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Application for inclusion in the WHO Safe Community scheme

Vejle County – A Safe County

There is a tradition for prevention – including the prevention of accidents – in Vejle County.

The prevention of accidents is already an integral part of the development work of the various administration departments, at institutions, etc. A large number of projects have been carried out over the years.

Initiatives aimed at the prevention of accidents are also included in the county's overall health plan.

This application to “WHO Safe Community” describes the current extent of the preventative work being done in Vejle County as well as plans and intentions for work to be done in the future.

By closely targeting the objective of making Vejle County “A Safe Community”, the county achieves close co-operation with the local authorities and puts the citizens of Vejle in the centre – thus giving them a share in the responsibility.

There is already a firmly cemented system of inter-sector co-operation between the state, county and local authorities, and, at the same time, it is a standing practice that the local and county authorities in Vejle work together in all areas of accident prevention. Finally, the region has achieved recognition for the fact that private institutions, voluntary organisations, clubs, residents' associations, etc. work together within the field of prevention. It therefore seems probable that the opportunities and motivation are particularly favourable for not only participating in – but also helping to develop – work aimed at preventing accidents.

Work to prevent accidents is thus both centralised and decentralised. Vejle County's application to join the Safe Community scheme signals the county authorities' will to work long-term in the area of prevention, and simultaneously to strengthen the initiatives being implemented specifically in the field of accident prevention.

Otto Herskind Jørgensen
County Mayor

Summary

Section 2 – the introduction – contains a description of the demography of Vejle County, its organisational structure, etc. The section also presents a picture of health and social welfare in Vejle County. Preventative measures in the county are also described, and the problem of accidents and injuries is illuminated in relation to the system of treatment and the high risk groups.

Section 3 presents a list of the groups and committees which have responsibility for inter-sector work within the field of accident prevention.

Section 4 deals with the various programmes, initiatives and projects which are, or have been, primarily concerned with the prevention of accidents. This section covers the following areas: institutions – new buildings and renovations, traffic accidents, industrial and other work-related accidents, leisure time accidents and accidents at home, and suicide/psychosocial health.

Initiatives targeted at high risk groups are briefly described in *Section 5*.

The ways in which injuries are registered and documented, as well as the extent of a relationship with patterns of causes, are described in *Section 6*. The following registers are examined with regard to responsibility and content: the register of causes of death, the National Patient Register, the registers of General Practitioners, the registration system of the Danish Working Environment Service, the police registration system, project registration and extended accident registration.

Section 7 deals with accident prevention as a long-term strategy.

In order to measure the development of intervention and the effects of the initiatives, *Section 8* is used to describe the indicators in relation to the separate initiatives.

The county and local authorities' opportunities and motivation for participating in accident prevention are described in *Section 9*.

Section 10 deals with the involvement of the health and hospital sectors in the preventative initiatives and in the registration and measurement of accidents. It also deals with the effect of the various initiatives.

Section 11 contains an overview of groups of citizens who are involved in the promotion of health and accident prevention in the county and local authorities.

Over the years, Vejle County has disseminated knowledge and experience in the area of prevention. *Section 12* details the initiatives that have been implemented in this regard.

Finally, *Section 13* describes the initiatives where Vejle County can contribute to the Safe Community network.

Introduction

2.1. Introduction

As a basis for the strategy as a whole in Vejle County, the county council has voted “to put the user in the centre so as to achieve the best possible services”. The strategy has involved the county council setting itself the target of strengthening and raising the efficiency of the working relations between the county and the local authorities. The plan is to implement concrete initiatives to develop and strengthen the level of co-operation between the county and local authorities.¹⁾

By closely targeting the objective of making Vejle County A Safe Community, the county achieves close co-operation with the local authorities and puts the citizens of Vejle in the centre.

Vejle County consists of five sector administration departments. The Health Administration Department is one of these. In collaboration with the local authorities, the Health Administration Department draws up health plans²⁾ every four years.

On the operative level, the Health Plan for Vejle County 1998–2001 states that: In areas of initiative that involve both the county and local authorities, joint evaluation and quality assurance projects are to be drawn up to elucidate the effects of the preventative input.

In Vejle County, methods to prevent industrial accidents among young people are to be developed. These methods are to be specifically targeted towards the prevention of industrial accidents which result in serious injury or death.

Vejle County will assist in ensuring that the experience gained from the project to prevent accidents involving falls is made available to the local authorities for their preparation of preventative home visits to the elderly, as described in the appropriate legislation.

Preventative measures in Vejle County are based on the WHO’s health-political targets for Europe. On the operational level, initiatives to be implemented are targeted at promoting health and preventing illness and accidents. The job of the Secretariat for Prevention is to co-ordinate and develop the professional input in Vejle County, which is based on inter-disciplinary and inter-sector work by the five sector administration departments and the local authorities in the county.

2.2. Vejle County

Historically, Vejle County is the home of the seat of the old Viking kingdom in Jelling. Most of what is now Scandinavia was ruled from here, and it was also from here that Christianity was introduced to Denmark.

With a population of 345,000, spread over 2,997 km², Vejle County is one of the most densely populated regions outside the Greater Copenhagen Area. In fact, almost seven per cent of the population of Denmark lives in Vejle County, which also contains 16 of the 273 local authorities in Denmark.

Two-thirds of the county’s inhabitants live in the four large municipalities on the east coast of Jutland: the Municipalities of Horsens, Vejle, Fredericia and Kolding. The westerly part of the county is more sparsely populated and consists of agricultural properties and small village communities.

Geographically, Vejle County is located in the south-eastern region of Jutland and has 264.32 km of coastline, bordering the Kattegat and the Little Belt.

As regards traffic, the county is the great crossroads of Jutland – where traffic travelling along the north-south axis meets traffic travelling along the east-west axis.

This applies equally to the road and rail networks. Each of the four major towns has a

well-developed commercial harbour. There are also good connections for air traffic. Vejle County is part-owner of Billund International Airport, which is situated just a few kilometres west of the county border.

Public sector responsibilities in Denmark are divided into three levels. The highest, national, level consists of the Danish parliament, the ministries and national agencies as well as a few decentralised state authorities.

The majority of the decentralised public sector tasks are carried out by the system of autonomous local authorities, which consists of the counties, at regional level, and the municipalities, at local level.

Vejle County is run by a county council consisting of 31 members elected by the citizens of the county. Elections for the county and municipal councils are held every four years, in November.

Around 9,000 people are employed full time by the Vejle County organisation, including the associated institutions, hospitals, etc.

2.2.1. Organisational structure

The structure of Vejle County reflects the political committee structure. The management system is divided into the following departments: the county schools department; the psychiatric welfare department; the department of county social welfare; the technical and environmental department; the department of county health and the county administration department. The management system is the highest administrative authority in the county. The County Administration Manager is in charge of the management system and reports to the county mayor, who, according to the statutes, is the statutory administrative head.

There are five administration departments in the county:

The Healthcare Administration Department has the following principal areas of responsibility: healthcare services, including general practitioners, specialist doctors, dental surgeons, etc. Planning and running the county's six hospitals, including the associated treatment institutions. Childbirth and midwife services, etc. It is also responsible for preventative initiatives including vaccinations, paediatric examinations, health campaigns, information about AIDS, etc. Two-thirds of the total operational budget of DKK 4.6 billion, i.e. DKK 2.8 billion, is spent on the health sector.

The Social Welfare Administration Department is responsible for running 70 institutions consisting of residential institutions for children and young people, rehabilitation institutions, kindergartens for children with special needs, sheltered nursing homes, alcoholic outpatients' clinics, etc.

The Secretariat for Prevention – who report to the Social Welfare Administration Department – is responsible for co-ordination in the field of prevention. Primary prevention is given the highest priority, and often involves collaboration with unconventional working partners: sports associations (sports injuries), private businesses (industrial and other work-related accidents), prevention of injuries caused by fireworks, etc. However, high priority is also given to projects aimed at prevention which involve the local authorities.

The Technical and Environmental Administration Department is responsible for the road network, cycle paths, traffic safety measures, etc. Within the area of the environment, the tasks of this department include monitoring lakes, fjords, wathercourses, as well as controlling all putative pollution from industri, farming incl. fish farming.

The areas of responsibility of the Administration Department for Education and Culture have to do with high schools, Higher Preparatory Examination courses, VUC (adult education), the social and health training colleges, the nursing school, special schools, special education courses for immigrants and the disabled, as well as cultural matters.

The Psychiatric Administration Department is responsible for both the running and development of the county's psychiatric services. This department's area of responsibility involves developing and co-ordinating hospital-based psychiatry and social psychiatry. The Psychiatric Administration Department also contains the county's principal safety committee.

The County Administration Manager runs the County Council Secretariat, the Wages and Personnel Department, Vejle County's Traffic Company, the Budget and Accounts Department and the Department of Development and Commerce. The Development Committee has two principal functions: to promote a shared business policy for the region, and to support the development of rural districts within the county. The objective is inter-sector collaboration and co-operation between private and public actors.

In Vejle, there is very close and strong co-operation between the local authorities and the various sectors and administration departments – co-operation that transcends conventional departmental and administrative boundaries.

2.2.2. The Future

On the basis of the Structure Report³), there is every reason to believe that Vejle County will experience a period of positive development in the coming years. However, the task of ensuring that both the existing and future workforces are qualified to meet the requirements of the future is a major challenge. Unemployment stands at 6.1 per cent (July 1998), a figure which is below the national average. Over the next ten years, the number of young people living in the region will fall, and this will result in an increase in the "burden of provision" on the working population, as by the year 2020, there are expected to be 30 per cent more pensioners in Vejle County than there are today

2.3. Vejle County, health

As welfare improved through the twentieth century, one of the principal objectives was to provide the population with better opportunities for medical treatment. For many years, tradition has dictated that, to a great extent, health planning was synonymous with planning for the health sector, with the emphasis very much on treatment.

Within the conventional treatment system, the highest priority was, not surprisingly, given to developing treatment options, while lower emphasis was placed on the prevention of illnesses and accidents. However, history has shown that living conditions and lifestyle have a great influence on the level of health of the population in general.

