行政院及所屬各機關出國報告
（出國類別：開會）

103年出席第46屆亞太公共衛生學術聯盟國際研討會（the 46th Asia Pacific Academic Consortium for Public Health (APACPH) Conference）出國報告

服務機關：衛生福利部國民健康署
出國人員：羅素英 簡任技正
賈淑麗 專門委員

出國地區：馬來西亞(吉隆坡)
出國期間：民國 103 年 10 月 15 日至 20 日
報告日期：103 年 12 月 26 日

內容目錄

摘　　要：

研討會主題為「Evolution of Public Health in the Asia Pacific Region」，議題涵蓋國際主要傳染疾病與健康合作、衛生教育與健康促進、人口老化、慢性非傳染病疾病、菸害防制、傳染病防治、婦女健康、兒童及青少年健康、心理健康、職業與環境衛生、健康不平等。

1. NCD（**非傳染病**）：

抽菸、喝酒、不健康的飲食以及缺乏運動四大危險行為，這些都會增加罹患非傳染病的風險。「預防和控制非傳染性疾病全球戰略和行動計畫」中所指導行動計畫之六項目標，包括(1)提高非傳染性疾病防治的優先程度，並納入所有政府政策；(2)制定並加強國家非傳染病防治政策和計劃；(3)促進採取各種預防措施，以減少非傳染性疾病所共有的主要可改變危險因素，包括使用菸草、不健康飲食、缺少體力活動和不當使用酒精；(4)加強預防和控制非傳染性疾病的研究；(5)促進非傳染性疾病預防和控制之夥伴關係；以及(6)監測非傳染性疾病及其決定因素，並評價國家、區域和全球層面的進展。

2. Aging（**高齡**）：

高齡化已是全球趨勢，全世界的戰後嬰兒潮，從 2011 年開始邁入 65 歲，生育率偏低、人口老化速度非常快，進入「高齡化社會」各國需檢視對老年生活有利與不利的條件，並依高齡者的需求，改善城市的軟硬體構面，推動促進長者活躍的高齡友善城市。

3.**健康不平等：**

在澳洲糖尿病、憂鬱症及肥胖等健康議題，都充斥著健康不平等，對於改善此一現象有賴社會決定行動。包括充能、改善日常生活狀況、權力、經費及資源等，例如社區環境成為友善之運動環境、食品安全政策等等，有效減少代間差距。對於政策者需瞭解實證之重要性，evidence for policy；evidence of policy。

4.**健康貿易：**

貿易對於健康議題及健康服務提供之影響，範圍包括了食品、菸草及健康科技等。亞洲旅遊醫療主要在泰國、新加坡及印度，服務包括了整容外科、牙醫、心血管疾病、癌症及減重等。此外，移民工作者之健康需求亦為整個健康醫療市場另一個重要議題。

5.**公共衛生研究：**

21 世紀建議之研究主題包括：健康問題之社會決定因素、健康及疾病的發展、氣候變遷。亞洲國家需持續溝通主要問題有感染（AIDS、TB、瘧疾）、營養及各國之特殊議題（口腔問題、檳榔等）。各國應積極建立研究互動平台，永遠不要覺得自己已經足夠！

壹、第 46 屆亞太公共衛生學術聯盟國際研討會簡介

亞太公共衛生學術聯盟（Asia-Pacific Academic Consortium for Public Health，APACPH）是一個自1984年設立於美國夏威夷檀香山的國際性非營利組織，由美、澳、日、韓等20餘國之70餘所大學公共衛生學院所組成，致力於促進公共衛生的專業教育，我國臺灣大學、臺北醫學大學、高雄醫學大學及慈濟大學皆為其會員，衛生福利部邱文達前部長也曾擔任過該聯盟之會長。亞太公共衛生學術聯盟國際研討會為亞太地區最重要的衛生領袖會議與衛生相關領域專家會議，與會人士多為亞太地區衛生部門官員、衛生領域專家、學者及非政府組織等專業人士。

亞太公共衛生聯盟(APACPH)歷年來推動跨國性研究、救援與教育活動，深受國際醫學及公共衛生界重視。長期以來該組織著力於國際間健康照護事務之交流、之研究以及落後國家之醫療照護等事務。

亞太國際公共衛生大會為APACPH最重要的年度會議，會中集合亞太地區、以及全球公共衛生相關議題的學者，就亞太地區公共衛生相關議題進行交流，同時藉此機會探討有關參與國際間重大災難與疾病的研究與調查。目前APACPH主導並贊助許多大型跨國研究計劃，如跨國菸害研究、口腔癌檳榔防制、事故傷害防制計劃等，結合國際學術研究力量，以改善亞太地區國家民眾之健康。該組織從1984 年的5個會員開始，成長至今已經有包括亞太地區23個國家或地區的81

個會員（我國的會員包括臺灣大學、臺北醫學大學、高雄醫學大學及慈濟大學）。

本年度研討會主題為「Evolution of Public Health in the Asia Pacific Region」，議題涵蓋國際主要傳染疾病與健康合作、衛生教育與健康促進、人口老化、慢性非傳染病疾病、菸害防制、傳染病防治、婦女健康、兒童及青少年健康、心理健康、職業與環境衛生、健康不平等。本次大會計有15個國家，共舉行5場主題會議、13場平行會議、18場口頭發表會，超過600人參加。

本次會議本署之海報論文發表以「Disparities in Secondhand Smoke at Home among Children in Taiwan」為題，報告內容為：二手菸導致兒童的各種健康問題。本研究的目的是探討在兒童暴露家庭二手菸（Secondhand Smoke，SHS）的社會經濟和地域差異。研究方法係以衛生福利部國民健康署「2013年國民健康訪問調查」資料來進行估算臺灣兒童接觸二手菸的罹患疾病機率。

研究結果顯示，有25.6%12歲的兒童是有暴露於家庭二手菸。家庭二手菸暴露率從較為富裕的大都市17.7%至相對偏遠的縣市為50.5%不等。單親家庭的子女或無父母同住的家庭二手菸暴露率較高。母親是大陸外籍或父、母親是原住民本土族群者其二手菸暴露率較高。較低社會經濟背景的兒童較較高的社會經濟背景者，有3.2至8.0倍暴露於家庭二手菸的風險。我國兒童在家接觸二手菸從2009年32.5%已顯著下降至2013年25.6%。但是，不同的地理位置、社會經濟地位和種族之間的仍有顯著差異。應加強家長或兒童主要照顧者二手菸對健康危害宣導教育，以減少兒童的二手菸暴露，並建立無菸家庭，以進一步減少兒童接觸二手菸。

貳、目的

我國近年來積極參與亞太公共衛生學術聯盟國際研討會，成功將我國重要公共衛生政策與亞太各國分享，建立良好公共衛生人脈及國際形象，該國際研討會已成為我國在亞太地區相當重要之國際衛生舞台。為提昇我國健康促進工作及相關研究戊之國際能見度，國民健康署投稿論文「Disparities in Secondhand Smoke at Home among Children in Taiwan」為大會所接受海報發表，希藉此平台呈現我國政策與研究成果，並於大會中與亞太地區國家之專家學者進行公共衛生議題交流與互動。

參、過程

一、行程及議程(詳如附錄 1)

(一) 5 場主題會議：

Plenary 1: Non-Communicable Diseases (NCDs) and Prevention：**非傳染性疾病和預防**

Professor Dr. Bas Bueno-de-Mesquita, National Institute for PublicHealth and the Environment (RIVM) (Netherlands)

Plenary 2: Population Aging and Health in Developing Countries in the 21st Century：**21 世紀發展中國家人口老化與健康**

Professor Dr. Robert Cumming, University of Sydney (Australia)

Plenary 3: Politics, Power and People: A Game Plan for Action on the Social Determinants of Health Equity in the 21st Century：**政治、 權力和人民：21 世紀一個為衛生公平性問題社會決定因素作用的計畫**

Professor Dr. Sharon Friel, Australian National University (Australia)

Plenary 4: Trade and Health in the Asia-Pacific Region：**亞太地區的貿易和衛生**

Professor Dr. Byung Yool Jun, Yonsei University (Korea)

Plenary 5: Research Priorities for Public Health in the Asia-Pacific Region：**亞太 地區的公共衛生研究優先次序**

Professor Dr. Colin Binns, Curtin University (Australia)

(二) 18場 Oral presentation

Track 1 : Ageing

Track 2 : Infectious Diseases

Track 3 : Non-Communicable Diseases

Track 4 : Global Health

Track 5 : Health Education & Promotion

Track 6 : Health Policy & Financing

Track 7 : Migration & Health

Track 8 : Adolescent Health

Track 9 : Injury Prevention

Track 10 : Health Education & Promotion

Track 11 : Women’s Health

Track 12 : Health Policy & Financing

Track 13 : Non-Communicable Diseases

Track 14 : Women’s Health

Track 15 : Special Public Health Interest

Track 16 : Infectious Diseases

Track 17 : Mental Health

Track 18 : Occupational & Environmental Health

(三) 13場平行會議Parallel Symposium

Sym 1: Healthy Successful Aging: A Public Health Mandate

Sym 2: Infectious Diseases

Sym 3: Non-Communicable Diseases

Sym 4: Global Health

Sym 5: Occupational & Environmental Health

Sym 6: Universal Health Coverage

Sym 7: Dr. JW Lee Memorial Fellows Symposium: Official Development Assistance in Healthcare

