



KAROLINSKA INSTITUTET
Department of Public Health Sciences
Division of Social Medicine



WHO COLLABORATING CENTRE
ON
COMMUNITY SAFETY PROMOTION

Centre for Safety Promotion
Stockholm County Council, Sweden

Application as an Affiliate Safe Community Support Centre

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Earlier reports from WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet, Department of Public Health Sciences, Division of Social Medicine, 1998-2000.

This application is a joint product resulting from discussions among and work by all the members of the Centre for Safety Promotion. The staff members of the CSP include: Ragnar Andersson, Inger Bellman, Anita Hökby, Cathrine Höglund, Lars-Gunnar Hörte, Aime Laur, Karen Leander, Helle MØlsted, and Siv Sadigh.

1 Introduction

1.1 The Centre for Safety Promotion (CSP)

The Centre for Safety Promotion (CSP) is a part of the Stockholm County Council and is affiliated with Karolinska Institutet (KI). The areas of operation for this resource centre include the study and prevention of non-intentional injuries as well as those caused by violence. The work combines the principles of public health practices and research.

The programs and visions described below are intended as examples of this approach of linking praxis and theory. While all staff members are employees of the Stockholm County Council (the public authority responsible for the planning and dispensing of medical and health care services), most are also members of the KI research group on injury prevention and safety promotion.

The injury prevention unit emerged at the end of the 1980s as a Stockholm County Council-based injury prevention program and was expanded in the early 1990s to encompass violence. During the early 1990s, public health activities within the County Council were strengthened by the establishment of a field organisation based around the local health care districts which were given operational responsibility covering, among other things, injury prevention. This resulted in successive shifts and changes in CSP's activities. From formerly being a more operative and directly interventive body, the CSP's tasks have become increasingly consultative and supportive. The CSP is part of the Stockholm County Council's broad Stockholm Center of Public Health (formerly "Community Medicine") which is responsible for the county's public health issues. Within the Center of Public Health, the CSP is directly located in the Unit for Social Medicine, an affiliation which has been vital for CSP's scientific and practical development. An important aspect of this location is CSP's co-operation with the WHO Collaborating Centre on Community Safety Promotion also at the Department of Public Health Sciences, Division of Social Medicine, Karolinska Institutet.

2 Objectives

2.1 The Centre's original tasks were outlined as follows:

- to describe the scope and breadth of injuries and to monitor county trends in injuries,
- to promote the development of methods and approaches to the prevention of accidental and violence-related injuries that are suitable for application within the county,
- to disseminate knowledge about injuries and injury prevention work to relevant actors within the county and to contribute to the establishment and maintenance of local injury programs throughout the county.

The focus has subsequently been expanded to include evaluation, evidence-based prevention, and health economics, especially injury costs. Further, reflecting a philosophical shift in the focus, the English title was changed from the Section for Injury Prevention to the Centre for Safety Promotion (CSP). The main thrusts of the unit's resources are aimed at injury prevention and safety promotion within the following subject areas:

- Children and young people
- The elderly
- Violence
- Occupational, traffic, and product safety
- Health and injury economics
- Injury epidemiology, surveillance, and analysis

Suicide and self-directed injuries fall under other programs within the Stockholm County Council. However, some of the epidemiological studies at the CSP include data on suicide.

Mission of the CSP:

To contribute to the promotion of safety and to a reduction in the frequency and severity of injury by the application of scientific multi-disciplinary approaches. First and foremost, this takes the form of providing services for the county administration, municipalities, and other county-based organisations, related to injury data, methods, knowledge, and dissemination in the field of injury prevention and safety promotion.

As an integral part of this mission, CSP has also adopted as part of its role the support of and participation in national and international injury prevention efforts.

On Stockholm

The County of Stockholm lies on the east coast of Sweden on the Baltic Sea, with a population of approximately 1.8 million inhabitants, which is one-fifth of the total population of Sweden. It stretches over an area of 6.500 km² from north to south, encompassing 25,000 islands and 850 lakes. The County encompasses both densely and sparsely populated areas, a large urban centre surrounded by quite rural areas. On an average, close to 2.5 million people travel within the County each day.