Previously, the most prevalent illnesses were those related to poverty, e.g. infectious diseases such as cholera, typhoid fever and tuberculosis. These were primarily the result of poor town planning, the lack of proper sewerage, sanitation poor housing, and malnutrition.

Illnesses and diseases of this kind more-or-less disappeared as above conditions were improved, and after introduction of immunisation and antibiotics. They were replaced by what are known as "civilisation illnesses" or "welfare illnesses". There are a great

many civilisation illnesses. The three groups which are of most relevance to illness and mortality in Denmark are cardiovascular conditions, cancer and accidents. Many of the civilisation illnesses now appear to have reached stagnation point, and some are even in decline. This development seems to indicate that they are now being “replaced” by new types of illnesses: age-related illnesses and illnesses related to the environment.

Age-related illnesses are on the rise, principally because the elderly population is increasing in numbers. Illnesses of this kind include senility (senile dementia), weak joints, Parkinsonism, the results of decalcification of the bones (osteoporosis) and injuries caused by falls. It is a fact that 90 per cent of all incidences of broken bones among the elderly population are caused by falls.

“Illnesses related to the environment” is the term given to a group of illnesses or conditions that have a negative influence on the health of the individual. These are rooted in the complex interplay that exists between the individual and the surrounding society, which, in reality, is the basis of existence.

No-one can exist in complete isolation from his/her surroundings. In other words, illnesses related to the environment are the result of imbalance between the relationships that society offers its citizens and the input proffered by the individual on the basis of the given conditions, i.e. neuroses, behavioural disturbances, addiction, drug addiction and psychiatric conditions.

The perception of illness and health has changed in line with this development. To cover this development, “illness models” must now include several levels. A large number of factors are defined by the individual’s interaction with his/her surroundings throughout his/her lifetime, while others are conditional upon more fundamental socio-medical conditions. The new dimension here is the imbalance between health and circumstances which creates differences in the kinds of illness and reasons for mortality.

Development has shown that we cannot simply cure ourselves of all illnesses, particularly when it comes to those related to the environment. It is presumed that if development is to result in the prevention of illness, the promotion of health and the prevention of accidents will have to be given increasing importance concurrent with improvements in the systems of treatment. In this regard, it is important to think and act holistically.

The development of the area of health is not simply dependent on financial limitations and the number of services demanded by the population. This development is also determined by the services that the health sector is capable of providing on the basis of technological and medical development and the development of medical skills.

The overriding objective for the health sector in Vejle County is to ensure the best possible conditions of health for its citizens. This is to be achieved by

- promoting health and preventing illness
- setting up the best possible systems for examinations, treatment, care and rehabilitation
- relieving the pain, worry and grief of those people who contract illnesses⁴).

In Vejle County, the preparation and setting up of all services within the health sector is to be centred around the citizens. This means that citizens are given the chance to influence the nature of the health services, that citizens and patients are given greater responsibility to influence their own health, and that the treatment and care provided by the health services are to be more patient-oriented.

Within the constraints of the financial framework, it is to be ensured that the treatment and care provided to the patients are of the highest quality and under constant development.

A number of factors that will have particular influence on the development of the health sector in Vejle County have been identified. To start with, these factors have to be divided up into three categories.

Firstly, the financial framework; secondly, the expected development of the number of services or the number of illnesses which will require treatment – also known as the demand; and, thirdly, the expected development in the number and type of services it will be possible to provide in the future, on the basis of the medical and technological development – also known as the supply of health services.

The future financial framework for the area of health is difficult to predict.

As regards “the demand”, there are reasons to expect a continuing rise. In the period 1989–1995, demand increased for more-or-less all the services that the health sector provides. In addition, in the coming years an increase in demand within the major groups of lifestyle illnesses is to be expected. Furthermore, demographic development means that demand will rise as the number of elderly citizens living in Vejle County increases.

With regard to “the supply side”, development of new and improved treatments will continue, as will specialisation among health service professionals. It is to be expected that in future it will be possible to provide new types of treatment which are not currently available.

Regarding actual prevention projects, 19 concrete prevention projects have been implemented at the six hospitals⁵⁾ on the basis of the County Health Plan from 1991. Nineteen hospital departments were chosen as model departments, where the objective was to introduce a change in culture and to develop concrete tools for use in the area of prevention. Many of the prevention projects that have been carried out are immediately transferable to other departments. The results and experience gained from these projects have been collected in a book⁶⁾ published by the county.

In conclusion, it is likely that pressure will increase to expand the health sector in Vejle County over the coming years. Allowance for this development is being made in several areas, and recommendations are being made for ways in which the health sector can prepare for development. This applies to the following areas: functional adaptation, improvements in productivity, co-operation, health promotion, prevention of illness and quality development.

2.4. Vejle County, social welfare

The tasks in the area of social welfare are divided between the county and local authorities. Decisions concerning where the separate tasks are to be carried out are largely defined by social legislation. In general, it can be said that the local authorities are responsible for the most common services, such as social security payments, the provision of day-care arrangements for children, care for the elderly, etc. On the other hand, the county authorities deal with a range of more specialised services, intended for (smaller) groups with special needs.

In 1997, Vejle County spent DKK 1.1 billion on the provision of social services. When income in the form of reimbursements from the state and payments from the local authorities for the use of county institutions are deducted, the net cost still amounts to almost DKK 1 billion. This is equivalent to 13 per cent of the county budget. The relatively high level of expenditure at county level is linked to the development in the area of social welfare over the past 20 years or so.

Until 1980, the mentally handicapped were accommodated in a few large, state-run institutions such as the central institution in Brejning on the south side of Vejle Fjord. In 1980, responsibility for the mentally handicapped was transferred from the state to county authorities. It has been an expensive process for Vejle County to change from a system involving medically based central institutions to a system of smaller institutions, where social services staff – principally social workers – have placed higher emphasis on the social content of the patients' daily lives.

In the area of psychiatric welfare, a similar development has taken place, in that psychiatric patients were previously treated at psychiatric hospitals. Today, Vejle County has a range of small psychiatric residential centres, where citizens with psychiatric illnesses can live a good life in conditions as near to the ordinarily domestic as possible.

As of 1 July 1998, the institutional services for adults have been made residential and individually adjusted. This is an expression of a commitment to strive to provide equal opportunities and equal dignity to citizens, no matter where they live.

In addition to the services mentioned above, Vejle County also provides offers of day and residential care for children and young people with social or psychological difficulties or with severe physical handicaps. There are nursing homes for the physically handicapped and brain-damaged, rehabilitation centres, social centres – previously called rehabilitation homes – and crisis shelters. In the area of addiction and abuse, there are both day-care centres and residential institutions which cover the entire area. Finally, the county has a “Support Centre” which provides advice and consultancy concerning adaptations of the home, auxiliary facilities, etc. In all, the county has 70 institutions and residential homes.

In many areas, the county authorities are obliged to cover half of the local authorities' expenditure for specific projects for people under the age of 67. This reimbursement accounts for more than half of the county's total operational expenditure within the area of social welfare.

The county works closely with the local authorities, and today, the local authorities provide a number of services which were previously the responsibility of the county. This is an expression of a philosophy which states that projects are to be carried out wherever they can be best undertaken, while at the same time providing the individual citizen with confidence and partnership.

In the area of social welfare, there are a number of overriding objectives, drawn up through dialogue and co-operation with the administration department, the institutions and end-user representatives. The objectives take into account the following factors: focus on the citizens, variation and flexibility, subsidiarity, involving the users, co-ordination and entirety, education, development, etc.

Development has seen the move away from large, centralised institutions to small residential units, where the intention has been to give the residents as normal a life as possible. This development has continued, and today, the objective is to give users a good life on their own terms, i.e. on the basis of their own desires and abilities.

Plans for the social sector include the continued development of residential services with the emphasis on the desires of the residents, a more flexible housing system with a higher degree of choice for the individual, more residences with two rooms (a bedroom and a living room), a greater provision of individual occupational positions in the private business community, increased influence for the users, and greater co-operation with voluntary organisations, etc.

In connection with the high level of activity in the area of construction, which has characterised the period since the 1980s, the county has placed high emphasis on the

residences being both healthy and designed and furnished in such a way as to minimise the number of accidents – for both residents and staff. In recent years, the working environment has been brought very much into focus, and if the personnel have a good working environment, this normally results in better conditions for the recipients of social services. There are three main elements which have considerable influence on the working environment. These are the links to the Employees' Health Service (BST), workplace evaluations and the work environment policy. In 1994, the social institutions frequented by physically and psychologically handicapped users were linked to the BST. This has resulted in a high level of support to improve the working environment, irrespective of whether the patients in question are physically or mentally handicapped. The legally required workplace evaluations, which have been introduced later; have led to a systematic evaluation of the working environment at the separate units, so that it is abundantly clear where work has to be done to improve the working environments, and thus to raise the level of safety – an area that includes the prevention of accidents. Finally, in 1997, the County Council approved a new working environment policy, which will support the work being done to improve the working environment over the coming years. In future, the increased focus on the working environment hopefully will limit the number of “burnt out” employees, and reduce the number of accidents. This applies equally to the physical and psychological working environments.

2.5. Preventative measures in Vejle County

The Prevention Committee

In 1983, Vejle County Council set up a Prevention Committee in relation to § 17, section 4 of the municipal statute.

The committee is made up of 11 members of the county council, and is chaired by the county mayor. The members are elected after each round of county council elections, and include all the chairmen of the standing committees. The Prevention Committee is thus truly inter-departmental.

The Prevention Committee currently works according to the following principles:

- The foundations for the work of the committee are the WHO's health policy objectives for Europe.
- High priority is given to primary prevention. Emphasis is placed on ensuring that the projects influence the highest possible number of people whose health is at risk.
- Support can be given to secondary and tertiary prevention.
- Support can be given to initiatives stemming from local authorities, organisation, associations or the private sector.
- High priority is given to co-operation and shared financing with the local authorities.
- When dealing with applications from the local authorities, emphasis is placed on ensuring that the contents are not a part of the local authorities' ordinary health promotion activities. The committee is aware that what constitutes normal activities for a large local authority may not necessarily be the same for smaller local authorities.
- The committee is prepared to support projects that require venture capital.
- The PR aspect is included in the committee's evaluation of projects. That is why minor projects, which do not immediately satisfy a

requirement for novelty, may be supported individually, or insofar as they fit into a shared framework.

