

**Application**  
**to become member**  
**of the WHO Network of “Safe Communities”**



**INITIATIVE**  
**Sichere Gemeinden**

**by**

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## A Introduction

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In Austria, around 800,000 people annually (or about 10% of the population) are injured in accidents. 61% of these accidents happen in the home and during leisure pursuits, 13% are sporting injuries, 19% occur at work or in school (not counting school sport) and 7% are road accidents. In Austria (as in every country) injuries sustained through accidents do considerable harm to the health of the nation; they cause 1.6 million days in hospital and the loss of 8.2 million working days annually. The result is that approximately 10% of the entire cost of health care is due to accidents (Bauer, 2001).

These statistics are not inevitable: accidents can easily be prevented, as is shown, for example, by campaigns for road safety or accident prevention at work, or wide-ranging schemes at local level. Although accident prevention is certainly aimed at improving public health, it is not a typical medical task and is not normally thought of as part of prophylactic medicine and health promotion. The promotion of safety is therefore usually organised, in parallel to health promotion, in special programmes, albeit in close association with health policy. As well as various programmes such as "Healthy Cities", and "Healthy Schools", WHO has therefore developed, in the context of their efforts to promote health, special programmes for accident prevention ("Safe Communities"). Here it was particularly useful to know that in many health promotion projects the work done at local level had proved especially effective.

Until 1993, no local communities in Austria had joined the WHO "Safe Communities" programme. It was only in 1994 that individual communities in Vorarlberg were integrated into the network.

In 1990 the Austrian province of Vorarlberg expressed interest in a Safe Community when the "Sicher Leben" Institute presented the project idea for the first time. For many years now, Vorarlberg has taken on a pioneering role in Austria in healthcare and, in particular, health promotion and prophylaxis. Numerous programmes on primary prophylaxis and early disease recognition have been successfully implemented in Vorarlberg. In the health and social area, Vorarlberg has consistently developed private-law forms of organisation that guarantee a high level of citizen participation. In this context, the province concluded a contract with the WHO after orientation according to the new WHO paradigms had proved to be particularly successful. Based on its experience, social structure and successful infrastructure in the area of health promotion, Vorarlberg was predestined to embark on highly promising paths in the sub-area of accident prevention, too. From 1990 to 1993, the local government of Vorarlberg and the "Sicher Leben" Institute thus sought partners to implement the accident prevention idea, which was new to Austria.

In 1993 an experimental region of 14 communities in the district Bregenz and partner willing to finance the project could be found. The following Austrian institutions decided to support the project: Federal province Vorarlberg, the 14 communities, the Vorarlberg regional health insurance company - Vorarlberger Gebietskrankenkasse (VGKK), the Workers Compensation Board - Allgemeine Unfallversicherungsanstalt (AUVA), the Farmers' Social Insurance Company - Sozialversicherungsanstalt der Bauern (SVB), Committee for Traffic Safety - Kuratorium für Verkehrssicherheit (KfV) and Institute „Sicher Leben“.

After 3 years, this project showed a remarkable 20% reduction in the accident rate. In 1998 this project was recognised by WHO as a model project, and the municipalities involved were admitted to the international network of "Safe Communities".

The "Safe Communities" were one of the most successful health promotion initiatives

in Vorarlberg. In 1997, it was extended to the whole province of Vorarlberg due to its great success. Today, the project oversees all 96 councils in Vorarlberg.

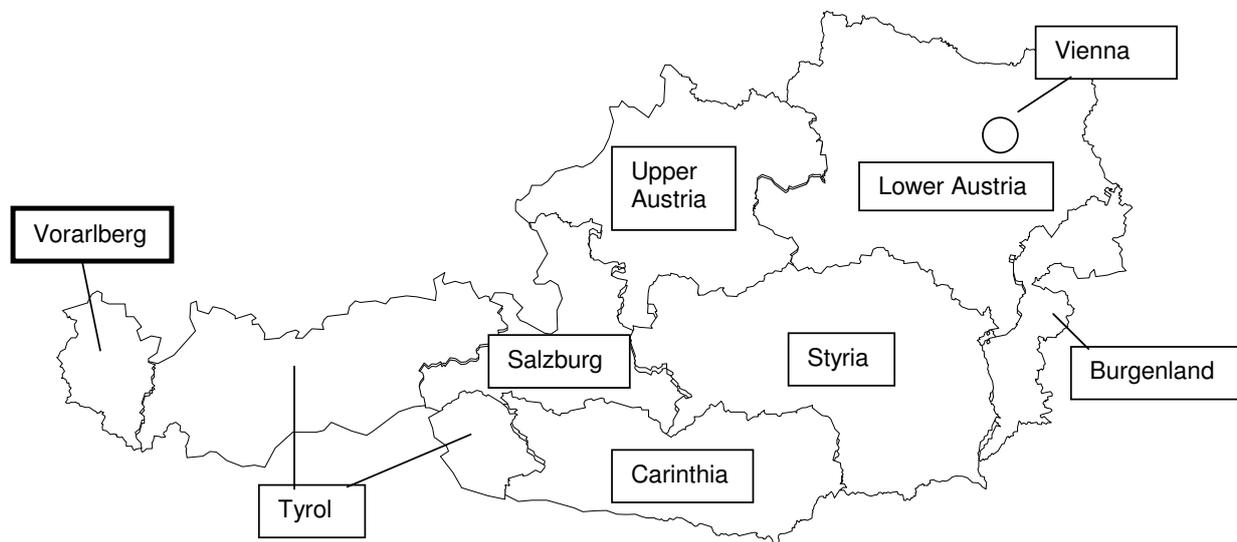
The following timetable gives an overview on the development.

