surveys. To determine whether hospital-based surveillance captures all non-fatal injuries, we assessed the extent of non-fatal but serious injuries not treated at hospitals.

Methods Data from the first provincial health household interview survey of Hunan, China, conducted in 2013, were used. Injury events were identified when any of the following circumstances occurred in the prior 14 days: (1) hospital visit following an injury; (2) receiving medical treatment elsewhere for an injury (e.g., taking medications, or receiving massage or hot compress); and/or (3) being off work or school, or in bed for more than 1 day, following an injury. We calculated the proportion of injury events not treated at hospitals and reasons for not visiting hospital for injury events occurring during the previous two weeks.

Results We captured 108 injury events (56 during the previous two weeks and 52 at other times). The weighted injury prevalence was 4.9 per 1,000 persons during the last two weeks (95% confidence interval: 2.9–6.9 per 1,000 persons). Of the 56 events, 14 (weighted proportion 41.2%) were not treated at hospitals. Primary explanations for skipping hospital visits included perceiving injuries were too minor and economic limitations to travel to hospitals or seek treatment.

Conclusions Results imply the burden of non-fatal injury may be underestimated by hospital-based surveillance systems such as that used in China.

Thematic Conference: **"From Occupational Safety and Health Strategies to Practice"**

Underreporting of Occupational Accidents (Reports on the NDPHS/EG OSH RealOcc Accidents Project)

318 RELIABILITY OF WORK INJURY STATISTICS IN THE BSN COUNTRIES – DECISION MAKING BASED ON PARTIAL FACTS?

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10.1136/injuryprev-2016-042156.318

Indicators of work injuries, arising from national monitoring systems, are important outcome measures of occupational health and safety. However, underreporting of non-fatal work injuries (>3 days absence from work) is known to be common. Eurostat has pointed out to large differences between countries in the reporting level.

According to Eurostat, the reporting is close to 100% in the countries which have a work injury insurance system (Finland, Germany) in which the compensation of work injuries is more generous than that of non-occupational injuries. In Denmark, Norway, Sweden which have a universial social security coverage and similar compensation for occupational and non-occupational injuries, the reporting level has been much lower than expected.

In the formerly socialist BSN countries (Estonia, Latvia, Lithuania, Poland, Russian Federation), the level of reporting of work injuries is mostly unknown. Yet, high rates of fatal work injuries in these countries in combination with low rates of non-fatal injuries suggest that much of the non-fatal injuries remain unregistered.

Within the context of the Baltic Sea Network of Occupational Health and Safety (BSN) (Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Russian Federation, Norway, Poland, Sweden) semi-quantitative analyses of the level of reporting work injuries were recently made. The results suggested that less than 10-20% of non-fatal work injuries were registered in many formerly socialist BSN countries.

Decision makers tend to trust that official statistics provide a reasonably correct appraisal of the state of affairs. It must be difficult to accept as true that, due to underreporting, the majority of work injuries, 80% or more in some countries, may not be included in the national statistics.

If only a small proportion of work injuries is registered in a country it is impossible to say with any degree of certainty what the actual situation is or is the situation developing for better or for worse.

Parallel Sessions Tuesday 20.9.2016 16:30–18:00

Safe Communities, ESCON

Parallel Tue 3.1

319 A NEW NGO IN THE PAN PACIFIC REGION TO PROMOTE INJURY PREVENTION AND THE SAFE COMMUNITY MOVEMENT

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Background The Pan Pacific Safe Communities Network represents almost 100 accredited Safe Communities – 1.5 million people in Australia, Canada, New Zealand and the United States. As an advocate for injury/violence prevention the PPSCN promotes evidence based programming, leadership, sustainability, evaluation training, mentors communities, conducts accreditations and provides networking opportunities

Description Injuries and violence are leading public health problems. Safe Communities promotes a structured and collaborative approach to their prevention. PPSCN was established due to changes in the centralised infrastructure of International Safe Communities. In 2014, PPSCN began pursuing official relations with the WHO to establish opportunities to work on specific projects to advance our mutual goals of developing sustainable, equitable and transferable violence and injury prevention models at the local level.

Results PPSCN has operated since 2010 (registered NGO 2013) is strongly committed to being a primary resource for Safe Communities by providing timely and effective mentoring, advice, advocacy, and accreditations. Each country in PPSCN is structured differently but dedicates resources to support the movement. PPSCN members are committed to best practice in violence and injury prevention through greater collaboration between non-government organisations, the business sector, and government agencies. Through the development of these collaborative relationships Safe Communities have been successful in growing and strengthen community safety activities to create safer environments and increase the adoption of safer behaviours. www.ppscn.org

Conclusions Improving community safety is complex and the collaboration necessary to address injury prevention is challenging but not impossible. The PPSCN is an essential component to developing the capacity of communities to focus on the adoption of an integrated approach to planning and delivery based on the available evidence. From the collective experience, the benefits of having all sectors working together in a coordinated and collaborative way, forming partnerships to promote safety, manage risk and develop safer environments leads to an increase in the overall safety of members.

