

其他重要議題



Other Major Priorities

- 第一節 | 防疫
- 第二節 | 長期照護
- 第三節 | 精神衛生
- 第四節 | 社會救助及健保協助措施
- 第五節 | 健康促進

- Section 1 | Communicable Disease Control
- Section 2 | Long-term Care
- Section 3 | Mental Health
- Section 4 | Social Assistance and National Health Insurance Subsidies
- Section 5 | Health Promotion

第一節 | 防疫

偏鄉地區醫療資源不足，一旦有人感染傳染性的疾病，極易爆發流行；針對這點，積極推動防疫政策，包括預防接種、結核病防治等。

推動預防接種

在推動預防接種方面，實施A型肝炎疫苗接種及推動幼兒結合型肺炎鏈球菌疫苗接種計畫。

落實A型肝炎疫苗接種工作

A型肝炎屬於經由食物飲水傳染的急性傳染病，而且感染情形與社區衛生情形密切相關。早期在山地偏遠地區因環境衛生較差，一旦有人感染，極易爆發流行。

為遏阻山地鄉A型肝炎的聚集感染與流行，衛生福利部自1995年起，陸續針對設籍三十個山地鄉、九個鄰近山地鄉之平地鄉、以及金馬等高風險地區的學幼童，實施A型肝炎疫苗接種。執行至今，山地鄉的急性病毒性A型肝炎發生率，已由1995年的十萬分之九十點七（一百八十三例），降至2013年的十萬分之零點五（一例），實施成效良好。

推動幼兒結合型肺炎鏈球菌疫苗接種計畫

肺炎鏈球菌是在人體發現重要且常見的細菌，具有九十幾種血清型別，

Section 1 | Communicable Disease Control

Once an epidemic starts, with limited medical resources in remote areas, the situation is easily conducive to outbreaks. Therefore, preventive strategies must be implemented beforehand, such as inoculations, tuberculosis prevention and more.

Promoting Preventive Inoculation

Hepatitis A Vaccination

Hepatitis A is an acute infectious disease that is spread through sharing food and water; the infection rate is closely related to community hygiene. In earlier days, people living in mountainous remote areas with poor sanitation were prone to infection, which easily led to outbreaks.

To circumvent clusters and outbreaks of hepatitis A in mountainous townships, the MOHW has implemented the hepatitis A immunization program for children in high-risk areas. These include 30 mountainous townships, and nine neighboring plains townships, as well as the islands of Kinmen and Matsu since 1995. The implementation of routine hepatitis A vaccination of young children has reduced the number of people infected with hepatitis A from 90.7 out of 100,000,183 cases in 1995 to 0.5 out of 1,000,001 cases in 2013.

Promoting Pneumococcal Conjugate Vaccination for Children

Streptococcus pneumonia is an important and common bacteria in humans. More than 90 serotypes are known. Infection with the virus can cause severe pneumonia including empyema, lung necrosis, bacteremia, septicemia, meningitis, invasive infections and complications such as peritonitis, or even death. Patients often require intensive care treatment.

可能引起嚴重的肺炎（如膿胸、肺部壞死…）、菌血症、敗血症、腦膜炎、腹膜炎等侵襲性感染與併發症，甚或導致死亡。

肺炎鏈球菌感染症病患常需要加護病房治療，嚴重的必須切除部分肺葉或緊急開刀，以挽救生命。引發腦膜炎的病患則可能留下癲癇、耳聾及腦損傷等後遺症。

依據國內侵襲性肺炎鏈球菌感染症的監測資料顯示，這種疾病好發於五歲以下幼兒及六十五歲以上長者。衛生福利部自2010年五月十日起，優先提供2010年以後出生、設籍山地離島偏遠鄉鎮的幼童，接種結合型肺炎鏈球菌疫苗，接種率平均約八成以上，使得山地鄉五歲以下幼童的侵襲性肺炎鏈球菌感染症發生率，從2008年的十萬分之七十，降低至2013年的十萬分之十七。

The most severe cases of pneumonia need to undergo partial lung resection or other emergency surgery in order to survive. Meningitis patients may suffer from epilepsy, deafness and brain damage after treatment.

According to domestic invasive pneumococcal disease surveillance data, children under the age of five and elderly over the age of 65 are more vulnerable to this disease. Since May 10, 2010, the MOHW has therefore prioritized the administration of pneumococcal conjugate vaccine to children born after 2010 and to those who reside in remote areas of Taiwan. The vaccination rate in remote areas now averages over 80%. As a result, the number of cases of invasive pneumococcal disease among children under five years old has decreased from 70 out of 100,000 in 2008 to 17 out of 100,000 in 2013 reducing the risk of serious complications, hospitalization and mortality among children in these areas.



PCV疫苗接種。
PCV vaccination

推動山地鄉結核病防治

由於山地鄉地區醫療資源不足，自1997年起，加強山地鄉結核病個案主動發現工作，提供設籍山地鄉十二歲（含）以上民眾，每年至少一次結核病胸部X光巡迴篩檢（圖62、63、64），每年篩檢人數約五萬人，發現率平均為每十萬人口兩百例以上，達全國平均發生率四倍以上。

經由胸部X光巡迴篩檢發現的結核病個案，鼓勵加入山地鄉十二歲以上民眾胸部X光及都治計畫（DOTS），確保病患在公共衛生關懷下，獲得完善的醫療診治，並且有效阻斷社區的結核病傳染鏈。

在多方防治作為配合下，山地鄉結核病發生率由2005年每十萬人口二百九十二點九例，降至2012年的一百九十三點三例，降幅達百分之三十四，高於全國百分之二十六點八的降幅。

因應山地鄉的族群文化，針對阿美族、排灣族、泰雅族、賽德克族、太魯閣族及布農族等族，也開發了不同族語的結核病衛生教育教材，提供當地國小及衛生單位衛生教育使用。



62

屏東縣瑪家鄉結核病胸部X光巡迴。
TB Screening Bus in Majia Township, Pingtung County
屏東縣來義鄉巡迴篩檢。
TB Screening Tour in Laiyi Township, Pingtung County



63

TB Prevention in Mountainous Townships

Due to limited medical resources in mountainous areas, the government has proactively strengthened diagnosis of TB in mountainous townships. Citizens 12 years old and above in mountainous areas are provided at least one TB chest X-ray screening every year (Figures 62,63,64). The annual screening covers around 50,000 people, and over 200 cases of TB patients are found per 100,000 population, in other words, a TB rate over four times higher than the national average.

In mountainous regions, the population is encouraged to participate in TB screening as well as Directly Observed Treatment, Short Course (DOTS), to ensure that they have access to comprehensive health care under the public health system in the hope of effectively blocking TB transmission within these communities.

With multiple preventive measures targeting TB in mountainous areas, the number of TB cases decreased from 292.9 cases per 100,000 population in 2005 to 193.3 cases per 100,000 population in 2012, falling by as much as 34%, which is greater than the national drop of 26.8%.

To tailor TB health education materials to mountain communities and aboriginal cultures, these materials have been translated into Amis, Paiwan, Atayal and seed Croat, as well as the Taroko and Bunun languages, and has been distributed to local elementary schools and public health authorities.



