

Praboromarajchanok Institute
Ministry of Public Health, Thailand
Edith Cowan University, Australia
The Association of Indonesian Nurse Education Center, Indonesia
The Proceeding of International Conference: Health and the Changing World

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Rama Garden Hotel, November 11-13, 2008



In Thai, Mae means mother. The idealistic value of Thai culture originating from the Mae nam which means the mother of water, or the river and nature around it should then be treated with due respect and care. This picture symbolizes the concept of the conference that is "Our mission is to save the world".

(Picture The Origin of Chao Phraya Artist : Mr.Sompob Budtarad Sponsored by National Gallery)

สถาบันพระบรมราชชนก กระทรวงสาธารณสุข

การประชุมวิชาการนานาชาติ

เรื่อง สุขภาวะกับโลกที่เปลี่ยนแปลง (Health and the Changing World)

ณ โรงแรมรามการ์เด้น กรุงเทพมหานคร

วันที่ 11-13 พฤศจิกายน 2551

www.healthandthechangingworld.com E-mail : info@healthandthechangingworld.com



Conference Background

As we all recognize the world is experiencing change, this change certainly affects humans and health. The warming globe, natural disasters such as earth quakes, floods, and storms are alerting humans to save the world. Diversity of cultures makes people adapt themselves in the world that is getting smaller. At the same time, many people are suffering from war, terrorists and other forms of power seeking and conflicts. These changes have huge impacts on health and lead to many health problems, including both physical and mental health issues.

The conference will provide an opportunity to explore these issues in a diverse context and the role of health care providers in the execution and advancement of health care. The conference aims to provide a platform to dialogue the issue of "Health and the Changing World" and to pull together the experiences, lessons learned, and foreseeable problematic issues in order to improve health care.

This international conference is organized by the Praboromarajchanok Institute (PBRI) Ministry of Public Health, The Nurse Alumni Association of Ministry of Public Health with a well partnership from Edith Cowan University, Australia and the Association of Indonesian Nurse Education Center (AINEC), as well as all friends from Thailand and around the world, aiming to promote global collaboration and excellence in health care education, research and practice in order to accomplish our mission that is to save the world.



Picture : Sukhothai, Artist : Mr. Chung Mulphinit
(Sponsored by National Gallery)

Getting to know PBRI

Praboromarajchanok Institute (PBRI) is simply called "the King's Father Institute" under the Ministry of Public Health, Thailand. Its mandate is to provide adequate and qualified nurses and health personnel countrywide. The PBRI consists of 29 colleges of nursing, seven colleges of public health, a college of medical and public health technology, and a college of public health administration. We are the largest part producing health care providers in Thailand. To get more information, please visit our website at www.pi.ac.th

Loy Kratong Festival

Loy Kratong has traditionally been held on the full moon day of the 12th lunar month. It is probably the most picturesque and beautiful of all Thai celebrations. "Loy" literally means "to float", while "kratong" refers to the lotus shaped receptacle which can float on the water. Originally, the kratong was made of banana leaves or the layers of the trunk of a banana tree or a spider lily plant.

Different legends surround the origin of Loy kratong. The most popular version is it was an expression of thank the goddess of water 'Phra Mae Kongka' for having extensively used, and sometimes polluted. The practice of Loy kratong first began in the ancient kingdom of Sukhothai about 800 years ago. A young queen named Nang Noppamas was believed to be the one who made very impressive kratong in lotus shaped.

The Loy kratong festival in 2008 will be held on November 12, and all delegates of the conference are welcomed to join this fantastic night along Chao Phraya River by the Royal Navy Cruise named "Angsana: the Goddess of Chao Phraya" Please come to join the conference and enjoy the festival !!!!

Agenda

The International Conference on Health and the Changing World

Convention Hall, Rama Garden Hotel, Bangkok

November 11-13, 2008

November 10, 2008

- 01.30-6.00 pm - Registration at Tulip I room
- Welcome drink provided by the hotel
- Placement of Posters in front of Convention Center Hall, 4th Floor

November 11, 2008

- 08.30-08.45 am - Welcome Address by the Tripartite
 - Mr. Suvaj Siasiriwattana, MD.: Praboromarajchanok Institute, Thailand
 - Professor Dra. Elly Nurachmah: President of AINEC Indonesia
 - Professor Dr. Cobie Rudd: Edith Cowan University, Australia
- 08.45-09.15 am - Keynote Speech I: Changing World / Changing Paradigm
 - Mr. Suwit Wibolpolprasert, MD.: Ministry of Public Health, Thailand
- 09.15-09.45 am - Keynote Speech II: Health Policy in the Changing World
 - Professor Dr. Cobie Rudd: Edith Cowan University, Australia
- 09.45-10.00 am - Break
- 10.00-11.00 am - Awaiting the arrival of Her Royal Highness Princess Soamsawali
- 11.00-12.00 pm - Opening Ceremony presided over by Her Royal Highness Princess Soamsawali
 - Presentation of Honorary Awards for Outstanding Contributors
 - Exhibition and academic posters hosted by Dr. Laiad Jamjan
- 12.00-01.00 pm - Lunch
- 01.00-05.00 pm - Concurrent Session I (6 Rooms)
- 05.00-05.30 pm - Poster Session

November 12, 2008

- 08.00-08.30 am - Poster Session
- 08.30-09.15 am - Keynote Speech III: The Impacts of the Changing World on Health Care
 - Emeritus Professor Dr. Wichit Srisuphan: The President of Thailand Nursing Council

- 09.15-10.45 am - Panel discussion I: Multicultural Perspectives in Health
 ✓ Professor Dr. Kaseam Chankaew: Kasetsart University, Thailand
 Associate Professor Dr. Christopher Churchouse: Edith Cowan University, Australia
 Dr. Janet Ramjeet: University of East Anglia, U.K.
 ✓ Moderator: Dr. Thaworn Lorga: BCN Nakorn Lampang, Thailand
- 10.45-12.15 pm - Panel discussion II: Disaster Preparedness and Management by:
 Professor Dr. Kumiko Takataya: University of Yamanashi, Japan
 Professor Dra. Elly Nurachmah: President of AINEC, Indonesia
 Benjaporn Panyayong, MD.: Department of Mental Health, Thailand
 Moderator: Dr. Sunanta Thongpat: BCN Suratthani, Thailand
- 12.15-01.15 pm - Lunch
- 01.15-04.30 pm - Concurrent Session II (6 Rooms)
- 04.00 pm - Depart from the hotel to the Royal Navy Port for Angsana Cruise
 (Only card holders for Angsana Cruise)
- 06.00-10.00 pm - Dinner on "Angsana Cruise: Goddess of the Chao Phraya"
 Fantastic Loy-Krathong Festival along the Chao Phraya River

November 13, 2008

- 08.00-08.30 am - Poster Session
- 08.30-12.00 pm - Concurrent Session III (6 Rooms)
- 12.00-01.00 pm - Lunch
- 01.00-02.00 pm - Keynote speech IV: Happiness and Peace for the Changing World
 Phra Dharmakosajarn: Rector of Mahachulalongkornrajavidyalaya University, Thailand
- 02.00-03.00 pm - Plenary Session: Evolution of Interventions and Research for the Changing World
 Professor Dr. Lynne Hall: University of Kentucky, U.S.A
 Professor Dr. Ann Peden: University of Kentucky, U.S.A
- 03.00-03.30 pm - Conference Conclusion
 Professor Dr. Cobie Rudd: Edith Cowan University, Australia
- 03.30-04.00 pm - Closing Ceremony
 Closing remarks by current host,
 Mr. Suvaj Siasiriwattana, MD. and hands over the conference flag to Professor Dra. Elly Nurachmah: President of AINEC for the next conference
 Thai-Indonesian Cultural Performance

**Praboromarajanok Institute Ministry of Public Health, Thailand
International Conference: Health and the Changing World
Convention Hall Rama Garden Hotel, Bangkok Thailand
November 11-13, 2008**

