

TOWADA

Application Report for Becoming a Member of the International Safe Community Network

by WHO Collaborating Centre on Community Safety Promotion

June, 2009



A Letter from the Mayor of Towada City



Our Towada City was created as “New Towada City” in January 1st 2005, after becoming incorporated with Old Towada City, which was originally founded by the father and grandfather of Dr. Inazo Nitobe who promoted international friendship as Deputy Secretary General of the League of Nations and is well known for his speech, “I wish to be a bridge across the Pacific,” and Old Towadako Town, an international scenic spot. The year 2009 marks the 5th year since the creation of new Towada City.

Community safety promotion in Towada City was initiated by the volunteer organization “Towada Safe Community Citizens” in October 2005. In order to prevent injuries and create a Safe Community, they have been devoting to prevention of child injury, prevention of fall injury in the elderly, and suicide prevention. They have been also advocating necessity of a safe and secure community for citizens by hosting forums and other daily activities. Their activities have been serving a locomotive for Towada Safe Community.

Since I took office in January 30th, 2009, I have been greatly impressed by the fact that Towada City has been developing community safety promotion initiated by the volunteer activities, which lead me decide to pursue further development of Towada Safe Community.

In March 2009, we invited Professor Joon Pil Cho and Professor Shumei Wang from the Asian Certifying Center to get the on-site evaluation of community safety promotion in Towada City and got a lot of valuable advice and suggestions for Towada to become a member of the international safe community network. Accepting their advice and suggestions with sincerity, we will make every possible effort to create safer environments and to improve the collaborating system between administrative, private sectors and citizens in order to create a safe and secure community. I think that this effort will activate voluntary activities in various fields in Towada City and will ensure safety for domestic and international tourists as well as for the citizens.

I am confident that Towada City will further develop as a Safe Community, by getting its designation and participation in the national and international Safe Community Networks.

June 17th, 2009

A handwritten signature in black ink, consisting of the Japanese characters '小山田久' (Oyamada Hisashi).

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(currently only in Japanese)

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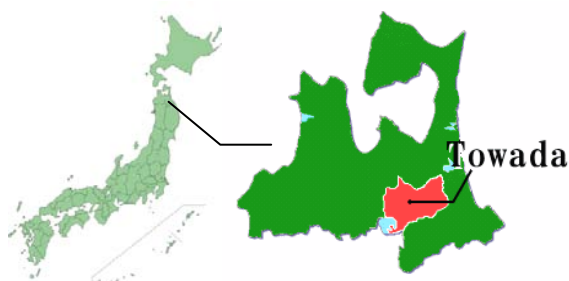
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Chapter 1. Overview of Towada City

1-1 Geography and Climate



Towada City is located at the foot of the Hakkoda Mountains in the southwest portion of Aomori prefecture which is northern end of the mainland in Japan. The latitude is almost the same as that of New York, Beijing and Rome.

West side of the City is surrounded by affluent nature such as the Hakkoda mountain ranges, Oirase Stream, Hachimantai plateau and Lake Towada in Towada-Hachimantai National Park. It is one of the best tourist resorts in Japan and a lot of domestic and overseas tourists visit and enjoy beautiful and peaceful natural setting.

Then, the central area of the City was opened up by NITOBÉ Tsuto's (NITOBÉ Inazo's grand father) reclamation project and NITOBÉ Jujiro's (NITOBÉ Inazo's father) new city plan about 150 years ago from now, and the streets are organized with neat rows of right angles with grid-pattern which is called "roots of modern city planning in Japan". The area's rice harvest dramatically increased by the artificial river, Inaoi River Canal and Irrigation and it still feeds the Towada city region.

Since there is little precipitation through the year and the weather is relatively calm, it is comfortable living environment and people enjoy seasonal changes in the scenery.

1-2 Area size, Population and Households

Total land size of Towada city is 688.60 square kilometers which is the third largest in Aomori prefecture.

The population is 66,916 which is the fourth largest in the Prefecture, and the number of the household is 26,576. The percentage of children younger than 15 is 13.8% of the total population. It has been decreasing every year. Meanwhile, the percentage of people aged 65 and over accounts for 23.2% of the total population. This has been increasing year by year.

(as of Sep. 30, 2008)

Year	Households	Population				
		Total	Male	Female	Under15	65 or Over
2005	26,382	68,898	33,333	35,565	9,972	14,392
2006	26,542	68,355	33,001	35,354	9,729	14,782
2007	26,458	67,510	32,565	34,945	9,438	15,141
2008	26,572	66,957	32,209	34,748	9,231	15,519

1-3 Industries and Tourism, Cultural and Educational Facilities

With taking advantage of rich natural resources, Towada city especially well produces farm and livestock products.

The national and prefectural government buildings and branch offices are concentrated in the central area of Towada city and as the heart of Kamitosan Wide Area (8 cities and villages including Towada city), they have political, economical administrative functions.

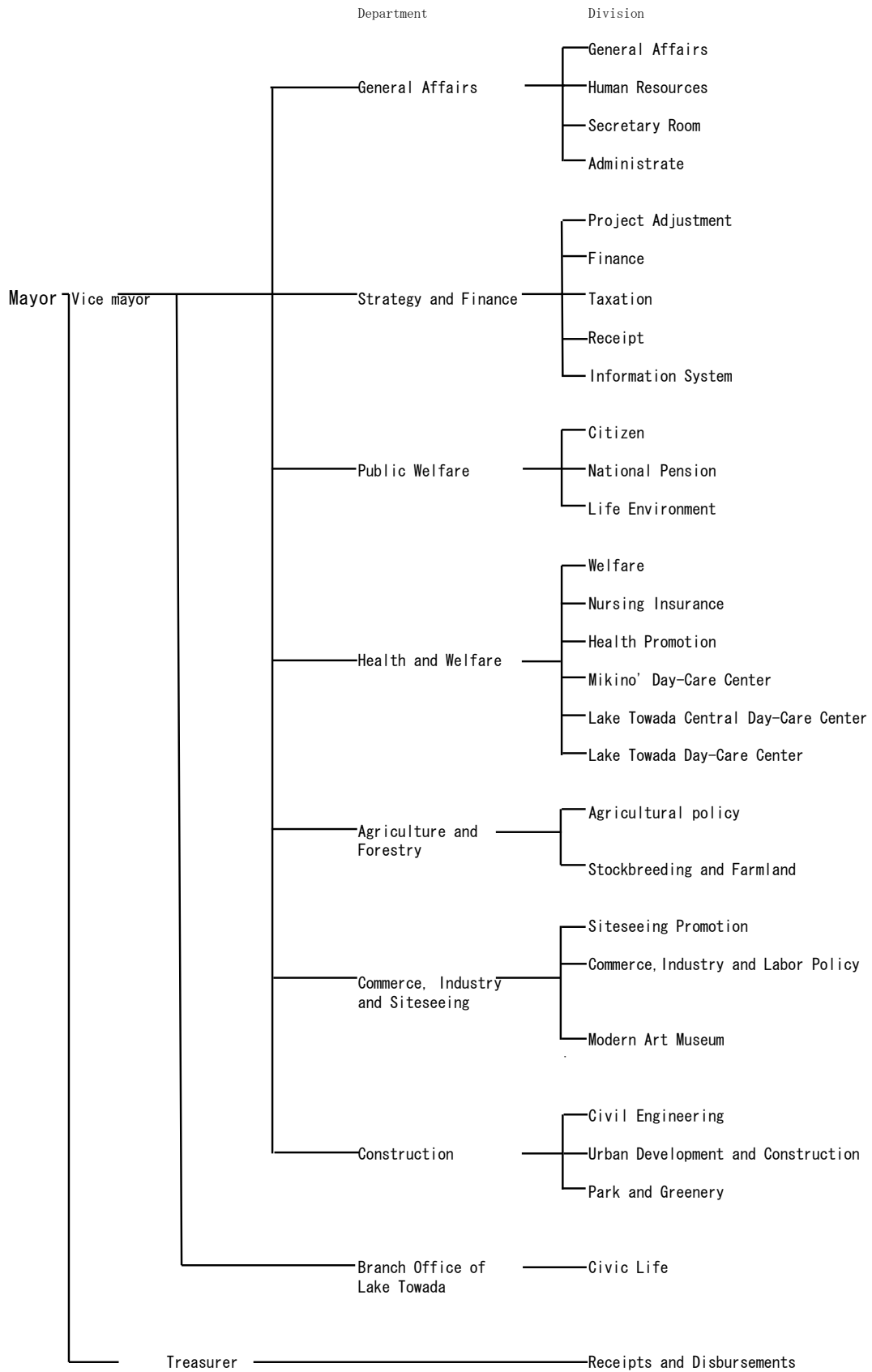
As for the educational facilities, there are 21 elementary schools, 9 junior high schools, 4 prefectural senior high schools and Kitasato University Veterinarian Department in the city.

Then, at the Nitobe Memorial Museum, we can look back into the history and roots of Towada city region and learn of Dr. NITOBE Inazo's accomplishments as an advocator of education and international friendship.

In addition, there are the Towada-ko museum of history and folklore, old thatched roof house of the Kasaishi family which designated as a National Important Cultural Property, Shotokukan (house museum) introduces the history in the southern part provinces known as a horse-breeding center.

Moreover, the Towada Art Center opened along a symbol road (the government office street "koma kaido") on April 2008. The museum exhibits 21 domestic and foreign art workers collections and features 22 works of art designed to exist in harmony with the surrounding city and it has become popular among the tourists.





Chapter 2. Background of Towada Safe Community

Towada City in Aomori Prefecture was created as “new Towada City” in January 2005, by being incorporated with Old Towada-ko Town, an international resort town with Lake Towada in the National Park, and Old Towada City, and celebrated its fifth years in January 2009.

The historical background that Towada City has promoted Safe Community movement derived from the fact that there have been well-developed healthcare activities, many citizens with strong volunteer consciousness, and rich human resources in all fields in the city.

The activities of Safe Community Movement in Towada City began in October 2005 and the volunteer study session was held once or twice a month, mainly by the health and welfare experts, also involving people from various other fields and general citizens. At the study session, subjects of the possibility for the city to be designated as Safe Community by the WHO Collaborating Centre on Community Safety Promotion and the cross-sectional approach were discussed.

The vigorous activities by the volunteer groups significantly influenced the political organization to participate in the efforts to create Safe Community, which established the foundation of Community Safety Promotion in the collaboration with citizens.

Impressed by the enthusiasm showed by the volunteer groups, the mayor of Towada City formally announced his decision to address Safe Community realization in 2007. The mayor launched the Review Committee of Towada Safe Community in August 2007 and also formed the Safe Community Project Team in the city office in October 2007.

Additionally, a cross-sectoral organization “the Towada Safe Community Promotion Council” was established in March 2008, aiming to make further advances to pursue a Safe Community realization. The council consists of 30 committee members including the mayor as a leader, executives in all types of employment and organizations, and a volunteer group such as “Towada Safe Community Citizens” in Towada City.

Presently, the volunteer group is participating in all the activities of municipal, Safe Community-related institutions and positively endeavors to create a safe and secure community.

Because of this situation, Towada City is sure to develop much further as a Safe Community in the future.

Year & Month	Summary
May 2004	Dr. Ohnishi, the former Director of the Kamitosan Public Health Center started to promote the philosophy of Safe Community.
July 2004	A lecture and workshop on community safety promotion by Dr. Sorimachi raised people's awareness on Safety Promotion.
August 2005	On behalf of the study group, Dr. Onishi gave the mayor an explanation of Safe Community from an administrative perspective.
October 2005	The study sessions on community safety promotion in the health and welfare sectors started to be held once or twice a month.
June 2006	Towada City was chosen as a model city for the General Project to Promote Child Injury Prevention in Aomori Prefecture, and had been involved in the prevention of child injuries: four areas in the city were designated and Neighborhood Watch for Children was formed in the areas.
July 2006	Leaders of the study session participated in an inspection tour of Taiwanese Safe Communities (Neihu, Dungsht), which further raised awareness on safe community creation.
January 2007	A civil forum, "Efforts to prevent child injury—toward regional development by safe and secure community creation—aiming at Safe Community realization" was held. At the same time, "Towada Safe Community Citizens", the volunteer group, was formally established.
April 2007	Mr. Nakanowatari, the mayor of Towada City, formally announced city's intention, as measures and policies, to become a member of the International Safe Community Network..
August 2007	The Review Committee of Towada Safe Community was established.
September 2007	Representatives of Towada Safety Promotion Citizens participated in the 1 st Confrence of the Japanese Society of Safety Promotion and its workshop to make presentations on the activities of Towada City. Professor Leif Svanström visited Towada City to pay a courtesy call on the mayor, make an inspection, and give a lecture.
October 2007	The Safe Community Project Team was formed in the city office.
November 2007	The project of the household survey on injury and safety was conducted in the city office.
February 2008	An interim draft for the action plan on Community Safety Promotion in Towada City was prepared.

March 2008	As the inter-sectoral organization led by the city mayor Mr. Nakanowatari, the Towada Safe Community Promotion Council was established.
April 2008	Review of the household survey
May 2008	Working groups in 8 arenas were launched.
June 2008	Implementation of the household survey
July 2008	Dr. Nam-Soo Park, coordinator of the Center for Injury Prevention Community Safety Promotion, the Affiliate Support Center in Suwon, Korea visited Towada City to provide advice for safety promotion activities.
October 2008	Analysis of the household survey on injury and safety

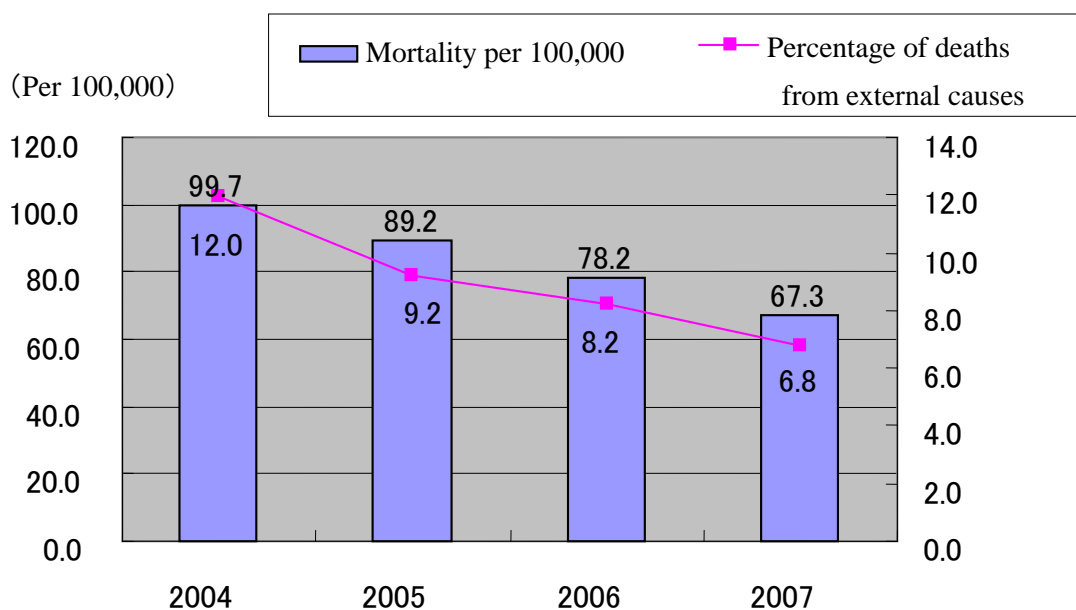
Chapter 3. Injury Status of Towada Safe Community

3-1. Mortality from external causes

3-1-1. Trend in mortality from external causes

The mortality rate of injury and the ratio of injury deaths for total deaths in 2004 were 99.7 per 100,000 and 12.0%, respectively. Decreasing trend of injury mortality rate and ratio of injury death for total deaths were detected from 2004 to 2007, respectively.

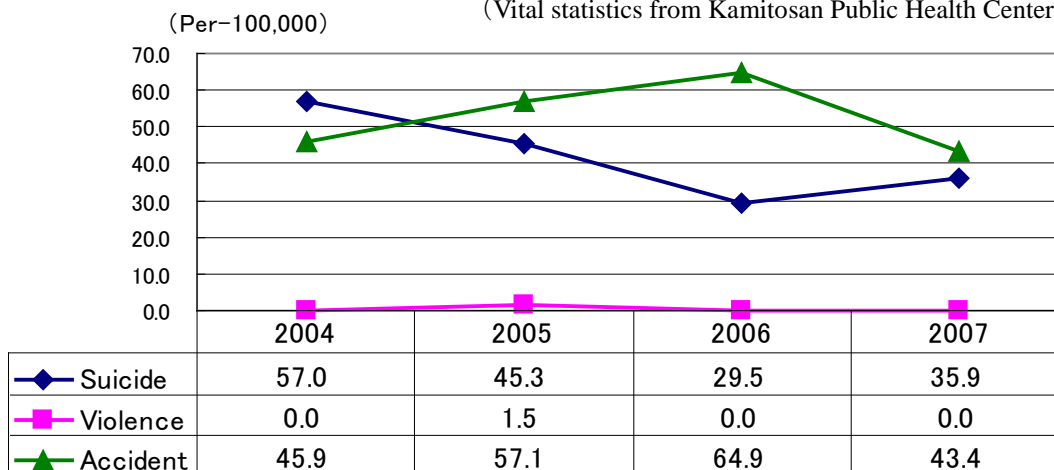
(Vital statistics from Kamitosan Public Health Center)



3-1-2. Trend in mortality from unintentional injury, suicide and violence

The trend of suicide mortality has been decreasing since 2004. Hence, the mortality due to unintentional injury has been higher than the suicide mortality since 2005. The homicide mortality has been extremely low.

