



KAROLINSKA INSTITUTET
Department of Public Health Sciences
Division of Social Medicine



WHO COLLABORATING CENTRE
ON
COMMUNITY SAFETY PROMOTION

SAFE COMMUNITY WEEKLY NEWS

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***** LETTER FROM THE EDITOR*****

Welcome to the eighteenth issue of Safe Community Weekly News in 2006, the electronic Safe Community Weekly News is edited by the European Safe Community Network, International Safe Community Support Team and the WHO CC on Community Safety Promotion on behalf of Safe Communities Network.

WHAT IS NEW AT SAFE COMMUNITIES?

In this issue:

DESIGNATION: Wellington designated a Safe Community No. 100, New Zealand

SITE VISIT: Site Visit to four new developing communities in Taiwan

PROJECT: Sensitization on Intimate Partner Violence

ACTIVITY: Activities focusing on elderly safety in Youth Park Community

PROGRAM: Swiss Innovations in Preventing Scholar Accidents.



Wellington Officially Declared # 100 Safe Community



Wellington City has been officially declared a 'Safe Community' by the Safe Communities Foundation New Zealand (SCFNZ) on behalf of the World Health Organisations (WHO) Collaborating Centre on Community Safety Promotion, thereby becoming the 100th place in the world to gain such recognition. Wellington City is the fifth community in New Zealand and to date the only capital city in the world to hold this prestigious award.

The accreditation as a Safe Community, within the International Safe Community Network, is the result of years of collaborative partnerships and coordination which have been successfully established between the Wellington City Council, the Accident Compensation Corporation (ACC), The NZ Police and the Capital and Coast District Health Board. Wellington City has worked in many areas of injury and crime prevention. Community participation and working together with local government and non-government organisations has been the key to the successful development and

implementation of these programmes. The key outcomes for the city has been reducing the injury and violence burden and improving overall perceptions of community safety. The designation ceremony was a wonderful celebration of what has been achieved to date.

In 2005, there was a 5.7% reduction in reported crime in Wellington City compared to 2004. This was a record four-year low. Wellington Police and the Council believe their partnership has helped achieve this reduction. A 30% reduction in traffic crashes and a 60% drop in burglaries have also occurred in Wellington City over the past 12 months. The Mayor of Wellington City Kerry Prendergast said *“the challenge now is to build on the successes and put more resources into making the suburbs and local neighbourhoods as safe as the city centre”*. Wellington City Area Commander Inspector Peter Cowan stated that he considers it a privilege for Wellington Police to be involved with the International Safe Communities accreditation process. Inspector Cowan stated *“I have no doubt in my mind that this accreditation recognises the outstanding manner in which local and central government agencies can work together to achieve a safer community”*.

Capital & Coast District Health Board Chief Executive Margot Mains stated that agencies strengthening links at a neighbourhood level have been critical in obtaining the Safe Community status: *“By promoting social inclusion, employment and training opportunities, good housing better services, and better city and neighbourhood design, we can reduce injury and crime, and improve the health of our families and communities”* said Ms Mains. At the designation ceremony, Ms Mains stated that *“evidence-based initiatives such as the WHO Safe Communities model which directly reduces the health burden will always be supported by District Health Boards”*.

ACC General Manager, Injury Prevention and Client Services Darrin Goulding reminded those attending the designation ceremony that agencies have taken action to reduce injuries from road crashes, falls and alcohol-related harm. *“When walking over to attend this ceremony, I was reminded of the many and significant environmental changes to improve safety that have occurred in and around Wellington City over the past 5 years. Sustainable changes do not happen over night but require ongoing commitment. We look forward to continued developments to make the city a safer place and aim to ensure the focus on safety to prevent injuries is front-of-mind in planning the future of New Zealand’s Capital City”*, said Mr Goulding.

Spokesperson for Wellington City Council, Laurie Gabites commented that *“Being a designated Safe Community means for Wellington that we are a city committed to identifying many ways of ensuring people can feel safe at any time and that this enhances the quality of life for those who work, live and play here.”*

In conclusion, a pleasing aspect of this designation ceremony has been the tremendous efforts undertaken by the Council to ensure that members of the public were informed of Wellington’s safe community status including: specifically designed and informative booklets being developed and distributed to relevant organisations and individuals and extensive media (television radio & newspapers) coverage occurring.

