

APPLICATION FOR BECOMING A  
MEMBER OF THE WORLD HEALTH  
ORGANIZATION'S "THE SAFE  
COMMUNITY NETWORK"



Vågå, May 2003

Vågå municipality hereby applies to become a Safe Community in the World Health Organization's network of Safe Communities.

Vågå, 28.05.03

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# 1. Background for the application

In Norway injury prevention is a prioritized area because of the immense personal and economical impact accidents and injuries have on the society:

## **Facts about injuries in Norway**

Accidents and injuries are the fourth main cause of death in Norway. The WHO aim to reduce accidents leading to death by at least 25 % in the period 1980-2000 has been fulfilled. Even though the number of fatal accidents has been decreasing over the last 30 years there have been an increase in hospitalizations caused by accidents and injuries.

In the year 2001 11 % of all somatic hospitalizations were related to an injury diagnosis.

It has been calculated that there have been between 450.000 and 500.000 injuries requiring medical treatment per year.

Source: White Paper No. 16 (2002-2003) Prescription for a Healthier Norway

In order to reduce the number of accidents and injuries in Norway the responsible authorities have taken various different steps, varying from programmes of action, to economic support to local authorities who work actively with injury prevention.

Since 1996 the Norwegian government through the Ministry of Health and Social affairs, from 2002 Ministry of Health, has recommended local authorities to organize their injury preventive work along the lines of Safe Communities.

## **National targets about Safe Communities**

Programmes of Action: Prevention of Injuries at Home, School and Recreation 1997 – 2002 had as an aim that at least 15 municipalities should comply with the criteria defined by WHO to become a Safe Community by the year 2002. By the end of 2002, 12 municipalities were recognised as members of the Safe Community network and several others are on their way.

Furthermore it was recommended that at least 10 % of the municipalities should organize their injury prevention work in line with the most central criteria of Safe Community. It is estimated that about 50 municipalities are using the model and the goal has been reached.

To promote the Safe Community a National general office for Safe Community was established. According to the White Paper No. 16 (2002-2003) the government has decided to prolong the plan of action for injury prevention into the year 2003. Therefore the National general office for Safe Community continue to support the local authorities working by WHO's criteria.

Source: White Paper No. 16 (2002-2003) Prescription for a Healthier Norway

A lot of the preventative work in Norway is regulated by law. For instance the local authorities are directed to carry out injury prevention and safety promotion through the law related to the Municipal Health Service.

The main focus of this application is to describe the local initiatives in Vågå that go beyond the national laws. It is through this approach that Vågå municipality prove themselves to be acting on the law.

## 2. Vågå municipality

Vågå is a mountain municipality that covers an area of 1.349 square kilometres. About 1 % is habited area and 2,4 % is cultivated field. More than two thirds of the area is 900 metres above sea level.

Most parts of the community are nature- and recreational areas with different types of sceneries: Forests, cultural landscapes, bogs, lakes, rivers and mountains. There are various entry points to Jotunheimen National Park where Besseggen, one of the most popular hikes in Norway, is located.

The municipality attracts a lot of tourists and the Norwegian Mountain Touring Association has several famous lodges in the area. There are good opportunities for many different types of outdoor life.



Vågå has 3801 inhabitants. For the last ten years there has been a negative growth in population but projections show that the number of inhabitants will stabilize.

**Table 1: Age group composition in Vågå municipality 2002**

Age	Number of persons	By percentage of the population
0 – 9 year	450	11,8
10 – 19 year	439	11,5
20 – 29 year	426	11,2
30 – 39 year	465	12,2
40 – 49 year	534	14
50 – 59 year	503	13,2
60 – 69 year	382	10
70 – 79 year	365	9,6
80 +	237	6,2

In Vågå municipality there are five kindergartens, six schools, one sports centre, one swimming pool and one nursing home. There is one health centre that employs four doctors.

Farming, industry and public services are the main occupation in the municipality.

**Table 2: The scene of employment**

Scene of employment	Numbers	By percentage of total
Farm and forestry	300	20,3
Industry	353	23,7
Trading, hotels and restaurants	205	13,9
Transport and communication	52	3,5
Public service	484	32,9
Other	41	2,8
Unknown	37	2,5

### **3. Vågå municipals work in relation to the criteria defined by WHO**

Injury prevention and health information has a long tradition in Vågå. Back in 1988 a doctor was engaged one day a week to work with health information. The same year the health centre began to register all injuries. In the following years the municipality suffered from a general lack of doctors and it was necessary to prioritize the curative work.

However the prevention work did continue in the local authority Health Information Committee. Other committees in the local authority have been and are still working with prevention especially in the Health sector. In the municipals programmes there are several plans that have injury prevention as an underlying theme. For instance there is an Alcohol Plan and a Road Safety Plan.

In 1998 Vågå cooperated with two neighbouring municipalities in a cross sectional project where emergency planning was at stake. The local goal was to find ways to reduce the risks that would go beyond the demands of the law, regulations and the municipalities own internal control system.

