



Australian Safe
Communities
Foundation

Australian Safe Communities Foundation Inc

Certifying Centre for Safe Community Programs

On behalf of the WHO Collaborating Centre on Community Safety Promotion,
Department of Public Health Sciences, Division of Social Medicine, Karolinska Institutet, Sweden

Safe Community Anzhen No. 167

Country: **Beijing, The People's Republic of China**
Number of inhabitants: **80,000**
Program started year: **2005**
International Safe Communities Network Membership: **Designation Year 2009**
Full application available:
http://www.safecommunities.org.au/upload_docs/200910231331220.Anzhen%20Community.pdf

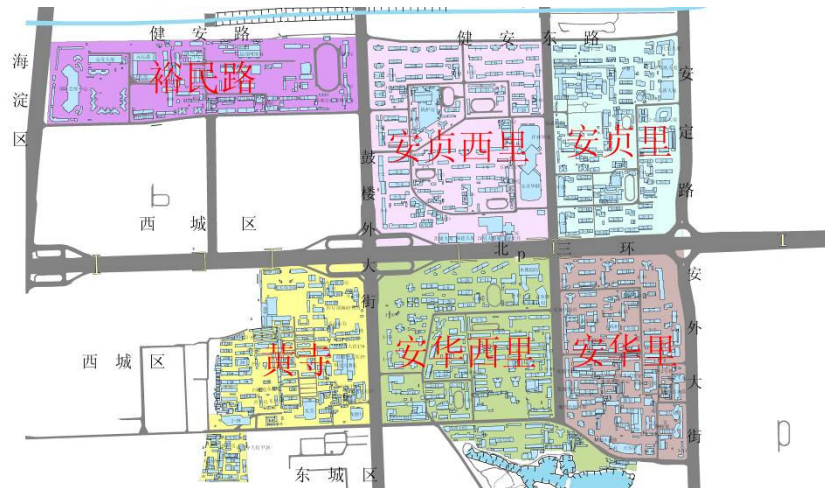


Contact Information

Contact Person: Mr. Wen Ding
Organization: Anzhen Community Administrative Office, Chaoyang District, City Council of Beijing
Address: Block 12, Quarter 1, Anhuaxili, Chaoyang District, Beijing
Post Code: 100011
Fax: 010-64269131
Tel: 010-64269922-502
Email: 010101607@163.com

Community Description

With an area of 3.6 km², Anzhen Community is home to 25,850 households and about 80,000 permanent residents. Together with over 800 new economy enterprises, there are over 400 institutions under the central government, Beijing Municipality and Chaoyang District. It comprises of 6 communities, namely Anzhenli, Anzhenxili, Anhuali, Anhuaxili, Huangsi and Yumin Road.



Anzhen community is featured with the following characteristics: first, it is densely populated with extreme polarization of groups in that the elderly account for 22.6% of the total population and there are also 751 disabled people and 199 families receiving minimum social welfares. Second, there are various recreational groups with great demands and higher engagement in recreational activities. Residents hope recreational infrastructures improved to enrich their leisure lives. Third, the transient population makes up over 9.8% of residents, leading to a serious polarization of qualities. Fourthly, infrastructure construction needs improving. Anzhen community was built in the 1980s for living purposes, and because of the limitations in design concepts and standards, it lacks advanced supporting facilities. In addition, the district lacks experiences in property management and a favorable environment for community construction. Fifthly, the district enjoys abundant resources in education and health care with 2 colleges, 3 high schools and specialized middle schools, 4 primary schools, 8 kindergartens, 6 hospitals and 5 community health care centers. Last, the district also has an advanced traffic system with such arteries as North Sanhuan Road, North middle axis line and Anli Road. Residents have convenient access with 32 bus stops.

Safety Promotion and Injury Prevention Programs

According to the injury data survey results of Anzhen community, we can find that the most vulnerable groups are the elder, children and then pupils and the sites most likely to have injuries are public activity areas, schools, homes and street highway. As for specific causes of injury, the investigators found after analysis that tumbling off and fall injuries, non-mechanical injuries and burns and scalds are aspects mostly need our attention.

