

APPLICATION TO BECOME A

'SAFE COMMUNITY'

**IN THE WORLD HEALTH ORGANISATION (WHO) NETWORK
OF 'SAFE COMMUNITIES'**

Os municipality

Os December 1999

**Os municipality applies to become a 'Safe Community' in the World
Health Organisation (WHO) network of 'Safe Communities'.**

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Index:

	page
1 Background	4
1.1 National Targets	4
1.2 Local Targets	5
1.3 Local Agenda 21 and Safe Community programmes	6
2 Demography	7
3 Os municipality's projects and efforts to adhere to the criteria set out by the WHO, for Os to be recognised as a 'Safe Community' in the WHO network of 'Safe Communities'.	8
3.1 Formation of a cross-sectoral group that is responsible for injury prevention.	8
3.2 Involvement of the local community network	11
3.3 The programme will address all ages, surroundings, and situations	13
3.4 The programme will address the concerns of high-risk groups (such as children and the elderly), high-risk environments and aim to ensure equity for vulnerable groups.	15
3.5 The programme should have a mechanism to document the frequency of and causes of injuries.	15
3.6 The programme must be a long-term approach, not one of brief duration.	20
3.7 The programme evaluation should include indicators which show effects and provide information on the process as it advances	21
3.8 Each community will analyse its organisations and their potential for participation in the programme.	21
3.9 Participation of the health care community in both the registration of injuries and the injury prevention programme is essential.	22
3.10 Be prepared to involve all levels of the community in solving the injury problem.	22
3.11 Disseminate information on the experience both nationally and internationally.	22
3.12 Be willing to contribute to the overall network of 'Safe Communities.'	23
4 The application	24
5 Attachments	25

1. Background

Following Cancer and Cardiovascular disease, accidents is the third largest reason for premature death. Moreover, for the male population under 50 years of age, accidents and suicide are the two largest reasons for premature death. Each year in Norway there are on average 500 000 accidents that require medical attention, of these there are about 1800 deadly accidents of which most occur within the household. Accidents are a major local and global health problem, not only are there enormous economic costs to society but the accidents leave the victims with immeasurable personal suffering.

The above paragraph is the main reason for the recent and major drive to increase accident awareness and prevention.

With this backdrop and the investigations and registration carried out in Os municipality of accidents in the agricultural sector from 1992 to 1995, Os municipality decided to increase its effort in accident prevention. The registration of accidents from 1992 to 1995 were carried out only in the agricultural community and in cooperation with neighbouring municipalities. The initial registration of accidents were carried out due to the difference in numbers of accidents reported to the health sector and those reported to the work related departments of the municipalities. The doctors registered a lot more accidents and initially the registration was done to understand this relation.

The accidents were recorded into the doctors' databases and journals with specifically assigned code numbers, which could be analysed at a later date. There has been a continual upgrading of the registration system due to its initial difficulties.

In order to focus on preventative health, and to tackle the problems with a basis in cross-sectional cooperation within the administration, Os municipality wishes to participate in the 'Safe Community' project.

1.1 National Targets

The Norwegian government through the Department of Health has as its main aim to see at least 15 municipalities participating in the WHO led 'Safe Community' project, and be recognised by the year 2002. One of the other targets is that 10 percent of Norwegian municipalities should approximate their registration to the 'Safe Community' model. These targets are part of the greater aim to decrease the number of accidents occurring in society today, and in this process the 'Safe Community' model is seen as the preferred model in this.

As a member of the W.H.O Norway has agreed to the international target of a decrease in accidents leading to death by 25 percent from 1980 to 2002, and will aim to achieve this through the 'Safe Community' model. So far the decrease has been 19 percent from 1980, when there were 51 deaths due to accidents per 100 000 inhabitants, and 1993, when the number of deaths per 100 000 inhabitants had decreased to 41.

Another main target is that accidents leading to medical attention or being hospitalised should be reduced by 10 percent from 1993 to 2002.

The above is described in directive 1-25/96 of the 4th. November 1996 from the Department of Health, and is named: "*Local preventative work: Safe Communities*" and an information leaflet on the Safe Community project. These publications were based on the directives from 1993-94, of which the S. edition no. 118 regarded the funding aspects

of the project and this saw the launch of the government led project, which is apparent from section 21, chapter 719. This directive allowed municipalities to apply for financial assistance in the project.

1.2 Local Targets

Ten percent of the population in Os municipality require medical attention as the direct effect of an accident and evidently injuries from accidents are real health hazards. In 1997 190 accidents were registered by the health sector in Os municipality, and on the basis of this a cross sectional effort to limit the effects of accidents was put into place and each sector of the administration was involved in the preventative project.

It is not necessarily the number of serious injuries from accidents that is the driving force for the municipality to participate in and follow the criteria of the 'Safe Community' project. Another aspect of the desire to participate is the administrative aspects of the project with an emphasis on cross-sectoral cooperation and municipality wide attention. Due to the above Os municipality decided to incorporate the criteria and methods put forward so as to become a 'Safe Community'.

Os municipality is organising its activities to reach 'Safe Community' standards whilst knowing that the standard achieved is not a one off project but a long run initiative for accident prevention and a safe community. Os' project has and is emphasising on setting up methods of report and initiatives to register accidents efficiently in the community and from this it hopes to achieve a set of procedures which are standardised for the benefit of registration and targeting of accident prone aspects of life. The program is organised through the health service, as it was the initiative of the head-doctor / leader of health services. The project was supervised by the head doctor and medical secretary, and an application for funding from the Department of Health was submitted. From this a project leader was employed 1st September 1997, where the project leader organised the project on a day-to-day basis.

The 'Safe Community' project is financed from the Department of Health and the municipality received NOK. 450.000 over a three-year period. These funds were used to employ the project manager and invest in necessary equipment for the project.

The project leader with the head of the board for the project (head doctor) have been the major driving force in the project. The leader of the project has acted as the secretary of the board, and has participated in all the meetings relating to the project as well as setting up work councils relating the 'Safe Community' and being involved with public relation as the spokesperson of the project. The leader has also lectured on the project so as to incorporate the criteria into the municipality. The board of the project has acted as the defining aspect and has controlled the initiatives in the community.