Sym 8: Women's Health, Adolescent Health & Violence

Sym 9: Injury Prevention

Sym 10: Health Education and Promotion

Sym 11: Peace, Social Justice and Health

Sym 12: Mental Health

Sym 13: Public Health Law And Ethics

二、會議過程

（一）Keynote Address

I. Korea's Changes in Disease Control Policy and It's Implication in Asia-Pacific Countries

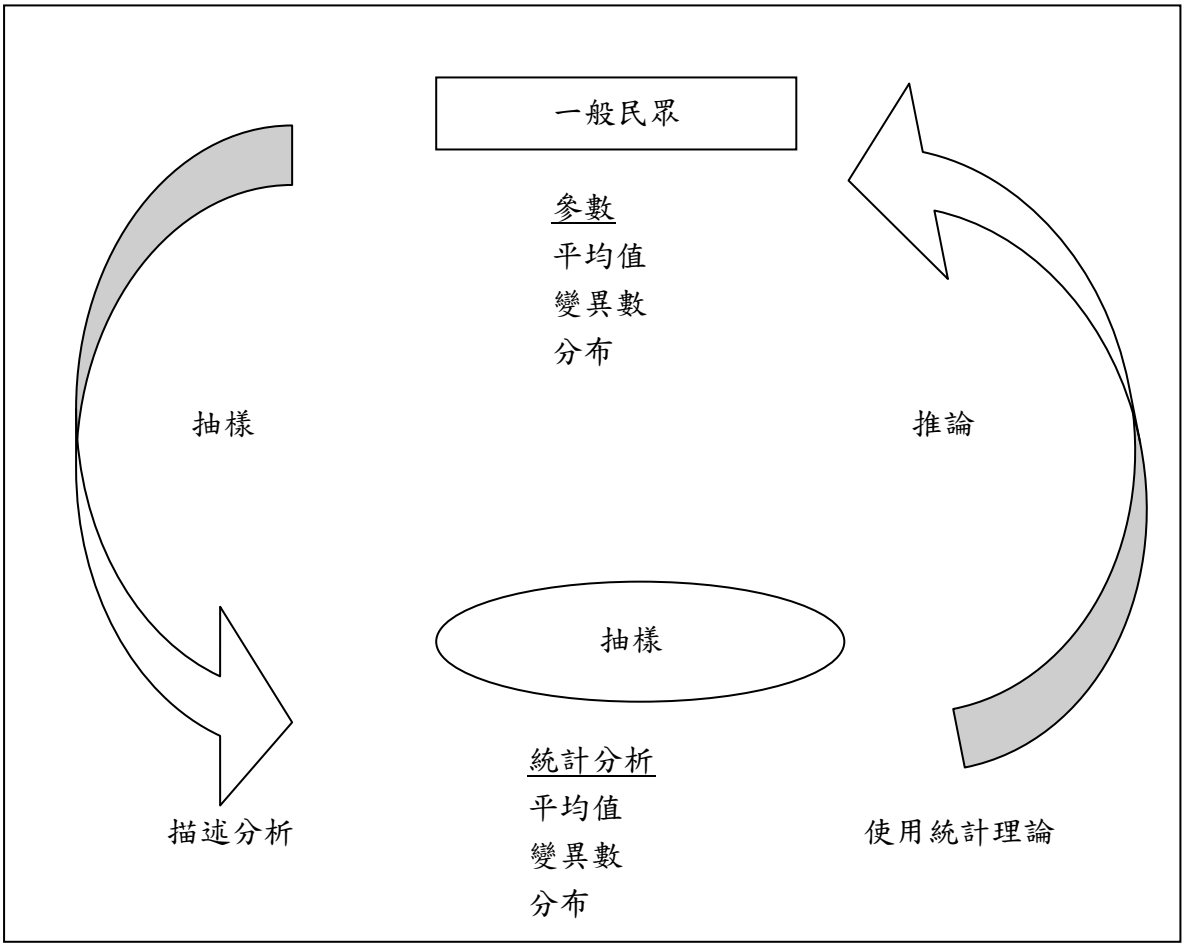
II. Evolution of Public Health in Asia-Pacific Region

10/16會議紀要：

參與General Assembly會員會議，討論大會會務運作、預算贊助支持低收入經濟國家或組織，從事公共衛生訓練、研究、發表等相關工作。例如：進行馬來西亞、斯里蘭卡、台灣等口腔癌跨國研究與發表。會中與日本、馬來西亞、斯里蘭卡等國教授簡介本署提供之口腔癌篩檢狀況，台灣目前由口腔衛生學會發展檳榔成癮依賴量表與上述國家進行研究分析，本署亦持續關心學會量表發展過程中，提供必要之協助。

Pre-Conference Workshop 3: “Statistical Evidence in Public Health Research and Practice”

工作坊主要是進行公共衛生研究、統計與實務應用的討論，從什麼是統計？什麼是研究變項(量化、質化)？統計資料提供實證資料證據，提供政策制定者擬定政策之參考。



10/17會議紀要：

一、 非傳染性疾病NCD

Professor Dr.Bas Bueno-de-Mesquita（Department for Determinants of Chronic Diseases, National Institute for Public Health and the Environment, Netherlands）：演講主題為NCD危險因子介紹，其中特別強調食物與NCD關聯。職等於演講後致贈本署年報，並簡略說明本署正積極計畫及執行各項NCD危險因子之介入措施。

非傳染病近年來已快速成為全球重大健康威脅，根據WHO 2010統計報告，非傳染病佔全球死亡人數之63%，非傳染病防治包括了心血管疾病、糖尿病、癌症、慢性呼吸道疾病等4大主要疾病。

在低收入、中低收入國家80%死於非傳染病，全球每年有超過3.5億人死於癌症，而所有癌症的死亡有35%都可歸因於吸菸行為，國際癌症研究總署（IARC）資料顯示：吸菸引發相關的癌症包括肺癌、口腔癌、咽頭癌、食道癌、乳癌等。

抽菸、喝酒、不健康的飲食以及缺乏運動四大危險行為，這些都會增加罹患非傳染病的風險。「預防和控制非傳染性疾病全球戰略和行動計畫」中所指導行動計畫之六項目標，引領各會員國具體展開預防和控制非傳染性疾病行動；惟未來之挑戰為各國應認知並重視預防及控制非傳染性疾病所需之可持久的健全財務機制。六項目標包括(1)提高非傳染性疾病防治的優先程度，並納入所有政府政策；(2)制定並加強國家非傳染病防治政策和計劃；(3)促進採取各種預防措施，以減少非傳染性疾病所共有的主要可改變危險因素，包括使用菸草、不健康飲食、缺少體力活動和不當使用酒精；(4)加強預防和控制非傳染性疾病的研究；(5)促進非傳染性疾病預防和控制之夥伴關係；以及(6)監測非傳染性疾病及其決定因素，並評價國家、區域和全球層面的進展。

在人口快速老化及非傳染病威脅日增的時代，未來將以提高健康餘命、縮小健康不平等為使命，世界衛生組織2013-2020年非傳染病防治全球目標，在2025年將四大非傳染病之過早死亡降低25%，並透過加強源頭預防之跨領域結合、推動e化傳播、提昇國民健康識能、

強化人力與組織之專業效能等，提升服務的深度及廣度，以促進國民健康。

其他討論

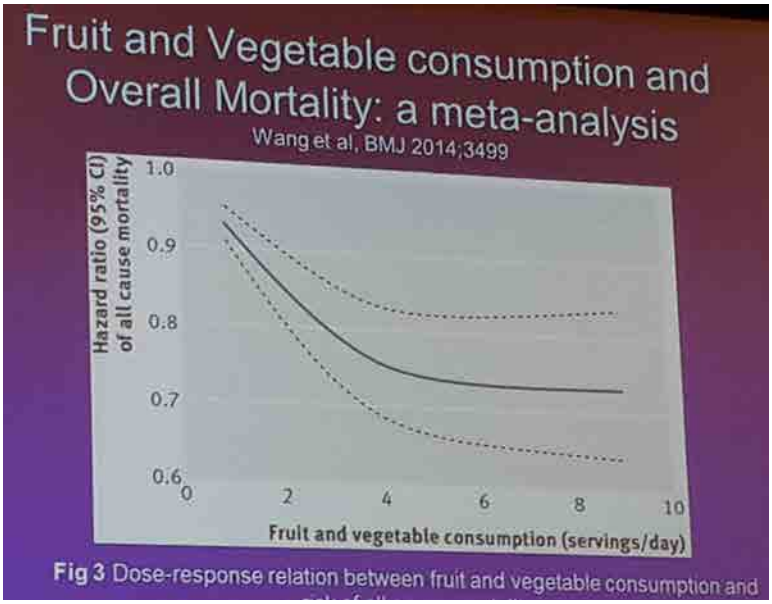
1.Immediate risk factor profile of chronic disease and physical activity: findings from the Colombo Municipal Council Area, SriLanka: 在斯里蘭卡，造成NCD原因中經濟、年齡及肥胖是主要原因，不運動比率高達80%，此一議題對斯里蘭卡首重是運動推廣及肥胖防制。

2.Breast cancer survival indigenous people of Sarawak,Borneo:獨身者預後較差，生活西化、年輕化及無家庭支持之乳癌個
病人，其治療預後較差，該國在468位病人研究，五年存活率僅69.1%。

3.Assessing smoking abstinence:using lower cut-offs expired-air carbon monoxide measurement among Malaysian smokers:cut-point愈低其復抽比率越高，切點以10PPM其6個月不抽比率最高。

4.The Gobal cancer burden and preverntion：吸菸的危害提升80%的肺癌及20-30%膀胱癌及大腸癌，也包括乳癌。不運動及NCD也是所有癌症原因之一，大腸癌原因尚包括久坐不動及過多脂肪攝入。預防NCD及癌症須從小做起，改變生活型態，從年輕者即須提升身體運動頻率。

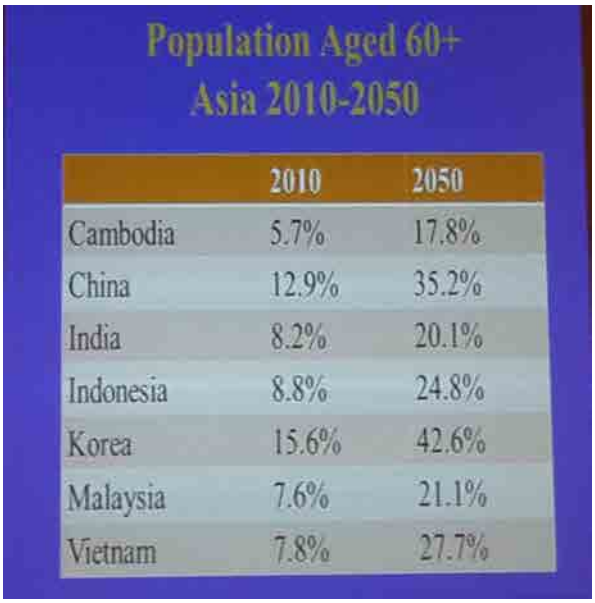
5.癌症與營養（Cancer and nutriton）：酒精攝取已知與大腸癌、乳癌及胰臟癌等都有關係，紅肉尤其是processed meats是主要原因。降低罹癌風險上，纖維的攝取可降低10%的死亡率，維他命C攝取亦可降低乳癌風險。



二、高齡(Aging)

Professor Robert Cumming（Sydney Medical School, Australia）：演講主題：Population aging and health in developing countries in the 21ST century。人口高齡化是公共衛生發展的成就，也是全球政府都需共同面臨的新挑戰。因應人口快速老化的全球化趨勢，營造在邁入高齡後，仍可以延長保持健康狀態及享有自主獨立的良好生活品質環境，有助減少對醫療照護及福利資源的依賴。

1950年世界人口的13%是年齡在五歲以下的比例僅為5%65年歲及以上。到了2025年這個比例將徹底改變，健康優先順序及健康照護系統對於許多開發中的國家，可能還停留在1950年代狀態，包括急性照顧及兒童及青少年問題，尚未針對高齡問題加以設計。在2010年澳洲超過60歲以上人口有19%，越南則僅有8%。澳州目前平均壽命男性為81歲；女姓為85歲。到了2050年，這二個國家老人人口是一樣的，60歲以上人口將達28%。這代表開發中的國家須儘速處理老化問題，對於亞洲及拉丁美洲的開發中國家主要健康問題包括，關節炎、心臟血管疾病、癌症、糖尿病，損傷等都會增加，另外一些老化疾病如失智症、跌到及衰弱等問題亦會增加。世界各國都應將公共務生及臨床實務改變，增加更多因慢性病所致的傷害。目前對於高齡的挑戰，主要以經濟支持為主，包括了長者自己的經濟狀況、保險狀況及社會養老金等。社會養老從減少貧困老人比率、減少貧困家庭比率、改善健康照顧的可近性、改善孫子女的教育程度與健康狀況及增加對勞人的尊重。

