

SafeComm - Nord-4



Final abstract book, notes and materials for future use.

The SafeComm Nord-4 was held in Denmark planned by Vejle and Funen County in August 2001 and included the ceremony of inclusion for the two counties as members of the WHO **Safe Community** network.

The organising committee wishes to thank everyone who spent time and effort in making the conference a success.

Included in this booklet is:

List of persons particularly active in the planning, final program and copies of abstracts for those presenting at the conference.

The conference aim was to give active participation to all. And to develop recommendations in each of the seven working groups. These recommendations are available as a separate document.

With best wishes for a future of less injuries, less violence and fewer acts of suicidal behavior.

Funen and Vejle County.

Adress for correspondance: Please find current contact addresses on the **Safe Communities** memberlist at <http://www.phs.ki.se/csp/>

SafeComm Nord-4 blev afholdt i Danmark i



august 2001 arrangeret af Fyn og Vejle Amt med bidrag til planlægningen fra mange andre. Som led i konferencen blev de to amter optaget i WHO netværket **Safe Communities** (Sikre lokalsamfund).



Hindsgavl slots terrasse, hvor dokumenterne blev underskrevet. Signing of documents at Hindsgavl Castle. County Mayors of Fyn and Vejle, Karen Nøhr and Otto Herskind Jørgensen and righth Kent Lindquist SafeComm representative

Planlægningsgruppen takker alle som har bidraget til konferencen.

The conference was sponsored by:
The Danish Ministry of Health, ALKA insurance, Kommunernes Gensidige, Østifterne, Ole Kirk Foundation, Tryg Baltica and Tytex.



Planning of SafeComm Nord-4 Names and responsibilities.

Organising committee:

Funen County: Inge Bentzen, Pernille Søndergaard Madsen,
Irene Jacobsen, Jens M. Lauritsen.
Vejle County: Kirsten Nørby, Metha Palmus Hansen,
Poul Højmosse

Secretariate

Helene Andersen, Louise Ingemann, Kirsten Holst, Vibeke Diemer,

Particular responsibilities:

Abstract book	Editor	JM.Lauritsen, secretary Helene Andersen
Conference dinner and social events:		Metha Palmus Hansen, Inge Bentzen, Birte Landorph & Kirsten Holst
Logistics/Transport/Excursions:		Vibeke Dimer
Poster, sponsor contact and exhibition		Inge Bentzen
Press Contact		Poul Højmosse
Plenum Programme		JM.Lauritsen
Theme Groups:		Poul Højmosse & JM.Lauritsen
Web editor (www.SafeComm.Dk)		JM.Lauritsen

Theme Groups

Workplace accidents and safety	David Sherson, Ole Bager
Safety and prevention of childhood injury	Hanne Møller, Inge Bentzen, Gitte Dalsgaard
Product Safety	Henrik Johannesen
From registration to prevention	JM.Lauritsen, Anne Lounamaa
Prevention of Suicide Behavior	Gert Jessen, Elene Fleicher, Lillian Zølner, Karin Oudshorn, Pia Langhof
Preventing falls among elderly	Hanne Backe, Ida Schrøder
Prevention of violence	John Radmer, Metha Palmus Hansen
Traffic Safety	Winnie Lund, Svend Lings, Preben Rosenberg

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Other persons (including students) :

Journalist students: Mai Christensen, Tine Laursen, Martin Juul Madsen , Maria Hasselstrøm, Gitte Glibstrup, Monica Jørgensen, Peter Astrup, Line Højrup. Public health science student: Anne Rosell

Final Programme - SafeComm Nord-4

Tuesday 21.8.

16.00-18.00 Registration (Arrival/Accommodation)
18.00-19.00 Welcome Reception

Wednesday 22.8.

08.30-9.00 Registration
09.00-9.30 Opening Session
Welcome to All County Mayor Vejle
County Otto Herskind Jørgensen
Overview of SafeComm Nord-4 P. Højmoser/Jm.Lauritsen (5 min)
Safe Community Network Status Ragnar Andersson (20 min)
9.30-10.15 Theme: Experience
The advocacy model: An Australian experience in injury prevention R. Somers, Adelaide (30 min)
A practical Example – External evaluation of a 10 year campaign Safety for Active Children J.Lund (15 min).
10.15-17.00 Theme Groups:
Introduction. A visual clue (surprise). Idea, Brainstorming and Structure. JM.Lauritsen (15 min)
10.30-11.00 Coffee & fruits served in Poster Area
11.00-17.00 Theme Groups working in parallel
Including Lunch (12.15-13.30) and coffee break.
17.00-18.00 Poster and materials review

Theme group program: See at end of document.

Thursday 23.8.

8.30 Practical information
8.35 - 10.00 Theme: New methods and tools in evaluation
Medical Technology Assessment - Lessons for adaptation of research findings in local preventive work. Health Economist Peter Bo Poulsen (30 min)
Cost-Calculation in Safe-Communities. Principles and procedures for local use. Kristian Kidholm (30 min)
How to structure and work with data for local evaluation ? (EpiData introduction). JM.Lauritsen (15 min)
10.00-10.30 Coffee & fruits served in Poster Area
10.30-12.15 Theme Groups – Conclusion and Strategy.
12.15-13.00 Lunch
13.15-17/17.30 Field visits arranged by Theme Groups
19.00-24.15 Conference Dinner

Final Program - SafeComm Nord-4

Friday 24.8.

- 09.30 Practical information
- 09.35-11.30 Theme: *Perspective and Motivation for change.***
 Community Safety Management as a complement to the Safe
 Community Model. Ragnar Andersson (30 min)
 Perspectives in Electronic Communication in the health sector -
 Standards or Chaos? L. Hulbæk Fog (30 min)
- 10.30-11.00 Coffee & fruits served in Poster Area (final poster session)
- 11.00 Demands for Evidence in preventive work. Dr. Eero Pasanen City
 Planning Department, Helsinki, Finland. (30 min)
- 11.30-12.00 Closing session**
 SafeComm Nord-4 - brainstorming results
 JM.Lauritsen (10 min)
 SafeComm Nord-4 - implications for local work
 Arne Poulstrup (10 min)
 Closing Remarks/Welcome to SafeComm Nord-5
 IbMadsen (County Council members Vejle/Fyn). Merja
 Söderholm Finland (SafeComm Nord-5 representative) (10 min)

Please note that Arne Poulstrups presentation is included at the end of this document.

See all in SafeComm Nord-5 Finland 2003

SafeComm Nord-4 - Abstract Book (Final and complete version)

This is the final version of the abstract book from the SafeComm Nord-4 conference. Enclosed please find a copy of all abstracts submitted to the conference secretariate for persons attending the conference. Some abstracts were presented orally and others as posters or at the exhibition of materials.

In English (på engelsk)

Regarding language. It has been up to the contributors of the abstracts which language they chose to present. Also the time to have texts or materials translated to English might not be available.

Contents in this book arranged by theme. Overall Safe Communities abstracts are placed first. For each abstract address of first author has been placed. The remaining authors are shown on each abstract. The number in first column reflects the page in this abstract book.

På dansk (In danish)

Valg af sprog er op til de enkelte bidragydere. Tiden til at oversætte et indlæg eller materialer var der måske ikke.

Indholdet i denne bog er opdelt efter emne. Indenfor hvert emne nævnes de indlæg, som er indsendt af deltagere i konferencen som såkaldte abstracts eller resume=er. Indlæg som præsenterer Sikre lokalsamfund (Safe Communities) er placeret først. De øvrige temaer efter alfabetisk orden. Nogle temaer kan placeres under flere emner. Det er hovedsagelig forfatterernes valg der er fulgt.

References to this abstract book:

NN: title, institution. In Lauritsen JM, ed. SafeComm Nord-4 abstract book. Funen and Vejle County, 2001. (replace nn, title and institution with relevant text from the actual abstract).

General presentations

Page	Title	
17	The advocacy model: An Australian experience in injury prevention	Ron Somers, PhD Head, Injury Surveillance and Control Unit Epidemiology Branch South Australian Department of Human Services Tel: 08 82266361 Fax: 08 82266291 ron.somers@dhs.sa.gov.au
	Safe Community Network Status	Professor Ragnar Anderson
18	How to structure and work with data for local evaluation ? (EpiData introduction)	Lauritsen JM. Funen County, Initiative for Accident Prevention. Odense, Denmark E-mail: Jel@afs.fyns-amt.dk
	Safety for active children. A community-based intervention in Funen County, Denmark 1990-2000	Johan Lund, Institute of Community and Preventive Medicine, University of Oslo
19	Cost-Calculations in Safe-Communitites. Principels and procedures for local use.	Kristian Kidholm, PhD MUUSMANN Research and & Consulting Haderslevvej 36 6000 Kolding Denmark E-mail: kk@muusmann-as.dk
19	Health Technology Assessment. Lessons for adaptation of research findings in local preventive work.	Peter Bo Poulsen, PdD MUUSMANN Research and & Consulting Haderslevvej 36 6000 Kolding Denmark E-mail: kk@muusmann-as.dk

20 Standards or chaos! electronic communication in the Danish Health Care Sector. Lars Hulbæk Fog
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Demands for evidence in preventive work elements of coming guidelines

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Safe-Communities (General)

Page	Title	
21	The Norwegian National Initiative for Safe Communities.	Anci Bräthen Postboks 4404 Nydalén 0403 Oslo Norway anci.brathen@folkehelsa.no
24	WHO Collaborating Centre on Community Safety Promotion	Moa Sundström Coordinator Karolinska Institutet, Dept. of Public Health Sciences Division of Social Medicine Norrbacka 8th. Floor Stockholm, Sweden Moa.Sundstrom@SOCMED.sll.se
25	Informasjon om kommunalt og fylkeskommunalt skadeføre byggende arbeid i Sogn og Fjordane-fylke	Emma Bjørnsen Sogn og Fjordane fylkeskommune Regionalavdelinga Postboks 173 6800 Førde Norway Emma.bjornsen@sf-f.kommune.no
25	Municipality of Hyvinkää - the first case report on safety promotion at local level in Finland.	Anne Lounamaa Stakes B.O. Box 220 SF-00531 Helsinki Finland anne.lounamaa@stakes.fi

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| 26 | Finnish campaign on accident prevention at home | Anne Lounamaa
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| 28 | The Norwegian Initiative for Safe Communities | The Norwegian Initiative for
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| 29 | Action Group for Safe Community in the
Västra Götaland Region | Folkhälsösekretärer Maj Ader
Västra Götaland Region
Folkhälsökommitténs kansli |
| 30 | The Götaland Region. How can a good life be
made available to everybody? | Regionens Hus
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Childrens safety and accidents

- | | | |
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| 31 | Assessment of the needs for safety promotion
programs among Lithuanian children. | Skimante Starkuviene
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| 33 | Child safety in Iceland 1991-2001 | Herdis Storgaard
Child Safety Centre
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| 33 | Firework campaign
The effect of ten years invention on child injuries
in Odense, Denmark | Inge Bentzen
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| 34 | | |

- 35 Firework campaign
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- 36 Is it possible to prevent childhood injuries in Safe Communities?
Experiences from Sweden
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c/o WHO Secretariat
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- 37 Scooter board accidents
Søren Larsen
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- 38 Social inequities in childrens risk of injuries
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- 39 Tju Hej - Sikker leg
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- 40 More experiences in changing low activity patterns among school children.
Further testing of a new set of instruction materials and boxes B ATumbling Tricks.
Lauritsen JM.
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- 41 Børn med fut i. Vivacious Kids
Margit Rasmussen
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- 42 Prevention of injuries amongst children - The National Healthy City Network in Denmark
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From registration to prevention

- 42 Advanced registration process for traffic accidents - for use in road accident
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- 44 Bruk av avviks-registrering som metode for å forebygge ulykker blant eldre i institusjon og i hjemmetjenesten
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- 45 Frå vernerunde til tiltak i Årdal kommune
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- 46 Action Group for a Safe Community
Folkhälsösekreterare Maj Ader
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- 47 Nation-wide cooperation in accident prevention - supports the prevention work in municipalities.
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00530 Helsinki, Finland, Fax: 358 9 771 2778
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- 48 Injury registration - available classifications
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Traffic Safety and Accidents

- 49 Eksempel på trafiksikkerheds-plan
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- 50 Informativ regulering af unge i Trafikulykkerken
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- 53 Utvärdering av 16-årsgräns för övningskörning
Niels Gregersen
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- 54 Projekt: AUnges og Fart
Preben Hoffmann Rosenberg
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- 55 Från vision till praktisk arbete
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- 56 Sei ifrå -kampanje som har redusert ungdomsulykker i trafikulykkerken i Sogn og Fjordane Fylke
Kåre Ljones
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| 57 | Tidsrekkeanalyse av Trafikulykker i Buskerud Fylke (Amt) | Ulf Rydningen
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| 58 | Stedfæstelse af trafikskader i skadestuer brug af elektroniske kort (GIS). | Jens Martin Lauritsen
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| 59 | Traffic injuries related to urban children and adolescents | Juozas Dudzevicius
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Prevention of Fall accidents among elderly

- | | | |
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| 60 | Et bedre liv - undgå at falde | Margit Rasmussen
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| 61 | Falls among people over 60 years old in institutional care | Ilona Nurmi, PhD
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| 62 | Home-based training and other interventions in preventing falls among elderly
Research based procedures for training and effect assessment in a joint county - municipal effort. | Lauritsen JM.
Funen County, Initiative for Accident Prevention.
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| 63 | Networking in home care and accident prevention to improve the quality of life of elderly people in Europa | Antero Heloma
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| 63 | I gang igen efter fald | <p>Inger Helt Poulsen
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| 64 | Join-in prevention of accidents | <p>Sonja Kinigadner
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| 66 | Spe Project Networking in home care and accident prevention to improve the quality of life of elderly people in Europe. | <p>Antero Heloma
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| 67 | Safe living for seniors - National Prevention Campaign | <p>Kaarina Tamminiemi
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| 68 | The incidence of fall during six-months exercise trial and four-months follow-up among home dwelling persons aged 70-75 years | <p>Ms Sari Lehtola
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| 69 | Safety promotio among elderly peole in Hyvin- | <p>Anne Lounamaa
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- 71 Visioner og udvikling af undervisningsmoduler i forhold til selvmordsforebyggelse.
Lillian Zøllner, ph.d.
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- 72 Psykososial oppfølging av selvmordsnære mennesker - sykehus til bydel. En beskrivelse av Aker-prosjektet.
Georg Schjelderup
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Work Safety and Work Place Accidents

- | | | |
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| 73 | Accident Prevention in a construction Enterprise.
Cuba 1999-2000 | Caristina Robaina Aguirre
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| 74 | The Corporate Costs of Occupational Accidents:
Activity based Analysis and accounting
Information System Integration | Pall M.Rikhardsson
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| 75 | Safety promotion at DSB | Jens Ostermann
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| 76 | Safety promotion and incident reporting | Henning Boje Andersen
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| 76 | Management of accident prevention in
aalborg county | John Amtoft Christensen
Bedriftssundhedstjenesten
aalborg Kommune |
| 77 | An Succesfull development of a National
program | Kirsten Jørgensen, Ph.D.
Danmark |

The advocacy model: An Australian experience in injury prevention.

Ron Somers, PhD, Head, Injury Surveillance and Control Unit, Epidemiology Branch, South Australian Department of Human Services, Tel: 08 82266361, Fax:08 82266291
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Styles of injury prevention are as varied as the people who work in this interesting field. Some people prefer to work away from the political limelight, concentrating on gathering data or conducting research. Other people focus on creating coalitions of common interest, or networks of informed professional opinion. Still others promote media or educational campaigns in order to raise public understanding and awareness of particular hazards. While I admire all of these strategies, I must admit to practicing none of them. For me and my small team in South Australia during the past 20 years, the goal has been advocacy, and our objective has been to represent, as strongly as possible, the rights of the next person who is going to be injured or killed in our community.

The advocacy model is not a comfortable or popular one, because its methods are not limited to polite behaviour. Naturally we would prefer to achieve our safety objectives through the single mechanism of friendly cooperation. But what is the duty of the injury preventer when powerful people oppose community safety? In other words, what happens when cooperation fails?

Through experience, good and bad, we have been able to design a tool kit of unusual approaches, both conventional and unconventional, to maximise our safety achievements. We certainly do not win all of our battles, but we seem to win more than our expected number of them. The reason for this is that we are prepared to adopt a strategy based on opportunity (like any good business), and we are prepared to pursue our aims aggressively (as if community safety were really a matter of life and death).

In my presentation I will provide examples of the pleasures and perils of living life as a community safety advocate.



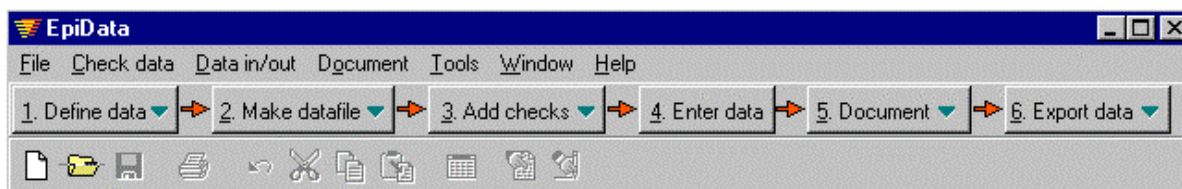
A short overview of dataentry with EpiData

Jens M. Lauritsen, Michael Bruus & Mark Myatt . The EpiData Association, Odense Denmark 2001.

This one page description is an extract of further documentation available at See <http://www.epidata.dk>

EpiData is a program for DataEntry and documentation of data.

Use EpiData when you have collected data on paper and you want to do statistical analyses or tabulation of data. During dataentry calculation of summary scales or restrictions to values can be defined. You can choose an item from a list and save the corresponding numerical code (1 = No 2= Yes), the text lists are exported as @value labels@ for statistical programs. Dates are easily entered, e.g. 2301 will be formatted as 23/01/2001 if entered in year 2001 in add/mm/yyyy@ field.



The principle is the same as the well known program Epi Info version 6, which has many users around the world. EpiData implements the EpiInfo version 6 file structure and principles in a windows setting with focus on documentation.

The idea is that you write simple text lines and the program converts this to a dataentry form. Once the dataentry form is ready it is easy to define which data can be entered in the different data fields.

International versions

Epidata has been translated to 10 different languages. See list on www.epidata.dk. This includes norwegian, danish and other (e.g. french, spanish, italian, dutch, chinese, russian).

ID	(automatic id number)	1
U1	sex	2 Female
U2	Height (meter)	1.75
U3	Weight (kilo)	67.0
BMI	Body Mass Index	21.88
U4	Date of birth	12/12/1956
AGE	Age today	44
S1	Country of Residence	Denmark
S2	City (Current address)	00 Odense
T1	Todays Date	27/01/2001

id= 1

V1 Integer: Press + or F9 to see legal values Length: 1

Cost-Calculation in Safe-Communities.

Principles and procedures for local use.

Kristian Kidholm, PhD, principal consultant, MUUSMANN Research & Consulting, Haderslevvej 36, 6000 Kolding, Denmark, Tel: +45 70 11 22 10, Fax: +45 70 11 22 20, email: kk@muusmann-as.dk

With in the health care sector there is a growing demand among decision-makers for information on the economic consequences of the different projects and policies that the decision-makers have to prioritise between. This is also the case for prevention projects, where information on the costs of implementing the projects and information on the value of the effects of the projects are needed.

If you go through the literature to find the answer to how costs of accidents and injuries should be estimated you will get frustrated because of large variation in the methods used for data collection, the cost element included and the source of information on prices used in the different studies.

In order to assist people working with accident prevention and evaluation of prevention programmes the @Manual for Cost Calculations and Cost-Effectiveness in Safe Community Practise@ has been produced by researchers from Karolinska Institutet, Linköping University and Umeå University. The manual can be found at <http://www.phs.ki.se/csp/publications.htm> (Cost Calculations). The manual describes how data on costs of accidents and injuries can be identified and calculated.

In my presentation the model for cost calculation described in the manual will be presented and the model as well as the use of estimates of saved costs of injuries in general will be discussed.