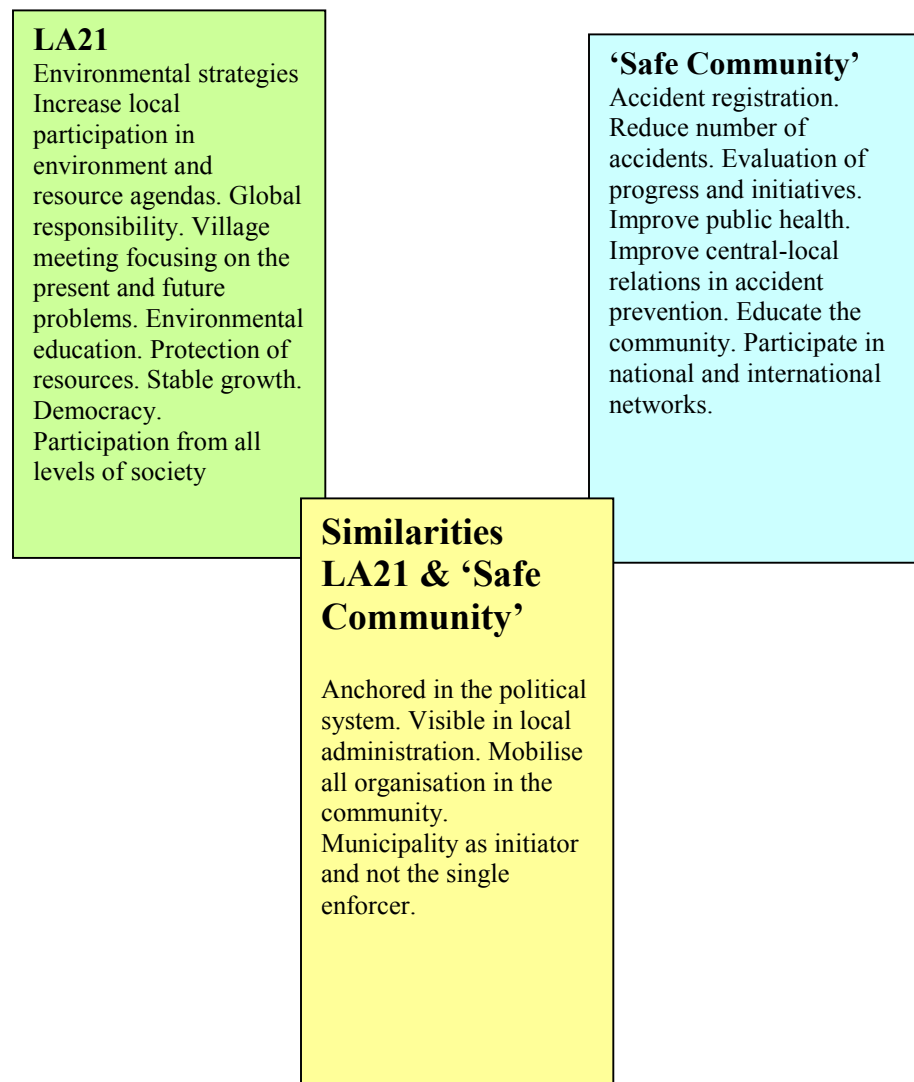
Cross-sectoral cooperation has guided the administration in Os municipality in the last years. It was hence obvious to cooperate in this project in order to adhere to the criteria of the 'Safe Community', which could be seen to be a systematic organisation of already existing initiatives.

Os municipality wishes to extend this cooperation, 'Safe Community', to involve the municipality's participation in Local Agenda 21 (LA21).

1.3 Local Agenda 21 and 'Safe Community' programmes

In developing strategies for the participation of Os municipality in the 'Safe Community' project the municipality has linked it to the 'Local Agenda 21'. The mechanisms in both the initiatives are similar which is useful in the overall cooperation within the municipality. A major aspect of both the projects is the development of strategy for the future of the community. Evidently the projects set out to achieve a 'Safe Community', which is a better place to live. 'Local Agenda 21' has a wider scope than 'Safe Community', but both require the participation of the inhabitants and as such the municipality's role is to guide and initiate the projects. Moreover, the two projects are similar in that they both emphasise local working councils and local participation. As the backbone for the project is the health services required accident registration mechanisms. Os municipality wishes to increase the effect of both projects by integrating them to prevent accidents in the community

Diagram 1.1 'Local Agenda 21' and 'Safe Community' comparisons and contrasts



The Helsinki declaration which came into force in 1994, targets the cooperation of health and societal projects in order to increase the preventative elements of the projects and increase the general well being of the inhabitants of the community. From this it is apparent that a drive to integrate the projects has been natural and beneficial in the municipality.

2. Demography

Os municipality has 2059 inhabitants. The municipality stretches over 1039 square kilometres, with an average altitude of 860 metres above sea level Os is one of the municipalities on the country with the highest average altitude. Os experiences long and cold winters with temperatures approaching -50 degrees Celsius. Os is in the north-east corner of Hedmark county and bordering Sør-Trøndelag county and Røros municipality to the north. Røros is only 14 kilometres away and is known for its tourism and mining traditions. The now defunct mines brought the communities together and helped in establishing trade and cultural links in the region.

Os has a vastly spread population with a population density of 2.0 people per square kilometre. The administrative centre is Os, where half the population lives, and the rest of the population is divided between the villages Dalsbygda, Narjordet, Narbuvoll and Tufsingdalen. The composition of the population exhibits a stable relation across gender and age. In years to come it is expected that a higher proportion of inhabitants will be elderly. There are no major traffic routes through the community.

Employment and Industry

Agriculture is the primary industry in Os, with an emphasis on dairy and meat production. The proportion of agricultural related workers has declined from 60% of workers employed in the sector in 1970 to 20% of workers in 1990. The manufacturing sector and service sector are both varied. 15 to 20 percent of the working population are employed out-with the municipality borders.

Diagram 2.1 Scene of Employment

Scene of employment	%
Farm and forestry	32 %
Industry	18 %
Trading, hotels and restaurants	9 %
Public administration, school, health and social service	32 %
Other services	4 %
Unknown	5 %

As in the rest of the country the agricultural sector is being slimmed down to fewer but larger farms with an increasing number of cattle or sheep.

Age group composition 1 January 1997.

Diagram 2.2 Shows distribution of population over age

Os municipality		This build up of the population has been fairly constant over time and there is an almost identical number of men and women.
Age in years		
0 – 6	21	
7 – 19	33	
20 – 66	115	
67 – 79	24	
80 +	11	
Totalt	205	

3. Os Municipality's efforts in relation to the criteria for the participation in the 'Safe Community' project in the WHO network.

3.1 Formation of a cross-sectoral group that is responsible for injury prevention.

A cross-sectoral board of controllers was set up at the outset of the project. The main tasks of this board was to integrate, inform, analyse, evaluate and develop the preventative health project in Os with relation to the 'Safe Community' project. The board has also got responsibility with relation to the defining and analysis of accidents in the community. This work is based on the data collected by the health service and the head doctor who present this data to the board.

The board also aims to create opportunities for projects to be put into practise as well as administering the budget of the project.

The board meets twice yearly or at any other required time to follow up already initiated projects. The head doctor is responsible for convening the meetings.