The work method was a risk and vulnerability analysis. This was a systematic survey of which events were likely to need prevention. Different fields were prioritized according to the likeliness of the occurring event held together with the possible consequences.

A project “Health for the elderly” in 1999 (see section 3.3.) got Vågå on the track of Safe Community. Vågå municipality was encouraged to organize its injury prevention by the criteria defined by WHO. Since the year 2001 Vågå municipality has received professional and economical support from the National general office for Safe Community. In December 2001 the Municipal Council decided to apply for a membership of the Safe Community network.

### **Safe Communities have:**

1. An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community;
2. Long-term, sustainable programs covering both genders and all ages, environments, and situations;
3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups;
4. Programs that document the frequency and causes of injuries;
5. Evaluation measures to assess their programs, processes and the effects of change;
6. Ongoing participation in national and international Safe Communities networks.

On the background of the municipals long tradition for injury prevention and health information, Vågå municipality's determined work to meet the criteria in order to be certified as a Safe Community is a process that began in 2002. As the following reading shows, some of the injury prevention initiatives in the municipality are direct results of working with the criteria's and the work to become recognized as a member of the Safe Communities network, while other activities are well-established routines that have existed for a long period.

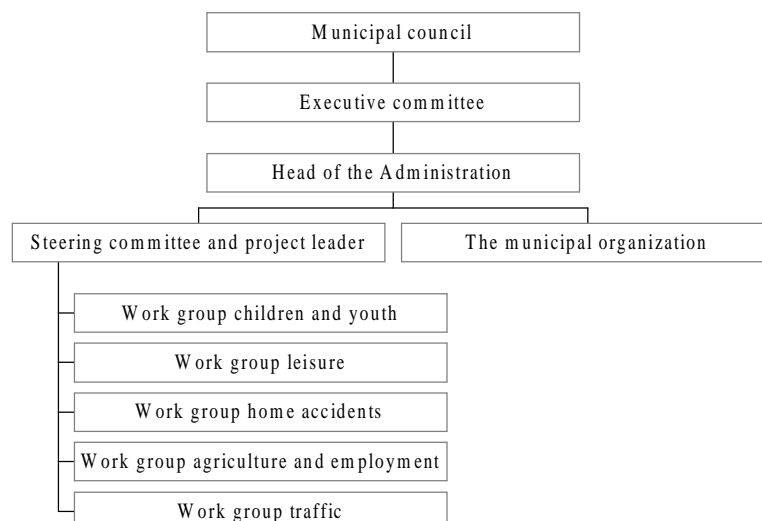
### **3.1. An infrastructure based on partnership and collaborations, governed by a cross-sectional group that is responsible for safety promotion in their community**

The first level in the process was to establish a steering committee with responsibility for the injury prevention work where all the sectors in the municipal were represented. This was done in January 2002 and in March a project leader was hired to prepare the application.

At the same time Safe Communities was introduced at some seminars in the municipal. Politicians, administration, the steering committee and others taking an interest in prevention participated. Consequently the preconditions of the work toward a Safe Community were well anchored.

The steering committee decided to establish working groups representing the local problem areas. These were defined in the light of a local accident registration and the cross sectional experiences with the different types of accidents in the municipal. The selected problem areas were: Traffic accidents, agricultural and employment related accidents, leisure accidents, accidents at home and accidents among children and youth. The members of the steering committee were made responsible for one group each.

The work for becoming a Safe Community was organized thus:



### **The working groups**

The working groups were assembled by different players. The prevention work so far was based on the principles of the municipals Health Information Committee. This committee with members from different levels in the health sector became the working group for home accidents. The traffic group consists of persons from local house owner associations representing the different residential areas in the community. The working group for leisure is composed of commercial representatives and people from different organizations with relation to sport and out door life. The group for children and youth has parents and professionals from kindergartens and schools as members. Finally the group for agricultural and employment related accidents is a forum for the Company Health Service, the Labour Inspection and agricultural organizations.

### **Local involvement**

The criteria for Safe Communities were changed at the beginning of the municipals work. As a consequence it is not obligatory to activate and involve the local community network anymore.

Never the less it is natural to involve the population in a small and visible community. The working groups in Safe Community consist mainly of inhabitants from different local networks. A lot of the members represent organizations that initially were ruled by internal regulations and laws. Through their participation in the Safe Community concept they become especially focused on accidents and injuries and because of that there is an increasing consciousness about prevention. The chances that this will be communicated into their own context are very good. In a small society with a short range and a proximity to a lot of arenas, it is easier to reach far.

In addition to the working groups that are organized as a part of the work with Safe Community there are several voluntary organisations that for many years have been working on their own initiative with injury prevention.

The Voluntary centre in Vågå municipality celebrated their tenth anniversary in 2002. Many preventive initiatives originate from here. Both general health promotional activities like

exercising and injury prevention actions as such, varying from public meetings about drug problems and traffic safety, to sale of fire safe candles.