- Resources are allocated to areas in which it is most likely that an effect will be achieved, either in the form of improved health or less illness, or on the basis of motivation, goodwill, etc. with the result that the Prevention Committee initiates a snowball effect – either within or outside the county-municipal system.
- The county's specialist committees are encouraged to present suggestions for health promotion and illness prevention projects within their own particular areas, so that the work to live up to the objectives laid down by the WHO are included as a natural part of the work of the county as a whole.
- The Prevention Committee can draw up project proposals for outsourcing – to the local authorities, for example.
- Whenever a promise of support is made, it is accompanied by a requirement for evaluation of large projects and feedback on results with regard to smaller grants.
- The committee has its own budget of approximately DKK 3 million.

There are also some external subsidies.

The Prevention Consultant is the head of the Secretariat for Prevention, which draws up presentations to the political committee, and of which the input is based on interdisciplinary and inter-departmental work, including the dissemination of results throughout Denmark, and abroad, if appropriate.

Examples of major initiatives under the auspices of the Prevention Committee: Sport Without Injuries; Jobs Without Injuries; Prevention of injuries to the elderly caused by falls; initiatives in the area of traffic; and Prevention of injuries caused by fireworks.

Examples of major initiatives arising from collaboration between the Prevention Committee and the Health Committee: Vejle County – a “heart county”; Vejle County – a smoke-free county, etc.

Prevention in other departments

Under the Health Administration Department there is a department for health promotion and illness prevention, primarily within the health sector. Funds have been set aside for the purpose.

The Secretariat for Prevention works closely with the Health Administration Department to co-ordinate the work in this area.

The Vejle County Traffic Safety Council was set up by the Technical and Environmental Committee, but is financed by the Secretariat for Preventative Measures.

2.6. How large is the problem of accidents and injuries?

Injuries and accidents (including suicide) constitute the fourth largest cause of death in Denmark. In 1995, 3,622 people died as a result of accidents – equivalent to 5.8 per cent of the total number of deaths⁷).

In Denmark, over 1 million people visit the hospitals' accident and emergency departments every year. Three-fifths of these visits are the result of accidents⁸).

However, it has been shown that only around 40 percent of people with injuries visit their local hospital's accident and emergency department without referral⁹).

Unfortunately, there is no systematic registration of the accidents that are treated by

ordinary general practitioners. It is therefore not possible to calculate the exact number of accidents that require treatment. The accidents registered at accident and emergency departments in 1996 were divided up as follows: 79 per cent¹⁰) leisure time accidents or accidents at home; 14 per cent industrial and other work-related accidents; and 7 per cent traffic accidents. On the basis of the same statistics, it appears that Vejle County – compared to Copenhagen and Århus – has a relatively high per capita level of visits to accident and emergency departments resulting from accidents. It is the opinion of the Average Life Expectancy Committee¹¹) that suicide and accidental poisoning are also a major problem. As regards suicide, in 1998, the Vejle County Health Administration Department drew up “Proposals for a strategic plan for the prevention of suicidal behaviour in Vejle County”.

Accidents are the most common cause of death for men aged under 34. Falls are the most common cause of death in the area of leisure time accidents and accidents at home¹²). Falls are responsible for 90 per cent of the broken bones suffered by the elderly.

In Vejle County, approximately 160 people die annually as the result of accidents. The county’s accident and emergency departments register over 8,800 industrial and other work-related accidents per year. Around 3,300 people visit the county’s accident and emergency departments as a result of traffic accidents. The most significant area is that of leisure time accidents and accidents at home – this area covers more than 36,000 visits to the county’s accident and emergency departments every year. 3,000 of these require hospital admission. To these figures should be added the accident victims who go directly to their general practitioners, as well as the accidents and injuries that are never brought to the attention of the healthcare and treatment systems. On the basis of surveys of the area of agriculture, it is known that only approximately one accident in ten is registered – even with serious accidents. As mentioned above, only approximately 40 per cent of injured people actually visit their hospital. That means that more than 48,000 unregistered accidents occur in Vejle County each year – and that is just the tip of the iceberg! Between 7–8 per cent of the registered accidents are so serious that the injured parties need to be admitted to hospital for a longer or shorter period.

There are places, situations and population groups for which the risk of being injured or having an accident is relatively high.

The high risk groups are primarily:

- Industrial and other work-related accidents – men aged under 34. Around 50 per cent of all registered accidents belong to this category. The risk of fatal accidents in business areas such as forestry, the raw materials industry and agriculture is 5–10 times higher than the average in other business areas. (See footnote 7)
- Traffic accidents – men and women aged 15–24. Around one third of all registered accidents come under this category.
- The area of leisure time accidents and accidents at home is extensive, particularly when it comes to falls. This category accounts for 14,000 broken hips per year. Fractured neck of femur is the condition that accounts for most sick days in Danish hospitals – approximately 300,000 days per year.
- Another dominant area is that of children’s accidents. Every year, one child in five has to visit the accident and emergency department as a result of a leisure-time accident or an accident at home¹³).
- In the area of sports, there are more than

1 million injuries per year in Denmark. In connection with Vejle County's project entitled "Sport Without Injuries" – 1990–94 – it was calculated that in the course of a season, non-professional sports players would have a 0.84 chance of an injury playing football, with 0.94 and 0.75 as the corresponding figures for handball and badminton¹⁴), respectively. In all, around 20 per cent of all registered leisure-time accidents and accidents at home occur while playing sport – the actual figure is believed to be much higher. On average, the county's accident and emergency departments are visited by 5–6 patients every hour, 24 hours a day as a result of accidents in the Vejle County region. If accidents are converted into days of hospitalisation, this figure totals around 25,000 per year in Vejle County. As – at current rates¹⁵) – a day in hospital costs around DKK 5,000, this means that the annual cost of hospitalisation rehabilitation from accidents totals approximately DKK 125 million. This is not counting the indirect expenses for continued treatment, rehabilitation, examinations at outpatients' clinics and subsequent visits to general practitioners¹⁶). Furthermore, there are additional expenses in the form of loss of earnings, etc. The total costs resulting from accidents are thus difficult to calculate for a number of reasons: far from all accidents are registered – for example, accidents are not registered as a result of visits to general practitioners – and the actual cost of retraining, lost income, etc. are extremely difficult to calculate. A very conservative estimate puts the annual total cost to Vejle County at somewhere in excess of DKK 250 million.

1) *The development of quality and service in Vejle County. Approved by the finance committee, 10 May 1996. Health Plan for Vejle County 1998–2001, approved by the County Council, 20 June 1997.*

The Structure Report 1997 was drawn up by the Secretariat for Development and Business, Vejle County, 1997.

Health Plan for Vejle County 1998–2001, approved by the County Council, 20 June 1997.

5) *Prevention at hospitals in Vejle County. Project description 1995–1997. The Healthcare Administration Department, Vejle County – Lene Bilde Jacobsen, November 1997.*

"Fra Klods Major til Klods Hans" – a promotional handbook for the process of change in hospitals. Anne W. Ravn and Hans Lauge Pedersen, Vejle County 1996.

The register of causes of death and the report entitled "LEV DANSK – DØ UNG – også i 90'erne?" The Danish Society for Social Medicine and the Danish Institute for Clinical Epidemiology, March 1998.

8) *New figures from the Danish National Board of Health. Year 2, no. 4, May 1998.*

9) *Injury and Treatment Contact – from a random sample of the population. Research report No. 9/1997, Odense University. Jens Lauritsen.*

10) *New Figures from the Danish National Board of Health. Year 2, no 4, May 1998.*

11) *Accidents and deaths caused by accidents, no. 12, The Average Life-span Committee – the Danish Ministry of Health 1994.*

Causes of Death 1994 and 1995, Health Statistics 1997:3, the Danish National Board of Health. Published by Munksgaards.

13) *Prevention of accidents – research and initiatives. Report from the conference and seminar of 19–20 April 1993. The Danish Society for Accident*

Prevention and the Danish Society for Social and Administrative Medicine, Copenhagen 1993.

14) *Sport Without Injuries. A sports project in Vejle County 1990–1993. The Vejle County Prevention Committee, 1993.*

15) *According to “Budget 1998, Comments” – page 123.*

EHLASS Report 1993. For the Danish Board of Consumer and the Danish National Board of Health.

3. Inter-sector groups with responsibility for initiating and implementing measures aimed at the prevention of accidents – where the local authorities and the county network are involved

The following section describes the different groups that have responsibility for the work to prevent accidents. The groups have already been established – several have been running for years – or are in the process of being set up.

Some of the groups have only indirect preventative functions, but these have been included because we believe that there are many causes of accidents and injuries, including factors such as the lack of a social network, unemployment (which is falling rapidly in Denmark), insecurity, social inequality and other social problems which encourage lifestyles that must be considered to increase the risk of being involved in an accident.

In order to prepare and implement Vejle County’s affiliation to “Safe Community”, an inter-disciplinary Accident Prevention Group has been set up:

3.1. Safe Community – Accident Prevention Group

As a part of the preparations for Vejle County’s affiliation to the WHO’s “Safe Community” programme, a working group has been set up with responsibility for overall inter-disciplinary co-ordination – the Accident Prevention Group. This group is made up of representatives from the county administration departments, the prevention department and the Medical Office of Health.

The other inter-departmental groups are:

3.2. The Healthy Cities Network

Together with six other counties and eight local authorities in Denmark, Vejle County is a member of the National Healthy Cities Network. One of the local authorities involved is the Municipality of Horsens, which is located in the northern part of Vejle County. The network is the framework for nation-wide co-operation aimed at implementing the strategy of the WHO: Health for All, Year 2000. The Municipality of Horsens is also a member of the International Healthy Cities Network. Vejle County is represented in both the network’s Business Committee, and in the group which concerns itself with accidents. In addition to the accident prevention group, which mainly works with children’s accidents and falls among the elderly, there is also a group which deals with health and safety at work.

3.3. The Committee for Municipal Contact

A Committee for Municipal Contact has been set up for each of the hospitals in Vejle County.