The board consists of the following: Head doctor / head of health services (chairs the board), medical secretary, environmental advisor, agricultural advisor, one member from the board of the municipality council, and the project leader.

Other sectors and groups are involved in the project through various working groups, which are related to the groups main emphasis.

Leadership

Administratively the project is tied to the head of the health service at Os Health-centre. This ensures that the project is closely tied to the health sector and not placed as a sub-organisation in the general administration. The head of the health service has also been the chair of the board for the 'Safe Community' project. The head of the health service is accountable to the head of the administration and to the democratically elected member on the board.

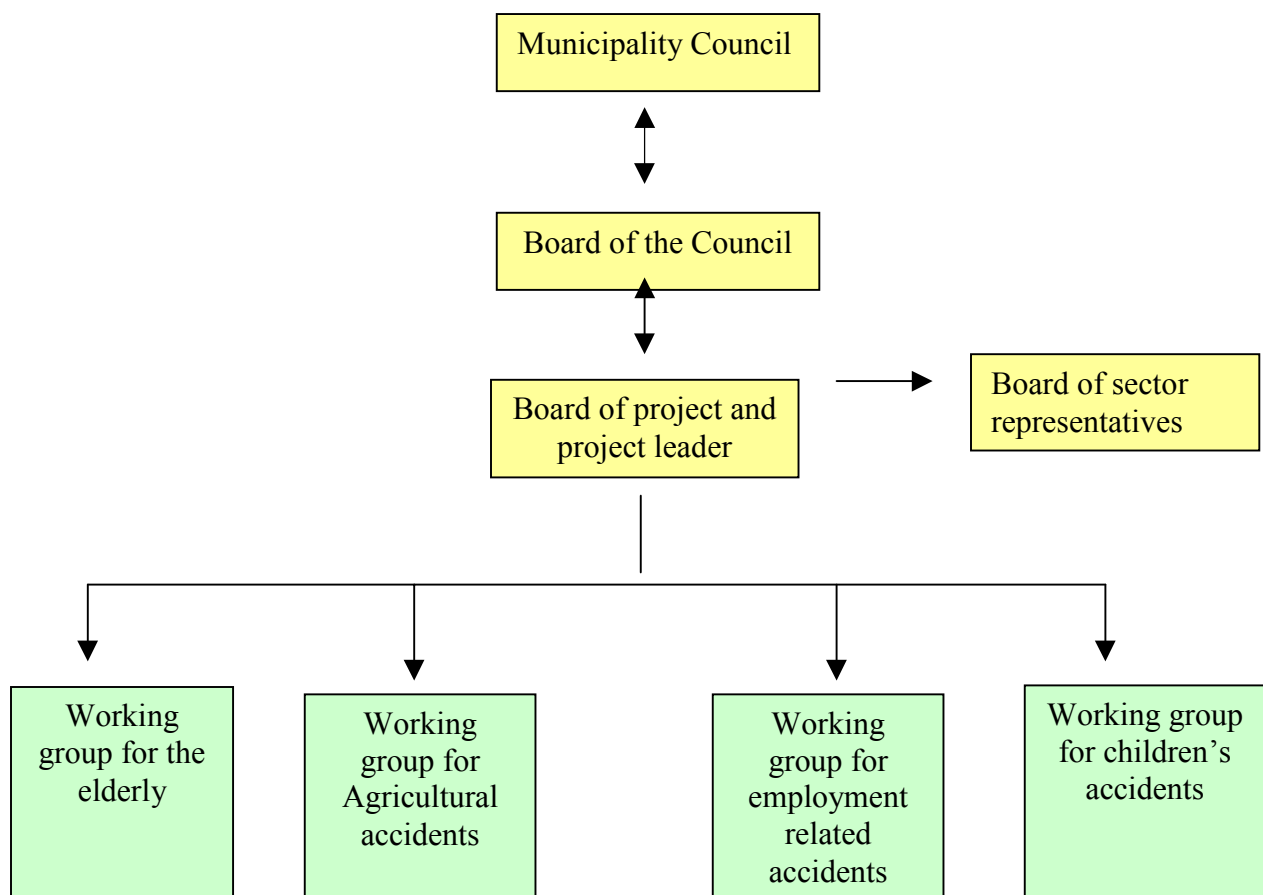
Cross-sectoral cooperation

The board and the working groups consist of representatives from all sectors of the community. An important aspect of this is the ability to exchange information and evaluate the impact of the project on all the sectors. It has also been important to evaluate the mechanisms of the project. The results and continual assessment of the project is a long run project and results may not be apparent straight away. The general public has been invited to call a dedicated line to give information on accident prone areas of the community, which is an example of public initiative and cross sectoral cooperation. Informal communication between the project leader and the different sector of the municipality has occurred frequently as well as inter-sectoral communication and cooperation has increased the output of the project.

Planning

An accident prevention plan has not been established, but the project is aparant and integrated into the different sectors long term plans of action. This will continue in the December 1999 plans. The continual status of the project ensures the long run aim of accident prevention. The project has been integrated into the aims and responsibilities of each sector and thus ensures that accident prevention will be on all the sectors agenda. This increases the independence from the health sector and further integrates the 'Safe Community' project with 'Local Agenda 21'. The municipality wide agendas and plans in relation to the projects span four years but are revised yearly.

Diagram 3.1.1



Different working groups establish different accident prevention plans so that each sector in the community is covered by the project. The working groups consist of members from the public through voluntary organisation and representatives from the municipality administration. The working groups aims to achieve concise and concrete plans within the project framework and the actions taken from the plans are directly related to the registration of accidents in the previous year.

Examples of plans for action:

Group for the Elderly

Action: Each household with elderly members should be given sand to sprinkle on the ice.

Responsible: Home visiting nurses and volunteers.

When: Autumn 1999

Funding: Own resources and the municipality accident fund.

Group for the Children:

Action: Increase safety when cycling

Responsible: Medical secretary, Police and School representative

When: Spring 2000

Funding: Own resources and funds from the Head Doctor of Hedmark County

Diagram 3.1.2 Shows how the recording of accidents and the results leads to plans of action, both in the working groups and in the administration of the municipality. It also shows the link between the Local Agenda 21 and Safe Community

