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Department of Public Health Sciences
Division of Social Medicine
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Uddevalla, Sweden

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

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Earlier reports from WHO Collaborating Centre on Community Safety Promotion, Karolinska Institutet

1 Background

In Sweden, accident injuries are the most common cause of death among children and youths. Each year, about 3,000 persons are killed and about one million medical appointments are made in consequence of accidents. The costs for society are estimated to 64 billion crowns.

In view of this background, the injury preventive work began in Uddevalla in 1994, when the Bohus County Council hosted the fourth national injury preventive conference. The conference was part of a ten-year injury preventive work within the Bohus County Council. This work was aimed particularly at decreasing accident injuries among children and youths and also traffic injuries. An additional aspiration was to facilitate for elderly to be able to remain living in their home environment.

In 1994, the Uddevalla Board of Health and Medical Care and the Municipal Executive Board decided to enter into a cross-sectorial co-operation with the aim that injuries due to accidents shall decrease by 25% up to the year 2010. An aim that agrees with WHO's strategy, Health for all, where one of the aims is to decrease deaths due to accidents by 25% up to the year 2000.

In 1994, a political action programme for the injury preventive work was adopted by the Municipal Council and the Board of Health and Medical Care. Both parties allocated special funds and they each employed a project leader. One aim along the way is that the community will be appointed a Safe Community in 1998, when Uddevalla celebrates its 500-year jubilee.

The injury preventive work has resulted in a widely increased interest in issues of public health and in 1996, the Municipal Executive Board decided, after a motion from the Board of Health and Medical Care, to enter into a closer co-operation on issues of public health. Presently, the possibilities to form a joint health political council and also to work up a plan for the public health work are being investigated. If this is done, the injury preventive programme will become an integral part of that public health plan. This summer, Uddevalla will host the 1998 Public Health Conference, where the injury preventive programme will be part of the agenda.

2 Uddevalla Municipality

Uddevalla is a medium sized community with a full 49,000 inhabitants. The community is situated in the County of Bohuslän on the west coast, about 56 English miles north of Gothenburg. The municipality offers diverse nature with a long coast-line, forests and mountains. European highway 6 runs like an artery throughout the community with, at times, heavy through traffic.

The municipality consists of Uddevalla city, where a good 33,000 of the inhabitants live, Ljungskile city in the south, with about 3,400 inhabitants and rural areas with several smaller "cities". The number of inhabitants in Uddevalla has increased during the last ten years and the demographic distribution follows the national average, 24% are under 19 years old, 57% are 19-64 years old and 19% are over 65 years old. The share of persons over 80 and older is slightly above the county and national averages. The number of persons born in another country is also a bit higher than the national average.

Uddevalla is a municipality that has been through the shut-downs of several companies during the last couple of years. Between the years 1990-93, 5,300 jobs disappeared. Partly due to this, the unemployment rate is higher than both the county's and the nation's. About 13% of the able-bodied population are either unemployed or employed in some form of action programme measures. For 16-24-year-olds, the share was 25%. Together with the municipalities of Trollhättan, Vänersborg and Lysekil, Uddevalla forms "Fyrstad" (Four Cities), an area that has been appointed a support area for the EC's Aim 2.

Totally, about 21,000 job opportunities are offered in Uddevalla. The public sector employs 7,400 Community and County Council employees. Recently, Uddevalla Hospital and Northern Älvsborg General Hospital have merged into the NU Medical Care, a merger that involves changes at clinics and wards. Among the private companies, the car factory Auto Nova is the largest with a full 650 employees.

10,900 children and youths are placed in pre-school, comprehensive school and upper secondary school. The educational activities in the community are extensive and upper secondary school offers a wide range of study programmes. Each year, about 1,800 students are accepted from 90 other municipalities. The University of Trollhättan/Uddevalla/Vänersborg offers 725 educational seats in Uddevalla.

Each year, festivals, fairs and other events are arranged in Uddevalla. There is a rich cultural life, among other things, the Bohuslän County Museum is the most visited county museum in the country. The community also offers excellent opportunities for out-door life, both on land and at sea.

3 Criteria for Safe Community

Safe Community, which constitutes an important strategy in the Public Health Institute's national and WHO's international injury preventive programmes, is a model for the injury preventive work in the local community. The fundamental idea in Safe Community is to create a structure for cross-sectorial co-operation between various parties in the community. This structure starts out from and is built upon regular activities.

In order to be appointed - A Safe Community - the community is required to fulfil certain, internationally valid, established criteria, concerning organisation, programme, ways to work and also documentation and evaluation of the injury preventive work.

The following criteria should be fulfilled:

1. A cross-sectorial group that works with injury prevention.
2. The community's network should be involved.
3. The programme should cover all ages, environments and situations.
4. The programme must show concern for high-risk groups and high-risk environments and aim at justice for vulnerable groups.
5. Representatives from the Community and/or the Health and Medical Care should be able to document the injuries' frequency and cause patterns.
6. The programme must be a long-term programme and not consist of short-term projects.
7. To, in the evaluation of the programme's effects, use appropriate indicators that offer necessary information about the change processes in progress.
8. To analyse the Community's organisation and it's possibilities to participate in the injury preventive work.
9. Involve the Health and Medical Care in injury registration and prevention.
10. Involve all levels of the community to solve the problem.
11. To disseminate experiences nationally and internationally.
12. To contribute to strengthen the network - Safe Communities.

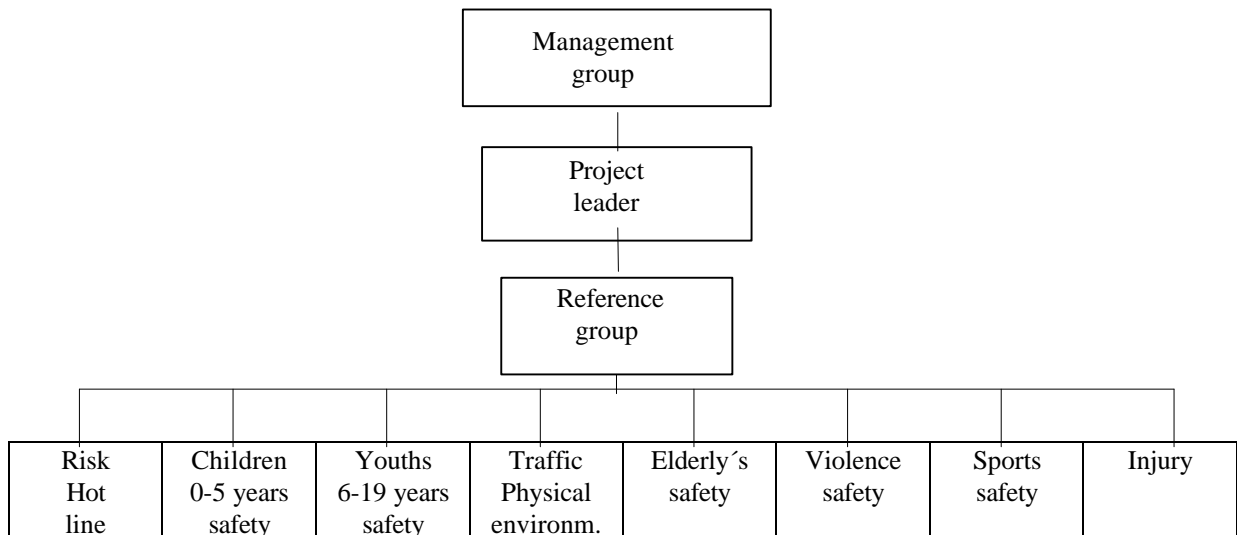
This application is written in such a way that it accounts for the injury preventive work in Uddevalla with regard to each of the 12 criteria.