64

新竹縣尖石鄉巡迴篩檢。
TB Screening Tour in Jianshih Township, Hsinchu County

第二節 | 長期照護

為了促進長期照護資源多元化與均衡發展，積極推動長照服務網計畫，統籌規劃現有長照機構及人力，並劃分長照區域以均衡合理分布。

長照服務法於2014年一月八日，已由立法院社會福利及衛生環境委員會完成審議，待送政黨協商。這項法案明定得劃分長照服務網區，於資源不足地區應予獎助、應設置長照服務發展基金等。

有關劃分長照服務網區，依服務資源需求，將全國劃分為大（二十二個）、中（六十三個）、小（三百六十八個）等三種區域，研訂獎助資源發展措施，並以社區化及在地化資源發展為主。在偏鄉離島之長照發展，則包括發展整合型長期照顧服務模式、以及偏鄉及離島長照服務網。

此外，長照保險法草案也已就緒，預計於2014年十月以前送行政院審議。

發展整合型長期照顧服務模式

為增進偏遠地區服務量能，結合公益彩券回饋金，推動「偏遠地區社區照顧試辦計畫」，由專家學者實地輔導，透過專業人員建置、連結及扶植在地資源，並補助照服員工作津貼，以強化照顧人力留任原鄉誘因。

此外，結合民間單位資源挹注交通車輛，提昇服務使用的可近性，因地制宜發展整合型長期照顧服務模式。2014年度已於宜蘭縣大同鄉、新北市石碇區、臺東縣海端鄉、嘉義縣大埔鄉等四區，進行試辦，每一點補助二百二十一萬三千元。（圖65）

Section 2 | Long-term Care

Policy-making and financing arrangements for long-term care (LTC) have become important topics in Taiwan, where future demand for LTC is expected to greatly exceed supply, a result of demographic trends. Taiwan's National Health Insurance program (NHI), launched in 1995, covers basic medical care and nursing only, but has not covered LTC. So far, institutional care has met the majority of LTC need; new measures under consideration are concerned with facilitating the expansion of community care rather than institutional care. A taskforce is presently planning the basis of financing arrangements, a pension system, and LTC Insurance (LTCI). Others are focusing on creating a system of LTC that incorporates administrative supervision of care delivery and accreditation. Uncertainty remains as to the necessary social value system, work models, service schemes, legal frameworks, systematic practices and training of LTC workers and managers and establishing a system of certification or licensure for both care workers and management.

The Social Welfare and Environmental Hygiene Committee of the Legislative Yuan passed the Long-term Care Service Act on January 8, 2014, and the bill was then sent for party deliberations. The act stipulates distribution of a Long-term Care Service Network, with grants for areas having insufficient resources and a long-term care development fund to be set up. Furthermore, the draft of the Long-term Care Insurance Act will be submitted to the Executive Yuan for review by October 2014.

To ensure balanced development and diversified resources for LTC, the government is promoting the Long-term Care Service Network Plan, aimed at overall planning of existing LTC institutions and human resources, and dividing LTC regions to allow a balanced and reasonable distribution. Based on services available and resources distribution, the nation is divided into 22 large, 63 medium and 368 small regions. LTC resource development will follow the principle of "localized and community-based services"; and funding will be provided.

Development of LTC services for remote and offshore areas will be based on an integrated LTC service model and LTC service network.



65

Model for Development of Integrated Long-term Care Services

Pilot projects on community care in remote areas have been supported by the national lottery to enhance service capacity. Experts are placed in the field to give professional guidance in building, linking and supporting local resources. Subsidies have been provided by government budgets for care workers as an incentive to retain trained personnel in care services. A localized integrated LTC model has been developed, combining resources such as vehicles from non- government organizations to improve the accessibility of LTC services. Four pilot projects have been launched in Datong Township of Yilan County, Shiding District of New Taipei City, Hairui Township in Taitung County and Dapu Township in Chiayi County, with each location allocated a grant of NTD 2.2 million (USD 73,000) (Figure 65).

65 用心守護，用愛服務。

Serving with love and care

偏鄉及離島長照服務網

2013年完成中期照護129家

中期照護為一系列的整合健康照護服務，協助病人從醫院健康返家；針對具有身心功能回復潛能的病人提供治療，而治療的重點以回復病人功能自主、預防失能、預防短期重複再入院、預防過早入住長期照護機構，以協助病人健康返回家庭（社區）居住為目標。

中期照護是從急性醫療銜接長期照護的重要過渡。2013年全國包括偏鄉共有一百二十九家醫院，加入提供中期照護。

2013年完成120處日間照顧中心

2011年開始啟動「日間照顧呷百二計畫」，督導各縣市政府，透過長期照顧整合計畫，結合民間資源，發展這項服務模式。

這項計畫針對評估適合提供日間照顧服務的場所，投入七億二百四十七萬餘元經費，積極設置日照中心，並訂定日間照顧相關規範，建立標準作業流程及日間照顧營運手冊，強化民間服務量能。截至2013年，全國已設置一百二十所日照中心。

2014年63長照次區都有社區服務

為促進長期照護資源多元化與均衡發展，普及長照服務網絡，滿足家庭長照需求，強化在地型日間照顧服務，結合醫療機構及護理機構等醫療、長照資源及社福團體社政資源等，規劃於包括偏鄉離島在內的三百六十八個鄉鎮區，都設立日照中心，以充實社區服務量能。（圖66）

Long-term Care Service Network in Remote and Offshore Areas

Establishing Intermediate Care in 2013 (129 Facilities, PACS)

Intermediate care refers to integrated health care services aimed at assisting patients to return home and get on with their lives after discharge from a hospital. Such care focuses on treating patients who have the potential to recover physically and mentally, and the key aim is to restore patients' function, prevent disability, prevent repeated hospital admissions, and prevent premature need for LTC facility. Such intermediate care services act as an important point of convergence of acute medical care and LTC. In 2013, a total of 129 hospitals nationwide participated in providing intermediate care, including hospitals in remote areas.

120 Longevity Day-Care Centers Built in 2013

A plan for Longevity Day-care Centers was launched in 2011, an overseeing local governments through LTC plans that integrate private resources into the service model. The plan addresses assessment of means judging the quality of the day care facilities, and NTD 700 million (USD 24 million) in funding is provided to support establishment of day care centers, and to design operating manuals and standard operating procedures for adult day-care services that can maximize private service capacity. In 2013, there were already 120 such Longevity Day-Care Centers set up nationwide.

Long-term Care Services Were Available in All Sub-regions in 2014

In 2014, community-based LTC services are now available in all 63 LTC sub-regions, and grants have been provided to support setting up day-care centers.

In order to develop diversified and balanced LTC resources, it is essential to establish a universal LTC service network and to enhance the local adult day-care centers based on the family needs.

2014年完成89處偏鄉離島「居家式服務據點」

為充實長照資源不足地區在地且社區化長照服務體系發展，獎勵設置在地且社區化長照服務據點，以結合在地公共衛生與在地資源，統整長照發掘有長期照護需要者，進行長期照護需求評估、照顧計畫擬定、資源管理及服務資源連結。並因應原住民族部落文化價值及偏遠地區人口特性，以社區之需求為基礎，發展在地化及多元功能之綜合服務模式。至2013年底已建置五十個據點，預定2014年完成八十九個據點。（圖67）

充實長照資源不足地區的入住機構床位

預定2015年完成長照資源不足地區的入住機構床位，達每萬失能人口至少七百床。

為使民眾容易獲得長照服務，長照服務網計畫亦以每次區的「入住機構式服務」，均能達成每萬失能人口至少七百床為目標（即低於全國每萬失能人口平均床數五分之二者，為入住機構式長照資源不足區）。

截至2014年二月全國六十三個次區中，尚有六個縣市當中的十一個次區未達標準（圖66），分別是南投縣的草屯、雲林縣的西螺、北港、虎尾、屏東縣的東港、花蓮縣的鳳林、玉里、臺東縣的關山、成功、大武、以及金門縣，總計不足床位數為一千二百四十九床。因此獎勵醫療（事）機構於上述次區設置。（圖68）

鼓勵設置偏鄉在地且社區化的服務據點

發展可行的長期照護模式，符合在地民眾的需求，辦理「偏遠地區（含山地離島）社區化長期照護資源管理與輔導暨考評專案計畫」。

針對已建置的服務據點，進行每月成果評估、實地輔導、考評、資源分

A total of 368 day-care centers will be established, including in the remote and offshore areas (Figure 66). It is necessary to integrate medical care, nursing and social welfare for long-term care services.

89 Comprehensive Home Care Locations Completed in 2014

Incentives are set up to enhance LTC services in remote and offshore areas with insufficient LTC resources, particularly for developing community-based LTC. Grants are awarded to home care locations to integrate local resources for case finding and providing services. The LTC services will process and consolidate information on new cases, evaluate their need for LTC, as well as plan and link service resources for them. These services will take account of local aboriginal culture and values to develop an integrated service model providing multi-functional care. Fifty comprehensive home care locations were built in 2013, and 89 comprehensive home care locations will be completed by the end of 2014 (Figure 67).

Institutional Care Facilities with 700 Beds per 10,000 Disabled Persons

Any sub-region with an average lower than two-fifths of the national average of beds per 10,000 disabled persons is considered to have insufficient institutional care services. The LTC Service Network aims to enhance the accessibility of long-term care. This is achieved by ensuring there are at least 700 beds available for every 10,000 disabled persons in all LTC sub-regions.