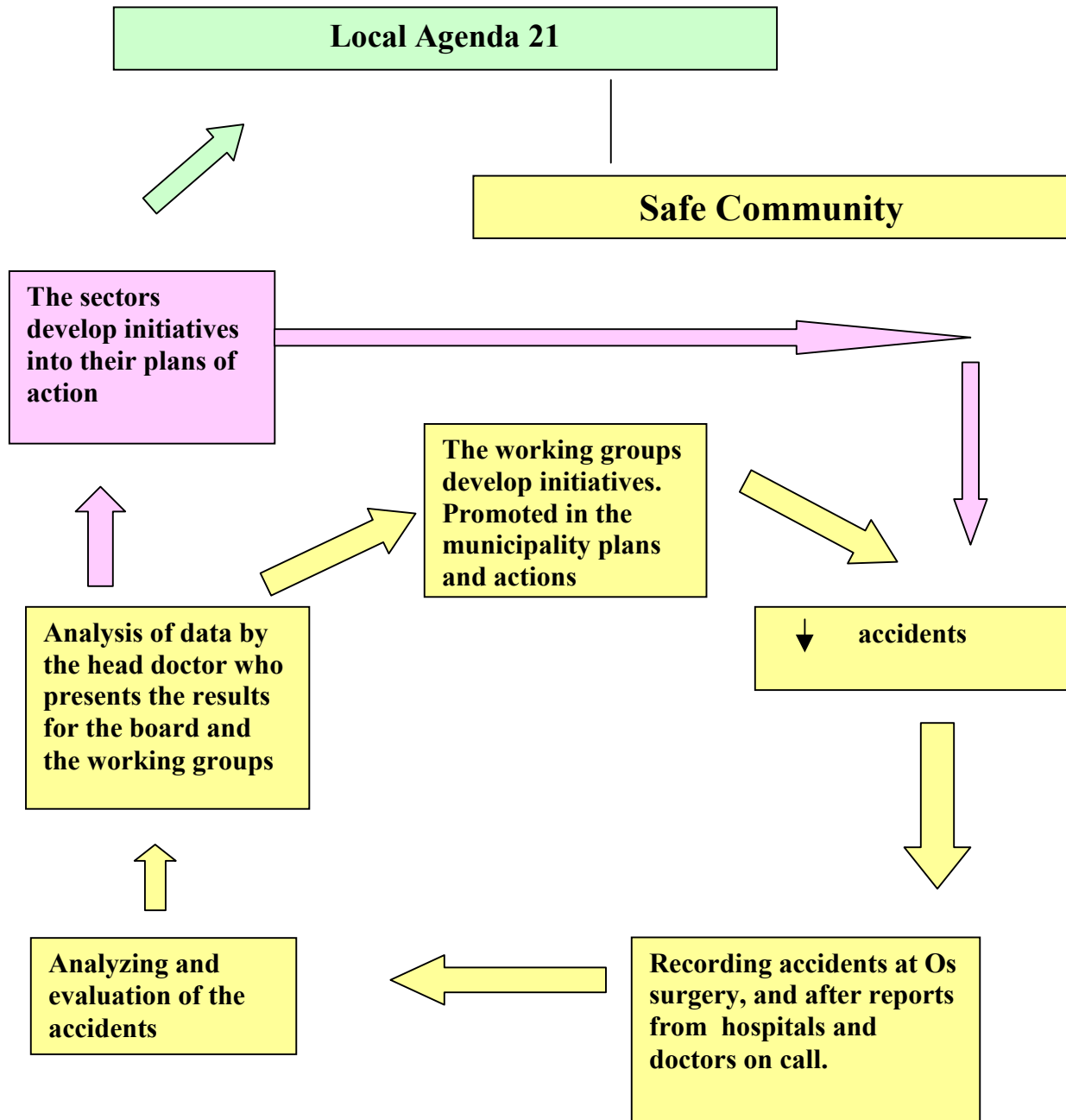


Diagram 3.1.2 shows how the continual registration of data on accidents forms the basis for the evaluation of the results of the project and to initiate new plans of action. This is represented by the inner ring of the diagram.

When these mechanisms are functioning, one will be able to at any one time to understand which actions are taken to reduce the number of accidents in the community. The community wide project-plans are produced yearly in cooperation among the sectors. In this way one ensures that the plans are tied in with the municipality administration and are in accordance with the municipality budget. In this sense there are two elements to the process. The inner ring as mentioned focuses on the working groups and the board for the project whilst the outer ring is related to the different sectors of the administration. The integration of 'Local Agenda 21' is ensured by the responses of the different sections of the administration and their agendas. This is the favoured model of cooperation within the municipality.

3.2 Involvement of the local community network.

In order to achieve the central aims of accident prevention project it is essential to achieve the cooperation and involvement of local organisations and networks. The local network and especially the different social clubs and associations are important players in developing a 'Safe Community', and several clubs are attached to the project. As the programme develops and an increasing number of measures will be taken to prevent accidents so will also the local clubs and association be increasingly involved. As stated earlier the previous year's results will determine the wherer the emphasis will be placed in the following year.

Within the community administration all levels are directly or indirectly involved in the programme. The different sectors of the administration are represented in the cross sectoral working groups and there is informal communication between the sectors as well as the formal cooperation in relation to the 'Safe Community'. An emphasis in this structure has been made on placing the programme not as a project on its own but to integrate it into the procedures of each sector and hence ensure that the programme becomes ingrained in the procedures of the sector. Os municipality has an organisational structure that require the heads of the sector to meet every second month, and at these meetings each sector informs about the state of the programme and the general administration is updated on the progress. An example of the above is the close cooperation between the health sector and the public utilities sector. This is especially related to the likes of streetlights, sanding of roads etc. Several different organisations participate in each aspect of the programme and more organisations are involved when deemed necessary. The Municipality council is informed through yearly meetings and through the board of the project.

These social clubs or associations are participating already:

Os Association of Sheep and Goat Farmers, Os Farming Union, Os & Dalsbygda Association of Female Farmers, Red Cross, Os & Nansen Sports Club, Os Association of Farm-workers, The Association of the Elderly, Os Health Society, Organisation for

Health in the Farming Community, The Employment Services, Industrial Health Services, Local industry and many others.

Moreover Gjensidige Insurance is involved in the project, and supports the programme by providing safety leaflets and equipment. Gjensidige insurance will also become a financial supporter of the project, although this is has not been finalised.

Accident Registration

This involves all the staff at the health centre, where all data is registered, analysed and categorised.

The preventative work in the municipality rests on these pillars:

- Information, documentation of accident patterns with regards to the parameters (see below)
- Education and Competence
- Action (target related and precise)
- Evaluation and development

Information:

Communication will take place both locally and beyond through publications and conferences informing on the progress of the programme.

Education:

Training of the home visiting nurses is essential in the process of preventing accidents where the elderly are involved. The staff at the health centre is also important in order to have a functioning programme and efficiently registering the data. Clubs and Associations will also be involved in the educational programme.

Actions:

Actions on all levels in the community, from administrative planning (road-safety) to day-to-day actions (sanding).

Evaluation:

All actions taken are evaluated in relation to diagram 3.

3.3 The Programme will address all ages, surroundings, and situations.

Children

The school-nurse and the children's nurse are important in this field. The children's nurse is the first point of contact when the newly born arrive home from the hospital, and is the first instance in which accident prevention can be taught.