Community Structure

Anzhen Community set up the Anzhen Safe Community Promotion Committee personally headed by Party Secretary of local government and constituted by government functional departments,

police stations, the traffic police, fire-fighting police, safety administration, community units, schools, medical institutions, community health service centers and other related units in May 2005, in order to make full use of resource and fully integrate the overall schemes to effectively promote international safe community building.

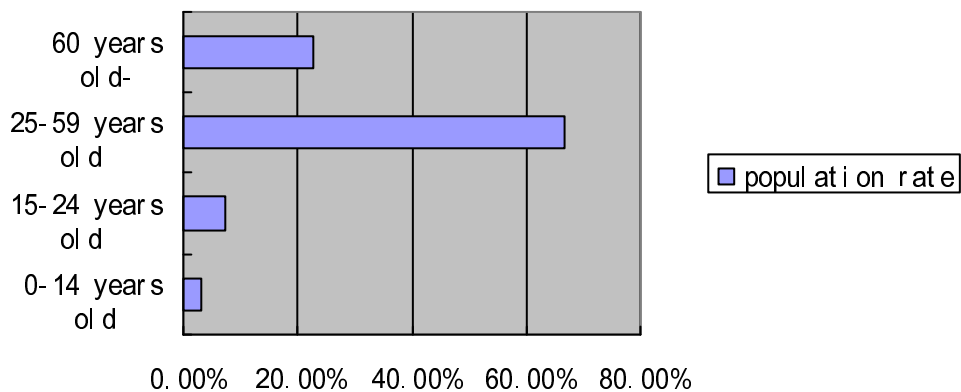
Promotion Committee has construction office that specifically coordinates the safe community construction tasks and at the same time has eleven workgroups: workplace Safety, home safety, traffic Safety, fire Safety, children and adolescents safety, elderly Safety, Accident and injury surveillance, environment safety, public Security, disabled safety and public place safety workgroups.

In addition, the Safe Community Promotion Committee engages related experts in safe community building to strengthen classified guidance and provide technical support.

Residents Profile

Population Composition of the community

Age	Number	Proportion (%)
0-14	2541	3.2
15—24	6048	7.5
25—59	53322	66.7
60 —	18089	22.6



Population Histogram of the community

According to the information of the injuries, we launch the project of injury prevention and safety that cover of all ages and every district.

Safety and Health Education Centers

The questionnaires we conducted indicate that the main channels through which residents acquire information about injury prevention and safety are newspapers, radio, television, and pamphlets. Among the respondents, there are only 31% who have received first aid skill training, 29.7% who

know well the escaping methods in earthquakes, fires and foods, and merely 65% who are willing to receive skill training on that. In an effort to improve that situation, Anzhen Community invested 2.8 million yuan in 2005 into the founding of the Anzhen Safety and Health Education Center, which mainly include “five functional areas” and “ten safety and health education classrooms”.

In the last three years, we have held more than 100 training lessons, and over 20,000 people received training from any of the various programs. The result is remarkable with residents’ safety awareness greatly raised. At the end of 2008, the statistics compiled from our questionnaires indicate that the level of residents’ grasp of emergency knowledge is 21% higher than that in 2005, with their satisfaction rate of the safety training programs up to 87.9%.

Elderly safety program

The statistics of clinical visits in Anzhen Health Service Center shows that, of the 219 cases of injuries in 2005, there were 156 injuries from falls with 111 happened at home; 50 injuries from mechanical force of objects/ tools with 35 happened at home. That indicates that most elderly injuries cases happen at home. Besides, the elderly who live by themselves are prone to suffer melancholia. Among of the 4520 elderly who received our questionnaires, nearly half suffer from melancholia, with 15% having moderate or severe melancholia. Therefore, safety promotion work for the elderly will focus on home safety and psychological health.