Even though the birth rate in the county has decreased (as in the country as a whole), the population increases by almost 20,000 people yearly. This rapid growth of the county is the result of an increased number of people moving into Stockholm from other counties in Sweden. Nineteen percent of the population has some foreign background, and more than 100 languages are spoken in the area. However, the degree of social segregation is increasing.

Within the County of Stockholm, there are 26 municipalities, of which the Stockholm City is the largest. Some municipalities are further subdivided into semi-autonomous districts, an example of which is Stockholm City which contains 18 such districts. Subsequently, the urban-rural and other diversities as well as the complexity of the political administration imply a need for a variety of safety promotion strategies.

The overriding County Council Administration, with responsibility for the provision of health services, has delegated the operation of health services and public health programs to its six District Health Authorities. These authorities work in co-operation with other organisations and authorities on the municipal level.

Stockholm in an injury perspective

In 1998, the number of hospital discharges in Stockholm County totalled 264,675. Of these, 25,827 were assigned a main diagnosis under the heading "Injuries and Poisonings". Further, of these, 35% involved the age group 75 years and older, and 27% involved the age group 15 - 44 years. The average duration of hospitalisation varied according to diagnosis, with burns resulting in the longest stay, 13 days, but a full 36 days for the age group 75 and older.

The most common diagnosis was fractures (13,370), and among these, primarily Collum fractures (5,108). Other large groups of injuries included concussions of the brain (2,117) and complications after surgical and other medical treatment (2,687). The number of hospitalisations resulting from burns was 228.

In 1996, the number of deaths in the County with injuries as underlying cause of death was 442 among men and 303 among women. Of these, suicides and falls were the most frequent cause for men (31 % and 23 %). While the same causes were the most frequent among women, the proportions were reversed (25 % and 36 %). Sixteen men and five women were the victims of murder, manslaughter, or other deadly violence, while 46 men and 21 women died as a result of traffic accidents on public roads. This figure for accidents on public roads corresponds to 3.9 per 100,000 inhabitants in Stockholm County, compared

to 5.5 per 100,000 in the country as a whole. It should be noted that the number of traffic deaths that occur in Stockholm is higher than reported here due to the fact that persons who are not residents of the County are excluded.

It is often estimated – although not statistically established - that approximately 10 % of the total population of the County presents to the health care system for injuries each year.

3 Criteria

The work of the CSP is herein discussed according to criteria previously applied, for example, in the application by Monash University, Accident Research Centre. We have chosen to combine several of the criteria as dictated by the organisation of the CSP activities. In this application, the CSP has also chosen to list certain areas of particular importance which we plan to develop further in our work.

Combined 3.1 and 3.2

3.1 The existence of mobilisation strategies to develop cross-sectoral groups responsible for injury prevention

3.2 Support, nurture and demonstrate the involvement of the local community networks

CSP aims to establish a multi-sectoral approach to injury prevention and safety promotion. The overall task is to encourage communities to start injury programs on a long-term basis and eventually to apply for membership in the WHO Safe Community. Several municipalities are now considering such application (see Criteria 3 and 4).

Key strategies include strengthening existing coalitions, such as the multi-agency groups in the field of violence against women (and children), and stimulating new coalitions. Training programs either aimed at actors within a certain geographical area or within a particular occupational group are designed after input from the involved sectors.

A further strategy of the CSP is the development of pilot projects. The general approach is that local actors and coalitions first identify and acknowledge their community resources and base for mobilisation, then pinpoint the target for intervention (risk group, risk behaviour, risk-filled environment).

An example of such a pilot-project is Safe Seniors in Sundbyberg, a small municipality of approximately 30 000 inhabitants just outside the City of Stockholm. There, over a period of five years, CSP established and administered a coalition of community groups including organisations of retired persons, the police, housing authorities, district health authorities, educational associations, tenant associations, agencies responsible for care of the elderly, and so on. A community analysis was conducted, initial contacts were made with key actors, and eventually several new actors were drawn into the program. Methodology accepted within the public health field was applied, an evaluation conducted, and the reins for the continuation of the Safe Seniors officially handed over to local actors and public agencies.

Another form of network support is The Safety Network Group, co-ordinated by CSP, which consists of health planners, safety promotion workers, and so on, from the various health care districts. This Group meets periodically for seminars and site visits for the purpose of continuing education in injury prevention and safety promotion. The goal of the network is threefold. Firstly, practitioners are given an opportunity to exchange ideas, data, methods, and experiences; secondly, further education is provided, and thirdly, CSP remains up-to-date in reality-based problems and discussions from the various municipalities.