		Monday 10th November, 2008				
		Registration & Multi-Purpose Hall, 4th Floor				
		Placement of Posters in front of Convention Center Hall, 4th Floor				
		Tuesday 11th November, 2008				
		Registration & Multi-Purpose Hall, 4th Floor				
		Registration & Multi-Purpose Hall, 4th Floor				
08.30-08.45 am	DAY 1 MC	Welcome Address by the Tripartite Mr. Suwat Siarirattana, MD.: Director of PBRI, Thailand Professor Dra Elly Nurachmah: President of AINEC, Indonesia Professor Dr. Cobie Rudd: Edith Cowan University, Australia Keynote Speech I: Changing World (Changing Paradigm) Keynote Speech II: Health Policy in the Changing World Break				
08.45-09.15 am		Awaiting the arrival for Her Royal Highness Princess Soamsawali				
09.15-09.45 am		Opening Ceremony presided over by Her Royal Highness Princess Soamsawali				
09.45-10.00 am		Honorary Award for Outstanding Contributors				
10.00-11.00 am		Lunch				
11.00-12.00 pm		Lunch				
12.00-01.00 pm		Concurrent Session I: Oral Presentation				
01.00-05.00 pm		Concurrent Session I: Oral Presentation				
Room Name	ROOM A	ROOM B	ROOM C	ROOM D	ROOM E	ROOM F
Topic	Convention Center Community/Home Public Health	Lavender Community/Home Public Health	Vanda 1 Nursing/Midwifery education	Ballroom 1 Nursing/Midwifery Practice	Ballroom 2 Health Promotion	Cattalaya Palliative Care/ Evidence-Based Nursing
Chair I	Kumiko Takataya Pisit-Polana	Jiraporn Wattanasrisin Benjawan Sriyodan	I Gede Putu Darma Suyasa Monthana Henehayat	Utsanee Tevorachai Waijorn Khamwong	Jim Cross Bussayasi Pongnitch	Ynovadee Suwannaka Chularat Howlarn
Chair II	Sangmanee Aho	Roshinee Oupra	Anchaloke Pongkaset	Chertina Kaevprom	Vanida Visethpanitch	Juntila Srikrjaung
01.00-01.20 pm	The assessment of Thai, Thai Heritage and Surrounding Concern Project	Effect of a community based rehabilitation program on outcomes for stroke survivors in Thailand	Factors Associated with Passing the First Comprehensive Examination amongst Graduation Students at Sirindhorn College of Public Health, Yala	Nurses' Perceptions and Practices that Promote Recovery from Schizophrenia in Thailand's Mental Health System	Development and Testing of a Physical Activity Questionnaire among Community-Dwelling Older Thai Adults in Bangkok	Dying Process and Family Responses: A Lay Perspective
01.20-01.40 pm	Adrain Kuzozai Physical Development and Body Posture Abnormalities in Intellectually Impaired Young People	Abdul Khalide A Systematic review and Meta-analysis of Occupational Exposure to Benzene: Leukemia in relation to Benzene exposure	Analia Rajan First Year Nursing Student's Knowledge on HIV/AIDS	Clowe Jondonero Variations in Self-Management Measures of Chronic Hypertensive Clients	Amir Tabatabaee Evaluation of the effectiveness of educational models on prevention of drug abuse and presenting effective strategies	Anne Wilkinson Caringiving to Advanced Chronic Illness (CHF/COPD) Patients
01.40-02.00 pm	Anura Pongpantho Community-Based Rehabilitation Programme for Paralysis Patients	Mark Anthony J. Symptom Distress and Quality of Life of Patients Diagnosed with Diabetes Mellitus	Enie Novicostari-Final The Relation between Teaching Styles and Student Competency in Performing Laboratory Procedures on Fundamentals Nursing Course at Faculty of Nursing University of Indonesia	Ampon Thiangroongdee Identifying Prevalence Rate of Tuberculosis Infections in Health Care Staffs at the Dancheang Hospital, Suphanburi Province	Choachart Deerornram Mental Health Promotion among Nursing Students	Cesar G. Demayo Quality Of Life of Patients Diagnosed With End-Stage Cancer

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16
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Room Name	ROOM A	ROOM B	ROOM C	ROOM D	ROOM E	ROOM F
02.00-02.20 pm	<p>Convention Center</p> <p>Anchaleeporn Wisitwong Experiences of Southern Regional Border First Year Nursing Students in the Bachelor of Nursing Science Program, Boromarjonnani College of Nursing, Chaiyathum</p>	<p>Lavender</p> <p>Mohammad Athar Ansari An Epidemiological Study of Malaria in Rural Areas of Aligarh Nursing, Chaiyathum</p>	<p>Vanda 1</p> <p>Harumi Sohe The Characteristics of Repeated Self-Training in Acquiring the Basic Nursing Skills for BScN Students Focusing on Time and Accuracy.</p>	<p>Ballroom 1</p> <p>Fathemeh Namnik_burn Study of causes and depth of burn among people that consult burn Emergency ward of Imam Reza hospital in Mashhad within first 3 month of 2008</p>	<p>Ballroom 2</p> <p>Hasnain Sabih Nayak The Use Of Dristri Meia in Reducing Childhood Blindness</p>	<p>Cattaleya</p> <p>Nitin Joseph A comparative study to assess the awareness of palliative care between urban and rural areas of Ernakulum district, Kerala, India</p>
02.20-02.40 pm	<p>Payom Thin-Uan Maintaining "Dignity in Later Life." A Grounded Theory Explaining How Dependent Thai Older Parents Maintain Their Status in The Family</p>	<p>Majid Zarrin Nasrin Amirrajab Isolation of Cryptococcus neoformans from pigeon droppings in Ahwaz city, Iran</p>	<p>Suwalee Chookiarti Cost Analysis for Professional Nurse Production and Health Personnel Development of Boromarjonnani College of Nursing Songkhla, Thailand</p>	<p>Forough Rafii Reality of Learning Self-care Needs During Hospitalization: Patients' and Nurses' Perceptions</p>	<p>Hoang Khanh Chi Promoting Mental Health of Secondary School Students in Hanoi, Vietnam: A Pilot Intervention Program (2007 - 2008)</p>	<p>Duangkamol Wattradul Factors Affecting to Evidence Based Nursing Practice among Nurses in Intensive Care Unit</p>
02.40-03.00 pm	<p>Cynthia Wu Sleep Risk Factor of School Children in Hong Kong</p>	<p>Orn-anong Sue-Gee Factors Determined Participation from the Local Administrative Organization in preventing Dengue Haemorrhagic Fever</p>	<p>Sinsakchon Anuprom-me Health Literacy Knowledge and Experiences in the Senior Year Nursing Students from Nursing Colleges under the Phraboromarjonnani Institute</p>	<p>Intira Jongpou Evidence-Based Practice Guideline for Non-Pharmacological Management of Labour Pain</p>	<p>Ilavarasi Jesudoss Healthy Life Style Modification</p>	<p>Kahawee Srisittirak Development of Clinical Nursing Practice Guideline for Pin/Wire Site Care</p>
03.00-03.20 pm	<p>Kyung Sook Jeon Korean People's Experiences with Health Services in Thailand</p>	<p>Pardeep Khanna Prevalence of Mental Morbidity amongst Prisoner S</p>	<p>Busagorn Komolpanorn The Path to Nursing Profession under "the Southern Peace Policy": Case Study of Nursing Students at Boromarjonnani College of Nursing Songkhla, Thailand</p>	<p>Kanok-on Chaowiang A Path Analytic Model of Depressive Symptoms among Thai Adolescents</p>	<p>Jafari Mousavi The National Program of Evaluating Hospital Care System in Iran. Instructional Hospitals of Ahwaz Jondi Shapur Medical Sciencee University in 2007</p>	<p>Oranuch Nampaisan Using Evidence to Inform Policy and Practices Related to TB/HIV Epidemics</p>
03.20-03.40 pm	<p>Eghbal Zare Bullying and bullied among teens and their negative mental consequences in students</p>	<p>Phichpraorn Youngcharoen Factors Predicting Osteoporosis Preventive Behavior among Nursing Personnel</p>	<p>Chadawan Runlert A Model Development and Management of the Dual Bachelor's Degree Program in Higher Education Institutions under the Ministry of Public Health</p>	<p>Janjira Gardner Reducing the Incidence of Albrete Scores Below 7 Before Patients' Admittance to the Post-Anesthetic Care Unit</p>	<p>Janet Ramjeet An Evaluation of the Reintroduction of the School Nurse</p>	<p>Orathini Lanamwongl Evidence-based Practice Guideline for Prevent on of Falls among Older Patients</p>
03.40-04.00 pm	<p>Nantapulsab Tep Comparison of Three Automated Hematology Analyzer with Flow Cytometry for Detection Platelets in Thalassaemic Patients</p>	<p>Profulla Hazarika Reproductive Health Care of Women in Migrants' Localities in Assam</p>	<p>Chulee Siripitakchai The opinion of nursing students towards the e-learning in the anatomy and physiology subject at Srinakharinwirot Nursing College</p>	<p>Jaratdao Reynold Needs of Family Members of Critically ill Patients in Cardiac Care Unit: A Comparison of Nurses and Family Perceptions in Thailand</p>	<p>Khodabakhsh Karami Breakfast and Between Meal Pattern of Primary School Students in Qom City, 2008</p>	<p>Taryudi Sarfa Evidence Based Practice Improves Patient Care</p>
04.00-04.20 pm	<p>Farrad Berahmandpour A Survey of BMI among Students of AmirKabir University</p>	<p>Purnia MS Cumulative Incidence of Common Morbidities among Rural Elderly Population</p>	<p>Chantima Charanasri The Effect Factors of the Educational Quality Assurance System in Boromarjonnani College of Nursing, Saraburi, Thailand</p>	<p>Jeffrey Loh Chai Li Code Blue Simulation Training in a Psychiatric Inpatient Unit</p>	<p>Apitreee Charoenukul Effectiveness of a Self-Care Promotion Program for Uncontrolled Type 2 Diabetic Patients</p>	<p>Prasompon Wachirattanakornkul Evidence-Based Practice Guideline on Prevention Neonatal Hypothermia</p>

