



Application to become a member of International Safe Community Network

December 2011

Toshima City, Tokyo, Japan

Greetings from the City Mayor

Toshima City has many historical and cultural assets which have been handed down from our ancestors. This is our home where we continue to generate energy for tomorrow.

We have been promoting urban planning unique to each community while focusing on welfare and education. Toshima City has been developing as a city of cultural promotion, environment friendly, life-long health in the subcenter of Ikebukuro and surrounding areas. As we plan for the future and create a “City people want to live in and visit”, it is absolutely vital that we focus on “safety”.

As home to around 270,000 people in a 13.01km² area, Toshima City is a compact high-density urban area with Japan’s highest population density. Being a city where various people interact, Toshima City is a fertile ground where daily activities can create new values. On the other hand, we face challenges unique to a high-density urban area.

Our first challenge is safety.

The daytime population of Toshima City, including workers and students who come from outside the city, is around 380,000 people. Every day 2.54 million people pass through Ikebukuro Station, one of Tokyo’s bustling commerce areas, as they visit the city for shopping and other events. Crime and accidents increase when the density of people increases. In addition, Toshima City has many dense residential areas, so if an earthquake occurs directly below us, as has been predicted, we anticipate major damage. While our regional characteristics differ, we learned many things from the East Japan Great Earthquakes which occurred in March 2011.

Another challenge we are facing is local communities, especially the bond [絆 (KIZUNA)] among residents at in the local communities and neighborhood levels.

The birthrate in Toshima City is dwindling, while the population is aging, and the rate of single-person households is on the increase. The rate for ages 65 and older is 20.8% and 37.7% of senior citizen are single-person households. The rate of residents under the age of 14 is 8.6%. In communities with fewer children, young mothers tend to feel more isolated. In addition, about 22,000 people move in and out each year. These population characteristics pose a challenge in community development.

Although these challenges in “safety” and “community” make Toshima City unique and energetic, they are basic problems which must be tackled for urban grown.

“Safe Community”, promoted by the WHO Collaborating Centre on Community Safety Promotion, is a valuable program which focuses on these two themes at the same time.

In March 2010, Toshima City was registered as a “city in preparation stages”. Various preparations have been set in motion to increase lateral cooperation between communities. These include setting a committee which will act as the nucleus, conducting social surveys on children and senior citizens, analyzing communities based on various data, etc., setting priority themes for high-risk groups and environments, reinforcing the safety functions of “community plazas (Kumin-Hiroba in Japanese)” set up at each elementary school zone, and setting task forces to enhance the effect of these preventive actions.

“People are a relay runner in history.” These are the words of James Miki, a playwright of the play “Ikebukuro Our Town” performed in 2008. We are responsible for passing on a worthy city to the children of the future. The most important value for Toshima City is indisputably “Safety”.

Acquiring the internationally-recognized “Safe Community” designation is the pride of all city residents. This pride in one’s home place is the driving force for creating a safe city.

The “Safe Community” designation is just a relay point as Toshima City continues its long run. However, it is a big step which will always lead to the future.



December 2011 Yukio Takano
Mayor, Toshima City

豊島区長 高野之夫

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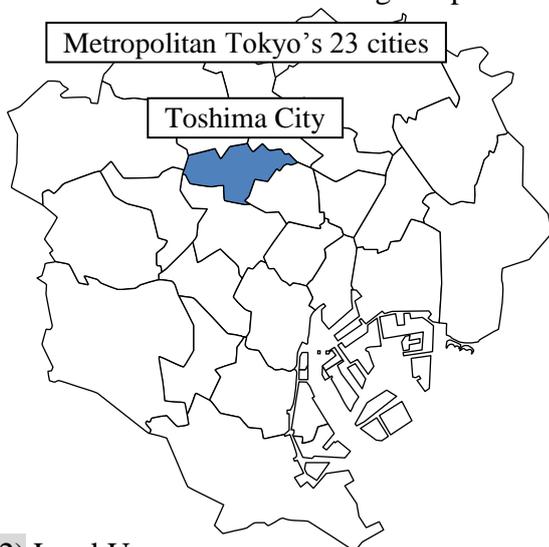
Chapter 1

Overview of Toshima City

1 Land Use, Urban Functions

(1) Location and Area

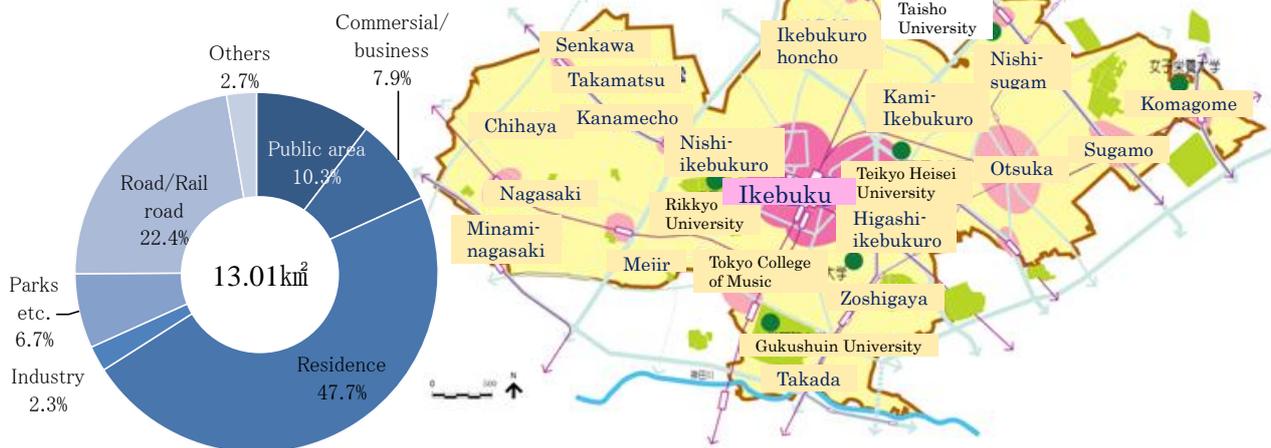
Toshima City is located in the northeastern Part as one of 23 cities in Metropolitan Tokyo (MT) and has an area of 13.01km, making it the 18th largest city in Tokyo. Shaped like a “bird spreading its wings”, Toshima City extends 6,720 meters to the east and west, and 3,660 meters to the north and south. Using Tokyo Bay as the average sea level, the city has a plateau shape which reaches 36 meters at the highest point and 8 meters at the lowest point.



(2) Land Use

Categorized according to use, 47.7% of the city’s land is for residential use, 10.3% for public use, 7.9% for business use and 2.3% for industrial use. Twelve railway lines, from five companies, pass through Toshima City. Tokyo’s only streetcar, the Arakawa Line, also passes through the city. Commercial and business buildings, including department stores and Sunshine City, are located around Ikebukuro Station, situated in the center of the city, thus forming a sub-center area. On the average, approximately 2.54 million people commute through Ikebukuro Station each day making it second only to Shinjuku Station. Commerce thrives around the railway stations including Otsuka, Sugamo, Komagome and Mejiro. Sugamo is famous for the Jizo-Dori shopping street, also known as Grandma’s Harajuku which is a popular spot for fashion among young generation.

Fig. 1-1 State of Land Use



(3) Education and Culture

Toshima City is home to universities such as Rikkyo, Gakushuin, Taisho, Tokyo College of Music, Kagawa Education Institute of Nutrition, as well as about 130 educational facilities including high schools, junior high school, elementary schools and kindergartens. The city features culture facilities such as theaters, cinemas, historical museums, variety theaters and art museums. Many individuals and community organizations are active in artistic and cultural programs. Toshima City's rich culture and artistic history includes the "Tokiwa-so", an apartment building where legends of manga Osamu Tezuka and Fujio Akatsuka created the culture of manga.

Toshima City is also known as the cradle land of the "Someiyoshino Sakura", the blossoms which represent Japan.

Table 1-1 Educational institutions

Kinder-Gardens	Elementary schools	Jr. High schools	High Schools	Vocational schools	Junior colleges	Universities	Total
19	25	17	16	49	2	6	134

(4) Medicine

Toshima City has 16 hospitals and 411 clinics.

Table 1-2 Medical institutions and number of beds

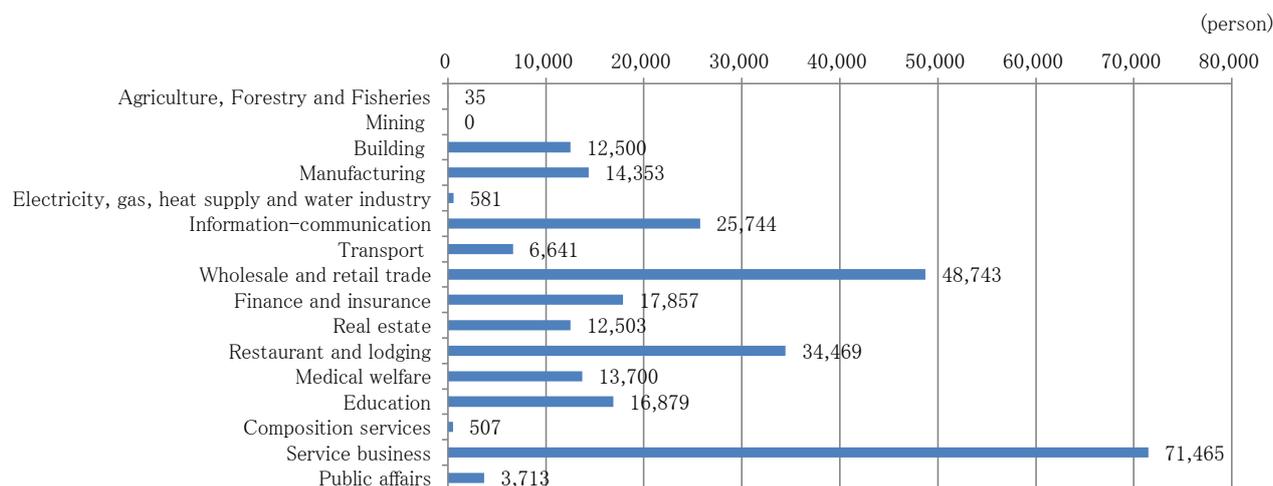
(Ministry of Health Medical Institution Survey: as of October 1, 2010)

Hospitals		Clinics			Total		
No. of facilities	No. of beds	No. of facilities	With beds	Without beds	No. of hospital beds	No. of facilities	No. of beds
16	1,790	411	28	383	151	427	1,941

(5) Industry

Employment ranks highest in the "Service Industry" followed by "Wholesale, Retail Sales" and "Food and Hotel Business". Secondary industries such as "Construction" and "Manufacturing" account for 10% of Toshima's industry, and tertiary industries account for 90%.

Fig. 1-2 Employment according to industry

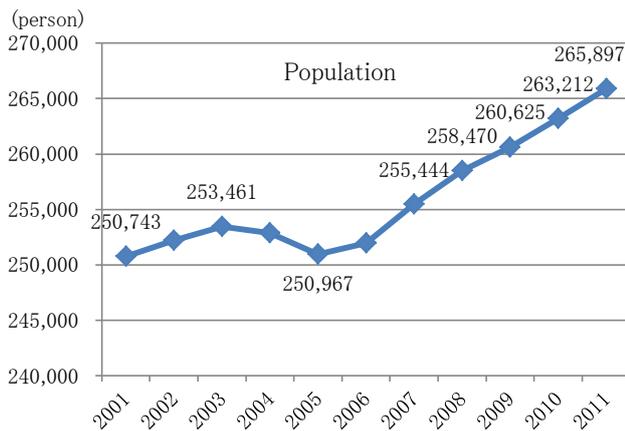


Bureau of Statistics, Ministry of Internal Affairs and Communications
2010 Economic census -basic survey

(1) Transitions in Population

As of January 1, 2011, the population of Toshima City was 265,897 people. As a result of increase of 2,000 a year since fiscal 2006, the population density is 20,438 persons per km², making Toshima the highest density urban area in Japan. The number of registered foreigners has also increased since fiscal 2008, with 19,868 persons (4,081 permanent residents) registered as of January 1, 2011.

Fig. 1-3 Transition in Population



Basic Resident Register and registered foreigners

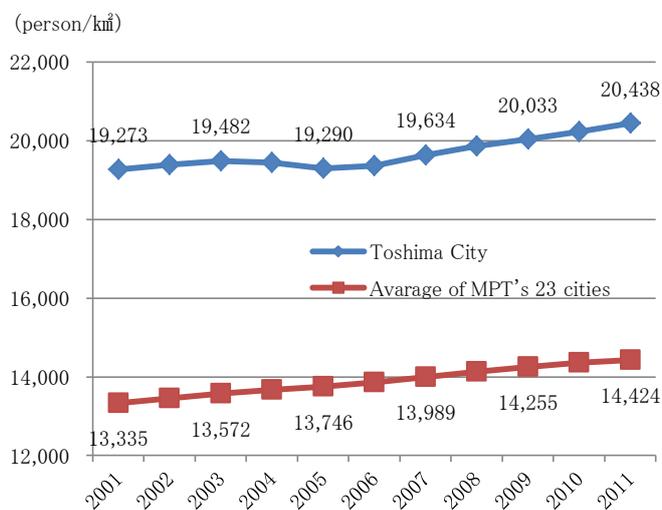
Fig. 1-4 Transition in number of registered foreigners



Table 1-3 Top five countries of registered foreigners

	Country	No. of registered persons
1	China	11,785
2	South Korea, North Korea	3,543
3	Myanmar	940
4	Nepal	482
5	Philippines	428

Fig. 1-5 Transition in population density



Basic Resident Register and registered foreigners

(2) Demographics

The population of Toshima shifts by about 20,000 persons each year because of move-in and out. Move-in surpass move-out by about 3,000 people leading to a continued increase in population. Looking at births and deaths, there are about 2,300 deaths per year compared to about 1,800 births. Both births and deaths are increasing.

Fig. 1-6 Trend of move-in and out

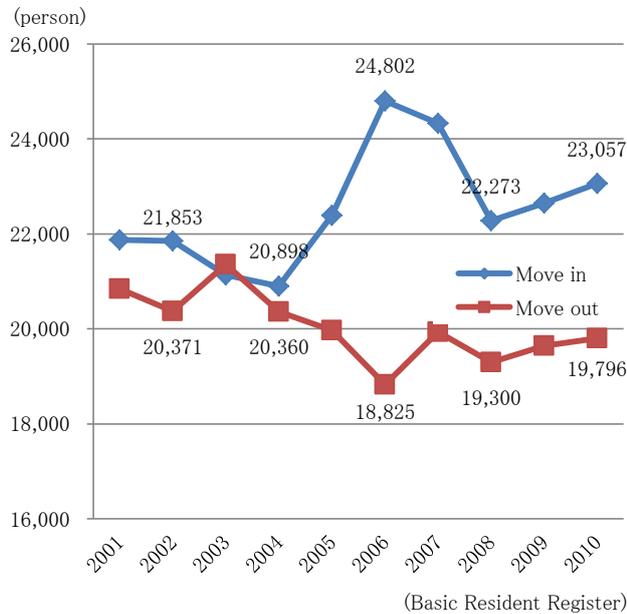
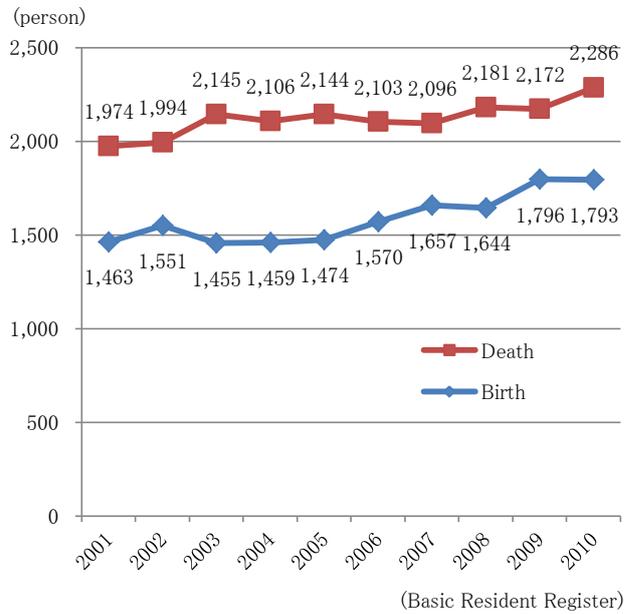


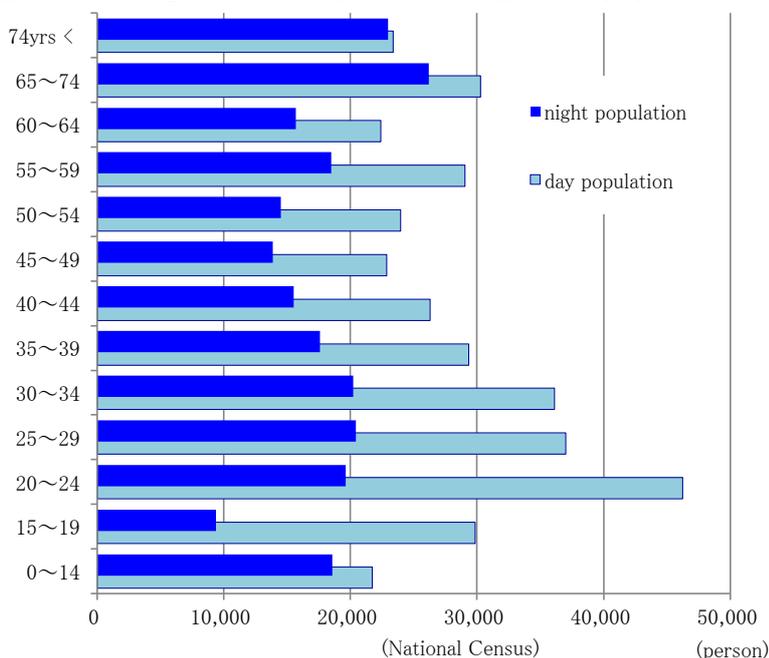
Fig. 1-7 Trend of births and deaths



(3) Daytime population

According to the National Census conducted in fiscal 2005, the daytime population of Toshima City is 380,000 people including workers and students. This greatly surpasses the nighttime population. In age groups, the difference of daytime and nighttime population is large in all age groups excluding 0 to 14 years and 65 years and older. In the younger groups of 15 to 19 and 20 to 24, the daytime population is double the nighttime population.

Fig. 1-8 Comparison of daytime and nighttime population according to age groups.



(4) Aging population and lower birthrate

As of January 1, 2011, the 65 year and older population in Toshima City was 20.8%, and the 14 year and younger population was 8.6%. The aging population combined with the diminishing number of children is the most pronounced of all of Tokyo's 23 cities.

(5) Household composition

Looking at household composition, in 1965 parent-child households accounted for almost half of the city's households. In 2005, this number had halved to 23.6%. On the contrary, the number of single-person households has increased reaching 60% in fiscal 2005. When Tokyo's 23 cities are compared, it is apparent that the ratio of single-person households is especially high in Toshima.

The percent of senior citizens living alone is also high. According to the Basic Resident Register of January 1, 20011, 19,546 people or 38.2% of all senior citizens were living alone.

Fig. 1-9 Comparison of senior citizens and youth in 23 cities

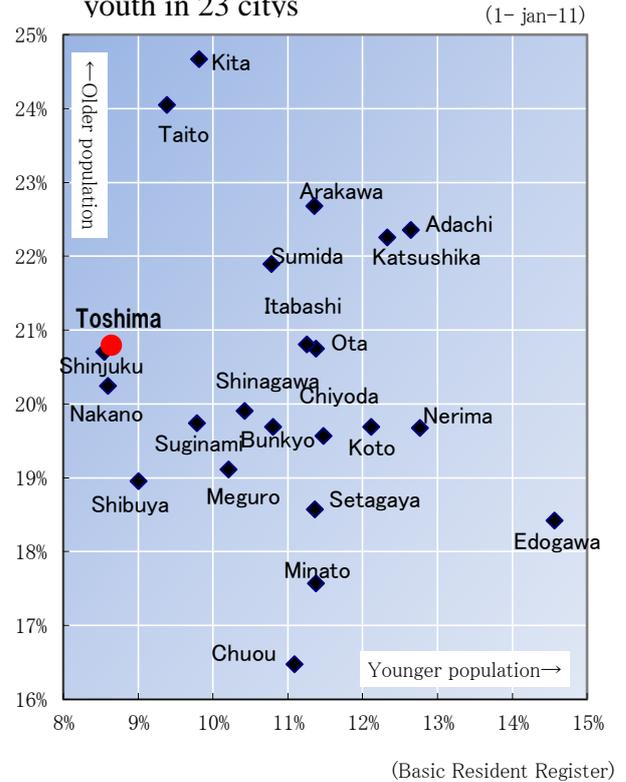


Fig. 1-10 Composition of households in Toshima City

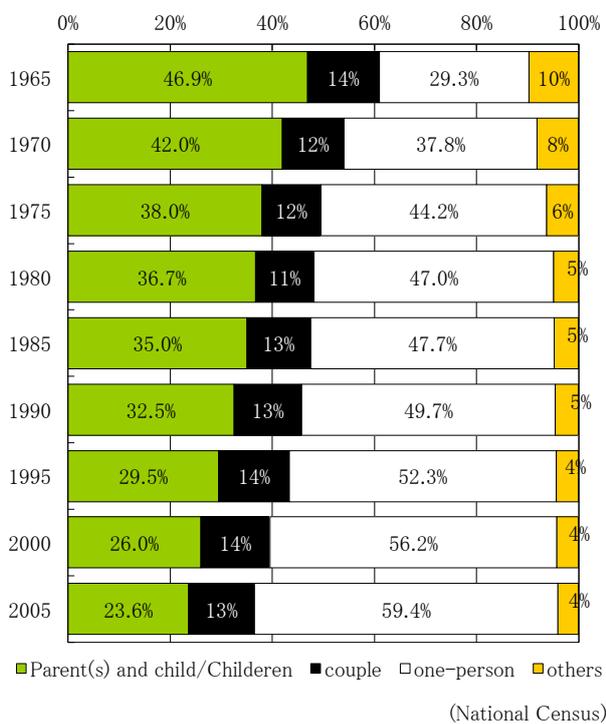
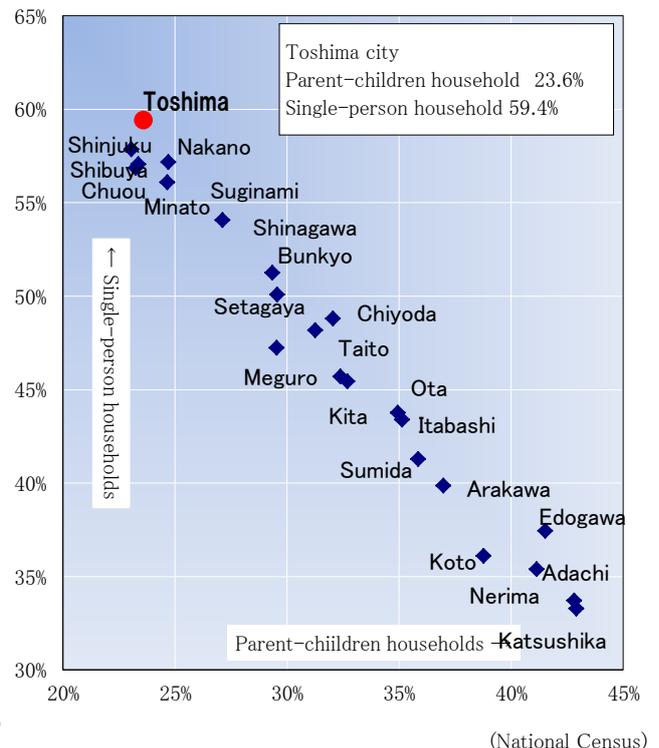


Fig. 1-11 Comparison of parent-children households and single-person households in 23 cities in MT



Chapter 2

Approach to Safe Community

(1) "Safety" and "Community" the essence of high-density urban areas

Toshima City has Japan's largest high-density urban area. Various functions including culture, commerce, business, residence and education are integrated into a compact area.

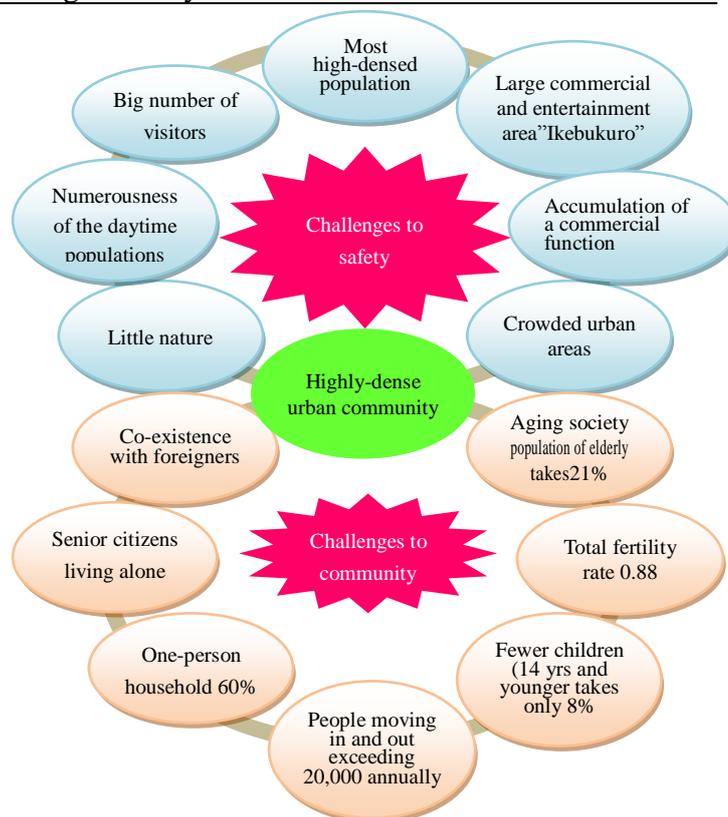
Toshima is home to a diverse range of people who generate vitality through their actions.

At the same time, Toshima has one of Tokyo's busiest commerce areas around Ikebukuro Station, where 2.54 million people pass through each day.

