



Evolution and Enlightenment of Community Health Building in Taiwan, China

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Abstract. With changes in industrialization, aging population, changes in disease spectrum, ecological environment and lifestyle, in recent years, other countries or regions have begun to prioritize health in a strategic position. Since the 1990s, Taiwan, China has implemented the policy of community health building to respond to health issues caused by modern environmental pollution, work pressure, improper living and rest, bad eating habits and lack of exercise. This paper hopes to analyze the background, development process and promotion structure of community health building in Taiwan, and propose experiences that can be used for reference in other countries or in the building of healthy cities and healthy communities.

Keywords: Community health building · Healthy city · Communitization of healthy living

1 Introduction

With changes in industrialization, aging population, changes in disease spectrum, ecological environment and lifestyle, in recent years, other countries or regions have begun to prioritize health in a strategic position. In many places, to promote healthy sports and sustainable development, the humanities, economics, and industrial development stages in different places are facing difficulties in various aspects. Taiwan is a region with fast economic development and high level of social welfare in Asia. During the process of economic development, health issues have been promoted at various stages. Different health programs are designed according to different stages and situations, which promote the formation of healthy cities and health strategies in Taiwan. This paper hopes to analyze the background, development process and promotion structure of community health building in Taiwan, and propose experiences that can be used for reference in other countries or in the building of healthy cities and healthy communities.

2 The Background of Community Health Building in Taiwan

Entering into the 20th century, the environmental pollution, traffic jam, stress of life, unsanitary drinking water and food, violence and injuries brought about by urbanization

and industrialization are gradually becoming important factors affecting people's physical and mental health [4]. Some hygienists in Europe and Canada call for jumping out of the treatment-based health policy and formulating policies from the perspective of public health, emphasizing the impact of social and economic environmental factors such as a healthy environment and healthy lifestyle on people's health [18]. In the Declaration of Alma-Ata in 1978, the WHO emphasized the expectation that the implementation of primary health care can promote the health of the people, so as to achieve the goal of health care for all. In 1984, the WHO again proposed the concept of health promotion and launched a cross-departmental plan, arguing that health should no longer be completely dominated by medical care, but should be included in social welfare, city planning, and even political and economic departments; in addition, special attention should be paid to integrating with the local social context.

Since the 1950s and 1960s, the basic health building movement in Taiwan, China has been carried out through a similar approach to community development. Since the 1980s, with the rise of communitarianism, the Ministry of the Interior has promoted "communalization of social welfare", and the Council for Cultural Affairs has advocated "overall community building". On the one hand, in order to be in line with the international "Healthy City" plan, on the other hand, due to the change in the form of disease brought about by the transformation of Taiwan's social and economic lifestyle (namely, the disease pattern of people in Taiwan has gradually changed from infectious diseases to chronic non-infectious and degenerative diseases; cancer, chronic and degenerative diseases have become the main causes of death; lifestyle is the main cause of the disease; the health human resources at the grassroots level can't adequately respond to people's health problems; the single dissemination of health information is not enough to effectively change people's lifestyles...), considering that community resources have not been effectively used, the Department of Health of the Executive Yuan hopes to use community resources to promote the community's awareness and building of health, so as to establish a health building mechanism for community self-care [4].

3 The Development Process of Community Health Building in Taiwan

3.1 Three-Year Plan for Community Health Building

Since the 1980s, with the rise and development of communitarianism, the social welfare policy programme in Taiwan has increasingly emphasized the establishment of a community-based service delivery model, to promote the work of communitization of social welfare in areas such as health, culture, employment, etc. In 1994, the Council for Cultural Affairs put forward the concept of "overall community building", trying to cut in from the perspective of cultural reconstruction, to promote the consciousness and mobilization of residents, rebuild the harmonious relationship between people, people and the environment, and people and communities, and then promote the national transformation and development of local communities. Besides, it began to emphasize the participation of community residents, put forward community demand plans from the bottom up, and emphasized the cohesion and front of community awareness, so as to achieve sustainable operation of the community.