Several members of the CSP staff participate on boards, in working and reference groups, committees, and as consultants to projects on the local and county levels.

Methods other than those mentioned above include the publication of an injury bulletin (Skadejournal) which is produced 3-4 times a year by the CSP. The themes in 1999 were hospital injury data, safety in pre-schools, Safe Seniors. The issues during the Winter and Spring of 2000 examine the activities in the Municipality of Nacka as well as violence. Plans are underway for an electronic publication of the injury bulletin.

Ongoing mobilisation strategies involve initiation of and support to the following coalitions and organisations:

- Operation Kvinnofrid (Peace for Women) initiative
- The Bicycle Helmet Initiative
- The Elderly Centre
- The Stockholm County Traffic Safety Federation
- The Elderly Safety in Traffic Board
- Local health care district boards
- Barnombudsmannen (Children's Ombudsman)

Areas to be developed:

- Information technology (CSP home page)
- More accessible results from hospital injury surveillance
- Strategies for contact with mass media

Combined 3.3 and 3.4

- 3.3 Facilitate community-based strategic planning processes that support a program covering all ages, environments and situations**
- 3.4 Create interest and action that result in programs that show concern for high risk groups and environments and aim particularly at ensuring justice for vulnerable groups**

The broad range of competence represented at the Centre makes it possible to provide support in efforts, initiatives, and more permanent activities aimed at various ages, environments and situations.

While CSP does adopt the general criteria outlined in the Safe Community field, it has become increasingly clear that in a diverse metropolitan area, setting priorities is a necessity. The data sources clearly show the overrepresentation of certain groups – elderly women, children and young people – in the injury statistics. Enhanced vulnerability can be due to several factors. One method for making priorities is to combine the time and place components of the over-represented groups. For instance, vulnerable groups in traffic are pedestrians and bicyclists; young men are especially subjected to violence in public areas (transportation, high-density entertainment areas, etc.) in evenings and nights whereas somewhat different times and places present young women with a vulnerability to sexual abuse or attack; home presents risks for accidental injuries among children and the elderly as well as intentional injuries affecting primarily women and children.

An example of practical work where CSP facilitates community-based strategic planning is in the municipality of Nacka in collaboration with the South Eastern Stockholm District Health Authority. This municipality has approximately 70,000 inhabitants. Nacka is also the first municipality in the County of Stockholm to apply for designation as a member of the WHO Safe Community Network (November 2000).

In the initial planning stages, CSP played a consultative roll. Among other things, this contributed to the adoption of a quality assurance approach within the then recently introduced purchaser-provider system of health care, where the purchaser establishes the standards required of the services to be offered within areas such as child care or care to the elderly. Characteristic of this work has been the municipality's willingness to develop new approaches based on local ideas. An example of this is the system for certification of those day care centres which have complied with certain safety standards.

Further, support from CSP has taken the form of the provision of injury data, the development of a system of local out-patient injury surveillance, and continual "marketing" of the work conducted in Nacka to other actors on the county, national, and international level – now culminating in the 7th National Injury Prevention Conference to take place in Nacka 21-22 November 2000.

Nacka is but one of the municipalities in Stockholm County and many other programmes and projects have been supported over the years. Some of these have managed the difficult task of being integrated into the administration of the municipalities, while others are time-limited projects. Below is some of the work that the CSP has supported.

In the Northwestern Stockholm District Health Authority, several of the municipalities are working on injury preventive programmes: The municipalities of Sigtuna and Sollentuna have worked on injury programmes for many years. In Sigtuna, two networks have been established, one working on child safety and the other on safety among the elderly. One of the characteristics of this programme is its focus on sports and physical activities in general. The municipality has promoted walks for the elderly and bicycling to work. The municipality of Sollentuna is renowned for its work on child safety. Educational programmes on child safety especially in the home environment have been developed for use in child care centres. These programmes are disseminated in several parts of the county. Local injury surveillance systems have been tested as well.

