

出國報告(出國類別：國際會議)

107 年健康促進醫院與照護機構國際研討會 暨國際交流成果發表



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摘要

「第 26 屆健康促進醫院國際研討會」於 107 年 6 月 6 日至 8 日於義大利波隆那舉辦，大會主題為「策進健康照護服務之健康促進策略：具實證基礎之政策與實踐」，會議強調以病人為中心之健康促進實踐。臺灣目前推動健康促進醫院計畫已與世界衛生組織健康促進醫院建立區域網絡，臺灣有來自各醫院之菁英出席，並共計於會議期間發表 464 篇論文，其中，臺大醫院金山分院有 4 篇論文，獲邀在大會進行口頭報告。

此次金山分院參與健康促進國際研討會，係由譚慶鼎院長帶領四位本院投身於醫院社區健康營造及居家照護工作之專業醫護同仁進行論文發表，本院參與此次波隆那健康促進醫院與照護機構國際研討會的重點如下：

- 一、口頭發表「四篇論文」，介紹臺大醫院金山分院健康營造及社區整體照護發展現況、特色及競爭優勢領域，增進國外學界對於社區暨居家照護之瞭解。
- 二、積極參與專題討論會，獲取世界各國健康促進現況及未來發展之相關資訊，增加社區健康照護的發展趨勢之瞭解及交流。
- 三、提升臺大醫院金山分院國際能見度及知名度，並促進國內外健康照護學術合作交流。
- 四、藉由參加國際研討會成果發表之機會，開啟和國際醫院與健康促進機構對話學習之交流管道。



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一、前言

臺灣社會隨著經濟的發展，環境衛生的改善，醫藥水準的提高，以及保健知能的增進，使得平均壽命不斷地延長，但是，在延長了民眾平均壽命的同時，卻沒有有效的延長「健康餘命」，有鑑於此，醫療院所執行健康促進已經是責無旁貸的責任；醫院執行健康促進是健康照護上的重要轉變，以往醫院的服務主要與疾病的治療有關，並非著眼於民眾的健康促進，但是目前這種情形已經有了重要的轉變，本院自 102 年起開始推動健康促進醫院認證，同時，本院也參與高齡友善健康照護機構、無菸醫院認證；並於 106 年度，加入並通過健康醫院之認證。

我們以發展健康醫院為任務並致力營造醫院特色，不僅將高齡友善、無菸/檳醫院、口腔衛生、營養及運動融合在社區健康照護及員工關懷守護中，更透過讓科技走入偏鄉的概念，利用人形機器人 Pepper，進行各種不同領域的合作執行健康營造；讓金山分院不只是一個醫病的場所，更是讓民眾「獲得健康的照護基地」；不僅如此，本院結合在地特色響應環境保護議題，在世界地球日帶領同仁前往海邊展開淨灘活動，為永續地球盡一份心力，將撿拾的海上廢棄物-「浮球」改變製作成裝置藝術，聯結遺族關懷活動，共同打造一個屬於在地人的浮球花「聊。癒花園」，此次，持續性的遺族關懷及聊癒花園這兩項創新照護在國際研討會上進行口頭發表，讓國際人士看見金山分院在照護品質的躍進。

本院以臺大醫院「正直誠信、創新卓越、團隊合作、健康尊嚴」為核心價值，定位自己成為「臺灣社區型地區醫院之典範」，我們將健康醫院之概念融入組織，106 年我們結合了北海岸行政、社政、衛政及熱心的在地組織，共同組成「北海英雄整合照護聯盟」，並加入了人形機器人一起在北海岸推動長期照護及社區健康營造，這兩項創新的整合式照護模式也在此次國際研討會口頭發表中，讓國際耳目一新。



二、會議緣起及目的

此次出國是參與世界衛生組織舉辦的 2018 年 WHO HPH 世界大會 (26th International Conference on Health Promoting Hospital & Health Services)，同時，臺大醫院金山分院團隊也於國際研討會中進行口頭論文發表。此會是一個衛生技術人員、顧問、科學家及行政官員進行學習及交流衛生服務及健康促進政策的交流論壇，本次主題主要與「改變健康促進的方法策略」及「以實證為基礎之政策和實行」。

此次國際研討會分為兩天會前會及三天主要會議，大會內容有會前工作坊、專題演講、口頭論文發表及海報論文發表等參與型式，以口頭論文發表及海報論文發表為活動核心，世界各國健康促進相關人員皆參與此盛會，臺大金山團隊首次出航與世界接軌，吸取了目前各國健康促進方向；本院創新照護模式之論文口頭發表，於 107 年 6 月 7 日及 6 月 8 日也順利完成，與會中也了解各國醫院社區參與的形式及研究方向。



