

Application to become a member of International Safe Community Network

**Make Our Community “Safe Community Matsubara”
with Bond**



May 2013

**Matsubara City Safe Community
Steering Committee**

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Chapter 1 Overview of Matsubara City

Matsubara City is located almost in the center of Osaka Prefecture, adjacent to two ordinance-designated cities: Osaka City across the Yamato River in the north, and Sakai City in the southwest.

On February 1, 1955, two towns and three villages were merged and started as a new garden city with a population of about 36,000. As the City is located near Osaka, and has convenient transport links to the center of Osaka, its population rapidly increased during the 1970s. It has now grown into a residential town with a population of over 124,000.

The City also has long had a very extensive transportation network, which now includes the Hanshin Expressway running in a north-south direction through the center of the city area, the Kinki Expressway in a south-north direction in the east part of the City, the Hanwa Expressway, and the Nishi-Meihan Expressway running to the east. In addition, an improvement work is now in progress for the Yamatogawa Route of the Osaka Prefectural Expressway along the Yamato River, and thus the City continues its further development as the regional traffic hub for southern Osaka.



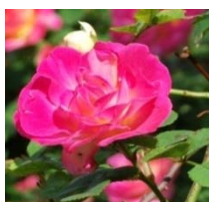
Matsubara City Emblem

Two pine needles after the name of place “Matsubara” are designed in a two-circle pattern. The pattern was chosen from several entries submitted by citizens, and symbolizes the firm bond of five towns and villages formed by municipalization on February 1, 1955.



City tree: Pine tree (matsu)

Appreciated as an auspicious symbol of long life and integrity and regarded as the ruler of all kinds of trees. Selected after an ancient poem that described this place as “Matsubara (pine field)” of Tajihi where pine trees grow” and that became the origin of the present place name.



City flower: Rose (bara)

Together with the city tree of “pine (matsu),” the city flower of “rose (bara)” was also chosen after the City name “Matsu-bara,” with the aim to open Matsubara City to the world with a tree originating in Japan, and a flower originating in the West.

1. Geography, Population, and Households

■ Geography

The city of Matsubara covers an area of 16.66 km², extending about 5.8 km from east to west and about 5.1 km from north to south. It is located on a plateau landform with a gentle slope from south to north, from its highland of about 35 m to its lowland of about 10 m above the lowest water level of Osaka Bay.

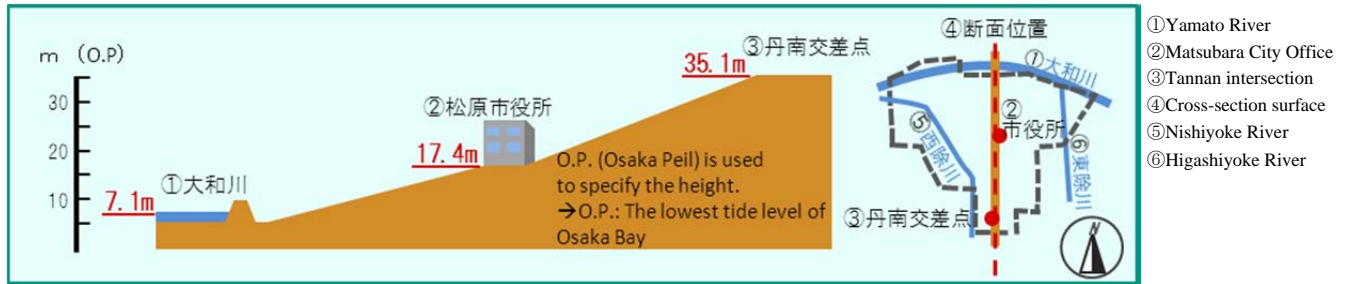


Fig. 1-1 Landform of Matsubara City

Source: Citizens Safety Section, Matsubara City

Japan is an earthquake-prone country. As its geographical feature, the city of Matsubara is also surrounded by a number of fault lines including the Uemachi fault zone in the west, the Ikoma fault zone in the east, and the Median Tectonic Line fault zone in the south.

- ① Yamasaki fault zone
- ② Kyoto-Nishiyama fault zone
- ③ Arima-Takatuki fault zone
- ④ Rokko-Awaji fault zone
- ⑤ Osaka Bay fault zone
- ⑥ Uemachi fault zone
- ⑦ Ikoma fault zone
- ⑧ Median Techno Line fault zone
- ⑨ Hanaore fault zone
- ⑩ Biwako-Seigan fault zone
- ⑪ Nara Basin Eastern Rim fault



Fig. 1-2 Active faults in and around Osaka Prefecture

Source: Osaka Pref.

■ Population

While the populations of the country and of Osaka Prefecture are on a gradual increase, the population of Matsubara City has shown a decrease each year after its peak in 1985. The number of registered foreigners has also been on a decreasing trend, with some fluctuations.

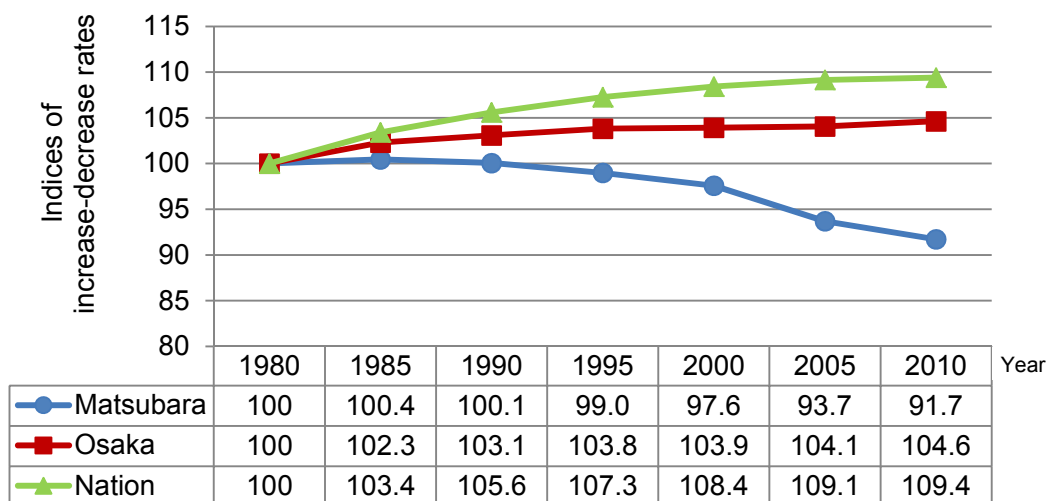


Fig. 1-3 Indices of population increase-decrease rates (Base year 1980 = 100)

Source: National Census

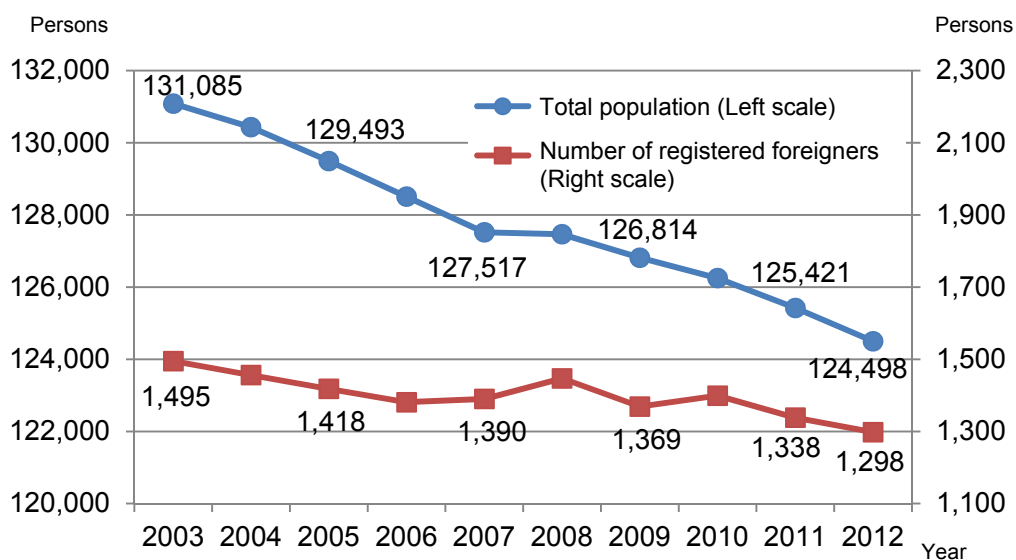


Fig. 1-4 Changes in population (as of October 1, each year)

Source: Basic Resident Register and Alien Registration

As for population changes in three age groups, while the juvenile population younger than 15 years old and the productive population aged between 15 and 64 have decreased, the aged population of 65 years and older has been showing an increase. Decreasing birthrates and aging of the population are in progress.

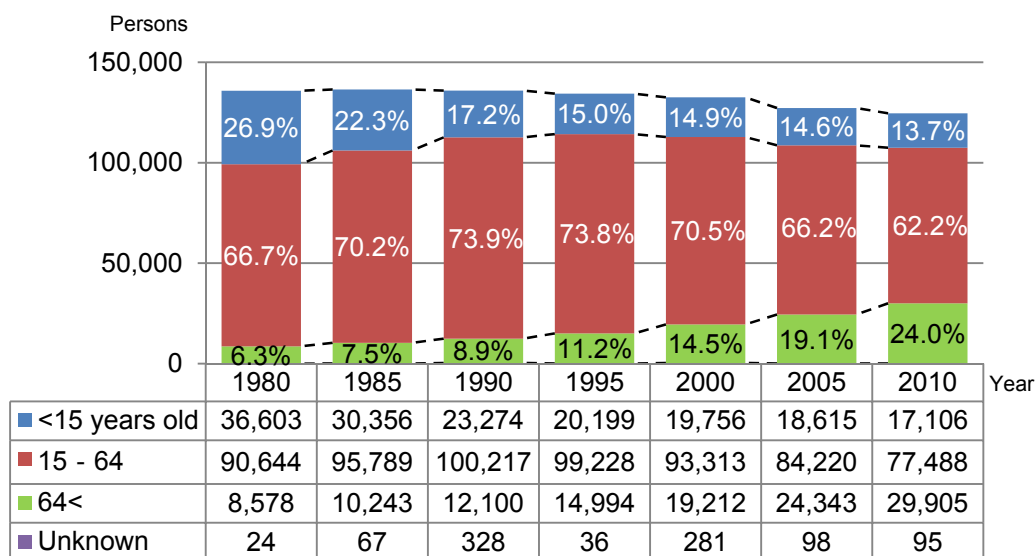


Fig. 1-5 Population changes in 3 age groups

Source: National Census

■ Households

The number of households is gradually increasing every year. While the numbers of the parents-children households and households other than the nuclear family are decreasing, couple-only households and one-person households are increasing in number.

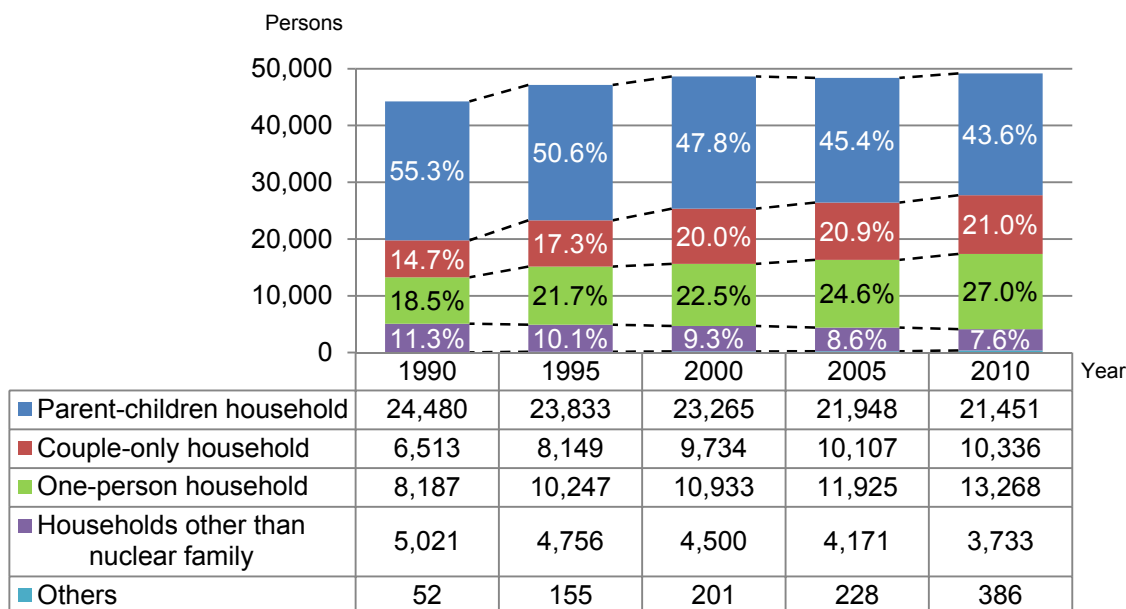


Fig. 1-6 Changes in household composition

Source: National Census

2. Industry, Culture, Education, and Medical Care

■ Industry

Among the total workforce population of Matsubara City, only 0.5% engages in the primary industry while about 70% work in the tertiary industry. The City has a long history in production of wire meshes and stamp compounds, where manufacturing is the largest category, accounting for 19.9%, followed by wholesale and retail businesses of 19.7%.

Table 1-1 Workforce Populations by Industry

Source: National Census (2010)

Category		Workforce population	Composition rate
Primary industry		258	0.5%
	Agriculture	254	0.5%
	Forestry	3	0.0%
	Fishery	1	0.0%
Secondary industry		13,968	28.9%
	Mining	0	—
	Construction	4,371	9.0%
	Manufacturing	9,597	19.9%
Tertiary industry		34,059	70.5%
	Electricity/gas/heat supply/water utility	247	0.5%
	Information/telecommunication	903	1.9%
	Transport	3,024	6.3%
	Wholesale/retail	9,508	19.7%
	Finance/insurance	1,035	2.1%
	Real estate	1,078	2.2%
	Accommodation/food & beverage	3,030	6.3%
	Education/study support	1,791	3.7%
	Medical/welfare	5,844	12.1%
	Service industry	6,364	13.2%
	Public service	1,235	2.6%

■ Culture

Being located in a fertile region called the Kawachi Plain, this Matsubara City region already had people living in the Paleolithic Age more than 10 thousand years ago, whose living has continued ceaselessly to the present day. People's living has been carried out in this region that historically served as the way-stop between two big cities, Namba and Yamato, during the ancient times and as a place in proximity to commercial towns, Sakai and Naniwa, during the middle ages and the early modern ages. The City area still contains historical cultural properties that are considered living proof of those people.

Table 1-2 Designated/Registered Cultural Properties

Source: Regional Education Promotion Section, Matsubara City Government

Class of designation	Name	Date of registration/designation
National registered tangible cultural property	Nakayama House	March 2, 2004
National registered tangible cultural property	Tanaka House (located in Takaminosato)	Aug. 3, 2006
National registered tangible cultural property	Tanaka House (located in Minami-shinmachi)	April 28, 2009
Prefecture designated tangible cultural property	Nunose Shrine (Main shrine, match wood chip)	Jan. 29, 2002
Prefecture designated natural monument	“Ibuki” tree of Raikoji Temple	June 1, 1981
City designated tangible cultural property	Dairinji Temple, eleven-faced wooden Goddess of Mercy statue	Feb. 3, 2009
City designated tangible cultural property	Nunose Shrine, wooden pictures of eight famous views of Nunose	Feb. 3, 2009

■ Education

Matsubara City houses the complete range of educational institutions, including 14 kindergartens, 15 elementary schools, 8 junior and 4 high schools, 1 vocational school, and 1 university.

Table 1-3 Educational Institutions (as of May 1, 2012)

Source: School Basic Survey

	Kindergarten	Elementary school	Junior high school	High school	Vocational school	University
No. of schools	14	15	8	4	1	1
No. of pupils & students	1,918	6,709	3,675	4,455	797	4,997

■ Medical care

Matsubara City conducts health examinations, etc. for its residents at the City’s Public Health Center. The City houses 8 hospitals, 89 general clinics, and 61 dental clinics.

Table 1-4 Numbers of Medical Institutions and Beds (as of October 1, 2010)

Source: Survey of Medical Institutions

Hospital					General clinic			Dental clinic	
No. of institutions	No. of beds				No. of institutions			No. of beds	No. of institutions
		General	Recuperation	Mental		With beds	Without beds		
8	1,226	683	321	222	89	5	84	62	61

Chapter 2 Safe Community Initiatives

1. Background of initiatives

In March 2002, Matsubara City issued the “Matsubara Safe City-Planning Ordinance,” and efforts have been made jointly by the city government and local organizations toward realization of a local community where its citizens can live in safety and security. Further, with the aim to protect citizens’ health and lives, the City is actively addressing infectious disease threats by focusing on their prevention.

However, the City also is not an exception to the problem of rapidly decreasing birthrates and rising aging population faced by Japan today. As shown in Figure 1-5 indicated previously, the problem is even more pronounced here compared with the country’s average and Osaka Prefecture. Further, as Figure 2-1 below shows, the participation rate of Neighborhood Community Associations have been gradually declining and weakened bonds within the community are posing a problem. While a great deal of interest is focused on safety and security, in view the very diversified sense of value and needs of citizens, our society now faces some problems that cannot be addressed by the government alone.

The basic idea of Safe Community was introduced as a possible means to address the rapid changes of the society, weakened local communities, and the diversified needs for safety and security. Our efforts have begun to study the concept and method of Safe Community.

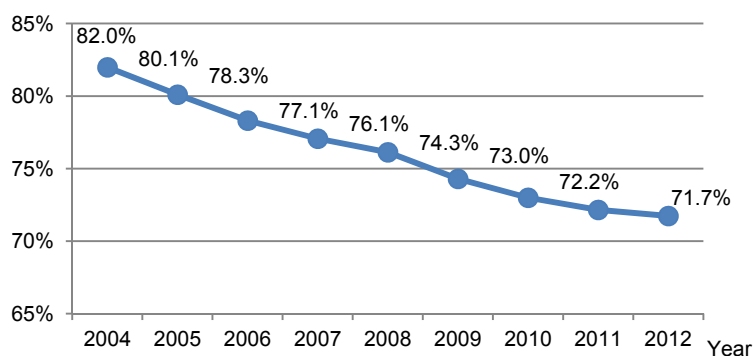


Fig. 2-1 Change in the household participation rate of neighborhood community association

Source: Matsubara City (as of August 31, each year)

We have come to understand that, while the above problems can be appropriately addressed, our initiatives in Safe Community will also bring us the following two advantages:

First, “verification”.

Through our initiatives in Safe Community, we can continuously conduct “evaluation and verification of the activities” that have been long focused on safety and security.

Second, “collaboration”. It enables the community, the specialized institutions, and the government to develop effective activities based on more strengthened cooperation by sharing problems and information.

It is our intention to further develop, by joint efforts of citizens and the government, the city of Matsubara into an attractive community that can satisfy and attract everyone through enrooting this mechanism for verification and collaboration, through building a safe and secure society, and through sustaining it continuously.

2. Progress of our initiatives

Month/ Year	Major activities
Nov. 2010	<ul style="list-style-type: none"> Launched research and study on Safe Community
Mar. 2011	<ul style="list-style-type: none"> Promotion of Safe Community was officially put in the 4th Master Plan of Matsubara City.
Apr.	<ul style="list-style-type: none"> Set up Safe Community Subsection within Citizens Safety Section of the City Government.
May	<ul style="list-style-type: none"> Held a training workshop on Safe Community for the management level employees of the City Government Set up Matsubara City SC Promotion Headquarters (City government In-house organization) Announcement of launching Safe Community programs for the designation Registered as the “under preparation Safe Community” to the WHO Collaborating Center on Community Safety Promotion
June	<ul style="list-style-type: none"> Participated in the on-site visit for Toshima Ward of Tokyo
July	<ul style="list-style-type: none"> Set up Matsubara City Safe Community Steering Committee
Aug.	<ul style="list-style-type: none"> Mounted a vertical banner at the City Office building Conducted a questionnaire survey on actual situations of injuries and safety/security Held a training workshop on Safe Community for the employees of the City Government
Oct.	<ul style="list-style-type: none"> Held a training workshop on Safe Community for the employees of the City Government
Nov.	<ul style="list-style-type: none"> Priority subjects was decided by the Safe Community Steering Committee Attended the meeting of the National Safe Community Promotion Local Government Network
Dec.	<ul style="list-style-type: none"> Set up task forces committees for each of the priority subjects Set up the Injury Surveillance Committee Participated in the symposium commemorating the designation of the JISC as Safe School Certifying Center
Feb. 2012	<ul style="list-style-type: none"> Attended the on-site evaluation in Toshima City, Metropolitan Tokyo
May	<ul style="list-style-type: none"> Attended the on-site evaluation in Komoro City of Nagano Prefecture Attended the Minowa Town Safe Community Designation Ceremony in Nagano Prefecture Attended the on-site visit in Kameoka City of Kyoto Prefecture(for re-designation)
June	<ul style="list-style-type: none"> Participated in the Japan-Korea Joint Workshop on Safe Community held in Jeju Island, South Korea
Sept.	<ul style="list-style-type: none"> Co-hosted a JISC joint training workshop on Safe Community
Oct.	<ul style="list-style-type: none"> The pre-on site evaluation was conducted by the Asia Region SC Certifying Center (South Korea).
Nov.	<ul style="list-style-type: none"> Delivered presentations at the 6th Asian Regional Conference on Safe Communities Attended the Toshima City Safe Community Designation Ceremony in Tokyo
Dec.	<ul style="list-style-type: none"> Attended the Komoro City Safe Community Designation Ceremony in Nagano Prefecture Participated in the Safe Community Travelling Seminar in Minowa Town and Komoro City
Jan. 2013	<ul style="list-style-type: none"> Attended the on-site evaluation in Sakae Ward, Yokohama City of Kanagawa Prefecture
Feb.	<ul style="list-style-type: none"> Attended the Kameoka City Safe Community Re-designation Ceremony in Kyoto Prefecture
May	<ul style="list-style-type: none"> Submitted the application for designation to the Asia Region Certifying Center (South Korea)

Community diagnosis

Task force activities

Chapter 3 Current Situations of Deaths and Injuries Due to External Causes

1. Current Situations of Deaths

(1) Causes of deaths (Including diseases)

About 1,000 people die each year in Matsubara City. As for causes of death by age group for the past 5 years, “unintentional external causes” falls within the top 5 causes of death for the age groups of 0-9 years old, 15-54 years old, and 75-79 years old. Meanwhile, “suicide” ranks within the top 5 causes for the age group of 15-69 years old, suggesting this is a problem to be addressed.

Table 3-1 Ranking of Causes of Death by Age Group (2007-2011)

Source: Demographic statistics

Age	1st	2nd	3rd	4th	5th
0	Congenital anomaly, etc.	Perinatal disease	Respiratory disease, sudden infant death syndrome (SIDS), accident		
1 - 4	Intestinal infection, endocrine metabolic disease, central nervous system disease, accident , other extrinsic causes				
5 - 9	Cancer, accident		—	—	—
10 - 14	Congenital anomaly, etc.	Infectious disease, cancer, other extrinsic causes			—
15 - 19	Respiratory disease, accident , suicide			—	—
20 - 24	Suicide	Cardiac disease, accident , murder			—
25 - 29	Suicide	Accident	Cerebrovascular disease	Cancer, respiratory disease	
30 - 34	Suicide	Cardiac disease, cerebrovascular disease, others			Accident , others
35 - 39	Suicide	Cancer	Accident	Cardiac disease	Cerebrovascular disease, others
40 - 44	Suicide	Cerebrovascular disease	Cancer, cardiac disease		Accident
45 - 49	Cancer	Cardiac disease	Cerebrovascular disease, suicide		Accident
50 - 54	Cancer	Cardiac disease	Suicide	Cerebrovascular disease, accident	
55 - 59	Cancer	Cardiac disease	Suicide	Cerebrovascular disease	Liver disease
60 - 64	Cancer	Cardiac disease	Cerebrovascular disease	Liver disease	Suicide
65 - 69	Cancer	Cardiac disease	Cerebrovascular disease	Suicide	Pneumonia
70 - 74	Cancer	Cardiac disease	Cerebrovascular disease	Pneumonia	Respiratory disease
75 - 79	Cancer	Cardiac disease	Cerebrovascular disease	Pneumonia	Accident
80 - 84	Cancer	Cardiac disease	Pneumonia	Cerebrovascular disease	Respiratory disease
85 - 89	Cardiac disease	Cancer	Pneumonia	Cerebrovascular disease	Respiratory disease
90 and over	Cardiac disease	Pneumonia	Cancer	Cerebrovascular disease	Decrepitude

(2) Change in number of deaths due to unintentional causes and suicide

The number of deaths in Matsubara City due to unintentional external causes and suicide has been relatively stable at around 30 each year (Table 3-2). Although the death rate due to accident has been remaining lower than the whole nation, except with some fluctuations from year to year, the average for the past 10 years of Matsubara City stays higher than that of Osaka Prefecture. As for suicide, the average for the past 10 years of Matsubara City is slightly lower than those of Osaka Prefecture and of the whole nation (Fig. 3-1). Further, it should be noted that a sharp increase in the national death rate caused by unintentional causes that occurred in 2011 was due to the effect of the Great East Japan Earthquake.

Table 3-2 Change in the Number of Deaths by Extrinsic Causes

Source: Demographic statistics

Causes of death	Number of deaths				
	2007	2008	2009	2010	2011
Accident	38 (31)	26 (18)	32 (20)	31 (23)	31 (23)
Traffic accident	2 (0)	8 (4)	7 (2)	5 (2)	5 (4)
Tumbling/falling	7 (7)	0 (0)	2 (2)	3 (3)	6 (5)
Drowning & near-drowning	12 (11)	6 (6)	10 (7)	9 (9)	6 (4)
Suffocation	5 (3)	10 (7)	11 (7)	6 (5)	9 (7)
Exposure to smoke and fire	4 (3)	0 (0)	0 (0)	4 (1)	0 (0)
Intoxication by harmful substance	0 (0)	0 (0)	0 (0)	1 (0)	1 (0)
Other accident	8 (7)	2 (1)	2 (2)	3 (3)	4 (3)
Suicide	24 (6)	32 (15)	36 (16)	22 (7)	34 (10)
Murder	1 (1)	0 (0)	0 (0)	1 (0)	0 (0)
Total	63 (38)	58 (33)	63 (36)	54 (27)	65 (33)

* The figures in parentheses represent the number of persons aged 65 and over.

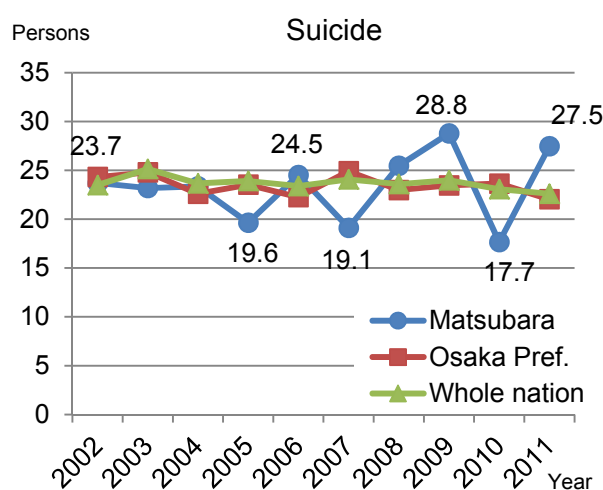
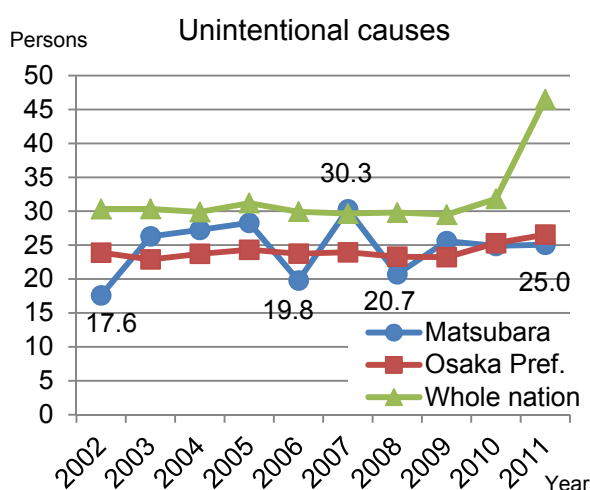


Fig. 3-1 Change in death rate by accident/suicide (per 100,000 population)

Source: Demographic statistics

(3) Causes of deaths by age group due to unintentional causes and suicide

The number of deaths due to accident peaks in the age group of 75-79 years old and higher around that age group. In order to calculate death rate, the number of deaths in each age group is first divided by the population of that age group. Next, this calculated value is converted to the death rate per 100,000 population. According to these calculated results, it is found that death rate due to accident has increased with age. The major causes of deaths are tumbling/falling, drowning/near-drowning, and suffocation (Fig. 3-2, right). As for suicide, the numbers of deaths are high for males in the age groups of 35 to 39 and of 65 to 69 years old. The death rate per 100,000 population stands out distinctly in the age group of 65-79 years old (Fig3-3 right).

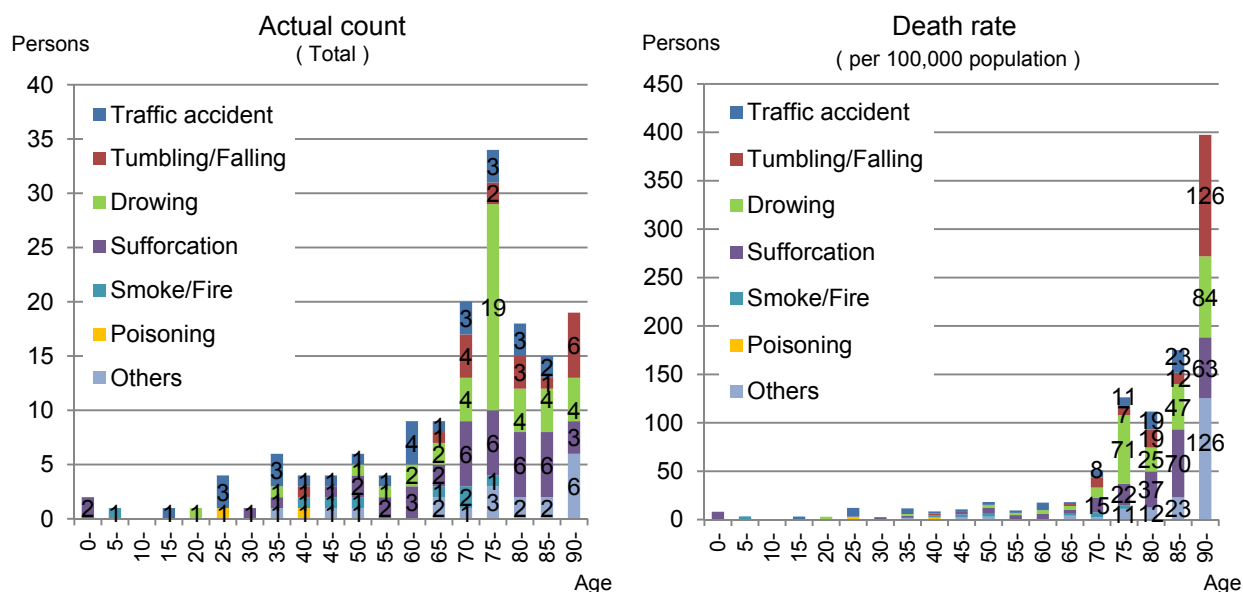


Fig. 3-2 Number of deaths and death rate due to external causes by age group and by cause (2007-2011)

Source: Demographic statistics

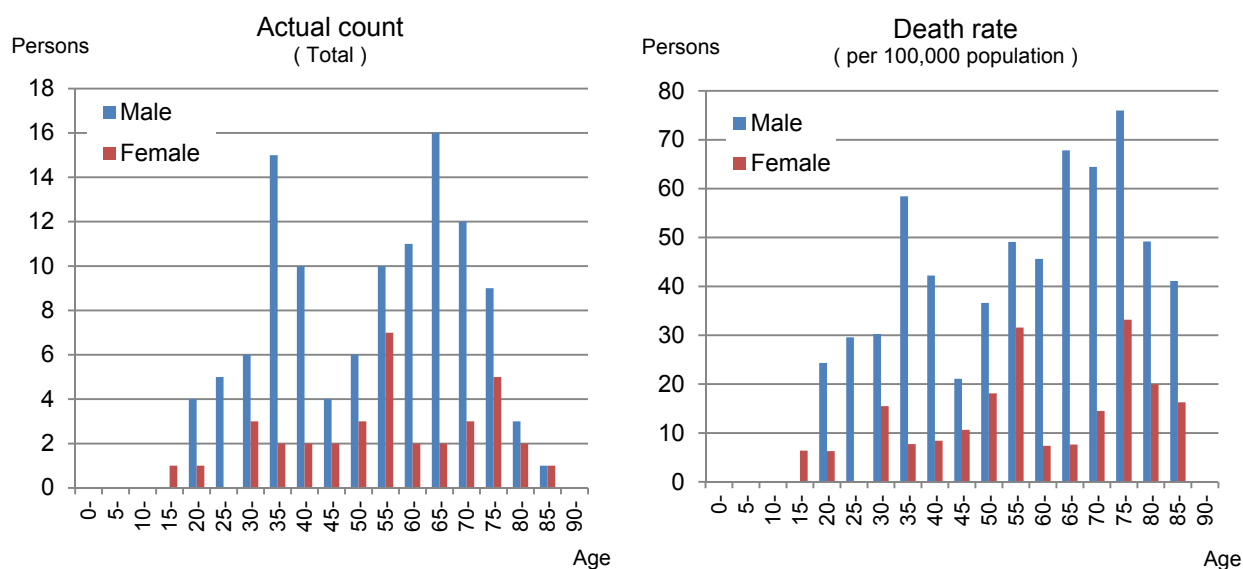


Fig. 3-3 Number of deaths and death rate due to suicide by age and by gender (2007-2011)

Source: Demographic statistics

2. Current Situations of Injuries

(1) Causes of citizens' injuries, according to questionnaire survey

Injury conditions have been analyzed from the questionnaire survey conducted in 2011 (please see page 74) on actual conditions of injuries and safety/security. Among the households with a family member aged under 18, the households whose preschool/elementary school/junior high school children have experienced injuries that required treatment at a medical institution accounted for about 40%. Among individuals aged 18 years old and above, injury that required treatment at a medical institution has been experienced at a higher rate among individuals aged 70 years old and above.

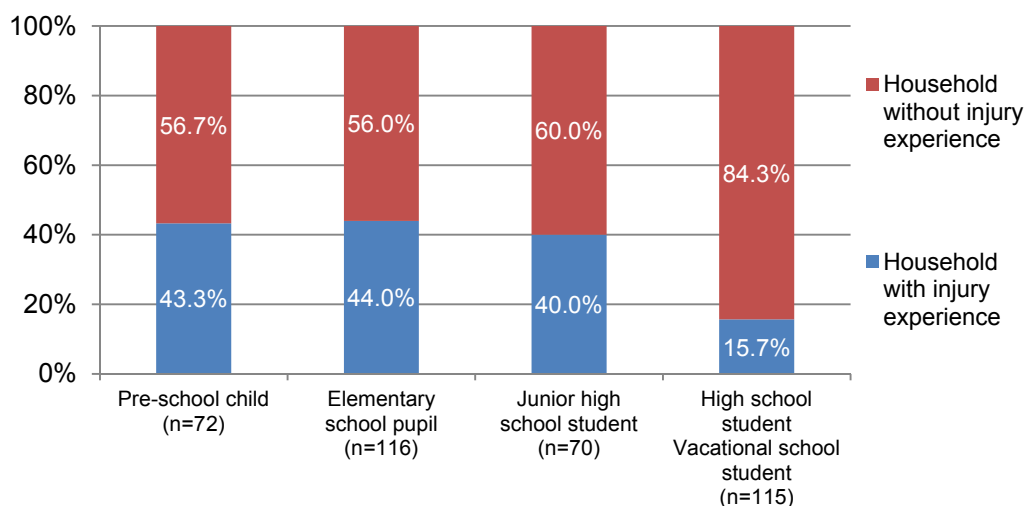


Fig. 3-4 Conditions of injuries experienced in the last 12 months by households with a family member aged under 18

Source: Questionnaire for factual investigation of injuries and safety/security (2011)

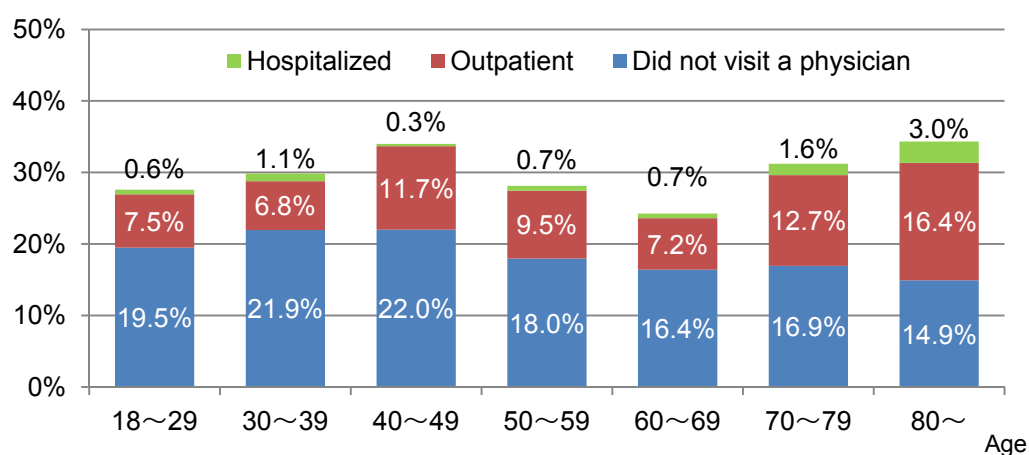


Fig. 3-5 Conditions of injuries experienced in the last 12 months by individuals aged 18 years old and above

Source: Questionnaire for factual investigation of injuries and safety/security (2011)

(2) Current situations of injuries based on ambulance call-outs

In Japan it is not easy to collect injury related data from medical institutions. Therefore, to obtain data which contain information on type and severity of injury, place of injury occurrence, age of injured person and so on with minimum cost, Matsubara city has been analyzing data of ambulance call-out as alternatives.