A total of 11 sub-regions out of 63 LTC sub-regions in six different counties have been identified as having insufficient institutional care in February 2014 (Figure 66). These sub-regions are in Nantou County (Tsaotun district), Yunlin County (Cilo, Beigang, and Huwei districts) Tungkang district in Pingtung and Hualien County (Fenglin and Yuli districts), Taitung County (Guanshan, Chengong and Dawu districts) and Kinmen County. The total unmet need for beds adds up to 1,249. Hence, subsidies for assistance to strengthen LTC service capacity in sub-regions lacking adequate resources has been adopted in 2013 (Figure 68).

Development of Feasible Models of Long-term Care Based on Local Needs

To develop a feasible service model to meet local residents' need for long-term care,

享與成果發表等，以了解服務據點的實際困難，輔導發展可行的長期照護模式，符合在地民眾的需求，建置偏遠地區社區化長照服務體系管理平台，提供輔導、品質管理與評價機制。

建置失智症社區服務

為提昇失智症社區服務普及性，擴增失智症長照服務量能，2013年九月於偏遠資源不足區域，獎助辦理「建置失智症社區服務計畫」，預計至2014年五月完成設置至少二十個社區服務據點。

服務內容包括提供「健康促進活動」、「電話問安諮詢及轉介服務」、「關懷訪視服務」、「教育及宣導活動」等，其中「健康促進活動」提供非藥物治療團體活動，以維持失智者的最佳功能狀態，減緩功能的退化，並提昇生活品質。

辦理在地人員長照教育訓練

擴大培養在地評估照管專員、長照專業人力、志工等在地服務人員訓練及家庭照護者支持方案，讓在地人照顧在地人，充實當地的長照人力。從2011到2013年度，共辦理八十四場教育訓練，受訓人員計二千一百五十八人次，其中，偏遠地區、山地離島計一千八百三十四人次。

the project evaluates comprehensive home care programs for 89 low-resource areas. Evaluation criteria included on-site counseling, needs assessment, evaluation, and resource sharing, which are reported monthly. The project will be helpful for identifying and understanding practical difficulties in the program, and to generate some suggestions for the development of feasible models of LTC based on local needs. The home care service evaluation project also offers a platform for managing all home care service programs in remote areas, quality control and evaluating outcomes.

Program of Community-based Care for Dementia

Since 2013, MOHW has been awarding funds to programs for developing community-based care and a universal service network for dementia in remote areas with insufficient resources. The program is expected to set up at least 20 community-based service locations by May 2014. The services include providing health promotion activities, call-in consultation, referral services, home visits, health education and more. The health promotion activities mainly involve non-pharmaceutical group interventions aimed at maintaining the best functionality and postponing the degenerative process of dementia, as well as promoting the clients' quality of life.

Training Program for Local Long-term Care Personnel

To provide a training program for local LTC personnel, and to enhance knowledge and skills relating to LTC, there is an expanding program of training for local personnel, those who would be care managers, professionals and volunteer workers. Furthermore, we also set up a program that provides supportive interventions for the major care giver in family. Trained local personnel are employed and retained in their own community to enhance LTC manpower. During the period from 2011 to 2013, a total of 84 educational training programs were held and 2,158 attended such training (1,834 workers were from remote areas).

圖66 | 2014年完成63長照次區均有社區式服務

Figure 66 | 63 community based long-term care services in sub-region to be completed by 2014

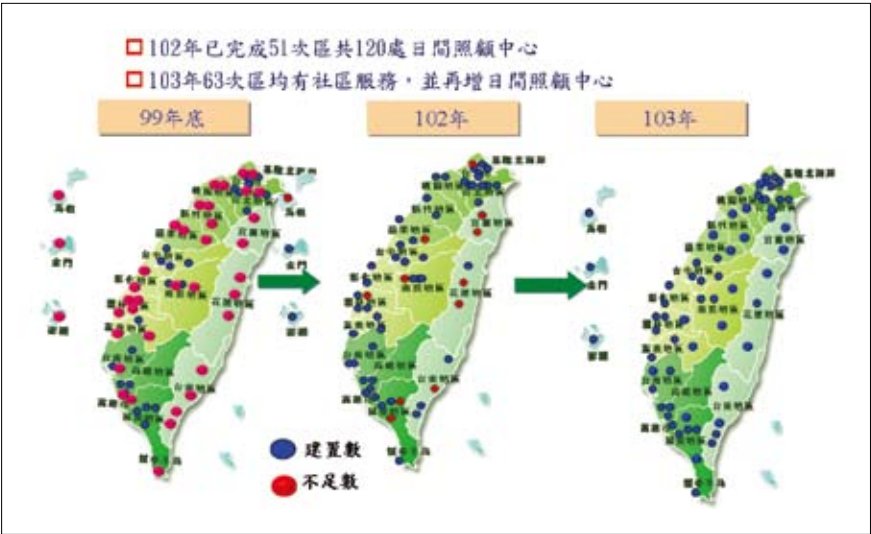


圖67 | 2014年完成89處偏鄉離島「居家式服務據點」

Figure 67 | 89 comprehensive home care locations in remote areas to be completed by 2014

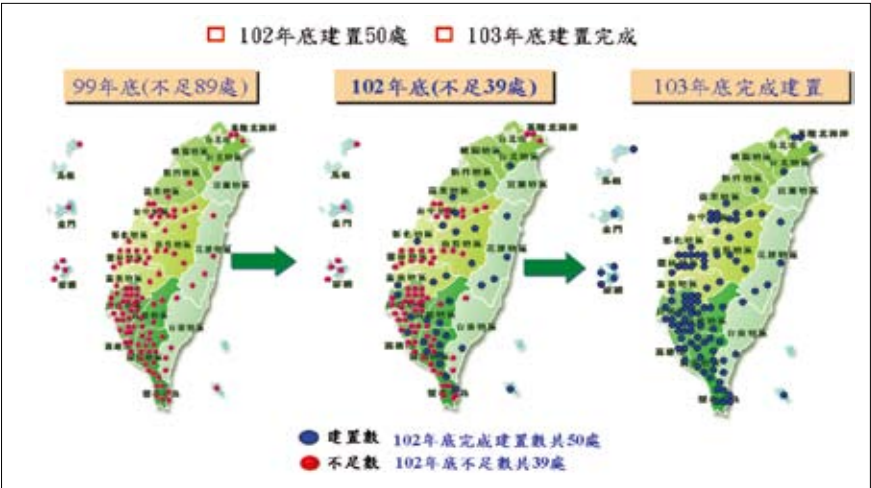
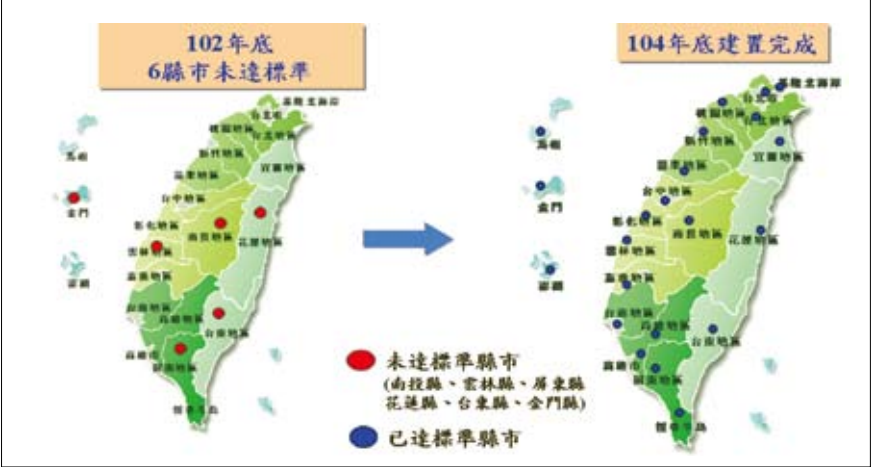


圖68 | 2015年完成長照資源不足地區之入住機構床位

Figure 68 | Increasing the occupancy capacity (beds) in long-term care facilities with insufficient resources by 2015



第三節 | 精神衛生

有關我國偏鄉及離島的精神衛生服務（表12），分別就金門、澎湖、連江、臺東、屏東、花蓮、苗栗、雲林、南投等九縣的個別情形陳述之。

金門縣

金門縣由衛生福利部金門醫院提供精神科門診、急性住院（二十二床）、慢性住院（三十五床）、日間留院（五十五床）、居家治療、強制住院、強制社區治療、藥癮與酒癮治療、性侵害及家庭暴力被害人之治療等服務。（圖69、70）

