

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

USD while for hospitalized injury cases average total cost was 33295 USD. Though the above figures are rough estimates but country specific data can indicate that the burden of injuries is really high especially in the low and middle income countries.

Evidence suggests that Safe Communities program is effective in reducing injuries. The incidence of minor injuries treated in health care was decreased by 41% in all ages and injury event environments. Safe Communities program over the periods has evidenced to reduce total number of bed days due to injuries at emergency care by 39%. Another study indicates that in the Safe Community intervention areas the injuries with health care treatment were reduced by 15%.

As far as the economic issues are concerned, Safe Communities program is really cost-effective. In Sweden the costs of injuries in a societal perspective decreased from 15 million USD (current price) to 12.32 million USD, while the cost for Safe Community program intervention was estimated at approximately 1.3 million USD in a small community. Another rough estimation indicates that cost: benefit ratio of Safe Communities program is 1:10 for injury prevention activities, mainly in the high income countries.

Therefore we can conclude that Safe Communities program is successful to reduce injuries requiring health care in a cost effective way. Even the money saved through injury prevention can be utilized in other development activities. However, existing economic literatures of Safe Communities are from rich countries of Scandinavian and Pacific nations. To better judge the economic effectiveness of the safe Communities program we need more and more economic studies from low and middle income countries which constitutes majority of the populations and injury figures.

Policy makers more believe in monetary gains and economic figures. If we consistently exhibit the economic gain of Safe Communities then the policy makers will be more and more interested for higher investment and we will better gain the success towards the WHO Safe Communities manifesto. Taiwan is leading the Safe Communities program in the region, we expect that it'll also initiate studies of economic effectiveness within near future and lead the economic front of the Safe Communities movement, especially for the low and middle income countries.

Symposium 11- Joint Program with The Association of Schools of Public Health in the European Region (ASPHER) Joint Summit-AAA

SY11-01

Perspective from ASPHER

Antoine Flahault

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(More detail will be presented during the talk)

SY11-02

Industrial Risks as Criminal Acts: the Case of Asbestos Lawsuits in Europe and Japan

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Objective: What is the impact on public health policies of lawsuits launched by the victims of industrial pollution?

Methods: To answer that question, asbestos lawsuits are studied here as an archetype for both occupational and environmental hazards and through cross-border comparisons. This paper is based on a sociological fieldwork conducted in Japan (11/2008, 3/2009, 6-7/2009) and France (1/2008, 9/2009). It is sponsored by ANR and JSPS (French and Japanese equivalents of NSC) within a multidisciplinary research program untitled "*Silicosis and Asbestos Related Diseases in France and Japan; history, sociology, spatial mapping, epidemiology, ethics*", coordinated by Tsuyoshi Matsuda (University of Kôbe) and myself. This program involves 12 senior and junior researchers from France and Japan. My own fieldwork focuses on the analysis of one specific trial in Sennan (Osaka) against the Japanese state through interviews of lawyers, plaintiffs, public officers and analysis of the archives (3 giga of electronic memory at present). Besides, I made also interviews of Japanese, French, Italian and Belgium lawyers.

Results: The first trials of asbestos victims started in the USA in the 1970s. Thanks to the huge population of American lawyers in search of opportunities, more than 700 000 asbestos related cases have been indicted and prosecuted so far, provoking the collapse of around 70 asbestos companies before they could turn to other industrial activities, while the consumption of asbestos almost disappeared. However the plaintiffs only received 30 billions US\$ compared to the 40 billions earned by their lawyers. And so far American Federal State has not formally banned the use of asbestos. In comparison, in Europe, the number of lawsuits is much less important. Despite late decisions in the case of France, Italy, Spain and Greece, a consensus has been reached for a general ban of asbestos. When polluters were indicted, the victims did get much better consolation payment compared to American plaintiffs, or compared to the compensation they can get through the insurance scheme for occupational hazards or through the specific public funds established in France and Belgium. Asbestos related lawsuits have concentrated the anger of an important social mobilization that drained attention on public and business responsibility for occupational and environmental hazards. The majority of those lawsuits are launched at civil courts, but some criminal suits have also been indicted against business managers in France and Italy. In Torino (Italy), around 2000 occupational and environmental victims sued the general managers of the Swiss and Belgium company Eternit, one of the biggest and still very lucrative asbestos company in the world.