According to the ambulance call-out data of 2006-2011, in the city, there have been 1,500 to 1,800 people transported by ambulance due to injuries every year. Among them, the injuries of the elderly aged over 65 years old has been increasing (Fig. 3-6). In 2011, as a total, 1,792 people were transported by the ambulance. Among them, the age group 70-84 years old shows increase in the numbers of transportation (Fig. 3-7).

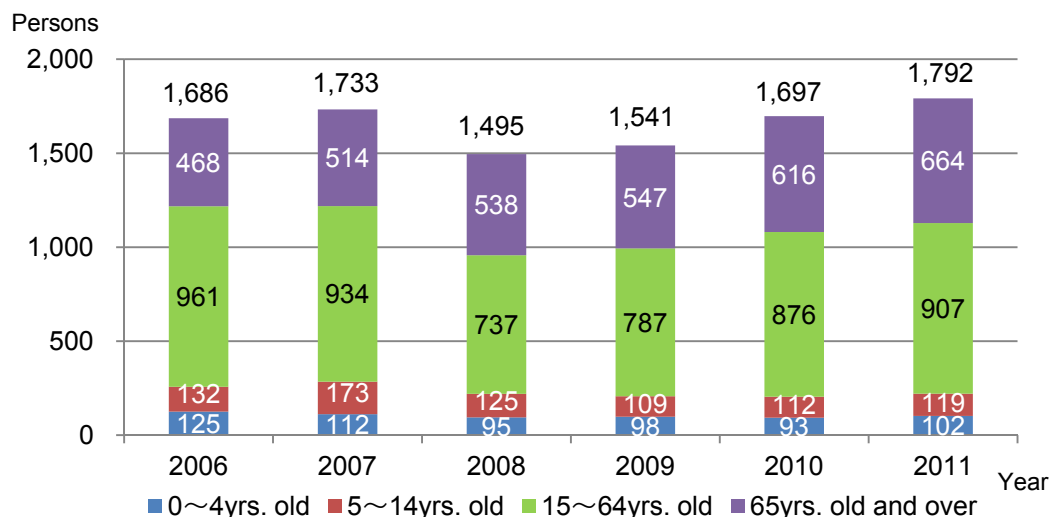


Fig. 3-6 Trend of number of persons transported by ambulance, by age group

Source: Ambulance call-out data

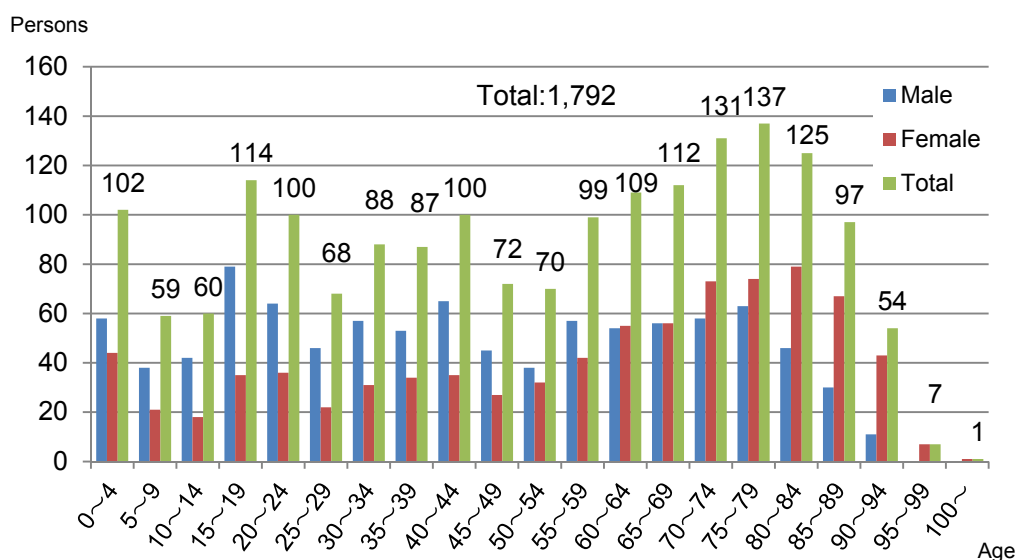


Fig. 3-7 Number of persons transported by ambulance, by age group (2011)

Source: Ambulance call-out data

According to the incident rate of each age group (the number of person transported by ambulance divided by the population at each age group), the age group of 85-95 years old shows the highest rate.

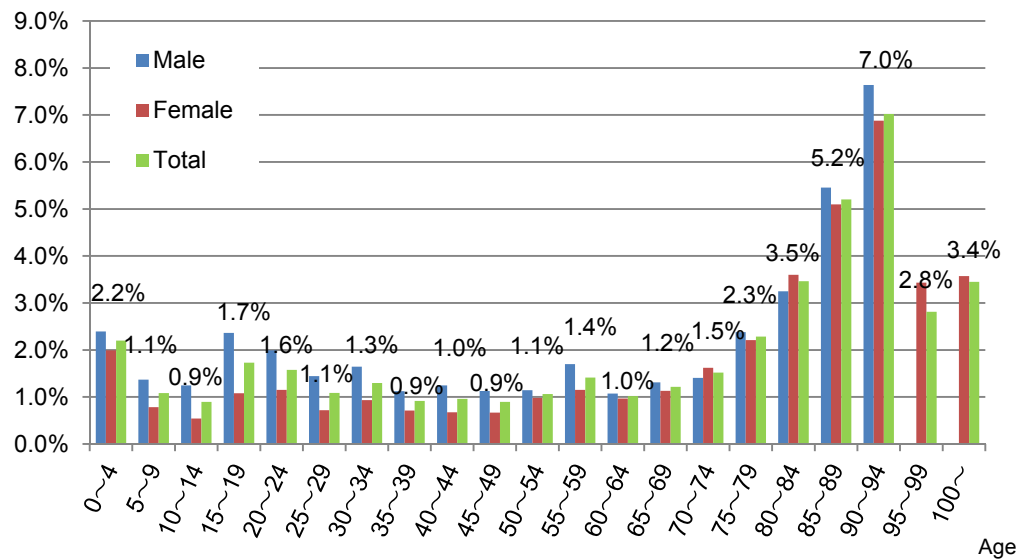


Fig. 3-8 Incidence rate of external injuries that resulted in ambulance call-out (1) (2011)

Source: Ambulance call-out data

According to the incident rate of injury indoor and outdoor by age group, the groups of 0-4 years old and over 75 years old are higher than other groups indoor and group of 15-19 years old is higher outdoor.

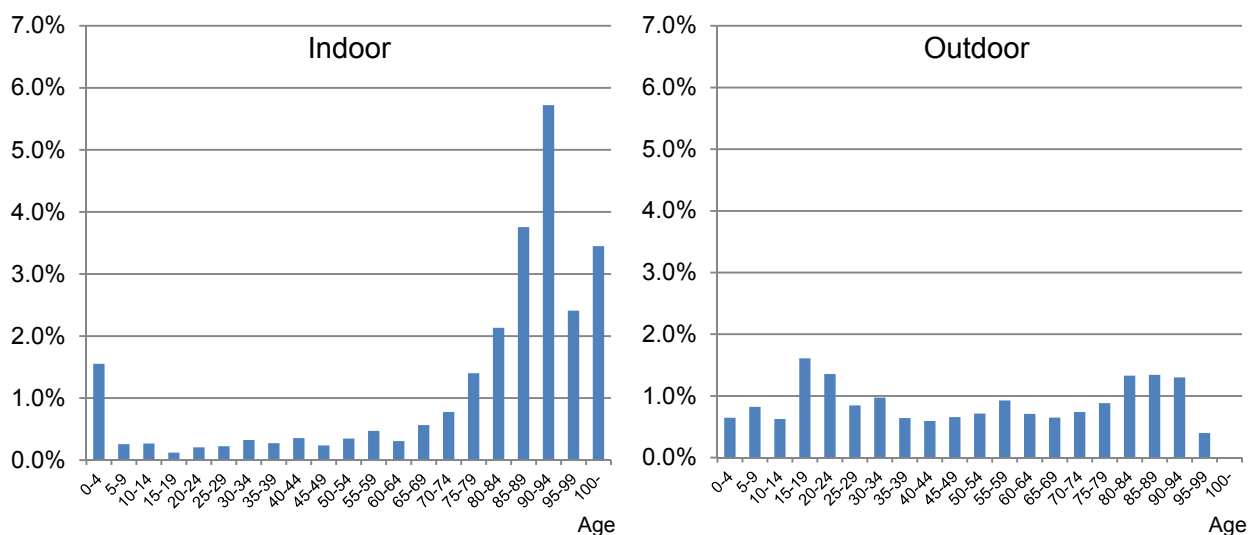


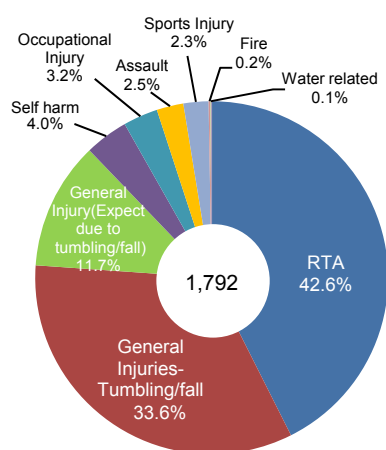
Fig. 3-9 Incidence rate of external injuries that resulted in ambulance call-out (2) (2011)

Source: Ambulance call-out data

As for ambulance call-outs by accident type, traffic accidents account for the highest proportion of 42.6% for all age groups, followed by 33.6% for tumbling/falling.

Among individuals aged 0-14 years old, traffic accident accounts for the most. Among individuals aged 65 years old and above, general injury caused by tumbling/falling accounts for about 63% (Fig.3-10).

As for injury-related ambulance call-outs by occurrence site, road/walkway accounts for 51.3% that was the highest of all, followed by 32.4% of house. These two alone account for 83%. For the age groups of 0-14 years old and of 65 years old and above, house accounts for the highest proportion.

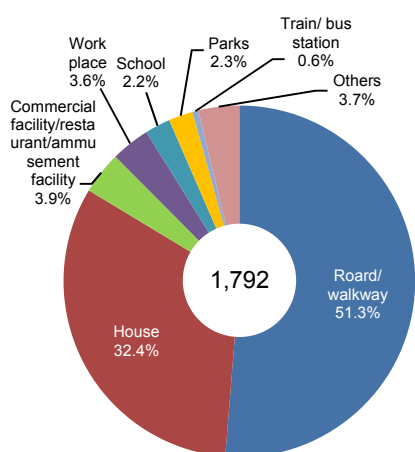


The General injuries (except due to tumbling and falling) include accidental ingestion, pulmonary aspiration, contact/collision with a person/object, heat source such as fire and hot water, pinched, caught, etc.

		All ages	
		0-14 years old	65 years old and above
Total	1,792	221 (100.0%)	664 (100.0%)
Traffic accident	763	76 (34.4%)	131 (19.7%)
General injury (tumbling/falling)	601	61 (27.6%)	423 (63.7%)
General injury (except due to tumbling and falling)	210	68 (30.8%)	76 (11.4%)
Self-harming behavior	71	4 (1.8%)	10 (1.5%)
Assault accident	57	3 (1.4%)	9 (1.4%)
Industrial accident	44	0 (0.0%)	12 (1.8%)
Athletics accident	41	8 (3.6%)	2 (0.3%)
Fire	3	0 (0.0%)	0 (0.0%)
Water accident	2	1 (0.5%)	1 (0.2%)
Natural disaster	0	0 (0.0%)	0 (0.0%)

Fig. 3-10 Number of persons transported by ambulance (by type of accident) (2011)

Source: Ambulance call-out data



"Others" includes river, agricultural land such as rice field, and unknown places.

		All ages	
		0-14 years old	65 years old and above
Total	1,792	221 (100.0%)	664 (100.0%)
Road/walkway	919	87 (39.4%)	235 (35.4%)
House	579	91 (41.2%)	331 (49.8%)
Commercial/drinking & eating/amenity facilities	71	7 (3.2%)	29 (4.4%)
Work place	64	0 (0.0%)	15 (2.3%)
School, etc.	40	13 (5.9%)	3 (0.5%)
Park, etc.	42	20 (9.0%)	8 (1.2%)
Station/bus stop	10	0 (0.0%)	4 (0.6%)
others	67	3 (1.4%)	39 (5.9%)

Fig. 3-11 Number of persons transported by ambulance, by site of injury occurrence (2011)

Source: Ambulance call-out data

(3) Child injury

As for the age group of 0-4 years old with a high incidence rate of external injuries that occurred indoors, a closer look by indoor site has revealed that most of the injuries occurred at their own home.

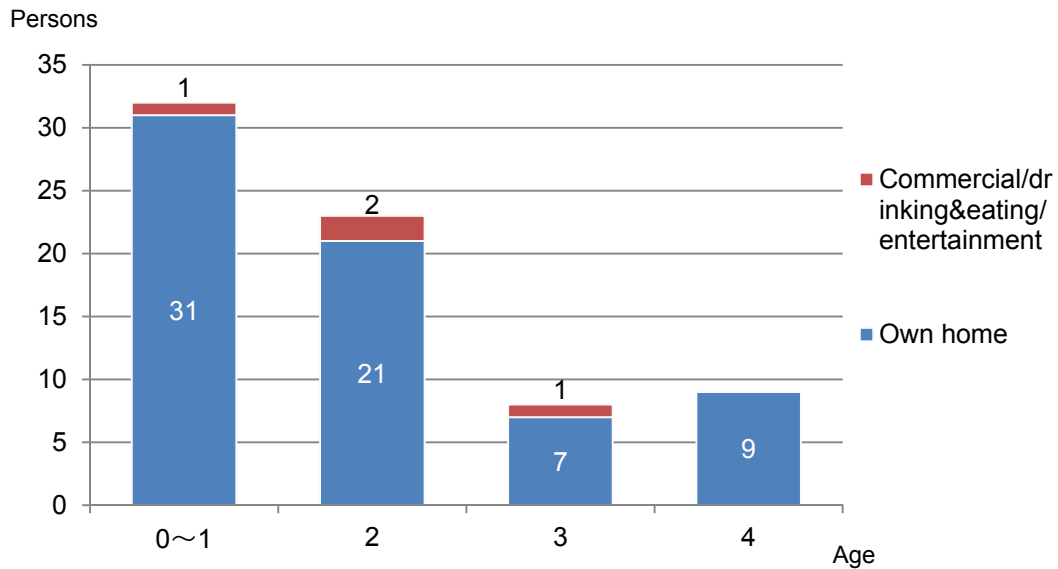


Fig. 3-12 Indoor sites of occurrences of external injuries for persons aged 0-4 years old (2011)

Source: Ambulance call-out data

From a closer look at the occurrence sites of injuries that occurred at home, the largest number of injuries occurred in a living room.

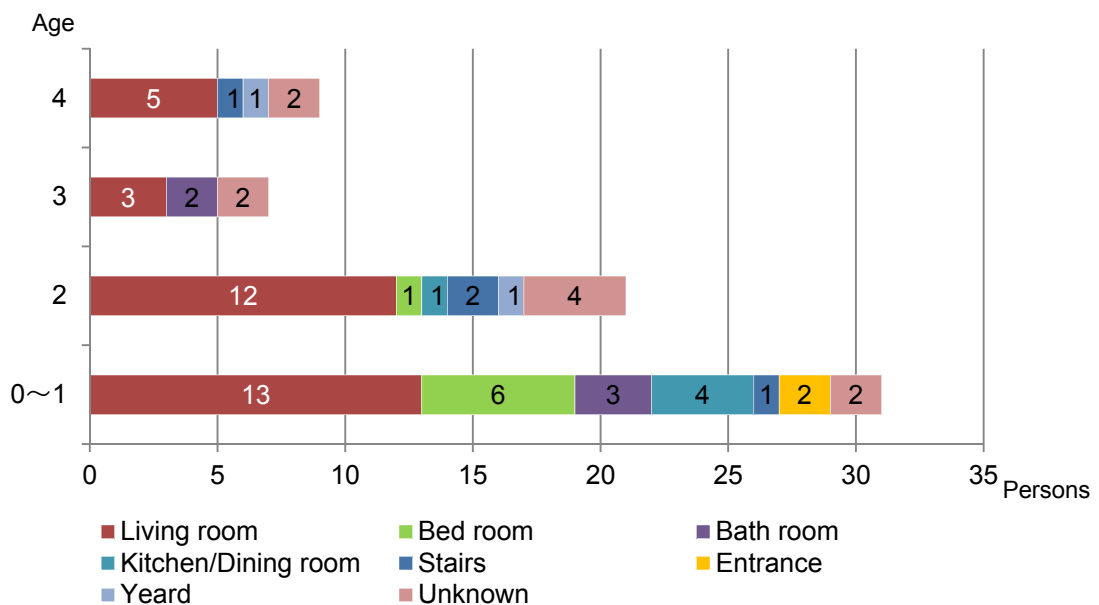


Fig. 3-13 Specific sites of occurrence at home for persons aged 0-4 years old (2011)

Source: Ambulance call-out data

Among children aged 0-4 years old, the incidence rate of external injuries that occurred indoors is the highest for children of 2 years old, accounting for 2.4%. As for causes of injuries, tumbling/falling is the highest in rate for all ages.

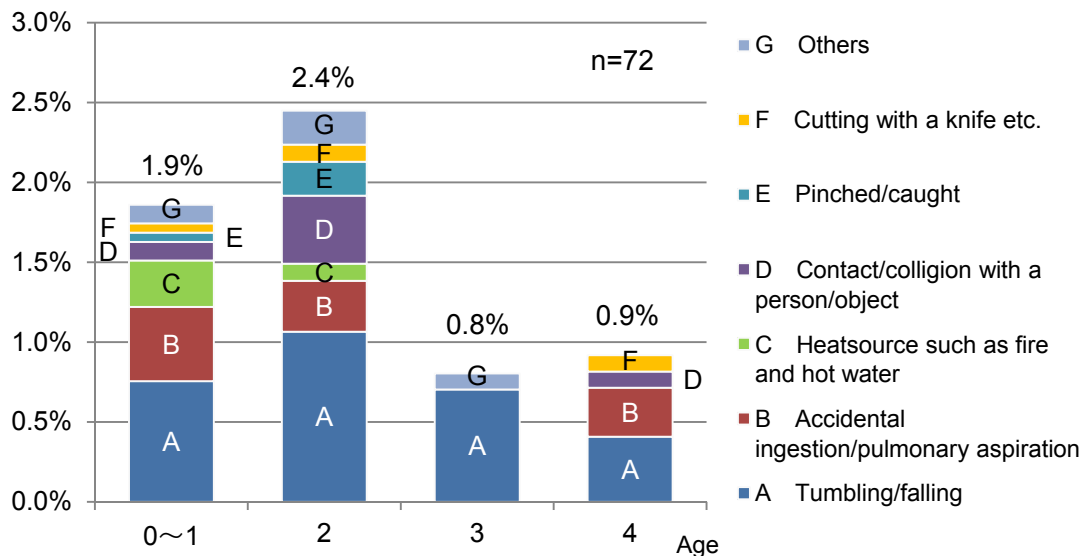


Fig. 3-14 Incidence rates of external injuries that occurred indoors for persons aged 0-4 years old (by cause) (2011)

Source: Ambulance call-out data

Further, as for the incidence rates of external injuries that occurred indoors for persons aged 0-4 years old, when they are grouped by type of injury/sickness, bruise/contusion accounted for a high proportion, while suffocation caused by accidental ingestion, etc. also occurred.

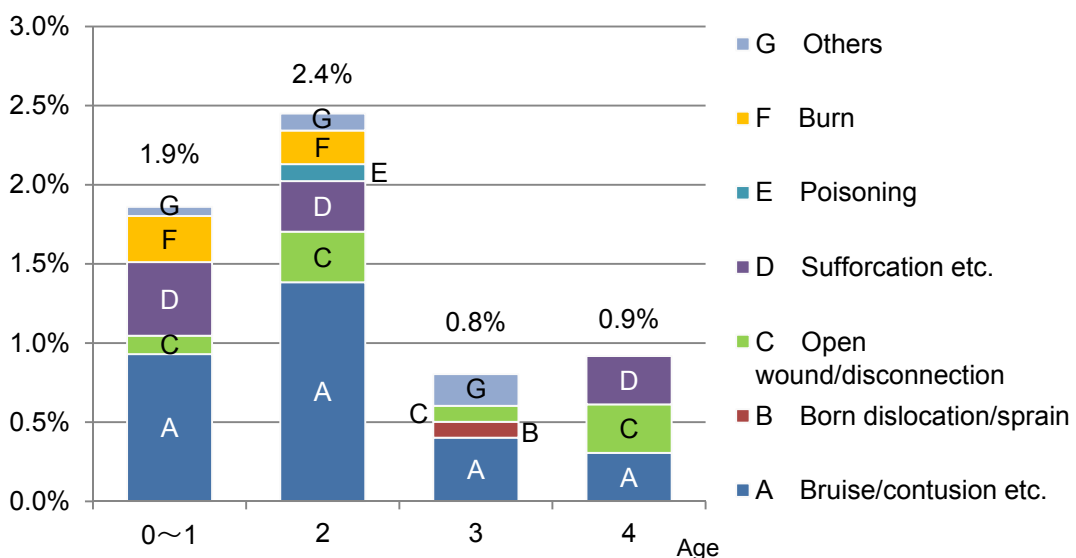


Fig. 3-15 Incidence rates of external injuries that occurred indoors for persons aged 0-4 years old (by type of injury/sickness) (2011)

Source: Ambulance call-out data

According to the questionnaire survey, injuries of elementary school and junior high school students occurred most frequently at school, which was then followed by road/walkway.

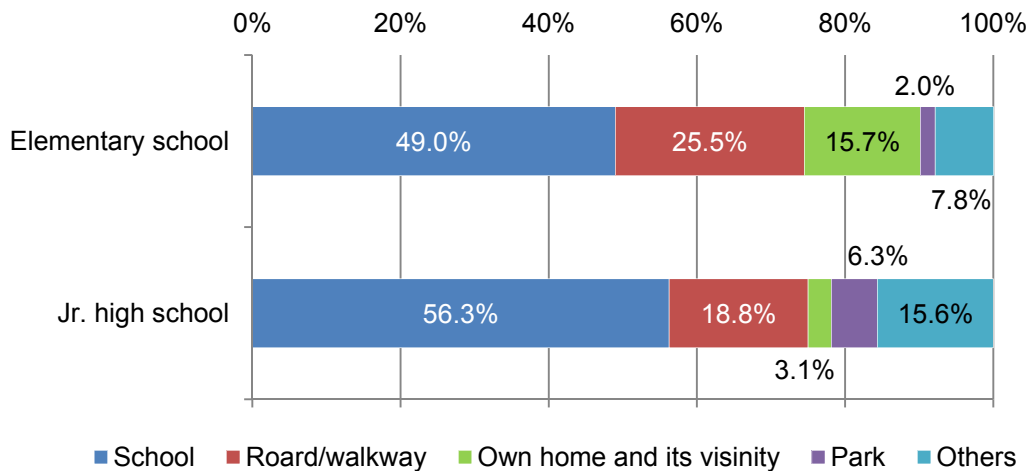


Fig. 3-16 Site of external injury occurrence for elementary school & junior high school students

Source: Questionnaire for factual investigation of injuries and safety/security (2011)

As for the number of injury occurrences at school for elementary school and junior high school students during 2006 to 2011, the number remained almost at around 600-800 per year for elementary schools and around 500 for junior high schools.

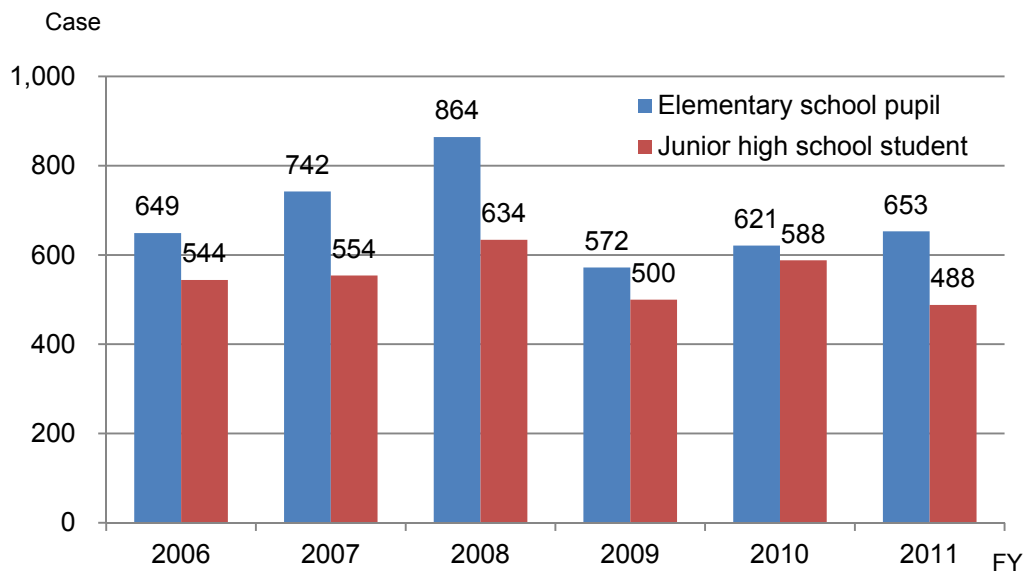


Fig. 3-17 Number of external injury occurrences at elementary schools and junior high schools

Source: Matsubara City Education Board

As for persons of 15-19 years old with high incidence rate of external injuries that occurred outdoors, details were closely looked by type of accident. Traffic accident accounted for the majority of the incidence rates, followed by that of athletics accident

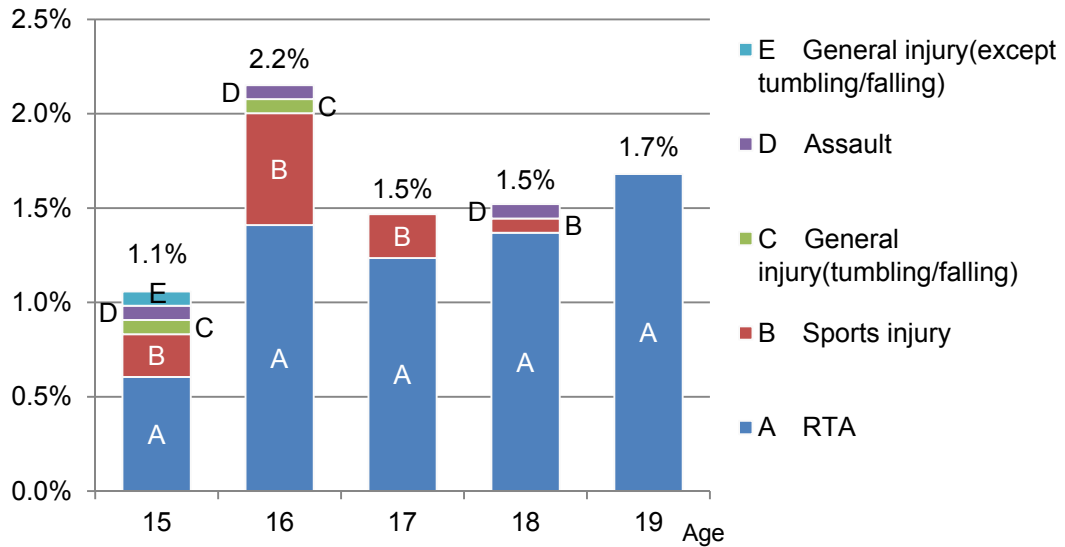


Fig. 3-18 Incident rates of external injuries that occurred outdoors for persons aged 15-19 years old(by type of accident) (2011)

Source: Ambulance call-out data

Further, as for the incidence rates of external injuries that occurred outdoors for persons aged 15-19 years old, when they are grouped by type of injury/sickness, bruise/contusion accounted for a high proportion, followed by bone fracture.

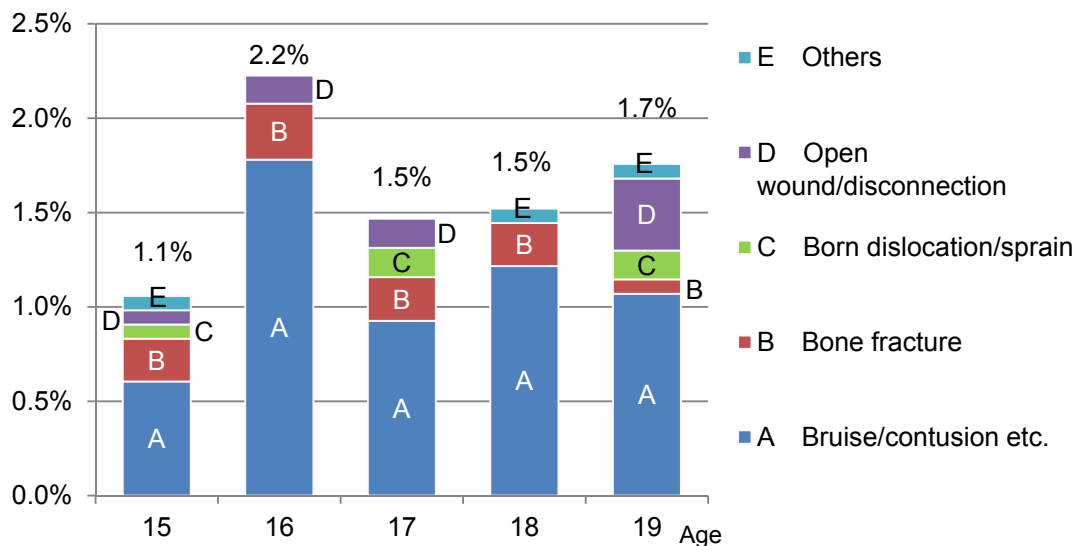


Fig. 3-19 Incident rates of external injuries that occurred outdoors for persons aged 15-19 years old(by type of injury/sickness) (2011)

Source: Ambulance call-out data

(4) Elderly injuries

According to the ambulance call-out data, tumbling/falling accounts for 63.7% of all elderly injuries, of which 45.8% has been caused by tumbling that occurred indoors. After this, traffic accident accounts for a high proportion.

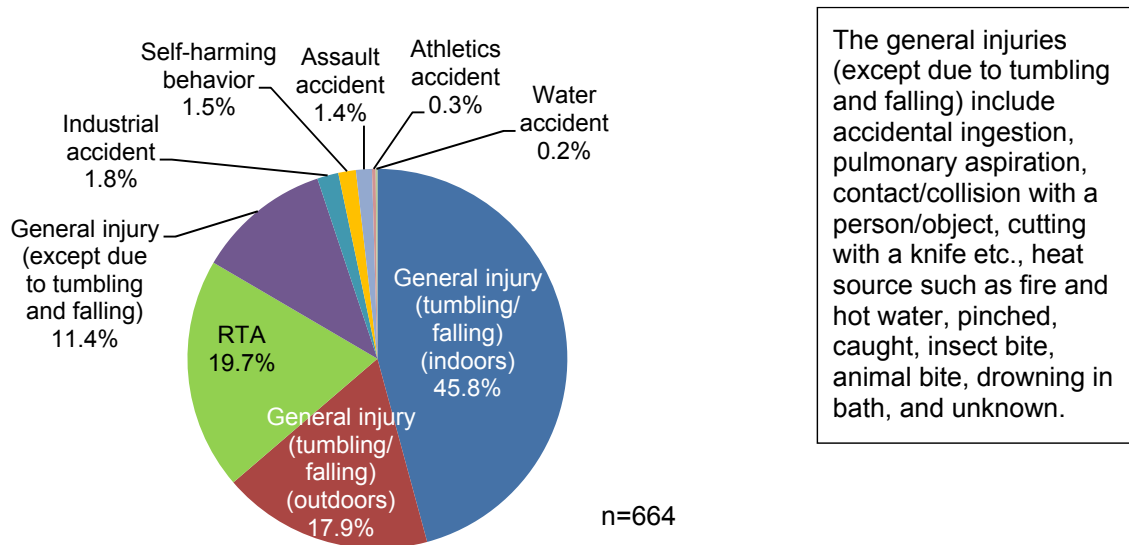


Fig. 3-20 Elderly injuries by type of accident (2011)

Source: Ambulance call-out data

From a closer look at the incidence rate of external injuries by type with the focus on tumbling/falling that is characteristic for elderly injuries, it is indicated an increase in the incidence rate with age and also occurrence of bone fracture.

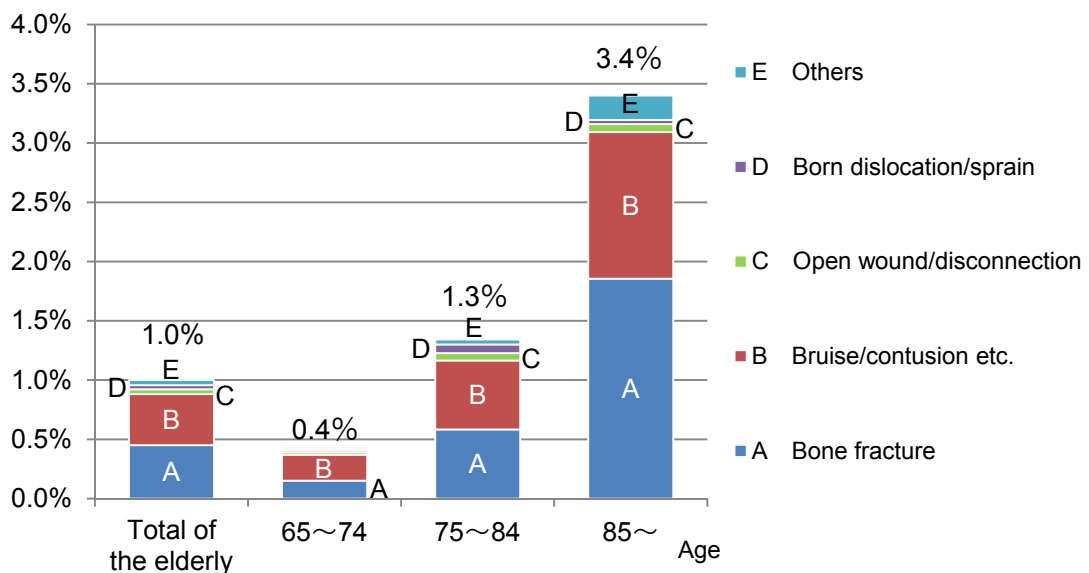


Fig. 3-21 Incidence rates of external injuries caused by tumbling/falling that occurred indoors for the elderly (by type of injury/sickness) (2011)

Source: Ambulance call-out data

As for sites of occurrence, most of tumbling/falling cases that occurred indoors took place at own home.