3.1 The 1st criteria: There should be a cross-sectorial group that works with injury prevention

The injury preventive work in Uddevalla is governed by a management group consisting of politicians from the Municipal Executive Board and the local Health and Medical Care. Part of the group are also the planning director of the local government, the Health and Medical Care's director and project leaders. The political management group was formed in 1994 and a municipal commissioner acts as chairman. Furthermore, there are two project leaders, one each from the Local Authority and the Health and Medical Board. The organisation also consists of a reference group which consists of, among others, the co-ordinators from the work groups that have been formed.

Six work groups have been formed so far. Each group consists of 10-15 representatives from the Municipality, the County Council, the Government, voluntary organisations and the trade and industry. Each group's injury preventive work proceeds from their "interest group".

The organisation for the injury preventive work in Uddevalla is as follows:



Figur 1

3.2 The 2nd criteria: Involvement of the community's network

Successful injury preventive work is built upon the participation and dedication of everybody. Mainly, it is about increasing people's awareness of their own behaviour, but it is also about creating a physical environment that is as safe as possible. This requires that the work is firmly established on all levels of society. On the highest political level, in the Municipal Council and in the Board of Health and Medical Care with an adopted action programme and resolutions about the allocation of funds. Among responsible operatives and personnel within the Municipal Administration Services as well as among voluntary organisations and each individual community inhabitant.

In the reference group and the six work groups, there are representatives from many different spheres in the community:

- ***Safety for children 0-5 years old***

The Child Care with pre-school personnel, family-home-day care personnel, open pre-schools, parents, Child Care Centres, Mother and Child Health Care, the Street Office, the Consumer's Aid Office, pram and toy merchants and the Community Housing Company.

- ***Children's and youths' safety 6-19 years old***

The School Administration Services, the School Health Care, the Recreational Administration Services, the Police, NTF (the National Association for Traffic Safety Promotion), Health Information, the Youth Care Centre, and the local bus company.

- ***The safety for elderly group***

The Social Administration Services for Elderly Care, the Community nurse, the Volunteers' Centre, the District nurse, the District Work Therapy, the County Medical Care, the Church of Sweden and pensioner's and handicap organisations.

- ***Traffic and physical environment group***

The Street Office, the School Administration Services, the Social Services' Immigrant Office, the Police, the National Road Administration, NTF, insurance companies, driving school teachers, voluntary organisations and student representatives.

- ***Sports safety group***

The Recreational Administration Services, the County Medical Care, SISU (the Sports Movement's Study Association), the Pharmacy, Korpen Swedish Sports for all Association and an active sports star.

- **Violence safety group**
The School Administration Services, the Social Administration Services, the Youth Care Centre, the Police, the Bohuslän-Dal Sports Association, voluntary organisations and pensioners.
- **The Risk Hot Line**
The Citizen's Office together with contact persons from the Municipality, the County Council, Government departments, property owners, the trade and industry and others.
- **Injury registration**
Doctors and nurses at the emergency care centre.

In the reference group there are also representatives from insurance companies and the Red Cross.

Once a year, all the reference groups and others, assemble for a seminar day to take part in the follow up, to share experiences and to plan for new activities.

STRATEGY

The injury preventive work in the community should include everybody. The realisation strategy consists of four parts:

- 1 Information.
- 2 Education.
- 3 Concrete measures.
- 4 Follow up- Evaluation.

- **Information**
The injury preventive work is mainly about awakening the awareness of injury risks, both in the individual and in organisations. An important task is therefore to disseminate information verbally in both large and small groups, at fairs and exhibitions, in writing through reports, addresses, leaflets, tips, etc. and through the media by news coverage and interesting articles.
- **Education**
is a very important part of the work and extensive education efforts are in progress that reach personnel within child and elderly care, parents, leaders in sports organisations, school, youths and elderly.
- **Concrete measures**
Both large and small measures are carried through. Many are conducted by the work groups. Furthermore an important task is to secure routines for the injury preventive work within different activities, for example within child care, elderly care and in traffic.
- **Follow up**

A continuous follow up of the work is in progress, concerning both the results and the process. This is done for instance through the following up of measures and through injury registration at the hospital.

The best effect in the work is reached when the accident injuries are prevented where they occur. The Community is responsible for many of the community inhabitants' environments, such as for example traffic, recreational facilities, school, child care and housing for elderly. One way to emphasise this responsibility is to secure routines for the injury preventive work and also that the networks, both within the Community and other parties, function in order to make it possible to find joint solutions.

4 The 3rd criteria: The programme covers all ages, environments and situations

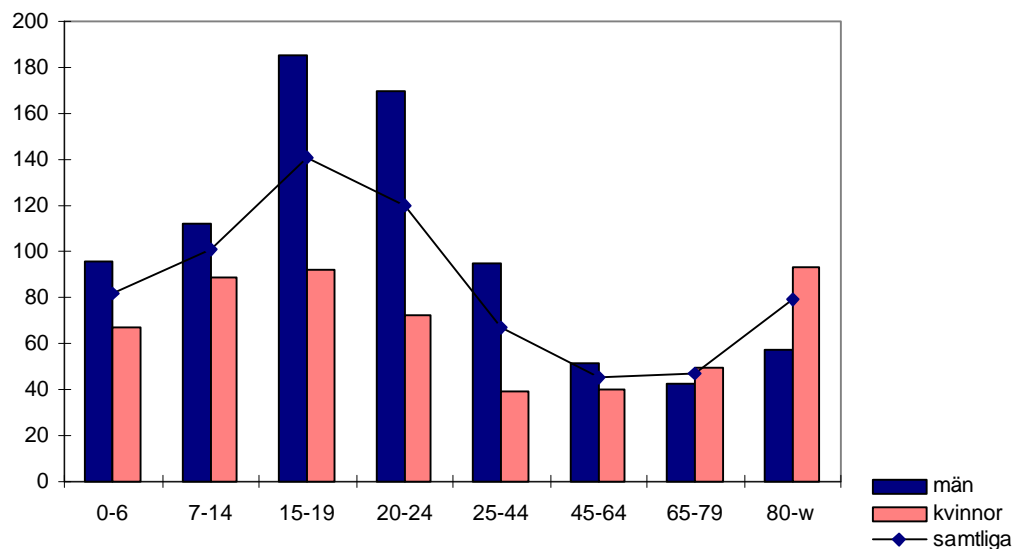
The injury preventive work covers people of all ages, in all environments and in all situations. The work is mainly about awakening the awareness about the importance your own behaviour has for the risk of injuring yourself through accidents. But the work is also about making the physical environment as safe as possible.