三、會議過程及心得建議

(一) 會議過程

這次出國從臺灣出發，6 月 4 日抵達義大利米蘭，轉乘遊覽車至波隆那，並於 6 至 8 日期間參與研討會，其後於 9 日從米蘭啟程回國，10 日抵達臺灣。

主要議程共三天，海報發表共計 453 篇，分成兩天張貼，口頭發表共計 118 篇，每日分上午場及下午場之口頭發表，每場次共開六間口頭發表會議室，分為「口頭發表」(發表 15 分鐘)及「小型口頭發表」(發表 6 分

鐘)，過程學習各國的發表方式及會議進行準備方式。

HPH (Health Promoting Hospitals and Health Services) 為 WHO 的合作組織 (WHO Collaborating Centre)，本次會議主題為 “健康促進策略，來重新定位健康服務”，並強調以實證為基礎的政策與執行；多達 26 項議題的討論如下：高齡友善的社區及居家照顧、高齡友善醫院、慢性病管理、非傳染性疾病管理、友善環境健康照顧、健康促進照顧、健康營養、促進員工的心理健康、促進員工的身理健康、監控及履行健康促進的策略及標準、免除疼痛的健康照顧、促進孩童及青少年健康、促進孕婦及母親的健康、社區健康促進及民眾健康、老年人的社區健康促進、健康文化及溝通、精神病患的健康促進照顧、病人及員工的心理健康、病人自主及參與、促進身體活動、運用訊息溝通技巧促進遠距醫療健康、健康服務的重新定向、無菸環境的促進、戒菸、訓練及教育員工促健康、其他議題。上述議題非侷限於醫院內員工及民眾健康促進之健康促進，社區健康促進也是一大議題，甚至還有遠距醫療之相關健康議題討論，著實大開眼界。



圖 1：國際會議報到



圖 2：金山分院團隊報到



圖 3：口頭報告會場探勘



圖 4：口頭報告資料上傳



圖 5:本院出席國際會議人員合影



圖 6:國際研討會交流茶會

(二)臺大醫院金山分院口頭論文發表及會議現場

臺大醫院金山分院團隊於6月7日及8日下午進行英文口頭發表，過程順利完成，同時與會人員對本院發表之健康照護創新議題深感興趣。此次是我們第一次參加國外WHO HPH世界大會學術論文發表，每人均以英文進行口頭發表，並放映一段小影片，說明整個健康促進施作過程及相關結果，對於不是母語的英文報告準備過程實為艱難，但也獲得許多豐富收穫。藉由這次國際型的研討會，其視野、探討的議題、研究發表等…皆獲益良多。有趣的是大會秘書處的安排，運用姓氏排列ABCD……方式，讓各國參與人員報到領取名牌，因亞州人姓氏多為雷同，因而出現阻塞狀況。



圖7:國際研討會會場



圖8:與會人員對金山議題感到興趣



圖9:金山團隊積極參與各項專題發表



圖10:金山團隊積極參與各項專題發表



圖11: 金山團隊與主持人雙向溝通



圖12: 金山團隊與主持人合影



圖13: 口頭發表後金山團隊與參與人員交流經驗分享



圖14: 金山團隊口頭發表現場合影

(三) 心得

為使會議順暢，大會要求，發表前一日即可將報告資料儲存於中控室內，發表當日，抵達現場進行確認即可，當日發表室內也有一位影音控場人員，若檔案發生問題可隨時協助處理。

海報張貼處燈光較弱，照明稍嫌不足，但整體狀況與國內海報張貼情況相同，我們也注意了與我們報告相關之主題「健康促進與社區參與」這塊，大部分海報發表學者主攻「共享決策」(decision-making)，而我們的議題已進展至「社區參與」層面，層次雖有些不同，但本質皆是為促進健康而努力，收穫頗多。

臺大醫院金山分院進行口頭論文報告，報告題目之一” A Study of Experiences of Health Promotion Activities for the Elders in a Rural Area of the North Coast of Taiwan Using a Humanoid robot”，與在場學者及專家分享本院引進人型智慧機器人” Pepper”，對於醫院及社區所帶來的健康促進成效。