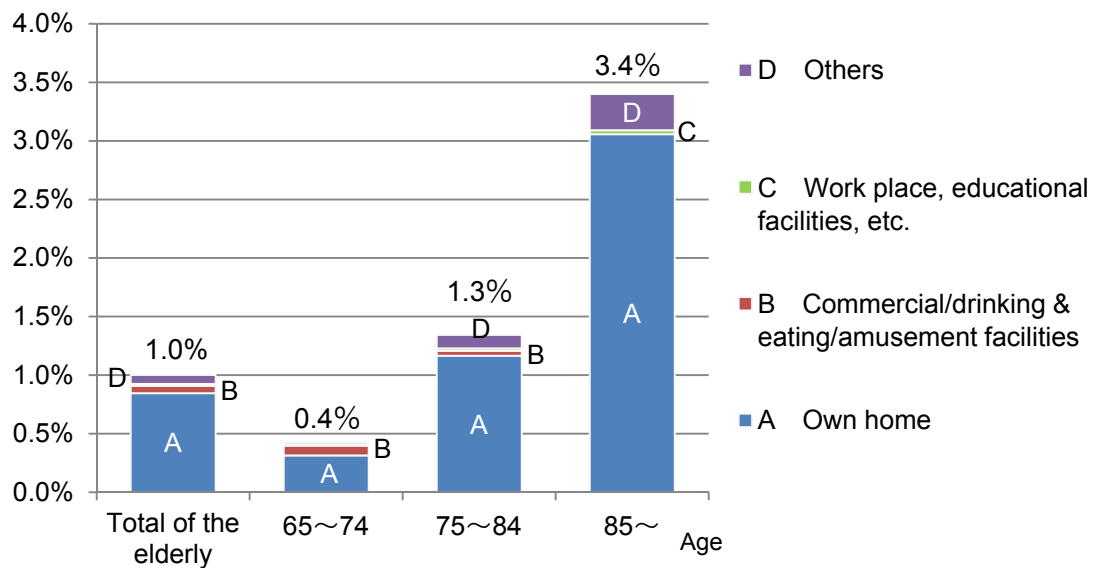


Fig. 3-22 Incidence rates of external injuries caused by tumbling/falling that occurred indoors for the elderly (by occurrence site) (2011)

Source: Ambulance call-out data

(5) Labor-related injuries

The number of persons transported by ambulance due to industrial disaster has remained almost constant at about 40 to 60 during 2006 to 2011 (Fig. 3-23). When we look at 2011 data by age group, the actual number of cases was the highest for persons at the age of 60's, while the incidence rate of external injury was the highest for persons at the age of 20's (Fig. 3-24).

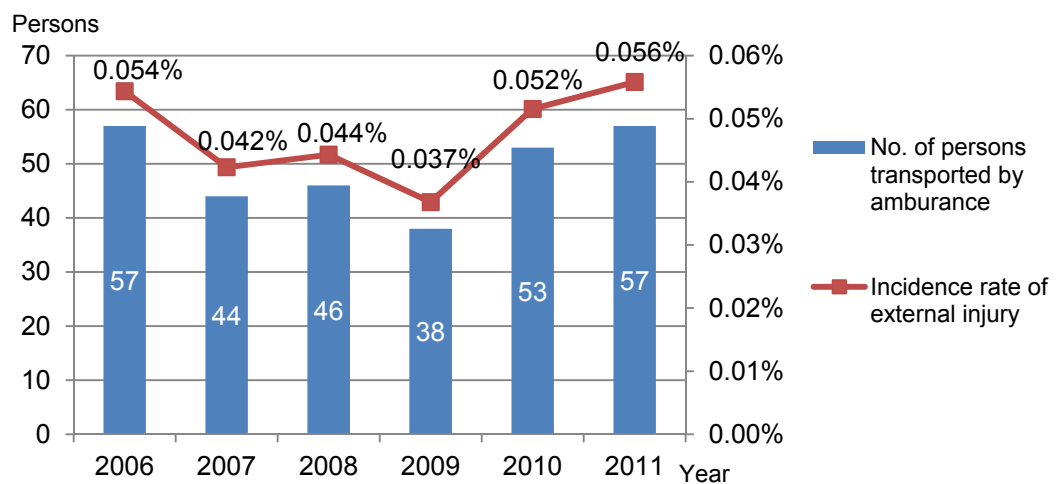


Fig. 3-23 Change in the number of persons transported by ambulance due to industrial disaster

*Incidence rate of external injury = No. of persons transported by ambulance / Total population of 15-79
(Total population for age groups for which ambulance was called out)

Source: Ambulance call-out data

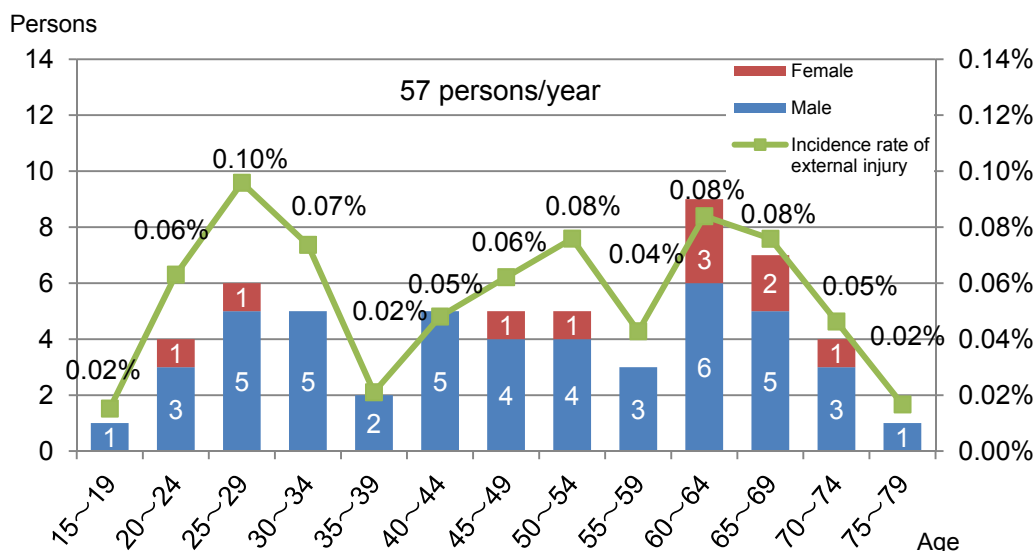


Fig. 3-24 Numbers of persons transported by ambulance and incidence rates of external injury due to industrial disaster (by age group) (2011)

*Incidence rate of external injury = No. of persons transported by ambulance/population of each age group

Source: Ambulance call-out data

Further by cause of external injury, injuries caused by fall and pinched/caught account for about a half of the total. By site of occurrence, factory/work site and building/construction site account for more than 80% of the total (Fig. 3-25). By type of injury/sickness, bruise/contusion, etc. account for 35.1%, while bone fracture accounts for 21.1% (Fig. 3-27).

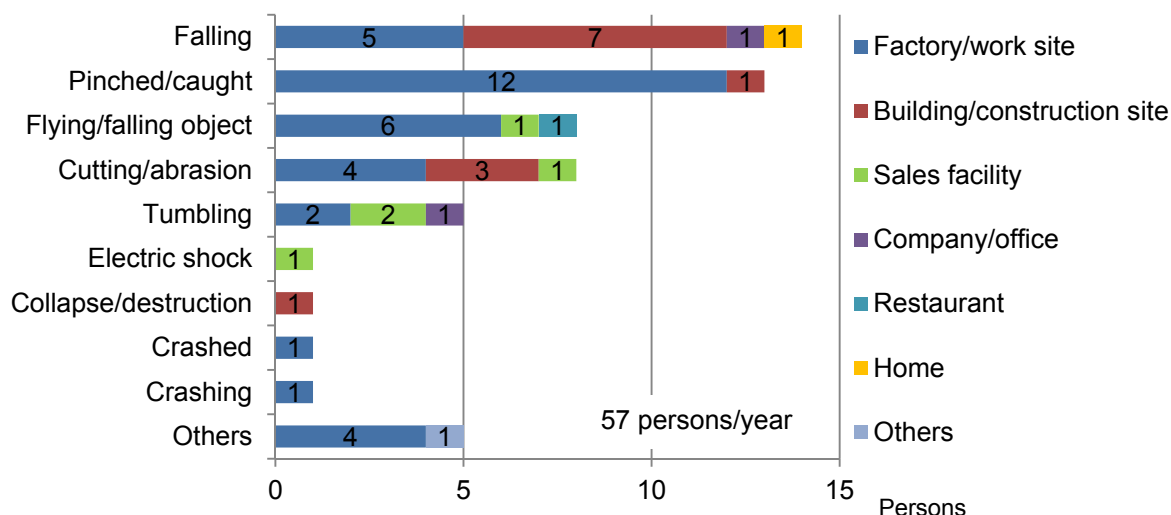


Fig. 3-25 Number of persons transported by ambulance due to industrial disaster (by cause and by occurrence site) (2011)

Source: Ambulance call-out data

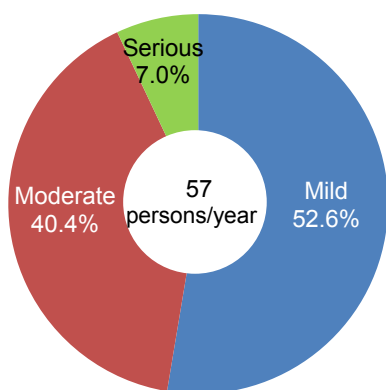


Fig. 3-26 By severity of injury/sickness

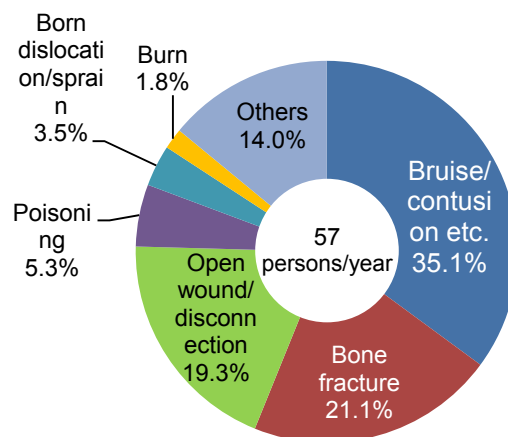


Fig. 3-27 By type of injury/sickness

Source: Both from ambulance call-out data (2011)

* Severity of injury

Death : When death is confirmed in the initial medical examination

Serious : When inpatient hospital care of 3 weeks or more is required

Moderate : When inpatient hospital care is required but not as much as serious

Mild : When inpatient hospital care is not required

(6) Injuries due to traffic accident

The number of traffic accidents has been decreasing each year, which was 730 in 2011. Although the number of severely injured persons has been reduced to one sixth of that in 2007, the incidence rate of Matsubara City per 100,000 population is higher than both the national level and the level of Osaka Prefecture.

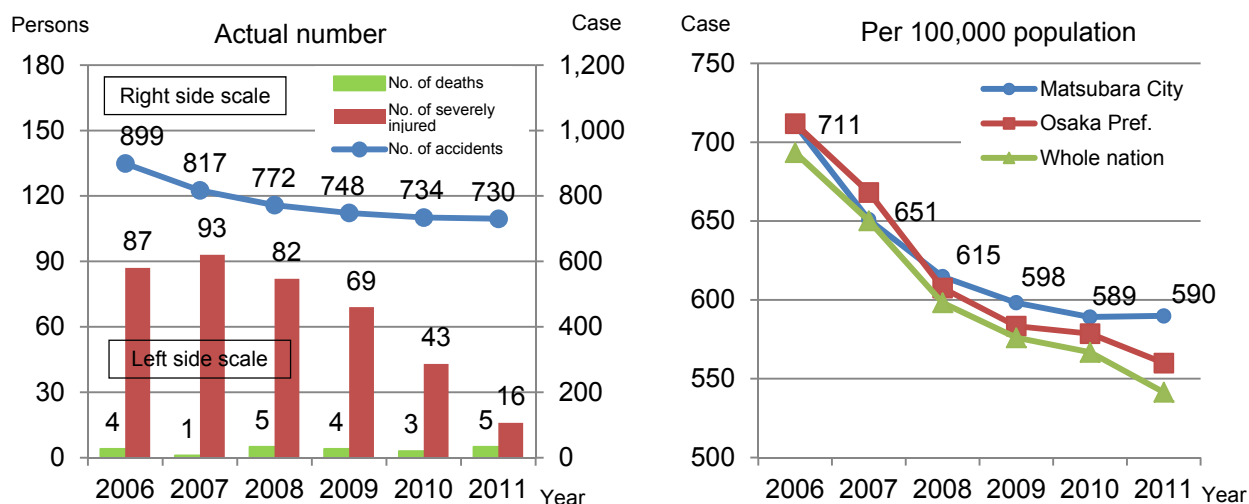


Fig. 3-28 Change in the number of traffic accidents

Source: Police statistics

From a closer look at occurrence of traffic accidents based on ambulance call-out data, the number of call-outs due to accidents on a bicycle accounted for the highest proportion of 45%. By age group, the incidence rate of external injuries caused by bicycle ride is outstandingly high among children and the elderly in comparison with other vehicles.

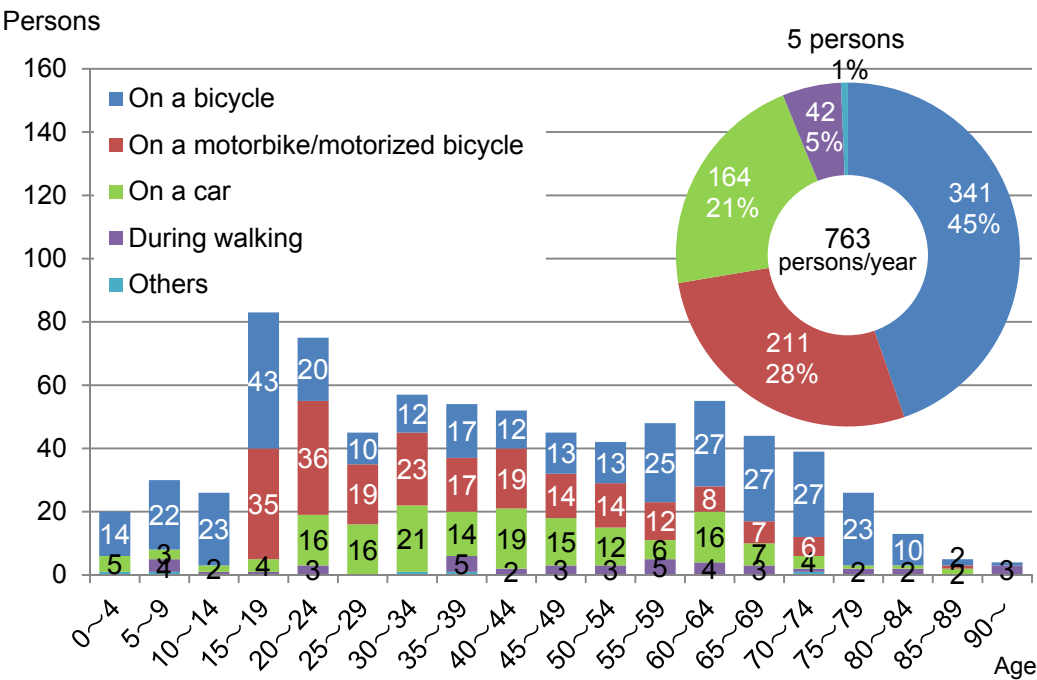


Fig. 3-29 Occurrence of traffic accidents by age group (2011)

Source: Ambulance call-out data

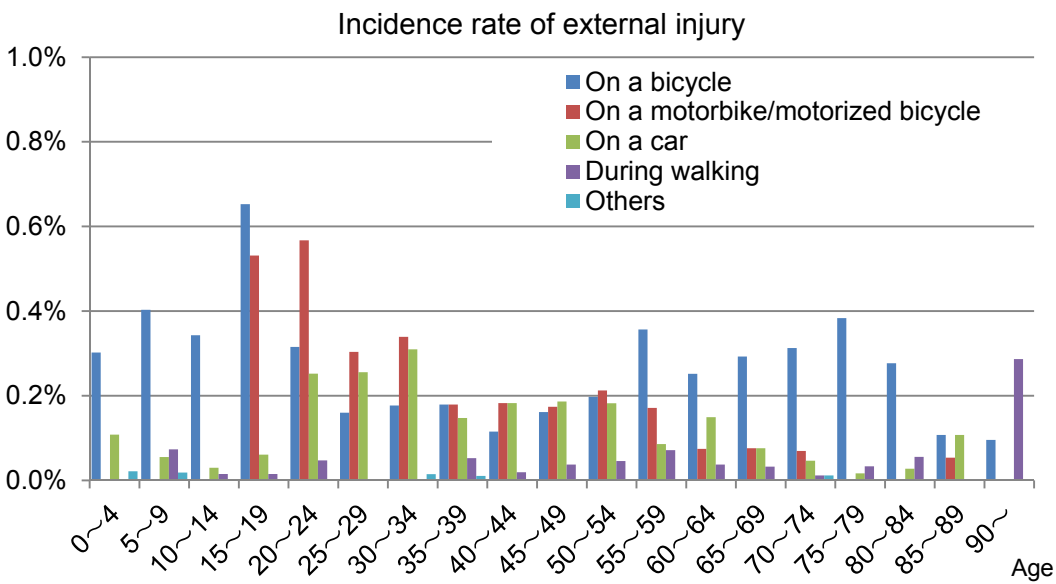
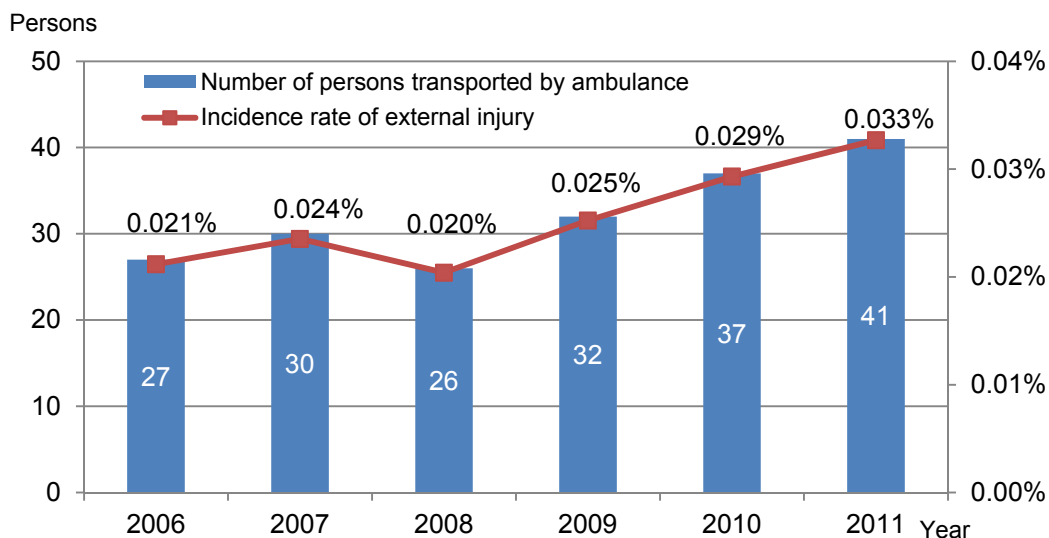


Fig. 3-30 Incidence rate of external injuries due to traffic accident (by age group) (2011)

Source: Ambulance call-out data

(7) Injuries due to athletics accident

The number of persons transported by ambulance due to injury occurred during sports activities has remained almost constant at about 30 to 40 during 2006 to 2011, which however is on a slight increase. Based on the 2011 data, the age groups with the largest number are 10's and 20's and injuries occurred most frequently in school facilities such as a school ground and a gymnasium. As for types of sports, 2 sports including soccer (26.8%) and baseball (22.0%) alone accounted for a half of the total. As for severity of injuries, mild case accounts for 80% and, by type of injuries, bruise/contusion, etc. account for 51.2% followed by 26.8 % of bone fracture.



* Incidence rate of external injury = No. of ambulance call-outs for each age group / population of that age group in Matsubara City

Fig. 3-31 Change in the number of persons transported by ambulance due to accidents during athletics

Source: Ambulance call-out data

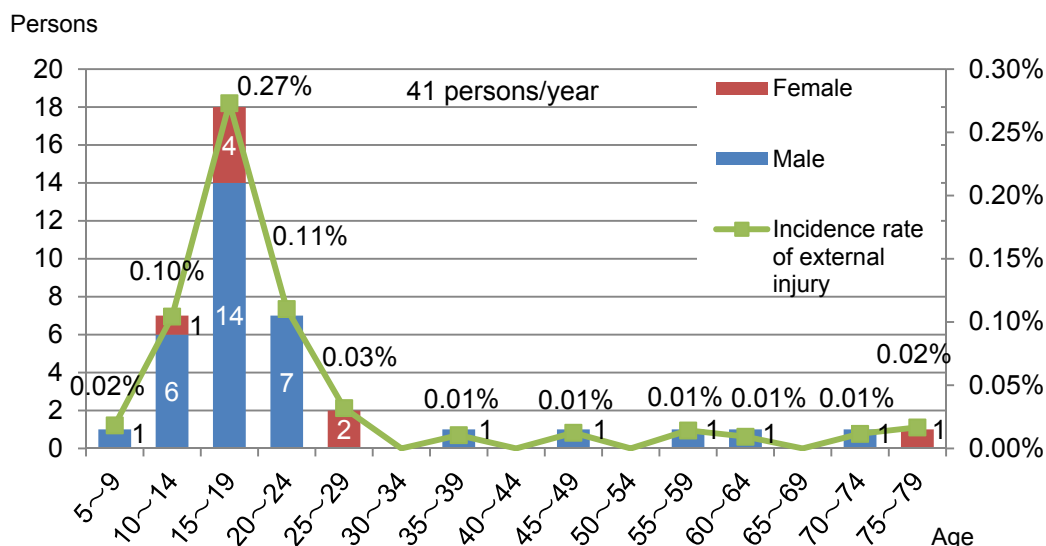


Fig. 3-32 Numbers of persons transported by ambulance and incidence rates of external injury due to accidents during athletics (by age group) (2011)

Source: Ambulance call-out data

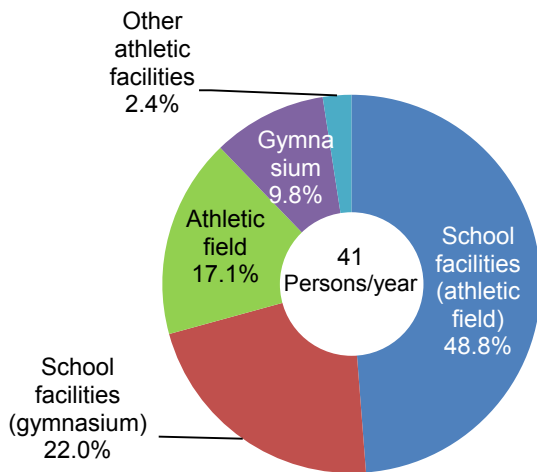


Fig. 3-33 By occurrence site

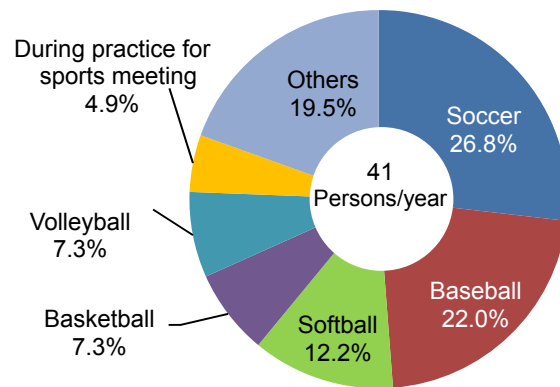


Fig. 3-34 By type of sports

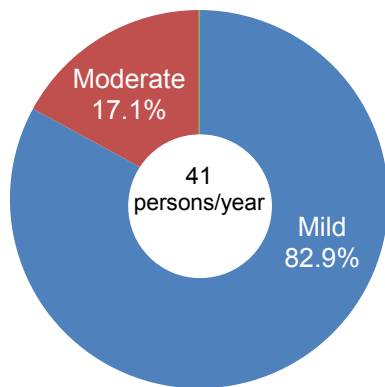


Fig. 3-35 By severity of injury/sickness

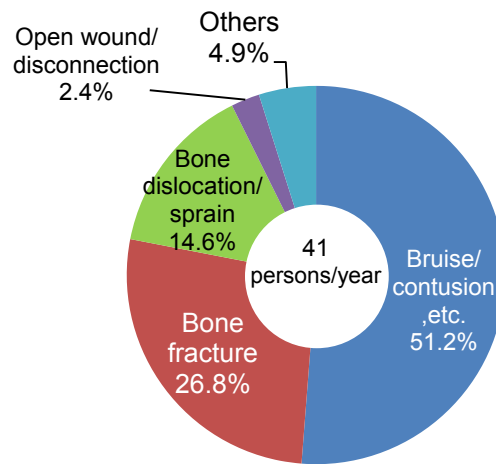


Fig. 3-36 By type of injury/sickness

Source: All from ambulance call-out data (2011)

(8) Assault-related injuries

The number of crime occurrence in Matsubara City has been on a decrease each year. However, when the number per 100,000 population is compared with the levels of the whole nation and Osaka Prefecture, it is still about 1.5 times higher than the national level. Further, as many as a half of criminal offences are accounted for by street crimes (street mugging, car theft, motorbike theft, bicycle theft, snatch, stealing from vehicles, car parts theft, and vending machine theft).

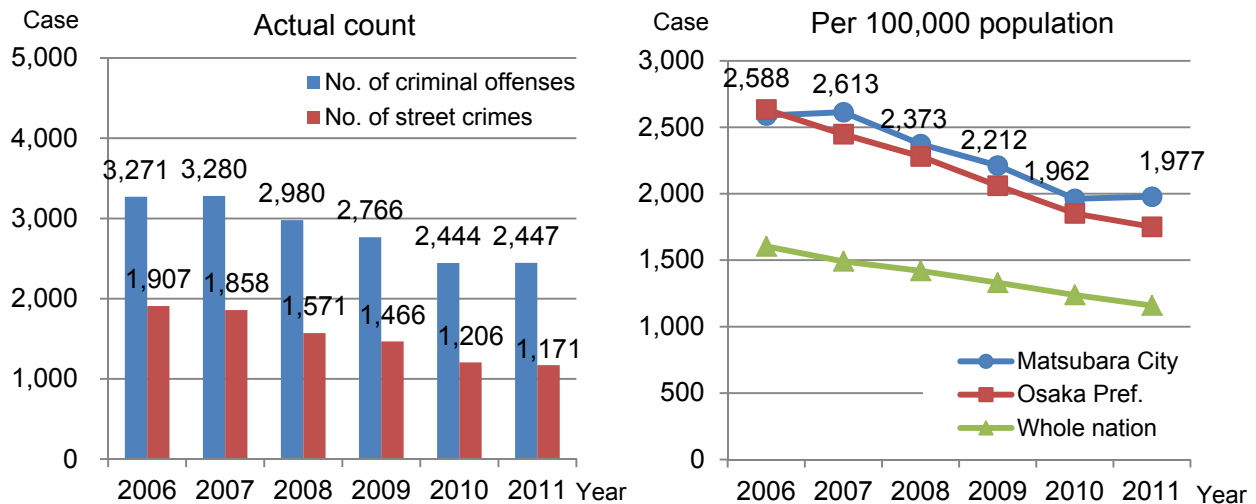


Fig. 3-37 Change in the number of crime occurrences

Source: Police statistics

As many as 44 persons were transported by ambulance in 2011 due to assault-related injury such as violence. Site where injuries occurred most frequently was own home, followed by road (Fig. 3-38). Regarding injury severity, 93% of injuries were of mild severity (Fig. 3-39).

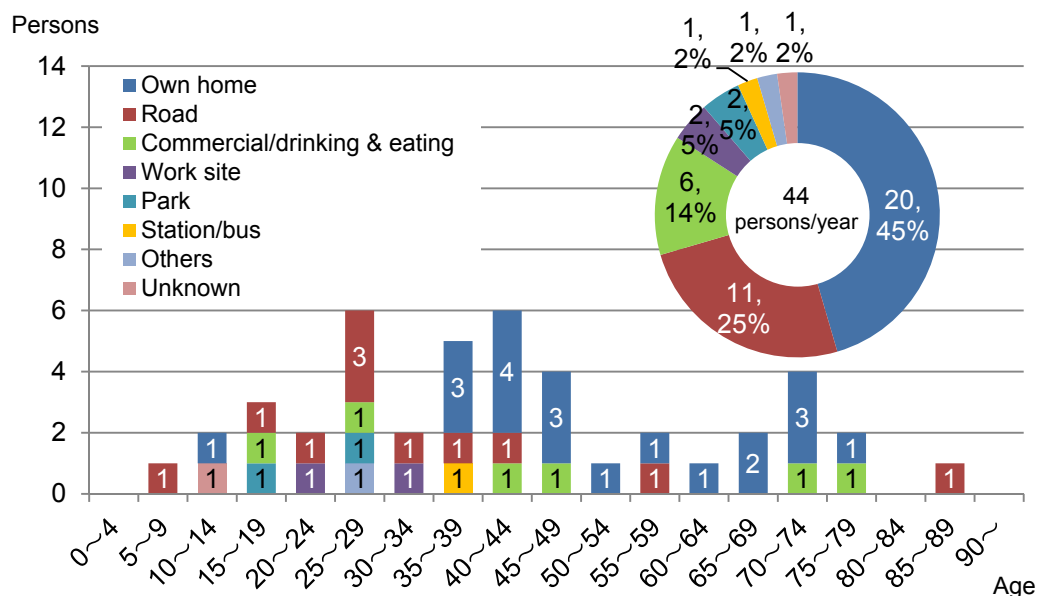


Fig. 3-38 Assault-related injuries by occurrence site and by age group (2011)

Source: Ambulance call-out data

Further it was checked based on the ambulance call-out data if the assault-related accidents in 2011 involved alcohol drinking. From the checking, it was confirmed that hardly any of them involved alcohol drinking.

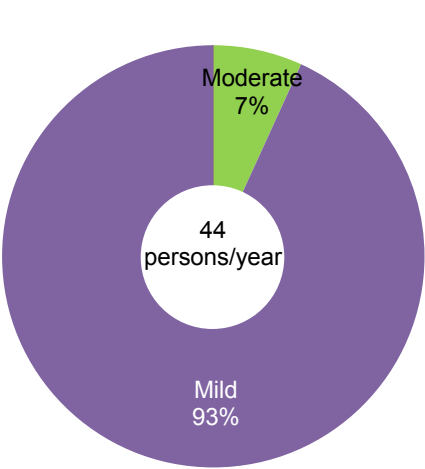


Fig. 3-39 Proportions by severity of injury (2011)

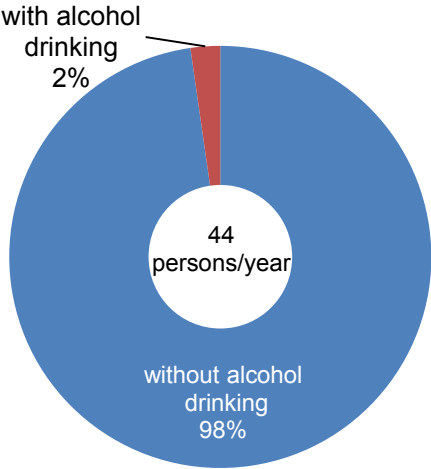


Fig. 3-40 Proportions by with/without alcohol drinking (2011)

Source: Ambulance call-out data

The number of consultations for child abuse/elderly abuse per 100,000 population is higher than those of the whole nation and Osaka Prefecture.

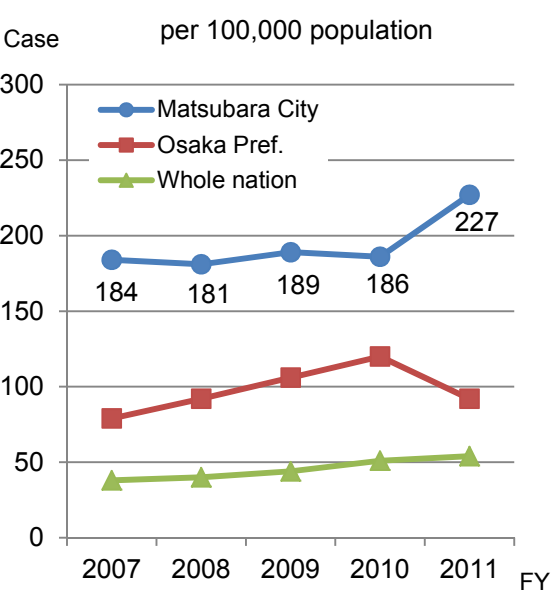


Fig. 3-41 Change in the number of consultations for child abuse

Source: Reported cases from the welfare administration

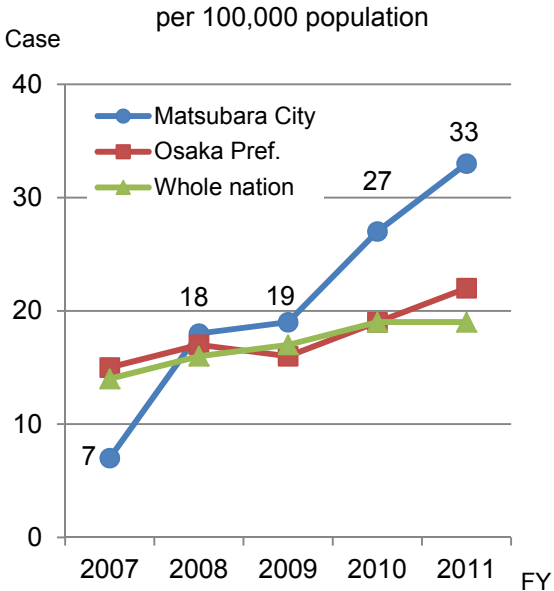


Fig. 3-42 Change in the number of consultations for elderly abuse

Source: Elderly Care Section of Matsubara City

(9) Injuries due to self-harming behavior

During 2006 to 2011, the number of persons transported by ambulance due to self-harming behavior (suicidal attempt) remained within the range of about 50-80, which is higher than the national level when compared on a per-100,000-population basis. As for age groups based on the ambulance call-out data of 2011, the number of occurrence is high especially for women at the age of 30's, where overdose of sleeping pills, etc. and use of knife/sharp-edged tool are the more frequently used means. As for site of occurrence, own home accounted for the highest proportion of 84.5% (Figs. 3-45, 3-46).