The accident injuries' distribution among sexes and ages

At Uddevalla Hospital, a continuous registration is in progress of the accident injuries that come in to the emergency room and the on-duty centre. The registration gives us knowledge about which accident injuries that occur, their distribution among age groups and also in which situations the accidents have occurred. The injury registration of 1995 shows that the number of injured varies much among the ages. The statistic selection that is presented throughout this report consists of the number of accident injuries that have occurred in the municipality of Uddevalla and also those that have happened to Uddevalla inhabitants outside the community. The selection is the same that is used in the rest of the Bohus County Council. During 1995, 3,513 accident injuries were registered. However, it should be noted that there were some flaws in the input of data at the beginning of the year and also that the number of unspecified amounts to 25%.

From the registration, it is evident that children, youths and elderly are the most exposed. It is also evident that men are more exposed than women. The diagram below shows the number of accident injuries per 1,000 inhabitants of different age groups and sexes.

Diagram. 1. The number of accident injuries per 1,000 inhabitants 1995



Source: Injury registration Uddevalla Hospital 1995. N=3 513.

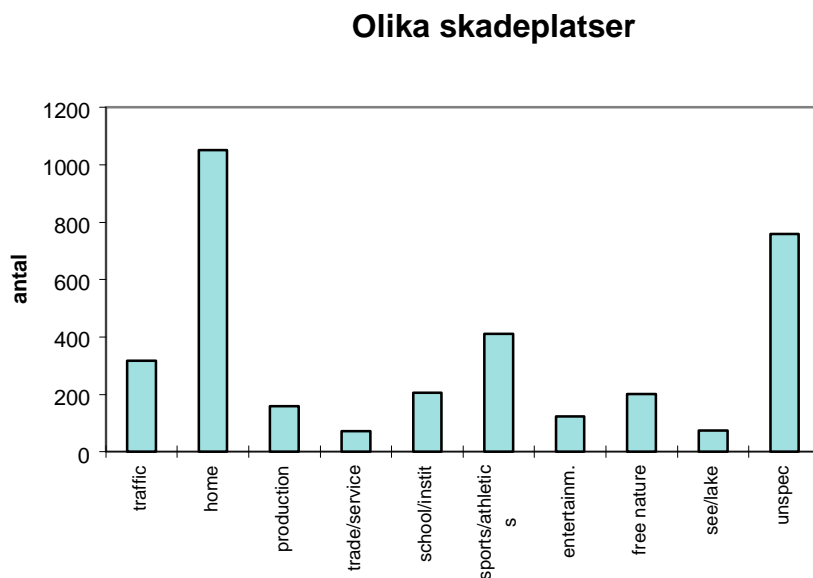
Comment

It is evident that the number of injuries varies much. From the most exposed young men between 15-19 years old with 185 accident injuries/1,000 inh. To women of ages 25-44, where the corresponding number is 39. Furthermore, there is also a large difference between men and women at the most advanced ages.

The accident injuries' distribution among different situations and environments

Most of the accident injuries occur in or nearby the own home. Totally, the home accidents amounted to 31% of all the accidents. Among small children and elderly, the home accidents amount to 50% and 57% respectively. Also among people of other ages, many of the accidents occur at home. They happen for example in connection with repairs and maintenance of the house and the car. At many of these jobs, safety devices would have been used if they had been done at a work place but at home, safety devices are not used.

Diagram 2. All injuries distributed per injury site 1995



Source: Injury registration Uddevalla Hospital 1995. N=3376.

Comment

It is evident that most accidents occur at home. 31% of the injuries occur there. Many injuries also occur in sports and athletics, a full 12% of the injuries 1995. However, the numbers should be interpreted with a certain amount of caution as the number of unspecified amounts to 23%.

DIRECTION AIM: THAT INJURIES DUE TO ACCIDENTS DECREASE BY 25% UP TO THE YEAR 2010.

The overarching aim for the injury preventive work is that accident injuries decrease by 25% up to the year 2010. This *direction aim* is broken down into *effect aims* for different areas. From these effect aims, measures are planned and carried out, both within the cross-sectorial work groups and within ordinary activities in the Community and the Primary Care. Continuous follow up of the work is done concerning both the process and the result.

4.1 Children's and youths' safety

FACTS

The injury preventive work for children started in Uddevalla in 1989, when a child security group was formed. This group has initiated a number of different measures in order to improve safety for the youngest children. In 1995, the group was reformed into Children's' and youths' safety (BUS) 0-19 years old. The age range has however turned out to be too large and starting from the autumn of 1997 two groups are formed instead. One Children's safety group 0-5 years old and one BUS group 6-19 years old.

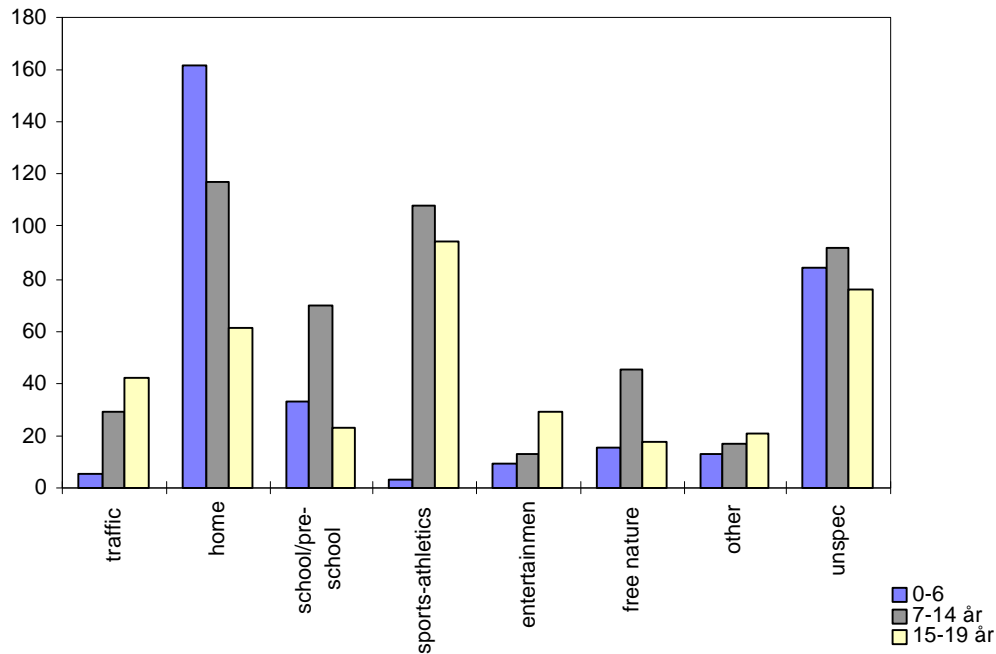
Children and youths make up a full 20% of the community's population and are struck by injuries to a higher extent than others. Therefore, they constitute a prioritised group in the injury preventive work. 60% of the injuries occur among boys, except when it comes to sports at school. There, the proportions are more equal in such a way that girls are injured to the same extent as the boys.