在偏鄉地區，人口外移與人口老化程度比起都會區更為嚴重，且照護人力資源更為不足，這個問題也牽涉到社會資源分配效率與公平，也衍生出城鄉差距、隔代教養、學童健康教育知識的差異，這些問題都是很大的主題，也需要進一步的社會資源規劃。在當前人力資源缺乏的狀況下，引

進現代科技到偏鄉，可做為一個可行的解決辦法。在我們的報告中，首先提出引進人型智慧機器人” Pepper” 到偏鄉，可以增加社區長輩活動的動機，增進人際互動，及進行健康促進活動；也可以增加學童對於健康知識學習的參與度，達到健康促進的效益。

該場主席為 Birgit METZLER 女士，為奧地利籍的學者，對人型機器人在社區中扮演的角色感到興趣，而科技導入社區進行健康促進，更引起在場專家的提問討論，也藉此討論科技在社區與居家可扮演的角色。此次活動也包含各層面的工作坊活動，包含以人為中心的健康照護、健康醫院的新定位、跨專業的整合健康促進服務，透過各個面向來增進健康促進的行為與服務。演講內容包含健康服務的提供方式、組織架構、營養、戒菸服務成效、員工健康促進、婦幼健康的早期介入成效、高齡照顧、健康服務的整合、糖尿病照護…。

參觀國外相關發表後，整體而言，發現我們醫院的社區健康促進相關主題及活動，相當豐富並多樣化，院方除定期舉辦活動及講習外，也鼓勵員工及民眾積極參與社區活動，讓醫院及社區更加融合，以促進地方活躍，此種積極耕耘社區健康營造的主題在本次的研討會上較少見，大部分文章發表仍以醫療行為的健康促進位主，本醫療院所確實開展了不同的醫療面向。另外，本院安寧團隊以健康促進為出發點，鼓勵遺族成員共同參與活動，結合「世界地球日」環保議題，撿拾浮球，製作「浮球花園」，不僅可於團隊活動中發現家屬身心的問題，也可持續提供民眾及員工健康休閒促進方式與場合。

(四)建議

建議事項

1. 增加社區參與健康促進之活動與遺族關懷活動可續辦。
2. 促進社區參與之浮球花園維護可由員工與居民共同發心維護，讓民眾與醫院連結更好，也藉由健康之戶外運動和美麗的環境促進身心健康。
3. 本院持續發表相關健康促進之努力與規劃。
4. 臺灣具有相當良好的醫療與科技產業，建議本院持續進行科技產業的連結，以將台灣的強項推向世界的舞台。

四、附錄

(一)臺大醫院金山分院成果發表之論文

TOPIC1

THE“NORTH COAST HERO” MEDICAL CARE ALLIANCE An Innovative Mode of Cross-sectoral Continuous Long-term Medical Care and Health Promotion

Ching-Ting Tan, Yu-Chien Hung, Hsiang-Lien Hung, Jia-Jhen Jhang, Hsu-Hua Liu

INTRODUCTION

The North Coast of Taiwan is composed of four districts, covering a vast area, with only eighty thousand inhabitants. In this area, it is rather difficult to carry out the health promotion project because of serious problems of rapid aging, chronic diseases and young people moving out. With this in view, our hospital tries to set up the “North Coast Hero” Medical Care Alliance at minimum costs by making the most of all local resources available, breaking through the frame of individual district service operation. The Alliance thus serves to integrate the demands of local residents for living, health, long-term medical care and medication, taking care of their whole lives from birth to death.

PURPOSE/METHODS

The Alliance, with the hospital branch as a platform and medical backup, has contacted the local deep-rooted organizations of administration, social affairs and health and held cross-disciplinary meetings periodically in order to create a better mutual understanding of each other. The Alliance tries to directly release messages of its health promotion project to primary educational institutions, convenience store chains and local traditional groceries, so that the residents may have easy access to the messages of the project.

RESULTS

Since the establishment of the Alliance, we have immediately united 20 teams of NPO and NGO, managing to obtain maximum economic results at minimum costs. The number of people involved was 156 in 2016, and there are 612 people now. During health promotion, the members of these teams themselves are also behaving in a healthy way.

CONCLUSION

The Alliance has effectively integrated local teams, with low admission requirements, low costs and freedom of independent operation of the teams. The close connection of civilian and government resources has made it possible for a new mode of health promotion project in a rural area to be efficient, beneficial, long-lasting, widespread and effective in controlling resources.