Purpose: Inter alia, to ensure that the hospitals, local authorities and general practitioners keep each other informed about matters of appreciable importance to the working relationship, and to develop types of collaboration which can help to co-ordinate the initiatives at the hospitals and in the municipal nursing homes, at other nursing homes and in general practice.

Participants: Hospital managers, senior doctors, senior nurses, social workers, general practitioners administrative and health sector personnel from the local authorities and the Health Administration Department of Vejle County.

3.4. Municipal meetings

Purpose: What are known as “Municipal meetings” are held primarily in departments under the auspices of the Health and Social Welfare Administration Departments. These meetings constitute a two-way communication forum, where the prevention of accidents may be on the agenda.

Participants: These are “informal” meetings held four times a year between individual employees of Vejle County and the case officers, psychiatric consultants and heads of psychiatry from the local authorities.

3.5. Network committees involving the county authorities and institutions

A number of network groups have been set up involving the county authorities and the relevant institutions. Finally, there are superintendents’ meetings and an extended consultancy function.

3.6. Municipal round table meetings

Purpose: The purpose is to hold formal meetings with each local authority at least once in every period of office. These meetings are used to discuss relevant questions on the subject of co-ordination.

Participants: These municipal meetings are held under the auspices of both the health and the social welfare committees. The participants are drawn from the respective county committees and the health and social committees of the local authorities.

3.7. The Regional Co-operation Committee

This committee is a superior political body made up of both municipal and county politicians. The committee discusses matters concerning the area of social welfare. There is also a Psychiatric Development Committee, organised on similar lines.

3.8. The county health worker’s network

Purpose: Collaboration, education and development in the fields of health, health promotion and the prevention of illness.

Participants: Senior nurses, health workers and environmental nurses.

3.9. The committee for co-operation with sports associations

Purpose: To work with health promotion and the prevention of injuries across the boundaries of organisations and affiliations.

Participants: The Danish Association of Handicapped Sports (DHIF), The Danish Sports Association (DIF), The Danish Gymnastic and Sports Associations (DGI), The Danish Corporate Sports Foundation (DFIF), the Vejle County Heart Secretariat, the Vejle County Administration Department for Education & Culture, and the Vejle County Secretariat for Prevention.

3.10. The Vejle County Sports Council

Purpose: The Sports Council works to create the best possible conditions for the development of sport in Vejle County, for example, on inter-disciplinary, international and personal levels.

Participants: Two politicians from the Vejle County Administration Department for Education & Culture, the Danish Association of Handicapped Sports, DGI Horsens Region, DGI Vejle County, the Horsens Region Gun Club, the Vejle County Gun Club, the Danish Sports Association and the Danish Corporate Sports Foundation.

3.11. The Council for Traffic Safety in Vejle County

Purpose: To take initiatives for and to deal with information activities and campaigns to promote traffic safety in Vejle County.

Participants: The roads section of the Technical and Environmental Administration Department, representatives from the Vejle County Municipal Association, representatives from the police forces in each of the four police districts in Vejle County, the Prevention Consultant, and others invited on an ad hoc basis, e.g. the Traffic Information Officer.

The Council for Traffic Safety also works closely with the Danish Road Safety Council, an independent council supported by the Ministry of Transport and the Ministry of Justice, as well as via private contributions and contributions from the other county and local authorities in Denmark.

3.12. Local councils for traffic safety

In Vejle County, local councils for traffic safety have been set up in:

- Horsens Police District (currently under preparation)
- Vejle Police District
- The Municipality of Kolding
- The Municipality of Fredericia

The councils for traffic safety can consist of: politicians from the local authorities (for example, the technical committee), representatives from the technical administration departments, driving instructors, motor vehicle inspectors and policemen.

3.13. Road Safety Teachers

In each of the four police districts, a committee has been set up consisting of 2–3 policemen and a road safety teacher from each of the schools in the area. A variety of campaigns aimed at young schoolchildren are carried out under the auspices of these committees, such as “safe roads to school”, cycling proficiency tests, etc. The police also hold courses for road safety teachers.

3.14. Working environment contact groups

Purpose: The exchange of information and experiences and co-ordination between the individual hospitals and the Vejle County Health Administration Department.

Orientation about news (rules, examinations, etc.). To present ideas and responses and to act as a “think tank/knowledge centre”.

Participants: Work environment contacts – one from each hospital, six in all – and the work environment consultant from the Health Administration Department. Meetings held 4–5 times per year.

3.15. The ERFA-group, Jutland and Funen – working environment

Purpose: The exchange of information and experience about working environment projects, etc. at hospitals in Jutland and on Funen. To discuss strategies and policies regarding the area of working environments. To contribute the knowledge, etc. to the Internet group and to provide inspiration.

Participants: A group consisting of 12 safety officers/working environment consultants, all of whom spend more than half of their time on work to do with working environments in relation to the hospital sector. Meetings held four times per year.

3.16. SSID – The Association of Safety Executives in Denmark

Purpose: To contribute to ensuring that safety officers achieve a high level of professional knowledge and expertise in the areas of safety, health and the environment. Exchange of information and experience. To hold meetings, conferences and courses about safety, health and working environments.

Finally, co-operation with authorities, organisations and associations in the areas of safety and health in environmental works, both internal and external.

Participants: Safety officers from both public and private businesses and leaders of Employees' Health Services (BST's). Regional meetings are held 5–6 times per year and there is one annual national conference.

3.17. The Association of County Councils in Denmark – Working Environment Contact Group

Purpose: To inform the counties about the work being done by the Association of County Councils in Denmark in the field of working environments, and likewise to inform the Association of County Councils in Denmark about the work being done by the counties in the same area.

Participants: A representative from each county and a representative from the Association of County Councils in Denmark. Meetings held four times per year.

The programme covers all ages, environments and situations

As mentioned previously, Vejle County, the local authorities in the county, institutions, etc. have been working for years with the prevention of injuries and accidents. Likewise, there has been a strong working relationship between the county and local authorities. Thus both formal and informal working partnerships and groups have been established across the conventional boundaries between the county, the local authorities and the various sectors.

The following section describes the areas of initiative and presents a list of the target groups. By no means all initiatives aimed at the prevention of accidents are included in the description. A questionnaire survey conducted among the local authorities in May 1998 documents that there are more than a hundred initiatives in the area of accident prevention currently underway in the local authorities¹⁷).

Legislation

The municipal healthcare service and general practitioners must offer schoolchildren seven preventative health checks¹⁸). These examinations – and especially the “Conversations with parents – special preventative themes” – include advice and information about subjects such as the risk of accidents, prevention of accidents in the home – including burns and scalds, safety in transport, safety in traffic, cycling, cycle helmets, poisoning, checking toys and playthings indoors and out, as well as bathing and bathing accidents.

In the area of accidental falls, a new law has been introduced requiring county authorities, twice a year, to offer all elderly citizens (aged over 75) living at home, a preventative home visit. Likewise, it is now the responsibility of all employers – both public and private – to arrange Workplace Evaluations (APV). This does not, however, apply to companies with fewer than five employees (see also page 23).

4.1. Vejle County as a workplace – the safety organisation

Around 10,000 people are employed by Vejle County – in all, there are 9,000 full-time posts in the Vejle County organisation as well as the associated institutions, hospitals, etc. Based on the Ministry of Labour’s statutory order no. 1181 of 18 December 1992 concerning companies’ health and safety work, a safety organisation has been set up in the county. This organisation consists of a principal safety committee and subcommittees for five areas: the Central Administration Department (1 committee and 4 groups); the Health Sector, institutions and hospitals (7 committees and 103 groups); the Social Welfare Sector, institutions and workplaces (2 committees and 108 groups); the Technical and Environmental Sector (3 committees and 9 groups); and the Education and Culture Sector, high schools, adult education centres (VUC), the nursing college, special schools institutions (3 committees and 38 groups).

Common, overall working environment policies have been drawn up for Vejle County. Tools for the monitoring of the working environment have been prepared, and contact groups have been developed for liaison between heads of department and other employees in the area of health and safety at work. It is stated in the Vejle County Working Environment Policy¹⁹) that: “The county council wishes to see the work concerning the working environment be carried out via a systematic and preventative programme of initiatives which are suited to supporting an evaluation and the adoption of a position by both the decision-maker and all others involved in the work”.

At the county's most stressed social institutions, an anti-violence project has been run for the past 5–6 years.

On the basis of a close working relationship with the Employees' Health Service, work is carried out continuously on the prevention of accidents and injuries at the institutions. The following initiatives have been implemented or are currently under preparation: education on lifting techniques, the psychological working environment – including patient violence and stab wounds – monotonous, repetitive work and the prevention of accidents.

4.2. County institutions – new buildings and renovations

When new county institutions, nursing homes, schools, etc. are to be built, or existing ones renovated, the Building Department – which provides consultancy to the Administration Department for Education and Culture and the Social Welfare Administration Department – ensures that the conditions concerning safety, the environment and the working environment meet all legal requirements. In addition, provision is made in the building programme for the subsequent inclusion of additional measures, which can ensure even better safety and environmental conditions. For example, the use of safety glass in windows, doors and partitions, scald screens around sources of hot water, height-adjustable sinks, ceiling-mounted lifts that can cover entire rooms, fire alarms, heated floors and pinch-free doors.

The area of traffic accidents

The start of the school year

Every year, the county and local authorities collaborate in a campaign aimed at parents and children starting school for the first time, to ensure the children's safety on their way to school. The county co-ordinates this initiative.

Traffic information officer

Since 1994, Vejle County – the only county in Denmark to do so – has employed a traffic information officer, whose job is to visit the local schools. The traffic information officer has been involved in a traffic accident – and is wheelchair-bound. This officer is trained to visit schools in the county and talk to students in the 8th–10th Grade, at high schools, technical colleges, supplementary schools and schools of production.

The job of the traffic information officer is to use dialogue, information and discussion to encourage young people to be alert while in traffic.

Young people and excessive speed

A co-operative project between the police, paramedics, the Medical Office of Health, driving instructors, the Department of Roads and the Vejle County Prevention Secretariat has resulted in the development of a “test project” for braking and evasion manoeuvres at high speed so that young people who have just received their driving licences can practise handling a vehicle at high speed under controlled conditions²⁰). The target group is young people aged 18–20 who have had their driving licences for less than a year.

