



SPYDEBERG MUNICIPAL COUNCIL

Application for official status as a

SAFE COMMUNITY

in the World Health Organisation's

Network of Safe Communities

Spydeberg, 20.02.2002

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FOREWORD

Sooner or later, many of us fall victim to accidents. Aaron Wiladsky, Boston 1979, claims that only a mere 10% of people's health problems can be alleviated by public health services and that the other 90% should be dealt with in other arenas than those pertaining to the public health sector. Health is politics, and it is up to us to help prevent people from ending up in health queues. Prevention should occur for the most part in other sectors than that of the health services.

On 15.12.98, Spydeberg Council adopted a proposal to act on the following goals:

- "Spydeberg Council will focus on the criteria that must be met in order to become a "Safe Community" and will apply for approved status as such during the period covered by the plan of action." (council business 1.5 objective 4.5)
- "In 1999, we will endeavour to meet the first 4 of WHO's 12 main criteria for a "Safe Community" in order to achieve status as such (council business 1.5 objective 5.1)

Only one year later, at a meeting on 7.12.99, the newly elected local council decided to augment the decision made by its predecessor:

- Spydeberg Council will "Participate actively in the "Norwegian Network of Healthy Cities" and in networks within "Safe Communities"
- "Apply for approved status as a "Safe Community" in the year 2000 (council business 1.5 objective 3.1-3.2)

On the basis of the government's plan of action for the period 1997-2002, we seek to contribute towards the development of a local safety consciousness culture and to ensure the quality of accident prevention work in the borough of Spydeberg. Emphasis has been placed on collaboration across departments, sectors and administrative levels.

The programme provides guidelines for accident prevention work in the borough of Spydeberg. It also forms the basis of the objectives and project proposals that are included in the Council's Plan of Action for the period of 1999-2002, and then for 2000-2003 and for subsequent annual updates.

The strategy laid down in the Plan of Action involves a conscious effort to eliminate risk factors in order to avoid accidents, to prevent injury by encouraging the use of safety equipment, and to enhance people's ability to act on and master given situations. The WHO criteria have been used as a model for our strategy and as a foundation on which our objectives are based. The status report will endeavour to describe Spydeberg in relation to the criteria for approval.

The Plan of Action is directed towards different age groups and local environments. A dedicated public health committee has been appointed as a local forum which is responsible for the accident preventions work. The work in the committee is led by the mayor. Other members are: the Chief Executive Officer, the Chief Officer of the local police force, a representative from the Business and the Public Health Consultant.

The first time Spydeberg Council applied status as a "Safe Communities" was in the 10th of January 2000. The answer on this was that Spydeberg had to clear the strategy of the accident prevention work among the work of public health in Spydeberg.

It is our hope that serious incidents that lead to deaths, injury and accidents in the local community, may be reduced by increased efforts to promote health and accident prevention.

Spydeberg, January 20, 2002

Gunnar Hjorthaug
Public Health Consultant

1.0 SPYDEBERG MUNICIPALITY AND INJURY PREVENTION WORK

Geographical facts

Spydeberg municipality is one of the Norway's south-eastern municipalities and has the longest river, Glomma as a border. The municipality lies in Østfold county and has the city Askim as closest neighbour. The municipality has high volumes of traffic going through, with both the eastern line of the railroad and E18 going thorough the municipality.

Spydeberg municipality has an acreage of total 142 km². Above half of the municipality acreage are forest, but there is also a comparative high quota of cultivated land (Fig 1).

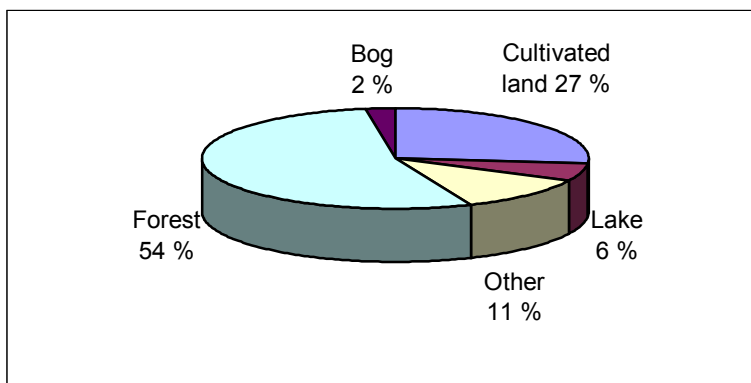


Figure 1. Spydeberg municipalities acreage distribution.

Population

Development of the population in Spydeberg since 1950 demonstrate that it was a stable population in lower edge of 3000 until the end of 1960's (Fig 2). By 1970's and forward until 1985 population increased largely, but there was no growth in one decade from the end of 1980's to the end of 1990's. In the last years the population experienced an important growth, and we passed 4 500 inhabitants during year 2000.

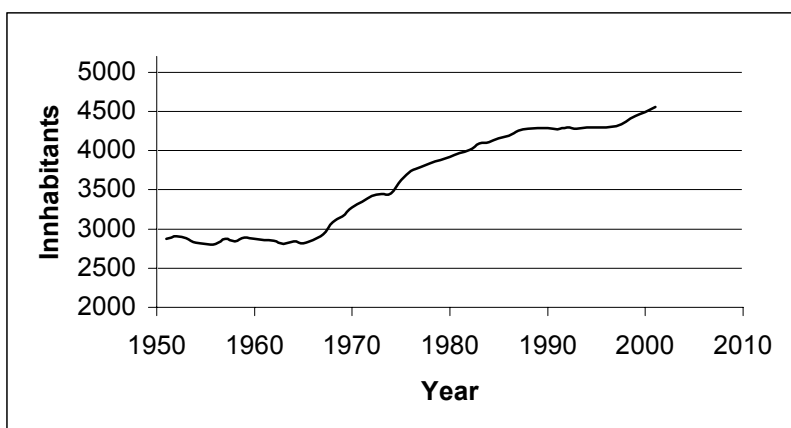


Figure 2. Population per 1. January in the years 1950 to 2001 in Spydeberg (source SSB).

Populations progress toward year 2020 as elaborated at Central Statistical Office demonstrate that population will increase in the years ahead (Fig. 3). Regarding the development along with high growth will continue, Spydeberg will get a large increase of population in the next 20 years with 1 000 more inhabitants.

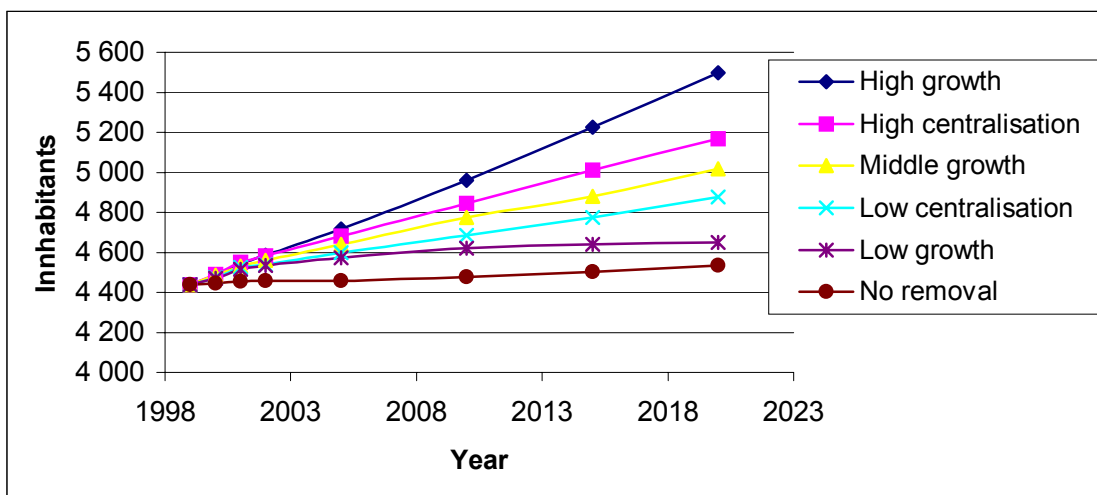
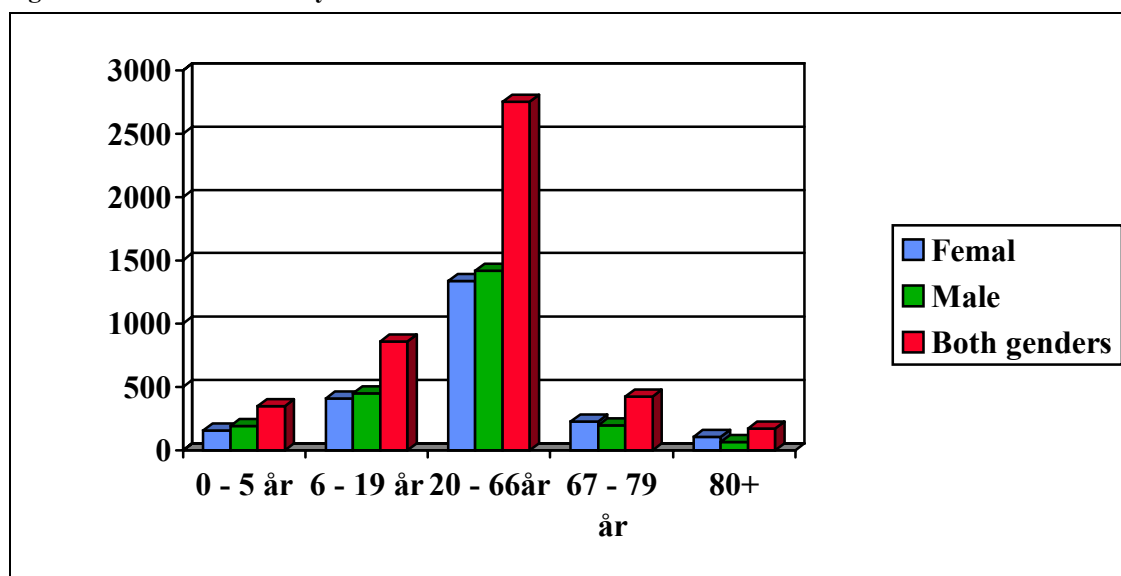


Figure 3. Prognosis for populations development in Spydeberg based on high, middle and low national growth, and different degrees of centralisation. (Source SSB)

Age classification 1 January 2001



| Gender | 0 - 5 year | 6 - 19 year | 20 - 66 year | 67 - 79 year | 80+ |
|--------------|------------|-------------|--------------|--------------|-----|
| Female | 158 | 410 | 1337 | 228 | 106 |
| male | 190 | 450 | 1417 | 198 | 65 |
| Both genders | 348 | 860 | 2754 | 426 | 171 |

Employment and industry

Unemployment in Spydeberg is low. 1,5 % of the labour forces were out of work at the end of 2000. Unemployment in Østfold and the country in general is respectively 2,5 % and 2,6 %. The low Unemployment is reflected in difficulties to acquire workers for certain areas. One reason for the favourable employment situation in Spydeberg is commuting.