<b>Timetable</b>	
1990	Preliminary talks, Symposium on „Safe Communities“
1993	Conclusion of the contract between the partners (federal province Vorarlberg, Communities, VGKK, SVB, AUVA, „Sicher Leben“ and KfV)
1994 - 1996	1 <sup>st</sup> Experimental project (3 years)
1997	1 <sup>st</sup> Evaluation of project success
1998	Designation of the experimental region as „Safe Communities“ by the WHO
1997	Project extension, all 96 communities in Vorarlberg are overseen
1997 - 2001	2 <sup>nd</sup> Experimental project (5 years)
2001	2 <sup>nd</sup> Evaluation
2002	Unlimited extension of the project, conclusion of contract between the partners (federal province Vorarlberg, Communities, VGKK, SVB, VAGW, VAÖE, BVA and „Sicher Leben“)
2002	Application to become a member of the WHO network of „Safe Communities“

## B Description of the region

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Figure: Austria and its nine federal provinces



Map of Vorarlberg



Vorarlberg is the western-most province of Austria and, with an area of 2,601 square kilometres, the second smallest after Vienna. It extends from Lake Constance to the three thousand-metre high Silvretta mountains and from Alpenrhein to Arlberg. It has 367,800 inhabitants (last updated: 31.12.2001), which corresponds to about 4% of Austria's overall population. Vorarlberg has 96 local communities (5 of which are towns and 8 of which are market communities) and is divided into 4 administrative areas (Bregenz, Dornbirn, Feldkirch and Bludenz). The greatest population density can be found in the Rhine Valley and in Walgau.

The employment rate of 48.70% is a little higher than in the rest of Austria. With 7,761,500 overnight guest stays, Vorarlberg makes up 6.8% of Austria's overnight guest stays. The following table shows a comparison of Vorarlberg and Austria in terms of the most important general data (source of data: Vorarlberg Chamber of Commerce).

<b>2000 data (Ø)</b>	<b>Vorarlberg</b>	<b>Austria</b>	<b>Vorarlberg in %</b>
Area (km <sup>2</sup> )	2,601	83,859	3.1
Number of local communities	96	2,333	4.1
Number of political areas	4	84	4.8
Density of population (inhabitants/km <sup>2</sup> )	134	97	-
People in employment	170,000	3,917,700	4.3
Employment rate (people in employment/inhabitants)	48.70%	48.30%	-
Employees	132,600	3,133,200	4.2
Immigrant workers	24,694	319,400	7.7
Apprentices	7,106	126,600	5.6
Unemployed	5,960	194,314	3.1
Unemployment rate	4.30%	5.80%	-
Overnight guest stays	7,761,500	113,686,500	6.8

In addition to this, the following table provides an overview of added value in Vorarlberg divided into the various sectors.

<b>Share in %</b>	<b>Vorarlberg</b>	<b>Austria</b>
Agriculture and forestry	1.3	2.3
Production of physical goods	26.8	20.5
Construction trade	10.8	8.2
Energy industry	3.3	2.6
Trade	10.5	12.7
Catering, accommodation	6	3.9
Traffic, news	5.8	7.3
Banks, insurance	3.4	6.8
Real estate, firm supply of service	14.4	15.3
Public service	4.9	6.6
Teaching/healthcare	9.4	9.7
Other business	3.4	4.1
	100	100

The significant healthcare figures were also compared to those of the rest of Austria and have been compiled in the following table.

<b>Healthcare 2000 in figures</b>	<b>Vorarlberg</b>	<b>Austria</b>
Hospitals	46	317
Hospital beds	3,333	68,918
Doctors	1,053	33,521
Of these, specialist doctors	435	13,598
Dentists	127	3,835
Pharmacies (including doctor's pharmacies)	73	2,166

## **C The 12 Criteria of the WHO Collaborating Centers on Community Safety Promotion**

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1. Formation of a cross sectoral group that is responsible for injury prevention
2. Involvement of the local community network
3. The programme will address all ages, surroundings, and situations.
4. The programme will address the concerns of high-risk groups (such as children and the elderly), high risk environments and aim to ensure equity for vulnerable groups.
5. The programme should have a mechanism to document the frequency and causes of injuries.
6. Programme must be a long-term approach, not one of brief duration.
7. The programme evaluation should include indicators which show effects and provide information on the process as it advances.
8. Each community will analyze its organizations and their potential for participation in the programme.
9. Participation of the health care community in both the registration of injuries and the injury prevention programme is essential.
10. Be prepared to involve all levels of the community in solving the injury problem.
11. Disseminate information on the experience both nationally and internationally.
12. Be willing to contribute to the overall network of "Safe Communities."

# 1. Formation of a cross sectoral group that is responsible for injury prevention

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In Vorarlberg, the aim is for specific accident prevention measures (such as information events and campaigns) to be provided mainly through local initiatives (e.g. schools, nursery schools, health and social services, rescue operations, civil defence association, private associations, operations, local community authorities, etc.). As a rule, these service providers have a more or less great interest in accident prevention – whether for reasons of personal commitment, feelings of responsibility towards families, children and the local community or because their associations have related non-profit goals. Because it is well known that the population's need for health promotion and accident prevention is extremely high, corresponding initiatives and events are generally well received by the general public, which makes them interesting for service providers in terms of popular value, too. Often, however, potential service providers do not have enough money to be able to finance the required measures. In the Safe Communities, this becomes possible through a sufficiently large financing fund, which was created in 1993 and 1997 through the participation of almost all organisations that cover costs arising from accidents and which was used to finance accident prevention measures in the project region.