社區心理衛生中心由金門縣衛生局成立，並有專責心理衛生人員，辦理心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。此外，由臺北區精神醫療網核心醫院（臺北市立聯合醫院松德院區），視需要提供精神醫療支援及專業人員訓練。



69 衛生福利部金門醫院——精神科病房。
Psychiatric wards of Kinmen Hospital, MOHW



70 衛生福利部金門醫院——精神科大樓內部治療環境。
Psychiatric building and wards of Kinmen Hospital, MOHW

Section 3 | Mental Health

National Mental Health Services in Rural and Offshore Regions (Table 12):

表12 | 金門、澎湖及連江縣提供之精神衛生服務

Table 12 | Mental health services in Kinmen, Penghu, and Lienchiang County

金門、澎湖及連江縣均已完成			
	金門縣	澎湖縣	連江縣
精神科門診	Y	Y	Y
精神科住院	急性 (22床) 慢性 (35床) 日間留院 (55床)	急性 (36床) 慢性 (80床)	—
居家治療	Y	Y	Y
強制住院	Y	Y	—
強制社區治療	Y	Y	—
酒、藥癮戒治	Y	Y	—
性侵害及家庭暴力被害人治療	Y	Y	Y
社區心理衛生中心	Y	Y	Y
圖例：Y：服務可提供；—：服務未提供。			

Completed in Jingmen, Penghu and Lienchiang County			
	Jingmen County	Penghu County	Lienchiang County
Psychiatric clinic	Y	Y	Y
Psychiatric inpatient	Acute (22beds) Chronic (35beds) Day patients (55beds)	Acute (36beds) Chronic (80beds)	—
Home treatment	Y	Y	Y
Compulsory hospitalization	Y	Y	—
Mandatory community treatment	Y	Y	—
Alcohol and drug abuse rehabilitation treatment	Y	Y	—
Sexual assault and domestic violence treatment	Y	Y	Y
Community mental health centers	Y	Y	Y
Comment: Y: Represents Available; —: Represents Unavailable			

Kinmen County

MOHW's Kinmen Hospital provides mental health services for outpatients and inpatients (22 acute beds, 35 chronic beds), 55 day care beds, home care, mandatory hospitalization, mandatory community treatment, drug and alcohol treatment, and sexual assault and domestic violence treatment (Figures 69,70).

Kinmen County Health Bureau has set up a community mental health center with dedicated staff to deal with psychological and psychiatric health issues, addiction prevention, and domestic violence and sexual assault prevention; the mental health center is supported by the core psychiatric hospital in Taipei Regional Mental Health Network (Taipei City Hospital, Songde Branch). The Taipei City Hospital Songde Branch provides mental health support and professional training as required.

澎湖縣

澎湖縣的精神科門診服務，由兩家醫院及兩家診所提供；其中衛生福利部澎湖醫院除了精神科門診外，並且提供急性住院（三十六床）、慢性住院（八十床）、居家治療、強制住院、強制社區治療、藥癮及酒癮治療等服務。（圖71）。

性侵害及家庭暴力防治有兩家責任醫院，分別是衛生福利部澎湖醫院及三軍總醫院澎湖分院。

社區心理衛生中心由澎湖縣衛生局成立，並有專責心理衛生人員，辦理心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。此外，由高屏區精神醫療網核心醫院（高雄市立凱旋醫院），視需要提供精神醫療支援及專業人員訓練。



71 衛生福利部澎湖醫院精神科病房。
Psychiatric wards of Penghu Hospital, MOHW

Penghu County

Penghu County has two hospitals with psychiatric departments and two clinics that provide outpatient services. Of these, MOHW's Penghu hospital has 36 acute beds, and 80 beds for chronic patients. The hospital also provides the following services: home care, mandatory hospitalization, mandatory community treatment, and drug and alcohol treatment (Figure 71).

Penghu County has two hospitals that deal with sexual assault and domestic violence treatment. The two hospitals are MOHW's Penghu hospital and the Tri-Service General Hospital, Penghu branch.

The Penghu County Health Bureau has set up a community mental health center, and a dedicated team of mental health workers is available for psychological and psychiatric health issues, addiction prevention, domestic violence and sexual assault prevention. The core psychiatric hospital in the Kaoping Regional Mental Health Network, Kaohsiung Municipal Kai-Syuan Psychiatric Hospital, supports the mental health services in Penghu and provides professional training as required.

連江縣

由連江縣立醫院提供精神科門診、居家治療、性侵害及家庭暴力被害人
之治療等服務。

社區心理衛生中心由連江縣衛生局成立，並有專責心理衛生人員，辦理
心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。
此外，由臺北區精神醫療網核心醫院（臺北市立聯合醫院松德院區），
視需要提供精神醫療支援及專業人員訓練。



連江縣提供社區心理衛生服務。
Community mental health services in Lienchiang County

Lienchiang County

Lienchiang County Hospital has been providing psychiatric outpatient, home care and sexual abuse and domestic violence treatment. In addition, Lienchiang County Health Bureau has set up a community mental health center where a dedicated team of mental health professionals deal with psychological and psychiatric cases, addiction prevention, domestic violence and sexual assault prevention. The core psychiatric hospital in Taipei Regional Mental Health Network (Taipei City Hospital, Songde branch) supports the mental health center in Lienchiang and provides professional training as required.

臺東縣

臺東縣計有三家綜合醫院，提供精神科門診、急、慢性住院、日間留院、居家治療、強制住院、強制社區治療服務、藥癮及酒癮治療等服務。此外，有一家精神復健機構，提供精神病人社區復健服務；以及一家心理治療所，提供民眾心理治療服務。

性侵害及家庭暴力防治有四家責任醫院，辦理強化特殊族群處遇、提昇性侵害及家庭暴力防治等業務。

社區心理衛生中心由臺東縣衛生局成立，並有專責心理衛生人員，辦理心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。此外，由東區精神醫療網核心醫院（臺北榮民總醫院玉里分院）協助臺東縣衛生局，依據地方資源、特色及轄區內民眾的心理健康需求，整合所轄的精神醫療資源、以及協助專業人員訓練。

Taitung County

Taitung County has three general hospitals with psychiatric departments providing outpatient care, acute and chronic inpatient care, day care, home care, mandatory hospitalization, mandatory community treatment, and drug and alcohol treatment. A community rehabilitation facility is available to provide psychiatric patients with rehabilitation services as well as a psychotherapy center that provides psychotherapy to the public.

In addition, Taitung County has four hospitals equipped to support sexual assault and domestic violence treatment.

Taitung County Health Bureau has a community mental health center with a team of professional psychological personnel that handles psychological and psychiatric cases, addiction prevention, domestic violence and sexual assault prevention. The center receives assistance from the core psychiatric hospital in the Eastern Regional Mental Health Network, Taipei Veterans General Hospital's Yuli Branch, which integrates and trains professionals according to the availability of local resources and local psychological needs.

屏東縣

屏東縣計有十一家綜合醫院及三家精神專科醫院，提供精神科門診、急、慢性住院、日間留院、居家治療、強制住院、強制社區治療服務、藥癮及酒癮戒治等服務。此外，有四家精神科診所、三家精神復健機構及兩家精神護理之家，分別提供門診、社區復健及長期照護服務。

性侵害及家庭暴力防治有六家責任醫院，辦理強化特殊族群處遇、提昇性侵害及家庭暴力防治等業務。

社區心理衛生中心由屏東縣衛生局成立，並有專責心理衛生人員，辦理心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。此外，由高屏區精神醫療網核心醫院（高雄市立凱旋醫院）協助屏東縣衛生局，依據地方資源、特色、及轄區內民眾的心理健康需求，整合所轄的精神醫療資源、以及協助專業人員訓練。

Pingtung County

In Pingtung County, there are eleven general hospitals with psychiatric departments and three psychiatric clinics providing services to outpatients, acute and chronic inpatients, psychiatric day care, home care, mandatory hospitalization, mandatory community treatment, drug and alcohol treatment. There are four psychiatric clinics, three mental rehabilitation facilities and two psychiatric nursing homes that provide psychiatric patients with outpatient care, community rehabilitation and long-term care.