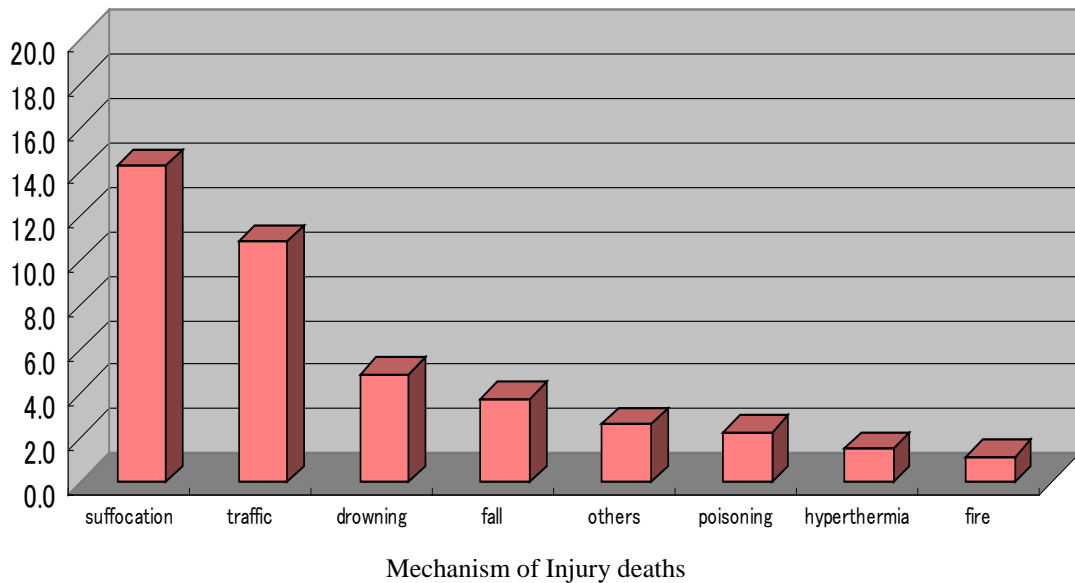
(Vital statistics from Kamitosan Public Health Center)



3-1-3. Mortality from unintentional injuries: Mechanisms of injuries

The mortality due to suffocation by inhalation of food or other objects causing obstruction of respiratory tract was the highest among all unintentional injuries, followed by traffic injury, drowning, and fall. As for risk by age group, the mortality due to unintentional injury among elderly was the highest, followed by injury among the middle aged.

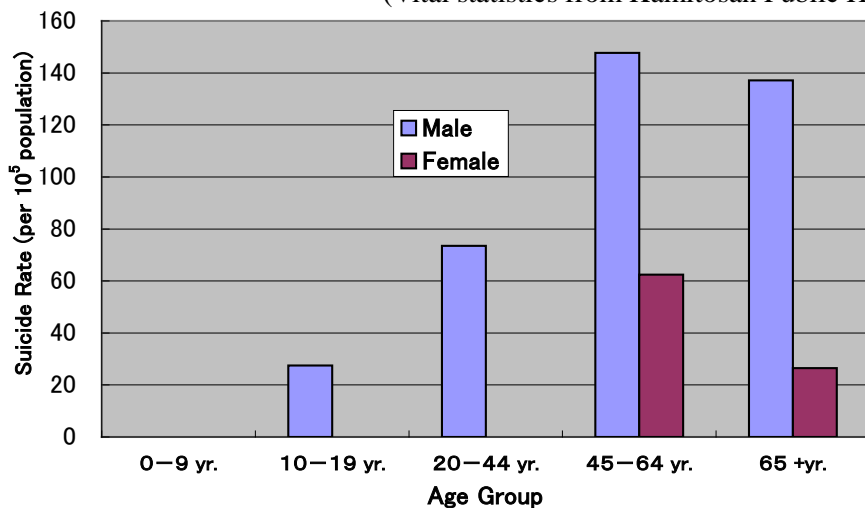
(Mortality per 10⁵ population) (Vital statistics 2004 - 2007)



3-1-4. Suicide mortality for specific age groups for males and females n 2004

The suicide rate for males was much higher than that for females for all age groups. The suicide rates for middle aged males and females and for elderly males were especially high.

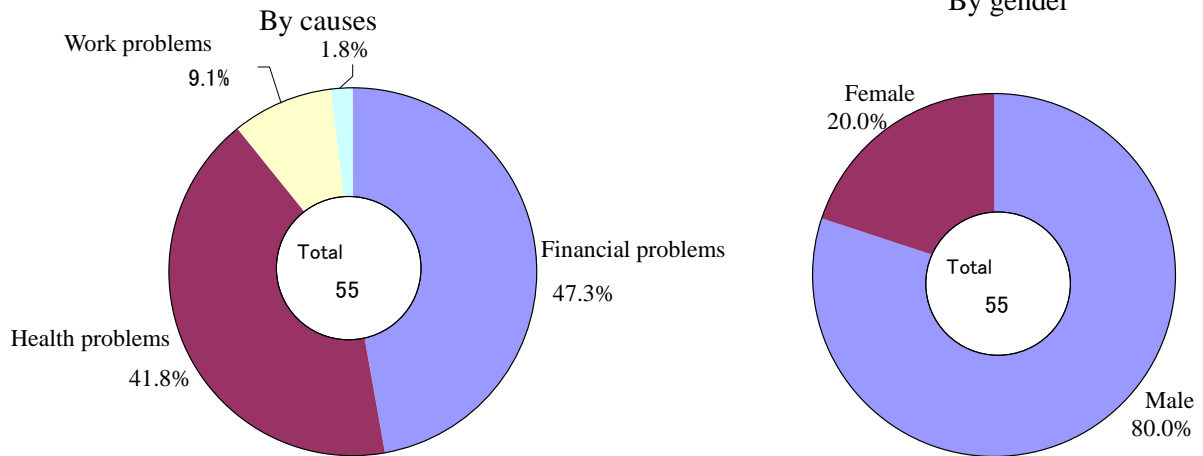
(Vital statistics from Kamitosan Public Health Center)



3-1-5. Backgrounds and differences in genders of suicides

Financial problems occupied 47% as possible main motives and causes of suicides whereas health problems occupied 42%. The ratio of male suicides was 80% of all suicides.

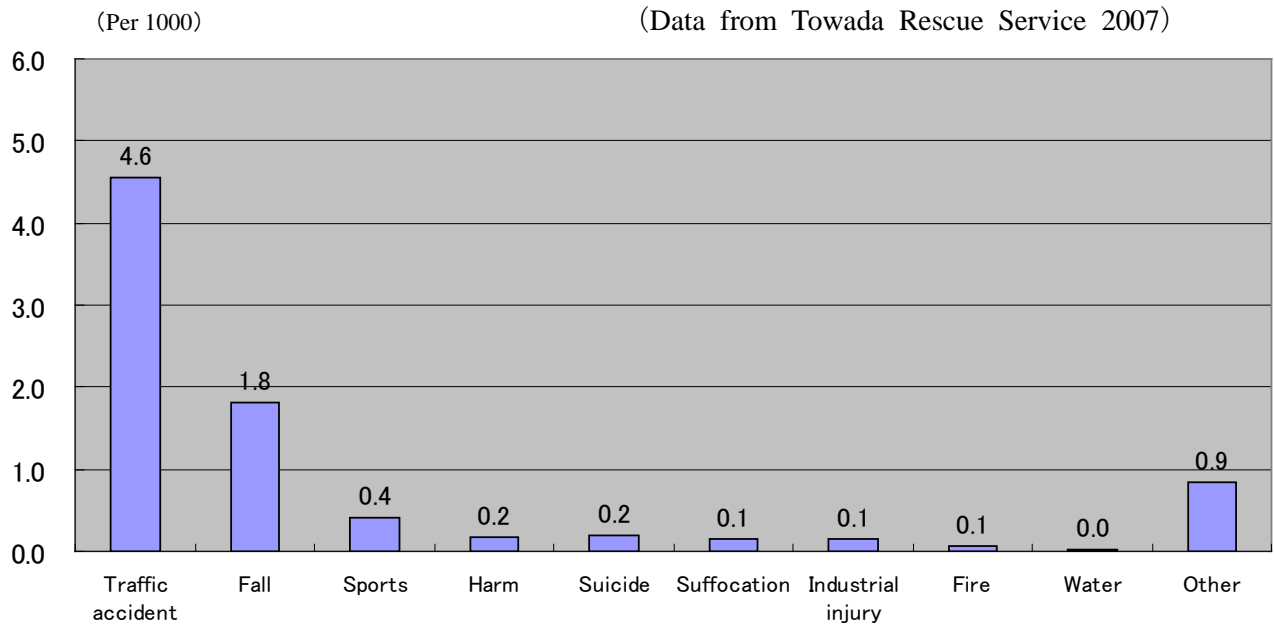
(Data from Towada Police Station: 2005 – 2006)



3-2. Data on injury Morbidity

3-2-1. Causes of injury cases transferred by emergency service

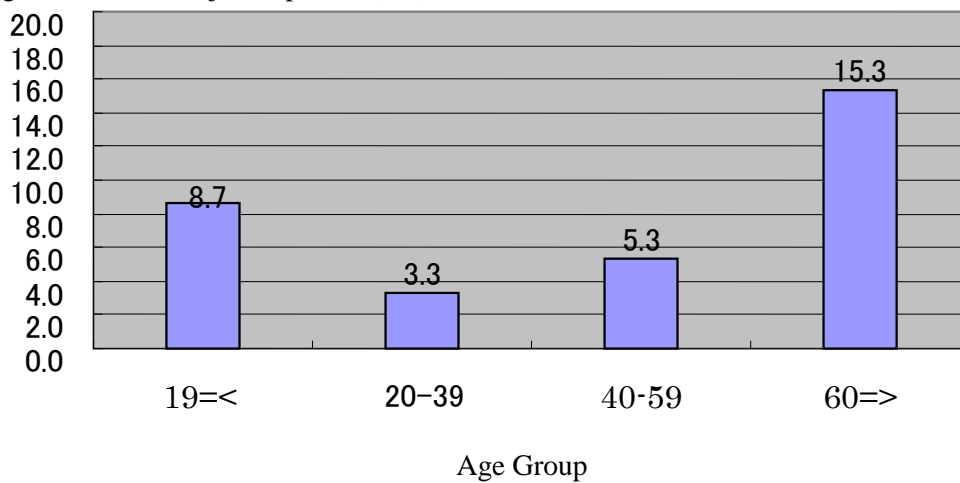
From the view point of emergency service, the frequency of traffic injury was overwhelmingly high, 4.6 per 1000 population, followed by fall injury, 1.8.



3-2-2. The status of pedestrian injury (Average number of cases from 2005 to 2007)

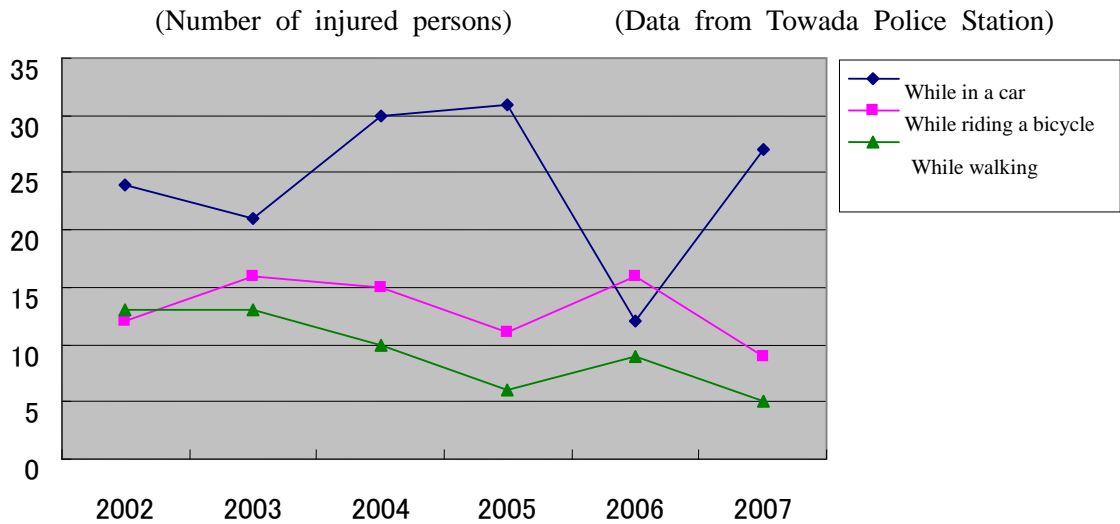
The average number of pedestrian injury captured by police was the highest among the elderly, followed by that among children.

(Average number of injured persons) (Data from Towada Police Station: 2005 - 2007)



3-2-3. The status of traffic injury in children

The passenger injury among children was the most frequent among traffic injury captured by police. The reason for the rapid decrease of traffic injury in a car in 2006 is unknown.



3-2-4. Black spots for traffic accidents in Towada City

More than 70 % of traffic accidents captured by police occurred in the Chuo or the Higashi area, which are downtown areas.

(Data from Towada Police Station: 2007)

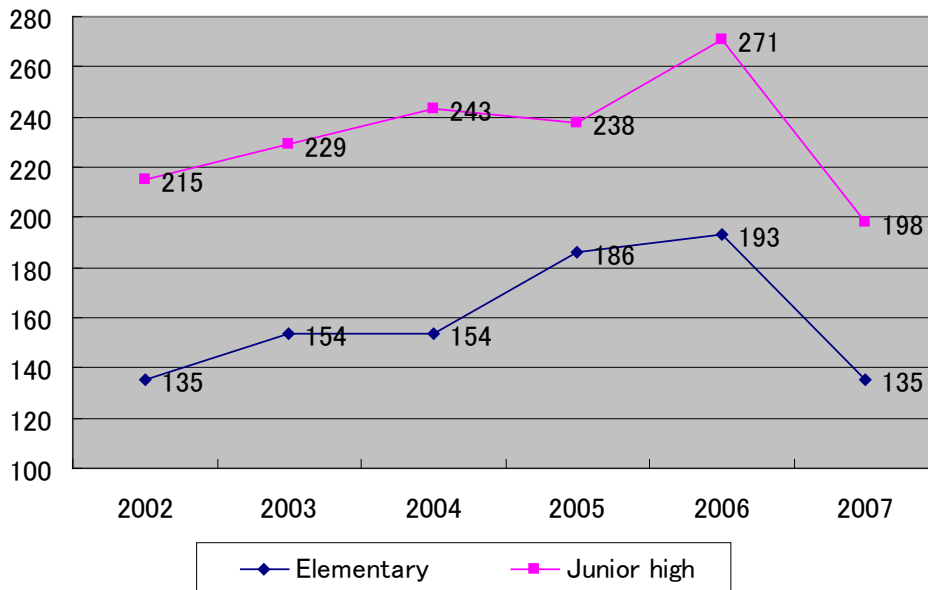
Area	Number	%
Chuo (Central)	170	35.7
Higashi (Eastern)	176	37.0
Osaka	35	7.4
Horanai	34	7.1
Fukamochi	14	2.9
Maita	13	2.7
Lake Towada	2	0.4
Okuse	19	4.0
Yakeyama	13	2.7
Total	476	100

3-2-5. The trend of reported injury under school control (by year)

The reported number of injury occurrence under school control in elementary school and junior high school has been continuously increasing, respectively.

The reasons of the increasing trend from 2002 to 2006 are unknown and remain to be investigated. A large decrease of reported injuries was observed in 2007 for both elementary and junior high school pupils.

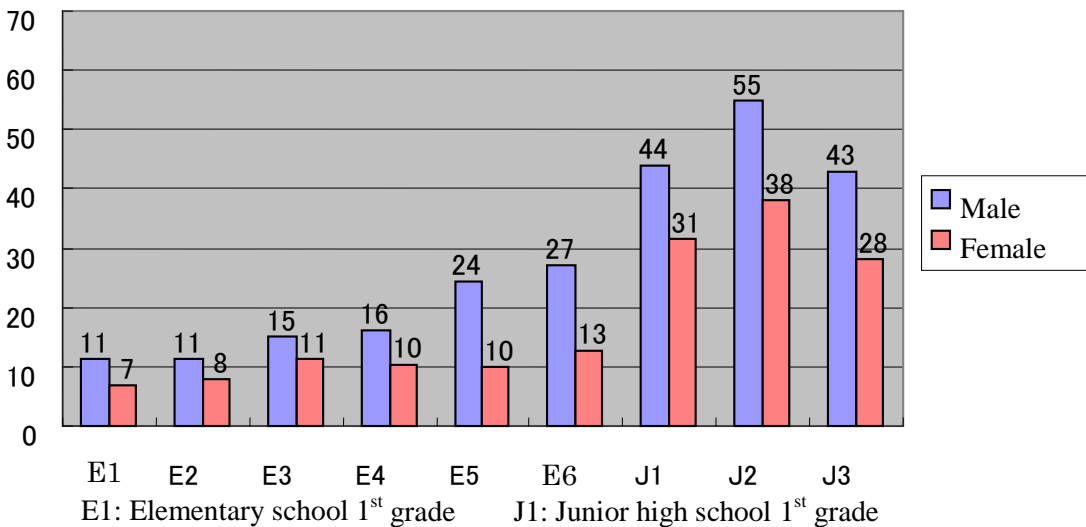
(Number of injured pupils) (Data from Towada City Board of Education)



3-2-6. The status of injury in school (by school year and gender)

For all age groups, male pupils were injury prone in school. The increasing trend of school injury for both genders as growing-up was detected until the 2nd grade of junior high school.

(Number of injured pupils) (Data from Towada City Board of Education: 2002 – 2006)



3-2-7. Situations and physical sites of injury at school

As for situations in which accidents occurred, injury between classes was the most frequent for elementary school pupils, followed by injury during class. On the other hand, for junior high school pupils, injury during extracurricular activities was the most frequent, followed by injury during class.