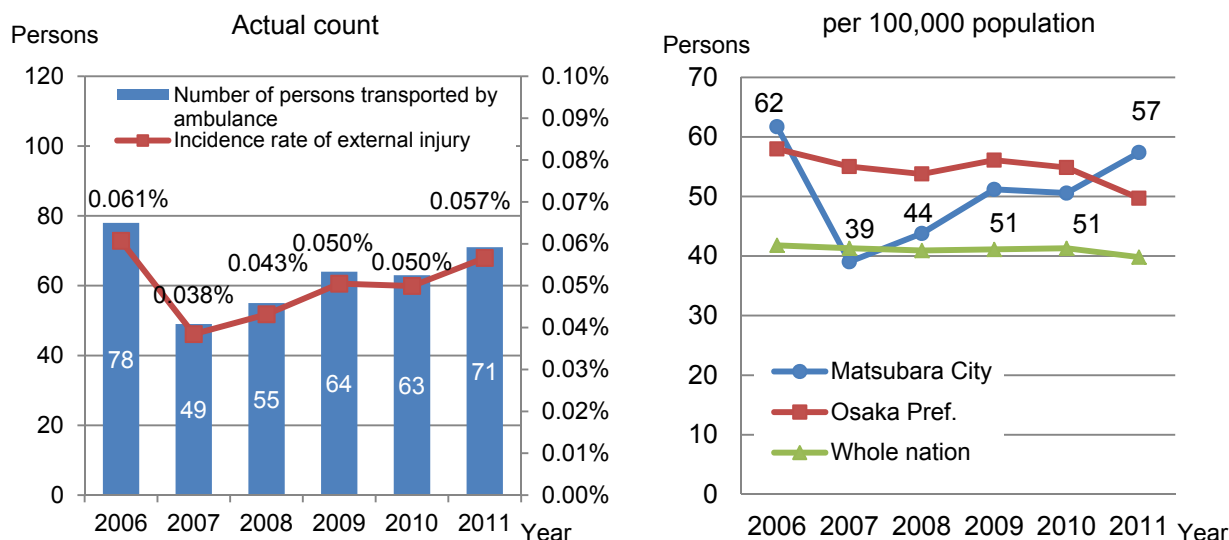


Fig. 3-43 Change in the number of persons transported by ambulance due to self-harming behavior (2011)

Source: Ambulance call-out data

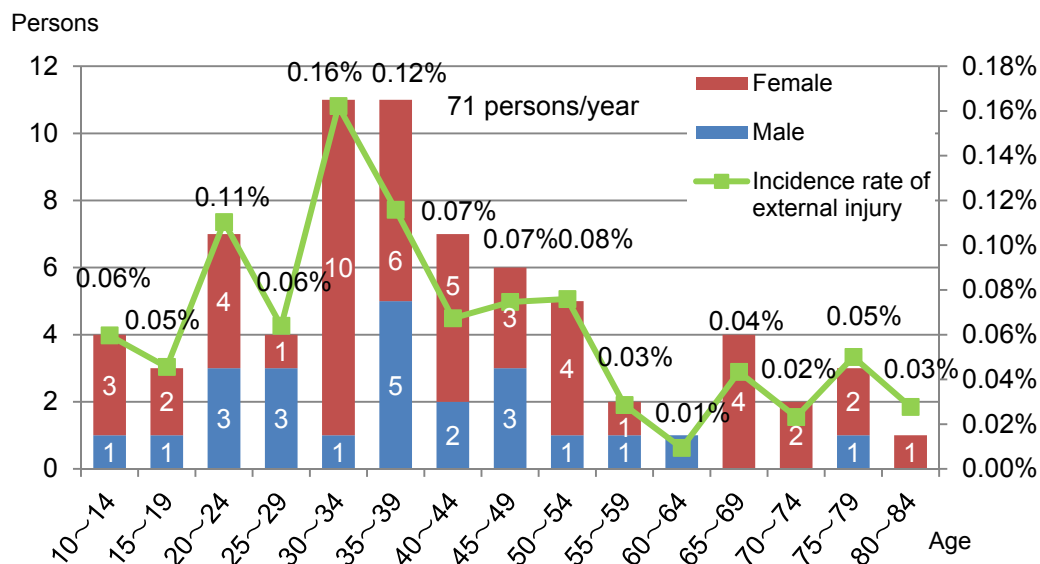


Fig. 3-44 Numbers of persons transported by ambulance and incidence rates of external injury due to self-harming behavior (by gender and by age group) (2011)

Source: Ambulance call-out data

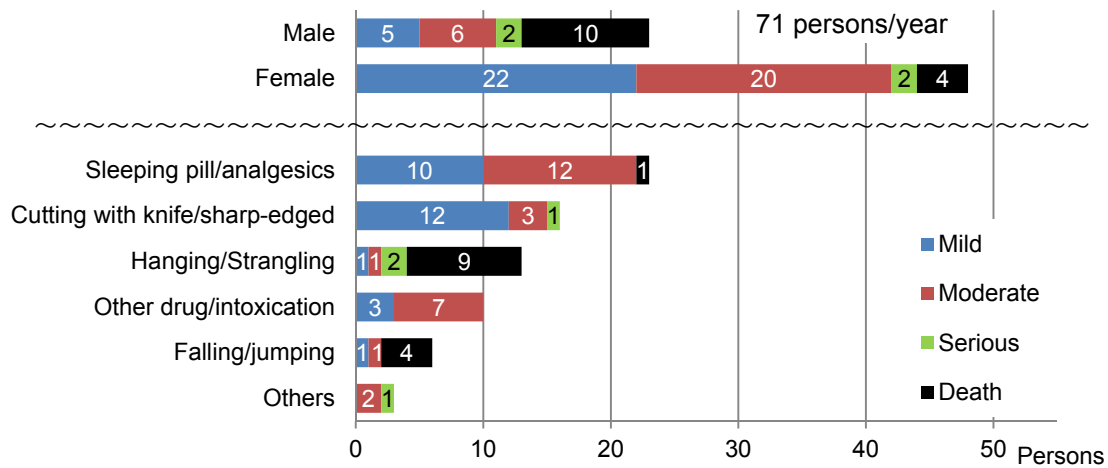


Fig. 3-45 Numbers of persons transported by ambulance due to self-harming behavior (by severity of injury/sickness by gender; by severity of injury/sickness by means) (2011)

Source: Ambulance call-out data

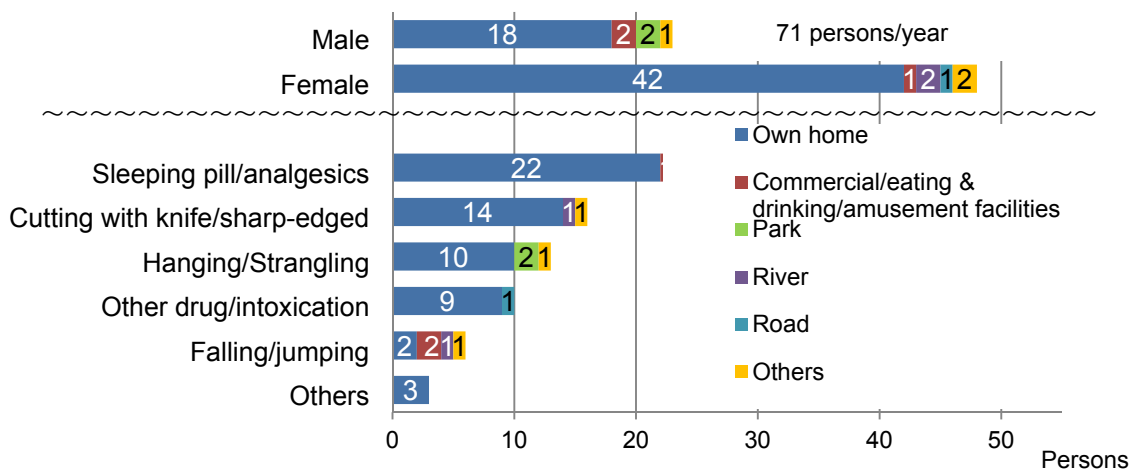


Fig. 3-46 Numbers of persons transported by ambulance due to self-harming behavior (by occurrence site by gender; by occurrence site by means) (2011)

Source: Ambulance call-out data

(10) Injuries caused by disaster

When the number of fires that occurred during 2006 to 2011 in Matsubara City is compared with those in the whole nation and Osaka Prefecture on a per-100,000-population basis, it is indicated that the number started to show an increasing trend from 2010 after having shown a declining trend until 2009.

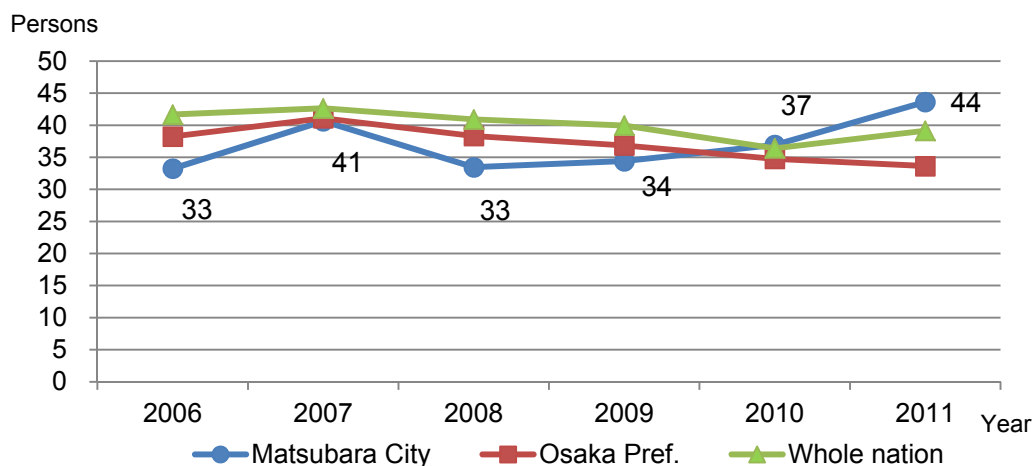


Fig. 3-47 Change in the number of fire occurrences per 100,000 population

Source: White paper on fire defense/Fire-Defense Headquarters of Matsubara City

When the number of deaths and the injured due to fire in Matsubara City is compared with those in the whole nation and Osaka Prefecture on a per-100,000-population basis, it is indicated that their results have all remained nearly at the same level (Fig. 3-48). The number of deaths and the injured was especially high in 2010. The numbers in parentheses () show the numbers of deaths. As for deaths by age group, the proportion of the elderly aged 60 years old and above is high (Fig. 3-49).

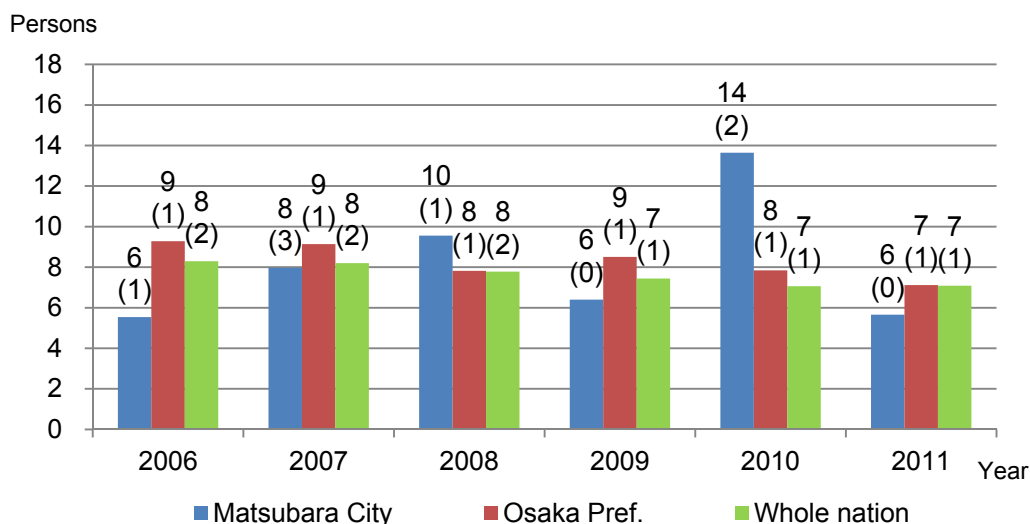


Fig. 3-48 Change in the number of deaths and the injured due to fire per 100,000 population (2006-2011)

Source: White paper on fire defense/Fire-Defense Headquarters of Matsubara City

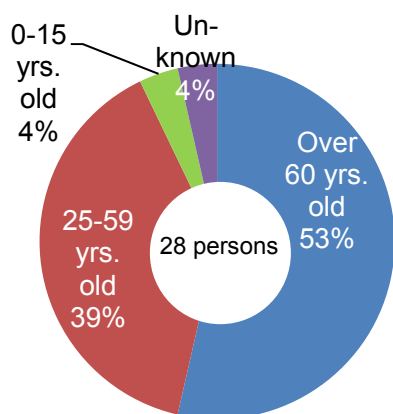


Fig. 3-49 Fire-related deaths by age group

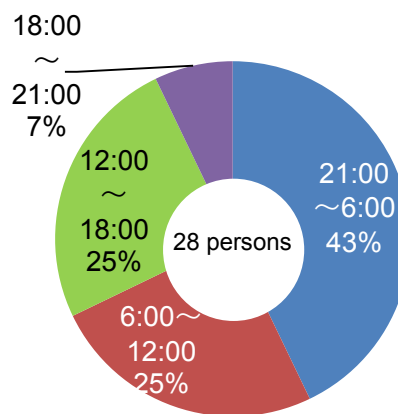


Fig. 3-50 Fire-related death by time of occurrence

Source: Both from Fire-Defense Headquarters of Matsubara City (Cumulative total for 1998-2011)

When the number of persons transported by ambulance due to water accident during 2006 to 2011 in Matsubara City is compared on a per-100,000-population basis with those in the whole nation and Osaka Prefecture, it is indicated that the results have remained nearly at the same level and the number of persons is also very small (Fig. 3-51). Further, as for details of the water accidents that happened in 2011, the persons transported by ambulance belonged to the age groups of 5-9 and 80-84, one each. Both accidents occurred in rivers (Table 3-3).

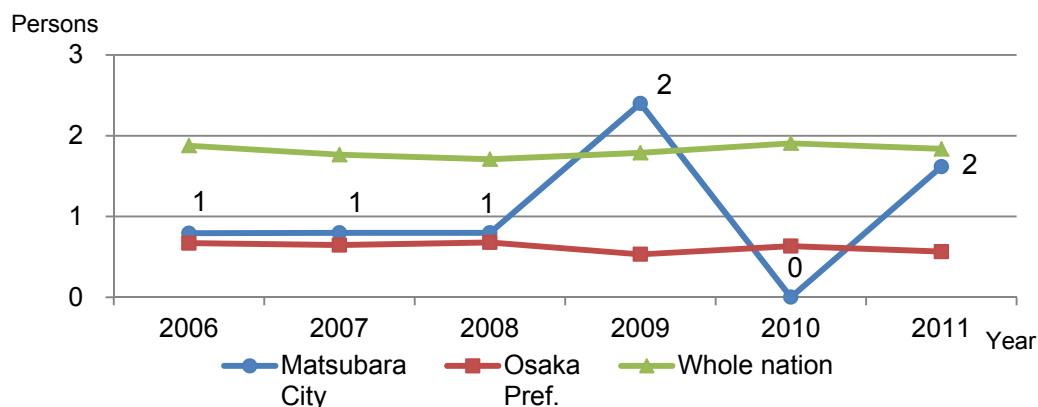


Fig. 3-51 Change in persons transported by ambulance due to water accident per 100,000 population (2006-2011)

Source: Ambulance call-out data







Table 3-3 Details of Ambulance call-out Due To Water Accidents (By age group, by occurrence site) (2011)

Source: Ambulance call-out data

Age group	No. of persons transported by ambulance	By occurrence site
5-9 years old	1	River
80-84 years old	1	River

3. Setting Priority Subjects Based on Community Diagnosis

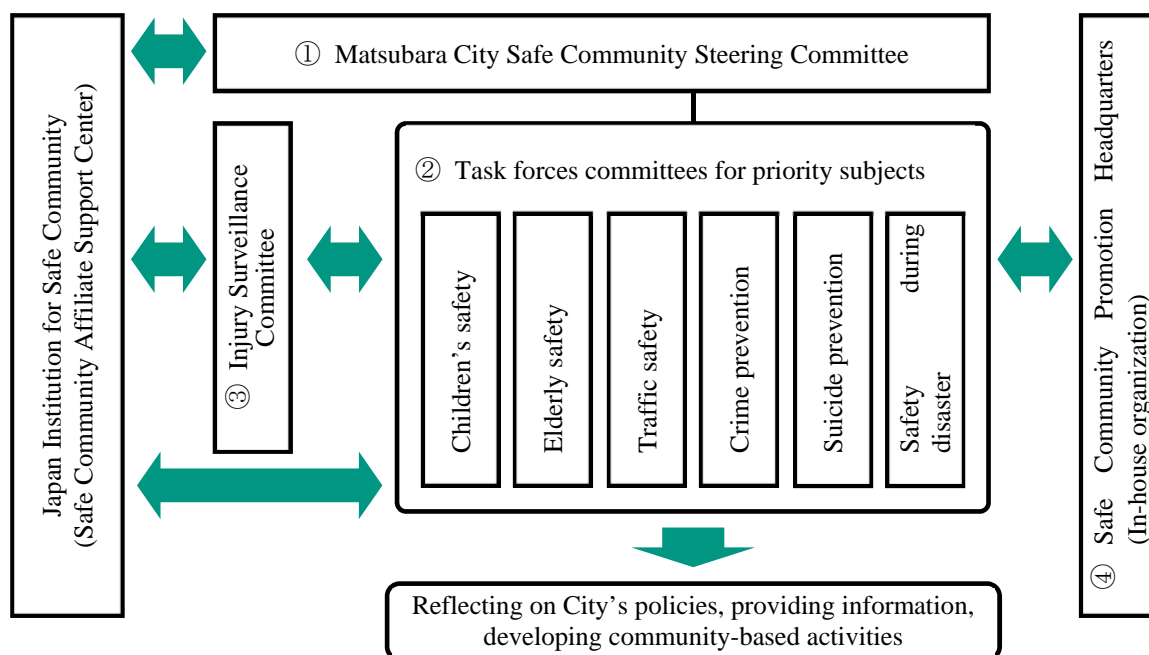
Based on the results of Community Diagnosis on deaths and the injuries caused by unintentional causes as well as suicides that had occurred to date, Matsubara City set the following subjects that should be preferentially addressed for prevention of external injuries, and prevention activities have been implemented for these.

Results obtained from Community Diagnosis		Set subjects
<ul style="list-style-type: none"> The incidence rate of external injuries that occurred indoors and resulted in ambulance call-out is high among children aged 0-4 years old next to the elderly. (Fig. 3-9 on page 14) Among elementary school and junior high school students, many injuries occur at school. (Fig. 3-16 & Fig. 3-17 on page 18) The number of consultations for child abuse of Matsubara City is higher than those of the whole nation and Osaka Prefecture. (Fig. 3-41 on page 28) 		(1) Safety of children
<ul style="list-style-type: none"> The incidence rate of external injuries that resulted in ambulance call-out is higher for the elderly than other age groups. The rate is especially high for injuries that occurred indoors. (Fig. 3-8 on page 14, Fig. 3-9 on page 14) The number of consultations for elderly abuse of Matsubara City is higher than those of the whole nation and Osaka Prefecture. (Fig. 3-42 on page 28) 		(2) Safety of the elderly
<ul style="list-style-type: none"> About 43% of the total number of ambulance call-outs is for traffic accidents. (Fig. 3-10 on page 15) About 45% of the ambulance call-outs for traffic accidents involve a person on a bicycle. (Fig. 3-29 on page 24) 		(3) Traffic safety
<ul style="list-style-type: none"> The crime rate of Matsubara City is higher than that of the whole nation. (Fig. 3-37 on page 27) About half of criminal offenses are street crimes. (Fig. 3-37 on page 27) 		(4) Crime prevention
<ul style="list-style-type: none"> Suicide is the leading cause of the deaths due to extrinsic causes, and is the highest ranking cause of death for the age group of 15-44 years old. (Table 3-1 on page 9) 		(5) Suicide prevention
<ul style="list-style-type: none"> Topographically, Matsubara City is located in an area surrounded by a number of active faults and is susceptible to earthquake disaster. (Fig. 1-2 on page 2) Among deaths due to fire that occurred at ordinary times, the proportion of the elderly aged 60 years old and above is high. (Fig. 3-49 on page 32) 		(6) Safety at the time of disaster

Chapter 4 Initiatives Based on Seven Indicators

Indication 1 An infrastructure based on partnership and collaborations, governed by a cross-sector group that is responsible for safety promotion in their community

(1) Promotion system of Safe Community activities



*: Numbers in parentheses () correspond to the following explanation of organizations.

① Matsubara City Safe Community Steering Committee

Matsubara City set up the “Matsubara City Safe Community Steering Committee” in July 2011 as the organ for cross-sector promotion with the participation of the police and fire departments, administration, as well as other groups that had been working on community safety and security activities.

■ Roles

- Deciding on the direction of Safe Community activity
- Evaluation of the overall activity of Safe Community
- Promoting community-based Safe Community activity

■ History of meetings

2011	July 26	1st
	November 2	2nd
2012	August 20	3rd
	October 29	4th
2013	March 29	5th

■ Composition

33 Groups 38 persons

Chair : Hirofumi Sawai, Matsubara City Mayor

Vice president : Osamu Kawanishi, President of Chamber of Commerce and Industry of Matsubara City

Vice chair : Toshiaki Okada, President of the Federation of Neighborhood Community Associations



② Task force Committees

Six task force committees were set up to address the priority subjects that were determined by Matsubara City Safe Community Steering Committee based on the data on injuries.

Each task force is comprised of cross-sector members such as officers from administrative organs related to each priority subject, and members from the groups that are implementing community activities, which serves to plan and promote the initiatives for the subject as well as to discuss the evaluation/improvement measures.

Table 4-1 Composition of Task Force Committees

Task force	Composition of members	
Children's safety (25 persons)	Administrative organization, etc. (11 persons)	Matsubara Police Office, Osaka Pref. Tondabayashi Child Home Center, Osaka Pref. Tondabayashi Juvenile Support Center, Matsubara City Government (Child Care Support Section, Municipal Information Office, Welfare General Affairs Section, Community Health Section, Education General Affairs Section, Education Promotion Section, Regional Education Promotion Section, Juvenile Section)
	Educational organization, etc. (3 persons)	Matsubara-Higashi Elementary School, Board of Directors of Public Nurseries, Board of Directors of Public Kindergartens
	Local organization, etc. (11 persons)	Safe City Planning Council, PTA Council, Council of Juvenile Advisors, Liaison Council of Children Organization Development, Local Welfare & Children's Care Commissioners Meeting, Japan Junior Chamber, Relief and Rehabilitation Women Association
Elderly safety (15 persons)	Administrative organization, etc. (6 persons)	Community Comprehensive Support Center Tokushukai, Community Comprehensive Support Center Social Welfare Council, Matsubara City Government (Elderly Care Section, Welfare General Affairs Section, Disability Welfare Section)
	Local organization, etc. (9 persons)	Safe City Planning Council, Federation of Senior Citizens' Clubs, Regional Women's Organization Council, Local Welfare & Children's Care Commissioners Meeting, NPO Corporation Care Support Group "Matsubara-kai", Regional Welfare Committee
Traffic safety (18 persons)	Administrative organization, etc. (7 persons)	Matsubara Police Office, Osaka Pref. Tondabayashi Civil Engineering Office, Matsubara City Government (Citizens Safety Section, City Planning Promotion Section, Road Section, Education Promotion Section, Regional Education Promotion Section)
	Local organization, etc. (11 persons)	Traffic Safety Association, Federation of Neighborhood Community Associations, Federation of Senior Citizens' Clubs, Council of Juvenile Advisors, PTA Council
Crime prevention (15 persons)	Administrative organization, etc. (3 persons)	Matsubara Police Office, Matsubara City Government (Citizens Safety Section, Road Section)
	Local organization, etc. (12 persons)	Workplace Crime Prevention Association, Crime Prevention Council, Federation of Neighborhood Community Associations, Safe City Planning Council, Probation Officers Association
Suicide prevention (14 persons)	Administrative organization, etc. (7 persons)	Community Comprehensive Support Center Tokushukai, Community Comprehensive Support Center Social Welfare Council, Fujiidera Health Center, Matsubara City Government (Office of Human Rights Culture, Disability Welfare Section, Community Health Section, Industry Promotion Section)
	Local organization, etc. (7 persons)	Local Welfare & Children's Care Commissioners Meeting, Chamber of Commerce and Industry, Local Council on Promotion of Measures for Persons with Disabilities, KOKORO-NET
Safety at disaster (28 persons)	Administrative organization, etc. (10 persons)	Osaka Pref. Tondabayashi Civil Engineering Office, Fire-Defense Headquarters, Matsubara City Government (Citizens Safety Section, Welfare General Affairs Section, Disability Welfare Section, Elderly Care Section, City Planning Promotion Section, Park and Green Spaces Section, Building and Housing Section, Water/Sewerage Services General Affairs Section)
	Local organization, etc. (18 persons)	Liaison Council of Voluntary Disaster Prevention Organizations, Federation of Neighborhood Community Associations, Red Cross Service Group, Safe City Planning Council, Women's Fire Prevention Club, Federation of Senior Citizens' Clubs, Local Council on Promotion of Measures for Persons with Disabilities, Local Welfare & Children's Care Commissioners Meeting, Risk Management Council, Volunteer fire corps

Table 4-2 Implementation of Task Force Committee Meetings

Date of meeting	Children's safety	Elderly safety	Traffic safety	Crime prevention	Suicide prevention	Safety at disaster
Dec. 2011	1 st meeting	1 st meeting	1 st meeting	1 st meeting	1 st meeting	1 st meeting
Jan. 2012	2 nd meeting	2 nd meeting	2 nd meeting	2 nd meeting	2 nd meeting	2 nd meeting
March 2012	3 rd meeting	3 rd meeting	3 rd meeting	3 rd meeting	3 rd meeting	3 rd meeting
May 2012	4 th meeting	4 th meeting	4 th meeting	4 th meeting	4 th meeting	4 th meeting
July 2012	5 th meeting	5 th meeting	5 th meeting	5 th meeting	5 th meeting	5 th meeting
Sept. 2012	6 th meeting	6 th meeting	6 th meeting	6 th meeting	6 th meeting	6 th meeting
Oct. 2012	7 th meeting	7 th meeting	7 th meeting	7 th meeting	7 th meeting	7 th meeting
Dec. 2012	8 th meeting	8 th meeting	8 th meeting	8 th meeting	8 th meeting	8 th meeting
Jan. 2013				9 th meeting		
Feb. 2013	9 th meeting	9 th meeting	9 th meeting		9 th meeting	9 th meeting
March. 2013	10 th meeting	10 th meeting	10 th meeting	10 th meeting	10 th meeting	10 th meeting



Task force on children's safety



Task force on elderly safety



Task force on traffic safety



Task force on crime prevention



Task force on suicide prevention



Task force on safety at disaster

③ Injury Surveillance Committee

The Injury Surveillance Committee was established with the aim of building a structure for surveillance of external injuries and to promote building the evaluation system. See Indicator 5 (p73-75) for a detailed explanation.

Table 4-3 Composition of the Injury Surveillance Committee

Medical institutions	Matsubara City Medical Association, Matsubara City Dental Association
Educational institutions	Hannan University
Specialized institutions	Japan Institution for Safe Communities
Administrative organs	Fujiidera Public Health Center, Matsubara Police Office, Fire Station Head Quarter, Matsubara City Government (Community Health Section)

④ Safe Community Promotion Headquarters (In-house organization)

The Safe Community Promotion Headquarters were established with the aim of establishing cross-sector collaboration among organizations within City Government and to support each task force for its effective SC activity.

■ Roles

- Discussion of the direction of Safe Community activity
- Discussion & coordination of implementation plans by sector

■ Composition

Major, Deputy Mayor, School Superintendent,
Directors of administrative sectors (22 persons)
Headquarters director: Mayor

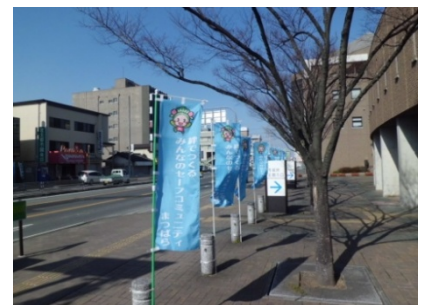


(2) Promotion and education activities of Safe Community

Matsubara City has been proactively carrying out promotional and educational activities of Safe Community so that all community members can work together to promote Safe Community activities.

1) Use of horizontal & vertical banners and banner-flags

With the aim to widely diffuse the city-wide initiatives for Safe Community activity, Matsubara City mounted horizontal and vertical banners at the main entrance of City Office and at the bicycle parking area in front of Kawachi-Amami Station. Further, when the events on Safe Community and various prevention activities are implemented, banner-flags with publicizing slogans are put up.



2) Enlightenment by posters in the trains and stations

Posters with catch copies on Safe Community are posted in the trains and at four train stations in the city to inform people with the concept of Safe community.



3) Distribution of promotional items

For the events and preventive activities of Safe Community, promotional items carrying the slogan are distributed to publicize Safe Community.



4) Use of official envelopes

With the aim to promote Safe Community activity, the envelopes on which information on SC activity is printed have been made and used for official city mails.



5) PR activity by use of various media

The city's PR brochure, website, and other media are utilized to promote SC activity among citizens. Particularly notable is the city's brochure, which has a column regarding Safe Community every month, where details of ongoing initiatives for the priority subjects, etc. are introduced.



6) Visiting lecturers program

With the intention to promote understanding of Safe Community activity and of current situations of injuries/accidents occurring in Matsubara City for raising cooperation among citizens, the city has the lecture program with lecturers visiting each local community. Since its start in November 2011, Safe Community activity has been introduced to 6 organizations and 223 people in total by this program to date.



7) Lecture meetings and symposiums

Safe Community activity has been publicized proactively at the lecture meetings held by the City Government and at lecture meetings, symposiums, etc. held by local organizations. Since the start of SC activity in FY 2011, a total of 7 events have been held, gathering 1,916 participants in total.



Indication 2 Long-term, sustainable programs covering genders and all ages, environments, and situations

(1) Entire picture of prevention programs

Matsubara City has already been carrying out various initiatives for safety improvement, including prevention activities by covering both genders, all age groups, and environments.

In the table below, the numerical value in the upper column for each environment/age group indicates the number of measures that have been taken. The typical measures taken for each corresponding purpose are explained on the next page and after. The alphabet in the lower column each corresponds to the measures of that alphabet on the next page and after.

Table 4-4 Number of Prevention Activities by Age Group and by Environment

		Age group			
		Child 0-14 yrs. Old	Adolescent 15-24 yrs. old	Adult 25-64 yrs. old	Elderly 65 yrs. old and above
Unintentional accident	(1) Home Safety	7	7	8	20
		A / B	B	B	B / C / D
	(2) School Safety	16			
		E / F			
	(3) Work place Safety		5	5	
			G	G	
	(4) Traffic Safety	18	12	12	12
		F / H / I	I	I	I
	(5) Leisure/sports Safety	7	7	7	7
		J / K	J / K	J / K	J / K
	(6) Other public places Safety	8	8	8	8
		L / M	L / M	L / M	L / M
Intentional factor	(7) Violence/abuse Prevention	42	30	26	28
		N / O / P	O / P	O / P	C / P
	(8) Suicide Prevention	10	11	11	10
		Q / T	R / S / T	R / S / T	S / T
(9) Safety at Disaster		29	25	25	26
		U / V / W	V / W	V / W	V / W

* The number of measures for each age group also includes the numbers of measures applying to all age groups and of measures applying to plural environments.

* Each measure, in principle, cover both genders.

(2) Major prevention activities

Some of the major prevention activities now being carried out in Matsubara City are introduced here.

1) Safe home

A: Enlightenment of prevention of infant accident at home

Target	Objective	Outline of activity	Party implementing/ concerned
Parents of infant	Preventing infant's accident at home	Through using group guidance/brochures/panels and various opportunities such as 4-month health check, to raise awareness of prevention of accidents frequently occurs for infants (accidental ingestion, falling, etc.).	Matsubara City Government

B: Emergency call system

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups (incl. severely disabled persons, etc.)	Early confirmation of safety of severely disabled people	To lend out emergency call device and pendant type portable emergency call units to be worn on the body to the elderly and severely disabled persons who are difficult to make emergency call.	Local Welfare & Children's Care Commissioners Meeting, Fire Station, Matsubara City Government

C: Stay-at-home (hikikomori) prevention program

Target	Objective	Outline of activity	Party implementing/ concerned
Elderly	Safety of the elderly living alone	In order to safety confirmation and isolation prevention, members of Senior Citizens' Club regularly visit single-life elderly persons and bedridden elderly persons.	Matsubara City Federation of Senior Citizens' Clubs

D: Municipality SOS network of aged wanderers in Minami Kawachi area

Target	Objective	Outline of activity	Party implementing/ concerned
Elderly	Early discovery and ensuring of security of aged wanderers	When an aged person becomes missing due to wandering, etc., the missing person's characteristics are supplied based on information from family to the collaborative organizations (a total of 63 organs including neighboring 9 municipalities, public facilities within the City, and elder care homes) to lead to early discovery.	Elder care homes within the City, Neighboring 9 municipalities, Matsubara City Government

2) Safe school

E: Safety-school support program for public elementary schools

Target	Objective	Outline of activity	Party implementing/ concerned
Elementary school pupils	Preventing criminal damages caused by suspicious person inside the elementary school	As school safety measures, to station a guard at the school gate to check/meet/respond to visitors, thus preventing entry of a suspicious person.	Matsubara City Government

F: Child watch activity on the way to & from school

Target	Objective	Outline of activity	Party implementing/ concerned
Elementary school pupils	Preventing traffic accidents and criminal damages of children on the way to & from school	In order to ensure safety on their way to & from school, to watch children by standing at hazard-prone spots such as intersections.	Neighborhood Community Association, PTA, Matsubara City Federation of Senior Citizens' Clubs, Matsubara City Government

3) Safety at work

G: Osaka Zero-Danger Initiatives

Target	Objective	Outline of activity	Party implementing/ concerned
Workers	Preventing industrial accidents	To hold lecture meetings, etc. on industrial health during the National Safety Week and the National Industrial Health Week	Osaka Labor Bureau, Labor Standards Inspection Office, private business

4) Safe traffic

H: Services to encourage the purchasing of bicycles with child seats for safety carrying two infants

Target	Objective	Outline of activity	Party implementing/ concerned
Infants	Preventing damages due to traffic accidents on a bicycle	To increase awareness of traffic safety and prevent traffic accident by promoting bicycles that meet the safety standard to carry two infants. A half of the purchase price is subsidized (maximum 50,000 yen).	Matsubara City Government

I: Traffic safety campaign

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups	Promoting traffic safety awareness	In collaboration of the Matsubara City Federation of Senior Citizens' Clubs and the Police Office, to conduct enlightenment activity on 15th every month, by calling for traffic safety at 4 stations in the City.	Matsubara City Federation of Senior Citizens' Clubs, Matsubara Police Office

5) Leisure and sport safety

J: Training session for sports safety

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups	Preventing accidents in sports	To hold training sessions by inviting a sports doctor as a lecturer.	Matsubara Sports Association, Matsubara City Government

K: Children's amusement park improvement program and inspection of play equipment in parks

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups (Park users)	Preventing accidents in a park	To conduct periodical inspection of playground equipment by a special contractor and to maintain children's amusement parks that can meet the standards in consideration of safety, comfort, and user-friendliness.	Specific contractor, Matsubara City Government

6) Safe public places & others

L: Installation of AED and training sessions for emergency and critical care

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups	Life-saving for the injured and the sick	To enable prompt life-saving activities by installing AED in all public facilities and some convenience stores in the City and to train the members chosen from among citizens with correct cardio-pulmonary resuscitation and first-aid treatment so that they can serve as helpful "Bystander" at casualty sites until patients are brought to the medical institution.	Volunteer fire corps, Federation of Women's Fire Prevention Clubs, Schools, Fire Station Headquarter, Matsubara City Government

M: Agricultural facilities improvement program

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups	Preventing accidents in agricultural facilities	With the aim to improve environment and to prevent disasters, to provide subsidies for construction/renovation of agricultural facility (water storage reservoir, etc.) carried out by agriculture-related organizations (Irrigation Associations, Land Improvement Districts, etc.).	Irrigation Associations in Matsubara City, Land Improvement District of Miyake -cho(in Matsubara City), Matsubara City Government

7) Prevention of violence, abuse, and crime

N: Hello Baby program

Target	Objective	Outline of activity	Party implementing/ concerned
Parents of infants	Preventing child abuse	By visiting families with a baby before 4 months of age, by listening to parents' worries and problems, and by giving information & advice for supporting child care, to prevent isolation of families with a baby so that sound environment is secured for baby care.	Local Welfare & Children's Care Commissioners Meeting, Matsubara City Government

O: Mother and child lifestyle support facility

Target	Objective	Outline of activity	Party implementing/ concerned
Single mother family, DV victims, etc. (female)	Securing life of mother-child families and protecting DV victims	With the aim to protect mother without spouse and her children and DV victims, to receive them in a temporary shelter, to furnish welfare support for mother & child, and to give assistance for their self-reliance	Mother and child lifestyle support facility, Matsubara City Government

P: Subsidized program for installation/maintenance of security lighting

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups	Crime prevention	With the aim to deter crimes by lighting up streets, to subsidize a part of installation cost/electricity expense of security lighting that is managed by neighborhood community associations.	Neighborhood Community Association, Matsubara City Government

8) Suicide prevention

Q: Educational counseling

Target	Objective	Outline of activity	Party implementing/ concerned
Elementary/junior high school students & their parents	Preventing children's bullying	By conducting educational counseling and stationing school counselors to address educational and mind/body problems of children/students, to carry out consultation activity for children/students and parents. Educational counseling service of Matsubara City Education Support Center is also available when needed.	Osaka Prefecture Education Board, Matsubara City Government

R: Youth counseling and self-reliance support seminar

Target	Objective	Outline of activity	Party implementing/ concerned
Adolescents/adults with problem such as school refusal, NEET, and stay-at-home (hikikomori)	Preventing suicide	Aiming at promoting social participation and self-reliance of targeted persons, to support the targeted persons as well as their families	Kurumi-kai Yao, Osaka Prefectural Government, Fujiidera Health Center, Social Welfare Council, Matsubara City Government

S: Consumer affairs consultation project

Target	Objective	Outline of activity	Party implementing/ concerned
Borrowers having difficulty with repayment	Preventing suicide	Aiming to prevent suicidal attempt triggered by multiple debts problems, to introduce appropriate consultation organs, to conduct debt consultation services, and to support for self-reliance.	Matsubara City Government

T: Health education and health counseling

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups	Preventing suicide	To conduct health education and health consultation regarding suicide prevention.	Matsubara City Government

9) Safety during disaster

U: Disaster prevention picture exhibition

Target	Objective	Outline of activity	Party implementing/ concerned
Elementary school pupils	Promoting awareness of disaster prevention	To increase interest in disaster prevention among children and to publicize awareness of disaster prevention while endeavoring to diffuse disaster prevention knowledge among citizens.	Schools, Matsubara City Government

V: Matsubara City general disaster prevention drill

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups	Preventing disaster damages and improving responsive ability to disasters	In order to respond to the assumed damages caused by possible occurrence of a large-scale natural disaster, to implement a practical drill once a year jointly by many related organizations such as neighborhood community associations and voluntary disaster prevention groups.	Neighborhood Community Association, Liaison Council of Voluntary Disaster Prevention Organizations, Volunteer fire corps, Women's Fire Prevention Club, Matsubara City Medical Association, Private clinics, Matsubara City Red Cross Service Group, Matsubara City Crime Prevention Council, Self Defense Force, Matsubara Police Office, Osaka City Government, Fire Station Headquarter, Matsubara City Government

W: Disaster prevention drill organized by Local Network Project Council

Target	Objective	Outline of activity	Party implementing/ concerned
Citizens in all age groups	Improving local ability to prevent disasters	With the aim to reinforce the support system with neighborhood community associations in the region and to increase awareness of disaster prevention among elementary school children, to hold a disaster prevention drill at the schools on the Sunday Parents Visit Day.	Neighborhood Community Association, Liaison Council of Voluntary Disaster Prevention Organizations, Volunteer fire corps, Women's Fire Prevention Club, Matsubara City Red Cross Service Group, Fire Station Headquarter, Schools, Matsubara City Government

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

(1) Outline of high-risk groups and programs

Matsubara City considers the following groups to be high-risk groups: (1) Non-Japanese residents, (2) Abused children, women and elderly people (3) People with physical or other disabilities, (4) Residents living along the rivers the Yamato River and others. The background and programs for these are explained below.