Since 2005, we have tightened the elderly safety education and psychological counsel to raise their safety awareness. In order to relieve their melancholia, we set up the Anhuali Community Sunflower Psychological Counsel Room, to popularize the elderly psychological health knowledge and to give psychological counsel and talks. Carry out legal knowledge and safety knowledge training classes on a regular basis; introduce professional resources to better be able to improve the legal rights of the elderly and their emergency self-help skills. At the same time, carry out ten kinds of recreational activities at community service center to improve the elderly’s physical health, satisfy their basic needs of various cultural activities, and to improve their mental and physical health.



Provide the elderly with all sorts of home safety service programs; organize 127 service volunteers for the elderly, who gave served a total of 1094 people from 2006 to 2008. To create a healthy living environment for the elderly, renovate homes and activities places, install 80 mutual help doorbells, equip more than 50 building with public stair railings, install railing for 30 solitary and destitute ones, and distribute 11,672 anti-slippery mats.



The statistics of injury cases from 2005 to 2008 show that the average injury rate of the elderly is on the decline. Compared with 2005, the injury rate from falls is 21.8% down in 2006, 37.8% lower in 2007 and 47% down in 2008. In general, the elderly injury rate in the community is 33.3% lower, which demonstrates the good results of the injury prevention work.

Injury Prevention for the Children and Juveniles

The number of children below fourteen in the community is on the rise each year. In 2008, there were 2541 of them and 6048 aged between 14 and 24, which is a high percentage in the total population. In this community, there are four primary schools with 1357 students, 1708 kids in kindergartens, six schools run by society with 675 of the students. The records of injury cases in schools and kindergartens show that, in 2005 to 2008, there were 100 injuries and 331 children hurt. There were 35 cases in 2005, 32 in 2006, 21 in 2007 and 12 in 2008.

Most injuries occur during the breaks between classes, on the roads to or from school. Most accidents are caused by the kids' mischievous fights, and other dangerous factors on the road. According to the 2005 sample survey, 40% of children injuries happen at home, showing that home injury prevention is of key importance. Through all kinds of programs, coordinate the safety work in a chain of cooperation, like "adult-kids-adults" and "school-family-school".

Eliminate risks existing in kindergartens; reduce the accidents caused by surroundings. Add anti-slippery measures in the stairs; install wooden railings, column clothing, the change of pointed window sills and anti-squeeze wedges etc, so as to create a safe and agreeable living environment for the kids.

Work to improve the surroundings of kindergartens and schools, tighten the efforts with the cooperation of regional government and related departments to improve the environment, and establish coordination system for neighboring places.

Hold family committee meetings on a monthly basis, discuss the risks in kids' homes and community, and lobby for ideas and measures to tackle these problems.



In each month, give safety knowledge education training to schools teachers in order to equip them with the basic safety education awareness and guiding ability for students' safety.

According to the likeliest accidents in kindergartens, design special theme campaigns-"care about life and health", teach safety common sense to children in the most acceptable forms like story-telling, game competitions, intelligence questions and simulations about safety in drinking, food, traffic, firefighting, to help them grasp safe behavior skills, and to improve their risk prediction, elimination and self-help ability in a pleasant atmosphere.

In every quarter, invite traffic policemen, firefighters and doctors to schools and kindergartens to give illustrations and drills to improve kids' danger prevention skills and self-protection skills. Fully utilize the resources in neighboring communities and society to design various roles for kids for them to have indirect experiences, organize kids to conduct interviews and surveys to pedestrians, residents, policemen and parents to gather different views of safety.

According to the injury surveillance statistics in schools and kindergartens, the injury rate of kids is higher in 2006 than that in 2005 (by 1.56%). In 2007, there was a turn for the better, as the injury rate is 9.23% lower than that in 2005. In 2005, there were 88 kids injured, in 2006 89, in 2007 80, and in 2008 down to 74.

