

Harstad Local Authority



Safe Community

Application for re-approval 2011

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Introduction

Accidents leading to personal injuries are a major challenge for public health. Approximately 1800 people die each year in Norway as a result of accidents and about half a million have injuries requiring medical attention. Injuries resulting from accidents are, in addition to suffering for the individual, a major social expense. Interest in the prevention of injuries should therefore be important, both for the individual and for society.

Harstad Municipality has a long tradition in injury prevention work. After eight years of work, on 6th June 1994, Harstad was certified by WHO-Collaborating Centre on Community Safety Promotion by Karolinska, Stockholm as the first Municipality in Norway to be an International Safe Community. Harstad was recertified in 2003 as a Safe Community and has often been recognised as a good example for injury-prevention and has in many instances documented excellence in this field. Harstad wishes to continue as a role model and continue to find solutions and document effective preventive work. Harstad wishes to be part of an international network of Safe Communities, to share experiences, increase motivation and develop new models and competence. Harstad, as the first municipality in Norway, is therefore applying for re-designation for the second time.

1. Harstad Municipality

Harstad is the second largest town and municipality (as regards population) in the county of Troms. The area includes many small islands and mountains over 1000 metres. Harstad is a sought after destination for outdoor pursuits because of the fjords, mountains, breathtaking views and almost two months of midnight sun in the summer.

Harstad is renowned for its varied cultural activities, with the North Norwegian Arts Festival as the annual climax. The municipality is also the administrative and educational centre for Southern Troms.

Harstad has an arctic climate, with long winters and short summers. Several months with snow and ice entail a greater risk for traffic accidents and fractures as a result of falls. Snow clearing, sanding and salting of

roads and pavements are tasks the municipality must tackle. In addition, challenges are caused by poor visibility at crossroads because of snow and poor road standards, as a result of the wear and tear of snow clearing and salting.

Harstad is a part of the Southern Troms region, being the most highly populated area in Northern Norway. The municipality had 23423 inhabitants, 01.01.12. 7% of Harstad's population is under school age, 14% are between the ages of 6-15, while 6% are between 16-19. The majority of the town's inhabitants are between 20- 44 and constitute 33% of the total. 29% are between 45- 66, whilst those who are 67 and over constitute 11%. Approximately 5% of Harstad's inhabitants are immigrants.

The town has had a stable population between 1995 -2006, but an estimated increase of 5% is expected by 2030. It is expected that the number of school children will decrease, while those over 67 will rise. Population estimation is important for a municipality to ascertain the need for municipality services in the future. The total work force in Harstad includes 69% of the population. The town has been marked by the closure of traditional industry and positions within the armed services, but has managed to readjust. The establishment of University

The University College of Harstad, Harstad Concert Hall, Statoil and University Hospital for Northern Norway (UNN) are examples of organisations/companies which have contributed towards a stable population. The commercial sector in Harstad is characterised by employment in private and public enterprises.

1.1. Organization and principles of management

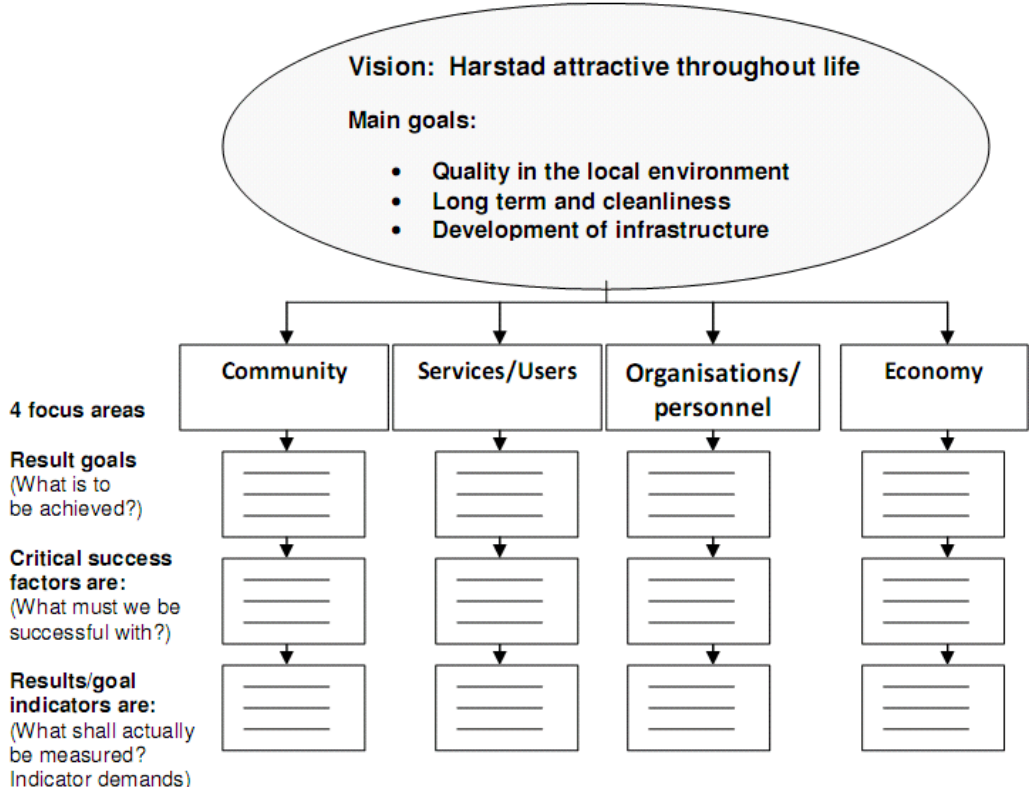
The municipality is a large organization with approximately 1500 employees and a number of various tasks. Schools, nursing and care, culture, commercial development and the environment are areas where the authority works actively. In addition, the authority works with tasks in relation to housing and property and preventative measures for children and adolescences. It also plays an important role as regards roads, traffic, parking, water, drains and rubbish collection.

Harstad municipality's task is to take into consideration national guidelines and put legislation into practice. Its vision is "attractive throughout life", which will give the best point of departure to take care of all the age groups in the area. Prevention of incidents and accidents is important for Harstad as a safe local community.

Principle management system for Harstad Municipality

Balanced goal management is focused on describing the demands on results in the production of services, concerning quantity, productivity and quality. The goals are to be measurable and stable over time (to be able to follow development). Indicators are built up on chosen areas of quality, together with the key numbers from KOSTRA (Municipality-State-Reporting). Both objective and subjective quality indicators exist, and the latter require regular feedback in the form of questionnaires. The possibility for comparison and continuity are secured in this way.

The description following shows the chosen balanced management system for Harstad Municipality.



