



2003-06-26

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**Application for renewed certification as a WHO Safe
Community**

WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet, has in a letter 2002-06-17, requested Motala Municipality to submit an application for renewed certification as a WHO Safe Community.

There exists today an awareness of the importance of working with injury prevention and many years' experience of this work within the municipality. Motala Municipality intend to continue developing the local safety promotion work and share its knowledge to others.

Motala Municipality hereby applies for the opportunity to keep the status as a WHO Safe Community and to be a part of the international network Safe Communities.

Johan Andersson
Chairman, City Council

Lisbeth Sager
Chief Executive

Application for renewed certification as a WHO Safe Community

June 2003
Supplemented February 2004

Contents

Introduction	3
Motala municipality – environment, demographics, and trade and industry structure	3
Motala – A Safe Community	5
Background.....	5
Injury prevention in Motala	5
1. An infrastructure based on partnership and cooperation between the community’s inhabitants, led by a cross-sectional group that is responsible for safety promotion in their community.....	5
2. Long-term, sustainable programmes covering both genders and all ages, environments and situations ...	7
3. Programmes that target high-risk groups and environments and programmes that promote safety for vulnerable groups.....	17
4. Programmes that document the frequency and causes of injuries.....	17
5. Evaluation measures to assess their programmes, processes, and the effects of change.....	19
6. Ongoing participation in national and international ”Safe Community” networks.....	19

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Application for renewed certification as a WHO Safe Community

Introduction

Motala municipality – environment, demographics, and trade and industry structure

Motala municipality is a medium-sized Swedish municipality situated in the county of Östergötland where Lake Vättern and the Göta Canal meet. The municipality is 968 square kilometres in area, of which roughly a quarter is water, and there are 150 lakes larger than a hectare. In the population centre of Motala itself, there are some 50 km of waterfront and a third of the residents, about 10,000 people, live less than 500 metres from water. In addition to the water, the municipality's inhabitants have access to a variety of green open spaces – woods and forests, parks, pastureland, meadowland, etc. – for recreation.

Motala is the third largest municipality in the county with approx. 42,000 inhabitants. The population increased by 6%, or some 2,400 people over the ten-year period from 1985 to 1995. During the latter half of the 1990s, the trend has been negative, and the population has decreased by 870 people, or about 2%.

Most of the municipality's inhabitants live in the population centres of Motala and Borensberg, 30,000 of them in Motala. 23% or 9,500, live in the countryside, and 4,000 of these live in the other population centres and small communities. The table below shows the population by age group on 31st December 2002 (Source: Statistics Sweden).

Age	Number	Motala %	Sweden %
0-5	2,409	5.7	6.2
6-15	5,821	13.8	13.1
16-19	2,165	5.1	4.7
20-64	23,939	56.9	58.9
65-79	5,236	12.4	11.9
80+	2,508	6.0	5.3
Total	42,078	100,0	100.0

49.9% of the population are men, and 50.1% women. The proportion of women increases after retirement age and of those over 80, 64% are women. Compared with figures for the whole country, Motala has somewhat fewer children of pre-school age and young people, but most of all fewer people of working age. The proportion of retired and elderly people is thus somewhat higher.

Approximately 15% of the municipality's inhabitants, 6,400 people, have a non-Swedish background. A third originate from Finland, and about one tenth from Bosnia-Herzegovina. The inhabitants with a non-Swedish background are somewhat younger than those with a Swedish background. The proportion of children and young people is larger while the group of senior citizens is markedly smaller than for the Swedish population.

75% of Motala's inhabitants of working age are gainfully employed. The proportion is slightly smaller for women and markedly smaller among people born outside Sweden, of whom about half are gainfully employed, although the number has risen in recent years.

The 3,000 workplaces in the municipality employ 17,000 people, 30% of whom in manufacturing industries, predominantly engineering. About a quarter of jobs in the municipality are in the health and care sectors. The table below shows the number of jobs in different sectors in 2001 (Source: Statistics Sweden).

Industry (SNI 92)	Number	Motala %	Sweden %
Agriculture, forestry and fishery	406	2.4	2.0
Manufacturing	5,321	31.1	19.2
Energy, water & refuse disposal	183	1.1	0.9
Construction	862	5.0	5.5
Trade and communications	2,358	13.8	18.6
Finance, media, company services	1,115	6.5	12.9
Education and research	1,295	7.6	8.3
Health and social work	3,881	22.7	18.4
Personal and cultural services	809	4.7	6.6
Public administration	687	4.0	5.4
Unspecified	212	1.2	2.3
All	17,129	100.0	100.0

The proportion of jobs in industry is considerably higher in Motala than in the country as a whole. The number is also higher in the health and social work sector. Trade and communications, finance and company services are sectors that are larger in the whole country than in Motala. Most companies in Motala are small to medium-sized, and 25% of them have 10 or fewer employees. Two companies, Dometic and Electrolux, have more than 500 employees, and together account for 8% or 1,400 of the total number of jobs. The local authority is the largest employer, with 21% of all gainfully employed people in the municipality. One in ten of Motala's residents are county council employees. The municipality has one hospital and four healthcare centres.

Average income was 193,000 SEK in 2000, which is lower than the national average of 212,000 SEK. Men in Motala earned 221,000 SEK and women 163,000. 22% of the men and 6% of the women in Motala were classed as high-income earners¹ in 2000. Of the men, 12% were low-income earners while one in four women had a low income. For the country as a whole, 29% of the men and 10% of the women were high-income earners, and 17% of the men and 23% of the women were low-income earners.

Unemployment has fallen steadily for several years. On average, 800 people, equivalent to 3% of the workforce, were without work and 550 in various labour market programmes over the past three years. 390 of the people unemployed were women. Unemployment among young people (20-24) has remained steady at around 7%. Average unemployment in the country as a whole was 4.6% between 2000 and 2002.

