvement plan of reducing abnormal rate of patient's weight in psychiatric ward - A hospital in southern Taiwan

LIANG Yun-Ching, CHEN Chine-Chun, CHEN Hui-Chen, CHUN Chin-Ta

Introduction

Case study hospital dietician assists chronic psychiatric ward inpatient to monitor the monthly BMI in 2011 annual. During the period, she found that the average abnormal BMI rate of patients was 49.5% from July to December. Overweight and obesity are the majority. Now the patients become lazy due to aged, medical problem, limited environment and underlying disease factor. We fit with the healthy reducing weight plan of Bureau of Health Promotion and composed Q.C.C.(quality control circles). We selected the theme - 「Reducing the weight abnormal rate of our inpatients」 and execute the improvement plan. In the study, we selected objects which are May 1 to August 31 inpatients, a total of 76 patients.

Purpose/Methods

By the circle members' discussion, we set some improvement measures: 1. Snack time: Originally by the patient's own access, now replaced by adjust ordering food and modify shopping list and the mark of snack basket in accordance with the weight BMI analysis table provided by dietician. The method is: (1) increasing receive amount when BMI ≤ 18.5 (2) decreasing receive amount when BMI > 24 . 2. In addition to get up at cleaning time in the morning, after lunch break, routine daily activity (AM and PM), we will urge the patient to leave the bed for increasing activity, and we provide pedometers to patients with BMI > 24 . 3. Arrange increasing one exercise period every week and extend the time period of existing activities. The strategy: (1) morning exercise time extend to 25 minutes. (2) physical fitness time extend to 45 minutes. (3) 15 minutes postprandial walking daily after breakfast and dinner. 4. Arrange one weight control group education every two months.

Results

1. The plan selected objects from inpatients (May 1 to August 31), a total of 76 participants. We design chronic psychiatric ward - abnormal weight questionnaire and group it into five major categories and fifteen options. By 13 circle members and 24 abnormal weight patients (can self-expressing), each one fill in three options (possible causes). According to results, we

summarize: favorite snacks, lunch is not enough (still feel hungry) (43%), lazy, do not like sports (29%), bad eating habits (16%), fond of drink, water or soup (9%), and influence of Drugs (3%). 2. Plato abnormal weight causes analysis: 1. favorite snacks, lunch is not enough (still feel hungry) 2. lazy, do not like sports 3. bad eating habits are the main three options, they are accounted for over 80%. 3. Goal of this plan overview Set targets for improvement: the patient's weight abnormal rate reduce from 51.3% to 43.3%, Before improvement plan: weight abnormal patients accounted for 51.3% (normal: 48.7%) After improvement plan: weight abnormal patients accounted for 40.8% (normal: 59.2%).

Conclusions

During the course of the plan, the patients have some opinions on the use of pedometers, the extend activity time and the dietary restriction; and they like to compare with other patients. In order to promote the activity carried out, health education and communication become the subject of our efforts. The monthly weight BMI analysis table can help us understand the effectiveness of the measures. It allows us to pay to be rewarded and it bring us not only success glorious but also the spiritual satisfaction.

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A Qualitative Lifestyle & Somatic Health Approach - Helse Vest RHF 2009-2010

HUSTOFT Merete, HAUKALID Jarle, EGELAND Brit, NÆRLAND Kirstin, FLÅ Anne Brit

Introduction

Individuals suffering from severe mental disorders have a 10-20% shorter longevity than the general population. The aim of this presentation is to propose a qualitative lifestyle- and somatic health approach for treatment of in-care patients aged 18-30 diagnosed with dual disorders and/or substance abuse with a GAF-score ranging from 25 to 50 in a Norwegian District psychiatric center, primarily treating young persons with psychosis.

Purpose/Methods

Duration of treatment is between 6 months to 2 years, and consists of courses (e.g. quit smoking and nutrition) and daily physical activities (e.g. sports, hiking), set during standard working hours to improve mental and physical well-being. The therapeutic environment emphasizes social support and encouragement, stability and predictability, practical orientation, and apparent treatment programs

Results

The presentation will include a description of the total program.

Conclusions

The presentation concludes that a lifestyle- and somatic health approach have important implications for in-care patient and discusses how methods of intervention can be developed, assessment, and applied in in-care patient settings.

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Gender and Age difference of Physical Fitness, Physical Activity and Abnormal Metabolic Factors in Patients with Schizophrenia under Medical Control

HUNG Tsui-Mei, YANG Tsui-Yuang, LIN Ruei-Yi, TSAI Mei-Wun

Introduction

The increase in developing obesity and metabolic syndrome (MS) becomes another serious concern in patients with schizophrenia who took atypical antipsychotics. Exercise has been suggested as one of effective and primary interventions for managing these chronic diseases. For schizophrenia population, however, little background information, such as physical fitness and physical activity (PA), is available to set an optimal exercise prescription.

Purpose/Methods

This study aimed to identify gender and age difference of physical fitness, physical activity and abnormal metabolic factors in patients with schizophrenia under medical control. We recruited Antipsychotic-treated adult patients met DSM-IV criteria for schizophrenia. Physical fitness included modified step test for cardiopulmonary fitness, one-minute curl-up for abdominal muscle endurance, and sit-to-reach test for flexibility. Physical activity was assessed by International Physical Activity Questionnaire. Waist girth, BP, fasting plasma glucose, HDL and triglycerides were measured as metabolic factors.

Results

Among recruited 94 subjects (52.1% female, 42.6±9.4 years), 48.9% with insufficient PA and only 9.8% with high PA. No gender and age difference existed on PA. Referred to the fitness norm, around 80% subjects were ranked as poor level. Older (45~70 years) men had the most poor abdominal muscle endurance. There were 54.4% subjects with central obesity and 34.8% with MS. The younger (20~44 years) ones had higher prevalence of low HDL, older and female had higher prevalence of hyperglycemia.

Conclusions

Insufficient physical activity and very poor physical fitness were found in antipsychotic-treated patients with schizophrenia. Age and gender difference of abdominal muscle endurance, abnormal sugar and lipid profile existed in schizophrenia population. This disparate effect of gender and age should be taken into consideration for setting optimal exercise prescription to increase fitness and improve metabolic factors in patients with schizophrenia.

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Effects of Weight Management Intervention on Obese Patients with Schizophrenia in Day Care Center of Taiwan

LIU Chih-Ju, RONG Jiin-Ru, LEE Chene-Yang

Introduction

Antipsychotic medicines induce to weight increase and adverse physical and psychosocial consequences in chronic schizophrenic patients. Therefore, to prevent from gaining weight has been suggested as an important strategy for chronic schizophrenic patients. In psychiatric day hospital, thus, the Weight Management Intervention (WMI) was developed and promoted by the psychiatric nurses for helping overweight patients (Body Mass Index; BMI >24 Kg/m²) to control body weight and BMI. The WMI was expected to be able to regularly practice physical activity.

Purpose/Methods

This study aims to evaluate the effects of the WMI on body weight and BMI in pretest and posttest design of one group. Participants (n=52) were recruited from a psychiatric day care center. In the WMI, each patient had a 50-minute physical activity every day for 12 weeks. The one who joined the program whose body weight and BMI was assessed at baseline, 1-month, 2-month, and 3-month during the intervention. Their Data were analyzed with generalized estimating equation analysis (GEE).

Results

Participants were chronic schizophrenic patients with overweight (mean age 45.5 years). As revealed, the result of BMI showed a significant decrease following the 4 time points. That is, the mean of body weight significantly changed from 75.6kg to 72.4kg ($\beta=75.61$, $p<0.0001$). In addition, the mean of BMI significantly changed from 30.0kg/m² (baseline) to 28.7 kg/m² (the end of third month) ($\beta=29.96$, $p<0.0001$).



Conclusions

With a 50-minute daily regular physical activity and regular supervision of nurses, the Weight Management Intervention demonstrated weight control effects for chronic schizophrenic patients in the psychiatric day hospital. However, further research is needed to examine the application of the WMI, and to examine the health behavior self-manageable factors that help maintain and improve psychiatric patients' weight control and health behaviors.

Comments

Weight Management Intervention plays an important role to treat schizophrenic patients and to promote their health life style. Good enough treatment plans in psychiatric day care centers have to include WMI.

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Physical Fitness is associated with Abnormal Metabolic Factors in Patients with Schizophrenia under Medical Control

LIN Ruei-Yi, YANG Tsui-Yuang, HUNG Tsui-Mei, TSAI Mei-Wun

Introduction

The side effects of antipsychotic medications and unhealthy lifestyle in patients with schizophrenia have been found related to obesity, hyperlipidemia, and hyperglycemia. In general population, physical fitness has been evidenced to be associated with metabolic syndrome. It remains unclear whether physical fitness has the same effect on such chronic comorbidities with taking antipsychotic medications.

Purpose/Methods

The purpose is to assess the relationship between physical fitness and metabolic abnormalities in patients with schizophrenia under medical control. Adult patients with a diagnosis of schizophrenia were recruited from a psychiatric hospital of Taipei. Measures of physical fitness included step physical fitness index (SPFI), abdominal muscle endurance, grip force and flexibility. Abnormal metabolic factors were determined as the clustering factors of metabolic syndrome (MS). Logistic regression, with adjustment of gender and age, was used for data analysis.

Results

Among 94 subjects (42.6±9.4 years, 45 males, diagnosis for 21.3±9.7 years), 50% took atypical antipsychotics, 26.6% took multiple antipsychotics and the rest with other antipsychotics. 34.8% subjects having MS, 54.4% with abdominal obesity, 44.6% with low HDL, 37.0% with hyperglycemia, 28.3% with

hypertriglycerides, and 23.9% with high BP. The higher SPFI was the less abdominal obesity [OR(95%CI): 0.95(0.92-0.99)] and the less low HDL [0.95(0.91-0.99)]. Also, the better abdominal muscle endurance and grip force were the less low HDL [0.89(0.81-0.99), 0.91(0.84-0.99)].

Conclusions

Higher cardiopulmonary fitness and muscle fitness are associated with lower risk of abnormal metabolic factors, especially low HDL and abdominal obesity. It highlights not only aerobic training for increase cardiopulmonary fitness but also muscle strengthening should be considered in the exercise prescription for early prevention of metabolic abnormalities.

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Health promotion and prevention in psychiatric care – collaboration between clients and professionals.

KROKSMARK Ulla, LYANDER Ylva

Introduction

Health is created and experienced by people within the settings of their everyday lives. The leading causes of death for those with mental illness, as well as the general population are heart disease and cancer, but persons with mental illness have an assumed life expectancy that is between 10 and 15 years shorter. People with mental illness suffer more often from health problems and diseases related to tobacco smoking, lack of physical exercise, unbalanced diet and alcohol use

Purpose/Methods

Unfortunately the health care system often focuses only on medication management and/or therapy but how one organizes and manages one's daily activities is often ignored. An important goal for health services is to develop strategies for health promotion and prevention for all, but people with mental disabilities are often excluded from this.

Results

Despite clients having many health care contacts, the system seems to miss the target. Persons with mental illness are not offered sufficient support and encouragement to obtain a healthy lifestyle. This presentation will raise awareness of complimentary preventative interventions to promote maintaining a healthy lifestyle within the context of living with a disability in every-day life

Conclusions

The purpose is to discuss how a client-centred approach can make a difference in every-day life to encourage better physical and mental health for the target groups by promoting interdisciplinary interventions.

Comments

The involvement of a client in the process of the prevention intervention is this presentation's focus. A dialog between two professionals namely an Occupational therapist and a nurse will take place. The role of each profession is highlighted and example of how a collaboration can take place including the client.

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Metabolic Intervention/ IMPaCT-study: Improving physical health in psychosis

OVERGAARD Karin, ABRAMS Daniel**Introduction**

The Metabolic Intervention/ IMPACT study in Sweden is a controlled trial designed to test the hypothesis that addition of a 6 month intensive health promotion intervention (HPI) will be more efficacious and cost-effective than usual mental health care in improving the physical health of patients with an established diagnosis of serious mental illness. Diabetes and cardiovascular diseases are common and life expectancy is reduced by as much as two decades. This is a multi centre study performed in the UK and Gothenburg is one of 4 sites across Scandinavia.

Purpose/Methods

The study involves care coordinators delivering a (HPI) to people with psychosis. The intervention is based on Motivational interviewing and CBT-principles. The care coordinators took part in a training for learning the (HPI) to improve physical health. The intervention is integrated in order to cover physical and mental health, pragmatic enough to be deliverable within existing clinical settings. The main philosophy of the (HPI) is to teach care co-ordinators skills that allow them to empower their client by using a client-centred approach.

Results

24 care coordinators at eight outpatient clinics in Gothenburg have conducted the health promotion intervention (HPI). In Gothenburg there were 84 patients included. The intervention phase in the UK as well as the site in Gothenburg is completed January through March. In April 2013, the first preliminary outcome measures will be presented. The main outcome scores will be fasting glucose and waist & hip circumference. Secondary outcome measures are the biochemical, the QoL (Quality of life measurements) and Cost- measurements.

Conclusions

We expect the results to show that the health promotion intervention is an effective means to better physical health for patients with psychotic disease. If so, it would be a readily available and applicable method to treat metabolic states and lengthen the lives of this target group.

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Mental health service and survey for in-center hemodialysis patients.

YANG Meng-Ju, TSENG Chang-Chang**Introduction**

Generally, in-center hemodialysis patients have to receive 4-hour treatments in hospital 3 times per week, which severely affects the quality of their life. Our social workers observed some patients even having depressive symptoms or psychosocial problems and invite clinical psychologists to provide the mental health service for patients in the hemodialysis process in the ward.

Purpose/Methods

In the service, we provided (1) a lecture about increasing self-awareness and acquaintances with the importance of emotion, (2) a self-reported psychological evaluation, (3) immediate individual consults, and (4) an introduction to the services provided by clinical psychologist. The self-reported assessment tool for psychological evaluation is Negative Emotion Questionnaire (NEQ), including 9 self-reported items.

Results

Participants were recruited from the hemodialysis ward in National Taiwan University Hospital. There are 69 in-center hemodialysis patients received the service and 37 patients (52.6%) completed the questionnaire. It is highly diversity in patients' characteristics, including age between 30 to 94 years old and the hemodialysis period between 0.2 to 23 years. 91 percent patients were unemployed due to retirement, house-keeping, or disease-related factors. The average scores of NEQ is 17.62 (SD = 7.34), below the cut-off point.

Conclusions

Based the scores of NEQ, we believe that most of the patients who completed NEQ had adapted to the treatment and had developed their own coping strategies. Besides those who were sleeping or doing other activities, some patients directly refused the contact of clinical psychologists. By their defensive attitude, we suspect that they are high-risk populations and may need to receive mental-health services in the future.

Comments

Hemodialysis patients have diverse psychosocial conditions and needs. An ideal approach is to provide individualized and proactive mental health services. Therefore, increasing staff's sensitivity to patients' mental problems and actively referring to clinical psychologist will be beneficial to patients.

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Prevalence of Chronic obstructive pulmonary disease in patients with schizophrenia in Taiwan

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Introduction

Chronic obstructive pulmonary disease includes chronic bronchitis, emphysema, and inflammatory processes over small airways, which not only affects negatively on an individual's health and quality of life but also has become a noticeable cause of death in Taiwan. In the past, studies of co-existing physical diseases among schizophrenic patients had been discussed. However, the epidemiologic information about COPD in schizophrenia is relatively limited. We conducted this population-based study to detect the prevalence of COPD in patients with schizophrenia in Taiwan.

Purpose/Methods

From the database of 1,000,000 random subjects of National Health Insurance provided by the National Health Research Institute, we determined one-year prevalence of COPD in patients with schizophrenia and then compared demographic factors associated with COPD between patients with schizophrenia and the general population.

Results

Study subjects who had at least one claim during 2005 for either outpatient or inpatient care, with a primary diagnosis of schizophrenia or with a primary or secondary diagnosis of COPD, were identified. The 1-year prevalence of COPD in patients with schizophrenia was higher than that in the general population. (3.85% : 2.9%, Odds Ratio: 1.68 ; 95% confidence interval, 1.48-1.96 .). Compared with the general population, patients with schizophrenia had a higher prevalence of COPD in all age group.

Conclusions

Patients with schizophrenia had a higher prevalence of COPD in all age group than in the general population. We must emphasize quitting cigarette smoking and early detection of COPD in patients with schizophrenia.

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A multidisciplinary approach in the treatment and management of young adults with anorexia nervosa.

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Introduction

Addressing the challenge of a sustainable Health Care System through an increase in health gain at the individual level, the University Hospital Trust "Santa Maria della Misericordia" in Udine, Italy, set up a protocol for the treatment and the management of young adults with anorexia nervosa, where patients as well as family members or caregivers are provided with education and information on the nature, course and treatment of eating disorders.

Purpose/Methods

According to the HPH Manual Standard 3 "Patient Information and Intervention" where the patient is informed of factors impacting his health and takes active part in his clinical pathway, and according to International Guide Lines on Eating Disorders, our Hospital established a three-step intervention program (Outpatient, Day Care, Inpatient) for patients with anorexia nervosa with the involvement of professionals such as Psychiatric, Psychologist, Internist, Nutritionist, Dietician, dedicated Nurse in a strong collaboration with the local Health Service and General Practitioners.

Results

Patients are managed on an Outpatient base with mental, physical and nutritional assessment and psychological treatment is provided by competent healthcare professionals. In case of no benefit, patients are addressed to a Nutritional or Psychiatric Day-care, where implementation of refeeding with physical monitoring and psychosocial interventions are provided. If the disease is associated with high or moderate risk of malnutrition or physical risk, an Inpatient setting is feasible for artificial refeeding, with careful physical monitoring and psychosocial interventions.

Conclusions

The purpose of this protocol is to improve the clinical assistance in patients affected by eating disorders, mainly anorexia nervosa, through a strong healthcare professionals collaboration and to ameliorate health counseling which supports the individual's process of change with regard to lifestyle. Patient's agreement and the cooperation of family members in sharing of information, advice on behavioral management and facilitating communication are the mainstream of this project.

Comments

Hospitals have tradition and expertise in health promotion within research and practice and should prioritize further research on developing health promotion programs. The health care sector alone cannot bring about major changes in health behavior, but the sector can play an important role in identifying important health problems and drawing the attention of society and the political level to those problems.

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Exploration between Health Issue of Defecation and Urination Demand and clinical manifestation of Behavioral and Psychological Symptoms for Dementia Patients

SU En-Ping, WANG Jing-Jy, CHIU Hsien-Jane, SHEN Shu-Hua

Introduction

Dementia patients increase rapidly with aging of population. These patients often have lots of behavioral and psychological symptoms. Since these symptoms interact with chronic health issue or diseases causing by aging, it is difficult for caretakers to recognize patients' proper problems and demands and increases caretakers' perplexity, and hence influences the quality of care.

Purpose/Methods

Purpose we interviewed 10 senior clinical nursing staff to explore the health issue of defecation and urination demand and clinical manifestation of behavioral & psychological symptoms helping caretaker to recognize patients' proper problems and demands. Method After collecting the relativity between health issue and behavioral & psychological symptoms from literature, we listed interview guideline, such as how to recognize demands of defecation and urination. After converting the interview into words, we read and discussed to accomplish qualitative induction and analysis.

Results

Restless or uneasy, attempt of going to another place, and inappropriate actions such as putting on or removing clothes, scratching waist or making repeated action. For the demands of defecation, patients often made continued and unreasonable request to attract attention or help, for example, asking to take medicine, or taking more time in the toilet; for the demands of urination, patients often attempt to go to another place and their step always are more quickly.

Conclusions

By individual interview, we analyzed the common and different clinical behaviors between health issue of defecation and urination demand and clinical manifestation of behavioral and psychological symptoms. Furthermore we distinguished the truly demands of health issue. The result is helpful for clinical nursing staff, caretaker or family to recognize the health issue and behavioral and psychological symptoms, and realize patient's demand and health situation earlier and hence to improve the caring quality.

Comments

The main subject of this study is the health issue of defecation and urination demand for dementia patients. By way of interviewing clinical nursing staff, we explore the health issue of defecation and urination demand and clinical manifestation of behavioral & psychological symptoms helping caretakers to know patients' problems and demands. Caregivers or family to identify patterns of health problem and behavior psychiatric symptoms of dementia patients and understand their demands and health situation to improve the caring quality.

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Allostatic load and pursuit of happiness: diagnosis and new therapeutic approaches

AGUZZOLI Cristina

Introduction

The pursuit of happiness and pleasure is determined by the avoidance of pain. This is the psychological mechanism that was described by Tolstoj in "Why do men stupefy themselves?" and by Freud in "Civilization and its discontents". PNI describes the same neuroendocrine mechanism as determinant for the survival: the expectation of a reward makes the pain endurable. The problem comes when the stress persists and the reward does not come: the allostatic load increases linked with emotional experience of the individual.

Purpose/Methods

My survey's aim is to check nutritional and psychological impact of stress on the body composition of 20 patients with Medically Unexplained Symptoms (MUS) as indicator of distress - the Application of a "wash out" Protocol for the control of the glycemic load and potential renal acid load of foods - the Empowerment on emotional awareness and elicitation of the relaxation response - a monitoring system of the distress by asking my patients to answer the MUS check list and by measuring their body composition.



Results

In all cases I have analyzed there was a change of number of "MUS" (reduction or disappearance). Women have an extracellular matrix (ECM) higher than males, patients with ECM very high (> 30%) record a personal history of physical or psychological trauma. While in those men under observation, even if they had personal histories of previous malignancy, emotionally unstable situations, great responsibilities on their workplaces, I have not noticed an ECM greater than 20% which is the normal limit.

Conclusions

Stress responses may differ between men and women favoring the classic "fight or flight" response in men and the "tend and be-friend" response in women. In women, stress is mainly psychosocial and tends to become chronic causing many "MUS". The Pattern of knowledge is the way we analyze the individual's ability to "built" his reality and the perception of it. Once this issues have become clear, the diagnosis becomes possible and therefore the treatment." (from Igor Sibaldi "The Book of Personality", 2009 ed. Frassinelli)

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The lived body in depression

DANIELSSON Louise, ROSBERG Susanne

Introduction

Depression is a common and complex health problem, increasing worldwide as a threat to public health. Although there is a considerable amount of studies investigating the effect of different treatments, research approaching lived experiences of depression is still sparse.

Purpose/Methods

To study lived experiences of depression in a primary care context. A strategic sample of ten adults with a current diagnosis of major depression was recruited. Individual in-depth interviews were conducted and analyzed using a phenomenological hermeneutical approach. The theoretical framework draws on existential phenomenological theories related to the lived body and to the concept of attunement as a mode of being in the world.

Results

The preliminary analysis reveals that the participants experience a withdrawal and estrangement, which is experienced both in relation to the immediately lived, physical body and in relation to the world around them. This withdrawal from body and world involves personal ways of dealing both with an urge to distance oneself and an urge to direct oneself towards connecting. The analysis of results will be further elaborated during early spring 2013.

Conclusions

Treatment perspectives that approaches and actively explores a person's subjective bodily experiences, involving an awareness of both body and mind, might contribute to health care services for people suffering from depression.

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The Effect of Cognitive Trait and Self-metacognition Awareness between Depressive Disorder

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Introduction

The prevalence of depressive disorder is major mental health problem. At present, treatment on depressive disorder are psychopharmacotherapy and cognitive psychotherapy. However, the clinical observation finds out relapse of depression is still high. Recent researches demonstrate mindfulness-based cognitive therapy (MBCT) was very promising to prevent relapse of depressive disorder; self-metacognition awareness is one of the important therapeutic factor of MBCT. The present study investigated the effects of cognitive trait and self-metacognition awareness between patients with depressive disorder.

Purpose/Methods

In this study, 102 participants were recruited from outpatient clients. Each participant filled out self-reported questionnaires which included Beck Depression Inventory II (BDI-II), the habit index of negative thinking, mindful attention awareness scale, and self-monitoring awareness scale. All participants were divided into three groups on accordance to their BDI-II score. One-way analysis of variance (ANOVA) was used to analyze the differences of the variables among the three groups.

Results

The results showed that there were significant differences among patients with different levels of depression on dysfunctional cognitive schema (negative self-thinking, reflective thinking, rumination) and metacognition (mindful attention awareness, self-monitoring awareness).

Conclusions

The patients' dysfunctional cognitive schema and metacognition were associated with their levels of depression. Previous psychotherapeutic intervention such as cognitive psychotherapy was based on the modulation of cognitive trait. The implication of this study suggested MBCT can enhanced the patients' metacognition which would prevent the recurrence of depression.

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Love without barriers – Family Supporting Group

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Introduction

When a loved one becomes sick or ill often creates substantial emotional and physical stress on the main caretaker, furthermore affect or cripple family function

Purpose/Methods

Home care nursing had held family-supporting groups, "Love without Barriers" for caretakers with critically-ill patients. The event invited physical therapist to lecture and demonstrate on exercises and relax muscles. There are also group-sharing sessions; to let members learn that they are not alone and share ways to cope with the frustrating phases

Results

Home care nursing held 2 sessions in the year 2012. Participants had increased from 22 to 35 persons, with 98% satisfaction. Many of the caretakers were able to feel for other people who were sharing similar experiences. There were heated discussions and attentive sharing of experiences over the conflict with other family members or the sharing of loading. Participants had shown relief to know others had gone through similar barriers

Conclusions

Family supporting groups provide a space for caretakers to alleviate stress from caring for critically-ill patients through sharing and learning, thereby improving quality of care as a whole

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Family Caregivers Support Program in Hsinchu Taiwan

CHU Yu Ying

Introduction

Family support group can effectively provide emotional support for caregivers. There are many caregiver training courses in

Hsinchu, Taiwan, but focus on care skills rather than emotional release. There is not enough time for home care nurse to help caregivers expressing their pressures during their visit. Therefore, we hope to organize activities can take care of the caregivers, not just to take care of care skills but also the real of emotional support.

Purpose/Methods

We try to found a family support group in Hsinchu and design a simple program including half-hour warm-up, one-hour course of lectures and one-hour group discussion in the 1st attempt. Doctors of Chinese medicine demonstrated massage techniques could be done easily at home during course of lectures. Caregivers can share their experiences with each other.

Results

Through this activity, on the one hand increased caregiver interaction, on the other hand increase the value of nurse services. Participants had shown relief to know others had gone through similar barriers. Newbie caregivers talked about difficulties of caring and senior caregivers share their experience to overcome these difficulties. There were attentive sharing of experiences over the conflict with other family members. We held 2 sessions in 2012. Participants had increased from 22 to 35 persons, with 98% satisfaction.

Conclusions

This is our first trial of founding family support groups. Home care nurses felt caregivers able to form a strong network to support and help each others. We found these groups provide a space for caregivers to alleviate stress from caring for critically-ill patients through sharing and learning, thereby improving quality of care as a whole.

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To Improve the Program for Promoting the Employment Opportunity for the Persons with Mental Disability

FANG Chun-Kai, CHEN Yi-Hsiang

Introduction

Vocational rehabilitation can enable people with mental illness to return to open employment. However, it's more difficult for people with mental disability than mental illness to find appropriate jobs and to keep working. Traditionally, occupational therapist and career counselors played important roles to help people with mental disability, but they had no enough knowledge about psychopathology. The insufficient knowledge often affected the outcome of the service for promoting the employee opportunity.



Purpose/Methods

Department of Psychiatry at Tamshui branch of Mackay Memorial Hospital provided the services for promoting the employee opportunity since 2007. From 2007 to 2011, only 1 occupational therapist and 2 career counselors involved the service daily. For Improving the succeed rate of employee opportunity (keep working at least 2 weeks), one psychiatrist joined the team and hosted the supervising meeting every week since 2012. We tried to compare the different outcome after the psychiatrist providing the viewpoints of psychopathology.

Results

From 2007 to 2011, there were 224 people with mental disability attending the service, and the averaged succeed rate was 23.66% (12% - 44.44%); in 2012, there were 53 people attending and the succeed rate was 45.28%. Career counselors felt much sufficient to master clients' situation and much confidence to deal with clients' problems.

Conclusions

Psychiatric symptoms and signs often make people with mental disability difficult to find and keep work. To understand psychopathology play an important role to improving the succeed rate for the services for promoting the employee opportunity. Psychiatrist involving should be a good idea to enhance the knowledge of psychopathology for team members.

Comments

The services for promoting the employment opportunity were supported by Labor Affairs Department, New Taipei City Government in Taiwan. The service of health promotion facilitated people with mental disability return to the community.

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To Develop the Sheltered Workshop for the People with Mental Disability

FANG Chun-Kai, LIN Sheng-Yu

Introduction

A major barrier to employment for people with mental disability is limited access to supportive and non-discriminatory workplaces. In order to create an amicable sheltered workshop in a general hospital, the workers at the department of psychiatry have to work with the other department, for example, accounting office and cashier's office. Moreover, building the brand imaging and keeping the innovation will help the development of sheltered workshop. The article presents the track of a sheltered workshop.

Purpose/Methods

The sheltered workshop, Joy Café at Mackay Memorial Hospital, was established officially in 2006. Joy Café provided coffee, tea, and snacking. From 2011, a unique logo was designed and

registered for Joy Café, and some innovated products were on sale. The purposes of all reformations were to increase the business volume and the average salary. The period of observation was from January 2010 to November 2012.

Results

The total members with mental disability, almost diagnosed as schizophrenia, were 8 in 2010 and 2011, and 12 in 2012. The business volumes were NT\$ 171,616/month in 2010, 220,571/month in 2011, and 305,495/month in 2012. (1 US\$= 30 NT\$) The average salaries of members were NT\$ 6,085/month in 2010, 7,064/month in 2011, and 7,744 in 2012. The stability rate in these 3 year was near 90%; only two member leaved in the period.

Conclusions

Vocational rehabilitation at a sheltered workshop in a general hospital is not a dream only but also practicable. Comparing to an independent sheltered workshop, a sheltered workshop provides more chance to communicate with general population. The increasing salaries will empower people with mental disability to enhance their motivation to return to the health life style.

Comments

The sheltered workshop, Joy Café, was supported by Labor Affairs Department, Taipei City Government and Department of Psychiatry, Mackay Memorial Hospital. The service of health promotion facilitated people with mental disability return to the community.

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Mental health, health care utilisation of immigrants in Reggio Emilia province, Italy

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Introduction

Immigrants in the Province of Reggio Emilia were 13% of the resident population in 2011. The Reggio Emilia Local Health Authority is equipped with a Mental Health Department (MHD), which has outpatient clinics in the area with different intensities of care and an inpatient department in the main hospital of the province. Access to the MHD is the expression of the mental health profile conditioned by the perception of the disease and awareness of the health care programmes.

Purpose/Methods

To calculate the prevalence of access to the MHD of immigrants and assess the difference with respect to Italians. Methods: The study includes residents aged between 15 and 64 year, in charge of MHD from 2009–2011. The following were calculated: prevalence according to sex, citizenship and the first 10 foreign nationalities; proportional distribution of the diagnoses by sex and citizenship; Standardized Prevalence Ratio (SPR) and relative Confidence Intervals (CI 95%) for the first three diagnoses of immigrants.

Results

The prevalence for Italians is twice that for immigrants, for both genders. Citizens from Sub-Saharan Africa and Latin American countries generally show higher levels than those calculated for immigrants as a whole. The most frequent diagnoses of immigrants do not fall within the psychosis category. About 20% of immigrants are in charge for problems not strictly connected with mental disorders, in particular for learning and family relationship problems.

Conclusions

Access to MHD by immigrants is lower compared to Italians and the most common diseases reflect intrinsic conditions to the migratory phenomenon such as cultural rooting out and social fragility. An excess prevalence among subjects from Sub-Saharan Africa and Latin America is observed, which could be due to both objective increased psychic suffering and a greater propensity to access to the care of the MHD.

Comments

The results are consistent with similar studies reported in literature. The phenomenon is influenced by the healthy migrant effect but could be underestimated due to the logistic and cultural barriers already highlighted for access to other types of health services. It could be interesting to conduct a survey among immigrant patients to find out which reasons and obstacles are found for accessing this service. The point of view of the operators could also provide inspiration for understanding the phenomenon better.

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Better result with mental health promotion in suicide prevention

SU Powen**Introduction**

Suicide mortality rates in Taiwan have been among the top ten causes of death for the past years. In response to this crisis, the Department of Health started a suicide prevention programs in 2006. The suicide rate decreased from 16.6% to 13.8% in 2010. Compared to the whole of Taiwan, that was the best

result in the rate of committed suicide in Hsinchu County in the past 3 years. The reasons should be explored.

Purpose/Methods

We tried to use retrospective methods to compare the differences in suicide prevention strategies among different Cities or Counties, including geographic characteristics, programs for people who have suicide attempts, characteristics of suicide care visitors, and various other mental health resources.

Results

The suicide rate decreased 11.4% in Taiwan from 2010 to 2012, but it decreased about 47% in Hsinchu County during the same period. Hsinchu County is not as urban as Taipei City. The visitors for people suffering a suicide crisis stayed longer, had more experience, and had a very high home visit rate relative to call visits compared to other cities. They emphasized a mental health promotion with positive living attitude and psychosocial interventions for those who had suicidal impulses.

Conclusions

Home visits of people suffering a suicide crisis may have benefits for suicide prevention. We need to advocate positive attitudes for living with psychosocial intervention in executing suicide prevention programs. Suicide care visitors would also stay longer if they had a better vocational health promotion institutions with more comprehensive professional education.

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Patient Empowerment Programs in Community Psychiatric Rehabilitation Centers

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Introduction

Patient Empowerment is the fundamental of social interaction with a crowd in community. Based on the psychiatric stability and decision making ability, people with severe mental illness produced the empowerment and got recovery. The community psychiatric rehabilitation centers are established to help them interact with the society well and comfortable. The centers provide multiple activities and trainings for individual difference and needs.

Purpose/Methods

One of the rehabilitation programs is the Tan Yi Team for climbing ladders. Due to the education of obesity and metabolic syndrome by professionals, people with severe and persistent mental illness in these centers noted the health promoting information and prepared to exercise daily. Besides the exercise program in the centers, the Loss Weight Program is also the



national health promoting projects. Ten Yi Team of climbing ladders was started with around 10 clients and climbed from 1st to 10th floor daily.

Results

The team has been sustained for almost 20 months till now and the members are still around 10. Though the once ladders climbing a day, some clients automatic to invite new members to have twice ladders climbing daily. The social network and peer support between each other are initiated and increased. The others clients in the centers were affected by the Ten Yi Team and by the way induced their empowerment.

Conclusions

Severe and persistent mental illness is one kind of chronic illnesses, and health promotion is viewed as an important factor for sustained health, quality of life and efficiency of care. Depended on the health promoting programs in the centers, the clients have the decision making opportunity and make the choice for themselves.

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Improved Medication Review Within Psychiatric Care

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Introduction

Our project group works on the problems related to polypharmacy in Skaraborg Hospital, Division of Psychiatry. The National Board of Health and Welfare (Sweden) defines polypharmacy as administration of 10 or more medications, administration of three or more psychotropic medications, double medical orders. Västra Götaland is the first in Sweden when it comes to prescribing sedatives and hypnotics. As of November 2011, there were 87,5% of the inpatients who met the criteria of polypharmacy at our hospital.

Purpose/Methods

Our team includes specialist doctor, resident doctor in psychiatry, pharmacist and system developer. We analysed all medical orders for inpatients. Inclusion criteria were polypharmacy and interactions between medications. The patients subscribe consent form, fill in the UKU side effects rating scale and the EQ- 5D health outcome scale. Our project group advises the responsible doctor how to decrease or cancel inappropriate medications. Then we follow up patients clinically and control scales (UKU, EQ- 5D), health and mental condition.

Results

Having written 160 pharmaceuticals reviews, we made the first interview with 39 patients. For all these 39 patients we were

able to reduce potential interactions successfully. Dropout was 11 patients, 24 patients came back for the second visit. Four new patients are waiting for the second interview. Among those patients who had a second interview 79,2% had fewer side-effects, 75% improved in terms of mental and health condition.

Conclusions

With the cooperation of the doctors in our hospital and our project team we could significantly improve the interaction and side-effects rate in inpatient care. The follow-up of the patients are being more effective and controlled. Our target is a better life quality for our patients. We continue this project in the inpatient care. Next year we would like to expand it to cover outpatient care within our region.

Comments

Project group: Gabor Szalo MD, Resident doctor in psychiatry
Csilla Soos, Pharmacist Håkan Ganelind, System developer
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“Learning to be human” – a qualitative study of staff experience of dialectical behaviour therapy and the therapeutic alliance

LARSSON Birgitta

Introduction

People with psychiatric problems, despite efforts in recent decades still experience vulnerability. Patients with borderline personality disorder (BPD), where self-harm is common, often live in difficult and complex social relationships because of their illness. Additional knowledge and studies about mental illness, self-harm, dialectical behaviour therapy (DBT) and the therapeutic alliance are needed.

Purpose/Methods

This study aims to examine how staff perceive and describe: DBT as a treatment method; the therapeutic alliance and the importance it has for treatment. The study utilises a qualitative approach with a qualitative content analysis method and presents earlier research on DBT and the therapeutic alliance. The empirical material consists of focus group interviews comprising three DBT - teams. The theoretical framework is based on attachment theory which addresses the dynamics of close relationships.

Results

Results show that DBT - teams describe patients with self-harm as vulnerable. Here, self-harm represents a way to reduce aggression and make life bearable. DBT is produced as a collaboration between therapist and patient, giving patients the

opportunity for a new secure attachment to achieve self-respect and a meaningful life. The teams assess DBT as successful and effective. The therapeutic alliance is seen as an emotional and social interaction and is considered the most important tool in the treatment.

Conclusions

Patients who self-harm may indicate insecure and lack of attachments. Through DBT, trust and confidence are trained and developed to enhance attachment patterns. New aspects emerge such as the significant role of relatives and the team and the importance of feeling hope. The health professional's knowledge of the BPD affects the care and the treatment. In a broader discussion of health determinants, health care, early intervention, cooperation and long-term measures are assessed to be important factors for promoting health.

Comments

The study was conducted on behalf of the Psychiatric Clinic, Local Health Care Services in central Östergötland, Östergötland County Council, Sweden.

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Empowerment created between patient and profession in psychiatric care through user involvement in health-oriented research

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Introduction

There is a call for user involvement in healthcare and clinical research. In this PhD study six users (advisory team) are involved at all stages of the research process, as distinct to participating in research as an informant. The aims of the PhD study are to develop knowledge on positive mental health, and how to promote and protect positive mental health in psychiatric care. Experiences from user involvement in this PhD study will be presented.

Purpose/Methods

The purpose is to explore and document experiences on how service users can be involved in a health promotion study in psychiatric care. User involvement is active engagement by research advisors with experiences from mental health services, in planning and undertaking research, and in disseminating research results. The involvement continues through the entire research process. In this PhD study experiences with user

involvement will be documented in agendas, minutes of meetings, process memos, notes and written reflections.

Results

Persons with mental disorder and experiences from treatment and care in hospital or experiences as next of kin form an advisory team. They are involved in the design of the study, development of study information and interview guide, and participate in discussions about issues that arise throughout the entire research process. Experiences from setting up and running the team, facilitating a good group climate and working process will be presented by members from the advisory group and the researcher.

Conclusions

Service user involvement can fundamentally influence the research to be more clinically relevant, raise new research questions and contribute to more relevant interpretations. The members of the advisory team have competence and experienced insight which is essential for the researcher. Health promotion projects seem especially suited for user involvement, but how is fruitful involvement carried out? Can user involvement be a mean to reduce the time from research results emerge till they are implemented and useful in clinical practice?

Comments

To present the project and findings on conferences is an important part of a PhD study. The advisory team in this PhD study aims to participate in all parts of the study. It is therefore important to contribute in the design of an abstract and eventually in a presentation on the conference. All the members of the advisory team have contributed and are co-authors of the submitted abstract and are prepared to present on the HPH-conference.

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Becoming a Health Promoting Hospital – Implementation strategies at Stavanger University Hospital in psychiatric care

SANDVIK Åsne Gro, ENOKSEN Espen Andreas

Introduction

Hospitals are complex organizational systems working within organizational networks of interdependency. In becoming a Health Promotion Hospital Stavanger University Hospital have chosen implementation strategies where we acknowledge that the capability, the motivation and the opportunity for health promoting activities varies within the hospital. In our implementation strategy we arrange for a positive spillover effect



from one treatment unit to another, trying to make health promoting activities “contagious”, and in this way becoming a Health Promoting Hospital over and over again.

Purpose/Methods

By actively using the five core Standards for Health promoting in Hospitals we are ensuring a joint check list in the implementation process. We have focused strongly on identifying the need for health promoting activities and on obtaining good work descriptions in different settings. The health promotion work should be evidence-based and we encourage research activities affiliated to the activities in order to expand the knowledge base for health promotion in hospitals. We integrate health promotion in strategic planning related to coordination, cooperation and quality work. And we strive to be an active member in both the national and international network of HPH.

Results

We have developed what we call a “program community” within the Psychiatric division consisting of more than 100 people working actively with SUH becoming a Health Promotion Hospital and we have identified the need for health-promoting activities aimed at hospital patients focusing on physical activity and nutrition. Brief alcohol intervention to patients has been improved. And as a result of our work in this field we are leading the International HPH Task Force on Alcohol and Alcohol Interventions. In various divisions of our complex organization, health promoting activities are being described and related to the five core standards for Health Promoting in Hospitals.

Conclusions

One might say that we are building our Health Promoting Hospital brick by brick using the five core standards as tools in this joint (ad)venture. Health promotion in hospitals often tends to depend on enthusiasts. By building an inclusive program community, it makes the work less vulnerable. Being inclusive and focusing on implementation as a continuous process, we can exploit opportunities for strengthening Health Promotion in Hospitals when opportunities present themselves. It also means that the work is not static, but open to changes.

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The role of the dementia nucleus and the cognitive disorders centre in the continuity of local care of B.P.S.D.

BOIARDI Roberta, CECHELLA Sergio, RICCO' Daniela, FINELLI Chiara, FERRARI Patrizia, MOROTTI Ernestina, GESMUNDO Laura, CHIARENZA Antonio

Introduction

BPSD are often difficult to manage at home due to the high healthcare, emotional and relational load that this phase of the disease involves. When the healthcare strategies put into place by the caregiver, the psychosocial, occupational or pharmacological interventions proposed by the general practitioner and the specialist of the Cognitive Disorders Centre (CDC) are not effective, or when the caregiver needs support, therapeutic admission to a specialist environment is required, such as the Dementia Nucleus (ND). The CDC guarantees continuity of care and integration between health and social services throughout the social-healthcare network

Purpose/Methods

When patients with BPSD resident in the southern area of the Local Health Unit of Reggio Emilia (Montecchio, Castelnovo ne' Monti, Scandiano) are no longer manageable at home, the caregiving team, the CDC looking after the patient and the UVG (Geriatric Assessment Unit) identify the ND (of Villa Minozzo) as a suitable place for care and decide on how long the patients should stay there based on personalised targets jointly with the family. This is for fixed-term admissions, reserved for patients with dementia with NPI ≥ 28 . The reception at the nucleus involves the whole team (geriatrician, psychologist, nurse, social-health operator, physiotherapist, animator), who weekly updates the care plan and periodically meets up with the patient's relatives. The CDC looking after the patient also makes sure it is constantly updated.

Results

The length of the stay at the ND is connected with the time needed to reach the targets on the Individual Care Plan, with the aim of reducing and stabilising behavioural disorders, maintaining and/or restoring residual functional abilities and social skills, optimising the pharmacological intervention and managing the comorbidities. Of the 221 patients admitted and discharged since opening, 1-11-2004 until the end of 2012, 102 were discharged home, 104 were discharged in nursing homes, 8 died and 7 were hospitalised. Only 16 patients needed to return to the nucleus. From the monitoring carried out, no patient contacted Accident and Emergency for psycho-behavioural decompensation in the six months following discharge.

Conclusions

The specialist intervention of the ND is not defeated, and each patient's care programme is long-lasting, when the different clinical-care-organisational competencies of the ND are integrated with those of the CDCs in the local area, guaranteeing continuity of care. This allows the discharge of the patient and reintegration into normal life, or, in any case, into a point of the local network suited to the care needed. Monitoring of the evolution of the symptoms and suitability of treatment, ensured by the collaboration between the ND and the CDC, prevents repeated admissions to the ND, as well as the improper use of the Accident and Emergency service and hospitalisation.

Comments

Considering the organisation and local diffusion of the network of services, in the spirit of Regional Law 5/94 and the Emilia-Romagna Region Dementia Project (Regional Government

Decree 2581/99), the basic choice for the care of people affected by dementia and their relatives hinges on the development, qualification and specialisation of the existing social-healthcare network, and envisages some dedicated points such as the NDs and the Dementia Day Centres. The ND is the point in the network of local services with high specialist value and, over the years, it has confirmed its status as a necessary place for the management of psycho-behavioural decompensation in patients with dementia.

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Session P1.5: Age-friendly healthcare

The Role of Electrocardiogram for Prediction of 8-year Mortality: A Prospective Study of the Taipei Health Exam for the Elderly

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Introduction

The electrocardiogram (ECG) is one of the routine exam in the Taipei free health check-up for the elderly annually. Except definite abnormal findings, many ECG findings are considered non-specific because the ECG readings are transiently recorded without clinical symptoms. The importance of these findings was obscure. We aimed to examine the role of ECG in the prediction of cardiovascular mortality with the Taipei Elderly Health Examination Databank (TEHED).

Purpose/Methods

In 2001, 27009 Taipei City elderly citizens who received free Physical Health Examination at hospitals in Taipei were invited to participate in this study. Subjects were followed up to ascertain their survival with information from the National Registry of Mortality till the end of 2008. The association between risk factors and cardiovascular mortality or ECG abnormalities were assessed by chi-square test or t-test. We calculated crude and adjusted odds ratio for mortality using logistic regression model.

Results

A total of 4322 deaths were observed in the study period, with an average 6.9-year follow-up. Subjects with an abnormal ECG experienced a greater risk of cardiovascular and all-cause mortality. After controlling confounding factors, participants with APC(s), VPC(s) or sinus arrhythmia were associated with cardiovascular and all-cause mortality. Likewise, participants with CRBBB, pacemaker rhythm, atrial fibrillation, non specific

ST-T change, myocardial ischemia, left atrium enlargement, and atrioventricular block were also associated with a greater risk of cardiovascular and all-cause mortality.

Conclusions

ECG in health exam can be used to estimate mortality noninvasively, easily, and efficiently. ECG is still a good tool for prediction of cardiovascular events in routine health exam. In addition to the atrial fibrillation, myocardial ischemia, left atrium enlargement, and atrioventricular block which have been known to correlate to adverse outcome, the VPC(s), APC(s), CRBBB, pacemaker rhythm, and non specific ST-T change were also found to associate with higher cardiovascular mortality.

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Integrative palliative team care for elder dialysis patients in hospital of rural area

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Introduction

Since 2009, the Bureau of National Health Insurance in Taiwan has expanded the indications of hospice to include those with non-cancer terminal conditions. Appropriate assessment and early referral are considered as important tools which help nursing staffs understanding the terminal expectation of patients and their families so as to offer needed service.

Purpose/Methods

Assessing group includes hemodialysis nurses, nephrologists, and palliative doctors who assess those nearly end-of-life routine dialysis patients with holistic medicine concept. The assessing group will hold structural family meeting with patients and their families based on the clinical pathway and associated assessing tools of Dalin Tzu Chi Hospital kidney care team. Hospice care includes outpatient, home, and hospitalization will be suggested according to the result of meeting.

Results

From October 2009 to August 2012, there are fourteen hemodialysis cases were proceed to undergo structural family meeting. Among the fourteen, ten has died with an average of 76 years old and DNR were signed by families before they died. The families' awareness of patients' condition reached 100%. The other four alive patients with an average age of 84.5 years old. The families also know about patients' condition totally,



Conclusions

To use the clinical pathway and associated assessing tools of Dalin Tzu Chi Hospital kidney care team allows nearly-end-of-life patients to have proper treatment and in line with the expectations and wishes of the patients and their families.

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The Associations among the Life-style, community environments and Metabolic Syndrome of the Elderly in Taiwan

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Introduction

The incidence and mortality of people with metabolic syndrome are increasing. The aim of this study is to investigate the associations among the lifestyle, community environments, such as the distance of athletic fields or parks, the distance of fast food shops and convenience stores, and the distance of factories, and the metabolic syndrome of the elderly in Ping-Jen county in Taiwan.

Purpose/Methods

We collected the information of the subjects older than 65 enrolled in the "community health screening program" conducted by the Landseed Hospital from 2005 to 2010. The variables included the lifestyle, education level, monthly family income and the addresses of the elderly. The Googlemap API software was used to calculate the walking distances and the time expended between the residence and the community environments. Multiple logistic regression was used to calculate the odds ratios.

Results

A total of 1160 elders were participating in the program. Male elders had a higher possibility of having metabolic syndrome than female (OR = 0.597, 95% CI: 0.446~0.799). The participants who exercised had lower possibility of having metabolic syndrome than those who did not exercise (OR = 0.736, 95% CI: 0.553~0.98). The distances between community environments and the elders' residences were not significantly related to the status of metabolic syndrome.

Conclusions

For the elderly, doing exercise is more significantly related to the status of metabolic syndrome than having an exercise environments nearby. To prevent metabolic syndrome, doing exercise is suggested intensively especially for the elderly.

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Metabolic syndrome is a risk factor of chronic kidney disease in nursing home residents

CHEN Lo-Ho, MU Chia-Fen, HSU Chao-Yu

Introduction

The prevalence of end-stage renal disease (ESRD) in Taiwan is the highest in the world, hemodialysis accounts about 7% of the expenditure of the National Health Insurance. Furthermore, metabolic syndrome was found in 19.7% Taiwanese adults. The objective of this study is to identify whether metabolic syndrome a risk factor of chronic kidney disease (CKD) in nursing home residents.

Purpose/Methods

The residents from 3 nursing home, who received health examination between January and June 2012, age 55 years or greater were enrolled in this study. None of them received hemodialysis or kidney transplantation. They were categorized into two subgroups according to estimated glomerular filtration rate (GFR): <60 and ≥60 ml/min. Advanced CKD is defined as estimated GFR less than 60 ml/min. Metabolic syndrome are defined by the National Cholesterol Education Program Adult Treatment Panel III (ATP III) Report.

Results

Among 53 nursing home residents, 16 (30%) had estimated GFR below 60 ml/min. They had significantly higher waist circumference ($p < 0.01$), triglyceride ($p < 0.01$) and lower HDL ($p = 0.03$). Twelve (75%) nursing home residents with advanced CKD had metabolic syndrome (OR 4.40, CI 1.19-16.28, $p < 0.05$), which was diagnosed in 15 (40%) of those without advanced CKD.

Conclusions

Metabolic syndrome is a risk factor of chronic kidney disease in nursing home residents. Most of nursing home residents with advanced CKD have poor control of associated risk factors, including obesity, hypertension, dyslipidemia, and hyperglycemia. For health promotion, physicians should manage those risk factors and educate the residents actively in long-term care facilities.

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The Effect of Health promotion Program Intervention for High Risk of Hypertensive and Hypercholesterolemia in Middle Aged and Elderly Population

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Introduction

To evaluate the effectiveness of a health promotion program targeting people who with high-risk of hypertension and hypercholesterolemia.

Purpose/Methods

The study samples were selected from residents living in the Shilin District of Taipei, Taiwan, aged from 50 to 70 year old adults. Using purposive sampling and random assignment divided into experimental and control group. Participants completed assessments at the baseline and at a 6-month follow-up. The instruments used for data collection consisted of an assessment of self-efficacy towards the management program, a summary of hypertension and high cholesterol self-care activities, health outcomes and an assessment of physical fitness.

Results

Eighty-four participants (mean age=60.13±6.32) were evaluated throughout a 6-month study period. The results indicated that there was no change in triglyceride and LDL-cholesterol. However, the BMI ($p=0.017$), SBP ($p<0.001$), DBP ($p<0.001$), HDL-cholesterol ($p=0.017$), Self-Efficacy Scale ($p=0.002$), Self-Care Activities Questionnaires ($p=0.014$) and Perceived Therapeutic Efficacy Scale ($p=0.023$) had significant improvement between the baseline and the 6-month follow-up.

Conclusions

This study was the first using reliable instruments to measure the effectiveness of the health promotion program based on the self-efficacy theory on people with high-risk of hypertension and hypercholesterolemia in Taiwan. The usage tended to have a positive effect on the participants' self-confidence and helped them to maintain a higher level of both behavioral and physical health. Through promoting to the community, the program must have a good effect in general but not limited among chronic people or patients.

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Analysis of glycemic control in geriatric patients with Insulin Rotary Disc

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Introduction

As the statements of ADA, self-monitoring of blood glucose(SMBG) is helpful to guide treatment decisions for patients using insulin injections. We developed an Insulin Rotary Disc (IRD) as a tool for our patients to titrate their insulin dose based on a simplified algorithm. The disc also defined the timing and frequency of SMBG. In our older adults, HbA1C improved significantly after 3 months and 6 months with mean reduction of 2.02% and 2.14% without increment in hypoglycemia.

Purpose/Methods

Patients self adjusted their insulin dose every 3 days according to the mean of self-measured fasting plasma glucose values the three previous days by using the forced titration algorithm described in IRD. Patients under twice daily injection with premixed insulin are advised to adjust their insulin dose before dinner first then target for the dose before breakfast. Patients are advised to self-titration once a week only until their pre-meal blood glucose level stabilizes.

Results

76 type 2 diabetes patients (29 were > 65) under insulin therapy (long acting insulin analog once daily injection or premixed insulin analog twice daily injection) were included. Baseline-adjusted HbA1c changes for patients ≤ 65 versus > 65 years old were -1.9% versus -2.1%, with final HbA1c achieving 8.3% and 7.6%, respectively. Minor hypoglycemia was reported in 14.9% and 31.0% of patients ≤ 65 versus > 65 years old, respectively. Major hypoglycemia occurred in 2.1% and 0% of patients.

Conclusions

Empowerment is associated with healthcare skills. It can increase the willingness of patients and family to improve glycemic control. With the use of IRD, long-term telephone follow-up, and education to prevent hypoglycemia can help geriatric patients to learn problem-solving skills at home. This ensures early stabilization of blood sugar level without increasing the incidence of hypoglycemia, eventually leading to empowerment and health promotion.

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The Investigation of Middle-aged and Elders' Self-management Cognition of Chronic Diseases in Taiwan

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Introduction

In decades, the rate of chronic diseases of middle-aged and elders in Taiwan such as high blood-pressure, diabetes and chronic kidney diseases have gone way up, so we should understand the medical utilization and their self-management cognition of these groups.

Purpose/Methods

This study used the 『Survey of the Health and Living Status of the Middle-Aged and the Elderly in Taiwan』, which was constructed by Bureau of Health Promotion, Department of Health. Respondents who completed this survey by themselves were analyzed and it contained 5,116 middle-aged and elders. The cognition of self management included preventive behavior and knowledge, self care behavior about common chronic diseases (high blood-pressure, diabetes and chronic kidney disease).

Results

There were 69.6% cases being poor performance about knowledge of disease. Also, there were 51.9% cases about prevention of disease and 42.4% about self care knowledge being poor performance. We also found the results showed that the cases have not been to out-patient last year (45.9%, $P < 0.05$) and have been hospitalized last year (49.7%, $P < 0.001$), being poor performance about cognition of self management.

Conclusions

The result found out that if elder haven't been to out-patient or have been hospitalization last year, they would be the high risk population of poor self-management cognition. With the rising aging population, we suggest that public health agencies should pay more attention about these groups and process health education or integration to raise the knowledge of disease.

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The mouth care changed patients and medical workers

YAMADA Masaki, NAKATA Jun

Introduction

It is said that the mouth care is very important. However, there are several elderly people who have not brushed their false

tooth for a long time in the user of the daycare. This study was aimed at investigating some effects of the mouth care.

Purpose/Methods

First, we chose 2 daycare users in its 80s who had difficulty in support of the family then we explained the purpose and method to the family. Next, we gave vocal exercises, mouth gymnastics, tooth-brushing assistance, false-tooth washing, gargling two times per week. Lastly, we observed their standing position, seating position, expression, and their mouth which are false tooth or gum. And we recorded opening situation of the mouth by photography, recognition by MMSE, and their weight for seven months.

Results

One month later, their standing position have improved, they became able to stand by cane with one hand support beside body though they had to use canes with both hands in front of the body-trunk.

They can strongly chew and their corners of mouth are up. It shows facial expression has changed.

They don't mind going somewhere, talking to other people, and they don't feel sleepiness because the balance of the body improved.

They don't have bad breath.

Conclusions

The mouth care changed daycare users and medical workers. It is effective only twice a week. For daycare users; It has improved the oral environment, the function of mastication, the nourishment; physical functions. It means the mouth care gave joy in life. And some of other daycare users have done tooth brushing. For medical workers; We were convinced to do mouth care even if it is once a week and it gave us high awareness. It means our quality of work will be better.

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Study the effectiveness of exercise intervention for chronic pain and physical fitness for the elderly

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Introduction

exploring whether through 12 weeks of exercise training health fitness, increase the fitness of joints and reduces pain, thereby increasing the self-care ability of daily living.

Purpose/Methods

37 elderly people over 65 years old (average age \pm 7.69 to 75.08) from gaoshuxiang and SanDiMen, who completed full participation. IADL assessments tables, simple pain scale score

and functional fitness test were measured and subject daily life self-care ability, chronic pain and physical fitness levels were evaluated.

Results

results found that 12 weeks of exercise intervention can improve the subject pain score and activities of daily living and physical fitness level. The impact of chronic pain on the subject living, activities of daily activities and physical fitness, muscle strength of lower limbs of was improved with significant difference ($p < .05$).

Conclusions

Our results showed that implementation of exercise intervention campaign can improve pain score and activities of daily living and physical fitness levels. We proposed that future related research in curriculum design for the elderly on daily physical functioning to strengthen and improve their self-care ability of their daily living.

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The nutritional status of Japanese elderly

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Introduction

Japan is going to reach a super aging society that the human has never experienced and now in 2012, Japanese population over the age of 65 is 22 million people. In that era, how healthy elderly people are? Can they maintain their quality of life? We investigated these problems in Tokyo area.

Purpose/Methods

To clarify the nutritional status of the Japanese elderly who need long-term care. We assessed the health conditions of people living in their home and taking care by care-givers. We categorized the enrolled cases by the Long-Term Care Insurance Act (one of Japanese acts) and checked the nutritional status by the Mini Nutritional Assessment® (MNA®). The MNA® is the most well validated nutrition screening tool for the elderly and consists of 6 questions and streamlines the screening process (<http://www.mna-elderly.com/>).

Results

127 cases were registered. We categorized them into six groups. These groups were determined depending on the level of long-term care required by the Long-Term Care Insurance Act. "Supported required" is the minimum dependence, "Care level 1" is next, and "Care level 5" is the maximum. 77% were older than 75 years old, and the average age was 80.6. 27% of

them were categorized as "Care level 5", and 37% were malnourished, and 42% were at risk.

Conclusions

The population over the age of 65 is 22 million in Japan, 2011. 5% of them are taking long term care. Of people who need long-term care, 40% are malnourished, and 40% are at risk. We found that the Japanese elderly who need long term care is poor nutritional condition. Unfortunately, they are not able to maintain their healthy life. We need to consider the improvement of their quality of life.

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Effect of oral health related quality of life on the nutritional status of the elderly in facility.

HUANG Ru-Jie, SU Chiu-Ping

Introduction

Oral health-related quality of life is an important indicator of the oral health survey in recent years. But the study about oral health-related quality of life and nutritional status in elder in institutions is limited.

Purpose/Methods

This study is to investigate the relationship between oral health-related quality of life and nutritional status in elders living in conservation agencies. By a purposive sampling, cross-sectional study design. this study was performed from March 1, 2012 to May 31, 2012 in a large registered retirement center in Taipei. There were 85 elderly in the facility agreed to join the study. We performed assessment with Mini Nutritional Assessment scale, blood biochemical parameters and oral health status assessment scale questionnaire

Results

After the evaluation, the overall scores of elderly oral health condition ranged from 36 to 80 with average of 66.41(± 10.24). The higher score indicated the better the oral health. According to the statistical analysis, there was an obvious correlation between oral health quality and nutrition condition. The subjects who were higher the score in oral health were also higher score in MNA, ALB and TG.

Conclusions

The study found that the effective and proper oral hygiene health not only can increase the nutritional status of the institutionalized elderly, and can enhance their health-related quality of life.

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Meal Service for Seniors Living Alone in a Community

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Introduction

The number of seniors is 11% of Taiwan's population and indicates that Taiwan has become an "aging society". In Taipei City, approximately 5,072 seniors are living alone. Solitary seniors are at a high risk of malnutrition because they are less efficient in preparing meals for themselves when affected by physical disability. Our hospital in collaboration with city government, and community teams, launched a meal service plan for solitary seniors in hopes of improving homecare and reducing the risk of malnutrition.

Purpose/Methods

Considering the nutritional needs of each individual, optimal content and texture of meals were designed by dietician and meals were delivered by volunteers. Acting as initiatives of festival visits to involve seniors in social activities. Satisfaction and feedback was regularly reviewed to improve the quality of service. Combined with physicians, nurses and dieticians to provide basic physical examination, medical and nutritional consultation for "Health Care Plan". This project minimized the difficulties of medical access while maximizing social support to them.

Results

Since its launch in 2010, approximately 2800 visits were performed and approximately 86,453 meals were delivered to lessen the problems of the elders living alone to enjoy a meal; meanwhile, elders celebrated the traditional festivals in three annual New Year reunions, and were provided with festival meals during the Mid-Autumn Festival and Dragon Boat Festival. Ninety percent of the elders were satisfied with the service.

Conclusions

By visiting and delivering meals to seniors living alone in the community, direct care for these elders becomes available to facilitate social interaction and to minimize isolation. To avoid the problems and burdens associated with the elders living alone in the community due to care shortage, it is essential to establish a comprehensive community care model based on the provision of assistance required, assessment of physical and mental fitness, and the need of social support.

Comments

In the future, a structured meal delivery model for Solitary seniors in a community may be created to extend its availability in different settings to maximize coverage.

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Recognition and treatment of malnourished elderly hospitalized patients

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Introduction

According to domestic and foreign studies about 30% of elderly patients in hospitals and in long term care facilities are malnourished. Malnourishment leads to prolonged treatment times, slowed healing and this way also to an increase in health care cost. A ward in the internal Medicine department of Turku University hospital has conducted a Nutrition project of which purpose is recognition, treatment and prevention of malnourishment in hospitalized patients.

Purpose/Methods

The multidisciplinary Nutrition Project involved the ward's nursing staff, nursing leaders, cleaning service personnel, ward doctor and physiotherapist starting in the Fall of 2011. The project collaborated with Turku University and Turku University of Applied Sciences by including two Master level thesis the project. Methods used in the Project were expert lectures, practical training (for example how to take measurement correctly), workshops, weekly ward meetings and arranging a regional education day regarding malnourishment.

Results

Knowledge development of nursing staff Understanding the meaning of nutritional care Evaluation of nutritional status in all patients (use of NRS-2002, BMI) The use of nursing methods according to the evaluation results: patient education, the daily monitoring of patient's nutrition, intensified nutritional care, mouth health promoting, systematic use of nutritional supplements Clarifying and unifying nursing documentation Increasing the use of expert services (for example nutritional therapists, dental hygienist) Development of further care instructions

Conclusions

The meaning of nutritional care is great for success of patient's total treatment. Multidisciplinary co-operation plays a key role in the realization of a good nutritional care. An increase in the knowledge of nutritional care of nursing staff is needed.

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The Effectiveness of a Healthy Aging Intervention Program on the Mental Health of the Elderly Community

CHEN Wen Chun, LIU Tz Jie, SU Pei Hung

Introduction

Taiwan's aging population passed 7% in 1993. With 2.53 million elders today and continued extension of average life expectancy, our society has the responsibility to help them maintain their mental vitality and "age successfully" in their retirement period, which can be as long as 30 years. This study investigates the effectiveness of a healthy aging intervention community program to improve the emotional well-being of the elderly.

Purpose/Methods

Sixty-four elders (age > 65) from Chiayi City, Taiwan served as subjects in our study, with 29 (average age 72.34) in the experimental group and 35 (average age 74.06) in the control group. The experimental group participated in music therapy and "nostalgic group lessons" for a period of two months and afterwards both groups were evaluated using the short form of the "Geriatric Depression Scale" (GDS-15).

Results

In the experimental group, 26 (90%) subjects had normal GDS-15 scores, generally regarded as five or below. Three (10%) were mildly depressed (GDS-15 score 6-9) and none in the depressed or severely depressed category (≥ 10). The control group had 28 (80%) in the normal range, five (14%) mildly depressed and two (6%) depressed or severely depressed. The experimental subjects performed better on questions 1, 2, 5, 6, 7, 11, 12 and 13, which assess self-awareness, life satisfaction and self-worth.

Conclusions

After the age of 65, people often face the challenges of aging and "lost roles". If they cannot adapt and thus "age successfully," they may develop symptoms of depression. Numerous studies have confirmed that through participating in social activities, the elderly can reposition their role, and psychologically adjust to the aging process, and effectively enhance their mental health.

Comments

Aging is a journey everyone must go through, unless they meet with premature death by disease or misadventure. Policy makers, caregivers and the elderly themselves should put importance on this issue of "successfully aging." In addition to enhancing the quality medical care for physical health of the elderly, we should also pay attention to promoting their emotional well-being. Local governments, relevant community organizations and the family of the elderly should aggressively explore ways to keep them socially and mentally engaged.

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Screening for Elderly Suicide Prevention Project in a General Hospital

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Introduction

Elderly suicide rates are higher than the other generations either in the world or in Taiwan. As previous surveys, almost elderly suicide behaviors were related to chronic physical diseases or mental disorders. Distress and depression screening for elderly people with chronic disease should be considered for suicide prevention. Because they always went to hospital for following every 3 months in Taiwan, we designed a project to screening distress and depression in a general hospital.

Purpose/Methods

Nurses or research assistants used Distress Thermometer (DT) which developed by NCCN at the outpatient clinics among Neurology, Cardiology, and Family medicine, and at the oncology wards. All elder patients (65 \geq y/o) were invited to join the projects. If we found DT ≥ 5 points, the elder patients were assessed by the Patient Health Questionnaire (PHQ-9). If the scores of PHQ-9 were higher than 14, we tried to consult the appropriate staff to help the elderly. The period of the project was from September 2012 to December 2012.

Results

There were 2024 elder patients (1856 outpatients and 168 inpatients). 146 outpatients (7.87%) with DT ≥ 5 were found, and 24 outpatients (1.40%) with DT ≥ 5 and PHQ-9 > 14 were detected. 56 inpatients (33.33%) with DT ≥ 5 were found, and 8 inpatients (4.76%) with DT ≥ 5 and PHQ-9 > 14 were detected. All patients with DT ≥ 5 and PHQ-9 > 14 were transferred to appropriate staff by emotion support.

Conclusions

Comparing to the community-based projects with screening for elderly suicide prevention, the general hospital-based project was more efficient and acceptable by the elderly in Taiwan. However, we need the other long-term survey for the project to evaluate the efficiency.

Comments

The preliminary project was supported by the Department of Health in New Taipei City. In addition, 75% patients with both high distress and depression were suffered from physical problems, so medical staff should care both their physical and mental suffering for suicide prevention.

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The Community elders with Dementia and Depression screening Status

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Introduction

The elderly population is rapid growth in Taiwan. The age-related disease caused poor physical condition obviously in this population. The elderly with dementia would lead to physical and psychological state imbalance. Hospital integrates with community for health promotion by hospital is necessary for this elderly population. To hold community care service and medical consultation service time to time in community.

Purpose/Methods

The subjects were the elderly people living alone in Render district, Guei-ren district and Guanmiao district. The physical and psychological screen and health education were held for these elderly people in these communities. Measurement tools used for assessment and screen: Geriatric Depression Scale-15.

Results

303 communities early were screened, 61% were female, 16.6% live alone, 39.8% were helped by children. In depression status, 11.6% has the tendency toward depression, 3.6% reached depression diagnosis. 6.3% female with the diagnosis of Depression, higher than male ($P < .05$); economic sources, tendency by relying on savings or other live mostly accounted for 22.7% had the tendency of depression rely on saving and others, it was higher than rely on retirement pension, and children helped (6%) ($p < .008$).