In 1999, the Department of Health of the Executive Yuan of Taiwan was guided by the concept of “healthy city” proposed by the WHO, and took community health building as a means to achieve a “healthy city”, hoping that through the active participation of community organizations and the mutual familiarity and mutual help of community residents, a supportive system could be created, the function of mutual supervision would be exerted, the predicament that health knowledge dissemination by means of publicity, lectures and activities, but it was difficult to promote the change of health behavior and health status could be changed, and a supportive environment could be created to achieve the goals of healthy living. In addition, it also started to use the “health” issue as the entry point for community building, so as to promote the “Three-year Plan for Community Health Building”, create a community health building unit in each village, town and city (district), explore, analyze and solve community health issues through the bottom-up approach of community development, and achieve the goal of a healthy city through community health building [5].

The “Three-year Plan for Community Health Building” subsidized counties and cities to independently set up a “Community Health Building Center” by combining community residents, public welfare groups and private professional resources to promote the work of community health building through community groups’ actively promoting community health building through strategies such as volunteer training, health promotion activities, and sustainable management mechanisms [8]. The health issues promoted included six major items: healthy diet, healthy physical fitness, personal hygiene, tobacco harm prevention and control, prevention and control of areca-nut health hazards and safe medication, and designated healthy diet, healthy physical fitness and personal hygiene served as three items that must be implemented together [20]. In July 2001, in order to integrate and promote the health business in Taiwan, the Department of Health of the Taiwan Executive Yuan specially merged the Department of Public Health, the Institute of Public Health, the Institute of Family Planning, and the Institute of Maternal and Child Health to form the National Health Bureau, which was in cooperation with county and city health bureaus and medical institutions at all levels, combined with the folk force, through health education and the establishment of a healthy lifestyle, to jointly implement the government’s health policies [5]. In December 2012, 223 community health building centers were established throughout Taiwan [12].

Community health building at this stage belonged to primary prevention, focusing on soft tissues, emphasizing on promoting the change of personal health awareness and behavior by practicing the concept of health promotion in daily life, and less consideration of the impact of environmental and socioeconomic factors on community health was taken. In the specific implementation, although it emphasized the bottom-up operation mode, due to the low awareness of residents’ self-maintenance of health and the lack of autonomy of the community residents, it was difficult to promote health issues alone. At the same time, the plan emphasized the participation of volunteers, and due to the influence of the volunteers’ own lack of professional ability, it was not easy to truly implement them in various communities [16].

3.2 “Communitization of Healthy Living Plan” and “Community Healthy Environment and Space Creation Plan”

In order to distinguish the “community health building” promoted by the National Health Bureau from the “overall community building” promoted by the Council for Cultural Affairs of the Ministry of the Interior, and to look forward to more specific improvement of community health problems, the name of the “Community Health Building Plan” was changed to “Communitization of Healthy Living Plan” in 2002 and was included in the key development plans of Challenge 2008 [8]. The main goal of the “Communitization of Healthy Living Plan” is to analyze the community environment and health problems through the cohesion and spontaneity of the community, establish a healthy supportive environment, and expect the public to participate in the research and discussion of health policies to jointly build a healthy community. Community health building at this stage more respected the differences of local characteristics and emphasized the principle of adapting to local conditions [21]. It further expanded the plans related to community health and welfare into community environmental improvement plan, communitization of healthy living plan, caring service communitization plan, child care service communitization plan, and long-term care communitization plan [7, 20].

