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**Application to Become a Member of the Safe
Community Network**

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Background

In the political health programme approved by the county council of Älvsborg in 1987, four areas were given priority. These were lifestyle and social life issues, prevention of drug abuse, organized health care for the elderly and accident prevention. The programme recommended that the practical work should be carried out in individual municipalities or boroughs where co-operative bodies including the authorities involved are established. The registration of accidents was an important part of accident prevention.

During 1988 the Borås Political Health Council was founded as a co-operation between the municipality and the county council. A description of the health conditions "Health in Borås" was compiled and this formed the basis for the planning of preventive actions. This was based on register data.

Borås Political Health Council decided to concentrate first on preventive measures regarding tobacco consumption. Approximately a year later a project was begun among pupils in secondary schools (senior-level) and upper secondary schools dealing with drugs and sexual and social life. Health care for the elderly was also conducted by the district nurses. In 1995, Borås Political Health Council changed its name to the Public Health Council.

In the autumn of 1991 discussions were initiated between county health care, primary health care and the municipalities in Southern Älvsborg regarding commencement of the registration of injuries. The planning of this continued throughout 1992. After a decision taken by the county health care board and the primary health care board, registration of injuries began in January 1993. Registration continued for two years. All accidents that resulted in a doctor's visit were registered at Borås hospital as well as at the nine district health care centres in the municipality. Registration was carried out in collaboration with the municipalities of Ulricehamn, Tranemo, Mark and Svenljunga.

In connection with the registration, injury prevention work began. Representatives for health care were insistent that the injury data produced should not be a goal in itself but result in concrete preventive actions. This was also the case in Borås.

During 1994 the Public Health Council produced a programme of action for injury prevention. The programme was circulated to the committees and organisations concerned for comment. After these procedures the programme was established in 1995 by the municipal executive board and the health and medical care board.

The overall aim is to reduce injuries, handicaps and deaths by 10% from 1994 to the year 2000 in order to minimize medical, psychological, social and socio-economic consequences. The programme should be carried out with a long-term view and be an integral part of everyday activities.

Traffic safety issues were dealt with in a special traffic safety programme and circulated for comment together with the above-mentioned programme of activity. The traffic safety programme has been approved by the streets and parks committee.

Borås municipality

The town of Borås was founded by Gustav Adolf the 2nd in 1621. Trade activity was responsible for the beginning of Borås. The big expansion was a result of the unification of trade with the textile industry. The first textile factory in Borås opened in the middle of the 19th century. The textile industry transformed Borås into one of Sweden's most expansive towns in the middle of the 20th century. By the 1960s the textile and clothing industry employed two thirds of the industrial workforce. Later came the Swedish textile crisis which forced changes on the town. Today Borås is a commercial town with very intense international trade resulting from collaboration between tradesmen and textile producers. Nearly all the large Swedish mail-order firms can be found here.

Borås was ravaged by four fires in the 17th, 18th and 19th century. On all the occasions the town was burned to the ground. The street system has more or less remained since the first founding of the town. Today the general design of the town can be seen to have been marked by the fires in so much as some streets have been constructed or widened for fire-protection.

Borås is the largest municipality in the county of Älvsborg and the 13th largest municipality in the country. Since 1992 it has been divided into ten boroughs with their own political committees. The purpose of this reform was to create a clearer local political profile, to decentralize both responsibility as well as power and to reduce bureaucracy. Consequently, the management for child day care, schools, individual and family care, care of the elderly as well as culture and recreational activities are decentralized to the boroughs. The so-called "hard" sectors, such as environment protection and traffic safety, are run by central committees and administrations in the municipality.

On the 31st of December 1996 the population was 96,246. Approximately 62,500 people live in the central area and roughly 34,000 in the suburbs. Of the total number of inhabitants, 15% have been born abroad and/or are foreign citizens. The majority of these people live in certain urban districts in the central area. The largest groups of inhabitants come from Finland, Yugoslavia, Iran and Bosnia-Herzegovina.

Of the total number of inhabitants, pre-school children 0-6 years constitute 9%, school children 7-19 years 15% and the elderly over 65 years constitute 19%. Just over half of the population, 57%, is of working age 20-64 years.

On the 1st of September 1997 the number of people looking for work in the age group 18-64 years was 6,485 or 10,9%. Similar figures are 10,5%

for the entire country and for the county 9,9%. In the 18-24-year-old group the number of people looking for work reached 1,337. Among those looking for work, just over 30% are involved in employment measures, a somewhat higher figure among the younger age groups than the older. The central area has considerably higher unemployment than the surrounding boroughs. It is more common for foreign citizens to have a higher unemployment rate than Swedish citizens.

Sickness figures, i.e. the average number of days for sickness benefit and early retirement for persons of working age was 39,4 during the period 1996-08-01–1997-07-31. This compares with the figures 36,9 for the whole country and 35,5 for the county. Women had a higher sickness total than men, 45,3 and 33,6 respectively.

In Borås there is a central county hospital which serves the population of the entire county of Southern Älvsborg. The hospital has approximately 600 beds. Primary health care, including doctor's surgery, district nurse and ante-natal clinics with mother and child care and dental care can be found at nine district health care centres in the municipality.

Approximately 5,900 pre-school children have a place in municipal child day care. Just over 14,000 children and teenagers attend secondary school and upper secondary school. There are six upper secondary schools in the municipality. Approximately 4,300 students study at the University of Borås.

Within the municipal care of the elderly there are 41 purpose-built homes with 1,719 places. Moreover, approximately 2,000 elderly and disabled receive home-help service and/or home nursing.

Criteria for a Safe Community

"A Safe Community" is an important strategy in the National Institute of Public Health's national injury prevention programme and WHO's international injury prevention programme and is a model for injury prevention work in local society. One of the fundamental principles is that the work should have a long-term perspective and be a part of everyday activities.

In order to be appointed "a Safe Community" the municipality must comply with certain internationally-established criteria. These are as follows:

- 1 The existence of a cross-sectoral group responsible for injury prevention.
- 2 Involvement of the Local Community Networks.
- 3 A programme covering all ages, environments and situations.
- 4 The programme must show concern for high-risk groups and high-risk environments and aim particularly at ensuring justice for vulnerable groups.
- 5 Representatives in the community and/or health care must be able to document the frequency and causes of injuries.
- 6 The programme must be long term rather than a series of short-term projects.