A specialised working group is established to work to reduce school related accidents. Every school and nursery in the municipality has been evaluated in terms of the new regulation for safety in schools and nurseries. By the year 2000, every school and nursery shall have an internal control and safety procedure. The municipality's road-safety plan have been established by the general administration, the police and the road maintenance network. (Attachment 1)

Youth

In the autumn of 1998 a special health service was created for youth. The interest for the project was limited and declining. The main theme of this area is youth problems in general. An emphasis has been placed on the relation between youth and alcohol and especially alcohol related violence and accidents. The Health-Information-Council is important in this area and has supported the project financially and by organising alcohol-free event. The basis for this has been a survey conducted in the autumn 1999, where the youth answered a questionnaire where the emphasis was on alcohol and youth's relation to alcohol and other connected problems. We hope that the results of the survey will assist in developing accident prevention plans for the youth.

Sports Clubs

Sports clubs are facing stricter regulations on safety at their venues and accident prevention plans have been promoted with a view to further development. Training methods and protection in sports has also been targeted in order to prevent accidents. There is an ongoing campaign to persuade people to use helmets while cycling or downhill-skiing. The skiing slopes have posters suggesting the benefits of using a helmet.

Industry

The work related accidents are presented to the industry at information meetings with an emphasis on accident prevention. The registration of work related accidents include notes from the events surrounding the accident so that the firm can assess their accident prevention plans. As an example, eye injuries are usually suffered due to a lack of use of protective glasses. A working group has been established to promote cooperation between the health service, the industry's health service and the industry itself. This group enables the industry to register accidents occurring in their work environment and hence ensures the ongoing process of accident prevention in industry.

The health services in the municipalities Os, Tolga and Tynset, its two neighbouring municipalities, participated in 1992-95 in a study examining accidents occurring in agriculture. The cooperation among the different agricultural organisations and the health services has led to several actions taken to prevent accidents in this sector. A video informing on procedures to reduce accidents has been recorded and is sold all over Norway. It promotes safety while handling livestock and is a direct result of the accident registration project of 1992-95, which shows that livestock often is a direct cause of agricultural accidents.

Road-Safety

The municipality's road-safety plan was introduced in 1998 and was evaluated the autumn 1999 (attachment 2). The work has included road-safety for children. An emphasis has been placed on safety for the six-year-olds as they are increasingly using the roads as a result of the lowered school starting age. Every six-year-old has received cycling helmets and light reflectors.

Alcohol

Os municipality undertook a survey in 1992 where youth were questioned about the influence of alcohol (Report is ready). This survey was a collaboration between the local health service and the county administration. A new survey has been commissioned in 1999 to see if the actions taken as a result of the earlier survey has influenced alcohol related habits.

The Elderly

Os municipality introduced in 1993 a project to reduce the use of addictive medication prescribed by the doctors. Together with Røros and Holtålen municipalities this project sought to cut the use of these medicines. This project led to a reduction of 40 percent in the use of addictive medication, which is still at the achieved low level.¹ This is related to accident prevention as several studies relate accidents to use of addictive medication.

This relation cannot be shown in the above project, as the registration procedures were not ready at the time. Important actors in accident prevention among the elderly are the home-visiting-nurses and related volunteers or helpers.

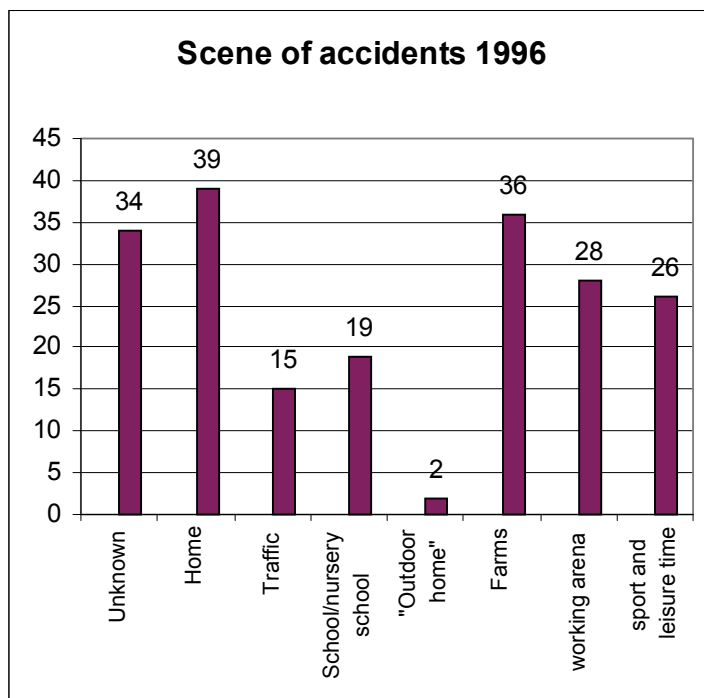
The Red Cross has trained the elderly and the nurses in accident prevention in the household. The home-visiting-nurses should register all accident related places in the household and find solutions in order to decrease the risk of an accident. In the old-peoples home several talks have been held to inform about the project and to increase awareness. This has resulting in the earlier mentioned sanding project. The municipality is responsible for sanding public areas while shops are recommended to do the same. These actions are welcome additions to the community and show the efforts made by the community as a whole.

3.4 The will address the concerns of high-risk groups (such as children and the elderly), high-risk environments and aim to ensure equity for vulnerable groups.

As a result of the registration of accidents in 1995 the high-risk areas were identified as agriculture, children, the elderly and road-safety. Due to this especially designated working groups were established to prevent accidents in these high-risk areas. The working groups for children and road-safety have collaborated on several initiatives. This is to ensure that the, above mentioned, six-year-olds could experience greater road-safety. (See 3.3)

¹ Attachment 3, An article from the Journal of the Association of Norwegian Doctors

Diagram 3.4 Shows the scene of accidents in 1996



This diagram shows that the most frequent scene of accidents are in farms, in homes and at work. There were many accidents among children and elderly people in the traffic area, and we did select that as a scene of high risk.

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

The registration of accidents in Os municipality is continuous and takes place at the health centre. The health centre is the only health centre in the municipality and few patients are registered with doctors outwith the municipality. All accidents that require medical attention are registered at the health centre in the electronic journals. The accidents that are treated by the doctor on-call or the hospital are registered when the report from the doctor who treated the incident, arrives at the health centre. With this procedure almost every single accident is registered at the health centre. The collected data serves as an indicator for future preventative initiatives.

The electronic journals recognise certain diagnosis and will automatically request registration of the incident if it is likely the injury was suffered in an accident. If the injury should be registered as an accident the electronic database will automatically be activated and the accident can be registered immediately. The accident registration database records the reason for the accident, place of accident, alcohol induced?, time of accident and severity of injury based on the AIS scale (Acquired Injury Scale). There is also an option for notes where further details can be written. The completion of the form

prompts a registration-completed note so to prevent registration of the same accident twice.

