

in Taiwan. We also carried deep interviews with key informants from both government and non-government organization to study the present injury prevention strategies in childhood and adolescent.

Results: Unintentional injuries are the leading cause of morbidity and mortality among children in the Taiwan. In 2008, the death related to injury between year 1-14 y/o was 24-27% of all death in that age group. However, the proportion increased to 54% in 15-19 y/o adolescent. This result was caused by transportation-related injuries and was much higher than most of the other developed countries. Unintentional injuries related to drowning, falls, burns, poisoning, and suffocation shared the similar rate with other developed countries. Different departments from central government are responsible for the policy and implementation of injury prevention program. There was only limit collaboration between these departments.

Conclusion: According to the suggestion from Bangkok Charta (WHO 2005), partnership development is most important in policy level for successfully implement intervention program in the country. A comprehensive collaboration model should be developed to decrease the incidence of childhood and adolescent injury in Taiwan.

SY10-03

Challenge of "Safe Elderly" with the Aspect of Public Health

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Objective: Japan has the longest average life expectancy as 83 years old in the world. But longer life doesn't always means happier life. The time we gain is added only to the last part of the life cycle. Therefore, to enjoy the extended old age, people become more conscious about health and put effort on preventing to be sick to keep good quality of our life (QOL) throughout their lives. Besides, people also become to realize the importance of injury prevention at old age, since injuries ruin their health and well-being as well. Therefore, today, from individual to governments, various efforts are seen to prevent injuries and promote safety in the senior's daily lives.

As one of models which prevent injury and promotes safety in our living conditions, a strategy of "Safe Community" was introduced into Japan with many years of experience in the world few years ago. Kameoka City, Kyoto Prefecture in Japan, adopted the model of Safe Community and put emphasis on safety promotion of seniors, as one of top priorities under the increase of aging population.

Based on the background above, this study aims to see how the approach of Safe Community has effected on health and well-being of senior citizens in Kameoka City, the first designated Safe Community in Japan.

Methods: To grasp overview of strategies of safety promotion for the elderly based on the framework of Safe Community, two years of participant observation

research was conducted at a pilot area, Shino-Cho, in Kameoka City. Then, to see effect of the strategies, questionnaire survey was conducted to all households in the pilot area.

Results: From the observation, it was found that Shino-Cho set up the Senior Safety as one of the top priority as well as Children's Safety and Traffic Safety. It utilized existing programs and developed new programs only when existing programs don't cover residents' needs. Activate communication among residents is always emphasized. By analyzing the results of the questionnaires, it is revealed that more people become to feel safe and comfortable with their life in the community after introducing Safe Community programs.

Conclusion: By introducing the model of Safe Community, residents become more aware of importance of safety promotion for injury prevention keep good health and well-being. The Safe Elderly program has brought up QOL of residents in terms of improvement of satisfaction with their lives, and subjective safety which can be understood as feeling of safe. As the next goal, effect on objective safety including reducing people in bad health should be examined after another few years of operation.

SY10-04

Need for More Economic Analysis of 'Safe Communities': Should Taiwan Lead the Front!

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Injuries are expensive. A long term projection of burden of disease and injuries demonstrates multi-fold increase of injuries in low and middle income countries affecting poor families more, including children and economically productive members. Injuries have several individual and socioeconomic consequences. Victims of violence and injuries from poor strata of the society lose more health and economy, produce less and eventually enter in to the 'medical-poverty trap'. In cases of moderate and severe injuries the victims need immediate treatment - most of the time at the emergency cares with higher cost burden. However, the policy makers are not paying due attention in most of the low and middle income countries towards injury prevention though ninety percent of the injury deaths are occurring in those countries. Therefore, like some widely-mentioned disease (Malaria, TB, HIV etc.) injuries should also be treated as serious problems for peoples' health and economic development. A review of 12 studies mainly from OECD countries provides an average figure of 3536USD (SD 772) per injury case with two third shares of indirect costs. For non-hospitalized injury cases average total cost was 1252