¹ High-income earners are those 20% of income-earners in the country with the highest incomes, i.e. an income of at least 267, 969 SEK in 2000. Low-income earners are those 20% of income-earners in the country with the lowest incomes, i.e. between 0 and 103,053 SEK in 2000. Source: Statistics Sweden.

Motala – A Safe Community

Background

The County Council of Östergötland initiated the project "Motala - An accident-free community" in 1983. The project was based on the registration of accidents requiring medical attention and its objective was to find methods of reducing accident injuries through preventive action. Motala municipality joined the project in 1986.

When Motala, after several years of preparation, was designated a WHO Safe Community, we were one of the first municipalities in Sweden to be certified according to WHO's criteria. There exist today a clear awareness of the importance of working to prevent injury and many years' experience of doing so. The municipality is now applying for renewed certification to maintain its status, and needs to review current work forms, both internal and external. The injury prevention work according to the 6 WHO criteria carried on in the municipality is detailed below.

Injury prevention in Motala

1. An infrastructure based on partnership and cooperation between the community's inhabitants, led by a cross-sectional group that is responsible for safety promotion in their community.

The injury prevention effort was gradually organised between 1998 and 1994 into five intersectoral safety committees to promote safety for children, for the elderly, in sports, on the roads and at work. The members of the committees come from the local authority, the health services, voluntary organisations, various authorities, the police, companies, the Social Insurance Office, the Platen housing foundation and the Faculty of Health Sciences. Between 1996 and 2002 every safety council has had a chairman from the responsible municipal committee.

In addition to their participation through various organisations, the municipality's inhabitants have been able to contribute to a safer community by reporting accident risks directly to the local authority or on the local risk hotline.

A leadership group was set up in 1993 and is responsible for coordinating and developing the injury prevention effort. All safety councils are represented in the group through the chairman and secretary/responsible officer. The chairman of the leadership group has been a member of the municipal executive board or of the municipal council. Representatives of Motala hospital, the Platen housing company and the emergency services have also been appointed to the committee. A researcher from the Faculty of Health Sciences at Linköping University has been a member of the group since it began.

The leadership group's tasks have also included the dissemination of knowledge to the committees, information initiatives to the public and politicians, and coordinating jointly arranged events such as annual Safety Days for the public. The leadership group has also driven the need for injury registration and statistics from the health services.

The organisation as it was until the end of 2002 is shown below.

Children and young people's safety council (1)

Senior citizens' safety council (2)

Occupational safety council (3)

Leadership group Coordination (4)

Sports safety council (5)

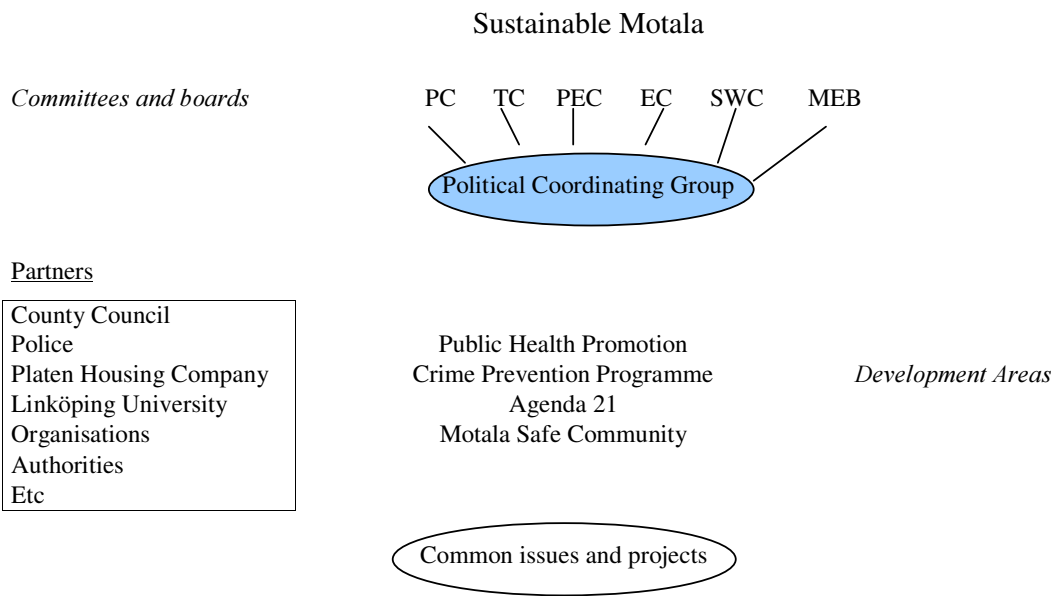
Traffic safety council (6)

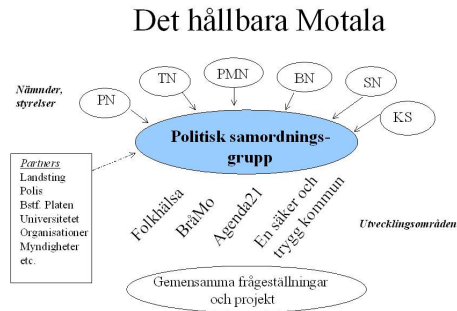


New organisation from 2004

The municipal council has decided on a reorganisation of the groups from 2004, and collected four ongoing overarching processes – Motala Safe Community, Agenda 21, the Crime Prevention programme, and Public Health Promotion under the title "Sustainable Motala" (see illustration below).

The political coordinating group for "Sustainable Motala" includes one member from all the municipal committees – the municipal executive board (MEB), the personnel committee (PC), the education committee (EC), the social welfare committee (SWC), the planning and environment committee (PEC) and the technical committee (TC). The vice-chairman of the municipal executive board is convener and chairman. The political coordinating group is also the coordinating group for Motala Safe Community, Agenda 21, the Crime Prevention programme, and Public Health Promotion in Motala municipality.