As for physical site of injuries, Head/Face was the most frequent site for elementary school pupils, followed by Hand/Finger. On the other hand, Leg/Finger was the most frequent site for junior high school pupils, followed by Hand/Finger.

School	Situations in which accidents occurred	Types of activity	Elementary school (%)	Junior high school (%)
		Class	27.5	26.9
		School events	6.7	8.9
		Extracurricular activities	4.7	47.2
		Between classes	53.9	9.6
		Special class	0	0
		On one's way to school	5.2	3.0
		Others	2.0	4.4
		Total	100	100
	Physical site of injuries	Head/Face	27.6	12.2
		Shoulder/Hip	8.9	11.9
		Hand/Finger	21.2	16.3
		Forearm/Upper arm/Elbow	12.3	8.5
		Leg/Finger	13.3	23.8
		Knee	7.4	12.2
		Thigh/Lower thigh	9.3	14.9
		Total	100	100

3-3. Safety Awareness and Behaviors of Parents with Infants

Bathtub is the main location of drowning for infants under 3 years old in Japan. In order to ensure preventing drowning among infants, it is important for the community to reduce the rate of the families with infants who have a habit of letting bathtub filled with water all day long. The rate of safety fence blocking stairs was only a quarter of the families, hence we should stress to improve its situation.

Bathtub unfilled with water (In the case of a family with children under 3 years old)	40.4 %
Safety fence around a heater (in the case of a family with children under 3 years old)	57.7%
Safety fence blocking stairs (in the case of a family with children under 3 years old)	23.1%
Water heater set to below 50°C (in the case of a family with children under 3 years old)	71.2%

3-4 Results of the survey on fall in the elderly in 2007

3-4-1 Frequency of fall within a year

43 % of the responders reported that they fell within a year, 68% of which fell twice or more times.

Fig. 3-4-1-1 Experience of fall within a year

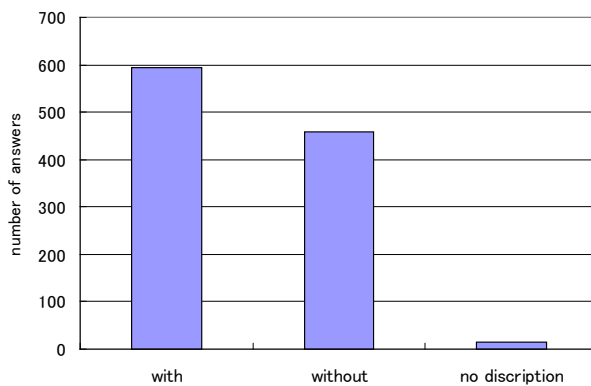
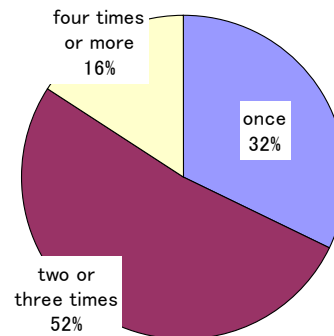


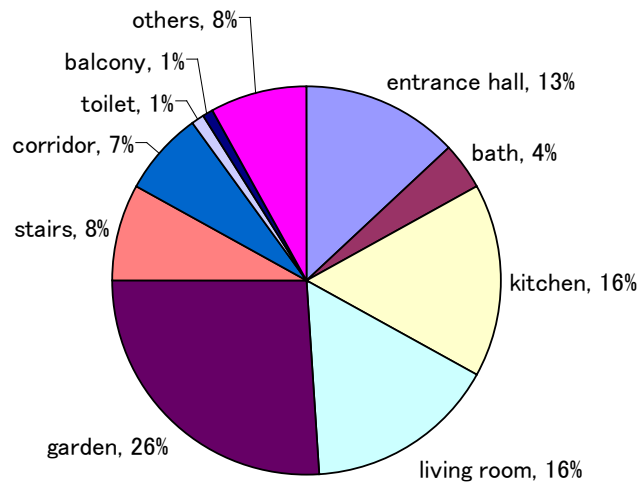
Fig. 3-4-1-2 Frequency of fall with in a year



3-4-2 Places where falling accidents occurred

'Garden' was the most frequent place where falling accidents occurred, followed by 'kitchen' and 'living room'.

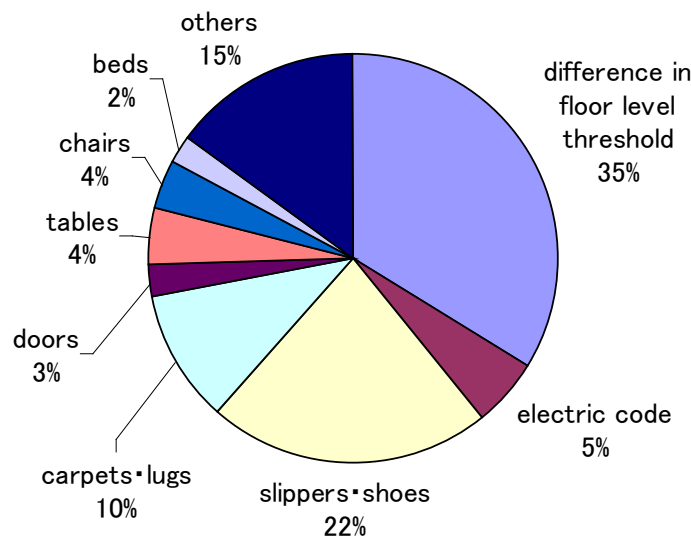
Fig. 3-4-2 Place where falling accident occurred



3-4-3 Objects leading to fall

84% of the responders answered that there were any objects leading to the accident. The most frequent answer was "difference in floor level threshold" and the second was "slippers and shoes". In contrast, the responders did not think furniture such as beds, tables, and chairs as objects leading to fall.

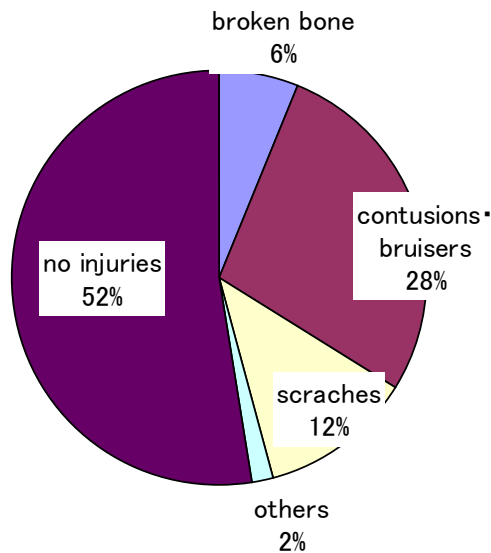
Fig. 3-4-3 Objects leading to fall



3-4-4 Types of fall injuries

Almost half of the responders answered “no injuries” while falling, which means almost half of them were injured. Severe injuries such as fracture were no less than 6 percent.

Fig. 3-4-4 Types of fall injuries

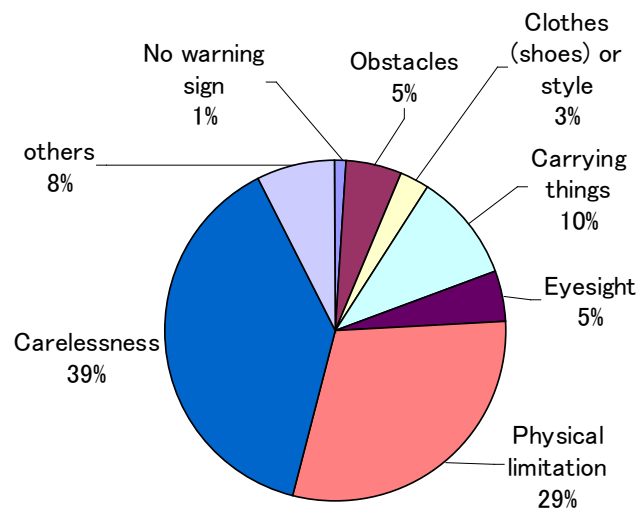


3-4-5 Main causes of fall injuries which the elderly themselves thought

We asked to the responders, “What do you think the main cause of your fall injury is?” There are 2 categories for causes of fall injuries, that is physical risk factors and environmental risk factors.

The majority of the responders answered “carelessness” or “physical limitation” as the main cause of their fall injury. Relatively few responders thought that environmental risk factors as the main cause of fall injury.

Fig. 3-4-5-1 main causes of fall injury which the elderly thought



339 responders answered there were some objects leading the fall accidents. However, 263 responders of them, that is 77 %, answered that physical factors were the main factors for fall, which suggested discrepancy between objective situations and risk perceptions of the responders.

Table 3-4-5-2 Discrepancy between objective situations and risk perceptions

	Was there objects leading accident?	
	Yes	No
Environmental factor	66	8
Physical factor	263	23

These results suggests that raising awareness on environmental risk factors for fall injury is important to reduce fall injury among the elderly

3-5. Results of the Household Survey regarding Injury, Safety Awareness, and Behavior in 2008

The injury morbidity (per 1,000) is the highest in the 7 – 19-year-old group (118.9), followed by 117.6 in the 65 or older group.

3-5-1. Relation between injury morbidity and age groups

Age group	0	Once	Twice or more	Total	Per 1,000 people
0 - 6	69	5	0	74	67.6
7 - 19	167	14	4	185	118.9
20 - 64	708	47	7	762	98.4
65 or older	265	19	5	289	117.6
Blank	4	0	0	4	0.0
Total	1,213	85	16	1,314	103.5

3-5-2. injury morbidity by age in males and females

Injury morbidity is the highest in the 65 or older group for males (153.8) and the 7 – 19-year-old group for females (123.6).

Age group	Male					Female				
	0	1	2 or more	Total	Per 1,000 people	0	1	2 or more	Total	Per 1,000 people
0 - 6	29	3	0	3	93.8	40	1	0	1	24.4
7 - 19	87	5	3	11	115.8	79	9	1	11	123.6
20 - 64	321	23	2	28	80.9	385	22	5	47	113.5
65 or older	105	10	2	18	153.8	159	9	3	17	98.8
Blank	1	0	0	0	0.0	2	0	0	0	0.0
Total	543	41	7	60	101.5	665	44	9	78	108.6

3-5-3. Mechanism and/ or types of injuries

In terms of morbidity fall injury occupied 41.0 % of total injury, which was overwhelmingly high, whereas traffic injury occupied 24.8%.

Cause		Number	%	Per 1,000 people
1	Traffic Injury	26	24.8	19.7
3	Injury at School or kindergarten	0	0.0	-
4	Injury at sports facilities	0	0.0	-
5	Fall	43	41.0	32.7
6	Fire/Burns	3	2.9	2.3
7	Occupational injury	0	0.0	-
8	Violence	2	1.9	1.5
9	Injury outdoors (sea, mountain, field, etc.)	0	0.0	-
10	Other injuries	31	29.5	23.6
Total		105	100	79.9

3-5-4. Locations of Injuries

Locations where people got injured were categorized into the following ten groups. The largest number of people got injured “at home or within their premises”, followed by “on road”. Approximately 60% of injuries occurred “at home or within premises [1]” or “on road [5]”.

Table 3-5-4-1 Number of accidents in different locations

Locations		Number	(%)
1	At home/Within premises	37	36.3
2	Residential facilities (nursing home, etc.)	0	0.0
3	School or kindergarten	8	7.8
4	Sports facilities	6	5.9
5	road	23	22.5
6	Public facilities	8	7.8
7	Industrial facilities	2	2.0
8	Commercial or service area	4	3.9
9	Outdoors	7	6.9
10	Other locations	7	6.9
Total		102	100

As for locations of injuries by gender, the rate of injuries at home/within premises were higher in females than in males.

Table 3-5-4-2 Number of injuries in different locations by gender

Location		Male		Female	
		Number	(%)	Number	(%)
1	At home/Within premises	13	27.1	23	45.1
2	Residential facilities (nursing home, etc.)	0	0.0	0	0.0
3	School or kindergarten	3	6.3	5	9.8
4	Sports facilities	5	10.4	1	2.0
5	road	9	18.8	13	25.5
6	Public facilities	4	8.3	4	7.8
7	Industrial facilities	2	4.2	0	0.0
8	Commercial or service area	2	4.2	2	3.9
9	Outdoors	6	12.5	1	2.0
10	Other locations	4	8.3	2	3.9
Total		48	100	51	100

A similar number of injuries occurred “at home or within premises” between the “20 – 64-year-old” and “65 years or older” groups. However, the number of injuries per 1,000 people is large at these locations in the “65 years or older” and “0 – 6-year-old” groups. It is assumed that these high injury rates are not attributable to insecurities about staying at home or within premises, but to people’s habit of spending a lot of time “at home or within premises”.

Table 3-5-4-3 Number of injuries in different locations by age

Locations of injury		0 - 6	7 - 19	20 - 64	65 or older	Blank	Total	Number per 1,000
1	At home/Within premises	3(40.5)	5(27.0)	14(18.4)	15(51.9)	0	37	28.2
2	Residential facilities (nursing home, etc.)	0	0	0	0	0	0	0.0
3	School or kindergarten	0	8(43.2)	0	0	0	8	6.1
4	Sports facilities	0	2(10.8)	4(5.2)	0	0	6	4.6
5	Road	0	1(5.4)	16(21.0)	5	1	23	17.5
6	Public facilities	0	4(21.6)	3(3.9)	1	0	8	6.1
7	Industrial facilities	0	0	2(2.6)	0	0	2	1.5
8	Commercial or service area	0	1(5.4)	3(3.9)	0	0	4	3.0
9	Outdoors	0	0	4(5.2)	3	0	7	5.3
10	Other locations	0	0	3(3.9)	3	1	7	5.3
Total		3(40.5)	21(113.5)	49(64.3)	27(93.4)	2	102	77.6

3-5-5 Installation of safety equipments

The differences between areas in Towada City in terms of the installation rate of fire alarms seem to be large, ranging from 25.0% ~77.8%.

Table 3-5-5-1 Installation of fire alarms

Area	Number of households (number of households surveyed)	%
Chitose	14 (45)	31.1%
Takashizu	21 (42)	50.0%
Sanbongi	34 (81)	42.0%
Kami-kirita/Shimo-kirita	3 (8)	37.5%
Fukamochi	7 (9)	77.8%
Nishi (Western)	10 (15)	66.7%
Sawada/Hooku/Oirase/Towada	21 (33)	63.6%
Denpoji/Yoneda/Ofudo	4 (13)	30.8%
Fujisaka	8 (22)	36.4%
Horanai/Shoyo	4 (16)	25.0%
Minami (Southern) Area	21 (55)	38.2%
Kitazono	36 (62)	58.1%

The differences between areas in Towada City in terms of the installation rate of fire extinguishers seem to be large, ranging from 31.7% ~92.3%.

Table 3-5-5-2 Installation of fire extinguishers

Area	Number of households (number of households surveyed)	%
Chitose	21 (44)	47.7%
Takashizu	13 (41)	31.7%
Sanbongi	37 (81)	45.7%
Kami-kirita/Shimo-kirita	4 (8)	50.0%
Fukamochi	6 (9)	66.7%
Nishi (Western)	7 (15)	46.7%
Sawada/Hooku/Oirase/Towada	23 (33)	69.7%
Denpoji/Yoneda/Ofudo	12 (13)	92.3%
Fujisaka	12 (22)	54.5%
Horanai/Shoyo	13 (16)	81.3%
Minami (Southern) Area	19 (55)	34.5%
Kitazono	30 (62)	48.4%

3-5-6. Environmental and behavioral risk indicators

The percentage of drivers and passengers front using seat belt were higher, whereas that of passengers rear remained to be lower. The Installation percentages of fire alarms and fire extinguishers remained to be lower.

(%)

Causes of injury	Indicators	2007
Behavioral risks	Percentage of drivers using seatbelts	99.8
	Percentage of passengers using seatbelts (front)	97.6
	Percentage of passengers using seatbelts (rear)	54.5
	Incidence of drink-driving	-
	Rate of using child-car seats	84.3
	Rate of using motorcycle helmets	-
	Rate of using bicycle helmets for children	84.3
Environmental risks	Flashlights for blackout	85.6
	Installation of gas alarms	83.1
	Installation of fire alarms	45.1
	Installation of fire extinguishers	48.1
	First aid box	80.3
	Safety fence around a baby's bed	64.3

3-6. Environmental and Behavioral Risk Indicators in Day-Care Centers,

Kindergartens and Parks

The installation rates of fire safety equipments in kindergartens were high. All municipal parks with children's playgrounds were inspected.

(%)

Kindergarten	Gas darms (Propane gas)	100
	(Town gas)	80
	Installation of fire alarms	97
	Installation of fire extinguishers	100
Park	Safety inspections conducted in children's playgrounds	100

Chapter 4. Priority and Objectives on Towada Safe Community

4-1. Priority in Towada Safe Community

4-1-1 Injury death

The rate of suicide is higher than that of any other external causes of death. The suicide rate in Towada City is higher than the national average. Mortality due to external causes is high among the elderly. Mortality from suffocation due to inhalation of food or other objects is high among the elderly.

The elderly show a high rate of traffic injury. A certain percentage of fatal injuries are due to falls from/of agricultural equipment.