## **The financing fund**

The financing fund provides adequate means for the implementation of all meaningful and feasible campaigns arising from local initiatives. The corresponding provision of means is a precondition for the successful handling of all significant areas of risk. The following were included in particular as funding bodies and form together a cross-sectoral steering committee:

- The local communities themselves (that finance hospital subsidies and social services); this includes all 96 local communities in Vorarlberg that are involved in the project; a list of these local communities can be found in the Appendix.

- The province of Vorarlberg with its responsibility for health and social welfare (and in its role of maintaining hospitals).
- The Vorarlberg regional health insurance company (with its legal responsibility for preventing non-work related accidents and as the main funding body of treatment costs for household, leisure and sporting accidents).
- The Farmers' Social Insurance Company (SVB) and the Workers Compensation Board (AUVA) with its responsibility for accidents at school and work). The insurance company for public workers (BVA) the Austrian Railways insurance company (VAÖE) and the social insurance company (VAGW) for industrial business were gained as new partners for the province-wide project in 1997. This emphasises the high level of acceptance of the project by public institutions.
- The Kuratorium für Schutz und Sicherheit as the leading private institution in Austria for research into and prevention of non-work related accidents. The Board is largely financed by the private insurance industry and consists of the Austrian Road Safety Board (whose responsibility is road accidents), the "Sicher Leben" Institute (whose responsibility is leisure-time accidents and other injuries) and the Institute for Technical Safety (responsible for fire prevention).

Because it is not really possible to connect exactly project benefits to funding bodies, the large-scale project partners (local communities and province of Vorarlberg) make the same level of contributions as health insurance companies, private and accident insurance companies.

## 2. Involvement of local community network

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A local and independent accident prevention structure was developed in the project region because local organisations and personalities are the main supporters of accident prevention. For marketing orientation purposes, the type, scope and medium of safety is based on the desires and ideas of the inhabitants. Thus, the goal is to establish ideas of accident prevention in a lasting manner so that the evolved activities continue over time with no further interventions. The project team is responsible, to a great degree, for achieving this goal. This procedure has proved to be extremely successful with regard to the communal structures in Austria. In Vorarlberg, it has been possible to adapt the project to the political structures. As opposed to in Sweden, local communities in Austria are given little authority and competence and are thus too weak to develop ideas in this area on their own. Early on, it was recognised that it made much more sense to build up a province-wide consultancy network. A project manager controls these activities and develops service packages for local institutions and installations, which implement these packages with great commitment.

### **The project team**

A project team is set up in the project region as a link, on the one hand, between the population and the local accident prevention funding bodies and, on the other hand, between the authorities and professional accident prevention offices. The project team consists of 3 permanent project employees and one part-time worker (30%) (1 project manager and 2 to 3 employees). The corresponding costs are covered by the project fund. The task of the project team is to provide potential service providers with the necessary specialist information, to encourage them to develop their own activities, to make suggestions in this context and to provide organisational help (e.g. formulating sponsorship requests to the fund, arranging speakers, organising joint events). Success – i.e. the creation of a local accident prevention network – depends to a great degree on the work and performance of the project team and on the financial means and the available structures.

### **3. The programme will address all ages, surroundings and situations**

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In accordance with the WHO principles, all accident risks and risk groups are processed in the project. This means that the following can also be considered as potential project supporters in the Safe Communities initiative: teachers and schools, nursery schools and childcare facilities, parent advice centres, social services, established doctors, hospitals, pharmacies, rescue organisations, nursing associations, Kneipp associations, family organisations, fire brigades, civil defence association, children's and youth organisations, women's associations, senior citizen's associations, parents' associations, sports associations, life guard services, trade, commerce, industry, management, interest groups and professional associations, working circle for preventive and social medicine, other health-promoting organisations, mountain rescue services, etc.

Building on data from existing official statistics and on examinations carried out by the "Sicher Leben" Institute, the following population groups were treated as a priority:

Target group	Examples of projects
Children	Bicycle helmet, setting ski bindings, children's accidents in the kitchen, talks about a baby- and child-proof home, safety in the children's playground, poisonous plants, traffic education, swimming, clown at nursery school, bicycle helmet fun day, children's car seat, child safety products
People involved in DIY	Courses with crib building associations, cutting fruit trees, motor saw courses
Sports people	Fairness in football, setting ski bindings, have fun mountain biking, bicycle security, off-piste, free ride safety camps, safe hiking, swimming pool – campaign days, safe skateboarding, competition for schools and associations for safe winter sports, ideas competition: "Bicycle posts on cycle paths"
Traffic	Speed control, children's seats, first journey – safe journey, reflector products – see and be seen, blind spot – death spot, tricycle training for senior citizens, motorcycle training courses, bicycle obstacle course
Senior citizens	Talks, checklist for the senior citizen's household, senior citizen training, trusted safety representative for senior citizens, aids for senior citizens, reflector campaigns, trade fair information stands, teaching units in all areas of care training and for fitters
Women	Osteoporosis: doctor, dietary advice, kinesiotherapy and accommodation therapy (tripping over – age-appropriate accommodation), "the child-proof home", the safe senior citizen's home, safe household ladders

#### **4. The programme will address the concerns of high-risk groups (such as children and the elderly), high risk environments and aim to ensure equity for vulnerable groups.**

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Projects within this area have already been enumerated in the previous chapter.