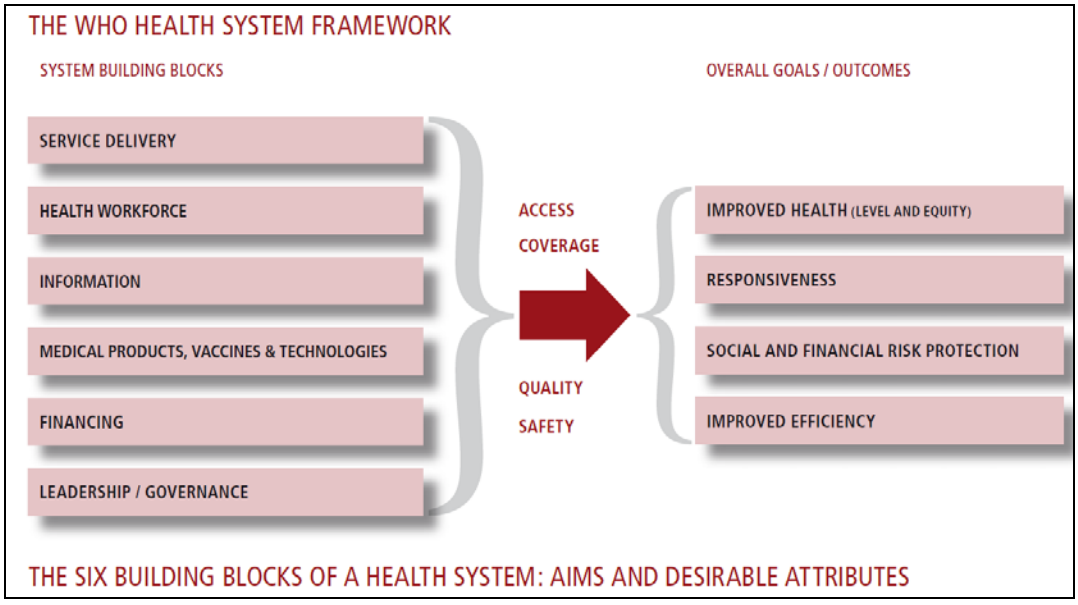


世界衛生組織(WHO)在2007年發布「高齡友善城市指南」，以8大面向為基礎（無障礙與安全的公共空間、大眾運輸、住宅、社會參與、敬老與社會融入、工作與志願服務、

通訊與資訊、社區及健康服務），做為各城市推動高齡友善城市的參考。

高齡化已是全球趨勢，全世界的戰後嬰兒潮，從2011年開始邁入65歲，生育率偏低、人口老化速度非常快，進入「高齡化社會」各國需檢視對老年生活有利與不利的條件，並依高齡者的需求，改善城市的軟硬體構面，推動促進長者活躍的高齡友善城市。

世界衛生組織健康照護系統架構



10/18 會議紀要：

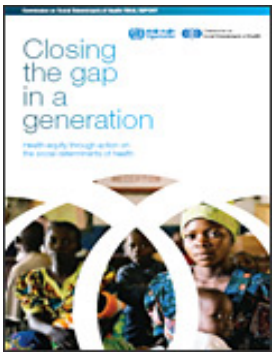
一、健康不平等：

在澳洲糖尿病、憂鬱症及肥胖等健康議題，都充斥著健康不平等，對於改善此一現象有賴社會決定行動。包括充能、改善日常生活狀況、權力、經費及資源等，例如社區環境成為友善之運動環境、食品安全政策等等，有效減少代間差距。對於政策者需瞭解實證之重要性，evidence for policy；evidence of policy。

追求健康公平為當前世界潮流，世界衛生組織(WHO)將健康不平等定義為，不同社會群體中，其健康狀態或健康決定因素的分布出現非必要且可避免的差異。例如在不同的社會經濟狀況(性別、年齡、教育程度、收入等)和地區別族群，皆可能因健康風險暴露的差異而造成健康不平等，但是可以藉由政策行動而改變。

世界衛生組織2003年出版「健康與社會決定因子」報告（Wilkinson & Marmot編輯）指出，即使是在經濟最發達的國家，較貧窮的人相較於富有者仍有較明顯的短壽與較多的疾病。這些差異不僅涉及社會正義，進一步探究發現：社會環境因素是導致健康差異的關鍵因子，且其影響久遠、乃至終身，稱為健康的「社會決定因子」（social determinants of health; SDH）包括：貧窮、社會地位、壓力、工作環境、社會隔離、失業、社會支持、交通等等。這個突破性的發現，帶動健康政策的重大變革，由於社會決定因子並非狹隘的醫療衛生服務所能直接改變，因此，想要更全面的提升民眾健康，尤其是縮小不同群體、地區之間的健康落差，除了過去所致力發展的醫療資源、科技創新、全民健保、個人保健以及公共衛生服務，還必須將著力點延伸到醫療衛生領域之外，在各層級政府的各部門、公私機構以及學校、職場、社區等各場域，創造更健康的社會環境，才可能達到效果。

世界衛生組織於2005年成立「社會決定因子與健康」委員會（Commission on Social Determinants of Health），由Sir Michael

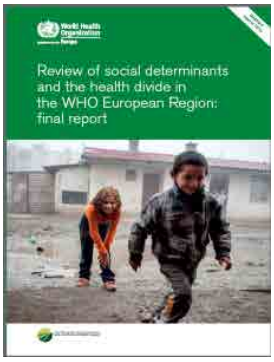


Marmot教授擔任主席。Marmot教授指出，健康的階級落差（social gradient in health），是來自於權力、收入、物資與服務的分配不均；獲取健康照護與教育資源的障礙；住家、工作、休閒與社區的環境；以及人們過富裕生活的機會。這些與各國或各地政府的社經政策息息相關。健康與健康不平等通常不是社經政策的原始目的，卻深受其影響。報告中談到，必須幫助各國在社會經濟的發展過程中，注意到權力、財富與資源分配的公平性、適當性，以使其亦伴隨增進健康與縮小健康不平等的結果；而這又有賴於透過專業分析，提出健康不平等存在的具體事實，才能藉以展開溝通或社會倡議，產出有益的政策，同時，亦必須持續監測社會不平等的變化，以逐步邁向更健全公義的社會。

WHO 在2008年出版用一代的時間弭平落差報告，旨在提出每一個國家、國家裡的不同區域，或是個別的城市，都能採用的原則，並且在自己的背景和條件下，去推動相關工作。

在這樣的思維下，英國政府邀請目前任教於英國倫敦大學University College London, Institute of Health Equity, Sir Michael Marmot 教授，進行英格蘭的健康不平等回顧，在2010年出版「公平的社會、健康的生活」，也就是一般所稱的Marmot Review或Marmot's Report ，將增進健康公平的政策或行動歸納為六大領域：

(1)Give every child the best start in child life(給予每一位兒童最佳的童年起點)



(2)Enable all children, young people and adults to maximize their capabilities for controlling over lives(幫助所有兒童、青年與成人，將其控制生活的能力發揮到極致)

(3)Create fair employment and good work for all(為所有人創造公平的就業與良好的工作)

(4)Ensure a healthy standard of living for all(確保所有人擁有健康的生活水準)

(5)Create and develop healthy and sustainable places and

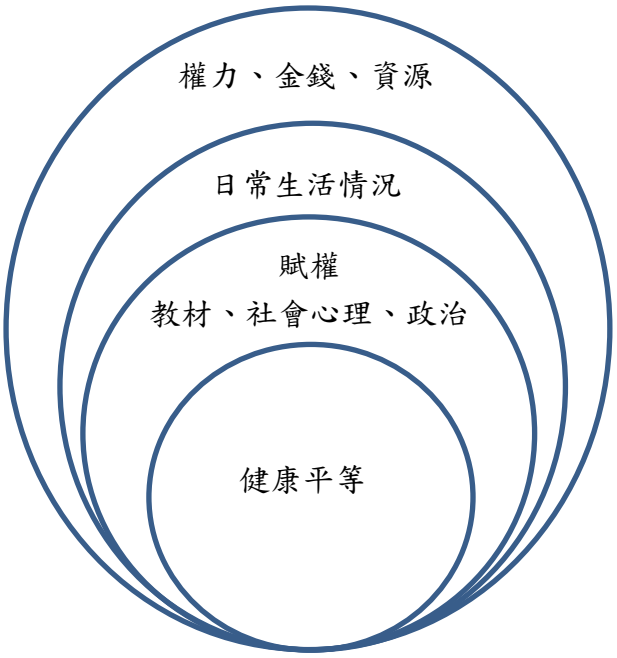
communities(營造健康永續的場所與社區)

(6)Strengthen the role of ill-health prevention(強化預防的角色)

WHO歐洲區署也在2014年出版「歐洲地區社會決定因素與健康差距回顧」，針對53個國家的健康不平等狀況進行分析比較。

各國政府如何透過各面向的公共政策，將健康納入決策考量過程，達到降低危害、增進健康的目標。

學者進一步提到，健康不平等是一種社會產物，在澳洲需要透過賦權對於民眾、社區及國家，提供社會心理控制、教材資源及政治發言，以預防健康不良。



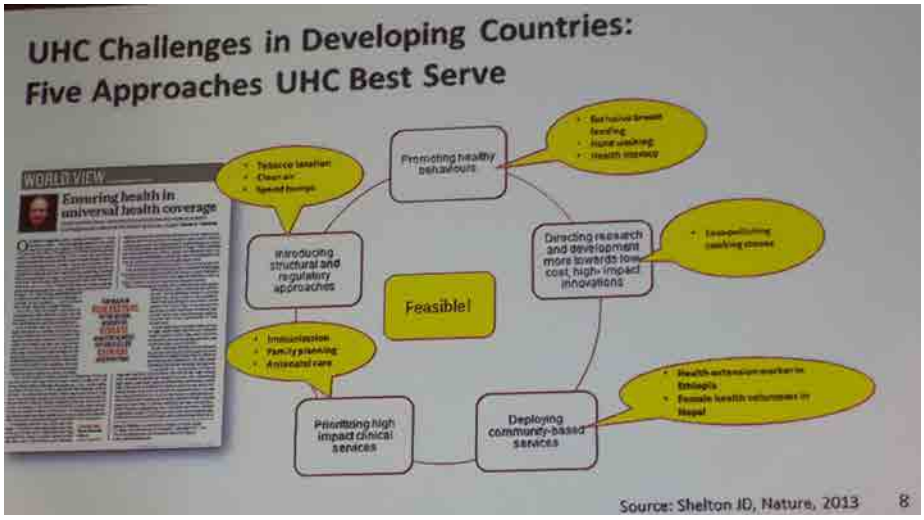
WHO, Commission on Social Determinants of Health,2008

二、全民健康保險〈Universal Health Coverage UHC〉

議題一：UHC – Quality, Not only Quality – sharing Malaysia experience:品質的論述就像一杯咖啡，是拿鐵或是黑咖啡，是因人而異，但是效益應是一種公平正義的經濟。

議題二：Overcoming Post- Universal Health Coverage challenges（Japan）：全國健保實施在日本經驗需要有三個主要對象，包括醫

師、病人及經費，為了達到最大效益，應以健康促進為重要工作，以有效降低成本。



議題三：The equity aspect of Universal Health Coverage in Indonesia：Indonesia 預計在 2019 年實施 Universal Health Coverage，但將以 DRG 為優先實施。

（三）10/19 會議紀要：

1. 貿易：

貿易對於健康議題及健康服務提供之影響，範圍包括了食品、菸草及健康科技等。亞洲旅遊醫療主要在泰國、新加坡及印度，服務包括了整容外科、牙醫、心血管疾病、癌症及減重等。此外，移民工作者之健康需求亦為整個健康醫療市場另一個重要議題。

2. 公共衛生研究：

Professor Colin Binns（Curtin University Australia）：專長為公共衛生研究，他提及21世紀建議之研究主題包括：健康問題之社會決定因素、健康及疾病的發展、氣候變遷。亞洲國家需持續溝通的主要問題有感染（AIDS、TB、瘧疾）、營養議題及各國之特殊議題（口腔問題、檳榔等等）。在溝通原則包括：對象（population）、預防（prevention）、評價（evaluation）、公平（equity）,以家庭為主之介入方式亦是主要做法。各國應積極建立研究互動平台，永遠不要覺