The municipality has resolved that the municipality’s management and reporting of results shall be in accordance with the four above mentioned areas of focus. The management system and target mapping require user and co-worker questionnaires for feedback concerning the quality indicators.

2. Indicators for a safe local community

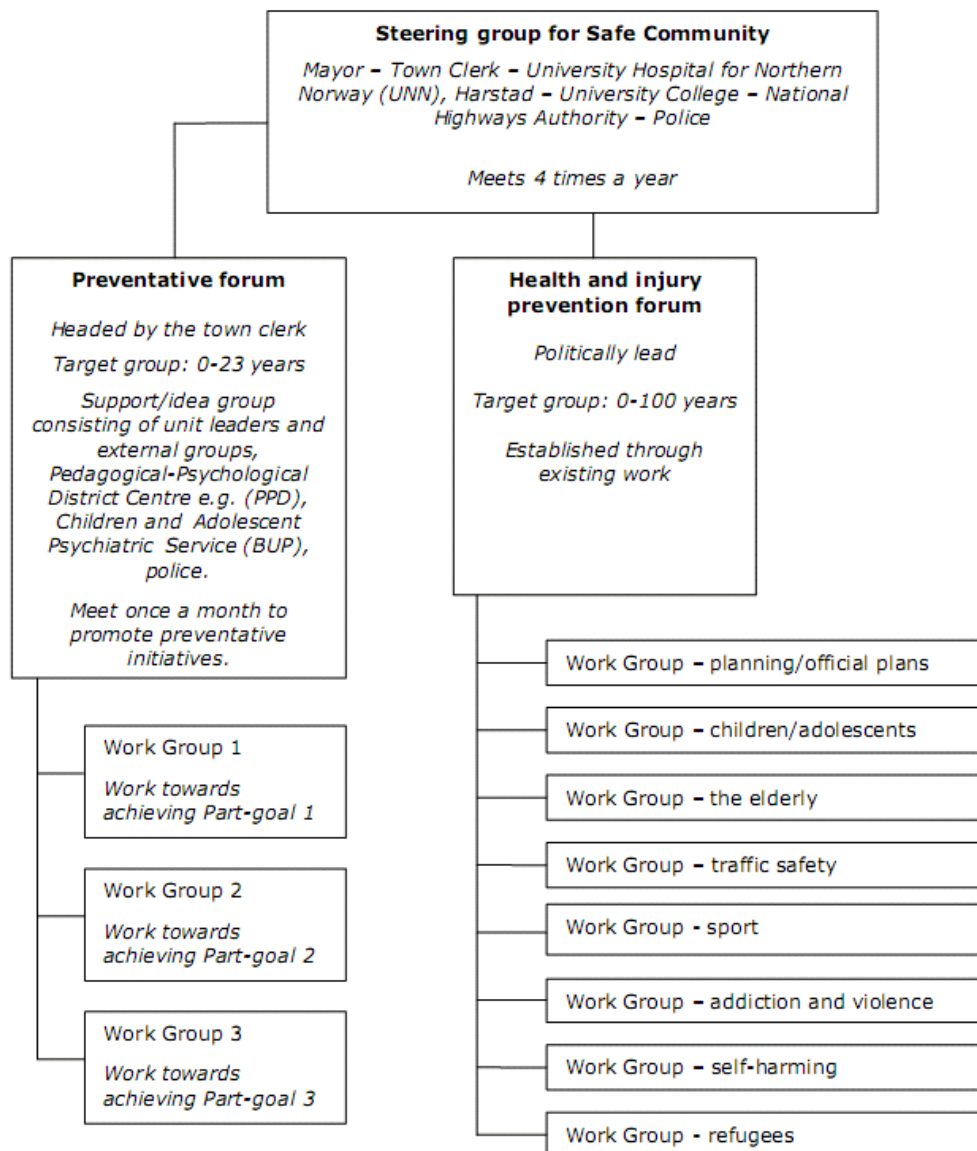
Harstad aims at having a long term and systematic perspective on its accident prevention work. It follows the six indicators for Safe Community laid down by WHO, and this is the starting point for a presentation of the local contributions for such a community. The six indicators are:

1. An infrastructure based on partnerships and collaborations, governed by a cross-sectoral group that is responsible for safety promotion in the community
2. Long term, sustainable programs covering both genders and all ages, environments and situations
3. Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups
4. Programs that are based on the available evidence
5. Programs that document the frequency and causes of injury
6. Evaluation measures to assess their programs, processes and the effects of change
7. Ongoing participation in national and international Safe Community networks

2.1. Infrastructure in working to secure a local community

2.1.1. Strategy

Organization diagram for Safe Community:



The steering group for Safe Community is an overall one for Preventative Forum and Health and Injury Prevention Forum.

Preventative Forum

This consists of the unit leaders for children and adolescence services, psychiatric service, refugee service, educational advisor, nursery advisor, leading public health nurse (represents the health service), representatives for Safe Community, for the police, head of Children and Adolescent Psychiatric Service (BUP), and a representative for Pedagogical and Psychiatric District Centre (PPD). The forum is lead by the town clerk, who has overall responsibility.

Main goal: To establish interdisciplinary, binding co-operation and action, a co-operation where we show the user and each other mutual respect and equality.

The Preventative Forum has, in addition, three part-goals.

Part-goal 1: To strengthen the parents' role. Parents/guardians that contact the support services will meet a co-ordinated and committed group which treats them with respect, and helps them to follow up and care for the children.

Part-goal 2: Routines are to be established, competence developed and initiatives for early intervention put into practice, to be able to give the appropriate help at the correct time.

Part-goal 3: Form a cross-sectional, overall plan of competence, which will reflect our main goal, which is to treat the users and each other with mutual respect and equality.

The interdisciplinary work groups will establish routines and procedures in accordance with the part-goals, in addition to suggesting definite proposals for initiatives. These initiatives will be included in the Plan of Operations which will be effective for several years in connection with the annual discussion of this.

Forum for Health Promotion and Accident Prevention

This consists of representatives from University Hospital for Northern Norway (UNN), Harstad, the police, University College, Harstad, the Highways Authority, insurance companies, Norwegian Safety Promotion Center AS (Norsafety), Harstad Municipality, trade and industry, sport, public transport, dental services, Forum for Health Promotion and Accident Prevention, Norwegian Labour and Welfare Service (NAV), FYSAK (Physical Activities for All) and voluntary organizations. The forum is lead politically, with the project leader for Safe Community as its co-ordinator.

The forum has the responsibility to ensure that Harstad follows the criteria for a Safe Community. It is responsible for giving priority within the designated areas and initiatives, and must have an overview of the development in accident statistics and the most important challenges.