The following activities may be mentioned in particular:

##### **Senior Citizens**

Senior Citizens are informed through talks, to give them information for the third age of their lives and offer basic support. They receive checklists for the senior citizen's household. Persons are trained as trusted safety representative for senior citizens. There are specific aids promoted for senior citizens. The elders are informed through to reflector campaigns and trade fair information stands. A special focus is put in covering the teaching units in all areas of care training and for fitters.

##### **Children**

Children and their parents are addressed in particular. There are many activities and projects in Vorarlberg to educate and inform them in improving their safety situation.

The Bicycle helmet campaign focus on wearing a helmet when riding a bike. Bicycle helmet fun days are organised. One of the favorite sport activities is skiing and therefore the yearly setting of ski bindings is promoted. A focus is put on children's accidents in the kitchen. A clown at nursery school shows how to prevent accidents. There are many presentations on a baby- and child-proof home. There is a checklist available to evaluate the safety in the children's playgrounds. Furthermore the activities focus on poisonous plants, traffic education, swimming, children's car seat and child safety products.

## **5. The programme have a mechanism to document the frequency and causes of injuries**

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In the Safe Communities, intensive project work should significantly improve risk awareness and knowledge of preventive measures. Connected to this, the goal should be a reduction of accident risks. The criterion here is not the absolute frequency of accidents but the relative frequency with reference to the population compared to other regions not participating in the project.

To determine changes to the accident risk within the time framework of the project, it is necessary to have indications of the frequency of accidents, including out-patient treatment, before the end of the project. However, because there are no ongoing statistics on home, leisure and sporting accidents, the documentation of the frequency and causes of accidents in the project region is compiled using a household survey (last carried out in 2000) where one person provides information about all the members of the same household. In the same way as the accident prevention measures, the evaluation covers all areas of life. A sample survey sheet can be found in the Appendix.

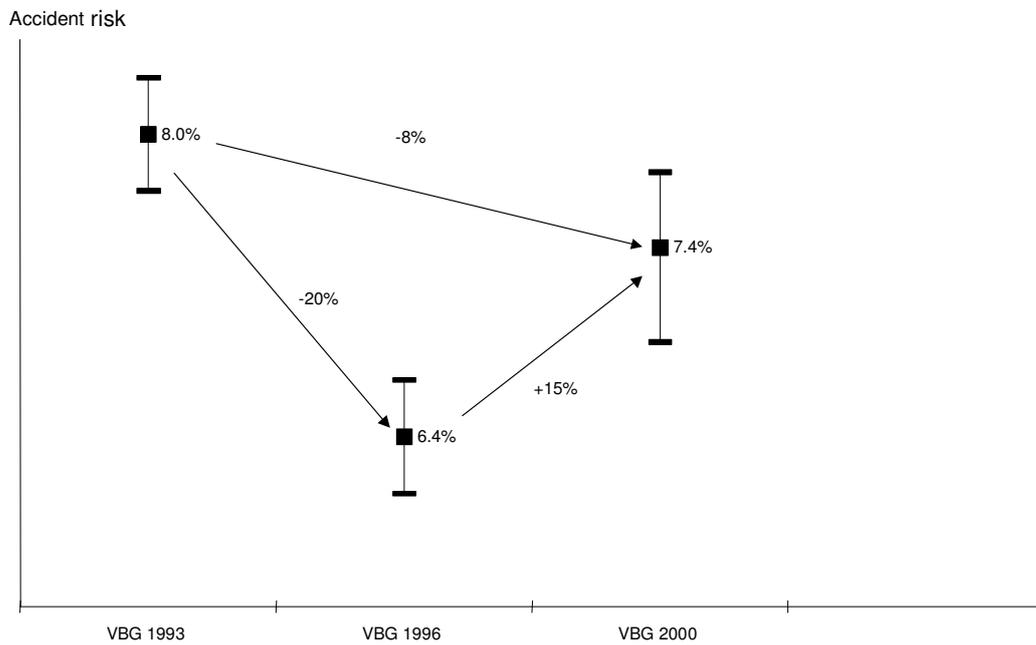
In the pilot phase, the household survey was carried out four times (starting in 1993). The 1993 household survey gathered information on the number of accidents in the project region of the Safe Communities and in a parallel control region. For this purpose, 3500 households were registered in the project region and in the rest of Vorarlberg. This data forms the starting point for the later evaluation of results ("zero point"). In 1994 and 1995, the household surveys were only carried out in the sample region, while the 1996 survey covered both the sample region and the control region again.

From 1997 onwards, the causes of leisure and sport accidents were documented within the framework of the EHLAA project in one of the region's largest hospitals (LKH Feldkirch).

In the year 2000, an evaluation of the Safe Communities was carried out. Based on

health statistics analyses, surveys among the population, documentation of activities and their scope and degree of publicity, the project was considered to be a success in the 1997 – 2000 period. This provides an insight into the efficacy of the Safe Communities initiative and its effects on accident development. The results have been published. The results of the 2000 survey have been summarised in the following.

*Illustration: Accident risk Vorarlberg 1993 – 1996 – 2000*



The illustration above and the following table show that although the accident risk in Vorarlberg increased slightly in 2000 compared to 1996, it is still lower than when the initiative started in 1993.