Moreover, the municipality must also be responsible for:

- 1 Using well-chosen indicators which give the necessary information concerning current processes of change when evaluating the effects of the programme.
- 2 Analysing the community's organisation and its potential for participation in injury prevention.
- 3 Involving the health care organisation in both registration of injuries and the prevention programme.
- 4 Involving all levels of the community in solving the injury problem.
- 5 Disseminating experiences both nationally and internationally.
- 6 Contributing to a strong network of "Safe Communities".

This application is written in such a way as to account for the injury prevention work in Borås in accordance with each of the 12 criteria.

1 The existence of a cross-sectoral group responsible for injury prevention

Injury prevention work is led by the Public Health Council which represents a co-operation between the municipality, the health care, the Social Insurance Office and the Police authorities. The aim of the programme is to promote good health among the entire population of the Borås municipality. The Council's task is to lead and co-ordinate the development of the public health programme.

The members of the Public Health Council are two municipal commissioners, the president and vice-president of the health and medical care committee, a representative for the Social Insurance Office and the assistant county commissioner of police.

The Public Health Council meets four times a year. A working committee consisting of the managers of the boroughs, the Health care and environment protection as well as the public health co-ordinator, the public health planner, a representative for the police authorities and the Social Insurance Office prepare the Public Health Council's meetings and are responsible for carrying out the decisions. The public health co-ordinator for the municipality and the public health planner for Health care co-ordinate the activities and work actively with public health.

The injury prevention programme is an important part of the Public Health Council's activities. Five working teams with designated different risk groups and risk environments have been established. Together with the safety engineer for municipal risk management, the conveners of these teams form a consultative group for injury prevention work.

Several of the Public Health Council's other activities have an injury prevention profile, such as the council for crime prevention, the social network projects "WE Hässleholmen" and "Our Norrby" as well as Teenager health and the SMART project including alcohol and bullying prevention activities. Municipal risk management supplements the other injury prevention work. The work at the Women's emergency shelter is also violence preventive.

2 Involvement of the local community networks

The various persons included in the different working teams as well as the target groups of the respective activities are described below.

The Child Safety group was formed in 1993 and includes representatives for child day care, the immigrant services bureau, child health care, the Borås consumer, the Red Cross, the Traffic Safety association and the municipal public health co-ordinator.

Child Safety work for 0-6 years is directed at child health care, child day care and its staff. The district nurses within the child health care activities reach all families with pre-school children. Within child day care the same children and their parents can be found.

The School Safety group was founded in 1993 and includes representatives for school leaders, school nurses, teachers of physical education, a traffic safety advisor and a public health planner.

School safety work is directed at pupils in secondary school and upper secondary school as well as the school staff. The parents are also involved in this safety work.

The Sports Safety group was formed in the beginning of 1997 including representatives for the organisation for the promotion of sports, sports doctors, teachers of physical education, Teenage health, the municipal property management office and its sports department, the Association council and the educational association within the Swedish sports movement (SISU).

Sports safety work reaches the sports associations and their leaders and active persons from the age of 7, as well as parents.

The council for the safety of the elderly was formed in 1993 with representatives for the municipal care of the elderly – persons responsible for the activities, the home-help service assistant, public health co-ordinators, doctor and district nurse from the health care and representatives for the organisations for pensioners PRO, SPF, SPRF and RPG.

Safety for the elderly is directed at pensioners over 65 years and staff working with the elderly in municipal and county activities. Care of the elderly reaches persons in purpose-built homes who are receiving home-help. Pensioners associations reach their members. Through public gatherings for the retired, arranged in the boroughs, the activities are also aimed at those pensioners that are not connected to an association.

The Traffic Safety Council was formed in 1979 and has representatives from the local streets and parks department and its committee, the National Road Administration, the traffic safety association, schools, the

police authorities, the rescue service, the ambulance service, insurance companies and a variety of voluntary organisations.

The target group of *traffic safety work* is the whole population. Some activities are targeted at certain groups, such as cyclists, pedestrians, children and the elderly.

Ofelia, which began in the autumn of 1995, is a service within the local streets and parks department where the public can report accident risks.

The Council for the Prevention of Crime, formed in spring 1997, has representatives from the police authorities, child and youth psychiatry, individual and family care, the social services, schools, the sector for recreation, trade and industry, working life, associations, the municipal safety engineer and public health co-ordinator.

The working teams for the social network projects "WE Hässleholmen" and "Our Norrby" have representatives from the municipal social services, schools, primary health care, the church, local authority housing corporations, the Tenants' Association and the police authorities.

The projects have been under way since 1993 in the urban district of Hässleholmen and since 1997 in the urban district of Norrby. The activities reach large groups of the inhabitants in the two districts.

Teenage Health and the SMART project have representatives from schools, social services, health care and the police authorities.

The activities reach pupils, parents and staff in secondary schools at intermediate- and seniorlevel as well as upper secondary schools.

Municipal risk management is led and co-ordinated by a safety council consisting of the managers for the municipality, the rescue service, environment protection as well as the managers for planning, finance, borough and the safety engineer.

The activities concern all the inhabitants in Borås municipality.

Health care has been involved in the registration of accidents. The work was managed by a consultative group with representatives from the registering clinics and district health care centres as well as representatives from the local authorities concerned. When it comes to the prevention activities, the district health care centres are mainly involved in safety work concerning children and the elderly.

3 A program covering all ages, environments and situations

According to injury registration carried out in 1993-94 the groups most subjected to injury were children, teenagers and the elderly whilst persons of working age were less exposed. Men up to the age of 65 were most exposed. After 65 the situation is the reverse with more injuries among women than men. The age group with the most injuries was young men between 15-19 years with 176 injuries per 1,000 inhabitants.

The table below illustrates the number of registrations per 1,000 inhabitants in the municipality of Borås in 1993, divided into sex and age groups.

Age	Men	Women
0 - 6	120	87
7 - 14	141	111
15 - 19	176	102
20 - 24	158	67
25 - 44	105	43
45 - 64	64	48
65 - 79	43	58
80 -	88	104

The registration formed the basis of a plan of action for injury prevention work set up by the Public Health Council and approved by the municipal executive board and the health and medical care committee in 1995. The overall aim is to reduce injuries, handicaps and deaths by 10% from 1994 to the year 2000 in order to minimize medical, psychological, social and socio-economic consequences. The programme of action consists of four main areas: information, education, supervision and measures for the improvement of the environment.

3.1 Safety for children 0-6 years

Aim: To reduce the number of accidents among pre-school children 0-6 years

The purpose of child safety work is:

- to increase child safety in the municipality of Borås
- to increase parents' and children's awareness of accident risks and consequently reduce the injuries
- to increase knowledge and readiness for action among staff in contact with children
-

Actions carried out

Child safety work takes place on two levels, one overall for the whole community and one decentralized on borough level. Contact persons have been appointed in order to carry out the child safety work within child day care in the boroughs.