Health Technology Assessment

Lessons for adaptation of research findings in local preventive work.

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A huge amount of scientific information and research findings are produced in society B information that is of potential value for policy making. In the adaptation of research finding in policy making technology assessment can act as the bridge between science and policy. Health technology assessment (HTA) is defined as a comprehensive form of policy research that examines the short- and long-term social consequences of the application or use of health technology. HTA has been carried out in screening, prevention, diagnostics, treatment and rehabilitation.

Opposed to research the main target group for HTA-information is decision makers. This means that the specific content of an HTA will be defined by the policy question asked by this group. In an interdisciplinary manner scientific methods and existing

research findings are then used in the HTA to answer this policy question. The HTA can then for example contain information of the effectiveness, cost-effectiveness, patient satisfaction, ethical consequences and organizational aspects of the health technologies assessed. Finally, recommendations are put forward for policy making by synthesising the findings. To assist in the process a Handbook of HTA (http://www.mtv-instituttet.dk/nyheder/73_uk.asp) has been published by the Danish Institute for Health Technology Assessment.

Health technology assessment has been used in the field of prevention to assess value for money. This presentation will briefly present the concept of HTA, the methods available as well as the use in prevention. A Danish HTA concerning influenza vaccination of elderly people will illustrate its application in prevention.

Standards or chaos!

- electronic communication in the Danish Health Care Sector.

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MedCom is a project involving cooperation between authorities, healthcare organisations and private companies, linked to the health care sector. The purpose behind this co-operation is to establish and continue the development of a Danish healthcare data network. The parties behind MedCom are the Ministry of Health, the Association of County Councils in Denmark, the National Board of Health, Copenhagen Hospital Corporation, Copenhagen and Frederiksberg Local Authorities, the Danish Pharmaceutical Association, the Association of Danish Doctors and DanNet.

Electronic communication between GP=s, pharmacies, hospitals, laboratories, specialists, physiotherapists and home care in the Danish Health Care Network, has in 2001 reached the amount of more than two million documents per month, or more than 60% of all routine messages.

The talk gives an overview on results and lessons learned from the Danish Health Care Data Network, to inspire similar initiatives in the area of prevention. The focus is on

- Coordination: Information, networking and education
- Standardization: The consensus process
- Standardization Tools: The permanent tasks
- From pilot-projects to nation wide dissemination

Finally, the talk gives a short introduction to the Internet Strategy for the Danish healthcare sector, and thereby the possibilities for electronic communication in the near future.

Demands for evidence in preventive work elements of coming guidelines.

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Road traffic kills in Europe each year almost 100 000 people. This is a huge price compared to accidents caused by any other man-made technology.

Anyhow, most drivers feel that their daily behaviour in traffic is completely safe for themselves and for others. This zero-risk theory, introduced by Summala & Näätänen, may be a bit controversial in the scientific discussion, but it has a very natural connection to the general theory of learning. From the individual point of view, traffic accidents are too rare to have an effect on human behaviour. Depressing statistics concern other people, not me.

Traffic safety work has to get along with the fact that drivers do not want to believe in scientific research, whenever the results are against their own subjective experiences of safety. This is especially true when talking about speed management.

Instead of searching new solutions to specific small-scale problems, traffic safety research should focus more on the implementation of well-known large-scale measures. Traffic safety work should be seen as a marketing task. However, this task does not mean hopeless efforts to create good human beings with educational campaigns etc. The marketing should be focused on decision-makers. They should make decisions, which encourage people to avoid dangerous behaviour.

An effective speed camera enforcement is the only quick way to radically improve road safety on wide areas. We should rather stop messing with all other traffic safety measures, until we can really control the speeds of motor vehicles. All other countermeasures are @peanuts@ compared with speed control. These @peanuts@ steal the attention of the decision-makers away from the basic problem and offer them an opportunity to avoid important but uncomfortable decisions.

The Norwegian National Initiative for Safe Communities.

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The Norwegian national initiative for safe communities

Injury prevention, by means of the Safe Community concept, is an area of national focus in Norway. The Norwegian authorities have thus decided to establish a secretariat for Safe Communities at the National Institute of Public Health. One of its responsibilities is to assist communities in the development of initiatives directed at local injury prevention, and to establish a national network of municipalities that are active in the area of injury prevention.

The National Secretariat for Safe Community shall first and foremost support municipalities and local communities in their work with injury prevention and safety promotion, within the framework of >Safe Communities=. Two of the main tasks are to give advice regarding the effectiveness of different injury preventing measures, and to help evaluating the effect of the measures that local communities implement. Communicating research in a popularised way is also an important part of our job. We do this mainly by publishing a newsletter four times a year, called Au! (Ouch!), and by publishing information on our web-site.

Another important issue the secretariat is working with is to improve the co-operation between the local communities working with safety promotion, and to strengthen the networks of Safe Communities. Participating in and help organise conferences on a regional and county-based level is also an important way to support and build a national network of Safe Communities, in addition to arranging and participating in national conferences and seminars. The secretariat for Safe Communities also has a national obligation to support the nine ministries behind the plan of action 1997-2002 on prevention of injuries at home, school and in recreation in their follow-up of the goals and objectives in this plan.

There will also be short presentations of our research in the field of injury prevention and epidemiology.

The main goal in this plan is as follows:

By the year 2002 the co-ordinated planning and development of a positive attitude towards safety measures at all levels of decision making and in all sectors will result in the reduction in the number of injuries that result in death, hospital admission and medical treatment due to accidents.

Two additional objectives have been formulated for this plan:

Injury deaths will be reduced by at least 25% from 1980 to the year 2000.

Injuries that result in hospital admission and medical treatment will be reduced by at least 10% from 1993 to the year 2002.

The stated objective to reduce injury deaths is in accordance with goals set by the World Health Organisation in this area. In Norway, all deaths are continually registered by Statistics Norway (1). Since 1951, information on causes of death has been registered according to the International Classification of Diseases (ICD).

In 1980, the WHO's regional committee for Europe aimed at reducing the mortality from

accidents by 25% from 1980 to the year 2000 (2). In Norway, we experienced a mortality from accidents in 1997 that was 33% lower than in 1980, and there has been a decline in all age groups.

Figure shows the proportional change in mortality from 1970 to 1997. The mortality in 1980 has been set to 100. The mortality in persons under the age of 15 was more than twice as high in 1970 as in 1980. From 1980 to 1997, the mortality in this age group was again reduced by almost 60%.

According to a report from Unicef (3), only four other OECD-countries have a lower mortality from injuries among 1 to 14 year old children during 1991-95. In Norway, 37% of all deaths in this age group were due to injuries.

This plan of action emphasises community based injury prevention and safety promotion through the Safe Community concept. It has thus set up two outcomes for the development and establishment of Safe Communities in Norway:

At least 15 Norwegian municipalities should fulfil the criteria approval equivalent to @Safe Communities@ by the year 2002.

By the year 2002, at least 10% of the country's municipalities should have implemented injury prevention initiatives in line with the following important criteria for approval as aaSafe Community@:

Establishment of groups co-operating across sectors

The work is well anchored both in the municipality's long-term planning and among the top level decision makers

The municipality can document injury frequencies and causal patterns

The work has a long-term perspective.

For the year 2000, about 30 local communities receive financial support from the Ministry of Health and Social Affairs to work with injury prevention and safety promotion in line with the Safe Community concept. Harstad County is still the only Safe Community in Norway, but we expect two or three new designations this year, and approximately equal numbers for the years 2001 and 2002.

WHO Collaborating Centre on Community Safety Promotion.

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The Karolinska Institutet, Division of Social Medicine, Sweden, was designated as a WHO Collaborating Centre on Community Safety Promotion 1989, because of its long experiences with community oriented safety promotion programmes.

The role of the WHO Collaborating Centre is to:

- spread the WHO Safety Promotion Programme "Safe Community" worldwide
- review applications from communities related to 12 Criteria for Safe Communities
- organizes together with Safe Communities annual International Safe Community Conferences
- coordinates training courses such as Travelling Seminars
- publishes a newsletter: Safe Community News
- involves in other conferences like the biannual World Conferences on Injury Prevention and Control
- conducts methodological development and transfer of technology
- organizes networks for community programs
- participates in the World Health Organizations as well as the Swedish Bicycle Helmet Initiative
- conducts research on: Community safety promotion; Injury surveillance; Injuries among children and adolescents; Injuries among the elderly; Bicycle helmets; Work-related Injuries; Injuries caused by violence (Intentional Injuries); Treats of violence and harassment; Macros-social determinants of intentional and unintentional injuries; Cost of injury and injury prevention savings: Design for safety.

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Informasjon om kommunaltog fylkekommunalt skadeførebyggende arbeid i Sogn og Fjordanefylke.

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Dette abstract gjelder stands.

Vi ønsker å gi informasjon om det skade- og ulykkesforebyggende arbeidet i kommunene Høyanger, Leikanger, Sogndal og Årdal (muligens også Fjaler) + arbeidet på regionalt nivå i regi av fylkeskommunen, Trygg Trafikk, Statens vegvesen og Fylkestrafikkutvalet (FTU).

Vi vil gjerne bruke 6 -7 posters (str. ??), brosjyrer, foldere, video og powerpoint-presentasjon, og visning av våre web-sider. I tillegg tar vi med oss forskjellige effekter m/egne logos som t-skjorter, refleks osv.

Som tidligere meddelt trenger vi vegger til posters, bord til brosjyrer og lignende, telefontilkobling, TV, videomaskin og videokanon. Dersom noe av dette ikke kan fremskaffes, ber vi om å bli kontaktet. Vi tar selv med en bærbar datamaskin.

Municipality of Hyvinkää - the first case report on safety promotion ar local level in Finland.

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Background

Hyvinkää is a town fifty kilometres north of Helsinki, with a population of 42 000. The safety promotion project is part of a national project aspiring to develop methods for injury prevention. Finnish Institute of Occupational Health, Central Organisation for Traffic Safety in Finland and STAKES have participated in the implementation of the project.

The implementation of injury prevention in Hyvinkää

The advisory board of the Hyvinkää safety promotion work consists of representatives of the elected bodies and appointed management of the town, the chief fire officer, the editor in chief of the local newspaper, and corporate labour protection directors. The task force is responsible for general planning and co-ordination of operations and it organises actions directed at the entire population. Currently there are six subgroups focusing on various population groups, public communication and monitoring. The injury situation in Hyvinkää was examined. These examinations reveal a cluster of variables to be followed in the monitoring. Several participants of the project had

initially had several years of experience in injury prevention, though in many cases restricted to, say, prevention of industrial injuries or traffic accidents. During the project special attention was paid to strategic planning of injury prevention and safety promotion as a part of welfare promotion in the municipality, work monitoring, budgeting and focusing measures on risk groups and targets.

Evaluation

Networking has opened inter-municipal and intra-municipal channels and links to national and international contacts. Safety work has risen to a more visible position in the municipality, and the thoughts and ideas of even @petty@ employees have been brought out. What used to be concerns of one sector in the municipality are now shared worries. Population-based activity is well under way. Risk-based activity has had a strong, natural start in some sectors (e.g. the elderly, traffic), whereas in others it has not been as easy to find courses of action. After well over two years of experience, it is still too early to assess the effects of the new way of action on the number of injuries. Judging from results of monitoring it seems, however, that what has happened in other municipality-based injury prevention projects is coming true in Hyvinkää as well.

Publications (only available in Finnish) (1) Tilastollinen katsaus tapaturmiin Hyvinkäällä 1990-luvulla (Statistical survey of injuries in Hyvinkää in the 1990ies; 34 pages), (2) Tapaturmaselvitys Hyvinkäällä lokakuussa 1999 (Survey of injuries in Hyvinkää in October 1999; 40 pages), (3) Turvalliset tunnit tavaksi -- tapaturmien torjuntaprojekti Kehrääjänkadun asuinalueella (Making a habit of safe hours -- injury prevention project in Kehrääjänkatu residential area; 79 pages), (4) Tapaturmien torjuntakokeilu Hyvinkäällä 1998-2000 (Injury prevention experiment in Hyvinkää 1998 -2000, 100 pages), (5) Internet site www.hyvinkaa.fi/turvallisuus/index.htm. (Keywords: injury prevention at local level, safe community)

Finnish campaign on accident prevention at home.

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Statistics reveal that two thirds of all accidents recorded in Finland happen at home or in leisure-time activities and that the number of these accidents has increased during the last decades. In response to the dismal trend, a nationwide campaign was launched in 1993 in an effort to promote accident prevention at home. The core group responsible for financing, planning and action taking represent a wide range of actors: official and non governmental organisations in the fields of social welfare, health care and rescue services as well as insurance companies. The aim of the campaign is to help people identify potential risk areas in their homes and take measures to eliminate or minimize the risks.

Besides producing general information on accident prevention, the campaign focuses on special themes such as slipping and falling accidents or the safety of the elderly,

who are most vulnerable to home accidents. Since its commencement, the campaign has produced scores of brochures, leaflets, videos and a CD-ROMs for both advertising and educational purposes, targeting municipalities, various organizations, the media and the homes.

A total of 4,500 field liaisons have meanwhile received information packages which have been used for training field workers in their own sectors. At this point, the campaign focus has shifted to the regional level, to preventive efforts initiated by local authorities themselves.

During this campaign cooperation has strengthened between all organizations engaging in home safety, occupational safety, road safety and accident prevention work. The first product of the joined resources was a National Accident Prevention Day set for Friday 13 October 1995. Since then, the Accident Prevention Day has been arranged every year on Friday 13th, this year on July. Both national and local mass media has marked the day and the nationwide publicity supports programmes run in municipalities, schools and workplaces.

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The Norwegian national initiative for Safe Communities.

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Injury prevention by means of the Safe Community concept, is an area of national focus in Norway. The Norwegian authorities have decided to establish a secretariat for Safe Communities at the National Institute of Public Health. One of its responsibilities is to assist communities in the development of initiatives directed at local injury prevention, and to establish a national network of municipalities that are active in the area of injury prevention.

Poster 1. The national secretariat and the National Institute of Public Health.

The National Secretariat for Safe Community shall first and foremost support municipalities and local communities in their work with injury prevention and safety promotion, within the framework of ASafe Communities@. Two of the main tasks are to give advice regarding the effectiveness of different injury prevention measures that local communities implement. Communicating research in a popularised way is also an important part of your job. We do this mainly by publishing a newsletter four times a year, called au. (Ouch!), and publishing information on our web-site. Another important issue, the secretariat is working with, is to improve the co-operation between the local communities working with safety promotion, and to strengthen the networks of Safe Communities. Participating in and help organise conferences on a regional and county-based level is also an important way to support and build a national network of Safe Communities in addition to arranging and participating in national conferences and seminars.

The secretariat for Safe Communities also has a national obligation to support the nine ministries behind the plan of action 1997-2002 on prevention of injuries at home, school and in recreation in their follow-up of the goals and objectives in this plan. There will also be short presentations of our research in the field of injury prevention and epidemiology.

Poster 2. The plan of action.

The main goal in this plan is as follows:

By the year 2002 the co-ordinated planning and development of a positive attitude towards safety measure at all level of decision making and in all sectors will result in reduction in the number of injuries that result in death, hospital admission and medical treatment due to accidents.

Two additional objectives have been formulated for this plan:

1. Injury deaths will be reduced by at last 25% from 1980 to the year 2000.
2. Injuries that result in hospital admission and medical treatment will be reduced by at last 10% from 1993 to the year 2002.

The stated objective to reduce injury deaths is in accordance with goals set by the World Helath Organisation in this area.

This plan of action emphasises community based injury prevention and safety promotion through the Safe Community concept. It has thus set up two outcomes for the development and establishment of Safe Community in Norway:

At least 15 Norwegian municipalities should have implemented injury prevention initiatives in line with the following important criteria for approval as a ASafe Community@:

1. Establishment of groups co-operating across sectors
2. The work is well anchored both in municipality`s long-term planning and among the top-level decision makers.
3. The municipalities can document injury frequencies nas causal patterns
4. The work has a long-term perspective

For the year 2000, about 30 local communities receive financial support from the Ministry of Health and Social Affairs to work with injury prevention and safety promotion in line with the Safe Community concept.

Poster 3, 4, 5, 6 and 7.

Presentations of the Norwegian Safe communities: Rakkestad, Os, Harstad, Årdal and Stovner.

Poster 8.

Presentations of the expected (2001-2002) Norwegian Safe Communities: Among them Alvdal, Ski Larvik, Snåsa etc.

Action Group for aa Safe Community@ in the Västra Götaland Region.

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Aims:

- @ To strengthen and develop collaboration and coordination between the seven municipalities in the Västra Götaland Region designated aa Safe Community@.
 - @ To support and stimulate each other and together contribute to development of methods and activities under the local accident prevention programme in the Västra Götaland Region.
 - @ To arrange courses, seminars and study visits in order to spread knowledge and experience to other municipalities and the population of the Västra Götaland Region.
- Methods: A network has been created and organised meetings arranged for local

politicians and council officials, public health committees and senior executives from the public health secretariats. The official responsible for the Västra Götaland Region's accident prevention programme and accident registration is responsible for coordination of the network.

Summary: Experience from the Västra Götaland Region provides a good basis for continued development of accident registration and prevention. The accident prevention programme has been based on the Skaraborg model, which has served as a model for the WHO's global accident prevention programme aa Safe, Community@. The region comprises the former counties of Skaraborg, Bohus, Älvsborg and Gothenburg. One and a half million people live in the region, which consists of 49 municipalities and districts of the cities of Borås and Gothenburg.

To stimulate, support, develop and maintain efforts to prevent accidents in the entire region, formal collaboration has been established between the Västra Götalands Regional Council and the municipalities in the region.

An organisation for collaboration is being set up within the Västra Götaland Region through the Action Group, which is a network for those municipalities in the region that have been designated aa Safe Community@. For several years the Västra Götaland Region has had reference groups for prevention of accidents among the elderly and children and adolescents which arrange courses and seminars to increase competence and stimulate collaboration between politicians and senior officials working in different sectors of the municipalities, authorities and voluntary organisations.

Injury registration as a basis for injury prevention locally, regionally and nationally.

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Aim: The comprehensive injury registration system in Skaraborg shall provide a basis for injury prevention in the fifteen municipalities which work with local injury prevention programmes according to the criteria for aa Safe Community@. The injury register shall provide injury data to the national injury register, the national traffic injuries register and the EHLASS product injury register.

Methods: Injury registration includes persons who sustain accidental injuries, injuries resulting from assault and self-inflicted injuries and who seek medical assistance at hospitals, emergency departments, health centres and public dental clinics in the former County of Skaraborg. The patient is asked to fill in an injury report with questions about the nature of the injury and time and place of occurrence. The data are supplemented with data from the patient records concerning reason for consulting, diagnosis, treatment and length of hospital stay. The injury reports are collected and coded by the staff at the injury units according to NOMESKO, EHLASS and ICD 10 chapter XX.

Intersectorial collaboration has been established between the primary care service, hospitals, municipalities and voluntary organisations for development of efficient and

simple routines for spreading injury data from the hospitals and health centres to the municipalities, authorities, organisations and other health care units. The project period was 1998 - 2000. The Regional Health Service Committee for Västra Götaland has decided that injury registration will continue during 2001 and that it will be extended to cover the entire region.

Summary: We are very pleased to be able to present local data from comprehensive injury registration at the hospitals, emergency departments, health centres and public dental clinics in the former County of Skaraborg. The risk pattern that has emerged has made it possible to place new information at the disposal of the health services, municipalities, authorities and voluntary organisations in Skaraborg. It is now possible for the municipalities to monitor injuries in their own area.

Injury registration is a prerequisite for development of injury prevention programmes in the municipalities and urban districts and for evaluation of the programmes. Injury data also provide a basis for research within the health services, municipalities and authorities.

All parties involved have now pooled and coordinated their resources with the aim of achieving comprehensive injury registration throughout the Västra Götaland Region.

Childrens Safety and accidents

Assessment of the needs for safety promotion.

programs among Lithuanian children.

