

**REPORT OF THE SECOND TRAVELLING SEMINAR
ON SAFE COMMUNITIES**

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**Participants in the second travelling seminar on development of
safe communities, Stockholm-Motala-Lidköping-Falköping, Sweden**

INTRODUCTION

Injury is a large and growing problem across the world. In industrialised countries it usually ranks within the top three causes of death and often first in terms of years of potential life lost. In developing nations it ranks a little lower but still accounts for a significant level of mortality and morbidity, moreover it is the cause of death with a most worrying upward trend.

Increased motorisation and industrialisation has contributed significantly to high death and morbidity rates from injury. While this has been recognised in the eighth programme of the World Health Organisation, it has been difficult to develop a commitment by either developed or developing nations to generic injury control programmes.

Injury is a difficult problem for health organisations to tackle. While causes are more easily identified than for many diseases, they are diverse and implementing prevention involves crossing into the constituency of other authorities. Intersectoral involvement is the norm rather than the exception. The expertise and methods commonly used by health authorities in promoting health and preventing disease only provide part of the answer for injury control. It is difficult to obtain recognition of the size and importance of the problem among authorities who feel unsure about the methods to be used or the opinions of peer groups about the worth of the activity.

The Safe Communities model has been developed in this context. It has focussed on small developments which can act as a test bed for ways of reducing injury. It has recognised the importance of obtaining the commitment of the people to their own safety and the possibility of generating new solutions through tapping the resources of the wide range of persons and organisations in the community.

The first travelling seminar developed the fundamental philosophy of the Safe Community Model. The experience of those who attended the first seminar and have continued to work on the problem in their own countries has prompted the organisers to focus on the processes which help and hinder progress in a wide range of very different societies. The second travelling seminar therefore has dealt with issues relating to the implementation of the Safe Community Model in the context of an overall thrust toward improved injury prevention.

DISCUSSIONS OF PARTICIPANTS

1. Assessing the possibilities for a Safe Community Project.

The structure and organisation of different societies need to be taken into account when choosing strategies for introducing the Safe Community Model. Some societies are organised around a local model of decision making and it is relatively easy to develop small local programmes without reference to other levels of the society, at least in the early stages. Inevitably however problems are uncovered which cannot be dealt with at the local level and there is a need to build links to regional, national or even international level.

In other societies the formal organisation of the society limits what can be done at local level without official approval. It may be necessary in these cases to obtain a commitment to injury control at a national or at least a regional level before it is possible to develop a legitimate local programme.

It is important to thoroughly assess what is possible in each society. There can be no general blueprint formed for action in all countries. The path for developing local action will vary considerably. It is important to consider how local programmes are legitimated and set about following the natural processes of that society. Legitimation may come from central government policy, or from regional priority or from an interest and need expressed in a small village. It may come from joining an already legitimated programme (e.g. Primary Health Care) and working through an already trusted or established network or it may require avoidance of certain links because of fear or distrust which already exists.

It is important to recognise what influences the acceptance of the programme within the society. One major factor is the credibility of the persons working to develop the programme. There is a need to establish legitimacy with both the local community and with the levels of decision makers who will be involved in supporting and resourcing the programme.

An assessment of the possibilities for a Safe Community project will require

- understanding how local projects can be developed and legitimated in that society.
- developing links with legitimating influences such as credible persons , organisations or programmes.
- assesment of what information is available on the nature of the injury problem and how that information is used in that society.

2. Developing strategies for starting a Safe Community.

2.1 Strategies for using information to establish initial interest.

The formulation of the problem must be kept simple. The injury problem is so far reaching and involves many sectors. It is easy to present a picture of injury which is confusing and so complicated that both the community and the decision makers will shy away from involvement in prevention programmes.

