[심포지엄] 건강증진 전략-맞춤형 접근

# 선진국에서의 모델

이 원 철

가톨릭의대

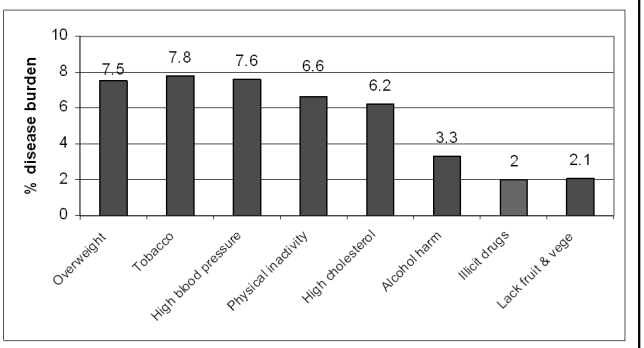
Lifescipts in Australia

**Based on**

**"Lifescripts and behavioural risk factor management in Australian general practice"**

*Mark Harris*
*Centre for Primary Health Care and Equity*

Total burden attributable to risk factors
(AIHW 2003)

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Evidence

Smoking

- Simple, single consultation advice giving from a physician results in a 1 or 2% of smokers quitting and not relapsing for one year.
  Ashenden R, Silagy C, Weller D. A systematic review of the effectiveness of promoting lifestyle change in general practice. Fam Pract 1997; 14: 160-176.

Alcohol

- Brief interventions to reduce alcohol consumption should be offered to all patients with potentially hazardous levels of drinking. Numerous studies in Australia and the UK have shown that GPs providing brief advice have resulted in a 25-30% reduction in alcohol consumption and a 45% reduction in the number of excessive drinkers.
  Guidelines Preventive Interventions in Primary Health Care - Cardiovascular Disease and Cancer, 6. Alcohol overuse. Canberra: National Health and Medical Research Council; 1996.

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Gap between opportunity and action

| GP encounters 2005-2006 | Action |
|---|---|
| **24.8%** with those that smoked (daily or occasional) | **0.5%** of consultations involved interventions for smoking. |
| **56.8%** of adult patients were overweight or obese | **3.6 %** of consultations conducted by Australian GPs contained some form of nutritional or weight counseling. |
| **25.9%** were 'at risk' drinkers | **0.3%** of encounters involved advice regarding alcohol |
| **65%** not doing the recommended 150mins/week of moderate physical activity (Beach 2001) | **1.1%** of encounters involved advice regarding exercise. |

1. Britt E, Miller G, Charles J, Pan Y, Henderson J, Bayram C, et al. General Practice Activity in Australia 2005-2006. Canberra: AIHW Cat No, GEP 19, 2007.

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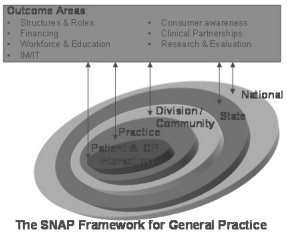
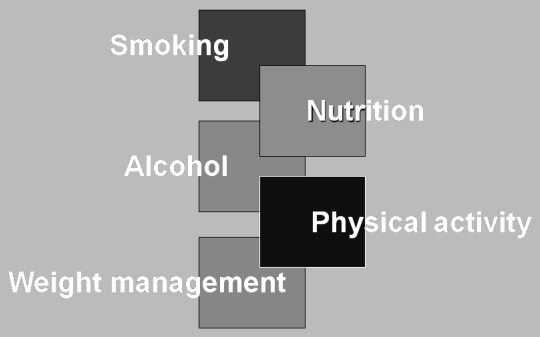
## Early Development: The SNAP framework

- Based on available evidence of cost-effective interventions within general practice, on current initiatives within Divisions of General Practice and the relevant National Population Health Strategies.
- Developed following widespread consultation over 2 years with stakeholders in general practice, allied health, population health, government and non-government organisations (NGOs) including consumers and disadvantaged groups.



The SNAP Framework for General Practice






Lifescripts



## Life-scripts

**Lifescripts** program was developed and launched in 2005. This included a Resource Kit focusing on the five lifestyle risk factors for chronic disease: smoking; nutrition; physical activity; alcohol; and weight management.