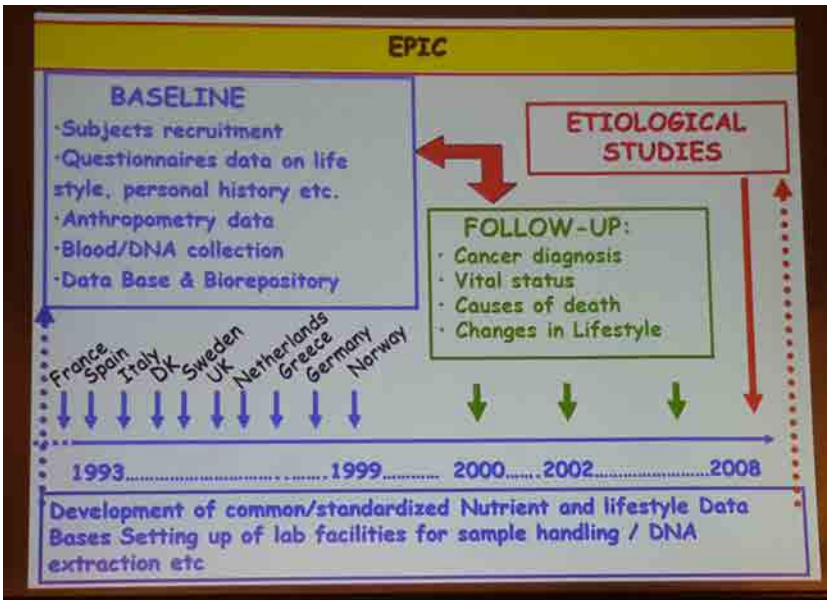
得自己已經足夠了（you will never feel your know enough）！

肆、心得與建議

一、為建立制度化國民健康及非傳染性疾病監測系統，以持續收集、分析與發布健康監測相關資訊，運用社區面訪調查、電話調查，以及在校學生自填問卷調查等方法，定期辦理各項全人口及各生命週期特定人口群健康監測調查，並陸續發展與改善先天缺陷、事故傷害，以及口腔與視力保健等監測機制，逐步擴增及強化非傳染病健康監測系統，以提供政策擬定及績效評價之參考。

二、逐步擴增及強化非傳染病健康監測系統，持續發展與改善先天缺陷、事故傷害，以及口腔與視力保健等監測機制。

三、高齡友善、活躍老化、非傳染病防治在亞太地區領先，未來可與他國交流。此會議是亞太地區公共衛生最重要的會議，應予重視，可惜我國大會會場中台灣參加學者，衛生福利部邱前部長文達、臺灣大學陳為堅教授、蔡詩偉教授與臺北醫學大學邱弘毅教授、張武修教授、邱亞文副教授未多加發表意見。邱文達前部長聽荷蘭學者Professor Dr.Bas Bueno-de-Mesquita演講，主題：Non-communicable diseases and prevention。對**歐洲癌症前瞻性調查**和**營養學研究**（EPIC，European Prospective Investigation into Cancer and Nutrition，歐洲研究組織跨10個歐洲國家）組織深表認同，並建議本署應該多與該組織聯繫與學習。除此之外，參與會議與會發表者不多，無法讓台灣衛生工作的進展和成效讓國際友人所了解。



四、本會議係以學術為主，各國就主題邀請參與之學校，提具相關研究結果，本次本國參與學校所提供之就發表較少，未來應可鼓勵台灣參與此一平台之學校〈台灣大學、台北醫學大學、慈濟大學等〉多投稿，另衛生單位亦可多參與〈本次除本署投稿海報外，另新北市衛生局亦有投稿〉。

五、因此一會議探討主題廣泛，雖多為亞洲國家代表參加，惟台灣的癌症篩檢經驗包括檳榔危害防制應可作為其他國家之參考，已在會議過程中與台北醫學大學邱弘毅教授、張武修教授研議，於2015年會議增加與癌症防治相關主題之可行，因邱弘毅副校長為該會之財務長，允為代為轉達及研議。

六、本署製作之菸害防制年報、無菸家庭唱跳MV及「我家不吸菸 健康每一天」紙摺存錢筒頗受喜愛，未來可針對發表議題提供本署宣導品。

附件一：大會議程

46th APACPH Conference in Kuala Lumpur

PRE-CONFERENCE EVENTS

Location: Faculty of Medicine, University of Malaya

	Event	*Venue*
15TH OCTOBER 2014 (Wednesday)		
2pm – 5pm	APACPH Executive Council Meeting	SPM Conference Room
16th OCTOBER 2014 (Thursday)		
8am – 8.30am	Registration for APACPH General Assembly	Bilik Fakulti
8.30am – 1pm	APACPH General Assembly	
1pm – 2.30pm	Lunch	Bilik Serbaguna
2.30pm – 3.30pm	ICUH: Then and now	Bilik Fakulti
3.30pm – 5pm	Dean's Meeting	Bilik Fakulti

PRE-CONFERENCE WORKSHOPS

Location: Faculty of Medicine, University of Malaya
Date: 16th October 2014 (Thursday)
Time: 9am – 5pm

MAIN CONFERENCE (17TH OCTOBER – 19TH OCTOBER 2014)

Location: KL Hilton Hotel

DAY 1: 17th October 2014, Friday	
8:30:9:00	Registration of participants
9.00-9.10	**Welcoming remarks**
9:10-10:o0	**Plenary session 1**
10:o0-	Tea break

10:30					
10.30-12.00	**Symposium 1:** Aging	**Symposium 2:** Infectious Diseases	**Symposium 3:** Non-Communicable Diseases	**Symposium 4:** Global health	**Symposium 5:** Occupational & Environmental Health
12:00-1:30	Lunch and poster viewing session		APJPH Editorial Board Meeting		
1:30-3:00					
3:30-3:30	**Opening ceremony by Minister of Health of Malaysia**				
3:30-4:30	Keynote address				
4:30-6:30	**Welcome reception**				
DAY 2: 18th October 2014, Saturday					
9:00-10:00	**Plenary session 2**				
10:00-10:30	Tea break				
10:30-12:00	**Symposium 6:** Universal Health Coverage	**Symposium 7:** Dr. JW Lee Memorial Fellows: ODA in Healthcare	**Symposium 9:** Women's Health, Adolescent Health & Violence	**Symposium 9:** Injury Prevention	**Symposium** Health education and promotion
12:00-1:00pm					
1:00-2:00	Lunch nd poster viewing session				
2:00-3:00	**Plenary session 3**				
3:00-					

4:30			
4:00-4:30	Tea break and Poster Presentation		
4:30-5:30			
DAY 3: 19th October 2014, Sunday			
9:00-10:00	**Plenary session 4**		
10:00-10:30	Tea break		
10:30-11:30	**Plenary session 5**		
11:30-1:00pm			
1:00-2:00	Lunch and poster presentation		
2.00-3.30	**Symposium 11:**	**Symposium 12:**	**Symposium 13:**
	Peace, Social Justice and Health	Mental health	Public health law & ethics
3.30-4.30	Closing ceremony		
	Tea break		

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附件二：

PLENARY ABSTRACTS

NON-COMMUNICABLE DISEASES (NCDs) AND PREVENTION

Professor Dr. Bas Bueno-de-Mesquita, Department for Determinants of Chronic Diseases (DCD), National Institute for Public Health and the Environment (RIVM) (Netherlands)

NCDs (mainly cancer, cardiovascular diseases (CVD), diabetes, and chronic respiratory diseases) are now responsible for more than 35 million annual deaths in the world; more than 80% of these deaths occur in low- and middle-income countries. Dramatic world-wide changes in lifestyle and in prevalence and incidence of major chronic diseases lends credence to the causative role of modifiable risk factors. For the elucidation of modifiable risk factors large-scale prospective cohort studies with biobanks often combined in consortia are of paramount importance. Associations between selected risk factors and development of NCDs will be reviewed. In addition to the contribution of treatment, even larger proportions of NCDs can be prevented had risk factors been reduced to the optimum levels or eliminated. Individual-based approaches should be complemented by administrative regulations. Examples of effective policies and strategies for large-scale NCD prevention that can have large public health benefits will be given.

PLENARY 2

POPULATION AGING AND HEALTH IN DEVELOPING COUNTRIES IN THE 21st CENTURY

Professor Dr. Robert Cumming, Public Health, School of Public Health, ANZAC Research Institute, University of Sydney (Australia)

In 1950, 13% of the world's population was aged under five years of age compared to just 5% aged 65 years and over. By 2050 these proportions will have swapped around completely. The health priorities and health systems in many developing countries still reflect 1950s-type population structures, with an emphasis on acute episodes of illness that are typical of the health problems that affect children and younger adults. And yet population ageing is occurring most rapidly in developing countries. For example, in 2010, 19% of people in Australian were aged 60 years and over compared to 8% in Vietnam; in 2050, these two countries will be equally old, with 28% of people aged 60 years and over. The major health problems in most developing countries in Asia and Latin America are now arthritis, cardiovascular disease, cancer, diabetes, injury and, increasingly, conditions affecting the very old, such as dementia, falls and frailty. Public health and clinical practice both need to change to address the increasing burden of chronic disease.

PLENARY 3

POLITICS, POWER AND PEOPLE: A GAME PLAN FOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH EQUITY IN THE 21ST CENTURY

Professor Dr. Sharon Friel, ANU College of Medicine, Biology and Environment, Australian National University (Australia)

Injustices are everywhere and they affect peoples' health. These injustices can and should be eliminated. Not everyone agrees with these two statements. How we understand, frame, communicate and engage around matters to do with health equity guides the types of actions that are taken, or not to improve the lives of all groups in society. In this paper I explore a range of political, social and technical approaches that may help progress action to improve health equity across Asia Pacific.

PLENARY 4

TRADE AND HEALTH IN THE ASIA-PACIFIC REGION

Professor Dr. Byung Yool Jun, Graduate School of Public Health, Yonsei University (Korea)

Alongside increased globalization, trade in health services has been a growing phenomenon. The biggest type of trade in health services has been medical tourism. People have been traveling for medical care for a long time, but only recently has the direction of medical tourists reversed, with people travelling from richer countries in the west to places all over the world, especially Asia. In Asia, medical tourism is biggest in Thailand, Singapore, and India. The three Asian countries have made up 90% of the medical tourism industry in Asia in 2008. Top specialties for medical travelers include cosmetic surgery, dentistry, cardiovascular, orthopedics, cancer, reproductive, and weight loss. The worldwide medical tourism market is growing at a rate of 15-25%, with rates highest in North, Southeast and South Asia. Moreover, the Asia-Pacific region is a fast growing pharmaceutical market and the increase of R&D activities in the region has helped the pharmaceutical industry in the Asia Pacific region to achieve an estimated market size of about US$ 18.2 billion in 2011.

However, there are problems that arise from the rapid growth of the medical tourism industry in Asia. More healthcare providers, including individual practitioners, are getting involved. As a result, quality and standards of medical procedures may vary widely due to the diverse set of providers. Malpractice and litigation occur, and quality of care is not protected. Another problem is that the medical tourism industry is largely driven by private sectors in Asian countries.

To tackle these issues, several actions need to be taken. Further transparency and standardization of medical outcomes and quality of care is needed. Compensation and performance-based incentives to retain and motivate health care professionals. Private sectors should work closely with governments to support the growth of medical tourism by ensuring availability of sufficient healthcare professionals.