A survey done by The Inner Østfold Industry Centre shows that about 70 % of the employees resident in Spydeberg commuted out of the municipality in 1998. Most commuted to Oslo, followed by Askim and Ski. Data from 1990, 1995 and 1998 for some municipalities in inner Østfold shows increase in commuting. In average commuted 55,8 % of the employees in Inner Østfold out of their own municipality in 1998. Although there are many people which commute out of the municipality, there are also many at our neighbour municipalities commutes in to Spydeberg to work. The distance between these different municipalities in inner Østfold are small enough that is natural to work beyond your own resident municipality.

Although the large quota commutes, it is still an all-round industry in the municipality. Employment in the agriculture has stepped down, but remains many industrial income from farming- and forestry. Many in agriculture sector has however other work beside farm managing. Spydeberg's location between the continent and the Capital and along with E18 and railroad through the municipality, contributes to establishing of new businesses.

The local community has traditions in development work and preventative action

Injuries represent one of our major health problems along with cardiovascular diseases and cancer. Injuries constitute the major health hazard among children. Wasted years, disability, considerable public expenditure, and queues for treatment are consequences of the large number of accidents that we are witness to. Spydeberg has a population of 4,500 and has a long-standing tradition of health promotion initiatives and injury prevention work, within which many development projects and other tasks have been carried out with the help of intersectoral joint efforts.

Spydeberg Council's first meeting with the Safe Community project occurred in Harstad in 1994

We were represented in Harstad at the third international Safe Communities conference, at which the boroughs of Harstad and Spydeberg, together with 13 other municipalities, formed a network of "preventative" healthy communities.

Action taken since 1995 to prevent domestic accidents involving elderly people tripping or falling

In 1995, work was begun on registering hazardous places in homes and the local environment among the elderly in the borough, in order to help prevent accidents involving them tripping or falling over. This work was taken a step further by a special intersectoral domestic accident programme for 1996-2000 designed to help prevent tripping or falling. A special injury prevention co-ordinator and the municipal physiotherapist led the work. Senior citizens over 70 years of age have been offered a free safety package which, in addition to grit for sprinkling on icy paths, includes a number of safety articles and a specially printed brochure with 10 good tips on how to avoid falling. Health care helpers have been trained within this field. We also collaborate with the voluntary services centre. Frequent information has been given to the local press and the parish magazine, and is also posted on the council's own web site.

Action taken to prevent accidents involving children tripping or falling

An intersectoral team has been working in this field in schools and kindergartens since 1997. All entrances to schools and kindergartens have been equipped with non-slip gratings, making them less slippery during the winter.

Preventing injuries at the work place

The health care services pilot project "Active Dialogue" has endeavoured to ensure the best possible working environment. In collaboration with the staff, the project has been of great help to the

reorganisation work that has been going on. Consultants have monitored and analysed the kitchen and cleaning services. Training and competence upgrading schemes have been implemented. Office chairs for better working posture, scooters for indoor use, and bicycles for outdoor use have also been provided. In collaboration with the KLP national pension fund, we have offered a special keep fit program for the staff of the health care sector. Almost half of the members of staff took the opportunity of receiving an introduction to individual training under the guidance of a physiotherapist.

The Council as a whole has adopted new guidelines for the following up of employees on sick leave and new guidelines for the work of the rehabilitation committee. Furthermore the Council has initiated an assessment of the present guidelines for personnel policy and employee training programmes together with the Council's internal control routines (so-called Health, Environment and Safety work). An important initiative in this respect has been the initiation of a new assessment of health, environment and safety routines where employees and personnel meetings will be involved to a larger extent in planning and evaluation.

The prevention of suicide attempts since 1994:

Since 1994, the so-called LISS Project (Eng. = "Living together in Spydeberg") has held 3-4 weekend meetings/cabin trips for young people. So far, both the experiences gained and the feedback received from the young people have been very satisfactory. By way of participation, collaboration and focus on responsibility, the project has developed various methods and initiatives designed to prevent psychosocial problems. LISS activities have now been reorganised and will be included in a new project targeting the same age group, "Green Upbringing" which will build on the positive experiences gained from LISS (1999/2000). The Council has purchased a farm, which is in the process of becoming an Environment and Culture Farm, where many indoor and outdoor activities have been started up.

The parents of small children require safe playgrounds and local environments, according to a 1998/99 survey

Safe playgrounds came into focus as a result of a survey that the child health centre helped carry out. Questionnaires and a local information brochure were made available at the child health centre. The project was a joint effort between the public health project, the county health officer, and 8 municipalities in the county of Østfold. The report is now available and has been submitted to the council executive officers and to the local council itself. The report provides an excellent basis for subsequent discussions about priorities and ensuing initiatives. A special report on all playgrounds in the borough is now being prepared.

The Public Health Committee's safety work, providing a new and useful forum for joint efforts since 1996/97

Voluntary societies and organisations, insurance companies and private individuals have been taking part in a special public health committee and a number of working groups, and as such have been of great support at the local level with regard to the implementation of constructive initiatives and processes designed to promote accident and injury prevention work in particular, and public health in general.

The committee has held its meetings with continued openness and an air of brainstorming and deliberation. Over the past three years, it has approved 38 new minor injury prevention projects, and these have been awarded project grants amounting to NOK 100,000 a year. The committee is working towards making the "Healthy City of Spydeberg" as healthy and safe a borough as possible. The committee discusses planning and topics in conjunction with road safety and Local Agenda 21. Personal injuries caused by road accidents throughout the year are discussed at each

committee meeting. The politically elected representatives on the public health committee include the mayor and the political leaders of the three permanent council committees for upbringing and culture, health care, and planning and development. The public health committee has 10 representatives from “societies and organisations,” and 1 representative from the church, the voluntary services centre and the police.

Collaboration with the County Council on accident prevention

In 1996, the Council joined in with the establishment of the public health project, an experimental undertaking in the county of Østfold where the authorities sought to establish an arena for preventative initiatives. The idea was to register and implement programmes designed to reduce the causes of injury, accidents, illnesses and suffering among the population. Such suffering costs society billions of kroner and reduces the individual’s quality of life. Spydeberg, Sarpsborg and Valer, have been experimental boroughs and as such a part of the experimental counties project that will continue until the summer of 2000. The National Institute of Public Health and the National Organisation of Municipal Councils (Kommunenes Sentralforbund) are partners here, together with the Ministry of Health and the Department of the Environment. Furthermore, the Council will be working actively together with the County Council on the prevention of accidents and injuries and the boosting of the local population’s resources and their local environments in the years to come. (Antonovsky 1987)

The “Healthy City of Spydeberg”, a vision from 1988 in the fight against accidents

In 1988, the Council adopted the vision of the “Healthy City of Spydeberg” with focus on every aspect of growing up in the local environment. The Council’s work on the advancement of public health also includes work on accidents and injuries. This is brought to light in the Council’s plan of action, in the section on public health activities. Spydeberg has long-standing traditions with regard to collaboration with other municipalities, voluntary organisations and societies, and with user groups within the fields of health promotion and preventative work. In 1995, the Council contributed to the establishment of the Norwegian Healthy Cities Network, and since then the municipal public health consultant has played an active role on the executive committee of the network.

Special co-ordinator for accident prevention and public health

A special project leader responsible for work on accidents and injuries has been in office in the borough since 1995. In order to secure the implementation of integration across sector boundaries, this function has been placed directly subordinate to the chief executive officer. The position’s most important tasks include:

1. The co-ordination and following up of local project activities
2. Participation in the implementation of the objectives and strategies of the public health project
3. Ensuring that preventative strategies are included in all planning
4. Acting as a link between the Council and the central project management body

Spydeberg Municipal Council has now:

- Developed a model for executive work where all executive officers are required to provide an assessment of environmental consequences / health initiatives for all issues involving any risk of accident.
- Preventive work is now an ordinary part in a lots of the municipal plans.

- Given preventative health and environment work an important place in the Council's long-term plans (Council agenda item 80/97)
- Decided to endeavour to proceed with work on the prevention of accidents in several fields and to apply for membership of the WHO Safe Communities Network
- Membership of the Norwegian Healthy Cities Network, where preventative work has been given a central position
- Begun work on the development of a special plan of action for Local Agenda 21, where safety and preventative work are given high priority
- Adopted a special road safety plan, Council agenda item 30/2000

Intersectoral Strategy

Finding the correct strategy and interface between a relatively a small staff and the most effective use of available resources in relation to users of the various services, and with regard to initiatives and the attainment of goals, has proven quite a challenge. In other respects, the general strategy for all intersectoral working groups has involved registration, training, information and action.

Accident prevention is quality control

Council employees say that they are under a lot of pressure at work. This poses many challenges when it comes to motivating them to realise that accident prevention is not just an added burden., On the other hand, this can be a source of inspiration, where one can, amongst other things, improve one's own routines and ensure the quality of the work one has been entrusted to do. The provisions of the Norwegian Working Environment Act (Arbeidsmiljøloven) regarding work on health, environment and safety at the work place, pose a major challenge to accident prevention work. The same applies to the environmental health care regulations with regard to internal control systems in schools and kindergartens where safety rounds are included.

Things take time and initiatives and preventative work require incentive

In the Council's experience with intersectoral collaboration on development work, minor projects that are awarded start-up grants from the authorities, will normally require following up. Project work can lead to the commencement of processes and dedicated injury prevention initiatives. Some initiatives will be brought to a close, some initiatives and routines will be integrated into everyday operations, while others will require a change in priorities and an extended implementation period. As we all know, projects come to an end, but the prevention of injuries and accidents and health promotion work are long-term socially constructive processes that "should only have a beginning". Preventative strategies and initiatives are investments in the local population's safety, well being, health and environment. Our aim should be to integrate desired initiatives, routines and changing priorities as far as possible into the Council's day to day operations.

Evaluation

The effects of preventative work are not always easy to measure, but stretching the limits of evaluation in this field is also a challenge in itself. In the annual report, self-assessment of the degree of goal attainment can be made, where one also considers the structure, process and results of preventative work. (Wangberg, A. Livetskvalitet s.26).

Political commitment and groundwork have been of increasing significance since 1997

In 1997, Spydeberg Council decided to *work towards becoming a safe community*. The following year, in 1998, (15.12.98) the same Council decided to *apply for recognition by the year 2002*. In 1999, this was further augmented by the Council on 14.12.99, when the application date was

brought forward to “*by the year 2000*”. In 2001 decided the politicians a new organisation to strengthen the accident prevention work.

The World Health Organisation (WHO) and Norwegian conditions

The WHO has been working on accident prevention at an international level for a number of years. In order to promote this work, a draught has been developed with a paradigm on which each individual local community can build its own work. Towns and boroughs that display determination and ability within the field of accident prevention can achieve international status as “Safe Communities” in accordance with the aforementioned draught. In this way, the WHO encourages municipalities all over the world to go in for accident prevention. The criteria that must be met in order to attain such status have been adapted to Norwegian conditions.

A special secretariat designed to function as motivator and co-ordinator for Norwegian work on the development of “Safe Communities” has been established in Norway and financed by the Department of Health and Social Security. The secretariat is located at the National Institute of Public Health, an institution that Spydeberg Council has collaborated with actively since 1996. As far as the Council is concerned, the idea of networking, participation and the involvement of the local inhabitants in the planning and development of the borough, has been an experience they wish to develop further.

