

# **The rise and fall of a national safety promotion program – the case of Sweden**

## **Guldbrand Skjönberg**

Linköping University

Dep't Medicine and Health

Section for Social Medicine and Public Health Sciences

## **Leif Svanström**

Karolinska Institutet

Dep't Public Health Sciences

Div. Social Medicine

Research group on Health and Safety Promotion

## **Lothar Schelp**

Karolinska Institutet

Dep't Public Health Sciences

Div. Social Medicine

Research group on Health and Safety Promotion

Address for correspondence

Guldbrand Skjönberg

Grevgatan 23

11453 Stockholm

Email [guldbrand@skjonberg.se](mailto:guldbrand@skjonberg.se)

Revised manuscript of November 12, 2010.

## **INTRODUCTION**

In two papers Svanström *et al.* (1989) and Schelp and Svanström (1996) reported on the establishment and components of a Swedish national safety promotion program for the prevention of injuries. Since then more than a decade has passed. Our intention in this paper is to follow up where we left off, analyse what happened and draw conclusions for the future.

## BACKGROUND

A Unit of Injury Epidemiology and Prevention around 1985 was set up at the National Board of Health and Welfare (under the Ministry of Health and Social affairs). This unit initiated the National Safety Promotion Program with a National Inter-sectoral Cooperation group, a reference group for non governmental organisations, and a medical advisory group. With the focus on prevention, the program was designed to implement the practice of the International Safe Community Movement.

In 1992, the National Institute of Public Health was established under the Ministry of Health and Social affairs to strengthen governmental work on health and safety promotion. This decision was a consequence of the paradigm that Health sector was responsible not only for curing, but also for collecting, analyzing and actively disseminating the information for preventive purposes. The Institute was given an explicit operational task in terms of program implementation. The National Board of Health and Welfare got new directions in order to follow and evaluate developments and keep the government informed about the current situation.

## MATERIAL AND METHODS

This paper is an attempt to make a policy analysis based on the structural changes made in the central government in Sweden. These changes must be analyzed in relation to outcome effects on the National Safety Promotion Program whether they were intended to influence that program or not. We are fully aware of the restrictions on validity of our descriptive and sometimes analytical approaches, but at this time, all that was available were interviews, participatory observations and study of written documents.

## RESULTS

### **THE PERIOD 1985-2000**

Even if the development of systems for injury surveillance has played a significant role during the period under consideration, we have refrained from describing them.

In our previous papers we maintained that the establishment and subsequent work of the National Inter-sectorial Cooperation Group was crucial to the initial success of implementing the program in different societal sectors.

The National Inter-sectorial Cooperation Group hosted almost ten national governmental sectors, and was active from 1986 throughout the 1990s, meeting at least four times a year, but usually more often because of its involvement in policymaking, national conferences, seminars, etc. The group produced two program-policy documents: “For an accident free Sweden“, National Board of Health and Welfare (1991) and “For an Injury free Sweden” National Institute of Public Health (1996). Going through interviews and documents from this group has convinced us that they informed all the concerned sectors independently and continuously.

The program also had a strong scientific backup, with the Karolinska Institute being involved from the outset. A number of publications from the Karolinska Institute were devoted to community interventions in general and to safety promotion in particular (Schelp (1987), Jansson (1988)). Later, Linköping and Umeå universities were involved in the research.

There were regular contacts with Swedish municipalities and counties and this generated the idea of a Quality-Control Certification Program developed. A number of municipalities were certified: Lidköping in 1989, Motala in 1990, Falköping in 1991 and as many as eleven other communities over the period 1995-2000. From 1988 in Lidköping, there were national conferences every second year up to the seventh conference in Nacka in 2000.

Our analysis leads to the conclusion that most of the program components were established before 1996. Up to 2000 it was a matter of “business as usual” – when the program was set up in municipalities, counties, national authorities and national governmental organisations. Governmented support for the program was unbroken and other public health areas were attracted by its success e.g. heart disease, cancer and allergy. They actually built their programs on the experiences of the safety promotion program.

## **THE PERIOD 2000-2002**

In May 2000 a State organizing committee reviewing the role of the National Institute of Public Health proposed two main tasks: responsibility for cross-sector follow-ups and evaluations of public-health measurements suggesting appropriate measures. The institute should act as a national knowledge centre on methods and strategies. A Government Bill (2000/01:99) was put forward on March 1, 2001 and the State's Public Health Institute came into operation.

