Assessment of SMEDJEBACKEN

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Assessment of the application from *Smedjebacken* for *re-certification* for Safe Community status, with a population of 11 000.

The application is well written and gives lots of information of the work and interventions done on injury prevention and safety promotion field in Smedjebacken.

Discussions between representatives of Smedejebacken and certifiers /fr March till June 2013/ have added a lot of useful and specified details regarding the program since 2006 when Smedjebacken was designated as the 102. Safe Community (SC) in the international network.

Strengths:

The municipal organization for safe and secure Smedjebacken community is well described and we also have been informed about Mayor´ involvement in planning and in process. Co-operation with other municipalities (Ludvika) as well as with county council of Dalarna can be mentioned as a very positive example.

The risk description of injuries in the municipality accords to common pattern of types of injuries (e.g. falls among elderly people) and genders as well.

As a matter of fact the population of Smedjebacken has been decreasing over the period of time, although the demographic situation shows the increase of people at age 65 and older. However, municipality has put lots of attention to children and youth. (The project *Unga till arbete* (Youth to Work) seems not to be directly related to safety work, although may have indirect impacts to safe and secure community).

We also are very positively amazed reading about *defibrillators* available in a number of areas in Smejebacken municipality, and more, about the courses of fire prevention and cardiopulmonary resuscitation. Another example to be mention is *free sandbags* to decrease the number of fall accidents in winter.

Smedjabacken has given a positive example regarding the less crime compared with the rest of the county and the country.

We really appreciate the *new vision* of Smedjebacken Municipal Council: *Smedjebacken will be a municipality that has good opportunities for development and that will be the best place to live in central Sweden*.

Weaknesses:

There are examples of general public health (health promotion) given in Smedjebacken application (e.g. smoking and gambling prevention etc., regular health controls, dentists´ controls). Although all health targeted interventions may have direct and/or indirect impact on injury prevention and safety promotion, an application for SC re-certification should *mainly* describe the injury prevention and safety promotion part of community work. (Health promotion – related passages have been removed from final report.)

Although the application provide us with statistical data and many graphs (incl the trends from 2006-2011), some graphs are still not showing the year(s) which the data may concern.

There is a clear need for better documentation of evidence based practices and for more detailed implications regarding the references
of those evidence based practices successfully used in Smedjebacken community.

In the following
the Smedjebacken documentation of fulfilling the demands of seven SC indicators will be commented:

*Indicator 1 **(***An infrastructure based on partnership and collaborations, governed by a cross- sector group that is responsible for safety promotion in their community*)

Smedjebacken´ application gives a full description of the sector-wide group that is responsible for long term safety work in municipality. Even more, this work is done and governed by different institutions/levels.

*Regarding the indicator 2 (*Long-term, sustainable programs covering genders and all ages, environments, and situations*) have been listed:

- safe traffic
- safe home and leisure time
- safety for children
- safety for the elderly
- safe work
- prevention of violence
- suicide prevention

- in the event of catastrophe
- safe public places
- safe hospitals
- safe sport
- safe water
- safe schools (in this part also some health promotion activities like pupils smoking problem and its prevention have been described)

We understand that different target groups may be affected by injuries in different environments and situations, and these environments and situations can be relevant for *entire population, i.e. all ages*. The application (as regards indicator 2) appoints to safety for *children* and *elderly*.

*Indicator 3 *(Programs that target high-risk groups and environments, and programs that promote safety for vulnerable groups)*:

in application have been listed

- indigenous people*
- low-income groups
- minority groups in the community, as well as at workplaces
- those who risk intentional injuries, including victims of crime and self-harmers (comment: Smedjebacken has established a remarkable network here)
- women, men and children with addictions
- people with psychiatric health issues, developmental challenges and other disabilities (comment: the support through *the law on support and services for certain individuals with disabilities* may avoid and/or prevent accidents and injuries among this population group or the harm these people may cause to others)
- people in risk-filled sporting activities in recreational areas (comment: there are also defibrillators available!)
- the homeless
- people who are at risk while natural disasters*
- people who live or work near to high-risk areas/environments
- people at a higher risk due to religion, ethnicity or sexuality

* this point is not relevant for the Municipality of Smedjebacken.

The high risk areas/ environments - as there are only very few in your municipality - have been described sufficiently. Besides, this critical part of civil life is strongly regulated by law.

*Indicator 4 (*Programs that are based on the available evidence*)

Smedjebacken application describes two examples: BBIC, which is a system that helps children, youth and their families and this system has been in place since 2007, and the

municipality applies evidence-based praxis in health and welfare for those who are most sick as well as the elderly.

These programs include issues related to safety promotion.

*Indicator 5 (*Programs that document the frequency and causes of injuries*):
Smedjebacken application bases its assumptions on statistics from The Swedish National Institute of Public Health, The Swedish National Council for Crime Prevention and others.
There also have been mentioned other data sources like statistics from the county council, hospital injury registers, health clinics, schools, retirement organizations and local police stations: we would have liked to see the graphs/ trends over the period of time since 2006 of these different institutions and organizations.

All statistics/information should be related to injuries (and less to other health issues/ health promotion).

*Indicator 6 (*Evaluation measures to assess their programs, processes and the effects of change*):

Outcome evaluation is dependent on data catchment. The application gives a good overview about changes in the patterns of injury considering gender and different age groups.

According the application the number of injured people has been increased in 2011. This is something alarming and this concerns different age groups. Likewise, the number of self-inflicted injuries decreased by 60% in 2006 - 2010, but increased again in 2011.

There is most probably a comprehensive analysis to do to find out the causes and possible developments.

*Indicator 7 *(Ongoing participation in national and international Safe Communities networks)* is described adequately and sufficiently.

Conclusion: The application for re-certification shows that good work is being done in Smedjebacken (likewise, in period from 2006 – 2012). The community is put on hold the status of Safe Community. We would be happy to re-certify Smedjebacken in August 2013.

June, 18, 2013

Aili Laasner — 1st certifier

Koustuv Dalal — 2nd certifier