1) Non-Japanese residents

1)-1 Background of positioning as high-risk group

Looking at the transition in numbers of registered non-Japanese residents, it appears the population is on the decline. As of October 1, 2012, 1,298 non-Japanese were residing in Matsubara City. While it is difficult to understand the trends of injury among non-Japanese residents by analyzing existing data, preventive programs are being carried for all residents of Matsubara City, regardless of nationality. However, various programs have been implemented as it is possible that there will be problems within daily lives due to a difference in language, culture and customs.

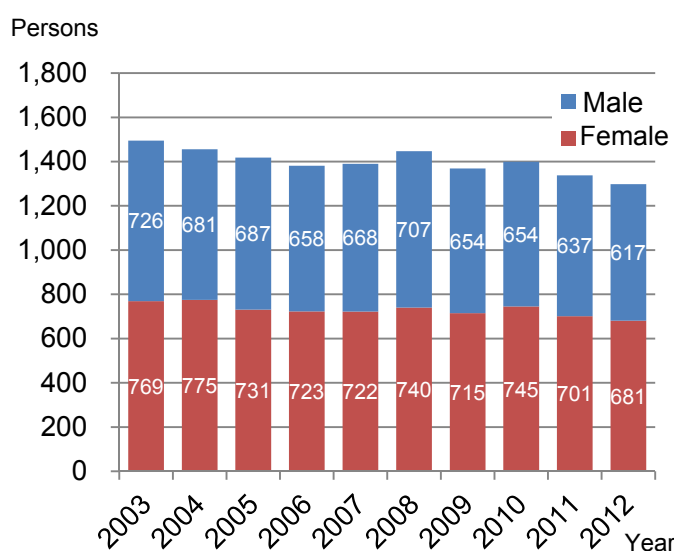


Fig. 4-1 Transition of non-Japanese residents by gender
(As of October 1 of each year)

Source: Resident registration

Table 4-5 Number of Registered Non-Japanese Residents by Nationality

Source: Resident registration
As of March 31, 2013

Nationality	Registered persons (persons)
South Korea	535
China	506
Philippines	49
Thailand	40
Brazil	38
North Korea	24
Vietnam	16
Others	73

1)-2 Programs for non-Japanese residents

a. Interpretation and translation support

Since June 2003, interpretation and translations support services have been available to non-Japanese residents living in Matsubara City. Interpreters and translators are dispatched to answer needs such as “I don’t understand what’s being said at City Hall or the Hospital”, or “We need documents in our native language.” We are attempting to provide non-Japanese residents with accurate information on the government and region so that they may live safely without worries.

- b. International Plaza “Momen” (Japanese language reading/writing class)

The International Plaza “Momen” is a place where non-Japanese residents living in Matsubara City can come and relax. People having trouble with the Japanese language or those looking for friends can come and meet volunteers from the area, and learn Japanese in a fun environment. This plaza provides not only a means to learn Japanese, but a place to become involved with the region, resolve anxiety from living in a foreign country, and get information for a living worry-free.

2) Abused children, women and elderly people

Children and elderly people subject to abuse are explained in Indicator 4 (pages 49 to 72). Here, we will explain women who are subject to abuse.

2)-1 Background of positioning as high-risk group

People who are subject to abuse, in general, tend not speak out about their own condition and rather, tend to suffer by themselves. Further, as it is difficult to know their conditions from the outside, so we have positioned these people as a high-risk group, and have implemented preventative programs.

There were a total of 202 consultations about DV in the past four years. Most of these were from women. There were a total of 16 cases of temporary protection implemented due to the urgency of the consultation.

Table 4-6 Number of DV Consults Per Year

Source: Matsubara City Human Rights Section

	Total				Total				
		From person being abused		From other person		Action in respect to consult			
		Female	Male			Temporary protection	Referral to other agency	Advice/guidance	Provision of information
FY 2008	18	16	1	1	18	0	5	6	7
FY 2009	37	33	0	4	37	4	4	16	13
FY 2010	99	85	0	14	99	8	17	60	14
FY 2011	48	46	0	2	48	4	7	28	9
Average	50.5	45	0.25	5.25	50.5	4	8.25	27.5	10.75
Ratio	100%	89.1%	0.5%	10.4%	100%	7.9%	16.3%	54.5%	21.3%

2)-2 Programs for women subject to abuse

a. Women's consultations

Expert counselors listen to the women's problems, and give information according to each situation. The counselors also give advice to help the consultant increase their self-esteem.

b. Mother and child lifestyle support facility

Mothers and children as well as women who need emergency evacuation from a spouse's violence, etc., are temporarily protected in a public, etc., protection facility.

3) People with physical or other disabilities

3)-1 Background of positioning as high-risk group

The number of persons with disabilities in Matsubara City (hereafter, disabled persons) is increasing each year. As of March 31, 2012, there were approx. 6,700 disabled persons living in Matsubara City. It is difficult to understand the trends of injury among disabled persons by analyzing existing data. However, such disabled persons are more susceptible to damage by having difficulties in movement or by not having accurate knowledge of the situation at home, in public locations, or during disaster. Thus, preventive programs have been implemented.

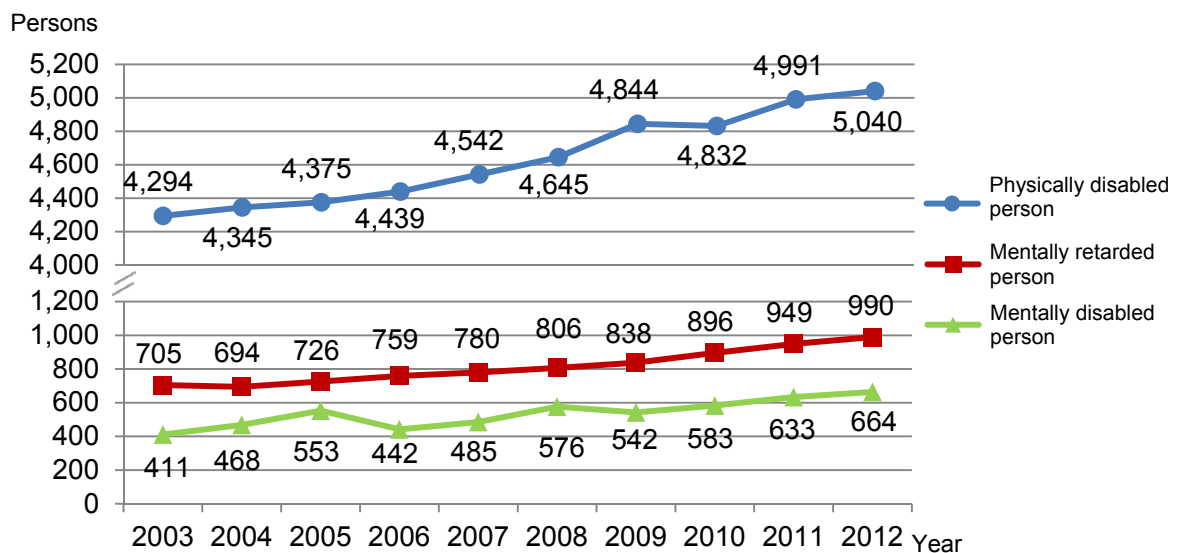


Fig. 4-2 Transition of disabled persons (As of March 31 of each year)

Source: Matsubara City Disability Welfare Section

3)-2 Programs for disabled persons

a. Bodily function improvement training project for persons with physical disabilities

Strength-improvement training is provided to persons with a Disability Certificate to help them maintain and improve their body function for daily life. An emphasis is made to ensure safety in their daily lives.

- b. Service for providing information on fire safety, etc.

An effort is made to ensure safety for households of only disabled persons or similar households by phoning or faxing information regarding fires in the neighborhood.

4) Residents living near the river including Yamato River and others

4)-1 Background of positioning as high-risk group

During the typhoon and heavy rains in 1982, flooding of the Nishiyoke River and Imaido River and backwater from the Yamato River caused many cases of flooding. Fortunately, no lives were lost, but 1,963 homes were subject to serious damage with flooding above floor level. Subsequently, rain water pump facilities were installed, and the riverbanks, etc., were modified and there has been no serious water damage. However, the Yamato River, etc., could still overflow in the event of heavy rains, so residents along the Yamato River, etc., have been positioned as a high-risk group, and preventive programs have been implemented.



4)-2 Programs for residents along Yamato River

a. “Hazard Map for Each Town in its Entirety”

Information regarding flooding, including flooding depths based on flooding predictions and evacuation sites, etc., as Flooding Related Signs within the community. These signs aim to enhance awareness regarding flooding, and to increase knowledge on flooding depths and evacuation sites, etc. This will lead to safe and smooth evacuation activities in the event of a disaster, and will help to minimize damage from flooding.



b. Local disaster prevention drill

The town and neighborhood fire prevention organizations carry out practical disaster prevention drills in each neighborhood to confirm the necessary actions for emergencies, and help to prevent increased damage.

c. Yamato River flood prevention drill and general drill of Osaka Prefecture regional disaster prevention

Practical drills of flood control methods, etc., are carried out with the Kinki Regional Development Bureau, Osaka prefecture, cities neighboring the Yamato River, community residents and communities participating. This drill was recently held in 2011.

Indication 4 Programs that are based on the available evidence

(1) Programs for each priority subject

Matsubara City has set a cross-sectional task force for each of the six priority subjects, and is carrying out preventive programs through cooperation. The organization of each task force is given on page 35. In this section, as programs based on available evidence, the programs for each subject pinpointed from existing data and a factual survey on injury, safety and security, are explained for each task force.

1) Children's Safety

[Subject 1]

More than half of injuries to children in the 4 years and younger group are occurred at own home. Of these, most occur in the living room. (Fig. 3-12, Fig. 3-13 on page 16)

[Subject 2]

Tumbling/falling was the main cause of injuries indoors by children in the 4 years and younger group. (Fig. 3-14 on page 17)

[Subject 3]

For preschoolers (ages 0 to 5), injuries at nursery school or kindergarten followed those sustained at home or neighborhood. The main cases were tumbling/falling, and contact/collisions with person/objects.

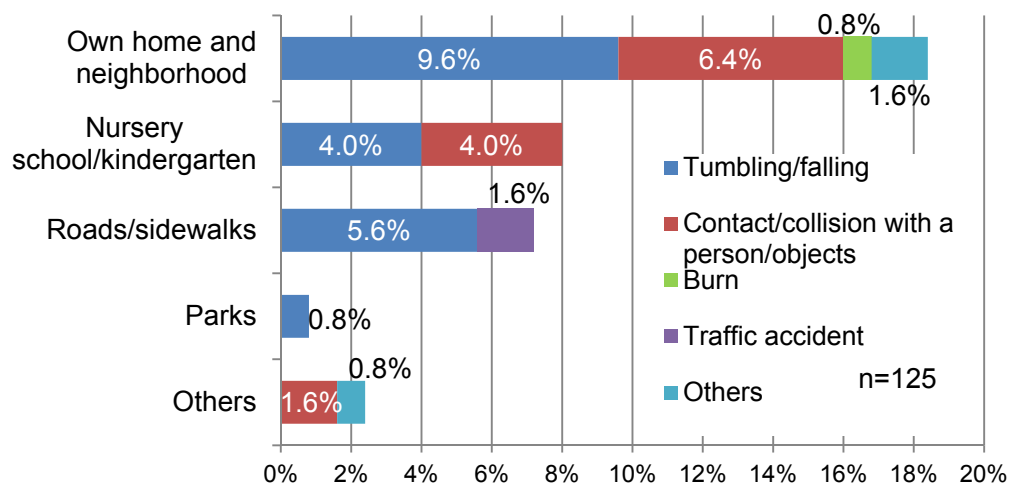


Fig. 4-3 Rate of injury among preschoolers according to place

Source: Questionnaires for factual investigation of injuries, safety/security (2011)

[Subject 4]

About half of injuries to elementary school and junior high school students occurred at school. There were approx. 680 cases/year at elementary schools, and approx. 550 cases/year at junior high schools. (Fig. 3-16, Fig. 3-17 on page 18)

[Subject 5]

The number of consultations regarding child abuse is higher than the national levels. (Fig. 3-41 on page 28)

[Subject 6]

Approx. 40% of the respondents did nothing even when they heard about abuse.

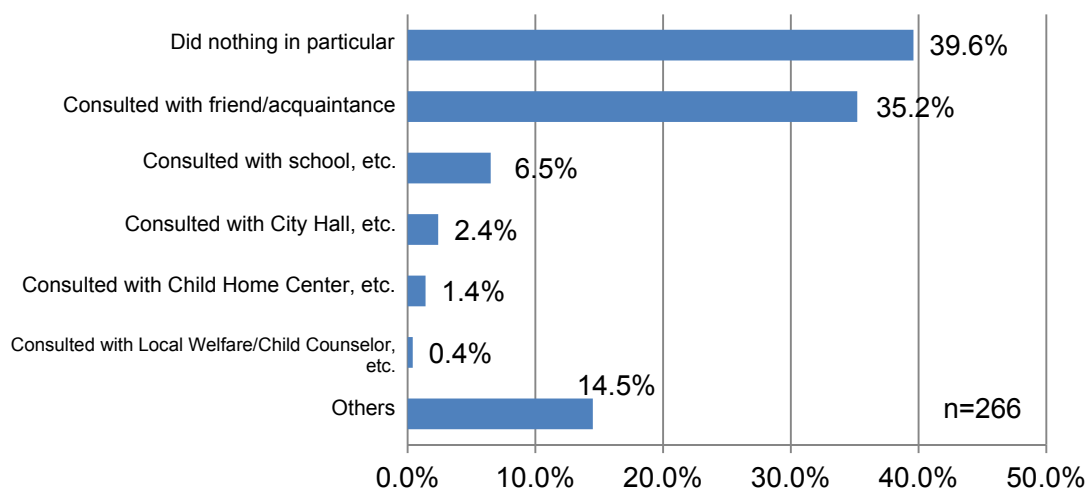


Fig. 4-4 Action when hearing about abuse (2009)

Source: Investigative report regarding Matsubara City's next-generation education

[Subject 7]

Consultations from the community such as neighbors, acquaintances, family, relatives, child counselors or the child being abused are still infrequent compared to public agencies.

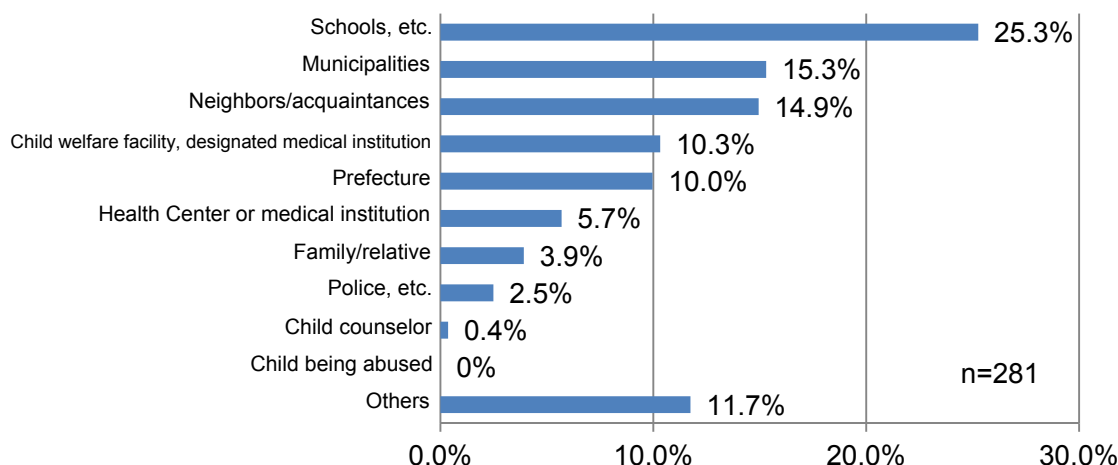


Fig. 4-5 Ratio according to abuse consultation route (2011)

Source: Matsubara City Child Care Support Section

[Subject 8]

When looking at the abuser, 72.6% of abuse is at the hands of the birth mother. The burden parenting appears to be a major cause. The percent of preschool and elementary school parents who find it difficult to obtain information on parenting support services, which can help reduce this burden, is high at 34%.

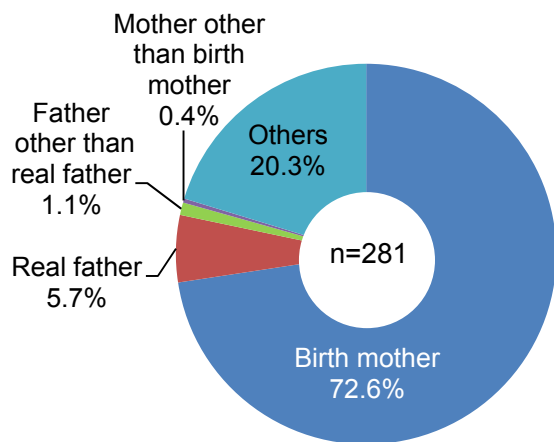


Fig. 4-6 Ratio according to abuser (FY 2011)

Source: Matsubara City Child Care Support Section

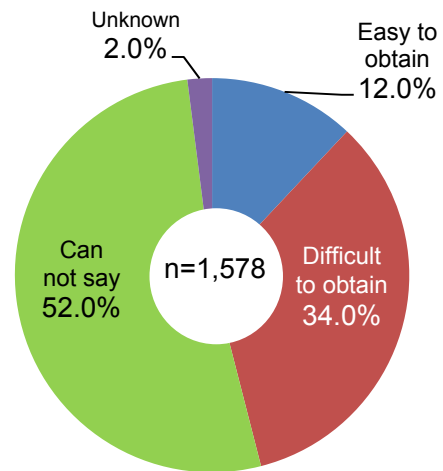


Fig. 4-7 Easiness of obtaining information on parenting support services (2009)

Source: Investigative report regarding Matsubara City's next-generation education

[Subject 9]

Persons who are parents of preschool and elementary school children can consult with regarding parenting tends to be parents, family, neighbors or acquaintances. There are few people seeking advice from public agencies who provide expertise advice.

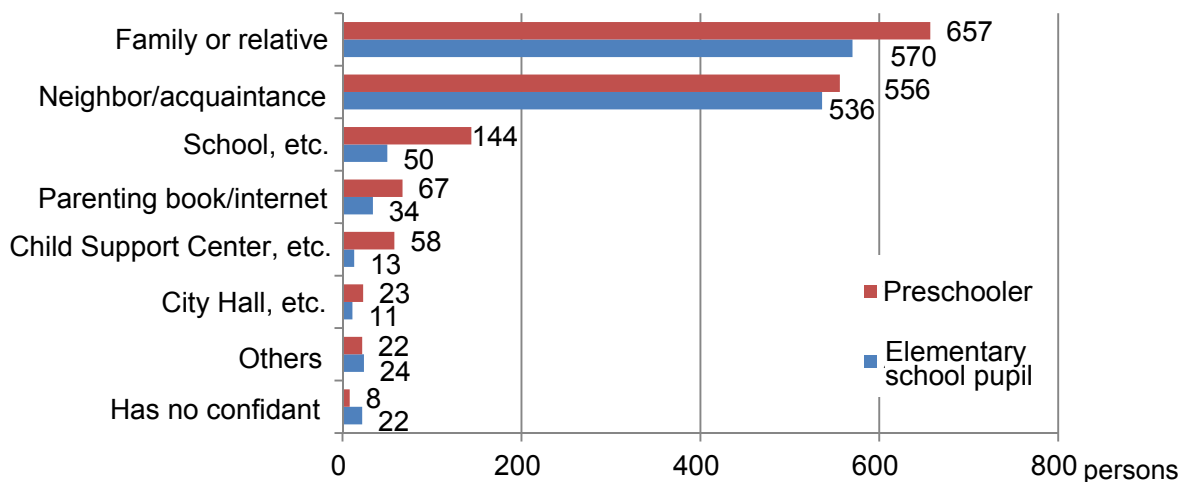


Fig. 4-8 Person to confide in about worries and anxiety regarding parenting (2009)

Source: Investigative report regarding Matsubara City's next-generation education

[Preventive measures for each subject]

Prevention target 1: Falls by preschoolers at own home, etc. (From Subject 1, 2, 3)

- There are many falls at own home, but safety measures are insufficient.

Measure (1)	Target	Party implementing	Results
Publication of safety measures by means of leaflets, etc.	Parents of 0 to 5 year olds	Matsubara City Medical Association, Pharmacist Association, Child Care Support Center	Implemented from FY 2013
Details of program			
To provide parents with knowledge on safety at home, publish and leave leaflets at facilities including pediatrician, ear doctor, dermatologist, pharmacy and child care support center, etc.			

- Most injuries sustained by preschoolers are caused by falls.

Measure (2)	Target	Party implementing	Results
Improvement of bodily functions	Preschooler	Kindergarten, nursery school, various related groups	Implemented at 9 public kindergartens and 7 public nursery schools in the city
Details of program			
During kindergarten or nursery school hours, encourage children to use body parts usually not moved and entire body by doing warm up exercises before playing outside, etc.			

Prevention target 2: Injuries at school (From Subject 4)

- 40% of injuries sustained by elementary school children occur at school.

Measure (3)	Target	Party implementing	Results
Preparation of school safety maps	Elementary school pupil	Matsubara Higashi Elementary School	School map is currently being prepared (from FY 2012)
Details of program			
A school safety map is being prepared. When a child is injured, he/she puts a mark on the map where the injury occurred to provide a visible indicator. This map is also used in Measure (4).			

- Activities incorporated in measure (3) are used to maintain hazardous areas in the facility.

Measure (4)	Target	Party implementing	Results
School safety measure activity	Elementary school pupil	Matsubara Higashi Elementary School, Matsubara City	Implemented from FY 2013
Details of program			
Children organizations and various task forces are promoting activities related to cautions and safety measured based on the results of measure (3), etc. This is ultimately linked to maintenance of hazardous situations along with the results of measure (3).			

Prevention target 3: Child abuse (From Subject 5, 6, 7, 8, 9)

- Few people consult or notify authorities even when they hear of abuse.

Measure (5)	Target	Party implementing	Results
Educational activities to educate on child abuse problem	All citizens	Matsubara City Child Care Support Section, Child and Home Center	Lectures FY 2011 (4 lectures, total 167 participants) FY 2012 (4 lectures, total 158 participants)
Details of program			
Lectures, etc., on child abuse are held to teach citizens correct information regarding child abuse so that family and neighbors do not overlook signs of child abuse, etc.			

- Many people feel the burden of parenting is large, but find it difficult to obtain support and information regarding parenting so as to reduce their burden.

Measure (6)	Target	Party implementing	Results
Preparation and distribution of leaflets on child care support	Parents of children	Matsubara City Medical Association, Matsubara City Pharmacist Association, Child Care Support Center	Implemented from FY 2013
Details of program			
Agencies providing child care support will collaborate and cooperate to share information. A leaflet, etc., regarding child care support that matches the citizens' needs will be prepared and distributed.			

Changes and findings through Safe Community activities (newly started activities, etc.)			
<ul style="list-style-type: none"> ● A sense of collaboration was established with various groups who have been involved with child safety through repeated meetings and programs. ● Facilities that previously had little communication with others, such as kindergartens and nursery schools, etc. are now able to share information of their programs, and then utilized the information in their own programs. ● From FY 2013, a system to collect data related injuries occurring at school, etc. and treated by a medical institution has been incorporated at all 15 schools, and collaboration between schools has increased. 			

2) Elderly Safety

[Subject 1]

Elderly injuries caused by tumbling/falling are increasing. [Fig. 3-20 on page 20]

[Subject 2]

Homes are increasing the place where tumbling/falling occur indoors. [Fig. 3-22 on page 21]

[Subject 3]

Lack of exercise is increasingly the cause of tumbling/falling.

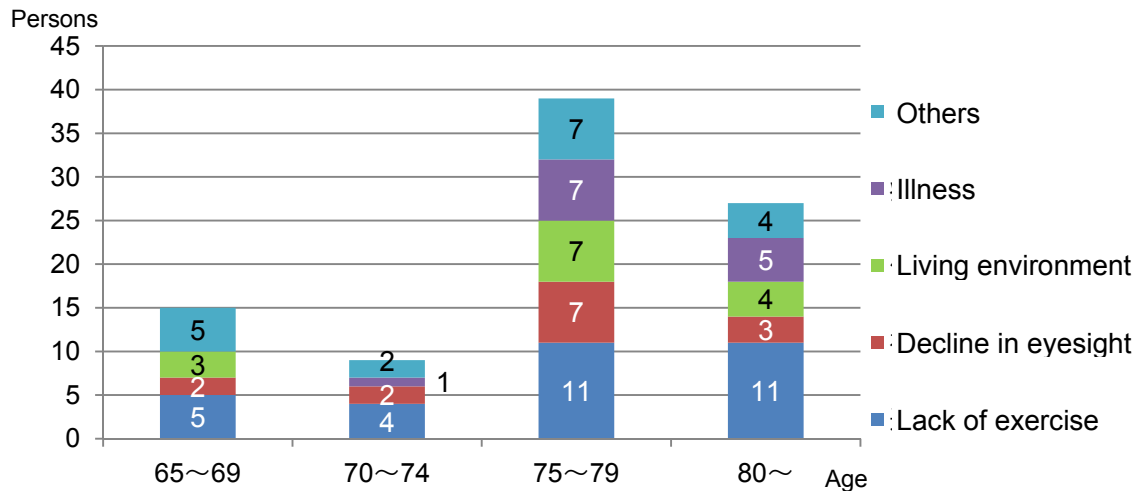


Fig. 4-9 Cause of tumbling/falling (2011)

Source: Questionnaires for factual investigation of injuries, safety/security

[Subject 4]

The number of consultations regarding elder abuse (Fig. 3-42 on page 28) and the number of actually abused people are both increasing.

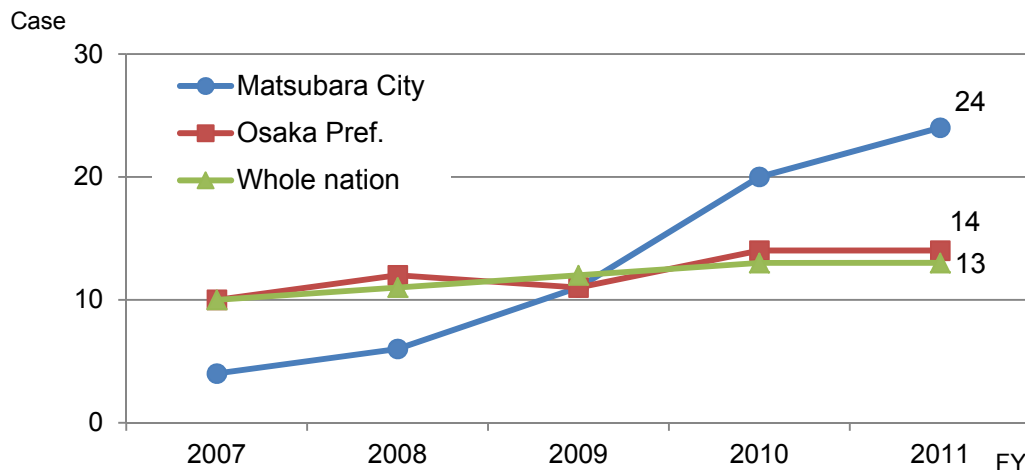


Fig. 4-10 Transition of actual number of abuse victims (per population of 100,000)

Source: Elderly Care Section of Matsubara City

[Subject 5]

More than half of the abuse victims have dementia.

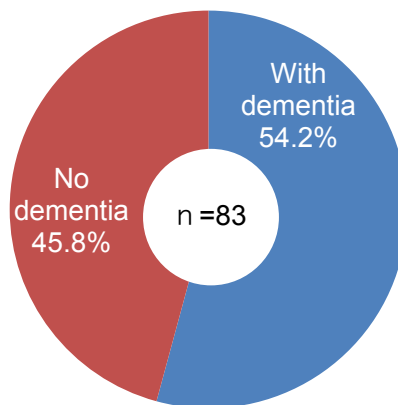


Fig. 4-11 Dementia patients among abuse victims (Statistics for FY 2007 to 2011)

Source: Elderly Care Section of Matsubara City

[Preventive measures for each subject]

Prevention target 1: Elderly injuries caused by tumbling/falling (From Subject 1, 2, 3)

- Homes are increasing the place where tumbling/falling occur indoors.

Measure (1)	Target	Party implementing	Results
Improvement in indoor environment	Elder aged 65 or older	Local welfare commissioner Senior Citizens' Club	(FY 2012) Number of distributed pamphlets: 2,065 copies
Details of program			
Pamphlets showing examples of fall hazards in homes, and examples of strength training that elders can do on their own were distributed at the "Friendship Salon" held in each neighborhood. Understanding on indoor hazards was increased.			

- Lack of exercise is increasingly the cause of tumbling/falling.

Measure (2)	Target	Party implementing	Results
Exercise program for fall prevention	Elder aged 65 or older	Matsubara City Community Comprehensive Support Center Senior Citizens' Club Local welfare commissioner	(FY 2011) Held 256 times Total of 2,034 persons participated
Details of program			
A program was carried out for senior citizens who have not yet received certification of long-term care needed in hopes of improving their physical ability and reducing the need for long-term care.			

Prevention target 2: Elder abuse (From Subject 4, 5)

- The number of consultations regarding elder abuse and the number of actually abused people are both increasing.

Measure (3)	Target	Party implementing	Results
Early detection of abuse, and network for proactive measures (Sharing of information, Mimamori (watching) activities)	Elder aged 65 or older	Community Comprehensive Support Center Senior Citizens' Club District welfare counselor Local welfare commissioner Social Welfare Council NPO Corporation Care Support Group "Matsubara Family"	(FY 2010) 2 districts 549 persons visited (FY 2011) 2 districts 565 persons visited (FY 2012) 4 districts 946 persons visited
Details of program			
Senior citizen watch and security check visits were made in each district. Places where senior citizens, who are easily isolated, can easily visit were provided, and persons needing watching were identified.			

- More than half of the abuse victims have dementia.

Measure (4)	Target	Party implementing	Results
Correct understanding and awareness of cognitive impairment and abuse (Dementia supporter training seminars, etc.)	All age groups	NPO Corporation Care Support Group "Matsubara Family" Community Comprehensive Support Center Social Welfare Council	(FY 2010) 8 sessions 376 persons (FY 2011) 13 sessions 562 persons (FY 2012) 15 sessions 534 persons
Details of program			
Dementia supporter training seminars, etc., were carried out to educate and increase understanding on dementia.			

Changes and findings through Safe Community activities (newly started activities, etc.)
<ul style="list-style-type: none"> ● By handing out pamphlets at meetings of senior citizens, etc. the community groups have worked to alert senior citizens of places where there are high risks of falling in homes, and to teach methods of increasing strength. The number of people who understand ways of preventing falls and injury, and actually practicing those methods has increased. ● Groups participating in the senior citizen Safety Task Force Committee have exchanged opinions to create a stronger network for early detection and preventive measures of elder abuse.

3) Traffic safety

[Subject 1]

45% of people transported by ambulance from a traffic accident were riding their bicycles when involved in the accident. (Fig. 3-29 on page 24) In age groups, the rate of children and elderly was highest.

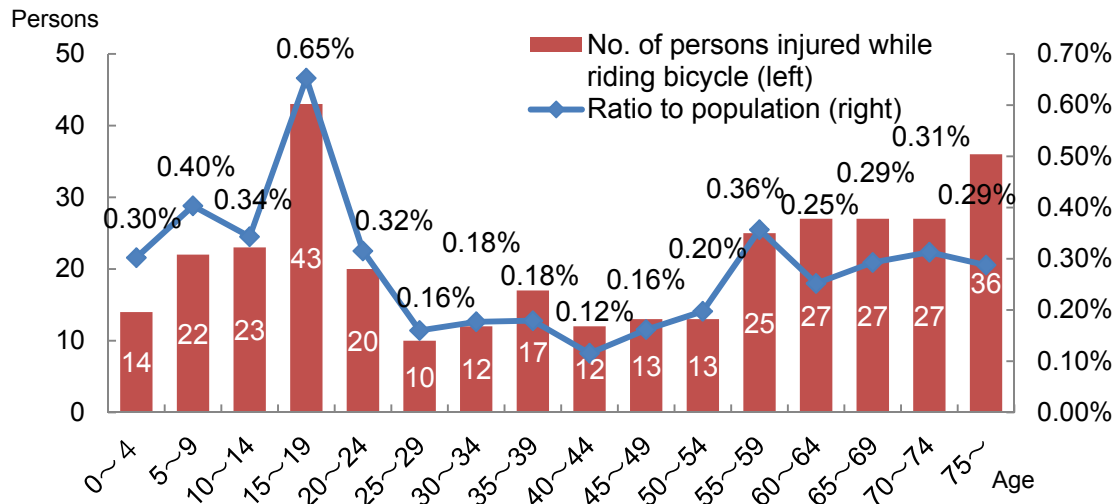


Fig. 4-12 Number of persons injured while riding bicycle and transported by ambulance according to age group, and ratio to population in each age bracket (2011)

Source: Ambulance call-out data

[Subject 2]

Bicycle riders are often the victims in an accident, but the percentage of riders who are breaking the law is high (table 4-7). When persons who have never been in an accident are compared to those who have been in an accident, those who have never been in an accident are more likely to follow the rules.

(Fig. 4-13)

Table 4-7 Number of Cases According To Traffic Accident Perpetrator and Victim

Source: Police Statistics (2011)

		Automobile	Motorbike	Bicycle	Other vehicle	Pedestrian	Others	Total (cases)
Perpetrator		638	74	4	0	0	16	732
Victim	Has broken law	47	143	188	1	24	15	418
	Has not broken law	211	27	47	0	27	0	312

* The perpetrator is the 1st party, and the victim is the 2nd party.

