

A photograph of a surgical team in an operating room, with a green tint. The team is focused on a patient on the table. Surgical lights are visible above them. An IV drip is in the top left corner.

Department of Health Taipei City Government

Annual Report 2004



Department of Health, Taipei City Government

The background of the cover is a photograph of surgeons in an operating room, rendered in a light green, semi-transparent overlay. The surgeons are wearing masks and caps, and their hands are visible as they perform a procedure. The lighting is focused on the surgical site, creating a professional and clinical atmosphere.

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Foreword

Health is the source of life power and the origin of happiness and hope. Health for All is a global vision of the 21st century and the ultimate goal of public health workers. Taipei City is the Capital of the Republic of China. City Mayor Ma has made "a vigorous and healthy sustainable city" the vision of Taipei City in response to the World Health Organization (WHO) Healthy City Movement. Therefore, the Department of Health of the Taipei City Government plays the role as the promoter of Health for All.

With the efforts and endeavors of many predecessors in health and medical care, former Commissioners of the Department of Health and colleagues of the Taipei City Government, Taipei City has been ahead of other counties and cities in Taiwan in terms of health policies and medical care services. For example, the average life expectancy of citizens is 79.66 years, which ranks at the top in the country according to the Ministry of the Interior statistics. In this annual report, you will find our achievements in the areas of public health, medical care and preventive health services in 2004. I would like to express my gratitude to all citizens of all walks of life for their participation and comments. With your comments, we are able to promote and execute policies optimizing the health of the fellow citizens, and to turn Taipei into a world-class capital meeting the international health standards.

The restructuring of the Department of Health of the Taipei City Government, the district health centers and the Taipei Municipal Hospitals began in 2003, and was completed at the end of 2004. Since 2005, the original seven divisions and eight offices of the Department have been integrated into five divisions and seven offices; the district health centers have been transformed into centers that are committed to promoting community health. Furthermore, the original ten municipal hospitals have been integrated into the Taipei City Hospital that offers medical care services to the communities. Together with all fellow citizens of Taipei City, we hope to build a new and healthy Taipei by constructing a "new health-horizon" combining individuals, communities, landscapes, cultures, health and medical care services.



Commissioner

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1. Health Administration

- 1.1 Organization of the Department of Health
- 1.2 Manpower structure
- 1.3 Medical expenditure

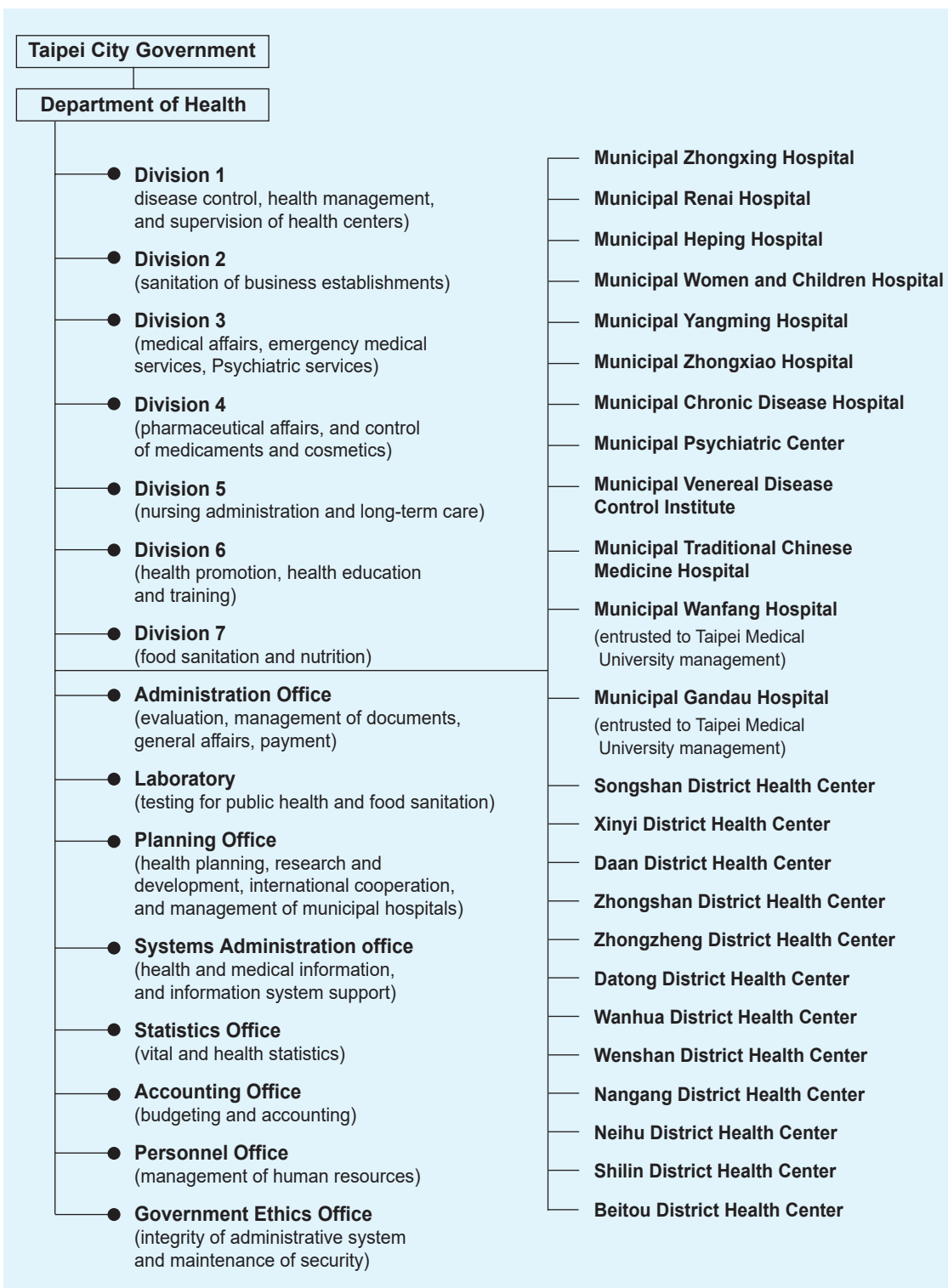
1. Health Administration

1.1 Organization of the Department of Health

Taipei City was made into a national municipality in July 1967. The organizational structure of the Department of Health of the Taipei City Government has been restructured several times as a result of the changes in healthcare policies. In July 1992, the Taipei City Department of Health was reorganized into its previous form, comprising of seven divisions and eight offices. Division 1 was responsible for disease control, health management, and supervision of health centers. Division 2 managed the sanitary issues related to business establishments, health of alien laborers, and health services for residents of houses contaminated by radioactive. Division 3 focused on medical affairs, emergency medical services, and psychiatric care services. Division 4 was responsible for pharmaceutical affairs and the control of medicaments and cosmetics. Division 5 mainly dealt

with nursing administration and long-term care. Division 6 was responsible for health promotion, health education and training. Division 7 managed food sanitation and nutrition. The Administrative Services looked after evaluation, management of documents, general affairs, and payment. The Laboratory conducted testing for public health and food sanitation. The Planning Office supervised health planning, research and development, and international cooperation, as well as the management of municipal hospitals. The Information Office was responsible for health and medical information management, and information system support. The Statistics Office produced vital and health statistics. The Accounting Office took charge of budgeting and accounting. The Personnel Office managed human resources, and the Ethics Office supervised the integrity of the administrative system and the maintenance of security.

The Department of Health supervises eight general hospitals including the Municipal Zhongxing Hospital, Municipal

Figure 1-1-1 Organization of the Department

Renai Hospital, Municipal Heping Hospital, Municipal Women and Children Hospital, Municipal Yangming Hospital, Municipal Zhongxiao Hospital, Municipal Wanfang Hospital (entrusted to the Taipei Medical University for management) and Municipal Gandau Hospital (entrusted to the Taipei Veterans General Hospital for management). Additionally, there are the Municipal Psychiatric Center, Municipal Chronic Disease Hospital, Municipal Chinese Medicine Hospital, Municipal Venereal Disease Control Institute, and twelve district health centers with a total of 5,622 staff members. Altogether, the hospitals have 3,964 beds (excluding the Municipal Wanfang Hospital and Municipal Gandau Hospital).

The former organization of the Department of Health, which developed during the process of Taipei becoming from a city to a municipality in 1967, was unable to cope with the global concept of public health. The Department of Health's organizational restructuring project was passed by the Taipei City Council to keep in pace with the international development and the organizational restructuring policy of the central authorities. As of January 1st, 2005, the Department of Health and its affiliated

agencies will display a new perspective, and to offer various professional services.

The General Assessment of Local Health Agencies in 2004 by the Department of Health, the Executive Yuan, placed the Taipei City Department of Health the second in the first category.

1.2 Manpower structure

(1) Current status of manpower structure

In terms of the status of personnel, the current manpower of the Department of Health totals 3,983 persons (excluding employees of the Municipal Wanfang Hospital and Municipal Gandau Hospital), including 14 (0.35%) are senior rank personnel, 588 (1.76%) are junior rank personnel, 305 (7.66%) are elementary rank personnel, 85 (2.13%) are auxiliary employees personnel, and 2,991 medical personnel (75.09%).

(2) Current status of education qualification

Within the Department of Health

and its subordinate organizations (excluding the Municipal Wanfang Hospital and Municipal Gandau Hospital), 271 (6.80%) hold either a master or doctoral degree; 1,411 (35.43%) hold university degrees; 1,825 (45.82%) hold junior college degrees; 471 (11.83%) hold degrees from either a senior high school or vocational school; and 5 (0.13%) have other educational backgrounds.

(3) Current status of examination qualification

Within the Department of Health and its subordinate organizations (excluding the Municipal Wanfang Hospital and Municipal Gandau Hospital), 668 (16.77%) have passed the senior civil servant examination, 639 (16.04%) have passed the junior civil servant examination; 99 (2.41%) have passed the special civil servant examinations, 734 (18.43%) have passed other civil servant examinations (including elementary examination and rank promotion examinations), and 1,843 (46.27%) have been hired based on other laws and regulations.

1.3 Medical expenditure

(1) Budget for health and medical care

The budget for health and medical care for 2004 was NT\$ 4.55081 billion, accounting for 3.34% of the Taipei City Government total budget of 136.11509 billion, and the medical fund was NT\$ 12.13654 billion.

(2) Final accounting for health and medical care

Final accounting for health and medical care for 2004 was NT\$ 4.4433 billion, accounting for 3.40% of the Taipei City Government total expenditure of 130.6469 billion, and health fund expenditure was NT\$ 12.55585 billion.

2. Community Health Care System

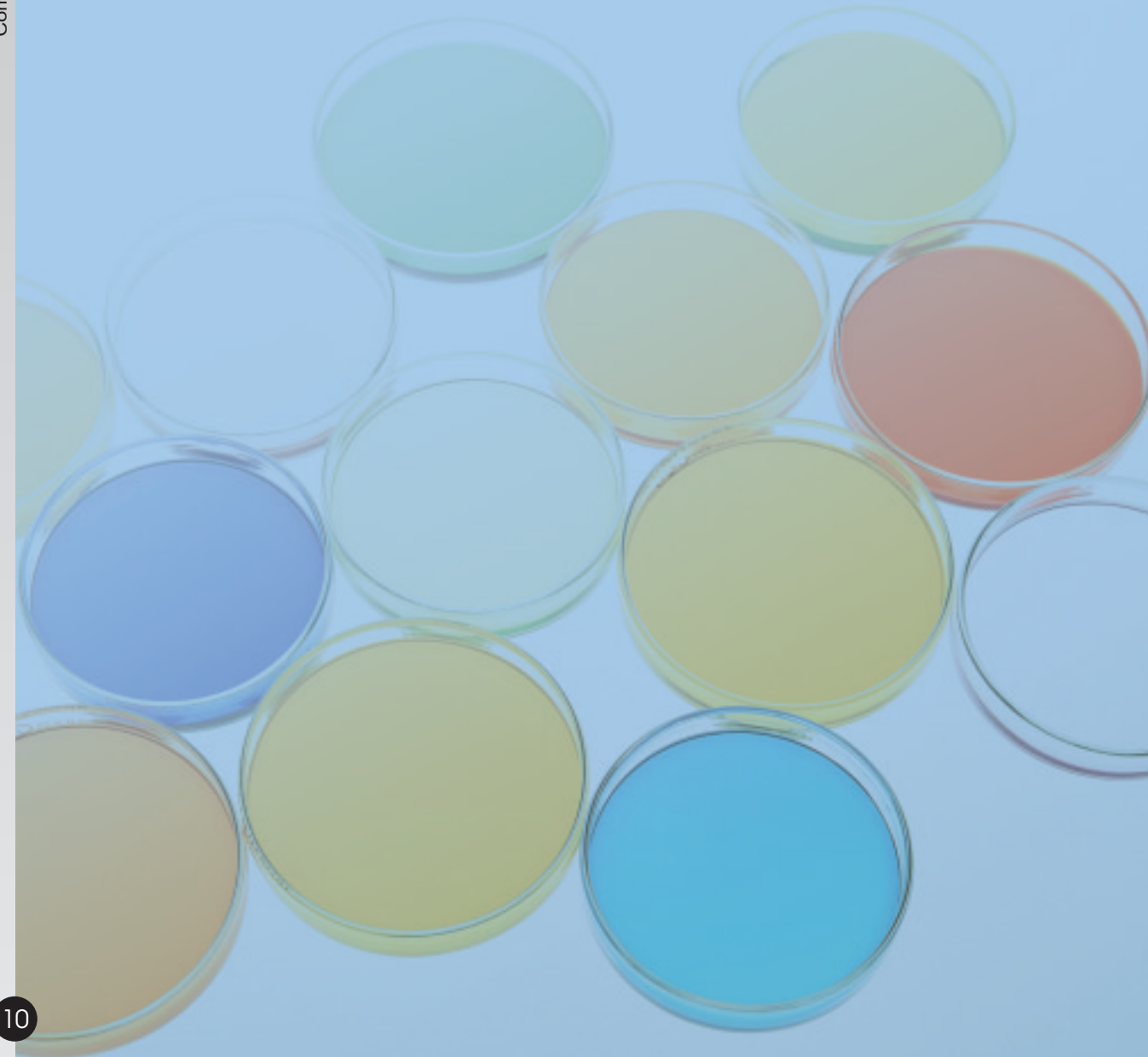
2.1 Management of health centers

2.2 Health information management

2.2.1 Health information services

2.2.2 Development of health information system

2.2.3 Information education and training



2. Community Health Care System

2.1 Management of health centers

(1) Health center supervision

A. Health center directors meetings

Meetings with health center directors (changed to Health Service Center as of 2005) and the Department of Health division chiefs are held on a monthly basis for communicating and reviewing policies and affairs of the month in order to reinforce the promotion and development of these policies and affairs in a consistent manner.

B. Health center review and evaluation demonstrations

The Cancer Control Benchmark Workshop 2004 and the Health Center Performance Evaluation 2004 were held on December 30, 2004 to evaluate the annual performance of individual health centers and reward outstanding health centers. A total of 39 awards were presented to outstanding health centers for

their excellent performance in routine affairs review, annual policy promotion and special achievements. Dr. Shin-ming Chen of the National Taiwan University Hospital was invited to deliver a speech on Optimizing Oral Cavity Cancer Examination Results, and Dr. Jie-xin Liu of the Department of Health Education, National Taiwan Normal University, was invited to deliver a speech on Effective Communication. The Beitou, Songshan, Datong, and Wanhua district health centers presented reports on integrated screening, and screening for cervical cancer, breast cancer and oral cavity cancer to share their outstanding achievements in these areas with other health centers as a response to the Department of Health organizational restructuring.

C. Strengthening of health center services

- (a) A For Your Convenience Center was set up in each health center to provide the public with access to all

center services through a single window. The Department of Health also conducts non-scheduled reviews to ensure the quality of services.

- (b) Health centers are checked by telephone each month to test if telephone enquiries made by the public are handled properly. Results are submitted to the health center directors meetings to enhance the quality of telephone or counter enquiry service.
- (c) Health centers are assessed annually for their services to the public together with the Taipei City Government Council of Research, Development and Evaluation, and results are included in the annual evaluation. Health centers are required to make corrections and improvements as necessary within a specific period of time.

D. Community Healthcare Network Program

To combine community resources, to serve the less privileged groups, and to provide community-based service to citizens, the Department of Health introduced in July 2004 the Community Healthcare Program to provide citizen-centered services through community

healthcare and mutual support groups. The Program covers five less privileged groups including the elderly living alone, stroke patients, citizens with physical disabilities, citizens with mental disabilities, and mentally retarded citizens who live within the jurisdiction of the 12 district health centers of the Department of Health. The scope of services included home visit, health counseling, screening for hypertension, high cholesterol and blood sugar, need assessment, and drug delivery. During July and December of 2004, 15,532 elders living alone, 9,840 stroke patients, 9,925 citizens with physical disabilities, 11,700 citizens with mental disabilities, and 3,706 mentally retarded citizens had enjoyed the services under the Program.

(2) Household health service

The household health service is community-based. It integrates community resources, reinforces community health management and patient referral and follow-up. Home visits are made with priority to indigenous people families, low-income families, elders living alone and patients with mental disabilities living in the community. The scope of service includes blood pressure, urine sugar, urine protein, blood sugar, and cholesterol examinations. Referral and

follow-up of abnormal cases are strengthened. Between January and December of 2004, 4,426 indigenous people families and 10,203 cases, 12,872 low-income families and 31,166 cases, 3,129 elders living alone, and 6,127 patients with mental disabilities living in the community had been visited.

(3) Health center restructuring

In response to the organizational reengineering of the Department of Health, presentations were made to local citizen representatives by health centers to explain the contents of work and service items of health centers after restructured into health service centers.

2.2 Health Information Management

2.2.1 Health information services

The Systems Administration Office is primarily responsible for the planning, supervision, promotion, review and execution of health information services, as well as the coordination of research and promotion of important projects of the National Health Information Network. In

recent years, the Department of Health has been working on the integration of information platforms of the Department and its hospitals to develop a better public health information program. Developments and achievements are as follows.

(1) Online Health Services (initiated by the Department of Health of the Executive Yuan)

A. Online Convenient Service for Citizens Program

The Program preliminarily applies the information technology to facilitate district health centers to provide universal health services for citizens over the Internet. After it was launched this year, citizens could enjoy healthcare related services and apply for services through an easy-to-access single window. Thus far, the development and implementation of the portal system, healthcare information registration service, and medical and health information interchange environment have been completed.

B. Health Center Login and Directory Service System Integration Project

According to the Project, a personnel directory service system was to be implemented at individual health centers to let a health center develop and imple-

ment other value-added information systems under the infrastructure of the system. These included the attendance system, administration system (material collection management, vehicle dispatch management, meeting management, etc). The project was scheduled for 2005 aiming at promoting the digitization of health centers and at enhancing the efficiency of citizen services.

C. Medical Affair Management System and Health Center System Login Integration Project

The Project involving the Department of Health, the Executive Yuan, was scheduled for 2005 to allow health center employees to log in the medical affair management system of the Department of Health, the Executive Yuan, from the health center portal constructed under the personnel directory service system without logging in the system for a second time with the same username and password.

D. Natural Person Certificate Login System for the Department of Health Portal Implementation Project

The Project was implemented in 2005, which allowed health center employees to log in the Department of Health portal with their own natural per-

son certificate IC card without using the conventional username and password. The system provided safer and more efficient identity authentication function to prevent others from doing anything illegal with the identity of another person.

(2) Promotion of public health information network

- A. The Department of Health has been maintaining previous systems and developing new ones for the public health information network over the years, and major breakthroughs were seen this year: the introduction of a web-based public health information system that includes household health management, mental health management, business sanitation management, and occupational health management with a more user-friendly interface. In the future, the Department of Health will establish corresponding systems according to the needs of different offices and policies in order to achieve the goal of e-government.
- B. To catch up with the pace of the times, the Department of Health has replaced the conventional systems with an open-architecture system and has upgraded its computer equipment

and built a network for the health centers in the 12 districts. The previous host-client structure has been replaced by a web-based interface, and all information is stored in databases so that the Department of Health and health centers can share and integrate information more efficiently.

2.2.2 Development of health information system

(1) Information system development

Office digitization facilitates the promotion and execution of related affairs. Therefore, introducing information systems according to the needs of divisions and offices can help simplify operation processes. For example, the Enterprise Information System (EIS) index management system developed this year has facilitated the effective control of the target and budget execution of offices and sections; the completion of the Audit List System has minimized the delay of audits due to document delivery; the completion of the Health Self-Management Web has certified suppliers and citizens to enquire the latest health audit results over the Internet; the com-

pletion of the Food Sanitation Self-Control Online has provided various convenient services for citizens. In addition to developing new systems, the Department has made continual upgrades of existing systems according to actual needs. A new version of the Hospital Medical Staff Support System has been introduced this year to provide better services. Furthermore, the Health Knowledge Base has been implemented to provide transparent information for internal resource and knowledge sharing.

(2) Computerization of document processing

To enhance administration efficiency and to accelerate office automation, the document management system, e-document exchange system, and the new web-based document production system have been completed to reduce the document processing time, to save labor in statistics production, and to achieve the goal of document processing integration by means of document processing computerization. To simplify attendance management, the fingerprint and card attendance management system has been completed to identify employees and produce statistics on their attendance. The email system of

the Department and subordinate agencies has been completed to facilitate the delivery and communication of internal information. The online service system has been introduced to facilitate colleagues to check the status of repair and maintenance of their computer systems. In fact, the Department has been developing more business information systems to provide more convenience services to citizens and to achieve total office automation.

(3) Internet services

An enquiry function has been equipped on the -Department's portal (<http://www.health.gov.tw>) to facilitate citizens to make related enquiries. In addition to passing the AA accessibility certification, the new version introduced this year has provided more lively and user-friendly interfaces to facilitate citizens to find out what they want to know about public health. In addition to the convenient online registration, download forms and various online services, the Healthy Life Logo Certified Health Audit Enquiry System has been completed this year to allow Taipei citizens to enquire results of health audits and health education. To ensure the health of citizens after weight reduction, the Healthy Dietary Culture/Health Food Map system has

been implemented by combining the Department and PDA to allow citizens to check the geographical information of where to eat healthily. Secondly, to enforce the promotion of a full-time care system, the Caregiver Training site has been implemented to enhance the quality of care. We have also added the Simplified Chinese page to our Healthy City Net (<http://www.healthcity.net.tw>) to facilitate people using Simplified Chinese to browse related medical and health care information. Other citizen-oriented mechanisms like Health Activity Calendar, e-Bookshop, Health Club, Online Test, and Poll have been added to facilitate citizens to obtain more information relating to health and medical care. The Medical Waste Online Declaration System, Adult Fitness 1824, Disease Prevention Education Results web-based services have been introduced to support the Taipei City Government's administration policy: more online, less on-road.

2.2.3 Information education and training

To ensure that colleagues can adapt to the information era, a total of 159 hours of training courses have been provided for the staff to improve their

computer skills. These included the Windows 2000 and IE, Outlook 2000, Word 2000 Advanced, Excel 2000 Advanced, PowerPoint 2000, Access 2000, FrontPage 2000, PhotoImpact 7.0, and Visio 2002.

3. Building a Healthy City: Health Promotion and Disease Prevention

3.1 Health promotion

- 3.1.1 Preventive healthcare
- 3.1.2 Disease control for women, adults and the elderly
- 3.1.3 Control of tobacco hazards

3.2 Occupational health and sanitation of business establishments

- 3.2.1 Sanitary management of business establishments
- 3.2.2 Occupational health management

3.3 Food and drug management

- 3.3.1 Food sanitation management
- 3.3.2 Pharmaceutical affairs administration

3.4 Laboratory testing

3.5 Building Taipei a healthy city

3. Building a Healthy City: Health Promotion and Disease Prevention

3.1 Health promotion

3.1.1 Preventive healthcare

(1) Genetic health

- A. Regulations Governing Reduction, Exemption or Subsidies of Fees according to Genetic Health Measures
- B. Items covered in genetic health examination
 - (a) Glucose-6-phosphate dehydrogenase deficiency confirmation and diagnosis
 - (b) Thalassemia examination
 - (c) Chromosome examination in blood
 - (d) Confirmation and diagnosis of still birth tissue
 - (e) Examinations of other genetic disorders approved by the central competent authorities
- C. Subsidies for premarital health examination up to \$1,500/person and for pre-pregnancy health examination at \$1,208/woman and \$918/man.
- D. Subsidies for prenatal genetic health examination at \$2,000/case; \$5,500/low-income family; totaling 4,005 cases in 2004.
- E. Subsidies for the screening of the newborns for congenital metabolic disorders at \$100/case conducted by the National Taiwan University Hospital and the Taipei Institute of Pathology. Of the total of 17,722 cases examined, 244 cases were found positive; 242 cases were followed up and visited, at a rate of 99.2%.
- F. Down Syndrome examination for pregnant women: 238 cases received the examination at the preliminary stage of pregnancy and 1,376 cases in the middle of pregnancy.
- G. Subsidies for induced abortion at

\$3,000/case; five cases were subsidized in 2004.

H. Subsidies for 11 cases of intrauterine device (IUD) insertion and male/female sterilization: \$2,500/man and \$10,000/woman.

(2) Family planning

Special group visits: Special groups are given special attention regarding child bearing. These groups include handicapped persons, underage mothers and new immigrants. Totally 4,564 people were visited.

(3) Maternal and child health

A. Healthcare for new immigrant spouses

- (a) Interviews and management of foreign spouses: Of the total of 1,083 foreign spouses, 808 cases should be filed, and 789 files were completed, at a rate of 97.6%.
- (b) Management of spouses from China: Of the total of 1,258 Chinese spouses, 645 cases should be filed, and 639 files were completed, at a rate of 99%.
- (c) Interviews of children of foreign spouses: Of the total of 477 foreign spouses, 419 cases should be filed, and 411 files were completed, at a

rate of 98%.

- (d) Interviews of children of spouses from China: Of the total of 661 Chinese spouses, 570 cases should be filed, and 564 files were completed, at a rate of 99%.
- (e) Second interview for foreign spouses and their children: Of the 491 cases interviewed, the development delay examination was given to the children of 448 cases.
- (f) Published multilingual Healthcare Handbooks (Chinese-Vietnamese and Chinese-Bahasa Indonesia).
- (g) Recruited 17 foreign volunteer workers to provide interpreting service for new immigrants while they need medical attention, including completing patient basic data and during the consultation.
- (h) Organized ten New Immigrant Adaptation and Mutual Support Camps to attract 362 new immigrants.
- (i) Provided healthcare services to 490 new pregnant immigrants at the New Pregnant Immigrant Healthcare Service Center.
- (j) Subsidized 183 new immigrants taking the Down's Syndrome examinations (early and middle stages), and 79 new immigrants taking the amniocentesis examination.

B. Follow-up management of pregnant women

- (a) Completed the report of a research project commissioned by the Department of Health - Bureau of Health Promotion on pregnant women. Findings indicated that 6.4% of the sample have been exposed to tobacco hazards during pregnancy (either smoking or quitting smoking), and 68% of this group quit smoking at the latter stage of pregnancy. Side effects of smoking during pregnancy include: increase of hospitalization rate of pregnant women; newborns are of low birth weight and required to live in PICU after birth.
- (b) Completed the Taipei Municipal Hospital Periodic Healthcare Status Report analyzing data of 10,665 pregnant women during 2002-2003.
- (c) Engaged in the birth report and follow-up, management and investigation of newborn genetic disorders in coordinating with the Department of Health -Bureau of Health Promotion and gave appropriate guidance for late reports.
- (d) Engaged in the primary perinatal emergency referral, including high-risk pregnant women and newborn

nursing training, holding committee meeting on an irregular basis, and engaging in the Primary Perinatal Emergency Referral in coordination with the Department of Health - Bureau of Health Promotion.

(4) Healthcare services for children

A. Child development examination and reporting

- (a) To detect children with retarded development as early as possible, hospitals and clinics offering pediatrics and family medicine services are combined to give children child development examination when they are seeking medical attention. To enhance the screening rate of children under 6, the examination was given to children at nurseries or kindergartens by health centers, hospitals and clinics in order to make early referral of children with retarded development through early detection. This year, a total of 109,362 children were examined and 1,249 suspected cases were discovered and referred to the Taipei Early Treatment General Service Center for further assessment, and 48 cases were confirmed.

- (b) Two training sessions were held in 2004 on child development examination and reporting, and 346 health center colleagues, household interviewers, institutions engaging in the early intervention of children with development delay in individual districts, and personnel of other hospitals and clinics participated in the seminars.
- (c) A set of standard operational procedures and the Taipei City Preschool Children's Development Checklist have been developed to enforce child development examination for infants (aged 0-3) when they went to hospitals, clinics or health centers for immunization or health examination.
- (d) Door-to-door child development examination services were delivered to 17,680 children of 270 kindergartens and nurseries in Taipei City by staff from hospitals and clinics.
- (e) Physicians giving the preliminary examination of children were asked to help parents of suspected cases to receive a secondary examination and to indicate warning signs and details of the institutions and resources for early intervention of children with development delay in

the examination report to reinforce the follow-up and reporting of suspected cases.

B. Oral examination for preschool children at kindergartens and nurseries in Taipei City

To investigate the oral health of preschool children at registered private and public kindergartens and nurseries in Taipei City, an oral examination program was launched in 1993 hoping to collect basic data on oral health and dental caries epidemiology. Results of examinations conducted in 2004 indicated, the dental caries rate of milk teeth was 65.1%, a fall of 4.1% from 69.2% of 2003. A total of 48,334 preschool children in all 991 registered private and public kindergartens and nurseries in Taipei City were examined, with a 100% accomplishment rate in 2004.

C. Fluoridated Oral Rinse Demonstration Program

Though the national income of Taiwan has ranked it amongst the developed countries, the dental caries rate of 53.82% (2003) of the future masters of the country, first graders of Taipei City, also ranks at the top of the world. Therefore, how to effectively prevent dental caries and to enhance the treatment rate of dental caries has become

the prime target of oral healthcare for children. Fluorides are, so far, the most effective tool for preventing dental caries. According to experts, fluorides can help to reduce the dental caries of milk teeth by about 40-50% and permanent teeth by 50-60%. Therefore, the Ministry of Education (MOE) has enforced the Fluoridated Oral Rinse Demonstration Program in all elementary schools. The Fluoridated Oral Rinse Demonstration Program has been proven to be a safe and effective approach for preventing dental caries, and weekly use of fluorinated oral rinse for preventing dental caries has been applied in Europe and the USA for over 20 years. According to the Fluoridated Oral Rinse Promotion and Dental Caries Prevention Effect Evaluation for Elementary Schools by Taiwan Academy of Pediatric Dentistry, fluoridated oral rinse can reduce dental caries by 27-36%, and millions of elementary school children have participated in similar programs across the globe. In 2004, a total of 29,456 5-year-old children from 1,372 classes selected from 805 kindergartens and nurseries participated in the program, and the reactions of both teachers and parents were satisfactory.

D. Education of cleaning teeth after meals and Baby Bottle Tooth Decay (BBTD) prevention for children

Dental caries are serious in preschool children aged between 5 and 6 in Taiwan. The 5-year survey (2001) of the Department of Health, the Executive Yuan, indicated, the dental caries rate of 6-year-old school children in Taiwan is 88.43%, and the DEFT index is 5.88. According to the Taipei City Preschool Children Dental Caries Survey 2003, though the dental caries rate of 69.2% of 6-year-old is the lowest in Taiwan and the DEFT index at 3.57 is still lower than the country's average, it is still far beyond the projected rate of the World Health Organization. Therefore, we organized a series of education activities for promoting oral health in 2004, including 20 on Baby Bottle Tooth Decay prevention and 17 on promoting child-and-parent tooth cleaning. The after-meal tooth brushing rate of nurseries and kindergartens is 100%.

E. Fluoride Varnish Demonstration Program for Children with Disabilities

According to the World Health Organization oral health index, 50% of 5 and 6-year-olds should have "zero

decayed teeth" by 2000 and 90% of 5-year-olds should have "zero decayed teeth" by 2010. However, it needs education for children to understand how to use oral rinse. Therefore, children with disabilities are not covered in the Fluoridated Oral Rinse Demonstration Program because they may not be able to use oral rinse. In consideration of equal rights and benefits for all, the Fluoride Varnish Demonstration Plan for Children with Disabilities was proposed.

The project was piloted in 2004 on 50 children with disabilities selected from nurseries and special schools in Wenshan District through cooperation with the Association of Family Dentistry of the ROC.

F. Preschool Children Hearing Examination Program

According to psycholinguists, hearing plays an important role in the linguistic development of children. Hearing impairment not only affects the language acquisition of children but also prevents them from communicating with others. Even worse, it will be the underlying cause of human cognitive, socialization and emotional coordination. Therefore, early discovery of child hearing impairment and proper therapies, rehabilitation and transition can help to reduce the

side effects of hearing impairment on child development.

It is estimated that about 20% of the newborns are hearing impaired (both ears), and about 2% of preschool children suffer medium or low level of hearing impairment (single or both ears). Otitis media is a common complication of child flu (nearly 70-90% of school children have suffered otitis media) and will cause fluctuating low-level hearing impairment. A total of 11,887 3-year-olds in Taipei city were examined under the program in 2004; 633 failed in the examination; and 572 were referred to a second examination at hospitals. The referral rate of examination anomalies was 90.4%. Also, four training courses on the preschool children hearing examination standard operational procedures were organized and two seminars with parents of hearing impaired children and kindergartens having such students were held.

G. School health accreditation

The physical, mental and social development of preschool children is the crux of the learning and mental health of children. To maintain a balanced development of preschool children, the learning and care at kindergarten and nursery is the most important next to the family.