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The most common causes of death among children and youth in Lithuania are injuries, accounting for 40.7% in boys and 25.8% in girls mortality structure. Mortality, morbidity and disability from injuries among children and adolescents is great emotional, physical and financial trouble for the family and state.

The aim of the study was to analyze mortality and morbidity from external causes among Lithuanian children and adolescents.

Methods. Information about the population and the deceased was obtained from computerized database of Lithuanian Department of Statistics. Mortality rates were calculated per 100000 population and age-standardized using European standard population. Mortality trends were assessed by coefficient of logarithmic regression. Numbers of admissions to the medical care institutions due to injuries were obtained from Lithuanian Health Information Center.

Results. Traffic accidents, intentional injuries, drowning, falls, fires, poisonings and other hazards killed 4431 Lithuanian children and adolescents aged 0 B 19 during period 1988 B 1997. Traffic accidents took the major part in the external mortality structure B 31.6% among boys and 25.8% among girls. The second cause was drowning (24.4% and 18.8% respectively). Even 11.5% of boys and 8.0% of girls, dying from external causes, were committing suicides. Deaths from choking among infants were prevailing. At age 1 B 4 years B drowning, and at age 5 B 9 years traffic accidents were most common. 10 B 14 years old boys were mainly dying from traffic

accidents and drowning, while among girls of this age drowning was the most common. Traffic accidents took the major part in the structure of mortality from external causes at age 15 - 19. Mortality from external causes of death of boys (57.2/100000) was considerably higher than that of girls (23,5/100000). With an increase of age this difference was increasing. Mortality from external causes among children and adolescents up to 19 years old had decreasing tendency in 1988 B 1997. At age 1 B 4 mortality was decreasing statistically significantly by 5.3% per year, and by 6.2% per year among boys at age 5 B 9. Nevertheless, number of admissions to the medical care institutions of children under 14 years old due to injuries was increasing continuously from 58.3 per 1000 population in 1992 to 87.5 in 1999. Up to 20 children are becoming disabled because of injuries every year in Lithuania. The total number of disabled children was 105 in 1999.

Conclusions. Injuries among children and adolescents are great public health problem in Lithuania. This study will serve as a scientific basis for development of safety promotion and injury prevention programs among children in Lithuania. Such programs will be initiated at local level and it is expected that it will be a beginning of successful development of Safe Communities in the country.

Key words: children, injuries, mortality, morbidity.

Child safety in Iceland 1991-2001.

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Accidents among children are very common in Iceland. Every year between 20.000 B 22.000 children aged 0-14 years are injured and have to be treated at an Emergency Department.

Few years ago a study was done in the Nordic countries, looking at child accidents data. The outcome of the study revealed that Iceland had the highest rate of child accidents. In 1991 a child safety program was started in Iceland by a voluntary organisation. In 1998 the program was transferred to the Ministry of Health.

In the 10 years the program has been running a reduction of accidents can be seen in certain groups. Drowning was a big problem among Icelandic children, but a special program that started up in 1994 has resulted in a reduction of child drowning.

Special program was started up in 1996 looking at passenger safety among children. The total usage of restrains was 72% in 1996 but has increased to 92% in 2001. At the same time a decrease in serious injuries among child passengers can be seen.

An increase can be seen in home accidents among children. Due to that fact a special program was started up this year. As a part of the program a study is being conducted at present looking at how doctors, nurses and midwives educate parents in accident prevention.

A preparation has started in Iceland to open a Child Safety Centre that will organise the child accident prevention work in the country. By getting the Centre and work in the way we feel is necessary, we feel we can do much more in the future.

Firework campaign.

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Background

The background and rationale to this campaign was in the beginning to many eye injuries and hand/fingers injuries caused by fireworks.

Since 1987, the Vejle County Prevention Committee has run campaigns to prevent injuries caused by firework. Since 1990 The Danish National Board of Health took over and made the campaign nationwide.

Purpose

The purpose of the firework campaign is to prevent injuries caused by fireworks, and the

principal target group consist of schoolchildren from the 3rd - 10 th grades.

The overall aims for the annual campaign are:

to minimize the number of injuries caused by fireworks

to make the population of Denmark completely familiar with the six points of the firework safety code

to encourage people to have fun, festive and safe New Year celebration

to make young men between 17-35 of age aware that they are a high risk group when they combine alcohol and fireworks

Campaign material

Pupil folders with a competition coupon for all pupils in the 3rd - 10 th grades

Cartoon book @Trouble at Bomb Castle@ for 3rd grade only

Leaflet to all pupils in the 3rd- 10th grades to bring to the parents

Poster for all 3rd-10th grades

Poster and instructions for teachers

Internet homepage www.fyrvaerkeri.dk

TV spots

Video tapes to schoolchildren

poster, fliers, video tapes for distribution to firework sellers

Poster sendt to youth clubs and firms

New year 2000/2001

Very few injuries among children. Children behaved sensible and in generally avoided injuries, in contrast to people aged 17-35, allmost all injuries occured in that group

The effect of ten years intervention on child. injuries in Odense, Denmark.

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Since 1989 the County of Funen has run the project @Safety for Active Children@

Aim:

To reduce the number of servere accidents among children age 0-15 years by 25% by year 2000, through increasing the safety standards and involve children and adults in the process.

Methods:

Community based intervention was broadly launched for the age group 0-15 years.

Many different methods were used, each of them specifically designed for a specific age group.

Home safety furniture and equipment for young parents, puppet theater for the small, paint books and posters with poisoning plants for the older children. Photocompetition and similar activities for schoolchildren. All children injuries treated at Odense

University Hospital were recorded with regard to type of injury, place where it happened, time of day and whether it was a home-school-, sport- or other injuries.

Results:

The total number of injuries has decreased with 25% in Odense and in other municipalities where injuries have been recorded and there has been no intervention, injuries here has decreased with 9%.

Conclusion:

Intervention can have a measurable effect on the number and type of child injuries, if it is designed for specific age groups and specific injuries, and actively involves the children, the parents and others who deal with children daily.

Firework Campaign (suggestion, practical method, experience)

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Implementation

As a contribution to safety promotion in the town of Hyvinkää, a campaign for the safe use of fireworks was organised by the work force at the turn of the millennium. The campaign consisted mainly of a brochure and articles published in the local newspaper, Hyvinkään sanomat. Planning for the campaign was initiated in August 1999. The manuscript for the campaign brochure was made by Mr. Pertti Sairanen, fire inspector, and the layout designed by Mr. Jyrki Vesa from Hyvinkää fire brigade. The print run of the 4-colour campaign brochure in size A3 was one hundred.

Campaign brochures were distributed to youth clubs, the parish centre, day-care centres, the police and, by the fire inspector, to outlets selling fireworks. The municipal centre of educational services acquired a brochure in size A4 and had a transparency made for each school; the facts contained in the transparency were discussed in schools with form masters. Students and children in day-care were also given brochures to take home. So a considerable number of children, youngsters and their families could be informed.

Results

At the turn of years 1999/2000 and 2000/2001, no accidents or serious injuries caused by fireworks were reported to the police or the municipal departments of emergency and health services in Hyvinkää. As far as the emergency services were concerned the millennium was, in fact, quieter than any new year in the 1990ies although the number of outlets selling fireworks was considerably higher than usual and more fireworks were sold than normally at the turn of the year. Likewise the time limits set for shooting fireworks were observed relatively well.

The campaign was also noted elsewhere. For instance a free newspaper distributed in the metropolitan area (Uutislehti 100) quoted the fire inspector, warning people about dubious sellers of fireworks.

Summary

To summarise the results, the campaign can be considered successful. In addition to the fact that serious injuries caused by fireworks were avoided, a considerable number of youngsters living in Hyvinkää could be drawn into the circle of safety education.

Initiative to Safety Technology Authority (TUKES)

Together with the police, the fire inspector who had planned the campaign put an initiative to Safety Technology Authority or TUKES suggesting that the number of managers responsible for the outlets selling fireworks should be increased and that trucks transporting fireworks should be duly marked as explosive-transporting vehicles. For the time being, ordinary unmarked vans are used to transport fireworks to outlets and to return unsold fireworks to the importers' warehouses, and there is no training for drivers.

(Keywords: children and youngsters, product safety)

Is it possible to prevent childhood injuries in Safe communities?

Experiences from Sweden.

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Abstract

Objective: A model for Safe Communities started in Sweden 1975, and now spreading around the world. There are at the moment fifty-four such communities in eleven countries. Ten of those are situated in Sweden, five of those in Skaraborg District, Lidköping (1989), Falköping (1991), Skövde (1995) and Tidaholm (1998) and Mariestad (1999). The municipality of Lidköping was appointed as the world's first WHO @Safe Community@ in 1989. There was shown a 2.1% annual decrease in incidence of injuries for girls (2.4% for boys) during 1983 to 1991. There are two main reasons for looking at children and Safe Communities. Will the decrease in injuries from the 1980's last during the next decade and will there be similar changes in the other programmes within the District?

Methods: The study area was the four Safe Communities in Skaraborg District. There were two control areas. The study period was 1985-1997. The outcome calculations were based on Hospital-discharge registry.

Results: There was an annual decrease in incidence of 2.9 % for girls and 2.5 % for boys 0-14 years in Lidköping, 1.9 % for girls and 1.1 % for boys in Falköping, 2.0 % for girls and an increase on 1.0 % for boys in Tidaholm, while there was an average annual increase in incidence on 3.1 % for girls and 4.2 % for boys in Skövde. In the control areas, there was an increase of 0.3 % for girls and a decrease on 0.8 % for boys, and in an increase of 0.9 % for girls and decrease of 0.5 % for boys respectively.

Conclusions: The previously reported decrease in Lidköping during period 1983 to 1991 seem to persist even during this period up to 1997. It is also promising that the increase in injury incidence that was reported from Falköping during the 1980's is turning into a decrease from the onset of the re-start of the programme 1991. There is a remarkable increase in Skövde. That leads to the need for a deeper analysis of both the social structure of the community and the target population as well as the direction of the programme. Such effort has now been initiated. In spite of the suggested caution the general conclusion to draw is that there are reasons to believe that Safe Community programmes can influence the incidence of child injuries - at least those leading to in-patient hospital care.

Keywords: Program evaluation, child injury, community-based programme, childhood injury prevention, Safe Community

Scooter board accidents

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Introduction

Scotoring have gained a rising popularity in the last years. Therefore we find it of interest to examine the epidemiology of injuries sustained in accidents with scooter boards.

Material and methods

Based on data from The Accident Analysis Group all injuries involving a scooter board treated in the emergency room at Odense University Hospital from January 1996 to April 2001 were included.

Results

Sixty-nine persons were injured of whom 91% were under the age of fifteen.

The male/female-ratio was 1,1.

Sixty-eight percent of the accidents happened in the last 16 months.

The accidents occurred most frequently on school grounds (43%), in the road traffic (33%) and at private grounds (24%).

Fourty-three (84%) of the injuries were sustained because the person tumbled when scooting.

The injuries were distributed as follows: skull/face 19 (37%), upper extremity 19 (37%), lower extremity 12 (24%) and trunk 1 (2%).

Twelve sustained a fracture of which ten (83%) were located to the lower part of the forearm.

After initial treatment in the emergency department 43% were discharged with no referral,

35% were referred to family physician, 18% to hospital out-patient departments and 4% were admitted to hospital.

Conclusion

The number of scooter board related injuries has been increasing especially during the past sixteen months.

Most of the injuries sustained are moderate or less severe.

According to the distribution and type of injuries protective devices must be recommended when scooting.

We will follow the development of this type of accidents closely.

Social inequalities in children=s risk of injuries

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Injury prevention for children

Presentation mode: Poster

Introduction and background: Register based research shows that there is a significant social gradient for children treated in emergency departments, when the parent/guardian=s socio-economic status is included. The incidence rates for children with injuries increases with lower socio-economic status.

In Denmark, we can perform record linkage between hospital registers and population based registers containing socio-economic information. Such information is fruitful for planning, implementing and evaluating injury prevention for children.

Method: Data on emergency department contacts are collected in the National Patient Register. By use of the unique personal identification, record linkage is performed between the National Patient Register and the Danish Prevention Register, which contains a wide range of socio-demographic and socio-economic indicators.

Results: Children=s accidents are subdivided into different types in order to find characteristic patterns related to socio-demographic and socio-economic factors. Results will be presented at the conference.

Discussion: The findings should be discussed in relation to current prevention practices, in order to make recommendations for future preventive actions.

Tju Hej - Sikker Leg.

Lars Oberlander, Nordjyllands Amt, Planlægnings og udviklingskontoret, Niels Bohrsvej 30, 9220 aalborg. E-mail: lobe@nja.dk

Baggrund:

Tju Hej - Sikker Leg, et projekt til forebyggelse af børneulykker. Projektet er et samarbejde mellem Nordjyllands Amt, Hjørring/Brønderslev Sygehus og Hjørring, Hirtshals og Løkken-Vrå kommuner.

Målgruppe:

Børn mellem 0 og 6 år, børnenes forældre og institutionspersonale.

Målet:

At sætte fokus på forebyggelse af børneulykker og mindske antallet af ulykker blandt 0-6 årige børn og give dagplejere og institutionspersonale praktisk viden om, hvordan de håndterer ulykker, når de opstår, samt øge deres evne til at handle korrekt og roligt, når skaden er sket og derved undgå unødvendig henvendelse til skadestuen.

Metode:

Udlevere gratis kampagnemateriale bestående af video + bamse samt CD+sangbog. Materiale til pædagogisk personale om forebyggelse og behandling af børneulykker.

Evaluering:

Evaluerings rapporten fremlægges på konferencen.

Henvendelse ang. Projekt og materialet kan ske til informationsmedarbejder Tina Sussi Jensen, Planlægnings-og Udviklingskontoret, Niels Bohrsvej 30, 9220 aalborg Ø, tlf. 9635 1827 eller på www.nja.dk

More experiences in changing low activity patterns among school children.

Further testing of a new set of instruction materials and boxes B Tumbling Tricks.

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INTRODUCTION

Based on various studies (e.g.1) it has been noted that the proportion of children not engaging in physical activity is substantial. By having a predominantly sedentary lifestyle these children would be expected to be at higher risk of later life problematic health outcomes such as osteoporosis and heart disease. Some studies indicate a stability of exercise patterns from childhood and adolescence onwards in life, (e.g. 2) One recent study in Denmark comparing 9-10 year old children in 1985 and 1997 indicates deterioration of cardiovascular fitness in the later cohort. These findings challenge the educational system as well as the out-of school organised sports in developing methods which motivate and help trigger the children in overcoming barriers of engaging in exercise.

With the purpose of developing and bringing into practice a set of tools for enhancement of activity among Amobility disadvantaged@ children the current project was undertaken.

METHOD

Phase 1: Representatives for the educational system (teachers, college of teachers, institute of sport sciences at the university), health services (clinic of sports medicine), organised sports (associations) and the county centre for educational materials met to discuss possible ways of tackling the problem. After this the AFoam/Progress@ material was selected for further development. Phase 2: Initial testing of the material in 5 test and 3 control schools. Intervention consisted of: a) 4 hour course given to teachers in each school. b) suggestions to enhance local co-operation with organised sports and after-school activity clubs. c) One set of AFoam/Progress@ materials being in each school for 9 weeks. Various structured interviews and self-completed forms by teachers (skills in learning and sports), children (usual activity level, motivation and assessment of learning) and by external observers (actual performance of children in selected activities).

Phase 3: Extending the testing to more schools and making courses in using tumbling tricks as a continuous part of training courses for teachers. Distribution of tumbling tricks countywide.

RESULTS

A total of 190 children from 4th grade participated in phase two. Test-schools were comparable to control schools on major factors (gender, activity levels, preintervention observation of skills). Effects: Observation of motivation for participation in gymnastics classes points at a smaller level of Amotivation-loss@ among disadvantaged children compared to very active children. Almost all children indicated learning something during the 8 week trial, however at different levels depending on their abilities. And it seemed like there was a progressive sequence in which each child moved further along an individual path of increasingly difficult mobility pattern. Finally it seemed possible to use the planned evaluation strategy for a more thorough phase three test. Phase 3 test showing wide acceptance of principles and materials followed by 51 schools having purchased tumbling tricks and 16 courses made with 4-500 teachers participating in the courses so far.

CONCLUSIONS

Founded in a county group representing schools, institutions and the organised sports an organisational setting has been made, which seems to support development of cross-sector efforts in the learning of mobility skills in the advantaged as well as less advantaged children. The material has gained county wide acceptance and is now part of a general support initiative from the County Centre for Educational materials.

Manuals, videorecordings and photo materials will be shown as a poster at SafeComm Nord-4. One of the field visits will go to a school where children are using tumbling tricks.

Tumbling Trics (skumfiduser) have been developed in collaboration with Berggren F & Bjørn M. South Denmark University, Inst. of Sports Medicine

(1) Simons-Morton BG, O'Hara NM, Parcel GS, Huang IW, Baranowski T, Wilson B. Children's frequency of participation in moderate to vigorous physical activities. *Res Q Exerc Sport* 1990; 61(4):307-314.

(2) Telama R, Leskinen E, Yang X. Stability of habitual physical activity and sport participation: a longitudinal tracking study. *Scand J Med Sci Sports* 1996; 6(6):371-378.

(3) Wedderkop N, et al. Personal communication.

Børn med fut i / Vivacious Kids.

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Posterudstilling vedr. forebyggelse af børneulykker 0 - 3 år.

Udstillingen forestiller billeder af børn, hvor der kan opstå en faresituation. Meningen er at sundhedsplejersken kan brug de illustrative billeder til at fortælle om de situationer i hverdagen, der kan være farlige, samt vejlede om alternative måder at forebygge ulykker.

Eksempel - fald fra puslebord:

- aldrig at gå fra barnet
- at pusle barnet på gulvet
- at have vand indenfor rækkevidde
- at have tøj indenfor rækkevidde

Isbjerget:

Udstillingen forestiller billeder af børn der er kommet ud for forskellige ulykker, samt 1. hjælpen til disse. Vigtigheden af at kende de 4 hovedpunkter, således at man selv undgår at komme til skade ved at hjælpe andre.

Der er ligeledes en tipskupon, hvor @man@ kan teste sin egen viden omkring 1.hjælp. Den der har alle svar rigtige kan vinde en t-shirt.

Udstillingen lånes ud til sundhedsplejersker, mødregrupper, daginstitutioner m.fl. henvendelse til Storstrøms amt.

Nøgleord: Børneulykker, hjemmet, 0-3 år, anskueliggørelse, forældre.

Prevention of injuries amongst children

The National Healthy City Network in Denmark.

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Background.

Accidents are the most frequent cause of death in Denmark amongst children under 15. The Healthy City network has therefore chosen to focus efforts on accident prevention amongst children. The Healthy City Network represents 6 counties and 9 municipalities.

Taget group. Children aged 0-6 and 6-15 it is approx. 900.000 children

Setting.

In 2000, The Healthy City Network in Denmark published 2 manuals about the prevention of injuries amongst children aged 0-6 and 6-15.

The manuals contains of a brief description of the types of accident that occur at each age level as well as safety measures that should be considered. othersubject described in the manuals are:

- accident prevention
- close- to- accident
- registration
- methods and quality assessment

How to get the manuals

Both manuals are available in Danish. The price is 70 D.kr. They may be ordered by telephone, on +45 7583 5333 or by e-mail knp@vejleamt.dk

From recognition to prevention

Advanced registration process for traffic accidents for use in road accident prevention.

The Contributors are the Vejle County Accident-Prevention Committee and the Accident and Emergency Department, Kolding Hospital, Skovvangen 2B8, DK-6000 Kolding, f.a.o. Tina Jørgensen (tjo@ks.vejleamt.dk).

The project is reporting to the working party AFrom Registration to Prevention@

As a step towards reducing the number of road accidents, Vejle County has, over a 3-year period, set aside funds to carry out an extended registration process in Accident and Emergency at Kolding. The aim is to find out if data can be obtained in this way which could be useful in local safety work.

