

參與墨西哥主辦「第 21 屆國際安全社區研討會」
暨參訪墨西哥市安全社區相關機構報告



行政院原住民族委員會
COUNCIL OF INDIGENOUS PEOPLES
EXECUTIVE YUAN

服務單位：行政院原住民族委員會
出國人員：王副處長美蘋、廖專員怡珊
出國地區：墨西哥
出國期間：102 年 10 月 19 日至 10 月 27 日
報告日期：102 年 12 月 5 日

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壹、 摘要

2013 年世界衛生組織社區安全推廣中心於墨西哥梅里達市舉辦「第 21 屆國際安全社區研討會」，研討會以專題演講、學術論文簡報、海報展示等方式進行，共有全球 24 個國家，超過 300 人參與，本會辦理之「健康原氣、安全部落—原住民事故傷害防制計畫」專管中心主持人郭憲文教授受邀於本次研討會口頭發表臺灣原住民事故傷害之流行病學及防制成果，與國際分享本會推展原住民部落(社區)之成效，成果備受國際肯定。

貳、 背景說明

「安全社區」指的是一個社區能在社區居民的共識下，結合社區內所有資源，共同為減少各種意外或故意性的傷害，營造更安全的環境、促進人際和諧、增進每個人身體、心理與社會全面的安適而不斷努力的活動。

依據衛生福利部統計 100 年全國因事故傷害而致死總人數為 6,726 人，粗死亡率為每十萬人口 29.0 人，為全國 10 大死因第 6 名，另依據本會 100 年原住民族人口及健康統計年報資料顯示，原住民族事故傷害死亡居原住民 10 大死亡第 4 名，粗死亡率為每十萬人口 65.8 人，約為全國的 2 倍，原住民事故傷害死因之排名雖逐年下降，但死亡者多為中壯年勞動力人口，此為原住民族家庭及社會之重大損失。

有鑑於此，本會自 93 年度起推動「節制飲酒、促進健康計畫」補助部落(社區)組織規劃自主性之健康促進方式，重塑原住民家庭健康活力。為推廣環境健康與安全之觀念，增進部落(社區)居民對事故傷害的認知，營造健康安全之部落(社區)，本計畫自 95 年度起調整實施內容至今，增加居家、學校、道路、農事、水域及休閒旅遊等面項事故傷害防制之項目，並將計畫名稱調整為「健康原氣、安全部落

一原住民事故傷害防制計畫」，每年度補助部落(社區)組織推動計畫，並藉由專業團隊提供專業的輔導關懷平台，提升部落組織執行計畫之效能，期能建立一個永續發展的原住民部落安全社區。

參、 參加目的

2013 年於墨西哥梅里達市所舉辦的「第 21 屆國際安全社區研討會」全球與會成員包括 24 個國家、300 多人，除當地政府官方代表外，亦有民間組織、事故傷害防治及安全社區領域的專家學者、社區民眾等。近年來經由政府與民間的努力，臺灣原住民族的意外事故死亡率已有逐年下降的趨勢，希藉由參加國際安全社區研討會，瞭解國際間降低事故傷害發生之有效策略並進行國際交流、收集各國安全社區模式相關資訊，以作為未來規劃原住民事故傷害防制相關計畫之參考。

肆、 參訪行程

日 期	活 動 內 容
10/19-20	10/19 由臺灣桃園起飛至美國洛杉磯轉機至墨西哥墨西哥市。 10/20 由墨西哥墨西哥市轉機抵達墨西哥梅里達市。
10/20-23	10/20 參與「第 21 屆國際安全社區研討會」開幕式與晚宴，住宿梅里達市。 10/21 於「第 21 屆國際安全社區研討會」張貼本會歷年「健康原氣、安全部落—原住民事故傷害防制計畫」成果海報。 10/22 本會「健康原氣、安全部落—原住民事故傷害防制計畫」專管中心主持人郭憲文教授於「第 21 屆國際安全社區研討會」口頭發表論文「臺灣原住民事故傷害之流行病學」。 10/23 參加臺灣國防大學白璐教授在「第 21 屆國際安全社區研討會」發表論文活動。