Therefore, to encourage kindergartens and nurseries in Taipei City to create an environment for the healthy learning of preschool children and to show their concern for the health of children, and to express our gratitude for their efforts and endeavors in promoting public health, the School Health Accreditation Program has been established to promote the preventive healthcare for preschool children by honoring outstanding kindergartens and nurseries with the Exemplary School Health Award and Golden Exemplary School Health Award.

In the accreditation conducted in 2004 in terms of (1) vision health, (2) oral health, (3) student health data management, (4) kitchen sanitation, (5) environment sanitation facilities, (6) food preservation and sanitation, (7) food nutrition and education, (8) health education, (9) accidents and injuries prevention, and (10) communicable disease control, 222 kindergartens and nurseries were selected as outstanding schools for the 2004 healthy school excellent performance citation, 21 were awarded the Golden Exemplary School Health Award, and 201 were awarded the Exemplary School Health Award after the preliminary and secondary accreditations. At the award presentation ceremony held on 19 December 2004, all 51 award-win-

ners were invited to display their achievements in vision health, oral health, environment sanitation facilities, accident prevention and communicable disease control.

H. Preschool Children Eyesight, Strabismus and Amblyopia Examination Program

The golden time for curing strabismus and amblyopia is before 6 years old. It is also the last chance for examining preschool children suffering from strabismus, amblyopia and shortsightedness and for proper therapies. In doing so, we can eliminate the worsening of shortsightedness and prevent various complications and degenerative disorders relating to eyes as early as possible.

Of the total of 44,879 children aged 4-6 examined in 2004 under the Preschool Children Eyesight, Strabismus and Amblyopia Examination Program, 9,002 were found abnormal, and 8,721 were referred to second examinations at hospitals, the positive case follow-up rate was 96.88%. Secondly, 13 training courses for strabismus and amblyopia examiners were organized in 12 districts to ensure that all strabismus and amblyopia examinations were carried out with 1,033 kindergarten and nurseries per-

sonnel participated, after the training, the strabismus and amblyopia examinations for preschool children were carried out by kindergarten and nurseries personnel completing the training. 16 promotional dramas on healthcare for eyes were performed at kindergartens and nurseries in Taipei City by professional children's theatres selected in 2004.

(5) Healthcare for adolescents

Adolescence is the transitional period from children into adults. In addition to the dramatic physiological changes, adolescents will face considerable psychological changes, and the mental health of this period often influences one's adulthood and even his/her whole life. Therefore, more care and concern for the health of adolescents is needed. It is thus the government's duty to take care of the mental and physical health of adolescents in order to help parents and adolescents understand the physiologi-

cal and psychological changes of adolescence and ensure the healthy and happy growth of adolescents.

Therefore, healthcare for adolescents has been made one of the major administration policies of the Department. To promote mental care for adolescents and to construct correct sexual concepts, the adolescent outpatients department was established to provide medical and counseling services regarding the physical and mental health of adolescents; in 2004, 4,525 adolescents were serviced. Also in 2004, through the talks participated by experts and scholars, 14 projects were actively drafted and combined into the Taipei City Government Adolescent Health White Book, in order to improve the healthcare skills of adolescents, to possess healthy body and soul, hoping that adolescents can become the pillars of the country in the future. 2004 service achievements are as the attachment.

Attachment Summary of Taipei City Government Adolescent Health White Book 2004

Indicative Programs	Execution Items	Achievements
1. Health-threatening behavior and factors survey	Expert panel seminars	2 seminars
2. Sex education and sexual health	Sex education for adolescents	582 events

Indicative Programs	Execution Items	Achievements
3. Acne prevention	On-campus talks	2 talks
	Website	1 website
4. Health and physical strength promotion	Printing BMI body weight control publicity materials	180,000 copies
	Consultation service of weight control for adolescents	12 centers
5. Venereal Disease (VD) prevention	Training for teachers involved in acquired immunodeficiency syndrome (AIDS) and VD prevention education	30 teachers
	Training for students involving in on-campus AIDS and VD prevention education	190 students
	Design and production of VD prevention teaching materials	3 sets
	Training for teachers involving in AIDS and VD prevention for adolescents deprived of education	309 teachers
	Talks or education relating to campus sex safety	87 events
	Education on AIDS and VD prevention for communities	7 events
6. Mental health	Promotion of evaluation media of mental health	2 events
	Adolescent Mental Health Promotion Talks	66 events
	Coordination, referral and communication meetings on junior/senior high school mental health problems	3 meetings
	Discussions on mental health cases in junior/senior high schools	23 discussions
	Expert meetings on the development and establishment of teaching materials for psychological stress evaluation	5 meetings
	Training for on-campus mental health seed trainers	6 sessions
	Promotion of teaching materials for psychological stress evaluation	67 events
	Campus Mental Health Passport	96,769 copies
7. Internet Addiction Disorder (IAD) prevention	Expert meetings on IAD prevention	3 meetings
	IAD questionnaire	1 set
	Publicity materials for IAD prevention	2 versions
	IAD questionnaire (experimental survey)	1,600 respondents

Indicative Programs	Execution Items	Achievements
8. Accident injury control	Training and presentations for related personnel (including education, legal, engineering and transportation)	1 presentation
	Education events of accident injury control for kindergartens, campus, communities and workplaces	1,252 events/ 113,251 participants
9. Sports injury control	Training and presentations for related personnel (including experts and representatives from civilian groups, Department of Education, hospitals and clinics)	1 event
10. Betel-nut hazards control	Printing No Betel-nut posters for betel-nut-free areas	1 version
	Promotion of betelnut control outpatients department for adolescents	1 clinic
	Talks on betelnut control at schools and communities	12 talks
	Guidance for families	15 families
11. Smoking control	Number of non-smoking campuses: Based on 4 major evaluation indicators - planning, audit, education/promotion, and guidance for quitting smoking, Non-smoking Campus Demo School Guidance Program was promoted to enforce non-smoking campus.	24 schools
	Checking out the number of cigarette vendors around the non-smoking campuses under guidance	1,000 vendors
	Seizure of underage smokers	600 cases
	Seizure of selling tobacco to underage adolescents	62 cases
12. Drug abuse control	Drug safety consultation centers	331 centers
	Number of people seeking services from drug safety consultation centers	16,163 people
	Number of professional volunteer workers recruited	614 people
	Duration of drug safety consultation service delivered professional volunteer workers	93,780 hours
	Seed instructors for drug safety education	180 people
	Training on drug safety	261 events

Indicative Programs	Execution Items	Achievements
13. School health promotion	Based on 4 major evaluation indicators - planning, audit, education/promotion, and guidance for quitting smoking, Non-smoking Campus Demo School Guidance Program was promoted to enforce non-smoking campus.	24 schools
	Checking out the number of cigarette vendors around the non-smoking campuses under guidance	1,000 vendors
	Seizure of underage smokers	600 cases
	Seizure of selling tobacco to underage adolescents	62 cases
14. Healthcare	Meetings on the contents of the child healthcare passport	1 meeting
	Editing, printing and delivery progress of the child healthcare passport	30,000 copies

The Department of Health was awarded a distinction, including a medal, in Group 1 (provincial cities and municipalities) of the Basic Healthcare and Tobacco Hazards Control Evaluation in the Healthcare Performance Evaluation of Local Health Organizations 2004.

(6) Cancer prevention and control

To help citizens understand and practice the principles of the prevention and control of cancer, including the importance of early detection and treatment, Pap-Smear examination for cervical cancer, mammography for breast cancer, screening of high-risk groups for liver cancer, colorectal cancer and oral cavity cancer prevention and control programs have been implemented.

A. Cervical and breast cancer prevention and control

- (a) Health centers work in collaboration with civilian groups to focus on women who have not been exam-

ined for the last 3 years. The National Health Insurance -contracted public and private hospitals and clinics are encouraged to offer the Pap-Smear test by contract and set up stations in communities to enhance the screening rate. During 2002-2004, a total of 464,699 female (99,102 in 2004) took the Pap-Smear test. The Department also launched the Taipei City hospitals and clinics Pap-Smear Test Reward Program to encourage hospitals and clinics to propagate and take actions to promote the services and to set up speedy specimen collection clinics to provide

free registration and on-the-go specimen collection service in order to attract more women to take the test. So far, 20 district and above hospitals have participated in the project and eight district and above hospitals have introduced the active prompting system. In 2004, a cumulative total of 183,486 female were tested.

- (b) As for breast cancer, the X-ray examination for breast cancer has been covered in the National Health Insurance since July 2004. All district health centers continue to promote the community breast cancer screening program. During January to June of 2004, the stage 2 breast screening survey by the Bureau of Health Promotion has surveyed 6,677 female. During July to December, 2,273 female taking the X-ray examination for breast cancer were covered by the National Health Insurance, and 15 cases were confirmed.
- (c) Breast cancer prevention activity: the 2004 Care for Your Breasts breast cancer prevention train - to spread love breast cancer screening activity was held at 13:30, Saturday, May 1, 2004 in the pedestrian area outside Xinyi Branch, Shin Kong Mitsukoshi Department Store.
- (d) In response to the World Breast Cancer Prevention Month in October, the Estee Lauder Group of USA on October 6, 2004 held a press conference at Room A9, 8/F, Shin Kong Mitsukoshi Department Store, in the name of Breast Cancer Prevention Month-Tie The Pink Ribbon for Her and invited the - Department as the direction unit. Besides the press conference on October 6, the organizer invited the public to support the event by real action during October 6-13 by tying a pink ribbon on the huge pink ribbon signboard located at the Shiangti Avenue between Rooms A9 and A11 of the Shin Kong Mitsukoshi Department Store to express their concern for their girl friends and for the propagation of breast cancer prevention. The achievement of the pink ribbon event was announced in the afternoon on October 13.
- (e) Lucky draw for women taking the Pap-smear test: To encourage women to take the Pap-smear test regularly, the Department together with the Taipei Branch of the Bureau of National Health

Insurance provided a lucky draw for women taking the Pap-smear test.

- (f) 2004 Women Pap-Smear and Breast Cancer Prevention Outstanding Hospitals and Clinics Prize Presentation and Demonstration Meeting: The Department in the afternoon of December 17, 2004 at the Mackay Memorial Hospital organized the 2004 Women Pap-Smear and Breast Cancer Prevention Outstanding Hospitals and Clinics Prize Presentation and Demonstration Meeting.

B. Oral cavity cancer prevention and examination

- (a) On December 3, 2004, the No Betel-nut Day, the Department launched the "1.2.3 Let's Say No to Betel-nut campaign" at the Parent-and-Child Theatre on 2/F of Taipei City Hall to propagate the importance of oral cavity cancer prevention. Professor Ying-hsiung Guo of the National Taiwan University Hospital and Professor Ling-ling Yang of the Taipei Medical University were invited to deliver key-note speeches on oral cavity cancer and herb supplements in Chinese medicine through sharing

with patients suffering oral cavity cancer. Free oral cavity cancer examinations, bone density tests, health consultation and Chinese medicine consultation were provided. About 350 citizens participated in the event.

- (b) Oral cavity examination and prevention in 2004: A total of 40,491 citizens of the high-risk group were examined. Of the 419 suspected cases, 128 were confirmed.

C. Liver cancer prevention and control

- (a) The Department and the Liver Disease Prevention and Treatment Research Foundation organized free examinations of hepatitis and liver cancer on October 14, 2004 under the Hua Tsui Bridge (next to Block D, Huan Nan Market). Citizens taking the examinations included 379 for oral cavity cancer and hepatitis examinations and 862 for liver cancer. Of the total of 862 citizens taking the hepatitis and liver cancer examinations, 175 were confirmed hepatitis B virus (HBV) carriers, 20 were hepatitis C virus (HCV) positive, and 4 were HBV carriers and HCV positive at the same time.

- (b) During June 1 to December 5, a total of 5,049 citizens took the liver cancer examinations, including 576 HBV carriers, 92 HCV-positive clients, and 15 persons were HBV carriers and HCV-positive at the same time. Of the 571 citizens taking a second examination, one was confirmed cirrhosis, one liver cancer, and 11 hemangioma.

D. Colorectal cancer prevention and control

During June 1 to December 5, 2004, the Department applied the EIA to Fecal Occult Blood Testing (FOBT) for colorectal cancer screening for 25,272 citizens. Of the total citizens examined, 772 were positive, or 3.1%; six were confirmed colon cancer; and 101 suffered adenomatous polyps.

E. Cancer Medical Care Network

- (a) On June 12, 2004, the Department and the Cathay General Hospital organized the Cancer Prevention Education and Training Seminar 2004 at the auditorium of the Cathay Life Insurance Building. The seminar covering topics on the treatment and hazardous factor analysis of colorectal, liver and cervical cancers, new trends in the surgical treatment of oral cavity and

breast cancers, common dietary problems of cancer patients, and hospital and home care for cancer patients attracted 170 participants.

- (b) On June 21 the Taipei Municipal Renai Hospital on 6/F of the branch's laboratory building the accomplishment presentation on the Cancer Medical Care Quality Evaluation Model and Efficiency Analysis commissioned by the Department.
- (c) During the 30-31 of August 2004, the Taipei City Cancer Prevention Personnel Training Course and the cancer prevention policy presentation were held at the Taipei City Civil Servant Training Center. Forty-two medical personnel from the Department, health centers and municipal hospitals participated in the event.
- (d) The first committee meeting of the Taipei City Cancer Medical Network Advisory Committee 2004 was held on September 14, 2004. The Municipal Renai Hospital completed the Cancer Prevention and Medical Care Need Analysis and Evaluation on December 27, 2004. The Municipal Zhongxing Hospital completed the production of 2,000 copies of cancer medical resources

pamphlets on December 15, 2004.

- (e) To enhance the efficiency of oral cavity cancer and women's cancer screening and to optimize the screening results for reducing the patient rejection rate and so to promote effective communication and encourage morale, the Cancer Prevention Benchmark Learning 2004 and the Health Center Healthcare Performance Evaluation prize presentation was held on December 30, 2004. In addition to expert speeches, discussions and experience sharing were applied to the training course focusing on how to enhance screening efficiency and to reduce patient rejection rate for promoting effective communication.

F. Integrated preventive healthcare services

Compound adult medical examinations and cancer screening were offered by hospitals, clinics and health centers in difficult communities to enhance service quality and efficiency. In 2004, 51 duties were carried out for 6,056 citizens in 12 administration districts within Taipei City (40 in Beitou District and one in each of other districts).

G. Taipei City Government Employee Health Promotion Plan

During August 19 to December 6, 16 Taipei City Government Health Days were held once a week to teach employees one exercise per each session of one hour. Directors from different departments and bureaus were invited to lead 1,190 employees in exercise. An accomplishment presentation was held on December 22 at Conference Room 406 in the southeast section of Taipei City Hall. Deputy Director Su-wen Deng was invited to deliver the opening speech and present prizes (physical strength awards for directors and deputy directors, attendance of fitness and stress relief classes, sport involvement awards) to departments and bureaus with the highest attendance. Instructors Yuan-yuan Zhang and Yeu-ying Zhang of the Meimen School led colleagues to present the accomplishments of the fitness and stress relief classes. The presentation has successfully promoted the exercise atmosphere during the event and encouraged colleague involvement and norms of exercise.

3.1.2 Disease control for women, adults and the elderly

(1) Disease control for women Women's health care service

A. To hold Women's Health

Counseling Committee meetings on a regular basis.

B. Promotion of breast-feeding

- (a) A total of 19 hospitals and clinics passed the mother/infant-friendly certification, and a total of 19 hospitals and clinics won the Mother/Infant-Affinity Awards, sharing 28.57% of the country (totally 77 hospitals and clinics).
- (b) Promotion of breast-feeding volunteers ("wet nurses"): A total of 186 volunteers were recruited. Guidance for setting up mother and baby rooms was given to Taipei City Government agencies, private sector and public areas. So far, 111 mother and baby rooms have been set up in Taipei City.
- (c) Forming breast-milk support groups in the east (Songshan Health Center) and south (Taipei Municipal Hospital for Women and Children) - Breast Milk Supply Center.

- (d) A series of events supporting the International Breast-feeding Year were held in 2004, such as the Breast Milk Exhibition Tour and Action Plan for Breast-feeding Career Women. Ten thousand copies of the Breast-feeding in the Workplace Handbook were printed and distributed to career women having breast-feeding needs.
- (e) The first breast milk bank was established in the Taipei Municipal Women and Children Hospital.
- (f) Survey conducted on 26 ObGyn hospitals and clinics in Taipei City indicated, 53.62% of mothers fed their babies breast milk during their hospital stay, and the rate went down to 41.25% one month later and to 28.83% two months later.
- (g) The Pre-natal Healthcare Class for Parents and Expectant Father Maternity Systems were organized and established and included as part of the criteria of hospital accreditation.

(2) Disease prevention for adults and the elderly Health promotion for adults and the elderly

A. Promotion of health and medical care services for senior citizens

aged 65 and older

(a) Outpatients department health examination

Senior citizens aged 65 and older and indigenous people aged 55 whose household address is in Taipei City can have an outpatient department focused health examination and follow-up once a year at the contracted hospitals of this city. In 2004, 42,944 seniors received health examinations at 27 Taipei City Government -contracted hospitals, with an accomplishment rate of 99.87%. Results of the service and health management quality evaluation of Taipei City Government -contracted hospitals indicated, the average score of these 27 contracted hospitals was 84.55, with the highest at 96 and the lowest at 62.68. Results of patient satisfaction survey conducted through telephone interview indicated, the average score of these 27 contracted hospitals was 86.41, with the highest at 92.81 and the lowest at 79.02.

(b) Subsidies for the outpatient department co-payment of senior citizens

Senior citizens aged 65 and older whose household address is in Taipei City can enjoy a subsidy for the co-payment of NT\$50/visit at hospital-affiliated clinics of health centers. In 2004, 33,702 senior citizens were subsidized, and the

accumulative senior citizens subsidized were 45,381.

(c) Oral examinations were given to 58,012 senior citizens aged 65 or older.

(d) Community care and home care

Cases involving cancer, cerebrovascular diseases, heart diseases, diabetes, hypertension, hyperlipidemia, communicable disease, one-hundred-year-old people, persistent vegetative state, senile dementia and other chronic diseases were followed up, including provision of healthcare counseling and referral service. By the end of year, there were 9,039 unclosed cases and 52,775 citizens received the service.

(e) Blood pressure, blood sugar and blood cholesterol screening in communities

The accomplishment rate of blood pressure, blood sugar and blood cholesterol screening in communities by the Department's hospitals and clinics was 22.26%. Besides, follow-up and professional training on abnormal cases was strengthened, and a 99.6% follow-up/trace rate was reached in the three-in-one examinations for citizens above 40.

(f) Promotion of the Cardiovascular Disease Prevention Network and the Diabetes Mutual Care Network

A total of 96 health talks on cardiovascular diseases and diabetes were held in 12 district health centers to let the public show concern for their health and so to reduce the possibility of diseases and complications for enhancing the living quality of patients and their families; and 3,893 citizens participated in the talks.

(g) Construction of the Diabetes Mutual Care Network

A total of four training courses were organized for 2,369 medical personnel to enhance the quality of care of the Taipei City Diabetes Mutual Care Network.

B. Health maintenance of adults and the elderly

(a) The Taipei City Cardiovascular Diseases Prevention Network (a pioneer in Taiwan) and the Taipei City Diabetes Mutual Care Network were established. Experts and scholars were recruited to draw up the education and training programs for medical personnel, care guides, the certification system, and health education policies; and to implement the case management information system and prevention website for cardiovascular diseases to reinforce the prevention and service of cardiovascular diseases and

diabetes. By the end of 2004, 146 institutions and 971 medical personnel passed the certification by the Taipei City Diabetes Mutual Care Network. In the area of cardiovascular diseases, 209 institutions and 1,558 medical personnel passed the certification by the Taipei City Cardiovascular Diseases Prevention Network.

- (b) Activity for World Diabetes Day 2004: The Healthy Diet Cooking Contest was held in the morning of November 6, 2004 by the Taipei Municipal Yangming Hospital at the Chef's Home of Taipei Kai Ping Secondary School to let the public understand more about diabetes and realize the importance of dietary control, to make diabetic patients understand more about the correct diets for diabetes, and to introduce to the public the concept of healthy diet.
- (c) Organized the World Heart Day Middle-Aged and Elderly People Disease Prevention Propagation Activity: At the 228 Memorial Park, the 2004 World Heart Day "Protect Young Heart-Happy Exercise, Escape Obesity, No Smoking" activity was held. In the activity the popular musical group SHE was invited

as the speakers to express concern for adolescent smoking and obesity problems with 100 heart disease organizations in the world together, hoping adolescents to develop correct concepts and value self daily heart care.

C. Care for the senior citizens living alone

The Barthel Index has been used to evaluate the physical functions of cases referred from the Department of Social Welfare. Those who have a score under 90 or suffering from chronic diseases are under management. A total of 2,527 cases were recorded and 9,145 citizens served. The 2-way referral service has been introduced to senior citizens living alone with health needs in cooperation with the Department of Social Affairs. The service covers telephone interviews, onsite visits, meal delivery, feeding, bathing, laundry, housework, shopping accompaniment and psychological support.

3.1.3 Control of tobacco hazards

(1) Performance of tobacco hazards control

In the performance of tobacco hazards control in 2004, we have acted on eight cases involving unlawful advertisements, three cases involving sales of tobacco to buyers of unknown age, 500 cases involving smokers under the age of 18, 12 cases involving smoking in non-smoking areas, 80 cases involving supply of tobacco to juniors, 52 cases involving unclear indication of non-smoking signs, and 21 cases involving failure to establish a smoking area.

(2) On-the-job training for tobacco hazards control and quit-smoking classes

- A. The Taipei Municipal Renai Hospital organized the On-the-job Training for Tobacco Hazards Control from the 13 through 15 of October 2004 and 250 people participated in three sessions of training for the following aims:
 - (a) to cultivate seed instructors of elementary and high schools through a professional and systematic training program to propagate tobacco hazards control, to remind non-smoking adolescents of the importance of self-health-management, and to keep tobacco hazards away from their lives; and

- (b) to provide adolescents with more healthy, non-tobacco hazard spaces, smokers through the quit-smoking clinics and quit-smoking classes learn to respect the rights of non-smokers.
- B. A total of 36 quit-smoking classes were organized in 2004 by 18 hospitals for 825 citizens; and 27% of adult and student smokers were followed up. Of the 750 smokers participated in the quit-smoking class in 2003, the successful rate was 23% when followed up in 2004. Contents of the 12-hour-class included diet and exercise, quit-smoking techniques, smoking and health. Smokers were followed up after the class to encourage them to keep going in order to increase the success rate.
- C. Coordinating with the Bureau of Health Promotion's quit-smoking policy, we have forwarded the letter relating to the propagation of the toll-free quit-smoking hotline 0800-636363 to all Taipei Municipal Hospitals. The hotline was also printed in related publicity materials and citizens were informed whenever they made enquiries.

(3) Tobacco hazards control to women

In 2004 six events on promoting tobacco hazards control to women were organized, including skin examination, quit-smoking enquiries, and free medical counseling provided to over 1,500 citizens by medical personnel.

(4) Tobacco hazards control in communities

Tobacco hazards control programs developed by 12 district health centers according to local needs fell in three categories: community, adolescents and special social groups as described below.

- A. Non-smoking communities: The Nangang District Health Center introduced the tobacco hazards inspection, propagation and volunteer worker recruitment programs. The Xinyi District Health Center introduced the tobacco hazards inspection and propagation programs. The Wanhua District Health Center organized the Wanhua No Smoking Rhyming Couplets Competition and the No Smoking Computer Animation Movie Competition. The Shilin District Health Center introduced the No

Smoking Corridor - No Smoking Environment Development and Promotion Plan. The Neihu District Health Center introduced the tobacco hazards inspection and health training programs.

- B. Tobacco hazards control for adolescents: The Wenshan District Health Center organized the No Smoking Campus Computer Animation and Computer Drawing Competition. The Songshan District Health Center organized the No Smoking Poster Design Competition. The Beitou District Health Center organized the No Smoking Table Tennis Friendship Competition. The Daan District Health Center organized the No Smoking for Adolescents Parade.
- C. Tobacco hazards control for special social groups: The Zhongzheng District Health Center organized the Zhongzheng District Mandarin, Taiwanese and English No Smoking Speech Contest for High School Students. The Datong District Health Center conducted the bus driver smoking behavior survey and promoted the tobacco hazards control. The Zhongshan District Health Center organized the tobacco hazards analysis and discussion

camps.

(5) No smoking campus demonstration program

The no smoking campus demonstration program was launched in 24 elementary and high schools (including five comprehensive high schools) in cooperation with the Department of Education to provide a no smoking learning environment to students and to encourage them to support no smoking, in order to keep tobacco off campus. The four indicative evaluation items of the program were:

- A. Planning: Reasonable and creative planning for no smoking campus shall be made in accordance with the environment of schools and characteristics of students; and a set of self management regulations shall be established.
- B. Audit: An audit organization and relevant regulations shall be established to find out if students smoke or are inclined to smoke.
- C. Education/promotion: Effective promotional measures shall be adopted to blend the concept of no smoking into teaching activities.
- D. Guidance for quitting smoking: Effective guidance shall be provided and actions taken to help per-

sonnel and students cut smoking.

- E. The program was initiated during April to October, and the evaluation was conducted in November. Prizes were presented at the No Smoking Campus Demonstration on November 26 to reward personnel and students of different schools. In addition to dances and dramas relating to no smoking, 24 schools participating in the program demonstrated their achievements and shared their experience in maintaining a no smoking campus. These schools have successfully practiced no smoking in daily life education and created a no smoking campus culture for their own schools by combining the resources of schools, families and communities, and creative strategies and methods.

(6) No smoking restaurants campaign

The no smoking model restaurants campaign was organized as a response to the World No Smoking Day on May 31. Achievements of the campaign were displayed at the Shiangti of the Shin Kong Mitsukoshi Department Store in Xinyi District on May 29. Over the past four years, 1,000 restaurants have become no smoking restaurants. Therefore, the 1,000 No Smoking Model

Restaurants Presentation was organized. Owners participating in the campaign past and present were invited to share their experience in operating a no-smoking restaurant. City Mayor Ma, campaign speakers, honorable guests and 1,000 restaurant owners made a vow at the presentation.

It has been four years now since the No Smoking Model Restaurant certification was launched: 121 restaurants passed the certification in 2001, 254 in 2002, 324 in 2003, and 439 this year. Over the past four years, a total of 1,138 restaurants have passed the certification, exceeding the target of 1000, suggesting that more and more restaurant owners are aware of the importance of no smoking dining and thus support the Taipei City Government's no smoking public area policy in order to provide citizens with a healthy, safe, comfortable and no-smoking dining environment.

(7) No smoking workplace recruitment

The tips for no smoking workplace recruitment activity was organized. Of the 34 works contributed, five works were selected as the excellent works through a preliminary evaluation, Internet poll, and a second evaluation.

(8) No smoking workplace, healthy enterprise campaign

- A. Training courses and demonstrations were organized, and 70 enterprises enrolled in the training courses.
- B. A selection of outstanding enterprises of 50 or more employees in No Smoking Workplace, Healthy Enterprise was organized. Experts and scholars were invited to help conduct the no smoking healthy workplace evaluation. Of the 68 enterprises participating in the evaluation, 47 were awarded the distinction or credit awards, and 13 were confirmed standard no smoking workplaces.

The No Smoking Healthy Workplace campaign and the 2004 International Quitting Smoking Competition was promoted in cooperation with the ROC Air Force General Command for the first time, and 450 military officers participated in the event.

(9) Seed volunteer workers for tobacco hazards control

- A. Medical specialists were invited to write teaching materials for seed volunteer workers for tobacco hazards control, and 48 seed volunteer

workers were recruited from civilian organizations.

- B. After review by the medical specialists, these teaching materials were published and used for training seed volunteer workers. Seed volunteer workers completed the tobacco hazards control self-evaluation sheet after applying for each propagation activity.
- C. Seed volunteer workers enriched the knowledge in tobacco hazards propagation to reduce smoking rate, encourage smokers to cut smoking, to keep citizens away from passive smoking, and to enforce the spirit of Tobacco Hazards Prevention Act. Eight events for tobacco hazards control were organized and four district quit smoking centers were established: the Sanzhangli Community Development Association in Xinyi District, Social Purification Foundation in Datong District, Tsongde Foundation in Shilin District, and The Garden of Hope Foundation in Daan District.
- D. Souvenir medals were presented to seed volunteer workers from civilian groups participating in tobacco hazards control propagation at the No Smoking Corridor Presentation on

October 1.

(10) Escape from nicotine activities

A series of escape from nicotine activities were organized for adolescents to induce their awareness of tobacco hazards and so to make them reject or to quit smoking. We also hoped that the activities could draw the attention of other cities and counties and civilian groups to reconsider the importance of tobacco hazards on adolescents in order to plant roots for tobacco hazards control for adolescents.

- A. A health activity was organized at the Taipei City Adolescent and Youth Recreation Center on August 11 for adolescents and youths in custody, or under protection, or under guidance of the Shilin District Court and Panchiao District Court.
- B. Promotional activities and talks were organized at the Taipei Juvenile Detention House on November 3, 10 and 24.
- C. Promotional activities and talks were organized at the Taoyuan Reform School on November 16 and 30.
- D. Campaign press conference and health activities were organized at the Taipei City Stadium on November 17.

- E. Prize quiz was organized twice in the Apple Daily News on November 9 and 10.
- F. A tobacco hazards control and promotion camp was organized at the Linkou Resort on November 20 and 21 in cooperation with the Yongle Church.
- G. A tobacco hazards control and promotion camp was organized at the Jinshan Youth Activity Center on November 27 and 28 in cooperation with the Shilin District Court and Taiwan After Care Association.

The tobacco hazards control campaigns organized by the Department have won the first prize in the National Tobacco Hazards Control Evaluation 2004 and a Grade A in the Expanded Employment in Public Services Program 2004.

3.2 Occupational Health and Sanitation of Business Establishments

3.2.1 Sanitary management of business establishments

Business establishments requiring sanitary management include hotels, barber shops, beauty salons, recreation centers, bathhouses, swimming pools and movie theaters. Achievements in the sanitary management of these businesses during 2004 for maintaining the health of citizens are as follows:

(1) Sanitary inspections and management of violations

A. Hotels

The focus of inspection covers the toiletries, towels, bed sheets, blankets, closets, lighting and illumination, air quality and vector control in guestrooms; employees' health, health managers, water towers, environmental sanitation, toilet sanitation, and self-control of sanitation. Of the 1,620 hotels inspected in 2004, 58 needed to make improvements and 12 were penalized.

B. Barber shops and beauty salons

The focus of inspection covers the sanitation of containers, towels, aprons; disinfection apparatus, cosmetics, air quality, illumination, vector control, technician and employees' health, health managers, water towers, environmental sanitation, toilet sanitation, and self-control of sanitation. Of the 6,150 barber shops and beauty salons inspected in 2004, 305 needed to make improvements and 141 were penalized.

C. Bathhouses

The focus of inspection covers the sanitation of containers and towels, the washing and cleaning of bath towels, lockers, illumination, air quality, vector control, water quality monitoring, sanitation indications, employees' health, health managers, water towers, toilet sanitation, self-control of sanitation, and environmental sanitation. Of the 975 bathhouses inspected in 2004, 81 needed to make improvements and 30 were penalized.

D. Swimming pools

The focus of inspection covers the sanitary facilities of pool sites, changing and shower rooms, lockers, foot-rinse pools, wading pools, water quality monitoring, sanitation indications, water

changing record, employees' health, health managers, toilet sanitation, environmental sanitation, and self-control of sanitation. During the opening period of swimming pools, sanitation managers are required to measure the pH value and chlorine residue content in water once every 2 hours, to display the results in the Water Sanitation Bulletin, and to maintain the pools sanitation at all times. Of the 682 swimming pools inspected in 2004, 21 needed to make improvements and 18 were penalized.

E. Recreation centers

The focus of inspection covers the air quality, illumination, vector control, employees' health, health managers, self-control of sanitation, and environmental sanitation of music halls, dance halls, karaoke centers, MTVs etc. Of the 391 recreation centers inspected in 2004, 16 needed to make improvements and 16 were penalized.

F. Movie theaters

The focus of inspection covers the air quality, illumination, vector control, employees' health, health managers, self-control of sanitation, and environmental sanitation. Of the 343 recreation centers inspected in 2004, two needed to make improvements and two were penalized.

(2) Test of water quality of business establishments

Sampling test was performed regularly on the water quality of bathhouses (including sauna and hot springs) and swimming pools. Violators were penalized with fines.

A. Bathhouse water quality: Of the 3,020 samples tested, 197 were found to contain more than the regulated amount of E. coli and the unqualified rate was 6.52%.

B. Swimming pool water quality: Of the 1,326 samples tested, 26 were found to contain more than the regulated amount of E. coli, and the unqualified rate was 1.96%.

(3) Improving sanitation knowledge of employees

A. Sanitation classes

During 2004, 23 classes on public health and sanitation were organized for 1,210 employees.

B. Sanitation propagation

Regulations and knowledge relating to public health and sanitation were propagated to employees of 10,167 business establishments during inspections.

C. Training course of health managers

A total of nine training courses were organized for health managers of hotels, barber shops, beauty salons, recreation centers, bathhouses and movie theaters in 2004. Of the total of 604 enrolled to the courses, 489 completed the course and passed evaluation.

(4) Joint inspections

Joint inspections on public safety and environmental sanitation with competent authorities of respective businesses

A. In 2004, a total of 18 licensed hotels and 11 illegal hotels were inspected in collaboration with the Department of Transportation.