In 2003, in order to create a healthy supportive environment and space through the public’s learning and participation, it began to promote the “Community Healthy Environment and Space Creation Plan”, and the categories created include reconstruction of idle space, greening and beautification of the environment, reconstruction of friendly space for the visually impaired, community vegetable garden, healthy market, healthy footpath, safe road to school, community basketball court, community croquet court, etc. [13] Compared with the previous community health building, this plan focused on promoting the change of personal health awareness and behavior, and less consideration was given to the impact of environment and social economy on community health. The Community Healthy Environment and Space Creation Plan mainly focused on the improvement of environmental hardware, emphasizing the impact of the surrounding living environment on people’s physical and mental health. The plan expected to consider the process of public participation in the community from the construction of the physical environment space and facilities that affected the healthy life of community residents, cooperate with the strategy of community health building, establish the mechanism and ability of learning, and integrate the existing organizational resources or related systems of villages, towns and cities, so that the community people have a new value consensus on health, develop follow-up health promotion actions and implement them in the practice of healthy living.

3.3 “Healthy Community Six-Star Plan”

In 2005, in view of the fact that a healthy community was the power of Taiwan’s social stability and in order to declare the government’s determination to promote community development, the Executive Yuan of Taiwan integrated the relevant social reform policy plans of various ministries and associations and launched the “Taiwan Healthy Community Six-Star Plan”: The six major aspects of industrial development, social welfare and medical care, community security, humanistic education, environmental landscape and

environmental protection ecology were used as community evaluation indicators; at the same time, in order to promote the sound and diverse development of the community, in response to the development goals and supporting needs put forward by the community, it integrated the existing planning resources of the relevant government ministries and associations, and provided guidance by stages and in discrete steps to assist its development.

The main objectives of the Healthy Community Six-Star Plan were: 1. Promoting a comprehensive community transformation campaign, and creating a “healthy community” where people can live and work in peace and contentment through the comprehensive improvement of six aspects of industrial development, social welfare and medical care, social security, humanistic education, environmental protection ecology, and environmental landscape. 2. Establishing a community building model that operates independently and sustainably, emphasizing being close to the life of community residents, providing local services for local people, creating local employment opportunities, and promoting local economic development. 3. Strengthening the significance of people’s active participation in public affairs, establishing a bottom-up proposal mechanism, building a foundation of mutual trust among ethnic groups, expanding the level of grass-roots participation, and creating a social environment of “sustainable growth, achievement sharing, and responsibility sharing”, so that the community develops healthily and Taiwan grows stably [3].

At this stage of community health building, the previous “Communitization of Healthy Living Plan” was incorporated into the social welfare and medical aspects of the Healthy Community Six-Star Plan of the Executive Yuan of Taiwan, becoming one of the important administrative plans of the Executive Yuan. Under the existing health care system, the Healthy Community Six-Star Plan at this stage combined private resources to jointly establish a diversified basic health care network, promote designated topics such as healthy physical fitness, healthy diet, and tobacco harm prevention and control, analyze and propose community health issues through a bottom-up approach based on community characteristics and lifestyles [4, 20], and implement healthy living and jointly build and create a community, so as to promote the building and construction of a healthy community from a more comprehensive and integrated perspective.

3.4 Elite Plan for Community Health Building

Since the Taiwan Department of Health launched the Community Health Building Plan in 1999, by 2007, there have been more than 300 communities in Taiwan promoting community health building work. Community health workers and volunteers in various places have developed strategies for different health issues such as tobacco harm prevention and control, areca-nut hazard prevention and control, chronic disease prevention and control, and elderly care and so on. In order to further improve the effectiveness of community health building and promote the sustainable development of the community, since 2007, the National Health Bureau began to subsidize 16 communities to apply for the “Elite Plan for Community Health Building”. In Taiwan, the WHO’s strategy of promoting a healthy city was not fully applicable due to the promotion of community health building. Based on the integration of WHO health promotion strategies and Taiwanese community health building, the National Health Administration of Taiwan

formulated the “Health Promotion Community Certification Standards”, which examined community characteristics, promoting organizations, formulating healthy public policies, creating a supportive environment, developing personal skills, adjusting service directions, strengthening community actions, sustainable development, and outcomes. And in 2008–2009, it began to provide subsidies in the form of “Health Promotion Community Certification”. Moreover, through the implementation of the “Health Promotion Community Certification Pilot and Community Integration Plan” and the “Health Promotion Community Rewards and Subsidy Plan”, it also promoted issues such as healthy diet, healthy physical fitness, breast cancer and cervical cancer screening, smoke-free community, betel nut-free community, health for the elderly for a long time, and safe community [8].