Like the EU, countries in the Asia Pacific region should move in a similar direction and lower barriers to trade between countries in Asia and strengthen medical and economic ties. Countries should make national policies that can directly foster the domestic medical tourism industry. Countries in Asia should form wider bilateral, regional, and multilateral trade agreements. Countries in Asia should strive to provide more medical services through the collaboration of governments with private sectors.

PLENARY 5

RESEARCH PRIORITIES FOR PUBLIC HEALTH IN THE ASIA-PACIFIC REGION

Professor Dr. Colin Binns, Faculty of Health Sciences, School of Public Health, Curtin University (Australia)

Research is essential to maintain the improvements seen in the health and life expectancy in the Asia Pacific Region. Public Health emphasises the values of prevention, equity, effectiveness and efficacy for improving the health of populations. There are new challenges in our region from an ageing and growing population, climate change, urbanisation and changing patterns of disease. High standards of research quality and ethical oversight need to be taught in our Schools of Public Health. There also needs to be increasing emphasis on translational research to maintain and increase the rate of health improvement, a trend that will be encouraged by governments and funding agencies. Research is required in majority populations and also in locations serving minority, low-income, and rural populations that are facing health disparities. The traditional means of communication of research results will continue, with increasing emphasis on quality as authors compete to be accepted into journals with a high impact factors. Widespread use of social media to publicise research of dubious quality sometimes adds “noise” to the decision making processes and public health academics will be increasingly asked to provide meta-analyses and systematic reviews to maintain quality. All of these factors will need emphasises in the teaching programs of Schools of Public Health.

ORAL PRESENTATION ABSTRACTS

TRACK : AGEING

REHABILITATION STRATEGIES TO IMPROVE THE QUALITY OF LIFE OF ELDERLY AND DISABLED PATIENTS IN NEPAL -ENVIRONMENTAL POINTS OF VIEW

Takaaki Ikeda 1, Toshiyuki Inoue 1, Hiroshi Nagasawa 2, Sabina Wagle 3, Takamasa Tsurumi 2, Takumi Yamada 4

1 Tannpopo Support Clinic of Home Health Care, Musashino, Japan
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Background: Previous studies have identified a positive correlation between "going-out customs," other than visits to hospitals or other facilities under the administration of social security, and quality of life (QOL). To improve QOL issues, we identified correlations between going-out customs and environmental factors with respect to elderly and disabled persons residing in Nepal.

Methods: We identified environmental factors with significant effects on going-out customs and inhibiting factors in a preliminary survey of 40 Nepalese geriatric patients in Katmandu (20 males and 20 females; mean age, 76.0± 6.3 years) and 40 Japanese age-, need of care-, and gender-matched controls (20 males and 20 females: mean age, 81.6± 8.3 years), on the basis of the International Classification of Functioning and guidelines. The survey was carried out using questions related to environmental factors. The study protocol was approved by the ethics committee of Tannpopo Support Clinic of home health care.

Results: None of the patients reported any significant changes in parameters associated with going-out customs (1.0± 0.0 points) because of limited budgets for care-givers. The average score for each of the included parameters was as follows: going-out customs: 1.8± 0.9 points; self-help devises: 2.9± 1.2 points; climate and topography: 3.2± 1.1 points; mutual aid of family, friends, or neighbors: 2.3± 1.0 points; attitude of neighbors or friends: 2.0± 0.9 points; and social security: 2.8± 1.2 points. There was a positive correlation between climate and topography score and social security score (p = 0.61, and p < 0.05), and a negative correlation between going-out customs and climate and topography, and going-out customs and social security (p = - 0.60, - 0.70, and < 0.05, respectively).

Conclusion: These results demonstrate that rehabilitation to ameliorate patient anxiety of climate and topography variations is a valid approach to improve QOL.

Keywords: Rehabilitation, Nepal, Elderly and disabled, Environmental factors

THE PHYSICAL ACTIVITY SCALE FOR THE ELDERLY (PASE): VALIDITY AND RELIABILITY AMONG COMMUNITY DWELLING OLDER PEOPLE IN MALAYSIA

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Objectives: The most frequent self-reported physical activity tool used in epidemiological studies to assess the physical activity level of older people is Physical Activity Scale for the Elderly (PASE). However in Malaysia, there is yet no study attempts to validate this tool in our local community. This study aims to translate and asses the reliability and validity of a Malaysian version of the PASE among community dwelling older people in Malaysia.

Methods: Four hundred and eight older people aged 60 years and above who lived in the community were enrolled. Among these, three hundred and forty nine elderly came for second follow-up. The original English version of PASE was translated into Malay using forward and backward translation method. Concurrent validity was evaluated by Spearman's rank correlation coefficients between PASE and physical function status, grip strength, walking speed, perceived health status and percentage of fat in the body. Test-retest reliability was determined by comparing the scores obtained from two separate administrations by the intraclass correlation coefficient.

Results: The mean PASE-M score in this study was 97.87. Fair to moderate association were found between PASE-M and self-reported physical function status, IADL ($rs=0.418$, $p<0.001$), walking speed ($rs = 0.274$, $p < 0.001$), grip strength ($rs = 0.319$ to 0.343, $p < 0.001$), number of chronic disease ($rs= -0.147$, $p=0.008$) and perceived health status ($rs= -0.139$, $p=0.013$). There was no significant different in mean PASE-M score ($p>0.05$) between the first and second survey. Translated Malay version of PASE demonstrated adequate test-retest reliability (intraclass correlation coefficient = 0.473).

Conclusion: The Malay version of PASE was shown to have acceptable validity and reliability. Thus, this tool is useful for assessing the physical activity level of elderly among Malaysian population.

Keywords: physical activity, older people, reliability, validity

TRENDS IN DISABILITY AND RISK FACTORS AMONG THAI ELDERLY DURING 2007 AND 2011

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Introduction: As the ageing populations are growing rapidly in Thailand and also the risk of disability and chronic illness is expected to grow rapidly with increased longevity, and it is not clear whether the risk factors of disability can be chance by the existing social systems.

Objecti were to examine the prevalence of disability and investigate the time trends in the risk factors.

Methods: Data come from the cross-sectional Survey of Older Persons in Thailand, conducted by the National Statistic Office in 2007 and 2011. 30,427 and 34,173 elderly people aged 60 and above in the 2007 and 2011 were interviewed. Descriptive analysis and logistic regression were employed using SPSS 16. Data were weighted to be representative of older age 60 and older.

Eight activities including eating, dressing, squatting, lift 5 kg, walk 200-300 meter, climbing up 2-3 stairs, transportation alone and use money correctly were compared.

Results: Among those with report difficulties to perform the activities, female, illiterate, income inadequate and not work 7 days before interview can be considered as potential risk of disability in both years. Surprisingly, elderly who reported not work 7 days before interview due to age over 60 and retirement were associated with higher risk factors than other factors.

Conclusion: Reconsidering the age of retirement in Thailand may be the one of many solutions to reduce the disability in the future.

Keywords: disability, risk factors, elderly, Thailand

FRAIL ELDERS IN AN URBAN DISTRICT SETTING IN MALAYSIA: MULTIDIMENSIONAL FRAILTY AND ITS CORRELATES

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Introduction: Population ageing is gaining momentum in most countries globally with improvements in healthcare systems and delivery, declining fertility rates and higher socio-economic development in the country. An issue which had sustained the interest of the developed nation has now got the attention of developing countries. Being frail has been linked to poor health outcome, increased falls, morbidity and mortality in older people. This study helps to add to the body of evidence on prevalence of frailty and its correlates in a middle income country.

Methods: The data is from a cross sectional study involving 789 community dwelling elderly citizens sampled through a multistage sampling method from elderly aged 60 and above in an urban district in Malaysia. Prevalence of frailty and pre-frailty levels were estimated and ordinal regression measures were done to analyse factors significantly associated with levels of frailty. Cognitive status of the elderly was tested using the Mini Mental State Assessment (MMSE). The frailty measurement tool used to determine frailty levels was based on the theory of deficit accumulation that leads to stressors in

life. The tool had 7 dimensions.

Results: The multidimensional Frailty Index detected 17.0% pre-frail and 11.1% frail elders in the population. Cognitive status was found to be a significant predictor for frailty status among the respondents ($p<0.05$). Physical status, visual status, comorbidities, cardiovascular and respiratory symptoms, and psychological symptoms were positively associated with increasing frailty levels after controlling for socio-demographic factors ($p<0.001$).

Conclusion: The prevalence of frailty and pre-frailty levels which are comparable to studies done in Japan, Northern Taiwan and Australia has broad implications for public health measures specific for elderly care in Malaysia. These findings have bearing on policy makers to design targeted policies and preventive measures for these individuals especially in the pre-frail group to enable them to age in place.

Keywords: Multidimensional frailty, cognitive decline, community dwelling older people, ageing and frailty

AGED CARE TO EMERGENCY DEPARTMENT: RESIDENTIAL AGED CARE NURSES AS KEY STAKEHOLDER

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Introduction: The use of emergency department (ED) services by older population throughout the world including Australia is increasing. In Australia the existing model of ED has been noted to be efficient in addressing the needs of acutely ill and injured patients but is struggling to cater for the needs of the older population This challenge is further compounded by current issues like overcrowding in hospital EDs and ultimately a failure to adequately address issues that influence negative outcomes for people arriving in ED. In Australia a large proportion of patients arriving in ED are from residential aged care. Nurses are the key decision makers in aged care and they play a significant role in the transfer of a resident from aged care to ED. Despite their key role in decision making, most published literature addressing decision making relates to transfer arising from physician decision making. There is paucity of focus on the nurse's role in the transfer decision making process.

Methods: This study uses a qualitative design. The research approach uses phenomenography and seeks to understand experience of nurses in order to reveal understanding of the nurses' influence and role when making decisions to transfer resident to ED. In-depth interviews will be conducted with 20-30 nurses working in aged care facilities in Brisbane and phenomenographic data analysis will be utilised to reveal the findings.

Expected Results:

- Exhibit the understanding of the nurses of aged care relating to the decision to transfer resident to ED.
- Reveal the experience that the nurses have had during the transfer process.

- Contribute to the literature whereby the accounts provided by the nurses of aged care are scant pertaining to the resident transfer decision to ED.

Conclusion: These findings are expected to contribute to designing interventions and policies, which will be beneficial to the residents of aged care sector as well as the nurses working in the aged care sector.

Keywords: decision, aged care, transfer, emergency department, phenomenography

TRACK : NONCOMMUNICABLE DISEASES

HEALTH POLICIES DIRECTED AT COMBATING OBESITY IN MALAYSIA - A SWOT ANALYSIS

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Objectives: In Malaysia, obesity has become a major highlight issue in the sector of non communicable disease. In 2011, the prevalence of obesity among Malaysian adults is 33.3 % compared to 16.6% in 1996 as reported in the recent National survey (1, 2). This figure moves at an alarming rate in the past decades.Malaysia has been identified to have the highest rate among its neighbouring country in the Southeast Asia and ranks sixth in the Asia-Pacific region. Therefore, the existing obesity prevention approaches needs to be relooked urgently. Gaps need to be identified and existing policies that shown greater potential/impact needs to be further improvised and strengthen. This study aims to review all existing policies/guidelines related to obesity in Malaysia

Methods: Comprehensive document review search of relevant government documents.

Results: Results from SWOT analysis (Table1) show that policy actions have been taken to address this epidemic. Health policies related to food and physical activities are being introduced for different target groups and being followed up with programs and guidelines to ensure the implementation process are made possible and can lead to success. Policy actions influencing the food environment which includes food labelling and publishing related guidelines (i.e. Front-of pack, traffic light, calorie labelling) are intended to enable consumers to make easier choices related to healthy diets. Physical activity environments (i.e. Recreational parks, sports facilities) are created to encourage consumers to increase their daily physical activities thus achieving a healthy lifestyle.