日期	活動內容
	10/24 離開梅里達市搭機往墨西哥市。
10/24-25	10/24 住宿墨西哥市，並參訪墨西哥市。 10/25 參訪墨西哥 Cuautitlán 省 Izcalli 市安全社區相關機構。 10/26 離開墨西哥市搭機往美國洛杉磯轉機。
10/26-27	10/26 由美國洛杉磯轉機回臺灣。 10/27 抵達臺灣。

伍、「第 21 屆國際安全社區研討會」議程、主題及參與之議題重點說明

一、大會議程

	TIME	PREVIOUS ACTIVITIES
Sunday 20 October	08:00 - 9:00 hrs.	Registration for Pre-Conference Courses (minimum record of 15 persons each, before June 30, 2013) Pre-Conference Courses with the following topics (one per participant) Training for future authorized certifiers Safe Communities How to tell if the efforts of communities safe is working-evaluating the impact
	09:00 - 17:00 hrs.	Violence Prevention Road Safety Implementation of the Safe Schools Program in educational institutions
	14:00 - 21:00 hrs.	Accreditation / Registration to XXI International Safe Communities Conference
	20:00 - 22:00 hrs.	Cultural Activity
	TIME	ACTIVITY
Date Monday 21 October	8:00 - 9:00 hrs.	Accreditation / Registration
	9:00 - 9:40 hrs.	Opening Ceremony
	9:40 - 10:00 hrs.	Inaugural Conference
	10:00 - 10:30 hrs.	Coffe Break
	10:30 - 11:45 hrs.	Panel: Prevention, an overview. - Latin American Network - European Network - Mediterranean Network - African Network - Asian Network - Pan Pacific Network
	11:45 - 13:00 hrs.	Panel: Creating a culture of prevention. - Safe neighborhood - Safe working environment - Safe school environment - Road Safety
	13:00 - 14:30 hrs.	Lunch
	14:30 - 15:00 hrs.	Plenary Session: Is it possible to prevent Violence through coexistence promotion?
	15:00 - 16:30 hrs.	Parallel Sessions: Safety systems as a tool. Social organization for prevention. Safety in countries with high and low income. Safe mobility. Prevention strategies in family violence. Suicide Prevention.
	16:30 - 17:00 hrs.	Coffe Break
17:00 - 18:30 hrs.	Private meetings organized by groups attending the conference	
20:00 hrs.	Cultural activity	

TIME	ACTIVITY
8:30 - 10:00 hrs.	Plenary Session: Development of Safe Communities in Mexico. - Affiliate Centre - Local Experiences - National Authority
10:00 - 10:30 hrs.	Coffe break
10:30 - 12:00 hrs.	Parallel Sessions: Evidence-based strategies for creating safer communities.
<i>Safe Hospitals.</i>	<i>Home Safety.</i> <i>Security in public space.</i> <i>Workplace Safety.</i> <i>Safety in sport.</i>
12:00 - 13:00 hrs.	Plenary Session: Open discussion to prepare a manifesto as a result of the Conference.
13:00 - 14:30 hrs.	Lunch
14:30 - 15:30 hrs.	Panel: How can local organizations support the development of safe communities and promote intersectoral work?
15:30 - 16:00 hrs.	Plenary Session: Mexico
16:00 - 16:30 hrs.	Coffe Break
16:30 - 18:00 hrs.	Parallel Sessions: Successful prevention experiences in certified communities.
<i>Disaster prevention.</i>	<i>Injury Prevention.</i> <i>Communication strategies for prevention.</i> <i>Communities and interinstitutional coordination for prevention.</i> <i>Institutional Initiatives.</i>
20:00 hrs.	Commemorative Dinner

TIME	ACTIVITY
9:00 - 9:20 hrs.	Plenary Session
9:20 - 10:30 hrs.	Panel: Policies focusing on prevention
10:30 - 11:00 hrs.	Coffe Break
11:00 - 12:30 hrs.	Parallel Sessions: How could we start, stimulate and strenght a real prevention culture?
<i>Safe Kids.</i>	<i>Security in the elderly.</i> <i>Youth Safety</i> <i>Safety of Gender Approach.</i>
12:30 - 13:00 hrs.	Plenary: Open discussion on the Manifesto draft structured by a selected group at the beginning of the Conference.
13:00 - 14:30 hrs.	Lunch
14:30 - 15:30 hrs.	Plenary Session: Mexico
15:30 - 16:00 hrs.	Closure Plenary
16:00 - 16:30 hrs.	Coffe Break
16:30 - 18:30 hrs.	Closing Ceremony
20:00 hrs.	Tourist activity