The purpose is to allow these young people to spend a day at a test track so that they can practise their ability to brake and perform evasive manoeuvres at high speeds.

This is intended to encourage them to adopt the correct attitude to speed, driving and safety. The project also includes instruction in theory.

Wing mirrors on lorries

In collaboration with a local oil company, a place has been reserved at the Danish Transport Centre (DTC) near Vejle where lorries can go to have their driver's mirrors, "cyclist mirrors" and wide-angle mirrors adjusted. In collaboration with the Danish Directorate of Roads, similar facilities have been set up at each of the motorway service stations near Skærup in Vejle County. The aim is to increase safety when lorries are performing right-hand turns (i.e. to make it easier for lorry drivers to see cyclists, pedestrians, etc.)

Furthermore, the county participates in several nation-wide initiatives and campaigns, for example:

Speed restriction campaigns

Speed is a major, single factor in relation to traffic accidents. Until six months ago, exceeding a speed limit by 100 per cent meant immediate suspension of the driver's licence. This limit has now been lowered to 70 per cent.

As a result of collaboration between the Danish Road Safety Council and the Vejle County Council for Traffic Safety, initiatives and campaigns are continuously implemented with a view to encouraging drivers to obey speed limits and to drive sensibly and safely in traffic.

In order to increase road safety and to reduce speed, the roads departments of the county and local authorities are working continuously to introduce traffic calming measures in high risk areas. Roads are being altered to make them safer, digital speed counters are being set up at the approaches to towns, etc.

Campaigns against drunk driving

The drunk driving limit in Denmark has been lowered from a blood-alcohol content of 0.08 per cent to 0.05 per cent. The police regularly carry out campaigns and initiatives aimed at stopping people driving while under the influence of alcohol. The county and local authorities also regularly implement campaigns and initiatives in this area.

Red cross – a campaign for cyclists

The Danish Road Safety Council and the counties in Denmark carry out joint campaigns that are followed up in the local authorities via the local traffic safety committees.

In 1990–91, a campaign²¹) for cyclists was carried out in Vejle County in collaboration with the Medical Office of Health, the schools, parents and the police. One of the conclusions was that if children wear cycle helmets, the incidence of concussion could be reduced by as much as 70 per cent.

Elderly motorists

In association with the "Care for the Elderly" association and the Association of Danish Driving Instructors, information meetings and courses have been held for the elderly on the subject of safety in traffic.

4.4. Industrial and other work-related accidents

Jobs Without Injury

"Jobs Without Injury" is the name of a project that was carried out in Vejle from 1994–

1998. The target groups were young people aged 15–25 and the people who influence this group (parents, teachers, colleagues, etc.).

The project was organised into seven parts, which were targeted at the following groups: Direct Mail Campaign (14–17-year-olds); secondary schools (7th–8th Grade); the four technical colleges; selected companies; the Labour Market Training Centre (AMU) in Horsens; the Engineers' College; the Agricultural College and other external partners. The purpose has been to develop, test and implement methods aimed at preventing accidents – and to use these methods as tools to reduce the number of accidents among young people in Vejle County²²) long-term.

The number of reported accidents among this age group has been reduced: from 873 in 1995 to 777 in 1996 and to 646 in 1997. However, it cannot be proved that this project has been the sole cause of the reduction of reported accidents by a third over three years.

Employees' Health Services (BST) and Workplace Evaluations

BSTs are independent businesses that provide consultancy in the fields of safety and the working environment. Companies operating in certain sectors are required by law to be members of BST. These centres act as consultants to the companies and carry out accident prevention assignments in close collaboration with the company, the safety organisation and the employees.

The Ministry of Labour's statutory order no. 1182 of 18 December 1992 and the recommendation from the Directorate of the Danish Working Environment Service²³) state that all companies are required to carry out an ongoing evaluation of the health and safety conditions at the workplace – this is also known as a Workplace Evaluation (APV). In this regard, the BSTs are consultants to the companies. The work is very practical and is based on a precise identification of all sources of risk, of how to prevent risks arising, etc. For this reason, all home-care personnel in the county and all county and municipal institutions are currently working on the statutory APV analysis of their workplace.

Out with risk – in with safety

Young people aged 13–17 who do agricultural work in their spare time have been offered three-day residential courses on safety and the prevention of accidents. The project was carried out in association with the County of Southern Jutland, Bygholm Agricultural College in Horsens and national agricultural organisations.

Vejle County – a “heart” county

At the start of the 1990s the project “Vejle County – a ‘heart’ county” was carried out. The objective of this project was to reduce the incidence of cardiovascular disease. The means chosen was to encourage people to stop smoking, to eat foods with lower fat contents and to take more physical exercise. The partners involved were all interested businesses in Vejle County²⁴). “Vejle County – a ‘heart’ county” has now become a permanent unit with the establishment of the Heart Secretariat, which employs three people. A working relationship has also been set up with the Council for Tobacco-related Illnesses, and this has resulted in the establishment of the area entitled “smoking and young children/pregnancy” and of an increase in emphasis on stress and well-being.

The Healthy Cities Network

Under the auspices of the Healthy Cities Network, a number of initiatives have been introduced aimed at the prevention of accidents – primarily in the area of falls among children and the elderly. A number of the initiatives and projects listed below stem from the Healthy Cities Network and from associated courses and initiatives.

Prevention of violence in institutions

Over the past 5–6 years, an anti-violence project has been carried out, divided up into an A and a B-phase. One of these phases concerns the 10–11 institutions where the risk of violence is highest, while the other phase involves the provision of more general information to the other institutions. At the institutions with the greatest risk of violence, work is carried out on concrete projects, increasing the availability of training courses, etc. One example is an institution which offers courses in release and retention holds in tandem with courses on the ethical aspect of the prevention of violence. Finally, the pedagogical aspect was also examined. At this institution and the others where the risk of violence is greatest, structured work is carried out on the following areas: the most effective way to introduce new employees, the importance of pedagogical input in general, debriefing, etc.

Prevention of accidents at institutions

In association with the employees' health centres, work is continuously being carried out on initiatives aimed at the prevention of accidents via education in lifting techniques, the psychological working environment, noise, chemical substances, etc. For example, an institution in the social sector has received DKK 200,000 from the Directorate of the Danish Working Environment Service for a project concerning the prevention of “burn out” conditions and accidents among staff.

Local authority projects

Most local authorities are working on implementing initiatives intended to prevent accidents. For example:

- The Municipality of Børkop:
“Project Balance” – reduction of absenteeism due to illness and work-related accidents among the home help personnel who work evening and night shifts.
- The Municipality of Fredericia:
“The business plan for integrated home help personnel” – less absenteeism due to work-related illness among home help personnel.
- The Municipality of Juelsminde:
“Reduction of work-related accidents among personnel working with the elderly and the disabled” – aimed at personnel working with the elderly and the disabled.
- The Municipality of Kolding:
Preventing and dealing with violence – “A Violent Job” – improving the psychological working environment and preventing physical attacks on personnel working with the elderly.

Private initiatives

In addition to the initiatives implemented by the county and local authorities, there are also a number of initiatives that stem from the private sector. One example of these is a project in the wood and furniture industry:

The project is aimed at new employees and young people working in the wood and furniture industry, and is intended to prevent work-related accidents among these employees as well as to improve general levels of health and safety at companies from these industries.

The project is carried out as a co-operative venture involving the Horsens BST Centre, the Wood-Industry-Construction Federation, the Confederation of Danish Industries, Horsens Joiner's Guild and the Organisation of Executive and Managerial Staff in Denmark.

4.5. Leisure time accidents and accidents at home

Accidents caused by fireworks

The campaign was started in Vejle County in 1987/88 and continues here.

The campaign has since become nation-wide.

It has proved possible to reduce the number of accidents and thus to reduce the number of injuries to eyes and incidents of damage to hearing. Experience has, however, shown that young people are not any more the primary high risk group. The primary high risk group is, in fact, men aged 21–45, where alcohol is a contributory risk factor.

In 1998, this campaign won the Gold Award from the International Television Association Denmark (Danmarks Radio) in the category "Citizens' information programmes".

Prevention of falls among the elderly

In 1986–90, a large, controlled accident prevention project was carried out with the participation of five local authorities. The target group was elderly citizens still living in their own homes. The results show that it is possible to prevent up to 40 per cent of cases of fractured neck of femur in women aged over 65.

In the period 1993–1996, work was carried out in Vejle County on a broad programme of preventative measures aimed at reducing the number of falls among the elderly. The idea is that the prevention of falls should be integrated as a natural part of the daily work of home help personnel and at nursing homes, and that the work should be carried out by existing personnel. Then local authorities took part in this project, which includes home visits to the elderly, talks about preventative measures for residents of nursing homes, examination of the furnishing of the home and examination of medicine consumption. In addition, active courses for the elderly have been organised.

A new law in Denmark now requires home visits to the elderly on the subject of accident prevention to be made twice per year. These visits are currently being introduced as a part of the ordinary procedures in almost all local authorities.

A co-operative arrangement between the Vejle County Osteoporosis Association and the Public Information Association (FOF) has resulted in the organisation of courses on subjects such as exercise and calcium-rich diets. Likewise, the county has drawn up five theme leaflets on the subject of brittle bones. These leaflets are sent to relevant organisations, individuals, doctors, other health service professionals, etc.

Prevention of sports injuries – Sport Without Injuries

Around 50 sports clubs – football, handball and badminton – in Vejle County have taken part in a project which has now, via the National Board of Health and the three largest Danish sports organisations, become nation-wide as a part of the Danish government's "Action plan for the prevention of muscular and skeletal conditions".

Through intensive education, including supervision of the trainers, it proved possible to reduce the number of sports injuries in the clubs involved in relation to a control group. These are the figures: football – one injury in ten; handball – three injuries in ten; and badminton – 5.7 injuries in ten.

A number of books, videos and other teaching aids²⁶) have been produced, and two scientific articles are currently being prepared.