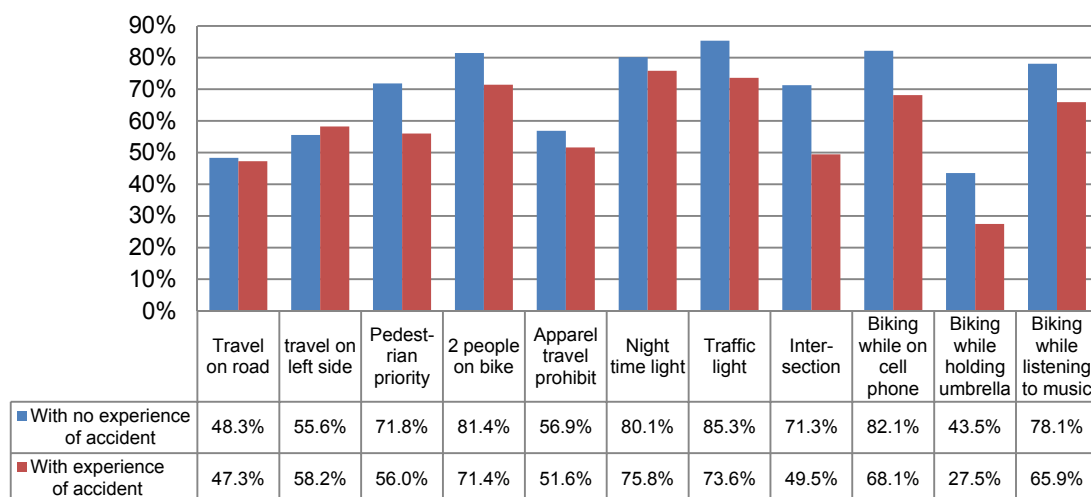


Fig. 4-13 Rate of traffic accident experience and observation of rules (2011)

Source: Survey on bicycle use (Osaka Prefecture Ikuno High School)

[Subject 3]

Many traffic accidents occurring to bicycle riders occur at intersections.

Table 4-8 Number of Bicycle Accident Incidents According To Road Type (2011)

Source: Police Statistics

Intersection	Near intersection	General road (at curve or turn)	General road (others)	Train crossing, bridge, tunnel, etc.	Total
134	8	4	92	0	238

[Subject 4]

In the age 0 to 4 group, the rate of injury to the head was high. However, the rate of child helmet usage was extremely low at 14%.

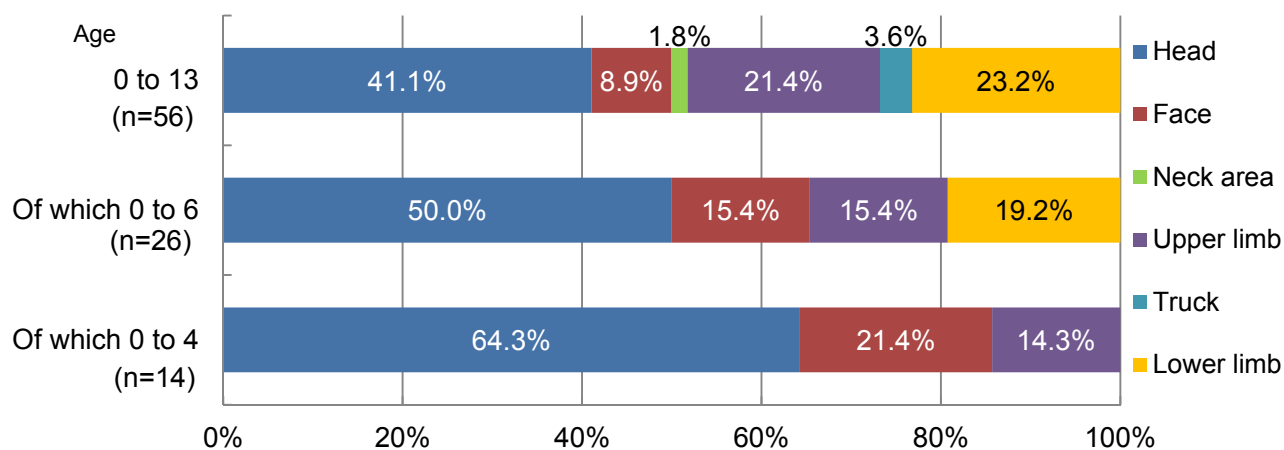


Fig. 4-14 State of head injury to child when riding bicycle (2011)

Source: Ambulance call-out data

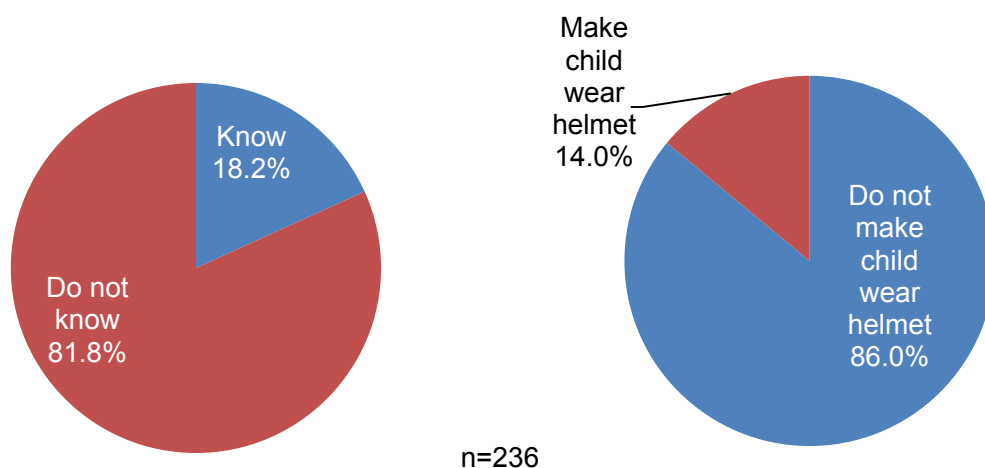


Fig. 4-15 Level of awareness regarding child helmet use (2012)

Fig. 4-16 Rate of child helmet use (2012)

Source: Bicycle use survey (both)

* In Japan, the parent has an obligation to make an effort to make children under the age of 13 to wear a protective helmet when riding a bicycle.

[Preventive measures for each subject]

Prevention target 1: Accidents and injuries involving bicycles at hazard areas (From Subject 1, 3)

■ Many traffic accidents occur at intersections.

Measure (1)	Target	Party implementing	Results
Preparation of safety maps	Places where risk of accidents is high	Matsubara Kotsu Co., Ltd., Kintetsu Driving School, Neighborhood associations, PTA Council, Matsubara Police Office, Matsubara City	(FY 2012) Prepared in one junior high school district
Details of program			
Identify the places where the risk of bicycle accidents is high. Distribute the prepared map through schools and neighborhood associations, to alert people of hazard areas.			

■ There are high risk areas where many accidents occur.

Measure (2)	Target	Party implementing	Results
Implementation of Safety measures for hazard areas	Roads	Neighborhood associations, Road controller, Matsubara City	(FY 2012) Traffic signs: 19 places Road markings: 177 places Maintenance of traffic safety measures such as separation of sidewalk and road: 6 places
Details of program			
In addition to the current road markings and signs, road markings and signs will be installed at the places unidentified with measure (1) to increase caution.			

Prevention target 2: Accidents and injuries involving children and elderly (Subjects 1, 2, 4)

- Many of the bicycle riders are involved in accidents after ignoring traffic rules.

Measure (3)	Target	Party implementing	Results
Traffic safety class and training session	Children Elderly	Matsubara Police Office, Matsubara City	(FY 2012) Elementary schools in city Total 13 times, total 4,992 participants Junior high schools in city Total 4 times, total 1,630 participants High schools in city Total 2 times, total 1,450 participants Facilities for elderly Total 13 times, total 536 participants
Details of program			
At the traffic safety classes and seminars, participants are informed of rules and manners for riding bicycles. Knowledge on safe bicycle use is increased. Special emphasis is placed on confirming safety at intersections.			

- Rate of child protective helmet use is low.

Measure (4)	Target	Party implementing	Results
Educational seminar regarding helmet use	Parents of preschoolers and Elementary school pupils	Nursery schools, kindergartens	(FY 2012) One kindergarten in city, 43 participants
Details of program			
First, the effect of wearing a protective helmet was conveyed to parents of preschoolers (the age group with highest injury incident). Parents were educated to use protective helmets with their children.			

Changes and findings through Safe Community activities (newly started activities, etc.)
<ul style="list-style-type: none"> ● A safety map for bicycle use was prepared to identify places where accidents involving bicycles occur easily. In addition to places where accidents actually occurred, information was collected from taxi drivers, driving school teachers and the neighborhood association, etc., to find hazards from the point of a vehicle driver, bicycle user and pedestrian, etc. ● The rate of bicycle accident cases was highest among high school students. However, there was no data to show how the rules were not observed. A survey regarding bicycle use was carried out with the cooperation of a high school. Based on the results of the experience of accident and rate of rule observance, traffic safety classes emphasizing safety confirmation at intersections were carried out. ● Programs specializing in protective helmet use were not carried out in the past. However, data showed that the rate of head injury was high in traffic accidents involving children on bicycles, so educational activities were held at a kindergarten to promote the use of helmets by children.

4) Crime prevention

[Subject 1]

Street crime makes up about half of the criminal cases occurring each year. (Fig. 3-37 on page 27)

[Subject 2]

The rate of street crime is particularly high in the areas covered by police boxes in front of stations.

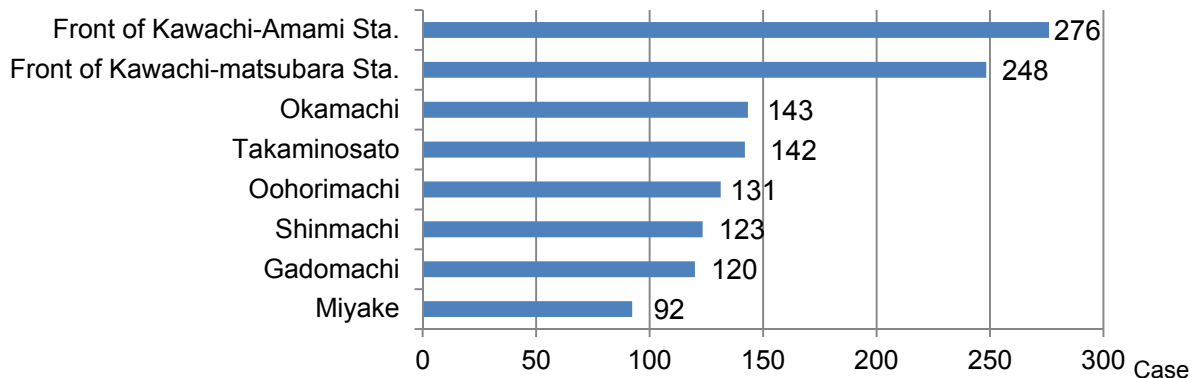


Fig. 4-17 Number of reported street crime cases according to police
(Average for FY 2009 to FY 2011)

Source: Police Statistics

[Subject 3]

The number of incidents involving children, such as strangers calling out to children, is on the increase. (Fig. 4-18)

[Subject 4]

Many of the incidents involving children, such as strangers calling out to children, occur in the 14:00 to 20:00 time zone. (Fig. 4-19)

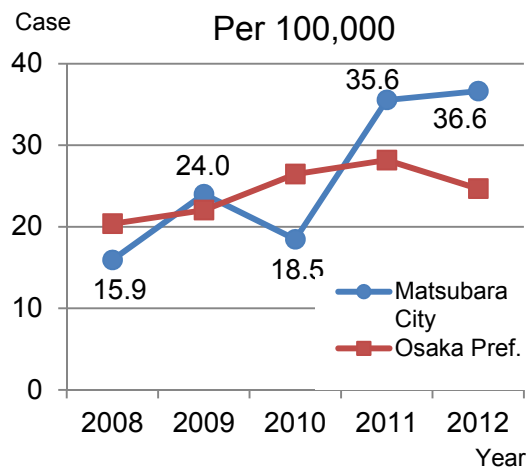


Fig. 4-18 Transition of number of incidents involving children

Source: Police Statistics

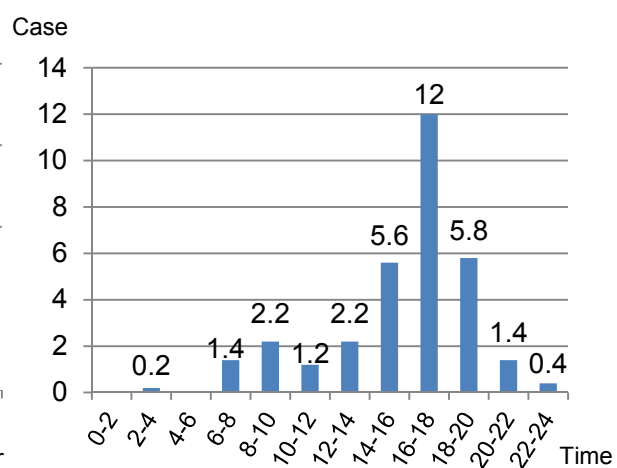


Fig. 4-19 Number of incidents involving children according to time zone
(Average for FY 2008 to 2012)

Source: Police Statistics

[Subject 5]

When looking at the time zone in which children from Matsubara City schools go home, schedules are modified so that the children go home at the same time. However, in many cases the school ends at different times for younger grades and older grades. In addition, the time that children go home can differ depending on whether the child has after-school activities, etc.

Table 4-9 End of School Day for One School (2012)

Source: Board of Education

	Monday	Tuesday	Wednesday	Thursday	Friday
1st grade	15:00	16:00	14:00	15:00	15:00
2nd grade	15:00	16:00	14:00	15:00	16:00
3rd grade	16:00	16:00	14:00	15:00	16:00
4th grade	16:00	16:00	15:00	16:00	16:00
5th grade	16:00	16:00	15:00	16:00	16:00
6th grade	16:00	16:00	15:00	16:00	16:00

[Preventive measures for each subject]

Prevention target 1: Street crime incidents (From Subject 1, 2)

- The rate of street crime is particularly high in the areas covered by police boxes in front of stations.

Measure (1)	Target	Party implementing	Results
Installation of security cameras	Streets of Matsubara City	Neighborhood associations, Association of Shop Owners, Matsubara Police Office, Matsubara City	Total 101 cameras (as of April 1, 2013) Data of map showing places where street crime occurs has already been prepared
Details of program			
The neighborhood association and association of shop owners have installed security cameras. (The city has subsidized some of the installation and service costs of cameras installed by the neighborhood association.) The cameras are installed based on the places of street crime occurrence prepared by the task force. A Security Camera Installed sign is attached to each security camera. However, increase the suppression effect in places with high levels of street crime, signs will be posted at more visible places.			

Prevention target 2: Crime involving children (From Subject 3, 4, 5)

- The incident of crimes involving children is especially high in the 14:00 to 18:00 when children go home from schools.

Measure (2)	Target	Party implementing	Results
Identify the usage of the child watch activity	Child watch activity	Crime prevention task force members	A map showing hazard points on the school route has been prepared for all 15 elementary schools and applied to the child watch activities. An investigation regarding school route safety has been completed.
Details of program			
Community volunteers watch the school route, etc., in the after-school hours during which children are easily caught up in crimes or traffic accidents. The state of those activities has been identified.			

- There are time zones that cannot be covered just by the child watch group activity.
- Safety along school routes is covered by the child watch activities, but there are other places.

Measure (3)	Target	Party implementing	Results
Crime prevention class	Parents of elementary school children	Schools	Carried out at all 15 schools from April 2013
Details of program			
Homeroom teachers talk about crime prevention to parents after the school entrance ceremony and open school days. The community will be asked to cooperate in preventing crimes involving children. The entire community will cooperate to reduce damage.			

- Crimes involving children also occur after sunset (18:00 to 20:00)

Measure (3)	Target	Party implementing	Results
One House, One Gate Lamp campaign	Junior high school student High school student	Community residents Task force members	<ul style="list-style-type: none"> The community crime prevention members patrolled the neighborhood and identified places that are dark. (January to February 2013) This program is scheduled to be carried out in a model area (From April 2013)
Details of program			
In areas where crimes involving children have occurred at night, community members will be asked to turn on their entrance lights or outdoor lights to reduce the sense of uneasiness at night.			

Changes and findings through Safe Community activities (newly started activities, etc.)
<ul style="list-style-type: none"> Regarding the installation of security cameras, the community and Police Office have cooperated to determine the installation places. The task force has marked where street crimes have occurred on a map. In cooperation with the business district in front of Matsubara station, where the incident rate is particularly high, "Security Camera Operating" signs have posted. The number of street crimes has decreased in areas around security cameras, and the effect was confirmed. Regarding crimes involving children, a safety map has been prepared for all 15 elementary schools. It was confirmed that this map has been utilized in child watch activities. There have been incidents of crimes involving children at night. The task force has identified places where crimes involving children at night have occurred onto a map to identify hazard places. Areas where the One House, One Gate Lamp campaign will be carried out have been decided. Activities will be carried out focusing on those areas.

5) Suicide prevention

[Subject 1]

The number of suicides by men is higher than women. (Fig. 3-3 on page 11)

The numbers are especially high in the age 30 group, and the age 60 to 70 group.

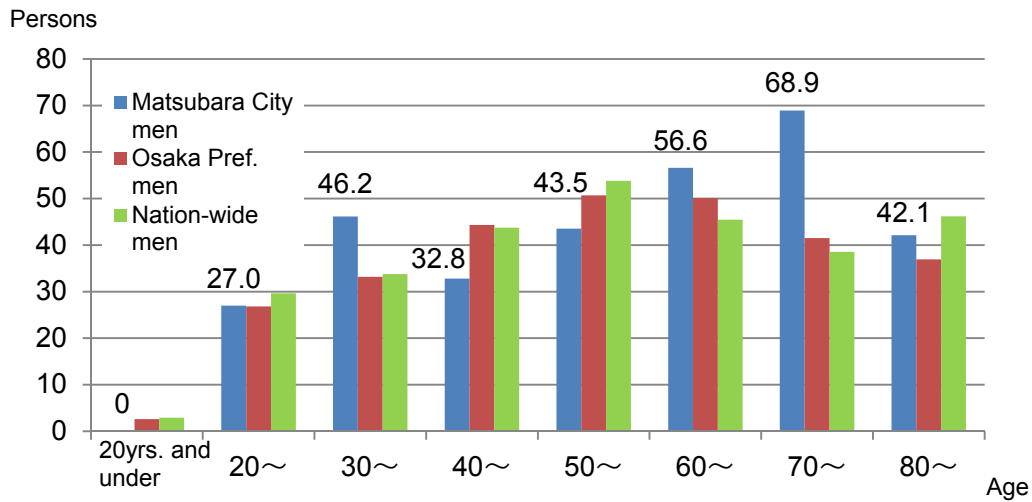


Fig. 4-20 Number of suicides by age per 100,000 people (Average for FY 2007 to 2011)

20yrs. and
under

Source: Demographic statistics

[Subject 2]

The rate of self-harming behavior women is high in the age 20 to early 50s group.

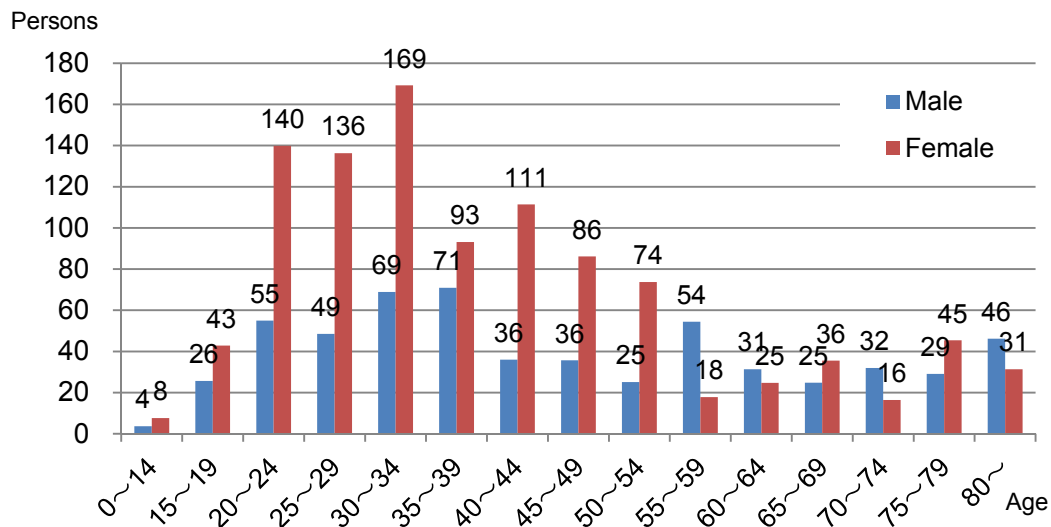


Fig. 4-21 Rate of self-harming behavior by men and women per 100,000 people (FY 2006 to 2011)

Source: Ambulance call-out data

[Subject 3]

25% of respondents said that they had nowhere to seek advice when in trouble. The rate of persons consulting with public agencies or medical institutions such as City Hall or the Osaka Pref. Fujiidera Public Health Center is still very low.

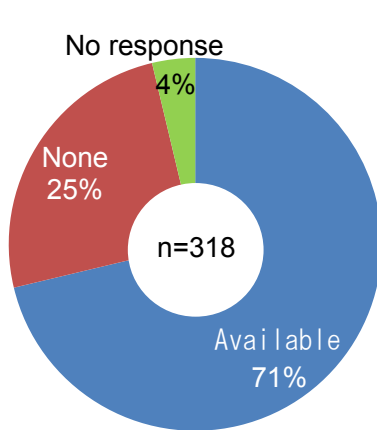


Fig. 4-22 Availability of place to consult when troubled

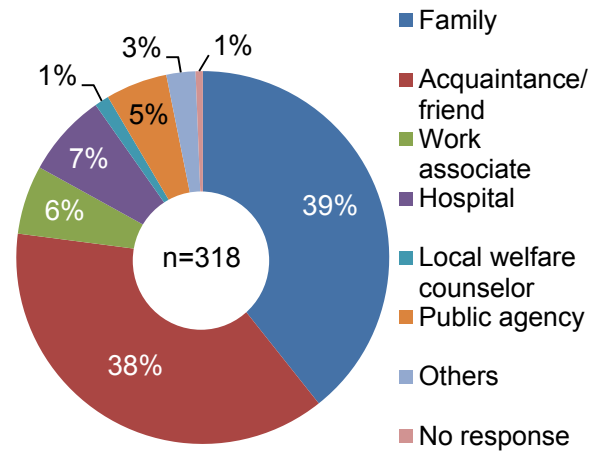


Fig. 4-23 Rate by place of consult when available to person seeking advice

Source: Survey taken at suicide prevention task force seminar and panel exhibit (2012)

[Subject 4]

77% of the respondents said they consult with family, acquaintances or friends. (Fig. 4-23)

Even if these persons are confided in, if they do not have expertise knowledge in the matter, they may drive the person farther away.

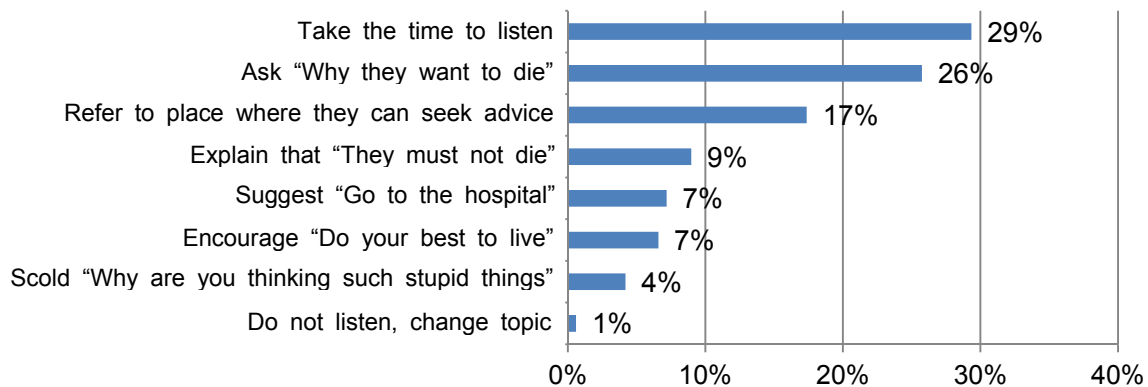


Fig. 4-24 How to handle the situation when close a person confide that he/she "wants to die"

Source: Survey taken at suicide prevention task force seminar and panel exhibit (2012)

[Subject 5]

Although we can speculate on the cause of high suicide rate among elder males, there is no information that shows a clear cause. It is necessary to understand their feelings and state of life, etc.

[Subject 6]

28.1% of suicide victims have a history of attempts, and the possibility of re-attempting suicide is high.

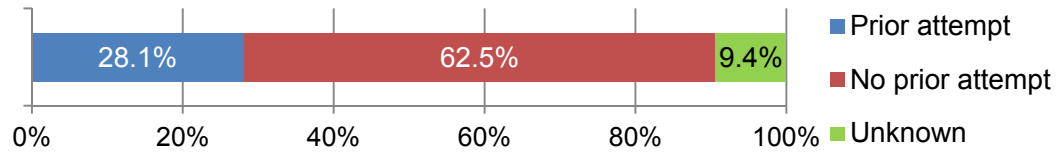


Fig. 4-25 Attempted suicides among suicide victims (2011)

Source: Cabinet Office survey

[Preventive measures for each subject]

Prevention target 1: Suicides among men in 30s and senior citizens (From Subject 1, 3, 4)

Prevention target 2: Suicide attempters (From Subject 2, 3, 4)

- Many people have no one to confide in, and few people consult with public consulting agencies or medical institutions.

Measure (1)	Target	Party implementing	Results
Publicity and expansion of consultation services	Person with worries, their family, acquaintances and friends	Local welfare commissioner, Community Comprehensive Support Center, Matsubara City	<ul style="list-style-type: none"> • Booklet introducing consulting services, etc., was newly prepared • 2,000 copies were distributed (FY 2012)
Details of program			
<p>A booklet listing consulting agencies was prepared and distributed at various opportunities. The booklet is distributed to participants of seminars about self-respect and suicide prevention, at community events, and other places where many people gather. While handing out the booklet, people are informed of the need to call out.</p>			

- The rate of persons who confide in persons close to them, such as family or acquaintances, is high. However, depending on the advice given, the person may be driven farther away.

Measure (2)	Target	Party implementing	Results
Gate Keeper training	Family, acquaintances and friends, employees at consulting agencies, company management, etc.	Local welfare commissioner, Community Comprehensive Support Center, Medical institutions, Matsubara City	<p>Seminars for citizens 3 times (97 participants)</p> <p>City Hall information center employees 3 times (72 participants)</p> <ul style="list-style-type: none"> • Booklet about Gate Keepers published • 2,000 copies distributed (FY 2012)
Details of program			
<p>Training of Gate Keepers, who can act appropriately when confined in by someone who wants to die, and can guide the person on the required support (consulting agency), has been carried out at various places. In addition to training by lecturers, task force members have carried out seminars at hair dressers and restaurants. The necessity of Gate Keepers has been promoted even to uninterested citizens at Citizen Seminars on Human Rights and various events. The goal is to train 360 persons a year.</p>			

Prevention target 1: Suicide among senior citizen men (From Subject 1, Subject 5)

- The cause of high suicide rate among senior citizen men cannot be identified.

Measure (3)	Target	Party implementing	Results
Understand of elderly people's problems	Senior citizens	Matsubara City	Scheduled for FY 2013
Details of program			
Carry out a survey regarding the awareness and situation of gender role awareness and meaning of one's life, etc., and collect information to provide more accurate prevention measures for senior citizens.			

Prevention target 2: Suicide attempters (From Subject 2, 6)

- Suicide attempters are at a high risk of suicide.

Measure (4)	Target	Party implementing	Results
Support for survivors of suicide attempts	Persons who have attempted suicide and have been notified by police	Osaka Pref. Fujiidera Public Health Center, Police Office	Carried out from January 2013
Details of program			
If requested by the person who attempted suicide or by the family, the police will send the relevant information to the Osaka Pref. Fujiidera Public Health Center in hopes to create a link for consultation or medical attention. The person's situation will be followed.			

Changes and findings through Safe Community activities (newly started activities, etc.)
<ul style="list-style-type: none"> ● It is believed that men in their 30s are busy with work and parenting that they do not have the time to consult with a consulting agency or medical institution. To create a bridge for consultations through the wife, a booklet listing consulting services, etc., was distributed at child care support salons managed by NPOs. This has enabled collaboration with new fields. ● Exchange of opinions by task force members has led to stronger cooperation between related agencies and consulting services. ● As a new means to approach suicide attempters, support for suicide attempters has been started in collaboration with the Police Office. This program will connect attempters with consulting services and medical institutions. ● Gate Keeper training was started in FY 2012. Initially, city hall employees, task force members and interested citizens were trained. In FY 2013, the program is scheduled to focus on persons such as local welfare and child counselors and company managers who are involved with high-risk persons.

6) Safety during disasters

[Subject 1]

People have a high sense of insecurity regarding natural disasters. An earthquake, which will bring serious damage, is anticipated, but the citizens are not ready.

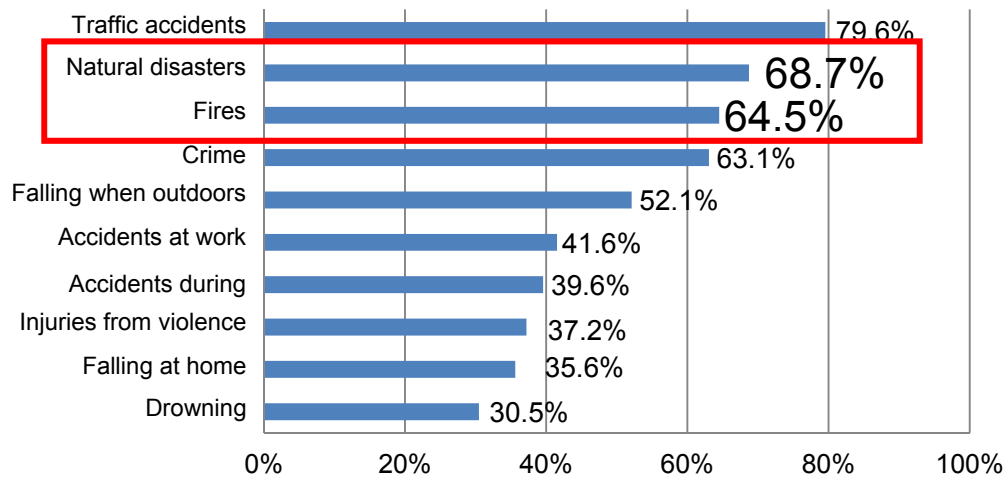


Fig. 4-26 Anxiety toward accidents, crime and disasters

Source: Questionnaires for factual investigation of injuries, safety/security (2011)

Table 4-10 Earthquake in Which Most Damage Is Established (2007)

Source: Osaka Prefecture(2007), Chuo Disaster prevention meeting(2012)

Disaster name	① Uemachi fault zone earthquake	② Nankai Trough Quake
Activity scale	Magnitude 7.5	Magnitude 9.0
Seismic intensity	6 weak to 6 strong	6 weak
Estimated fatalities	150 persons	9,800 person in Osaka Pref.
Estimated injuries	1,400 persons	65,000 in Osaka Pref.
Refugees	17,700 persons	Under the calculation
Victims	61,000 persons	Under the calculation

Table 4-11 Probability of Earthquake Occurring in Next 30 years (2007)

Source: ① Osaka Prefecture(2007), ② Chuo Disaster prevention meeting(2012)

Disaster name	Great Hanshin Awaji Earthquake (occurred on Jan. 17, 1995)
Probability of occurrence	Less than 1% to 8%
Type of earthquake	Local inland type

Disaster name	① Uemachi fault zone earthquake
Probability of occurrence	2% to 3%
Type of earthquake	Local inland type

Disaster name	② Nankai Trough Quake
Probability of occurrence	60~70%
Type of earthquake	Subduction Zone type

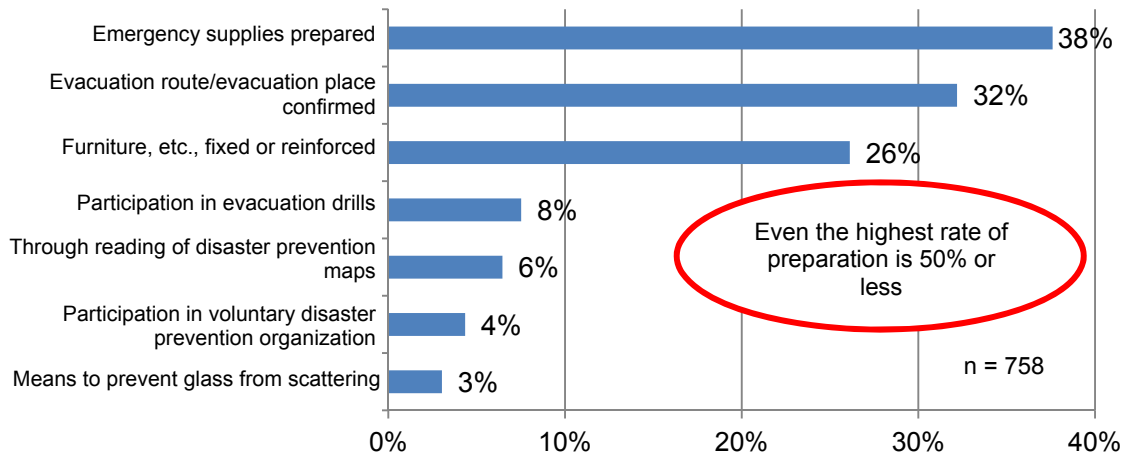


Fig. 4-27 Situation of self-preparedness toward earthquake disasters

Source: Questionnaires for factual investigation of injuries, safety/security (2011)

[Subject 2]

Approx. 80% of deaths in an earthquake are caused by suffocation or crushing under homes that have collapsed or furniture, etc., that has fallen over. Approx. 60% of injuries are caused by furniture, etc., that has fallen over.

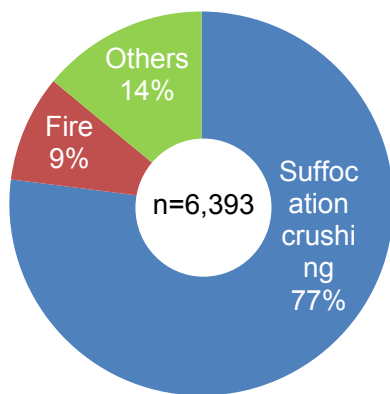


Fig. 4-28 Cause of deaths in Great Hanshin Awaji Earthquake(1995)

Source: Ministry of Health, Labor and Welfare

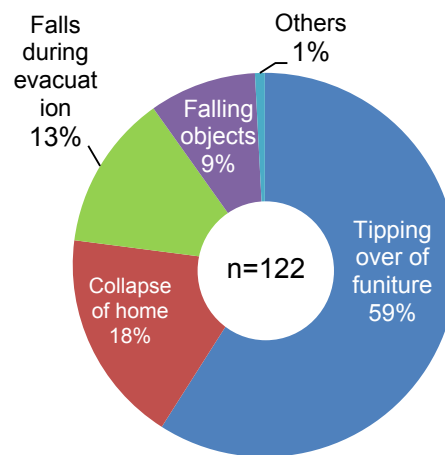


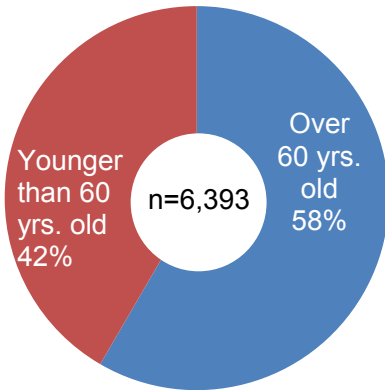
Fig. 4-29 Cause of injuries in Great Hanshin Awaji Earthquake(1995)

Source: Amagasaki Fire Department

[Subject 3]

Injuries sustained by disaster-challenged persons, such as elderly persons, being left behind are anticipated.