The city is disabled with safety concerns unique to a high-density urban area. These include crime prevention, environmental cleanup, traffic, and ensuring safety in dense residential areas which are vulnerable to earthquake damage.

With move-in and out exceeding 20,000 people a year, single-person

households accounting for 60% of households, a high proportion of elderly people living alone and a low birth rate are all characteristics of Toshima City, these factors are also a challenge for development of communities and bonds between people.



(2) Increasing "safety" supported by a rich community force

Challenges to "safety" and "community" are basic issues which Toshima City constantly faces. These are also the foundation for creating pillars of strategic growth including cultural policies, environmental policies and urban regeneration.

We feel truly "safe" only when "safety" and "community" enrich our daily lives.

The Safe Community activities ensure a safe living environment, and aim to improve the quality of safety and health by creating connections which extend beyond a rich community and organizations. This is the model of Toshima's policy for basic challenges.

By expanding these Safe Community activities, we hope to use "safety" as the starting point to extend the bond of people within the community and through that promote a development of a "safe" community supported by high ability of community.

Various programs to protect safety of our communities are carried out in Toshima City. These programs will be referred to the six standards indicated by the WHO Collaborating Centre on Community Safety, Promotion to evaluate the influences from a scientific perspective and gain new ideas and methods. Through this, we hope to significantly improve programs for "Health" and "Safety" promotion.

(3) Reducing medical and care-giving costs, etc.

As Japan enters an unprecedented aging society, it is expected that medical care costs will further increase. It is essential that the Safe Community activities prevent and reduce unintentional injuries and suicides. In addition, we hope that these activities will lead to an overall reduction in medical and health care costs by preventing the elderly injuries by falls and residents who require medical care.

2 Progress of Actions and Programs

2009	Research on Safe Community started
2010	<p>February: ● Safe Community Program declared</p> <p>March: Registered as “City in preparation stages” with WHO Collaborating Centre on Community Safety Promotion</p> <p>May: ● Toshima City Safe Community Steering Committee set up North Ikebukuro designated as model community</p> <p style="text-align: center;">↓ Community diagnosis</p> <p>October: Residents Meeting for Safe Community (1,500 participants)</p> <p>November: ● “Basic Policy for Safe Community Certification” enacted</p> <p>December: ● Task forces committees set for prioritizes themes</p>
2011	<p>January: ● Injury Surveillance Task Force formed</p> <p>March: The East Japan Great Earthquakes</p> <p style="text-align: center;">Safe Community activities by Taskforce committees</p> <p>June: Disaster prevention forum (1,000 participants) ● Preliminary review by SC Asian Certifying Center (Korea) Reports from task force committees presented for preliminary review “Toshima Safety Festival” held (co-sponsor: Nihon Shimin Anzen Gakkai)</p> <p>December: ● Application report for designation submitted to SC Asian Certifying Center</p>
2012	February: ● Field review by SC Asian Certifying Center (scheduled)

Chapter 3

Mortality and Morbidity in Toshima City

Legend

Demographics	“Demographics Statistics” “Ministry of Health, Labor and Welfare”
EMS	Emergency Medical Service (Emergency transport data) “Tokyo Metropolitan Fire Department”
Police statistics	“Metropolitan Police Department Statistics” “Metropolitan Police Department”
City Resident Survey	“City Citizen Awareness & Awareness Survey” Refer to Chapter 5 Index 4 for details
Children Survey	“Survey on Injuries and Accidents by Children” Refer to Chapter 5 Index 4 for details
Senior Citizen Survey	“Survey on Injuries and Accidents by Senior Citizens” Refer to Chapter 5 Index 4 for details
Disabled Persons Survey	“Survey on Injuries and Accidents by Disabled Persons” Refer to Chapter 5 Index 4 for details
Composition	Composition
Rate of occurrence	(1) When compared with national or metropolitan statistics, indicated as Per 100,000 people (2) Rate of occurrence in Toshima City indicated as percentage
Real numbers	Real numbers
2010	Data for fiscal 2010
2006 to 10	5-year average for 2006 to 2010

1

Circumstances of Deaths

(1) Causes of death including illness

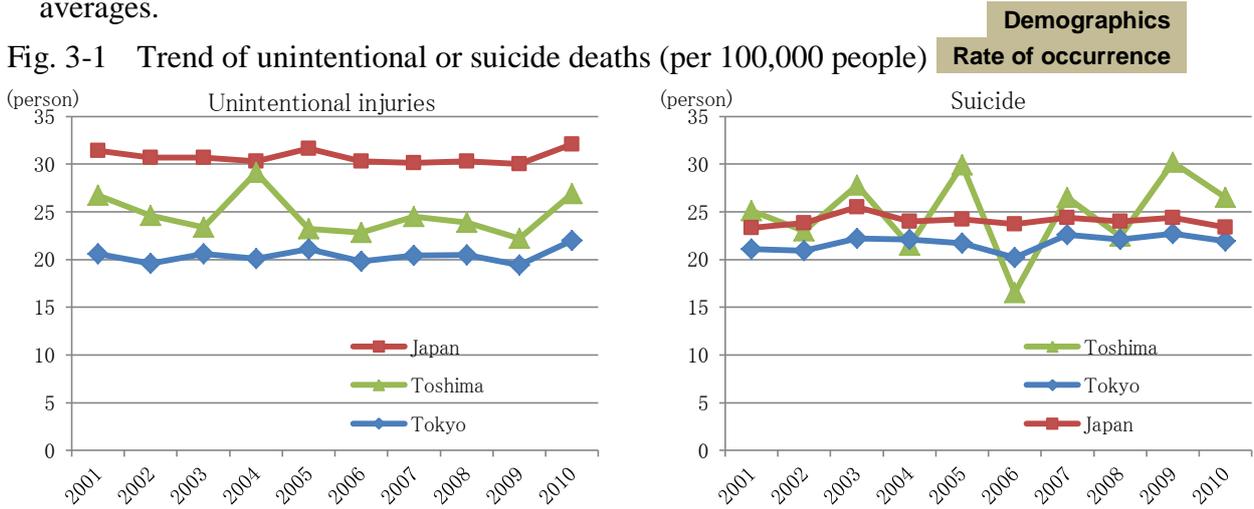
2,000 or more people die in Toshima City every year. Looking at the age groups in the past ten years, death by “unintentional causes” is in the top five causes in the 0 to 39 age group. “Suicide” is one of the five top causes of death in the 15 to 64 age group, posing a challenge to the city.

Table 3-1 Ranking causes of death by age group (Average for ten years from 2001) **Demographics**

Age group	1st	2nd	3rd	4th	5th
Age 0	Congenital malformation	Prenatal condition	Neurological disease		
Ages 1-4	Malignant neoplasm, neurological disease, respiratory disease			Heart disease, Unintentional injury	
Ages 5-9	Unintentional injury	Neurological disease, respiratory disease		Others	
Ages 10-14	Malignant neoplasm, neurological disease, Unintentional injury			Others	
Ages 15-19	Suicide	Malignant neoplasm, neurological disease, Unintentional injury , heart disease			
Ages 20-24	Suicide	Unintentional injury	Malignant neoplasm	Heart disease, cerebrovascular disease	
Ages 25-29	Suicide	Unintentional injury	Malignant neoplasm	Heart disease, neurological disease	
Ages 30-34	Suicide	Unintentional injury	Malignant neoplasm, heart disease		Cerebrovascular disease
Ages 35-39	Suicide	Malignant neoplasm	Unintentional injury	Cerebrovascular disease	Heart disease
Ages 40-44	Malignant neoplasm	Suicide	Heart disease	Cerebrovascular disease	Gastrointestinal disease
Ages 45-49	Malignant neoplasm	Suicide	Cerebrovascular disease	Heart disease	Gastrointestinal disease
Ages 50-54	Malignant neoplasm	Suicide	Gastrointestinal disease	Cerebrovascular disease	Heart disease
Ages 55-59	Malignant neoplasm	Heart disease	Gastrointestinal disease, cerebrovascular disease		Suicide
Ages 60-64	Malignant neoplasm	Heart disease	Gastrointestinal disease	Cerebrovascular disease	Suicide
Ages 65-69	Malignant neoplasm	Heart disease	Cerebrovascular disease	Gastrointestinal disease	Pneumonia
Ages 70-74	Malignant neoplasm	Heart disease	Cerebrovascular disease	Pneumonia	Gastrointestinal disease
Ages 75-79	Malignant neoplasm	Heart disease	Cerebrovascular disease	Pneumonia	Gastrointestinal disease
Ages 80-84	Malignant neoplasm	Heart disease	Cerebrovascular disease	Pneumonia	Gastrointestinal disease
Ages 85-89	Malignant neoplasm	Heart disease	Pneumonia	Cerebrovascular disease	Gastrointestinal disease
Ages 90-94	Heart disease	Malignant neoplasm	Cerebrovascular disease	Pneumonia	Senile decay
Ages 95 and older	Heart disease	Pneumonia	Senile decay	Cerebrovascular disease	Malignant neoplasm
All age groups	Malignant neoplasm	Heart disease	Cerebrovascular disease	Pneumonia	Gastrointestinal disease

(2) Trend of death by unintentional accidents and suicides

While unintentional deaths are low on a national average, the numbers are higher than the average of Tokyo. The average of suicides in the past ten years is higher than the Tokyo or national averages.



(3) Circumstances of unintentional or suicide death according to age group

About 60 people die unintentionally each year. The unintentional deaths of elderly people are increasing yearly. The main causes are tripping/falling, drowning or suffocation. About 60 people die each year by suicide, with the numbers increasing in the 20 to 60 age groups.

Fig. 3-2 Number of unintentional deaths according to age group and cause
(Annual average for five years from 2006 to 2010)

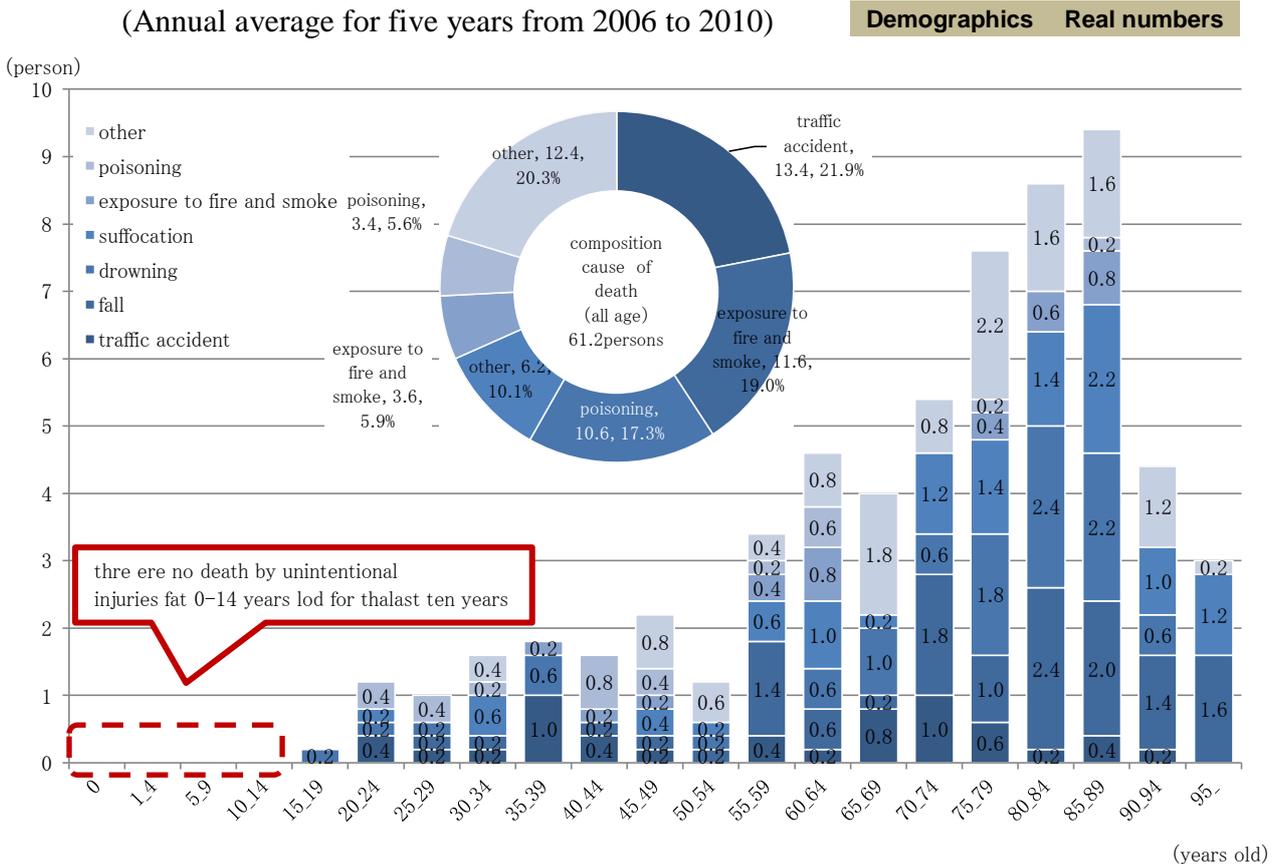


Fig. 3-3 Number of deaths by suicide according to age group

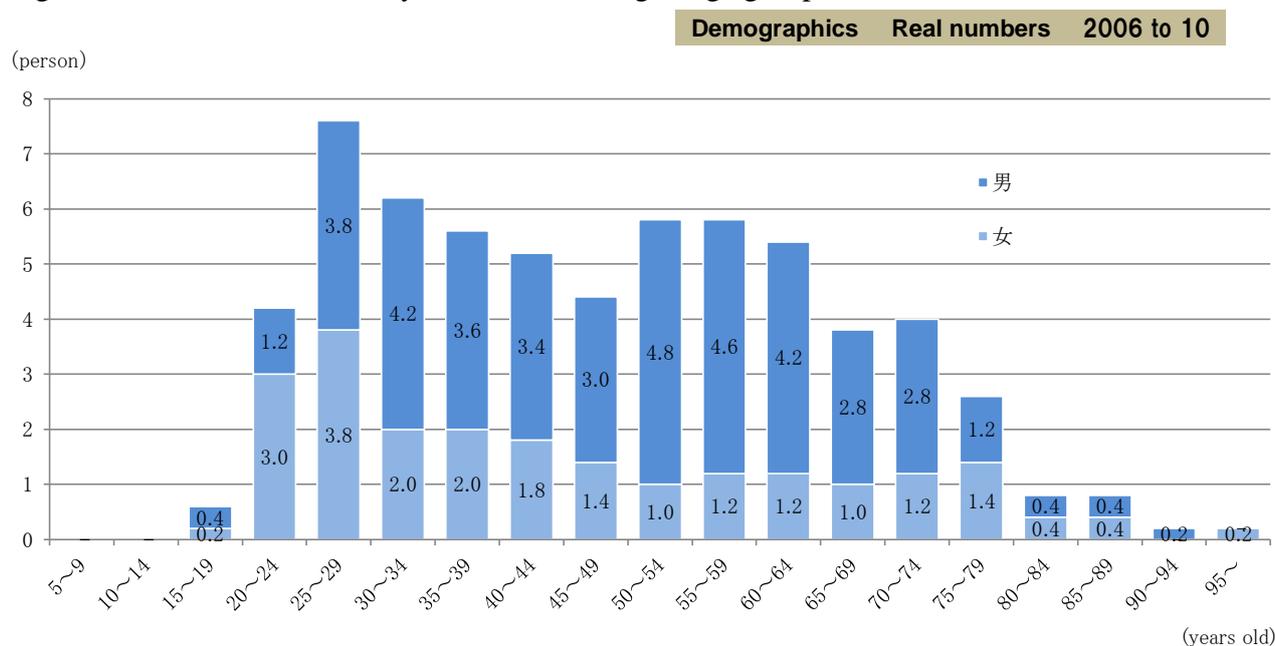


Table 3-2 Trend of deaths by injury **Demographics Real numbers**

Cause of death	Number of deaths (Persons, 65 and older shown in parentheses)				
	2006	2007	2008	2009	2010
Unintentional injury	56(37)	63 (43)	60 (42)	56 (40)	71(50)
Traffic accident	8 (4)	7 (5)	6 (3)	4 (3)	6 (1)
Tripping/falling	14 (9)	13 (10)	13 (11)	17 (13)	10 (9)
Drowning or submersion	14 (9)	9 (7)	9 (9)	9 (7)	12 (11)
Suffocation	6 (5)	16 (11)	12 (8)	11 (9)	13 (10)
Exposure to smoke or fire	1 (1)	3 (2)	5 (2)	4 (2)	5 (2)
Poisoning from harmful substance	2 (0)	4 (0)	2 (0)	4 (1)	5 (1)
Other Unintentional injury	11 (9)	11 (8)	13 (9)	7 (5)	20 (16)
Suicide	42 (12)	67 (10)	58 (14)	79 (13)	70 (13)
Murder	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Total	99(37)	130(43)	118(42)	135(40)	141(50)

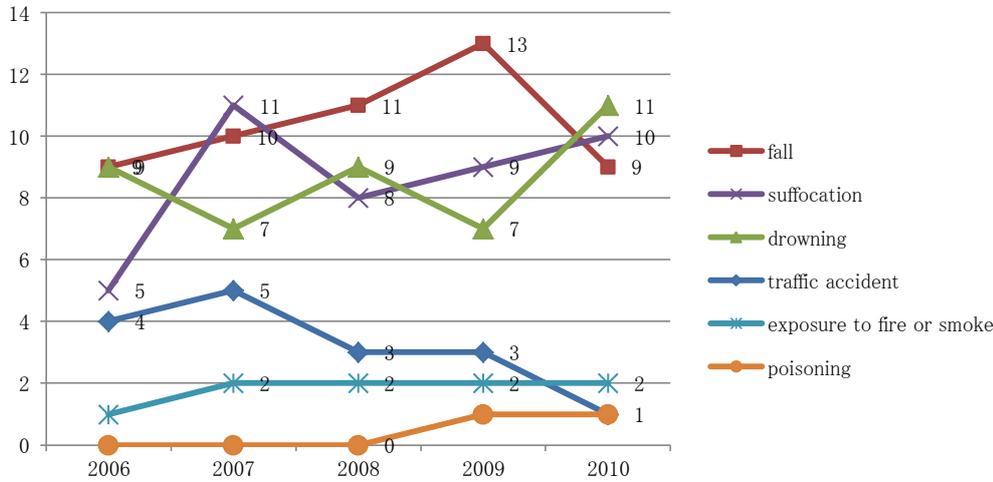
* Toshima City has had no deaths caused by unintentional injury, suicide or murder in the 0 to 14 age group in the past ten years.

(4) Situation of unintentional death in elderly persons

When looking at the cause of unintentional deaths in elderly persons, while traffic accidents are on the decline, death by tripping/falling, suffocation and drowning are on the increase.

Fig. 3-4 Causes of unintentional deaths in elderly persons
(person)

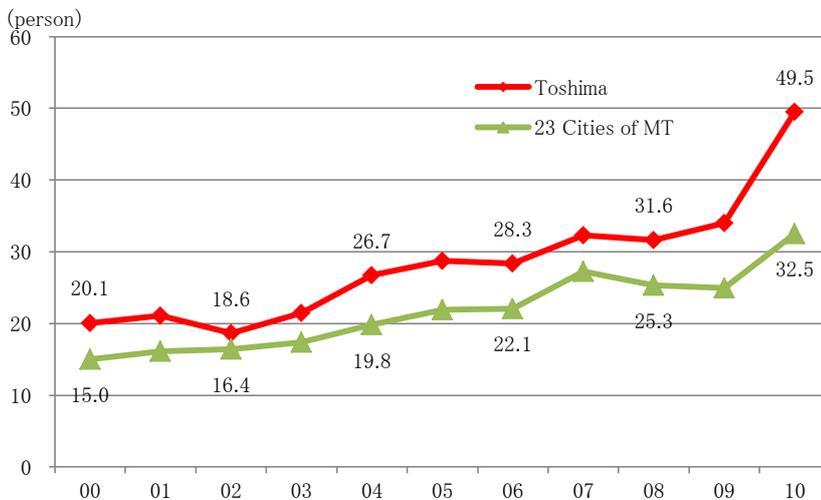
Demographics Real numbers



Column Annually increasing solitary deaths

In Toshima City which is aging quickly, the number of elderly persons living alone is increasing. At the same time, the number of “solitary deaths” where a person isolated from the local society dies is also increasing.

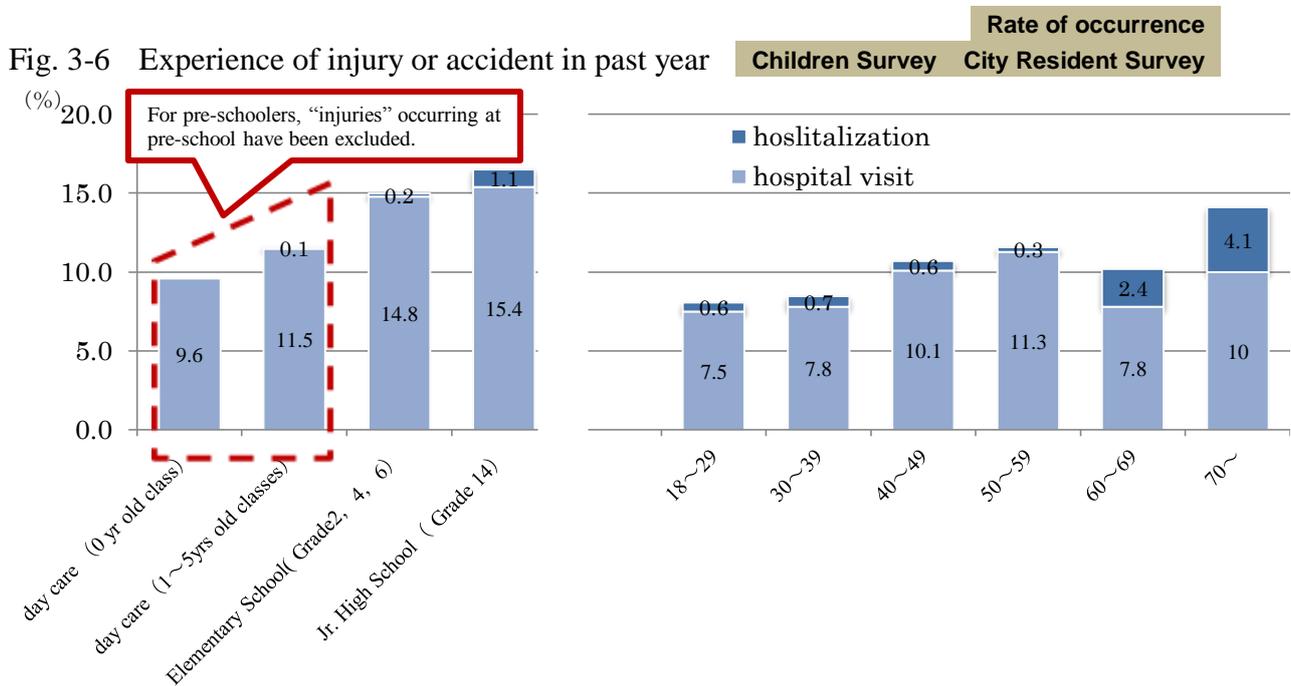
Fig. 3-5 Trend of solitary deaths (per 100,000 persons)



* Number of unnatural deaths by elderly persons age 65 or older living alone which were autopsied by the Tokyo Metropolitan Medical Examiner to determine the cause of death

(1) Statistics of resident injuries

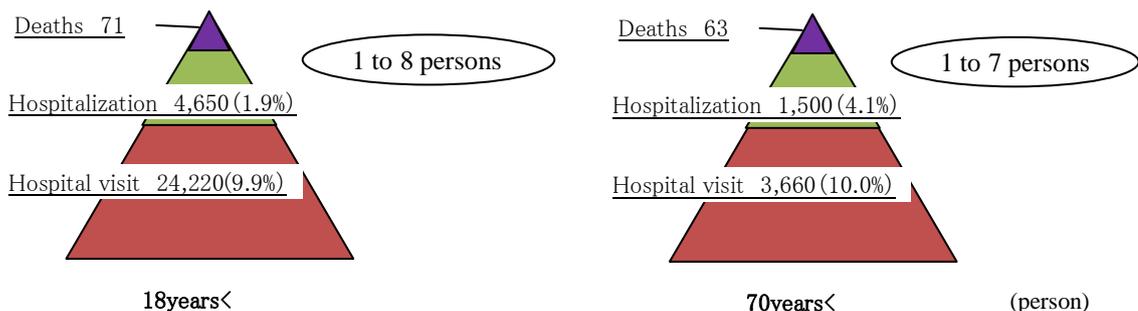
Analyzed experience of injury from the results of questionnaire survey, around 10% at the age group of 0-5 years old and around 15% among school children has experienced injuries. As for the age group over 18 years old, the rate of experience in being injured tends to be higher as age goes up, and especially residents have high tend to be hospitalized from injury when they become 60 years old or over.



Column Overview of deaths and injuries in Toshima City based on survey results

When the numbers are tabulated, the numbers for all city residents over the age of 18 shows that for every death the number of hospitalizations is approx. 65-fold and the number of outpatient cases is approx. 340-fold.

