

Application Report to become a member of International Safe Community Network

(Attached report to the Form A)



June, 2013

Kurume City

Fukuoka Prefecture, Japan

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Chapter 1 Overview of Kurume City

Kurume City is located in the northern part of the Kyushu island, in the southwest of Fukuoka Prefecture. Embraced by the Chikugo River, Kyushu's longest river, and the Minou Mountain Range stretching from east to west, the City is blessed with beautiful nature, a moderate climate, and abundant greenery.

As it is the largest agricultural producing city in Fukuoka Prefecture, and because of its important location for traffic since times of old, the city has flourished in industry and has developed as the center of the Chikugo region. In 1889, along with the 30 other Japanese cities, Kurume City introduced the city system and, through several municipal mergers, it has grown into a core city with a current population of about 305,000.

Even more vitalized by the opening of the entire line of the Kyushu Shinkansen in 2011, the city is continuously striving toward further development by making use of the rich resources of Kurume City such as nature, history, culture/art, public transport and advanced medical care.



1. Geography

(1) Population

305,699 persons (Basic Resident Register as of May 1, 2013)

(2) Number of households

126,331 households (Basic Resident Register as of May 1, 2013)

(3) Area

229.84 km² (32.27 km from east to west, 15.99 km from south to north)

(4) Altitude

11.15m above sea level

(5) East longitude

130 degrees 30 minutes 29 seconds

(6) North latitude

33 degrees 9 minutes 9 seconds

Source: Monthly report of Basic Resident Register, Statistical Documentation of Kurume City (2011)

The population of Kurume City, after showing a moderate increase as Fukuoka Prefecture and the whole nation also did, took a downward turn in 2010 [Table 1-1].

Meanwhile, the number of households still remains on an upward trend, for which the number of one-person households has especially shown a large increase [Table 1-2].

Out of the total population of Kurume City, foreigners account for about 0.63% (2010 statistic), whose top nationalities are China for 766 persons (40.1%), Philippines for 414 persons (21.7%), and South Korea/North Korea for 250 persons (13.1%).

Table 1-1 Change Rate Index of Population

Source: National Census

| | | 1990 | 1995 | 2000 | 2005 | 2010 |
|--------------------|----------------------|-------------|-------------|-------------|-------------|-------------|
| Kurume City | Population (persons) | 294,665 | 302,741 | 304,884 | 306,434 | 302,402 |
| | Change rate index | 100.0 | 102.7 | 103.5 | 104.0 | 102.6 |
| Fukuoka Prefecture | Population (persons) | 4,811,050 | 4,933,393 | 5,015,699 | 5,049,908 | 5,071,968 |
| | Change rate index | 100.0 | 102.5 | 104.3 | 105.0 | 105.4 |
| Entire country | Population (persons) | 123,611,167 | 125,570,246 | 126,925,843 | 127,767,994 | 128,057,352 |
| | Change rate index | 100.0 | 101.6 | 102.7 | 103.4 | 103.6 |

Table 1-2 Change in Population and the Number of Households in Kurume City

Source: National Census

| | | 1990 | 1995 | 2000 | 2005 | 2010 |
|---|---|---------|---------|---------|---------|---------|
| Population (persons) | | 294,665 | 302,741 | 304,884 | 306,434 | 302,402 |
| No. of households | | 91,496 | 100,409 | 107,612 | 113,400 | 116,664 |
| | Nuclear family households included in the above | 52,859 | 57,235 | 60,603 | 63,052 | 63,487 |
| | One-person households included in the above | 18,602 | 24,627 | 29,186 | 31,661 | 36,598 |
| No. of foreigners included in the above (persons) | | 593 | 904 | 1,216 | 1,727 | 1,910 |

In terms of comparison of the three age groups that include the juvenile population (younger than 15 years old), the productive population (15 - 64 years old), and the aged population (65 years and older), their proportions in the demographic composition in 2010 are almost the same as the national and Fukuoka Prefecture levels [Table 1-3].

The table shows a decrease in the juvenile & productive populations in the past and an increase in the elderly population. From these changes, it is predicted that the number of the elderly one-person households will increase in future [Table 1-4].

Although the aged population remained less than the juvenile population until 1995, the populations were reversed in 2000 and the aged population became over 1.5 times as large as the juvenile population in 2010.

Table 1-3 Comparison of Population Compositions among 3 Age Groups (2010)

Source: National Census

| | | Below 15 yrs old (Juvenile population) | 15 - 64 yrs old (Productive population) | 65 yrs or above (Aged population) | Age unknown | Total |
|--------------------|-----------------------|---|--|--------------------------------------|-------------|-------------|
| Kurume City | Population (persons) | 41,720 | 189,948 | 66,194 | 4,540 | 302,402 |
| | Composition ratio (%) | 13.8 | 62.8 | 21.9 | 1.5 | |
| Fukuoka Prefecture | Population (persons) | 684,124 | 3,227,932 | 1,123,376 | 36,536 | 5,071,968 |
| | Composition ratio (%) | 13.5 | 63.6 | 22.1 | 0.8 | |
| Entire country | Population (persons) | 16,803,444 | 81,031,800 | 29,245,685 | 976,423 | 128,057,352 |
| | Composition ratio (%) | 13.1 | 63.3 | 22.8 | 0.8 | |

Table 1-4 Change in Population of 3 Age Groups of Kurume City (persons)

Source: National Census

| | 1990 | 1995 | 2000 | 2005 | 2010 |
|---|---------|---------|---------|---------|---------|
| 65 yrs or above (Aged population) | 36,613 | 43,653 | 51,616 | 59,168 | 66,194 |
| 15 - 64 yrs old (Productive population) | 198,960 | 205,994 | 204,550 | 199,592 | 189,948 |
| Below 15 yrs old (Juvenile population) | 57,832 | 53,030 | 48,147 | 45,379 | 41,720 |
| Aging index | 63.3 | 82.3 | 107.2 | 130.3 | 158.7 |
| Aged population index | 18.4 | 21.2 | 25.2 | 29.6 | 34.8 |
| Juvenile population index | 29.1 | 25.7 | 23.5 | 22.7 | 22.0 |

Aging index: $(\text{Aged population} / \text{Juvenile population}) \times 100$ Aged population index: $(\text{Aged population} / \text{Productive population}) \times 100$ Juvenile population index: $(\text{Juvenile population} / \text{Productive population}) \times 100$

2. Industry, Education, Culture, and Medical-Care System

(1) Industry

In terms of the working population by type of industry in Kurume City, the percentage of the tertiary industry reaches as high as about 70%. Although Kurume City is ranked the highest in the Prefecture in gross production of agriculture, the number of people engaged in the primary industry has been on a decreasing trend, reaching a figure almost a half in 2010 of what it was in 1985. The number of people engaged in the secondary industry took a downward turn in 2000 after showing a moderate increase until 1995. The tertiary industry, in the same way as the other industries, also took a downward turn in 2010 after an increasing trend up to 2005. [Table 1-5]

When the working population is grouped by broad category of industry, a high percentage (13.8%) is engaged in medical/welfare field, which is the second highest after wholesale/retail business field. This indicates one aspect of the Kurume City, “city of medical care”. [Table 1-6]



Table 1-5 Change in Working Population and Composition Ratio by Type of Industry in Kurume City

Source: National Census

| | 1985 | 1990 | 1995 | 2000 | 2005 | 2010 |
|--------------------|---------|---------|---------|---------|---------|---------|
| Tertiary industry | 84,469 | 90,503 | 99,540 | 101,362 | 103,850 | 99,026 |
| | 64.5% | 65.6% | 67.7% | 69.7% | 71.5% | 70.5% |
| Secondary industry | 31,275 | 33,852 | 35,073 | 32,889 | 29,737 | 26,392 |
| | 23.9% | 24.5% | 23.9% | 22.6% | 20.5% | 18.8% |
| Primary industry | 14,925 | 13,194 | 11,667 | 10,306 | 9,964 | 7,999 |
| | 11.4% | 9.6% | 7.9% | 7.1% | 6.9% | 5.7% |
| Total | 130,871 | 137,965 | 146,934 | 145,520 | 145,248 | 140,299 |

* The total figures in the table also include the working population for the industries that cannot be categorized.

Table 1-6 Population by Industry and Population Composition Ratio of Kurume City (2010)

Source: National Census

| Category | Population | Composition ratio (%) |
|--|----------------|-----------------------|
| Primary industry | 7,999 | 5.7 |
| Agriculture | 7,963 | 5.7 |
| Forestry | 21 | 0.0 |
| Fishery | 15 | 0.0 |
| Secondary industry | 26,392 | 18.8 |
| Mining, quarry, gravel digging | 8 | 0.0 |
| Construction | 9,507 | 6.8 |
| Manufacturing | 16,877 | 12.0 |
| Tertiary industry | 99,026 | 70.5 |
| Electricity, gas, heat and water supply services | 581 | 0.4 |
| Information and communication industry | 1,557 | 1.1 |
| Transportation and postal services | 7,553 | 5.4 |
| Wholesale industry, retail industry | 25,079 | 17.9 |
| Banking, trust industry | 3,636 | 2.6 |
| Real estate industry, rental industry | 2,233 | 1.6 |
| Academic and research & development institution, professional/technical services | 3,415 | 2.4 |
| Accommodations, eating and drinking places | 8,561 | 6.1 |
| Household services, amusement | 5,526 | 3.9 |
| Education and learning support school education miscellaneous | 6,629 | 4.7 |
| Medical care, welfare | 19,409 | 13.8 |
| Compound services | 939 | 0.7 |
| Service (Not categorized above) | 7,518 | 5.4 |
| Official duty (Excluding those categorized above) | 6,390 | 4.6 |
| Unclassifiable industries | 6,882 | - |
| Total | 140,299 | |

(2) Education

In Kurume City, there are 74 nursery centers, 32 kindergartens, 47 elementary schools, 20 junior high schools, 12 high schools, 3 special support schools, 1 technical college, 1 junior college, and 3 universities [Table 1-7] [Table 1-8].

Kurume City has formulated the “Kurume City Education Reform Plan” and is raising children with “human power” to bear the future society through advancing the education reform toward the goal of “Kurume children, studying with smiles”.

Table 1-7 Current Situations of Schools in Kurume City (as of May 1, 2012)

Source: Education Database

| Category | | Number of schools | Number of students | Remarks |
|---|--------------|-------------------|--------------------|---|
| Kindergarten | Total | 32 | 3,584 | |
| | Private | 32 | 3,584 | |
| Elementary school | Total | 47 | 17,209 | |
| | Municipal | 46 | 16,738 | |
| | National | 1 | 471 | |
| Junior high school | Total | 20 | 9,251 | |
| | Municipal | 17 | 8,242 | |
| | National | 1 | 360 | Attached to Fukuoka University of Education |
| | Private | 2 | 649 | Attached to Kurume University, Shin-ai |
| High school | Total | 12 | 8,640 | |
| | Municipal | 2 | 1,427 | Kurume Commercial, Nanchiku |
| | Prefectural | 5 | 3,628 | Meizen, Kurume, Kurume Chikusui, Mizuma, Ukiha Technical |
| | Cooperative | 1 | 332 | Mii Chuo |
| | Private | 4 | 3,253 | Attached to Kurume University, Shin-ai, Yusei, Kurume Gakuen |
| Special support education school | Total | 3 | 787 | |
| | Municipal | 1 | 183 | Kurume Special Support School |
| | Prefectural | 2 | 104 | Tanushimaru Special Support School, Kurume Hearing Special Support School |
| Technical college | Total | 1 | 1,164 | |
| Technical college | National | 1 | 1,164 | Kurume Technical College |
| Junior college | Total | 1 | 276 | |
| Junior college | Private | 1 | 276 | Shin-ai |
| University | Total | 3 | 8,825 | |
| University | Private | 3 | 8,825 | Kurume, Kurume Institute of Technology, St. Mary's College |

Table 1-8 Current Situations of Nursery Schools in Kurume City (As of April 1, 2012)

Source: Child Future Dept. of Kurume City

| | No. of nursery schools | No. of children |
|---------|------------------------|-----------------|
| Public | 12 | 1,346 |
| Private | 62 | 6,467 |
| Total | 74 | 7,813 |

(3) Culture

In ancient times, Kurume City was the location of the Chikugo Provincial Office and the state-supported provincial temple, where Kurume Domain was located during the Edo period. Ever since, it has always served as an important strategic spot for traffic and a central spot for culture. Because of this historical background, a number of cultural properties remain in the city [Table 1-9].

Further, the city has produced various famous artists like Shigeru Aoki and Hanjiro Sakamoto, both representing the modern Western style paintings in Japan, and has been characterized by its cultural atmosphere.



Table 1-9 Cultural Properties in Kurume City (as of April 1, 2012)

Source: Citizens' Culture Department of Kurume City

| | Nation | Prefecture | City | Total |
|-----------------------------------|-----------|------------|------------|------------|
| Tangible cultural property | 20 | 22 | 43 | 85 |
| Intangible cultural property | 1 | 1 | | 2 |
| Intangible folk-cultural property | 1 | 2 | 7 | 10 |
| Tangible folk-cultural property | | 5 | 25 | 30 |
| Historic spot | 9 | 6 | 8 | 23 |
| Scenic beauty | | | 1 | 1 |
| Natural monument | 3 | 8 | 16 | 27 |
| Total | 34 | 44 | 100 | 178 |
| Designated cultural property | 5 | | | 5 |

(4) Health care & medical care system

From old days, Kurume City has been called the “city of medical care” and currently has a large number of medical institutions including 34 hospitals and more than 300 clinics, whose number of doctors per population ranks among the top in the country.

[Table 1-10] [Table 1-11] [Table 1-12] [Table 1-13] [Table 1-14]

Further, the city is the location of Kurume University Hospital, which is equipped with the only advanced emergency medical service center in Kyushu, and other hospitals equipped with perinatal care and other intensive medical care & examination functions, as well as research institutes, thus serving as the center city for medical care in the southern area of the prefecture.



Table 1-10 Number of Medical Care Facilities in Kurume City (as of March 31, 2012)

Source: Health and Welfare Dept. of Kurume City

| Category | Hospital | Clinic | Dental clinic | Maternity home | Treatment place | Dental technician office | Sanitary survey office |
|----------------------|----------|--------|---------------|----------------|-----------------|--------------------------|------------------------|
| Number of facilities | 34 | 314 | 181 | 3 | 217 | 54 | 4 |

Table 1-11 Number of hospital beds in Kurume City (as of March 31, 2012)

Source: Health and Welfare Dept. of Kurume City

| Category | Hospital | | | | | Clinic | | | Grand total |
|----------------|---------------------------|--------------------------------|--------------------------------------|--------------------------------|-------|---------------------------|--------------------------------|-------|-------------|
| | Beds for general patients | Beds for psychopathic patients | Beds for infectious disease patients | Beds for recuperation patients | Total | Beds for general patients | Beds for recuperation patients | Total | |
| Number of beds | 4,014 | 1,536 | 6 | 1,373 | 6,929 | 843 | 94 | 937 | 7,866 |

Table 1-12 Approved/designated Hospitals, etc. Based on the Hospital and Health Planning of Fukuoka Prefecture

Source: Hospital and Health Planning of Fukuoka Prefecture

| Hospital name | Advanced treatment hospital | Emergency and critical care center | Perinatal medical center | Disaster base hospital | Regional medical support hospital | Designated regional cancer hospital |
|----------------------------|-----------------------------|------------------------------------|--------------------------|------------------------|-----------------------------------|-------------------------------------|
| Kurume University Hospital | ○ | ○ (Advanced) | ○ (General) | ○ | | ○ |
| St. Mary's Hospital | | ○ | ○ (General) | ○ | ○ | ○ |
| Shinkoga Hospital | | | | | ○ | |

Table 1-13 Number of medical doctors, dentists, and pharmacists in Kurume City (per 100,000 population) (as of Dec. 31, 2010)

Source: Survey on Doctors, Dentists and Pharmacists

| | Medical doctor | Dentist | Pharmacist |
|--------------------|----------------|---------|------------|
| Kurume City | 574.7 | 96.2 | 260.6 |
| Fukuoka Prefecture | 288.4 | 103.2 | 208.0 |
| Entire country | 230.4 | 79.3 | 215.9 |

Table 1-14 Number of Medical Service Workers in Kurume City (as of Dec. 31, 2010)

Source: Health Care Center of Kurume City

| Category | Medical doctor | Dentist | Pharmacist | Health nurse | Maternity nurse | Nurse | Assistant nurse | Dental hygienist | Dental technician |
|----------------|----------------|---------|------------|--------------|-----------------|-------|-----------------|------------------|-------------------|
| No. of persons | 1,720 | 289 | 762 | 124 | 96 | 4,155 | 1,430 | 358 | 130 |

After being upgraded to a “Core City” on April 1, 2008, Kurume City set up its own health care center and has been carrying out health/hygiene administration. The five health centers in the city provide health counseling for citizens and other detailed support for health promotion. [Table 1-15]

Table 1-15 Current Situation of Availability of Health Care Centers and Health Centers

Source: Health Care Center of Kurume City

| Category | Number of centers | Remarks |
|--------------------|-------------------|---|
| Health care center | 1 | Health Care Center of Kurume City |
| Health center | 5 | Tanushimaru Health Center, Kitano Health Center, Joujima Health Center, Mizuma Health Center, Nambu Health Center |

*** What is a Core City?**

In the trend toward decentralization of power, the Local Autonomy Act was amended and the Core City System was introduced (April 1995). With this, the cities of relatively large size and ability were strengthened in their administrative power and authority.

Requirements for Core Cities

Population of more than 300,000 people

Main administrative works processed by Core Cities

- Work related to public welfare administration
 - Setting up and operation of the Council of Social Welfare
 - Approval/authorization and guidance/inspection of the social welfare service corporations and the social welfare facilities
 - Determination of the number of district welfare officers and their guidance/training
 - Issuance of the physical disability certificate
 - Loans of welfare funds for mothers with dependent children and widows
- Work related to health/hygiene administration
 - License to open a clinic/maternity home and its inspection & guidance
 - Business license for operating general sales of drugs/medicines and its inspection & guidance
 - Business license for operating a restaurant/hotel and its inspection & guidance
 - Acceptance, inspection, & guidance of notification of opening a barber’s shop/beauty salon/laundry
 - Protection and prevention of spread of infectious disease, food poisoning, etc.
 - Consultation & examination of sexually transmitted disease
 - Consultation of mental health and welfare
- Work related to educational administration
 - Training of teachers & other staff of municipal elementary schools, junior high schools, and special support schools, etc.

Chapter 2 Initiatives for Safe Community

1. Background of Initiatives by Kurume City

Kurume City has long been carrying out various initiatives to improve security & safety of the community in a proactive manner.

Meanwhile, following the Great East Japan Earthquake (March 11, 2011), citizens' awareness on daily security & safety issues such as Disaster Preparedness, crime/violence prevention, traffic safety, and suicide/abuse prevention has been increasing more and more.

It is a common wish for all citizens to maintain secure and safe living. For its realization, it is necessary that the city's administration, citizens, and various organizations work in unity to move forward the initiatives through mutual cooperation.

"Safe Community" is the initiatives of global standard that aim to improve the quality of safety in a community through cross-sectoral and wide-ranging cooperation/collaboration, which are carried out based on the concept that injuries/accidents are not caused by chance and can be prevented by determining the causes."

With the aim to realize our vision of "Kurume City, a place where citizens live with pride and love toward the community and where everyone wishes to live," the city of Kurume has set out to work on Safe Community initiatives for "city planning for secure and safe living" in cooperation with a number of citizens and organizations.

2. Progress of Our Initiatives

| Month/year | Major activities |
|--------------------|---|
| July 2011 | Mayor announced initiatives toward acquisition of Safe Community designation. |
| July 2011 | Registered as a "city under preparation for designation" on the webpage of the WHO Collaborating Center on Community Safety Promotion |
| July to Aug. 2011 | Conducted a survey of citizens' awareness of "secure & safe city planning" |
| Aug. 2011 | Set up the Safe Community promoting organizations (SC Promoting Headquarters, SC Promotion and Coordination Meeting) within the City government |
| Sept. to Oct. 2011 | Conducted a "Survey of Actual Situations of Injuries of Kurume Citizens" |
| Nov. 2011 | Set up the Safe Community Steering Committee of Kurume City |
| Nov. 2011 | Participated in the "National Safe Community Promotion Local Government Network meeting" (Atsugi City) |
| Feb. 2012 | Held a lecture meeting on Safe Community in "Kurume Forum 2012 for Promoting Citizens' Initiatives" |
| March to June 2012 | Set up the Safe Community Task Forces (8 task forces) March :Traffic safety, safety of the elderly, child abuse prevention, suicide prevention April :Domestic violence prevention May :Crime prevention, Disaster Preparedness June :Safety of schools |
| Aug. 2012 | Started the Injuries Surveillance Committee |
| Oct. 2012 | A pre on-site evaluation for the certification acquisition of Safe Community was held. |
| Nov. 2012 | Participated in and gave a presentation at the 6th Asian Regional Conference on Safe Community (Toshima Ward) |

Chapter 3 Current Situations of Death and injuries

1. Data on Deaths (Demographic Statistics, Accumulation of 5 Years from 2007 to 2011)

(1) Causes of death from illness

Table 3-1 Top 5 Causes by Age Group and by Fatalities

| Age group | 1st | | 2nd | | 3rd | | 4th | | 5th | |
|------------------|--|---------|--|---------|--|---------|--|---------|--|-------|
| 0 to 9 yrs old | Congenital anomaly of circulatory system | (9) | Cancer, etc. | (6) | Sudden infant death syndrome | (5) | Unforeseen accidents, etc. | (4) | Heart disease (excl. hypertensive disease) | (3) |
| 10 to 19 yrs old | Suicide | (8) | Unforeseen accidents | (7) | Cancer, etc. | (2) | Heart disease, etc. (excl. hypertensive disease) | (1) | | |
| 20 to 29 yrs old | Suicide | (38) | Unforeseen accidents | (12) | Cancer | (10) | Heart disease, etc. (excl. hypertensive disease) | (3) | | |
| 30 to 39 yrs old | Suicide | (59) | Cancer | (33) | Unforeseen accidents | (16) | Heart disease (excl. hypertensive disease) | (9) | Cerebrovascular disease | (8) |
| 40 to 49 yrs old | Cancer | (105) | Suicide | (59) | Heart disease (excl. hypertensive disease) | (23) | Cerebrovascular disease | (21) | Unforeseen accidents | (18) |
| 50 to 59 yrs old | Cancer | (384) | Suicide | (86) | Cerebrovascular disease | (65) | Unforeseen accidents, etc. | (47) | Pneumonia | (25) |
| 60 to 69 yrs old | Cancer | (863) | Cerebrovascular disease | (130) | Heart disease (excl. hypertensive disease) | (105) | Pneumonia | (79) | Unforeseen accidents | (57) |
| 70 to 79 yrs old | Cancer | (1,361) | Heart disease (excl. hypertensive disease) | (301) | Cerebrovascular disease | (292) | Pneumonia | (191) | Other respiratory diseases | (133) |
| 80 to 89 yrs old | Cancer | (1,275) | Heart disease (excl. hypertensive disease) | (571) | Pneumonia | (548) | Cerebrovascular disease | (487) | Other respiratory diseases | (274) |
| 90 yrs and older | Heart disease (excl. hypertensive disease) | (220) | Pneumonia | (169) | Senile decay | (162) | Cerebrovascular disease | (149) | Other respiratory diseases | (81) |
| All ages | Cancer | (4,401) | Heart disease (excl. hypertensive disease) | (1,609) | Cerebrovascular disease | (1,366) | Pneumonia | (1,274) | Other respiratory diseases | (682) |
| (persons) | | | | | | | | | | |

(2) Causes of death excluding illness

Table 3-2 Top 5 Fatality Causes of Unforeseen Accident and Suicide by Age Group

| Age group | 1st | 2nd | 3rd | 4th | 5th |
|------------------|-----------------------------|------------------------------|--------------------------------|----------------------------------|-------------------------------|
| 0 to 9 yrs old | Drowning/near-drowning (2) | Traffic accident, etc. (1) | | | |
| 10 to 19 yrs old | Suicide (8) | Traffic accident (5) | Tumbling/falling, etc. (1) | | |
| 20 to 29 yrs old | Suicide (38) | Traffic accident (7) | Drowning/near-drowning (4) | Smoke/fire, etc. (1) | |
| 30 to 39 yrs old | Suicide (59) | Traffic accident (6) | Poisoning, etc. (4) | Tumbling/falling, etc. (2) | Homicide (1) |
| 40 to 49 yrs old | Suicide (59) | Traffic accident (6) | Poisoning, etc. (3) | Drowning/near-drowning, etc. (2) | Tumbling/falling, etc. (1) |
| 50 to 59 yrs old | Suicide (86) | Traffic accident (13) | Drowning/near-drowning (9) | Suffocation (7) | Other unforeseen accident (6) |
| 60 to 69 yrs old | Suicide (56) | Drowning/near-drowning (14) | Traffic accident (12) | Suffocation, etc. (10) | Tumbling/falling (7) |
| 70 to 79 yrs old | Drowning/near-drowning (44) | Suicide (40) | Suffocation (26) | Tumbling/falling (25) | Traffic accident (17) |
| 80 to 89 yrs old | Drowning/near-drowning (55) | Suffocation (47) | Other unforeseen accident (28) | Tumbling/falling (24) | Suicide (21) |
| 90 yrs and older | Tumbling/falling (23) | Suffocation (22) | Drowning/near-drowning (11) | Other unforeseen accident (8) | Traffic accident (6) |
| All ages | Suicide (369) | Drowning/near-drowning (143) | Suffocation (115) | Tumbling/falling (88) | Traffic accident (84) |

(persons)

◆ Challenges to be addressed, as indicated by the demographic statistics

Suicide ranks the top among all the causes of death of people aged between 10 and 39 years old.

[Table 3-1]

Deaths caused by suicide and traffic accident account for a high percentage and the number of suicides of people aged between 20 and 69 years old is especially higher compared to other causes. Deaths caused by drowning/near-drowning, falling/falling, and suffocation increase as age advances. **[Table 3-2]**

2. Ambulance Call-out Data

This analysis is based on the Injury data of 3,589 persons who were transported by ambulance because of Injury (limited to the transports taking place within Kurume City) among the total number of persons (12,098) transported by ambulance in 2011 (data from Kurume City Large Area Fire Station Headquarter).

(1) The number of persons transported by ambulance, by type of accident

General injuries rank the top, followed by traffic accidents (1).

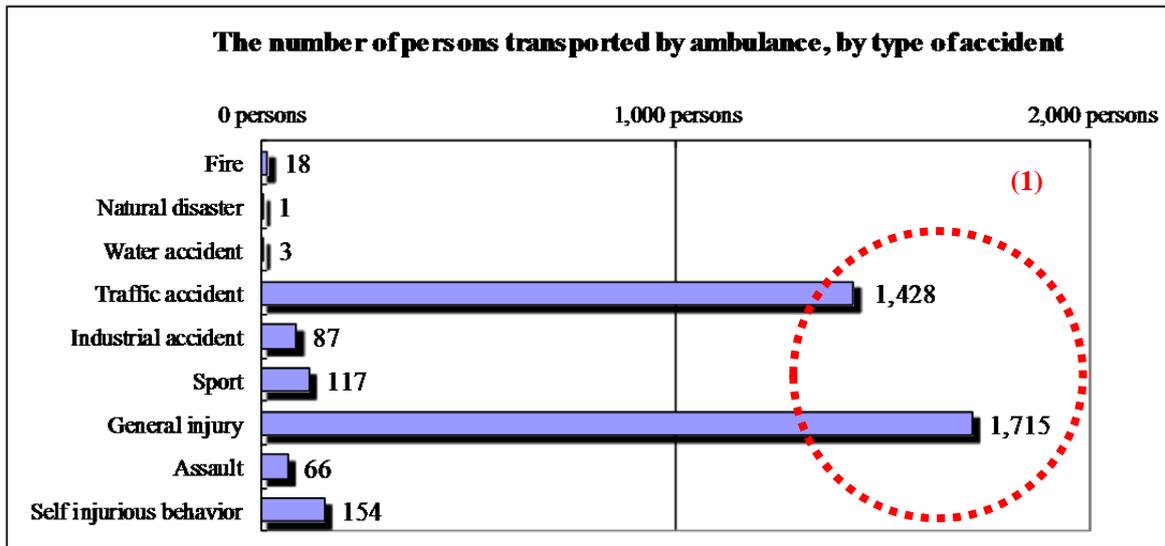


Fig. 3-1

(2) The number of persons transported by ambulance, by place of occurrence

The largest number occurred on a street, followed by in a house (1).

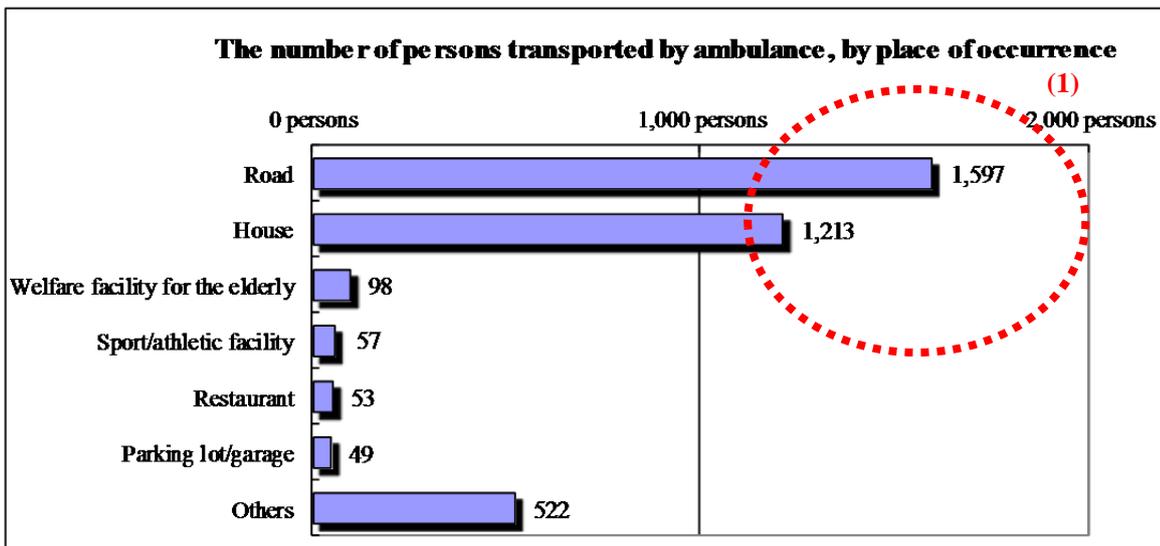


Fig. 3-2

(3) Breakdown of accident types by age group

The percentage of general injury is high for infants and for juveniles (1).

The percentage of traffic accident is high for juveniles and adults (2).

Sport accident accounts for a high percentage for juveniles (3).

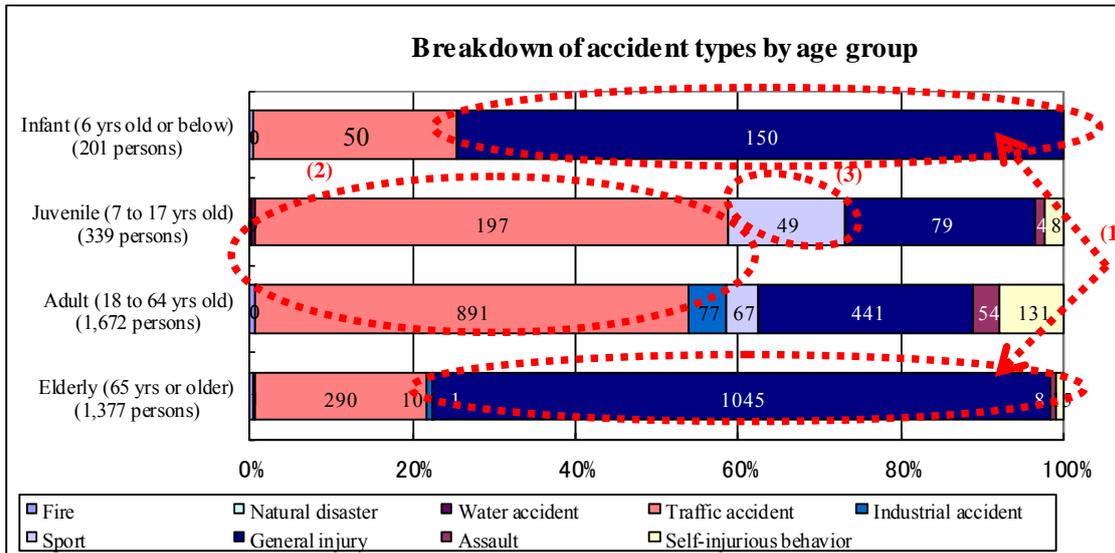


Fig. 3-3

(4) Analysis of injury causes by age group

As for the cause of injury, traffic accident accounts for more than 50% for juveniles and adults (1).

Falling/falling/collision accounts for more than 50% for infants and the elderly (2).

Accidental ingestion of foreign material (3) accounts for a higher percentage for infants (4) while sport accident accounts for a higher percentage for juveniles, both in comparison to other age groups.

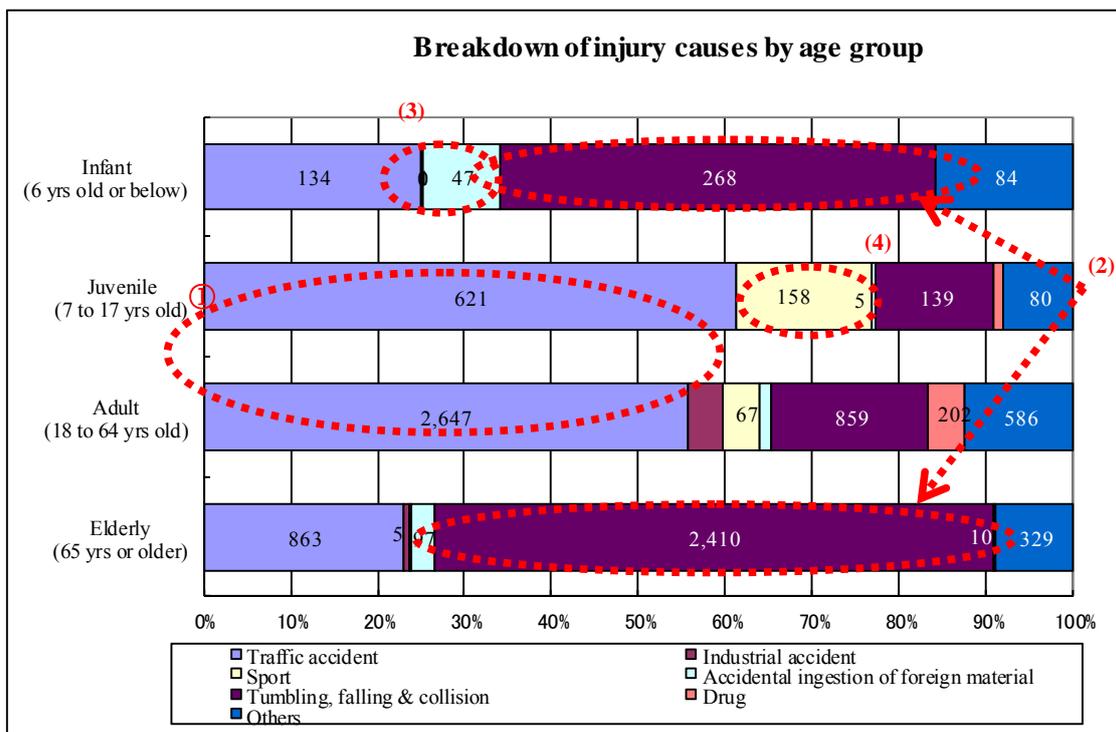


Fig. 3-4

◆ Major challenges based on ambulance call-out data

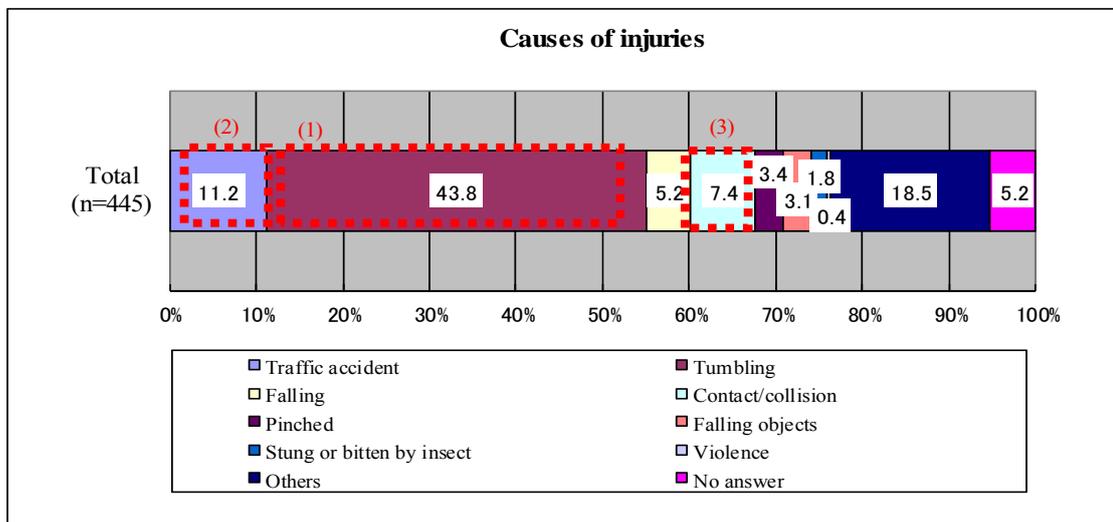
Traffic accidents occur most frequently among juveniles and adults [Fig 3-3].

Falling/falling/collision occurs most frequently among infants and the elderly. Further, the percentages of accidental ingestion of foreign material for infants and of sport for juveniles are higher than those for other age groups [Fig. 3-4].

3. Data of Injuries and Accidents Based on Questionnaire Survey

(1) Causes of injuries for the past 3 years

As for causes of injuries, not including “Others,” “falling” (1) showed the highest percentage of 43.8% followed by “traffic accident” (2) and “contact & collision” (3).

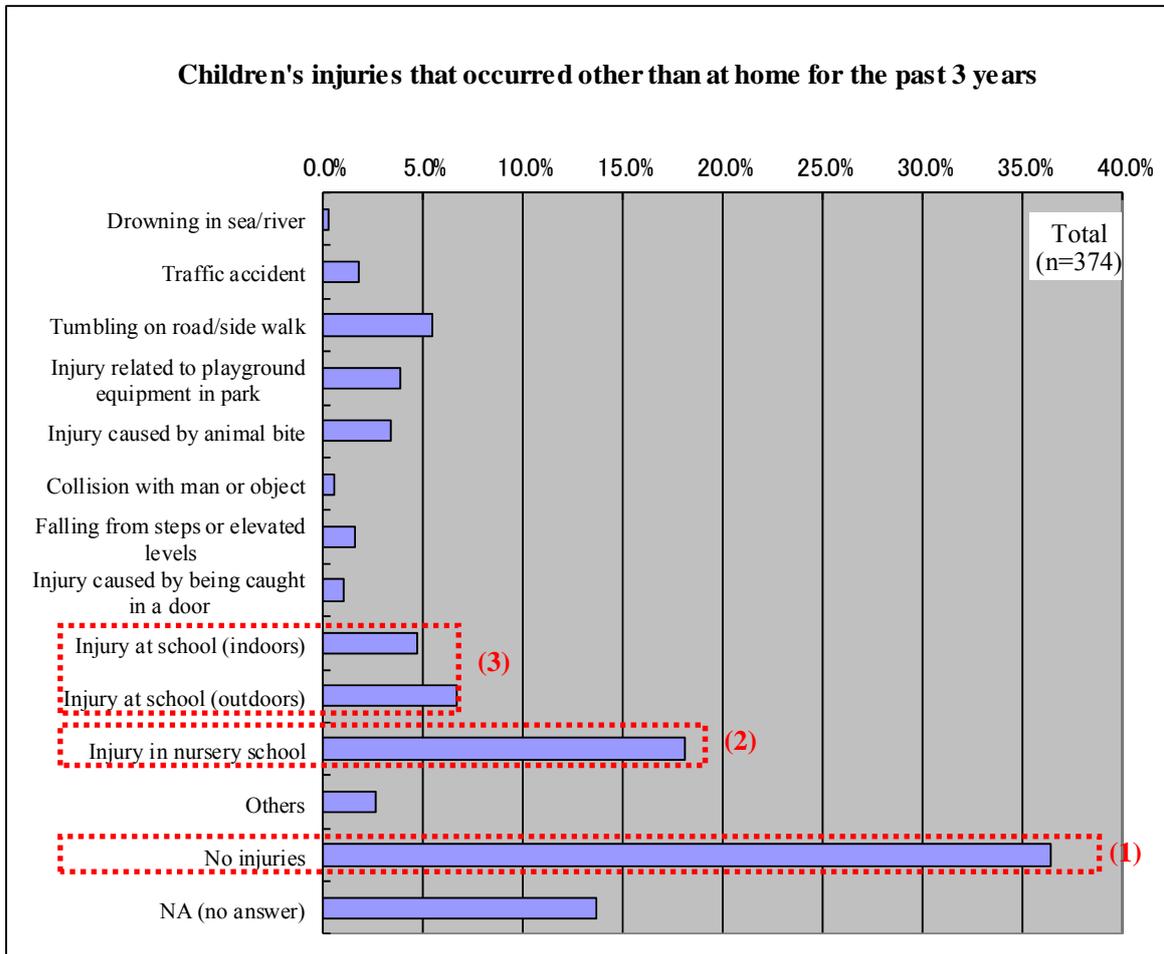


(Factual investigation on injuries and accidents of Kurume City citizens: 2011)

Fig. 3-5

(2) Locations of injury occurrence (not including own home) for children (under 12 yrs old) for the past 3 years

As for children’s injuries that occurred other than at home, “I have never been injured” showed the highest percentage of about 40% (1), followed by “Injuries in nursery school, etc.” (2) and “Injuries at school (indoors and outdoors)” (3).