Work on "Sustainable Motala" is based on each committee's basic commissions. Voluntary agreements are made in the coordinating group. Representatives of the county council's western region development committee, the police, Linköping University and the Platen housing company are invited to meetings of the coordinating group. Each of the four processes (Motala Safe Community, Agenda 21, the Crime Prevention Programme, and Public Health Promotion) can be regarded as a specific field of competence, where knowledge, experience and expertise have been collected. The working groups in the processes will continue to exist but work intersectorally, with common issues and development areas where all the safety committees' competence, expertise, and experience can be drawn on to illuminate an issue, project, or area, from several different angles. This will infuse the treatment of an issue with extra added value.

The Safe Community process also contains municipal officers who work with injury prevention in their specific areas of responsibility, a Safe Community coordinator, and a traffic information officer.

The purpose of the new organisation is to coordinate the work close to municipal operations and everyday life, on the basis of the general objectives agreed by the municipal council. When new general objectives are drawn up, the responsibility lies with the municipal council's drafting committees. When new general objectives and a new operational plan are to be drawn up, the municipal council's drafting committees may be invited to the meetings, in order to establish a common view around the documents' content and wording.

2. Long-term, sustainable programmes covering both genders and all ages, environments and situations

Municipal target documents

In 1997 the municipal council adopted a target document for the injury prevention efforts. The document states the targets with regard to children's and young people's safety, safety for the elderly and the disabled, in connection with sports and leisure-time activities, and common overarching objectives. One of the most important of these is that the injury prevention effort is to be integrated in normal municipal operations and must be carried on in cooperation with other societal players.

Accident injuries must be reduced, and the general public's awareness of accident risks and knowledge of accident prevention must increase in all areas. The municipal council also stipulates how follow-ups and evaluations are to be made and that there must be cooperation between county council, authorities, the university, organisations, companies, non-profit organisations and the municipality's inhabitants.

County action programme

A common action programme for injury prevention in the county has existed since 2000. The programme was developed in joint cooperation between the county's municipalities, the county council, the police authority, sports associations, the National Road Administration, the Faculty of Health Sciences and the federation of local authorities of Östergötland. One of the action programme's objectives is that Östergötland will meet the criteria to be designated a Safe County by 2005. Another objective is that the number of accidents will be reduced by 25% between 2008 and 2010 through efficient injury reporting and remedial programmes. Injury frequency will be reduced, principally among children and young people, the elderly, and people who take part in sports and exercise activities.

Public Health Policy programme

The municipal council of Motala, together with the county council and the county's other local authorities has also adopted a Public Health Policy programme for Östergötland for 2001-2010. The programme has 3 main objectives; good conditions for children and young people to grow up in, good health and quality of life for adults, and good health and quality of life in life's later years. The programme will be given concrete form in action plans, a process recently begun in Motala.

Documentation has been produced in the form of video films, a doctoral thesis in 1993, and several subsequent research reports. The safety councils' objectives and programmes are described in easy-to-read information pamphlets.

Motala's injury prevention programme

Children aged 0-14

The county council's work in children's health has an element of injury prevention. The parents of every child born are offered individual preventive counselling for themselves and their child. The children's health services follow the child up over the early years. The hospital's radiological unit provides information specifically for children aged 0-14 as regards the benefits of protection and information about anti-violence on the basis of injuries and remedial measures.

Safety inspections are made at pre-schools at the same time as normal safety inspections, and a pupils' safety inspection is also undertaken in some schools. The fire and rescue service arranges lessons for all 6-year-olds' groups in pre-school, and for all pupils in 7th grade at all schools, including independent schools. The schools are recommended to use the safety-training package provided by the fire and rescue service in grades 2 and 5.

A checklist for the prevention of serious accidents among very young children has been drawn up, covering both the inside and the outside environments. A special accident/incident form for school/ pre-school/day-care centres is used to report injuries sustained by children and young people.

Playgrounds are checked regularly during the season, and the personnel responsible for parks are trained to inspect and maintain playgrounds according to applicable EU standards.

The municipality has subsidised cycle helmets for 5-year-olds since 1988, and in 1995 the municipal council brought in a local cycle helmet "law" for children up to 12 years of age. Much of the traffic safety information is aimed directly at children in pre-schools and schools.

For a number of years, the civil defence association has trained pre-school personnel in how to teach children what to do if they get lost; "Find your way again – survival for children".

The children's safety council was formed in 1988 and consists of representatives from the local authority, the county council, the Faculty of Health Sciences, and various interest groups. The chairman of the council during the latest term of office has also been deputy vice-chairman of the responsible committee, i.e. the schools, leisure and care committee.

Young people between 15 and 24 years old

The hospital's radiological unit gives information about different injuries and measures related to the effects of violence young people between 15 and 24 years of age. The emergency and anaesthetics unit gives safety and security information to upper secondary school pupils on study visits arranged by the hospital. Pupils and teachers are offered courses in CPR.

Fire prevention and safety is included on upper secondary school practical programmes. The civil defence association has given pupils in grades 7-9 training in security and survival for a number of years.

The sports safety council works to prevent sports injuries – For more information, see Sports below. Social prevention in crime prevention work in the municipality focuses on children and young people, principally those in their early teens, since an active effort must be made early in order to affect individuals' behaviour.

Adults aged 25-64

Efforts to improve road safety and safety for athletes and people who take exercise for recreation also benefit the adult population. Campaigns for safety in the home have an obvious target group here. Information has been given to adults, and also to other age groups, and to the general public at events such as the annual Safety Days held on the town square. The public are also given information in conjunction with the local authority's "Open House" days.