Disabled safety promotion program

There are 837 handicapped people in the community. In 2005, the accident rate of the disabled is 44%. Most injuries were caused by falls and knocks due to inconveniences in moving at home and in public places. The injury prevention work for the disabled focused on home safety, travel safety and psychological health.



From January 2006, we integrated resources, mobilized and coordinated related units to renovate the 20 zebra ways in 90 high rises and to turning the entrance into slopes at five community gardens. Made and repaired 15,000 square meters of blind ways; Renewed the barrier-free facilities in 59 public service industries, such as shops and hospitals, install barrier-free signs and over one hundred indication boards. In 2007, we successively completed reformation of barrier-free facilities in 32 medium-high buildings.

Frequently, carry out safety knowledge publicity and training work, e.g. how to take emergency methods in cases of injuries, how to take safety prevention measures and popularize recovery knowledge for the disabled. Put safety knowledge into practice. In 2006-2008, there were 50,000 people who benefited from this work.



In Anhuali Sub-community, built Warm Homes for the disabled, and carried out various recreational activities for the disabled; set up work skill training classes and talks; distribute free rehabilitative apparatus; handed out rehabilitation training cards. Besides, established rehabilitation station for the disabled, hired two professional doctors, set up rehabilitation files, managed rehabilitation information and carried out rehabilitation surveys and assessment for the disabled.

According to the statistics by the Disabled Persons' Federation and injury surveillance, the injury rate of the disabled was 26% at the end of 2008 than that in 2005. Through the rehabilitation activities in the Warm Homes, improve their mental condition, encourage them to go outdoors and re-enter society, 2 disabled people found a job, 4 others worked in the community. Next, further enlarge the activity area for the disabled to ensure 90% of barrier-free area within the community by the year 2012.

Home safety program

There are 25,850 households in the community. According the analysis from the surveys and the statistics of the governmental departments, in 2005, there were 385 people injured at home in the community, 190 injuries from falls, slips and knocks, which are 49.4% of all injuries. Most injured

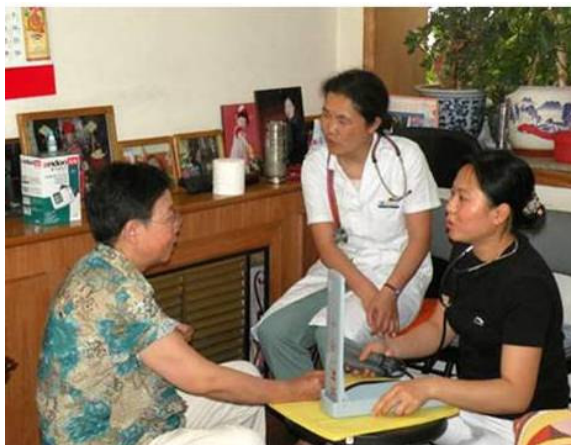
people are the elderly and children, not only because they are more vulnerable due to their age and their physical conditions, but also because of the inadequacy of home safety measures. There were 36 carbon monoxide gas poison cases in 2005, mainly owing to the lack of gas safety awareness of the elderly who live alone. Some mobile people who live alone in a strange city cannot but seek vent to their insuppressible pressure in suicide or self-injury. There were five such cases. Therefore, we have listed among the home injury prevention as our priority to improve home facility, residents' psychology intervention, and gas safety publicity.

According to the analysis of the statistics, safe community promotion committee began in October, 2005 to check for safety risks in homes and to reform facilities, focus on the safety promotion programs to prevent slips, falls and gas safety.

(For detailed information of safety promotion for slips, falls injuries, please read the elderly injury prevention program)

In 2006, we invited gas companies to give education campaigns to local residents. Print and distribute over 20,000 gas safety tips each year, hand out safety material, gave safety counsel and on-the-spot gas equipment. We give safety checks to gas use and electrical appliances for 2049 households, work with other organizations to urge improvement. In early 2009, we are financially sponsored by the government to have the direct discharging water heaters renovated in all the homes and rented houses within the community.