Conclusion: Malaysia has taken long term planning to correct this epidemic, but interrelated shortcomings need to be addressed simultaneously. Among the shortcomings are inadequate information on service-mix and costs. Some solutions were unable to have desired and sustainable impact as they failed to adequately address the root causes and political considerations make every efforts challenging. There is a big gap seen in the knowledge that they know and behavioral actionable. The community needs to take more ownership of their own health issue instead of depending on

enforcement/policy being introduced. Stakeholder, policy makers, government and private sectors need to work more closely to ensure policies/guidelines are made effective in educating the community/individual.

Keywords: Policy, guidelines, obesity, Malaysia

EFFECT OF VITAMIN D SUPPLEMENTATION ON CARDIOMETABOLIC RISKS AND HEALTH-RELATED QUALITY OF LIFE AMONG URBAN PREMENOPAUSAL WOMEN IN A TROPICAL COUNTRY-A RANDOMIZED CONTROLLED TRIAL

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Background: Many observational studies linked vitamin D to cardiometabolic risks besides its pivotal role in musculoskeletal diseases, but evidence from trials is lacking and inconsistent.

Aim: To determine whether Vitamin D supplementation in urban premenopausal women with vitamin D deficiency can improve cardiometabolic risks and health-related quality of life (HRQOL).

Design: A double-blind randomized controlled trial was conducted in Kuala Lumpur, Malaysia. A total of 192 premenopausal women were randomized to receive either vitamin D 50,000 IU or placebo once a week for 2 months and monthly for 10 months. Participants were vitamin D deficient (< 50 nmol/l) at baseline. Primary outcomes were serum 25(OH)D, serum lipid profiles, blood pressure and HOMA-IR measured at baseline, 6 months and 12 months. Health related quality of life (HRQOL) was assessed with SF-36 at baseline and 12 months.

Results: Ninety three and 99 women were randomised into intervention and placebo groups respectively. After 12 months, there were significant differences in the serum 25(OH)D concentration (82.72± 25.35 *vs* 35.70± 12.59nmol/l, $p < 0.001$) and PTH levels (4.23± 2.35 *vs*5.19± 2.24pmol/l, $p = 0.008$) in the intervention group. There was significant difference between treatment group in both serum 25(OH)D and PTH. There was no effect of supplementation on HOMA-IR, serum lipid profiles and blood pressure (all $p > 0.05$) between two groups. There was a small but significant improvement in HRQOL in the components of vitality ($p = 0.010$), social functioning ($p = 0.034$) and mental component score ($p = 0.032$) in the intervention group compared to placebo group.

Conclusion: Large and less frequent dosage vitamin D supplementation was safe and effective in the achievement of vitamin D sufficiency. However, there was no improvement in cardiometabolic risk factors. On the other hand, vitamin D supplementation seemed to improve some components of HRQOL.

Keywords: Vitamin D deficiency, cardiometabolic risks, health-related quality of life, randomizedcontrolled trial

THE DETERMINANT OF INFARCT STROKE AMONG INDONESIAN PEOPLE: BLOOD SUGAR EXAMINATION AS A SCREENING TOOL FOR MONITORING RISK OF INFARCT STROKE

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Introduction: Stroke should get priority because the last ten years it's the leading cause of death in Indonesia. Furthermore, stroke is very costly due to long term therapy and stroke survivors often disabled. To prevent stroke earlier is very important as mandated at primary prevention whose targets are people seem healthy. Whereas, those people actually have various risk factors. Objective of this research is to determine risk factors of infarct stroke among Indonesian people.

Method: The study was an observational study with case control design which is a hospital based research with 164 subjects selected consecutively having inclusion criteria as follow 1) aged 40 years or more, 2) male or female, 3) normal consciousness (GCS 4 5 6), 4) with informed consent. And, the exclusion criteria were 1) stroke history in family, 2) previous heart disease, 3) aphasia. The same criteria used for choosing a control and matching applied based on age and sex. There were seventeen independent variables analyzed with Confirmatory Factor Analysis (CFA).

Results: Among seventeen independent variables, twelve risk factors were valid as risk factors for infarct stroke. Those valid variables were cigarettes smoke exposure (λ=0.16), history of hypertension (λ=0.27), diabetes mellitus (λ=0.73), hyperuricemia (λ=0.17), systolic (λ=0.50) and diastolic blood pressure (λ=0.46), random blood glucose (λ=0.93), fasting blood glucose (λ=0.97), two hours post prandial blood glocose (λ=0.93), hemoglobine glycated (λ=0.70), total cholesterol (λ=0.20), HDL cholesterol (λ=0.17). Then, other variables were not valid i.e history of hypertension, diabetes mellitus, dyslipidemia, hyperuricemia, LDL cholesterol, triglycerides, uric acid and waist circumference.

Conclusion: High blood sugar level is the strongest variable related to infarct stroke. Blood sugar examination routinely can be a screening tool to monitor risk of infarct stroke and it can be done to describe stroke risk in a community.

Keywords: infarct stroke, blood sugar, non-communicable disease, cigarette smoke, Indonesian

IMMEDIATE RISK FACTOR PROFILE OF CHRONIC DISEASE AND PHYSICAL ACTIVITY: FINDINGS FROM THE COLOMBO MUNICIPAL COUNCIL AREA, SRI LANKA

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Introduction: There is sparse knowledge of the profile of the risk factors of chronic diseases along with poor knowledge of the pattern of physical activity(PA) in Sri Lanka. The objective of this study was to assess the risk factors of chronic disease and the association to PA in adult in the Colombo Municipal Council (CMC) area.

Methods: A cross sectional study was carried out among 400 adults aged 20-59 years living in the CMC area selected using a probability proportionate to size cluster sampling method. Physical activity was assessed using the validated long version of the international physical activity questionnaire.

Results: The self-reported prevalence of type 2 diabetes mellitus was 12.3% while the prevalence of raised blood pressure and abnormal lipids were 13.3% and 5.5% respectively. Majority (60.5%) were overweight. More than half (64.5%) of the participants had at least one immediate risk factor for NCD, and out of them 110 (27.5%) were 40 years or less. Seventy two precent (n=288) of the participants were in the 'sufficiently active' category.85.8% (n=343) reported no leisure-time PA, and 21.3% (n=85) reported that they did not walk either for travel or leisure for more than 10 minutes a week. The major contributors to energy expenditure were housework, transportation and job related activity. No active transport (walking/cycling) methods was used by 23.5 % (n=94). Having an immediate risk factor for chronic disease was not statistically significantly associated with socioeconomic or demographic characteristics. This study also did not find a strong evidence of association between presence of at least one immediate risk factor and PA.

Conclusions: An alarming percentage of immediate risk factors were observed in the CMC area. Being active while attending to day to day chores should be encouraged and promoted in the developing countries since it is already their habitual practice.

Keywords: physical activity, chronic disease, risk factor

BREAST CANCER SURVIVAL IN INDIGENOUS PEOPLE OF SARAWAK, BORNEO

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Introduction: Breast cancer survival is influenced by ethnicity and geographical distribution. This is of great relevance in a multiracial and vast state like Sarawak. This study is to explore the rate and factors associated with breast cancer survival among indigenous people of Sarawak, who are collectively known as the Dayaks.

Methods: This is a cohort study on consecutive breast cancer patients who presented to Sarawak General Hospital (SGH), Kuching from 1st July 2007 till 30th June 2012. Demographic, clinical and histopathological data were collected and patients were followed up till 30th June 2013. Deaths are confirmed with the National Registry Department. Survival estimates were determined by Kaplan Meier curves, disparities between Dayak and other ethnic groups were calculated using log rank test and multivariate analysis with Cox regression.

Results: There are 468 patients consisting of Dayaks (25.3%), Malays (35.0%) and Chinese (39.7%). Their 5-year survival rates were significantly disparate at 72.4% (HR 1.13, 95% CI 0.68 - 1.89), 61.1% (HR 1.67, 95% CI 1.09 - 2.55) and 74.8% respectively (p=0.048). Menarche before 10 year-old (p=0.021), being unmarried (p=0.040), tumour > 5cm (p<0.001), higher tumour grade (p<0.001), lympho-vascular invasion (p<0.001), ER (p<0.001) and PR negativity (p<0.001), HER2 positivity (p<0.001) and advanced stage of disease (p<0.001) conferred worse prognosis. None of these factors were found to be associated with any ethnic group in particular.

Conclusion: Studies on breast cancer biology among indigenous Sarawakian women are needed in view of the insignificant association between the traditional prognosticating factors with survival.

Keywords: breast cancer, survival, ethnicity, Sarawak, Dayak

ASSESSING SMOKING ABSTINENCE: USING LOWER CUT-OFFS IN EXPIRED-AIR CARBON MONOXIDE MEASUREMENT AMONG MALAYSIAN SMOKERS

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Introduction: It has been proposed that the expired-air carbon monoxide threshold for confirming smoking abstinence in clinical practice be reduced from <10ppm. Optimal cut-offs may vary across regions. This study is to assess the impact of expired-air carbon monoxide threshold on claimed success rates for cost-effectiveness calculations.

Methods: A total of 253 smokers who attended the Tanglin quit smoking clinic in Malaysia were followed-up at 1, 3 and 6 months. Respondents were interviewed at their first visit, prior to their quit attempt. They received standard behavioural intervention and were prescribed either varenicline or nicotine replacement therapy. Expired-air CO was measured at every visit. Respondents' smoking status at 6 months was assessed using several different CO thresholds (3, 5 and 10ppm) and the impact on quit rates was calculated. Predictors of success defined using the different thresholds were assessed using multiple logistic regression.

Results: The success rate of abstinence from smoking up to 6 months was 20.6%, 24.1% and 24.1% with CO thresholds of 3ppm, 5ppm or 10ppm respectively. Predictors of success were mostly the same for all three thresholds.

Conclusion: When assessing abstinence in Malaysian stop-smoking clinics it makes little differences whether a threshold of

5ppm or 10ppm for expired air CO is used. If 3ppm is used this may underestimate success rates.

Keywords: Smoking cessation, Carbon monoxide, Predictors for abstinence, Success rates

TRACK : GLOBAL HEALTH

PAST, PRESENT AND THE EVOLVING FUTURE OF PUBLIC HEALTH AND HEALTH PROMOTION: REFLECTIONS ON DISMANTLING IN QUEENSLAND AUSTRALIA

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Objective: For more than ten years the public health and health promotion workforce in the Australian state of Queensland grew dramatically. This growth was most pronounced in the disciplines of Health Promotion and in Public Health Nutrition, both regionally and corporately. In 2012 political change led to an abrupt dismantling of its public and preventive health services across the state. Individual responsibility was declared.

Method: This presentation provides a qualitative narrative description of past achievements and activities, the current situation and provides a perspective towards the future.

Findings: Government reports over several years described the growing burden of chronic disease arising from conditions such as obesity, physical inactivity, and poor nutrition in Queensland. By 2008, obesity had overtaken smoking as the single greatest risk factor to the health of Queenslanders. In 2010, the Chief Health Officer called for an increased focus on prevention to address the continuing need for more beds in hospitals. However, with political change in 2012 resulted in the dismantling and dismissal of preventive health services across the state. The following year, despite outcry, sexual health services were also axed. At present, outbreaks of vaccine preventable diseases such as measles are occurring. The epidemics of chronic disease, obesity and physical inactivity continue to grow.