Room Name	ROOM 1	ROOM 2	ROOM 3	ROOM 4	ROOM 5	ROOM 6
04.20-04.40 pm	<p>Convention Center Khalid M. Almutairi</p> <p>The Prevalence of Tobacco Use among Health Science College Students:</p>	<p>Lavender Saowapa Deakard</p> <p>Resource scarcity, professional-lay value incongruity and increasing complexity: contexts for managing frontline community health services in Lampang</p>	<p>Vanda 1 Ganigah Ruanjahn</p> <p>An Exploration of Factors Influencing Adherence to Highly Active Antiretroviral Therapy (HAART) Among People Living With HIV/AIDS in Northern Thailand</p>	<p>Ballroom 1 Natawan Khamsaen</p> <p>Determinants of Condom Use among Thai adolescents</p>	<p>Ballroom 2 Sumitra Wieha</p> <p>Modes of Respite and Resources Needed to Improve Their Experience of Principal Family Caregivers of Stroke Patients</p>	<p>Cattaleya Kannapatch Sribhong</p> <p>Perceptions of Evidence-Based Practice among Thai Nurses: A Descriptive Qualitative Study</p>
04.40-05.00 pm	<p>Busi Nuul-Ngonbo</p> <p>Knowledge and Challenges of Home-Based Care givers in Namibia</p>	<p>Saranritfichai Kesinee</p> <p>Sex knowledge and experience among 13-15 year olds in Khon Kaen, Thailand</p>	<p>Jaraisri Petchkong</p> <p>Relationship between Emotional Intelligence and Learning Behavior of the Second Year Nursing Students in Borommarajomani College of Nursing, Chakriraj</p>	<p>Nittaya Thongtana</p> <p>The effective of magnetic auricular acupressure (due to pain in maternal post cesarean section</p>	<p>Jonnara Wongpuler</p> <p>Health Promoting Behaviors of Diabetes Mellitus Risk Group in Chaisathan Sub-District, Saraphi District, Chiangmai Province.</p>	<p>Nonpluk Promtingkarn</p> <p>Enteral Feeding Practices among Thai Nurses: Do They Vary and Are They Evidence-Based?</p>
05.00-05.30 pm	Poster Session					

Wednesday 12th November, 2008

Keynote Speech III: The Impacts of the Changing World on Health Care

Panel discussion I: Multicultural Perspectives in Health

Panel discussion II: Disaster Preparedness and Management

Lunch

concurrent sessions

DAY 2	ROOM A	ROOM B	ROOM C	ROOM D	ROOM E	ROOM F
08:00-08:30 am	Surasak Soonthorn	Ganigah Ruanjahn	Vanda 1	Tulip 1	Health Promotion	Cattalaya
08:30-09:15 am	Convention Center	Leelavadee	Nursing/Midwifery Education	[Nursing/Midwifery Practices		Nursing administration and management
09:15-10:45 am	Community/Home /Public Health	Community/Home /Public Health	Nganmit Ratananugont	Warewat Siriwantj	Prissana Naunboonruang	Agriculture and other
10:45-12:15 am	Supaporn Wannasatrad	Kulthida Panichakul	Vandua Visuthipantich	Roadellina Junlapeeyn	Kanok-on Choowiang	Waanee Tapaneeyakorn
12:15-1:15 pm	Sushrewa Wichakul	Anchalaporn Wisitwong	Maneerat Pansawat	Roadellina Junlapeeyn	Mattiri Ongern	Kwanita Boonvas
MC	Nonglak Paguaya	Saiyud Moolphate	Competencies for Evidence Based Practice among Thai Nurses: A National Survey	The Implementation of Hand Hygiene Compliance at Ramsay HealthCare Hospitals Indonesia	Tuberculosis Detected by the Screening among People Living with HIV in Chiang Rai, Northern Thailand	Jan Peate
01:15-01:30 pm	Discrete Choice Experiment to elicit Job preference of newly graduated nurses	Factors Associated with Treatment Defaults among New Pulmonary Tuberculosis Smear Positive Patients	Irene McPhee	Lin Chung-Hui	Maryam Rouholamin	The Modernisation of Nursing Careers - A UK perspective
01:30-01:50 pm	Chohamhossein Abdeyazdan	Sanjeev Badiger	Teaching Behaviors that "Invite Learning" in the Undergraduate Clinical Setting	Remains stressful? A qualitative study of experienced nurses' perceptions of stress during their transition into a new hospital setting in South Taiwan	A Survey on the epidemiology of health and the study of effective factors on dying risk percent in 20-60 years old people	Jenny Firaarlana
01:50-02:10 pm	Stressor Factors between the Patients Hospitalized in Surgery Sections of Medical Science University	Clinico-Epidemiological Profile of Seropositives Attending the Anti Retroviral Therapy (ART) Center	Soye Marie Hendriks & Vicia One	Maulida Mostela	Understanding the Decisions about Uptake of Prevention Mother-to-Child Transmission (PMTCT) Programme in Burmese Migrant Women	Nurse Empowerment at Surabaya International Hospital in Indonesia
02:10-02:30 pm	Irma Nurbaeti	Sayed Mohsen Hosseini	Building Leaders in our Midst: A Leadership Program in an Undergraduate Nursing Program in West Australia	Effects of midwives' emotional support on clinical delivery trend	Rachatewan Sangsreev	Motivating Nursing Staff and Improving Patient Outcomes
	Postpartum Depression in Rural and Urban Area	Risk Scoring System For Predicting Abdominal Obesity in Iranian Youths	Patcharin Komkam	Early discharge following paediatric Appendicectomy Surgery	Factors Determined Health Promoting Behaviors of the Elderly in Krassasin District, Songkhla Province, Thailand	Sumira Humaira Habib
	Jain RB	Suprajitno, Maya Puspa	The Health Care Needs of Prisoners	Phat Prapavichai	Gender and Age Differences in Problem Behaviors and Coping Strategies among Adolescents in Chantaburi, Thailand	Cost-effectiveness analysis of medical intervention in patients with early detected of Diabetic Nephropathy in a tertiary care hospital in Bangladesh
02:30-02:50 pm	Jane Buncuan	Tahannejad, Z	Developing A Preceptor's Caring Model In Buddhist Oriented School	Episiotomy Use in Thailand: Examining the Impact on Perineal Trauma During Vaginal Birth	Nursing administration and management in SHARIATI hospital over 1-year period, 2007	Tahmineh Khademi
	Prevalence of Institutional Deliveries in Rural Areas of Northern India	Sibling Adaptation that's less His/Her Sister with Mental Retardation	Kanokporn Thainkumari			
	Infant Feeding Practices of a Rural Community: A Changing Culture	Investigation of Giardia lamblia Infection in patients with Esosinophilia				