2.0 LEGISLATION AND NATIONAL PLANS OF ACTION

Initiatives for the improvement of public health and the prevention of accidents can be founded on the rules and regulations of many municipal departments, and the everyday work of the Council is to a large extent based on this notion. The various departments and fields of business have different regulations to adhere to, and the following represents a simple guide to these:

In **White Paper No. 37 (1992-93)** “Challenges within health promotion and preventative work”, and the Storting’s discussions on this issue, the Department of Health and Social Security has been given considerable responsibility within this field. When dealing with White Paper No. 37, the Storting endorsed the following areas as eligible for concentrated efforts within the field of health promotion and preventative work, placing particular responsibility on the Department of Health and Social Security as a driving force for such initiatives:

- Psycho-social problems “A Longer Life for Us All” HP 1995-99 Children and Health
- Afflictions caused by strain, 1994-1998
- Accidents and injuries, HP 1997-2000
- Asthma, allergies and ailments caused by indoor conditions, HP 1997-2000

In **White Paper No 58 (1996 - 97)** “*Environmental policy for sustainable development. A joint effort for the future*” the concept of sustainability is discussed. Sustainable development is defined as development that satisfies the needs of present generations without being detrimental to those of future generations. Human needs can be loosely divided into *basic needs* that have to be satisfied in order to ensure survival at a certain minimum level, and *more soci -culturally defined or secondary needs* that can be developed in any number of directions.

The Plan of Action for the prevention of accidents, 1997-2002, which was prepared in collaboration between 9 different departments, makes reference to White Paper No. 37 and the way it was processed, and is the document where the following national objective was also drawn up: “By the year 2000, the co-ordinated planning and development of a safety consciousness culture at

all decision-making levels and sectors will lead to a reduction in the number of fatal injuries, hospitalizations, and medical treatment due to accidents.”

The Plan of Action states that it is a national objective that 15 Norwegian municipalities fulfil the WHO criteria for approval as Safe Communities by the year 2002.

The Local Government Act (kommuneloven) of September 25, 1992, requires local councils to ensure that the community has a representative local government and administration.

In schools and kindergartens, the pupils, teachers and parents, the school health service, the educational psychology service and the follow-up services are important partners. This applies with regard to both psychosocial conditions and to the physical environment, including indoor conditions and injuries in connection with play and physical activities. The Environmental Health Care Regulations (miljørettet helsevern) of December 1, 1995 have been of major significance here. The Kindergarten Act (Barnehagloven) of May 5, 1995 and the Education and Training Act (Opplæringsloven) of November 27, 1998 emphasize that the interests of children and young people will be given the necessary attention. Local governments are required to have an educational psychology service designed to help with special education measures, planning, competence enhancement initiatives and organizational development for the good of children of school age and below.

The Municipal Engineer's Department has a central role in view of the “Electrical installations and Appliances Act,” the “Protection against Fire and Explosion Act” and the “Planning and Building Act” of June 14, 1995 together the appurtenant amendments of 1.1.1997.

The Planning Act makes integrated planning mandatory at both local government and county levels. Social planning where a central position is given to living conditions, physical aspects, and the cultural and social environment including housing, the local environment and the local community, requires the political co-ordination of initiatives and efforts from several departments within each individual local community or borough.

The integrated, intersectoral planning of various welfare and service programmes should be employed intentionally to facilitate the development of safe and pleasant local communities. The Council shall appoint a special representative tending to the interests of children in planning issues in each municipality. In addition to an active information service, private individuals and groups have the opportunity of participating in the planning process.

The Municipal Health Services Act (Lov om helsetjenesten) (November 19, 1982 No. 66) is one of the main pieces of legislation pertaining to public health. It states that the local government, by way of its public health services, is to promote public health and well being and satisfactory social and environmental conditions, and to endeavour to prevent and treat illnesses, injuries and deficiencies. The local public health service is required to keep well informed about the general state of health in the community and any factors that may have effect on this, and to propose health promotion and preventative initiatives to the local authorities. By way of information services, counselling, announcements and participation in planning processes, health promotion and preventative initiatives will be submitted to the local authorities. Pursuant to the Municipal Health Services Act circular (IK-33/95), the health services have a special responsibility with regard to accidents in the home, at school and during leisure activities.

Environmental Health Care (re. Odelsting Bill No. 40,1986-87) covers, pursuant to relevant legislation, any conditions that may at any time have a direct or indirect effect on health. This involves, amongst other things, biological, chemical, physical and social environmental factors. Within the field of environmental health care, the municipal health service has several means at its disposal. The Council, or those it has delegated authority to, can demand changes be made to property or undertakings that represent any kind of negative health effect. The environmental health

care regulations for kindergartens and schools, etc. (of Dec. 1 1995) require that operations are planned and run in such a way that injuries and accidents can be prevented.

The Social Services Act (of December 13, 1991) and the Kindergarten Act (of July 17, 1992), state clearly that a number of preventative tasks are the responsibility of the local authorities. In general, they are to prevent social problems, develop and strengthen community spirit and solidarity within the local environment, provide information about the prevention of alcohol and drug abuse, and offer welfare initiatives and activities to vulnerable groups. Intersectoral co-operation and collaboration with voluntary organisations are given special mention here.

Pursuant to the Working Environment Act (Arbeidsmiljøloven) of February 4, 1977, all businesses that employ workers are required to safeguard their work force against psychological and physical injury and to ensure that they are given meaningful work. The provisions of December 6, 1996, pertaining to internal control, require fixed routines and check lists for the working environment designed to prevent injuries, accidents and illnesses by way of active health promotion and preventative work on the environment.

The Road Traffic Act, §40a, states that the County Council has an express responsibility to recommend and co-ordinate initiatives designed to promote road safety in the county.

3.0 SAFE COMMUNITIES - 12 CRITERIA

The Safe Community network, that constitutes an important strategy within the government's national, and the WHO's international injury prevention programmes, provides a model for injury prevention work in the local community. A pillar of this work is intersectoral co-operation across departments and administrative levels where all parties in then local community collaborate in order to achieve a safe local environment and community. To achieve status as a Safe Community, a number of international criteria must be met with regard to organisation, programme, documentation and working methods:

1. Formation of an intersectoral group that is responsible for injury prevention
2. Involvement of the local community network
3. The programme will address all ages, surroundings, and situations.
4. The programme will address the concerns of high-risk groups (such as children and the elderly), high risk environments and aim to ensure equity for vulnerable groups.
5. The programme should have a mechanism to document the frequency and causes of injuries.
6. Programme must be a long-term approach, not one of brief duration.
7. The programme evaluation should include indicators which show effects and provide information on the process as it advances.
8. Each community will analyse its organizations and their potential for participation in the programme.
9. Participation of the health care community in both the registration of injuries and the injury prevention programme is essential.
10. Be prepared to involve all levels of the community in solving the injury problem.
11. Disseminate information on the experience both nationally and internationally.
12. Be willing to contribute to the overall network of "Safe Communities."

4.0 STATUS – ACCIDENT PREVENTION WORK AND THE 12 CRITERIA FOR SAFE COMMUNITIES

4.1 Intersectoral Organisation

Criterion 1: The formation of an intersectoral group that is responsible for injury prevention

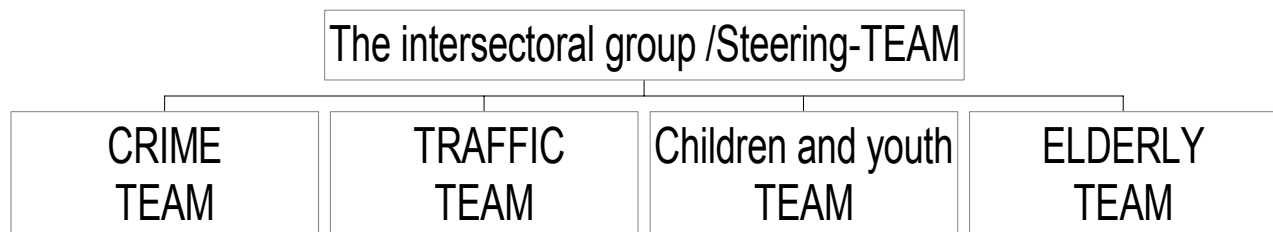
The Safe Community project in Spydeberg has been systematically organised since 1997. Starting in the year 2000, intersectoral accident prevention work has become integral part of daily operations under the management of a special co-ordinator.

From the beginning of 2001 the mayor in Spydeberg municipality leads an intersectoral group of executive leaders, which is responsible for the various intersectoral working groups that are now in operation.

The mayor also leads a special public health committee working on “Spydeberg – A Safe Community” and other health promoting initiatives.

A full-time position as public health consultant and co-ordinator of injury prevention work and public health has been established. The public health consultant is secretary to the intersectoral group and to the public health committee. Injury prevention work in Spydeberg is carried out in accordance with the following outline:

The Public Health Committee



Co-ordinator of “Spydeberg – A Safe Community”: This position will be occupied by one of the CEO’s staff of advisors.

Local steering group consisting of: The Mayor, the Chief Executive Officer, the Chief Officer of the local police force, a representative from the Business and the Public Health Consultant

The Public Health Committee: This committee was established in Spydeberg in 1997 and meets 4 times a year. The Mayor chairs the meetings and together with the 3 leaders of the main political committees, they meet 10 representatives from societies and organisations, the voluntary services centre, the joint parish council and the local police force. The committee has an open dialogue about which preventative objectives and initiatives the Council should focus on. “Communicative planning”. The public health committee is also a body for the discussion of road safety, initiatives for the prevention of accident and injury, and the process building up to “Spydeberg – A Safe Community” and Local Agenda 21.

The Traffic security team: Maintains continuous discussions on local road traffic injury statistics and follows up the road safety plan. Members in the group are:

Representative for NAF(Norwegian Automobil Foundations) is the leader, local police force, National Highways Department-Østfold, The Norwegian Society for Traffic Safety, a school-advisor, a representative from the council engineer's office and the Public Health Consultant

Children and youth team: Coordinate and maintains continuous discussions on local status and take initiatives to collaborate accident prevention and health promotion. Registrar what is the problems, discuss the needs, give information and education. The team work together to secure all playgrounds and meeting places in the borough. The team follows up locale plans for children and the youths. It has made a own action-plan for the team. Members are: The team leader is a representant from the Church a youth deacon, one parent from a school, the municipality youth council, chief health visitor, a representative from the school/kindergarten, scouts, sportsorganisations, the local youth club, and the Public Health Consultant

In addition to accident and injury prevention, the team tries to have open eyes for problems with Alcohol and Narcotics – discusses current prevention initiatives. The team have also taken initiative to Parental guidance group – prevention of injuries and accidents: Led by one of chief health visitor. Consists of a chief of a kindergarten and a representative from the school. The main task has been the development of courses, routines and some initiatives regarding, amongst other things, the prevention of injuries and accidents

The Crime preventing team: Is a newly founded intersectorial group. The aim is to reduce accidents, youths-problems andcrimes through developing preventive work in the local arena and in the daily live.

Members: local police force(leader), youth deacon, social-leader, the Council NHS doctor, a representative from the county council alcohol and narcotics agency, school adviser, and the Public Health Consultant

The elderly team: Prevention of injuries among the elderly caused by falling at home or elsewhere in the local environment: Group led by the Public Health Consultant, and including a representative from the council engineer's office, a representative from the senior citizens' council, a representative from the OAP association, and a representative from the home-based services, and council physiotherapist . Permanent functions have now been incorporated as daily routines.