4 The Current Main Promotion Structure of Community Health Building in Taiwan

In order to further integrate the plans of various counties and cities from different levels of community health building and healthy city construction, since 2017, the National Health Administration has integrated the healthy city and community health building plans, and the health bureaus integrate the plans of the planning area and apply for the subsidy amount based on the number of villages, towns and city areas covered by the plan. According to 2017 and 2018, the specific promotion structure can be seen as the following “Fig. 1”.

4.1 Organizational Level: The Unit That Promotes and Implements Community Health Building

At the promotion level, the National Health Administration empowers the local government health bureau to be responsible for coordinating the operation of the plan. The main tasks of health bureaus are: 1. Health bureaus can refer to the existing ones, such as the Healthy City Promotion Committee, the Community Building Group, and the Elderly-Friendly City Promotion Committee, etc., to set up inter-bureau promotion units at the county and city level for the platform. 2. Based on the consideration of the sustainable development of the community, health bureaus recommend the participation of the health clinics or community building units within jurisdiction that are willing to handle the community health building work by holding explanation sessions, contact meetings, etc. 3. Health bureaus screen the applied plans according to the principle that at least 80% should be given to village, town and city health clinics and 20% to non-governmental organizations, medical institutions, schools and other community building units. Mountains, offshore islands, flat land aboriginals, and remote areas are not subject to this ratio. 4. Health bureaus guide the establishment of promotion units at the village, town and city level, holding regular meetings and compiling and evaluating the effectiveness of the plan. 5. Health bureaus are responsible for coordinating the implementation of the county and city plans, management and evaluation, education and training, volunteer training and other affairs.