Half of all the children in pre-school age are injured in their own homes. Most common is that the children fall and injure themselves, often with head injuries or cut wounds as a consequence. 10% of the injuries occurred within the Child Care or some other institution.

As the children come into school age, their world is widened. Some accidents still occur at home (24 %), but the children are also injured at school (14%) and in connection with sports and athletics (22%). Fall accidents, however, still dominate, but the most common injuries are sprains, various fractures and cut wounds.

For teenagers, injuries in sports and athletics dominate and constitute 26% of the injuries. Traffic also starts to become a dangerous environment, where 12% of the injuries occur. The share of boys that are injured is higher for this age group than for other age groups.

Diagram 3. Injury site for children and youth



Source: Injury registration Uddevalla Hospital 1995. N=1179.

EFFEKT AIM: THAT ACCIDENT INJURIES AMONG CHILDREN AND YOUTHS DECREASE BY 15% UP TO THE YEAR 2000.

HOW DO WE ACHIEVE THIS AIM?

- *A decrease in home accidents among small children* through information and education for parents about child accidents.
- *A safe Child Care* through injury and accident registration among children, children's safety rounds, education of personnel on child accidents and other education, special children's safety rounds at every pre-school and family-home-day care groups and also information to parents.
- *A safe school* through injury and accident registration among the pupils at all comprehensive schools, education on accidents, pupil's safety representatives and pupil's safety rounds.
- *A decrease in bicycle accidents* through information and activities for an increased usage of bicycle helmets.

MEASURES CARRIED OUT SO FAR

- * Information with, among other things, check-lists on child safety to the parents from the Child Care Centres. Education on child safety for parents of small children in co-operation with the Red Cross.
- * Education of all child care personnel in the Red Cross' child accident education steps 1 and 2. Totally 500 people during 1997.
- * Education of "Find Lost Persons" instructors at all pre-schools and family-home-day care groups, totally about 50 persons.
- * Bicycle helmet and children's car seats through the Child Care Centre in co-operation with NTF (National Association for Traffic Safety Promotion).
- * Activities during the BUS-weeks (Children's and youths' safety, introduced by the Child Welfare Commissioner) such as exhibition, conference, parental education and distribution of reflexes.
- * Children's safety rounds at all pre-schools and family day care homes once a year. The pre-school director is responsible.
- * Injury and accident registration within the Child Care (starts 1997).
- * Distribution of reflexes at fairs, within Child Care, at the Child Care Centres and the emergency clinic.
- * Mapping of safe roads to school.
- * A special co-operation group, set up with the purpose of creating safe roads to school.
- * Registration of pupil injuries and accidents at all comprehensive schools (starts 1997). This is part of the Working Life Institute's and the People's Health Institute's project on the working environment at school.
- * Education of school bus drivers.
- * Moped drivers education in co-operation with the school and study associations started in 1996. The purpose is to increase safety for young moped drivers.
- * Red Cross courses on the care-taking of accidents for intermediate level teachers. The teachers have been trained as instructors. After that, about 250 pupils have been educated in acute care-taking and first aid.
- * Information through the media.

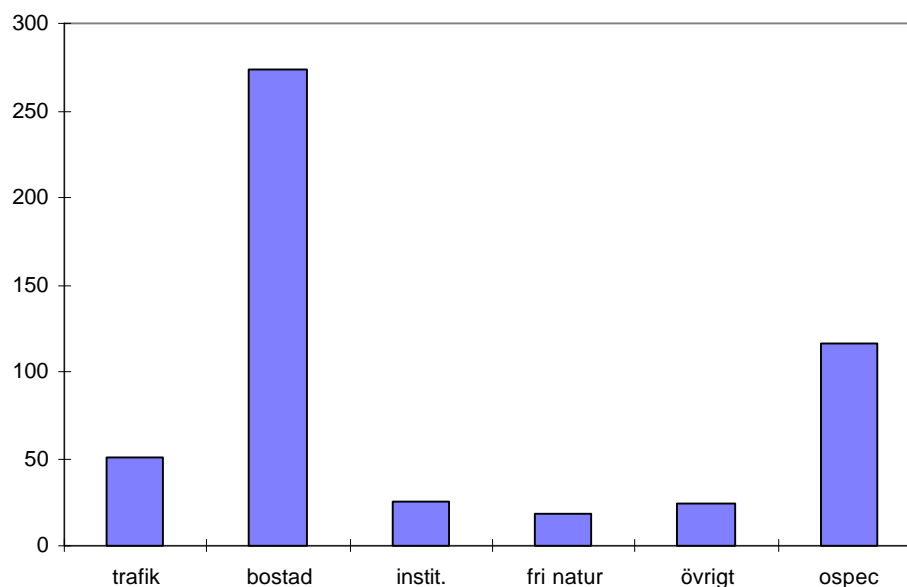
4.2 Safety for elderly

FACTS

19% of Uddevalla's population is over 65 years old and the number of older people is increasing. Calculations show that about 60 new 80-year-olds are added each year during the next couple of years. Many of the oldest community inhabitants have a great need of care and accident injuries are often a cause for the need of care and attention. Older people therefore constitute, together with children and youths, a prioritised group in the injury preventive work.

More than half of all injuries (56%) among older people occur in the home and fall injuries dominate largely. More than three fourths of all injuries are fall injuries. From the pension age, the number of women that are injured increases, among those that are 80 years and older, 72% of the injured are women.

Diagram 4. Injury site for persons 65 years and older 1995



Source: Injury registration Uddevalla Hospital 1995. N=507.

Even relatively light accidents often lead to complications for the elderly, which partly is evident from the number of injured that are admitted at a ward.

Table 1. Admitted at a ward in % of all injured

<i>Age group</i>	<i>Admitted at a ward in % of all injured</i>	<i>Number of admitted of all in that age group</i>
80-older	44	82 of 186
65-79 years	24	80 of 329
45-64 years	13	67 of 522
25-44 years	10	84 of 874
20-24 years	14	52 of 367
15-19 years	10	39 of 385
7-14 years	8	39 of 466
0- 6 years	13	48 of 384
All	14	491 of 3,513

Source: Injury registration Uddevalla Hospital 1995. N=491.

The Elderly's safety group's work has so far mainly aimed at disseminating knowledge and awareness about the home as an accident site.

EFFEKT AIM: THAT THE ACCIDENT INJURIES AMONG ELDERLY DECREASE BY 15 % UP TO THE YEAR 2000.

HOW DO WE ACHIEVE THIS AIM?

- A decrease in the home accidents among elderly through information, education and the production of a "Elderly safety bag".
- A decrease in slip accidents out-doors through information and measures in the physical environment.
- A decrease in the number of fall injuries within special housing through registration of all fall accidents.
- To increase knowledge of the consequences of accident injuries through registration of the accidents that lead to the need of home-aid, special housing or some other effort from the Social Administration Services.
- To increase safety within Elderly and Handicap Care and Primary Care through education, follow up and concrete measures.