Fig. 3-7 Overview of deaths and injuries (Tabulated from demographics survey and city resident survey)

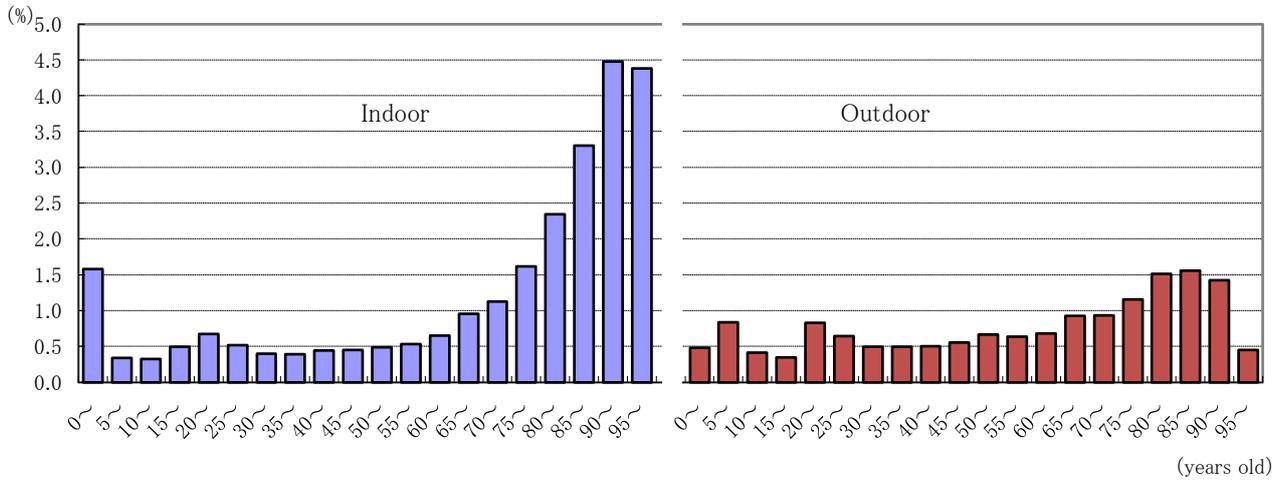


* The number of hospitalizations, outpatient cases and close-call accidents is based on the “number of injuries and accidents in the past year”. The values have been converted for the population (244,637 people) and population of the age of 70 (36,594 people) registered in the Basic Resident Register as of January 1, 2011.

(2) Circumstances of emergency transport due to injury

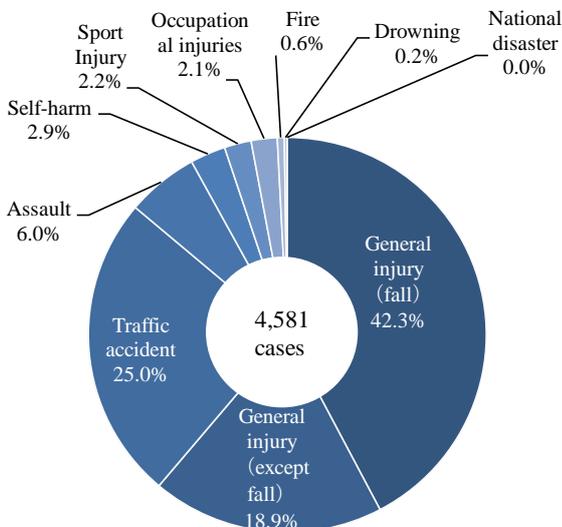
In 2010, there were 4,581 transportations to hospitals by ambulance due to injuries and accidents in the city. Calculated incidence rate at each age group adjusted based on day time population, the incident rate inside home is higher than outside and children under 5 years old and the elderly have higher rate than other age groups.

Fig. 3-8 Rate of accidents resulting in emergency transport EMS 2010 Rate of occurrence



Analyzing cases of injuries sent to hospital by ambulance, as a whole generation, fall takes 42.3% as the highest followed by traffic accident of 25.0%. As other causes, assault takes 5.9%, self-harm as 2.9%, sports injury and occupational injury take around 2% each. As for elderly at 65 years old and over, fall takes about 70% and among children under 15 years old, the rate of general injuries except fall and sport injury tend to higher compared to other age groups.

Fig. 3-9 Types of accidents EMS 2010 Composition

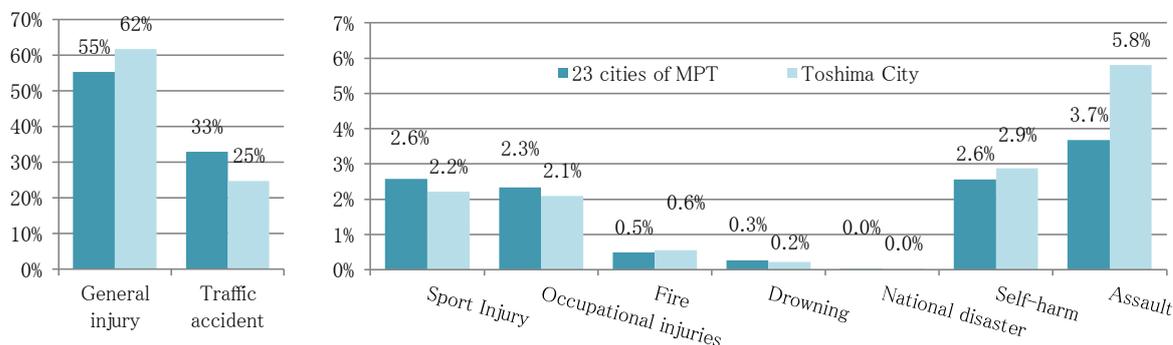


	All ages		
	Ages 0 to 14	Ages 65 and older	
Total	4,581	289 (100.0%)	1,465 (100.0%)
General injuries (fall)	1,937	107 (37.0%)	1,051 (71.7%)
General injuries (except fall)	865	93 (32.2%)	203 (13.9%)
Traffic accidents	1,145	71 (24.6%)	163 (11.1%)
Assaults	268	4 (1.4%)	15 (1.0%)
Self-harm	132	1 (0.3%)	9 (0.6%)
Sport injury	100	13 (4.5%)	4 (0.3%)
Occupational injuries	97	0 (0.0%)	11 (0.8%)
Fire	26	0 (0.0%)	6 (0.4%)
Drowning	10	0 (0.0%)	2 (0.1%)
Natural disaster	1	0 (0.0%)	1 (0.1%)

Comparing the type of accidents occurring in Toshima City compared to the 23-city of MT average, traffic accidents, sports accidents and labor accidents were low in Toshima, but general injuries, fire accidents, self-inflicted injuries and assault were higher.

EMS 2010 Composition

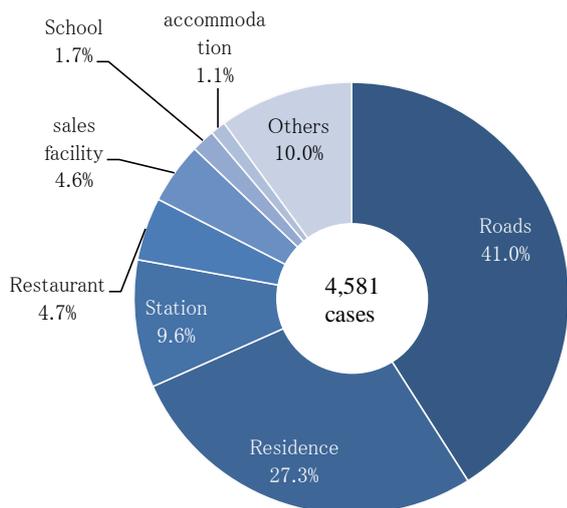
Fig. 3-10 Comparison of Toshima City and 23 city of MT accident type component ratio



When looking at the place where emergency transport originated, general roads was highest at 40%, followed by residents and stations. For children and elderly people, injuries occurred at home more often than on general roads.

Fig. 3-11 Place of injuries occurred

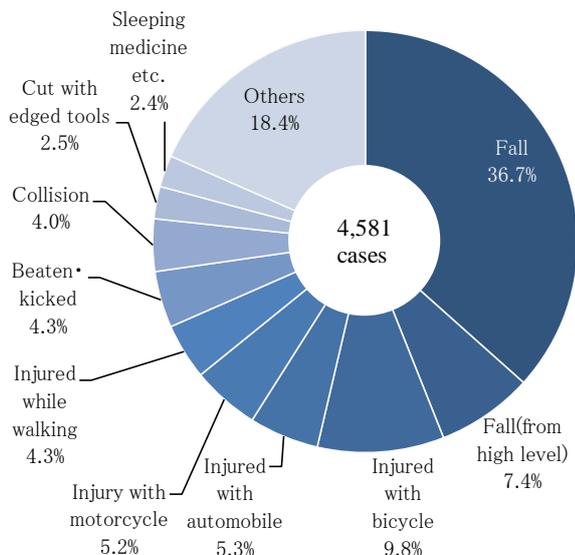
EMS 2010 Composition



	All ages		
		Ages 0 to 14	Ages 65 and older
Total	4,581	289 (100.0%)	1,465 (100.0%)
Roads	1,879	82 (28.4%)	513 (35.0%)
Residences	1,250	97 (33.6%)	576 (39.3%)
Stations	438	14 (4.8%)	154 (10.5%)
Restaurant	216	5 (1.7%)	32 (2.2%)
sales facility	210	26 (9.0%)	67 (4.6%)
School	80	23 (8.0%)	1 (0.1%)
Accommodation	52	3 (1.0%)	10 (0.7%)
Others	456	39 (13.5%)	112 (7.6%)

The most frequent cause of emergency transport from injury was falling at 37.5%. Injuries resulting from a bicycle, automobile, motorcycle or while walking totaled approx 25%. The ratio of falling was high for elderly people.

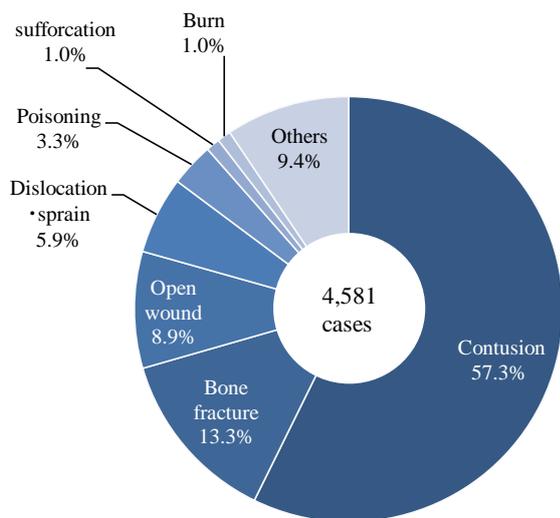
Fig. 3-12 Cause of injury EMS 2010 Composition



	All ages	
	Ages 0 to 14	Ages 65 and older
Total	4,581	1,465 (100.0%)
Fall	1,650	958 (65.4%)
Fall (From High level)	335	105 (7.2%)
Injured with bicycle	433	77 (5.3%)
Injured with automobile	240	23 (1.6%)
Injured with motorcycle	235	15 (1.0%)
Injured while walking	196	40 (2.7%)
Beaten, kicked	194	9 (0.6%)
Collision	180	24 (1.6%)
Cut with edged tool	111	10 (0.7%)
Sleeping medication, painkiller, tranquilizer	89	0 (0.0%)
Others	741	204 (13.9%)

When looking at the type of injury and sickness which required emergency transport, blows and bruises were highest at 60%. This was followed by fractures at 13.8%.

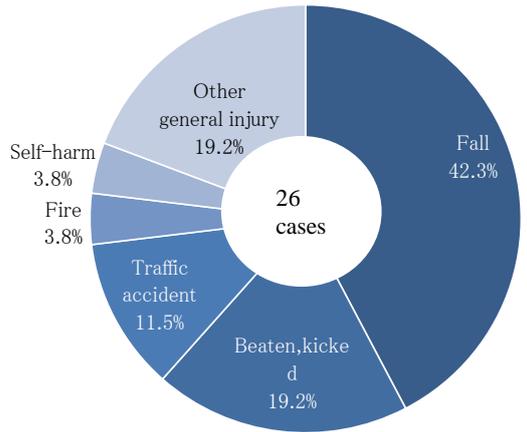
Fig. 3-13 Names of injury and sickness EMS 2010 Composition



	All ages	
	Ages 0 to 14	Ages 65 and older
Total	4,446	1,465 (100.0%)
Contusion	2,623	840 (57.3%)
Bone fracture	608	359 (24.5%)
Open wound	406	119 (8.1%)
Dislocation, sprain	269	44 (3.0%)
Poisoning	151	10 (0.7%)
Suffocation	48	21 (1.4%)
Burn	47	10 (0.7%)
Others	252	62 (4.2%)

Seeing causes of injuries among foreign visitors/travelers, fall is the most frequent cause which takes 40 % of all injuries.

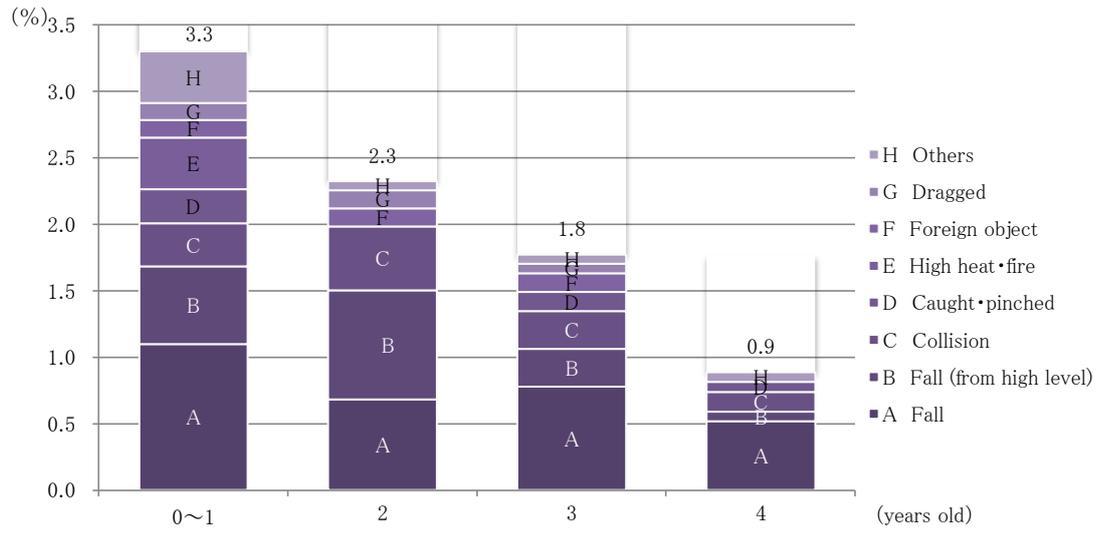
Fig. 3-14 Cause of injuries which was sent to hospital by ambulance **EMS 2010 Composition**



(3) Children’s Injuries

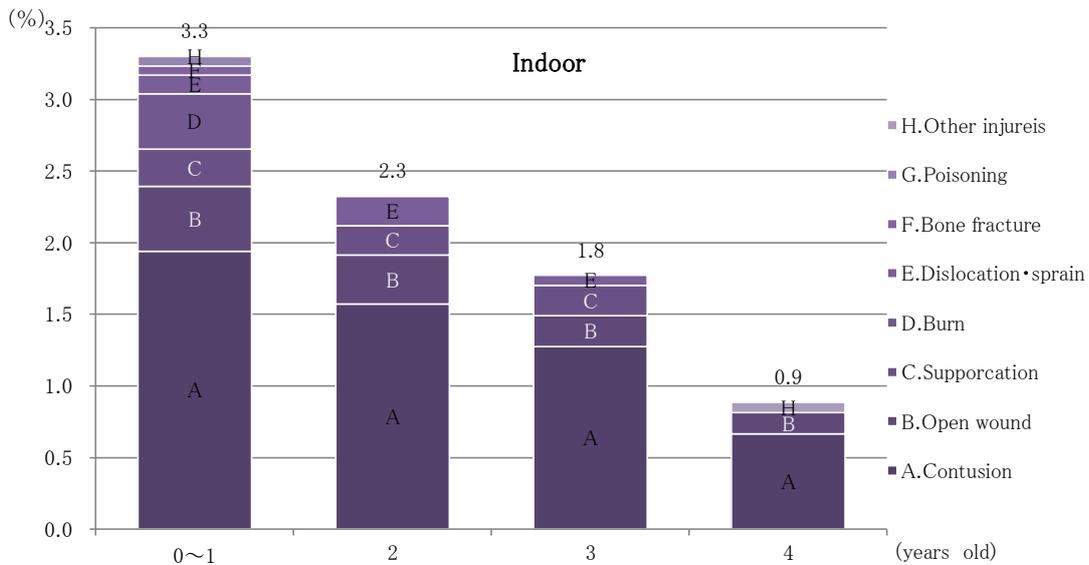
When the rate of emergency transport from indoor injuries for children between the ages of 0 to 4 is looked at, ages 0 to 1 were highest at 3.3%. The rate of injury occurrence declined as the child’s age increased. Half of the injuries were caused by tripping, falling or slipping. “Drowning” is listed as a cause in the statistics, but there have been no drowning in Toshima City.

Fig. 3-15 Cause of indoor injuries by children under the age of 4 **EMS 2010 Composition**



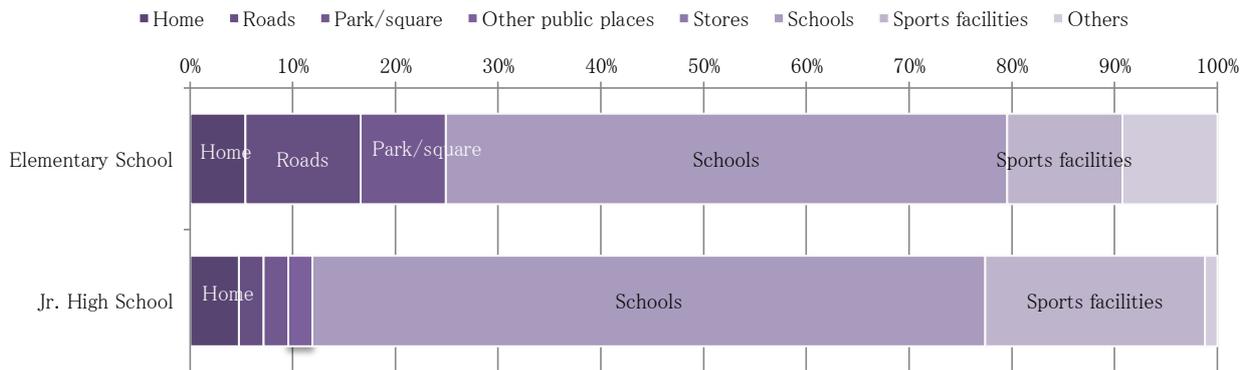
Most injuries, when looked at by type of injury and sickness, are the result of blows and bruises. Suffocation and accidental ingestion have occurred in ages 0 to 3, and burns have occurred only in ages 0 to 1.

Fig. 3-16 Indoor injuries by children under the age of 4 EMS 2010 Composition



When the place of injury or accident by elementary or junior high school children was surveyed, the rate of occurrence was highest at school followed by injuries at sports related facilities.

Fig. 3-17 Place of injury occurred Children survey Composition



(4) Elderly's Injuries

When the cause of death by unintentional injuries in elderly people is looked at, the three main causes are fall, drowning and suffocation. With examination of the circumstances of indoor injuries among elderly people with the emergency transport data, fall takes 71.0% of all injuries, while suffocation and drowning are lower.

Fig. 3-18 Causes of unintentional deaths in elderly people

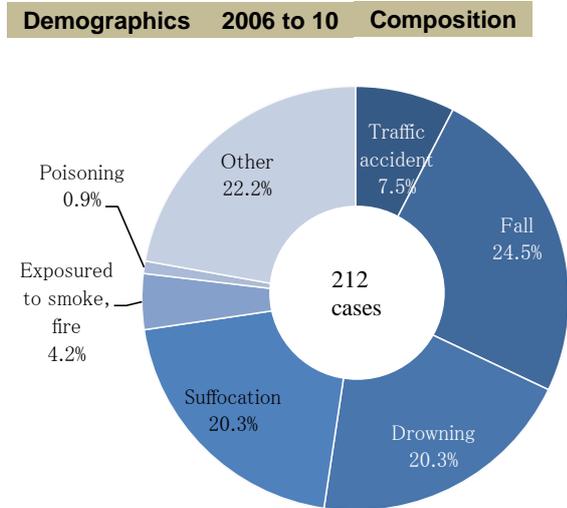
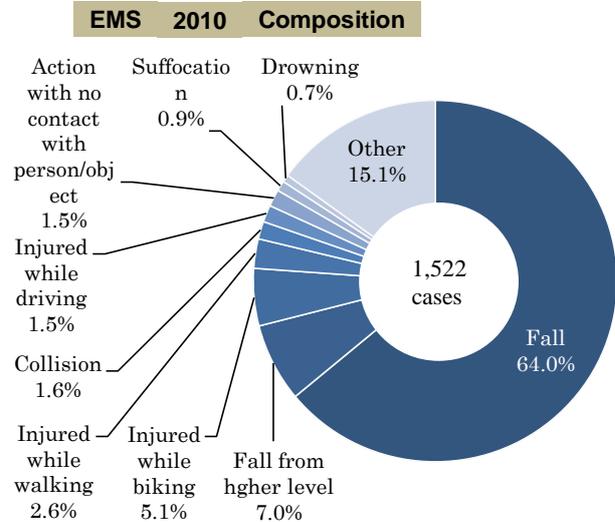


Fig. 3-19 Cause of emergency transport for injury by elderly people



When the causes are studied based on a survey, 17.6% respondents had fallen at home, 0.8% had almost drowned during taking a bath, and 12.9% had choked on food. Of those who had fallen, 19% had broken bones. In other words, 3% of all respondents had broken bones from falling.

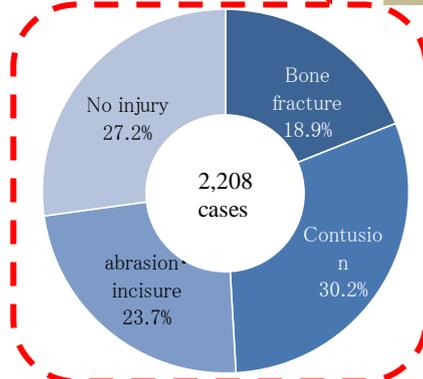
Fig. 3-20 Experience of injury or accident by elderly people

Senior Citizen Survey Composition



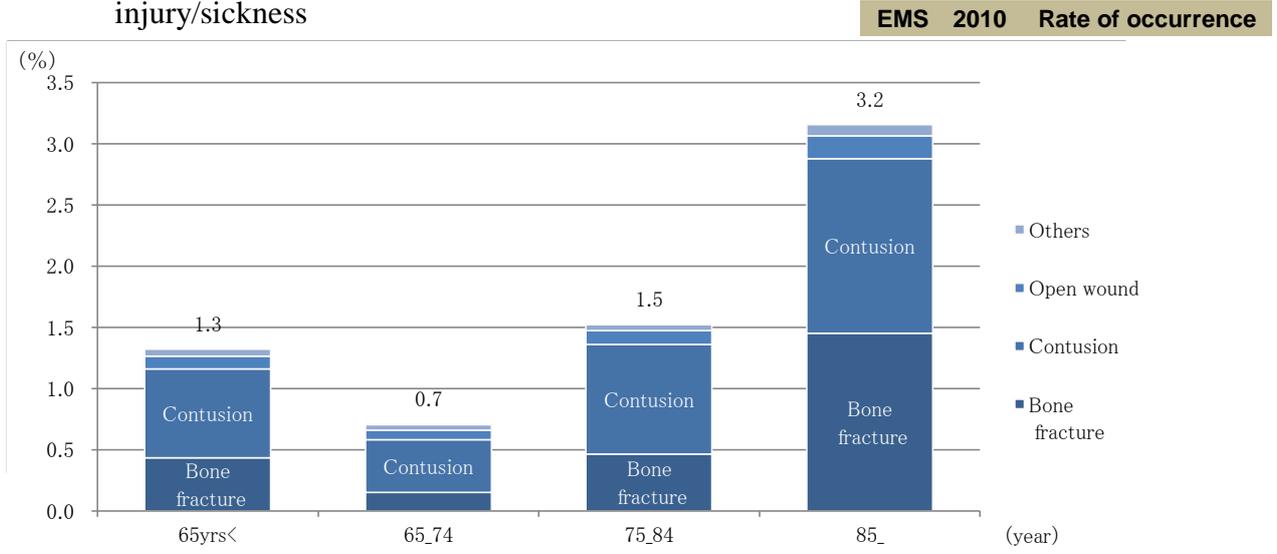
Fig. 3-21 Circumstances of injury from falling

Senior Citizen Survey Composition



When cases that elderly people were transported to hospitals due to tripping/falling indoors are looked at, it is apparent that the rate of being transported increases as with age. The rate of bone fracture also increases with age.

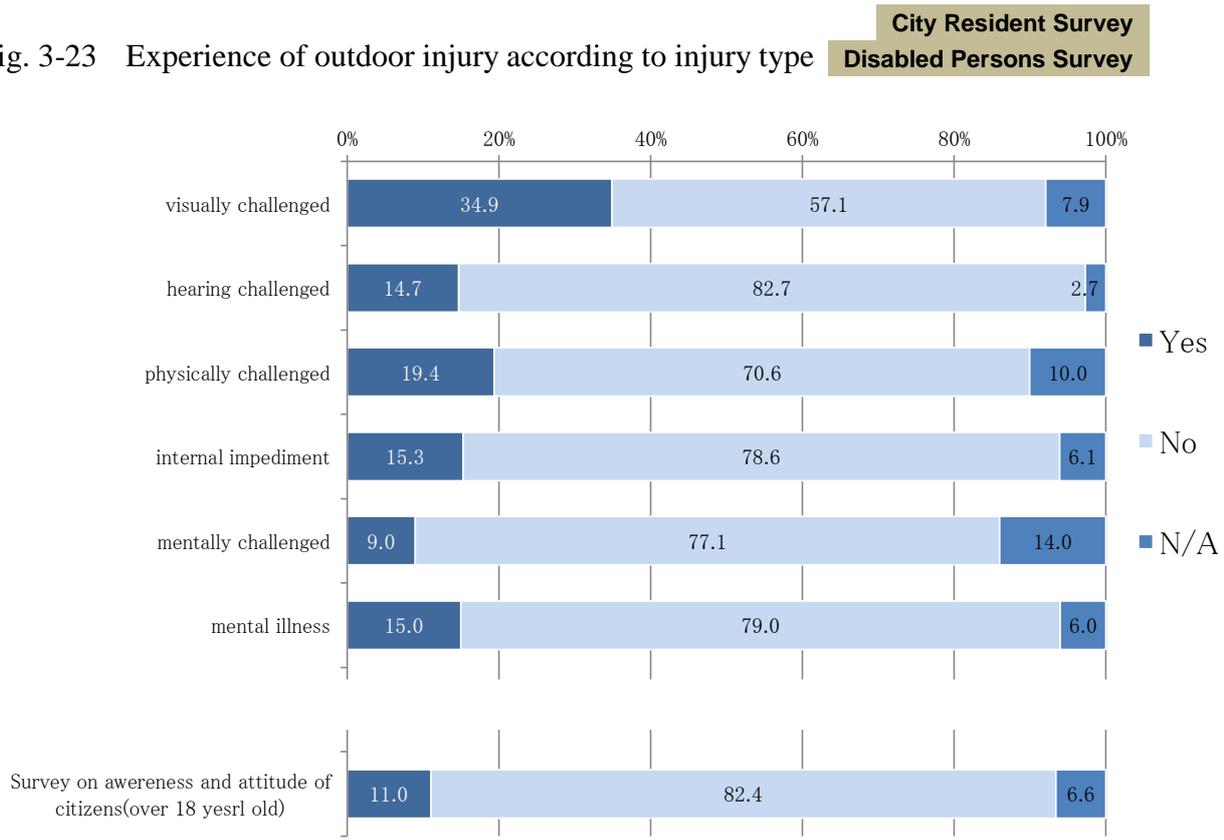
Fig. 3-22 Rate of emergency transport from elderly people tripping/falling (indoors) and name of injury/sickness



(5) Injury by disabled people

In the city resident survey, 11.0% of city residents above the age of 18 had experienced injuries. However, the rate of injury experienced by disabled people was higher than the city resident average. The rate for visually-disabled people was especially high at 34.9%, which is as three times high as the typical city resident average.

