影響社區健康營造中心運作成效因素之探討

Factors Related to the Operational Outcomes of Healthy Community Centers

中文摘要

論文摘要

論文名稱：影響社區健康營造中心運作成效因素之探討

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本研究目的為藉由瞭解台灣地區社區健康營造中心的主要特徵與運作成效，比較不同承辦組織特性、推動之社區特性與志工參與情形在社區健康營造中心運作成效的差異性，進而探討影響其運作成效的重要決定因子。研究對象為獲得衛生署「國民保健三年計畫」補助除第一梯次外之 162 所社區健康營造中心。本研究採橫斷式研究設計，研究工具乃自擬之結構式問卷，共回收 149 份有效問卷（回收率 91.97% ）。所得資料以 SPSS 10.0 套裝軟體進行分析。

研究結果顯示社區健康營造中心承辦組織型態以衛生所（33.5%）與醫療院所（31.5%）為主，公私立各半，除衛生署補助外，其他經費來源以自編預算最多。主要業務推動者多為女性、專科畢業、平均年齡 39.44 歲、平均年資 2.49 年，中心專任工作人員數平均為 0.93 人，兼任為 2.73 人。舉辦活動方式以健康講座最常見（97.3%），較常每月舉辦 1~2 次，主要由志工宣傳活動之訊息（86.6%）。在推動之社區特性方面，社區總家戶數平均為 9867 戶，老人人口比率平均 10.7 % 。以鄉鎮地區為多，推動小組成員主要是鄰里長和中心人員(81.2% ，81.9%)，居民多為接受邀請才參與活動(74.3%)，衛生所是最常被運用的社區資源（87.2%），其次為行政機關。參與健康營造的志工總人數平均為 64±45 人，以家庭主婦、高中職學歷及志工引介最多。活動志工人數平均 32±25 人，流失率為 23.68% ，培訓課程總時數平均 34.99 小時，實務練習比率平均占 27.54% ，完訓率為 73.34% 。社區健康營造中心運作成效自評得分在中等程度，在三個範疇中，以「結果面」得分最高，「過程面」次之，「結構面」得分最低。

影響「結構面」之運作成效之主要變項，在承辦組織特性中，包括經費來源總數、業務主要推動者之年資、高中以下教育程度及私立單位，可正向解釋其 25%總變異量；在推動營造之社區特性包括：推動小組成員類別總數及居民主動參與活動，可正向解釋其 13%總變異量；在志工參與情形包括：志工流失率與多數志工教育程度為非高中職者，共可負向解釋其 17%之總變異量。預測「過程面」的運作之主要變項，承辦組織特性有：舉辦活動類型總數、業務主要推動者之教育程度為高中職以下、年資、經費來源總數及有成立專責部門，可正向解釋其總變異量為 32%；在推動營造之社區特性中，推動小組成員類別總數、居民主動參與活動、居民喜好活動類型總數，可正向解釋其 23%的總變異量；在志工參與情形中，

志工流失率、活動志工數、完訓率、訓練課程總時數與多數志工教育程度爲高中職者可解釋其總變異量爲 26%。預測「結果面」的運作成效，則有在承辦組織特性中之經費來源總數、業務主要推動者年資及有成立專責部門，解釋 17%總變異量；在推動營造之社區特性中之居民主動參與活動、推動小組成員類別總數、居民喜好活動類型總數，解釋 23%變異量；及志工參與情形之志工流失率、舉辦志工聯誼活動頻率、活動志工數、完訓率，可解釋其總變異量爲 22%。
關鍵字：社區健康營造中心、運作成效、成效評價

英文摘要

Abstract

Title of Thesis: Factors Related to the Operational Outcomes of Healthy Community Centers

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The purpose of this study was to explore the factors affecting the operational outcomes of Healthy Community Centers (HCC) in the Taiwan. Subjects were the managers of 162 HCCs (excluding the first established 51 centers) granted by the DOH 3-year Healthy Community Project. The cross-sectional research design was used; response rate was 91.97%.

Majority of the HCCs were managed by health centers (33.5%) and hospitals (31.5%), evenly distributed between public and private, and had self-allocated budget. Majority of the managers were female, junior college graduated, with an average age of 34.44 and 2.49 years of service experience. The HCCs in average hired 0.93 fulltime and 2.73 parttime staffs. Health lecturing was the most popular activities (93.7%), held 1-2 times per month, mostly advertised (86.6%) by volunteers. An average of 9867 households, 10.7% elderly population and rural site were common characteristics. The community leadership consisted mainly community chiefs and neighborhood leaders (81.2%) and center staff (81.9%). Most residents (74.3%) attend the activities only by invitation. Health centers were the most used community resource (87.2%). Around 64+45 volunteers were involved in the health promotion, however, only 32+25 actively, with a turnover rate of 23.68%. Majority were housewives, high school graduates and recommended by other volunteers. The training program totaled an average of 34.99 hours with a mean of 27.54% in practicum and 73.34% completion rate.

The operational outcomes of HCCs were self evaluated in 3 dimensions, the

“outcome” (5.27+0.95) highest, followed by “process” (5.17+0.92) and “structure” (4.66+1.05). Factors affecting “structure” effectiveness were: 1) budget sources, seniority and with below-senior-high of managers and private units in organizational characteristics; 2) variability of community leaders and residents’ active participation in community characteristics; and 3) turnover rate and the non-senior-high graduates negatively predicting the “structure” effectiveness. Regarding the “process” effectiveness, the significant predictors in organizational characteristics included variability of activities held, the below-senior-high graduated and seniority of the managers, number of budget sources and with task assignment. The variability of community leaders, residents’ active participation and variability of their favor activities were positive predictors in community characteristics. Turnover rate, number of active volunteers, completion rate and hours of the training program and the senior-high-school graduates were significant predictors in volunteer involvement. Finally, factors affecting “outcome” effectiveness were budget sources, seniority of managers and with task assignment in organizational characteristics; residents’ active participation, variability of community leaders and variability of residents’ favor activities in community characteristics; and turnover rate, frequent social interactions, number of active volunteers and completion rate of training programs in volunteer involvement.
Keywords : Healthy Community Centers, Operational Outcomes, Outcomes Evaluation