

was conducted to investigate possible impacts in communities relevant to the project. Impacts on four health dimensions ; physical, mental, socio-environment, and spiritual health was investigated. Data were collected by using the questionnaires and the focus group method. Several significant impacts were observed. Firstly, the accumulated pesticides from agricultural practices in sediment and the diseases from illegal labors would occur and have impact to communities during construction period. Secondly, community did worry about the construction of canal water gate, leading to the inconvenience of the routine waterway use. The ineffective management of the gate would lead to unable water use due to the accumulated toxic pesticides at the gate. Thirdly, no impacts to culture and custom of the communities were observed, however the noisy dredging machine and the water turbidity from construction would affect to the inhabitant. Finally, this project encouraged people to more involvement and attachment to their community in terms of environmental values and benefits. The results suggest that the impacts of the project be aware and appropriate health mitigation plan for the negative impacts be implemented. The establishment of health surveillance group in their community is also needed for monitoring of project and subsequent community health.

OT27-4

Safe Home Program Using Health Collaborators and Home Visits, Da Nang, Viet Nam

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The Safe Danang project is a province wide research and intervention project intended to implement a comprehensive, sustainable and effective child injury prevention program, it covered 2 years in the central city of Danang (population 818,142). Safe home became a central focus of the project. The program uses multiple-strategies including local collaborators making home visits and hazard checks. It had 2 objectives: (i) to reduce child injury risk factors in and around house, and (ii) to pilot different mechanisms of achieving this effect for evaluation. The program includes two target groups: the children under six years old and their parents or caregivers. Collaborators from the local commune visit all households in areas which have children under six. A series of visits are intended to identify and eliminate child injury risk factors as well as directly counsel in household by using Safe Home Checklist, Safety Calendar and Guideline for child injury. After five months of the piloting model and program implementation, the 1st round was completed with 1,500 households being visited and counseled in 2 communes of the Thanh Khe district, the target area for intervention. The next step involves intervention being extended into

the whole Thanh Khe with 10.000 households and the wider community in 6 other districts of Danang. The evaluation process and surveillance system are embedded in the program. There is much community involvement and interest in the program. Practical matters and analysis of data have helped focus the program and target the effort

OT27-5

District's Availability of Exercise Facility and Metabolic Syndrome in Northern Taiwan: A Multilevel Analysis

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Background: This study examines, using a multilevel analysis, the relationship between the availability of an exercise facility in the community and the prevalence of metabolic syndrome in northern Taiwan.

Methods: Among the 23921 participants in an adult health check-up program in Taoyuan County during 2004 and 2005, 14658 individuals aged 40 years or older from 10 districts agreed to donate their leftover blood sample and grant permission to access the information from their physical examinations, self-reported questionnaires, and blood chemistry results. The availability of exercise facilities in the district was established using the number of facilities per 10000 residents and then categorized into four levels. Multilevel logistic regression models were created to examine the effect on metabolic syndrome at both the individual and the contextual level using MLwiN software version 2.0.

Results: The addition of the contextual variable to the model that included individual characteristics led to a further reduction of 19.1% in the variance. Using exercise facility density level I as the reference, the odds ratios of metabolic syndrome for levels II, III, and IV were 0.88, 0.85, and 0.76, respectively, with the trend test reaching significance. The protective effect of residing in an area with a higher level of exercise facility density was stronger for residents without a regular exercise routine than for those who exercised regularly. **Conclusions:** Greater availability of exercise facilities in a district was associated with a lower prevalence of metabolic syndrome among its residents. These findings have important implications for the prevention of the illness.

OT27-6

Research on Respondent Satisfaction on Hospitalization Care in the North Sumatera Province' Indonesia

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