Table 4-1-1 Main injury deaths in Towada (2004~2007)

Age group		Number of injury death	Injury mortality per 10 ⁵ per year	Main injury mechanisms
infant/preschool children	0-6yr.	1	4.2	suffocation
children/adolescent	7-19yr.	3	8.2	suicide
adult	20-44yr.	36	46.4	suicide, traffic accident, drowning
	45-64yr.	73	92.7	suicide, traffic accident, suffocation
elderly	65+yr.	108	187.2	suffocation, suicide, traffic accident, drowning, fall

4-1-2 Injury Occurrence

Table4-1-2-1 Main injury situation of the occurrence in Towada

Age group		Major cause	Place	Main active area
infant/preschool children	0-6yr.	Fall	Home, day-care center, kindergarten, business district	Play, leisure
children/adolescent	7-19yr.	fall, collision	School, communal facilities, sports facilities, road	Play, leisure, sports
adult	20-44yr.	traffic accident, fall	Road, home, sports facilities	Driving, working place
	45-64yr.			
elderly	65+yr.	traffic accident, fall	Home, road, outdoors	Walking, driving

Table4-1-2-2 Prioritized issue with injury in age and place in Towada

Age group \ Place		Place					
		Home	Education and culture facilities	Road	Business district	Working place	Overall
infant/pre-school children	0-6yr.	Fall	Fall	Traffic accident	Fall	-	-
children/adolescent	7-19yr.	Fall, collision	Fall, collision	Traffic accident, fall	Fall	-	Suicide
adult	20-44yr.	Fall	Fall	Traffic accident, fall	Fall	Fall, industrial injury, farm machines accident	Suicide
	45-64yr.						
Elderly	65+yr.	Fall, suffocation, fire	-	Traffic accident, fall	Fall	Farm machines accident	Suicide

4-1-3. Risk factors for injury and preventive strategies for prioritized issues

◆ Risk factors for suicide (2005 - 2006)

- Males accounted for 80% of the total, and 20% are females.
- Males under age 65 years comprised 80% of the total.
- Between 2005 and 2006, 47.3% of suicides were due to financial problems, and 41.8% due to health problems.

☆ Strategies for suicide prevention

- Advocacy of suicide prevention and raising mental health literacy both in the community and in workplaces.
- Fostering mental health volunteers.
- Having workshops for elementary, junior high, and high school students to help them understand the value of life.

- Development of community networks for suicide prevention including support networks to address financial problems, such as multiple debts.

◆ **Risk factors for unintentional injuries in the elderly**

1) suffocation by inhalation of food or other objects in the elderly

- In the elderly, suffocation by food, vomitus and foreign objects causing obstruction of respiratory tract, including suffocation while eating rice cakes or meat is the leading cause of unintentional injury deaths
- The elderly have little awareness of the causes and the risks of suffocation.
- The shape, size and hardness of food may be related to suffocation.
- Suffocation often occurs in the elderly with reduced oral and swallowing functions.

2) fall injury in the elderly

- According to the household survey in 2008, fall injury which needed treatment at clinics or hospitals occurred 32.7 /1000 population/year, which was the leading injury mechanism of all injury mechanisms and occupied 41 % of them. Fall injury of the elderly occupied 39.5% in total fall injury.
- The frequency of fall injury cases transferred by emergency service was 1.8 per 1000 population in 2007, which was the second highest of all injuries.
- According to the survey on fall injury of the elderly in 2007, dangerous environments at home often contributed to fall injury of the elderly, though they do not necessarily recognize it. (Many elderly people tend to think that their physical fragility with aging is the only reason for fall injury.)

☆ **Strategies to prevent injuries in the elderly.**

1) suffocation by inhalation in the elderly

- Exercise for the elderly to improve oral function in nursing care schools.
- Information on the prevention of suffocation in public relations magazines.
- Training sessions by dentists for the prevention of suffocation.

- Advice by nutritionists on food ingredients and cooking methods that reduce the risk of suffocation.
- Promotion of first-aid measures.

2) fall injury in the elderly

- Physical exercise training for nursing prevention and muscle strength training.
- Visit to elderly households by district nurse or care manager for checking up dangerous environment at home.
- Disseminating knowledge that improvement of dangerous environment at home is necessary for the elderly to prevent fall injury.

◆Risk factors for injury due to traffic injury

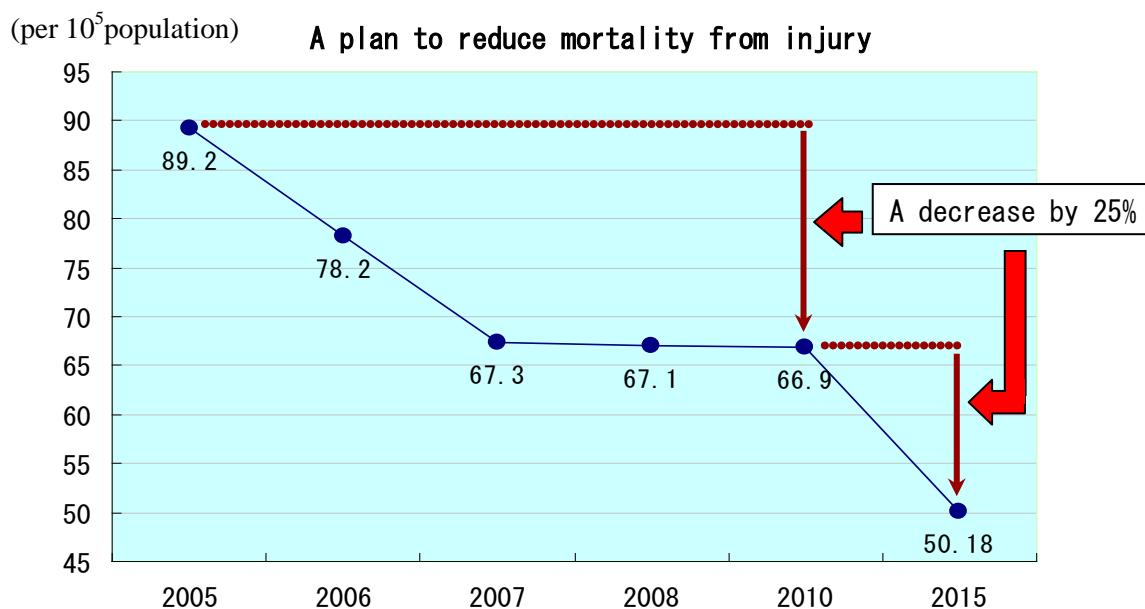
- The vast majority of traffic injury deaths (77.8%, 2007) were pedestrian injury deaths among the elderly.
- A high percentage of fatal traffic injury occur in the afternoon through midnight.
- As many as 56% of traffic injury reported to the police occur at intersections.
- About 40% of traffic injury are caused by young drivers in their twenties and thirties, and they account for 83% of drivers' traffic deaths.
- Traffic injury while driving an agricultural tractor occur every year.

☆Strategies to prevent injury due to traffic injuries

- Improved traffic safety education for each age group.
- Information on dangerous, commonly occurring locations and intersections.
- Advocacy of the use of helmets while riding a bicycle and reflectors while walking at night..
- Safety-related education for farmers and enhancement of their awareness to prevent accidents while using agricultural equipment.

4-2. Objectives for Towada Safe Community

4-2-1. Short-term, medium term objectives



Objective 1

2004 : Understanding of the concept of community safety promotion by public health practitioners in Towada.

Strategies

- Participation of the public health practitioners in a lecture and a workshop on community safety promotion.

Objective 2

2005: Gaining support by the mayor and citizens for the promotion of Towada Safe Community.

Strategies

- Some explanation of the promotion of Safe Community to the mayor.
- Workshops on community safety promotion organized by public health practitioners

and citizens on regular basis, inviting head of the Kamitosan Public Health Center and other specialists as instructors.

Objective 3

2006: Understanding practices in safe communities.

Strategies

- a. Learning practices in Taiwanese safe communities (Dungshr and Neihu Safe Communities).
- b. Briefing on Taiwanese safe communities to the mayor.

Objective 4

2006: Development of community safety promotion in several arenas.

Strategies

- a. Starting a project to prevent child injury, as a model area for the “Project for the promotion of Child Injury Prevention in Aomori Prefecture”.
- b. Substantial launch of projects on preventing suicide and fall injury.

Objective 5

2007: Development of an infrastructure based on inter-sectoral collaboration for community safety promotion in Towada.

Strategies

- a. Formal establishment of “Towada Safe Community Citizens” with active participation of the citizens.
- b. A political decision of the mayor to pursue for Towada City to be designated as a safe community.
- c. Organizing the Towada Community Safety Promotion Council, the Review Committee, and the Project Team.

- d. Incorporation of the promotion of “Safe Community” into the comprehensive project in Towada (Implementation plan) and its implementation according to the plan.
- e. Getting scientific supports by Kitasato University and Aomori University of Health and Welfare.

Objective 6

2007: Discussion on measures to collect injury-related data on a long-term basis and its improvement.

Strategies

- a. Review and assessment of existing programs
- b. Development of assessment systems

Objective 7

2008: Development of community diagnosis on injury in population basis

Strategies

- a. Implementation of a household survey according to some advice by the Affiliate Support Center for Injury Prevention and Community Safety Promotion in Korea.

Objective 8

2008: Systematic reviews of programs in every arena and development of visions on future programs.

Strategies

- a. Reviews of programs in each arena by 8 working groups.
- b. Getting a scientific support by Dr. Nam-Soo Park.
- c. Evaluation of programs by using available data, including the results of the house hold survey.
- d. Discussion on future programs by working groups.

Objective 9

2009: Becoming a member of the international network of safe communities.

Strategies

- a. Submitting the application report to the Certifying Center on Safe Community in Korea.
- b. Getting the formal on-site evaluation by the certifying center.
- c. Hosting the 3rd Annual Conference of the Japanese Society of Safety Promotion and the international workshop on community safety promotion in Towada.
- d. Legislation of “Safe Community” into a bylaw related to safety.

Objective 10

2010: Improvement of utilization of data for programs and assessment system.

Strategies

- a. Development of measures of process evaluation, impact evaluation and outcome evaluation for the programs.
- b. Establishment of an injury surveillance system in medical facilities, fire department, and other related organizations in the city.
- c. Appointment of full time personnel responsible for community safety promotion.

Objective 11

2010: A25 % reduction of deaths due to injuries and suicides in those at risk compared to 2005.

Strategies

- a. Implementation of suicide prevention programs at home, in the workplace.
- b. Collaboration among families, schools, the community, and relevant organizations to develop programs to prevent traffic accidents, suffocation by food, and falling in the elderly and child injury.

4-2-2. Long-term objectives

2015: A 25% reduction of injuries and suicides in those at risk compared to 2010

- a. Promotion of public involvement in the further development of safe community
- b. Decrease in the incidence of injury and mortality
- c. Development of a safe community to improve the quality of life
- d. Becoming a model city for safe communities in Japan

4-2-3. Priority issues

a. Suicide Prevention

In Towada City, a relatively large number of people die by suicide: 35.9 out of 100,000 deaths in 2007.

There have been many suicides for males aged between 40 and 65 because of financial and/or health problems, which should be addressed on a long-term basis.

b. Prevention of traffic injury

A large proportion of deaths have been caused by traffic injury, particularly while walking or riding a bicycle: 10.9 out of 100,000 deaths in 2007. Since as many as 73.4% of traffic injury have been caused by collisions between cars, efforts should be made to reduce such accidents.

c. Prevention of injury in the elderly

As the percentage of the elderly in Towada City increases, 22.4% in 2007, there have been more and more injury involving this group. In the elderly, 13.1% of deaths are due to suffocation by inhalation, and 77.8% of traffic fatalities involve elderly people. It is

also important to prevent fall-related accidents in the elderly inside and outside the house.

d. Disaster prevention and preparedness (fire and natural disasters)

According as the elderly population increases, the number of fire-related deaths in Towada City is expected to increase. Emphasis should be placed on disaster prevention or preparedness measures to reduce accidents caused by natural disasters including earthquakes and falling rocks.

Chapter 5. Indicators for International Safe Community

Indicator 1: An infrastructure based on partnership and collaborations, governed by an inter-sectoral group that is responsible for safety promotion in their community

5-1-1. Composition of the Towada Community Safety Promotion Council

The Towada Community Safety Promotion Council, established in March 2008, consists of the following 30 committee members:

The Mayor of Towada City, Director of Towada City Hospital, Chairman of the Chamber of Commerce, Dean of Kitasato University School of Veterinary Medicine, Chairman of Board of Education, President of Towada Safe Community Citizens, Head of the Labor Standards Inspection Office, President of the International Exchange Association, Director of Kamikita Regional Administrative Office, Chair of the Joint Neighborhood Association, President of the Medical Association, Chair of the Citizen's Council for Youth Development Association, President of the Dental Association, Chair of the City Council, Chair of the Social Worker Association, Head of the Public Health Center, Head of the Traffic Safety Association, Chair of the Association of School Principals, Director General of the Social Welfare Council, Chair of the Women's Association, Executive Director of the Agricultural Cooperative Association, Fire Department Chief, Chair of the Parent-Teacher Association Federation, Police Chief, Director of the Pharmacists Association, Chair of the Japan Federation of Senior Citizens' Clubs, and four Department Heads (General Affairs, Strategy and Finance, Public Welfare, and Health and Welfare) of Towada City.



5-1-2. Process to establish the Towada Community Safety Promotion Council and its relationship with “ Towada Safe Community Citizens”

In early 2004, Dr. Onishi, the former Director of the Prefectural Public Health Center in Kamitosan area and a member of the Safety Promotion Study Group, toured Towada City and surrounding areas to promote community safety promotion. To raise awareness of safety within communities, staff of the Health Promotion Division of Towada City participated in a lecture given by Dr. Sorimachi, which was held at a meeting of the Health and Welfare Section in charge of the Kamitosan area, Aomori Prefecture.

The Towada Chambers of Commerce and Industry also became interested in the development of safe communities, and held a lecture meeting for members in late July, 2005.

Dr. Onishi gave the mayor an explanation of the concept of safe community from an administrative perspective. Following this, an organization of study meetings was decided with the aim of pursuing Safe Community.

The study meetings which started in 2005 and was participated in by staff in health-related sections of Towada City, the Safety Promotion Study Group, and the general public, was held almost every month of the following year.

A civil forum, “Prevention of child injuries - Development of a Safe Community,” was organized by Aomori Prefecture in collaboration with Towada City and the study group. In his opening address at the forum, the mayor expressed his hope that Towada City would be certified as a Safe Community. Following the forum, a ceremony was held by

study group members for the formal establishment of a volunteer group, the “Towada Safe Community Citizens”, in which a goal for the coming three years, “Designation of Towada as a Safe Community, “ was announced.

Towada Safe Community Citizens, which used to consist of planning and working teams (responsible for the prevention of child injury, suicide, and fall injury in the elderly as well as the promotion of injury surveillance), built the foundation for the Towada Community Safety Promotion Council, and has been involved in the management of the council, playing a central role in promoting community safety promotion in Towada City.



5-1-3. Towada Safe Community Project Team

The Towada Safe Community Project Team, organized in 2007, consists of ten staff members from public safety-related sections of Towada City.

The project team holds regular monthly meetings, coordinates a variety of projects and assignments, and reviews implementation plans.

The project team plays a leading role in enhancing community safety promotion in

Towada City, including the review and coordination of programs as well as the management of working groups.



5-1-4. Working Groups of Towada Safe Community in 8 arenas

In May 2008, eight working groups (for children, the elderly, prevention of suicide, traffic injury, disasters, violence/abuse, sports/sightseeing [leisure], and workplace) were organized by the general public and various organizations, including divisions of Towada Municipality. The working groups develop and review programs, share information and common objectives, and address problems and issues from various perspectives.

In September 2008, the eight working groups gathered together for a debriefing session. The results of their discussion has been used for improving current programs and reflected to the middle and long term plan



Arena	Member
Child safety	Volunteers, child care society, board of education, police, PTA, architect association, Towada Safe Community Citizens, parks and greenery division, life environment division, health center
Elderly safety	Volunteers, health volunteers, care worker, care manager, elderly association, Towada Safe Community Citizens, medical division, division of nursing care, agricultural division, health center
Suicide prevention	Volunteers, judicial scrivener, welfare commissioner, health volunteers, prefectural public health center, Towada Safe Community Citizens, rescue service, medical division, health center
Traffic injury prevention	Women's association, architect association, traffic safety association, police, Towada Safe Community Citizens, Kamikita Administrative Office, urban development construction division, life environment division, sightseeing promotion division, civil engineering division
Disaster prevention and preparedness	Elderly association, architect association, rescue service, Towada Safe Community Citizens, prefectural public health center, general affairs division, administrative division, civil engineering division, project adjustment division,
Violence and abuse prevention	Volunteer, human rights commissioner, police, rescue service, Towada Safe Community Citizens, prefectural public health center, board of education, welfare division, health center
Leisure safety	Volunteer, eating habits improvement promotion committee, sightseeing association, association for international relations, Towada Safe Community Citizens, prefectural public health center, board of education, sightseeing promotion division, health center
Occupational safety	Labor inspection office, labor standard association, junior chamber, architect association, agricultural cooperative association, chamber of commerce and industry, Towada Safe Community Citizens, prefectural public health center, general affairs division, project adjustment division, commerce, industry and labor policy division, agriculture and forestry division, health center

5-1-5. Review Committee of Towada Safe Community

The committee, consisting of 22 division chiefs of Towada City in charge of public safety and four external experts (two professors, the Director of the Kamitosan Public Health Center, and a member of the Towada Safe Community Citizens), coordinates operations related to community safety promotion and conducts public relations for programs.

5-1-6. The incorporation of Community Safety Promotion into the comprehensive plan of Towada Municipality

Community Safety Promotion in Towada has been incorporated into the 1st Towada Comprehensive Plan for 2007 through 2010 - an implementation plan for a safe living environment, created under the theme of a “Wonderful life in a creative city”. The plan states that the prevention of injury to develop a safe community shall be promoted through collaboration among the general public, medical, health, and welfare facilities, police, fire departments, and other organizations across various fields.

5-1-7. Cooperative agreement with Aomori University of Health and Welfare

In August 2008, Towada City reached an agreement with Aomori University of Health and Welfare, aimed to facilitate cooperative efforts between the two facilities to promote community safety, including the implementation of surveys and analyses of data on injuries.



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

Since 2006, with the aim of promoting community safety, including the prevention of suicides, traffic injuries and injuries in the elderly, Towada City has been conducting analyses of injury-related data in collaboration with experts from various fields.