Scalding accidents among babies

Videos were supplied to health visitors, institutions and the accident and emergency departments of the county's hospitals, followed up by meetings and training courses for health visitors in the local authorities. The initiative was a part of a nation-wide campaign.

Roller-skating accidents

In 1997, a video was produced to show young people how to avoid roller-skating accidents²⁷). The video has been distributed to the target group.

Projects among the local authorities

Initiatives aimed at preventing accidents are being implemented in most local authorities. The projects include:

- Active children – free from falls (Egtved, Give, Horsens, Kolding)
- Reduce the number of accidents among pre-school children (Børkop)
- “Help my troll” (Give, Vejle)
- Prevention of accidents – post-natal courses (Brædstrup)
- Prevention of accidents in the home – Healthy children – all their lives (Give)
- Exchange of information between the elderly (Juelsminde)
- Prevention of falls at the Højgården centre (Kolding)

4.6. Suicide/psychosocial health

A plan currently being drawn up is targeted at the prevention of suicidal behaviour in Vejle County²⁸). The preventative work consists of the following:

strengthening the existing initiatives at, inter alia, the accident and emergency department of Horsens Hospital, the Kolding Self-help Association and the Suicide Prevention Group in Fredericia and

new areas of initiative, which include: the appointment of co-ordinators, education and follow-up. There are three main areas for optimising the input for the prevention of suicidal behaviour: co-ordination, provision of help and education.

Finally, it should be mentioned that since the summer of 1997, Vejle County has run the largest “youth-to-youth” campaign in Europe – “Wuthering Heights” – against drug abuse. The project is run in association with the local authorities, the Vejle County Social Development Centre and the day high schools, with the “KaosPiloterne” (Chaos Pilots) from Århus as project leaders. The project will continue until summer 1999.

Another project that has been carried out is the “Smoke-free County” project. In collaboration with the WHO and the EU, Vejle County will be organising the Pre-Satellite-Conference at the 2nd European Conference on Tobacco or Health on Gran Canaria in February 1999. The conference is based on the results and experience gained from the project: “Vejle County – a Smoke-free County”.

Furthermore, the county also has an AIDS Secretariat.

- 17) *Internal report concerning "Prevention of accidents in the local authorities" drawn up on 22 April 1998, journal no. 4-53-1-7-97.*
- 18) *Statutory order about protective health measures for children and young people. The Danish Ministry of Health, 5 December 1995. Extended: Protective health measures for children and young people. The Danish National Board of Health, 1995. ISBN 87-89638-84-0.*
- The Vejle County Working Environment Policy, approved by the County Council, December 1997.*
- That could have been a PRAM ... Evaluation report from an experiment at Vandel Airfield. The Vejle County Prevention Committee, 1998.*
- The Vejle County cycling helmet campaign – a prevention experiment. Evaluation report by Community Physician Connie Thurøe Nielsen, the Vejle County Community Physicians' Institution, 1991. Journal no. 4-53-1-9-91*
- A working environment report, Vejle County 1994–1997 – Jobs without injury, October 1997. ISBN 87-7750-356-2.*
- AT-recommendation No. 4.0.0.1. August from the Directorate of the Danish Working Environment Service.*
- Vejle County – a 'heart' county has been evaluated and described in a number of ways. For example, Lucette Meillier based her PhD thesis on the project.*
- "Information about health and change. Men, information and change of health habits". The Institute for Epidemiology and Social Medicine, Aarhus University. 1994. Report No. 9.*
- Prevention of treatment-intensive injuries resulting from falls among the elderly living at controlled prospective intervention study Arne Poulstrup (PhD Thesis) Odense University 1993.*
- Sport Without Injuries – A sports project in Vejle County from 1990–93. Poul Højmosé. ISBN 87-7750-145-44. No injury to ... – with the training concept and video from 1995. Gorm H. Rasmussen, Randi K. Hansen and Poul Højmosé. ISBN 87-7750-203-5. Published jointly by the Danish National Board of Health and Vejle County.*
- "Fleet of foot ... feet on the ground". The Vejle County Prevention Committee, 1997.*
- Strategy plan for the prevention of suicidal behaviour in Vejle County, the Healthcare Administration Department, September 1998.*

5. Initiatives aimed at the high risk groups, the groups exposed to high risk environments, and which are intended to provide guidance to groups at risk

Under Item 4, pp 20–26, there is a list of Vejle County's initiatives in the area of the prevention of accidents which have either already been introduced or which are under

preparation. Initiatives have been taken to work with prevention within the following three major accident areas:

Traffic – where the members of what are known as “soft traffic groups” constitute a large, high risk group. This also applies to young people aged 15–34 – the age group involved in almost half the accidents that occur.

The elderly in relation to falls – both the elderly living at home and in institutions (nursing homes, homes for the elderly, etc.29)).

The work area – where members of the “young” group are involved in more than one in five accidents.

Agriculture is also a high risk area.

There are approximately 14,000 incidences of broken hips in Denmark every year – of these, approximately 1,100 occur in Vejle County. Broken hips constitute the condition that accounts singly for the most days of hospitalisation in Denmark – around 300,000 days per year. The Danish National Board of Health’s patterns for illness for hospitalised patients. Hospital Statistics II 1991, page 51; and II 1993, page 59.

Documentation of the frequency of accidents and the relationship to the pattern of causes

The systematic recording of accidents – i.e. accident registration – is carried out in many places and at different levels in Denmark and in Vejle County:

Quality as regards precision, specification, completeness and systematic performance is variable, but it is certain that it is increased considerably when the data are to be used for more specific purposes than simply “dealing with individual cases30”).

There are six hospitals in Vejle County, of which five operate with open admissions, and therefore have accident and emergency departments. Together with project registration, the registration procedures carried out in these departments form the basis for the registration of accidents in Vejle County.

However, in addition to Vejle County’s patient registration system – “The Green System”, which is run by KommuneData – there are other registration systems. The following sections present a list of the different registers which contain information about accidents and which provide documentation of the frequency of injuries and causal relationships.

6.1. The register of causes of death

The Danish National Board of Health is responsible for this register. All deaths are reported to this register, from which it is then possible to extract information such as circumstances and causes of death, etc.

6.2. The National Patient

Register including the accident and emergency department register

All patients who receive treatment at one of the county’s hospitals – including the accident and emergency departments – are registered in Vejle County’s patient registration system, which contains all the factual details of the treatment of the patient.

As a minimum, the patient registration system includes the information that Vejle County is obliged to communicate to the National Patient Register. The Danish National Board of Health, which runs the National Patient Register, defines the content of the information to be supplied about admitted patients, outpatients and patients treated by the accident and emergency departments.

For example, the following information must be registered:

Treatment diagnosis (diagnoses); operation code(s), date of admission, date of discharge.

As regards visits to accident and emergency departments, the Scandinavian accident classification system NOMESCO is used. This involves registering a location code (where the injury was sustained), an injury mechanism code (what caused the injury), and an activity code (what the patient was doing when the injury was sustained). In the case of traffic accidents, the form(s) of transport used by the injured party and any other involved parties is/are also registered. In addition, the time of treatment in the accident and emergency department, and the time that the accident occurred are also registered, as is information about the patient and the treatment given.

6.3. Registration at general practitioners

The individual general practitioners set their own levels for the registration of visits by patients. The regulations for this practice are laid down in a statutory order from the Danish National Board of Health. General practitioners are not obliged to pass on registered information about patients to other doctors or authorities.

6.4. The registration system of the Danish Working Environment Service

Work-related accidents involving personal injury must be reported to the Danish Working Environment Service.

6.5. The registration system of the Danish police force

The police registers all major traffic and other accidents. This registration system however is incomplete and collects only approximately 16 per cent of the accidents registered by the hospitals and resulting from traffic and other major accidents.

6.6. Project registration

In connection with all major projects run in Vejle County (for example, falls among the elderly, sports injuries, etc.) there are specially designed and developed methods for registration and evaluation, which are adapted to suit the individual projects. The quality and detail of the registrations currently carried out at the county's hospitals is not good enough to enable the implementation of preventative intervention and subsequent follow-up.

6.7. Extended accident registration

At Odense University Hospital (Funen County), there is a long tradition for the extended registration of the injuries treated in the accident and emergency department. All the hospitals in Funen County are currently preparing a system of extended and uniform registration of accidents.

Vejle County has started to collaborate with Funen County on the possibility of developing and establishing a system of extended accident registration, starting at one of the hospitals in Vejle County.

Vejle County is also working with the Danish Institute for Clinical Epidemiology, EHLASS-department (European Home and Leisure Accident Surveillance System), with a view to collecting experience to be used to optimise an improved system of accident registration and documentation. The purpose of the EHLASS-project in Denmark is – on the basis on the collation of data from five hospitals: Glostrup, Herlev, Frederikssund, Esbjerg and Randers – to develop a Danish model for local schemes to prevent accidents so as to reduce the number of personal injuries.

M. Madsen et al. Registers within the area of health. A list and description of registers that can be used for edpidemiological research and health planning. DIKE, Copenhagen 1982.

Initiatives over a long period

Vejle County has a tradition of running prevention schemes – including schemes for the prevention of accidents. That is why a number of partnerships have been established at different levels to work towards the prevention of accidents. The prevention of accidents is already an integral part of the development work carried out by the different administration departments and at institutions, etc. By closely targeting the objective of making Vejle County “A Safe Community”, the county achieves the objective of close co-operation with the local authorities and puts the citizens of Vejle in the centre.

At the operative level, the health plan for Vejle County states that work is to be done on evaluation and quality assurance projects which highlight the effect of the preventative input, and which are to involve both the county and local authorities. The health plan also states that initiatives in the areas of work-related accidents among young people and falls among elderly citizens living at home are to be strengthened. A plan for the prevention of suicidal behaviour has been approved and is currently being implemented.

Work in the field of prevention of traffic accidents has a firm base, as have local preventative measures in the institutions.

The prevention of accidents is thus both centralised and decentralised. With Vejle County’s affiliation to the Safe Community project, the county is expressing both the strength and the will to work with long-term accident prevention and to strengthen input in the area of accident prevention in particular.