The Lifescripts Resources aim to make it easier for GPs and their practices to manage lifestyle-related risk factors by providing a framework for:

- raising and discussing lifestyle risk factors with patients;
- advice in the form of a written script and associated patient education; and
- referral to other providers to support healthy lifestyle.

## *Putting into clinical practice: The '5As' approach*

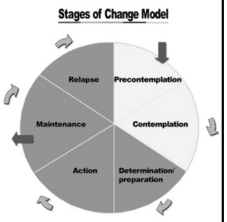
| | |
|---|---|
| Ask | Identify patients with risk factors:<br>• Waiting room checklist, poster and flyer<br>• Ask the patient during consultations! |
| Assess | Assess the level of risk associated with the factor and its relevance to the patient's health (including mental and emotional health), motivation or readiness to change: |
| Advise | Use motivational interviewing.<br>Provide brief advice and written information: |
| Assist | Write Lifescripts prescription.<br>Prescribe pharmacotherapies.<br>Offer support for self monitoring |
| Arrange | Referral to allied health services, social support groups, phone information/counselling services or follow-up visit |



## Motivational interviewing

Motivational interviewing techniques can:

- explore the patients' attitudes to their lifestyle and its health risks
- assess the patient's readiness to change
- help the patient identify and overcome barriers to adopting a healthier lifestyle

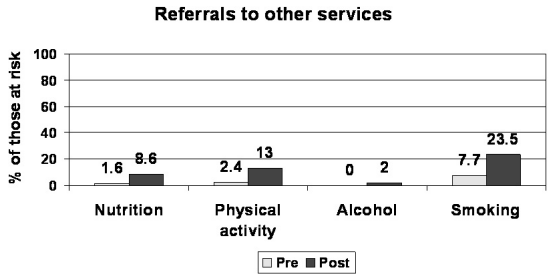





## Lifescript referral

| | |
|---|---|
| Smoking | Quitline: Telephone advice and coaching |
| Nutrition | Dietician<br>Nutrition Education Program |
| Alcohol | Alcohol counsellor |
| Physical activity | Exercise physiologist<br>Physical activity program |
| Weight | Weight loss program |

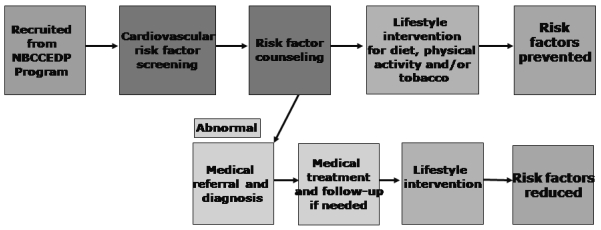
## Evaluation: Referrals by GPs in previous 3 months



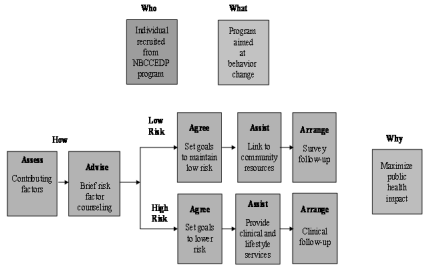

## Mission

- To provide low-income, under- or uninsured 40-64 year old women with the knowledge, skills, and opportunity to improve diet, physical activity, and other lifestyle behaviors to prevent, delay and control cardiovascular and other chronic diseases.

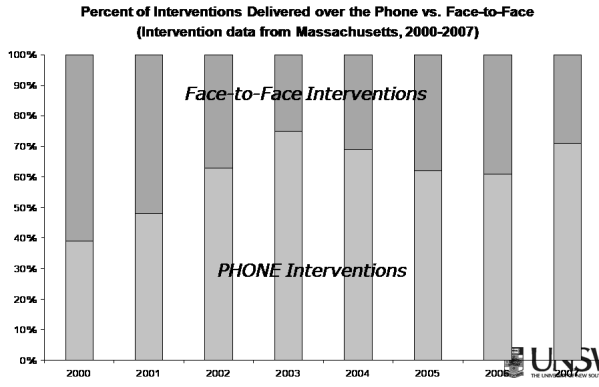
## WISEWOMAN Emphasizes Primary Prevention




## Tailored Approach




## Lifestyle Intervention Delivery Mode: Face-to-Face vs. Phone Sessions




## WISEWOMAN Intervention Best Practice: Using Incentives

- Include incentives in the lifestyle intervention
- Incentives serve multiple purposes
  - Individual Goal Setting
    - Example: A water bottle or walking reflector is given to support physical activity-related goals.
  - Address women's barriers to behavior change
    - Example: Provide women with a discounted or free membership to a local gym or community center
  - Encourage women to self-monitor their behavior changes
    - Example: Distribute pedometers to women in support of their walking initiative.