The sports safety council works to prevent sports injuries – For more detailed information, see Sports below. See also the different environment's own sections.

Senior citizens aged 65+

The municipal units for the care of the elderly have established procedures for reporting, for example, accidents that caused or might have led to personal injury. One of the aims here is to analyse risk factors and highlight the need for change to prevent the risk or injury in question.

Awareness and knowledge of risks have permeated through the organisation and as a result, an individual risk inventory is made at the homes of new senior citizens who need help and care through the local authority's home-help service. Personnel involved in caring for the elderly use a specially designed safety bag to give information (see also under In the home). The local authority's rehab unit informs the superintendents of the elderly people's homes of the benefits of the hip protectors for high-risk groups.

The fire and rescue service trains the staff at local authority elderly people's homes in fire prevention and fire safety according to the authority's policy, and also takes part in pensioner's organisations' meetings and get-togethers.

The senior citizens' safety council, formed in 1989, cooperates with the home-help service and

the staff in special forms of housing in the municipality. It also cooperates with primary health care services, Motala hospital, voluntary organisations, especially the various pensioner's organisations, and with the nursing college, that organises training in health care and related disciplines and where senior citizens' safety is part of the curriculum. The municipal officers responsible for housing construction and road safety are also attached to the senior citizens' safety council. During the latest term of office, the council's chairman was also a member of the responsible committee, i.e. Schools, leisure and care.

The senior citizens' safety council arranges lectures and seminars on various health-related themes, arranges light exercise groups at the local authority's day-centres and gives safety information during Senior Citizens' Weeks, at the annual Safety Days and through different exhibitions.

In the home

Home help staff are trained in senior citizens' safety work. Individual risk inventories are made at the homes of new senior citizens who need help and care through the local authority's home-help service.

The municipality has 10 specially designed safety bags and a checklist for accident hazards in the home environment. The bag contains different safety aids, for example anti-slip devices for shoes for both indoor and outdoor use, anti-slip devices for carpets and baths, fire alarms, a cycle helmet, information about cooker and electricity guards and hip protectors (SafeHip). The bag is very popular with the pensioners' organisations.

The children's safety council has drawn up a checklist for preventing serious accidents among small children.

The fire and rescue service and the safety councils have participated with local information drives in the national "Make Your Home Safer" campaigns. The fire and rescue service also runs information campaigns for fire alarms, and a special seasonal campaign around the Christmas holidays to remind people to be careful with candles. Fire safety inspections are planned to begin during 2003. The fire and rescue service participate on request to participate in meetings and get-togethers, for example in tenant-owners' societies.

The Platen housing company works actively to promote security and safety in the home. Fire alarms are being installed in all their approximately 5,700 apartments. Anti-slip floors are installed as bathrooms are renovated. Tenants who so desire can have an extra handle fitted by the bath and thresholds removed free of charge. Automatic door-openers have been installed to prevent injuries caused by crushing.

All tenants have been given a booklet entitled "Safety in the home" and physical measures have been taken to make the housing environment attractive and safe, for example through better lighting in car parks and around frontages, a more open outdoor environment, safer basement storage spaces and code locks or no-touch locks in apartment buildings.

In senior citizens' housing the staff are especially attentive to safety in the home. All new tenants are given the "Safety in the home" booklet, and other safety information verbally. New procedures have been drawn up for electrical safety and checks and inspections of all properties are conducted regularly.

The housing company has also developed routines for first aid and support in emergencies,

which is also security for tenants in the event of a similar crisis.

Traffic

Road safety programmes, that have the backing of the local authority, the health care services and the police, have guided activities since 1997. The programmes are due to be reviewed during 2003.

A number of physical road safety facilities are constructed every year. Examples include new footpaths and cycleways or speed-reducing measures where pedestrians and cyclists need to cross a roadway. A number of traffic roundabouts have been built on one of the main roads in cooperation with the National Road Administration.

Parts of the town centre have been redesigned with a traffic roundabout, a low-speed thoroughfare with special lanes for cyclists, and raised intersections. A number of footpaths and cycleways have been extended to join the rest of the pedestrian and cycleway network. Speed-reducing bumps have been constructed at several locations.

The speed limit outside schools is 30 kph in residential areas. Special flower boxes can be placed in the roadway in residential areas to slow traffic down. The Society for the Promotion of Cycling in Sweden has conducted an analysis of cycleways together with the local authority. A priority system for de-icing and sanding roads, clearing snow and removing grit exists, and includes footpaths and cycleways. The main cycleway network is cleared of snow during the winter, with the same priority as the main road network. Ensuring a clear view at intersections is also an important road safety measure.

The local authority employs a traffic information officer part-time. The information is primarily aimed at schools and pre-schools, but is also given to associations and the general public. A variety of information material has been produced, including a bookmark promoting the cycle helmet "law" and information about the "law" in egg cartons with the chance to win prizes.

The local authority subsidises cycle helmets for 5-year-olds and sponsors the Children's Traffic Club. Cycle helmet campaigns are run every year, with advertisements in the local newspaper and lotteries with cycle helmets as prizes are held when school starts and in conjunction with the annual cycle race around Lake Vättern.

The traffic safety council was formed in 1994 and consists of politicians from the technical committee, municipal officers from the technical office, representatives from the police, the motor vehicle inspection company, the hospital, driving schools, the National Road Safety Organization, and several voluntary organisations such as road users, pensioners, disabled persons and parents. The chairman is the chairman of the technical committee.

The traffic safety council runs a number of campaigns every year, including a Road Safety Day in the spring and a "See and Be Seen" campaign in the autumn, during which bicycle lamps are sold and reflective tags are given out. Activities have also been arranged on the main square in connection with the "In town without my car" campaign. Pensioners' groups have been given training so that they can recognise and report shortcomings in the traffic environment to the local authority.