Table: Risk of injury according to age group, gender, areas and size of location

	VBG1993	VBG 1996	VBG 2000	VBG 1996/1993	VBG 2000/1996	VBG 2000/1993
	Changes in %					
Total	8.0%	6.4%	7.4%	-20	15	-8
Male	9.9%	7.6%	9.0%	-23	18	-10
Female	6.1%	5.2%	5.8%	-13	11	-4
Areas						
Sport	2.5%	1.8%	2.2%	-24	20	-10
Household	0.8%	0.7%	0.7%	-13	8	-12
Leisure	2.5%	1.7%	2.3%	-32	34	-7
Work /school	1.3%	1.1%	1.0%	-15	-2	-18
Traffic	1.0%	1.1%	1.1%	10	-1	14
Age groups						
0-6	8.4%	6.1%	8.2%	-27	33	-3
7-14	9.6%	8.3%	9.7%	-13	16	1
15-24	10.0%	9.9%	9.4%	0	-5	-6
25-59	7.5%	5.3%	6.3%	-28	19	-15
60+	6.3%	5.3%	6.6%	-16	24	4
Size of location						
Country	7.2%	6.3%	7.6%	-13	-	-
Town	7.8%	6.2%	7.1%	-21	-	-

In addition to this, the days spent in hospital were analysed. In the 1993-1998 period, Vorarlberg did extremely well compared to the rest of Austria. It saw a reduction of about 11,000 hospital days, which corresponds to medical cost savings of about 4 million euros.

## 6. The programme have a long-term approach not one of brief duration

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In the course of the project, safety-relevant modifications to the organisational structure, the constructed environment and behaviour may be initiated and will guarantee a lasting improvement in the number of accidents beyond the time span of the actual project. The individual project phases are represented in the table below:

Spring 1993	Setting up of the financing fund for the pilot project in 14 "Safe Communities"
Autumn 1993	Hiring of the project manager
	First data collection
	Preparation for the 1994 safety campaigns
1994 – 1996	Pilot project further data collection once a year
1997	1 <sup>st</sup> Evaluation of project success
Mid-1997	Expansion of the project to the whole Austrian province of Vorarlberg – 96 local communities
Spring 1998	WHO certification of the 14 pilot communities as "Safe Communities"
1997 – 2001	2 <sup>nd</sup> Experimental project (5 years)
2001	2 <sup>nd</sup> Evaluation
2002	Conversion of the project into a regular service of the province for all its 96 communities.

## **7. The programme evaluation includes indicators which show effects and provide information on the process as it advances**

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The above-mentioned household survey is designed in such a way that sufficiently detailed results can be gained in terms of the segmentation of the population with regard to the strain people are under due to accidents. This makes the consideration of special requirements in the project region possible. In addition to this, during the project, a correlation can be achieved between measures aimed at certain accident risks and population groups and the related changes in accident figures.

There are, however, limits to this. As soon as the measures taken affect risk groups that are relatively small or types of accidents that are extremely detailed, the household survey is no longer able to provide information for a scientifically-based process evaluation. It goes without saying that behavioural changes cannot be clearly recorded in the household survey.

### **Publicity level of the Safe Communities initiative**

In addition to the questions referring to accidents and accident development, from 1995 onwards, the people surveyed were also asked if they had heard of the initiative and if so, where. In this survey, the initiative achieved a publicity level of 57%. 92% of people in Vorarlberg rated the initiative as “extremely reasonable” or “reasonable”. 93% of the population were in favour of the continuation and expansion of the activities.

Since 1994, knowledge of accident prevention recommendations has increased dramatically in Vorarlberg. The attitude to accident prevention measures in Vorarlberg has also improved continuously since 1994, which documents the success of the Safe Communities.

## **Evaluation concept**

A model that is easy to apply and suitable for practical work, was selected for the evaluation of the measures that were motivated by the project manager in the Safe Communities initiative for the various participants and put into practice by the region's institutions. This model postulates that, first, a target group must have a realistic level of knowledge of accident risks and accident prevention. If people do not know where the actual sources of danger lie or people are misinformed, they are hardly going to want to obtain information about the possibilities of targeted prevention. In the same way, people will not be able to form an opinion on preventive measures if they are not aware of the measures available.

Only when basic knowledge and a willingness to act are available, can true accident-preventing behaviour be put into place – however, there are still other obstacles to overcome. There must not, for example, be any negative consequences when the preventive behaviour is put into place, otherwise it will not be adhered to. The accident risk reduction envisaged in the project goals can only be expected as a direct consequence of preventive behaviour.

For this reason, an important interim goal in the Safe Communities initiative was to contribute to raising the population's level of knowledge about accidents, consequences and preventive possibilities.