An enquiry into the voluntarily organisations in the municipal shows that there is a large consciousness of prevention and a long tradition for collecting and donating money to preventative causes. See further information below.

### **3.2. Long-term, sustainable programs covering both genders and all ages, environments, and situations**

Issues that consider everybody in the society are for example the prevention of traffic accidents, accidents at home and accidents in the out doors - and sports life. The working groups are covering these areas.

In addition to the selected problem areas other fields are worthwhile to consider in relation to be a Safe Community. Suicide, drugs and violence are all important. Fortunately these issues are not a big problem in the local areas and because of that the steering committee decided not to establish independent working groups. But the issues are on the municipals agenda and are taken care of by professional teams. At the same time the steering committee is aware of the problem and it will be frequently reconsidered if it is necessary to establish a separate working group for this.

#### Programs of general interest

##### **Traffic**

Police reports show that there were 41 traffic accidents with human injuries in the period 1997 – 2001. In these accidents four persons were killed and 51 persons were injured. This means an average of three injured persons per 1000 inhabitants a year.

There are reasons to believe that the actual numbers of accidents with human injuries are much higher. Research has shown that a lot of accidents are not reported to the police and the results from the local accident registration indicate that this is also the case in Vågå. But the present numbers are not from the same years and therefore impossible to compare.

91 percent of the reported accidents happen on roads where the municipality was unauthorized to make changes. Vågå is as a consequence dependent on the cooperation with state authorities.

A new Road Safety Plan has been worked out and will be finished in the spring 2003. The municipals future work with traffic safety will follow this plan.

Further specific actions are:

- In cooperation with the state, Vågå has been in a project since 2001, which involves improvement of traffic areas in the centre, considering both traffic safety and a general facelift. The project is substantial and includes new street lamps, new junctions, new pavements and so on.

- As an implication of the inhabitants response to the project "Health for the elderly" now only half the pavement is gritted in wintertime so that it is possible to use chair sledges.
- A road that is used a lot by the pupils at the municipals biggest school and by residents at institutions is now getting new street lamps.
- There are many actions directed at children being a vulnerable group in traffic. See section 3.3. for further information.

### **Outdoor life and Sport**

In Vågå there are a lot of possibilities to practise an exiting and varied outdoor life. It is difficult to say exactly how many people are using the outdoor opportunities, but according to the local accident registration a lot of injuries are happening in the out doors.

The border between outdoor life and sport is not clear. Most outdoor activities are sport-like. Both sport and other outdoor activities are positive elements in a general health improvement scheme. Therefore it is important not only to focus on injury prevention, but mainly to encourage use of outdoor activities.

Nevertheless it is important to pay attention to which injuries occur and how to prevent them.

- Hunting and fishing are very popular activities in the municipality. Around 500 people each year buy game licenses and 500 fishing licenses are sold each year. In these activities the risk of very serious accidents, such as drowning and shooting accidents are present. Also less serious injuries such as knife cuts, dog bites, and injuries with fishhooks are seen. Hunting is an area where the authorities carry out a certain degree of regulation. Mandatory training and examinations for first time hunters and annual course and shooting exercises within the framework of the local shooting club and Vågå Hunting and Fishing Union, are examples. Prevention of drowning accidents is carried out through the use of and information about lifebelts and installation of lifelines on certain wharfs.
- Accidents related to skiing are very common. Information about proper equipment and use of helmets in the Alpine centre are important injury preventive elements. Even though avalanches are a realistic risk in the area some people seek situations of risk, and in these situations the use of good security equipment is very important. General information and learning about avalanches are other important factors in avoiding accidents.
- There are only a few glaciers in Vågå municipality, and very few accidents are related to them. Information about the location of the glaciers, and how to behave on a glacier is necessary to prevent accidents. Accidents often occur in a situation where inexperienced people find themselves on a glacier and do not realise the dangers involved.
- Walking in the mountains can also cause injury occurring situations. Traumas caused by falling, slipping, or being stuck between rocks are common situations that can occur, often because of lack of experience or misjudgement. Information about the importance of staying on the marked tracks is an important preventive act.

All the above mentioned situations are prevented in different ways. Exchange of personal experience is very important. It happens beyond any control, but in many ways. The local schools are also preparing children by teaching outdoor life on excursions. And the local tourist information informs tourists and others about possible dangers.

Different kinds of extreme sports are popular activities in Vågå Municipality. In extreme sports the people who practice it seek the risk and put themselves in danger on purpose. By training, information, and the use of proper safety equipment the number and severity of accidents might be reduced.

Several private companies are offering activities within extreme sport. Rafting, canoeing, mountain biking, glacier crossing, grotting, and climbing are available activities.

In addition to this, a lot of people, both local and tourists, are practising different kind of extreme sport on their own.