TIME	ACTIVITY
Thursday 24	Departure of participants to their destination

二、 大會討論主題

- Safety systems as a tool.
建置安全系統以保障安全
- Safety in countries with high and low income.
不同開發程度國家的安全方案
- Prevention strategies in family violence.
家暴防制策略
- Safe hospitals.
安全醫院
- Security in public space.
公共場域安全
- Safety in sport.
運動安全
- Injury prevention.
傷害防制
- Institutional initiatives.
安全政策倡議
- Safety in the elderly.
老人安全
- Safety of gender approach. 基於性別的安全方案
- Social organization for prevention
推動傷害防制的社團組織
- Safe mobility.
交通安全
- Suicide prevention.
自殺防制
- Home Safety.
居家安全
- Workplace safety.
職場安全
- Disaster prevention.
災害預防
- Communication strategies for prevention.
傷害防制的宣傳策略
- Safe kids.
兒童安全
- Youth safety.
青年安全

三、 參與之議題重點說明

2013年世界衛生組織社區安全推廣中心於墨西哥梅里達市舉辦「第21屆國際安全社區研討會」，研討會以專題演講、學術論文簡報、海報展示等方式進行。大會開幕典禮主席致詞時特別強調安全社區的工作，最重要的是鼓勵社區居民參與，安全有效的介入性措施也很重要，而要實現一個安全的社區環境，為每一社區居民的責任。

此次參與之學校安全與道路安全議題中，與會之社區代表因與簡報之專家見解不同而有一場精彩的對話，其他與會之代表也分享各自國家所面臨之議題，因應國情、社區屬性不同，因而衍生出因地制宜之介入性措施。藉由簡報、詢答、分享等交流方式，在有限的時間裡，瞭解到社區安全已是國際化的議題，如何建構出安全有效的社區網絡，降低事故傷害發生，為世界各國共同努力之目標。

本會補助辦理之健康原氣、安全部落—原住民事故傷害防制計畫之專案管理中心主持人-郭憲文教授受邀於社區安全議題中進行簡報：「臺灣原住民事故傷害之流行病學 Descriptive epidemiology of injury in indigenous peoples in Taiwan」及海報展示「2004 年至 2012 年間臺灣原住民飲酒盛行率 Prevalence of habitual alcohol use among indigenous Taiwanese from 2004 to 2012」，會中與各國代表交換推動安全社區之意見，其中多國代表對於臺灣能對於原住民族社區(部落)進行事故傷害防制計畫表示贊同。

陸、 參訪 Cuautitlan Izcalli 城市安全社區相關機構

Cuautitlan 的 Izcalli 市是墨西哥國家 121 直轄市之一，為一現代化建設的小城鎮，該市整合社區民眾、政府、私營部門、社區組織和民間團體等，建立城市整體共識，並採取安全健康促進相關行動，於 2011 年獲得 WHO 國際安全社區認證。目前全世界已有 319 個城市通過國際安全社區認證，其中墨西哥有 5 個社區，包括 Cuautitlan 的 Izcalli 市，該市建立從各個不同的角度預防意外事故傷害和暴力的執行計畫，不僅提高該市安全風險指數，減少事故傷害事件和受害環境，確保民眾在生活與工作的安全環境，以達到 WHO 推動國際安全社區認證的預期目標。

本次參訪包括該市警察分局交通和公共安全中心、康復和社會融合中心 (CRIS)、動物收養中心、青少年中途之家及雕刻公

園等，參訪過程中每站皆有專人接待與說明，於本次臺灣為第一個亞洲到訪的國家，所以獲得該市 Karim Carvalho Delfin 市長的高度重視，除親自接待、主持會議之外，並有該市多位市議員與市府一級主管參與，分享雙方推動安全社區經驗與成果。

參訪行程第 1 站為警察分局交通和公共安全中心，由該市警察分局主管親自簡報說明，該市警察除例行維護治安工作之外，亦協助社區內之環境清潔工作，簡報照片中可見警察與社區居民共同在公園內、道路旁或社區閒置空間進行除草、空間美化等，希藉由警力之參與達到社區環境清潔及安全之目標。

