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HEALTH PROMOTION STRATEGIES TO ACHIEVE REORIENTATION OF HEALTH SERVICES: EVIDENCE-BASED POLICIES AND PRACTICES

Abstract Book

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education sheet was revised, and a new flowchart for treating fever was produced. The study period was between July 2017 and November 2017. A total of 254 children with fever (age: 3 months to 18 years) were recruited from the pediatric ward of a hospital to participate in this study. Nursing staff educated main caregivers about fever treatment procedures, providing them with health education leaflets. They provided one-on-one health education involving the definition and causes of fever and the methods of assessing and treating fever . Subsequently, this study tracked the patients to determine and examine those returning to the emergency department within 72 hours for treatment.

Results (of evaluation)

Between January 2017 and June 2017, 3.2% of the child patients returned to the emergency department within 72 hours because of fever with no comorbidity. During the period from July 2017 to November 2017, after the main caregivers of these patients received health education on caring for people with fever, the rate decreased to 0.3%. According to the results, following the fever treatment flowchart and accurately educating main caregivers about caring for people with fever helped the main caregivers perform home treatments for children with fever.

Conclusions/Lessons learned

Empirical data were used to propose health education for fever treatment procedures and develop a fever treatment flowchart. Nursing staff followed the fever treatment flowchart to accurately educate main caregivers of child patients about home treatment methods for fever. When the main caregivers' knowledge and skills about caring for children with fever was enhanced, the children's emergency department revisit rate and the associated medical cost were reduced and children's health improved.

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The Global Health Promotion Strategies for Indonesian Children: Evidence-Based Practices through Cooperation between Health Promoting Hospitals in Korea and Indonesian Civil Society Organization

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Background/Problem/Objective

Evidence-based practice means applying the best evidence currently available for the health practitioners providing health services. School health services for children in the developing countries could contribute to improve community health and eliminated health disparities. Promoting the strategies of health equity and child-centered public health will help to ensure that social and environmental determinants contribute to health and well-being of children. Thus, health practitioners who provide school health services in the developing countries need to focus on evidence-based practices.

Methods/Intervention

The purpose of this study was to describe the global health promotion strategies for Indonesian children. The global health promotion strategies were based on theoretical evidence and results of health promotion practices for the school children in Banda Aceh, Indonesia (2012-2014). The health promotion practices were performed by Korea Association of Health Promotion (KAHP), sponsored by Korea International Cooperation Agency (KOICA).

Results (of evaluation)

The global health promotion practices were applied principles of Community-Based Participatory Research (CBPR). In addition, this project was based on results of parasite and health examination by KAHP in Banda Aceh, Indonesia, 2012-2014. The prevalence of anemia was decreased 18.8% to 6.8%, parasite infection rate was declined 18.2% to 3.8% after the practices, 2014. Also, the prevalence of anemia and parasite infection of the children who had abnormal findings was decreased by 2.0% and 6.4%, respectively, after the practices.

Conclusions/Lessons learned

Application of CBPR and evaluation results of past practices is useful strategies to promote children's health in developing counties. In addition, the cooperative partnership between HPHs and the community organization is necessary in the school health programs for the children in developing countries. In 2018, KAHP has initiated the new school health practices in Indonesia, on the basis of previous accomplishment.

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Outcome of Newborn Glucose-6-Phosphate Dehydrogenase (G6PD) Screening Program in Taiwan

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Background/Problem/Objective

Severe neonatal jaundice (NJ) triggered by environmental factors and/or medications is the major health impact of G6PD deficiency in newborns. If not prevented or treated properly, it may lead to kernicterus and cause death or permanent neurological damages. The incidence of G6PD deficiency in Taiwan is about 2%. In 1970s, 30% of NJ admitted to hospital was G6PD deficient with 16% mortality and 32% developed kernicterus. A nationwide newborn G6PD screening program for prevention was started in 1987.

