

variation in incidence using all incidence (AI) and LBF indicators in the development of robust indicators.

Methods This study was carried out using data supplied to the European Injury Data Base (IDB) from 2009–2013 as part of the Joint Action on Monitoring Injuries in Europe (JAMIE) project and now part of the BRIDGE-Health (BRIdging Information and Data Generation for Evidence-based Health Policy and Research) development. Data were supplied by 26 countries. More detailed analyses were possible using data from 16 countries. European age-standardised incidence rates were calculated using estimated catchment populations.

Results The proportion of LBFs varied from 31% to 2%. There was greater (15x) variability in the LBF indicator than in the AI indicator (3x). The impact of a number of health service system effects was obvious.

Conclusions The results indicated variation in incidence that is largely due to differences in health service provision, sample data collection and estimates of catchment areas. Further work is ongoing to correct for these issues in deriving more robust indicators, e.g. using variation between observed and expected hip fracture rates as a potential correction factor.

Parallel Sessions Tuesday 20.9.2016 11:00–12:30

Safe Communities, ESCON

Parallel Tue 1.1

227 KEY SUCCESS ON PARTICIPATION IN NATIONAL AND INTERNATIONAL SAFE COMMUNITIES NETWORKS

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More than twenty years, Safe Community Movement is one of the most important international interventional program of WHO in the field of injury prevention and safety promotion. The program has started in WHO CC CSP in Karolinska institutet in Stockholm, Sweden. Safe Community is the style, method and philosophy of life. Improving the quality of life, reduce morbidity and mortality from injuries and violence are the results of numerous studies and activities that are integrated into the seven indicators for safe communities. Local communities are taking the initiative from the down to the top to meet the proclaimed seven indicators and thus create a national and international network of Safe Communities. The basic principles from Manifesto for Safe Communities, “All human beings have an equal right to health and safety” is a fundamental aspect of the WHO, Health for All strategy and for the WHO Global Programme on Accident Prevention and Injury Control. The success of Safe Community Movement is result of different programs, education and trainings, safety products, safety environment and change behaviour. This premise has led to community action around the world actions leading to Safe Communities. From the first Safe Community Lidköping, Sweden, (1989), from the smallest Safe Community Northcottm Australia (2006), from the biggest Safe community Zhongshan District, Dalian, China (2011) to today there are 349 designated safe communities in International network. That is the real success of leader Leif Svanstrom, safe

communities experts and local people around the around the world, and their wishes to make world the safer place for life.

228 SAFE COMMUNITY NETWORK DEMONSTRATING COLLABORATION AND OUTCOMES

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Background As at July 2015 there were 28 designated Safe Communities in NZ covering just over 50% of the New Zealand population. All accredited Safe Communities in NZ are the result of many years of collaborative partnership and leadership on safety being established within their local areas. A focus on modifiable risk factors and proven or promising interventions is the cornerstone of this evidence-based approach to community safety.

Methods This presentation will begin by providing an overview of some of the resources/support identified by communities as being helpful to them in their Safe Community journey. It will then provide selected examples of the structures adopted by a range of different New Zealand Safe Communities that have been accredited. It will then outline the implementation of Results Based Accountability to demonstrate outcomes within a local Safe Community and potentially the wider network.

Results Community Coalitions are an essential component for a successful Accredited Safe Community. Inclusion of both strategic and operational foci, individuals and organisations with both expertise and interest in the problem and the solution is important. Having access to relevant data, to see how local initiatives fit within the larger policy context and an opportunity to share relevant information, to identify opportunities and challenges are all also essential. Involvement of the Mayor, CEO and some elected officials can also provide a powerful incentive for a Council's community safety efforts.

Demonstrating outcomes is an important tool for evaluating progress and guiding direction. The use of results based accountability was trialled to collate data across three different communities with common population indicators. Utilising current RBA tools Safe Communities have been able to map programmes to provide the line of sight and demonstrate the outcomes of their collaborative efforts.

Conclusions Safe Communities is a call for action. Most local governments also have a goal of improving community safety for its residents and visitors. By working collaboratively and using a common language communities are able to demonstrate the outcomes.

229 A NORWEGIAN PATHWAY TO COMMUNITY SAFETY – BASED ON NORWEGIAN LAWS AND REGULATIONS AND THE SAFE COMMUNITY CONCEPT

Eva Jakobson Vaagland. Norwegian Safety Forum

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Background Norwegian Safety Forum (NSF) was established in 1985 to provide information on all aspects of injuries and safety, and to promote co-operation between private and public sector and non-governmental organisations. It's a well established meeting place with a wide range of experience in the field of injury prevention and safety promotion. NSF has been the national