Pingtung County has six hospitals equipped for sexual assault and domestic violence treatment.

Pingtung County Health Bureau has set up a community mental health center where a team of professional psychological personnel handles psychological and psychiatric cases, addiction prevention, domestic violence and sexual assault prevention. The Kaohsiung Municipal Kai-Syuan Psychiatric Hospital, the core psychiatric hospital in the Kaohsiung Regional Mental Health Network, assists the center in Pingtung County to address the psychological needs of the local people, integrated resources and provide professionals with relevant training.

花蓮縣

花蓮縣計有七家綜合醫院及一家精神專科醫院，提供精神科門診、急、慢性住院、日間留院、居家治療、強制住院、強制社區治療、藥癮及酒癮治療等服務。此外，有兩家精神科診所、五家精神復健機構及四家精神護理之家，分別提供門診、社區復健及長期照護服務。

性侵害及家庭暴力防治有六家責任醫院，辦理強化特殊族群處遇、提昇性侵害及家庭暴力防治等業務。

社區心理衛生中心由花蓮縣衛生局成立，並有專責心理衛生人員，辦理心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。此外，由東區精神醫療網核心醫院（臺北榮民總醫院玉里分院）協助花蓮縣衛生局，依據地方資源、特色、及轄區內民眾的心理健康需求，整合所轄的精神醫療資源、以及協助專業人員訓練。

Hualien County

In Hualien county, seven general hospitals with psychiatric departments and one psychiatric hospital provide outpatient, acute and chronic inpatient care, day care, home care, mandatory hospitalization, mandatory community treatment, and drug and alcohol treatment. In addition, there are two psychiatric clinics, five mental rehabilitation facilities and four psychiatric nursing homes providing outpatient care, community rehabilitation and long-term care.

Hualien County has six hospitals that provide sexual assault and domestic violence recovery services.

Hualien County Health Bureau has established a community mental health center, where a team of professional psychological personnel handles psychological and psychiatric cases, addiction prevention, domestic violence and sexual assault prevention. The Taipei Veterans General Hospital's Yuli Branch is the core psychiatric hospital in the Eastern Regional Mental Health Network that assists with integrated resources based on local psychological needs and professional training.

苗栗縣

苗栗縣計有六家綜合醫院及一家精神專科醫院，提供精神科門診、急、慢性住院、日間留院、居家治療、強制住院、強制社區治療服務、藥癮及酒癮治療等服務。此外，有八家精神科診所、七家精神復健機構及兩家精神護理之家，分別提供門診、社區復健及長期照護服務。

性侵害及家庭暴力防治有四家責任醫院，辦理強化特殊族群處遇、提昇性侵害及家庭暴力防治等業務。

社區心理衛生中心由苗栗縣衛生局成立，並有專責心理衛生人員，辦理心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。此外，由北區精神醫療網核心醫院（衛生福利部桃園療養院）協助苗栗縣衛生局，依據地方資源、特色、及轄區內民眾的心理健康需求，整合所轄的精神醫療資源、以及協助專業人員訓練。

Miaoli County

There are six general hospitals with psychiatric departments and one psychiatric hospital in Miaoli County, providing psychiatric outpatient, acute and chronic inpatient care, day care, home care, mandatory hospitalization, mandatory community treatment, and drug and alcohol treatment. Another eight psychiatric clinics, seven mental rehabilitation facilities and two psychiatric nursing homes provide outpatient care, community rehabilitation and long-term care for psychiatric patients.

Miaoli County has four hospitals that provide services for sexual assault and domestic violence treatment.

In addition, Miaoli County Health Bureau has set up a community mental health center, and a team of professional psychological personnel handles psychological and psychiatric cases, addiction prevention, domestic violence and sexual assault prevention. The MOHW's Taoyuan Psychiatric Center is the core psychiatric hospital in the Northern Regional Mental Health Network, assisting the community psychological center with professional training in accordance with local resources and the psychological needs of the people.

雲林縣

雲林縣計有六家綜合醫院及一家精神專科醫院，提供精神科門診、急性住院（八十九床）、慢性住院（三百零四床）、日間留院（一百零五床）、居家治療、強制住院、強制社區治療、藥癮及酒癮治療等服務。此外，有三家精神科診所、一家心理治療所及一家精神護理之家，分別提供門診、心理治療及長期照護服務。

性侵害及家庭暴力防治有三家責任醫院，辦理強化特殊族群處遇、提昇性侵害及家庭暴力防治等業務。

社區心理衛生中心由雲林縣衛生局成立，並有專責心理衛生人員，辦理心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。此外，由南區精神醫療網核心醫院（衛生福利部嘉南療養院），視需要提供精神醫療支援、以及專業人員訓練。

Yunlin County

Yunlin County has six general hospitals with psychiatric departments and one psychiatric hospital that provide services for outpatients, acute inpatients (89 beds), chronic inpatients (304 beds), day care (105 beds), mandatory hospitalization, home care, mandatory community treatment, and drug and alcohol treatment. There are also three psychiatric clinics, one psychotherapy center and one psychiatric nursing home providing outpatient care, psychotherapy and long-term care.

Yunlin County has three hospitals that provide sexual assault services and domestic violence treatment.

Yunlin County Health Bureau has set up a community mental health center, and a dedicated team of mental health professionals there deals with psychological and psychiatric cases, addiction prevention, domestic violence and sexual assault prevention. The MOHW's Jianan Psychiatric Center is the core psychiatric hospital in the Southern Regional Mental Health Network providing professional personnel training and support based on the needs of psychiatric patients.

南投縣

南投縣計有三家綜合醫院及一家精神專科醫院，提供精神科門診、急、慢性住院、日間留院、居家治療、強制住院、強制社區治療、藥癮及酒癮治療等服務。此外，有一家精神科診所、八家精神復健機構及兩家精神護理之家，分別提供門診、社區復健及長期照護服務。

性侵害及家庭暴力防治有六家責任醫院，辦理強化特殊族群處遇、提昇性侵害及家庭暴力防治等業務。

社區心理衛生中心由南投縣衛生局成立，並有專責心理衛生人員，辦理心理衛生、精神衛生、成癮防治、以及家庭暴力、性侵害防治等業務。此外，由中區精神醫療網核心醫院（衛生福利部草屯療養院）協助南投縣衛生局依據地方資源、特色、及轄區內民眾之心理健康需求，整合所轄之精神醫療資源、以及協助專業人員訓練。

Nantou County

In Nantou County, there are three general hospitals with psychiatric departments and one psychiatric hospital that provide services for outpatients, acute and chronic psychiatric inpatients, day care, home care, mandatory hospitalization, mandatory community treatment, and drug and alcohol treatment. There are also one psychiatric clinic, eight mental rehabilitation facilities and two psychiatric nursing homes that provide community rehabilitation and long-term care for psychiatric patients.

Nantou County has six hospitals that provide sexual assault services and domestic violence treatment.

Nantou County Health Bureau has established a community mental health center, with professional psychological health personnel that handle psychological and psychiatric health services, and addiction prevention, domestic violence and sexual assault prevention. The MOHW's Tsaotun Psychiatric Center is the core psychiatric hospital in the Central Regional Mental Health Network; it assists the Nantou County Health Bureau through professional personnel training and by integrating local resources to address the needs of the local psychiatric patients.