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Site Visit to four new developing communities in Taiwan

From 16th to 19th July 2006, Mr. Yousif Rahim, Chair of European Safe Community Network, was invited to visit four communities which are developing Safe Community program respectively since January 2006. The visit was supported by the Bureau of Health Promotion (BHP) and Taiwanese Injury Prevention and Safety Promotion Association (TIPSAP). Mr. Rahim was also invited to give a speech on Safe Community Model to Public Health officials and scholars who are interested to promote Safe Community Program. The visit not only aimed at visiting and giving suggestion to those new communities, but also meant to train 14 coordinators of Taiwanese Community Safety Promotion Center (TCSPC) to absorb the international perspective of evaluating a Safe Community program.

On 16th July, Mr. Rahim was accompanied by Dr. Pai, Mr. Huang and Ms. Chang¹ to the first stop - Dong-Cheng community of Dongshan Township at Yilan County, which is located at the north-east Taiwan. Mr. Qiu-Ming Chang, Director of Dongshan Township, presented “Introduction of Dong-Cheng Safe Community Program”. He has fully supported Dong-Cheng community to foster the Safe Community Program and hopes that Dong-Cheng will serve as a Safe Community Model for other 23 communities in the Dongshan Township. After the presentation, the visiting group went on-site visit around the community.

Dong-Cheng Safe Community Program is initiated by Public Health Bureau of Yi-Lan County Government. During the site visit in Dong-Cheng, the enthusiasm of local residents and officials has showed their commitment and determination of making their community a better and safer place to live, work and play.



Over 100 residents attended the seminar in the Dong-Cheng Activity Center.



After starting Dong-Cheng Safe Community Program in January 2006, the Road traffic mirror was installed on the main three-forked road before entering the community for preventing car accidents.



Mr. Qiu-Ming Chang (third from right), Mr. Rahim (center), Deputy Director General of Bureau of Health Promotion (third from left) and leaders from community had a group photo in front of activity center.

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On 17th July, the second stop was to Zhong-Zheng District at Taipei City. Mr. Chin-Chuan Sun, Director of Zhong-Zheng District Office, presented “Introduction to Strategies of developing Zhong-Zheng District as a Safe Community”, which described the general progress of SC program stated in January 2006. One of presentation was about School Safety – Walk Safely to School Project,

¹ Dr. Lu Pai, Director of Taiwanese Community Safety Promotion Center
Mr. Shing-Shu Huang, Chief Coordinator of Taiwanese Community Safety Promotion Center
Ms. Ling-Ling Chang, Coordinator of Taiwanese Community Safety Promotion Center

which has surveyed the risks and problems that students may encountered every school day as a basis for further improvement. Regarding Injury Surveillance, Medical Affairs Division, Department of Health, Taipei City Government also provided the database of Hospital Emergency Room - Trauma Registry System in 2005 for reviewing the distribution of injury in Zhong-Zheng District.



The seminar was attended by representatives from different sectors in the district.



On-site visit to one of elder's home. Every elder over 85 yrs old will be provided with an emergency alarm.



A Home Safety Demo House showcased what risks are at home and what to prevent from injuries at home.

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On 18th July, the third stop was to Shin-Kong Community at Chia-yi County which is located at south Taiwan. The visiting group went on-site visit around one of villages in Shin-Kong Community leading by Mr. Xin-An Zhhang, Chair of Shin-Kong Community Promotion Committee. He introduced the surroundings of Zhong-Zhuang village and the progress of SC promotion program. Two other communities from south, Zuoying Community at Kaohsiung City and Dong-Ming community of East District at Tainan City also shared their progress since January 2006. Although the three communities are still on the phase of organizing a cross-sector organization for promoting SC program, they have showed their determination to learn more from each other.



Mr. Xin-An Zhhang lead a group of elementary students performing traditional welcome dance.



During the on-site visit, the water gate should install a fence for preventing children from falling into the pound.



The seminar attended by local residents and representatives from different sectors.

