

**Safety Promotion & Safe Community**

**Kameoka City in Kyoto received a Safe Community certification for the first time in Japan**

In Japan, people tend to consider an accident as “an unforeseen disaster”. However, based on the concept of the World Health Organization (WHO), “accidents can be predicted if appropriate measures are devised”, measures are recommended to avoid all types of external injuries (not only unexpected accidents, but also cases of suicide and abuse) that occur in daily life. These measures are called Safety Promotion measures and the town which practices the Safety Promotion concept is called a Safe Community.

Fatalities by cause of death

Ranking	Cause of death	Fatalities (Persons)	Remarks
1	Malignant neoplasm	329,314	
2	Cardiac disease	173,024	
3	Cerebrovascular disease	128,268	
4	Pneumonia	107,242	
5	Unexpected accidents	38,270	Issued handled by Safe Community
6	Suicide	29,921	
7	Senility	27,764	
8	Renal failure/insufficiency	21,158	
9	Hepatic problem	16,267	
10	Chronic obstructive lung disease	14,357	

Note Source: Population Survey Report (Ministry of Health, Labour and Welfare) for the Year 2006

**First 5 ranks of death causes, by age group (Percentage of unexpected accidents and suicides are included in death causes by the age group)**

Age group	1st rank	2nd rank	3rd rank	4th rank	5th rank
0-4	Unexpected accident	Cardiac disease	Malignant neoplasm	Pneumonia	Hepatic problem
	46.4%	19.3%	13.8%	13.6%	2.7%
5-9	Unexpected accident	Malignant neoplasm	Pneumonia	Cardiac disease	Cerebrovascular disease
	47.5%	32.0%	8.4%	7.6%	2.8%
10-14	Malignant neoplasm	Unexpected accident	Suicide	Cardiac disease	Cerebrovascular disease
	33.6%	26.8%	19.2%	10.9%	6.6%
15-19	Unexpected accident	Suicide	Malignant neoplasm	Cardiac disease	Cerebrovascular disease
	41.9%	34.6%	13.1%	6.3%	2.3%
20-24	Suicide	Unexpected accident	Malignant neoplasm	Cardiac disease	Pneumonia
	52.4%	27.9%	9.6%	6.4%	1.8%
25-29	Suicide	Unexpected accident	Malignant neoplasm	Cardiac disease	Cerebrovascular disease
	53.6%	20.0%	13.4%	8.4%	2.5%
30-34	Suicide	Malignant neoplasm	Unexpected accident	Cardiac disease	Cerebrovascular disease
	43.7%	20.0%	15.7%	11.2%	5.0%
35-39	Suicide	Malignant neoplasm	Cardiac disease	Unexpected accident	Cerebrovascular disease
	34.9%	26.9%	12.8%	12.6%	7.1%
40-44	Malignant neoplasm	Suicide	Cardiac disease	Unexpected accident	Cerebrovascular disease
	33.3%	26.3%	14.2%	9.6%	9.4%
45-49	Malignant neoplasm	Suicide	Cardiac disease	Cerebrovascular disease	Unexpected accident
	40.6%	18.5%	14.7%	11.1%	7.2%
50-54	Malignant neoplasm	Cardiac disease	Suicide	Cerebrovascular disease	Unexpected accident
	48.6%	13.8%	12.5%	10.8%	5.9%
55-59	Malignant neoplasm	Cardiac disease	Cerebrovascular disease	Suicide	Unexpected accident
	52.9%	14.2%	10.4%	9.1%	5.4%
60-64	Malignant neoplasm	Cardiac disease	Cerebrovascular disease	Suicide	Unexpected accident
	55.8%	14.8%	10.3%	5.4%	4.7%
65-69	Malignant neoplasm	Cardiac disease	Cerebrovascular disease	Pneumonia	Unexpected accident
	55.8%	15.3%	10.6%	5.1%	4.3%
70-74	Malignant neoplasm	Cardiac disease	Cerebrovascular disease	Pneumonia	Unexpected accident
	52.7%	16.4%	12.2%	7.2%	4.1%
75-79	Malignant neoplasm	Cardiac disease	Cerebrovascular disease	Pneumonia	Unexpected accident
	45.2%	18.2%	14.3%	10.5%	4.1%
80-84	Malignant neoplasm	Cardiac disease	Cerebrovascular disease	Pneumonia	Unexpected accident
	35.1%	21.0%	16.5%	14.5%	3.9%
85-89	Malignant neoplasm	Cardiac disease	Pneumonia	Cerebrovascular disease	Senility
	25.7%	23.6%	18.2%	18.2%	4.0%
90-94	Cardiac disease	Pneumonia	Cerebrovascular disease	Malignant neoplasm	Senility
	25.0%	21.1%	18.1%	17.6%	9.0%
95-99	Cardiac disease	Pneumonia	Cerebrovascular disease	Senility	Malignant neoplasm
	25.7%	22.4%	16.7%	15.9%	11.6%
100-	Senility	Cardiac disease	Pneumonia	Cerebrovascular disease	Malignant neoplasm
	28.2%	23.6%	22.3%	13.7%	6.3%

Note Source: Population Survey Report (Health, Labour and Welfare Ministry ) for the Year 2006

**<Safety Promotion>**

To ensure a safe and secure life for people, an approach wherein death by external causes such as unexpected accidents, suicide, murder is given more importance than before in addition to prevention of diseases and ensuring a medical treatment system. Especially, with regard to the youth, the percentage of death by external causes is increasing in the total percentage of death causes, and in 15 years to 34 years age group, it is more than 50% (cases of unexpected accidents and suicides).