B. In 2004, a total of 21 barber shops and beauty salons, 45 Internet cafes, 31 licensed sauna bathhouses, 91 dance halls and discotheques, and 51 karaoke centers and MTVs were inspected in collaboration with the Office of Business Administration.

(5) Promoting self-control of sanitation

A. In 2004, we helped 2,622 business establishments to promote the self-

control of sanitation and established items relating to public health and sanitation maintenance in order to enhance the quality of their services.

B. Certification for self-control of sanitation

The certification for self-control of sanitation for the hospitality industry was launched in 2004 to raise the sanitation standards of hotels in Taipei and to help them provide safe and sanitary services for assuring the health of customers. Of the total of 166 hotels (including 13 hot-spring hotels) applying for the evaluation, 145 (including 11 hot-spring hotels) passed the certification. City Mayor Ma was invited to present the certificate of self-control to these hotels on September 6, 2004.

3.2.2 Occupational health management

To ensure the health of workers in all businesses, we promoted occupational health and occupational disease control with the following efforts in 2004 in accordance with the Labor Safety and Health Act and its code of practice; Labor Health Protection Regulations, and the Labor Health Examination

Institution Management Rules.

- (1) Guidance for maintaining workplace sanitation and improving medical facilities was rendered to 1,929 factories in order to provide a good working environment for workers.
- (2) Records of factory movements are maintained based on the information reported to the Department of Economic Development to enforce occupational health promotion. According to these records, there are 1,305 factories in Taipei City.
- (3) Guidance for taking health examination at contracted medical care institutions was rendered to workers to ensure that workers of high-risk occupations should receive particular examinations. Factories of level-2 and 3 occupations were requested to provide a second examination to workers and records were maintained by the district health centers for follow-up. The Labor Standards Inspection Office of the Department of Labor was also informed to prevent occupational diseases.
- (4) The Municipal Zhongxing Hospital, Municipal Renai Hospital, Municipal

Heping Hospital, Municipal Women and Children Hospital, Municipal Yangming Hospital, Municipal Zhongfxiao Hospital, Municipal Psychiatric Center, and Municipal Chronic Disease Hospital were supervised to establish a special clinic on occupational diseases. A suspected occupational disease notification system was also set up to provide citizens enquiry service on occupational disease control.

- (5) The self-control of sanitation was promoted to foreign workers at the Concern for Foreign Worker Health activity organized in collaboration with the excellent medical teams of Taipei Municipal Women and Children Hospital. The activity focusing on health counseling and concern for all also introduced the exercise for health of working people to promote the idea: exercise keeps one healthy. Secondly, Ms Emma and Eufemia, two foreign volunteer workers of workplace health promotion, shared their experience with others at the activity to encourage more citizens to participate in the volunteer work of workplace health promotion because even foreign workers can do it.

- (6) The Tips for Smoke-free Workplaces creation was organized to ensure the continual promotion of tobacco hazards control and smoke-free workplaces. Of the total workplaces participated in the event, 29 passed the preliminary evaluation and five for the second evaluation. Smoke-free Workplace, Healthy Enterprise training courses, demonstrations and onsite evaluations were also organized. Of the 68 enterprises registered with the event, 47 were selected as the excellent and outstanding smoke-free workplaces and 13 as standard smoke-free workplaces.
- (7) To promote workplace health by integrating the human resources of health units and civilian groups, volunteer workers for workplace health promotion were recruited and related training courses were organized. A total of 143 volunteers completed the workplace volunteer training courses, including 97 from district health centers and 25 medical personnel, and certification of working hours was issued to these volunteer workers.
- (8) To reinforce occupational disease prevention and workplace health promotion, 260 people participated in the Workplace Health Promotion Forum held at the Grand Hotel Taipei on June 24 to develop concrete policies for occupational health promotion in Taipei City through the discussions of experts and scholars in different areas. At the forum, pamphlets relating to carpal tunnel syndrome (CTS) and occupational injury were distributed for free.
- (9) Healthcare management for residents of radiation-contaminated buildings
- A. Since July 14, 1995, based on Article 3 of the Taipei City Radiation Contaminated Buildings Aftermath Management Regulations passed at the first meeting of the 7th Provisional Taipei Council Meeting, competent authorities shall provide free health examinations to residents of radiation-contaminated buildings who have been exposed to radiation at over 1mSv, (0.1 rem) but less than 5mSv (0.5 rem) during any given year; and long-term follow-up shall be given to those suspected of suffering from radioactive

hazards. Examination items shall be determined by relevant competent authorities.

- B. Follow-up examinations were given to 1,695 residents exposed to low doses of radiation, and the examination rate was 85%.
- C. Counseling and referral services were provided by the Medical Enquiry Center for Residents of Radiation-contaminated Buildings in Taipei City (Tel: 2709-3600 ext. 1045) at the Taipei City Hospital Group Renai Branch during 8:00am-5:00pm, Monday to Friday, and 8:00am-12:00pm of alternate Saturday to provide medical, counseling and follow-up services of abnormal cases.
- D. A year-end party was held in collaboration with the Taiwan Lions Club, the Radiation Safety and Protection Association, radiology organizations and experts to promote to the public everyday issues relating to radiation contamination protection through some sort of a health promotion fair (physical fitness test, health promotion, environmental protection booths, etc).

Radiologists were also invited to give onsite response to medical questions relating to radiation contamination. By accompanying victims of different ages to overcome the stress of radiation contamination on different stages of growth (adolescence, marital stage, etc), we hope that the event could help them reduce unnecessary anxieties and plan a healthier and happier future.

- E. Experts and scholars were invited to prepare pamphlets in the name of Medical Care for Exposure to Radioactive Substances, and Health Examinations for Residents of Radiation-contaminated Buildings Q&A distributed to citizens for free to reinforce medical care and services for victims and to provide comprehensive information regarding the healthcare of radiation contamination.

3.3 Food and Drug Management

3.3.1 Food sanitation management

(1) Self-control of sanitation for food manufacturers

- A. In the Annual Sanitation and Nutrition Evaluation for Boxed Meal Suppliers 2004, certificates were awarded to 21 qualified suppliers who were also posted in the Taipei City Government websites as a reference for schools in Taipei City and Taipei County when they need the service and to ensure the sanitation and nutrition of meal box supply in the Taipei area.
- B. The Taipei City Tourism Hotels Food Sanitation Evaluation and Grading Program was launched. Of the total of 58 restaurants from 34 hotels participated, 46 were graded as outstanding (90 or higher scores), and eight were graded as excellent (80-89 scores), two were graded as good (70-79 scores). A certificate was given to each of these qualified restaurants from 31 hotels.
- C. The OK Labeling Certification System was organized for promoting self-con-

trol of sanitation for food manufacturers. Those passing the certification in 2004 included 66 fast-food and sorbet stores, 13 noodle shops, and 19 food stores around Taipei Municipal Heping Hospital.

- D. A workshop on food GMP and focus of onsite inspection and actions for eliminating defects for restaurants and food stores in the food court of the Miramar Entertainment Park was held on 5/F of the park on December 7, 2004. There were 42 store owners participated in the course where the importance and content of self-control of sanitation was restated.
- E. Food Sanitation Management Program for food hawkers and food trucks in the Neihu Technology Park: Sanitation training courses covering the Taipei City Government Catering Service Planning and Gist of Management in 2005 and Introduction to Focus of Catering Service Sanitary Inspection and Food Sanitation were given to a total of 50 food hawkers and food trucks in the Neihu Technology Park on July 21, 2004. Moreover, irregular inspections were conducted every week since August 1, 2004 in collaboration with the Business Administration Office.

- F. Sanitary inspection and guidance for restaurants: Of the 21,866 restaurants inspected during January to December of 2004, 2,233 needed to make improvements, with special emphases on sanitation facilities, employees' health, and other unqualified items. A follow-up guidance and evaluation system was established to ensure the effectiveness and adequacy of inspection.
- G. Inspection and guidance for disposable rattan chopsticks makers: Inspections were conducted on 80 makers according to the information provided by the Department of Health, the Executive Yuan in 2004. Findings indicated that there were only 12 qualified makers operating the business in Taipei City.
- H. Safety workshop for restaurants with children recreation facilities: A workshop for safety managers of restaurants with children recreation facilities were given during September 20-22 in 2004. Of the total of 104 trainees, 103 trainees received the certificate of completion after completing the 20-hour course and passed the evaluation.

(2) Food sanitation inspection

- A. Sampling test of food on the market: Of the 3,655 samples taken for inspection of artificial colors, sodium borates, preservatives, artificial flavors, hydrogen peroxide, aflatoxins, and pesticide residues in 2004, 486 samples were found to violate respective regulations. After investigating the sources of these foods and penalizing suppliers according to related laws and regulations, these products were posted on the Department's website as a reference for the citizens.
- B. Inspection of pesticide residues on vegetables and fruits: Of the 836 samples inspected in 2004, two were found unqualified (0.26%). In addition to seeking resources for further inspections, the sources of these vegetables and fruits were investigated and their suppliers penalized partly to frighten those who have offended against related laws and regulations and partly to coordinate with the agriculture authorities to take actions for optimizing source control and to promote indication of place of origin.
- C. Poultry, meat and marine product management: five out of 290 poultry

and meat samples inspected were found unqualified; and five out of 409 marine products were below the standards. All were penalized according to related laws and regulations.

- D. A taskforce meeting on inspections of pesticide residues on vegetables and fruits and on poultry, meat and marine products was held on August 10, 2004 to discuss the execution accomplishments and future plans with the Department of Health, Council of Agriculture, Fisheries Agency, Council of Agriculture, Taipei City Government -Department of Economic Development, Taipei Agricultural Product Marketing Corporation, Taipei Animal Product Marketing Corporation, and Taipei Fishery Marketing Corporation.
- E. Sampling test of food products for Chinese New Year: Of the 386 samples taken in 2004 from meat products, marine products, rice products, sweets, and dried lily flowers, 90 were found unqualified and suppliers were penalized by law.

(3) Food poisoning prevention and execution of the Food Sanitation Control operation

- A. Workshops for owners and employees of the food processing industry (covering sanitary control and inspection focus for shaved ice chain stores in Taipei City, food poisoning prevention, sashimi sanitation control, food processing factory sanitation control etc. were held to promote food sanitation and food GMP and to help business owners to establish their own sanitation self-control system. Workshops were also organized for Chinese food chef license examination and licensed chefs. A total of 3,692 people participated in 56 workshops held in 2004.
- B. In 2004, there were 34 suspected food poisoning cases reported in Taipei City and 191 citizens suffered from food poisoning. Those found to have broken laws and regulations relating to food sanitation control after investigations were penalized by law and inspections were reinforced.
- C. A workshop on Food Poisoning Prevention for the Catering Industry was held on March 23, 2004 at the grand hall of the Taipei City STD Control Center. At the workshop, recent food poisoning cases were reviewed, the characteristics of common bacteria causing food poisoning

were explained, food poisoning for the catering industry was introduced, and the penalties for food poisoning were presented and described.

- D. To prevent food poisoning, to enforce self-control of sanitation, and to enhance the sanitation standards of the catering industry, in addition to reinforcing sanitary inspection, guidance and education, various sanitation self-control certification systems were introduced (such as the tourism hotel food sanitation evaluation, fast-food and shaved ice restaurant sanitation self-control certification, and the sanitation self-control certification for food processing businesses around the Municipal Heping Hospital). Results of evaluation or certification were announced in the news and the list of business owners were announced on the Department's website as a reference for consumers.
- E. Revision of the Food Poisoning Emergency Reporting, Investigation, Sampling and Laboratory Testing Standard Operational Procedures and SWI.
- F. To prevent food poisoning in schools, district health centers were requested

to conduct inspections on school kitchens (including lunch prepared by schools or purchased from catering service providers) and meal box suppliers. Those found in breach were penalized according to laws and regulations relating to food sanitation control. The Department of Education was also notified to supervise schools in Taipei City to reinforce Section 22.3 of the School Health Act: Sanitation Control Regulations for Staff and Students at School Canteens, Kitchens and Tuck Shops, in order to maintain the health of students and staff.

(4) Ingredient labeling management

- A. Inspection of ingredient labels on food products at convenience stores and hawkers: Of the 97,895 cases inspected in 2004, 801 were found unqualified, penalized by law and requested to recall all products and make improvements.
- B. Inspection of food products claiming to contain calcium: Of the 288 products inspected, 265 were found qualified and 23 unqualified. Suppliers of unqualified products were penalized by law or referred to respective health bureaus for further resolution.

- C. Inspection of food products claiming to contain iron: Of the 126 products inspected, 116 were found qualified and 10 unqualified. Suppliers of unqualified products were penalized by law or referred to respective health bureaus for further resolutions.
- D. Management of nutrition and nutritional fact labels on food products: Sanitation workshops on food oil, ice products, packed bakery products and food cereals were given to food processing businesses. The Food Nutrition Labeling workshop was held on February 25.
- E. To investigate the labeling of Genetically Modified Food Products and non-GM foods on the market in coordination with the Department of Health of the Executive Yuan, including checking if suppliers have valid supporting documents for GM Food Products or non-GM ingredients as indicated in the packaging of their products. Of the 150 samples investigated at 17 stores in May 2004, 5 found containing misleading labeling were referred to respective health bureaus for further resolutions.

(5) Food advertisement management

- A. The On-the-job Training on Illegal Food Advertisement Investigation and Management organized to reinforce the monitoring skills (audio and video) of first-line investigators and volunteer workers was held. The Taipei City Government Department of Information was invited to discuss the management of illegal food advertisements and the media were invited to reinforce education and propagation.
- B. The seizure of illegal food advertisements was reinforced in 2004. Of the 2,502 illegal advertisements seized, advertisers of 609 cases were penalized to eliminate false food advertisements, to protect the benefits and health of consumers, and to reduce consumer disputes.
- C. Five articles regarding the achievements in guidance for drugs, cosmetics and food advertisements were published, including "Taipei City Government -Department of Health guidance for advertisement self-control fruits in eBay and Yahoo!", "Eliminating illegal Internet advertisements: Taipei City Government Department of Health success in guidance for eBay", "Taipei City

Government Department of Health advertisement self-management guidance for ET Mall and eBay to eliminate illegal advertisements", "Smart tips for shopping cosmetics and drugs online", and " Illegal weight loss and breast augmentation food advertisement flooded TV channels!" In addition to developing a correct buying concept among consumers, we hope that the shopping media can maintain a reliable buying environment for consumers.

- D. While the Internet has become the fastest information distribution channel and has given rise to online shopping in the cyber era, reinforced guidance for advertisement self-management was given to leading online shopping sites like eBay and Yahoo! In practice, eBay has removed 3,389 false advertisements from its sites and Yahoo! 7,025 in order to maintain a reliable buying environment for consumers.
- E. Food processing business owners and the press were invited to a symposium on "Zero" Illegal Foods. An Illegal Advertisement Investigation Taskforce was formed to reinforce the investigation and seizure of illegal food products in the media.

- F. To reduce illegal food advertisements on shopping websites, the Food Sanitation Regulations and Cases Presentation was held at the Book Fragrance Garden Restaurant on July 22 in collaboration with Yahoo!, and 30 online shoppers participated in the event.

(6) Consumer protection

- A. Twelve community events were held in the name of Health All Around-Protect our Rights in Food Sanitation to introduce to consumers the correct concepts in food sanitation.
- B. Rewards for food sanitation informants: Rewards for food sanitation informants were introduced to the public at the consumer protection activities held on September 25 (two events), October 2 and October 30 by district health centers. The concept of evidence or specimens was also introduced. The publicity material: Look and Get the Reward: Report all evil foods was distributed to the public.
- C. A consumer service hotline (02)2720-8777 was set up. All reports or petitions were registered, and informants and petitioners were replied after

investigation. Incidents relating to consumer safety and health were published through news reports as a reference for consumers. Of the 421 cases reported by consumers in 2004, rewards of \$43,500 were given to informants of 29 cases.

- D. A video and audio anti-advertisement of consumers was produced and broadcast over all cable channels and radio stations.
- E. Two commercial films: Prevent stress accumulation and Understand food safety: Food Poisoning Prevention were produced in video and audio versions and broadcast on September 13 on the following channels: GTV Channel 27, GTV Channel 28, Hollywood Movie Channel, UFO Radio Network, and Hit FM.
- F. Publicity material Food Sanitation and Safety for Slaughterhouses, Butchers and Poultry and Meat Processing Factories and the sticker This is processed beef, consume only when well-done were printed.

(7) Volunteer workers for food sanitation

- A. In 2004, volunteer workers helped monitor 110 cases involving incom-

plete ingredient labeling, 14 cases involving food with treatment, 13 cases involving expired foods, 599 cases involving illegal food advertisements, and seven cases involving improper use of food additives. They also helped out with 90 food sanitation promotional activities and 41 food sanitation training courses.

- B. Besides organizing the health and food sanitation volunteer workers training courses at the Department, a workshop on food sanitation for volunteer workers was held at the conference room of Xinyi District Health Center on October 22 to let senior volunteer workers share their experience with other volunteer workers who expressed their voices in return.

(8) Nutrition and Healthy Diet Culture promotion

- A. A total of 99 dietician licenses were issued and 111 changed in 2004. Altogether there are 313 practicing licensed dieticians in Taipei City.
- B. Promoting healthy diet culture by combining local characteristics

The 12 district health centers drew up localized and character programs to promote healthy diet culture to workplaces and colleges. During 2004, 314

food suppliers received guidance according to the program schedule and 13 accomplishment presentations were organized.

- a. The accomplishment presentation in the name of Shilin Night Market Environmental Impact Evaluation and Health Promotion was organized on March 5, 2004 at the Temporary Shilin Market (60 Jihe Road, Taipei City) by the Shilin District Health Center in collaboration with dietitians from the Municipal Yangming Hospital, and 26 food suppliers received the guidance.
- b. The accomplishment presentation in the name of Character Diets for China Institute of Technology was organized on May 15, 2004 by the Nangang District Health Center at the Nangang Public Housing Estate, and five food suppliers (including one cafeteria and four hawkers) received the guidance.
- c. The accomplishment presentation in the name of New Healthy Diet Culture-Healthy Set Meals Food Court was organized on May 29, 2004 by the Xinyi

District Health Center and Songshan District Health Center at the pedestrian area next to the TWTC Exhibition Hall 2. Guidance was given to six restaurants and hotels and 37 food suppliers in the food court in Xinyi District; and five restaurants and hotels and 15 food suppliers in the food court in Songshan District.

- d. A healthy diet and consumer protection activity in the name of An Evening with Health and Fit to Shape this Summer: Challenge 1824- Healthy Diets, Exercise, Hygiene and Consumer Protection was organized on June 19, 2004 by the Wenshan District Health Center at the Jing Xing Park, and 26 food suppliers received guidance (including one workplace, five catering service suppliers, and 20 restaurants).
- e. The accomplishment presentation in the name of New Healthy Diet Culture for Zhouzi Street of the Neihu Technology Park was organized on June 21, 2004 by the Neihu District Center in the Neihu Technology Park, and five restaurants received guid-

- ance and displayed healthy set meals and nutritional foods to give technology workers more options to enjoy healthy foods.
- f. The accomplishment presentation in the name of New Healthy Diet Culture for Workplace and Campus: Healthy Diets for the Ministry of Civil Service and the China Institute of Technology was organized on June 26, 2004 by the Wenshan District Health Center at the Jingmei Park.
 - g. The accomplishment presentation in the name of 2004 Health Formula: Healthy Diet, Exercise, Hygiene and Consumer Protection was organized on September 25, 2004 by the Datong District Health Center, and 20 food suppliers (including 14 restaurants, one glutinous rice supplier, and five bakeries) received guidance.
 - h. The accomplishment presentation in the name of Practicing New Healthy Life-Constructing New Food Map for ZhongShan District was organized on September 25, 2004 by the Zhongshan District Health Center at the Shih Chien University, and 86 food suppliers (including five tourism hotels, seven catering service suppliers, 12 restaurants, four canteens, six restaurants completing nutrition labeling, and 52 restaurants completing healthy diet guidance) received guidance.
 - i. The accomplishment presentation in the name of Ancient Congee Sentiment and Modern Health Mood was organized on October 26, 2004 by the Daan District Health Center at the congee and snack street, and 12 food suppliers (including two tourism hotels, one college, and nine restaurants) received guidance.
 - j. The accomplishment presentation in the name of New Healthy Diet Culture for Colleges was organized on October 28, 2004 by the Shilin District Health Center and Beitou District Health Center at the Chinese Culture University, and 40 food suppliers (including eight colleges) received guidance.
 - k. The accomplishment presentation in the name of Character Healthy Diet New Culture Food

Court was organized on October 30, 2004 by the Zhongzheng District Health Center at the Zhongyi Elementary School, and 21 food suppliers received guidance.

- I. The accomplishment presentation in the name of Character Healthy Diet New Culture was organized on November 9, 2004 by the Wanhua District Health Center at the Hotel Riverview, and ten food suppliers (including five canteens, one college, two bakeries and two restaurants) received guidance.
- m. The accomplishment press conference in the name of Hygiene, Safety and Healthy Diets was organized on December 16, 2004 by the Zhongshan District Health Center at the Food Court, B1, Miramar Entertainment Park under the Healthy Diet Program.

C. Continuing, reinforcing, and enforcing campus healthy boxed lunch policy

The ingredient labeling, calories and nutrition of healthy boxed lunch for schools were inspected every semester and results were delivered by the

Department of Education. Inspections on the ingredient labeling and calories of healthy boxed lunch for schools in Taipei City were conducted during February 23 to March 29 and September 30 to October 28 in 2004. Of the 65 schools and 195 boxed lunch inspected, most contained calories between 600 and 700, and the fat in food was controlled under 35%, which was close to the recommended amount.

D. Promoting the Creative Nutrition Propagation

- a. Dieticians from the Taipei Municipal Hospitals were invited to promote healthy diet new culture in the press during festivals and Chinese New Year to remind citizens to practice body calorie environmental protection and to promote the concept of buying according to consumption.
- i. The Municipal Heping Hospital published the article "Yummy Health-Promoting Calcium Dumplings DIY-Low Calorie and High Calcium" on February 2, 2004. The recipe was developed by the hospital's Department of Nutrition. The variety of the health-promoting calcium dumplings included Black Sesame and Chinese

- Yam, Black Sesame and Sweet Potato, and Black Sesame and Meshed Red Bean. Comparing with the black sesame stuffing of traditional dumplings containing 269.6 calories and 48.8 mg of calcium, the black sesame and Chinese yam dumplings containing 142.8 calories and 95.8 mg of calcium, they contain lower calorie by 47% and calcium by 96.3%. These recipes allowed citizens to make dumplings much more easily during the Lantern Festival, promote parent-and-child relationship, and promote health by controlling calories intake.
- ii. The Municipal Chinese Medicine Hospital published the article "Calcium, Fiber and Intelligence from Healthy Vegetable and Fruit Snacks: Best Present on the Children's Day" on March 29, 2004. Dieticians recommended parent participations and recipes for making healthy vegetable and fruit snacks for ensuring the balanced diet of children.
 - iii. The Municipal Zhongxing Hospital published the article "Charming 30s, 40s and 50s: Health Food for All Mothers" on May 3, 2004, recommending special recipes for the Mother's Day cakes with less fat and calories according to the needs of mothers of different age groups.
 - iv. The Municipal Yangming Hospital published the article "Healthy Dumplings for Dragon Boat Festival" on June 14, 2004, introducing the easy recipes for making 3-color crystal dumplings and healthy elephant foot (*Amorphophallus Konjac C.Koch*) dumplings, so that everyone could make healthy dumplings themselves to celebrate the Dragon Boat Festival.
 - v. The Municipal Renai Hospital published the article "Healthy Dinner for Double Seven Day (Chinese Valentine's Day) on August 16, 2004, recommending easy recipes for dinners on the Double Seven Day. The delicate but healthy western food can express affection for lovers with greater concern of health.
 - vi. The Municipal Chronic Disease Hospital published the article "Healthy Mid-Autumn Festival:

- Reunion in the Full Moon Night" on September 20, 2004, introducing tips for having a healthy Mid-Autumn Festival. To help citizens make moon-cakes by themselves, chefs of the branch developed special recipes for citizens, so that citizens could maintain health while celebrating the Mid-Autumn Festival.
- vii. Municipal Psychiatric Center published the article "Calcium-fortified and Fiber-increased Recipes for the Elderly" on October 18, 2004, introducing low-cholesterol, high-calcium, and high-fiber diets for senior citizens to adjust to their physical changes, so that citizens can take care of the elderly more easily.
 - viii. The Municipal Wanfang Hospital published the article "Herbal Fire Pots and Dumplings for Celebrating Winter Solstice" on December 13, 2004. In addition to announcing the results of analyzing most frozen dumplings on the market, dieticians of the branch introduced the recipes for making low-calorie golden dumplings and herbal hot-pots to let citizens enjoy yummy food without sacrificing health in the cold winter.
- b. To encourage dieticians of Taipei City to promote nutrition concepts to the public, the 2nd Creative Diets Promotion for Body Environmental Protection competition-symposium was organized at the International Conference Room, 6/F, the Municipal Wanfang Hospital, on November 27, 2004, in collaboration with the Taipei City Dietician's Association and Municipal Wanfang Hospital.
- E. Developing dietary education materials to let citizens know more about healthy diets**
- The Department of Information broadcast the 30-second CF on healthy boxed meals on 195 movie theatres and the charity channels of 4 TV broadcasting stations.
- F. Guidance for body shaping and beauty salons**
- a. Ten thousand copies of publicity materials were printed for body shaping and beauty salons and consumers in order to create a safe and consumer-satisfactory environment.
 - b. For consumer protection and to

clarify the rights and responsibilities of body shaping and cosmetics industries, the Symposium on Standard Contracts for Body Shaping and Beauty Salons and Consumers was organized on October 21, 2004, and about 90 body shaping, beauty salons and consumers participated in the symposium.

- c. Of the 136 body shaping and beauty salons inspected in 2004, all were found qualified, and 13 educational activities on consumer protection for body shaping and beauty salons were organized.

(9) Enhancing the quality of inspections

- A. The Food Sampling Standard Operation Handbook 2004 was printed as a reference for taking samples for inspection in order to let inspectors execute food sanitation inspections more efficiently.
- B. The Illegal Food and Health Food Advertisement Management Procedures and Determination Criteria, the Expired Food and Illegal Food Content Labeling Investigation and Management Procedures and Determination Criteria were established to ensure that inspections were

conducted in a professional and legitimate manner.

- C. The -Department's Determination Criteria for Offenses of the Food Sanitation Control Act and the Food Recall and Improvement Period was established to ensure the effective management of offenses of the Food Sanitation Control Act and the fair treatment of food recall and improvement period for minimizing disputes, for enhancing the efficiency of execution, for ensuring the reliability of government inspections.
- D. On-the-job training courses for food sanitation inspectors of the Department and 12 district health centers were organized in 2 sessions on March 16 and March 17, 2004 to improve the personnel's knowledge in nutrition. The courses covered both understanding of inspection work and drilling exercises.
- E. The Food and Drug Management and Practice Workshop was organized on September 29-30 to enrich the knowledge and skills relating to food sanitation of colleagues without food sanitation background as a response to the establishment of the Food and Drug Division.
- F. The Drug, Cosmetics and Food Sanitation Management and Practice

Workshop was organized on November 26-27, 2004, at the auditorium in Taipei City Hall and the Isabelle Food Corporation to enrich the knowledge and skills relating to drug, cosmetics and food sanitation of colleagues as a response to the establishment of the Food and Drug Division.

- G. The Taipei City Drinking Water Sampling Test and Fast Food and Shaved Ice Stores Sanitation Self-Control Workshop was organized.

3.3.2 Pharmaceutical affairs administration

(1) Drug and cosmetic advertisement purification

Guidance on self-control of advertisements was given to PCHome, eBay, Yahoo!, ET Mall and Matinform Inc etc; and advertisers of exaggerated or untrue advertisements were penalized. Of the allegedly illegal advertisements found in 2004, 302 involved drugs and 958 cosmetics; and the advertisers of 131 involving drugs and 521 cosmetics were penalized. Strict censorship was applied to drug and cosmetic advertisement review. A total 854 drug and 2,281 cos-

metic advertisements were approved in 2004.

(2) Strengthening management of pharmaceutical dealers and pharmacies

A total of 10,739 pharmaceutical dealers, pharmacies and related businesses in the city were inspected in 2004, including 732 pharmacies, 1,884 western medicine dealers (including 522 complying with Section 104 of the Pharmaceutical Affairs Act), 1,090 Chinese medicine dealers (including 825 registered dealers and 103 with personnel possessing traditional medicine knowledge and herb identification ability), 6,976 medical device dealers, 14 Chinese medicine manufacturers, four western medicine manufacturers, 39 medical device manufacturers. A total of 66 illegal pharmaceutical dealers were seized in 2004.

(3) Consumer service for protecting drug safety

- A. To ensure safety of drug use, testing for Chinese medicines adulterated with western medicines began in 2004. Of the 137 samples examined, one was found with excessive heavy metal and three with western medi-

cines. All were penalized by law. No western medicine was found in the remaining 133 samples.

- B. Twenty types of warning labels were introduced in July 2004 and distributed to local clinics and pharmacies in Taipei City, Keelung City, Taipei County and Ilan County to ensure the safety of drug use of citizens.

(4) Workshops for pharmacies

To let pharmacies understand more about related laws and regulations, to improve their self-control ability, to promote their operation concepts, and to enhance the prescription execution power of pharmacists to get ready for the release of chronic disease prescriptions and to enrich their knowledge of new medicines and their treatment effects, promote communication and interactions between pharmacies and health authorities, 16 workshops were organized for Chinese medicine and western medicine pharmaceutical companies, pharmacies and cosmetic suppliers.

(5) Guidance for community pharmacies to promote separation of medical practice and pharmaceutical practice

To provide community healthcare

and multifaceted pharmaceutical care for citizens for enforcing the separation of medical practice and pharmaceutical practice, the community chronic disease continual prescription mixing service was promoted in collaboration with the Taipei City Pharmacists Association since July 1, 2004. The prescription service, drug enquiry, outpatient department referral, health education, reminder call for prescription, and "medicine home delivery" services were introduced since August 1, 2004. By December 21, 40 flagship pharmacies and 153 chronic disease continual prescription mixing community pharmacies had received 25,250 prescriptions released by the Taipei Municipal Hospitals, including 18,561 chronic disease continual prescriptions and 2,078 home deliveries.

(6) Reinforcing propagation of drug use safety and drug abuse prevention

- A. Four workshops on controlled drug management laws and regulations and the anti-drug propagation activity at the Warner Village Cinemas were organized between May and October in 2004; and 107 events on campus drug abuse and anti-drug activities were organized between January and

October in 2004. A total of 9,930 people participated.

- B. Asthma education courses: advanced asthma education courses and asthma training camps were organized between June and October in 2004 to train pharmacists to teach asthma patients how to use metered dose inhaler controller correctly; and 130 trainees obtained the certificate of completion after passing the evaluation.
- C. To promote to citizens and to enrich their knowledge in drug use safety and drug abuse prevention, 261 talks took places in communities and on campuses.

(7) Investigation and seizure of illegal drugs

Close cooperation with the public prosecutors and the police was launched to investigate and seize illegal drugs. News was published at appropriate times to frighten illegal drug sellers. Cooperation with customs and services was also launched to block the source of illegal drugs. Throughout the year, eight cases involving false drugs, nine cases involving narcotics and one case involving illegal medical devices were seized;

and one case involving low-quality drugs was fined.

(8) Reinforcing quality inspection and healthy package and labeling of drugs sold on the market

- A. Content labeling of drugs on the market is inspected monthly. Of the 5,136 samples inspected, 241 were found unqualified.
- B. Sampling test of the quality of drugs on the market was reinforced. Of the 331 samples tested, 18 were found unqualified.
- C. Of the 45 erectile dysfunction treatment products inspected, nine were found containing western medicines.
- D. Of the 26 weight control products inspected, none was found containing western medicines.

(9) Inspection of non-pharmacy places selling drugs

- A. A total of 2,858 non-pharmacy places selling drugs were inspected in 2004 (including 201 convenience stores, 79 temples, 159 stores in traditional markets and night markets, 55 adult supplies shops, 88 department stores and hypermarkets, 14 TV shopping

channels, and 2,262 pharmacies).

- B. The Joint Inspection Program for Betel Nut Stores and Groceries Selling Drugs under Doctor's Order, such as Whisbi, was established. Of the total of 1,084 stores inspected, 28 were found selling drugs requiring doctors' order, such as Whisbi, and were penalized in addition to explaining related rules and regulations to those stores. The stores inspected included 1,015 betel nut stores, 17 supermarkets, 39 groceries (one was found illegal), three stores in the traditional markets, two hypermarkets, and eight hawkers.
- C. A total of 58 adult supplies shops were inspected in collaboration with the Department of Business Administration.

(10) Education/training and propagation activities

- A. Two Seizing Illegal Drug Seminars were organized on May 25 and 26 in 2004 to strengthen the effectiveness of law enforcement. Over 200 inspectors, community seed pharmacists, and detective constables of the Taipei City Criminal Investigation Bureau participated in the seminars.

- B. The one-month Let's Find It Out activity for identifying false medicines was organized through the press on September 14th, 2004 to encourage citizens to report illegal or false drugs.