Room Name	ROOM A	ROOM B	ROOM C	ROOM D	ROOM E	ROOM F	ROOM G	ROOM H
02:50-03:10 pm	Convention Center Jirapa Sirivijananmethanon	Leelavadee Euhroh Srisrieston	Vanda 1 Kritthaporn Sirisorn	Tulip 1 Kubrut Borriukwanit	Tulip 2 Naruemol Singha-Dong	Cattaleya Benjawan Sriyotin		
03:10-03:30 pm	Piyawat Chitpakdee Self-care processes among Thai people suffering from AIDS	Sumeth Thipayachat Socio-demographic and Feeding Determinants of Childhood Nutritional Status	Nuanjan Mutayapattana Caring Behaviors of Nursing Students during a Practicum in the Nursing Care of Persons with Health Problem I Course, as Perceived by Themselves, Instructors, and Clients	Piamsook Sombutsook Comparison the Effect of Differential Oxygen Drug Administration on Postpartum Hemorrhage and Haemodynamic Change in Normal Labor	Panatsaya Wannawilai Health and Well-being of Pediatric Drivers in Ubon Ratchathani Metropolitan, Thailand	Iroj Rasooli Factors Relating Knowledge Management Behaviours of Lecturers Working in Colleges of Nursing under the Jurisdiction of Ministry of Public Health, Thailand		
03:30-03:50 pm	Pornpimol Kaschal Experience of Problems Confront and Self Adjustment of the Final Stage Cancer Patients: A Qualitative Study	Sunun Srisrieston Growth Development and Emotional Intelligence of the first year Diploma of Public Health Program: students at Srinachorn College of Public Health Pitsanuloke province.	Wuranee Meekharoen The Development of Student-Center Classroom Learning Management on Topic "Agitation Manipulation Behavior Nursing Care"	Rungruidee Usaha Thoughtful Caring Behavior as Perceptions of Thai and Muslim Professional Nurses in Yala Province, Thailand	Paeangphorn Kuntaree Self Care Behaviors and Quality of Life among the Elderly in Songkhla Province, Thailand	Jandajuk Khanobdee Dental Biofilm Inhibition by Essential Oils		
03:50-04:10 pm	Pornruidee Nisirat Loving by the Nature: Lifestyles of Older Karen Persons Who Live Well and Eat Well	Tharin-Sukanun An Exploration of Factors Related to Hypertension Control in African American and Caucasian Municipal Employees	Patchat Unipan Caring Behavior in Nursing Practice among New Graduates from Nursing Colleges under the Jurisdiction of the Ministry of Public Health, Thailand	Sakarin Suvantwaha Labour pain relief with Thai Traditional massaging instrument	Suwatana Keerdmang Alliance Model for Health Promotion in the Community	Sumanikar Chanhohard Harvesting Period for Yield and Quality of Local Pepper Varieties		
04:10-04:30 pm	Prathumpun Manokulorn The Fact about Key Individuals to Provide Sex Education for Thai Adolescents: Perspectives of Stakeholders in Chanthaburi Province, Thailand	Wannapa Pipattinayong The Satisfaction of Thai Massage Practitioners in Chonburi Province	Patcharee Jaigraun The Development of the Pharmacy Innovation Model in Diploma of Public Health Program (Technical Pharmacy) of Srinachorn College of Public Health Yala	Sasidhorn Chidnayee Systematic Review on Effectiveness of Pulmonary Rehabilitation on Health-Related Quality of Life in Patients with Chronic Obstructive Pulmonary Disease	Wachira Utom Effect of the application of the Health Promotion Model and Thai traditional dance on exercise behavior of community health club members	Yupakanit Puangweraku Patnum Thani Province and Promoting Local Affection		
04:00 pm								
06:00-10:00 pm								

Depart from the hotel to the Royal Navy Port (Only card holders for Angkor cruise)
Dinner "Angkor cruise" Fantastic Lay-Krathong Festival along the Chao Phraya River.

DAY 3		Concurrent Session III: Oral Presentation		Concurrent Session III: Oral Presentation	
Room Name	Topic	ROOM C Vanda 1	ROOM D Tulip 1	ROOM E Tulip 2	ROOM F Cattleya
08:00-08:30 am	Convention Center Community/Home Public Health	Leelavadee Health and Environment Alternative Care	Nursing/Midwifery/ Education	Health Promotion Health Policy	Humanity Nursing workforce
08:30-12:00 am	Susanto Tomangga Chair I Sukjai Charoensuk Chair II Rattayanapit Palasnek	Kamolrat Turner Sweet Chow B. Sadogh-Ngaj	Pragai Jirojanakul Enny Novitasari Watcharaporn Paorohit	Parote Tonkeaw Chantira Chiranan Wanwis Chujit	Laddawan Vaisurasingha Benjaporn Rajaratama Pierapit Paopparinyagan
08:50-09:10 am	Mental Health of the Elderly People in Ban Huayaya, Tumbol Napru, Paphom District, Nakhon Si Thammarat	Antidermatophytic activity of Isora brachyata Roxb. and its constituents	The Development of Preparation Strategies in Licensing Examination for the Royal Thai Air Force Professional Nursing and Midwifery Students and Air Men Students	Adherence Therapy for People with Schizophrenia in Thailand at 26-Month Follow-up	Humanitarian of the Health Personnel Working in the Insurgent Area of Yala Province, Thailand
08:50-09:10 am	João Manuel Garcia do Nascimento Growing up Healthily: Risk Behaviours' Assessment in Adolescence	Volker C. HAMMEN Reconstruction of Ebola's Disease Network in its African Forest Environment	Saowalak Khakhong The Effects of Supportive- Educative Nursing system on self- Care Agency of Pregnant women with Pregnancy induced hypertension	Bulen Thongkleeb Roles of the Government Sector in Providing Welfare for the Elderly	Unnikrishnan B Quality of Life in HIV Patients with Depression
09:10-09:30 am	Raviwan Khumgaen Infection Prevention and Control Behaviors of Child Care Providers in Nurseries located in Suratthani Province, Thailand	Hassan Taghipour Management of Medical Waste in Northwest Iran-Tabriz	Sontareporn Thongsai The Development and Evaluation of a Strategy to Enhance Diabetic Outpatient Clinic Attendance in Thailand	Fonzin Bhatti Is Nursing an Attractive Career Path for Men in Pakistan?	Achana Churapetch Working Spirits and Morale among Government Officers of Prabornarajchank Institute Working in Three Southernmost Provinces
09:30-09:50 am	Jumadi Guffar Traffic with the Prevalence of Road Traffic Accident among Adolescents	Karumi Nasibeh Effects of Window Air Conditioner Noise on Education Procedures	Tuan Yo An Association between Maternal Occupations, Working Conditions and Preterm Birth: A Case Control Study in TaDa Hospital.	Judith Daire Malawi's maternal and child health policies: analysis and strategies for addressing implementation challenges	Jamrus Surukwan Dhamma College of Nursing for Happiness
09:50-10:10 am	Kamel Al-Khaled Imulated Results for a Deterministic Model in Epidemiology of HIV/AIDS Dynamics	Mohammad Moonferi-Final Heavy Metals Presence in Wastes of Stone Cutting Industries:	Aphaya Wongpiriyayoth Dyspnea and Edema Experience and Management in Thai Elderly with Congestive Heart Failure	Kattika Thanakwan Healthy Aging of Thai Elderly: A Multidimensional Composite Index and Its Variation	Jukui Maede Differences in New Graduates Job- Hunting Behavior between Nurses and Midwives of BScN Programs
10:10-10:30 am	Karakkamanapan Sabu Health Practices Knowledge and Beliefs Among Employed Adults On Lifestyle Diseases	Paulo Henrique Baptista Machado Infant Respiratory Diseases in Curitiba/Brazil: The Supremacy of the Male Gender.	Anjali Benjamin Daniel Does Stigma towards HIV/AIDS Exist among Highly Educated Persons?	S.S.Radiah Shariff Locational Analysis of Public Health Facilities Using Un- capacitated and Capacitated p-median model: A Case Study of Telok Panglima Garang, Selangor, Malaysia	Xiaodong Tao Nurse Sleep quality survey in China