The following are programs designed by the age groups (infants, children, adults, and the elderly) covering specific environments, including home, school, road community, and workplace to promote safety.

5-2-1. Programs for different age groups





Environment	Strategies	Infants (0 – 6)	Children (7 – 19)	Adults (20 – 64)	Elderly (65 or older)	Relevant organizations
Home	Education	Safety education for children, parents, and pregnant women	Education to prevent traffic injuries Prevention of injuries home	Year-round education on health management	Year-round education on health management / Education to prevent suffocation and fall	Municipal Health Center, Board of Education, Hospitals and Clinics
	Environmental improvement	Safety inspections at home	Safety inspections at home	Education on installation of fire alarms		Kindergarten, Welfare Division, Fire Department
School	Education	—	Training in first-aid procedures Safety while riding a bicycle or walking Protection from bullying and prowlers	—	—	Board of Education, Fire Department, Police
Road	Education	—	Traffic safety education	Education to prevent drink driving	Safety education while walking and riding a bicycle / Prevention of drink driving	Police Department, Life Environment Division, Board of Education
	Environmental improvement	Road surveillance for safety	Information on dangerous locations	Safety inspections at home		Civil Engineering Division, Telecommunication Carrier, Post Office, Board of Education
	Revision of the Road Traffic Law (June 1st, 2008.)	Wearing a bicycle helmet has become mandatory for children under 13 yr.		—		Police, Living Environment Division, PTA, Senior Citizen's Clubs, Neighborhood Association
	Use of car seat belts while seated on the back as well as on the front has become mandatory.					

Community	Education	Education to prevent traffic injuries/ Community Safety Guardian Group / First aid training and education (AED training)		Prevention of suicide First aid training and education (AED training)	Training to prevent fall injury First aid training and education (AED training)	Fire Department, Police, Hospital, Public Health Center, Neighborhood Association
	Environmental improvement	Inspection of children's parks and dangerous locations Safety inspection in kindergartens		—	—	Board of Education, Child Support Group, School, PTA
	Safety management	—	Use of school injury insurance	Crime and disaster prevention/confirmation of the safety of elderly by the Neighborhood Association		Neighborhood Association, Social Worker Association
	Others	Development of community networks and collection of injury-related data		Training sessions for traffic safety Promotion of community safety		Police, Traffic Safety Association
Workplace	Education	—	—	Safety education in the workplace, Education to prevent suicide, Proper use of agricultural equipment		Labor Standards Inspection Office, Labor Standards Association, Agricultural Cooperative Association
	Environmental improvement	—	—	Safety management in the workplace		Labor Standards Inspection Office Labor Standards Association




5-2-2-1 Child safety program ①

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Safety checkup for playground equipments	infant elementary school pupils	day-care center playground	Accident prevention in playground	Whole year	ordinary checkup: 1~3 times /month examination by specialist: 1~2times/year	Parks and greenery section, day-care center, board of education, school	 
Periodic supervision by community guardians	elementary school pupils	road park playground community	Accident and crime prevention in black spots for children	2006 2007	In both 2006,2007 4 elementary school areas	Health center, neighborhood association, police, PTA, board of education, prefectural government	  
Creating safety maps	elementary school pupils	road	Accident and crime prevention in black spots for children	2006 2007	In both 2006,2007 4 elementary school areas	Health center, neighborhood association, police, school, community guardians	 
Bicycle helmet-wearing campaign	Elementary and junior high school pupils	road	Head injury prevention	Whole year		Board of education, school, PTA, traffic safety association	 



5-2-2-1 Child safety program ②

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
juvenile misconduct prevention program	children	community	Prevention of juvenile misconduct and raising awareness	Whole year	All junior high schools 6 elementary schools	Police, school	 
Slogan contest on safe community	Elementary and junior high school pupils	school	Raising awareness on safe community	Once a year	All elementary and junior high schools	Health center, board of education, school, Towada Safe Community Citizens	 





5-2-2-2 Suicide prevention program ①

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Suicide prevention forum (Healthy Towada 21 forum)	Adult elderly	home community workplace	Raising mental health literacy and advocacy on suicide prevention	Once a year	125 participants (2005) 213 (2006) 102 (2007)	Health center, doctor association, health volunteers, prefectural public health center	
Suicide prevention education by district nurse	Adult elderly	home community	Raising mental health literacy and advocacy on suicide prevention	Whole year	From 2004 12times , 242 participants (2007)	Health center, doctor association, health volunteers, neighborhood association	
Suicide prevention stories using picture cards by volunteers	Adult elderly	home community	Raising mental health literacy and advocacy on suicide prevention	Whole year	11times, 231 participants (2005) 11times, 369 participants, (2006) 12times, 924 participants (2007)	Health center, doctor association, health volunteers, neighborhood association	







5-2-2-2 Suicide prevention program ②

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
community network for comprehensive suicide prevention	Adult elderly	Home community	Suicide prevention through multiple and comprehensive approaches	Whole year	Thrice (2008) 36participants	Prefectural public health center, judicial scrivener association, labor inspection office	
Fostering mental health volunteers for listening to elderly	Adult elderly	home institution for elderly	Reduce depressive feeling and suicide prevention	Whole year	13 fostered volunteers	Prefectural public health center, health center, mental health volunteers, facilities for elderly	





5-2-2-3 Road traffic safety program ①

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Free provision of reflector, safety hat and satchel cover for children	1 st grade elementary school pupils	School community	Traffic accident prevention	Every year	681 (2005) 685 (2006) 625 (2007)	Life environment division, mothers association for traffic safety, traffic safety association, elementary school	
Traffic supervision instructor program	Elementary school pupils	community	Traffic accident prevention to and from school	Whole year 200days	From 2005~ 6 persons for 6 urban areas	Life environment division, traffic safety association, police, elementary school	
Injury insurance for traffic and crime prevention volunteers	Adult volunteers	road community	Supporting volunteers for traffic and crime prevention	Whole year	30 times for 20 persons	Life environment division, neighborhood association, crime prevention association, mothers association for traffic safety, traffic safety association	
Traffic safety class program	6yr. ~18yr.	road	Traffic injury prevention	Whole year	From 2005 88 times for each year 9718 participants	Life environment division, traffic safety association, board of education, kindergarten, school	




5-2-2-3 Road traffic safety program ②

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Traffic safety campaign and parade	All age groups	road	Advocacy of traffic safety	Every year	Twice a year 400participants 4-times-PR in municipal magazine	Life environment division, traffic safety association, police	
Restaurant visit for anti-drunken driving campaign	All restaurants and bars	community	Prevention of traffic accident by drunken drivers	Every year	Once a year	Life environment division, traffic safety association	
Clearing snow on pavement program	Children and elderly	community road	Prevention of pedestrian injury and fall injury in winter	winter	19 neighborhood associations, 2 PTAs(2007)	Civil engineering division, neighborhood association, crime prevention association, mothers association for traffic safety, traffic safety association	 
Road risk watch supporter program	All and vulnerable groups	road	Prevention of traffic accident by finding and fixing dangerous places	Whole year	40 cases in 2007	Civil engineering division, electric company, mail company	 



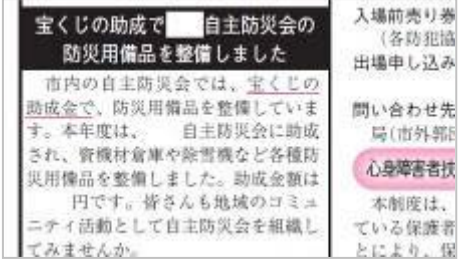


5-2-2-3 Road traffic safety program ③

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Bicycle helmet campaign for children	Elementary and junior high school pupils	road home	Head injury prevention	Whole year		Life environment division, board of education, school, PTA	
Reflector-using campaign	All age groups	road	Prevention of traffic accident at night	Whole year	21times safety classes for 627 1 st grade elementary school pupils, free provision of reflectors for 221 elderly	Life environment division, traffic safety association, police, neighborhood association, elderly association, mothers association for traffic safety	
Improvement of traffic safety facilities	All age groups	road	Prevention of traffic accident, especially among pedestrians and bicyclists	Whole year	105 street lights, new pavements and guardrails	Life environment division neighborhood association	 <p>Before setting up the signal</p>  <p>After setting up the signal</p>






5-2-2-3 Road traffic safety program ④

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Traffic accident consultation program	All age groups	home community road	Advising and supporting both victims and assailants of traffic accidents	Once a month	12 times, 30 persons	Life environment division, lawyer association, judicial scrivener association, prefectural traffic accident consultation office	
Solatia system by mutual aid for victims of traffic accidents	All age groups	road	Financial support for victims and their families of traffic accidents	Whole year	Coverage rate for Towada citizens: 57%	Mutual aid union for traffic accident, life environment division	
Child safety seat renting program	infant	road	Prevention of traffic passenger injury	Whole year	57 seats	Life environment division, traffic safety association	








5-2-2-4 Disaster prevention or preparedness program ①

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Comprehensive drill program for preparing disasters	All age groups	workplace school community	Reducing life loss due to disaster by rapid evacuation and rescue	Once a year	Ca 1000 participants for every year	Rescue service, disaster preparedness association, fire fighting equipment security society and related companies, prefectural government, self defense forces	 
Supporting program for community organizations against disaster	All age groups	home community	Fostering community network for disaster preparedness	Whole year	10 organizations 4200 households	Administrative division, neighborhood association	
Administrative wireless communication system in case of disaster	All age groups	community	ensuring rapid communication for saving victims of mountaineering accident or disasters	Whole year	6 mobile stations 65 car equipment wireless devices, 100 portable wireless devices	Administrative division, rescue service, police, gas and electric companies, division of water service	 





5-2-2-4 Disaster prevention or preparedness program ②

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Financial support system for victims of disasters	adult	community home	Financial support for victims of fires and other disasters	Whole year	5 victimized house-holds of fire in 2007	Life environment division	
installation of street lights and financial support program for those electricity costs	All age groups	community	Crime and violence prevention	Every year	297 neighborhood association 8,891 street lights 1 community center	Life environment division, neighborhood association	 
Rescue and food delivery program by the Red Cross volunteers in Towada in case of disaster	All age groups	community	Supporting victims of disasters	Every year	13 branches 668 persons (198 men, 470 women)	Life environment division , the Red-Cross volunteers	 




5-2-2-4 Disaster prevention or preparedness program ③

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Fire alarm installation support program for elderly and persons with disabilities	adult elderly persons with disabilities	home	Fire prevention	Every year	2,500 households visits Free fire alarm installation for 90 elderly living alone	Fire fighting volunteers, fire protection manager association, fire fighting equipment security society, rescue service	 
Fostering fire prevention managers	adult	workplace facilities	Fire prevention and reducing life loss due to fire	Every year	4,371 managers	Rescue service, company, fire fighting equipment security society	
Making lists of those who need coverings for preparing disasters	people with disabilities elderly	Home community	Prevention of deaths due to disasters	Every year	Under preparation	Welfare office, neighborhood association, doctor association	 
CPR education program (including how to use AEDs)	adolescence Adult elderly	Home community workplace School day-care center	Prevention of death due to accident and acute disease	Whole year	113 times, 2,394 participants (2007)	Rescue service, school, day-care center, kindergarten, nursing facilities, police	 





5-2-2-4 Disaster prevention or preparedness program ④

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Installation of crime prevention blue lights	All age groups	community	Crime and violence prevention	Every year	11 lights (2006) 10 (2007) 1 (2008)	Life environment division, neighborhood association	
Production and distribution of evacuation map in case of disasters	All age groups	home	Raising awareness on evacuation in case of disaster	2007	distributing for all, ca 22,000 households	Administrative division, rescue service, neighborhood association	
Fire safety experience program	3+yr.	home facilities community school	Raising awareness and fire prevention	Whole year	36 times, 1,011 participants (2007)	Rescue service, school, day-care center, kindergarten, other civil associations	
Fire safety festival on the rescue day (September 9th)	All age groups	home community	Raising awareness and fire prevention	Once a year	460 participants (2007) 1,288 participants (2008)	Rescue service, administrative division	


5-2-2-5 Violence and abuse prevention program ①

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Home visit and checkup against postdelivery depression	Mothers with babies	home	Prevention of child abuse by finding post delivery depression	Whole year	332 mothers (coverage 67.3%) in 2006 348 mothers (71.5%) in 2007	Health center, obstetrics, child consultant, municipal hospital	
Community network for preventing child abuse	Infant children	home community day-care center kindergarten school	Supporting and supervising risky families in child abuse	Whole year	From 2005~ Meetings by leaders, practitioners, and case conferences, respectively overall 14 times	Welfare office, child guidance center, prefectural public health center, police, doctor association, school, day-care center, kindergarten, child and welfare commissioner, social welfare association	
Domestic violence consultation system	adult	home community	Supporting victims of domestic violence	Whole year	13cases in 2007	Welfare office, clinic and hospitals, police, women consultation office, shelter for victims, mother and child life support facilities	




5-2-2-5 Violence and abuse prevention program ②

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Elderly abuse consultation system	elderly	home facilities	Finding elderly abuses and supporting victims	Whole year	13 cases from 2005 to 2007	Welfare office, child and welfare commissioner association, social welfare association, nursing insurance facilities for elderly, clinics and hospitals	
Community network for preventing crime and violence against children	Infant children	home community school	Crime and violence prevention	Whole year	2004~ 24 organizations	Board of education, school dean association, neighborhood association, rescue service, post office, taxi companies association	
Dignity of life advocacy campaign	Children	community school	Advocacy of dignity of life	Whole year		Aomori prefectural government, board of education, school, ex-teacher's volunteers	
Safety houses for children and women	Elementary and junior high school pupils	community	Crime and violence prevention for children and women	Whole year	507 safety houses	Police, school	






5-2-2-5 Violence and abuse prevention program ③

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Community patrol for preventing crime and violence	All age groups	community	Crime and violence prevention	Whole year	19 times	Life environment division, neighborhood association, police, crime prevention association	
Home visit consultation for preventing violence and abuses	Infant Children women	home community school facilities	Prevention of child abuse or domestic violence by supporting risky families	Whole year	2007 32 cases, 131 times, in 2007	Life environment division, welfare office, police, school	

5-2-2-6 Leisure safety program




Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Safety checkup for ski slopes, campgrounds, and sightseeing facilities	All age groups	community facilities	Prevention of leisure injury	Whole year	7 places	Sightseeing division, designated managers	
Checking up and repairing playground facilities	All age groups	community playground	Prevention of accident at park	Whole year	3times/ year checkups for 20playgrounds Repairing facilities according to priority	Parks and greenery section, parks and greenery safety management companies	
Life jacket rental service for motorboat passengers	tourist	Lake Towada	Prevention of drowning for tourists	April~ November		Sightseeing association, motorboat company	

5-2-2-7 Occupational safety program



Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Occupational safety and health congress	worker	workplace	Raising awareness on occupational safety	Once a year	648 participants from 454 workplaces in 2008	Labor inspection office, labor standard association	
training association for safe use of farm machines and implements	farmer	farm community road	Prevention of farm injury	Whole year	100 participants	Prefectural and municipal agricultural offices, agricultural cooperative association, agricultural apparatus company	 
Occupational mental health survey	19yr.~68yr.	workplace	Community diagnosis for mental health status among workers	2007	9 workplaces, 709 workers Collection rate 61% in 2007	Health center, labor standard association, company,	 

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

5-3-1 Infant safety program ①

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Traffic safety class using child safety seats and seat belts	Pregnant women	road	Raising awareness on traffic safety	Whole year	167 pregnant women (coverage 32.9%) in 2006 179 (34.9%) in 2007	Health center, doctor association, police, Japan Automobile Federation	
Home visit and safety education by district nurse	Mothers with new born babies	home	Prevention of home and traffic injury among babies	Whole year	332 visits (coverage 67.3%) in 2006 348 visits (coverage 71.5%) in 2007	Health center, doctor association, municipal hospital	
Safety education in periodic checkups for mothers and fathers	4-month-old 1.5 yr. 2.5 yr. 3.5 yr.	home road	Prevention of home and traffic injury of infants	Whole year	2058 parents (coverage 94.2%) (2006) 1976 parents (coverage 96.7%) (2007)	Health center, doctor association, dentist association, health volunteer	






5-3-1 Infant safety program ①

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Safety education for infants with disabilities	Disabled infants and those parents	home road	Prevention of home and traffic injury of infants with disabilities	Before entering school	20 cases(coverage 57.1%)(2006) 20 cases (coverage 62.5%) (2007)	Health center, board of education, child with disabilities consultation committee, parents association of children with disabilities	 





5-3-2 Elderly safety program ①

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Community network for preventing elderly abuse	elderly	home facilities community	Supporting risky families and prevention of elderly abuse	Whole year	7 cases	Welfare commissioner, doctor association, nursing insurance service company, police, social welfare association	
Training program for dementia prevention	elderly	home	Injury prevention for elderly through improving cognitive functions	Whole year	18 times 27 participants in 2008	Division of nursing care, volunteer, public hall	
Consulting program for protecting welfare and safety for elderly	elderly	Home community facilities	Protecting welfare and safety for elderly	Whole year	173 cases in 2007	Comprehensive community support center, home-care support center, social welfare association	
Safety education for elderly living alone	elderly	home community	Prevention of injury of elderly	Whole year	446 participants coverage 14.4%	Division of nursing care, welfare commissioner, volunteer	

5-3-2 Elderly safety program ②

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Home visit program in case of emergency for elderly household	elderly	home community	Rescuing elderly in emergency	Whole year	Since 2005 97 elderly households 283 home visitors	Division of nursing care, social welfare association, nursing care manager, volunteer	 
Physical exercise training program for nursing prevention	elderly	home facilities community	Fall and fractures prevention for elderly	Whole year	3,216 participants, Coverage 26.2% in 2007	Division of nursing care, home-care support center, elderly association, neighborhood association	
Muscle strength training class using machines	elderly	home facilities community	Fall and fractures prevention for elderly	Whole year	8 times in 2007	Division of nursing care, elderly association, neighborhood association	 
Oral function training program for elderly	elderly	home facilities	Suffocation prevention for elderly	Whole year	446 times 558 participants in 2007	Division of nursing care, home-care support center, neighborhood association	 