(11) Controlled drugs management

- A. The flow and status of controlled drugs were traced and audited according to the monthly sales reports submitted by the controlled drugs organizations and manufacturers. A total of 2,383 routine audits and 6,144 entries of controlled drugs were inspected over the phone. A total of NT\$1.53 million was fined from 32 illegal suppliers.
- B. Four workshops on the Controlled Drugs Management Act were organized between May and October in 2004, including one for Shilin, Beitou and Neihu districts on May 18; one for Wanhua, Daan and Zhongzheng districts on September 9; one for Zhongshan, Songshan and Datong districts on September 14; and one for Xinyi, Nangang and Zhongshan districts on September 14.
- C. An anti-drug propagation activity was held at the Warner Village Cinemas on July 25, 2004; 107 activities on

campus drug abuse and anti-drugs were held; and about 9,930 people participated in these activities.

(12) Cosmetics management

- A. Of the 4,935 cosmetic products inspected for content labeling, 693 were found unqualified; of the 131 samples tested for quality, 20 were found unqualified and suppliers of 12 samples were penalized by law.
- B. A joint operation on investigating if Bovine Spongiform Encephalopathy (BSE) has occurred in the country of origin of cosmetics containing placenta extract and collagen was conducted on cosmetic suppliers for 222 times. Fifty-seven suppliers reported the source of 367 products.
- C. During January to December in 2004, guidance for self-control of cosmetics was given to 256 cosmetic suppliers (including 130 cosmetics importers).
- D. Four workshops for cosmetic suppliers were organized (October 1, 14, 15 and 19) to propagate laws and regulations relating to cosmetics and to communicate with suppliers. About 600 suppliers participated in these workshops.

- E. Gandha Puspa Deva products were ordered to be removed from the shelves for untrue labeling on the packaging. After the Department personnel inventoried the stock of Gandha Puspa Deva on December 22, 2004, the supplier/manufacturer was requested to keep the products in custody after signing an affidavit. These products in custody included 22,204 pieces in 27 items. Samples were taken from 18 items for quality inspection, and 36 samples were sent to the Bureau of Food and Drug Analysis for quality inspections, and none was found unqualified.

3.4 Laboratory Testing

(1) Winning the 3rd Taipei City Government Administration Quality Optimization Award for the R&D of the Taiwan's first test reagent in 2004

An easy reagent R&D team was formed and introduced the easy reagent HS-II for food to test sulfur dioxide, hydrogen peroxide and metanil yellow at the press conference held on January

16, 2004. In response to the heated public needs, the team continually developed various HS-II reagents, including HS-II reagents for sulfite, formaldehyde, and for mercury in cosmetics. Five patents have been applied for to the Intellectual Property Office of the Ministry of Economic Affairs. During the threatening of avian flu, the Laboratory continued to introduce the test reagents for sulfur dioxides (bleach) and hydrogen peroxides (germicides) to prevent consumers from buying and consuming unsafe poultry. While formaldehyde is a carcinogen, in response to the formaldehyde-contaminated rainbow bar fish, the easy formaldehyde test reagent was completed quickly for owners of hypermarkets (also supermarkets), fish markets, the Coast Guard Administration (CGA), marine product wholesalers and relevant restaurants and catering service providers to examine their seafood products during sourcing and before use. This has restored the consumer's confidence in food safety and has saved seafood sellers from potential crises. During 2004, about 110,000 test reagents were distributed to citizens.

(2) Innovative services and new concepts: laboratory testing for citizens

To safeguard the health of Taipei citizens, thoughtful, value-added new examination services were introduced to Taipei citizens to promote innovative services and new concepts to the Laboratory. So far, we have expanded our scope of services to all citizens in Taipei City, which is the first attempt in Taiwan. We have also established over 150 new testing techniques, and the scope of testing has expanded from 157 items in 15 categories to 400 items in 33 categories, which is the top of Taiwan in terms of quantity. Our services have been expanded to ordinary citizens having their household registered in Taipei City. In order to protect and to serve the public with the laboratory resources, the scope of services covered testing for food, herbal medicines, whitening cosmetics and sanitation in business places (water quality of hot springs, swimming pools and bathhouses) etc. By the end of June, we conducted a test of the Legionnaire's Disease Bacterium (LDB) in air conditioning and tap water systems to maintain the health and safety of Taipei citizens. In fact, we were the first government to offer such service by utilizing laboratory technology in Taiwan.

(3) Total quality enhancement: the only health unit in Taiwan receiving most Chinese National Laboratory Accreditation (CNLA) certifications

In January 2004, we passed the added item certifications from the CNLA, including two areas, two testing categories and 86 testing items. So far, we are the only health unit in Taiwan receiving most CNLA certifications. We also adopted the total quality enhancement program to keep enhancing the technique and quality of laboratory testing according to the operation philosophy-broaden horizons, new ways of thinking, creation of new values-and the organizational vision of: the leading laboratory in Southeast Asia.

(4) Health and safety for citizens: free testing services for citizens

The safety of everyday herbal medicines, cosmetics and foods has been the very daily concern of Taipei citizens. To protect and to serve the health of citizens, we have expanded our services to fellow citizens. In fact, our efforts and endeavors have been rewarded by social recognition. In 2004, we offered three free testing services to the public on April 19th, August 9th and August

12th for herbal medicine, food and cosmetics from evil suppliers.

(5) Enhanced testing capacity from excellent laboratory team

- A. In 2004, we examined a total of 265,899 specimens, including 95,680 food samples, 8,562 samples taken from business places, 37,114 herbal medicine samples allegedly containing western medicine, and 1,797 pin-worm samples and blood smears for malaria, and accepted 122,746 complaints, reports and applications for testing, to ensure the health and food sanitation of Taipei citizens.
- B. We also participated in 2004 Food Sanitation Testing Techniques Conference and presented two papers and four poster papers presenting and exchanging our achievements in testing techniques.
- C. Throughout 2004, we completed 19 research projects, established quick and reliable testing methods, shortened testing time and enhanced testing quality in order to protect the health of Taipei citizens with respective testing methods and items.
- D. The transfer of 200 testing techniques was completed in 2004 to enhance

the efficiency of testing and to demonstrate the biggest effect of manpower through team learning and continual technical training.

3.5 Building Taipei a Healthy City

(1) Constructing the Taipei City health-promoting behavior database

An investigation on the health-promoting behaviors and health conditions of Taipei citizens with the database developed by the Bureau of Health Promotion in a project, Survey on Health-promoting Knowledge, Attitude and Behaviors of Citizens in Taiwan Area 2002, was conducted in collaboration with the Institute of Health Policy and Management, National Taiwan University, from December 15, 2003 to June 30, 2004, as a reference for enhancing health promotion work in Taipei City.

(2) Sustainable management and promotion of health-building centers

- A. To sustain community health building centers, guidance was given to the existing eight community health building centers. Three other community health promotion projects were selected and submitted to the Department of Health of the Executive Yuan to apply for funds.
- B. Different promotion strategies were developed to guide the Longfu Community Development Association in Zhongzheng District and the Red Cross Taiwan to embark on the health environment and space promotion program, and to establish local healthy life square and recreational space for the elderly.
- C. Twelve sites for facilitating healthy life were established and healthy life promoting programs were developed to encourage citizens to participate in building a healthy community for enforcing healthy life.
- D. Overseeing the plans proposed by the 12 district health centers; recruiting and training volunteer workers; promoting health-promoting activities life healthy diet, regular exercise and keeping fit to promote total healthy community building.

(3) Developing community health-building knowledge

To develop health-building knowledge in communities to meet the needs of community members, two community health-building committee meetings, one community health-building camp, three training sessions for healthy diet and healthy exercise volunteer workers were held. We also participated in ten community health-building training courses organized by the Bureau of Health Promotion.

(4) Guidance for eight community health building centers to develop community features in health-building

- A. The Sunshine Kitchen was established in Neihu District to provide healthy diets for the elderly; and Life Stations were established in the community to train "life cooks" and to promote healthy diets, such as the "health dumplings" and "health iced skin moon-cake".
- B. The Home Sweet Home long-term community care service was introduced to Beitou District according to the idea of five elders and five treasures.

- C. A Single Noble Club was established in Zhongzheng District to provide healthcare services to single senior citizens. The Zhongzheng District Community Mutual Health Support Network was established to display the function of mutual health support and to build a healthy and warm environment for citizens.
- D. A community health newspaper was published in Xinyi District to evaluate community health and to promote health to communities.
- E. Seven specific areas were developed in Shilin District to promote healthy diets and regular exercise and to reinforce the combining of community and school resources.
- F. A community support network was established in Wenshan District by combining community clinics, pharmacies and the Municipal Wanfang Hospital to promote health issues in communities; and health stations were established to provide health-related services to locals in order to put into practice the concept of an ounce of prevention is worth a pound of cure.
- G. The community health assessment was completed in Wanhua District,

the li healthcare station was founded, and the long-term care angel HR bank was established to promote healthy boxed meals and to encourage local restaurants to indicate the calorie contents of their foods.

- H. The healthy new start focusing on the importance of nutrition, exercise, water, sunshine, air and rest was promoted in Songshan District. Self-developed teaching aids were completed, specialty volunteer workers were trained, and short play volunteer teams were formed to promote healthy diets and regular exercise.

The Department also guided the community health-building centers in Songshan, Beitou and Shipai districts to transform into specialty health promotion centers. These centers were selected as the outstanding health promotion units by the Bureau of Health Promotion and were rewarded a prize of NT\$60,000.

(5) Taipei Healthy City Program

- A. The program was officially initiated on September 23, 2004. An interdepartmental promotional taskforce was formed and Deputy Mayor Pu-zong Jin was the convener. Deputy Major Jin held on October 14, 2004 the first preparatory meeting with members of

the taskforce. The following functional units were established under the taskforce according to the resolutions of the meeting: the health team (headed by the Department); the social welfare team (headed by the Department of Social Welfare); the environmental protection team (headed by the Department of Urban Development); the research, development and evaluation team; and the PR team. The preparatory meeting (held once a month and presided over by Deputy Mayor Jin) would take care of interdepartmental coordination; and the taskforce coordination meeting (held once a week and presided over by the Department of Health Commissioner) would discuss the contents and details of project execution and the policy-making model.

- B. The three-day Taipei Healthy City Symposium, including a one-day symposium and a two-day workshop, was held between 20 and 23 of October, 2004 at the Taipei Youth Recreational Center to provide a channel for Taipei City Government colleagues to learn how to promote health in Taipei City, including project planning and concept construction,

and about 100 colleagues participated in the event. Honorable guests were invited to visit the Tri-Service General Hospital, Neihu Community Health-building Center and the Discovery Center of Taipei on October 23rd to let friends worldwide understand more about the achievements of the program.

- C. The Taipei Healthy City Partners Seminar was held at the Municipal Zhongxing Hospital in December 2, 2004. Civilian groups recommended by the Taipei City Government departments for cooperation were invited. Scholars in areas relating to the healthy city delivered speeches and introduced the concepts of a healthy city to these civilian groups. Discussions and exchanges were held between government and non-government departments in order to seek support for healthy city from partners.
- D. The Century Dialogue: Dialogues on Healthy City Competitiveness between Mayor Ma and Dr. Hancock Trevor was organized on December 14, 2004 to arouse the public and press attention to the topic healthy city, to display that both the city competitiveness indicators and the direc-

tion of administration of the Taipei City Government team conform to the global trend of healthy cities, and to spread the international view and Taipei Healthy City vision promoted by the Taipei City Government through in-depth dialogues.

- E. The Taipei Healthy City Workshop 2004 and the Taipei Healthy City International Conference 2004 were held at the Grand Hotel Taipei on December 14 and 16. A report on the progress of the Taipei Healthy City Program was presented by the task-force at the workshop of December 14, and two Australian scholars were invited to comment and give recommendations on our work. Twenty scholars and promoters of healthy cities from Toronto, the USA, Glasgow, Ireland, Seoul, Sai Kung District of Hong Kong, Vietnam, Jakarta, Singapore, Ulan Bator, and Illawarra City of Australia shared and exchanged their experience in promoting healthy cities on December 15-16. Taipei Healthy City pamphlets were distributed at the conference and the workshop, and posters on ten topics of the Taipei Healthy City Program were displayed. Mayor Ma officially announced the Taipei

Healthy City Charter at the conference, and representatives of the Taipei City Government departments, Taipei City Council and civilian groups were invited to attach the Tree of Health (a symbol of Taipei City's vision) to the map of the 12 administrative districts of Taipei City. The ceremony represented the concerted efforts of government and non-government departments to promote the Taipei Healthy City and the Taipei City Government's determination to promote Taipei into a healthy city. A total of 700 people participated in the event.

4. High-Quality Medical Care Services: Early Diagnosis and Timely Treatment

4.1 Disease control

4.1.1 Immunization and eradication of polio, measles, congenital rubella syndrome and neonatal tetanus

4.1.2 Communicable disease control

4.1.3 Prevention and control of SARS

4.2 Management of medical affairs

4.3 Emergency Medical Care

4.4 Mental health management

4.4.1 Mental health management

4.4.2 Community mental health services

4.5 Early intervention of children with development delay

4.5.1 Early intervention of children with development delay overview

4.5.2 Reinforcing early intervention of children with development delay

4.6 Nursing affairs administration

4.7 Taipei City hospital management

4. High-Quality Medical Care Services: Early diagnosis and Timely Treatment

4.1 Disease Control

4.1.1 Immunization and eradication of polio, measles, congenital rubella syndrome and neonatal tetanus

(1) Immunization

Immunization is the most economical and effective measure for communicable disease control. By injecting appropriate vaccines into human bodies, we can produce antibodies of respective diseases inside our bodies and thus protect ourselves from being infected. While immunization blocks communicable diseases effectively, its prevention effect is a pride of public health.

Based on the instruction of the central government, the routine immunization items of Taipei City cover oral

poliovirus vaccine (OPV), diphtheria, pertussis, tetanus mixture vaccine (DPT), Japanese encephalitis vaccine (JE), measles vaccine (MV), hepatitis B, measles, mumps, rubella vaccine (MMR), Bacillus Calmette-Guerin (BCG), and chickenpox. In addition to the Taipei Municipal Hospitals and 12 district health centers, qualified and interested hospitals and clinics were invited to provide immunization service for citizens to ensure convenient and proximate service. As a result, the immunization rate has exceeded 90%.

(2) Immunization against chickenpox

Coordinating with the Center for Disease Control policy to include infants aged 1-2 in the chickenpox immunization program, a total of 19,569 infants were vaccinated in 2004.

(3) Flu immunization for senior citizens

Coordinating with the Center for Disease Control policy of flu immunization for senior citizens since 2001, a total of 165,796 senior citizens were vaccinated in 2004.

(4) Pneumococcal capsular polysaccharide vaccination for senior citizens pilot program

To maintain healthcare services for senior citizens, to reduce the threats of communicable diseases, and to protect the elderly from complications and death because of pneumonia, the Pneumococcal Capsular Polysaccharide Vaccination for Senior Citizens Pilot Program was established in 2004 to provide free vaccination service to 23,500 senior citizens holding severe disease or injury card and living in long-term care institutions since April 11.

(5) Eradication of polio, measles, congenital rubella syndrome and neonatal tetanus

Taiwan declared the eradication of poliomyelitis on October 29, 2000. To prevent wild strain polioviruses from

attacking children in Taiwan, monitoring of polio was reinforced in Taipei City. Also, acute flaccid paralysis was included in the communicable disease reporting system according to the Center for Disease Control code. In 2004, reporting was received from 313 Taipei City Government -contracted hospitals and clinics. Of the seven cases reported during January to December (two have household registration in Taipei City, one in Hsinchu County, and four in Taipei County), none was polio.

4.1.2 Communicable disease control

To expand the scope of control, the Department of Health of the Executive Yuan promulgated and implemented the new Communicable Disease Control Act on January 20, 2004 to include emerging infectious diseases and new infections in the control system, to reinforce communicable disease control in communities and medical care institutions, to add relief and compensation regulations in the law, to define the authorities and responsibilities of the central and local governments, to optimize the command system, and to increase penalties for spreading communicable diseases.

Table 2-2-1 BCG Vaccination for Infants by District, 2004

District	Births	Infants vaccinated	Vaccination Rate (%)	Vaccinated at			
				District Health Center		Hospital	
				Infants vaccinated	Vaccination Rate (%)	Infants vaccinated	Vaccination Rate (%)
Grand Total	23,068	20,965	90.88	888	4.24	20,077	95.76
Songshan	1760	1,633	92.78	58	3.55	1575	96.45
Xinyi	2034	1,754	86.23	84	4.79	1670	95.21
Daan	2357	2,008	85.19	86	4.28	1922	95.72
Zhongshan	1927	1,724	89.47	67	3.89	1657	96.11
Zhongzheng	1260	1,190	94.44	83	6.97	1107	93.03
Datong	1121	1,083	96.61	53	4.89	1030	95.11
Wanhua	1763	1,664	94.38	90	5.41	1574	94.59
Wenshan	2515	2,250	89.46	69	3.07	2181	96.93
Nangang	1167	1,072	91.86	49	4.57	1023	95.43
Neihu	2478	2,210	89.18	98	4.43	2112	95.57
Shilin	2432	2,257	92.80	72	3.19	2185	96.81
Beitou	2254	2,120	94.06	79	3.73	2041	96.27

Note: 1. Births are based on the household statistics by the Bureau of Civil Affairs.
 2. Infant vaccinated count is based on the statistics by health centers, with household registered in Taipei City.

Secondly, communicable diseases, which were distinguished by statutory and notifiable diseases, have been redefined into three categories (40 infectious diseases) by means of reporting time, designated infectious disease and emerging infections disease.

To prevent the outbreak and spread

of communicable disease, the monitoring and reporting of diseases was conducted according to relevant laws and regulations, and the control of communicable diseases was executed by relevant personnel and units of the Taipei City Government. More and new strategies for disease control were acquired from

the attack of Severe Acute Respiratory Syndrome (SARS) in 2003. Therefore, education of hospital infection control and audit was reinforced in 2004 and various mechanisms for preventing the return of SARS were maintained, including the fever screening center, body temperature monitoring, access planning, storage of prevention materials, negative-pressure isolation wards, Emergency Operations Center for epidemics and disasters, advisory committee for infection prevention, mobile infectious diseases control teams etc. Thanks to the positive actions taken, no severe communicable disease broke out in 2004. The prevention and control of major communicable diseases is described below.

(1) Sexually transmitted diseases and AIDS

The Taipei Municipal venereal Disease Control Institute is responsible for the prevention and control of sexually transmitted diseases (STDs). In addition to offering anonymous and quick screening services, the branch provides screening for syphilis and AIDS for prostitutes, clients of prostitutes, homosexuals, STD patients, patients of STD clinics, employees of businesses relating to public health and restaurants, and the

general public. Of the 145,875 citizens examined, 437 were confirmed carriers by Western Blot method. All cases are registered for management and a hotline at 2370-3738 has been set up for public enquiries.

To reinforce health education and publicity, 357 events, including the AIDS patient gatherings and media promotions, were organized for corporations, foreign workers, drug users, sex workers, children and teenagers, students, troubled youths, women, medical personnel, and the general public.

Courses for training retired sex workers into peer educators for AIDS prevention among sex workers to promote AIDS prevention to 2,248 sex workers in Wanhua District were held. Of the 304 sex workers taking the blood test, none was found infected by AIDS.

Moreover, the interdepartmental Taipei City AIDS Prevention Committee was formed in April 2002 to promote AIDS prevention and control, and the AIDS Control Five-Year Plan was drawn up to effectively prevent the spread of AIDS.

(2) Malaria

Taiwan is a malaria-free area. To facilitate citizens who visit malaria-endemic areas for tourism, business or

relative visiting, chloroquine has been supplied at the 12 district health centers since July 1995. In 2004, five imported, positive cases were detected, and no indigenous case was found.

(3) Dengue Fever

A. Status of control

From January 1 to December 31 of 2004, 93 suspected cases were notified (59 cases in Taipei City). Confirmation by the Center for Disease Control indicated, all 11 positive cases were imported cases (including one from each of Thailand and Indonesia, two from each of Burma, the Philippines and Malaysia, and three from Vietnam). Though the number of cases increased when comparing to the same period last year (57 cases, seven in Taipei City), no indigenous case was found in Taipei City.

According to the 2004 routine investigation on the density of Aedes mosquitoes, of the 3,069 lls (neighborhoods) investigated, 148 were found having a density of Aedes mosquitoes at level-2 or higher, sharing 4.8% of the total neighborhoods investigated. The results indicated that there was a slight increase over the same period of last year at 4.2%.

B. Dengue fever prevention strategies

- a. The dengue fever prevention task-force meeting was held on March 22, 2004 to determine the division of labor for dengue fever prevention in 2004.
- b. The Taipei City Government Dengue Fever Control Center meeting was held on May 22, 2004 to initiate the dengue fever prevention and control mechanism in Taipei City.
- c. Reinforcing dengue fever status monitoring
 - i. During February to June in 2004, official documents were sent to local hospitals and the 12 district health centers to provide updates on the dengue fever situation, and the idea of reporting any probable case.
 - ii. The suspected case reporting system for schools and a single contact window were established. Schools were asked to pay close attention to the health conditions of staffs and students. In discovery of dengue fever symptoms, such as fever combined with headache, sore bone, back eye socket ache, skin rash etc, the school should

notify the Department immediately to carry out the prevention work.

- iii. Reinforcing communicable disease reporting by travel agents and tourism hotels: The Department of Transportation has included the dengue fever prevention course in Workshop for Hospitality Workers to ensure the education and propagation of dengue fever prevention and control.

d. Follow-up measures

Whenever a dengue fever case in the city is reported, an investigation on the situation and the density of Aedes mosquitoes in the near neighborhood of the case will be conducted immediately. A clearance will continue by means of disinfection (a total of three times, once every alternative week) within 50 households (or 50m in radius) of the case in collaboration with the Department of Environment Protection.

- e. Reinforcing survey of the density of vector mosquitoes

Investigations of the density of vector mosquito in public areas, such as schools, markets, train stations, MRT stations and parks, were reinforced. In discovering containers containing larvae of vector mosquito, owners of these con-

tainers were requested to make improvements within the particular period of time. If no improvement was made found in the second inspection in the following week, the owner would be penalized a fine of NT\$10,000-150,000.

- f. Workshop for personnel involving in dengue fever prevention

Workshops on communicable diseases prevention and control were organized for control personnel, health education personnel and local representatives.

- g. Reinforcing dengue fever health education and propagation

A wide range of leaflets on dengue fever prevention were printed for propagation. Also, summer camps for elementary students were organized to show them the ecological relationship between dengue fever and Aedes mosquitoes. In addition, the Department of Environmental Protection hung on garbage trucks red banners containing information about dengue fever prevention. Radio programs and slogans on dengue fever prevention were produced in collaboration with the Taipei Health Radio Station. We also visited hospitals, clinics and schools to propagate dengue fever prevention and put up posters throughout the city. Articles relating to dengue fever prevention were published irregularly to provide updated dengue

fever information to the public and remind them to take proper precautions for dengue fever.

(4) Enterovirus

The Department of Health, Department of Social Welfare, and the Department of Education are the authorities of enterovirus prevention and control in Taipei City. In addition to developing a tight campus monitoring network, 19 or more district hospitals in Taipei City report to the Department of suspected emergency cases and hospitalized cases on a weekly basis. After gathering the information, the Department will send the statistics to the Center for Disease Control to monitor the medical consultation and hospitalization condition of suspected cases. In addition, the Taipei City Government Enterovirus Prevention Emergency Operation Team was formed to monitor the situation of infection at ordinary times and to reinforce education and training for teachers and nursing personnel of elementary schools, kindergartens and nurseries at the peak period.

A. Strategies

- a. Enforcing education and propagation: Correct information relating to enterovirus was given to the public,

medical personnel, teachers, child-care givers, and the press through the media by combining government and civilian resources, such as developing good hygiene habits, promoting communities and families to provide proper hand washing environment and facilities, reminding citizens to get medical attention in discovering signs and symptoms of a critical disease, and educating medical personnel how to handle critical disease properly.

- b. Reinforcing case monitoring and justification of infection information: Information relating to enterovirus infection was collected continually from home and abroad to understand the infection situation in order to draw up responsive actions according to the infection patterns of enterovirus at home and abroad.
- c. Establishing an emergency infection response mechanism: In addition to prevention, enterovirus control covers medical, education, media, social and political aspects. Therefore, when there is an alarm in the monitoring system, it takes full cooperation of all government departments to establish a tight and effective prevention network in order to provide appropriate med-

ical, laboratory, and case investigation and consultation services through effective mobilization for reducing or eliminating the infection, minimizing casualties, and reducing panic during the peak period.

- d. Each of the 12 district health centers should organize at least one big event for propagating enterovirus prevention once a year and one seminar relating to enterovirus once a month for teachers, childcare givers, kindergarten students and communities.
- e. On-the-job training should be organized for medical personnel at least once a year.
- f. A seminar should be held at least once a year for experts and representatives from the education and social welfare authorities to discuss the strategies for enterovirus prevention.
- g. Correct knowledge of enterovirus and the correct five hand-washing steps should be propagated to citizens through different media.

B. Disease control and monitoring

- a. The hand washing facilities at elementary schools, kindergartens,

and nurseries in the city were inspected before the enterovirus season began. The qualified rate was 100% on the recheck.

- b. From January 1 to December 31 of 2004, a total of 8,587 suspected emergency cases were reported at 19 or more district hospitals in Taipei City, 650 Taipei citizens were hospitalized, and four suspected severe cases (only one was enterovirus positive) were reported. In 2003, eight cases were reported, and two severe cases were enterovirus positive.
- c. Campus enterovirus reporting: From January 1 to December 31 of 2004, 2,426 suspected cases were reported from schools, and 218 classes were suspended (including 100 classes in nurseries, 104 classes in kindergartens, and 14 classes in elementary schools) according to the Taipei City Education Institutions and Nurseries Class Suspension Standards for Enterovirus Infection. All reported cases were referred to local district health centers for school and home visits in order to show the school and family how to perform disinfection and to teach them knowledge regarding enterovirus prevention

and control.

- d. Herpangina is the common sign and symptom of Coxsackie Viruses A10, A4 and B4 infection. While none of them belong to the EV71 virus, citizens should not panic.

(5) Japanese encephalitis

To prevent Japanese encephalitis infection, four courses of immunization are given to children. The first two vaccines are given when they are 15 months old (once a fortnight). A third vaccine is given in the following year, and the last vaccine is given when they are grade one. The immunization time is between March 1 and May 31 every year. In 2004, the completion rate for the first 2 vaccines (infants born between January 1 and December 31 of 2002) was 91.35%; the third vaccine (children born between January 1 and December 31 of 2001) was 86.16%; and the last vaccine was 96.58%.

(6) Tuberculosis control

The Taipei Municipal Chronic Disease Hospital is responsible for the prevention and control of tuberculosis. Along with the increase in AIDS infections, tuberculosis has regained international attention. Though tuberculosis has been repelled from the ten leading death

causes in Taiwan since 1986 and the mortality rate of tuberculosis patients has been dropping as indicated in the Center for Disease Control Annual Statistics (2.82 persons in 100,000 in Taipei during 2004), there is a re-emerging tendency following the rise of the tourism industry, the opening of visits to China, the increase of foreign workers, the rise of international exchanges, and the augmentation of AIDS patients with tuberculosis complication. Therefore, a macroscopic approach should be adopted for the prevention and control of tuberculosis in order to let tuberculosis patients discover the disease earlier and to give them proper treatment and management for effective control of tuberculosis spread. Major tasks for tuberculosis prevention and control in 2004 are described below.

A. Preventive measures

Free mobile chest X-ray examination was offered to the public. From January to December of 2004, 56,110 citizens took the examination (including community tour examination, corporations and groups and schools). The chest X-ray examination was also given to 3,922 people from high-risk groups (including indigenous people organizations, homes for the elderly, asylums,

prisons and the homeless). Secondly, 974 pupils, 12,672 newborns, and 2,784 infants in Taipei City were given the BCG vaccination.

B. Establishing the chronic disease monitoring system

The Taipei Municipal Chronic Disease Hospital is responsible for the planning, education and execution of the reporting of tuberculosis cases of all public and private hospitals and clinics in Taipei City. During January to December of 2004, 2,264 new tuberculosis cases were registered.

C. Tuberculosis patient management

A total of 1,265 tuberculosis patients are under management.

D. Management of people in contact with tuberculosis patients

The tuberculin skin test was given to people in contact with tuberculosis patients during January to December of 2004.

E. A medical subsidization program for homeless tuberculosis patients was organized and seven homeless tuberculosis patients were funded.

F. Promoting the DOTS program

The DOTS (Directly Observed

Treatment Short-Course), which is superior to the tuberculosis examination programs of other counties and cities, was promoted for both open and non-open tuberculosis patients. From January to December 2003, 2,481 tuberculosis examinations were conducted, and 1,799 patients joined the program.

G. Promoting Taiwan's first district tuberculosis Prevention Medical Care Network

This city divided the tuberculosis Prevention Medical Care Network into the public health team, diagnosis team, and treatment team to conduct vigorous discussions relating to tuberculosis prevention, and to draw up various prevention plans, organize training and education for medical personnel, and supervise and evaluate hospitals and clinics.

H. Academic seminars on thoracic medicine were held once a month.

(7) Hepatitis control

The HBV blood test is given to pregnant women in prenatal care through contracted obstetrics and gynecology hospitals and clinics in the 12 administration districts of Taipei City. Babies born to mothers who are e-antigen positive carriers will be given hepati-

Table 4-1-5 No. of Cases of Notifiable Diseases in Taipei City, 2004

Period: 1 January-31 December 2004 (Week 1 to Week 53, 2004)

Category I		
Disease	Notified	Confirmed
Subtotal	0	0
Cholera	0	0
Plague	0	0
Yellow Fever	0	0
Rabies	0	0
Ebola Hemorrhagic Fever	0	0
Anthrax	0	0
SARS	0	0

Category II		
Disease	Notified	Confirmed
Subtotal	234	112
Typhus Fever	0	0
Diphtheria	0	0
Meningococcal meningitis	2	2
Typhoid	18	7
Paratyphoid	19	5
Poliomyelitis	0	0
Acute Flaccid Paralysis	2	2
Bacillary dysentery	34	22
Amebic dysentery	44	10
Dengue Fever	56	12
Dengue Hemorrhagic Fever / Dengue Shock Syndrome	0	0
Malaria	5	5
Measles	10	
Enterohemorrhagic E. Coli	2	0
Enterovirus complicated severe case	4	1
Hantavirus hemorrhagic fever	0	0
Hantavirus Pulmonary Syndrome	0	0
Acute Viral Hepatitis A	47	46

Category III		
Disease	Notified	Confirmed
Subtotal	5823	3084
Open Pulmonary Tuberculosis	1156	903
Tuberculosis(except open pulmonary tuberculosis)	1050	547
Japanese encephalitis	9	0
Leprosy	11	
Rubella	9	0
Congenital Rubella Syndrome	0	0
Pertussis	39	3
Scarlet fever	2211	30
Tetanus	2	0
Scrub typhus	93	4
Acute Viral Hepatitis B	78	78
Acute Viral Hepatitis C	22	22
Acute Viral Hepatitis D	2	2
Acute Viral Hepatitis E	7	3
Acute Viral Unspecified Hepatitis	6	0
Legionella	175	18
Invasive Hemophilus Influenza Type B	4	1
Syphilis	911	911
Gonorrhea	457	457
Influenza complicated severe case	10	4
Mumps	162	0
Chickenpox	1409	0

Miscellaneous		
Disease	Notified	Confirmed
Subtotal	242	242
*HIV infection	201201	
*AIDS	4141	
Botulism	0	0

Source: Center for Disease Control, Department of Health, Executive Yuan

tis B immunoglobulin (HBIG) within 24 hours from delivery. Thereafter, they will take the routine immunization as specified by the Center for Disease Control.

4.1.3 Prevention and Control of SARS

(1) Status of control

First of all, Taipei City deactivated the SARS control on January 1, 2004 and the alert level went down from B to A. Though new cases were found in 2004, the Department kept tracking on visitors with abnormal health conditions according to the information provided by the Immigration Office, applied medical surveillance on organizations with high population density (e.g. homes for the elderly), and promoted health self-management in order to prevent the recurrence of SARS.

Secondly, the Department of Health of the Executive Yuan also cancelled the health declaration policy of visitors from Beijing and Anhui since May 11 following the SARS condition easing off in China. Yet, visitors are still required to maintain health self-management, and the national SARS alert level is still at level A, and all SARS prevention measures are still in

progress.

(2) Prevention strategies

A. Control strategies

- a. Reinforcing hospital infection control: Hospitals are required to map out an emergency operation plan for fighting SARS, medical personnel protection is reinforced, and experts in hospital infection control are invited to conduct unannounced inspection in hospitals at random.
- b. Designated hospitals for isolation treatment of infectious diseases: District hospitals or hospitals of higher level in Taipei City are designated for isolation treatment of infectious diseases under the Center for Disease Control. Based on the level of alert, hospitals and clinics in Taipei City are required to perform body temperature monitoring and establish a reporting system of respiratory track isolation ward to facilitate SARS control.
- c. Onsite inspections of hospital infection control were conducted by experts, covering isolation ward, screening of cases with fever of unknown origins, and referral access planning. Unqualified hospitals are requested to make improvements and will be followed

- up.
- d. Control measures for communities: Knowledge relating to SARS prevention was propagated in communities continually. A SARS area was set up on the Department's website to provide latest information regarding SARS infection.
 - e. Taking body temperature in public areas: Announcements were made according to the Communicable Disease Control Act; wearing mask and taking body temperature were promoted according to the alert level.
 - f. Reinforcing propagation of SARS prevention and personal healthcare: The SARS Prevention Handbook was distributed to the public to propagate the preventive actions: Call 119 for help if you have a high fever, take body temperature everyday, wear a mask if necessary, wash hands constantly, drink plenty of warm water, open windows, and reduce visits to public areas. SARS prevention publicity materials in four languages, including English, Thai, Bahasa Indonesia, and Vietnamese, were printed for foreign workers. These materials were distributed through foreign worker consultation centers in other cities and counties, St. Christopher Catholic Church, mosques, Holy Family Church, Wellcome Foreign Workers Service Center, Foreign Worker Cultural Center etc.
 - g. The SARS Prevention and Emergency Operation Taskforce was formed to investigate the condition of infection, track on reported cases, management, dispatch of ambulances and transfer of patients, medical supplies, standard operational procedures, and planning of concentrated isolation sites.
 - h. Management of SARS-prevention supplies: The stock and expiration of supplies are under control. These supplies include 150,000 N-95 masks, 64,000 protective gowns, 7,600 isolation gowns, and 2.26 million surgical masks.
 - i. Coordinating with Emergency Operation Center (EOC): The Municipal Zhongxing Hospital collects real-time information for emergency operations.
 - j. A mobile infectious diseases control team was formed to enhance Taipei City's ability in mobilization and infection investigation quality. The team works on shifts around the clock to prepare for the outbreak of SARS.