Room Name	Convention Center	ROO M A	ROO M B	ROO M C	ROO M D	ROO M E	ROO M F	ROO M G
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	Managing for safety outcomes in the context of geographical difficulties, resource scarcity, cultural and gender hindrance, and low staff morale: current practices I	Phil Maude	Thunyaporn Chuentklin	Diana Catarina Ferreira de Campos	Surasak Soonthorn	Afiya Saraksetrin		
10.50-11.10 am	Kazumi Maruyama	Sulawan Yoithanon	Prapaporn Manorath	Lely Lusmilasari	Unya Plodpluang	Bampen Pongpetchdit		
	Depression of Mother and Father of One-month child, Attachment and Social Support	Diarhea Prevalence Pattern in Thai Provinces Bordering Cambodia	A Development of Health Promotion Model for Pre-retirement Teachers in Primary School, Uttaradit Province, Thailand	Counseling and Group Activity Therapy toward Psychosocial Response Changes in Children after Earthquake	The Experiences Life about Adapting of Nursing Students From Provinces in the Southern of Thailand	Factors Related to Employee Engagement of Boromarajonani College of Nursing, Ratchaburi		
11.10-11.30 am	Kesarsorn Wanajak	B. Sadeghi-Nejad	Ajchara Oumkrua	Anchaleeporn Wisitwong	Weerawan Keathong	Jariyaporn Wannachot		
	Definition and Diagnostic Criteria of Internet Addiction	Phytochemical, in vitro Antimycotic Activity, Clinical and Mycological Evaluation of Therapeutic Effectiveness of <i>Isora brachiata</i> Robx	Suitable Paradigm of Community Health Development in a Village with Various Chronic Social Problems of Thailand	Management of Flood Victims: Chainat Province, Central Thailand	Factors affecting Organizational Effectiveness after External Accredited of Nursing Colleges under the Jurisdiction of Praboromarajchanok Institute, Southern Region	The Problem of Utilizing Nursing Process and Need of Enhancing Nursing Process Skills of Registered Nurses		
11.30-11.50 am	Kuephan Klankarad	Aurapin Phianrungrueang	Yuwanee Sukwinya	Pimpimon Wongchaiya	Saranya Jularee	Patama Patipattarakul		
	Never-ending caring: The experiences of caring for a child with cerebral palsy	Study of Herbal Usage in Thailand	Effect of the Integrated Instruction Pattern in Nursing Care of Persons with Health Problems I	Are nursing students capable of counseling?	The Analysis of the Application of Sufficiency Economy in Boromarajonani College of Nursing, Saraburi, Sutin	The influence factors on decision making in studying nursing vocation in Boromarajonani College of Nursing, Saraburi, Thailand		
11.50am-12.05pm	Gunawan Irianto	Bussayasi Pongpichit	Yanti Hermayanti	Haeius Dedi	Potu Darma	Wiyada Ratanasuwan		
	Relation of Parenting Pattern in Family and Adolescent Characteristics with Adolescent Perception of Sexual Behavior Before Marriage	The Prevalence And Extent Of Oral Impacts On Daily Performances In Thai Schoolchildren	Nursing Care Needs Advanced stage of Cervical Cancer Patient at Hasan Sadikin Hospital, Bandung	Nurses' Communication Related to Informed Consent in Nursing Care to Clients in "Prima I" Ward In Immanuel Hospital, Bandung, Indonesia	Nurses' Knowledge of Decubitus Ulcers in The Indonesian Context	The Promoting Model of Knowledge Management Culture In Nursing Colleges Under The Jurisdiction of Praboromarajchanok Institute, Ministry of Public Health		
.MC.	Surasak Soonthorn	Pronrudee Nitirat						
12.00-01.00 pm			Lunch					
01.00-02.00 pm			Keynote speech IV: Happiness and Peace for the Changing World					
02.00-03.00 pm			Plenary session: Evolution of Interventions and Research for the Changing World					
03.00-03.30 pm			Closing Address: Professor Cobie Rudd: Edith Cowan University, Australia					
03.30-4.00 pm			Closing ceremony: Dr.Suvaj Sinsirivattana Director of PHRI-Professor Dra Ely Nurachmah President of AINEC					

Praboromarajchanok Institute Ministry of Public Health, Thailand

International Conference : Health and the Changing World

Convention Hall, Rama Garden Hotel

November 11-13, 2008

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P 002	Madhe Moslehi	Effects of Garden Thyme and Mefenamic Acid on Primary Dysmenorrhea
P 003	Alexandro Gáina	Room tenure in schoolchildren: Socio-economic status and lifestyle habits implications
P 004	Azar Raffael	The Study of Life Style of Cardiovascular Patients in Educational Hospitals in AHWAZ, IRAN
P 005	Fathemeh Namnik	Assessment Events Diabetes Type 2 on Pregnancy Diabetic Woman in Quchan in 2007-2008
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P 007	Golanhossen Seifidgran	The comparative survey of the prevention from tuberculosis transmission for persons referring to the medical – health center of Omidieh and Behbahan cities during 2007
P 008	Paulo Henrique Batiaglin Machado	Respiratory Diseases in The Elderly in CURITIBA-BRAZIL: The Preponderance of The Male Gender
P 009	Phensiri Athawong	The Perspectives of Clients and Primary Care Providers on Services Provided in Exemplary Primary Care Unit, Songkhla Hospital Network
P 010	Rafiei S Absalan	Study the Prevalence and Antimicrobial Susceptibility of Bacteria Isolated from Blood of Individual Referred to Ahwaz-Jundi-Shapour University Hospitals in March 2005 to March 2007
P 011	Seycd Mohaminad	A Survey on Hepatitis E among Human Immunodeficiency Virus Injection-Drug User Patients in Ahwaz, Iran, 2004
P 012	Shahry Parvin	The Knowledge and Practice of High School Girl Students about School Based Weekly Iron Supplementation Program in Dezful
P 013	Tahereh Behnamrad	Studying the factors and symptoms of convulsion on referral children to kids ward of Quchans Musa-ibn-jafar hospital, 2008
P 014	Tahereh Behnamrad	Hepatitis B Knowledge and Practices Among Iranian
P 015	Najafian Mahim	Comparison of Vaginal and Cesarean Delivery Rate in Imam and Al- Hadi Hospitals, Iran, 2007
P 016	Hiroko Fujita	Efficacy of a parent training program developed by Kagawa Children's Hospital
P 017	Junichi Inoue	The Unification of the School for Physically Handicapped or Mentally Retarded Children and Cooperation of the Professions
P 018	Mika Hasegawa	Development of an Educational Program for the Prevention of Intimate Partner Violence
P 019	Sadrael Javid	Relationship between the Rate of Giardiasis and Knowledge & Practice of Prevention in Primary School Children in South of Tehran

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P-023	Arum pratiwi Djuw	The Benefit of the Relaxation Technique and Supplement of Vitamin C to Immune Response and Mental Status at Psychiatric Disorder
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The Health and the Changing World International Conference

Keynote: Health Policy in the Changing World

Professor Cobie J Rudd: Head of School, School of Nursing, Midwifery and Postgraduate Medicine and Chair in Mental Health Nursing, Edith Cowan University

Introduction

Health, wellness and health care are important to everyone. In most countries these are frequent topics in the media, not only because health affects us all on a day to day basis, but because it reflects personal income, global economics, access to transport, the environment and so forth.

If health is present in every dimension of life, it also implies that risk is everywhere. This has significant consequences for how we frame health policies and where we assign responsibilities for health in society.

(Kickbusch 2007)

For many, when we talk about health, this immediately conjures images of what health services are needed to improve our own, and our family's, health status. However, probably for those in this room, the term health also translates into a host of other policy directions and interventions that can improve the health of the wider community and prevent the onset of problems in the population.

"The links between health and the global policy agenda are well established" (Thieren 2007: 218). For instance, for some time we've witnessed an increasing focus on relationship building, collaboration and negotiation on health matters between countries. This is evidenced by global public health efforts to control communicable diseases such as avian flu, HIV/AIDS, SARS and poliomyelitis. This focus is also demonstrated through the development of shared policy goals such as the Millenium Development Goals for health, and legislative change for example, endorsement of International Health

Regulations (Thieren 2007). Especially in recent times, health has gained recognition as a foreign policy concern and political leaders are increasingly addressing health problems within their international relations agendas (Thieren 2007).

We all have challenges in developing health policy and systems that respond to the globalised world. And let's remember, the present global health crises are not primarily related to disease, but to governance (Kickbusch 2006). A major consequence of global restructuring is the weakening of public policy and interstate mechanisms (Kickbusch 2006).

Undoubtedly, the health of a society reflects its values and expectations. In turn, the health of a country's people has implications for their nation's wellbeing and prosperity.

Accepting the breadth of determinants of health, and that, in turn, health is clearly a shared responsibility, what does this mean? I propose many countries face the same challenges – struggling with disparate funding sources and fragmented services in health. It's certainly the case for Australia, New Zealand, the US, the UK and Canada, (Ashton 2005, Dwyer 2006, Canadian Institute of Health Research, UK Government).