The Forum for Health Promotion and Accident Prevention has potential for improvement. It has the last two years been characterized by poor communication, postponed meetings, little initiative and lack of organizing from the leadership. Initiatives have traditionally in our community been dependent on individual actions by the veteran Safe Community proponents. Due to some health problems, these initiatives and actions have been somewhat lacking recently. The rejuvenation and reorganisation of Safe Community Harstad during the last year resulted in better profiling of Injury Prevention Work within the general public health program. The mayor and city council decided to form a group, led by a politician, with the mandate to work solely with injury prevention and safety promotion issues. This work is done in different groups responsible for e.g. traffic, children, elderly, sports, work and our new countrymen

(asylum seekers and refugees). The NGOs participate actively in these groups.

The interdisciplinary groups in the various areas of importance have functioned well and have achieved good results. The groups have consisted of both internal and external participants and have been an arena for the exchange of knowledge, professional discussions, creative idea sharing and systemization and implementing and evaluating initiatives.

2.2. Long term, sustainable programmes including both genders, all ages, environments and situations

2.2.1. Traffic safety

Harstad Municipality is working towards a vision of no traffic accidents causing death or serious injuries. The authorities and those using the roads have a joint responsibility for traffic safety. The most important areas are initiatives directed towards those using the roads, the roads and the traffic systems.

Initiatives for increased traffic safety have been presented in the municipality's Traffic Safety Report, 2010-2013. This is the authority's tool for reducing the number of road accidents and therefore creating a safe local community. The starting point for the formulation of the report and giving priority to the initiatives is the registration of injuries at University Hospital for Northern Norway, Harstad (2.4.1). All traffic accidents are registered, enabling the municipality to, at any given time, implement initiatives for the most dangerous roads and crossings. Harstad City Council has in 2012 agreed to implement a major Traffic Safety and Road Building Project ("The Road Package") for the city. Separate pedestrian and bicyclist paths are to be built during the next three years to the price of over 300 million NOK. The Harstad Hospital Injury Data Base (IDB) contains longitudinal geographical data on accidents for analysis and prioritising of structural changes of the road system. During the last eight years (2005-2012) one traffic fatality has been observed in Harstad. However 2004 was an "annum horribilis" with four fatalities. Still the mean Harstad traffic death rate during the last decade is well below the national rate.

Safe school routes

Pavements and cycle paths are important for children on their way to school and for people's sense of safety when using roads. Harstad has a long way to go concerning completely safe provisions for pedestrians and cyclists. However, the new "road package" mentioned above will hopefully remedy this to a large extent.

Harstad Safe Community has, over several years, worked to increase the number of children who walk or cycle to school. This gives several benefits; better health, improved learning environment, increased awareness of traffic and fewer cars in the vicinity of schools. "Safe Roads for Children" (Ta tilbake skolevegen) is a joint venture between the project leader in Safe Community, public health nurses, parents and schools. The bus companies are also actively involved in the planning of the project, contributing expertise and ideas.

Traffic Safety Report

This report is compiled 1-2 times a year, where all registered traffic accidents are briefly described in a free text. The report also contains a short summary of traffic development in Harstad, information and the background for the data. All households receive the report, so playing an important part in increasing awareness. In addition, the report geographically locates all traffic accidents, enabling planners, school districts, neighbourhood associations and individuals to work towards eliminating the accident spots. Evaluation has shown that the traffic safety report is read by over 70% of the recipients.

2.2.2. Planning

Areal planning is important in work concerning the prevention of accidents. Planning, according to the Planning and Building Act, shall: *"advance the population's health and counter social differences in health, together with contributing to prevent crime"*. Furthermore, planning will *"encourage well formed rural districts, good living environments and living conditions in all parts of the country"*.

The work with regulation plans is followed up from the first preliminary meeting to ensure that the goals concerning injury and accident prevention are adhered to. The focus areas are universal design, children's interests and rights and traffic conditions. This includes most of the areas of planning, including new housing estates, new municipality and state buildings, alteration of business premises into living accommodation and roads near schools. Planning and building processes are followed until planning permission is given.

A 'Children's Representative' has been agreed upon by the municipality to secure children's rights and needs during the planning process. This person is part of the planning process and focuses on children's rights. The 'Children's Representative' is a permanent member in the planning committee and has the right to speak, but not to vote. His/her tasks are concerned with, among other things, securing good areas for playgrounds in new housing estates, safe local environments with pavements and cycle paths, park areas in the town centre and the possibility for daily activities.

The Municipality Area Plan has its own guidelines for the establishment of new playgrounds and minimum size.

In 2009 Harstad Municipality carried out a Risk and Vulnerability Analysis (ROS) which is essential in planning. It was carried out for the whole of the authority's district, on the initiative of the chief administrative officer for the county of Troms and in the light of national guidelines. The ROS analysis implies the recording of dangers and potential risks with, for example, fires, traffic accidents, geographical challenges and climatic conditions.

Children and adolescents' areal use is collected and systemized. Harstad Municipality is currently registering 10 year olds and their teachers and will continue collecting data over the next few years. The purpose is to show children's actual use of areas, protecting areas which are used for playing, development, moving and locating areas which children and adolescents perceive as unsafe.

PLANROS is a forum which will give a cross-sectional, collective and complete understanding of cases under planning. The participants are from the municipality, with external expertise invited when necessary.

2.2.3. Universal Design

Universal design is demanded by *the Anti-discrimination and Accessibility Act*. The intention of the act is to promote equality, secure rights and equal opportunities to participate for all, no matter disability, and prevent discrimination on the basis of disability. The act will contribute to the removal of community-created barriers and prevent new ones.

Universal Design is important for everyone and necessary for some. Everyone shall be included, an important democratic principle and strategy for the further development of the local community. Universal Design deals with the forming of products, buildings, modes of transport and surroundings, and that these can be used as much as possible without the need for adaption or special design. It is a principle which promotes safety and appears to prevent accidents, due to structural and secure solutions. Harstad Municipality has resolved to create its own plan of action as regards Universal Design, starting in 2011, to secure good solutions and effective initiatives.

2.2.4. Environmentally-focused health care

Harstad municipality will, through environmentally-focused health care, *work to promote public health and contribute to safeguard its inhabitants from environmental factors which can have a negative effect on their health. The emphasis of health and well-being in planning, in accordance*

with the Planning and Building Act, and approval of initiatives using other acts, are an example.

The Department for Environmentally-Focused Health Care carry out regular inspections of kinder gartens and schools, to register accidents, both outside and inside, and to assess the quality of the internal systems of control. A written report is compiled after each inspection, concerning the correction of deviations and deadlines for improvements. Inspection for adaption for children with handicaps is also carried out in an inter-sectional co-operation with, among others, Pedagogical-Psychological District Centre (PPD). The department also carries out inspections of municipality and private playgrounds and swimming pools.

