



Karolinska Institutet
Department of Public Health Sciences
Division of Social Medicine
KI Report 1998:14

Tidaholm, Sweden

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

AnnBritt Johansson

1998

Contents

Background	1
The Community of Tidaholm.....	2
1. A cross-sectorial group responsible for injury prevention	4
1.1 The organisation of the project	4
1.1.1 The Public Health Council.....	4
1.1.2 Work group	4
1.2 Courses and conferences.....	5
2. The local community network should be involved	6
3. The programme covers all ages, environments and situations.....	7
3.1 Safety for children and youths	7
3.1.1 The group for accidents involving children and youths	7
3.1.2 Goals.....	7
3.1.3 Direction goals.....	8
3.1.4 Effort goals.....	8
3.1.5 Realised efforts.....	8
3.2 Safety for elderly and disabled	11
3.2.1 The group for accidents involving elderly and disabled.....	11
3.2.2 Goals.....	12
3.2.3 Direction goals.....	12
3.2.4 Effort goals.....	12
3.2.5 Realised efforts.....	13
3.3 Exercise/sports injuries.....	13
3.3.1 The group for accidents that occur during exercise/sports	13
3.3.2 Goals.....	14
3.3.3 Direction goals.....	14
3.3.4 Effort goals.....	14
3.3.5 Realised efforts.....	14
3.4 Traffic safety	15
3.4.1 Traffic safety group	15
3.4.2 Goals.....	16
3.4.3 Direction goals.....	16
3.4.4 Effort goals.....	16
3.4.5 Realised efforts.....	16
3.5 Agriculturists' safety.....	18
3.6 Risk hot line: "Olyckskorpen"	18
3.6.1 Secretariat	19
3.6.2 Goals.....	19
3.6.3 Realised efforts.....	19
4 The programme must show concern for high-risk groups and high-risk environments and aim at justice for vulnerable groups.	20
5 Representatives from the local community must be able to document the frequency and cause patterns of injuries	20
5.1 Injury registration.....	20

6	The programme must be a long term programme rather than a short term project	22
6.1	" Sesame"	22
7	To evaluate the effects of the programme, use appropriate indicators which offer necessary information about the ongoing processes of change	23
7.1	Quality guarantee	23
7.2	Follow-up and evaluation.....	23
7.2.1	Minutes	23
7.2.2	Annual report	23
7.2.3	The evaluation.....	24
7.2.4	Evaluation of activities that have shown a reduction in the frequency of injuries.....	24
8	Analyse the local organisations in the community and their possibilities to participate in the injury preventive work	25
8.1	The community network	25
8.2	The action programme has been referred for consideration	26
9	Engage the health and medical care sector in both the registration and prevention of injuries	26
10	Involve all levels of the local community in solving the injury problem.....	27
11	Disseminate experiences both nationally and internationally	27
12	Contribute to a strong network of "Safe Communities"	28
	Documentation.....	30

Background

In the Municipality of Tidaholm there is a long tradition of cross-sectorial work with injury prevention. The work began in 1987, mainly concentrating on safety rounds, where representatives from the Municipality, the Primary Care and voluntary organisations shared the responsibility.

Injury registration began at the Health Care Centre in 1992. We could also take part of the data that had been registered at the Falköping Basic Hospital.

In 1993, the work was extended by the forming of a management group, consisting of politicians and employees from the Municipality of Tidaholm, the Social Insurance Office and the Board of Health and Medical Care in the Vätter district.

The first plan of action was worked out for the period 1994 to 1995 and was politically adopted by the involved committees and actors.

Registration of accident injuries began on the 1st of April, 1994, at the Skövde Hospital (KSS), which means that registration data from Falköping Basic Hospital, Skövde Hospital and Tidaholm Health Care Centre can be linked together.

In March 1997, the Tidaholm Public Health Council was established, with politically elected members. Through that, the management group for "A Safer and More Secure Tidaholm" came to an end and the Public Health Council took over the management of the injury programme.

The work with injury prevention is carried out within the limits of the existing activities and personnel resources. Furthermore, the programme has money "set aside" for special efforts aimed at certain targets. The Municipality of Tidaholm and the County Council finance these aims together. Local sponsors are also a prerequisite in order to ensure that the financial resources will suffice, until now we have had good co-operation with the trade and industry and with commerce.

To improve public health is long-term work and it may take many years before the work shows any results. This is a continuous process. The clearly structured injury preventive work is estimated to continue until the year 2010, after that, the injury preventive work is estimated to be well established within regular routine work.

The Community of Tidaholm

The structure of the community

The community of Tidaholm is situated in the County of Skaraborg, in an old agricultural district. The town has its origin in an agricultural community which has developed into an industrial community and is now becoming a circulation society.

The community has an area of 525 sq. kms. The area is hilly and consists to 25% of forest. The fertile high plateau of Falbygden in the west and the forested highland of Hökensås in the east frame the community. Tidaholm is a green town where more than 2/3 of the city's area consists of greenery. The community has a population of 13.200 people. Of these, 8.000 live in the centre of Tidaholm. Other densely populated areas are for example Ekedalen and Madängsholm (500 inhabitants). 65% of the population live in the densely populated areas.