第四節 | 社會救助及健保協助措施

提供經濟弱勢民眾健保費補助

低收入戶參加全民健康保險，保險費由衛生福利部全額補助。中低收入戶戶內十八歲以下兒童及少年、七十歲以上老人，參加全民健康保險應自付的保險費，衛生福利部全額補助；戶內其他成員補助五成。（圖 72、73）



72 申請社會救助。
Application for social assistance

Section 4 | Social Assistance and National Health Insurance Subsidies

Insurance Premium Subsidies for Economically Vulnerable Citizens

When low-income households join the National Health Insurance program, premiums may be fully subsidized by the Ministry of Health and Welfare. Premiums for children under 18 years old and elders over 70 years old in middle-to-low-income households are fully subsidized as well; also the other members in the middle-to-low-income household may receive a 50% premium subsidy. (Figures 72, 73)



73

73 社會福利諮詢。
Social welfare consultations

提供經濟弱勢民眾醫療費補助

低收入戶罹患重大傷病、醫療費用無力負擔者，其醫療費用由衛生福利部全額補助。中低收入戶最近三個月因嚴重傷病就醫，產生的全民健保的部分負擔醫療費用、以及健康保險給付未涵蓋的醫療費用，達三萬元以上，且所需醫療費用，非本人或扶養義務人能負擔者，由衛生福利部補助八成。

Providing Medical Subsidies to Economically Vulnerable Citizens

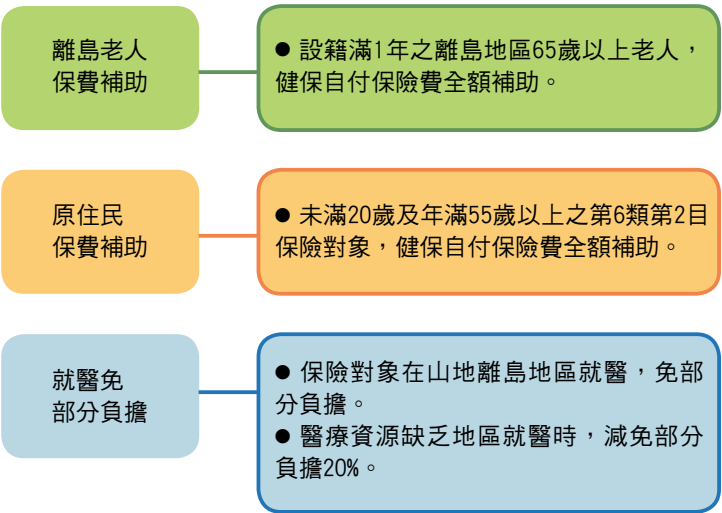
When members of low-income households suffer major injuries or illness and can not afford the medical expenses, their medical fees are fully subsidized. In addition, middle-to-low-income households with members suffering major injuries that have medical fees exceeding NTD30,000 (USD 1,000) over three months, and that are not covered by National Health Insurance, may receive a subsidy covering 80% of medical fees when the patient or legal custodian can not afford it.

健保在離島及偏鄉的協助措施

為保障離島及偏鄉居民的就醫權益，健保提供的協助措施，包括：離島老人保費補助、原住民保費補助、就醫免部分負擔等。

措施內容如圖所示：（圖74）

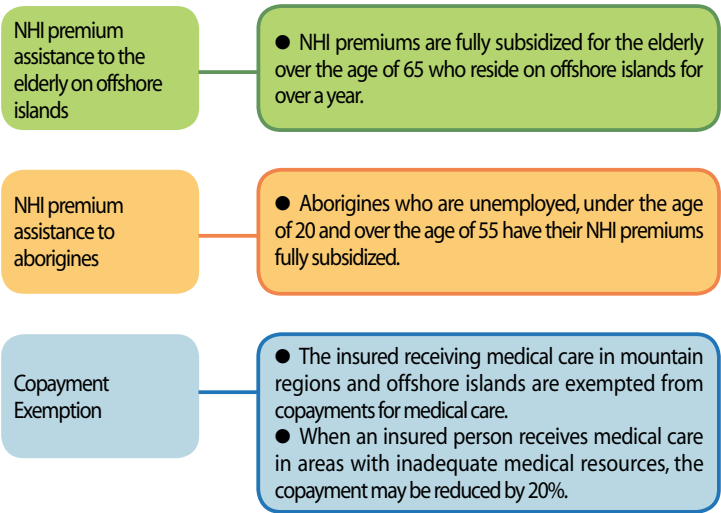
74 | 健保在離島及偏鄉提供之協助措施



National Health Insurance Assistance For Remote and Offshore Areas

To protect the right to health care of people in remote and offshore areas, NHI offers assistance including: NHI premium subsidies for the elderly in offshore areas, aboriginal premium subsidies, and copayment exemption, as indicated in the chart below (Figure 74).

74 | NHI subsidies for remote and offshore areas



第五節 | 健康促進

衛生福利部以全政府、全社會的行動策略，建構國民健康促進、疾病預防與婦幼保健政策。在健康的公共政策上，創立生育保健、母乳哺育、菸害防制、癌症防治等法案，並草擬推動國民營養法立法中。於健康的醫療照護系統與服務，提供全民普及且涵蓋全生命週期的預防保健服務，包括產前遺傳檢查、孕婦產前檢查、兒童及成人預防保健、新生兒代謝異常、聽力、視力篩檢、癌症篩檢、戒菸服務及慢性病共同照護網絡。為減少四大健康共同危險因子的危害，於菸害防制推動世界衛生組織所提六項控菸政策；於酒害防制，除嚴格取締酒後駕駛，並提供預防、治療和照護措施；於運動及飲食，推動全民健康體重管理計畫、總體檢致胖環境與改善、建構健康飲食供應系統及多元動態生活環境，提倡規律運動和均衡飲食。同時於城市、社區、學校、職場及醫院，導入各類健康促進行動，推動活躍老化及高齡友善城市；並且積極進行衛教宣導、提昇國人健康素養及建置各生命週期的健康監測系統。

對山地離島偏遠地區居民，考量其特殊健康需求及經濟因素，特別提供下列措施及補助方案。

孕婦乙型鏈球菌篩檢計畫

自2010年起，優先補助低收入戶孕婦接受乙型鏈球菌的篩檢，預防新生兒早發型感染；2011年擴大補助對象至中低收入戶、設籍山地原住民族地區、離島及偏遠地區的懷孕婦女；自2012年四月十五日起，全面每例定額補助五百元。

產前遺傳診斷檢驗費用

針對遺傳疾病高危險群（具遺傳家族史、三十四歲以上高齡孕婦、孕婦

Section 5 | Health Promotion

The Ministry of Health and Welfare has applied a whole government, whole society approach to establish national health promotion, disease prevention, and maternal and child health policies.

Legislation relating to other health-related public policies has been formulated, including the Genetic Health Act, Public Breastfeeding Act, Tobacco Hazards Prevention Act, Cancer Control Act, and national nutrition legislation is being planned as well.

Health care systems and services aim to provide comprehensive life-course preventive health services for all people. A comprehensive preventive health services are provided, including prenatal genetic examinations, pregnant woman prenatal care, preventive health services for children and adults, screening for neonatal metabolic abnormalities, hearing and vision screening, cancer screening and smoking cessation services. Moreover, we have established coordinated care for chronic conditions.

We are promoting policies designed to address the hazards posed by four leading health risk factors - smoking, harmful use of alcohol, inadequate exercise, and unhealthy diet. These include the six tobacco control policies proposed by WHO. In addition to a strict ban on drunk driving, we also provide prevention, treatment, and care for alcohol hazard reduction. As for physical activity and diet, a healthy weight management program is promoted nationwide aimed at monitoring and reducing factors contributing to the obesogenic environment, constructing a healthy diet and diversified/dynamic living environment, and promoting regular exercise with balanced diet. Meanwhile, we are creating various types of healthy environments all around, including cities, communities, schools, workplaces and hospitals. Various health promotion activities are carried out in these places as well. Also, active ageing and age-friendly city policies are promoted as a response to the ageing society. At the same time, we carry out health education, national health literacy programs and set up a life-course health surveillance system. The following policy measures and subsidy programs are specifically provided for residents in remote areas, mountainous areas, and offshore islands, to address the special health needs and economic status of these people.

超音波檢查異常、血清篩檢異常機率大於1/270等），提供染色體及基因等檢驗服務與費用補助；一般個案補助二千元，列案低收入戶、居住原住民地區及離島個案，補助五千五百元。

依據優生保健措施減免或補助辦法相關規定，發現異常的個案，將提供進一步諮詢及追蹤管理服務。

新生兒先天性代謝異常疾病篩檢

針對葡萄糖-6-磷酸鹽去氫酶缺乏症、先天性甲狀腺低功能症等十一項先天性代謝異常疾病，提供新生兒全面篩檢；一般個案補助檢驗費二百元，低收入戶及山地離島醫院出生個案，補助五百五十元。

依據優生保健措施減免或補助辦法相關規定，發現異常的個案，將提供進一步確診及治療，以避免嚴重後遺症的發生，減少父母及家庭的照護負擔。



75

75 澎湖縣惠民醫院至馬公國小附設幼兒園辦理兒童發展篩檢服務。

Hwei-ming Hospital of Penhu County visited Magong Elementary to provide child development screening services

Maternal GBS Screening Plan

Since 2010, priority subsidies are made available to pregnant women in low-income households offering Group B Streptococcal Infection (GBS) screening to prevent early-onset neonatal infection. In 2011, the subsidy was expanded to pregnant women in middle-lower income households, aborigines registered in mountain areas, and pregnant women living on offshore islands and in remote areas. Starting April 15, 2012, comprehensive fixed subsidies of NTD 500 (USD 17) per case are provided for these women. Then physicians provide antibiotic treatment to the women with GBS positive results.