Indicators that provide necessary information about the effects of the processes of change

In the development and implementation of the various programmes, the different methods of evaluation used are those which are best suited to the individual initiatives. However, as a starting point, all programmes are evaluated in relation to effect, quality and process.

The following section contains a list of the initiatives and programmes that have either been decided or are under preparation. As regards the effect of the initiatives, indicators have been defined wherever possible so as to make it possible to measure and evaluate the processes of change.

Several of the initiatives are integral parts of the Vejle County Health Plan 1998–2001.

8.1. Accidents involving medicine Health Plan objective 90

By supplying information to citizens, Vejle County aims to support opportunities for avoiding the unnecessary use of medicine. The methods used will include providing information about the possible side effects of the excessive use of medicine.

Indicator: decline in the consumption of medicine.

Health Plan objective 91 Vejle County will implement initiatives to help patients ensure that they take the correct amounts of medicine, and to minimise wastage.

These initiatives can, for example, include the provision of information and the implementation of trials involving distributing medicine in packages containing individual doses. This is a very large area. Vejle County is planning initiatives inspired inter alia by experience gained in the County of North Jutland.

Indicator: decline in the consumption of medicine.

8.2. Prevention of accidents involving falls among the elderly

Health Plan objective 71 Vejle County will assist in ensuring that experience gained from projects concerning accidents involving falls is made available to the local authorities to help them in their preparation of preventative home visits to elderly citizens.

Target group: citizens over the age of 75 who are living a) at home or b) in nursing homes or other institutions.

Indicators: fractures of neck of femur and days of hospitalisation.

Healthy Cities Network

Under the auspices of the Healthy Cities Network, of which Vejle County is member, work is being done to produce a manual containing optimal models for the prevention of falls among the elderly. The experience gained to date from the project in Vejle County will be included in this work. The manual is currently being prepared and will be issued to the local authorities in Denmark in the course of 1999.

Indicators: fractures of neck of femur and days of hospitalisation.

8.3. Working environments and work-related accidents

Greater emphasis must be placed on the working environment. It is important to optimise both the physical and psychological working environments.

In order to develop the working environments in line with the challenges encountered, a large number of activities are being carried out both locally and centrally. These include the implementation of the statutory workplace evaluations (APV), as well as

the drawing up of working environment policies, etc. at institutions. These activities are often carried out in close co-operation with local co-ordination and safety committees.

The county has appointed a working environment consultant, whose primary task is to support the hospitals in their work on working environments.

Health Plan objective 128

Managers at all levels must be fully aware of their responsibilities and competence in the area of working environment conditions.

Indicator: participation in the relevant courses.

Health Plan objective 129

Managers and other employees are to work together to carry out assignments related to the working environment and to ensure the best possible physical and psychological working environments.

Indicators: well-being and productivity.

Health Plan objective 130

The work on the working environment must be systematic and preventative.

Indicator: decline in the number of accidents.

Health Plan objective 131

The working environment must be evaluated in connection with every alteration to the buildings and every medico-technical and organisational change.

Indicator: the number of evaluations.

The Health Plan in general

In the section of the Health Plan that deals with muscular and osteopathic matters, it is stated that, with regard to children in particular, the authorities must work closely with the schools and the school health service on initiatives aimed at families with young children in order to prevent back complaints, to discourage children from smoking, etc.

Another area of initiative is the workplace, where the county authorities, working closely with the various actors in the employment market, is implementing initiatives based on experience gained from the back department of Give Hospital.

As regards elderly citizens, work in this area is to be supported by the promotion of physical activity, including regular exercise.

The initiatives mentioned above are based on the county's policy on working environments³¹). This document states which initiatives are planned, and who has responsibility for these.

Prevention of violence in institutions

Pedagogic/psychological initiatives aimed at employees at day-care and residential institutions and at workshops and occupational therapy centres, where employees work with people with physical or mental handicaps.

Indicator: decline in the number of reported incidents of violence.

Accidents at institutions

Education and instruction in correct lifting techniques, courses in driving and courses in first aid at the social sector institutions.

A concrete example is the appointment of a prevention consultant at the Skansebakken institution. The consultant is to train and provide guidance to the staff and to supervise all employees. The aims are: 1) to reduce the number of “burn outs” and work-related accidents; 2) to reduce the number of heavy lifts and movements; 3) to replace lifting with appropriate work methods (moving techniques); and 4) to improve the physical and psychological working environments.

Indicators: the number of reported back injuries and evaluations of well-being.

Institutions

Safety in connection with the transport of pupils. Standards are to be introduced for the transport of pupils, irrespective of whether this is carried out in the institutions’ own buses or outsourced.

Indicator: maintenance of the standard developed.

Secondary schools

The pupils in the 7th–8th Grades at all the secondary schools in the county are to be offered education in the fields of heavy lifts, the psychological working environment, noise and chemical substances and materials. Experiments will also be conducted.

Indicators: the number of hours of education and a satisfaction survey.

Agricultural accidents

Via a co-operative venture involving the agricultural organisations, the Clinic of Occupational Medicine at Vejle Hospital, the Danish Working Environment Service and the Employees’ Health Service, an agricultural project is being prepared. The following areas of initiative are being considered: 1) Near accidents; 2) “burn outs” including lifts; 3) accidents among children; 4) dust (allergies); and 5) noise levels. The project may well be built up around four specific areas: 1) farms on which the farmer is under 45, and where there are two or more employees; 2) families with children aged under 12; 3) 13–17-year-olds with part-time jobs or who help out on the farm; and 4) farmers alone.

Indicators: the number of accidents and personal data in relation to dust/allergies.

Private companies

An example of the fact that work aimed at the prevention of accidents is being carried out by other organisations – i.e. outside the county and local authorities – is the introduction of the statutory Workplace Evaluations (APV) for companies with more than five employees. The parties involved are: the safety committee and the employees, and, if appropriate, the Work-related Medical Clinic at Vejle Hospital, the Danish Working Environment Service and general practitioners.

The objective is to prevent risks by continuously carrying out complete evaluations of the health and safety conditions at the workplaces. Principles of prevention are to be included as an integral part of the evaluation basis.

Indicators: 1) absenteeism due to illness and 2) breaches.

Many other forms of accident prevention are also being carried out at private businesses. These can be major or minor projects, possibly in collaboration with the local employees’ health service centre, the unions, etc. One example is “Den Østjyske Fælleslandboforening” (The East Jutland Communal Farms’ Association), which offers courses to parents. The project is entitled “Children’s Accidents – not here!”

8.4. Traffic accidents

The Traffic Information Officer

The Traffic Information Officer is available to all the schools in the county, particularly the 8th–10th Grades in secondary schools, high schools, technical colleges, supplementary schools and other educational institutions for young people aged 14–24. The job of the Traffic Information Officer is to use dialogue, information and discussion to encourage young people to be alert while in traffic.

Indicators: the number of visits and a satisfaction survey.

Traffic Accidents

There are a number of ongoing initiatives in the local authorities' departments of roads, the various county departments, the road authorities and the police which are aimed at reducing the number of accidents.

Indicators: 1) deaths and injuries – 2) days of hospitalisation – 3) broken bones.

“Soft targets” in traffic – cyclists and pedestrians

The parties involved are: the Vejle County Department of Roads, the local authorities, the police and the accident and emergency departments.

A prioritised initiative is under consideration.

Indicators: Cyclists – head injuries; pedestrians – broken bones.

Traffic safety as an integrated part of the culture of Vejle County

The Vejle County Council for Traffic Safety is working to prevent deaths and reduce the number of fatalities and injuries caused by traffic accidents. This includes the influence and development of appropriate behaviour and physical alterations to roads, cycle paths, etc. Initiatives aimed at ensuring that employees of Vejle County “set a good example” for the citizens in the region.

A plan of action for appropriate behaviour in traffic is currently being prepared by the Roads Department. There is also a project – currently still in the “idea phase” – aimed at examining the importance of levels of stress to safety in traffic and accident risks in general.

8.5. The area of home and leisure accidents

Accidents involving fireworks

Every year, in November and December, there is a closely targeted campaign aimed at preventing accidents involving fireworks. The campaign started in Vejle County in 1987 and has since become nation-wide. The campaign for the entire country has been developed and prepared by Vejle County.

Partners: the hospitals' accident and emergency departments, the national association “Protect Your Sight”, the Vejle County Community Physicians' Institution, the Danish National Board of Health, Grafisk Service, Video & TV, Vejle County, the Association of County Councils in Denmark, and representatives from the group of prevention consultants, the Danish Ministry of the Interior, Emergency Management Agency, and the Association of Firework Manufacturers and Wholesalers in Denmark.

Indicators: eye injuries, second and third degree burns, damage to hearing and amputations.

Sports injuries

Partners: the Danish National Board of Health, Vejle County, the Danish Gymnastic and Sports Associations (DGI), the Danish Sports Association (DIF), special associations, clubs, general practitioners, physiotherapists, etc.

Indicators: 1) broken bones and 2) injuries to joints and ligaments.

Children

An initiative for the area of children's accidents is being prepared by the Healthy Cities Network, and an initiative in the area of agriculture may be forthcoming.

Schoolchildren

In the new health plan, consideration is being given to whether or not to include secondary schools as a priority area. Likewise, consideration is being given to initiatives involving secondary schools, the local authorities, the Royal Danish School of Educational Studies and other relevant parties in relation to "The Health-promoting School".

31) *The Vejle County Working Environment Policy, December 1997. Page two details the county's aims, including the responsibility of the executives; page 5 deals with executive responsibility; and page 6 contains the plan for systematic and preventative initiatives.*

Analysis of the local authorities' and county authorities' opportunities to participate in work to prevent accidents

In Vejle County and the local authorities, there is a great deal of interest in working with prevention – in fact, closely targeted and systematic work on prevention has been underway for more than 15 years.

Experience from this prevention work shows that prevention works when it is related to practical matters and where citizens are actively involved.