2.2.5. Public Health

Public health work is to promote, preserve and restore health and wellbeing. This is done by taking into consideration individual differences and skills.

Public health work is mandated in all Norwegian municipalities. Injury prevention is generally given little attention within the public health umbrella. Therefore, under the auspices of being a Safe Community Harstad has to emphasise injury prevention safety promotion within the community as a separate task. However, people being in good physical condition, reduce their risk of injuries, while increasing probability for a full recovery after an accident.

Walking or cycling to school is important for maximising child ability to concentrate and acquire learning. Moreover, good living habits lay the basis for good health, also for adulthood (e.g. high peak bone density). A good example of combining general public health and injury prevention is the construction of continuous separate pedestrian and cyclist roads. Children and adolescents benefit from getting physical activity and are protected from serious injuries. The public health co-ordinator co-operates closely with Safe Community, Environmentally-Focused Health Care and the Children's Representative in accident prevention work.

2.2.6. Alcohol, Tobacco and Drugs

Alcohol and/or drugs are often contributory to serious accidents in traffic, on water and at home. A visit to the emergency room is often caused by injuries suffered while under the influence of alcohol. Alcohol/Drugs Plan of Action is the authority's tool to systemize and coordinate work with alcohol misuse and addiction prevention. The plan has been compiled and revised by a project group, consisting of both municipality and external members.

The police are actively working with alcohol misuse prevention amongst young people, much of which is carried out in co-operation with schools

and parents. Harstad Municipality introduced an informative prevention programme, 'Adolescents and Alcohol' in lower secondary schools at the beginning of the school year in 2008. The aim of the programme is to develop the pupils' knowledge and their ability to reflect critically on the use of alcohol, strengthen their ability to choose a healthy lifestyle, postpone their alcohol debut and reduce experimenting with alcohol.

According to the Alcohol/Drugs Plan, all establishments serving alcohol in the community have completed a 'Responsible Landlord and Landlady' course. The aim is to prevent and reduce alcohol-related violence/injuries occurring in establishments serving alcohol by, among other things, not serving intoxicated people and those under age, and improved knowledge, skills and systems in difficult situations. This will also be preventative in 'the exterior room'. A report from Harstad showed a 50% reduction in violence, based on the number of episodes investigated by the police. This reduction was verified by the hospital's injury register. The police have, in addition schooled all doorkeepers to reduce situations resulting in violence and injuries.

2.2.7. Mental health and self-harming

Mental health problems are among our greatest public health problems. Approximately half of the Norwegian population will suffer from a psychological condition during their lives and minor mental problems will affect many more. A mental condition is characterized by symptoms which can influence thoughts, feelings, behaviour and manner. Harstad municipality is occupied with discovering and helping those who have mental problems, therefore preventing serious illnesses and injuries, amongst other things. It is often so that self-harming is a result of mental health problems, whether serious or less so.

Self-harming constitutes approximately 1.8% of registered personal injuries in Harstad. It is mostly women who are registered and two of three admittances have used alcohol, drugs or medication. Young people between 13-23 years are those mostly registered, so it is natural that the greatest initiatives within prevention should be directed towards them. Health stations for young people, in co-operation with public health nurses at secondary schools and 6th form colleges, the community psychologist, Children and Adolescent Services, vaccination office, family doctors, psychiatric service (Pedagogical-Psychological District Service, Children and Adolescent Psychiatry and University Hospital for Northern Norway) play an important role in the prevention of self-harming.

Harstad has chosen to expand World Mental Health Day to an annual week-long event, to set focus on the challenges connected with mental health and to reach a broader public. The event is a co-operation between many different sectors and was selected as the country's best of its kind in 2009. In the jury's opinion, Harstad's event was unique because of the

many sectors that participate. The jury also believed that the town's community were Norwegian champions in co-operation, there being very few places in the world which have such a long and good tradition for enlightening the population on mental health.

2.2.8. Prevention of fractures

Norway has the highest rate of hip/neck of the femur fractures in the world. Fracture of the neck of the femur has often serious consequences for the individual, in addition to the social and economic costs. The risk of this kind of fracture increases with age, primarily affecting those over 75 years. An increasing occurrence of femur fractures and an increasing number of elderly people makes this an important area for prevention. This can be done by preventing osteoporosis, preventing falls and/or preventing the effects of falls.

The injury register shows that most falls in Harstad occur at home. The elderly in nursing homes are most vulnerable. The health centre for the elderly is working actively for the prevention of injuries, providing home-visits for all inhabitants over 78 years as one initiative. The public health nurse focuses on safety in the home, information concerning the physical environment and endogenous factors e.g. medication, poor eyesight, dizziness and a range of ailments and debilities that accompany high age.

The Voluntary Centre in Harstad, in co-operation with Harstad Municipality (work team), established a sanding service for the elderly and handicapped. The work team delivers the sand to those who have requested it, ensuring regular deliveries. The long and icy winters in Harstad are the reason for several wrist and hip fractures. Sanding is an important initiative in the prevention of fractures outdoors. A report from 2008 showed that none of the users of the 'sanding project' that winter were registered with fractures. In addition to the prevention of fractures amongst the elderly, Harstad Municipality is working actively to prevent fractures amongst children and adolescents. Securing play areas, both indoors and outdoors may prevent falls leading to fractures. In an internationally published study from the Harstad IDB it was documented a significant reduction of fall-fractures in private homes for elders 65+ years after a multi-faceted fall prevention program (see ref)

Ytterstad B. The Harstad injury prevention study: Community-based prevention of fall-fractures in the aged evaluated by means of a hospital-based injury recording system. *J Epidemiol Community Health*. 1996;50:551-8.

2.2.9. Emergency services and high impact accidental events

Harstad Municipality has an emergency service plan, which harmonises with other authority emergency plans and those of the police, hospital and civil defence. The plan safeguards the community in several ways and there are many merging elements. The plans also involve many volunteer

groups, such as the Red Cross, the Norwegian Women's Public Health Association and rescue dogs. The authority is directed to carry out a minimum of one emergency exercise a year to ensure that co-operation functions and the plans are updated and mistakes and omissions are adjusted at any given time. Examples of exercises that have been carried out are fire in a nursing home and the turning over of a tank lorry containing a dangerous cargo.

2.3. Programmes focused on high-risk groups and environments, and programmes which enhance safety in vulnerable groups

2.3.1. Children

Children are an important group in injury and accident prevention. By giving children awareness, healthy values and safe living conditions, they will be able to recognise situations, areas and actions which can lead to injuries. Preventative work is focused towards parents during the early years, as children learn the most important skills from them. A good relationship between children and adults, with security and trust, is essential to learn and understand.