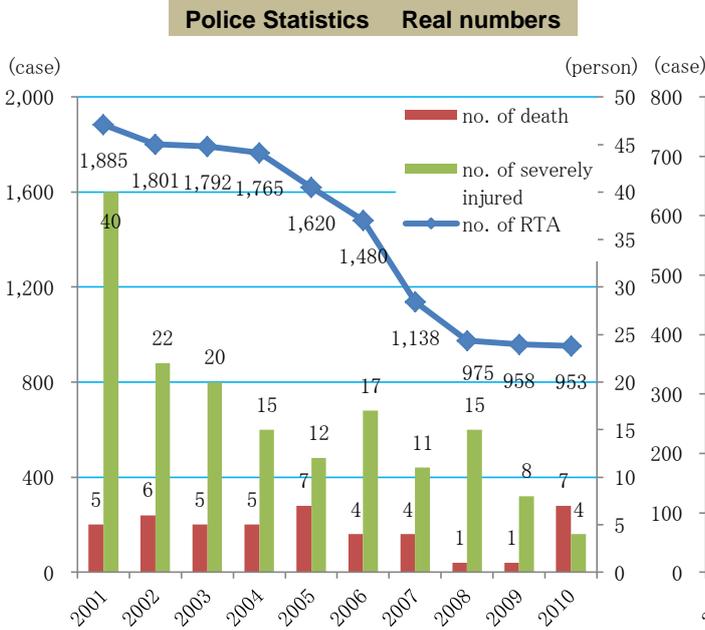
Fig. 3-23 Experience of outdoor injury according to injury type



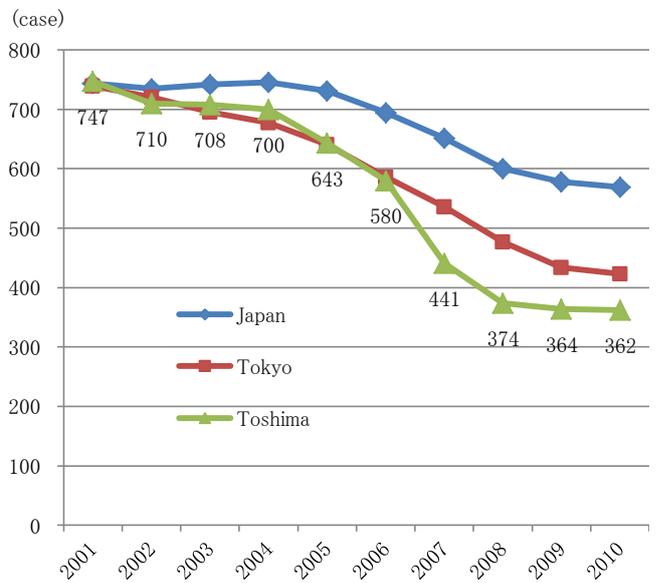
(6) Injuries from traffic accidents

Traffic accidents in 2010 had dropped to 953, almost half compared to the peak of 1,885 accidents in fiscal 2001. Serious injuries had also dropped to one-tenth of those in 2001. The occurrence rate in Toshima City has dropped in recent years compared to the national and Tokyo statistics for population of 100,000.

Fig. 3-24 Trend of traffic accidents

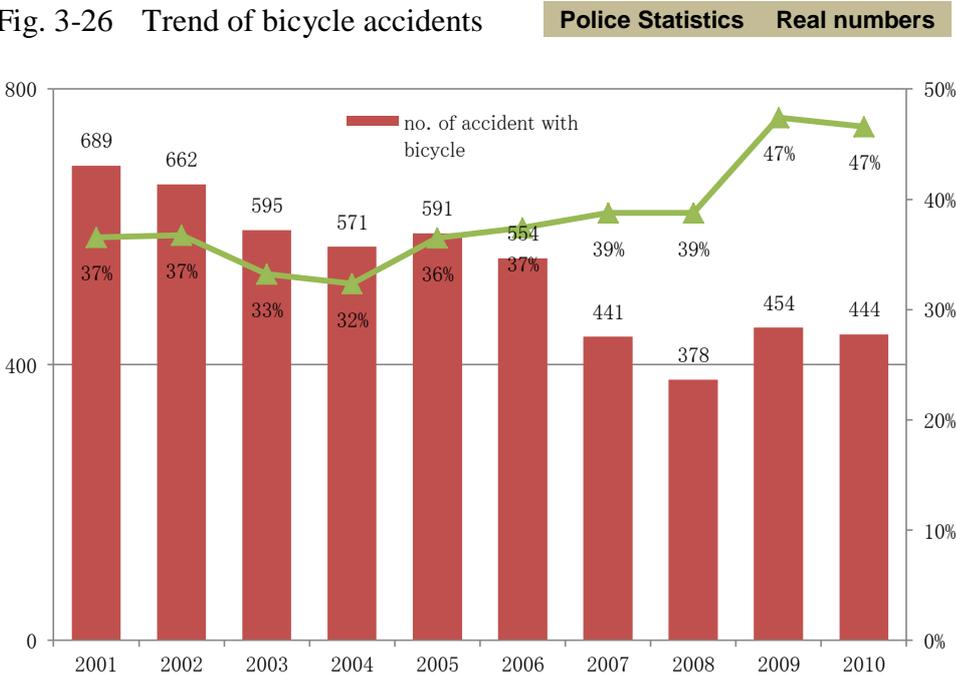


Police Statistics Rate of occurrence
Fig. 3-25 Trend of traffic accidents
(Per population of 100,000)



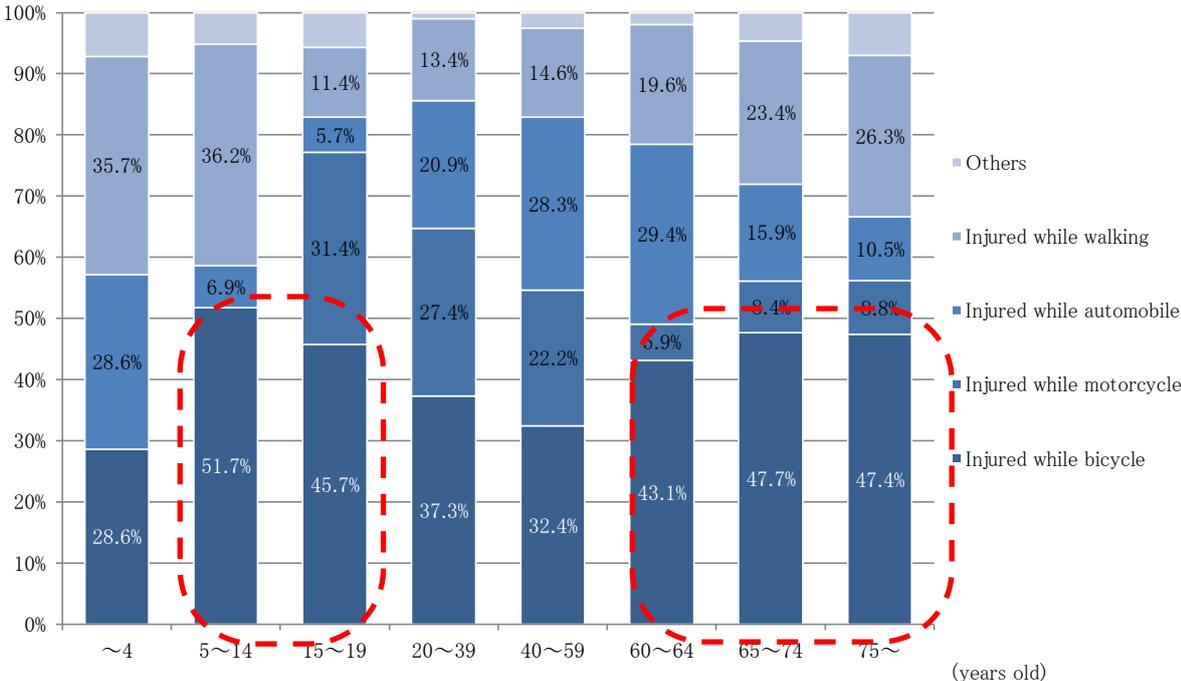
While the total number of traffic accidents has been on a decline, the number of accidents involving bicycles has stayed the same. The percent of accidents involving bicycles has increased up to 47%.

Fig. 3-26 Trend of bicycle accidents



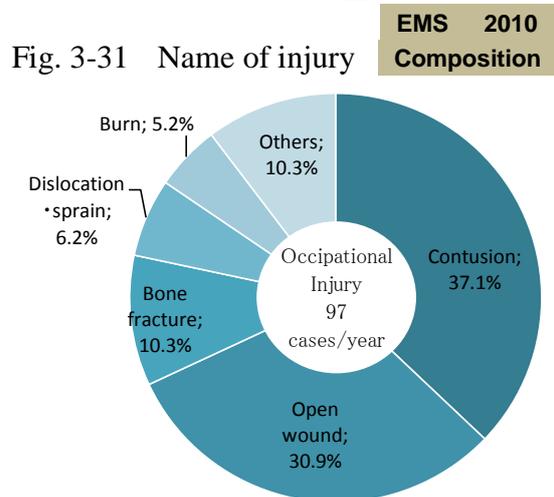
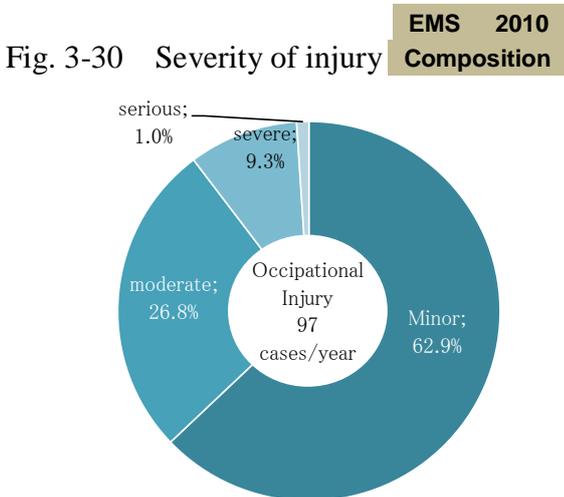
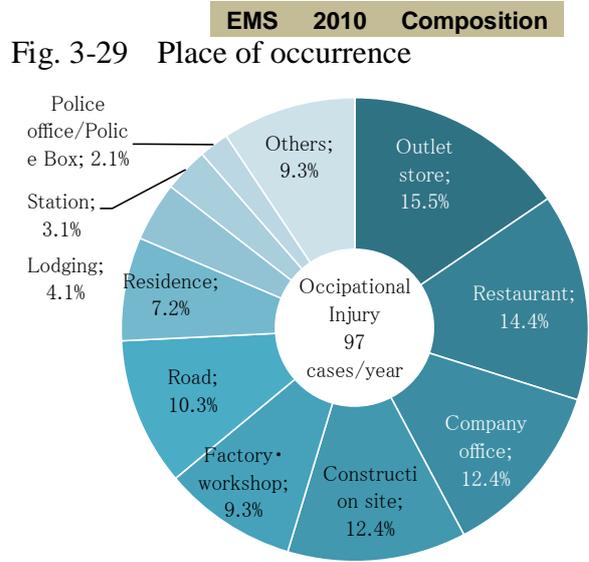
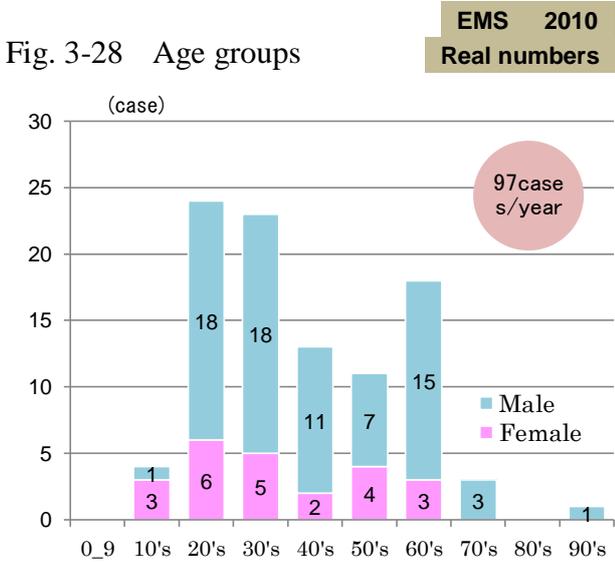
When we analyze the situations of traffic accident occurrences by generation, the ratios of accidents of children and seniors are high while they are riding a bicycle.

Fig.3-27 Situations of Traffic Accidents by Generation

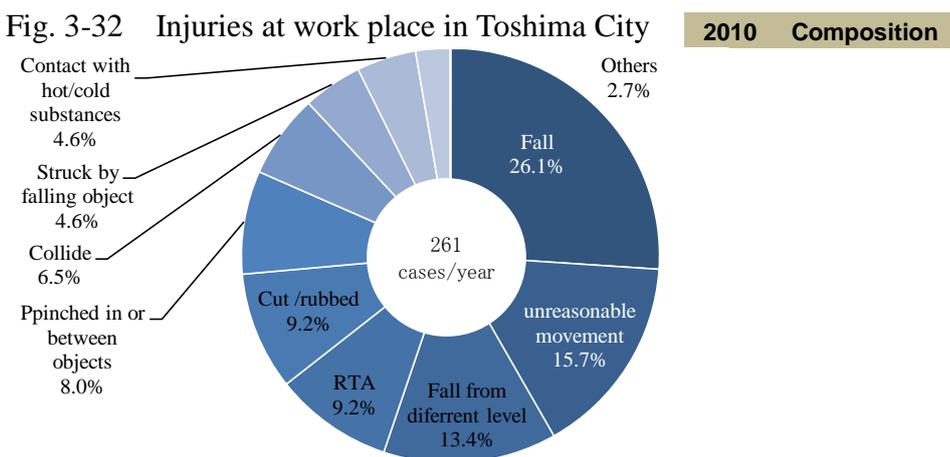


(7) Occupational injury

There were 97 cases of emergency transport because of occupational accidents in 2010. In age groups, the 20s and 30s had the most accidents, followed by the 60s. The place of occurrence reflects Toshima City's industrial structure, with approx. 40% of accidents occurring at business or commercial places such as stores, restaurants and offices. Approx. 20% of accidents occurred at construction sites or factories. 60% of injuries were minor, 26.8% were moderate, and 10% were serious or critical. 10.3% of injuries were fractures.

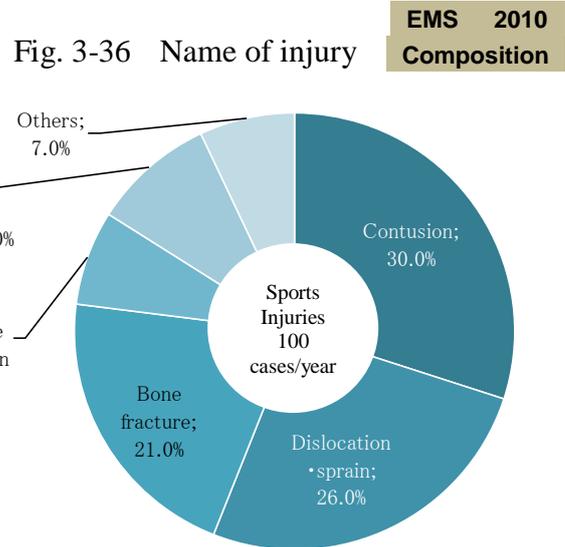
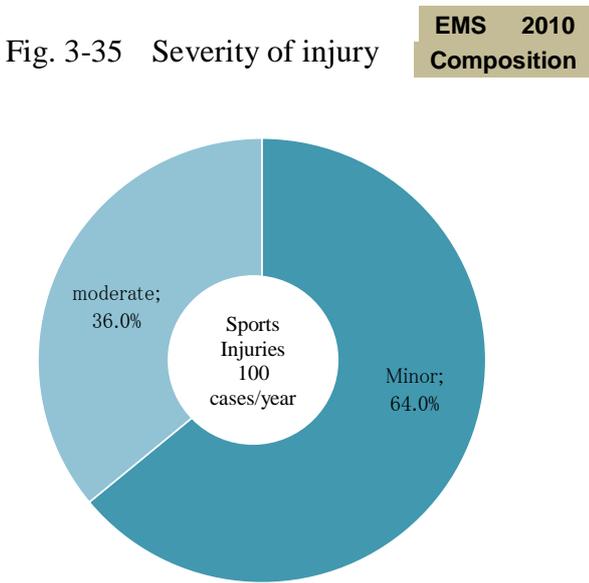
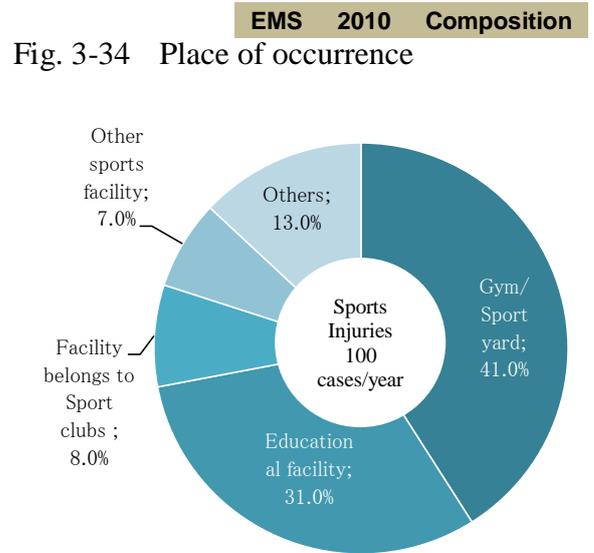
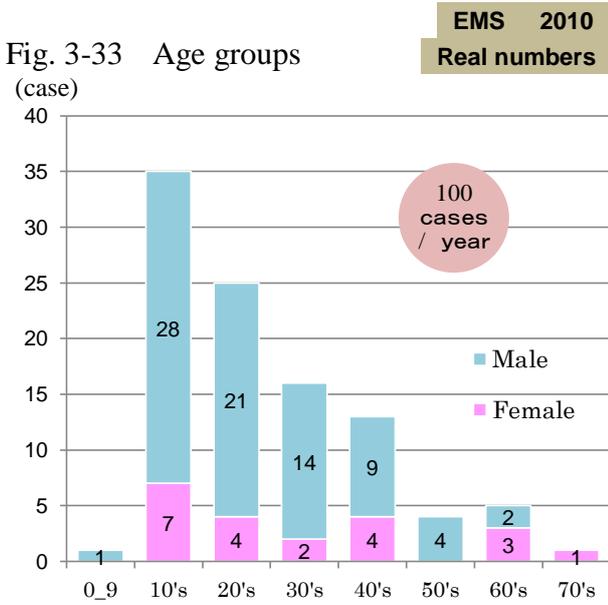


According to the report on morbidity and mortality regarding to work places from Ikebukuro Labor Standards Office in 2010, there were 261 cases of injury which result in 4 days or more leave from work. Most frequent cause is fall which brings on a fourth of injuries.



(8) Injury caused by sports activities

In 2010, there were 100 cases of emergency transport caused by sports or athletic competition activities. In age groups, the 10s and 20s made up 60%, with 80% of the accidents by males. Injuries as sports fields, gymnasiums and school facilities made up 70% of the injuries. 60% of the injuries were minor, with fractures accounting for 21.0% of all injuries.



(9) Estimated Injury from earthquake disaster

In South Kanto Area, it is speculated that there is a 70% chance that a Class 7 magnitude earthquake will occur in the next 30 years. In this event, it is estimated that the human casualties will reach 77 deaths and 4602 injuries in Toshima. Compared to the average of MT's 23 cities, the effect of falling debris and block walls is high, and the effect of fires resulting from the earthquake is low.

Fig. 3-37 Estimated casualties from epicentral earthquakes (deaths)

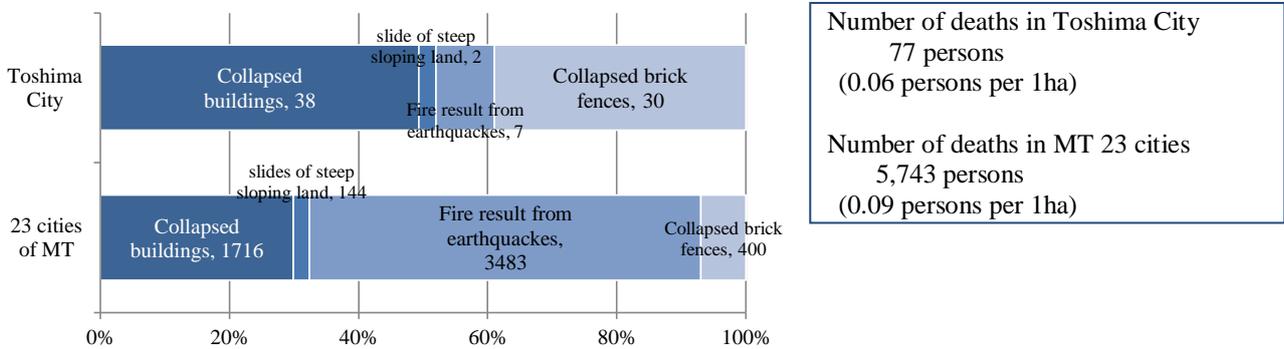
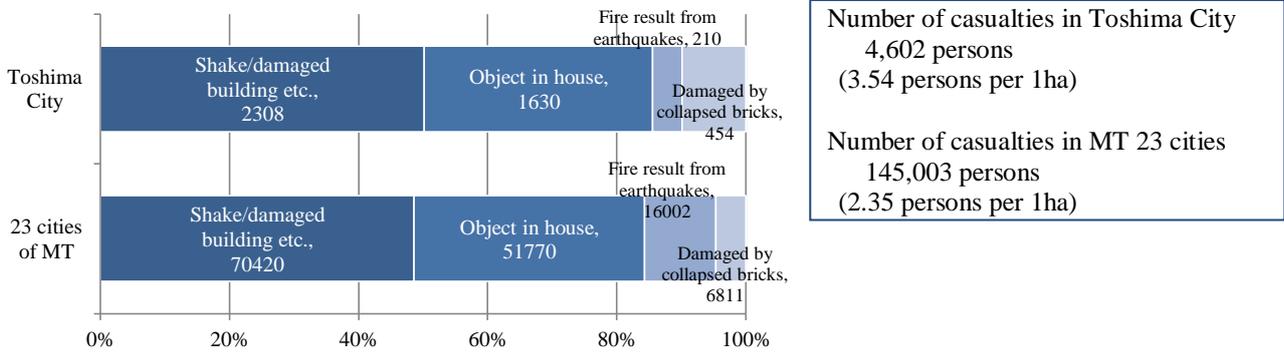


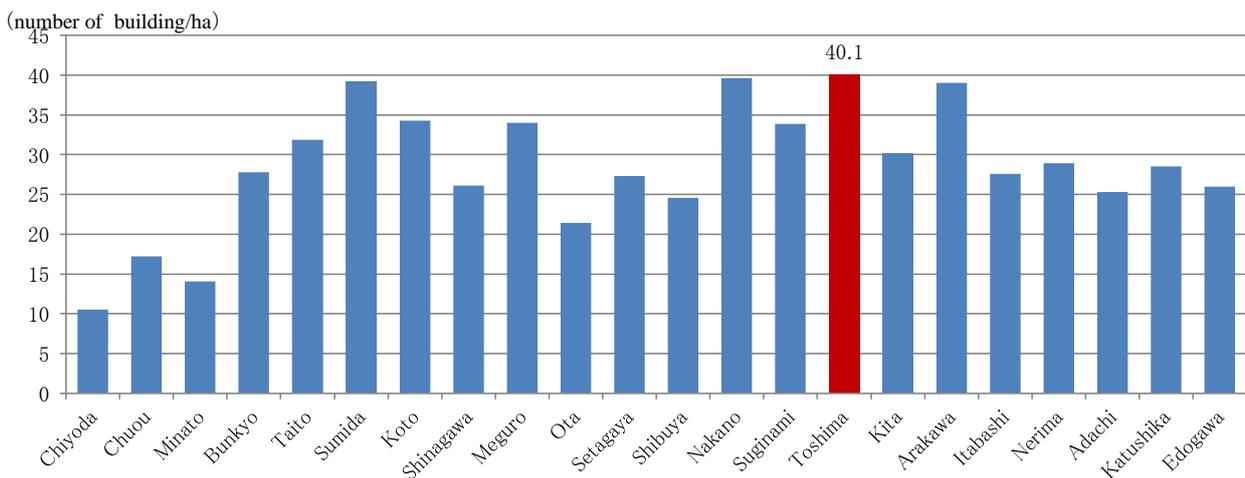
Fig. 3-38 Estimated casualties from epicentral earthquakes (injuries)



* Reference: "Estimated damage from epicentral earthquakes in Tokyo" (May 2006, Government of Tokyo)

Number of building per hectare in Toshima City is 4.01 buildings, which is largest among the 23 cities of MT. This situation may expand damages in case that fire is caused at multiple places at the same time by big earthquakes.