Communications

The inland highway Rv 47/48, which passes about 3 km west of the city, is the community's most important communication route, but today it is perceived as a transportation corridor without contact with neither the city nor the surrounding landscape.

For many city inhabitants it is natural to cycle to work, regardless of the weather.

Education level

- 40% of the inhabitants have only comprehensive school (all of Sweden 29%)
- 46% have upper secondary school (Sweden 47%) and of those,
- 12% have higher education, which should be set in relation to all of Sweden 23%.

Trade and Industry

The city has grown up around the rapids of the river Tidan, near Vulcan Island. The manufacturing industry (36%) still dominates the trade and industry. Other important parts of the trade and industry are the public services and the category care and welfare (17%), which are represented by Tidaholm Penal Institution, the Municipality and the Primary Care's

Department of Health and Medical Care. Agriculture, forestry and fisheries offer 7% of the job opportunities.

Unemployment

In August 1996, the community had the highest unemployment rate in the county. 15% of the inhabitants between 16-64 were unemployed at the time. This should be set in relation to the county's 11% and Sweden's 10%.

At the same time, the unemployment rate among youths in the community was 34%, compared to the county's 23% and Sweden's 20%.

"There is use for everybody" is a long-term continuous process, which is co-financed by the EEC. Among other things, "There is work for everybody" wants to create "the sector of possibilities", as an adequate and necessary alternative to the other sectors on the labour market.

1 A cross-sectorial group responsible for injury prevention

1.1 The organisation of the project

1.1.1 The Public Health Council

The activities are led by a politically composed Public Health Council, with representatives from the municipality and the County Council's Board of Public Health and Medical Care.

The Public Health Council's task is to map, analyse, develop, co-ordinate and evaluate the work. The Council also works to illuminate the consequences for public health, both in planning and decision-making within each of the committee's sphere of responsibility and also to create the possibility of carrying out public health work in practise.

1.1.2 Work group

Consists of those responsible for the reference groups (Exercise/sports, Children/youths, Elderly/disabled, Traffic-Olyckskorpen, Injury registration) and also the representative from the Municipality's Development Unit and the Social Insurance Office.

The group meets regularly and is responsible that public health work is carried out in practise, to keep the work together, exchange ideas and experiences and inspire the continued work

1.2 Courses and conferences

In order to partake in the experiences of others and new scientific research, representatives from the injury programme have participated in the following conferences:

- The 3rd National Accident Conference, Linköping, November 16-17, 1992.
- The County Accident Conference, Lundsbrunn, November 25, 1993.
- The 4th National Accident Conference, Uddevalla, May 30-31, 1994.
- BUS Conference, Stockholm, September 27, 1994.
- The Accident Seminar in Falköping, October 25-26, 1994.
- The Youth Leader Symposium, Skövde, February 3, 1995.
- BUS-Conference. The Rescue Department and Children, Karlstad, September 28, 1995.
- Education day concerning injuries and violence among children, Lundsbrunn, October 17, 1995.
- Swedish National Bicycle Helmet Conference in Götene, October 26-27, 1995.
- The County Accident Conference, Lundsbrunn, November 16, 1995.
- The 5th National Accident Conference in Östersund, April 17-18, 1996.
- Regional education concerning the safety of elderly in Gothenburg, May 6-7, 1996.
- SafeCom North 1. Conference in the Municipality of Skövde, August 28-30, 1995
- "Stay on your feet", autumn 1996, in Falköping, Mariestad and Skövde.
- Safe Community Network in Borås, January 23, 1997.
- And others.

2 The local community network should be involved

In order to reach the action programme's goals, it is very important to engage the existing community networks, to awaken an interest to show that this is how it looks and also to find joint solutions.

To find forms that motivate people's wish for changes, rather than to give them the feeling that health-messages are restrictions or "pointers". Associations, voluntary organisations, companies, village communities, local press etc are therefore irreplaceable co-actors in the work of creating a "Safe Community" and the possibilities to expand the scene of action for public health work is increasing.

Today, the network consists of municipal administration services, the Public Health and Medical Care, the Social Insurance Office, the Police, MHF (the Drivers-Total Abstainers' Association), PRO (the Pensioners' National Organisation), SPF (the Swedish Pensioners' Association), DHR (the National Association of Disabled), TCA (Tidaholm's Bicycle Amateurs), SRF (the National Association of Persons with Defective Vision), SISU (the Sports Educational Association), Adult School Educational Association, village communities and others. The network is flexible and new members are welcomed continuously. A positive thing is that some organisations have addressed the programme-answerable and asked to be involved in creating a safe community.

The local press is involved in this work, spreading information to the public.

3 The programme covers all ages, environments and situations

The programme is aimed at all inhabitants in the community of Tidaholm.