- k. Participating in city alliance: Allied with Singapore, Macau, Hong Kong, and other cities to recommend responsive actions and to stop SARS from spreading across the globe by capturing real-time information of infection in Asia.
- l. The Municipal Heping Hospital has been assigned as the designated hospital for communicable diseases in the Northern Taiwan Infection Network under the Center for Disease Control to organize professional training on infection control for medical personnel. Medical personnel of other district hospitals or hospital of higher levels will be dispatched to support the branch where necessary.
- m. An advisory committee for infection control was formed by scholars and experts in different areas to provide consultation services to the Department. A regular meeting reviewing issues relating to infection control and recommending related strategies and measures was held bimonthly.
- n. Rewards for agencies and groups in Taipei City displaying outstanding achievements in fighting SARS: Agencies and groups displaying outstanding achievements in fight-

ing SARS included the Taiwan Medical Association, Taiwan Dental Association, Chinese Society of Medical Technologists, the National Union of Nurses' Associations, and the International Research-based Pharmaceutical Manufacturers Association.

4.2 Management of Medical Affairs

(1) Medical care resources

By the end of 2004, there were 43 hospitals (including 38 practicing western medicine and six Chinese medicine) and 2,754 clinics (including 1,199 practicing western medicine and 355 Chinese medicine, and 1,200 dental clinics) in Taipei City, with a total 20,889 beds (including 15,584 general beds, that included 14,379 beds for acute cases, 1,152 for acute psychiatric patients, 369 for general patients, and 384 for chronic psychiatric patients, and 5305 special beds). There were 10,547 practicing physicians (including 7,478 practicing western medicine, 2,385 dentistry, and 684 Chinese medicine). The number of physicians per 10,000 people

was 40.03; the number of general beds for acute cases per 10,000 people was 54.57. These figures indicated that Taipei City has the best medical care resources in Taiwan. According to the Department of Health evaluation, the medical affairs achievements in Taipei City ranked second in Taiwan.

(2) Management of medical offenses

A. The Department investigated vigorously offenses made by medical care institutions and medical personnel to ensure safe and quality medical care services for citizens. Offences found in 2004 included violations of the Medical Practice Act, the Physician's Act and other laws and regulations governing medical personnel (including the Medical Technologist's Act, Physical Therapist's Act, Occupational Therapist's Act). There were 141 offenses found in 2004, and the total amount of fines was NT\$2.612 million.

B. To ensure the medical safety of citizens and to eliminate false and exaggerated advertisements, audits of graphic and electronic advertisements were reinforced according to the Medical Advertisement Purification Program. During the year,

211 cases were penalized and the total amount of fines was NT\$7.146 million.

(3) Elimination of unlicensed practitioners

To ensure medical safety for citizens, unlicensed practitioners are referred to the public prosecution after solid evidence has been found. In addition, the Taipei City Unlicensed Practitioner Investigation Principles was edited to improve the investigation skills of first-line inspectors and to enhance work efficiency. During the year, 129 cases were detected, and 28 were referred to the public prosecutor.

(4) Review of medical affairs

To reinforce the management of medical care institutions in Taipei City, to evenly allocate medical care resources, to improve the quality of medical care services, to protect the benefits of patients, and to promote health to citizens, the -Department's Medical Affairs Review Committee was formed in accordance with Section 99 of the Medical Practice Act to review the application for establishment, fees, medical disputes and professional ethics promotion of medical care institutions. Three commit-

tee meetings were held and 14 cases were reviewed in 2004.

(5) Disciplinary actions for physicians

The Taipei City Government Physician Disciplinary Committee was promoted to a Taipei City Government organization and the principles and process of group review were drawn up after the Taipei City Government Physician Disciplinary Committee Formation Rules were passed in February 2004. The committee was the pioneer in Taiwan. Cases involving disciplinary actions for physicians falling into improper conduct, indiscreet conduct, criminal offence, and violation of medical ethics. Three committee meetings were held and 31 cases were reviewed in 2004.

4.3 Emergency Medical Care

(1) Joint-Rescue System

To enhance the survival rate of cardiac-arrest patients before arriving at the hospital, 13 responsible hospitals (Municipal Zhongxing Hospital, Municipal

Renai Hospital, Municipal Heping Hospital, Municipal Yangming Hospital, Municipal Zhongfxiao Hospital, Municipal Wanfang Hospital, National Taiwan University Hospital, Taipei Veterans General Hospital, Cheng Hsin General Hospital, MacKay Memorial Hospital, Tri-Service General Hospital, Shin Kong Wu Ho-Su Memorial Hospital, and the Armed Forces Songshan Hospital) dispatch paramedics and ambulances to provide on-the-spot emergency care in Fire Department ambulance rescue missions. For the reason of timing, rescue should be given to patients requiring Advanced Life Support (ALS) located within 8 minutes' drive from the responsible hospital. During 2004, 619 missions were completed. From April 1999 to December 2004, 163 patients survived cardiac-arrest before arriving at the hospitals. The survival rate at 8.7% was close to the standard of developed countries.

(2) Online instructions for ambulance aid

To ensure the quality of ambulance aid by giving paramedics appropriate medical instructions, emergency medicine specialists working on shifts round the clock give medical instructions to paramedics via radio communication when patients are on the way to the hos-

pital.

(3) First aid skill training for intermediate paramedics at responsible hospitals

In 2004, 160 intermediate paramedics (40 a season) were chosen in collaboration with the Fire Department to receive training on first aid skills at the National Taiwan University Hospital, Taipei Veterans General Hospital, Shin Kong Wu Ho-Su Memorial Hospital, Taipei Medical University Hospital and Mackay Memorial Hospital.

(4) Establishing the rescue device exchange system

Instead of removing all rescue devices from the patient after arriving at the hospital, paramedics can directly claim related devices from the Emergency Room to prevent secondary injuries of patients. The items and frequency of exchange in 2004 are as follows: five fixators, 61 head and neck fixators, 209 long back planks, and 108 extremity protectors.

(5) Enforcing Trauma Hospital Categorization in Taipei City

A. The categorization of the 16 trauma

hospitals in Taipei City is: National Taiwan University Hospital, Taipei Veterans General Hospital and Tri-Services General Hospital are Level II trauma hospitals; Municipal Heping Hospital, Mackay Memorial Hospital, Taipei Medical University Hospital, and Municipal Zhongfxiao Hospital are Level III trauma hospitals; and Cheng Hsin General Hospitals, Shin Kong Wu Ho-Su Memorial Hospital, Taian Hospital, Municipal Renai Hospital, Armed Forces Songshan Hospital, Municipal Wanfang Hospital, Municipal Zhongxing Hospital, Country Hospital and Pojen General Hospital are general trauma hospitals.

B. In 2004, there were 15,097 trauma patients sent to these 23 emergency responsible hospitals.

(6) Supervision and evaluation of emergency responsibility hospitals

The supervision and evaluation of these 23 emergency responsibility hospitals are conducted during May to June every year by the Emergency Medical Team of the Taipei City Medical Care Network. Recommendations are made as a reference for these hospitals to

make improvements.

(7) Exercises for emergency cases with massive casualties

- A. The Taipei City Joint Districts Flood Control Exercise 2004 was held on May 25-26; and the flood control units of all districts participated in the exercise.
- B. The Taipei Municipal Hospitals Public Safety and Fire Dynamic Demonstration Exercise were held on August 10. The scenario was that a ward of the Municipal Yangming Hospital was on fire, and the emergency self-rescue mechanisms of the hospital's fire system were activated.
- C. The Taipei City Daily Necessities Ration Exercise 2004 was held on August 10. The scenario was that the Mainland Chinese armed forces tried to seize Taiwan. To prevent commodity prices from soaring and citizens from panic buying of goods which would result in social unrest, the ration system was applied. The Municipal Heping Hospital was responsible for the rationing of medical supplies.
- D. The Taipei City Wan An 27th Exercise was held on September 22. The role

of the Department is described below.

- a. Stage 1: Taipei City Government employees were held hostage at the Taipei City Hall (four paramedics and two ambulances were sent from the Municipal Zhongxing Hospital and Country Hospital to join the exercise) and there was a biological and virus infection situation (Municipal Heping Hospital was in charge of the infection control).
 - b. Stage 2: Buildings collapsed after attacks and rescue for people was in need (12 paramedics and four ambulances from the Municipal Renai Hospital, Municipal Zhongfxiao Hospital, Cathay General Hospital and Taipei Medical University Hospital were sent to the rescue), and outgoing bridges were damaged and needed emergency operation (Municipal Yangming Hospital).
- E. The Toxic Chemical Disaster Control and Rescue Exercise 2004 were held on October 21. The scenario was that the master valve of the chlorine container stored in the chlorine warehouse of Zhangxing Purification Plant, Taipei Water Department, was cracked and leaking after it was damaged by the copper conduit in an

earthquake occurring at 10:00 am, October 21, 2004. While employees were injured by the leaking chlorine, the Municipal Renai Hospital responsible for the toxic chemical disaster emergency rescue and other emergency medical service responsibility hospitals in the area immediately initiated an emergency operation to provide emergency rescue on the scene and transport patients to the hospital.

F. The Passenger Coach Accident Rescue Exercise 2004 was held on November 18 to improve the emergency operation and contingency abilities of private passenger transportation companies. The scenario was that a passenger coach went over the double yellow lines after a sudden swerve, braked sharply, and hit another vehicle in front of it. A fire broke out immediately and smoke was everywhere. There were 17 casualties, and the emergency medical service responsibility hospitals in the neighborhood (Municipal Heping Hospital and Shiyuan Hospital) headed to the scene to provide emergency medical service and transport patients to the hospitals.

G. The Joint Exercise in Designated Area of Taipei Main Station and

Underground Street: Toxic Chemical Invasion and Personnel Evacuation 2004 were held on December 21. The medical care team of the Department took charge of setting up a field medical station and field medical care services. Emergency medical service responsibility hospitals in the neighborhood were requested to join the rescue (Municipal Heping Hospital sent a support team during the rehearsal and the exercise).

(8) Education and training for paramedics

A. Emergency medical training for elementary paramedics

35 elementary paramedics, including ambulance drivers and paramedics, participated in the emergency medical training organized during June 7-16 by the Municipal Zhongxing Hospital.

B. Second emergency medical training for elementary paramedics

141 elementary paramedics, including ambulance paramedics, participated in the second emergency medical training organized on June 17-18 by the Municipal Zhongxing Hospital.

C. Emergency Medical Service for Mass Gatherings Seminar

71 people participated in the Emergency Medical Service for Mass Gatherings Seminar held in 3 sessions by the Municipal Zhongxing Hospital on October 1 for enhancing the quality of Emergency Medical Service support for big events from the Taipei Municipal Hospitals.

D. First Responder Training

To compensate the time inadequacy of 119 dispatch and to develop an effective Emergency Medical Service system, the First Responder Training Course was organized at the Shin Kong Wu Ho-Su Memorial Hospital on October 5 and 6, and 64 officers from the Traffic Division of Taipei City Police Department and public safety officers from major recreational areas and supermarkets (supermarkets) and department stores in Taipei City participated in the training.

E. Annual Training for Civil Defense Rescue Brigade 2004

860 members of the civil defense brigade for public and private medical care institutions in Taipei City participated in the training covering SARS and Avian Flu Emergency Operations, Emergency Medical Incident Command System (ICS) and Basic Contingency, and Introduction to the -Department's Emergency Operations Center, held on

May 24 at the main hall of the Taipei City Hall.

F. Improvement of Emergency Medical Service Quality after Arrival at Hospital Seminar

123 people participated in the seminar held on October 23 at the Tri-Service General Hospital for district emergency medical service responsibility hospitals under the jurisdiction of local health bureaus.

G. Pre-operation Seminar for paramedics of FIFA Futsal World Championship Chinese Taipei 2004

137 paramedics (including members from the Taipei Municipal Hospitals, Taipei City Fire Department, Taiwan Athletic Trainers Society and Association of Emergency Medical Services) participated in the Pre-operation Training of FIFA Futsal World Championship Chinese Taipei 2004 held in 2 sessions by the Municipal Zhongxing Hospital on November 15 and 23. Regulations for Emergency Medical Service and drug examinations were instructed and knowledge relating to the emergency treatment of the sport was explained through drills.

H. Patient-safety-focus Emergency Room standard operational proce-

dures Seminar

99 Emergency Room attending officers from emergency medical service responsibility hospitals in Taipei City, local health bureaus and the Taiwan Society of Emergency Medicine participated in the seminar held by the Taipei Veterans General Hospital on December 18.

(9) Emergency Operation for Solenopsis Invicta Buren (Red imported fire ant, RIFA)

A. The Department Commissioner led the medical team of the Taipei City Government RIFA Control Center to provide assistance in the medical treatment relating to injuries caused by RIFA, propagate personal health education, educate medical personnel and check out hospital environments.

B. Establishing a medical reporting system

- a. Single reporting window: The Department's Emergency Operations Center

When a suspected case of RIFA bite seeks help from a hospital or clinic, the Emergency Operations Center should be notified of the case immedi-

ately (Fax: 2550-0334, 2550-0414; Tel: 2550-0294, 2550-0383).

- b. The format of a notice was drawn up to ensure the integrity of reporting information.

C. Enriching knowledge of medical personnel

- a. Education and training for medical personnel

568 personnel, including medical personnel of hospitals and clinics in Taipei City, medical personnel of schools, and Taipei City Government colleagues, participated in the RIFA Hazards and Emergency Medical Treatment Training organized in two sessions on October 8 and 9.

- b. The publicity material Treatment Guide to RIFA Bite was published.

D. Reinforcing health education for the public

- a. Related leaflets were printed and distributed to communities.
- b. Internet propagation was reinforced.

E. Environmental monitoring

- a. Hospital environments were controlled and monitored.
- b. Progress of environmental clearance: The clearance of a total of 232,308m² of green land and plan-

tation of 52 hospitals in Taipei City was completed between November 15 and December 20.

F. Case statistics

By the end of December, six cases of RIFA bite were reported to the Emergency Operations Center.

(10) Establishing district-based radio communications systems

24 professional hand-held radio communications systems were purchased and distributed to 12 district health centers to establish a district-based emergency medical communications system. Since June 14, a routine test is conducted on Mondays and special staff is assigned to take charge of the repair and maintenance of related equipment to ensure that all district medical teams are familiar with the radio operation.

(11) Continuing the Emergency Operations Center Implementation Program

To monitor and enhance the quality of Emergency Medical Service operation and to develop and promote the Emergency Medical Service contingency, the Emergency Operations Center was completed at the Municipal

Zhongxing Hospital in December 2004. The achievements are described below.

- A. The hardware, promotional URL, integrated development and implementation information systems were completed (including the Emergency Operations Center decision-making center and execution center). Current wired communications systems include digital communication, broadcast image transfer, and digital track recording systems.
- B. Assistance for inter-hospitals referral: By December 2004, the Emergency Operations Center has provided referral service to 2,748 patients, and 1,566 patients were successfully referred to other hospitals, with a successful referral rate of 57%. The Emergency Operations Center also provided referral service to 694 patients in other counties and cities.
- C. DMAT implementation, training and achievements in cross-district support
 - a. The DMAT (Disaster Medical Assistant Team) maneuver was completed, covering special medical mission exercise and joint exercise with general medical units.
 - b. When the July 2 floods damaged central and southern Taiwan

severely, the DMAT provided support in the affected areas on July 5. During July 6-8, the team provided services to 983 victims, including 599 in Xinyi County and 384 in Renai County, and received warm public recognition.

- c. When an ML9 earthquake and the subsequent tsunami occurred near Sumatra on December 26, the DMAT sent an advance team of six (including members from the Department, Taipei City Government -Fire Department and civilian groups) to the affected area on the 28 of December 2004 to evaluate the rescue operation.

(12) Ambulance management

- A. Currently in Taipei City, there are 179 ambulances. Both the personnel and equipment of these ambulances have passed the -Department's inspections. In addition to the annual periodic inspection, district health centers are required to conduct unannounced inspections twice a year.
- B. To maintain the quality of transportation, the Regulations for Civilian Ambulance Services Applying for Practice in Taipei City were established and accepted for approval by

the Department of Health of the Executive Yuan.

- C. The Taipei City Ambulance Siren Use Timing Regulations were drawn up and accepted for approval by the Department of Health of the Executive Yuan in a reply document dated November 2, 2004 to enforce Section 17.2 of the Emergency Medical Service Act, "The ambulance shall not use the siren or red flashing lights, except in case of emergency," in order to standardize the use of sirens on ambulances.
- D. Civilian ambulance services were evaluated in collaboration with the Emergency Medical Service experts. The dimension of evaluation covered: a) structure and management of organization; b) organizational facilities and equipment; c) organizational operations; and d) data retention. Results of the evaluation were for the reference for future cooperation between the hospitals in Taipei City and these services.
- E. A press conference was held on July 26 to announce the five qualified civilian ambulance services.

(13) Emergency Medical Service support for events organized by private groups

Emergency Medical Service support was given to 447 events organized by private groups in Taipei City, including the dispatch of 1,156 paramedics, 320 ambulances, and service for 2,095 patients (surgery 1,087; internal medicine 354; and other 654).

(14) Medical service and protection for victims of domestic violence and sexual assaults

- A. 28 emergency medical service responsibility hospitals were assigned to provide medical care service and protection for victims of domestic violence and sexual assaults, including 24-hour medical and forensic examinations and medical and forensic examinations in privacy. By December 2004, 3,524 domestic violence cases and 260 sexual assault cases were handled.
- B. Evaluation conducted during May to June indicated that the medical care service and protection for victims of domestic violence and sexual assaults of all 28 emergency medical service responsibility hospitals were

qualified.

(15) Mental and physical disabilities assessment service

A total of 27,772 citizens received the service, 993 were visually impaired, 2,075 were hearing impaired, 6,272 were limb impaired, 884 were mentally handicapped, 3,914 were multiple handicapped, 2,388 had important organ impairment, 45 were orthopedically impaired, 250 were in persistent vegetative state, 1,389 suffered from dementia, 440 suffered from autism, 8,574 had mental disorders, 46 suffered from uncoordination, 192 had language disorders, 50 suffered from chromosomal aneuploidy, 24 suffered from metabolic diseases, 28 had congenital defects, 135 suffered from intractable epilepsy, 45 had rare diseases, 28 had other disorders.

4.4 Mental Health Management

4.4.1 Mental health management

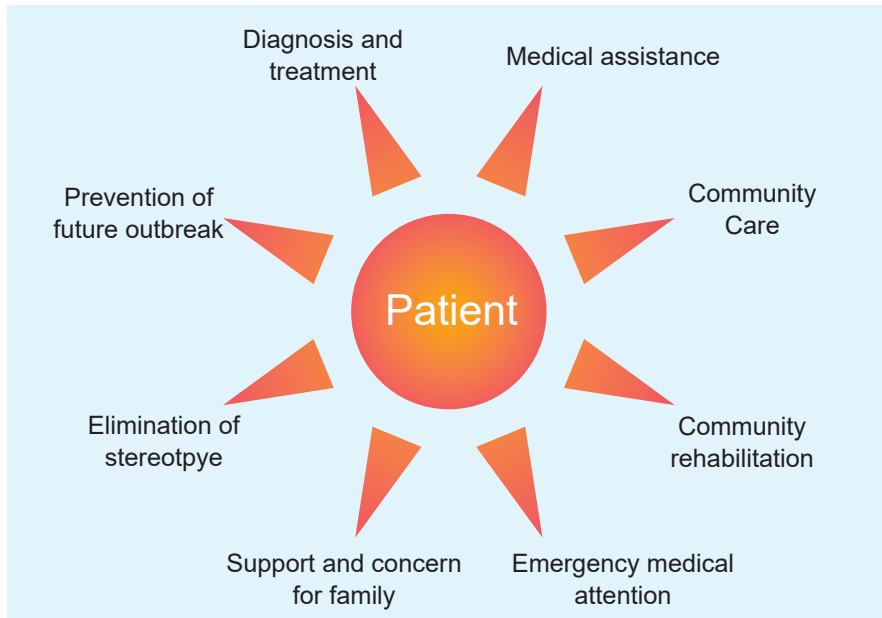
The manpower, facilities and community care for the mentally ill were completed with consistent efforts. Due to the particularities of the symptoms and developing processes of mental disorders, the damage can affect the patient completely, including expressing emotions, thinking and judgment, behavior, ordinary life management etc. Sometimes, this can inflict harassment or harm on the family and community.

Furthermore, while the pace of life in Taipei City is fast, citizens are more likely to feel stressful, and so do the mentally ill and family, such as the stereotype and rejection of the mentally ill by other citizens, and the shortage of human resource for giving daily care to the mentally ill. Therefore, a patient-oriented care policy covering integral, continual, medical and social welfare services has to be drawn up (Figure 4-4-1). The policies and services for mental health management in Taipei City are described below.

(1) Early diagnosis of the mentally ill in community and assistance to receive medical attention

To facilitate early diagnosis of suspected mental illness or to provide assistance for those needing active medical care for preventing patients from getting worse and from influencing order in the community, a single reporting system was established by combining neighborhood leaders (civil service), social workers (social welfare), and community health personnel (public health) in order to help the suspected and confirmed mentally ill receive early medical assistance. The efforts are described below.

- A. After reporting of a suspected or confirmed psychiatric case, community health personnel of district health centers should register, visit and evaluate the case, and provide necessary mental health services.
- B. After discovering or opening a special case, district health centers should notify the Taipei Municipal Songde Center. After the case is accepted, community health personnel should provide necessary medical assistance according to the problem and need of the case by combining public health, social welfare and civil service units.

Figure 4-4-1 Patient-oriented Care Policy

(2) Establishing psychiatric care and rehabilitation institutions

To reinforce management and ensure the accuracy of data of psychiatric care institutions and personnel in the city, visits to the psychiatric care institutions were made and records were maintained and updated to provide necessary medical assistance.

- A. Psychiatric care institutions: 27; psychiatric clinics: 13
- B. Of the total of 1,667 beds for psychiatric patients, 1,163 were for acute cases and 504 were for chronic cases; and 1,295 beds for daycare.

- C. Of the total of 30 psychiatric rehabilitation institutions, 6 were community rehabilitation centers accommodating 381 patients (one with a capacity of 29 patients was shut down), 24 were midway centers for psychiatric patients accommodating 572 patients.

(3) Community mental care service

- A. Psychiatric cases were followed up by community health personnel of health centers according to the Guidelines for Follow-up and Care of Psychiatric Cases for Community Care in order to provide patients and

their family continual, appropriate and complete medical rehabilitation and healthcare services and to ensure community order for citizens.

- B. By December 2004, a total of 13,000 patients were followed up. During January to December 2004, visits were paid to 32,131 patients.
- C. To enhance the quality of follow-up service for patients, psychiatric care institutions in the district were designated as supervisory hospitals to hold supervision meetings on community care for the mentally ill and provide on-the-job training for the medical personnel at district health centers. From January to December 2004, a total of 137 meetings were held and 576 personnel received training. Over the year, 480 personnel participated in 168 discussions on special cases in community. Relevant personnel from the police, fire department, social welfare unit, schools, public health units and civil service units were invited to discuss the care strategy for patients requiring multiple resources and to communicate and coordinate matters involving care for the mentally ill in the community.

(4) Community mental rehabilitation service

- A. Private mental rehabilitation institutions are encouraged to be established to enrich mental rehabilitation resources for chronic mentally ill, to prevent patients from getting worse by giving them continual rehabilitation service, and to help them adapt to society. From January to December 2004, subsidies for rents amounting to NT\$2,687,296 were given to 19 mental rehabilitation institutions.
- B. To maintain the service quality of mental rehabilitation institutions, inspections on 28 mental rehabilitation institutions in Taipei City were conducted during November 15-25, 2004.
- C. From January to December 2004, 4 midway centers for the mentally ill were approved for registration. The total number of 24 midway centers for the mentally ill in the city provided 572 beds for the mentally ill. One community rehabilitation center was approved for registration. The total six community rehabilitation centers in the city provided 381 beds for the mentally ill.

Table 4-4-1 Practicing Psychiatric Care and Rehabilitation Institutions in Taipei City by District in 2004

District	Psychiatric Care and Rehabilitation Institutions									Beds for the mentally ill			Daycare beds
	Outpatients department	Full Stay	Daycare	Mandatory Stay	Home Care	Emergency Service	Drug Addition treatment	Rehabilitation Center	Rehabilitation Home	Subtotal	Acute Case	Chronic Case	
Grand Total	40	15	20	12	10	13	24	6	24	1,618	1,163	504	1,295
Songshan	6	4	2	1	0	2	5	1	1	194	53	141	50
Xinyi	2	12		1	2	1	2	0	1	475	419	56	250
Daan	7	0	1	0	1	0	3	0	0	0	0	0	30
Zhongshan	1	1	1	1	1	1	1	0	1	18	18	0	35
Zhongzheng	3	13		1	1	1	2	0	0	68	68	0	230
Datong	1	0	1	0	1	0	1	0	1	3	3	0	50
Wanhua	2	1	0	1	0	1	1	0	1	120	20	100	0
Wenshan	1	0	1	0	0	0	1	1	3	0	0	0	50
Nangang	11		1	1	0	1	1	0	1	49	49	0	10
Neihu	2	2	2	2	1	2	2	1	3	143	143	0	130
Shilin	2	1	1	1	1	1	2	0	4	25	25	0	60
Beitou	5	3	4	3	2	3	3	2	4	523	336	187	300

(5) Emergency medical service for psychiatric patients in community

A. From January to December 2004, a total of 3,465 patients seeking emer-

gency care from the Municipal Psychiatric Center; and 1,655 were later referred to outpatient department, 1,471 acute hospital treatment, 78 to Intensive Care Unit (ICU), 54 to

general hospitals due to surgical and medical considerations, and 207 to other treatments.

- B. To strengthen the emergency medical care network of community patients in order to provide appropriate care for psychiatric patients in the community and their family, the Community Emergency Medical Team was always on duty to provide spontaneous, direct service to disputable or doubtful cases during the transfer. Professional psychiatric personnel were sent to provide professional assistance to ensure that the mentally ill in the community and their family can receive appropriate medical assistance.
- C. From January to December 2004, the Community Emergency Medical Team completed 234 duties regarding emergency medical assistance for patients.
- D. Mandatory hospitalization: According to the Mental Health Act, patients suffering from severe mental disorders shall receive full-time hospital care after confirmation by two or more psychiatrists in order to protect patients from self-harm or hurting others and to help them receive appropriate

medical care. In case they do not accept, mandatory hospitalization shall be enforced. Currently, there are 12 Department of Health -accredited hospitals offering mandatory hospital care in Taipei City under the supervision of the Taipei City Department of Health to protect the benefits of patients.

- E. Appointment of guardians: According to the Mental Health Act, patients suffering from severe mental disorders shall be appointed a guardian; and competent authorities shall assign a staff member as the guardian of patients who are unable to make the appointment by themselves. In Taipei City, public health personnel taking charge of mental health in district health centers are the appointed guardians and carry out their duties by law to give the necessary assistance to patients.

(6) Support and concern for family of psychiatric patients

- A. The mentally ill short-term custody service was introduced to show compassion for the hardship of family in caring for the patient, to reduce the workload of caregivers, and to enhance the power of care from fami-

ly. From January to December 2004, 95 patients were in custody for a total of 1,228 days to give family and caregivers a break.

B. To provide care service for patients suffering from mental and depressive disorders, eight support groups for patients and family were organized in November 2004 to provide patients and family knowledge and adaptation about depressive disorders. A total of 375 citizens participated in these groups.

C. Special Mentally Ill Evaluation and Management Program

The program was executed to enhance the quality of care service for the mentally ill in the community. Since the program was approved in April and executed in July, major achievements are as follows.

- a. 461 cases received hospital evaluation.
- b. Active care activities were organized in communities: (1) 1,019 activities on community education with 3,023 citizens participated; (2) 59 discussions on community adaptation of patients, and 97 cases were discussed; and (3) 82 supervi-

sor discussions with 271 citizens participated.

(7) Displaying the positive function of patients and eliminating negative stereotype of the mentally ill

A. The Wonderful Talent-Strange Dreamer painting and photography competition was organized on the 13 of December 2003 to display the artistic talents of the mentally ill. One hundred excellent works were selected by the jury formed by domestic artists and scholars. These works were displayed at the Sun Yat-sen Memorial Hall, the center court of the Taipei City Hall, and the Armed Forces Cultural Center during January 23 to February 27 of 2004.

B. One thousand copies of the Wonderful Talent-Strange Dreamer Painting Album were published and distributed to departments for collection to extend the aims and influences of the Strange Dreamer event held in 2003 and the Department's policy to promote de-stigmatization of the mentally ill.

C. To encourage the mentally ill (strange dreamer) to explore their inner world and have concern for other people,

events and things around them from an artistic and cultural view, and to promote social concern and recognition of strange dreamers, the Showoff article solicitation was organized in August 2004 to display the literary talent of strange dreamers in addition to the singing, painting and photography talent.

(8) Related mental health services and education/training

A. Suicide prevention

- a. Seeing the rise of suicides over the past decade, the Municipal Psychiatric Center established the Center for Suicide Prevention Research and Development to prevent repeat suicide attempts of patients and to promote suicide prevention in October 2003.
- b. The emergency medical service responsibility hospitals were instructed to report emergency rescue of suicide cases. In discovering suicide cases, emergency medical service responsibility hospitals at all levels should complete the Suicide Behavior Case Concern Notice and fax it to the Center for Suicide Prevention Research and Development within 24 hours. After

receiving the notice, the Center should send psychiatric personnel to interview (including over-the-phone interviews and home visits) and evaluate the patient, and provide follow-up assistance to the patient.

- c. Between 26 September 2003 and 31 December 2004, the Center was notified of 2,575 suicide cases.
- d. To propagate the meaning of life and to prevent suicides, the Love and Care: Gather Life Forces Together Program for social education was initiated in collaboration with the Taipei City Lifeline Association. Experts guided the public to reconsider the opportunities emerging from broken lives through four movies exploring the issue of broken life. A total of 1,510 citizens participated.

B. Prevention of depressive disorders

- a. To provide training for medical personnel for the Common Depression Care Network, four sessions of training were organized on May 15-16, June 12-13, September 11-12, and October 17 and 24 of 2004 respectively. 317 personnel participated in the training, and a total of 745 medical personnel were

trained. By 31 December 2004, 129 local clinics participated in the certification.

- b. A consultation and referral network was established among certified medical personnel and institutions of the Common Depression Care Network and the Common Depression Care Network Consultation Meeting was held monthly. By November 2004, 297 personnel participated in the network.
- c. The Mood DIY and Let Health Rise-2004 Depressive Disorder Screening Day event for promoting depressive disorder prevention was organized at the Shin Kong Mitsukoshi Department Store in collaboration with the Municipal Psychiatric Center Hospital, John Tung Foundation and Duen An Social Welfare Foundation, and there were 2,000 citizens participated in the event.
- d. To enforce care for suicide cases and patients suffering from depressive disorders, the Daan District Depressive Disorder Prevention Program was launched during April to October 2004 to offer talks and form support groups for organizations, citizens and patients suffering

from depressive disorder in the district. A total of 2,520 citizens participated in the program.

C. On-the-job training for professional personnel

- a. To provide health skill training for contracted home visitors visiting psychiatric patients in communities, two sessions of Education and Training for Contracted Mental Health Service Visitors during April 29-30 and May 11-12 were held. A total of 117 personnel participated in the training.
- b. To enrich the operational knowledge of psychiatric care institution administrators and the skills of professional personnel, the Psychiatric Care Institution Operation and Management Training Course was scheduled on September 6 and the Case Management Training for Professional Personnel was organized on October 1. A total of 52 people participated in these courses.
- c. To construct the Taipei City Depressive Disorder Care Network and to improve the skills in depressive disorder prevention of relevant personnel, the Depressive Disorder Prevention Personnel Education

and Training was organized on June 1, 2004 and a total of 124 personnel participated in the training.

- d. At the Annual Education and Training for Sergeant Officers sponsored by the TCGPD during July to September of 2004, the Handling Skills for the Psychiatric Patients in Community Training was added to the program, and a total of 7,000 police officers participated in the training.
- e. In response to the rising suicide rate and the establishment of the Taipei City Suicide Prevention Network, three suicide case seminars were organized for medical and police officers during October 27-29, and a total of 80 officers participated in the seminars.

