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Learning from Community Health Workers: Developing Traditional and Alternative Health Services in Rural Philippines

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Background: Community health workers (CHWs) specialized on alternative and traditional health care based in a rural area conducted an educational exposure in traditional wellness centers based in an urban metropolis. This study discusses their insights for the improvement of the management and organization of their project in order to expand alternative and traditional health care within their locality.

Methodology: Planning, preparation and educational exposure were performed by the CHWs themselves within the oversight of midwife and physician advisers. Triangulation of results from open-ended questionnaires and focus group discussion were conducted after to process experiences and derive generalizations and recommendations.

Results and Discussion: Participants discussed their roles, enhancing factors, challenges, and experiences in the planning, preparation and exposure proper. CHWs learned organizational and management principles, alternative health care benefits and techniques, and the advantages of continued education. Participants developed teamwork, interest in learning, perseverance, alternative health care techniques, and finance management skills among others.

Recommendations: CHWs concluded that expansion and sustainability of local alternative and traditional health care services require organizational and behavioral modifications and improvement of products and services. Continued education, research, promotion of product and services, sufficient resources, proper human resource recruitment, integration of the services within the target community, and political support are also crucial.

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Theory and Practice of Health Promoting School: A Case Study of an Elementary School in Hsin Chu City of Taiwan

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This paper attempted to describe the role of a main advocate of health promoting school (HPS) and portray the overall health promoting school promotion progress on how students and teachers cooperately participated in HPS advocacy in a school-based setting. The procedure not only documented how health promoting committee members discussed and decided the topics, course

planning, and activities, but also described the progress of the members cooperating with employees of student affairs, students, and numerous volunteering subject teachers. During program execution, the members discussed the problems encountered and efforts put into overcoming the problems through continuous self-reflection. They also attempted to use the progress of this case study to assist HPS practitioners during their actual promotion.

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The Social Contract of Medical Professionals

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Purpose: The contract with society that medical professionals assume is the foundation that allows successful realization of professionalism. Though devotion to the profession has recently been more difficult for medical educators to inculcate in their students, in both global and local contexts, it is evident that tremendous efforts in curriculum reform are underway. Along this line, assessment of students' actualization of various obligations related to professionalism in the medical arena is important. This study therefore sets off to observe how medical students perceive their obligation to patients, society, organized medicine, and themselves, by the means of focus groups. **Design:** Focus group interviews with four groups, 33 in total, senior medical students from five universities. **Grounded theory** is used as a guideline to code and formulate key constructs related to students' understandings of physicians' implicit contract with society. **Comparative analysis** with current literature on medical professionalism is finally applied. **Results:** The results show that the interviewees clearly recognize their obligation to patients, including medical competence and skills and empathy. Their obligation to organized medicine, including participation and work for improvement, is also addressed. Their obligation to society in general is less evident.

Discussion: This study addresses the professional contract with society from the perspective of medical students. The significant disparity found between students' narratives and the literature on professionalism implies the social contract should be addressed in the future mission of medical education reform in Taiwan. To follow up, a subsequent quantitative survey with cohort study design is suggested.

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Historical and Epidemiological Study of Japanese Life Span

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It is appropriate to measure the health of a group by life span, the decrease of which is associated with cumulative stress. In Japan, life span in the prehistoric era was estimated to be 10-20 years old for both males and females because of a high infant mortality rate. Present day Japan is ranked the top country in the world for longevity. The three major causes of death in Japan are cerebrovascular disease, heart disease, and malignant growth, but the mortality rates for infections and parasitism are low. In developing countries, infections and parasitism are still the top causes of death. The following are thought to be factors resulting in countries such as Japan becoming an aging society: improvements in medicine, public health, and quality of diet. An examination of diet and causes of death in Japanese people in the past is believed to be very important when envisioning Japanese medicine and public health of the twenty-first century. Such an examination can lead to common findings between modern and ancient societies through archeological and anthropological studies which examine past events. This presentation describes the factors of longevity from the aspects of life span and nutrition of Japanese people in the past.

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Satisfaction and Factors Associated with Cancer Treatments in Taiwan

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Background/Purpose: Cancer is the top leading cause of mortality in Taiwan, and as a result, cancer treatments and patients' medical care satisfaction are given much attention. This study investigated the patients' satisfaction and factors affecting cancer treatments in Taiwan.

Methods: The subjects in this study were cancer patients who suffered from the ten cancers with the highest incidence rates. They were selected from five medical centers according to the ratio of the number of occurrences of the top ten cancers. Stratified random sampling was done at each hospital, and 1,204 valid questionnaires were collected through interviews. The associated factors of the cancer patients' overall medical care satisfaction were examined using multiple regression analysis.

Results: The average score of cancer patients' overall medical care satisfaction was 84.0 points. The patients were most satisfied with the physicians' attitude of

service and professional competence, and the attitude of the nursing staff. On the other hand, the five categories which were the least satisfying included the accessibility of treatment, waiting time, psychological aid during the treatment process, aid with respect to religious beliefs, and the introduction of patient support groups. Bladder cancer patients (89.4 points) had the highest overall satisfaction score within the top ten cancer groups, followed by the prostate cancer patients (89.2 points). Skin cancer (79.5 points) and lung cancer (80.9 points) patients were the least satisfied. The factors affecting the medical care satisfaction of cancer patients included family income, length of sickness, hospital ownership, level of life quality being affected, cancer type, medical structure aspect, medical process aspect, medical outcome aspect, and medical support aspect.

Conclusion: Most cancer patients were satisfied with their medical care, but were less satisfied with the fulfillment of their psychological needs. Physicians should actively care for the patients' needs and recommend patient counseling in order to improve the level of satisfaction.

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Evaluation of Existence Value of Regional Medical Care Provision System by the Contingent Valuation Method

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Objectives: The concept of benefits is broadly categorized as two values: value based on use and value of something which simply exists without actually being used (existence value). The purpose of this study is to survey existence value of regional medical care provision system by the contingent valuation method.

Methods: This study selected the City of Yokohama in Kanagawa prefecture and questionnaire research was conducted. Total sample were 2000 and dataset was truly matched compared with the real constitutional ratio of sex and age. After confirming the basic statistics of the data set, the amounts which regional residents were willing to pay were estimated based on the open question method.

Results: If all residents could walk one kilometer or less from their present homes to at least one medical institution, it was estimated that the willingness to pay to reconstruct the regional medical care provision system is almost 3,000 to 3,500 Japanese yen per year. The amounts which regional residents were willing to pay for the establishment of this provision system varied according to the functions of a medical care institution and annual household income.

Conclusion: A high probability of using an actual medical care institution and annual household income had a great effect on the regional residents' evaluations of existence value of the regional medical care provision system.