Conclusions

The community elderly with depression symptoms found no significant differences in age, education level, marital status and living conditions of different, but significant differences due to different gender and economic sources.

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Human Resources Training and Improvement of the Quality in Dementia Treatment

HIRATA Wataru, MASUDA Keiko

Introduction

In Japan, there are more than 3.05 million elderly people with dementia (8.9% among over 65 years-old) in 2012, and there will be 4.70 million (12.8%) in 2025 according to the national report. It is difficult for the aged with dementia to have a peace-

ful life both in hospitals and in regional areas. Therefore training in human resources is an urgent issue in treating cognitive disorders. This is a report about our experience in training staff and methods to improve the quality of dementia care.

Purpose/Methods

We established the "study group on dementia care" covering multiple disciplines in September 2011, and discussed the policy concerning dementia care. The "Center Method" that provides person-centered care was applied to train human resources and to improve the quality of dementia care. We carried this out by following the plan-do-check-act cycle. Step 1: Learning basic dementia care. We set the target level at 100% of our employees and 3% (=1000 people) of the local residents. Step 2: Learning the basic person-centered care, and practicing patient care as a team based on learning. Step 3: Empowering people by promoting dementia care in the community along with regional fellows.

Results

Step 1: 213 staff members (98% of our employees) attended a "Dementia Supporter" course that was the basic national program for citizens. This course was held for local residents, and 108 people attended. Step 2: 60 staff members took the basic course for the "Center Method". They applied what they learned to 14 patients in our hospital. Step 3: 11 staff attended the advanced course for the "Center Method" including cooperation with regional residents and health institutes.

Conclusions

We adopted the "Center Method" and developed the human resources to improve dementia care. Our experience has shown that it is important to work with regional residents and health institutes. It is vital that aged people with dementia can live at ease anytime and anywhere. We have to evaluate quality of life measurements for the elderly with dementia both in hospitals and in regional areas. These are our follow-up tasks, and we also cooperate with the local government.

Comments

Our hospital has 213 beds responsible for the medical care of chronic phase, and has three units for rehabilitation in the recovery stage, long term care, and palliative care. We discussed the policy concerning dementia care in the "study group on dementia care". The "Center Method" is a program that makes use of sheet packs to support people with dementia anytime, anywhere, and lets them continue living just as they are. We think that adopting the "Center Method" in treatment can make a person's life happy, and minimize the damage of environmental changes that is caused by hospitalization.

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15-item Geriatric Depression Scale is linearly associated with all domains of WHOQOL-BREF among community-dwelling older adults

CHANG Yu-Chen, WANG Jung-Der

Introduction

Geriatric depression is an important public health issue among older adults. Many studies showed that depression affects the quality of life (QOL) among people with chronic diseases. However, studies on this topic have generally explored depression on overall scores or specific domains instead of all domains of QOL. Furthermore, most studies categorized subjects as depressive and non-depressive groups. Little is known about whether changes in depression scores would be associated with any score change in QOL among older adults.

Purpose/Methods

This cross-sectional study was to determine the relationship of intensity of depression and QOL in community-dwelling older adults. We recruited people aged 65 or over from the community. We measured the Modified Bethel's Index, 15-item Geriatric Depression Scale (GDS-15), the Mini-Mental State Examination (MMSE), and the brief version of the World Health Organization Quality of Life instrument (WHOQOL-BREF). Multiple linear regression was used to analyze the relationship between QOL and covariates.

Results

There were 185 older adults recruited. The GDS-15 showed linear associations with all four domains of the WHOQOL-BREF. The coefficient estimates of the GDS-15 score on the 4 domains of the WHOQOL-BREF were -0.17 (S.E.=0.06, $p<0.01$) for physical, -0.19 (S.E.=0.06, $p<0.19$) for psychological, -0.11 (S.E.=0.05, $p<0.05$) for social relationships, and -0.12 (S.E.=0.05, $p<0.05$) for environment. The GDS score showed a consistent adverse effect on every facet of the WHOQOL-BREF although only 11 of the 26 items reached statistical significance.

Conclusions

The GDS-15 score is predictive to every domain and many facets of the WHOQOL-BREF among community-dwelling older adults. We recommend taking depressive status into consideration when interpreting patient-reported outcomes measure, such as WHOQOL-BREF, among older adults.

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The Outcomes for "Brain-Activation - Learning Therapy" for Senior Patients with Dementia

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Introduction

In order to slow down the memory loss progression of senior patients with dementia, Nangang District Health Center, Taipei, Taiwan, recruited 22 senior patients with dementia and conducted 14 diversified memory training courses in "Brain-Activation - Learning Therapy". Through these courses to enhance the senior patients' ability of cognition, attention and memory, the hope was to defer the dementia development of the senior patients, and also release the pressure for the caregivers. The outcomes were improving significantly.

Purpose/Methods

Conduct "Brain-Activation - Learning Therapy" courses, by using situational design activities and group dynamics to enhance the function of the prefrontal lobe, to stimulate senior patients to solve problems, to slow down function degradation, to enhance self-confidence and decrease dementia symptoms. Team up 8 volunteers in the community to conduct courses. The assessment tool for the caregiver included "Caregiver Burden Scales". The assessment tools for the senior patients include "Mini-Mental State Examination" and "Brain-Activation - Learning Therapy" course records.

Results

The senior patients' MMSE (Mini-Mental State Examination) had significant improvement, the score jumping from 19 to 24. The score of "120-1 Number Readout" was reduced from 299 seconds before training to 205 seconds after training; the scores for "Mathematical Calculations" from 874 seconds to 699 seconds; "1-100 Number Plate" from 938 seconds to 582 seconds; and the scores for "Playing the labyrinth" from 190 seconds to 123 seconds. The score of caregiver burden dropped from 11 to 7.75.

Conclusions

After the intervention of "Brain activation - learning therapy", the relief in physical and mental load of caregivers is remarkable and the patients' ability of cognition, attention and memory is enhanced. The family members expressed the need of these trainings at home. It shows that the continuous service in the community is meaningful. The center will advocate dementia-related information through community activities, increasing people's understanding and knowledge of dementia. Also continue to team up volunteers to provide individual intervention services.

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The Experience of Dementia Screening in Community in Rural Area

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Introduction

The tendency of aging is increasing and fertility rate is decreasing rapidly in Taiwan, especially for southern county where Dalin Tzu Chi General Hospital located. In 2011, the 65 y/o population in Yunlin County is 16% which is the second old county in Taiwan. Thus, dementia is one of the emergent health care issues of our society. Early detection of the dementia patients and arrangement for the following treatment is the aim of this research.

Purpose/Methods

We provided outreach community health screening programs for the population over 65 y/o in 5 villages of Yunlin County. The 8-item Ascertain Dementia (AD8) screening interview was applied, and arranged for the referral system for abnormal cases to accept the following treatment.

Results

There are 9 sessions of community health screening programs in 5 villages of Yunlin County and 1112 people accepted screening. As a result, the abnormal case are 438(39.4%), the dementia confirmed cases are 24(2.16%).

Conclusions

In early stage of dementia, symptom is not obvious, elderly people didn't know they should look for medical help so they can't have early treatment. Outreach community screening program using simple validated questionnaire to detect the abnormal cases and accordingly to provide further investigation and health education is effective. By these approaches, we hope we could assist dementia patient to improve their quality of life.

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Increasing the convenience of measuring weight for elderly or disable people by Proposing System

HUANG Ying-Chi, CHIU Yu-Chen, YANG Ming-Chih

Introduction

With the increasing in the elderly population, the majority in hospitals patients are elderly people. Therefore, it will be really inconvenient for them to measure their weight if they need. Because they might need their families or hospital staff to help

them stand on scales. Additionally, this situation will higher the risk of falling down as well.

Purpose/Methods

By recording the weight of every kind of wheel chairs in hospitals, to make elderly people can weight without leaving wheel chairs.

Results

By proposing system, it only costs one thousand dollars to make the cards that print the weight of chairs and stick the cards on the wheels chairs. This way will be easier for hospital staff or patients' families to measuring the weight of elderly by subtracting the weight of wheel chairs from the total weight showed on the scales.

Conclusions

By proposing system, it solved the long time harassment of weighting elderly people. Now, hospitals can provide their patients and elderly a safety, comfortable, and convenient environment.

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Life Satisfaction and Associated Factors in Older Taiwanese

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Introduction

The purpose of this research was to examine life satisfaction for the elderly in Taiwan, ages 65 and over. Participants in this age range were surveyed from 1996 to 2003 using various factors - health status, economic status, living arrangements, social support, leisure activities and depression, and were evaluated for whether the life satisfaction was influenced by temporal variation in economic status and social support.

Purpose/Methods

Three surveys taken in 1996, 1999, and 2003 were obtained from the database "The Longitudinal Sample Survey of Health and Living Status of the Elderly in Taiwan" by Taiwan Health Bureau. These surveys encompassed 837 samples. Generalized estimation equations were used to analyze correlations among life satisfaction with perceived health status, perceived economic status, living arrangements, social support, leisure activities and depression for different genders.

Results

The results of the surveys revealed that life satisfaction of elderly males was affected by health status, economic status,

living arrangements, social support, leisure activities and depression. For the interaction of perceived economic status and survey time, taking 1996 data as a foundation, elderly males felt greater satisfaction with life in 1999 due to better economic status. For the interaction of social support and survey time, elderly males felt that social support did not vary temporally to influence life satisfaction. The degree of satisfaction with life in elderly females is affected by health status, economic status, leisure activities, and depression. For the interaction of perceived economic status and survey time, taking 1996 data as a foundation, elderly females felt greater satisfaction with life in 2003 due to better economic status. For the interaction of social support and survey time, taking 1996 data as a foundation, elderly females has greater satisfaction with life in 1999 due to better social support.

Conclusions

In this study, we found that the satisfaction level with life in the elderly has a consistent difference by gender and the different factors that have a temporal influence on life satisfaction.

Comments

The results of the surveys revealed that life satisfaction of elderly males was affected by health status, economic status, living arrangements, social support, leisure activities and depression.

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Complementary Therapies as a choice of care for the older person

HULM Niamh

Introduction

Niamh Hulm is a clinical nurse specialist in complementary therapies in care of the older person in Claremont complex Dublin. The service provided by the complementary therapy department is extended to residents, respite clients, daycare clients and staff. A mobile therapy service also provides therapies in the clients own home. This service was started in 2003 as a response to a very one dimensional medical model of care that existed for the older person in the healthcare setting. This approach did not recognize the true meaning of holism and the effect that pain in all modalities can have on the health of the older person. Health was described by the WHO in 1946 as "A state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity".

Purpose/Methods

This poster aims to illuminate the value and contribution of complementary therapies in caring for the older person. It aims to help health professionals understand how touch therapies through the medium of massage, aromatherapy and reflexology

can ameliorate some of the symptoms of common health challenges as experienced by the older person.

Results

The introduction of complementary therapies in care of the older person has raised awareness of the meaning of health, and particularly in relation to understanding the determinants of health. It has highlighted the unhealthy reliance on drug therapy alone to address all health problems in the older person regardless of the origin or duration of symptoms. The importance of the nurse/complementary therapist as part of the interdisciplinary team has proved useful on many levels in achieving optimal care and wellbeing for the older person.

Conclusions

Complementary Therapies are a valuable response to the limitations of certain drug therapies and complement our holistic approach to the care of the older person. The strength of using these therapies lies in the belief that there exists a seamless connection between our bodies and minds and this is reflected in the health and level of wellbeing experienced by the older person.

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Education in elderly patients with hip fracture

ZANETTI Chantal, LONDERO Carla, GUERRA Laura

Introduction

The Structure of Orthopaedics and Traumatology of the University Hospital Santa Maria della Misericordia in Udine for the continuity of care and patient discharge fragile approving the Protocol shared office with local structures. Until 2011, however, the educational process to a patient with hip fracture occurred in a manner not always structured, characterized by the absence of methodology and information support. The objective was to investigate whether therapeutic education structured and enriched material could play a role in decision-making in relation to the discharge.

Purpose/Methods

Were compared to data from a sample of 2011 patients (45) underwent structured educational intervention at various stages with the delivery of specific information brochure, with those of a similar sample of 2010 (81) who had not received any structured information prior to discharge. The brochure contains selected information about: movement, exercise, prevention of osteoporosis and dehydration, medication.



Results

Patients who received educational intervention in 2011 were 45 (average age 82.5). The comparison sample of 2010 was represented by 85 patients (mean age 85). The interventions were: - 2010: 44.5% hip prosthesis, intramedullary nailing 55.5% - 2011: 51.5% hip prosthesis, intramedullary nailing 48.9%. Discharge: - 2010: RSA 59%, home 32% - 2011: RSA 53.5%, 40% home. There was no correlation between the type of discharge observed in the two groups with respect to having received the educational intervention. Not even a comparison between the type of intervention and destination at discharge showed statistical significance.

Conclusions

The results of the study showed that discharge to the RSA structure rather than to the home is not only clearly dependent on the educational intervention provided during hospitalization. The reasons for this result may be related to factors such as: - Presence of educational interventions already effective, - Legislation favorable to the passage in RSA, - Whether or not the caregiver to take charge of the patient, - Limitations of the study

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The operator and the information of the elderly patient with hip fracture

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Introduction

The hip fracture is a frequent occurrence in the elderly > 65 years with more than 90,000 cases / year in Italy. Mortality in the acute phase is 5% and 15-20% by the year. Less than 25% returns to the physical condition prior to fracture. The study conducted at the structure of Orthopaedics and Traumatology of the University Hospital Santa Maria della Misericordia di Udine (AOU) was designed to investigate the opinion of the operators of therapeutic importance and feasibility of a structured educational intervention user-oriented elderly with hip fracture and to his family.

Purpose/Methods

The study was conducted from 15/06/2011 to 15/07/2011, via a questionnaire of 18 questions with which it was analyzed the views of information and education about the patient. The variables investigated were: - Personal information; - Emphasis on education; - Education usually provided in the ward; - The need of the patient. Were involved 3 doctors, 3 nurses (including the case-manager) and 3 physiotherapists, in order to obtain a homogeneous sample of the operators present in the structure. Data analysis was performed using Microsoft Office Excel.

Results

The questionnaire was completed by 9 health professionals. For 6 of 9 operators the information is "very important" for the remaining 3 is defined as "very important." 100% (n = 9) of them declared to education to patients, mainly transmitting oral information. Most (5/9, more than 55%) for the education a time between 10 and 30 minutes and only an operator (11.1%) devotes more than half an hour. All those involved believe it is important to supplement oral information with written information. Operators for 7 to 9 (77.8%) passage in RSA can be avoided with a good education.

Conclusions

The study led to detect the thoughts of the operators, and promote the introduction and use of brochures to support the education of the patient and family have been created two brochures as information tools to complement educational intervention aimed at patients with positioning of the hip prosthesis and patients with intramedullary nailing. After selecting patients according to the eligibility criteria, it was distributed to the patient and family, allowing interested parties to read on their own and discuss the content and information in a later meeting agreed with the operators.

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The strategy of Dietary intervention in Community-base care station

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Introduction

"Dietary Balance" is the basic requirement for health. The proportion of overweight in elderly over the four Hsin-Chu community-based care stations is 64.8%, which is much higher than the average in Taiwan. The community kitchens provide the lunch of elderly in the community-based care stations. Thus how to change the style of preparation is the key determinant to improve the health of elderly

Purpose/Methods

We designed a "healthy diet" program, which included four steps. The dietitians in National Taiwan University Hospital Hsin-Chu Branch reviewed the menus of community-kitchens to reduce the proportion of salt and fat in food. The details of the program are illustrated as below. Step 1. Education: Chefs learn how to design the menu, record the content in food. Step 2. Intervention: Dietitians reviewed the menus. They correct the content and calories in meals. Step 3. Follow up Step 4. Reinforcement: Dietitians re-assess the difference in meals before and after intervention.

Results

After intervention, the oil and salt in food were reduced about 20% per meal. The protein in meal was also corrected.

Conclusions

Through the program, we successfully reduced the oil and salt used in our community kitchens, and corrected the chefs' concept about "Dietary Balance". In the future, we expect that the overweight in elderly may be improved by the implementation of the program.

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The older living far from city to receive medical treatment experience

CHEN Chu Cheng, LU Hsin-Ju, CHEN Cun Chih

Introduction

Medical treatment organization based on the responsibility of taking care patient, which change waiting patient passive received medical treatment in the past, and adopt opposite providing assistance the older living in countryside receiving medical treatment service to do it's duty.

Purpose/Methods

Planning for 7 route about medical serviced vehicle in countryside, driving once a day by medium bus at least, that providing free greeting and sending off. Planning main line is which public transport nearly arrive downtown. To disseminate by posting internet, leaflet and outpatient list, during serviced popularize aid satisfaction survey to expect for more close public opinion, in order to understand the older who's thinking to provide friendly service.

Results

According to feedback there are improving such as 1. Vehicle labeling problem. 2. The bus schedule's font is too small. 3. Assisting the older first consultation in registered and accelerate the medical treatment process. 4. Greeting area's space equipment problems. 5. Increasing bus station between countryside. 6. Increasing the number of runs of driving. 7. The drawing route to replace large-bus to greeting and so on.

Conclusions

Medical treatment organization account for social responsibility and caring patient, adopting promote the service of free community medical reserved vehicle, assisting to solve that countryside lack of medical treatment and the problem about elderly is hard to go to hospital, becoming the most important part in public transportation system. The most important is that changing attitude about medical treatment always passive waiting for patient go to hospital.

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Effects of the YINHUO exercise in promoting the physical and psychological health of community elder people

YANG Hui-Ju, WANG Ching-Lin, LU Kuei-Ynu, CHUANG Yu -Kuan

Introduction

Taiwan's population of adults aged 65 years or over accounted for 10.7% of the total population at the end of 2010. Since the population of the aged persons is increasing, community health and exercise programs would be important. The well-documented physical benefits of exercise and the value of exercise for improving mental health have raised the profile and role of exercise in healthcare.

Purpose/Methods

We discuss the effects of quality of life, sleep quality, and the perception of health conditions of elderly after one and three months after YINHUO exercise. A quantitative research method and quasi-experimental research were applied using pretest-posttest design methods as the experiment and control groups. A three-month intervention was adopted. The research subjects completed structured questionnaires before and after exercise for data collection.

Results

ONE hundred seventeen participated (intervention n = 38, control n = 79). The results revealed that YINHUO exercise participants reported greater improvements in quality of life ($p = .040$), sleep quality three months after YINHUO exercise ($p < .001$) and the perception of health conditions three months after YINHUO exercise ($p < .001$) than the control group.

Conclusions

Our research results have provided healthcare teams a reference for creating elderly-related health promotional activities in the hopes to improve perception of health condition, and sleeping quality effectively through YINHUO exercise intervention. This enhanced regular exercise behavior of the elderly and provided them with a better quality of life.

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Build the advancing mold of promoting health, and add the efficiency of health administration for the old in the community.

CHIU Yu-Chen, YANG Jen-Hui, YANG Ming-Chih

Introduction

Be the guide as the health of the old in the community, build the health promoting Internet, focus on the special case in the community, provide medical consultation and treatment, follow-up administration; support and show consideration. Let the old have normal life quality; achieve the goal of good old life in local area.

Purpose/Methods

1. Provide the health estimation of the old by measuring blood pressure and sugar, realize the basic health situation, and give the accurate treatment. 2. Pay a NT 500 daily allowance for lunch per person over 65, and give free nutrition lunch for the old living alone or disability.

Results

9447 people joined the meal from Oct. 2011 to Sep. 2012. Exam 402 people. 13 have good blood pressure, 18 improve, and 8 are unstable. 39 are Sifted from the blood sugar over three times. 17 are in good situations, 17 improve, and 5 are unstable.

Conclusions

By holding nutrition lunch from the dietitians and volunteers, let the old in the community can be cared, and have happy moods. And let the old persons' health can be concerned on a regular health examination to find the abnormal situations.

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The effect on promoting age friendly community by community hospital: Taiwan Experience

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Introduction

Gandau community has a population of 10,964. With 13.3% of them over 65 years old and the aging index of 101%, Gandau is an aging community. Gandau hospital is a community hospital

hoping to introduce the concept of health promotion by using Ottawa Charter, so the disable rate can be decreased thus lower the medical expense, improve the life quality and achieve the following goals: 1. Integrate and combine the community resource to increase the accessibility of age friendly. 2. Encourage the elder to participate actively so their potential can be realized 3. Apply health promotion in order to age healthily.

Purpose/Methods

1.To gain the support and consensus from the superiors in the hospital to set the age friendly policy. 2."Care Center for community elders" was set in 2006, provide health consultation, health management, health seminar, group dining and visitation, but also multiple health promotion activities such as fall prevention workshop, jogging course, aerobics, and intergenerational learning. 3.Increase the community elder groups. 4.Train the volunteers to participate in the visitation, environment safety evaluation, traffic safety seminar to send the message in cultivate healthy behavior. 5.Encourage the elders to participate in non-profit performance, competitions to appreciate themselves.

Results

1.Age friendly equipments such as voice enhance equipments, the destination announce system using different dialogues in the elevator, lower the elevator buttons, moveable blood sampling counters, electronic shower bed, infra-red warming light in the shower room and elders have the priority to consult with the doctor first 2. 4 comfortable jogging path in the community with 8 multiple exercise group, with 1012 participants. 3.Filmed video to show how to prevent the elders from falling. 22 health and traffic safety seminars were hold in 2012, with 1875 participants. 4.Held 4"Elder life simulation" activities, altogether 146 volunteers participated. 5.The elders from the care center participated in 18 non-profit performances and competitions. 6.500 elders from Gandau community were given the survey of health self-awareness.405 of them (81%) feels that they are happier than last year, and 385 of them (77%) feels that they are happier than other elders in the community.

Conclusions

Gandau hospital is a community hospital aiming to become a age friendly hospital. Many research shows that there are positive change on the elders if they can participate in health promotion activities, and they will likely to take more personal health responsibility and live a healthier life. Therefore we choose elder health promotion as our target work, hoping to help the elders to live long, healthy and meaningful by building an age friendly community, thus realized the idea of active aging.

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Community welfare: a project for empowering elderly people

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Introduction

Most elderly people require admission to hospital for any problem as they do not feel supported by their family doctors, thus improperly increasing health costs.

Purpose/Methods

- to enable elderly people to face their health needs - to mediate between the need of offering effective care and avoiding un-necessary expenditure - to advocate the involvement of the community A local professional nursing group was made easily contactable by people disabled or older than 75 years who have any problem just by using a pre-disposed portable phone. When called, a nurse visit the old person asking assistance, gives him the needed intervention or accompanies him to the local day hospital service.

Results

- Some 50% of problems could be solved at home, involving voluntary caregivers - More than 40% attained satisfactory results in day hospital at the mean cost of 60,00 Euros - Only 10% of patients required admission to a medical or surgical ward.

Conclusions

Most people found the offered assistance quite satisfactory and felt well supported. The mean expenditure decreased from about 1000,00 Euros/day per person to about 60,00 euros. Unnecessary hospital admissions dropped and many unnecessary tests were avoided. The sum spared in one year cannot yet be quantified exactly but it not far from one million Euros, the elderly people felt empowered and the health gain was relevant.

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The effects of health promotion programs on the physical and psychological health of the community elderly women

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Introduction

With the rapid aging of socio-demographic structure, " health promotion " has become the particularly important health issue in geriatric medicine. Many studies have proved that choices of lifestyle can influence one's physical, psychological and social functions. Furthermore, living a healthy lifestyle is also the key point of reaching successful aging more emphasis was put on health promotion and wellness in elderly population.

Purpose/Methods

The aim of this study was to evaluate the effectiveness of health promotion programs in community elderly women. Used quasi-experiment design and convenience sample . Study participants were 30 participants allocated to the experimental group and 30 participants to the control group. The experimental group received physical activity for twelve weeks, while the control group was prohibited from any exercise. The measured with questionnaire. Researchers physical and psychological health scale surveys three times as follows: pre-treatment , post-treatment (week 4, 12).

Results

Generalized estimating equations (GEE) analysis showed improved Self-perceived health status at T2 ($B = 1.633$, $p < .001$) and at T3 ($B = 1.762$, $p < .001$) in the experiment group. There were significant improvements in CES-D Scale scores in the experimental group compared to the control group (T2, $B = -2.800$, $p < 0.01$).

Conclusions

The findings of this study indicated that regular, long-term health promotion exercise, provided by Physical activity, may help community elderly improve their physical and psychological health . It is expected to help health care clinicians provide the community elderly women prevention and effect intervention to achieve the social goal of active aging.

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Improving physical fitness of elders in community by social cognitive method

WEI Mei-Yi, CHIEN Jung-Yien, HSIAO Yu-Tuan

Introduction

Falling is the second leading cause of accident-related death among elders in Taiwan. This study aims to improve physical fitness of elders in community using the Social Cognitive Theory. Besides, we will evaluate the effects according to "environment", "personal", and "behavior" perspectives. It can help to suggest better strategies for community health nurse to provide health-related activities for promoting better health behaviors in elders.

Purpose/Methods

The main purpose of this study is to evaluate the effects of using social cognitive theory model in improving physical fitness of elders in community. We enrolled 84 elders to receive fitness program on community care center program and examine muscle endurance (30-s chair stand test), flexibility (chair sit-and-reach test), aerobic endurance (2-min step tests) and agility before and after training in Tainan, Taiwan.

Results

The result shows that there are obvious improvements in agility, cardiovascular endurance, lower extremity muscular endurance average score grows by 83%, 19% and 1%, respectively, but no significant improvement in upper extremity softness.

Conclusions

Social cognitive theory model is a useful health behavior psychosocial method to promote behavioral change. Community health nurse apply this model to promote health activities for the elders in the community care center can improve agility, cardiovascular endurance, lower extremity muscular endurance significantly. Introduction of this model in health will reduce the risk of falls in the elders.

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The self of midlife women who care the disabled elders at home

LEE Te-Fen, LIN Mei-Jen

Introduction

Midlife women face many challenges, especially they were being a caregiver. The most important issue of midlife women is

to finish self-identify. Some women ignore their needs when they care their families, so this study want to explore the self image of the women caregivers.

Purpose/Methods

The study was to explore and describe the self of midlife women who take care the disabled elders at home. Grounded theory was employed in designing the research. Purposive and theoretical sampling was chosen. Participants were twelve midlife women who live with disabled elders and provide care for them every day. The semi-structure, in-depth and face-to-face interview lasted two to three hours. The contents of the interviews were audio-taped and typed within 48 hours after interview.

Results

Three categories: First is selflessness. Women experience conflict of interpersonal relationship between self and others, they choosed interpersonal auspicious nor self-complacment. the subcategories are self-disappear, self-silence and self-sacrifice. Second is self-introspection. Women go through the self-awake, they may face conflict with trandictional value, and show three subcategories which are self-understand, self-mistrust and self-realization. Third is self of future. Samples mentioned what they are in the future, that is the possible self which devided into two subcatergories they are self-exceptant and self-inexceptant.

Conclusions

The research found that midlife women caregivers had positive self-image and whose self is unstable and has multiple dimensions. The change of self of midlife women caregivers because for maintaining good interpersonal relationship. We hope midlife woman caregiver should pay more attention on herself, beside caring about others.

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The Caring Time May Affect the General Functioning of McMaster Family Assessment Device Validity Evaluated By Home-Care Nurses

WANG Mei-Wen, CHIEN Ki-Pin, HUANG Yi-Yu

Introduction

Family function is believed an essential factor to the health of the elders. In recent years, home caring with elders becomes a tendency. Although doctors or family physicians play a critical role in the elders-caring-group, home-care nurses are the ones who are close and familiar with the elders. This study is aimed to explore if the caring time would affect the general function-

ing of McMaster family assessment device (FAD) by home-care nurses.

Purpose/Methods

There are totally involving 56 patients who are older than 65-year-old taken care by well-trained nurses at home. Elders are already excluded the ones with psychiatric disease, dementia, or any disoriented conditions. This study uses the general functioning of McMaster FAD to evaluate the elders' family function. It divides elders into 4 groups depending on the caring time: within 3months, 3-6months, 6-12months, and over 12months. Then it compares the results evaluated by the elders and his/her home-care nurses.

Results

The family function assessment is in less correlation between the home-care nurses and elders who were cared within 6 months ($R_{<3m}=0.76$, $P_{<3m}=0.24>0.05$; $R_{3-6m}=0.57$, $P_{3-6m}=0.18>0.05$). However, if the caring time lasts more than 6 months, it gets moderate to highly correlation. ($R_{6-12m}=0.73$, $P_{6-12m}<0.005$; $R_{>12m}=0.67$, $P_{>12m}<0.005$).

Conclusions

It is believed that if the home-care nurses care the elders more than 6 months, the general functioning of McMaster FAD has moderate to high validity evaluated by the home-care nurses. Therefore, if the elders are cared more than 6 months, home-care nurses should take the general functioning of McMaster FAD into routine work to help the doctors or family physicians finding out when to assist the elders and their family.

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Patient empowerment and health promotion in primary care in Singapore: Introducing an "Aging-in-Place" education studio for older patients

CHAN Melissa Miew Hua

Introduction

By 2030, Singaporeans 65 years and above is estimated to triple to 1 million. High falls rates among the elderly hinder functional home independence and strain the community's healthcare resources. Thus, primary healthcare is well positioned to proactively educate the elderly on home safety, including falls prevention. This poster describes strategies employed in the development of an "Aging in Place" studio (AiPS) in a government-subsidized community clinic. The clinic serves a predominantly elderly community in a mature housing estate.

Purpose/Methods

Aim: To introduce low-cost home modification items which are culturally appropriate using a studio mock-up of a typical elderly government-subsidized housing to educate the elderly towards achieving functional independence. Methods: The following were conducted: Needs analysis on elderly service expectations of their clinic; Sought multidisciplinary and inter-sectoral inputs; A preliminary study on a typical government-subsidized housing aimed at understanding elderly needs in their natural environment; Adopted health literacy concepts in designing AiPs; Displayed the low-cost home modification items and devices.

Results

The AiPS is strategically situated within the clinic's waiting area so that elderly patients or caregivers could visit AiPs while awaiting their consultation. To ensure the elderly from the lower socio-economic stratas were able to make their homes safe; practical, low-cost Do-it-Yourself items and creative home modification tips were featured. Educational messages with elderly-friendly font-size prints as well as easily comprehensible step-by-step information were used. 1300 visitors attended the guided AiPs tour held thrice weekly over a one-year period.

Conclusions

Health promotion initiatives in community clinics play a pivotal role for patient empowerment in Singapore. An accessible, culturally-relevant education studio targetting the elderly was developed to promote functional independence. The AiPs model illustrating cost-saving home modification tips included tailored messaging on falls prevention and healthy aging. This was achieved through understanding the elderly needs in their natural environment. This initiative is easily replicated to other community clinics, supermarkets and social clubs to attain a critical mass for nationwide health promotion outreach.

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Creating Healthy Supportive Environments for bed ridden patients and their family in Taiwan

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Introduction

For patients who need to apply for migrant caretakers to assist in caring, are often bed ridden. However, bed ridden patients and their family are needed at the present for the hospital issuing Activity of daily living. It is very difficult for those bed ridden patients and their families. Hence by offering Activity of



daily living measurement at home greatly increases the convenience of patients and their families

Purpose/Methods

For Hsinchu residential patients needing Activity of daily living, whether or not a patient of the hospital, as long as one of the following three documents (Menu for People with Disabilities, Certificate of Diagnosis within one month or Medical Summary) are provided, can submit the application form at the reception with a fee of NTD3,800. A home visit for evaluation will be conducted by a home care nurse and a doctor within two weeks

Results

This service was launched in June 2010, the number of applicants from five people in 2010, increased to 32 in 2011, and 31 from January to November 2012

Conclusions

Activity of daily living measurement at home is not only to diminish traveling back and forth to the hospital, and reduce the risk of infection but also an ease of resources and financial burden for the families

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The experience and perceptions of midlife women who care the disabled elders

LEE Te-Fen, LIN Mei-Jen

Introduction

We want to explore what is the reason that midlife women be a caregiver, and what are the stressors when they care the disabled elders at home and how they copy these stressors.

Purpose/Methods

The overall aim of the study was to explore and describe the experience and the perceptions of midlife women who care the disabled elders at home. Grounded theory was employed in the research. Purposive and theoretical sampling was chosen. Participants were twelve midlife women who live with disabled elders and provide care for them every day. The semi-structure, in-depth and face-to-face interview lasted two to three hours. The contents of the interviews were audio-taped and typed within 48 hours after interview.

Results

The reasons of samples caring disabled elders were the sense of responsibility, marriage connection, repay the kindness from disabled elders and didn't want to be a guilty person. The stressors were short of homecare skills, interpersonal relationship strain, distress of daily life and deficiency of family support.

Modifying the cognition of caring responsibility, finding the meanings of caring, and leaving the caring setting for a while are the copy strategies. We didn't find the efficacy of family care polity.

Conclusions

Be a caregiver, some women are voluntary, some one is under pressure. No matter what the reason that they be caregivers, they have stressors and find some strategies to copy that loading.

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Risk factors for 30-day readmission in nursing home residents

LIN Tsung-Han, CHEN Ming-Chen, YU Wen-Ruey, HO Chin-Yu

Introduction

Hospital readmission rate is usually higher in nursing home residents, which may affect medical qualities.

Purpose/Methods

The aim of our study was to evaluate the frequency and risk factors affecting the 30-day readmissions in nursing home residents. A retrospective analysis of the admission records of nursing home residents aged ≥ 40 years were collected from 2011/6 to 2012/12 in a regional teaching hospital in Taipei. We compared the clinical and epidemiological characteristics of the 30-day readmission and control group.

Results

A total of 55 subjects (male/female 20/35), 8 (14.5%) were readmitted within 30 days at least once after discharge. Mean of length of index admission were 39.4 days, and mean of readmission interval were 75.4 days (1 to 222 days). Pneumonia (7/13) was the most frequent reason for readmission among study patients. In the multivariable analysis, we could not find significant predictors for 30-day readmission.

Conclusions

This study provides evidence of a 30-day readmission rate (14.5%) in nursing home residents. Further evaluation of the strong predictors for 30-day readmission is necessary.

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Nursing Competency and its Related Factors for Assessing Residents Needs and Health Status at Long-term Care Facilities

SHEN ShuChiao, WENG Pei-Hsuan

Introduction

The percentage of the elderly population in Taiwan has rapidly growing in recent decades. In 1993, the elderly population in Taiwan has reached by over 7% and met the World Health Organization's criteria as an aging country. The quantity of long-term care facilities (LTCs) has risen to meet the needs of ageing population in Taiwan. However, the quality of care is still a major concern. To enhance the quality of care, nursing assessment competence is pivotal.

Purpose/Methods

The purpose of this study was to explore nurses' competence and its related factors in assessing residents' needs and health status in LTCs of public and private sectors. This study used a cross-sectional study design and convenience sampling method to engage nurses who received Minimum Data Set (MDS) training in Taipei County, Taoyuan County, Taichung County and Nantou County. 58 nurses and 118 residents in 18 LTCs were participated in this study. Nurses in target LTCs and the researcher of this study use version Taiwan 2.1 Resident Assessment Instrument (MDS) as the research tool of this study. The data of this study was to collect the health status of residents within 3 days and to compare the consistency between the results of the researcher and nurses in order to understand the nurses' assessment competence and its related factors.

Results

The results of this study found that the overall score of assessment competence of nurses in residents' health status was 0.83 which means 83% consistency between nurses and the researcher. The top three score in nursing assessment competency were "Disease diagnosis", "Skin condition" and "Health condition" whereas the lowest score were "vision patterns" "physical functioning and structure problem" and "activity pursuit patterns".

Conclusions

The Tobit regression model was used in this study as nursing assessment competency is censoring data. And it showed that nurses' education level, job position, working experience, year of service and on-job training were significantly associated with nursing assessment competency, however, the type of LTCs were not related.

Comments

According to results of the study, use MDS, provide continuous education and on-job training and emphasize clinical assessment practice are recommended to enhance nurses' assessment competence in need of residents of LTCs.

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The Clinical Efficacy of Using Improved Physical Restraints in Nursing Homes

WU Meng-Ping, HSIAO Lan-Fang, HO Hsuan, WANG Tsu-Chi, CHEN Mei-Yu

Introduction

In order to emphasize the quality of health care and the patients' safety, almost every medical facilities view restraint as an important index of care and attention. Improved physical restraints are generally regarded as protective. The use of restraint is a temporary nursing intervention to ensure that intravenous lines or tubes will not be removed. In this study, improved physical restraint was made by a recycle bottles. It can reduce the cost of overhead and is worth mass-producing this study.

Purpose/Methods

The aim of this study was to explore the effectiveness of receiving intervention by the improved physical restraint amongst nursing home residents. The participants of this study were residents in nursing homes which have more than 30 beds in Taipei. The sampling was used in pre-experimental study at two different branches; they were randomly assigned as the experimental and control group. Eighty participants were assessed at baseline and at a 6-month follow-up.

Results

We found a significant improvement in experimental group in terms of life pressure ($p < .001$), disease pressure ($p < .001$), activities of daily living (Barthel Activity of Daily Living) ($p < .001$) and body function (Korotkoff Scale) ($p < .001$). In the experimental group, the results show that the Barthel Activity of Daily Living increased from 4.5% to 6.25%. However, there were no significant differences in Muscle Power toward the use of physical restraints between experimental and control groups.

Conclusions

Improved physical restraint not only increased the ability of the elderly but also enhance patient safety. This study's results can be used a reference for future on education of nurses professional training, classroom teaching, and restraint handbook. This can also enhance the ability of hospital nurses to solve patients' problems, thus improve the quality of care. This project can improve the families' and nurses' satisfaction, enhancing nurses' knowledge and improve the quality of nursing care in critical patients.

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Implementation of "Taiwan's Framework of Age-friendly Hospitals and Health Services" improved patients' satisfaction

CHANG Yu-Chen, KUO Yi-Jun

Introduction

More than 90% of people aged 65 and above in Taiwan has at least once OPD visitation last year. In order to promote health dignity and participation of older adults in the health institutes, the "Taiwan's Framework of Age-friendly Hospitals and Health Services" was promoted by the Bureau of Health Promotion of Taiwan. This study is to evaluate the performance after implementing the framework.

Purpose/Methods

This is a follow-up study. The implementation of "Taiwan's Framework of Age-friendly Hospitals and Health services" was launched in January 2011. The TCPI (Taiwan Clinical Performance Indicators) was monitored. Five domains of Satisfaction Questionnaire, including Hardware, Staff's attitude, Process, Waiting time and Service Results, were collected every 6 months. The fall incidence rate was compared with the national reference of Medical Centers. Paired t test and Wilcoxon sign-rank test were used to compare the performance before and after the implementation.

Results

The 5 domains of patients' satisfaction were generally improved and the domains of Staff's attitude, Process and Waiting time showed statistically significance. The incidence rate of falls was 0.063 in the 4th quarter of 2010, which was as in the 2nd quartile of the reference of medical centers; 0.037 in the 1st quarter of 2012, as in the 1st quartile of the reference of medical centers.

Conclusions

Systematic implementation of "Taiwan's Framework of Age-friendly Hospitals and Health Services" showed beneficial on the self-reported satisfaction of the senior patients and some observational outcomes, such as fall incidence. However, this study only involved one regional hospital with limited observation period. Further study with longer observation and the involvement of more hospitals will provide more information to verify the conclusion.

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Using the SHARE Core Principle of Care to Construct a Health-Promoting Care Environment for Elderly: A Case Study of an Age-Friendly Hospital in Northern Taiwan

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Introduction

We employ the core humanistic qualities of SHARE (S: Sensing people's needs before they ask; H: Helping each other out; A: Acknowledging people's feelings; R: Respecting the dignity and privacy of others; E: Explaining the circumstances of care) intrinsic to care to construct an age-friendly health environment with free of barriers to generate the variety and improve the quality of elderly care.

Purpose/Methods

This program was conducted from October 1, 2011, to October 11, 2012. We implemented improvement projects such as practicing the humanistic elderly care indicated by SHARE, establishing integrated care services of standard operating procedure for referral and evaluation for senior outpatients with dementia and cardiovascular disease, establishing healthy dietary plans for senior outpatients with dementia and cardiovascular disease, and designing a smoking cessation program for senior outpatients with cardiovascular disease. We used the elderly patients' satisfaction and course attendance rate as the project outcome indicators. The Nurses Caring Behavior Assessment (NCBA) was employed as a tool to evaluate the outcome of the nurse participants' caring behavior.

Results

1. The average satisfaction score for senior patients in the Internal Medicine and Surgery ward regarding nurses' caring behavior was 3.3 (satisfaction was categorized from 0 to 4, where higher scores denote greater satisfaction). 2. The ratio of elderly patients with dementia referred to integrated care services was 88%. 3. The ratio of elderly patients with cardiovascular disease referred to integrated care services was 86.7%. 4. The success rate of senior outpatients with cardiovascular disease to the smoking cessation program reached 45%. 6. The elderly outpatients' satisfaction regarding medical care increased from 82% in 2011 to 85% in 2012.

Conclusions

Friendly environments result from providing humanistic care. According to the program's improvement and innovation projects, we incorporated SHARE care elements into the design of software and hardware services for the entire hospital regarding aspects such as administrative management, communication and services, care processes, and physical environments to offer elderly a barrier-free care environment while providing psychological care. The program is expected to reduce the disability duration of elderly patients and improve their quality of life to further enhance their personal life value.

Comments

The results of implementing this program confirmed the importance of creating an ageing-friendly environment with free of barriers. Furthermore, based on the core principle of care, this program provides various health-promoting projects and integrated care processes to offer variety and improve the quality of elderly care.

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Health promotion for menopausal women

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Introduction

As the society aged in Taiwan, the number of women aged > 50 years old has an 87% increase over 16 years, from 1.7 million in 1992 to 3.3 million in 2008. Perimenopausal or menopausal women face many health and psychological issues, such as menopausal symptoms, chronic disease and co-morbidity, cancer, and empty nest. Based on the concept of health promotion hospital, we try to combine resources to architecture a total health care system for the menopausal women.

Purpose/Methods

To establish a total health care system for menopausal women, we integrated medical care, friendly environment and empowerment perspectives. In addition to menopause and osteoporosis clinics, we especially emphasized on positive health promotion, physical awareness, and self-sufficiency to provide a total care environment based on menopausal women's need.

Results

First, We set up menopause and osteoporosis clinic, women psychological clinic and cancer screening clinic (including pap's smear and mammography). Second, To improve the hospital environment to tally with the requirements of the age-friendly hospitals, and awards issued by the government agencies. Third, We also assisted to establish a menopausal self-help group which included more than 400 active members, fifteen terms, seven societies, and volunteer training annual. Finally, we'll convene the monthly meeting and health promotion lecture.

Conclusions

It is a important subject of health care around the world to maintain the quality of life of menopausal. The total health care system for menopausal women that help to improve menopausal women in physical discomfort, provide comfort and care of psychological. Even to be taught how to use a positive attitude to plan life by non-governmental organizations. We'll continue

to care menopausal women, and help them to enhance a healthy, happy life.

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Application of A Framework of Age-Friendly Health Care in Taiwan

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Introduction

Older persons are important users of health care. Evidences have shown that health service utilization can impose risk to or add health gain for older persons. We aimed to develop a framework of age-friendly health care and help hospitals and health services identify their weaknesses, develop action plan, and continuously improve themselves to meet older persons' needs and expectations.

Purpose/Methods

Taiwan's framework were based on the WHO principles of age-friendly healthcare, the WHO Standards for Health Promotion in Hospitals, and the Elder-Friendly Hospital Initiative in Canada. It consists of 4 standards (i.e. management policy, communication and services, care processes, physical environment), 11 sub-standards and 60 measurable elements. After being pilot-tested and validated, the recognition of "age-friendly hospitals and health services" was officially launched. Hospitals take self-assessment for internal improvement, and an on-site visit by 3 surveyors will be followed.

Results

By December 2012, 39 hospitals applied for the recognition and 38 passed. We identified weakness on several elements including staffing in geriatric care, basic training for all staff and training in core competence for clinical staff. Surveyors' evaluation showed that these hospitals demonstrated very high leadership support, allocated resources for age-friendly care, had moderate to high progresses, and were expected to have very promising future development. On average, hospitals' self-assessment scores are slightly higher than surveyors'.

Conclusions

A framework of age-friendly health care has been developed, validated and applied to 39 hospitals for recognition in Taiwan. Weaknesses in management policy and care processes were identified and will be addressed for future improvement. The impact of this recognition program on the experiences and health gains for older persons should be evaluated in the future.

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Session P1.6: Patient education and counselling

Nurses dialogue concerning lifestyle issues according to the National guidelines for disease prevention methods

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Introduction

The Swedish National Board of Health and Welfare published last year guidelines for disease prevention methods. The guidelines describe lifestyle issues such as tobacco use, hazardous use of alcohol, lack of physical activity and unhealthy eating habits. At least 20% - probably more - of the disease burden derives from an unhealthy way of living. The Swedish Society of Nursing (SSN) is involved with the project "Nurses dialogue concerning life style" in effort to implement the guidelines.

Purpose/Methods

Purpose The purpose is to disseminate knowledge and understanding of content so that nurses in all healthcare are able to work according to the methods described in the guidelines. **Method** The SSN project is divided into five subprojects. Each of them works with specific areas according to the National Guidelines. The subprojects are; "nurses responsibility to talk about lifestyle habits", "eating habits and alcohol use", "physical activity", "health-promoting care during and after cancer treatment" and "health promoting issues within mental care"

Results

Primary prevention: Even slight changes concerning eating habits, alcohol consumption and physical activity will give health effects. When it comes to tobacco use the benefits of an endgame are evident. **Mental care:** To talk about lifestyle issues with people suffering from mental illness will take us one step closer to equalise the unequal health for this group. **Cancer care:** To consider lifestyle issues during and after cancer treatment is one way to prolong survival and improve quality of life.

Conclusions

When nurses are encouraged to focus on lifestyle issues in dialogues with their patients, the risk of somatic illness caused by smoking, physical inactivity, unhealthy eating habits or hazardous use of alcohol, might decrease.

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Individual health promoting counselling – tools for dialogue, information and documentation

MARIPUU Sara

Introduction

During the last four years the Kronoberg County Council has had an increased focus on integrating health promotion and prevention in every-day care situations. To be successful with the work the public health department has needed to think in terms of implementation. Caregivers must be asked what they require to be able to perform motivational dialogues with patients. According to their answers they must be supplied with e.g. new knowledge, strategies and tools.

Purpose/Methods

The caregivers are offered a health-promoting-kit consisting of: Education, e.g. Motivational Interviewing/MI; Tools for assessment, e.g. a guide for motivational dialogues; Tools for information, e.g. an informative folder about healthy food; Tools for documentation, e.g. a checklist. The aim is to enable the caregivers to perform dialogues with the patients, to offer support to the patients to make changes in their life-style habits and to do follow-ups of the effects of the given support.

Results

An evaluation of the education drive shows a high attendance-rate in the MI-courses (2,5 days) and also in the courses concerning life-style-habits (3 hours). The tools for assessment and information are widely spread, mostly in primary care but also in more specific departments as for example the rehabilitation clinic. The tools for documentation are spread in all departments.

Conclusions

This must be regarded as a long-term strategy demanding perseverance on the part of the public health department. New caregivers need to be informed. Old caregivers need to be re-informed! The different departments need feed-back in terms of figures and facts of their efforts. You also need to ask the patients how they perceive the caregiver's efforts. Finally you need to analyse the local and national surveys in order to evaluate the effects on the health of the population.

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Lifestyle issues for patients in adult habilitation

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Introduction

Habilitation & Health is a department in the Västra Götaland region that specializes in habilitation of persons of all ages with long-term disabilities. In 2012, the 149 new patients in the adult habilitation answered questions about lifestyle through a questionnaire. All patients in the study are 18 years old and lives in one of the region's 49 municipalities. Almost two-thirds of patients reported to have a neuropsychiatric diagnosis, 19% have a learning disability and 13% have mobility.

Purpose/Methods

The questionnaire consists of 10 questions and concerns both physical and mental health. The questions highlight alcohol, tobacco, diet and exercise influence on health. Additional questions in the areas of sleep, pain, loneliness and the risk of intimidation and violence. The questions were answered openly in private conversation with the therapist, so that issues can be explained and supplementary questions asked. Patients who do not respond to the questionnaire has been registered as a loss for further analysis.

Results

The young people themselves estimate their general health status as follows: More than half of the group (61 %) consider themselves feel good or very good, while one in ten feel bad or very bad. Overall, seems 18-years olds living habits basically good. Many patients, however, have experience of pain, anxiety / depression or loneliness. One in five feel sometimes threatened by someone in the family or other relatives.

Conclusions

One priority in all health care is to work with health promotion and prevention. One question is whether the 18-year-olds is to represent the public in habilitation. We will therefore expand health discussions and questionnaire to all adults regardless of age next year. We hope to find one or more reference groups within other health care in order to compare the results of our study.

Comments

A large part of the population's overall health can be found in the population of persons with disabilities and, in many cases, ill health is directly related to the disability and various environmental factors. People with disabilities want to change their lifestyles to the same extent as the general population but a larger percentage think they need the support of the change.

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Does context make a difference to the effect of a preoperative education nursing intervention? A qualitative evaluation

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Introduction

Patients awaiting cardiac surgery experience physical and psychological stress. Although there is evidence that preoperative education can improve postoperative outcomes among general surgical patients, less is known about its effects for patients undergoing cardiac surgery, particularly in the context of Chinese healthcare. A preoperative education intervention designed for Chinese cardiac patients was evaluated in a randomised controlled trial at two public hospitals in Luoyang, China. The intervention was found to have a significant effect in reducing anxiety.

Purpose/Methods

To explain the findings of the trial by exploring patients' perceptions of preoperative information giving and their experience of seeking and receiving information relevant to their illness and surgery. A purposive sample of 20 trial participants was individually interviewed before discharge (ten from the preoperative education group who had received usual care plus an information leaflet and verbal advice; ten from the usual care control group). Interviews were recorded, transcribed, and translated. Data were analysed using a thematic analysis approach.

Results

Five themes were generated: reputation and hierarchy, gaining strength from knowledge, information is a low priority, keeping me in the dark, and peer support. In China, information was judged on the basis of its source within the hierarchy and the reputation of the individual conveying the information. Participants emphasised that receiving preoperative information could decrease their anxiety and improve feelings of strength. However, preoperative communication between patients and healthcare providers was limited, reactive and rarely interactive.

Conclusions

This study has demonstrated that the Chinese context is a possible explanation for the increased effect of the preoperative education intervention in reducing anxiety. Based upon existing evidence and international practice, preoperative education should be incorporated into routine practice to prepare Chinese cardiac patients for surgery. Future research is needed to gain greater insights into how this form of intervention can be incorporated into routine practice, and the optimal time and components of these interventions for sustained effect.

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Application of educational methods for ensuring smooth perioperative period for patients at the outpatient surgery unit of the Kaunas Hospital

BUKARTIENĖ Loreta



Introduction

Thoroughness of information provided to a patient and his relatives represents one of the criteria for assessment of effectiveness of nurse work. It has been established that consistent education of patients, which is based on educational principles and covers information on how a patient will feel and behave before and after an operation, has a clear facilitative effect on treatment. Research indicates that patients, who are educated before a surgery, experience less emotional turmoil and feel less pain, as well as have a smoother postoperative period.

Purpose/Methods

Purpose of the study – to implement perioperative patient education process at the outpatient surgery unit. Method: Education of patients took place between January and March of 2012. Forty one patients participate in the study. Patients were educated in different groups depending on the type of the surgery planned. Objectives of the study: 1. To reveal relationship between preoperative education and smooth perioperative period from the theoretical point of view. 2. To prepare and test educational methods for various types of surgery. 3. To establish effectiveness of the educational methods from the point of view of patients.

Results

Results. Patients, who participated in training sessions, viewed application of the educational methods positively. The study revealed that the topics covered and the information received during training sessions were relevant and useful. The patients were able to apply that information in practice. Patients viewed conversations with a physician and a nurse about a course, duration, and possible results of a surgery as well as about a postoperative care as a psychological support before the surgery.

Conclusions

1. Education of patients must become an integral part of a perioperative period. Experience of foreign countries indicates that a failure of patients to achieve appropriate preparation and mid-setting before a surgery may cause serious problems during a postoperative period. A physician and a nurse perform an important role by providing information about preparation for a surgery, a course of a surgery, and a postoperative period. Research has shown that effective suggestion and correct mind-setting is very important for surgery patients in order to achieve better results, while effective training should include provision of information, health condition monitoring, and promotion of self-efficacy. 2. Taking into account the needs of the patients established during the study, educational methods have been prepared for the relevant types of surgery. 3. The idea of perioperative education is based on an assumption that activity of a patient after a surgery determines the course of a postoperative period as well as experiences and feelings of the patient during that period. It has been found that together with special physical exercise application of educational methods relevant to a course of a surgery improve postoperative condition. Patients, who have participated in preoperative education, had less vomiting, less emotional turmoil, and less tiring feeling of pain after a surgery.

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Development of a Patient-Centered Interprofessional Healthcare Model of Nutritional Intervention in Dysphagia Patients with Early Swallowing Training

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LIN Yu-Fang, WU Chin-Hui**

Introduction

Dysphagia is associated with malnutrition that delays inpatient recovery and increased risk of pneumonia. However, the biggest challenge is the lack of awareness of presence of malnutrition in dysphagia patients who start early oral intake. There is only minor nutritional intervention in the dysphagia patients without tube feeding. Tzu Chi General Hospital Taipei Branch has developed a patient-centered interprofessional healthcare model to provide nutritional intervention for dysphagia patients undergoing early swallowing training.

Purpose/Methods

Patients, between 45 to 90 years of age, in the early swallowing training were enrolled in a one-month program. Initially, the speech-language therapist chose appropriate patients and made referrals to nutritional services. Then, the dietitian performed nutritional assessment within one day after referral and discussed the food texture with the speech-language therapist. In the following week, the dietitian gave individual diet design, family education and evaluated the patients' compliance and improvement. Interprofessional teamwork was completed with weekly meetings.

Results

The interprofessional team determined the most appropriate food consistency and food texture of both solids and liquids, and ensured that the patients met their daily nutritional requirements such as energy, protein, and fluids. Prior to hospital discharge, patients' oral intake percentage was improved to 55% in average after nutritional intervention. Moreover, it was observed that there was a trend of worse oral intake percentage in older patients compared to younger patients.

Conclusions

With the patient-centered healthcare model, nutritional intervention is emphasized in dysphagia patients with high risk of malnutrition. Furthermore, patient-centered interprofessional communication is also developed in this model. According to the results, early intervention is essential to improve patients' nutritional condition. In the future, more strategies suited for individual patient's needs are worth considering.

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The effect of trans-disciplinary team model on dyslipidemia subjects

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Introduction

According to a nutrition survey by Department of Health, 44% of adults are over-weighted or obese. In other word, among 2.5 people, one is over-weighted or obese. Obesity usually caused chronically related heart diseases, diabetes, dyslipidemia. Citizens lacking in correct knowledge and attitudes leads to their incapability of self-care.

Purpose/Methods

This study applied the trans-disciplinary team model on dyslipidemia subjects in a southern hospital. These programs involved 27 subjects with cholesterol more than 200mg/dl. These programs were developed based on the inter-disciplinary approach including nutrition, Chinese medicine, Western Medicine and aerobic exercise during 8 weeks. Pre-and-post-test data was collected to examine the difference in knowledge, attitude, behavior and biochemical data with dyslipidemia subjects.

Results

After the trans-disciplinary programs, the means of weight and body fat decreased by 3.5kg and 2%, respectively. The means of waist circumference and buttock circumference reduced by 5.5cm and 4.2cm, respectively. The means of cholesterol and triglyceride levels decreased by 26mg/dl and 29mg/dl, respectively. And then, the scores for weight loss knowledge, attitude and behaviors increased by 10%, 3% and 13%, respectively.

Conclusions

Trans-disciplinary team model has aggregated knowledge and experiences of different fields and improved persons in their biochemical data and self care capability.

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The role of health promoting hospital (HPH) towards women empowerment :Breast self examination

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Introduction

Nowadays the breast cancer is one of the major cause of deaths of women around the world, Thailand is also having the problem of breast cancer. In 1869, women age of younger than 40 years old were found 33.4%. Why breast cancer is spreading around the world, it could be presented that 1 million cases identified each year, 500,000 new and existing die yearly and 70% in developing countries by 2020. In Thailand, the project of breast self examination has been launched more than 10 years more than 60 – 80 % of women practice themselves by BSE but only 30-40 % were qualified. At present, Thailand have the process of breast cancer program for women on the concept of early detection is early protection, difference from developed countries mostly started by screening mammogram at the hospital. Beside this the cost of screening mammogram is and technologies are still the barriers for project implementation especially in developing countries. By the same time, the BSE is a very costly and effective method for women to practice herself at the early protection of breast disease / cancer is valuable

Purpose/Methods

To study the effectiveness of screening breast cancer started by women towards the health case facility system Indicator : women aged 30-70 years in 18 provinces Activity :1. women record book for 5 year on BSE for women age 30 – 70 years; 2. training of health personnel on skills and administration; 3. data collecting on breast cancer; 4. Monitoring / evaluation

Results

1. Thailand BSE model; 2. The decreasing rate of breast cancer

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Using a Support Group

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Introduction

The subject was a well-educated intellectual. Contrary to the supposition that the level of education should manifest a positive correlation to the adequate knowledge and behavior about blood sugar control, the subject proved to have inadequate knowledge about blood sugar control and lack motivation for self-care behavior; such was the conclusion drawn from the subject's several incidents of poor blood sugar control. It is felt that the current practice of patient education imparted by medical professionals is not sufficient, since there is no guarantee that patients who have understood the instructions can carry them out thoroughly. In blood sugar control, for example, it is necessary for patients to know that only by changing lifestyle, behavior and habits can they successfully control their blood sugar.



Purpose/Methods

To better the self-care behavior of a type 2 diabetes patient by means of support group of fellow patients.

Results

Psychological state may be a key to improving diabetes management. "Able to know, unable to do" is among the most common psychological difficulties experienced by diabetes patients. The numerous sociopsychological issues related to diabetes, such as emotional and interpersonal disturbances, caused the subject's failure in self-care and blood sugar control. The most obvious limit to the positive results of the current study was the nurses' lack of effective techniques in psychological intervention, which in turn limited the means to reduce the subject's emotional disturbances to the mutual support and encouragement among fellow patients.

Conclusions

It is suggested that medical care professionals either learn adequate psychological counseling skills to better help patients enhance their problem-solving skills or refer patients to psychological counseling professionals, who may provide more effective suggestions for emotional disturbance relief.

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Patients' perception on health information received during hospitalization

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Introduction

Health promotion is an integrated part of the health process. One of the WHO standards of quality in Health Promoting Hospitals (HPH), related to the safety, is patients' information and the participation in health promotion. The institution ought to provide patients with the necessary information about the factors that affect their health and involve them in the activities of health promotion.

Purpose/Methods

Objective: To study the inward patients' perception of health promoting information received during their hospitalization. **Methods:** Descriptive and transversal study that includes 195 patients, all of them hospitalized in a Health Promoting Hospital, during the period from March to September 2012. The

study was made by using a questionnaire (clinical and demographic data) based on the standard 3 (information provided to patients) with the purpose that patients were well informed, and could cooperated and participated in health promoting activities.

Results

195 patients were analyzed with a mean age of 56,55 years (SD 17.95), and 55,4% were males. 60.2% were married and 30.9% perceived their health status as fair and 57.2% as good or very good. 40.7% had received general information about the function of the center, 86.5% had received information about their health status, 40.5% hadn't received information about risk factors of diseases and 81.7% hadn't gotten any information about patient's associations.

Conclusions

A great majority of the patients have one or more chronic diseases, yet they consider their health as good. For this reason, it is important to guarantee that they have access to the general information about the factors that can affect their health so that they can control them.

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Evaluation of the educational interventions in all of medical universities of Iran based on the type of the intervention

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Introduction

One of the main steps of the health education and promotion is evaluation of the process. In this study we systematically analyzed educational interventions produced in all medical universities in Iran.

Purpose/Methods

A systematic review was done on workshops, classes, congresses, exhibitions and campaigns because of distinctive nature and their potential for education. After announcement about gathering products, 593 media were selected that met the following criteria: described health, provided information to educate something, and published between 2008 and 2009. The review focused on four main criteria and 70-90 alternative criteria. Sixteen specialists calculated the score of products based on designed checklists. Then, data entered in special software.

Results

A virtual perfect center was invented based on the maximum score in which each center gained in each area. This center had

a total score of 100. Totally we had 477 workshops, 59 classes, 44 congresses, 8 exhibitions, 5 campaigns between 2008 and 2009. The mean score was 8.65 (from 100) in all 593 interventions. The maximum and minimum of the scores for each intervention were: workshop (16.55, 4.47), classes (14.21, 5.88), exhibitions (5.50), congresses (14.63, 6.08), and campaigns (11.40), respectively.

Conclusions

Obtaining score of 8.65 from 100 in 593 educational interventions with great audiences and enormous costs shows that medical universities need to pay attention to health education principles and its process. On the other hand, cost-benefit of educational process should be considered by them.

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Session P1.7: Health promotion for chronic patients

Nurses to educate cancer patients to healthy life styles

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Introduction

Hospitalization during cancer treatment represent a "teachable moment". Many patients live cancer treatment with passivity, it's very difficult to give their vital resources: when the surgeon needs to intervene on your body you must be immobilized, also during the RT; chemo is an alien substance injected. But changing life styles may be a possibility to empower yourself against the disease: to stop smoking, healthy food and to stay active are a good and an important choice for every cancer patient.

Purpose/Methods

The HPH project started last year at INT of Milan. We utilized Lombardy Regional Additional Resources (RAR) to finance the participation of nurses. During 2012 we started nurses training to implement the interventions: for smoking cessation: to ask the smoking status and to give a minimal advice. In nutrition, nurses educated the patient to maintain a healthy weight and to stay active. We also prepared with a multidisciplinary team a leaflet to help patient education during the project.

Results

The project engaged 260 nurses. We held two workshops to train at least two nurses for each ward and we implemented the educational program in every INT wards. We assessed the initial impact through an audit of 88 medical records where 81% of Health Promoting items were correctly completed and in the

next months we will monitor the rate of smoking cessation in hospitalized cancer patients. In a survey, 97.71% of 3.097 patients gave a positive evaluation of the nurses intervention and RAR authority began to fund nurses participation.

Conclusions

This is the first time that a HPH project involves all the wards nurses at the National Cancer Institute of Milan, the commitment of the Lombardy Regional Health Authority permit us to give a little but significative economic impact of the program on nurses wages and also it permit us to press a project leaflet for cancer patient with the intervention of a graphic designer

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From the other side – Information sessions for patients with cancer, their family and friends

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Introduction

Three great Italian clinicians wrote a book called "From the other side" after they had a chronic illness that put them in front of the possibility of dying. All this, because the disease radically changed their point of view: from doctors to patients. Patients who were looking for hope in their illness, waiting for clinicians who take care of them, listen their problems of men living with cancer, and with a stroke that had torn them from their professional life.

Purpose/Methods

Some years ago we carried out a survey on 500 patients with the aim of understanding their needs. 300/500 (60%) patients asked for more information, to know better their future condition, about their treatment. Starting from these significant results, we implemented the "ULYSSES program" information and support for cancer patients. Now we start to organize a monthly Ulysses conferences in each ward for their hospitalized and waiting list patients.

Results

Radiotherapy conferences and department visit n° 7; 95 participants; 35 responders to the customer questionnaire, for 27/34 patients the conference was very helpful, after the meeting anxiety was a little bit more for 6 patients and for 18 decreased, 8 very decreased Breast N°8 conferences; 118 participants; 70 responders; 51 declared the conference very helpful. After the conference anxiety: a little bit more for 11 patients, for 41 diminished and for 5 greatly diminished.



Conclusions

Ulysses conferences increase patients' satisfaction through a good information delivered once a month by nurses and clinicians. Our breast Unit's waiting list for surgery is about one month. The opportunity to visit the ward and to speak with a cancer surgeon, a nurse and a physiotherapist lower anxiety. Radiotherapy is a good chance but another source of stress for patients. Ulysses project is an opportunity to visit the department, to understand the process, to visit with a technician the linear accelerators.

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A holistic program for cancer survivors and family in Taiwan

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Introduction

Lifestyle including diet, physical activity, and spiritual wellness may affect survival and quality of life for cancer patients. We designed a 4-week dietitian-led holistic program to assist lifestyle changes for cancer survivors and family member.

Purpose/Methods

The program included classes on planning and cooking healthy vegan meals, exercise (Tai Chi), coping with challenges in life, organic gardening, and an experience sharing session. Participants joined an organic vegan buffet after every class. Participants were instructed to make dietary and exercise records and dietitians analyzed these records to provide feedbacks. On the 4th week, the class took place in an organic farm where participants were introduced to organic gardening and recycling.

Results

Nineteen cancer survivors and eleven family members joined the program. The diagnosis of patients included breast cancer (35%), thyroid cancer (9%), lung cancer (6%), and other cancers (16%). Forty-one percent were already vegetarians. Nutrition analysis revealed that many of cancer patients were eating too much refined carbohydrates. Many participants found the program to be very helpful in planning and preparing a healthy diet, and many non-vegetarian participants were motivated to adopt a plant based diet as a result.

Conclusions

From this pilot program, we found cancer patients are in need of nutrition assistance post treatment. A holistic lifestyle program incorporating diet, exercise, organic gardening and coping with cancer could be helpful to these patients. Participants' dietary intake and quality of life will be followed.

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Holistic Patient Centered Care Provided by Cancer Resource Center of Buddhist Tzu Chi General Hospital, Taipei Branch

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Introduction

Cancer Resource Center was established in Buddhist Tzu Chi General Hospital, Taipei Branch in June, 2009, with cooperation of Hope Foundation for Cancer Care. An oncology nurse has been in charge of Cancer Resource Center since April, 2010. Trained Tzu Chi volunteers serve in the center in rotation.

Purpose/Methods

The holistic patient centered care which provided by our Cancer Resource Center in 2012 was reported. The strengths and limitations of our care were also summarized.

Results

149 patients visited our Cancer Resource Center for help every month in 2012. We provided suggestions of multidisciplinary care and symptom management to 31%, health accessories to 33%, emotional support to 19%, referral to support group to 9%, financial advice to 3%, and referral to hospice care to 2% of patients. Various activities and classes were provided, including of parties on traditional holidays, diet education, class of vegetarian diet, a visit to Tzu Chi recycling station, and handicraft class.

Conclusions

Cancer Resource Center provides holistic patient centered care and improves life quality of cancer patients. In the future, we plan to provide our service to more non-breast cancer patients and patients who are admitted to the hospital wards, and validate the improvement of life quality by questionnaire.

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Post-operative rehabilitation in early breast cancer

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Introduction

Since 2008 it has commenced a close collaboration between structure and property Breast Care Rehabilitation for the rehabilitation of women breast surgery. Given the steady increase of patients requiring physiotherapy specifications even after a long time-since the late-lymphedema can occur it is necessary to implement shared for taking charge after the acute phase in all hospitals and territorial Company. A targeted intervention early rehabilitation, with implications also educational, reduces the incidence of post-surgical complications borne ipsilateral upper limb surgery (lymphedema, joint limitation, linfosclerosi, pain) and promotes, among women treated, healthy lifestyles with a view to resumption of normal life. The project aims to reduce the need for subsequent medical treatment for late complications (with less chance of success in the presence of chronicity. It also makes follow-up targeted to the functional and quality of life on completion of the traditional follow-up oncology.