Conclusion - Criterion 1:

Intersectoral groups responsible for injury and accident prevention have been established at various levels and in various fields.

Future challenges:

The Council will strive to ensure “a common train of thought” across the boundaries of the various departments and sectors and across traditional social, cultural and historical barriers.

Political commitment, involvement, participation, “delegation of authority” and dialogue with the local population is of decisive importance for continued progress within the field of injury prevention.

Already established groups must be given support to carry on with their preventative work. Action-plans develops for every team.

4.2 Involvement of the local community network

Criterion 2:

Networks that already exist in the local community must be involved in the work.

At local authority level: There are working groups within the ordinary fields of council business. On December 9, the “Spydeberg – A Safe Community” project and the local public health work were assigned a special plan of action by the Council, called Public Health (Council agenda item 85/97). Groups working directly or indirectly with accident and injury prevention are listed below.

These groupings and organizations are formal members of one or more of the working groups or of the public health committee:

Politicians, Chief executive officer, CEO’s staff/planning and development, Local education authority office, Culture and leisure services office, Social services, Child care services, Health services, (Council physician/physiotherapist), Health visitor service, Home-based services, Technical services, Food and beverages inspection authority, Asthma and allergy society, Social security office, Job centre Agricultural office Senior citizen’s council, OAP Association, Police, Vicar, Parish council, Youth club, Voluntary societies and organizations, Insurance companies, Housing co-operative, Leisure and sports associations, Individuals/inhabitants

At county level: The chief executive officer and the co-ordinator/public health consultant take part in Østfold county’s work on accident and injury prevention. For the period from 2000-2004, Spydeberg Council has participated in devising and developing collaboration with the county council on public health initiatives as described in the plan of action, “Quality of Life,” where we work actively together on a “Safe Østfold”.

The contract between the local authority and the county council provides guidelines for collaboration and constitutes an important basis for the preventative work that is under development.

The Council has taken part in the production of joint intercommunal descriptions of surveys and plans of action for experiments and development projects so that it will be possible to compare results and learn from each other’s work. Active dialogue: Efforts to counteract injuries and suffering caused by strain at work. Healthy indoor atmosphere: Prevention of injury/asthma/allergies and other illnesses caused by a poor indoor atmosphere. “Fine Vintage”: Prevention of domestic accidents caused by falling

The Council collaborates with the county network, and a joint injury and accident register has been set up at hospitals and emergency rooms. In the course of the year 2002 we hope that it will cover the whole of Østfold county. This will provide Spydeberg Council with local injury and accident statistics and professional help to analyse the figures and causes that will be revealed.

On a national level: Spydeberg Council is a member of the Norwegian Healthy Cities Network together with 14 other local authorities and one county council. The Network has existed since 1994 and collaborates with WHO’s Healthy Cities projects. Spydeberg Council was one of the founders of the network and has been represented on its executive committee since the beginning. The Norwegian Network has decided that the next phase of its work will focus on LA 21, health and environment profiles and the prevention of injuries and accidents.

Council strategy:

Injury prevention work in Spydeberg is to include the entire local population.

All working groups are recommended to make a draft plan of action including:

- Objectives
- Simple status survey

- Information initiatives (Announce injury statistics/locations and how to prevent them in the media and the parish magazine, by way of flyers, brochures, the internet, information in groups and at meetings)
- Educational initiatives (for employees, groups of parents, and volunteers)
- Develop routines/implement initiatives (at council offices, the workplace, schools/kindergartens and in the home)
- Evaluation (degree of goal attainment in relation to joint status reports and annual result assessments)

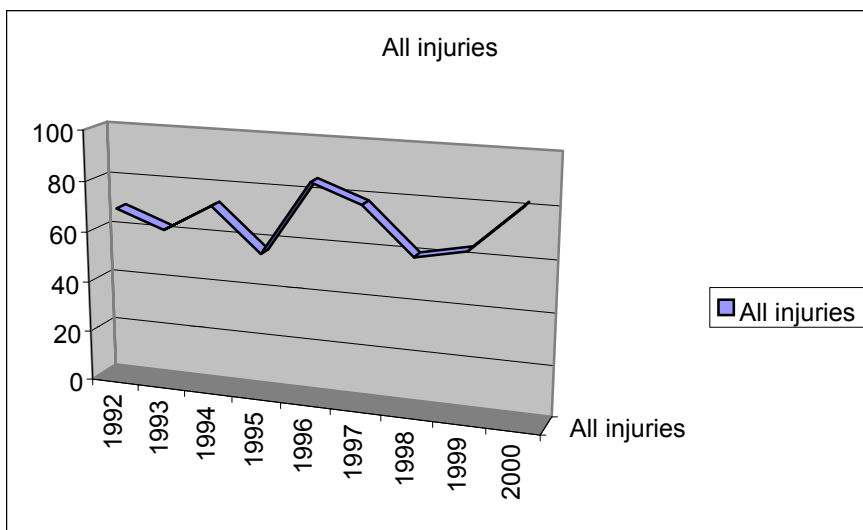
Conclusion - Criterion 2:

The network has been activated in the local environment.

Challenge: Deciding on priorities, maintaining status and making prevention work a part of everyday life for as many people as possible. Intersectoral co-operation, information and training are preconditions for the attainment of these goals.

4.3 Injury prevention programme for all age groups

Criterion 3: An accident prevention programme must be established including all age groups, environments and situations.



Number of injuries in Spydeberg, 1992 - 2000

Source: National Institute of Public Health and the Norwegian Patients Register

For several years, Spydeberg has been involved in intersectoral accident and injury prevention work. The efforts made have varied in relation to current needs and local government finances.

Target groups have included: Children, Young people, Adults, The elderly, The local population as a whole

The environments and arenas that Spydeberg Council has focussed on to date are as follows: Home environment/local environment, School/kindergarten environment, Psycho-social environment, Places of work,

Future challenges will also involve the following fields: Sporting activities, Road traffic.

Many of our activities are directed towards the entire population by way of surveys, information and planning/special arrangements.

4.3.1 CHILDREN (0-6 YEARS OF AGE): HOME ENVIRONMENT/LOCAL ENVIRONMENT

The following initiatives have been implemented:

Survey to ascertain the views of the parents of small children with regard to their local environment. In collaboration with 8 local authorities, including Spydeberg, the county physician in Østfold has carried out such a survey. The object was to facilitate the implementation of the proper initiatives in the local environment, and to create a feeling of security and wellbeing, together with favourable conditions for social networks. With the help of the survey, one hoped to listen to people's views and opinions. Good suggestions for improvements to the environment where children grow up, and where the outdoor setting stimulates learning, provide scope for development and help prevent illness and injury.

The results of the survey provided the Council with a good instrument with which to act more decisively towards creating good local conditions for children and young people to grow up in. The parents of small children expressed a desire for more safe meeting places, that there is too much stress on many of them, and they wished for increased kindergarten capacity.

Initiatives:

- The results of the survey have been published in a special report and have been presented and handed out to council administrative leaders and to the Council itself
- Information has been given to the local press.
- A new park has been established in the centre of the borough with meeting places and safe playgrounds
- A new "mother's cafe" has been established – a safe meeting place and playground at the voluntary services centre.
- "Books for Health", a joint initiative between the health care centre and the public library.
- The indoor atmosphere and general safety conditions at schools and kindergartens have been improved
- The Council plans to increase kindergarten capacity
- The health care centre have frequent information about prevent illness and injury the parents of small children and pregnant. Birth preventive courses, home-visit and parent-groups.

4.3.2 THE SAFETY OF CHILDREN AND YOUNG PEOPLE –SCHOOL AND KINDERGARTEN ENVIRONMENTS

The following has been/will be put into practice:

- All kindergartens and schools have been examined, registered and approved with a view to both the physical indoor environment and in relation to the health regulations.
- In accordance with the internal control system required by the environmental health care regulations, new routines for locating injuries are being developed, based on the model used for the Council's health, environment and safety work.
- It is arranged fire preventive arrangements in kindergartens and schools every year with visit from the chief fireman.

- Every year it is preventive checklists and security-visits according to the municipalities routines.
- All public entrances are equipped with non-slip gratings outside the doorways to prevent falls and to keep sand and grit outside (1999/2000)
- A new cleaning plan was put into effect in 1999/2000 involving new routines that help protect people's health.
- The use of indoor shoes and shoe racks in all kindergartens and primary schools helps prevent untidiness and tripping. (1999/2000)
- Headmasters, kindergarten supervisors, cleaners and caretakers have been given instruction on maintaining a safe and healthy indoor and outdoor atmosphere.
- Every year the kindergartens have first aid educations for all employees.
- Violence and racial discrimination have been a theme on the schools
- The 16 of May every year is an arrangement for youth to prevent problems with Alcohol and Narcotics
- A dancing group for creative dancing is under developing close to the youth club.
- A special brochure has been published and distributed to schools and institutions and all homes in the borough, providing 15 tips for a safer and healthier indoor environment. Improvements have been made to ventilation systems, etc.
- A special status report for a safe and "Healthy Indoor Environment" has been prepared.
- New plans for the grounds of schools and kindergartens, including safe play apparatus, are being developed in collaboration with the EU project "Green Upbringing".
- A special survey and plan of action to secure all playgrounds in the borough is being developed and was completed in summer 2001.
- The Council's intersectoral sexual abuse of children contingency team (SA team) consists of professionals who meet, discuss and draw up plans of action for specific cases of sexual abuse or violence against children and young people under the age of 18. In acute situations, the team can meet within the first 24 hours after the case has been reported. The team consists of representatives from the child care services, the child health clinic and the psychiatric unit for children and young people.
- The Crime preventing team is an intersectorial group who is in the up-start phase. The aim is to reduce accidents, youths-problems, crimes threat to develop preventative work in the local arena and in the daily life.
- "LISS", "Living Together in Spydeberg" A preventive seminar for young people on the subject of growing up that has been held since 1992, but has now been incorporated into the "Green Upbringing" project. LISS was a joint effort between the schools, health sector, social sector, culture and leisure sector and 4 or 5 voluntary adult leaders. Objective: To develop a secure and preventative environment together with parents and other adults (local enthusiasts) where young people can grow up and live together in the local community. The idea was to develop a model for collaboration that would improve quality of life for children who are suffering as a result of the abuse of intoxicants in their local environment.
- Personal Crisis Team (violence, suicide, intoxicant prevention): There is a local emergency team that meets in the event of acute situations. The team consists of the council physician, the chief health visitor, the local police sergeant, the vicar, a psychiatric nurse, the social services leader and the chief health care and welfare officer. The team has also held meetings to gain a better insight into each other's fields of activity and routines in the event of crises. A special plan of action has now been drawn up designed to initiate the necessary actions in the event of an emergency (the psychiatric nurse is the person in charge).