## WISEWOMAN Program Incentives and Completion Rates

| WISEWOMAN Program | Intervention Completion Rate | Program Incentives |
|---|---|---|
| Southeast Alaska Regional Health Consortium | 73% | Jewelry with traditional Alaska Native artwork. Discounts on athletic shoes, swim towels, and rain shells. Free swimming sessions. Free pedometers, cutting boards, etc. |
| North Carolina | 39% | Graduated measuring spoon and potholder with WISEWOMAN logo and pedometers |
| Massachusetts | 31% | Grocery Store vouchers, pedometers, diaries, measuring utensils, and personal care items. |

## From Concept to Reality

- Helping identify **WHAT** to do:
  - Identifying evidence-based strategies and interventions
  - Providing access to evidence-based interventions (research-tested and practice-based) that are ready for dissemination
- Helping users understand **HOW** to do it:
  - Providing access to tools (materials, guidance, toolkits, etc.) and best practices/processes for program implementation
  - Providing training to further develop skills in adapting evidence-based interventions and best practices

Summary

- **Provides One Model for Comprehensive Women's Health**
- **Intervention Completion Remains A Challenge**
- **Learning Lessons from Best Practices Studies**
- **Developing New Tools and Resources to Help Practitioners Deliver the Intervention**
- **Evaluations Should be Ongoing**

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# Tailored Health Promotion Program in Taiwan

from "Community-based Integrated Screening Program in Taiwan"

Professor Tony Hsiu-Hsi Chen
Division of Biostatistics, College of Public Health
National Taiwan University

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Keelung community-based integrated screening (CIS) has started since1999

19 counties in Taiwan have adopted CIS

10/19 counties uses our health information system since 2006

15 counties is expected to use our system in 2008

Map of Taiwan

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## Philosophy of KCIS--

Equity
→delivery of service to all parts of the community

Participation
→ Empowerment of community

Collaboration
→involvement of non-medical agencies in healthcare promotion or delivery

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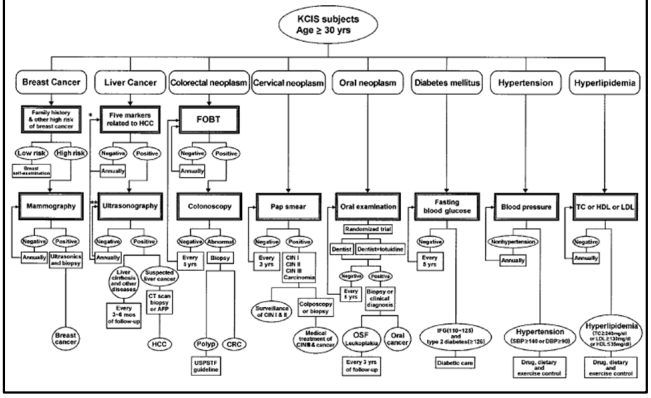
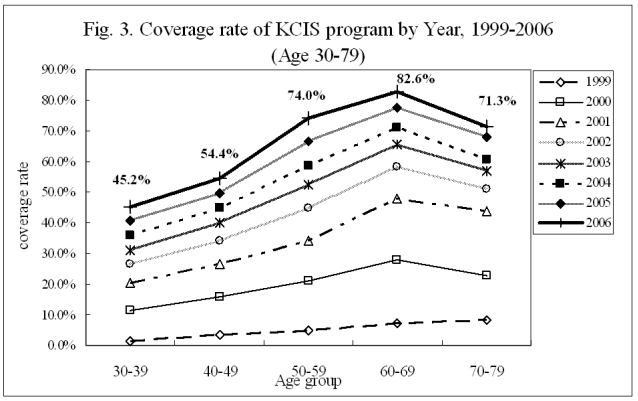
## Screening Designs for neoplastic diseases and chronic diseases