Purpose/Methods

Objectives The Company Hospital Carlo Poma hopes that the implementation of this project will reduce not only the appearance of late complications but better the ability of the education of healthy lifestyles in the target entity, overcoming prejudices and limitations imposed by the uniqueness of the pathology in question. The Company has as its objective the provision of consistent performance throughout the province in question, giving the user the same level of quality and quantity of rehabilitation therapy, in compliance with the residential areas of the woman. **Specific objectives:** Taking into or early loading (in most cases preoperative); training for the implementation of the project with transversal value of all the company's principals in order to standardize the procedure; drafting and reviewing protocols in improvement groups; customer satisfaction; preparation and dissemination of information to the citizens involved **Population:** All women undergoing mastectomy with axillary lymph node dissection in hospital. All operators involved Hospitals **Methodology** definition of the project: design and development of a plan for staff training in group work to improve the definition of the path; Development of specific protocols; Development of operating instructions booklet for operators involved; Training courses for operators; information brochure given to patients by hospital and / or clinic when interviewed by health professionals educational

Results

Increasing number of women taken into care in the preoperative period / total number of women treated; Optimal follow-up the incidence of problems later; reduction of time to take charge of the women in the various structures

Conclusions

Project has increased patient confidence in themselves and strengthen their residual potential in the fight against cancer

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Investigate for terminally ill patients of breast cancer holistic care needs

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Introduction

Over the past decades in Taiwan, holistic care has been advocated in clinic. However, it is rare to discuss within the terminal breast cancer patients. Breast cancer is ranked the fourth among ten causes of death in women in 2012, from the Department of Health report. It also mentioned that the growth rate for the death of breast cancer was the highest. Relatively, it shows holistic care for breast cancer patients are urgent. Therefore, this research will be focused on the clinical nurses to their care of their terminal ill patients.

Purpose/Methods

The purpose of this study is to investigate the execution of holistic care for terminally ill patients of breast cancer in clinic. A retrospective research has been designed and developed within 112 terminal ill breast cancer patients from a medical center located Southern Taiwan. The exams are included the cancer hospice service quality such as metastasis, physical symptoms and management, psychological, social and spiritual problems. The statistical descriptions were applied to analyze subject response.

Results

Major research findings included: (1) The study population patients aged 34 to 90years (n=112,mean=55yrs; SD=14.78).(2) The first physical symptoms accounted for 88% (n=99) in pain; secondly was 50% (n=56) in difficulty breathing; the third one in limbs edema was 46% (n=52); fourthly was 34% (n=38) in abdominal distention and so on.(3) Psychosocial problems were rarely recorded; however, it was mostly recorded by emotional problems and poor family relationship. (4) Nursing records presented for spiritual care needs only 11% (n=13) and 49% (n=55) referred to religious care visits. (5) Both drug and non-drug approach are used in our intervention ,non-drug including aromatherapy, manual lymphatic drainage, the Yellow flower oil abdominal massage.Nity-nine percent of the patients' symptoms were alleviated to 3 points or less (Nnumeric rating scale,NRS).

Conclusions

The care from clinical nursing is still based from the terminal breast cancer patient's conditions. And it still needed to en-



hance from different approaches for nurses such as patient's mental, spiritual health and social situations.

Comments

The findings of this study may serve as useful references for clinical nursing, nursing education and nursing administration in developing holistic care promotion related strategies to improve quality of nursing care

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Improve colorectal cancer screening services

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Introduction

There are about 10,000 people get colorectal cancer every year in Taiwan, and there was a trend of rapid increase annually. The number of colorectal cancer is the first in the major cancers. The implementation of the fecal occult blood test can be a 30% reduction in the incidence of colorectal cancer. However the amount of fecal occult blood test is only 1,334 in our hospital in 2011. How to enhance the amount of screening is our goal.

Purpose/Methods

First our hospital held inter-departmental competition to collect sampling tube, ratio of the number of sampling tube over the number of employees for the indicator, and take the top 3 to give them an excellent bonus. And then participate in screening activities people can get a raffle, the hospital monthly draw out three lucky people to give them a gift certificate. In addition, a special prize will be drawn by every six months, a 42-inch TV.

Results

The colorectal cancer screening services are up to 2,361 in 2012, significantly increase 1,027 people than the volume of services in 2011, a growth rate of 76.9%. Show the measures to enhance colorectal cancer screening is effective.

Conclusions

Raise public awareness of cancer screening, and then let the people understand and are willing to accept the government's implementation of the preventive health measures, the early stage of cancer can be found early by screening, early treatment, to ensure the health of the people. It can be reached by using the hospital-wide competitions and participating in the activities of the public lottery.

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In-hospital Strategy and Procedures to Improve Cancer-screening Rates

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Introduction

The 4 cancer-screening programmes, based on the policy of Bureau of Health Promotion of Taiwan, were initiated in 2009. The screening rates of oral, colorectal, cervical and breast cancers increased year by year from 2010 to 2012 in our Hospital. The hospital with its size of 2,615 beds has monthly 120,000 OPD eligible candidate patient visits. We described in-hospital strategy and procedures which were thought to contribute to such a favorable outcome.

Purpose/Methods

To encourage candidates to complete screening tests, actions have been taken step by step as following: 1. computer-automating candidate identification, 2. reward bonus for on-service nurses with successful invitations, 3. one-stop reception and immediate tests for cervical and oral cancers, 4. a team with 10 nurse managers to execute the details and bi-week meeting to review internal affairs, 5. weekly monitoring ongoing data, 6. in-time promotion reinforcement for those low-screening-rate departments, 7. information meetings and education for co-medical staff, 8. quarterly cancer-screening committee for coordination and audit, etc.

Results

The annual rate of oral and colorectal cancer screenings increased mostly. For oral cancer, the number of successful screening was 4,622 in the first year, increased to 9,034 (95.5%) in the second year and 9,058 in the third year. For colorectal cancer, the number was 9,749 in the first year, increased to 16,088 (65.0%) in the second year and 18,684 in the third year. In total, the sum of 4 cancer-screening numbers was 24,054 in the first year, increased to 37,330 (55.2%) in the second year and 41,410 in the third year.

Conclusions

Establishment of promotion procedures and audit systems to let hospital staff members be aware of both prognostic benefit of early cancer treatment and firm determination of the administrative is necessary in the initial stage of performing cancer-screening programme. Once creating friendly screening atmosphere and environment under mutual cooperation of hospital governors and first-line health-care providers, candidate patients are more willing to take tests. A dramatic increase in screening rate occurred in the second year and a slow in the third year.

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The psycho-spiritual empowerment process for the terminal hepatocellular carcinoma patient

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Introduction

Hepatocellular carcinoma (HCC) is the leading cancer for male in Taiwan. Patients in terminal cancer not only experience physical discomfort, but also psycho-spiritual distress. It is noteworthy that the psychological and spiritual needs of patients with terminal cancer patients often are neglected by families and healthcare providers in Taiwan. However, psychological and spiritual well-being for patient at the end of life is urgently important.

Purpose/Methods

The purpose of this study is to explore experiences and the psycho-spiritual empowering process of the end-stage cancer patient. The author presented a case report of a middle-aged HCC patient near the end of life who experienced the psychological and spiritual distress.

Results

Psycho-spiritual distress in the middle-aged cancer patient included come to loss control and powerlessness resulted from the rapidity of disease progression rapidly; loneliness and feelings of worthlessness resulted from the caducity of life. The author used empowering process to encourage patient emotional expression, strengthen families' relational connectedness, reconstruct belongingness, discover the personal life meaning, and ultimately personal strength and self-empowerment.

Conclusions

By sharing the experience of care, it provided important information that healthcare professionals must be strongly sensitive to psycho-spiritual needs. In addition to ongoing psychological, social, and spiritual support, meaning-making process in the terminal stage is the central part of palliative care. It is expected to enrich life meaning and mental well-being for terminal cancers will be reached.

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The Effect of Weight Loss Class Combined with Individual Counseling on Overweight High-Risk Groups for Diabetes

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Introduction

Overweight and obesity is a high risk factor for many chronic diseases like diabetes mellitus and cardiovascular diseases. How to decrease body weight for these high-risk people is a challenge problem so far. Through a program designed by a physician, dietitian and trained nurse, and with individual counseling, we wanted to help overweight participants at high risk for diabetes develop the habits of a correct and healthy diet and regular exercise to achieve effective weight loss.

Purpose/Methods

Using publicity and the granting of awards for weight loss, 37 overweight (BMI ≥ 24) participants, 14 men and 23 women, at high risk for diabetes were recruited. The participants had to attend 4 weight-loss classes in the first month that included: understanding the benefits of weight loss, the elements of a healthy diet, the necessity of exercise, and how to keep a diet and exercise record. A health and weight-loss manual issued by the Department of Health was introduced to the participants and they were asked to keep a daily diet and exercise record. After the participants had completed 4 group classes, they had to bring the health handbook to the classroom in the hospital once per month for the next 4 months to record their body weight and body fat, and receive individual assessment and counseling by the nutritionist to help them understand what good eating habits and effective exercises are. After 4 months, we gave awards to the participants as encouragement.

Results

Before our class, average body weight was 74.4 ± 12.1 kg; after 4 months, average weight was 70.1 ± 12.3 kg, with a significant difference, $P < 0.001$, 95% CI: 4.3 ± 2.9 (3.3-5.2). Before the class, the average body mass index was 29.0 ± 4.2 kg/m²; after 4 months, the average body mass index was 27.4 ± 4.2 kg/m², with a significant difference, $P < 0.001$, 95% CI: 1.6 ± 1.1 (1.2-1.9). Before our class, the proportion of obesity (BMI ≥ 27) was 62.2% (23/37); 4 months later, the proportion of obesity was 48.6% (18/37), a 13.6% reduction in the number of obese.

Conclusions

This weight loss method differed from methods in the past. This was a group weight-loss process, with individual counseling. The group weight-loss program included learning about weight-loss methods through instruction by a dietitian and nurse and individual consultation with a dietitian and nurse on how to gradually develop good health behaviors. We found that developing good health behaviors in the overweight high-risk group for diabetes through our program, combined with counseling, was very effective for weight loss.

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Experiences of diagnosis and lifestyle management in Korean adults with metabolic syndrome

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Introduction

According to the 2005 Korean National Health and Nutrition Examination Surveys (KNHANES), 29.5% of Korean adults over 30 years old have MetS. Though importance of diagnosing and managing MetS is emphasized, little is known about how Korean adults get diagnosed and improve healthy lifestyle in practice.

Purpose/Methods

The purpose of this study was to explore experiences of diagnosis and lifestyle management in individuals with metabolic syndrome (MetS) in Korea. In-depth interviews were conducted with 21 adults with MetS over 40 years old. Field notes, health examination and sociodemographic survey were also collected. Data were analyzed using a thematic analysis.

Results

The findings showed that participants were diagnosed with two different terms: 1) MetS or 2) individual MetS components (e.g., prehypertension, prediabetes). Depending on the diagnostic term, participants perceived and reacted to the condition differently: in terms of lifestyle management and its outcomes; interaction with family and friends; and coping with environmental obstacles. Participants who were diagnosed with MetS take their status more seriously, better utilize information and cope with environmental obstacles than those who were diagnosed with individual components do.

Conclusions

Health professionals should consider different aspects of these two diagnostic terms. To improve health behaviors, it is necessary to provide reliable information and to facilitate individuals in actively utilizing information and coping with circumstances. Current findings will provide evidence for developing effective lifestyle intervention programs for MetS in health promotion hospital.

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Keep on walking. D-Foot, a tool for risk evaluation of the diabetic foot

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Introduction

Diabetic foot complications is a great burden on the individual and on health cost expenditures. An ulcer on the foot gives limitation in daily activity and walking. Prevention can reduce the amount of ulcer with 50%. A structured assessment of the feet precedes the risk classification and prescription of insoles, shoes and orthoses. Since more than 50 % of patients with diabetes have manifest neuropathy there are about 175 million people in the world in need of protective footwear.

Purpose/Methods

The aim of the D-Foot project is to construct a clinically relevant, valid and reliable examination protocol for the assessment of risk factors for foot ulcers in patients with diabetes. A digital web version of D-Foot will be constructed. D-Foot is aimed to be used of orthotist and shoe makers all over the world. This multicenter study is performed in the western part of Sweden, Region Västra Götaland. D-Foot will be tested for validity and reliability in a test-retest study.

Results

The 20 item D-Foot has been under construction during 2011-2013. It is available both in paper format and in digital format. A useful guide is incorporated in the D-Foot web version. D-Foot has been internationally recognized and presented at International Conference of Prosthetics & Orthotics in Hyderabad, India.

Conclusions

Expected result D-Foot is the tool for the orthotist and shoe maker in evaluation and risk classification. With D-Foot the prescription will be more appropriate and will contribute to the reduction of ulcer and amputation with 50 %. In its prolongation ulcer prevention leads to an economic sustainable intervention; a social sustainable intervention and an ecological sustainable intervention as people can keep on walking without ulcer on their feet.

Comments

The D-foot aims to become a simple and reliable assessment tool to assess the risk levels for ulcers in people with diabetes and to be used in the daily clinical practice. The risk assessment is the base and starting point before prescription of appropriate footwear. The D-foot will hopefully be a useful tool for all professions prescribing footwear all over the world.

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Making use of carbohydrate exchange with self monitoring of blood glucose (SMBG) is the effective way to improve glycemic control

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Introduction

This prospective study evaluated the effect of 4 different education group with registered dietitian (RD) intervention of diabetes on glycemic control in type 2 diabetic (DM) patients in a regional teaching hospital in Taiwan.

Purpose/Methods

We recruited 249 adult patients with type 2 diabetes and assigned them to (1)control group (n=27) who only with Medicine control (2)basic DM education group (n=174) (3)every 3 month DM education group (n=12) (4)high frequency DM education group (n=14) who received RD high frequency on site diabetic education and SMBG with diet record until patient can make use of carbohydrate exchange with SMBG. (5)high frequency DM education 6- month follow up group (n=22) who were follow up for 6 month

Results

Pair T test revealed neither all the intervention group(n=222) nor the control group(n=27)had significant changes in HbA1c during the first 5.6 month(p=0.000), Independent sample T test revealed high frequency DM education 6-month group (n=22) had significant changes in HbA1c then the controls (n=27) (p=0.041) during first 2.8 month; high frequency DM education group (n=14) had significant lower HbA1c. However, neither all the intervention group(n=222) nor the control group(n=27) had significant changes in HbA1c during first 8.4months.

Conclusions

This study showed that making use of carbohydrate exchange with SMBG might be effective way to improve glycemic control in DM patient. The effectiveness seemed to show after 6 months of intensive education.

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Perceptions of the psychosocial consequences and support after an acute myocardial infarction

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Introduction

Today more people survive an acute myocardial infarction (AMI) thanks to efficacious care and cardiac rehabilitation (CR). Health promotion interventions during recovery can prevent a re-infarction. However, CR is not accessible in same extent for people in rural and sparsely populated areas, compared to densely populated areas. Empowerment is necessary for inhabitants in rural areas to manage their illness, and they need options in CR. Peer support has shown to be an effective support, possible to receive anywhere.

Purpose/Methods

The aim was to describe individual's perceptions of their psychosocial consequences and access for support, one year after an AMI. Participants were 20 men and women under the age of 75, afflicted by a first AMI and living in sparsely populated counties in Sweden. Eleven of them were offered personal mentors; lay people with own experiences of an AMI. One year after their AMI the participants were interviewed about their perceptions and qualitative content analysis was used.

Results

Participants had felt anxiety at times, and were critical to the follow-up from health-care, except the coronary care nurses. They esteemed their families support and they with successful mentorship appreciated this. The mentors shared their experiences and gave valuable peer support. However those with a less successful mentorship or those without mentors described the past year as a 'tough year'. Some of them lacked the opportunity to talk to someone with same experiences.

Conclusions

This study offers a reminder that follow-up from health care is important, and affirms that support is needed during the recovery after an AMI. However, further investigations are required, including varying interventions for those afflicted by an AMI, especially in sparsely populated areas. The knowledge obtained from this study could be used in training staff both at coronary care units (CCU) and in open health care.

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Self-care management in sleep-activity in patients with coronary artery disease - a randomized intervention study

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Introduction

Recent scientific findings have shown that low physical exercise and stress interfere with coronary artery disease (CAD) patients' sleep quality and sleep efficiency independent of gender, age and co-morbidity. Patients with CAD often suffer from emotional, cognitive and social disturbances and experience reduced health-related quality of life (HRQoL), which over time, result in failure to adopt a healthy lifestyle. From a more holistic perspective, it is also important to describe the patients' own experiences of their sleep.

Purpose/Methods

Purpose:Evaluate the effectiveness of an individualized program to promote self-care management in sleep-activity in patients with CAD. **Methods:**Fifty-three patients' who had undergone cardiac intervention and/or pharmacological treatment 3 to 7 weeks earlier at a hospital in southwest Sweden, were randomized to either an intervention-group or a control-group. There were 47 eligible patients for the analysis. Datacollection by questionnaires, a sleep diary and actigraphy registration for 10 consecutive 24-hour periods, with a follow-up after 3-4 months. The intervention-group underwent a nurse-led individualized education program to promote self-care of sleep-activity. Individual advice on physical training, relaxation exercise and a CD-based relaxation program were provided by a physiotherapist. Both groups received a brochure about sleep and stress.

Results

At a 3-4 month follow-up results indicated that the interventions improved patients' sleep quality, sleep duration and sleep efficiency. In the intervention-group the main improvements were seen in sleep quality, sleep duration and sleep efficiency in the sleep diary for 10 consecutive days and sleep efficiency in actigraphy registration. Statistical improvements in HRQoL were revealed. This was not so obvious in the control-group.

Conclusions

An individualized program to promote self-care of sleep-activity including relaxation in patients with CAD supported by a nurse may improve sleep quality. A larger study is needed before any further conclusions can be drawn.

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Enhancing Preliminary Care Ratio for Chronic Kidney Disease through Health Promotion Model

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Introduction

The global prevalence rate of CKD is around 10% to 14%. Patients with chronic kidney disease are at a higher risk of death because of their impaired kidney function, particularly cardiovascular death. Their morbidity and mortality rates are both high. Statistics of the Taiwan Society of Nephrology show that 416 out of every million Taiwanese received dialysis in 2007. Our aim was to explore the possibility to delay the deterioration of kidney function in patients with CKD by increasing number of patients enrolled in preliminary CKD care

Purpose/Methods

The purpose of our study was to reduce the incidence and prevalence rates of advanced kidney disease by increasing number of patients enrolled in preliminary CKD care, intervening with a healthy life model early, establishing healthy dietary habits, making it a habit to exercise regularly, and following up on individual patients continuously. Patients whose test results met the criteria: eGFR ≥ 45 ml/min/1.73 m² and eGFR 60~89.9 ml/min/1.73 m² + UPCR ≥ 50 mg/gm (or UACR ≥ 30 mg/gm for diabetic patients) were enrolled and referred to the Health Education outpatient counseling clinic, where the educator and dietician assessed the patients' daily habits to analyze their problems, provided suggestions on correct and healthy dietary habits to turn around unfavorable daily habits, helped the patients form a habit to exercise regularly, and entered data of each patient into the information for management and subsequent follow-up.

Results

A total of 112 people were enrolled for early CKD care. The average enrollment rate per month was 18.2%. A total of 939 people were enrolled by the end of November, 2012. The average enrollment rate per month was 55.2%. Through health education, the preliminary care rate for CKD increased by three folds. Statistics of January to June, 2011 at the Hospital show that 19 (17.0%) of those enrolled for early CKD care entered Pre-ESRD after having been followed up for more than a year. Between July 2011 and November 2012, on the other hand, 97 patients (10.4%) entered Pre-ESRD, a decrease of 6.6%, with statistical significance.

Conclusions

Results show that it helped delay the incidence of advanced kidney disease among those enrolled in the preliminary CKD care program. In other words, deterioration of kidney function can be reduced or delayed through enhanced promotion of the preliminary CKD care program where the medical team can detect problems of people at high risk of CKD early and provide them with complete treatment and health education to facilitate a healthy life.

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Better management of patients with osteoarthritis

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Introduction

Information, exercise and weight reduction are recommended as first line treatment for patients with hip or knee osteoarthritis (OA) whereas only a minority of OA patients are eligible for surgical interventions. The guidelines are not reflected in clinical practice. OA cause high costs to society and the indirect costs are approximately five times as high as the direct costs for OA health care. A minority of OA patients receiving surgery have seen a physiotherapist at any time before surgery.

Purpose/Methods

An evidence-based patient education called Better management of patients with osteoarthritis (BOA) was developed. Core information (minimal intervention) comprises the causes and consequences of OA, available treatments, self-care, coping strategies and strategies to increase level of physical activity. Individually adapted exercise is optional. A patient trained by the Swedish Rheumatism Association share the lived experience of OA. Physiotherapists are educated to deliver and evaluate the patient education in a standardized way. Patient reported outcomes and compliance to intervention are registered.

Results

Nearly 15000 patients are included. After 12 months 73% of the patients report that they use what they have learned during the course at least on a weekly basis. 65% of patients who received the BOA intervention during waiting time to orthopaedic consultation were satisfied after the course and declined to see the orthopaedic surgeon. BOA became a Swedish National Quality registry in 2010. Each clinic can extract their results online and in real time.

Conclusions

These results initiated a change in care routines in Sweden. Registering nationwide population-based information of OA patients and the results from intervention enables knowledge that can be used for continuous improvement and implementation of OA guidelines in clinical care, and to avoid non-evidence based treatments and diagnostics. By merging the BOA-register with other National Quality registries patients can be followed during the course of disease, and factors predicting prognosis and outcome of treatments like joint replacement surgery can be identified.

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Session P1.8: Studies on health promotion and public health

Breast cancer survival in relation to ethnicity in Norway; Implication for clinical practice

BUKHOLM Ida RK, LATIF Fahim, BUKHOLM Geir

Introduction

Cancer specific survival is associated with ethnicity. Studies from USA indicate huge differences in breast cancer survival between majority and minority population. There is little research relating to cancer and ethnicity in Norway or in other Scandinavian countries, although research related to other illnesses show distinct differences between ethnic groups. Cancer specific survival is a robust measurement of how the health services function in a country for different subpopulations. Cultural differences in coping cancer diagnosis may also affect the survival

Purpose/Methods

The aim of the study was to explore breast cancer prognosis and survival between different ethnicity groups in Norway. We have performed a national survey on breast cancer specific survival in Norway. For a period of 7 years (2002-2009) all patients who were diagnosed with breast cancer were identified. We were especially interested in women from Pakistan, Somalia and Sri Lanka (PSS). Among 188934 women diagnosed with breast cancer, 67 were from PSS. Reviews of medical journals were performed

Results

Results show highly significant differences between Norwegian breast cancer patients and patients from PSS. There were differences in stage, operating procedures, relapse and mortality, as well as age at diagnosis. In addition, there was a high frequency of diabetes type 2 and obesity among patients from a PSS background. The differences in survival may be due to delayed diagnosis, but also because of metabolic syndrome and obesity.

Conclusions

Results from the present study led to change of routines at the dept of Breast endocrine surgery at Akershus university hospital. We now screen for blood sugar as well as BMI for all breast cancer patients. This also demonstrates how hospitals can contribute to health promotion, because if patients with glucose intolerance /metabolic syndrome are identified and offered treatment, the risk of relapse is reduced. Results also show that hospitals have to show special attention to women from PSS with breast cancer, since there are huge differences in breast cancer survival for these groups.



Comments

Because of these results, we are planning to contact the health authorities in Norway to get screening program changed from 49 to 39 of age for women from PSS

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Explore the association of the detection of cardiovascular disease with hsCRP

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Introduction

According to the statistics of the Department of Health, cardiovascular disease mortality ranks the highest top in Taiwan. Cardiovascular disease results from chronic changes of the vascular epithelium which forms atherosclerosis and thus leads to stenosis of blood vessels, followed by the complication of vascular thrombosis and mortality. hsCRP is an independent predictor in detecting cardiovascular disease. Whether or not will hsCRP be used to detect the occurrence of cardiovascular disease and patient prognosis indicator?

Purpose/Methods

Patient source and specimen collection: In this study, the patient population selected from January to December in 2012 with 368 in all, including 129 related to cardiovascular department. Conditions consist of hsCRP value > 1mg/dl, specimen of blood tapped out containing heparin anticoagulant tube or non-heparin biochemical tube, detection instruments for 7170. hsCRP serum was divided into three portions with concentration of 1.0-2.0, 2.0-4.0 and 4mg/dl respectively.

Results

The results showed that a total of 368 cases, including 129 cardiological cases. The other 239 cases from other departments, such as Neurology, Neurosurgery and Rheumatology. Today we just explore patients with cardiovascular disease, so other departments excluded. The hsCRP serum concentration were subdivided into three sections: are 1.0-2.0mg/dl 63, 2.0-4.0mg/dl (31case) and > 4mg/dl (35case) respectively.

Conclusions

If hsCRP can be used as a predictor of cardiovascular disease risk, In accordance with the occurrence of cardiovascular risk, divided into three equal portions, <1, 1-3, >3mg/dl to represent the low, middle, and high risk groups, the collected objects are among the high-risk group. But if hsCRP concentration exceeds 10mg/dl, whether or not case infection needs consideration. So, for people with cardiovascular moderate risk, hsCRP still provides a good reference of detection.

Comments

Many literatures have confirmed hsCRP recently acts as independent and powerful predictor to assess the risk of cardiovascular disease. But relevant data are lacking to prove hsCRP reduction can reduce the incidence of cardiovascular disease.

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Predictors of improvements in left ventricular ejection fraction among patients with chronic heart failure participating in a six-month nurse case management program

HSIAO I-Yu, KOO Malcolm, CHEN Chiu-Yuan

Introduction

Heart failure is a leading cause of hospitalization and readmission in many parts of the world. Despite advances in pharmacotherapeutic strategies, it is a major public health concern because of its high morbidity and mortality. Case management interventions can reduce hospitalization and may improve quality of life in patients with heart failure. However, little is known about the factors associated with positive intervention outcomes, such as post-intervention improvements in left ventricular ejection fraction (LVEF).

Purpose/Methods

The objective of this study is to investigate the factors associated with improvements in LVEF in patients participated in a six-month heart failure case management intervention. Between June 2011 and March 2012, patients diagnosed with heart failure at the Buddhist Dalin Tzu Chi General Hospital in Taiwan were invited to enroll in a case management intervention. Information on demographic, lifestyle, quality of life, self-care behavior was ascertained. Echocardiography was performed at pre- and post-intervention to calculate the changes in LVEF.

Results

The mean age of the 100 participants was 66.8 years (SD=12.9). The mean LVEF was 35.4% (SD=10.4) and 45.9% (SD=12.0) at pre- and post-intervention, respectively. The changes in LVEF post-intervention were dichotomized as improvement or no improvement. Results from multiple logistic regression analysis (adjusted for New York Heart Association functional classification), indicated that being female, being married, education level of high school or above, exercise, smoking, and no alcohol drinking habit were independent and significant predictors of improvements in LVEF.

Conclusions

In this single-group pre-post intervention study on patients participating in a six-month case management intervention, several factors emerged as strong and independent predictors of improvements in an objective outcome measure - LVEF. When developing future intervention strategies for patients with heart failure, case managers can use the results of this study as a basis to target their efforts and resources on factors that are predictors of positive intervention outcomes.

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A study of Quality of Life on Coronary Artery Bypass

LIN Mei-Yu, KU Yan-Choie

Introduction

The study aimed to examine the effectiveness of integrated cardiopulmonary nursing care model on patients' quality of life, postoperative pulmonary complications and readmission for those who received a coronary artery bypass surgery. A correlation study design was used with 72 subjects recruited from a cardiac surgery ward in southern medical center. Patients completed the quality of life scale (SF-36) after discharged monthly follow up.

Purpose/Methods

Patients Basic attributes as independent variables, quality of life and re-hospitalization, pulmonary complications as the performance metrics. SPSS 14.0 statistical analysis software package was use to examine the effects of independent variables and the correlation between indicators and the relationships between interaction.

Results

The results showed that patients' quality of life after bypass surgery for 1 month was at medium level (mean 86.01 ± 11.03), postoperative pulmonary complication rate was 33.33%, and 16.7% readmission rate were found. Quality of life was differ by age, length of stay, and chronic illness.

Conclusions

The quality of life for patients who received coronary artery bypass surgery was influenced by age, length of stay, chronic illness, pulmonary complications and readmission. The empirical data derived from this study can serve as a reference for clinical practice. In addition to cardiac rehabilitation, nurses tailor the care plan to individualized needs in order to facilitate patients' physical, mental and social function to the optimum health state.

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The Effects of Aromatherapy Massage on Women's Menopausal Disturbances: A pilot-controlled study

WANG Shere-Er, LIN Injen, SHI Zhi-lin

Introduction

Menopause is a natural development of life and physical disturbances often manifest during the menopausal transition period. Women who experienced menopausal disturbances may search alternative medicine to alleviate their symptoms. Several studies examined the effects of aromatherapy massage using essential oil on decreasing menopausal symptoms have shown positive outcomes.

Purpose/Methods

This study aimed to evaluate the effects of aromatherapy massage on women's menopausal disturbances prior to and at four weeks after using aromatherapy with essential oil on the area of chest and abdomen. The study was conducted by using quasi-experimental design, to investigate the effects of the aromatherapy massage on middle-aged women in northern Taiwan. The experimental group of 47 participants applied 3% essential oil topically on the chest and abdomen twice a day for 4 weeks. The control group of 38 participants applied mineral oil as placebos topically on the chest and abdomen twice a day.

Results

The participants in the experimental group reported the score of menopausal disturbances 18.64 prior intervention to 16.15 after intervention at the four weeks follow up ($t=3.06$, $p=.00 < .01$). The results of the aromatherapy massage intervention decreased the experimental group of participants' menopausal disturbances significantly. However the participants in the control group reported the score of menopausal disturbances 20.13 prior intervention to 20.60 after intervention at the four weeks follow up ($t=-.33$, $p=.74 > .05$). The effects of the mineral oil was not seen to decrease participants' menopausal disturbances in the control group

Conclusions

The aromatherapy massage was shown to be effective and beneficial to women and could be easily implemented. Therefore, the intervention offered effectiveness and an advisable way to promote community health strategies for menopausal health care. The researcher also suggested a need for larger randomized studies to adjudge whether the positive effects of the intervention are associated with the intervention or the results of other factors.

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Fatigue is a common symptom in men and women with irritable bowel syndrome (IBS) with profound impact on daily life.

BJÖRKMAN Ida, JAKOBSSON UNG Eva, SIMRÉN Magnus

Introduction

Fatigue is a common symptom in chronic disease which has a negative impact on quality of life and every day functioning. Fatigue refers to a subjective feeling of mental and/or physical tiredness, weakness and exhaustion but no global definition exists. Differences between men and women with IBS have been reported, with women reporting more gastrointestinal symptoms and more psychological and emotional distress. The importance of fatigue in IBS is not well understood and gender aspects have not been explored.

Purpose/Methods

Our aims were to investigate differences regarding fatigue in men and women with IBS, and consequences of fatigue for everyday life. We included 137 patients with IBS (mean age 34 (18-60) years; 45 men). The participants completed the Fatigue Impact Scale (FIS), a validated questionnaire, and gender differences were compared using Mann-Whitney U-Test. Subsequently an open-ended question was answered; "In what way/ways does fatigue impact your everyday life?" The open-ended question was analyzed using qualitative content analysis.

Results

Women reported more severe physical fatigue than men (15.2 ± 10.7 (mean \pm SD) vs. 11.0 ± 9.4 ; $p < 0.05$). Forty-four percent stated fatigue as their worst or one of their worst symptoms with no significant gender difference. The qualitative analysis revealed impairment due to fatigue in social relationships, power of initiative and physical as well as working ability. Fatigue also created negative emotions like feeling "useless" or "depressed". The theme "Making life a balancing act" permeated all these categories which were generic for both genders.

Conclusions

Fatigue is a common and bothersome symptom in men and women suffering from IBS, which needs to be acknowledged while caring for these patients. Further, fatigue has a more pronounced impact on the physical ability of women with IBS compared to their male counterparts. The qualitative analysis opened up for a more nuanced understanding of the symptom of fatigue in IBS, especially in highlighting negative emotional effects.

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Dietotherapy with low content of proteins in patients with M. Parkinson's

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Introduction

In Parkinson's disease (PD), the importance of diet, not as sacrifice or deprivation, but something designed to maintain a satisfactory state of health, is now known to all. In the presence of chronic diseases a diet program becomes a prerequisite for the welfare of the individual. The project aims to help patients suffering from PD and their families, to understand how much and how proper nutrition have a positive influence on the effectiveness of drug therapy and the general state of health. It is, in fact, scientifically proven and experienced by the patients themselves that a low-protein diet for lunch improves the effectiveness of drug therapy to levodopa and that a balanced diet reduces the risk of metabolic diseases (hypercholesterolemia, diabetes, gout) and meals rich in protein, and especially aromatic amino acids, may therefore interfere in the activity of the drug levodopa making unavailable the carriers necessary for the transport

Purpose/Methods

Some patients with PD and fluctuations of motor response to levodopa therapy may benefit by avoiding proteins during daytime meals, while leaving them unrestricted until bedtime. The acceptance and benefits of a protein redistribution diet (PRD) was studied in 40 PD patients whose fluctuations were refractory to current medications. We have defined the phases of the project, the action to be triggered (periodic visits and creation of a data base, clinical diary with the name of the patients), the time of each phase. We have held periodic meetings between the nutritional team and neurologists. Indicators: clinical improvement, reporting phenomena on/off, dyskinesias, reduction / adjustment therapy, evaluation and rating patients

Results

27 patients (67%) were still adhered to the diet 6 months later. Non compliance was more often justified on the basis of the changes in alimentary habits, as a too heavy supper (34%), scanty variation of meals (30%) and difficulties in preparing the diet (21%), rather than do to adverse effects of the diet on PD which occurred in 4 patients (exacerbation of the dyskinesias and lack of effectiveness, respectively).

Conclusions

The PRD proved beneficial to 67% of those patients able to keep adhered to it, 4 patients shifting to stable responses. Five diet-benefit patients who performed daily "on-off" charts decreased their mean daily "off" time from 16 to 5 %, but "on" time quality remained unimproved by the diet

Comments

The PRD introduces a heavy change in dietary habits which is not readily accepted by many PD patients. However, the fact

that fluctuations disappeared in one fourth of those able to maintain the diet warrants a closely supervised, short-time trial to identify those in whom benefits override the inconveniences of such new changes in the patient's way of life.

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The effect of "Healthy Life Plan" program on the management of obesity for Korean adults

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Introduction

The prevalence of obesity among Koreans has increased and the rate of adult(30-year old or above) obesity reached 34% in 2010. Obese persons are more likely to develop various kinds of diseases, particularly heart disease, hypertension, type 2 diabetes, and certain types of cancer. Since obesity is caused by the complex set of factors, focused interventions are needed. Thus, KAHP health promotion centers have provided an obesity control program as a post management after the health examination.

Purpose/Methods

This study aims to evaluate the effectiveness of a lifestyle intervention on the improvement of obesity, health behaviors and behavioral determinants among Korean adults. Obese adults aged 30 to 59 years (n=76) were randomly assigned to the intervention group (IG) or the comparison group (CG). The IG received a 3-month multi-component lifestyle intervention called "Healthy Life Plan", while the CG received minimal information. Health examination and survey were conducted before and after the intervention to determine the effectiveness of the program.

Results

After the intervention, health indices of the IG were significantly improved in weight(p=.003), waist circumference(p=.011), % body fat(p=.021), and total abdominal fat area(p=.041). The reduction of waist circumference among IG participants was better than that of those in the CG(p=.017). The IG demonstrated significant improvements in dietary behaviors(p=.013), periodic measurement of waist circumference(p=.005), pros of weight control(p<.001) and awareness of one's current biomarkers(p=.038) better than the CG did.

Conclusions

"Healthy Life Plan" program improved the obese status and health behaviors in adults. Thus, it provides a evidence-based

model for obesity management in primary health care and could be used as part of multi-strategy to control obesity in the community.

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Evaluation of Activities of Lithuania's Personal Health Care Institutions Applying Mathematical Methods

KIRKAUSKIENE Rasa

Introduction

The necessity to constantly improve the quality of health care services is emphasized in all the strategic documents of Lithuania's economy and health care system. In Lithuania strategic decisions regarding the development of health care quality have been passed. In the personal health care institutions (PHCIs) aiming to ensure proper personal health care quality systems of quality are being introduced, local medicine audits are acting. Alas, in the sphere of health care more often more attention is paid to the process and not to the result.

Purpose/Methods

The aim of this paper is to evaluate how the activity of personal health care institutions is influencing the society's health by applying mathematical methods. For the description of every phenomenon various mathematical models have been applied. One of the most prevailing is regression correlation analysis defining the interrelationship of various phenomena. For the performance of correlation and regression analysis an index defining the state of Lithuania's health care, all the cases registered in the personal health care institutions, as a dependent variable has been chosen. Independent variables: number of hospitals, number of out-patient PHCIs and number of private PHCIs.

Results

The calculated coefficient1 of correlation ($R = -0.62$) of all the registered cases and out-patient PHCIs indicates that negative tie between all the registered cases and number of out-patient PHCIs interrelationship has been noticed, the determination coefficient2 ($R^2 = 0.38$) influences the number of cases registered in the PHCIs only by 38%. The calculated results of the coefficients of interrelated tie correlation ($R = 0.577$) and determination ($R^2 = 0.33$) of all the registered cases and private PHCIs indicate that the tie between all the registered cases and number of private health care institutions is linear noticeable, positive. The private PHCIs influence the number of registered cases only by 33%. The number of hospitals influences the number of all cases by more than 96% ($R^2 = 0.96$), ($R = -0.982$).



Conclusions

After performing the analysis one may reach a conclusion that the number of hospitals influences the dependent variable – all the cases registered in PHCIs most of all (more than 96%). The tie of the number of out-patient and private PHCIs and all the cases registered in the health care institutions is noticeable, however, the correlation and determination coefficients are not meaningful and the influence made on the society's health or health care is less. The activity of the out-patient and private personal health care institutions from the viewpoint of mathematical analysis is performed insufficiently rationally, it does not ensure the satisfaction of society's health expectations.

Comments

1. Correlation coefficient (R) is the criterion of quantitative evaluation of linear dependency between the variables or the measure of tie strength. If the correlation coefficient is positive the ties between the analyzed phenomena are linearly increasing and if it is negative they are linearly reducing. The closer the correlation coefficient is to 1, the closer are the ties and the closer the correlation coefficient nears to 0, the weaker are the ties. 2. The determination coefficient (R²) is a probability index indicating the per cent share of the specific factor in the variation of the investigated index.

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Public's perceptions concerning polypharmacy and patterns of medication use in Greece

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Introduction

Polypharmacy consists of the concurrent and unnecessary use of multiple types of medication by the patient for the treatment of a condition as well as the excessive number of drugs being prescribed by the health professionals. Increased number of drugs used by a patient is associated with more frequent adverse effects and reduced patient adherence to proper medication use. The current survey was aimed at studying polypharmacy and the patterns of medication use in Greece.

Purpose/Methods

The national household survey Hellas Health IV was conducted during October 2011 and covered both urban and rural areas of the 13 geographical regions. The sample of 1,008 individuals, aged ≥18 years old, was selected using a three stage, proportional to size sampling design and was representative of the Greek population in terms of age and residency. Interviews

were conducted according to the ESOMAR code of practice. Effective response rate reached 45.8%.

Results

84% of the respondents stated that polypharmacy exists in the country and, according to the respondents, main instigators are doctors (50%) and patients themselves (24%). 21% of the respondents at some point requested of their physician to prescribe medication even though it was not recommended by him/her. 25% of the patients purchase prescription medication without providing the prescription, while half of those respondents stated that the medication was recommended by their pharmacist and 41% by their doctor.

Conclusions

Polypharmacy in Greece is a phenomenon that burdens both the individuals and the health system. The results of the current study highlight the need for raising awareness among patients, physicians and pharmacists and for enhancing the current efforts and mechanisms for the restriction of polypharmacy

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Scoping review: a societal approach towards death and dying in Singapore

CHAN Melissa Miew Hua

Introduction

Singapore's first National Strategy Plan for Palliative Care announced in 2012 called for an appraisal of the discourse of death and dying. This is to raise awareness of palliative care, hence alleviating the suffering of the dying. This poster reports on the existing palliative care research literature in Singapore to provide information for clinicians and policymakers. Concepts of "health promoting palliative care" (HPPC) are suggested when considering the social perspective in palliative care provision for dying individuals to be empowered.

Purpose/Methods

Aim: To draw out the public health implications on the discourse of death and dying in the Singaporean context. **Method:** A scoping review using Arksey & O'Malley (2005) methodological framework was adopted for this study. Six electronic databases were systematically searched from January 2002 to July 2012. Searches, including grey literature searches were conducted in Singapore. To enhance the methodology, additional efforts to analyse the quality of the papers, grade them and also review its methodological rigour were conducted.

Results

Considering the wide timeframe, and the inclusion of both published and grey literature, it was surprising that only 17

published articles, three reports and one survey were included in the scoping review. These articles emerged in the last five years. Emerging themes include the good death, advance care planning, death denial, place of death, professional reflections on caring for the dying, attitude towards dying and quality of death. However, no articles related directly to health promoting palliative care in Singapore.

Conclusions

The literature revealed a paucity of evidence on the discourse towards death and dying in Singapore. However, there appears to be a recent emergence of literature. The value-add of this research includes: *reporting of initiatives in the community, not otherwise reported in publications; *identification of novel research areas and suggested practical initiatives; *highlighting the need for the evaluation of current HPPC initiatives. Singaporean policy-makers are urged to practice "holistic-analysis" and consider the intangible policy-planning gains on death and dying issues.

Comments

Arksey, H. and O'Malley, L. (2005) Scoping studies: towards a methodological framework, *International Journal of Social Research Methodology*, 8, 1, 19-32.

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Bibliographic Search Strategies in PubMed for a more Health-Oriented Health Services

VIDALE Claudia, FAVARETTI Carlo, ZORATTI Raffaele

Introduction

In the last few years HPH methodology has undergone many developments and it has utilized more technologies to support health promotion and patient empowerment. The University Hospital of Udine (Italy) is part of the regional net of Friuli Venezia Giulia HPH & HS. Thanks to his Biomedical Information Service, the University Hospital has utilized the recent technologies and has developed a search filter which offers continuous updating of scientific literature in PubMed.

Purpose/Methods

To quickly identify the most relevant bibliographic citations about HPH, we have created, a specific filter, divided in three areas: Europe, USA and Canada, Asia and Australia. We have utilized the high potentiality of the personal PubMed archive My NCBI, that produces two advantages: the updated bibliographic information to one's personal e-mail; the identification of the most pertinent citations that one needs within all the results of the search.

Results

The Biomedical Information Service of the University Hospital of Udine sends periodically, by e-mail, the health promoting literature updates to the contacts in the HPH's network. The contacts share these information with their list of the health promoting professionals.

Conclusions

The ease and immediacy with which the bibliographic citations of the primary literature are updated, have allowed a further step forward in the quality of the research literature in the field of health promotion.

Comments

The continuous and reliable updating of health promotion literature are welcome to the HPH network

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Promoting the Respiratory Health of Pediatric Asthma Patients through the Exploration of Genomic Influences

KURTZ Tom, HOLLIDAY Charvonne, MASIELLO Matt

Introduction

The risk factors of asthma focus on the divisions of host factors, prenatal factors, and the environmental exposures in childhood and adulthood. However, an individual's genetic makeup proves to be a major factor in describing the nature and severity of asthma.

Purpose/Methods

As a part of a larger, clinical pediatric asthma intervention based in Europe, a collaborating, genomic research institution in the U.S. is in the position to explore genomic research on asthma patients. The research institute is known, internationally, for its involvement in clinical, biological, and public-health related studies. While the health promotion intervention will address necessary lifestyle changes, a more in-depth look at potential genomic influences is needed also.

Results

Studies have demonstrated the genetic component of asthma, yet, the nature of the disease's heritability remains unknown. Possible genetic effects of asthma include the loss of chromosomes, polymorphisms dealing with single nucleotides, and duplicated genetic variants. Despite the gap of understanding in the function of genes, asthma genetics have led to particular conclusions in asthma pathobiology dealing with gene cloning



and duplication. Further research has determined that many genes exist relating to the development of asthma.

Conclusions

The conclusions found would contribute to the prediction of disease onset in life, help to provide recommendations on environmental conditions for patients with asthma, and perhaps alleviate the severity of asthma. As a future direction, an exploration of the correlation between asthma and one's genomic makeup is needed as a precursor to design a more inclusive clinical health promotion initiative.

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Session P1.9: Patient-reported outcome measures & measuring and improving health literacy

The relationship of common sense in health care, daily self-care ability, calculation of figures with Physiological and psychological health status- An empirical study on Adult Diabetic patients

LO Chia-Lun, HU Ya-Han, CHANG I-Chiu

Introduction

The healthcare market has asymmetric information characteristics which is the most frequently discussed. Oftentimes, due to limited access to information, patients are unable to gain full health information and make the most appropriate choices or decisions. Hence, the enhancement of health information and health literacy is the crucial option for improving the health status of the general public. The purpose of this paper is to explore the relationship model to determine the impact of health literacy on health status.

Purpose/Methods

As diabetes is a disease that requires patients to have considerably sufficient self-care abilities, in this paper, the self-developed "Specific Disease (Diabetes) Chinese-Test of Health Literacy Assessment" and 12-item short form health status assessment were used as the research tools, with the diabetic patients from the outpatient clinics of seven hospital as the study subjects. This study collected 519 valid questionnaires. Data analysis utilizes confirmatory and exploratory factor

analysis, hierarchical regression and path analysis to test the model validity.

Results

The results have proven that the level of health literacy directly affects the overall mental health status, but through the mediating variables of doctor's order compliance, the overall physiological health produce significant differences. In addition, as the health literacy dimension defined in this study, the general public's computing power remains the weaker part. Besides, The different region are used to the different healthy information source. People live in the metropolitan area can comprehend well than others region one.

Conclusions

In conclusion, According to the LISREL test, the healthy literacy factor defined by this research will generate direct influence for whole healthy statuses. Capability of self-care and calculating ability is the most notable factor to health status. The level of daily care ability directly produces the greatest impact on the overall health status of the general public. Therefore, enhancement of health literacy, especially the self-care capability, could positively associate health outcome among diabetic population.

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Il modello di applicazione della Health Literacy dell'Azienda Ospedaliero-Universitaria di Ferrara

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Introduction

Health literacy is the ability to obtain, process and understand basic health information needed to make appropriate decisions. Understanding Health Literacy principles is fundamental in order to transform care quality. Dr. Rima Rudd puts emphasis on the dual component of literacy: 1. Expectations of the social system, 2. As the ability of individuals have reshaped the definition of terms, with a focus on health literacy in terms of interaction and not simply as individual characteristics.

Purpose/Methods

The project of the University Hospital of Ferrara has the objective of creating a local model which has as its theoretical reference principles equity and interaction. The identified fields are four; addressed to citizens, users, patients and professionals: 1. Online library with information materials to patients and websites for users, 2. Brochures (eg Hospital and operating unit

citizen's charter) 3. Materials devoted to specific health problems with the logic to patient empowerment, 4. Training of staff (teaching and Web 2.0).

Results

Early results (at 6 months from the project): Communication / dissemination of the project to all professionals of the 63 internal units; Structuring and implementation of the online patients library; Gathering documents, preparing analysis, choice of instrument evaluation and materials revision; Definition of the annual training plan. Expected results within three years: Consolidation and updating of the online patients library; Dissemination of documents reviewed, effective documental evaluation and measurement / assessment of efficacy results; Verification of the impact of training.

Conclusions

The project, which has a systemic approach based on the synergy of Staff Training / Updating and Communication / Hospitality related to all business professionals, has the ambitious goal of changing the corporate culture in order to provide a safe system of care, equitable and patient centered. Another objective of the project is to give evidence of the importance to implement the principles of Health literacy to improve the quality of care and treatment favouring doctor-patient interaction for a project of awareness and shared care.

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Health promotion: Developing health literacy in hospitals and health services in Iran

PEYMAN Nooshin, FAWKES Sally, LIN Vivian

Introduction

While health education has a long tradition and is well understood in Iranian health care organisations, the broader concept of health literacy has yet to become a focus of organisational policy, practice development, resourcing or research. During a 2012-2013 sabbatical, the author sought to gain insight into the work of Australian hospitals and community health services in health literacy, undertake a comparison of organisational contexts and practice in Australia and Iran and develop a framework for strengthening health literacy in Iran.

Purpose/Methods

Iranian and international literature on health literacy was reviewed, with a particular emphasis on definitions, conceptual approaches, organisational support and professional practice. Information was gathered through informal interviews with Australian hospital and health services colleagues utilising a schedule of seven key questions.

Results

Australian informants stated generally positive views about their organisations' work in the field of health literacy. Some reported that an organisational focus on clinical treatments inhibits health literacy improvement strategies being valued as an integral dimension of health care. Gaps in leadership and lack of strategic focus were identified as inhibiting prioritisation, resourcing, strengthening and growth of work that promotes health literacy. Interventions to improve staff capability to communicate with patients and their families was identified as a particular need.

Conclusions

Both the international and Iranian health literature have few published papers on health literacy in the Iranian context. The work of Australian hospitals and community health services provides useful insights into challenges and opportunities for developing the field of health literacy in Iran. The long-standing place of health education in Iranian health services and increasing requirement for chronic illness self-management provides a strategic context for further developing th

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Finding your way around the health services

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Introduction

The communication and the navigation systems in health centers should focus on the patient but frequently hospitals are difficult to navigate, especially for the people with literacy limitations. Structural factors can either help or inhibit the ability of people to find their way around the health services and attend to their own needs within a service delivery system.

Purpose/Methods

The objective was to evaluate the system of orientation and signs of the hospital environment of two centres of the Catalan HPH network. This study was performed in a tertiary hospital (Centre 1) and in a health centre (Centre 2) in the last quarter of 2011 and the first quarter of 2012 respectively, using an internal system of self-evaluation (a professional from the centre in a notetaking capacity) and the external participatory observation of three members of the Catalan HPH Network as informers of the accessibility, safety, visualisation and legibility of signs. At the end of the orientation around each centre the observers and note-takers agreed a quantitative score on a



scale of 1 (lowest) to 6 (highest evaluation) and qualitatively assessed the notes.

Results

The signs and other guiding elements in the two centres failed to facilitate the accessibility and orientation of patients and family members, with the lowest scores being recorded especially on arrival at the centres. The highest scores corresponded with the perception of safety in both centres. It was observed that the design and layout of the space often gave priority to the perspective of the health professionals who are habitually moving in an environment that they are familiar with. The evaluation identified good practices and elements to be improved that have been corrected following the evaluation of the orientation process.

Conclusions

The improvements proposed have helped users to find their way faster in both centres in a manner that is more comprehensible and efficient and in so doing they have increased personal autonomy. We believe it is necessary to establish protocols for displaying signs in health centres in which the external viewpoint of people outside of the organisation is taken into account.

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A new measure of health from the diabetes patient's perspective and healthcare's perspective combined, using Patient Reported Outcomes Measures together with registry data.

**BORG Sixten, PALASZEWSKI Bo,
GERDTHAM UIF-G, GUDBJÖRNSDOTTIR
Soffia**

Introduction

The patient's perspective on diabetes care has a focus on living the life one desires, the capabilities one has, such as diabetes self management ability; free of worries; and access to healthcare and involvement in decisions. Diabetes is a heterogeneous disease, and one patient's circumstances may be quite different from those of another patient. The healthcare's perspective has a focus on treatment goals such as keeping risk factors under control and avoiding complications. Patient heterogeneity must be considered here too.

Purpose/Methods

Our aim was a measure of health in diabetes while considering both the patient's perspective and healthcare's perspective, accommodating to each patient's unique circumstances. We use frontier analysis of patient reported outcomes and medical outcomes together to estimate the measure and its health related quality of life and treatment goal achievement components. They can be determined during the healthcare center visit, and will be available in the dialogue between the patient and the physician, together with the patient's medical status.

Results

The patient questionnaire has been validated in 4 743 diabetes patients, and has adequate measurements properties. Patient capabilities, abilities and patient's judgements of healthcare services can be obtained for type 1 and 2 diabetes, respectively. Our measure of health, overall, and subdivided into its health related quality of life component and its treatment goal achievement component, offers guidance as to where the patient is successful or not, and thus where to direct steps to improve his or her situation.

Conclusions

All the necessary steps for using this methodology at healthcare centers have been evaluated and found to be feasible and successful. Efforts can be directed at areas with potential of improvement, based on the results. We are currently in a pilot stage, but implementation is being planned.

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Starting the development of a self-report system for persons with hypertension: focus group interviews with patients and providers

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Introduction

Hypertension is a risk factor for cardiovascular disease for which poor adherence to therapy becomes a substantial threat to health. Major efforts have been made to explore reasons for poor adherence but few successful interventions have been designed. There is a need for effective strategies designed to facilitate an increased understanding for the complexity of hypertension and treatment by strengthening of patient participation as well as patient empowerment.

Purpose/Methods

The aim of this study was to explore and describe relevant aspects of hypertension and hypertension treatment, from the perspective of persons with hypertension and health care

providers. Focus group interviews were performed with 15 persons with hypertension and 12 health care providers and analysed according to thematic analysis.

Results

Persons with hypertension perceived trust, relationship to providers, well-being and prevention of complications as important aspects of hypertension care. Further they sought to understand the interplay between symptoms and variation of blood pressure. The providers emphasised accessibility, clear and consistent counselling, prevention of complications and educational efforts but doubted patients' ability to be participating partners in care.

Conclusions

The study presents aspects that persons with hypertension and health care providers deem important in hypertension management. Our finding provides input for future outcome measures, such as self-reports and may serve as a foundation for the development of a self-report system for persons with hypertension. They may further facilitate patient empowerment by increasing the understanding of hypertension and its' treatment, from a person-centred perspective.

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Patient participation in Rehabilitation Questionnaire (PPRQ)

**LINDBERG Jeanette, PERSSON Lars-Olof,
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Introduction

Person-centeredness is widely advocated as a key component of quality and effective care and rehabilitation. In order for rehabilitation to be truly patient-centered, it must be tailored to the each patient, without preconceived notions about what is the best approach for the patient. Spinal cord injury (SCI) is a devastating condition and most patients require long and extensive rehabilitation where an active involvement from the patient is encouraged.

Purpose/Methods

The overall aim was to develop a questionnaire assessing SCI patients' experiences of patient participation in rehabilitation. Ten persons with SCI were interviewed with the primary aim to explore the meaning of patient participation from their perspective. Based on the findings a drafted version of the PPRQ was developed. This questionnaire was psychometrically evaluated in a sample of 141 persons with SCI.

Results

The 10 informants stressed the importance of participation as a necessary prerequisite for successful care and rehabilitation,

but emphasized that it must be tailored to the patients' own preferences, capacities and needs. Five themes reflecting central aspects of participation emerged from the interviews, and based on the responses from the 141 participants in the postal survey, the hypothetical structure of the PPRQ was confirmed: Respect and integrity; Planning and decision-making; Information and knowledge; Motivation and encouragement; and Involvement of family.

Conclusions

The PPRQ could be used to evaluate SCI patients' experiences of participation in rehabilitation. Desired levels and kinds of participation vary from patient to patient and in the same patient over the course of care and rehabilitation and therefore it must be tailored accordingly. The internal consistency reliability met standards suggesting that the questionnaire may be valid even for individual assessments and as a clinical tool enhance and evaluate person-centeredness in rehabilitation of SCI patients.

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Session P1.10: Alcohol-related interventions in healthcare

Task Force: Alcohol and Alcohol Intervention in Hospitals

SANDVIK Tina

Introduction

Alcohol consumption is high and increasing in many countries. A documented effect of this increase in consumption is increased incidence of alcohol related injury and illness. This is reflected in increased hospital admissions. Still, alcohol interventions are only limited in use in hospitals and alcohol and alcohol interventions are often taboos. Only a few patients with hazardous, harmful or dependent use of alcohol are offered an intervention program as part of their clinical pathway.

Purpose/Methods

Two databases are now being developed, an experience database and a knowledge database. The experience database will contain good examples of clinical practice at hospitals world over, with detailed descriptions on interventions and how they are implemented. This database will be interconnected with the knowledge database, which will provide a systematic overview of the research on such interventions. Collection of information to the experience database is collected through a questionnaire based on the five WHO-HPH standards. The questionnaires are filled in by contact persons at relevant hospitals.



Results

Currently, there is established contact at hospitals in Norway, Sweden, Finland, Denmark, England, Scotland, Ireland, Australia, South Africa and the USA. It is per December 2012, sent out 54 questionnaires of which 11 are answered. Search for new contact persons is ongoing. There is a strong emphasis on finding contact persons in hospitals in Asia, Africa and South America

Conclusions

This will be an advisory, available database that visualizes the alcohol interventions that are useful, effective and possible to establish and integrate as part of the routine treatment in hospitals. It will facilitate the exchange of experiences and knowledge, contribute to the startup process and implementation of alcohol prevention efforts and measures in hospital and be a help to develop and enhance the quality.

Comments

The General Assembly of HPH agreed in 2009 to establish an international task force on alcohol and alcohol interventions in hospital settings. The task force is led by KoRFor, Stavanger University Hospital, in collaboration with the WHO-collaborating center in Copenhagen. The objective of Task Force is to develop and enhance the quality of alcohol interventions in hospital, facilitate the exchange of experience and knowledge and develop proposals to international and national guidelines for such interventions.

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Validation of the screening capacity of brief screening tools for hazardous alcohol drinking in a hospital setting

LARSSON Kjerstin, VEJBY Sölvi

Introduction

Alcohol use is a leading contributor to many health problems encountered in medical settings. Thus, it is important that healthcare professionals implement methods to identify and intervene with patients whose drinking is hazardous and harmful to their health. However, the capacity of methods to detect hazardous drinking in a hospital setting is not fully investigated. The aim of the present study was to investigate the capacity of two brief screening tools to detect hazardous drinking in a hospital setting.

Purpose/Methods

Data were collected in a single day November 2012, from patients (n=1195) who were treated at a ward or visiting an outpatient clinic in a Swedish university hospital that day. The screening capacity of the heavy episodic drinking (HED) screen-

er and the AUDIT-C (the three consumption items of AUDIT, the Alcohol Use Disorder Identification Test) was compared to the full AUDIT as a gold standard with cut-off points 6 for women and 8 for men.

Results

Data is currently being analyzed. Preliminary findings shows accordance between the HED screener, the AUDIT-C and the full AUDIT only in one third of the cases who screened positive for hazardous drinking in either of the screening tools. AUDIT-C categorized higher rates of hazardous drinkers than did the full AUDIT in both men and women. At the conference, the screening results in terms of overall rates of hazardous drinking and the comparisons between the screening tools, will be reported.

Conclusions

The preliminary findings suggests inadequate accordance between the brief screening tools and the full AUDIT, and that the AUDIT-C may detect higher rates of hazardous drinking than the full AUDIT do. The full AUDIT may be too extensive to use in the busy clinical setting, why there is a need of a brief screening tool. Further analyses will reveal if the HED screener is sensitive enough to detect hazardous drinking in this setting.

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Alcohol Reduction Service by BRENDA model

FANG Chun-Kai, LIN Chih-Fan, SHIH Pao-Wen

Introduction

Alcohol dependence is a common communal problem in many countries. BRENDA model is an evidenced-based approach to treat alcohol use disorders. According to previous studies, alcohol use disorders were related to suicidal ideation and attempt. The Suicide Prevention Center at Mackay Memorial Hospital provided BRENDA model to promote the treatment of alcohol use disorders which fund was supported by the Department of Health in New Taipei City. The purpose of the retrospective survey is to evaluate the efficiency.

Purpose/Methods

We analyzed the raw data from 2006 to 2012 with descriptive analysis to understand the development of alcohol reduction service. Because the standardized BRENDA model began since 2010, we had the tools to evaluate, including AUDIT and PHQ-9. We analyzed the outcome of the alcohol reduction service about the raw data in 2012. All patients with alcohol dependence in the service received all services at least 3 months.

Results

There were 322 cases receiving the service from 2006 to 2012, including 267 cases (82.9%) with the BRENDA model. The average fee of the extra medical budget was under 330 US dollar person/ year which were supported. In 2012, there were 130 cases involving the service. The prevalence of heavy drinking was decreased from 70% to 21%. The prevalence of major depressive episode was decreased from 72% to 13%. The prevalence of suicide ideation was decreased from 46% to 4%.

Conclusions

The alcohol reduction service by BRENDA model is acceptable by patients with alcohol dependence and their family. From the aspect of health promotion, it is important to help heavy drinking people to reduce the amount of drinking.

Comments

The alcohol reduction service provides the possibility to connect hospital and community. It should reduce the accidents related to alcohol.

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Summary of Alcoholic Outpatient Lifestyle and Treatment

ARIMA Yasuharu

Introduction

Chidoribashi General Hospital (CGH) has had an alcoholic outpatient department which is rare among general hospitals in Japan (However, we have no alcoholic inpatients ward). Many admitted patients in CGH have alcohol-related problems. Nowadays we treat many alcoholics from other hospitals covering a vast region. The treatment of alcoholics seems to be difficult and patient recovery is not apparent. Some alcoholics die at home every year. We investigated the background of alcoholic patients and how treatment works.

Purpose/Methods

We surveyed the background of 133 patients who had consulted the alcoholic department between 4/1/2009 and 6/31/2012. We measured their sex, age, introduction pathway, insurance, lifestyle, family history, educational background and criminal record in an interview by a medical social worker. We investigated the treatment of 90 outpatients between 4/1/2009 and 3/31/2011. 12 were admitted to the psychiatric ward. 78 were treated as outpatients. We measured the number of consultation periods for each patient.

Results

83% of participants were male. At the first meeting the average age was 52. 27% were homeless (all male). 60% were living alone (male 68%). 44% of males had criminal records, no females had criminal records. During the treatment, discontinu-

ation was 66%, continuation was 22%. Only 2% finished the program. The death rate was 8% among all patients. 19% attended consultation just once, 36% attended consultation over 10 times.

Conclusions

The investigation revealed most of the patients were living in economically poor situations with a lack of family support. The high percentage of criminal records was remarkable. Not only do they need treatment for alcoholism but also comprehensive life support. We introduced a visiting-nurse service for high risk patients to prevent them from dying alone at home. There were many patients who stopped visiting the hospital after only a few times. It is important to provide educational tools for patients to study by themselves and motivate them to stop drinking. It is necessary to improve relationships between the outpatient department, the psychiatric ward and patient groups.

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Session P1.11: Improving physical activity

Preliminary results of dancing exercise on dynamic control in adolescent females

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Introduction

The hypothesis was that female student dancers have better dynamic stability than female collegiate students. The purpose of this study was to investigate the effects of dancing exercise on dynamic control of adolescent female through a comparison study of two cohorts.

Purpose/Methods

Compared between female student dancer group and female collegiate students group. The data of variables were acquired via Biodex Stability System (BBS). The variable chosen for balance test were: (1) the overall dynamic limit-of-stability score (2) the trial duration. Differences between the dancers and collegiate students were compared using Wilcoxon rank sum test.

Results

The comparisons of the overall dynamic limit-of-stability score and the trial duration showed no significant difference between groups at any level of difficulty.



Conclusions

Evaluation in the dynamic limit-of-stability mode appears more demanding than other dynamic balance modes because participants have to maintain balance while actively controlling joint movements in the functional limits of their range of motion. Our findings of this study indicate that bilateral legs stance in the dynamic limit-of-stability mode was far too challenging.

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Effects of aerobic exercise and body awareness training in major depression - a pilot study

**DANIELSSON Louise, PAPOULIAS Ilias,
WAERN Margda, CARLSSON Jane**

Introduction

Major depression is considered the forth most prominent public health threat according to the World Health Organization and is expected to increase its impact during the next decade. Different treatment approaches are needed to individualize treatment and to improve remission rates. Physical activity has been suggested to have an effect on depressive symptoms, but results from previous studies are inconsistent. Further, questions remain about active components and the effectiveness of different exercise modalities.

Purpose/Methods

To study the effects of a) aerobic exercise and b) body awareness training, as augmentation to antidepressants. The study is a randomized controlled trial in a primary care setting. Participants are adults 18-65 years with major depression confirmed by a diagnostic interview. Participants are randomized into one of three treatment arms during 10 weeks: 1) aerobic exercise 2) body awareness training or 3) advice on physical activity in daily life. Primary outcome is depression severity.

Results

Preliminary results from the initial 18 participants enrolled in the study indicate that those allocated to aerobic exercise (n=6) or body awareness training (n=6) show a greater reduction in depression severity scores compared to those allocated to advice on physical activity (n=6). Mean changes on the observer-rated Montgomery Asberg Depression Rating Scale was -15.8 points for the exercise group, -10.4 points for the body awareness group and -6.5 points for the advice group.

Conclusions

The few participants included so far in this study limits the possibility to draw conclusions, but preliminary findings indicate that aerobic exercise in a primary care physiotherapeutic context has a clinically relevant effect as augmentation to antidepressants in adults with major depression. Possibly, body

awareness training may be a viable option to aerobic exercise. Enrollment in the study will continue during 2013.

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Effects of Balance Training on Functional Outcome for Lower Extremity after Total Knee Replacement

LIAO Jiun De, LIN Li Fong

Introduction

Functional performance remained limits in patients with osteoarthritis after total knee replacement (TKR) surgery and that had been addressed to insufficient muscle function and impaired balance. Post-TKR rehabilitation was suggested and most interventions based on functional activity training or resistance training. However, few studies had focused on balance training.

Purpose/Methods

The purpose of this study is to improve impaired balance after TKR surgery with additional intervention of balance-based exercise. 120 patients consulted from orthopaedic department at least two months later after TKR surgery will be included and randomized into functional training group (control group) and Balance training group. Balance training group received supervised balance exercise 3 times per week for 8 weeks, whereas control group received only conventional functional training over the same period. Measured outcomes, including balance of the lower limb (the distance of functional forward reach, the time of eye-closed & eyes-open single leg stance); muscle strength of the lower limb (the times of 30 sec sit-to-stand); lower extremity functional activity (the time of 10m walk, 8 ft up-and-go, and stair climbing); the Western Ontario and McMaster Universities (WOMAC) Osteoarthritis Index, will be tested before, after intervention and the 8 weeks following-up.

Results

Fifty-eight patients in the experimental group (46 women, 12 men; mean age 71.4±6.6y) and 55 in the control group (37 women, 18 men; mean age 72.9±7.3y) completed the study. Using independent t test, a statistically significant improvement of all measures was observed in both groups after intervention (all P < .001). As analysis was performed by ANCOVA using the pretest measures of both groups as the covariates, the experimental group exhibited a significantly superior improvement in all measures compared with the control group (P < .001).

Conclusions

Additional balance training exerted a significant beneficial effect on the function of lower extremities in patients with knee osteoarthritis after TKR. Further studies should include a control or cohort group that does not receive any intervention, and should follow the patients up for longer than we did. Additional

balance training should be focused and promoted after TKR surgery.

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Yoga practice has been proven to better the quality of life in US. In Taiwan, 95% of hospital beds are occupied in mental hospitals by schizophrenic patients. According to the report inpatients show negative symptoms of schizophrenia such as the behavior

LIN Shu-Ling, YAO Chiung Hui, SHIU Shau-Ping

Introduction

Yoga practice has been proven to better the quality of life in US. In Taiwan, 95% of hospital beds are occupied in mental hospitals by schizophrenic patients. According to the report inpatients show negative symptoms of schizophrenia such as the behavior of slow response, social withdrawal and lacking energy lead to anxious and hopeless, finally loss autonomy and self-control in life. The present study displayed the effects of Yoga used on enhancing schizophrenic patients' the quality of life.

Purpose/Methods

10 schizophrenic resident patients were recruited for 24 weeks of Yoga practicing follow-up study. The practice conducted once a week for one hour which consisted asana posture, breathing control, relaxation, meditation. A group discussion before the course were recorded which focus on patient's observation of physical function, emotion and relationships with people and environment. Data were collected on self-report in the individual interview after each session, the description of physical changes and emotional awareness were recorded and typed.

Results

The results of present study are as follows: 1. Yoga program reduced drug dependence on using hypnotics, muscle relaxants and laxatives for patients, moreover, their weights were well controlled. 2. Yoga program improved patient's ability of emotional management such as expressing emotions appropriately and getting into a positive mood easily. 3. Patients start to involve in medications adjustment process with medical staffs after noticing change of symptoms by Yoga. 4. Patients improved the ability of self-control and quality of life.