Safety Promotion is an approach for prevention of injuries and deaths from accidents and violence by scientific intervention in cooperation with various departments and professions so that people can live peacefully.

**<Safe Community>**

Safe community is a systematization of community activities carried out for building safe and secure communities with the help of citizens, which originally began in 1970 in a suburban city in Sweden.

Based on the concept that accidents and injuries do not occur by chance and they can be predicted if causes are analyzed by paying attention to their peculiarity, development of a town where all the citizens can live healthy and cheerful lives in coordination with the administration, locals residents, NPOs and relevant private organization etc. is encouraged.

Basically, from various data and records available, accident or injury related information such as “when”, “where”, “how” the incident took place and the reasons behind the incident should be investigated thoroughly. In addition to removing the causes of accident and injury, various safety and security related measures implemented separately by different groups should be coordinated, and all the groups and citizens should cooperate for the common objective, which is safety and security of the region.

Unlike the approaches applied previously in Japan, regional issues were analyzed and evaluated scientifically by using the data about the issues of the region and they were decided in the region itself. Implementation groups were linked in a cross-sectoral manner, and implementation was planned in cooperation with the citizens. With the help of Safe Community approaches, not only accidents and injuries will be reduced, but improvements of the region’s image, regional reformation and reduction in medical expenses will also be achieved.

**Combining existing various approaches for one purpose**

- There are security and safety approaches by different groups in the region, but what is taking place is that those approaches are being taken individually without being coordinated with each other.



- In the Safe Communities, existing groups with various approaches are coordinated to work toward a common purpose – security and safety in the



**Examples of approaches**



School security guards to protect children



Fitness exercises to prevent falling

Injury/Accident Survey In Relation to the Promoting of the Safe Community First edition

- This survey is intended to investigate cases of people being injured in accidents etc that happened in Kameoka City and to help us consider and implement prevention measures for accidents and injuries.
- We ask for your understanding and cooperation in this survey in order to build a secure and safe town.
- This survey is carried out by this questionnaire only and we will not contact you for further information in relation to this survey.
- All the information from this survey will be processed statistically and will NOT be used for any other purpose than that of this survey.

1. Date and time of filing in this survey	Time: Date: Month/Day/Year (Heisei)	2. Who filled in this report?	1 The injured person 2 His/her companion 3 Doctor 4 Nurse etc
3. Sex	1 Male 2 Female	4. Age	AA:MM:PP
5. Date of injury	Month/Day/Year (Heisei)	6. Time of injury	

Where does the injured person live?

Please write down the zip code. If you do not know the zip code, please select the name of the district.

1 Kameoka district	2 Higashi-Betsuicho	3 Nishi-Betsuicho	4 Sogabecho	5 Yoshikawacho	6 Hiedanochi
7 Honmecho	8 Hatanomachi	9 Miyazakicho	10 Higashi-Honmecho	11 Ohicho	12 Chiyodacho
13 Uraicho	14 Asaicho	15 Chitosecho	16 Kawanabayashicho	17 Hozucho	18 Shinochi
19 Higashi-Tsutsujigaoka	20 Nishi-Tsutsujigaoka	21 Minami-Tsutsujigaoka	22 Outside Kameoka City ( )		

8. Where did you get injured?

If you know the name of the district, please select from below.

1 Kameoka district	2 Higashi-Betsuicho	3 Nishi-Betsuicho	4 Sogabecho	5 Yoshikawacho	6 Hiedanochi
7 Honmecho	8 Hatanomachi	9 Miyazakicho	10 Higashi-Honmecho	11 Ohicho	12 Chiyodacho
13 Uraicho	14 Asaicho	15 Chitosecho	16 Kawanabayashicho	17 Hozucho	18 Shinochi
19 Higashi-Tsutsujigaoka	20 Nishi-Tsutsujigaoka	21 Minami-Tsutsujigaoka	22 Outside Kameoka City ( )		

2. If you have any information that helps us specify where you got injured, such as the name of a facility or a road, please write it down in detail.