- River activities such as canoeing, kayaking, river surfing, or rafting require a good knowledge of the river. Having a map that shows the different levels of challenges on the river is important in order to be able to take precautions and make your abilities fit the risk.
- Climbing is also a popular activity in the region. There is an indoor climbing wall besides several outdoor places where you can train and learn about safety. Local climbers therefore have considerable experience when they eventually go climbing on their own.
- In the region there is a national centre for air sport, from where hang – and paragliding are practised. The activities are controlled by an internal set of rules and by internal training. The local clubs have different kinds of courses to prepare individuals to practise the sport in a safe way.
- If an accident occurs, several local rescue teams will be activated, in addition to the national rescue system. Vågå Red Cross practice internal training of their own crew and they offer a general stand-by for search and rescue operations all through the year with extra forces available at Easter.

Norwegian Rescue Dogs – team Jotunheimen, are available for avalanche accidents and for searching. The Alpine Rescue Group, Nord Gudbrandsdalen helps when accidents related to climbing and other kinds of mountain sports occur.

Injuries in sports are mainly prevented by the correct use of equipment and by focusing on proper training, including warming up. In all sport clubs in the area there is a natural focus on this matter, which has been reinforced by the employment of a sports consultant.

### **Agricultural and employment related injuries**

Agricultural and employment related injuries involve an area that is very well regulated by law. It does not prevent accidents from happening and the local accident registration shows that many people are injured during work time.

The municipality have not been directly involved in the injury prevention work related to occupational accidents except for fire prevention work. But the local authority does cooperate with the agricultural Health, Environment and Safety Service and the Company Health Service.

The local accident registration does not so far show a specific pattern in the injuries related to work life. The steering committee will pay attention to the subject.

### **Home accidents**

Homes are the most common setting for accidents. These kinds of accidents are mostly prevented through education with the health centre playing an important role. Also there are home visits to small children and elderly who are in high risk groups. See section 3.3.

### **The long term perspective**

The long term perspective is secured by permanent routines in relation to the programs. Furthermore new jobs have been created in the municipality as a result of the dedicated work towards the Safe Community concept.

- The project "Health for the elderly" from 1999 is continuing and is now an integrated part of the head of home nursery's work description. That implies a home visit to all 75 year old inhabitants. See section 3.3.
- Employment of a doctor where ten percent of work hours are reserved for preventative work.
- Employment of a youth consultant where fifty percent of work hours are dedicated to creating a healthy environment for children and youth.
- Employment of a sports consultant, who are to spend fifty percent of work hours promoting health and preventing injuries through information and in the long term courses in the importance of warming up and other actions.

Also the decision of the Municipal Council to apply for a membership of the Safe Community is an active step in the direction of organizing the future preventive work.

## **3.3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups**

High risk groups related to the occurrence of injuries include children, youths, and the elderly.

### **Children**

In relation to the prevention of accidents among children, the health centre is traditionally the most important player. Injury prevention in families with children already starts before the child is born, and is systematically followed up with information in connection to the routine controls of the child. In addition to this, regularly evening courses are held at the health centre where families are informed about injury prevention, using videos among other ways.

- All kindergartens and schools in the municipality have an internal control system which includes fire exercises, registration of injuries, information on first aid, cleaning routines, control of ventilation systems, and inspection of playgrounds.

- All kindergartens and two of the schools work with management of grief, and have an emergency plan.
- In 2001 the largest school in the municipality had a programme of action against bullying. This programme is handed out each year to all children and parents, and will be evaluated once a year.
- As a part of the health care of the school, regularly courses in first aid are being held in all classes.
- The two largest schools have introduced a daily work-out of 20 minutes in all grades.
- The DAGROS-method, risk and vulnerability analyze for small-scale activities, developed in Klepp a Safe Community in Norway, is presented and is considered to be implemented in Vågå.

Regarding traffic accidents, children are a high risk group. This is reflected in the preventative actions, which have been taken in the municipality. Prevention of traffic accidents are among the activities for both voluntarily organisations and institutions such as kindergartens and schools. Action includes information, co-operation with the police, and specific traffic training.

- All the schools cooperate with the school bus drivers in the area of the security of the children's transportation to and from school.
- Over several years it has been a tradition that all the new pupils in first grade are handed out reflective waistcoats, which are sponsored by voluntarily and commercial organisations in the community.
- The largest school has a bicycle policy where children are not permitted to go to school on bicycles until fifth grade. At another school use of bicycles is only allowed when wearing a helmet.

## **Youths**

- Since March 2002 there has been an offer called "health station for youth", which is meant for 13-20 year olds. This offer is free and booking is not required. Every aspect related to health and well being of the youths can be discussed with a nurse or a medical doctor. So far there has been an increase in the use of this offer.
- With drug and violence prevention the following actions have been implemented:

A youth consultant has been employed.

A voluntarily group of parents called "The Night Owls" was started in 2002, based on an idea seen in several other communities. They are patrolling at night in the weekends from May to October.

As a consequence of the municipalities work towards the Safe Community concept, it plans to expand the mandate of a liaison committee concerning youth, to also include drugs.