Work is also going on to promote quality assurance of transportation services. Taxi Motala is installing alcohol safety interlock device in all its vehicles. An environment and road safety project, "Smarter Traffic in Motala", has been started together with The National Road Admi-

nistration.

Occupational safety

Most safety work in the workplace is carried on according to the work environment legislation, regulations and the responsible authorities and organisations. The local authority has an organisation with workplace meetings and joint action committees. Procedures have been drawn up for reporting incidents and injuries, and statistics are compiled and analysed. Procedures for first aid and crisis support also exist.

The industrial workers' unions arrange courses on work environment matters for the companies' safety representatives every year.

The fire and rescue service trains companies and organisations in fire prevention and provides special training for individuals who work in hot environments.

The occupational safety council, formed in 1990, has over the past four years consisted of representatives of the local authority, the industrial health service, the employment office, the regional social insurance office, the county council, the industrial workers' unions, and trade and industry in Motala. The chairman has been a member of the planning and environment committee. Among other things, the occupational safety council has mapped workplace accidents in Motala and compiled a brochure to support small and medium-size companies in their endeavours to prevent accidents at work.

In recent years, the occupational safety council has found it difficult to achieve continuity in its work because of frequent resignations and substitutions. The social insurance office, for example, that for a long time was the driving force in the council's work, has left the council. Moreover, working life is an area that is well regulated in laws and statutes and the responsibility for safety at work lies with the individual employer. The major problem in the community today is not accident injuries but ill-health in general. This will require new forms of cooperation and other solutions than perhaps the occupational safety council is able to achieve.

Schools

Pupils' safety inspections are conducted at some schools. A couple of schools have also started working to develop a health-promoting school.

The hospital offers courses in CPR for both teachers and pupils.

Together with schools and the police, the fire and rescue service takes various measures to prevent arson. The measures may be aimed at individuals, specific classes, or a whole school. A site visit is often made after an incident. The fire and rescue service provides training in fire prevention and safety as part of the upper secondary school practical programmes.

The civil defence association has given pupils in grades 7-9 training in security and survival for a number of years.

Sports

The sports safety council was formed in 1990. The council's members include representatives of the sports movement, sports teachers, SISU (the sports teachers association), the school's health service, sports physicians, sports equipment stores, the local authority's leisure sector and the Faculty of Health Sciences. During the last term of office, the chairman has also been a

member of the responsible committee, i.e. Schools, leisure and welfare.

The purpose of the committee is to work to reduce sports injuries. A study of accidents at sports facilities and when travelling to and from practice was conducted in 1995. To reduce the number of sports injuries, we must identify and address the causes. The basis for the sports safety council's work has been the causes listed below:

1. Wrong type of training – the training programme may be designed wrongly, it may be too demanding so that the athlete burns out his or her body, or it may be so light that it has no effect. If the content is wrong, stamina, agility, coordination, and strength will suffer. The training programme may not be adapted to the individual or the individual's age, so that the body cannot handle a certain type of training.
2. Wrong type or defective equipment – badly sharpened skates, a broken hockey club, worn-out shoes, a badly maintained floor, an uneven football pitch.
3. Defective protection – no helmet or defective helmet, defective shin guards, no gum shield, no goggles, defective gloves, no athletic support.
4. Diet and fluid deficiency – many injuries occur at the end of sports activities when the body's fuel stocks have run low and bodily control deteriorates. An insufficient fluid intake before and during competitions and training causes bodily control to deteriorate. Too little nutrition after training or competition leads to poor recovery that can cause injury in the long term.
5. Lack of fair play (bad judgment) – in team sports, quite different injuries occur during competition than during training and more frequently. The reason is that athletes put greater effort into winning in a competition situation. Bad judgment and lack of fair play will lead to injuries. Coaches, team managers, parents and other team members must not work players up so that they play so hard that there is a very serious risk of injury.
6. Athletes are not in physical balance – girls who suffer from PMS sustain injuries three times more often during their menstrual cycles than at other times. Athletes subjected to great emotional distress, such as a bereavement, are also more likely to sustain injury. Drug abuse, negligence and fatigue are also factors that increase the risk of injury.

It is important to be aware of the factors described above if the frequency of injuries is to be reduced. The sports safety council has disseminated this knowledge in various ways. The groups the council concentrates on are:

- Sports clubs, especially the major team sports, by visiting team meetings, coaches' meetings, parents' meetings, etc.
- Schools' sports teachers, by providing information and holding discussions at meetings and on training courses.
- The general public, in newspaper articles, on local radio, open lectures.
- SISU, the sports movements' own training organisation, by introducing items on the programmes of the courses offered.

Many of the sports injuries that result in a visit to a doctor are so slight that hospital treatment is not necessary and the patient is able to return home. Many injuries are also such that fast intervention is important for as rapid a recovery as possible. Information and knowledge about emergency attention are therefore very important. The sports safety council instructs people to:

1. Check consciousness, breathing and external bleeding
2. Clean external wounds and stop any bleeding
3. Apply pressure bandages to muscle and ligament injuries
4. Take the patient to hospital if problems continue

The council's information also includes what a club's medical bag should contain.

The county council had a special surgery for injuries sustained during physical exercise or sport at one of the health care centres in the 1990s, but lack of resources have meant that this is now closed.

Many athletes receive no help with a rehabilitation programme; after a period of recovery following an injury, the body's physical condition has deteriorated and the risk of new injury is therefore greater. The sports safety council also provides information about the importance of proper rehabilitation, including:

- It is important to maintain fitness training during the rehabilitation period; in many cases it is an advantage if this can be done in water
- coordination training, e.g. it is important that balance training be begun as soon as possible
- strength training, both of uninjured parts and injured parts must also begin as soon as possible.

The sports safety council also teaches what to do in case of respiratory passage infections - avoid physical activity if you have a temperature, feel ill, or have a heavy cough or a sore throat.