Great Hanshin Awaji Earthquake (1995)



East Japan Great Earthquake (2011)

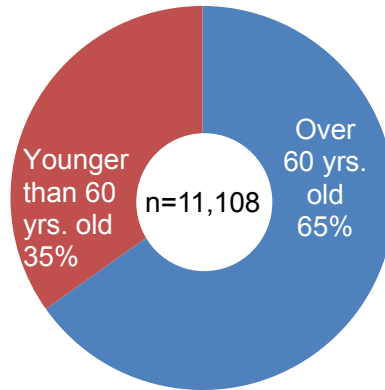


Fig. 4-30 Fatalities from large-scale disaster by age group

Source: White Paper on Disaster Prevention (2011)

Table 4-12 State of Senior Citizens, etc., Considered To Be Disaster-challenged in Matsubara City (as of March 1, 2013)

Source: Matsubara City

Certified as needing long-term care	Physically disabled persons	Mental/Nursing booklet holders	Total (actual numbers)
1,718 persons	4,890 persons	1,663 persons	7,393 persons
Number of disaster-support requiring persons registered for safety confirmation			65 persons

[Subject 4]

The rate of senior citizen fatalities is high even in fires at ordinary times. (Fig. 3-49 on page 32)

[Preventive measures for each subject]

Prevention target 1: Fatalities in earthquake disasters (From Subject 1, 2)

■ Peoples' insecurity toward natural disasters is high, but self-preparedness is insufficient.

Measure (1)	Target	Party implementing	Results
Local disaster prevention drills	Matsubara City residents	Resident groups such as voluntary disaster prevention organizations, Matsubara City, Fire Defense Headquarters	(FY 2012) 7 times 880 participants (FY 2012) 14 times 1,976 participants Disaster prevention drills at elementary school 3 schools 2,172 participants
Details of program			
Practice skills needed for initial response when an earthquake occurs, etc. Use Safe Community as a starting point to promote stronger collaboration among the region's community. Add towel program and neighbor calling program to improve safety confirmation rate to other skills including fire extinguisher training and pump use training, etc.			

- Many fatalities and injuries from falling furniture, etc. are anticipated.

Measure (2)	Target	Party implementing	Results
Education about measures to prevent furniture tipping over, etc.	Matsubara City residents	Citizen groups such as neighborhood association, Matsubara City	(FY 2011) 13 times 1,834 participants (FY 2012) 14 times 766 participants
Details of program			
<p>At the visiting lectures on disaster prevention sponsored by the city, the importance of measures to prevent furniture from tipping over and various methods fixing methods are introduced. This has led to an increase in measures to prevent furniture from tipping over.</p> <p>From FY 2013, study groups led by citizen groups such as neighborhood associations are held in addition to the seminars held by the city. These groups aim to increase awareness on the necessity, and to educate the people.</p>			

Prevention target 2: Fatalities and injuries sustained by disaster-challenged persons, such as elderly persons (From Subject 3, 4)

- When a large-scale disaster occurs, the possibility of fatalities and injuries sustained by disaster-challenged persons, such as elderly persons, is high.

Measure (3)	Target	Party implementing	Results
Community watch-over activity	Disaster-challenged persons, such as elderly persons	Neighborhood associations, District welfare counselor, Local welfare commissioner, Community Comprehensive Support Center, Citizen groups such as senior citizen clubs, Matsubara City	(As of end of March 2013) Persons registered for safety confirmation 65 persons Areas carry out watch-over activities 6 districts
Details of program			
<p>In each area, the disaster-challenged persons including elderly and disabled persons who need watching will be grasped. These persons will be informed about the safety confirmation registration policy and urged to register.</p> <p>To promote programs led by the neighborhood, the task force has created a manual on preparing an organization to watch the disaster-challenged persons, etc., requiring help to evacuate in the event of a disaster. The number of neighborhoods providing this service will be increased.</p>			

■ The rate of senior citizen fatalities is high even in fires at ordinary times.

Measure (4)	Target	Party implementing	Results
Education about residential fire alarms and raising awareness on their maintenance/control	Disaster-challenged persons, including elderly persons, Matsubara City residents	Women's fire prevention club, Voluntary fire corps, Matsubara City, Fire Department headquarters	Installation rate 76.1% (as of June 2012) <ul style="list-style-type: none"> Educational activities such as fire prevention events (FY 2011) <ul style="list-style-type: none"> Gazette circulation 24 times Posters distribution 1,000 copies Preparation/distribution of fire prevention gazette 3,600 copies Street corner education activities 14 times Number of cases of assistance for senior citizens, etc. (FY 2011) 35 cases (FY 2012) 5 cases
Details of program			
Use fire prevention events and gazettes, etc., to alert people of the importance of installing and maintaining a residential fire alarm, and reduce victims who can't escape in time when fire occurs. Provide assistance to single-person elderly households and households of disabled persons to purchase and install fire alarms.			

Changes and findings through Safe Community activities (newly started activities, etc.)
<ul style="list-style-type: none"> ● Since starting programs for Safe Community, self-help, mutual-help programs have increased. From FY 2012, disaster prevention drills have been held at elementary schools on the Sunday open school days. Children and parents, who until now have had few chances to participate in regional disaster prevention drills, have participated. Carrying these drills out at elementary schools, which are designated evacuation places, has strengthened the link between school and community residents. ● At the regional disaster prevention drills, a towel program and neighbor calling program have been incorporated to increase the safety confirmation efficiency and prevent victims who can't escape in time. This has future increase the community's disaster prevention force. ● It has been confirmed that the two prevention activities above have a greater effect through the cooperation of the groups participating in the safety task force in the event of a disaster. ● Following advice received from auditor Cho in the preliminary screening, we have investigated the disaster prevention measures enacted by each medical institution. In addition, the institution participates as a member of the safety task force during large-scale disaster drills held in cooperation with the Medical Association and medical institutions. In the future, we will study disaster prevention drills held in collaboration with medical institutions. <p>*: Towel program This program increases the safety confirmation work efficiency. When a large-scale disaster occurs, if there is no one in the home requiring assistance, a towel is tied onto the entrance door or gate to indicate there is no need for safety confirmation.</p>

Indication 5 Programs that document the frequency and causes of injuries

(1) Organization and functions of Injury Surveillance Committee

1) Organization of Committee

Medical institutions	Matsubara City Medical Association, Matsubara City Dental Association
Educational institutions	Hannan University
Specialized institutions	Japan Institution for Safe Communities
Administrative organs	Osaka Pref. Fujiidera Public Health Center, Matsubara Police Office, Fire Station headquarter, Matsubara City Government (Community Health Section)

2) Functions of Committee

- a. Collection and analysis of data
Improvement of investigation and documentation methods, comprehension of perspective of injuries and accidents, etc.
- b. District diagnosis
Extraction of high-risk groups and priority topics
- c. Structuring of sustainable external injury investigation system
Selection of configuration data, proposal of external injury investigation plan, etc.
- d. Review of assessment system
General assessment methods, individual theme assessment methods, etc.
- e. Support of committee activities
Provision of external injury data, advice on setting assessment indicators, etc.

(2) Perspective of external injury assessment

In Japan, there is no unified data collection and analysis organization for comprehending an outline of external injuries. Various existing data and surveys, etc., are used as shown below.

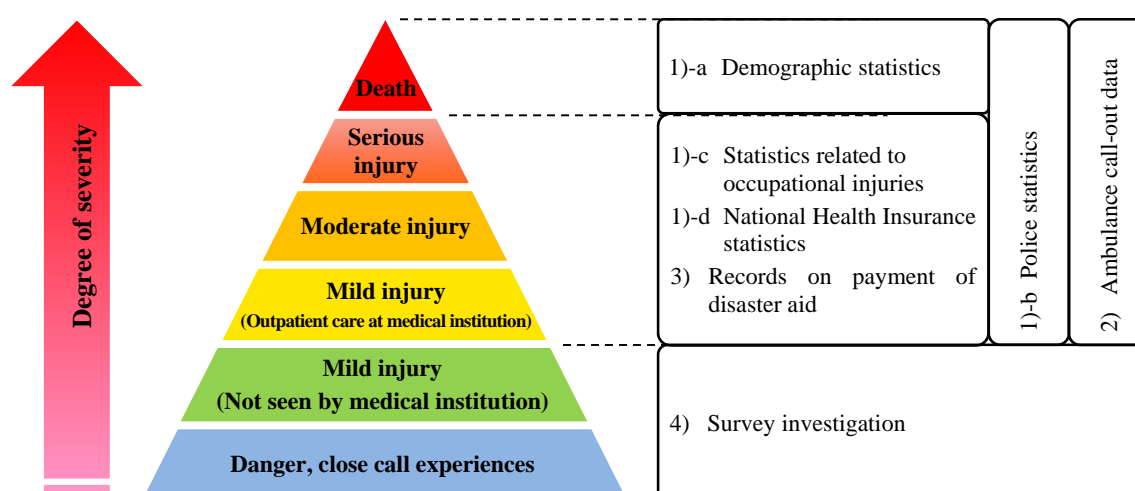


Fig. 4-31 Perspective of external injury assessment

(3) Data configuring external injury investigation

In Matsubara City, mainly (1) existing statistics from government agencies, (2) tabulations based on ambulance call-out data, (3) tabulation of records for mutual aid disaster insurance payment for public elementary and Jr. high school, and (4) questionnaires for factual investigation of injuries, safety/security are used for the investigations.

1) Existing statistical data from governmental agencies

Legend	(1) Frequency	(2) Surveyor
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- a. Demographic statistics [1. Annual, 2. Ministry of Health, Labor and Welfare]
Data regarding death from illness, unintentional accidents and suicide is tabulated and analyzed to understand the trends and characteristics of citizen deaths caused by external injury, etc. This survey is taken in populated places, and targets Japanese nationals.
- b. Police statistics [1. Annual, 2. Police]
Data regarding crime and traffic accidents, tabulated by the police is analyzed to understand the trends and characteristics of incidents in the city. Data is tabulated by place of occurrence, and includes visitors from other areas.
- c. Statistics of industrial accidents [1. Annual, 2. Ministry of Health, Labor and Welfare]
In accordance with Industrial Safety and Health Laws, data on deaths from laborer death reports and injuries resulting in four or more days of absence from work are tabulated and analyzed to understand the trends and characteristics. Note that this data is from the Habikino Labor Standards Inspection Office that covers Matsubara City and contains the data for six cities, two towns and one village.
- d. Statistics of national health insurance [1. Annual, 2. Matsubara City] (75 years old and younger)
This social insurance is managed by the local public bodies, and supplies medical aid and medical fees, etc. Changes in medical costs for external injuries are grasped by analyzing the receipts (medical cost invoices received from medical institutions).

2) Ambulance call-out data [1. Annual, 2. Fire Department]

This data records the dispatch of Fire Department paramedics in response to accidents and injuries in the city, transport of the patient to a medical institution and handover to a doctor. This does not include mild injuries determined to not require transport to a medical agency. Data is tabulated by place of occurrence, and includes visitors from other areas. This data is positioned as essential data for investigating external injuries in Matsubara City.

3) Records of application for mutual aid disaster insurance payment for public elementary and Jr. high school [1. Annual, 2. Matsubara City]

When requesting payment for medical fees for injuries (injuries, illness, disability or death) of student while under the management of the school, the information recorded in documents submitted to the Japan Sport Council is stored in Matsubara's original database, and used for analyzing causes.

4) Questionnaires for factual investigation of injuries, safety/security [1. Generally, once every three years, 2. Matsubara City]

Randomly selected households are surveyed regarding anxiety felt during daily life and the state of accidents and injuries that have occurred in the past year. The last survey was held in August 2011. A survey and individual record was sent to 1,000 households whose head of household was 20 years or older. Valid responses were received from 379 households, and the response rate was 38.28%.

(4) Planning of continuous data collection

The following data is collected and analyzed to create a sustainable system of data for external injury surveillance.

Table 4-13 Continuous Data Collection Planning Table

Data configuring external injury investigation	2011	2012	2013	2014	2015	2016	2017
(1) Statistics data from government agencies							
Demographic statistics	●	●	●	●	●	●	●
Police statistics	●	●	●	●	●	●	●
Statistics of industrial accidents	●	●	●	●	●	●	●
Statistics of national health insurance	●	●	●	●	●	●	●
(2) Statistics based on ambulance call-out data	●	●	●	●	●	●	●
(3) Tabulation of records for mutual aid disaster insurance payment for public elementary and Jr. high school	●	●	●	●	●	●	●
(4) Questionnaires for factual investigation of injuries, safety/security	●			●			●

(5) History of External Injury Investigation and Assessment Meetings

2011	December 13	1st meeting
2012	February 21	2nd meeting
	April 16	3rd meeting
	July 19	4th meeting
	October 28	5th meeting
2013	April 16	6th meeting



Indication 6 Evaluation measures to assess their programs, processes and the effects of change

(1) Progress control of Safe Community programs

Matsubara City advances its Safe Community activity by following the PDCA cycle consisting of PLAN, DO, CHECK, and ACTION.

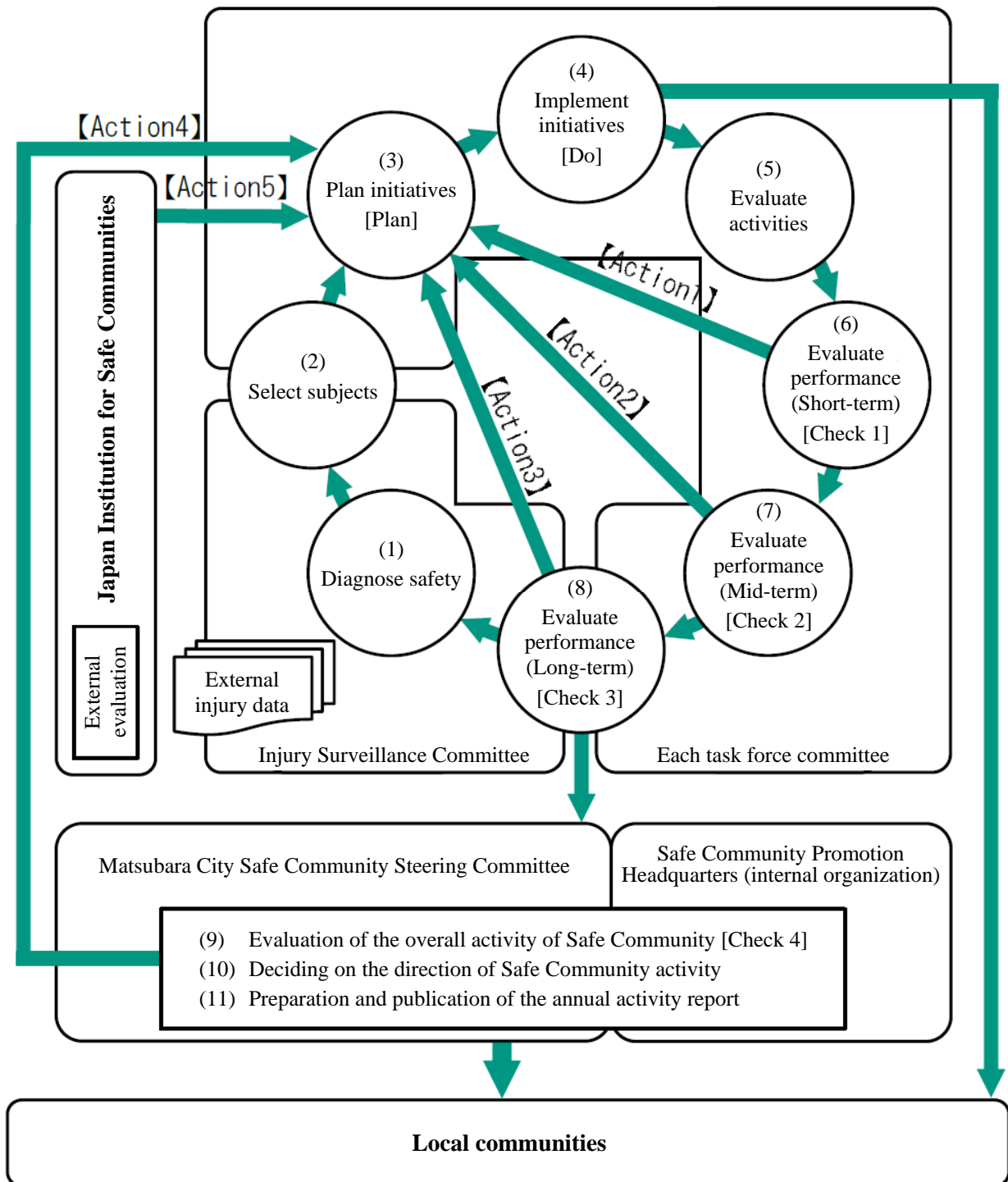


Fig. 4-32 Progress of City's Safe Community program (image drawing)

(2) Evaluation indicators for initiatives on each priority subject

Matsubara City has been carrying out activities by setting the short, mid, and long-term objectives and indicators for the initiatives on each of the subjects that were identified from the regional diagnosis, etc. The objectives and indicators for the initiatives of each task force are summarized below.

As the initiatives are advanced, changes, etc. in the objectives and indicators for the initiatives are discussed by each task force according to the progress state.

1) Children's safety

Legends	1) Objectives	2) Method of checking	3) Targets to be checked
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Prevention target 1: Tumbling of preschool child

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Increase in awareness of preventing accidents inside the house	Indicator title: Recognition degree of safety measures inside the house 1) To increase prevention awareness 2) Questionnaire survey (every year) 3) Parents with a preschool child	Indicator title: Practice degree of safety measures inside the house 1) To increase the number of households that work on safety measures inside the house 2) Questionnaire survey (every year) 3) Parents with a preschool child	Indicator title: Number of accidents inside the house 1) To reduce injuries inside the house 2) Ambulance call-out data (every year) Questionnaire survey (every 3 years) 3) Preschool children (0-5 years old)
Improvement of body function (diffusion of infant exercise)	Indicator title: Physical ability of infants 1) To improve physical ability 2) Measurement of physical fitness 3) Preschool children		

Prevention target 2: Injuries at school

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Preparation of school safety maps	Indicator title: Recognition degree of hazardous areas 1) To increase recognition of hazardous areas 2) Questionnaire survey (every year) 3) Students of Matsubara-Higashi Elementary School	Indicator title: Attentiveness to behavior 1) To increase attentiveness to behavior 2) Questionnaire survey (every year) 3) Students of Matsubara-Higashi Elementary School	Indicator title: Number of injury occurrences at school 1) To reduce injuries at school 2) Data from the Disaster Mutual Aid payment data (every year) 3) Students of Matsubara-Higashi Elementary School
School safety measures activity (evocation of awareness by way of the elementary school students' council)	Indicator title: Improvement ratio of hazardous areas 1) To improve defective and hazardous areas 2) Verification by way of reports on improvement, etc. (every year) 3) School facilities		

Prevention target 3: Child abuse

Measures	Short/mid-term performance indicator		Long-term performance indicator
Increase in understanding/awareness of child abuse	Indicator title: Correct understanding of child abuse and knowledge of emergency contact, etc. 1) To increase correct understanding of child abuse and knowledge of emergency contact, etc. 2) Questionnaire survey (every year) 3) All citizens	Indicator title: Number of abuse cases that are detected and responded in early stages 1) To increase the number of cases that are detected and responded in early stages 2) City's project statistics (every year) 3) Children of 0-15 years old	Indicator title: Number of serious cases of child abuse 1) To reduce the number of serious cases through encouraging consultation & reporting of child abuse 2) City's project statistics (every year) 3) Children of 0-15 years old
Preparation and distribution of leaflets on child care support	Indicator title: Satisfaction in child care support 1) To increase satisfaction in child care support 2) Questionnaire survey (every year) 3) Parents with a child		Indicator title: Anxiety about child care 1) To reduce anxiety about child care 2) Questionnaire survey (every year) 3) Parents with a child
Mail delivery			

2) Elderly safety

Prevention target 1: Injury among the elderly caused by tumbling/falling

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Improvement of indoor environment	Indicator title: Recognition degree of indoor hazardous areas 1) To increase people who acknowledge risk factors that can lead to tumbling indoors 2) Questionnaire survey (every year) 3) Participants in the gatherings, etc. (65 years old and above)	Indicator title: Implementation rate of environment improvement 1) To increase people who have eliminated risk factors that can lead to tumbling 2) Questionnaire survey (every 3 years) 3) Households with a person aged 65 years old and above	Indicator title: Number of injuries caused by tumbling indoors 1) To reduce the number of people transported by ambulance due to tumbling indoors 2) Ambulance call-out data (every year) 3) Elderly aged 65 years old and above
Exercise program for fall prevention	Indicator title: Awareness of program participants 1) To increase percentage of people who recognize necessity of care preventive measures 2) Questionnaire survey after participating the program (summary for one year) 3) Participants in the class	Indicator title: Physical ability of program participants 1) To increase physical ability of the participants 2) Measurement of physical fitness (before and after the class) 3) Participants in the class	Indicator title: Number of injuries caused by tumbling 1) To reduce the number of people transported by ambulance due to tumbling 2) Ambulance call-out data (every year) 3) Elderly aged 65 years old and above

Prevention target 2: Elderly abuse

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Network of early detection and proactive measures (Information sharing & elderly watch activity)	<p>Indicator title:</p> <p>Number of the elderly identified in the area</p> <ol style="list-style-type: none"> 1) To increase the number of elderly identified in the area 2) Project statistics of the City/Community Comprehensive Support Center (every year) 3) Elderly aged 65 years old and above 	<p>Indicator title:</p> <p>Number of cases in which watching led to abuse consultation</p> <ol style="list-style-type: none"> 1) To increase the number of cases in which watching can lead to abuse consultation 2) Project statistics of the City/Community Comprehensive Support Center (every year) 3) Elderly aged 65 years old and above 	<p>Indicator title:</p> <p>Number of abuse cases</p> <ol style="list-style-type: none"> 1) To reduce the number of abuse cases 2) Project statistics of the City/Community Comprehensive Support Center (every year) 3) Elderly aged 65 years old and above
Correct understanding and awareness of cognitive impairment and abuse (Training program for cognitive impairment supporter)	<p>Indicator title:</p> <p>Number of people who have understanding about cognitive impairment</p> <ol style="list-style-type: none"> 1) To increase the number of people with correct understanding about cognitive impairment & abuse 2) Questionnaire survey after implementation of the lecture program (every year) 3) Participants in the lecture program, etc. 		<p>Indicator title:</p> <p>Percentage of abuse cases for which cognitive impairment is related</p> <ol style="list-style-type: none"> 1) To reduce the percentage of abuse cases for which cognitive impairment is related 2) Project statistics of the City/Community Comprehensive Support Center (every year) 3) Elderly aged 65 years old and above

3) Traffic safety

Prevention target 1: Accident/injury involving a bicycle at a hazardous area

(Countermeasure)
Development of Safety Map(focusing on dangerous spots regarding to bicycle related accidents)
(Goal)
Increase the number of neighborhood communities with collect information on dangerous spots, then develop mas



Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Improvement of hazardous areas (Measures taken for hazardous areas identified by the safety maps)	<p>Indicator title:</p> <p>Number of improvements and measures carried out for hazardous areas</p> <ol style="list-style-type: none"> 1) To identify hazardous areas and carry out improvements and measures 2) Number of cases improved and road markings/signboards installed for hazardous areas 3) Areas where improvement and installation of road markings/signboards were carried out 		<p>Indicator title:</p> <p>Number of hazardous areas</p> <ol style="list-style-type: none"> 1) To reduce hazardous areas (accident-prone areas) 2) Number of hazardous areas 3) Police Office records <p>Records of maintenance/improvement performed</p>

Prevention target 2: Accident/injury involving a child/elderly on a bicycle

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Traffic safety class and training session (Dissemination & improvement of traffic rules/manners for bicycle)	<p>Indicator title: Recognition degree of traffic rules/manners for bicycles</p> <ol style="list-style-type: none"> 1) To increase people who have knowledge of traffic rules/manners for bicycles 2) Questionnaire survey (every year) 3) Participants in the traffic safety training program 	<p>Indicator title: Percentage of people who observe the traffic rules/manners for bicycles</p> <ol style="list-style-type: none"> 1) To increase people who have knowledge of traffic rules/manners for bicycles 2) Questionnaire survey (every 3 years) 3) Bicycle riders 	<p>Indicator title: Number of accidents & injuries while on a bicycle</p> <ol style="list-style-type: none"> 1) To reduce accident/injury while on a bicycle 2) Ambulance call-out data (every year) Police statistics data (every year) 3) Bicycle riders
Training program for awareness of wearing a protective helmet (To put a helmet on preschool children)	<p>Indicator title: Recognition degree of importance of helmets</p> <ol style="list-style-type: none"> 1) To disseminate importance of helmets among parents 2) Questionnaire survey (every year) 3) Parents with a preschool child 	<p>Indicator title: Helmet wearing rate for preschool children</p> <ol style="list-style-type: none"> 1) To increase parents who put a helmet on their preschool-aged child 2) Questionnaire survey (every 3 years) On-site survey at kindergarten 3) Parents with a preschool child 	<p>Indicator title: Number of cases of child's head injury due to traffic accident</p> <ol style="list-style-type: none"> 1) To reduce the number of cases of child's head injury 2) Ambulance call-out data (every year) 3) Bicycle riders (preschool children)

4) Crime prevention

Prevention target 1: Street crime victimization

Measures	Short/mid-term performance indicator	Long-term performance indicator
Installation of security cameras	<p>Indicator title: Number of security cameras installed</p> <ol style="list-style-type: none"> 1) To increase the number of security cameras installed 2) City's project statistics (every year) 3) Matsubara City, Neighborhood Association 	<p>Indicator title: Number of occurrences of street crimes in the areas installed with security cameras</p> <ol style="list-style-type: none"> 1) To reduce the number of occurrences of street crime in the areas installed with security cameras 2) Police Statistics (every year) 3) Street crimes <p>Indicator title: Sense of security in the areas installed with security cameras</p> <ol style="list-style-type: none"> 1) To improve sense of security of the areas installed with security cameras 2) Questionnaire survey (every 3 years) 3) Citizens

Prevention target 2: Crime victimization of children

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Crime prevention class	Indicator title: Recognition of necessity of child watch in community 1) To increase recognition rate of necessity of child watch in community 2) Questionnaire survey (every year) 3) Parents	Indicator title: Implementation rate of child watch in community 1) To increase implementation rate of child watch in community 2) Questionnaire survey (every year) 3) Parents	Indicator title: Number of crime victimizations of children 1) To reduce the number of crime victimizations of children 2) Police Statistics (every year) 3) Crime victimizations of children
One House, One Gate Lamp campaign	Indicator title: Total number of awareness raising leaflets distributed 1) To increase the total number of awareness raising leaflets distributed 2) Counting the total number of leaflets distributed (every year) 3) Model area	Indicator title: Number of street lamps lighted 1) To increase the number of street lamps lighted 2) Counting the number of street lamps lighted in the pilot areas 3) The pilot areas	Indicator title: Number of crime victimizations of children occurring at night 1) To reduce the number of crime victimizations of children occurring at night 2) Police Statistics (every year) 3) Crime victimizations of children occurring at night

* As for “verification of child watch activity”, no specific indicator has been set. This is because safety of school commuting roads both on the way to and from school has been secured and the necessary measures for other sites and time zones were identified.

5) Suicide prevention

Prevention target 1: Suicide of men in their 30's and of elderly men

Prevention target 2: Suicide attempt

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Publicity and expansion of consultation services	Indicator title: Number of awareness raising brochures distributed 1) To increase the total number of awareness raising brochures distributed 2) Counting the total number of brochures distributed based on the number of brochures remaining undistributed 3) Citizens	Indicator title: Consultation channels 1) To increase the number of consultations by channel 2) Confirmation of consultation channels 3) Consultations from men in their 30's and from elderly men	Indicator title: Number and rate of suicides 1) To reduce the number and rate of suicides 2) Demographic statistics (every year) 3) Suicides from men in their 30's and from elderly men
Gatekeeper training	Indicator title: Level of understanding of trainees 1) To increase level of understanding on the roles 2) Questionnaire survey (after training course) 3) Trainees of the course		Indicator title: Number and rate of suicide attempts 1) To reduce the number and rate of suicide attempts 2) Ambulance call-out data (every year) 3) Persons transported by ambulance in the City due to self-harming behavior

Prevention target 3: Suicide attempt

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Support for survivors of suicide attempts	<p>Indicator title:</p> <p>Number of cases of counseling</p> <ol style="list-style-type: none"> 1) To increase the number of cases of counseling via Police Offices 2) Health center statistics (every year) 3) Number of survivors of suicide attempts 	<p>Indicator title:</p> <p>Number of cases of individual counseling</p> <ol style="list-style-type: none"> 1) Continuation of individual counseling 2) Health center statistics (every year) 3) Number of counselees 	<p>Indicator title:</p> <p>Number and rate of suicide attempts</p> <ol style="list-style-type: none"> 1) To reduce the number and rate of suicide attempts 2) Ambulance call-out data (every year) 3) Persons transported by ambulance in the City due to self-harming behavior

6) Safety at the time of disaster

Prevention target 1: Casualties caused by earthquake hazard

Measures	Short-term performance indicator	Mid-term performance indicator	Long-term performance indicator
Regional disaster drill	<p>Indicator title:</p> <p>Recognition degree of initial responses at the time of earthquake disaster</p> <ol style="list-style-type: none"> 1) To increase recognition degree of initial responses at the time of disaster 2) Survey on recognition degree before and after participation in the drill (every year) 3) Citizens 	<p>Indicator title:</p> <p>Implementation rate of initial responses at the time of earthquake disaster</p> <ol style="list-style-type: none"> 1) To increase implementation rate of initial responses at the time of earthquake disaster 2) Citizen's questionnaire survey (every 3 years) 3) Citizens 	<p>Indicator title:</p> <p>Anxiety of disasters</p> <ol style="list-style-type: none"> 1) To reduce the percentage of households with anxiety of disasters 2) Citizen's questionnaire survey (every 3 years) 3) Citizens <p>Indicator title:</p> <p>Number of casualties caused by earthquake disasters</p> <ol style="list-style-type: none"> 1) To decrease the number of casualties caused by earthquake disasters 2) Reports/statistics on disasters (Statistic Bureau of Ministry of Internal Affairs and Communications (MIC), Fire and Disaster Management and Agency (FDMA) of MIC, City data) 3) Citizen casualties
Education about measures to prevent furniture tipping over, etc.	<p>Indicator title:</p> <p>Recognition of necessity of measures to prevent furniture tipping over, etc.</p> <ol style="list-style-type: none"> 1) To increase recognition of necessity of measures to prevent furniture tipping over, etc. 2) Recognition survey among participants in the visiting lecturer program, etc. (every year) 3) Citizens 	<p>Indicator title:</p> <p>Percentage of users of measures to prevent furniture tipping over, etc.</p> <ol style="list-style-type: none"> 1) To increase the percentage of users of measures to prevent furniture tipping over, etc. 2) Citizen's questionnaire survey (every 3 years) 3) Citizens 	

Prevention target 2: Casualties of disaster vulnerable people such as the elderly due to escape failure

Measures	Short/mid-term performance indicator	Long-term performance indicator
Community watch-over activity	<p>Indicator title: Number of enrollment in the safety checking system</p> <ol style="list-style-type: none"> 1) To increase the number of enrollment in the safety checking system 2) Counting the total number of enrollment (every year) 3) Citizens and disaster vulnerable people such as the elderly 	<p>Indicator title: Number of casualties of disaster vulnerable people such as the elderly due to escape failure at the time of earthquake disaster</p> <ol style="list-style-type: none"> 1) To decrease the number of casualties of disaster vulnerable people such as the elderly at the time of earthquake disaster 2) Reports/statistics on disasters (Statistic Bureau of Ministry of Internal Affairs and Communications (MIC), Fire and Disaster Management and Agency (FDMA) of MIC, City data) 3) Casualties of disaster vulnerable people such as the elderly
Education about residential fire alarms and raising awareness on their maintenance/control	<p>Indicator title: Installation rate & maintenance implementation rate of residential fire alarms</p> <ol style="list-style-type: none"> 1) Installation rate & maintenance implementation rate of residential fire alarms 2) Questionnaire survey of event participants (every year) Questionnaire survey of citizens (every 3 years) 3) Citizens in general, elderly persons, persons with disabilities 	<p>Indicator title: Number of casualties due to fire breaking out at ordinary times and at the time of disaster</p> <ol style="list-style-type: none"> 1) To reduce the number of casualties due to fire breaking out at ordinary times and at the time of disaster 2) Reports/statistics on disasters (Statistic Bureau of Ministry of Internal Affairs and Communications (MIC), Fire and Disaster Management and Agency (FDMA) of MIC, City data) Fire-Prevention Annual Report (every year) 3) Citizens casualties and disaster vulnerable people such as the elderly

Indication 7 Ongoing participation in national and international Safe Communities networks

Matsubara City is working on promoting Safe Community through participating in the SC networks at home and abroad, and learning from the prevention activities, external injury investigation systems, etc. of the cities that are designated Safe Communities.

Further, with the aim to develop Safe Community activity both at home and abroad, we will continuously make efforts in deepening exchanges with other cities, learning from initiatives of other regions, and disseminating information on the initiatives of Matsubara City.

(1) Participation in the domestic network

1) Exchanges with other domestic SC promotion cities

Year/month	Details of exchange
May 2011	Visited Kameoka City of Kyoto Prefecture
June 2011	Attend the Pre-onsite evaluation in Toshima Ward of Tokyo
Nov. 2011	Attended the meeting of the National SC Promotion Local Government Network [Venue: Atsugi City] (1)
Feb. 2012	Attended the on-site evaluation in Toshima Ward of Tokyo
May 2012	Attended the on-site evaluation in Komoro City of Nagano Prefecture
May 2012	Attended the Minowa Town Safe Community Designation Ceremony in Nagano Prefecture
May 2012	Attended the Pre-onsite evaluation in Kameoka City of Kyoto Prefecture
May 2012	Safe community training workshop (Kameoka City, Komoro City, Sakae Ward of Yokohama City, Kurume City, Matsubara City) [Venue: Osaka City]
Nov. 2012	Attended the Toshima Ward Safe Community Designation Ceremony in Tokyo
Dec. 2012	Attended the Komoro City Safe Community Designation Ceremony in Nagano Prefecture
Jan. 2013	Attended the on-site evaluation in Sakae Ward, Yokohama City of Kanagawa Prefecture
Feb. 2013	Attended the Kameoka City Safe Community Re-designation Ceremony in Kyoto Prefecture (6)

2) Visitors to Matsubara City

Year/month	Group or organization who visited to Matsubara City
July 2011	Atsugi City
Nov. 2011	Ise City Education Board
Aug. 2012	Miyazaki Prefectural Assembly
Oct. 2012	Atsugi City, Komoro City, Kurume City, Kitamoto City, Chichibu City, Koka City (Attended the Pre-onsite evaluation) (4)

(2) Participation in the international network

Year/month	Details of participation
Dec. 2011	Participated in the symposium commemorating the designation of the JISC Safe School Certifying Center [Osaka City]
June 2012	Participated in the Japan-Korea Joint Workshop on Safe Community held in Jeju Island, South Korea (2)
Sept. 2012	Co-hosted a JISC joint training workshop on Safe Community [Matsubara City] (3)
Nov. 2012	Delivered a presentation at the 6th Asian Regional Conference on Safe Communities (5)



(1) Meeting of the National Safe Community Promotion Local Government Network [Venue: Atsugi City]



(2) Japan-Korea Joint Workshop on Safe Community held in Jeju Island, South Korea



(3) JISC joint training workshop on Safe Community [Matsubara City]



(4) Pre-onsite evaluation [Matsubara City]



(5) The 6th Asian Regional Conference on Safe Communities



(6) Kameoka City Safe Community Re-designation Ceremony in Kyoto Prefecture

Chapter 5 Long-term Prospects of Safe Community Programs

1. Long-term indicators

(1) Sharing the basic principles of Safe Community with citizens and involved groups

According to the Questionnaire for factual investigation of injuries and safety/security, carried out in August 2011, approximately 10% of respondents were aware of the Safe Community program. However, the program was still in its initial stages at the time.

We have continued promotional activities and various task force meetings to increase awareness of the Safe Community program. The basic policy of Safe Community, “Injuries and accidents can be prevented by eliminating their causes,” is now shared by many citizens and involved groups.

(2) Programs focusing on prevention

Safe Community programs focusing on preventing external injury and programs focusing on preventing illnesses, such as various checkups and measures against contagious diseases, shall be promoted integrally to enhance the citizens’ quality of life.

(3) Creating a co-learning culture

We will learn together by verifications that enhance the quality of our progress and with cooperation through collaboration and exchange between citizens and involved parties. Through this we will enhance the quality of safety and security programs.

(4) Nurturing the next-generation to cover the future of Safe Community programs

The basic principles of Safe Community are introduced in elementary school auxiliary textbooks, and programs are incorporated in education. Crime prevention classes and traffic safety classes are held at school, and disaster drills are held with the community residents to nurture a new generation that will cover the future of Safe Community.