On the overall level the following is included:

- In 1994 a child safety file was compiled, directed at child health care as well as child day care. The file contains information and instructions regarding different risk areas in-doors and out-of-doors, children on the roads, information about poison, first aid and how to save a knocked-out tooth. The file begins with local statistics on child accidents and a chapter on child development as well as accident risks at different ages. Finally, there are guidelines for child safety inspections and a chapter on methods to use in parent groups. The file is up-dated once a year. All pre-schools and child welfare centres have received the file (approximately 150). Childminders have received a file with reduced content (approximately 280).
- This file formed the basis of a child safety course held in 1994 for district nurses in child health care and managers in child day care. A continuation course was held for the same target group in 1996, the subjects then raised being traffic safety and product safety from an EU perspective.
- In spring 1996 municipal childminders received training in child safety. The course was spread over three occasions. The instructors were traffic advisors, the Red Cross and district nurses in the respective boroughs.

- In autumn 1997 all staff within child day care received continuation courses. The course concentrated mainly on product and traffic safety and was offered on ten parallel occasions.
- The child safety group has put together a kit with safety material which can be demonstrated on various occasions. The kit is available at all child welfare centres.
- On several occasions the child safety group has contributed with displays on child safety including safe toys and child safety in cars and on bicycles.

On borough level the following is included:

- Information regarding child safety is given continuously to parents within child health care. Sometimes information to parents is organized in conjunction with child day care.
- In areas populated by large groups of immigrants certain information activities have been provided for immigrant families.
- Child safety inspections at pre-schools and in childminding homes are carried out once a year.
- Inspection of playgrounds and the traffic environment is the responsibility of the streets and parks committee and the committees for the respective boroughs. This is carried out once a year. During certain weeks in 1995, designated Safety for Children and Youths, the local authority housing corporation and the Tenants' Association carried out safety inspections at the playgrounds located by blocks of flats in the boroughs.

3.2 Safety for children and teenagers 7-19 years

In order to reach the age group 7-19 years we have found it best to concentrate our efforts on schools since this is where all children and teenagers can be found. There are approximately 50 schools in the municipality. One of the activities of the Public Health Council is Youth Health, which concerns health issues for children and teenagers. A lot is based on ideas from adults working with children and teenagers, parents and teenagers themselves. The overall aim is:

Good health and a secure environment for children and teenagers in the Borås municipality

Some of the work deals with alcohol and bullying prevention and is therefore also injury preventive. The school safety group aims its activities directly at safety work.

School safety

Aim: To reduce the number of accidents in schools and on the way to and from school as well as reducing bullying and violence

The purpose of the school safety work is:

- to increase school safety in the Borås municipality
- to increase awareness in pupils regarding accident risks, thereby reducing injuries
- to increase knowledge and readiness to act among staff that have contact with pupils

Actions carried out

- Training has been arranged for school staff.
- Training of pupil safety representatives at senior-level secondary schools and upper secondary schools has been carried out centrally in the municipality. As pupil safety representatives, the pupils themselves offer one another support thereby participating in the preventive work.
- Twice a year the school safety group sends out recommendations to the schools with suggestions for preventive measures in order to reduce accidents. Recommendations might include for example that the throwing of snow balls in the school yard is forbidden, that skateboarding and rollerskating is forbidden during school hours, that everybody must wear a helmet during cycle outings during school hours and that pupil safety representatives should be trained at all schools.
- Basic training in first aid is given to pupils in secondary schools (senior-level) and in upper secondary schools.
- Lessons in traffic safety are provided by certain teachers, the police, the traffic safety advisor and through parent-teacher associations.

Preventing bullying

A pupil's feeling of security in his/her form or group is a fundamental condition for a pupil's well-being and continued good health. Therefore, Youth Health has become involved in the problem of bullying in schools. Together with parents and teachers we have developed a model for a functional plan of action. The educational methods are current values, pedagogical drama and forum games where the common link is shared experiences. The methods are tools for initiating a process and for creating awareness of the possibility of influencing your own life, of having a sense of purpose and manageability when it comes to all the different choices in life.

The activities are directed at pupils, parents and all adults at schools: teachers, recreation leaders, welfare officers, school nurses and school hosts. It is every school's duty to have a working plan of action and Youth Health sees the possibility of assisting in its realization.

Alcohol prevention

Since 1990, the Public Health Council has worked with alcohol prevention efforts in secondary schools (senior-level) and upper secondary schools. The aim is that *teenagers under 18 years of age should not drink alcohol*. The activities consist of various courses for school staff and others regarding facts about alcohol and other drugs, attitudes, methods and the drawing up of plans of action. The work is also aimed directly at the pupils in a classroom situation.

The SMART project

has been in progress since 1996. The goal is to raise the minimum age for alcohol and tobacco, to reduce youth crime, increase concern for others, respect and responsibility. The project is directed at pupils at intermediate- and senior-level in the central areas. The idea is based on voluntary membership whereby an individual contract is drawn up between the pupil, parents and SMART against petty theft, bullying, alcohol and drugs, racism and tobacco. In exchange, the pupil has access to certain benefits. The project is organized in the form of an association. During 1997 2.000 pupils have become members.

3.3 Safety for the elderly

Aim: To reduce the number of accidents among the elderly

The purpose of the work of safety for the elderly is:

- to increase safety for the elderly in the Borås municipality
- to increase awareness and knowledge among the elderly regarding accident risks and how to prevent accidents
- to increase awareness and knowledge among staff in contact with elderly people as regards accident prevention

Actions carried out

The work for safety for the elderly is carried out on two levels, partly overall activities spanning the whole municipality and partly decentralized on borough level. In order to carry out the work in the boroughs, each borough has a contact person, normally the medically responsible nurse, MAS. The contact persons receive information and training through the Council for Safety for the Elderly.

Included on the overall level:

- Training of staff concerned with the care of the elderly and disabled as well as in Health care. Training began in 1993 and was aimed initially at district nurses, home-help service officers and other managers. These then trained their assistant nurses among others.
- Prior to training, a special training file with easily accessible material was put together. This has been used both for the training of staff as well as for information in pensioner groups.
- For district nurses and nurses within the municipality and county council, continuation courses have been held in the subjects *Osteoporosis* and *The pros and cons of pharmaceuticals for the elderly*.
- Training of informants and safety representatives among the pensioners, mainly from the pensioners associations, has taken place a number of times.
- Guidelines for risk estimates in shared spaces in purpose-built homes, day centres and restaurants for the elderly have been compiled.
- Every borough and district health care centre has received a kit containing safety material to show to people receiving care and to demonstrate at group meetings.