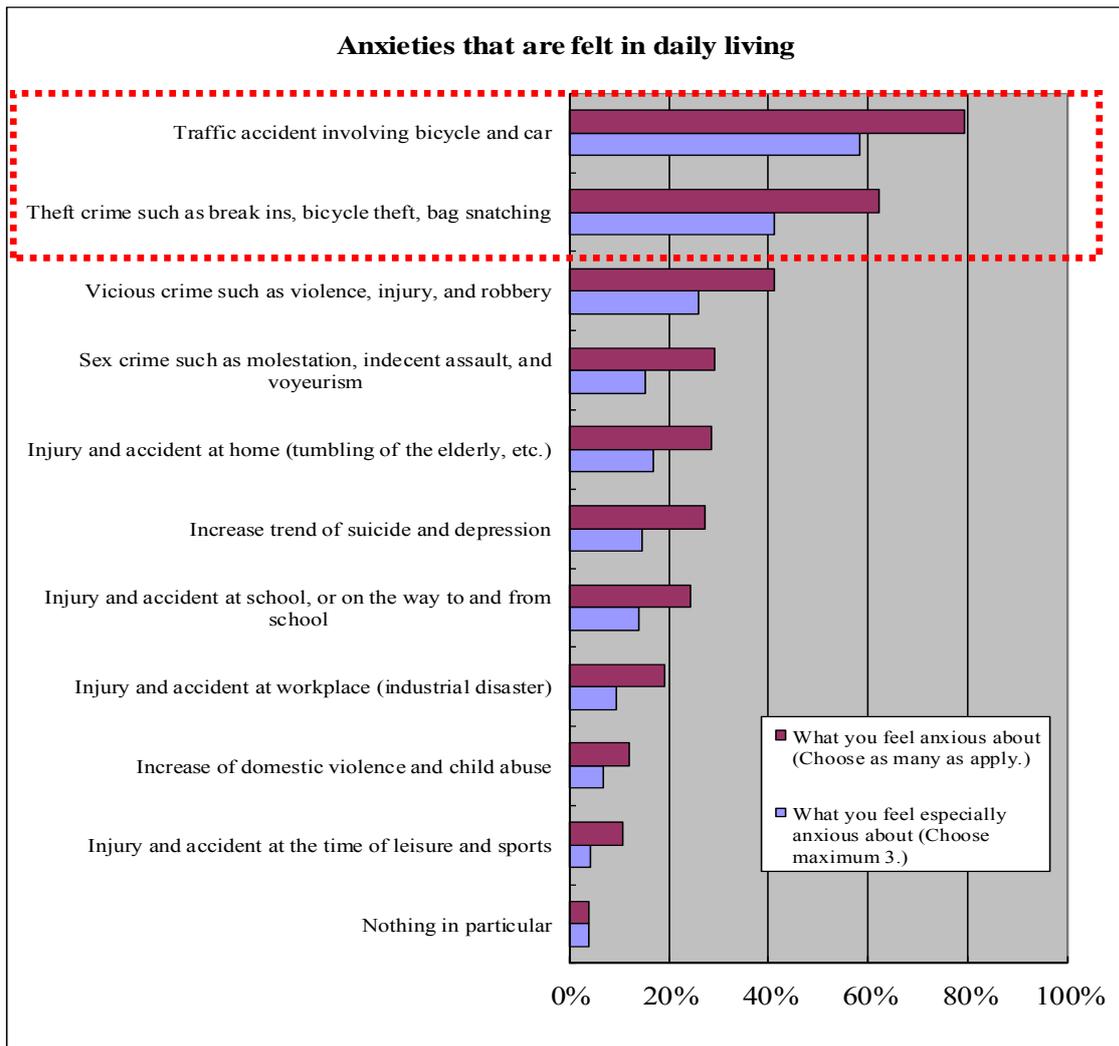
(Factual investigation on injuries and accidents of Kurume City citizens: 2011)

Fig. 3-6

- ◆ Major challenges based on questionnaire survey on injuries and accidents
 - As for causes of injuries due to an unforeseen external factor for the past 3 years, “falling” showed the highest percentage of 43.8%, followed by “traffic accident” [Fig 3-5].
 - As for children’s injuries that occurred other than at home, “Injuries in nursery school, etc.” and “Injuries at school (indoors & outdoors)” showed high percentages [Fig 3-6].

4. Data on Anxiety

Among various kinds of anxiety felt in daily living, traffic accident and theft crime elicit the highest anxiety.



(Kurume City Citizens' Awareness Survey: 2011)

Fig. 3-7

◆ Major challenges based on data on anxiety

In daily living, there is a large amount of anxiety about traffic accidents and crimes (especially theft crimes) [Fig 3-7].

5. Data on Traffic Accidents

(1) The number of cases of traffic accidents

Although the number of traffic accidents has been on a decreasing trend since 2005, it still remains higher compared to the entire country and Fukuoka Prefecture.

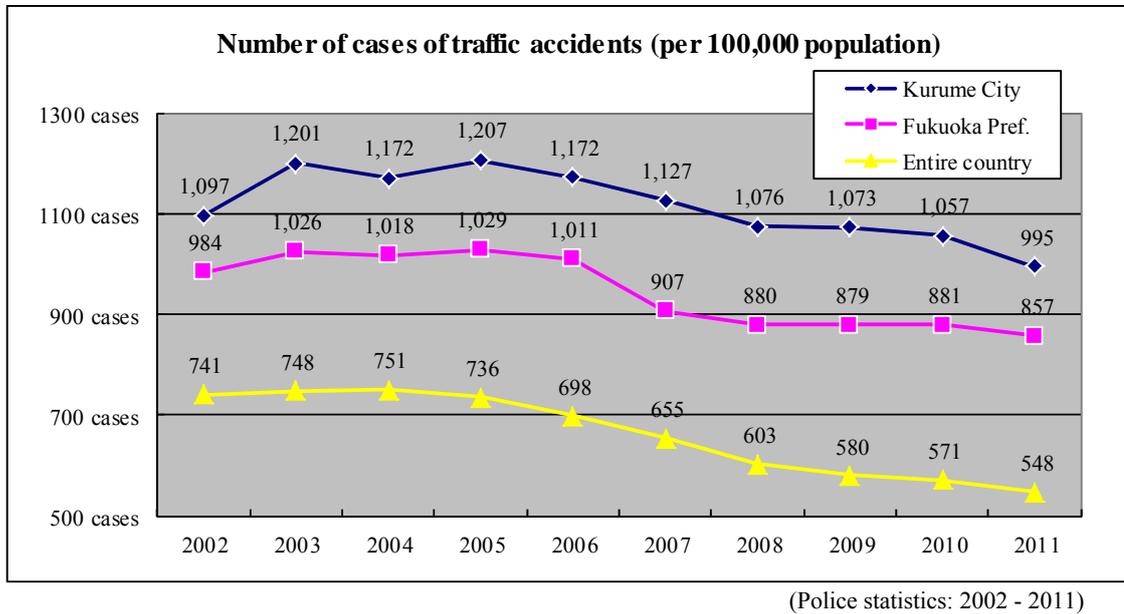


Fig. 3-8

(2) The number of cases of children's traffic accidents

Although the number of cases of children's traffic accidents has been on a decreasing trend since 2004, it still remains at a high level compared to Fukuoka Prefecture.

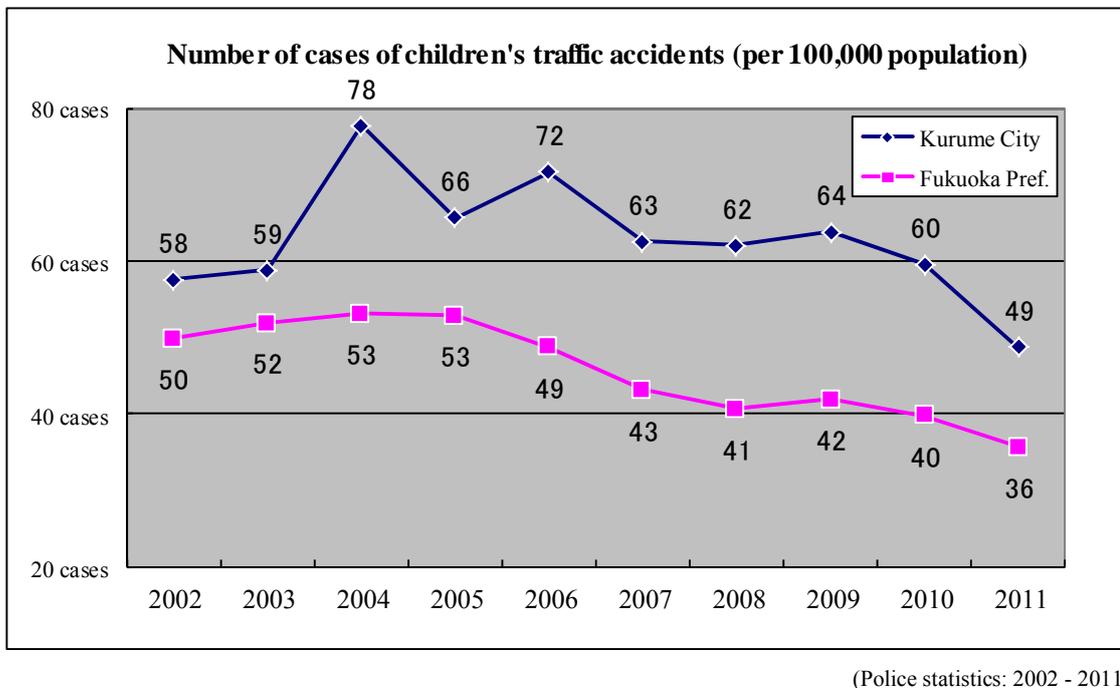
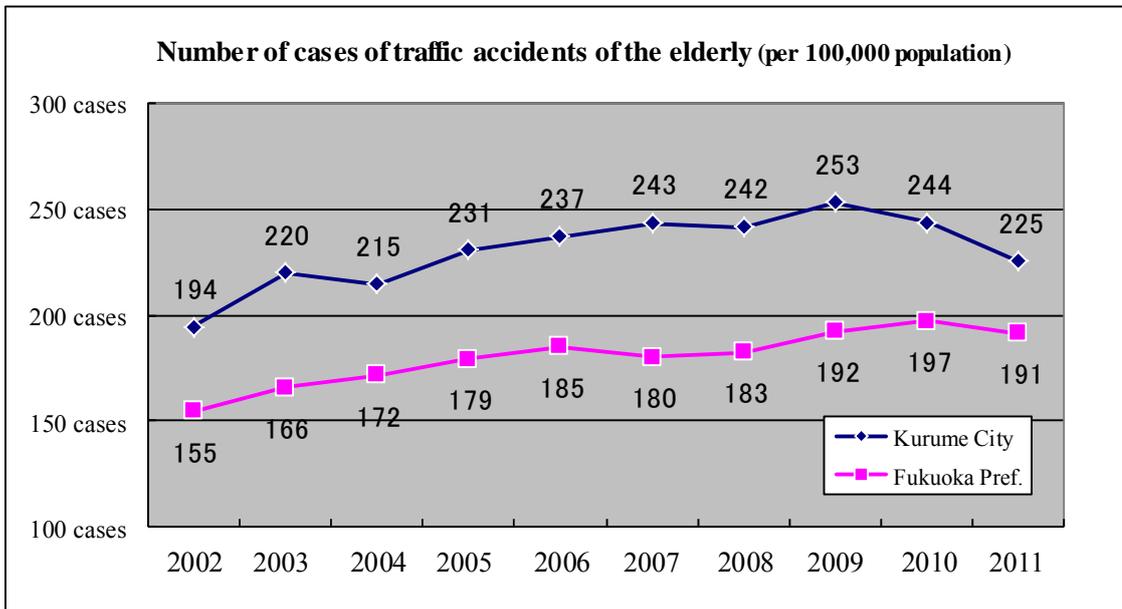


Fig. 3-9

(3) The number of cases of traffic accidents of the elderly

Despite a decreasing trend in recent years, the number of cases of traffic accidents of the elderly remains almost at the same level. Also, the number has continued to stay higher than that of Fukuoka Prefecture.

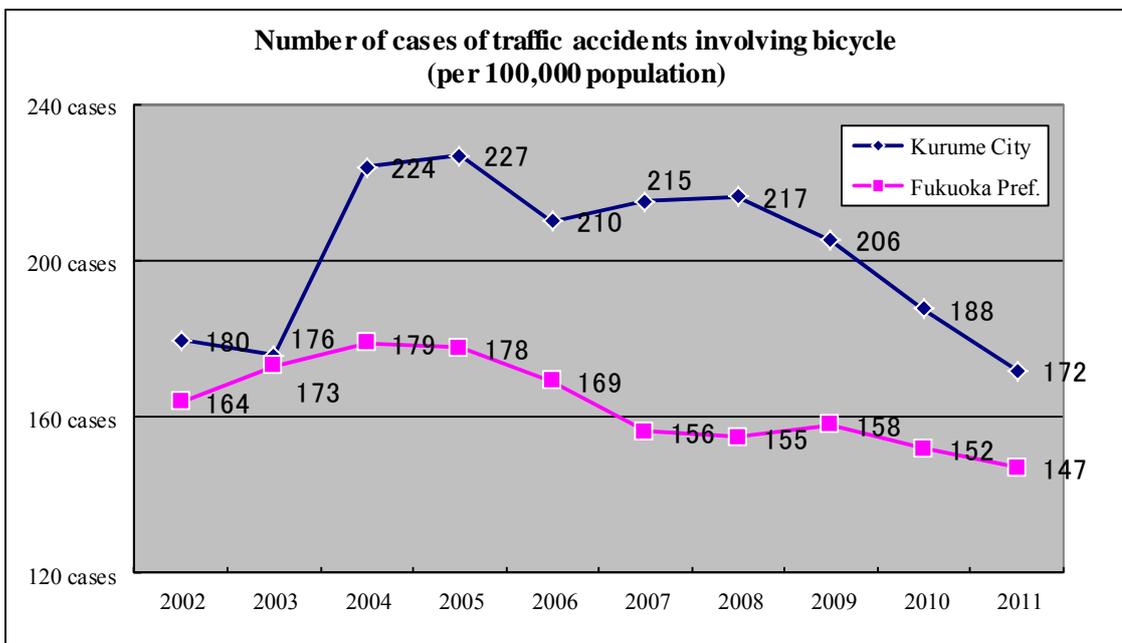


(Police statistics: 2002 - 2011)

Fig. 3-10

(4) The number of cases of traffic accidents involving bicycles

Although the number of cases of traffic accidents involving bicycles has been on a decreasing trend since 2005, it still remains at a high level compared to Fukuoka Prefecture.

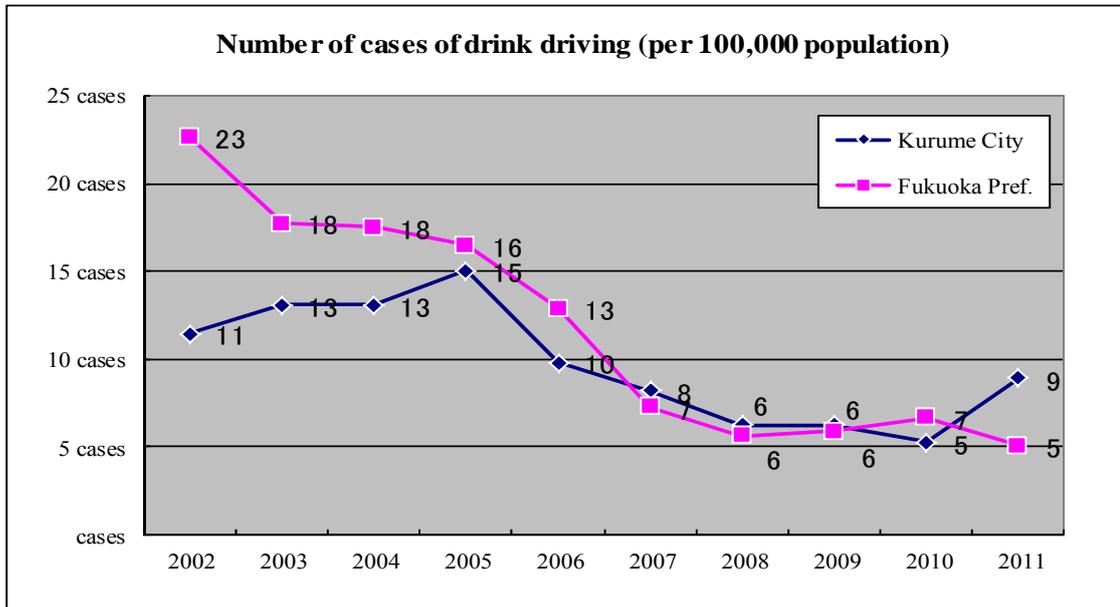


(Police statistics: 2002 - 2011)

Fig. 3-11

(5) The number of cases of drink driving

Although the number of cases of drink driving has been on a decreasing trend since 2005, it went up again in 2011. It is also showing a tendency to exceed the level of Fukuoka Prefecture.



(Police statistics: 2002 - 2011)

Fig. 3-12

◆ **Major challenges based on traffic accident data**

- Although the number of cases of traffic accidents has been on a decreasing trend since 2003, it still remains higher compared to the entire country and Fukuoka Prefecture [Fig 3-8].
- Despite a decreasing trend in recent years, the number of cases of traffic accidents of the elderly still remains almost at the same level, which is higher compared to the level of Fukuoka Prefecture [Fig 3-10].
- Despite a decreasing trend after the peak in 2005, the number of cases of traffic accidents involving bicycles still remains higher than that of Fukuoka Prefecture [Fig 3-11].
- Despite a decreasing trend in recent years, the number of cases of drink driving is showing a tendency to exceed the level of Fukuoka Prefecture [Fig 3-12].

6. Data on Crime

(1) Change in the number of cases of recognized criminal offenses

The number of cases of recognized criminal offenses has continued to decline in recent years, with figures about half the level of 2002 in 2011. However, in the past 3 years, the number has continued to stay higher than those of the entire country and Fukuoka Prefecture.

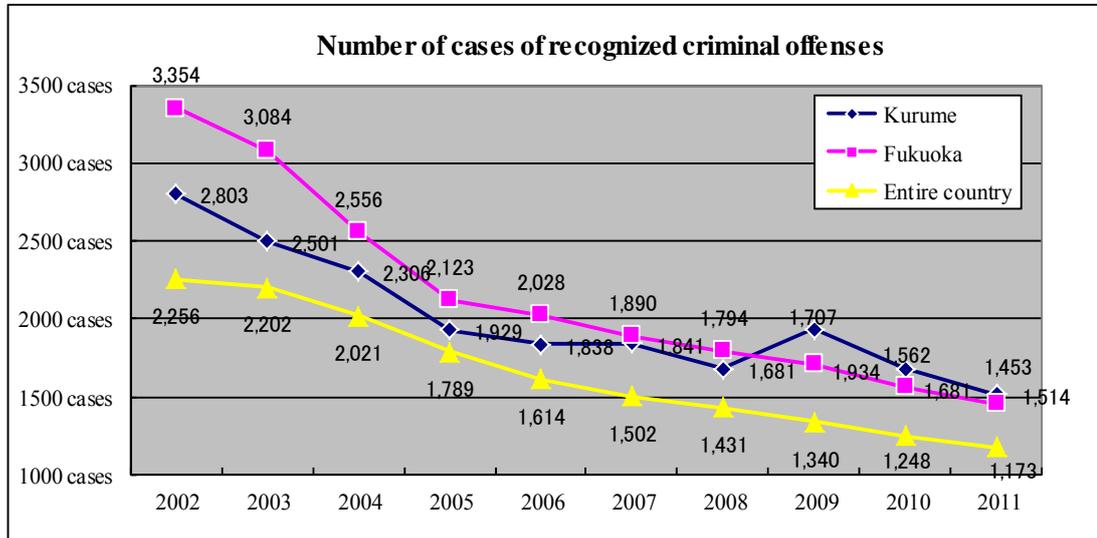
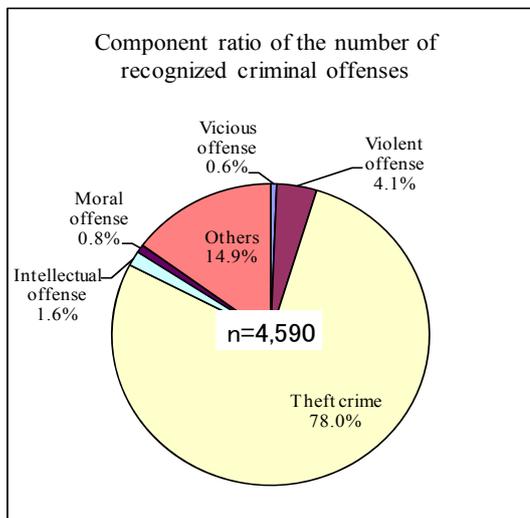


Fig. 3-13

(Police statistics: 2002 - 2011)

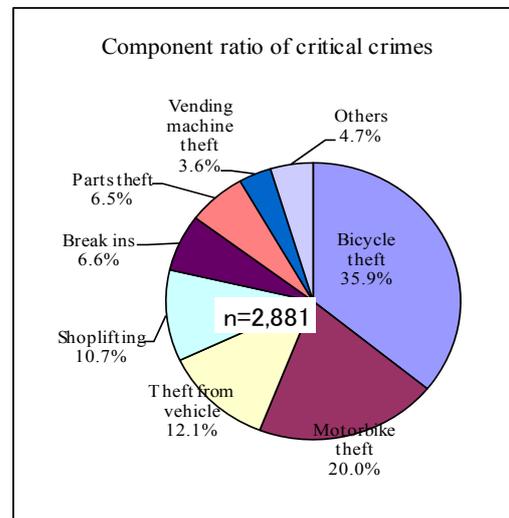
(2) Component ratio by type of crime

Theft crime accounts for 78% of the total number of crimes that occurred, of which bicycle theft is the largest in number.



(Police statistics: 2011)

Fig. 3-14



(Police statistics: 2011)

Fig. 3-15

◆ Major challenges based on crime data

Although the number of cases of recognized criminal offenses has continued to decline in recent years, it still remains higher than those of the entire country and Fukuoka Prefecture in the past 3 years [Fig 3-13].

As for crime type, theft crime such as bicycle theft and motorbike theft account for 78% [Fig 3-14].

7. Data on Abuse Consultation

(1) Women's consultation, etc.

According to the data on the women's consultation dealt with by the public administration, the number of consultations on spousal violence is large.

Table 3-3 General Consultation Dealt with by the Gender Equality Promotion Center: FY 2011

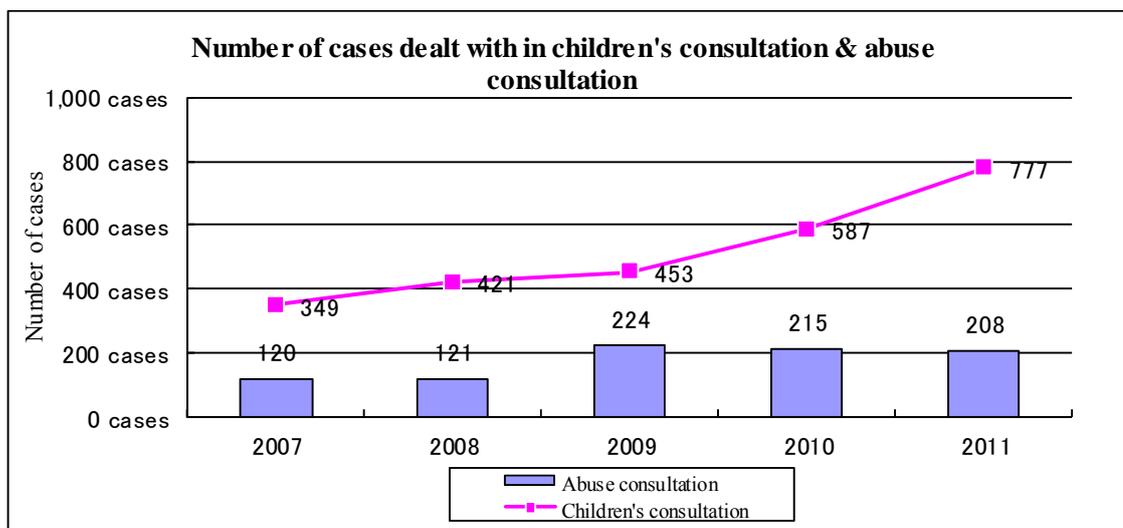
| Content | Married couple [Spousal violence] | Health | Livelihood | Child | Work | Securing safety | Family | Others | Total |
|-----------------|-----------------------------------|-----------|------------|-----------|-----------|-----------------|-----------|-----------|-------------|
| Number of cases | 1,351 cases [872 cases] | 559 cases | 362 cases | 259 cases | 258 cases | 261 cases | 204 cases | 247 cases | 3,501 cases |

Table 3-4 Content of Women's Consultations Dealt with by Home Child Consultation Section: FY 2011

| Content | Job hunting | Mental health | Violence/drunken frenzy of husband | Divorce problem | Housing problem | Other domestic problem | Others | Total |
|-----------------|-------------|---------------|------------------------------------|-----------------|-----------------|------------------------|----------|-----------|
| Number of cases | 13 cases | 6 cases | 196 cases | 105 cases | 62 cases | 57 cases | 57 cases | 496 cases |

(2) Children's consultation

The number of children's consultations dealt with by Home Child Consultation Section has continued to increase in recent years. Especially, consultations on abuse have increased from 120 to 208 cases.



(Children's consultation, etc. dealt with by Home Child Consultation Section: 2007 - 2011)

Fig. 3-16

(3) Consultation on elderly abuse

In recent years, both the number of abuse consultations and the number of identified abuses are on an increasing trend.

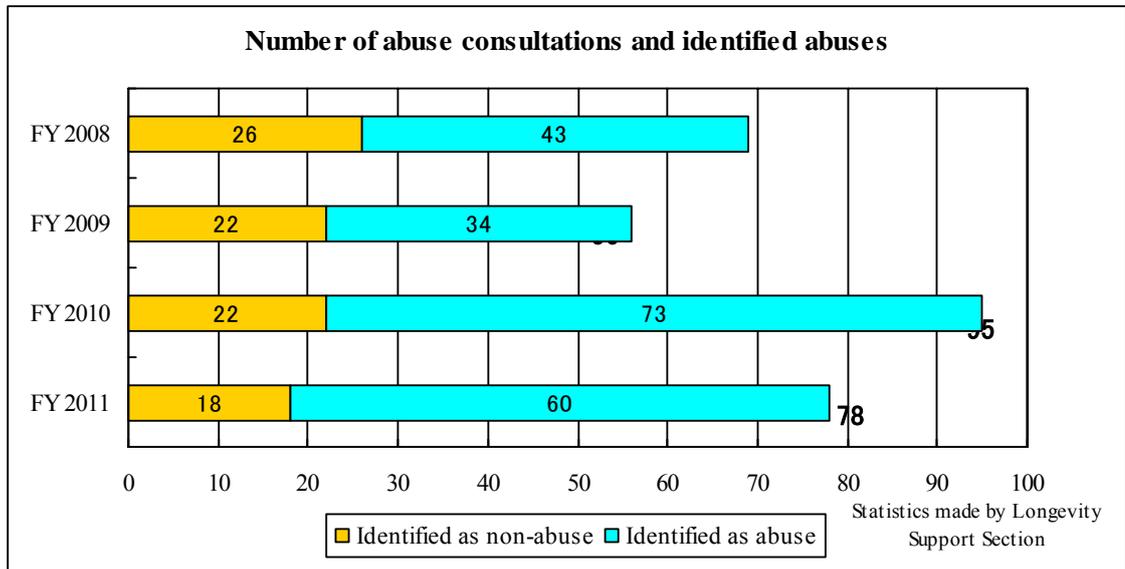


Fig. 3-17

◆ Major challenges based on data on consultations

In recent year, the number of consultations for child/elderly abuse is on an increasing trend [Fig. 3-16] [Fig. 3-17].

8. Data on “Bullying” at School

(1) Change in “the number of recognized cases” of bullying

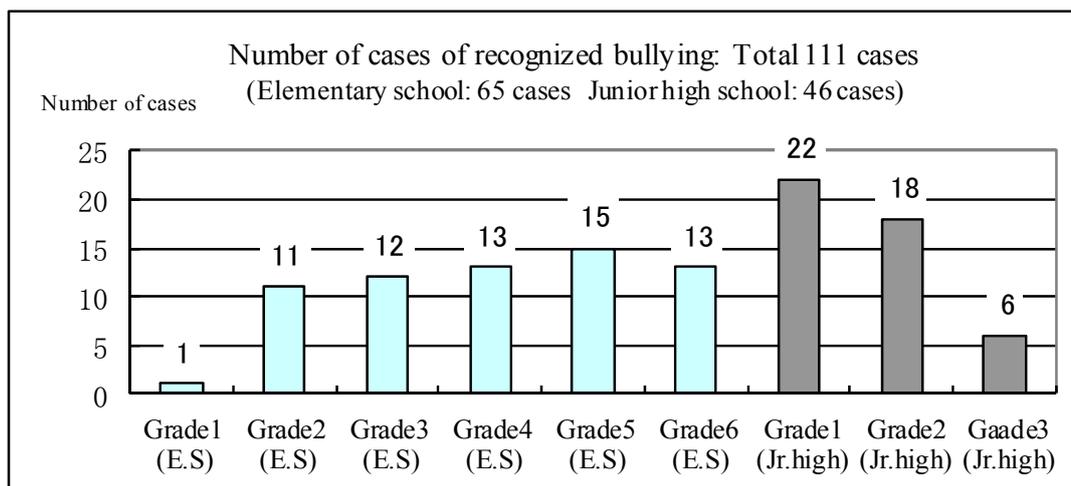
“The number of recognized cases” of bullying at school increased both for elementary schools and junior high schools during FY2012. This, however, has the following background: October had been set as “Bullying Prevention Month” for promoting early detection & early response to bullying, during which an anonymous questionnaire survey and an education consultation were conducted. Also, the parents were encouraged to utilize the checklist. Therefore, even minor cases that might lead to bullying could become identified.

Table 3-5 Change in “the Number of Recognized Cases” of Bullying

| | | FY 2008 | FY 2009 | FY 2010 | FY 2011 | FY 2012 |
|--------------------|--|---------------|---------------|---------------|---------------|----------------|
| Elementary school | The number of school children | 17,673 | 17,578 | 17,309 | 17,029 | 16,735 |
| | The number of recognized cases | 15 | 10 | 12 | 6 | 65 |
| | The number settled within the same fiscal year | 12 | 9 | 12 | 4 | 60 |
| Junior high school | The number of students | 8,353 | 8,411 | 8,268 | 8,329 | 8,240 |
| | The number of recognized cases | 11 | 17 | 24 | 27 | 46 |
| | The number settled within the same fiscal year | 9 | 11 | 18 | 18 | 45 |
| Total | The number of children/students | 26,026 | 25,989 | 25,577 | 25,358 | 24,975 |
| | The number of recognized cases | 26 | 27 | 37 | 33 | 111 |
| | The number settled within the same fiscal year (Percentage settled within the same fiscal year) | 21 (80.7%) | 20 (74.0%) | 30 (81.1%) | 22 (66.7%) | 105 (94.6%) |

(Survey made by Municipal Board of Education: FY 2008 - 2012)

(2) The number of cases of recognized bullying, by grade (FY2012)



(Survey made by Municipal Board of Education: FY 2012)

Fig. 3-18

(3) Types of bullying (FY 2012)

Table 3-6 Types of Bullying (FY 2012)

Multiple choices: Composition ratio represents the ratio to “the number of recognized cases”.

| | Elementary school | | Junior high school | |
|---|---|-------------------|---|-------------------|
| 1 | Being mocked/teased, reviled, threatened, and/or harassed | 49 cases (75%) | Being mocked/teased, reviled, threatened, and/or harassed | 27 cases (59%) |
| 2 | Being hit lightly, and/or hit/kicked as if you were being chased around in a game | 28 cases (43%) | Being ostracized and/or ignored by a group | 10 cases (22%) |
| 3 | Being ostracized and/or ignored by a group | 12 cases (18%) | Being bashed with strong force, hit, and/or kicked | 8 cases (17%) |

(Survey made by Municipal Board of Education: FY 2012)

◆ **The number of recognized cases of “bullying” at school**

- “The number of recognized cases” of bullying has increased during FY2012 both at elementary schools and junior high schools [Table 3-5].
- Among the types of bullying, “Being mocked/teased and/or harassed” shows the largest number, accounting for 75% of the total number of cases [Table 3-6].

Chapter 4 Initiatives Based on Seven Indicators

Based on the seven indicators, Kurume City has been working on Safe Community initiatives as follows:

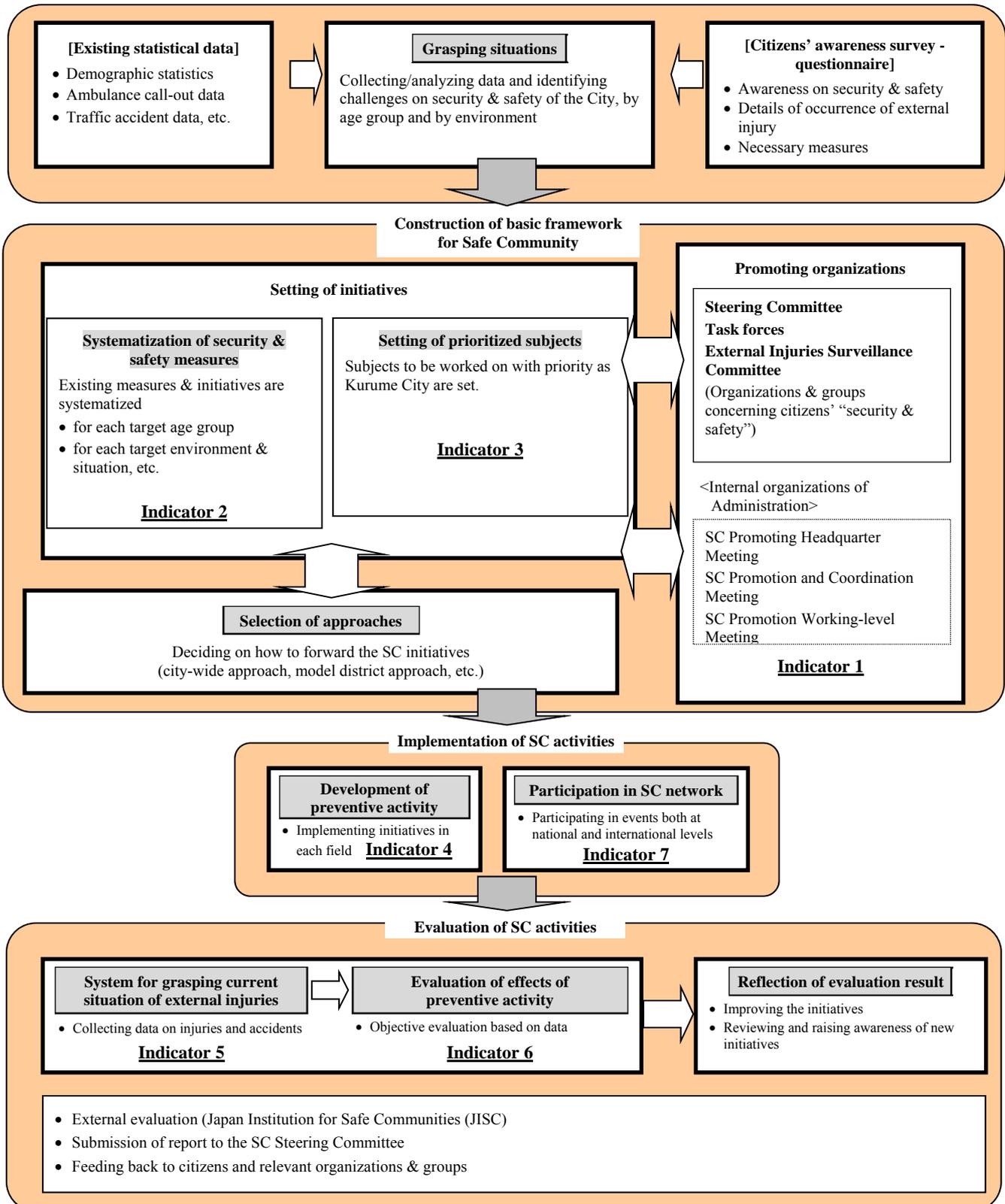


Fig. 4 Perspective of Safe Community initiatives of Kurume City

Indicator 1: An infrastructure based on cross-sector collaborations

1. Safe Community promotion system

In order to set “integration of security/safety initiatives carried out by various local entities” as one of characteristics for our Safe Community initiative, we have founded a promotion organization widely participated by security/safety-related organs, groups, etc. in the City.