### **The elderly**

As a consequence of the project “Health for the Elderly” from 1999, initiatives were taken to several injuries preventive action, which now are integrated in the daily work in the municipality. The aim of the project was to prevent injuries at home among the elderly.

- The kernel of the project is home visits to all 75 year olds who do not already receive aid from the authorities, as nurses are presumed to give information about injury prevention to the families that already receive aid. By meeting the elderly in their homes, it’s possible to go through the details in the home that are important from an injury prevention aspect. A check list is being used, including safety precaution subjects related to for instance fire, stairs, carpets and availability. The check list consists of 69 items that will be controlled, and if some conditions are unsatisfactory, it will be followed up.

During the visit, information about the different services the municipality can offer will be given, and help will be offered if it is needed.

- In the autumn, vaccination against the flu is offered, especially to the risk population. The evenings, when these vaccinations take place, information about different kinds of safety precautions in winter, is given by the Head of District Nursing.
- In cooperation with voluntarily clubs and organisations, an annual Elderly Week is held in the autumn. At several places in the municipality different activities with focus on preventive actions are arranged.
- In the winter, free grit is handed out to risk groups such as elderly and walking disabled, due to collaboration between the Technical department, the Voluntary centre, and the Health Information Committee.

### **3.4. Programs that document the frequency and causes of injuries**

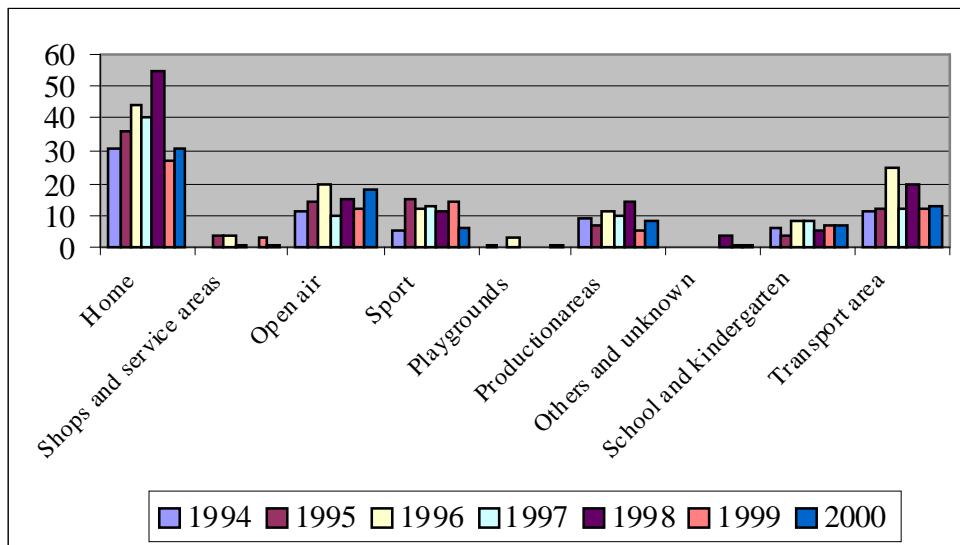
Accident registration is an important indicator to show how and how often the injuries are occurring. In 1988 all injuries that were medically treated at the local health centre were registered. This registration did not continue but since 1994 all injuries treated at the hospital in Lillehammer have been registered.

In relation to the political decision about Safe Community the health centre has started up the accident registration again and it has now been ongoing since December 2001.

#### **Accident registration at the hospital in Lillehammer**

Since May 1994 the hospital in Lillehammer has registered all injuries requiring medical attention. By that it is possible to investigate the development in the number of injuries through time.

**Figure 1: Scene of accident for injuries in Vågå in the years 1994 – 2000 treated at the hospital in Lillehammer.**

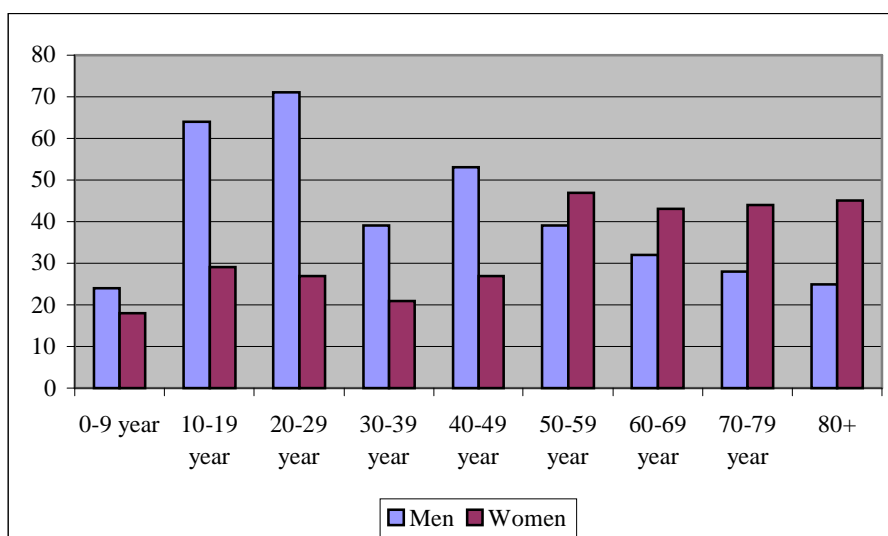


The figure shows a big variation from year to year in the number of accidents. It is a weakness that is impossible to avoid as long as the statistic foundation is as low as it is in Vågå. The average number of accidents per year is 100 varying from 126 accidents in 1996 to 81 accidents in 1999. Notice that 1994 is not a part of these numbers as it is only a period of eight months and therefore not comparable with the following years.