Conclusion: The evolution of public health is not necessarily progressive, but cyclic. Challenges include political change, health practice and the interplay of health policy. A lack of an embedded emphasis on systematic review translation is one potential contributor. Perhaps the warning of Lang & Rayner should be heeded: "public health proponents have allowed themselves to be corralled into the narrow language of individualism and choice".

Keywords: Public health challenges, restructure, health promotion, political change

FACTORS INFLUENCING NEONATAL MORTALITY IN INDONESIA: FINDINGS FROM INDONESIA DEMOGRAPHIC AND HEALTH SURVEY 2012

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Introduction: Over the last five years, Neonatal Mortality Rate (NMR) in Indonesia has been stagnant. In 2012 the NMR constituted nearly fifty per cent of all under-five deaths. This study aims to estimate the prevalence of NMR in Indonesia and to explore factors associated with neonatal mortality in Indonesia using a hierarchal modelling approach, which categorizes the associated factors into three levels, namely community level factors, socioeconomic determinants, and proximate determinants.

Methods: We used data from the nationally representative 2012 Indonesia Demographic and Health Survey (IDHS). Chi square test and multiple logistic regression analyses were performed to determine factors associated with neonatal mortality. Complex sample analyses were performed to account for sampling weight in all statistical data analyses.

Results: Of the 19,376 singleton live born infants who were born one to five years preceding the survey, the prevalence of NMR was 16.4 deaths per 1,000 live births. Mean number of antenatal care visits in cluster, percentage of newborns receiving postnatal care in cluster, both parents employed, low weight at birth, not weighted at birth, first-born babies, the utilisation of traditional birth attendants, maternal complications during delivery, maternal age at children were significantly correlated with the risk of neonatal mortality.

Conclusions: Programs should aim to improve access and utilisation of antenatal care and postnatal care services as well as to strengthen maternity referral system to decrease NMR in Indonesia. Supporting working parents and older mothers should also be prioritised in order to improve neonatal survival in Indonesia.

Keywords: neonatal mortality, Indonesia, Demographic and Health Survey, factors, prevalence

DEVELOPING A FORMAT TO EVALUATE PUBLIC PRIVATE PARTNERSHIP PROJECTS IN PROVISION OF HEALTH SERVICES IN DEVELOPING COUNTRIES

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Objecti: The objective of the study was to develop a format to evaluate public private partnership (PPP) projects for health in developing countries so that the lessons learned from them can be easily identified.

Methods: We reviewed the literature and reports, and interviewed persons involved in PPP projects for health in developing countries in order to identify the kind of information that should be collected to evaluate such projects. Based on the findings, we developed a preliminary format and tested it with seven PPP projects for health in countries in Asia, Latin America, and Africa. We reviewed reports of each project and made a site visit to interview the person in charge of the project from August

2013 to March 2014 in order to fill the data in the format.

Results: We developed the format with the following seven categories: (1) basic information of the project, (2) background and social issues to be addressed, (3) concrete activities, (4) the process through which partnership was created, (5) the pattern of partnership, (6) monitoring and evaluation, (7) accountability and public relations. There were a total of ninety-one questions under these categories. In some project, it was difficult to collect the data for each category. We used the data to calculate a score of the project for each of the following eight viewpoints and to create a radar chart to describe its characteristics: (1) issues to be addressed socially, (2) partnership and communication, (3) progress and efficiency of project, (4) impact on health, (5) equity, (6) sustainability, (7) monitoring and evaluation, (8) accountability and ethics. There were concerns about how to score them objectively.

Conclusion: We developed the format version 1 to evaluate PPP projects for health. We shall address the issues raised from the field test to improve its applicability and usability.

Keywords: public private partnership, evaluation, bilateral cooperation

TRACK : HEALTH EDUCATION AND PROMOTION

O5-01 TRANSLATION AND PSYCHOMETRIC PROPERTIES OF THE CHINESE VERSION OF THE LEEDS ATTITUDE TO CONCORDANCE II SCALE

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Objectives: Concordance is characterised as a negotiation-like health communication approach based on an equal and collaborative partnership between patients and health professionals. The Leeds Attitudes to Concordance II (LATCon II) scale was developed to measure the attitudes towards concordance. The purpose of this study was to translate the LATCon II into Chinese and psychometrically test the Chinese version of LATCon II (C-LATCon II).

Methods: Systematic random sampling was used to recruit Chinese people with hypertension as participants in this study. The LATCon II was translated according to the Sousa's guidelines. Validity tests included: content validity index (CVI), construct validity by using exploratory factor analysis (EFA) and direct oblimin rotation, criteria-related validity by measuring the correlation between C-LATCon II and 25-item Therapeutic Adherence Scale for Hypertensive Patients (TASHP). Reliability tests included test-retest reliability with Pearson's correlation coefficient and internal reliability with Cronbach's alpha. Scores of C-LATCon II according to different demographic and socioeconomic characteristics were compared by using ANOVA.

Results: 353 participants were finally recruited. The item-level CVI was 0.83-1. The scale-level CVI/universal agreement (S-CVI/UA) was 0.89 and scale-level CVI/averaging calculation (S-CVI/Ave) was 0.98. Four components extracted explained

56.66% of the total variance. The correlation between C-LATCon II and TASHP was 0.104 ($p < 0.05$). Cronbach's alpha of overall scale and four components was 0.78 and 0.66-0.84, respectively. The Pearson's correlation coefficient between time 1 and time 2 surveys was 0.815 ($p < 0.05$, $n = 30$). Patients' age was negatively correlated with their attitudes towards the partnership between two parties.

Conclusion: The C-LATCon II is a validated and reliable instrument which can be used to evaluate the attitudes to concordance in Chinese population. Four components (health professionals' attitudes, partnership between two parties, therapeutic decision making, and patients' involvement) can be used to describe the attitudes towards concordance during health communication.

TRACK : HEALTH POLICY AND FINANCING

THE ECONOMIC BURDEN OF CANCERS ATTRIBUTABLE TO METABOLIC SYNDROME IN KOREA

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Introduction: Metabolic syndrome is an important etiologic factor for the development of certain types of cancers. The economic costs for treatment of cancers were steadily increasing. So we estimated the economic burden of cancers attributable to metabolic syndrome in Korea.

Methods: We reviewed metabolic syndrome related cancers and relative risk then calculated population attributable fractions. We analyzed insurance claims data for metabolic syndrome related cancers in 2012 to estimate the direct cost including hospitalization, outpatient visits, transportation costs and caregivers' costs and indirect cost including loss of productivity due to cancer treatment and premature death.

Results: The cancer patients attributable to metabolic syndrome were 18,757. The economic burden of cancers attributable to metabolic syndrome in Korea was U$214 million and direct and indirect cost was U$129 million and U$ 85 million respectively.

Conclusions: We found the economic burden of cancers attributable to metabolic syndrome and the effort is necessary to reduce this burden.

Keywords: economic burden, cancer, metabolic syndrome

TRACK : MIGRATION AND HEALTH

UNIVERSAL HEALTH COVERAGE AND MIGRANT POPULATIONS' ACCESS TO HEALTH CARE: CASE STUDIES OF THAILAND AND MALAYSIA

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Key aspects of Universal Health Coverage (UHC) relate to addressing equity and vulnerability in the provision of health care. Migrants, especially those of irregular status, experience social vulnerability due to a range of migration related factors. As global support for UHC expands, states are pursuing various pathways for its realization. Those with substantial migrant populations are also concomitantly adopting varied strategies to address migrant health and healthcare needs along with these UHC strategies.

Objectives: To review policy approaches to migrant health care within countries pursuing UHC strategies.

Methods: Using the Ecological Public Health Framework, two country case studies from South East Asia, Thailand and Malaysia, are used to review migrant health care policies along with their UHC strategies. Transitions in epidemiology, economic policies, health systems, and migration policies are reviewed to analyze their influence on the development of migrant health care policies and how they relate to the pursuit of UHC in these two countries.

Results: This paper describes the UHC strategies and migrant health care policies in Thailand and Malaysia. It emphasizes the critical consideration of historical, political, legal, and social contexts in health policy making and reform. It also argues that normative frameworks related to health, healthcare and migrants globally and nationally align with contextual factors to shape health policy for migrants.

Conclusion: A focus on equity and human rights in UHC strategies and norm entrepreneurship expanding the conceptualization of solidarity and citizenship are recommended to develop equitable health care policies for migrants.

Keywords: Universal health coverage, migrants, health policy, equity, right to health

FOREIGN-NESS AND HEALTH CARE IN MALAYSIA

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Objectives: While much literature has looked at migrants' access to healthcare, retirement migration and medical tourism

separately, an explicit examination of the broad spectrum of health care for foreign residents and foreign visitors is curiously absent. This is the case in spite of the conspicuous ways in which they are connected 'horizontally' as foreigners without 'natural' entitlement to health care and 'hierarchically' as foreigners who provide care for and receive care from one another as employees and employers. This paper compares and contrasts healthcare provision and access in Malaysia for i) undocumented and documented economic migrants, ii) retirement migrants residing in Malaysia in the scope of the MM2H programme and iii) international medical tourists.

Methods: This paper examines legal, policy, civil society and media documents on resident and non-resident foreigners' use of healthcare in Malaysia over time. It also draws from qualitative fieldwork throughout Malaysia to gain insight into contemporary perspectives on healthcare from undocumented and documented economic migrants, retirement migrants and international medical tourists as well as a range of stakeholders concerned with the management of these populations and their wellbeing.

Results: The paper demonstrates how Malaysian healthcare services are being restructured to deal with foreigners/non-citizens via the privatisation of risk within the context of a neoliberal focus on self-responsibility and self-care.Conclusion: The growth of healthcare privatisation in Malaysia appears to be making citizens and non-citizens arguably more similar as they both become consumers.

Keywords: Malaysia, documented immigrants, undocumented immigrants, MM2H, medical tourism, healthcare, consumer, privatisation

HEALTH CARE PROFESSIONAL VS. DOMESTIC WORKER: RECENT POLICY DEBATES AND IMPLICATIONS FOR INDONESIAN NURSES AND CARE WORKERS IN JAPAN

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Introduction: Recent proposals in Japan to encourage the migration of domestic workers as care workers have implications for the migration and credentialing of health care workers to Japan under Economic Partnership Agreements. Although WHO encourages mutual benefits of health workers' migration for sending and receiving countries, Japan may be moving toward de-professionalizing health workers for seniors' care. How have stakeholders in the EPA system responded to these proposals?

Methods: This qualitative study relies on analysis of policy documents and interviews of stakeholders in Japan and Indonesia concerning the migration of nurses and care workers to Japan. It analyze how they attempt to influence the current terms for credentialing and sojourn versus those for domestic workers, especially given recent Japanese proposals for migrant domestic workers to provide in-home care and housework. Interviewees include educators who train health care workers in both countries, Japanese policymakers, directors of Japanese care facilities, and Japanese local government officials.

Results (anticipated): Likely results include that: Japanese policymakers responsible for health and labor are divided whereas

those promoting economic stimulus are not; Japanese advocates for migrants oppose creation of a domestic/care worker option; and that educators and policymakers in Indonesia prefer the EPA system because it provides better options for credentials and longterm stays than a domestic worker program, but welcome the idea of more migrants working in Japan.

Conclusion: Current proposals for expanding opportunities for migrant domestic workers are vaguely developed but threaten to further weaken the EPA-based system for health-care migrants to Japan. Although the EPA system will continue to apply to care workers in seniors' residential facilities, weaker standards will apply to in-home careworkers for whom the terms of stay will also be more restrictive.