According to the Ministry of Health and Social Affairs: "The overarching aim of Sweden's national public health policy is to create social conditions that will ensure good health on equal terms for the entire population. Public authorities at all levels should be guided by 11 public health objective domains, which cover the most important determinants of Swedish public health. Objective domain 5 is related to environments and products:

- Sound external environment/air quality
- Sound products
- Sound indoor and local environments (including noise)
- Safe environments and products – the injury perspective

The first three sub-areas are very much in line with the Swedish Government's environmental target strategies. The fourth sub-area aims to create safety based on an injury perspective in various types of settings such as roads, work places, homes, school and leisure environments" (The Ministry for Health and Social affairs, March 1, 2001).

This may make the National Safety Promotion Program seem important, but it was made clear at the same time that the new State Public Health Institute should not run:

1. Campaigns
2. Individual-oriented activities
3. Programs

These new governmental directions represented the death of an organized cross-sector program. Coordination, which was the strategy that had been so successful, was abandoned and each sector was left to do its job on its own.

What we learned from our analysis based on interviews and documents was that these new directions were implemented even before they were formally decided upon, leading to confusion both among internal employees and external collaborators.

To solve the upcoming situation the Director General for the National Institute for Public Health contacted Director General for the Swedish Rescue Services Agency and they decided to transfer the program as a whole and decided also that the Swedish Rescue Services Agency should take over as the coordinating body. This put the staff of the previous program into disarray. The head of the National Safety Promotion Program was relocated to another division of the National Institute of Public Health.

The National Safety Promotion Program, including the National Inter-sectorial Group, was transferred to Swedish Rescue Services Agency in May 2002 without its former longstanding leadership. Again the argument was that The State Institute for Public Health should no longer work with implementation of preventive activities but the emergency sector should do it, with Swedish Rescue Services Agency as central agency. According to the proposition from the government (2002/03:199) to the new Civil Protection Act the municipalities have to investigate every accident that prompted emergency (alarm) call-outs. The investigation should give the answers to questions why and how had the accident occurred and how can such an accident be prevented - actually the same arguments were used as when the program was initiated. It is that the ordinary work should be analyzed and the result of that should be used to create new knowledge for prevention.

## **THE PERIOD 2002-2006**

Discussions about the status of the National Safety Promotion Program had begun. The questions were: (1) whether it should be the responsibility of a national agency to appoint a community as a Safe Community, (2) what impact this should have, (3) how to organize supervision to ensure that the Safe Community criteria were met and (4) how to act if a municipality did not meet its obligations.

During this period most of the previous program components were re-activated. Although a comprehensive and coordinated program was never established some important steps were

taken within specific sectors. However, a crucial new legislation was launched with possible implications for the program components (The Civil Protection Act).

### **The Civil Protection Act (2003)**

The new act had several intentions for the former rescue sector. It gave municipalities greater freedom to build up and adapt rescue services to local realities. Consequently, they had regularly to plan for both prevention and rescue.

How far the Civil Protection Act enlarged the responsibilities for the prevention of accidents is unclear. One proposal during the legislative process was that municipalities should be responsible for the prevention of all kinds of accidents. This proposal was rejected on the ground that municipal responsibilities should not be expanded. It was emphasized that they should be stimulated to inter-sector collaboration by their own ambition to increase safety.

### **Injury surveillance – the birth of the Swedish Centre for Learning from Incidents and Accidents**

The most successful take-over concerned surveillance. The Swedish Centre for Learning from Incidents and Accidents started as a project in Karlskoga in 2002, and was established as an official part of the Swedish Rescue Services Agency in January 2005 (with a staff of 20 in 2006).

“The nongovernmental organizations is a national resource for cross-sector cooperation, data and development of methods and systems for the prevention and analysis of incidents, accidents and other emergencies and the description of its consequences; plus associated safety work.”.....“The overall aim of the Swedish Centre for Learning from Incidents and Accidents [is] to satisfy local, regional, and national needs with regard to data about trends within the field of incidents and accidents and developments in safety work in Sweden” (Swedish Rescue Services Agency website, December 31,2008).

From all the Swedish Centre for from Incidents and Accidents’ talk about cross-sector work it might have been expected that the National Inter-sectorial Group would enjoy a revival. However, from our analysis it became clear that the joint meetings became less frequent. Nevertheless, conferences were held in the field of safety for children and the elderly. A

number of information sheets on Safe Communities, child safety and elderly safety were produced. Annually, the Swedish Centre for Learning from Incidents and Accidents also accessed new injury registrations in the counties.