Fig. 3-39 Density of building in 23 cities of MT (Survey on the use of land 2008)



(10) Injury from assault

There were 268 cases of injury from assault in 2010. Injuries occurring around Ikebukuro Station were highest at 58%, in the 20 to 30 age group. The highest cause was “beating/kicking” at 69%.

Fig. 3-40 Age of injuries EMS 2010 Real numbers

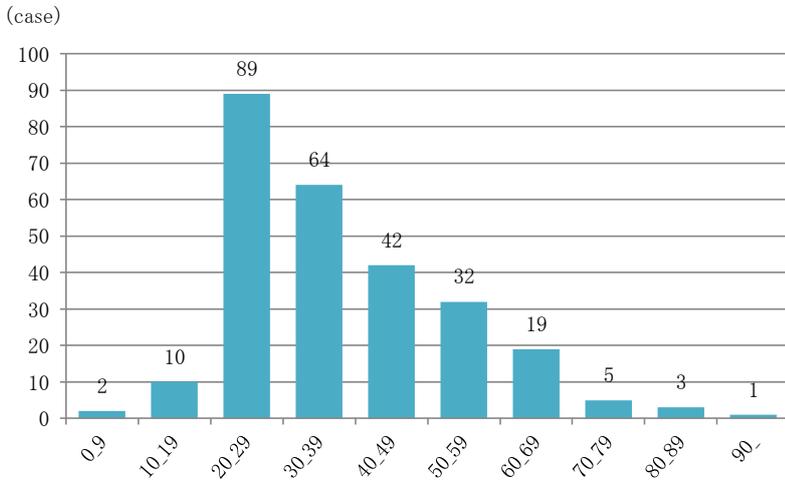


Fig. 3-41 Place of occurrence EMS 2010 Composition

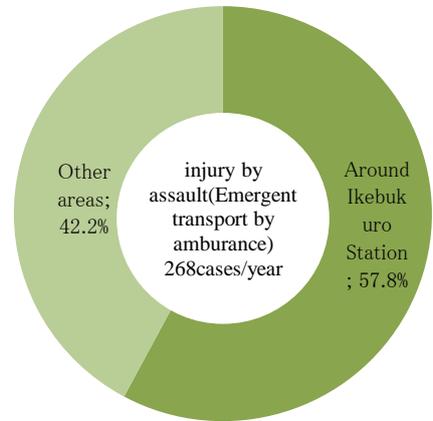
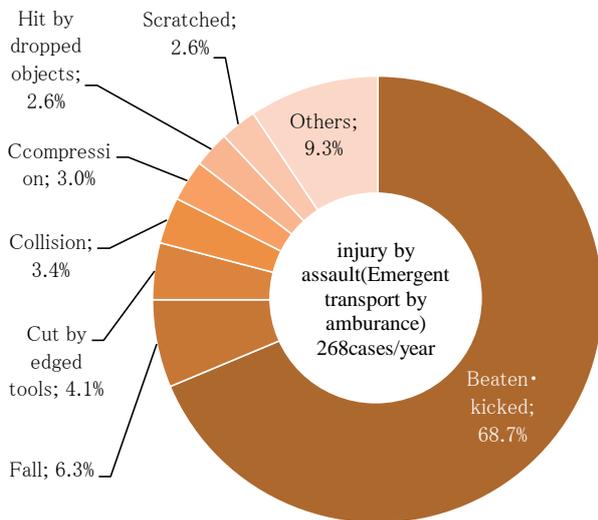
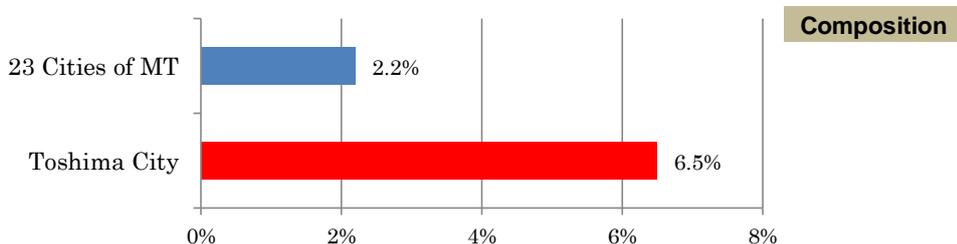


Fig. 3-42 Cause of injury EMS 2010 Composition



Incidence rate of consultation child abuse is higher compared to the average of 23 cities of MT in 2010.

Fig.3-43 rate of consultation on child abuse for population of the age 0-17 years old



The crime rate in Toshima City has dropped annually from the peak in 2003. Half of the crimes occurring in Toshima City occur around Ikebukuro Station.

Fig. 3-44 Trend of crime cases

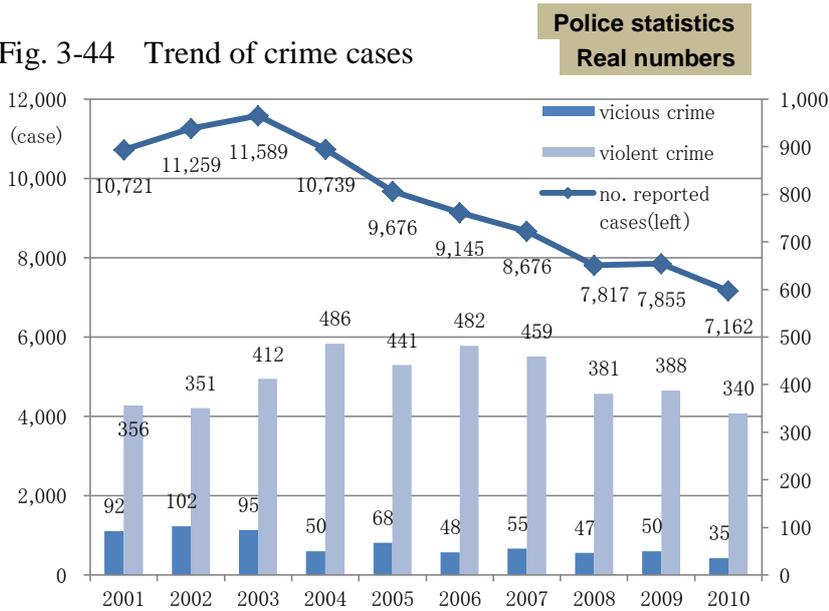
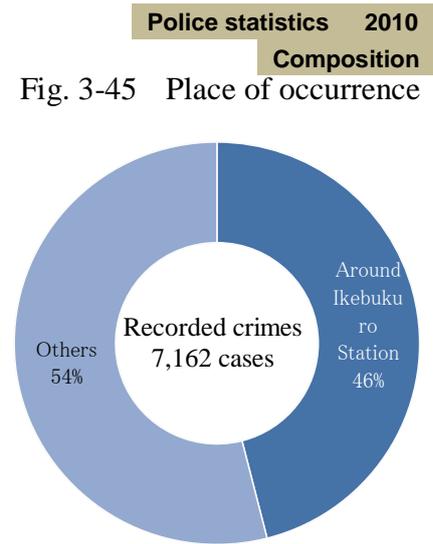


Fig. 3-45 Place of occurrence



According to the results of survey on the awareness and attitude for/of the gender-equal society, around 20 % of respondents answered that they have experience in being suffered by violence of their partners. The number of consultation on domestic violence has been increasing year by year and as a result, it is as 4.2 times as it was in 5 year ago. It can be the result of enhancement of consultation desks and publication to citizens.

Fig. 3-46 Experience in being suffered by violence from partners

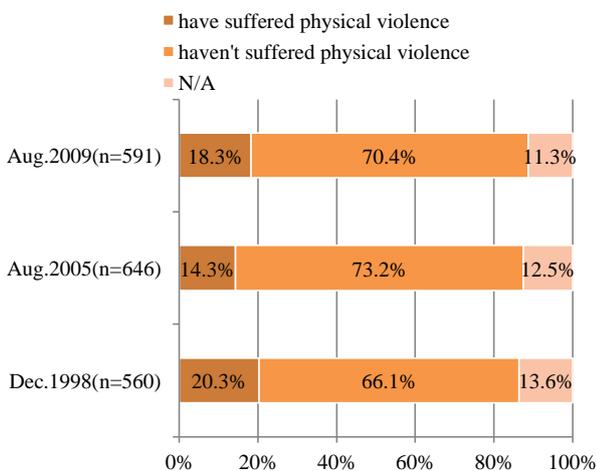
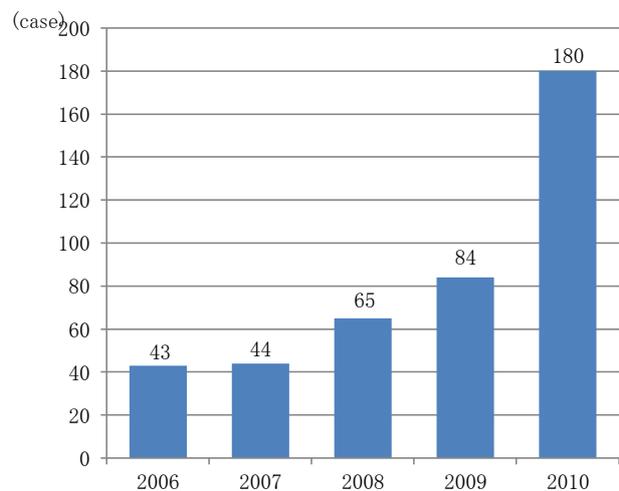


Fig. 3-47 Number of consultation on DV



(11) Self-inflicted injuries

In 2010, there were a total of 132 emergency transports for self-inflicted injuries (attempted suicides). In age groups, cases in the 20s and 30s were highest, with high rates of women. The severity of injury was relatively minor for the 20s to 30s, but tended to be severe in age groups over 50.

The highest cause was ingestion of sleeping aids, etc., at 31.8%, followed by cutting with knives at 29.5%. The name of injury reflects the cause with poisoning at the highest at 32.6% followed by open wounds at 20.5%.

Fig. 3-48 Number of cases according to age group **EMS 2010 Real numbers**

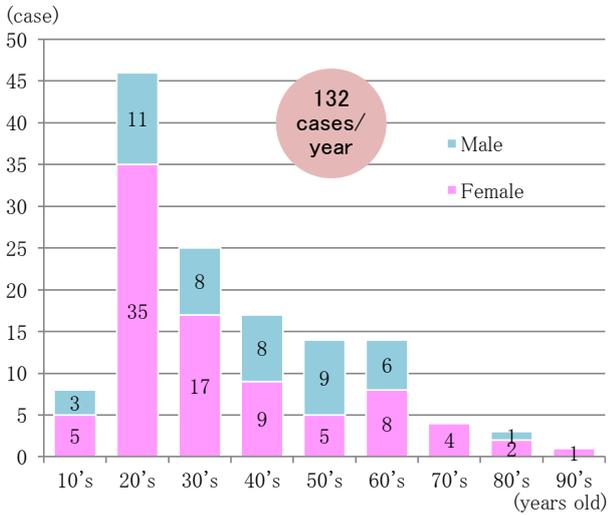


Fig. 3-49 Severity of injury according to age group **EMS 2010 Real numbers**

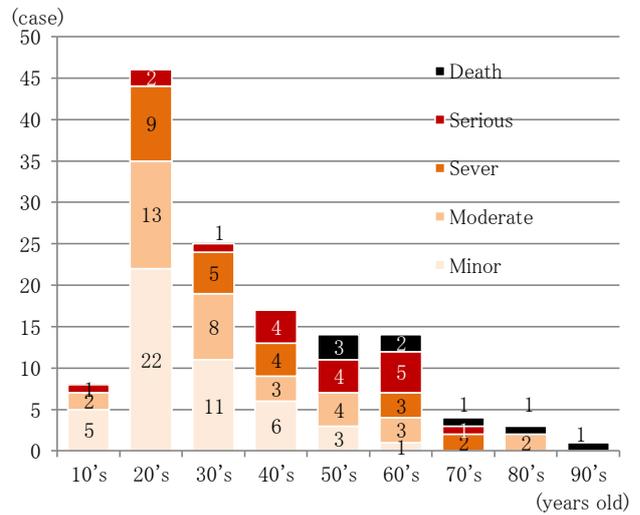


Fig. 3-50 Cause **EMS 2010 Composition**

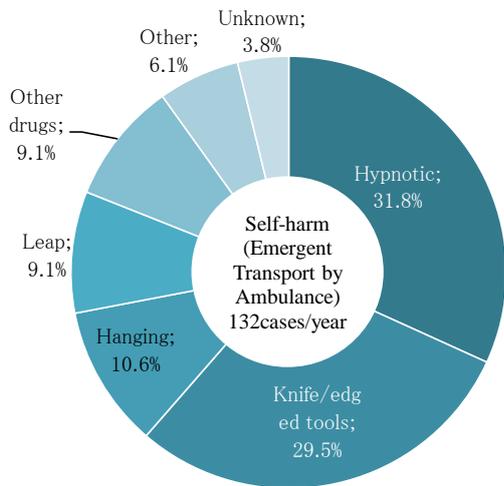
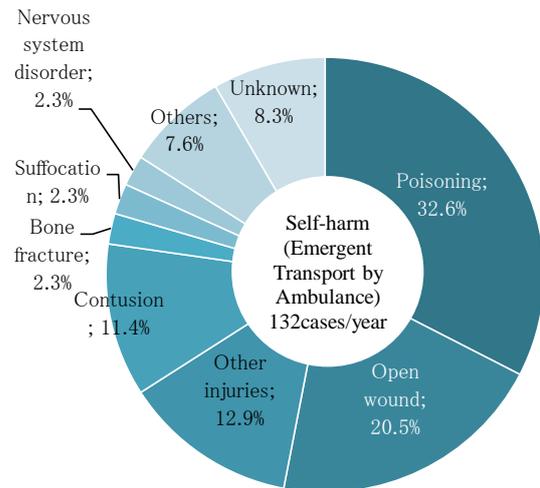


Fig. 3-51 Name of injury/sickness **EMS 2010 Composition**



(12) Medical Expenses for injury covered by National Health Insurance

Toshima City believes that reducing injuries and accidents through National Health Insurance policy Safe Community programs is essential for suppressing the social burden of health care costs.

To understand the situation of health care costs for injuries, the National Health Insurance receipts (details of health care costs submitted from medical institutions) were analyzed. This National Health Insurance is managed by Toshima City (local public body).

The number of National Health Insurance policy holders in fiscal 2010 was 87,465 people, 32.9% of city residents. The overall health care costs in fiscal 2010 were 16.77 billion yen, with approx. 2% (330 million) for injury.

The number of doctor examinations for injury has shifted between 15,000 and 17,000 visits, and the number of examinations (3-year average) per policy holder was 18.4%. Of these exams, around 4,000 were for fractures with an examination rate of 4.6%.

Health care costs for medical injury have been on decline from 450 million yen in fiscal 2008. This is also said to fractures.

In age groups, examinations for 60 years and older and 15 years and younger were higher than other age groups. As for fractures, the age groups of 60 and older take more examination than other generations.

Fig. 3-52 Trend of medical examinations for injury

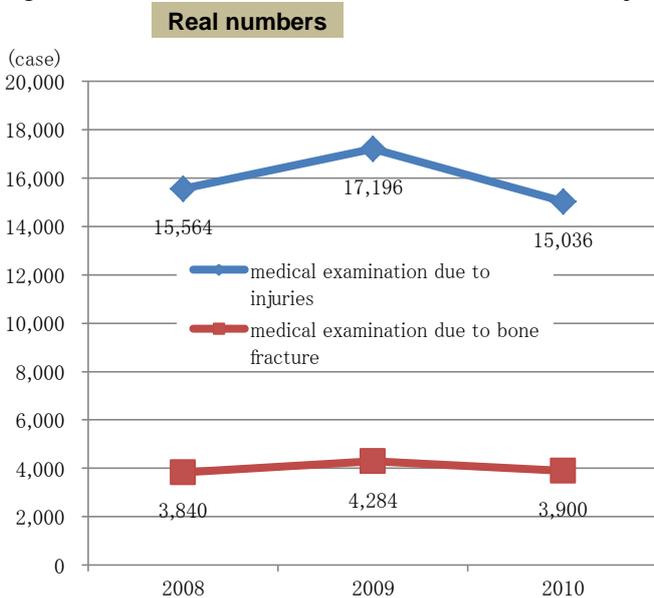


Fig. 3-53 Trend of health care costs for injury

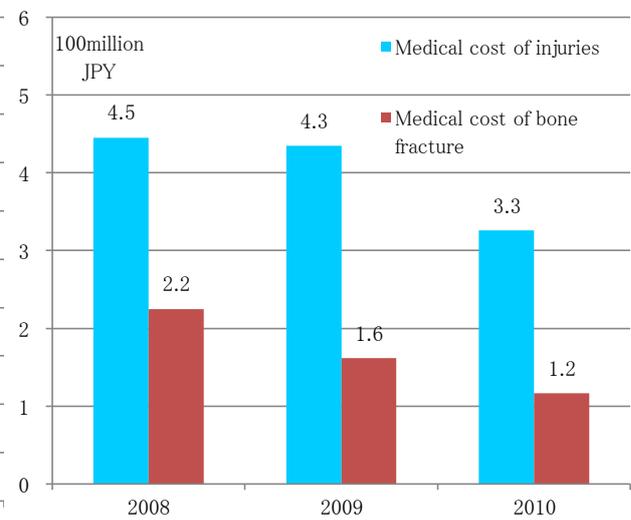
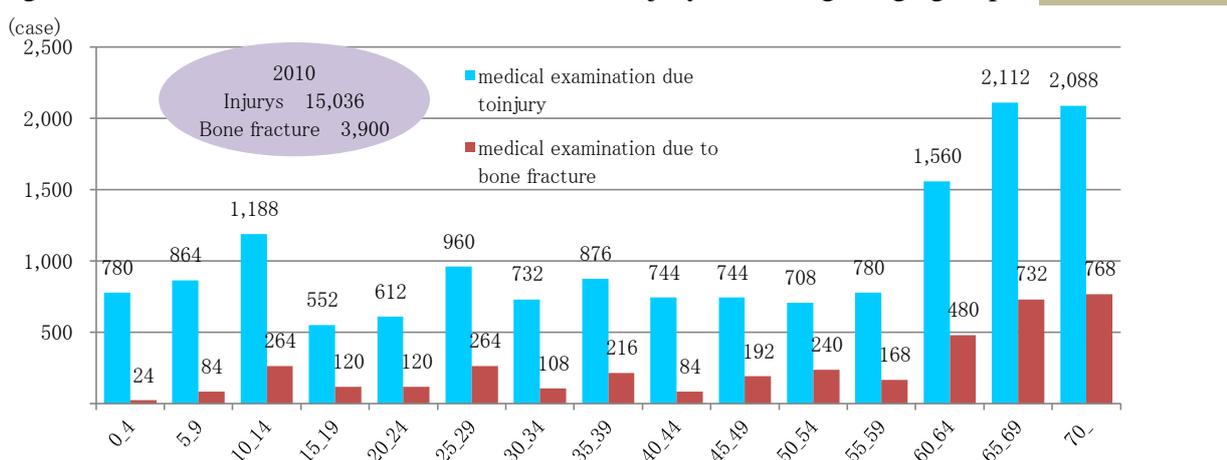


Fig. 3-54 Number of medical examinations for injury according to age group



Chapter 4

Setting Challenges Based on Community Diagnosis

While Toshima City’s residential areas have Japan’s highest population density, the aging population and lower birthrate make it difficult to maintain communities in neighboring areas. The commercial and entertainment districts around train stations are passed by many people on the way to work, school, and visiting for shopping, enjoying culture and entertainment.

Topics of injury prevention requiring priority actions and high risk groups have been set based on the community diagnosis of deaths and injuries from unintentional accidents and suicides, etc., and then prevention activities have been developed.

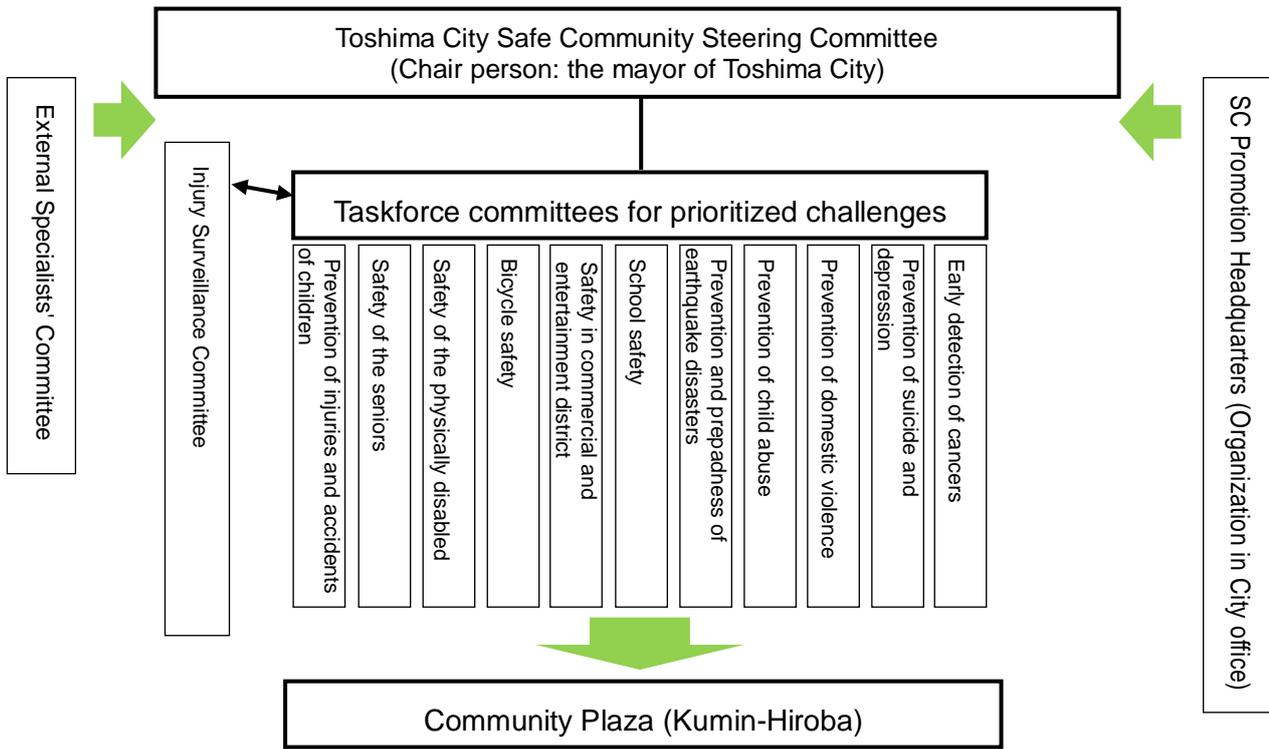
Results from community diagnosis		Challenge setting
1	<ul style="list-style-type: none"> While there have been no deaths from unintentional accidents in the 0 to 14 age group, the number of cases requiring emergency transport in the 0 to 4 age group follows that of senior citizens. 	Safety for children
2	<ul style="list-style-type: none"> Death rate of ages 65 and older resulting from unintentional accidents is higher than the Tokyo average. The rate of solitary deaths is higher than the MT 23-cities’ average, and is on the increase. Of all age groups, the rate of injuries requiring hospitalization is high. At the same time, the rate of injuries and accidents requiring emergency transport is high. 	Safety for senior citizens
3	<ul style="list-style-type: none"> The rate of injuries by disabled persons is higher than the city resident average (11.0%). The rate among visually impaired persons is especially high at 34.9%. 	Safety for disabled persons
4	<ul style="list-style-type: none"> The rate of traffic accidents is declining, but the rate of traffic accidents caused by bicycles is increasing. 	Bicycle Safety
5	<ul style="list-style-type: none"> 58% of injuries and accidents resulting from assault which required emergency transport occurred around Ikebukuro Station. 46% of criminal cases occurred around Ikebukuro Station. 	Safety in commercial and entertainment areas(downtown)
6	<ul style="list-style-type: none"> Approx. half of injuries in elementary school and jr. high school age groups occurred at schools. 	Safety at school
7	<ul style="list-style-type: none"> The number of injuries (3.5 persons) per 1ha estimated in the event of an inland earthquake is 1.5 times the 23-city average (2.4 persons). The building density per 1ha is the highest (40.1 buildings/ha) in the 23 cities. Buildings are tightly-packed. 	Prevention of damage in event of earthquake
8	<ul style="list-style-type: none"> Cases of consultation on child abuse accounted 5.2%, which was higher than MT 23-cities average (2.0%). 	Prevention of child abuse
9	<ul style="list-style-type: none"> According to the residents' attitude surveys, the percentage of the persons without experience of violence by partners was not improving. The number of consultations about DV dealt at the Gender Equality Promotion Center has been increasing by about 4.2 times in the past five years. 	Prevention of domestic violence
10	<ul style="list-style-type: none"> In the 15 to 39 age group, suicide was the highest cause of death according to age group. The average suicide rate (24.8%) in the past ten years is higher than the Tokyo average (21.8%) and national average (24.1%). 	Prevention of suicide

Chapter 5

Efforts for Safety Promotion and Injury Prevention Based on the Six Indicators

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

(1) Organization of the Safe Community programs



(2) Safe Community Steering Committee

As a body to promote the Toshima City's safe community activities, the Toshima City Safe Community Steering Committee was established in May 2010. This committee consists of the organizations, associations, and so forth that have the commitment to the activities in relation to the safety and the security.

The Safety Community Steering Committee was established on the basis of the guidelines formulated by Toshima City. Its chairperson is the mayor of Toshima City.

The past meetings of the Safe Community Steering Committee

2010	May 20	1st
	July 30	2nd
	November 16	3rd
2011	May 19	4th
	June 11	5th
	October 7	6th
	December 16	7th
2012	February 4 (planned)	8th

*Regularly held every year





(3) Safe Community Promotion Headquarters (Organization in the Government Office)

Safe Community Promotion Headquarter is established under the leadership of the mayor in order to secure the close cooperation across the fields of the city organizations and in order to support the effective Safe Community Activities by the Safe Community Steering Committee and each taskforce committees. The organization consists of the mayor, the deputy mayor, the superintendent of education, and the department manager of each administrative field.