Conclusions

After 24 sessions of Yoga practices, 10 resident patients with schizophrenia aware their physical functions better, ability of emotional management improved, and awareness of self-responsibility enhanced. This Yoga practices not only increased their life participation of resident patients but also improved the ability of autonomous decision-making. The present study proves that using Yoga can improve the negative symptoms of schizophrenia, moreover it displays a better outcome in schizophrenic patient's life.

Comments

The provision of yoga program services patients with schizophrenia a way to raise their potentials and abilities to tackle with the complications of mental illnesses. The researcher suggests that yoga program can be an additional choice despite medical treatment, towards a more health-oriented health service. Make informed choices and establish partnership with healthcare professionals. Empower patients to take balance of their own body and mind.

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Group-Based Square-Stepping Exercise Has Better Effects on Mobility than General Aerobic Exercise in Community-Dwelling Older Adults

CHANG Yu-Chen, HU Susan C.

Introduction

Regular exercise is a key to active ageing. Group-based exercise has been shown effective to motivate older adults for regular exercise. More fun and various group-based exercises should be developed and studied for the effects and compliance. This study is to compare the mobility function between a new group-based intervention, Square-Stepping Exercise (SSE), and the General Aerobic Exercise (GAE) which is generally practiced in Community Senior's Center in Taiwan.

Purpose/Methods

102 older adults aged 65 and above from 3 villages were divided into the SSE group (n=28) and the GAE group (n=74). Both groups received 1-hour exercise intervention, respectively, and 2-hour leisure activities twice a week for 8 weeks. A paired t test was used to compare the differences in outcome measurements before and after the intervention, and repeated measures of mixed-model analysis of covariance (mixed-model ANCOVA) were conducted to examine the changes in each measurement between the groups.

Results

Both groups showed positive effects ($p < 0.05$) after intervention with regard to muscle strength of the lower extremities, flexibil-



ity of the upper body, and static balance. However, the SSE group showed significant improvement in lower body flexibility and mobility, and, furthermore, the results of mobility function showed significant differences as compared to the GAE in group \times time interaction.

Conclusions

Group-based SSE and GAE are both beneficial for improving fall-related physical function in community-dwelling older adults, but SSE has better effects on mobility than GAE. A further RCT study is required to warrant the conclusion.

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A brief MI education to nurses and assistant nurses can contribute to increase the level of physical activity for isolated hematological patients

VEJBY Sölvi

Introduction

Purpose: I wanted to investigate if the physical activity level of isolated haematological patients can be improved by using individual care plans and a motivational interviewing approach (MI), as well as if an increasing level of physical activity affects the need of transfusions, analgesics, antibiotics and number of days in isolation.

Purpose/Methods

Methods: A kvasiexperimental design was chosen and the intervention group was compared to haematological patients at a ward in the southern Sweden. The staff at the intervention ward received a short MI education. Sixteen patients were included in each group, 13 patients completed the study at the intervention ward and 12 in the comparing group. The patients wrote daily activity diaries and every movement was counted as METs (Metabolic Equivalent of Task), a validated way of measuring physical activity.

Results

A significant difference in METs means was seen between the two groups, 11,1 METs per day in the intervention group compared to 6,8 METs in the comparing group. A difference in the need of transfusions, analgesics, antibiotics and the number of isolation days was only seen in time of isolation. There were significant differences in all tested variables except for the number of blood transfusions when all patients together were categorized into three groups according to activity level.

Conclusions

An MI approach together with an individual care plan may have an impact on patients' physical activity level. Patients that are

active from 5 METs per day need less thrombocytes, antibiotics and analgesics and they need shorter times of isolation.

Comments

It is so important to realize that physical activity can help even the most severely ill cancer patient and help to shorten the hospital stay.

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Modern Rehabilitation in Rheumatology with focus on sustainability and lifestyle

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Introduction

Treatment of arthritic diseases strives at remission, which means inflammatory control, stopping of destructivity but also persevered physical function and participation in society. Despite modern pharmaceutical achievements there is a significant proportion of patients for which this is not achieved. Thus, there still is a need of rehabilitation, which should be defined by the individual needs. For sustainability, modern rehabilitation should also include lifestyle changes in terms of smoking cessation, introduction of good habits concerning food, alcohol and physical activity.

Purpose/Methods

To create a modern rehabilitation program: With a simplified referral procedure; Reaching a larger cohort of patients in need; With focus on the patients individual needs; With a more condensed content; Including lifestyle changes when applicable; With a follow-up schedule to enhance compliance. Process mapping including "who does what"; External surveillance and brainstorming; Ordinary planning instead of referral procedure; Patient schedule and program was designed; Materials for patient education was developed; Co-workers educated in motivational interviewing and smoking cessation techniques; Information to co-workers about the programme

Results

Taskshifting has released resources; Formulating our model for modern rehabilitation in rheumatology; We do reach a larger proportion of the clinic's patients and the number of patients per rehabilitation period has increased; Valued patient time has increased from 50% to 95%; High patient satisfaction according to survey; Better knowledge among co-workers and patients about the impact of lifestyle factors on rheumatic diseases

Conclusions

Focus on the patient's individual needs and goals constitutes the basis for increased patient achievements and satisfaction. Homogeneous groups according to diagnosis has made it possible to coordinate patient education, optimising group training and to benefit from positive group dynamic effects. Reorganisation and information about the Day Care Unit to doctors, staff and patients has resulted in better availability and thus a more equal care. Taskshifting works when all professions are involved in the process for change.

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Lifestyle changes with help from a Health Profile Assessment in combination with support in individual interventions for persons with acquired brain injury – a pilot study.

LILLIECREUTZ HUITEMA Eva

Introduction

It is common to focus on treatment, training and compensation for the disability when treating persons with cognitive dysfunctions. It is probably also important to proceed from the perceived existing health condition and to help the person to maintain as good a level of health as possible. A method whereby medical treatment is combined with health work for the own responsibility could mean a lot to the individual, and also be seen as cost-effective from a national point of view.

Purpose/Methods

The purpose of the study was to investigate whether a Health Profile Assessment – in combination with support in individual interventions – could affect lifestyle changes in persons with acquired brain injury. The method used was the Health Profile Assessment, which aims to bring about changes within health habits, perceived health and physiological measurements. The study also included interventions decided on by the participants based on individual goals, together with support through various communication methods involving goals and actions.

Results

The results showed that the participants could change their lifestyle by making improvements in relation to physical activity, perceived health and diet. The results also showed improvements in the sagittal abdominal diameter, waist circumference, BMI and physical fitness of the group.

Conclusions

A Health Profile Assessment – in combination with support in individual interventions – can affect lifestyle in persons with acquired brain injury.

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Sports and public health - a model for cooperation

ERIKSSON Gunilla, GLEMNE Mats, HEDIN Lena, STEIRING Håkan, GUSTAFSSON Karin

Introduction

The presentation show on a regional public health work where health services interact with a major actor in the voluntary sector – “the sport federation” – to reach broad audiences. Collaboration has been going on for over 10 years and demonstrates a sustainable and fruitful cooperation. The work was conducted in cooperation between the three counties in Småland - counties in Kronoberg, Kalmar and Jönköping - and Smålandsidrotten, the regional sport federation that consists of over 2000 clubs and over 400 000 members.

Purpose/Methods

The aim has been to develop and strengthen the role of Sport in the efforts to improve public health. It has a good anchorage on both management and political level and the work has been designed and developed in a common operational team. Responsibility for implementing is the regional sport federation. The work has been conducted in three-year cycles, with annual operating and action plans, which are continuously evaluated and changed. The work has found a close collaboration with competence at Linnaeus University.

Results

Various educational materials have been developed, such as “Go Healthy” aimed at young athletes to discuss lifestyle issues that are important for their sports development and health. Special training for leaders on Physical Activity on Prescription (PaP) has been developed and implemented, in order to expand operations for patients with this prescription. Also has several efforts been made to highlight the issues surrounding good food and drink, especially in the context of sport. Even activities to enable the elderly population has been stimulated.

Conclusions

The business has shown that health care and a major actor in the voluntary sector can work together to reach out with messages about prevention and promoting health work. It has also inspired the sport federation to emphasize its essential role in public health. One of the success factors has been that all the participants have had good anchorage and support in their organization. The responsibility also rested on a common operational team with a clear focus. The operation has also been characterized by a strong action orientation.



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Move your body!

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Introduction

Moderate physical activity has a great impact on the prevention of metabolic syndrome, disorders of the immune system and depression(1). The myokines produced by muscle counteract the inflammatory action of the cytokines induced by stress in a cellular communication for allostasis. Physical activity is often seen as a luxury because it takes time or is perceived as a sacrifice for the effort it requires, but we need to draw people attention and motivate above all those who have less resources against stress

Purpose/Methods

In the last few months our network is mapping first of all the activities proposed by the stakeholders of our community. The participants belong to the following categories: -Employees who practice the psycho emotional body mind technique (NIA), Pilates, gymnastics, aerobics. -Employees with musculo-skeletal problems who follow the project "Don't break your back" Citizens: children who practice martial arts, teenagers who participate to the project Gaining Health in adolescence; adults who follow groups of walking, NIA, gymnastic.

Results

By considering the first results of our mapping work, we have noticed that even if most people is strongly motivated, some of them may not follow the activities due to economic problems. For this reason the different realities involved in the projects have decided to follow a "low cost" policy. Patients are involved in Adapted Physical Activity courses and we have also some agreements with voluntary associations.

Conclusions

In conclusion, we know that Physical activity can be imposed, prescribed, recommended or chosen as a reward. It depends on the individual motivation as it is not possible to act without having the spur of a strong motivation that justifies the effort in the expectation of a greater satisfaction. Discipline without motivation can increase the risk of the perceived stress, it

depends on the interpretation of the physical activity seen as a duty instead of a pleasure.

Comments

(1) Position statement Part One ; E.Immun Review 2011

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Support for increased physical activity in elderly

HANSSON Anita

Introduction

Aging is natural and is due to hereditary factors but also on lifestyle habits. With aging follow impaired muscle strength, endurance and balance. Chronic diseases are a part of aging. But many of them and cognitive functions as well as depression might as well be due to physical inactivity as aging itself. The proportion of elderly in the population is growing and getting older. If they can maintain health, it means benefits for both the individual and for the society.

Purpose/Methods

The purpose of this project is to design a card that shows the 3 most important exercises for the elderly in a simple and appealing format. The target group is the elderly population over 65 years. The exercises can be performed at home by people that can handle their training on their own, but also by those who need the support of family or staff. The card should be available at hospital clinics and departments, easily accessible and free.

Results

The card shows a basic range of the 3 most important exercises for the elderly. One for each strength training, balance training and cardiovascular training. The most important strength training exercise is standing up from sitting to standing with different amounts of support from his hands. Balance training is done standing on one leg in a corner with a chair in front. Fitness training takes the form of walking exercise with the support of walking sticks or rollator.

Conclusions

Future impact is to contribute to increased physical activity in the elderly population, with positive effects on the active participation of society and thereby a high quality of life into older age.

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Take control of your own health care by taking a physical fitness test

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Introduction

Our institute thought that assessment of one's objective physical capacity is a valuable guide for one's health care and it leads to continuation of exercise and improvement of motivation. However, medical examination in our institute has never included physical examination. Therefore, we had a new physical fitness tests method in order to know one's strength by oneself. The purpose of the tests is to enable people to increase control over their health by taking physical examination.

Purpose/Methods

25 healthy people participated in this study. General physical fitness tests require time and space. Thus, we conducted much simplified test which can be performed in a small space. The test is focused on tests of muscle strength and capacity of balance. The fitness tests contain five items: hand grip strength test, Two-step test, Seconds chair-stand test, Timed-up-and-go test and BMI. We also prepared questionnaire to ask the participants about the feedback on the tests.

Results

We conducted examinations twice. The interval was three months. Five items were evaluated by age and height ratio, in five levels. We measured the result by counting score from one to five points. We counted one point when the level of second examination was raised from the level of first examination. As a result, most of the scores of Timed-up-and-go test, grasping power and Seconds chair-stand test were improved.

Conclusions

Most of the result of physical fitness tests were improved from the first to the next examination. We also analyzed why the results of two-step-test did not improve. Except Two-step test, there are established standard criteria. Thus, for Two-step test, we created original criteria. Since this seems to affect the results, we are planning to review the criteria. Lastly, according to the questionnaires, there were feedbacks such as "examinations motivated me to take control of my health care".

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Changes in physical activity levels in Greece in time of crisis

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Introduction

Physical activity is a major protective factor for health, especially against chronic diseases such as stroke, coronary heart disease and cancer. Thus, it is an integral part of most health promotion interventions in health care and community settings. The purpose of this study was to examine whether the deteriorating economic and changing social conditions in Greece have affected the levels of physical activity among the Greek population.

Purpose/Methods

The nationwide surveys Hellas Health I and Hellas Health IV were conducted in 2006 and in 2011 respectively. Representative samples of the adult Greek population, consisting of 1,005 and 1,008 individuals respectively, were selected by means of a three stage, proportional to size sampling design. All individuals were interviewed and the International Physical Activity Questionnaire (IPAQ) was used to calculate the total MET-min per week for each participant (calculations were made for an average weight of 60kg).

Results

The median value of total physical activity has increased from 847.5 to 1386 MET-min per week ($p < 0.01$), whereas mild activity increased from 396 to 495 MET-min ($p < 0.01$) and moderate activity from 40 to 160 MET-min ($p < 0.01$). The median for vigorous physical activity remained zero (at least half of the population do not engage in vigorous activity at all). Despite that, the distribution of vigorous activity has improved ($p < 0.05$). The trends are similar in both genders and all socio-economic levels.

Conclusions

There is a clear trend of increasing physical activity among the Greek population during the past five years. Nevertheless, the average level of physical activity is still low, compared to most European countries. Changing social norms offer a great opportunity for focused interventions to further increase physical activity levels in the general population. Health care workers should be aware of the trends and get involved in relevant interventions.

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Simplified routines in prescribing physical activity increase the amount of prescriptions by doctors, more than mere economic incitements.

PERSSON Gerthi

Introduction

Physical inactivity is estimated to cause 6% of the burden of disease for men and 3% for women in Sweden. Physical activity



on prescription (FaR®), is an effective method of increasing patients physical activity. Physical inactivity is a health inequality. By a comparative intervention study we wanted to study if simplified procedures increase the use of FaR® more than mere economic incitements. Making use of the physical therapists during the health dialog encourage the physician to increase the use of FaR®.

Purpose/Methods

By using a team approach we wanted to stress the importance of changing lifestyle to prevent or cure diseases related to physical inactivity. An economic incentive was introduced to an intervention- and control group when prescribing FaR®. In the intervention group, minor changes were made to the process of prescribing FaR®. A joint action between doctors and physiotherapists was performed in the process of carrying out the prescriptions. This methodology was used to minimise the workload for the physicians.

Results

FaR® prescribed by doctors increased eight times in the intervention group compared to the control group. The greatest increase of FaR® was seen among physicians in the control group compared to all professionals prescribing FaR® in the control group. The economic incentive gave a significant but smaller increase of FaR® prescribed by doctors. The study shows that an economic incentive to change routines easily can be magnified by simplifying routines when prescribing FaR® and significantly increase the number of prescriptions.

Conclusions

The study shows that an economic incentive to change routines easily can be magnified by simplifying routines when prescribing FaR® and significantly increase the number of prescriptions. By simplify and develop FaR® this study has shown a way to increase the implementation of physical activity on prescription in general practice besides what can be gained by an economic bonus system. This study indicates that a bonus system is not enough to implement an evidence based method.

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How to successfully implement Exercise Prescription as a method

DAHLIN Ylva

Introduction

Physical inactivity is one of the most important causes of morbidity and mortality in the world. Exercise Prescription has shown to be a feasible method to promote physical activity in Sweden. Prior to 2010 exercise prescription was an insufficiently exploited method in the Department of Physical Therapy at Karolinska University Hospital. With its 200 physical therapists

and approximately 30.0000 outpatient visits, only 288 exercise prescriptions were issued in 2010.

Purpose/Methods

In order to increase the use of exercise prescription as a method the following implementation strategies were used:
•Management commitment throughout the organization.
•Survey to identify obstacles and opportunities concerning the method.
•Facilitators; a group of physical therapists were chosen to serve as exercise ambassadors
•Education
•Reminders; a routine was formed to regularly remind the physical therapists about the method
•Evaluation; clear goals were set and feed-back was given on a monthly basis.

Results

•At the end of 2012, 1023 exercise prescriptions had been issued at the Department of Physical Therapy. The goal for 2013 is 1210 prescriptions.
•Clear routines for exercise prescription and follow-ups had been developed by the exercise ambassadors to facilitate the process.
•Fifteen physical therapists had participated in university level courses on health promoting topics the last two years.
•Eighteen physical therapists had participated in 1-2 day courses on the topic.

Conclusions

Participation and responsibility seemed to be key success factors in the implementation process. Input from the physical therapists gave the management group important information on appropriate strategies and created a sense of involvement among the employees. Combination of clear central routines and local solutions in the organization also contributed to a successful outcome. Education was another important factor. Physical therapists that were given the opportunity to learn more about health promoting work inspired others and thereby facilitated the process.

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Interactive support for the implementation of physical activity on prescription

HANSSON Anita

Introduction

At Akademiska University Hospital operates 8000 people. The person working with the implementation of the working method physical activity on prescription (PaP) throughout the hospital, do it part time. Despite meetings with managers, participation in discussions and teaching theoretically and practically it is difficult to reach out in the organization.

Purpose/Methods

By designing an interactive education, the method PaP can be smoothly spread to all employees. The interactive program consists of two parts. The first part describes the routines around FaR prescription. The second part shows where the prescription is in the patient record. An arrow moves and shows how to find and what to be filled in. Explanatory text boxes appear during the education that reinforces the message. Important links are attached to education.

Results

The advantage of having education in an interactive form is that staff can access via the intranet anytime during the day. That is important because many working inconvenient working hours and therefore find it difficult to attend courses during the day. Education takes place at your own pace and without stress. It's easy to repeat the whole or parts if anything is unclear. For managers it is easy to take out the stats, see who attended the course and remind.

Conclusions

The effect of this education is that the number of PaP prescribed increases and that the implementation of the Social Board's recommendations for disease prevention methods facilitated. Increased prescribing of PaP leads to an increased awareness of the importance of physical activity for health.

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Physical activity on Prescription (PaP) from the general practitioner's perspective – A qualitative study

PERSSON Gerthi

Introduction

Physical activity on prescription (PAP) has shown to be a successful intervention for increasing physical activity among patients with a sedentary lifestyle. The method seems to be sparsely used by general practitioners and there is limited information about GP's attitude to counselling using PaP as a tool. The aim of the study was to explore and understand the meaning of prescribing physical activity from the general practitioner's perspective.

Purpose/Methods

Three focus group interviews were conducted with a purposive sample of 15 Swedish GPs in the south of Sweden. Participants were invited to talk about their experience prescribing PaP. The interviews were transcribed verbatim, analysed using qualitative content analysis.

Results

The analysis resulted in four categories, the role of the GP, shared responsibility, Traditionally GPs talk with patients about the importance of an increased level of physical activity but they do not prescribe physical activity as a treatment. Physician's education focuses on the use of pharmaceuticals. The responsibility for patient's physical activity level is shared by other health professionals, the patient and the society. The GPs express reservations about prescribing physical activity. A heavy workload is a source of frustration. PaP is regarded with mistrust and considered to be a task of less value and status. Using a prescription to emphasize an increased level is considered to be redundant and if used to be administered by someone else in the healthcare system. Scepticism about the result of the method was also noticed.

Conclusions

There is an uncertainty to use PAP as a treatment since physicians lack education in non pharmaceutical methods. The GPs do not regard the written referral as a prioritized task and will rather refer to other professionals in the health care system to prescribe PAP. GPs pointed out a need to create routines and arrangement of the method to gain credibility and become a method for every day practice among general practitioners.

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An action plan of stationary bikes utilization in a health promotion program

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Introduction

Since 2009, the KMHK hospital has initiated a health promotion program for the patients with metabolic syndrome. The program engages participants in a 6-month exercise protocol. As the number of participants grew, the utilization rate of stationary bikes increased to 75.7 % in 2010, but declined to 67.4% in the mid-2011 and to 34.5% in the late-2011. Through a clinical survey, participant withdrawal and low enrollment were plausible reasons for such declination.

Purpose/Methods

This action plan was aimed to increase the utilization rate of stationary bikes by decreasing the attrition rate and increasing the enrollment. A comprehensive inspection was first conducted to the equipments, environment, customer behaviors, and enrollment policies. The action team implemented the strategies such as the defilade of sunlight by installing insulation curtains, upgrading the stationary bikes to newer models, creating favorable environment, re-emphasizing the referral



policies, marketing the health promotion program, and involving family support.

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Results

The action plan successfully publicized the program. The utilization rate of stationary bikes increased to 51.5% after introducing the strategies and continued to incline to 81.6% four months later. The attrition rate decreased from 23.5% to 9.4% initially and continued declined to 3.8% till September 2012.

Conclusions

The action plan successfully engaged participants in the exercise protocol for six months. Not only the participants have developed exercise habits, but also their laboratory blood tests of metabolic syndrome have significantly improved. Many participants have reduced medication and witness their healthy weight loss. This action plan enables patients with metabolic syndrome to advocate themselves on health promotion. The cost effectiveness of the action plan is further supported by the participants' positive health outcomes.

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Physical activity on Prescription from different professions perspective

HANSSON Anita

Introduction

Prescription of Physical Activity on Prescription (PaP) started in 2001 in conjunction with a pilot project run by the "Statens Folkhälsoinstitut" (FHI). Over the years, it has been researched a lot on the subject. Some essays about various professions attitude and experience to prescribe physical activity. According FYSS can physical activity prescribed by qualified staff who have good skills and sufficient knowledge of the patient's current health and disease status. There are also counties where even counselors can prescribe PaP.

Purpose/Methods

By conveying different professions experience of prescribing PaP, inspire to a greater PaP prescription.

Results

Improved Public Health

Conclusions

Increased awareness and knowledge of how their own profession can use PaP, increases the prescription of physical activity and contributes to improved public health.

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Session P1.12: Supporting tobacco cessation for hospital patients

The effect of implementing the plan of smoking-cessation treatment services

TSAI Hsiu-Jen, YEH Yung-Hsiang, YANG Ching-Wo, CHO Mei-Lin, CHANG Fu-Sheng, KUO Tsung-Huai

Introduction

Smoking is a main risk factor predisposing people to health damage. Government expands the subsidy items of smoking-cessation services to induce people's motive to quit smoking and hospital's incentive to plunge into it. With the concept of health maintenance for people, hospitals provide more professional services in order to reach this goal.

Purpose/Methods

The medical staff needs to be informed about plans of subsidy for smoking-cessation services. Via informations inside, increases qualified case-receiving doctors, set up case managers affording full-scale services, select patients, remind them of hospital visits, regularly inquire by telephone follow-up, and establish referring flow between ER and wards for expansive services. Smoking-cessation line, periodically hold meetings for health education in the community, enhance the importance of smoking-cessation among people for promoting health.

Results

Compared with 2011, this year (2012) case-receiving rate of smoking-cessation treatment apparently increased up to 161%, telephone inquiry services increased 87%, 3 month's smoking-cessation success rate increased to 75.9% from 21.7% with conspicuous effect.

Conclusions

Through intensive propaganda posters, remind people of the importance of smoking-cessation. Due to enlarging the subsidy, hospitals are relatively willing to afford accessibility and multi-aspects of services. Telephone consultation and follow-up provides smoking individuals with continuous care services. The number giving up smoking increases with prominent elevation of success rate. Therefore hospital received award from governments publicly in recognition of its services to smoking-cessation performance, and 3 month's success rate of smoking-cessation.

Comments

Smoking-cessation rests in emphasizing not only its success, but also continuous behavior of maintaining abstinence from smoking. Through telephone follow-up of smoking-cessation individuals for 3 and 6 months, we calculated the success rate decreased with time (89.76% vs 69.92%). So, how to keep the

individuals succeeding in smoking-cessation, free of tobacco would be the future goal.

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The effect of free NRT on motivation to quit smoking

EXCELMANS Ellen

Introduction

The high cost of NST is a major obstacle in taking steps toward smoking cessation. In this pilot project nicotine replacement products were given to psychiatric patients who wished to stop smoking. This had a positive effect on the willingness to make an extra effort for the attempt to quit smoking.

Purpose/Methods

The motivation to quit smoking was assessed by a questionnaire at two times: before the free NRT was embedded in the treatment and after 6 months.

Results

Providing free NRT for patients who want to quit smoking enhances the importance of the quit attempt and the willingness to make a bigger effort for their attempt to quit smoking. Self-efficacy and readiness are not influenced by giving NRT for free.

Conclusions

We use this findings as an argument to provide a financial contribution in NRT for psychiatric patients who want to quit smoking. Quit rates are lower within psychiatric patients. If their willingness to make an effort enhances, quit rates could rise perhaps. The study showed that providing free NRT has a positive effect on the willingness to do some effort in smoking cessation.

Comments

In Belgium there is no refund for NRT. This is a serious obstacle for beginning a serious smoking cessation attempt. With this study we wanted to prove that giving a repayment of NRT will increase the motivation to quit smoking.

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Experience of implementing a Smoking Cessation Consulting and Message Alert System in a university hospital in Taiwan

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Introduction

Tobacco smoking is the leading preventable cause of disease. Hospitalization is considered as a "teachable moment" for smoking cessation. Smoking cessation during hospitalization with post-discharge follow up is considered as an effective intervention. However, physicians usually fail to counsel their inpatients due to the clinical inertia. Therefore, we establish a Smoking Cessation Consultation and Alert System for active identification, management, and follow up the smokers among inpatients.

Purpose/Methods

We established a multidisciplinary committee and implement a standard operation procedure. Each inpatient smoker was identified during the nursing evaluation at admission, and the nurse used the computerized consulting system to announce. After getting the phone message, a face-to-face interview for counseling and assessment was arranged. The tobacco-cessation management specialist provided treatment based on current guideline and took over the responsibility of outpatient treatment after discharge. The case manager also provided counseling services and post-discharge follow up for 6 months.

Results

From August 1, 2012 to December 31, 2012, a total of 29 male smokers with a mean age of 55.24 year-old were recruited. Their average smoking year was 33.94 years, and the mean score of the Fagerstrom Test for Nicotine Dependence (FTND) was 4.77. Of the 29 subjects, four smokers received counseling plus pharmacologic treatment including nicotine chewing gum, nicotine patch, and bupropion and 1-month success rate was 50%. Other smokers received counseling only and 1-month success rate was 68.1%.

Conclusions

This is a pilot study which conducting a multidisciplinary inpatient smoking cessation program in an academic university hospital. Long term effectiveness and feasibility of this program will be further investigated in the future.

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Snus in comparison with smoking in cessation therapy - a retrospective study of a patient population

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Introduction

In Sweden, the prevalence of smoking has decreased significantly the last decade; but the use of Snus (Swedish snuff) is unchanged. Further, nowadays, daily Snus use is much larger than daily smoking among men (18% vs. 10%, 2011). It has long been believed, that cessation of Snus use is very difficult and that the dependence is more severe than for smokers. Only a few studies have investigated snuff cessation.

Purpose/Methods

In the present follow-up study, all patients (N=37), who were referred to our clinic for snuff cessation were investigated through medical records and if needed also by a telephone interview at least 12 months after the quit date. They were compared to a smoking cessation group at our clinic, who were followed up in the same way during 2009-2012. Most of the patients suffered from heart and/or lung diseases. The therapeutic strategies for snuff cessation were the same as for smoking cessation i.e. motivational interviewing together with nicotine replacement treatment (NRT) as the first choice and/or second choice varenicline.

Results

Interestingly, the cessation success rates as recorded 12 months after the quit date was even better in the Snus user group (46%; N=35), than for the smoking cessation group (39%; N=196).

Conclusions

In conclusion, in contrary to what earlier have been believed, snuff cessation treatment did not seem to be more difficult than smoking cessation therapy.

Comments

Possible explanations are discussed; the administration route of nicotine is proposed to be the factor to determine the degree of dependence; inhalation (i.e. smoking) being the worst and NRT the least addictive form of administration. Also, NRT use and nicotine dependence is discussed. Further, other factors such as e.g. health status; socio-economic status and evidence of depression may differ between smokers and Snus users.

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A Study of the Effects of the Second Generation Tobacco Cessation Program on the Participation by Smokers in the Smoking Cessation Clinic

TIAN Jia-Yu, WANG Yu-Syong, GUO Jreg-Fu, YANG Ming-Chih

Introduction

The second generation tobacco cessation program has been implementing for 10 months. In our hospital the number of patients visiting the smoking cessation clinic increased by 5 times when compared with the corresponding period last year. The key of the operation was the establishment of a smoking cessation team, include 5A and 5R clinical skills and the design of a drug menu for smoking cessation. Behavior support was provided for smokers to self manage their health. The success rate was 37%.

Purpose/Methods

We have employed the Push, Pull and Pass strategies for the second generation tobacco cessation program in the hospital. The Push strategy involves of a tobacco-free work team which creates a multimedia environment, runs tobacco hazards prevention education and skill training programs. The Pull strategy includes 5A and 5R skills to promote health awareness in smokers with strengthen their motivation to stop smoking. The Pass strategy, provide behavioral support, reinforce willingness to quit smoking, ensure the success of smoking cessation.

Results

From March to December 2012, 494 people participate in the smoking cessation program. The success rate of a smoking cessation after 3 months was 37%, which was 5 times more than that of the same period in 2011. Compliance to drug and return rates has doubled. Our hospital has been awarded the Excellence Performance Award for the Smoking Cessation Program and the Gold Medal for Tobacco-free Hospital Certification in 2012 by the Department of Health.

Conclusions

The second generation tobacco cessation program in Taiwan has reduced the medical burden for the people. Tobacco-free work teams in hospitals provide medical care, continuous care, follow-up, recommendations, and support to smokers. This study has shown that the implementation of the Pull, Push and Pass smoking cessation strategies in this hospital can effectively heighten the healthcare awareness of smokers, strengthen their motivation to quit smoking and ensure that they stay in the program for a better health.

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Guarding of the preservation of the chain smoker's abstinence phase

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Introduction

Chain smoking is an addiction. Therefore is important to guard firmly the preservation of abstinence. It's not enough to be efficient during the treatment, we have to pay attention to the period after in which some relapses are possible (craving). Interdepartmental centre for Chain smoking (CIT) of Trieste provided a systematic programme of follow up, covering the first year of post treatment and it's starting another programme of support by SMS for a second year of post treatment abstinence.

Purpose/Methods

The CIT of Trieste provides of combined medical-psychological treatment conducted in conformity with international general lines. This treatment, previously agreed with a patient, goes on for 3 months. At the moment of discharge the patient is asked if he wants to be included into the programme of follow up, which provides one clinical colloquy and one measuring of the carbon monoxide (CO) during the expiratory phase at 1., 3., 6., 12. month after the conclusion of a treatment.

Results

Of 59 patients that have finished a treatment in 2011, 57 of them participated in the programme of follow up. 45 of them (a 79% of treated persons) are really abstinent for a year (they have 0-3 ppm of CO). Thanks to that excellent results and in collaboration with one telephone operator and one informatics company, both private, a service of telematic aid, which forwards 8 abstinence support SMS during a second year of post-treatment, was activated.

Conclusions

Many attentions are paid to the weaning phase of chain smoker, but there could be some undervaluations of "the after". The successful treatment of an addiction means the change of life style, which is only possible in a long term. To provide for periodical activities of support, could lead to important reduction of relapses. Using new technologies, especially in the second abstinence phase (in order to guard it) is an opportunity that facilitates reduction of expenses of the care.

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Factors associated with Self-efficacy of Smoking Cessation in Psychiatric Inpatients

SU Shu-Fang, WU Hung-Chi, LIN Guei-Ging, CHEN Ming-Chao

Introduction

The prevalence of smoking in psychiatric patients is higher than general population. In order to understand the self-efficacy of psychiatric inpatients to quit smoking, we investigated the psychiatric inpatients to understand the factors affecting the self-efficacy of smoking cessation.

Purpose/Methods

We performed the cross-sectional study for our inpatients. The smoking patients were investigated by the personal basic data, the severity of nicotine dependence, the history of physical and mental illness, the questionnaires of the smoking cessation self-efficacy. The severity of nicotine dependence was measured by the Fagerstrom test for the nicotine dependence (FTND). All data were analyzed using SPSS 17.0 statistical software.

Results

We recruited 129 psychiatric inpatients were willing to finish the questionnaires, which were 73.6% male, with a mean age of 41.88 years. There were no significant differences comparing age, education and current marital status. The scores of the smoking cessation self-efficacy were positive related to married, shorter smoking years, and lower FTND scores.

Conclusions

Shorter smoking years and lower FTND scores were positive related to scores of the smoking cessation self-efficacy, which might be due to the lower severity of nicotine dependence. Marriage affected the smoking cessation self-efficacy, which might be related to better social support.

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A Referral Model and Effectiveness for Outpatient Smoking Cessation Counseling

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Introduction

In the hospital, most of patients and smokers are in the outpatient department. Low referral rate of smokers in the outpatient department persisted though we have well-trained smoking-cessation educators to provide counseling services. Therefore we tried to build a referral model to help smokers to obtain the information of counseling services and then help them to quit smoking.

Purpose/Methods

In our referral model, we skipped the "assessment of his willing to quit" and made the referral process easy to perform. All that doctors and assistants do was "ask smoking status" and "referral". When a smoker was confirmed, a referral sheet for smoking cessation counseling was given. On the sheet, we showed harms of tobacco and counseling service information. When smokers visited our educators, individualized smoking cessation counseling was given at least 15 minutes and further phone-counseling was followed.

Results

Total 1,708 referral sheets were given since July 9 to September 8, 2012 and 1,484 smokers were involved. Among them, 162 smokers visited our educators and referral rate was 10.9%. There were 126 smokers (77.8%) completed the counseling, and 39 smokers received the smoking cessation treatment on the same day. They contribute about one third of patients to our treatment services in these 2 months. One month after counseling, 57 patients were followed by phone. Forty-three patients were trying to decrease cigarettes consumption or had quit, and the upgrade rate of transtheoretical model reached 75%. Total daily tobacco consumption decreased 440.5 cigarettes (42.7%).

Conclusions

This referral model was time-saving and convenient for our busy outpatient staff. The preliminary results showed that this model is helpful to announce the information of smoking cessation counseling services and to promote smokers for first-time counseling. Counseling services also showed to be helpful to promote the motivation and behavior change to quit. A computerized reminding system will decrease man-made miss and make this model more perfectly.

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The Quit Pod – Impact and Presence In Secondary Care

DICKENS Andrea, RIDOUT Laura

Introduction

People in hospital because of a smoking-related illness are likely to be more receptive to help giving up smoking capitalising on what is termed a 'teachable moment'. Patients being admitted

to hospital enter a Smokefree environment and as a result, smokers may experience nicotine withdrawal symptoms and cravings during their hospital stay. Whilst the NHS has a duty of care to provide clinically proven effective medications to alleviate these symptoms, these are not currently systematically provided across secondary care organisations.

Purpose/Methods

Smokefree South West has been supporting Acute Trusts across the South West to become completely Smokefree. We have had successful engagement with 21 hospitals that are now 'branded' with professional bold Smokefree signage. Alongside this, other resources have been developed to support the Smokefree policy, providing a selection of interventions. A Quit Pod was one of these.

Results

To capitalise on a high footfall of patients, staff and visitors, Gloucestershire Foundation Trust sited a pilot Quit Pod in the main atrium at the hospital. The Stop Smoking Service was staffed the pod five days a week offering proactive stop smoking support on site and guidance on withdrawal management. In addition, referrals have seen a two third increase since the introduction of the pod with an average of 58.5% success rate in quitting.

Conclusions

The Quit Pod increased the accessibility of stop smoking support for those in a secondary care setting. Following the positive results, Smokefree South West has subsequently funded smaller, more portable pods for other hospitals. This enables them to be moved into different departments e.g. Outpatients or Pre-operative Assessment providing greater versatility.

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Stop smoking: the power of the group!

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Introduction

The Cigarette smoke is the leading preventable cause of premature death and disability in the industrialized world. For patients who want to quit smoking they should be assessed mental changes, depression is a fairly common symptom after quitting smoking. The vacuum left by the absence of cigarette can be bridged through a group. Through the establishment of the surgery anti smoking habits the ASS 2 Isontina, attaches great importance to the treatment group, focuses on increasing motivation and individual awareness

Purpose/Methods

1. Identification of components for multi-professional team 2. organizational meetings - construction of identity team -sharing mission 3. methodological approaches - motivational group, management directive and assertive communication style, enhancement of self-efficacy for each individual, holistic approach 4. identification of site of treatment 5. communication strategies of the new business activity - intra company: competent doctor, medical directors and the sector - extra company through mmg

Results

Identification of anti smoking path for the group The group led by nurses and social workers who adopt an assertive style and empathic reflection, the group encourages finding motivations for change, provides feedback, strengthens the self-motivation processes for change, and enables the caller to discover strategies for change and for problem solving. The management of the group collaborates with medical professionals' pulmonologists, experts on tobacco damage related, and psychiatrists, with a focus on techniques for relaxation with practical exercises.

Conclusions

The strategy of health promotion on deviant lifestyles foresees, regarding the interaction mind and body, a careful analysis of individual trajectories of reward mediated by the dopaminergic system. Re-educate the person to be an agent of rewards daily without the intake of foreign substances is the challenge that is being addressed in the groups. We are studying to verify in parallel the lifestyle change in correlation with the sense of self-efficacy perceived by participants to the path group.

Comments

Tobacco Addiction-decreasing with integrated strategies mind-body. Comparisons with other groups active in the region, shows that the group consists only of employees likely to be perceived as a natural right and not as a win-win opportunity. So it is better to activate mixed groups of employees and citizens.

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The Effectiveness of Pulsation Yoga for Smoking Cessation Groups Activities on Campus

WANG Hsueh Yin, WU Ching Mei, JANG Shwu Ling, SHEN Shu-Hua

Introduction

Jainan Mental hospital work for promoting smoke-free activities since 2009, and obtain ENSH Gold Forum in 2012. This mental hospital promoted the smoking cessation group in a university



in southern of Taiwan in 2012. The smoking cessation health education group through pulsating Yoga activities to guide students to aware the impact of tobacco on the body, to improve smoking cessation behavior and motivation.

Purpose/Methods

To explore the quit smoking by smoking status, "CO" and FTND "changed circumstances before and after the intervention of the research activities. Subjects were 7 university students with smoking, were willingly to participate the smoking cessation group. Smoking cessation groups were provided once a week for six weeks, single pretest and posttest quasi-experimental design was applied in this research, one-by-one data collection used before and after group activity. SPSS 19.0 software was used for statistical analysis.

Results

1. The 「smoking status」 : Before test reveal that the average of smoking every day was 15.67 and it reduced to 6.83 in after test. 2. The pretest showed that the average of "FTND" was 5.17, and it reduced to 4.00 after the measured. 3. The average of "CO" pre-test as 8.17, and it reduced to 7.00 after the measured. The overall result of smoking cessation group intervention activities reveals that this helpful to improve the behavior.

Conclusions

Although this study is a single smoking cessation group, a few sample size, and it is the first time with pulsating yoga activities, no sufficient data and literature support, but the cases in the hospital have a chance in the future to provide more campus smoking cessation activities, it is recommended that continued for services campus smoking cessation groups, smoking cessation effectiveness evaluation and measurement, in order to enhance the effectiveness of smoking cessation on campus.

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The Health Program on the Effect of Psychiatric Patients' Tobacco Cessation in Taiwan

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Introduction

Tobacco-quitting is the most important way to stay away from the harmful effect of tobacco, and to promote health. It is also a major health issue in the world. Therefore, the aim of this study is to improve the smoking patients' awareness of harmful effect of tobacco and smoking cessation behavior.

Purpose/Methods

A quasi-experimental research design was used. Sixty-two patients were enrolled from April 1, 2010 to August 30, 2010 in

a psychiatric hospital in Taiwan. Patients attended the intervention of tobacco-quitting program that involved health urge card and family concern manual, smoking diary, stress management, tobacco-quitting sharing group, and tobacco-quitting strategies. Data include a questionnaire that assessed patients' cognitive of effect of smoking, concentration level of carbon monoxide, and score of nicotine dependency, which were collected before, every month, and after the intervention.

Results

The concentration level of carbon monoxide was 14.2ppm and decreased to 9.2ppm after the intervention (Table 1). The nicotine dependency was score 7.5 and decreased to score 6.0 after the intervention (Table 2).

Conclusions

The results demonstrate that patients were shown to gained cognitive of effect of smoking and cessation behavior in smoking. The result provides the evidence that a reference in incorporating the knowledge and strategies of smoking quitting for nursing practice and policy in the hospital in Taiwan.

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BPDE-like DNA adducts levels in oral cancer patients is related with cigarette smoking exposure

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Introduction

Cigarette smoke is a risk factor for oral cancer. Most reports showed that the PAHs-related DNA adducts were positively correlated with the smoking levels of oral cancer patients. But these reports were not focused on the specific carcinogen in cigarette smoke. The purpose of this study was to elucidate the role BPDE (7,8-dihydroxy-anti-9,10-epoxy-7,8,9,10-tetrahydrobenzo[a]pyrene)-DNA adduct in oral cancer development in Taiwanese patients.

Purpose/Methods

We collected 158 oral cancer patients and 64 non-cancer controls to investigate whether there were differences in susceptibility to cigarette smoking exposure in DNA adduct formation between cancer and control. Immunohistochemistry and ELISA (enzyme-linked immunosorbent assay) with polyclonal antibody against BPDE-DNA adducts were used to evaluate BPDE-DNA adduct levels in the oral cancer study subjects and controls.

Results

Our data showed that the BPDE-DNA adduct levels were positive correlated with gender, pack years, smoking status, betel

nut chewing and alcohol consumption. The difference in DNA adduct levels could be explained by genetic polymorphisms of glutathione S-transferase M1 (GSTM1), but not by cytochrome P-4501A1 (CYP1A1). In addition, the BPDE-DNA adduct levels of oral cancer patients, as determined by both assays, were significantly higher than those of non-cancer controls ($P = 0.0001$ for immunohistochemistry, $P = 0.01$ for ELISA).

Conclusions

Genetic background and carcinogen exposure may increased the risk of oral cancer development.

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The association between quality of life and smoking status in outpatient clinic

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Introduction

Smoking has been proven as a cause for vascular, neoplastic and respiratory tract diseases. It accounts for near two thousands people's death in Taiwan annually. In addition to increased morbidity, smoking is also linked to factors that may affect quality of life, such as poorer nutrition or lower socioeconomic status. It is considerable agreement among experts that QOL encompasses social and psychological well-being as well as health status. But little is known as to how health-related quality of life when measured by WHOQOL-BREF in different smoking status.

Purpose/Methods

The purposes of this study was to describe the quality of life among current smokers, ex-smoker and nonsmoker by WHOQOL-BREF and the results may as a reference in intervention of smoking cessation. A total of 300 cases were recruited from clinics of family department in NCKUH from March 1, 2011 to October 30, 2011, They were classified as current smokers, ex-smokers and never smokers. Demographic characteristic (including age, sex, level of education, and marital status), past medical history, alcohol and tobacco use, and quality of life were assessed.

Results

There were 153 current smokers, 67 ex-smoker, and 80 non-smokers. In univariate analysis of demographic data, marriage, alcohol drinking habit were different among these three different smoking status. There were no significant difference in education level, have disease or not and income. As for QOL, the current smokers had lower satisfaction in global quality of life than ex-smokers and non-smokers. In addition, the current smokers had lower score of QOL in health, sleep, daily living

activity, body image and appearance, food, relaxation and leisure aspects than ex-smoker and non-smokers. But current smokers had much more negative feeling and higher medical dependence than ex-smokers and nonsmokers.

Conclusions

In this study, we found current smokers had lower satisfaction in global quality of life than ex-smokers and non-smokers. The current smokers had more psychosocial issue, like marriage problems, unsatisfactory with his body image and appearance, much more negative feeling.

Comments

Because the current smokers had lower quality of life. We need to pay more attention to the current smokers in clinical practice.

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Smoke-free RA patients with less inflammation and better use of biological drugs!

CALANDER Ann-Marie, ZAMAN Britt-Marie

Introduction

Research has shown a link between smoking and the risk of 1. Developing ACPA-positive Rheumatoid Arthritis (RA), particularly for those with genetic predisposition for RA 2. A disease course with more inflammation and more extra-articular manifestations 3. A less good response to treatment with Methotrexate and biologics (anti-TNF- α) The aim of this project was to develop procedures for how we handle the question of smoking at our clinic, in accordance with the "National Board of Health, National Guidelines for Disease Prevention methods"

Purpose/Methods

1. Gather existing scientific background material on smoking and rheumatic disease and present the information to rheumatologists 2. Write guidelines for registration of smoking and smoking cessation measures 3. Produce a patient information leaflet with specific information regarding smoking and rheumatic disease, including general advices on smoking cessation, in dialogue with our patients 4. Educate healthcare professionals on the topic of "Smoking and RA" 5. Introduce the subject of smoking cessation in our day care 6. Inform the public about smoking and rheumatic disease

Results

1. Professional folder; "Tobacco Prevention in Rheumatology, Doctors Dialogues with Patients" 2. "PM for Handling Tobacco Issues at the Rheumatology Clinic, Sahlgrenska University Hospital." Question about smoking on the nurses' checklist. 3.



Patient leaflet, "Considering to quit smoking? Decide today!" 4. Information at staff meetings and evening lectures. 5. Smoking cessation is now a basic topic together with other lifestyle issues at the Day Care Unit. 6. Lecture to the public in the series "Tools for Better Health" by HPH.

Conclusions

The project has highlighted the impact of smoking on rheumatic disease and its treatment. Both colleagues and patients have responded positively to the rheuma-specific smoke cessation information, which so far seems to promote a better motivation than the more general information. By discussing smoking cessation in a structured manner and with a coaching approach with our patients, we expect better results. Patient involvement in the design of the patient information has given us valuable insights.

Comments

Our folder "Tobacco Prevention in Rheumatology, Doctors Dialogues with Patients" as well as the patient leaflet "Considering to quit smoking? Decide today!" has been approved by the Swedish National Board of Health and the Swedish Society for Rheumatology and is now used nationwide. Our goal and hope for our patients is that we in the future will see smoke-free RA patients with less inflammation, better treatment response and ultimately a lower incidence of new cases of rheumatoid arthritis.

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Tobacco-free operation: A collaboration between Helsingborg hospital and the primary healthcare

STUHR SANDER Eva, WRAMBY Carl-Olof

Introduction

Tobacco is a highly prioritized area in the guidelines set by the Swedish National Board of Health, aiming at helping patients undergoing surgery to be smoking-free prior to and after the operation. Healthcare providers are therefore expected to offer qualified counseling for smokers

Problems

Limited ability to offer professional advice to patients who smoke; Motivating all staff groups to implement health encounters/ tobacco-cessation.; Directing attitudes and perceptions towards a patient-centered encounter about lifestyle while adopting a health-promoting approach; Lack of collaboration in health promotion issues.

Motivation

Health-care providers can contribute through their expertise and available tools to support patients in gaining greater con-

trol over their own health; Create a simple process through the continuum of care; Increase collaboration with external healthcare providers.

Purpose/Methods

Through individual meetings with the Primary Care, the need for increasing collaboration was discussed and resulted afterwards in the implementation of a pilot project. At every visit to the doctor, patients are offered tobacco-cessation help at the primary healthcare centers. A standard referral is sent to a listed tobacco specialist in the primary care center. Contact with the patient is done within 2-3 days and the first meeting is booked.

Results

Number of referrals from the hospital; Number of patients being contacted within 2-3 days; Number of Smoke-free patients at the day of surgery; Number of Smoke-free patients at 3, 6 and 12 months interval.

Conclusions

How is the support in tobacco cessation handled in the absence of a health-promoting unit?; Did the project facilitate the implementation of the National Board's guidelines?

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Influence of the New Smoking Cessation Policy on the Smoking Population in Taiwan

HUANG Wei-Hsin, CHANG Betty Chia-Chen, CHAN Hsin-Lung, HOU Charles Jia-Yin

Introduction

In an effort to raise the public's willingness to quit smoking, Taiwan's Bureau of Health Promotion enforced a new smoking cessation policy on March 1st, 2012. This policy largely cut down on the fees one would need to pay at the smoking cessation clinic. Our study aims to investigate the influence of the new smoking cessation program on the public's willingness to quit smoking and the success rate of smoking cessation at a medical center located in Northern Taiwan.

Purpose/Methods

We collected data between March 1st and August 31st of both 2011 and 2012 from a medical center in Northern Taiwan on the total number of patients visiting the smoking cessation clinic, the number of total office visits from all patients, and the three-month success rate of smoking cessation.

Results

Over the six-month period in 2012, there were a total of 214 patients and a total of 650 office visits for smoking cessation, which was 33% and 88%, respectively, more than that in 2011. The average number of office visits per person was 3 in 2012, which was higher than the average of 2.1 office visits per person in 2011. The three-month success rate of smoking cessation in 2012 was 39%, as compared to 30% in 2011.

Conclusions

With the new smoking cessation policy in effect, the population seeking smoking cessation services in Taiwan has largely grown, and more importantly, the success rate of smoking cessation has greatly increased as well. Our study found this new policy to be a successful strategy.

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The effectiveness of Smoking-Free Law in Taiwan — Taking the Ping-Jen city cohort database as an example

CHEN Sheng Pyng, HSU Shih Tien

Introduction

To estimate the impact of the 2009 new smoke-free law on smoking prevalence, cessation rate in Ping-Jen city, a rural area of Taiwan.

Purpose/Methods

Subjects from a community health screening project cohort database (Li-shin out-reaching neighboring screening, LIONS) were recruited. We made the comparison and analysis of this database for the effectiveness of the new smoke-free law executed at the beginning of 2009.

Results

A total of 2945 residents were recruited from the database. Either smoking prevalence and cessation rate got the significant change after the implement of new smoking-free law ($P < 0.001$).

Conclusions

The strategies of smoking-free law get the short term effectiveness as we knew before, even in rural area of Taiwan. Further database analysis will be ongoing for realizing the other confounding factors of the study result.

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How do the people understand the policy for cessation of smoking?

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Introduction

Smoking can cause lung cancer. It can also cause several problems in the society. Hotline of cessation of smoking was established during 2003 in Taiwan. Tobacco Hazard Control Act was enacted and announced in 2007, it mentioned smoking is not allowed in public indoors if more than 3 persons. The objective of this study is to investigate whether the people understand the disadvantages of smoking, know the new rule for preventing of smoking and hotline service for cessation of smoking.

Purpose/Methods

Between April and June 2012, 82 persons were provided the questionnaires. The participants were selected regardless the age, race, sex and occupation. The disadvantages of smoking were asked. Whether did they know the new rule and hotline service for cessation of smoking? There were 10 questions to be answered.

Results

Twenty-nine (35.4%) males and 53 (64.6%) females agreed to answer the questionnaire. The median age was 26.6. Most (97.6%) of people knew addiction of smoking is due to nicotine. Only one-third (34.1%) of participants knew the new rule: smoking is not allowed in public indoors if more than 3 persons. Thirty-six (43.9%) participants knew the hotline service of cessation of smoking.

Conclusions

Although the government is devoted to preventing of smoking, most of people did not understand the new rule and hotline service for cessation of smoking. Policy for cessation of smoking is needed to publicize widely in the society.

Comments

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Session P1.13: Health promotion in primary healthcare settings

Reduction of mortality rates and the social gap in cardiovascular disease – Results from a population based



prevention program integrated into primary care in Sweden.

NORBERG Margareta, WEINEHALL Lars

Introduction

In 1990, to the background of the highest regional cardiovascular mortality rates in Sweden, a population based county-wide intervention programme aiming at improved public health and reduction of premature cardiovascular mortality was launched, the Västerbotten Intervention Programme (VIP). VIP is integrated into primary care routines in the whole county. At ages 40, 50 and 60 years, 50-63% of the population have participated in a health assessment including individualized counselling and motivation for healthier life style and adherence to preventive treatments.

Purpose/Methods

To evaluate the effect of this population based prevention program on cardiovascular mortality, registry data on socioeconomic status from Statistics Sweden, and mortality and hospitalization data from the National Board of Health and Welfare, both covering the whole Swedish population, were linked to the VIP and analyzed for 59629 participants and 42289 non-participants with a mean follow-up time of 7.9 years during the study period 1990-2006.

Results

There were 1293 cardiovascular deaths among men and 460 among women. Cardiovascular mortality rates were 1.7/1000 person-years among participants and 3.3/1000 person-years among non-participants, thus an absolute risk reduction among participants compared with non-participants of 1.7 premature CVD deaths/1000 person-years. The relative risk reduction was 51.5%. After adjustment for all socioeconomic variables and hospitalizations, analyses showed 42 % lower cardiovascular mortality risk (HR 0.58, 95% CI 0.53-0.64). Individuals with low/medium socioeconomic status had greater benefit than those with high SES

Conclusions

The VIP has the potential to identify individuals at high risk of cardiovascular disease and smoothly pass them into ordinary preventive measures, as well as to reinforce community-based interventions for improved public health. It is effective in reducing premature cardiovascular mortality among both sexes and also reduces the socioeconomic gap. This provides important evidence illustrating that when interventions on a long-term basis are successfully integrated into primary health care, they can make a substantial contribution to improve the population's health

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Promotive and preventive method for lifestyle change – a stepwise intervention study in an ordinary primary health care setting

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Introduction

Major public health problems as diabetes and cardiovascular diseases are associated with lifestyle. Physical inactivity is one of our greatest public health problems. A sedentary lifestyle is in itself a risk factor. Effective policies to promote healthy weight yield economic benefits. Negative stress has been reported as a growing health problem among women. From a population perspective low socioeconomic status is a risk factor and the greatest health benefits should consequently emanate from preventive work based in primary health care

Purpose/Methods

Evaluate feasibility of implementing a promotive/preventive programme involving motivated individuals in need of lifestyle changes and additionally 1-year effects./ Primary care attendants aged 18 and 79 were presented a screening questionnaire and were offered a self-administered health profile, plasma glucose, blood pressure check and a health dialogue performed in salutogenic perspective with elements of empowerment. The goal was to strengthen individual's own health promoting activities and also participation in municipal activities. Multidisciplinary teams promoting lifestyle changes could be offered.

Results

A higher percentage of presumptive participants reported a less favourable lifestyle compared to presumptive non-participants. They also indicated higher motivation to initiate lifestyle change compared to non-participants ($p < 0.001$). At 1-year follow-up significant reductions in BMI, waist circumference, WHR, blood pressure, p-glucose were observed. Gender difference concerning WHR and physical activity with women showing more pronounced improvement than men was seen. Significant positive changes were seen regarding smoking, alcohol habits, physical activity, strain and mental stress.

Conclusions

Results indicate that the method is on target and applicable to motivated individuals with "risk profile". A pedagogical model including self-administered health-profile and health dialogue, combined with emphasizing individual's own resources seems a feasible method for effective preventive work in primary healthcare. Improvement concerning several risk factors was observed at 1-year follow-up. The results are promising regarding possibility to implement a programme in primary care. The method is feasible for clinical use and for further studies of long-term results.

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Benefits of Lifestyle Interventions in Primary Health Care Setting for the management of Metabolic Syndrome

KIM Hyekyeong, YOO Seunghyun, NAH Eunhee, KWON Eunjoo, KIM Suyoung, KIM Min Kyoung, CHO Han-Ik

Introduction

Metabolic syndrome(MetS) is a cluster of risk factors for diabetes and chronic heart disease. The prevalence of MetS among Koreans has increased significantly and reached around 30% of the adults in 2010. Prevention and effective treatment of MetS emphasize lifestyle intervention. In this context, Korea Association of Health Promotion (KAHP), a medical and public health institution, provided lifestyle intervention programs for adults with risk factors as a follow-up care after medical check-ups.

Purpose/Methods

The purpose of this study was to evaluate lifestyle interventions for the management of MetS in an experimental design. The 235 adults with MetS were randomly assigned to an experimental (n=134) or a comparison(n=101) group. Participants in experimental group received an intensive 3-month lifestyle modification intervention including health counseling, self-management handbook, newsletters and health diary. Participants in comparison group received a health education leaflet. Pre and post test were performed to determine the effectiveness of the interventions.

Results

After the intervention the levels of blood pressure ($P<0.001$ for SBP, $P=0.004$ for DBP), total cholesterol($P=0.032$) and triglycerides($P=0.005$) were significantly reduced for those in experimental group. For those in comparison group, the level of blood pressure was significantly reduced after the intervention($P=0.007$ for SBP, $P=0.018$ for DBP). The significant improvement in dietary behaviors were observed more in experimental group. The MetS prevalence was reduced to 52.24% in experimental group and 58.42% in comparison group after the intervention($P=0.004$).

Conclusions

Lifestyle modification programs found to be effective in reducing the prevalence of MetS in adults. The Intensive intervention was more effective in improving MetS status and dietary behaviors. But brief intervention also improved some risk factors. Brief advice on lifestyle modification may be easier way to provide health promotion services in primary health care settings.

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Health promotion in primary care through healthier food choices – a lesson from the implementation of nutrition-based interventions for staff empowerment and creating supportive environment

YUEN Estonie Wing-Ting

Introduction

The top two conditions of Polyclinic attendances are Hypertension and Hyperlipidaemia. As part of Polyclinics' strategic intention to be a Health-Promoting Health Service, the key approach is to promote healthy lifestyle in primary care setting. Retail food sold in pharmacy can affect food choices, and perceptions of the nutritional quality of foods. Dietitian collaborated with Pharmacy retail and developed healthier food buying guidelines to ensure zero lapses in presenting unhealthy food items in pharmacy while opportunistically providing education on healthy food choices.

Purpose/Methods

Needs assessment was done initially to identify the preferred health topics among clinic-visitors. We aimed to increase awareness and knowledge of Pharmacy-retail staff on making healthier food choices, in order to empower them and to facilitate compliance with buying guidelines. Survey was designed to assess staff's food-label reading knowledge and to understand what influenced their food decision. Dietitian constructed targeted training to equip them with nutritional information so as to help patients through proper recommendation of healthier choices.

Results

Convenience sampling data was obtained from 259 clinic-visitors; there was a need for health messages regarding chronic diseases(75%) and nutrition(60%). A focus group of 36 Pharmacy-retail staff completed pre- and post-training surveys. They tended to receive nutritional information from newspaper/magazines. Nutrition appeared to influence their food choice the most; taste came second. However, only 17.2% of them always read food-label. 87% of staff became somewhat to very confident in making healthier choice post-training(vs. 34.6% initially). Knowledge-gain was measured; 83.9% of participants answered food-label related question correctly(vs. 26.7% initially).

Conclusions

Nutrition is a major modifiable risk factor in the development of preventable chronic diseases. It is important to promote and



facilitate healthy eating, through education and making healthy foods available. Health professional is reliable source of health/nutritional information but newspaper/magazines appeared to be our respondents' major source of information. Our staff was empowered after training; confidence and competence were developed. The success of health promotion in primary care setting relies on the collaboration between stakeholders to create supportive environment for health-gain.

Comments

Health promotion supports personal and social development through providing health information/ education and enhancing skills. Such empowerment allows people to exercise more control over their own health and their environments. Health messages should focus on health needs and topics of interest. The targeted training constructed by Dietitian appeared to have empowered staff and improved their awareness of healthier food choices. More research is needed to evaluate the effect of their knowledge-gain on the health-gain for patients/ clinic-visitors.

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Primary care-based health promotion in disadvantaged areas in Stockholm County

BOKEDAL Carin, FRITZELL Sara, BURSTRÖM Bo

Introduction

There are considerable area differentials in living conditions, health-related behaviours and health among the population in Stockholm County. In socially and economically disadvantaged areas a greater proportion abstain from seeking health care, in spite of a perceived need of care. Since 2008 Stockholm County Council is attempting to strengthen primary care-based health promotion to the population in some disadvantaged areas.

Purpose/Methods

To develop methods to improve primary care-based health promotion to the population in six disadvantaged areas, by 1) improving access and use of health care, 2) increasing awareness of the links between health and health-related behaviours, and 3) contributing to a dialogue on health, in order to improve the knowledge and awareness of health issues. Extra funds allow one extra nurse coordinator per primary care centre. Local resources and networks are mapped, local needs assessments guide prioritization and planning of activities.

Results

In a pilot project, based on needs assessments, population-oriented activities have been attempted (walking groups, health

days for the public in the local area, health talks) as well as collaboration in networks with local actors (churches, employment agency). Health talks are conducted with groups of recent immigrants. Participating primary care centres report increased awareness and health orientation among staff, interest in health literacy and improved networks and collaboration with other actors.

Conclusions

In the pilot project, increased health promotion efforts have been noted. There is also increased interaction and exchange between participating primary care centres. Effects of interventions may be difficult to measure in the short run. Evaluation shows that improved structures for local collaboration are needed, as well as the need for comparison with non-intervention areas over a longer time period to compare potential effects on health-related behaviours and health. Thorough process evaluation will be necessary.

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Screening for depression in Singapore's primary care setting: implications for mental health primary prevention initiatives.

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Introduction

Mental disorders and chronic disease are highly comorbid. In Singapore, 14.3% of people with a chronic medical condition had at least one mental disorder, and 50.6% of those with a mental disorder had a chronic medical condition¹. Current evidence on chronic conditions treatment recommends depression screening². Little is known about depression screening for chronic disease patients in Singapore's primary care. This poster highlights the implications of the preliminary results of a depression screening pilot in one of Singapore's government-subsidized polyclinic.

Purpose/Methods

To understand the mental health intervention uptake for patients with poorly controlled chronic medical conditions using a validated depression-screening tool. Setting: A government-subsidized primary care centre in central Singapore. Methods: Patients aged 40 years and above, with chronic disease were screened opportunistically for depression using PHQ-9 by the nurses; Patients with PHQ-9 scores of ≥ 5 (mild to severe depression) were referred to a multi-disciplinary team made up of doctors, psychologists and/or medical social workers for intervention.

Results

Of the 296 patients screened from August 2011- July 2012, 49.3% (n=146) had no depression while 28.0 % (n=83) had minimal depression. 13.5 % (n=40) were found to have mild depression while 9.1 % (n=27) of patients had moderate depression. None fell under the severe depression category. 22.6 % (n= 67) of patients were referred for early mental health intervention. Only 49.3% (n=33) accepted the referrals for any forms of medical or allied-health intervention. 50.7% (n=34) declined the referrals.

Conclusions

Untreated depression in patients with chronic disease carries significant morbidity and mortality. Mental and physical healthcare service integration is essential to risk reduction and holistic patient -care. Depression is common among patients in this setting. Majority of patients have minimal to mild depression. The findings highlight a vulnerable subpopulation that can be targeted for early depression intervention. More local research on the mental health-seeking behaviour of patients with chronic physical diseases is needed to understand reasons for declining mental-health interventions.

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Health Promotion Training Seminar for Primary Health Care Professionals in Greece

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Christina, PETROULIA Ioanna,
SCHORETSANITI Sotiria, AGAPIDAKI
IRENE, TOUNTAS YANNIS**

Introduction

The aim of the training program was to provide the primary health care professionals, who participated, with evidence-based knowledge on two basic directions; to further explore the major determinants of health promotion and education and to provide effective ways of addressing them in order to be able to design and implement health promotion programs. The project was co-funded by the European Commission and was conducted by the Institute of Social and Preventive Medicine (ISPM).

Purpose/Methods

The implementation period of the project was March 2012- October 2012 and included 22 seminars, which took place in all 13 geographical regions of the country. The duration of each seminar was three days (20hr). The participants consisted of 452 primary health care professionals, who were divided in approximately 20 persons per seminar. The training curriculum included 18 thematic topics, such as client centered health care,

communication skills, motivational interviewing, 5As model of behavior change, self-management in chronic illness and others.

Results

The participants (231nurses, 102health visitors, 64midwives, 29social-workers and 10nutritionists) completed an evaluation questionnaire at the end. According to their responses, 92.26% of them stated that the seminars reached their goal (45.49% fully and 46.47% adequately). The thematic topics that received in average the highest evaluation by the participants, measured in 10 point Likert scale, were Counseling for Behavior Change (9.32), Communication Skills (9.29) and Motivational Interviewing (9.26). The average score of the evaluation for all the thematic topics was 9.0.

Conclusions

This program used evidenced-based materials and best practices, as well as various training methods in order to enable primary care health professionals to effectively promote the health of the population. The seminars received a highly positive evaluation from the participants. It should be explored whether the participating professionals will undertake health promoting actions addressing issues of their community. This is essential because health promoting programs are the most effective, appropriate and less costly ways of action to improve population health.

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An important contribution to improved quality in the development and provision of health promotion activities in primary health care within the sphere of Sörmland County Council (Sweden) — Diplomerad Hälsocentral (accredited primary health care centre

JORTIKKA Djamila

Introduction

Since 2006, Sörmland County Council has had an official policy for the development and provision of health promotion activities in primary care. In 2010, a supportive organisational structure was introduced for the explicit purpose of increasing health promotion activities directed towards patients. From it derives the concept governing the work of the health promotion co-ordinators and dictating the requirements which need to be met by a primary health care centre wishing to acquire health promotion accreditation.



Purpose/Methods

In order to become a Diplomerad Hälsocentral (an accredited primary health care centre for health promotion) for one year, specific criteria are to be fulfilled by a primary health care centre. The purpose of establishing such criteria, and thus awarding a higher status to those centres which meet the standards, is to give clear guidelines and incentives for the improvement of quality in the delivery of health promotion services, with the ultimate goal of enhancing the health of the individual patient.

Results

Of the total 26 primary health care centres 11 were awarded the accreditation last year (2011). The number of accreditations for 2012 was not known at the time of writing but is expected to be more than 11. The general level of health promotion activity is believed to have risen and for instance we see a marked increase in Physical Activity on Prescription (PAP), increased use of health and lifestyle questionnaire and number of people receiving support and achieving goals.

Conclusions

The opportunity and challenge of obtaining accreditation and becoming a Diplomerad Hälsocentral (accredited primary health care centre for health promotion) has inspired improvement in the work of health promotion both in terms of quality and quantity. Therefore "Diplomerad Hälsocentral" is an important contribution to improved quality in the development and provision of health promotion activities in primary health care within the sphere of Sörmland County Council (Sweden).

Comments

The criteria for accreditation are nevertheless being revised continually in order to make it even more challenging, rewarding and inspiring for both the health care professionals and the patients to be involved in health promotion activities. For instance, in 2013 a new criterion designed to increase staff involvement in health promotion will be included. To meet this new requirement a primary health care centre needs to show that at least 90% of its staff have discussed lifestyle issues at the yearly one-to-one meeting with their manager.

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Session P1.14: Health promotion and rehabilitation services

The new concept of rehabilitation at Palanga Rehabilitation Hospital

ALEKNAVIČIENĖ Romantė**Introduction**

Rehabilitation is a coordinated application of medical, social, pedagogical and professional means in order to achieve the maximum performance of the patient being rehabilitated. It is a specialized procedure where different activities of various experts are combined. The main purpose of this activity is to restore or compensate for lost functions seeking to maximize patient's autonomy and help him to return to active living and participation in society. This is only possible with the application of integrated rehabilitation services.

Purpose/Methods

Having established a strong potential in medical rehabilitation, we have established a division of vocational rehabilitation far in 1993 with the aim to encourage integration of disabled patients into the society, and return them to vocational activity. . If a disabled person is recommended a vocational training, he/she is offered 32 training programmes. What is the most important is that both rehabilitation processes – social-vocational and medical - are being carried out in parallel.

Results

Last year we opened to the patients part of the rehabilitation center –a recreation island. It is the one facility of this kind in the country. Trainings of disabled must be attended by physical therapist, occupational therapist, and an instructor of active rehabilitation. In the center of active rehabilitation, it is planned to pave special paths where disabled could be taught wheelchair techniques: going uphill and downhill, tackling various turns and obstacles, and bypassing them in a natural environment.

Conclusions

Adaptation of the environment, development of special self-service and leisure skills can help disabled people better integrate into society. After twenty years of operation, we can confidently say that Palanga Rehabilitation Hospital has chosen the right strategy of operation. Nowadays, in international conferences we often hear that only integrated medical, social-vocational and active rehabilitation can give the best possible result.