MEASURES SO FAR

- * Education in home accidents among elderly for totally 1,300 care personnel, pensioners and handicap organisations.
- * Education of 40 elderly safety representatives within Elderly Care, Primary Care, pensioners and handicap organisations. The safety representatives are to act as contact persons, educate and inform about accident preventive measures and also bring forth different needs and ideas in order to decrease accidents. They meet twice a year for education and exchange of experiences.
- * About 50 "Elderly safety bags" have been produced. The bags are available at, among others, the elderly safety representatives, at Care Centres and at the Volunteers Centre.
- * Sales of safety articles through the Social Administration Services work environment centre "The Resource" and through the Volunteers Centre.
- * Distribution of check lists for a "Safer home".
- * Subsidisation of slip spikes. The Social Welfare Committee and the shoemakers together leave a discount on slip spikes for pensioners. So far during two winter seasons and about 120 pensioners have each year taken the offer.
- * Study circles on fall accidents (starts 1997).
- * District nurses inform about bone frailty and the importance of exercise and a correct diet.
- * Information through exhibitions and the media. An exhibition on fall injuries has recently been purchased and will circulate out at institutions, Care Centres and other places.
- * Co-operation with the Road Office concerning slip information to the households.
- * Check lists to property owners in order to increase safety in, among other places, staircases.

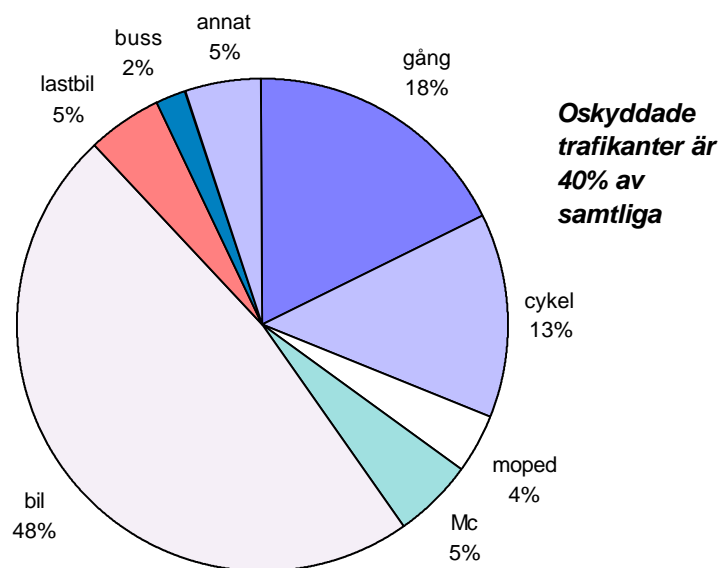
4.3 A safe traffic and physical environment

FACTS

About 300 accident injuries in 1995 occurred in the area of traffic and transport. That constitutes a bare tenth of all injuries. Of these, unprotected people in traffic amounted to 40% and much of the traffic safety group's work is therefore aimed at measures to increase safety for unprotected people in traffic.

Compared to 1990's injury registration, the number of injuries in the area of transport has decreased by 28 %. The decrease has mainly been among the unprotected people in traffic. Injuries in private cars however have not decreased as much.

Diagram 5. Injuries per form of transport 1995



Source: Injury registration Uddevalla Hospital 1995. N=284.

It is of special interest to follow up on injuries that occur among cyclists since part of the measures in the injury preventive work is to increase safety for cyclists, among other things, through increased usage of bicycle helmets. Unprotected people in traffic are 40 % of all.

Facts on bicycle injuries 1995

- * In 1995, 123 bicycle accidents occurred. They constituted 3% of all injuries.
- * 39 occurred in traffic. However, only 12 of these were found in the police reports. Just as many bicycle accidents occurred in housing areas.
- * 9 accidents occurred on the way to and from school. Only in 2 cases were bicycle helmets used. 7 of the 9 were teenagers.
- * Men injured themselves more than women, 58 and 42 % respectively. In the 9 cases where injuries occurred on the way to and from school however, 7 were girls.
- * 16 were admitted at a ward.
- * 1/3 of the injured were between 1-10 years old, 1/3 between 11-19 years old and 1/3 between 20-64 years old.
- * 19 got fractures on arms, hands, legs etc.
- * 11 got concussions and twelve more got cut wounds in the face or head.
- * 16 got other cut wounds.
- * 10 got contusions.

A safe physical environment–The Risk Hot Line

Commitment from all the community's inhabitants is a condition in order to make Uddevalla a safe community. One way to involve the community inhabitants is through the *Risk Hot Line*. The Risk Hot Line started in 1995 and is a telephone manned by the Community's Citizens Office. Here, information on accidents hazards in the community are received. The hazards are then passed through to those responsible for different areas so that they can be removed. About 70% of all calls concern the Road Office, but also the police, property owners, the National Road Administration and others have removed hazards. In some cases, the responsibility is shared by several principals. These have then met and in many cases, joint solutions have come about. The understanding of each others areas has thus increased.

Safe premises

A full 7 % of all accident injuries have occurred within school, child care, special housing or on some other of the Community's premises. The Community's and the County Council's property offices have therefore been involved with the purpose of getting cleaners and janitors to observe hazards. Furthermore, other property owners, among others the Community Housing Company, have been given check lists in order to, among other things, make staircases safe.

EFFECT AIM: THAT ACCIDENT INJURIES WITHIN TRAFFIC AND THE PHYSICAL ENVIRONMENT DECREASE BY 10 % UP TO THE YEAR 2000.

HOW DO WE ACHIEVE THIS AIM?

- A decrease I bicycle accidents through working for increased usage of bicycle helmets from 7 to 20 %. This is done by, among other things, encouraging employers to sponsor bicycle helmets for their employees, local bicycle merchants are involved, sales of bicycle helmets at fairs and exhibitions and also information to pupils in the school's traffic education.
- An increased safety within the Community's and County Council's premises through safe routines for cleaning and fast removal of hazards.
- A decrease in slip accidents out-doors by the community providing free ice gravel for the community inhabitants.
- A safer traffic environment through the working up of a traffic safety plan for the community, which is then adopted politically.