All adults who work with children have a responsibility concerning the prevention of injuries. Harstad municipality has, as one of its three main goals, *quality in the local environment, with focus on living conditions for children and adolescents*. A strengthening of the living environment will, for many, prevent problems from arising and contribute to a better understanding of situations which can lead to injuries or accidents. Simultaneously, it will be important that adults participate in the children's arena as early as possible to identify risk factors and problems, ask for assistance and contribute to the starting up of special initiatives to prevent difficulties for groups or individuals.

Children need positive and supportive adults around them on a daily basis, to experience security and to master challenges to develop. Harstad Municipality will contribute to strengthening children, adolescents and the family's possibility to create a good and positive living environment.

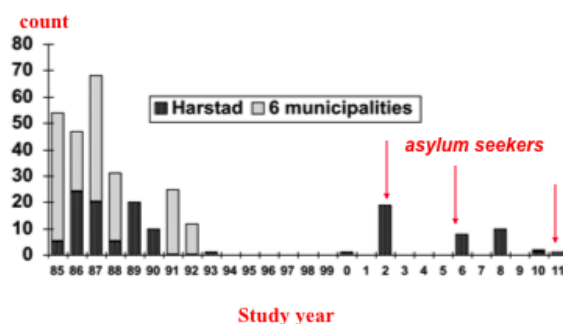
Children's health clinics

Children's health clinics follow the national guidelines in connection with consultations and information to parents and guardians. The focus for 0-6 year olds is, among other things, accident prevention, normal growth and development. In addition, the public health nurses use data from the Injury Register at University Hospital for Northern Norway to give more focus on preventing the most common injuries. Safe Community and the health clinics in co-operation with suppliers, compiled a wall board with safety equipment, such as cupboard and drawer safety catches, doorstops

and plug guards, which is easily seen. A similar wall board hangs in the maternity ward at the hospital.

Health clinics for children have for many years had extra focus on injuries caused by burns. The injury register showed that this was mostly a problem for children <5 years. The last ten years burns have occurred mostly amongst immigrant children. Special initiatives are now put into practice taking into consideration language and cultural barriers. The substantial decline in serious child burn injuries necessitating hospital admission may be seen in Fig. 1.

Fig. 1 Hospital bed-day consumption for burns in children 0-4 years



I. Ytterstad B. Smith G. Coggan C. The Harstad Injury Prevention Study. Prevention of burns in young children by community-based intervention. Injury Prevention 1998; 4:176-80.

Children's nurseries

In 2012 Harstad had 1321 children in kindergartens, 407 of these in private institutions. There are no waiting lists. All nurseries follow the same procedure for the treatment of serious accidents/death and disappearances. Making the environment safe from injury is balanced against giving the children room and installations for developing their physical abilities through play. A recent report (February 2013) based on data from the local IDB shows no accidents in kindergartens with AIS scale >4 during the time span 1994-2011. This report was done because the number of children in kindergartens have been increased substantially I Harstad (and Norway) the last nine years. Safety equipment in kitchens and safe playgrounds contribute to child safety in our kindergartens. The Harstad IDB also registers dental injuries in order to plan effective interventions.

Compulsory school (1st – 10th form)

There are approximately 3200 school children in Harstad in 12 schools. The authority is responsible for their education, ensuring it is in keeping with the Education Act. Teaching is to be adjusted to each child's abilities and condition and is given in co-operation with the parents.

Schools work continually with injury prevention. The authority's internal control and joint procedures ensure good routines in the work. The schools co-operate with environmentally-focused health care for inspection and securing of play areas, universal design and the approval and securing of buildings.

Playgrounds

The authority's areal plan, passed 29.04.2010, contains playground regulations for the area. The regulations and guidelines are an important link in securing good possibilities for play, development and physical activity for children and adolescents. Traffic safety, noise, pollution and other health hazards have also been considered.

Prevention Forum

Prevention Forum is a cross-sectional group that monitors living conditions for children, adolescents and families. When irregularities occur and are reported by health workers, schools and child welfare, the forum initiates preventative work against e.g. bullying and child molesting. Prevention Forum is part of the 'Together for Children and Adolescents' project, lead by The Norwegian Association of Local and Regional Authorities (KS). Guidelines for interventions are found in the Handbook for Cross-Sectional Co-operation, which contains procedures that are found to be effective (evidence based).

TIBIR

Early Initiatives for Children at Risk (TIBIR: *Tidlig innsats for barn i risiko*) is a complete programme for the prevention of behavioural problems in children and providing them with help. The target group is children between the ages of 3-12 with their parents, where the children have already developed, or are in-danger of developing, behavioural problems. The programme consists of six different intervention modules. These modules are tailored for interventions in the onset of, or already developed, behavioural difficulties in children. Another aim is to strengthen social competence. All children and their parents are followed up by Positive Behaviour, Supportive Learning Environment and Unified Action (PALS: *Positiv atferd, støttende læringsmiljø og samhandling*) at school and by Parent Management Training – Oregon (PMTO), if necessary.

Excess weight in children

The problem of excess weight in Harstad is, like the rest of the country, increasing. Overweight and inactivity in children can often lead to poor movement, balance and muscle strength, which in turn makes them more vulnerable as regards injuries and accidents. Harstad has an activity group for overweight children, with focus on mastering and enjoying being active, to give them a healthy attitude towards physical activity and to strengthen their self esteem.

Other risk groups

Sami people are indigenous and may have particular injuries related to their way of life. This may be a challenge in neighbouring municipalities and the Harstad IDB may supply relevant data to these. Minority groups (five per cent) are asylum seekers and refugees. They have high accident rates and work is done to reach them with safety measures. Barriers in terms of language and cultural differences are met by arranging "Multicultural" events and other meeting arenas. Homeless and people with substance abuse are targeted in a municipal program for gratis housing and food coupons. Harstad being close to the Atlantic Ocean has high activity of leisure boating. These have Safety at Sea programs. The newly built "Badeland" Swimming Hall had some accidents initially, the IDB picked up these occurrences and a water slide was made secure.

2.3.2. Adolescents

Adolescents are a vulnerable group regarding injuries and accidents, especially in traffic. Young drivers have a 40 times higher risk of being involved in a front-to-front accident or driving off the road than the average driver. 60% of traffic accidents involving young drivers occur at the weekends, and very many late evening or at night.

During adolescence physical changes occur that may lead to imbalance between mental and physical development. Some adolescents also feel a need to stretch boundaries and challenge themselves beyond the norm. It can be difficult to work with adolescents in many cases but the work must be on their terms and in their arenas.