- A list of safety devices has been compiled, together with information regarding cost and place of purchase. The list was revised in 1995 and 1997.
- Safety devices such as spikes, cycle helmets and reflectors are for sale at cost price through the local streets and parks department.
- Comprehensive information to the pensioners associations and other interest groups.
- During 1996 the Council for Safety for the Elderly presented the display and folder *Safe Living*.
- The Council for the Safety for the Elderly has taken part in exhibitions, fairs and conferences on a number of occasions, for example the yearly "preventive care day" for PRO and the Health and Environment fair in Borås.

Included on borough level:

- Information to people receiving home-help service and those in purpose-built homes.
- Information and training for staff caring for the elderly.
- General information meetings for pensioners.
- Risk estimates are carried out once a year in shared spaces in purpose-built homes. Measures are taken in connection with discovered deficiencies.
- Reports are made to the Council for the Safety for the Elderly.

3.4 Sports Safety

Aim: To reduce the number of sports injuries

The purpose of sports safety work is:

- to increase safety for those practising sports in Borås municipality
- to increase awareness among sports enthusiasts, leaders and trainers of what can be done to reduce the risk of injuries in sports

Actions carried out

Since sports injuries accounted for a large proportion in the injury registration (17%), these have been analysed more thoroughly than previously. It was found that only a very small number of the injuries were due to deficiencies in the sports centre. These were mainly accidents in the

shower and baths due to slippery floors and wounds caused by treading on sharp objects. When it came to sports out-of-doors, football distinguished itself and indoor bandy had a large proportion of injuries. Most of the injuries were due to blows, collisions and falls.

Using the analysis as a basis, the sports safety group has planned a course which will be held in the beginning of 1998. The target groups are the managers of the sports associations as well as trainers, parents and active sports enthusiasts. The course has four gatherings in large groups mixed with study circles where the participants can study the material in depth. Subjects raised are prevention of sports injuries, emergency care, training methods for rehabilitation of injuries and the importance of a correct diet as regards performance, injuries and illness.

3.5 Traffic Safety

Traffic safety issues in the municipality are dealt with by a co-operative effort between the National Road Administration, the local streets and parks department and the Traffic Safety Council. The work is directed towards both influencing people's behaviour and more physical measures.

The Traffic Safety Council and the local streets and parks department developed a traffic safety programme in 1994 which was later approved by the streets and parks committee. The programme is directed especially at safety for unprotected road-users such as cyclists and pedestrians. Children and the elderly are a priority. During autumn 1997 the local streets and parks department also put together an action plan for physical planning.

Aim: Suffering and death due to traffic injuries will be reduced, the number of injured persons will be reduced as well as the degree of seriousness of these injuries. The cost of traffic accidents will be reduced. Security for unprotected road-users will increase.

Other aims:

- To reduce the number of injured cyclists by 25% by the year 2000.
- To reduce the number of injured pedestrians by 25% by the year 2000.

The purpose of traffic safety work is:

- to create a safer traffic environment in densely populated areas
- to change attitudes to traffic safety
- to increase rule-abiding among road-users
- to increase usage of cycle helmets
- to increase usage of protection equipment in cars
- to increase usage of reflectors

Actions carried out

Preventive measures in order to reduce private car accidents

- The purpose of the physical measures is to lower the speed of traffic (private cars in the first instance), thereby reducing injuries to unprotected road-users. For example, several small roundabouts have been built in the central area during later years. Other measures to reduce speed are speed hindrances such as central-and side-positioned speed humps, narrowing roads, multiple stop signs at cross-roads , traffic lights etc.
- At the local streets and parks department there is a comprehensive display of the entire range of car safety-seats available on the market. Here parents can get advice and help to choose the correct seat for both child and type of car. Short-term loans can be offered.
- Information regarding traffic sobriety is given in connection with other traffic information.
- In order to draw maximum attention to the importance of seat belts, demonstrations with various objects are carried out.

Preventive measures in order to reduce cycling accidents

- Helmet activities have taken place through:
 - information to schools, child day care, parent groups at child welfare centres, pensioners organisations, health care and companies,
 - information in connection with other activities such as a community traffic day or community cycling,
 - exhibitions at, for example, fairs,
 - the selling of helmets at cost-price through the local streets and parks department,
 - some companies and public administrations who have offered subsidized cycle helmets to their staff.
- During the last few years the central area of Borås has obtained several new cycle paths and this extension is still in progress. The aim is to create a network of cycle paths in order to create a safe traffic environment for cyclists.
- A course for moped riders directed at 14-15-year-olds aims to create maturity in a traffic environment. The classes are held during school hours over an entire school day at a practice track, and include both theory and practice. During 1996, 230 teenagers attended training.

Preventive measures in order to reduce pedestrian accidents

- Information and sales of anti-slip devices at cost-price.
- Information and sales of reflectors.
- Since 1995, the local streets and parks department has handed out free shingle with a view to combatting accidents.

Other activities

- Training of traffic representatives from pensioner associations.
- Two traffic days for the public are organized annually.
- A deer project has been developed in Borås in order to mark the deer with reflectors, thereby reducing traffic accidents where game is involved.

Ofelia

In order to facilitate contact with the public, the local streets and parks department opened a direct telephone line in 1995 manned during office hours. The inhabitants of the municipality can ring Ofelia and advise of faults, risks and dangers in the streets, market squares and parks. Examples of such risks are vegetation obstructing visibility, road signs that have been run over and other road obstacles that can cause injuries to motorists, cyclists and pedestrians.

3.6 Occupational Safety

As part of injury prevention in Borås, an addition to the programme of action will be made concerning occupational safety. An occupational injury group has not been established. The idea is to integrate and strengthen prevention work in companies and local and public administration through already existing organisations in society such as the Labour Inspectorate. Moreover, there might be demand for a special working team which can propose and co-ordinate measures in order to prevent and reduce the number of occupational injuries in an efficient way as well as support efforts to counteract psychosocial ill health in places of work. A joint forum for the exchange of ideas and experiences with a view to developing good working environments can for example concentrate on creating a common ADP-based system of registration of accidents for the occupational health service. The forum can also work actively in order that more places of work are characterized by greater freedom to decide and influence working conditions in an atmosphere of social support. The responsible parties for public health within the county council and the municipality will jointly initiate the setting up of such a working team. Until now, only a smaller compilation of occupational accidents and psychosocial ill health at places of work in Borås was made and that during autumn 1997.