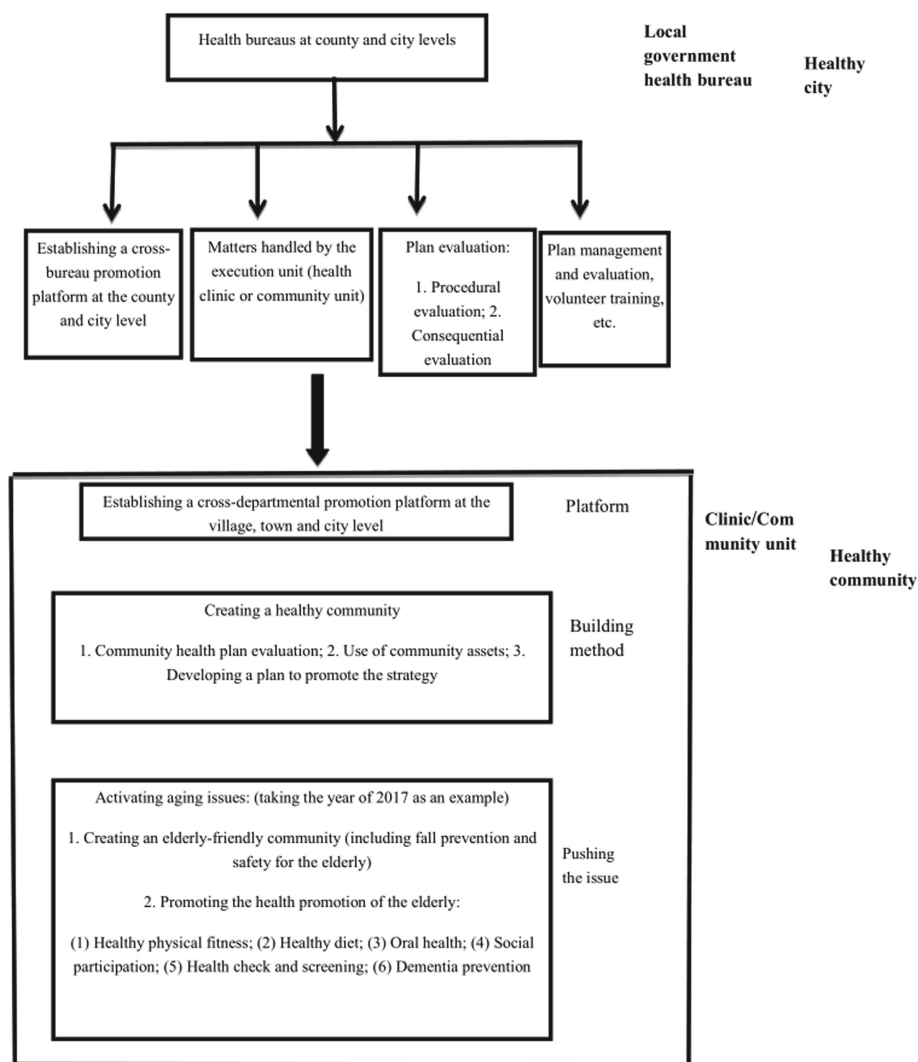


Fig. 1. The specific promotion structure. a. Source: National Health Administration, Ministry of Health and Welfare, Taiwan

At the executive level, the health clinic and the public and private sectors within its jurisdiction establish a community health building promotion committee or working group in a cross-unit and cross-departmental manner. The health clinic or other community building units should formulate the operation method of the organization, and let the head of the village, town and city, the person designated by the head, or the key person jointly recommended by the community people be the convener, and the health clinic or related personnel be the director general, secretary, etc., to jointly be responsible for promoting the operation of the work.

4.2 Procedural Level: The Process of Community Health Building

4.2.1 Conducting a Community Evaluation

Starting from the community asset-oriented community evaluation theory, the health clinic or community building unit takes inventory of resources such as the types, locations, and service hours of government organizations in the public sector, as well as resources in the private sector, such as types, distribution, accessibility, and utilization of civil society welfare systems, health care systems, education systems, entertainment systems, religious systems, and corporate departments. In addition, it also conducts community evaluation on the main economics of the community, occupational categories, health beliefs and behavioral traits that affect community residents, and the skills and experiences of community residents.

4.2.2 Planning the Use of Community Assets and Formulating Promotion Strategies

Through community asset inventory and map drawing, the use of assets needed to promote community health issues can be understood and planned; formal or informal healthy living standards can be formulated according to the distribution of community health issues; simple ways to develop healthy behaviors that people can practice on their own can be pointed out; a supportive healthy environment can be created; relevant seed workers and volunteers can be trained; through the establishment of relevant networks or strategic alliances for health promotion activities in the community, different departments can be given different tasks and missions in the plan; through the cooperation of groups or individuals with different resources inside and outside the community, they can work together for the health of community residents.

4.2.3 Using Community Assets to Build Community Health

According to the planned use of community assets and the formulated community health promotion strategy, community health building units invite the relevant people, institutions, and organizations to promote and implement the plan in the community in the manner of “bottom-up” and “inside-out” to mobilize the power of community residents and carry out community health building work for community health issues.

4.3 Consequential Level: The Evaluation of Community Health Building

The evaluation of community health building can be conducted mainly from the perspective of procedural evaluation and consequential evaluation, specifically from the issues and goals of community health, the use of community assets, the process of community intervention activities, and the corresponding qualitative and quantitative results of community health building, to understand and evaluate community creative strategies and the results of community people’s improvement in personal health knowledge, spontaneous implementation of healthy behaviors, and personal health status after participating in health building.