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Klara Livet, a new model for active rehabilitation

STJERNKVIST Carina**Introduction**

Klara Livet is a new model for active rehabilitation of individuals in social isolation, who have the capacity to reach own supplies, but due to their health cannot be available to labour market. Blekinge County Council is the owner of this project and concept. European Social Fund and Coordination Council in Ble-

kinge, FINSAM are co-financiers. Employment Service, Social Insurance Agency and Municipalities of Blekinge are collaborative partners.

Purpose/Methods

The concept, Hållbar hälsa (Sustainable health), is based on a Swedish version of evidence-based Chronic Disease Self-Management Program, developed at Stanford University. Other fundamentals are Empowerment, Mindfulness, Psychosynthesis and Cognitive Behavioral Therapy. Free 22-week courses were organized at 4 folk high-schools in Blekinge, 2012. The purpose of the study was on individual basis to increase the self-confidence through group activities, to make changes by sustainable methods and to get closer to employment via professional practice or social enterprise.

Results

Evaluations of self-perceived health were conducted by 9-graded Likert scales and were filled in at the start and end of the courses. The participants were 46 men and 86 women with a mean age of 42 (95% CI: 40-45) years. Significant improvements, according to Wilcoxon signed-rank test, were shown in general health, mental health, self-esteem, self-confidence, sleeping habits, eating habits and handling of symptoms.

Conclusions

This study shows that Klara Livet is an effective model for active rehabilitation of individuals in social isolation, who have the capacity to reach own supplies, but due to their health cannot be available to labour market. The concept of Hållbar hälsa (Sustainable health) has a winning context applied in several projects at Blekinge Centre of Competence, centre for training research and organizational development in health, care and nursing, collaboration between the County Council and the municipalities in Blekinge.

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Full participation of disabled people in society

LEVINGER Vilma, ZADEIKYTE Snieguole

Introduction

Around 10 percent of the society members live with a disability. Disability or diseases caused by traumas, and the associated psychological and social changes significantly affect people and their families. Such people need time to integrate into society. It is a serious problem both from social and economic perspectives, which means that more and more attention is paid to the rehabilitation of sick and disabled people.

Purpose/Methods

To analyze the 20-year experience of Palanga Rehabilitation Hospital in organizing integrated rehabilitation of people with

disabilities. Review of rehabilitation projects for disabled carried out in Palanga Rehabilitation Hospital.

Results

Medical rehabilitation is an integrated application of medical rehabilitation measures in order to restore lost functions, or to compensate for permanent disabilities. Timely vocational rehabilitation and proper motivation can turn a person with disability from passive user and a dependent into an active member of the society. In PRL patients can acquire 22 professions. The aim of active rehabilitation is to identify the problems and to show the possible solutions by personal example of an instructor who has experienced the same by himself, and now teaches the patients.

Conclusions

1. Rehabilitation – both medical and social – must be started as quickly as possible ensuring it is fully integrated. Otherwise, termination of work activity and social support may prevent from being motivated to restore independence, and result in turning people into dependants of the society. 2. We believe that this and all the subsequent projects will help to increase employment among people with disabilities, improve their skills of finding a job, encourage their social integration, and help to change society's attitude towards a people with disabilities

Comments

Palanga Rehabilitation Hospital is located in the resort of Palanga, 900 meters from the Baltic Sea. The hospital has 220 beds, and employs 256 workers. It is a specialized third-level hospital providing rehabilitation services to patients. It offers complex medical, professional, active rehabilitation services for patients after severe head, spinal cord injuries, various traumas, surgeries, suffering from nervous and pulmonary disorders. The hospital is fully adapted for the disabled people: equipped with lifts, ramps, adjustable furniture, sinks, handrails.

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Structured coordinated care-plan meetings empower the patients

E LKJAER Eva-Karin, GYBERG Anna

Introduction

When patients are in need of support after discharge from hospital, coordinated care-plan meetings are performed in Swedish hospitals. Participants of the meeting are; the patient, relatives, the responsible nurse in hospital, the community home help service and/or a district nurse. Due to lack of structure before and during these meetings, for example by reasons of incomplete material for further decision-making, absence of room to hold meetings, and multiple expectations in the meeting group, patients' involvement in their own care are at stake.



Purpose/Methods

The purpose was to create a feasible structure for empowering the patients during coordinated care-plan meetings. First, needs were surveyed through interviews and observations of meetings. Second, a structure was created in collaboration with one of the communities. The new structure was tested between May and September 2011. A questionnaire was sent to patients and relatives with questions formulated in a view originated from findings of patients' and relatives call for support in the first survey.

Results

The structure contained demands of having earlier made assessment of the patients' physical functions available, a presentation of the members at the meeting, an introduction of what to expect of the meeting, written and oral information of support available, and a narrative of the patients' needs. The meeting took place in an undisturbed room where the patients were the first persons to enter, in aim to distinguish who was the key person. Findings show that patients and relatives (in total, $n = 34$) perceived they were understood ($n=26$) and were a part in the decision-making process ($n=27$). They also knew what support could be offered ($n= 28$) and that they understood how the care plan was going to be followed-up ($n=25$).

Conclusions

This shows that the structure is important for patients' empowerment. Collaborations between patients, hospitals and communities are necessary when creating structure.

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Session P1.15: Supporting health promotion by new technologies

A study of working alliance in single session online counseling therapy

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Introduction

The role of health promotion in hospitals is changing. It is no longer restricted to providing additional lifestyle-related information to the patient after the clinical procedures have been completed. Health promotion is becoming an integral part of the health care process and is related to clinical, educational, behavioral, and organizational issues. Therefore, among the many goals in hospital health promotion plan, the establishment of conditions for the development of a healthy workplace is peculiarly important. Online counseling service has since been developed to attribute the above issue. In the current study, we

aim to examine the effect of single session online counseling therapy.

Purpose/Methods

Online counseling therapy is a platform for the staff to consult issues regarding his or her own emotional wellness. Clinical psychologists are responsible for carrying out online sessions. Online counseling service is provided in three modes: voice with image, voice no image and text only. Our staff can reserve online therapy through internet platform. We used Tracey & Kokotowitc Horvath Working Alliance Inventory Short Form and the three subscales to examine working alliance between client and therapist. T-test is used to compare the difference between means of 12 questions and the difference between means of the three scales (Task scale, Goal scale and Bond scale).

Results

Scores of 51 subjects' (17 male, 34 female, mean age is 24.3 years old) single session online counseling questionnaire (Horvath Working Alliance Inventory Short form) was analyzed. Results of T-test demonstrated that questions three and seven were significantly lower than question ten. T-test also showed that the difference between Task scale and Bond scale is not significant ($t=-.871$, $p=.338$). The difference between Task scale and Goal scale is significant ($t=3.856$, $p=0.06$). Furthermore, the difference between Bond scale and Goal scale is significant ($t=4.565$, $p=0.00$).

Conclusions

In terms of working alliance, single session therapy can provide psychologist's expertise and the feeling that he/she is motivated to help solving the problem but therapeutic goal is less in agreement. Single session online counseling therapy can nonetheless provide a quick way to facilitate communication for health promotion purpose, but multiple session online counseling therapy is still better for long term problem formulation and goal setting purpose.

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High-risk groups to promote the program application SKYPE telephone care diabetes

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Introduction

Early screening and health promotion prevention can reduce the prevalence of diabetes and reduce complications. Statistics found that only 25% hospital patients with glucose abnormali-

ties were diagnosed with diabetes. To avoid the shock caused by diabetes, early prevention measures is very important. Therefore, through integration of information systems and SKYPE to provide instant, convenient health guidance, or referral to outpatient treatment, can enhance the high risk of the patient's self-care abilities.

Purpose/Methods

Discussion with the programmers to design the skypecall tracking system automatically selector hospital-wide list of hyperglycemia, in conjunction with glucose values using Skype direct dial telephone care patients. By setting telephone interview process, directly entering telephone interview record, automating analysis of the data can reduce the artificial statistical time-consuming and error. to give the confirmed and help diabetes patients registration and apply the Pay for Performance Program for Diabetes, then obtain complete medical care for the continuity of service quality.

Results

Comparing the number of services provided through skypecall tracking system telephone interviews of patients with hyperglycemia 100-101 year-on-year growth of 4.5 times ,the success rate from 75% to 90%. Accounted for an average of 11.3% of the monthly new enrolled into the Pay for Performance Program for Diabetes enrolled through telephone interviews

Conclusions

The patient is easy to ignore the changes in blood sugar. To enhance patients' awareness of the disease and self-care behaviors, prevention (or delay) diabetes attack, health care workers is obliged to provide the expertise and appropriate health education, Therefore , immediate through hyperglycemia telephone interview system consulting health education, obviously service the more the number of high-risk patients, also underlying diabetes to provide effective medical care.

Comments

Skype calls are cheaper than local call rate, through integration with the hospital information system for easy the search of the case and the network telephone interviews, the relative effectiveness significantly expand the scope of services. Therefore, the system has been applied to remind the patient back to the out-patient, and telephone interview for outpatient. It's expect that a more mature system can saving cost and manpower and then provid service to more patients.

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Development of Personalized Mobile Services for Diabetes Management

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Introduction

Mobile phones and communication technology applications hold great potential as a basis for powerful patient-operated self-management tools within diabetes. Various mobile application supports diabetes management. However, most mobile application only monitors patients' health status based on input blood sugar without personalized services. Therefore, a mobile application that interfaces with hospital's EMR(Electronic Medical Record) was developed to provide personalized contents and services by analyzing latest medical data.

Purpose/Methods

An application for mobile devices was developed to provide diabetes management services to patients. The application uses EMR, that include various types of vital sign, blood sugar value, examination histories and results, reservation information, as a basis data to analyze users' health status. Because the application interfaces data from EMR, user's latest medical information, examination schedule to prevent complications are provided with minimum input process from users. Also, personalized contents are provided through algorithms in the application.

Results

The application provide a calendar and graphs to show blood sugar history. Also, the application notifies users' examination dates and medication times. These data interface hospital's EMR which users' can be better informed on their examination schedule with minimum process. Not only diabetes management, the application provides exercise, stress, diet related contents and analyzes cardio-cerebrovascular risk to prevent complications from diabetes.

Conclusions

By providing monitoring feature by interfacing EMR and self-input data, users can learn better on their health status. Also, notifications on periodic complications examination date in hospital, users can prevent and manage diabetes effectively. Also, the application provides better information to doctors which can elevate accuracy of diagnosis. This mobile application expected to provide various contents and knowledges to promote diabetes patients' health status as an effective tool to promote patients' quality of life.

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The Study on the Health Management by Applying Information Technology

CHAN Hsin-Lung, LU I-Jung, HUANG Wei-Hsin, JOUNG Yuh-Jzer



Introduction

Obesity and its associated health problems due to inability to control the weight have constantly remained a challenging issue. According to the statement, various factors shared responsibility for obesity. Numerous ways of weight reduction have been brought to light, including pills, workouts, acupuncture, replacement meals and surgeries. However, those methods frequently lead to side effects as well as complications. In addition, gaining weight later is not uncommon.

Purpose/Methods

With the application of information technology, this study aims at developing a new IT cocktail model of losing weight and evaluating whether this model can provide a practical means for effective weight reduction and sustainable health management. The capability to maintain the ideal weight on a long-term basis helps decrease the occurrence of diseases and improve certain parameters such as physical fitness and health.

Results

By reviewing medical records, this study intends to understand the current operative model and its sustainability in the weight loss clinic and hopes to bring improvement on the clinical practice. Compare to the traditional groups, the results demonstrate that information technology group lost more weight, BMI (body mass index), body fat mass, BMR (basal metabolic rate) and biomarkers such as LDL-C. After IT program, the results also show significant decrease in cholesterol and triglyceride level.

Conclusions

New model—IT cocktail model really can provide a practical means for effective weight reduction and sustainable health management.

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Applying technology for opportunistic health education in a primary care setting – A tailored evaluation based on RE-AIM framework

KAUR Navneet, TAN Siok Ling Audrey, YUEN Estonie

Introduction

Given the growing incidence of chronic disease, innovative ways of prevention and early detection are required. With 2.4 million annual patient attendances in NHG Polyclinics, we aim to turn all polyclinics into “Health-promoting classrooms” by providing opportunistic health education to patients/visitors. Traditional platforms used to disseminate health-promoting messages

include wall murals, posters and television screens located at patient waiting areas. A chronic disease-themed interactive wall using touch-screen technology was introduced in a pilot clinic to educate patients on COPD.

Purpose/Methods

This study aims to evaluate the impact of using technology for opportunistic health education in a primary care setting and is designed based on the principles of RE-AIM framework. Convenience sampling data from 259 patients in four polyclinics was obtained over a two-month period. We measured the reach and impact of the health messages displayed. In the next phase we measured the effectiveness of the interactive wall panel including the meaningful use of the touch-screen panels in the pilot clinic.

Results

Among those who noticed the health-promoting messages within the polyclinic 75% in phase one and 61% in phase two cited location to be their number one reason. 46% of interviewees found the messages via traditional platforms to be useful and 39% of them read at least half the content. 91% of interviewees found the COPD messages useful. Out of the 48% who used the touch-screen panels, 65% completed their game and 96% rated it to be relatively easy to play.

Conclusions

Our experience showed that the use of technology can facilitate health promotion and it was identified that the choice of location allows the health messages to reach a higher proportion of the target audience. It was effective to use touch-screen technology as a platform to educate interviewees on COPD given that almost all participants were able to describe knowledge gained which was measured. This study has identified the successes and gaps (such as language barrier) in our health-promotion interventions.

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Use of theories in web based support as a health oriented service for persons with chronic illness

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Introduction

Increasingly multi strategically types of web-based support are being developed for patients in managing their illness. Person-centered care considers the person and the illness from a

holistic and health-oriented view and can be tailored according to the person's need. This perspective brings attention to patients' empowerment and their participation in the development of their care process. Development and evaluation of web-based support for people with chronic illnesses needs to be further explored regarding its value.

Purpose/Methods

The aim is to explore how theories can assist in developing web-based support towards a more person-centered and health oriented service for patients in the management of chronic illness. The four included cases involve persons in different ages and phases of life: 1) Pre-school children with bladder dysfunction and urogenital malformation; 2) Young adults with mental illness; 3) Women with diabetes type 1, pregnant or in early motherhood; and 4) Women who have undergone surgery for breast cancer.

Results

Four categories of theories have been used in the cases and in any part of the developing process; design, learning, health and well-being, and transitions. Basic aspects of the use are theories that: 1) provides fundamental ideas behind the project, 2) informs the organization of the development process, 3) informs the design of the technology and 4) informs the outcome evaluation of the project. These aspects have been assumed to promote person-centeredness and health orientation in the developed web-based services

Conclusions

Based on multiple case analyses, this study provides knowledge about the development of technologies to be used by patients. To different degrees, theories can guide the process and complement the implicit ideas of the researchers and the users input to the design towards a more person-centered and health-oriented service.

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The Next Step of Google Health! Exploration and comprehensive use of personal healthcare management platform - an application of healthcare cloud(EVip) in Taiwan, experienceShow Chwan Healthcare System

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Introduction

Google Health Provided a platform for Profile detail, important records of medication, explore health services, Share this profile and Online search for medical information (Medical contacts-find a doctor) and relevant medical records that placed in the open on the network, such as medical management platform. But in the absence of follow-up cooperation related medical institutions, the whole limited plans to expand, the whole Google Health platform closed in January 1st, 2012.

Purpose/Methods

In view of the failure experiences of Google Health, President of ShowChwan healthcare system, Dr.Huang leading the medical, nursing, information, executive team development to set up a personal health management platform, called the E-Vip Royal healthmanagement System. Mainly intended to provide a healthcare services, or a patron of public health.

Results

Entire E-Vip offers an exclusively personal healthcare managers system, professional healthcare multi-disciplinary consultation, a cloud architecture, with the backup professional team from Show Chwan healthcare system.

Conclusions

People always get the disease treatment, unusual items to track, such as: Organization chart of regular blood samples such as Tri-glyceride, Cholesterol, Blood-Sugar and Blood Pressure changes. The Healthcare managers take account a house-hold based services.

Comments

Through the cloud technology, participants can achieve self-health care anytime, anywhere.

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"Important, and so easy to forget" - Views on health promotion among the staff of the Health Care District of Southern Savo

HÄKKINEN Eeva, KUIRI Senja

Introduction

The purpose of the study was to look into the views on health promotion among the staff of the Health Care District of Southern Savo. The goal was to produce information on the recognition of the patients' lifestyles and health habits, bringing them up in conversation, their treatment or guidance to treatment as described by the staff. The target group of the study was the staff of the Health Care District of Southern Savo (N 1275).



Purpose/Methods

The questionnaire was based on the questionnaire used in the study "The realisation and challenges of health guidance" in the Health Care District of Pirkanmaa and adapted to meet the circumstances and needs of the Health Care District of Southern Savo. The questionnaire contained structured and open questions. The structured questions were reported as percentage distributions. The answers to the open questions were analysed using an inductively progressing content analysis.

Results

The results showed that around fifty percent of the answerers would need information on recognising depression or a family's need for support. The results indicated that it was difficult to bring up harmful living habits such as intoxicant abuse when e.g. smoking or alcohol use has nothing to do with the patient's reason for coming to the hospital. Electronic health care services and the tests on the patients' state of health were still seldom used to promote patient health.

Conclusions

The study indicated needs in the Health Care District of Southern Savo for the development of knowledge and know-how in the recognition of the patients' depression. More attention should be paid to making electronic health services more widely known as a tool for the hospital staff. The use of health tests and calculators in patient work can be warmly recommended as health risk evaluations exploiting them would yield information based on proof and statistical data about health promotion care processes.

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A study on the exploration of the sustained attentions of the employees of high-tech industry on their own health through the health-promoting website within the company

YANG Ching-Chi, CHEN Fang-I, LO Chia-Lun, ROAN Jin-Sheng

Introduction

In recent years, the enterprises gradually have an awareness of the importance of employee's health, and hope to enhance their health and physical fitness and create a safe and healthy working environment through the implementation of health-promoting plan. This study goes with the health-promoting information of the self-health management website established by the health-promoting project to make the employees to

strengthen the self-health management and continuously care their own health situations.

Purpose/Methods

This study collected data of weights, waist circumferences, and average blood pressure values of the employees in the self-health management website of an Optoelectronic Technology Factory in Taiwan. We also investigate the intentions of these employees of using this website and continuously participate in relevant activities through the anonymous questionnaire based on A Post-Acceptance Model of IS Continuance. There are 832 copies of distributed questionnaires, and 765 of them are valid ones.

Results

According to the report of our system, there are 64.99% in 937 employees to render the abnormalities of Sonography of the Liver, and the male got higher abnormality rate. 49.44% employees were overweight, and 37.8% of them whose diastolic blood pressures are higher than the reference value. The results of Intention of Health Promotion Website Usage Survey are as follows: 1. Confirmation has a significant positive influence on Perceived Usefulness and Satisfaction. 2. Satisfaction has a significant positive influence on IS continuance intention.

Conclusions

The employee health is the most important asset for the enterprises. In the perspective of preventive medicine, the regular health activities can effectively enhance the physical fitness and prevent the diseases. The company will continue to increase the observation items on the website, encourage the employees to participate in the health-promoting activities, and provide the appropriate individual health counseling for their mental and physical situations, so as to remind them to continuously improve their health.

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The Application of Smart Device in the use of Community-based Health Services Delivery

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Introduction

The introduction of Smart Devices gained popularity and potentiality. They acted as a bridge between hospital setting and the patient population. The information delivered was real time illustration that patients may communicate with the health caregiver on the platform as required.

Purpose/Methods

The most popular smart device is 3G smart phone, which facilitates the development of the cloud application service as App store, and App market. The future health information system (HIS) has to integrate with the hospital strategic development, hospital flow and clinic visitation and quality. The market occupancy of iPhone and Android were 18.2% and 38.9% respectively. The smart phone provides a high privacy and confidentiality, which will broaden the application in health care system.

Results

PingTung Christian Hospital (PTCH) applied the use of smart phone in the field since 2011. The first item we served for the user with information exchange module, where the appointment arrangement of laboratory examination, and personal health management module were designed and implemented. That cloud network produces a bi-directional communication between users and health caregivers.

Conclusions

The exploration of Smart phone creates the health caregiver in handling the community population health information. The gap of communication between users and caregivers may be closer. Most of the laboratory imaging and data can be transferred to the users' smart phone. Accordingly, utilization of the system will be increased to enhance the Healthy Care Value.

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Session P2.1: Improving the life-styles of hospital staff: exercise and nutrition

A Study of Knowledge, Attitude and Needs for Health Promotion Hospital of Hospital Staff

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Introduction

The concept of Health Promoting Hospital (HPH) was started in Ottawa Charter since 1986. The main purpose was to develop hospital to become a healthier environment. In doing so, hospital employees, patients and organization are the key players. This study was based on the core values and evaluation criteria of HPH, that is to know the relationship of knowledge, attitude and needs for Health Promotion Hospital of Hospital Staff.

Purpose/Methods

The data collection was through questionnaires in December 2011 and 278 questionnaire forms were collected. The response rate was 46.3%, and the Cronbach's Alpha is 0.974.

Results

1. Staff considered their health situation, the highest proportion of "ordinary" a total of 121 (45%). Compared with a year ago, the "relatively poor" a total of 141 (53.4%), hospital staff perceived health status dropped slightly. 2. Behaviors of staff, most of them did not drink and smoking, and did not do exercising. The majority of the participants did exercise one to two times a week. 3. Results of attitude of HPH: most staff participated health promotion activities organized by the hospital (77.0%). Most staff had views for health promotion activities willingness to participate, and health promotion activities satisfaction. 4. We asked the participants their preferences of health promotion activities and the top three items were sports management 151 (54.3%), stress management 135 (48.6%) and diet planning, 118 (42.4%). 5. The relationship of personnel and knowledge of HPH was significant differences ($p < 0.05$).

Conclusions

Hospital staff with a higher degree for the hospitals to the implementation of health promotion programs and activities, in future, we should advocate health promotion policy within the hospital. We would like to suggest hospital managers to assess health policy and needs systematically and according results to invite staff to attend planning process.

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Health Promotion in the Hospital: A Health Promotion Needs Assessment Survey of Nurses at Changi General Hospital, Singapore

FOO Jia Min, ONG Li Jiuen, CHEONG Magdalin

Introduction

In the hospital setting, encouraging workplace health promotion can positively influence the physical, mental and social well-being of healthcare staff as well as the health of their families, communities and society. Nurses play an important role in health promotion, hence, a health promotion needs assessment survey for nurses was conducted in December 2012. This will help in the future development of a comprehensive health promotion program to empower healthcare professionals at Changi General Hospital (CGH) to lead and promote healthier lifestyle.



Purpose/Methods

The purpose of conducting the health promotion needs assessment survey for nurses is to explore the nurses' perceptions of health promotion, gain awareness of nurses' concerns about health promotion issues and determine the priority areas of health promotion in CGH. Survey forms were distributed to nurses in all outpatient clinics and inpatient wards. The survey questionnaires were designed to include different multiple choice and open-ended questions related to health to collect qualitative information from responses of nurses towards health promotion.

Results

A total of 447 (11M: 436F) nurses participated in the survey. 76% of nurses had participated in past health promotion activities in the hospital. 55 % of those who participated in previous health promotion activities reported these activities as "Beneficial". 34% of nurses responded that it was "Very Important" to support health promotion in the hospital. 92% of nurses indicated an interest to participate in future health promotion activities. 33% of nurses felt that all staff were responsible for health promotion.

Conclusions

It is encouraging to know that nurses are supportive and aware of the importance of health promotion in the hospital. At least three-quarters of nurses surveyed had participated in past health promotion activities in the hospital and more than 90% of nurses had indicated their interest and willingness to participate in future health promotion activities. For future health promotion and advocacy initiatives in the hospital, nurses can be nominated as health champions to promote a healthy lifestyle among healthcare staff.

Comments

Special thanks to Changi General Hospital Nurses for their participation in the survey!

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Hospital to Promote Holistic Care and Health Care Promotion Effectiveness Assessments

CHEN Anthony, CHANG Yuchen

Introduction

The health concept of WHO is holistic. Hospital is the place where provide health, but the lifestyle of hospital staff always poorly. More discussions in the past are focused on physical part of the stuff, not focused in mental cares, even few in spiritual cares. The surveys that have a better known of the identification and participation of staff at health promotion

related activities. Therefore, we want to know the staff health promotion and will be reference for policy decisions.

Purpose/Methods

The sample will be the list of the employee between June 27th, 2012 and July 2nd, 2012; there will be 300 questionnaires in total withdrawn. There are three parts include physical health promotion(staff trips and half day hiking activity).Mental health promotion(group development activities, activities for promoting family relationships).social health promotion(fellowship activities, spiritual growth courses, TRM (Team Resources Management), YAMA (You are My Angel)). The investigation of each result will be understand the reason they like the activity.

Results

In the physical activities about 60% satisfied with it, and the reason is "the arrangement of activity location. In mental activities about 60% satisfied with it, and the reason they like it because "the topic of the activity fit with the requirements." In social activities about 64% to 79% satisfied with it, and the reason is "the content of the activity as expected." After all the overall satisfaction with the health promotion activities, about 40% of people satisfied with it.

Conclusions

Firstly, the satisfaction of participants are reaching 60% above, which means the activities can fit the requirements of participants. Secondly, the amount of participants should be expanded. The reason might be related to the frequency of events and the way to held it, or, the need of stuff can be investigated before held related activities, therefore, how to reconcile "location arrangements" and "schedule arrangements" to meet the different requirements is the challenge of promoting health related activities in the future.

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Participation in Health Promoting Activities Provided by Hospitals: Does Professional Background Matter

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Introduction

The Taiwan Health Promoting Hospital approach directed Taiwanese hospital leaders' attention to staff health. Though hospitals increasingly provide health promoting activities for their staff, participation among health care staff and its' effect on health behaviors has not been studied.

Purpose/Methods

The objectives of this study were to examine participation in hospital-based health promoting activities by staff workers' professional background and the association between participation in health promoting activities and perceived adequacy of health behaviors. This cross-sectional survey was conducted during the period of May to July 2011. The study participants were full-time employee at 100 hospitals across Taiwan. This analysis included 4,508 physicians, 33327 nurses, 2646 pharmacists, 8532 "other" health professionals, and 13774 administrative personnel.

Results

Administrative personnel were significantly more likely to attend health promoting lectures and clubs than "other" health professionals, and these staff participated more than pharmacists and physicians, while nurses participated the least in the health promoting activities. Participation in health promoting activities provided by hospitals was significantly and positively associated with better practice of regular physical activity, healthy diet, and stress adaptation.

Conclusions

Participation in health promoting activities was related to better health behaviors. More efforts are needed to motivate staff to participate in hospital-based health promoting activities, especially for nurses, pharmacists, and doctors.

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Health behavioral change and generalized self-efficacy

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Introduction

Health behavior transtheoretical model is famous and its core concept is self-efficacy. There are two types of self-efficacy those are called task-specific self-efficacy(TSSE) and generalized self-efficacy(GSE). According to Bandura, there are four major sources of self-efficacy, especially TSSE- Mastery Experiences, Social Modeling, Social Persuasion and Psychological Responses. GSE and TSSE are related mutually, and GSE is related also to the productivity of work, behavior change of health not only may raise the personnel's health performance, but it may contribute to productivity.

Purpose/Methods

We carried out 3-month-long "Health Challenge" program. 48(male:13, female:35) among 203 personnel applied. They chose the action(ex. walk 30 minutes per day, measure weight every day) which wants to change by themselves, and per-

formed and recorded the action every day. We distributed a questionnaire to the participant, and 47 persons answered, and 45 persons consent to the research. We divided into the success group(who answered "continued completely" or "continued mostly") and the others(the failure group), and compared by "General Self-Efficacy Scale" (GSES).

Results

The average points of GSES in the success group is 7.82 and the failure group is 7.53. The statistically significant difference did not accept by the two groups. Moreover, there was no difference among two groups also about sex and a participating motive.

Comments

In the range of this investigation, we can not prove about the relation between generalized self-efficacy and behavior change. With our poster, we will show the additional report of an interview to participants. And we will report what kind of support is effective for continuing behavior change.

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A body mind technique to promote well-being

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Introduction

The ASS2 "Isontina" is Coordinating Center HPH Network of Friuli Venezia Giulia. Within the guidelines related to the 4th standard Manual - Promoting a healthy workplace and 5th standard - Continuity and cooperation, we started in 2007 a project of HP aimed at the welfare of employees called "Life-style and Wellness" by promoting the importance of physical activity as a reduction of psycho-emotional distress in a healthy perspective of awareness of the movement as a way of life.

Purpose/Methods

Activation courses PILATES and NIA (Neuromuscular Integrated Action) in order to facilitate the participation of employees engaged in activities that involve more sedentary or greater mental distress job. The NIA technique is practiced barefoot, on musical traces, training the body and the mind in a mental mood that gets comfort and release the emotions. Multiprofessional team; Experienced instructor; Facilitations for insurance; Availability of gym included in the Health Service; Times and affordable prices

Results

Activity has joined a growing number of participants with high motivation. The project has expanded over the years to citizen-



ship with great results(180 participants). The organizing team has consolidated skills. The personal trainer has grown with the group; his lectures provide three levels of activity: NIA class-NIA masterclass-NIA education. The group performed in various public performances and has participated in many workshops. The project is integrated with other associations and public institution, it has been promoted in all conferences HPH.

Conclusions

From 2007 to 2012, the increase of the participants was from 40 to 180. The last monitoring is being processed. Preliminary results indicate a growing enthusiasm connected to practice. The physical activity group improves the welfare of workers and citizens. The technique is particularly attractive because it does not involve special physical skills and should not be learned because the instructor acts as a mirror for the choreography and frees up mental tensions. Each participant follow the music and releases its potential without judgment.

Comments

The average age is 47 years, mostly women. The opening citizenship (since 2010) has led to an increase in incentives for employees involved. Employees were initially worried of the influx of people from non-health environments, but with time this has been a continuous flow of energy that has strengthened the group. This activity is based on the pleasure of moving, but for employees who have musculoskeletal disorders and pain symptoms, we are organizing other techniques softer.

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Analysis of a medical center employee health-related fitness in 2010 to 2012

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Introduction

Obesity and a number of chronic diseases of modern civilization disease, according to Department of Health statistics, in 2011 the main cause of death statistics in Taiwan's population, heart and cerebrovascular diseases ranked second and third, respectively, the total number of deaths were 27,336, accounting for 18% of total deaths. In order to understand the health of employees in a medical center in Taipei physical state, captured in 2011 and 2012, the hospital "employee fitness test," data analysis.

Purpose/Methods

According to the Department of Health Bureau of Health recommended physical fitness assessment methods, the distinction between physical fitness following four elements: First, the body mass index (BMI); Second, sit and reach (Flexibility); third,

one minute sit ups (Muscular endurance); four, three minute step test (Cardiovascular endurance), for the physical fitness test items. The application of basic statistics and Excel to SPSS software for statistical analysis of test significantly.

Results

Further elements of the physical fitness program for Pearson correlation analysis, subjects who show 2010-2012 flexibility and cardiovascular endurance and muscular endurance Jieyou significant correlation ($P < 0.01$), which will influence the level of cardiorespiratory endurance flexibility, body mass index, muscular endurance performance test items, and then compared by gender influence cardiorespiratory endurance was no significant difference ($P > 0.05$). Body lose and physical fitness to increase aerobic exercise to develop cardiovascular endurance as the main upgrade direction.

Conclusions

Fitness testing activities, implementation of incentive or unit were ways to enhance competition by the test rate. By the subjects of medical practitioners are still the majority of women, but physical fitness is to be enhanced. We can be combined with physical activity also apply for annual employee physical fitness test, combined with the value of the physical examination to assess and track the effectiveness of various interventions.

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Awareness and knowledge of health promotion and health benefits of physical activity among health care professionals in cardiac care

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Introduction

Health promoting hospitals are increasingly choosing proactive approaches to healthcare and disease prevention. This is seen in hospital strategies, but is more challenging to establish in specialized health care practice. Ingraining the awareness of health promotion into the community may be achieved through staff training. The purpose of this development project was to increase the knowledge and awareness of the health promotion policy, the benefits of physical activity and the health risks of sedentary behavior among health care professionals in the Turku University hospital.

Purpose/Methods

The method used was educational intervention. The target group was the health care professionals in the cardiac care departments ($N = 4$). A total of eight training sessions were conducted, two in each department. Training sessions included

an oral presentation and written materials about the health promotion policy, the benefits of physical activity and the health risks of sedentary behavior. The benefits of physical activity were discussed in general, but also from the perspective of a cardiac patient. Furthermore, volunteers were given an opportunity to loan accelerometers and participate in a body composition measurement in order to get feedback on their own physical activity.

Results

Training sessions were held in the target departments during November 2012. A total of 97 healthcare professionals attended. After each session, the participants filled specific self-assessment and feedback forms to evaluate the project. 92% (N = 51) of the participants in the first training sessions answered that their awareness of the health promotion policy increased. After the second sessions, the same number was 91% (N = 46). Furthermore, the knowledge of physical activity increased among the participants

Conclusions

Based on the feedback, it can be said that the staff training sessions empowered the participants for more health promoting patient care. In addition, the staff became more aware of how to make healthier choices in their personal lives. The participants were pleased because the training sessions were targeted specifically to their departments, and the trainer was familiar with the context. Furthermore, motivational interventions such as the body composition measurement were liked.

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Application of the Transtheoretical Model of Exercise Behavior in Hospital Workplace

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Introduction

In hospital the work relevant to human life. Due to the hospital employees play the role of health care providers, the health promotion is very important, cause their health behavior will be directly or indirectly affected patients. The purpose of this study application the transtheoretical model to identify the stages of exercise behavior and to determine the related factors explaining exercise behavior in hospital employees. Expected to provide the different strategies to maintain regular exercise behavior for hospital employees.

Purpose/Methods

Participants: This descriptive, cross-sectional survey design enrolled a convenience sample of 310 employees at a regional teaching hospital in New Taipei City, Taiwan. **Measurement Tools:** Participants were asked to complete the questionnaire

that addressed demographics, the stage of change for exercise behavior, perceived exercise benefits, perceived exercise barriers and exercise self-efficacy. Detected by factor analysis of questionnaire validity, results showed that the KMO value is 0.917, Bartlett spherical test show significant. Reliability analysis: the Cronbach's α ranged from 0.938 to 0.982.

Results

Action and maintenance stages comprised 22% of regular exercise stage, whereas 78% of non-regular exercise stages were precontemplation (12%), contemplation (25%), and preparation (41%) stage. Demographics characteristics shows that perceived health status ($p=0.000$) and the age of youngest child ($p=0.019$) will affect the stage of exercise behavior, and there are shows significant differences in perceived exercise benefits and exercise self-efficacy. In different stage of exercise behavior, there are shows significant differences in perceived exercise barriers and exercise self-efficacy.

Conclusions

According to the use of the transtheoretical model to understand the stage of exercise behavior in hospital employee. The subjects are aware of the benefits of exercise, but no regular exercise behavior. Recommended about activities planning, such as encouraged to walk instead of take the elevator. Study found the age of youngest child will affect exercise behavior, can choose the parent-child exercise or set the childcare room next to the sports venues, to strengthen the power of their sustained exercise.

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Health Promotion for Employees through Physical-mental-spiritual Strategy

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Introduction

Human resources are the most precious properties of an organization, while its prosperity is the strongest support for employees. Internationally renowned corporations take health promotion of employees as one of their operational strategies by establishing physically-fit, proactive and optimistic manpower in order to enhance service quality and competitive strength, and create a win-win situation. The Bureau of Health Promotion in Taiwan advocates that a corporation should provide its workers a sound working environment and health promoting activities.



Purpose/Methods

Based on the Ottawa Charter, Taiwan Adventist Hospital provides health promotion services for staff through a physical-mental-spiritual strategy. Physically, we set up a well-equipped fitness center, organize exercise groups, hold weekly gymnastics classes, annual sports events, and programs for weight reduction and combating metabolic syndrome. Psychologically, we have lifelong learning classes, consoling services and birthday greetings. Spiritual support includes weekly sermons, biannual evangelization and spiritual counseling. The effects are evaluated by the employee's physical fitness and mental health screening questionnaires.

Results

During the year 2011 and 2012, we achieved a total weight reduction of 579.2 kg, approximately 1.2 kg for each employee, and a significant improvement in physical fitness. There was also significant reduction of mental disturbances as depicted by decreased number of mentally unhealthy employees, defined as Chinese Health Questionnaire equals to or greater than 4 points. Finally, 464 employees – 50% of total employees have achieved the goal of voluntarily attending spiritual activities.

Conclusions

The health of the employees is the foundation of a long-lasting organization. The health of organization relies on physical, mental and spiritual wellbeing of its employees. Only by implementing workplace health promoting programs in a physical-mental-spiritual strategy can hospital workers gain their total health and abilities to provide holistic care for their patients.

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The Effect of Integrated Zen Exercise may improve the Physical Fitness for Staffs in a Health Promoting Hospital- The Experience in a Regional Hospital in Taiwan

LIN Chang-Ming, YU Ya-Hui, LI Pei-Chuen, LIU Tsui-Yao

Introduction

This is a cross section study. A validated health-promoting questionnaire was conducted in a health promoting hospital in Taiwan. Total 668 staffs were enrolled into this study. A physical fitness pretest was conducted in December 2011. The heart and lung domain of physical fitness in male staffs were divided into 5 categories while 32% male staffs were classified in the worst category. Total satisfactory rate was 85%. The most urgent requirement in physical fitness was aerobic exercise. The integrated Zen exercise was conducted in the hospital since January

2012 and total 30 weeks intervention was applied. A physical fitness posttest was conducted in November 2012.

Purpose/Methods

To investigate the effect of integrated Zen exercise to improve the physical fitness for staffs in a health promoting hospital.

Results

After the implementation of integrated Zen exercise, 30% male staffs were classified as the worst category in the heart and lung domain of physical fitness posttest. Total reduction of body weight was 1022 kgs. Total satisfactory rate was 90% after the implementation of integrated Zen exercise.

Conclusions

The integrated Zen exercise could effectively improve the heart and lung domain of physical fitness for staffs in the hospital. A well-designed health promoting exercise for staffs in the hospital might have a positive impact in developing an optimal workplace to improve the efficiency in daily works.

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Physiotherapist innovation - promoting health for hospital employee

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Introduction

Sahlgrenska University Hospital (SU) is located in Gothenburg, Sweden. It consists of four different units. Previously, SU's health promoting activities (HPA) consisted of offering employees exercise memberships at external fitness clubs. The physiotherapy department (PTD) carried out HPA at their own initiative at two SU units. To make HPA available on all units, the PTD developed a plan and presented it to the Human Resources department. It was approved and the PTD was given responsibility to organize HPA for hospital employees.

Purpose/Methods

Increasing the possibility for the employees of the hospital to participate in health promoting activities. Inspiring employees, who have not previously been physically active or have had a low level of physical activity in their working day, to become more physically active.

Results

In the Care Agreement for 2009 between SU and the Public Health Committee, health promoting activities for employees is a part of SU's profile of being a health promoting hospital. Today the physiotherapy department offers a large variety of health promoting activities such as: body building, barbell class, Zumba fitness, physiotherapy counselling, fitness tests, core training, yoga, aqua fit, running etc. The number of visits per year is a constant of 12,000.

Conclusions

In addition to being an environmentally and financially good investment, using at the hospital existing equipment and premises, creates situations for employees to meet outside of their work environments, which can be positive, both for the employee as well as patients. Physiotherapists working within the health care services at hospitals should profile themselves more within the health promoting sector.

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How to encourage employees to be physically active: Introducing an employee walking campaign

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Introduction

Based on the supposition that increasing daily activity level at worksite helps reducing risk factors for non-communicable disease as well as stress of employees, Boramae Medical Center (BMC) initiated a stairwell enhancement project to create a healthy hospital environment in which employees have more options to choose for their behavior. BMC's employee health promotion project of 'Activate your personal health by using stairs!' conducted for over 2 year period. This project was successful to encourage employees to use stairs as well as to address employees the importance of healthy lifestyle and physical activity for health. In 2012, with the completion of the stairwell enhancement project, BMC conducted an employee walking campaign to promote further using stairs and walking to work as a way of incorporating physical activity into a daily life.

Purpose/Methods

The outline of campaign was that an employee carried a pedometer during the hours from leaving home for work to arriving home after work. Each participant received a pedometer calculating walking distance and consumed calories depending on walking steps, and a daily activity log to record the results of the pedometer use. There were 10 award prizes for participants who walked most for one month. At the same time, we conducted a survey for employee activity level assessment.

Results

263 employees (18% of total employees) participated in the campaign, and 87 employees (33% of participants) completed the campaign. The assessment for employee activity level during work hours showed that two prominent occupational groups which do not walk much during work hours compared to other groups were doctors and office workers. The average number of walking steps of participants completed the cam-

paign were 9,986, the average walking distance was 6.62 km, and the average consumed calories were 348 kcal.

Conclusions

Employee walking campaign to promote further using stairs and walking to work as a way of incorporating physical activity into a daily life was successful in addressing employees the importance of healthy lifestyle and increasing physical activity for health. Our experience demonstrated how to impact workplaces to promote employee health promotion. It would be a good example of increasing employee physical activity.

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Hospital employee health promotion program: Effectiveness of an employee weight management program

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Introduction

Despite change in overall social recognition that employees' wellness and health help for better job performance and increase productivity, hospitals do not pay much attention on worksite wellness programs for hospital workers. Therefore, Boramae Medical Center (BMC) has implemented an employee health promotion programs encouraging eating healthy meal and increasing daily physical activities since 2011. In 2012, BMC conducted an employee weight management program for 3 months. The purpose of the program is to provide basic data for employee health promotion programs in the workplace as well as to fulfill the mission of HPH by enhancing employees' self-management skill which is beyond usual hospital role including faithful execution of annual employee physical check-up.

Purpose/Methods

Employees whose body mass index (BMI) was in obesity-risk or higher risk category were recruited for the program. The participants received BMI, body weight, and body fat percentage checks regularly as well as blood tests. In addition, each participant set a goal weight with an endocrinology specialist who also conducted counseling for appropriate diet and exercise according to his/her goal weight. During the 3-month-program, the participants were encouraged to have a lunch at hospital employee cafeteria which served 500 Cal, low sodium and balanced nutrients healthy meal. Besides, BMC offered the participants partial support for the cost of individual sports activities or using exercise facilities. Collected data of monthly BMI, body weight and body fat percentage as well as pre and post questionnaires of participants were analyzed after the completion of the program.



Results

49 employees including 18 males and 31 females, aged from 20 to 58, enrolled for the program. Among them, 41 participants including 16 males and 25 females, aged from 20 to 58, completed the program conducted for 3 months. With completion of the program, 25 participants including 12 males and 13 females lost weight. The program results were: the average weight of participants decreased from 70.14kg to 68.52kg, the average BMI from 26.1 to 25.5 and the average body fat percentage from 32.4% to 31.6%. According to the participant questionnaire, the overall participants' satisfaction of the program was 96% out of 100%. In addition, 80% of participants answered that the program was motivating for health; 68% answered for program helping losing weight, 79% for gaining healthy eating habit, and 56% for increasing physical activity level.

Conclusions

Our findings suggest that the health promotion program for hospital employee including hospital cafeteria 500Cal healthy meal program and financial support to encourage physical activity is useful for managing employees' weight. We consider extending the program in 2013 to other employees. In the meantime, it would be a good example to introduce to other work places.

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Two schools of thought: barriers and incentives to cycling among staff in a Dublin academic hospital

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Introduction

Recent medical journal articles have highlighted the contribution of active commuting, such as cycling, to exercise levels(1), and have recommended that health services do more to promote such exercise among their staff(2). Country comparisons have shown that those with the highest levels of active transport generally have the lowest obesity prevalence(3). Since 2006, this hospital has promoted cycling in staff through improved facilities and cycling events, while since 2009, national and local incentives have been introduced.

Purpose/Methods

A staff survey of cycling was carried out at a tertiary referral hospital during Bike Week 2011. Questionnaires were sent

electronically to staff with computer access, while paper copies were placed in the canteen. The survey was completed by 192 staff. Analysis with SPSS established the proportion of staff who cycled to work, and as well as perceived barriers and incentives to cycling.

Results

40.6% (n=78) cycled frequently/always, while 8.9% (n=17) cycled occasionally. From 2007–2010 there was a 37.9% increase in the numbers that started cycling. Intending cyclists were more interested in safety classes than those already cycling (21.6% versus 5.3%; $p=0.001$), while cyclists placed more importance on facilities (34.7% versus 12.4%; $p<0.001$) and bike maintenance classes (25.3% versus 2.1%; $p<0.001$). Among those that never cycled there was a trend for more men (40%; $n=4$) than women (16%; $n=14$) to be concerned about weather ($p=0.066$).

Conclusions

These results are of international relevance. While this is a self-selected sample, it does identify two distinct groups of cyclists – seasoned and potential – with diverse priorities. The needs of each group should be catered for to increase the rate of cycling in those who live relatively close to work. Health service employers should lead by example and use best practice methods of increasing active transport among their own staff.

Comments

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Health Promotion Project for Office Workers “Workplace vitality Go! Go! Go!”

KAO Pei-Yen, TSENG I-Ting

Introduction

Computer is an essential tool in modern society and leads to symptoms associated with extended computer usage have drawn more attention. The principles outlined in the Ottawa Charter for Health Promotion emphasizes that people should actively use and shape the environments that affect their work and life in order to implement the concept of health promotion in workplace. Healthy behaviors and personal habits are the most important factors affecting individuals' health, as well as the fundamentals of workplace health promotion.

Purpose/Methods

Extended computer usage is the main cause associated with neck, shoulder and back pain, with a prevalence rate of approximately 27.0% - 31.3% per week among office workers. This study aimed to lower neck, shoulder and back pain and to establish a healthy workplace by implementing "Workplace Vitality Exercise" for hospital office workers. The participants followed the instructions encoded on a CD and conducted a ten-minute exercise after every two hours of work for four weeks.

Results

The proportion of workers with neck, shoulder and back pain was investigated. Comparison of outcomes from study participants indicated that neck and shoulder pain was lowered by 48.3 %, upper back pain was reduced by 10.3%, mid and lower back pain was decreased 20.7% after practicing "Workplace Vitality Exercise". Most participants claimed pain relief from moderate to mild pain. The results showed that "Workplace vitality Exercise" was effective in alleviating the pain resulted from extended computer usage.

Conclusions

The implementation of this intervention was effective in ameliorating the health problems associated with neck, shoulder and back pain among hospital office workers. The development of Internet Technology has given rise to more "smartphone addicts" and related consequences. Further investigation of possible symptoms associated with this phenomenon is deserved for health care workers. It is anticipated that this intervention can be introduced to different workplaces and populations in order to achieve the goal of health promotion.

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To explore the current situation of the exercise behaviors of medical workplace employees and their intentions to be involved in the activities of health promotion

SU Yi-Hsien, LIU Chia-En, HU Ya-Han, LO Chia-Lun

Introduction

Due to the rapid economic and technological development lead changes in work patterns, the static working environment let modern people reduce various opportunities of physical activities, besides, the work pressure and busy lifestyles also reduce their amount of exercises, so many employees have different types of health problems (ex: muscle aches, lower back pain, fatigue or a variety of chronic diseases).

Purpose/Methods

This study takes the crew of a certain regional teaching hospital in Southern Taiwan as the study samples and explores employee's exercise behaviors and their intentions to be involved in the health promotion activities. We adopt The Medical Workplace Employee Health and Safety Needs Survey to collect the data. There are 496 copies of valid questionnaires in 736 copies of anonymous questionnaires. According to the result, there are 43.2% of them with chronic or other health problems (Insomnia, Hyperlipidemia, etc.).

Results

As above reasons, Hospitals held the several activities to promote the advantages of exercises. However, only 28.2% of them are actually informed of the health promotion activities conducted by the hospital. There are 29.7% of employees show that they often climb up the stairs, but there are small rates of them (17.1%) who can actually participate in the health forums and use sport facilities. It is mainly because the shift works reduce their motives and desires of doing exercises.

Conclusions

The employee is one of the important assets for the hospital. The health promotion of workplace can increase their physical fitness, improve their physical and psychological health conditions, reduce the occupational injuries and the medical costs and so on. Therefore, the hospitals not only have the responsibility to provide a healthy working environment for employees, but also should take a proactive role in encouraging them to form a habit of doing exercises.

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The Analysis of Exploring the Effectiveness of Health Point Records for the Employees of a Health-Promoting Hospital

CHEN Fang-I, TSAI Chia-Fang, HU Ya-Han, LO Chia-Lun, YANG Ching-Chi, LEE Shing-Li, WEI Yu-Chen

Introduction

The WHO points out that the lack of exercise has become the fourth among the leading causes of death. There is 6% of mortality related to a lack of exercise. Hospital managers have promoted the health point records project in order to encourage the healthcare personnel to develop the habits of regular exercises, stay healthy, so as to achieve the responsibility of taking care of the public health, and further evaluate the effect of improving the employee's health and lifestyles.



Purpose/Methods

The project lets all staffs of a health-promoting hospital in Southern Taiwan to be involved in the project whose activities including regular mountain-ascending contests, climbing up the stairs, clubs participations, and hand-in-hand walking activities of one thousand people. Our study uses convenience sampling method to makes the involved staffs fill out the Health-Promoting Lifestyle Profile, and explore the relevant factors which can affect the health promotion. There are 910 copies of recovery questionnaires, and 773 copies of them are validity.

Results

The result shows that there are 10% staffs have effectively improved their unhealthy habits after the project kickoff for six months. About 40% staffs have begun to climb up stairs every day. Besides, the investigation shows that there are 97% staffs agreed that participate the activities in this project can enhance the health and strengthen their family relations. The score in questionnaire are improved after participate this project which shows this project can effectively enhance the employee's health and lifestyles.

Conclusions

The health-promoting hospital must develop various promoting activities of workplace based on the healthy organizations. The implementation of the health point records project can effectively encourage the employees to change their health status to develop the habits of regular exercises and renew the attitudes towards their own health. The hospital should establish a healthy working environment, and encourage and reward the employee's participation rates of activities, so to comprehensively promote and make a sustainable management on the workplace health-promoting.

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Nutrition Health promotion for staff in Taipei City Hospital

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Yong-Pei, KAO Ya-Chun**

Introduction

According to the research of public health department in Taipei City Hospital Zhongxing Branch 2011, employees' BMI over than 24kg/m² is 27.5%. Obesity is a risk factor of many diseases, for example: diabetes, heart disease and so on. Nutrition department develop 500kcal lunch box that is different from regular lunch box(800-1200 kcal), and help restaurant in food court provide health meal, therefore, our staff have a lot of choose and change their eating behavior become more health.

Purpose/Methods

Since 2011, nutrition department provide 500kcal lunch box, in past year, nutrition department only provide 800-900kcal lunch box. Dietitian also help food court in hospital provides health meal, for example; we calculate calorie and nutrients of meal then suggest restaurants change to service balance diet. We survey about our staff's satisfaction every year, we use t-test for satisfaction questioner and analysis were conducted using SAS version 9.1.(p<0.05 significant)

Results

Since we provide 500kcal lunch box in July, 2011, we service lunch box from 1800 to 2600 per month. Survey about our staff's satisfaction every year, result the satisfaction is increase 61.5% to 72.8% from 2011 to 2012 (p<0.05). Because Food court accept our advice and change their meal, so they increase service people from 830 to 854 per day in 2011 to 2012.

Conclusions

Since we provide 500kcal lunch box, staff order lunch box and take care their health more than before. If lunch box menu only have meat and vegetables that cause traces element nutrients deficiency, so we use mushroom and nuts in menu to solve this problem and let staff knows how to eat balance diet. Nutrition department provide 500kcal lunch box and food court in hospital provides health meal those give example for employee how to eat or cook at home.

Comments

It is not easy to change people's eating habit. We have established a healthy model from the hospital to the community. Hopefully it could be helpful to the health promotion.

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Healthy Life Style and Nutrition Knowledge with Hospital Staff

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Introduction

Hospital staff, as a medical care and health information provider, is probably not able to make a healthy life due to busy work and stress. We calculate the ratio of several item relate to health by questionnaire. It shows that over half of the works are not able to exercise every week and only one-third have more than 3 exchange size of vegetables and not good at nutrition knowledge as we expect.

Purpose/Methods

We collect 369 questionnaire through internet, 352 female and 17 male, include height, weight, waist, self-estimate body figure, health condition, vegetable and fruit amount intook and

several items of nutrition knowledge. It helps us to understand the potential health risks and to create a better environment for health to work.

Results

In BMI and waist, BMI > 24 is 52.9% in male to 29% in female and waist over 80cm with woman is 38.4% to man over 90cm is 29.4%. With life style and physical condition, there is over 57.5% work-out less than once a week and less than 30 min each time is 65.3%. For daily diet pattern, having vegetable over 3 exchange portion is 31.4% and take fruit more than 2 exchange portion is 43.4%, eating out with breakfast and lunch and dinner are 62.3%, 66.1% and 45% separated. For nutrition knowledge about healthy food combination, there are some different results shows.

Conclusions

There is more abdominal obese in female than male. If we define BMI > 24 is obese, there is 30.4% and more than 59.9% feel overweight to obese with self-conscious estimate. For the physical activities, the frequency and strength are mild which not meet the recommended criteria by FDA. For daily diet pattern, the less vegetable intake with higher ratio than fruit may caused by eat-out which is not contain enough vegetable and fruits can buy separately. In term of nutrition knowledge, it shows that healthy food combination, what is whole grain food and lose weight healthily still need to be educated.

Comments

In the results tell that male has more possibilities than female become obese because of the eating habits and activity behaviors assessment. Create a work-out center and plan a nutrition and exercise courses with promotion policy to provide a healthy environment may encourage staff to set up a regular exercise habit to take more care about their own health condition.

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A practical approach to user Involvement for workplace weight control

**CHANG Huan-Cheng, WANG Mei-chin,
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Introduction

Obesity is one of risk factors of chronic diseases. In our hospital, the results of employee health check-up in 2011 showed that 36.9 % of hospital employees are overweighted. Overweight is the primary staff health problem in our hospital and weight control is the program the most employees required. An effective

weight control program was developed in the past. To maximize the impact of the program on staff health, a particular strategy to improve staff motivation is essential.

Purpose/Methods

Since 2011, we have created a credit system for staff health promotion and seasonal weight monitoring to motivate staff to participate in weight control programs. A total of 168 employees took part in the programs. Among them, 49% of participants were normal in weight, 25% overweighted, and 25.6% obese. The program involved exercise equipment and one-hour group classes including yoga, body sculpture Pilates, aerobic boxing, dancing and so on. The program lasted for 8 weeks. We collected data before and after the program.

Results

Sixty-five percent completed the seasonal weight monitoring. Among all participants 277.4kgs and 499kgs were shed in the second and third season. After the campaign, the average exercise hour is 1.73 hours per week, with a maximal of 6.9 hours. The most effective group shed 25.3kgs as a team, with average weight loss at 2.04kgs (maximal 9.8kgs) and exercise time 4.7 hours per person. Weight loss was not statistically significantly related to gender, but to age, original BMI and exercise hours.

Conclusions

The staff seasonal weight monitoring is effective in reminding staff of their body weight and prompting their senses of health. The exercise intervention was effective in weight loss. As a HPH, exercise equipment and group classes free of charge for staff had a positive impact on staff weight control and health promotion

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The Good Way to a healthy workplace

**JÖNSSON Staffan, BRECKERT
HAGSTRÖM Annika**

Introduction

Introduction and planning: •Introduction for all employees at the workplace •Health factors identified in the workplace •Plan of action is produced •At least two employees are appointed health inspirers •Health inspirers receive training based on four healthy living habits (physical activity, balanced eating habits, consumption of alcohol and smoking)

Purpose/Methods

To strengthen knowledge and capabilities for applying salutogenic methods in daily activity.



Results

Activities and training is based on experiences from an investigation among 1 400 of the employees in the county. Activities and training: •Health appraisal meetings are offered •Health promotion perspective included in lean activity •Managers and health inspirers invited to network meetings •Healthy workplaces are offered lectures and training at least once per year •Training is offered to employees of the County Council

Conclusions

Värmland County Council considers that healthy workplaces reduce the risk that workers will suffer illness and stress which in turn will lead to fewer lost working hours and greater job satisfaction. In this area the employees of the County Council can set good examples for healthcare patients. This will also be an important part of a successful development of activities in the best interests of local people.

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Health Promotion Project of Healthy Life Style for Employees of Cancer Center of a Regional Teaching Hospital

LIN Shu-Ching, LIN Wen-Li

Introduction

In Taiwan, 61.3% of people are not in habit of regular exercise. Such unhealthy behavior is positively related to mortality. Employees of our hospital used to dine out and are lacking of regular exercise, which would cause problems in nutrition and sufficient exercise. Work site is a good place for advocating health promotion, while "sport walking" is an ideal sport.

Purpose/Methods

Purpose of this project is to promote healthy life style for employees of cancer center: (1) Initiate a sport supporting group, hold sport walking activity (twice/week), provide healthy light food diet, and get into habit of regular exercise; (2) design health care handbook "Health Record Booklet" for recording home exercise.

Results

Attendance rate is so high as 90%; BMI is 22.35 ± 2.21 ($p < 0.011$), weight is 60.46 ± 8.25 ($p < 0.001$) which is 9.4%; score of Scale of Healthy Life Style Promotion increases from 101 to 123 points which is an increase of 22 points ($p < 0.001$), indicating the improvement meets purpose of this project.

Conclusions

Implementation of healthy diet and sport walking plan did improve physical health and enhance employees' healthy life

style. In view of this conclusion, it is hoped this project could serve as reference for health promoting hospitals to initiate health promotion projects.

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Healthy Theme after Work dinner without drinking regardless of department

LEE Jaehyuk, PARK Yoojin

Introduction

In South Korea, the workplace culture of After Work dinner is essential, but alcohol consumption has reached a dangerous situation. After heavy drinking, absence at work place was generally accepted by colleagues and their supervisors. In survey, 87% of men and 70% of women enjoyed alcoholic beverage on occasion. They consumed more than 500mL of 14degrees alcohol in a week. The mortality from alcohol related accident and disease reached nearly 20% of total mortality in Korea. Another survey showed that about half of the office workers didn't want to attend After Work dinner permitting alcohol consumption. They used to be pressed to drink more than they could handle. Also at Hospital, multidisciplinary team has been existed but there was no face to face interaction but in phone & messenger conversation. In this meeting, we are proposing 'healthy theme After Work dinner'.

Purpose/Methods

Our HPH team (moderation in drinking) proposed about 'healthy theme After Work dinner 'without alcoholic beverage. Volunteers could go bowling, watch a baseball game, play in theme park, watching movies and climbing mountain according to their preference. HPH team supported the cost of each theme. They just could enjoy the dinner and they are requested to submit a photograph!

Results

Among 240 Hospital staffs, 81 workers (33%) attended to our proposal and 42(52%) staffs participated in except climbing because of their private time and differences of duty time.

Conclusions

Not only participants but also their family members also were satisfied with the program because of no alcohol drinking. Our hospital staffs including doctors, nurses, pharmacist, medical laboratory technician and radiological technician have come into understanding each other more. We will develop more detailed program and encourage participation in near future.

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Session P2.2: Job satisfaction and quality of life of hospital staff

To explore the influences of the environment of medical workplace to employee retention – A case study of a health promotion hospital in Southern Taiwan

LIU Chia-En, HU Ya-Han, LO Chia-Lun

Introduction

The job stability of healthcare personnel has a significant influence for the patient's right and the healthcare service quality. Healthcare personnel stay in a high-pressure working environment and result in the phenomenon of over-fatigue and high turnover rate. This is the important reason that the issues of health promotion of workplace have carried weight in all circles. Therefore, we take the hospital crew as the objects to investigate the relevant factors between the environment of medical workplace and employee retention.

Purpose/Methods

This study investigates the viewpoints of the employees of a certain hospital of health promotion in Southern Taiwan for the workplace environment and turnover intention through the plan of "The Medical Workplace Employee Health and Safety Needs Survey". We use the anonymous self-administered questionnaire to carry out the investigation among the hospital crew (736 people). There are up to 497 of 500 copies of valid questionnaires. The recovery rate is 67.9%.

Results

Result shows there are 17.5% employees report having strong turnover intentions, and there are 19.6% employees want to engage in different works. The pressures, including direct supervisor, workload, inequality of work requirement and the depressed emotion in the past one week, have a statistically significant positive correlation with the strong turnover intention. Besides, feeling proud of being a member of this hospital, having a strong job satisfaction and feeling contented with the wages have negative correlation with the turnover intention.

Conclusions

The hospitals in Taiwan have been confronted by the problems of serious manpower shortage and employee's over-fatigue recently. According to our study, in order to effectively reduce the employee's turnover rate, the hospital operators can praise the excellent deeds and grant the material incentives to enhance the employee's sense of accomplishment. Finally, they can also create a positive organizational atmosphere through strengthening the employee's care measures, and offer the courses to promote self-growth, so as to construct a healthy workplace.

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Employees' welfare system: People satisfaction - Promoting employees' wellness as a lever of organizational development

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Introduction

WHAT IS THE ORGANIZATIONAL WELLNESS? The organization is a system consisting of a network of internal relations which is self adjustment. With this in mind the organizational climate is strictly conditioned by the relationships that exist within the Organization and their functionality. Positive or negative perception of relational exchanges within the organization contributes to the perception of well-being/ill-being of constituent members. Background The ESENER survey carried out by EU OSHA (European Agency for safety and health at work) shows that 79% of managers said that stress is a serious problem in society that direct. Synthesizing the European scenario and of the nation, that emerges from the survey, there are two main factors: 1. the belief that there will be an exponential growth in the coming years, work-related stress in organizations, concepts is shared by the whole population, productive and non-productive, passing by managers to workers, up to the unemployed and long-term unemployed. 2. To stem this problem leading to the organizations a decline in productivity, which correlates with a development deficit, respondents believe strongly that the solution is the adoption of best practices within the work context, with reference to health and safety in the workplace. From finding another fact that emerges is how the passage of the years, "aging", is one of the factors that mostly work related stress generates, in public and private enterprises.

Purpose/Methods

Objectives 1. evaluating organizational climate through structured interview used transversally across all departments and services of the company. (10% employee) 2. Defining appropriate methodologies of organizational, psychological and empowerment of communities, (related to results of the analysis of the organizational climate) such as: a. Counseling b. Coaching c. Focus group d. training to empower employees techniques for coping with stress 3. decreasing the discomfort of employees through specific training and empowerment measures of



leisure and recreation 4. long-term welfare employee appreciation (after 3 years) after the implementation of the actions of the project. Methodology 1° stage of the project: Job interview content. The structured interview is carried out in all departments/Business Services - about 10% of the employees, on the following topics: a. clarity of business objectives b. recognition and valorisation of competences c. satisfactory circulation of information d. occupational risk prevention e. organizational justice f. the relational climate franco and cooperative g. openness to technological innovation h. conflict management 2° stage of the project: analysis of criticality found and processing data of the interview. 3° stage: defining the concrete actions of empowerment of the individual, such as: a. training Offers ad-hoc targeted: i. Generative Training - because both the reasons for change and resistance to it, are linked to the subject's psychological experience, this becomes essential to implement an education that should not just be treated as a adding new knowledge to what already exists, but instead modifies the previous axiom implicit knowledge of adult education. It follows that every training exercise involves a change to its role and self-image relatively to it, thus generating a topic with other skills and able to work in different settings, transformed even by himself. ii. Training help: why should be viewed as an aid, that the individual/group work; help because the education can succeed in curbing organizational problems, not only technological innovation but with new organizational models, like what you are experiencing now. Helping members of your organization to change with changing her, without productivity loss, nor the wellbeing of the person. Each learning involves changes in the interpersonal and emotional aspects related to it. These aspects taken into consideration in the planning phase, delivery will help the individual to overcome what created resistance to change, favouring instead a good development of the individual himself, which, inevitably, will generate an optimal organizational climate, the preamble must of organizational wellness. iii. developmental education: why necessary? even considering the theme of the European year 2012, i.e. active ageing, it can be said that only by forming the subjects change inserted into the world of work, one can envisage a longer duration, then a evolution, of their working lives. In literature is known as, more competent people and prepare challenges work can lead during its unfolding, have better self-esteem and a sense of greater effectiveness, sales leaders battling high levels of work-related stress, which develops in the subject exactly the opposite feelings. Active ageing stipulates how the individual, through appropriate training activities programming, becomes protagonist of the change of its knowledge and expertise, and this increases his sense of effectiveness to the external environment, allowing him to improve his self-esteem. b. Counselling c. Coaching d. Focus group e. Leisure and recreational activities for the community. Physical activity in lunch break, discounts for gyms, swimming pools and travels. f. Corporate anonymous listening point "vent - free thoughts": where all employees can anonymously vent — against everyone and everything, with the ability to use any kind of vocabulary even offensive, without chasing in any civil consequence by the offended. We want to hear everything, but what they think really employees, because we'll to try to change, if possible, their work conditions

Results

Indicators used to measure well-being through the interview:

1. SATISFACTION with the Organization 2. DESIRE to WORK for your organization 3. FEELING of BEING PART of a TEAM 4. HIGH INVOLVEMENT 5. HOPE YOU CAN CHANGE the CURRENT ADVERSE CONDITIONS 6. PERCEPTION of your organization's SUCCESS 7. the RELATIONSHIP BETWEEN WORKING LIFE and private life (BALANCE) 8. POSITIVE INTERPERSONAL RELATIONSHIPS 9. ORGANIZATIONAL VALUES 10. the IMAGE MANAGEMENT Indicators used to detect the ILLNESS through the interview 1. INTOLERANCE in going to WORK 2. ABSENTEEISM 3. DISREGARD for WORK 4. HIGH LEVEL of GOSSIP 5. HATCH To RESENTMENTS ORGANIZATION 6. UNUSUAL AGGRESSIVENESS and NERVOUSNESS 7. PSYCHOSOMATIC DISORDERS 8. FEELING of IRRELEVANCE and DISCLAIMER 9. SLOWNESS in PERFORMANCE 10. ORGANIZATIONAL CONFUSION IN TERMS of roles, tasks, ... 11. LACK of AWARENESS 12. FORMAL ADHERENCE to the RULES RESULTS 1. Provide a corporate image (a snapshot) of PERCEIVED CLIMATE in different sizes, with a focus on: 1. areas of strength (elements of shared prosperity) 2. areas of discomfort 3. proposals for action for the realization of a business improvement plan ☐ EDUCATIONAL MEETINGS and RETURN 1 employee empowerment courses (n. 10) 2. learning to live better in the Group: the group from a sense of belonging and usefulness ☐ absenteeism reduction — a little, but there is a noticeable decrease ☐ reduction of adverse events in the Department

Conclusions

"Working wellbeing contributes to improving the corporate competitiveness" While implementing the evaluation of work related stress, interventions are not successful, and sometimes don't exist, precisely because the stress / employee unrest is not considered an important issue for the company. Our opinion is that this is just the "tip of the iceberg": feel insignificant any working stress of employees implies a fallacious consideration of Human Resources Office, because, to date, the employee's well-being is becoming increasingly the target of interest from interested of management. The organizational wellness produces a significant improvement for organizations in terms of competitiveness. This means that not only counts what you enter on the market, but also, how people produce and how they live within organizations, an organizational climate altered brings less productivity and can cause mental and physical health risks of employee, as well survival on the market of the company.

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Can custom insole promote better performance for medical staff?

LEE Wai Keung

Introduction

Many medical professionals have the foot pain problems for the reasons of prolonged standing and walking in working place. Based on the principle of re-distribution plantar pressure, custom insole can correct the pronated or supinated foot which cause the discomfort of foot which cause the discomfort of foot.

Purpose/Methods

To collect 40 medical staffs who worked in a public hospital from Feb 2012. They requested a pair of custom insole which was fabricated by an certificated orthotist for various foot problems. Custom insole provided total contact to the plantar area. The arches give maximum comfort and support. To analyse the effect of using the custom insole after a year by interview.