3.7 Crime prevention council

A crime prevention council was established in April 1997 as part of the Public Health Council's activities. By having a wide range of representatives from various sectors in society, good conditions are created for coordinating security issues and obtaining an overall picture of the prevention activities. The aim is to clearly establish goals, tasks and responsibilities of the co-operating parties at the outset.

The overall goal is:

to reduce crime and increase security for the inhabitants of the municipality

The Crime prevention council's strategy consists of the following areas:

- A common view of the causes of crime.
- A local problem description which forms a joint starting point for plans of action and for measures to be carried out.
- A clear division of responsibility between the parties that are included in the council as well as how these should co-operate.
- The role of the family and that of private industry in the crime prevention work.
- Programmes for social and situational measures in order to reduce an individual's tendency to commit crime, to reduce opportunities for crime and specially designated measures for chronic criminals.

In the beginning of 1997 the police in Borås carried out two comprehensive surveys together with the research division at the Police College. One of the surveys measured security where 2,000 persons in Borås answered questions about security and crime. The other survey was directed at all pupils half way through the senior-level at secondary schools. The questions concerned conditions at home, school environment, comradeship, drugs and crime. Both these surveys have been presented during autumn 1997. The results will form the basis for the planning of the crime prevention measures as well as for the development of a long-term security plan.

The three areas that the work of the Crime Prevention Council will be directed at are crimes of violence, crimes of theft and the inhabitants' sense of security. These types of crime affect the individual crime victim severely and have a direct effect on their sense of security. Thereafter, physical measures can be carried out in especially vulnerable areas, within various age groups, among crime victims, environments and situations that lead to crime.

3.8 Social networks

As part of the Public Health Council's work, a cross-sectoral project was begun in autumn 1993 in a co-operation between primary health care, the borough of Brämhult, AB Bostäder, the Tenants' Association, the police authorities, the National Immigration Board and the Swedish Church. The project is being conducted in the urban district of Hässleholmen where almost half of the inhabitants are of foreign background. High unemployment and dependency on supplementary benefits are common in the district.

The project, which was named the "WE project", began with an interview study in order to look at the inhabitants' own appreciation and opinions of their living conditions, social networks and health/ill health. Among those living in flats in Hässleholmen there was a larger proportion of unemployed people with fewer financial resources, insecurity, poorer health and a less developed social network compared with other residents in Hässleholmen and Brämhult. The study also showed that immigrant women had significantly poorer health than the rest of the population. (Henriksson G, Jacobson K. *VI-projektet, En intervjuundersökning i Brämhults kommun*. Borås. 1994.)

The overall aim of the project was *to reinforce people's social networks in order to bring about a better general standard of health*. The starting-point was the residents' own needs, their ideas, responsibilities and involvement. After the interview study, the work of the project was instigated by door to door inquiries. The project leaders visited and spoke to persons in approximately 450 households. Many stated that they did not have much contact with the neighbours living in the same building, the reasons being a high resident turnover, language difficulties or simply general caution. A considerable interest in participating in activities was noted among some of the residents visited.

Beginning in autumn 1995, several new groups and meeting places opened up. The work has been focused on finding real enthusiasts among the residents who are prepared to share their abilities and experience as well as manage the activities. These have taken the form of study groups, cafés or other forms of group activities such as needlework and carpentry workshops, pet clubs, gym classes, various ball games, day-time studies for unemployed women, women's cafés with, for example, information from health care.

A few of the meeting places are more or less self-sufficient with some support from the Tenants' Association, the district recreation centre and the church. Other meeting places depend on a more active involvement as well as co-ordination by the project leader. One of the purposes of the activities is to establish essential social contact between the inhabitants.

Experience shows that the more involved the residents are in organizing activities, the more lasting the social bond becomes.

Through the "WE project" building of social networks in Hässleholmen, both public activities, voluntary organisations and many residents have become involved in various activities. Today, many are inspired by a "WE" spirit. People have become acquainted with one another and formed positive relationships and this has led to a greater sense of security in the area. According to police records reported crimes were considerably lower in the borough of Brämhult in 1996 than in other boroughs in the central area. Since 1997 the project is called "WE Hässleholmen".

Developing social networks in residential areas creates security and prevents violence. Therefore, a similar project has begun in the urban district of Norrby, also a district with a high immigrant ratio. There are plans to start up a project in the urban district of Sjöbo as well.

3.9 Women's emergency shelter

There has been a women's emergency shelter in Borås since 1982. The purpose of the shelter is:

- to support and help the physically and psychologically abused as well as to help single women to try and change their situation themselves
- to work for an improvement of women's position in society
- to spread information about abuse and violence as a preventive measure among teenagers in upper secondary schools, among immigrant women, among health care staff etc.

The shelter is located in a building in the town centre. There are 8 beds where women and children in need of emergency care can stay. The women's shelter works together with the police, the social services and the health care. The centre employs one person and 23 women work on a voluntary basis.

The women's emergency shelter activities consist of

- Telephone counselling as well as personal counselling with approximately 400 contacts a year.
- Emergency accommodation for women in crisis situations.
- Information to schools, various groups among the inhabitants and to the health care and social services.

3.10 Municipal risk management

The municipality works specifically to create a safe, robust and secure municipality.

The aim is to protect against accidents and other incidents, especially the every-day risks.

The protection measures are directed at people, property and the environment. The measures should lead to people's foreseeing the risks and thereby avoiding accident or injury. This can involve risks at work, in the home, in various local government activities or in connection with serious stress, crises or even war.

The work is principally carried out in three areas which are, to a large extent, integrated:

- Protection against accidents.
- Civil readiness.
- Internal protection and safety in local government activities.

Municipal risk management is carried out in local administration, in the boroughs and in corporations as a normal part of standard activities. The prevention and active work of the emergency service can be found in a municipal administration where four other municipalities also take part.

Municipal risk management is the responsibility of the respective committees and administrations. A safety council, with the head of the municipality as convener, leads and co-ordinates issues concerning risk and safety and can also initiate issues of an overall character to the municipal executive board. There is a centrally-located safety engineer for the co-ordination of internal safety issues in the municipality. He co-operates with those responsible for security, alarms and insurance issues in each area. IT security and personal security are administered centrally in the municipality.

