**Evaluation of injury prevention in the Danish Healthy Cities Network**

**BACKGROUND**

The Healthy Cities Network (HCN) in Denmark was founded in 1991 as a politically binding network of municipalities and counties, based on the WHO Healthy Cities concept. The network has grown gradually, and covers approximately 50% of the Danish population (2005). Its focus is on health promotion and prevention, including injury prevention. In the area of injury prevention, the Network have disseminated material, arranged classes and encouraged local activities since 1993, focusing on childhood injuries and prevention of falls in the elderly.

**OBJECTIVES**

The objective of the study was to evaluate the effect of the Network activities on the rate of childhood injuries and falls in elderly in the Healthy Cities in the period 1998–2005.

**METHODS**

Age-adjusted injury rates were calculated from the number of emergency department visits and admissions recorded in the National Patient Registry for the Healthy Cities Network area, and for the remaining Denmark, in the periods 1996/97 (baseline) and 2004/05 (end). The population in the respective areas was used as denominator. Injury rates were calculated for 21 different measures of injuries, primary childhood injuries and falls in elderly.

**RESULTS**

The childhood injury rate declined from 150 to 131 injuries per 1000 child-years (~13%) in the Healthy Cities, compared to ~8% in the remaining Denmark (see table). For home and leisure injuries, which were the majority of the injuries, the reductions were ~12% and ~6% in the two areas respectively. The injury reduction was most pronounced for burns, which declined ~17% in the Healthy Cities compared to ~9% in the rest of Denmark. All measures of child injuries showed a reduction in the Healthy Cities network.

The rate of falls in elderly declined ~7% in both areas, from 52 to 48 per 1000 and from 55 to 51 per 1000, respectively (see table). Admission after hip fractures declined ~17% in the Healthy Cities compared to ~8% in the rest of Denmark. All measures of injuries in elderly showed a reduction. For comparison, injuries in adults 20–64 years changed by ~5% and +1% in the Healthy Cities and the rest of Denmark, respectively. For admissions in adults, there was an increase of +3% in both areas.

**DISCUSSION AND CONCLUSION**

The results indicate that the rate of injuries has decreased more in the Healthy Cities Network than in the remaining Denmark. However, other factors like access to emergency department may influence the results, and there was not always a clear link between the performed network activities and the effect on the specific injury rates, e.g. there was a reduction in traffic injuries but no network activity related to this. This reduction may be explained by other preventive activities in the Network area that were not initiated by the Network, but may be stimulated by the synergy. Besides, the material disseminated by the Network was generally accessible and probably used as well in the remaining part of Denmark, thus spreading the effect to the rest of Denmark.

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