MEASURES SO FAR

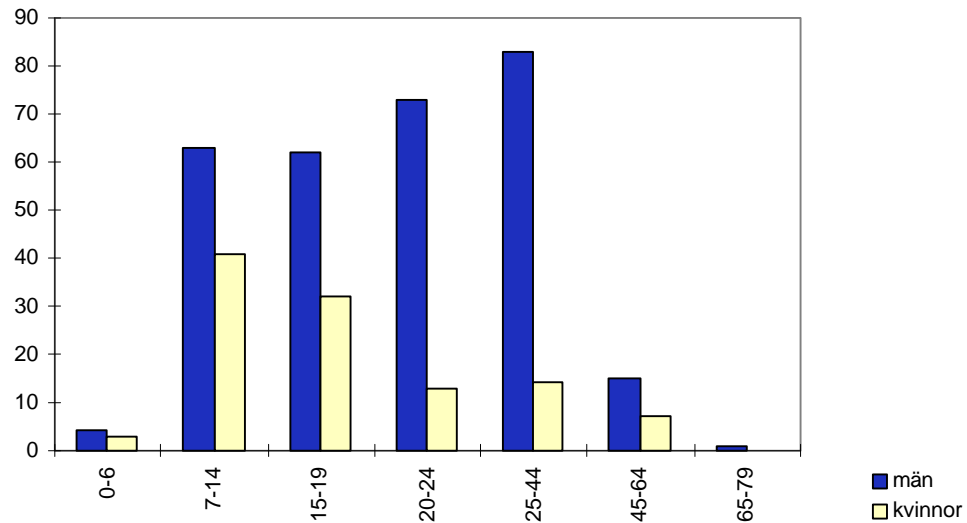
- * The working up of a traffic safety programme within the Road Office, at which the Traffic safety group functions as a reference group.
- * The Traffic safety group's pensioners conduct regular observations of the usage of bicycle helmets. In 1996, 7 % of the cyclists used helmets and in 1997, the number increased to 12 %.
- * The bringing together of bicycle merchants and employers with the purpose of making it possible for employees to buy bicycle helmets at a reduced price. Seven employers participated and 650 bicycle helmets were sold during spring 1997.
- * Arranged activities in connection with Traffic Day each year. The Traffic safety group is responsible and offers a rich programme with many activities.
- * Worked up check lists for cleaners within the Community and the County Council and also arranged information meetings on how accident injuries can be avoided.
- * The Community's Property Office is conducting a risk inventory within the Community's properties with the purpose of increasing safety when it comes to fire, theft, accident injuries, water etc.
- * The Risk Hot Line, which is connected to the Community's Citizens Office, received a full 400 calls during 1995-96, of which a large number were taken care of.
- * The Road Office provides free ice gravel for community inhabitants.

4.4 Safety within sports and athletics

FACTS

In 1995, sports and athletics injuries amounted to about 12 % of all injuries. As it is evident from the diagram below, men are in great majority when it comes to these injuries, 73%. Many injuries occur in connection to soccer, handball and other team sports. Most of the sports injuries are rather light. Only one fourth of all injuries lead to further appointments or admittance at a ward. About half of the injuries are caused by a fall and 35% are due to blows or impacts, i. e. some form of interaction.

Diagram 6. Injuries within sports and athletics 1995

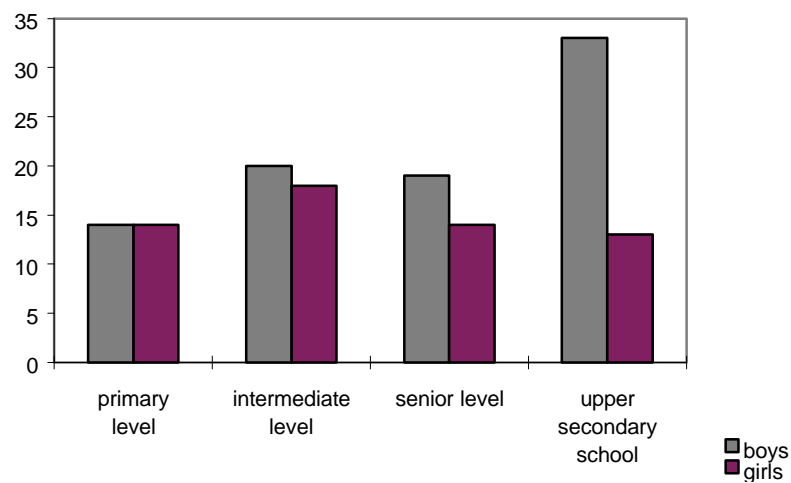


Source: Uddevalla Hospital 1995. N=411.

Quite a few sports injuries occur during school hours. Almost one third of the injuries during school hours occur within the school's sports education. When it comes to these accidents, girls are injured to nearly the same extent as boys.

Diagram. 7 Injuries during school hours 1995

Skador under skoltid



Source: Uddevalla Hospital 1995. N=41.

EFFECT AIM: THAT ACCIDENT INJURIES WITHIN SPORTS AND ATHLETICS DECREASE BY 10 % UP TO THE YEAR 2000.

HOW DO WE ACHIEVE THIS AIM?

- Increased safety at sports and recreational facilities through regular inspections of grass grounds, buildings, gymnasiums and other places.
- Increased knowledge about sports injuries through education of leaders within sports organisations, parents and sports teachers.
- A decrease in sports injuries through check lists to actives, leaders and others.

MEASURES SO FAR

- * An information and education effort consisting of three lectures and instructor education has been carried out. This was aimed at sports leaders, people within organisations, sports teachers and others and included about 80 persons. The education was carried out in co-operation with SISU (The Sports Movement's Study Association) and was about preventing injuries, treatment of injuries and also about activities while you are injured.
- * Mapping of sports and recreational facilities in order to remove hazards (planned 1997).
- * Distribution of check lists on what can be done to avoid sports injuries and also how you can remain active even if you are injured.
- * Information through the media etc.

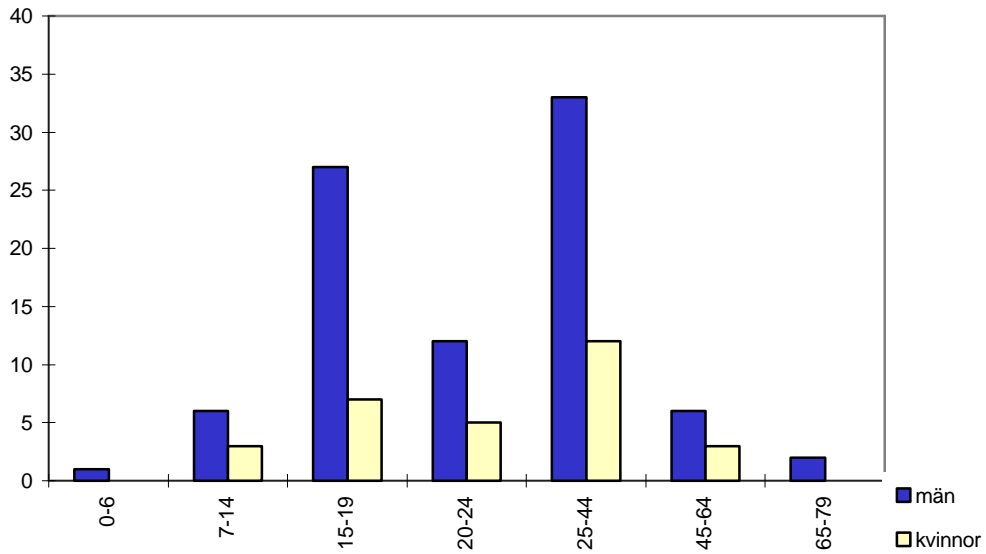
4.5 Violence prevention

FACTS

Today, there is an opinion that violence in society is increasing. An important task in the injury preventive work is therefore to actively work against violence in all areas. Violence comes in many shapes and so do the "injuries of violence".

The physical injuries are visible and can be followed up through injury registration. Violence injuries only make up about 3 % of all injuries, however, this must not lead to the opinion that violence is not taken to very much. Probably, many are "injured" every day through violence of some sort. Three fourths of all violence injuries happen to men, and 80 % of the injured are between 15-44 years old.