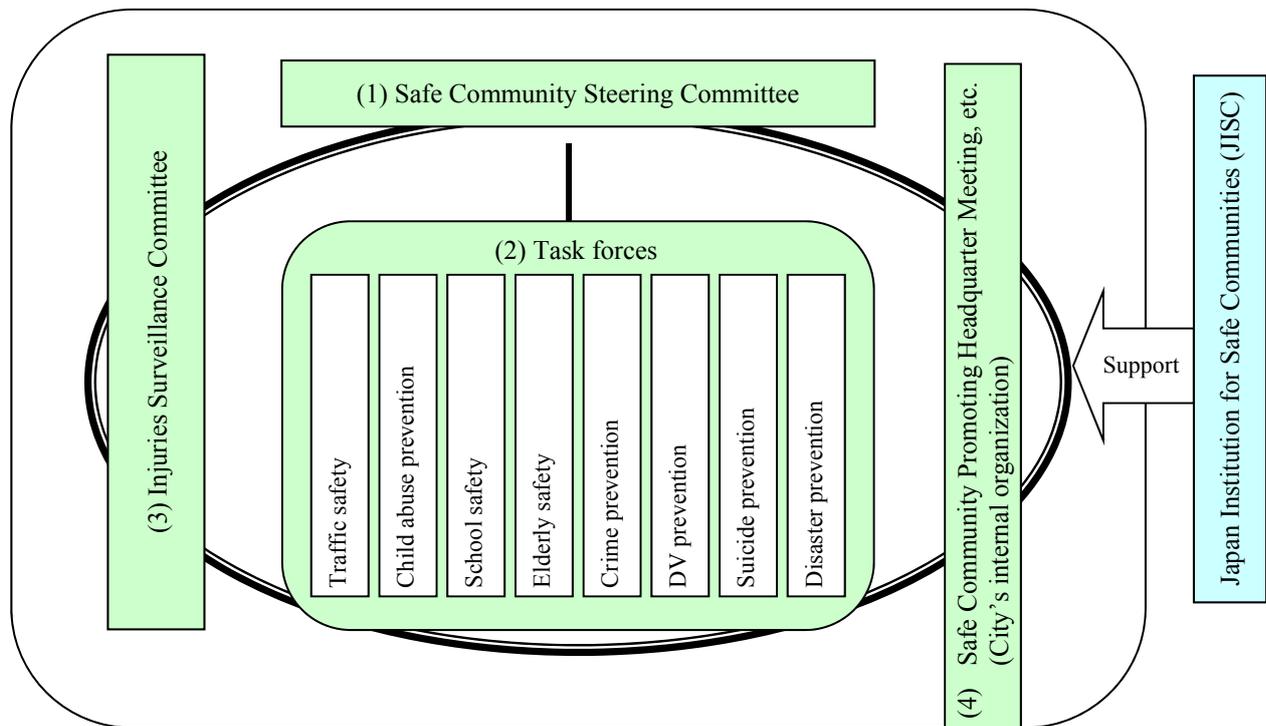


Fig. 4-1-1 Image of Safe Community promotion system

(1) Kurume City Safe Community Steering Committee

[Establishment] Established as a city-wide organization

[Composition] Composed of members representing various groups, etc. in the City that are concerned with security & safety or Safe Community (61 groups and 63 members)

- Public organizations, etc.
- Groups engaged in local (school district) activities
- Groups engaged in City-wide activities
- Administrative organs (police dept, fire dept, Labor Standards Inspection Office, Child Consultation Center, City government)

[Role] Deliberation & decision-making of fundamental policies on SC and liaison & coordination on matters regarding SC



Fig. 4-1-2 Photo of the meeting of the Safe Community Steering Committee

(2) Task forces for Kurume City Safe Community

[Establishment] Established for each of the major 6 priority fields that have been set by the SC Steering Committee

[Composition] Composed of persons in charge of the major groups, the related NPO's, etc. that are concerned with the priority subjects among the member groups of the SC Steering Committee (115 persons)

- Public organizations, etc.
- Groups engaged in local (school district) activities
- Groups engaged in City-wide activities
- Administrative organs (police dept, fire dept, national, prefectural, city government)

- I. Task Force for Traffic Safety (No. of members: 16)
- II. Task Force for Child Abuse Prevention (No. of members: 11)
- III. Task Force for Safety of School (No. of members: 18)
- IV. Task Force for Safety of Elderly (No. of members: 10)
- V. Task Force for Crime Prevention (No. of members: 19)
- VI. Task Force for DV Prevention (No. of members: 15)
- VII. Task Force for Suicide Prevention (No. of members: 11)
- VIII. Task Force for Disaster Preparedness (No. of members: 15)

(The detailed composition of each task force is listed on **pages 31 and 32.**)

[Role] As the “actual working organization” by playing the central role for SC promotion, to discuss how to forward specific measures to address the priority subjects, improvement of the existing initiatives, new measures, etc.

(3) Kurume City Safe Community Injuries Surveillance Committee

[Establishment] Established as a specialized organization to analyze surveillance data of Injuries & accidents and to support SC Steering Committee and Task Forces, which is composed of the groups concerned such as administrative bodies and medical institutes

[Composition] Composed of specialists, etc. in the public hygiene field in medical institutions and universities (6 persons)

[Role] To collect & analyze surveillance data of Injuries and to measure & evaluate the effects/influence, etc. of preventive activities while collaborating with Task Forces, etc. (The detailed contents are described on **P100 to 106: Indicator 5.**)

(4) Internal organizations of Kurume City government for promotion of Safe Community

Safe Community promoting organizations are founded inside the City government, whose roles are to discuss and decide on the initiatives on Safe Community to be proposed to the SC Steering Committee and Task Forces that are city-wide organizations.

■ SC Promoting Headquarter Meeting

[Composition] Composed of Deputy Mayor who controls Collaboration Promotion Dept. as the chairman and general managers of the relevant department as the members

[Role] Deciding on approaches and initiatives of the City government on Safe Community

■ SC Promotion and Coordination Meeting

[Composition] Composed of Deputy Manager of Collaboration Promotion Dept. as the chairman, and the deputy managers of departments concerned with Safe Community, the heads of the secretariat sections of Task Forces, and others as the members

[Role] Coordinating matters, etc. submitted to SC Promoting Headquarter Meeting and coordination within the City government for promotion of Safe Community

■ SC Promotion Working-level Meeting

[Composition] Persons in charge of the Safe Community Task Forces and of the secretariat of Injuries Surveillance Committee

[Role]

- Coordinating the course of actions and the schedules of the task forces
- Sharing information on Safe Community

2. Safe Community expert advisor

With the aim to effectively forward SC initiatives, we ask academic experts to give us advices/guidance from a professional point of view.

Dr. Yoko Shiraishi

- Official Safe Community Coordinator for the Certifying Center
- Chair of Japan Institution for Safe Community (JISC)

3. Collaborative initiatives for community safety (in a unit of each elementary school district)

Each elementary school district in Kurume City has its school district community organization, which is carrying out activities for improving living environment of its own district such as promotion of social welfare, conservation of environment, improvement of education & culture, crime prevention and Disaster Preparedness. Safe Community, by working together with this security/safety efforts of community level, is implementing community activities.

(1) School District Community Organization

School District Community Organization is the comprehensive city planning body formed for each elementary school district, which is formed in 46 elementary school districts in Kurume City and operated by residents.

(2) System of School District Community Organization

School District Community Organization has a structure in which neighborhood community associations in the school district and various citizens' groups based on neighborhood community associations have been connected together in a network.

School District Community Organization works to address various regional problems and to build a comfortable city to live in by setting up a working group for each region-level challenge. Although composition and name of the working group differ for each school district, there are, for example, Living Environment Working Group to address security & safety activity and environmental problems, and Health/Welfare Working Group to address health promotion and welfare issues. These working groups are putting effort into city building in collaboration with the various relevant citizens' groups. Each school district community has a School District Community Center as its base facility.

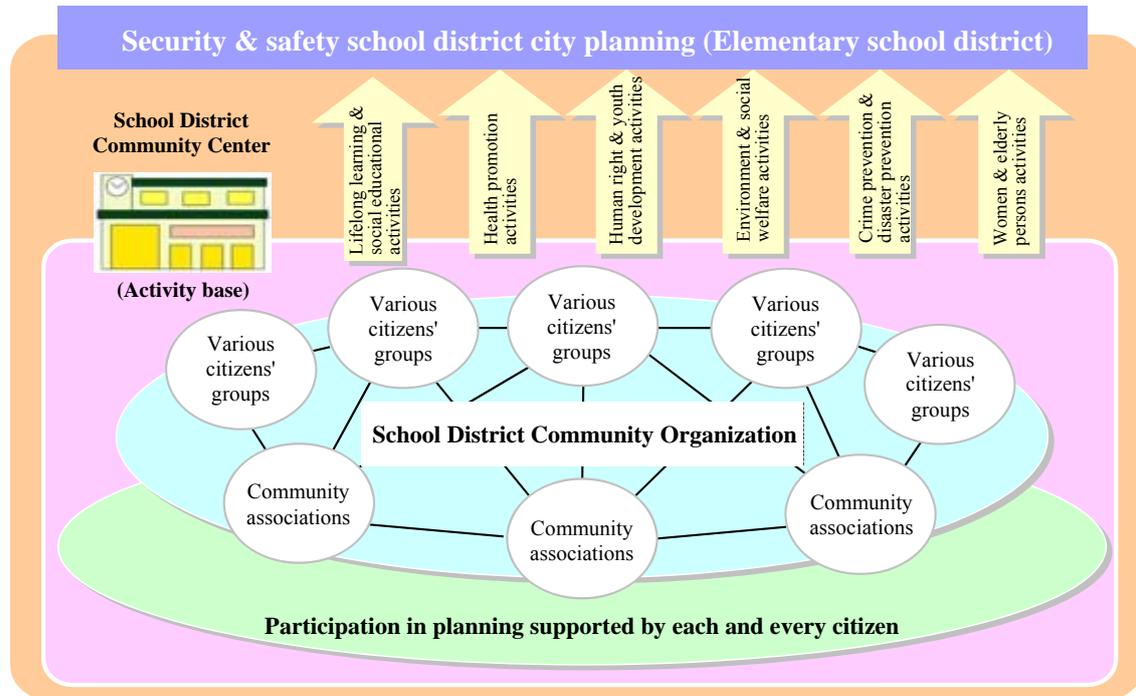


Fig. 4-1-2 Image drawing of cooperative initiatives on regional security & safety

(3) Activities of school district community organization (example)

■ Initiatives to promote safety and security

- School road safety patrol
- Preparation of hazard maps and Disaster Preparedness activities such as fire drills
- Crime-prevention activities such as year-end night watch, and others

■ Initiatives on childcare and youth development

- Creating places for children through the after-school care program and Saturday Cram School
- Childcare support activities such as childcare consultation
- Youth development activities such as nighttime patrol
- Coming-of-Age ceremony in each school district, and others

■ Health and social welfare initiatives

- Health promotion through athletic meets, walking events, etc.
- Elderly support activities such as meal delivery, friendly greeting, and safety check
- Elderly Day event in each school district, and others

(4) Composition of each task force

a. Task Force for Traffic Safety (No. of members: 16)

| | |
|------------------------------|--|
| Regional activity groups (7) | Traffic safety advisors of Kurume City, Traffic Safety Association of Kurume City, Council of Community Traffic Safety Promotion Committee Members of Kurume City, Liaison Council of Safe Driving Management of Kurume City, Federation of Senior Citizens' Clubs of Kurume City, Federation of Junior High School Parents-Teachers Association (PTAs) of Kurume City, Council of Social Welfare of Kurume City |
| Related organizations (5) | Kurume Maintenance Branch Office of Fukuoka National Highway Office of Ministry of Land, Infrastructure, Transport and Tourism, Kurume Civil Engineering Office of Fukuoka Prefecture, Kurume Police Station, Ukiha Police Station, Kurume City Large Area Fire Station Headquarters |
| City government (4) | Longevity Support Section, Community Road Section, School Education Section, Safety/Security Promotion Section |

b. Task Force for Child Abuse Prevention (No. of members: 11)

| | |
|------------------------------|--|
| Regional activity groups (6) | Council of Local Welfare Office & Children's Committee Members of Kurume City, Childcare Association of Kurume City, Private Kindergarten Association of Kurume City, NPO Nijiuro-Cap, NPO Le Bateau, NPO Childcare Support Volunteer KURURUNRUN |
| Related organizations (1) | Kurume Child Consultation Center of Fukuoka Prefecture |
| City government (4) | Health Promotion Section of Health Care Center, Child Development Section, School Education Section, Home Child Consultation Section, |

c. Task Force for Safety of School (No. of members: 18)

| | |
|-------------------------------|--|
| Regional activity groups (11) | Promotion Association of City Planning in Kamitsu School District, Council of Juvenile Development in Kamitsu School District, Crime Prevention Association in Kamitsu School District, Council of Human Rights Promotion in Kamitsu School District, Council of Human Rights City Planning in Seiryu School District, PTA of Kamitsu Elementary School, PTA of Seiryu Junior High School, Kurume Institute of Technology, Yusei High School |
| Related organizations (2) | Kurume Police Station |
| City government (5) | Kamitsu Elementary School, Seiryu Junior High School, Safety/Security Promotion Section, Youth Development Section, School Education Section |

d. Task Force for Safety of Elderly (No. of members: 10)

| | |
|------------------------------|--|
| Regional activity groups (6) | Council of Local Welfare Office & Children's Committee Members of Kurume City, Federation of Senior Citizens' Clubs of Kurume City, Council of Social Welfare of Kurume City, Fukuoka Prefecture Occupational Therapy Association, Kurume City Nursing-care & Welfare Service Business Operators' Council, NPO Kurume Community Support Center |
| City government (4) | Community Welfare Service Section, Nursing Care Insurance Section, Health Promotion Section of Health Care Center, Longevity Support Section |

e. Task Force for Crime Prevention (No. of members: 19)

| | |
|-------------------------------|---|
| Regional activity groups (11) | Kumamoto University, Federation of Crime Prevention Association of Kurume City, Tanushimaru Branch of Ukiha Crime Prevention Association, Liaison Committee of School Violence Elimination Steering Committee, Liaison Council of City Planning of Kurume City School District, Gender Equality Promotion Network of Kurume City, Federation of Junior High School PTAs in Kurume City, Federation of Elementary School PTAs in Kurume City, Liaison Committee of Youth Development Councils in Kurume City School Districts, Women's Association of Kurume City Chamber of Commerce and Industry, Cultural Town Sakura Group |
| Related organizations (1) | Kurume Police Station |
| City government (7) | Junior High School Principals' Association of Kurume City, Elementary School Principals' Association of Kurume City, Child Future Department, City Construction Department, Education Department, Collaboration Promotion Department |

f. Task Force for DV Prevention (No. of members: 15)

| | |
|------------------------------|---|
| Regional activity groups (6) | Kurume Medical Association, Chikugo Subcommittee of Fukuoka Prefecture Bar Association, Support of the Child, NPO Nijihiro-Cap, "NO! SH Kurume", DV victim support group |
| Related organizations (2) | Kurume Police Station |
| City government (7) | Health Promotion Section of Health Care Center, Child Development Section, Home Child Consultation Section, School Education Section, Human Rights & Dowa Education Section, Gender Equality Policy Section, Gender Equality Promotion Center |

g. Task Force for Suicide Prevention (No. of members: 11)

| | |
|------------------------------|---|
| Regional activity groups (5) | Kurume University, Kurume Medical Association, Council of Local Welfare Office & Children's Committee Members of Kurume City, Liaison Council of City Planning of Kurume City School District, Green CO-OP Livelihood Restoration Consultation Room |
| Related organizations (1) | Kurume City Large Area Fire Station Headquarter |
| City government (5) | Livelihood Support 1st Section, Consumer Affairs Center, Labor Administration Section, School Education Section, Health Prevention Section of Health Care Center |

h. Task Force for Disaster Preparedness (No. of members: 15)

| | |
|-------------------------------|--|
| Regional activity groups (12) | Liaison Council of City Planning of Kurume City School District, Liaison Committee of City Planning Promotion Association of Tanushimaru School District, City Planning Promotion Association of Yuge School District in Kitano, Liaison Committee of City Planning Promotion Association of Jojima School District, City Planning Promotion Association of Inuzuka School District in Mizuma, Council of Local Welfare Office & Children's Committee Members of Kurume City, Kurume Branch of NPO Japan Bousaisi Society, Council of Social Welfare of Kurume City, Volunteer fire corps of Kurume City |
| Related organizations (1) | Kurume City Large Area Fire Station Headquarter s |
| City government (2) | Community Welfare Service Section, Disaster Preparedness Measures Section |

Indicator 2: Long-term, sustainable programs covering genders and all ages, environments, and situation

1. Entire picture of safety promotion

Kurume City has been working on initiatives on security & safety for both genders, all ages, and different environments/factors.

Initiatives on security & safety that are worked on in the City have been investigated and are summarized by target age group, environment/factor as follows.

The upper-case figures for each environment & age group in the table below show the numbers of major initiatives (measures). Further, representative measures are chosen and are introduced on the following pages. The figures in brackets () of each column correspond to each specific measure on the following pages.

Table 4-2

| | | Age group | | | |
|--------------------|-------------------------------------|-------------------------------------|------------------------------|------------------------------|------------------------------------|
| | | a Child (0 – 14 yrs old) | b Youth (15 – 24 yrs old) | c Adult (25 – 64 yrs old) | d Elderly (65 yrs old and over) |
| Unforeseen causes | A. Safety of home | 14 | 5 | 7 | 26 |
| | | (1), (2) | — | — | (3), (4) |
| | B. School safety | 16 | 4 | 2 | 2 |
| | | (5), (6), (7), (8), (9), (10), (11) | (12) | — | — |
| | C. Safety of workplace | 0 | 6 | 6 | 2 |
| | | — | (13) | (13) | (13) |
| | D. Safety of sports and leisure | 7 | 6 | 6 | 7 |
| | | (14), (15) | (14), (15) | (14), (15) | (14), (15) |
| | E. Traffic safety | 16 | 12 | 11 | 13 |
| | | (16) | (12) | — | (17), (18) |
| | F. Safety during disaster | 20 | 18 | 18 | 18 |
| | | (19), (20) | (19), (20) | (19), (20) | (19), (20), (21) |
| Intentional causes | G. Suicide prevention | 8 | 8 | 7 | 7 |
| | | (22), (23), (24) | (22), (23), (24) | (22), (23), (24) | (22), (23), (24) |
| | H. Prevention of crime and violence | 49 | 45 | 37 | 34 |
| | | (25), (26), (27) | (25), (26), (27) | (25), (26), (27) | (25), (26), (27) |
| I. Others | 7 | 7 | 7 | 7 | |
| | (28), (29), (30), (31) | (28), (29), (30) | (28), (29) | (28), (29) | |

* The initiatives are not, in principle, affected by gender difference. (Both genders are covered equally as the targets.)

2. Major preventive initiatives

Representative initiatives are introduced below:

A. Safety of home

(1) Brochure of infant accident prevention

| Target persons | Objective | Summery | Executor, etc. |
|-------------------|--|---|--|
| Child (preschool) | Prevention of injury/accident of infant inside house | The awareness brochure of child accident prevention is enclosed together with the vaccination schedule set and is distributed to parents with the aim to promote accident prevention. | Private support groups Fukuoka Prefecture City |

(2) Training workshop on safety of infant

| Target persons | Objective | Summery | Executor, etc. |
|-------------------|--|--|----------------|
| Child (preschool) | Prevention of injury/accident of infant inside house | To provide knowledge how to respond to injury/accident/illness of infants, with the aim of accident prevention | City |

(3) "Safety Registration" and subsidizing the charge for using the location search service

| Target persons | Objective | Summery | Executor, etc. |
|------------------|---------------------------------------|---|----------------|
| Dementia elderly | Accident prevention of aged wanderers | To subsidize the charge for using the location search service by means of GPS to discover and save aged wanderers | City |

(4) House renovation project for the elderly

| Target persons | Objective | Summery | Executor, etc. |
|--------------------|-----------------------------------|---|--------------------------------|
| Housebound elderly | Prevention of injury inside house | With the aim to help the care-needed-elderly, secure safety in daily life at home and continue living at home, to subsidize the cost of house renovation such as elimination of level-difference inside a house | Private support groups City |

B. School safety

(5) Project on use of school social workers

| Target persons | Objective | Summery | Executor, etc. |
|---|--|---|--|
| Child (elementary school, junior high school) | Response to children/ students with problems | To station a school social worker with professional knowledge and expertise (social welfare worker, mental health welfare worker, etc.) at the Municipal Board of Education and to send him/her to schools on request | Medical institute Child Consultation Center City, etc. |

(6) Child watch activity

| Target persons | Objective | Summery | Executor, etc. |
|----------------|---|--|--|
| Child | Protecting children from crime and traffic accident on their way to/from school | Standing watch, leading, & friendly greeting on rout to/from school Distribution of safety maps | Community organization of school district PTA of elementary & junior high schools City |

(7) Traffic safety training class

| Target persons | Objective | Summery | Executor, etc. |
|------------------------------------|---|--|--|
| Child (elementary school children) | Prevention of damage caused by traffic accident of children | With the aim to diffuse awareness of traffic rules & traffic safety, to provide guidance on correct way to walk on a pedestrian crossing and on safety of riding a bicycle | Traffic Safety Association Police station City |

(8) Anonymous questionnaire survey and education consultation

| Target persons | Objective | Summery | Executor, etc. |
|---|---|---|--|
| Child (elementary school, junior high school) | Early detection of and early response to bullying | To conduct, at least once every term, an anonymous questionnaire survey on bullying and an education consultation | Each elementary and junior high school City |

(9) Distribution of checklist for Home Use

| Target persons | Objective | Summery | Executor, etc. |
|---|---|---|--|
| Child (elementary school, junior high school) | Early detection of and early response to bullying | To distribute the "Checklist for Home Use" in a standardized form of the City and to promote efforts not to miss seeing minor signs observed in changes of child's daily life, personal belongings, relationship with friends, etc. | Each elementary and junior high school City |

(10) Teachers' workshop

| Target persons | Objective | Summary | Executor, etc. |
|--|---|---|--|
| Teachers of elementary & junior high schools | Early detection of and early response to bullying | To implement teachers' workshops by utilizing materials for in-school workshops on bullying | Each elementary and junior high school City |

(11) Colored pavement in sidewalk on school route around the school

| Target persons | Objective | Summary | Executor, etc. |
|------------------------------------|--------------------------------|--|------------------------------|
| Child (Elementary school children) | Prevention of traffic accident | With the aim to secure safety of children on their way to/from school, to provide colored pavement in the sidewalk, sidewalk safety measures, etc. | Police station City, etc. |

(12) Short course for students commuting by motorbike

| Target persons | Objective | Summary | Executor, etc. |
|---------------------------------|--|--|-------------------------------|
| Juvenile (high school students) | Prevention of traffic accident involving a motorbike | For high school students who are permitted to commute by motorbike, to provide a short course regarding knowledge & technique of safe driving at a driving test center, etc. | Police station High school |

C. Safety of workplace

(13) Labor consultation

| Target persons | Objective | Summary | Executor, etc. |
|------------------------------|-----------------------------------|---|---|
| Juvenile Adult Elderly | Prevention of industrial disaster | To hold consultation on various problems and worries about labor/safety/health and employment, and to help solve the problems | Labor Standards Inspection Office City, etc. |

D. Safety of sports and leisure

(14) Sports-related lecture meeting

| Target persons | Objective | Summary | Executor, etc. |
|-----------------|---|--|----------------------------|
| All ages groups | Prevention of injury and accident related to sports | To hold training sessions for sport-related personnel such as sports instructors by inviting a sports doctor, etc. as a lecturer | Sports Association City |

(15) Inspection and repair of play equipment at parks and children's amusement parks

| Target persons | Objective | Summary | Executor, etc. |
|---------------------|---|--|---|
| Park users Child | Prevention of accidents during use of play equipment at a park/ children's playground | Safety inspection & repair of play equipment and removal of risky play equipment | Community associations Council of Social Welfare City, etc. |

E. Traffic safety

(16) Traffic safety training class

| Target persons | Objective | Summery | Executor, etc. |
|---------------------------------------|---|--|--|
| Child (Elementary school children) | Prevention of damage caused by traffic accident of children | With the aim to diffuse awareness of traffic rules & traffic safety, to provide guidance on correct way to walk on a pedestrian crossing and on safety of riding a bicycle | Traffic Safety Association Police station City |

(12) Short course for students commuting by motorbike (Repeated)

(17) Silver Safety School

| Target persons | Objective | Summery | Executor, etc. |
|----------------|---|--|--|
| Elderly | Prevention of traffic accident of the elderly | To hold Traffic safety training classes of participatory, experience-based, and practical design for the elderly | Traffic Safety Association Elderly citizen's club Police station City, etc. |

(18) Barrier-free Walking Space Network Project

| Target persons | Objective | Summery | Executor, etc. |
|-----------------------------|---|---|---|
| Elderly Wheelchair users | Prevention of damage caused by traffic accident | To provide walking spaces for safe & pleasant transit and to organize them into a network | Fukuoka National Highways Office Kurume Police Station City, etc. |

F. Safety during disaster

(19) Disaster volunteer training session

| Target persons | Objective | Summery | Executor, etc. |
|-----------------|--|--|--|
| All ages groups | Diffusion and awareness-raising of Disaster Preparedness knowledge | To provide lecture lessons and practical lessons to raise Disaster Preparedness power of community | Council of Social Welfare Volunteer Liaison Council Disaster Preparedness Expert Association |

(20) Kurume City comprehensive Disaster Preparedness drill

| Target persons | Objective | Summery | Executor, etc. |
|-----------------|---|--|--|
| All ages groups | Increase in Disaster Preparedness power | To implement comprehensive Disaster Preparedness drills on the National Disaster Preparedness Day on September 1 with participation of relevant organizations and community citizens | Volunteer fire corps Large Area Fire Station Headquarters Police station City, etc. |

(21) Promotion of support plan for disaster vulnerable people

| Target persons | Objective | Summery | Executor, etc. |
|--------------------------------|---|--|---|
| Elderly Disabled persons | Prevention of damage to the elderly and persons with disabilities during disaster | To prepare the system to support vulnerable people within the community by diffusing manual for supporting disaster vulnerable people and by updating a list of disaster vulnerable people | Community organization of school district City |

G. Suicide and self injury

(22) Training session for family doctors of how to approach depression

| Target persons | Objective | Summery | Executor, etc. |
|-----------------|--------------------|--|--|
| All ages groups | Suicide prevention | Through promoting linkage among family doctors, occupational health physicians, and psychiatrists, to work on early detection of depression caused suicide | Kurume University Medical Association Association of Psychiatric Hospitals City |

(23) Training session for gatekeepers

| Target persons | Objective | Summery | Executor, etc. |
|-----------------|--------------------|---|---|
| All ages groups | Suicide prevention | To hold training sessions for training of “gatekeeper” who can detect a sign of suicide risk of people around | Supporters from private sectors City |

(24) Mental health welfare consultation (Mental Health Consultation)

| Target persons | Objective | Summery | Executor, etc. |
|-----------------|--------------------|--|-----------------------|
| All ages groups | Suicide prevention | To hold a consultation with a psychiatrist on mental health and to give advice | Psychiatrists City |

H. Crime and violence

(25) Installation of security lights and security cameras in busy areas

| Target persons | Objective | Summery | Executor, etc. |
|-----------------|---------------------------------------|---|---|
| All ages groups | Securing safety of Cultural Town area | To install security cameras and security lights in the Cultural Town area | Community organization of Hiyoshi School District Police station City, etc. |

(26) Installation and maintenance of security lights

| Target persons | Objective | Summery | Executor, etc. |
|-----------------|---|--|--------------------------------|
| All ages groups | Prevention of damage caused by nightttime crime, etc. | With the aim to secure residents' safety by preventing nighttime crime, etc, to install and maintain the security lights | Community associations City |

(27) Women's consultation (including DV consultation)

| Target persons | Objective | Summery | Executor, etc. |
|----------------------------|------------------------|---|--------------------------------------|
| All ages groups (Women) | Prevention of DV cases | To hold consultations on troubles that women have and give assistance such as providing information responding to each specific trouble for its solving | Police station Prefecture City |

I. Others**(28) Life-saving training class**

| Target persons | Objective | Summery | Executor, etc. |
|---|---|--|--|
| Firemen Citizens in general Workplace | Life-saving of the sick/ wounded persons | To improve life saving rate of the community through participation in a training session of cardiopulmonary resuscitation and how to use AED | Volunteer fire corps Large Area Fire Station Headquarters City |

(29) Assistance to homeless people

| Target persons | Objective | Summery | Executor, etc. |
|-------------------------------|------------------------------------|---|--|
| Homeless people on the street | Securing safety of homeless people | To implement health consultations in the street and a food distribution project for homeless people on the street | Private support groups Medical Association National government Prefecture City, etc. |

(30) Young Telephone

| Target persons | Objective | Summery | Executor, etc. |
|-------------------|--|---|----------------|
| Child Juvenile | Juvenile misconduct prevention and healthy development | To respond to consultations on juveniles' worries and troubles of misconduct and relationship with friends and to give counseling according to each specific case | City |

(31) Swimming school for children who cannot swim

| Target persons | Objective | Summery | Executor, etc. |
|----------------|------------------------------|--|----------------|
| Child | Prevention of child drowning | Swimming school for children who cannot swim | City |

a. Safety of child

- (1) Brochure of infant accident prevention (Repeated)**
- (2) Training workshop on safety of infant (Repeated)**
- (5) Project on use of school social workers (Repeated)**
- (6) Child watch activity (Repeated)**
- (7) Traffic safety training class (Repeated)**
- (8) Anonymous questionnaire survey and education consultation (Repeated)**
- (9) Distribution of checklist for Home Use (Repeated)**
- (10) Teachers' workshop (Repeated)**
- (11) Colored pavement in sidewalk on school route around the school (Repeated)**
- (14) Sports-related lecture meeting (Repeated)**
- (15) Inspection and repair of play equipment at parks and children's amusement parks (Repeated)**
- (16) Traffic safety training class (Repeated)**
- (19) Disaster volunteer training session (Repeated)**
- (20) Kurume City comprehensive Disaster Preparedness drill (Repeated)**
- (22) Training session for family doctors of how to approach depression (Repeated)**
- (23) Training session for gatekeepers (Repeated)**
- (24) Mental health welfare consultation (Mental Health Consultation) (Repeated)**
- (25) Installation of security lights and security cameras in busy areas (Repeated)**
- (26) Installation and maintenance of security lights (Repeated)**
- (27) Women's consultation (including DV consultation) (Repeated)**
- (28) Life-saving training class (Repeated)**
- (29) Assistance to homeless people (Repeated)**
- (30) Young Telephone (Repeated)**
- (31) Swimming school for children who cannot swim (Repeated)**

b. Safety of youth

- (12) Short course for students commuting by motorbike (Repeated)**
- (13) Labor consultation (Repeated)**
- (14) Sports-related lecture meeting (Repeated)**
- (15) Inspection and repair of play equipment at parks and children's amusement parks (Repeated)**
- (19) Disaster volunteer training session (Repeated)**
- (20) Kurume City comprehensive Disaster Preparedness drill (Repeated)**
- (22) Training session for family doctors of how to approach depression (Repeated)**
- (23) Training session for gatekeepers (Repeated)**
- (24) Mental health welfare consultation (Mental Health Consultation) (Repeated)**
- (25) Installation of security lights and security cameras in busy areas (Repeated)**
- (26) Installation and maintenance of security lights (Repeated)**
- (27) Women's consultation (including DV consultation) (Repeated)**
- (28) Life-saving training class (Repeated)**
- (29) Assistance to homeless people (Repeated)**
- (30) Young Telephone (Repeated)**

c. Safety of adults

- (13) Labor consultation (Repeated)**
- (14) Sports-related lecture meeting (Repeated)**
- (15) Inspection and repair of play equipment at parks and children's amusement parks (Repeated)**
- (19) Disaster volunteer training session (Repeated)**
- (20) Kurume City comprehensive Disaster Preparedness drill (Repeated)**
- (22) Training session for family doctors of how to approach depression (Repeated)**
- (23) Training session for gatekeepers (Repeated)**
- (24) Mental health welfare consultation (Mental Health Consultation) (Repeated)**
- (25) Installation of security lights and security cameras in busy areas (Repeated)**
- (26) Installation and maintenance of security lights (Repeated)**
- (27) Women's consultation (including DV consultation) (Repeated)**
- (28) Life-saving training class (Repeated)**
- (29) Assistance to homeless people (Repeated)**

d. Safety of the elderly

- (3) "Safety Registration" and subsidizing the charge for using the location search service (Repeated)**
- (4) House renovation project for the elderly (Repeated)**
- (13) Labor consultation (Repeated)**
- (14) Sports-related lecture meeting (Repeated)**
- (15) Inspection and repair of play equipment at parks and children's amusement parks (Repeated)**
- (17) Silver Safety School (Repeated)**
- (18) Barrier-free Walking Space Network Project (Repeated)**
- (19) Disaster volunteer training session (Repeated)**
- (20) Kurume City comprehensive Disaster Preparedness drill (Repeated)**
- (21) Promotion of support plan for disaster vulnerable people (Repeated)**
- (22) Training session for family doctors of how to approach depression (Repeated)**
- (23) Training session for gatekeepers (Repeated)**
- (24) Mental health welfare consultation (Mental Health Consultation) (Repeated)**
- (25) Installation of security lights and security cameras in busy areas (Repeated)**
- (26) Installation and maintenance of security lights (Repeated)**
- (27) Women's consultation (including DV consultation) (Repeated)**
- (28) Life-saving training class (Repeated)**
- (29) Assistance to homeless people (Repeated)**

Indicator 3: Programs targeting high-risk groups & environments, and programs for vulnerables' safety

In Kurume City, the following people are identified as a high-risk group of people:

- (1) Children vulnerable to abuse
- (2) Women vulnerable to DV
- (3) Elderly vulnerable to abuse
- (4) Elderly vulnerable to injury caused by falling
- (5) Persons at risk of suicide
- (6) Persons at risk of injury from natural disaster

In addition, the followings are identified as high-risk environments:

- (1) Potential flood areas along the Chikugo River, etc.
- (2) Places at risk of sediment disaster (special damage potential zone of sediment disasters, etc.)

The reasons for the setting and major challenges are as follows:

1. High risk groups

(1) Children vulnerable to abuse

| | |
|-----------------|--|
| Setting grounds | <ul style="list-style-type: none"> • The number of consultations about children including abuse has been increasing. • More than 20% of the parents replied that they “sometimes think that (they) may be abusing own child (elementary school age or younger). |
| Major measures | <p>Indicator 4-II Responded by Task Force for Child Abuse Prevention</p> <p>A. Community cooperation to visit homes with infants</p> <p>B. Salon visits to junior high schools</p> <p>C. Orange ribbon making sessions by children</p> <p>(As for details, refer to p.58-59.)</p> |

(2) Women vulnerable to DV

| | |
|-----------------|---|
| Setting grounds | <ul style="list-style-type: none"> • Consultation on domestic violence (DV) accounts for a high percentage of all consultations with women. • Among those who have (had) a partner, 39.3% have experienced DV. |
| Major measures | <p>Indicator 4-VI Responded by Task Force for DV Prevention</p> <p>A. Raising awareness of gender equality and DV prevention</p> <p>B. Improving DV prevention education at schools, etc.</p> <p>C. Reinforcing a workshop for medical personnel</p> <p>D. Promoting of activities for victim support at medical institutions</p> <p>E. Improving a workshop for personnel engaged in child-related services</p> <p>F. Studying support for psychological and social rehabilitation of victims</p> <p>G. Implementing the telephone hotline for children</p> <p>H. Workshops for promoting understanding toward children of DV victims</p> <p>I. Educational support for children of DV victims</p> <p>(As for details, refer to p.84-86.)</p> |

(3) Elderly vulnerable to abuse

| | |
|-----------------|--|
| Setting grounds | <ul style="list-style-type: none">• The number of consultations and reports of the elderly abuse has shown an increasing trend at the national level in recent years. In Kurume City also, it has been showing some signs of increase, despite some ups and downs.• A little less than 10% people either watched actual scenes or heard of rumors of the elderly abuse. |
| Major measures | Indicator 4-IV Responded by Task Force for Safety of the Elderly D. Holding lectures and seminars about abuse and dementia E. Training course of Dementia supporters F. Workshop on abuse prevention for caregiving service provider employees G. Establishing the community comprehensive care system H. Holding classes for family caregivers I. Forgetfulness prevention checkup (As for details, refer to p.71-73.) |

(4) Elderly vulnerable to injury caused by falling

| | |
|-----------------|---|
| Setting grounds | <ul style="list-style-type: none">• Based on Ambulance call-out data, falling is a major cause of injuries (65.0%) among the elderly. |
| Major measures | Indicator 4-IV Responded by Task Force for Safety of the Elderly A. Preparation of brochure about falling B. Implementation of prevention programs to avoid long-term care situations C. Support of community activities to maintain health and physical strength (As for details, refer to p.70-71.) |

Although not as many as the elderly, the number of falling injuries of infants (0-4 years old) at home is relatively high. Therefore, leaflets to raise awareness for accident prevention are distributed to parents and training workshops to lead to accident prevention are held. (As for details, refer to **p.34.**)

(5) Persons at risk of suicide

| | |
|-----------------|--|
| Setting grounds | <ul style="list-style-type: none">• The number of suicides in Kurume City remains between 60 and 80 persons per year in recent years, which is the second highest cause of death after illness. Further, the suicide rate that shows the number of suicides per 100,000 population is also as high as 24.70 in 2009, which is a little higher than the rates for the entire country (24.08) and the Fukuoka Prefecture (23.39). (Demographic statistics) |
| Major measures | Indicator 4-VII Responded by Task Force for Suicide Prevention A. Training sessions for gatekeepers B. Workshop of family doctor depression approach C. Provision of suicide liaison council of prevention D. Implementing the one-stop service consultations (As for details, refer to p.91-92.) |

(6) Persons at risk of injury from natural disaster

| | |
|-----------------|--|
| Setting grounds | Based on a lesson from the large scale disasters such as earthquakes that occurred in the past, it is considered necessary to build the evacuation support system for the disaster vulnerable people without delay as damages tend to intensify for these people. |
| Major measures | Indicator 4-VIII Responded by Task Force for Disaster Preparedness A. Active information provision to promote registration in the list B. Preparation of individual response plans for vulnerable people during disaster (As for details, refer to p.98.) |

2. High risk environments

(1) Potential flood areas along the Chikugo River, etc.

| | |
|-----------------|---|
| Setting grounds | There are some areas at risk of potential flood of over 5 m in the event of overflow of the Chikugo River caused by very heavy rain (521 mm in 48 hours) that is expected to occur about once every 150 years. It is necessary to prepare the evacuation plan based on local regional characteristics for the sake of precautionary measures and appropriate evacuation. |
| Major measures | A. Preparation of community evacuation plan (Indicator 4-VIII Responded by Task Force for Disaster Preparedness For details, refer to p99.) B. Distribution of the evacuation support maps To distribute the evacuation support maps (Hazard Map) that show the potential flood areas along the Chikugo River, to provide knowledge of safe evacuation and to raise awareness of preparedness, etc. for disasters through disaster drills, etc. of the volunteer Disaster Preparedness organizations |

(2) Places at risk of sediment disaster (special damage potential zone of sediment disasters, etc.)

| | |
|-----------------|--|
| Setting grounds | In accordance with the Sediment Disaster Preparedness Act, Fukuoka Prefecture designated the special damage potential zones, etc. in Kurume City. As the special damage potential zones are especially are prone to building damage and can cause extensive safety hazard to residents, preparation of evacuation plans by district is required |
| Major measures | A. Preparation of community evacuation plan (Indicator 4-VIII Responded by Task Force for Disaster Preparedness For details, refer to p99.) B. Distribution of sediment disaster hazard maps To distribute the hazard maps that show the places at risk of sediment disaster (sediment-related damage potential zone, special sediment-related damage potential zone), to provide knowledge of safe evacuation and to raise awareness of preparedness, etc. for disasters through disaster drills, etc. of the volunteer Disaster Preparedness organizations C. Distribution of receivers of urgent notice Disaster Preparedness FM radio With the aim to accurately convey precautionary warning information on sediment disasters and information on evacuation to the residents in special sediment-related damage potential zone, to distribute receivers of urgent notice Disaster Preparedness FM radio that starts automatically in response to the signal from the City |

Indicator 4 Programs that are based on the available evidence

In Kurume City, various data pertaining to safety and security as well as the results of past surveys such as citizen awareness surveys were considered. Based on this, the following challenges (six priority activity fields and priority activity items) were set at the Steering Committee for the reasons listed below.

