

以醫院為基礎之健康促進計畫對社區民眾健康狀況與健康行為改善之成效

Effect of Hospital-Based Health Promotion Program on Health Status and Healthy Behaviors of the Community Residents

中文摘要

本研究目的在探討以醫院為基礎之健康促進計畫對社區民眾健康狀況與健康行為改善之成效及其影響之相關因素。本研究採類實驗研究設計，以自願取樣選取新竹市參與某地區教學醫院與衛生局合辦之複合式健康篩檢之某兩里民眾為研究對象，並區分為實驗組（ $n=52$ ）與對照組（ $n=40$ ）。健康促進計畫介入之前，兩組均進行問卷與生理測量前測。實驗組參與醫院至社區辦理為期 10 週的健康促進計畫後，再分別至兩社區進行問卷調查與收集身高、體重、血壓、血糖、血膽固醇與三酸甘油酯之數值（流失率：實驗組 23.1%，對照組 22.5%）。研究結果以 SPSS 10.0 套裝軟體進行統計分析。

本研究對象平均年齡為 56.64 歲（ $SD=11.17$ ），兩組皆以女性、已婚、小學、與家人同住者居多，且約有一半比例自費購買健保以外的醫療保險。實驗組以目前無工作、每月生活費為 5000 元以下為主；對照組則以有工作、每月生活費為 5001 元-25000 元者佔多數。在執行生活型態上兩組皆以不抽菸、不喝酒、每天喝牛奶、吃蔬果與近半來年無經歷壓力事件的人為多數。但有 88% 無規則運動、大多數的參與者無罹患慢性病、罹患慢性者約有 40% 的民眾無規則服藥。研究發現兩組除對照組在喝酒行為上明顯高於實驗組外，其他皆具同質性。

由基礎點測試結果顯示兩組研究對象之主觀健康狀況皆屬中上程（ $M=69.57$ ， $SD=16.51$ ），而對照組除在一般健康與活力狀況有顯著較實驗組得分較高外，其餘無統計上差異；而客觀健康狀況方面除對照組血膽固醇平均值略超過正常值外，其餘均在正常標準值以內。此外，兩組之健康行為亦具同質性，平均得分（ $M=48.18$ ， $SD=18.33$ ）較國內其他研究發現為低，顯示參與者之健康狀況為中上，但健康促進活動較不積極正向。

經由 10 週醫院至社區辦理健康促進計畫結果發現：（一）實驗組在收縮壓與舒張壓平均值皆比對照組為低；且其執行健康行為之身體活動亦顯著優於對照組；（二）實驗組在前後測改善程度分別於一般健康、活力狀況、心理健康、收縮壓、舒張壓、整體健康行為、健康責任、身體活動、靈性成長與壓力處理方面皆顯著優於對照組；（三）實驗組前、後測配對檢定發現，在整體健康狀況、一般健康、活力狀況、社交情況、心理健康與整體健康行為、健康責任、身體活動、營養、靈性成長、人際關係與壓力處理等方面平均得分均有顯著的增加。另外，在收縮壓、舒張壓、血膽固醇與三酸甘油酯亦有顯著的降低；（四）基本資料中之教育程度、職業、每月生活費、居住情形、飲食習慣、有無壓力事件與有無罹患慢性病均會影響實驗組健康狀況與健康行為改善之成效。

根據本研究結果得知，以醫院為基礎之健康促進計畫介入能有效地改善社區民眾部份之健康狀況與健康行為，因此可以提供健康醫院在設計社區民眾健康促進相關計畫之參考依據。

英文摘要

The purpose of the study was to explore factors related to effect of hospital-based health promotion program on health status and healthy behaviors of the community

residents. The quasi-experimental design and volunteer sampling were utilized; subjects were recruited from 2 communities who had attended the Composited Health Screening Program organized by the local hospital and Chin-Chu city Health Department. Subjects in the experimental group (n=52) took ten weeks' program, and the control group (n=40) did not. Subjective health status and healthy behaviors surveyed by questionnaire, and objective health status in BMI, blood pressure, blood sugar, cholestrol, and triglycerol of the 2 groups were collected before and after the program (response rate: exp. group: 76.9%. control: 77.5%). The average age of the subjects was 56.64 (SD=11.17) years old. Majority of them were women, married, elementary school graduates, lived with families, and purchased medical insurance. Most participants in experimental group did not work, and with living expenses of 5000 NT per month ; on the other hand, subjects in the control group were with job and higher living expenses. Most of them practiced healthy lifestyles. However, up to 88% subjects did not exercise regularly, and 40% did not routinely take medication. There was no significant difference between the two groups in their baseline data except higher proportion of drinking habit in control group.

The baseline data showed that subjects with moderate to high level of subjective health status (M=69.57, SD=16.51). The control group was higher in the general health and vitality. The objective health status indicated that subjects were healthy except cholestrol level in the control group was slightly above normal. Participants' scores of the healthy behavior were worse (M=48.18, SD=18.33) than other studies. Effects of this program shown: (1) post test indicated that both systolic and diastolic blood pressure, and the physical activity in the healthy behavior were better in experimental group; (2) the average improvement in the general health, vitality, mental health, systolic blood pressure, diastolic blood pressure, healthy behavior score, health responsibility, physical activity, spiritual growth and stress management were all significant better in experimental group; (3) in experimental group, paired t-tests indicated the significant improvement in subjective health status score, general health, vitality, social functioning, mental health, healthy behavior score, health responsibility, physical activity, nutrition, spiritual growth, interpersonal relation and stress management. Also, there were significantly declined in the systolic and diastolic blood pressure and cholestrol, triglycerol levels; (4) educational level, occupation, monthly living expenses, living condition, diet behavior, with stress event, and chronic diseases were significant factors related to effect of the program.