What will it take to engage the relevant sectors outside of health? Is there potential for whole-of-government cross-sector success and would this include a health scorecard so that communities can see what education, sport and recreation, planning and infrastructure, local government, and agriculture and so on, are doing to improve health?

What would it take for more countries to have health policies comparable to Sweden and Finland that explicitly address equity and the underlying causes of ill health and the social determinants of health, *and* have outlined intersectoral action as a key strategy?

The findings of a 2008 World Health Organisation Commission flags that all participants involved in developing the resultant report were united in three concerns: a passion for

social justice, a respect for evidence, and a frustration that there appeared to be far too little action on the social determinants of health (CSDH 2008).

In view of that, this paper proposes there are three key directions that should be universally shared if we are to see world-wide improvements in health.

First, a new orientation for health policy around the world that is explicitly linked to increasing social capital and paving the way for good health on equal terms for the whole population. Inherent in this would need to be a radical shift to health policy debates being inclusive of an examination of the social values behind a country's decision making. This would include an analysis of cultural influences on ethics and morals because it is argued that otherwise, it is impossible to facilitate comprehensive reflection about health care reform.

Second, efforts to improve health have to be conducted at all levels of society, across government portfolios and in several social sectors. I believe that much of the system failure we see today is partly as a result of this shared responsibility not being adequately planned and coordinated. In many cases the responsibility for following up on goals and objectives and devising indicators rests on agencies outside health, for example, with local government. For instance – who's the main player responsible for preventing transport injuries or health promotion within communities?

Third, quality of life is, of course, inextricably linked with health and the quality of health care. Given point two, how will the quality and safety of a patient's journey be monitored and safeguarded across multiple providers and services and in respect to their expectations, as well as their experience? Monitoring change in health systems, and subsequently benchmarking, has to be from three perspectives; patients, clinicians and funders, and in terms of patient-assessed value, performance on clinical interventions and efficiency. The debate around health policy needs to address how current system reforms impact on quality of life and quality of care in the future. For instance, reduced length of stay in hospital is certainly a major cost cutting exercise that may free up funds for health

priorities other than hospital-based care. As well, reduced length of stay is a major contributor to reducing patient exposure to hospital errors and injuries. However, the impacts of reduced length of stay can have a number of unwanted effects and have the projected cost implications of these been done for the longer term? For example, the intensity of patient need on staff during their hospitalised period can result in significant workforce issues, such as role dissatisfaction and high attrition rates. More complicated home-care needs which impact on both patients and carers also need to be taken into the equation – will the community-based workforce be available to manage people in their homes?

Priority setting, responsibility, accountabilities and leadership

Is the responsibility for health then in the right hands? For many nations in order to improve their population's health, the aim is to achieve intersectoral action for health which results from policy reforms that:

- Link health and welfare sectors;
- Consolidate the importance of healthy and health-promoting environments, at both strategy and individual action levels;
- Achieve greater equity so everyone shares the benefits of health system improvements;
- Engage with their communities and ensure people know if they are getting the best outcomes from their nation's investment in health; and
- Get the balance between prevention and treatment right.

However, perhaps the most critical aim of any health policy development should be to explore the moral and ethical basis for decision making. This will pose a number of challenges. Making a reform in one area will undoubtedly produce a response in another, and those cause and effect relationships have not always been well explored. For example, the length of stay issue previously discussed is one such example. Similarly, moves around the world to prevent young people having easy access to alcohol, can in turn, see the emergence of new, more easily accessible and perhaps more harmful drugs.

The point being, these are very complex concepts to be deliberating; this is the 'stuff' of who pays for what, who will be the winners and losers, who will make the hard decisions and how will we manage that. As well, universally we still haven't worked out how consumers get to be meaningfully involved in policy debates. Sometimes consumers and carers seem to be tacked on as just another part of the health system that needs to be sorted out, along with the medical workforce, hospitals, pharmaceuticals and so forth, instead of being the *raison d'être* for its existence. If we want to make any headway on the three key directions I raised at the start of this paper, and aim to have health systems structured around the person not the provider or the infrastructure, then how will the role of consumers feature in not only decision making, but also monitoring and evaluating progress? In the health policy context, this would entail involving community members in developing and implementing the policies, in decisions about the delivery of health services and the allocation of health budgets, and broader systemic questions about the type of health system they want to have (Gregory, J, Hartz-Karp, J & Watson, R 2008).

The rhetoric of community engagement has been present in government language in a few jurisdictions for some time, but it's not in the sense that many would consider meaningful engagement. If we consider community engagement to mean more than community participation, community consultation, community development and public relations (AUCEA 2005a, p. 3), and we adopt a definition of reciprocity, that is a two-way relationship and one that is mutually-beneficial and knowledge-driven (Garlick & Langworthy 2004), then it's not what governments do in the main. For example, often there may be explicit commitments to engaging with the community about health issues and health services, as evidenced through Departmental strategic plans, but in my mind this constitutes consultation not engagement. As well, in many health policy sectors, these processes tend to be inconsistently practiced, at times at minimal levels both in terms of participant numbers and geographical reach, and with short consultation processes built around community submissions (Gregory 2007, 2008). While consultation processes provide some opportunity for the community to contribute to the policy process, the community's input is limited, with no opportunity for two-way discussion, learning, and dialogue. Community engagement needs to go beyond

traditional consultation if meaningful community input is to be achieved (Jones, Baggott & Allsop 2004; McBride & Korczak 2007). There is increasing evidence that the community can contribute in a meaningful way to policy decisions, but more and more, it is being recognised that this requires an interactive and deliberative approach (Gregory, Hartz-Karp & Watson 2008).

So, while most countries have tried various methods of consumer and carer engagement, whether it is via citizens' juries or consultative structures, achieving informed, meaningful and sustainable engagement remains relatively haphazard.

However, there are some pockets where there are examples of community participation that is heading in the right direction; that is, communities addressing issues and determining the resources and control over decision making processes, often beyond the reach of people normally excluded at the local and community level. For example the Healthy Cities movement is a local governance model that can be adapted worldwide to promote health equity. A good example of this is here in Thailand where we see a participatory urban governance model, recognising the importance of community participation in addressing urban living conditions and the impact on health. Nine communities along the Bangbua canal in north Bangkok initiated a slum upgrade project in the wake of a threatened eviction due to a proposed highway construction project. As a result of public hearings and the community working with government agencies, non government organisations, and local universities, loans were provided for housing design and construction, 30 year leases were gained by the participating communities, and housing units have now been built. The Bangbua experience has taught the world that community participation through community networks is effective in building community capacity and promoting health (CSDH 2008).

In Australia, deliberative approaches to community engagement that involve the community in discussion and deliberation about issues and ideally lead to concrete proposals that can be adopted by policy makers are now being considered for health (Gregory, Hartz-Karp & Watson 2008).

The definition used by the Deliberative Democracy Consortium (2008) is useful:

'Deliberation is an approach to decision-making in which citizens consider relevant facts from multiple points of view, converse with one another to think critically about options before them and enlarge their perspectives, opinions, and understandings.'

In 2008, we are also hearing more and more about self care – does this self care management trend mean that the way consumers will be engaged in decision making is to manage their own care using the Internet, keep their own health record, and being increasingly responsible for obtaining the services they need? This is concerning because such a move may not necessarily be about empowerment but could be more about shifting responsibility and even ultimately blame, if something goes wrong. We all know there are serious health workforce issues now and further predictions of demand far outweighing supply by 2016. I personally hope that the pendulum for consumer involvement doesn't swing to the point that the solution is having people assume the central, unpaid and even untrained, role in making decisions about their own and their families health *because* we didn't collectively draw the line and think about these hard issues now.

So how do we decide the areas to concentrate on more than others and who should have that role? Will the data we now have in terms of burden of disease for instance be enough to decide to prioritise mental health over child health? How do we prioritise our approaches, for example, primary, secondary or tertiary prevention or services, and the distribution of funds between them? Are the existing mechanisms in place adequate for this kind of decision making and how does this wash up in a democracy and across province, state, and federal jurisdictions? Is it even possible to have one health system that is community-driven with single governance, management and funding?