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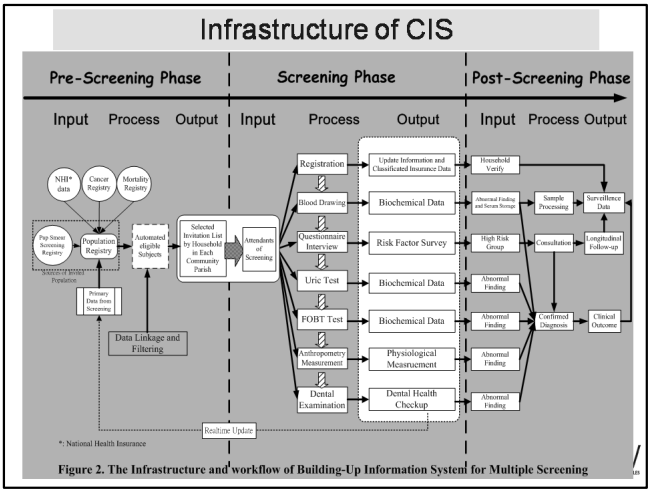
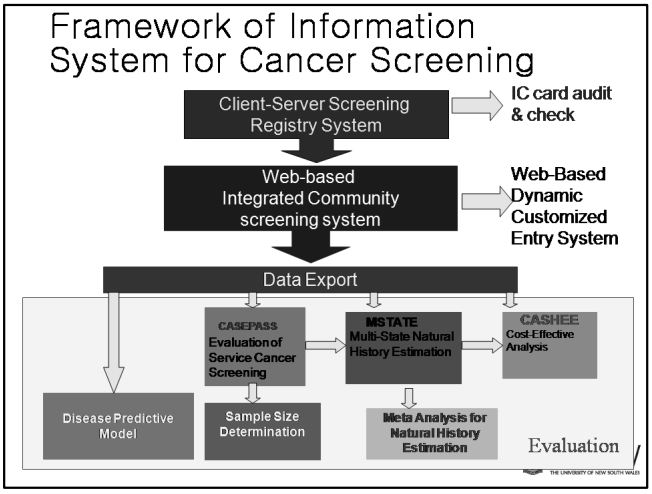


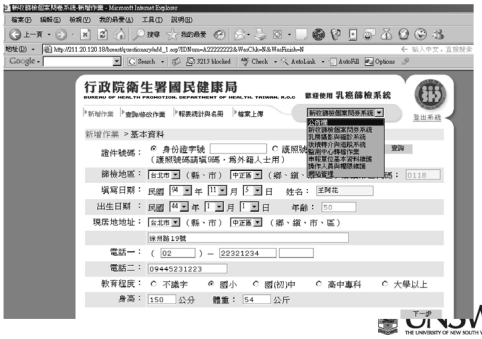

## The client-server registry system with IC Card

- A.Display of personal information
- B.Display Health record in Nation Health Insurance Bureau
- C.Display screening

## Web-based architecture & solution

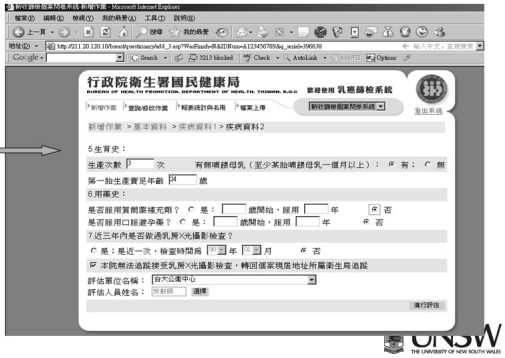
- On-line System
- Transfer referred messages regarding uptake of mammography without delay