(9) Prevention of drug abuse

- A. There are 25 drug abuse prevention institutions in Taipei City designated by the Department of Health of the Executive Yuan.
- B. To enforce the anti-drug policy and to reinforce drug abuse prevention, the Municipal Psychiatric Center offered mental health services to patients of abuse and on-the-job training for professional personnel. Achievements

during January to December 2004 include:

- a. The Municipal Psychiatric Center offered drug abuse enquiry and prevention outpatient department services for 8,087 patients.
- b. The Municipal Psychiatric Center offered hospital care and Hsiangshan College services to 1,022 drug abuse patients.
- c. 167 topic speeches on drug abuse prevention were delivered and 36,279 citizens participated.

(10) Prevention of domestic violence and sexual assaults

- A. Continual mental health services were provided by psychiatric centers to offenders and victims of domestic violence and sexual assaults to help them walk out of the shadows of traumas as early as possible.
- B. Institutions responsible for evaluating domestic violence offenders before trial included: the Peiling Hospital and Armed Forces Beitou Hospital; for offender treatment, there are: the Municipal Psychiatric Center, Armed Forces Beitou Hospital, Shinkong Hospital, Tri-Service General Hospital, and the Methodist Church.

- C. Institutions responsible for mental treatment and counseling of sex offenders included: the Municipal Psychiatric Center, Armed Forces Beitou Hospital, Pei Ling Hospital, and Cardinal Tien Hospital. These institutions designed counseling and treatment programs for sex offenders and executed case management. A total of 158 offenders were treated.
- D. Sex offender evaluation committee meetings were held on February 23, March 22, April 5, May 10, June 14, July 12, August 23, September 20, October 18, November 22, and December 13, 2004 for evaluating the treatment contents of offenders.
- E. Sex offender case discussion meetings were held on May 27, July 16, September 13 and December 3, 2004; and communication meetings for institutions offering mental treatment, counseling and education to sex offenders were held on March 9, May 24, October 21 and December 24, 2004 to improve the professional skills of personnel offering mental treatment and counseling to offenders of sexual assaults in medical care institutions in Taipei City, and to promote exchanging and sharing of experiences among treatment institu-

tions. About 33 psychiatrists, therapists and social workers participated in workshops on mental treatment and counseling for sex offenders held on November 26 by the Municipal Renai Hospital.

4.4.2 Community mental health service

(1) Background of establishment

According to the Taipei City Government Administration White Paper and the Mental Health Act, the Municipal Psychiatric Center established the community mental health center on 21 December 2000 at 5 Jinshan South Road Section 1, Taipei City, to promote mental health and primary prevention. The Department was officially in charge of the center on 1 August 2003 to promote mental health services in the city. In 2004, mental health education was promoted continually, and issues relating to mental health gradually drew the attention of community citizens, particular social groups and professions. Therefore, the Mental Health Community Care Network was established to promote the combination of mental health

education and professional counseling, to coordinate with the concepts of community health groups, and to understand the needs of citizens in different districts, and so to provide proximate, convenient and professional quality community mental health services for immediate management of cases and assistance in referral to medical care institutions by combining the manpower of mental health professionals and district mental health resources, in order to enforce tri-level prevention of mental health.

(2) Mental Health Community Care Network

The network confirms various service cooperation and operation mechanisms through communications and coordination meetings. In 2004, a total of 18 coordination meetings on mental health resources were organized; 32 communications meetings on campus service; 39 communications on community service; 14 network meetings; 13 coordination meetings for the establishment of an emergency mental health mechanism; and 23 coordination meetings on mental health for junior and senior high schools. In addition to consolidating the mental health professional manpower database, the following mental health services provided by 237

schools and 12 districts civil officers were combined.

A. Mass media mental health propagation and mental health promotion activities

a. Community depressive disorder prevention

Since March 2004, a total of 177 education programs, counseling talks, and movie appreciation activities on care for depressive disorders were organized at planned intervals in communities with citizens having emotional problems in northern and southern Taipei. A total of 5,581 citizens participated in these activities.

b. Community suicide prevention service

To enforce the Department's policy on suicide prevention, the community mental health center organized, from the viewpoint of life education, at planned intervals, 28 education programs, counseling talks, and movie appreciation activities in communities and schools in 2004, and 1,073 citizens, teachers and students participated in the activities.

c. Campus mental health service

Based on the calendar of schools at different levels, district campus community meetings were held. In addition to providing campus mental health counsel-

ing service and understanding the needs of different schools, representatives from junior high, senior high and elementary schools were invited to discuss cooperation in promoting campus mental health services. In 2004, 248 mental health education and talks on emotional management, stress adjustment, parent-and-child relations, life education and gender education, and mental health promotional activities for teachers, students and parents were held; and 9,277 teachers, students and parents participated in.

d. Youth workplace stress adjustment service

According to the Bureau of Health Promotion's survey in 2003, workplace problems are the key stress source of males leading to depression. In 2004, the community mental health center organized 68 activities, including Emotional Management Propagation Talks, Stress Adjustment Workshop and Counseling Talks, for different occupational groups (neighborhood leaders, base-level functionaries, and school teachers) and community citizens; and 2,257 citizens participated in these activities.

e. Internet mental health service

To provide citizens with convenient and real-time mental health information, and to educate and propagate mental

health to citizens, the community mental health center website provides online psychological profile information, in addition to introducing different mental health topics and service resources. The Brief Symptom Rating Scale (BSRS-5) was the most popular instrument for self-screening of mental health for its convenience. In 2004, 453,387 people visited the site.

f. Media mental health education and propagation and production and distribution of educational materials

In 2004, the community mental health center propagated mental health services and encouraged mental health promotion in the media at planned intervals, and a total of nine press conferences were held. Also, mental health care was propagated to junior, senior and vocational high schools by distributing the Mood Thermometer (BSRS-5) campus mental health card, a total of 220,000 copies were printed. The Soul Supply Station-Taipei City Mental Health Resources Handbook and various educational materials were printed and distributed, and a total of 1,126,486 people collected these materials.

B. Mental health skill training

a. Continuing education for mental health professionals

To enhance the quality of professional mental health services for the community and to combine civilian mental health resources, professional continuing education programs were provided to mental health related professionals, such as therapists, social workers, school counselors, adoption-guidance teachers, etc. In 2004, 141 programs were organized, and 5,031 professionals participated in these programs.

b. Mental health seed personnel development

To combine basic level service resources of community and campus and to expand the mental health service network, the mental health community care network seed personnel training was organized since June 2004 for public health nurses and social workers of district health centers, health education personnel of the Taipei Municipal Hospitals, basic-level teachers of schools, neighborhood leaders and staff, social welfare personnel, employment service personnel, firefighters and police officers, workplace personnel to provide mental health fundamental skill training in two stages. Mental Health and Evaluation was the subject for the elementary stage, and the mood thermometer was used in the preliminary evaluation and training. Mental Health Service

Resource Utilization and Community/Campus Crisis Management Fundamental Skills were the focus of the advanced stage. A total of six courses were organized and 2,119 seed personnel participated in the training courses.

C. Mental health direct services

a. Counseling service

In 2004, besides providing citizens with information about mental health services and courses, the community mental health center provided multiple-channel counseling services on personal psychological adaptation for citizens, including on-the-phone counseling service for 834 citizens, 316 groups of counseling service for 3,937 citizens (such as family health seed meetings, stress adjustment workshops), e-mail (correspondence) counseling for 294 citizens.

b. Mental health professional supervision and counseling services for schools

To help schools promote mental health work spontaneously, to effectively solve the mental health adjustment problems of teachers and students, 32 teachers of supervision training and campus case discussion meetings were organized in 2004, and 1,166 teachers participated.

c. Mood thermometer (Brief Symptom Rating Scale, BSRS-5) psychological

cal profile service

To encourage citizens to enforce mental health self-management and to discover high-risk groups of psychological adaptation spontaneously, Mayor Ma was invited to be the speaker of the Mood Thermometer, and the Mood DIY, Let Health High all-citizen mental health care campaign was organized and promoted to communities and campuses. Cooperation was launched with 11 big hospitals. A total of 89,804 citizens participated.

d. Individual counseling service for high-risk groups

Since 2004, besides continuing the counseling service for SARS patients and their families, it was stated that intensive individual counseling services should be provided to cases of the following high-risk groups: emergency mental health service (disasters, critical incidents, and major accidents), suicide high-risk groups, stressful workplaces, campuses, and sufferers of depressive/emotional disorders by combining civilian counselors and mental

health groups. A total of 719 citizens were serviced.

e. Group counseling services for high-risk groups

In 2004, besides the individual counseling service for high-risk groups as mentioned above, 215 group counseling therapies were provided for suicide high-risk group, high-risk group parents, and narcolepsy patients, and 3,985 patients participated.

f. Emergency mental health service

In 2004, besides offering three years of rehabilitation service for SARS patients, 22 emergency mental health training courses were organized for 966 professional therapists and volunteer counselors. Besides improving their professional emergency management skills and expanding the service manpower base, emergency/crisis concerns and interviews and preliminary evaluations were given to 76 people and psychological crisis stress release group therapies to 53 people.

g. Affiliated psychiatry outpatients department

Table 4-4-2 Counseling Services and Recipients

Counseling Service	On-the-phone counseling	Group counseling	E-mail (correspondence) counseling
Recipients	834	3,937	294

The Municipal Psychiatric Center Hospital established on February 2003 the Municipal Psychiatric Center Affiliated Psychiatry outpatients department at the Taipei City Community Mental Health Center to provide treatment for citizens with mental stress indications and neurotic disorders and children and adolescent psychological problems as shown below. In 2004, a total of 531 patients were served.

- i. General evening outpatients department: 18 or older, stress from daily life, emotional troubles, interpersonal relationship, poor adaptation, subculture problems, attention difficulty, attention deficit disorders, learning disabilities etc.
- ii. Pediatric and adolescent outpatients department: Under 18, National Health Insurance cov-

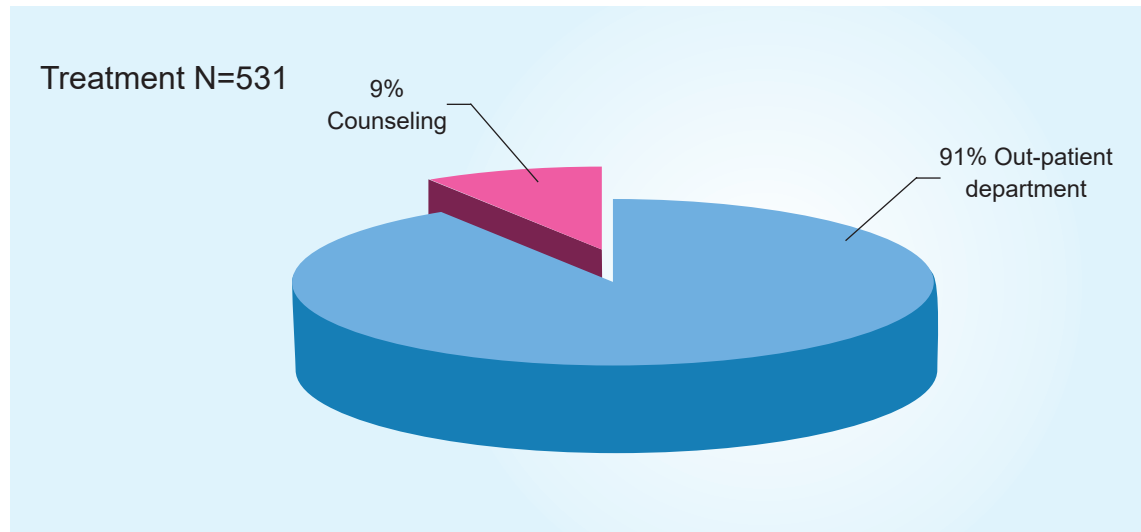
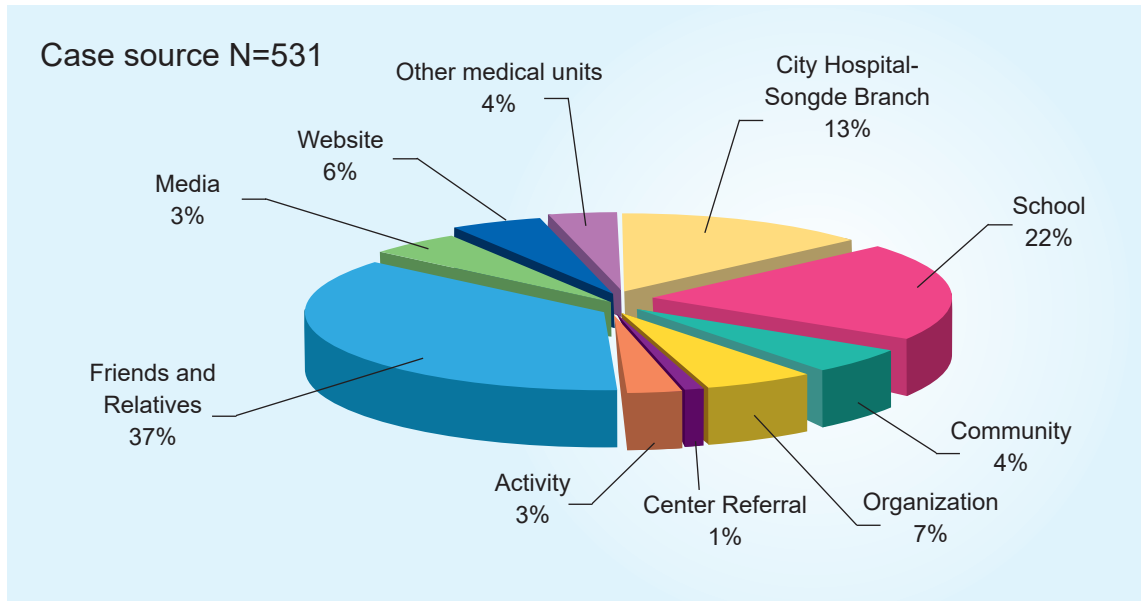
Table 4-4-3 Individual Counseling Service for High-Risk Groups

Case Type	SARS patients and family	Emergency mental health service high-risk group	Suicide high-risk group	Workplace stress high-risk group	Campus mental health service high-risk group	Depressive disorder/emotional mental health high-risk group
Recipients	97	167	25	29	313	88

Table 4-4-4 City Hospital Group Songde Branch Affiliated Psychiatry Outpatient Department Clinic Hours

Time	Clinic	Monday	Tuesday	Wednesday	Thursday	Friday
13:30 ~ 16:30	Noon Clinic		Counseling and Clinical Counselor (National Health Insurance not covered)	Pediatric and Adolescent outpatients department	Counseling and Clinical Counselor (National Health Insurance not covered)	
17:30 ~ 20:30	Evening Clinic	General Evening Clinic	Pediatric and Adolescent outpatients department			Pediatric and Adolescent outpatients department
		General Evening Clinic	General Evening Clinic	General Evening Clinic	General Evening Clinic	General Evening Clinic

Figure 4-4-2 Case Sources and Treatment of Psychiatry Outpatient Department, 2004



- ered.
- iii. Counseling outpatients department: 18 or older. 50 minutes per session. National Health Insurance not covered. Each

consultation only allows three patients (advance appointment required, no walk-in patient accepted).

4.5 Early Intervention of Children with Development Delay

4.5.1 Early intervention of children with development delay overview

- (1) In Taipei City there are 21 contracted hospitals and clinics offering early intervention of children with development delay, including 16 offering evaluation, identification and treatment services and five treatment service.
- (2) Items of evaluation and identification services include: child psychiatry, pediatric genetics and endocrinology, pediatric neurology, pediatric rehabilitation, intelligence assessment, and child occupational, physical, speech, hearing, family function and education evaluations. Treatment services include: physical therapy, cognitive therapy, psychological therapy, visibility training, occupational therapy, behavior and emotional therapy, hearing therapy, speech therapy, parent education, and family therapy.
- (3) Medical subsidies for the evaluation and intervention of children with

development delay: From January to December 2004, 1,988 children received development delay evaluation, and a subsidy of \$5,947,500 was approved; 87,270 children received early intervention of development delay, and a subsidy of \$21,817,500 was approved.

4.5.2 Reinforcing early intervention of children with development delay

- (1) To enhance the quality of medical care services for early intervention of children with development delay, the supervision and evaluation of contracted hospitals offering early intervention of children with development delay were conducted between May 24 and June 15 in 2004. Experts and scholars in the area of early intervention of children with development delay were invited to direct the supervision and evaluation and make proper recommendations as a reference for these hospitals to make improvement of the service quality.
- (2) To save patients with multiple delays from repeated traveling to hospitals for evaluations, hospitals were encouraged to introduce the joint out-

patient department services. From January to December 2004, 508 patients received the joint outpatient department services. Intervention meetings were held to reinforce communication between medical personnel and the patient's family and understanding of patients. From January to December 2004, 688 people participated in these meetings.

- (3) To enhance the quality of medical care service for early intervention of children with development delay, training for early intervention medical personnel was reinforced. Six training courses were organized and 693 professionals participated. Six children with development delay parenting talks were organized and 362 people participated.
- (4) The Early Intervention of Children with Development Delay Information System reinforced reporting management system was implemented.

- A. To reinforce hospitals and clinics in Taipei City to enforce patient-oriented safe medical care services, the Taipei City Hospitals and Clinics Care Worker Group Managers and Counselors Seminar was organized at the Taipei Municipal Guandu Hospital on 19 August 2004. 61 care workers from 32 hospitals and clinics participated.
- B. 11 postpartum care centers were supervised and evaluated. Two were evaluated as excellent, three were Grade A, three were Grade B, two were Grade C, and one had no grade.
- C. Coordinating with the Discharge Preparation Survey of the Department of Health of the Executive Yuan, 27 hospitals were surveyed, and experts made recommendations for hospitals as a reference according to the survey results.
- D. To make the nursing supervisors of public and private hospitals and clinics in Taipei City understand the public health policies of the Department and to promote exchanges and cooperation among hospitals and clinics, the Taipei City public and private hospitals and clinics nursing supervisor

4.6 Nursing Affairs Administration

(1) Nursing affairs overview

seminar was held, and about 80 nursing supervisors participated.

(2) Postpartum care center guidance and postpartum care institution management

- A. Postpartum care centers were assisted to transform into postpartum nursing care institutions. Currently, 12 are legally registered (352 beds, 158 for mothers and 194 for babies).
- B. In June 2004, the Postpartum Nursing Care Center of the Municipal Zhongxing Hospital was expanded with 26 beds. The total number of beds after expansion was 98 (49 for each of mother and baby beds).

(3) Promoting the Taipei Municipal Hospitals Inpatients Full Responsibility Care Pilot Project (first time in Taiwan)

- A. Reinforcing promotion: two articles were published; promotional handbooks, commercials and webpage were completed.
- B. Recruiting ward assistants and organizing education/training: 63 ward assistants were recruited; five sessions of on-the-job training for ward assistants were organized, 575 per-

sonnel participated, including technical workers and janitors from the Taipei Municipal Hospitals for learning a second specialty.

- C. Establishing and executing measures to reducing patient accompany rate
 - a. The reward and punishment principles for patient accompany rate reduction were drawn, covering trial run of hospital subsidization, subsidization point, and trial unit grade A personnel vacancies.
 - b. The Full Responsibility Care Pilot-Hospital Accompany Culture Improvement Project Competition and Demonstration was held on November 23. The Zhongxing and Renai Hospitals of the Taipei Municipal Hospitals won the first and second prizes respectively.

(4) Achievements

- A. Results of analysis on 20 surveys on patient accompany status: Based on the accompany rate of every 100 patients, the number of unaccompanied patients increased from 22 to 68 after the program was initiated (August 2003), at a rate of 209%. The number of family accompany reduced

from 46 to 11, at a rate of 76%. The number of care worker accompany reduced from 18 to 10, at a rate of 44%. The number of foreign house helper accompany reduced from 14 to 11, at a rate of 21%. The hospital accompany rate of hospitals participated in the Taipei Municipal Hospitals In-patients Full Responsibility Care Pilot Project reduced from 78% to 33%.

- B. Survey on Full Responsibility Care of inpatients (family). Of the 1,238 copies of questionnaire distributed, 1,103 were recovered. Analysis results indicated: the mean score of care ability satisfaction is 3.24 (full score 5); the mean score of care attitude satisfaction is 3.27 (full score 5); have confidence in full responsibility care is 96%; full responsibility care can help to relieve economic burden: 82% say yes; 88% say can make more time for taking care of the family; full responsibility care can give more time to take care of the family: 88% say yes; visit control will influence the concern of family for the patient: 44% say yes; will choose Taipei Municipal Hospitals because of the full responsibility care: 58% say yes.

4.7 Taipei City Hospital Management

To enhance the operation and management efficiency of the Taipei Municipal Hospitals under the Department, and to promote the success of the Taipei Municipal Hospitals transformation, the original task force Taipei City Hospital Joint Operation and Administration Center was restructured into the Taipei City Hospital Preparatory Office on March 1, 2004, to take over the reengineering of the Taipei City Hospital previously promoted by the Joint Operations and Administration Center.

- A. The Department's Taipei City Hospital Organization Regulations and organization chart were passed after the third reading at the 8th Meeting of the 10th Provisional Conferences of the 9th Taipei City Council on July 7, 2004. The Taipei City Hospital was officially established on January 1, 2005. To coordinate with the future development and management strategies, 14 medical departments and 57 medical divisions, and 1 administration department and 5 offices were established to accom-

plish the vision of a humane and high-quality community medical care center according to the spirit of medical and branch services integration.

- B. Taiwan's first Telephone Service Center (including cross-branch registration) and Joint Operator Integration Project were planned. Telephone operator training was organized, and hardware implementation and related supporting software operations were initiated. By using the computer telephone integration (CTI) system, all kinds of problems from the caller can be solved through the voice system or operators, and the information counter telephone service of all branches can be integrated.
- C. The hotel service model was introduced, such as entrance reception, flower ordering and other, totally 22 items, to develop the image of high-quality service.
- D. To facilitate the citizen's need of cross-branch hospital consultation, complimentary buses were planned for five routes to connect ten branches and the MRT stations along the routes. The trial run began on December 1, 2004.
- E. The -Department's hospitals and clinics executive decision-making information system (EIS) was planned

and executed, and was proceeded in three stages. The master architecture, system function implementation, six construct indicators (basic data, service volume management, financial management, medical supply management, medical quality, education and research), suggested indicators and public health construct indicator system analysis, design and full implementation and use were completed.

- F. The Taipei City Hospital was established on January 1, 2005. To let citizens know more about the new hospital, the following activities were organized: the Taipei City Hospital CIS poll, Taipei City Hospital Soul and Concern-My Ideal Taipei City Hospital composition contest, Write Down Your Hopes for a Better Future wish card draw, Taipei City Hospital propagation and talks. We also supported the following big events to facilitate the promotion of Taipei City Hospital: Concern for the Elderly Exposition, Terry Fox Road Running, free consultation, and the 2004 Health Trends Exhibition. We also developed the brand image of Taipei City Hospital by informing the public of the establishment of Taipei City Hospital through the media advertisements production.

- G. In response to the Taipei City Hospital's promotion of the specialization operation system, the -Department's Hospital and Clinic Personnel Reward Fund Distribution Criteria and the Guideline for Taipei City Hospital Education and Research Reward Fund Evaluation and Allocation were revised.
- H. The planning work of the Taipei City Hospital in 2005 is described below:
- a. The framework of 53 committees for the Core Development Team 2005.
 - b. The administrative operation procedures of the Taipei City Hospital headquarters and branches.
 - c. The standard operational procedures for social welfare, personnel affairs, general affairs, medical affairs, accounting and nursing affairs departments.
- I. The Taipei City Hospital Integration and Organization Reengineering Expert Seminar was held on the 14 of May 2004. The 1st Taipei City Hospital Operation and Management Seminar 2004 was held on June 5. The Taipei City Hospital Organization Reengineering Expert Seminar was held on June 8. The Taipei City

Hospital Organization and Operation Presentation was held on November 28, December 12 and 19 to discuss the operation of the organizational framework, administrative operation procedure, medical affairs operation workflow, and purchasing workflow.

- J. The contract of the Taipei City Hospital Joint Administration Center Remodeling Project was awarded on the 5 of December 2004. The projected completion time was at the end of April 2005. Administration center personnel entered the Administration Building of Taipei City Hospital Zhongxing Branch in May.

(1) Reducing medical costs and enhancing operating efficiency

- A. The -Department's hospitals and clinics promoted one after another the Public Health Characteristic R&D Center Program since the end of 2003. The program to be completed in two to three years was developed in accordance with the instructions for citizen health care-oriented items, citizen's health, and environmental protection required items in the Taipei City Government Administration White Book, in order to provide medical treatment for citizens and so to

construct health care into the more advanced preventive health care field.

B. Projects of the characteristic R&D center of individual hospitals are drawn up according to the planning, implementation and execution of the nature of health missions, specialty and personnel specialty. Preliminary results were seen in 2004. In the future, the characteristic R&D center planning of individual Taipei City Hospital branches is described below.

- a. The Taipei City Hospital Zhongxing Branch: Disaster Medicine R&D Center
- b. The Taipei City Hospital Renai Branch: Cancer Prevention R&D Center
- c. The Taipei City Hospital Heping Branch: Infectious Diseases Prevention R&D Center
- d. The Taipei City Hospital Branch for Women and Children: Women and Children Health Building Center
- e. The Taipei City Hospital Yangming Branch: Community Medicine R&D Center
- f. The Taipei City Hospital Zhongxiao Branch: Occupational Disease

Prevention R&D Center

- g. The Taipei City Hospital Songde Branch: Suicide Prevention R&D Center
 - h. The Taipei City Hospital Branch for Chinese Medicine: Chinese Medicine and Herbal Medicine Technology R&D Center
 - i. The Taipei City Hospital Branch for Disease Control and Prevention: Tuberculosis Prevention R&D Center and STD Prevention R&D Center
- C. The manpower structure of all Taipei City Hospital units was completed. 4,138 personnel were reduced, and the no replacement of vacancies policy was adopted to control public personnel expense.
- D. The Human Resource Management Committee was formed to review the employment of internal and external personnel under the manpower structure of branches in order to save personnel cost and expense in May 2004.
- E. The contracted personnel management system and salary assessment table were standardized. Nearly 60 titles of contracted medical administration personnel currently in use

were simplified and combined into five titles.

- F. The simplification program was executed according to the Guidelines for Taipei City Government -Department of Health Hospitals and Clinics Second Simplification Program. According to the preliminary survey, 245 personnel have applied for privileged retirement under the simplification program.
- G. The chronic disease prescription release operation was promoted vigorously by combining the community development and medical care resources. Through cooperation with the Taipei Pharmacists' Association, special personnel were sent to hospitals to provide prescription release enquiry service to citizens.
- H. The Taipei City Hospital Drug Management Joint Committee was formed in the beginning of 2004 to control the drug items in ten Taipei Municipal Hospitals to less than 1,200 items. The Taipei City Hospital Drug Procurement Operation Team was formed in the middle of 2004 to draw up the purchasing workflow, specifications and various control mechanisms, and to analyze the drug use

percentage by division and by physician.

- I. The Taipei City Hospital Joint Procurement Team was formed to integrate the purchasing items and specifications of all Taipei City Hospital branches in order to reduce operating cost and expense by means of controlling the price with quantity.
- J. Promoting inter-organizational information system integration and establishing the inter-organizational transfer system for Taipei City Hospital: Currently, the information system integration of nine Taipei City Hospital branches (except the Branch for Chinese Medicine) was completed in February 2004. It can save unnecessary system development fees, standardize education and training, and save a large amount of maintenance and management cost and expense.

(2) Enhancing medical care service quality

- A. After the medical care integration, besides offering common basic services and adequate emergency care, branches of the Taipei City municipal hospitals established special clinics

according to the particular needs of patients or referred patients to other characteristic branch to receive suitable hospitalization or outpatient department services through the referral system, thus forming medical care resources sharing to create the biggest benefits with the least investment. The planning of individual Taipei City Hospital branches is as follows:

- a. Zhongxing Branch: Ophthalmology and Orthopedics
 - b. Renai Branch: Cancer, Gastroenterology, Gastrointestinal Surgery, Neurology, Neurosurgery, Cardiovascular Diseases and Thoracic Surgery
 - c. Heping Branch: Infectious Disease, Dermatology, Thoracic Medicine
 - d. Branch for Women and Children: Women and Children Treatment (including Pediatric Emergency and Severe Case; Genetic Diagnosis Counseling; Gynecology, Obstetrics, and Health Care for Foreign Pregnant Women), Early Intervention for Children with Development Delay
 - e. Yangming Branch: Health Examination, Community Medicine, Endocrinology & Metabolism, Otolaryngology and Physical Rehabilitation
 - f. Zhongxiao Branch: Urology, Dentistry, Occupational Diseases
 - g. Songde Branch: Psychiatry
 - h. Branch for Chinese Medicine: Chinese Medicine Technology Development
 - i. Branch for Disease Control and Prevention: Tuberculosis Prevention Development, AIDS Specialty Clinic, STD General Clinic, Syphilis and AIDS Blood Screening Center
- B. To safeguard the life and property of Taipei citizens, the Emergency Operation Center, the first in Taiwan, was established with the focus on medical care and health. It received the Medical Care Institution Quality Medal from the 2004 National Biotechnology and Medical Care Quality Awards. Major businesses include: acceptance of hospital and severe case referral, control of real-time disasters and incidents (e.g. avian flu, RIFA infection reporting), on-spot medical care service (e.g. FIFA Futsal World Championship Chinese Taipei 2004), and Disaster Medical Assistance Team (DMAT) formation.

- C. The internship agreement between the -Department's hospitals and clinics and the National Yang Ming Medical University on May 30.
- D. The Joint Occupational Disease Care Clinic was planned and established by combining the Municipal Zhongxiao Hospital, Municipal Renai Hospital, Municipal Yangming Hospital, Municipal Zhongxing Hospital, Municipal Heping Hospital, Municipal Women and Children Hospital and Municipal Chronic Disease Hospital to open medical care resources sharing by means of joint practicing between community hospitals and occupational disease specialists.
- E. The 2005 Taipei City Hospital Resident Doctor Recruitment Prospectus, training handbook for resident doctors of different departments and sections, and the 2005 Taipei City Hospital Journal and Book Procurement Specifications were completed.
- F. The Medical Center Accreditation Promotion Taskforce was formed. Four teams under the taskforce are medical management, internal medicine, surgery and education.
- G. Based on the basic concept of patient safety, the Emergency Incident Command System (HEICS) was established, to manage such as fall prevention and drug use safety, in order to reduce accidents.
- H. Seeing the problems of the patient accompany culture marked out during the battle with SARS, five general branches of the Taipei City Hospital promoted the Full Responsibility Care System to enforce the reform of the patient accompany culture.
- I. The inauguration ceremony of the Breast Milk Bank was held on December 30, 2004, at the Branch for Women and Children. As the first breast milk bank in Taiwan that complies with international standards, it is built to promote the correct breast milk donation concept, to provide complete health care for premature babies and newborns suffering from severe illness, to provide a friendly environment for modern wet nurses to donate breast milk happily, and to let babies who are in need of breast milk to get natural nutrition from breast milk safely.
- J. To continue to promote the eight major diseases medical quality assur-

- ance program and to reinforce disease management and care, the clinic management and administrative assistant were established. From the filing, treatment, health education, follow-up and referral of perinatology service, cervical cancer, breast cancer, hypertension, diabetes, asthma, tuberculosis and depressive disorders, full services are provided to let patients receive better and complete care.
- K. The Central Laboratory was established in June 2004 to centralize the laboratory human resources and equipment of all branches.
- L. The central component room, system administration center, network management center and inter-organizational information operating system, such as LIS, PACS, HIS etc, were implemented to facilitate inter-branch operations.
- M. The Yangming Hospital that devoted to promote community long-term care service received the 2004 Taipei City Government Administration Quality Award and the Nursing Quality Medal-Home Care Service from the 2004 National Biotechnology and Medical Quality Awards.
- N. During 9-14 March 2004, a second survey on related topics was conducted on the Taipei Municipal Hospitals outpatients. Results indicated: 74.8% of the respondents are very much satisfied and satisfied with the Taipei City Government outpatient services; though only 42.5% of the respondents have heard of the Taipei City Hospital integration program, the desire for Taipei City Hospital integration of all respondents can positively reflect their recognition and expectation of the Taipei City Hospital integration policy promotion because the two principal items in the Taipei City Hospital integration program, administration integration to save expenses and medical integration to create resources, have obtained considerable support from the public; 45.9% of the respondents believe that the medical standard of Taipei City Hospital will be enhanced through medical integration, and only 7.5% of the respondents believe that the standard will drop; though 48.5% of the respondents are uncertain of or don't know the influence of the administration integration before it is propagated, 26.9% of the respondents approve its effect.

(3) Medical support domestic and abroad

- A. The Taipei City Hospital's Mongolia Medical Aid Team was formed and visited Mongolia in April for a 2-week free consultation and friendly visit to provide medical care services and mental health examinations to over one thousand people. The experience of this mission was shared in the article "International Free Consultation Experience-A Case Study on Medical Assistance for Mongolia", 1-4, Taipei City Hospital Medical Journal.
- B. Adhering to the spirit of "when we see hungry people, it seems we are hungry; when we see people drowning, it seems we are drowning", the DMAT was formed and offered rescue services in Nantou and helped in mitigating the damage and medical problems that were caused by the typhoon Mindulle.
- C. To provide suitable medical care services to citizens living in areas of fewer medical care resources, the Taipei City Hospital formed medical teams to provide outpatient service

support for the medical care in Jinmen and Mazu areas from four years ago in order to benefit locals and to enhance local medical care standards.

