

was carried out among the dentists in Trivandrum city. One hundred and seventy four dentists (males 56.7 percent)were given self-administered questionnaires. Analysis was done using SPSS version 14. **RESULTS** None of the respondents had 100 percent compliance with all infection control procedure. The mean score of compliance was 84.7/115 Mean score of knowledge of infectious diseases was 23.7/30. 93 percent compliance with standard protocol was the maximum reported (2 dentists). Experience of more than 30 yrs and presence of a dental assistant was significantly associated with higher compliance to infection control protocol. Being a dental college faculty, working in the private sector and awareness of standard protocol were significantly associated with Knowledge of infectious diseases. Compliance was positively correlated to knowledge. **CONCLUSION** One hundred percent compliance with infection control protocol was not of the dentists in Trivandrum city. It is imperative from the study that dentists require more training and continuing dental education in infection control.

Oral Track 27- Safe Community

OT27-1

Does Hospitals' Neighbors Affect Their Willing to Join Quality Indicator Project?

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The purposes of this study were to examine the relationship between hospitals' neighbors with hospitals neighborhood effect and hospital's willing to join quality indicator project. A total of 238 hospitals registered in Taipei and Kao-Ping branch of BNHI, were recruited in this study. The dependent variable is whether hospital chooses to join the Taiwan Healthcare Indicator Series. By employing GIS, we calculated distance-based density index for each hospital within with 1,5,10km radius, respectively. Hospital data in 2005 from DOH including discharge and the number of physicians were as control variables. The logistic regression and Hosmer and Lemeshow Goodness-of-Fit Test were used. The county-level and town-level Herfindahl-Hirschman Index (HHI) were calculated to compare the different definition of neighborhood effect. In the baseline model with controls, discharge and physician number were included in the model, the Hosmer and Lemeshow Goodness-of-Fit test showed a fairly good fit. We further entered county-level and town-level HHI, and the Goodness-of-Fit test showed insignificant improvement. However, after the distance-based density index were entered into the model respectively. The model showed great improvement at the distance-based density index at 10 KM. HHI is an index of market competition. It implies that social processing of market information between socially equivalents is a factor motivating hospital behaviors. However, the findings show that hospitals may react to their surrounding neighbors to

whom they are not necessarily socially equivalent. The structural feature of market environment is also an important factor for understanding hospital behaviors.

OT27-2

Effects of Intervention on the Quality of Life of the Elders in Rural and Urban Areas of Zhejiang Province of China

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Population aging has been a concern of health care policy makers and providers when China was considered to be an aging society in 1999, and Zhejiang Province ranked the second of the aging degree in 2000. In view of this, we conducted a prospective individualized health intervention study based on a multistage cluster sample of 4995 elderly people aged 60 years and over in Zhejiang Province of China with 2441 in rural area and 2554 in urban area, respectively, after a cross-sectional study. The SF-36 was used as an instrument of assessment.

After 9-month intervention on community and individual levels, the awareness rate of chronic diseases increased, behaviors adverse to the health were amended partially, such as the brined vegetable intake and salt intake decreased and smoking abated ($p < .001$) while fresh vegetable and fresh fruit intake increased in the intervention group ($p < .01$) after adjusting for socio-demographic characteristics. The intervention group in rural area also improved significantly in RP, RE, MH, and mental component summary scale scores ($p < .05$) after adjusting for socio-demographic characteristics, health behaviors, and chronic disease status. But, the similar results did not be found in urban area.

In conclusion, individualized health intervention based on the face-to-face interview depending on the doctors in charge in community is feasible to change the health behaviors and improve the quality of life in elderly population in Zhejiang Province of China, especially in the rural area.

OT27-3

Lesson Learned: Health Impacts of Thachin River Dredging and Its Canal Improvement Project in Thachin Basin, Thailand

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Flooding of Thachin basin resulted in problems such as damages or water-borne diseases. The Royal Irrigation Department, Ministry of Agriculture and Cooperatives has proposed the dredging of shallow Thachin River and the improvement of two shortcut canals to accelerate the drainage capacity of the river. Health impact assessment

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

Yaslis Ilyas