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• 中文摘要

自從世界衛生組織在阿瑪阿塔宣言中強調藉由落實基層保健醫療來促進民眾的健康後，在世界各地即掀起了一股營造社區健康的社會潮流。在台灣，衛生署亦於 88 年 12 月開始推動「社區健康營造三年計畫」，預使全國每一鄉鎮(市區)至少建置一個社區健康營造中心。實施至今，部分量化的指標如成立營造中心及發放自助式健康教材之數量等已進行了初步的評值。然而國內外文獻皆指出社區健康營造乃是藉由社區的力量，來達成健康促進的目標；亦即營造中心在營造策略上是否具備民眾自決之地方特色卻仍未見相關研究。本研究旨在了解不同承辦性質之社區健康營造中心如何去發展具地方特色之營造模式，並監測其在社區健康營造中心運作成效之差異。藉此希望能了解各單位營造之困境，以作爲未來健康促進社區化之參考。研究設計採用多元方法，藉由深度訪談 4 類共 18 家屬性不同之社區健康營造中心之承辦人，來了解承辦單位在發展具地方特色之營造策略模式與營造困境；更透過大規模的問卷調查營造中心推動者（n=62）、營造中心志工（n=139）及社區民眾（n=1109），了解社區健康營造執行的成果，探討影響社區健康營造中心營運之重要因素。本研究利用三角交叉檢視（Trianglulation）來找尋研究結果值得信賴之詮釋和對研究現象做更詳實的描述。質性內容分析結果發現各類承辦組織在承辦動機、組織策略、議題選定、推動計劃策略、資源與經費整合運用、志工招募與訓練策略、評價方式、影響永續經營的因素及永續經營或轉型的策略上各有不同。質性分析結果用來作爲第二階段量性工具之發展。量性研究結果發現民間組織類型與半官方組織之營造中心除承辦健康營造業務外，仍承辦其他計畫以總體營造社區。多數承辦單位皆爲責成其現有部門與人力來兼辦營造中心業務，唯民間組織類型成立專責部門主辦該業務；並增聘專人負責。社區健康營造中心感受到承辦社區健康營造業務之工作人力運用以民間組織類型優於衛生所型態之營造中心。社區健康營造中心在資源整合的容易度上，以半官方組織類型的營造中心之得分最高，民間組織類型次之，以醫院型態者最感困難。相較於半官方組織與衛生所型態，民間組織類型與醫院型態之營造中心較能自行編列預算來貼補營造業務費用；衛生所型態則較能運用其他部會的補助；半官方組織則有以會員繳交會費的方式來籌募經費營運。半官方組織型態與醫療院所類型之志工服務時數遠高於民

間組織與衛生所類型。衛生所類型與半官方組織志工之健康飲食行爲優於醫療院所類型之志工；在定期健康檢查方面則以民間組織類型營造中心的志工健康行爲最差。衛生所類型的志工全數利用過篩檢活動；且羅列參與過篩檢項目之總數也以衛生所類型的志工顯著高於其他類型的志工的篩檢項目總數。志工對參與健康營造活動後自我成長的感受都非常的正向，尤其半官方組織與衛生所類型營造中心的志工。半官方組織與衛生所類型營造中心的志工對承辦單位的認同顯著優於醫療院所類型營造中心的志工。半官方組織型態經營的社區民眾有高達 86.0%曾聽過該營造中心，且有 69.3%的居民曾參與過其所舉辦之活動，優於衛生所，又優於醫療院所，民間組織居末。社區民眾以對半官方組織的認同度最高、衛生所類型的認同度最低。半官方組織類型之營造中心其居民在多方面之健康行爲皆優於衛生所、醫療院所又優於民間組織。藉由本研究深入了解社區健康營造中心運作之策略、現況、問題與成效，並探討影響社區健康營造中心經營困境之相關因素，以發展具地方特色之營造模式，使社區健康營造中心能永續經營，並使營造社區健康之志業能於各社區落地生根。更期望能透過本研究結果提供政府相關單位作爲評量社區健康營造中心之依據，並可作爲未來在制定社區健康政策之參考。

- 英文摘要

In recognition of WHO's concept of Primary Health Care in reaching the goal of "Health for All by the Year 2000", many "Healthy Cities/Communities"projects have been initiated all over the world. The Department of Health in Taiwan began to promote the healthy community project enthusiastically in 1999 after the worldwide healthy city movements. In general, mission of the Healthy Communities projects is to facilitate community development. Until the end of 2003, a total of 302 healthy community centers have been established to encourage various managing organizations to assess community needs, establish priorities and strategic plans, solicit political support, take local action, and evaluate process. The aim of this project is to explore the patterns of developing healthy community process by various managing organizations, and further to evaluate the effectiveness of the healthy community centers. The triangulation approach in both qualitative and quantitative research designs were used. The 18 deep focus interviews were conducted among 4 types of managing organizations to explore patterns of their local actions in developing healthy community process. A total of 62 leaders, 139 volunteers and 1109 community citizens were surveyed to evaluate the effectiveness of the healthy community centers. Content analyses indicated that various types of managing organizations could be categorized difference in motivation, operational strategies, strategic planning, collaborating resources, and soliciting political supports. Results of these analyses were used to develop research instruments used in qualitative research surveys. The nongovernmental organizations (NGO) and quasi-governmental organizations (QGO) centers could mobilize more community resources. Most managing organizations utilized their current staffing to extra work on healthy communities, however, only NGO type centers had established new departments and hired more staffs. The NGO type centers felt more flexibility in staffing than the public health station (PHS) types; the QGO types perceived the most flexibility in collaborating resources than the NGO and hospital-based (HB). Compared to the QGO and PHS types, the centers managed by the NGO and HB could use their own budget in healthy communities; the PHS types could use more of other governmental budgets; and the QGO could collect fees from memberships. In counting the volunteers?? service hours, the QGO and HB types performed better in NGO and PHS??s volunteers. In terms of healthy behaviors, volunteers of PHS and QGO types centers doing better in healthy diet than HB types; volunteers of NGOs performed worst in regular health check-up. Those in PHS completed all health screening, they also had more health screening in number than that of other types of managing organizations. All volunteers perceived very high self-development after participating in the healthy communities process; among all, the volunteers of QGO and PHS received highest scores. In terms of effectiveness of the centers in community residents, as high as 86% of the community residents of QGO had heard about their community centers, and 69.3%

of them had ever participated at their projects. In this indicator, the PHS type performed next, followed by the HB, and the NOG ranked the last. Community residents recognized the managing organizations highest in QGO type, lowest in PHS type. The community residents?? healthy behaviors were better in QGO than PHS than HB than NGO types. Results of this study indicated that the grass-root approach could build the healthy community successfully. Through establishing the healthy community centers, and empowering the community residents, the volunteers and community residents could perceived self-development,