

## Session 2

### Urban Mental Health: Challenges and Perspectives

**Moderator: Dr. Shu-Sen Chang**

Prof. Matthew Large started his speech by presenting that suicide rates may not be correlated with urbanisation. Furthermore, he introduced WHO's universal, selective and indicated strategies, which were applied in Australia, on suicide prevention. In conclusion, Prof. Large underlined that urbanisation is not a major driver of international suicide rates. Many countries do have higher suicide rates in rural areas, including Australia, but the reasons are likely to be complex and diverse, while prevention is likely to be quite similar in urban and rural areas.

Prof. Anthony Jorm pointed out that urban living is associated with increased risk for mental disorders. He further highlighted how to increase community capacity through Mental Health First Aid (MHFA). MHFA is the support provided to a person developing a mental health problem, experiencing the worsening of an existing issue, or in a mental health crisis. The five crucial elements of MHFA are ALGEE, which are, respectively, Approach, Listen, Give supports, Encourage professional help, and Encourage other supports. Finally, Prof. Jorm stated how MHFA fulfils public needs, including contact with people who have mental problems; however, Prof. Jorm also stated that the public lack knowledge and confidence about how to help, and demand seems to be greater when formal services become fewer.



### Oral Healthcare of Elderly Dental Patients with Cognitive Decline in Metropolitan Area

**Moderator: Prof. Allen Ming-Lun Hsu**

Prof. Frank Lobbezoo pointed out that Orofacial pain(OPP) is commonly found in elders with dementia. He suggested indicators for the composition of a specific tool for OPP assessment for the elderly: 1. The patient holds or rubs his/her orofacial area. 2. The patient limits his/her mandibular movements. 3. The patient modifies his/her oral behavior. 4. Prof. Lobbezoo also conducted the observational cohort study to assess oral health and orofacial pain in people with dementia admitted to acute hospital wards.

Prof. Martin Schimmel introduced stroke which predominantly occurs in elders. He then elaborated the orofacial impairment in stroke patients. The major symptoms of stroke-related facial impairment were dysphagia, facial weakness and chewing problems. Prof. Schimmel then mentioned the predictors of oral health-related quality of life in patients following stroke. The early re-establishment of an oral hygiene protocol is a priority in stroke rehabilitation wards in order to improve clinical oral health and related quality of life.

Emeritus Prof. Tatsuji Nishihara pointed out the increasing importance of oral infection as a major disease of elderly citizen in medical areas. He introduced an innovative periodontal diagnostics, which shares a lot of biological information in comprehensive medicine. This innovative method had a great contribution to the decrease of oral infectious diseases. Prof. Nishihara then introduced the new oral health team in his school, named DEMCOP, which aims to cultivate dentists who are able to provide safe dental treatments to medically compromised patients, and appropriate assessment and training of dysphagia, which aims to improve the oral function of patients with severe systemic diseases or dysphagia. Finally, Prof. Nishihara reflected that dental treatment, preventive practice and survey analysis would be a payment for health promotion.



## Forging Ahead in a New Era of Cancer Prevention and Control

**Moderators: Prof. Mei-Shu Lai and Prof. Hsiu-Hsi Chen**

Prof. Michel P. Coleman introduced how cancer registry data was used in the past two decades to drive national cancer strategy in the U.K. He raised several questions to highlight the paradox of policies expressed that wealth and asset plays a crucial part in determining whether a patient could survive cancer. It's the issue of equality.

Dr. Robert A. Smith shared the experience in USA and stated that the cancer registry data analysis is beneficial to the restriction of cancer. Mapping incidence and mortality rates of colorectal cancer provides insights on persistent disparities in disease outcomes, and disease control priorities.

Dr. Tomohiro Matsuda described the history of Japanese scientists and physicians fighting against cancer since the 1980s. He declared that due to the variation of population, optimal treatments are essential for each group and cannot be ignored. To successfully control cancer needs the involvement of cancer patients, standardization and quality improvement of data.

Prof. Young-Joo Won states that a rational care planning is never complete without the methods to identifying primary health problems, determining priorities for preventive programs. With the implementation of cancer registry data in Korea, lots of primary health problems can be detected through analyzing the data.