Good working relations have been documented in the numerous joint initiatives, which include, but are not limited to, the following: the "toolbox" of local prevention³²), Project fall-related accidents in Vejle County, 1985–88 and the prevention of fall-related accidents in Vejle County³³), "Promote health – save the family³⁴)", the annual fireworks campaign, the Cycle Helmet Campaign in Vejle County³⁵), Project "Sport Without Injuries" (about the prevention of sports injuries), traffic safety (Project "That could have been a pushchair³⁶)", and, most recently, Project "Wuthering Heights". Project "Wuthering Heights" is carried out in close co-operation with the local authorities and is aimed at creating a dialogue among young people in the county on the subject of drug abuse, hallucinogenics, and what can take their place. The project is the largest "youth-to-youth" campaign in Europe – the evaluation report is under preparation.

An internal survey (footnote 13) in April 1998 documented the fact that more than 100 initiatives are currently underway in the local authorities. To these should be added the numerous other initiatives which are not being carried out by the county or local authorities, but by voluntary organisations and clubs, on private workplaces, etc.

There is already a firmly established system of inter-disciplinary co-operation between the state, the county and the local authorities. At the same time, it is a standing practice in Vejle County that the county and local authorities work together on prevention. Finally, there is also a tradition in the region for private companies, voluntary organisations, clubs, residents' associations, etc. to work with prevention. Therefore, it is evaluated that the opportunities and motivation are particularly good – not just for participating in, but also for helping to develop, work aimed at preventing accidents.

- 32) *Toolbox for prevention locally – three handbooks drawn up by the local authorities, the Secretariat for Prevention and a consultancy group.*
- 33) *Prevention of fall-related accidents in Vejle County – evaluation report. Vejle County. Lissi Borre Larsen, ISBN 87-7750-264-7, 58 pages.*
- 34) *“Behind the façade” Evaluation report 1992 – “Promote health – save the family”. Kirsthen Poulsgaard (MA). Vejle County, March 1992.*
- 35) *The cycling helmet campaign in Vejle County – evaluation of an experiment in prevention. Community Physician Connie Thurøe Nielsen. That could have been a PRAM ... Evaluation report from an experiment at Vandel Airfield. The Prevention Committee, September 1998.*

10. The involvement of the health and hospital sectors in intervention and the registration of injuries

All patients who are treated at one of the county's hospitals – including the accident and emergency departments – are registered in the Vejle County patient registration system, which collates all factual information about the treatment given to patients. As a minimum, the information registered in the patient registration system is that which Vejle County is obliged to convey to the National Patient Register. The Danish National Board of Health, which operates the National Patient Register, defines the information that is to be reported.

With regard to visits to accident and emergency departments, the Scandinavian accident classification system is used. This involves registering a location code (where the injury was sustained), an accident mechanism code (what caused the injury), and an activity code (what the patient was doing when the injury was sustained). In the case of accidents involving vehicles, information about the vehicle(s) being used by the injured party and any other parties involved is also included. In addition, information about the time of treatment at the accident and emergency department and about the place where the accident occurred is included wherever possible.

Finally, information about the treatment given to the patient is also recorded. Every year, Vejle County publishes a list of statistics entitled “Statistical information, the Health Service in Vejle County”. This presents an overview of the health and hospital sectors in the county.

The community physicians' institution often acts as professional consultant in the area. The institution is particularly active in the field of prevention work and has direct contact with the Danish National Board of Health and the Ministry of Health, with which it works closely.

Personnel at hospitals, nursing homes, institutions, schools, and general practitioners, physiotherapists, etc. work actively and across conventional boundaries on intervention in the forms of: information, guidance, closely-targeted projects, exhibitions, lectures, etc.

One example is that the Eye Department and the Audiological Department at Vejle Hospital have worked locally and nationally for many years with the prevention of eye injuries and damage to hearing as a result of accidents with fireworks.

11. The involvement of citizens and groups of citizens in Vejle County

Many groups of citizens, institutions, organisations, etc. are involved in health promotion and prevention – including accident prevention – in the county and local authorities. The following list is by no means exhaustive:

- Various national organisations – community physicians, the Danish Working Environment Service and the police.
- Hospitals, nursing homes and institutions
- Politicians
- The various administration departments in the municipalities, including health sector personnel, etc.
- Private sector – groups of citizens and individuals
- Associations – non-profit-making organisations such as sports organisations
- Private businesses, including unions and employers
- Others

However, it is often the nature of the specific initiative that decides who is to be involved in the prevention work. For example:

The sports injuries project – Sport Without Injuries – run from 1990–94, involved: 38 physiotherapists and sports instructors, leaders of sports clubs, trainers and more than 6,000 amateur sportsmen and women from the sports of soccer, handball and badminton.

In addition, the population of Vejle County is involved via information on local radio and TV channels, via local newspapers, direct mail, etc.

12. The dissemination of experience gained, both nationally and internationally

Over the years, the county has been deeply involved in the dissemination of experience gained in the area of prevention, including the prevention of accidents. In this regard the following can be mentioned:

- Vejle County is a member of The National Healthy Cities Network, which is the framework for a co-operative venture involving six counties and seven local authorities and with the aim of implementing the WHO strategy of “Health for All – Year 2000”. The network is a forum for the exchange of information and experience, and for the development of new and practical methods for working with prevention and health promotion.
- The county has participated in a large number of different national conferences, courses and seminars in this area.
- Organiser of the conference: Prevention of Sports Injuries in Denmark, December 1993.
- In collaboration with the Danish National Board of Health, drew up and published a list of experience and educational material concerning the prevention of sports injuries. This included lectures and organisation, as well as books and videos.
- Participated in The Second World Conference on Injury Control, Atlanta USA, May 1993. The county prepared presentations concerning fall-related accidents among the elderly and sports injuries.
- Collaboration with the Injury Prevention Forum – Norwegian Safety Forum, Oslo, Norway.
- Participated in the Third International Conference on Injury Prevention and Control, Melbourne Australia, February 1996. The county prepared posters and held lectures about work-related accidents.
- Participated in the 1996 Occupational Injury Symposium, 24–27 February 1996. The county prepared posters and held lectures
- Organised the following conferences: The Working Environment in Denmark 1997 – experience, results, visions, thoughts and perspectives. The Working Environment and Health at the Technical Colleges – which methods? – education, how?
- December 1997, visit to the “Folkhälsoinstitutet” (the Public Health Institute) and the WHO Collaborating Center, Stockholm and to the Municipality of Falköping, Sweden.
- Has received visits from various state and municipal organisations in Holland, Sweden and Norway.
- Direct working relationship with the Municipality of Arjeplog in Northern Sweden. This municipality has adopted the project “Promote health – save the family” and others.
- Participated with lectures and an exhibition in connection with the Second Scandinavian Conference on Injury Prevention, Frederiksstad, Norway, 1997 (Security and Safety for Everyone in Scandinavia).
- The Municipality of Horsens is one of the local authorities in Vejle County that is a member of both the Danish Healthy Cities Network and the International Healthy Cities Network. The Municipality of Horsens has recently been designated a WHO Collaborating Center for Healthy Cities Training and Capacity Building in the New Independent States Region.
- Extensive co-operation with Funen County in relation to accident prevention and Safe Community projects.

In addition, the county is represented in many forums within the field of accident prevention.

13. Contributions to a strong network within the field of Safe Communities

On acceptance into the Safe Community System, Vejle County will contribute to the strengthening of the existing network via direct contact, collaboration and the exchange of information and experience. The county will also act as initiator in the testing and examination of new methods in the efforts to improve health, raise levels of safety and thus to prevent accidents.

Vejle County's prevention consultant is chairman of the Association of Prevention Consultants in Denmark. Representatives of the county – both politicians and civil servants – are members of several groups and committees under the Danish Ministry of Traffic and the Association of County Councils in Denmark.

The major prevention projects that are carried out in the county are always conducted with a view to nation-wide implementation via close co-operation with the central authorities.

Together with Funen County, Vejle County will seek to help appropriate partners in the system via direct communication and the dissemination of experience and results drawn from our work.

In addition, the council plans – together with Funen County – to host the Safe Com4 Conference in 2000/2001.

Conclusion

This document describes the processes and content of the prevention work that has been carried out over the past 15 years in Vejle County. The preventative initiatives within the areas of safety and accident prevention have been integral parts of the health sector work at both municipal and county level. The document also attempts to put into perspective the accident prevention work to be done in Vejle County in the future.

The materials and documentation for this report have been written on the basis of information supplied by numerous people in and outside municipal and county departments, all of which have been involved in the process.

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Nota Bene:

Since the application for membership of the SafeCommunity-network was made, Vejle County has established new projects and initiatives in the field of injury-prevention. In the following, some of these new items will be briefly mentioned.

First of all, Vejle County has taken further steps to innovate an extended registration of traffic-accidents in the Kolding-area. The registration takes place at the emergencyroom at Kolding Hospital, and the registration will be made, when casualties are brought in from trafficaccidents. In a special schedule a specially trained nurse will question each casualty about specific details concerning the accident. The idea is that the data are closely analyzed with the intend to locate "black spots" in the traffical infrastructure, or locate highrisk-behaviour. Finally it is the goal, that the conclusions can be used and implemented in the psysical planning for the specific area, so that more accidents hopefully can be prevented.

As an inspiration for the 4th Nordic Conference in 2001, the counties of Vejle and Funen are planning a national conference about injuryprevention in november 2000. It will be a one-day conference with participants from all sectors in Denmark : the private sector as well as the public sector, and the goal is primarely to put focus on the prevention-idea in Denmark.

In the last few years there has been an increase in the number of trafficaccidents, where young and unexperienced cardrivers has been involved in very tragic and often lethal accidents. Our traffic information officer has taken initiative to a special arrangement – "Youth & Cardrivin" – in may 2000, where he has invited numerous young men under the age of 24 to a test-drive-area. Here the young people can try out their abilities – and especially their lack of abilities – in a safe environment. It will even be possible for those with strong nerves to be invited to a test-drive with an professional rallydriver, who also will explain, why a standard car is not safe to extreme driving.

In the county there is a number of institutions for mentally disabled people, "who" often "communicate physically" with violence as their only language. To prevent too many incidents, the county has made 3-days courses for employees from these institutions.

Finally Vejle County has taken initiative to innovate a number of projects with the intend to "activate" groups of people, who so far have had no experiences with physical exercise. It's the goal, that by making people active, the long-term effects on their general healthstatus also will prevent accidents - especially fall-accidents among the weakest elderly people.