Table 4-4-1

| Priority activity fields | Important activity item |
|-------------------------------|--|
| 1. Traffic safety | (1) Prevention of traffic accidents involving the elderly (2) Prevention of bicycle accidents |
| 2. Child safety | (3) Prevention of child abuse (4) School safety |
| 3. Elderly safety | (5) Fall prevention (6) Prevention of elderly abuse |
| 4. Crime and abuse prevention | (7) Crime prevention and improvement of crime preventing ability (8) DV prevention, and early diagnosis |
| 5. Suicide prevention | (9) Prevention of suicide and depression |
| 6. Disaster Preparedness | (10) Improvements of community Disaster Preparedness ability |

1. Problematic aspects identified from Community Diagnosis

(State of death and injury caused by external causes)

Table 4-4-2

| Problematic Aspects identified from Community Diagnosis | | Challenge setting |
|---|---|---|
| (1) | <ul style="list-style-type: none"> The percentage of the elderly (aged 65 and over) in the total number of deaths caused by traffic accidents in the City is almost as high as 50% (49% in average of 5 years). [Police statistics] | (1) Prevention of traffic accidents involving the elderly |
| (2) | <ul style="list-style-type: none"> Although the number of traffic accidents in the City (per 100,000 population) that involves a person on a bicycle is on a decrease trend in recent years, it is still higher than the level of nationwide and Fukuoka Prefecture. [Police statistics] (P. 19, [Fig. 3-11]) | (2) Prevention of bicycle accidents |
| (3) | <ul style="list-style-type: none"> The number of consultations about children including abuse has been increasing. (P. 22, Fig. 3-16) More than 20% of the parents replied that they “sometimes think that (they) may be abusing own child (elementary school age or younger). [Next-generation parenting support needs survey] | (3) Prevention of child abuse |
| (4) | <ul style="list-style-type: none"> As for injuries occurring outside home, injuries at school (outdoor and indoor) are large in number, accounting for 11.8%. (P. 16, [Fig. 3-6]) Based on a lesson from the Great East Japan Earthquake, developing “self-protection ability” is expected to children. | (4) School safety |

| Problematic Aspects identified from Community Diagnosis | | Challenge setting |
|---|---|--|
| (5) | <ul style="list-style-type: none"> According to the ambulance call-out data, the percentage of falling as the cause of injury is high among the elderly (65.0%). (P. 14, [Table 3-4]) | (5) Fall prevention |
| (6) | <ul style="list-style-type: none"> The number of consultations and reports of the elderly abuse has shown an increasing trend at the national level in recent years. In Kurume City also, it has been showing some signs of increase, despite some ups and downs. (P. 23, [Fig. 3-17]) A little less than 10% people either watched actual scenes or heard of rumors of the elderly abuse. [Factual Survey of the elderly] | (6) Prevention of the elderly abuse |
| (7) | <ul style="list-style-type: none"> The number of crimes per 100,000 population has on a decrease trend after showing an increase in 2009. However, it still remains at a high level, compared to those of the entire country and Fukuoka Prefecture in 2009 and 2010. (P. 21, [Fig. 3-13]) There are intense worries over theft crime (62.1%) such as sneak thief, bicycle theft, bag snatching and vicious crime (41.4%) such as violence, injury, robbery, and sex crime. [Survey of Citizen Awareness] (P. 17, [Fig. 3-7]) | (7) Crime prevention and improvement of crime preventing ability |
| (8) | <ul style="list-style-type: none"> Consultation on domestic violence accounts for a high percentage of all consultations with women. (P. 22, [Table 3-3], [Table 3-4]) Among those who have (had) a partner, 39.3% have experienced DV. (P. 81, [Fig. VI-1]) | (8) DV prevention, and early diagnosis |
| (9) | <ul style="list-style-type: none"> The number of suicides in Kurume City remains between 60 and 80 persons per year in recent years, which is the second highest cause of death after illness. Further, the suicide rate (in 2009) that shows the number of suicides per 100,000 population is also as high as 24.70 in 2009, which is a little higher than the rates for the entire country (24.08) and the Fukuoka Prefecture (23.39). [Demographic statistics] <p>(P88, [Fig. VII-1], [Fig. VII-2])</p> | (9) Prevention of suicide and depression |
| (10) | <ul style="list-style-type: none"> People with worries over natural disasters (earthquake, typhoon) account for a high percentage (about 80%). <p>[Survey of Citizen Awareness]</p> | (10) Improvements of community Disaster Preparedness ability |

2. Activities based on Community Diagnosis

In Kurume City, eight cross-sector task forces have been set for each of the important activity field set on the pervious page. Activities based on the community diagnosis are being promoted.

Table 4-4-3

| Priority activity fields | Important activity item | Task force |
|-------------------------------|--|---|
| 1. Traffic safety | (1) Prevention of traffic accidents involving the elderly (2) Prevention of bicycle accidents | I. Task Force for Traffic Safety |
| 2. Child safety | (3) Prevention of child abuse (4) School safety | II. Task Force for Child Abuse Prevention III. Task Force for Safety of School |
| 3. Elderly safety | (5) Fall prevention (6) Prevention of the elderly abuse | IV. Task Force for Safety of Elderly |
| 4. Crime and abuse prevention | (7) Crime prevention and improvement of crime preventing ability (8) DV prevention, and early diagnosis | V. Task Force for Crime Prevention VI. Task Force for DV Prevention |
| 5. Suicide prevention | (9) Prevention of suicide and depression | VII. Task Force for Suicide Prevention |
| 6. Disaster Preparedness | (10)Improvements of community Disaster Preparedness ability | VIII. Task Force for Disaster Preparedness |

Table 4-4-4 State of Task Force Setting and Meetings

| | Traffic safety | Prevention of child abuse | School safety | Elderly safety | Crime prevention | DV prevention | Suicide prevention | Disaster Preparedness |
|------------|----------------|---------------------------|---------------|----------------|------------------|---------------|--------------------|-----------------------|
| March 2012 | (1) | (1) | | (1) | | | (1) | |
| April 2012 | (2) | (2) | | | | (1) | | |
| May 2012 | (3) | (3) | | (2) | (1) | (2) | (2) | (1), (2) |
| June 2012 | (4) | (4) | (1) | (3) | (2) | (3) | (3) | (3) |
| July 2012 | (5) | (5) | (2), (3) | (4), (5) | (3) | (4) | | (4), (5) |
| Aug. 2012 | | | (4) | (6) | (4) | | (4) | |
| Sept. 2012 | | | | | | (5) | | |
| Oct. 2012 | (6) | (6) | (5) | (7) | (5) | (6) | (5) | (6) |
| Nov. 2012 | | | | (8) | (6) | | | |
| Dec. 2012 | | (7) | (6) | | (7) | (7) | | |
| Jan. 2013 | | | | (9) | | | | |
| Feb. 2013 | (7) | | | | | | (6) | |
| March 2013 | | (8) | (7) | | | (8) | (7) | (7) |

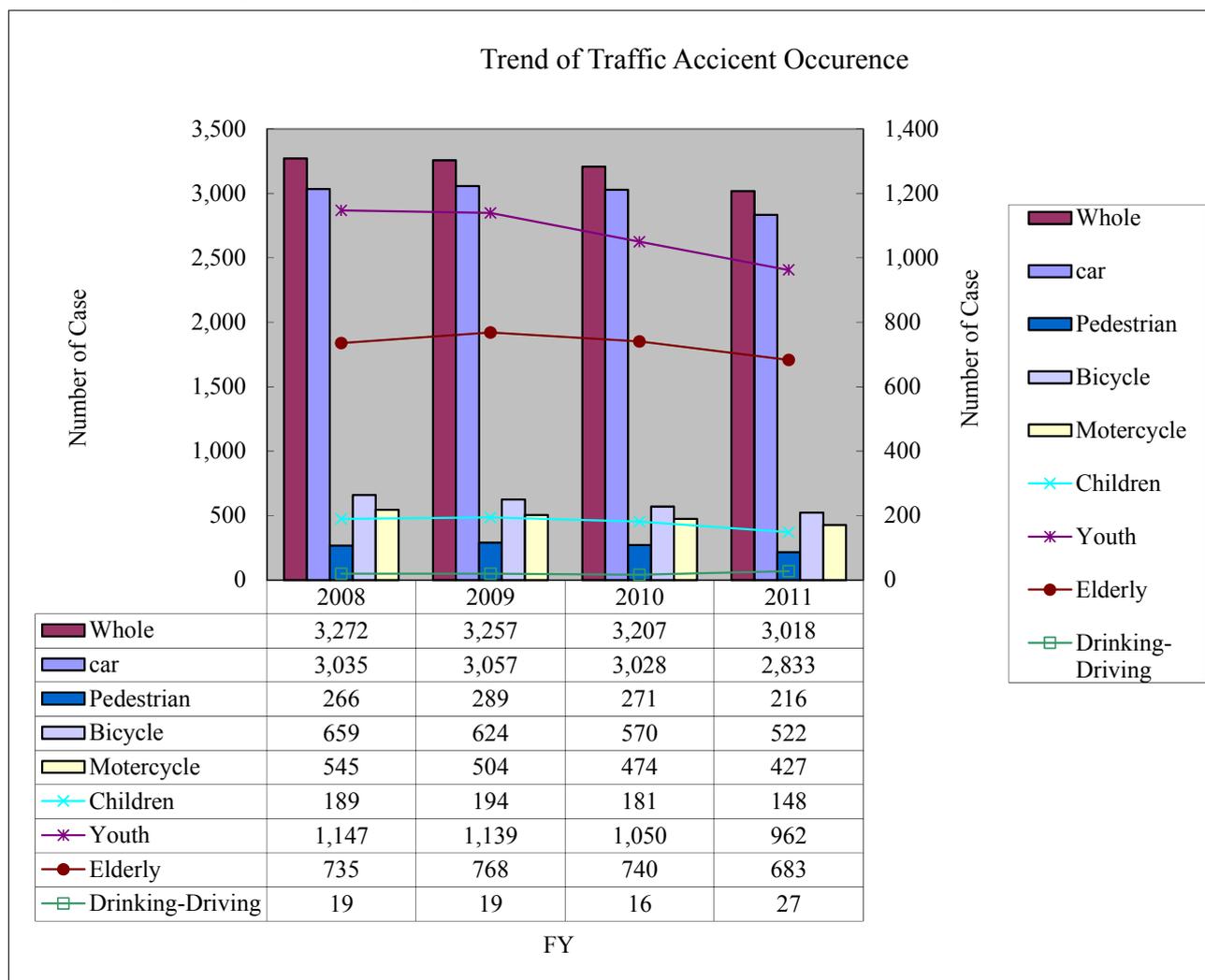
* Numbers in parenthesis indicate the number of meetings.

In Kurume City each of the eight task forces set on the previous page have proceeded with activities based on evidence using various available data, etc.

2-1. Traffic Safety

《Overview of Traffic accidents in Kurume》

The trend of traffic accidents in Kurume is indicated below. When we see the trend by types of the accident, those involving cars takes the most. When we see the trend by the age group, youth and elderly tend to be more involved compared to others. When we see the accidents in relation to the drinking and driving, accidents related to drinking and driving has been taking less than 1% of whole cases.



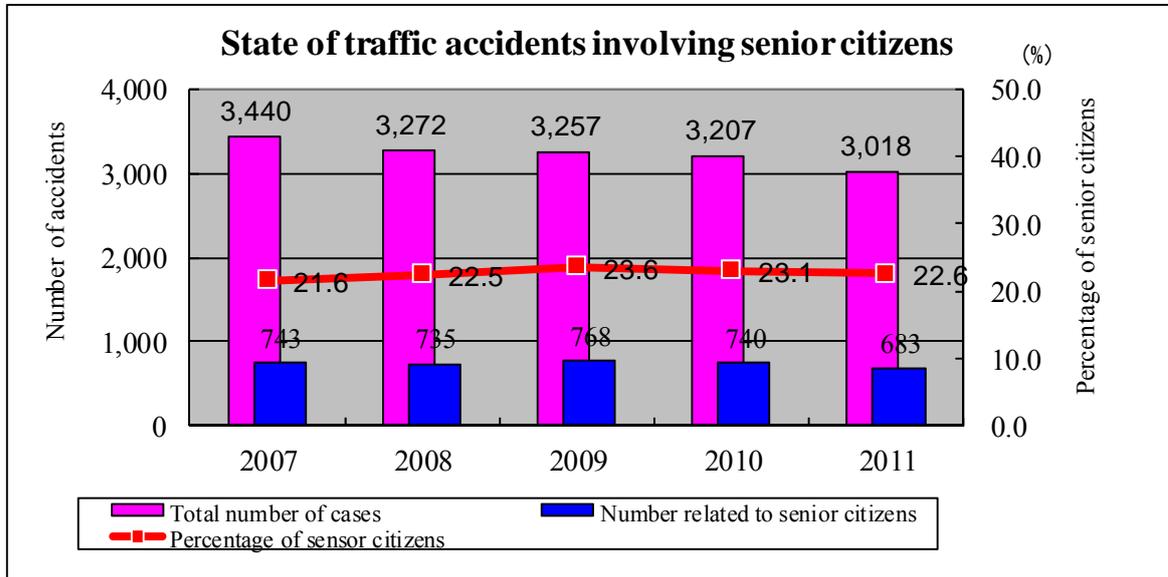
(Source: Police statistics 2008 – 2011)

- ※ The number of occurrence includes the cases by both first and second parties related;
- ※ “Pedestrians” includes people roller-skating, on the wheel chairs as well as general pedestrians but don’t include people on except pedestrians roads;
- ※ “Motercycle” includes mopeds;
- ※ “Children” are those under the age of Jr. high school, “Youth” is 16-24 year old, “Senior” is 65 years old and over; Other age groups (25-64 years old) are not indicated in the statistical data from Police;
- ※ The number of accident related to drinking and driving are included in those analysed by types of accident and agegroups.

2-1-1-(1) Current state (Traffic accidents involving the elderly)

(1) Percentage of accidents involving the elderly is high

The number of traffic accidents has been declining in recent years, but the percentage of accidents involving the elderly has been level in recent years. These accidents account for 22.6% of all accidents.

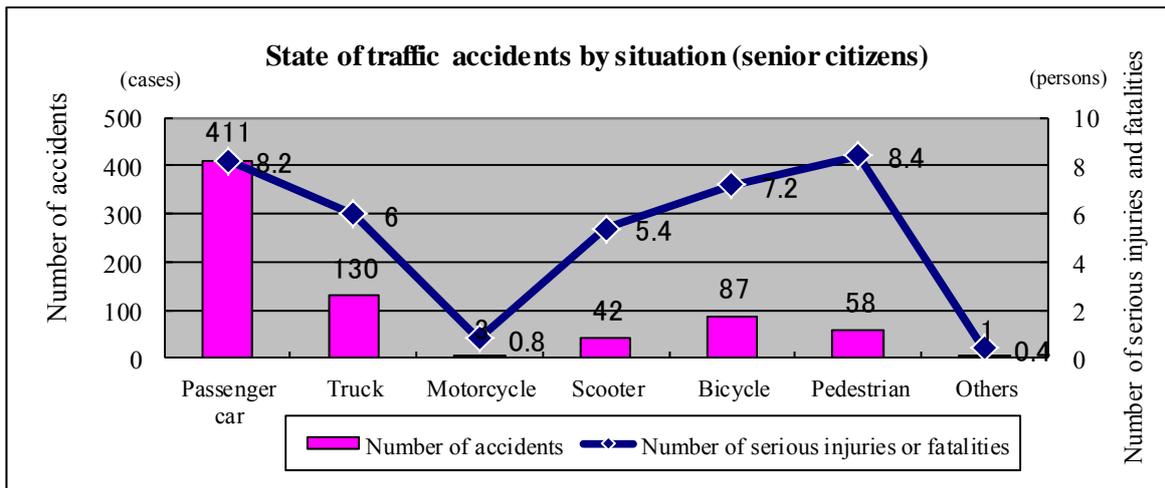


(Police statistics: 2007-2011)

Fig. I-1

(2) Seriousness of injuries sustained while walking or riding bicycle is increasing

Injuries sustained by the elderly while walking or riding bicycles tend to be serious.



(Police statistics: Average of 2007-2011)

Fig. I-2

(3) Many accidents involving the elderly riding bicycles occur before noon

Most traffic accidents involving the elderly riding bicycles or walking occur before noon. Most accidents involving pedestrians occur during dusk (between 18:00 and 19:00).

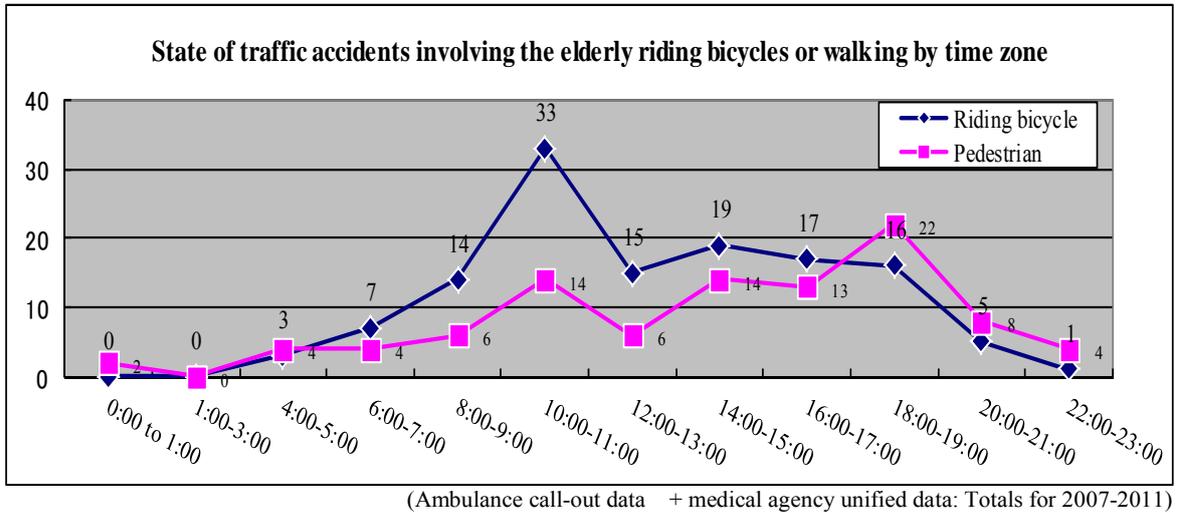


Fig. I-3

(4) Most Elderly injuries are single-person accidents

Most of the injuries sustained by the elderly while walking or riding their bicycle are single-person accidents.

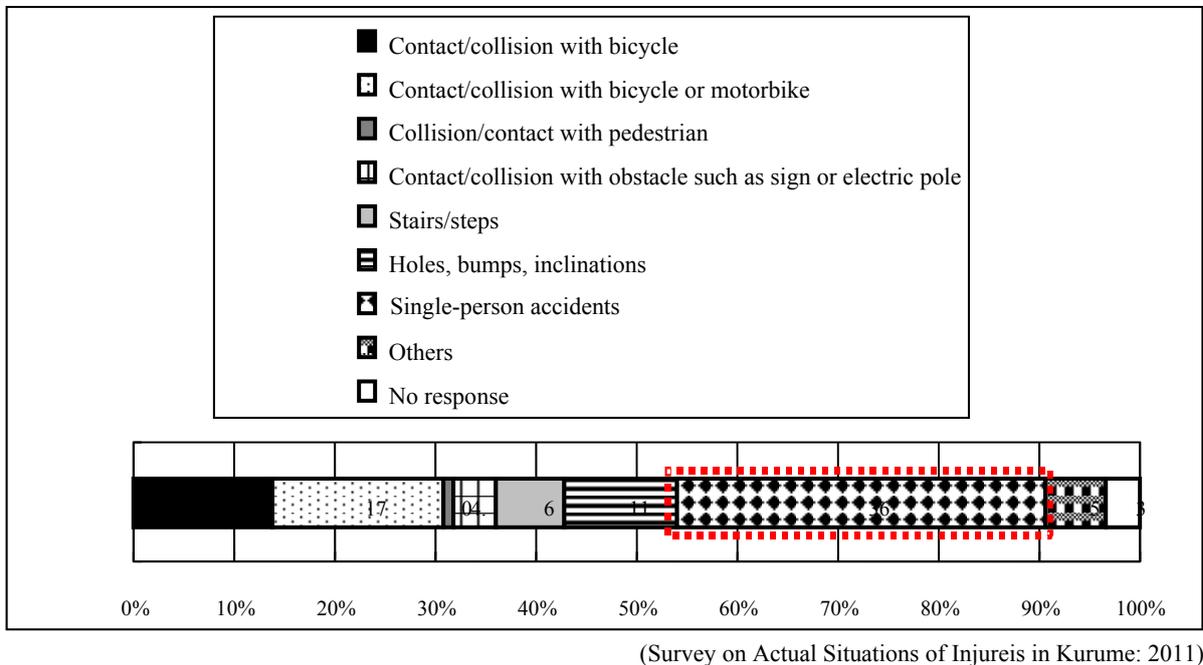
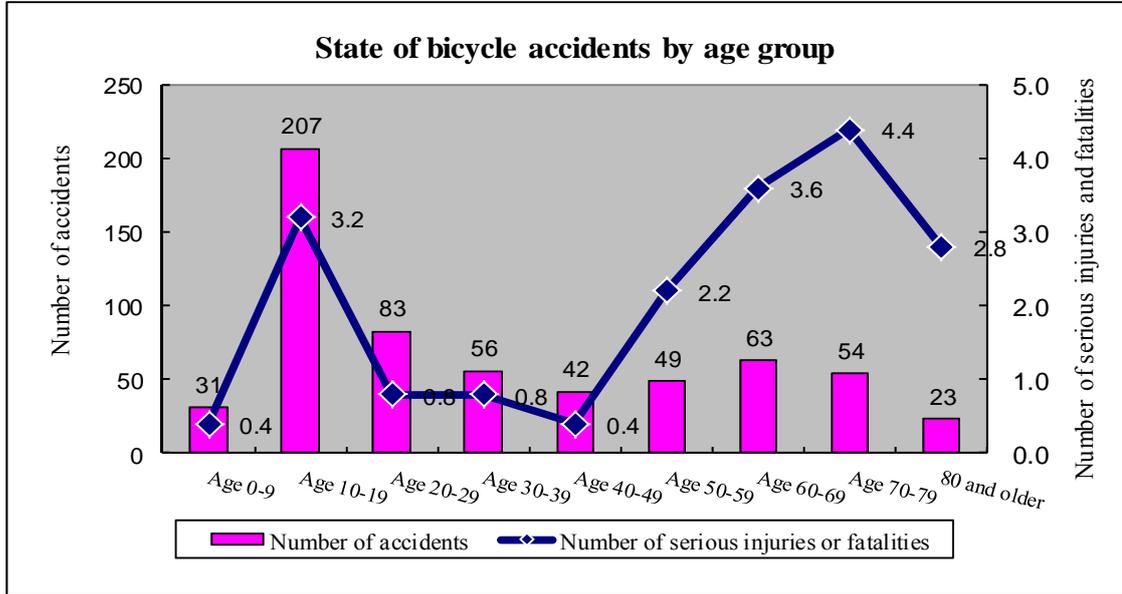


Fig. I-4

2-1-1-(2) Current situation (bicycle traffic accidents)

(1) Most bicycle traffic accidents involve the 10 to 19 age group

Traffic accidents involving bicycles occur mostly in the 10 to 19 age group. The higher the age is, the more serious the injuries tend to be.

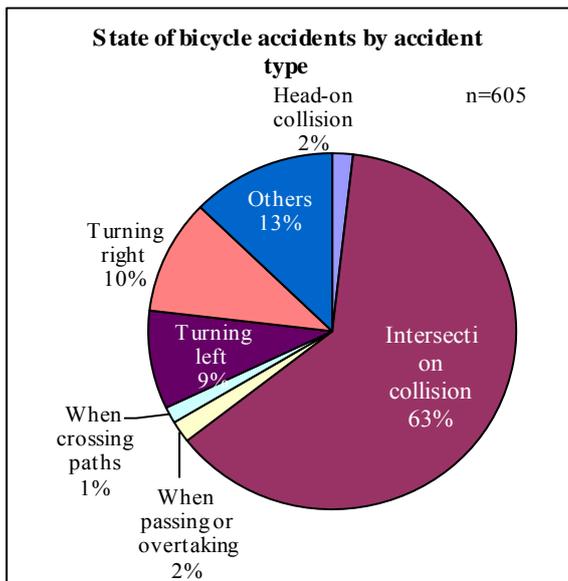


(Police statistics: Average of 2007-2011)

Fig. I-5

(2) Approx. 60% of bicycle accidents are intersection collisions

Most of the traffic accidents involving bicycles are caused by intersection collisions.

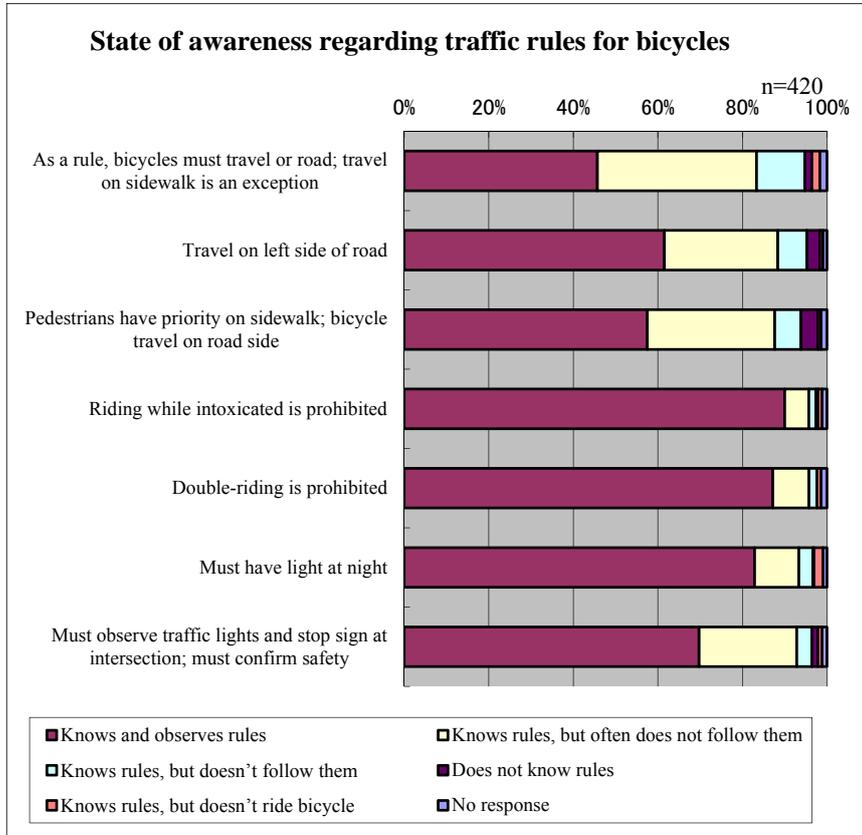


(Police statistics: Average of 2007-2011)

Fig. I-6

(3) Approximately half of bicycle riders do not follow road or sidewalk travel rules

In a survey regarding bicycle rules or manners, more than half responded that they did not follow the road or sidewalk travel rules.



(Survey regarding safety bicycle use: 2013)

Fig. I-7

2-1-2-(1) Challenges (Elderly traffic accidents)

- (1) The number of traffic accidents is declining, but the rate of accidents involving the elderly is flat. The number of accidents per population of 100,000 is higher than nationwide and Fukuoka Prefecture levels. [Fig. I-1], P18: [Fig. 3-8]
- (2) Most traffic accidents resulting in the elderly's serious injury or fatality occurs while walking or riding a bicycle. Most injuries to the elderly sustained during a traffic accident are the result of single-person accidents. The elderly are not aware of changes in their physical strength. [Fig. I-4]
- (3) Traffic accidents involving the elderly who are working occur during dusk to nighttime. [Fig. I-3]
- (4) It is not know in detail where traffic accidents involving the elderly are occurring.

2-1-2-(2) Challenges (Traffic accidents involving bicycles)

- (5) Most traffic accidents involving bicycles occur in the 10 to 19 age group. [Fig. I-5]

All elementary school children participate in a Traffic Safety Class at school, but many junior high and high schools do not hold such classes. There is a need to strengthen this activity.
- (6) Bicycle accidents involving the elderly often result in serious injuries. [Fig. I-2]
- (7) Many traffic accidents involving bicycles are the result of intersection collisions. [Fig. I-6]

According to a survey, bicycle rules and manners are not sufficiently followed. Many bicycle riders do not follow traffic rules for bicycles. [Fig. I-7]
- (8) There are not enough instructors for Traffic Safety Classes, so sufficient training is not provided

2-1-3-(1) Programs (Traffic accidents involving the elderly)

A. Implementation of practical traffic safety classes for the elderly

| | |
|--|--|
| Prevention target | Elderly accidents while walking or riding bicycle |
| Corresponding challenges | (1), (2), (3), (6) |
| Outline of program | Experience-type traffic safety classes held at community meetings, etc. Classes focus on becoming aware of one's own physical abilities. |
| Acheavement in FY 2010-2012 | FY 2010: 48 sessions, FY 2011: 40 sessions, FY 2012: 55 sessions |
| Improvements and changes from introduction of SC | Changed from lecture type to experience type |
| Targets | Elderly |
| Provider | Community traffic safety activity promoters, Traffic safety instructors, Traffic safety association, Police, City, etc. |

B. Campaign to wear bright clothes and reflective materials

| | |
|--|---|
| Prevention target | Elderly accidents at night and dusk |
| Corresponding challenges | (1), (3) |
| Outline of program | A street campaign was held to promote the wearing of bright clothes and reflective materials for the elderly to promote higher visibility by vehicle drivers at night time and dusk, and ultimately reduce the number of traffic accidents. |
| Acheavement in FY 2010-2012 | FY 2010: 1 session, FY 2011: 3 sessions, FY 2012: 4 sessions |
| Improvements and changes from introduction of SC | The number of sessions was increased. |
| Targets | Community residents |
| Provider | Community traffic safety activity promoters, Traffic safety instructors, Traffic safety association, Police, City, etc. |

C. Preparation of traffic safety map

| | |
|--|--|
| Prevention target | Traffic accidents and bicycle accidents involving the elderly |
| Corresponding challenges | (1), (4), (7) |
| Outline of program | Prepare a map showing places where traffic accidents have occurred and hazardous spots, and implement this map for various traffic safety accidents such as "Child watch over patrol" activities and preparation of safe facilities. |
| Improvements and changes from introduction of SC | New |
| Targets | Community residents |
| Provider | Community traffic safety activity promoters, Traffic safety instructors, Traffic safety association, country, prefecture (Police), City, etc. |

2-1-3-(2) Programs (bicycle traffic accidents)

D. Traffic safety classes

| | |
|--|---|
| Prevention target | Traffic accidents involving preschoolers and students |
| Corresponding challenges | (5), (8) |
| Outline of program | With the cooperation of community traffic safety volunteers, the traffic safety education has been implemented for different age groups, which has been expand to cover junior high and high school students. |
| Acheavement in FY 2010-2012 | FY 2010: 125 sessions 11,663 participants FY 2011: 153 sessions 14,153 participants FY 2012: 158 sessions 14,804 participants |
| Improvements and changes from introduction of SC | Expand targets |
| Targets | Preschoolers, elementary, junior high and high school students, etc. |
| Provider | Community traffic safety activity promoters, Traffic safety instructors, Traffic safety association, Police, City, etc. |

E. Safe bicycle riding campaign

| | |
|--|---|
| Prevention target | Bicycle accidents |
| Corresponding challenges | (2), (5), (6), (7) |
| Outline of program | Publicize rules and manners to bicycle users around the stations and bicycle parking areas. |
| Acheavement in FY 2010-2012 | FY 2010: 0 sessions, FY 2011: 1 session, FY 2012: 4 sessions |
| Improvements and changes from introduction of SC | New |
| Targets | Bicycle users |
| Provider | Community traffic safety activity promoters, Traffic safety instructors, Traffic safety association, Police, City, etc. |

2-1-4. FY 2013 Programs

| Outline of programs | | FY 2013 | | | |
|--|----------|-----------------------------|----------------|----------------|----------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to March |
| Implementation of practical traffic safety classes for the elderly | Improved | — Carried out | | — Scheduled | |
| Campaign to wear bright clothes and reflective materials | Expanded | | | — Scheduled | |
| Preparation of traffic accident hazard spot map | New | — Details being reviewed | | — Scheduled | |
| Traffic safety classes | Expanded | — Details being reviewed | | — Scheduled | |
| Safe bicycle riding campaign | New | — Carried out | — Scheduled | | — Scheduled |

2-1-5 Changes following Safe Community activities

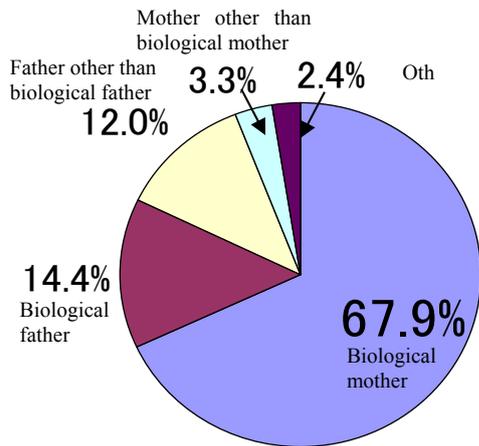
- Previous bicycle traffic safety classes focused on classes to teach elementary school students how to ride a bicycle. However, data on accidents has shown that accidents among junior high and high school students are particularly high, and that the programs are insufficient. As a result, the target has been expanded to junior high and high school students.
- Only the police and specific volunteers gave instruction in the traffic safety classes. The burden was high, and there was not enough instruction time. As a result, we were able to gain the cooperation of community traffic safety volunteers, etc.

2-2. Prevention of Child Abuse

2-2-1 Current state

(1) Most often the biological mother is the abuser

The biological mother is most often the child abuse abuser, accounting for 70% of all abusers.

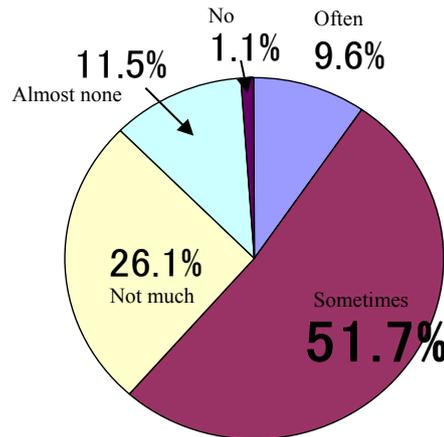


(Kurume City Home and Child Consultation Section tabulated data: FY 2011 n=209 persons)

Fig. II-1 Main abusers

(2) Approximately 60% of parents find parenting to be difficult

In response to the question “Do you find difficulties in parenting?” approximately 60% of the parents said they feel some sort of difficult in parenting.

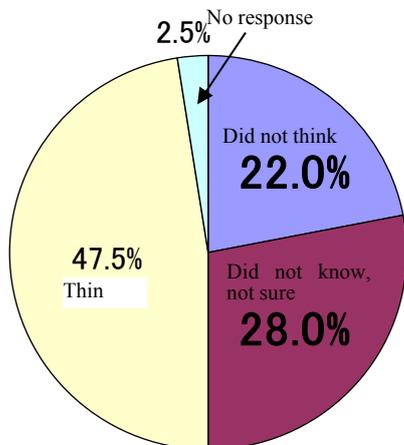


(Kurume City Next-generation Parenting Support Needs Survey: FY 2008 n=1,506 persons)

Fig. II-2 Parents feeling difficulty in raising children

(3) No place for easy consultations

Half of the parents said they had no one they could easily consult with about parenting, or they responded that they “did not think”, “did not know” or “not sure” about a consulting service.

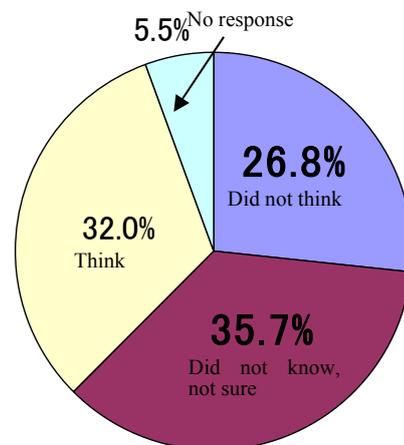


(Kurume City Next-generation Parenting Support Needs Survey: FY 2008 n=1,506 persons)

Fig. II-3 Do you think you have someone to ask for advised for parenting?

(4) Approximately 60% of parents feel that education is insufficient

Approximately 60% of the parents feel that education for the following generataion to become parents is not sufficient.

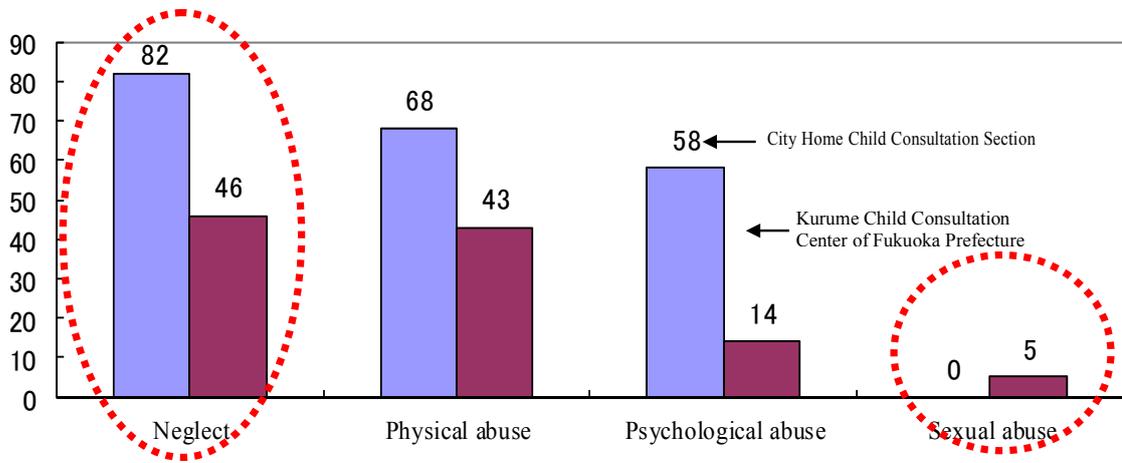


(Kurume City Next-generation Parenting Support Needs Survey: FY 2008 n=1,593 persons)

Fig. II-4 Do you think the education to become parents is sufficient ?

(5) Neglect is the most common type of abuse

Neglect is the most common type of abuse. Regarding sexual abuse, either there are few cases, or it does not surface as easily as other types of abuse.

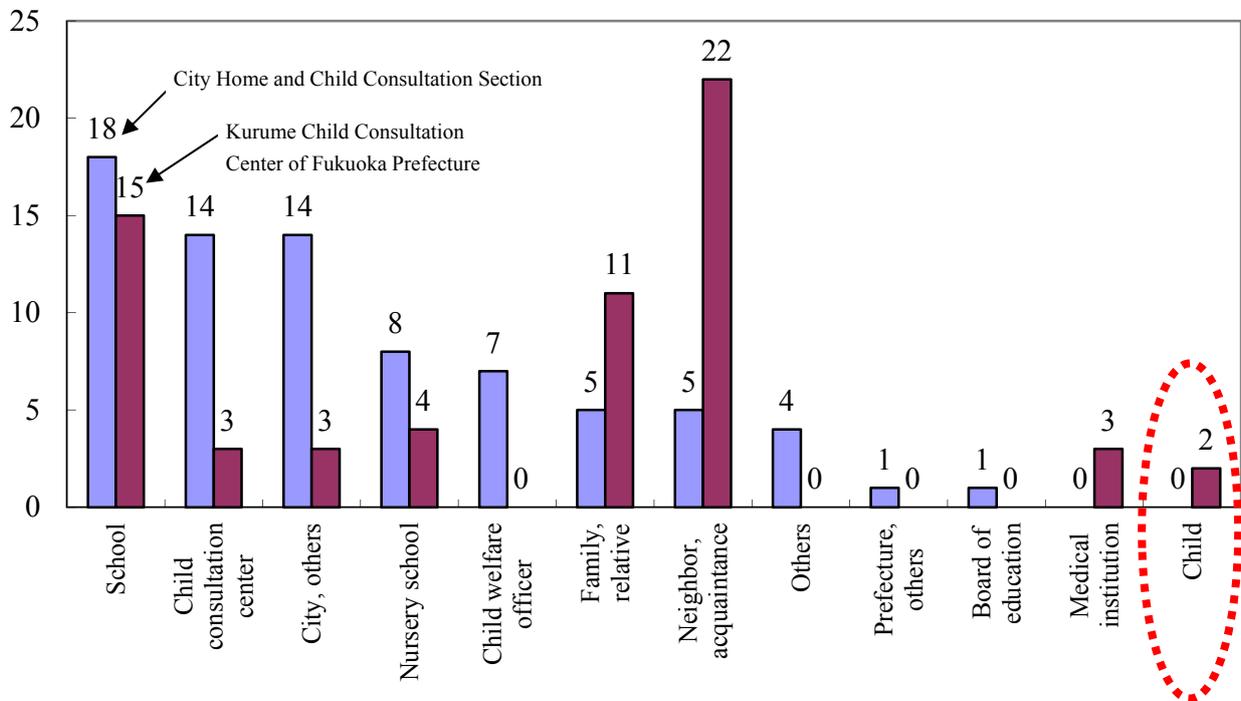


(Kurume City Home and Child Consultation Section, Kurume Child Consultation Center of Fukuoka Prefecture tabulated data: FY 2011)

Fig. II-5

(6) There are few cases of abuse consultations from child

When looking at the consultations on new abuse cases received by route, it is apparent that there are few consultations from the children themselves while there are many from schools, neighbors and acquaintance.