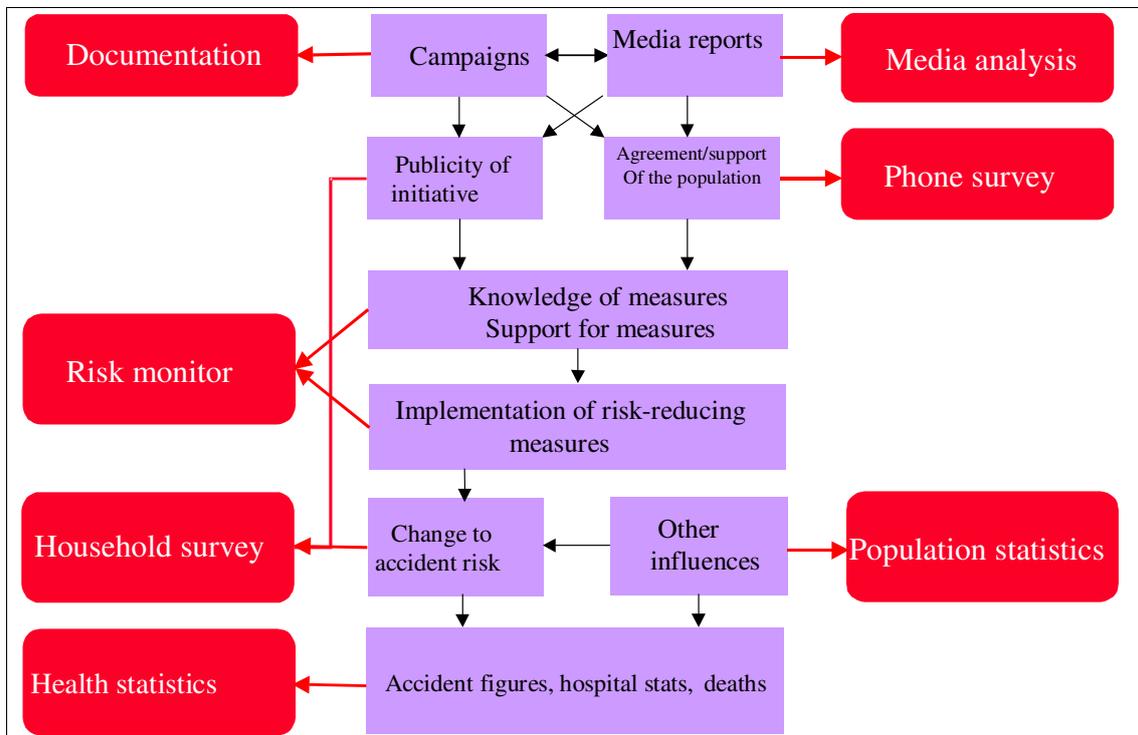
For this purpose, events, participation campaigns and lectures, etc. were organised. Participation campaigns are campaigns where visitors are asked to participate actively in what is happening. Various campaigns organised by the "Sicher Leben" Institute were suitable for this because they allowed direct contact between the target population and the safety topics.

As a complement, there was comprehensive media work. The task of providing the press and electronic media with the necessary information was also part of the project manager's standard job. Comprehensive reports in the media, on the one hand, supported the active participation of the population in campaigns (by e.g. announcing dates) and, on the other hand, provided direct information about risks

and preventive measures. At the same time, the campaigns provided the basis for media reports by offering sufficient innovative and newsworthy events in the local area.

The original evaluation model (see Goethals & Kisser, 2000) was expanded in the recent evaluation of the project and now comprises publicity of the initiative and acceptance of the initiative by the population – both these elements are indicators of the efficacy of the initiative's public work (see following illustration).

Illustration: Model for evaluation of the “Safe Communities” initiative



## 8. Each community analyse its organisations and their potential for participation in the programme

When the advance project started in 1994, all the regional organisations were contacted directly (and usually personally) by the project manager. Since the project started, accident prevention projects have been carried out in collaboration with the following organisations and institutes:

<b>Private organisations / associations</b>	<b>Examples of projects</b>
“Sicher Leben – Hard” working party	Traffic safety, bicycle helmets, children’s seats, activities for senior citizens, tricycle training, swimming pool safety days, school and nursery school campaigns, courses for crib builders
Automobile clubs	The safe bicycle, see and be seen, sledges with belts, children’s car seats, blind spot – death spot
Committee for Traffic Safety	Seat belt, traffic education for children, see and be seen, bicycle safety
Fruit and Garden Cultivation Association	Safety when cutting fruits trees, ladders
<b>Schools</b>	<b>Examples of projects</b>
Nursery schools	Bicycle helmet fun days, children’s accidents in the kitchen, traffic education – police officers to touch, idea exchange for nursery school teachers, clown at nursery school
Primary schools	Exhibition on the topic of safety; bicycle helmet; poisonous plants; traffic education; preparation for winter sports; first aid; correct behaviour on the school bus; children’s accidents in the kitchen; swimming courses; blind spot – death

	spot; see and be seen; setting ski bindings
Secondary schools	Setting ski bindings, bicycle helmets, skateboarding courses, mountain guide on the winter sport week, climbing with a mountain guide, teaching units in home economic subjects (safety in the kitchen, fat fires, etc)
Parents' associations	Setting ski bindings, children's accidents in the kitchen, accident prevention and first aid, safe journey to school, skateboarding courses
<b>Public welfare associations</b>	<b>Examples of projects</b>
Family association	Poisonous plants, "life at an older age", "the child-proof home"
Women's association	Fall training – how to fall properly (self-defence), traffic safety
Youth group	Traffic safety, fall training – how to fall properly (self-defence)
Child care services	Bicycle helmet, exhibition on the topic of safety, "the child-proof home"
Kneipp Association	Safety for senior citizens, osteoporosis (tripping over)
Nursing association	Safety for senior citizens, life at an older age, aids for the homes of senior citizens
Rural youth	Tips for woodwork, safety when driving
Friends of nature	Distribution of information sheets, distribution of reflector products
Scouts	First aid and accident prevention
Red Cross	Accident prevention and first aid, inclusion of accident prevention as fixed component of first aid courses (compiling

	and providing training documents)
Sport associations	Safety quiz, fair play, setting ski bindings, project competition: "Safety in winter sports"
<b>Public organisations</b>	<b>Examples of projects</b>
Local communities	Local community safety day, safety in the playground, safety brochure with baby package, bicycle helmet, children's safety, exhibition on the topic of safety
Province government	Presentation for officials from the area of social issues and family, exhibition on the topic of ski safety, winter sports, industrial kitchen, fairness price for football tournaments
Local community doctors	Distribution of reflector products, display of information material, speakers on osteoporosis or children's safety topics
Hospitals	Information offers on the topic of baby accidents, first journey – safe journey
Social field	Safety for senior citizens, snowboard courses, children's safety
Voluntary fire brigade	Handling fire extinguishers, preventive fire protection, safe felling of trees, children's safety, senior citizen's safety, smoke alarm campaigns
Police	Traffic education
Police sport association	Fairness in football
Life guard service	Swimming training to become a life guard
Customs sport association	Fairness in football
Federal Austrian Railways	Correct behaviour on the school bus
<b>Insurance companies</b>	<b>Examples of projects</b>