Past sessions of Safe Community Promotion Headquarters

Fiscal year 2009	February	1st
	March	2nd
Fiscal year 2010	April	3rd
	May	4th
	June	5th
	July	6th
	September	7th
	October	8th
Fiscal year 2011	April	9th
	May	10th
	July	11th
	November	12th
Fiscal year 2012	January(Planned)	13th



(4) Taskforce Committees

Under the Toshima City Safe Community Steering Committee, ten taskforce committees were established to set up countermeasures based on analyzed data, and to examine the measures for improvement with respect to the priority themes.

The taskforce Committees are, in principle, established on the basis of the Guideline for the Establishment of the Toshima City Safe Community Steering Committee.

Each taskforce committee are configured across various fields with the associations and the like that are in commitment to the local activities as well as the administrative organizations related to the priorities challenges.

Table 5-1 Configuration of the taskforce committees

	Taskforce	Scope of prevention	Member of taskforce *(number of members)
1	Prevention of injuries and accidents of children	<ul style="list-style-type: none"> •Injuries and accidents of infants at home •Injuries and accidents of children at children's daycare facilities (nursery school,after-school childcare facilities) 	local welfare /childcare commissioner association (1), youth nurturing committee (1), elementary school PTA (1), parents of after-school daycare center (1), boy scouts (1), health/medical care related organizations(1), organizations related to facilities for children (1), Sports Association (1), fire departments (2), Toshima City (6)
2	Safety of the seniors	<ul style="list-style-type: none"> •Fall of the senior •Senior abuse 	Neighborhood associations (1), Kumin-Hiroba management association (1), local welfare /childcare commissioner association (1), local organizations (3), medical care/nursing related associations (3), social welfare council (1), fire departments (2), Toshima City (10)
3	Safety of the physically disabled	<ul style="list-style-type: none"> •Injuries and accidents of the visually disabled outdoors 	Associations of the physically disabled (5), neighborhood associations (1), local welfare /childcare commissioner association (1), facilities for life practice/ community workshops (1), social welfare council (2), fire department (2), Toshima City (9)
4	Bicycle Safety	<ul style="list-style-type: none"> •Injuries and accidents of children and seniors 	Traffic safety committee (3), children's association for traffic safety (3), senior citizen's club associations (1), elementary/junior high school PTA (2), Tokyo construction office (1), police department (3), Toshima City (12)
5	Safety in commercial and entertainment district(downtown)	<ul style="list-style-type: none"> •Injuries causedby crimes and/or violence 	Neighborhood Association/shopping street associations (6), crime-prevention related associations (8), fire-prevention related bodies (4), local organizations (4), railroad companies / entertainment facilities (11), educational organizations (1), police department (4), fire department(2), Toshima City (8)
6	School safety	<ul style="list-style-type: none"> •Injuries at school •Traffic accidents by bicycles 	Neighborhood associations (3), local welfare /childcare commissioner association (3), youth nurturing committee (2), elementary school PTA (2), local associations (3), police department (1), fire department (1), Toshima City (5)
7	Prevention and prepadness of earthquake disasters	<ul style="list-style-type: none"> •Deaths and injuries caused by collapsed buildings and fences and/or spreading fire •Deaths and injuries at the occurrence of an earthquake •Deaths and injuries during evacuation 	Neighborhood associations (1), volunteer fire company (2), local welfare /childcare commissioner association (1), community development association (3), real estate related associations (5), fire department (2), social welfare council (1), Toshima City (10)
8	Prevention of child abuse	<ul style="list-style-type: none"> •Child abuse 	Local welfare /childcare commissioner association (2), junior high school PTA (1), kindergartens (1), facilities for mother and child lives (1), lawyers (1), social welfare council (1), Tokyo (2), police department (1), Toshima City (7)
9	Prevention of domestic violence	<ul style="list-style-type: none"> •violence to intimate partners such as spouses 	Local welfare /childcare commissioner association (1), layers (1), related associations (1), facilities for mother and child lives (1), Tokyo (1), police department (3), Toshima City (18)
10	Prevention of suicide and depression	<ul style="list-style-type: none"> •Suicides of the middle-aged generation and attempted suicides by the youth 	Local welfare /childcare commissioner association (1), community life support center (1), social welfare council (1), labor standards office (1), police department (1), mental health and welfare center (1), Toshima City (11)
11	Early Detection of Cancers	<ul style="list-style-type: none"> •Death from cancer 	Medical association(7),Medical examination center(4),Toshima City(4)

Table 5-2 Past sessions of the taskforces

Year, Mmonth Taskforce	2010 Dec	2011 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Prevention of injuries and accidents of children	①	②			③		④⑤			⑥		⑦	⑧
Safety of the seniors	①	②		③	④	⑤	⑥	⑦		⑧	⑨	⑩	⑪
Safety of the physically disabled	①	②		③	④	⑤	⑥	⑦		⑧	⑨	⑩	⑪
Bicycle Safety	①	②			③		④⑤	⑥			⑦⑧	⑨	⑩
Safety in commercial and entertainment district(downtown)		①		②		③	④		⑤		⑥		
School safety			①	②	③		④	⑤			⑥		
Prevention and prepadness of earthquake disasters		①			②	③	④					⑤	⑥
Prevention of child abuse		②③	④	⑤		⑥	⑦					⑧	
Prevention of domestic violence	—	—	—	—	—	—	—	①			②	③	④
Prevention of suicide and depression		①		②			③			④		⑤	
Early Detection of Cancers	①		②		③	④		⑤		⑥	⑦		

(5) Specialist' Committee (external organization)

In order to effectively promote community safety activities, we request specialists to give guidance and advice from their professional standpoint.

Takashi Eto	Emeritus Professor, The University of Tokyo Vice-Director General, Japan Child and Family Research Institute (JCFRI)
Hiroshi Ishizuki	Senior director, Society International Traffic Safety President, Japan Society of Civic Safety
Yoko Shiraishi	Director, Japan Institution for Safe Communities Coordinator for the Society Center (Korea)
Masao Ichikawa	Professor, Graduate School of Comprehensive Human Sciences, Tsukuba University

(6) Injury Surveillance Committee

We set up an injury surveillance committee which specialists take part in to build a mechanism of injury surveillances and its evaluation.

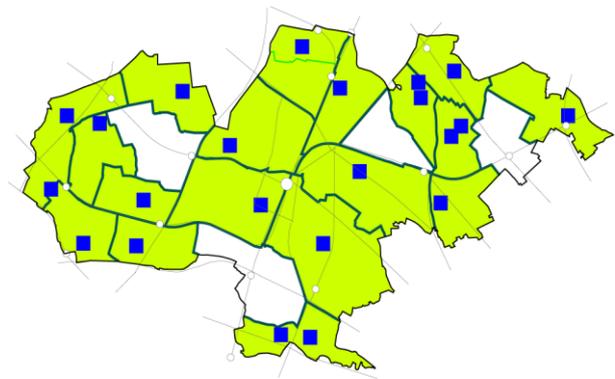
Members

Ikebukuro Public Health Center, Division of Policy and Management in Toshima City Government
Toshima Medical Association
Toshima Fire Department, Ikebukuro Fire Department
Specialists in the field of safety promotion

(7) "Community Plaza (Kumin-Hiroba)" as the Station of the Safe Community

① Outline of the Community Plaza "Kumin-Hiroba"

The Community Plazas are the facilities to be the bases of new countermeasures of community development. There is one Community Plaza in one elementary-school district with the population of ten thousand to twenty thousand or so. Currently, eighteen districts out of the twenty-two districts have such plazas. It is planned that all the districts are going to have one in the future.



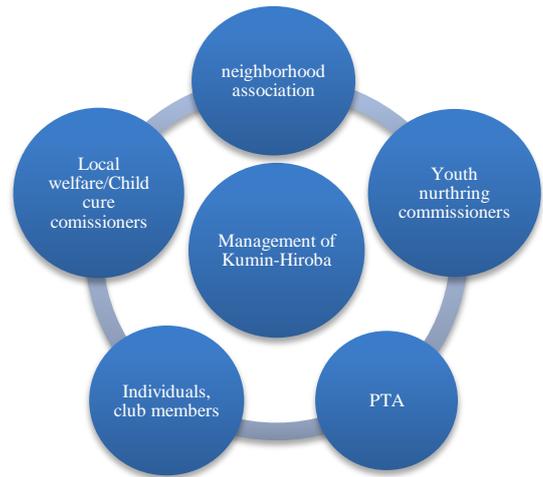
The Community Plazas are the facilities for association, which everybody, infants through seniors, can use. The total number of the users is about 723 thousand per year. Approximately 12 thousand projects are provided in one year. These plazas also play the role of the aid and support centers at the occurrence of an earthquake.

② Operation with the Initiative of the Residents

At the plazas, projects are planned and implemented by each "management meeting," where the local residents take the initiative.

The management meetings extends over the fields, consisting of the neighborhood associations, the local welfare /childcare commissioner associations, the youth nurturing committees, the PTAs, the users, and so forth. The total number of the members in the management meetings is 30 to 40.

The endeavors are ongoing to turn the management meetings into non-profit corporations, which enable the local communities to operate their Community Plazas with higher autonomy.



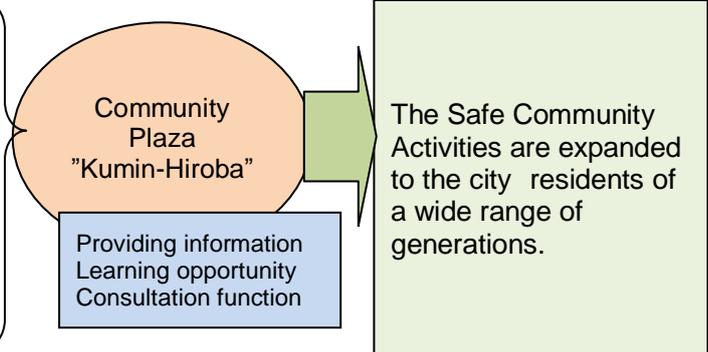
③ The Roles of the Community Plaza in the Safe Community Activities

Toshima City has an intention to make use of the Community Plazas as the bases of the Safe Community Activities.

In order to notify the city citizens of a wide range of generations of the activities performed by the taskforces, the information is provided from the Community Plazas. In addition, its function as a field to learn the Safe Community Activities, together with the function in consultation with respect to the local welfare, will be expanded.

Prioritized challenges for the Safe Community

Prevention of injuries and accidents of children
Safety of the seniors
Safety for the physically disabled
Bicycle safety
Safety in commercial and entertainment district
School safety
Prevention and prepadness of earthquake disasters
Prevention of child abuse
Prevention of Domestic violence
Prevention of suicide and depression
Early Detection of Cancers



④ Major projects related to the Safe Community

Project	Host
Creating the safety/security map	Private sector
Seminar to prevent falling at home	University
Seminar to support the physically disabled	Administrative organization
Toshima Safety Caravan project	Private sector
Safety/security patrol	Management Meeting
Depression prevention seminar	University
AED/emergency medical care seminar	Management Meeting
Disaster/fire prevention exhibition	Management Meeting



⑤ providing information in relation to the safety and security

Information on the disaster prevention
Information on the dubious persons and crimes
Traffic safety information map
Poster Exhibition on activities by Safe Community taskforce committees



Indicator2

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

(1) The Overview of the Safety Promotion

In Toshima City, there are programs for safety promotion in terms of prevention of injuries covering all both genders, all generations, environments and conditions

The following table shows the numbers of those programs in the upper columns, in addition, corresponding major programs are explained which is indicate in alphabets in the lower columns.

		Age group				For all ages	For the physically disabled	For women
		Child (0 - 14)	Youth (15 - 24)	Adult (25 - 64)	Senior (65 -)			
Unintentional injuries at	Home	3	5	6	19		5	1
		a	b	b	c		b	d
	School	17	/	/	/			
		e						
	Work place	/	/	3	/			
				f				
Leisure/sport	6	2	2	3(1)	2			
	g	h	h	i	h			
Traffic	26(5)	20	20	22	20	10		
	j	k	k	l	k	m		
Public places	10(1)	6	6	6	6	2		
	n	o	o	o	o	p		
Intentionan injuries	Suicide	8	7	7	7	6		
		q	r	r	s	r		
Violence/a buse	28(10)	15(4)	15	19(3)	9		6	
	t	u	u	v	u		w	
Disaster	20	20	20	23	20	3		
	x	x	x	y	x	y		
Total		102	74	79	95	63	20	7

*1 The numbers in the "Age" columns are the total numbers of "Child," "Youth," "Adult," and "Senior,"

*2 The numbers in () indicate those of programs which are also listed in other columns since they are covering multiple columns.

(2) Major Endeavors for Prevention

Here are major endeavors for each age group, environment and condition. All programs and activities are explained in the appendix.

Legend: ① Targets (person/object), ② Purposes, ③ Outline ④ Host, parties concerned

a Health education for guardians

- ① Guardians of infants
- ② Prevention of injuries and accidents of infants at home
- ③ Information is provided to mother and child health care projects by the public health center, in the health education programs at the Kumin-Hiroba/children's houses, etc. And at child-related facilities/in child-related projects (health education materials are provided to kindergartens, for example). Through such activities, guardians change attitude by learning the actual situations of the injuries and accidents of children, specific measures for organizing the environment at home and the cardiopulmonary resuscitation(CPR)
- ④ Medical association, Dental association, Local welfare/childcare committee association, Toshima City Government



b Emergency alert system for the severely physically disabled

- ① Residents living alone etc. who are severely physically disabled and/or have intractable disease requiring special attentions
- ② Securing the safety of the physically disabled at home
- ③ If an emergency such as an accident, illness, etc. Arises at home, some radio-communication alert device or the like is used to contact the Tokyo Fire Department to call for an immediate aid.
- ④ Tokyo Fire Department, Toshima City Government

c Friendly watching over activities

- ① Seniors living alone and/or staying in bed
- ② Securing the safety of the seniors living alone etc.
- ③ The healthy seniors belonging to a seniors club make teams to periodically visit other member seniors living alone and seniors staying in bed, making sure that they are fine and/or keeping company for a talk etc. Some aid is provided for daily lives. As of the end of fiscal year 2010, there are 79 teams in 65 clubs in the city that were providing services for 707 seniors.
- ④ Seniors club

d Seminars to prevent osteoporosis and bone fractures caused by fall

- ① Women living/working in the city
- ② Preventing osteoporosis and stumbling that may cause bone fractures
- ③ Bone density is measured. The information on diet/exercises is provided. The seminars involving exercise example performance etc. are held. The Residents' Squares in the district of the Nagasaki Health Consultation Office host "Women's Elegant Health Seminar" for the women, who are frequently play the roles of health care takers at home.
- ④ Residents' Square Management Meeting, Toshima City Government



e Group walk to/from school attended by PTAs (Walking school bus)

- ① School children going to/coming back from school
- ② Preventing criminal victimization of children on their way to/back from school
- ③ Hoyu Elementary School forms group-walk groups. The guardians take turns to be leaders to take the groups to the vicinity of the school every day in the group-walk project. As for the Komagome Elementary School, the PTA takes initiative to host a project once years, where the guardians take the children home from the school.
- ④ PTA, Toshima City Government



f National Safety Week/Occupational Hygiene Week project

- ① Employees at business bases in the city
- ② Preventing work place accidents
- ③ On the occasions of the National Safety Week and the National Occupational Hygiene Week, specialists and the personnel from the Labor Standards Office are invited as lecturers to deliver lectures and seminars. In fiscal year 2011, a lecture about mental health is delivered, and a seminar on general emergency medical service is held.
- ④ Industrial Association, Labor Standards Office, fire department, Toshima City Government

g Sport accident prevention seminar

- ① Instructors of junior sports
- ② Preventing children's accidents during sport
- ③ Sport instructors and specialists in the field of the sport accident prevention deliver lectures about the knowledge for the instructors to prevent sport accidents and about the accident handling etc. At the occurrence of accidents.
- ④ Junior Sport Leader Education Project Steering Committee, Toshima City Government

h Acquisition of safety-related certificates by the sport facility personnel

- ① Personnel of the sport facilities established by the city
- ② Preventing serious cases of injuries and accidents by the sport-facility users
- ③ General emergency medical service seminars and the AED-certificate acquisition seminars are held by the fire departments. All of the personnel should acquire the certificate of the emergency medical skills issued by the Tokyo Fire Department.
- ④ Fire department, Toshima City Government

i Walking seminars

- ① The middle-aged and seniors of approximately 50 or above and the instructors of the senior sports living in or working at the city
- ② Preventing to become in need of nursing care
- ③ Lecture is annually provided by inviting doctors with knowledge about the exercise therapy from JAFIAS, an NPO corporate. Participants can learn about healthy, fun walking in correct posture, and its practice. The seminar is held once a year.
- ④ JAFIAS (NPO organizations), Community Sports Commissioners, Toshima City Government

j Scared-straight classes

- ① Students of the municipal junior high schools
- ② Preventing bicycle accidents
- ③ Traffic accidents are reproduced by stunt men/women in front of municipal junior-high school students to let them experience the impacts and fears of accidents. Thus, the importance of observing the traffic rules and manners is taught. These classes are delivered at a school or two every year.
- ④ Police departments, Toshima City Government



k Traffic safety seminars (and drivers' seminars)

- ① Residents (drivers)
- ② Preventing traffic accidents
- ③ The seminars are delivered at Community Plaza(Kumin-Hiroba), elementary schools, etc. For general drivers and the residents who want to participate during the traffic safety campaigns in springs and falls. To spread and diffuse the knowledge about the traffic safety, the personnel from a police department give instructions such as traffic rules and the precautions for drivers. The participants are given the certificate of the completion after the seminars.
- ④ Traffic Safety Association, Community Plaza(Kumin-Hiroba) Management Meeting, police department, Toshima City Government

l Subsidy to wandering seniors positioning information services

- ① The seniors of 65 or above with senile dementia who wander extremely frequently
- ② Preventing accidents of wandering seniors
- ③ The subsidy to the fees of the services of detecting lost wandering senior with the PHS network is granted to the care takers living with the wandering senior.
- ④ Toshima City Government

m Construction of platform doors at railroad stations

- ① Platforms at railroad stations
- ② Securing the safety of the visually impaired etc.
- ③ To physically prevent falling down from platforms and contacts with trains, the fences with movable openings (doors) are constructed on the railroad platforms facing the railroad tracks. In the city, such fences have been constructed at some subway stations. The number of the subway stations having such fences will be increased.
- ④ Railroad companies



n Inspection of public square/playground equipment

- ① Public square/playground equipment
- ② Preventing accidents of the children using playground equipments
- ③ The city personnel give check by sight and inspect function of equipments during public square patrols. Specialists make inspections every three years. The seminar about playground equipment inspection is delivered to the city personnel approximately once a year to reconfirm where to check etc.
- ④ Toshima City Government

o Community Plaza AED/emergency medical service seminars

- ① The personnel of the Community Plaza and their users
- ② Saving the life of the injured at a Community Plaza
- ③ The emergency treatment such as the operation of AED is taught by fire department (lecture/practice).
- ④ Community Plaza Management Meeting, Toshima City Government



p Compilation of incident reports

- ① The personnel of the facilities for the disabled
- ② Preventing injuries and accidents at the facilities for the disabled
- ③ From the daily operation diaries, the descriptions about the near-accidents having occurred in the activities at the facility are extracted to compile an "incident report" As the information shared among the personnel in order to make studies about prevention of similar cases.
- ④ Toshima City Government

q Phone consultation for children

- ① Elementary/junior-high/high school students
- ② Preventing the suicides by the youth
- ③ Free-dial phone numbers are set up for children to make direct phone calls so that they can have consultation over the phone about their worries and opinions. The special personnel having a certificate, such as clinical psychologists, psychiatric social workers, teachers, and kindergarten teachers, receive phone calls. The consultation is available from 9 am through 6 pm on weekdays and from 9 am through 5 pm on Saturdays. The consultation cards are distributed mainly to the fourth to sixth graders and junior-high school students every year to make the free-dial phone numbers well known.
- ④ Toshima City Government

r Mental health welfare consultation

- ① Persons and their family members who are not willing to go see psychiatrists
- ② Preventing suicides, severe cases of depression, and diffusion of suicides and severe cases of depression
- ③ Psychiatrists and psychiatric social workers periodically accept consultations about technical issues (mental consultations, family-problem consultations).
- ④ Toshima City Government

s Project for the unsocialized and depression

- ① Seniors requiring care takers and/or in depression cases
- ② Preventing suicides of the seniors
- ③ Public health nurses or nurses pay visits to houses, giving comprehensive assessments of problems and providing necessary advice and guidance, in order to support independent lives.
- ④ Toshima City Government

t Distributing of the alarm buzzers to the elementary school children

- ① New elementary school children
- ② Preventing the crime victimization of elementary school children during going to/coming back from schools
- ③ The Toshima branch of Tokyo Real Estate Association contributes alarm buzzers which are distributed to all the new school children of the municipal elementary schools.
- ④ Toshima City Section, Tokyo Real Estate Association; Toshima City Government



u Safety/security mail

- ① City residents
- ② Preventing crimes
- ③ Residents can register to the system of mail distribution in which the information about crime occurrences, crime preventions measures, etc are distributed. E-mails are distributed to the personal computers and/or cell phones of the residents after they make application, which give cautions against informed crimes.
- ④ Police department, Toshima City Government

v Special management project for senile dementia and maltreatment

- ① The family members taking care of the seniors having senile dementia and the seniors in need of nursing care, the personnel of the general consultation center for the seniors, the staffs of private sector offices, and so forth who work for care-taking operations
- ② Preventing the maltreatment of the seniors
- ③ The specialists such as layers, psychiatrists, clinical psychologists, and the like give advice with respect to the handlings of the cases where aid is difficult and/or maltreatment is found. The consultation about the mental state of the seniors is provided in the projects for the family members. The consultation specifically for the staff members taking care of the seniors in need of such care is provided in the projects for the personnel/staff members in relation to care-taking operation.
- ④ Private-sector care service providers, General Consultation Center for the Seniors (Comprehensive Aid Center), Toshima City Government

w Temporary protection project for mothers, children, etc.

- ① Mothers and children and women
- ② Protection of mothers and children and women against violence
- ③ Public and private protection facility temporarily protects mothers and children and women requiring urgent shelter and the like against the violence by the spouse or the like.
- ④ Private-sector protection facilities, Tokyo Women's Consultation Center, Toshima City Government

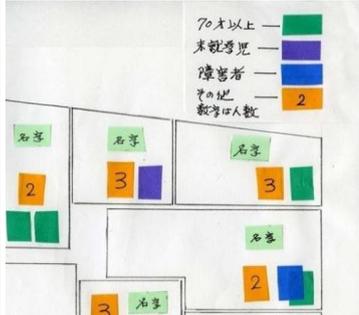
x General/joint disaster prevention drill

- ① Residents
- ② Preventing damages from disasters
- ③ The disaster prevention related organizations and local residents in the city join for the practical drills of the management at the occurrence of an earthquake and so forth. Such drills are conducted about 30 times in a year to practice the disaster prevention measures and to enhance the ability in taking actions for disaster prevention.
- ④ Neighborhood association, Welfare Association for the Disabled, Medical Association, Pharmaceutical Association, Self Defense Forces, fire departments, police departments, Toshima City Government, etc.



y "Leaving-no-one-behind-during-disaster project" by local welfare /childcare commissioner

- ① The seniors and the physically disabled
- ② Preventing damage on the persons requiring aid during disaster (the seniors/physically disabled)
- ③ The local welfare/ /childcarecommissioners keep record of the persons requiring aid during disaster who may need to be watched over in local areas. This information is compiled into the color-coded maps of the persons requiring aid during disaster. Based on the maps, the local welfare/childcare commissioner of the same areas exchange information. Each local elementary school children committee meeting of a local area collects the information and enters into an information agreement with the governmental office to prepare disaster.
- ④ Local welfare /childcare commissioners, Toshima City Government

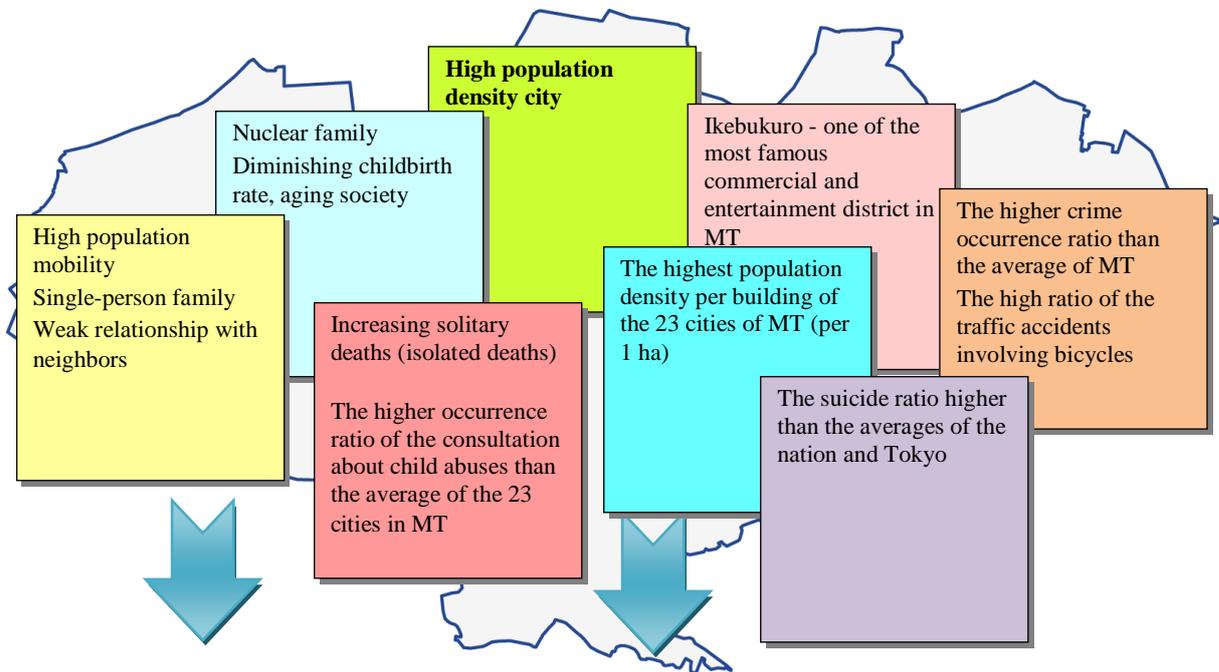


Indicator3

Programs that target high-risk groups and environments, and programs that promotes safety for vulnerable groups

Based on the community safety diagnosis of the city, which has highest population density in Japan, and which is the urban community with highly advancing phenomena such as the diminishing childbirth rate, the aging society, and the nuclear families, Toshima city sets up the prioritized challenges of the safe community activities. For each of these challenges, we establish the taskforces committees across the fields of specializations to advance our activities.