Information about the injury problem need not consist of wide ranging epidemiological data at this stage. However if the data is available, the focus should not be on mortality alone. Indicators of morbidity, years of potential life lost and measures which reflect the effects on the life of the injured person and their relatives can provide a broad picture o the problem. Information found useful has included: simple counts of injuries in particular populations and comparison of rates of injury between areas

- simple information about cost of injuries and the cost saving possibilities of injury control
- press cuttings about accidents and injuries

The purpose of information is to raise awareness and interest and establish a basis for competing with other priority areas in the minds of local, regional and national decisionmakers. Caution should be exercised to ensure information is reliable and not presented in a sensational manner.

2.2 Strategies for dealing with changes in leadership and interest at all levels

Most societies are experiencing rapid change. A great deal of effort can be spent in identifying and informing key people only to discover that they are, for various reasons, no longer in the key position. Strategies for developing Safe Communities must include ways of influencing a wide enough range of persons to be able to maintain continuity of development. Sometimes there will be a programme or a organisation which has already established a stable network of influence and which is able to support the injury prevention cause within its structure (E.g. Primary health care programme, private company, Non-government organisation). This can provide stability and strength to the developing project but may carry the risk of not having full freedom to act independently when necessary.

A major factor influencing support can be competition between sectors. The Safe Communities approach relies on developing good support across sectors which traditionally compete for resources and prestige. The choice of the level at which intersectoral cooperation is sought is critical. It has been found easier to obtain nearer the local level and harder to obtain at higher levels. There is a need to feed all relevant sectors with information before they are asked to commit resources to the project. This information can be fed in at many levels. Often it is necessary to provide information separately to local, regional and national levels in order to overcome difficulties in communication within sectors.

3. Negotiation for approval and Commitment.

The Safe Community project will require approval and commitment from all involved levels. The levels to be involved must be carefully identified as early as possible. They will vary according to the society which is involved. The negotiation process requires that awareness of the problem, the potential for the solutions to provide benefits at each level and what is required to commence the project is the subject of detailed attention. Powerful professional groups, national and international key figures and examples of working programmes in other areas can all be used to feed the negotiation process. Care must be taken not to allow the principles of the Safe Community Model to be sacrificed in the process of winning favour.

The aim of the negotiation process is to obtain ownership of the new project by those who will participate and provide the resources. Obtaining resources from outside may often result in the negotiations not being fully developed with the consequent danger that the project will fail at a later stage because appropriate long term commitment has not been obtained during the development stage.

Negotiation will require lobbying and appropriate pressure. The form of lobbying will depend on the way in which the society makes decisions. Possible strategies may include:

- cultivating the support of a group of local leaders who already have credibility with the local people and negotiating through them;
- obtaining commitment from small but powerful professional groups;
- creating public awareness and pressure through the media;
- obtaining the stamp of approval from international agencies for the persons and process involved in the project;
- taking the opportunity to push hard for change when there is a critical event (e.g. a public event related to injury).

The process of negotiation will differ even for different areas and levels with a society. Negotiation at the local level will require a personal approach and the long term building of trust. This may involve working on issues other than injury where these are the most important primary problem. At higher levels there will be a need to present precise and brief information backed by professional and scientific information. The time taken for such tasks should not be underestimated. Long term negotiation is often required.

The real power of the Safe Community model lies in its ability to develop simple small demonstration projects at local level without entering into high level negotiations. One of the main difficulties faced in gaining cooperation with injury control programmes has been the need to negotiate with so many levels in so many sectors. Where possible negotiation should be kept simple and at a level where success can be achieved before exhaustion.

4. Developing operational strategies

Once the foundation of commitment to the project has been developed through negotiation, there is a need to move from theory into practice. It is important to recognise that a Safe Community approach cannot and should not achieve everything. It is tempting to see the approach as the one and only solution to the injury problem. Practical goals and objectives for the project must be set and networks to ensure that blockages do not occur at other levels put in place.

It must be recognised from the outset that knowledge of appropriate methods and technologies for injury control will not be readily available. Even in advanced countries, the number of people with skills and experience in injury control methods is limited. Those who have expertise tend to have knowledge in a relatively narrow area and communication between disciplines is not always easy. Operational strategies to deal with this are essential.