參訪行程第 2 站為康復和社會融合中心，屬於社區中的社會福利資源一環，人員配置有醫師、護理師、物理治療師、職能治療師、藥師、社工等，配備有醫師診間、復健室、水療池等，經費來源除政府單位補助之外，也自行募款營運。

參訪行程第 3 站為動物收養中心，藉由收容社區流浪貓犬，避免動物隨地便溺影響市容及咬/抓傷人事件發生。

參訪行程第 4 站為青少年中途之家，為一大學附設之中途之家，空間大且環境多元，讓不想到學校上學的青少年能在中途之家運用大學的資源，學習木工、園藝、音樂、繪畫等，讓青少年除了學校之外，還能選擇學習自己有興趣的專長。

柒、心得及建議事項

此次參與墨西哥梅里達市主辦的「第 21 屆國際安全社區研討會」暨參訪墨西哥市安全社區相關機構行程，於梅里達市的會場中見到許多來自臺灣地區的人員，除本會補助之臺中市和平社區發展協會之外，還有國防大學、東華大學、陽明大學、淡江大學、臺北市政府衛生局、臺大醫院金山院區、新北市政府衛生局、臺中市梨山衛生所、苗栗縣政府衛生局及大湖鄉衛生所等代表，是會場中出席最踴躍的亞

洲國家，顯示臺灣對於健康議題及國際事務的關心。

目前全球已有近 290 個社區(城市)通過 WHO「國際安全社區」認證，另依據臺灣社區安全推廣中心資料顯示，截至 2013 年 10 月止，臺灣已有 19 個社區被 WHO 認證為「國際安全社區」，其中 3 個為原住民鄉(臺中市和平區、花蓮縣豐濱鄉及嘉義縣阿里山鄉)。意外事件通常是可預防的，若能依部落(社區)發生意外事件的特性，進行評估及分析，找出部落(社區)意外事件發生的因子，並針對意外事件的發生進行有效的介入性措施，將能降低意外事故傷害的發生率，因原住民族意外事故傷害折損大都為青壯年人口，影響家庭社會甚劇，因此建議：

- 一、 持續整合原住民族部落(社區)資源，辦理「健康原氣、安全部落－原住民事故傷害防制計畫」，鼓勵績優執行部落(社區)申請 WHO「國際安全社區」認證，培養原住民族部落(社區)國際觀。
- 二、 鼓勵原住民族部落(社區)發展自主性的健康促進計畫，由下而上的方式，整合資源，建立部落(社區)永續發展機制，共同推展部落(社區)安全，提供部落(社區)居民一個安全舒適的生活環境。
- 三、 每年持續派員參加國際安全社區研討會與國際間進行經驗交流與學習，並鼓勵原住民族部落(社區)參與，並參訪國外已獲得 WHO「國際安全社區」認證之單位主動與國際接軌。
- 四、 邀請其他國家(國外專家學者)參訪臺灣已通過 WHO「國際安全社區」之原鄉地區，將原住民族部落(社區)降低事故傷害的有效經驗，提供其他國家參考。

捌、 附錄

一、 「第 21 屆國際安全社區研討會」邀請函



August 20th, 2013.

I-Shan Liao
Executive Officer
Taiwan's Council of Indigenous People, Executive Yuan
Present.

REF: Invitation Letter to attend the XXI International
Conference on Safe Communities.

Dear I-Shan Liao:

The National Association of Councils of Citizen Participation A.C. has committed to adding skills and efforts with the Mexican Government to support, conduct and managed projects that impact on improving safety conditions on public security, access to justice, education, health, sports, culture and the environment, and Safe Communities promoting.

We are a Safe Communities Affiliate Center and collaborate with the Cisalva Institute in Cali, Colombia, and the Karolinska Institute in Stockholm, Sweden-Safe Communities Certifying Centers-, and we are honored that Mexico is designated as Host of the XXI International Conference of Safe Communities, to be held on October 21 at 23, 2013 in Merida, Yucatan, with the theme "Culture of Prevention for Building Safer Environments".

This is a result of work done in recent years, training, auditing and improving programs for five communities that have already been certified in Mexico.

Currently we are working in the preparation of seven other communities that are in induction process to introduce in the International Movement.