The idea behind a program is to have all components coordinated and all societal sectors and NGOs involved. How was this handled in the Swedish Rescue Services Agency?

The National Safety Promotion Program – with its inter-sector base, cooperation with other authorities through the National Inter-sectorial Group and collaboration with the municipalities (not only their rescue services) – was looked upon by many as a young cuckoo in the wrong nest. The program represented an organization with a long tradition of work in its own sector, including the rescue services of the municipalities. By contrast, the Swedish Rescue Services Agency did not have any tradition at all as a host to the WHO's Global Program on Injuries.

After four years the Swedish Rescue Services Agency simply gave up and issued a critically received unilateral declaration that the National Safety Promotion Program would be shut down; none of the interested partners in the network organization were consulted.

### **THE PERIOD 2006-2009**

Following the removal of the Safety Promotion Program, the bulk of its previous activities and ideas were now mainly borne by the Swedish Centre for Learning from Incidents and Accidents and two age-focused sector organizations. The responsibility for what was left of the activities of the Child Safety Delegation (2003) lay in the hands of one or two persons in its division of prevention. The idea of working with safety promotion for the elderly was well received by many local rescue organizations, but over time the activities were squeezed out of the Swedish Rescue Services Agency; the Karlstad Municipality now organizes the remains.

## **A new authority for civil contingencies – the Swedish Emergency Management Agency of 2009.**

At the turn of the year 2008/2009, Swedish Rescue Service Agency, the Swedish Emergency Management Agency and the Swedish National Board of Psychological Defence all ceased operations, and were replaced by a new authority – the Swedish Civil Contingencies Agency (MSB). We cite from their website:

“The MSB is responsible for matters related to civil protection (which means public safety in the form of protection from incidents, accidents and other types of emergencies and disasters), emergency management (which is defined as a process to reduce loss of life and property and to protect life, property and the environment from all types of hazards and risks through a comprehensive, risk-based, emergency management program of prevention, planning, preparedness, response and recovery), and civil defence (which is public safety during wartime in the shape of, for example, air raid shelters).” (MSB website, March 1, 2009)”

## **DISCUSSION AND CONCLUSIONS**

What caused the developments described?

Were they the consequence of the roles played by different actors or were they the result of paradigm shifts over time?

Looking back, we find that there was an active debate over the role of the health sector during the early 1980s. A new role for the health sector emerged. This was reflected in Sweden’s new Health Service Act, according to which the role of the health sector was not only to cure but also to collect, analyze and actively disseminate the knowledge it gained. In light of this new paradigm, it was not surprising that National Board of Health and Welfare took the initiative for the National Safety Promotion Program – based on various national measurements to achieve effectiveness.

At the local level, politicians are usually very well acquainted with the demands of their electors. Surveys show that citizens give greater priority to their safety and security than other needs. Success with accident and injury prevention is well established in some sectors and the same strategy and methods might be applicable in others that are not so successful.

## **Why has the national level been so weak and why has overall program responsibility been changed so often?**

We cannot ignore the impacts of the various actors, but – from what we have seen – most important shifts in the views were those of the government.

The early 1990s saw the questioning of the role of national boards. The view was that national boards should not be operational agents and that the county councils and municipalities should become more independent of national authorities. Instead, the boards should follow and evaluate developments and keep the government informed about the current situation. For this reason, in 1992 the program was transferred from the National Board of Health and Welfare to National Institute of Public Health.

The National Institute of Public Health had just been established and was, without legal supervisory powers at that time. The Institute therefore built up eight different national programs. The National Institute of Public Health was given a new role around 1999. Some of its program-related information campaigns had been politically controversial. In regard to this, it was emphasized that the Institute should not operate national programs. Instead, it should follow developments and report to the government, act as a national resource for knowledge and knowhow in its area of responsibility and operate national supervision.

As a consequence, responsibility for the national program was removed to the Swedish Rescue Services Agency. Thus, the National Safety Promotion Program was moved twice on the same grounds.

The move to rescue services entailed removal of the program from the health sector. The new national board was supposed to have a new and broader role. In some aspects we can see the same paradigm shift as when the new Health Service Act came into being in the 1980's. The corollary being that it included data analysis, data collection and data dissemination. The consequences were that Swedish Centre for Learning from Incidents and Accidents was built up and that the role for the municipalities was to analyse and plan for prevention based on facts about circumstances for every emergency. For many it was therefore a logical consequence to move the national program to the rescue sector. After that the role was limited to accidents that prompted emergency (alarm) call-outs.