The construction of healthy cities and healthy communities is not only a public policy, but also a policy related to the well-being of the whole people, which requires the joint participation of the government, communities, and other non-profit organizations and the public. From the specific promotion structure in Taiwan, it can be seen that its healthy city construction is based on the development of healthy communities, rooted in the community, relying on the diversity of participating subjects and the mutual recognition and division of labor between functional roles and structures, with the government department as the main planning promoter of the policy and the power of the community as the executor, bringing into play the integration and linking role of platform-based organizations or non-profit organizations in it, so as to realize the linkage at different levels, coordinate and integrate resources, and work together to promote the construction of healthy cities and healthy communities.

5 The Reference and Enlightenment of Community Health Building in Taiwan to Other Countries

Since 1999, through a series of community health building plans, Taiwan, China has adhered to the value concept of interlocking community, health, and building, mobilized the subjectivity and participation of community residents, integrated resources and forces inside and outside the community based on community assets, and jointly built a healthy supportive environment, which better promotes the construction of healthy communities and healthy cities. Although the long-term goal of popularizing healthy living still needs further efforts in the development process, the diversified community health activity plan needs to be further expanded, and political factors affect the consensus and sustainable connection of policy goals, etc., some of these ideas and methods are still worth learning for other countries or regions:

5.1 Community Participation and Empowerment

The concept of community participation was formally proposed by the WHO at the Alma-Ata Conference in 1978 and developed as the basis for the strategy for health for all in 2000 [1]. Community participation means that people invest their opinions, behaviors and other resources in the overall community operation process in order to produce effects in the community, so that their efforts can have a certain degree of influence on the society, so as to produce expected results. It is not only an action method for community residents to participate in community activities, but also a concern and investment in community affairs [15, 17]. From Alma-Ata's Declaration of Health for All to Canada's Ottawa Charter, community participation has always been at the heart of healthy cities and healthy communities.

In Taiwanese communities, health building hopes to use the existing organizations in the community and take the health of households in the community as the core to promote community health building through the method of community intervention [17]. Therefore, the process of community health building is also a process of community participation and empowerment. By arousing the awareness of community residents to

participate in common problem solving and putting them into action, it enables community residents to participate in community decision-making, have the ability to decide and allocate resources and control to make self-selection and decision-making, and cooperate with each other to jointly promote the solving of problems and the building of healthy communities [9]. Among them, mobilizing the participation and empowerment of the community is an important advance and process of community health building. In other countries or regions, although a healthy city and a healthy community have been proposed for some time, in specific practice, they are mostly promoted by health administrative departments or patriotic health movement organizations. The vast majority of people in the community have low awareness and participation in this regard, and even the healthy city is still equated with activities such as a hygienic city or the creation of a healthy civilization. Therefore, other countries or regions can learn from Taiwan's experience in the early stages of building healthy cities and healthy communities: The government and experts provide guidance and demonstrations at an early stage and empower the community people in the process. After the ability of community organizations or community members is relatively mature, the community members will spontaneously promote relevant activities on health issues related to their local problems and needs.

5.2 Multi-party Cooperation and Cross-Domain Cooperation to Jointly Promote Health Building

In the process of community health building, multi-party and cross-domain cooperation are the main forces to achieve the goal of community health building. In the specific implementation of the community health building plan in Taiwan, on the one hand, the strategy of health care and the health issues are transformed into a solution model of healthy living and healthy life to be integrated into daily life to solve local problems. On the other hand, it relies on local related medical units to play its cooperative partnership in community health building and provide community residents with health information and knowledge. In addition, it also integrates various activities organized by local neighbors, schools, social organizations, civil organizations, etc. into the main body of health building, giving full play to the power of all sectors of society in community health building, promoting the establishment of diverse and cooperative partnerships among government administrative departments, medical and health departments, research communities, social organizations, and community members, combining the expertise and resources of all parties to create a supportive environment and jointly implement the health building of the community in daily life [10, 19]. At present, the system of multi-sectoral cooperation in health services in other countries or regions is still not perfect, an effective coordination mechanism has not been established within the government, the participation of social sectors needs to be further mobilized, and the level of resource integration needs to be further improved [6]. Therefore, it is an important direction for other regions to develop and practice the healthy China strategy to form a community health building structure with the participation of multiple subjects, multi-party cooperation, and cross-domain cooperation centered on "health".

