

# Assessment of Motala

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## **Assessment of application for re-certification for Safe Community Status from Motala Municipality, Sweden with a population of 42 000**

The application is well written and evidently a lot of work hours have been put into it. The front page must be revised. The term WHO Safe Community is not allowed by the WHO, it should rather be International Safe Community.

The geographical, demographic, occupational and sociological description of Motala gives the reader a good background for this application. Motala was one of the first communities in Sweden to be accredited as an International Safe Community. Motala was re-certified in 2004. This application for re-re-certification is thus somewhat unique.

Karolinska Institutet, chair Leif Svanstrøm, received September this year a renewal of her status as a WHO Collaborating Center on Community Safety Promotion (CCCSP). The main messages from WHO, clearly stated in the Falun World Conference this September were: There is a need for more transparency of the organization and better documentation of Evidence-Based Practices being implemented in the communities being certified and re-certified. Implicit in this strong message from the WHO there is a need for certifiers to carefully investigate the fulfilment of the six indicators.

Another general issue is related to the fact that in most countries, particularly in Scandinavia, injury prevention and safety promotion in most cases are integrated in general public health work in communities. An obvious advantage of injury prevention work is the possibility of speedy documentation (2-5 years) of successful prevention whereas hard outcome data on e.g. cancer, diabetes and cardio-vascular disease may be obtained only after several decades. There are some areas of community work that show overlap between general public health work and injury prevention. The construction of separate bicyclist and pedestrian paths are examples of simultaneous safety and physical exercise promotion. However, an application for Safecom (re)certification should mainly describe the injury prevention and safety promotion part of community work.

In the following the Motala documentation of fulfilling the demands of the six indicators will be commented.

**1. An infrastructure based on partnership and collaboration, governed by a cross-sectional group that is responsible for safety promotion in the society.**

This indicator is well documented in terms of organization. Motala also reports on frequency of meetings. Examples of issues and challenges being worked on are satisfactory described.

**2. Long-term, sustainable programs covering genders and all ages, environments and situations.**

This indicator is well met as documented not only in the application but also in publications and reports in conferences.

**3. Programs that target high-risk groups and environments, and programs that promotes safety for vulnerable groups.**

Also this indicator is well documented. A description of measures made regarding ethnicity and socio-economic disparity is missing and should be taken in at the next cross-road.

**4. Programs that document the frequency and causes of injuries.**

The solidity of Motala access to data from injury registration in the medical care system is well documented, both in this application and from available publications.

**5. Evaluation measures to assess their programs, processes and the effects of interventions.**

Evaluation is well documented in several publications and this indicator is eminently fulfilled.

**6. Ongoing participation in the national and international Safe Community networks.**

This indicators is very well met.

Conclusion: The application shows that very good work is being done in Motala. The community is recertified. It must be noted that Motala is one of the few Safe Communities that has been evaluated by the international academic community with high ratings.

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