Results

For the orthotist introduced the function of the custom insole, the medical staffs were aware of the servitiy of the foot problem may be solved by the custom insole. They used the insole for a year. Most of them found that the insole can increase the performance of walking longer and faster in their working place.

Conclusions

Custom insole can promote foot health among the medical staffs.

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A Retrospective Cohort Study of Nurses' Retention Time in a Medical Center

KU Yan-Chiou, CHANG Hui-Min, ZHENG Ting-Xia

Introduction

Nurses' retention is a very important issue for the nursing administration. We should pay much attention on the key factors which inference the retention time of nurses in hospital.

Purpose/Methods

The purpose of this study was to understand the retention time of nurses in a medical center and identify the main factors contributing to the retention. The retrospective Cohort study design was adapted for this study using Life Table, Kaplan-Meier and Cox regression analyses. The research subjects of this study were 1,747 nurses in a medical center with a duration from January 2007 to March 2011.

Results

The results showed that: 1) The monthly turnover rate was about 1% in the past 51 months and there were only 4 months with 2%. 2) There were two identities for the nursing staffs: one was civil servant nurses and the other was non-civil servant nurses. The civil servant nurses had 1,481 retention days during 51 months, much higher than non-civil servant nurses. The non-civil servant nurses had 1,049 retention days.

Conclusions

This study suggests that the reasonable monthly turnover rate is 1%.

Comments

It is highly recommended that hospitals should have more job openings for civil servant nurses than non-civil servant nurses. The consequences of the study were as followed: Our hospital opened more civil servant nurses vacancy which means higher salary and more benefit for nursing staffs than before.

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Complementary and alternative medicine (CAM) as a natural way to serve the HPH idea

DOERFLER Wolfgang, KULLBERG Anna

Introduction

Complementary and Alternative Medicine (CAM) often genuinely has the patient/user in focus. The therapist responds to and treats patients based on the understanding that each person is a unity: physically, emotionally, mentally and spiritually. The treatment is highly individualized and promotes self-care, self-empowerment, strengthening of the body's self-healing capacity and disease prevention. These approaches are in central parts overlapping with the HPH vision and addresses WHO's definition of health. By linking HPH projects with CAM, new HPH arenas to act on might open up.

Purpose/Methods

Due to e.g. the burn-out issue, most modern societies gains increasingly insights in the need and value of health promoting health care approaches, better working environments or an improved life-work balance in general. The HPH movement is one answer on these highly virulent questions, but even many CAM representatives emphasize the importance of treatment directions towards health promoting and supporting the auto regulative self-healing capacities of human being and its institutions. We suggest and even start to combine synergistically CAM and HPH approaches.



Results

Östergötland County Council has invested for many years now resources to gain more knowledge about CAM and started to offer more self-empowering treatment options to the population. Simultaneously serious efforts to act on the HPH arena are being made. In a spirit to combine these working fields, the County council is highly dedicated not only to improve patients health strengthening treatment options but even very concretely nowadays supports health care staff in their well being by e.g. offering soft tissue massage in emergency room environment, qigong lectures, workshops on various health topics etc.

Conclusions

To combine CAM and HPH seems to effectively open up for new HPH arenas to act on: new ideas, new "players" and recipients, new health care settings can be addressed and created. In our case, specifically CAM and HPH interested health care personnel finds new, inspiring ways to either receive or give health promoting treatments. Furthermore many of them find themselves more engaged to work towards a health care system which in fact is caring for (the individual and collective) health.

Comments

In future, the County councils of Östergötland and Stockholm are intending to cooperate more systematically on the proposed field of combining CAM and HPH.

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Evaluation of operating nurses job satisfaction

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Introduction

Operating room nurses' job satisfaction is important objective of institution management. Researches in job satisfaction permits to assess employers motivation, to evaluate attitudes to work, helps to identify job satisfaction factors and correct in time any organizational mismatches properly.

Purpose/Methods

To investigate operating room nurses' job satisfaction in university hospital which is one of the Health promoting Hospitals. Single-step anonymous questionnaire survey for operating room nurses. 123 operating room nurses from the departments of surgery in university hospital were surveyed.

Results

Most of the operating room nurses (82.9%) were satisfied with their job and more than two-thirds (70.7%) of respondents would choose nursing career again. The majority (78.9%) of operating room nurses were satisfied with the work schedule,

two-thirds (69.9%) satisfied with the quality of operating room management, salary (69.2%), workload (66.7%), opportunity of training and qualification improvement (66.7%). More than a half of operating nurses (60.2%) were satisfied with teamwork and organization of work in operating room (51.2%). More than a third of nurses (38.2%) were satisfied with doctors' attitude towards operating room nurses and relationship among employee (37.4%). Almost two thirds (63.4%) of nurses pointed higher salary as a key factor to work better and only minority accented good teamwork (18.9%) and treating nurse as a member of teamwork (12.0%).

Conclusions

Most of the operating nurses were satisfied with their job. Nurses were gratified about organization of work, work schedule, workload, quality of operating room management and opportunity for training and improvement. Higher salary, good teamwork and treating nurse as a member of teamwork are the encouraging factors for operating room nurses to work better.

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Impact of Health Promoting Hospital accreditation on nursing staff's health and job performance

LI Jui-Ping, WANG Sy-Chyi, CHERN Jin-Yuan

Introduction

Health promoting hospitals as suggested are aimed to create a supportive environment, through which health care personnel, especially nursing staff, may help with health promotion activities for the patients and community residents. The effects have been satisfactorily observed and encouraging. What remains to be explored are whether nursing staff, the core actors of health promoting hospital activities, benefit as well from the development of health promotion programs in terms of their health and job performance.

Purpose/Methods

Using empirical data, this study examined if nursing staff in hospitals with health promotion accreditation had healthier behaviors, better health status and higher job performance as opposed to those in hospitals without accreditation. A purposive convenient sampling approach was adopted and, in total, 420 questionnaires were mailed out to 14 hospitals (7 accredited and 7 not accredited) with an effective response rate of 92.6%. A hierarchical regression modeling approach was conducted.

Results

Overall, the participants as a whole had a slightly above average standardized scores (between 65 and 75) on the three instru-

ments. To our surprise, the participants in hospitals without accreditation had relatively higher scores, even with statistically significant differences in healthy behaviors and health status ($p < 0.05$). In the hierarchical regression models, the effect of "having accreditation or not" on physical health component was found significant ($p < 0.05$), but not significant on other aspects.

Conclusions

The possible reason for the unexpected results is that hospitals might become inactive to implement health-promotion related activities after accreditation. The non-accredited hospitals might to the contrary have put more efforts in pursuing the accreditation. It is an urgent and on-going task for the policy makers and hospital administrators to ensure a supportive environment for the nursing staff so that they may stay in the optimal health status to provide quality health services.

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Effects of spiritual growth groups intervention on new staff nurses

JEANG Shioh-Rong, KU Yan-Chiou

Introduction

High turnover rate is a big problem for new staff nurses in Taiwan hospital. Applying spiritual growth groups to assist new staff nurses to adapt and retain is suggested.

Purpose/Methods

To provide spiritual growth groups for the new staff nurses to enhance their adaptation and to increase nurse's retention rate during the period of first three months. Provide four ninety minutes spiritual growth groups within one month in a Taiwan medical center. There are 129 new staff nurses to attend this groups from January through December during 2011. Using self designed "satisfaction about this spiritual growth groups" (1-10 fraction) as an evaluation tool, and the three months retention rate as the effect indicator.

Results

The results showed that average score of the "satisfaction about this spiritual growth groups" was 7.6. The top three highest score of subscales were 「After join spiritual growth groups made me feel peaceful」、 「The experience of this spiritual growth groups was meaningful」、 「Using spiritual caring in clinical patient care is better than before」 (average score is 7.8), and the lowest score of subscale was 「I can express my viewpoints in this spiritual growth groups」 (7.3). The retention rate of this new staff nurses was 86.8% in 2011, better than in 2010 which is 83.0%.

Conclusions

Spiritual growth groups is helpful for new staff nurses adaptation and retention.

Comments

This results will be useful in the clinical practice training for new staff nurses and nursing administration.

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Session P2.3: Occupational stress and mental health of hospital staff

A new model of Psychological Counseling Project for healthcare staff: The first year report of a medical center in Taiwan

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Introduction

"No healthcare staff with mental health, no high quality care" is stressed in National Taiwan University Hospital (NTUH). NTUH offered psychological help for staffs for years, but the number searched for help was less than ten per year. Comparing to 9.1% of 2580 staffs replied questionnaire in 2011 (total was around 6000) showed moderate to high psychosocial stress, there were few staffs seek help. In 2012, NTUH supported a new Psychological Counseling Project (PCP) to enhance staffs' psychological wellbeing.

Purpose/Methods

PCP is designed and executed by Clinical Psychology Center (CPC) and directed by Health Promotion Committee (HPC). PCP offers individual and group counseling, debriefing and psycho-education for unexpected events, and consultation for disturbed staffs. Besides, CPC helped HPC to deal with the issue of resources organization based on staffs' mutual agreement. Two purposes of this study were: (1) understanding healthcare staffs' needs by analyzing their chief problems; (2) finding future direction for PCP.

Results

In 2012, 5 male and 35 female staffs participated in 78 sessions of individual counseling. The chief problem was adjustment for work (30%). The other counseling topics, mainly including school adaptation for their children (22%), grief counseling (16%), family issues (14%), parenting skills (12%), and relationship problems (7%) were also covered. Besides, three counseling groups were hold. For two unexpected events in NTUH, debrief-



ing and psycho-education groups, face-to-face and phone-call consultations, and HPC meetings were offered.

Conclusions

The new model of Psychological Counseling Project helped healthcare staff to deal with pressures from work, family issues, relationship problems, and unexpected events. Furthermore, the important multi-roles of Clinical Psychology Center for facilitating resource organization and communication among staffs, department chiefs, and HPC contributed to the success of PCP. The promotion of PCP in NTUH increased the number of staff seeking psychological help. The feedback from staffs confirmed the help of PCP and promised higher quality healthcare in NTUH.

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Mindfulness – a way to strengthen a healthpromoting approach

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Introduction

Kronoberg County Council is a member of the Swedish HPH-network since 2009. The increased healthpromoting orientation includes activities aiming to give caregivers new knowledge and strategies. Research has shown that mindfulness-based stress reduction (MBSR) is one way to strengthen a healthpromoting approach. It may function as a tool for coping with everyday-life. The caregiver however needs to learn about mindfulness for himself before he can teach patients how to practise. Therefore a course consisting of three 3-hours-sessions has been offered to caregivers, since 2010.

Purpose/Methods

The aim was to give the participants an understanding of mindfulness, and a tool for practising at work and at home. Eight educational groups, (111 persons), were evaluated by use of three questionnaires, after one month, three months and finally after six months. The purpose was to follow the usability of mindfulness in working and private life.

Results

The response rate varied from 92% (questionnaire one) to 61% (questionnaire three). The result showed that most of the participants were satisfied with the course. They had learned how to be present "here-and-now" and to take one thing at a time. They had learned how to use the breathing techniques and different excersises to avoid getting stressed. Many of the participants also answered that they had learned a way to cope with stressful situations when working with patients

Conclusions

Most of the participants (86%) perceived that the education in mindfulness was useful. They expressed several positive effects,

both physical and mentally. Many described that they had got a tool to cope with stress. They also talked about having a way to be more listening and present in the dialogue with patients and colleagues. Almost one quarter of the participants wanted to participate in a course to become an instructor. This will take place during the winter of 2013

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The Efficiency of Continuing Medical Education for Physicians to Prevent Burnout and To Promote Spiritual Well-Being

FANG Chun-Kai, YANG Yuh-Cheng, LI Pei-Yi

Introduction

Either in Taiwan or in global, overwork and burnout of physicians has become an important issue in health care system. Physicians' spiritual well-being also has been considered as medical ethic issue recently. The research project was to construct and evaluate the continuing medical education for physicians to prevent burnout and to promote spiritual well-being.

Purpose/Methods

There were three themes, including (1) awareness and exploration, (2) stress and burnout, and (3) response and adjustment. We designed Course A (60 min) and Course B (180 min), both included all three themes. Participants decided to attend one course by themselves. We measured the satisfaction and the efficiency 3 months later. The tools of evaluation included: Michigan Organization Assessment Questionnaire (MOAQ), Maslach Burnout Inventory—Human Service Survey (MBI-HSS), Demoralization Scale-Mandarin Version (DS-MV), and Physician's Spiritual Well-Being Scale (PSPWBS).

Results

104 physicians from several hospitals nationwide participated Course A or Course B. After 3 months, there were 57 physicians (response rate= 54.8%) completing the questionnaires. The severity of burnout was improved after the courses ($p=0.015$, peer T-test). Female physicians became more enjoy to their work than male ($p=0.027$, T-test). Residents become more enjoy to their work than attending physicians ($p<0.01$, T-test). The physicians who had not hospitalized themselves appeared the spiritual growth after the courses ($p=0.027$, T-test)

Conclusions

It is possible through continuing medical education to promote spiritual growth and to prevent depletion of the physicians occurred. However, female physicians and residents may need the other special content to evoke their passion to enjoy their

work. In a modern health promotion hospital, we need to concern the psychological and spiritual well-being of physicians.

Comments

Many experts believe that it needs much time to prevent burn-out and promote spiritual growth; however, we try to find some efficient ways under the busy medical work. Funding: National Science Council (NSC 100-2511-S-195-001-)

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Job Stress and Intention to Leave among Physicians: The Role of Gender and Organizational Support

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Introduction

Physician attrition is a growing concern. Work stress is known to predict job turnover, but the nature and strength of this association are less evaluated in physicians, a highly stressful occupation. As women physicians constitute an increasing proportion of the physician workforce, it is important to understanding how job stress may influence female physicians' turnover intention. It is critical to understand whether and how supports at work may moderate the relationship between job stress and turnover intention among physicians.

Purpose/Methods

In this study, we aim to explore the relationship between job stress and intention to leave among physicians, and to explore how gender and organizational support may moderate this relationship. A national survey of physicians working in 100 hospitals in Taiwan in 2011 was used as the main data source. Data analysis was performed on 4,573 physicians who responded to the survey.

Results

The preliminary results indicate that a higher job stress was significantly associated with intention to leave the current work place and with intention to leave the profession. This association was stronger among female physicians (OR=2.16) than among male physicians (OR=1.94). Furthermore, the effects of job stress on turnover intention were significantly lower when physicians perceived that hospitals offered high opportunity for further educational development, more reasonable income, and more attentive environment for staff.

Conclusions

The findings suggest gender differences in the effects of job stress on turnover intention among physicians. Organizational

support for career development, higher income, and attentive climate may help to moderate effects of job stress on turnover intentions among physicians.

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To explore respiratory therapists working pressure

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Introduction

Cross, love, salvation, and healing marks can be seen in Christian hospitals everywhere. Health care workers often face birth, elders, sickness, and death. Respiratory therapist's work is to treat and take care of patients under physicians' instructions and guidance. However, due to Taiwan's NHI payment policy, respiratory therapists in Taiwan not only face demands from our society, but also expectations of patients' family members. Thus, the issue of respiratory therapist's working under pressure and coping strategies is important.

Purpose/Methods

In this study, through structured questionnaires and observation, depth interviews were held with 9 respiratory therapists to investigate their pressure while working in our hospital.

Results

Hospital respiratory therapist's pressure including (1) patients: weaning difficulties, infection rates, family support systems (2) Medical equipments: weaning mode (3) working environment (4) respiratory care job : standard Operation Procedures (5) team communication barriers.

Conclusions

Through the explore process that the coping strategies include: enhancing respiratory care professional curriculum and the implementation of team care communication, hoping to reduce working pressure. The development of clinical practice guidelines to improve the quality of care weaning, expectations of care through a multidisciplinary team. With spiritual care to restore the capacity for love, so that we understand Christ's true giving love, the implementation of the patient's body, mind, and spirit, which is also Mackay Memorial Hospital's vision.

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Moderating role of interior amenities on hospital medical directors' work stresses

LIN Blossom Yen-Ju, LIN Yung-Kai, LIN Cheng-Chieh, JUAN Chi Wen, LEE Suhsing

Introduction

Previous studies have revealed that hospital medical directors in the management positions with high job demands on clinical practices and management, had a lower self-rated health. Given hospital medical directors' work stress, this study aims to examine how interior amenities might moderate work stress on their health.

Purpose/Methods

This was a cross-sectional survey study with seven hundred and thirty-seven hospital medical directors in Taiwan as unit of analysis. A developed and structured questionnaire covered the dimensions of physician-patient relationship stress and patient condition stress, hospital interior amenities (i.e., indoor plants, aquarium, music, art and exhibitions, and private or personalized spaces that are common or surround the workplace of healthcare professionals), and self-rated health status and health complaints. Hierarchical regressions were performed.

Results

Hospital medical directors' physician-patient relationship stresses were found to have more negative effects on their self-reported health status and complaints than do their patient condition stresses; however, only indoor plants were found to have moderating effects on their short-term health complaints ($p < 0.05$). On the other hand, the hospital medical directors' patient condition stresses were negatively related to their short-term health complaints; however, music, art and exhibitions, and private or personalized spaces in the workplaces had moderating effects ($p < 0.05$).

Conclusions

Given the unavoidable work stresses imposed on hospital medical directors, some proposed interior amenities can produce buffering effects on work stress to some extent. Future studies could focus more on finding alternatives to relieve hospital medical directors' physician-patient relationship work stresses.

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Predictors of work stress, job satisfaction, and burnout among registered dietitians in Taiwan

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Introduction

The role of registered dietitians (RDs) is increasingly significant in Taiwan and their work pressure may also be accelerative. Long-term work pressure is related to many diseases, including migraine, high blood pressure, stomach ulcers, stroke and depression, and may also cause burnout. If this is the case for RDs, it may not only have an adverse effect on RDs' physical and mental health, but also may directly affect quality of nutritional care of patients.

Purpose/Methods

This study aims to investigate the perception and relationship of work stress, job satisfaction and burnout among RDs. Work stress and job satisfaction were measured using OSI-2 and burnout was measured using Maslach Burnout Inventory. An e-mail message was spread out via local dietitian associations to invite RDs to participate in this study. A total of 424 valid questionnaires were collected using the online survey method. Independent sample t test and multiple regression were performed to analyze the data.

Results

Mean scores of work stress, job satisfaction and burnout were 166.3, 43.1, and 72.4, respectively. Mean scores of emotional exhaustion and personal accomplishment were 29.2 and 34.1. Predictors of burnout were work stress, job satisfaction, location of work, total working years, and position (20.1% of total variation was explained by the model, $p < .0001$). Work stress was positively associated with burnout ($p < .0001$). Job satisfaction was negatively associated with burnout ($p < .0001$).

Conclusions

Significant predictors of burnout are high work stress, low job satisfaction, working in the north and central Taiwan, shorter total working years, and not a director. RDs in Taiwan are in a high work pressure, low job satisfaction and high degree of burnout status. Their emotional exhaustion and personal accomplishment respectively fall in the range of high degree and low degree. The study results show that dietitian human resources management in Taiwan has been an important alert.

Comments

There is a growing emphasis on health, nutrition and diet in Taiwan. Work pressure of RDs is increasing with this trend. However, RDs did not get the equal value regarding human resources management of hospitals if compared with other medical personnel. Findings of this study are expected to provide evidence-based information for supervisors to pay more attention to RDs' perception in order to avoid the bad outcome of burnout, even leading to a dietetic human resources crisis eventually.

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A Case Study on the Association between the Health Promotion and Job Stress of a health promotion hospital in Southern Taiwan

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Introduction

The health-promoting hospitals project has been driven in Taiwan since 2006 for enhancing the health of hospital employees. The healthcare crews are the health guardians who have the obligation and responsibility of taking care of the public health. However, the long-term workload and job-stress are often the main factors leading the mental and physical fatigue and diseases. Therefore, the purpose of this study is to understand the relationship between the health-promoting activities in hospitals and job stress of employees.

Purpose/Methods

We take the employees of a certain health-promoting hospital as the objects, and uses the Health-Promoting Lifestyle Profile and Job Stress Scale as research tools, and applies the way of Convenience Sampling to collect 786 copies of valid questionnaires in total, and the recovery rate is 99.12%. Then we use the structural equation model to carry out the confirmatory and correlative analysis for the result.

Results

The confirmatory analysis shows that Health-Promoting has a significant negative influence to Job Stress. The female employees who are aged from 31 to 40 years and married have the most obvious feelings of Job Stress. There are 82.8% of employees think they lack of exercises. About 85.7% employees who have averagely more than nine daily working hours consider their regular exercises and leisure are very important which means employees with heavier workload are more likely to support the Workplace Health-Promoting.

Conclusions

The hospital employee is one of the important assets for the institutions. Therefore, to understand their job stress and develop the effective ways to cope with stress is very important. Administrator in hospital should invite various departments leader to participate together in the Health-Promoting plan, and regularly hold the Health-Promoting activities, so as to release the fatigue of the employees which is also can help them to effectively handle or correct the stress, and achieve the purpose of being health.

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Psychosomatic Stress among Labors in a Governmental Workplace

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Introduction

Job stress related problems among labors in Taiwan have become more serious than it has been. As job stress is critical to labors' psychosomatic conditions and the running of the organization, the previous study was intended to further comprehend the correlations between characteristics of the governmental workplace and the current psychosomatic conditions of the labors in it. 'Fatigue' and 'psychosomatic condition' were investigated for purpose, and the related information within the year of 2007 and 2008 were also analyzed in order to probe the correlations.

Purpose/Methods

Self administered questionnaires including Brief Symptom Rating Scale (BSRS), Chinese Version of Copenhagen Burn-out Inventory (CCBI), and a private designed questionnaire for 'evaluations on job status and related improvement' were applied. Pearson's correlation and various regression analysis were approached to interpret the degrees of psychological disturbances, personal fatigue, and loading of work which included levels of annoyance on working overtime or on the weekend and urgent project requests. Ideation of job-quitting and personal job regulation, mainly the satisfactory levels of time management, were explored as well.

Results

the percentage of employees with severe psychological disturbances in the organization represented the tendency of slow ascent; levels of personal and job burning out were higher than the average of that among the nation, and it was more obvious in female instead of male employees. Moreover, the higher the degree of psychological disturbances, the less satisfactory level of time management, and the worse level of annoyance on extra job load which included working overtime or on the weekend and urgent project requests. Furthermore, the most significant variable affecting fatigue and psychological disturbances was the satisfactory levels of time management.

Conclusions

the presented study indicated that the workplace contained property of persistent and high work stress. And the critical variable towards the result was personal regulation on time management. Indeed, increasing personal job regulation, strengthen personal adjustment abilities and peer supports, and decrease work load have turned to be the most important elements on reducing the job stress of the presented workplace.

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The Health Promoting Hospital employees through Ukulele to relieve pressure Societies well-being of effectiveness studies.

KUO Ying-Ling, LEE Chin-Feng, LEE Seng-Ying, MA Hon-Kwong

Introduction

Labor work pressure more and more serious. Taiwan 2010 Labor consciously working pressure large, men from 1994 year's 7.6% rise to 13.8%, females 6.5% rise to 13.5 percent, studies show female labor workers feel career pressure capability strong degree on than the male labor workers large. In 2007-2009, underwent a total of 170 employees physical and mental counseling and support cases and 121 medical staff, 49 non-medical staff, many of whom were female (95%), 31 to 40 years old, the majority (45%), 115 "personal psychological mood. Work pressure will lead to many physical and mental health problems, if the hospital staff can learn enough skills to help ease the decompression capability, should be able to significantly reduce the physical and psychological symptoms.

Purpose/Methods

Colleagues Ukulele music by music baptism, through intervention treatment activities, to relieve the daily pressures faced, eight-week course was held on October 15, 2012 to 2012 19 of 42 participants. The questionnaire for the benefits of the treatment, mental well-being Scale, the Taiwanese Depression Scale three questionnaires, before the post-test findings, statistical methods to the t-test, ANOVA analysis.

Results

Five colleagues in a mild depression and higher than 22 points, eight weeks after school is reduced to three, and depression scores an average of 8.60 points, dropped to 7.06 before the event, the scores were decreased. Measured after the well-being of Efficiency scores by pretest 2.31 → 3.85 points; Apart logical training skills progress was not significant, the remaining progress significant difference. Analysis of mental well-being of scales, the average score of colleagues, from 52.67 points up to 53.87 points.

Conclusions

Driven in each workplace health promotion programs are mostly inked in smoking cessation, quit Penang, weight loss, see today's labor relieve psychological pressure of population activities less. Results of this study show: the mental well-being Scale scores improved the Taiwanese Depression Scale scores were reduced; colleagues in the after-school pressure relieve depression, promote to mental well-being of the harvest. From experience Ukulele music activities to help colleagues get positive emotions evoked, and promote behavior change and positive cognitive ideas from the successful experience, the formation of individual mental health circling upward long-term resources.

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Session P2.4: Addressing occupational risks in healthcare

Online reporting system for preventing needle stick injuries in hospital-experiences from southern Taiwan

CHEN Mei-Cheng, LEE Chia-Sung, LIN Ming-Nan, CHUANG Hui-Ying, CHEN Ya-Lan

Introduction

The workplace of medical health care contains many hidden risks, which the needle stick injuries are most common. We developed the online reporting system and adopted the Exposure Prevention Information Network (EPINet) to prevent the needle stick injuries. As a result, the number of reporting events increased rapidly. We also built the Needle Stick Injuries Prevention Quality Control Cycle and Safety Culture to reduce the accidents and implemented in the units with high risk of needle stick injuries.

Purpose/Methods

Analyzing the data of Online Reporting System from 2007 to 2012, the nurses reported 73.3% of all the injuries which was the most among all medical workers. Operation room (45.3%) is the highest unit, injuries caused by others is the main reason. The intervention program adopted the Safety Culture concept including health education, using safety needles, nursing shift training, occupational assessment and instructor training.

Results

After adopting Needle Stick Injuries Prevention Quality Control Cycle from 2007 to 2012 and using safety needles and Safety Culture involved in hospital, the number of needle stick injuries decreased from 75 to 33 annually (56% reduction). Besides, the Hepatitis B, Hepatitis C, Syphilis and HIV infection rate is 0% from 1999 to 2012.

Conclusions

Improving Safety Culture in hospital from five perspectives: the support from management level, top-down approach, effective management and education, bi-directional feedback and purchase safety equipment can improved substantially occupational hazards Moreover, it's also important to continue monitor more departments in order to have effective outcome.

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Sickness Presence among Physicians in Academic Medicine

GUSTAFSSON SENDÉN Marie

Introduction

Sickness presenteeism is common in the health sector, especially among physicians, causing high individual and societal costs. Physician sickness presenteeism has been associated with poor physical health, low job satisfaction, specialty and organizational culture. Competitive work environments, such as academic medicine, might be especially exposed to competitive presenteeism.

Purpose/Methods

A cross-sectional survey analyses of factors related to sickness behaviour and academic medicine was performed among permanently employed physicians from the HOUPE (Health and Organization among University Physicians Europe) study: (Sweden N= 813, Norway N= 196, Iceland N = 206, Italy N = 368). The outcome measure was sickness presence.

Results

Sickness presence was more common among Italian physicians (86) compared with physicians from Nordic countries (70-76%). Country stratified analyses showed that working while sick was associated with other sickness behaviour in all countries (e.g., self-diagnosis/-treatment, taking compensatory leave instead of sickness leave). Also, research involvement and role conflicts were associated to sickness presenteeism in most countries. Experiencing organizational concern for employee wellbeing was associated with lower rates of sickness presenteeism in the Nordic countries.

Conclusions

Physicians focus patient health, but seem to neglect and apply potential detrimental strategies for their own health. The organizations need to consider the well-being of physicians to decrease sickness presenteeism and related financial and human costs.

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Different attitude between seasonal influenza vaccination and measles vaccination of healthcare workers at a regional hospital in Taiwan

LIU Keh-Sen, SU Yu-Fung

Introduction

Vaccination is considered a major measure to protect both healthcare workers (HCWs) and high risk patients. Seasonal influenza vaccination is recommended for HCWs as well as measles, mumps and rubella (MMR) vaccination. We observed the different attitude between seasonal influenza and MMR vaccination among staff at a regional hospital in Taiwan. The objective of this study was to explore attitudes to influenza and MMR immunization among HCWs, which results may help to increase the rate of influenza vaccination.

Purpose/Methods

All employees who have no adequate presumptive evidence of immunity were screened the serum measles antibody. If an employee had no measles antibody, MMR vaccine would be provided freely of charge by our hospital. The study used a cross-sectional questionnaire survey, administered November to December 2012, of 654 healthcare workers in a regional hospital in Taiwan.

Results

Of 645 employees, 38 staff had no measles antibody, 37 questionnaires were returned. The MMR vaccination rate was 92%. The majority of MMR vaccination was influenced by the personal benefits of protection and lack of measles antibody (26%). Of 37 staff, 62% received influ vaccination last year. 46% reported influ vaccination related adverse events: pain of injection site (47%), myalgia (29%) and fever (24%). Colleagues' attitude (43%) and educational programs (35%) influence the willing of MMR and influenza vaccination.

Conclusions

Different to the low rates of influenza vaccination among HCWs in our regional hospital, the rate of MMR vaccination is high. The major influent factor is the frequency of adverse effects. Educational and promotional programs should be help to increase the rate of influenza vaccination.

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Working Style May Affect The Occurrence of Metabolic Syndrome of Hospital Workers

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Introduction

Hospital provides healthy service by many medical or non-medical staff working day and night. A healthy hospital could contribute to a healthy community. However, shifting working or working at night would affect the staff's health significantly.



In this study, we try to find out the relationship between the metabolic syndrome and the work style in one regional hospital in north of Taiwan.

Purpose/Methods

This study investigates data of the routine healthy examination in 2012. It includes the information of gender, working unit, blood pressure, waist, triglycerides, sugar AC, and total cholesterol of 516 staffs. We divide the staffs into three groups: metabolic syndrome by AHA/NHLBI, 2005 (with 3 items abnormal), high risk of metabolic syndrome (with 2 items abnormal), and non-metabolic syndrome. Besides, we put them into two groups according to shifting working or working at night. Chi-square is used to analyze.

Results

Staffs with shifting and non-shifting are 402 and 156. Among them, the rates of metabolic syndrome are 12.7% and 14.7%, high-risk-groups are 9.0% and 4.5%, and non-metabolic syndrome are 78.4% and 80.8%. (P-value=0.187>0.05) Staffs with or without night working are 216 and 300. Among them, the rates of metabolic syndrome are 14.8% and 15.3%; high-risk-groups are 7.9% and 8.3%; non-metabolic syndrome are 77.3% and 76.3%. (P-value<0.005) Thus, metabolic syndrome is related to shifting working and not related to night work.

Conclusions

Shifting working causes abnormal life style of hospital workers. It has higher correlation than night working to the occurrence of metabolic syndrome. It also contributes to the difficulty of the healthy policy planning. We should take more attention on the problems of shifting working causing the healthy promotion plan unable to practice. We should make the healthy promotion program more in accordance with the daily work life.

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Continuous training in correct lifting and moving in Pavia Hospitals

SCARPINI Giancarlo, MARTINO Maria Teresa

Introduction

Temporary disability, elevated insurances costs and loss of working days are often consequences by malpractice at work. In the diffused contest of security and prevention on work places, workers' training in lifting and moving is relevant to grant prevention.

Purpose/Methods

This job purpose is to demonstrate that in the facility of Pavia (Italy) continuous training of workers in safe movements produced less accidents on duty with following flow implications

The facility of Pavia, composed by 8 hospitals and 30 extrahospital structures has 2800 workers (doctors, nurses, technicians). Groups of workers have been trained in 4-6 editions every year from 2003 to 2011 for an actual amount of 1400 trained. The training concerned informations followed by practice that involved participants to use devices in job simulations.

Results

The charge for accidents has reduced as the workers realized the importance of applying informations in correct lifting, and used the devices for their own safety in job places. This determined reduction of working days loss and insurances savings

Conclusions

Continuous training on safe lifting is a very important method to awaken hospital workers. This knowledge and consciousness grants workers' integrity and patients' security, allows correct job tasks organisation and costs savings.

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Effectiveness of the Workplace Early Intervention for Workers with Musculoskeletal Disorders

WANG Wendy TJ, CHENG Yung Chi, LEE Yu Huang, TSAI Mei Wun, HSU Ya Yuarn

Introduction

In Taiwan, about 40-60% worker population is affected by musculoskeletal disorders (MSDs). Risk factors for work-related MSDs include prolonged static postures over a period of time, awkward or extreme joint positions, repetitive or forceful movements and so on. MSDs may cause decreased work ability and even lead to disability. Early detection and early intervention as well as workplace health consultation service provided by physical therapists may help workers of MSDs to reduce symptoms, save medical costs and prevent further work disability.

Purpose/Methods

Purposes: conduct a workplace MSD screening and early intervention program and to determine its effectiveness. Methods: A workplace MSD intervention program was provided by 15 physical therapists for 6 companies. Workers were recruited to fill out a questionnaire first then were screened and assessed by a physical therapist. Subsequent therapy appointments were arranged for workers who suffered MSDs. The intervention program consisted of consultation about the MSD, individualized assessment and exercise therapy, posture instruction, and self-management education.

Results

A total of 386 subjects completed the program. After the first treatment session (n = 363), or upon completion of the whole treatment (n = 302), workers' symptoms and disability levels were significantly decreased. Both self-perceived functions and work abilities were all significantly improved. At 2-month follow-up (n = 255), participants' functional score was still maintained. More than 60% of the subjects rated "improved a lot" to their symptoms or discomforts.

Conclusions

Early workplace screening and intervention for MSDs performed by physical therapists were effective on improving the work ability and the functional level, as well as decreasing discomforts and the disability level of workers. This service may also prevent the MSDs from worsening, and lead to significant reductions in occupational disorders, decreased health care costs, and improvements in production efficiency.

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Employee health passport promotion plan for Landseed Hospital

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Introduction

The staff is important hospital's assets. The project is to promote the "health passport" system to establish expectations by the establishment, to arouse the employees of self-health care action to enhance the participation rate of employee health promotion activities, reach a staff body, mind, and spirit, the maintenance of the health status, and thus and generate vitality organizational and creative organizations.

Purpose/Methods

1.To Build Health Promotion credits system, the completion of the issue of employee health passport. 2.50% of employees to obtain health promotion credits. 3.Participation rate has improved employee health promotion activities 4.Implementation of a hospital-wide weight loss activities

Results

The health credits included in the staff New Life Movement core strategies and the use of health passports issued to employees through self-management, and strengthen the power of employees to participate in health promotion. In 2011 the hospital staff on a quarterly basis weight,waist measurement average completion rate of 67%; participate in health promotion activities to enhance the overall participation rate 20%. The hyperlipidemia employees to accept the health plan counseling,

cholesterol decreased 76%.Hospital weight loss program total weight loss1258.2kg.

Conclusions

Many health promotion activities and more short-term courses, and to maintain a long-term habit, the only way to motivate employees to participate in health promotion activities

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Psychological Intervention for Workers of Occupational Injury

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Introduction

Occupational injury often results in changes in the physiological function or difficulties in occupational-social function, which can be considered as traumatic events. The patients, suffered from occupational injury, need not only compensation payment but also psychological rehabilitation. We provide psychological intervention for the workers who were referred from department of environmental and occupational medicine. This study was designed to explore the psychological characteristics and primary issue among workers after occupational injury, and correspond to the guidelines of psychological intervention.

Purpose/Methods

Data was collected from 18 workers after occupational injury, who were referred from department of environmental and occupational medicine, National Taiwan University Hospital (NTUH), in Taiwan. The research methods include: (1) the self-reported assessment tool for analyzed psychological characteristics of workers post-injury is Brief Symptom Rating Scale (BSRS-50); (2) probe record writing to identify their primary issue; (3) integrating the clinical experience to establish the guidelines for the workers after occupational injury.

Results

From 2012/2 to 2012/12, we offered this psychological intervention for workers after occupational injury 34 times in total. The first four ranks of BSRS-50 were phobic-anxiety symptom, paranoid ideation, obsessive-compulsive symptom, depression symptom. The primary issue could be classified into occupational injury related issue, family relation, acute or chronic adjustment, and compensation payment. There are integrated guidelines, including cognition, emotion or coping, trait and social support.

Conclusions

Occupational injury causes significant life change. Our results of psychological intervention acknowledge the evident psychological impact on the workers after occupational injury and are important for the total patient care in them. We provide the preliminary guidelines of psychological intervention. Applying



this concept to psychological care for more workers after occupational injury is suggested.

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Session P2.5: Comprehensive workplace health promotion & health promoting work organization

Comparison of stages of exercise, levels of happiness, and work performance among physicians, nurses, and allied health professionals

LU Kuei-Yun, CHANG Wen-Yin, LEE Pi-Hsia, CHIU Hsiao-Ting

Introduction

Although happiness is one of the important factors in retaining health professionals, research on happiness, exercise, and work performance is rather limited in the nursing and medical literature.

Purpose/Methods

The study aimed to compare the differences in stages of exercise, levels of happiness, and work performance among physicians, nurses, and allied health professionals; and to explore the relationships in stages of exercise, happiness and work performance. This study was a cross-sectional design. Samples were recruited from four branches of the hospital in Taiwan. Physical activity questionnaire, Oxford Happiness Questionnaire and work performance scale were used. Data were collected between November 1, 2010 and July 30, 2011. Totally, 2,001 health professionals participated.

Results

1) There were statistical significant differences in stages of exercise among physicians, nurses and allied health professionals ($\chi^2=87.17, p=.001$). More nurses were in the Precontemplation stage. Physicians and allied health professionals had higher happiness and work performance than nurses. 2) The relationship between stages of exercise and happiness showed positive correlation among physicians and nurses. 3) The relationships between stages of exercise and work performance; happiness and work performance all showed positive correlation among physicians, nurses, and allied health professionals.

Conclusions

This paper provides recommendations for hospital executives to develop strategies to enhance health professionals' happiness, exercise, as well as work performance.

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Social capital and its importance to the employees' health and participation in work development

STRÖMGREN Marcus, ERIKSSON Andrea, DELLVE Lotta

Introduction

Social capital can function both analogue and as a complement to other forms of capital. To accept and strengthen social capital in teams, groups of professionals and in the structure of the organization can be a crucial resource to sustainable work development. There's both structural and cognitive aspects of social capital i.e. trust and social participation. Social capital is suggested to manifest that health care staffs trust that organizational development is made for a common interest.

Purpose/Methods

The aim is to investigate the associations between vertical trust, participation in organisational developments and employees' health. Data is collected by a survey both to managers and employees and is analyzed with regression analysis.

Results

There is a correlation between vertical trust and work engagement/participation in work development. There is also a correlation between vertical trust and employees' health. The findings show variations in vertical trust between hospitals, kinds of health care units, gender and among groups of professionals. The analysis also showed that employees give more suggestions of health care improvements where there is a lack of vertical trust.

Conclusions

Primary data shows similar results as previous research regarding social capital and the cognitive part of trust. It seems that vertical trust has an influence in engagement and participation in work development and also for employees' health.

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Occupational therapy – a part of the occupational medicine team – at Linz General Hospital (AKh-Linz)

KOLLMANN Stefan, EICHINGER Brigitte

Introduction

Occupational therapy, as a part of the team of occupational medicine at Linz General Hospital (AKh-Linz) in Austria was created in the summer of 2011 to deal with the topics of ageing employees and a growing number of staff away sick due to ailments of the musculoskeletal system. Occupational therapy is responsible for all the employees of the municipal authorities of Linz, numbering round 7,000 persons, as well as students. The AKh comprises about 3000 employees (including students). Occupational therapy provided for employees at a hospital is a newly developed and introduced scheme in Austria.

Purpose/Methods

The theoretic basis for occupational therapy in that area is the clinical reasoning process of Rosemary Hagedorn's model. As a guideline for the occupational evaluation, the Occupational Performance Model of Australia (OPM-[A]) describes all the occupational performance roles and areas. There is a focus on the occupational areas of the biomechanical and sensory-motor component, as well as on the intra- and interpersonal component. The AKh strives to improve the health and provide better health-related conditions for its employees. Interventions by the occupational therapist are different kinds of prevention, as well as networking and interdisciplinary case management

Results

Since the start of the development phase, there has been a scheme of case management in place. Here, occupational therapy assumes above all the analysis of individual and combined workplaces. The results of the evaluations are presented in the form of an analysis. There are individual interdisciplinary discussions concerning networking or further case management. These discussions include various professions, including occupational medicine, occupational psychology and occupational therapy, as well as employees. Results are clarified with employers who then implement them. Occupational therapy is responsible for evaluating specially adapted furniture/equipment at the individual workplaces and also elaborates special lectures regarding occupational therapy. The process is finalised by the possibility of re-evaluation of the measures set. Planned projects for 2013 are back therapy trainings in co-operation with the Physical Therapy Department and the inclusion of occupational therapy in the planning processes for new workplaces.

Conclusions

Practical experience has demonstrated that occupational therapy has proved itself as a preventative measure. The occupational therapy work in this field is divided into primary, secondary and tertiary preventative measures. Primary measures can be lectures or individual coaching sessions at certain workplaces. For instance, the adaptation of special work furni-

ture/equipment and working materials can represent a measure of secondary and/or tertiary prevention. The experiences made underline that, in an ever-changing working environment, there is a change of emphasis to strengthen primary prevention by raising awareness. As we know there is growing individuality of employees. Therefore, the goal should be to increase the individuality and flexibility of workplaces.

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Promotion in physical, mental and spiritual workplace health of the employees of hospitals

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Introduction

Promotion in workplace health contributes to the improvement both in physical and mental health of the employees. By enabling the employees to feel the concern of the hospitals, the overall work performance and personal devotion can be elevated and therefore the turnover rate of the staff be decreased. The plan for stressing the importance of virtues is promoted in hope of upgrading team spirits as well as qualities of medical services and establishing a warm medical environment.

Purpose/Methods

To improve the physical and mental health of the employees, decrease the turnover rate of the staff, elevate team spirits and establish a better medical environment by holding a variety of health promoting activities./Activities for physical health will be held, such as promotion for non-smoking working environment, regular health exams for the employees, training courses of cancer screening and competitions to increase the importance of weight control. Mental and spiritual care will also be offered by the events such as religious services, three-tier protocol for mental care, group trips in Taiwan or abroad and celebration parties for Christmas.

Results

The total amount of weight reduction is 659.6 kilograms among 535 overweight participants. In the survey, there are 3698 valid questionnaires and the average score is 6.21, which reveals slight mental disturbance. The number of the activities for enhancing virtues of the employees is 4109 in 2011 and 4329 in 2012. The number of participants in the events of promoting mental health is 4548 in this two year. Among this population, a total of 1597 people receive personal counseling.



Conclusions

Throughout the performance of plans to promote personal virtues, the survey for the degree of identification among the employees reveals a positive result, with more than 70% expressing an agreeable attitude to the plans and more than 89% feeling satisfied with the events of promoting mental health. In hope of continuously elevating the physical fitness of the employees, more events or seminars will be held in the future.

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Enhance physician health through survey feedback seminars

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Introduction

Four university hospitals started 2005 a comprehensive research program Health and Organization among University hospitals Physicians in four European countries - The HOUPÉ study. The project aims to provide a systematic comparison on how research activity, work conditions, gender equality, career advancement, impact on the health and wellbeing of physicians. Here we present data from Sweden and how we used them to conduct an intervention project to develop the working conditions and thereby enhance the health of physicians working.

Purpose/Methods

Cross sectional survey in 2005 (N = 1800) among university hospital physicians employed permanently more than one year. Measures: Physician Career Path Questionnaire (Fridner, 2004), General Health Questionnaire-12 (Goldberg and Williams, 1991), Oldenburg Burnout Inventory (Demerouti et al., 2001, 2003), Question About Suicidal Ideation and Attempted Suicide (Meehan et al, 1992), and selected scales from Questionnaire about Psychological and Social Factors at Work (Lindström et al, 2000). Survey feedback seminars with physicians working in one university hospital.

Results

All employed physicians, the hospital management and HR-consultants received a written report where the results from the survey were presented. 25 % of all respondents (1075 physicians) participated in a three hour survey feedback seminar. Researchers documented these seminars, and reports were distributed to all the physicians working in the clinic/clinics which enabled non-participating physicians to gain knowledge from the seminars. One summarising report from all the survey feedback seminars was written and distributed to all physicians.

Conclusions

The seminars were emotionally charged since a lot of frustration could be spoken out, but also a serious listening when results of the physicians' health and results about harassments among colleagues were presented. Each feed-back seminar ended with the physicians themselves made proposals as to how they wanted to change work conditions in their specific clinic.

Comments

Overall, the research team gave 20 survey feedback meetings in collaboration with head of clinic and HR-consultants. A three hour meeting is minimum to keep up with the process it means to for the physicians understand their health and work situation, and to be constructive in their cooperation in order to achieve change.

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Health promoting leadership – a structure to build health capacity in a healthcare organization

STRÖMGREN Marcus, ERIKSSON Andrea, DELLVE Lotta

Introduction

Systematic and sustainable organizational development is often seen as a key strategy for developing workplace health promotion among employees. Research shows health managers' knowledge and skills in health promotion as well as the organizations' structures and policies are important for developing a health promoting workplace. Successful examples of building health capacity in work organisations include employer efforts of organizing work in a health promoting way. There is lacking research about possibilities of building health capacity during ongoing organisational development.

Purpose/Methods

The purpose is to explore and describe how capacity of health promotion can be built in a healthcare organization. The study is following an ongoing intervention aiming at building organizational health capacity at four workplaces. Data collection includes surveys to employees three times during three years and qualitative interviews with managers. The quantitative data is analyzed with multivariate analysis about correlations between leadership and health. Content analysis of hindering and facilitating for health promotion is analysed in the interviews.

Results

The outlines of the studied intervention and preliminary results from the baseline survey will be presented at the conference.

Conclusions

The study will provide knowledge about what is sustainable and efficient in the area of workplace health promotion.

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The Effects of Organizational Health Culture on Employee Health Behavior: a multi-level perspective

LIN Yea-Wen, HUANG Hsiao-Ling, TUNG Shu-Chin, LIN Szu-Hai

Introduction

The purpose of the study is to verify the effects of organizational health culture on employee health behavior with a multi-level perspective.

Purpose/Methods

Fifty-five business organizations in Taiwan were selected by purposive sampling and twenty full-time employees from each business organization. A total number of 1011 effective questionnaires (91.91% return rate) from 54 companies were included. The Chinese version of the Health Promotion Life Scale was adopted for the measurement of health behavior. Organizational health culture was measured by assessing employee perception and generated by similar measurement contents through aggregated procedures. Hierarchical linear modeling was used to analyze the relationship between organizational health culture and employee health behavior.

Results

The result shows a significant γ_01 for organizational health culture ($\gamma_01 = 5.19$, $p < .01$), indicating that organizational health culture influences employee health behavior. Further analysis showed a significant γ_01 for all cultural dimensions, indicating that all four cultural dimension influences employee health behavior.

Conclusions

Organizational health culture refers to the common health value, concept, and behavior of the organizational members. Organizational health culture is intangible but penetrative to the physiological, psychological, and social health of the organizational members that is not neglected. Our study found a certain level of influence of organizational health culture on employee health behavior. The findings are worth emphasizing from the business management level.

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The share of each age group in Korean health workforce and developing an equation to forecast changes in the average age

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Introduction

Population aging is leading the influx of older workers into labor market. Older workers are charged for health problems and they tend to be less capable of acquiring new skills and adapting to new environment than their younger counterparts. As hospital is a highly labor-intensive place, in particular, it is important to analyze the aging trend and then seek the ways to enhance and maintain the health and productivity of their employees.

Purpose/Methods

This study is aimed to identify aging trend in hospitals and calculate a coefficient which enables the forecasting of changes in average age of health workforce in the future. The data of 69,186 health workforce was collected from the year books (2001-2010) of 34 regional public hospitals in Korea. A regression analysis was conducted to calculate coefficients and a correlation analysis was to figure out relations between the average age of workers in each hospital job category and years.

Results

For a time span of 10 years (2001-2010), the hospital workers got 3.1 years older on average. In particular, the average ages of technicians and unskilled workers rose 6.5 and 3.9 years respectively, hovering above the overall average. The result of regression analysis indicated the overall average age in every job category increased 0.997 with each year passing by. And there was the correlation between the average age of doctors, nurses, health professionals, office workers and each year.

Conclusions

This study generated coefficient of 0.997 for the changes in average age of hospital workforce in Korea and also developed the equation of $y=ax+b$, 'a' being 0.997, 'b' being 37.51 (average age in 2010) and 'x' being a year expected to be. In response to the aging trend, executives of hospitals have to take a comprehensive approach which looks into individual lifestyle, institutions, and environment to promote health and productivity of the hospital workforce by providing health management and education programs.

Comments

This is the 1st domestic study to conduct time series analysis for the average age of healthcare workers. Also, the development of the equation has great significance with regard to enable the prediction of the average age of health workforce at a certain point in the future and the identification of the aging trend.

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An evaluation of nutritional knowledge, attitudes and practices of nursing staff pre and post nutrition education workshop

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Introduction

Nursing staff have direct contact and spend significant amount of time with healthcare workers and patients in the hospitals and communities. Thus, nutrition education for nursing staff to improve their nutrition knowledge, attitudes and practices (KAP) is important. They can have influence on the nutritional care and practices of their colleagues and patients. A pilot study of a nutrition education workshop was conducted to equip nurses with basic nutritional knowledge to empower them to eat healthier and promote healthy eating.

Purpose/Methods

Nurses from inpatient wards and outpatient clinics were nominated by their nursing managers to attend the nutrition education session. Structured survey questionnaires were distributed to the nurses before and after the nutrition education workshop to assess any changes in nutritional KAPs of those who attended the session. The survey forms collected data on general nutritional knowledge, attitudes towards healthy eating and current dietary practices of the nurses. Pre and post workshop data were analysed to confirm any change in KAPs.

Results

A total of 34 (2M: 32F) nurses attended the nutrition education workshop. After the nutrition education session, the overall nutritional knowledge score increased. The number of nurses who agreed that healthy eating is important increased by 18% (21% to 39%) and those who agreed that it is important to consume foods low in saturated fat increased by 20% (24% to 44%). Only 9% of nurses reported that they always have regular mealtimes while 44% of nurses regularly skip breakfast.

Conclusions

Currently, there is a gap in the nutritional knowledge, attitudes and practices of nurses which needs to be addressed by future nutrition education and training of nurses. Nutrition education workshops can be effective in supporting nurses to increase their nutritional knowledge in specific areas, change their current nutritional attitudes and practices to eat more healthily and promote healthy eating among staff and patients. In future, ongoing nutrition education workshops can be conducted for different groups of healthcare staff throughout the year.

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Use Information System to Improve Clinical Schedule Operation

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Introduction

It is necessary to set up an easy and practical nursing shift auxiliary system for complicated nursing shift management. Therefore, the purpose of this article is using an innovative concept to develop easy and practical information shifting auxiliary system, simplifying the complicated scheduling rules and procedures by hand. Also, promote it and use it in clinical scheduling practice to reduce the clinical scheduling work time and elevate the management efficiency as the goal.

Purpose/Methods

First of all, a questionnaire survey was conducted among scheduling participants to get a full picture of the scheduling problems. In accordance with unit scheduling, design a computer program for assisting scheduling. The development environment of the nursing computer used the Microsoft office originally used for the schedule. Microsoft office Excel and the VBA program language as the base, and macro composing design as the input and output display of the scheduling information. The schedule makers used five functions, including electronic form instruction, input doctors' clinical schedule and weight, input vacation and personal desire shift, automatically scheduling, and export the schedule. The schedule maker should be familiar with the instructions on the Excel worksheets, and then inputting vacation and desire shift appointment in the vacation file after designing the weight of each clinical practice, and then make the schedule in accordance with the previously designed program. The schedule makers can perform random scheduling or average weight schedule in accordance with the needs. The system will automatically calculate the data and import it into temporary file for the schedule makers to make final adjustment and modification. The nursing staff of that shift will export and print out the schedule.

Results

The preparing time for inputting reserved vacation and doctors' off-shift time was reduced to 0.67 hours (40 minutes) from 10.55 hours before the development. The average time for the system to calculate the data and imported into the temporary file was 31.5 seconds. Each time spent for scheduling was reduced from 28.27 hours to 4.5 hours. The goal achievement rate was 111%. From this we could see that with the help of information system, time could be saved efficiently, so that the staffs could put out the best in good working environment and create best efficiency.

Conclusions

Scheduling auxiliary system use Excel, which is familiar by general nursing staffs. The interface is easy and understandable. At the same time, it has build-in scheduling information and alarm functions to increase the conveniences and practicality

for the schedule makers, and simplified the scheduling procedure and time.

Comments

Also, it can be used in single environment successfully. From the research experience, we find out that as the information personnel is the main program developer, but we, as the nursing staff in the unit, are not familiar with Excel program language. There might be problems in system maintenance. In order to overcome the technical problem of Excel program language and VBA application, we suggest train nursing staff as program maintainer to set up a complete and sound scheduling auxiliary system. In the event of system maintenance and trouble shooting in the future process, the nursing staffs can handle it, because they are the key persons of understanding the needs and deciding the depth and scope of the application.

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Standing Up for the Health of our Workforce

CORBEN Kirstan, WAY Andrew

Introduction

Alfred Health has demonstrated leadership and innovation in responding to emerging evidence regarding the health risk of occupational sedentariness, specifically prolonged sitting. Through a research trial among its workforce, Alfred Health has identified high levels of user acceptance of sit-stand workstations. Such a workstation retrofits to an existing workspace and enables a computer to be used in either sitting or standing position. This research contributes new knowledge highly applicable to other health services committed to achieving a healthy workplace.

Purpose/Methods

The overall aim of the research was to determine the level of user acceptance of sit-stand workstations over a three month period. More than 100 Alfred Health employees were engaged as participants in this research trial. Priority was given to those with high levels of exposure to prolonged sitting and therefore included strong representation from areas such as finance, health information services, human resources and payroll, information technology services as well as those in executive and administration roles.

Results

Based on self reporting from the first 42 users to complete the three month trial period: * >90% retained the sit-stand workstation for ongoing use * Average sitting reduced from 90% to 56% of working time * 83% agreed the sit-stand workstation benefited them, particularly via: Improved sense of wellbeing (65%) Ability to concentrate or focus (48%) Sense of productivi-

ty (47%) 98% would recommend a sit-stand workstation to their colleagues working in desk based roles

Conclusions

Alfred Health has identified a high degree of user acceptance of sit-stand workstations, matched by substantial replacement of sitting with standing. Such a result shows great promise for organisations to act to reverse the negative impacts associated with occupational sedentariness, particularly from prolonged sitting. Further consideration will be given to the broader implementation of such workstations throughout the organisation, together with other opportunities to reduce sitting in meetings and other settings away from the individual workstation.

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Session P3.1: Promoting healthy lifestyles amongst the community population

Promotion on the prevention of obesity in the community

HU Nai-Fang, LI Shu-Zhen, CHEN Yu-Hua, CHANG Chia-Mei, HWANG Lee-Ching, CHAN Hsin-Lung, HOU Charles Jia-Yin

Introduction

51% of men and 36.3% of women are either overweight or obese in Taiwan. In order to prevent negative consequences resulting from obesity, Mackay Memorial Hospital holds a series of events on body weight management in the community in 2012.

Purpose/Methods

We developed "Eat smart, Exercise happily and Measure weight daily" education program to encourage community people to modify lifestyle. Materials about how to eat a healthy diet and how to exercise correctly are provided. All the activities are open to the worksite employees, patients as well as their family and the public. After the education programs, follow-up phone calls will be made to strengthen the awareness of participants, hoping them to make positive impacts on their friends and family.

Results

Events are held for 118 times in total and fairs are held for 6 times with the total participants reaching 1843 and their satisfaction reaching 99%. Through the curriculums, 1258 participants develops a habit of consuming at least three portions of vegetables and two portions of fruits and 381 participants



develops a habit of exercising at least 3 times per week and 30 minutes per time. The total amount of weight reduced reaches 2290 kg (1.2 kg/person).

Conclusions

"Eat smart, Exercise happily and Measure weight daily" education program for community could help people modify unhealthy lifestyle and manage their body weight.

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Weight loss experience in Taiwan-hospital perspective

LIU Tsan-Hon, HSU Ya-wen, LIN Ching-Ying, CHIOU Shu-Ti

Introduction

Obesity is associated with many diseases and metabolic abnormalities, with high morbidity and mortality. The prevalence of overweight was increasing to 44% among Taiwanese adults. To promote healthy lifestyle and ideal body weight, there was a public policy of "Healthy Centenary, Healthy Taiwan" and helped people reduce 1100 tons (1,100,000 kg) of excessive body weight in 2011 in Taiwan. The successive program in 2012 also recruited 49,000 persons and approximately 1137 tons was reduced by the end of 2012.

Purpose/Methods

Department of Health created a supportive environment for health in workplaces, communities, schools, hospitals and other fields, to encourage people led a healthy lifestyle of "Eat Smart, Exercise Happy, Check Weight every day". We recruited our employees and community residents, and helped them lose weight with different approaches. Incentive contest of the staff and participants were carried out. For community residents, we focused on promotion of healthy lifestyles and exercise with a healthy diet to accomplish weight loss goals.

Results

Among the employee weight loss program, the total reduction in body weight was 206.6 kg for six weeks with an average of 2.5 kg, total reduction of body fat was 185 kg with an average of 2.3 kg. Among the community residents, twenty-eight weight loss classes with 8 courses of exercise for each were built up from 2009 to 2012. A total of 405 persons lost 1,321 kg of weight, and reduced 1,308 kg of body fat.

Conclusions

Obesity has been shown to increase the incidence rate of cardiovascular disease. Weight reduction is a nationwide activity in Taiwan. In these programs, hospitals play important roles to assist people lose weight but we still need to recruit more people to join the obesity prevention activities together. The

cost-effectiveness of weight loss programs needs to be assessed in the future. In sum, hospital weight loss programs created a good supportive environment and help people lose weight wisely and effectively.

Comments

Weight reduction is a nationwide activity in Taiwan. Hospitals play important roles to assist people lose weight but we still need to recruit more people to join hospital weight loss programs.

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Identifying unhealthy eating disorder in female college students

LIAO Hui Yen, HOU Hsin Ya, LIN Ming Nan

Introduction

Eating disorders such as anorexia nervosa and bulimia is not uncommon in young female students. Using self-reported questionnaire to identify the potential patients is helpful in primary care setting. We investigated female college students with self reported questionnaire and examine the relationship between sensation seeking behaviors and eating disorders

Purpose/Methods

To investigate the relation between sensation seeking behaviors and eating disorders and elaborate the impact of eating disorders on weight-loss strategies. Totally 607 female college students completed the self-report questionnaire. All data collected have been processed by multiple hierarchical regression analyses.

Results

(1) Sensation-seeking needs significantly and positively predicted the behavior of bulimia nervosa and anorexia nervosa, but sensation-seeking experiences did not significantly predict both of them; and (2) bulimia nervosa significantly and positively predicted weight-loss strategies, such as on-dieting, pill-taking, and receiving acupuncture treatment. Anorexia nervosa significantly and positively predicted on-dieting, pill-taking, participating in weight-loss classes, and receiving acupuncture treatment. Yet, anorexia nervosa significantly and negatively predicted exercise taking.

Conclusions

Primary care services and campus health educators need to consider the significant impact of sensation seeking on eating disorders. Additionally, the significant relationships between eating disorders and weight-loss strategies need to be taken into account in order to prevent young female college students from taking unhealthy weight-loss strategies.

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Enhancing self-regulatory skills for weight control in a community-based weight management program

LIN Yueh-Hung, CHU Li-Jung, LIAO Chia-Yin, LIAO Shang-Chih

Introduction

Results from randomized controlled trials and intervention studies have clearly identified obesity as an independent risk factor for coronary heart disease. However, it is a matter of great concern to health care educators regarding the effectiveness of obesity treatment in the community setting, the problem of time-inconsistency, and self-control. This study offered concerted efforts to conduct a course in living life with energy, health, and vitality. We focused particularly on clarifying the combined influences of the appetitive predispositions, the obesogenic environment, and behavioral modification in the group.

Purpose/Methods

From 2011 to 2012, we collected 43 persons with BMI greater than 24 in Fong-Shan District of Kaohsiung City. Various realms collaborated to design courses that included fitness, nutrition class, student's diet diary monitoring, group discussion, and peer competition and encouragement. "Billboard of Weight control" was announced every week and encouraged the participants to share their experiences. Social workers play a role in encouraging those who require more assistance from the group. Analysis of weight control behavior was extracted from questionnaires regarding behavior monitoring taken prior to and after the courses.

Results

Most of our study participants are female (93%), married and lives with family. The average age is 48.2. Individuals completing the 3-month program averaged a significant weight loss of 4.2kg (5.6%, $P<0.01$), a waist circumference loss of 7.2cm (7%, $P<0.01$), and body fat ratio decrease of 2.5% ($P<0.01$). The average total cholesterol level decreased from 197.7 to 186.9mg/dl ($P=0.16$). There was a significant correlation between maintenance after weight reduction and improvement of weight control behavior that including the knowledge of nutrition, diet habit, exercise behavior, and social support ($P<0.01$).

Conclusions

This study suggests that a structured community-based weight management program can be effectively implemented in a multi-realm collaborated community hospital. Follow-up after weight reduction programs should focus on long-term self-regulation strategies. Further study to a larger population can

be challenging as many more well-trained medical staff will be expected.

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Creation of sports environment

LEE Ching Feng

Introduction

(1) Creation of sports environment: Hire a professional Fitness Trainer to perform weekly aerobic exercise led my colleagues to the public at the hospital hall. (2) Enhance exercise frequency of the community residents and colleagues, make them used to regular exercise and thus improve physical fitness.

Purpose/Methods

Purpose:Improve physical fitness Methods:Creation of sports environment

Results

1. There are significant improvement in all categories including BMI, sit-ups, sitting reach and 3 minutes stepping. 2. There are 50.8% (or 93 people) exercise regularly at pre-test. The number increase to 79.2% (or 145 people) exercise regularly. It indicates more people exercise regularly.

Conclusions

1. Aerobic exercise intensity can be further strengthened: there is no significant improvement in participants' cardiorespiratory endurance performance. Increasing exercise intensity may help to strengthen the participants' cardiorespiratory endurance. 2. Need to re- emphasize the importance of establishing exercise habits

Comments

The purpose of this project is to motivate people for regular exercise. With exercise instructor's professional assistance, one can exercise in an easy and fun way.

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Community health promotion project for patients with metabolism syndrome

HUANG Jean-Min, LI Chi-Ren, WU Jia-Chian



Introduction

By integrating outpatient medical care, nutrition, health education departments and other units. Not only medical treatment, but also exercise and nutrition were used in metabolism syndrome patients' daily living. We use health education by medical advice, motion control and nutrition healthy diet to achieve the purpose of personal health management and health promotion. The service offered since 2009 to date, the number of cumulative service trainees up to 728 people, an average of about 750 people monthly service.

Purpose/Methods

A total of 36 of community exercise classes originally scheduled from August 20 until November 8, 2012, on every Monday, Wednesday, and Thursday morning each week. In order to train more teaching assistances and to consolidate the group's sense of identity and cohesion, the course was extended to the end of December 19. Before class, every patient will be measured their blood pressure to confirm a suitable physical condition of trainees and to confirm attendance.

Results

Survey 22 trainees of training to the satisfaction of the course, 76.2% very satisfied, 23.8% satisfied; further asks students "after the end of the course, if you did not continue to ask the teacher to lead, if you will continue to come out movement?", 71.4% indicated that they would continue to come out movement. The cardio-respiratory endurance improved grip strength per person increased by an average of 33.45 kg, an average increase of 6.05 cm softness.

Conclusions

Participants generally perceived health of everyday life or work, role-playing, including : activities reduce the time, reduce the workload and impact. Because everyone perceived health status differences, overall, participants generally perceived health score of only 70.28 points average. Compared with a year ago, the health status of 55% of the trainees feel healthy compared with a year ago, 45% participants think it is almost 10% felt poor a year ago.

Comments

It's the first time to plan fitness programs for metabolism syndrome patients in community, as well as the understanding of the public reaction, so the outset set-based teaching in small classes of 20 to 30 people. Plus the hospital near available to more than 50 sports public places is limited, thus limiting the number of acceptable service. Accordance with the recommendations of the sports coaches, we set the course for at least three months to improve students' physical fitness status.

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Health promotion for all communities through "Health Challenge"

KIKUCHI Zenjirou, SAITOH Fumihiro, NEGISHI Kyota, STAFFS The Community

Introduction

Japanese Health and Welfare Co-operative Federation (HeW CO-OP JAPAN) is a co-operative that operates medical and long-term care facilities. We are always working on a community planning that is continues to be living in peace in our familiar region through mutual aid and health promotion. The Tokyo Health Co-op is one of HeW CO-OP JAPAN members and consists of 50,000 members that include medical staffs and community members. We manage the institution at the center of Tokyo, Japan.

Purpose/Methods

We had set nine health promotion courses to improve the health of the individual and personal skills. We called them "Health Challenge". We selected one of them respectively and continued it during two months. There were 105 participants (15% of all 700 members in brunch-community) in the area of the Doshida-Oizumi brunch of our co-op. We recorded data every day. Two months later, we did the questionnaire and analyzed these data in mass.

Results

Answers to the questionnaire included an opinion of much affirmation. 90% of participants continued their "Health Challenge" for two months. They thought they were able to recheck their behaviors and lifestyles : nutritional balance, exercise, the tooth brushing after every meal. In addition, 10% of participants who stopped had forward plans for health promotion. The incentive and the recognition of the health rooted for all community members. Moreover, opportunities to interact with the participants had increased by handing questionnaires directly.

Conclusions

Through these challenges, we had three conclusions : the participants were able to reconsider health of their own objectively and these challenges led to the review of the living; the recognition of the health promotion was spread in our community as a result of participants more than 100 widely; other than health care, we had been coping with each other about life styles and were able to deepen a relationship of mutual trust.

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Health Promotion for Sub-health Patients by the NEWSTART Program

DING Jing-Ming, SIAO Ruo-Yan, WENG Pei-Hsuan, CHUO Ying-Hsiang, HUANG Hui-Ting

Introduction

Due to the advancement in healthcare, human life expectancy has been extended, resulting in a global aging population. More healthcare costs were spent on treating chronic illnesses associated with unhealthy lifestyle. The increasing prevalence of chronic illnesses not only contributes to morbidity and mortality but also poses a heavy financial burden on the government. Therefore, promoting preventive medicine by a well-designed lifestyle program targeted at sub-health patients is very important.

Purpose/Methods

The NEWSTART program includes eight principles, namely nutrition, exercise, water, sunlight, temperance, air, rest and trust in God. This program has been implemented from 2005 to 2011, with 1347 individuals participated in the 6-day program and 693 in the 13-day program. Metabolic profiles including fasting sugar, total cholesterol, high-density lipoprotein (HDL), low-density lipoprotein (LDL), triglyceride (TG) and uric acid were measured before and after entering the program, and analyzed by pair-t test.

Results

After the 6-day program, there were significant improvements in waist circumference, body weight, sugar, LDL, and TG. Waist circumference, body weight, fasting sugar, total cholesterol, LDL, TG, uric acid were significantly improved among the 13-day participants. This demonstrates that maintaining a healthy lifestyle can correct risk factors of chronic illness and promote health.

Conclusions

Through putting the NEWSTART principles into everyday life, numerous metabolic risk factors of chronic diseases can be ameliorated. Taiwan Adventist Hospital has helped thousands of people revitalize their health by implementing this healthy lifestyle program supported by a well-designed environment and competent educators. We will continue this program as our mission to provide holistic care and preventive medicine.

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Experience First: Comparison of the effect of life style modification with private visit education with in-hospital education.

AHN Juhee

Introduction

The Suwon Medical Center(SMC), with 290 thousand local residents has been actively registering patients with chronic illnesses under the management program sponsored by The Ministry of Health and Welfare in the Republic of Korea since 2011. The main subjects for this process were patients with hypertension, diabetics and smokers. For patients that had less accessibility, the Center conducted in-home consultations as well. While reinforcing prevention, early treatment, and compliance, the Center found increasing evidence that the patients were reluctant to give up sweet and salty, even though lifestyle changes were the international basics for treatment. Also based on the previous research that concluded less exercise led to more calorie intakes, the HPH nutrition team and the local physical exercise team cooperated to attempt an food, exercise - experience program.