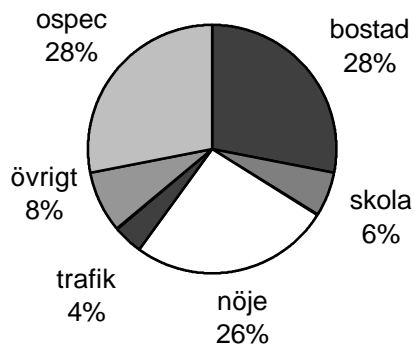
Diagram 8. Injuries due to violence 1995



Source: Uddevalla Hospital 1995. N=117.

Most violence injuries occur at home and at entertainment places, and almost half of them have occurred between 10-01.30 pat night. Common injuries are cut wounds in the face, face fractures and knocked-out teeth. Every fifth injury was so serious it resulted in admittance into intensive care or at a ward.

Diagram 9. Injury site for violence injuries 1995



Source: Uddevalla Hospital 1995. N=117.

As a conclusion, one may ascertain that relatively few injuries come to the emergency care centre due to violence. Much of what occurs is of lighter nature and is never brought forth. However, there is a fear of violence as a phenomena of society that it is important to take seriously.

EFFECT AIM: THAT ACCIDENT INJURIES DUE TO VIOLENCE DECREASE BY 10 % UP TO THE YEAR 2000.

HOW DO WE ACHIEVE THIS AIM?

- Increased safety for children and youths through the working up of an injury preventive programme during 1997. The programme covers all activities, such as Child Care, school, recreational, sports and other organisations.
- A decrease in injuries due to violence within school through registration of pupil injuries and accidents.
- A decrease in violence within sports through making organisation leaders and others conscious of violence within sports.

MEASURES SO FAR

- * A co-operation group between the school, the Social Services and the Culture and Recreational Administration Services are working up a proposition for a political violence preventive programme. The programme covers the activities that work with children and youths, especially school. One of the group's propositions is to establish a special Experience Week, when work against violence in the community is presented.
- * A manifestation against violence has been carried out. The manifestation gathered 400 participants and consisted of artists against violence and also a demonstration. The manifestation is planned to return each year.
- * One school has carried out "The Dare Programme", which is about ethics and moral.
- * The National Team Against Violence, with well-known sports profiles in the community, take an active stand against violence.
- * In co-operation with SISU, several sports organisations carry out programmes for ethics and moral within sports.
- * A project, "Chess", has been carried out by the Social Services, the school, the police and the Board of Health and Medical Care in order to decrease fighting between Swedish youths and immigrants.
- * Co-operation between the Violence safety group and Save the Children with an exhibition and lectures on violence.

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

Children and elderly are especially exposed when it comes to accidents. Through injury registration, which is continuously in progress, we receive a good picture of what happens. An important part of the work is to secure routines within activities that include a large part of the community's inhabitants.

About 65 % of all children in the community under 6 years of age are placed within the Child Care and our ambition is that the children will be offered a safe environment. Routines for this, with among other things security rounds, registration, education and information, have therefore been established.

Most accidents among small children occur at home. Parents are therefore an important target group. The Child Care Centre plays a unique role since they meet all parents, both at the Child Care Centres and at home. Child safety has for a long time been an important issue for the Bohus County Council, and as early as 1989, a child safety group was formed in Uddevalla. Besides the Child Care Centres, there are also open pre-schools in the community. Here, parents that stay at home with their children come to visit with their children. Talking about child safety and accident hazards in relation to the child's level of growth is included as a natural part of the activities.

School children's work environment is increasingly given more attention. Through the Working Life Institute's research on school's working environment and the Children's Representative's reports, knowledge has increased. This has, among other things, led to that Uddevalla, during the school year of 1997/98, will partake in the Working Life Institute's mapping with a pupil's injury registration at all of the community's comprehensive schools. This mapping will give knowledge for further measures. Furthermore, a violence preventive programme is about to be worked up, in order to be used in the work against violence and mobbing among children and youths. To further point out the importance of children's right to a safe environment, a conference about the UN's Child Convention, with a visit from the Children's Representative, has been arranged.

Older people that are struck by accidents are subject to complications to a higher extent than young people are. In many cases, an accident means the end of an active, independent life and it becomes the beginning of a life dependant of others instead. An important task in the community is therefore to increase safety in the homes. Many pensioners, elderly safety representatives, relatives and care personnel have therefore been educated in how to prevent home accidents, an investment that will be followed up. Furthermore, the Road Office has participated with information on slip hazards and free distribution of ice gravel.

6 Those responsible must be able to document the frequency and cause patterns of injuries

There are aims set for the injury preventive programme, partly full aims and partly aims broken down for each area. Furthermore, there are aims set for activities and measures that are carried out.

These aims are followed up on different levels and in different ways.

Injury registration at Uddevalla Hospital

In 1990, a registration was carried out of all accident injuries that had come to the emergency and on-duty centres and the Care Centres in the community. This data was the basis for the action plan for the injury preventive work that was adopted by the Municipal Council and the Uddevalla Board of Health and Medical Care in December 1994, when the work began. The registration was resumed in 1995 and is still in progress. A first evaluation of the reaching of our aims will be done during winter 1997/98.

The registration includes accident frequencies for different ages, sexes, injury situations, diagnosis and also care efforts. This data is brought to the reference group through the responsible nurse, who is part of the group. Each work group takes part of the information and plan and carry out measures in view of the picture that is given on injuries.

Follow up of fall accidents

Fall accidents constitute the dominating cause of injuries among elderly. Quite a few injuries occur within special housing. Within the Social Administration Services, there is an interest in following up the causes and consequences of accident injuries among elderly. A registration of fall injuries within these has begun during 1996 and is constantly in progress. During 1997, a registration of the number of persons that are given home-aid or are placed in special housing due to accidents will also be started.

Registration within child care and school

As from 1997, all injuries and accidents among children and youths within child care and comprehensive school will be registered with the purpose of gaining knowledge of injury patterns. That knowledge will then be the basis for different measure.

ORI – an inventory of accident hazards and accidents in and nearby the home

During 1995/96, an ALU-project was carried out in which about 20,000 households were asked about which accident injuries had occurred and also which hazards could be seen at home, both in-doors and out-doors. The results showed that the majority saw hazards in the out-door physical environment whilst most accidents actually occurred at home. The results of the inventory have offered new knowledge and have also resulted in that the information about the injury preventive work has reached many people.

Police reported accidents

Each year, the Road Office makes a list of all accidents in traffic that have been reported to the police. This list is then the basis for the physical planning in the community. The purpose is that the accident registration will also form a basis, which will be done.

Work accidents

Each year, the Community compiles statistics over the number of work accidents of which accident injuries constitute a part. The purpose is also to form a cross-sectorial work safety group and to extend the injury preventive work with this.

The Risk Hot Line

During it's first year, the Risk Hot Line received about 400 calls. A major part of the reports lead to measures being taken. The Risk Hot Line is continuously followed up and the results are compiled.

Continuous follow up of different measures

The ambition is that different measures that are planned and carried out through the work groups' management and also within different activities will be followed up. One example is the Traffic safety group, that conducts regular observations of the usage of bicycle helmets in the community.

