

Government in adopting the mechanism of JAMKESMAS's new procedure, the unclear position of verifiers, the equivocal determination of the number and criteria of keluarga miskin (GAKIN) or poor family, as well as the inadequacy of information dissemination to give the same understanding in implementing JAMKESMAS based on the applied guidelines.

OT13-7

Preparedness Analysis of Rural Health Center in Desa Siaga Development in Mentawai Archipelago Regency, the Province of West Sumatera Year 2008 ***Dumilah Ayuningtyas Soekanto¹, Jhonny Asri²***

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There were 14 units of rural health center in the district of Mentawai archipelago that planned to be built in 2007. Nevertheless, the actualization is unsuccessful. In year 2008, 12 units more health center were planned to be built, following the determination of Desa Siaga (Alert Village) development policy. Therefore in the beginning the readiness of the community at Mentawai is required to be acknowledged.

The research was conducted to study the readiness of rural health center in the development of Desa Siaga. Qualitative research method was used, by in-depth interview with the person in charge at the health and family planning program, staffs of rural health center, and also by document comprehension as a triangulation form.

There were 'ready', 'lack of readiness', and 'not ready at all' variation of the village health centers' readiness at Mentawai. However, in overall the five variables which are physical infrastructure, logistic and equipment, budget, planning and monitoring has been matured, although have not entirely 100% fit the standard of Health Department. The construction model of the health center was specially designed to be well suited with the isolated, retarded, and archipelago area.

The study showed the rural health center model which developed by Health Department is not suitable to be implemented at Mentawai Archipelago and need some modification. The suggestion to be given to the Mentawai Archipelago Health Department is to expedite the actualization of the physical infrastructure and the equipment of the health center.

Short sleep durations and long working hours are two lifestyle factors that may contribute to weight gain and obesity in middle aged adults. We examined the potential associations between sleep duration, work hours and obesity (measured by body mass index) in 17 210 Australian full time employees, aged 45 to 65 years. The data for this study were drawn from the 45 and Up Study, a survey of adults aged 45 years and over conducted in New South Wales, Australia. Multinomial logistic regression was used to analyse these data, with sleep duration and work hours entered into a model predicting obesity, adjusting for socio-demographic factors, health behaviours, and chronic health conditions. The results demonstrate that short sleep duration and longer working hours were independently associated with obesity. For example, compared to 7 hours sleep, those reporting less than 6 hours (Odds Ratio [OR] = 1.75, 95% confidence interval [1.32, 2.31]) and 6 hours (OR = 1.36 [1.20, 1.54]) sleep a night were more likely to be obese. Compared to people working 35 – 39 hours a week, those working more than 50 hours a week were also more likely to be obese (OR = 1.48 [1.31, 1.67]). These results have important public health implications for middle aged Australian workers, as short sleep and longer work hours could be targeted to prevent obesity.

OT14-2

Social Patterning of Obesity: Sleep Problem as A Mediating Factor?

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Introduction: The association between sleep problem and obesity had drawn much public attention recently. Short sleep duration was a novel risk factor leading to obesity. Poor sleep quality was also considered to be obeseogenic. However, many biosocial factors such as age, physical exercise, socioeconomic status, and shift work were also associated with both sleep quality and obesity in previous studies. Herein, we examine the hypothesis whether sleep quality had mediating effect between these biosocial factors and obesity.

Method: Using data drawn from Taiwan's 2001 Social Development Survey on Health and Safety, a sample of 25,985 Taiwanese adults aged 20 to 64 were analyzed. We applied structural equation models (SEM) to estimate the causal relationships between socioeconomic status (personal income and education), sleep pattern (duration and quality), shift work pattern and a respondent's BMI value, while controlling physical activity and age.

Results: Both in men and women, poor sleep quality and low education level had direct effect on a higher BMI value. Poor sleep quality mediated the effect of higher personal income in men and shift work pattern in both sexes on a higher BMI value. Short sleep duration is shown to be an insignificant variable for an increased BMI value.

Oral Track 14- Social Determinants of Health

OT14-1

Short Sleep and Long Working Hours Predict Obesity in Middle Aged Australian Employees ***Christopher A Magee, Peter Caputi, Donald Iverson***

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