With help of local statistics, research, our own experiences and those of others, we have chosen to work in the following reference groups:

- * Safety for children/youths
- * Safety for elderly/disabled
- * Safety in exercise/sports
- * Safety in traffic
- * Occupational accidents - Safety for agriculturists
- * "Olyckskorpen" - local risk hot line

3.1 Safety for children and youths

3.1.1 The group for accidents involving children and youths

The group consists of:

- Further education answerable, school nurse, consumer secretary, teachers, child welfare assistant, traffic informant, vice principal (all from the Municipality of Tidaholm)
- The Police
- District nurse at BVC = Child Care Centre (Primary Care)
- Adult School Educational Association

Co-operation partners:

- Children and youths
- Parents
- Field assistants
- Other reference groups

3.1.2 Goals

The main goal of the programme is to reduce the number of accident injuries by 25% as well as their social, psychological and social economic consequences up to the year 2010.

Section goals in the programme which gives priority to children and youths are to:

- reduce injuries among unprotected drivers and pedestrians by 15% up to the year 2000
- reduce injuries among school children by 15% up to the year 2000
- reduce the injuries that occur in the home and in residential areas by 15% up to the year 2000
- reduce exercise and sports injuries by 15% up to the year 2000
- encourage the development of fellow supporters and the care-taking of children in risk-zones " in order to decrease violence in society

3.1.3 Direction goals

- to increase the use of bicycle helmets and increase pupils' knowledge about traffic safety
- to introduce injury registration at school and let the pupils take a part in the measure proposals, in order to reduce the number of accidents
- to inform about home accidents via BVC (Child Care Centre)
- to reduce the number of accidents that occur during sports lessons through education and information
- to control that pupils in the community are continuously receiving good swimming education
- anti mobbing programmes in schools
- to create contact-nets between parents, youths, police and field assistants

3.1.4 Effort goals

To annually analyse the injury statistics and plan the efforts using the analysis as a basis and to work in the same spirit as before.

3.1.5 Realised efforts

The BVC (Child Care Centre) works structurally on informing parents about injury preventive measures in the form of check lists (especially home accidents), "the bicycle helmet prescription" (subvention when buying the bicycle helmet for the age of 9 months or 3 years), lending of safety car chairs for children, brochures etc.

In co-operation with the Traffic Safety Association, BVC arranged an exhibition about safety car-chairs for children. Parents have been offered to buy reflectors. Different exhibitions have been arranged at the BVC (Child Care Centre) during the year, for example the "Safe toys" exhibition arranged by the Consumer Office.

School

Since 1994, there is a *traffic informant* in school who works with traffic safety issues, as a complement to the regular education.

Junior level: traffic signs, reflectors, bicycle helmets, night-traffic, slipperiness, safe bicycles, traffic rules for cyclists and information about seat belts.

Intermediate level: bicycle helmets, safe bicycles, traffic rules, seat belts, slipperiness, reflectors, traffic signs, right-hand traffic rule, traffic signal, policeman's symbols, measures in case of a traffic accident with the police and ambulance personnel involved, and bicycle days with a technique track.

Senior level: seat belts, alcohol - traffic.

This work has included a lot of practical exercises and pupils had a chance to "try out" different situations that could arise in traffic.

Furthermore, the traffic informant has made an inventory of the schools close environment, organised night-traffic evenings and inspected school buses.

Safer school way: on occasion first-grade pupils are followed on their way to school and back. The purpose is to help children find as safe a way to school as possible and to learn how to be attentive of possible danger on their way. This was documented in the form of maps and letters which pupils later took home.

"Helmet fire". A bicycle helmet campaign directed at fifth-grade pupils. Fifth-grade pupils can buy a bicycle helmet at a subsidised price, which is part of a package that includes a cinema ticket, a ticket for the swimming pool, free coffee or a CD-record. In return, pupils undertake to use the bicycle helmet during 5th and 6th grade. Evaluation inquiry annually.

Reflector waistcoat - Disco. Reflector campaign to increase visibility for intermediate level pupils. The entrance-fee included a reflector-waistcoat, which the pupils had to wear the whole evening. Under the twinkling lights of the discotheque, it was obvious that the visibility when wearing the waistcoat was good. Sponsors financed the waistcoats.

The efforts on preventing injuries in sports/exercise and doping see 3.3.5.

Anti mobbing programmes in schools

A lot of senior level pupils are fellow-supporters, eight and ninth grade pupils participate voluntary. A school hostess is responsible for education, information and solving problems.

Seventh-grade pupils watch video films, discuss mobbing and make clear that they do not want mobbing in school. At the same time parents are informed.

The Fellow-supporters work is to keep eyes and ears open, dare to react immediately, go between or speak their mind if they notice some sort of mobbing, get in touch with those who are alone etc.

The fellow-supporter then contacts the school hostess who gets in touch with the mobbed pupil. The mobbed pupil experiences that it is nice to avoid sneaking.

Thereafter, the "mobbing" leader is called to a conversation. Class teacher, parents, headmaster, curator are contacted after that, if the mobbing does not stop. Possible opportunists are then called to a similar conversation.

The system with involved pupils is a method which works well here, partly because you avoid situations where the mobbed pupil is worse off later (he/she has not sneaked), partly because it is the pupils who know best what is happening in school.

Schools in the municipality have fellow-supporters and an anti-mobbing programme, which are worked out from the conditions at every school.

Children in the "danger zone"

The work is built upon the co-operation between the Police, field assistants and school. The work started in 1995 and is gradually developing.