TOPIC2

A Study of Experiences of Health Promotion Activities for the Elders in a Rural Area of the North Coast of Taiwan Using an AI Robot

Hsiao-Yu Chang, Shih-Chung Chiang, Chia-Wen Chang, Ching-Ting Tan

INTRODUCTION

This study aims to promote health of the elders of the North Coast area with the help of an AI robot, a humanoid robot, Pepper, which is supposed to be designed to accompany human beings. In the activities, the AI robot is used as a platform together with its apps to produce health knowledge, energetic exercise and cognitive games. By holding community activities for the elders and educating them about health knowledge, we have thus achieved our aims of health promotion.

PURPOSE/METHODS

To keep track of the results of our activities, we have conducted a survey dating from July to December 2017. The survey subjects are people aged above 65 participating in our activities. The number of valid questionnaires is 216, 89% of the questionnaires sent out.

RESULTS

The results of the survey shows: 1) 96% were satisfied with the health promotion activities with the company of the AI robot; 2) 90% , with educational activities; 3) 98%, with body movements; 4) 92%, with cognitive interactive games; 5) 100 % showed their willingness to take part in the activities again.

CONCLUSION

If the elders in the rural area keep doing exercise and attending educational health promotion activities, they will feel more satisfied with their living status. I would suggest that we have more AI robots to help offer our elders more diversified activities and learning options. Hopefully, the elders in our area may live to be very old peacefully in their native place with continued high satisfaction.

TOPIC3

THE HOSPITAL AND THE COMMUNITY BUILT A FLOAT- BALL GARDEN OF HEALTH PROMOTION AND ECOLOGICAL ART

Hsiang-Lien Hung, Hsu-Hua Liu, Hsiao-Yu Chang, Ching-Ting Tan

INTRODUCTION

Our hospital, located in a rural coast area with a shortage of care resources and care providers, built a float-ball garden with the community. We united local organizations and environment artists in a cross-disciplinary and cross-sectoral collaboration. The care providers and recipients worked closely together with the colleagues of our hospital and shared the fulfillment of physical and mental health by way of a “DIY” process.

PURPOSE/METHODS

Our colleagues picked up waste “float balls” on the beach on Earth Day. After that, under the supervision of environment artists, we cut float balls, rubbed them and painted them into unique artificial flowers. At the same time, our hospital has voluntarily adopted a piece of neighboring land and turned it into a float-ball garden in close coordination with charity communities and public care homes. On Care Day, we made float-ball flowers with hospice care families; and together with the medical team and the community, we spent final hospice care days with the family members.

RESULTS

Our hospital has 153 employees in total, 119 of whom joined the construction of the float-ball garden; besides, 97.4% of the family members were satisfied with the float-ball flowers care activity. By means of labor and exercise, our colleagues not only released their emotional stress but also learned to work together in closer coordination. Also the health promotion project has encouraged the local people to love our earth with environmental and artistic consciousness and to promote health together.

CONCLUSION

Environment protection, recycling of the waste and the garden built by our hospital and the community have helped to promote the physical and mental health of hospice family members, hospital employees and people of the community, and they have also enabled care to go out of the hospital and get into the community. It is hoped that both visible beauty and the invisible beauty of soul and life can all be seen and realized in the “float-ball garden”.

TOPIC4

CONTINUOUS CARE MODE OF GRIEF COMPANIONSHIP

Change of Family Members of the Deceased from Passive Acceptance of Care to Active Dedication of Themselves

Hsu-Hua Liu, Jia-Jhen Jhang , Hsiang-Lien Hung, Yu-Chien Hung, Ching-Ting Tan

INTRODUCTION

With the current shortage of the family support mechanism and lack of social resources in Taiwan, the home hospice care team of the NTUHJS provides continuous care services for the patients, their death and their family members, actively following up the conditions of the grievous family members. The family members can thus change from passive acceptance of care to active dedication of themselves.

PURPOSE/METHODS

When the patient first comes to us, the team evaluates the conditions of the patient, holds family meetings with the family members and reaches an agreement to take care of the patient at the final stage. As the patient is dying and needs intensive care, the team provides high-quality final care and repeatedly prepares the family for the death of their loved one. When signs of life are gone, the team helps the family to cope with their loss, look after the dead body and issue the certificate of death; all these help to do away with the sadness of the family members. The original team also forms a small cross-disciplinary care group, pays continuous care visits and hosts care activities for the family periodically.