It also appears that a few areas are emphasized. Accidents in homes are the most common setting but also out door and sport accidents, accidents in production areas and in traffic have a high score. This fact was used as a part of the selection of the local problem areas.

Figure two shows that men generally are more exposed to accidents. In the age groups 10 to 49 it is almost twice as often that men have an accident than women. But from the age of 50 and up it is women who top the statistic.

**Figure 2: Distribution of age and gender on the inhabitants from Vågå who were treated at the hospital in Lillehammer in the years 1994-2000**



The distance to the nearest hospital, which is in Lillehammer, is 140 kilometres. Most injuries are treated in the primary sector in Vågå. The patients occurring in the statistic from Lillehammer are typically referred by a doctor from the local health centre. Thus the nature of the injuries treated at the hospital in Lillehammer is more serious, than the ones seen to in Vågå.

**Accident registration at the health centre**

In 1988 when all accidents and injuries treated at the local health centre were registered the total number was 498 injuries which means 124 injuries per 1000 inhabitants a year.

The registration that began again at the health centre in 2001 shows, that in 2002, 364 injuries were registered, which means 96 injuries per 1000 inhabitants a year. Thus there has been a decrease in the number of injuries by 22 %.

The present registration is integrated in the computer based "WINMED-programme" the health centre is using. Consequently the doctors have an automatic questionnaire at specific diagnosis, as to whether it should be registered as an accident. The registration is therefore easy to use.

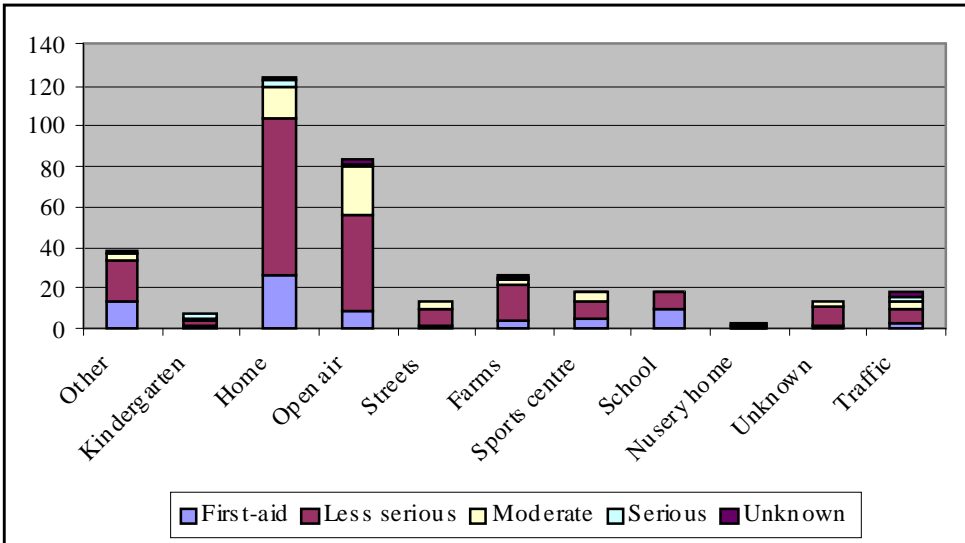
**The municipality's internal control system**

The internal control system is a co-operation between Technical department and the institutions in the municipality. The internal control system in the municipality includes an accident registration which is reported four times a year. If the injuries require medical treatment it will appear in the registration from the local health centre.

**Injuries treated at the local health centre**

The accident registration at the health centre has a higher degree of detail than the available information the municipality has had access to from the hospital in Lillehammer. Because of that it is relevant to look more closely at the local picture of accidents made at the health centre.