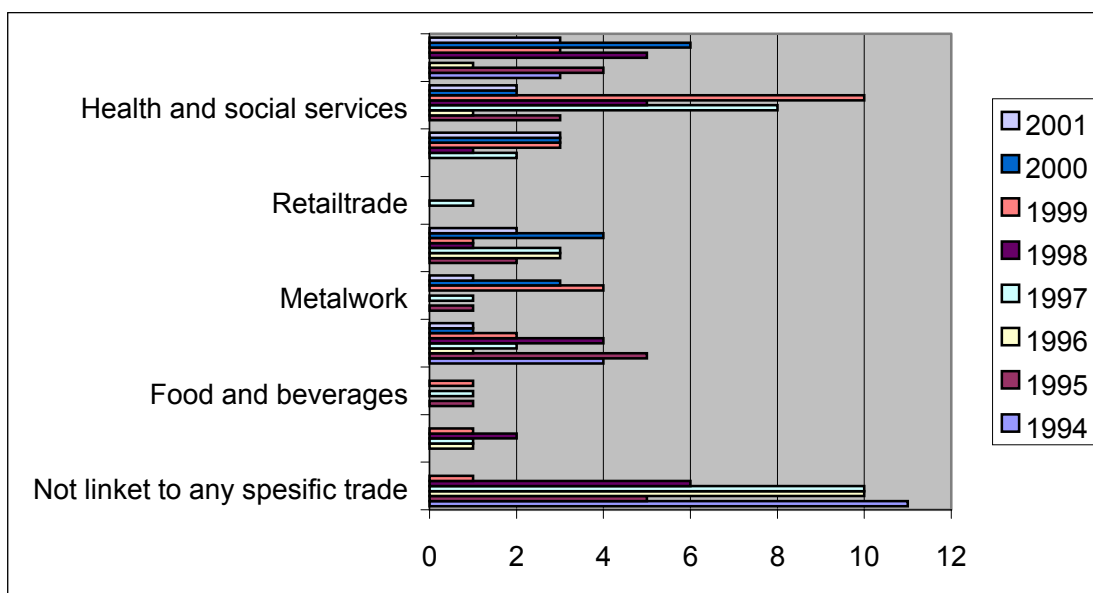
4.3.3 ADULTS - SAFETY AT WORK The Council health care and welfare service.

Over the past few years, determined efforts have been made within the health care and welfare sector to create the best possible working environment with as few injuries as possible.

- A process of reorganisation has been carried out in co-operation with the staff, and major reconstruction work has been completed.
- Consultants have monitored and analysed all areas of activity.
- A comprehensive survey about the working environment has been carried out among all members of staff, involving meetings/briefings for all groups of personnel.
- Training courses have been arranged for employees.
- Office chairs for better working posture have been provided in order to reduce injuries caused by strain.
- Indoor scooters and bicycles for outdoor use have been provided to reduce adverse effects on health.
- The fire and smoke alarm systems have been replaced.
- Mobile phones and “hands-free” sets have been installed in council cars to prevent accidents and increase safety for the home services.
- Application to/collaboration with the KLP insurance company (Kommunal Landspensjonskasse) resulted in financial support towards, amongst other things, a special keep fit program for all members of the health care and welfare staff. 45 employees have taken part in a training programme at the physical institute under the guidance of a physiotherapist, with a view to preventing back, neck and shoulder trouble.
- The council as a whole has been given new guidelines for following up employees on sick leave, new guidelines for rehabilitation committee work, and discussions are in progress about personnel policy guidelines / educational programmes and the Council’s internal control routines.

Injuries reported to the Labour Inspection Authority (Arbeidstilsynet)

Figures from the period between 1994-2001, show that the health and social services department



was the sector that reported the most injuries.

Source: The Labour Inspection Authority (Arbeidstilsynet) has provided the council with the following information, but they says that this materials is not good enough to make a validable statistic. Many companies did not send all their injuries rapports as they have to.

Challenges ahead:

- Encourage physical exercise among employees to help prevent injuries caused by strain.
- Increase knowledge of available aids and lifting techniques, and the use of information technology within the health care sector in order to make time for improvements on the working environment and for preventative initiatives.
- The implementation of, and participation in, health, environment and safety routines, where the staff and personnel meetings are involved to a larger extent, poses an important challenge for the future. Quality control of services is also something that must be brought more and more into focus.

4.3.4 EMPLOYMENT AND THE PREVENTION OF HEALTH PROBLEMS CAUSED BY UNEMPLOYMENT

It is a well-known fact that unemployment can often lead to health problems, alcohol and drug abuse, and various injuries. The best way to prevent such circumstances is to acquire suitable employment for those involved.

The following initiatives have been put into effect:

- A three-year intersectoral project was completed in 1998 which involved employment and rehabilitation of the long-term unemployed and social security clients in the borough. This project resulted in meaningful activity for several of the unemployed, and provided Spydeberg with experience in methodical, intersectoral social work in relation to the following up of the unemployed. A partnership agreement has subsequently been signed with our associates.
- The basis team/liaison meeting consists of representatives from the social services office, the employment office and the social security office. The social security office is responsible for convening and chairing the meetings. The purpose of the working group is to offer job training and skill enhancement to people who are unemployed or on social security.
- There is an mini-group on Employment. This is a local working group including a representative from the employment office and the local enterprise officer. The purpose of the working group is to offer rehabilitation, activity and employment as an alternative to social security benefits.

4.3.5 THE ELDERLY - THE PREVENTION OF INJURIES CAUSED BY FALLING

75% of all domestic accidents involve elderly people. Falling is the main cause of these accidents. The unfortunate consequences of injuries caused by falling are considerable both in terms of reduced quality of life for the person involved, and in increased expense to the authorities/social security office. Tasks carried out:

Survey

- Surveys carried out in 1997 and in spring 1998. Registration of high-risk locations, analysis/processing of results and preparation of a local plan of action.

Information initiatives

- An informative brochure with 10 tips on how to avoid falls has been published and handed out to all old-age pensioners in the borough.
- A safety pack complete with an informative brochure has been produced and is each year offered to, and distributed among, all inhabitants over the age of 70.
- Information about home improvement loans and grants has been obtained from the National Housing Bank, and is available at the council engineer's office and handed out on request to those planning to build their own houses.
- Articles in the local press about how to avoid accidents

- A special informative brochure about council services has been published for distribution among the local inhabitants.
- The parish magazine is used to spread information, including articles about how to avoid accidents.

Educational initiatives / skill enhancement

- “Mini-seminar” for home-helpers, community nurses and other health personnel with information on how to help avoid falls and how to acquire various utilities. The council engineer’s office also takes part in the seminar and provides information on fire prevention.
- A demonstration package with aids designed to help prevent falls has been obtained and is used during house calls at pensioner’s homes.
- Every year is it fire preventions arrangements, training and educations.

Joint initiatives

- Collaboration with the local emergency rooms in order to register all accidents that occur in the part of the county called “Indre Østfold”
- Contribution towards the opening of the voluntary services centre in Spydeberg
- Further development of collaboration with the voluntary services centre in order to offer assistance with the safeguarding of high risk locations and simple care-taking tasks such as setting up support grips, installing non-slip fittings, changing light bulbs, changing batteries in fire alarms, etc.

Miscellaneous initiatives

- Hand out safety packages with things like safety handles for the bathroom, torches, non-slip strips for bathroom floors, reflectors, sand bags, etc. to all old age pensioners.
- Establish systems/routines for the delivery of safety packages to all those over the age of 70 in order to help avoid falls.
- Motivate housing co-operatives to make sure that their residences are adapted to prevent accidents by taking the following precautions: Install stowable handles in lavatories. Install handles in showers and bathrooms. Install door-sill ramps indoors and outdoors or remove sills where possible.
- Collaboration between the council health and welfare sector and voluntary organisations with a view to offering health information and risk assessment in the home
- Indoor exercise programmes for pensioners at Grinitun
- Afternoon cafe at Grinitun
- Collaboration with the voluntary services centre on dance and exercise sessions for seniors
- For the elderly people in institutions places we are going to get new routines for using Hip-protectors
- Rapports on accident when people have falling are a ordinary rutin.
- FINANCIAL PLAN preventative initiatives at several levels

4.3.6 ALL AGE GROUPS – THE PUBLIC HEALTH COMMITTEE

Main Objective:

To involve and mobilise the local population in processes focused on the preservation of environment and health.

Subsidiary objectives:

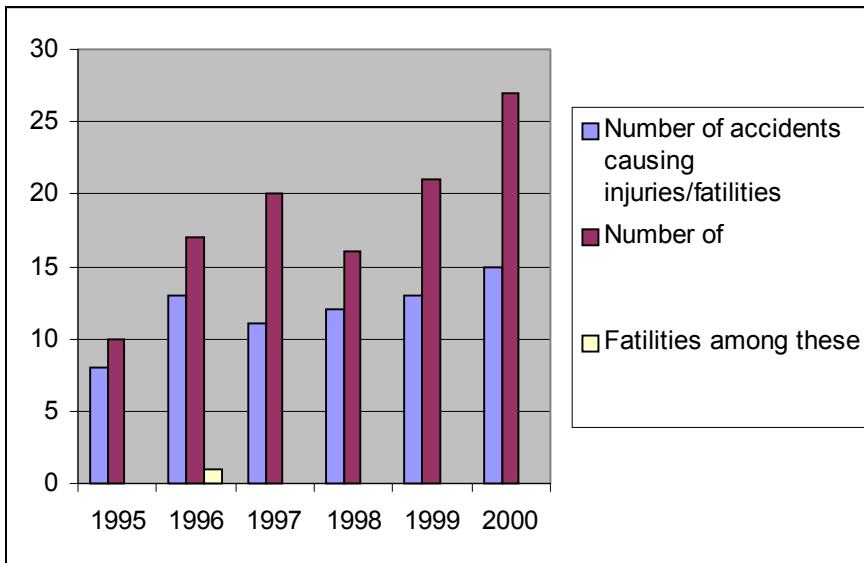
1. Arrange, implement and evaluate precautionary and preventative initiatives.
2. Act as arena for public sectors and voluntary organisations within local preventative work.
3. Stimulate solutions based on local conditions, assess project applications and distribute grants within given limits.

4. Participate in the development of Østfold County Council's work on "Safe Østfold"
5. Provide information and reports about activities.
6. Act as debating committee for "Spydeberg – A Safe Community", Local Agenda 21 and general road safety.

Initiatives:

- **Public Health Committee meetings** have been characterised by fruitful brainstorming and open discussion in addition to the committee assessing projects and distributing NOK 100,000 to new minor preventative projects within the borough.
- **"Spydeberg – A Safe Community "**
 - The public health committee wishes to focus on health promotion, preventative work and precautionary measures, so that Spydeberg will be as healthy and safe a community to live in as possible.
 - Every quarter, local road traffic injuries and accident statistics are discussed with emphasis on descriptions of the situations in question and their location on the map. Status reports and injury profiles have been the object of discussions.
- **Spydeberg Road Safety Plan and Safe Playgrounds - monitoring**
 - An account of progress was given at the meeting and a form was filled in and discussed.
 - The information received so far was assessed and locations were studied on the map.
 - The views of the representatives of each individual organisation in the public health committee were submitted.
- **Local Agenda 21 and the participation of the local inhabitants in revealing death-traps**
 - A briefing is given about the progress of the working committee. The P.H. committee is the arena for hearings on LA 21 planning.
- **Spydeberg Health Profile. The inhabitants' reports about their own health and accident profile**
 - Østfold county's health profile, including Spydeberg, has been discussed.
- **Information** about the public health committee's work, and the financial support it grants to small preventative projects is published in the local press and the parish magazine. Voluntary groups, societies and organisations, and municipal bodies have the opportunity of applying for grants to help start up their activities within the fields of health promotion and preventative projects. The criteria on which the projects are assessed are as follows: They must be based on people's own resources. They should break fresh ground in health and environmental promotion work. They should inspire local commitment and awareness about public health work. It is an advantage if they create new networks, or contribute towards involving local societies and organisations. Grants must not cover initiatives that have already been financed by ordinary council funds, Private individuals, organizations, businesses and other interested parties may apply.
- **Examples of "small projects"**: New, safe playgrounds. First Aid bags and reflector vests for the kindergartens. Red Cross, etc. "Adult Exercise". "Rambling Guide": The publication of safe rambling trails with sketch maps. " Safe Fishing". Dance for Senior Citizens. "Night Owls" Groups of adults who walk the streets at night to help make a safer environment for young people. Swimming for exercise, etc
- **Centre for Voluntary people in Spydeberg**, groups, societies and organisations is established in this centre with a grant from the government and municipality. The centre have started many good preventive projects.