Protection against accidents

Consideration of risks in social planning is observed through the day to day work of the administrations and is principally evident in the municipal overall planning. The co-ordination is now to be found as a strategic division in the central administrative office.

Municipal technical maintenance is planned and carried out in the respective area of operations. In the first instance, responsibility lies with the committee or executive board concerned.

Accident prevention work in the municipality is comprehensive and is carried out in all places of work, in all local administrations and corporations. It can concern occupational environment planning, activities in schools, municipal institutions or in measures focussed on society's protection against accidents such as traffic safety, fire-protection, environmental protection etc.

A large part of the planning carried out in these areas is co-ordinated in contingency plans and used when something unexpected happens. This can involve disturbances or other stresses of a serious or less serious nature. The same planning is also used in a state of emergency or war in the country. The Borås municipality has a very comprehensive plan for unexpected incidents.

Civil readiness

Vulnerability in a modern society quickly becomes evident in cases such as power failures, damage to telephone exchanges due to a lightning strike or a fire destroying a stock of goods. In the event of a serious crisis or even war, the problems are multiplied, affecting most areas of society. War can affect the water and electricity supply, create telephone and fax problems, difficulties in domestic heating, travel restrictions etc. The social services and the care in day-care centres, service flats and hospitals would also be affected. In the event of a serious crisis or war in our immediate surroundings, a refugee influx to Sweden could result.

Since 1985, the Borås municipality has worked actively in order to create a satisfactory civil readiness for its inhabitants.

In 1996 the following guidelines for the civil readiness in the Borås municipality were accepted:

- In the event of a state of alert or war where a strategic attack is involved and in cases of serious accidents and disturbances in society in peacetime, the municipality should be able to meet the inhabitants' needs as regards protection, rescue services, heating, water, electricity, health care, social welfare, food supplies and information.
- The necessary services for management, co-ordination and information should be maintained under disrupted conditions.
- In order to reduce vulnerability in society, contingency plans should be taken into consideration when planning the activities for peacetime conditions (for example in the municipal overall plan). The benefits for peacetime should also be considered in the contingency plans.

The municipal co-ordinator for contingency plans carries out his work by order of the municipal executive board. The co-ordinator is located at the association for the rescue service in Southern Älvsborg. Each board has a contact person who develops the contingency plan for its activities together with the co-ordinator.

During 1997 the following was carried out in order to reduce vulnerability in the municipality:

- An information day for local politicians, managers in local administration and planners of contingency plans.
- All municipal contingency plans have been rewritten and adapted to new laws/defence decisions.
- Exercises for the municipal home protection organisation have been carried out in three of ten boroughs. The inhabitants are invited to join in the exercises and are briefed on home protection in their area.
- Approximately 70 shelters have been inspected and improved.
- Additional power stations for the running of water and sewage pumps have been purchased in order to ensure provision of the water supply and sewage system in the event of long power failures.
- Additional power stations for starting the municipal thermal power station are in the process of being purchased.

The following activities are planned for 1998:

- The completion of a new rescue centre. It will, among other things, be used as a platform for radio and telecommunication between the rescue service and management in its respective member municipality.
- The municipality's ability to act as manager in difficult conditions will be improved. This will be done through training for management groups and their staff and through technical installations in order to facilitate managerial work in spite of large disturbances in society.
- Training of the rescue staff.
- Exercises and training of the home security organisation.

The municipality has a very active civil defence association with the following activities:

- Self-protection training for all pupils in their final year at secondary school.
- "Find your way"-training. This is training in survival for children between 4-12.

- The children are taught what to do in order to help detection should they get lost.
- Heart-lung rescue.
- Exercises and training of the home protection organisation by order of the municipality.
- Youth activities such as training in survival.

Internal safety protection

Since 1985, the Borås municipality has worked actively analysing, estimating and attending to risks within its own areas of activity. The aim has been, and still is, *to create a safe and secure community for the inhabitants as well as reducing the costs of injuries within these areas.*

The municipal executive board granted a number of safety goals in 1987. These were renewed in 1993 together with an entire safety policy for the whole municipal risk handling. This policy implies among other things:

- that risk awareness should always be kept high in order to prevent incidents and injuries and minimize effects of unforeseen incidents.
- that recurring risk analyses of the activities should be carried out in order to be able to survey the risks and thus enabling the necessary measures to be taken.
- that each head of administration takes responsibility for the safety policy being carried out within his/her area.

In municipal central management it is the safety engineer (head of safety) who is responsible for all the co-ordination of safety. Each local administration has appointed persons responsible for security, alarms and insurance. The municipality's essential safety network is comprised of roughly 50 people.

The safety engineer manages all safety training for those included in the network. Heads of activities and departments, caretakers etc are also trained. This is done regularly, approximately 5-6 times a year.

Borås' municipal risk management has developed a method for risk analysis where every-day risks are identified, assessed, cost estimated and given a certain priority. Measures are proposed, the risks attended to and reported back to the safety engineer. All activities have been analysed with regards to risk in accordance with an established model. Totally 8,000 risk analyses have been carried out in 750 places of work, reported and attended to. The reports are data processed in order to provide maximum information. These are continuously up-dated. On many points, the risk

analysis brings up the same risks that are included in the checklists for the safety work for children and the elderly.

Safety work in local administration/borough begins with an educational meeting together with all division managers, caretakers and managers of local administration and departments. They receive training in the areas of burglary, water damage, fire risks, vandalism, safety protection, threats and attack, insurance law and ADP. Moreover, the risk and safety situation in the country's municipalities is analysed together with our immediate surroundings and the situation on a local level. Methods of analysing and documenting the activities are also looked at. The analyses are thereafter conducted by means of a co-operation between the safety engineer, the person responsible for safety, caretaker and those responsible for the activities in the respective administration/borough.

The risk analyses result in a data-based report to the area concerned. The report defines existing risks and suggests suitable measures. Risks might involve risks of being squeezed or crushed, parts of windows without security glass, equipment for toys and swings without the appropriate bolts or loose shelves that should be put up in a certain way (in day-care centres for example). As regards risk of burglary, the safety engineer carries out a special alarm plan and also orders the installation of an alarm. The risks of threats and assaults also demand preventive measures. The person responsible for this area should acknowledge the risk and report back to the respective person responsible for safety within two months with information regarding measures carried out .

The need for technical solutions has been great during the last few years. Nearly all areas of activity have been supplied with the necessary alarms: fire alarms, burglar alarms, assault alarms, security alarms together with a number of operational alarms.

The safety engineer functions as an internal safety consultant in the respective areas concerning all security and insurance matters.