## Screening Registry

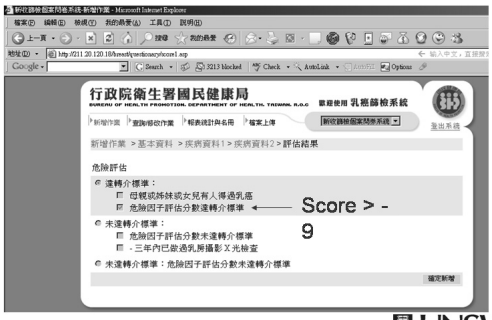



## Risk Assessment

X1~X14



## High risk group




## Follow-up

## Computer-aided Tool for Breast Cancer Risk Assessment

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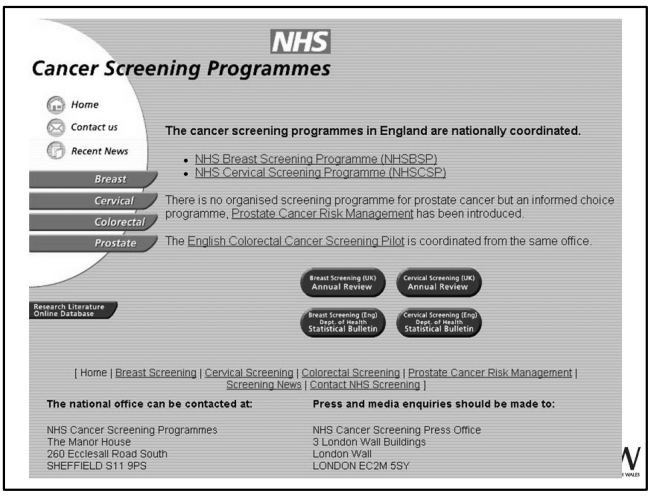
NHS
Cancer Screening Programmes
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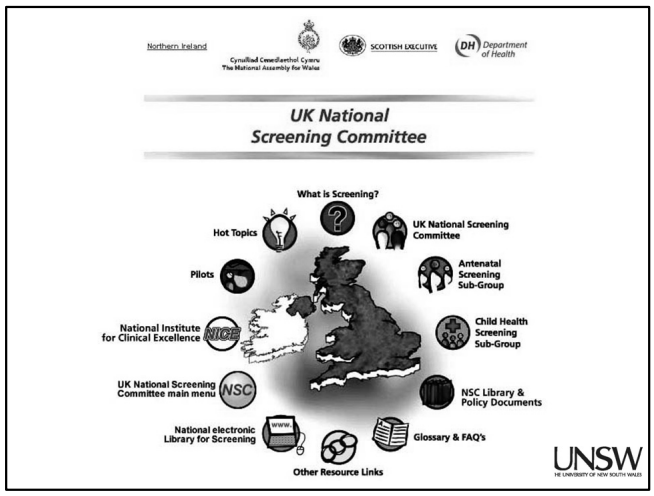
Recent News
Breast
Cervical
Colorectal
Prostate
The cancer screening programmes in England are nationally coordinated.
NHS Breast Screening Programme (NHSBSP)
NHS Cervical Screening Programme (NHSCSP)
There is no organised screening programme for prostate cancer but an informed choice programme, Prostate Cancer Risk Management has been introduced.
The English Colorectal Cancer Screening Pilot is coordinated from the same office.
Research Literature Online Database
Breast Screening (UK) Annual Review
Cervical Screening (UK) Annual Review
Breast Screening (Eng) Dept. of Health Statistical Bulletin
Cervical Screening (Eng) Dept. of Health Statistical Bulletin
[ Home | Breast Screening | Cervical Screening | Colorectal Screening | Prostate Cancer Risk Management | Screening News | Contact NHS Screening ]
The national office can be contacted at:
NHS Cancer Screening Programmes
The Manor House
260 Ecclesall Road South
SHEFFIELD S11 9PS
Press and media enquiries should be made to:
NHS Cancer Screening Press Office
3 London Wall Buildings
London Wall
LONDON EC2M 5SY