The background is that over a 5-year period the number of police-registered accidents were compared with the number of injured patients treated in Accident and Emergency. It emerged that the police had knowledge of only about 20% of the patients. Up until

now, traffic safety work has been carried out on the basis of the police-registered accident figures only. Therefore, Accident and Emergency registration will provide the Roads Departments in Vejle County and the Municipality of Kolding with a better data foundation.

The method is that nursing staff in Accident and Emergency, in addition to the usual information for the National Patient Register, fill out a manual form with a more detailed description of the accident site (statement of street names, house numbers, description of accident situation, statement of direction, position of any vehicles, driving conditions, light conditions, road layout, deployment of safety equipment, the type of damage as well as a description of how the accident could have been avoided). Following on from this there is a monitoring, adjustment and encoding procedure, before the data is keyed into a database (Microsoft Access). Every quarter, the data is delivered to the Roads Departments to be used for preventative work.

The project started on 1st October 2000, so it is still too early to evaluate the preventative effect. However the Road Departments are using the Accident and Emergency data to Ablack-spot@ some locations, as well as in connection with citizens= enquiries concerning traffic safety problems.

Important factors in successful registration:

- _There should be a specific person with responsibility for data quality, i.e. the monitoring and adjustment of Accident and Emergency data before it is delivered to the Roads Departments.
- _There should be close co-operation between those people who fill out the registration forms with the patient and the person responsible for data, so that possible errors can be rectified as soon as possible.
- _The staff who fill out the registration forms should be thoroughly trained, as well as being regularly kept informed about the use of their data in preventative work.
- _The staff should have practicable map-resources at their disposal.

The project will cost 1,144,180 Danish Kroner spread out over 3 years.

The experiences of the project can be used by all who have an interest in employing Accident and Emergency data in the prevention of traffic accidents.

The target group is all road-users who have been involved in a traffic accident within the Municipality of Kolding, and who have required treatment in Accident and Emergency.

Bruk av avviksregistrering som metode for å forebygge hos eldre i institusjon og hjemmetjeneste.

Saman om Tryggleik v/Marit Nordstrand Samarbeidsprosjekt mellom Høyanger kommune og Hydro aluminium Høyanger metallverk, Norge, e-mail: marit.nord-strand@hydro.com

Hvilken type abstrakt

Eksempel på praktisk samarbeid og erfaringsoverføring mellom industribedrift og kommune. Erfaringer med praktisk anvendelse av avviksregistrering som metode for å forebygge og redusere antall ulykker i arbeid og hjem. Introduksjon Hydro aluminium, Høyanger metallverk har arbeidet aktivt med bruk av avviksregistrering som metode for å forebygge arbeidsulykker, og har gode resultat av arbeidet. Gjennom samarbeidet med Hydro aluminium har Høyanger kommune overført deres erfaringer med avviksregistrering og utviklet tilsvarende system i kommunen sin helse- og sosialtjeneste. Metode/Resultater/Erfaringer/Analyse Alle avdelinger innen Hydro er pålagt å registrere og melde alle typer avvik. Uhell og nestenuhell blir etterfulgt av avdelingsmøte hvor man går gjennom hendelsen og gjør tiltak for å unngå gjentagelse. Det blir ført statistikk og rapporter med tilbakemelding til impliserte parter. Hydro har hatt god effekt i form av nedgang i antall skader med fravær. Alle avdelinger innen helse- og sosialtjenesten i Høyanger kommune har tatt i bruk tilpasset avvikssystem basert på modell fra industrien. Man følger samme rutine med å gjennomgå hendelsen på avdelingsnivå før registreringen sendes videre. Helse- og sosialadministrasjonen systematiserer og lager statistikk over avvikene med månedlig, grafisk fremstilt tilbakemelding til avdelingene. Det blir også laget kvartalsvis statistikk over årsaksforhold. Systemet er prøvd ut i ett år og redigert og forbedret med grunnlag i erfaringer man har gjort. Man har fått god dokumentasjon over hvilke hendelser som skjer, hvilke tidspunkt på døgnet, hvilke ukedager og hvilke årsaker som ligger bak. Økonomiske aspekter Å bruke systemet, koster lite i penger men krever litt tid. Effekt i form av redusert antall skader med fravær utgjør store økonomiske innsparinger i arbeidslivet. Effekt i form av redusert antall skader hos eldre betyr redusert ressursbehov og kostnader i helsetjenesten. Diskusjon Erfaringene med systemet i kommunal sammenheng er positive. Personalet er blitt mer observante på at små ting i det daglige kan ha stor betydning for forebygging av ulykker og skader. Oppmerksomhet for skadeforebyggende arbeid, og for å ta ansvar for dette i det daglige, er større enn før systemet ble tatt i bruk. Systemet er redigert underveis, og det gjør det vanskelig å dokumentere effekt i form av færre ulykker blant brukerne. Eksempel på tiltak som følge av systemet er forslag om forandring i medisinerutiner for å unngå fall som følge av overforbruk av medisiner, innkjøp av ny pasientløfter og nye, mer moderne intitusjonsenger, større fokus på orden og vedlikehold av utstyr, samt fokus på skader og ulykker i møter. Praktisk relevans Systemet kan brukes både for ansatte og brukere, og avvik kan meldes på samme skjema. Det er et godt verktøy for å forbedre kvaliteten på tjenesten innen helse- og sosialetaten. Det synliggjør over tid hvilke hendelser som skjer, om det er forhold som gjentar seg og som kan rettes på. Alt i alt er erfaringene at dette er et hensiktsmessig system, til internt bruk, for å dokumentere , forebygge og skape positive holdninger til skadeforebyggende arbeid.

Fra vernerunde til tiltak i Årdal kommune.

Kolbjørn Kastet, Postboks 40, 6881 Årdalstangen, Norge, phone: 004657665000, e-mail: kolbjorn.kastet@ardal.kommune.no, Referer: <http://www.bola.suite.dk/safecomm/abstract.html>

Introduksjon

Årdal Tenk Tryggleik er et samarbeidsprosjekt mellom Årdal Kommune, Hydro i Årdal, Norsk Folkehjelp, Norsk Hydro, LO i Årdal, Lensmannen i Årdal og Skadeforebyggende forum. Gjennom holdningsskapende arbeid har @ Årdal Tenk Tryggleik@ som mål å forebygge og redusere ulykker i arbeid, hjem, skole og fritid.

Metode/resultater/erfaringer/analyse.

Årdal kommune (Årdal Tenk Tryggleik) går rundt i lokalmiljøet hver måned for å kontrollere at hensynet til helse, miljø og sikkerhet er i varetatt på en god måte. Vernerunden er planlagt i et bestemt område, eller det er forhold som er rapportert inn fra innbyggerne, eller det kan ha vært en ulykke i området som skal sjekkest ut.

Et av tiltakene er å registrere farlige forhold der folk oppholder seg (skolevei, gangveier, farlige kryss, leikeplasser osv.)

Dette vert gjort ved befaring og ved melding fra innbyggerne i kommunen.

Målsetningen er at hele kommunen skal være kontrollert minst en gang i året.

Når et forhold som bør utbedres er oppdaget, så vil vedkommende som er ansvarlig få et brev i posten med bilde av forholdet og med oppmoding om utbetring.

Et annet tiltak er å drive kontinuerleg skaderegistrering. Ansvar for dette har legetenesten i Årdal. Skadebildet forteller noe om årsakene til at skader oppstår. Og ved å informere aktuelle parter om dette, kan forebyggende tiltak setjast i verk.

Økonomi.

Det kostar lite å bruke systemet, men det tar tid. Effekt får vi i form av færre ulykker som gjør at kommunen ser at kostnader for det offentlege går ned og at livskvaliteten for den enkelte går opp.

Diskusjon.

Erfaring viser at alle er mer opptatt av forbyggende arbeid. Dette viser også folks oppmerksomhet om farlege forhold som blir innrapportert, og den diskusjon som kan observere i lokalmiljøet.

Praktisk relevans.

Dette kan brukes av alle. Det er et verktøy som synliggjør farlege forhold i trafikk, hjem, skole, arbeid og fritid. Erfaringer viser at dette systemet fungerer godt som dokumentasjon, men også for å kunne forebygge og skape gode holdninger til skadeforebyggende arbeid.

Målgruppe.

Trafikk, skole, arbeid, hjem og fritid og for alle aldrar.

Injury registration as a basis for injury prevention locally, regionally and nationally.

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Folkhälsokom-mitténs kansli, Västra Götalandsregionen, Regionens Hus , 542 87 Mariestad,
Tel.46 501 62322, Fax 46-501 62340, Email: maj.ader@vgregione.se

Aim: The comprehensive injury registration system in Skaraborg shall provide a basis for injury prevention in the fifteen municipalities which work with local injury prevention programmes according to the criteria for aa Safe Community@. The injury register shall provide injury data to the national injury register, the national traffic injuries register and the EHLASS product injury register.

Methods: Injury registration includes persons who sustain accidental injuries, injuries resulting from assault and self-inflicted injuries and who seek medical assistance at hospitals, emergency departments, health centres and public dental clinics in the former County of Skaraborg. The patient is asked to fill in an injury report with questions about the nature of the injury and time and place of occurrence. The data are supplemented with data from the patient records concerning reason for consulting, diagnosis, treatment and length of hospital stay. The injury reports are collected and coded by the staff at the injury units according to NOMESKO, EHLASS and ICD 10 chapter XX.

Intersectorial collaboration has been established between the primary care service, hospitals, municipalities and voluntary organisations for development of efficient and simple routines for spreading injury data from the hospitals and health centres to the municipalities, authorities, organisations and other health care units. The project period was 1998 - 2000. The Regional Health Service Committee for Västra Götaland has decided that injury registration will continue during 2001 and that it will be extended to cover the entire region.

Summary: We are very pleased to be able to present local data from comprehensive injury registration at the hospitals, emergency departments, health centres and public dental clinics in the former County of Skaraborg. The risk pattern that has emerged has made it possible to place new information at the disposal of the health services, municipalities, authorities and voluntary organisations in Skaraborg. It is now possible for the municipalities to monitor injuries in their own area.

Injury registration is a prerequisite for development of injury prevention programmes in the municipalities and urban districts and for evaluation of the programmes. Injury data also provide a basis for research within the health services, municipalities and authorities. All parties involved have now pooled and coordinated their resources with the aim of achieving comprehensive injury registration throughout the Västra Götaland Region.

Nation-wide cooperation in accident prevention - supports the prevention work in municipalities.

Auli Paavola, The Finnish Association of Local and Regional Authorities, Toinenlinja 14, 00530 Helsinki, Finland, Fax: 358 9 771 2778 auli.paavola@kuntaliitto.fi

Experience

In the last decade increasing cooperation between different spheres has characterized the development of accident-prevention work in Finland. This development has been a long process. The foundation of the Consultative Committee for the Prevention of Home and Leisure Accidents in 1986 was an important starting point.

Members of the Committee represent a wide range of expertise and different fields of administration. The Committee has drawn up reports describing the current accident situation and reports directing accident prevention work. The reports have been widely distributed to municipalities. In addition, the Committee has supported research projects and it has been an active partner in developing cooperation in the whole accident prevention field. In its latest report (2000) the Committee raised the discussion on development of comprehensive safety culture and proposed zero-accident model as a way of thinking in the whole accident prevention work.

In 1993 the long-term campaign for the prevention of home accidents was launched as an activity forum for various partners. The campaign has produced a lot of information and practical material widely distributed into municipalities and NGOs. National accident prevention day, Friday the 13th, is an important product of the campaign and it is now famous on international level, too. In Finnish municipalities the accident prevention day has sparked many kinds of activities and happenings and the media has shown a great deal of interest for it.

The Safe Community in Finland-competition is carried out for the 6th time this year. The main objective of the competition has been to develop a wide and long-term accident prevention in municipalities. The competition has shown that the ideas and materials produced nation wide have been received with enthusiasm in municipalities. Municipalities which have succeeded in the competition form a national Safe Community network.

Literature:

-Tapaturmatilanne ja turvallisuuskulttuuri. Report of the Consultative Committee for the Prevention of Home and Leisure Accidents. Ministry of Social Affairs and Health, 2000 (in Finnish).

-En trygg kommun B råd och tips. Handbok, 2001.

Injury registration available classifications.

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Introduction:

Injury registration is a concern for all practitioners within injury prevention, since reliable and valid data are necessary for planning, implementation and evaluation of injury prevention. The question of data also concerns which injury cases are recorded, i.e. cases of fatal injuries (mortality data) or non-fatal injuries (morbidity data). Mortality data are indeed important, but the injury pyramid illustrates the bulk of non-fatal injury cases that impose a huge challenge to our societies because of their short term and long-term consequences for the costs of treatment, prevention, etc.

Experiences:

This presentation seeks to give an overview of the classifications used for recording injury cases. All countries agree in principle in using WHO's International Classification of Diseases (ICD-10 (tenth revision)) for mortality and morbidity coding. The use of ICD is more uniform for mortality data than for morbidity data. For many reasons the ICD has not become the standard tool for recording external causes of non-fatal injuries (this includes settings where the external causes of injuries are not recorded at all). The past two decades have, therefore, demonstrated an increasing demand for classifications that may satisfy the needs of esp. the prevention practitioners. The need for injury data concerns answers to the questions: Where did the accident (or other injury event) occur, what went wrong at the time, what was the activity of the injured person, how was the injury sustained?

Discussion:

The presentation will consider those classifications that are derived from ICD or constructed in order to maintain compatibility with the ICD. Some classifications are in a developmental stage, e.g. International Classification of External Causes of Injuries (ICECI), and others have been used extensively during the last 15-20 years, e.g. NOMESCO Classification of External Causes of Injuries (NCECI). The reason why compatibility with the ICD is important is that we wish to compare injury statistics over time and between countries (places).

Apart from discussing use of the ICD or alternative classification systems, it is also important to consider purposes of injury registration and the ensuing need for detailed classifications versus short lists or minimum data sets. Obviously, consideration of resources used for monitoring injuries in a given population is important for decision makers. The choices, however, have to satisfy purposes and demands at various levels, i.e. national, regional and local level. AFrom registration to prevention@ probably carries different connotations at the various levels.

Injury research is also an important issue, since evidence based injury prevention is in demand. Injury data including registration of external causes of injuries are part of the basic requirements for many research purposes.

Traffic Safety and Accidents

Eksempel på trafiksikkerhedsplan.

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Horsens Kommune har - med økonomisk støtte fra Vejdirektoratet -udarbejdet forslag til trafiksikkerhedsplan 2001-12. I forbindelse hermed er der gjort status over uheldsudviklingen i perioden 1987-98.

I perioden frem til 1996 har antallet af dræbte og tilskadekomne ligget under Færdselssikkerhedskommissionens målsætninger, men både i 1997 og 1998 ligger vi desværre over målsætningen.

Den nye trafiksikkerhedsplan er udarbejdet på baggrund af en analyse af uheldene i perioden 1993-98.

De vigtigste problemer er:

- det samlede antal uheld har været stigende i de sidste 3-4 år,
- bløde trafikanter er involveret i ca. 35% af alle trafikuheld,
- unge i alderen 18-25 år er den gruppe, som hyppigst er involveret i trafikuheld,
- i 17% af trafikuheldene var mindst en af de involverede førere påvirket af spiritus
- antallet af uheld i Hatting og Lund er væsentligt højere end i Egebjerg.

Horsens Kommune har valgt at følge Færdselssikkerhedskommissionens nye målsætning for perioden 2001-12, dvs.

antallet af dræbte og alvorligt tilskadekomne i trafikken på det kommunale vejnet skal inden udgangen af år 2012 være reduceret med 40% i forhold til år 1998.

Målet svarer til, at antallet af dræbte pr. år er reduceret fra 2 til 1 og antal alvorligt tilskadekomne pr. år fra 33 til 20 i år 2012.

På baggrund af uheldsanalysen har Horsens Kommune udvalgt følgende indsatsområder og virkemidler.

Reduktion af det samlede antal uheld: Sortpletarbejde, hastighedsplan, udmøntning af hastighedsplan, indsats mod enueheld, indsats over for erhvervstrafikanter, afmærkning og vejvisning samt trafiksikkerhedsrevision

De bløde trafikanters sikkerhed: Sikring af skoleveje, sammenhængende og sikre cykelruter, vedligeholdelse

af cykel- og gangarealer, trafiksikre og trygge gangruter, tunge køretøjer samt kampagner og information

Unge i alderen 18-25 år: Kampagner samt samarbejde med kørelærere

Trafikuheld og spiritus: Spritkampagner og politikontrol

Uheld i Hatting og Lund: Analyse af uheld - målrettet indsats mod uheldstyper og -steder

Skal målsætningen nås, er det vurderet, at dette vil koste 74 mio. kr. over 12 år.

Informativ regulering af unge i trafikken.

af ph.d.-stipendiat Mette Lolk
 Institut for Ledelse, Politik og Filosofi
 Handelshøjskolen i København

I ph.d.-projektet Informativ regulering af unge i trafikken undersøges brugen af informations-kampagner og -materialer som styringsmiddel med udgangspunkt i de informationsaktiviteter, der iværksættes overfor de unge trafikanter. Det er ambitionen med projektet at bidrage til såvel ung-domsforskning som forskning i offentlig ledelse og strategisk kommunikation samt ikke mindst at levere ny viden og inspiration til de myndigheder og organisationer, der i praksis beskæftiger sig med unges trafiksikkerhed. Projektets analyse består overordnet af to dele:

– En empirisk baseret analyse af de 16-19 åriges holdninger til trafikssikkerhed og reaktioner på de informationskampagner o.l., som de eksponeres for. Den empiriske analyse omfatter 14 fokusgruppeinterviews med repræsentanter for gruppen af 16-19 årige på forskellige uddannelsesinstitutioner samt individuelle interviews med en række udvalgte nøglepersoner.

– En teoretisk funderet analyse af informationskampagner som middel til at regulere de unges holdninger til trafiksikkerhed handlinger i trafikken. I projektet arbejdes på flere analyseniveauer, hvilket indebærer brug af forskellige typer teori: Makro-teori, der fungerer som overordnet ramme om projektet samt relevante mikroteoretiske bidrag, der benyttes som forklaringsmodeller på projektets delområder: ungdomskultur, forebyggelse, trafiksikkerhed, kommunikation.

Projektets metodemæssige tilgang er moderat eksplorativ, idet de empiriske studier i vidt omfang har været determinerende for hvilke teorier, der inddrages analysen. Formålet har været at undgå den forudindtaget, der kan være konsekvensen af et mere teori-afprøvende perspektiv samt at sikre en frugtbar udveksling mellem teori og praksis.

Med udgangspunkt i såvel det empiriske materiale som de teoretiske byggesten er det projektets overordnede mål at diskutere og vurdere muligheder og begrænsninger for at benytte information som middel til at regulere unges holdninger til trafiksikkerhed og handlinger i trafikken.

Projektet afsluttes med indlevering af en ph.d.-afhandling i sommeren 2001. Vejledere på

projektet er professor, dr.phil. Anker Brink Lund, Odense Universitet og lektor, ph.d. Niels Åkerstrøm Andersen, Handelshøjskolen i København samt projektleder Jesper Sølund, Rådet for Større Færdselssikkerhed. Projektet er hjemmehørende på Institut for Ledelse, Politik og Filosofi på Handelshøjskolen i København og er finansieret af Rådet for Større Færdselssikkerhed.

Kulturkrock eller kulturmöten?

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VAD HÄNDER I KROPPEN NÄR SJÄLEN MÅR DÅLIGT? SINNESBASERAT LÄRANDE VAD ÄR DET?

Människans syn på sig själv i relation till den omgivande världen utgör kärnan i personbegreppet. Personbegreppet är av största betydelse för att förstå kulturella skillnader. Om man har klart för sig vilket personbegrepp den andre har är det lättare att få förståelse för andra kulturer. Det finns två motsatta ideologier, den ena med individen i centrum och den andra med gruppen i centrum.

För en del invandrare innebär resan till Sverige ett statusbyte nedåt vad gäller kompetens. I det gamla hemlandet kunde det vara så att den formellt lågutbildade personen hade hög status genom en praktisk och social kompetens. I Sverige finns däremot ett kunskapsystem där kunskap från mer formella utbildningar värderas högre.