(4) Control of communicable diseases

- A. Many epidemic prevention committees were formed to educate citizens on knowledge of communicable diseases and to have faith in infection control through relevant publicity activities and to help the Taiwan Society of Infection Control to train five infection control technologists in northern Taiwan.
- B. The Heping Branch received the Epidemic Prevention Responsibility Hospital Excellent Planning Award from the 2004 National Biotechnology and Medical Quality Awards.
- C. The -Department's mobile infection control team was formed and the Taipei Municipal Hospitals epidemic prevention survey was conducted to coordinate with communicable disease prevention. Personnel participated in the exercises and training activities, and the advanced training courses of the Field Survey

Epidemiology Credit Program to make continual improvement of epidemic prevention abilities.

- D. The Anti SARS anniversary was held on 24 April 2004, and experts and scholars of different fields, patients, and civilian groups were invited.
- E. The inauguration ceremony of the pediatric ward on 8/F and 9/F of the Taipei Municipal Women and Children Hospital was held on October 29, 2004. It is Taiwan's first negative pressure isolation ward exclusively for children.

5. Building a New Taipei City - Long-term and Hospice Care

5.1 Long-term care

5.2 Hospice care

Chapter I

Chapter II

Chapter III

Chapter IV

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Chapter VI

Chapter VII

Chapter VIII

Building a New Taipei City - Long-term and Hospice Care

5. Building a New Taipei City - Long-term and Hospice Care

5.1 Long-term care

- (1) According to the Taipei City Subsidization Regulations for Institutional Care Fees of Surgical Tracheotomy Cases, subsidies for low- and middle-income families are NT\$15,000 and NT\$10,000 a month. In 2004, 530 patients were subsidized.
- (2) The Taipei City Long-term Care Planning and Promotion Taskforce was formed and taskforce meetings were held at planned intervals to promote the Taipei City Long-term Care Service Network Pilot Project. In 2004, the number of long-term care service centers had increased from three: Daan Long-term Care Service Center, Wanhua Care Service Center and Shilin Care Service Center, to five: including Datong Care Service Center and Nangang Care Service Center.

These centers offer case evaluation, professional team visits, and case management and referral services. In 2004, 4,078 old cases and 1,138 new cases were managed.

- (3) Expansion of home care giver training: 86 home care giver training courses were organized and 4,587 citizens participated; and five care support group activities were organized and about 100 citizens participated. We also entrusted 19 institutions to organize orientation training for caregivers, including 80 sessions for 2,950 trainees, sharing 60% of the total in Taiwan. Nine compensational training courses were organized and 153 trainees participated. The caregiver training and course information website was established, and 14,171 people visited the site.
- (4) Promoting long-term care institutional custody service: accumulatively

20 custody institutions, 1,086 people/day.

- (5) Long-term care home visit service by professionals: Professionals from six categories visited 2,904 people.
- (6) Organizing community rehabilitation activities to help dementia patients in communities to improve living quality and to entrust professional rehabilitation groups to provide rehabilitation and healthcare services to 6,984 patients at Xinyi, Neihu, Wanhua and Datong district health centers since October 4.
- (7) Active guidance was given to hospitals and civilian groups to establish nursing care institutions, hospitals were encouraged to adopt the diversification of operations. By the end of December 2004, totally 14 nursing homes with 746 beds and 27 home care institutions had started operations.
- (8) Establishing long-term care angel manpower bank volunteer worker service: The long-term care angel (volunteer workers) manpower bank was established to initiate the long-term care volunteer workers HR. The volunteer workers manpower bank headquarters and branches

were established by combining charity groups and 12 district health centers to provide home care services. The accumulative number of volunteer workers is 1,433, the service case frequency is 8,533 cases, and the service hours are 30,307 hours.

- (9) Coordinating with the Double Ninth Festival, the Physical Therapist Association Taipei was entrusted to organize five activities to show respect for the elderly on every Saturday of October. Volunteer workers and senior citizens were invited. By promoting the physical and mental functions from the instructional activities, services provided by the long-term care service network were propagated. 211 people participated, and favorable comments were obtained from citizens.
- (10) Encouraging nursing care institutions to provide beds for dementia patients, reward and subsidization regulations were planned, and six institutions were subsidized.
- (11) Coordinating with the Department of Social Welfare, assistance was given to evaluate eight large-scale homes for old age.

(12) Coordinating with the Department of Health medical network plan to draw up long-term care institutions care quality benchmark projects: The trial evaluation institutions range was expanded to the north district, a total of 19 institutions participated. The Building Quality Long-term Care Institution Care Quality and Sustainable Operation was organized, a total of 20 institutions and 56 people participated. On 3 December 2004, the National Long-term Care Institutions Demonstration was organized to improve the care quality of long-term care institutions through mutual demonstrations, learning and sharing with benchmark institutions. A total of 67 units and 153 people participated.

Veterans' General Hospital, Tri-Service General Hospital, Koo Foundation Sun Yat-Sen Cancer Center, Taipei Municipal Zhongxiao Hospital, Taipei Municipal Guandu Hospital and Cathay General Hospital.

5.2 Hospice care

The Bureau of Health Promotion announced the list of institutions approved under the 2004 Taipei City Medical Care Institutions Hospice Care Promotion Project, including the National Taiwan University Hospital, Taipei

6. Education, Research and International Cooperation

6.1 Health training

- 6.1.1 Promoting health volunteer service
- 6.1.2 Promoting health-promotion issues
- 6.1.3 Health training

6.2 Comprehensive planning, R&D and evaluation

6.3 International exchanges

6. Education, Research and International Cooperation

6.1 Health training

6.1.1 Promoting health volunteer services

(1) Organizing health volunteer service training courses

- A. 46 basic training courses for volunteer workers in Taipei City and 1,501 people completed the training.
- B. Three training courses for diet and no-smoking restaurant volunteer workers and 250 people completed the training.
- C. 315 training courses for special education volunteer workers and 5,883 people completed the training.
- D. One training course for volunteer worker supervision and 150 people participated.

(2) Insurance for health volunteer services

The Department created a budget for the Volunteer Worker Service Food and Transportation Allowance Fund amounting to NT\$231,880 to pay for the promotion of volunteer worker assisted health education and related activities.

(3) Health volunteer service commendation

Organized the 2004 Taipei City Health Volunteer Service Outstanding Volunteer Workers and Groups Commendation and New Volunteer Workers Pledge Ceremony, totally NT\$420,000.

(4) Promoting health volunteer workers

There are a total of 75 units promoting health volunteer workers, including 12 municipal hospitals, 24 public and private hospitals, 12 district health centers, 12 community health building units, 15

civilian groups, totally 269 volunteer teams with 12,684 volunteer workers; total service hour is 597,509 hours, and totally serviced 2,507,836 people.

The health volunteer workers of the Department were awarded Outstanding Volunteer Service of the Year 2004 at the Department of Health national evaluation.

(5) Organizing new immigrant volunteer worker recruitment

To provide multilingual services, the new immigrant volunteer worker recruitment and training were organized to enrich the health knowledge of new immigrant spouses with the assistance of new immigrant volunteer workers.

(6) Managing volunteer service records and service content and hour registration

There are 10,020 volumes of volunteer service records, and 2,206 copies were distributed.

(7) The evaluation on the volunteer service utilization of hospitals, clinics and 12 district health centers is made an item for accreditation.

(8) The outstanding volunteer worker

and group selection was organized. Deputy Mayor Jin-tsun Yeh was invited to present the prize to commend them. 650 volunteer workers participated, where (1) five volunteer workers were awarded the Model Senior Volunteer Worker Award; (2) 33 volunteer workers were awarded the Model Novice Volunteer Worker Award; (3) 13 volunteer workers were awarded the Model Special Contribution Volunteer Worker Award; (4) 20 families were awarded the Model Health Volunteer Family Award; and (5) six teams were awarded the Model Outstanding Volunteer Team Award.

(9) Organized the health volunteer worker accident insurance for 2,139 volunteer workers.

(10) Implemented the Taipei City health volunteer service information website, the content covered site map and URL introduction, education and training course announcement, query, registration, pictures of the health volunteer workers when they received the award at the outstanding vol-

unteer worker and group commendation, setup warmth sites and post volunteer service or training result sharing.

6.1.2 Promoting health-promotion issues

(1) Women's health

The Municipal Chinese Medicine Hospital organized the Value Health and Cherish Women activity.

(2) Health fitness and healthy diets

A. Organized the Healthy Diet Seed Volunteer Worker Training; Big Hands by Small Hands, Health Quick March-Healthy Diet New Adolescent Activity; 2004 Healthy Wanhua-Healthy Diet, Regular Exercise and Health Consumer Protection Health Ode and No Iron Bar Community Incident Prevention Propagation; Get Rid of Burdens, Eating Healthily, Community Dancing Up; Body Weight Control New Trends, Healthy Taipei Fashion Training Course; Exercise and Screening Together, Energy, Health and Fun; Chronic Fatigue Syndrome High Risk Group-Energetic Pressure

Reduction Class, and Metabolism High Risk Group-Energetic Keep Fit Class; Employee-Adult Healthy Shape, Challenge 1824 Body Shape Measurement and Evaluation.

- B. Assistance for organizing various activities: 2004 Shilin International Cultural Festival-Drawing My Golden-rain Tree, Enjoy a Slim Life, Health Consumer Protection, Health Fair; More Energy and Dance, Better Health and Mood; Community Health Exercise Demonstration Activity; Appointment with Health: Slim Exercise for Summer-Challenge 1824; Practice Healthy New Life, Promote Community New Eating Map; Health Exercise Demonstration Education, Nutrition Demonstration and Enquiry, and Climbing Stairs Competition.
- C. Gathered the quarterly accomplishment reports from 25 registration points in Taipei City organizing the Adult Healthy Body Shape-Challenge 1824 body weight control promotional activity. A total of 1,917 citizens participated during the first season, and 26,931 citizens participated during the second season.

(3) Health promotion issues propagation

A. Women's health promotion

To promote women's health, the Women and AIDS Prevention-Women Elite Growth Camp, Taipei Citizen Dysmenorrhea (<http://www.health-women.com.tw/vitex.htm>), Infertility and Endometriosis (<http://www.health-women.com.tw/endometriosis.htm>) Seminar and Association North District Annual Meeting were organized. The press release "Half of women have dysmenorrhea, what should we do with dysmenorrhea? Ask help from experts on the web now!" was published. The Dysmenorrhea and Menopause Healthy Life Net CD-ROM was distributed. Questions asked by citizens at the Dysmenorrhea and Menopause Healthy Life Net were collated and answered.

B. Tobacco hazards control

- a. Organized the Tobacco Hazards On-the-job Training and Seminar, courses focused on professional knowledge and teaching methods relating to tobacco hazards for elementary, junior high and senior high school teachers and training officers. About 85 people participated in each course.

- b. Filed 374 cases on Under 18 Quit Smoking Education and referred to district health centers.

C. Cardiopulmonary resuscitation (CPR)

- a. Organized hospital and clinic Basic Life Support Instructor (BLSI) Training, First Aid Skill Network Registration Education and Training, and 25 first aid skill training courses.
- b. Produced 50,000 copies of Cardiopulmonary Resuscitation Folded Leaflet and 20,000 copies of Cardiopulmonary Resuscitation Registration Card.
- c. Invited the Police Radio Station and Taipei Broadcasting Station to propagate the Move the String of My Hearing-1,000 People CPR Feast activity organized by the Department and the Red Cross Society of the Republic of China in order to propagate injury prevention.

D. Accident and injury control

- a. Organized the 2004 World Health Day-Road and Traffic Safety Walk, Healthy City Friendly Walk to introduce to the visually impaired audible traffic signs, pedestrian traffic safety equipment demonstration,

reducing injury control interactive propagation and demonstration booths. A total of 1,000 citizens participated.

- b. Distributed Volvo Children Riding Safety Seminar and Exhibition event promotional posters and children car seat promotion kits to reinforce using car kid seats for children under 4.
- c. Organized the Pedestrian Safety Month and Bus Driver Re-education activity in cooperation with the Department of Transportation to promote items that pedestrians should follow and notice, and senior citizens should wear bright color clothes.
- d. Organized the Second Taiwan Safe Community Development Symposium and Accomplishment Demonstration.

E. SARS control

- a. Produced the Prevent SARS All Citizens Together taxi publicity stickers; "No Fever, No Isolation, Wash Hands Regularly and Take Body Temperature to Prevent SARS," and distributed 3,500 environmental protection promotional bags to reinforce propagation.
- b. Published 2 health propagation

messages: Visitors from China, Hong Kong and Macau must take body temperature and apply health self-management; wear a mask and get medical attention immediately in case of a fever; prevent SARS and enterovirus; wash hands regularly, take body temperature, develop good hygiene habits.

F. Avian flu control

- a. Produce one million copies of Avian Flu Prevention Propagation Leaflet; 618 Avian Flu Red Banners, 90-word Avian Flu Prevention slogan; and 1,800 copies of epidemic prevention prized quiz publicity materials.
- b. Published the Avian Flu Prevention Propagation Press Release to remind citizens to start from reinforcing personal hygiene, health management and environmental sanitation, and to follow the ten Nos and five Wants, in order to block avian flu infection.
- c. Assisted the epidemic prevention propagation team of Taipei City Daan District Health Centers to organize the Air Force Headquarters avian flu prevention education; and provided 500 copies of avian flu health education leaflet

(Epidemic Prevention Newsletter) to reinforce the propagation and health education of avian flu prevention education to officers and soldiers of the army.

- d. Commissioner Zhang accepted the invitation from the online call-in program Taipei City Must Win - Are You Happy with the Taipei City Government Administration of the NEWS 98 broadcasting station to broadcast and propagate various epidemic prevention measures and to remind citizens to reinforce protection. Commissioner Zhang also recorded the reminder for practicing healthy life, "more fruit, more vegetables, more health; less oil, less salt, less fat; exercise 30 minutes everyday, 100 marks for health and energy", to let NEWS 98 broadcasting stations and the Taipei Broadcasting Station broadcast it at unplanned intervals for propagation.
- e. Produced 10,000 copies of leaflet and 2,000 copies of poster combining Doraemon, subjects included: Taipei Municipal Hospitals, Preventive Medicine Test Reagents, All Citizen Prevention of Avian Flu, Long-term Care, and Full Responsibility Care System.

G. Enterovirus control

- a. Produced washing hand posters (4,000 A1-size posters) and leaflet (A3-size, 20,000 copies) for enterovirus control, No Infectious Disease, Healthy Life Together publicity folded leaflets totally 50,000 copies; No Infectious Disease: Everybody Washes Hands, Bacteria Away from Hands publicity posters 28,000 copies.
- b. Distributed folded leaflets of Correct Five Steps for Washing Hands-Wet, Rub, Rinse, Hold, Wipe; and Understanding Enterovirus Complete Strategy to the program room of Taipei Broadcasting Station to reinforce propagation in order to remind citizens to pay attention to enterovirus control.
- c. Organized the enterovirus control activity, I care, and you? Let's wash hands, in cooperation with the Renewal Foundation, totally 500 people participated.

H. Dengue fever control

- a. Distributed 5,000 dengue fever health education promotional fans, 18,310 dengue fever health education VCDs, and totally 400,000 copies of No Water in Containers, No Propagation of Vector

Mosquitoes, and Good Protection from Mosquitoes on Tours, No Trouble of Dengue Fever Import health education leaflets to reinforce propagation and prevent dengue fever.

- b. Organized No Propagation of Vector Mosquitoes, No Dengue Fever-Dengue Fever Prevention propagation activity in cooperation with the Center for Disease Control, Municipal Yangming Hospital , Shilin District Health Center, Beitou District Health Center, and several neighborhood offices to reinforce propagation, and about 1,000 community citizens passionately participated.
- c. Used signboard advertisements: "If you feel a fever, head ache, sore joints and bones , with rash and uncomfortable symptoms of dengue fever, go to the doctor immediately or notify spontaneously," "Prevent dengue fever, remove water from containers and vector mosquitoes propagation sources at planned intervals and develop good hygiene habits," and "Prevent dengue fever, remove water from containers outside your home," to propagate dengue fever control health education.

I. Tuberculosis control

Produced health and medical broadcasting and propagating programs Healthy Taipei Fashion belt-shaped program in cooperation with the Taipei Broadcasting Station. Schedule for March 2004 - Municipal Chronic Hospital propagated tuberculosis control in coordination with the Department of Health propagation topic.

J. Tobacco hazards control

Organized quit smoking instructor training course, totally over 40 people participated.

K. Red imported fire ant (RIFA) control

Produced 113,100 copies of A4, single sided, color RIFA leaflets to reinforce RIFA control propagation.

L. Health garden

The health window decoration was completed on 17 March 2004. All departments and offices can provide propagation and education materials to propagate health information of the Department.

M. Anti-drug propagation

Coordinating with the Operation Spring Light, campus drug abuse and anti-drug propagation activities and drug

abuse propagation activities were organized: Organized the Operation Spring Light anti-drug music composition and singing contest in cooperation with the Department of Education and Taipei City Psychiatric Center; and the Give Me High-No Drug Hazards 2004 Youth High Anti-drug propagation event and paint bullet inter-school competition in cooperation with the National Bureau of Controlled Drugs, Department of Health, the Executive Yuan; Taipei City Psychiatric Center; Taipei District Public Prosecutors Office, Taiwan Aftercare Association-Taipei Branch; Taipei City Government Juvenile Guidance Committee; Dwen An Social Welfare Foundation; Operation Dawn Taiwan; World Peace Praying Association of Taiwan; and Quit Smoking Hotline Service Center.

N. Health fitness propagation

- a. Provided 1,000 copies of Body Weight Control Propagation leaflets and BMI Inspection Rotary Disc; published press release "Cool Summer: How to Say Goodbye to the Buyout and Butterfly Sleeve on the Body" to educate citizens in the perception of BMI (body mass index).
- b. Provided 150 copies of propagation

pamphlets and instructional CDs relating to body weight control and national health exercise to 150 group representatives of the National Union of Taiwan Women Association to reinforce the promotion and propagation of body weight control and health fitness promotion.

6.1.3 Health training

- (1) The Taipei City Epidemic Prevention Propagation Team organized a total of 79 propagation talks on SARS, influenza and avian flu; the Taipei City hospitals organized 33 talks; district health centers organized 46 talks; altogether 5,319 people participated.
- (2) Organized the following professional personnel training: the 2004 Asia-Pacific City Influenza Prevention International Symposium, the 2004 Asia-Pacific City Anti-bioterrorism International Conference, the Taipei Municipal Hospitals and Clinics Personnel SARS Prevention Education and Training, the Avian Flu Prevention, the Mental Health Community Care Network Seed Personnel Training

- Course, the County and City Health Centers Nursing Personnel Menopause Healthcare Training Course, the Health Education Personnel Training Course, the Community Healthcare Training Course, the Applied Epidemiology Short-term Training Course, the Applied Epidemiology Short-term Personnel Training Course-Epidemic prevention Personnel Intermediate Course, the 2004 Taipei Healthy City Workshop, the 1st Taipei Healthy City International Conference, the Taipei Healthy City Training Course, and the Sexual Education Academic Conference.
- (3) Organized visits to Xinyi District Health Center and Taipei City Government -Renai Branch for students practicing in hospitals and clinics in summer, totally 12 students participated.
 - (4) Organized the Taipei City Adolescent Health Care White Book expert and scholar seminars, totally 11 scholars and experts participated; and 32 officers and colleagues from departments and offices of the Department participated.
 - (5) Organized health topic talks under the Taipei City Government Employee Health Promotion

Program: Hepatitis Prevention in Chinese Medicine, Degeneration and Disease Prevention, Walking Through the Low-tide of Life: About Depressive and Anxiety Disorders, Health and Long Life DIY, Sports Injury Prevention, Body Health for Working People.

- (6) To improve the service quality of disease control in Taipei City, during 16-20 February 2004, Dr. Andrew L. Corwin, US Navy Second Institute Expert stationed in Indonesia, and his research team was invited to give courses on disease control. All six members of the team are experts with considerable experience in areas relating to communicable disease control. These courses included Communicable Disease Herd Infection Investigation, the Epi-info Software Questionnaire Design and Data Analysis developed by the US Centers for Disease Control and Prevention, and the EWORS: Early Warning Outbreak Recognition System. Contents of the courses were rich, detailed and professional. Through this international exchange and course training, the disease control teams of Taipei City will be more powerful and solid. Totally 42 peo-

ple participated in the training course.

- (7) Organized topic education and training on Understanding Avian Flu and Prevention Strategies to improve the prevention skills of personnel of hospitals at all levels and clinics in Taipei City. Two sessions were organized, and 540 people completed the training.
- (8) In response to the classified mobilization of severe acute respiratory syndrome (SARS) and the reinforcement of hospital infection control, the 2004 Taipei City SARS Prevention Training was organized to improve the control skills of personnel of hospitals at all levels and clinics in Taipei City. Two sessions were organized, and 432 people completed the training.
- (9) To cultivate professionals in epidemiology and enhance the quality of public health personnel, the Applied Epidemiology Professionals Short-term Training Course was organized, including three sessions for the elementary class, totally 87 people completed the course; one session for the intermediate class, totally 29 people completed the training course.
- (10) To improve the professional and

contingency competencies in practical epidemics and diseases investigations of disease control personnel of Taipei City, the Field Epidemiology Investigation Training Course was organized. On every Saturday during November and December of 2004, disease control personnel of Taipei City cooperated with this great project. Foundational and practical courses were organized in two stages. About 120 personnel completed the training course at stage 1 and about 60 personnel completed the training course at stage 2.

6.2 Comprehensive Planning, R&D and Evaluation

(1) Promoting medical, pharmaceutical and public health research

Units were encouraged to embark on annual research projects in 2005. 138 projects proposed, non-Taipei City Government experts and scholars and the second evaluation by Department approved 112 projects after the preliminary evaluation. 14 applications of over-

seas training plans were approved and reported to the Department of Research, to evaluate the budget of 2005. There were 423 domestic training programs for personnel.

(2) Holding meetings to review execution of the Consolidated Fund

The five guidelines for scope of Consolidated Fund utilization were established to expand the scope from the Department and district health centers to the Taipei Municipal Hospitals and Clinics in order to encourage research and development to recruit special talents, and to promote public health programs. The 2004 Consolidated Fund execution and review committee reviewed a total of 20 applications, including five that were rejected and three withdrawn, totally 12 applications were approved: five public health programs, one overseas trip, five research projects, one equipment purchase; and 20 accomplishment reports were completed.

(3) Integrated planning of annual plans

Every year the Department draws out the annual plans of its departments, focuses and major administration targets according to the annual administration

outline of the Taipei City Government, and the amount of the allocated budget. These should be reported to the Taipei City Government for approval and control; and all health related affairs should be executed according to the annual budget.

(4) Control and evaluation of health affairs

A. Document processing enquiry

To enhance the quality and efficiency of document processing, the weekly follow-up, comparison and statistics are established for document processing enquiry and follow-up, and figures are used in the management to facilitate executives at all levels to capture the timeliness of document processing, to produce statistics on the average processing duration expressed in days, to report at the -Department's administrative meetings, and to apply sampling inspection and analysis of cases closed after the deadline, to understand the processing process at different stages, to review and make improvement in accordance with the Document Processing Deadline and Punishment and Discipline Criteria for Delayed Documents. The Delayed Document Follow-up Table and Document Retrieval and Analysis Point

Statistics were developed to enforce document control and evaluation. In 2004, totally 97,339 documents were received, 86,710 documents were sent, the average processing duration is 3.34 days.

B. Processing, follow-up and control of citizen applications, petitions and relief cases

In 2004, a total of 47,004 citizen applications, of 1,532 petitions, and of 671 relief cases were accepted. All were filed and under control, and were carefully processed by responsible units and completed within the designated time.

C. Control and evaluation of annual plans

Based on the 2004 administration plan control regulations of the Taipei City Government, the Taipei Municipal Hospitals Operation and Management Improvement Program, the Hospitals' Emergency Operation Center Implementation Project, and the Taipei Municipal Hospitals Inpatients Full Responsibility Care Pilot Project were reported to the Taipei City Government for approval, supervision and control. With the efforts of all colleagues, all project targets were achieved as planned.

Moreover, the Mayor Administration White Book was under self-supervision, and all targets were accomplished.

D. Review, control and utilization of overseas trip reports

During the year, personnel participating in overseas training courses, continuing education programs, investigations or international conferences submitted 13 reports on overseas training. All were followed up and supervised according to related regulations. After the approval of the Taipei City Government, these reports will be delivered to relevant units for reference.

6.3 International Exchanges

(1) Organizing international exchanges on public health and medical care services

A. The Mongolian and Tibetan Affairs Commission recommended and sent two Mongolian doctors to the Taipei Municipal Hospitals for clinical practice and continuing education for five months (August 17, 2004- January

17, 2005). During the practice, the Department provided free accommodation and basic living expenses to these doctors.

B. The Vietnam Commission for Population, Family and Children delegation of 10 members visited Taiwan during April 11-22, 2004. The delegation also visited the Department.

C. A delegation of six members from Mongolia, including the Director of the National Health and Science Institute, directors of the Department of Education and Department of Health of Ulaanbaatar City, chairperson of the Mongolian Society of Dentistry, chairperson of the Mongolia and Pacific Region Friendship Promotion Association, and members of the Department of Health, visited the Department and performed a medical exchange during 23-27 March 2004. Ulaanbaatar City is a sister city of Taipei City.

D. At the 6th anniversary of Mayor Ma's office, overseas press were invited to report on the Emergency Operations Center, Medical Imaging Management System, Postpartum Care Center, Suicide Prevention R&D Center, and Xinyi Health Center

Community Rehabilitation Center and Community Pharmacy on December 1, 2004.

(2) International cooperation and translation work

A. Subsidies for international medical and health conferences held in Taipei City

- a. Subsidized the 7th Asia-Oceanic International Congress on Skull Base Surgery organized by the Taiwan Society of Skull Base Surgery during 15-18 April 2004. Totally, 21 countries and 410 people participated, and 266 papers were presented.
- b. Subsidized the 2004 Asia-Pacific Chinese Laboratory Medicine Forum organized by the Taipei Society of Medical Technologist during 17-18 April 2004. Totally, four countries and 200 people participated, and 45 papers were presented.
- c. Subsidized the 12th Post ISBI (International Society for Burn Injuries) Congress-Taipei Symposium organized by the Chinese Burn Association Taiwan during August 27-29, 2004. Totally, 15 countries and 300 people partic-

ipated, and 95 papers were presented.

- d. Subsidized the 6th Asia-Pacific Pediatric Urology Conference organized by the Taiwan Pediatric Association during 19-21 November 2004. Totally, 25 countries and 200 people participated, and 56 papers were presented.
- e. Subsidized the 3rd International Congress on Cardiovascular Disease organized by the Taiwan Society of Cardiology during 26-28 November 2004. Totally, 12 countries and 800 people participated, and 600 papers were presented.
- f. Subsidized the 3rd Asia Congress on Implant Orthodontics organized by the Taiwan Association of Orthodontists during December 4-6, 2004. Totally, 11 countries and 600 people participated, and 70 papers were presented.
- g. Subsidized the 2004 Chinese Health Platform Conference organized by the Taiwan International Medical Alliance during October 21-23, 2004. Totally, five countries and 250 people participated, and 41 papers were presented.

B. Totally 93 countries and 2,760 peo-

ple participated in these conferences, and 1,174 papers were presented, and a total of NT\$300,000 was subsidized.

7. Vital Statistics

7.1 Population overview

7.2 Vital Statistics

7. Vital Statistics

7.1 Population overview

(1) Population and average life expectancy at birth

According to the household registration, by the end of 2004, the popula-

tion of Taipei City was 2,622,472 people, sharing 11.56% of Taiwan's total population of 22,689,122.

Taipei City was restructured into a municipality in 1967, and suburban towns and counties were allocated to the municipality in the following year. The population in the end of that year was

Table 7-1 Population and Life Expectancy at birth of Taipei City, 1993-2004

Year	Year-end Population (person)	Crude Birth Rate (‰)	Crude Death Rate (‰)	Natural Increase Rate (‰)	Life Expectancy at Birth (Years)	
					Male	Female
1993	2,653,245	12.85	4.12	8.73	75.99	80.83
1994	2,653,578	12.66	4.24	8.43	76.18	80.94
1995	2,632,863	13.15	4.47	8.68	76.18	81.07
1996	2,605,374	13.04	4.67	8.37	76.37	81.14
1997	2,598,493	13.48	4.75	8.73	76.51	80.96
1998	2,639,939	11.53	4.72	6.81	76.56	81.20
1999	2,641,312	12.05	4.80	7.25	76.84	81.55
2000	2,646,474	12.74	4.91	7.83	76.97	81.62
2001	2,633,802	10.23	5.05	5.17	77.33	81.79
2002	2,641,856	9.72	5.13	4.60	77.56	81.95
2003	2,627,138	8.85	5.23	3.62	77.79	82.39
2004	2,622,472	8.44	5.34	3.10

Source: The Statistical Yearbook of Taipei City; Department of Statistics, Ministry of the Interior

Table 7-2 Population Indicators, Taipei City, 2004

Year	Year-end population (1,000 persons)	Age Structure (%)			Population Index (%)			
		Under 15 years	15-64 years	65 years and over	Dependency Ratio	Young Age Population Dependency Ratio	Old Age Population Dependency Ratio	Aging Index
1993	2,653	22.91	69.47	7.63	43.96	32.98	10.98	33.29
1994	2,654	22.12	69.87	8.01	43.12	31.66	11.46	36.19
1995	2,633	21.58	69.98	8.44	42.90	30.83	12.06	39.12
1996	2,605	21.15	70.09	8.75	42.67	30.18	12.49	41.38
1997	2,598	20.81	70.14	9.05	42.57	29.66	12.90	43.50
1998	2,640	20.30	70.48	9.22	41.89	28.80	13.09	45.43
1999	2,641	19.93	70.63	9.44	41.57	28.22	13.36	47.34
2000	2,646	19.64	70.69	9.67	41.46	27.78	13.68	49.25
2001	2,634	19.27	70.79	9.94	41.27	27.23	14.04	51.58
2002	2,642	18.77	70.97	10.25	40.90	26.45	14.44	54.61
2003	2,627	18.19	71.23	10.58	40.38	25.53	14.85	58.15
2004	2,622	17.71	71.37	10.92	40.11	24.81	15.31	61.70

Source: The Statistical Yearbook of Taipei City; Department of Statistics, Ministry of the Interior.

1,604,543 people. As the population grew annually, the population grew to 2,719,659 people by the end of 1990, reaching the peak of the registered population in the city, and the increase rate was 69.50% in the past 22 years. The population began to fall slightly since 1991 but rose again since the end of 1998. However, the population began to fall again since 2001 because of the annual reduction in natural population growth. Secondly, the outflow of popula-

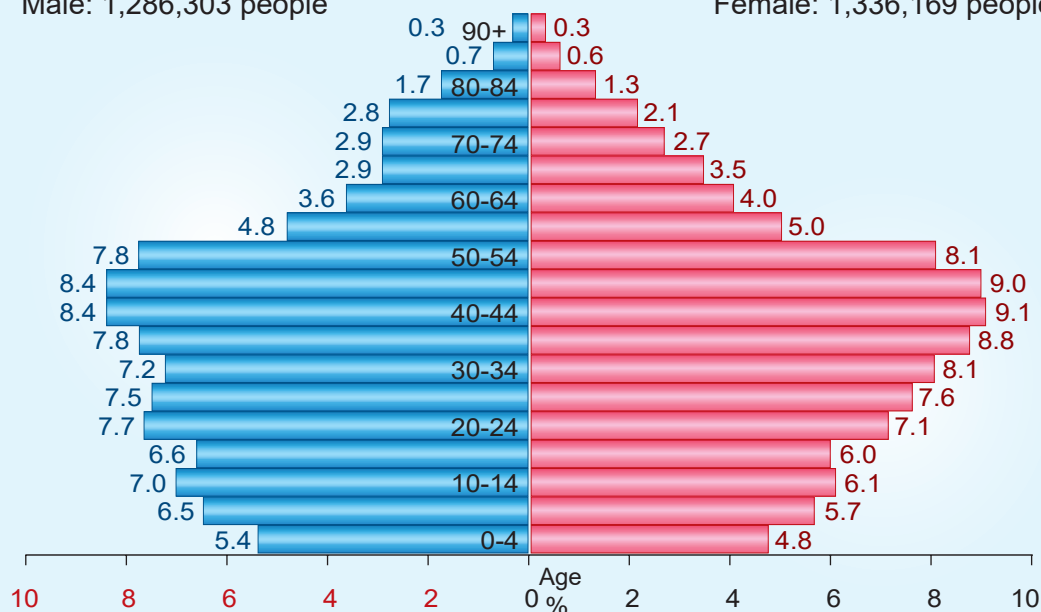
tion was greater than the inflow, and the social negative increase rate was higher than the natural population growth.

The Taipei City's population in 2004 decreased by 0.18% from that of 2003. The crude birth rate was 8.44‰; the crude death rate was 5.34‰; and the natural increase rate was 3.10‰. At the end of 2003, the average life expectancy of citizens in Taipei City was 79.66 years-77.79 years for male, and 82.39 years for female.

Age Structure of Population in Taipei, End of 2004

Male: 1,286,303 people

Female: 1,336,169 people



The Department was awarded by the Ministry of the Interior a trophy for the 2004 Population Policy Propagation Outstanding Agency.

(2) Age structure

At the end of 2004, there were 1,286,303 men and 1,336,169 women. The male-to-female ratio was 96.27. By age, the population of young children under 14 was 464,000 people, sharing 17.71% of the total population in Taipei; the population of the working age group

(15 to 64) was 1,872,000 people, sharing 71.37% of the total population in Taipei; and the population of the elderly (65 and above) was 286,000 people, sharing 10.92% of the total population in Taipei.