Northern Ireland
Cynulliad Cenedlaethol Cymru
The National Assembly for Wales
SCOTTISH EXECUTIVE
DH Department of Health
UK National Screening Committee
What is Screening?
Hot Topics
UK National Screening Committee
Pilots
Antenatal Screening Sub-Group
National Institute for Clinical Excellence
NICE
Child Health Screening Sub-Group
UK National Screening Committee main menu
NSC
NSC Library & Policy Documents
National electronic Library for Screening
www
Glossary & FAQ's
Other Resource Links
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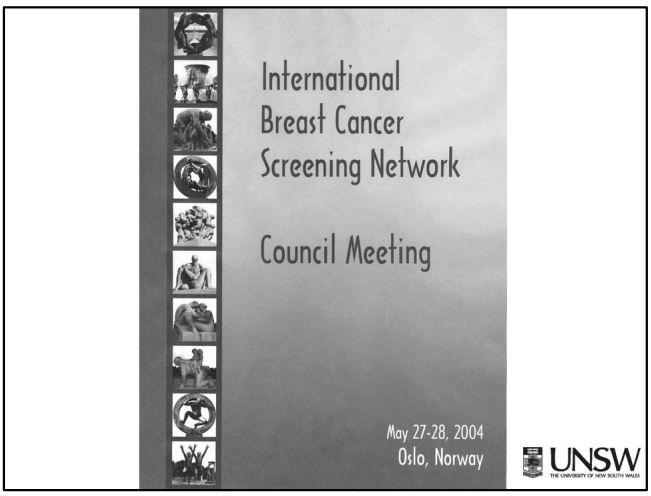
International Breast Cancer Screening Network
Council Meeting
May 27-28, 2004
Oslo, Norway
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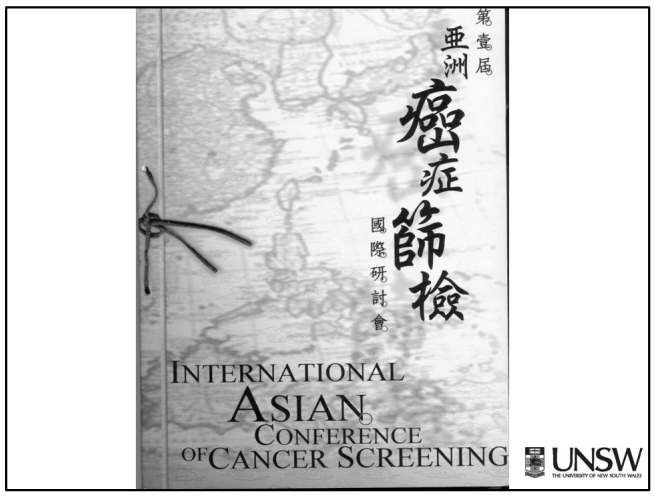
第壹屆
亞洲
癌症篩檢
國際研討會
INTERNATIONAL
ASIAN
CONFERENCE
OF CANCER SCREENING
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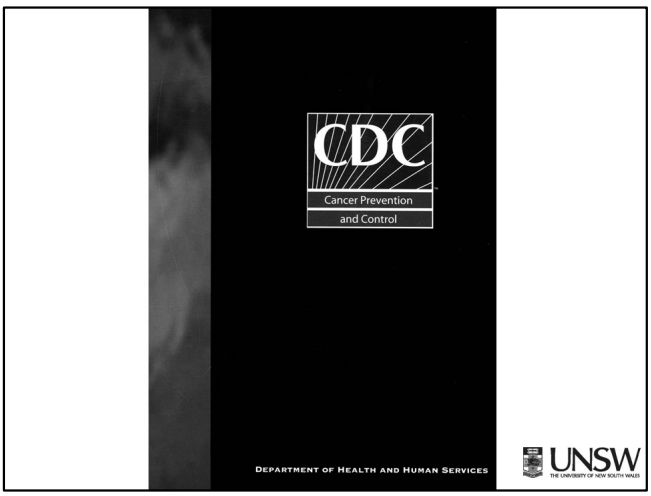
CDC
Cancer Prevention and Control
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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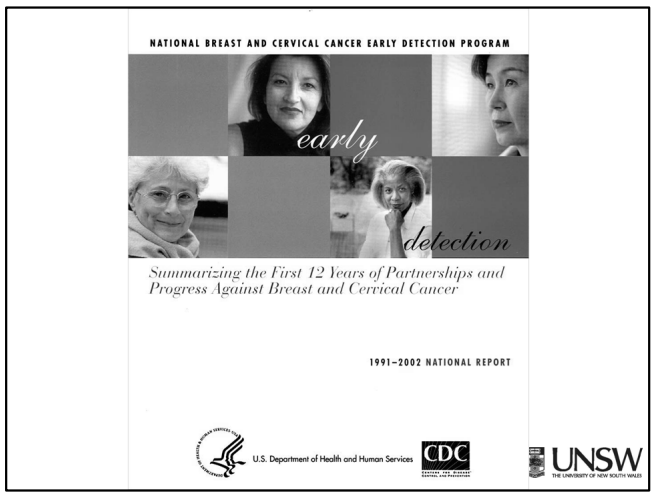
NATIONAL BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM
early
detection
Summarizing the First 12 Years of Partnerships and Progress Against Breast and Cervical Cancer
1991–2002 NATIONAL REPORT
U.S. Department of Health and Human Services
CDC
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