Keywords: migrant health workers in Japan, Economic Partnership Agreements and health workers, elderly care

TRACK : HEALTH POLICY AND FINANCING

UNMET HEALTH CARE NEEDS OF CHILDREN WITH DISABILITIES IN PENANG, MALAYSIA

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Background: Planning and evaluation of health care services for children with disabilities requires information on their needs and unmet needs.

Objectives: The objective of the study was to find out the magnitude of unmet health care needs among children with disabilities in the state of Penang, Malaysia. The study also aims to determine child and family characteristics associated with unmet needs, as well as the reasons for unmet need.

Methods: A cross-sectional population survey was conducted among caregivers of children with disabilities aged 0 - 12 years registered with the Penang Social Welfare Department in 2012. Stratified sampling according to disability category was applied and responses were later weighted accordingly. Caregivers answered a self-administered mailed questionnaire which assessed the child's unmet need for 17 specific medical services and assistive devices.

Results: A total of 305 surveys were available for analysis (response rate 37.9%). More than 50% of children had unmet needs for dietary advice, psychology services, dental services, speech therapy, home nursing services, communication aids, home modifications, mobility aids and vision aids. From multivariate regression analysis, children of older age, of Chinese race, and who had more service needs were found to have more of their needs unmet. Higher unmet needs were also found in families which had more children, higher education level of the primary caregiver and lower household income. The most common reasons for unmet needs were that the place of service was too far, no one to send the child for therapy and caregivers could not afford the cost of services/assistive devices.

Conclusion: Unmet health care needs reveal access problems that are related to unavailability and inaccessibility of services. Findings in this study can be used to inform strategies for service delivery, practice and advocacy for children with disabilities

in Penang, Malaysia.

Keywords: Children with disabilities, Unmet needs, Needs assessment, Healthcare services, Social determinants

UNIVERSAL HEALTH COVERAGE TRANSFORMATION IN INDONESIA: THE IMPACT OF HEALTH COVERAGE SYSTEM'S CHANGING TO FORM SOCIETY HEALTHY PARADIGM

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Introduction: This literature study aims to analyze the impact of health coverage system transformation in Indonesia from the old system, which only covered 63,5% citizens towards an equitable new system with wider coverage that covers all of citizens without exception.

Methods: This literature study uses secondary data from the literature review with qualitative approach and descriptive analysis. This study emphasizes the analysis of health coverage system's changing impact in Indonesia to form healthy paradigm throughout the society.

Results: Indonesia's health system is undergoing a period of transformation towards the National Health Insurance (Jaminan Kesehatan Nasional/JKN). In 2014, the government commit to improve the coverage of insured people number in Indonesia to 71% and will continue to be improved through the implementation of the National Social Security System (Sistem Jaminan Sosial Nasional/SJSN) until the coverage reached 100% in 2019. The impact of these health system transformation can be perceived with an increasing the number of independent participants as much as 25.2 million since December, 2013.

Increasing the number of independent participants showed an increasing the level of Indonesia's public awareness to implement a healthy lifestyle, so that they are protected from the threat of illness.

Conclusion: Increasing the number of insured people showed the progress of Indonesian society's mindset to begin focus on promotive and preventive efforts. It must be supported by an increase in the effectiveness of health care through the quality control system and good cost control, so the promotive and preventive efforts can be applied optimally and health status of Indonesian society can be increase in the future. Health promotion innovation must also conducted with the better planning and can answer the needs of today's society.

Keyword: health system, health coverage system, national health insurance, healthy paradigm, promotive and preventive

RESEARCH FOR POLICY: ANALYSIS OF THE POLICY IMPLEMENTATION TO PREVENT STUNTING AT KLATEN DISTRICT, CENTRAL JAVA - INDONESIA

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Introduction: Stunting is growth disorders caused by chronic malnutrition, showed by length for age z-score < -2 SD. Children aged 12 - 24 month are in the high risk of stunting. The aimed of this study is to analyze the policy implementation to prevent stunting at Klaten district, Central Java Province.

Methods: this is a descriptive-qualitative research. Data source was obtained through interviewing informant, collecting the secondary data, and observation. The sampling method was purposive sampling for both employees of Klaten district health office and the mothers who have infant under five years. The data were validated through the triangulation technique. Data analyze in this research was the interactive analyze model.

Aspects: Aspects are used in this study derived from the Grindle theory of policy implementation. Grindle stated that policy implementation should be analyzed in both of content and context of policy.

Results: It was revealed that there were many mothers engaged in labor force and the maternity leave was only three months. Therefore the exclusive breastfeeding was difficult for them. Sadly, those mothers also provided less various and instant foods for their six months or children under five. There was also unhealthy habit that mother chewed food (banana, rice) for their infants. Therefore it was likely difficult to overcome stunting phenomenon.

Conclusion: This research underlined the officer's role significance when implementing the regional policy in order to provide community service on nutrition. Therefore the district health officer in Klaten should also be supported by adequate fund, facilities and infrastructures in order to increase the access and quality of community service on nutrition.

Keywords: Stunting, Policy Implementation, Breastfeeding

O12-05 THE CONFLICTS AND RESOLUTIONS OF THE POLITICS OF TOBACCO CONTROL IN INDONESIA

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Objectives: Even though the government and members of parliament have been strongly urged by the public and international world to ratify the Framework Convention on Tobacco Control (FCTC), up to now Indonesia is still the only country in Asia that has not ratified the FCTC. The absence of one law regarding tobacco from the Health Constitution number 36 of 2009 was the start of a long struggle to submit government regulations on tobacco as an addictive substance. This struggle has become proof of the dynamics of political processes in controlling tobacco, which has been fraught with conflicts and resolutions. This study aims to analyze the players involved, their roles and personal interests, complete with current conflicts and how resolutions have been arrived at.

Methods: Qualitative descriptive exploratory analysis was carried out through in-depth interviews toward selected informants and literature reviews from written sources including books, journals, constitutional laws, and related articles from electronic

media using the key words "politics of tobacco control", which is the main subject of this research. All data and findings were validated using the triangulation method.

Results: Results from analyses show that Governmental considerations delaying the ratification include the fact that the tobacco industry has been a source of direct income for a significant portion of Indonesian people including tobacco farmers and their families, workers at tobacco factories and other informal sectors supporting the tobacco industry. The strength of the industry and other financial considerations such as tax and advertisements are also factors.

Conclusion: The dynamic process of tobacco control in Indonesia that has been fraught with conflicts and resolutions is continues because of political processes identical to vested interests and power struggles. The fights and struggles concerning both of these have been a source of conflict. The delaying of the ratification of the FCTC can also be seen as a resolution because it has become a meeting point for the fulfillment of interests and the power positions of various actors.

Keywords: Tobbaco control, conflict, resolution, political process, interest, actor, health policy

TRACK : NON-COMMUNICABLE DISEASES

APPLICATION OF BODY SURFACE AREA IN BODY COMPOSITION ASSESSMENT IN JAPANESE FEMALES: EVALUATION OF EXISTING EQUATIONS

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Introduction: Body surface area (BSA) has been reported to be associated with physiological functions, including metabolic rate and blood volume. While estimation of BSA is simple and may be useful in a clinical practices including body composition assessment, it is important to evaluate appropriateness of the BSA equation for the target population prior to its application. The present study aimed to determine appropriate BSA equation that may be appropriate for body composition assessment in Japanese females using the body density (BD) from underwater weighing (UWW) as the criterion technique.

Methods: A dataset consists of 841 Japanese females (aged 7.6 - 66.3 years) with anthropometric and UWW results was utilized. Eight equations were selected in the present study to calculate BSA and converted to BD using the following theoretical relationship: . Also based on a theory by Nagamine (1975), BD was estimated using a sum of two skinfolds (∑2SF) and a sum of three skinfolds (∑3SF). Calculated BD values were then further converted to percentage body fat (%BF) using the equation by Siri (1956).

Results: Regardless of age groups, BD estimated from BSA equations based on the theoretical relationship and ∑3SF were significantly (p<0.01) different from the BD determined from the UWW. In comparison, BD using ∑2SF showed comparable

values to the UWW results depending on the equation. Comparability of %BF estimated from the BSA equations and the UWW varied depending on the age group, the BSA equation used and a number of ∑SF used.

Conclusion: The study determined potential BSA equations that may be applicable in body composition assessment in Japanese females. Appropriateness of the equation may be affected by how the equation was derived and also characteristics of the participants.

Keywords: body surface area, body density, percentage body fat, Japanese females

TRACK : OCCUPATIONAL AND ENVIRONMENTAL HEALTH

NOISE-INDUCED HEARING LOSS IN ADOLESCENTS AND YOUNG ADULTS: THE ROLE OF PERSONAL MUSIC PLAYERS

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Introduction: Personal music players (PMP) such mp3 players and iPods have redefined the way young people listen to music. Unsafe use of these devices however, poses a major public health concern as many of these users could be at risk of noise-induced hearing loss (NIHL).

Methods: In order to evaluate listening habits and hearing risk associated with the usage of PMPs, we conducted a preliminary cross-sectional study involving 526 high school and university students from the Klang Valley area. Subjects underwent a face-to-face interview, followed by an audiometric assessment and a special iPod test to measure their preferred listening levels.

Results: About 77% of the subjects use a PMP at least once a week with the most commonly used device being mobile phones with an integrated audio player. Calculation of Leq 8h music exposure levels showed that 19.5% of the PMP users were exposed to levels that may harm their hearing while 4.5% of the subjects were exposed to levels that are deemed high risk and would require mandatory hearing protection in the occupational setting. Apparent cases of NIHL were not detected among the users. However, their audiogram thresholds at many of the extended high frequencies (9-16 kHz) were positively correlated with their Leq8h music exposure levels, which could indicate an early stage of subclinical hearing damage.

Conclusion: Although the majority of PMP users listened to safe music levels, a significant percentage of users were exposed to levels that could lead to NIHL after years of listening. As NIHL is a permanent disability, preventive measures such as educational outreach programs targeting the high risk groups should be taken.

Keywords: Noise-induced hearing loss, portable listening devices, adolescents, young adults, mp3 players

WORK-RELATED HEALTH PROBLEMS OF FIREFIGHTERS IN BANGKOK THAILAND

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Objectives: At work, firefighters are exposed to various occupational hazards that could adversely affect their health. This cross-sectional study aimed to examine self-reported work-related health problems of firefighters and its related factors.

Methods: The sample was 261 professional firefighters in Bangkok selected by stratified cluster sampling. Data were collected by self-administered questionnaire.

Results: About 15 % of firefighters had experienced work-related injuries. Most of the firefighters (76.2%) reported one or more work-related problems during the past month. Most commonly reported work-related health problems were heavy breathing when walking up hills or climbing stairs (42.9%), pain in neck/shoulders (39.5%), nose symptoms with stuffiness, sneezing, or running nose (39.1%), and eyes symptoms with itchiness, soreness, redness or watering eyes (38.78%). Predictors of work-related health problems included underlying diseases, exposure to psychosocial hazards and ergonomic hazards, and use of personal protective equipment. These factors altogether could explain 25.3% of variance in work-related health problems of firefighters.

Conclusion: Findings suggested that in order to reduce work-related health problems of firefighters, Fire and Rescue Department should develop the occupational health and safety program, promote the use of personal protective equipment, and support health management for workers with chronic diseases. Future studies are needed to explore the specific risk factors for respiratory problems and musculoskeletal disorders among firefighters.

Keywords: Work-related symptoms, firefighters, occupational health

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