In our view, the new agency also made two mistakes at the outset or decisions that indicate that the new preventive role was not perceived as a responsibility. One mistake was that the agency built up the program with its own personnel and did not take over experienced personnel on the program at the State Public Health Institute. The other mistake was that the program was operated within a division in the line organization. Also, the head of the program was not a director in the agency and the National Inter-sectorial Group, where the other national boards were represented, did not work well. One precondition for the functioning of such a group is that the chairman of the group is highly ranked within the organization, which was not the case.

Here, we must take into account the preconditions for multi-sector work:

- The leader must obtain legitimacy from the executive director
- The leader must have a platform in the organization that allows him or her to act as a co-ordinator
- Everyone involved must regard the contributions made as beneficial to their own sector

Difficulties are that:

- It is always easier to work with well-known and common problems
- Education and culture vary across sectors
- Pay is often determined by a head of department, who is often not aware of and does not appreciate the work done by its officials for other sectors.
- There are often better career opportunities for officials who work in their own sector

Finally, the organization that served well as a support organization at all levels ceased to support the county level, except with regard to injury surveillance which stayed at the National Board of Health and Welfare's EpiCentre. All support functions were lost with the final dissolution of the National Inter-sectorial Group. There may be opportunities to run programs at local level without support from "above", but this is difficult in the long run.

### **Chronicle list**

1986 The National Safety Promotion Program was established by the National Board of Health and Welfare

1992 The National Institute for Public Health was established

1992 The National Safety Promotion Program was moved to The National Institute for Public Health

1999 A new role for the National Institute for Public Health

2001 The National Institute for Public Health was renamed to the State Institute for Public Health

2002 The National Safety Promotion Program was moved to the National Rescue Service Agency

2006 The National Safety Promotion Program was shut down

### **ACKNOWLEDGEMENTS**

We are indebted to Professor Ragnar Anderson, Mrs Gudrun Eriksson and Mr Bo Pettersson for providing us crucial information in our understanding of complex problems involved.

### **REFERENCES**

Dep't, Health and Social Affairs: *The Health and Medical Services Act 1983*, International Secretariat 1984.

Ekman, R., Schelp, L., Welander, G. and Svanström, L. : Can a combination of local, regional and national information substantially increase bicycle-helmet wearing and reduce injuries? Experiences from Sweden. *Accid. Anal. and Prev., Vol. 29. No. 3. pp. 321-328*, 1997.

Jansson, B.: *A system for injury surveillance in Swedish emergency care as a basis of injury control. Studies on epidemiology of injuries in agriculture. Academic thesis.* Karolinska Institutet, Department of Social Medicine 1988-05-20.

Johansson, A. and Svedung, I.: *Learning from the first generation of action programs according to the Analyze of the programs from 50 municipalities.* The University of Karlstad and Swedish Rescue Services Agency. Swedish Centre for Learning from Incidence and Accidents 2006:8 /In Swedish/.

National Board of Health and Welfare: *For an Accident free Sweden*. 1991.

National Institute of Public Health: *For an Injury free Sweden*. 1996.

Nolén, S., Ekman, R. and Lindqvist, K.: Bicycle helmet use in Sweden during the 1990s and in the future. *Health Promotion International* 2005;20:33-40.

Schelp, L.: *Epidemiology as a basis for evaluation of a community intervention program on accidents Academic thesis*. Karolinska Institutet, Department of Social Medicine 1987-05-08.

Schelp, L. and Svanström, L.: The Swedish National Safety Promotion Program. *Injury Prevention* 1996;2:237-239.

Svanström, L., Schelp, L. and Skjönberg, G.: The establishment of a national safety promotion program for prevention of accidents and injuries – the first Swedish 'Health for All'– program implemented in practice. *Health Promotion International* 1989;4:343-347.

Svanström, L. and Haglund, B.J.A.: *Evidence-based safety promotion and injury prevention - an introduction*. Karolinska Institutet, Dept. Public Health Sciences; Div. Social Medicine. 2000.

Svanström, L., Welanders, G., Ekman, R. and Schelp, L.: Development of a Swedish bicycle helmet promotion program – one decade of experiences. *Health Promotion International* 2002; 2:161-169.

SOU 1999:65: *Child Ombudsman-representing children and Youth* /In English/.

SOU 2003:19: *Safe and Developing Environments: future responsible authority*. The Child Safety Delegation's partial report /In Swedish/.

The government's proposition 1981/82:97: *A new Health and Medical service act* /In Swedish/.

The government's proposition 2000/01:99: *National Institute of Public Health role and duties*  
/In Swedish/.