(Kurume City Home and Child Consultation Section, Kurume Child Consultation Center of Fukuoka Prefecture tabulated data: FY 2011)

Fig. II-6

2-2-2 Challenges

- (1) Even though there are many people who feel difficulty in parenting, they do not have someone they can easily consult with, or do not know that there is a consultation center. [Fig. II-2] [Fig. II-3]
- (2) A declining birthrate and weaker regional community, etc., has reduced the number of chances to associate with babies from a young age. [Fig. II-4]
- (3) There are few learning chances for children to learn about abuse, and thus, few children bring up abuse on their own. [Fig. II-6]

2-2-3 Programs

A Community cooperation to visit homes with infants

| | |
|--|---|
| Prevention target | Isolation of homes with children |
| Corresponding challenges | (1) |
| Outline of program | The “Visits to homes with infants” will create a relation allowing parents to easily consult with supports in the community. |
| Acheavement in FY 2010-2012 | ○FY 2010 ... No. of visits 1399, visit rate 99.0% ○FY 2011 ... No. of visits 1421, visit rate 99.5% ○FY 2012 ... No. of visits 1415, visit rate 99.0% |
| Improvements and changes from introduction of SC | Increase number of visitors (visits together with supervising child welfare officer) |
| Targets | Homes with infants under 4 months old of not first child |
| Provider | Supervising child welfare officer, Ikigai Health Group, city, etc. |

B Salon visits to junior high schools

| | |
|--|--|
| Prevention target | Insufficient education regarding child rearing, link to abuse |
| Corresponding challenges | (2), (3) |
| Outline of program | The “Parenting Salon” held in various communities will be provided at junior high schools to provide a place for parents with infants to meet up. Students will be given a chance to experience child rearing, and will learn to value life. |
| Improvements and changes from introduction of SC | New |
| Targets | Junior high school students |
| Provider | Supervising child welfare officer, welfare officers/child welfare officers, junior high schools, Board of Education, city, etc. |

C Orange ribbon making sessions by children

| | |
|--|--|
| Prevention target | Few chances for learning, lack of consults from children |
| Corresponding challenges | (3) |
| Outline of program | Have children make an orange ribbon (the symbol for child abuse prevention) at Children Association meetings and other events for children and parents, etc. Teach children the meaning and history of the ribbon, and about human rights and the value of life. Expand the environment in which children can consult with an adult. |
| Improvements and changes from Introduction of SC | New |
| Targets | Elementary school children, parents and children participating in events, etc. |
| Provider | Supervising child welfare officer, Children Associations in school district, community organizations in school district, city, etc. |

2-2-4 FY 2013 programs

| Outline of programs | | FY 2013 | | | |
|---|----------|--|---------------|--------------|--------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to Mar. |
| Community cooperation to visit homes with infants | Expanded | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%; border-top: 2px solid black; text-align: center;">Trial</div> <div style="width: 10%;"></div> <div style="width: 10%; border-top: 2px solid black; text-align: center;">Review of challenges</div> <div style="width: 30%;"></div> </div> | | | |
| Salon visits to junior. high schools | New | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%; border-top: 2px solid black; text-align: center;">Details being reviewed</div> <div style="width: 10%;"></div> <div style="width: 15%; border-top: 2px solid black; text-align: center;">Trials</div> <div style="width: 10%;"></div> <div style="width: 35%; border-top: 2px solid black; text-align: center;">Review of challenges</div> </div> | | | |
| Orange ribbon making sessions by children | New | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%; border-top: 2px solid black; text-align: center;">Details being reviewed</div> <div style="width: 10%;"></div> <div style="width: 15%; border-top: 2px solid black; text-align: center;">Scheduled</div> <div style="width: 10%;"></div> <div style="width: 35%; border-top: 2px solid black; text-align: center;">Review of challenges</div> </div> | | | |

2-2-5 Changes following Safe Community activities

- Government officials as well as persons from different fields have gathered to analyze the situation and cause of child abuse. Awareness of problems was shared through deliberations.
- As a program to promote Safe Community in the future, a community “Child watch over patrol” network was newly started. The community is working as one to prevent child abuse.

2-3 School Safety

Kurume City is aiming to create a safe and secure organization for school safety that incorporates methods and collaborations that suits each school's situation.

Kamitsu Elementary School, in a hazardous area with high levels of traffic, (near national routes and highway bypass) and a community cooperation organization already in place has been designated as a model school. An objective verification, organization and evaluation system using data is being promoted.

The effect of programs at the model school will be verified in the future and applied to programs for all schools in the city.

2-3-1 Current state

(1) Many injuries occur during recess

When looking at the cases of injuries at Kamitsu Elementary School covered by Japan Sports Council Disaster Relief Funds, many cases occurred during recess.

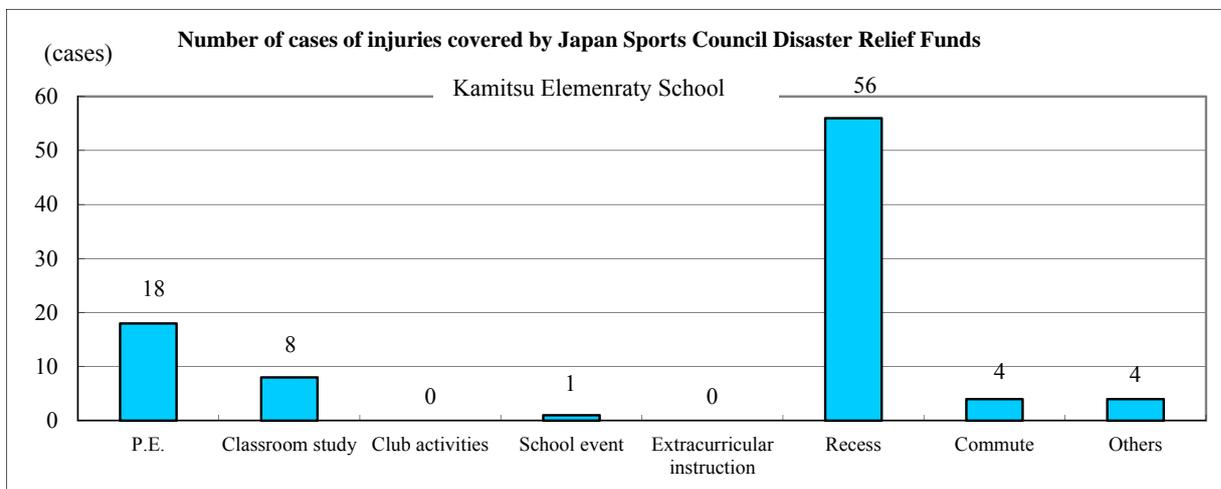
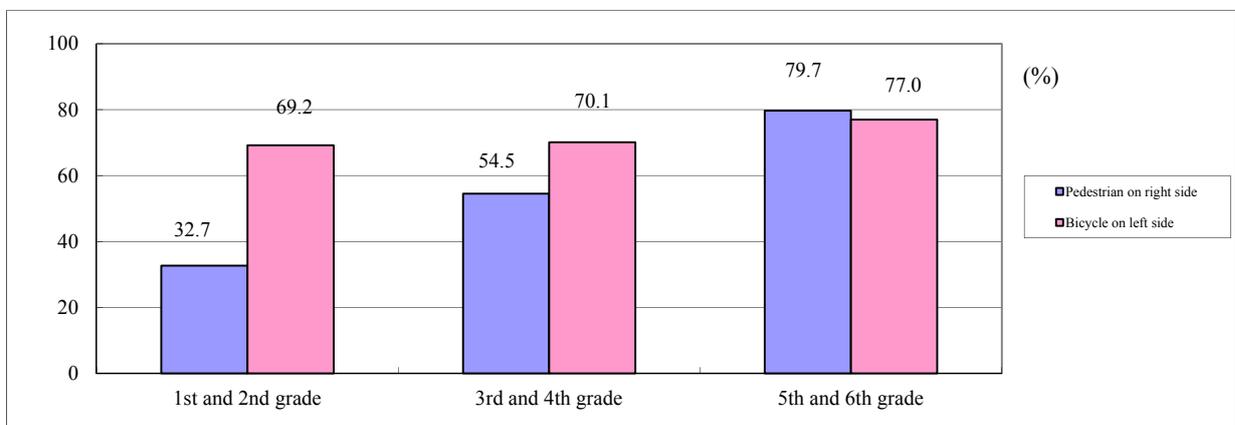


Fig. III-1

(Japan Sports Council statistics: 2011)

(2) Approximately 70% of 3rd to 6th grade students correctly knew traffic rules

Approximately 70% of 3rd to 6th grade students correctly knew the traffic rules for pedestrians and bicycles. Few students in 1st and 2nd grade students knew that pedestrians should keep to the right.



(Kamitsu Elementary School student survey: July 2012)

Fig. III-2

(3) Approximately 40% recognition rate of “Shelter House #110 for Children” (Emergency refuge for children) in 1st and 2nd grade

The recognition rate of “Shelter House #110 for Children” was approximately 40% in 1st and 2nd grade students, and approx. 70% in 3rd to 6th grade students.

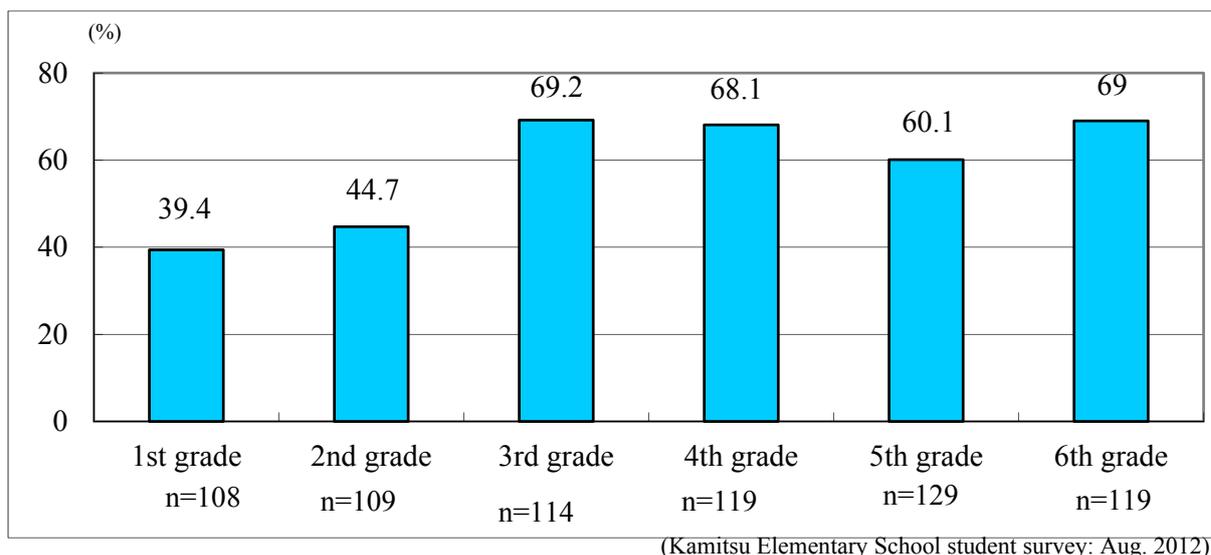


Fig. III-3

2-3-2. Challenges

- (1) Many of injuries at schools occur during recess (56%). [Fig. III-1]
One cause is that rules and manners for spending time indoors are not observed. Many injuries are caused by collisions with friends while playing or collisions with playing equipment. Students are not predicting such collisions when playing (setting of play area, setting of rules).
- (2) Approximately 70% of 3rd to 6th grade students correctly understood the traffic rules for pedestrians and bicycles. [Fig. III-2]
Only approximately 30% of students in all grades had helmets. The scope and awareness to observe traffic rules and manners was low.
- (3) Approximately 40% of 1st and 2nd grade students and approximately 70% of 3rd to 6th grade students knew about the “Shelter House #110 for Children”. Awareness of community resources and methods providing protection was low. [Fig. III-3]
- (4) The number of “known cases of bullying” was one case in FY2010, one case in FY2011, and two cases in FY2012. Continuous programs to identify and take measures against bullying at an early stage are required.

2-3-3 Programs

A. Preparation of school environment that promotes awareness and lead to actions to be safe inside school building

| | |
|--|--|
| Prevention target | Student injuries at school |
| Corresponding challenges | (1) |
| Outline of program | Post educational posters, etc., to inform of hazardous spots in school, etc. Prepare school safety map by Children’s Association (health supervisor), and educate all school students. |
| Acheavement in FY 2010-2012 | Inform all students by preparing and posting educational posters and school safety map |
| Improvements and changes from introduction of SC | Improve from education focusing on teachers to education focusing on students |
| Targets | Kamitsu elementary school students |
| Provider | Kamitsu elementary school (students, teachers and other staff), etc. |

B. Introduction of safe and fun playing methods

| | |
|--|---|
| Prevention target | Student injuries at school |
| Corresponding challenges | (1) |
| Outline of program | Education all students to consider safe and fun playing methods that lead to fewer collisions with friends and playing equipment. |
| Acheavement in FY 2010-2012 | Promote caution with in-school announcements by Children's Association. |
| Improvements and changes from introduction of SC | Newly proposal and implement safe playing methods by Children's Association. |
| Targets | Kamitsu elementary school students |
| Provider | Kamitsu elementary school (students), etc. |

C. Practical traffic safety classes

| | |
|--|--|
| Prevention target | Education of traffic rules and manners |
| Corresponding challenges | (2) |
| Outline of program | Cooperate with community resident organizations to set situations where accidents could actually occur. Repeatedly practice so that students learn safe walking and bicycle riding skills within those situations. |
| Acheavement in FY 2010-2012 | Traffic safety classes |
| Improvements and changes from introduction of SC | <ul style="list-style-type: none"> • Traffic safety classes improved from lecture type to experience-type classes • Newly started traffic safety classes together with community resident organizations. |
| Targets | Kamitsu elementary school students |
| Provider | Kurume institute of technology, Traffic safety association, Police, Kamitsu elementary school, City, etc. |

D. Improvement of traffic instruction to match hazard spots and time

| | |
|--|--|
| Prevention target | Modification of traffic instruction to match hazard spots and time |
| Corresponding challenges | (2) |
| Outline of program | Cooperate with PTA and community resident organizations, and assign personnel to provide traffic instruction according to hazardous spots in school routes and time zones. |
| Acheavement in FY 2010-2012 | Traffic instruction in cooperation with PTA and community resident organizations |
| Improvements and changes from introduction of SC | Improved to assign personnel according to hazard spot and time, and provide traffic instruction |
| Targets | Kamitsu elementary school students |
| Provider | Yusei high school, Traffic safety association, Police, Kamitsu elementary school, City, etc. |

E. Prepare school district safety map and promote education on how to handle suspicious persons

| | |
|--|---|
| Prevention target | Activities to enhance awareness on awareness of hazards pertaining to crime |
| Corresponding challenges | (3) |
| Outline of program | Prepare a school district safety map showing the “Shelter House #110 for Children” and places thought to be scary, and provide experience-type training so children learn how to handle suspicious persons. |
| Acheavement in FY 2010-2012 | Preparation of school district safety map by PTA, improvement of school district safety map |
| Improvements and changes from introduction of SC | <ul style="list-style-type: none"> • “Shelter House #110 for Children” and hazardous spots newly added to school district safety map • Improved studies about handling suspicious people from lecture to experience-type class. |
| Targets | Kamitsu elementary school students |
| Provider | Kamitsu elementary school (students, teachers and other staff), etc. |

F. Crime prevention safety patrol using school district safety map

| | |
|--|---|
| Prevention target | Activities to enhance scope and awareness of crime prevention |
| Corresponding challenges | (3) |
| Outline of program | Using the school district safety map created in cooperation with PTA and community resident organizations, and review number and locations of “Shelter House #110 for Children”, and review routes and time zone of crime prevention patrols. |
| Acheavement in FY 2010-2012 | “Shelter House #110 for Children” designated, and crime prevention patrol carried out by community resident organizations |
| Improvements and changes from introduction of SC | <ul style="list-style-type: none"> • Improved designation of “Shelter House #110 for Children” according to hazardous spots • Improved crime prevention patrol according to hazardous spots and time zone |
| Targets | Kamitsu elementary school students |
| Provider | Community organizations in school district, Crime prevention association, Police, Kamitsu elementary school, City, etc. |

G. Program for early identification and handling of bullying

| | |
|--|---|
| Prevention target | Early identification and handling of bullying |
| Corresponding challenges | (4) |
| Outline of program | Set a “Bullying Prevention Month”. Carry out an anonymous questionnaire survey focusing on bullying and provide education consultation, utilize the checklist for parents, training teachers and other staff about bullying, and hold classes about bullying. |
| Acheavement in FY 2010-2012 | The “Month for Reinforced Programs Against Bullying” was set, a survey and teacher consultation was carried out, a checklist for parents was distributed, and educators received training about bullying. |
| Improvements and changes from introduction of SC | Teachers and other staff education and classes about bullying were newly incorporated. |
| Targets | Kamitsu elementary school students |
| Provider | Kamitsu elementary school (students, teachers and other staff), City, etc. |

2-3-4. FY 2013 programs

| Outline of programs | | FY 2013 | | | |
|---|----------|---|---------------|--------------|---------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to March |
| Preparation of school environment that promotes awareness and lead to actions to be safe inside school building | Improved | | | | |
| Introduction of safe and fun playing methods | Expanded | | | | |
| Practical traffic safety classes | Expanded | | | | |
| Improvement of traffic instruction to match hazard spots and time | Improved | | | | |
| Prepare school district safety map and promote education on how to handle suspicious persons | Expanded | (Map) (Experience-type training) | | | |
| Crime prevention safety patrol using school district safety map | Improved | | | | |
| Program for early identification and handling of bullying | Expanded | | | | |

5. Changes following Safe Community activities

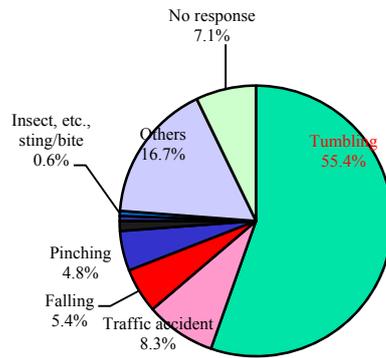
- Through the survey to students regarding actions and awareness that lead to injuries, it was found that the students lack awareness toward traffic rules and manners and lack of awareness toward safety lead to fail to observe rules and manner. The direction and methods to be taken for improvement were identified.

2-4 Elderly Safety

2-4-1 Current state (falling by the elderly)

(1) More than half of the elderly injuries are caused by falling

As for causes of injuries of the elderly, falling showed the highest percentage of 55.4%.

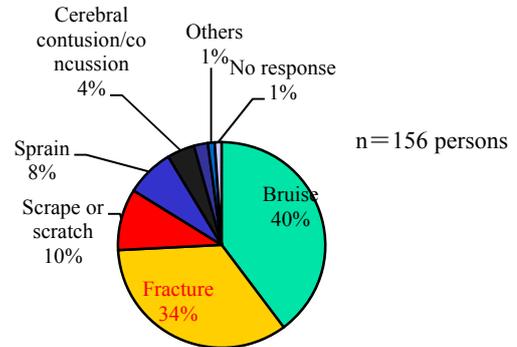


(Survey on Actual Situations of Injureis in Kurume: FY 2011)

Fig. IV-1 Cause of the elderly injuries

(2) State of the elderly injury caused by fall

One third of the elderly who have tumbled are seriously injured, such as fracture.

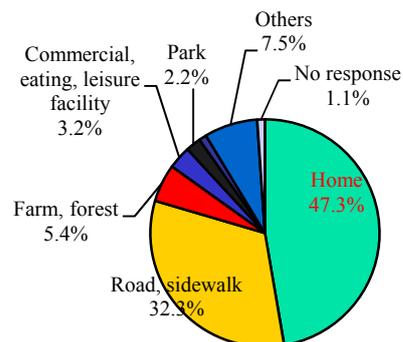


(Survey on Actual Situations of Injureis in Kurume: FY 2011)

Fig. IV-2 State of the elderly injury caused by fall

(3) More than half of falling occurred at home

Almost half of the people responded that they tumbled at home. Falling of the elderly occurs where they are accustomed to, within their daily life.

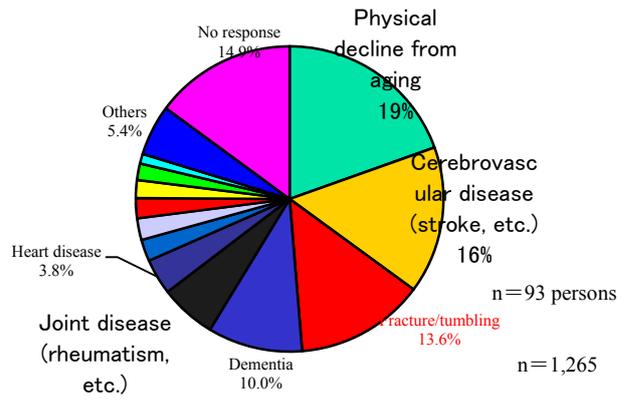


(Survey on Actual Situations of Injureis in Kurume: FY 2011)

Fig. IV-3 Place where the elderly fell

(4) Approximately 14% of persons certified as requiring long-term care resulted from falling or fractures

Approximately 14% of persons certified as requiring long-term care resulted from falling or fractures, is the third highest cause. Falling and fractures occur where they are accustomed to, have the possibility to affect the life of elderly greatly.



(Factual survey on the elderly life, health and welfare, and nursing insurance: FY 2010)

Fig. IV-4 Cause of need for long-term care

(5) Worries about falling are high, but few people have taken countermeasures

Many elderly responded that they worry about falling, but few of them have taken any countermeasures to prevent falling. This shows that the awareness of the dangers of falling is low.

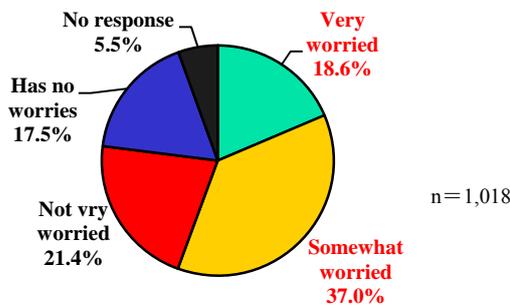
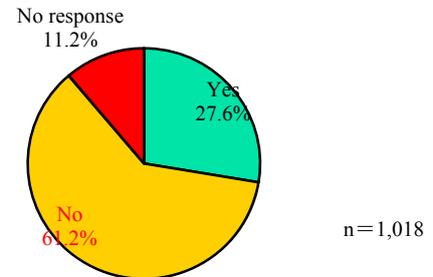


Fig. IV-5 Worries about falling



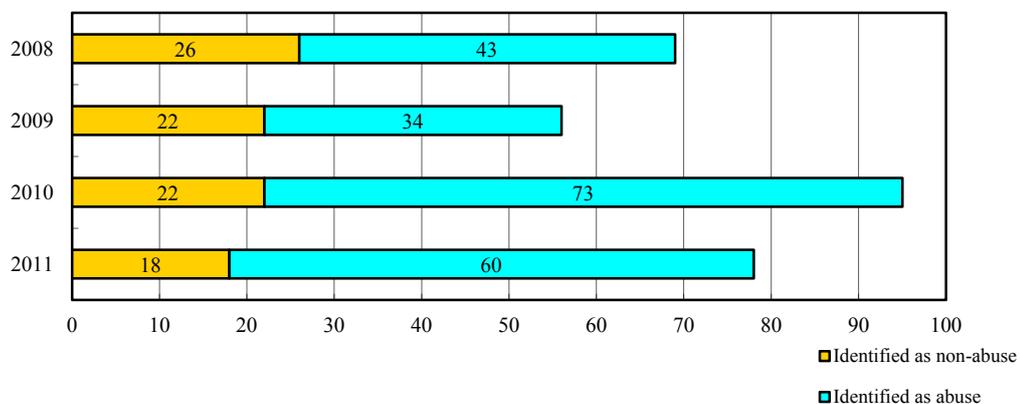
(Survey on Actual Situations of Injureis in Kurume: FY 2011)

Fig. IV-6 Necessity of modifications to prevent falling

1-2 Current state (Elderly abuse)

(1) The number of consultations and known cases of abuse is increasing

The number of consultations and known cases of abuse is increasing in recent years.



(Longevity Support Section statistics: FY 2008 to FY 2011)

Fig. IV-7 Number of abuse consultations and identified abuses

(2) Abusive actions are not correctly understood

There are various types of abuse. More than 25% of respondents did not recognize that being directly violent with another person is abuse. In addition, few people interpreted psychological pain toward a the elderly as abuse.

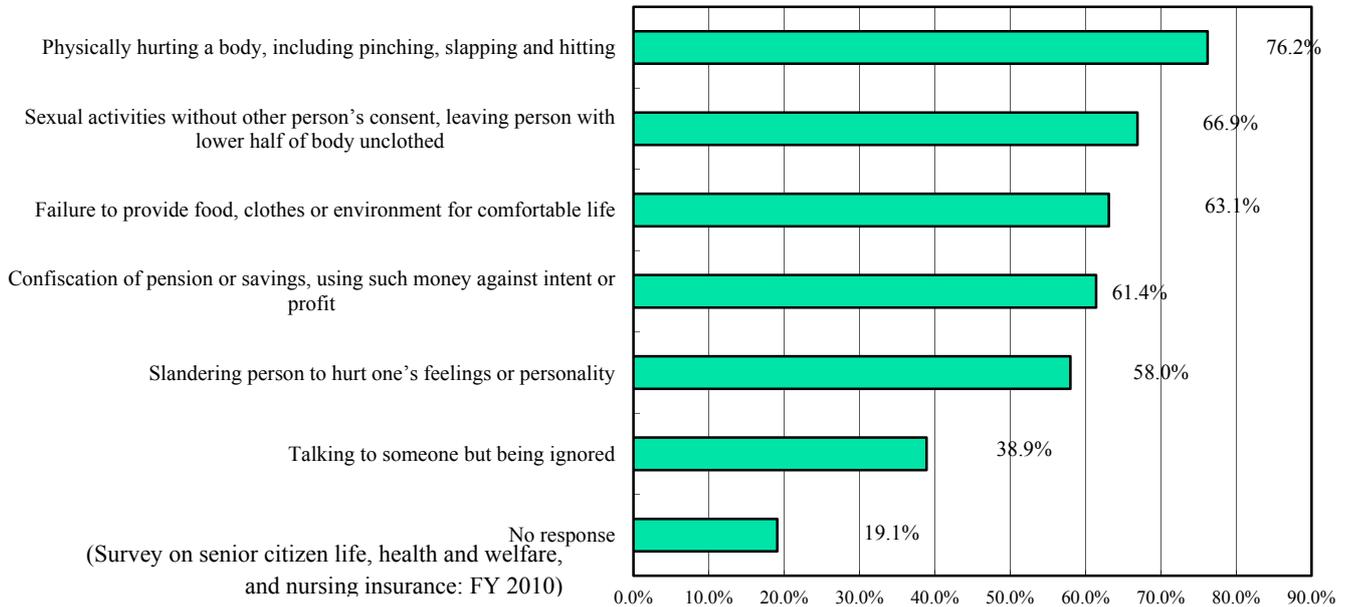


Fig. IV-8 Do you think the following actions are abuse? n=2,198 people

(3) Less than 10% of all respondents have seen or heard of abuse

The number of people who have seen or heard of abuse was very low accounting for less than 10% of respondents.

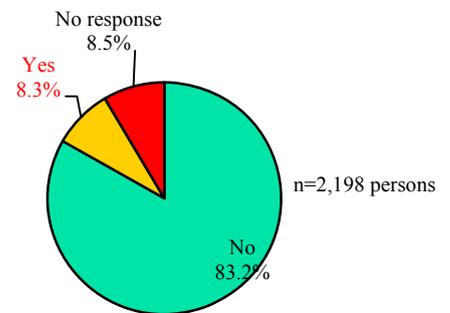


Fig. IV-9 Have you seen or heard of the elderly abuse around you?

(Survey on senior citizen life, health and welfare, and nursing insurance: FY 2010)

(4) There are few reports of abuse from neighbors

There are many reports of abuse from third parties, such as care-giving service providers or welfare officers, who are in close contact with the elderly, but there are few reports from neighbors, etc.

(Longevity Support Section statistics: FY 2009 to FY 2011)

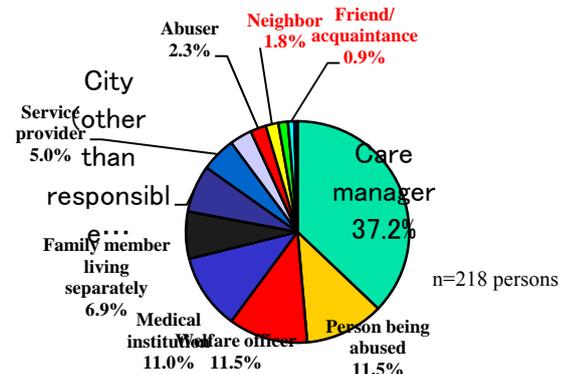


Fig. IV-10 Path of reports and consultations regarding

(5) 60% of abused elderly have dementia

60% or more of the elderly who have actually been abused have dementia. It is thought that abuse and dementia are related.

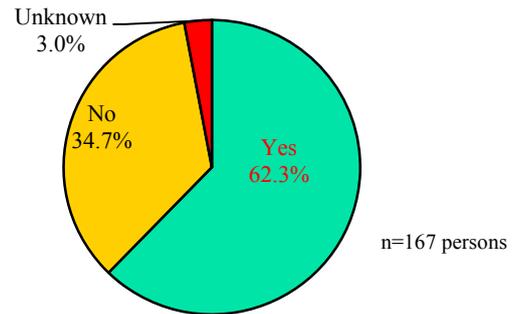


Fig. IV-11 Rate of abused being elderly with dementia

(Longevity Support Section statistics: FY 2009 - FY 2011)

(6) Most of the abusers were co-habitants

Most of the abusers were co-habitants such as son, spouse or daughter.

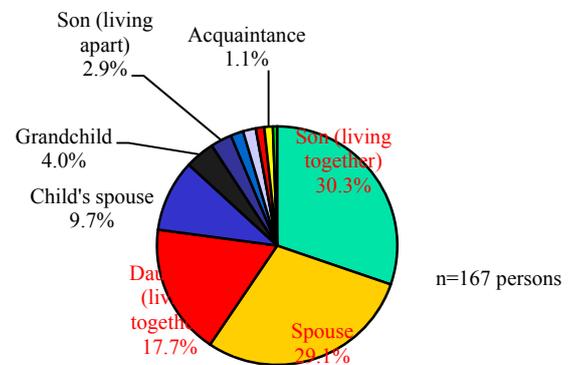
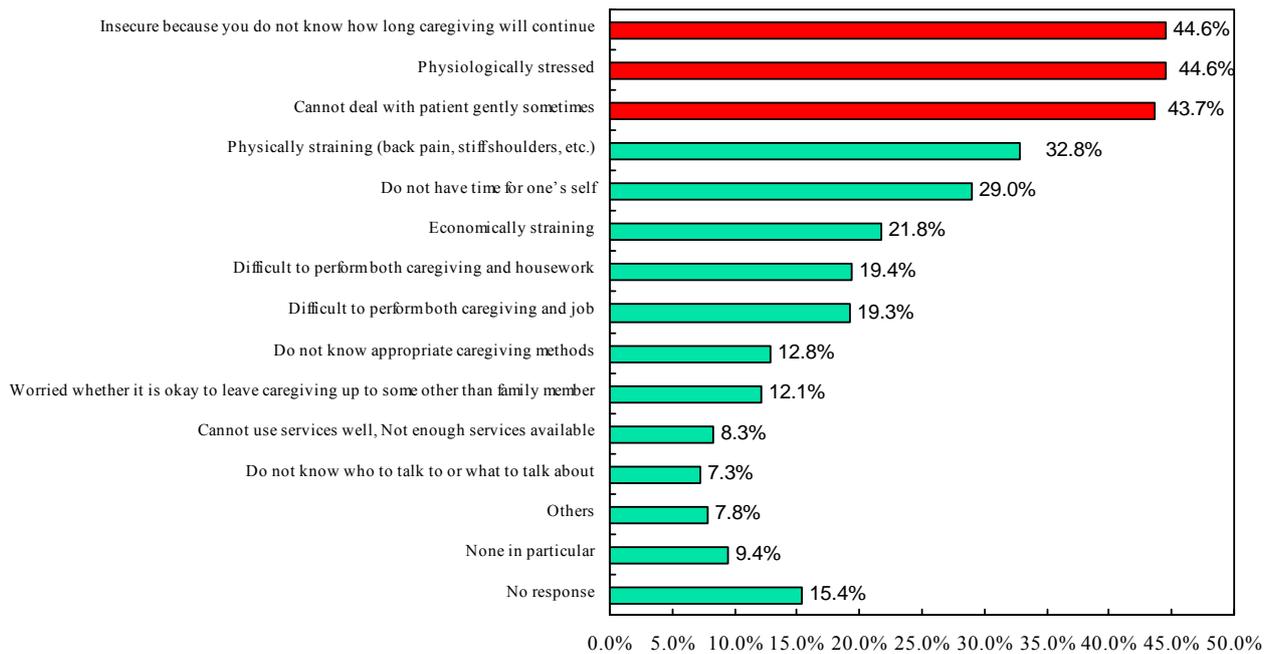


Fig. IV-12 Abuser

(Longevity Support Section statistics: FY 2009 - FY 2011)

(7) Care-giver feels stress regarding care-giving, and is psychologically unstable

In cases where the family is the abuser, often taking care of the elderly living at home is the cause of stress. This leads to insecurities and psychological stress as one does not know how long caregiving will continue. This leads to the caregiver taking it out on the elderly. In addition, a lack of knowledge and skills on caregiving can also cause abuse as the caregiver does not know how to handle or communicate with the elderly with dementia.



(Survey on senior citizen life, health and welfare, and nursing insurance: FY 2010)

Fig. IV-13 Difficulties in at-home caregiving

2-4-2-1 Challenges (falling by the elderly)

(1) Falling occur frequently during daily life

More than half of the elderly injuries are caused by falling, and more than half of falling occur at home. [Fig. IV-1, Fig. IV-3]

When looking at actual cases of falling, most falling occur during daily life.

(2) Effect of falling on the elderly

More than 30% of the elderly who have tumbled are seriously injured such as fractures. Falling is the third highest cause of the elderly being certified as requiring long-term care. The effect of falling on the daily life of the elderly is high. [Fig. IV-2, Fig. IV-4]

(3) There is insufficient understanding of the risks of falling and the cause of dangers

As a person ages, their center of gravity shifts forward due to changes in walking posture. Weakening of the muscles in the lower limbs cause the person to shuffle. Thus, the risk of the elderly falling naturally increases. However, only 27.6% responded that they had taken measures to prevent falling. This was only one in four. [Fig. IV-6]

(4) Recognizing necessity of preventive measures and implementation

To prevent falling, the external causes (obstacles such as stairs that can cause falling) and internal causes (drop in muscle strength, etc.) must both be resolved. However, in the current state neither cause is recognized fully. To resolve internal causes, the person must exercise their body every day, but not many people actually participate in caregiving prevention programs.

2-4-2-2 Challenges (elderly abuse)

(5) Citizens’ lack of understanding toward abuse

When citizens were surveyed about abuse, violent abuse was the most recognized at 76.2%, but psychological abuse such as being ignored when talking was low at 38.9%.

Most abuse occurs in the home, and the persons involved tend to hide the abuse and it is generally hard to find. However, if abuse is not correctly understood, there is the probability that it will be overlooked even if it is occurring nearby. [Fig. IV-8]

(6) Increase awareness among caregiving service providers

In addition to abuse from family members living together, abuse can occur in caregiving situations.

(7) Mimamori (watching) in the community for early identification and early consultations

To prevent abuse, it is necessary to identify the abuse in an early stage before it becomes serious, and to provide early consultations before a situation leads to abuse. Reports on abuse are often received from a third-party, such as a care manager or welfare officer, but there are few reports from neighbors or acquaintances. [Fig. IV-10]

(8) Support for caregivers

In an awareness survey taken with family members taking care of the elderly, it was found that the psychological stress of caregiving was quite high. Worries about how long caregiving will continue, frustration of not having one’s own time, etc., led to harsh treatment and abuse toward the person being cared for. Of the cases recognized as abuse, more than 60% were cases of abuse to the elderly with dementia. When caring for the elderly with dementia at home, the burden on the caregiver is high as they do not know the appropriate care methods and cannot communicate well. This increases psychological stress. [Fig. IV-11, Fig. IV-13]

2-4-3-(1) Programs (falling by the elderly)

A. Preparation of brochure about falling

| | |
|--|---|
| Prevention target | Fall accidents at home |
| Corresponding challenges | (1), (2), (3) |
| Outline of program | Prepare a brochure introducing falling hazards in the home, and cases of falling. Promote caution, and inform people of the necessity of countermeasure to prevent falling accidents. |
| Improvements and changes from introduction of SC | New |
| Targets | Elderly |
| Provider | NPOs, Caregiving service provider, Ikigai health group, City, etc. |

B. Implementation of prevention programs to avoid long-term care situations

| | |
|--|---|
| Prevention target | Falling accidents |
| Corresponding challenges | (1), (2), (3), (4) |
| Outline of program | Carry out long-term care prevention programs to help maintain physical strength that tends to decline with age. |
| Acheavement in FY 2010-2012 | Daycare type: FY 2010: 409 persons, FY 2011: 435 persons, FY 2012: 495 persons |
| Improvements and changes from introduction of SC | Directly informing and inviting persons at high-risk of long-term care prevention programs by comprehensive support center employees. |
| Targets | Elderly |
| Provider | NPOs, Caregiving service provider, Kurume city social welfare council, Ikigai health group, City, etc. |

C. Support of community activities to maintain health and physical strength

| | |
|--|--|
| Prevention target | Falling accidents |
| Corresponding challenges | (4) |
| Outline of program | Support various health promotion activities carried out within the community by assisting, educating and advertising the activities. |
| Acheavement in FY 2010-2012 | The elderly sports education programs were started from FY2012 and held in six districts School district walking program was assisted FY 2010: 28 school districts, FY 2011: 30 school districts, FY 2012: 37 school districts |
| Improvements and changes from introduction of SC | In addition to the walking assistance project, educational programs focusing on new sports were held. |
| Targets | General public |
| Provider | Groups carrying out health programs in the community, City, etc. |

2-4-3-(2) Programs (senior citizen abuse)

D. Holding lectures and seminars about abuse and dementia

| | |
|--|--|
| Prevention target | Prevention of abuse |
| Corresponding challenges | (5) |
| Outline of program | Seminars were provided to enhance awareness on abuse, and to increase understanding on dementia |
| Acheavement in FY 2010-2012 | FY 2010: 215 persons, FY 2011: 236 persons, FY 2012: 228 persons |
| Improvements and changes from introduction of SC | To encourage the participation of as many citizens as possible, several sessions were held through out the city instead of one large seminar at one place. |
| Targets | Citizens |
| Provider | Interested persons in the community, Interested groups, City, etc. |

E. Training course of Dementia supporters

| | |
|--|---|
| Prevention target | Prevention of abuse |
| Corresponding challenges | (5), (7) |
| Outline of program | Train dementia supporters, who are sympathetic to the elderly with dementia in the community, and watch over and support the elderly with dementia and their families in the community. |
| Acheavement in FY 2010-2012 | FY 2010: 593 persons, FY 2011: 1,078 persons, FY 2012: 2,255 persons Total 4,703 persons |
| Improvements and changes from introduction of SC | Increase targets (elementary school students) |
| Targets | Citizens including elementary school students and older |
| Provider | Caravan mate (dementia supporters who have taken the Caravan-mate-volunteer workshop), City, etc. |

F. Workshop on abuse prevention for caregiving service provider employees

| | |
|--|---|
| Prevention target | Prevention of abuse |
| Corresponding challenges | (5), (6) |
| Outline of program | Two workshops, a basic course and applied skills course, have been set up as abuse prevention training for caregiving service provider employees. Caregivers are educated on awareness for preventing abuse, and creation of a workplace free of abuse is promoted. |
| Acheavement in FY 2010-2012 | Participants: FY 2010: 103 persons, FY 2011: 302 persons, FY 2012: 313 persons |
| Improvements and changes from introduction of SC | workshops are held at night so caregiving service provider employees can attend easily, and the same class is held several times, etc. |
| Targets | Caregiving service provider employees |
| Provider | Provider Association, Community comprehensive support center, City |

G. Establishing the community comprehensive care system

| | |
|--|---|
| Prevention target | Prevention of abuse |
| Corresponding challenges | (7), (8) |
| Outline of program | To help the elderly continue living safely in the community where they have lived so long, various social resources in the community are applied to organize and maintain an organization to support the elderly, and identify abuse at an early stage. Lead cases discovered at an early stage to early consultations and resolutions. |
| Improvements and changes from introduction of SC | New |
| Targets | Elderly |
| Provider | Groups active in the community, Medical institutions, Caregiving service providers, Councils of social welfare, Comprehensive support center, City |

H. Holding classes for family caregivers

| | |
|--|--|
| Prevention target | Prevention of abuse |
| Corresponding challenges | (8) |
| Outline of program | Teach the basic skills for caring for the elderly at home, and increase understanding on caregiving. Provide lectures and teach skills for taking care of the elderly with dementia. Provide support for family caregivers, and reduce the burden of caregiving. |
| Acheavement in FY 2010-2012 | Classes were held from FY2012. 37 people participated in the basic course, and 50 in the caregiving for dementia patients' course. |
| Improvements and changes from introduction of SC | A two-part course: basic course and course for caregiving for dementia patients was held. |
| Targets | Citizens |
| Provider | Caregiving welfare service provider council, City |

I. Forgetfulness prevention checkup

| | |
|--|---|
| Prevention target | Prevention of abuse |
| Corresponding challenges | (8) |
| Outline of program | Together with the Kurume university, the elderly with light cases of dementia will be identified and given early treatment to help them live a rich social life suited for that person. |
| Improvements and changes from introduction of SC | New |
| Targets | Elderly |
| Provider | Kurume university, City |

2-4-4 FY 2013 programs

| Outline of programs | | FY 2013 | | | |
|--|----------|--|---------------|--------------|---------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to March |
| Preparation of brochure about falling | New | *Brochure prepared in FY 2012 Scheduled (education) | | | |
| Implementation of prevention programs to avoid long-term care situations | Expanded | Scheduled | | Scheduled | |
| Support of community activities to maintain health and physical strength | Expanded | Scheduled | | | |
| Holding lectures and seminars about abuse and dementia | Expanded | Details being reviewed | Scheduled | | |
| Training course of Dementia supporters | Expanded | Scheduled | | Scheduled | |
| Workshop on abuse prevention for caregiving service provider employees | Expanded | Review of details/contents | | | Scheduled |

| Outline of programs | | FY 2013 | | | |
|--|----------|--------------------------|------------------------|----------------------|-----------------------------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to March |
| Establishing the community comprehensive care system | New | Survey of advanced areas | Details being reviewed | Review of challenges | Holding of community care meeting |
| Holding classes for family caregivers | Expanded | Scheduled | | | |
| Forgetfulness prevention checkup | New | Scheduled | | | |

2-4-5. Changes following Safe Community activities

(1) Falling by the elderly

- Increase understanding that falling accidents are not spontaneous and that they are inevitable due to various factors.
- A fall by the elderly can greatly change their subsequent daily life.