4.3.7 ROAD TRAFFIC ENVIRONMENTS



Source: National Highways Department, Østfold, Highways office.

- The Council's road safety plan in Spydeberg was finished for the first time in the year 2000.
- The traffic preventive team arranges every year a family bikeday.
- In collaboration with the public health committee, Spydeberg Red Cross has handed out class sets of reflector vests and has, with the help of the police, given instruction to all 1st and 2nd year classes in the borough.
- A special plan/map showing the way to school has been developed for 6 year olds.
- The flower path. A specially project where a flower symbol is painted on the asphalt on safety paths and cycle tracks on way to schools.
- The roads to school have been secured with new footpaths and cycle tracks.
- Accident statistics are being plotted on the map.
- The public health committee deals continuously with all accidents involving personal injuries that occur in the borough. The National Highways Department supplies the statistics together with sketch maps complete with the co-ordinates of the accident spots. At the same time, we receive updated accident records for the busiest stretches of road. The police inspect the sites and provide an account of the location and the sequence of events at the meetings. Subsequently, the committee discusses whether anything can be done to make the danger-point safer so that fewer people will be injured or killed in any future accidents that may occur there. The discussions are concluded by deciding who is to follow up the issue and by making note of any suggestions.

Safe activities shielded from risk of traffic. Community work and injury prevention strategies must also be carried out in other arenas than those of the health services and other more traditional bodies. In this respect, it is important to prepare safe paths through woodland and open countryside, perhaps to cultural monuments and sights with safety measures and where any danger spots have been secured. Communicative planning is important, i.e. active dialogue and participation with the local inhabitants in order to create local commitment. By combining interests and creating alliances within accident prevention work, we gain greater room to move and a wider range of opportunities. In this context, exercise for all ages, available health resources and cultural initiatives are important ingredients in the work to prevent injuries and accidents, such as, for instance, fracture of the neck of the thigh bone. On the other hand, we must latch on to the causes of problems and accidents, and in this context we should do something about unemployment and social isolation, and we should listen to the parents of small children and what they require of their local environment. Quality

control checks and “inspection rounds” to check working environments, together with information work and training will be useful methods in this respect.

Conclusion - Criterion 3:

Injury prevention programmes designed to include many different age groups and occupational categories, environments and arenas are now being developed. In Spydeberg, those involved in the new public health work, Local Agenda 21 work and road safety work are required to co-operate closely in order to obtain the maximum effect for health promotion and injury prevention work.

Objective: By the year 2004, a safety-consciousness culture will have been adopted at all decision-making levels and within all sectors, providing a reduction in the number of injuries caused by accidents.

4.4 High Risk Groups – Environments and Initiatives

Criterion 4:

The programme will include specific initiatives directed towards high-risk groups and high risk environments and aim to ensure equity for vulnerable groups.

In Spydeberg, we have developed a definition of high-risk groups and high-risk environments. We are therefore working on both accident prevention and on other factors that can cause bad health.

The following high-risk groups have been given high priority on our scale:

- Small children and their environment
- Nursery school children – indoor and outdoor environment
- School children – indoor and outdoor environment
- Young people and the environment they grow up in
- People vulnerable to suicide
- Families in relation to unemployment, lack of social networks and difficult psycho-social conditions
- Employees with jobs that are susceptible to injuries caused by strain
- The elderly and their relationship to their homes and their local environment

The following environments are classified as high risk environments:

- The home environment
- Kindergarten and school environment
- Playgrounds
- Unemployment
- Streets and traffic

Conclusion - Criterion 4:

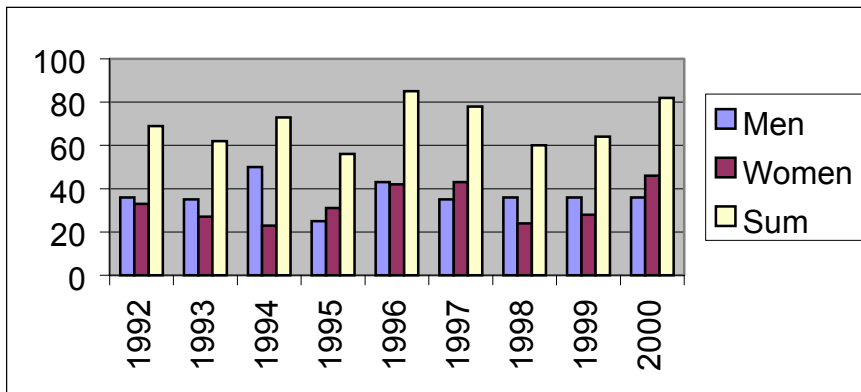
Spydeberg Council has initiated a program of specific initiatives directed towards high-risk groups and environments.

Spydeberg Council wishes to give priority to a few areas at a time in order to ensure that what we do are well done, and achieve good results.

4.5 Collaboration at all levels – registration of injuries and initiatives

Criterion 5:

The programme should have a mechanism to document the frequency and causes of injuries.



Source: National Institute of Public Health and the Norwegian Patients Register

The number of people from Spydeberg released from hospital after incurring injuries, divided among sex and year of release, shows that there are little differences between the sexes. The total number of injuries varies between 55 and 85 during the period in question.

Østfold Health Profile. During the Experimental County Project we worked together with the county council and government representatives on many projects at county level, including the development of Østfold Health Profile, a survey of the population's state of health in 1997. The survey has been distributed to many local authorities and county councils all over the country.

The Norwegian Profile. In 2000, the Østfold Health Profile survey was supplemented with several new questions about the inhabitants' views on their own local environment, and was carried out in Spydeberg and 14 other boroughs all over the country.

The registration of injuries and accidents on admission to hospital/emergency rooms. In collaboration with the county council and the intercommunal emergency room, work is being done to register injuries and accidents at hospitals and emergency rooms all over the county. Registration has been implemented for parts of the county since November 1998, and will include the entire county at some point during the year 2002.

Liaison meetings between different administrative levels. Liaison meetings between local authority, county council and the government as represented by the county physician are held at regular intervals.

The Council is working together with the county council on the development of a county plan for the period of 2000-2004, in which accident prevention initiatives, the "Safe Østfold" project, and public health work are integral parts ("Quality of Life"). Previously, we have taken part in the county plans referred to as "MONA" and "Healthy Østfold." With information from public records, we have set up statistics for the borough in order to monitor the current injury and accident profile as a whole. The results have been presented to political bodies and the public health committee.

The Council's first plan of action regarding local accident-prevention work/public health work was adopted in council agenda item no. 82/98.

Traffic accident profile and injury records in collaboration with the National Highways Department. The Council receives local injury statistics and maps of accident spots from the Highways Department on a regular and permanent basis. In this way, the Council has its own traffic accident

profile and records of people injured in road accidents. The most recent accidents are discussed in the traffic preventive team and in the public health committee four times a year. On the basis of this, the committee can devise and submit initiatives for improvements to other relevant bodies. These might include improving danger spots, improved signposting, reduced speed limits, speed bumps, etc. In many cases it is the Council's planning committee that has to follow up initiatives from the public health committee and their suggestions for further action.

Employment and accident on the working places. All accidents have to be reported to the labour inspection authority. Local routines are established for all the municipality.

Risk line on web site. A possibility to rapport directly to the municipality on the web site is under preparation.

Conclusion - Criterion 5:

Collaboration has been established. With the help of injury statistics, Spydeberg Council has gradually gained increased knowledge about the extent of injuries and accidents.

By concentrating on selected groups, we can gain a better general view of the state of affairs and make the right decisions with regard to priorities.

4.6 Long-term Perspectives

Criterion 6: The programme must involve a long-term approach, not one of brief duration.

Spydeberg has been concentrating on preventive projects since the early 1980's.

Information:

Health information via a special newsletter: Health and Social Services News (now discontinued).

Health information via the parish magazine, where the Council has bought permanent space for its information pages.

Active use of the local press.

Information on the internet, the Council's home page.

Personnel News, the Council's own electronic internal newsletter.

Council reports and issues being dealt with in the political committees are available to the local inhabitants at the library and on the council's web site.

Development projects that have provided the Council with methods and tests on which they can base preventative initiatives:

- The Spydeberg Project – Employment and the Local Environment 1985-88
- Alcohol and Drugs Project (The Østfold Project) 1987-90
- Kindergarten Development Project
- ROP Result-oriented Planning
- Intersectoral Rehabilitation and Employment Project, 1995-1998
- Public Health Project (accidents involving falling, injuries at work, safe and healthy indoor environment, public health committee), 1996-2000
- “Green Upbringing” (1999-2000), an EU project
- Public Health Program 2001-2003 a preventive program between 10 neighborhood municipalities

Executive Work:

A special model for executive work and an executive work manual have been developed in Spydeberg, and all executives are required to use them. They involve the discussion of preventative and health promotional/environmental assessments in all issues being dealt with.

Planning, General Plans of Action and subordinate council programmes with preventative objectives:

- Council General Strategy Programme, short-term section, updated and evaluated every year since 1987
- Council General Strategy Programme, long-term section, from 1987, updated 1998 (Spydeberg 2016)
- Since 1988, public health has comprised a separate programme/area of business in Spydeberg, and work to achieve status as a Safe Community is one of the main components. This has been laid down in the Council's Plan of Action/Financial Plan for 1998-2001 (further in 199-2002, 2000-2003, 2001-2004, 2002-2005) and is prominent in all council objectives.
- Social Services Plan, with preventative objectives since 1984
- Temperance policy, plan of action updated regularly since 1998
- Psychiatry Programme: 1998, updated 1999
- Programme of Care: 1999, includes health promotional and preventative objectives/initiatives
- Rehabilitation Programme: 1999, includes health promotional and preventative objectives/initiatives

Conclusion Criterion 6: Spydeberg Council has embarked on preventative and health promotional planning work with a long-term perspective. It is now important that the quality of this work is secured and that it is integrated to an increasing extent into all municipal activity, and adapted to include participation from the local inhabitants.

4.7 Evaluation, indicators and effects

Criterion 7: The programme evaluation should include indicators which show effects and provide information on the process as it advances.

Spydeberg's well-known vicar, the Reverend J.N. Wilse, was the first to document illness, injury and death in Spydeberg. In his book "Descriptions of Spydeberg" published in 1779, he admirably and systematically produced "Spydeberg profiles" that we can benefit from studying even today.