Health clinic for adolescents

A health clinic for adolescents is open two afternoons a week in Harstad and is easily accessible. In addition to a public health nurse there is a doctor and psychologist at the clinic. Appointments are not necessary. Much of the focus of the clinic is on mental health and therefore important in the prevention self-harming and injuries as a result of mental health problems.

Diet

An unhealthy diet and lack of important vitamins and minerals can lead to illness, reduced concentration and reaction capability, depression and aggression. A balanced diet is therefore important in preventing injuries and violence. The public health nurses in 6th form colleges arrange courses in diet and cooking for adolescents. The course is especially suited to bed-sitters and will help young people to make healthy and tasty food.

Night Patrols (Natteravn)

The Volunteer Centre in Harstad organises this service. The patrols are about being present for children and adolescents when they are out at night, taking responsibility and showing compassionate concern when

needed. The Night Patrols' presence contributes to reducing violence, vandalism and crime and most of the groups work well with the local police. Night Patrols are regarded as one of Norway's greatest and most important violence-prevention project.

Traffic

For many years Harstad has had various projects concerning traffic safety and the prevention of traffic accidents amongst young drivers. Sports clubs, the Highways Authority, the police, heavy transport and the State Wine and Liquor Monopoly have all been central in working towards awareness. Harstad has, amongst other things, compiled a video ('Venner på veien', '*Friends on the Road*') with guidelines which will be a tool for those who wish for better co-operation between heavy transport and those who train on the roads (sports). The authority is also central in 'Don't Die for a Deadline'. This project addresses young drivers speeding and the possible consequences this can lead to.

2.3.3. The Elderly

Preventative work amongst the elderly is important to give each individual optimal quality of life and prevent illnesses and injuries. Most accidents amongst the elderly occur at home and injuries after falls are a major public health problem. Old people often have weak musculature and osteoporosis leading to more extensive and long-term injuries after a fall. Prevention of osteoporosis, illnesses and loss of muscles, along with information about the risk of accidents and safety in the home, are important elements in injury prevention for the elderly. A fall prevention and training program is described above (see 2.2.8)

Health clinic for the elderly

The health clinic for the elderly was started in 1990, to promote health, well-being and good social and environmental conditions for the authority's old age pensioners. The clinic provides consultations for all over 74 and home visits for all from 78 years. For people over 80 and those living in sheltered accommodation, annual home visits are provided. The clinic spreads information concerning prevention of falls, physical activity, diet, prevention of illnesses, mental health and activities in the area suitable for the elderly, and more.

Prevention of injuries in sheltered housing

Carers are an arrangement for all who live in sheltered accommodation. The intention of the position is to create security and wellbeing for those who need assistance beyond the normal authority care, such as going shopping/to the doctor/hairdresser, help with dinner or exercising. Carers play an important role in the prevention of injuries as they put aside time to help those who need it and see the possible accidents the elderly are vulnerable to in their daily lives. Pipe sprinklers have been installed in all

sheltered accommodation in Harstad to reduce the damage caused by possible fires.

Activity centres

Harstad has three activity centres for the elderly that have a broad range of activities. These cover both physical and social activities, such as senior dancing, choirs, workshops and billiards. The centres are places where the elderly can meet, buy dinner and socialise.

Exercise

Physical activity is important to strengthen muscles and prevent osteoporosis, give increased wellbeing and increase the chance of managing alone without assistance. Harstad has a broad range of activities adapted for the elderly with various levels of physical ability, e.g. senior dancing and exercising, both light and more demanding. Creating a varied exercise programme for the elderly is in co-operation with several physiotherapists, FYSAK (Physical Activities for All), volunteers and psychomotor therapy.

International Day of Older Persons

The International Day of Older Persons, 1st October, is observed each year, focusing on actual problems for this age group. It is a day which is celebrated and an arena for the elderly in the area to be reached and honoured. Fall injury prevention is some times focussed on these events with a humorous slant.

2.3.4. Refugees/Asylum seekers

Refugees and asylum seekers have often difficulties in understanding Norwegian conditions. The challenges of Norwegian daily life will for many be completely different from what they are used to. It is not just the language and information that is incomprehensible for many, but also food, activities, laws, rules, attitudes and climate. Understanding the cultural differences and seeing the challenges those born here take for granted in their daily life is important to understand when working with injury prevention amongst refugees and asylum seekers.

Health clinics for refugees and for asylum seekers

The health clinics follow national guidelines, providing health consultations and laboratory tests within three weeks of arriving in Harstad, tuberculosis control within two weeks, consultations, registering of physical and mental health, health examination, vaccination and counselling/guidance. The health clinics provide home visits and extra follow ups for children, the major focus being on burn injuries, drowning, safety in traffic and adjusting to Norwegian conditions. Mother and child groups are also organized which function as a social arena with focus on injury prevention themes.

The public nurses use an 'accident prevention bag' in home visits and group meetings which contains safety equipment, such as cycle helmets and lights, reflectors, door stops, catches for shelves/bookcases, anti-slip covering for stairs, cooker protection and mosquito nets for prams.

Demonstration house

Harstad has a house that is used for training refugees and asylum seekers. It is fitted out like a normal house, with all the dangers and accident spots normally found in a Norwegian home. The house is used to show what accidents can happen and give the immigrants knowledge concerning the prevention of injuries.

Information folder

The public health nurses have compiled, on their own initiative, an information folder about children and safety (0-6 months, 6 months-2 years and 2-4 years). The folder is used in communication with parents who do not speak Norwegian, giving simplified information with many pictures.

Programmes which document frequency and reasons for injuries

Data containing information on frequency and reasons for injuries is an important aid in the prevention of injuries. At any given time initiatives can be implemented in the areas where there are most accidents, or most injuries occur, by using registered data. Continuous registration will, in addition, be important for evaluating results of injury prevention initiatives.

Several different registers in Harstad can give an overview of accidents and injuries. The Highways Department and insurance companies register injuries and Harstad Municipality carries out internal control and deviation registration. Harstad has also injury registration at the University Hospital for Northern Norway, Harstad, which shows that many more cases are registered here than with the police. Injury registration at the hospital is often preferred to obtain an overview of injuries in the area.

2.3.5. Registration of injuries at the University Hospital for Northern Norway, Harstad (UNN)

Harstad Hospital has been one of four hospitals in Norway that since 1985 has registered accidents and injuries in an IDB in co-operation with The National Public Health Institute. National estimates were calculated from the registered data. The registrations at three Norwegian hospitals were discontinued in 2003. Harstad Hospital chose to continue. Today, the IDB is valuable for analysis, finding target groups and last but not least for evaluating effects of interventions. Traffic accidents are located

geographically. The variables are described in the NOMESCO (Nordic) system and are relevant and chosen for prevention purposes.