When an adolescent is taken into custody because of intoxication, this incident is followed up immediately. As early as the next day, the field assistant gets in touch with the parents. There is also a police officer present at this meeting if there has been fight or if somebody is suspected of a crime. The purpose of this contact is to show that society cares about these youths and that we, together with the parents, want to find a solution. In most cases, this works very well.

The Police and the field assistants go together to parents meetings and out to school classes and present this work. Society shows that it cares about the children/youths and at the same time makes it obvious that parents do the major part of and most important work with their children, for example through being clear concerning alcohol and drugs.

A dialogue is carried on between the pupils. It has become clear that pupils have many questions which they cannot discuss either with other pupils of their age or with their parents. Violence, drugs, relations, the future and safety nets are subjects that are discussed.

Who Cares?

Study circle for all parents of sixth-grade pupils, organised by the Adult School Educational Association in co-operation with school.

The purpose of this circle is to "raise the preparedness" with parents so that they actively participate in giving their children a good adolescence.

The study circle deals with 6 different subjects:

1. "The extended adolescence". What is it like going to school until you are 18 even if you do not want to.
2. "Children and youth culture". How do the idols of today influence our children and what do they stand for.
3. "How do our children and youths feel". School tiredness, non-attendance, and how can we work against mobbing.
4. "The increase in violence". What causes it and how can we work against it.
5. "Abuse and criminality". Causes and connections.
6. "Love, sex and co-habitation". How do I speak with my child about love and AIDS.

The study circle is carried on in form of discussions mixed with professional lectures.

An evening lecture was arranged with *information about children and youth insurance* in co-operation with the Consumers' Insurance Company in Stockholm.

3.2 Safety for elderly and disabled

3.2.1 The group for accidents involving elderly and disabled

The group consists of:

- * Medically responsible nurse, education leader, occupational therapist (all from the Municipality of Tidaholm)
- * Voluntary organisations: PRO (the Pensioners' National Organisation), SPF (the Swedish Pensioners' Association), DHR (the National Association of Disabled)

Collaboration partners:

- * The Social Insurance Office
- * The Pharmacy
- * The Disabled Persons Council
- * Other reference groups.

3.2.2 Goals

The main goal of the programme is to decrease the number of accident injuries as well as their social, psychological and social economic consequences by 25% up to the year 2010.

The section goals of this programme in which priority is given to the elderly and disabled is to:

- reduce accidents that occur in the home and residential areas by 15% up to the year 2000
- reduce accidents among unprotected drivers and pedestrians by 15% up to the year 2000

3.2.3 Direction goals

- to work actively in order to prevent accidents involving the elderly, especially fall accidents in the home
- education of safety representatives among care personnel and pensioners
- study circles in pensioners' organisations
- to work out information material
- see point 3.4.3

3.2.4 Effort goals

- to start study circles about accident prevention among elderly, at least one study circle in every pensioner's organisation
- work out a brochure about the most common fall accidents and thereby draw attention to risk situations in the near-environment
- appoint a safety representative in every unit within special residential forms and within the home services. The safety representatives will, through education and information about injury preventive measures, act as "instigators" in questions of safety for elderly and disabled
- the Disabled Persons Council, occupational therapy, the Office of the Town Engineer and the Technical Office are working out checklists on things that should be observed when renovating, in order to avoid future accident hazards
- see point 3.4.4

3.2.5 Realised efforts

The working out of a safety **checklist** for the elderly, which is used within the elderly and disabled care as an "instrument" of information.

Informed with the material "**Stay on Your Feet**" as a basis, in pensioners' coffee houses, at the PRO's (= The Pensioners' National Organisation) meetings, and at the meetings of PRO's smaller groups. On these occasions, information has been given about what "osteoporosis" (bone fragility) is and how to prevent it.

Arranged **education** for the volunteers working in the municipality, the theme being:

Functional anatomy/daily movement, Activity/inactivity and attitudes. The course was set up as a half-day course and the assembling was good.

Participated in the circulation-process, see point 3.4.5 and **worked to increase the use of bicycle helmets** among elderly and disabled.

In April 1997, an education day was arranged for pensioners in the community, the theme being "**Stay on Your Feet**" with the following programme points:

- ⇒ Presentation of the injury programme "on a large scale"
- ⇒ How much does it cost to get ill today?
- ⇒ The influence medicine has on the body.
- ⇒ "I prescribe a proper daily walk".
- ⇒ Means of assistance.
- ⇒ Local lecturers were engaged: Education leader, Public health planner, representative from SPF (Swedish Pensioners' Association), the Social Insurance Office, the Pharmacy, Physiotherapist and Occupational therapist.

The 70 auditors were content with the arrangement and wished for a similar education regarding daily diet for elderly.

3.3 Exercise/sports injuries

3.3.1 The group for accidents that occur during exercise/sports

The group consists of:

- Recreation manager and Gymnastics teacher (the Municipality of Tidaholm)
- Physiotherapist (Primary Care)
- SISU (Sports Educational Association)

Co-operation partners:

- Sports associations
- School
- Other reference groups

3.3.2 Goals

The main goal of the programme is to reduce the number of accident injuries as well as their social, psychological and social economic consequences by 25% up to the year 2010.