5.3 Localized Sustainable Development Strategy

The issues discussed and concerned about in community health building are not only the physical health of individuals, but also the cultural life, living environment, social life, community participation and other aspects. Because the administrative officials at the top don't understand the problem needs, special environment, history, culture, etc. of the local community, the building of a healthy community needs to implement the health issues in the specific community in order to meet the needs of the specific local healthy environment. In particular, it is necessary to implement the concept and action of sustainable development in the community, so that the community health building can continue all the time. When carrying out community health building in Taiwan, in addition to implementing the steps to identify health issues, build community consensus, strengthen community organizations, build community organization networks, arouse common interest in participation, and expand the impact of activities to achieve community health building, it also adheres to the principle of sustainable development of localization from the five aspects of people, events, time, places, and things, and from the standpoint of the local residents themselves, takes the community as a community of life, to create a healthy living environment and quality of life that they want [2], and actively realize the sustainable development of localization. In other countries or regions with vast territory, local conditions and customs, lifestyles and diets, and health and hygiene habits vary. As a result, in the process of implementing the concept of health and developing a healthy city or a healthy town, it is necessary for each region to formulate its own health promotion activities based on its own characteristics and adapt to local conditions, so as to move towards a healthy living and a healthy life, start from the living conditions of community residents, and combined with community resources, jointly promote the healthy and sustainable development of the community.

5.4 Cultivating Community Leaders and Actively Playing the Role of Volunteers

In the community health building and healthy city construction in Taiwan, in addition to the establishment and promotion of government departments and community organizations, one of the important strategies is to cultivate and use community leaders. Through community leaders, people who have the same experience are invited to share in person, so as to infect more community people to actively participate in and be engaged in community health promotion activities. And through the participation and input of volunteers, an atmosphere in which everyone can express their opinions and everyone has the opportunity to contribute to the community to reach a consensus on jointly maintaining and building community health can be formed. Besides, it also trains community enthusiasts to acquire basic health knowledge and become community health volunteers, volunteering in the communities in which they live. It forms their own healthy living habits through community volunteers and then influences other residents to cultivate healthy living habits, gradually spreading and taking root in the community, triggering the active participation and investment of the public in their own health and community health. For example, in the process of community health building, through the establishment of a health care volunteer team, Lugu Village has opened a health care volunteer growth camp course, so that each village has at least one health care volunteer, playing

an important role in health care activities such as conducting family visits, discovering health problems, making referrals, engaging in health promotion and community environmental assessment [14]. With the rise of volunteering awareness in other countries or regions, fully mobilizing and giving play to the health service power of community leaders and volunteers, forming a mutually supportive community health self-help-mutual aid network, and creating a supportive community health environment and humanistic atmosphere are also of great value and significance to community health services.

6 Conclusion

As Europe and the WHO promote public health, in order to achieve the goal of health care for all, the concept of health promotion and the launch of cross-departmental plans, under the guidance of improving the community environment, improving the ability of the people, and stimulating the community participation to increase people's ability to control and promote their health, Taiwan has also launched a series of health campaigns that are in line with international standards. This paper sorts out the background of promoting community health building in Taiwan, introduces in detail the promotion process and content of the Three-year Plan for Community Health Building, the "Communitization of Healthy Living Plan", the "Community Healthy Environment and Space Creation Plan", the "Healthy Community Six-Star Plan", and the Elite Plan for Community Health Building, describes the main driving structure of Taiwan community health building at the level of organization, process and consequence, and puts forward four opinions for reference for other countries or regions — "community participation and empowerment", "multi-party cooperation and cross-domain cooperation to jointly promote health building", "localized sustainable development strategy", and "cultivating community leaders and actively playing the role of volunteers", which have a guiding significance for the development of health management work in other regions.