The five certified Safe Communities in our country are:

- Tuxtla Gutierrez, Chiapas
- Cuauhtlan Itzamal, Mexico
- Cuajimalpa de Morelos, in Mexico City
- The State of Chiapas, (second in the world in this category)
- Puebla de Zaragoza, Puebla

The XXI International Safe Community Conference is a great event to be attended by members of the International Network of Safe Communities Movement, a Government representatives, Universities, academic representatives, students, leaders of Civil Society Organizations, Media and Business Scope Personalities.

Asociación Nacional de Consejos de Participación Ciudadana, A.C.
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The Conference seeks to promote and strengthen prevention efforts and thereby transmit and disseminate the importance of adopting healthy lifestyles and social interaction. During the Conference, will have the participation of leaders, scholars and promoters from all the world.

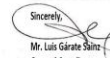
To ensure the success of the Conference, it is very important your presence. The process is very simple, for this we invite you to enter to the link <http://meridasafecom2013.mx/>.

The Conference will last three days, there will be a recovery fee preferential \$ 350 dollars if you pay before August 31, 2013, that includes a welcome cocktail, dinner commemorative, kit materials, and a tourist and culture activity. There will be, also, other activities with extra cost.

The National Association of Councils of Citizen Participation A.C. seeks to affirm its commitment to support community safety initiatives through advocacy, certification, dissemination and advisory Safe Communities model in our country. We will show our vision of how valuable and important is the promotion of the International Safe Communities Program. Join the Safer Environments Construction.

We invite you to be part of this initiative that seeks alternatives to transform the mindset of our society around Prevention.

We remain at your disposal for any questions or comments.

Sincerely


Mr. Luis Gárate Salas
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二、 本會歷年「健康原氣、安全部落—原住民事故傷害防制計畫」 成果海報



三、 本會「健康原氣、安全部落—原住民事故傷害防制計畫」專管中心主持人郭憲文教授於第21屆國際安全社區研討會「口頭發表論文「臺灣原住民事故傷害之流行病學」簡報

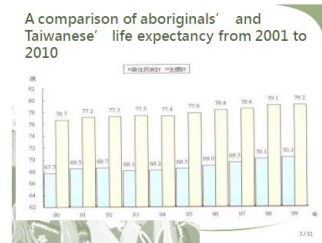
Descriptive epidemiology of common injuries in indigenous peoples in Taiwan

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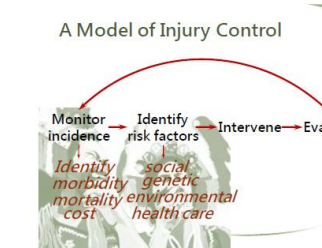
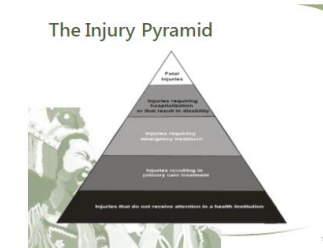
Number and annual increase rate of population between indigenous and Taiwan population in 2000-2010

Year	Indigenous population		Taiwan population	
	Total population	% of Taiwan population	Total population	Annual increase rate (%)
2000	498,030	1.4	35,000,000	0.8
2001	499,092	1.3	35,000,000	0.8
2002	500,154	1.2	35,000,000	0.8
2003	501,216	1.1	35,000,000	0.8
2004	502,278	1.0	35,000,000	0.8
2005	503,340	0.9	35,000,000	0.8
2006	504,402	0.8	35,000,000	0.8
2007	505,464	0.7	35,000,000	0.8
2008	506,526	0.6	35,000,000	0.8
2009	507,588	0.5	35,000,000	0.8
2010	508,650	0.4	35,000,000	0.8



Emergency visit and medical cost in 2010

	Indigenous population		Taiwan population	
	Total	Ratio	Total	Ratio
Percentage of emergency visit (%)	25.9	26.8	17.8	18.3
Average number of emergency visit per person	1.7	1.7	1.6	1.6
Average medical cost of emergency visit per visit (point)	2,355	2,349	2,619	2,730



Injury surveillance is defined as:

- ...the ongoing systematic collection, analysis, and interpretation of injury data, for use in planning, implementation and evaluation of prevention activities.