The municipality of Upplands Väsby is increasingly active in injury preventive work. A multi-sectoral group has been established which plans and designs the prevention efforts. From the beginning, the focus was on child safety and is now expanding to include safety among the elderly, traffic and in the future, and violence. In the field of child safety, there has been a focus on safety in pre-schools and playgrounds. Routines for safety rounds have been developed, and representatives for child safety have been chosen at each pre-school who are to evaluate the safety in the pre-school on a regular basis. These representatives are trained by the CSP.

The municipalities of Järfälla and Solna have established programmes on safety among the elderly, and has been inspired by the pilot-project "Safe Seniors" administered by the CSP.

In the Northern Stockholm District Health Authority, several of the municipalities are also engaged in injury preventive work. There has been some focus on traffic-related injuries, especially bicycle related preventive programmes. The promotion of bicycle helmets has taken many forms. Helmets have been subsidised which has been shown to increase the number of helmets sold. The promotion of the distribution and use of a child-adjusted bicycle helmet with the so-called "green buckle" - that are automatically opened at maximum nine-kilo in order to prevent suffocation - has been a special topic. Collaboration with the producers and distributors of the helmets and consumer organisation have been very central in this work. Time-limited bicycle helmet interventions have also been carried out among pupils in schools in the Northern Stockholm District Health Authority. Collaboration was established between health planners, the CSP, and a health pedagogical group who developed targeted educational programmes in combination with an offer to buy bicycle helmets at a subsidised price.

Areas to be further developed:

- Monitoring the prevalence and development of injuries to identify high-risk vulnerable and marginalised groups (such as the homeless, substance abusers, and prostitutes)
- Greater focus on the social gradient, that is, social inequities in the occurrence and seriousness of injury. For these purposes, "social" is expanded from the historical focus on class, income, and educational components to include gender and ethnicity.

3.5 Provide data to and support those responsible for documenting the frequency and causes of injury

The production and dissemination of injury data is of central importance to the work of the CSP. The basic objective is to establish a central data base and to provide local actors with relevant datasets. Further, the CSP provides methodological support in the development of local injury surveillance systems, and ongoing assistance in the analysis of central and local injury data. The epidemiological monitoring and analysis of injuries is an important goal of CSP.

In addition to the geo-political complexity of Stockholm County, the organisation of the health care sector is such that a standardised, unitary county-wide injury surveillance system is difficult to design and even more difficult to implement and maintain. This is not least of all true due to the political basis of these operations. Over the past five years, the number of district health authorities (with units for both providers and purchasers of health care) have been reduced from nine to six, and plans are now underway for a further reduction to three. Political directives calling for the gradual strengthening of ongoing surveillance endeavours were adopted in 1994-1998 by a "Public Health Committee" within the County Council. The Committee was subsequently abolished after the election in 1998, and public health issues were then assigned to another Committee which has responsibility for a broad range of health issues. Other relevant developments include a shift from appropriation-financed public health to a task-based model based on purchaser-provider contracts and the privatisation of hospitals and clinics. It is this last mentioned model which is currently in operation in Stockholm County.

For these reasons, while surveillance systems at some of the County's hospitals are directly administered by the CSP, surveillance in primary care or on municipality-wide levels must become a policy priority, and thus financed and administered by other bodies under the supervision of and with support from the CSP.

Areas to be developed:

- Improvement and development of different types of presentation of local data
- One of the methodological issues we are dealing with is the incongruity in some cases between the size of the local dataset and the epidemiological methods available for analysis. Variation is great, and observations may be

quite few in number. Thus, the fact that the material may not "hold up under" the sophisticated methods implies that new methods need to be developed.

- Entry routines are an important area for development not least due to the decentralisation of the routines. While the CSP has a standard journal form for injury surveillance, each registering hospital emergency department/primary care clinic has certain contingencies that lead to revisions and alternatives.
- The development of a national as well as international recognition of alternatives to primary care surveillance. Alternatives discussed in dissertations from Nicaragua, Thailand, and Sweden include household surveys, newspaper accounts, and first care and ambulance services, discussions which have proved to be beneficial for work in both developed and developing countries.
- To support Scandinavian and other efforts to improve the usefulness of cause-of-death register data and patient register for injury surveillance/prevention purposes (such as including more variables on the course of events leading to the injury).