By using the Sunflower Harmonious Family Counsel Room as the platform of service, we regularly hold psychological health salon service, including psychological counsel, health counsel, and legal counsel, with 41,723 people who benefited from it.

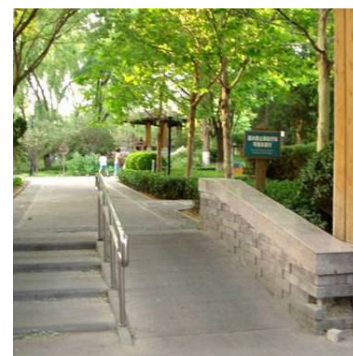


In each month, carry out first aid training in every sub-communities; hire professional staff from related departments to give first aid knowledge, to popularize rescue knowledge and skills. We have held 85 training campaigns with 12,480 participants, so that residents' self-help ability is improved and the injuries caused by accidents can be effectively alleviated.

Till 2009, the injuries that occur at home are remarkably reduced. According to sample surveys, the injury rate is 2.4% lower than that in 2005. There were 5 suicides in 2005, 2 in 2008, which was 60% lower.

Environment Injury Prevention (public place injury prevention)

As an old community built in the 1980s, Anzheng Community suffered bad road condition and deficient infrastructure. That affected the daily life and travel of the local residents, and there were 169 accidents, such as injuries caused by falls and knocks in public places. Since 2005, property companies and social units have undertaken small-scale, incomplete



reformation of the community. New roads and archways were built, 11,000 square meters of road surface repaired, greening area up to over 12,000 square meters, and recreational places and parking lots re-arranged in a better way. 6 stone table and chairs and 26 benches were installed to suit people's need for a pleasant recreational environment.

We added 4 rods for hanging wet clothes, 3 sets of bicycle parking racks and 15 dustbins; renewed four publicity blackboards. That greatly improved traffic safety by reducing random parking of bicycles, unpleasant sight of wet clothes hanging carelessly.

In 2005, the first year of building safe community, reformed Anzhen Community Park. After the reform, the iron fence was removed, temporary shelters installed, new exits added to provide safe places for residents in case of emergency. Besides, slopes for the handicapped were built to make it more convenient for them to move about; new recreational centers for children were made with safe, modern facilities. Set up safe recreational facilities such as 10 cultural scenic spots, community stage, recreational center for children, table tennis, gymnasium and open air ball.

Improve the safety condition of the Huge Fitness Clubs that were built after 2005, cooperate with other related departments and medical institutions to give surveillance to public fitness clubs. Increase gym facilities that meet international standards, give regular training to professional coaches and instructors, in order to reduce the occurrence of injuries in large gymnasiums.

Traffic safety program

According to the traffic accidents in 2005, the main cause of most injuries concentrates on: pedestrians, non-locomotive vehicles who trespassing vehicular travel ways and locomotive vehicles that fail to stop. The vulnerable are mainly juveniles and clerks. Insufficient knowledge of traffic injuries and being too risky is one main factor for violations of traffic rules. Therefore, Anzhen Community will tighten its efforts to strengthen traffic rule training through traffic safety program, raise the residents' awareness of traffic injuries and further bolster traffic safety popularization and emergency measures.

Bolster daily law enforcement, extensively carry out traffic safety publicity campaigns, work harder in traffic safety at construction sites, hold Five Enter traffic safety activities, namely entering community, entering units, enter construction sites, enter schools and enter homes, in order to popularize traffic safety knowledge.

In 2005, there were 134 traffic accidents, in 2008 there were only 63 accidents, 52.98% lower than that in 2005. That shows that some results have been achieved in the traffic safety program, and that the traffic environment has been greatly improved.

In addition to these safety promotion programs, some other programs, such as workplace safety program, public place injury promotion program and public security program have been conducted.