Probable Data Sources in an Injury Surveillance System

Data Source	Data Sources					
	Police	Health Insurance	Police	Police	Police	Police
Police						
Health Insurance						
Police						
Police						
Police						
Police						
Police						
Police						
Police						

Motivation/Significance

- Taiwan's indigenous peoples display higher incidence or mortality rates of injuries and diseases as compared to the general Taiwanese population.
- Lack of injury incidence was reported among indigenous population in Taiwan. This study focuses on the injury events of these peoples and their relationships to the three leading causes of injury.

- ### Objectives of surveillance Program developed
- To coordinate surveillance systems that collect injury data.
 - To assess the burden of injuries and violence and communicate that information for the purpose of action.
 - To promote evidence-based, injury prevention interventions for at-risk populations.
 - To coordinate and collaborate with partners in building program infrastructure.
 - To encourage the adoption of evidence-based policies and programs that lead to the prevention of injury and violence.

Materials & Methods

- A structured questionnaire modified from a WHO survey was used to interview to indigenous persons.
- We conducted the telephone-interviews under a strict procedure of quality control and assurance. Because there is no database of indigenous peoples in Taiwan, we used a telephone-interview survey to randomly dial phones in indigenous areas.

How is an injury defined?

- An injury is defined as any traumatic event that resulted in at least four hours of restricted activity or required medical attention, and occurred while performing activities that had a direct impact on the daily life regardless of whether the activity was performed for pay.

Incidence rates of intentional injuries among indigenous population in Taiwan from 2010 to 2012

Injury	2010 (n=1975)		2012 (n=1828)	
	n (%)	PT (%)	n (%)	PT (%)
Traffic	65 (3.29%)	42 (1.15%)	40 (2.18%)	48 (5.05%)
Fall	58 (2.93%)	139 (7.06%)	57 (3.13%)	154 (8.42%)
Collaboration	28 (1.41%)	66 (3.34%)	21 (1.14%)	54 (2.95%)
Fire/Burn	7 (0.35%)	24 (1.21%)	5 (0.27%)	10 (0.54%)
Assault	3 (0.15%)	0 (0%)	4 (0.22%)	4 (0.22%)
Poisoning	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Maltreat	3 (0.15%)	0 (0%)	0 (0%)	0 (0%)
Total	161 (8.16%)	318 (16.1%)	128 (7.0%)	271 (14.8%)

Injury events due to traffic among indigenous population between 2010 and 2012

	2010(N=1973)	2012(N=1828)
Injury rate (PT)	41 (2.1%)	41 (2.2%)
Injury rate (%)	21 (1.1%)	21 (1.2%)
Location		
Home	1 (0.5%)	0 (0%)
Public area	2 (1.0%)	0 (0%)
Road	2 (1.0%)	0 (0%)
Workplace	12 (5.8%)	20 (10.9%)
Other	16 (7.7%)	4 (2.1%)
Classification of injury		
Head	15 (7.1%)	9 (4.9%)
Neck	1 (0.5%)	4 (2.2%)
Shoulder/upper arm	1 (0.5%)	0 (0%)
Elbow and forearm	1 (0.5%)	0 (0%)
Wrist/hand	2 (1.0%)	7 (3.8%)
Hand and finger	1 (0.5%)	7 (3.8%)
Forearm	1 (0.5%)	0 (0%)
Lower limb	1 (0.5%)	0 (0%)
Upper limb	1 (0.5%)	0 (0%)
Other	1 (0.5%)	0 (0%)
Health status		
Recovery	14 (6.6%)	14 (7.7%)
Limited disable	1 (0.5%)	0 (0%)
Permanent disable	0 (0%)	0 (0%)

Location of Injury due to traffic among indigenous population between 2010 and 2012

	2010(N=1973)	2012(N=1828)
Injury rate (PT)	41 (2.1%)	41 (2.2%)
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Forearm	1 (0.5%)	0 (0%)
Lower limb	1 (0.5%)	0 (0%)
Upper limb	1 (0.5%)	0 (0%)
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Health status due to traffic among indigenous population between 2010 and 2012

	2010(N=1973)	2012(N=1828)
Injury rate (PT)	41 (2.1%)	41 (2.2%)
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Recovery	14 (6.6%)	14 (7.7%)
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Injury events due to fall among indigenous population between 2010 and 2012

