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• 中文摘要	計畫目標：瞭解 96-97 年通過健康職場自主認證之中小企業其推動成果，並與尚未通過認證之職場比較，此外，經由質性訪談瞭解職場推動健康職場的策略與其困難處等，總結各項結果，研提職場健康促進推動模式作爲未來推動職場健康促進業務的參考依據，以提高其他事業單位自主推動職場健康促進之意願。 研究對象：96-97 年通過健康職場自主認證之中小企業與其他中小企業。 工作項目：(一)、進行國內外相關文獻回顧。(二)、利用質性研究分析 96 及 97 年通過健康職場自主認證之中小企業其推動人員扮演之角色及推動成功之策略。(三)、問卷調查比較 96~97 年通過健康職場自主認證之中小企業與未推動職場健康促進之中小企業進行成效評估。(四)、研提政府及中小企業自主推動職場健康促進之政策建議，作爲政府單位未來推動之參考。(五)研提 3 種類型之先驅推動模式並進行成效評估。 研究結果：本計畫共收集 703 份問卷，其中 603 份來自已通過認證之職場，100 份爲尚未認證之職場。結果顯示，96-97 年通過認證之職場，在通過認證後，各項支持性環境之百分比皆有增加現象，而在「張貼健康宣導海報或標語」增加的百分比最多(11.5%)，其次爲「公司/工作現場設置安全警告標語」(9.5%)、「健康資訊刊版或相關公告欄」(9.1%)。此外，在「公司/工作現場的通風適當」、「公司/工作現場的溫度適當」、「衛浴設備及盥洗室」、「張貼健康宣導海報或標語」及「無障礙設施」方面， 96-97 年通過認證中小企業之百分比皆顯著高於未通過認證之中小企業($p<0.05$)。在吸菸率方面，通過認證之職場，其男性吸菸率顯著低於於未通過認證之職場($p=0.0053$)。在提供相關課程與活動方面，與未通過認證之對照組比較下，「菸害防制」、「酒精濫用」、「藥物濫用」、「檳榔防制」方面的課程與活動，通過認證之職場提供的百分比呈統計上顯著高於未通過認證之職場($p<0.05$)。 結論與建議：推動中小企業參加健康職場自主認證，若能利用組織的力量，才能募集多數的職場加入，達到事半功倍的效果。因此，		

針對中小企業建議可以透過以下幾種介入管道以進行輔導：1、產業公會/工會；2、直營/加盟之連鎖店；3、建立種子/示範職場；4、集合在地資源，提供有效的輔導管道；5、在中小企業集中地區，成立聯合健康管理團隊。輔導的成效則有賴於二個關鍵人物，熱心的承辦人員及肯配合的高階長官，才能順利推展成效斐然。配合上述較有效的介入管道，建議在政策方面也應有相對措施，以行政力量介入，並將認證別納入職場評核及獎勵項目中，使其推動職場健康促進工作更有效率，且能永續經營。

- 英文摘要

In this project, the small & medium enterprises that had passed Self-certification of Healthy Workplace between the periods of 2007~2008 have been analyzed to conduct a performance assessment. It shall serve as reference for future workplace health promotion in order to enhance the intent of other business entities to voluntarily engage in workplace health promotion. It will be applied to improve the workplace health promotion results. The work items of this project included: literature reviews to expound the strategies adopted in advanced countries about workplace health promotion and the performance assessment indicators, developing with local performance assessment indicators; and analyzing the role of the promoters of the enterprise that had passed self-certification. In addition, this project selected 3 enterprise groups of different types in order to gain and insight to the features of workplaces of different scales and forms and assisted them in voluntary health promotion. A total 703 questionnaires were collected from 603 self-certification workplace and 100 uncertified. The results showed that the workplace with self-certification were increased in percentage of various kind of support environmental facilities, such as “posters or health advocate slogans” increased11.5%, “work site settings security warning slogans” 9.5%, “health information bulletin board or related” 9.1%. Comparing to uncertified workplaces, small & medium enterprises were significantly higher in the “appropriate ventilation”, “suitable temperature”, “bathroom and shower”, “health advocate poster or slogans” and “barrier-free facilities”. And, they also significantly had more related courses or activities, such as “alcohol abuse control”, “tobacco control”, “drug abuse control” and “betel nut control”. ($p<0.05$) In addition, the male smoking prevalence of the workplaces which did not pass the certification was higher than those workplaces which had been certified. According to the performance assessment results of survey and intervention project, it is suggested that in order to promote comprehensive self-certification of workplace health promotion of small & medium enterprises, it can be done through the following intervention pipeline for tutorial: 1. association/union; 2. regular chain and/or franchise chain stores; 3. establishing the seeded/demonstrated workplaces; 4. setting local resources for providing effective counsel; 5. setting up a team of comprehensive health management as health stakeholders for each industrial area. The effectiveness of counsel depends on two key persons: the enthusiastic contractor and the chief executive. In line with the effective intervention, we recommend that there should be relative policy measures, assessment and reward; so that it will be more efficient and sustainable when promoting workplace health promotion.