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On 19th July, the last stop was to Shihgang Township at Taichung County which is located at the central Taiwan. Shihgang Safe Community Program is initiated by Shihgang Township Office in September 2005. They have made a progress on collecting injury data in Dungshr Farmers Hospital from 2003 to 2004. Three safety promotion programs has implemented for some months, such as Agricultural Safety – Recycle Demo of Used Pesticide Bottles, School Safety –Walk Safely to School Project, environmental change and safety education, Home Safety, etc.



Mr. Hong-Ji Liu, Director of Shihgang Township presented the overview of Shihgang SC promotion program and injury data collected from Dungshr Farmers Hospital in 2003 to 2004



Before improvement.

The road was lack of divide of road and fence.



After improvement.

They not only drew the central divide of road and installed the fence for preventing the ball coming from the sport court next to the bicycle pass.

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There were 10 new communities that are working on Safe Community Program. We only arranged four communities in our itinerary. However, communities which didn't have a chance to present their progress of development were invited to join in the each visit near their community. That also attained the vision of *learning, sharing and passing on* in Taiwan.

After the site visit, four communities expressed their heartfelt appreciation to Mr. Rahim for identifying potentials risks in each community and his genuine and useful advice for further improvement. Not only the local promoters have become more aware of the potential risks around the communities, but also 14 coordinators of TCSPC as well as BHP officials have learned and experienced a different point of view from an external observer. There will be some blind points that we internal observers overlooked. Through a four-day visit, we can understand the development of each community better, and it can guide and reset the development and future prevention projects of each Safe Community Program to meet the Six Indicators for the International Safe Communities Network.

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Sensitization on Intimate Partner Violence

The Daphne project “Improving the Response to Intimate Partner Violence (IPV) in Military Settings” (JAI/DAP/04-1/101/WY) is run under the auspices of the EU DAPHNE Program coordinated by CEREPRI, Athens and involves 6 EU countries in an effort to combat IPV.

The aim is to sensitize young male population on IPV issues via an approach of IPV as a men’s issue, involving men of all socio-economic and ethnic backgrounds. The reasoning behind this effort was to view men not as perpetrators or possible offenders, but as allies. At the very least, the aim is to raise awareness on IPV issues, with the best possible outcome being to provide them with the skills to become empowered bystanders, able to confront abusive peers as well as properly assist victims.

Further information regarding our project, sensitization material from our module, and the IPV informational leaflets (in 6 languages) are available at:

www.uoa.gr/socmed/hygien/daphne



Activities focusing on elderly safety in Youth Park Community



The lecture focusing on bone health and the audience

Focusing on the bone health and fall prevention among the elderly residents, a special lecture was held recently in Youth Park Elderly School. Prof. Sun, bone disease expert, came to give the lecture which attracted nearly 50 old-aged residents to participate. The lecture began with the analysis of bone structure and causes of bone diseases. For example, the most common bone disease is osteoporosis, which is characterized by low bone mass and deterioration of bone structure. Bone diseases, such as bone overgrowth, osteoporosis, often cause falls and vice versa. Most falls can be prevented by reducing bone diseases. To keep bone healthy, Mr. Sun suggest the elderly residents eat a healthy diet, make home safe, and have regular medial check.

“Empty nest elderly” is a special group in the community. Lack of children living by their side and taking care of them, they are vulnerable to various injuries. In Youth Park Community, community workers often visit these elderly residents, sending regards to them and helping them with daily affairs. Taking the “empty nest elderly” as the priority in accident and injury prevention, the sub-district office decided to take measures to help them to solve problems in life.



At the end of June, “service pocket card” was specially designed and distributed to the “empty nest elderly” residents. Right on the card, there are the name, age, address, medical history, family phone number of the elderly, and the phone number of the Community Health Center as well. Thus in case of an emergency or an accident, with the “service pocket card”, medical services or help from others will be more accessible to the elderly in the shortest time possible.

SWISS INNOVATIONS IN PREVENTING SCHOLAR ACCIDENTS: CHILDREN'S HOSPITAL LUCERNE ENGAGES AND PROMOTES FOR MORE ACTION AND LESS TALKING.

Dr. A. Fette, B. Epp

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Every year, approximately 360'000 Swiss children are getting injured, approximately 2'100 of them during road traffic accidents. Fortunately, their overall number is decreasing, but isn't each single victim's personal fate left behind, obviously the one too much ?!