The registrations are recorded on a separate system where the information can be easily accessed and analysed. This provides the framework for finding, which accidents occur in which settings. The patient's previous data and information about his age, gender and other relevant information are transferred into the accident registration database for further analysis. The main advantage of this system is that each accident is registered and it requires minimum effort to function. The electronic system is also less time consuming than the equivalent paper based system. A weakness in the system is that the doctors or others too easily use the unknown category in the registration. Moreover, only the last version of the database has included the AIS scale. Another problem is that many of the injuries and accidents registered hardly require any medical attention and are a result of normal and desired activities.

The registration procedure for each patient takes up on average 30 seconds, while the extracting the data and creating statistics can be done in an hour. The only requirements to use the system is a basic knowledge of Microsoft Excel. Due to this one can at any time evaluate the accident scene and progress of the preventative work in the community.

The head-doctor is involved in a national council to formulate a formula for the smallest set of data required to complete a successful registration. This project was finished in the autumn 1999. The experience from the accident registration has been useful in this process.

These Variables are registered at Os.

- Date of registration
- Age and gender (automatically from electronic journal)
- Reason (accident, violence, harming oneself, unknown)
- Whether or not alcohol induced
- Place of accident (several variables plus notes)
- Activity at time of accident (several variables plus notes) In relation to the above formula this is the setting for the accident.

Diagram 3.5.1 Shows the distribution of accidents over time in relation to age groups.

Age in years	1996	1997	1998	Average each Year
0-9	25	24	30	26
10-19	21	36	47	35
20-29	18	27	19	21
30-39	45	26	22	31
40-49	13	15	28	19
50-59	32	28	23	28
60-69	13	8	14	12
70-79	9	9	9	9
80+	23	10	8	14
All	199	183	203	195

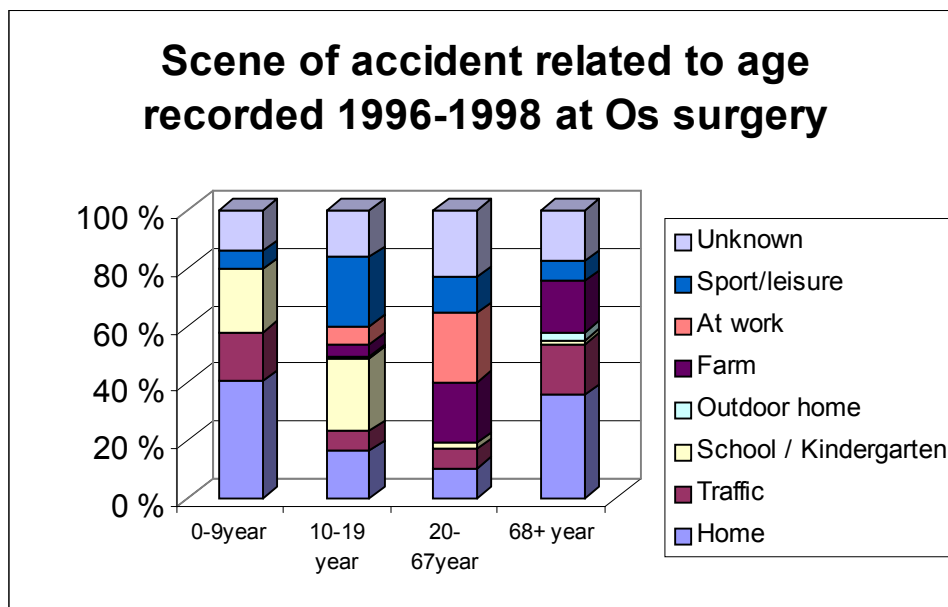
If one runs a correlation between accidents and age in terms of proportion of the populations one can see that youth and children (<19 years) are most prone to accidents. This is not a surprising result as they are the most active age group and accidents are more frequent in their environments and activities (sport and leisure).

The settings for the accidents are shown in the diagram below.

Diagram 3.5.2 Scene of accidents each year, over time and on average.

Scene	Average each year	1996	1997	1998	1996-98
Unknown	38	34	36	45	115
Home	36	39	33	36	108
Traffic area	18	15	16	22	53
School / Kindergarten	18	19	19	17	55
Outdoor at home	1	2	1	0	3
Farms	30	36	24	29	89
At work	28	28	32	24	84
Sport and leisure	26	26	22	30	78
All	195	199	183	203	585

Diagram 3.5.3 Graphical representation of accident scene related to age.



The proportion of the category 'unknown' is large and this is largely due to an already stated weakness in the registration process. This has almost been eliminated and in the latter part of 1999 the 'unknown' category has been reduced to 5 percent. As the procedures are improved one expects the registration to be more complete and efficient. The preventative measures undertaken in relation to agriculture so far seem to have had an influence as only ten accidents in agriculture were registered. This is a small number and statistically it may not be significant over time.

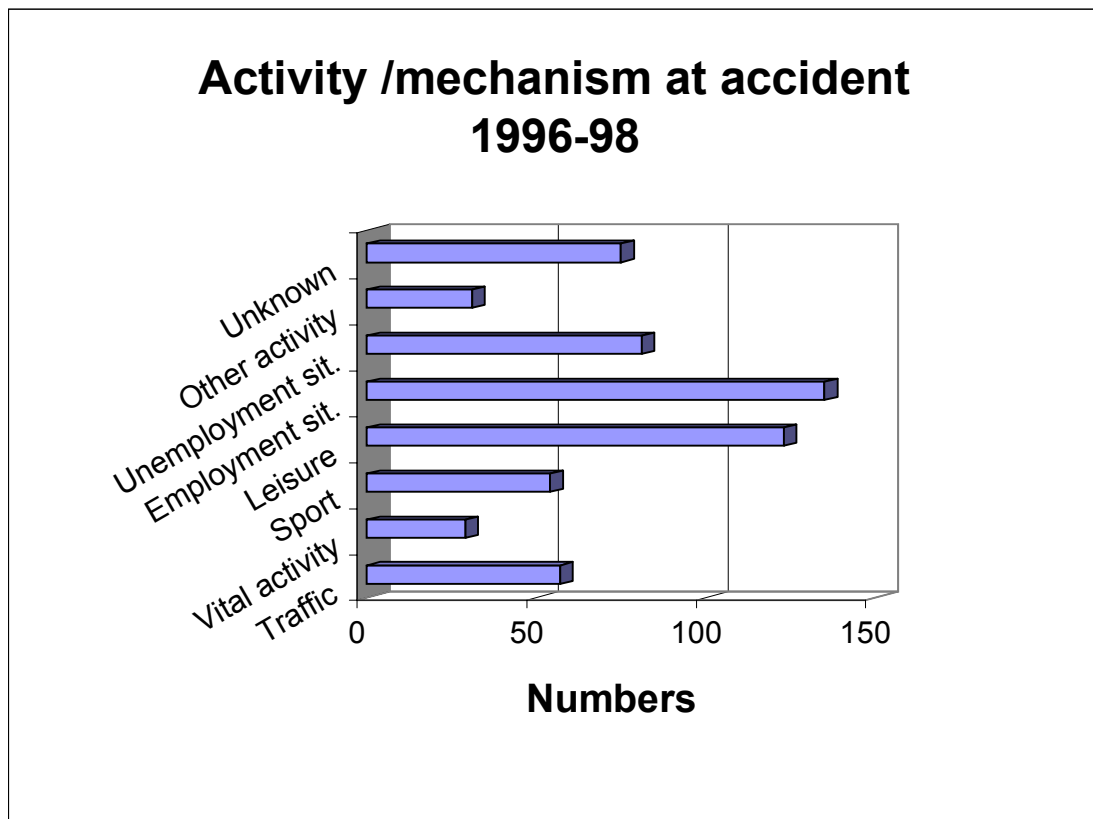
Accidents in the household has the highest proportion of the age groups 0-10 and >68, whilst school related accidents have the highest proportion for the 10 to 19 year-olds. Accidents occurring in the traffic are most common for the youngest and the eldest.