The council has arranged lectures and information meetings with "celebrities" from the world of sport as guest speakers, study circles, instructor training etc. Various campaigns have been run. The football clubs have been offered pre-season football aerobics.

The members of the council have also been engaged as guest speakers at various seminars and also on university courses.

The fire and rescue service cooperates with the local authority on fire prevention matters with regard to premises (sports halls etc) rented from the local authority – the responsibilities of anyone who rents premises.

Leisure

Playgrounds are maintained according to the applicable EU standard and the local authority's personnel are trained and certified to inspect and maintain them.

The fire and rescue service makes fire safety inspections of pubs and restaurants and is one of the driving parties in the ongoing "Safe Restaurant" project (persuading the staff to be responsible when selling alcohol) which it is hoped will make visits to Motala's pubs and restaurants more secure.

The fire and rescue service lends life jackets to the public free of charge for the first few days.

Other

Information and training for various groups of people are part of the injury-prevention effort that several of the hospital's clinics are involved in.

The municipality's inhabitants can report accident risks to the technical committee's Customer Service. From 2000 until 2002 the local authority was also connected to the risk hotline, but since Customer Service was receiving more calls and the hotline (that the county council paid for) was expensive, the hotline connection was discontinued at the end of 2002.

For the last three years, the safety councils have arranged Safety Days together on the main square, aimed at giving information and making contact with the general public. Many voluntary organisations have also taken part, and recently the crime-prevention and public health groups have also participated.

The local authority has arranged and paid for minibus driving lessons for some 90 of its employees, mainly in the care sector, who drive a minibus as part of their job.

The fire and rescue service's operations are wholly injury-prevention-oriented. Activities required by law, i.e. fire prevention and inspections, consultation on planning matters together with the building permit unit, participation in risk-handling etc. are part of the general injury-prevention effort and not focused on any particular group. The fire and rescue service holds courses for about 8% of the municipality's inhabitants every year.

Where the ambulance's response time is longer than 15 minutes, the part-time fire services (Godegård and Tjällmo) respond instead, with a prior-to-ambulance service. This provides extra security and safety for residents in certain parts of the municipality.

Violence prevention in the "Safe and Secure in Motala Town Centre" project

Since the problem of violence in the town centre is closely linked to pubs and restaurants on Friday and Saturday evenings, the "responsible serving of alcohol" course is one example of a measure that aims to reduce alcohol consumption and friction between people. The course is aimed at pub and restaurant staff and security guards, and provides them with knowledge about the effects of alcohol, Swedish alcohol legislation, conflict handling and fire prevention. Through the project, and together with its partners, the local authority also wants to improve the environment in the town's central park, create attractive meeting-places for young people, improve support for addicts, reduce bicycle thefts, and make pedestrian and cycle tunnels safer.

The Swedish Consumer Agency has commissioned Motala local authority to carry out certain tasks related to product safety using specially qualified personnel in connection with legislation in the product safety area and EU's safety directives. The tasks include checking products and/or product marking in shops, product documentation, sales outlets, and suppliers/importers etc., and purchasing products, providing shops with information about legislation and safety rules in conjunction with marketplace checks and holding interviews with shop managers and other staff.

Soft toys with suction caps, according to the directive on toys, noise limits for toys, toy telephones (noise level), teething rings, riding jackets, personal protection for in-line roller skaters re among the things checked in recent years.

Violence prevention (intentional injury)

Since 1998, the crime prevention effort in the municipality has been in the hands of the crime prevention council (Bråmo), organised directly under the executive board and with representatives from all the executive committees. The police authorities and the housing company Platen have co-opted places. The crime prevention work is done "in the field", and is divided into five geographical groups, where schools, social services, the leisure-time sector and the police cooperate with many other organisations.

Crime prevention work is based on knowledge of what lies behind criminal behaviour. It must

be problem-oriented and the geographical groups must once a year produce local problem descriptions and analyse, prioritise and propose action. Such action might comprise both social prevention (to influence the individual) and situational prevention (make it difficult to commit crimes through measures in the environment).

The aim of the crime prevention effort is to reduce crime and increase security for all age groups. For natural reasons, social prevention focuses on children and young people, preferably young people in their early teens, in light of the knowledge that action to influence the individual must be taken early.

The most important crime prevention work is done in the home. Many activities have been aimed at supporting parents. Network meetings arranged for parents whose children are responsible for vandalism in a residential area, and projects based on study circles on the topic of "Love, setting limits, and being a parent" are a few examples.

Many organisations cooperate in the "Cultural School for Europe's Children" project. The school tries by unconventional means to help children who feel "outside" and who have no organised leisure-time activities – many of these children have foreign backgrounds. In 2002, the Cultural School was chosen to represent Sweden in a European competition to find the best crime-prevention project.

So-called "boys' evenings" and "girls' evenings" are arranged regularly at one of the senior schools. At these, boys and girls can learn by experiencing new things with elements of both 'business' and pleasure.

Alcohol and other drugs are behind a great deal of the criminality. Two extensive studies of drug abuse have been conducted in the municipality. Parents and school personnel were invited to discuss the results at parents' meetings, preferably at schools with pupils in grades 7-9. Various campaigns and other efforts to influence public opinion have been conducted, including short video films on TV monitors in large food stores, competitions for children and young people of all ages on the theme of "Life doesn't need drugs", personal letters to all parents with children in grades 7-9 etc. About 180 young people in grade 8 have been given ANT training on residential courses, and they have then started study circles and arranged theme days etc in their own schools.

In cooperation with a number of adult education associations the local authority has offered all youth leaders a free basic course in leadership that takes up issues around children's' and young people's development and questions related to alcohol and other drugs.