Farmers' Social Insurance Company (Workers' Council)	Setting ski bindings, safe felling of trees, life at an older age
Private accident insurance	Prevention of sports accidents, fairness in football, setting ski bindings, safe bicycle
<b>Trade</b>	<b>Examples of projects</b>
DIY markets	Information exhibition, accident preventions for people involved in DIY, the safe ladder, woodwork
Safety product manufacturers	Package with children's safety products
Ski schools	Setting ski bindings, ski helmet rental for children
Professional sport trade	Bicycle helmet for children, reflector products, setting ski bindings, ski helmet rental
<b>Media</b>	
Television	Reports on activities, information programmes, reports on recent accidents, include the safety topic in own events (hiking with ORF), announce campaign dates, invite people to join in with the "current topic", cooperative agreements on main focal points (hiking, winter sports, etc.), setting ski binding campaign
Newspapers	Information campaigns, announcement of activities, reports on activities, series of safety tips over several years, editorial processing of safety topics, reflector campaign for people delivering newspapers, advertisements for activities
Brochures	

In addition to this, all 2,100 commercial operations in the project region were sent an “Idea exchange” with suggestions for prevention projects.

Every year, all the medical practitioners and relevant specialist doctors of the province received the up-to-date accident statistics (“Sicher Leben” statistics).

## **9. Participation of the health care community in both the registration of injuries and the injury prevention programme is essential**

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The specific characteristics of the Austrian healthcare system basically make it difficult to organise a survey of accident figures with the help of institutions that deal with healthcare. For this reason, the accident data required for the evaluation was compiled in the pilot project of 1994-1996 by means of the above-mentioned household survey. From 1997 onwards, the causes of leisure and sport accidents were documented within the framework of the EHLAA project in one of the region's largest hospitals (LKH Feldkirch).

However, because most of these institutions had already been approached for the implementation of this survey, there were already existing cooperative agreements and events with local community doctors, hospitals, the Red Cross, nursing associations and private associations committed to healthcare (e.g. the Kneipp Association). Examples of jointly managed projects are listed above ("Analyse the Community's Organisations...").

## 10. Be prepared to involve all levels of the community in solving the injury problem

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One of the peculiarities in Austria's political system is that there are 3 levels of political decision:

- Communities
- Federal provinces
- Federal province

With only 8 Mio. inhabitants Austria counts 2.357 communities. Most of them are small with some few 100 inhabitants. They do not have either a capable infrastructure nor a distinctive hierarchy.

In Austria a federal province is mostly equivalent to that what is internationally seen as "Community", which have manifold structured public authorities, levels of hierarchy and countable competencies. Also in view of the number of inhabitants (about 370.000) Vorarlberg soonest can be compared with a medium-sized city. That is the main reason why the provision "Sichere Gemeinden" - which is active in the whole federal province Vorarlberg - is proposed to be designated as a member of the international network of "Safe Communities".

In the federal province Vorarlberg all levels of the province are reached through the initiative "Sichere Gemeinden":

- The province government: is a paying member of the fund and appoint the chairman. The responsible person in the government is very active in supporting the activities.
- Administration bodies of the federal province: The responsible departments for welfare, school, health, traffic and labour are involved in the activities of the initiative "Sichere Gemeinden".
- Also the various welfare organisations and associations in the province co-operate with the initiative: for example social funds, medical associations, red cross, and mountain rescue services, sports associations, trade and commerce.

- Communities: On Community level all mayors were contacted and the service of the initiative was offered to them. Many mayors took the opportunity and mandate a representative of the community to co-ordinate injury prevention activities in their community.
- Round-table initiative discussions: On important feature for that activation are round-table initiative discussion events with local community representatives, local community doctors, etc. That events have often led directly to several campaigns. Examples are further training of football coaches in the amateur league, training trusted safety representatives for senior citizens, the inclusion of safety topics in school-leaving celebrations, etc.
- In some communities the initiative was successful in installing intersectional working parties for injury prevention (for example in Hard). Those working parties became active themselves and organised activities like for example mailing for young family about safety belt system for children, poisonous plants and shrubs, bicycle helmet fun days or first aid courses.
- But mostly the activities are relatively independent from the political leader of the community (the mayor) because of direct contacts with facilities on community level. For example doctors, nursery schools, schools, welfare organisations, pensioner clubs, sports associations, trade and commerce

## 11. Disseminate experiences both nationally and internationally

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On national level the experiences gained through the Initiative in Vorarlberg are disseminated in various ways. This is mainly a task of the Institute "Sicher Leben" in Vienna, which is connected to the initiative "Sichere Gemeinden" due to contracts

- Media: are informed regularly about important Milestones of the work from the initiative (for example: results of studies, designation through WHO, activities which cover the whole federal province)
- Governmental authorities: There are many direct contacts (like conferences or events) to ministries (federal and national) and social insurance organisation where the initiative "Sichere Gemeinden" were introduced. During those contacts the "Sicheren Gemeinden" in Vorarlberg were presented as model for other federal provinces (mainly because of their great grass-roots intention)
- Proposals for injury prevention: At present there are 2 action plans for injury prevention at national level. One focus on the elderly and is borne by *the Austrian Council for the elderly* (Österreichischer Seniorenrat, the other plan is related to children and is borne by the *Austrian Safety Council* (Österreichischer Sicherheitsrat). In both action plans the project is propagated as model for organising injury prevention in other federal provinces and therefore finally for Austria as a whole.
- Articles in scientific journals: All experiences are not only documented but also published in large reports. At present 2 scientific reports and 1 scientific book and various articles (for example forum "Prävention" and magazine "Verkehrsrecht") are existing.
- On international level the dissemination of experiences is done through presentations during international congresses and through organising an international even in Austria (more details see next section).