(2) Elderly abuse

- Even if abuse occurs in the vicinity, if it is not recognized as abuse, the abuse will remain hidden.
- Support for the abused is necessary, but supporting the abuser is also important.

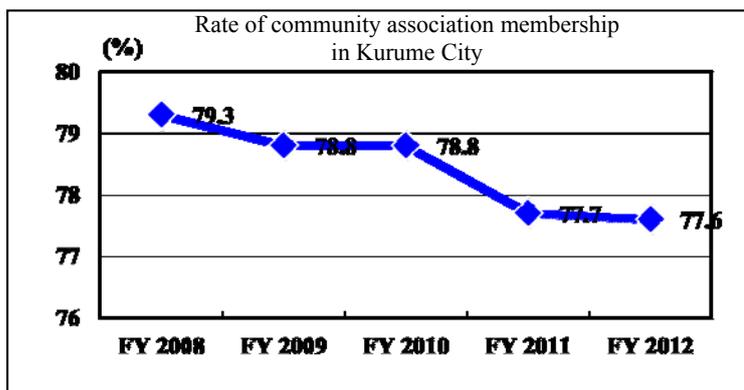
2-5 Crime Prevention

The Crime Prevention Task Force is promoting activities to prevent crimes that occur within daily lives (break ins, purse snatchings, bank transfer scams, sexual crimes, and crimes targeting children and the elderly, etc.), as well as violent crimes such as murders, robberies and arsons, and violent crimes by gangs. Domestic violence (DV), traffic safety and prevention of safety toward children and the elderly is not covered by this task force. (The respectively assigned task forces handle DV, traffic safety, child abuse prevention and elderly safety.)

2-5-1 Current state

(1) Weakening of community ties

- 1) Community solidarity is weakening as seen in the decline in community association membership.

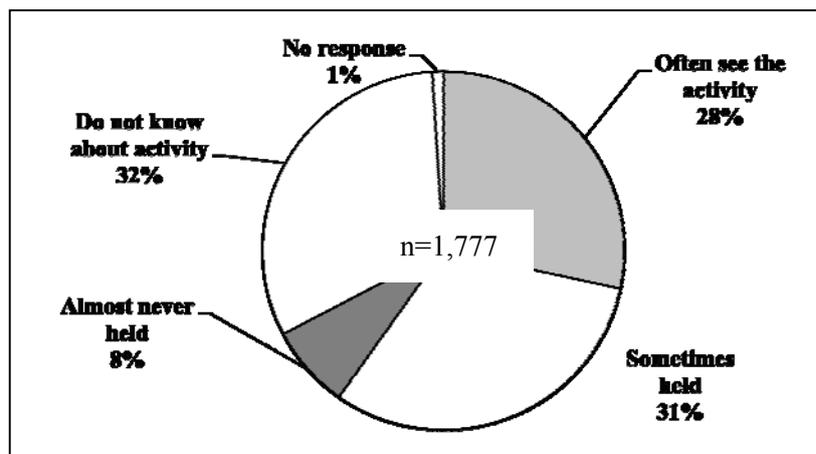


(Kurume City survey: FY 2008-2012)

* The community association is a voluntary neighborhood-run association which intends to improve the local community. Those members also configure the school district community organizations. (See page 29.)

Fig. V-1

- 2) Approximately 40% of the people in the community do not know about the resident's voluntary activities. This also shows a weakening in community ties.

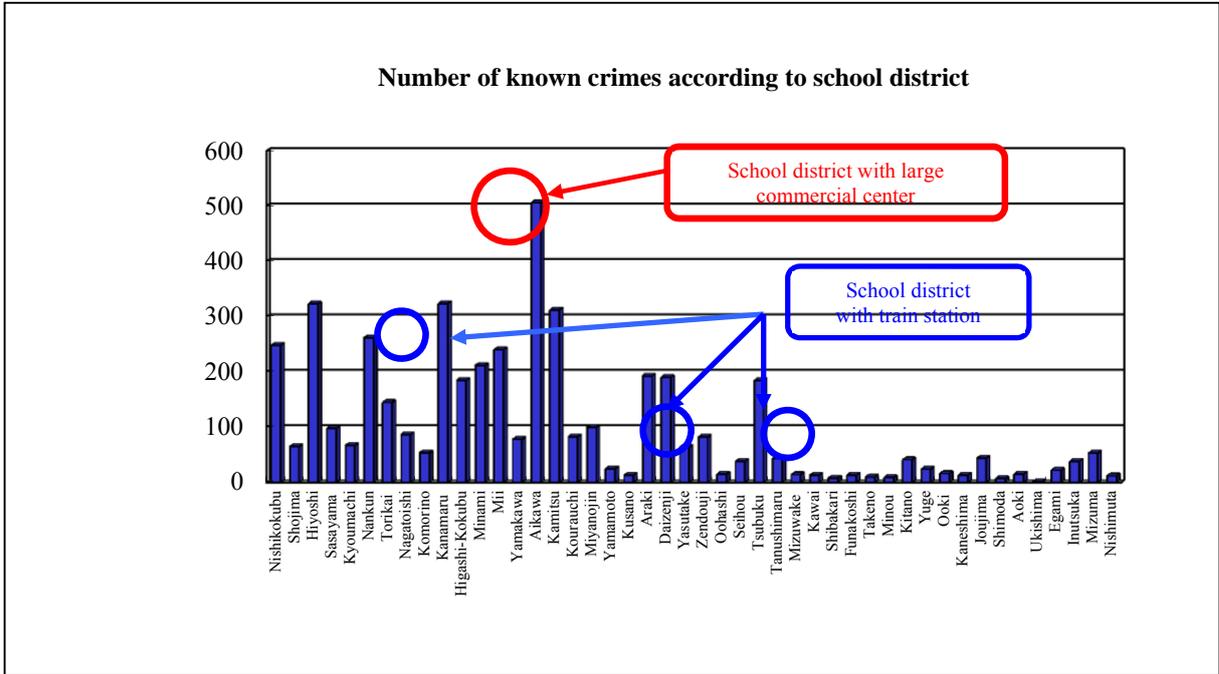


(Kurume City Citizens' Awareness Survey: 2011)

Fig. V-2

(2) Many crimes occur around large commercial centers and train stations, etc.

When looking at the number of known crimes by school district, many crimes occur around large commercial centers and train stations, etc.



(Police statistics: 2011)

Fig. V-3

(3) The number of known serious crimes is increasing

The number of serious crime is in increase while the occurrence of general crimes have been decrease.

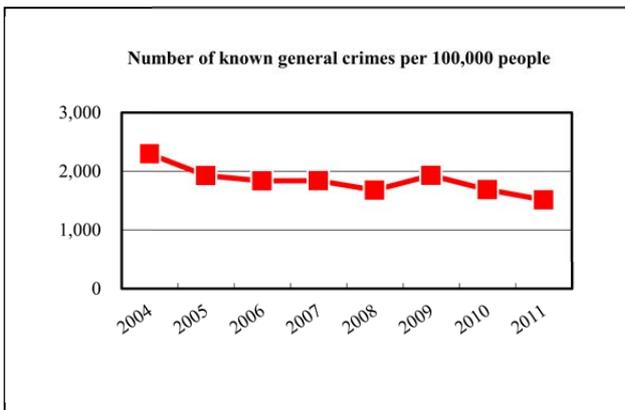
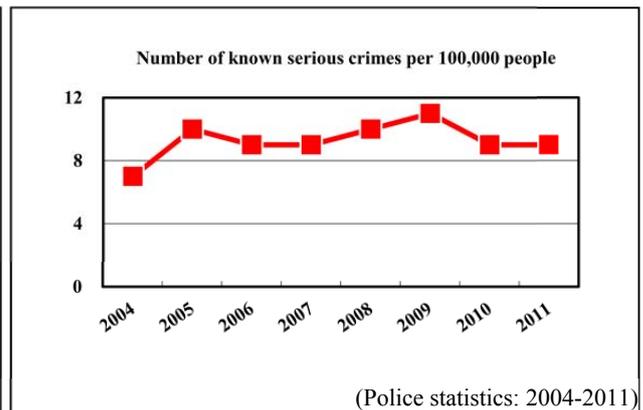


Fig. V-4



(Police statistics: 2004-2011)

Fig. V-5

Note: general crime: criminal offense expects manslaughter cases related to vehicles, professional negligence and so on. Mainly consist of “atrocious criminal” “violent criminal” “property criminal” “white-collar criminal” “unnatural offense” and others such as obstructing executive officers and trespassing.

(4) Sense of insecurity regarding crimes by gangs is prominent

Crimes by gangs, including gun shootings, is highest (45.1%). The citizens' insecurity toward crimes by gangs is much higher than street crimes such as purse snatching.

Q5: Where have you felt that Kurume’s safety has declined? (Multiple responses allowed)

- Gang crimes such as shootings
- Street crimes such as purse snatchings, theft from vehicle and bicycle theft
- Sexual crimes against children and women, reports on suspicious people
- Noise from motorcycle gangs
- Littering from cigarette butts, illegal disposal of trash, etc.
- Drinking and smoking by minors
- Crimes in daily life, such as break ins and bank fraud scams
- Illegal graffiti on walls and shutters, etc.
- Others

(City internet survey: FY 2012)

Fig. V-6

2-5-2 Challenges

- (1) The ability to suppress crime has dropped due to the community’s indifference and weaker solidarity in the community. **[Fig. V-1]**
- (2) Most crimes that police in the city clamp down on are bicycle thefts. **P21: [Fig. 3-15]**
- * A decline in minor offenses leads to a decline in violent crimes, or consequentially the decline leads to a reduction in citizen insecurity.
- (3) Many crimes occur where people gather such as large commercial centers and train stations. **[Fig. V-3]**
- (4) The sense of security is worsening due to the occurrence of violent crimes. **[Fig. V-5] [Fig. V-6]**

2-5-3 Programs

A. Preparation of community safety map for each elementary school district

| | |
|--|--|
| Prevention target | Injuries from crime and violence |
| Corresponding challenges | (1), (3) |
| Outline of program | Field work will be carried out in the community to inspect and diagnose the area. Places where crimes occur easily or have occurred in the past will be confirmed and mapped to create the “Community Safety Map”. |
| Improvements and changes from introduction of SC | New |
| Targets | General public |
| Provider | Citizens, Community organizations in school district, PTA, Crime prevention association, Police, City, etc. |

B. Promotion of two-lock system for bicycles

| | |
|--|---|
| Prevention target | Injuries from crime and violence |
| Corresponding challenges | (1), (2) |
| Outline of program | In areas where there are many bicycle thefts, such as in bicycle parking lots and commercial facilities, unlocked bikes are alerted of the safety of wire locks, etc., and bicycle owners are urged to use two locks. * Broken Window Theory The theory that “If a single pane of window glass is left broken, in time the entire city disrupts and crime increases”, promoted by Professor George Kelling, an American criminologist in 1982. Even with seemingly minor offenses such as graffiti, if it is overlooked, it will induce more serious crimes, and could cause the community society to collapse. In other words, if even minor offenses are extensively countered without overlooking them, frequent serious crimes can be suppressed. Mayor Rudy Giuliani of New York applied this theory. Mayor Giuliani took the “Broken Window Theory”, and eliminated “broken windows” from the streets of New York. He hired 5,000 more police officers and incorporated extensive walking patrols and caught even the slightest crime. As a result, violent crimes drastically declined, and cleaned up the negative image of New York as a dangerous city. |
| Improvements and changes from introduction of SC | New |
| Targets | General public |
| Provider | Citizens, Business owners, Crime prevention association, Police, City, etc. |

C. Enforcement of joint patrols in high crime rate areas

| | |
|--|--|
| Prevention target | Injuries from crime and violence |
| Corresponding challenges | (1), (3) |
| Outline of program | In addition to crime prevention patrols in each school district, areas with high crime rates are designated as priority patrol areas. Priority patrols are carried out with various agencies, groups and the entire city working together. |
| Improvements and changes from introduction of SC | New |
| Targets | General public (areas with high crime rates) |
| Provider | Citizens, Community organizations in school district, PTA, Crime prevention association, Police, City, etc. |

D. Maintenance of community environment to enhance sense of safety and security

| | |
|--|---|
| Prevention target | Injuries from crime and violence |
| Corresponding challenges | (1), (3), (4) |
| Outline of program | The community, government, police and instructed groups work together to use the “Community Safety Map” in areas where crimes occur easily, and take actions (installation of security cameras, security lights, signs alerting caution, etc.) to eliminate the causes of danger. |
| Acheavement in FY 2010-2012 | Installation of security cameras (1 place in FY2012) Installation of security lights (FY 2010: 909 units, FY 2011: 1,605 units, FY 2012: 1,654 units) |
| Improvements and changes from introduction of SC | Changes to actions based on evidence |
| Targets | General public (Places where crimes are thought to occur easily) |
| Provider | Citizens, Community organizations in school district, PTA, Crime prevention association, Police, City, etc. |

E. Holding citizens' General Action Meeting to abolish violence

| | |
|--|---|
| Prevention target | Injuries from crime and violence |
| Corresponding challenges | (4) |
| Outline of program | The police, government, citizens and business operators cooperate to hold a Citizens’ General Action Meeting to abolish violence by the entire community. The Violence Abolishment Meetings held in some elementary school districts will be expanded to all elementary school districts. |
| Acheavement in FY 2010-2012 | Number of elementary school districts that held Violence Abolishment Meeting FY 2010: 14 elementary school districts, FY 2011: 17 elementary school districts |
| Improvements and changes from introduction of SC | Increase number of target elementary school districts |
| Targets | General public |
| Provider | Citizens, PTA, Violence abolishment Steering Committee, Crime prevention association, Police, City, etc. |

F. Seminars and classes to teach children and youths about the real situation of organized crime, and to prevent youths from becoming members of such organizations

| | |
|--|--|
| Prevention target | Injuries from crime and violence |
| Corresponding challenges | (4) |
| Outline of program | Persons with expertise on gang abolishment, such as former police officers, have been assigned as the “Gang Abolishment Promoters (temporary name)”. These promoters hold seminars and classes to teach 5th and 6th graders, junior high and high school students about the real situation of organized crime, and to prevent such youths from becoming members of such organizations. |
| Acheavement in FY 2010-2012 | Number of seminars held for junior high and high school students FY 2011: 80 sessions, FY 2012: 66 sessions |
| Improvements and changes from introduction of SC | Expand targets from junior high and high school students to include 5th and 6th graders |
| Targets | 5th and 6th graders, junior high and high school students |
| Provider | Citizens, PTA, Youth groups, Violence abolishment Steering Committee, Police, City, etc. |

2-5-4 FY 2013 programs

| Outline of programs | | FY 2013 | | | |
|--|----------|------------------------|---------------|--------------|---------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to March |
| Preparation of community safety map for each elementary school district | New | Details being reviewed | | | Scheduled |
| Promotion of two-lock for bicycles | New | Intervention | Scheduled | Scheduled | |
| Enforcement of joint patrols in high crime rate areas | New | Details being reviewed | Scheduled | | |
| Maintenance of community environment to enhance sense of safety and security | Improved | Details being reviewed | Scheduled | Scheduled | |
| Holding citizens' General Action Meeting to abolish violence | Expanded | Details being reviewed | Scheduled | | |
| Seminars and classes to teach children and youths about the real situation of organized crime, and to prevent youths from becoming members of such organizations | Expanded | Details being reviewed | | | |

2-5-5 Changes following Safe Community activities

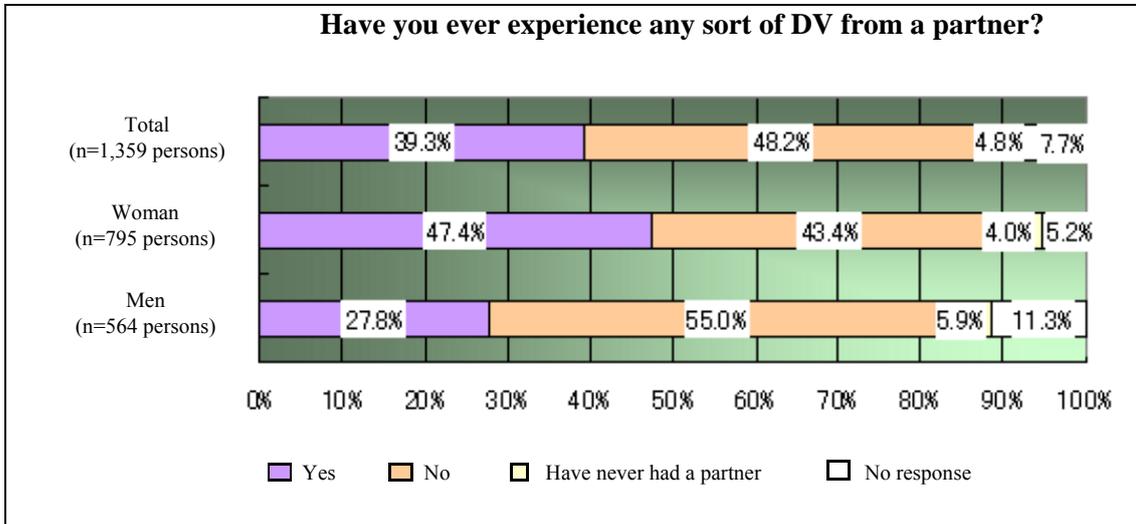
- It has become clear that in programs to prevent crime, it is essential for various groups to work together, and to share information as they collaborate. Collaboration and sharing of information by the various groups will be enforced, and actual programs will be promoted.
- Based on the opinions and surveys of various groups, it is clear that violent crimes are making citizens feel insecure. Each group sensed the necessity of programs to eliminate violent crimes.

2-6 DV Prevention

2-6-1 Current state

(1) Almost half of women have been subject to DV

Approximately half of the women who have had a partner have experienced DV.

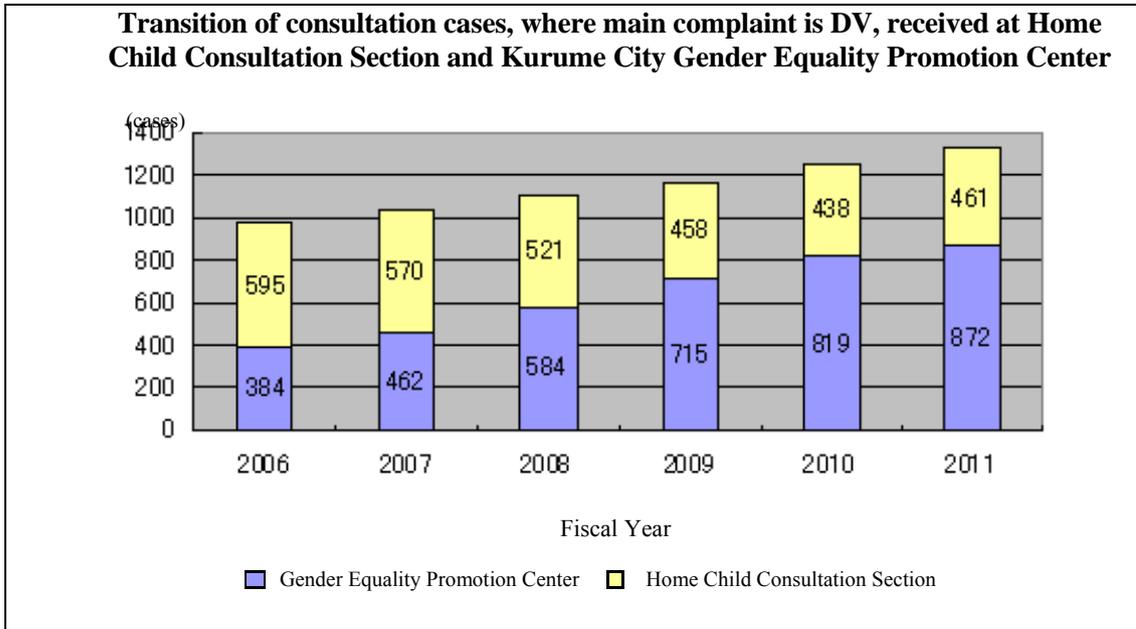


(Citizen awareness survey regarding Kurume City gender equality: FY 2009)

Fig. VI-1

(2) Inquiries regarding DV are increasing

The number of inquiries to the Kurume City Home Child Consultation Section and the Gender Equality Promotion Center is increasing.

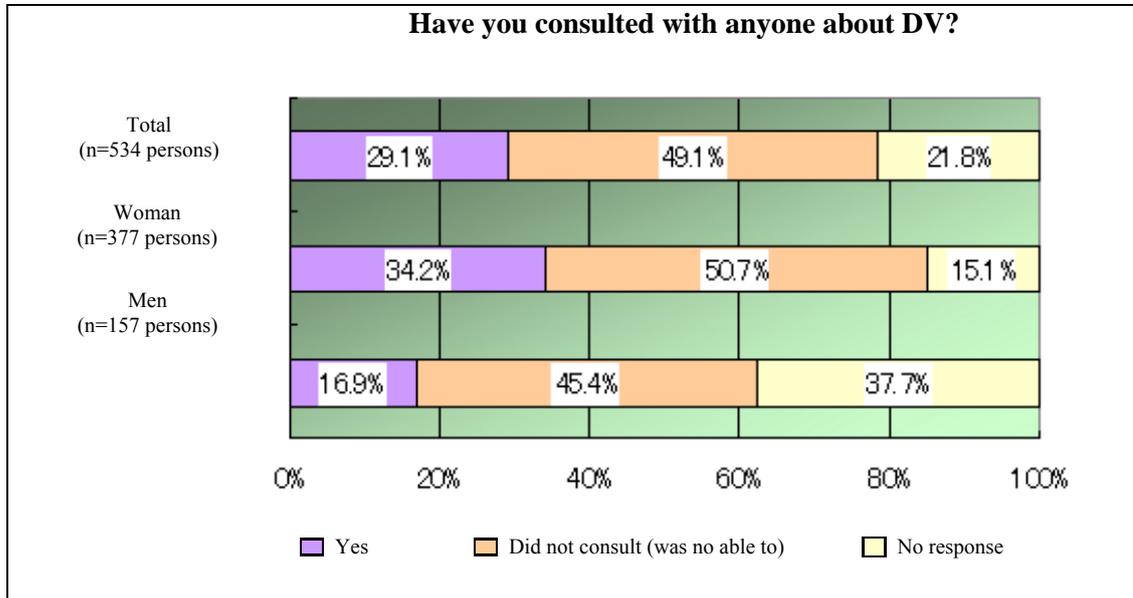


(Kurume City survey: FY 2006-2011)

Fig. VI-2

(3) Many DV victims have no one to consult with

Many DV victims have no one to confide in. Almost half of those who have experienced violence from partners have no one to consult with. 30% responded that they did not consult with anyone because, “they thought they were also wrong”, and 20% because, “they thought they could handle the situation if they endured the abuse”. There were people who did not realize they were victims.

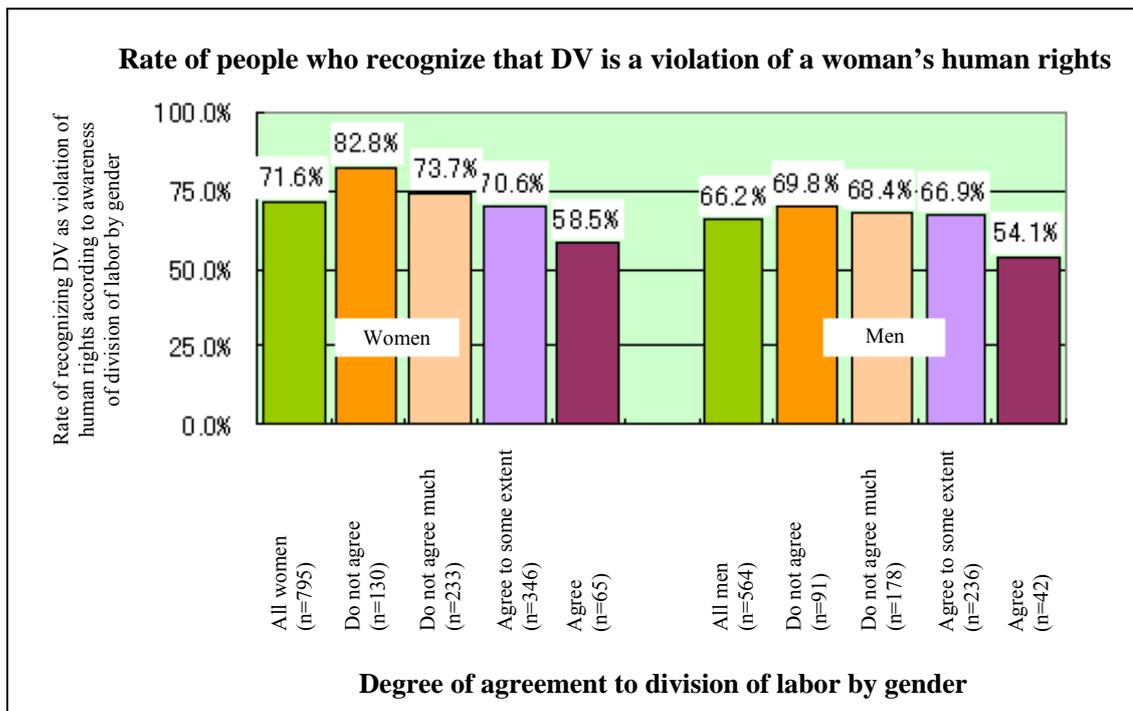


(Citizen awareness survey regarding Kurume City gender equality: FY 2009)

Fig. VI-3

(4) There is a set relation between recognizing DV as a violation of human rights and awareness on division of labor by gender

More than half of the people favor division of labor by gender. The stronger the person favors fixed division of labor by gender, the lower their recognition that DV is a violation of a woman’s human rights.



(Citizen awareness survey regarding Kurume City gender equality: FY 2009)

Fig. VI-4

(5) Approximately 70% of DV victims have sought medical attention

Approximately 90% of DV victims who are leading self-reliant lives or are working towards a self-reliant life have been injured or suffered mental disorders. Of those, approximately 70% have received medical attention, etc. (Cabinet Office survey (nationwide): FY 2006)

(6) Few medical institutions provide support for DV victims

Of the 275 medical institutions surveyed, approximately 40% said they did not “Hand out DV prevention cards”. Approximately 80% medical institutions responded that they had no programs for DV victim support, such as training of employees, distribution of manuals, or provision of compliance manual. (Survey of medical institutions in Kurume City: FY2012)

(7) In many cases, DV victims are in a living situation that is difficult to rebuild.

Of the DV victims that are leading or working towards a self-reliant life, 54.7% responded that “they had been pursued by the abuser”, 14.7% responded that “they are living only on income gained through employment”, 52.9% responded that “their body condition and feelings have not recovered” and 17.7% responded that “they are troubled by their children’s behavior”. (Cabinet Office survey (nationwide): FY 2006)

(8) Support groups have reported the effect of DV onto children

All though there is no numerical data, after the DV victim leaves the abuser, the children often act out at home because of the effect of DV, and the victim is subject to violence again. Support groups and doctors have reported that children face difficulties including psychological problems such as depression, or have trouble fitting in and end up becoming reclusive.

2-6-2 Challenges

(1) Occurrence of DV

- a. The number of consultations regarding DV is on the increase, and the occurrence of DV is not decline. The stronger the person favors fixed division of labor by gender, the lower their recognition that DV is a violation of a woman’s human rights. It is believed that awareness of fixed division of labor by gender is a factor of DV cases. [Fig. VI-2] [Fig. VI-4]
- b. In recent years, cases violence from a boyfriend/girlfriend (Date DV) has become a problem. However, only some schools hold educational seminars.

(2) Potential of harm

- a. Almost half of the women have experienced DV. While the number of consults to the City consultation section is increasing, many women are not aware that they are the victim. They often have no one to confide in, leading to an isolated and serious situation. [Fig. VI-3]
- b. Even if the victim does not consult with anyone, in many cases they have received medical attention. However, there are still few medical institutions that are capable to be act as bridge to tue counseling services.
- c. Approximately 20% of the child abuse cases handled by the city involve DV. It has been reported various problem behavior and changes are seen in children living in a home with DV. It is very possible that a child’s behavior will be the key to discovering DV, however, the involved persons do not have sufficient knowledge on the matter.

(3) Continuous and adverse effect of DV harm

- a. Even after the DV victim is separated from the abuser, it is often difficult to rebuild their life, recover their body/mental health, and recover their connections to society.
- b. DV adversely affects children in many ways. However, care that focuses on the child are limited to care programs for abused children that are provided by private groups.

2-6-3 Programs

A. Raising awareness of gender equality and DV prevention

| | |
|--|---|
| Prevention target | DV occurrence |
| Corresponding challenges | (1) a |
| Outline of program | Actively increase the publicity and education regarding DV by modifying seminars provided at the Gender Equality Promotion Center, providing seminars regarding child abuse problems, and collaborating with onsite seminars. |
| Acheavement in FY 2010-2012 | Seminars regarding the Study of Women, the Study of Men and Gender Research, and onsite seminars to communities Campaign to eliminate violence against women |
| Improvements and changes from introduction of SC | For the campaign, pamphlets were distributed, and details of the project were distributed to newspapers, etc., to strengthen the publicity campaign. |
| Targets | Citizens |
| Provider | Private support groups, Police, City, etc. |

B. Improving DV prevention education at schools, etc.

| | |
|--|---|
| Prevention target | DV occurrence |
| Corresponding challenges | (1) a,b |
| Outline of program | For DV prevention education at schools, actual cases have been collected and introduced, and programs to nurture awareness on human rights even for preschoolers will be increased. Seminars on prevention of date DV will be expanded to junior high school and older students. New educational materials will be prepared and prevention education seminars will be enhanced. |
| Acheavement in FY 2010-2012 | Educational seminars (junior high, sr. high and university, etc.) 1 schools (FY 2010), 5 schools (FY 2011), 4 schools (FY 2012) |
| Improvements and changes from introduction of SC | Educational materials for junior high school and older students are being prepared. |
| Targets | Preschoolers, elementary students and older students |
| Provider | Private support groups, Schools, Kindergartens, Nursery schools, City, etc. |

C. Reinforcing a workshop for medical personnel

| | |
|--|---|
| Prevention target | Potential victims |
| Corresponding challenges | (2) a, b |
| Outline of program | Educational materials for medical personnel will be prepared, and workshops will be held. |
| Improvements and changes from introduction of SC | New |
| Targets | Doctors, Nurses, Pharmacists, Clerical staff |
| Provider | Medical institutions, Medical association, City, etc. |

D. Promoting of activities for DV victim support at medical institutions

| | |
|--|---|
| Prevention target | Potential victims |
| Corresponding challenges | (2) a, b |
| Outline of program | Preparation of compliance manual for use by medical institutions to discover DV victims, provide information, and alert the necessary authorities, etc. |
| Acheavement in FY 2010-2012 | Provision of cards of DV prevention at medical insitutions which participate to the seminars of Medcal Safety Countermeasure (every year) |
| Improvements and changes from introduction of SC | Scheduled to be publish manual during FY 2013 |
| Targets | Doctors, Nurses, Pharmacists, Clerical staff |
| Provider | Medical institutions, Medical association, City, etc. |

E. Improving a workshop for personnel engaged in child-related service

| | |
|--|--|
| Prevention target | Potential victims |
| Corresponding challenges | (2) a, c |
| Outline of program | More workshops to promote understanding regarding DV problems will be held, and the contents of the seminars shall be modified. |
| Acheavement in FY 2010-2012 | Groups holding seminars: 3 (FY 010), 5 (FY 2011), 6 (FY 2012) |
| Improvements and changes from introduction of SC | Leaflet to be used when encouraging groups to hold seminars has been prepared. |
| Targets | Employees of schools and nursery schools, etc. (public, private), Welfare officers, Child welfare officers, Supervising child welfare officers, Employees of affiliated groups, etc. |
| Provider | Same as above |

F. Studying support for psychological and social rehabilitation of DV victims

| | |
|--|---|
| Prevention target | Continuous adverse effect caused by DV |
| Corresponding challenges | (3) a |
| Outline of program | Review methods governmental support the stable management of a "place to live". |
| Acheavement in FY 2010-2012 | Researching the establishment of a joint work site with the Gender equality promotion center.(every year) |
| Improvements and changes from introduction of SC | Home children consultation section was added to the discussions. |
| Targets | DV victims |
| Provider | Private support groups, City |

G. Implementing the telephone hotline for children

| | |
|--|--|
| Prevention target | Continuous adverse effect caused by DV |
| Corresponding challenges | (3) b |
| Outline of program | Provide a telephone hotline where children of DV victims, etc., can consult without worry. |
| Acheavement in FY 2010-2012 | Number of telephone hotline sessions: <ul style="list-style-type: none"> • Once a week throughout the year (every year) (private support groups) • Three days during November (2010, 2011), Five days during November (2012) (City and private support groups) |
| Improvements and changes from introduction of SC | The weekly telephone hotline was also made toll-free. The number of consultation days in November was increased by two days. |
| Targets | Children of DV victims, etc. |
| Provider | Private support groups, City |

H. Workshops for promoting understanding toward children of DV victims

| | |
|--|---|
| Prevention target | Continuous adverse effect caused by DV |
| Corresponding challenges | (3) b |
| Outline of program | Hold workshops for learning the skills for suitable care of children in or previously in a DV environment. |
| Acheavement in FY 2010-2012 | Groups holding workshops: 3 (2010), 5 (2011), 6 (2012) Workshops for learning skills provided by private groups (annual) |
| Improvements and changes from introduction of SC | Leaflet to be used when encouraging groups to hold seminars has been prepared. |
| Targets | Employees of interested agencies and groups, such as schools |
| Provider | Interested agencies, Interested groups, City |

I. Educational support for children of DV victims

| | |
|--|--|
| Prevention target | Continuous adverse effect caused by DV |
| Corresponding challenges | (3) b |
| Outline of program | Provide educational support for children of DV victims. |
| Improvements and changes from introduction of SC | Financial assistance from the city has allowed programs by private support groups to be continued. |
| Targets | Children of DV victims living apart from abuser |
| Provider | Private support groups, City |

2-6-4 FY 2013 programs

| Outline of programs | | FY 2013 | | | |
|--|----------|------------------------|---------------|--------------|---------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to March |
| Raising awareness of gender equality and DV prevention | Expanded | Scheduled | | | |
| Improving DV prevention education at schools, etc. | Expanded | Details being reviewed | | Scheduled | |
| Reinforcing a workshop for medical personnel | New | Details being reviewed | | Scheduled | |
| Promoting of activities for victim support at medical institutions | New | Details being reviewed | | Scheduled | |
| Improving a workshop for personnel engaged in child-related service | Expanded | Scheduled | | | |
| Studying support for psychological and social rehabilitation of victim | Expanded | Scheduled | | | |
| Implementing the telephone hotline for children | Expanded | Scheduled | | | |
| Workshops for promoting understanding toward children of DV victims | Expanded | Details being reviewed | | Scheduled | |
| Educational support for children of DV victims | Expanded | Scheduled | | | |

2-6-5 Changes following Safe Community activities

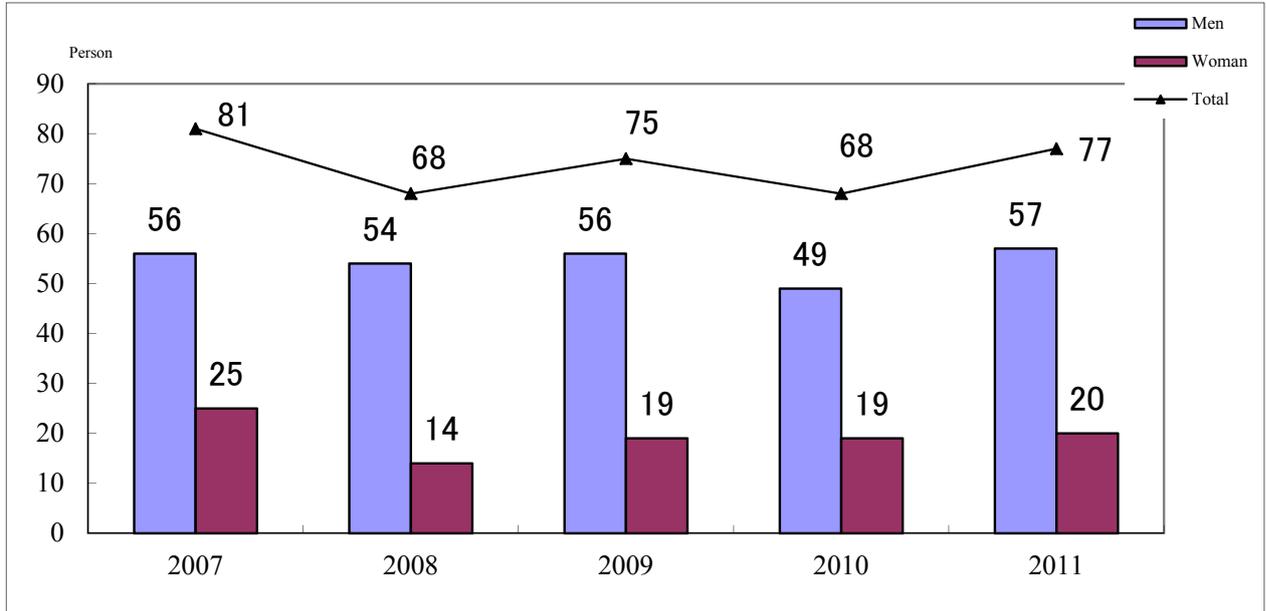
- We were able to gain the understanding and participation of medical personnel in measures for DV prevention and early discovery. Through surveys, we were able to start promoting support for DV victims at medical institutions.
- Through repeated meetings of interested persons from different fields, it was found that the effect of DV on children is great. The importance of identification through the children, prevention education from preschooler ages, and care for children was identified.
- There are no statistics on the effect of DV onto children. A lack of research focusing on children is apparent, so this committee will refer to the opinions of support and medical fields, and will start reviews for implementing actual programs.
- Plans for countermeasures were incorporated into the “Kurume City Basic Plan and Implementation Plan for DV Countermeasures” allowing implementation of reliable projects and management of progress.