Methods/Intervention
For the quality of the screening, external quality assurance (EQA) programs for G6PD screening and confirmatory tests have been developed since 1988. The Health Promotion Administration also provided education resources for parents before neonates were discharged from the nursery regarding early recognition of NJ. The patient data of hospital admission with NJ after discharged from the birthing facility between 2000 and 2010 were retrieved from the National Health Insurance Research Database, which covered >98% population of Taiwan, for analysis.

Results (of evaluation)
The coverage rate of the screening program has reached >99% since 1996. There were 12,828 NJ (0.53%) admissions from 2,428,341 live births and 27 of them were treated with exchange transfusion between 2000 and 2010. Only 9 of the NJ cases dead within 1 month of age and 4 of them developed kernicterus not due to isoimmunization. The average immediately severe morbidity and mortality were about 1 (0 ~ 3) case per year nationwide.

Conclusions/Lessons learned
The results indicated that public health prevention program (including universal newborn G6PD screening) and effective clinical management in Taiwan almost eliminated severe morbidity and mortality caused by NJ with G6PD deficiency after discharge from birth facilities. The EQA programs developed have been extended to help newborn G6PD screening programs in other countries worldwide.

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Use the game-turntable to perform aerosol therapy to reduce the number of hospital stays for sick children with respiratory illnesses

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Background/Problem/Objective
Aerosol treatment is a common treatment for pediatric inpatients. Most of the sick children in the Aerosol treatment, often due to limited ability to self-cough with the course of treatment, and the medical environment and equipment, fear and anxiety. Appear crying, resistance treatment and other acts to express dissatisfaction, leading to poor treatment .Using the game-turntable in the spray treatment to divert attention to forget the fear of action, to reduce the number of hospital stays.

Methods/Intervention
Sick child in the aerosol treatment process fear of fear leads to low levels of implementation and implementation. Using the game-turntable to add interactive patterns with music and LED lights to create spray therapy fun, It could improve the implementation rate of patient spray treatment, decreased hospitalization days, enhance care and care quality and enhance the family satisfaction for the hospital.

Results (of evaluation)
Intervention of the therapeutic game-turntable. The number of days hospitalized for respiratory diseases dropped from 4.1 days to 3.96 days,implementation of the spray treatment rate increased from 60% to 86%, raise nursing job satisfaction from 60% to 80%, and family members of patients satisfaction with hospital from 69% to 88%

Conclusions/Lessons learned
Sick children don't cooperate with the aerosol treatment not only affect the implementation of nursing work,the loss of working hours,but also result in the loss of nursing staff,nursing quality and other reasons. Using the game-turntable not only reduce the fear of patients for aerosol therapy and the number of hospitalized days of sick children due to respiratory diseases but also increase the implementation rate of aerosol therapy,the quality of nursing care, nursing staff Job satisfaction and patient's satisfaction with hospitalization.

Comments
Children's fear of hospitalization and the intervention of game therapy not only meet their needs, but also help to relieve their fear and pressure in unfamiliar surroundings and increase their sense of security so as to promote emotional and physical well-being and achieve the goal of treatment and improve nursing care quality. In hoping to build friendly medical environment, and furthermore provide positive, it is recommended to promote to other medical institutions for reference.

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Specific learning disorders: work in progress

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Background/Problem/Objective
LDs are part of differences in individual's neurological development. According to social model of individual differences, learning difficulties mainly depend on culture. "If we lived in an oral culture, LDs would not exist, as reading and writing would not be necessary." 3-5% Italian school-age population show LDs. Intervention tools (dedicated staff, teacher training, video lessons, learning difficulty-oriented computers) are not available in every single school. Marche Region accredited private-health structures to provide the needed care and benefits to diagnose LDs.

Methods/Intervention
Cooperative company Gammanì is responsible for biweekly after-school educational laboratory dedicated to specific LDs. This program addresses children. While traditional rehabilitation treatment aims to control meaning contents and aware-