Prenatal Genetic Testing Subsidy

Chromosomal gene testing services and subsidies are provided to high-risk groups (people with family history of genetic illness, pregnant women over the age of 34, pregnant women diagnosed with abnormalities through ultrasound, abnormal serum screening (probability greater than 1/270 or higher) for genetic diseases. Subsidies of NTD 2,000 (USD 67) are granted per general case. People in low-income households and living in aboriginal areas and offshore islands are subsidized NTD 5,000 (USD 167) per case. Through genetic health measures or subsidy-related regulations, further consultation and follow-up services are provided for those discovered to have abnormalities.



76

76 連江縣立醫院至東引辦理外展篩檢服務。

Lienchiang County Hospital visited Dongyin to promote screening services

新生兒聽力篩檢

臺灣新生兒在先天性聽障的發生率，約為千分之三至千分之四。學術上及臨床上皆已證明，先天性聽力損失，若建議於六個月大前就開始配戴聽覺輔具，並接受聽能復健或創健，能使嬰幼兒有正常的語言發展歷程。衛生福利部自2010年起，優先補助經濟弱勢低收入戶新生兒聽力篩檢費用；自2012年三月十五日起，則已全面補助每案新台幣七百元。

擴大建置兒童發展聯合評估中心計畫

2014年全國已有四十五家聯合評估中心。於苗栗縣、南投縣、雲林縣、屏東縣、臺東縣、澎湖縣、金門縣、連江縣等八個離島偏遠地區，委託成立一至二家兒童發展聯合評估中心，辦理兒童發展篩檢及聯合評估服務，以期早期發現發展遲緩兒童，改善其就醫的可近性。（圖75、76）

2013年於離島偏遠地區受理疑似發展遲緩兒童的評估數，計二千八百二十人，經確診為正常者計一百六十七人，發展遲緩兒童計二千三百零七人。

弱勢兒童臼齒窩溝封劑擴大補助方案計畫 及弱勢兒童牙齒塗氟服務

齲齒的問題與社會經濟地位及醫療服務可近性相關，自2010年起，針對山地原住民族地區國小一、二年級學童、以及一般鄉鎮低收入戶國小一年級學童，提供第一大臼齒窩溝封填服務，並於2012年起，擴大服務範圍至原住民族地區、離島及身心障礙國小一、二年級學童、一般鄉鎮低收入戶及中低收入戶國小一、二年級學童，2013年共計服務八千零八十九案。

Congenital Metabolic Disorders

Comprehensive screening is provided to newborns to identify glucose-6-phosphate dehydrogenase deficiency, congenital low thyroid function disorders and 11 other congenital metabolic disorders. Subsidies of NTD 200 (USD 6.7) are provided per general case. Low-income households, households in aboriginal areas and offshore islands are subsidized NTD 550 (USD 18) per case. By genetic health measures or subsidies related regulations, further consultations and follow-up services are provided for cases with discovered abnormalities to avoid serious complications and to reduce the burden on parents and family.

Newborn Hearing Screening

As congenital hearing impairment occurs in approximately three in a thousand Taiwan newborns, newborns with such congenital hearing impairment are recommended to start wearing hearing aids and to receive rehabilitation before six months of age, so that they can have a normal language development process. Since 2010, the MOHW has prioritized subsidies for newborn hearing screening costs to low-income households and on March 15, 2012, these screenings became subsidized at a rate of NTD 700 (USD 17) per child.

Establishment of Centers for Assessing Child Development (CACD)

In 2014, Taiwan has 45 Centers for Assessing Child Development (CACD). The MOHW has a commission to establish one or two more centers in eight offshore and remote areas, including Miaoli, Nantou, Yunlin, Pingtung, Taitung, Penghu, Kinmen, and Lienchiang Counties in order to implement the child development screening and assessment services for early detection of developmentally delays and to improve access to medical treatments. (Figures 75,76)

In 2013, a total of 2,820 children with suspected developmental delays were assessed in the offshore or remote areas; 167 of the children were diagnosed as normal and 2,307 of the children were found to have developmental delays.

此外，自2013年六月起，擴大兒童牙齒塗氟至滿六歲前，每半年塗氟一次；而未滿十二歲低收入戶、身心障礙者、原住民族地區及偏遠離島地區，則縮短為每三個月塗氟一次。

原住民婦幼健康管理計畫

為增進原住民婦女生育健康及其子女的健康，自2012年起，結合各縣市衛生局提供各轄內原住民生育婦女（二十到四十九歲），全面性的孕產期、嬰幼兒保健之生育保健指導、諮詢與相關資源轉介等；2013年建卡達成率為八成五。

實施二代戒菸治療試辦計畫

為了幫助吸菸者戒菸，遠離菸害，2012年三月一日推出「實施二代戒菸治療試辦計畫」，門診、住院、急診及社區藥局都可提供戒菸治療或衛教服務。

這項計畫由菸品健康福利捐補助，戒菸藥品比照一般健保用藥，病人每次處方，所須負擔的藥費不超過二百元；醫療資源缺乏地區的藥費可再減免兩成，低收入戶、山地原住民及離島地區全免，大幅降低戒菸治療的經濟負擔，對弱勢民眾特別有意義。截至2013年，合約醫事機構將近二千五百家，涵蓋全臺百分之九十八點六的鄉鎮市區，透過巡迴醫療，則可達百分之百。

預防保健服務及擴大口腔癌篩檢服務

為落實照顧原住民，自2010年七月起，比照六十五歲以上長者，提供原住民自五十五歲起每年一次的成人預防保健服務。

同時，為加強宣導原住民「預防保健」及「自我健康管理」觀念，於

Providing Dental Care for Disadvantaged Children: Molar Pit and Fissure Sealant and Tooth Fluoridation Treatments

Tooth decay (cavity) problems are closely related to socio-economic status and availability of health services. Since 2000, children in grades one and two, as well as general low-income households with children in first grade in the mountainous aboriginal areas have been provided with molar pit and fissure sealant care. In 2012 this service was expanded to include aboriginal areas, offshore islands and disabled children in grades one and two, along with general low-middle income households with children in grades one and two in the townships. A total of 8,089 children were served in 2013. In addition, tooth fluoridation treatments have been expanded to include all children under the age of six at six-month intervals, and every three months for children from low-income households under the age of 12, those who are

- 77 原住民版成人預防保健手冊。
Aboriginal version of the "Adult Preventive HealthCare Service Manual"
- 78 提供口腔黏膜篩檢服務。
Oral mucosa screening services
- 79 醫師宣導檳榔防制。
Physicians advocating the prevention and treatment of betel nut chewing



2011年撰編印製「成人預防保健服務手冊（原民版）」，分送至五十五間原住民鄉衛生所，並發送給符合受檢資格的原住民。

2012年這項服務共提供五十五歲以上原住民計二萬八千人，2013年預估提供超過二萬八千名五十五歲以上原住民，利用成人預防保健服務。

在口腔癌篩檢的部分，為了更符合原鄉實際需求，自2013年六月起，有嚼檳榔的原住民可提早自十八歲起，即開始每兩年一次免費的口腔癌篩檢。（圖77、78、79）

此外，衛生福利部中央健康保險署並將二十歲至未滿三十歲山地離島地區婦女的子宮頸抹片檢查，列入健保IDS承作醫院得提供服務的項目。

推動癌症醫療品質提昇計畫

為了讓全國民眾享有優質的癌症診療品質，自2008年辦理「癌症診療品質認證」，至今已有五十家醫院通過認證。然而目前臺東、南投及苗栗等三縣，尚無癌症診療品質認證通過醫院，因此於2012年開始辦理「跨院際癌症醫療照護合作試辦計畫」，協助三縣市內的七家醫院，分別和通過癌症診療品質認證醫院合作，建立診斷、治療雙向轉介平臺、導入癌症治療指引、跨院際討論研擬病患癌症治療計畫書、召開跨院際癌症多專科團隊會議、雙向癌症臨床實務經驗交流、以及提昇化學治療與放射治療品質，讓罹癌民眾不需長途奔波，就可在當地醫院接受有品質的化學治療或放射線治療。

七家醫院分別是臺東馬偕紀念醫院、臺北榮民總醫院臺東分院、大千綜合醫院、為恭紀念醫院、衛生福利部苗栗醫院、衛生福利部南投醫院及埔里基督教醫院。

此外，澎湖縣內醫院因無放療及化療設備，亦缺乏專任或合作支援的腫

disabled, and those living in aboriginal areas and remote and offshore island areas.