Billdalskolan i Borås är ett projekt som invandrarbyrån bedriver. Målgruppen är flyktingar, vuxna personer, en del är analfabeter. Projektet har pågått under ett och ett halvt år. Målet för verksamheten är:

- _ Att förmedla kunskap som gör livet rikare.
- _ Att ge eleven redskap med vilka vardagen kan hanteras.

Metoden är sinnesbaserat lärande. Detta betyder att man arbeta med alla sinnen för att kunna nå individen så att ett lärande kommer till stånd.

- ** Vad har vi gjort?
- ** Vad har vi lärt?
- ** Vad är klokt att göra?

Att komma till ett annat land kan vara både främmande och skrämmande!

Hur kan man underlätta mötet med den svenska vardagen?

Att kunna cykla är ingen självklarhet för våra invandrare. Cykeldagar är en av de aktiviteter vi ordnar. Balansen övas under trygga former och med instruktörer. Lika viktigt som att kunna cykla är att känna till trafikregler, och hur man skyddar både sig själv och sina medtrafikanter i trafiken.

Med hjälp av bilder och praktiska övningar på olika underlag får invandrarna lära sig att hantera en cykel och att ta sig fram i trafiken. Med ökad kunskap ökar också

självförtroendet. Många invandrare har inte bil. Cykeln blir då ett bra redskap för att hantera vardagen lättare.

På schemat finns bl a också kunskap om och handlingsberedskap vid

- dikeskörning/bilkrock
- brand
- olyckshändelse

Evaluering af 42 kommunale trafiksikkerhedsplaner I Danmark

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Færdselssikkerhedskommissionen i Danmark lægger stor vægt på den lokale indsats i trafiksikkerhedsarbejdet og har siden midten af 90=erne anbefalet kommunerne at lave planer for en sammenhængende indsats på trafiksikkerhedsområdet. Samtidig har Vejdirektoratet via Trafikministeriets trafikpulje støttet arbejdet med trafiksikkerhedsplaner i ca. 100 især mindre og mellemstore kommuner.

Vejdirektoratet har ønsket at opsamle og videregive erfaringerne fra dette arbejde ved at iværksætte en uafhængig evaluering af de første 42 støttede planer. Evalueringsmetoden har været en kombination af litteraturstudier af plandokumenter, en spørgeskemaundersøgelse i de berørte kommuner og i alle 14 amter, en analyse af tilgængelige uheldsdata i de 42 kommuner sammenlignet med tilsvarende data i 19 kontrolkommuner samt kvalitative interviews med planlæggere, politikere og borgere i 10 af de 42 kommuner. Evalueringens hovedresultat viser at det gennem planlægningen er lykkedes at skabe en markant øget lokalpolitisk opmærksomhed om trafiksikkerhedsproblemerne og at det i mange kommuner har ført til en øget indsats med større bevillinger. Der har dog indtil videre ikke kunnet konstateres en forbedret udvikling i antallet af personskader i de berørte kommuner.

Alle kommuner har anvendt eksterne konsulenter til arbejdet, og de fleste steder er planerne udarbejdet i et netværk med amtet og flere kommuner der således har kunnet udveksle erfaringer undervejs i planlægningsprocessen. I næsten alle kommuner har borgerne været mere eller mindre inddraget i processen.

Evalueringen diskuterer kvaliteten af planerne herunder en manglende sammenhæng mellem analyser, politiske mål og konkrete aktiviteter. Også planernes ofte mangelfulde handlingsdimensioner diskuteres. Evalueringen afsluttes med en række anbefalinger til kommuner uden trafiksikkerhedsplan, til kommuner der skal revidere deres trafiksikkerhedsplan, til amterne og til Vejdirektoratet. Det anbefales bl.a. at der gennemføres en langt mere omfattende videnformidling og erfaringsudveksling mellem stat, amter og kommuner. Rapporten kan således være et værdifuldt planlægningsredskab for alle som beskæftiger sig med planlægning af trafiksikkerhed - ikke mindst i amter og kommuner.

Kommunale trafiksikkerhedsplaner - evaluering, rapport nr. 221 2001, Vejdirektoratet. Rapporten er gratis.

Utvärdering av 16-årsgräns för övningskörning

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Introduktion

I September 1993 infördes en ny reform i Sverige som gjorde det möjligt att börja övningsköra från 16 års ålder. Körkortsåldern 18 år förblev dock oförändrad. Syftet med den lägre åldersgränsen var att ge eleven en möjlighet att skaffa sig en större erfarenhet av bilkörning innan han tilläts köra på egen hand.

Metod

Utvärderingen har koncentrerats till hur det nya systemet fungerade och nyttjades. Olycksanalysen bygger på data hämtade från SCB:s (Statistics Sweden) nationella olycksregister och Vägverkets körkortsregister. Grunddesignen i utvärderingen bygger på att de som nyttjat 16-årsgränsen jämförts med två kontrollgrupper en grupp före förändringen 1993 och en som haft möjlighet börja att övningsköra vid 16-års ålder men valt att inte börja förrän vid 17,5 års ålder. För att också få kontroll för över de samhällstrender som eventuellt förändrats över tid och som eventuellt kan påverka ungdomars beteende som förare och därmed resultatet av utvärderingen har s.k. trendanalyser av olyckor och attityder genomförts.

Resultat

Uppföljningen av övningskörningsolyckor visar att olycksrisken bland 16-17,5-åringar inte är högre än bland 17,5-18-åringar. Analysen av polisrapporterade olyckor två år efter att man fått sitt körkort visar att reformen givit en olycksreduktion bland 18-19-åriga förare på ca 15%. Analysen visar också att om gruppen som valt att övningsköra från 16 år jämförs med de två kontrollgrupperna framkommer en skillnad på 46%. Om hänsyn tas till effekten av generell sänkning av olyckstrenden, skillnad i social bakgrund och att den grupp som övat från 16 år skaffar körkort tidigare än de andra två grupperna kvarstår en skillnad på 40% i olycksrisk mellan före sänkningen och de som valt att övningsköra från 16 år medan den minskat till 24% mellan de som nyttjat respektive inte utnyttjat möjligheten att öva från 16 års ålder.

Ekonomiska aspekter

Utvärderingen av den nya reformen pågick mellan 1993 och 1998. Sammantaget arbetade 5-7 personer (30-40% av arbetstiden) under dessa år med utvärderingen till en kostnad av ca 7 miljoner SEK.

Diskussion

Efter en sammanvägning av de olika resultat som framkommit kan det konstateras att sänkningen av åldersgränsen till 16 år inneburit en förbättrad trafiksäkerhet för de yngsta nyblivna bilförarna. Då flera av delstudiernas resultat faller in i ett rimligt mönster som väl överensstämmer med de hypoteser som formulerats innan utvärderingens start blir slutsatsen att den större mängd övningskörning som 16-åringarna redovisar leder till säkrare bilkörning.

Praktisk relevans

Resultatet har legat till grund för att vidareutveckla det svenska förarutbildningssystemet. Det nya förslaget kallas STEFUS och finns att beställa från Vägverket i Sverige (www.vv.se). Utvärderingen kan rekvireras från VTI (www.vti.se). Utvärderingen finns också som artikel i aaP (Sixteen years age limit for learner drivers in Sweden - An evaluation of safety effects av Gregersen N P et al, 32 (2000) 25-35.)

Projekt:Unge og Fart.

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Unge er særligt udsatte for at komme til skade i trafikken. Specielt unge mænd tæller i uheldsstatistikken.

I Vejle Amt kommer hvert år i gennemsnit 724 til skade i trafikken, 189 (26%) er fra 18 -24 år. I alt 41 bliver dræbt. Heraf er de 8 (20 %) fra 18 - 24 år.

I første halvdel 1996 rykkede ambulancelægerne i Gadbjerg ud til et særlig stort antal ulykker med unge trafikanter. Det var årsag til at de opfordrede Forebyggelsessekretariatet i Vejle Amt til at iværksætte et projekt, hvor unge mennesker gennem øvelser får en aha-oplevelse: at de mangler erfaring til at køre med de højere hastigheder.

Opfordringen medførte, at der i 1997 blev gennemført fire kurser med i alt 160 unge mellem 18-24 år gennemgik kørselsforsøget på flyvestation Vandel.

Eleverne gennemgik kørselsforsøg med opbremsnings- og undvigemanøvre ved kørsel mod en mur (kegle). Endvidere indgik holdningsbearbejdning via oplysning fra ambulancefolk, politi, trafikinformatør, førstehjælpsinstruktør og kørelærere i programmet.

Projektet er afrapporteret i Det ku ha været en barnevogn. Evalueringen viste, at stort set Alle de unge mindst én gang under forløbet fik en oplevelse af, at de ikke havde magt over situatione.

I foråret 2000 blev Vejle Amt kontaktet af forsikringselskabet ALKA, som med interesse har set resultaterne af projektet. ALKA kom med en idé om at belønne de unge bilister, der for egen regning gennemgår et forløb svarende til kurset. Efterfølgende tilbyder ALKA Danmarks p.t. bedste og billigste bilforsikring

Vejle Amt og ALKA har indgået en aftale om en gentagelse i form af et forsøgsprojekt, der afvikles den 5. maj 2001. Dette projekt evalueres med særlig vægt på villighed til egenbetaling med henblik på en fremtidig drift af kurset.

Safe Community: Der er udarbejdet et overhead-foredrag til fremlæggelse i temagruppe eller evt. i plenum Foredraget fortæller om baggrund, projektet, erfaringer og intentioner om fremdrift og forventninger heraf. Der forventes desuden udarbejdet en plancheudstilling. Desuden indgår en mulig demonstration på Flyvestation Vandel

Från vision till praktiskt arbete.

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Det svenska trafiksäkerhetsarbetet utgår från Nollvisionen. Det innebär att på sikt ska ingen människa behöva dödas eller skadas allvarligt på de svenska vägarna.

Att gå från visionen till praktiskt arbete innebär alltid att man måste utgå från visionen. I vårt fall att vi måste forma arbetet utifrån att människor inte ska komma till allvarlig skada i vägtrafiken. Vi måste mentalt @ställa oss på nollan@ och fråga oss: Vad krävs för att vi ska komma hit ?

Svaret kan tyckas enkelt: Vi måste hantera de krafter, den energi, som utlöses när en olycka inträffar på ett sådant vis att människor inte kommer till skada. Det finns oändligt många sätt att göra det på: tekniska lösningar, påverkansåtgärder, ändringar i regelverk, etc. För att åstadkomma säker vägtrafik måste vi använda oss av hela arsenalen. Men det krävs att vi gör det systematiskt, att vi har vetenskap och kunskap som grund, är konsekventa och uthålliga, att varje aktör tar sin del ansvaret och att det som görs samordnas i de fall det ger större effekt.

Det systematiska innebär bl a att vi måste ta reda på var bristerna finns, bestämma oss för vilken eller vilka åtgärder som är de bästa för att rätta till bristerna och dessutom vem som ska vidta åtgärderna. Fokus i arbetet är att förhindra att allvarliga skador uppstår. Det kan ibland innebära att flera olyckor inträffar. Helt säkert innebär det att det finns flera typer av olyckor som vi i fortsättningen inte ska bry oss om. Till vår hjälp har vi bland annat konsekventa djupstudier av allvarliga olyckor och statistik som visar hur systemet fungerar eller inte fungerar. - Återföringen i ett ständigt förbättringsarbete.

Det ständiga förbättringsarbetet för att åstadkomma en säker trafik följer samma mönster som all annan kvalitetsutveckling:

- Ledningen måste vara engagerad
- Kundens behov är i centrum, dvs människors liv och hälsa är styrande. (I det praktiska arbetet talar vi om den säkra framkomligheten, att cyklister, fotgängare, bilister, bussresenärer och andra ska komma fram utan att komma till skada)
- De beslut som tas ska baseras på fakta
- Vi ska skapa en helhetsbild av det vi gör
- Alla behöver vara delaktiga
- Vi ska identifiera och arbeta med processer
- Vi ska ständigt arbeta med förbättringar

En förutsättning för att vi ska nå Nollvisionen är att alla aktörer vars verksamhet skapar eller påverkar resor och transporter på vägarna måste säkra sin egen verksamhet. Detta gäller såväl kommuner, landsting och statliga myndigheter som livsmedelsaffärer, försäljare och enskilda människor.

Jag kommer att ge några exempel under anförandet.

En kampanje som har redusert ungdomsulykkene i trafikken i Sogn og Fjordane fylke

Kåre Ljones, Statens vegvesen i Sogn og Fjordane, Postboks 168, 6861 Leikanger, Norge, phone: 004657655700, fax: 004657655986, e-mail: kaare.ljones@vegvesen.no,

Type: Orientering om kampanjen med tilhørende forskningsresultat. Passer til 15. min innlegg under temaet: Trafikkulykker.

Introduksjon: Statens vegvesen Sogn og Fjordane har i samarbeid med politi, skoleverk og andre gjennomført **Sei ifrå!**- kampanjen sidan 1993. Målet har vore å redusera talet på skadde og drepne ungdommar i trafikken. Kampanjen fokuserer på passasjerane sin rolle. Ein del av kampanjen er retta mot fart og ein del mot promillekjøring. Kampanjen består av kontroll og informasjon med kortfilm, t-skjorter og anna kampanjemateriell. I tillegg til å visa filmspottane vil det i innlegget bli gitt ein presentasjon av strategi og tenkinga bak kampanjen, erfaring og forskning.

Resultater - forskning: Kampanjen vart evaluert ved ei spørjeundersøking av SINTEF i Trondheim i 1996. Denne gav godt resultat og viser at over halvparten av dei spurde ungdommane hadde vorte flinkare til å @seia ifrå@. Transportøkonomisk institutt (TØI) har evaluert virkningen av kampanjen i Sogn og Fjordane fylke i Norge for tidsrommet 1993-98. TØI rapport 425/99 viser at kampanjen har:

- o Redusert talet på skadde og drepne bilpassasjerar i alderen 16-19 år med ca 30 %
- o Ingen endring i talet på trafikkskadde unge bilførarar

Økonomiske aspekter: I tillegg til kostnadene med kontrollar har det i tidsrommet 1993-98 vore nytta 2 mill. kr i Sogn og Fjordane til informasjonstiltak m.a. filmar, t-skjorter.

Praktisk relevans: Statens vegvesen har i samarbeid med politi og skoleverk teke kampanjen i bruk i fleire fylke i Norge. Dette er mulig for off. instansar i andre land.

Kontaktperson: Kåre Ljones.

Målgrupper og aldersgrupper: På konferansen er dette ungdom og vaksne med interesse for trafikk og kampanjer og reduserer ulykkene.

Referanser: SINTEF rapportnr. STF63 A96002 av januar 1996. TØI rapport 425/99

Tidsserieanalyse av Trafikkulykker i Buskerud Fylke i Norge.

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Abstractet er fra et forskningsarbeide ved Linköpings Universitet i Sverige, gjennomført som Master Thesis ved det internasjonale Masterprogrammet Traffic Environment & Traffic Safety Management. Forfatteren har forut for studiet arbeidet med trafikksikkerhetsarbeide på fylkesnivå de siste 10 år, hovedsakelig med ulykkesanalyse, risikoanalyse, og utredninger innenfor trafikksikkerhet.

Utviklingen av trafikkulykkene i Buskerud fylke (amt) i Norge er studert for å finne hvilke samvirkende faktorer som best kan forklare utviklingen i perioden mellom 1973 og 1994. Det er også diskutert metoder for prediksjon av ulykkestall, både på kort og lang sikt. Det er benyttet månedlige aggregerte data til analysene. Dataene er gruppert innen områder som Traffic Density, Public Transportation supply Vehicles, Road User Behaviour, Road Infrastructure, Road Maintenance, Population, Income and Prices, Light, Weather, Legislative measures. Financial Safety Incentives and penalties, access to Alcohol, Campaigns, Special Events, accident Reporting Routines, Geography og Calendar Effects.

For å modellere ulykkesutviklingen er anvendelse av forskjellige metoder diskutert, og for å lage modell for antall trafikkulykker per måned er Generalisert Poisson Regresjon benyttet, og det er også gjort beregninger av Elastisiteter. Resultatene (foreløpige) viser at indikatorer på gode og dårlige tider (de store økonomiske svingningene) i samfunnet har en betydelig forklaringskraft. Forklaringsfaktorer som biltetthet, antall dager med frost, antall dager med dagslys, andel tunge kjøretøyer, trafikksikkerhetstiltak, arbeidsløshetsrate osv kan forklare utviklingen best. For prediksjoner er det foreslått både kortsiktige og langsiktige modeller.

Omkostningene ved fremskaffelse av data er vanskelig å anslå, dataene til dette studiet er skaffet fra forsker Lasse Fridstrøm ved TØI. Tilsvarende analyser er gjort av Göran Tegnér i bl.a Stockholm (<http://www.transek.se>) for Stockholm by.

Bruk av slike analyser vil bidra til å kunne fastslå med bedre nøyaktighet hvilke faktorer i samfunnet som påvirker trender og sesongmessige svingninger i ulykkestallene, slik at man kanskje slipper å synse om dette. Egenskaper ved metoden Poisson regresjon gjør at det også er mulig å lage slike modeller på kommunenivå, selv om de månedlige ulykkestall er svært små.

Avhandlingen kan rekvireres fra Ulf.Rydningen@vegvesen.no og kan tilsendes via e-mail gratis. Trykt utgave kan også rekvireres, foreløpig gratis. Avhandlingen er skrevet for å kunne forstås av ulike fagfolk innen trafikksikkerhet, målgruppen er ikke primært statistikere.

Referencer er div. anvendt forskningslitteratur innen trafikksikkerhet og statistikk.

Registrering af trafikskader på sygehuse baseret på GIS og brug af oplysningerne i kommunal trafikplanlægning.

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I forbindelse med behandling af trafiktilskadekomne i Fyns Amt er der gennem de sidste mange år i tiltagende detaljeret form registreret oplysninger om trafikulykker. Denne registrering er foregået ved Odense Universitets Hospital, som led i Ulykkes Analyse Gruppens arbejde. Fra januar 1999 er registreringen i amtet udvidet med en kvalitetssikring og koordineret registrering ved skadestuerne i Svendborg og Middelfart. Skadestuerne omfatter tilsammen cirka 10 % af al behandling ved skadestuerne i Danmark.

Det er lykkedes at stedfæste 90 % af alle henvendelser til strækning, men for cirka 50 % kendes den præcise lokalisering ikke. Der er derfor iværksat forsøg med anvendelse af elektroniske kort til stedfæstelse. Desuden er der indledt samarbejde med kommunale myndigheder, som er modtagere af de indsamlede oplysninger.

Anvendte metoder, analyser og fremgangsmåde:

? Der udvikles en GIS-baseret applikation til registrering af trafikulykker på skadestuen, som registrerer de oplysninger der er nødvendige til prioritering af trafikulykkesforebyggelse. Modulet afprøves i skadestuernes i en afgrænset periode.

? Der foretages en vurdering af præcision og kompletthed af de indsamlede oplysninger mht. alvorlighed, uheldssituation og øvrige komponenter.

? Der udarbejdes en samarbejdsform mellem sygehusene og de lokale vejmyndigheder (kommuner og amt), således at data overføres regelmæssigt til vejvæsenet.

? Der udarbejdes en forundersøgelse af anvendeligheden af de indsamlede data i det praktiske, uheldsforebyggende arbejde i kommunerne i samarbejde med kommunernes konsulenter.

Det empiriske grundlag:

? Indsamling af geokodede trafikulykkesdata fra skadestuerne i Svendborg og Middelfart fra april 2001 og frem.

? Lokal samkørsel og sammenligning af ovennævnte data med politiregistrerede uheldsdata fra samme periode.

Traffic injuries related to urban children and adolescents.

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(Research, Traffic accidents)

Traffic-related injuries are serious problem in Lithuania, because trauma resulted from road traffic accidents are leading among children and adolescents. It is a result of growing motorization and urbanization after restoration of independence. The objective of this study was to investigate causes and nature of traffic-related injuries among urban children and adolescents during transition period.