The IDB documents injuries caused by accidents, violence and self-harming, recording where, how and when the injuries occurred. In addition, dental injuries have been registered since 2004. The injury data has been personalized since 01.07.2010 by using national identity numbers and can be linked with other registers. This gives several possibilities, such as linking with other databases and investigating health costs and socio-economic distribution of injuries in a population. Because there is no functioning national injury registration, Harstad supplies information to national and local media and institutions on injury occurrences in Norway. By extrapolating longitudinal Harstad data to national level, quite accurate estimates for the national injury panorama may be given.

Analysing the data from the hospital register has uncovered major differences regarding the police register. The hospital register encompasses three times as many people injured in traffic accidents than the police. The register gives the municipality an advantage concerning preventative work, because there is almost complete registering of accidents and because they are geographically located.

Harstad has shown that it has unique competence in the registering of injuries and handling of data. This has led to our knowledge being in demand when other hospitals implement injury registers. Several have become aware of the possibilities injury data gives and wish to use the same model as Harstad. Injury registration at UNN Harstad is now done in the hospitals in Narvik and Hammerfest.

2.4. Evaluation measures to assess own programmes, processes and the effects of changes

During the last three years Harstad has been a part of Troms County - Safe and Available (Trygt og Tilgjengelig) project. A work group has compiled a plan of action through this project for Safe Community in Harstad. The aim of the plan is to create awareness and the possibility to act in the work of creating a safe local community for all. The plan of action will be effective for four years and will be evaluated annually. The central participants in the municipality will obtain a comprehensive overview of the work in making a community safe through this evaluation and see both the development and the effects on several levels in the community. The work with the plan of action in an inter-sectional project group has given Harstad a comprehensive overview of what has been done in the community and which areas are important to focus on in the future.

The injury registration at the University Hospital for Northern Norway, UNN, gives a comprehensive overview of injuries in Harstad. Regular reports are compiled which show trends and possible new accident areas. Several departments in the municipality have a good dialogue with the hospital, receiving reports at an early stage when injuries occur in the same problem area. Data from injury registration is used actively before, under and after initiatives are implemented, to see the effects and development.

Data from UNN has made it possible to evaluate different aspects of injury prevention. The conclusion for many of these evaluations has been 'hard' data in the form of incident rates for different accident categories, such as traffic, falling accidents and burns, as shown below:

National publications

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3. Sørbye S, Ytterstad B. Nullvisjonen for trafikkulykker i Norge. Tidsskr Nor Lægeforen 1999; 119:1633-4.
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8. Ytterstad B, Dahlberg T. Tilsvar: "Anatomiskadeskåre- leketøy eller verktøy?" Tidsskr Nor Lægeforen. 2006;126:479
9. Ytterstad B: Barn og brannskader. Tidsskr Nor Lægeforen. 2011; 131:12

International publications

1. Ytterstad B. The Harvard Injury Prevention Study. A decade of community-based traffic injury prevention with emphasis on children. Postal dissemination of local injury data can be effective. Intern J of Circumpolar Health 2003; 62:61-74.
2. Long-term effects of community-based injury prevention on the island of Vaerøy in Norway: a 20-year follow-up. Telnes G, Lund J, Sandvik L, Klouman E, Ytterstad B. Scand J Public Health 2006; 34 (3): 312-9.

3. Prevention of self-immolation by community-based intervention. Ahmed L.A, Ytterstad B. Burns. 2007; 33 (8): 1032-40.
4. Total cost of bicycle injuries in Norway: Correcting injury figures and indicating needs. Veisten K, Saelensminde K, Alvaer K, Bjørnskau T, Schistad T, Ytterstad B. Accid anan Prev. 2007; 39 (6): 1162-9.
5. Hip fractures in a city in Northern Norway over 15 years: Time trends, seasonal variations and mortality. The Harstad Injury Prevention Study. Emaus N, Olsen L.R, Ahmed L.A, Balteskard L, Jacobsen B.K, Magnus T, Ytterstad B. Osteoporosis 2011 (open access at springerlink.com).
6. Methodological challenges in hip fracture registration. Emaus N, Heiberg I, Ahmed L.A, Balteskard L, Jacobsen B.K, Olsen L.R, Ytterstad B. Accepted for publication 2010 Injury Control and Safety Promotion.

Three publications from Harstad are also in the Cochrane Review of Robust Evaluations.

2.5. Participation in national and international Safe Community networks

- Member of the Norwegian network of Safe Communities
- Member of the European network of Safe Communities
- Member of the Injury Prevention Forum
- Member of project group 'Troms County – Safe and Available'
- Co-operation with Burns Project in Ethiopia
- Member of Night Patrol
- Network Together for Children and Adolescents, the Norwegian Association of Local and Regional Authorities
- FYSAK (Physical Activities for All) community
- Participation in most of the Safe Community world conferences
- Participation in the European conferences arranged by Safe Community, most with lectures and/or posters
- Best Paper Award, 2007: 16th WHO Safe Community World Conference, Tehran

3. Further work

Harstad Municipality has through inter-sectional co-operation compiled a plan of action for Safe Community, which was completed in 2011, as a tool for stimulating and strengthening injury prevention, safety and universal design over the next four years. This plan was revised May 11th 2012 and supported and strengthened January 3rd 2013 in a meeting with

The Mayor, the director of Harstad University College, The university Hospital of Harstad, the police chief, Road authorities and Norsafety. An influential local politician has been given the task as coordinator of the Harstad Safe Community activities in order to quarterly "keep the wheels of activity going" routinely. These routine meetings of an "action group" ensures that the injury prevention issues and demands for action coming from individuals, the press, the public, the rapports from the IDB and from the NGOs are followed up with assessments and interventions when needed.

The demand for re-certification has started a process of renewed energy in the community. Evaluation of work being done son far in the community has been done and a need for continuously remaking plans for the future is accepted. It has also been a process for discussion among the stakeholders, sharing of knowledge and network building. The reference group, led by the mayor, has seen the need for an annual revision of the total Safe Community activities giving the opportunity to adjust initiatives according to new challenges.

A prioritised initiative for Safe Community in Harstad is to look at the internal organization. This is seen to be an important task in creating a better and modern management. Harstad Municipality will also use this reorganization to focus more on Safe Community, bringing politicians, the administration and inhabitants up-to-date on topical information and the importance of injury prevention.

Through several years, many people in Harstad have worked with injury prevention through inter-sectional co-operation, network building and increasing their knowledge without direct connection with the employees in Safe Community. A general change in attitude for many contributes towards work with injury and accident prevention every day.