An essential prerequisite for active preventive safety work is that there are statistics for incidents and injuries so you know where, how and when to prevent every-day risks. Borås municipality (KRH) has been in possession of such statistics for a long time. The compiling of statistics began in 1987 with the aid of an advanced and easily operated computer program. This has been an important tool for developing safety work. The aim has always been to be one step ahead. Our every-day risks are quite quickly detected, especially if and when active staff are security conscious. The staff in Borås municipality are one of the most safety conscious among the municipalities in the country. The safety network plays an essential part in our safety work.

Damage expenses in the municipality have been reduced considerably. During 1987, damage expenses came to SKr. 8 million. These were

reduced to SKr. 400,000 in 1996. This very good result is due to a strategic and central plan together with a functional and active safety network.

Since damages have diminished considerably over a ten year period, our insurance premiums have subsequently been reduced accordingly. The insurance cover has also improved.

During 1998, safety training, risk analyses, technical planning etc will be further intensified and in demand.

All local administration will undergo the safety network continuation course during 1998. The course involves:

- * Insurance law
- * The municipality's responsibility for children and teenagers
- * Fire training with authentic exercises
- * The rescue service's step-by-step training at lake Gutta
- * Threats

The planning and carrying out of risk management in the Borås municipality has met with great interest in the rest of the country and Scandinavia. The Association of Local Authorities has used the plan in its recommendations to other municipalities in conferences and courses. Borås municipality has also taken part in several publications, for example in the book "*Säkerhet och trygghet - vägen till bättre kvalité*". The Swedish Association of Local Authorities 1995. Approximately 70 municipalities have visited Borås in order to study its (KRH's) safety work.

The countries municipalities, The Association of Local Authorities, the county councils, insurance companies, estate agents and the association for municipal risk management have decided to award the 1997 prize for Risk management municipality of the year to the Borås municipality.

4 The program must show concern for high-risk groups and high-risk environments and aim particularly at ensuring justice for vulnerable groups

Injury registration clearly illustrates that children, teenagers and the elderly are high-risk groups. To relate a child's development to accident risks at different ages and in different environments has long been a part of child health care courses for parents and individual meetings with parents. Persons of immigrant background have proved to be especially at risk. Therefore, special efforts within child health care to spread information to pre-school children and their parents with immigrant background have been made.

Approximately 70% of all children under 6 years have a place within child day care. In order to increase awareness of accident risks and to increase knowledge, the staff have received training in child safety a number of times. Safety inspections are carried out within the framework of municipal risk management and by the manager him/herself in accordance with the guidelines produced by the child safety group.

Schools have several different activities which all have the purpose of creating a secure and safe environment for children and teenagers. It is important to see the prevention work in the areas of alcohol, bullying and injury as a collective unit with the same objective.

Ever since injury prevention work began, activities directed at safety for the elderly have been an important part of the programme. Training and information has been given to staff working with the elderly, in primary care and to pensioners in their associations and at general meetings.

The disabled are a high-risk group. The following are examples of environmental measures taken in order to reduce injuries in this group: special zones for visually disabled, elimination of level differences for the physically disabled, specially adapted buses and widened pavements.

The boroughs in Borås have a varied population, differences in age groups and in health/ill health. The social network projects are carried out in areas densely populated by immigrants, which can be classed as high-risk environments where the proportions of unemployment, low education and social benefit dependence are higher than in other areas.

5 Representatives in the community and /or health care must be able to document the frequency and causes of injuries

Registration in health care

During 1993-94 all accident injuries that resulted in a doctor's visit were registered. The registration was carried out at Borås hospital and at the nine district health care centres in the municipality. It has clearly demonstrated the frequency and causes of injury. The material has proved to be a good basis for injury prevention work.

The injury pattern for both years' registration shows large similarities. However, the result of the 1994 year's registration demonstrates a lower number of registered injuries than that of 1993. Especially the number of lighter injuries had been reduced. For example, of the total number of injuries, the proportion of domestic accidents had gone down from 44% to 37%. This reduction was higher in Borås than in other registering municipalities. It is difficult to determine if this represented an actual reduction in the number of injuries among the population, due to several factors of uncertainty, for example a large falling off.

Registration in schools

During 1995-97, 20 schools have registered accidents during school hours. All schools have not taken part since participation has been voluntary. All pupils seeking help for injuries from the school nurse have been registered, which means that even less serious injuries have been included. Consequently, the number of injured per 1,000 pupils is considerably higher in school registration than in the registration which included only those injuries resulting in a visit to the doctor. Schools are now continuing with the registration themselves and compiling their own injury data.

Registration within care of the elderly

Falling accidents are a major cause of injury among the elderly. The most serious injury is the hip fracture, which mainly affects the oldest. During 1994, the care of the elderly in Borås began reporting the cases of falls. Each care plan includes a risk estimate of the need for support and help for

each individual. A study of pharmaceuticals is also being carried out. Today, registration of falls and the resulting injuries takes place in purpose-built homes and for those receiving home-help. When someone falls, each individual case is looked at and the relevant measures are taken.

Road accidents reported to the police

Every year the local streets and parks department compiles statistics of the road accidents that have been reported to the police. They provide the basis for traffic safety work.

6 The programme must be long term rather than a series of short-term projects

Since injury prevention work began, the attitude has been that the work should be an integral part of normal activities and not a short-term project. The strategy is that injury prevention work is carried out within the framework of existing employments and consequently no project positions have been created.

The programme of action for injury prevention embraces the years 1994-2000. During spring 1997, the Public Health Council took the decision to compile a comprehensive public health programme of which injury prevention work would be an integral part. The council for crime prevention has compiled a security plan. In order to reach results, the programme must be carried out with the participation of the population and be firmly established on all levels.

7 Evaluation of the effects of the programme must include appropriate indicators giving the necessary information regarding current processes of change

Evaluation of effects

Naturally it is important to be able to follow up and evaluate the injury prevention measures and see if they have had the desired effect and resulted in a reduced number of injuries. Therefore, a model for new registration should be discussed. However, if registration should be used as a tool for evaluation, it must be extremely accurate with as little falling off as possible. A condition for this is that injury registration becomes an integral part of the keeping of patients records carried out directly in data records.

The Association of Local Authorities for Västra Götaland's reference group for injury registration and prevention will develop methods for injury prevention in health care in order to obtain a uniform system in the region. This will be done during 1998.

In the case of injuries that always demand in-patient care it is possible to follow certain diagnoses in the statistics in order to obtain a picture of the development of the frequency of injuries. Hip fracture is such an injury. It is more difficult, however, with injuries where the patient is only occasionally institutionalized. This applies to concussion, where a lighter injury is treated in the out-patient department whilst a more serious concussion demands hospitalization.