Prof. Wen-Chung Lee gave examples of using cancer registry data to create strategies for cancer control, including treatment of viral hepatitis to prevent liver cancer, regulations on herbal products to prevent cancer, as well as how trends of oral cancer incidence were as prevalence of betel-nut chewing. Results of age-period-cohort model demonstrated to elaborate on the trends of the cancer incidence.

In Prof. Bettina Borisch's presentation, she mentioned that ECIC Commission Initiative on Breast Cancer) is a person-centered approach to improve breast cancer. The JRC (Joint Research Center), which is developing the most up-to-date evidence-based recommendations

screening and diagnosis, with a platform of trustworthy guidelines for the whole care pathway.

In his second talk of the session, Dr. Robert A. Smith shared about the American guidelines and quality assurance in breast cancer screening diagnosis, treatment and care. Disparities in outcomes by socioeconomic status, race/ethnicity, and rural/urban status are largely attributable to system failures to deliver state-of-the-art care at many points in the process, from detection through treatment. Numerous efforts are underway in local jurisdictions to overcome these care-delivery shortcomings through the implementation of systems, including patient navigation.

Prof. Ling-Ming Tseng stated that Asia Guidelines in Breast Cancer Screening, Diagnosis, Treatment and Care. Countries in Asia have a more early-onset age of breast cancer compared to the United States and Europe. Epidemiology, translation studies & clinical trials from Asia are needed to refine current breast cancer treatment strategies about prevention, diagnosis, and management.



## Session 3

# 2019 Global Health Forum in Taiwan 臺灣全球健康論壇



www.GHFTW.org

Forum Date : Sunday, Oct. 20, 2019 Forum Venue : Taipei International Convention Center, Taipei, Taiwan



2019 20-21 Oct. 臺灣全球健康論壇  
Global Health Forum in Taiwan



## Opening



Dr. Chien-Jen Chen,  
Vice President of Taiwan

Dr. Shih-Chung Chen, Minister of Health and Welfare, welcomed everyone to this year's Forum, and introduced this year's theme: "Urban Life of the 21st Century: Sustainable, Safe and Healthy?". Minister Chen then introduced Dr. Chien-Jen Chen, Vice President of Taiwan, who began his address by mentioning the National Health Insurance (NHI), which has reached a record-high satisfaction level of over 89.1%.

In addition, the National Health Insurance Administration (NHIA) has established the "NHI MediCloud", which provides patient prescriptions and diagnostic records, to avoid repeated medication and treatment while maintaining the public's medication safety. Faced with the diverse needs of an aging society, Taiwan has implemented the Long-Term Care Plan 2.0 since 2017 to prevent and delay the onset of disability, and has also integrated with home hospice care to fulfill the long-term care needs of Taiwan's aging population.

Taiwan is also remarkable for its innovative and comprehensive pharmaceutical and medical devices. The Taiwan Food and Drug Administration (TFDA) has continued to participate in ICH related events to harmonize Taiwan's regulation with international standards, while marching into the global market. Last year, Taiwan also began to participate in relevant activities promoted under the medical device Priority Work Area (PWA) of the APEC's Regulatory Harmonization Steering Committee (RHSC).

Taiwan implemented the New Southbound Policy to expand on medical and health cooperation and industrial links with the Asia-Pacific countries, to jointly raise the standard of healthcare, establish a complete epidemic prevention system, medical and health exchanges, and achieve a mutual benefit and win-win goal.

In conclusion, Vice President Chen wished a hearty welcome to all of distinguished guests.



Dr. Shih-Chung Chen,  
Minister of Health and Welfare



An inspiring opening performance by the Rare Chorus from Taiwan Foundation of Rare Disorders (TFRD)



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# Opening speech *To Live for Love*



**Dr. Jay C. Butler, MD**

*Deputy Director for Infectious Diseases, Centers for Disease Control and Prevention, United States*

## One Health: Addressing Public Health Threats in an Increasingly Urban and Interconnected World

Dr. Butler talks about the important concept, clarifying what threats may influence people in what environments. The concept is called "one health".

Animals, people, and plants are composed of one health concept, as these three roles constitute our environment. Interaction and connection between people are more and more frequent; zoonotic diseases, which are infection acquired from animals, put 2.5 billion people's lives into danger of sickness per year.