The section goal is to reduce exercise and sports injuries by 15% up to the year 2000.

3.3.3 Direction goals

- to prevent injuries that occur during exercise and sports
- educate association leaders on how to avoid injuries
- educate pupils and gymnastics teachers in senior level comprehensive schools and secondary schools on how to avoid injuries
- education on proper care-taking in case of an accident.

3.3.4 Effort goals

- to map accidents that have occurred at the municipality's facilities and association facilities in the community
- education of association leaders on how to prevent injuries within sports
- education of eight-grade pupils who study sports in "Pupils choice", secondary school pupils who study at the Children and Recreation programme and second-grade pupils who study the Football programme
- offer education to associations on CPR

Co-operate with senior level comprehensive schools on the matter of doping during the ANT-day.

3.3.5 Realised efforts

During the ANT-day at the comprehensive school, Stefan Fernholm lectured on doping/ anabolic steroids for all eight-grade pupils.

Education on sports injuries prevention measures have been arranged on three occasions during 1995, in co-operation with Lasse Karlsson,

sports injury therapist from Vänersborg. The education was arranged for players/participants, leaders and coaches in the community. 90 persons from 9 associations undertook the education. The participants met between the lectures, in form of study circles within their own clubs. At these meetings, they followed up and discussed the lectures. Afterwards, most of the associations have followed up with visits to a physiotherapist, instructions in CPR and so forth.

The education efforts continued during 1996 and 1/2 education-day with Lasse Karlsson was carried out for pupils who learn about Sports leadership, eighth-grade pupils at the Children and Recreation programme, second-grade pupils at Rudbecksgymnasiet (Rudbeck's secondary school) as well as for gymnastics teachers and school nurses.

3.4 Traffic safety

3.4.1 Traffic safety group

The local traffic safety authority, which includes the Technical Office, the Police and voluntary organisations such as MHF (the Drivers-Total Abstainer' Association), PRO (the Pensioners' National Organisation), DHR (the National Association of Disabled), TCA (Tidaholm's Bicycle Amateurs), SRF (the National Association of Persons with Defective Vision) etc.

Co-operative authorities:

- NTF - Skaraborg's Traffic Safety Association
- The National Road Department
- Companies
- The local media
- Cycle shopkeepers
- Optician
- Parents
- Other reference groups

3.4.2 Goals

The main goal of the programme is to reduce the number of accident injuries as well as their social, psychological and social economic consequences by 25% up to the year 2010.

The section goal is to reduce accidents involving unprotected drivers, pedestrians by 15% up to the year 2000.

3.4.3 Direction goals

- The behaviour of cyclists in traffic
- Speed adjustment
- Proper protective equipment for everybody in traffic
- Information and reports on traffic accidents

3.4.4 Effort goals

Influence the attitude and behaviour of cyclists and other people in traffic through:

- Efforts on every level of school
- Increased supervision in co-operation with the Police
- Condition-measuring - evaluation - measures
- Information via the media
- Give attention to the unprotected traffic users
- Obligation to give way - marked P/B-crossings - separate P/B-ways
- Work towards the use of protective equipment
- Bicycle helmet - car safety chairs for children - visibility

3.4.5 Realised efforts

The traffic safety programme was adopted in 1995 by the Technical Committee of the Municipality of Tidaholm. The Road Department's regional traffic safety programme is the foundation of the Municipality's traffic safety work. Elderly and children are given special priority.

See point 3.1.5 regarding the efforts carried out to reduce traffic accidents among pupils.

A **bicycle helmet campaign** started in December 1994. The Municipality of Tidaholm, the Social Insurance Office, Sparbanken (bank) and the Primary Care made an effort to increase the use of bicycle helmets among

their personnel. Every employee has been offered to buy a bicycle helmet to a very reduced price.

This campaign was followed up by:

Kretsloppet (The Circulation). Aimed towards **every inhabitant in the community**. Bicycle campaign directed towards non-polluting passenger transport, traffic safety and health/exercise. Bicycle tip round, where the participants were equipped with bicycle helmet brochures in which they could find the answers.

At the start there was, among other things, the **Bicycle Helmet Exhibition** arranged by the **Consumer Office**. The participation of Gun Hägglund, bicycle promotion. Everybody who cycled with a helmet received an extra price.

This was followed up by an **inquiry** among all employees of the Municipality of Tidaholm, the Social Insurance Office, Sparbanken (bank) and the Primary Care.

This inquiry illustrated how the use of helmets was among the employees and what had to be done in order to increase the use of helmets.

We summarised the campaign and inquiry and from the answers we got, we arranged a new "kretsloppet" (circulation) during spring and summer 1996. This time, even village communities participated and the "kretsloppet" was carried out on several occasions, starting out from different places in the community.

That year, we used the **answers from the inquiry** and arranged a **local bicycle helmet exhibition**. We also showed the exhibition at the Accident Conference in Östersund.

The Traffic Safety Day was arranged in the autumn 1996, in co-operation with the Road Department - Promenade tips was arranged in combination with serving and information about non-alcoholic drinks, free eye test at one of the city's opticians and also a tire test.

