昆山杜克大学校企协同创新平台_挑战项目详情

合作方信息			
机构名称:	昆山亭林卫生服务中心		
机构类型:	事业单位		
官网 / 官方账号链接:	微信公众号：昆山市亭林卫生服务中心		
联系人:	袁主任		
项目信息			
项目类别:	研究类		
预期开启时间	2026 年 12 月	预计结束时间	2026 年 4 月

机构介绍：

昆山市亭林社区卫生服务中心成立于 2017 年 3 月，为公益一类事业单位，是一家集医疗、预防、保健、康复、健康教育、计划生育技术服务为一体的基层社区卫生服务机构。中心主要服务于辖区内的 33 个社区和 4 个自然村，服务面积约 20 平方公里，服务人口约 18.90 万人。

中心本部设置全科门诊、妇女保健门诊、儿童保健门诊、预防接种门诊、中医科、康复科、慢病筛防中心、医技科室（检验、放射、心电超声）等临床业务科室，拥有 DR 影像诊断、彩色多普勒超声诊断仪、全自动五分类血球分析仪、眼底镜等诊疗设备，以及远程心电图仪、家庭医生助诊包、24 小时动态心电图仪等医疗设备;中心下辖枫景苑院区、里厍家庭医生诊所及跃进、朝阳、红峰、虹桥、泾河、大公、大同、新城域、赵厍九家社区卫生服务站。

项目概述：

社区慢性病与代谢健康管理研究

本项目将与亭林社区卫生服务中心合作，围绕社区慢性病预防与日常健康管理开展研究，重点关注代谢健康与生活方式管理。研究可从脂肪肝相关健康认知、日常饮食与身体活动习惯，或居民持续参与健康管理的影响因素等方向切入。学生将与中心共同选定一个具体问题和研究人群，进一步明确研究范围。

学生可通过文献梳理、问卷调查和访谈，了解居民的认知、行为与支持需求；视资料可用性和授权情况，也可对中心提供的非敏感或去标识化资料开展描述性分析。通过实地走访及与全科医生、慢病管理人员交流，学生将了解社区服务流程，分析居民在日常健康管理中遇到的困难。

预期成果包括研究方案与调研工具、研究报告，以及基于研究发现提出的健康管理或健康教育建议。具体研究方法、成果形式与实施安排由学生与中心共同确定。

合作方支持与资源：

1. 提供社区慢性病与健康管理相关的研究需求、服务流程信息，以及在实际条件和授权范围内可使用的非敏感或去标识化资料。
2. 协助安排与全科医生、慢病管理或健康教育人员的交流，介绍相关服务流程及社区健康需求。
3. 视实际情况，协助对接愿意参与问卷或访谈的社区居民，并为调研安排提供支持。
4. 提供实地调研所需的流程说明、安全培训及现场管理支持。
5. 在研究设计、调研工具和阶段性成果等关键节点提供专业意见，协助评估研究安排及建议的可行性。
6. 视需要提供会议室、访谈空间等基础场地与后勤支持（如有）。

其他说明

DKU Co-Innovate Platform_Challenge Information

Partner Information			
Organization Name:	Kunshan Tinglin Community Health Service Center		
Organization Type:	Public Institution		
Website / Official Account Link:	WeChat Official Account: 昆山市亭林卫生服务中心		
Contact Person:	Mr, Yuan		
Project Information			
Project Category:	Research		
Expected Start Date	December 2026	Expected End Date	April 2027

Organization Profile:

Kunshan Gaoxinqu Tinglin Community Health Service Center was established in March 2017. It is a Category I public welfare institution and a primary-level community health service organization integrating medical care, prevention, health care, rehabilitation, health education, and family planning technical services.

The main campus is located at No. 171 Zhenchuan West Road, Kunshan City, with an area of approximately 5,000 m². It primarily serves 33 communities and 4 natural villages, covering about 20 km² and a service population of approximately 189,000.

The main campus offers clinical services including general practice, women's health, child health, vaccination, traditional Chinese medicine, rehabilitation, a chronic disease screening & prevention center, and medical-technology departments (laboratory testing, radiology, ECG and ultrasound). It is equipped with DR imaging diagnostics, color Doppler ultrasound diagnostic systems, fully automated 5-part differential hematology analyzers, ophthalmoscopes, and other diagnostic and treatment equipment, as well as remote ECG devices, family-doctor assistant kits, and 24-hour dynamic ECG (Holter) devices. The center also manages the Fengjingyuan (枫景苑院区) and Liku Family Doctor Clinic (里厍家庭医生诊所), and operates nine community health service stations: Yue Jin(跃进)、Chao Yang(朝阳)、Hong Feng (红峰)、Hong Qiao (虹桥)、Jing He(泾河)、Da Gong (大公)、Da Tong(大同)、Xin Cheng Yu (新城域)、Zhao Ku (赵厍).

Project Overview:

Community Research on Chronic Disease and Metabolic Health

In partnership with Tinglin Community Health Service Center, students will study community needs in chronic disease prevention and everyday health management, with a focus on metabolic health and lifestyle habits. Possible topics include residents' understanding of fatty liver, eating and physical activity habits, or factors that affect

ongoing participation in health management. The student team and the center will select a focused research question and target group.
Methods may include a literature review, questionnaires, and interviews to understand residents' knowledge, behaviors, and support needs. Where suitable materials are available and access is authorized, students may also carry out descriptive analysis of non-sensitive or de-identified information provided by the center. Site visits and discussions with general practitioners and chronic disease management staff will help students understand local services and the difficulties residents face in managing their health.
Expected outputs include a research plan and data collection tools, a research report, and recommendations for health management or health education based on the findings. The team and the center will agree on the methods, final deliverables, and practical arrangements. The scope will be kept manageable for the student team.

Partner Support & Resources:

1. Provide research questions and service workflow information related to chronic disease and health management, along with non-sensitive or de-identified materials where available and authorized for use.
2. Help arrange discussions with general practitioners, chronic disease management staff, or health educators about local services and community health needs.
3. Where feasible, help connect students with residents willing to take part in questionnaires or interviews and support the research arrangements.
4. Provide process briefings, safety training, and on-site coordination for field research.
5. Offer professional feedback on the research design, data collection tools, and interim findings, and help assess the feasibility of the research arrangements and recommendations.
6. Provide basic venues and logistical support as needed (e.g., meeting rooms and interview spaces).

Additional Notes