Later systematic surveys of conditions in Spydeberg can be found in the following documents:

Result Assessments/Annual Reports: Since 1985, the Council has carried out result assessments of parts of its business, and since 1987 of all Council business. The degree of goal attainment and the effects of the Council's own initiatives are assessed.

Quarterly Reports

Project Evaluation. The final reports of development projects include a self-evaluation section that is discussed politically. Initiatives from politicians have also led to several of the projects including a midway evaluation session.

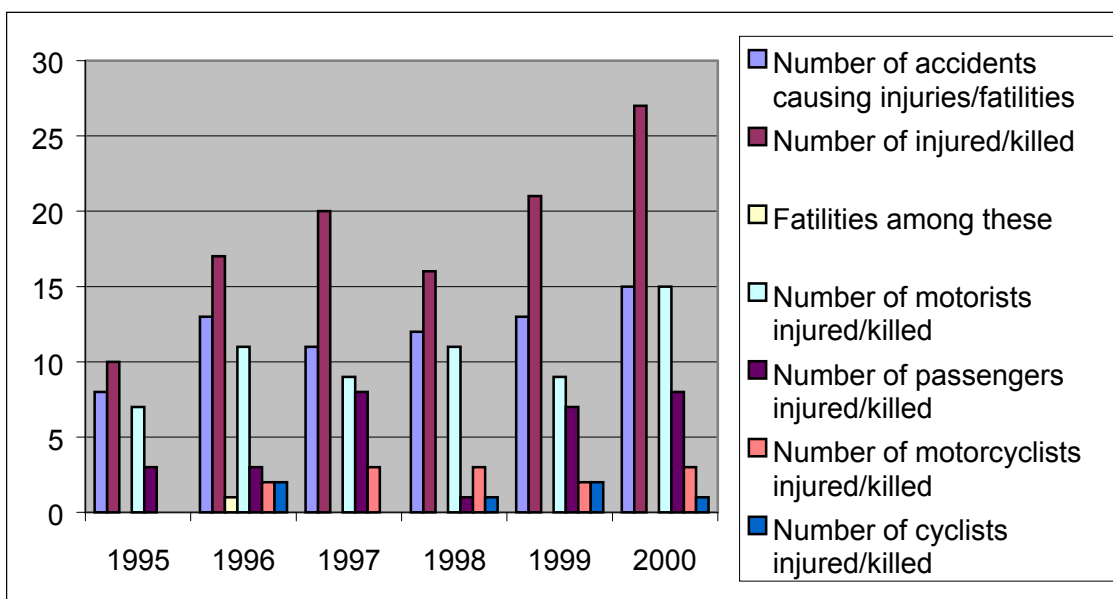
Documentation is gathered from the following sources:

- Østfold Health Profile – own reports on health and injuries
- Comparative figures at a national level – The control and information system
- Local statistics from the Labour Inspection Authority concerning reported injuries

- Local insurance statistics (TRAST) National Highways Dept., Østfold
- Traffic accident statistics in the boroughs of Østfold- from the Norwegian Insurance Assoc.
- Data from hospital release statistics for the borough – Institute of Public Health
- Regional statistics from the National Bureau of Statistics
- The personal injury register at the Institute of Public Health
- Accident spots plotted on the map – assistance from the National Highways Dept., Østfold branch.

The registration of accidents and injuries on the basis of available statistics was mentioned to the Council in the Municipal Plan of Action for the first time in 1998 concerning the years 1995-1997.

From the year 2002, the foreshadowed Østfold Injury Register will provide further information about the injury situation in as much as all calls at emergency rooms and hospitals will be included in the statistics.



Source: National Highways Department, Østfold, Highways office.

Traffic accident are becoming some more by the periode.

Conclusion - Criterion 7: A system for the evaluation of preventative work programmes in the borough has been developed and introduced. The Council has statistics within a number of fields at its disposal.

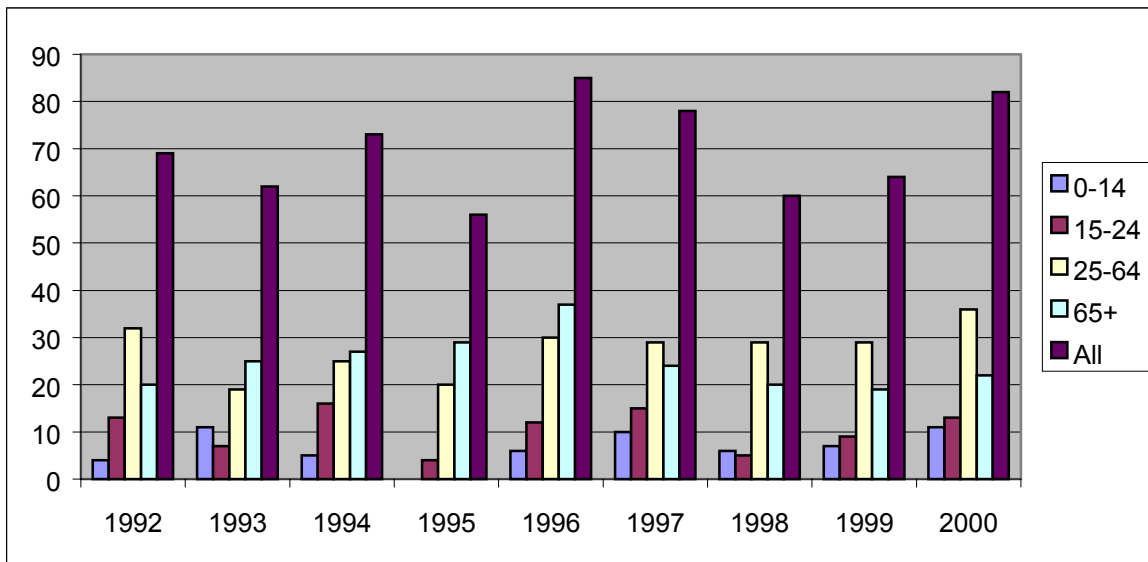
The present challenge is that the information must now be more updated and correct and more easily available. It is necessary to develop simplified status reports, checklists and system revisions that indicate the degree of goal attainment and something of the effect of initiatives and efforts. It is important to have some short-term goals and initiatives in addition to the more long-term investments within injury prevention activities.

The local authorities need to improve at using and producing statistics and available data. Open discussions and hearings where analyses and causal patterns are presented to politicians and local inhabitants should become more commonplace. In the same way, the commitment found within the executive should be upheld among those who work with registration, by giving them feedback and allowing them to realise the value of the registration work they have contributed with.

4.8 Our own organisations and opportunities

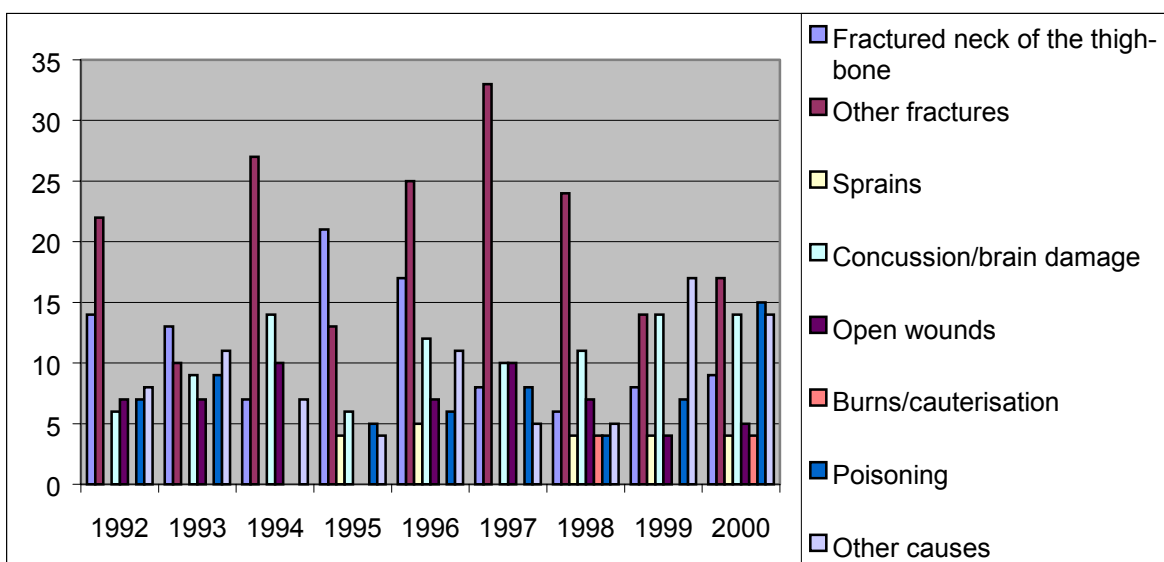
Criterion 8: Each community will analyse its organizations and their potential for participation in the programme.

Comparative Figures on a national level – The management and information system will be submitted for political discussion once a year. It may be the object of analysis, and the administration and politicians may use the material to view the borough in the light of local statistics and compare the situation to that of other municipalities. Source: National Institute of Public Health and the Norwegian Patients Register:



The number of people with diagnosed injuries released from hospital in Spydeberg, arranged by age groups and year of release shows a total number of between 55 and 85 per annum in the period in question. The oldest age groups have suffered the most injuries.

Injuries presented in accordance with diagnosis and year of release:



Source: National Institute of Public Health and the Norwegian Patients Register

Children and young people (0-16 years of age)

Over the past years, many of our projects have focussed on the prevention of accidents and injuries among children. All schools and kindergartens have been equipped with non-slip grates in front of the doorways. School entrances have been cut off from traffic. New and secure school paths and

cycle tracks have been built. For the smallest school children (6 year olds), the way to school has been marked with a special flower sign.

Since 1999, the Council has increased its quality control work on Health, Environment and Safety and on its internal control systems in schools and kindergartens.

In order to create a safe and healthy living and playing environment in the centre of the borough, a special recreational area known as the Public Health Park was designated and established in 1998.

The Elderly (the over 70's)

The number of patients over the age of 70 released from hospital in Spydeberg with diagnosed injuries, arranged by diagnosis and year of release, shows that fractured neck of the thigh-bone and other fractures top the statistics. "Fine Vintage" – Prevention of domestic injuries caused by falling is used by the elderly-team to try hard to get the number go down.

All Ages

The CEO's Leader Forum. All injury prevention work is discussed in the chief executive officer's leader forum, which is responsible for intersectoral co-operation. In this arena, the CEO can influence events and ensure that all sectors and fields of municipal business include health promotion and injury prevention in all their planning operations and daily business.

The Public Health Committee is the other most important intersectoral forum. Here, the Mayor can exercise influence on political leaders and representatives of organizations and imbue enthusiasm for the prevention of accidents and injuries.

Conclusion - Criterion 8:

Spydeberg Council has embarked upon an important and essential task in that its own organizations are now taking part in analyses of their own strengths and opportunities to secure a safe and beneficial local environment for children, young people, adults and the elderly.

4.9 Participation of the Health Care Community

Criterion 9: Participation of the health care community in both the registration of injuries and the injury prevention programme is essential.

The work on creating a safe community in Spydeberg has its origins in the vision of the borough as "Healthy Spydeberg" where safety and well being are integral parts of the local environment in which children and young people grow up. More systematic collaboration has been exercised over the past 6 years, and the local authorities have been working together with Østfold County Council. The local health services have been an active party to this, and have taken part in all the working groups.