7 The programme should be long-term and not consist of short-term projects

Injury preventive work cannot be carried on in form of short-term projects. On the other hand, it can be commenced as a powerful effort in form of projects. This has been the case in Uddevalla, where the Municipal Council and the Board of Health and Medical Care in 1994 allocated funds and hired special project leaders for "Safe Uddevalla". This project has carried on since 1995 and will gradually proceed into a programme.

One aim is to get started with a broad public health work in the community during 1998, with the cross-sectorial injury preventive work as a model.

A decrease in accident injuries will take place without the involvement and commitment of people. It is a long-term work, both to increase the awareness of each individual and to implement the injury preventive work into the daily activities.

8 The evaluation of the programme should contain well chosen indicators that offer necessary information about the on-going processes of change

The evaluation of the injury preventive work contains both the extent of the injuries, the process and the methods with which the work has been carried out. The evaluation is done in view of the established aims; direction aims, effect aims and production aims.

The injuries' extent and cause patterns

The injury registration offers facts about the injuries extent and cause patterns. A first registration was carried out in 1990, and the second, which is still in progress, began in 1995. The registration constitutes an important instrument, but only if it is done continuously so that falling of is minimised. Important indicators to follow are the number of injuries, ages, sexes, injury sites, treatment, etc.

Methods in the injury preventive work

The reaching of aims is extremely dependant on how the work has been carried out. Does everyone feel involved in the process? Which methods have been used and are they successful? *What* has actually been done, *how* were the efforts carried out, *why* was it done like that, *who* has participated, has it brought about any *costs*, who has had the *responsibility* and was it the right *target group*? These are questions that are included as an important part in the follow up of how the process has proceeded. Another important part of the work is to ask oneself if measures etc. answer to the actual needs and expectations that exist. Therefore, with the purpose of following up on this, an inquiry is planned to be carried out.

9 Analysis of the Community's organisation and possibilities to participate in the injury preventive work

The injury preventive work in Uddevalla is led by a management group with politicians from the Municipal Executive Board and the local Board of Health and Medical Care. The work proceeds from an action programme that has been adopted by both the Municipal Council and the Board of Health and Medical Care. In the reference group and work groups there are several representatives from various administration services within the Community and also from the Primary Care. Furthermore, there are representatives from government authorities, the trade and industry, insurance companies, non-profit-making associations and others.

The injury preventive efforts should to the highest possible extent be made within existing activities and be included in the regular budget. Some information and education efforts have been financed with special funds. The intent, however, is that in the long run, as much as possible will be included into regular activities. Both within the Social Welfare Committee and the Technical Committee, aims have been adopted for an active injury preventive work.

The Municipal Executive Board and the Board of Health and Medical Care have recently appointed a joint political work group with the purpose of working out forms for a more formalised co-operation concerning public health work. There is a strong desire to form a health political council and to begin active public health work in the community. The structure and methods of the injury preventive work is considered to be a model for this.

10 The Community should co-operate with the Health and Medical Care concerning registration and preventive work

Safe Uddevalla is the result of co-operation between the Municipality and the Board of Health and Medical Care. The injury preventive work was initiated by the Board of Health and Medical Care in 1994, in connection with the national injury preventive conference that was held in Uddevalla. Both parties have adopted action programmes, allocated funds and hired project leaders. The cross-sectorial co-operation is emphasised and given prominence as a model for a continued public health work.

The County Council is responsible for the injury registration, which is a very important part of the injury preventive work. Furthermore, quite a deal of other statistics are kept by within the Community's activities which, together with the injury registration give a good picture of the occurrence of injuries.

Presently, discussions are going on about how the co-operation concerning other public health issues should be carried out.

11 The work should aim at involving all levels of the community in order to decrease accident injuries

The work to decrease accident injuries affects *everybody* in the community. Today, in Safe Uddevalla, about 70 people participate in the different work groups. Many more in various administration services are engaged and affected since their activities are enclosed by the work. An important task is to work for co-operation between different administration services, a task that is sometimes difficult, bearing in mind the pressing economic situation.

The individual Uddevalla inhabitant must also be informed and involved. This is done, among other things, through continuous contact with the media. The local press has written many articles and furthermore, both Radio West and TV-Fyrstad (Four Cities) have had several features. Every month, something of current interest from Safe Uddevalla is written in the Community's information pages in the local newspaper. The Risk Hot Line is nowadays rather well known and calls come through that point out both small and great safety hazards.

It is of vital importance for the continued work that the political management is involved and offers it's support.

12 The Community should disseminate experiences to others, both nationally and internationally

The injury preventive work in Uddevalla has drawn a lot of nourishment from the other Safe Communities. Experiences that are disseminated stimulate efforts of our own and further knowledge. Our experiences are disseminated both through informal contacts and through participation at various conferences.

Furthermore, we have participated with several features, both in the local press, on the radio and on TV.

- Study visits from other communities within the county council.
- Information about the injury preventive work, mainly to other communities within the county council and the region.
- Arranging conferences of our own, at which we have invited participants from communities nearby.
- Participation in a county work group for elderly accidents.
- Participation at Society Medical Forum in Halmstad 1995.
- Participation at the national injury conference in Östersund 1996.
- Participation at Safe Com North in Skövde 1996.
- Participation at the Bohus County Council's injury preventive conference 1996.
- Participation at Safe Com North in Fredrikstad, Norway in August 1997.
- Participation at the 6:th international injury conference in Johannesburg, South Africa, in October 1997.
- Furthermore, representatives from the management group have participated at the international conference in Falköping 1991, the national conference in Linköping 1992 and the international conference in Melbourne 1996.
- Participation in the programme group for national conference in Uddevalla 1994 and also the TV-series Injuries and Injury Preventive Work on TV Fyrstad in connection with the conference.
- The Board of Health and Medical Care has financed international travel seminar visits in Uddevalla 1994.

13 The Community should contribute to develop a strong network between "Safe Communities"

Uddevalla community applies for being appointed a Safe Community. In doing so, we also apply for membership in the World Health Organisation's network "Safe Communities".

We have already participated in network meetings that have been arranged, both in Falun 1995 and in Borås 1997 and have had many informal contacts with the other Swedish Safe Communities. We look forward to being able to contribute with our experiences, to further develop the injury preventive work and to be integrated as an active part of the network.

14 The drawing up of this document

This document describes the injury preventive work in Uddevalla. It is the result of a process that began in 1994 and still has many years of injury preventive work ahead. Many people are involved, both in work groups and within their regular work. For the work to be successful, the commitment of many people is required, without their help this document would not have come about. The report is based on information and data from several people that are involved in different ways.

Many thanks to the committed politicians and directors in the management group: Monica Westlund, Aina Eliasson, Hugo Nilsson, Bengt Rahm, Nils-Olof Tyreman and Lars Björnelid. Furthermore, many thanks to everyone in the reference group, who have both been chairmen in the different work groups and contributed with their own efforts. Also, thank You all dedicated friends in the work groups!

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Uddevalla, Mars 1998

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Uddevalla Municipality

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