From the next page on, endeavors for the prioritized challenges, are described as according to each taskforce committee.



No.	Priolietised Challenge	What to Prevent
1	Prevention of injuries and accidents of children	Injuries and accidents of infants at home Injuries and accidents of children at children's facilities (nursery schools, after-school child care facilities)
2	Safety of the seniors	Fall of the seniors Senior abuse
3	Safety of the physically disabled	Injuries and accidents of the visually disabled outdoors
4	Bicycle safety	Injuries and accidents of children and seniors
5	Safety in commercial and entertainment districts (downtown)	Injuries caused by crimes and/or violence
6	School Safety	Injuries at school Traffic accidents by bicycles
7	Prevention and prepadness of earthquake disasters	Deaths and injuries caused by collapsed buildings and fences and/or spreading fire Deaths and injuries at the occurrence of an earthquake Deaths and injuries during evacuation
8	Prevention of child abuses	Child abuses
9	Prevention of domestic violence	Violence to intimate partners such as the spouse
10	Prevention of suicides and depression	Suicides pf the middle-aged generation and attenmted suicides by the youth
11	(*) Early detection of cancers	Deaths from cancer

* The taskforce committee for "Early detection of cancers" is also established as an additional taskforces for the safe community.

(1) Prevention of Injuries and Accidents of Children

Composition of the taskforce committee (17 members)	
Community Organizations	local welfare /childcare commissioner association, youth nurturing committee, elementary school PTA association, representatives of the guardians of the children using children's facilities, Japan boy scouts local conference, health/medicine related organizations, organizations related to children's facilities, physical education association
Administrative organizations	Fire departments, public health center, Toshima city government (section in charge of children's welfare)

What to Prevent (1) Injuries and Accidents of Infants at Home

Reason to select what to prevent	Analysis of causes	Challenges
<p>10.3% of infants have experienced injuries and accidents except nursery school or day care centers and sent to medical facilities. The place where most frequently injuries occur is home as 58.6%.</p> <p>Fig.5-1 Locations to Cause Injuries and/or Accidents</p> <p>Source: the questionnaire survey of the injuries and accidents of children (see indicator 4, chapter 5)</p>	<p>Stumbling and fall are the two major causes of injuries and accidents.</p> <p>An insufficient number of fences are installed to beds, stairs, and uneven floors, which can prevent children from stumbling or falling. The ratio of installation, however, by guardians who have gained that information from the children's accident prevention center was relatively higher compared to those who never visited to the centre.</p> <p>Fig.5-2 Causes of Injury/Accident Occurrences</p> <p>Source: questionnaire survey of the injuries and accidents of children</p>	<p>Improvement of implementation ratio of preventive measures at home</p> <p>Fig.5-3 Situation of Implementation of Preventive Measures at Home</p> <p>■ Have gain information at Children's Accident Preevntion Center (n=522) □ Never gained information about children's addicent prevention (n=104)</p>

What to Prevent (2) Injuries and Accidents of Children at Children's Facilities (Nursery Schools, After-school Childcare Facilities)

<p>Occurrences of injuries and accidents at public facilities for children such as nursery schools and after-school childcare facilities are not decreasing.</p> <p>Fig.5-4 Occurrences of Injuries and Accident</p> <p>Source: statistics on nursery schools and after-school childcare facilities</p>	<p>The ratio of being injured on the face is higher than that of other parts of the body.</p> <p>The most frequent causes of the face injuries are their own acts followed by other child/children, then facility equipment.</p> <p>Fig.5-5 Injured Parts</p> <p>Source: statistics on nursery schools in fiscal year 2009</p>	<p>Improvement of the safety management at facilities and of equipments</p> <p>Fig.5-6 Causes of injuries</p> <p>Training of children's ability to avoid dangers</p>
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Changes as a result of the endeavors for the safe community (findings etc.)

By conducting questionnaire survey about the injuries and accidents of children for the first time, the situation that caused injuries and/or accidents were found out. Furthermore, it was revealed that sufficient preventive measures were not well taken at home.

At the nursery schools, a part of the existing forms of injury record was improved based on the WHO's injury surveillance guideline. Thus, all the public nursery schools and private nursery schools have started to adopt and implemented the unified form.

Goals, objectives and concrete countermeasures become to be shared among related parties through taskforce committee meetings. For example, community organizations made a proposal about physical exercise to improve children's ability to avoid dangers.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
1-1 Diffusion and enlightenment of injury prevention at home by using the children's accident prevention center	(1) Toshima city government (2) Guardians/parents of infants (3) The Children's Accident Prevention Center is the diffusion and enlightenment facility for accident prevention by providing a mock-up which is the first in this country. For accident prevention of children at home, there are exhibitions of a front door/entrance, stairs, kitchen, bathroom, and so forth. Guardians/parents learn how to prevent children's injuries at home by referring their own houses in looking through the mock-up. (4) With the catchphrase of "Come and see the Children's Accident Prevention Center", the diffusion and enlightenment materials in the size of a maternal and child health handbook are created. They are hand out at occasions of infants' health examinations, at activities at the Community Plazas, and so forth.	6,225 visitors (among them, guardians/parents were 6,047)
1-2 Implementation of the nurturing project of the human resources to support the parenting in the local area	(1) local welfare /childcare commissioners, local community groups, Toshima city government (2) The persons who want to participate in the parenting support (3) In order to provide the opportunities to gain knowledge and ability to support parenting activities, the training course to nurture human resources for parenting support will be provided from the next fiscal year. In this fiscal year, the preparatory study sessions are held by the parties currently working on parenting support at local areas, such as local welfare /childcare commissioners. (4) In order to implement the training courses to nurture the human resources for parenting support, themes and learning materials should be selected. Furthermore, a system to register the persons who finished the training course should be established, for example. Thus, the opportunities for such human resources to work will be provided.	Preparatory study: 9 sessions Participants in the preparatory study sessions: 200 in total (as of fiscal year 2011) (Scheduled for future) The number of sessions of the training courses The number of participants of the training courses
2 Implementation of inspection and correction from the preventive point of view	(1) Private nursery schools, Toshima city government (2) Children's facilities, personnel of such facilities (3) Periodical safety checks are conducted by the personnel of the facilities to correct dangerous portions and faulty portions of the facilities and play equipment. (4) With the preventive point of view, a checklist will be coated. In addition, training sessions will be provided for the personnel of the facilities to find out such dangerous portions and faulty portions.	The number of corrections of trouble s in equipment of the facilities: (Scheduled for future) The number of training sessions for the facility personnel and training session participants
3 Implementation of the safety education programs for children	(1) Private nursery schools, local activist (associations), Toshima city government (2) Children using a nursery school or after-school childcare facility and their guardians/parents (3) In order to provide safety education programs as daily nursery educations, a safety education curriculum is created. By using this, safety education programs are provided to the children and their guardians/parents. Some of the nursery schools use the narrative stories with picture cards for the education programs as one of the ingenuities to interest the children. (4) The training courses will be provided to improve education ability of facility personnel. In addition, an examination will be made on the use of the physical exercise to cultivate children's ability to avoid dangers, which was proposed by a local community organization.	The number of facilities having implemented safety education programs: (Scheduled for future) The number of education programs for the facility personnel and program participants

(2) Safety of the seniors

Composition of the taskforce committee (22 members)	
Community Organizations	Neighborhood associations, Community Plaza (Kumin-Plaza) Management Meeting, Local welfare /childcare commissioner Association, local community groups, medical/nursing related organizations
Administrative organizations	National Council of Social Welfare, Toshima city (relevant sections in charge of disaster prevention, communities, senior welfare, welfare of the physically disabled, and nursing)

What to Prevent (1) Fall of the senior

Reason to select what to prevent	Analysis of causes	Challenges
<p>The number one cause of the deaths of the seniors in the category of unintentional injuries is fall. According to the questionnaire survey, 17% said they have experienced fall.</p> <p>According to the emergency transport data (2010), there were 974 cases of fall by senior at the age of 65 years old or higher. Among them, 600 cases are the case of fall indoors.</p> <p>Fig.5-7 Deaths of the Senior Due to unintentional injuries</p> <p>Source: Demographic statistics: The average of the past five years</p>	<p>Fig.5-8 Causes of Fall</p> <p>Source: Questionnaire on injuries and accidents of the senior in 2010</p>	<p>In general, the aging causes some deterioration in the physical ability, which is expected to be a cause of fall. According to the citizens' attitude survey, the number one reason for fall is the lack of physical exercises.</p> <p>1 Suppression of the deterioration in the physical function</p>
<p>Fig.5-9 The Barrier-free Buildings</p> <p>Source: Housing land statistical research 2010</p>	<p>Although, as for the senior, the rate of occurrences of fall indoors (at home) is high as the causes of emergency transport, Barrier-free houses are still slow to spread.</p> <p>2 Improvement in the environment at home</p>	

What to Prevent (2) Senior Abuse

<p>The number of consultations about abuses has increased since the five years ago by four times. The number of abuses is also increasing.</p> <p>Fig.5-10 The Number of abuses and the Number of Consultations about abuses</p> <p>Statistics by the Senior General Consultation Center in fiscal year 2010</p>	<p>Fig.5-11 Occurrences by Abuse Type</p> <p>n=70 (accumulated)</p> <p>Statistics by the Senior General Consultation Center in fiscal year 2010</p>	<p>Besides physical abuses, invisible abuses such as mental abuses are happening</p> <p>3 Early detection of abuses and taking necessary actions</p>
<p>Fig.5-12 Victims with or without Senile Dementia</p> <p>Statistics by the Senior General Consultation Center in fiscal year 2010</p>	<p>Among the victims of abuses, nine out of ten have senile dementia. Those who have senile dementia are prone to be victims since they are not able to express themselves and it is difficult to communicate with them.</p> <p>4 Preventing senile dementia</p>	

Changes as a result of the endeavors for the Safe Community (findings etc.)

A questionnaire survey was conducted to the seniors who are living alone to understand the reality of their experiences of fall and the accidents outdoors. The taskforce committee made use of this information as the material for deliberation. As one of the endeavors for the seniors living alone, the support project by Tokyo (Silver Police Box) is utilized. Since April in 2011, a special reception desk has been opened at the Senior General Consultation Center, and the personnel in charge of watch-over support are available.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
<u>1</u> The exercise program to prevent fall	<ol style="list-style-type: none"> (1) Local activist associations, Community Plaza Management Committee, Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology, Toshima city government (2) Seniors at the age of 65 or higher (3) Physical education facilities, the Community Plaza, and the like are used to provide exercise programs such as machine training, muscle-increasing gymnastics, under-water exercise, tai chi, and so forth (4) The number of activities should be increased as a large number of people want to participate. The participants should be encouraged to continue exercise 	<p>[Hosted by the city] Three programs: 8698 participants in total</p> <p>[Hosted by local groups and organizations] Three programs: 7938 participants in total</p>
<u>2-1</u> The program to reconfirm the risk of fall at home	<ol style="list-style-type: none"> (1) Community Plaza Management Committee, experts, Toshima city government (2) Seniors at the age of 65 or higher (3) At the Community Plaza, standard assessment tools are used for the activities to finding problems in their living environment at home that may be a cause of fall (locations and objects with some high risk of chilling and frightening moments), and to find solutions. (4) The numbers of sessions and participants should be increased. 	Implemented at 15 Community Plazas: 300 participants
<u>2-2</u> The aid for house reforms to support the seniors to live on their own	<ol style="list-style-type: none"> (1) Toshima city government (2) Seniors at the age of 65 or higher (3) The city gives some aid to the expenses to install the handrails, to flatten the uneven floors, to replace squatting toilets with sitting toilets, and so forth at the houses of seniors. (4) Barrier-free rooms should be promoted in rented houses and the common use spaces in shared houses. 	The number of renovations: Installation of handrails: 689, Diminishing of uneven floors: 128, installing sitting toilets: 31, others: 129
<u>3-1</u> The networking project for watching over and mutual support	<ol style="list-style-type: none"> (1) Local volunteers, cooperative businesses (newspaper distributors, mail carriers etc.) (2) Seniors at the age of 65 or higher living alone, households of seniors that want watch-over service (3) The local volunteers watch over the applicants from the outside (once a week) and pay a direct visit (once a month) to make sure their safety. In addition, the cooperative businesses, if they feel something strange in the daily-life condition of applicants, make report to the Senior General Consultation Center. (4) The cooperation with the Community Plaza should be intensified to gather local volunteers. 	Applicants for the watch-over service: 127 Working cooperative personnel: 85
<u>3-2</u> <u>4-1</u> Publication and enlightenment of abuses and senile dementia	<ol style="list-style-type: none"> (1) Medical doctors, Toshima city government (2) City citizens, care-giving family members of seniors with senile dementia, personnel of the city government, personnel of the Senior General Consultation Center, staffs in private-sector offices, etc. (3) The classes in relation of senile dementia are provided for the care-giving family members and city citizens. The pamphlets concerning senile dementia etc. are created and distributed. In addition, in order to give support to the patients of senile dementia and their family members, the classes are provided to train the supporters of the persons with senile dementia, and the lectures are hosted to prevent abuses. (4) Close cooperation with experts such as lawyers and the support from the Senior General Consultation Center should be intensified. 	Public classes: 3 sessions Classes to support nursing family members: 8 sessions Classes to train supporters: 3 sessions Classes to train the supporters for the persons with senile dementia: 28 sessions Lecture to prevent abuses: 1 session
<u>4-2</u> Senile dementia prevention class	<ol style="list-style-type: none"> (1) Toshima city government (2) Seniors at the age of 65 or higher (3) The activities with walking at the center are made to activate the brain, thus preventing senile dementia (4) Close cooperation with the Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology should be intensified with respect to the programs 	11 participants in 7 sessions in 2 series

(3) Safety of the Physically Disabled

Composition of the taskforce committee (21 members)	
Community organizations	Associations of the physically disabled, neighbors associations, local welfare /childcare commissioners, welfare facilities for the physically disabled, social welfare council, residents with disabilities(physical, visual, and hearing)
Administrative organizations	Fire department, Toshima city government (sections in charge for welfare for the physically disabled, road, traffic, risk management)

What to Prevent: Injuries and Accidents of the Visually Disabled Outdoors

Reason to select what to prevent	Analysis of causes	Challenges																																														
<p>According to the questionnaire survey, 50% of the physically disabled go outside "almost every day." In addition, about 35% of the visually disabled experienced injuries outdoors, which is higher than the rate of the other physically disabled people</p> <p>Fig.5-13 Experience of injury in going out</p> <table border="1"> <caption>Data for Fig.5-13</caption> <thead> <tr> <th>Disability Type</th> <th>Yes (%)</th> <th>No (%)</th> <th>N/A (%)</th> </tr> </thead> <tbody> <tr> <td>Visually impaired</td> <td>34.9%</td> <td>57.1%</td> <td>7.9%</td> </tr> <tr> <td>Hearing impaired</td> <td>14.7%</td> <td>82.7%</td> <td>2.7%</td> </tr> <tr> <td>Orthopedically-impaired</td> <td>19.4%</td> <td>70.6%</td> <td>10.0%</td> </tr> <tr> <td>Internal impediment</td> <td>15.3%</td> <td>78.6%</td> <td>6.1%</td> </tr> <tr> <td>Intellectually disabled</td> <td>9.0%</td> <td>77.1%</td> <td>14.0%</td> </tr> <tr> <td>Mental disorder</td> <td>15.0%</td> <td>79.0%</td> <td>6.0%</td> </tr> </tbody> </table> <p>Source: survey on attitude of disabled residents in the city</p>	Disability Type	Yes (%)	No (%)	N/A (%)	Visually impaired	34.9%	57.1%	7.9%	Hearing impaired	14.7%	82.7%	2.7%	Orthopedically-impaired	19.4%	70.6%	10.0%	Internal impediment	15.3%	78.6%	6.1%	Intellectually disabled	9.0%	77.1%	14.0%	Mental disorder	15.0%	79.0%	6.0%	<p>As a cause of the injuries outdoors among visually disabled, the barriers on the sidewalks (unattended bicycles, store displays on the road, etc.) and the steps on the unevenness on the sidewalks covered about a half of the causes of injuries.</p> <p>Fig.5-14 Cause of injury of visually challenges</p> <table border="1"> <caption>Data for Fig.5-14</caption> <thead> <tr> <th>Cause</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>the steps on the unevenness on the sidewalks</td> <td>24%</td> </tr> <tr> <td>the barriers on the sidewalks (unattended bicycles, store displays on the road, etc.)</td> <td>24%</td> </tr> <tr> <td>Contact with bicycle</td> <td>18%</td> </tr> <tr> <td>Contact with pedestrian</td> <td>14%</td> </tr> <tr> <td>Contact with motorcycle or car</td> <td>6%</td> </tr> <tr> <td>Wet sidewalk</td> <td>6%</td> </tr> <tr> <td>Other</td> <td>2%</td> </tr> <tr> <td>N/A</td> <td>2%</td> </tr> </tbody> </table> <p>Source: survey on attitude of disabled residents in the city</p> <p>Furthermore, the visually disabled suffer a higher risk due less accessibility to information and less communications with sight than the other physically disabled people.</p>	Cause	Percentage (%)	the steps on the unevenness on the sidewalks	24%	the barriers on the sidewalks (unattended bicycles, store displays on the road, etc.)	24%	Contact with bicycle	18%	Contact with pedestrian	14%	Contact with motorcycle or car	6%	Wet sidewalk	6%	Other	2%	N/A	2%	<p>1 Barrier-free walking space [barrier-free community]</p>
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Challenges as a result of the endeavors for the Safe Community (findings etc.)

The questionnaire survey of the injuries and accidents was conducted to the physically disabled for the first time. It was reconfirmed that the occurrence ratio of the injuries and accidents outdoors was higher than that of able-bodied persons.

As the mental barrier-free means, the classes about supporting the physically disabled will be periodically provided at the Community Plaza (Kumin-Hiroba) s with the physically disabled as the lecturer.

In addition, as the class about supporting the physically disabled was held, the momentum has increased among management committee of Kumin-Hiroba. They became willing to walk around the city with the visually disabled for check-up in order to understand the barriers in the walking space for the visually disabled and in order to make efforts to solve environment problems such as unattended bicycles and litters.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
1-1 On-street inspection to report on the point of view of the physically disabled	<ol style="list-style-type: none"> (1) Taskforce committee for Safety of the Physically Disabled , Community Plaza Management Meeting, Toshima city government (2) City citizens, barriers on streets (3) The taskforce members including the visually disabled and the local residents walk around the city to find out and point out the locations and situations that interfere with the passage from a point of view of the physically disabled. Thus, endeavors are made to eliminate and regulate unattended bicycles and signboards on sidewalks etc. and to repair uneven sidewalks. (4) The areas of the street-walk inspections should be expanded. 	Street-walk inspections: Actual result in fiscal year 2011: 1 time
1-2 Barrier-free reforms focused on the Ikebukuro Station district	<ol style="list-style-type: none"> (1) Associations of the physically disabled, road-managing parties, Railroad companies, Toshima city government (2) Sidewalks etc. (3) By reflecting the opinions from the associations of the physically disabled, the barrier-free basic concept in the Ikebukuro Station District was formulated in 2011. Based on this, textured paving blocks, escort zones, etc. will be reformed in the vicinity of the Ikebukuro Station, where visitors concentrate. Uneven sidewalks, steep slopes, etc. will be eliminated. Step structures will be unified. The elevators and the station platform doors for the physically disabled will be installed. (4) The taskforce should conduct street-walk inspections periodically to make proposals for improvements. 	[Areas in the vicinity of the Ikebukuro Station] Installation of bumpy tiles: 42.8 km
2 Voice road guide service	<ol style="list-style-type: none"> (1) Associations of the physically disabled, Toshima city government (2) The visually disabled, city citizens (3) By making use of the voice devices of personal computers and cell phones, the road guide data is created for audio road guide to public facilities. In addition, the textured paving blocks with audio information embedded in the form of IC chips are installed on major spots to transmit audio information. (4) The taskforce committee should conduct on-site inspections periodically to make proposals about the locations to install the audio road guide equipment. 	Road guide data created: 9 locations (10 routes) The IC chips are planned to be embedded in fiscal year 2011 or later.
3 Training classes to support the disabled	<ol style="list-style-type: none"> (1) Associations of the physically disabled, Community Plaza Management Meeting, Toshima city government (2) City citizens (3) The physically disabled take roles as teachers to promote understanding about the physically disabled. At the same time with this, participants to the training classes learn how to frankly give a support to the physically disabled. So that more residents become able to offer support when they see the physically disabled in trouble. (4) The taskforce committee should reflect opinions from the physically disabled and the results of the questionnaire survey conducted to the participants in the classes to improve countermeasures including periodical examination of contents of the classes and the location of the classes. 	The number of classes: 2 sessions 79 participants * The above-mentioned is the actual results in fiscal year 2011 since this project started in this fiscal year.

(4) Bicycle Safety

Composition of the taskforce committee(25 members)	
Community organizations	Traffic Safety Association, Senior Club Association, PTA association
Administrative organizations	Police department, Tokyo Metropolitan government, elementary/junior high schools, board of education, Toshima city government (the relevant sections in charge of the welfare for the physically disabled, senior's welfare, children's welfare, and road traffic)

What to Prevent: Injuries and Accidents of Children and Seniors

Reason to select what to prevent	Analysis of causes	Challenges																																																																												
<p>When we analyze the situations of traffic accident occurrences by generation, the ratios of accidents of children and seniors are high while they are riding a bicycle.</p> <p>Fig.5-16 Situations of Traffic Accidents by Generation</p> <table border="1"> <caption>Data for Fig.5-16: Situations of Traffic Accidents by Generation</caption> <thead> <tr> <th>Generation</th> <th>injured in driving car</th> <th>injured in riding motor bike</th> <th>injured in biking</th> <th>injured in walking</th> <th>Other or N/A</th> </tr> </thead> <tbody> <tr> <td>75_</td> <td>47.4%</td> <td>8.8%</td> <td>10.5%</td> <td>26.3%</td> <td></td> </tr> <tr> <td>65_74</td> <td>47.7%</td> <td>8.4%</td> <td>15.9%</td> <td>23.4%</td> <td></td> </tr> <tr> <td>60_64</td> <td>43.1%</td> <td>5.9%</td> <td>29.4%</td> <td>19.6%</td> <td></td> </tr> <tr> <td>40_59</td> <td>32.4%</td> <td>22.2%</td> <td>28.3%</td> <td>14.6%</td> <td></td> </tr> <tr> <td>20_39</td> <td>37.3%</td> <td>27.4%</td> <td>20.9%</td> <td>13.4%</td> <td></td> </tr> <tr> <td>15_19</td> <td>45.7%</td> <td>31.4%</td> <td>5.7%</td> <td>11.4%</td> <td></td> </tr> <tr> <td>5_14</td> <td>51.7%</td> <td>6.9%</td> <td>36.2%</td> <td></td> <td></td> </tr> <tr> <td>_4</td> <td>28.6%</td> <td>28.6%</td> <td>35.7%</td> <td></td> <td></td> </tr> </tbody> </table> <p>Source: Emergency transport data in 2010</p>	Generation	injured in driving car	injured in riding motor bike	injured in biking	injured in walking	Other or N/A	75_	47.4%	8.8%	10.5%	26.3%		65_74	47.7%	8.4%	15.9%	23.4%		60_64	43.1%	5.9%	29.4%	19.6%		40_59	32.4%	22.2%	28.3%	14.6%		20_39	37.3%	27.4%	20.9%	13.4%		15_19	45.7%	31.4%	5.7%	11.4%		5_14	51.7%	6.9%	36.2%			_4	28.6%	28.6%	35.7%			<p>When we see the locations where bicycle accidents occurred in 2010, a larger number of accidents occurred at crossings of community roads where the sight was hindered than on the major roads with high traffic density. Such accidents covered two thirds of the total accidents.</p> <p>Among the cases of traffic accidents caused by the violation on the side of the bicycle riders, the most frequent causes were poor confirmation of safety, violation of stopping, ignoring the red light, and violation of the obligation of safe driving in crossings in this order.</p> <p>According to the questionnaire to the users of bicycle parking lots, the ratio of the people who knew the obligation of the children to wear bicycle helmets is as low as about 40%.</p> <p>Fig.5-17 Accidents Caused by the Violation on the Side of the Bicycle Riders</p> <table border="1"> <caption>Data for Fig.5-17: Accidents Caused by the Violation on the Side of the Bicycle Riders</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Accident which bicyclist get injured</td> <td>77.0%</td> </tr> <tr> <td>Accidents caused due to violation of regulation by bicycle</td> <td>23.0%</td> </tr> </tbody> </table> <p>Fig.5-18 Situations of the Accidents Caused by the Violation on the side of the Bicycle Riders</p> <table border="1"> <caption>Data for Fig.5-18: Situations of the Accidents Caused by the Violation on the side of the Bicycle Riders</caption> <thead> <tr> <th>Situation</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Didn't check safety</td> <td>28.4%</td> </tr> <tr> <td>Didn't stop once</td> <td>26.5%</td> </tr> <tr> <td>Ignored a traffic light</td> <td>15.7%</td> </tr> <tr> <td>Others</td> <td>14.7%</td> </tr> <tr> <td>Intruded into crossover point</td> <td>7.8%</td> </tr> <tr> <td>Didn't look ahead carefully</td> <td>5.9%</td> </tr> <tr> <td>Made driving error</td> <td>1.0%</td> </tr> </tbody> </table> <p>Source: Questionnaire to the users of bicycle parking lots in 2010</p>	Category	Percentage	Accident which bicyclist get injured	77.0%	Accidents caused due to violation of regulation by bicycle	23.0%	Situation	Percentage	Didn't check safety	28.4%	Didn't stop once	26.5%	Ignored a traffic light	15.7%	Others	14.7%	Intruded into crossover point	7.8%	Didn't look ahead carefully	5.9%	Made driving error	1.0%	<p>1 Improvement of environment for safe traffic</p> <p>2 Improvement of the awareness of the rules, manners, and traffic safety by bicycle users</p>
Generation	injured in driving car	injured in riding motor bike	injured in biking	injured in walking	Other or N/A																																																																									
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	<p>In the city, the locations where accidents have occurred tend to be different from the locations that had been thought to be dangerous by the residents.</p> <p>Road Safety Map</p> <p>Spot where traffic accident occur while residents don't consider dangerous</p> <p>Spot where residents consider dangerous while there has been no traffic accidents</p> <p>Spot where residents consider dangerous and traffic accidents have actually occurred</p> <p>★ Spots where accident occurred ■ Spots where residents feel dangerous □ Spots where accidents occurs while residents don't feel so.</p>	<p>3 Announcement of dangerous locations in the communities</p>																																																																												

Challenges as a result of the endeavors for the Safe Community (findings etc.)