There must be a strategy for education and skill development in every project. For example:

- local people must be educated in the basic principles of injury prevention and be given opportunity to learn from other communities.
- health workers require training in injury prevention strategies.
- those who seek solutions must be linked to networks who are seeking to develop safe technology appropriate for their community
- epidemiologists need to be aware of the special demands of community based injury prevention projects.

Methods of education must be in line with the principles of the Safe Community. Community participation is a key feature of the Safe Community model. Learning by doing and through problem solving are appropriate methods. There is a need to bridge the gap between science and practice. Possible education initiatives could include:

- experience in doing safety rounds;
- applying the principles of injury control to suggest solutions to local problems
- working with the community on the interpretation of their own injury data.

Management strategies will vary from project to project. It is impossible to generalise a specific set of strategies from existing projects. Experience with community based projects indicates that management needs to provide a solid conceptual base without choking the individuality, ingenuity and commitment of those involved. Management theory from formal organisations is unlikely to be able to be applied to these projects.

5. The role of support structures

Injury has not been given a priority in keeping with its importance as a health problem. Support structures at all levels are limited. There is a deep concern that the way in which target 11 of the WHO Eighth programme is structured. The priority accorded to injury acts as a to limit progress in all injury control initiatives including Safe Communities.

Support structures are required to provide a number of tangible and intangible benefits to Safe Community initiatives. There is a need to develop a critical mass of injury prevention workers which can support developing projects.

The Safe Community model does not seek extensive international financial aid for its development. It is recognised that the ownership of the problems and the solutions is an important part of its philosophy. While each project must maintain responsiveness to local needs, there are many common themes. It is considered more efficient if material on the common themes could be exchanged readily between projects. Communication is often poor and material from other countries is hard to access. Much energy is wasted by starting from the beginning when someone somewhere else has already made progress. There is a need for the WHO collaborating Centres to assist more with;

- The exchange of information materials about accidents and injuries.
- Provision of consultants in injury epidemiology and programme design and appropriate intervention selection to support the leaders of Safe Community programmes
- Provision of international recognition of the skills of persons who have gained knowledge about Safe Communities in order to raise the profile of these persons and the Safe Community programme in their nations.
- Networking between injury prevention projects and personnel to ensure that Safe Community leaders can know about and access the latest in appropriate methods and technologies.

- Developing a basic text and resource package which can act as a primer for developing Safe Communities.
- Develop information and education materials for health workers at all levels.

Over and above the work of the collaborating centres there is a need to raise the profile of injury as a health problem. The dominant forces in health policy across the world have expertise in areas other than injury. It is therefore difficult to get proper discussion of the injury problem in many health authorities and at World Health Organisation Level. There was wide recognition among the participants that the elevation of Injury Control as a health priority on the world scene would make progress toward developing Safe Communities and other injury control initiatives much easier.

This is in line with a recommendation made to the European Region of the World Health Organisation by an advisory group meeting in Istanbul in 1990. It is suggested that as many as possible of the participants of the Travelling Seminar seek to influence their health Ministers to raise the injury problem at the World Health Assembly. It is also suggested that heads of collaborating centres seek to make Injury Control the subject of particular attention at a World Health Assembly as soon as possible.

CONCLUSION

The report of the first travelling seminar drew attention to the need for the development of parallel structures at local, national and international level to ensure the effective and efficient implementation of injury prevention strategies. This report reflects further on how fragmentation of effort reduces the effectiveness of injury prevention activities. The Safe Community Model is unique in that it does not need to be paralysed by a lack of organised and parallel structures. It can quietly generate interest and interventions at local level, despite being surrounded by difficult circumstances. There can be no doubt however that a Safe Community will function far better and more efficiently when placed in an environment where the policy and institutional structures are supportive. The difficult circumstances should not however lead to a lack of action. Safe Communities can also contribute to the development of more interest and support and better structures for injury prevention.

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