Owing to increased international travel, there are now higher possibility of spreading diseases, such as antibiotic resistant bacteria, foodborne infection, and vector-borne diseases.

How to break the cycle of disease spreading is a crucial topic we should think carefully. Dr. Butler shows a simple world map, explaining the environmentally-sensitive diseases globally. Practicing of one health concept will involve collaboration, coordination, and communication among clinicians, agencies and businesses addressing human health, animal health and environmental issues.



**Dr. Agis Tsouros**

*Former Director of Healthy Cities; Former Director of the Division of Policy and Governance for Health and Wellbeing, World Health Organization Regional Office for Europe*

## City Leadership for Health, Equity and Sustainable Development

Dr. Tsouros began by telling a story of public health, making people realize what health really means to us. Even though health is an important issue, people don't know how to achieve it. Just as "software and hardware", we have notion of pursuing health, but may not take action to govern health.

"Who is responsible for health?" Dr. Tsouros asks the question. Health is involved in many issues, such as science, security, economy, social justice, and governance; thus health is on the global agenda.

Dr. Tsouros introduced useful approaches and a framework for public health in the 21st Century. He emphasized that we need to think about the priorities and attributes of public health; then implement the ideas to create an ideal society and world. Also, we have to set our goal to promote health for all people around the world, to design the key approaches, and try to make it happen. Dr. Tsouros put forward the 17 sustainable development goals and determinants of health, which include social, economic, cultural, environmental, commercial, urban, and political. He stated that politicians should work together to make public health come true.

As shown in last part of Dr. Tsouros's speech, "Health is wealth", and he thought this is the most important reason why he is here to share his ideas.



**Prof. Trevor Hancock**

*First leader of the Green Party of Canada and Former Professor and Senior Scholar, School of Public Health and Social Policy University of Victoria, Canada*

## Healthy Cities 2.0: towards One Planet Cities

Prof. Hancock opened his speech by sounding the alarm that Anthropocene isn't just a geological epoch that human has created. In the ecological aspect, our society is suffering from massive and rapid global crisis including climate change, ocean acidification, ozone layer depletion and species extinctions, all at the same time. Human activity is putting such strain on the Earth that its ability to sustain future generations can no longer be taken for granted. We have been mortgaging the health of future generations to realize economic and development gains in the present.

Changes should be made and public awareness has raised these days, and the greatest problem is how to address the pressing issues at hand, while at the same time meeting basic needs, ensuring high levels of social development and good health for all.

Prof. Hancock casted the vision of "One Planet Cities" and encouraged us to think globally and act locally. He also urged to reduce ecological footprints by reducing the consumption of meat and dairy, and taking more public transportation. Cities should take up their civilizing role in creating a just, sustainable and healthy future for all.

# Plenary 1 **Urban Environment**

## Cities and Health: Past, Present, and Future

Prof. Martin McKee briefly introduced the evolution of cities and our society, remarking that city development has always played a crucial role in public health. In the first cities in Mesopotamia, the idea of trading brought about prosperity, yet behind it were infectious diseases transmitted by farming animals. Later on, large cities emerge in China and Europe, building great constructions like defensive buildings and the aqueduct.

Economically and socially, there were clear advantages to gather people into bigger communities, yet there were more problems than people could have imagined.

For example, during the Industrialization era, the rapid growth of those cities far outpaced the ability to put in place clean water, sanitation, and decent housing. Thus, those rising cities soon become the incubator for infectious diseases.

At last, Prof. Martin provided examples of how remarkable advances in technology, including satellite imaging and tools like Google Street View, can help improve urban health, by assessing the health promoting or damaging properties of an environment, while remaining on the other side of the globe. Prof. McKee encouraged us that in a world where more than half of the population now live in cities, we should indeed put a major focus on improving those conditions.