## **12. Be willing to contribute to the overall network of “Safe Communities”**

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The "Sicher Leben" Institute, is responsible for representing the Safe Communities initiative on an international level. To be committed with those activities "Sicher Leben" has an agreement with the WHO-Collaborating-Centre in Sweden. Since that "Sicher Leben" is working as "Affiliate Collaboration Centre on Community Safety Promotion". Till now the following presentations were given for strengthening the international network:

1996	World Conference on Injury Prevention and Control in Melbourne
1998	World Conference on Injury Prevention and Control in Amsterdam
1999	Edinburgh Convention on Consumer Safety
1999	8 <sup>th</sup> Safe Community Conference in Vienn
2001	Vienna Convention on Consumer Safety
2001	10 <sup>th</sup> Safe Community Conference in Alaska
2002	World Conference on Injury Prevention and Control in Montréal
2002	11 <sup>th</sup> Safe Community Conference in Canada

### Events in Austria:

1998 realisation of a Travelling Seminar on Community Safety Promotion.

1999 the 8<sup>th</sup> Safe Community Conference in Vienna was organised

2002 another Travelling Seminar is announced.

"Sicher Leben" is actively working for fostering the "Safe Community" concept in Austria. Beside the model in Vorarlberg two other models were developed. The model called "Sichere Skiregion" were short –term tourist in ski regions are contacted (Bad Kleinkirchheim) and a model which is valid for large urban areas "Josefstadt – ganz schön sicher" in Vienna.

## 13. Appendix

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- List of all local communities in Vorarlberg
- Sample survey sheet

## List of all local communities in Vorarlberg

1. Alberschwende
2. Altach
3. Andelsbuch
4. Au
5. Bartholomäberg
6. Bezau
7. Bildstein
8. Bizau
9. Blons
10. Bludenz
11. Bludesch
12. Brand
13. Bregenz
14. Buch
15. Bürs
16. Bürserberg
17. Dalaas
18. Damüls
19. Doren
20. Dornbirn
21. Düns
22. Dünserberg
23. Egg
24. Eichenberg
25. Feldkirch
26. Fontanella
27. Frastanz
28. Fraxern
29. Fußach
30. Gaißau
31. Gaschurn
32. Göfis
33. Götzis
34. Hard
35. Hittisau
36. Höchst
37. Hohenems
38. Hohenweiler
39. Hörbranz
40. Innerbranz
41. Kennelbach
42. Klaus
43. Klösterle
44. Koblach
45. Krumbach
46. Langen b. Bregenz
47. Langenegg
48. Laterns
49. Lauterach
50. Lech
51. Lingenau
52. Lochau
53. Lorüns
54. Ludesch
55. Lustenau
56. Mäder
57. Mellau
58. Meiningen
59. Mittelberg
60. Möggers
61. Nenzing
62. Nüziders
63. Raggal
64. Rankweil
65. Reuthe
66. Riefensberg
67. Röns
68. Röthis
69. Satteins
70. Schlins
71. Schnepfau
72. Schnifis
73. Schoppernau
74. Schröcken
75. Schruns
76. Schwarzach
77. Schwarzenberg
78. Sibratsgfall
79. Silbertal
80. Sonntag
81. St. Anton i.M.
82. St. Gallenkirch
83. St. Gerold
84. Stallehr
85. Sulz
86. Sulzberg
87. Thüringen
88. Thüringerberg
89. Tschagguns
90. Übersaxen
91. Vandans
92. Viktorsberg
93. Warth
94. Weiler
95. Wolfurt
96. Zwischenwasser

# Sample survey sheet

HAUSHALT									
#									
Haushalt Nr. (nicht eintragen)		Interviewer- Nummer	Jahr	1=Versuchsgruppe 2=Kontrollgruppe	Pol Bezirk	Gemeinde	Ländwirtschaftlicher Betrieb?	Personen im Haushalt	

PERSON												
1												
1=selbsterteilt 2=andere Person	1=m 2=w	Alter (Jahre)	Beruf	Unfall 1=ja 2=nein	1 Unfallart	Behandi	Situa- tion	Unfall- ursache	2 Unfallart	Behandi	Situa- tion	Unfall- ursache
					3 Unfallart	Behandi	Situa- tion	Unfall- ursache	4 Unfallart	Behandi	Situa- tion	Unfall- ursache
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					3 Unfallart	Behandi	Situa- tion	Unfall- ursache	4 Unfallart	Behandi	Situa- tion	Unfall- ursache
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					3 Unfallart	Behandi	Situa- tion	Unfall- ursache	4 Unfallart	Behandi	Situa- tion	Unfall- ursache
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					3 Unfallart	Behandi	Situa- tion	Unfall- ursache	4 Unfallart	Behandi	Situa- tion	Unfall- ursache

## Documentation