The traffic group has also carried out **condition measuring** such as the obligation to stop, speed control and bicycle helmet use at one of the larger companies in the community.

Bicycle lighting and reflector campaign in co-operation with the cycle shopkeepers. Cycle shopkeepers offered to set up or repair cycle lighting and reflectors.

Bicycle helmet campaign for all employees at one of the bigger companies, in co-operation with NTF - Skaraborg's Traffic Safety Association.

During an **education day**, the Road Department and NTF - Skaraborg's Traffic Safety Association have given information about regional traffic safety work to the traffic safety group.

The Technical Office

- Reconstruction of 4-way-crossings to mini roundabouts, completing with traffic pillars and traffic adjusters - obligation to give way - and obligation to stop.
- Revision of road 874 - a proposal for reconstruction with a separate P/B-way.
- Worked out routines for continuous up dating of the fine-meshed road-net.
- A plan proposal for a car-free city centre.

3.5 Agriculturists' safety

With the help of injury registration, we have identified a group which is prone to injuries - agriculturists. In 1997, we are starting a work group with the responsibility to reduce accidents that involve agriculturists by 10% up to the year 2000.

When the group is established it will develop a strategy based on the injury statistics in order to achieve the goal.

3.6 Risk hot line: "Olyckskorpen"

"You tip - We take measures - Together we can prevent accidents in the community of Tidaholm".

Encourages the population to report accident hazards in the near-environment to the Technical Office, which then decides who is going to do something about the accident hazard.

The tips are classified under their respective responsibility area and estimated from:

- Take measures
- Prepare a budget
- Investigate
- Take no measures

"Olyckskorpen", The Risk Hot Line, is marketed via advertising, bill-posting and other information.

It is important with feedback and information about measures taken to the person who has reported the hazard.

3.6.1 Secretariat

The Technical Office

Co-operation partners:

- The population
- The Environmental and Building Office
- The Traffic Committee
- The Street Unit
- The Park Unit
- The Property Unit
- Suppliers of electricity
- The Road Department
- The reference groups

3.6.2 Goals

The main goal of the programme is to reduce the number of accident injuries as well as their social, psychological and social economic consequences by 25% up to the year 2010.

3.6.3 Realised efforts

169 reports have been registered since the start in 1994. 70% have been taken care of or led to information efforts.

4 The programme must show concern for high-risk groups and high-risk environments and aim at justice for vulnerable groups.

The programme covers all ages, environments and situations. While taking measures, the programme must show special concern for high-risk groups (i.e. children and elderly) and high-risk environments (i.e. home, agriculture and traffic). The work must aim at creating justice for vulnerable groups.

5 Representatives from the local community must be able to document the frequency and cause patterns of injuries

5.1 Injury registration

The registration of injuries is the foundation of the injury preventive work. The statistics are a good foundation for inspiration and planning.

High-risk environments and high-risk groups are identified with the help of injury analysis.

Descriptions in plain language have been highly emphasised during the last year - accident hazards become real, programme workers see what has happened in the community and helped by the descriptions, they can take measures.

Skaraborg County Council works to develop and improve the registration routines so that the statistics also can be used as evaluation material.

Examples of local statistics

Injury area	Women	Men	Sum	Percent
Transport	112	118	230	14,8
Home	271	303	574	37,1
Production/Workshop	48	185	233	15,1
Trade/Service	16	2	18	1,2
Institution	59	89	148	9,5
Sport	75	152	227	14,6
Pleasure/Culture/Park	14	21	35	2,3
Open nature	27	32	59	3,8
Sea/Lake/River	2	9	11	0,7
Unspecified	6	4	10	0,6
Sum	630	915	1545	100,0

Accident injuries involving inhabitants in the community of Tidaholm. Registered at the Tidaholm Primary Care, Falköping Basic Hospital and Skövde Hospital (KSS) during the period 1994-04-01- 1996-03-31.

These statistics show that more than every third accident occurred at home. Within traffic, production/workshop and sports, about 15% of the accidents occurred (in each sphere).

6 The programme must be a long term programme rather than a short term project

The Municipal Executive Board and the Board of Public Health and Medical Care encourage all committees/governments, administration services and the Primary Care to work at preventing accidents within the frame of existing activities and accessible resources.

To improve public health is a long-term work and it may take many years before the work shows any results. This is a process that permanently continues.

The clearly structured injury preventive work is estimated to continue to the year 2010, after that, injury prevention is estimated to be well established in the routine work.

The action programme will be modified continuously and reworked along the way as new experiences and knowledge are added.

6.1 "Sesame"

The model for carrying out the plan is "SESAME", the ***Supportive EnvironmentS Action ModEl***.

This model of action has grown from examples that show how health-supporting environments can be created. The model is formulated in 8 stages, which follow upon each other during the realisation of a programme.

7 To evaluate the effects of the programme, use appropriate indicators which offer necessary information about the ongoing processes of change

7.1 Quality guarantee

Quality guarantee is a constantly ongoing process that takes place within the frame of the people who are involved in the programme. Their own activities can be followed up through the quality guarantee. "To be sure that the right thing is done in the right way".