Since 1992, the elderly population of 65 or older has exceeded 7% of the total population in Taipei, making Taipei City an aging society by the United Nations definition. The elderly population has since been growing steadily to 10.92% of the total population in Taipei at the end of 2004. When sorting, from high to low, the elderly population of all

23 counties and cities in Taiwan, Taipei ranked at the 11th. At the end of 2004, every 100 people aged between 15-64 must support dependents under 14 and over 65, and the dependence ratio was 40.1, with a tendency to fall annually.

7.2 Vital Statistics

(1) Leading Causes of Death and their Changes

Since 1973, malignant neoplasms have topped the leading causes of death in Taipei City for 32 years, and heart disease and cerebrovascular disease ranked at the second or third of citizens since 1991, while deaths by accidents and adverse effects dropped extensively. In 2004, the mortality rate in Taipei City was 523.20 deaths per 100,000 population. The mortality rate of malignant neoplasms was 160.09 deaths per 100,000 population, sharing 30.60% of all deaths. The mortality rate of heart disease was 65.99 deaths per 100,000, sharing 12.61% of all deaths. The mortality rate of cerebrovascular disease was 47.24 deaths per 100,000, sharing 9.03% of all deaths. Other leading causes of death were, in descending order, diabetes mel-

litus, nephritis, nephrotic syndrome and nephrosis, accidents and adverse effects, pneumonia, suicide, chronic liver disease and cirrhosis, and hypertensive disease.

The performance in the 2004 Causes of Death Statistics of the Department was ranked the first in Group A in the evaluation on cities and counties in Taiwan by the Department of Health.

(2) Top Ten Cancers

A total of 4,202 people were killed by cancers in 2004, at a mortality rate of 160.09 deaths per 100,000 people. Of these, 2,594 were male, at a mortality rate of 201.24 deaths per 100,000 male, and 1,608 were female, at a mortality of 120.38 deaths per 100,000 female.

The top ten causes of cancer death were, in descending order, trachea, bronchus, and lung cancer, liver and intrahepatic bile ducts cancer, colon and rectum cancer, women breast cancer, stomach cancer, prostate cancer, cervical cancer, pancreas cancer, Non-Hodgkin's Lymphoma (NHL), and oral cavity cancer.

Table 7-3 Leading Causes of Death, Taipei City, 2004

Units: Person, %

Rank	Cause of Death	Total Deaths	%	Deaths per 100,000 pop.		
				Total	Male	Female
	All causes of death	13,733	100.00	523.20	647.93	402.84
1	Malignant neoplasms	4,202	30.60	160.09	201.24	120.38
2	Heart disease	1,732	12.61	65.99	85.88	46.79
3	Cerebrovascular disease	1,240	9.03	47.24	56.24	38.55
4	Diabetes mellitus	893	6.50	34.02	34.13	33.91
5	Nephritis, nephrotic syndrome and nephrosis	503	3.66	19.16	21.57	16.84
6	Accidents and adverse effects	463	3.37	17.64	26.53	9.06
7	Pneumonia	447	3.25	17.03	23.27	11.00
8	Suicide	346	2.52	13.18	17.46	9.06
9	Chronic liver diseases and cirrhosis	333	2.42	12.69	17.22	8.31
10	Hypertensive disease	167	1.22	6.36	6.36	6.36
	All other causes	3,407	24.81	129.80	158.03	102.56
11	Bronchitis, emphysema and asthma	113	0.82	4.31	5.66	2.99
12	Septicaemias	94	0.68	3.58	4.58	2.99
13	Tuberculosis	74	0.54	2.82	4.19	1.12
14	Ulcer of stomach and duodenum	70	0.51	2.67	3.34	2.02
15	Congenital anomalies	48	0.35	1.83	2.17	1.72

Notes:

1. Mid-year population in Taipei City: 2,624,805 people; Male: 1,289,022 people; Female: 1,335,782 people
2. Figures of deaths are combined deaths of male and females.

Table 7-4 Leading Causes of Death, Taipei City, 1994-2004

Units: Rank, Deaths per 100,000 pop.

Cause of Death	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
All causes of death	415.24	437.00	457.75	463.27	465.98	470.49	484.10	500.81	503.41	517.40	523.20
Malignant neoplasms	(1) 111.55	(1) 120.31	(1) 128.52	(1) 134.67	(1) 133.21	(1) 134.97	(1) 141.38	(1) 154.88	(1) 158.05	(1) 151.87	(1) 160.09
Heart disease	(2) 49.63	(3) 47.56	(2) 52.84	(2) 55.84	(2) 50.82	(2) 54.08	(3) 47.35	(3) 52.38	(2) 54.97	(2) 62.33	(2) 65.99
Cerebrovascular disease	(3) 43.64	(2) 49.41	(3) 51.96	(3) 50.96	(3) 49.75	(3) 45.78	(2) 52.20	(2) 52.91	(3) 46.74	(3) 50.29	(3) 47.24
Diabetes mellitus	(5) 19.79	(5) 23.46	(5) 24.21	(4) 29.02	(5) 24.70	(4) 32.68	(4) 37.97	(4) 34.20	(4) 33.70	(4) 35.91	(4) 34.02
Nephritis, nephrotic syndrome and nephrosis	(7) 12.14	(8) 13.54	(6) 14.05	(6) 14.53	(6) 15.77	(6) 15.87	(6) 17.29	(6) 18.56	(6) 17.29	(6) 19.09	(5) 19.16
Accidents and adverse effects	(4) 33.54	(4) 28.45	(4) 29.48	(5) 26.25	(4) 26.42	(5) 24.92	(5) 22.66	(5) 19.17	(5) 19.49	(7) 17.27	(6) 17.64
Pneumonia	(8) 11.61	(7) 14.07	(8) 12.68	(9) 10.61	(8) 12.60	(8) 15.00	(8) 11.95	(7) 13.90	(7) 16.98	(5) 21.52	(7) 17.03
Suicide	(10) 6.52	(10) 7.79	(10) 8.55	(10) 8.22	(10) 7.67	(10) 8.03	(9) 8.96	(9) 10.98	(8) 12.32	(9) 12.15	(8) 13.18
Chronic liver diseases and cirrhosis	(6) 13.49	(6) 14.38	(7) 14.01	(7) 13.41	(7) 14.85	(7) 15.30	(7) 14.11	(8) 13.83	(9) 11.56	(8) 13.93	(9) 12.69
Hypertensive disease	(9) 9.95	(9) 11.05	(9) 12.52	(8) 10.99	(9) 10.73	(9) 9.47	(10) 7.22	(10) 6.33	(10) 6.79	(10) 5.39	(10) 6.36

Note: Figures inside brackets are the rank of cause; figures under bracket figures are mortality rate at 1/100000 pop..

Table 7-5 Leading Causes of Death from Cancer, Taipei City, 2004

Units: Person, %

Rank	Cause of Cancer Death	Total Deaths	%	Deaths per 100,000 pop.		
				Total	Male	Female
	Malignant neoplasms	4,202	100.00	160.09	201.24	120.38
1	Trachea, bronchus, and lung cancer	880	20.94	33.53	46.47	21.04
2	Liver and intrahepatic bile ducts cancer	677	16.11	25.79	38.40	13.62
3	Colon and rectum cancer	518	12.33	19.73	23.74	15.87
4	Female breast cancer	203	4.83	15.20 (1)	--	15.20
5	Stomach cancer	311	7.40	11.85	15.36	8.46
6	Prostate cancer	122	2.90	9.46 (2)	9.46	--
7	Cervix uteri cancer	87	2.07	6.51 (1)	--	6.51
8	Pancreas cancer	164	3.90	6.25	6.09	5.61
9	Non-Hodgkin's lymphoma	148	3.52	5.64	7.06	4.27
10	Oral cavity cancer	138	3.28	5.26	9.46	1.20
	All other causes	954	22.70	36.35	44.37	28.60
11	Gallbladder and extrahepatic bile ducts cancer	125	2.97	4.76	5.04	4.49
12	Ovary and other uterine adnexa cancer	58	1.38	4.34 (1)	--	4.34
13	Leukemia	108	2.57	4.11	5.28	2.99
14	Oesophagus cancer	106	2.52	4.04	7.06	1.12
15	Bladder cancer	92	2.19	3.51	4.81	2.25

Notes: 1. Mid-year population in Taipei City: 2,624,805 people; Male: 1,289,022 people; Female: 1,335,782 people

2. Figures of rank are combined death rate of males and females.

3. (1) indicates death rate per 100,000 female pop.; and (2) indicates death rate per 100,000 male pop.

Table 7-6 Leading Causes of Death from Cancer, Taipei City, 1994-2004

Units: Rank, Deaths per 100,000 pop.

Cause of Death	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Malignant neoplasms	111.55	120.31	128.52	134.67	133.21	134.97	141.38	154.88	158.05	151.87	160.09
Trachea, bronchus, and lung cancer	(1) 23.33	(1) 23.27	(1) 24.63	(1) 27.59	(1) 27.83	(1) 28.40	(1) 28.41	(1) 33.45	(1) 33.70	(1) 32.15	(1) 33.53
Liver and intrahepatic bile ducts	(2) 17.68	(2) 21.56	(2) 22.18	(2) 23.29	(2) 22.45	(2) 21.36	(2) 21.26	(2) 25.42	(2) 25.06	(2) 25.20	(2) 25.79
Colon and rectum cancer	(3) 11.65	(3) 12.45	(3) 14.74	(3) 14.07	(3) 15.20	(3) 15.79	(3) 17.47	(3) 16.82	(3) 18.58	(3) 16.55	(3) 19.73
Female breast cancer	(5) 10.13	(5) 10.23	(5) 11.69	(4) 13.97	(5) 12.47	(4) 12.18	(4) 12.66	(4) 14.90	(4) 14.36	(4) 15.55	(4) 15.20
Stomach cancer	(4) 11.08	(4) 12.41	(4) 13.59	(5) 13.30	(4) 12.48	(5) 12.00	(5) 12.41	(5) 13.22	(5) 14.18	(5) 11.16	(5) 11.85
Prostate cancer	(7) 4.66	(7) 3.85	(7) 5.19	(8) 5.00	(8) 5.06	(7) 6.94	(7) 7.10	(6) 9.20	(6) 8.15	(6) 8.25	(6) 9.46
Cervix uteri cancer	(6) 7.79	(6) 8.18	(6) 7.79	(6) 9.82	(6) 7.75	(6) 8.50	(6) 7.27	(7) 8.24	(7) 7.85	(7) 6.35	(7) 6.51
Pancreas cancer	(12) 2.98	(9) 3.67	(9) 4.24	(10) 4.19	(9) 4.28	(9) 4.62	(8) 5.22	(9) 4.70	(9) 5.95	(9) 5.54	(8) 6.25
Non-Hodgkin's lymphoma	(8) 3.50	(10) 3.48	(8) 5.08	(7) 5.11	(7) 5.19	(8) 5.42	(9) 5.14	(8) 4.92	(8) 6.52	(8) 6.30	(9) 5.64
Oral cavity cancer	(15) 2.90	(13) 2.95	(13) 3.36	(9) 4.34	(15) 3.02	(10) 3.71	(10) 4.27	(10) 4.28	(14) 3.49	(10) 4.74	(10) 5.26

Note: Figures inside brackets are the rank of cause; figures under bracket figures are mortality rate at 1/100,000.

8. Department of Health Organizational Restructuring

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Chapter VIII

Department of Health
Organizational Restructuring

8. Department of Health Organizational Restructuring

(1) Underlying causes

The organizational structure of the Department and its hospitals and clinics dated back to 1967 before it was promoted into a municipality and had remained roughly the same for 30 years. To catch up with the international development trend, to become one of the global international-class healthy cities, and to synchronize with the organizational restructuring of the Department of Health in the central government, to establish a centralized responsible mechanism to make clear distinction between authorities and responsibilities, to ensure division of labor, to display the optimal efficiency of the present manpower structure, and to ensure that citizens can obtain better medical care services, achieve the Taipei City Government target of personnel simplification for enhancing the following three major dimensions: improve medical care ser-

vice quality, enhance medical care service efficiency, and to reduce medical care service cost, the Department and the 12 district public health centers were reviewed and revised, and the ten municipal hospitals were reorganized and integrated.

(2) Process

- A. The restructuring proposal of the Department and its hospitals and clinics was submitted to the Taipei City Government on 18 September 2003.
- B. A presentation was made to the Mayor and relevant departments and divisions on 23 October 2003.
- C. The revision of the Department and its hospitals and clinics restructuring proposal was submitted to the Taipei City Government on 27 October 2003.

- D. The Department and its hospitals and clinics restructuring proposal was approved at the 1,243rd Taipei City Government Administration Meeting on 11 November 2003.
- E. The "Department of Health and Hospitals and Clinics Simplification Initiative" was submitted on 5 December 2003 and was approved by the Taipei City Government in a letter dated 18 December 2003, the Initiative was agreed and under supervision by the Executive Yuan on 29 December 2003. Furthermore, the second simplification program was initiated on 18 December 2004, and the program period was from 18 December 2004 till 17 June 2005. The program was approved by the Taipei City Government and agreed and under supervision by the Central Personnel Administration, Executive Yuan on 19 December 2004.
- F. The Department, Taipei Municipal Hospitals, and Taipei City Health Centers organizational structures and staffing tables were passed after the third reading at the 8th Meeting of the 10th Provisional Conferences of the 9th Taipei City Council on 7 July 2004 and promulgated under the Taipei City Government Order Fu-Fa-Zi

09312728300 on 4 August 2004 to be implemented on 1 January 2005. At the same time, the organization regulations and organization charts of the Taipei Municipal Renai Hospital, Taipei Municipal Zhongxiao Hospital, Taipei Municipal Heping Hospital, Taipei Municipal Zhongxing Hospital, Taipei Municipal Yangming Hospital, Taipei Municipal Women and Children Hospital, Taipei Municipal Psychiatric Center, Taipei Municipal Chinese Medicine Hospital, Taipei Municipal Chronic Diseases Prevention Clinic, and the Taipei Municipal Venereal Disease Control Institute were abolished. Currently, the case has been applied for supervision to the Examination Yuan.

(3) Responsibility Allocation in the Public Health System

- A. The Department of Health: Responsible for policy planning, enforcement of government authorities, research and drafting of laws and regulations, research, supervision and evaluation. Within the Department, the Division for Disease Control and Prevention, Food and Drug Division, Medical Affairs

Division, Health Promotion Division, and Research and Planning Division are established. The number of personnel will increase from 173 to 302.

- B. District Health Center: To conform to the functional division of labor of business offices and to optimize community healthcare services, the district health centers will transform to the health service centers. The number of staff will reduce from 502 to 318.
- C. Hospitals and clinics: The ten municipal hospitals under the Department will be integrated in to one Taipei City Hospital, and the Renai and other eight branches will be planned into community hospitals and responsible for community medical care services, education, research and community-based health and disease control network. The Taipei Municipal Venereal Disease Control Institute and Taipei Municipal Chronic Diseases Hospital will be transformed into the branch for diseases control and prevention to undertake disease control projects commissioned by the Disease Control Office.

(4) Organizational structure after organizational restructuring

- A. The Department of Health: The original seven divisions and eight offices of the Department have been adjusted into five divisions (Division for Disease Control and Prevention, Food and Drug Division, Medical Affairs Division, Health Promotion Division, and Research and Planning Division) and seven offices (Laboratory, Systems Administration Office, Administration Office, Personnel Office, Accounting Office, Government Ethics Office, and Statistics Office).
- B. Taipei City Hospital: There are nine branches and 14 medical departments (Department of Internal Medicine, Department of Surgery, Department of Women and Children Medicine, Department of Psychiatry, Department of Chinese Medicine, Department of Community Medicine, Department of Emergency Medicine, Department of Dentistry, Department of Infectious Disease Control, Department of Research and Education, Department of Medical Technology, Pharmacy, Nursing Department, and Department of

Nutrition), 57 medical divisions, 36 teams, one planning and administration center, five offices (Office of Medical Affairs, Office of Social Services, Security, Hygiene and Works Office, and Information Office) to be in charge of various medical care services.

- C. The 12 district health centers are restructured into health service centers, each of which has two sections: Section of Case Management and Section of Health Promotion.

(5) Benefits of organizational restructuring

A. Manpower simplification

After the organizational restructuring, 55 personnel have been simplified (including three Department of Health's technicians) from the Department, and 809 from the ten municipal hospitals to reduce the personnel expense and subsidization burdens of the Taipei City Government.

B. Enhancing administrative and management efficiency, centralization of administration, and integration of businesses

Centralization of health affairs man-

agement by combining food and drugs into the Food and Drug Division and medical affairs and nursing into the Medical Affairs Division. In addition, the Health Promotion Division is established to take charge of affairs relating to health and healthcare in order to enhance administrative and management efficiency by centralization of administration.

C. Following the trend of the times and restructuring the organization framework for resources integration

- a. The organizational restructuring is proceeded to coordinate with the organizational restructuring of the central health authorities, to promote the connection of health businesses between central and local governments, and to enhance administrative efficiency.
- b. In consideration of the government's financial deflation, public hospital corporatization policies, the resource integration and Taipei City Hospital competitive strength enhancement policies, the "medical integration, administration integration, information integration, logistics integration, education and research, medical care quality, community marketing, international

cooperation and exchange integrations" are implemented to boost the brand awareness of Taipei City Hospital and to create its competitive.

D. Shared use of medical manpower

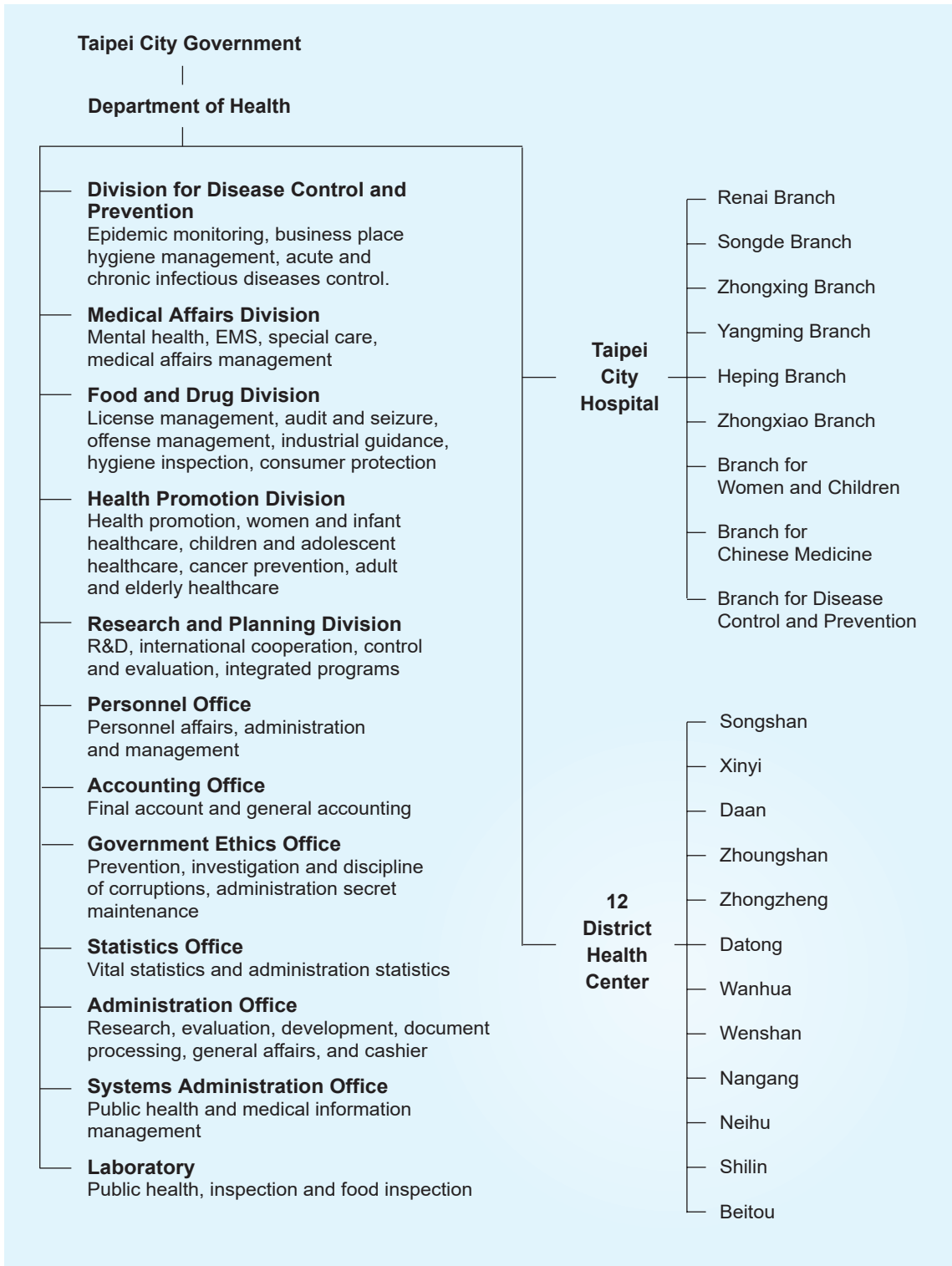
The integration ensures the "complete medical division of labor" of the Taipei City Hospital. Together with the support from specialists from domestic teaching hospitals, the quality of research and medical service of the Taipei City Hospital will be largely enhanced. Also, the integration of the Taipei City Hospital has integrated rare medical specialists (e.g. disaster medicine, occupational diseases, early intervention of children with development delay, rare diseases etc) to reinforce care for the socially weaker groups and to bring better medical care services.

E. Reinforcing education and research, enhancing medical research standards

There are two important advantages for promoting medical research: First, due to integrated use of human resources, it is easier for Taipei City Hospital professional personnel to form a research team to devote to development and research. Second, while the scale of Taipei City Hospital has expanded after

the integration, it can expand the scope and depth of research, and the research results are seen more easily, and conclusions can be rewarded to community citizens. If any emerging disease or special case breaks out, the centralization of information can accelerate the spread of information, and thus accelerate the technology and quality of clinical medical care.

Table 8-1 Department Organization, 2005



Appendix:

Pioneering Administration Achievements of
Taipei City Government -Department of Health 2004

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Appendix:

Pioneering Administration Achievements of Taipei City Government -Department of Health, 2004

1. Promoting the Taipei Municipal Hospitals Inpatients Full Responsibility Care Pilot Project

Seeing the problems of the patient accompany culture and hospital cross infection marked out during the battle with SARS, the planning of the Taipei Municipal Hospitals Inpatients Full Responsibility began in September 2003. Full Responsibility Care means the ward assistants trained by the hospital and nursing personnel together will take care of the patient when he/she is hospitalized. The Municipal Zhongxing, Zhongxiao, Renai, Yangming and Heping Hospital participated in the project. Results of analysis on hospital accompany after the implementation of the project indicated in 2004: Based on the accompany rate of every 100 patients, the number of unaccompanied patients increased from 22 to 68 after the program was initiated (August 2003), at a rate of 209%; the number of family

accompany reduced from 46 to 11, at a rate of 76%; the number of care worker accompany reduced from 18 to 10, at a rate of 44%; the number of foreign house helper accompany reduced from 14 to 11, at a rate of 21%. The hospital accompany rate of hospitals participated in the Taipei Municipal Hospitals Inpatients Full Responsibility Care Pilot Project reduced from 78% to 33%.

Based on the analysis of 1,103 valid samples of survey on the family's opinion on Full Responsibility Care, 96% of the respondents have confidence in full responsibility care; and 82% of the respondents believe that full responsibility care can help relieve economic burden.

2. Developing the Cardiovascular Diseases Prevention Network

Developing the Cardiovascular Diseases Prevention Network was established, and experts and scholars

were employed to study and draft medical personnel training and education programs, care instructions, certification systems, and affairs relating to public health propagation. The cardiovascular diseases case management information system and prevention website were implemented to reinforce cardiovascular diseases prevention and services. At the end of 2004, 209 organizations of the Cardiovascular Diseases Prevention Network passed the certification, and 1,558 medical personnel applied for certification.

3. Taipei City Government - Department of Health Mobile Disease Control Team Program (first in Taiwan)

It is the first mobile disease control team in Taiwan which recruited mobile disease control personnel (totally 210 medical personnel from hospitals and clinics in Taipei City, seven in a team, a total of 30 teams). To enhance the member's contingency ability and enrich their professional knowledge in biological attack protection, professional education and training courses on disease control were organized, and members have participated in the biological attack protection, sampling and examination training

organized by the Center for Disease Control of the Department of Health.

Since the flag conferment and activation of the mobile disease control team on 14 July 2003, it was activated three times in 2004 to prevent the spread of infections. It has effectively controlled the infections and displayed the overall functions of real-time health mobilization when an epidemic breaks out. The team conducted six exercises during the Wanan 27 Exercise-biological attack protection exercise in 2004. Training on biological attack protection, sampling and examination was scheduled on 8 September 2004.

4. Promoting the Urban DOTS Program

The DOTS (Directly Observed Treatment Short-Course), was promoted for both open and non-open tuberculosis patients. From January to December 2004, 1,799 patients joined the program.

5. Promoting Taiwan's first district Tuberculosis Prevention and Medical Care Network

The Tuberculosis Prevention and Medical Care Network of Taipei City was divided into three divisions: public health,

diagnosis and treatment, to discuss issues relating to tuberculosis prevention, draw up related prevention plans, organize education and training courses for medical personnel, and supervise and evaluate hospitals and clinics.

6. Winning the 3rd Taipei City Government Administration Quality Optimization Award 2004 for the R&D of Taiwan's first HS-II reagent

(1) Expanding testing services for the public: Practical attempts have been made to reinforce the breadth and depth of laboratory testing services for the public. Innovative services and new concepts were introduced to expand the scope of services to citizens having their households registered in Taipei City. The testing items cover general foods and beverages, herbal medication adulterated with western medication, whitening cosmetics and sanitation in business places (water quality of hot springs, swimming pools and bathhouses), etc. in order to serve and to protect the health and safety of citizens by full exploitation of the laboratory resources and diversified services.

In fact, it is the first government laboratory in Taiwan to offer such service.

(2) An easy reagent R&D team was formed which applied for five invention patents to the IP Office of the Ministry of Economic Affairs, including reagents for testing hydrogen peroxide germicide, metanil yellow, sulfite, formaldehyde, and mercury in cosmetics. During the threat of avian flu, the Laboratory introduced the reagents for testing sulfur dioxides (bleach) and hydrogen peroxides (germicides) for citizens to examine if poultry and meat bought from the market has been soaked in unqualified drugs. While formaldehyde is a carcinogen, in response to the formaldehyde-contaminated rainbow bar fish, the easy formaldehyde reagent was completed quickly for owners of hypermarkets (also supermarkets), fish markets, the Coast Guard Administration, marine product wholesalers and relevant restaurants and catering service providers to examine their seafood products during sourcing and before use. During 2004, about 110,000 reagents were distributed to citizens.

7. Completing the Taipei City Emergency Operation Center Implementation Project

To monitor and enhance the quality of Emergency Medical Service operation and to develop and promote Emergency Medical Service contingency, the Taipei City Emergency Operation Center Implementation Project was completed at the Taipei Municipal Zhongxing Hospital in December 2004. Also, the Emergency Operations Center hardware facilities, wired communication systems including digital communication, broadcast image transfer, and digital track recording systems, exclusive website, integrated development and implementation information systems (including the Emergency Operations Center decision-making center and execution center) were completed. By the end of December 2004, the Emergency Operations Center had successfully provided referral service to 2,748 patients, and 1,566 patients were successfully referred to other hospitals, with a successful referral rate at 57%. The Emergency Operations Center also provided referral service to 694 patients in other counties and cities.

8. Formation of the Disaster Medical Assistance Team

The Taipei City Disaster Medical Assistance Team (DMAT) was formed and completed a number of maneuvers in 2004. When central and southern Taiwan was severely damaged by the July 2 flood, DMAT provided support in the affected areas on July 5. During July 6-8, the team provided services to 983 victims in Xinyi County and Renai County, and received warm public recognition. When an ML9 earthquake and the subsequent tsunami occurred near Sumatra on December 26, the DMAT sent an advance team of six (including members from the Department, Taipei City Government -Fire Department and civilian groups) to the affected area on 28 December 2004 to evaluate the rescue operation.

9. Telephone Service Center (including cross-branch registration) and Joint Operator Integration Project for hospitals and clinics

Telephone operator training was organized, and hardware implementation and related supporting software operation were initiated. By using the computer telephone integration (CTI) system, all

kinds of problems from the caller can be solved through the voice system or operators, and the information counter telephone service of all branches can be integrated.

10. Promoting the Construction of Safe Shopping in Dihua Business Area-Qualified Dealer Label Certification of Preserved Lily Products Program

Dihua Street in Datong District of Taipei City has been famous for the wholesale of groceries of northern and southern China since the Japanese Occupation. The prosperity of the district continues after Retrocession. Especially near the Chinese New Year every year, the Taipei City Government will include Dihua Street in the Tourism Spring Festival Shopping Area. Yet, about 75%, the highest rate, of preserved lily products sold in the Spring Festival Shopping Area are found unqualified over the years according to laboratory testing results. To help wholesalers improve the image of the Dihua Business Area and to encourage them to sell preserved lily products containing sulfur dioxide residues within the specified limit, the Constructing Safe Shopping in Dihua Business Area-Qualified Dealer Label

Certification of Preserved Lily Products Program was thus launched. The program won the 3rd Taipei City Administration Quality Refinement Award from the Taipei City Government in 2004.

Combining the industry, government and academia and suppliers at up-, middle- and down-stream of the product, the program aims to turn Dihua Business Area into a wholesale market that is safe to visit and its foods are safe to buy, safe to consume, and through consolidating the consensus of food sellers in the Dihua Business have the Qualified Dealer Label Certification of Preserved Lily Products.

11. Organizing the Taipei Healthy City International Symposium

The Taipei Healthy City International Conference 2004: Dialogues on Healthy City Competitiveness was held during 14-16 December 2004 with a vision to "develop international competitiveness and to construct the Taipei Healthy City". Mayor Ma and Dr. Trevor Hancock, originator of the WHO Healthy City Campaign, started a dialogue on the Taipei City Health Program. Twenty scholars and promoters of healthy cities from 14 cities

exchanged their opinions and shared their experience on the Healthy City Global Network. Mayor Ma officially announced the Taipei Healthy City Charter at the conference, and representatives of the Taipei City Government departments, Taipei City Council and civilian groups signed the declaration on building a healthy city.

12. Providing online examination testing for Taipei citizens

Psychological profile: The Taipei City Community Mental Health Center offers the mood thermometer service on its website, including Brief Symptom Rating Scale (BSRS-5), Type A Character Scale, Depressive Disorder Scale, and Stress Self-evaluation Scale for examining the psychological state of citizens.

Physical evaluation: The e-Taipei Citizen Health Network was implemented and provides the following online self-test services, including the standard body weight examination, women safe period, bone density (osteoporosis), fatigue index, blood sugar, glycosylated hemoglobin, cholesterol & triglyceride, and ketone bodies. The Menstrual Cycle and Menopause Healthy Life Net website offers self-test scales relating to

menstrual cycle and menopause. So far, 16,339 visitors have visited the Menstrual Cycle and Menopause Healthy Life Net website which was implemented to enrich women's health-care knowledge relating to menstruation and menopause.

13. Editing and writing the Adolescent Care Handbook

The handbook is written for propagating adolescent physical health, acne prevention, obesity control, STD prevention, mental health, Internet addiction control, accidents and injuries prevention, sports injuries prevention, betel-nut hazards control, tobacco hazards control, drug abuse control, health-threatening behavior and related factors survey, school health, and health passport.

14. Organizing the Noodle-making Industry Sanitation Self-control Certification

Guidance was given to noodle-makers having business registrations in Taipei City to conduct self-control of sanitation according to the Sanitation Self-control Checklist prepared by the Department, and records should be maintained. Totally, 13 noodle-makers

were qualified. After being reported by the press, the certification system can help consumers to buy sanitary, safe and additive-free noodle products. The system has helped to create a sanitary and safe noodle environment in Taipei City.

15. Doraemon: The health speaker of the Department

The talented and intelligent image of animation character Doraemon has been the favorite of both adults and children. Therefore, the Department invited Doraemon to propagate the Department and Doraemon Official Website (Healthy City Net: www.healthcity.net.tw) and sign the speaker contract at the presentation on 8 November. Mayor Ma was invited to bear witness. 10,000 copies of health education leaflets on different topics were printed, including the Taipei Municipal Hospitals, Preventive Heat Tester, Let's Prevent Avian Flu Together, Long-term Care, and Full Responsibility Care System. Second, 2000 posters on the Joint Occupational Disease Care Clinic were printed and distributed to the -Department's hospitals and clinics for propagation. The clinic was planned and established by combining the Zhongxiao Branch, Renai Branch, Yangming Branch, Zhongxing Branch, Heping

Branch, Branch for Women and Children and Branch for Disease Control and Prevention to open medical care resources sharing by means of joint practicing between community hospitals and occupational disease specialists

16. Promoting separation of medical practice from pharmaceutical practice and Home Delivery of Medicines

To provide community healthcare and multifaceted pharmaceutical care for citizens for enforcing the separation of medical practice from pharmaceutical practice, the community chronic disease continual prescription mixing service was promoted in collaboration with the Taipei City Pharmacists Association since 1 July 2004. The prescription service, drug enquiry, outpatient department referral, health education, reminder call for prescription, and "medicine home delivery" services were introduced since 1 August 2004. By December 31, 40 flagship pharmacies and 153 chronic disease continual prescription mixing community pharmacies had received 25,250 prescriptions released by the Taipei Municipal Hospitals, including 18,561 chronic disease continual prescriptions and 2,078 home deliveries.

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