5-3-2 Elderly safety program ③

Program	Target group	Target environment	Aim	Period	Outcome/ Output	Department in charge	Program activity
Safety education for elderly association members	elderly	home facilities community	Raising safety awareness on various injuries	Whole year	70 organizations and 2612 persons participated in 2008.	Division of nursing care, elderly association, social welfare association	
Safety education in elderly welfare convention	elderly	home facilities community	Raising safety awareness among elderly	Once a year	2006~ Ca 1,000 participants for every year	Division of nursing care, elderly association, social welfare association	
Reflector-using traffic safety program for elderly	elderly	road	Pedestrian accident prevention for elderly	Whole year	Fashion shows using reflectors Distribution of reflectors, 221 participants for reflector using class	Life environment division, police, mothers association for traffic safety, traffic safety association, elderly association	
Survey on fall among elderly	elderly	Home community	Community diagnosis in terms of fall injury of elderly	2007.6 ~ 2007.8	Selecting 1164 elderly out of 3216 participants to nursing prevention program Collection rate: 91.6%	Nursing care division, Towada Safe Community Citizens, home-care support center	

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

5-4-1. Collection of existing data on injury from various sectors

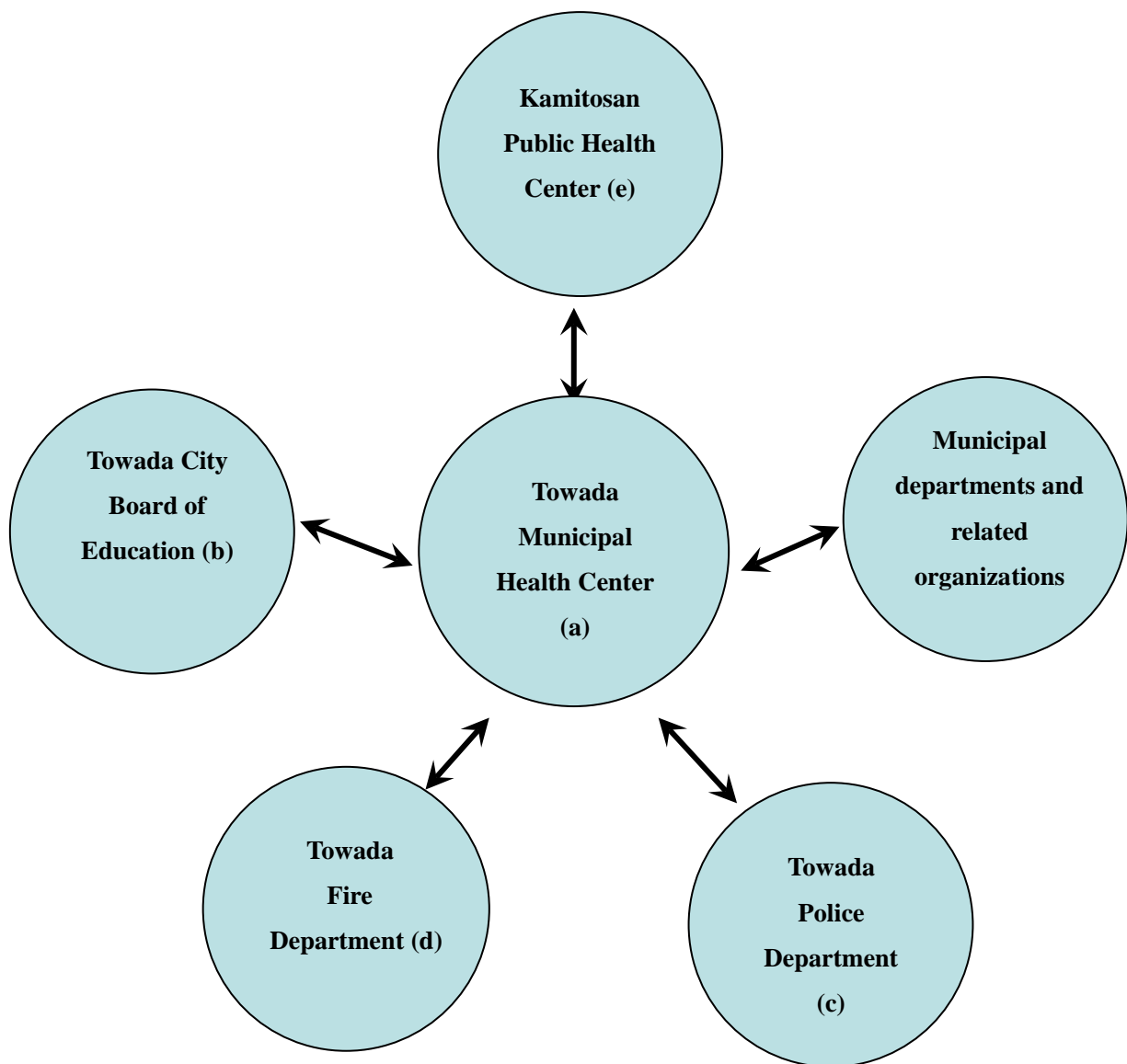
In Towada City, public health, school health, and traffic accident statistics, and other existing data had been used only to clarify the status of injury, not for the purpose of its prevention.

However, with the aim of promoting a safe community, Towada City started to collect injury data from 2005 onwards from municipal departments responsible for public safety and other organizations in Towada City and Aomori Prefecture.

Towada City has established the following system as a basis for injury prevention activities.

5-4-2. Continuation of the existing injury data collection system

With the aim of further community diagnosis in terms of injury and evaluation of outcomes of the programs, Towada Municipal Health Center continues to run the existing system and collect data on injuries from the Kamitosan Public Health Center, Board of Education, Towada Police Station, Towada Fire Department, municipal departments in charge of public safety, and other organizations in Towada City and Aomori Prefecture.



(a) Data collection and analyses

(b) School health statistics / statistics on accidents from the Mutual Aid Society for Safety

(c) Statistics on traffic accidents and suicides

(d) Statistics on emergency patients and fire-related deaths

(e) Statistics on mortality due to injury (Towada, Aomori Prefecture, and nationwide)

5-4-3. A survey on parents' attitude and behavior toward child unintentional injuries in 2007

Background:

The unintentional injury is the highest in terms of child mortality as well as its high morbidity in Japan. Considering importance of preventing it, Aomori Prefectural Government implemented a comprehensive child safety program in 2006 and selected Towada Municipality as a model city of the program. This survey was performed in this context.

Objectives: In order to create more effective child safety programs in Towada City, we investigated parents' attitudes and behaviors toward child unintentional injuries.

Methods: The subjects were parents living in Towada City who visited Towada Municipal Health Center to get periodical medical checkups in January, 2007 for their 4 months old, 1 and half years old and 3 and half years old children. The number of them was 161. We asked them to answer self-reporting questionnaires on their attitudes and behaviors toward child unintentional injuries.

Responders and the response rate: The numbers of responding parents of 4 month-old, 1 and half year-old, and 3 and half year-old children were 62, 44 and 55, respectively. The response rate was 100 %.

The outline of the results and some discussion: Approximately 50 % of parents knew the fact that unintentional injury is the most common cause of child deaths in Japan. There was a tendency that the awareness on unintentional injuries often reported by mass media was relatively higher, whereas the level of the awareness on other injuries was relatively lower. It is suggested that promoting the awareness on some kinds of child unintentional injuries rarely reported by mass media is very important. It is also suggested that a good child safety program should include environmental improvement for preventing injuries. The other main results were described in the chapter 3.

5-4-4. Survey on fall among the elderly in 2007

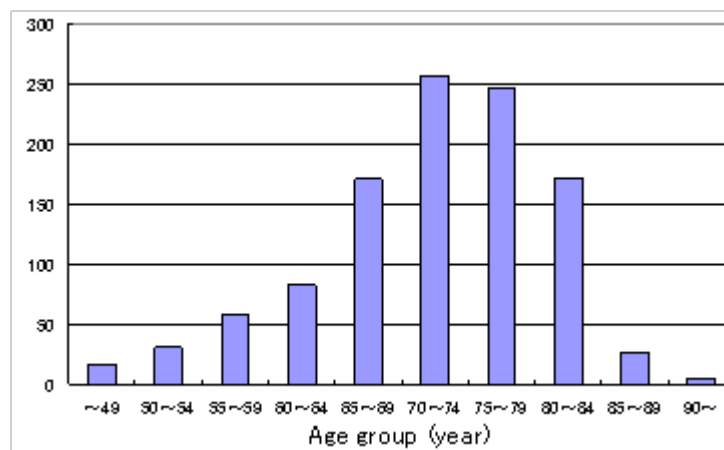
Background

Population of the elderly is continuously increasing in Towada City. For the elderly fall injury has a great priority to be prevented. Considering importance of preventing it, this survey was performed with collaboration between Towada Municipality and Towada Safe Community Citizens.

Objectives: In order to create more effective fall prevention programs in Towada City, we tried to clarify how elderly perceive the reasons for falling.

Methods: This survey was performed by using a self-administered questionnaire. We investigated how the responders perceived the reasons for falling.

Responders and the response rate: 1066 of people taking part in nursing care prevention class were surveyed from June to August, 2007. The response rate was 91.6%. 91% of the responders were female, whereas 8% and 1% of them were males and unknown gender, respectively. The age distribution of the responders was shown in the figure. More than 80 % of the responders were 65 years old or over.



The outline of the results and some discussion: There are many risky objects and environments for fall injury among the elderly. However, most of the elderly thought that their physical vulnerability was the only cause of fall injury and they did not realize environmental risk factors. It is suggested that promoting awareness of the need of environmental improvement among the elderly is essential. The other main results were described in the chapter 3.

5-4-5. Development of a household survey on injury, safety awareness and behavior

(1) Backgrounds of the program

To promote activities for community safety promotion, it is necessary to have a sustainable program to record the frequency and types of injury. We have developed a system to conduct surveys of households on injuries, awareness, and behavior.

Towada City adopted this survey system partly because it was difficult for medical facilities in the city to establish an injury surveillance system due to the shortage of physicians and nurses in public hospitals. The survey system is designed to clarify the frequency, context, and status of injury among all members of households randomly selected from across the community. It plays an important role in prioritizing prevention programs.

(2) Cooperation among relevant experts to establish a survey system

Staff of the municipal health center, an associate professor of statistics and an instructor from Aomori University of Health and Welfare, and the incumbent and former Directors of the Kamitosan Public Health Center organized a project team to make preparations for the survey system, including planning, preparatory research, and analyses of the collected data.

5-4-6. Outline of the household survey on injury, safety awareness, and behavior

(1) Purposes

- Community diagnosis on injury and residents' safety awareness and behavior
- Establishment of a survey system to assess programs

(2) Methods

- Conducted by an injury survey team
- Cooperation and support from the Kamitosan Public Health Center and Aomori University of Health and Welfare
- Door-to-door visits for interview

(3) Subjects

- 600 out of 26,299 households in Towada City

(4) Period

- June 16 to July 31, 2008 (Preliminary survey: June 2008)

(5) Progress of the survey

- February 2008: Organization of a team for injury survey
Director of the Kamitosan Health Center including an Associate Professor, from Aomori University of Health and Welfare, a physician from Aomori Prefecture, and two staff members of the municipal health center
- February 2008: Comparison with a survey form [ICD-10 and ICECI] which was provided by Professor Park, the Affiliate Support Center in Ajou University (in Suwon, Korea), Translation of the results, Examination of the consistency between two forms, Organizing the order of questions
- March to April 2008: Review of survey methods (Mailing & placement method, Mailing & visitation by investigators, Explanation, Collection by mail, Interview)
- May 2008: Selection of survey subjects, Promotion of the survey, Recruitment of investigators, Preparation of a survey manual, Implementation of a preliminary test, Modification of the survey form, Review of survey methods
- June 2008: Training for investigators, Post the letters of the cooperation request to the target households
- June to July 2008: Start of the survey
- August to November 2008: Collection of survey sheets, Counting and sum up the results
- January 2009: Publication of the results

<<Training of investigators>>



Training of investigators

1. Significance of activities and surveys for community safety
2. Detailed description of the survey manual / Important interview items
3. How to respond to complaints (such as role play-based training)

Contents of a manual for investigators

- It is designed to reduce the anxiety of subjects about the survey, and includes explanations of:
 1. Time required for the survey,
 2. How subjects have been selected, and
 3. Details and significance of the survey, question items, and how response data will be used.

【Flow chart of the household survey】



5-4-7. Age and genders distribution of the subjects of the survey

The collection rate of the survey was 77.8%. Subjects were 467 households, or 1,314 people (591 males, 718 females, and 5 unknown).

(1) Age distribution of subjects

Age	Number	%
0 - 6	74	5.6
7 - 19	185	14.1
20 - 64	762	58.2
65 or older	289	22.1
Total	1,310	100.0
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(2) Age and gender distribution of subjects

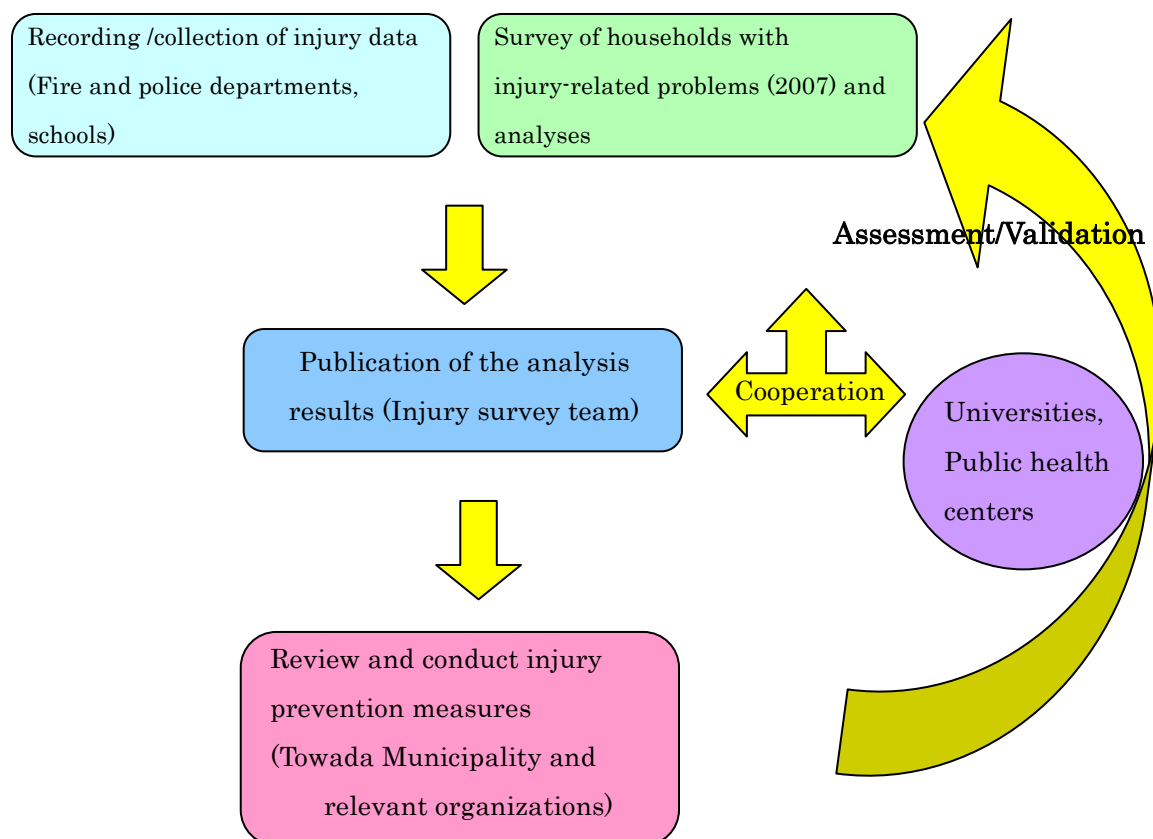
Age and gender distribution of subjects was almost proportionate to that of the whole population of Towada City.

Age	Male		Female	
	Number	%	Number	%
0 - 6	32	5.4	41	5.7
7 - 19	95	16.1	89	12.4
20 - 64	346	58.6	414	57.8
65 or older	117	19.8	172	24.0
Unknown	1	0.2	2	0.3
Total	591	100.0	718	100.0

Indicator 5. Evaluation measures to assess their program, processes, and the effects of change

5-5-1. Evaluation system to assess outcome of the programs

The injury survey team, organized by the Kamitosan Public Health Center and Aomori University of Health and Welfare, combines the existing data with the results of surveys to assess the status of injury.



5-5-2. Assessment of outcomes regarding mortality

The mortality rates due to all injury as the whole, by gender, for each age group decreased, respectively. The mortality rates due to unintentional injury and suicide decreased, respectively. The suicide mortality rate in males decreased, whereas that in females increased or unchanged.