3.6 The program/injury prevention services must be long-term rather than short term project

The first initiatives towards establishing a county-wide injury prevention program came in the late 1980s, deriving from work done in local programs in the Stockholm area. The CSP became a separate unit in 1993.

The point of departure is that projects supported by CSP should include provisions in their action plans for systematic and sustained implementation.

This means that:

- All efforts should be made to ensure that injury prevention and safety promotion remain as a permanent item on the political and policy agendas in the County of Stockholm .
- Priority is given to policies, action plans, and activities aimed at long-term and sustained consequences and change. Methods aimed at impacting structural factors include legislation, safety and other regulations, and product design. Methods aimed at impacting factors on the individual level include health promotion interventions.
- Political recognition and backing of injury prevention efforts should be sought as soon as projects/programs are initiated. Further, as occurred with Safe Seniors, responsibility for these efforts should eventually be turned over to local actors for permanent implementation.

3.7 Provide and support those responsible to utilise indicators to evaluate processes and the effects of change

The development of methodology in the field of evaluation is of increasing priority within the CSP. While effect evaluations with injury incidence and prevalence as the outcome is well established in the CSP, several approaches to process evaluations are being developed. In the Safe Seniors project, methods such as focus groups and interviews were applied in order to describe and analyse the processes of mobilisation during five years of intervention.

In order to support local actors in the development of strategies and methods for injury prevention and safety promotion, we emphasise the need for several parallel outcome measures. A pilot project of the use of hip protectors by the elderly residing in nursing homes has been carried out in the central municipalities of Stockholm. Other studies indicate that the hip protector is an effective safety device, but few studies are made on the factors that can increase the elderly's acceptance of the hip protector. Questions on organisational structure receive particular attention in the context of homes for the elderly.

- The CSP is involved in the development of surveillance systems in several municipalities and in several projects that have built evaluations into their action plans. This work seems to be especially important in those municipalities with the goal of being designated as Safe Communities.
- Cost-benefit analyses within injury economics are being integrated into several on-going projects as well as new initiatives.
- As part of the process of evaluation, compilations of documented effects found in the international literature, the so-called evidence-based prevention, are being produced and disseminated. The overviews of evidence-based injury prevention are primarily to serve as a starting point for the discussions on which preventive activities should be prioritised.

Areas to be developed:

The psycho-social aspects of injury, such as fear and worry, must also be in focus in addition to physical injuries. This is especially important when the area of focus includes safety. It is noted that the multi-faceted approach normally employed in Safe Community programmes makes it difficult to determine which of the methods applied in a community intervention have actually been responsible for producing the desired effects.

3.8 Assist and guide communities to analyse their community's organisations and their possibility of participation in injury prevention programs

This criterion resembles a preliminary phase to the first criterion. The first step in county-wide, long-term, population-based programs, which are aimed at

becoming institutional interventions, is a series of inventories in the "community":

- Community analysis – organisational, demographic, injury patterns
- Efficacious methods
- Community analysis for local projects
- Demonstration projects

3.9 Support the involvement of health care organisations within communities in both the registration of injuries and in prevention programs

The CSP operates organisationally within the health care sector and works integrally with the hospital emergency wards in the promotion of injury surveillance systems and processing of data. The difficulties associated with motivating hospital policy makers and hospital staff to conduct data collection have been long recognised.

- On-going injury surveillance is operational at three hospital emergency departments under the direction of the CSP; support is given to Nacka and other municipalities in their injury surveillance in primary care and community health centres.
- Safe Seniors in Sundbyberg mobilised the existing home help services, sections of the health care sector, and other municipal services as actors in the prevention of fall injuries among the elderly.
- "Operation Kvinnofrid" is a county-wide multi-agency initiative aimed at reducing violence against women, increasing awareness of the mechanisms of the violence, and emphasising the responsibility of public authorities in this field. There are multi-sectoral components of the initiative – such as periodic public campaigns – as well as intra-sectoral components. Within the health care sector, training and educational programs are the main thrust of "Operation Kvinnofrid". The aim is to improve the encounter between physically and sexually abused women and their children and the health care system, regardless of where and when the women first seek medical assistance.
- In the child health care centres routines have been established for providing information on child safety. This takes place during the regular health controls and immunisation services. CSP provides up-dated information on child safety interventions to these centres.