Quality guarantee is carried out with the help of the pamphlet *"To succeed with a health Project: Quality Guarantee"*, written by The (Swedish) County Council Association.

7.2 Follow-up and evaluation

7.2.1 Minutes

At every meeting, detailed minutes are taken. The minutes show who is to do what. At the next meeting, we go through the previous meeting's minutes and control that the measures concerning earlier decisions have been taken.

7.2.2 Annual report

The respective workgroups write an annual report every year.

7.2.3 The evaluation

The evaluation will be done continuously (see "SESAME" 6.1) and will focus on both the realisation and the results.

⇒ *Effort analysis* (have any efforts been carried out in order to realise the purpose of the programme?)

⇒ *Effect analysis* (did these efforts have any effects within the chosen areas?)

⇒ *Process analysis* (through which series of events are the efforts related to effects?)

⇒ *The analysis of goal-achievements* (which goals does the programme have and have they been realised?)

⇒ *The analysis of causes* (which factors supported, respectively stood in the way of the goal realisation)

⇒ *Efficiency analysis* (would it be possible to realise the acceptable level of goal achievement in some other way?)

7.2.4 Evaluation of activities that have shown a reduction in the frequency of injuries.

Through following up on traffic accidents reported to the police, the Technical Office has reduced the number of accidents, by physically building "mini roundabouts" and introducing a stop obligation at exposed 4-way-crossings. Refuges have been placed by access roads to main streets.

8 Analyse the local organisations in the community and their possibilities to participate in the injury preventive work

8.1 The community network

In order to achieve the action programme's goals, it is important to engage the existing community network, to awaken an interest and show that this is what it looks like, as well as to find joint solutions.

To find forms that motivate people's wish for change, rather than to give them the experience that health-messages are restrictions or "pointers". This is a process that goes on continuously and the work develops. In today's society, when work places are being re-organised, we sometimes "lose" good colleagues and at the same time, we welcome new colleagues.

Associations, voluntary organisations, companies, village communities, local press etc are irreplaceable co-actors in the work of creating the "Safe and Secure Community", and the possibilities to expand the scene of action for public health work is increasing.

In the programme today, workers participate from the Municipal Board, the Development Unit, the Technical Administration, the Children and Education Administration, schools, school nurses, the Elderly and Disabled Care, the Culture and Leisure Administration, the Consumer Secretary, the Board of Public Health and Medical Care, the doctor's surgery, physiotherapists, the County Council's Public Health Unit in Tidaholm, the district nurse consultation room, the Social Insurance Office, the Police, MHF (the Drivers-Total Abstainers' Association), PRO (the Pensioners' National Organisation), SPF (the Swedish Pensioners' Association), DHR (the National Association of Disabled), TCA (Tidaholm's Bicycle Amateurs), SRF (the National Association of Persons with Defective Vision), SISU (the Sports Educational Association), Adult School Educational Association, et al.

Village communities and companies participate in campaigns and special efforts.

The local press covers the work, spreading information to the population about work in progress and activities.

The Risk hot line "Olyckskorpen" gives the community inhabitants the possibility to influence the near-environment and at the same time encourages the inhabitants to think preventively.

8.2 The action programme has been referred for consideration

The action programme has been referred for consideration and 25 different committees and organisations have had the possibility to influence the contents of the programme.

9 Engage the health and medical care sector in both the registration and prevention of injuries

The co-operation within the injury preventive area between the Primary Care and the Municipality of Tidaholm has been going on since 1987. Responsible for the programme is a Public Health Planner who works at Skaraborg County Council's Public Health Unit in Tidaholm. The programme workers keep in contact almost every day. Detailed minutes are written at every meeting and an important part of the minutes is who is to do what and that this is followed up at the next meeting.

The reports on accidents that occur in the county are analysed continuously and left to the society planners in the Municipality.

The reports on traffic injuries are identified and left over to the Technical Office within a shorter time-interval in order to point out slippery accidents for example.

The Child Welfare Clinic has structurally worked on checklists for the parents of children of different ages since 1980. While distributing the lists, individual conversations have taken place with the parents.

"The bicycle helmet prescription" is distributed, the subvention when buying the bicycle helmet for the children at the age of 9 months or 3 years.

Lending of safety car chairs for children through the BVC (Child Welfare Clinic) as well as the sale of reflectors.

The School Health Care registers accidents that occur at school. This registration will be simplified during 1997 and pupils will participate more in the follow-up work.

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

The structure of the reference groups implies that all activities are covered by the injury preventive work.

To prevent injuries is public health work, aimed at increasing people's awareness and thereby changing behaviours. A community changes through the engagement cross-sectorially - both from above and from below. The engagement is established firmly in the Public Health Committee and stretches out through the work groups and the reference groups.

11 Disseminate experiences both nationally and internationally

As the County of Skaraborg has the goal of becoming a safe and secure county, the exchange of experiences goes on continuously between the communities.

The Health Informer from Tidaholm was instructed by the County Council's Central Public Health Unit to inform the municipalities of Hjo, Karlsborg and Gullspång in order to inspire these communities to start a structural accident preventive programme during autumn 1995.