(5) Structuring a Safe Community network in Japan and overseas

We systematically participate in the Safe Community network in Japan and overseas to share and communicate information. In Japan, we are strengthening our exchanges with Safe Community certified municipalities, and municipalities preparing for designation, so that we may learn more.

2. Programs to maintain long-term programs

In Matsubara City, we have clarified the future image we are aiming for and the direction for realizing this image. We have enacted a master plan as our basic policy for promoting city planning in a systematic and orderly manner. In the 4th Master Plan of Matsubara City (plan period of 8 years) enacted in 2011, “Promotion of Safe Community” has been positioned as one of the basic objects, with its objectives set as “building a city where people can continue to live in safety”, “building a city where all citizens can live healthy and safe lives”, and “building a city where government and citizens work together”. This conforms

to the principles of Safe Community. By clearly setting “Promotion of Safe Community” as one of our initiatives, we will develop long-term Safe Community activities. As we carry out the plans, we will confirm the programs and effect of the Safe Community activities, and will re-evaluate the program every five years.

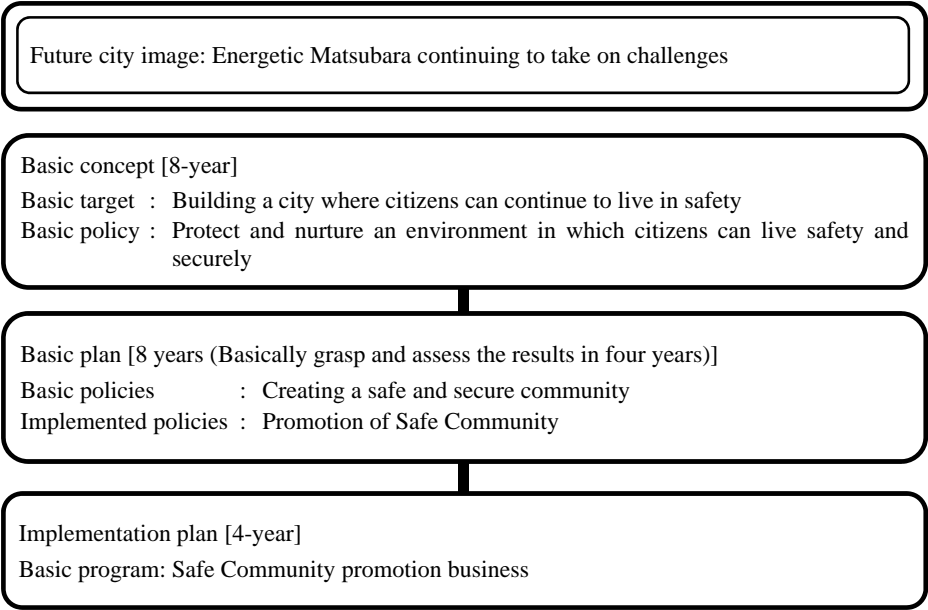


Fig. 5-1 4th Master Plan of Matsubara City, First-term Implementation Plan System Diagram (Excerpt)

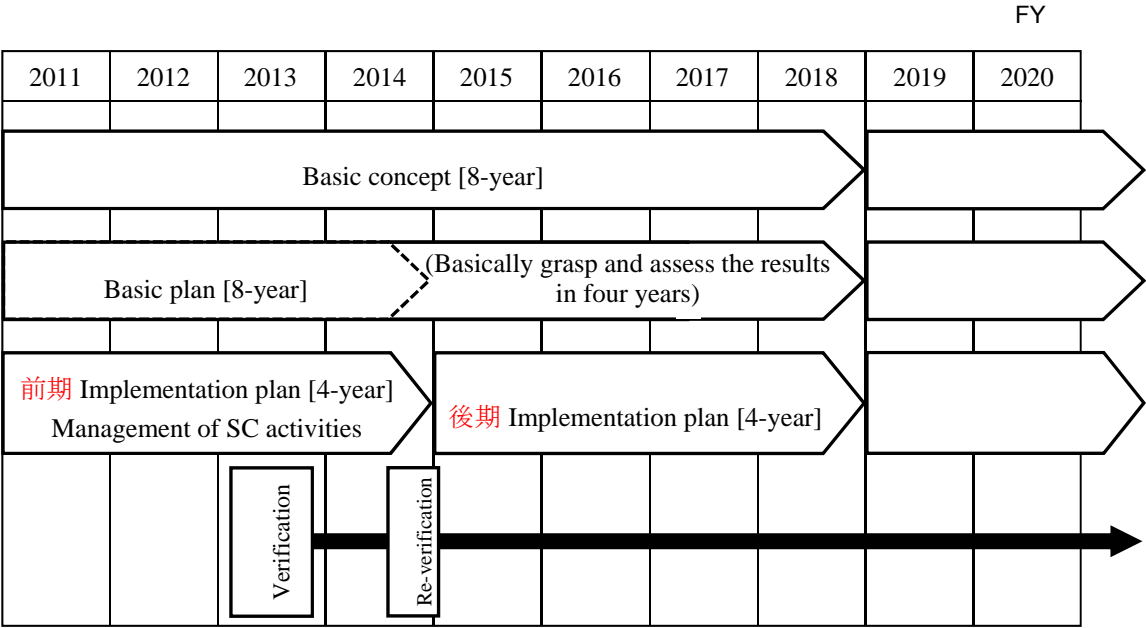


Fig. 5-2 Positioning in Master Plan and promotion of Safe Community activities

Form A

Application and checklist for the results of applications and site-visit(s) Matsubara City, Osaka, Japan

Column 1	Column 2
Questions to be answered by the community	Questions to be answered by the certifiers
Section A Community Overview	
<p>A.1 Briefly describe the community and its historical development</p> <p>Matsubara City is located almost in the center of Osaka Prefecture, adjacent to two ordinance-designated cities: Osaka City across the Yamato River in the north, and Sakai City in the southwest.</p> <p>On February 1, 1955, two towns and three villages were merged and started as a new garden city with a population of about 36,000. As the City is located near Osaka, and has convenient transport links to the center of Osaka, its population rapidly increased during the 1970s. It has now grown into a residential town with a population of over 124,000. The City also has long had a very extensive transportation network, which now includes expressways and principal roads running east-west and north-south. Further, improvement works are now in progress for the Yamatogawa Route of the Osaka Prefectural Expressway along the Yamato River, and thus the City continues its further development as the regional traffic hub for southern Osaka.</p> <p>(More details are described in the attached report;P1~6)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.., If no!! What is missing:</p>
<p>A.2 Describe the strategy, ambitions, objectives and work in the community in regard to safety. It must be a higher level of safety than average for a community in the country or region.</p> <p>The 4th Master Plan of Matsubara City (plan period of 8 years) was jointly drawn up by the government and the citizens as a basic policy, with the aim to carry out city planning in a systematic and orderly manner. One of the basic objectives Matsubara City set in this was “building a city where people can continue to live in safety,” and Safe Community (SC) initiatives are being promoted accordingly. Aiming to make Matsubara City a city that can satisfy and attract people as a place where everyone can live in safety and security, the government and citizens together with various local</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.., If no!! What is missing:</p>

<p>organizations are working to improve safety. (For details, please see page 85~86 of the attached report)</p>	
<p>A.3 How are the mayor (or similar function of the community) and the executive committee involved? Who is chairing the cross-sector group?</p> <p>SC activities are managed and promoted in a comprehensive manner, for which the mayor of the City is acting as the chairman of the Matsubara City Safe Community Steering Committee.</p> <p>Due to differences in political structure between Japan and Europe or the US, there is no organization equivalent to the executive committee. However, the Matsubara City Safe Community Steering Committee takes charge of the cross-sectoral collaboration across the organizational borders, while the Citizens Safety Section of the City Government coordinates the collaboration within the City Government.</p> <p>(For details, please see page 33 of the attached report.)</p>	<p>Are the descriptions sufficient? Is the mayor involved?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is the executive committee involved?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Who is chairing the cross-sectional group? <input type="checkbox"/></p> <p>.....</p>
<p>A.4 Describe the injury risk-panorama in the community.</p> <p>(1)Children</p> <ul style="list-style-type: none"> • The frequency rate of accidents requiring ambulance call-out is the second-highest among children aged between 0 and 4, next to the elderly. • Injuries occur at a high rate among elementary school and junior high school students. • The number of consultations for child abuse per 100 thousand populations is higher than those of the whole nation and Osaka Prefecture. • <p>(2)Elderly</p> <ul style="list-style-type: none"> • The number of ambulance call-outs for the elderly aged 65 and over is higher than that for other age groups. • The number of consultations for elderly abuse per 100 thousand populations is higher than those of the whole nation and Osaka Prefecture. 	<p>Is the risk-panorama sufficiently described?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>

<p>(3)Traffic</p> <ul style="list-style-type: none"> • About 43% of the total number of ambulance call-outs is for traffic accidents. • About 45% of the ambulance call-outs for traffic accidents involve a person on a bicycle. <p>(4)Crime</p> <ul style="list-style-type: none"> • The crime rate per 100 thousand population is higher than that of the whole nation. • About half of criminal offenses are street crimes. <p>(5)Suicide</p> <ul style="list-style-type: none"> • Suicide is the leading cause of the deaths due to extrinsic causes, and is the highest ranking cause of death for the age group of 15-44. <p>(6)Disaster</p> <ul style="list-style-type: none"> • Topographically, the community is located in an area surrounded by a number of active faults and is susceptible to earthquake disaster. <p>(For details, please see page 9-32.)</p>	
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Section B Structure of the community	
<p>B.1 Describe the demographic structure of the community</p> <p>The population of Matsubara City as of October 1, 2012 is 124,498, which has been decreasing each year after its peak in 1985. With regard to changes in population among the 3 age groups, while the productive population aged between 15 and 64 has decreased, the aged population of 65 years and older has been showing an increase. Decreasing birthrates and aging of the population are in progress. Thus, the number of ambulance call-outs for common injury of the elderly aged 65 and over and its rate are increasing every year.</p> <p>(For details, please see page2~6.)</p>	<p>Is the demographic structure and the different risks sufficient described?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No..,</p> <p>If no!! What is missing:</p>

<p>B.2 Describe the SC/IP at present and the plans for the future.</p> <p>Matsubara City is conducting prevention activities targeting all genders and ages as well as environments. (For details, please see page 38-43 of the Report.)</p> <p>Especially, as for the priority subjects that were identified from the regional diagnosis, a taskforce Committee has been set up for each priority subject for which efforts have been made together with related organizations. (For details, please see page 34-35 and 48-71.)</p> <p>Matsubara City has also included SC promotion in the City's 4th master plan that defined basic policies for city planning. The basic concept of the master plan is reviewed for revision every 8 years, and execution plans are reviewed every 4 years. By clearly stating the SC promotion as our policy, we intend to implement the Safe Community activities over a long period of time, to confirm our initiatives and the effects of the Safe Community activities in progress and management of the plan, and thus to make ourselves eligible for the re-designation every 5 years.</p> <p>(For details, please see page85~86.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>B.3 Describe the support for sustained injury prevention of the local politicians in the community and which parts of the program have been undertaken and/or supported by the regional government?</p> <p>SC activities are managed and promoted in a comprehensive manner, for which the mayor of the City is acting as the chairman of the Matsubara City Safe Community Steering Committee.</p> <p>In addition, as a part of the support we receive from Osaka Prefecture, we receive data on injuries, accidents, crimes, etc. from Matsubara Police Station and Fujiidera Health Center, which also participate in promoting our activities by sending committee members to the SC Steering Committee, each taskforce Committee, and the Injury Surveillance Committee.</p> <p>(For details, please see page33~35.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>

<p>B.4 Describe the strategic program concerning the safety promotion and injury prevention work, which has been formulated!</p> <p>Matsubara City has been carrying out various activities for safety and security such as safe & secure city planning, reinforcement of comprehensive disaster-prevention measures, promotion of elderly welfare, promotion of disability welfare, and the community's child care and support. The specific plans are carried out and managed based on the City's 4th master plan which defines basic policies for city planning. (For details, please see page85~86.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>
<p>B.5 Who is responsible for the management of the SP/IP program and where are they based in the local political and administrative organization?</p> <p>Mayor of Matsubara City (Chairman of the Matsubara City SC Steering Committee)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>
<p>B.6 Which is the lead unit for the SP/IP program?</p> <p>SC Subsection of Citizens Safety Section, General Affairs Division, Matsubara City Government</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>
<p>B.7 Is the Safe Communities initiative a sustained program or a project?</p> <p>Matsubara City has included SC promotion in the City's 4th master plan that defined basic policies for city planning. (The basic concept of the master plan is reviewed for revision every 8 years, and execution plans are reviewed every 4 years.) By clearly stating the SC promotion as our policy, we intend to implement the Safe Community activities as a long-term sustainable program. (For details, please see page85~86.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>
<p>B.8 Are the objectives decided by the local politicians covering the whole community? Which are they?</p> <p>Objectives have been set in the Matsubara City 4th master plan formulated in 2011, targeting the whole city. (For details, please see page85~86.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>

<p>B.9 Who have adopted these objectives?</p> <p>Hirofumi Sawai, Mayor of Matsubara City</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>B.10 How are the Safe Community objectives evaluated and to whom are the results reported?</p> <p>In the taskforce Committees that has been set up for each priority subject, short-, mid-, and long-term performance objectives and indices have been set for each of the activities. These are used by each taskforce Committee to evaluate the short and mid-term activities, and by the Injury Surveillance Committee to evaluate the long-term. The evaluation results are reported to the City's SC Steering Committee for internal evaluation. Further, all the results are summarized into an annual report and submitted to JISC for external evaluation.</p> <p>(For details, please see page75~82.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>B.11 Are economic incentives in order to increase safety used? If yes, how are they used?</p> <p>With rapid aging of the population, there is an increasing cost for nursing care insurance. The growth rate of the cost needed for maintaining the nursing care insurance has been set as the index, which is used to measure the effectiveness of the care prevention program.</p> <p>As for injuries occurring at school, insurance of the Japan Sports Council's mutual aid system applies to them. The medical fees covered by this insurance have been set as the index, which is used to measure the effectiveness of the injury prevention programs in schools, etc.</p> <p>(For details, please see page76~77.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>B.12 Are there local regulations for improved safety? If so, describe them</p> <p>In 2002, Matsubara City enacted the "Matsubara Safe City-Planning Ordinance." It was defined in the ordinance that "in planning and implementation of policies regarding citizens' safety, it is the duty of the city government to carry out city planning based on citizens' participation." It was further defined that "it is a role of citizens, with awareness of protecting their community by themselves, to work on</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>

improvement of safety through participating in community activities necessary for citizens' safety such as regional crime prevention activities, disaster drills, and traffic safety campaigns.”	
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Section C Indicator 1	
<p>1.1 Describe the cross-sector group responsible for managing, coordinating, and planning of the SP/IP program.</p> <p>As the propelling organization of Safe Community in Matsubara City, the City Government has set up the Matsubara City SC Steering Committee that consists of organizations from various fields related to safety and security. This SC Steering Committee was set up in accordance with the municipal utility ordinance that defined provision of auxiliary organs of Matsubara City's executive agency. (For details, please see page33.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>
<p>1.2 Describe how the local government and the health sector are collaborating in the SC/IP work.</p> <p>The secretariat of the SC Steering Committee is placed in the Citizens Safety Section of the City Government, while the secretariats of the taskforce Committees are served by each relevant section of the City Government. With regard to the health category, the Elderly Care Section and Child Care Support Section serve as the secretariats of the relevant taskforce Committees. In addition, the staff members of the Community Health Section, Disability Welfare Section, and Welfare General Affairs Section participate in the relevant taskforce Committees as their committee members. Further, the representatives from the Fujiidera Health Center, a health organization of Osaka Prefecture, also participate in the SC Steering Committee, the Injury Surveillance Committee and its taskforce Committee. (For details, please see page33 ~35.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>

<p>1.3 How are NGOs: Red Cross, retirement organizations, sports organizations, parent and school organizations involved in the SC/IP work?</p> <p>Various private and other organizations participate in the Matsubara City SC Steering Committee, the taskforce Committees, and the Injury Surveillance Committee, which include administrative agencies, the Federation of Neighborhood Community Associations, the Chamber of Commerce, universities, the Medical Association, the Dental Association, the Red Cross Service Group, the Federation of Senior Citizens Clubs, PTA, and the Local Welfare Officer & Children's Committee Meeting.</p> <p>(For details, please see page33~35.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>1.4 Are there any systems for ordinary citizens to inform about risk environments and risk situations they have found in the community?</p> <p>Primarily, the City's PR brochures and website are utilized. We are also introducing our initiatives, etc. on Safe Community by carrying out visiting lectures in communities and by collecting opinions and requests from residents regarding risk environments and risk situations that are found in daily life, thus mutually sharing information about hazardous areas, etc. Further, by utilizing opportunities for people to gather such as lecture meetings held by regional organizations and government, we distribute the leaflets to introduce our initiatives, etc. on Safe Community.</p> <p>(For details, please see page36~37.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>1.5 Describe how the work is organized in a sustainable manner.</p> <p>The SC promotion system of Matsubara City is organized centering on the SC Steering Committee, which is the decision-making body comprised of cross-sectoral members. It is further provided with SC Promotion Headquarters as the internal promotion organization of the City, the Injury Surveillance Committee to decide how to evaluate the structure/work of the external injury investigation, and the taskforce Committees comprised of cross-sectoral members for key issues of the</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>

<p>City, each of which work in cooperation within the established system to implement the activities.</p> <p>(For details, please see page 33-36.)</p> <p>Further, for ensuring sustainability of SC promotion, the City's 4th Master Plan, which is the basic policy of the city-planning, has clearly stated its inclusion.</p> <p>(For details, please see page 85~86.)</p>	
<p>Section D Indicator 2</p>	
<p>2.1 Describe the sustainable work in regard to SC/IP in following areas and how the different sectors including specific NGOs are involved in the work.</p> <p>1. Safe traffic 2. Safe homes and leisure times 3. Safe children 4. Safe elderly 5. Safe work 6. Violence prevention 7. Suicide prevention 8. Disaster preparedness and response 9. Safe public places 10. Safe hospitals 11. Safe sports 12. Safe water 13. Safe schools</p> <p>Are some of these areas overseen by from other organizations and/or agencies than from the community? How is the community involved?</p> <p>Matsubara City has been conducting various programs and activities for safety promotion and injury prevention. The followings are some of safety promotion programs in each field. Details are explained in the page 38-43 of the report.</p> <p>The alphabet in front of the program names match to those in the explanation in the report (page 38-43).</p> <p><u>1 Safe traffic</u></p> <p>F) Child watch activity on the way to & from school H) Services to encourage the purchasing of bicycles with child seats for safely carrying two infants I) Traffic safety campaign</p> <p><u>2 Safety homes and leisure times</u></p> <p>A) Accident prevention education at time of infant medical examinations B) Emergency call system C) Project to help with reclusive young people (hikikomori) D) Municipality SOS network of aged wanderers in Minami Kawachi area K) Children's amusement park improvement project and inspection of</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>

<p>play equipment in parks</p> <p><u>3 Safety of children</u></p> <p>A) Accident prevention education at time of infant medical examinations</p> <p>B) Emergency call system</p> <p>E) Safety-school support project for public elementary schools</p> <p>F) Child watch activity on the way to & from school</p> <p>H) Services to encourage the purchasing of bicycles with child seats for safely carrying two infants</p> <p>I) Traffic safety campaign</p> <p>J) Training session for sport safety</p> <p>K) Children's amusement park improvement project and inspection of play equipment in parks</p> <p>L) Installation of AED and training sessions for emergency and critical care</p> <p>M) Agricultural facilities improvement project</p> <p>N) Hello Baby project</p> <p>O) Mother and child lifestyle support facility</p> <p>P) Subsidized project for installation/maintenance of security lighting</p> <p>Q) Educational counseling</p> <p>T) Health education and health counseling</p> <p>U) Disaster prevention picture exhibition</p> <p>V) Matsubara City general disaster prevention drill</p> <p>W) Disaster prevention drill organized by Regional Network Project Council</p> <p><u>4 Safety of the elderly</u></p> <p>B) Emergency call system</p> <p>C) Project to help with reclusive young people (hikikomori)</p> <p>D) Municipality SOS network of aged wanderers in Minami Kawachi area</p> <p>I) Traffic safety campaign</p> <p>J) Training session for sports safety</p> <p>K Children's amusement park improvement project and inspection of play equipment in parks</p> <p>L) Installation of AED and training sessions for emergency and critical care</p> <p>M) Agricultural facilities improvement project</p> <p>P) Subsidized project for installation/maintenance of security lighting</p> <p>S) Consumer affairs consultation project</p> <p>T) Health education and health counseling</p> <p>V) Matsubara City general disaster prevention drill</p> <p>W) Disaster prevention drill organized by Regional Network Project Council</p>	
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<p><u>5 Safe work</u></p> <p>G) Osaka Zero-Danger Initiatives</p> <p><u>6 Violence prevention</u></p> <p>C) Project to help with reclusive young people (hikikomori)</p> <p>N) Hello Baby project</p> <p>O) Mother and child lifestyle support facility</p> <p>P) Subsidized project for installation/maintenance of security lighting</p> <p><u>7 Suicide prevention</u></p> <p>Q) Educational counseling</p> <p>R) Youth counseling and self-reliance support seminar</p> <p>S) Consumer affairs consultation project</p> <p>T) Health education and health counseling</p> <p><u>8 Disaster preparedness and response</u></p> <p>U) Disaster prevention picture exhibition</p> <p>V) Matsubara City general disaster prevention drill</p> <p>W) Disaster prevention drill organized by Regional Network Project Council</p> <p><u>9 Safe public places</u></p> <p>L) Installation of AED and training sessions for emergency and critical care</p> <p>M) Agricultural facilities improvement project</p> <p><u>10 Safe hospitals</u></p> <p>Medical safety management measures are carried out at each hospital.</p> <p><u>11 Safe sports</u></p> <p>J) Training session for sports safety</p> <p><u>12 Safe water</u></p> <p>M) Agricultural facilities improvement project</p> <p><u>13 Safe schools</u></p> <p>E) Safety-school support project for public elementary schools</p> <p>F) Child watch activity on the way to & from school</p>	
<p>2.2 Describe the work with genders, all ages and all environments and situations. Describe all activities like falls prevention and how the work is done</p> <p>Matsubara City is conducting prevention activities targeting all genders and ages, as well as all environments. (For details, please see page38~71.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>

Section E Indicator 3	
<p>3.1 Identify all high risk groups and describe what is being done to increase their safety. Groups at risk are often:</p> <ol style="list-style-type: none"> 1. Indigenous people 2. Low-income groups 3. Minority groups within the community, including workplaces 4. Those at risk for intentional injuries, including victims of crime and self-harm 5. Abused women, men and children 6. People with mental illness, developmental delays or other disabilities 7. People participating in unsafe sports and recreation settings 8. Homeless 9. People at risk for injuries from natural disasters 10. People living or working near high- risk environments (for example, a particular road or intersection, a water hazard etc. 11. People at risk due to religion, ethnicity or sexual preferences <p>Having identified the following groups as the high-risk groups, Matsubara City is carrying out prevention activities for their protection.</p> <p>(1) Non-Japanese residents</p> <p>Registered foreigners account for approximately 1% (about 1,300 persons) of the total population of Matsubara City. As they may encounter some difficulties in daily life due to different languages, cultures, etc, the City provides the following services:</p> <ul style="list-style-type: none"> • Interpretation & translation support • Japanese language reading/writing class <p>(For details, please see pages 44-45 of the Report.)</p> <p>(2) Abused children, women, and elderly people</p> <p>Matsubara City receives several dozens of requests for consultation about abuse in a year. Abuse victims, in general, tend not to speak out about their own conditions and rather tend to suffer by themselves. Further, as it is difficult to know their conditions from the outside, the City has been implementing the following services:</p> <ul style="list-style-type: none"> • Women's consultation • Mother and child lifestyle support facility <p>(For details, please see pages 45-46 of the Report.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>

<p>* As for child and elderly abuse, actions are taken by the taskforce Committee. (For details, please see pages 52 and 55 of the Report.)</p> <p>(3) People with physical or other disabilities</p> <p>In Matsubara City, there are about 6,700 persons with disabilities. As they are more susceptible to damage by having difficulties in movement or by not having accurate knowledge of the situation at home, in public locations, or during a disaster, the City has been implementing the following services:</p> <ul style="list-style-type: none"> • Bodily function improvement training project for persons with physical disabilities • Service for providing information on fire safety, etc <p>(For details, please see pages 46-47 of the Report.)</p> <p>(4) Residents living near a river including the Yamato River and others</p> <p>The Yamato River runs north of Matsubara City. Although a large-scale flood disaster is no longer likely to occur due to improvement in storm sewage pumps and river improvement works, there still exists a risk of river flood of the Yamato River, etc. if record-breaking heavy rain should occur. The City therefore has been implementing the following services:</p> <ul style="list-style-type: none"> • “Hazard Map for Each Town in its Entirety” • Regional disaster prevention drill • Yamato River flood prevention drill and general drill of Osaka Prefecture for regional disaster prevention <p>(For details, please see page 47 of the Report.)</p> <p>Further, the City supports people in the low income group in accordance with the national Public Assistance Act</p>	
<p>3.2 Give examples of high risk environments</p> <ol style="list-style-type: none"> 1. Describe how risk environments in the community are identified 2. Describe prioritized groups and/or environments 3. Are there specific programs for their safety in the community 4. Describe the timetable of the work 5. Are these groups involved in the prevention aspect of these programs? <p><u>River regions of the Yamato River, etc.</u></p> <p>At the time of the typhoon and localized torrential downpour in 1982,</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>

<p>flood damage occurred caused by overflowing of the Nishiyoke River and the Imado River as well as backwater of the Yamato River. Although there were luckily no casualties, 1,963 houses suffered from flooding to above floor level and extensive damage was caused. Since then, although a large-scale flood disaster has become unlikely to occur due to improvement in storm sewage pumps and river improvement works, there still exists a risk of river flood of the Yamato River, etc. if record-breaking heavy rain should occur. Therefore, the City has been implementing the following services:</p> <ul style="list-style-type: none"> • “Hazard Map for Each Town in its Entirety” • Regional disaster prevention drill Held 1-2 times a year mainly by neighborhood community associations and voluntary disaster prevention organizations. • Yamato River flood prevention drill and general drill of Osaka Prefecture for regional disaster prevention Held once every three years with participation of the national government, Osaka prefectural government, neighborhood cities/towns/villages, local residents, business entities, etc. • Distribution of the flood hazard map Distributed by the City Office as needed <p>(For details, please see page 47 of the Report.)</p> <p>* There are fault zones existing around Matsubara City and an ocean trench lies undersea about 100 km to 150 km south of Japan, running almost in parallel with the Japanese islands. A risk of a large earthquake that may be induced by them exists. Therefore, the entire city of Matsubara is considered as being exposed to risk environments. This situation has been set as a priority City subject and the initiatives are taken by the taskforce Committee.</p> <p>(For details, please see page 67~71.)</p>	
<p>Section F Indicator 4</p>	
<p>4.1 Describe the evidence-based strategies/programs that have been implemented for different age- groups and environments.</p> <p>By targeting various age groups and environments, Matsubara City has been implementing the following evidence-based programs. With regard to the priority subjects, the taskforce Committees have been taking the following initiatives:</p> <p>1 Children’s safety</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No..,</p> <p>If no!! What is missing:</p>

<ul style="list-style-type: none"> • Publication of safety measures by means of leaflets, etc. • Improvement of bodily functions • Preparation of school safety maps • School safety measure activity • Educational activity on child abuse problem • Preparation & distribution of leaflets on child care support <p>2 Elderly safety</p> <ul style="list-style-type: none"> • Improvement in indoor environment • Exercise program for fall prevention • Early detection of abuse, and network for proactive measures • Promote understanding and awareness of cognitive impairment and abuse <p>3 Traffic safety</p> <ul style="list-style-type: none"> • Preparation of safety maps • Safety measures for hazardous areas • Traffic safety class and training session • Awareness of the importance of wearing a protective helmet <p>4 Crime prevention</p> <ul style="list-style-type: none"> • Installation of security cameras • Child watch activity • One House, One Gate Lamp campaign • Crime prevention class <p>5 Suicide prevention</p> <ul style="list-style-type: none"> • Publicity and expansion of consultation services • Gatekeeper training • Understanding of elderly people's problems • Support for survivors of suicide attempts <p>6 Safety during disaster</p> <ul style="list-style-type: none"> • Regional disaster prevention drill • Education about measures to prevent furniture tipping over, etc. • Community watch-over activity • Education about residential fire alarms and raising awareness on their maintenance/control <p>(For details, please see page48~71.)</p>	
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<p>4.2 Has any contacts been established with ASCSCs , WHO CCCSP, other scientific institutions, or knowledgeable organizations about the development and/or implementation of evidence-based strategies? Which ones? What has been the extent of their counsel?</p> <p>Staff from JISC (Japan Institution for Safe Communities, an Affiliate SC Support Center) participates in Matsubara City's Injury Surveillance Committee as committee members, and also at its Steering Committee and the taskforce Committees as advisors. Further, the entire SC activity of Matsubara City is subject to an external evaluation by JISC.</p> <p>The Injury Surveillance Committee is participated in by members from the Medical Association, the Dental Association, universities, health centers, fire stations, and police stations as its members, where data analyses and evaluation of initiatives in terms of the long-term index are implemented</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>Section G Indicator 5</p>	
<p>5.1 What local data is used to determine the injury prevention strategies? For example, registering injuries can be done at hospitals, health centers, dentists, schools, care of the elderly organizations and the local police. Household surveys can also be used for collection of data about injuries and risk environments and risk situations. Which methods are used in the community?</p> <p>In order to determine the prevention strategies, the following external injury data are gathered and analyzed according to their severity.</p> <p>Data utilized include, for example, the demographic statistics from MHLW (Ministry of Health, Labour and Welfare), the ambulance call-out data from the fire stations, the police statistics from the police stations (suicide/traffic accident/crime), the statistics of industrial accidents from the Labor Standards Inspection Office, the record of applications for the mutual aid disaster insurance for schools, and questionnaire results.</p> <p>(For details, please see page72~74.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>5.2 Describe how data are presented in order to promote safety and prevent injuries in the community.</p> <p>As for various data, only the formed data or processed data usable for</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p>

<p>the indices of the taskforce Committees are provided by the governing agencies and associations.</p> <p>(Example)</p> <ul style="list-style-type: none"> • Demographic statistics: Data that are gathered by MHLW based on the City's information are provided once every year by Fujiidera Health Center. • Police statistics: Data that are gathered by the police department are provided once every year. • Ambulance call-out data: Data that are gathered by the fire stations are provided once every year. • Questionnaire for factual investigation of injuries and safety/security: Results of the questionnaire survey that is conducted by the City once every 3 years are provided. <p>(For details, please see page73~74.)</p>	<p>If no!! What is missing:</p>
<p>5.3 Describe how the community documents and uses knowledge about causes of injuries, groups at risk and risky environments. How does the community document progress over time?</p> <p>Various data are collected by the Safe Community Subsection of the Citizens Safety Section, and the General Affairs Division of the City Government, which are subject to analyses by the Injury Surveillance Committee and then submitted to each taskforce Committee. The taskforce Committees set their challenges based on the data and utilize them to measure the effectiveness of their initiatives.</p> <p>(For details, please see page72~82.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>

Section H Indicator 6	
<p>6.1 How does your community analyze results from the injury data to track trends and results from the programs? What is working well and has given you good results. What are the plans to continue? What needs to be changed?</p> <p>Data of external injuries are supplied to the Injury Surveillance Committee so that it can measure and evaluate the results of initiatives that have been set by each taskforce Committee. The ambulance call-out data, especially, are identified as an important data source about external injuries as the data are identifiable by accident type, by place of occurrence, by age group of the injured, and by severity of injury/disease. As for trends and results that cannot be obtained from the existing data, questionnaire surveys are conducted for this purpose. Further, by introduction of the computerized receipt system, the medical fee payment statements of National Health Insurance have become analyzable since July 2011. We will utilize this system to continue our analysis for checking the economic effect</p>	<p>Are the methods used sufficient? Yes No..., If no!, What is missing?</p>
<p>6.2 Describe how the results from the program evaluations are used</p> <p>Based on the short-, mid-, and long-term indices that are set for initiatives for each priority subject, the taskforce Committees and Injury Surveillance Committee evaluate their initiatives and identify necessary improvements. Further, the results are reported to JISC for an external evaluation, while they are utilized by SC Steering Committee as the basic data to decide the direction of future activities.</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>
<p>6.3 Describe the changes in pattern of injuries, attitudes, behavior and knowledge of the risks for injuries as a result of the programs.</p> <p>Matsubara City has set the indices of the short-term (change in knowledge, awareness), mid-term (change in attitude and behavior), and long-term (change in state) for the initiatives of each taskforce Committee and has been checking their effectiveness. For example, the following changes have been observed:</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> No., If no!! What is missing:</p>

<ul style="list-style-type: none"> • Regional disaster prevention drill (In FY2012, held at 3 elementary schools) <p>By holding a disaster prevention drill on the Sunday Parents Visit Day at the elementary schools, we were able to have pupils and parents who had not participated much before get involved. As a result, increased awareness and knowledge of disaster prevention were observed.</p> <ul style="list-style-type: none"> • Awareness of the importance of wearing a protective helmet workshop (In FY2012, held at one kindergarten) <p>Held at a kindergarten, by taking the opportunity when parents got together. As a result of this program on effectiveness and awareness of wearing a protective helmet, about 90% of parents who had not previously put a helmet on their child started to do so thereafter, thus indicating changes in awareness through our initiatives.</p>	
Section I Indicator 7	
<p>7.1 Describe how the community has joined in and collaborates in national and international safe community networks.</p> <p>Matsubara City has proactively joined in conferences, etc. held both at home and abroad, and made presentations on our activities and studies. At home, we have not only exchanged information with the local governments that already acquired SC designation, but also have co-hosted with JISC a joint training workshop on SC for the local governments currently promoting SC, thus aiming to share information, etc. Further, by joining in the “National Safe Community Promotion Local Government Network”, we have strived to further promote the collaboration. (For details, please see page83~84.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No.,</p> <p>If no!! What is missing:</p>
<p>7.2 Will the designation ceremony coincide with any international conference, seminar or other forms of international or national exchange?</p> <p>With the intention to introduce the SC activities of Matsubara City to the domestic designated Safe Communities and the local governments currently working on Safe Community designation, in addition to the designation ceremony, we are planning to hold a symposium on the subject of suicide as well as poster exhibition, etc. that explains the summary of each taskforce Committee’s activities.</p>	

<p>7.3 Which already designated Safe Communities will be invited for the designation ceremony?</p> <p>We are inviting the domestic designated Safe Communities and the local governments currently working on Safe Community designation.</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No..,</p> <p>If no!! What is missing:</p>
<p>7.4 Which international conferences and national Safe Community conferences has the municipality participated in?</p> <p><u>Overseas</u></p> <p>Jun 2012 Participated in the Japan-Korea Joint Workshop on Safe Community held in Jeju Island, South Korea, and participated in the on-site evaluation for SC re-designation of Jeju Island</p> <p>Sep 2012 Co-hosted a JISC joint training workshop on Safe Community</p> <p>Nov 2012 Delivered a presentation at the 6th Asian Regional Conference on Safe Communities</p> <p><u>Domestic</u></p> <p>Nov 2011 Attended the meeting of the National Safe Community Promotion Local Government Network</p> <p>May 2012 Attended the Minowa Town Safe Community Designation Ceremony in Nagano Prefecture</p> <p>Nov 2012 Attended the Toshima Ward Safe Community Designation Ceremony in Tokyo</p> <p>Dec 2012 Attended the Komoro City Safe Community Designation Ceremony in Nagano Prefecture</p> <p>Feb 2013 Attended the Kameoka City Safe Community Re-designation Ceremony in Kyoto Prefecture</p> <p>(For details, please see page83~84.)</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No..,</p> <p>If no!! What is missing:</p>
<p>7.5 In which Regional Network for Safe Communities is the community a member or planning to seek membership? (Asian, European, Pan-Pacific, African or Latin-American Regional Network for Safe Communities)</p> <p>Matsubara City is going to join the Asian Region Safe Community Network.</p>	<p>Are the descriptions sufficient?</p> <p><input type="checkbox"/> yes</p> <p><input type="checkbox"/> No..</p> <p>If no!! What is missing:</p>