Determining how much is spent on health now and how much it will cost in the future is a critical 'hot topic' then for public, private and not for profit sectors, all levels of government, and departments within governments. And, perhaps this is topical at this time more than ever, because of global economics. If funds are limited in the future, how

will we close the gaps and do something, if not more, to counteract those who don't even know they're at risk? I'd suggest that the present is an opportune time to also look at what's the cost of unhappiness in the long term? There is evidence that the main sources of well-being in advanced economies are a result of connectedness – with family and friends. Yet, in hard financial times, with folk needing to work more, and even work away from their home, that personal and social connectedness is likely to be at risk.

In this context of a rapidly changing world with many unknowns, how could/should we choose our health leadership? Is there a better way? How can we be more effective, evidence based, visionary? Given the pressures of population growth, an ageing and increasingly chronically-diseased patient base, and emergency department usage for non-urgent care having been identified as an issue worldwide (Hansagi et al. 2001; Oktay et al. 2003; Ruger et al. 2004; Ting 2005), who determines the relationship between choice, values, the optimal health system and funding and expenditure? At present, government health departments tend to take responsibility for the funding of health, but not necessarily the responsibility for errors, near misses and adverse events. Currently, while the figure head for health, in some countries anyway, would be a politician, there are various groups which may also lay claim to having, or be considered by many to have, the leadership role for health. How do we make those responsible for final policy decisions and thus leadership in health, and policy implementation, accountable to the broader population?

Examining the fundamental values underlying health policies

Let's start with how this occurs currently. Under the Westminster model, adopted throughout the Commonwealth, there is a clearly defined policy development process. This process incorporates a degree of consultation with a range of stakeholders in the formulation of a policy statement, development of a set of strategies for implementation of the policy, and formal endorsement by the appropriate level of government, commonly Cabinet. Another contemporary model used for policy development, the sequential policy development cycle, in essence shares the same stages – agenda setting, policy research, development or adoption of an ideological framework, the formulation of a

discussion paper (green paper) and mandatory public consultation, the consequent development of policy (white paper), lodgement and adoption by government, and a program structure with monitoring and evaluation strategies.

So while many would agree that policies result from the identification of emerging issues or problems by decision makers, legislation, interest/lobby groups or the community, and we generally have consumer consultation, there probably isn't consensus that we always have meaningful community engagement. If we did have authentic engagement in decision making, one would expect to see something beyond the acquisition of knowledge among participants, and more of a shared values approach. That is, the objective would not be about doing *to* consumers, for example educating and training them so they can make decisions in the way that those decisions have always traditionally been made. But more about a shift that enables the fundamental values underlying health policies being grounded in the specific values of the consumers and communities affected by the policy. Thus the values that have meaning to the community members that a health system serves would be ingrained in the respective health policy and would be reflected in the institutional and policy leadership, and the organisational culture of the bureaucracies. If the objective is to conduct root and branch reforms, that is, major overhauls of systems so they are in fact people centred, then key to achieving this will be getting community members to subscribe to the values of the policy leadership and leading institution. This capturing of 'hearts and minds' will be more likely to result in sustainable systems because it will be easier for people to adopt the policy because the values underpinning it are already part of their ongoing life and the environment in which they live. For instance, there would be little point in a new health policy to shift a system from treatment to prevention if the community drive isn't there. It's important to recognise, of course, that the presence or absence of such community drive is going to be linked to the support and information available to people in respect to their decision making and ultimately, their health choices. That's the premise behind the making healthy choices easier movement; sustainable changes need to be based on choice not direction (Department of Health 2004). Governments can't claim or pretend to 'make'

the population healthy but they can support people in making better choices for their health and the health of their families (Department of Health 2004).

In reality, policy makers often reason by metaphors to boil down a set of complex policy tradeoffs into a few consistent strategies and principles, such as global health as an investment to maximise economic development or global health as public health seeking to decrease the worldwide burden of disease (Stuckler & McKee 2008). However, strategic health policy discussion papers (green papers) and the subsequent policies (white papers), in my experience as a previous policy advisor, are generally framed around an ideology. So, the principles of social justice or the goals of primary health care might constitute such a conceptual framework. I've also had experience in policy developed centred around economic rationalism and the creation of internal markets and managed competition, and in health systems built on the concept of the split in responsibilities between funders, purchasers and providers.

In the United States and Canada, the social contract theories tend to provide the ideological framework for health policy. Although, each nation translates that agenda differently; Canada's emphasis tends to be on humanitarian good which stands in stark contrast to the narrower conception of self-interest that underpins health policy in the US. Jecker and Meslin (1994) have been working on the concept of comparing and contrasting the basic ethical values underpinning health care policies, particularly using the US and Canada as a study, for over a decade now. They've found the ethical traditions in a country will support strikingly different approaches to health care.

The "... laying bare and questioning the fundamental values underpinning health care systems" is increasingly gaining support (Jecker & Meslin 1994: 196) as it is argued that how can a major overhaul of a system occur, unless there is a moral and ethical debate, rather than only a political or economic one. In a number of circles, it seems that ideological frameworks for health policy that are likely to gain traction will be those that are characterised by a humanitarian (altruistic) focus and people-centred identity.

The Future

In conclusion, I'd like to propose that there's a simple framework characterised by three defining moves that would have cross-national relevance for a process for future health policy development.

1. Look inward to the communities for which the health system exists

This would entail policy makers drawing on the narrative data that exists within their communities, or constituencies. You could refer this to a participatory policy change process – the premise being that health policy should be informed by a careful evaluation of the social values held by different groups in the community (Richardson 2005, 3) not simply the traditional and mandated consumer consultation that usually occurs around green papers. This will also mean taking a deliberative approach to community engagement so that consumers understand and can work through the trade-offs that are so integral to health policy development. To achieve this end, we would have to create the circumstances where ordinary citizens are willing to tackle difficult and often value-laden problems; giving them access to information from **all** perspectives; and affording them adequate time required to question, reflect, and have dialogue, preferably with those who think differently to them (Gregory, J, Hartz-Karp, J & Watson, R 2008).

2. Connect engagement to morals and ethical basis for policy

Here I want to stress the need for a new direction; being the recognition of the role of social values in health system reform. It's not about aiming for a single 'best' health system, but more about designing various options that are more or less consistent with different social goals (Richardson 2005, 2). This will require the translation of the findings from this first step, and then subsequent bridging a number of domains so the findings are integrated. This is critical because of the trans-disciplinary nature of health and the need for intercultural engagement in respect to recognising and incorporating moral and ethical values. In alignment with the first move, this step will also require a significant broadening of the conversational and policy debates as previously outlined.

3. Look outward to broader trends and movements for change on a global scale

This move is about taking into account important external imperatives, such as the quality and safety agenda and accountability frameworks. So, this suggested approach is not about working in isolation of other system reforms, but more about couching health policy development that is based on ethical and moral values within the broader policy context, not the other way around. This wrong sequence of priorities that we've witnessed in the past might explain why we see so many proposed changes to the financing and delivery of health services, and a focus on issues of relatively minor significance, while failing to adequately address the major inequities and system deficiencies (Richardson 2005, 1). And, as a matter of principle, we need to adopt a new global approach to governance. At the start of this decade, the United Nations Development Program issued the need for such new directions and a move to multi-player and global accountability; a focus on economic, social and cultural rights; and a shift from punitive (name and shame culture) to a positive ethos (UNDP 2000).

Conclusion

This paper has described and discussed just some of the issues that currently face most, if not all, health systems. Many of the issues are not new, but the ongoing debates with recurrent features in "various waves of health sector reform" clearly demonstrate all is not as well as it could be (Ashton 2005). The confusing division of responsibilities, uncontrolled costs, inadequate prevention strategies to spare people from avoidable suffering and death, insufficient public health system infrastructure, and critical health workforce shortages remain unsolved issues in 2008.

Attaining the model health policy and a resultant ideal health system is no easy challenge. There is a serious lesson in the old Irish joke that "if you want to go there, I wouldn't start from here". The model a country chooses will have to fit with their history, their culture and take into account their institutional arrangements, even as it sets something of an exemplar we all might aspire to (Podger 2006).

In this session, I've discussed three key directions that should be universally shared if we are to see world-wide improvements in health. As well, a simple framework characterised by three defining moves that would have cross-national relevance for a process for future health policy development has been proposed. While much progress has been made in the past century, many challenges remain. As well, we have enough shared history now of what does and doesn't work, to be confident now that no matter how health policy is disguised in political terms, that unless it is grounded in the fundamental belief systems of the people it is to serve, it will simply either translate into wishful statements or lead to inequalities (Thieren 2007). Being early in to a new century is an opportune time to strategically and explicitly build stronger health systems through ideologically, morally and ethically sound health policy, worldwide.