The study was carried out in Kaunas, second biggest town of Lithuania. Reports of injuries related to motor vehicles between 1996 and 1999 were obtained from the Kaunas Police Department. The study sample included 395 children, ages 1 through 18 years. The cases were examined by sex, age, the number of injured and died persons, by season, day of week, time of day, type and nature of trauma, category of victims and fault. Data were analysed using SPSS package.

Number of injured persons constantly increased from 94 individuals in 1996 till 108 in 1999. Traffic-related injuries occurred among boys in 54,9% (95%CI = 50 - 60), as well in 45,1% (95%CI = 40,1 - 50,1) has been observed for girls. In traffic accidents 98,2% of victims were injured and 1,8 % of sufferers died. The lowest part of injuries was revealed for children under 3 years (3,9%), when the highest (38,6 %) in 7 - 10 year old children group. Analysis demonstrated lower incidence of motor vehicles crashes in winter season (17 %). Peak of traffic-related injuries was occurred during the summer months in 29,1%, and afternoon hours from 13 to 18 p. m. in 61,2 % of all cases. The most dangerous days of week were Friday (21,3 %) and Wednesday (18,2 %), then Sunday is more safe day (6,3 %). Head was the most frequent injured part of the body (32,4 %). Next by the order were multi-sites trauma (26,1 %) and fracture of lower extremities (21,8 %). The contusion was the most typical trauma (55,8 %). The victims by categories were distributed, as following: pedestrians in 76,7 %, car passengers in 13,9%, bicyclists in 7,8 %, and motorcyclists in 1,5 % of sample. Main part of children and adolescents, accounted for 58 % (95%CI = 52,9 - 62,8), were fault themselves for traffic-related injuries.

Injuries are greatest health problem facing children population in the western world and in developing countries also [1]. The retrospective study revealed higher risk to traffic related injuries for children 7 to 10 year of age, constant increase of injuries by years and significant seasonal trend. Important, that more than half injured children were fault themselves for trauma. It is recommended that injuries control and prevention program be augmented to include a strong community traffic safety education, safe environment construction, close police and schools collaboration. If prevention program will be considered, then actions plan must be developed with respect to age, gender, season and time of day. The gained knowledge also can be used for city planners in designing city transportation and road network which may increase safety of urban children.

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Prevention of fall accidents among elderly

Et bedre liv - undgå at falde.

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Posterudstilling vedr. forebyggelse af faldulykker blandt ældre.

Storstrøms amt udarbejdede - som en del i indsatsen vedr. forebyggelse af faldulykker blandt ældre 8 forskellige foldere om årsager til fald blandt ældre.

Der er dels en generel folder om årsager til faldulykker blandt ældre, dels 7 tema-foldere om: Væske, kost, motion, bolig, medicin, påklædning og fællesskab.

Alle ældre over 75år modtaget forebyggende besøg af kommunernes hjemmepleje een gang hvert 2 år. I forbindelse med disse besøg i hjemmene drøfter sygeplejersken/den forebyggende medarbejder faldforebyggelse med den ældre. Afhængigt af hvilket tema besøget har omhandlet, udleveres der som supplement til samtalen en lille folder med yderligere information om f.eks. behovet for væske.

Storstrøms amt har i samarbejde med een kommune, Nakskov kommune, udarbejdet en udstilling, som blandt andet sætter fokus på forebyggelse af faldulykker ud fra de nævnte foldere.

Udstillingen anvendes også andre steder i amtet, hvor kommuner planlægger at gå i gang med eks. registrering af faldulykker, som det foreslås i Sund By Netværkets manualer vedr. faldforebyggelse, eller man planlægger at iværksætte øvrige faldforebyggende initiativer eks. gå-tur-projekter for ældre, medicin-tjek, ældregymnastik m.v.

Nøgleord: Faldulykker, ældre, informationsfoldere, forebyggende besøg.

Falls among people over 60 years old during institutional care. Risk factors, costs and survival.

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Introduction: Falls in institutions are a major problem in health care. Incidence of falls is three times higher among institutionalized elderly than among those living at home (1). Incidence of fall injuries is increasing in Finland (2). Falls and fall injuries cause functional decline among the elderly (3).

Method: Incidence, consequences and cost of falls were analysed in a total of 850 institutionalised ambulatory persons over 60 years old. The five-year survival of the fallen and the non fallen patients was monitored with the life table method (4). Potential risk factors for falls were analysed using the Bayesian multivariate method (5).

Results: A total of 554 falls occurred among 218 patients, ie. 1.34 falls per bed, during the one year study period. The incidence of falls was 1400 per 1000 person years. The fall incidence for men was 1.6 times higher than for women. Most falls occurred in the patient's own room without eyewitnesses, and nearly one third of the incidents happened during night shifts. In nearly 40 % of the cases the patient was found on the floor and the mechanism behind the fall remained unclear. Women fell on their hips or buttocks more often than men. One third of the falls resulted in some injury, with 6.5 % requiring physician's care and 3 % needing treatment for a fracture. The incidence of fractures among women was five-fold compared to that among men. The incidence of head injuries, on the other hand, was twice as high among men than among women. The risk factors for falls included the ability to walk or move unassisted, dizziness, hypotonia, poor hearing and short-acting benzodiazepines. The fall risk was highest in patients who moved unassisted and used a walker. Assistance in walking protected from falling. Of the total group, only 1 % of the subjects took a calcium supplement and 2 % a vitamin D supplement. The survival of both the fallers and the non fallers was poorer than that of the reference population. Excess mortality continued during the entire follow-up period and increased most rapidly among those who had fallen. Survival was poorest among fallen men. The average costs were 5,600 FIM for an injurious fall. Of the total cost, 70 % were due to hip fractures.

Discussion: The fall prediction model developed in this research enables institutional staff to identify quickly and easily the persons who are at the highest risk for falling.

Institutionalized female patients should wear hip protectors in order to avoid hip fractures. Particular care should be taken to ensure that patients and residents obtain sufficient daily doses of calcium and vitamin D in order to prevent osteoporosis. The nursing personnel should be redistributed in a more even way to ensure a sufficient number of staff at night to monitor the moving of the elderly. If this is not possible, more personnel should be employed by the institutions. A more systematic monitoring and follow-up of falls would undoubtedly both reduce fall-related costs and contribute to the quality of life of all individuals involved.

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Home-based training and other interventions in preventing falls among elderly

research based procedures for training and effect assessment in a joint county - municipal effort.

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Prevention of falls among elderly is a major focus area in accident prevention. To cope with the Aelderly fall@ problem in a cost-efficient and affordable way the regional task is to find an appropriate balance between local non-governmental efforts such a local self-help groups, municipal and county level efforts. Numerous studies has been made on different aspects of the fall problem, but a major obstacle for development of evidence based interventions is the tendency to focus on restricted types of interventions with lack of general applicability. Restricted types of interventions do not guide sufficiently in the municipal planning of mixed interventions. Based on an overall assessment of the literature we have concluded that it is important to work on a broad range of aspects such as training, coping with everyday problems, fear of falling, optimisation of medication, general healthy behaviour in relation to nutrition, fluid intake, appropriate shoes etc. It is the expectation that a broad based intervention will have the highest probability of cutting into the preventable part of the fall problem.

With the aim of developing a county wide strategy in this area a cross-sectorial group was established and has developed procedures for following individual elderly across organisational borders from the private sphere to municipal and county level. Indicators of functional capacity approved of in research has been adapted. Adaptation of the research based methods to the current economical situation in the local areas is given high priority. Interventions include structured home- and group based training and supervision on every day life situation in respect to nutrition, fluid intake, footwear, medication, home environment.

Structure of the standardised intervention was:

Results will be presented in two areas:

1. Process evaluation and aspects of adaptability for the procedures in the range of

municipalities in the county (Districts with 50.0000 to small municipalities with 3500 inhabitants).

2. Experiences with the selected research based measures of functional capacity (Berg Balance tests, fixed and dynamic balance tests etc.) in respect to effect of training.

References: Detailed reference list available on request.

I gang igen efter fald.

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Praktisk metode i relation til temaet Ældres faldulykker.

Roskilde Amt samt alle kommuner i amtet er gået sammen om at forebygge gentagne fald hos ældre i Roskilde Amt. Projekt AI gang igen efter fald@er målrettet de ældre over 75 år som henvender sig på skadestuen efter fald. Projektet tilbyder deltagerne i alt tre besøg i hjemmet samt kursus.

Deltagere til projektet rekrutteres via skadestuen. Projektet foregår i samarbejde med medarbejdere fra kommunernes forebyggende besøg til ældre over 75 år. Et spørgeskema afdækker omstændighederne omkring faldet, problemer som følge af faldet, mulighed for forebyggelse af nye fald samt nye initiativer. Besøget følges op et halvt og et helt år efter faldet. Efter det første besøg kan personen deltage i et kursus, som underviser i, hvordan personer selv kan mindske risikoen for fald ved at bedre deres krops funktionsniveau. Kurset består af 6 kursusgange 2 timer ugentligt.

Projektets udgifter deles mellem kommuner og amt. Udgifter til forebyggende besøg betales af kommunerne. Amtets forebyggelsesafdeling betaler udgifter til projektledelse, kursusinstruktører samt transport af deltagere til og fra kursus.

Projektet er stadig midt i sit forløb. Rekrutteringen af deltagere via skadestuens personale har været vanskelig. Efter 2 år blev rekrutteringsindsatsen ændret til også at omfatte udsendelse af brev til samtlige i målgruppen som havde besøgt skadestuen som følge af fald. Spørgsmålet er, hvordan man bedst formidler tilbudet til de mulige deltagere?

Projektets perspektiv er at etablere et fast tilbud til ældre som er faldet. Med projektet afprøves om denne metode med tværsektorielt samarbejde om et tilbud med dels forebyggende besøg dels kursus er en egnet model.

Projektbeskrivelse projekt I gang igen efter fald, pjecer og kursusprogram "Grib chancen - hold balancen" kan rekvireres gratis.

Join-in prevention of accidents.

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Introduction Josefstadt-pretty-safe has so far been the first safety first scheme in urban environment in Austria. One district out of Vienna's 23 has been chosen as a model. The results of this pilot project will become the basis of a possible implementation in the whole city. The project has been in operation for one year.

Object The object of the action is district-wide educational work on injury prevention for all age groups and all types of injury. Further, to support networking of all institutions, businesses, and people in this matter and to implement new structures in the district administration.

Until now, mainly rural communities have been in the position to provide data on safety first programs. The project Josefstadt-pretty-safe will provide the basis for new findings on how an urban society can learn more about safety and, thus, develop a change in attitude. Obviously the conditions are quite different: More anonymity, fewer peer groups, more sources of accidents, more entertainment facilities and so on.

We have also found out that we cannot reach people just by sending them information material in order to make them take part in our different activities. Not even games with prizes catch people's interest. So we participate in district parties, meetings and other events for our information campaigns.

There is no infrastructure for middle-aged men. It just doesn't exist. Publicity in a city has to be more stylish than in the rural communities. Here are some of the posters we use in our campaign. In the future we will address people even more on a witty and relation-oriented level.

As the project is still very young there are only some findings available and we cannot draw general conclusions yet.

Method The project is action oriented. Our performances/events are developed in cooperation with the district authorities. A lot of our activities are influenced by the institutes ASafer Life and Safe Communities Vorarlberg. Our activities are planned on the basis of the demographic structure of the district and on the results of injury statistics. In comparison to other districts, there is a considerable number of elderly people living in the Josefstadt. They are a risk group, just like everywhere else, and therefore an important target group.

At present we address men and women in the clubs for retired people and ask them to check the entrances and staircases of the houses they live in from their point of view. We then discuss the pointed out problems with the caretakers.

We attach great importance to a complete offer: We not only ask and inform people on how to improve safety in their homes but also build up a workers service and try to make the

local stores sell safety products we bring safety to you, so to say.

Traffic accidents don't happen so much in the district itself than outside town. Thus, information on safety on the road requires another strategy. In the spring we invite all inhabitants to utter their opinion on a common subject: How to share the street among us. Narrowness and lack of space in town is a bigger factor for accidents than in rural areas. We will organize a kind of open space: The conflicts arising on the road and in traffic shall be addressed by different organisations and media and solutions on how to use the streets together are to be found. We try to apply the empowerment Bconcept: We will collect people's contributions for one month, expose them on advertisement stands and intensify the five most important issues. As a conclusions we invite people to discussions in cafeterias. Let us be curious to find out what will happen!

Against the stress factor loneliness we distributed hearts on Valentines Day, with which you may offer a little hand to a neighbour.

At the moment we try to seduce the static urban inhabitant to move a little more. Many accidents are caused by tripping, especially with elderly people whose muscles are weak and whose coordination is bad. We will therefore attach posters at the underground exits that invite people to walk and attach signs with Ameters of altitudes@ at the stairs of public buildings. In this way the necessary movement is integrated in everyday life and becomes a normal sight in town.

Evaluation At the very beginning of the project we carried out an evaluation study B we will do this at half time and at the end of the study again. The evaluation of accident numbers hardly brings about useful results as too many factors influence the accident. You also know this. Therefore we decided to look for other criteria of quality:

We ask:

- how well known is this campaign
- how useful are the offered actions
- do people want a continuation and is further information required

Lasting results Change has an effective result when it brings about the formation of new forms of organisation. Effectiveness

SPE project B Networking in home care and accident prevention to improve the quality of life of elderly people in Europe.

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Introduction: The project is co-financed by the European Commission under the ECOS-Ouverture Programme with three EU member states and two non-members participating. The member states are co-financed by the European Regional Development Fund and the non-members by the Phare programme. The project also works together with Committee B of the Assembly of European Regions (AER).

Aims and objectives: The principal aims of the project are to improve the home care services and prevent home and leisure accidents among elderly people. The social isolation of the elderly is tackled with networking activities and creation of day centres with employed staff. Special attention is focused to the prevention of fractures of the hip, because these injuries usually lead to long-term hospitalisation even among reasonable healthy elderly people. The injuries also deteriorate the quality of life of the elderly and increase the costs of medical care. Harmonisation of data collection on accidents and development of new registration systems for home and leisure accidents in Europe are dealt with in the pilot project.

Methods and results: Accident prevention and health promotion among the elderly are emphasised in the training of home carers. Living of the elderly person in his/her own home is encouraged. Premature institutionalisation is prevented by increased accessibility. Factors that hinder access will be reduced and proper solutions are to be investigated for elderly people with disabilities. Home safety will be improved. All of this leads to better quality of life among the elderly. Even economical benefits are gained by the reduction of hospitalisation. The safe living of elderly people in their homes is an important goal of the project.

Practical relevance: Development of regional and local networks as well as interregional exchange of knowledge play a central role in the project. This means bringing together all sectors of local actors including citizens. To achieve success in developing better living conditions and decreasing accidents structural improvements are needed. That means not only the work of the social and health sectors, but also better traffic and city planning, and housing design. Improvements and new tailored solutions in the everyday physical environment of the elderly are needed to support an independent and autonomous living for as long as possible. The results and experiences from the project will be disseminated mainly through the channels of the AER.

Keywords: Elderly, injury prevention, home care

Safe living for seniors - National prevention campaign.

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INJURIES SUFFERED BY SENIORS IN FINLAND

In Finland accidents occurring at home and during leisure time have increased during recent years particularly among the elderly. Falling is the most common accident experienced by senior citizens. During the past 25 years, falls with injuries treated in hospitals have quadrupled and the number of fall-related deaths have doubled. It is predicted that the number of injuries from falls will increase faster than the elderly population. Not only do falls result in a lot of personal suffering, they are also expensive. The nursing costs associated with broken hips alone amount to FIM 840 million per year.

In Europe, Finland ranks the highest in deaths caused by fire. One-third of the people who died in fires were over 60 years old. For men, the risk of being killed in a fire is four times greater in their senior years, and the risk also increases for elderly women. It can be assumed that fire alarms, which last year became mandatory in all dwellings in Finland, including summer cottages, will have a positive affect on these numbers. At the end of 1999 and the beginning of 2000, there were several serious fires with fatalities in Finnish nursing homes. This prompted the authorities and the service staff of the nursing homes to take a closer look at the issue. The new rescue operation legislation requires municipalities to define the level of service.

The risk of injury for senior citizens is also caused by excessive use of medication and alcohol. Moreover, the number of elderly people in traffic is also on the rise. Older car drivers and bicyclists are becoming an increasingly ordinary sight on roads. Often times, an elderly person must operate at the upper limits of their capacity while functioning in the fast-paced environment around them.

PREVENTION CAMPAIGN

The figures above indicate that the current situation - and the foreseeable worsening situation resulting from the ageing of the population - calls for increased efforts to prevent accidents among the elderly. Accident prevention among the elderly also advances the cause of employee work safety. The same factors causing accidents among the elderly are also the cause of employee work-related accident risks.

To promote the prevention of injuries among the elderly, the National Campaign for the Prevention of Accidents at Home selected the prevention of injuries among the elderly as the area of focus in the United Nations' 1999 International Year of Older Persons. The 12-party working group established by the campaign created an accident prevention program for elderly people. The main organisations for senior citizens as well as authorities dealing with accidents, researchers and representatives of organisations were involved. The working group prepared material for professionals and for elderly people. The material was

published at the end of 1999 and there has been big demand for it. There have already been several reprints made. A package of materials was sent to municipal social and health services departments, rescue operations, parishes and organisations.

After the material was published, 12 training events were organised around Finland. The topic of the training events was popular, and attendance at the events was high. The prevention campaign material was also featured in professional trade journals, and other communication was also boosted. Finland is in the process of launching preventive home visits, so the material will be very appropriate for use during home visits to help identify and reduce the risk of accidents.

The implementation and effectiveness of the program are being measured by surveys sent to the municipalities. Moreover, the usefulness of the material is being studied, and different approaches and prevention methods are being developed in municipalities that have won in Finland's Safe Municipality contest. Systematic efforts to prevent accidents are underway in these municipalities, and they form a network of municipalities working in co-operation with each other and with national bodies.

affil: Merja Söderholm, Senior Officer, Ministry of Social Affairs and Health, Helsinki, Finland

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The incidence of fall during six-months exercise trial and four-months follow-up among dwelling persons aged 70-75 years.

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Background: The study was a part of the program of multifactorial intervention to reduce the incidence of falling among elderly. The Elderly Falls Prevention Project was designed by social- and health care professionals of the city of Oulu and Oulu Polytechnic, School of Health and Social Care.

Objective: To assess the effectiveness of a 6-month physical activity programme in reducing the incidence of falls in home-dwelling elderly people aged 70-75 years.

Design: Randomized controlled trial of the program of physical activity (exercise group n=92) compared with the control group (n=39). The exercise programme involved three major components B an exercise class with warm up, Tai Chi, conditioning, and stretching (60 min, once weekly, for 20 weeks), a walking plan with sticks (20 minutes, at least 3 times a week for 24 weeks) and a home exercise plan (20 minutes, at least 3 times a week for 24 weeks).

Participants: Community based study. Oulu, Finland. 105 women and 26 men age between

70-75 years, voluntary. Mean age (SD) 72,3 years (1,6) for exercisers and 72,4 years (1,6) for controls.

Outcomes: The falls in the home environment were measured over the intervention and follow-up. The proportion of fallers (%) and the incidence of falls (falls/PY).

Results: The incidence of falls among the exercisers was statistically smaller than among the controls during the intervention [RR 0.92 {95% CI 0.86-0.99}] and follow-up [RR 0.21 {95% CI 0.05-0.82}]. The proportion of fallers decreased among the exercisers ($p=.039$), where as the proportion of fallers remained the same among the controls ($p=.500$). The proportion of passive exercisers had fallen the most (35%), when only 6% of the active exercisers had fallen and 8% controls ($p=.003$).

Conclusions: There was evidence that a consistent 6-month physical activity (walking with sticks, exercise at home, exercise class) provided a protection against falls among the home-dwelling elderly aged 70-75 years.

Key words: elderly, fall, incidence, physical activity

Safetypromotion among elderly population in Hyvinkää, Finland (experience).