Purpose/Methods

In a survey of 195 registrants in the chronic illness management program, 75 percent of the patients answered that exercise was the hardest to do, and that less exercise led to more food intake. For registrants and other general patients, the SMC conducted biweekly exercise sessions in the meeting room from March to July and September to November 2012. Apart from these 40 minute exercise sessions, the Center also held weekly 30 minute demonstrations on the sugar and salt content on soups, fruit, carbohydrates and fast foods. Participants were allowed to visualize the calories and salt and sugar intake, as well as taste and compare it with the recommended dietary allowance. In the exercise sessions, their weight, abdominal circumference and BMI were provided. According to their age and health conditions expert physical trainers suggested suitable exercises and its length. All activities and results were accessible in the hospital's bulletin board with prior consents, and their opinions were collected with surveys and on-site questionnaires. The Center also did monthly visits to 2 regional community office, and 3 work places with the same programs and collected opinions.

Results

95 percent of the participants replied that these programs were effective; 5 percent pointed out the inaccessibility and mandatory presence of doctors as suggestions. For the reliability of education done in the hospital, 75 percent gave highest scores, and all participants on site replied that they wanted this program to last. The satisfaction for site visits were 92 percent, and the 8 percent replied it lacked frequency. All participants replied the BMI and waist-weight measurements were core stimulators. From doctors to specialized nurses, and personal trainers' exercises, the participants ratings were 10 out of 10. In contrast to public announcement, street campaigns and broad-



casting were impressive but were short-lasting. Face to face teaching programs were more lasting and effective. Participants of community office and workplace visiting programs also rated 9.5 out of 10 in satisfaction, and recommended this practice to schools and family members. While these programs were in action, there was a 200 percent increase in applicants for visiting program of the Suwon City Exercise Associations. And 32 day employees of the Suwon Medical Center still participate in the exercises twice a week.

Conclusions

Bad habits are hard to reform. Everyone can be, could be and may already be patients. The HPH action team's role is to research and manage long-term habit reforms. The patients responding that this program was essential, as well as participants who would recommend this to their family and children support the need of new program development and continuous run.

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Session P3.2: Improving community care for specific diseases

An Innovative "On-Site" Betel-Nut Cessation Program for Construction Workers

WU Wendy Jie-Ying, HSU Ching-Fen, CHEN Cheng-Yu

Introduction

Oral cancer is ranked as the fourth most common cancer deaths in the Taiwanese male population, especially those between 25-44 years of age. An independent and exclusive risk factor for oral cancer in Taiwan is betel-nut chewing. Many labours, such as truck drivers and construction workers, chew on betel-nut for its stimulant effect. Because of the economic burden from our aging society on the young working population, it is extremely important to advocate the cessation of betel-nut chewing.

Purpose/Methods

In 2009, Taiwan's Bureau of Health Promotion introduced a "Towards No Betel-nut (TNB)" program to promote cessation of betel-nut chewing. To implement the TNB program, Taipei Tzu-Chi Hospital developed an "on-site" betel-nut cessation program for workers at the construction site located beside our hospital. Led by the family physician of the Department of Community Medicine, short-lectures were given to the workers during lunch hours. Questionnaires were filled out before and

after. Telephone follow-up was accomplished three months after the lectures.

Results

A total number of 27 male workers participated in our "on-site" betel-nut cessation program. The average age was 43.36years, ranging between 17-63years. Prior to the lectures, 20 of 27 workers (74%) have had past experience of betel-nut cessation, but only 2 of 20 workers (10%) succeeded in quitting betel-nut chewing. Before the lecture, 1 to 30 betel-nuts were chewed daily on average. Upon telephone follow-up three months after the lectures, only 1 to 6 betel-nuts were chewed daily on average.

Conclusions

One of our hospital's main medical missions is to safeguard health through continuous works of promoting community well-being. We support policies from the Bureau of Health Promotion and attempt to decrease the overall cancer incidence in our community. The health status of the young working male population is tremendously important, yet they are often neglected. The "on-site" betel-nut chewing cessation program proved to be a direct, effective and innovative way to promote healthy concepts to the construction workers.

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The Experience of Shilin District, Taipei City in Promoting Smoke-Free Parks

HSIEH Li-Huang, WU Chao-Hua, YUAN Lu-Fang, HUANG Chiu-Yu

Introduction

Parks are places for exercise or rest that are most often utilized by community residents. In order to establish the smoke-free supporting environment in Shilin, 3 smoke-free parks have been set up to provide residents with "smoke-free, refreshing and clean" outdoor resting spaces, and a consensus has been drawn to promote the concept of tobacco hazard prevention.

Purpose/Methods

1.Establish a cross-agency team; integrate community resources; drive community participation. 2.Establish smoke-free volunteer patrol teams; conduct volunteer education and training; guide volunteers on advising people to put out their cigarettes. 3.Establish no smoking signs or lines at park entrances/exits as stipulated by the Tobacco Hazards Prevention Act. 4.Raise residents' attention on tobacco hazards through diverse channels and the unveiling of smoke-free parks. 5.Conduct monthly inspections in parks for tobacco hazard prevention to build a smoke-free living environment.

Results

1. Established 3 smoke-free parks (Meilun, Zhongcheng, and Lanya) and banned smoking in the Shilin Main Presidential Residence. 2. Established 3 patrol teams (43 volunteers) and conducted volunteer education/training (3 sessions). 3. Continued promoting patrols by volunteers - 5,168 patrols, 421 people and 89,468 butts as of December 31, 2012. 4. Promoted smoke-free parks at communities, schools, and workplaces (296 sessions/43,609 people). 5. Shilin's adult smoking rate in 2011 was 10% - the 5th lowest among Taipei's 12 districts and far below the 19% for Taipei overall.

Conclusions

With the establishment of smoke-free parks, smoke-free environment is marketed through diverse channels, and smoke-free park volunteers are trained to conduct regular patrols and to persuade people to quit smoking. Continuing promotion of the smoke-free image and maintenance of the smoke-free environment can keep park users away from the harm of second-hand smoke, establishing the general public's concept of refraining from smoking in outdoor public places and respecting others' right to refuse second-hand smoke.

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Stress, Need and Quality of Life of Tuberculosis Patients in The Southern of Taiwan

LEE Ying-Hui, FENG Ming-Chu

Introduction

Background: Although anti-tuberculosis medications yield good treatment results for decades, tuberculosis (TB) patients still suffer from much mental stress and pressure since they diagnosed in TB. Since mental stress is an important factor affecting the quality of life, the stress and quality of life of patients after TB diagnosis need further investigation.

Purpose/Methods

Purpose: To investigate the stress, need and quality of life of patients who first diagnosed TB. Methods: A cross-sectional designed study interviewing with a structured questionnaire from outpatient department patients who first diagnosed TB at a medical center of southern Taiwan. The data was analyzed by descriptive statistics, one-way ANOVA and Pearson product-moment correlation.

Results

Results: Result showed that there is correlation between stress aspect and fatigue, worrying about friend and family being infected, don't know how to inform friends and families the diagnosis and physical conditions. On the patient's need aspect that doctor (90%) and nurses (78%) gave the most help of

knowledge regarded to TB. The score of quality of life showed the highest scores was social domain with but the lowest scores was psychological domain. The greater the stress, the higher the need, the poor quality of life was noted as well.

Conclusions

Conclusion: This study found that tuberculosis patients need the psychological support. We recommended that the medical staff design TB care strategy to increase patient adherence, life functioning and mental well-being.

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Community-based Organizations (CBOs) – A platform for Alleviating HIV/AIDS Stigmatization and Discrimination to People Living with HIV/AIDS (PLWHA) – A Working Experience in Mzuzu, Malawi.

YU Joseph KL, WU Joseph CS, LO Lucia,
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Introduction

Malawi is one of the highest incidences of HIV/AIDS globally. A Central Hospital located in Mzuzu, Northern Malawi launched the HIV/AIDS Unit since 2004. At the end of 2011, totally 9,800 HIV/AIDS cases were registered and eligible for Highly Active Antiretroviral Therapy (HAART). Those PLWHA resumed their daily activities. However, they faced a challenge for job seeking due to discrimination and stigmatization. We introduced a CBO to act as a platform to harmonize the communication between PLWHA and the community.

Purpose/Methods

A CBO is consisted of 40 widows and 34 orphans known as Chitatata HIV/AIDS Widows and Orphans Group. Through a micro-credit activity, they were trained for chicken nurturing and farming. They then developed a small business of chicken farming with marketing development.

Results

Marketing is the crucial success of the business. PLWHA facing stigma and discrimination were difficult to self-sustain. A CBO provides a platform for skill learning, peer support and business running. They earned their living and lived independently. They gained more self respect and self satisfactory that those without the support of CBO.

Conclusions

PLWHA is a vulnerable group in the community. They have to face with unexpected stigmatization and discrimination. But,



through the proper channeling of CBO, they act as a platform to link the community with PLWHA. The positive attitude of the PLWHA generated trust and reliability from the community.

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Promoting community participation in expanded programme on immunization in Keesa District in central region of Ghana

YAWSON Mercy

Introduction

Community participation is a proven approach to addressing health care issues and has been utilized in the Expanded Programme on Immunization (EPI) activities. Poor community participation on the programme was due to a number of factors which influencing the willingness of community members to fully support the EPI programmes. This paper was to investigate factors influencing community participation in EPI activities in Elmina Sub-district so as to streamline strategies to promote health through community participation in the EPI programme.

Purpose/Methods

The study was conducted in Elmina Sub-district in the Central Region of Ghana. A sample of 271 adults (18 years and above) from 31 communities was used for the study. Quota sampling was used to ensure geographical representation of the sample units in every community. A research-developed questionnaire was used for factual collection of data from respondents with which one trained personnel guided the respondents in answering the questionnaires. Logistic regression was the statistical technique used in analyzing the data.

Results

It was found that females dominated (52.4%), as majority of the respondents (80.1%) were between 18 and 40 years. The study also revealed that attitude (sign.= .001) is a major significant factor that influences community members participating in the EPI programmes. However, sex (sign.= .071), perception (sign.= .149), years of schooling (sign.= .445) and years of stay in the community (sign.= .548) had an insignificant influence on the community members participating in the EPI programmes.

Conclusions

Attitude was identified as a factor which had a significant impact on the EPI programme. Thus, the attitude of people towards the EPI programmes needs to be addressed and considered in policy making and implementation in order to sustain the programme.

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A novo intervention program for mental and spiritual health promotion of elder volunteers in recycling station in Taiwan

LIN Ming Nan, LIN Tin Kwang, LIN Chin Lon, WENG Chia Ying, HSU Chiu Tien, CHEN Chih Wei, WONG Shu Shu

Introduction

Resources recycling is not only good for the environment but also beneficial for the elder participants, physically and mentally and spiritually. They have social interactions and feel they are helpful to the earth. There are more than 5000 recycling stations with volunteers in Taiwan. We examine whether a novo resources recycling intervention program can improve the mental and spiritual health levels of elderly of recycling station volunteers.

Purpose/Methods

A case control follow-up study, a two group pre- and post-test design which Intervention group included 20 recycling volunteers (mean age = 70.26±6.61, female 70%) who attended a weekly three hour session of the resources recycle-based group intervention for one year. Control group included 12 elderly (mean age = 74.83±8.48, female 83.3%) who did not receive resources recycling intervention. All participants have completed wide variety psychological measures, including the Self-compassion scale, Compassion for others scale, Geriatric Depression Scale, Chinese Hostility Inventory-Short Form, Short version of the Chinese Happiness Inventory, Sense of Coherence Scale, and Social support scale.

Results

The repeated measure ANOVA showed significant interaction effects and indicated that there was a significant reduction of hostility scale score ($F = 4.26, p < .05$) and higher increase of happiness scale score ($F = 6.82, p < .05$) and common humanity subscale score ($F = 6.12, p < .05$) of Compassion for others scale in intervention group than those of controlled group.

Conclusions

After one year follow-up, the novo intervention program in elderly recycling station volunteers not only has an effect to reduce hostility levels, but also has an effect to increase happiness and common humanity levels, which may reduce the separation or isolation from others.

Comments

We also check to sense of coherence of our subjects, there are some improvement but not reach the significant level. This is

the first intervention program for understanding solutogenesis.
We hope that we can have the chance to share

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Volunteering Development and Activities in a Setting of Health Promotion Hospital of Southern Taiwan

TSENG Ho Hui, HSIAO Li Chen, LIN Mei Chen, YU Kwong Leung

Introduction

PingTung Christian Hospital (PTCH) is a faith-based organization and institute serving for the community in Southern Taiwan for 60 years. Her main theme of services is to advocate and implement holistic care management for the community with excellence. The volunteering development generates a good momentum in enhancing the community health promotion.

Purpose/Methods

A regional teaching hospital, PingTung Christian Hospital (PTCH) located in the Southern Taiwan has facilitated an outreach counseling program for the mountainous people after natural disaster. PTCH were allocating the trained counselors to base in the vulnerable community for long-term commitment and assistance. We used mental health parameters to perform the pre- and post-counseling assessment for the population. Activities were designed and done based on the cross-tribal culture diversity.

Results

Totally, 387 persons of two major aboriginal tribal groups were studied and followed up. After a series of counseling, we found improvement of mental health and response on positive thinking. Around 1.1%, 9.5%, and 79.8% were noted with severe, moderate and mild distress in pre-counseling assessment. Post-counseling assessment revealed only 5.4% and 33.8% in moderate and mild distress. No severe distress case was found. The rest was within the normal range of mental health.

Conclusions

The incidence of natural disaster was increasing gradually and influencing globally. The impact on mental health of post-traumatic vulnerable would be assessed. With proper mental support and counseling, the vulnerable were able to be revitalized and back to his/her normal life. The cultural concerns for aboriginal persons should be considered and internalized during the assessment and counseling in order to provide an achievable goal for quality of life.

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Session P3.3: Improving health communication & community safety

Older and happier: Positive demographic predictors of satisfaction with an innovative health fair at St. Vincent's University Hospital

CONLON Greg, CLARKE Anna, DALY Leslie, DOHERTY Kirsten, FITZPATRICK Patricia, WHITESIDE Brenda, KELLEHER Cecily, GILROY Irene

Introduction

The concept of a health promotion fair aims to raise awareness of health services and empower people to take control of their health. Two fairs have taken place thus far. Thirteen national organisations invited to the fair participated, in addition to 25 hospital departments. An open area in the Outpatients Department was used. Extensive advertising took place. Stands were manned by health professionals who engaged with attendees. A variety of leaflets, posters and demonstrations were available.

Purpose/Methods

A short survey focused on attitudes towards the fair and regression analysis was used to determine influences on how attendees rated the fair. Data obtained in two consecutive years were very similar and therefore combined. Between the two years, an estimated 2012 people attended the fairs, based on a head count that took place every half hour over a four-hour period. Overall 483 attendees (77% women, 82% staff) completed evaluations (24% response rate).

Results

Respondents rated the event stands, leaflets, layout and overall fair as excellent (70%) and good (30%). Compared to those aged <30, older people were more likely to rate the fairs as excellent for those aged 46–60 (OR 1.8 [CI 1.1–3.1] and for those >60 (OR 6.3 [CI 2.1–18.2]). Staff rated the health fairs very favourably compared to visitors/ patients (OR 1.6 [CI 1.0–2.8]); women were also more likely to do so (OR 1.4 [CI 0.9–2.4]).

Conclusions

We conclude this was an innovative health promotion initiative with high satisfaction rates. Future health fairs will be targeted to the wider community particularly towards older people.

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Qualitative research on the needs of health education of elder citizens in rural area of southern Taiwan

LIAO Hui Yen, LU Hung Yi, LIN Ming Nan

Introduction

Understanding the health education needs is important for improving the health literacy of elder citizens, especially in rural area where most of the elders are illiterate. In-depth interview of various health education needs with them is the first step for the understanding and communication.

Purpose/Methods

We conducted an in-depth interview with 10 elder citizens (age 59 to 80 years old) to understand their health education needs. Four main aspects of health education needs were assessed. 1. What is the usual way of getting information about health? 2. Will different informations through different channels simultaneously and why? 3. What kind of health information is important for you? 4. Which way of getting information is better for you?

Results

Face to face interaction to get health information is favored by elder citizens in rural area. Health education information about preventing chronic diseases, using medications, diet, and accessing medical services are their main concerns. They also preferred simple and explicit information which they can use without difficulty.

Conclusions

In order to have the best effect of health education program, needs assessment of target population should be explored first. For elder illiterate citizens in rural area, health educator should know what they concern and also know how to convey the health information to them

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The Good life- a way of communicating health, coping and empowerment to a general population

BENGTTSSON Karin, ÅKESSON Eva

Introduction

The Good life started as a project 2002 and was permanent three years later. One of the purposes with the project was to find new ways to communicate health issues to a general population. After an initial period of defining the assignment the work was concentrated to issues of psychic health, coping,

wellbeing and empowerment. The aim was to "normalise" ups and downs in life and give tools and inspiration to start changes to improve health and wellbeing.

Purpose/Methods

A website, a magazine and several small publications were produced. "How to handle life" "Sleep well", "Time for a change?", "Did you know that..." (children), "Small and big steps together" (parents), "Five ways to the good life" (postcards). Parallel there has been public lectures. The tools introduced were chosen from solution focused and cognitive therapy, mindfulness and ACT. The language was consciously chosen to be friendly and allowing without pointers. Suggestions were used more than advices.

Results

It is difficult to measure the direct effect of the Good life work. The material is widely spread and used in health care units for example the primary care and psychiatry. There is a request for the material and the lectures and they "sell" themselves. The magazine was from the beginning a magazine meant for waiting rooms. Soon it became integrated with the public information from the county council/health care and sent to all households three times a year.

Conclusions

Empowerment and coping are important in creating psychological health and a healthy lifestyle. The Good life concept is a way to communicate these issues. The direct effects are difficult to measure but there is an on-going interest for the material and the lectures. The national www.1177 and other county councils have shown interest and used some of our material. There has also been an impact on other health information material in the way of using an "allowing" language without pointers.

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Holding Health Promotion Activities Increase Impression of Health Promotion Hospital in the Community

TSAI Chang-Yao, CHEN Kuan-Hung, DUNG Shu-Ping, CHENG Yi-Jen, CHANG Yuchen

Introduction

In recent years, the medical industry had transferred into the new trend of "health management" and "preventive medicine". Based on help people, We hold the health promotion activities like DM,CKD' health education. We hope the patient could be take care of themselves that the process of healthcare. We provide the services and health education to the people to understand that the sense of identity.

Purpose/Methods

Purpose: To understand the public that the self-identity of the hospital to provide the healthcare and activities. **Methods:** To analyze the satisfaction of patients that the hospital provide healthcare by using questionnaire to collect data. **Collection time:** the patient of making an appointment from February 29, 2012 to January 31, 2012, we were recovery questionnaire-a total of 60, effectively taken into account in 60 questionnaires to 100%.

Results

The significance of disagreeable cases about the questionnaire 『If anyone needed, I'd choose this hospital to be priority』 crossed marriage had 100% married, crossed age had 57.1% from 31 to 50 years old. 『I'll take the initiative to recommend others about advantages of this hospital』 crossed residence had 45.5% lived other villages. 『The sense of this hospital is completely match my expectations』 crossed residence had 60 % lived other villages.

Conclusions

We found that if the cases were married or middle aged, they'd have priority to recommend the hospital for others needed. Resided other villages' cases wouldn't take the initiative to recommend others about advantages of this hospital. The sense of this hospital is not completely matched my expectations. Therefore, we must pay more attention to hold health care activities or health education at other villages' religious center. After all, taking care of people's health is our Christian Hospital's duty.

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Health Promoting Hospital in Action: Health-Caring Services for Tzu-Chi Community Recycling Volunteers

CHEN Cheng-Yu, WU Wendy Jie-Ying

Introduction

Amongst developed countries, Taiwan is also a rapidly growing aging society. In 2011, the elderly accounts for 10.89% of total population. Both our government and hospital advocate the concept of "healthy-aging". Tzu-Chi Foundation's Community Recycling Station is composed of a massive network of volunteers spread around Taiwan. Many of these volunteers are entering the elderly period of life and often neglect their own health status. Therefore, our hospital voluntarily cooperated with the foundation to provide health-caring services for these volunteers.

Purpose/Methods

Between February to November 2012, we held eight sessions of health-caring services for community recycling volunteers in the

Northern Taiwan district. Hospital staff actively participated in the free services, including health-screening: measurement of body-mass index, blood pressure, one-touch blood sugar, bone mineral density, dental and ophthalmic exam, cancer screening and mental health status evaluation using the 5-item brief symptom rating scale(BSRS-5), and health-promoting: individualized health consultation and empowerment by the family physicians.

Results

A total number of 595 hospital staff participated and provided service to 1784 volunteers. 793 volunteers were elders(age≥65) and mostly females. Among elders, 24% were obese, 61% had hypertension, 5% had diabetes mellitus, 22% had osteoporosis. Common dental problems were dental calculus, dental caries and periodontitis. Cataract was the most common aging eye disorder found. 3% of elders had moderate to severe psychological impairment. Follow-up and referrals were arranged for the volunteers with abnormal results.

Conclusions

The mission of a health promoting hospital is not only to care for the sick, but also to safeguard the health of community residents, especially the elders, and assist them in healthy aging. Through an active approach of health-caring service for the community recycling station volunteers, we vigorously encouraged health promoting concepts to both hospital staff and community volunteers with great results and positive feedbacks. More importantly, health empowerment is delivered to decrease illnesses and handicaps and create comprehensive care.

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Cycling is better when safer: helmets for young cyclists

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Introduction

In 2012 the number of the cycled km in Brescia increased by 30% and children were strongly involved. On this basis LIONS Club, University, Hospital, School and Metropolitan Police of Brescia promote a safe practice cycling campaign named "Helmet for young cyclist". The goal is to disseminate, in 8-12 age range, information about the relationship between physical activity and health and the importance of helmet as a tool to prevent head trauma.



Purpose/Methods

Working groups were organised to identify the topics to be discussed and represented in a video and brochure that will be distributed during meetings with the students. In each page of the brochure a specific topic is dealt with drawings and messages in order to outline the good practice related with a safe use of the bicycle in town and its surroundings as well as the importance of the helmet to prevent head injury related to investment / fall.

Results

The Service "Helmet for young cyclist" will work as follow. The video and the brochure will be presented and discussed during meetings with students involving a team of experts in sports medicine, youth psychology, pedagogy and road safety education. The discussion will be aimed to make children aware of the good practice of cycling and the proper use of approved helmet. At the end of the meeting a helmet and the brochure will be given each child.

Conclusions

The working group activities allowed to make a video and a brochure, using language and graphics suited to children in primary school. Now they are used to rise the children awareness of physical activity and cycling having attention to prevent the injuries from falls. Next step will be a questionnaire to investigate if the message "Sport is nice but it is much better if done safely!" will be grasped by children after the meetings.

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The effectiveness of domestic violence prevention advocacy activities, the Purple Ribbon Campaign from the hospital in Taiwan

LIN San-I, HSIEH Yu-Chan, YANG Tsung-Hsien, LAI Pei-Yi, CHAN Wen-Ching

Introduction

The Purple Ribbon Campaign is an international anti-violence campaign. It had begun from the United States since 1994, and the long-term goal was to eliminate all interpersonal violence. The law of Domestic Violence Prevention Act in Taiwan was passed on June 24, 1998. Besides, the government set June 24 as Domestic Violence Prevention Day. To commemorate the day, we conducted the one-week advocacy activities to respond to the Purple Ribbon Campaign in 2012.

Purpose/Methods

The purpose was to promote domestic violence prevention concepts by means of the film festivals, poster exhibitions, advocating programs and wearing the purple ribbons. The

activities were held in the coastal areas in Taiwan's Changhua County during June in 2012. We used descriptive statistics for the amount of the requested purple ribbons. We analyzed the domestic violence cognitive questionnaires and the satisfaction survey to understand the awareness level of the community residents and the effectiveness of the activities.

Results

There were 16,305 community residents participating the advocacy activities. The requested amount of the purple ribbons was up to 3,100. On the other hand, 383 questionnaires were provided and 347 (90.6%) were returned and valid. The total correct answers rate for the domestic violence cognitive questionnaires among community residents was 94.5% and the activities satisfaction was as high as 99.7%.

Conclusions

Although wearing ribbons implicated special situation in Taiwan, such as wearing the willow in funeral,, many coastal community residents supported to wear the purple ribbons. We successfully let domestic violence prevention concepts through the lively methods deep into the lives among the community residents, and effectively enhanced the awareness of the Domestic Violence Prevention. We suggest that the activities could be copy in other hospital to achieve the goal of domestic violence prevention.

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A change: Resilient Experiences of Battered Women in Taiwan

HSIEH Hsiu-Fen, HSU Min-Tao, SHEN Shu-Hua, SU En-Ping

Introduction

The purpose of this study was to gain an empathic understanding of female victims with experiences of domestic violence in Taiwan. The understanding of their resilient experience is an important step, that may help battered women learned how to recover from abusive relationships effectively and to reconstruct their lives.

Purpose/Methods

BY using qualitative phenomenology approach, perspectives on these experiences were collected from the personal descriptions and viewpoints of the battered women. A total of three abused women participated in this study and all of them had in-depth interviews on this issue by the researcher. The courses of each interview were tape-recorded, verbatim manuscript transcriptions were then transcribed and reviewed for accuracy by the researcher. Finally, major themes from extracted data were summarized.

Results

The following five themes were emerged: a. "breaking my heart", b. "persisting in being with my husband", c. "struggling to keep my life or not", d. "Keep my fingers crossed", e. "putting my foot down and leaving chaos".

Conclusions

Battered women have resilient potentials and they can realize their goals under our professional supports. These results may help health professionals to understand more about the assault experiences and the nature of domestic violence from victims' viewpoints.

Comments

This results may also help health professionals to obtain a comprehensive understanding and to develop appropriate interventions for these abused women.

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Session P3.4: Developing healthcare systems to meet the needs of community populations

Assistive Devices in Health Promotion for the Disabled

LEE Wai Keung

Introduction

Assistive devices to those disabled are helpful in various ways for promoting health such as prevention of complications, enhancement of physical activities and working abilities, as well as the improvement of psychosocial relationships.

Purpose/Methods

To record and analyze the services of assistive devices which were provided by the Assistive Technology Resources Center of Tao Yuan General Hospital from 2009 to 2012. There were few thousand services per person each year. It was classified in direct health promotion such as prevention of complication and physical activities, and the indirect effect such as improvement of the leisure aspects.

Results

The team services of assistive devices provided the disabled to promote health directly and indirectly in hospitals, home and working places. The disabled could participate in different environments in order to improve their physical and mental health.

Conclusions

The assistive devices can help to promote health for the disabled in their activities of daily living.

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Provide the medical service in the remote area to promote the convince of going to hospital.

CHEN Kuan-Yueh, CHIU Yu-Chen, HUANG Ying-Chi, YANG Ming-Chih

Introduction

The district of the plan is a typical fish village, most people are engaged in fishery, and the ratio of the old peaks at 10.38%. Because of facing the shortage of medical resources and the disadvantage of public transport we hope to combine the community resources to provide people the medical service in the remote area.

Purpose/Methods

Set up the medical touring point and service directly twice a month by professional medical groups to fish village. If the patient needs further examination, we can arrange the patient to come back our hospital by transfer and shuttle cars.

Results

According to the service times and the patients a month in 2012, we serviced 37 diagnoses for 169 patients. Most of the sick people were 71-80 years old, and the ratio was 31.40%. We found that most of the old couldn't use the medicine well to control disease because of the disadvantage of traffic or no family could be with them.

Conclusions

The medical touring point and service not only controls the each chronic disease but also needs the people to cultivate good health habits. Ex: Health diet, exercise, no smoking, betel nuts and reaching the goal of health.

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Building Beattie Theory-based Case Management - Heping Branch, Branch for Women and Children of Taipei City Hospital



CHEN Mei-Ju, HUANG Yi-Ning, YU Ju-Meei, LU Fang-Chiu, CHEN Ran-Chou

Introduction

The research aims to develop a community-centered and hospital-based case management model by understanding how case management, health promotion and other factors affect patient loyalty to hospital.

Purpose/Methods

Strategies and methods of this study were based on the health promotion model of British public health sociologist Beattie (1991). We approached Li-zhang, elected head of the neighborhood, who agreed to extend cooperation. 576 people were collected from this neighborhood. We designated community health counselors on the hospital end and Li-zhang as local liaison on the neighborhood end. The mechanism helped to obtain demographic profiles and analyze health problems in the community. We provided personalized health management and campaign activities.

Results

Among them 178 received adults health examination, 153 received health examination for senior citizens, and 245 received screening for oral cancer, breast cancer, cervical cancer and colorectal cancer. Two patients, after cancer screening, returned to hospital for endoscopy exam and were diagnosed with colorectal cancer. 206 persons attended health promotion program; 56 persons signed in the weight control class and totally reduced 15.5 kilograms. For those with metabolic syndromes, in addition to providing health education, telephone follow-ups were made on the first and third month.

Conclusions

We develop a theory-based case management model which is a good model for other hospital-based services in Taiwan.

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Community-based Health Integrated Care – A model developed in a region of Southern Taiwan

KAO Cheng Chih, NEOH Choo Aun, YU Kwong Leung

Introduction

PingTung Province is located in the Southern Taiwan, where one of the highest elder population (12.78%) and second lowest birth rate (6.3%) in the country were noted. Less alert of health concern from the community was common phenomenon. A regional teaching (secondary) hospital, PingTung Christian Hospital (PTCH) located in the area has been serving the com-

munity close to sixth decades. PTCH focused to facilitate the platform development for health integration in the community.

Purpose/Methods

PTCH has been developing the primary health care delivery network within the community of population around 400,000 in the provincial city. Totally, 9 groups of primary health care settings with 65 primary clinics were participating in the program. PTCH developed a PACS (Picture Archiving and Communication System) and laboratory reporting system (LRS) for all the participated clinic to be on-line with the hospital Laboratory Information System (LIS) which provided a remote health care delivery network for the community population.

Results

Through the actively interactive PACS and LRS, primary-based and hospital-based health services were communicated and traced. Community population was feasible to be case tracking and followed up. As a consequence, a data repository system was developed for case management. Furthermore, a quality assurance for care delivery, case transfer management, and community satisfaction assessment to the health integrated care system was regularly done and analyzed.

Conclusions

Health Integrated Care is an excellent and appropriate health care delivery network for an elderly populated area. The best use of Information technology may facilitate a good remote health service for the primary health caregivers in the health management in the community.

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The Influence of Hospice Shared Care for Family Caregiver Overload in Terminal Cancer

LIU Mei-Ying, WAN Hung-Ming, CHANG Wen-Cheng, CHANG Shan-Yu

Introduction

The care system is usually including family caregivers, especially in the terminal stage of illness in Taiwan. Cancer hospice-shared care system believes the family primary caregivers always are contributors and also being cared.

Purpose/Methods

This study is to understand that main family caregiver load events. And comparisons of the severity difference of family caregivers overload before and after hospice shared care (H.S.C.) involved. This A quasi-experimental study was conducted at medical center in northern Taiwan, 52 family caregivers participated.

Results

Results from this study indicated that: a). Load of family caregivers with four characteristics that including psychological, physical, economic and family members support. The top five of family caregivers overload were worry disease, grieving and loss, exhaust, anxiety, family work assignment in 27 items. b). According to the H.S.C. to the terminal cancer patient care. Severity of family caregivers of loads with a significant improvement ($p < .05$) during one week.

Conclusions

The conclusion is that family caregivers to face of a loved one dying and the processing personal overload problems. And confirmed hospice shared care to provide interventions with significantly reduce the effectiveness of load.

Comments

Hospice care model to join the practice of hospice care in Taiwan. Extended to non-cancer patient care from a terminal cancer patient.

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Västerbotten the Healthiest County 2020

SJÖQUIST ANDERSSON Lena, TJÄRNSTRÖM Lina

Introduction

The vision for Västerbotten County Council is to have "The world's highest quality of health and healthiest population by 2020". The county council has since the 1980:s worked close together with the local communities in Västerbotten to achieve a healthier population and has also a variety of activities related to health promotion in health care. Metrics for the vision has been developed and are used to follow up the efforts that are made.

Purpose/Methods

Västerbotten Intervention Program (VIP) invites all people 40, 50 and 60 years old. Factors related to cardiovascular diseases are focused and healthdialog about lifestyle. The Salute-program supports parents and children to a healthy lifestyle. It includes maternity-, child- and public dental care, school and social services. Tobacco Free Duo reaches young people and prevents tobacco use. The employees of the County Council are reached through the initiative "Healthy Workplace". Actions to support and create a healthy climate have been developed.

Results

Research shows that VIP can contribute to reduce differences in health related to socioeconomic factors. Studies shows that the Salute-program can increase collaboration to support healthier

children. All communities in Västerbotten are engaged in Tobacco Free Duo and a reducing use of tobacco is seen. To reach the population a website, halsa2020.se, has been created. The website offers a blog, chat, pedometer registration and a platform for experience exchange. During 2012 nearly 35 000 people have visited the website.

Conclusions

The County Council of Västerbotten has a long tradition of public health work and health orientation of the health care system. The vision of being the healthiest county is an initiative that comes from brave politicians. Increasing efforts has been done during the last five years to reach the vision. The health development is constantly being monitored with research and it indicates that the health development is turning in the right direction.

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The Community's Health Gatekeeper

HUNG Ta-Chuan, WEI Ching-Yao

Introduction

By implementing the concept of "locals-serving-locals" we utilize community health stations to promote health self-management. We lead community members to participate in examining the health needs within the neighborhood and create a health-supportive environment.

Purpose/Methods

We keep track and evaluate the community's health by establishing 50 health stations within community offices, churches and organizations. In order to empower the health self-management aptitude among community members, we provide volunteer training at health stations measuring BMI, blood pressure, waist circumference, knowledge in preventive health promotion and medical service referrals. Health promotion activities are tailored according to the community's requirements.

Results

According to 2012's service record, there were 6,485 visits (3,972 people) between January and October; 19% of the visitors participated in monthly measurements and 31 received medical referrals. There were 3,351 visits among 63 events (categorized into seven health promotion topics) and 388 participants within the weight loss treatment lost a total of 411kg.

Conclusions

In order to implement health self-management habits among community members, we have become the community's health gatekeeper by creating a health supportive neighborhood. We have integrated the community's resource and empowered volunteers in providing continuous and accessible healthcare



services. In the future, we hope to promote such health service model among other communities.

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Measuring for reducing inequalities: an evaluation system for correctional healthcare

CAPITANI Giulia, NUTI Sabina

Introduction

The Tuscany Region entrusted the Scuola Superiore S. Anna with the task to design a health performance evaluation system in prison, to assess the ability of Local Health Authorities (LHAs) to meet prisoner needs in terms of equity, appropriateness and effectiveness. In particular, the system will identify possible inequalities that prisoners can experience in the access to health services compared to free citizens. This will allow the regional health system to develop new strategies in terms of governance and organization.

Purpose/Methods

To set indicators, the following activities were carried out: - Analyzing existing literature - Mapping health performance delivered in Tuscan prisons in 2011. Questionnaires were administered to managers of prison health care of Tuscan LHAs to collect information on the following: General Practice, Specialties, Pharmaceuticals, Emergency Services, Admissions, Prevention, Mental Health, Addiction, Maternal and Child Care, Clinical Risk - Leading a working group for setting indicators, in collaboration with managers of prison health care of Tuscan LHAs.

Results

A set of around 100 indicators was developed. Indicators selected related to the following: Waiting times; Cancer screenings; Childhood immunization; Ability to manage demand; Diagnostic appropriateness; Effectiveness of prison health care; Management of emergencies; Appropriateness of drug prescription; Immunization coverage and infectious screenings; Addiction; Mental health; Maternal and child care; Clinical risk; Operating efficiency To compare prisoners health conditions to free citizens, most of the indicators are developed on the basis of Performance Evaluation System of the LHAs in Tuscany; special issues very related to imprisonment are also considered with specific indicators.

Conclusions

Indicators will be included in the current health performance evaluation system of Tuscan LHAs. Regarding to year 2012, data collection will be the most critical task: information on prisoners is currently available only for three computerized information flows (Pharmaceuticals, Mental Health and Addic-

tion). The final aim is that the Tuscany Region, using the set of indicators selected as a reference framework, improves the data management system through the use of computerized clinical records and the enhancement of LHAs' flows.

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Microaree: health and community development. Experiences of socio-health integration.

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Introduction

The project Microaree aims to reduce the dissociation between international declarations and local practices, optimize efforts for maintaining people at home; raise the appropriateness in the use of drugs and diagnostic, therapeutic and rehabilitative services; develop solidarity mechanisms and strengthen relations between people; promote and spread good practices. It develops in urban areas with higher socio-economic and health problems: older people, many monocomponent families, low income, a greater number of persons with disabilities or followed for mental disorder or addictions.

Purpose/Methods

This project was developed through several stages: data collection of services provided to citizens in the most fragile and problematic areas of Trieste, then defined Microaree definition of objectives and actions to be taken preparation of maps of resources and maps of main problems appointment of a representative for each Microarea, which becomes the liaison with District and other services and agencies operating in the area in the field of health enhancement potential resources such as family, neighborhood and community

Results

Progressive and continue reduction of hospitalization of residents in Microarea lower increase of secondary care expenditure greater reduction in pharmaceutical spending 25,000 services/year for 2000 users. Of these: 80% at home, 40% performances strictly sanitary and 60% interventions to support the person project Making Health: publication of 11 volumes of

stories and tales of diseases in the field of community medicine that highlight health and social good practices

Conclusions

There's growing evidence that non-medical determinants of health affect the possibility of prevention, treatment and rehabilitation and accessibility to services. This project enhances strategies for health promotion, making people more able to control and improve their health, thus acting individual and community empowerment. The project aims to meet standard 1 and 5. It involves about 20000 inhabitants and several institutions, such as Municipality of Trieste and Territorial Agency for Residential Building and many third sector organization, working in network.

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Session P4.1: Improving the quality of clinical health promotion, clinical practice and patient safety

Standards for health promotion in specialist medical care

AHONEN Pia, IMMONEN-RÄIHÄ Pirjo, LAINE Heidi, KOSKLIN Ritva, NYGREN Päivi, POHJOLA Minna, SALANTERÄ Sanna

Introduction

Quality management has become more and more widespread in health care. Quality systems have been developed and implemented. Clinical quality is a complex concept to understand as it can refer to diverse issues. WHO has published standards for health promoting hospitals together with a self-assessment tool intended to help managers and health professionals in assessing health promotion action in hospitals and in improving the ability of health care organisations to develop health promotion services. The Hospital District of Southwest Finland is a member in the Association of Health Promoting Hospitals in Finland and health promotion is an essential part in its strategy. The Health Promotion Plan of the Hospital District contains the quality standards and a self-assessment tool adopted from the Health Promotion in Hospitals. Our poster demonstrates those quality standards of health promotion that have an impact on service quality in specialist medical care.

Purpose/Methods

Health promotion quality standards describe the central issues if an organisation wants to work in a health promoting way.

They represent practical guidelines for quality improvement in specialist medical care. The focus is on patients. Quality standards direct specialist medical services to enable patients to act, make choices and decisions that improve their health and social coping. Five steps of the Health Promotion in Hospitals concretize how quality of health promotion is ensured in the Hospital District of Southwest Finland: health promotion management policy, patient assessment, patient information and intervention, promoting a healthy workplace, continuity and cooperation. Quality standards indicate ways of thinking, working and acting and of incorporating systemic planning, implementation and evaluation.

Results

It is essential that the patients, professionals and service providers find a shared understanding of desired effects and the ways in which to achieve best possible results. In the end all levels of the organization are responsible of quality management and they all participate in it. Quality standards and regional information on the population health and wellbeing guide health care decision-makers and actors in targeting the appropriate groups cost-effectively.

Conclusions

The objective of explicit quality standards is to guarantee high-quality and safe care for the patients and a good work environment for the staff. Quality standards are valuable in engaging management and staff in continued quality management and work development. Quality assessment is also an important learning method within the organization.

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Health Promotion in the "Io e l'Asma" model through the Expanded Chronic Care Model (ECCM)

ARIETTI Virginia, HOLLIDAY Charvonne, PLUDA Ada, BRIONI Alessandro, COLOMBO Denise, D'AGATA Emanuele, FACCHETTI Susanna, GRETTTER Valeria, DE LEONARDIS Maria Cristina, ZANARDINI Anna, GENNARI Annalisa, BRIVIO Andrea, MASIELLO Matt, GUARNACCIA Sebastiano

Introduction

Despite the development of effective asthma treatments, the control of asthma symptoms among children and adolescents remains inadequate. The literature supports that anxiety and depression occur more frequently among asthmatics. However, there is uncertainty in the literature regarding the detection and treatment of psychological disorders and the benefit of



patient-centered treatment on the outcomes of asthma patients. Thus, "Io e l'Asma", a clinical health promotion intervention, was implemented in a hospital in Italy.

Purpose/Methods

To explore the correlation between poor psychosocial health outcomes and asthma control, a questionnaire was administered to 148 consenting and eligible pediatric asthma patients. Based on the results of the survey, 48 patients were determined to have a psychosocial condition and were consulted by the clinic's pulmonologist. 28 patients consented to receive short, psychotherapeutic interventions to address specific concerns such as bullying, depression, and anxiety. The patients were further evaluated with evidence-based, clinical tools and electronic medical history.

Results

Of the 28 cases, two are still being evaluated and two have dropped-out. All subjects were bullied at school in the past years. 23% of the participants were diagnosed with an internalizing disorder such as anxiety or depression; 7.7% exhibited a mixture between internalizing and externalizing behaviors, and one subject reported being diagnosed with ADHD. During the intervention, it was determined that many cases have an abnormal psychosocial well-being, according to the ICD 10.

Conclusions

Based on this pilot project and others conducted by this research team, we believe that there is evidence to support an integrated approach in the treatment of asthma in children. Our long term goal will be to see an improvement in the management of asthma by integrating clinical and pharmacological treatment with an educational intervention.

Comments

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Knowledge-based Healthcare Cloud (acronym: KHC) in assisting the modified model of Health Management organization(HMO) Taiwan

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Introduction

Medical field is a highly knowledge demanding professional. The explosive growth of Medical knowledge has increased the

resource gap dramatically between the medical provider of city and rural.

Purpose/Methods

In 2011, Taiwan NHI has implemented a modified model of HMO model in several rural area including SianSi(Thread West), a rural area in Changhua, Taiwan. Two medical Cloud,HIS and EMR provider, Shangri-la and Omni-health Information companies have developed a pilot knowledge based healthcare cloud together with the largest telecom provider, China telecom and one of the most excellent teaching hospital in Taiwan, Taichung VGH.

Results

The pilot project run for six months since May,2012 in seven clinics and a thousand-bed community hospital adjacent to the rural area Sian Si(Thread west).Ten million NTD invested with 45% subsidize from the economic ministry,Taiwan.1500 Questionnaires have been given to the local inhabitants and physicians.

Conclusions

Pre-test and post-test model have been analyzed in the relevant clinics and hospital.Health information exchange (HIE) and medical knowledge will be provided in the system. Medication alert, adverse interaction and side effect or relevant updated evidence-based information and the integrated patient summary will be shown to the physicians in the participants enrolled.

Comments

The results are satisfied in all aspects and a larger trial will be implemented.

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A Case Study on the Importance of Nursing Quality For Clinical Patients via the Fuzzy AHP Method

HUANG Chin-Hui, CHANG Chih-Ming, LO Chen-Yu

Introduction

After the implementation of National Health Insurance, patients acquired more choices when seeing a doctor, and emphasize the service quality of the medical service. Surveys on medical service quality are often represented in a quantitative value; however, since thoughts and ideas are changeable and indistinct, this research employs the Fuzzy Analytic Hierarchy Process, FAHP, to analyze the importance of nursing quality for clinical patients.

Purpose/Methods

Mainly based on 8 elements of nursing quality from clinical patients of the sampled hospital, and 29 expert questionnaires dated from January to June, 2012, this research uses 5 linguistic variables to create a triangular fuzzy value and fuzzy positive reciprocal matrix and calculate the eigen vector. It also employs center of Gravity Method to perform defuzzification.

Results

1. Experts: C.I. & C.R. ≤ 0.1	2. Defuzzy	factor1	factor2
factor3	factor4	factor5	factor6
factor8	total Weight	5.1%	25.7%
10.1%	24.7%	5.6%	5.5%
11.6%	99.4%	Adj Weight	5.1%
10.2%	24.9%	5.6%	5.5%
11.7%	100.0%	Ranking	8
5	2	7	6
3			4

Conclusions

Top 3 important elements of nursing quality for clinical patients are: 1. Friendly attitude, soft tone, and smiles; 2. Listening to the questions raised by patients with patience and offering assistance; 3. Assuring personal privacy and feelings when patients are taking checkups.

Comments

Only when understanding what patients need and satisfying them with appropriate service, a patient-centered service quality can be truly realized.

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Integration of prehospital emergency teams in the emergency department: a win-win solution

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Introduction

In many countries the emergency department personnel and the prehospital emergency personnel have related education but work in separate organizations. In the actual context of health care sustainability, the integration of this high differentiate personnel in a continuum of care system might be an opportunity to improve accessibility, efficiency and quality.

Purpose/Methods

To evaluate how the integration of prehospital emergency personnel in the national emergency department's network, would improve accessibility, reduces costs and improve efficiency in a Health Care System. We prospectively analyzed the impact of the integration of Advanced Support Units in the

National Emergency Department's network, by comparing the availability to prehospital calls, the availability to new missions (interhospital transport of emergent critical patient), the number of professionals trained and human resource's net cost, before and after the integration process.

Results

We improve population access to advanced life support units, diminished the inoperability rate in 34% and also improved the participation of qualified teams in the transport of critically ill patients in over 195%. More than 700 emergency department's professionals were trained in advanced life support and in intensive care medicine, in order to participate in this process, improving their competencies and knowledge. The reduction of costs was over 50% in human resources and 25% with logistic and inappropriate patient transportation.

Conclusions

Integration of prehospital professionals in the emergency department teams seems feasible and reduces total human resource's costs. This is an opportunity to improve the number of prehospital advanced life support units without increasing direct costs and reducing indirect costs, related to better utilization of emergency pathways for stroke, coronary disease, sepsis and trauma. Besides that, this improved the availability of highly qualified professionals to both systems (prehospital and emergency departments) and, consequently, improved efficacy of both systems.

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Increasing the Quality of Cancer Pain Nursing Care by Nurses in the Ward

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Introduction

Many cancer patients are helpless against pain caused by cancer. The time spend between a primary care nurse and the cancer patient is the longest as compared to other members of the medical team. Therefore, the patient's condition is best understood by the primary nurse. If the nursing care quality can be elevated, this can help in alleviating the pain experienced by the patient, even unto living a painless life.

Purpose/Methods

We conducted a Clinical Case Conference where nursing plan of pain, execution of the plan and sharing of experiences were discussed. We added the following to increase the awareness of pain treatment: 1. Reminders regarding the use of pain control medications; and 2. Diagrams and charts. We revised the flow chart in pain management and provided the correct nursing guidelines. We played video programs that are spiritual in nature, thus diverting the attention of patients and/or the family from the sickness of the patients. We utilized the theme



presented to establish an effective interaction, therefore achieving a nursing care that is more spiritual in nature.

Results

After executing these steps, the correctness of pain care rose to 87%. The patient's satisfaction level also rose to 82%. We changed the flow charts and educational tools found within our unit. We added more clinical case conferences. More literature and video presentations were procured to add to the spiritual training. These brought forth more satisfaction in the psycho-spiritual levels of the patient, the family and the nursing staff.

Conclusions

Through elevating the nursing care quality, this can actually help in alleviating the pain experienced by the cancer patients, even unto living a painless life.

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On-site Tzu Chi volunteers promote health of cancer patients who receiving radiotherapy and their families

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Introduction

On-site Tzu Chi volunteers have served cancer patients who receiving radiotherapy and their families in the Department of Radiation Oncology, Buddhist Tzu Chi General Hospital, Taipei Branch since March, 2008. In the beginning, more than 70% of volunteers were cancer survivors themselves or families of cancer patients.

Purpose/Methods

The holistic care which provided by on-site Tzu Chi volunteers in the Department of Radiation Oncology was reported. Each volunteer serves one day a week at least, so they may contact the patients during their radiotherapy courses which range from several weeks to 2 months.

Results

On-site Tzu Chi volunteers provided useful information and promoted health behaviors to the cancer patients and their families. The feeling of isolation was decreased and some volunteers became role model of cancer patients. Volunteers helped cancer patients to decrease emotional stress, improve coping responses and behaviors, and promote positive psychological states. Spiritual care was provided smoothly even though some of the patients were not Buddhist. Volunteers also visited patients when they were admitted for various therapy and hospice care.

Conclusions

On-site Tzu Chi volunteers promote holistic health of cancer patients who receiving radiotherapy and their families. As a result, on-site volunteer is an essential member of our radiotherapy team. Based on our experience, we encourage radiation oncologists to recruit on-site volunteers in their departments.

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Preliminary Reports and Evaluation of Balanced Scorecard in Organ Transplant Team

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Introduction

Due to cultural values, proportion of organ donation in Asia is relatively low. In 2011, there were only 9.8 people per million people donated in Taiwan. To encourage donation, by enhancing the relative skills of surgeon team to ensure safety quality and smooth process of organ transplantation, thereby establish people's correct cognition towards organ donation and its health value created through organ transplantation for patients. This study is operated with logic and tactic of balanced scorecard.

Purpose/Methods

Use strategy analysis tools and outline visions and milestones to attain strategic topic and key indicators. Through the implementation of the plan, growth of surgeon team members, surgery process improvement and creation of friendly donation environment are key factors improved to have people identify with organ donations and therefore increase the donation numbers.

Results

The number of successful organ procurement was 5 people in 2012, a growth of 66% than the last year (3 people in 2011). Among the organs donated, including four livers, nine kidneys and three hearts, four liver transplantations and eight kidney transplantations of 100% survival were performed in our hospital.

Conclusions

Implementation of policy management helps deepen the consensus of the team. The linkage, communication and collaboration among medical units, coupled with regular strategic and operational review meetings are the key factors that enhance the success rate of organ donation, as well as create the health value and synergy of organ transplantation.

Comments

Our hospital is a regional hospital with 700 beds. By implementing and promoting balanced scorecard and with its scientific and logical structure, the balance of leading and lagging indicator is stressed. In order to achieve the goal, it is through tracking management that activates the team to implement action plans. Fulfillment of vision is expected soon.

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Improvement on Reducing Outpatients' Waiting Time for Electrocardiogram

CHANG Hui Ju, CHANG Zhao Zhen, WANG Lee Ling, YANG Yu Ying

Introduction

"Waiting" has been a long process for patients. The average waiting time for electrocardiogram (EKG) examination in the lab was 13 minutes. We tried to find the fundamental reasons which caused long-waiting time. At the same time, we proposed solutions to upgrade our service. After introducing new strategy for two months, time for outpatients waiting for EKG examination has been reduced to 8 minutes from 13 minutes during rush hour, elevating 38 percent.

Purpose/Methods

Improving waiting time by PDCA 1.Establishing supporting system 2.Modifying the process of executing EKG examination 3.Playing short films of health education in patients waiting-zone 4.Posting illustration posts in the EKG room 5.Strengthening staff ability and shorting executing process 6.Saving medical images and sending EKG reports by communication system

Results

After introducing new strategy for two months, time for outpatients waiting for EKG examination has been reduced to 8 minutes from 13 minutes during rush hour, elevating 38 percent.

Conclusions

Painfulness has been a main reason for patients coming to hospital, and "waiting" has always been a long process for them. If the waiting time could be reduced, uncomfortableness and impatience of patients could be eliminated.

Comments

Continuously modifying process by PDCA, our service will be upgraded.

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A pre-post evaluation of an ambulatory nutrition support service for malnourished patients post hospital discharge: a pilot study

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Introduction

Malnutrition is common among hospitalised patients, with poor follow-up of nutrition support post-discharge. Published studies on the efficacy of ambulatory nutrition support (ANS) for malnourished patients post-discharge are scarce.

Purpose/Methods

The aims of this study were to evaluate the rate of dietetics follow-up of malnourished patients post-discharge, before (2008) and after (2010) implementation of a new ANS service, and to evaluate nutritional outcomes post-implementation. Consecutive samples of 261 (2008) and 163 (2010) adult inpatients referred to dietetics and assessed as malnourished using Subjective Global Assessment (SGA) were enrolled. All subjects received inpatient nutrition intervention and dietetic outpatient clinic follow-up appointments. For the 2010 cohort, ANS was initiated to provide telephone follow-up and home visits for patients who failed to attend the outpatient clinic. Subjective Global Assessment, body weight, quality of life (EQ-5D VAS) and handgrip strength were measured at baseline and five months post-discharge. Paired t-test was used to compare pre- and post-intervention results.

Results

In 2008, only 15% of patients returned for follow-up with a dietitian within four months post-discharge. After implementation of ANS in 2010, the follow-up rate was 100%. Mean weight improved from $44.0 \pm 8.5\text{kg}$ to $46.3 \pm 9.6\text{kg}$, EQ-5D VAS from 61.2 ± 19.8 to 71.6 ± 17.4 and handgrip strength from $15.1 \pm 7.1\text{ kg force}$ to $17.5 \pm 8.5\text{ kg force}$; $p < 0.001$ for all. Seventy-four percent of patients improved in SGA score.

Conclusions

Ambulatory nutrition support resulted in significant improvements in follow-up rate, nutritional status and quality of life of malnourished patients post-discharge. Incorporating this service into routine care for malnourished patients post-discharge should be considered.

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Empowerment of professionals in organizational network, in order to promote healthcare safety in the Teaching-Hospital of Parma

CAMPANIELLO Giovanna, MONTALI Francesca, DOVANI Antonella, FONTECHAIRI Simona, FERRARI Mariangela, VITALI Pietro, SIRCANA Luca

Introduction

Epidemiological studies indicate that incidence of adverse events/"near misses" for hospitalized patients is approximately 10%(1).Developing reporting systems like a "basis for learning" is a priority intervention area (WHO program,2006-2007). International Literature points out that professionals attitudes and empowerment, play a key role in the effectiveness of risk management in order to improve safety; in particular, just the professionals empowerment and the use of instruments of risk management, seems to be able to impact on the clinical outcomes of patients(2,3,4).

Purpose/Methods

Objectives: a) supporting professionals at the time of reporting by developing narrative processes related to events/near misses, never reported previously, in order to collect the experiences and feelings related to issues of error and damage, on the part of professionals; b) identifying/describing most useful actions of improvement also already acted by professionals. Methodology: A research/intervention promoted with four interactive training courses based on working in small groups led by experts with qualitative/quantitative research based on the use of questionnaires.

Results

The research/intervention has involved 367 professionals (47% nurses, 19% technicians, 16% clinicians, 14% obstetricians; 2% other professionals and 3% missing) with a sample statistically significant for professionals' population of University Hospital of Parma (CI 95%).The qualitative data (n=201 stories collected) indicate that episodes have involved intense negative feelings between professionals, which have marked their professional history. These events were "waiting" to be oriented towards concrete actions to improve not only individual practices, but also the organization.

Conclusions

Incident Reporting (IR) received by Direction is doubled over the previous year, also by different reporting tools (IR specific for falls). IR, compiled and also signed by equipes, and are accompanied by descriptions of improvements actions already implemented. On request of professionals, three further courses for specific Structures/Departments and additional working groups on specific risk issues have been activated. This indicate an increased confidence by professionals both versus Direction

than between inter-professional equipes, which use IR like a sharing instrument.

Comments

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Application Precede-Proceed health promotion model to enhance the implementation and execution rate of the treatment staff wash their hands

LIAO Jiun De, LIN Li Fong

Introduction

Washing hands is the easiest and most effective way to improve personal hygiene, prevention of infectious diseases . Hand-washing is the basic strategy of infection control in hospitals and that is the most important program for the prevention of hepatitis A, shigellosis, typhoid, intestinal virus, as well as SARS and other infectious diseases.

Purpose/Methods

The purpose of this study is to enhance hand-washing knowledge and of the medical staffs and promotes the correct execution rate of hand-washing behavior by using the Precede-Proceed model as the health promotion strategy. This study apply the Precede-Proceed health promotion concepts to infection control policy and follow by the steps of the mode: First, based on the Precede process for social, epidemiological, educational organization, administration and policy of the situation, we assessment and evaluate the demand of prevention of intra-hospital infection and enhancement the implementation rate of medical staffs washing their hands. And then according to the results of the needs assessment, composites the impetus group (infection control room), draws up the work progress, designs and provides in the questionnaire collection courtyard to wash the hands present situation. Develop a complete set of health education program execution plane for the needs of the target populations including: measures to improve hand-washing rate, evaluate hospital hand washing facilities and equipments, assess the location of the dry hand

washing facilities should be set and establishes goals for improvement. Second, based on the Proceed flow execution to improve hand-washing rate measures include: training courses confirmation dry hand washing facilities should be set to the location as well as to improve hand-washing facilities, and then carried out the execution process, impact and effects assessment values include: the purposes wash their hands regularly audit and monitoring hand-washing technology, monitoring indicators to track and effectiveness of the appraisal.

Results

Data of this study was collected from 2011/08/01 to 2012/07/31, the implementation rate and the accuracy rate of the treatment staff washing their hands both each got an improvement of 69% and 75%.

Conclusions

Hand-washing knowledge and behavior is really a major factor affecting the treatment staff to wash their hands. Hand-washing behavior and patient safety is a very close relationship. Good quality of medical care is bound to create a safe environment for medical treatment for the patient that based on patient safety. This study provides a reference for medical units on substantial assistance with the implementation of infection control.

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The Hazard Vulnerability Analysis (HVA) & Failure Modes and Effects Analysis (FMEA) of Crisis Management System for Wan Fang Hospital

YEH Ching-I, HUANG Hui-Jun, HSU Yi-Nei, XIE Ying-Hua

Introduction

Hospital risk management mechanisms that ensure the quality of care and reduce medical errors by the import crisis management mechanism, the use of hazard vulnerability analysis (Hazards Vulnerability Analysis, HVA) and hospital mistakes mode and effects analysis (FMEA) module to assess the hospital potential risk management of key projects and mistakes module, the subsequent improvement and re-evaluation.

Purpose/Methods

Through quantitative accident severity four dimensions: the loss of personnel safety and health of personnel, sphere of influence, work stoppages and the product of the frequency with events "risk score = accident severity * frequency" of the potential hazards of the hospital project risk classification, to assess hospital hazards the weaknesses priority management project,

follow-up by the (Failure Mode and Effects Analysis, FMEA) resolution may produce error module for key projects and preventive measures to improve prevention disaster reduction effectiveness.

Results

2009-2012 Wan Fang Hospital hazard vulnerability analysis (HVA) a significant risk of general fire, electrical fire, medical gas stop gas and information systems crashes, Use of Failure Mode and Effects Analysis (FMEA) assessment of risk items and the high risk of mistakes module improvement measures (including: equipment upgrade additional administrative process improvement, personnel training, and response drills, etc.), after re-evaluate the electrical fire risk score decreased by 76.5%, medical gas stop gas fell 84.6%.

Conclusions

Hospital crisis management use of HVA, early detection of potential crises of the hospital, and through the high risk of failure mode analysis, pointed out that the crux of the subsequent improvement and re-evaluation. Cycle PDCA improvement HVA and FMEA module Dual minimize disaster losses, in order to achieve a stable quality medical patients and their families and stable operating through the hazards weakness analysis.

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Reducing ultrafiltration target error during hemodialysis in-center

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Introduction

Patient safety is to protect patients from medical error that often leads to harmful healthcare events. To remove uremic toxins and maintain hemostasis is the basic target of hemodialysis, and correctly calculate and set the target of ultrafiltration is an important dialysis safety concern. Operational inaccurately setting will disturb hemodialysis adequacy and lead to hypotension, shock, heart failure, or death. The nursing staff plays quite an important role in precisely condition assessing, medical order executing, and proper complications managing.

Purpose/Methods

There are fourteen cases with ultrafiltration target error during 2010-2011 in our hemodialysis center including eight cases with incomplete weight measurement process, three cases with ultrafiltration target setting error, two cases with short of flushing amount, and one case with transcribing error. The



purpose of this project is to reduce ultrafiltration target error in hemodialysis center, include analyzing, discussing, and establishing countermeasures regarding ultrafiltration target error.

Results

To change weight measurement process, establish pre- and post- dialysis weight check list, educate dialysis patients regarding ultrafiltration target and weight measurement, build cross-reference and standards, and formulate auditing mechanisms are also included. The number of ultrafiltration error are decreased from fourteen to three cases after the practicing of this project. The reformed working process and measures are included in the specification of the "hemodialysis room unusual event handling".

Conclusions

The use of quality-control method to analyze specific negligence and the practice of reformed working process and measures are able to prevent operational error, increase secure working process, improve dialysis quality, and enhance patient safety.

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Session P4.2: Overall organizational and health system approaches towards health promotion

Initiative and Development of Health Promoting Hospitals and Health Services in a metropolitan city

LEE Shu-Chun, LEE Pei-Hsuan, WU Yi-Ching, LUNG For-Wey, LIN Lan-Ping, HSU Shang-Wei, LIN Jin-Ding

Introduction

The developments of health promoting hospitals and health services (HPH) in Taiwan have been started by the HPH related pilot projects in 2002. Based on the suggestions from the researches, Taipei City Government Health Department advocated the Certification of Taipei City Health Promoting Hospitals. In 2007, Taiwan Society of Health Promoting Hospitals was established. There are 92 hospitals have joined the Network of Health Promoting Hospitals in WHO till 2012.

Purpose/Methods

In order to understand the process and the results of doing health promotion hospitals plans, we conducted a literature review and visited some hospitals. A health promoting hospital

incorporates health promotion concepts, values and standards into its organizational culture.

Results

Because of the culture and the payment system, we had different ways to doing health promotion hospital. We hold three times conference, to assistance 15 hospitals to do health promotion, and gave some advice. At the last time of conference, 15 hospital published their health promotion programs, provide others hospital the way to learning and improved.

Conclusions

We are very much positive to the interest in the HPH network and we agree that there is interaction between member hospitals regarding their commitment to putting health promotion into practice. We also agree there is a need to make the activities and outcomes more visible by advocating the importance to publications; the culture of our staff and communities need more understanding of the HPH.

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Best practices in health promotion in specialist medical care

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Introduction

Best possible population health and little health inequity among different population groups are Finnish health policy long-term goals. Health status has long developed positively and health and functional ability of the working-age population have improved significantly during the last 20 years. Positive trends call for continued health promotion efforts. Health Care Act (8 §) requires that health care is based on evidence and best practices. The Hospital District of Southwest Finland is a member in the Association of Health Promoting Hospitals in Finland. The Hospital District's health promotion strategy includes best practices in health promotion. Our poster demonstrates the best practices of non smoking policies, type 2 diabetes prevention, early detection of depression and osteoporotic fractures prevention. A model of best practice is presented for each theme. Specialist medical care can have a permanent effect on the patients' and families' health behaviours as illness increases receptiveness to advice.

Purpose/Methods

Best practices are hoped to increase patients abilities to make choices concerning their health and to support health professionals in their work. Best practices provide a framework for supporting the patients' unprompted health promotion within specialist medical services. A questionnaire was presented to the staff in autumn 2011 to put together health promotion plan and best practices. The aim was to expose the attitudes/views of nursing staff to health promotion and its present state. The

respondents' view was that patients expect staff to give them advice on issues related to health promotion.

Results

Best practices indicate a method of work which can produce results in promoting the patient's health. Best practices are based on nationally acknowledged target areas and national Current Care Guidelines. Best practices provide opportunities for a better life. The aim is not primarily to change peoples' behaviour but to offer them best possible ways for making their own choices. The field of health promotion is quite wide. Clear, written policies and practices facilitate staff training and learning. Health promotion expertise and skills have become a more important part of work within organizations.

Conclusions

Implementing the best practices implementation is regularly evaluated and developed on the basis of results, new information and experience. Best practices guide practical work and emphasize health promotion focus. They are expected to improve nursing quality and decrease variation in different nursing practices. Best practices motivate learning in the work and continued professional development.

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Patient centeredness steered the planning of the Future Hospital

**KUMMEL Maika, PELANDER Tiina,
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PEKONEN Arja, LAINE Heidi**

Introduction

The Future Hospital (called T2 Hospital) is opening in April 2013 in Turku, Finland. A joint project (Hoi-Pro) between the Hospital District of Southwest Finland and Turku University of Applied Sciences has supported the planning of the hospital. Hoi-Pro has been part of the operational development project T-Pro, which main objective has been to plan process based services of the hospital.

Purpose/Methods

The purpose of Hoi-Pro -project is 1) to prepare and support nursing personnel in the Hospital District of Southwest Finland, when it moves in to the process based action model, 2) ensure the know-how among nursing personnel, 3) enhance and deepen the co-operation between project partners and 4) enhance the magnetism of the Hospital District of Southwest Finland and familiarize nursing students to the process based model of health services.

Results

The planning phase of Hoi-Pro (2009-2012) has been finished, and results of it focus on nursing procedures, competent and healthy personnel, patient counseling and 'godparent' activity. The master's and bachelor's thesis (n=50) completed in Hoi-Pro has emerged from the planning of T2 Hospital. Patient centeredness steered the planning of T2 Hospital, for example, via patient experiences during unit transfers. Patient's needs of knowledge were also analyzed and results brought out specific counseling needs among hospital patients.

Conclusions

The meaning of Hoi-Pro -project has been remarkable in planning and developing the function of the Hospital District of Southwest Finland. The organization has received valuable knowledge of patient services and quality based on several master's and bachelor's thesis. The results of the planning phase support the kick-off of the new T2 Hospital and the development for the future work. Hoi-Pro project continues with the implementation (2013-2014) and evaluation phases (2015).

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Moderating effect of health promoting hospitals accreditation in the relationship between organizational health and employee job performance

HUANG Hsin-Jou, WEI Tze-Taur, CHERN Jin-Yuan

Introduction

With the environmental change, "organizational health" has been gaining more attention over the past years. The kernel of organizational health is to create a people-oriented work environment, so is health promoting hospitals [HPH]. Ever since November 2006 that Taiwan became a member of the WHO-HPH Network, more than 80 Taiwan hospitals have been accredited. What remains unclear is whether organizational health will affect employee job performance, or more importantly, whether the HPH accreditation will moderate the relationship in between.

Purpose/Methods

This study aimed to explore the relationship between organizational health and employee job performance and more importantly, to examine the moderating effect of HPH accreditation. With a purposive sampling approach, 34 hospitals were recruited with 24 accredited and 10 not accredited. 1,655 copies of questionnaires were distributed among healthcare staff with an effective response rate of 85%. The questionnaire



comprised both demographics and Organizational Health Instrument [OHI]. A hierarchical regression model was conducted to test the mediating effect.

Results

Hospitals with accreditation had significantly higher scores in each dimension of OHI and the overall scale. While job performance revealed no significant difference between the two groups of hospitals, the difference reached significance when hospitals were classified into high and low based on organizational health scores. The interaction effect of the mediating variable ("organizational health" x "HPH accreditation") demonstrated significant predictive power on job performance in that hospitals with accreditation had a higher effect on job performance than their counterparts.

Conclusions

Employees are the most valuable asset, as is often said, even in the non-profit healthcare industry. When employees perceive the work environment as more comfortable and healthier, they demonstrate better job performance. This study suggests that with the acquisition of HPH accreditation, hospitals may change the quality of organizational culture, working process, and decision making patterns, which in turn help contribute to employees' positive perception of organizational health. In a nutshell, HPH accreditation has a positive effect on managerial effort.

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Health promotion for specific groups of patient and addressing the health of healthcare staff of Dahu township public health center

HSU Chun-Shih

Introduction

Dahu Township Public Health Center has integrated community resources to organize volunteer teams to promote age-friendly health care for senior citizens. As healthcare staff, we also promote work place health by reducing carbon dioxide emissions and achieving body weight reduction in a healthy way. The ideas of healthy eating and appropriate exercising are conducted. We're working hard to reduce inequity in healthcare for migrants and vulnerable groups patients. Our goal is to create a healthy and an aging-friendly town.