And shouldn't our all day confrontation with paediatric accident victims be self-convincing enough to the public and the politicians to undertake any efforts immediately, that will be able to prevent or at least lower these accidents' burden for our children and their future??

Of course, everybody will answer "yes". But reality and life is totally different, with more and more discussions held instead of real action undertaken.

Alerted by these alarming facts an interdisciplinary panel was founded to organize the 3 rd Lucerne Children's Hospital Safety Day, subtitled "Safe Daily Bicycle Ride to School", taking part on June 7th, 2006. In principle, it was based on experience with our previous annual events like "Prevention of Thermic Lesions Inside your House" (2004) and "Prevention of Swimming and Drowning Accidents" (2005), but this time the interdisciplinarity of the panel was extended, now consisting out of doctors and nurses, traffic and community safety instructors, automobilist association representatives as well as an EMS team and a more thorough selection of the invited target group.



But why is such an interdisciplinary panel of organizers following an interdisciplinary approach more advantageous and beneficial for that kind of project ? Because

- all participating **school teachers**, based on their daily work and their close relationship to their scholars, do know their individual educational levels and needs best, according to this being in best favour for their individual improvement. They also have to collaborate before and after any incident, therefore seeing their achieved "goals" face-to-face, immediately.
- all participating **traffic safety instructors (LMPD)** know all the dangerous traffic points and peak traffic hours around the school building best. They have an enormous professional experience in instructing scholars (and adults) in safe bicycle riding. Thus, providing prevention seems to be their key role. They hopefully will see them before (for instructive purposes only) and hopefully not as policemen in charge after an accident happened.
- all participating **community safety instructors (bfu)** see all the "hot spots" in the community in their all-day practise and might have the most dedicated overview about the actual community safety policies. Thus, they might be able to provide prevention and safety regulations on an additional level for the benefit of all children in the community.

- all participating **automobilist association representatives (tcs)** are experts in testing and certifying protective equipment for both automobilists and bikers. Additionally, they have a public mandate for accident prevention and safety regulation developments. This association also merchandises certified protective equipment and safety products at reasonable prices. Through their numerous members – including parents, grandparents, relatives and adolescents – they have a broad base and communication platform for all traffic participants regarding traffic safety in general.
- all participating **EMS-services (144)** take best care of the victims` rescue after an accident has happened. But their global intention is not only post-incident rescue. By giving first aid courses, especially for children, and demonstrating their ambulance, their service and profession, they do play an essential role in the children`s socialisation process and might have an impact on prevention purposes, as well.
- all participating **doctors and nurses** will definitely see them and have to care for them after the accident has happened. So their main contribution seems to be dealing with reconstruction, repair and sequelae, only. But their knowledge and experience with common trauma sequelae gained in the past is one of the most valuable impact factors for future prevention purposes undertaken.
- all participating **classmates, parents and relatives** form within their social environment an ideal (self-) learning platform; because they are a team and each member will be closest to a (potential) accident victim`s physical and psychological trauma, pre-, peri-, and post- incidental as well.



Taking these points extensively into consideration we decided to give special invitation to 3 school classes from highly traffic-endangered suburbs around Lucerne. Almost all of them had suffered traffic accidents and scholars had to be transferred to our department, recently.

Main type of injury for the bicyclists is the head injury, worsened immediately when not wearing a proper helmet. Respectively, the crash injury for passengers if not correctly secured by an adjusted safety belt.

We therefore installed 3 different instructional posts where the scholars and their class teachers were taught practically and theoretically:

- **Post 1:** practical skills in safe bicycling
- **Post 2:** safety belt and child restraining system testing
- **Post 3:** protective and safety equipment adjustment

At the end all scholars filled out a questionnaire and wrote a small essay about their impressions and what they have learned at this day for our panel`s feedback. Their overall results showing a great educational success.

Due to generous sponsoring and found raising we were able to give each participating scholar a proofed bicycle helmet and illuminating safety stripes as a personal gift for his future safety. These items, together with the practical training provided at each post guaranteed and proofed finally the realization and verification of our given slogan “more action and less talking in traffic safety prevention for children”.