320 DOES ONE SAFE CITY MODEL FIT EVERY COMMUNITY? EVALUATION OF 'BETEREM IN THE CITY' IN ISRAEL

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Background 'Beterem in the City' is a model developed in 2008, based on criteria established by Safe Communities, to promote and manage child safety in municipalities. The model incorporates components of public health, organisational consultation and safety management and is tailored to unique characteristics of municipalities in Israel. A formative and summative evaluation of program effectiveness was conducted.
Methods The three year evaluation process comprised various methods. Quantitative tools included: 1. Surveys with program directors and managers in 23 cities 2. Surveys with organisational consultants; 2. Surveys of safe behaviour in four cities. Qualitative tools included: 1. Interviews with program developers and stakeholders; 2. In-depth review of program implementation in four cities, based on interviews and program documentation
Results The evaluation indicates that the implementation of the model is incomplete and demands improvement. Those components that are implemented in full demand less time, resources, and expertise as compared to the components that were not implemented. Program components that were found to be correlated with positive outcomes include effective management and utilisation of the organisational consultation hours.

While 'Beterem in the City' has potential to lead organisational change and increase child safety over time, the current model is ambitious and may not be suitable for the organisational culture and management in most municipalities in Israel. In spite of these results, the evaluation points to success in implementing the model and better outcomes over time and in cities with stronger and more evolved management structures.
Conclusions 'Beterem in the City' needs to be adapted to different types of municipalities in Israel, including Arab cities and cities with a low socio-economic population. In order to implement the model effectively additional resources, from national bodies, will need to be directed to the program.

321 DEVELOPING THE ESTABLISHMENT OF "COMMUNITY CHECKPOINTS TO REDUCE ROAD TRAFFIC ACCIDENTS" IN KHONKAEN PROVINCE

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Background As a result of the socio-economic changes, the traffics and the transportations have been increasing. According to the projection by Khonkaen Province Public Health Office, there is higher tendency for the inappropriate road traffic behaviour and the death rate during 2015–2019 and it is three times lower than the actual recorded figures. This can result in the higher costs for medical treatments for over 147 million baht a year. The accidents and the large portion of the costs are mainly due to the use of motorcycles on the roads in communities and villages.
Description of the problem The government; therefore, has officially announced its policy of "Decade of Action for Road Safety 2011–2020" as the national agenda responsible by five major government units who have run their actions in solving the problems of traffic accidents consecutively. Several projects successfully served the units' roles and responsibilities. However, despite the success and the same objective, there has been no integration of the work procedures among the networks of those units. Khonkaen provincial governor; therefore, has issued a policy to have a safety traffic measure by establishing the "community checkpoints to reduce road traffic accidents" with the objective to promote the development of a measure to prevent the road traffic injuries in the communities of all districts.
Results The results showed that, for all the 26 districts, the network leaders of each district had been promoted for higher potential. Based on the local context, district committees were formed with road safety action plan for community checkpoint operation to reduce traffic accidents. The real-time information for supporting the work operation as required by each unit in each area was processed systematically, accurately, and completely. The survey for the fundamental information, at-risk points, vehicles, environments, roads, and warning signs was conducted with welfare and financial support from the local governments and the organisations from private sector who participating in the project. All the parties concerned felt encouraged, valuable, and proud of the results. As evaluated through the one-page summary and the lesson learned from the community checkpoint operation, the project created a social tendency for realisation alert of safety road traffic behaviours which was obviously enhanced widely among the networks of all levels with the understanding of the integration of the work procedures in solving the road traffic accidents. The success of each district was found depending on the leaders' potential, the work cooperation, the team work communication, details of work procedures, and the experience of each team.
Conclusions The development of establishing the "Community Checkpoints to Reduce Road Traffic Accidents" in Khonkaen Province was found successful with support from the network leaders from each district, strong communities, and the participations of all organisations which helped reducing the road traffic accidents. The community checkpoints should be conducted with understanding, clear description of the working roles and details such as instruction for appointments and the legal protection for all the parties concerned should also be provided. The successful lesson should be enhanced and used as the model of the province and applied with other districts for creating strong and sustainable checkpoints in each community.