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Background

Safety promotion among the elderly is a part of a safety promotion project covering the whole town of Hyvinkää. The departure point was a strategy of experimenting and developing safety promotion in one area of the town, the Kehrääjänkatu residential area, and expanding the activity later so as to comprise the whole municipality.

Implementation

The personnel of the home help services in Kehrääjänkatu area undertook injury monitoring and registering all injuries reported in the area from January to June each year. A public-health nurse developed a home-care folder for each client. The personnel of the home help services also began to strengthen their know-how in injury prevention. A community analysis was made in co-operation with the local school of health-care with the objective of gathering information, ideas and wishes pertaining to safety and safety promotion from inhabitants and employees in Kehrääjänkatu area. Information gathering was community-oriented. Methods used for gathering information -- multiprofessional co-operation in the form of an excursion to the area, and interviews with target groups -- complemented each other.

Results

Registering injuries cleared and partly even changed views on the reasons of injuries.

Of the residents who were interviewed, 84 per cent (N=61) felt safe; only nine persons did not. Half of the interviewees mentioned fear of falling. Thirteen had a safety bracelet, and seven were afraid of fire. The bad repair and potholes of the courtyard and the adjacent

streets with no walks caused fear. The problems that came up from the interviews of employees were the bumpiness of the courtyard, narrow routes, lack of information boards, steep stairs, and high doorsteps. The residents had a very positive feeling about the culture of mutual caring in their community. Care and caring, whether on the part of a neighbour, a relative or the staff, is a factor that considerably strengthens the feeling of safety. Results obtained have been reported to the municipal's elected committee of social welfare and health care, council party groups, members of the town executive board, and citizens. A motion for measures to increase safety has been put to the municipal committee for technical services and the board of Kehrääjänkatu residential area. The project initiated in one area is now expanding to cover the whole municipality - safety promotion has become one of the main goals of municipal old-age care.

Publications (only available in Finnish) Turvalliset tunnit tavaksi - tapaturmien torjuntaprojekti Kehrääjänkadun asuinalueella (Making a habit of safe hours - injury prevention project in Kehrääjänkatu residential area, 79 pages). (Keywords: safety promotion among clients receiving home help services, elderly population)

Suicide

Lad ikke selvmordsforsøgerne i stikken

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Relevant for: Selvmordsforebyggelse og Børn og unge mennesker

>BAGGRUND:

Selvmordsforsøg er et stigende problem blandt børn og unge mennesker. Selvmord er en høj dødsårsag blandt unge mennesker i Danmark.

På skadestuen på Horsens sygehus, følte personalet en stor afmagt og frustration overfor personer, der forsøgte selvmord.

Omsorgen begrænsede sig til kun at omfatte de fysiske skader, selvmordsforsøget forvoldte. Pilotprojektet er rettet mod det sundhedsmæssige behov og personalets frustrationer og afmagt

MÅLGRUPPE:

Personalet på skadestuen/modtagelsen og patienter, der forsøger at begå selvmord.

FORMÅL:

Reducere antallet af gentagne selvmordsforsøg og give personalet redskaber, til at hjælpe disse patienter på den bedst mulige måde.

PROJEKTET:

Består af en styregruppe på 4 medlemmer af ledelsen på ortopædkirurgisk afdeling, en projektleder og 2 medarbejdere på skadestuen. Der er indhentet erfaringer fra andre

organisationer, der interesserer sig for forebyggelse af selvmord.

Oplæring og holdningsændring blev indledt gennem kursusforløb og aftenmøder, med det formål bedre at kunne hjælpe den person, der forsøgte selvmord, afdække hvilken hjælp, der er tilgængelig for denne patient og støtte til såvel personalet, der bliver konfronteret med selvmord og gentagne selvmordsforsøg.

En samtalemodel, en sygeplejerapport, en kontrakt til personer, der har forsøgt selvmord og en liste over samtaletilbud, er redskaber, der bliver brugt.

Evnen til at bruge tid på disse patienter, evnen til at lytte og hjælpe dem med at finde deres netværk til støtte i den følgende svære tid, er en del af den forbedrede forebyggelse af gentagne selvmordsforsøg.

Livskontrakten bliver udarbejdet i samråd mellem patienten og personalemedlemmet, der modtager patienten, en sygeplejerapport udarbejdes, den kan sendes til andre instanser, der indvilliger i at hjælpe patienten videre og den bliver brugt som orientering til det øvrige personale, hvis patienten får problemer og kontakter skadestuen/modtagelsen i gen.

Der er oprettet en Visitationsgruppe, der består af tre sygeplejersker og to socialrådgivere, hvor patienterne kan henvises til samtale. Tilbuddet er frivillig. Hver tirsdag eftermiddag fra kl. 13.30 til kl. 16.00 sidder der en socialrådgiver og en sygeplejersker og tager imod de patienter, der ønsker kontakt til gruppen.

EVALUERING:

Procesevalueringen var positiv og resultaterne viser, at antallet af gentagne selvmordsforsøg er blevet halveret på trods af at, antallet af gentagne selvmordsforsøg på national basis er stigende. Der er forbindelse til hjælp fra en dobbeltsproget dobbeltkulturel lærer, der kan hjælpe, når en person med en anden etnisk baggrund, forsøger selvmord.

Pilotprojektet er videresendt til andre sygehuse til implementering.

Visioner og udvikling af undervisningsmoduler i forhold til selvmordsforebyggelse

Lilian Zøllner, ph.d., centerleder, Center for Selvmordsforskning, Tietgens Allé 108, 5230 Odense M, tlf. +4566138811, email: lilian.zollner@dou.dk

Baggrund

I 1998 blev den nationale handlingsplan til forebyggelse af selvmordsforsøg og selvmord i Danmark offentliggjort. En af hjørnestenene i handlingsplanen er anbefalingerne om at integrere fagområdet selvmordsadfærd i uddannelsen og efteruddannelsen af alle relevante faggrupper.

I et samarbejde mellem Undervisningsministeriet og Center for Selvmordsforskning er der som pilotprojekter i 1999-2000 udviklet og afprøvet en række undervisningsmoduler vedr. selvmordsadfærd på grund- og videreuddannelsesniveaue og i forbindelse med forskellige efteruddannelses- og kursustilbud.

Udfordring

På baggrund af de gennemførte pilotprojekter har Center for Selvmordsforskning af Referencegruppen til forebyggelse af selvmordsforsøg og selvmord fået til opgave at gennemføre en systematisk implementering af fagområdet selvmordsadfærd i relevante

grund- og videreuddannelser samt i etteruddannelses- og kursustilbud.

Den styrkede uddannelsesindsats skal ske i forhold til f.eks. medicinstuderende, psykologistuderende, sygeplejestuderende, elever på social- og sundhedsuddannelser, ergo- og fysioterapeutstuderende, pædagogstuderende, lærerstuderende, og socialrådgiverstuderende.

EfteruddannelsesB og kursustilbud vedr. selvmordsadfærd skal styrkes i forhold til f.eks. læger, sygeplejersker og socialrådgivere samt i forhold til tværfagligt sammensatte faggrupper på f.eks. psykiatriske afdelinger, skadestuer og døgninstitutioner.

Plan

Med udgangspunkt i erfaringerne fra de gennemførte pilotprojekter har Center for Selvmordsforskning udarbejdet en plan for det forestående implementeringsarbejde, der bl.a. skal bygge på forskningsbaseret undervisning og etablering af regionale kompetencecentre. På konferencen præsenteres planens indhold og visioner.

Psykososial oppfølging av selvmordsnære mennesker fra sykehus til bydel. En beskrivelse av Aker-prosjektet.

Georg Schjelderup, Seksjon for selvmordsforskning og forebygging, Universitetet i Oslo, Sognsvannsveien 21, Bygning 20, N-0320 Oslo.

Den overordnede hensikten for denne behandlingkjeden er å skape kontinuitet i behandling og oppfølging av mennesker etter selvmordsforsøk, og dermed å redusere fare for gjentakelse og selvmord. Aker sykehus i Oslo, og de syv bydelene utgjør en sektor av Oslos samlede helsetilbud, og betjener en befolkning på om lag 130.000 mennesker. Om lag 110 pasienter behandles årlig etter selvmordsforsøk i mottaksavdelingen på sykehuset. I henhold til etablerte rutiner blir alle pasienter tilbudt psykososial oppfølging av en psykiatrisk sykepleier i den første tiden etter utskrivning fra sykehuset.

Første trinn i behandlingkjeden er den behandling som blir gitt i akuttmottaket. Her blir pasienten overvåket av primærsykepleier til vedkommende blir utskrevet fra sykehuset. Viktige områder for sykepleieren er å lette og redusere bio-psyko-sosialt stress.

Andre trinn i kjeden er å foreta en psykiatrisk vurdering. Dette blir gjort av konsultasjon/liaison - psykiatrisk avdeling (CL-avd.). Her vurderes foreliggende psykiatrisk lidelse, sosialt nettverk, aktuell suicidalfare og individuell kapasitet til å ta vare på sitt eget liv. Denne vurderingen avsluttes med en konklusjon omkring hvorvidt pasienten har behov for videre innleggelse i psykiatrisk sykehus, eller kan henvises videre til åpen psykososial oppfølging i sin egen bydel.

Det tredje trinnet omfatter et team bestående av syv psykiatriske sykepleiere som tilbyr videre individuell oppfølging til alle pasienter. Fokus for denne del av oppfølgingen er blant annet å motivere for videre behandling og vurdere depresjon og aktuell selvmordsrisiko. I

de fleste tilfellene vil den psykiatriske sykepleieren foreta sitt første hjemmebesøk innen tre dager etter utskrivelse fra sykehuset. I løpet av en periode som kan strekke seg fra en til tre måneder gjennomføres i alminnelighet tre til fem samtaler med pasienten og pårørende. Oppfølgingsperioden avsluttes når videre behandling er etablert, den psykososiale situasjonen er i endring og den suicidale krisen er under kontroll.

Erfaring med denne behandlingsskjeden viser at en vellykket etablering og drift av behandlingsskjeden er avhengig av teori, organisasjonsmessige rutiner, kliniske retningslinjer og kontinuerlig veiledning.

<http://www.med.uio.no/ipsy/ssff/hovedsid.htm>

Work Safety and work Place Accidents

Accident Intervention in a Construction Enterprise. Cuba 1999-2000.

Robaina Aguirre C, Doos M, Avila Roque I. National Institute of Health for Workers, Havana City, Cuba. E-mail insat@informed.sl.cu

Aim:

To carry out a training programme about health and safety in order to reduce some risk factors of accident at work, was our main objective, in that way, we had to develop some activities in order to increase the knowledge about accident prevention in employers, employees and safety and health group, through the identification and control of those risks.

Method:

In order to achievement the objectives a plan of measure was carried out, it was focused among other in some human behaviours, such as incorrect use of Personal Protection Equipment (P.P.E.), unskilfulness, lack of safety project, traditional thoughts about accident risk factors at the working place, identification and control of risk factors in the environment, that is was we organized and developed a training activities and a measure programme from January 1999 to April 2000. We use a questionnaire of accident perception, a monthly report on occupational health and the achievement of activities form as working tools, and the work method used was through the measures for control and prevention of accident at work (indicators), the educational techniques (Sincere Moment, Video Projections) and the training course.

Mains Results:

We carried out 184 hours course for the Safety and Health Group (S.H.G.), a 120 hours for the Managers, and 24 hours in Seminar for Workers who were training mainly by educative techniques in their working places. We used also the feedback method for better understanding and to develop ideas to make changes. After the first course in the enterprise, the changes on technical factor risk start to appear; a new kind of scaffolds were brought, protective barrier were installed in the rebuilding areas, and the P.P.E. were completed. The surveillance was held by the doctor and nurse, according to a monthly report on occupational health where they reported the most important health incidence (accidents, incidents, and disabilities) of the workers and the risk factors present in their working place.

The safety observation was a responsibility of the safety technician whom carried out three safety observation following the Zero Accident Model of observation showing that a correct behaviour was increased after the first observation.

Conclusion:

Human errors are a preventable risk factor, and training at the working place was one of our results. The technical errors could be preventable only if the person involved in the environment can identify them.

The Corporate Costs of Occupational Accidents: Activity Based Analysis and Accounting Information

System Integration.

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Abstract

Besides causing pain and suffering occupational accidents cost money. For a company the costs of occupational accidents are by definition non-value added B i.e. they have an impact on corporate profitability. Everyone should thus agree that the prevention of occupational accidents, apart from being ethically right, makes good economic sense. There is however, less agreement in occupational safety research on exactly which costs are incurred by occupational accidents, the terminology of these costs, how high these costs are, how they should be measured and whether they could (or should) be integrated in the corporate accounting information system.

A research project carried out by The aarhus School of Business and PricewaterhouseCoopers Denmark with financial support from The Danish National Working Environment Authority aims at the following:

- To empirically test a method for identifying and measuring the direct and indirect costs of occupational accidents in a company.
- To test a model for evaluating risks for long term changes in the overall cost structure of the company due to negative stakeholder reactions to the effects of occupational accidents.
- To assess the technological possibilities and managerial feasibility of integrating the registration, processing and reporting of occupational accidents costs in corporate accounting information systems.

The project is based on case studies in 9 Danish companies of different sizes selected from three different business sectors. The data collection process is based on interviews, document analysis, system reviews and the application of a method for identifying and measuring occupational costs and documentation reviews. The overall cost of the project is approximately DKK 900.000 involving approximately 2400 person hours. The final report

of the project is due by 31/12 2001.

Keywords: Occupational accidents, costs, activity based costing, accounting information systems.

Safety promotion at DSB

Jens Ostermann, DSB, Drift, Arbejdsmiljøfunktionens Sekretariat, 2450 Copenhagen SV, Danmark, e-mail: jost@dsb.dk

In 1999 the Danish Ministry of Labour pointed out a Top 10 list in respect of dangerous work places. DSB is represented in this list by @shunting and functionary's work@ (In DSB terminology this shall be taken to mean shunting and railway station work). It was previously proved that figures for DSB Drift do not justify inclusion in the Top10 list. In the television programme in respect of DSB shown in 1999, DSB Drift was not mentioned either.

DSB Drift will contribute actively to DSB's working environment is improved so much that DSB will no longer be recorded in the Top 10 list. One of the activities has been the participation in goal-directed projects within BAR-transport (Industrial Council for Occupational Health and Safety for Transport and Wholesale).

One of the projects in 2000 was @Training of the safety organisation within the railway and shunting field in respect of prevention of accidents@. Target was the development of branch-related methods for the prevention of accidents. The methods especially focus on:

- Support and development of SIO=s work with analysis and prevention of accidents
- Development of safety cultures in the companies, i.e. the management=s and the employees= attitude to safety

The final report recommends

- Application of preventive methods: ERFO, TUTTAVA, TRIPOD
- Application of Labour Inspectorate's tool @Step by Step Safety @ B repetition of accidents to be avoided.
- Change of DSB=s system in respect of occupational accidents
- Draft for a programme of training
- Use of DSBs intranet

In 2001 the work is continued by a new project within BAR-transport @Implementation of prevention of accidents within the railway@, where DSB Drift forms part of the project by using TUTTAVA in a marshalling yard with more parts involved.

During the contribution the material from the TUTTAVA method applied at DSB Drift (only with the shunting staff as a part of the project) and the proposal for the programme of training will be examined.

Safety promotion and incident reporting.

Author: Henning Boje Andersen (mag.art., senior scientist, Risø National Laboratory)

Abstract:

One of the most successful safety promotion methods used in aviation involves efforts that collectively are described as 'incident reporting'. This method, which began to be introduced gradually in aviation about three decades ago, has been - and is in the process of being - transferred to and adapted by other industries and work domains including process control, shipping and, more recently, medicine.

While the term 'incident reporting' might be taken to suggest a relatively narrow focus on the mere reporting of dangerous episodes or data collection, the usage of the term within safety management refers to a much broader method as well as a set of policies that seek to promote the establishment of a safety culture that, while holding people accountable for their actions, largely foregoes any focus on individual blame. Thus, incident reporting refers to, on the one hand, the collection and analysis of data about dangerous episodes, including mistakes and violations and, on the other, the drawing of lessons learned from such analyses including structured efforts to ensure that such lessons are disseminated and adopted by the relevant parts of the organisation in question.

This presentation will describe the practices and experience of the aviation industry and current efforts to transfer and adapt this approach to other domains. Finally, the presentation will highlight some of the moral and organisational dilemmas involved in building up a learning organisation that seeks to establish and support a blame-free safety culture.

Management of accident prevention in Aalborg county

John Amtoft-Christensen, BST, aalborg Kommune

Background

aalborg Municipality has analyzed occupational accidents since 1996. The reason for establishing an analysis project was a relatively large number of occupational accidents, high absentee rates due to illness and the prospect of saving insurance premiums by changing to self-assurance.

Points of view

Reduction of occupational accidents and related expenses
Better environment through analysis of occupational accidents

Method

The local environment group with assistance from the BST (local factory health service) and if possible the injured person makes a systematic analysis of the accident.

Project plan

- 2 pilot areas in 1996
- the whole organization in 1999

Experiences

- Pilot fields: reduction of accidents by 50 %
- The whole organization: stagnation 1st year, then fall (8%), but higher absence (7%)
- The analysis gives good information about the occupational problem - within the respective fields - to the local environment groups - and BST.
- Several analyses give pictures, which can be fundamental for projects
- Need for B also in the future B BST-assistance in the analysis
- Concentration about causes B also underlying causes - and not point out a guilty person is a very important part of an analysis
- Activities are generated locally, but experiences are not spread out.
- Frequently change of analysis schedule. Need for a systematic system (IT) for registration of analysis information
- Need for more top-leader engagement
- Score list with incident frequencies and absentee rates
- Environment groups very focused on having occupational accidents notified
- Difficult to maintain the spirit within 40 fields (16.000 employed), easier within 2 fields.

As long as there are accidents, there is need for analyses and assistance/advice (for example from BST).

The top leadership must be involved and support projects to reduce occupational accidents.

An successful development of a National program for Accident prevention

By M.Sc (Eng) Ph.D Kirsten Jørgensen, Denmark

In 1997 The Danish National Working Environment Authority made a new strategic program for Accident prevention in Denmark which was accepted by the social partners in March 1998. Since that time activities in all levels in Denmark has been growing in the field of Accidents programs.

This has been in many branches, by many different groups and actors. Especially the Authority has made big progress in a co-operative programs together with both the employees and the employers federations especially for the Industry.

In 1999-2000 a big campaign with promotion of the good method for accident investigation on the workplaces was carried out. More than 6000 ex of the tool for accident investigation has been sold or delivered to Danish companies and a large number of education programs and seminars has been established.

Latest a big campaign with promotion of 30 successful prevention methods has been prepared and the campaign has started the 5th of December 2000. In the same time the Danish employees and employers behaviour in accident prevention has been investigated by a questionnaire to 3.500 persons. The result of this investigation is used in preparation of the promotion campaign for the 30 prevention methods.

The 30 methods covers following subjects:

- Safety policy and safety management
- The Internal safety documentation
- The economic benefit and safety
- Safety Culture
- Learning from accidents
- Safety programs with employee involvement
- Safety training
- Hazard identifications
- Safety demands on suppliers etc
- Emergency readiness

More than 9 mill. DKK has been used since 1999 on these campaigns in Denmark. The frequency of the notified occupational accidents is declining in 2000, but it is too early to make any conclusions on the eventually success.

The building of the Øresund Bridge

Søren Spangenberg

Background:

The Danish and Swedish national statistics show that the accident incidence rate for Danish construction workers are significantly higher than the accident incidence rate for Swedish construction workers. The reasons for this difference are not known. The National Institute of Occupational Health, Denmark have compared the accident incidence rate for Danish and Swedish workers during the Øresund Link Project to see if the difference is present when the Danish and the Swedish workers are working in the same organisation with the same job.

Methods:

AMI have compared Danish and Swedish accident incidence rates at two different Øresund construction sites: The land works and the concrete element factories.

Results:

The comparison showed that the accident incidence rate of the Danish construction workers was approximately four times the incidence rate of the Swedish workers. The accident incidence rate for the Danish workers was highest for the youngest age groups, while the incidence rate was constant with age for the Swedish workers.