Injury Surveillance

To grasp the current trend and distribution of injuries and accidents, Anzhen Community set up injury surveillance points in related safety departments and hospitals at all levels. The general analysis of the data collected from the surveillance points will be the basis for further evaluation and the guidance for the next safety intervention plan.

In 2005, Anzhen Community conducted a household survey of injuries, which is used to reflect residents' awareness of and the situation of injuries. Each year, we use PPS method to pick the odd room number in each sub-community in our survey, with the total number of people 20,000. In this way, we collected the data. At the same time, owing to the many kinds of information from the executive departments, the surveillance team will compile statistics of injuries each year, e.g. injuries in medical institutions and clinics, traffic accidents in the traffic department, data of suicides and crimes in police stations, and fires in the firefighting department, etc.

Each year, we conduct research into the injuries happening in kindergartens and schools in the community. The scope of research includes not only the accidents that need medical treatment, but also the slight injuries that need first aid at homes and schools. For the data of the injuries in kindergartens and schools, we mainly resort to the daily records of teachers.

The safety performance evaluation team is made up of related leaders, medical institutions and specialists. It is divided into surveillance evaluation team and technology evaluation team. The surveillance evaluation team is made up of safe community promotion committee leaders and clerks, who are responsible to conduct effect evaluation and middle-term effect evaluation of each program on an irregular basis; the technology evaluation team is responsible to collect all kinds of injury data and to analyze the outcome as the effect basis for program promotion.

In early December of each year, safety evaluation team will conduct general analysis of the data submitted by each working team and the middle-term evaluation results, hold discussions, and work out the next special prevention measures, sticking to continual improvement.

From 2005 to 2008, the annual injury rate is on the decline. Compared with that of 2005, the community's injury rate in 2008 is 19.26% lower, the elderly injury rate 34.14% lower and the children injury rate 15.91% lower.

Safe Community Network Activities Anzhen Community Has Participated in

Date	Names & Venues of Activities
Jun.2005	Bergen, Norway. The High-level Seminar of 14 th Annual Conference for World Safe Communities
Mar.,2006	Jinan, China. Conference to name "Youth Park Community" as the "Safe Community"; Theory Seminar on International Safe Community
Dec.,2006	South Africa. 15 th Annual Conference on World Safe Communities
Nov.,2006	Conference to name "Tung Chung, Hong Kong" as the "Safe Community"
2007	Thailand. 4 th Safe Community Creation Assembly

Feb 23, 2005	Beijing. "Safe Community Creation Guidance Meeting" organized by the sub-district office in Chaoyang District
Mar 8, 2005	Beijing. "Forum on Safe Community Creation in Chaoyang District" with experts guidance
Apr 6, 2005	Beijing. Experience-Sharing Session on Safe Community Creation, lectured by President Wen Silang
May 31, 2005	Beijing. Seminar on Safe Community Creation at its Beginning Stage in Chaoyang District
Oct 25, 2005	"Safe Community Criteria & Practice Seminar" hosted by Occupational Health-Care Association of China
Mar 30, 2006	Beijing. The Launch Ceremony for Extending Safe Community Creation Pilot Project Scope and the Experience-Sharing Seminar
Apr 7, 2006	Beijing. "Conference on Safe Community Promotion in Chaoyang District"
Sept 11, 2006	"Seminar on National Safe Community Construction"
2007	Guilin. Training on "Safe Community Creation"
Sept, 2008	Wangjing Community, Beijing. Visited Wangjing Community and learned how to create safe community from them

In future, we will actively participate in the Asian safe community conference in the offing, and continue to publicize and share with other safe communities in the world the safety promotion and injury prevention experience.

The Project of Anzhen Safe Community Construction

Staff

Total: 91

Professional, part-time & full-time: 34

Number of regular staff: 16

Number of temporary staff: 75

Persons in charge:

Director of Anzhen Community: Safe Promotion Committee:
Zhang Liming, female, Han, Bachelor's Degree



Director of Anzhen Community: Safe Promotion Committee:
Wang Jun, male, Han, Bachelor's Degree