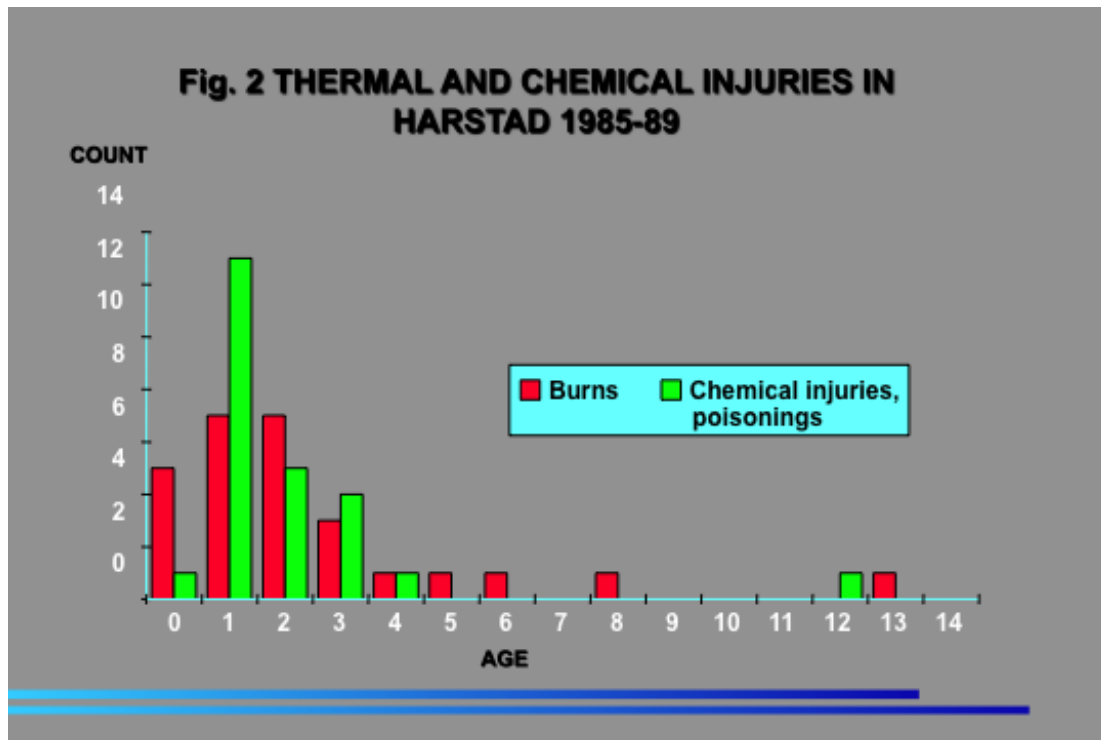
Harstad Municipality has for many years functioned as a pioneer authority within injury prevention and will continue to work to maintain this status. Harstad wishes to be a good example for other communities.

Addendum:

After the application for re-certification was first submitted in 2011, a new indicator has been added in the International Safe Community Movement: **"Programmes that are based on the available evidence"**

Regarding this indicator, the Harstad Safe Community work relies on the available evidence in several aspects. Just a few of many examples will be mentioned in the following.

1. Use of high quality local data. E.g. when interventions were started towards preventing burns in children, the local data showed the high risk of Harstad children <5 years (Fig. 2) Moreover, the age group in question 0-4 years was ideal for the public health nurses to target due to their contact during the vaccination program. Outcome evaluation of interventions shown in fig. 1 above on page 17 is also evidence based.

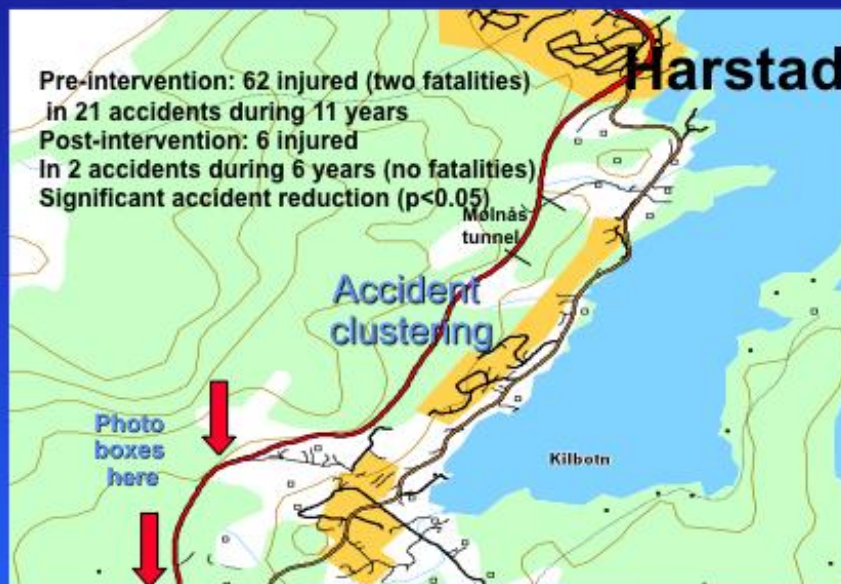


2. The geographical data on traffic injuries and accidents facilitated exact targeting and prioritising the most dangerous crossings and roads. Figures 3 and 4 show pre - and post intervention accident data in two locations

Fig 3 Black-spot Stangnes Crossing

- Stangnes crossing (31-01-00) pre-interventio: 16 accidents and 25 injured during four years, six per year
- 1991-1993: post – intervention one injury per year (increased traffic)
- 1994-2007: 2 injuries per year (increased traffic)
- Theoretically 76 injuries were prevented during 17 years

Fig 4 Accidents and injuries south of Mølnåstunnel from 1994
Photo box from January 2005



3. Every community cannot by themselves and in isolation find the “holy grail” for effective strategies for injury prevention. However, there are many effective, proven interventions against injury that may be copied or modified for local use. The Safe Community work in Harstad has been influenced by evidence based programs that have been picked up by attending numerous conferences on injury prevention. Reading the literature in international and national journals is another source for being updated. Finally, the exchange

of experience between different communities is a valuable means of finding out what works and what does not.

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Handlingsplan Harstad kommune - Trygt lokalsamfunn 2011-2014
(Plan of Action, Harstad Municipality – Safe Community 2011-2014)

Trafikksikkerhetsplan for Harstad kommune 2010-2013
(Traffic Safety Plan, Harstad Municipality 2010-2013)

Ved egne krefter – kommuneplan for Harstad 2009-2025
(By Our Own Strength – Municipality Plan for Harstad 2009-2025)

Data and reports from the Injury Register at the University Hospital for Northern Norway, Harstad

Quality manual for Harstad Municipality

Harstad's Annual Report for Safe Community

Interviews with internal and external co-operation partners