2-7 Suicide Prevention

2-7-1(1) Current state (Suicides in Kurume City)

(1) High levels of suicide among men

In recent years, the number of suicides has leveled off, but the male to female rate is 7:3, with more suicides among men.

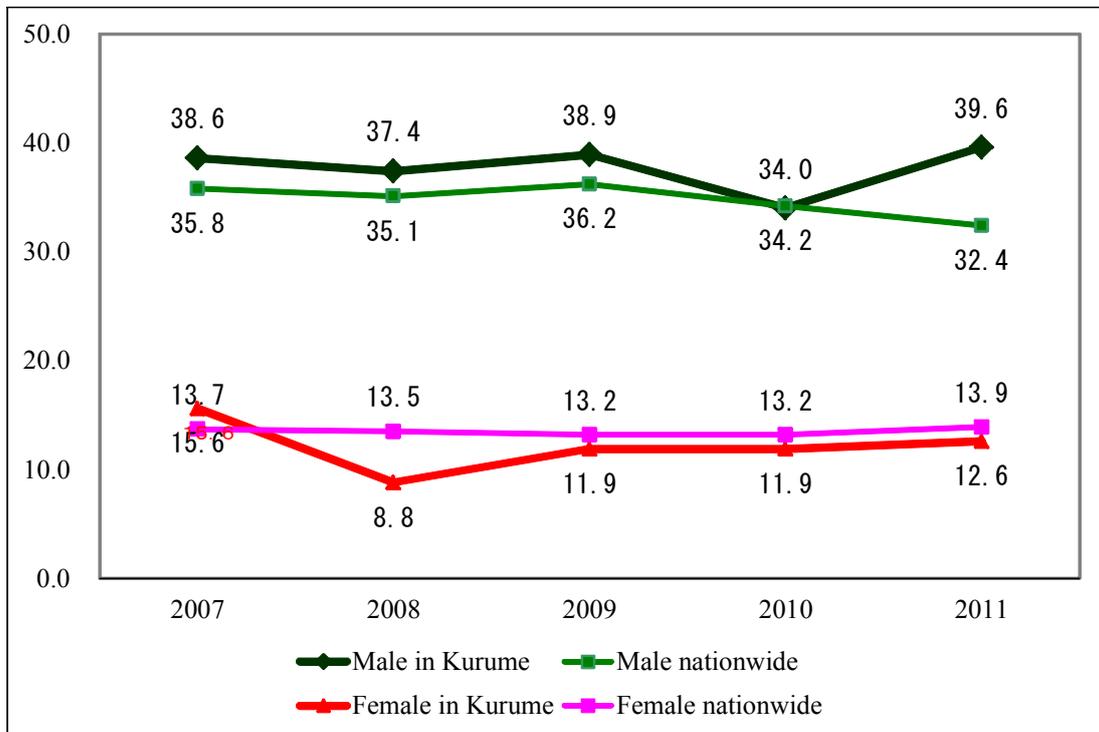


(Demographic statistics: 2007-2011)

Fig. VII-1 Transition of number of suicides in Kurume City

(2) Suicide rate higher than national levels

Suicides among men are higher than the national average.

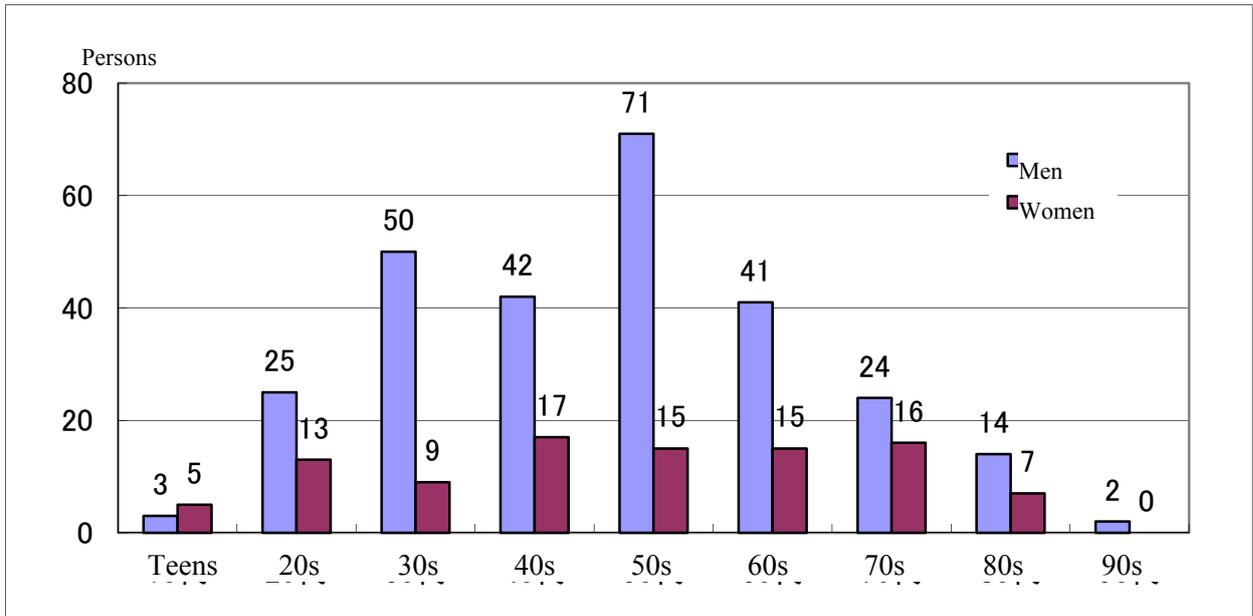


(Demographic statistics: 2007-2011)

Fig. II-2 Comparison of suicide rate in Kurume and national suicide rate

(3) Suicides among working men

The rate of suicide is high among prime age groups (30 to 50s).



(Demographic statistics: 2007 - 2011)

Fig. VII-3 Number of suicides in FY 2007 to 2011 (by gender, by age)

2-7-1-(2) Current state (Background of suicides)

(4) Complex causes of suicide

There are various causes of suicide including health problems, financial problems, problems at home, and problems at work. Social programs before a person develops depression are essential.

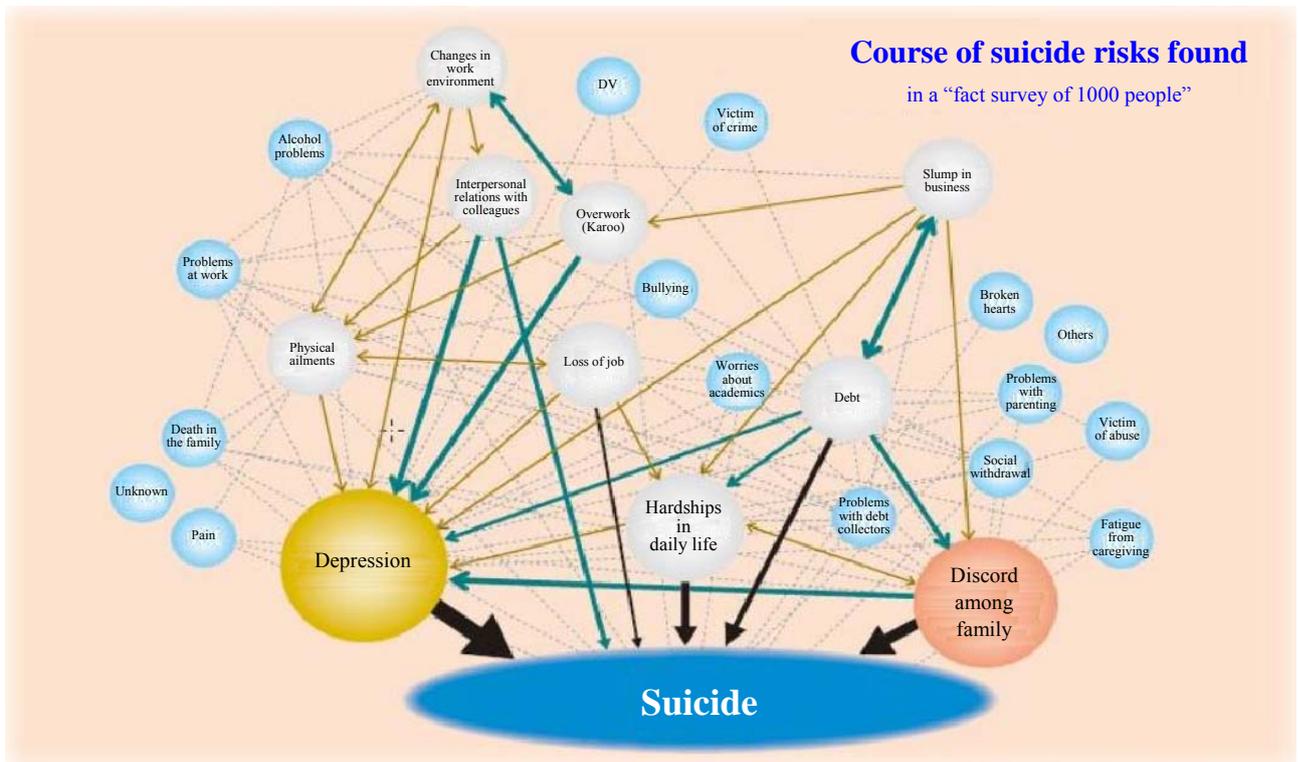


Fig. VII-4

(NPO Life Link)

(5) Men who are reluctant to seek advice or help

More than half of men in the 40 to 60 age group are reluctant to seek advice or help when they have worries.

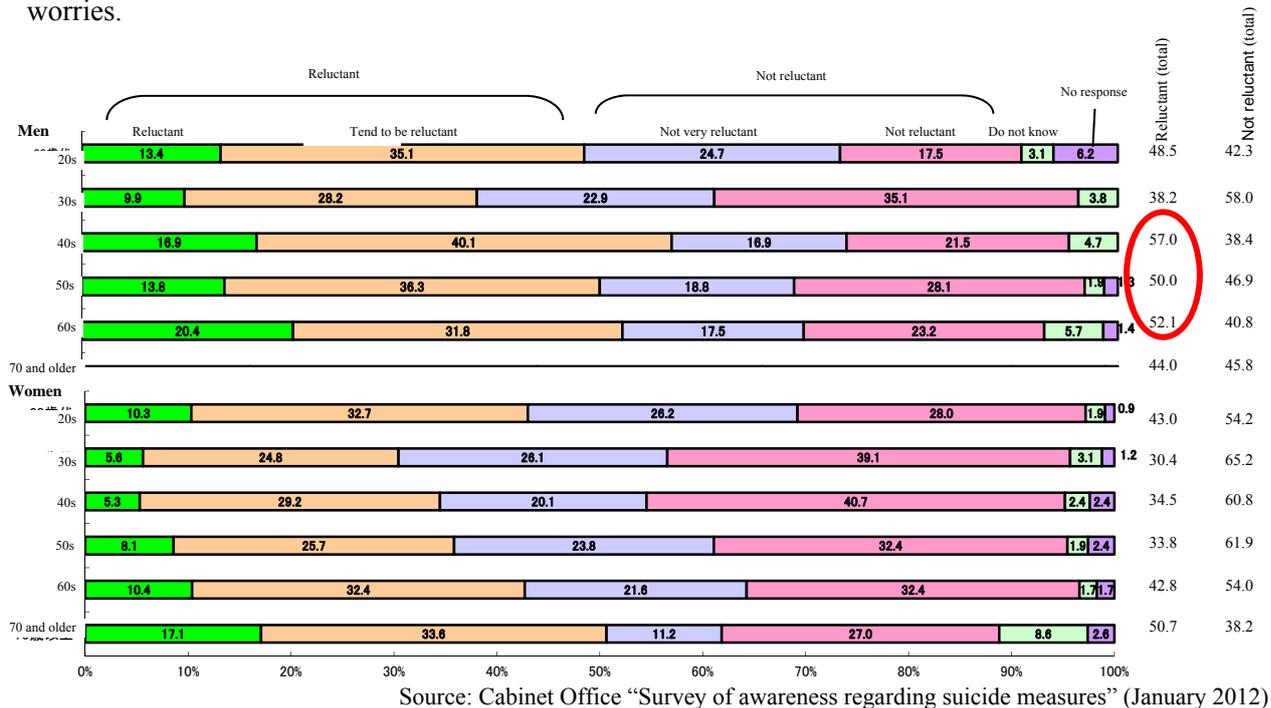


Fig. VII-5 Reluctance to seek advice or help

(6) Suicide victims often do not seek psychiatric help

While approximately 60% of persons who have attempted suicide have a history of psychiatric care, less than 30% of suicides have received care.

Table VII-6 History of Psychiatric Care by Suicide Attempters and Suicides according to Emergency Transport Data (Kurume citizens)

| | Attempts | | | Suicides (incl. those not transported to hospital) | | |
|-------|----------|-----------------------------|-------|--|-----------------------------|-------|
| | Total | History of psychiatric care | | Total | History of psychiatric care | |
| 2009 | 112 | 72 | 64.3% | 43 | 12 | 27.9% |
| 2010 | 113 | 67 | 59.3% | 36 | 8 | 22.2% |
| 2011 | 135 | 74 | 54.8% | 47 | 9 | 19.1% |
| Total | 360 | 213 | 59.2% | 126 | 29 | 23.0% |

(Ambulance call-out data: 2009-2011)

2-7-2 Challenges

- (1)The number of suicides in Kurume City has leveled off in recent years, and 70% of suicides are among men. [Fig. VII-1]
- (2)Even though the rate of suicide is high among prime age groups (30 to 50s), awareness of worriers regarding suicide among suicides in those age groups is low. [Fig. VII-2] [Fig. VII-3] [Fig. VII-5]
- (3)There are multiple causes of suicide, and the causes tend to be intertwined. [Fig. VII-4]
- (4)Men in their prime have no one to consult with, and commit suicide. [Fig. VII-5]
- (5)According to Ambulance call-out data of citizens in Kurume City, the rate of suicides that have a history of psychiatric care is lower than suicide attempts. [Fig. VII-6]

2-7-3 Programs

A. Training sessions for gatekeepers

| | |
|--|---|
| Prevention target | Suicide |
| Corresponding challenges | (1),(2),(3),(5) |
| Outline of program | Hold training sessions for gatekeepers who can identify signs of “suicide” or “depression” among community residents, and lead such persons to appropriate consulting and support agencies. Visit various places where community residents gather to hold onsite lectures, and expand the circle of gatekeepers. Cooperate with the Gatekeeper Kizuna no Kai, and hold suicide prevention seminars. |
| Results of FY 2011 to 2012 | FY 2011 Gatekeeper Training Session held 3 times with 263 participants, Employee seminar held 4 times with 162 participants FY 2012 Gatekeeper Training Session held 4 times with 283 participants, Employee seminar held 5 times with 369 participants, Gatekeeper Seminar held 10 times with 299 participants. |
| Improvements and changes from introduction of SC | <ul style="list-style-type: none"> • From single session to series • To experience-type seminar using role playing |
| Targets | Community residents |
| Provider | Citizen gatekeepers, Welfare officers, Kurume medical association, Okawa mizuma medical association, Ogori mitsui medical association, Ukiha medical association, Universities, Bar association, Judicial scrivener association, City, etc. |

B. Workshop of family doctor depression approach

| | |
|--|---|
| Prevention target | Depression |
| Corresponding challenges | (1) |
| Outline of program | Collaboration between family doctor, such as internal medicine doctor, and psychiatric doctors will be strengthened to identify and treat depression at an early stage. A system of medical collaboration will be organized, and a community support network will be created. |
| Acheavement in FY 2010-2012 | FY2010, Workshop held 2 times, Review meeting held 6 times, 177 participants FY2011, Workshop held 2 times, Review meeting held 9 times, 207 participants FY2012, Workshop held 2 times, Review meeting held 8 times, 218 participants |
| Improvements and changes from introduction of SC | Expand targets to occupational health physicians |
| Targets | Psychiatric doctors, Family doctors, Certified social worker, Occupational health physicians, etc. |
| Provider | Kurume medical association, Okawa mizuma medical association, Ogori mitsui medical association, Ukiha medical association, Association of mental hospitals, Association of neuropsychiatry clinics, Universities, Judicial scrivener association, City, etc. |

C. Provision of suicide liaison council of prevention

| | |
|--|---|
| Prevention target | Suicide |
| Corresponding challenges | (1),(2),(3) |
| Outline of program | Since suicides occurs for a variety of intertwined causes, groups from various fields will gather to share information regarding the current state of suicides and each group’s programs, and will promote suicide prevention measures throughout the city. |
| Acheavement in FY 2010-2012 | FY 2010 City Hall Meeting held 2 times, Conference held 1 time, 44 people from 42 groups participated FY 2011 City Hall Meeting held 2 times, Conference held 1 time, 48 people from 42 groups participated FY 2012 City Hall Meeting held 2 times, Conference held 1 time, 41 people from 39 groups participated |
| Improvements and changes from introduction of SC | Citizen groups added to affiliated groups |

| | |
|----------|---|
| Targets | Community residents |
| Provider | Citizen gatekeepers, Families of succeeds, Interested community groups, Homeless support groups, Groups helping people reestablish life, Medical, health and welfare related groups, Education related persons, Judicial related persons, Commerce and industrial labor related response, Persons with relevant knowledge and experience, Police, Fire department, City, etc. |

D. Implementing the one-stop service consultations

| | |
|--|--|
| Prevention target | Suicide |
| Corresponding challenges | (1),(3) |
| Outline of program | Hold consultation sessions in cooperation with employment support agencies, judicial agencies and groups helping people reestablish life |
| Acheavement in FY 2010-2012 | FY 2010 Consultation session held 1 time, FY 2011 Consultation session held 1 time, FY 2012 Consultation session held 1 time |
| Improvements and changes from introduction of SC | Employment support agency added |
| Targets | Citizens |
| Provider | City, Bar Association, Groups helping people reestablish life, Judicial scrivener association, etc. |

2-7-4 FY 2013 programs

| Outline of programs | | FY 2013 | | | |
|--|----------|------------------------|---------------|------------------------|---------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to March |
| Training sessions for gatekeepers | Improved | Details being reviewed | | Scheduled | |
| Workshop of family doctor depression approach | Expanded | Details being reviewed | | Scheduled | |
| Provision of suicide liaison council of prevention | Expanded | Details being reviewed | Scheduled | | |
| Implementing the one-stop service consultations | Expanded | Details being reviewed | Scheduled | Details being reviewed | Scheduled |

2-7-5 Changes following Safe Community activities

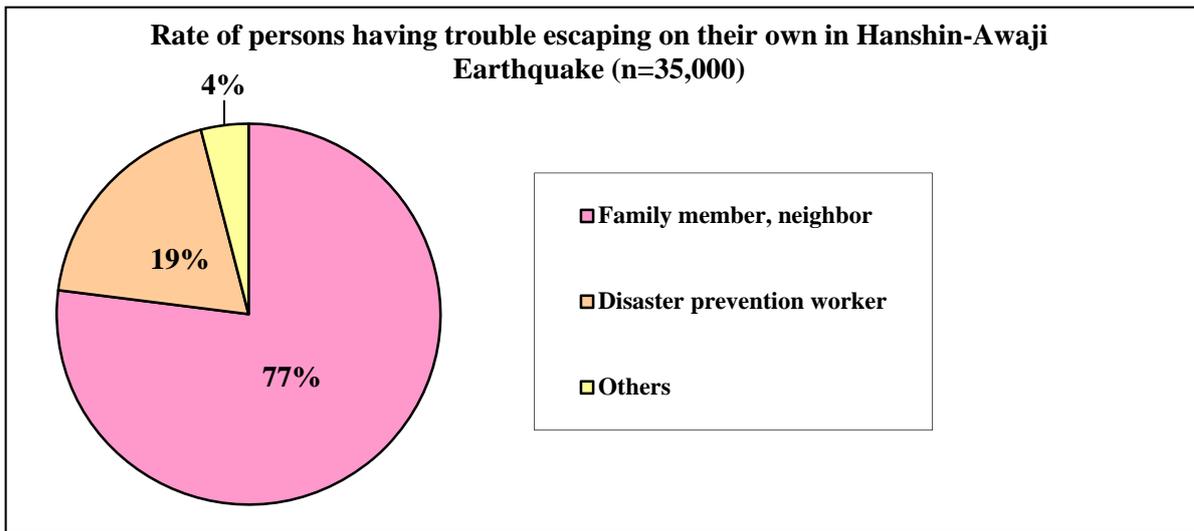
- Through the cooperation of school district representatives and welfare officers on the suicide prevention measures task force, understanding on suicide prevention was increased in the community. In addition, employees had more changes to visit and educate the community.
- The Bar Association and Association of Judicial Scriveners asked to cooperate with the city's suicide prevention measures. This showed an increase in the circle of measures to prevent suicides.

2-8 Disaster Preparedness

2-8-1 Current state

(1) When a large-scale disaster occurs, more than half of rescues are made by family members or neighbors

During the Hanshin-Awaji Earthquake, approximately 35,000 people had trouble escaping on their own because of collapsed buildings, etc. Of these, 77% (approx. 27,000 persons) were rescued by a family member or neighbor.

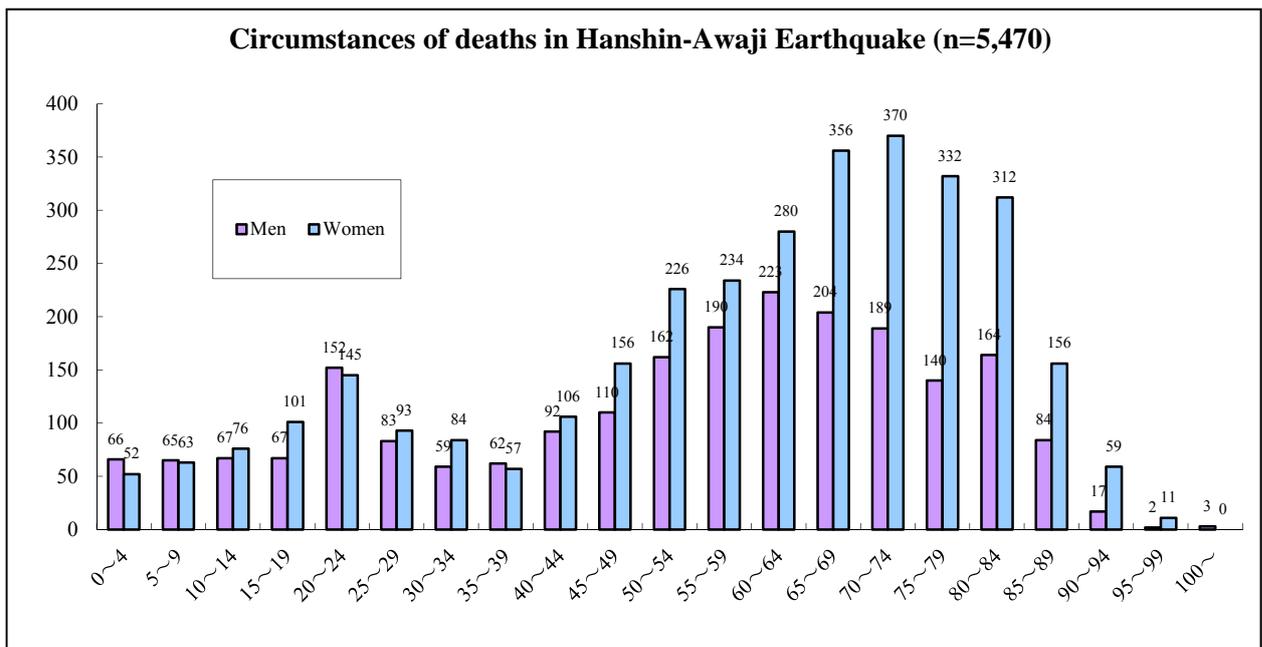


(Source: "Prediction of human casualties in large-scale earthquake damage", Yoshiaki Kawata, 1997)

Fig. VIII-1

(2) The probability of elderly victims is high

In the Hanshin-Awaji Earthquake, the rate of elderly victims was higher than younger people.

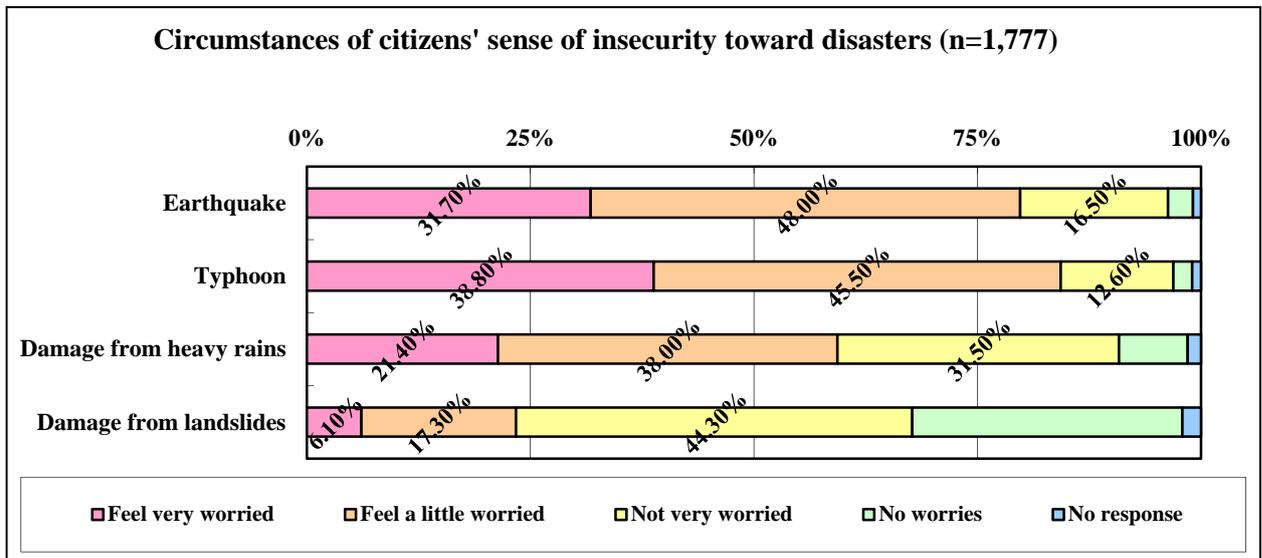


(Source: "Circumstances of death caused by Hanshin-Awaji Earthquake looking from demographic statistics" Ministry of Health and Welfare, Minister's secretariat, 1995)

Fig. VIII-2

(3) Citizens' worries about disasters are increasing

More than half of the citizens are worried that they may be harmed during a disaster.

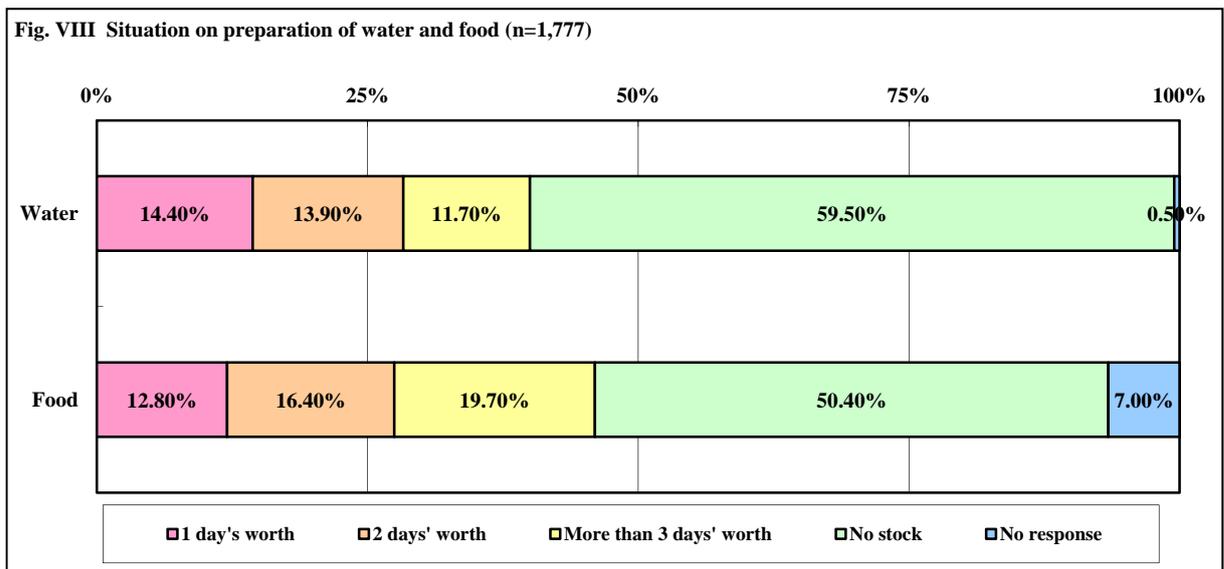


(Source: Kurume City Citizens' Awareness Survey FY 2011)

Fig. VIII-3

(4) Less than half of the citizens have emergency supplies prepared

While many residents are worried about disasters, many have not taken actions such as preparing water or food.

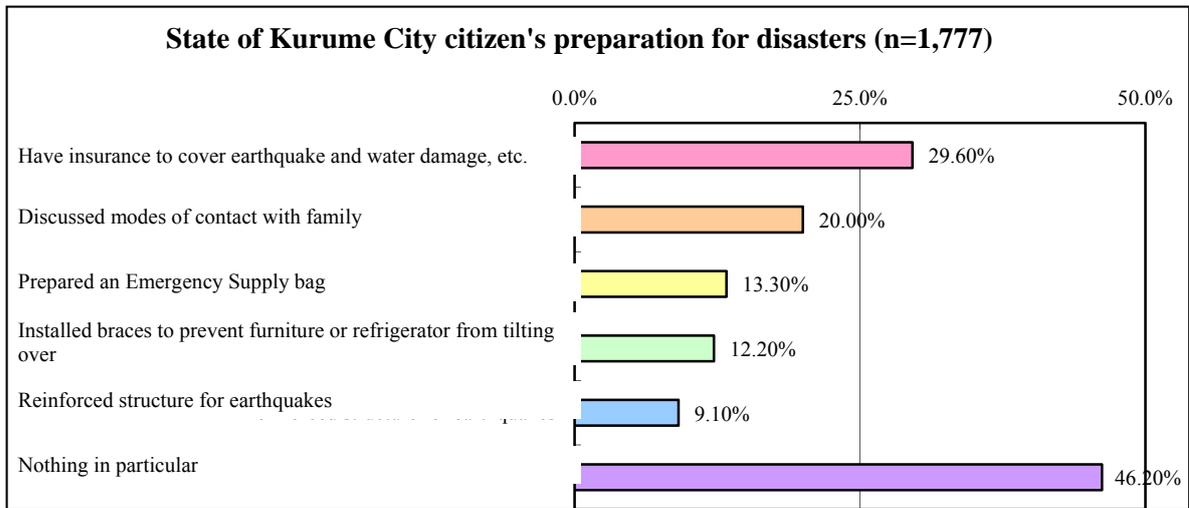


(Source: Kurume City Citizens' Awareness Survey FY 2011)

Fig. VIII-4

(5) More than half of the citizens have no preparations for disasters

While worries for disasters are high, close to half of the citizens have made no preparations for disasters.

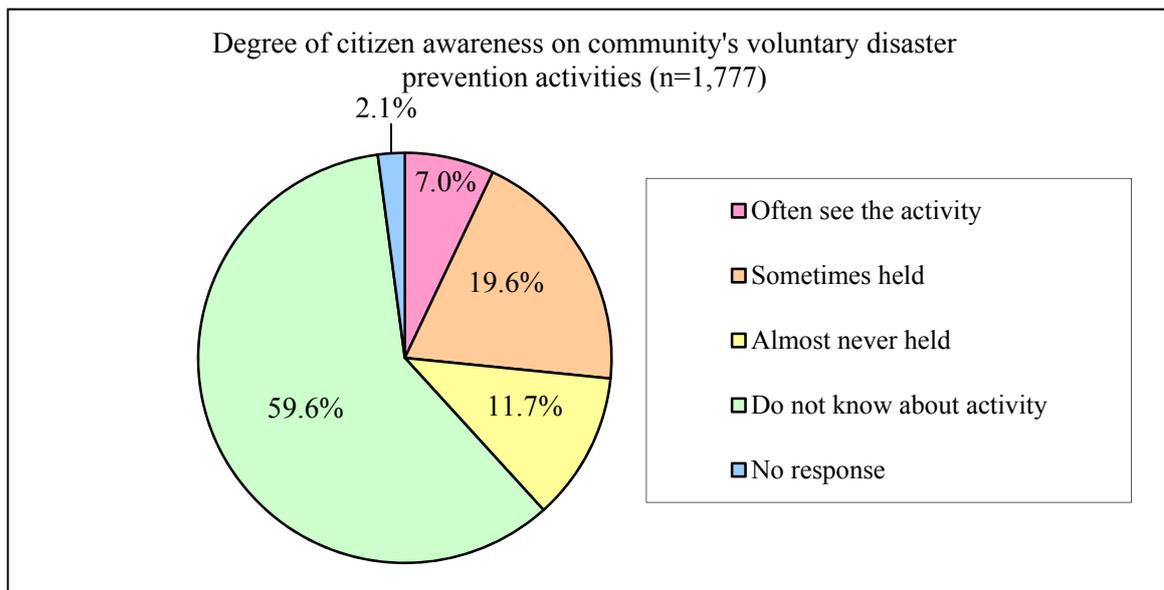


(Source: Kurume City Citizens' Awareness Survey FY 2011)

Fig. VIII-5

(6) More than half of the citizens do not know about voluntary Disaster Preparedness activities

More than half of the people do not know whether there are voluntary Disaster Preparedness group activities in their neighborhood based on school district community organizations.

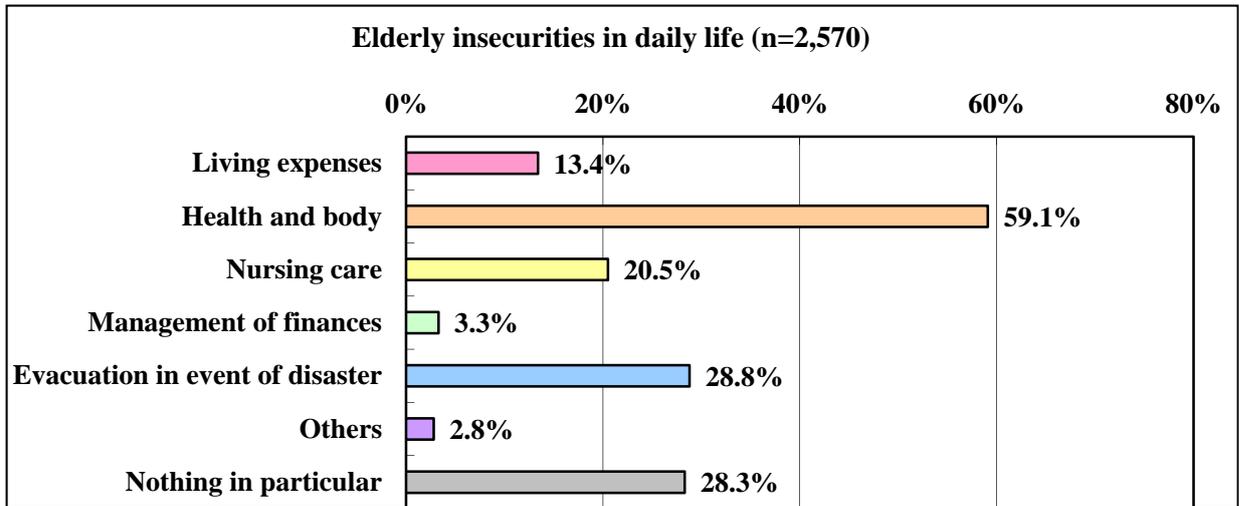


(Source: Kurume City Citizens' Awareness Survey FY 2011)

Fig. VIII-6

(7) Approximately one out of four elderly is worried about escaping in the event of a disaster

Elderly are most worried about their health and bodies within their daily lives. This is followed by worries about “evacuation in the event of the disaster”.

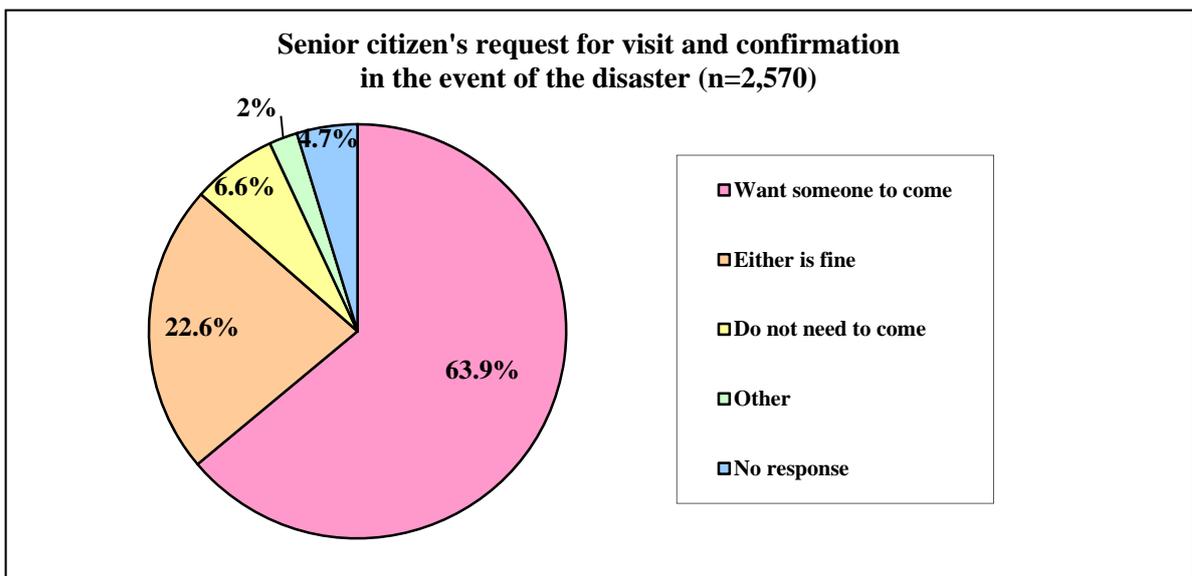


(Source: Survey on Actual Situations of Injureis in Kurume FY 2009)

Fig. VIII-7

(8) More than 60% of the elderly would like someone to come visit to check on them in the event of a disaster

More than 60% of the elderly would like someone to come visit to check their safety and help with evacuation, etc., in the event of a disaster.



(Source: Survey on Actual Situations of Injureis in Kurume FY 2009)

Fig. VIII-8

2-8-2 Challenges

- (1) When a disaster strikes, the agencies involved with Disaster Preparedness may also be affected. In addition to disabled roads and means of communications, stoppage of water, etc., multiple places could be affected at the same time, so support only by Disaster Preparedness related agencies may be insufficient.
- (2) Worries about natural disasters (earthquakes, typhoons) are high at approximately 80%, but less than half of the citizens have prepared water or food. Even though awareness on disasters is high, people have not necessarily taken sufficient measures for Disaster Preparedness at home. **[Fig. VIII-3] [Fig. VIII-4] [Fig. VIII-5]**
- (3) Approximately 60% of the people did not know about voluntary Disaster Preparedness activities in the school district. The level of cooperation activities, which are essential in the event of a large-scale disaster, differ by school district and neighborhood association ,etc., and are not sufficiently publicized to the community residents. **[Fig. VIII-6]**
- (4) The elderly and disabled people are often victim to large-scale disasters, as seen with the high rate of elderly victims in the Hanshin-Awaji Earthquake. **[Fig. VIII-2]**
- (5) There are communities that are not aware of people needing assistance in the event of a disaster. In some communities, the cooperators are not decided.

2-8-3 Programs

(1) Training of voluntary Disaster Preparedness groups

Target: Preparations by neighbors on a constant basis, and swift evacuation and assistance in the disaster are essential when a large-scale disaster occurs. To increase the community's Disaster Preparedness abilities, it is important for neighbors to cooperate with each other. Thus, activities will be held to increase the community residents' awareness of Disaster Preparedness, and to promote organized Disaster Preparedness activities in the community.