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References

1. Zakus JD, Lysack CL. Revisiting community participation. *Health Policy & Planning*. 13(1):1–12, 1998.
2. Yu Shu, Yang Guifeng. Localization: Strategies for Community Health to Create Sustainable Development [J]. *Formosan Journal of Medicine*, 2003, 7(1), 132–136. (in Chinese)
3. Executive Yuan, Taiwan Healthy Community Six-Star Plan Promotion Program, *Community Development Quarterly*, 2005 (110): 517–526. (in Chinese)
4. Xu Shiyu. The building of healthy cities and healthy communities in Taiwan [J]. *China Local Autonomy*, 2006, 59(8): 11–30. (in Chinese)
5. Xu Junqiang, History of Health Promotion in Taipei City, *School Health*, 2005 (46): 79–95. (in Chinese)

6. Song Jun. The Status and Countermeasures of the Multi-department Cooperation in the building of Healthy Cities. *Medicine and Philosophy*, 2014, 35(7): 54–57. (in Chinese)
7. Zhang Shuhong, Chen Jiayu, Xu Zhijie. Establishment of a work model for community health promotion in Taiwan [J]. *Nursing Navigation*, 2014, 15(4):12–21. (in Chinese)
8. Zhang Shuhong, Chen Jiayu, Xu Zhijie, Li Qingfeng. Establishment of a work model for community health promotion in Taiwan, *Leading Nursing*, 2014, 15(4): 12–21. (in Chinese)
9. Chen Minli, Shi Chunhe, Shi Guozheng. Community Capital and Community Health building, *Formosan Journal of Medicine*, 2003, 7(5): 780–785. (in Chinese)
10. Ching-Min Chen, Shu-Chin Yang. The sustainable management strategy of community health building center [J]. *Evidenced-Based Nursing*, 2006,2(3):250–258. (in Chinese)
11. Ching-Min Chen. Innovative strategies for health promotion: building community health, *New Taipei Nursing Journal*, 2002, 4(2): 1–8. (in Chinese)
12. Chen Yujing, Huang Songyuan. Research on the current situation and difficulties of community health building promotion in Taitung County, *Journal of Health Education*, 2003 (20): 171–200. (in Chinese)
13. Lin Xiujuan. Communitization of Healthy Living, *Community Development Quarterly*, 2004 (106): 18–23. (in Chinese)
14. Lin Yanjun, Xu Yingyu, Huang Xiuli, et al. Experience in building a health system in Lugu Village [J]. *Formosan Journal of Medicine*, 2001, 5(2):198–201. (in Chinese)
15. Lin Zhenchun. *Educational Strategies for Community Building*, 1998, Taipei: Lucky Bookstore. (in Chinese)
16. Hu Shuzhen, Cai Shiyi, 2004, “The Healthy City Concept of the WHO”, “Healthy City Journal”, No. 1, pp. 1–7. (in Chinese)
17. Hong Liling, Gao Shufen. The connotation and strategy of health building in long-term care institutions, *The Journal of Long-Term Care*, 2004, 8(3): 321–326. (in Chinese)
18. Xia Linqing, Lin Xiuzi, Huang Wenhong, Wang Fangping, Dai Bofen, Fu Xiuyun. The formation of an anti-health environment? — Reflections on the practice of healthy cities, *A Journal of Cultural Studies*, 2009 (99): 44–57. (in Chinese)
19. Tu Huici, Cai Yuxia, Lin Qinling, et al. Sharing of community health building experience [J]. *Health Education and Health Promotion*, 2009(29):117–132. (in Chinese)
20. Huang Mingzhu, Zhang Shuhong. The past, present, and future of community health building [J]. *Chang Gung Science and Technology Journal*, 2010(12):5–7. (in Chinese)
21. Xie Chunman, Chen Rui’e. Taiwan Community Health building Development and Nursing, *Journal of St. Joseph’s Hospital*, 2009, 3(1): 43–50. (in Chinese)

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