RESULTS

After grief companionship provided by the original care team in a continuous care mode, we have found that 37% of the families of care recipients volunteered to donate their medical aids, 3% of them were willing to work as volunteers for the NTUHJS, and 4% of them participated in the caregiver training course offered by the NTUHJS, actively dedicating themselves to care services for local residents. Besides, 95.7% of the participants were satisfied with the care activities sponsored by our hospital.

CONCLUSION

Our team believes that grief companionship is the essential part of whole hospice care. Through these modes of care, the family members are able to change from passive acceptance of care to active dedication of themselves, devoting themselves to the care of others, extending their love and care endlessly.

(二) Oral Sessions Program Details

PROGRAM DETAILS

THURSDAY, June 7, 2018

"Outdoor gym" - Community health promotion and public health

Anna Maria FERRARI, Elena POPPI, Massimo MILANI, Evelyn IOTTI, Loris FANTINI, Gianni ZOBBI, Laura Lisa LORENZELLI, Alberto ARTIOLI, Mauro BEDOGNI, Simona GRASSELLI, Annalisa RABITTI, A. MUNARINI, Emiro ENDRIGHI, Patrizia FAVA, Cristina BIGNAMI, Barbara VOLTA, Michela COMPIANI, Maria Livia VIOLI, Marcello TEDESCHI, Sonia BUFFAGNI, Christian VERGALLI, Riccardo PELLI, Marco TAMELLI, Greta FONTANILI, Maurizio FERRARI, Ivano PRANDI, Filippo NOVELLI, Massimo CAOBELLI, Damiano RAZZOLI, Andrea ORLANDINI, Elisabetta BORETTI, Giacomina MONTANARI, Valentina BEDOGNI, Giorgio SALAMI, Cinzia ARALDI (ITA)

M1.7 Age-friendly care for the community

Venue: Sala Maggiore, Magenta B Room

Chair: Birgit METZLER (AUT)

Health Promoting Services of Aged Friendly Care in a Super-Aged Society, Experiences in a Rural Community in Northeast Taiwan

Yi-Wen TSAI, Yiu-Hua CHENG, Mei-Wen WANG, Shih-Han LAI, Yi-Chuan CHEN, Chien-Tzung CHEN (TWN)

A Study of Experiences of Health Promotion Activities for the Elders in a Rural Area of the North Coast of Taiwan Using a Humanoid robot

Hsiao-Yu CHANG, Shih-Chung CHIANG, Chia-Wen CHANG, Ching-Ting TAN (TWN)

Reproductive, Menstrual and Dietary Factors Associated with Bone Mineral Density in Postmenopausal Chinese Women

Chih-Chien CHENG (TWN)

M1.8 Equity in health promoting health care

Venue: Sala Maggiore, Rossa A Room

Chair: Ragnhild SPILKER (NOR)

Influence factor of unmet health care in the Republic of Korea

Kue Sook KIM, Ji Hong LEE, Yu Jeong LEE, Mi Jin YUN, Heui Geun RYU (KOR)

The health of Migrants and Vulnerables at the heart of policy of a Local Health Authority

Filippo GNOLFO, Elisabetta CONFALONI, Claudio LAZZARI, Ascanio IANNACE, Stefania TONETTI, Mauro GOLETTI (ITA)

A new model of drug instruction provided to multicultural citizens in Taiwan

Ming-Yi LAI, Chi-Tai LEE, Eric Kin-Lap LEE, Jin-Shiung CHENG (TWN)

Health Check-up Support for the Beneficiaries of Basic Livelihood Act: Two Years of the Coalition Experience and Outcomes of a General Hospital with Three Districts' Self-support Centers in Seoul, Korea

Jiyong PARK, Bumjo OH, Jaekyung LEE (KOR)

Return to work in Italian cancer survivors: the innovative social-health care network

Sara PALTRINIERI, Ermanno RONDINI, Stefania FUGAZZARO, Cristina GOZZI, Stefania COSTI, Elisa MAZZINI (ITA)

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PROGRAM DETAILS

FRIDAY, June 8, 2018

O4.6 Community health promotion II

Venue: Sala Maggiore, Bianca Room
Chair: Luciana BALLINI (ITA)

How people living in Hiroshima value each prerequisite for health from the Ottawa Charter
Toh Yoon Ezekiel WONG, Takako SUGA, Narumi MURAKAMI, Junko TATEISHI,
Hirohiko MURATA (JPN)