A. Periodic Disaster Preparedness seminars, training and education

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------|--|-------------|--------------------|--|-----------------|-------------|------------------|---------|--|-------------|--------------------|--|-----------------|-------------|--------------------|---------|--|-------------|--------------------|--|-----------------|-------------|--------------------|
| Prevention target | Deaths and injuries from disaster | | | | | | | | | | | | | | | | | | | | | | | | |
| Corresponding challenges | (1), (2), (3) | | | | | | | | | | | | | | | | | | | | | | | | |
| Outline of program | Periodically hold Disaster Preparedness seminars, training and education together with the community residents as well as Disaster Preparedness related agencies, medical institutions, groups and local businesses. Training and education focusing on Disaster Preparedness will be held at existing events. | | | | | | | | | | | | | | | | | | | | | | | | |
| Acheavement in FY 2010-2012 | <table border="0"> <tr> <td>FY 2010</td> <td>Voluntary Disaster Preparedness seminar and training</td> <td>34 sessions</td> <td>Total 2,422 people</td> </tr> <tr> <td></td> <td>Onsite seminars</td> <td>23 sessions</td> <td>Total 936 people</td> </tr> <tr> <td>FY 2011</td> <td>Voluntary Disaster Preparedness seminar and training</td> <td>49 sessions</td> <td>Total 2,696 people</td> </tr> <tr> <td></td> <td>Onsite seminars</td> <td>71 sessions</td> <td>Total 2,991 people</td> </tr> <tr> <td>FY 2012</td> <td>Voluntary Disaster Preparedness seminar and training</td> <td>82 sessions</td> <td>Total 3,695 people</td> </tr> <tr> <td></td> <td>Onsite seminars</td> <td>66 sessions</td> <td>Total 3,730 people</td> </tr> </table> | FY 2010 | Voluntary Disaster Preparedness seminar and training | 34 sessions | Total 2,422 people | | Onsite seminars | 23 sessions | Total 936 people | FY 2011 | Voluntary Disaster Preparedness seminar and training | 49 sessions | Total 2,696 people | | Onsite seminars | 71 sessions | Total 2,991 people | FY 2012 | Voluntary Disaster Preparedness seminar and training | 82 sessions | Total 3,695 people | | Onsite seminars | 66 sessions | Total 3,730 people |
| FY 2010 | Voluntary Disaster Preparedness seminar and training | 34 sessions | Total 2,422 people | | | | | | | | | | | | | | | | | | | | | | |
| | Onsite seminars | 23 sessions | Total 936 people | | | | | | | | | | | | | | | | | | | | | | |
| FY 2011 | Voluntary Disaster Preparedness seminar and training | 49 sessions | Total 2,696 people | | | | | | | | | | | | | | | | | | | | | | |
| | Onsite seminars | 71 sessions | Total 2,991 people | | | | | | | | | | | | | | | | | | | | | | |
| FY 2012 | Voluntary Disaster Preparedness seminar and training | 82 sessions | Total 3,695 people | | | | | | | | | | | | | | | | | | | | | | |
| | Onsite seminars | 66 sessions | Total 3,730 people | | | | | | | | | | | | | | | | | | | | | | |
| Improvements and changes from introduction of SC | Increase groups participating in seminars and training | | | | | | | | | | | | | | | | | | | | | | | | |
| Targets | Community residents, etc. | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider | Citizens, Community organizations in school district, Private companies, Medical institutions, Disaster Preparedness agencies, City, etc. | | | | | | | | | | | | | | | | | | | | | | | | |

B. Training of leaders educated in Disaster Preparedness

| | |
|--|--|
| Prevention target | Deaths and injuries from disaster |
| Corresponding challenges | (1), (2), (3) |
| Outline of program | Leaders with high Disaster Preparedness skills, etc., will be trained to ensure that organized activities are continued. Fire department personnel and Disaster Preparedness experts in the community will be actively incorporated. |
| Acheavement in FY 2010-2012 | FY 2011 Voluntary Disaster Preparedness leader seminar 27 participants FY 2012 Voluntary Disaster Preparedness leader seminar 58 participants |
| Improvements and changes from introduction of SC | Training of leaders with Disaster Preparedness skills and knowledge |
| Targets | Community residents, etc. |
| Provider | Citizens, Community organizations in school district, Private companies, Medical institutions, Disaster Preparedness agencies, City, etc. |

(2) Promotion of plan to support people needing assistance in event of disaster

Target:

The elderly and the disabled are easily affected in the event of a disaster, so a directory of persons needing assistance in the event of a disaster and an organization to help these people on a daily basis will be created.

C. Active information provision to promote registration in the list

| | |
|--|--|
| Prevention target | Harm to persons needing assistance in the event of disaster |
| Corresponding challenges | (4), (5) |
| Outline of program | Use information each group has to the fullest to promote registration of a directory, and actively share information with those people who need assistance in the event of a disaster. |
| Acheavement in FY 2010-2012 | Explain to school district community organization, and alert community with community bulletin board, etc. |
| Improvements and changes from introduction of SC | Added private companies and medical institutions to providers. |
| Targets | Persons needing assistance in event of disaster (the elderly, disabled persons, etc.) |
| Provider | Citizens, Community organizations in school district, Private companies, Medical institutions, Disaster Preparedness agencies, City, etc. |

D. Preparation of individual response plans for vulnerable people during disaster

| | |
|--|--|
| Prevention target | Harm to persons needing assistance in the event of disaster |
| Corresponding challenges | (4), (5) |
| Outline of program | To increase effectiveness in the event of a disaster, cooperators in the community will be selected and assigned. Persons requiring support will be clarified, and an individual support plan to be used in the event of a disaster will be prepared. Mimamori (watching activities) will be held on a regular basis for persons needing assistance. |
| Improvements and changes from introduction of SC | Newly prepare individual plans |
| Targets | Persons needing assistance in event of disaster (the elderly, disabled persons, etc.) |
| Provider | Citizens, Community organizations in school district, Private companies, Medical institutions, Disaster Preparedness agencies, City, etc. |

E. Preparation of community evacuation plan

| | |
|--|---|
| Prevention target | Deaths and injuries from disaster |
| Corresponding challenges | (4), (5) |
| Outline of program | The community’s hazard spots, and safe routes and facilities will be identified. An evacuation plan that matches the community’s situation, such as safer evacuation routes and meeting places, will be prepared. |
| Improvements and changes from introduction of SC | A community evacuation plan was newly created |
| Targets | Community residents, etc. |
| Provider | Citizens, Community organizations in school district, Private companies, Medical institutions, Disaster Preparedness agencies, City, etc. |

2-8-4 FY 2013 programs

| Outline of programs | | FY 2013 | | | |
|--|----------|---------------|---------------|--------------|---------------|
| | | April to June | July to Sept. | Oct. to Dec. | Jan. to March |
| Periodic Disaster Preparedness seminars, training and education | Expanded | | | | |
| Training of leaders educated in Disaster Preparedness | Expanded | | | | |
| Active information provision to promote registration in the list | Expanded | | | | |
| Preparation of individual response plans for vulnerable people during disaster | New | | | | |
| Preparation of community evacuation plan | New | | | | |

2-8-5 Changes following Safe Community activities

- Through Safe Community programs, honest opinions from various groups have been collected.
- In some school districts, medical institutions and schools in the school district have participated in the voluntary Disaster Preparedness training and seminars.
- Community residents and groups are playing a big role in “cooperating” with each other to improve community Disaster Preparedness. A connection between community residents and groups on a daily base is essential for increasing “cooperation”.
- Future programs for Disaster Preparedness measures will be carried out while forming and maintaining a favorable local community, and strengthening cooperation between various groups.

Indicator 5: Programs that document the frequency and causes of injuries

1. Organization and function of Injuries Surveillance Committee

(1) Positioning

Established as a specialized organization to analyze surveillance data of Injuries & accidents and to support SC Steering Committee and Task Forces, which is composed of the groups concerned such as administrative bodies and medical institutes



(2) Committee organization

The committee shall be comprised of persons with teaching experience at universities, etc., interested agencies such as medical institutions, and administrative agencies.

| Organization | Secretariat |
|---|---|
| [University] • Kurume University [Medical institution] • Kurume Medical Board • St. Maria Hospital [Administrative agency] • Kurume City Large Area Fire Station Headquarters • Kurume City | City (Collaboration Promotion Department, Health Care Center) |
| [Observer] • Kurume Police Department | |

(3) Functions

To collect & analyze surveillance data of Injuries and to measure & evaluate the effects/influence, etc. of preventive activities while collaborating with Task Forces, etc.

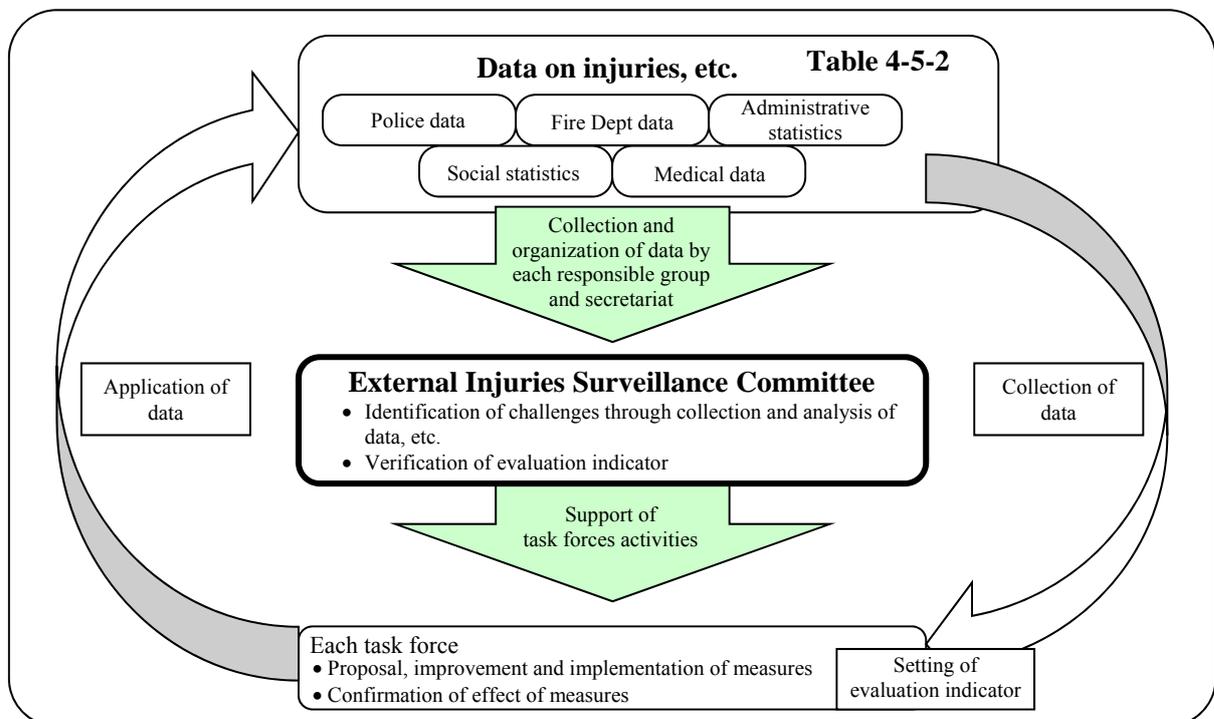


Fig. 4-5-1 Image of Activities

2. General image of Injuries Surveillance

In Kurume City, the following data is generally used according to the situation of injury, etc.

For the 0 to 14 age group, Japan Sports Council Disaster Relief Funds data from schools was used. However, excluding that data, there is little difference in the data used for each age group.

Table 4-5-1 Ascertaining Injury Data (by age group)

| | 0 - 14 years | 15 - 64 years | 65 years and older |
|-----------------|--|---|---|
| Death | (2) Demographic statistics | | |
| Serious injury | (1) Medical institution data (4) Ambulance call-out data (11) School Japan Council Disaster Relief Fund data (12) Survey on Actual Situations of Injureis | (1) Medical institution data (4) Ambulance call-out data (12) Survey on Actual Situations of Injureis | (1) Medical institution data (4) Ambulance call-out data (12) Survey on Actual Situations of Injureis |
| Moderate injury | (1) Medical institution data (4) Ambulance call-out data (11) School Japan Council Disaster Relief Fund data (12) Survey on Actual Situations of Injureis | (1) Medical institution data (4) Ambulance call-out data (12) Survey on Actual Situations of Injureis | (1) Medical institution data (4) Ambulance call-out data (12) Survey on Actual Situations of Injureis |
| Minor injury | (12) Survey on Actual Situations of Injureis | (12) Survey on Actual Situations of Injureis | (12) Survey on Actual Situations of Injureis |

3. Data configuring Injuries Surveillance

Various data on injuries and accidents are used by the Injuries Surveillance Committee and each task force to promote the Safe Community. The main data is listed below.

Table 4-5-2 Main Data Utilized by Each Committee

| Category | Name of data, etc. | Name of committee | | | | | | | |
|-----------------------------------|---|-------------------|------------------------|---------------|----------------|------------------|---------------|--------------------|-----------------------|
| | | Traffic safety | Child abuse prevention | School safety | Elderly safety | Crime prevention | DV prevention | Suicide prevention | Disaster Preparedness |
| Data from medical institutions | (1) Medical institution data | • | • | • | • | • | • | • | • |
| Data from administrative agencies | (2) Demographic statistics | • | | | | | | • | |
| | (3) Police statistics | • | | | | • | • | • | |
| | (4) Ambulance call-out data | • | • | • | • | • | • | • | • |
| | (5) Child Consultation Center consolation records | | • | | | | | | |
| | (6) Home Child Consultation Section consultation records | | • | | | | • | | |
| | (7) Gender Equality Promotion Center consultation records | | | | | | • | | |
| | (8) Number of consultations to Consumer Affairs Center by persons with multiple debts | | | | | | | • | |
| | (9) Number of mental health consultations to Preventive Health Section | | | | | | | • | |
| | (10) Survey by Health Section | | | • | | | | | |
| | (11) Japan Sports Council Disaster Relief Funds data | | | • | | | | | |
| Questionnaire surveys | (12) Survey on Actual Situations of Injureis | • | | | • | | | | |
| | (13) Kurume City Citizens' Awareness Survey | | | | | • | | • | • |
| | (14) Kurume City Next-generation Parenting Support Needs Survey | | • | | | | | | |
| | (15) Factual survey of the elderly | | | | • | | | | • |
| | (16) Survey of citizen awareness regarding Kurume City gender quality | | | | | | • | | |
| | (17) Questionnaire for students regarding safety given | | | • | | | | | |

4. Planning of continuous data collection

Basically the medical institutions and administrative agencies will collect the following data each year to create a sustainable system for the data configuring the Injuries Surveillance. In addition, questionnaire surveys will be periodically collected and analyzed. **Date will be analyzed base on ICD10 and ICECI. As for the survey on accidents and injuries in which the experience of the last 3 years are asked, it will be changd to the experience in the past one year.**

Table 4-5-3

| Data configuring surveillance | | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
|-----------------------------------|---|------|------|------|------|------|------|------|
| Data from medical institutions | (1) Medical institution data | ● | ● | ● | ● | ● | ● | ● |
| Data from administrative agencies | (2) Demographic statistics | ● | ● | ● | ● | ● | ● | ● |
| | (3) Police statistics | ● | ● | ● | ● | ● | ● | ● |
| | (4) Ambulance call-out data | ● | ● | ● | ● | ● | ● | ● |
| | (5) Child Consultation Center consolation records | ● | ● | ● | ● | ● | ● | ● |
| | (6) Home Child Consultation Section consultation records | ● | ● | ● | ● | ● | ● | ● |
| | (7) Gender Equality Promotion Center consultation records | ● | ● | ● | ● | ● | ● | ● |
| | (8) Number of consultations to Consumer Affairs Center by persons with multiple debts | ● | ● | ● | ● | ● | ● | ● |
| | (9) Number of mental health consultations to Preventive Health Section | ● | ● | ● | ● | ● | ● | ● |
| | (10) Survey by Health Section | ● | ● | ● | ● | ● | ● | ● |
| | (11) Japan Sports Council Disaster Relief Funds data | ● | ● | ● | ● | ● | ● | ● |
| Questionnaire surveys | (12) Survey on Actual Situations of Injureis (carried out approx. every 3 years) | ● | | | ● | | | ● |
| | (13) Kurume City Citizens' Awareness Survey (carried out approx. every 3 years) | ● | | | ● | | | ● |
| | (14) Kurume City Next-generation Parenting Support Needs Survey (carried out approx. every 5 years) | | | ● | | | | |
| | (15) Factual survey of the elderly (carried out approx. every 3 years) | | | ● | | | ● | |
| | (16) Survey of citizen awareness regarding Kurume City gender quality (carried out approx. every 5 years) | | | | ● | | | |
| | (17) Questionnaire for students regarding safety given (carried out approx. every year) | ● | ● | ● | ● | ● | ● | ● |

5. Injury Surveillance in Kurume City

(1) Collection and utilization of injury database by Injuries Surveillance Committee, using Ambulance call-out data and medical institution data

1) Purpose

Injury data from medical institutions will be interlinked with Ambulance call-out data obtained from the Kurume City Large Area Fire Station Headquarters. Mutual information will be complemented to enable accurate comprehension of the situation of injuries, etc. (For example, the place of Injury occurrence is not evident from Injury data supplied from medical institutions, and the injury name is not accurately identified from Ambulance call-out data.) **The results of analysis will be applied for programs at each taskforce committee.**

2) Each data (overview)

■ Injury data from medical institutions (Medical institutions in Kurume City)

- Cases reported by medical institutions at Conferences for research purposes (Cases of emergency transport for Injury)

Data items

1) Date/time, 2) Gender, 3) Age, 4) Diagnosis and treatment department, 5) Cause of Injury, 6) Type of Injury, 7) Situation caused by injury, 8) Name of illness, etc.

■ Ambulance call-out data (Kurume City Large Area Fire Station Headquarters)

- Data on patients transported by Kurume City Large Area Fire Station Headquarters ambulance to medical institution in city. (Including transport for illness)

Data items

1) Injury name, 2) Transport destination, 3) Date/time, 4) Age, 5) Gender, 6) Place of injury, 7) Injured member, 8) Type of accident, 9) Type of injury, 10) Name of illness, etc.

3) Interlinking data

Using the date/time, age and gender as a key, data from both parties shall be compared and interlinked to create an Injury database

4) Tabulation of Injury data

Data was tabulated by category such as gender and age based on the Injury database.

5) Challenge

Effective and efficient data collection and analysis in data matching

6) Future direction

Study on analysis methods which is useful for assessment of each program at taskforce committees .

(2) Survey on occurrence of minor Injuries (currently in review)

1) Background of survey

The following data has been used to comprise the “Program that documents the frequency and causes of Injuries (Indicator 5)”.

- Ambulance call-out data (Kurume City Large Area Fire Station Headquarters)
- Factual survey on accidents and injuries (Questionnaire survey carried out by Kurume City)
- Data from medical institutions (St. Maria Hospital Emergency Center, emergency transport related)

While the situation of Injury occurrence has been identified, the state of minor injuries (cause/place of occurrence, etc.) cannot be sufficiently understood from this data. A questionnaire survey will be carried out at the medical institutions to collect data covering a wider range.

2) Questionnaire survey at medical institutions

With improvement of the template which was developed by Toshima (designated as a Safe Community in 2012), a survey regarding the state of Injury occurrence is being considered for patients who have had Injuries treated by a medical institution. A trial will be carried out, and based on the investigation results, the details of the survey will be improved and the investigation period will be adjusted.

(3) Questionnaire survey on anxiety for injuries, accidents, crimes, and past experience of injures, etc.

1) Survey of Actual Situation of Injuries of Kurume Citizens

i. Purpose of survey

The citizens' experience of accidents and injuries, and their thoughts on safety will be surveyed. The results will be used as basic materials to establish preventive measures for accidents and injuries for the "Safe Community" programs intended to prevent accidents and injuries, etc.

ii. Surveyed items

- Injuries in the past three years
- "Situation of the elderly", etc.

iii. Design of survey, and collected results

- Survey target : Men and women age 20 and older living in Kurume City
- Survey method : Distributed by mail and returned by mail
- Number of persons investigated : 3,500 people
- Number of responses (response rate) : 1,994 people (57.0%)
- Survey period : September 26, 2011 to October 10, 2011
- Survey sponsor : Kurume City (Security/Safety Promotion Section of Collaboration Promotion Part)

2) Kurume City Citizens' Awareness Survey

The "Safe and Secure City Planning" was surveyed in the FY2011 Kurume City Citizen Awareness Survey to use as basic material for promoting the Safe Community.

i. Surveyed items

Worries about natural disasters, injuries and crime, preparation of food, etc. for disasters, etc.

ii. Survey method

- Survey target : People age 20 and older living in Kurume City
- Number of samples : 2,000
- Survey method : Survey was mailed, and survey staff visited homes to collect response
- Survey period : July 27 to August 5, 2011
- Number of responses (response rate) : 1,777 forms (88.9%)

6. Number of meetings held by Injuries Surveillance Committee

| | | |
|------|--------------|-------------------------|
| 2012 | August 9 | 1st meeting |
| | September 24 | 2nd meeting |
| 2013 | January 21 | 3rd meeting |
| | June 24 | 4 th meeting |

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

1. Managing the progress of Safety Program

As shown in Fig. 4 (page 26), Kurume City has been measuring and evaluating the effect of preventive activities.

2. Evaluation indicator for each priority challenge

An approximately program indicator as well as short/mid-term and long-term indicators have been set and applied for each program implemented for challenges identified from community diagnosis, etc. The indicators for program carried out by each task force are listed below.

As the program is carried out, each task force reviews changes to the indicator, etc., according to the state of progress.

(1) Traffic Safety

Table 4-6-1

| Measure/program | Activity indicator | Evaluation index | |
|--|---|--|--|
| | | Short/mid-term | Long-term |
| Implementation of practical traffic safety classes for the elderly | Method of confirmation | Indicator name | Indicator name |
| | Number of practical traffic safety class for the elderly that have been held and number of participants | Survey on changes in awareness and behavior regarding traffic safety | State of senior citizen traffic accidents |
| Campaign to wear bright clothes and reflective materials | Method of confirmation | Factual survey on accidents and injuries (every 3 years) | Method of confirmation |
| | Number of campaign sessions, number of distributed goods | | <ul style="list-style-type: none"> Police statistic data (annual) Ambulance call-out data (annual) |
| Preparation of traffic safety map | Method of confirmation | | |
| | Number of traffic safety maps prepared, number of participants | | |
| Traffic safety classes | Method of confirmation | Indicator name | Indicator name |
| | Number of traffic safety classes held, number of participants | Survey on changes in awareness and behavior regarding traffic safety | State of bicycle traffic accident occurrence |
| Implementation of practical traffic safety classes for the elderly | Method of confirmation | Method of confirmation | Method of confirmation |
| | Number of experience-type traffic safety class for the elderly that have been held and number of participants | Survey to users of bicycle parking lots (annual) | <ul style="list-style-type: none"> Police statistic data (annual) Ambulance call-out data (annual) |
| Safe bicycle riding campaign | Method of confirmation | | |
| | Number of campaigns held, number of campaign locations, number of distributed goods | | |

(2) Child Abuse Prevention

Table 4-6-2

| Program | Activity indicator | Evaluation index | |
|---|--|---|---|
| | | Short/mid-term | Long-term |
| Community cooperation to visit homes with infants | Method of confirmation | Indicator name | Indicator name |
| | Number of participating school districts, number of visited homes, and number of households requiring continuous assistance from supervising child welfare officer | Rate of people feeling difficult in parenting | State of child abuse measures |
| | | Method of confirmation | Method of confirmation |
| | | <ul style="list-style-type: none"> Provision of information from community (supervising child welfare officer), and number of reported cases City needs survey on parenting | Number of child abuse cases handled Indicator name Awareness on parenting in Kurume City |
| Salon visits to junior high schools | Method of confirmation | Indicator name | Method of confirmation |
| | Number of provider groups and participating children *, number of salon providers participating in school district, etc. | Child's awareness of abuse | City needs survey on parenting |
| | | Method of confirmation | <ul style="list-style-type: none"> Recognition of abuse awareness Availability of someone to confide in Degree of exchange between citizens and children |
| | | Number of information and consultations received from children | |
| Orange ribbon making sessions by children | Method of confirmation | | |
| | Number of provider groups and participating children | | |

* Child ... Person under the age of 18 (Child Welfare Law)

(3) School Safety

Table 4-6-3

| Measure/program | Evaluation index | |
|---|--|---|
| | Short/mid-term | Long-term |
| Preparation of school environment that promotes awareness and lead to actions to be safe inside school building | Indicator name | Indicator name |
| | Awareness on how time is spent at school, confirmation of changes in behavior | State of injury |
| | Method of confirmation | Method of confirmation |
| Introduction of safe and fun playing methods | Questionnaire surveys (annual) | Injuries covered by Japan Sports Council Disaster Relief Funds (annual) |
| | | |
| Practical traffic safety classes | Indicator name | Indicator name |
| | Changes in awareness pertaining to traffic rules | Changes in awareness and behavior pertaining to following traffic rules and manners |
| Improvement of traffic instruction to match hazard spots and time | Method of confirmation | Method of confirmation |
| | <ul style="list-style-type: none"> Rate of bicycle helmet possession and use (annual) Bicycle Skills Test (annual) | Questionnaire surveys |

| Measure/program | Evaluation index | |
|--|---|--|
| | Short/mid-term | Long-term |
| Prepare school district safety map and promote education on how to handle suspicious persons | Indicator name | Indicator name |
| | Changes in recognition of “Shelter House #110 for Children” | Confirm changes in crime prevention awareness, and changes in recognition of methods |
| Crime prevention safety patrol using school district safety map | Method of confirmation | Method of confirmation |
| | Questionnaire surveys (annual) | Questionnaire surveys |

(4) Elderly Safety

Table 4-6-4

| Measure/program | Activity indicator | Evaluation index | |
|--|---|---|--|
| | | Short/mid-term | Long-term |
| Education of falling hazard places in home | Method of confirmation | Indicator name | Indicator name |
| | Number of brochure distributed | Rate of people taking measures to prevent falling | Number of people injured by falling |
| Provision of information and education pertaining to risks of falling on daily life | Method of confirmation | Method of confirmation | Method of confirmation |
| | Merits and demerits of holding courses in community, and number of participants in educational courses | Questionnaire survey on awareness and behavior | <ul style="list-style-type: none"> Ambulance call-out data Factual survey with questionnaire |
| Seminars for maintaining health and physical strength, including caregiving prevention programs, and support of health maintenance activities in the community | Method of confirmation | Questionnaire survey on awareness and behavior | Indicator name |
| | <ul style="list-style-type: none"> Number of participants in prevention programs, etc. Number of participants in healthy walking seminars | | Rate of persons requiring long-term assistance because of falling Method of confirmation Factual survey with questionnaire |
| Information provision regarding to abuse and care for dementia through symposium and study sessions | Method of confirmation | Improvement of awareness about abuse among citizens | Indicator name |
| | Number of participants to the events | | Rate of abuse occurrence → number of abuse (reported) / elderly population |
| Training for dementia supporters | Method of confirmation | Questionnaire survey on actual situations | Method of confirmation |
| | Number of certified supporters | | Statistics from Department of long life support |

| Measure/program | Activity indicator | Evaluation index | |
|---|--|--|---|
| | | Short-term | Mid-term |
| Establish the network to support the elderly who need support | Method of confirmation | Indicator name | Indicator name |
| | Number of reported cases | Improvement of awareness of abuse among citizens | Rate of abuse occurrence → number of abuse (reported) / elderly population |
| Reduce the burden of care givers in mental and physical aspects | Method of confirmation | Questionnaire survey on actual situations | Method of confirmation Statistics from Department of long life support |
| | Number of participants to the training courses Number of telephone consultation | | |

(5) Crime Prevention

Table 4-6-5

| Measure/program | Activity indicator | Evaluation index | |
|--|--|--|--|
| | | Short-term | Mid-term |
| Preparation of community safety map for each elementary school district | Method of confirmation | Indicator name | Indicator name |
| | Number of school districts involved in voluntary crime prevention programs using "Community Safety Map" | Number of known street crimes Police statistics | Resolving citizens' worries regarding robberies and sexual crimes, etc. Method of confirmation Questionnaire surveys (every 3 years) |
| Promotion of two-lock system for bicycles | Method of confirmation | Indicator name | Indicator name |
| | Number of educational programs held at bicycle parking lots and commercial facilities, etc. | Number of known bicycle thefts in street crimes Police statistics | Resolving citizens' worries regarding robberies and sexual crimes, etc. Method of confirmation Questionnaire surveys (every 3 years) |
| Enforcement of joint patrols in high crime rate areas | Method of confirmation | Indicator name | Indicator name |
| | Number of important point patrol sessions | Number of known street crimes Police statistics | Resolving citizens' worries regarding robberies and sexual crimes, etc. Method of confirmation Questionnaire surveys (every 3 years) |
| Maintenance of community environment to enhance sense of safety and security | Method of confirmation | Indicator name | Indicator name |
| | Number of improvements made in areas with high crime rate (installation of security cameras on street, etc.) | Police statistics | Method of confirmation Questionnaire surveys (every 3 years) |

| Measure/program | Activity indicator | Evaluation index | |
|---|---|--|--|
| | | Short-term | Mid-term |
| Citizens' General Action Meeting to abolish violence | Method of confirmation | Indicator name | Indicator name |
| | Number of school districts with original eviction programs such as Violence Abolishment Meetings programs | Within crimes subject to general crime law, the number of known heinous crime and violent offenses | Resolving citizens' worries regarding violent crimes |
| Seminars and courses by retired police officers to prevent preschoolers, students and youths from joining gangs | Method of confirmation | Method of confirmation | Questionnaire surveys (every 3 years) |
| | Number of schools holding crime prevention education programs such as gang abolishment | Police statistics | |

(6) DV Prevention

Table 4-6-6

| Measure/program | Activity indicator | Evaluation index | |
|---|--|---|---|
| | | Short/mid-term | Long-term |
| Raising awareness of gender equality and DV prevention | Method of confirmation | Indicator name | Indicator name |
| | Number of schools agencies and groups holding educational seminars and prevention training, Number of participants | Participant awareness | Rate of people who have experienced DV |
| Improving DV prevention education at schools, etc. | Method of confirmation | Method of confirmation | Rate of people who do not agree with division of roles by gender |
| | Check at the site of the program . | Questionnaire survey (annual) | Rate of people who think that DV is a violation of a woman's human rights |
| Reinforcing a workshop for medical personnel | Method of confirmation | Indicator name | Indicator name |
| | Number of institutions/groups holding seminars, number of participants | Number of medical institutions holding programs | Rate of people who did not consult about DV |
| Promoting of activities for victim support at medical institutions | Method of confirmation | Participant awareness | Method of confirmation |
| | | Questionnaire survey (annual) | Citizen Awareness Survey (every 5 years) |
| Improving a workshop for personnel engaged in child-related service | | | |
| Studying support for psychological and social rehabilitation of victims | Method of confirmation | Indicator name | Indicator name |
| | Number of Review meeting on administrative support | Number of workshops and number of participants | Number of people who were able to recover psychologically and socially through skill training courses, etc. |
| | | Method of confirmation | Method of confirmation |
| | | Check at the site of the program (annual) | Check at the site of the program . (annual) |

| Measure/program | Activity indicator | Evaluation index | |
|---|--|------------------------|--|
| | | Short/mid-term | Long-term |
| Implementing the telephone hotline for children | Method of confirmation | Indicator name | Indicator name |
| | Number of institutions/groups holding seminars, number of participants | Participant awareness | Number of telephone consultations, number of children receiving extra learning support |
| Method of confirmation | | | |
| Questionnaire survey (annual) | | Method of confirmation | |
| Workshops for promoting understanding toward children of DV victims | | | Check at the site of the program (annual) |
| Educational support for children of DV victims | | | |

(7) Suicide Prevention

Table 4-6-7

| Measure/program | Activity indicator | Evaluation index | |
|--|---|---|---|
| | | Short/mid-term | Long-term |
| Training of people who can identify signs of suicide at early stage and provide appropriate measures | Method of confirmation | Indicator name | Indicator name |
| | Number of Gatekeeper Training sessions held | Number of Gatekeepers | Changes in number of suicides in Kurume City |
| | | Method of confirmation | Method of confirmation |
| | | Number of training course participants, number of employee participants | Demographic statistics |
| | Method of confirmation | | Indicator name |
| | Number of Family Doctor Depression Approach workshop held | Indicator name | Number of transports from self-inflicted injuries, and number of deaths |
| Number of cases reported between family doctor and psychological doctor | | Method of confirmation | |
| Method of confirmation | | Ambulance call-out data | |
| | Number of cases reported from each hospital | | |
| Reinforcement of cooperation between related agencies, and creation of network | Method of confirmation | Indicator name | |
| | Number of Liaison Council of Suicide Prevention sessions held | Changes in awareness pertaining to suicide | |
| | | Method of confirmation | |
| | Number of consults pertaining to rebuilding life | Citizen Awareness Survey (every 5 years) | |

(8) Disaster Preparedness

Table 4-6-8

| Measure/program | Activity indicator | Evaluation index | |
|--|--|---|--|
| | | Short/mid-term | Long-term |
| Periodic Disaster Preparedness seminars, training and education | Method of confirmation | | |
| | <ul style="list-style-type: none"> • Number of voluntary Disaster Preparedness seminars and training sessions held • Number of persons and groups participating in training and seminars | | |
| Training of leaders educated in Disaster Preparedness | Method of confirmation | | |
| | <ul style="list-style-type: none"> • Number of persons participating in voluntary Disaster Preparedness leader seminar • Number of persons with Disaster Preparedness skills who are registered | | |
| Active information provision to promote registration in the list | Method of confirmation | Indicator name | Indicator name |
| | <ul style="list-style-type: none"> • Number of directories of persons needing assistance in the event of a disaster • Number of persons registered in directory of persons needing assistance in the event of a disaster | Changes in citizens' awareness and knowledge on Disaster Preparedness | Method of confirmation |
| Preparation of individual response plans for vulnerable people during disaster | Method of confirmation | Method of confirmation | Number of persons injured in event of disaster |
| | <ul style="list-style-type: none"> • Number of training sessions held using directory of persons needing assistance in the event of a disaster • Number of individual plans prepared | Citizen Awareness Survey (every 3 years) | |
| Preparation of community evacuation plan | Method of confirmation | Indicator name | Indicator name |
| | Number of community evacuation plans prepared | Changes in citizen's awareness on evacuation | Method of confirmation |
| | Method of confirmation | Method of confirmation | Number of persons injured in event of disaster |
| | Number of evacuation training sessions held | Citizen Awareness Survey (every 3 years) | |

Indicator 7: Ongoing participation in national and international Safe Communities networks

1. Participation in national networks

(1) Exchanges with Safe Community cities in Japan

| Year/month | Description |
|----------------------|--|
| Oct. 2010 | Attended Citizen Security and Safety Festa 2010 in Atsugi (Atsugi City) |
| June 2011 | Attended the Safe Community pre-evaluation of Toshima Ward in Tokyo Participated in the Conference of Citizens' Safety in Toshima Ward Attended the Safe Community pre-evaluation of Sakae Ward, Yokohama City of Kanagawa Prefecture |
| July 2011 | Visited Kameoka, Kyoto |
| Nov. 2011 | Participated in the Meeting of National Safe Community Promotion Local Government Network (Atsugi City, Kanagawa Prefecture) Participated in the 5th Academic Conference of Japan Society of Safe Promotion (Ikeda City, Osaka Prefecture) |
| 2012 Jan. to Feb. | Attended the Safe Community on-site evaluation of Minowa Town in Nagano Prefecture Attended the Safe Community on-site evaluation of Toshima Ward in Tokyo |
| May 2012 | Attended the Safe Community on-site evaluation of Komoro City in Nagano Prefecture Participated in the Safe Community Designation Ceremony of Minowa Town in Nagano Prefecture Participated in the Meeting of National Safe Community Promotion Local Government Network Observed preliminary screening of Kameoka, Kyoto Attended joint study group Japan Safe Community Promotion Municipalities (Osaka) |
| Sept. 2012 | Participated in JISC Safe Community Seminar (Matsubara) |
| Oct. 2012 | Participated in Safe Community Summit held in Toshima Ward Attended the Safe Community on-site evaluation for re-designation of Kameoka City in Kyoto Prefecture Attended the Safe Community pre-evaluation of Matsubara City in Osaka |
| 2012 Nov. to Dec. | Participated in the Safe Community Designation Ceremony of Toshima Ward in Tokyo Participated in the Safe Community Designation Ceremony of Komoro City in Nagano Prefecture |
| Feb. 2013 | Participated in the Safe Community re-designation of Kameoka City in Kyoto Prefecture Participated in meeting of supervisors in National Safe Community Promotion Local Government Network |

(2) Hosting of visiting groups

| Year/month | Group name |
|------------|-------------------------------|
| July 2012 | Miyazaki Prefectural Assembly |
| Dec. 2012 | Yame City, Fukuoka Prefecture |

2. Participation in international networks

| Year/month | Description |
|------------|---|
| Dec. 2011 | Participated in the symposium commemorating the designation of the JISC Safe School Certifying Center (Osaka, Japan) |
| June 2012 | Visited Jeju Island (special self-governing island), a Safe Community in South Korea, and participated in seminars (Jeju Island, South Korea) |
| Dec. 2012 | Participated in and gave a presentation at the 6th Asian Regional Conference on Safe Community (Toshima Ward) (Tokyo, Japan) |

Visited Jeju Island, a Safe Community in South Korea, and participated in seminars (2012)



Symposium commemorating the designation of the JISC Safe School Certifying Center (2011)



6th Asian Regional Conference on Safe Community (2012)



6th Asian Regional Conference on Safe Community (2012)



Meeting of supervisors in National Safe Community Promotion Local Government Network (2011)



Matsubara City, Osaka Safe Community Pre-evaluation (2012)



Joint study group National Safe Community Promotion Local Government (2012)



JISC Safe Community Seminar (2012)



Chapter 5 Long-term Prospects of SC Programs

1. Long-term goal of Safe Community activities

(1) Sharing the basic principle of Safe Community

Promotional and educational activities will be promoted with as many citizens as possible to share the basic principle of Safe Community, “Injuries and accidents do not happen spontaneously, and are preventable by identifying the cause.”

The circle of activities pertaining to safety and security will be enlarged by increasing cooperation of agencies related to community safety, such as city, police and fire department with institutions such as schools, medical institutions, community activity groups and private groups.

(2) Effective use of Injury data, etc.

Data collected from each field and organized by the Injuries Surveillance Committee, and effectively used by each task force to resolve challenges. Safety measures with evidence will be implemented with this. **Therefe, before submitting the annual report, good assessment will be conducted at taskforce committees as well as the Injury Surveillance Committee.**

(3) Promotion and activation of community activities

Since the city is promoting city creation in school units, voluntary safety and security activities will be promoted in the school district. To achieve this, data related to safety and security will be actively provided to the school district. In addition, an effort will be made to expand safety and security activities through the city by collaborating and exchanging information between school districts.

(4) Collaboration with Safe Communities in Japan and overseas

Kurume City plans to participate the Safe Community Network in Japan and overseas, and will share information with each community. In Japan, we value the network with the Safe Community certified municipalities and those in the preparation stages. We will structure a system of cooperation through the Safe Community activities, and will strive to educate people in Japan about the Safety Community activities so that we may broaden our activities.

2. Programs for ensuring long-term activities

(1) Promotion of Kurume City’s New General Plan

Kurume City has enacted the “Kurume City’s New General Plan” as an indicator of city administration. We are involved with “Safe Community” as a means to realize the basic concept of city planning outlined in this plan and to create our ideal city.

Specifically, we are using the “Safe Community” mechanism to promote policies regarding safety and security over various sectors in an integral manner. In the development of each policy, we are focusing on cooperation while incorporating the views of PDCA. We are continuously and effectively carrying out programs to improve the safety and security of all citizens.

(2) Promoting programs based on ordinances pertaining to safety

Kurume City has enacted the “Kurume City Crime Prevention City Planning Ordinance” aiming to create a Kurume in which each and every citizen can live safely and security. This ordinance stipulates “creation of a crime prevention city must be engaged by the city, citizens and business owners, and each party must collaborate closely and cooperate”, etc.

The “Ordinance pertaining to Promotion of Traffic Safety Measures in Kurume City”, regarding traffic safety and enacted to contribute creating a safe and secure life for citizens, stipulates the city’s and citizens’ responsibilities and the basis for the city’s policies.

There are other ordinances pertaining to safety. Programs based on these ordinances will be continually promoted with “Safe Community” to create a safe and secure city.