In collaboration with local authorities, the county council health services have begun the registration of accidents and injuries at the emergency rooms and hospitals. In a short while, all emergency rooms will take part and all local authorities will have swift access via the Internet to data on injuries in their local environment.

We also work together with the National Institute of Public Health on the acquisition of injury data.

Conclusion – Criterion 9

The local health services take part in injury prevention work.

Challenge: Registration at our local emergency room is intended to start up in the year 2002. In addition to regular treatment, the health services will be required to give priority to preventative work directed towards accidents and injuries, together with other health promotion work, and to provide the terms on which other departments and fields of activity base their planning.

4.10 Involvement at all levels of the community

Criterion 10: Be prepared to involve all levels of the community in solving the injury problem.

Work on the prevention of accidents and injuries concerns both systems and individuals. If one of the two fails, little will be accomplished. Therefore, people at all levels must be aware of their responsibility to ensure that the work is deeply rooted in daily operations within all areas of the community. The Council must follow up its political goals with the necessary resources. With regard to injury prevention work, the Council is divided into levels corresponding to the list cap.4:

When Harstad was approved as a Safe Community in 1995, representatives from Spydeberg were present at the event. By way of our intercommunal collaboration with Harstad Council, we have been given inspiration and awareness of the significance of safety work. Since then have Spydeberg been represented in, Rakkestad, Årdal, Alvdal and we have worked actively in the Norwegian Safety Network.

The long-term section of the Council's Strategic Programme, Spydeberg towards the year 2016

“Spydeberg Council will make arrangements for a network of footpaths and cycle tracks, and for road safety initiatives,” reads an extract from the long-term section of the Council's strategic programme, Spydeberg towards the year 2016, dated November 25 1997. In the same document, it also says that the Council's vision of the future will be the “Healthy City of Spydeberg.” “The vision involves placing life and its environment in the centre, the local inhabitants of Spydeberg will prosper, everyone will be guaranteed social security ...”

The long-term section of the Council's Strategic Programme, Spydeberg 2002-2020

In the framework we can read that the programme for injury prevention and public health are to going on:

In all planning and acting. Spydeberg is going for to be a “safe Community” for the health and security for the inhabitants.

The Council Plan of Action, 1998-2001

Council agenda item 85, establishes a special programme for injury prevention and public health whose most important purpose is “to develop a public health model of high quality.” Among its objectives, we find:

1. Provide documentation of the effects of the efforts that have been made.
2. Long and short-term accident and injury prevention work in the borough.
3. Special efforts shall be made for high-risk groups/vulnerable groups and high-risk environments.
4. Accident registration. In collaboration with the county council, attempts will be made to document frequency and causal patterns within the borough. Evaluation shall be coordinated with the Council's result assessment/annual report.
5. Realise the healthy city of Spydeberg in a long-term and “sustainable manner” with regard to all injury prevention and safety work. This section of the Council's strategy is to be seen as a whole.

Initiatives mentioned in the plan of action:

Monitoring and measures with regard to the prevention of injuries caused by falling

Safeguard the working environment within the health care and welfare sector

Survey among the parents of small children

Development of an injury registration system at emergency rooms and hospitals

Application for a government grant to plan initiatives in Spydeberg designed to help achieve status as a Safe Community

The Council is working on a municipal road safety plan and a Local Agenda 21 plan that it wishes to discuss in context with safety and injury prevention work in general.

The Council Plan of Action, 1999-2002

Council agenda item 82/98 includes public health as a separate division of council business.

1. Mobilise commitment in local environments towards safety and injury prevention initiatives
2. Accident registration. In collaboration with the county council, attempts will be made to document frequency and causal patterns within the borough.
3. The Council will seek to gain from the experience of other local authorities in the field of injury prevention work and to contribute to spreading its own results/experiences to other local authorities, by way of e.g. national networks.
4. We will complete pilot projects and attempt to continue with the resulting positive routines and experience gained
5. Spydeberg Council will focus on the criteria for a “Safe Community” and apply for approved status within the present planning period.

The Council Plan of Action, 2000-2003 main objectives:

“Public health shall be promoted and co-operation will be given high priority in order that the local inhabitants themselves shall be able to ensure the best possible health for all. Spydeberg will give high priority to health promotion and injury prevention work”.

Among the objectives for this work, we find:

- Spydeberg Council will create safe and environmentally healthy conditions with equal opportunities for children and young people to grow up in.
- Spydeberg will work towards greater participation and to stimulate the establishment of supporting bodies in order to promote public health. Within public health work, we adhere to the principle that “everyone is of worth” and that we regard each other and each other’s health as a resource. New housing areas will be given greater attention.
- The Council will increase its know-how and its flow of information on intersectoral health promotion and injury prevention by way of internal development work and by participating in networks with other healthy cities. (Plan of Action 2000-2003, Spydeberg Council Business 1.5)

The Council Plan of Action, 2002-2005 main objectives:

1. “Spydeberg municipality shall have a safe and healthy environment for children and young people to grow up in.
2. “Health promotion and injury prevention work shall promotes”
3. “Footpaths and locale roads shall have a standard so that the traffic security promotes.”

Conclusion - Criterion 10:

All levels appear to be taking part.

Intersectoral injury prevention initiatives within ordinary local authority business together with co-operation with the local inhabitants should be given the highest priority and be of the highest possible quality.

The injury prevention programme is deeply rooted in the local authority's highest decision-making body, Spydeberg Council.

Injury prevention objectives should be integrated into the Council's long-term goals and the necessary measures should be taken to ensure a healthy and safe development with regard to both accident and injury statistics and the expenses associated with treatment.

4.11 Dissemination of information on own experiences, nationally and internationally

Criterion 11: Dissemination of information on own experiences, both nationally and internationally

Network of "Safe Communities"

Since 1996, we have taken part in national and regional meetings dealing with the prevention of accidents and injuries.

The Norwegian Healthy Cities Network.

Since 1994, the Council has been a member of *the Norwegian Healthy Cities Network*, a national network of local authorities concentrating on work within accident and injury prevention, and public health and the environment. Work within the network has consisted of an intersectoral team participating once a year at two 3-day national gatherings.

The Public Health Network

Since 1996, the Council has taken part in network meetings about public health and injury prevention initiatives at county level by way of the previously mentioned public health project in Østfold.

International contacts:

- **Latvia:** Since 1992, Spydeberg Council has had an active and friendly twin town relationship with the borough of Straupe, where the Council has contributed to several injury prevention projects. Amongst other things, Spydeberg's work on injuries and accidents has been discussed at twin town conferences in Spydeberg and in Straupe. In 2001 Spydeberg and the secretary for "*Safe Communities*" in Norway had an "international seminar" at the Norwegian Institut of Public Health in Oslo. Participants was among others the Mayors from Spydeberg, Straupe and Cesis County. The main theme was "*Safe Communities*" and *the work in Spydeberg*.
Spydeberg was a central partner to start voluntary organisation for Red Cross Work in Latvia in Straupe.
- **Denmark-Tyholm:** Twin towns where many cultural exchanges and visits have taken place, and where we have discussed injury prevention work in all three boroughs at joint seminars.
- **Sweden – Kungsör:** Other types of external information: Twin towns where many cultural exchanges and visits have taken place, and where we have discussed injury prevention work in all three boroughs at joint seminars and where experiences and rapport have been encanges.

- **Sweden – Säffle;** Since 199 have Spydeberg and Säffle had a preventive project together for children and youths. Spydeberg have told about Safe Communities and the work and Säffle have wanted to work some more in that way.

International conferanses.

- Spydeberg have participated in the Nordic Safe Community conferences .
- In June 2002 an international travelling seminar in Norway will be arranged in co-operation with the communities Fredrikstad, Larvik and Ski and the Norwegian Secretariat for Safe Communities. One day shall be in Spydeberg. Representatives from Spydebergs “twin towns” will be invited.
- In January 2002 the public health advisor was in Lappland in Finland to tell about Safe Community work and Public health for the health visitors in north of Norway and some from Finland.

Other types of external information

- Since 1986, the Council’s plan and strategy documents have laid down objectives and initiatives for the prevention of accidents and injuries.
- The Council’s plan and strategy documents for the health and social services sector have been used as an example in the textbook “Budgeting and Planning for the Municipal Health and Social Services Sector” (“Budsjettering og planlegging i kommunens helse- og sosialtjeneste” 1990 Bastø og Dahl) where the Council’s injury prevention work is rendered in full on pages 155-178. (Hjorthaug.G.)
- Practical experience from Spydeberg Council’s planning and integrated injury prevention work is presented in the following publications: NIBR reports on integrated result-oriented planning (ROP1-3), (Østmo Kleven Først 1986) Report on environment and health – following up the Helsinki Declaration IK-2529 and NOU 1998; 18 from SHD 17.11.98 The National Directorate of Health Inspection (Statens Helsetilsyn) pages 112-122.(Rø and Hjorthaug).
- The Council’s practical experience and planning work within injury prevention has been presented on the internet since 1998 (www.spydeberg.kommune.no)
- Over the past years, the co-ordinator and public health consultant has presented Spydeberg’s work on accident prevention and public health at several seminars.
- At Inter-departmental Seminar, 1997
- Østfold and other local authorities and counties in 1998-1999.
- Oslo, for the Norwegian Healthy Cities Network, On Spydeberg, the prevention of accidents and public health work
- Stavanger, for The Council for Mental Health,
- Strømstad, for the Border Committee Inter-regional II
- Skien, for the county physician in Telemark County –SOHO’s annual general meeting
- Copenhagen, for the Danish Healthy Cities Network
- Stavanger, for the Norwegian Healthy Cities Network, “Spydeberg – A Safe Community,” and the public health committee.
- Drammen, national conference on injury prevention work, “Spydeberg – A Safe Community,” and the public health committee led by the Mayor of Spydeberg.

Conclusion - Criterion 11:

Despite its limited capacity as a small borough, Spydeberg has attempted to disseminate to other local authorities and our neighbouring countries, information about the experience we have gathered. Via participation in a small number of international conferences, we have also handed out a certain amount of information abroad.

Challenge: Translate certain brochures and reports into English and publish them on an easily accessible part of the Council web site and on stands at international conferences where the local authority is participating. By way of collaboration and our twin town relationships with Straupe in Latvia, Tyholm in Denmark and Kungsör and Säffle in Sweden, experiences with accident and injury prevention will continue to be exchanged.

4.12 Contributions to the overall network of Safe Communities

Criterion 12:***Contributions to the overall network of Safe Communities***

For details on this, see chapter 4.11

Conclusion - Criterion 12:

Over the past four years, the Council has made political decisions to give high priority to health promotion and injury prevention initiatives, to become a safe and secure community and to become a member of the WHO Network of Safe Communities.

Spydeberg Council takes part in local and national networks and works together with other local authorities that aspire to ensure safe and secure local communities and good, healthy cities.

Spydeberg has taken part in the more recent Nordic conferences on Safe Communities and intends to follow up contact with the international network by taking part in the united network of Safe Communities.

Spydeberg Council is looking forward to gaining greater experience within systematic and integrated injury prevention work and to develop this in collaboration with other "safe communities". We wish to promote this aspect by way of our future membership in Safe Communities.