On public holidays, during Lucia celebrations in mid-December, and when school breaks up, all resources are mobilised to arrange drug-free activities for young people in grades 7-9 and parents on night-patrol have organised themselves into "Mums and Dads on the Streets". According to the police, the social services and others, the drug-free activities arranged on such occasions have eliminated many of the problems observed in previous years, when many really young people had to be taken into temporary custody in an inebriated state.

In consultation with the local authority, Rotary held a seminar for all pupils in the first year of upper secondary school around issues related to narcotics and a meeting for the general public on the same theme. These activities were followed up with a public meeting around the narcotics situation in Motala.

3. Programmes that target high-risk groups and environments and programmes that promote safety for vulnerable groups

The "Exit – Youth Revenge" association has been formed with the support of the local authority. Exit tries to reach young people who risk falling into a criminal way of life and is also intended to provide support for those who wish to leave neo-Nazi circles they have become caught up in. The association works actively in schools to spread information, but also works with individuals and groups.

Under the auspices of Bråmo, young people have learned to handle conflict situations by participating in a survival camp in Karlsborg arranged by the Swedish defence forces. This activity led to the formation of a Non-Violence group at one of the senior schools where there had been a good deal of trouble between some of the young people.

In crime prevention, mediation is an important activity. Young people who have committed crimes are given an opportunity to meet the victim together with a lay mediator. Support for young crime victims is also now being planned in collaboration with the police. Much of the social prevention effort is aimed at high-risk individuals and groups.

A project to promote increased safety in the home was begun in 2003. The work consists initially of cooperation between Motala Safe Community, the senior citizens' safety council, the fire and rescue service, and the Platen housing company. The aim is to reduce the number of accidents in the home through information and various types of action.

4. Programmes that document the frequency and causes of injuries

Registration of injuries by the health service

Reducing accident injuries requires accurate statistics on who was affected, where the accident occurred, and why. Both the target document for injury prevention work and the action programme for injury prevention work in the county of Östergötland emphasise the importance of registering injuries. One objective is that efficient injury registration at the emergency units will provide a basis for action so that the number of accidents resulting in injury, disability, or death will be reduced.

A time-consuming development effort for injury registration has been going on in the county since 1998. Motala has been an important discussion partner and trial municipality in this respect. Injury registration, which is now continuous, is done using a special form (Appendix) at Linköping University Hospital, Motala Hospital, and the local health service in Finspång. The patient or a relative fills in the form that contains the following questions and points:

- when did the injury occur?
- describe how you received your injury.
- what were you doing?
- where were you injured?
- state any faults or defects in the object/material that was being used at the time of the accident.
- was any safety equipment used?

The health service adds more data to the injury record; personal data, a diagnosis code, cause code and clinic code, the date and time, whether the case is of interest for preventive action and whether the patient can participate, and whether the patient is to be admitted or not. Since 2003 the municipality where the accident occurred is also filled in.

Dental injuries are registered on similar forms at all national dental care clinics in the county. The age and gender of the patient, the type of injury, which tooth was injured, any activity at the time of the injury, and where the accident happened, are registered.

The health care service sends the injury forms to the Public Health Science Centre in Linköping for further processing, compilation of statistics, and county reports. Statistics have been provided to the local authority since 2000. For the 2000-2002 period, the statistics cover the whole of Motala Hospital's catchment area (5 municipalities). This means that it has not been possible to isolate and analyse knowledge of accidents in occurring in Motala municipality. Some general studies of the statistics have nonetheless been undertaken, among them what age groups are injured on the roads, and it has also been determined that accidents in the home and injuries resulting from a fall are the predominant types. From 2003 it will be possible to distinguish in which municipality an accident occurred and separate the statistics by municipality. In Motala the new statistics will be analysed by all the safety councils and centrally by Motala Safe Community as regards accidents in the home and in the municipality as a whole.

In 2001 a total of 5,107 injuries were registered at Motala Hospital (5 municipalities). The statistics for 2001 can be found in Appendix

Injury statistics from the health care service during the accident projects of 1983/84 and 1989 showed good results. After two years' preventive work the number of people injured fell by 13% from 4,900 to just under 4,300. The biggest reduction was in accidents in the home, followed by occupational and sports injuries. In Mjölby, the number of people injured increased by 2% over the same period.

It has also been proved scientifically² that a reduction in the number of people injured in accidents means enormous savings in the cost to society, even if the cost of preventive measures is included. In Motala's case the net saving is 17 million SEK a year, provided that the preventive work is carried on systematically and in cooperation with the responsible players. The annual cost is calculated at 3 million SEK, mainly for registration of injuries and various preventive measures.

Local authority injury registration

The local authority registers injuries occurring in pre-schools and schools. In pre-schools and day-care centres an average of about 70 injuries a year are registered (1996-2002). In the municipality's schools, approximately 90 injuries are registered every year (1996-2002). Appendix

Incidents where a patient has been seriously injured or exposed to risk of serious injury while in the care of the health service, for example through a fall or from falling while being moved, are reported continuously by the health service to the local authority's responsible medical officer. The reports are analysed and experience gained from the incidents is spread throughout the organisation. Serious incidents are also reported to the National Board of Health and Welfare in accordance with Lex Maria.

A total of 669 reports were made in 2001, of which 109 were in respect of falls.

² Article published in Public Health (2001) 115, 317-233; A cost-benefit analysis of the community-based injury prevention programme in Motala, Sweden – a WHO Safe Community (Kent Lindqvist, Lars Lindholm)

5. Evaluation measures to assess their programmes, processes, and the effects of change

An annual report on the injury prevention effort has been compiled since 1995. The report contains an evaluation of what has been done and to a certain degree the effects of changes are also assessed. This assessment is facilitated by the statistics available, but the local authority will not have access to the county's statistics (for 2003) for its own geographical area until 2004. In 2001-2002, the previous Motala Safe Community leadership group made a thorough review of the way the safety councils work on the basis of the target document, the county action programme and WHO's criteria, to determine whether activities are in line with the objectives, what works well and what does not work so well, what plans there are for the future and for developments, (see the basic documents underlying the operational plan) and whether there are any special problems connected with the councils' work.