Conclusions:

The Øresund study showed that Danish workers have a significantly higher accident incidence rate than Swedish workers, also when they are working in the same organisation with the same type of job. Several possible reasons for the difference in injury rates were identified.

Farming Safety Promotion. A new approach to reducing risk of work-related accidents and occupational health problems.

Charlotte Hjort, Poul Højmoser and David Sherson
Vejle County and Department of environmental and occupational medicine, Vejle Hospital

At SafeComm Nord-4, 22. august 2001

The theoretical framework for this 32 year running project payed by Vejle County is based on a participative strategy for community involvement, here defined as the farming community. The basic principles are:

- local involvement (i.e. administration, employers, employees, farming consultants)
- to demonstrate this, you have here a list of those who are included in the following group.
- multilevel activities (individuals, groups, organizations)
- OH B the farmers, farmers ERFA-groups, farmers organisations
- multistick influence (activating different groups around the farmer)
- believing, that the influence from the project on the farmer is too weak to change anything, unless others around him, influence in the same direction as the project
- co-financing (nothing is free of charge, although not every effort is capitalized)
- interactive work (the whole project is not planned from the beginning)
- empowerment (the target groups should become able to run the activities themselves)

The project is divided in 9 sub-projects, which are very thoroughly defined each of them. No activity is started before a sub-project is defined, giving a background for doing the activity, defining a target group, describe a method, making a time plan and set up evaluation programmes. However, if someone get a good idea, - and together with the project manager can full-fill the mentioned demands B there are possibilities to start more sub-projects. Much effort is used to think out, who could be interested in or relevant to be included in the work of a sub-project.

Evaluations include both formative and summative evaluations. Also both quantitative and qualitative methods are used.

The model of the project will be shown.

Theme Groups – detailed plans

Workplace accidents and safety

Session 1: Safety management. Session chairman Kirsten Jørgensen, Danish Working Environment Authority, Copenhagen

Wednesday August 22, 11-12:15 og 13:30 - 14:30

- 11:00 - 11:10 Introduction and discussion framework. Session chairman
 11:10 - 11:35 Management of accident prevention in Aalborg county. John Amtoft,
 Aalborg County's Occupational Health Service (BST)
 11:35 - 12:00 Safety management and accident prevention at Mærsk Container. Per Knudsen
 12:00 - 12:15 Questions and discussion
12:15 - 13:30 Lunch
 13:30 - 13:50 Safety Policy, A matter for accident prevention in the public sector, Benny Nielsen, The Insurance Company for the Public Sector.
 13:50 - 14:15 Safety management, good preventive methods. Kirsten Jørgensen, The Danish Working Environment Authority.
 14:15 - 14:30 Questions and discussion

14:30-15:00 Coffee break

Session 2: Safety promotion. Session chairman Charlotte Hjort, Vejle County and the Department of Occupational and Environmental Medicine, Vejle Hospital

Wednesday August 22, 15:00-17:00

- 15:00 - 15:15 Introduction and discussion framework. Session chairman
 15:15 - 15:40 Safety promotion: Learning from incidents. Henning B. Andersen, Risø
 15:40 - 16:10 Farming safety promotion. Charlotte Hjort
 16:10 - 16:40 Safety promotion at DSB. Jens Osterman, DSB
 16:40 - 17:00 Questions and discussion

Session 3: Safety culture. Session chairman Kim Lyngby Mikkelsen, National Institute of Occupational Health, Copenhagen

Thursday August 23, 10:30-12:15

- 10:30 - 10:45 Introduction and discussion framework. Session chairman
 10:45 - 11:15 The building of Øresund's Bridge: an example of significantly different accidents
 rates within the same organization. Possible causal factors: different safety
 cultures, structural differences and other factors. Søren Spangenberg,
 National Institute of Occupational Health, Copenhagen
 11:15 - 11:45 Experiences from the analyses of safety culture at 10 enterprises. Is it

possible to

identify (cultural)-elements that can prevent accidents? Anne Richter,

Denmarks

Technical University, Copenhagen

11:45 - 12:15 Questions and final discussion

Safety and prevention of childhood injury

Wednesday 11.00-18.00

11.00-11.30: Introduction to the programme and the process in the theme
 11.30-11.50 Presentation: Child Safety in the Northern countries by Ragnar Andersson, chairman

11.50-12.20 Discussion, debate and brainstorm based on the presentation.

12.20-13.30 Lunch

13.30–15.15 Oral presentations
 Herdis Storgaard, Árvekni, Iceland: Childsafety in Iceland 1991-2001

Skirmate Starkuviene, Kaunas University of Medicine, Lithuania:
 Assesment of the needs for safety promotion programs among Lithuanian children

Lars Oberlander, Nord Jutland County: Tjuhej sikker leg (Hey ho safe play) a Danish prevention project in the County of North Jutland.

Coffee break 15.15-15.45

15.45-17.0 Per Kølle Educational consultant, Denmark: Master of the body/the best way of prevention

17.00-17.15 Short introduction to posters on Child safety

17.15-18.00 Poster and material review in the poster area

Thursday: 10.30 -12.15

10.30 - 11.10 Anne Nielsen, National Institute of Public Health: The everyday life and well-being of Nordic children

11.00 - 12.00 Summary of Wednesday's discussion - conclusions and recommendations by the theme group

12.00-12.15 Information about the field visits.



Dansk - Forebyggelse af børneulykker

Onsdag 11.00-18.00

- 11.00-11.30: Introduktion til programmet og processen i temaet.
- 11.30-11.50 Oplæg ved Ragnar Anderson vedr. børnesikkerhed i de nordiske lande
- 11.50-12.20 Diskussion - debat - brainstorm med afsæt i R. Andersons oplæg
- 12.20-13.30 Frokost
- 13.30-15.15 Mundtlige præsentationer
- Herdis Storgaard, Àrvekni, Island: Børnesikkerhed i Island 1991-2001
- Skirmate Starkuviene, Kaunas University of Medicine, Lithuania:
Assesment of the needs for safety promotion programs among Lithuanian children
- Lars Oberlander Nordjyllands Amt: Tju Hej sikker Leg, Nordjyllands Amt
- Kaffepause.ca kl. 15.15-15.45*
- 15.45-17.00 Per Kølle Pædagogisk konsulent, Danmark. Konge over kroppe/den bedste forebyggelse.
- 17.00-17.15 Kort introduktion til posters vedr. børn og unge
- 17.15-18.00 Poster og materiale review – i Posterområdet

Torsdag: 10.30 -12.15

- 10.30-11.10 Anne Nielsen, National Institute of Public Health: The everyday life and well-being of Nordic children
- 11.10-12.00 Opsamling på gårdsdagens indlæg og diskussioner - hvilke konklusioner/anbefalinger kan gruppen komme med?
- 12.00-12.15 Orientering om feltbesøgene.

Product Safety

This group unfortunately cancelled due to insufficient interest among registered participants (only 1).

From registration to prevention

Wednesday 22nd of August 2001

11.00 - 17.00

How much registration is needed for local prevention ?
- experiences and overview (Johan Lund, Norway)

Near Injury/near miss reporting a new avenue for local registration and prevention ?

- A local example (Norway)

Time for posters allocated during this time.

Thursday 23rd of August 2001

10.30 a.m. -12.15 p.m.

Coding principles for local action.
- future of Nomesco Classification (BF.Møller, Denmark)
- Action oriented output. (Discussion)

Dansk - Fra registrering til forebyggelse

Onsdag den 22. August 2001

Hvor meget registrering er nødvendig for lokal handling ?

- Oversigt og erfaringer (J.Lund)

Nærved ulykker - en ny registreringsform til lokal handling.

- Et konkret eksempel fra Norge.

Torsdag den 23. August 2001

Kodeprincipper der fremmer lokale handlemuligheder.

- fremtiden for Nomesco Klassifikationen (BF.Møller, Danmark)

- Handlingsorienteret analyse og rapporter (diskussion)

Prevention of Suicide Behavior

Dissemination of knowledge – the active part of the prevention of suicidal behaviour.

22. August 11.00 – 17.00

The intentions of “The National Programme for Prevention of Suicide and Suicide Attempts”.

Presentation of a county actions programme for the prevention of suicide. From thoughts and knowledge to concrete action.

Specific prevention through qualifying instruction. A practical example from the health sector.

Prevention of serious maladjustment through the establishment of local welfare networks.

Quality control concerning the follow-up of suicide attempters treated in the somatic departments.

23. August 10.30 – 12.15

Development of educational models with a view to the prevention of suicide.

Preventing falls among elderly (Dansk/English)

22. aug. 2001

- 11 – 11.15 Velkomst
- 11.15 – 12.15 Overlæge Marianne Kirchhoff: Fald, årsager, risikofaktorer, udredning, indsats, perspektivering. 40 min. + diskussion 20 min.
- 12.15 – 13.30 Frokost
- 13.30 – 14.30 Forskningsfysioterapeut Nina Beyer: Angst for at falde, træningsinterventioner, relevante tests. 40 min. + diskussion 20 min.
- 14.30 – 15.00 Kaffepause
- 15.00 – 15.20 Sari Lehtola: The incidens of fall during six-month exercise trial and four-month follow-up among home-dwelling persons aged 70-75 år. 10 min. + diskussion 10 min.
- 15.20 – 15.40 Ilona Nurmi, PhD: Falls among people over 60 years old during institutional care. Risk factors, costs and survival. 10 min + diskussion 10 min.
- 15.40 – 17.00 Posterindlæg på hver 8-10 min. Incl. diskussion.
- Anne Rosell: sundhedsvæsenet i de nordiske lande, organisation og opgaver
 - Kaarina Yamminiemi: Safe living for seniors – national prevention campaign
 - Anne Lounamaa: Safety promotion among elderly population in Hyvinkää, Finland
 - Ismet Gavrankapetanovi´c: Injuri and other complications prevention after implantation of total hip endoprosthesis
 - Inger Helt Poulsen: I gang igen efter fald
 - Sonja Kinigadner: Join-in prevention of accidents
 - Margit Rasmussen: et bedre liv – undgå fald
 - Antero Heloma: SPE projekt – Networking in home care and accident prevention to improve the quality af life of elderly people in Europe
 - Fyns Amt: Faldforebyggelseprojekt – et samarbejde mellem Fyns Amt og 6 kommuner

23. aug. 2001

- 10.30 – 11.10 Bent Olav Olsen, Statens Institut for Folkehelse, Oslo:
The Norwegian National Initiative for Safe Communities. Organisation, program, erfaringer og resultater fra hidtidige Safe Communities, betydning for nye Safe Communities i Norge. 40 min incl. Diskussion
- 11.10 – 12.15 Opsamling, diskussion, anbefalinger. Netværk?
-

Prevention of violence

Wednesday 22 August

11.00–12.15	Focus: Introduction by John Radmer Violence perpetrated by young people on young people Violence and attacks on women Violence in the workplace
12.15–13.30	Lunch
13.30–17.00	Presentation: session overview by John Radmer Dr Ole Brink – experience in Århus regarding data/knowledge collection Violence in the workplace with John Radmer Violence in the family – Canadian preventive programmes in the prison system with Karin Helweg-Larsen, SIF Summing up and introduction to tomorrow's concluding debate with John Radmer

Thursday 23 August

10.50–12.15	Conclusion within the group – summary of yesterday's contributions
12.15–13.15	Lunch

Dansk - Forebyggelse af Vold

Onsdag den 22. august:

Kl. 11.00-12.15	Introduktion til området v/John Radmer Fokus: Unges vold mod unge Vold og overgreb mod kvinder Vold på arbejdspladsen Forebyggelse af vold – set fra politisk hold.
(Kl. 12.15-13.30)	Frokost)
Kl. 13.30-17.00	Oplæg: - ordstyrer John Radmer Læge Ole Brink – Århus erf. vedr.
datagrundlag/vidensopsamling	Vold på arbejdspladsen v/John Radmer Vold i familien, canadiske forebyggelsesprogrammer i fængselsvæsenet v/ – Karin Helweg-Larsen, SIF Afslutning og introduktion til næste dags konkluderende
drøftelse	/John Radmer

Torsdag den 23. august:

Kl. 10.50 – 12.15	Konklusion i temagruppen – opsamling på gårdsdagens indlæg.
Kl. 12.15-13.15	Frokost

Traffic Safety (Dansk)

22.august

Fakta om trafik og uheld

- 11.00 - 11.10 Introduktion
 11.10 - 11.30 Dansk og nordisk uheldsudvikling, Ingeniør Stig Hemdorff, Vejdirektoratet, DK
 11.30 - 11.50 Skadestuere registrering, Læge Lars Binderup Larsen, Ulykkes Analyse Gruppen ved Odense universitets Hospital, Fyns Amt, DK
 11.50 - 12.15 Debat ved ordstyrer Preben Rosenberg, Vejle Amt
 12.15 - 13.30 Frokost

Trafiksikkerhedsplaner

- 13.30 - 13.50 Trafiksikkerhedsplaner i Danmark, Konsulent Niels Hellberg, Hellberg Analyse, DK
 13.50 - 14.10
 14.10 - 14.30 Eksempel på trafiksikkerhedsplan, Afd.leder Ole Helboe, Horsens Kommune, DK
 14.30 - 14.45 Från vision til til praktiskt arbete, Barbro Winstrand, Vegväcket, Borlänge, Sverige
 14.45 - 16.45
 16.45 - 17.00 Opklarende spørgsmål
 Grupperarbejde i cafeform
17.00 - 18.00 Opsamling af gruppearbejde ved ordstyrer Lars Binderup Larsen

Posters

Kørekort og alder

- 10.30 - 10.50 Den danske kørekortuddannelse, Kørelærer Karsten Troelsen
 10.50 - 11.10 Svenske erfaringer med 16år-grænse, Hans-Yngve Berg, Vegväcket, Sverige
 11.10 - 11.30 Informativ regulering af unge i trafikken, P.hd. Mette Lolk, Handelshøjskolen i København, DK

 11.50 - 12.15 Debat
-

Arne Poulstrup – Summary of Safe Comm Nord-4 Munkebjerg, 21.-24. August 2001

Summary made by Arne Poulstrup at end of friday: Each part in english. The Danish version is placed after the English version

To achieve a Safe Community the following areas have to be dealt with seriously:

- PREVENTION**
- PROMOTION**
- LEGISLATION**

Therefore the key questions are:

- WHAT DO WE KNOW ?**
- HOW BIG ARE THE PROBLEMS ?**
- WHO SHALL CONTRIBUTE ?**
- AND TO WHICH ACTIVITIES ?**
- IS THERE A NEED FOR MORE KNOWLEDGE, NEW IDEAS, NEW STRATEGIES ?**

1. WHAT DO WE KNOW ?

- that prevention, health promotion and legislation works
- registration just shows the tip of the iceberg
- target groups have to be carefully identified and selected
- and so are the strategies for intervention
- early intervention is desirable

2. HOW BIG ARE THE PROBLEMS ?

- in some areas the incidents are stagnating
- in some areas they are increasing (i.e. accidents)
- in some areas they are decreasing (i.e. violence and suicide)
- again: registration is insufficient, and so is:
- registration of interventions, costs and expenditures

3. WHO SHALL CONTRIBUTE ?

knowledge and input:

- cross sectional groups of researchers and field workers**

legislation and resources:

- politicians and administrators** (more knowledge for better decisionmaking)

promotion:

- all training institutes dealing with professional groups related to Safe Comm**
- networks of Safe Comm workers for exchange of ideas and inspiration**

4. AND TO WHICH ACTIVITIES ?

- national action plans
- better registration (more homogeneous and systematic)
- better co-ordination
- more resources
- banks of: data, knowledge, experience, ideas, resource persons, key professionals

5. IS THERE A NEED FOR MORE KNOWLEDGE, NEW IDEAS AND NEW STRATEGIES ?

- there is ALWAYS such needs, because:
- the societies are not static,
- they change their geography, physical structures, cultures, living conditions and new threats emerge

Det var en vigtig del af konferencen at der blev udarbejdet anbefalinger for det videre arbejde.

Ved afslutningen resumerede embedslæge Arne Poulstrup temagruppernes arbejde i disse punkter:

For at opnå et Sikkert Samfund skal der arbejdes seriøst med følgende områder:

- Forebyggelse – Sundhedsfremme - Regelfastsættelse

Nøglespørgsmålene er derfor: HVAD VED VI ? - HVOR STORE ER PROBLEMERNE ? - HVEM SKAL BIDRAGE ? - OG TIL HVILKE AKTIVITETER ? ER DER BRUG FOR MERE VIDEN, NYE IDEER, NYE STRATEGIER ?

1. HVAD VED VI ?

- at forebyggelse, sundhedsfremme og lovgivning virker
- registrering kun viser toppen af isbjerget
- målgrupper skal identificeres og udvælges omhyggeligt
- og det skal strategierne for indsats også
- tidlig indsats er ønskelig

2. HVOR STORE ER PROBLEMERNE ?

- På nogle områder er antal af hændelser stagnerende
- på nogle områder stigende (f.eks. ulykker)
- på nogle områder faldende (f.eks. vold og selvmord)
- igen: registreringen af antal hændelser er utilstrækkeligt, og det er også:
- registrering af indsatser, udgifter og omkostninger

3. HVEM SKAL BIDRAGE ?

viden og input:

- tværfaglige grupper af forskere og felt-arbejdere

lovgivning og ressourcer:

- politikere og administratorer (mere viden til bedre beslutninger)

til at fremme sagen:

- alle uddannelsesinstitutioner, der uddanner personer med relation til Safe Comm.
- netværk af Safe Comm. feltarbejdere til udveksling af ideer og inspiration

4. OG TIL HVILKE AKTIVITETER ?

- nationale indsats planer
- bedre registrering (mere ens og systematiske)
- bedre koordination
- flere ressourcer
- banker med: information, viden, ideer, ressource- og nøglepersoner

5. ER DER BEHOV FOR MERE VIDEN, FLERE IDEER OG NYE STRATEGIER ?

- Der er ALTID et sådant behov, fordi:
- samfundene ikke er statiske,
- de ændrer deres geografi, fysiske strukturer, kulturer, levestandard og nye trusler opstår

What next ?

Funen and Vejle County now passes the responsibility for nordic and international cooperation to all partners and for the danish collaboration we hope that others will take over to spread the enthusiasm and idea of the “Safe Communities” (Sikre lokalsamfund) network to many places.

Accidents, Injuries, violence and suicidal behaviour are unwanted and unnecessary acts which can be prevented by sound cooperation and hard work. Many solutions have been shown to be effective. The bridge building is ongoing and started a while back.

Hvad nu ?

Fyns og Vejle Amt har med konferencen og den foregående nationale konference i 2000 varetaget den nationale koordination af området. Det har kun været muligt med bred deltagelse fra resten af landet. Dette tværgående samarbejde håber vi fortsætter fremover i et åbent og bredt favnende samarbejde, der dækker hele landet og tilgodeser de mange forskellige aspekter af det forebyggende arbejde fra forskning til dagligdag. Hvem tager bolden op til videre koordinering af arbejdet med forebyggelse af ulykker, vold og selvmordsadfærd ? Som hidtil opfordrer vi til at det danske samarbejde omfatter alle interesserede uanset medlemsskab af “Safe Communities” (Sikre lokalsamfund) netværket kan bidrage. Ethvert konstruktivt bidrag fremmer sagen.

Ulykker, vold og selvmordsadfærd er uønskede og unødvendige størrelser som kan forebygges ved godt samarbejde og ihærdig indsats. Der er mange løsninger som er vist effektive. Brobygningen er allerede godt i gang.

Jens M.Lauritsen, Fyns Amt på vegne af planlægningsgruppen.

Planlægningsgruppens medlemmer fra Vejle Amt Kirsten Nørby, Metha Palmus Hansen og Poul Højmosé og fra Fyns Amt: Inge Bentzen, Pernille Søndergaard Madsen, Irene Jacobsen og Jens M. Lauritsen.

“Safe Communities” (Sikre lokalsamfund) web side i Stockholm: <http://www.phs.ki.se/csp>
Konferencens hjemmeside: <http://www.safecomm.dk> (forventes lukket december 2001).