The next diagram shows the activity at time of injury over time.

Diagram 3.5.4 Activity at time of injury each year and on average

Activity at accident	Average each year	1996	1997	1998	Period 1996-1998
Traffic	19	9	26	22	57
Vital activity	10	2	9	18	29
Sport / exercise	18	15	14	25	54
Play / leisure	41	54	23	46	123
At work	45	58	32	45	135
Unpaid work	27	13	55	13	81
Other	10	15	8	8	31
Unknown	25	33	16	26	75
All	195	199	183	203	585

Diagram 3.5.5 Accident activities 1996-98



Accidents in the workplace and sports and leisure are the most common settings for an accident. The category necessary activity includes the basic activities such as going to the toilet and brushing your teeth.

The number of accident in certain settings has decreased even before the programme has been implemented and one would also expect a time lag in the process, and hence the results of the programme can not be seen immediately. As the procedures of the registration are improved one will have a higher proportion of the total number of accidents registered and will therefore see a false increase in the number of accidents.

The evaluation of accident related diagnosis is represented in the diagram below.

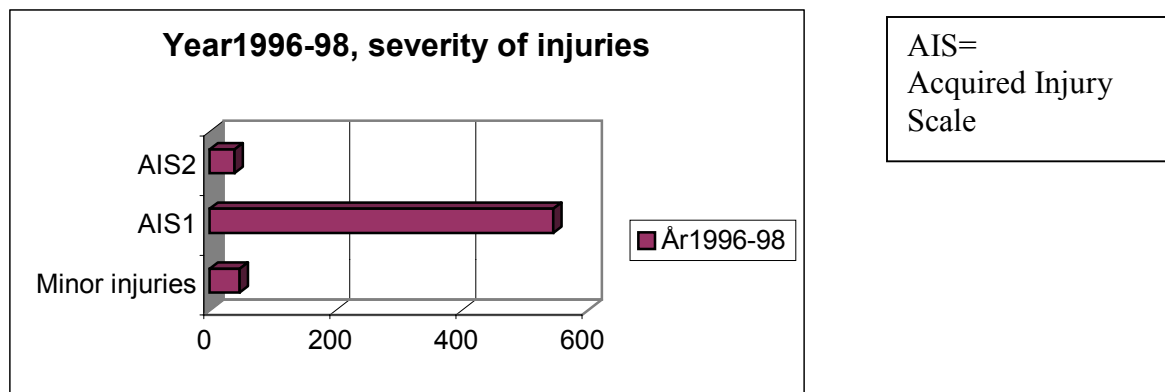
Diagram 3.5.6

Frequency of the most common diagnosis due to accidents, recorded at Os Municipality

Most common diagnosis	Average Each year	1996	1997	1998	Period 1996-1998
Foreign body /eye	15	24	13	10	49
Fractures	20	15	25	19	59
Distortion	53	49	53	58	160
Skin cut	46	48	44	46	138
Head injury	8	7	7	11	25

These data correspond to the high number of accidents occurring in sport and leisure activities. Eye injuries were the most common injuries in the workplace and in the agricultural sector and this has been reported to industry and the agricultural sector with a recommendation to use protective glasses.

Diagram 3.5.7 Shows the severity of the injuries.



Minor injuries are those that not necessarily require medical attention, which is a small proportion and no fatal injuries were incurred in this period.

3.6 The Programme must be long-term approach, not one of brief duration.

The long-term aspect of the programme is ensured through the political will of the administration with its focus on the 'Local Agenda 21' and the prevention of accidents in the community. The municipality sees 'Safe Community' programme as a step on the way to create a better and safer community for its inhabitants. The automatic accident registration at the health centre also ensures that the data will be used to formulate plans to target the prevention and see the results of the programme so as to increase efficiency

in the public policy aspect with regard to a safe community.² The programme through the procedures has been inserted into the workings of the health service. The relation between the health centre and the administration ensures a long-term aspect as the four-year plans are evaluated yearly in respect to the data and initiatives suggested throughout the year.

Municipality regulation:

Project 'Safe Community' was discussed by the council 27.11.97. A unanimous decision was reached to support the programme and follow the criteria set out by the WHO, with the target to be recognised as a 'Safe Community'.

The four-year plans incorporate the prescribed regulations from the council and the last plan to be put forward was enacted in 1998. The programme will also be evaluated in 1999 with a view to build in the previous experiences. In this manner Os municipality has ensured a long-term approach to the programme.

3.7 The Programme evaluation should include indicators, which show effects and provide information on the process as it advances.

The following indicators are included in the registration:

Age and gender (from electronic journal), Reason for accident, whether or not alcohol induced, severity of injury (on AIS scale), place of accident, activity; the last two include space for notes on the particular injury.

The parameters are equivalent to the ones used by ICD10 ch. 20.

The continuous registration ensures that one can evaluate the effect of the chosen preventative measures as the programme is carried out. Due to the small number of accidents yearly statistics are hard to interpret with any statistical significance. In the project one will have to focus on trends in the pattern of accidents. The continuous efforts of the working groups indicate whether or not the projects undertaken are desired and if they are valuable to the project. The board can then direct the progress of the programme.

3.8 Each community will analyse its organisations and their potential for participation in the programme.

The efforts to prevent accidents in Os municipality, has been supported by the Head doctor in Hedmark county. The collaboration between the county and the municipality was established at the time of the first accident registration project of 1992-95. The evaluation of the municipality health service in the 1998, the Head doctor of Hedmark county praised the routines and strategies for cross-sectoral cooperation in the municipality.