3.10 Facilitate **the** involvement of all levels of the community in solving the injury problem

By tradition, CSP operates on several levels simultaneously. CSP's mission is county-wide and operates at the county, municipal, and local community levels as well as provides support at the national level in various capacities. Further, the individual, group, and societal levels all require differentiated approaches and methods:

- The Bicycle Helmet Initiative
- Various associations with The National Institute of Public Health
- Publications
- CSP staff members serve on boards of public agencies and NGOs on the various levels
- "Operation Kvinnofrid" has even added a European component through a EU-partnership

3.11 Disseminate **experiences** both nationally and internationally

Several members of the CSP staff teach on the undergraduate, master's and doctoral levels for Swedish as well as international courses given by the Dept of Public Health Sciences as well as other universities and departments. Examples are the Ph.D. course "Safety Promotion Research-A Public Health Approach to Accident and Injury Prevention" and "NIVA International Course on Safety Research". Moreover, staff members have together with the Indian Institute of Technology (Delhi) developed the "International Course on Injury Control and Safety Promotion" which has been given four times and is partially sponsored by SIDA. Child safety training have been provided by CSP in other counties in Sweden.

Publications - including The Injury Bulletin (Skadejournalen) - produced at the CSP are intended for dissemination both locally, nationally and internationally (with the exception of those exclusively in Swedish). Articles, reports on injury data, and textbooks are other forms of publications that the CSP staff produce. Methods developed during the injury prevention work process are documented in publications within the framework of Safe Seniors and Operation Kvinnofrid.

Conference participation covers a wide range of topics from quality assurance, injury prevention, safety promotion, health economics, violence against women, and criminology. In recent years, conference participation and paper presentation has taken CSP staff to North and South America, Africa, Asia, Australia, and of course Europe and Sweden.

Participation in national networks, such as in the area of bicycle helmets, are of long-standing. Collaboration with various agencies include a contractual agreement with the National Road Administration for the development of a national injury surveillance system on traffic-related injuries.

A **network of guest and international researchers** working in the fields of injury surveillance, injury prevention, and the macro-determinants of violence visit the CSP on a periodic basis. Channels for exchange among Swedish researchers and international researchers include The Safety Promotion Research Group and the WHO Collaborating Centre on Community Safety Promotion.

In recent years, particular support has been given to researchers from low-income countries, for example, Nicaragua, Bangladesh, and Thailand. This has implied new research perspectives and draws attention to the more structural and global levels of analysis, in addition to the traditional focus on community-based intervention trials. Thus, a program on **Injury as a Global Concern** is emerging, strongly witnessed in the upcoming course “The Global Burden of Injury – Analysis of International Patterns and their Determinants as a Basis for Improved Prevention Policy and Planning”.

On-going contact with national, local and trade mass media is considered to be a useful means for conveying findings and information from the CSP.

Areas to be developed:

- Systematic send-list to “sister-institutions”/colleagues
- To continue more in-depth work on the application of Safe Community criteria and philosophy to large urban environments, based on the work in Dallas, Edmonton, and Stockholm, not least of all concerning injury surveillance, coalition building, and priority setting.

3.12 Be prepared to contribute to a strong network of “Safe Communities”

First and foremost, CSP works to promote the designation of Safe Communities within Stockholm County as well as on-going exchange of information and support with Safe Communities within Sweden.

CSP co-ordinates a Network Group consisting of health planners, safety promotion workers and so on from the various health care districts (see above under Criteria 3.1 and 3.2). CSP actively participates in various SafeComm networks in the form of conferences, travelling seminars, and support given to our colleagues throughout the world. One area to be further developed is active involvement in the national Safe Communities network.

4 Conclusion

The operating principle of the work at CSP is that the surveillance, analysis, and prevention of injuries is of utmost importance in local, national, and international perspectives. Continuous efforts are aimed at attaining and sustaining the acknowledgement of injury as an important public health issue and a high priority on the agenda for public health agencies, policy makers, researchers, and the general public.

Further, full recognition is given to the significance of the mutual enrichment of practice and theory – that is, the interaction between the public health approach and theory building within epidemiology and social medicine.

To continue and improve our efforts within the CSP to achieve these goals, we apply for this designation as confirmation of the importance of the work and the central role to be played by the CSP.