The more times people participate in a CVD community intervention program, the greater the decrease in mortality
Margareta NORBERG, Mojgan PADYAB, Lars WEINEHALL (SWE)
Educating Health Guides to improve individual empowerment in a small community
Alexandra WHITE, Anna-Karin SCHÖLD, Elin GLAD, Matti LEIJON (SWE)

A.F.A. Adapted Physical Activity
Alda COSOLA, Rodolfo ODoni, Pasquale ROSIELLO, Sabina BORRACCINO,
Rossella SAPPE, Paola FASANO, Flavio BORASO (ITA)

"Catch your health wave on the beaches of Ashdod" – An outdoor intervention to promote sun protection among beachgoers
Karen BRONNER (ISR)

O4.7 Late life and health promotion

Venue: Sala Maggiore, Rossa Room
Chair: Giulio FORMOSO (ITA)

The effectiveness of exercise program intervention in fitness and social interaction for elderly patients with dementia.
Ying-Ya HSU, Jia-Fu LEE, Yueh-Chuan YANG, Ya-Jou YU (TWN)

THE "NORTH COAST HERO" MEDICAL CARE ALLIANCE An Innovative Mode of Cross-sectoral Continuous Long-term Medical Care and Health Promotion
Ching-Ting TAN, Yu-Chien HUNG, Hsiang-Lien HUNG, Jia-Jhen JHANG, Hsu-Hua LIU (TWN)

Setting-based Health Promotion in Long-term Care Institutions
Shu-Chen SU, Sou-Hsin CHIEN, Ching-Yuan CHEN, Cai-Ru GAN, Yi-Ling LAI (TWN)

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Hsu-Hua LIU, Jia-Jhen JHANG, Hsiang-Lien HUNG, Yu-Chien HUNG, Ching-Ting TAN (TWN)

O4.8 Migrants and vulnerable groups

Venue: Sala Maggiore, Ciano Room
Chair: Elizabeth ABRAHAM (CAN)

Ensuring access to health care for refugees and asylum seekers during the refugee crisis: development of a resource package for EU member states
Antonio CHIARENZA, Hans VERREPT, Marie DAUVIRIN, Sonia BAATOUT,
Valentina CHIESA (ITA)

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PROGRAM DETAILS

FRIDAY, June 8, 2018

The hospital and the community built a float-ball garden of health promotion and ecological art

Hsiang-Lien HUNG, Hsu-Hua LIU, Hsiao-Yu CHANG, Ching-Ting TAN (TWN)

The Efficacy of Using Animation to Promote the Memory Maintenance Club to the Public in Rural Communities

Ping-Nan WU, Sin-Mei WU, Yi-Ting LU, Chia-Min LAI, Hung-Mei CHEN, Chiu-Man LIU, Wen-Long TSAO, Ming-Nan LIN (TWN)

If a doctor ask, the patient changes

Juhee AHN, Yujin CHUNG, Sujoung LEE (KOR)

Sharing decision making about PSA test for prostate cancer early detection

Pietro RAGNI, Paolo Giorgi ROSSI, Mirco PINOTTI, Federica GAZZOTTI, Valentina BEDOGNI, Rossana COLLA, Valentina CHIESA, Giorgio MAZZI, Cristina MARCHESI (ITA)

Empathy – an important concept in measures to promote health

Jan ARLEBRINK (SWE)

(三)相關媒體報導

健康促進服務 台醫院享譽國際

大紀元 台灣

健康促進服務 台醫院享譽國際

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全球無菸健康促進網絡邀請榮獲無菸醫院國際金獎醫院，在2018全球無菸醫院國際金獎論壇分享實踐經驗。(國健署提供)

【記者施芝吟 / 台北報導】台灣醫院健康促進服務 成效享譽國際

衛福部國健署長王英偉、270位醫院菁英共同出席在義大利舉辦的「第26屆健康促進醫院國際研討會」及「2018全球無菸醫院國際金獎論壇」，將發表378篇論文，從政府推動政策到醫院實際推動健康促進成果，是本次會議參與人數及報告最多的國家。

王英偉獲邀於大會開幕主場演講，分享台灣如何從政策研議，協助醫院從單純的提供醫療服務，轉型為全方面提供健康促進功能，把握醫院與人接觸的機會，提供民眾所需健康促進服務。

王英偉表示，過去到醫院主要是看病，往往忽略了造成疾病的成因，如飲食與運動，現在醫院會主動幫病人規劃運動處方與飲食菜單，甚至應用在醫院員工上，這是國健署介入醫院政策最重要的部分－照護人的整體健康，延長最佳健康狀態。