Table 5-5-2 Towada injury death indicator (2007 compared to 2005)

		per 10 ⁵ people	
Category	Index	Change	
All injury	Injury mortality rate	↓	(89.2→68.8)
	Injury mortality rate by gender	↓	Males (134.4→93.7)
		↓	Females (47.3→43.0)
	Injury mortality rate by age		<ul style="list-style-type: none"> • 0 – 9 years old ↓ • 10 – 19 years old ↓ • 20 – 44 years old ↓ • 65 years or older ↓
Unintentional	Total	Unintentional injury mortality rate	↓ (57.1→43.4)
	Suffocation	Mortality rate	⇒
	Traffic	Mortality rate	⇒
	Fall	Mortality rate	⇒
	Drowning	Mortality rate	↑
	Poisoning	Mortality rate	↓
	Fire	Mortality rate	↓
Intentional	Total	Intentional injury mortality rate	↓ (46.8→35.9)
	Suicide	Mortality rate	↓ (45.3→34.4)
		Mortality rate in males	↓ (76.2→50.0)
		Mortality rate in females	↑ (17.9→20.1)
	Homicide	Homicide rate	↓ (1.5 → 0)

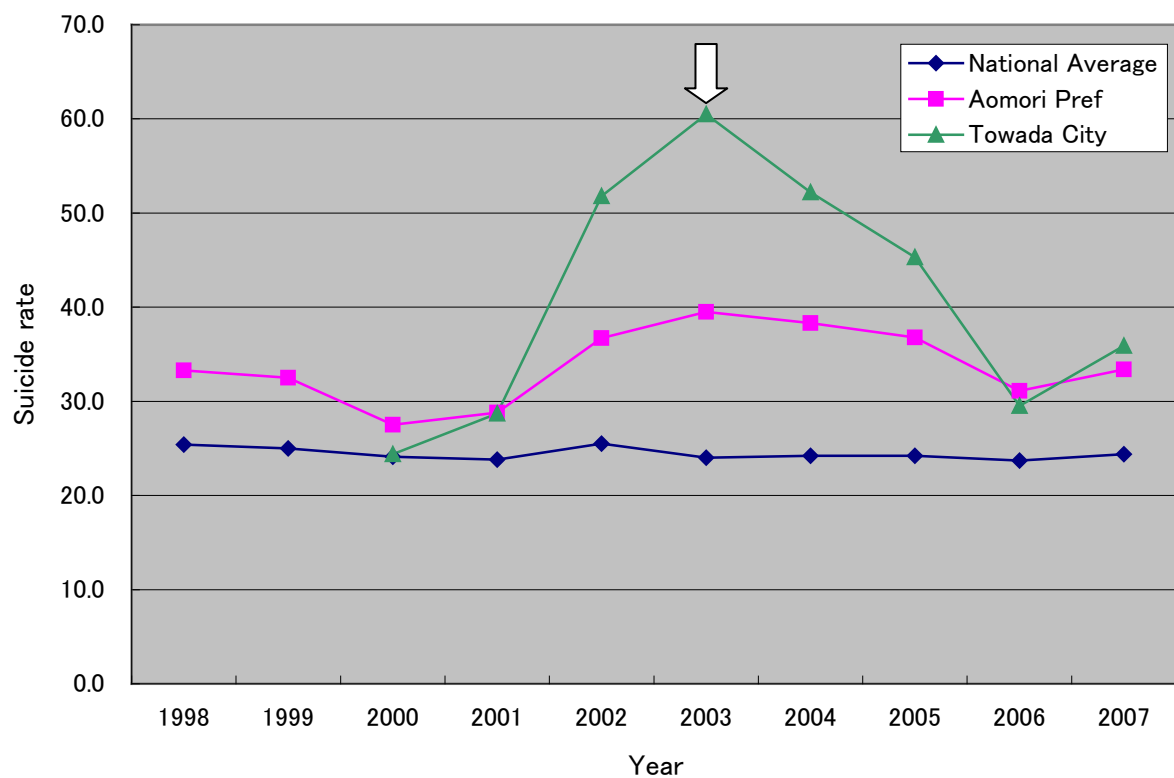
*Decrease ↓ Increase ↑ Unchanged ⇒

5-5-3 Specific outcome evaluation of the suicide prevention programs

5-5-3-1 Trend of Suicide Rate for both genders

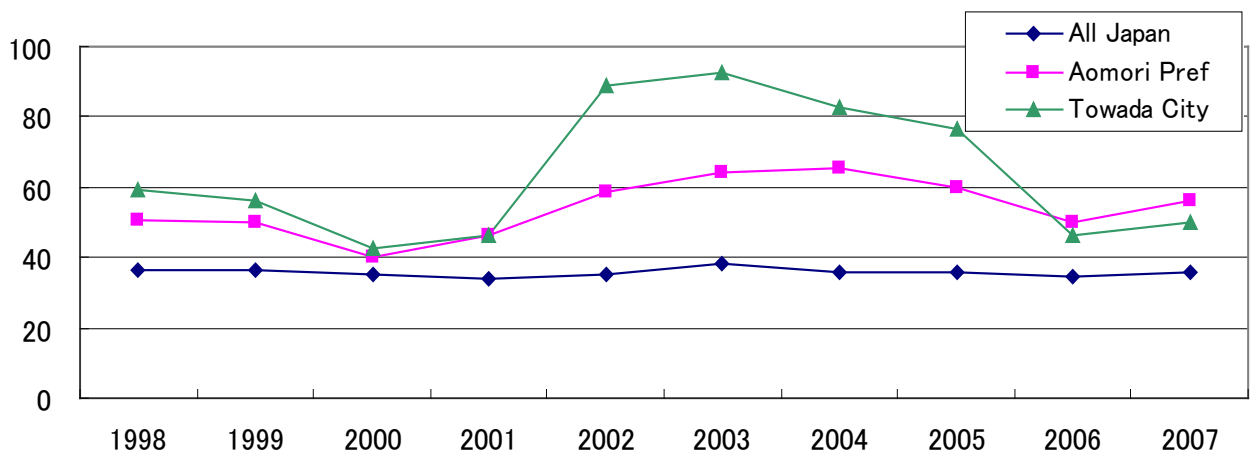
The suicide rate of Towada City for both genders increased rapidly from 2001 to 2003 and it was much higher than that of national average and that of Aomori Prefecture. The programs for suicide prevention in Towada City started in 2003. Since then, the suicide rate of Towada has been rapidly decreasing until 2006. It has reached almost the same level as the suicide rate of Aomori Prefecture, however it is still higher than that of national average. (Vital statistics from Kamitosan Public Health Center)

(The arrow indicates the year when the suicide prevention programs in Towada started.)



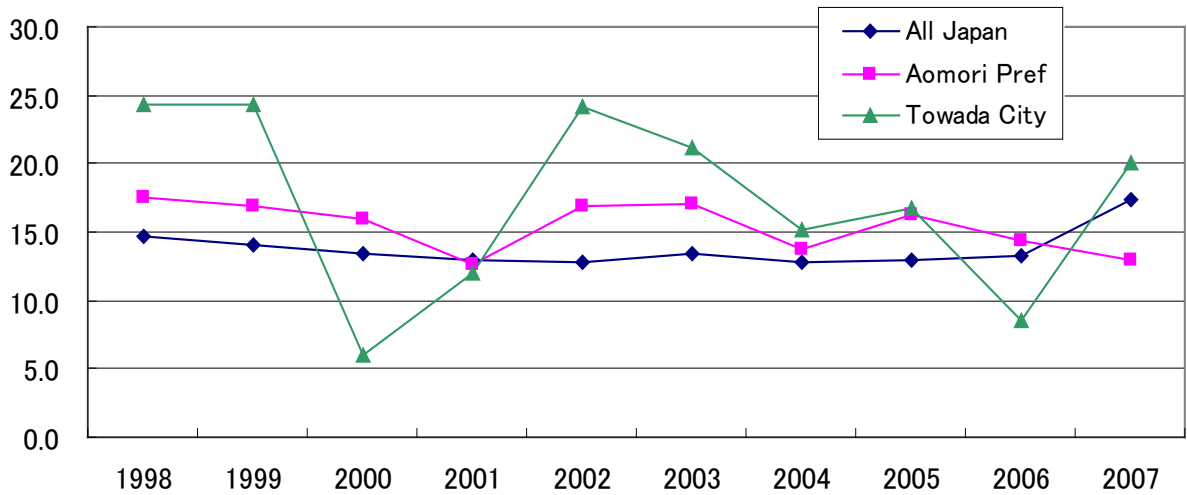
5-5-3-2 Trend of suicide rate for males

The suicide rate of Towada City for males increased rapidly from 2001 to 2003 and was much higher than that of national average and that of Aomori Prefecture. Since 2003, the suicide rate of Towada has been rapidly decreasing until 2006. It has reached almost the same level as the suicide rate of Aomori Prefecture, however it is still higher than that of national average. (Vital statistics from Kamitosan Public Health Center)



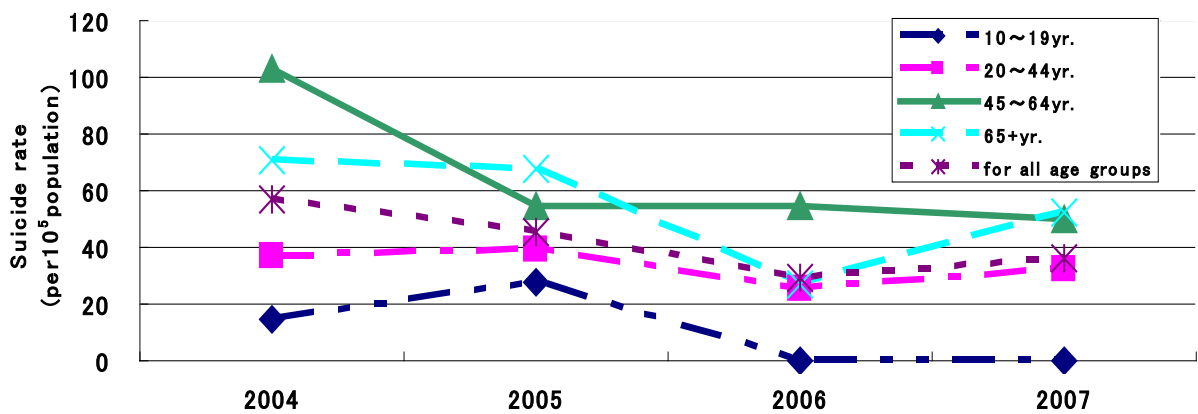
5-5-3-3 Trend of suicide rate for females

The suicide rate of Towada City for females increased rapidly from 2000 to 2002 earlier than that for males increased. It was much higher than that of national average and that of Aomori Prefecture. Since 2003, the suicide rate of Towada has been rapidly decreasing until 2006. However, it increased in 2007 distinctly and became higher than that of Aomori Prefecture and that of national average. (Vital statistics from Kamitosan Public Health Center)



5-5-3-4 Recent Trend of Suicide rate for both genders

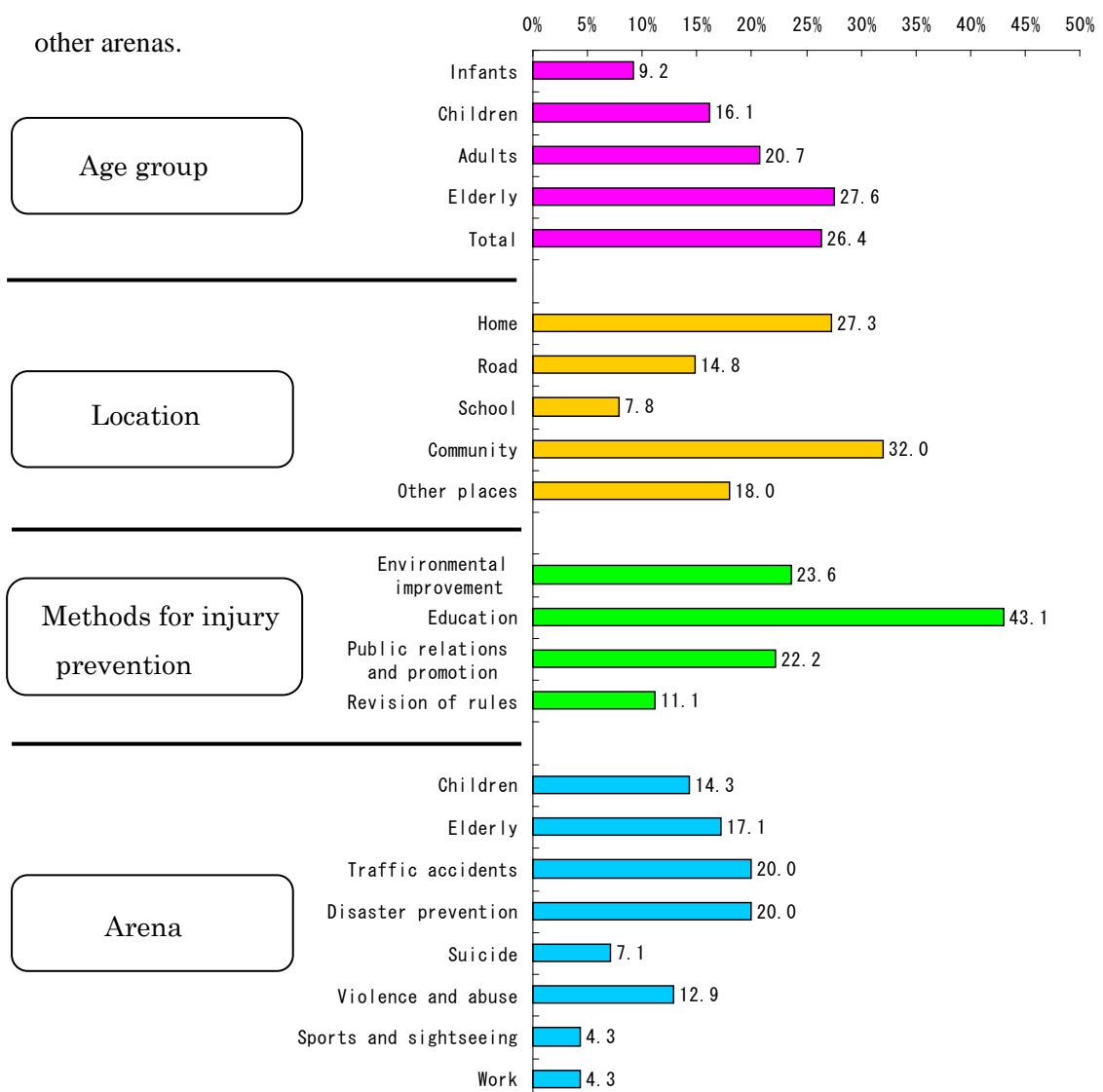
The suicide rate for each age group has been decreasing since 2004.



It seems that the suicide rate of Towada has been decreasing tendency since the suicide prevention programs started in 2003. Hence, there is a possibility that the programs have been effective. However, in order to clarify effectiveness of the programs, further evaluation both by qualitative analysis and more sophisticated epidemiological analysis are necessary

5-5-4 Distribution status of Safe Community project

As for targeting age group, the number of programs for elderly safety is the most among all the programs, followed by that for all age groups and for adults. As for location, the number of programs at community is the most, followed by that at home. As for methods for injury prevention, education occupies by more than 40%. Environmental improvement and legislation as well as education and public relations should be more stressed as approaches of safety promotion programs. As for arena of injury, the number of programs for preventing traffic injury and disaster preparedness is the most, whereas the numbers of suicide prevention programs, sports/sightseeing injury prevention programs and occupational injury prevention programs remain to be less than those in other arenas.



Indicator 6. Ongoing participation in national and international Safe

Communities networks

5-6-1. Participation in national and interbational Safe community networks

Date	Activities
July 2006	2 Members of the study group on safe community in Towada participated in a site visit to Taiwanese Safe Communities (Neihu, Dungshr), which was organized by the Japanese Society of Security Science.
September 2007	Towada Safe Community Citizens participated in the 1 st conference of the Japanese Society of Safety Promotion to make a presentation on its efforts. Ms. Yoko Niiyama, Director, Department of Health and Welfare, Towada Municipality has become a member of the board of the Japanese Society of Safety Promotion Professor Leif Svanstrom's visited Towada City to have a lecture on community safe promotion and to give advice about the activities.
October 2008	Towada Municipality and Towada Safe Community Citizens participated in the 2nd Conference of JSSP to make a presentation on its efforts for community safety promotion.



5-6-2. Participation in the 4th Asian Regional Conference on Safe Communities

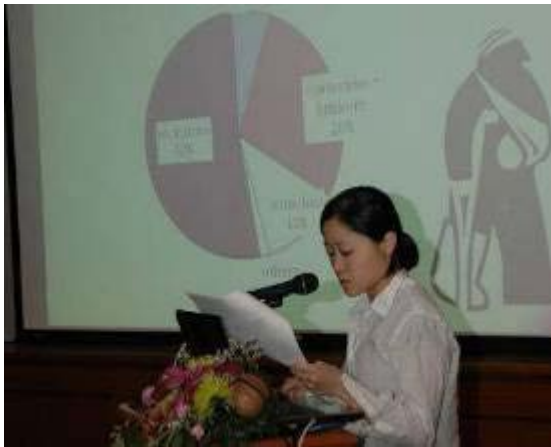
(2007: Bangkok, Thailand)

Presentation 1: “What do the elderly in Towada think about their own fall injuries ?“

Presentation 2: “Parents’ attitudes and behaviors toward child unintentional injuries in Towada City”

Presentation 3: “Suicide prevention in Towada City”

Presentation 4: “Development of Community Safety Promotion in Towada City“



5-6-3. Participation in the 17th International Congress on Safe Communities (2008:

Christchurch, New Zealand)

Presentation 1: “Development of Community Safety Promotion in Towada City”

Presentation 2: “Suicide prevention in Towada City, Japan”

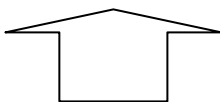


Chapter 6. The Middle and Long-term Strategy for Towada Safe Community

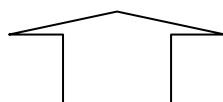
6-1. Goal for Towada Safe Community

Towada City, in collaboration with a variety of organizations and the general public, will develop a safe and secure community where people can live in peace.