	2010(N=1973)	2012(N=1828)
Injury rate (PT)	139 (7.0%)	154 (8.4%)
Injury rate (%)	69 (3.5%)	77 (4.2%)
Location of injury		
Head	11 (0.6%)	6 (0.3%)
Neck	2 (0.1%)	7 (0.4%)
Shoulder	0 (0%)	0 (0%)
Elbow and forearm	11 (0.6%)	12 (0.7%)
Wrist/hand	27 (1.4%)	20 (1.1%)
Hand and finger	1 (0.0%)	0 (0%)
Forearm	3 (0.2%)	0 (0%)
Lower limb	1 (0.0%)	0 (0%)
Upper limb	1 (0.0%)	0 (0%)
Other	0 (0%)	0 (0%)
Health status		
Recovery	106 (5.6%)	114 (6.2%)
Limited disable	2 (0.1%)	0 (0%)
Permanent disable	0 (0%)	0 (0%)

Classification of injury due to fall among indigenous population between 2010 and 2012

	2010(N=1973)	2012(N=1828)
Injury rate (PT)	139 (7.0%)	154 (8.4%)
Injury rate (%)	69 (3.5%)	77 (4.2%)
Classification of injury		
Head	11 (0.6%)	6 (0.3%)
Neck	2 (0.1%)	7 (0.4%)
Shoulder	0 (0%)	0 (0%)
Elbow and forearm	11 (0.6%)	12 (0.7%)
Wrist/hand	27 (1.4%)	20 (1.1%)
Hand and finger	1 (0.0%)	0 (0%)
Forearm	3 (0.2%)	0 (0%)
Lower limb	1 (0.0%)	0 (0%)
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Classification of Injury due to fall among indigenous population between 2010 and 2012

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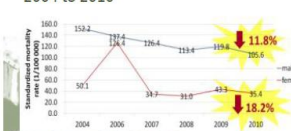
Adverse effects of habitual alcohol use

	Alcohol Use Habit		
	No	Moderate	Heavy
Alcohol driving	1	1.23(0.68-2.29)	3.92**(1.24-6.88)
Injury event	1	1.23(0.68-2.16)	3.14**(1.08-6.84)
Alcohol driving were fined	1	1.18(0.16-4.11)	3.64**(1.09-6.66)
Fight with others	1	1.64(0.76-3.10)	6.90**(3.09-11.3)
Emergency visit	1	0.87(0.43-1.80)	3.43**(1.82-6.46)
No work due to alcohol	1	0.79(0.41-1.53)	3.83**(1.98-4.29)

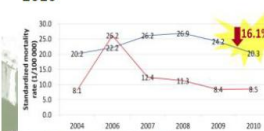
Mortality rates (1/100,000) of unintentional injuries among indigenous population from 2008 to 2011

	Motor-Vehicle	Poisoning	Fall	Burn	Drowning	Other	Total
2008	32.8	2.0	10.2	0.8	9.4	10.7	67.6
2009	30.5	2.4	12.6	1.2	7.6	21.7	77.8
2010	33.8	1.8	12.8	0.4	6.3	9.4	67.9
2011	32.7	1.4	13.0	1.4	6.2	8.5	65.8

Trends of SMR of unintentional injury among indigenous population from 2004 to 2010



Trends of SMR of suicide among indigenous population from 2004 to 2010



What are the survey limitations?

1. Recall bias or recall
2. Household/ Workplace was defined: farming operation
3. No way to verify the accuracy or completeness of the responses
4. These data do not include injuries that occurred to hospitalized.
5. The possibility of a non-response bias. Due to the survey design

Conclusion

1. We found the top three leading causes of injury to be (in descending order) traffic accidents, falling, and cut/punctures. In 2012, we found reductions in injuries due to traffic accidents and cut/punctures from those rates in 2010.
2. No such reduction was seen in falling injuries, and this was likely due to the increase of elderly people in indigenous areas. Looking at all injuries (not merely the top 3), we found that alcohol and drug use prior to injury incidence was common (over 15%).

Conclusion

3. Thirty percent of those suffering injuries had work-related losses, such as taking time off work to recover. Fifty percent of injury sufferers witnessed reductions in their social relationships, as such injuries restrict an individual's daily life routine.
4. A multimethod approach to monitoring injuries is the ideal. Research methodologists advocate triangulation of data from two sources to eliminate biases, validate data, and expand the information base.

Thanks for your attention



四、「第 21 屆國際安全社區研討會」活動照片



五、 參訪 Cuautitlan Izcalli 城市安全社區相關機構活動照片