3. Please select the place where you got injured from below.

1 Your own residence (indoor)	2 Your own residence (outside)	3 Residential facility excluding your own residence (indoor)
4 Residential facility excluding your own residence (outside)	5 Place of employment	6 School/Public facility
7 Sports facility	8 Sidewalk/Road	9 Commercial/Service facility
10 Accommodations/Orsen	11 Farm/Farmland	12 Factory and construction site
13 Other ( )		

9. What were you doing when you got injured?

1 Work	2 Domestic chores	3 Commuting to work/school	4 Educational activities (including extra curricular activities at school)
5 Sports	6 Recreation or leisure	7 Eating	8 Other ( )

10. What is the cause of the injury?

1 Traffic accident (including accidents on bicycle and motorcycle that do not involve other parties)	2 Falling	3 Falling from somewhere high
4 Collision	5 A cattle stab	6 Punched
7 Heat source (heater, hot water etc)	8 Suffocation	9 Accidental ingestion
10 Insect bite or sting/bite wound	11 Near drowning	12 Poisoning
13 Electric shock	14 Other ( )	

Please describe how you got injured. (Example: While walking in my house, I tripped over at the edge of the carpet and fell.)

11. In the mode of traffic

1. The state in which you were at the time of the accident	1 Walking 2 Driving 3 Passenger in a vehicle driven by someone else 4 Unknown
2. What was the mode of transportation	
3. Where were you in the vehicle at the time of the accident	1 Driving 2 Front seat 3 Back seat 4 Unknown
4. The state of the other parties at the time of the accident	
5. Whether the safety belt was in use	1 In use (a. seat belt b. child seat) 2 Not in use 3 Unknown
6. Whether a helmet was worn	1 Worn 2 Not worn 3 Unknown
7. Whether an air bag was in place and whether it was functioning	1 In place (a. functioning b. not functioning) 2 Not in place 3 Unknown

12. How did you come to the hospital?

1 By myself	2 Being taken to the hospital by someone else	3 Ambulance	4 Other ( )
-------------	---	-------------	-------------

Surveyor: Kameoka City Medical Association, Kameoka City, Kyoto Prefecture Will not cooperate

To be completed by the hospital after a medical examination

13. Was the injury a result of an accident?

1 Accident	2 Intentional self-inflicted injury	3 Violence/assault
------------	-------------------------------------	--------------------

14. The level of injury

1 No obvious external wound	2 Slight or superficial external wound	3 Moderate injury requiring medical treatment	4 Serious injury requiring intensive medical care	5 Dead on arrival (DOA)
-----------------------------	--	---	---	-------------------------

15. After the medical examination

1 Treatment completed	2 Follow-up	3 Regular medical treatment as an outpatient
4 Hospitalized	5 Referred to another hospital	6 Dead

16. Condition and place of the injury

Please mark the most seriously injured part(s) (maximum 3 parts) and indicate the name of injury by connecting them to an appropriate name in the list.

• 1 Cerebral contusion	• 10 Wound to organ system (eye, nose, ear, mouth, respiratory organs, heart, blood vessels, liver, spleen, pancreas, kidney, bladder, digestive organs, genital organs)
• 2 Intracranial hemorrhage	• 11 Heat stroke
• 3 Concussion	• 12 Other ( )
• 4 Bruise	
• 5 Dislocation/sprain	
• 6 Fracture	
• 7 Cut wound/lacerations	
• 8 Abrasion/crushed wound	
• 9 Burn	

Note Source: Kyoto Prefecture and Kameoka City data.

### Certification by WHO

In the WHO, “WHO Community Safety Promotion Center” (Sweden) was established to promote Safe Community approaches. Certification criteria were set, and certificates were given to the communities including the municipalities that were working on Safe Community since 1989. By 2007, 108 municipalities in 23 countries around the world were certified, and in March 2008, Kameoka City in Kyoto was certified for the first time in Japan. In Kameoka City, with the help of medical institutions, the data of



Note Source: Kameoka city data.

persons who died during the last 10 years in the city due to external injuries was analyzed. Simultaneously, the city administration, municipalities, NPOs, universities etc. set up an organization to prevent external injuries. “Sasaeai Map (Support map)” was created for households with elderly people or person requiring support, and various prevention activities such as efforts to prevent suicides and activities for mental health care of citizens etc. were implemented. In addition to Kameoka City, currently, Towada City of Aomori Prefecture, Yokohama City and Atsugi City of Kanagawa Prefecture, etc. are aiming toward the certification as Safe Community. The links between regions are weakening and the power of regions is decreasing today; however, it is expected that the concept of Safe Community that promotes the development of safe and secure regions by taking into consideration the citizen’s opinions and strength will grow further in the future.

#### Certification Criteria

1. There should be a long-term sustainable program that covers genders, all necessary age groups, environment and situations.
2. There should be a program that aims at the high-risk groups and environment and a program that promotes safety of the disadvantaged who may easily victimized.
3. There should be a program for recording the frequency and causes of external injury.
4. A cross-sectoral promotion system should be established which will be responsible for a region’s safety promotion, and the activities should be based on the citizens’ cooperation.
5. There should be an evaluation tool for assessing the program, process and effect of changes.
6. Participation in national and international Safe Community networks.

Note Source: Kyoto Prefecture and Kameoka City data.