The link between safety council and responsible committee has also been discussed. The results of these reviews brought to light a certain lack of clarity as regards responsibilities and roles and above all what the council's actual assignment was. These results will be taken into account in the new organisation, "Sustainable Motala".

A joint report on "Sustainable Motala" will be submitted to the municipal council once a year. The purpose of the report is to follow up objectives and measures and highlight specific areas for development. The first report "How is Motala? Facts and trends 2003" was submitted to the municipal council in autumn 2003.

Kent Lindqvist from the Faculty of Health Sciences in Linköping has evaluated Motala's programmes and their effects in a large number of research reports (see under Scientific publications)

In May 2003 the municipal executive board approved a cooperation agreement on public health work between the local authority of Motala and Linköping University. According to the terms of the agreement, the university will among other things develop Motala Safe Community by following up and evaluating the effects of the programme.

6. Ongoing participation in national and international "Safe Community" networks

Motala has participated regularly in the Swedish network's "Action Group's" meetings and working teams. Motala has participated in, and contributed with lectures, exhibitions or other information, a number of national conferences and network conferences, including:

Network conferences:

- Falun, 1995
- Borås, 1997
- Tidaholm, 1998
- Malmö, 1999
- Katrineholm, 2000
- Ludvika, 2000

National conferences:

- 2nd National Conference, Västerås, 1990
- Conference on Helmets, Götene 1995
- Injury and Accident Conference, Falkenberg, 1995
- 5th National Conference, Östersund, 1996
- Conference on Helmets, Götene, 1997
- Public Health Conference, Uddevalla, 1998

- Mariestad/Lidköping, 1999
- 7th National Conference, Nacka, 2000

Other:

- Regional public health conference, Borgholm, 1997
- Risk hotline conference, Tidaholm, 1998
- Information and lecture on Motala Safe Community at the Emergency Services' Conference, Karlstad, 1999
- Information and lecture on Motala Safe Community during the Scandinavian twin towns' visit to Motala in 2000
- Children's and young people's safety and security, Falköping, 2001
- Theme Day on Nazism among young people, Motala, 2001
- Conference "Why does Agda fall?", 2001.
- How do we become a Safe Community? Emergency Services' Conference, Revinge, 2003

Representatives from Motala have participated at the following international conferences:

- 1st International Conference on Safe Communities, Falköping, Sweden 1991
- 4th International Conference on Safe Communities, Canada, 1995
- SafeCom Nord I Conference, Skövde, 1996
- 3rd Scandinavian Congress of Sports Medicine, Linköping, 1996
- SafeComm-7, Rotterdam, Holland, 1998
- Information and lectures in Hyvinge and for the network Finland's Safest Community, Helsinki, 2000
- 4th Nordic Safe Community Conference, Denmark, 2001

In 1991 Motala municipality was host to an international travel seminar with delegates from 16 different countries, including Australia, China, Argentina and Thailand.

Motala has both participated in and organised various seminars and conferences on injury prevention. Such events have mainly had a regional thrust.

Over the years, the municipality has been visited by other local authorities, county councils, and authorities in Sweden and by foreign delegations and organisations. The highest number of visits was in 1995, with a total of 7 visits and some 90 delegates.

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86. Injuries related to alcohol. Accepted for the tenth international conference on safe communities. Anchorage, Alaska, 21-23 May 2001.
87. Economic impact of injuries according to type of injury. Accepted for the fourth Dubrovnik conference "Health insurance in transition". Dubrovnik, Croatia, 31 August - 1 September 2001.
88. The cost calculation manual — test/future. Accepted for the first safe community conference on cost calculation and cost-effectiveness in injury prevention and safety promotion. Viborg, Denmark, 30 September-3 October 2001.
89. The cost calculation manual — demonstration. Accepted for the first safe community conference on cost calculation and cost-effectiveness in injury prevention and safety promotion. Viborg, Denmark, 30 September-3 October 2001.
90. Sjukhusregistrering av olycksfallsskador som basen för samhällsintervention. Accepterat vid sjunde nationella konferensen för det svenska nätverket för hälsofrämjande sjukhus. Linköping, 17-18 oktober 2001.
91. Trafiksäkerhetseffekter av Motala Safe Community. Accepterat vid Transportforum 2002. Linköping, 9-10 januari 2002.
92. Knowledge and attitudes towards working with alcohol prevention at an emergency department. Accepted for the eleventh international conference on safe communities. Rainy River District Northwestern Ontario, Canada, 7-9 May 2002.
93. Results from some evaluations of the Motala WHO safe community program. Accepted for the eleventh international conference on safe communities. Rainy River District Northwestern Ontario, Canada, 7-9 May 2002.
94. Injuries related to alcohol. Accepted for the sixth world conference on injury prevention and control. Montreal, Canada, 12-15 May 2002.
95. The Motala WHO safe community program. Accepted for the sixth world conference on injury prevention and control. Montreal, Canada, 12-15 May 2002.
96. Ethical issues in public health projects: implications of geographic information resolution. Accepted for the ETHICOMP 2002 conference. Lisbon, Portugal, 13-15 November 2002.
97. Sekundärprevention av alkoholproblem på Motala lasarets akutmottagning. Accepterat vid Svenska läkarsällskapets riksstämma. Göteborg, 27-29 november 2002.
98. Impact of social standing on injury prevention in a WHO Safe Community — Intervention outcome by household type. Accepted for the twelfth international conference on safe communities. Hong Kong, China, 18-20 March 2003.