Goal: Creation of a safe, secure community and improvement of the quality of public life, in cooperation with the public



Improvement of effective programs to prevent injuries and violence, including creating safer environments

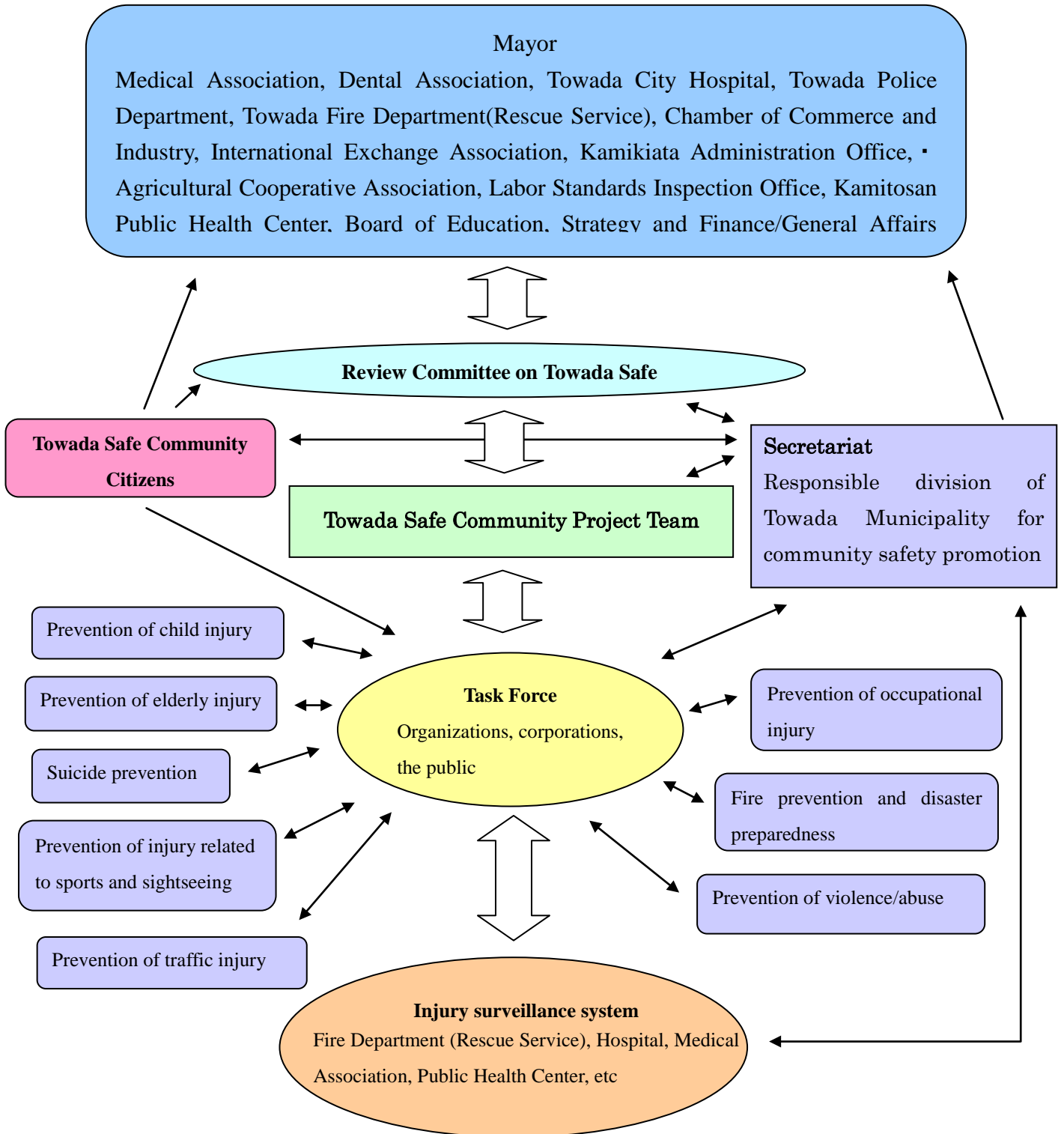


Purpose

- Development of an appropriate system by working together with local associations and other organizations
- Improvement of a promotion system in collaboration with volunteer groups and the public
- Promotion of sustainable, scientific programs
- Establishment of effective assessment systems
- Establishment of data utilization systems for improving programs
- Improvement of task force group system covering many different fields

6-2. Promotion of Towada Community Safety

Towada Community Safety Promotion Council

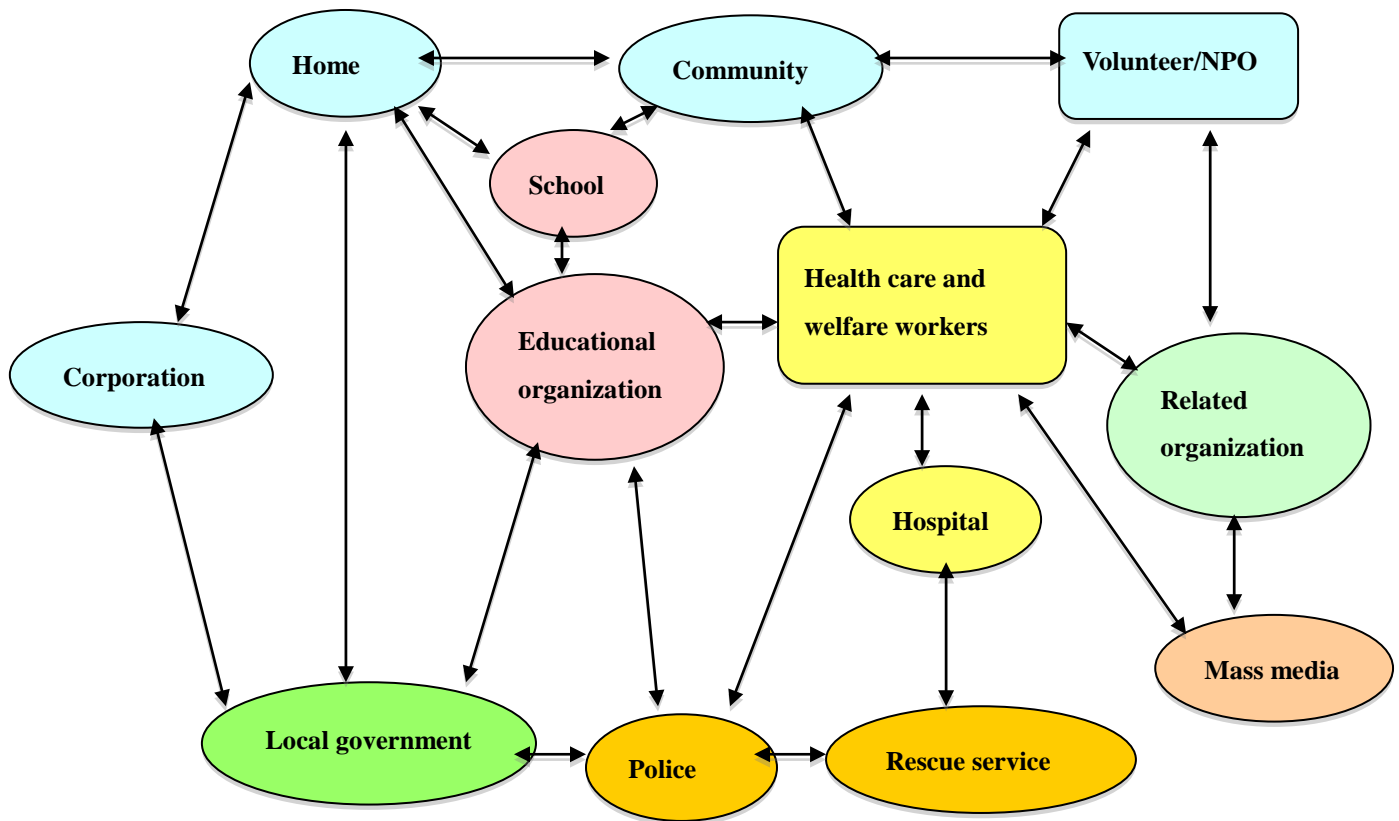


Secretariat: Responsible division of Towada Municipality for community safety promotion

6-3. Development of a system in collaboration with local associations, the community, variety of organizations, and the general public

(1) Promotion of the concept of a “Safe Community”, a safe and secure city committed to the prevention of unintentional injury, suicide and violence, and development of a system to facilitate the participation of the public and raise their awareness

(2) Sustainable promotion of injury prevention based on programs covering many different fields in collaboration with a variety of organizations, corporations, volunteer groups, and the general public



(Collaboration among relevant organizations)

6-4. Long-term, sustainable programs

- (1) Sustainable implementation of programs in eight arenas based on suggestions from task force groups.
- (2) Environmental improvement and legislation as well as education and public relations should be stressed as approaches of safety promotion programs.

Category	Long-term, sustainable programs	
	Programs planned	On-going programs
1. Child	<p>1. Efforts to increase the number of pupils who wear a helmet while riding a bicycle to and from school or while playing</p> <p>a. Hand-me-down helmets from senior pupils / Lending services by school</p> <p>b. A system of whereby bicycles and sold with helmets</p> <p>c. Helmet use required by the school / Introduction of licensing for riding a bicycle</p> <p>2. Evaluation of home safety education for mothers</p> <p>3. Repair of play equipment in parks according to priorities</p> <p>4. Improvement of injury reporting system toward surveillance system in school</p>	<p>1. Lending of child car seats and promotion of proper installation procedures</p> <p>2. Home safety education for mothers, including the prevention of drowning in bathtubs</p> <p>3. Regular inspections of play equipment in parks</p> <p>4. Organization and training of guardian groups for children</p> <p>5. Creation of a safety map indicating dangerous areas in the community</p>

<p>2. Elderly</p>	<p>1. Risk assessment on fall injury at home by care specialists and architects</p>	<p>1. Traffic safety for the elderly</p> <ul style="list-style-type: none"> a. Promotion of the use of reflective materials (e.g., in nursing care classes) b. Promotion activities through public relations and at town meetings <p>2. Prevention of suffocation by food</p> <ul style="list-style-type: none"> a. Promotion of oral exercise in nursing care classes b. Food menus designed to prevent suffocation
<p>3. Suicide</p>	<p>1. Systematic mental health check-ups using check sheets</p> <p>2. Provision of consultation services for people suffering from both financial problems (ex. multiple debts) and mental problems</p> <p>3. Publication of the current status of suicide in Towada City (through public relations and the website)</p>	<p>1. Provision of consultation services and opportunities for exchanges</p> <p>2. Training of volunteers who listen to those with problems</p> <p>3. Encouragement of basic communication including greetings</p>

<p>4. Traffic injury</p>	<p>1. Prevention of head injury due to bicycle accidents</p> <p>Promotion of bicycle helmets using campaigns not only for children but also for the elderly</p>	<p>1. Ensuring the safety of pedestrians at night</p> <p>- Promotion of the use of reflective materials and early lighting</p> <p>2. Prevention of bicycle injury at night- inspection of bicycle lights</p> <p>3. Promotion of road risks surveillance systems</p>
<p>5. Disaster prevention</p>	<p>1. Promotion of fire alarm installation</p> <p>a. Designation of fire alarm model areas</p> <p>b. Cooperation from electrical workers and fuel dealers</p> <p>2. Promotion of utilization of disaster preparedness maps</p> <p>3. Promotion of register system for vulnerable groups against disasters</p>	<p>1. Promotion of fire alarm installation</p> <p>a. Public relations and training sessions in the community</p> <p>b. Seminars and advice for fire prevention for individual households by fire department</p> <p>2. Patrol and visitation to the elderly living alone by welfare commissioners and autonomous disaster preparedness organizations</p> <p>3. Fostering autonomous disaster preparedness organizations</p>

6. Violence and abuse	1. Provision of useful information on violence and abuse prevention using the website	1. Unification of consultant services 2. publication to community residents using public relations 3. Development of networks for the prevention of child and elderly abuse 4. Education to detect signs of abuse in the early stages 5. Measures to reduce anxiety related to child-raising including postdelivery depression
7. Leisure (Sports/Sightseeing)	1. Promotion of emergency aid using AED - maps indicating AED-equipped facilities 2. Warning signs and statements in leaflets for tourists to prevent accidents 3. Research on injury and safety for tourists through questionnaires 4. Preparation of booklets on prevention of accidents in mountains	1. Promotion of emergency aid using AED -First-aid training programs and - AED training sessions by the rescue service 2. Mandatory wearing of life jackets at Lake Towada for drowning prevention 3.Public relations to prevent food poisoning

8. Workplace	<ol style="list-style-type: none"> 1. Provision of consultation services in the workplace 2. Development of a counseling system regarding mental health and power harassment 	<ol style="list-style-type: none"> 1. Safety education such as safety inspections of agricultural equipment and prevention of operational errors 2. Promotion of reduce of working long hours 3. Safety management through regular inspections of the work environment
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6-5. Programs to identify the causes and frequency of injury

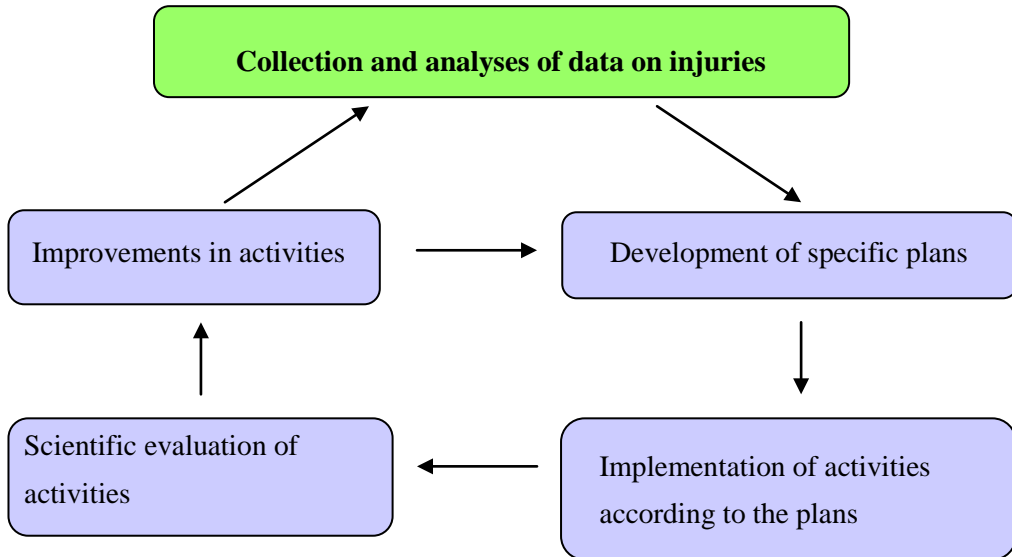
(1) Public health statistics and surveys of households with injury-related problems

- a. We will continue to collect data on injury from various sources, and conduct surveys of households with injury-related problems on a regular basis.
- b. Surveys regarding injury will be conducted every three years (The survey will be suspended or reviewed if a surveillance system has been established in medical facilities).
- c. Surveys conducted in 2008 by Aomori University of Health and Welfare, Kamitosan Public Health Center, and Towada City will be reviewed.

(2) The development of a surveillance system

To conduct injury surveillance on a long-term basis, we plan to develop a system to store and analyze data on injuries in cooperation with the Towada Medical Association, Towada Dental Association, Towada Police Station, Towada Fire Department, Kamitosan Health Center, the Board of Education, and other related organizations.

The process of surveillance on injuries

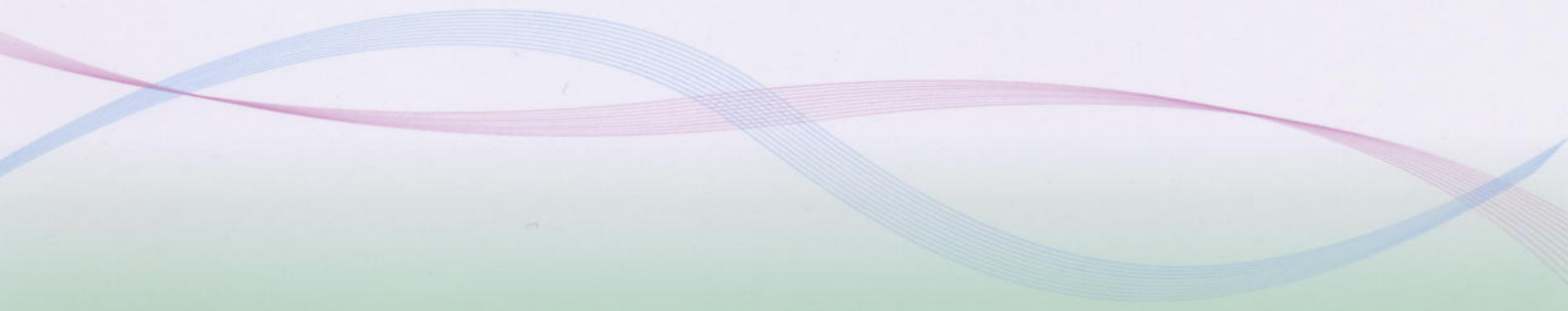


6-6. Evaluation of the process and effects of programs

- (1) In order to evaluate effects of programs and to improve them, we will stress to do more process evaluation, impact evaluation and outcome evaluation as well as output evaluation.
- (2) We will continue evaluation for the programs on a long-term basis.
- (3) We will improve evaluation methods continuously according to advice or suggestions by WHO Collaborating Centre on Community Safety Promotion, the Affiliate Support Centres, and the Certifying Centres in addition to sharing knowledge and experiences with national and international safe communities.
- (4) We will promote and improve preventive programs according to priorities and citizens' needs based on the community diagnosis on injury and safety.

6-7. Continuing participation in domestic and international safe communities networks

- (1) We will participate in domestic and international safe communities networks and will make presentations on our activities in domestic and international conferences and/or symposiums and share knowledge and experiences with other communities in order to create safer life of Towada Citizens.
- (2) By this active participation we think that we will also contribute to national and international safe communities networks.



our
sincere
for hope
daily
safety



Creating
Safe
Community
TOWADA