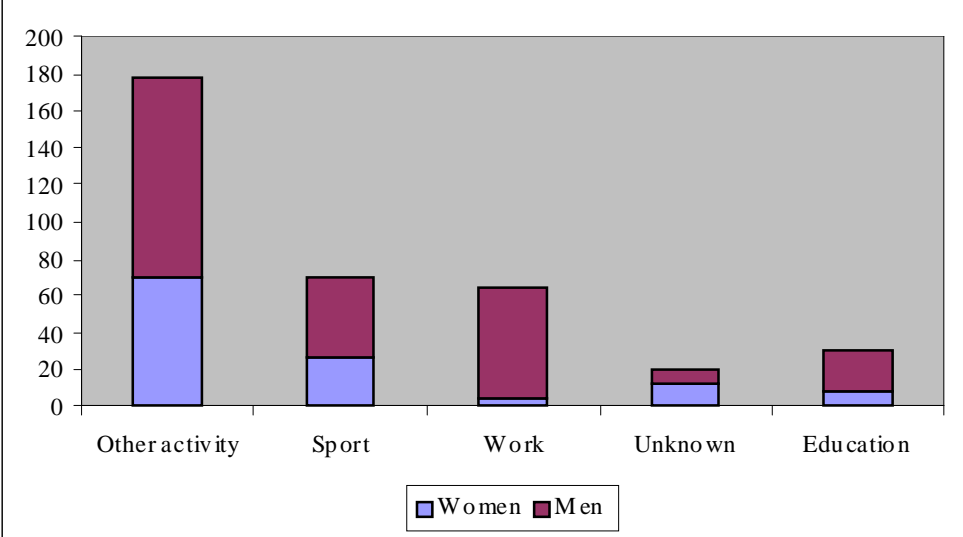
**Figure 3: Severity and scene of accident treated at Vågå health centre 2002**



The categories of the scenes of accident are not identical to the ones used at the hospital in Lillehammer, but it is almost the same pattern that appears. Home accidents form the majority followed by open air accidents. Figure 3 shows that only a few serious accidents are seen at

the health centre. The majority of the injuries are in the categories “first-aid” or “less serious” which in practise means they do not necessarily need medical treatment. Most accidents of “moderate” character happen in the open air. This is most frequently a fracture which is a common injury in skiing.

**Figure 4: Gender and activity**



Looking at the activity and gender it is striking how many are categorised as other or unknown activity. This is a weakness and will be taken note of in review of the routines. It is evident that men are at high risk in work situations. But as mentioned earlier there is not an unambiguous picture of the accidents in work life.

When comparing the distribution of age in the community and the age of the person having an accident, it is possible to see if any age groups are exposed to a specific high rate of incidence.

**Figure 5: Distribution of age in Vågå municipality compared with age at time of accident 2002, in percentage.**

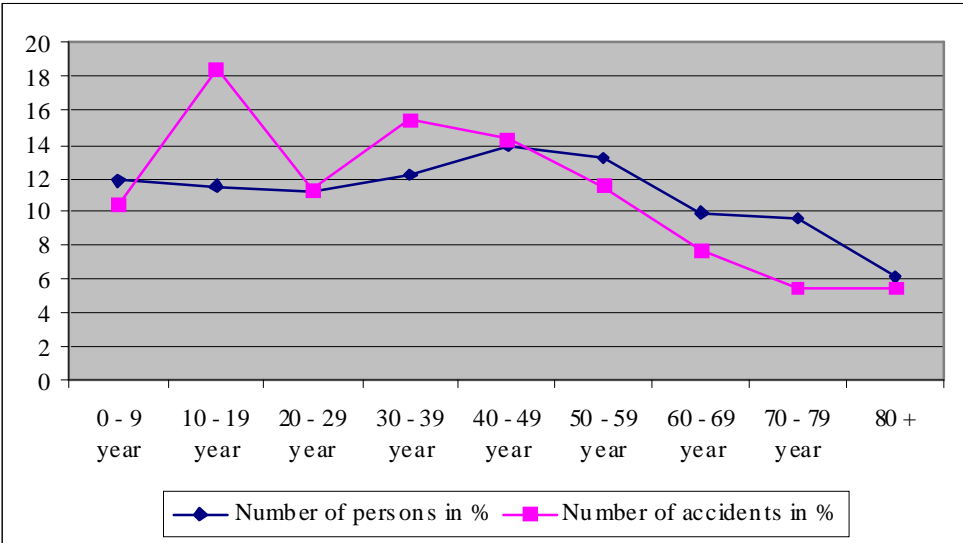
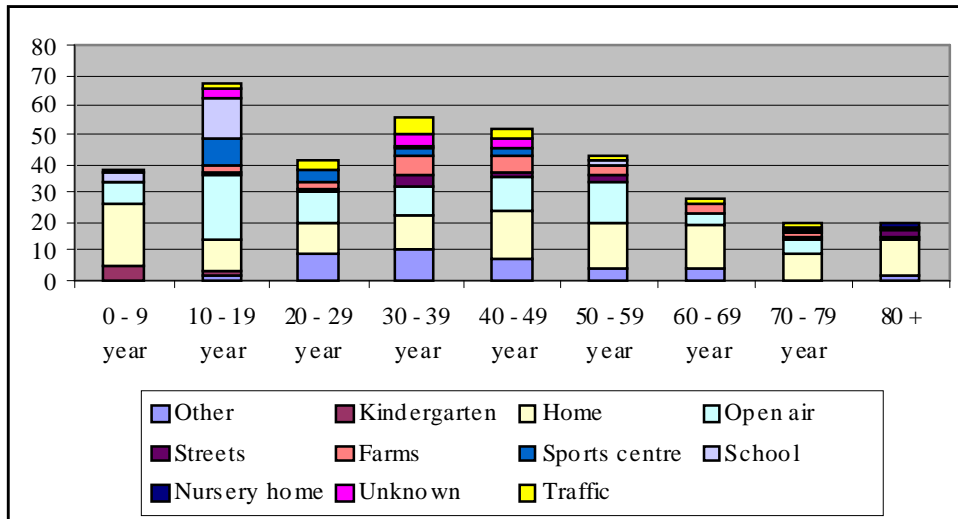