Care Management for Aboriginal Women and Children

To promote the reproductive health of aboriginal women and their children's health, in 2012, maternal guidance on infant and child health, counseling and referral services were provided through a combination of all the health bureaus in the townships and cities to aboriginal women of reproductive age (ages 20 to 49) in their jurisdictions. In 2013, records were collected from 85% of these women.

Smoking Cessation Service Programs

To help smokers quit smoking and stay away from tobacco, the Second Generation Smoking Cessation Payment Scheme was launched on March 1, 2012. Clinics, inpatient, emergency and community pharmacies can provide smoking cessation treatment or health education services.

This payment scheme is subsidized by the Tobacco Health and Welfare Surcharge, and smoking cessation drugs follow the precedent of other medications; each patient's prescription cost borne by the patient is not more than NTD 200 (USD 6.7). Furthermore, smokers in disadvantaged areas are allowed 20% reductions in co-payments and a full subsidy is granted to smokers from low-income households, indigenous areas or offshore islands. In 2013, we had nearly 2,500 contracted medical institutions providing smoking cessation services, which covers 98.6% of the townships and cities in Taiwan. With the addition of mobile medical services, smoking cessation coverage can reach 100%.

Preventive Health Care Services for those Age 55 and Above and Oral Cancer Screening for Aborigines

To provide better care for indigenous peoples, starting from July 2010, we began providing preventive health care services following the precedent set by similar services for the elderly above age 65. This program provides aborigines with preventive health care services once a year. Meanwhile, in order to incorporate aboriginal thinking into preventive health care and self-health management, an aboriginal version of the "Adult Preventive Healthcare Service Manual" was compiled and published in

瘤專科醫師，於2012年開始辦理補助「澎湖縣辦理癌症個案管理中心計畫」，設置專任癌症個案管理師，整合癌症診療資源，提供轄區內癌症病人專業諮詢服務、以及協助癌症病人轉介接受最合宜的治療。

人類乳突病毒疫苗接種計畫

在山地原住民及離島地區，三十到六十九歲婦女子宮頸抹片的篩檢率為四成七，低於全國的五成二，為加強防治未來子宮頸癌的發生，自2011年補助前述地區國中一年級女生，施打人類乳突病毒（Human papilloma virus，HPV）疫苗。

2013年計有一千四百一十四人（百分之七十二點七）完成三劑施打。（圖80、81）

縣市菸酒檳榔防制整合計畫

由於吸菸、飲酒、嚼檳榔是造成健康不平等的重要因素，根據調查資料顯示，臺東縣、花蓮縣、雲林縣、南投縣、屏東縣、基隆市、臺南市等縣市，不僅盛行率高，也是肺癌、食道癌、口腔癌發生率與死亡率都高的縣市。



80

80 HPV疫苗接種。
HPV vaccination



81

81 HPV疫苗接種前醫師評估。
Physician's consultation and evaluation before
HPV vaccination

2011 and distributed to 55 health centers in aboriginal townships. The manual was distributed to aborigines who met the qualification criteria.

In 2012, the volume of preventive health care services reached up to 28,000 aborigines ages 55 and above, and was likewise estimated to serve over 28,000 aborigines in 2013. In addition, in order to better meet the actual need of aboriginal communities for oral cancer screenings, starting from June 2013, betel nut chewing aborigines age 18 and above can receive a subsidized oral cancer screening every two years (Figures 77, 78, 79).

In addition, the NHI included the pap smear test into the IDS implementation hospitals to provide screening for aboriginal women between the ages of 20 to below 30 in the mountainous and offshore areas.

Cancer Health Care Quality Improvement Program

In order for the public across the nation to receive quality cancer treatment, a system for Cancer Treatment Quality Accreditation was implemented in 2008. At present, 50 hospitals have been certified. Currently, only Taitung, Nantou and Miaoli Counties do not have cancer treatment quality accredited hospitals, so an Inter-Hospital Cancer Treatment and Care Alliance Pilot Plan was launched in 2012, assisting seven hospitals (Taitung Mackay Memorial Hospital, Taipei Veterans General Hospital Taitung Branch, Dachien General Hospital, Wei-Gong Memorial Hospital, the MOHW's Miaoli Hospital, Nantou Hospital, and Puli Christian Hospital) through alliance with accredited hospitals to establish diagnosis, treatment, a two-way referral platform, introduction of cancer treatment guidelines for cancer patients, inter-hospital discussion on cancer treatment plans, inter-hospital cancer multidisciplinary team meetings and bi-directional exchange of experiences in clinical practice, with the goal of improving the quality of cancer chemotherapy or radiation therapy. One goal is that cancer patients should not need to travel far and should be able to receive quality chemotherapy or radiation treatment at their local hospitals.

In addition, since the hospitals in Penghu County do not have radiotherapy and chemotherapy equipment, and also lack of full-time cancer specialists or cooperative arrangements with oncology specialists, the MOHW launched a County

自2012年起，補助上述七縣市辦理菸酒檳榔防制整合計畫，計每年一百四十到二百萬元。2013年於這項計畫的成果，共計營造無菸、酒、檳榔健康政策場域五十五處、辦理菸酒檳榔防制衛教宣導六百八十場、針對高危險群教育訓練強化對菸酒檳榔的認知、培訓衛教志工十二場並提供衛教服務、辦理菸酒檳榔戒治班二十九班（服務五百五十六人）、口腔黏膜篩檢與轉介、辦理友善或愛心、拒售菸、酒、檳榔予未滿十八歲青少年的商家有四百七十八家商家，以及問卷調查建置相關資料庫等。（圖82、83）



82

82 臺東縣無菸酒檳榔遊街宣導。

Tobacco, alcohol and betel nut street advocacy in Taitung County



83

83 花蓮縣結合老人暨家庭關懷協會拒絕菸酒檳榔健康講座宣導。

Coordination of Elderly and Family Care Association in Hualien County

Cancer Case Management Center Plan in 2012, with the a full-time cancer case manager to integrate cancer treatment resources and to provide cancer patients in their jurisdictions with professional consulting services and assistance, referred patients for the treatments that are most desirable.

Human Papillomavirus Vaccination

As the pap smear screening rate among women ages 30 to 69 is only 47% in the mountainous aboriginal and offshore island areas, to reduce cervical cancer incidence rates in the future, the human papillomavirus (HPV) vaccine has been subsidized for grade 13 junior high school girls in the areas mentioned above since 2011. A total of 1,414 girls (72,7%) completed the three-shot vaccination in 2013. (Figures 80,81)

Integrated Tobacco, Alcohol and Betel Nut Prevention Control Programs

Smoking, alcohol drinking and betel nut chewing are among the causes of health inequalities; investigations have shown that these habits are more prevalent in that Taitung, Hualien, Yunlin, Nantou and Pingtung Counties, as well as Keelung, Tainan City and other townships and cities. In such areas, the occurrence and mortality from lung, esophageal and oral cancer is relatively high.

Since 2012, the seven counties and cities mentioned above are implementing an integrated no tobacco, alcohol and betel nut control plan which is subsidized annually with NTD 1.4 to 2 million (USD 46.7 to 66.7 thousand) for each county/city. In 2013, anti-tobacco, alcohol and betel nut health policies were successfully implemented in 55 areas, providing 680 advocacy sessions on tobacco, alcohol and betel nut prevention and treatment, raising public awareness about tobacco, alcohol and betel nut hazards in high-risk groups, 12 training sessions for health education volunteers and provision of health education services. Twenty-nine tobacco, alcohol and betel nut chewing cessation sessions (serving 556 people) were carried out, along with oral mucosa screening and referrals. Also, 478 friendly or caring businesses agreed to refuse to sell tobacco, alcohol and betel nuts to children under the age of 18. We have also carried out surveys and established related databases. (Figures 82,83)