The 'Safe Community' programme has largely been organised as a project. This was necessary in order to increase awareness and create the setting for the programme. As the

² See diagrams 3.1.1 and 3.1.2

project has developed the mechanisms and procedures of the programme have become ingrained in the day-to-day procedures of the community. This is shown in earlier diagrams. The necessity of an enthusiastic health service will be required in the future for the programme to be implemented and followed.

The advantage of the organisational structure in Os is that it facilitates frequent communication between the different sectors of the municipality and hence cross-sectoral cooperation is possible.

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

Registration of accidents in the community takes place at the health centre (see 3.2). The data is forwarded to the working groups that require it for evaluation and to implement new preventative procedures. The accident registrations include the above mentioned parameters. This ensures the possibility to create preventative strategies, and to monitor the progress of the programme. The registration process has been of a local character and has not included the nearby hospitals. Os municipality has collaborated with several other municipalities and has guided them in similar projects.

3.10 Be prepared to involve all levels of the community in solving the injury problem.

Os municipality publishes a magazine called 'Kommunikanten' to every household in the community and it contains information regarding the administration and ongoing projects. The 'Safe Community' programme has been presented and the results of the registrations as well as preventative projects have been published. In this manner every single household in the municipality will be aware of the programme and will at the same time have the opportunity to involve themselves in the programme. The local press has also focused on the programme to reduce agricultural accidents as well as the 'Safe Community' programme.

Each working group is averaging 30 members. Moreover are there a large number of people who through their work participate in the programme on a daily basis. In order for the programme to be fully implemented political will is essential as well as focus on preventative health.

3.11 Disseminate information on the experience both nationally and internationally.

The preventative health effort in Os municipality has drawn on the experiences of other communities, and been inspired by already existing 'Safe Communities'. The programme in Os is supported by both the Department of Health and the Head Doctor of Hedmark county. The programme at Os is promoted to other communities through various articles in medical journals, participation in conferences and through informal communication with other doctors.

The head of the health service in Os has given a series of lectures on, and demonstrations of, the mechanisms in the registration process. Moreover a series of articles in the local press and publications from the Department of Health has focused on the 'Safe Community' project in Os municipality.

- Study-visits and cooperation with other municipalities
- Progress reports to Head doctor of Hedmark County
- Participation in national meetings on preventative health.
- Lecturing at county and regional level on accident registration and its uses in preventative health.
- Head Doctor in Os is a part of a Department of Health initiative to improve registration procedures. Project finalised autumn 1999.
- Head Doctor in Os collaborates with the producer of the electric journal to create an efficient and automatic registration procedure.
- The municipality contributed to and had a stand at the 'Safe Community' conference in Fredrikstad 1997.
- Os municipality has recorded an information video about accidents in the agricultural sector.
- Head doctor has visited the 'Safe Community' in Castlemilk, Glasgow.
- Representatives from Os municipality participates in a conference in Drammen in 1999 and lectures on similarities between 'Local Agenda 21' - and 'Safe Community' project.
- Head doctor has written an article in Norwegian Medical Journal about accident registration in at the municipality level. (see attachments)
- Os municipality has participated in agricultural projects by articles and projects in the community.
- Os municipality cooperates with the neighbouring municipalities to decrease the use of prescribed addictive medication. (partly done to reduce accidents where the elderly stumble and fall.)
- Os municipality was invited, as the only Norwegian municipality, to participate in a pan-European survey of accidents in agriculture and forestry at The Institute of Rural Health in Wales. This programme lasts two years and has applied for financial support from the EU.
- Os municipality has planned to create a Website, that will have links to the 'Safe Community' programme and the Department of Health as well as WHO at Karolinska Hospital in Stockholm. On this website the 'Safe Community' programme will be represented and yearly statistics will be published.

3.12 Be willing to contribute to the overall network of 'Safe Communities'.

Os municipality has committed itself to promote the 'Safe Community' and extend the network of safe communities. We are looking forward to contribute with our specialised experiences in automatic accident registration. Moreover we felt that the links developed between the 'Local Agenda 21' and 'Safe Community' project will be useful for other municipalities. We will continue to participate in existing and new organisations to promote 'Safe communities' and preventative health.

4 The Application

This application describes the accident prevention work undertaken in Os municipality. The programme has been developed from single projects in 1992 to an integrated approach in 1999. The cross-sectoral approach of public policy in Os municipality has been a strength in the development of the programme. Moreover it has been of great importance that there have been close ties between the public sector and the voluntary organisation in the community in forging the programme and involving all aspects of society.

Many people have been significant in the process and the programme will depend on the contribution from these and other enthusiastic people in the community. Without these the programme would not have reached where it is today. This document is based on the collective efforts of many actors in the programme and we are grateful for all their contributions.

We would also like to acknowledge and thank those who have supported us in this process and especially the secretariat for the 'Safe Communities' programme at the Department of Health, the Head Doctor of Hedmark county, The industry's doctor and Tynset, and the Organisation for Agricultural Health.

We would also like to thank all those who have contributed to the working groups, local politicians and the municipality administration, and most of all Tor Harry Biørn who has dedicated a lot of his time, expertise and efforts to the programme. To Harry Biørn has also been of utmost importance in the communication and set-up of the cross-sectoral working groups.

We wish for continuing cooperation and a 'Safer Community' in our dear municipality.

Os December 99

Helge Lund
Head Doctor / Head of Health service
Chairman of the Board of the project.

Unni Johansen
Project Leader

5. Attachments

1. Leet T., Lium E. og Reiling J. ITF 209 /93 The project in Nord Østerdal concerning accidents in farms
2. Leet T., Lium E. og Reiling J. ITF 6 /94 Recording farming accidents.
3. Grimsmo A og Snoen S E: "Doctortreated accidents in i Surnadal 1990-91. Journal of The Norwegian Medical Assosiation 1995: 2546-51.
4. Lund J, Borgan J-K, Hovden J, Høyland T E, Tellnes G, Vaaje, T og Hamre, B: SYNAPS - system concerning National statistics for persons 101 s. Skadeforebyggende forum, Oslo 1991.
5. Lund H. og Lium E. Journal of The Norwegian Medical Assosiation 27/ 1997: Recording accidents in Primary Health care
6. Department of Health and Social activity: Rundskriv I-25/96: Local accident preventing work
7. Health and farming 2 /97
8. Health and farming 1 /98: Chemical health problems in farms
9. Department of Health and Social activity: Action plans 1997-2002: Prevention of accidents in school, homes and leissure..
10. Folkehelsa (Department of Public Health): Personal accidents in regions and municipalities. October 1998.