Figure 5 shows that the age group 10 – 19 years and 30 – 39 years are of higher than average frequency. Comparing that fact with the scene of accidents in relation to age, it appears from figure 6 that those age groups are particularly exposed to accidents in the open air. This is to be expected as the level of activity is high among younger people.

**Figure 6: Age and scene of accident**



Children at the age 0 – 9 years old and persons more than 60 years are in high risk for accidents at home, which constitute more than half of the accidents in these age groups. Thus it is very important to keep on with the home visits for these exposed age groups.

### 3.5. Evaluation measures to assess their programs, processes and the effects of change

#### Accident registration

Accident registration shows how and how often the injuries are occurring. Registration is important both to document the reasons for the injuries and to evaluate the effects of the injury prevention actions. Though there are still some precautions to be aware of that have an impact on the importance of the registration:

Vågå municipality has a low population and by that a small statistical foundation. The effect is that a few incidental occurrences can make significant fluctuations in the statistics.

Registration has been going on for only a short period of time. There will always be difficulties when a new routine has to be implemented. It is also important that all the doctors understand the importance of registration. In 2002 the health centre has had a lot of locum doctors, and it is likely that they have not taken the same interest in the registration despite it only taking a few seconds to do.

#### Further evaluation actions

It is a matter of course to recondition dangerous items when they are found. The internal control system makes sure that vulnerable spots are identified in the institutions. Enquiries from the citizens are important indicators on problem areas as well. And close calls are used as an instrument for the steering committee in line with the injury registration. An example is

the quarterly inspection of playgrounds in kindergartens, which is used to prioritise which equipment may need to be improved.

### **Prospects as a Safe Community**

According to Vågå Municipal Council the concept of Safe Community will be anchored in the superior municipal plan and because of that will have an impact on the future municipal planning. The municipal consider the Safe Community implementation as an ongoing process where the preventative work has to be developed and revised frequently. This is secured by the continuation of the cross sectional steering committee, which has the responsibility of taking the necessary action related to the annual accident registration, and other types of response on the local problem areas.

### **Future challenges in the work as a Safe Community**

Safety work is a continuous process where the attitude towards prevention plays an important role. Information and guidelines are essential in avoiding accidents. Co-operation and co-ordination of preventative action are important elements in the future. As an implication of the Safe Community implementation, this is now on the agenda and will be further developed.

## **3.6. Ongoing participation in national and international Safe Communities networks**

The municipality has so far been represented at the following arrangements with direct relation to the Safe Community network.

- Participation in the appointment of Alvdal and Os municipalities as members of the Safe Community network, Alvdal, Norway, and the following conference in Røros, Norway, December 2001.
- Study visit at the coordinator for Safe Community in Funen County, Denmark, May 2002.
- Study visit at the coordinator for Safe Community in Vejle County, Denmark, May 2002.
- Participation in the appointment of Klepp municipality as a member of the Safe Community network, and the following conference in Klepp, Norway, September 2002.
- Participation in the appointment of Horsens and Nordborg municipalities as members of the Safe Community network, and the following seminar in Horsens, Denmark, April 2003.

Following the appointment as a Safe Community a conference is being considered around injury prevention related to out-door life and risk sports, where among others, twin towns from Sweden and Denmark will be invited.

Vågå municipality regards membership of the Safe Community network as a privilege and will make a great effort in the contribution to the network, as well as in other arenas. The

municipality is looking forward to share their experiences with other communities, nationally and internationally.

## 4. Attachments

1. Municipal Council resolution of 11. December 2001.
2. Executive Committee resolution of 22. May 2003.
3. "Accidents in Vågå 1988", Journal of the Norwegian Medical Association, No. 19, 1988.
4. "Risk analysis for Ottadalen", project report, 1998.
5. "Health for the elderly", project report, 1999.
6. Various enclosures from the work groups 2002/2003.

### Links

[Vågå municipal, Norway](http://www.vaga.kommune.no) (www.vaga.kommune.no)

[The National general office for Safe Community, Norway](http://www.tryggelokalsamfunn.no) (www.tryggelokalsamfunn.no)

[Ministry of Health, Norway](http://www.odin.dep.no/hd/) (www.odin.dep.no/hd/)

[WHO Collaborating Centre on Community Safety Promotion](http://www.phs.ki.se/csp/) (www.phs.ki.se/csp/)