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The Health and the Changing World International Conference
Closing Address

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Sawadee Ka.

It's a great pleasure to give this Closing Address.

Over the past 3 days, we've been honoured by the visit of Her Royal Highness Princess Soamsawali.

After acknowledging Her Royal Highness's official opening ceremony on Tuesday, I think it would be remiss of me in this Closing Address not to congratulate the organisers. The Praboromarajchanok Institute (PBRI), Ministry of Public Health team have worked tirelessly for months to deliver this well organised and considered event. Their hospitality, warmth and respect for our comfort and enjoyment have touched us all.

I suggest that the content presented throughout this program has been a watershed in terms of health think tanks.

To summarise this past three days, and do justice to all those wonderful presentations and poster contributions, is not easy.

However, I will attempt this feat! I do ask that you realise this is just a summary and so an omission of any individual's work is not intended to cause any disappointment.

On day one, Dr Suwit Wibolpolprasert gave an enlightening and inspiring Keynote to kick start the conference. He set the scene by acknowledging that change happens when individuals take on the challenges with passion and perseverance. He also set the scene with the four sets of primary health care reforms that will serve to guide positive health system change in Thailand:

- Universal coverage reforms;
- Leadership reforms;
- Service delivery reforms; and
- Public policy reforms.

Day two saw us start with the keynote from Emeritus Professor Dr Wichet Srisuphanon the impacts of the changing world on health care. A number of challenges and opportunities were proposed in this session.

1. Currently we're treating more than preventing health problems and so we need to strengthen health promotion, prevention and the integration of services.
2. To achieve global health we need to build capacity and do better surveillance of risk factors. As well, we need to revise curricula so disaster preparedness and management are featured.
3. To better address the needs of the aging population, we need more primary prevention, and recognise the changing role for nurses as providers, facilitators, and leaders of holistic care management.
4. We need to address the issues around external migration so we enhance mobility without compromising quality. Professor Dr Wichet referred to the Code of Practice for International Recruitment, commencing this year.
5. Finally, the matter of inequalities in workforce distribution was flagged and the need for long term planning that realises how to best use a broad skills mix was proposed.

Delegates were then privileged to hear from two expert panels – panel one on multicultural perspectives on health; the panel two on disaster preparedness and management. From panel one, I think the main point there from Associate Professor Churchouse was that our aim is not to aim to deliver educators who have in-depth knowledge of all cultures and language groups, but more to aim to ensure that nurses have skills to provide patient-centred care as opposed to care that the patient's cultural group needs. This will entail nurses be equipped with the theory and skills to manage each individual patient's belief system.

From panel two, I think it would be fair to say we were all moved by the courage and dedication of the speakers – many of them sharing their 'front line' experiences with us, in terms of managing the aftermath from earthquakes, floods, tsunamis, volcanos and conflict. Professor Dr Elly Nurachmak, President of AINEC, Indonesia made a critical point – we need to provide all nurses with basic emergency management skills and well as develop emergency nursing care as a specialty as we need nurses in these situations with specific advanced competencies. Dr Benjaporn Panyayong drew from her wealth of experience and also suggested highly practical ways to address the social disruption and displacement and psychosocial impact following disasters. She suggested it is paramount to have the following:

1. A clear line of command and thus a single point of accountability for final decision making; and
2. Clear targeted and timely communication to all levels of workers involved in disaster management.

Dr Benjaporn also reported on the approach used to determine the resilience and risk factors so that strategies to restore equilibrium and provide crisis resolution are focussed.

She left us with a three step model – Protect, Connect and Direct – stressing how important it is to address safety issues first and then reconnect those displaced with their loved ones.

Of course last night many of us celebrated the Loy-Krathong Festival – a unique opportunity for the international visitors to be included in such a special event for Thai people. His Excellency, the First Permanent Secretary for the Ministry of Public Health hosted the Angsana Cruise celebrations – which ended with much dancing and singing and good will.

I'd now also like to have a go at summarising the key take home messages from the break out sessions and poster presentations as well, as we close our very successful international conference, Health and the Changing World.

1. So many presentations were based around **partnerships**. It's been clear listening to many of you present, that you prioritise caring for your partners and that you build lasting and high quality relationships based on trust and legitimacy. By knowing with whom you need to work to deliver your programs to best meet the needs of the people you serve, the commitment to accountability to community has been a resounding message.
2. I've also heard some excellent examples of planners and service providers participating together with communities in **processes of mutual education and joint problem solving**. For instance, we've had papers on the role of nurses and patient's involvement in clinical decision making. This has been palpable and augers well for transparent and effective communication, sustainable knowledge transfer and ultimately, meaningful and effective deliberative community engagement.
3. The critical importance of **building the capacity of the health workforce** was another key message; building capacity in terms of leadership, governance and management, and clinical expertise. As well, this has included a focus on how we might take better care of the current workforce, for example, in terms of mental health promotion among nursing students and achieving 'happiness' within a college of nursing.

4. **Shifting health systems towards prevention** and with an emphasis on health promotion has been a central theme. Papers have been presented on developing and testing the outcomes of physical activity programs for older people; health lifestyle modification, self care prevention for diabetes; and introducing school-based health advisory positions. Studies presented have confirmed that changes in attitude, knowledge and behaviour can occur with effective and appropriate interventions, including self awareness, positive thinking, team building and the right information at the right time. However, the conference has identified a need for longitudinal research in the field of health promotion, as most studies to date have been based on short term pre and post tests with control and expert groups.
5. **Making differences in public health outcomes** have featured strongly as well, such as studies including:
 - An examination of the impact of traffic on the prevalence of road accidents amongst young people;
 - Healthy ageing of Thai people;
 - Palliative care and evidence based approaches; and
 - A risk behaviour assessment in adolescence.

Perhaps not surprisingly, given the burden of disease worldwide in respect to depression and other mental health problems, many of the speakers have profiled innovative programs aiming at improving mental health, such as:

- Promoting recovery after psychosis;
- Improving how we deal with depression amongst adolescents; and
- Simulation training in a psychiatric inpatient unit.

We've also heard of important and cutting edge research, including;

- Post occupancy evaluation of a psychiatric intensive care unit;
- Internet addiction amongst adolescents in Chiang Mai; and
- An examination of whether nursing students are capable of delivering counselling.

Moving towards the end of this wonderful event, this afternoon, the keynote from Phra Dharmakosajarn: Rector of Mahachulalongkornrajavidyalaya University Thailand was a most powerful way to keep us on track as we depart. What can be more important than striving for happiness and peace for the changing world? Our plenary that explored the evolution of interventions and research for the changing world was well placed for leaving us with some important tasks, including building research partnerships to solve global problems like depression, HIV, and how we protect and build the capacity to achieve healthy future generations.

During the conference, it has seemed to me that we tend to all agree on what the problems are and that amongst us, we may even have some of the potential solutions.

There's certainly the vision and determination to make positive change.

There's clearly a willingness, if not preference, to work across what were traditional boundaries and jurisdictions.

There's also a tenacity that should not be underestimated because we've all learnt, from experience, that achieving sustainable change in health care takes a long time. Many of us know that it took decades to achieve reductions in smoking and it takes 3 generations to overcome the cycle of domestic violence. So, we must not underestimate the importance of our collective tenacity – it's a real strength. In terms of our impact in effecting policy shifts and system change by working together, means that the whole will be greater than the sum of its parts. Using our collective minds (head power) over this past three days has been important but not nearly so much as how we use these new relationships and knowledge to work together in the future.

If I was trying to come up with the ingredients for success in health care, I think we have a head start with this event.

We have good ideas, many of them tested.

Much of the research and program development profiled at this conference has been in response to actual community-identified needs.

In many cases, we seem to even have the right people working together – and that also means the right collections of people with a shared vision. This has already resulted in trans-disciplinary models across sectors that are action focussed.

Folk also seem to be putting in the time and passion into developing and nurturing relationships so that they are long lasting.

So now we have the challenge, that's I stress, is not beyond us, is to influence health policy and system development, worldwide, so there is an ethical and moral basis for change rather than change driven by economic and political imperatives.

Chok Dee.
Good luck.

Korb Kun Ka.
Thank you.