Purpose/Methods

Organize volunteer teams to promote activities such as healthy cooking, weekend hiking, and hold classes for health education.

Results

After the health promotion, 10% of the elder population (> 65 years old) can realize that we are promoting the policy of

health. 200 elderly developed good eating habits with sufficient vegetables and fruits, and they exercise for more than 30 minutes each time, more than 3 times a week. We tried to reduce 5% of carbon dioxide emissions but only 2.75% was achieved. Every staff have lose more than 2kg and reach the goal.

Conclusions

We have achieved some goals and we need to put more effort into the weaker parts of health promotion. It's our hope to create a healthy and an aging-friendly town.

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Health promoting practices and culture in a specialist pediatrics and womens hospital: The KK Women's and Children's Hospital experience

LIM Micheal, LOW Garrett, CHIA Yen Yen, TEE Jane, LAU Audrey

Introduction

KK Women's and Children's Hospital (KKH) is the leading tertiary healthcare institution in Singapore providing advanced medical care for paediatrics, obstetrics and gynaecology patients. Since joining the International Network of Health Promoting Hospitals and Health Services (HPH) in 2009, the incorporation of structures and processes to improve health promotion efforts has reaffirmed the institution's believe in preventive medicine as another key pillar to the provision of quality, holistic and compassionate care.

Purpose/Methods

The purpose of this paper is to provide an overview of the health promotion initiatives developed by KK Women's and Children's Hospital since joining the HPH network. An internal HPH Working Group has been formally setup to initiate and coordinate health-promoting efforts within the institution. These initiatives are grounded on the five standards identified in the HPH network and programs are targeted at the three key stakeholders: patients, staffs and community.

Results

Staff wellness program include: annual health screening, runs led by senior management, health education and lifestyle intervention programs such as Healthy Loser, Fuss-Free Thirty and Health Ambassador Training. Health messages have been developed and placed in prominent areas such as food courts and lift lobbies to encourage healthier food choices and use of stairs respectively. Joining the Global Green and Healthy Hospital Network and Baby Friendly Hospital Initiatives reinforced the

hospital's commitment to creating a sustainable and environmentally- and baby- friendly environment.

Conclusions

KK Women's and Children's Hospital remains committed to the HPH initiative and will aim to improve efforts grounded on the goal of creating supportive and healthy environments to promote a wellness culture and enhance health amongst patients, staff and community.

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Health promotion vs. organizational health in hospitals: Does accreditation matter?

HUANG Hsin-Jou, LI Jui-Ping, CHERN Jin-Yuan

Introduction

In response to the WHO "Health Promoting Hospitals [HPH]" project, since 2001 Taiwan government has begun to initiate new health policies that aimed to encourage local hospitals to join the HPH network and acquire HPH accreditation. It is expected that with the acquisition of HPH accreditation, a healthier work environment can be established and a higher level of well-being and wellness among employees would be enjoyed. Nevertheless, recently a rampant concern about "sweat-hospital" has been raised as well.

Purpose/Methods

This study tried to examine whether there exists difference in perception of organizational health between hospitals with HPH accreditation and those without accreditation. A purposive sampling approach was adopted and 34 hospitals were included in this study with 24 accredited and 10 not accredited. In total 1,655 copies of questionnaires were distributed among healthcare staff with an effective response rate of 85%. The questionnaire comprised both demographics and Organizational Health Instrument [OHI]. A hierarchical regression modeling approach was conducted.

Results

The standardized scores of the four dimensions of OHI fell between 66.7 and 71.5 for the accredited hospitals and between 63.5 and 70.4 for those without accreditation. Specifically, hospitals with accreditation demonstrated statistically significant higher scores in dimensions of "overall perception of organizational health," "emphasis and participation," and "communication and learning" than their counterparts. The hierarchical regression model further justified the predictive power of "accreditation or not" on the perception of organizational health.

Conclusions

With the acquisition of HPH accreditation employees have a better perception of organizational health, which in turn helps employees feel more comfortable and confident in their work. It is thus expected that through the improvement of organizational health, we may create a healthier work environment for employees and patients as well. In a nutshell, the HPH accreditation demonstrates its positive contributions to the operation process and management strategies in health care organizations.

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Presentation of the Health Council in the county of Östergötland, Sweden

SCHÖLD Anna-Karin, NILSSON Evalill, ELGSTRAND Maria

Introduction

The county of Östergötland is since 2005 a member of the Swedish network Health Promoting Hospitals and Health services (HPH). In conjunction with the membership the county of Östergötland formed a Health Council, working on behalf of the Director of the county of Östergötland. The Health Council has representatives from every part of the health care system (Management, Human Resources, hospital departments, primary care, public health centre, dental care), and also from the Medical Faculty of the University of Linköping.

Purpose/Methods

The purposes and goals of the Health Council are to identify, support and establish implementation strategies regarding health promotion and disease prevention within the health care system. The Health Council guides and gives mandates to county-wide working groups, and development projects, regarding health promoting work. The council has five meetings a year, organised by the local HPH coordinators. During the eight years of membership the Health Council has gone from being a council of health experts to a working council.

Results

The Health Council is an indispensable channel for health promoting issues from all parts of the health care system in Östergötland to the County Council management, and vice versa. Examples of successful implementations are "Health promoting encounters in health care", "Tobacco free operation", "Physical Activity on Prescription", use of "Patient-Reported Outcome Measures" (PROM) to facilitate improvements in health care, and systematic documentation of the patients' lifestyle factors in the electronic patient journal.



Conclusions

Several important health promoting areas have been successfully implemented through the Health Council. Policy documents have been developed, task forces and working groups have been established, and follow-up routines are in place. The Health Council continues the work of closing the gap in health equity by reinforcing the health of the most vulnerable groups in society. There is still much work to be done, but the Health Council has a distinct role in the area of health promotion.

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Investigate for medical-nursing management on Terminal Cancer Patient under Hospice-Shared Care

LIU Mei-Ying, WANG Hung-Ming, TSAY Su-Fen

Introduction

Taiwan's hospice-shared care model (hospice shared care, HSC) in terminal cancer patients that can reduce the symptoms distress and their families to take care of the severity of the load. The model could to increase care to the terminal-cancer family count.

Purpose/Methods

The longitudinal descriptive study was collected medical – nursing care interventions. Purpose was presented the tranquility of medical care actually provided measures. 52 patients and family caregivers hospitalized in northern hospital of Taiwan. They received hospice-shared care for averages of about 14.5 days. Data with SPSS statistical software analysis.

Results

The result was: (A)The main medical care content to their proportion: drug class (19.35%), non-drug class (34.92%) and accounted for discussion and consultation (45.73%) of the three categories. (B) All kinds of details of the number of item that following order: 1. drug given class: symptom control medication, antibiotic injection and intravenous fluid infusion , a total of eight. 2. non-drug intervention classes: the catheters care , testing, wound care, oxygen therapy, care and guidance, blood transfusion and consultation, a total of 21 Entry. 3. discussion and consultation categories: emotional stress talks, prognosis cognitive clarify, death issue discussion and chaplains' caring, a total of 13. (C)The division of the medical team, the original medical team to take care of "drugs" and "non- drug" disposal main. Hospice-shared care team provider "non-drug" and "discussion and consultation categories ". The two teams work together to coordinate the completion of palliative care.

Conclusions

The results are presented the clinical hospice medical care of the actual situation. That increased health care professionals and the general public a correct understanding of hospice and more specific concepts.

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The economic benefits of integrated health care model promotion within a teaching hospital in Taiwan

LEE Shu-Ling, YANG Ching-O, CHEN Chien-Hua, YEH Yung-Hsiang, HUANG Min-Ho

Introduction

For serving the patient toward multiple and complicated disease and the responsibility of medical institution for people's health, our hospital invented a patient-based integrated care delivery model to improve the medical care quality during admission and shorten the days of hospitalization. Therefore, people could come back to work and regain the social value. The medical costs are also reduced.

Purpose/Methods

Based on the research design of retrospective cohort study method and 5 items of inclusion criteria by the clinical service of patient during hospitalization. There was 1,198 cases were enrolled into this study since 2008 to 2011. For data analysis, descript analysis was used to display characteristics of study samples and the trend of the change among study samples.

Results

Since 2008 to 2010, the Integrated medical team serving 426,444,1110 and 844 patients. The unplanned readmission rate within 14 days was decreased 12.81%, reducing 1.3 days to hospitalization, medical legal issues reduced 75% and 17 % mortality reduction on patient with APACHE-2 score more than 15 points.

Conclusions

Introduction integrated care services in medical institutions, it provide more appropriate medical care by high quality of medical treatment. It avoid the medical malpractice and improve the therapeutic level of whole country, the personal value and life quality. It is also creative a new cord value for medical institutions.

Comments

According to the result of the study, the days of hospitalization decreasing, reducing medical legal issue and improving survival rate and patient's satisfactory. The Taiwan's Bureau of National Health Insurance (National Health Insurance, NHI) also

affirmed the study. We hope the policy could promote to whole country and protect people's medical quality.

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Patient-centered integrated care to reduce repeat medication executive effectiveness - a regional hospital in central Taiwan, for example

**SHIH Ai-Wei, CHI Yu-Wan, CHIU Ling-Hui,
YANG Ching-O, LI Ya-Ling**

Introduction

Data from Bureau of National Health Insurance showed with Taiwan's growing aging population, number of chronic diseases are on the rise, number of outpatient visits among elderly is on average 27 times/ year, this is above the national average. Consensus indicates patient's lack of knowledge in prescription medication led them to make too many hospital visits. Our mission is to educate elderly patients to take medication safely and correctly before leaving the hospital to reduce readmission.

Purpose/Methods

Provided by Bureau of National Health Insurance's 2011 Survey, approximately 1200 loyal and trusted patients were involved through the outpatient integrated care program, services provided included medical personnel reaching out to patient at home by telephone, assisting patients making appointments, plus consultation with pharmacist. When encountered with difference of opinions among physicians, special meetings were arrange by the medical board to resolve the issues. Overall planning is aimed to increase level of satisfaction among patients while minimizing individual's expense

Results

Analyzing the data from our survey, out of 1200 patients using the integrated outpatient care service, 395 patients reported excess outpatient appointment on the same day, 31 cases of duplicating medication were reported, which is down from previous 6.04% to now 2.49%, overall prescribed items fell 7.8%, number of outpatient visits dropped 25.78%, resulting in on average a reduction of 17.56% in individual medical expense.

Conclusions

As a result of implementing integrated outpatient care service with medical workers, patient flow and health information exchange have effectively lowered number of cases in redundant medication; elevating patient's perception regarding hospital visits and prescription usage, all of which enhancing the experience for patients seeking medical services.

Comments

With the expected upgrade in National Health Insurance information management, physicians should have better grip on their patient's pattern and behavior when taking their medication at any clinics and hospitals. Along with posting flyers regarding the integrated care and its benefits at the outpatient area, trained staff will connect with patients on making more use of integrated outpatient services to reduce waiting time, while improving treatment satisfaction.

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"Per Capital Payment Plan" Implemented under "Law of General Health Insurance" - A Preliminary Report in Xanxia Township of Taiwan

**FANG Chih-Ling, TSAI Chiung Yu, YEH
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Chien-Hua**

Introduction

General health insurance, a single-payer system with universal insurance coverage of at least 98% of population, has been implemented in Taiwan since 1995. Throughout this system, people can choose any doctor or hospital they want. There were several shortcomings in this system, such as 1) encouraging unnecessary medical expense due to its fee-for-service payment system and 2) lacking monitor and improvement of quality of care.

Purpose/Methods

Xanxia Township, with 18, 000 inhabitants and two clinics, is a rural area in central Taiwan. With "per Capital Payment Plan" implementation, Show-Chwan Memorial hospital should integrate healthcare resources and provide education to promote the health of the inhabitants without the growth of the medical expense. The plan covered the expense of outpatient, inpatient and dialysis, but it excluded dental care, traditional Chinese medicine and transplantation. However, the civil choice of doctor or hospital they want was not restricted.

Results

Diabetic subjects entering diabetic program increased from 51.8% to 71.0%. Annual rate of Pap smear increased from 2.5% to 12.9%, flu vaccination for elderly increased from 40.1% to 60.0%, and subjects ≥ 40 years participating physical check-up increased from 22.5% to 37.5%. Biennial rate of FOBT increased from 18.2% to 32.4%, of mammography increased from 14.6% to 22.0%. The total outpatients cost decreased 2.3% (0.8% reduced cost/visit), and the total inpatient cost decreased 10.2% (13.2% reduced cost/admission).



Conclusions

With combined implementations of both "Law of General Health Insurance" and "per Capital Payment Plan", our preliminary report shows that the medical quality still can be improved without growth of medical expense. However, the standard measures for health promotion are not available yet and it needs long-term follow-up to ascertain the final cost-and-benefit.

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Developing and Implementing a Business Model for Medical Tourism Alliance of Taiwanese Hospitals by using the Analytic Hierarchy Process and Sensitivity Analysis

HUANG Tzu-Yun, LIN Szu-hai, WU Cheng-Lu, HUANG Hsiao-Ling

Introduction

At a time when international medical tourism is prospering, our government has planned to foster the international medical industry as one of six key industries that will hopefully make Taiwan more competitive.

Purpose/Methods

Consequently, almost 30 hospitals have invested in the international medical industry and have been evaluated by the Department of Health. This paper attempts to select the best medical tourism alliance model by examining the perspectives of hospital operators in Taiwan. The study presents an evaluation model based on the analytic hierarchy process (AHP). Sensitivity analysis is performed in detail by varying the objective factor decision weight, the priority weight of subjective factors, and the gain factors. Adopted herein is the renowned BOCR model, which influences how competitive advantages—especially with respect to developing and evaluating the objectives of optimal medical tourism alliance selection—are related in order to devise a standardised operational procedure. In addition to a literature review and interviews with experts, this study adopts the modified Delphi method, AHP, and sensitivity analysis in order to develop an evaluation method for selecting the optimal medical tourism alliance in Taiwan to determine its effectiveness.

Results

Finally, we found that the expert is preferred over the Health Management Company. The proposed evaluation criterion provides a valuable reference for determining the optimal alliance structure for Taiwan's emerging medical tourism sector and provides high-level management of hospital institutions,

government supervisors, and academicians with recommendations for future development.

Conclusions

AHP is widely used in multi-criteria decision-making problems. One of the main advantages of this method is that it can effectively manage tangible and intangible or qualitative and quantitative factors. This study attempts to find the most preferred alliance structure of medical tourism alliances, which is a problem that involves complex multi-criteria decision-making. Therefore, using the AHP method seems to be a successful approach in finding a solution to the medical tourism alliance problem. In brief, the objective factor measure is performed for the alternatives by referring the indices of the best indicators worldwide. The subjective factor is measure by using AHP. Throughout the analysis, the various criteria and its sub criterion are identified while considering optimal selection of medical tourism alliances model. A detailed sensitivity analysis has already been performed to identify the variation in behavior of the alternatives. The composite priority of the four alliance structure models beneath the four criteria is: Benefit (0.416); Opportunity (0.292); Cost (0.163); and Risk (0.129). Benefit ranked highest in the hierarchy; moreover, we also discovered that the top five sub-criteria are SC12 (Hospital budgets), SC15 (Operational risks), SC8 (The support of key decision makers), SC9 (Hospital position), and SC13 (Transaction costs) in Table 13, respectively. This result even more clearly that the operators of hospital cooperate with each other whether synergies generated for the executive is very important. And through consultation with the operators, government authorities, and academicians, we learned that the present Taiwan's medical tourism alliance models comprise the HMC, MHC, PA and CP. Summarizing the results, the Health Management Company (HMC) received higher overall value scores largely because it had higher scores. This study provides an evaluation criterion for determining the optimal alliance structure for Taiwan's emerging medical tourism sector, and the proposal evaluation criterion provides high-level management of medical institutions and academicians with recommendations for future development.

Comments

The final prioritization of the alternatives is heavily dependent on the weights attached to the main criteria. Sensitivity analysis thus can be performed using scenarios that reflect various future developments or different views regarding the relative importance of the criteria. Increasing or decreasing the weightings of individual criterion can illustrate the resulting changes in the priorities and the ranking of the alternatives.

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Session P4.3: User involvement in healthcare development

From patient questionnaire to improvement work – how is the outcome used within care? "Inform evenly" – Accident & Emergency department, Kungälv Hospital

ARVIDSSON Lisa, BÄCKBERG Staffan, CARLSSON Jenny, DAHL Mats, DARELL Anki, JOHANSSON Anette, LUNDQUIST Mattias, RYDELIUS Anna

Introduction

The national patient survey of 2009, the A&E department's own patient survey from the autumn of 2008, and thorough analytical conversations with patients and relatives showed that patients were dissatisfied generally with the information given, and that women were more dissatisfied than men. We wanted to change this to ensure that patients receive satisfactory information, that satisfaction levels are the same for men and women, and that satisfaction levels increase in total.

Purpose/Methods

Conversations with patients and relatives, time study of time scales for given information, patient interviews regarding what the patients want to receive information about. Interviews with employees regarding whether or not they have different approaches or attitudes to female and male patients. The work was conducted in a group of cross-section professionals in collaboration with Knowledge centre for equal care (Centre for operations development, region of Västra Götaland). Target numbers compiled for follow-up based on the patient questionnaire questions.

Results

Activities - Information brochure based on the wishes of the patients. The brochure is personal and contains information on what assessment has been made, treatment, follow-up, etc. - Standardized working method regarding who does and says what. - Forum theatre with equality and information themes for staff. - Patient reflection regarding how the visit to A&E was experienced, especially from an information point of view. - Complementing information on a framed poster in every treatment room.

Conclusions

An evaluation is ongoing, through patient interviews focusing on the content and design of the brochure. We are also seeking the views of the doctors and the care staff and are awaiting the results of a national patient questionnaire where we have chosen five questions that are followed up with target numbers.

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Session P4.4: Supporting health by culture and design

Promoting Healthy Lifestyle in A Women's and Children's Hospital using Visual Campaign

TEE Jane, LAU Audrey, ANG Seng-Bin

Introduction

KK Women's and Children's Hospital is a 830-bed hospital with a staff strength of more than 4000. As part of the efforts of the Health Promoting Hospital Network Committee,

Purpose/Methods

AIM: The campaign "Start a Rhythm of Healthy Lifestyle Today" aims to raise awareness on healthy living and prompt healthy practices among hospital staff, patients and visitors. Methods: Creative visuals with consistent messaging throughout the hospital were used to create the awareness of healthy living. These include pillar wraps, posters, standees, stickers on carpark boom-gate and chairs in the food courts, foot print stickers at lift lobby leading to the stairs. A survey of hospital staff was conducted after 6 months.

Results

74% (1180) of the respondents were aware of the healthy lifestyle messages in the hospital. 87% surveyed have seen the visual displays encouraging staff to use the stairs. 53% decided to use the stairs more often after seeing the display.

Conclusions

The results show that the visual reminders increased physical activity among the hospital staff. Prominent visual cues with health promoting messages can encourage people to adopt a healthier lifestyle

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Does a Healing Atmosphere in Care Settings Exist? A Qualitative Study of the Importance of Physical Environment and Interactions between Patients and Health Professionals

NORDBLAD Brita

Introduction

Medical treatment, care and rehabilitation offered to patients in primary care settings are established and mostly evidence based. Patients can receive diagnose, treatment and quite often cure. A dimension that receives less attention involves the effects of a carefully planned physical environment. Combined with a carefully planned environment, respectful interaction between patients and health professionals enhances the atmosphere of care settings.

Purpose/Methods

Purpose: This study aimed to investigate how patients experience the atmosphere they encounter when visiting a rehabilitation unit within primary care. Methods: Qualitative research interviews and qualitative content analysis.

Results

Results: The Atmosphere in care settings encompasses three domains: Physical Environment, Interaction between Patients and Health Professionals and the Organization. Within these domains there are categories. Some of them are Sense of Control, Attention to and Affirmation of the Patient, Communication, Holistic View of the Patient, Participation, Empathy, Equality in the Meeting, Accessibility, To do "the little more" and Spirit of Improvement and Development. The major theme that emerged was the patient's need to be noticed and valued.

Conclusions

Our results suggest that the Organization should be added to the concepts of atmosphere in care settings. The Organization can create and obstruct care conditions. The overarching theme of the categories in the study is The Patient's Need to be Noticed and Valued.

Comments

It is of great importance to take care of the physical environment in primary care settings with a professional perspective. It is also important to constantly work with the interaction between patients and health professionals. To get to know about the patients needs, you have to ask the patients about their experiences.

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The Two-Track Health Plan of Shilin District: Creating Beautiful Scenic Places for Exercise – Pioneering Kinetic Energy Simulating Exercise Map, Establishing Walking Paths for Health in the Neighborhood

LIN Mei-Ya, WU Chao-Hua, YUAN Lu-Fang, HUANG Chiu-Yu

Introduction

Following changes in lifestyle, the well-being of citizens is often shadowed by health issues such as chronic diseases and overweight. In order to increase citizens' development of regular exercise, the Shilin District Health Center has established 7 walking paths in the area and has integrated the power of information to set up the Kinetic Energy Simulating Exercise Map (KESEM), popularizing supportive environments in Shilin District.

Purpose/Methods

1. Have dynamic life-related creativity blended into Shilin District's 7 walking paths via the design of dynamic maps, allowing citizens to simultaneously obtain health information while walking, to achieve the goals of conserving energy, reducing carbon usage and loving the Earth, one's health, and oneself.
2. Have Shilin residents attach a greater importance to the concept of self-care, being clearly aware of the distribution of exercise sites in their neighborhoods and the calorie consumption situations of various walking paths.

Results

1. Shilin's pioneering KESEM, presented during the press conference held by the DOH, TCG on December 3, 2012, had gained the attention of and had been reported by numerous media.
2. In one month's time, over 1,000 people had viewed it following its release; the number of walkers had increased by 283 people over the same period last year.
3. On December 20, 2012, 392 people tried it out at the Shilin Healthy and Age-friendly City Achievement Exhibition.

Conclusions

To effectively continue health behaviors, citizens should be provided with diverse, close-by health supporting environments. The center's pioneering KESEM enables citizens to clearly know the distribution of exercise sites in the proximity of their homes and integrates all parks, green spaces and exercise locations in the community on the interactive map. Community residents can quickly experience zero-distance reality contact with the dynamic living environment by inquiring the online system for "Beautiful Scenic Places for Exercise".

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The use of music for building a warm environment in a Taiwanese hospital

HUNG Sheue-Chen, WANG Hui-Yu, LIN Hsin-Pei

Introduction

Taiwanese patients are quite anxious when they come to the hospital, waiting for long time to see their doctor. They perceive the environment to be unfriendly. In past literature, music can relieve the patient's pain, anxiety and stressful feelings; music is also widely used in health care settings. We want to know if the use of music may improve patients' negative perception of the hospital.

Purpose/Methods

We recruited 16 volunteer musicians from the community. We provided a stage for their performance in the lobby of National Taiwan University Hospital, Yun-Lin Branch. They were scheduled to perform the music every week and during special holidays. To ensure that all patients could listen to the music, we set up the live broadcast. We collected patients' perception about the hospital environment.

Results

From October 2011 to December 2012, we provided 86 times of live music performance. 3,870 outpatients participated. Patients reported positive perception about the hospital environment. They also felt less pain, anxiety and distress.

Conclusions

Music can improve Taiwanese patients' perception of the hospital environment. For volunteer musicians, they also feel touched while comforting patients with their music. Music is valuable for patients and may be widely used in hospital settings.

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reduced the use of sedatives [Mai 2006] [Mai 2008]; the reorganization of colours and layouts, with a large number of artistic paintings, in the Breast Radiology Dept (Ist. dei Tumori di Milano), positively influenced mood and behaviours of patients and personnel [Mai 2011]

Purpose/Methods

Following those experiences, and studying the relationships between perceptual elements, primitive (colours, shapes, etc) and metaphoric (suggesting care, affection, etc) [Ram 1999] [Zek 2010] [Pan 2012], we suggest that design aspects of the environment influence patient responses to therapies [Sap 2006] [Sor 2005]; our goal is to model the relationships between perceptual aspects and emotions, in order to re-organize the health care environments; real experiments should allow measures, in order to verify how such a kind of actions can affect effectiveness of therapies and the economic costs

Results

The research lead to realize a new colorful breast radiology unit that is now an art gallery with an important enhancement of patients satisfaction. Patients wrote the impact of art on their emotional feelings in a book available to them in the clinic. We prepared a new questionnaire to understand and to measure the impact of the intervention on doctors, technicians, administrative personnel to draw a guideline for new colours and design interventions in the health setting.

Conclusions

The research is based on past experiences and on studies on progress, and involves qualified design research centres as well as qualified medical centres, and international contacts are still active, interested in the research. The research could be completed in two years, with excellent perspectives for a large scale adoption and for a significant extension of the application fields.

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Garden Therapy

SJÖLANDER Christina, HEJDENBERG Anna

Introduction

Garden rehabilitation Landstinget Södermanland is located in Nynäs, since 2009. It is a quiet environment with varied nature, animals, culture and a historical surrounding. It's a part of SRS, specialized rehabilitation Södermanland. The catchment area is the whole county of Södermanland. Garden Therapy at Nynäs based on experience and research in neurophysiology, environmental psychology, psychotherapy, physiotherapy and occupational therapy. Garden Therapy is for patients with pronounced stress-related disorders, such as burned out syndrome, which is sick and wants help with vocational rehabilitation and return to work. Nature / garden activities, talks, group,

Emotional Design for Health Care Environments Improvement

MAIOCCHI Marco, MAZZA Roberto, PILLAN Margherita, POZZATI Ivan, DEVECCHI Paola, SHAFIEYOUN Zhabiz

Introduction

Previous experiences shown that actions on the design aspects of a health care environment are able to positively influence behaviours of patients, doctors and staff. Among them: the decoration of MNR machine in the children Cancer Centre Pausilipon (Naples), transforming it in a "toy", dramatically



staff skills, the structure creates a good breeding ground for the rehabilitation of these people.

Purpose/Methods

The main diagnosis is burnout syndrome with secondary diagnosis as depression, fibromyalgia, PTSD and bipolar disorder. About 50 patients have received garden therapy. Age range 20-60 year. The majority are in their 40s. There is one man in eight women. Sickleave between four months and twelve years, the majority about two year. Referral from the attending doctor that one of the criteria is that the patient is expected to take up work or work-oriented action in about six months. Internal judgment done by psychiatrists and during rehabilitation, regular meetings with doctors, Insurance office, Employment agency and other involved. The care is run in collaboration with primary care and outpatient psychiatric care. In the business works a physiotherapist, occupational therapist and a gardener. The garden and the nature are tools in the process of mobilizing the individuals self healing abilities towards a changed and sustainable approach. Garden activities and sensory experiences tailored to the season and based on the individual needs and resources.

Results

At the start, in the transition into work oriented activities and a year after the end of the treatment the patient fills out a self assessment instrument. Since the start in April of 2009 this has been an ongoing process. The depressive symptoms change from fall to completely disappear. The experience of wellbeing increases significantly. The degree of exhaustion decreases, such as memory, concentration, emotional and physical tiredness etc. improved. The results show so far, in general, that the vast majority of those who completed garden rehabilitation broken his sick leave.

Conclusions

During our time working with stress related disorders such as burnout syndrome we have experienced that there are often hidden difficult and complex life stories behind this diagnose. Traces leads back to early childhood, upbringing and current life situation. The recovery time is prolonged due to the multi layered nature of the problem. Furthermore the experience shows that gardening and nature contributes to stress reducing factors. This leads to an accelerated and strengthened recovery, ability to feel secure, calm, allowing for reflection and to make life more comprehensible, manageable and meaningful.

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The use of green therapy: Dr. Westerlund's rehabilitation garden at the General Hospital of Enköping

UNGER Susanne, JOHANSSON Ann-Louise

Introduction

Green therapy as a rehabilitation strategy includes both traditional methods such as occupational therapy and physiotherapy and the contact with nature. Research in the area shows that green therapy can have health promoting effects such as reduced stress, increased appetite and healthy sleeping patterns. Green therapy can also reduce the need of painkillers. Furthermore the patients get daylight and increased opportunities for physical activities. The side effects are small or non-existent.

Purpose/Methods

The aim of this presentation is to describe how The General hospital of Enköping uses their garden, Dr. Westerlund's rehabilitation garden, in rehabilitation of patients. In 2005 decisions led to the creation of a garden for rehabilitation at the General hospital of Enköping. The intention was to evaluate the effects of green therapy together with Swedish University of Agricultural Sciences. Due to financial difficulties the research project was put on hold.

Results

Even though the research study was put on hold, the garden is still used for rehabilitating work. It is used for the rehabilitation of patients with various diagnoses and conditions such as stroke, cancer, postoperatively and for geriatric patients. The work includes cognitive and physical rehabilitation as well as social activities and gardening. An important part is to let the patients experience the garden with all their senses, for example the possibility of picking and eating fruit.

Conclusions

The work with green therapy at the General hospital of Enköping has not been evaluated scientifically. Plans of doing a research project still exist with the aim of studying the difference between rehabilitation that includes green therapy and ordinary rehabilitation. However the observations done by the staff is consistent with the research in the area, they experience that green therapy is beneficial for the patients as part of their rehabilitation.

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Sound of Music, Sound of Love, Sound of Empowerment.

**WU Wendy Jie-Ying, CHEN Zheng-Yu,
CHENG Xiang-Wen**

Introduction

Music, as a healing influence, has been documented in the 20th century that community musicians went to Veteran hospitals to play for veterans suffering from physical and mental trauma from World War I and II. The patients' notable positive response led to the rise of music therapy in hospital settings. Our hospital hopes to integrate the sound of love through music

listening and the sound of empowerment through music performances by community volunteers.

Purpose/Methods

The soothing art of music can be heard throughout every corner of Taipei Tzu-Chi General Hospital daily. Designated musical performance areas are found at the common hall of Sunshine Lobby and the living room at the Heart-Lotus Palliative ward, where volunteer musicians perform at scheduled hours. Music are played throughout the public announcement system, visitors' elevator, delivery and baby room, operation room, and psychiatric ward. Inpatient wards also provide music tapes that play Buddhist chants at the individual patient's bedsides.

Results

Everyone benefits from music therapy. The patients and their families, caretakers, hospital staff and visitors are constantly surrounded by a musical atmosphere in our hospital. The art of music gives everyone a chance to pause and to listen, to feel the comfort it brings to the mind and body. Music alleviates pain, improves mood, promotes physical movement, calms the soul and lessens muscle tensions. Music is also promising to the healthy individual in terms of stress reduction through music making.

Conclusions

Mother Teresa had once said "...God speaks in the silence of the heart...listening is the beginning of the prayer..." Through the sound of music, we hope to deliver a simple method of sustainable serenity and empowerment for a healthy mind and soul to everyone in our hospital and the community. The healing power of music, both recognized by music performers and listeners, plays an important role in our hospital's health promotion model.

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Session P4.5: Creating tobacco-free healthcare services

Impact of Smoking Cessation Program and Smoke-Free Grounds Policy in a Medical Center in Taiwan

HSIAO Yaluan, LAI Chih-Kuan, HWANG Shinn-Jang

Introduction

Smoking cessation promotion and counseling is an important element of tobacco control for patients and hospital employees. Programs are developed to improve physicians' skills and

effectiveness in counseling patients about smoking cessation. The administration of smoking cessation in a medical center has been challenging due to its vast setting and multitude of patients. Few medical centers in Taiwan strive to achieve the goal of a "smoke-free hospital" due to its difficulties in management.

Purpose/Methods

In cooperation with the Bureau of Health Promotion, Department of Health Taiwan, a "Non-Smoking Hospital" policy was initiated within this 3194-beds medical center to reduce smoking hazards. Hospital employees who smoked were encouraged to attend smoking cessation classes, and training camps revealed techniques to help others quit smoking. Patients in outpatient clinics were inquired about smoking habits and exposure to second-hand smoking. Inpatients were inquired and referred to smoking cessation physicians if the patient expressed the desire to quit smoking.

Results

A total of 31.5% of patients in our smoking cessation clinic had successful treatments. There was a 37.9% increase of patients in our smoking cessation clinic within the first six months of our smoking cessation campaign. About 10.0 % of our inpatients were referred the clinic to receive treatment. A vast majority of the hospital employees (2928 in total) attended smoking cessation training sessions, and 275 employees became certified smoking cessation educators by the Taipei City Department of Health.

Conclusions

Through the promotion of the smoking cessation program, hospital employees and patients were aware of the harm caused by smoking. Implementation of a smoke-free hospital grounds policy benefits significantly in healthcare for both employees and patients. Despite the difficulties in advocating smoke-free policies in a vast environment, medical centers in Taiwan should be encouraged to face the challenges of promoting smoking cessation, and improving health for all.

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Public Health Promotion Programs: the Evaluation of Smoking Cessation Program-A case in Southern Regional Teaching Hospital

HUNG Shu-Yun

Introduction

Because of the prevalence of adult smoking in Taiwan, this program is a research of smoking cessation. In order to know patients' smoking status and improve patients' health, this study surveyed 150 participants in the smoking cessation program in one Regional Teaching Hospital. By the methods of health check questionnaire, counseling clinic, and smoking



cessation courses, the smoking cessation success rate of the program was 38% and subjects' frequency of smoking decreased.

Purpose/Methods

The smoking cessation program aims to enhance participants' self-health awareness and it includes 150 people: 40 from the employee's health check questionnaire and 110 from the hospital enrolled patients. The smoking cessation program combined counseling clinic, counseling phone, smoking cessation courses and making smoking cessation card. Every subject should participate in the program more than three months before subjects' CO was measured at last.

Results

Within the 150 subjects, the smoking cessation success rate of the program was 38%; that was, 57 subjects totally quit smoking. In the remaining 93 unsuccessful subjects (52%), the average amount of their smoking showed 75% decrease, from average 8 cigarettes per day to average 2 cigarettes per day. Moreover, the measurement of CO in 53 unsuccessful subjects (62%) showed decrease to less than 6 PPM. Thus, the result showed a noticeable decrease amount of smoking in these subjects'.

Conclusions

Smoking is related to many chronic diseases and cancers. The hospital-led smoking cessation program accessed in this study showed improvement of the well-being of its employee and patients.

Comments

It allows participants to be treated with professional health care workers. Therefore, the smoking cessation program improves participants' life quality and decreases the damages by smoking. The hospital should keep leading staffs to promote healthier lifestyle to the whole hospital and to the nearby community.

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Scientific process of implementing a smoke-free policy to a rehabilitation centre

BOGNER Bettina

Introduction

Smoking causes many health problems and is one of the risk factors for cardiovascular diseases. These are one of the reasons for introducing a smoke-free policy in a health organisation like a rehabilitation centre. In addition, you can reach both employees and patients. The 10 Standards of the Global Network for Tobacco Free Health Care Services serve as basic principles for implementing a smoke-free policy.

Purpose/Methods

The method of introducing a smoke-free policy in the rehabilitation centre consists of four parts: Analysis of the current state; Quantitative interview of employees; Quantitative interview of patients; Identification of action fields. The instruments are on the one hand an analysis-matrix of the current state and on the other hand quantitative questionnaires for both employees and patients. The dimensions of the questionnaire are classified into socio-economic status, number of smokers, smoking prevention, education and fields of problems.

Results

As the process is on the way, first measures are recommended for further action. The next steps will be to identify the current situation at the rehabilitation centre by an inspection of the building and the area. Furthermore, an interview of patients and employees is planned. The marked smoking places should be checked and signage that indicates the tobacco-free policy must be put in place. To get commitment of the employees it is of great importance to improve communication.

Conclusions

For implementing a smoke-free strategy it is essential to assign a working group that is responsible for the coordination and monitoring of the policy. Moreover, an action plan is required which needs to be constantly reviewed and improved in order to keep the quality high. Aims need to be defined accurately and measures need to be determined, realised and continually examined.

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Application of the ENSH (European Network of Smoke Free Hospitals) self assessment tool in developing a tobacco free hospital: a case study of the Taichung Tzuchi Hospital in Taiwan

CHEN Ching-Yuan, LAI Yi-Ling, CHANG Pin-Yi, LIN Chin-Lon, LIN Ming-Nan

Introduction

Hospitals play a great potential role in tobacco control and prevention. As such, corresponding capacity building becomes essential. The ENSH self assessment form was regarded as a comprehensive tool to review current situation, identify needs and evaluate outcome. Meanwhile, the five action areas of the Ottawa Charter were regarded as useful framework for strategy development. The case hospital implemented the tobacco free hospital initiative since 2007 but not applied the ENSH self assessment form until 2011.

Purpose/Methods

This study was to examine and compare the experiences in developing the tobacco free hospital with and without the application of the ENSH self assessment form. It also compared the outcomes among them and identified key facilitators. Since 2011, the inter-sectoral task force in the case hospital conducted the assessment half-yearly. Based on that, an action plan was made.

Results

Before the application of ENSH, it was hard for outcome evaluation and mostly it was only based on smoking quit rate or education service quantities. After ENSH, the four assessment scores were 123.5, 130.5, 154 and 165, respectively. The key facilitators included commitment from hospital policy, resource input, an establishment of inter-sectoral structure, maximal participation, skill improvement of health professional and increased familiarity with the ENSH self assessment form.

Conclusions

The ENSH self assessment form is a compressive and useful tool for developing tobacco free hospitals. It efficiently facilitated the case hospital to assess the current status, identify needs, make action plan and conduct evaluation.

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Guiding into the ENSH Standard and Setting Up the Non-tobacco Hospital

FANG Miao-Ju, WU Shu-Chuan, CHEN Ying-O, CHOU A-Chou, CHEN Mei-Ling, WU Ping-An

Introduction

"The non-tobacco hospital" has already listed as one of the priorities of the international network by WHO Health Promotion Hospital. The tobacco injures people, causes all sorts of disease which may be prevented and even makes someone die. This research set up a friendly, non-smoking environment actively in order to create a "non- tobacco hospital" expect to effectively help the smokers quit smoking successfully, reduce the expenditure and get the health.

Purpose/Methods

We analyzed the reasons, and we found that people didn't think smoking would affect the health, and thought they could smoke outdoors. Besides, we didn't formulate the non- tobacco guidelines. By the intervention of ENSH standard. Set up the smoking cessation group. Integrated medical, administrative and volunteer team resources, and work together to promote a non-tobacco hospital policy. Offered smoking cessation outpatient, smoking cessation classes, and smoking cessation counseling services ... etc..

Results

This study collected 1640 cigarette butts from inside and outside hospital in April 2012. After four months, the cigarette butts in the hospital were reduced to 212; the doctors who attended the training were 9 people; the preliminary personnel of the health education reached into 100%, the advanced were 5 %, higher-up was 1 person, The psychiatric patients and nursing home residents all quit smoking successfully. In accordance the ENSH standard, the points were from 67 up to 157.

Conclusions

This study tells us if all healthcare professionals systematically advise their patients to give up smoking, eventually more smokers will successfully stop smoking. Quitting smoking service quantity was from 21.68% up to 62.68%. It also supports the senior official and the whole staff participation, the involvement of correlative measure and the promotion, the hospital has already made great advances - to toward non-tobacco and comfortable environment; also providing the populace to enjoy the rights and welfare of the good air quality.

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The Implementation Status of a National Smoking Ban in Hospital after Tobacco Control Policies in Taiwan

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Introduction

It is about 3.5 million smoking population in Taiwan, and smoking rate of adults over 18-years-old is 39.51 % (Male) and 4.12 % (Female) . Estimate each year more than 18,800 people die of smoking-related diseases. The medical expenditures caused by smoking 1.2 billion/year (2011, Bureau of Health Promotion, D.O.H). The implement strategic planning could build the health care for patient after quitting behavior, assistance to help quit smoking, and promote a smoke-free hospital comprehensively.

Purpose/Methods

The purpose of this study was to understand the health care institutions in promoting smoke-free hospital after Tobacco Hazards Prevention Act the New Coverage implementation, to realize the difference among hospital level, number of staffs and beds in Taiwan. Purposeful sampling was applied to audit 53 health care institutions in July 2011. Institutions applied the checklist appraisal and intervention based on 10 ENSH standards with total score 168. ANOVA and t t-test were used for statistics and data analysis.



Results

Total of 53 hospital received audit, 60.4% was Regional hospitals and average total score was 146.2. Medical Center, was the highest score of 162.3 points, followed by psychiatric hospital 153. The result showed that the standard of commitment, communication, education and training, identification and cessation support, environment, healthy promotion, and compliance monitoring, have significant differences ($p < 0.01$) in inferential statistics. This study revealed that medical center were higher than other levels of hospital.

Conclusions

Incorporating hospital-wide smoke-free environment policies, general participation, providing services and care proactively as well as ENSH instruments can help the institutions have a profound understanding and assessing of the pragmatism and effectiveness of enforcing smoke-free hospital policies. Besides, it can attain to the health promotion of all of the staff, patients and their family members to reduce health inequalities.

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Implementation of ban on smoking in health care facilities

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Introduction

The decree of Lithuanian Health Minister prohibiting smoking in all health care institutions came into force a few years ago. Its implementation appeared to be problematic, especially in mental care settings, since smoking prevails among patients with mental disorders. Acute in-patients often suffer from anxiety and disadaptation. This is an uneasy time to try to change their stereotypical habits. Various researchers emphasize positive effects of smoking as soothing, recreating, restraining, socializing. Although there is some evidence of probable depressing effects of smoking, meanwhile its positives are not sufficiently grounded. So the authors, working at a psychiatric hospital and being in constant contact with the above problems, got interested to find if it possible to reduce the number of smokers in the Republican Vilnius Psychiatric Hospital or to ban smoking altogether, also what measures could be effective.

Purpose/Methods

Aim To reveal the attitudes of the patients, the staff and the patients' relatives on the prospects of banning smoking in the hospital. Method A questionnaire was prepared from 4 clusters of items according to the aims: 1. Questions to assess each person's harmful habit and its aspects. 2. Questions of person's awareness and evaluation of negative consequences of smoking. 3. Questions of personal opinion as to expedience of restriction or prohibition of smoking. 4. Questions on the person's opinion of efficacy of different ways to eradicate smoking. The

questionnaire was submitted to 100 in-patients with mental disorder, 100 of the medical staff, psychologists and social workers and 100 of visiting relatives, after informing about the aim of the research, asking consent and guaranteeing anonymity, during March to May 2012. The data were processed and expressed in percentage with application of SPSS program, descriptive and comparative statistical methods.

Results

Smokers and former smokers made 75% in each group. In-patients mostly know of smoking prohibition in medical facilities, but a third of them are not sure. 70% believe patients with mental disorders smoke because they are prone to anxiety. Half of the sample maintain smoking helps to enter into relations and to commune. 85% emphasize smoking is unthrifty and admit a cigarette does not promote well-being and often can precipitate conflicts in hospital. Patients are rather aware of the harmful effect of nicotine on physical health, but least of mental health. They recognize harming their people's health by smoking and causing vexation in family. Half of this sample have attempted to drop smoking. 1/5 support the necessity of smoking prohibition in hospital, however 50% are positive it is impracticable. As most preferable Patients opt intensive occupational therapy and staff's example of refraining as most suitable ways to reduce smoking in hospital. Almost everybody of staff sample is aware of smoking ban. 60% admit that smoking habit and addiction is conditioned by mental illness. They also emphasize financial waste and conflicts in hospital due to smoking. The staff's knowledge of smoking harming mental health is too little, in contrary to physical health hazards. Only 1/10 support the necessity to ban smoking in hospital. Retraction of smoking and staff's example of refraining are considered the best way to promote nonsmoking in hospital. Only 28% of staff have ever attempted to drop smoking. Up to half of relatives have never known of smoking ban in hospital, and 85% maintain there is no need to prohibit smoking in hospital. No more than a 1/10 believe it is feasible. The awareness of smoking risk is sufficient, but least of impact on mental health. They are not inclined to associate this habituation with mental illness or medication, but with psychological discomfort. 40% of relatives have ever attempted to drop smoking. The most effective measures to reduce smoking were separated smoking places, education by professionals. Motivation could be enhanced by economical factors and care for health of non-smokers in the family.

Conclusions

Hospital staff is most informed about smoking prohibition, but patients and their relatives are short of information. Smoking hazards to mental health are little known to each group. Staff is prone to relate addiction to smoking with mental illness. Economical burden and conflicts in hospital are emphasized by everybody. Patients add to it conflicts in their families. Staff is also prone to recommend total prohibition of smoking in hospital. As an alternative, more occupation is proposed by patients, professional assistance – by relatives, and staff emphasizes the importance of personal example. Smokers and former smokers prevail in all groups. Most of those who had attempted to drop smoking, appeared to be patients.

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Session P4.6: HPH and environmental management

Energy conservation and reduce carbon emission-an integrative strategy implemented in a region hospital of southern Taiwan

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Introduction

According the statistic of 2011 national electric power consumption, the consumption of commercial department is 90.62 hundred million kilowatt-hour (kW-h), and the consumption of hospital is 14.08 percentage. To reduce the environment pollute, we design an integrative strategy to reduce energy waste and carbon emission by build up an executive group, set up the courses, make eco purchase, and advocate the information to patient, employee and community.

Purpose/Methods

Purpose 1.Decrease CO2 emission, prevent earth exhausted 2.Decrease waste-heat production and use of other forms of natural energy 3.Improve lighting facilities; create a comfortable and peaceful medical consultation environment. Method 1.Build healthy public policy: build up a executive group, set up the manual of environmental management 2.Create supportive environment: save oil, water, waste, electricity through set up the minimum number of service car use, monitor the energy consumption, purchase the eco materials, etc. 3.Strengthen community action: make the eco-friendly community 4.Develop personal skills: develop employee knowledge and skills 5.Reorientation of the health service: provide vegetable to instead meat

Results

1.There are 95.7% employees know the health promote policy. 2.In 2011, we totally save 252867.24kg carbon emission. (265672.12kg in electricity, 844.155kg in water, 8269.9583kg in oil, 28854.07kg in diesel oil, 31100kg in fuel oil, and 49680.28kg in save waste)

Conclusions

The hospital service is special and more professional than other enterprises. Implementing energy conservation and reduce carbon emission plan need to consider the control of the disease and the health environmental maintenance. In 2012, we saved 252867.24kg carbon emission, therefore, we got the 2012 energy conservation and reduce carbon emission emblem.

This prize proud us, and encourage us to maintain an eco-friendly medical hospital.

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Building health promoting culture & design for low Carbon meals

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Introduction

Eating out is very common in Taiwan. However, a low Carbon intake of food with high quantity of heat is a problem. In a busy work life, how to empower people to prepare healthy low Carbon meal in an easy way become important. This study aimed to establish health promoting culture & design for low Carbon meals.

Purpose/Methods

Since August 2012, we have established health promoting environments for low Carbon meals through the following tow ways. First,.In and out patient department, staff of institute district, community people(Fig.1), Second, Manpower (5 nutritionists, 1 waiter, 6 interns) , the demonstration teaching of the recipe, computer, digit camera, game (test healthily and greatly) , the poster is made, declare and lead the meal to pad 1500. Serial posters with impressive titles and colorful contents specifically designed for the activity " low Carbon meals " attracted our patients and people in our community(Fig.2).

Results

Serial posters with impressive titles and colorful contents specifically designed for the activity " low Carbon meals " attracted our patients and people in our community. Questionnaires were used to evaluate the effectiveness of our nutrition education. The results showed high effectiveness of our education activities(Fig.3).

Conclusions

The activity was very successful and fruitful. Nutrition education by poster presentation and meal pads specifically designed for the activity can attract people to learn autonomously. Old-fashioned and boring nutrition education methods may be replaced by new, vivid, and creative posters with simple, easy understand words and colorful photos to attract people to stop-by and watch, and so as to learn autonomously.

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Energy saving and carbon reduction- Run a low-carbon health care institute

LIN Chih-Wei, LIU Chang-Hui, HUANG Chien-Jen

Introduction

Recently, the massive emission of greenhouse gas has resulted in global warming. Extreme weather events have occurred frequently throughout the world, threatening human health. The influence of health care institute on climate change lies in the consumption of a significant amount of energy while providing health care services. Moreover, if we are able to reduce energy consumption, expenses could also be lowered. Thus, while promoting public health, sustainable developments of both hospitals and ecology could be taken into consideration simultaneously.

Purpose/Methods

Entrusting Taiwan Green Productivity Foundation to undertake diagnostic services for hospital energy equipment, referring report, and applying the logical structure of Balanced Scorecard to promote energy saving and carbon reduction. From educational training advocacy to equipment turnover, we advocate green passway, including free transportation and healthy trail, and thus to create a low-carbon health care environment.

Results

The total saving of 465,600 kWh of electricity in 2012, converted to CO₂ emission of about reducing the 290,069 kg. Water saving of 10,601 degrees, converted to CO₂ emission of about reducing 2.067 kg. Natural gas saving of 108,925 degrees, converted to CO₂ emission of about 227,653 kg. The decrease in total CO₂ emission of about 519,789 kg, can get rid of the pressure imposed on 43,316 trees.

Conclusions

In addition to equipment turnover, via educational training, the employees have consensus about energy saving and carbon reduction. Every section of hospitals aggressively hands in low-carbon plans and solid fulfillment, and expand to community residents to carry out altogether the carbon reduction to the utmost effects.

Comments

Through entrusting energy management institute to undertake diagnosis, we can obtain more professional suggestions, and help projects improvement be the focus of attention. Employees and community together promote the plan, and thus create an all-win situation among the environment, community and hospitals.

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Session P4.7: HPH networks

NONEMI (Norwegian Network of Migrant Friendly Hospitals)

SPLKER Ragnhild Storstein

Introduction

Norway's migrant population today makes up 13.1 per cent of the total population. Challenges related to migration and health and equitable health care services have gained more and more attention in Norway, both among professionals and policy makers. In 2003 NAKMI (Norwegian Centre for Minority Health Research) was established. In 2006 Norwegian Network of Migrant Friendly Hospitals (NONEMI) a follow-up of the European project "Migrant-friendly hospitals" (MFH) was established under the auspices of NAKMI.

Purpose/Methods

The aim of NONEMI is to enable hospitals and health services to deliver equitable health care to the migrant population. NONEMI contributes to networking, cooperation and better coordination between hospitals, local and regional health enterprises, users, relevant organizations and national health authorities. NAKMI houses the secretariat for NONEMI, a group within the Norwegian HPH network. NAKMI is part of Task Force on Migrant Friendly and Cultural Competent Healthcare and member of the International HPH network.

Results

Six hospitals were part of the network in 2006. In 2010 NONEMI was revitalized and six more hospitals became members. Today all regions of Norway are represented. NONEMI has developed a mandate stating aim, organizational structure and tasks of the network. NONEMI is currently being evaluated. NAKMI has prepared a report summarizing the activity the last two years and developed a questionnaire on the basis of the networks' mandate. Results will be presented to NONEMI members in March 2013.

Conclusions

There have been six NONEMI meetings from 2010-2012. NAKMI has facilitated presentations on a range of themes related to migration and health and equitable health services both by invited guests and NAKMI employees. Many of the hospitals in the network have presented own projects, in every meeting all hospitals give an update on the work related to equity and diversity and common challenges and solutions are discussed. Networks like NONEMI are important in order to improve health care for migrants.

Comments

All members will fill out an extensive questionnaire in order to evaluate the activities of the network and to identify possible areas for improvement. Both quantitative and qualitative data will be collected through the questionnaire. Results of the evaluation will be presented in detail at the HPH conference.

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The status of HPH activities in Korea and initiatives toward advancement

NAM Eunwoo, LEE Dongwon, JANG Yun-hee

Introduction

The National HPH network of the Republic of Korea has 33 members and many of them are Regional Public Hospitals. They are important factors for the success of national health promotion projects as the community-based health care facilities. And that's the reason why there should be active support and cooperation from local and provincial governments. Thus, the more studies on Health Promoting Hospitals are necessary to help hospital executives and policymakers raise their awareness about HPH activities.

Purpose/Methods

This study aims to propose future directions for HPH activities in Korea based on the result of survey for current HPH activities and major obstacles etc. The questionnaire of 70 questions in 12 areas reflecting HPH reality in Korea was developed. And they were given to 34 people in charge of HPH project after 5 HPH experts' examination of validity of the questionnaire. General frequency analysis and Radar Chart analysis were conducted to analysis the results by using SPSS 12.0.

Results

56.7% of HPH activities were taken up by existing department and 80% of HPH personnel were put in charge of both existing tasks and HPH projects. 'A lack of financial support from government' and 'inadequate linkage between hospital's overall development direction and HPH activities' were identified as major obstacles. And 'CEO's active support' and 'the opportunity for employees to participate in HPH project' were identified as major facilitators with 'developing specific action plans', 'applying standardized management index' as necessary conditions.

Conclusions

With the advancement of HPH, hospitals are expected to become major players in national health promotion project in Korea, which needs the establishment of an independent department focusing on HPH activities and government's financial support. The importance of CEO's support reflects the circumstance of Korean hospital's management system almost upon superior authority, which requires HPH education and field trips to advanced hospitals overseas for them. And it's also imperative to utilize HPH manual tailored to the situation in Korea.

Comments

It is anticipated that HPH activities will be more effective, continuously pursued, and managed at the local level through the establishment HPH infrastructure around the HPH members of Regional Public Hospitals.

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Session P5: Miscellaneous

Enhanced Development of the U.S. Rail System: an Economical and Health Benefit

MASIELLO Matt, HOLLIDAY Charvonne

Introduction

An enhanced rail-based transportation system will have a positive impact on one's health. In addition to the environmental adversities imposed by road-based forms of transportation, these methods of transportation also negatively impact the health of associated populations. Given this stark influence on health, the topic of transportation and health has been included in the Health 2020 policy framework.

Purpose/Methods

A literature review was conducted to explore the health risks and potential benefits of road and rail-based methods of transportation. Based on the findings of this review, an in-depth critique was formed regarding transportation in the U.S. and abroad. The document that resulted from this analysis is currently being disseminated to community leaders, politicians, and health care officials.

Results

Road-based transportation consumes more energy and is able to sufficiently carry smaller loads relative to rail transportation. Exhaust from high traffic areas has been shown to negatively impact cognition in children and increase one's risk for ADHD, depression, anxiety, and asthma. However, a proficient rail transportation system is associated with a reduction in traffic-related injuries and death, pollution emissions, an increase in physical fitness, and improvement in overall health and well-being.

Conclusions

We have found that an enhanced implementation of a rail system is correlated with the Health 2020 aims to improve health and well-being, decrease inequities, and strengthen public health. Thus, we have chosen to evaluate the impact of transportation on health.



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Mystery Shopper Audit Applied to Health Management Center in Taipei City Hospital

CHEN Ching-Chueh, WOUNG Lin-Chung, CHEN Mei-Ju, LEE Yi-Zhen

Introduction

This study aims to enhance the competitiveness of Health Management Center of Taipei City Hospital and understand the key problems of the service. The results can reflect upon the quality of health examination service in the future.

Purpose/Methods

The external auditors without prior notice as the general person to take the health examination since Jul to Aug 2010. The assessment contents based on international service etiquette were revised by five professional doctors. There were five domains: environment clean (32 items), medical facilities (25 items), interactive attitude (24 items), medical professional (18 items), and telephone reception (18 items). The scoring was the rule of "all or none". And the qualitative descriptions were collected at the same time.

Results

Results showed that the satisfaction for the environment clean was 66.67%~100%, medical facilities was 74.19%~96.67%, interactive attitude was 62.50%~91.67%, medical professional was 45.83%~79.17%, and telephone reception was 38.46%~78.57%. There was lots of space to improve in all dimensions.

Conclusions

Based on the results for improving the quality of service, the standard procedures should be established in all units, strengthening education programs and empathy courses of medical personnel, and the cross-sector communication and coordination among units should be needed to be reviewed on a regular schedule.

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Variation in Patients' Perception for Nurses' Caring Behaviors among Different Specialty Wards

HSU Tzu-Chuan, LEE-HSIEH Jane, WENG Pei-Hsuan

Introduction

Nice patient care is not only the core value but also the foundation of all nursing practice. To provide a guidance for daily nursing practice, a "SHARE project" (S for "sense people's needs before they ask", H for "help each other out", A for "Acknowledge people's feelings", R for "respect the dignity and privacy of others" and E for "explain what's happening".) was established and implemented at a hospital in northern Taiwan. More and more patients visiting the hospital have good feedback after implementation of the project. However, the authors were curious about the variation in patients' feeling for nurses' caring behaviors among different specialty wards, which could be the clue for further improvement of the nursing practice. The aim of this study is to identify and evaluate the variation in patients' perception for nurses' caring behaviors among different specialty wards after implementation of the "SHARE project".

Purpose/Methods

In this cross-sectional study with structural questionnaire, the authors developed a "Nurses Caring Behavior Assessment (NCBA)" questionnaire, which includes 29 questions, to evaluate the nurse caring behavior from the patients' perspective. Each question was scored on a 4-point Likert scale to indicate the degree of patients' perception. A higher total score indicated better feeling for nursing caring behaviors, while a lower total score indicated the opposite. The value of Cronbach's α for the total scale was 0.88. Total 305 patients were enrolled in this cross-section study, including 113 patients in obstetric wards, 109 patients in surgical wards, and 83 patients in medical wards. These data were analyzed by descriptive statistics, Pearson's correlation, independent t-test, ANOVA and linear regression.

Results

The perception for nurses' caring behavior is significantly better in obstetric wards than in surgical and medical wards from the patients' point of view ($p < 0.01$). The patients in obstetric wards have gave higher scoring for "protection of privacy", "positive encouragement", "praise to patients", "individual demonstration for caring skill", "thoughtful for patient safety", and "tender manner during nursing care" than patients in wards of other specialty. The patients' perception for nurses' caring behavior has no significant relationship with the length of stay, age, gender, number of tubes, and type of care-giver.

Conclusions

In this study, we discovered the variation in the patients' perception for the same nursing caring behavior, the "SHARE project", among different specialty wards. This might be due to the different status of mental and physical discomfort of the patients. Most patients in obstetric wards are in the joyful mood status and probably are more sensitive for the positive caring behavior of the nursing staff. On the other hand, the patients in the surgical and medical wards tend to have a higher level of physical discomfort and might be insusceptible for the nurses' thoughtful caring. Therefore, when caring the patients

with more physical illness, the nursing staff should patiently and continuously carry out the caring behavior, the "SHARE project", to make the patients been able to feel the nurses' caring despite their physical discomfort.

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An Interventional Study Assessing Palliative Care Knowledge and attitudes, self-efficacy Learning amongst Nurses Undertaking the Course "Palliative Education"

CHIANG Shang-Chi

Introduction

According to Department of Health (2010) statistics: about 41,046 people in Taiwan died of cancer incidence and mortality have increased by year, hospice care for dying patients can reduce production of physical and mental illness and spiritual distress, discomfort, maintain their quality of life, and can provide physical and psychological support for families. Pointed out by internal research literature on palliative care nurses knowledge is still insufficient motivation of this study were to understand nurses knowledge of palliative care .

Purpose/Methods

The purpose of this cross-sectional study of 39 nurses in a general teaching hospital in central Taiwan was to explore Curriculum design patient-centered palliative care service training, curriculum knowledge and spirituality total of 8 hours of education program .Data was collected by self-administered questionnaire.

Results

The results show that: (a) sample aged 20-30 years old at most (61.54%), years to 1-5 years accounted for the majority (53.85%). (B) nursing education on palliative care nurses and hospice cognitive aspects of self-efficacy, posttest mean scores significantly higher than the pre-test ($p < 0.001$), while the nurses involved in palliative care in the attitude of the face of the scores in substance though not statistically significant differences, but the attitude score was positive.

Conclusions

Hospice care for terminally ill patients is very important and should be a timely referral medical team choose to give terminally ill patients medical principles of medical ethics to maintain patient autonomy and professionalism of the medical staff, patients and successfully transferred referral to the Palliative Care Team, physical, social, psychological and spiritual care for

patients and their families. The study due to school hours only 8 hours course just an introductory course, unable to penetrate.

Comments

The study is limited to (1) due to only 8 hours of class time course just an introductory course, unable depth discussion. (2) to the study's limited time and manpower, the sample is confined to a teaching hospital nurses can only do across-sectional study, the small sample size affect the result of the inference.

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Effects of the 6th vital signs (emotional distress) assessment and management programs education

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Introduction

To compare the effectiveness of nurses involving in the 6th vital sign (emotional distress) assessment and management of education.

Purpose/Methods

A quasi-experimental study, nurses who was work for more than half a year of medical center in southern Taiwan and excluded more of the head nurse in charge. 35 care unit of nurses purposive assigned to the experimental group and the control group. The experimental group involved in the sixth vital sign assessment and management of education. Both groups were evaluated by self structured questionnaire, before the education questionnaire pretest and posttest in the one month and three months after again; To understand nurses on the sixth vital sign assessment and management of knowledge, attitude of scores change;

Results

157 nurses in the experimental group,198 nurses in the control group. There is no significant difference between two groups on the degree of education, E-information, work years and age ($p > 0.05$). On the score of nurses's knowledge about the sixth vital sign, the experimental group increasing than the control group on one month and three month of posttest, and the rate of progress of the experimental group significant than the control group, and statistical significant ($p < 0.05$). The score of attitude about advocating the 6th vital sign program, the experimental group than the control group in one month, three months 6th vital sign of positive attitude change, the positive attitude of the 6th vital sign in the month, reaching a statistically significant difference ($p < 0.05$), the three months of the positive attitude of the 6th vital sign not statistically significant ($p > 0.05$). Nurses in the frequency of the use of the sixth vital signs assessment, the



experimental group and the control group did not reach statistical significant differences.

Conclusions

Nurses's knowledge about the sixth vital sign, the experimental group increasing than the control group on one month and three month of posttest, and the rate of progress of the experimental group significant than the control group.

Comments

Nurses must a positive attitude toward the 6th vital sign assessment and disposal, should be promoted, not only to provide physical care, psychological can also get professional counseling and solace.

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Myth buster: Should operation be postponed during ghost month?

LEE Cheng-Yung, HO Hsu-Chueh

Introduction

The lunar calendar is widely used in Chinese areas. A prevalent Chinese belief is that ghosts are released from the hell during lunar July (mostly between August and September). In this month, behaviors become ghost sensitive and therefore patients try to avoid medical activities. However, a dilemma exists whether cancer patients should postpone their surgery or not during ghost month. We compare the survival rates of cancer patients undergoing surgeries in ghost month with those in other months.

Purpose/Methods

A retrospective medical record review retrieved a total of 1,228 patients with head and neck cancer undergoing cancer-related surgery with or without combined reconstruction between August 2000 and December 2010. The end point was December 2011 as additional follow-up period. Of all, 137 patients underwent operation in ghost month and 1,091 in non-ghost months.

Results

Patients in ghost month have slight better but insignificant survival rate than those in non-ghost months ($p=0.556$). For those undergoing major combined surgeries, there is insignificant difference in survival rate, either ($p=0.407$).

Conclusions

There is no difference in survival benefit or risk whether surgery is in ghost month or not. However, survival curves of ghost and non-ghost months separate from each other after 15 months. That is, early intervention probably yields better results than postponed intervention does in the long run. The implication of ghost month is a perception of occult risks. Clinicians should be

aware of patient's cultural contexts or superstitions in health promotion and education.

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Myth Buster: Association of pineapple taboo with caseload in Taiwan

HO Hsu-Chueh, LEE Cheng-Yung

Introduction

Studies have suggested some superstition or social cultural beliefs probably have positive or negative impact on clinical practice. It is believed to eat pineapple is cursed in Taiwanese hospital culture because the pronunciation of pineapple sounds like the word "overload". Accordingly, eating pineapple will lead to overwhelming workload. Da Lin Tzu Chi General Hospital is located at the center of one major pineapple town in Taiwan. We are curious about whether this hospital is overloaded by pineapple or not.

Purpose/Methods

The season of pineapple begins from April to August every year. One volunteer attending doctor of surgery department in Da Lin Tzu Chi General Hospital ate pineapple while on emergency duty during pineapple seasons from 2007 to 2010. We observed his daily caseload and total caseload of all duty doctors in the same day was compared and regarded as the offset term in Poisson regression.

Results

No matter what pineapple season was, there was no significant difference in daily caseload ($p=0.481$). The daily caseload has insignificant difference between pineapple doctor and non-pineapple doctors ($p=0.620$). For eating pineapple doctor, daily caseload was nearly the same in seasons ($p=0.931$). During pineapple season, there is no difference in daily caseload among doctors ($p=0.858$).

Conclusions

No matter what seasons and what doctors are, the daily caseload appears insignificantly different. No one likes overload and no one likes devastated conditions. To avoid these, doctors keep away from pineapple as the best coping strategy in Taiwan. However, eating pineapple and caseload are two independent and different events. It is unnecessary to correlate one with the other. Nevertheless, any cultural belief sensitive behaviors should be and appreciated and addressed.

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New physiotherapy technologies influencing patients' quality of life

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Introduction

Like other areas of medicine, rehabilitation is hardly imaginable without the development of new technologies used for assessment, diagnostics and treatment of patients. Physiotherapy is one of the main treatment methods in modern rehabilitation medicine. Since it is based on individual treatment programs, objective evaluation of patient's physical state, treatment efficiency forecast, and feedback are extremely important. Working with neurological patients, new technologies help physiotherapist to perform physiotherapy evaluation, diagnostics, and make the treatment plan.

Purpose/Methods

To describe new physiotherapy technologies influencing patients' quality of life. The administration of Palanga rehabilitation hospital (PRH) pays exceptional attention to the acquisition and application of new physiotherapy technologies. Extremely important data is obtained using modern diagnostic equipment for examination and correction of walking function. The hospital is able to perform detailed analysis of walking and static and dynamical balance of patients with measurement system Zebri WinFDM-T.

Results

Treatment efficiency and patient's participation extremely depends on patient's understanding of his/her functional abilities and correct posture. Such treatment plan is implemented using X-SENSOR pressure mapping system, which objectively assesses the correctness of sitting. Body posture depends on a muscle tone, which also constitutes the basis for the elasticity and active movements of body. The muscle tone is examined with a help of the diagnostic equipment MIOTON 3, measuring tone, elasticity, and tension of biological tissues.

Conclusions

Neurospinal functional index (NFI) is identified using the system of complex evaluation of spinal functions (EMG, ROM, Algometry, Thermal, PWP). Graphical representation of assessment results helps patients to monitor and realise health changes in a course of treatment. Examinations, based on such new technologies as Zebri, MIOTON 3, NFI, X-SENSOR, employed by PRH, show the improved quality and greater efficiency of rehabilitation services also ensuring feedback to patients. New technologies, differential diagnostics, and objective data allow more efficient application of physiotherapy means and methods, and help to implement treatment plans improving patient's quality of life.

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The technique improvements and relations between slice angles and mirror images of left shoulder MRI

WANG Hsin-Yao

Introduction

The coronal images of left shoulder MRI examinations were often in reverse side which made radiologists confused if the tilt angle (α) of coronal slices exceeded 45 degrees when patients lay slightly obliquely on the couch. The study is not only to confirm relations of particular parameters but also to provide methods to prevent the mirror coronal images occurring even if the side marks of them are correct.

Purpose/Methods

The rectangular phantom (17x6.5x5 cm size, 0.014 M concentration of Nickel chloride), which was labeled by fish oil capsules on the top and lateral sides, was used to simulate the situations of tilt shoulders. Also the GE HDi 1.5T MRI machine and four different scan parameters (angles of coronal slices, angles of second 3-plane Loc. FOV, angles of axial plane FOV, position descriptions of patient input) with the same protocol were used.

Results

Under the premise that position description of patient input was set supine, the first outcome showed that the mirror images occurred if the included angle (α) between y-axis and coronal slices was smaller than 45 degrees. And it were also happened when we made the included angle (β) of either second 3-plane Loc. FOV or axial plane FOV smaller than 45+(90- β) degrees. However, if position description of patient input was set right decubitus, the coronal images were presented without inverting.

Conclusions

The included angle (α) which is between y-axis and slices is the main cause of inverse coronal images. Any kinds of method to adjust it to exceed 45+(90- β) degrees is useful to prevent mirror images. These include making tilt angle of slices bigger, changing position description of patient input to right decubitus, and lowering tilt angle of shoulder by straps.

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