**Prof. Martin McKee**

*Professor, European Public Health, London School of Hygiene & Tropical Medicine, United Kingdom*



**Prof. Charles Agyemang**

*Professor of Global Migration, Ethnicity and Health, Academic Medical Centre, University of Amsterdam, Netherlands*

## Influence of Urbanization and Migration on Cardiovascular Disease Risk Factors among Migrant and Non-Migrant African Populations: Findings from the RODAM Study

Prof. Agyemang mentioned the society nowadays is ethnically diversifying due to migration. Most migrants are healthy initially, but conditions surrounding migration process and exposure to new environment pose health risks. The three main methods of assessing migrant health include comparing migrants with the host populations, comparing similar migrant group living in different countries, and comparing migrants with source population in the country of origin. Most of the results indicated that incidence of stroke, diabetes, prevalence ratios of hypertension are all higher in migrants.

He then introduced the RODAM study, which aims to understand gene-environmental interaction in Obesity & T2D, identify relevant risk factors to guide intervention programmes and provide basis for improving diagnosis and treatment. Results of the RODAM study were shown, which concluded that CVD is a major burden in migrant people, and better understanding of the underlying causes of ethnic inequalities is required. Solution of the issue requires both population-wide primary prevention approaches and individual health care strategies.



**Prof. Kenji Toba**

*CEO, Tokyo Metropolitan Institute for Geriatrics and Gerontology, Japan*

## Perspective of Population Aging and Urbanization in Japan

Prof. Kenji Toba focuses on population aging and urbanization issue of Japan. The economic growth accompanies urbanization not only in Japan, but also in the whole world. In Japan, thousands of young people move from rural areas to urban cities to get jobs, are called "New urban residents".

However, health-related challenges come with rapid urbanization. Air and water pollution are accompanied by rapid industrial growth. To resolve the problem of water pollution, we need to design the perfect supply system with dams and while preventing the flood. During the 20th Century, people establish regulations to address air pollution, such as the "Air Pollution Control Law" in 1968, and also enacted emission regulations targets on gasoline and diesel.

Moreover, the shortage of electric power, housing, and public transportation are thorny issues. Rural villages are being depopulated with half of the remaining inhabitants being 65 years or older. In urban areas such as Tokyo, the population pyramid is indicative of the trend of aging. With the increase of elderly population, some specific diseases, like Alzheimer and frailty, etc., are now more relevant than ever.

## Topic: Urbanization, Population Aging and Technology Innovation

# Session 1

**Moderators: Dr. Ying-Wei Wang and Prof. Kung-Yee Liang**

Prof. John Morley stated that the living environments could influence health and make a big difference on the accessibility of health care and healthy ageing facilities, as well as mentioning the benefits of integrated care for senior citizens. Prof. Morley emphasized that "individual health is inseparable from the community, which ultimately determines the overall health of the nation."

Prof. Jean-Pierre Michel provided the definition of urbanization and the relevant harmful impact of urbanization on modern society, such as new zoonosis, pollution, and climate change. Besides the current systemic health inequity, he also highlighted that healthy ageing is more than just the absence of disease, but the process of developing and maintaining functional ability enables well-being in older age.

Prof. Kenji Toba mentioned two major health challenges of elders existed in Japan: Dementia and Frailty, and the frailty of elders is accelerated by chronic diseases, dementia and heart failure. Most Asian countries lack universal health coverage and dementia-specialised nurses and medical doctors. He recommend all countries should exchange information and cooperate together to fight against these health challenges.

Prof. Liang-Kung Chen pointed out five directions that may contribute to the health care for older people and healthy aging. He deems AI, IoT, wearable devices, big data, and mobile technology as the technologies that might help to construct the promising future of gerontechnology. However, the challenge of all this technology is their sustainability in both financial and operational perspective. He raised a possible business model that might solve the problem.

Prof. Po-Lun Chang introduced the core idea of Integrated Care for Older people (ICOPE), and centered on the relations between mobile devices and ICOPE, concluding that after remodelling, the technology of mobile devices could be suitable for the elders. He ends his speech with a call to all the practitioners concerned in this field that ICOPE should not be a simple sub-domain of Information and Communication Technology.

Prof. Yeh-Liang Hsu introduced how Internet of Things (IoT) and artificial intelligence (AI) are being integrated to assist independent living and social participation of senior citizens, and help their life with good health, comfort and safety. While telehealth may be an ideal solution, Prof. Hsu pointed out that "Need" doesn't always equal to "Motivation"; telehealth products should be fun for users, and connect older adults with their family members.

