• 計畫中文名稱	建立第一套以社區爲基礎,具不同類型自然災害特異性的本土化災難醫療應變能力評估指標系統		
• 計畫英文名稱	Developing a Community-Based Indicators System to Evaluate Response Capacity for Disaster in Taiwan		
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• 中文關鍵字	社區;災難救援;自然災害;評估指標系統;應變能力		
• 英文關鍵字	community; indicators; response capacity; disaster		
• 中文摘要	從九二一集集大地震後,台灣地區經歷過數個性質不儘相同的大小災難如象神颱風,基隆水災,星航的空難事件和納莉颱風水災等,以上種種經驗顯示,一旦發生災難時,勢必需要動員災區內的災難救援系統,才能處理廣泛的災難情況及突然出現的大量傷患 [1][2]。社區是地區災害防治的基層單位,亦是地區災害救援的重要支援所在[3][4][5] [17]。而社區的行政系統的反應,災難潛勢的分析及偵測,災民的疏散,通訊的能力,現?傷患的搜救和運輸,與醫療院所及救援團體的聯繫等,都是災害發生時應變能力的重要指摽[6][7][8]。因此,在國內發展災難救援系統的同時,能依照本國國情,建立一套能普遍適用於本土常發生的自然災害,以社區爲基礎的醫療系統應變能力的評估指標,就顯得極有意義。本研究是利用美國急診醫學會編著的 Community Medical Disaster Planning and Evaluation Guide 中社區災害防治的觀念[9],取其中災難應變的內容共906題爲基礎,選擇與風災、土石流、水災及坍方等4種本土較常見的自然災害(如汐止和基隆的水災,賀伯颱風、與及中部山區經常發生的各種土石流及坍方事件等)有關的部份,經邀請專家學者的意見,同時以曾遭遇災害的社區的工作人員、居民、及政府有關行政人員爲對象,以及曾參與災害救援工作的公民間救難團體成員,分別利用 key-informant interview 方法及 focus group discussion 方法,進行質性及量性的分析,對上述文獻的災難應變內容的題目加以篩選及修訂,以適合本國社區所能運用的人力及設備等資源。此修訂後的問卷,再經預試及專家效度測試後,便作爲正式問卷,選擇近年來曾遭遇上述4種災害的社區,進行社區內問卷訪談。訪談對象爲社區內衛生、行政、醫療、保防等工作人員,及一定數目的社區居民(含災民及非災民),以 600 人爲上限。利用立克氏量表(likert scale)將問卷的結果加以量化後,再由回收問卷中的資料來分析題		

目出現的次數,以完成重要性的排序。同時利用統計學多變項分析的方法來分析及分類變項間的關係。經由上述描述性及解釋性方法分析後,將會是一套以社區為基礎,針對本土常見自然災害,同時具有災害普遍性(generic)及災害特異性 (disaster-specific)兩種功能的醫療系統災難應變能力的評估指標系統。

• 革 才 摘 要

According to the experience of medical relief in the recent earthquakes and floods in Taiwan, it is known that a major disaster can paralyze the local emergency medical system (EMS). Only a well-prepared community-based disaster medical system can cope with the consequence of disaster, which usually cause large number of casualties and huge amount of destruction. It is our goal to develop a system of indicators for evaluating the medical response of community during a disaster. This evaluation system of indicators will serve as a tool to define the content of a medical response, which is expected to be rapid and efficient. Particularly, we hope this evaluating system will be designed to suit the present need of Taiwan. Our study will review the Community Medical Disaster Planning and Evaluation Guide, which were edited by the American College of Emergency Physician. By using key informant interveiws, focus group discussion and general survey, opinion of experts, as well as general population inside community, will be collected to form the questionnaire. Our study population will be based on a number of communities that were heavily involved during natural disasters, such as typhoon and flood. Study groups will be formed, including general residents, rescue-providers and administrators inside the communities that worked during the disaster. After the pretest (on 5% of the study group), interviews with formal questionnaire will be done to all in this study group. After collection of the questionnaires, statistic method such as factor analysis will be done. A group of indicators will be developed and a system for evaluating the medical response of community during a disaster in Taiwan will be established.