The Municipality of Mariestad was informed about our work at the same time (autumn 1995), the Municipality worked about the same way as we did and needed some new ideas. New information was given to the Management of Hjo Municipality in spring 1996.

The County Council's Central Public Health Unit arranges meetings on a regular basis for the municipality representatives, 2 - 3 times per year. The county's municipalities then exchange experiences within the injury preventive work and we partake in these new experiences.

We participated in the Accident Conference in Östersund, in spring 1996 (see point 1.2)

The exchange of experiences with the community's sister community Tukums in Latvia began in winter 1996-97. They are very interested in continuous information, especially information about injury expenses, injury registration and the work model as a whole.

The injury preventive work in the Municipality of Tidaholm will be presented on the Internet, via links from the Municipality's web site.

12 Contribute to a strong network of "Safe Communities"

The Municipality of Tidaholm is situated in the County of Skaraborg, which is one of the world's most dense Safe Community areas. The cities Falköping, Lidköping and Skövde are all situated within a distance of 70 km. When the public health workers meet, they continuously exchange experiences. We tip each other about good work models and efforts. The same exchange of experiences goes on between the employees of the municipalities, politicians and voluntary organisations.

The Municipality of Tidaholm participates actively in the municipality representatives' meetings about injury preventive work in the County of Skaraborg.

The Public Health Committee has recently joined the "Swedish Network for Public Health Work".

Working cross-sectorially with the injury preventive work is in many ways stimulating. We learn from each other's activities, through co-operation we can find joint solutions and work for a development that will last.

The network of people engaged in this work has every possibility to increase as we acquire more knowledge.

I would like to thank all of those who actively work in the injury preventive programme and I would especially like to thank some persons who have made the writing of this document possible:

Anna Nordenfelt, Head of the Care Centre, together with the personnel who assiduously fill out the injury reports - the basis of this work

Rune Torstensson, the Social Insurance Office

Jan Andersson, the Technical Office

Björn Carlberg, the Development Unit

Olle Widén, the Children and Education Office

Mary Liabäck, the Children and Education Office

Seija Nordström, MAS (medical answerable nurse), the Social Welfare Office

Margaretha Sjöquist, the Social Welfare Office

Christer Adamsson, the Culture and Leisure Office

Ewa-Britt Carlsson, now Public Health Planner in the Municipality of Mullsjö

Magnus Svensson, Traffic Informant

Stina Thurén, the School Hostess at Centralskolan

Birgitta Andersson, the Adult School Educational Association

Ulf Andersson, the Police

Tidaholm in April 1997.

AnnBritt Johansson

Programme answerable Public Health planner

Documentation

Ader M, et.al. *Att lyckas med ett hälsoprojekt. Kvalitetssäkring. (To Succeed with a Health Project: Quality Guarantee)*. Stockholm: Landstingsförbundet, 1994.

Ader M, Ekman R, Lindström Å. *Nyckeln till ett säkrare och tryggare Skaraborg. (The Key to a Safer and More Secure Skaraborg)*, Länsolycksfallsprogram 1993-2010. Skövde: Landstinget Skaraborg, 1992.

Arnstberg K-O. *Hälsoraketten. (The Health Rocket)*. Stockholm: Svenska kommunförbundet, 1994.

Boverket. Tidaholm: Stadsarkitektkontoret, 1996.

Dahlgren G. *Agenda 21 arbetet i ett folkhälsoperspektiv - några fakta, funderingar och förslag. (The Agenda 21 Work in a Public Health Perspective - some facts, thoughts and suggestions)*. Stockholm: Folkhälsoinstitutet, 1995.

En säker och trygg kommun. (A Safe Community). Stockholm: Folkhälsoinstitutet, 1996.

Tillsammans förebygger vi skador. (Together We Prevent Injuries). Stockholm: Folkhälsoinstitutet, 1994.

Skololycksfall & skolans uterum. (School Accidents and School's Outdoor Room). Stockholm: Folkhälsoinstitutet.

Strategier som ger framgång. (Strategies that Lead to Success). Stockholm: Folkhälsoinstitutet.

Haglund - Svanström. *Folkhälsovetenskap - en introduktion. (Public Health Science; An Introduction)*.

Lindberg Angelica. *Vem bryr sig? (Who Cares?)*.

Länsarbetsnämnden. *Arbetsmarknadsläget i Skaraborgslän. (The Labour Market Situation in the County of Skaraborg)*, 1996.

Statistiska centralbyrån. *Fakta om Tidaholm. (Facts about Tidaholm)*. Stockholm: SCB. 1996.

Tidaholms kommun. *Förebyggande av olycksfall i Tidaholm. (Prevention of Accidents in Tidaholm)*, 1994-1995.

Tidaholms kommun. *Förebyggande av skador. Handlingsprogram 1996-1998. (Prevention of Injuries; Action Programme 1996-1998)*.

Wramner B. *"Folkhälsoarbete i Landstinget Skaraborg inför 2000-talet". (Public Health Work in the County of Skaraborg before the 21st Century)*. Mariestad: Landstinget Skaraborg, 1996.

"It is certainly commendable to help the sick get well, but it is equally commendable to help the healthy preserve their health": Hippocrates, 400 bc.