The police regularly report traffic accidents involving personal injuries. The statistics are divided into injuries and deaths within the central area and outside of it.

Within the traffic safety work a survey of the use of helmets has been carried out since 1991. The method for this has been designed by the Institute for road and traffic research (VTI) and is carried out in several municipalities. The advantage of a joint method is that comparisons between towns can be made. The surveys are carried out over weeks 37-38. During these weeks the counting for the respective survey spot is done on the same weekday and at the same time each year. The survey is carried out in four categories. These are adults in their places of work, adults and children under the age of 15 in public cycle zones, pupils in secondary

schools and children up to the age of 10 in residential areas. There are five survey spots for each category.

A survey of the use of safety belts in cars has been done since 1991. The survey concerns road-users in the overall road network and those on the city streets. It is divided into drivers, front-seat passengers and back-seat passengers.

The social network building in the "WE project" in Hässleholmen has had the desired effect. The aim, which is to create meeting places and a sense of community, has been evaluated and documented by students at the college of nursing.

Evaluation of activities

The Public Health Council compiles annual reports. These describe the injury prevention activities that have been carried out during the year.

In order to get an idea of to what extent the programme of action has been carried out, questionnaires have been sent out to the boroughs; in 1995 to the managers for child day care and to the managers for care of the elderly in 1995 and 1996. A survey among those responsible for the activities in schools, together with a follow-up of the recommendations sent out by the school safety group were carried out in 1997.

8 Analysis of the community's organisation and its potential for participation in injury prevention work

The programme is managed by the Public Health Council with political representatives from both the municipality and county council as well as the social insurance office and the police authorities. It is of the utmost importance that the programme is politically established. Consequently, the injury prevention programmes are politically approved.

Thanks to the decentralized organisation in Borås with its borough committees, there is a good basis for participation in the injury prevention programme. In order to carry out the work, contact persons are appointed for safety of the elderly as well as for child safety in the boroughs. The co-ordinator for public health has the overall responsibility for co-ordination of public health work in the municipality.

The Public Health Council has a joint budget where a certain amount is allocated for certain activities in injury prevention work. These can be joint training courses or the compilation of material such as brochures and displays.

9 The involvement of the health care organisation in both registration of injuries and the prevention programme.

The county health care and primary care departments participated in the registration of injuries that took place in 1993-94.

Registration of suicide attempts will commence during spring 1998 within county health care in Borås. The purpose is to test the new Nomesko code for self-inflicted injuries. In the long term, the registration aims to be an instrument to be used to foresee suicide attempts at an early stage and for their possible prevention.

As previously mentioned, preventive activities are mainly carried out within child health care. Apart from individual counselling, the district nurses in primary care offer special group information to 75-year-olds concerning safety for the elderly.

10 Involve all levels of the community in solving the injury problem

A basic condition for a successful injury prevention programme is that it is conducted cross-sectorially and that there are plenty of participants from different parts of society. The groups taking part in the injury prevention activities include representatives from various local administrations, the health care, the police and the social insurance office. Moreover, there are representatives from several voluntary organisations such as pensioners associations, sports associations, The Red Cross, the Association for traffic safety, the Association Council, the Swedish sports movement's educational association (SISU), insurance companies, the church, housing corporations and tenants' associations etc. The voluntary organisations are an invaluable resource resulting in the involvement of large groups of inhabitants. The various groups described in this application consist of approximately 200 persons.

Mass media is of great importance when it comes to the influencing of attitudes. "Borås Paper", which is read by most people in the community, has written articles about both injury registration as well as other current topics on a number of occasions. The local radio, "Radio Seven", has had commentaries and TV 4 has brought up the injury prevention work on a few occasions. With a view to reaching more people, we intend to increase the collaboration with the mass media.

11 Disseminate experiences both nationally and internationally

The Public Health Council participates in the national networks:

- * Public health work in medium-sized towns
- * A Swedish network for local public health work
- * The network for safe communities

The planner for public health in Borås is a member of The Association of Local Authorities for Västra Götaland's reference group for injury registration and prevention. This leads to an exchange of experiences in western Sweden.

Representatives of injury prevention in Borås have actively participated in the following courses and conferences:

- The fourth national conference for injury prevention in Uddevalla 1994
- The fifth national conference for injury prevention in Östersund 1996
- Regional course in safety for the elderly in Gothenburg 1996
- Days for exchanging ideas, the county council of Älvsborg, Borås 1996
- The fourth national congress in social medicine, Gothenburg 1996
- Safe Com Nord in Skövde 1996
- The Health and Environment fair in Borås 1996
- County Conference for injury prevention work in Trollhättan 1996
- The conference for supporting environments in residential areas, Halmstad 1996
- The conference for injury prevention, the county council of Bohus 1996
- Continuation course for child day care staff in Vara 1997
- Course in Children's and teenagers' working environment at school, Vänersborg 1997
- The conference for "A safe and secure society" in the health care area of western Stockholm 1997
- Public Health forum, Gothenburg 1997
- A follow-up seminar on safety for the elderly in western Sweden, Alingsås 1997

Representatives for injury prevention have attended the following conferences:

- The third national conference for injury prevention in Linköping 1992
- The Network conference in Falun 1995
- Safe Com Nord in Fredrikstad, Norway 1997
- The sixth international conference for injury prevention in Johannesburg 1997

Moreover, representatives from Borås intend to actively participate in the seventh international conference for injury prevention in Rotterdam 1998.

12 Contribute to a strong network of "Safe Communities"

Borås arranged a network conference in January 1997. On this occasion, local injury prevention work was also presented. Representatives from several municipalities have visited us in order to study our work. Many contacts have also been made over the telephone.

Creating this document

This document describes the injury prevention programme in Borås. It is the result of a process that has been in progress throughout the nineties. It picked up speed when the injury registration began together with comprehensive preventive work. In order to obtain results many people have to be involved. We have the benefit of having several real enthusiasts in the community who spend a lot of effort spreading their knowledge and involving others in order to give us a safe and secure Borås. We would like to express our thanks to all those who have contributed in different ways to the success of our work.

We would also like to thank our elected representatives in the Public Health Council. Without political support the work would have been impossible to carry out.

The document has been compiled in co-operation with representatives from the different injury prevention areas:

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Olof Toftby, Responsible for project, Group for sports safety

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Borås in December 1997

Inga-Maj Håkanson

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