- By conducting survey on the actual situations of the bicycle accidents, it was reconfirmed that the rules and manners for the bicycle riders were not observed. From now on, the enlightenment activities with respect to such problems should be intensified. Besides, we determined to intensify the promotion for children to wear helmets on bicycles.
- Residents learned gaps in their awareness of danger by understanding there are spots where accident often occurs although they haven't realized through workshops by using GIS system. Based on understanding where they should be more careful about traffic accidents, they can develop countermeasures. Accumulated data by GIP on maps will provide good information to improve programs

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
1 New installation and modification of traffic signs and road markings	<ol style="list-style-type: none"> (1) Road managing organizations, police department, Toshima city government (2) Roads (3) Road markings and traffic mirrors for arousing caution, traffic signs, and so forth are installed, painted, and/or modified (4) Safety checks should be conducted around schools and facilities for the seniors to advance necessary rearrangement. 	<p>Hump image paintings: On 6 roads</p> <p>Set up bicycle lanes: 4.6 km</p> <p>School zone paintings on roads: 11 locations</p> <p>Installment/modification of traffic signs: 65 locations, etc.</p>
2-1 Enlightenment of activities on roads and providing traffic safety classes	<ol style="list-style-type: none"> (1) Traffic safety related organizations, schools, neighborhood associations, store associations, police department, Toshima city government (2) City citizens, bicycle users (3) On the roads in front of stations and with heavy bicycle traffic, patrol instructors are assigned to inform about right traffic rules and manners. In addition, announcements are made to emphasize the safe use of bicycles. On top of that, close cooperation is made with elementary/junior high schools and the PTAs to provide bicycle safety classes. By using the Community Plaza (Kumin-Hiroba) as the bases, traffic safety classes are provided for the seniors and the parenting parents. (4) Questionnaire surveys should be made to study more efficient methods of enlightenment. 	<p>On-street enlightenment campaign: 19 times</p> <p>Guidance by patrol instructors: 293 days in total</p> <p>Various types of traffic safety classes: 50 sessions, etc.</p>
2-2 Diffusion and enlightenment of the bicycle helmets for children	<ol style="list-style-type: none"> (1) Bicycle shop associations, police department, schools, Toshima city government (2) The guardians/parents of infants and elementary school children in Toshima city (3) The effectiveness of wearing bicycle helmets as one of the traffic rules is diffused. Subsidy is given to the people who purchase bicycle helmets. In order to emphasize safe usage of bicycles, enlightenment flyers are distributed at bicycle shops on the purchase. In addition, as a pilot project, in close cooperation with the police department, safe bicycle use classes are provided to parents and children. (4) A survey should be made with the nursery schools and the elementary schools in Toshima city with respect to the safety headgear usage ratio. 	<p>Scheduled for fiscal year 2011</p>
3 Creating maps for traffic safety findings	<ol style="list-style-type: none"> (1) Local residents, elementary schools, PTAs, Toshima city government (2) City citizens, elementary school students (3) With certain areas as a unit, such as the Community Plazas (Kumin-Hiroba) and the elementary school districts, workshop meetings are conducted by making use of a geographic information system (GIS) to create traffic safety findings maps. The maps are widely distributed to neighborhood associations, elementary schools, and so forth. Thus, dangerous sites in neighborhood areas are announced, and the information about traffic accidents is distributed (4) The areas covered by the maps should be expanded. 	<p>The maps were created and updated in two districts (Kita-ikebukuro and Hoyu elementary school districts)</p>

(5) Safety in Commercial and Entertainment District

Composition of the taskforce (48 members)	
Local activist associations etc.	Neighborhood associations, store associations, crime prevention related associations, firefighting related associations, youth nurturing associations, railroad companies, entertainment facility businesses, universities
Administrative organizations	Police department, fire department, Toshima city (sections in charge of crime prevention, disaster prevention, industry promotion, environment, traffic, and roads)

What to Prevent: Injuries Caused by Crimes and/or Violence

Reason to select what to prevent	Analysis of causes	Challenges								
<p>The number of crime occurrences in the Toshima city is gradually decreasing year after year. However, in the vicinity of the Ikebukuro Station, a commercial and entertainment district, about a half of the crimes in the Toshima city and 60% of the violence and body injuries happen.</p> <p>Fig. 5-19 Trend of the Crime</p> <p>Statistics by the police department</p> <p>Fig.5-20 Crime occurrences in the Ikebukuro commercial and entertainment district</p> <table border="1"> <tr> <td>ikebukuro</td> <td>except ikebukuro</td> </tr> <tr> <td>46.0%</td> <td>54.0%</td> </tr> </table> <p>Statistics by the police department</p> <p>Fig.5-21 Violence and body injuries in the Ikebukuro commercial and entertainment district</p> <table border="1"> <tr> <td>ikebukuro</td> <td>except ikebukuro</td> </tr> <tr> <td>63.2%</td> <td>36.8%</td> </tr> </table> <p>Statistics by the police department</p>	ikebukuro	except ikebukuro	46.0%	54.0%	ikebukuro	except ikebukuro	63.2%	36.8%	<p>Of all the cases of the violence and body injuries, 35% occurred at the station, which was the highest of all. Following this, 28% occurred on the roads. As for the time zones, a majority of the violence and body injuries occurred in the morning, evening and late at night. This indicates that the major causes were the congestion at the time of commuting and the troubles resulting from drinking.</p> <p>Fig.5-22 The Time Zones When the Violence/ Body Injuries Occurred (2009)</p> <p>Statistics by the police department</p> <p>Fig.5-23 The Locations Where the Violence/Body Injuries Occurred in the Ikebukuro Commercial and</p> <p>Statistics by the police department</p> <p>According to the questionnaire survey, a larger number of people said that the uneasiness against the situations of touting, catch sales, graffiti, and littering is deteriorating rather than ameliorating. According to the business types reported to Touting 110, the numbers of complaints were large in the sexual entertainment business, in the cabaret club business, in the pub house business, in the karaoke box business, and so forth. Among them, some are violating the law. The environment is deteriorated if these businesses are left as they are.</p> <p>Fig.5-24 Complaints on aggressive runner reported to #110</p>	<p>The environment that does not tolerate crimes or violence</p>
ikebukuro	except ikebukuro									
46.0%	54.0%									
ikebukuro	except ikebukuro									
63.2%	36.8%									

Changes caused by the endeavors for the safe community (findings etc.)

○Actions for the challenge to develop the community where no crime occurs

As one of the countermeasures for the harmful environment including touting, the act of touting that is not regulated by the current laws is regulated. In addition, a partial amendment of the Toshima City Life Safety Ordinance was made, which included the provisions of the consignment to environment purification associations. Such provisions are not seen anywhere else in this nation. The Toshima City Crime Syndicate Elimination Ordinance was newly formulated to extinguish the crime syndicates manipulating the commercial and entertainment district by the grassroots movement of the entire society.

The on-street art museum was established along the railways in the vicinity of the North Entrance of the Ikebukuro Station, which is in the harmful environment district. Thus, it is attempted to prevent graffiti. In addition, the purification of the environment is promoted. With this new sightseeing spot of the Toshima city, the development of the community advances to prevent crimes.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition to improve countermeasures	Achievements in 2010
1-1 Installation of security cameras	<ol style="list-style-type: none"> (1) Store associations, neighborhood associations, railways companies, police department, Toshima city (2) Streets around the Ikebukuro Station and the station premises (3) Security cameras are installed on streets and in the station premises. In addition, to promote the installation, a subsidy is provided for those who install the facilities, including condominiums, store associations, and so forth. The effectiveness of the installation is announced. (4) Not only the increase in the number of units but also the situations of crime occurrences and the effectiveness of the security cameras should be considered to examine where to install such cameras. 	<p>635 units in total 131 on-street security cameras (increased by 15 units from the previous fiscal year) 504 security cameras for the railways companies (increased by 5 units from the previous fiscal year)</p>
1-2 Environment clean-up patrol activities	<ol style="list-style-type: none"> (1) Environment purification associations (store associations, neighborhood associations), police department, Toshima city (2) Harmful environment (touting; on-street recruitment; illegal signboards; unattended bicycles; graffiti; throwing chewing gum, cigarettes, and trash), various types of on-street crimes (violence, body injuries) (3) Environment purification associations and the police department cooperate to periodically patrol in the commercial and entertainment district, giving instructions to those who are touting for customers, performing recruitment activities, and/or installing illegal signboards in order to improve the harmful environment. (4) As the ordinance was revised, environment purification associations are entrusted with the authority to instruct those who are touting for customers and/or performing recruitment activities. Besides conventional verbal instructions, warning documents are used for such instruction. Close linkage is made with the police in enforcement of the regulations to face serious cases of touting and the like. 	<p>The number of patrols: 73 The number of participants: 1,458 persons</p>
1-3 Measures for preventing graffiti	<ol style="list-style-type: none"> (1) Store associations, neighborhood associations, universities, vocational colleges, junior high schools, police department, Toshima city (2) Locations where graffiti are frequently seen (3) Local communities cooperate to erase graffiti in the commercial and entertainment districts in a timely manner. In addition, in fiscal year 2011, an on-street art museum was established in the vicinity of the North Entrance of the Ikebukuro Station, where there were many harmful environment spots, and where graffiti were frequently seen. At this art museum, photo exhibitions were shown. (4) As for the locations where graffiti are frequently painted, an examination should be made to install security cameras. 	<p>The number of implementations:8 The number of participants: 282 persons</p>
1-4 Countermeasures for throwing chewing gum and cigarettes	<ol style="list-style-type: none"> (1) Store associations, neighborhood associations, universities, vocational colleges, junior high schools, police department, Toshima city (2) Throwing chewing gum and cigarettes (3) Local communities cooperate to remove chewing gum on streets in the commercial and entertainment districts in a timely manner. In addition, in May this year, the ordinance in relation to prevention of throwing cigarettes on streets in the Toshima city was revised. As the provision to prohibit throwing cigarettes was added, a campaign was conducted concerning throwing cigarettes. (4) In the areas where chewing gum and cigarettes are frequently thrown away, a joint patrol is performed to find such behaviors. An examination should be made to develop the environment that does not induce crimes. 	<p>The number of implementations: 2 The number of participants: 325 persons</p>

(6) School Safety

Hoyu Elementary School started its history by merging of two schools; Jishu Elementary School and Otsukadai Elementary School in 2003. At the present, the Hoyu E.S. has 507 students taken care by the third principal, Koza Tabuchi. There are following features at the school;
 -be surrounded by high buildings such as Sunshine 60, be center of various traffic system,
 - has the second biggest number of students as a result of increasing high-rise apartment building which represent “high dense urban city, Toshima”
 - has high risk in terms of injury and accident because of wide school area, commercial districts of Ikebukuro,
 To solve problems to which Hoyu E.S. now facing due to the above situations, the school decided to launch the Safe School programs with which the school can make improvement of quality of safety and security by following strategies such as collecting and analyzing data on injuries and accidents

Composition of the taskforce committee (20 members)	
Community Organizations	Hoyu Elementary School PTA, neighborhood associations, Sugamo Mukohara Local Safety Center Council, youth nurturing council
Administrative organizations	Hoyu Elementary School, Toshima city board of education, Toshima city government (section in charge of community)

What to Prevent: Injuries at School

Reason to select what to prevent	Analysis of causes	Challenges																		
<p>The number of injuries has been increasing for five years.</p> <p>Table 5-3 Trend of injury occurrences by year</p> <table border="1"> <thead> <tr> <th></th> <th>2006</th> <th>2007</th> <th>2008</th> <th>2009</th> <th>2010</th> </tr> </thead> <tbody> <tr> <td>Injuries treated at school healthcare room</td> <td>418</td> <td>444</td> <td>415</td> <td>487</td> <td>503</td> </tr> <tr> <td>Injuries treated at hospital</td> <td>24</td> <td>20</td> <td>18</td> <td>9</td> <td>27</td> </tr> </tbody> </table> <p>Source: injury report</p> <p>Injuries Occur most frequently in June.</p> <p>Fig.5-25 Trend of injury occurrences by month</p> <p>(Based on the survey of the injuries at Hoyu Elementary School in fiscal year 2010)</p>		2006	2007	2008	2009	2010	Injuries treated at school healthcare room	418	444	415	487	503	Injuries treated at hospital	24	20	18	9	27	<p>A large number of injuries occurred not only in recesses but also in classes. Also, a large number of injuries occurred not only in school grounds but also, surprisingly, in classrooms.</p> <p>Fig.5-26 Occurrence of injuries at school (n=278)</p> <p>(Excerpted from the survey on injuries at school in Hoyu Elementary School in fiscal year 2011)</p>	<p>1 Preventing injuries during recesses and classes</p>
	2006	2007	2008	2009	2010															
Injuries treated at school healthcare room	418	444	415	487	503															
Injuries treated at hospital	24	20	18	9	27															
	<p>Different teachers were teaching different things as the ability related to the safety (safety skills) was not organized.</p> <table border="1"> <tbody> <tr> <td>Safety and security guidebook(Disaster prevention)</td> <td>Organized</td> </tr> <tr> <td>Emergency education plan(Disaster prevention)</td> <td>Organized</td> </tr> <tr> <td>Safety education program</td> <td>Distributed</td> </tr> <tr> <td>Safety education Curriculum</td> <td>Not organized</td> </tr> </tbody> </table>	Safety and security guidebook(Disaster prevention)	Organized	Emergency education plan(Disaster prevention)	Organized	Safety education program	Distributed	Safety education Curriculum	Not organized	<p>2 Organizing all curriculums</p>										
Safety and security guidebook(Disaster prevention)	Organized																			
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	<p>The occurrences of mental injuries caused by bullying do not decrease.</p> <p>Table 5-4 Occurrences of bullying</p> <table border="1"> <thead> <tr> <th>Dec. 2009</th> <th>March 2010</th> <th>July 2010</th> <th>Dec. 2010</th> <th>March 2011</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>3</td> <td>9</td> <td>9</td> <td>9</td> </tr> </tbody> </table> <p>(Excerpted from the bullying research by Hoyu Elementary School in 2010)</p>	Dec. 2009	March 2010	July 2010	Dec. 2010	March 2011	8	3	9	9	9	<p>3 Preventing bullying</p>								
Dec. 2009	March 2010	July 2010	Dec. 2010	March 2011																
8	3	9	9	9																

What to Prevent: Traffic Accidents by Bicycles

<p>Hoyu Elementary School has its school districts in a big commercial district with major roads, JR railways, streetcars, and so forth</p>	<p>There were 2 traffic accidents involving elementary school children's bicycle riding in 2010 following to one in 2011. The ratio of wearing bicycle helmets declines as higher grade.</p> <p>Fig. 5-27 Unsafe of helmet on bicycles</p> <p>* The numbers in the parentheses are the occurrences at all the elementary and junior high schools in the Toshima city. (Excerpted from the summary of the accidents involving suspicious persons and the traffic accidents outside the school by Hoyu Elementary School in fiscal years 2010 and 2011)</p>	<p>4 Improvement of awareness of Traffic Safety</p>
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Changes as a result of the endeavors for the safe community (findings etc.)

Improving the existing recording technique recording methods, causes and features in accidents and injuries can be better identified.

Some changes have been observed in awareness and attitudes among students by having meetings and questionnaire survey by initiatives of Safe School Committee which was organized by students

The relationship among school, PTA and neighborhood associations have strengthened through study meetings for promotion of children's safety and workshops for traffic safety,

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
1 Students centered activities by initiatives of the Safe School Committee	<ol style="list-style-type: none"> (1) Students and teachers of Hoyu Elementary School (2) Students of Hoyu Elementary School (3) Chilling-moment maps are created by describing the situation and by marking the spots on the school maps where a student or a teacher encountered the occurrence of an injury to enhance the awareness of the safety. (4) As the locations in the school where injuries have been occurring are visualized, the students and teachers further enhance their awareness of the safety. 	Data on the chilling-moment maps: 771 The number of students having participated in creating or using the chilling-moment maps: 507 (The numbers were the results in fiscal year 2011.)
2 Creating safety education curriculums	<ol style="list-style-type: none"> (1) The teachers of Hoyu Elementary School (2) The Students of Hoyu Elementary School (3) Responding to the development and changes in behaviors through six years at the elementary school, instruction plan (safety education plan) is developed to improve awareness of safety. (4) Assessment is made about the classes based on the safety curriculum in order to improve and enrich the safety curriculum according to such assessment. 	The hours spent for the classes in relation to safety:11 hours
3 Promoting the mental education	<ol style="list-style-type: none"> (1) The teachers of Hoyu Elementary School (2) The Students of Hoyu Elementary School (3) The students make ideas for the endeavors based on the reality survey about bullying, and specify the fields to make efforts. (4) The factors having caused injuries should be analyzed to enhance the accuracy of the endeavors. 	The hours spent for the classes for mental education (No past result is available as the class starts in fiscal year 2011.)

4-1 Providing bicycle safety classes	<ol style="list-style-type: none"> (1) Hoyu Elementary School PTA (2) The Students of Hoyu Elementary School (3) Hoyu Elementary School and its PTA cooperate to provide instructions about safe riding of bicycles. A bicycle-riding certificate is issued to the students who have proved that they have obtained certain skills. Thus, it is attempted to enhance and to continue to have the awareness. (4) The practice of wearing safety headgears should be diffused, and enlightenment of such practice should be continued to improve the ratio of the people who wear safety headgears. 	Issuance of the bicycle riding certificates: 251 The participants in the bicycle safety classes: 482
4-2 Watch-over activities in local areas	<ol style="list-style-type: none"> (1) The local residents in the vicinity of Hoyu Elementary School and the PTA (2) The Students of Hoyu Elementary School (3) The local residents and PTA cooperate to advance the speak-to activities to the students. In addition, as one of the PTA activities, the study sessions of the traffic accident summarization system that uses GIS are provided to construct an effective watch-over organization. (4) The traffic accident summarization system that uses GIS should be utilized to assess the ongoing watch-over organization and to improve and expand the organization. 	Registrations to the speak-to activity in the watch-over activities:840 (in accumulated total)

(7-1) Prevention and preparedness of Earthquake Disasters (Community Development with Residents' Participation)

Composition of the taskforce committee (26 members)	
Community organization	Neighbors associations, voluntary fire companies, local welfare /childcare commissioner association, community development council, construction/real estate related associations, social welfare council
Administrative organizations	Fire department, Toshima city government (sections in charge of disaster prevention, communities, senior welfare, urban development, and housing)

What to Prevent (1) Deaths and Injuries Caused by Collapsed Buildings and Fences and/or Spreading Fire

Reason to select what to prevent	Analysis of causes	Challenges
<p>When an epicentral earthquake hits the metropolitan Tokyo, according to the estimation by Toshima city, a large number of deaths and injuries are estimated due to damages by collapsed buildings and the fences and the spreading fire.</p> <p>Fig.5-28 Estimation of the damage in Tokyo by an epicentral earthquake in metropolitan Tokyo</p> <p>[Source: Tokyo Government, 2006] Epicenter: Northern part of the Tokyo Bay, Magnitude 7.3 on the Richter scale Weather condition: 6:00 pm in winter, wind velocity of 15 meters per second</p>	<p>About 40% of the Toshima city is the high dense urban areas with wooden houses, which are weak against earthquake disasters. In these areas, there are many alleys and streets of 4 meters or less in width. Consequently, there is a high possibility that serious earthquake disasters may happen.</p> <p>◆ In 2006: 32,700 houses (29.2%) → ◆ In 2010: 26,182 houses (19.0%)</p> <p>Fig.5-29 Earthquake-resisting capacity of Houses (2010)</p> <p>(Source: Calculated based on the housing area statistics survey etc.)</p>	<p>1 Improvement of the high dense urban areas with wooden houses and construction of fire-resistant urban areas</p> <p>2 Improvement of earthquake-resisting capacity of buildings</p>
	<p>About 40% of deaths in the estimated damage are due to collapsed concrete-block walls. After the East Japan Great Earthquake, a survey of concrete-block walls etc. was conducted. And it was found that about 60% need cautious attention or some improvement</p> <p>Fig.5-30 Survey of concrete-block walls</p> <p>Source: Survey by the Toshima city in 2011</p>	<p>3 Preventing destruction of old decaying fences etc.</p>

Changes as a result of the endeavors for the Safe Community (findings etc.)

Considering the East Japan Great Earthquake, a field survey of the concrete-block fences in the city was conducted as a part of the Safe Community activities.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
1-1 Development of the disaster-proof community	<ol style="list-style-type: none"> (1) Community development council (residents, neighbors associations, shopping streets, etc.), national government, Tokyo Government, Toshima city government (2) High dense urban areas with wooden houses (3) Sharing the awareness of the problems by using the newsletters issued by the community development council, proposals of the plans to construct the community with excellent disaster-proof performance, proposals of local area specific rules about such as inflammability (local plans), expansion and construction of alleys and streets to 6.5 m in width, new construction of public spaces, squares, etc. (4) More participation of residents in the community development council. 	<p>[Accumulated total up fiscal year 2010]</p> <p>District plan: 68.8 ha</p> <p>Distance of road expansion/construction</p> <p>Width: 8m, distance:110m</p> <p>Width: 6m, distance:249m</p> <p>Construction of new public spaces/squares: 8,274 m²</p> <p>Ratio of fire-retardant: 61.1% (Higashi-ikebukuro 4-/5-chome)</p>
1-2 Expanding narrow alleys and streets	<ol style="list-style-type: none"> (1) Owners of land/buildings, Toshima city government (2) Owners in relation to reconstruction in a lot on streets of 4 meters in width etc. (3) Constructing streets of 4 meters in width by expanding them into a part of the lot at the time of reconstruction (4) Expansion/reconstruction of roads/streets of 4 meters in width at the time of reconstruction of buildings should be promoted. 	<p>[Accumulated total up to 2010]</p> <p>The ratio of improvement of narrow roads: 28.8% (63.4 thousand meters)</p>
2 Diagnosis of earthquake-resisting capacity and promotion of renovation etc.	<ol style="list-style-type: none"> (1) National government, Tokyo Government, Toshima city government, construction related associations in the private sector (2) The buildings with insufficient earthquakes-proof performance such as the ones based on former earthquake-proof standards (3) With consideration to the East Japan Great Earthquake, the subsidy is provided with respect to all the expenses for the diagnosis of the earthquake-proof performance of the lots on the specifically appointed roads for the use of emergency transport. The subsidy to the expenses of earthquake-proof renovations is expanded. (4) The usage of the subsidy program should be expanded. 	<p>[Accumulated total from fiscal year 2006 to 2011]</p> <p>Subsidies to the diagnosis of earthquake-proof performance:34</p> <p>Subsidies to earthquake-proof renovations: 13</p> <p>Subsidies to the diagnosis of earthquake-proof performance of condominiums: 95</p>
3 Inspection of old decaying fences and promotion of improvement	<ol style="list-style-type: none"> (1) The owners of old decaying fences, Toshima city government (2) The concrete-block fences etc. that may collapse as a result of decaying etc. (3) With consideration to the East Japan Great Earthquake, a subsidy program was started to give aid to removals and renovations. (4) Promote application to support system with which old decaying wall and fences etc. are improved or replaced with hedges. 	<p>[Accumulated total from fiscal year 2008 to 2010]</p> <p>Results of removal of fences and replacement with hedges (the numbers related to reconstruction of narrow roads)</p> <p>Removal of fences: 335</p> <p>Distance of removed fences: 3500.7 m</p> <p>The number of replacement with hedges: 182</p> <p>Distance of replacement with hedges: 946.1 m</p>

(7-2) Prevention and preparedness of Earthquake Disasters (Disaster Prevention by Residents)

What to Prevent (2) Deaths and Injuries at the Occurrence of an Earthquake

Reason to select what to prevent	Analysis of causes	Challenges												
<p>At the time of epicentral earthquake in the metropolitan Tokyo, a large number of deaths and injuries, it is estimated, will be caused because of the destruction of the buildings, falling furniture, and the fire.</p> <p>Table5-5 Estimated Damage (M7.3, 6:00 pm in winter, wind velocity of 15 m/sec.)</p> <table border="1"> <tr><td>Death</td><td>77</td></tr> <tr><td>Injury</td><td>4,602</td></tr> <tr><td>Serious injury (also included in "Injury")</td><td>579</td></tr> <tr><td>Complete destruction of buildings</td><td>2,540</td></tr> <tr><td>Complete burn-down of buildings</td><td>4,642</td></tr> <tr><td>Fire outbreak</td><td>29</td></tr> </table> <p>(Source: Estimation of the damage of epicentral earthquakes by Tokyo Government)</p>	Death	77	Injury	4,602	Serious injury (also included in "Injury")	579	Complete destruction of buildings	2,540	Complete burn-down of buildings	4,642	Fire outbreak	29	<p>Among the serious injuries in the estimation of the damage, the most frequent injuries can be caused with objects indoors.</p> <p>Fig.5-31 Cause of serious injuries</p>	<p>4 Securing the indoor safety of each household</p>
Death	77													
Injury	4,602													
Serious injury (also included in "Injury")	579													
Complete destruction of buildings	2,540													
Complete burn-down of buildings	4,642													
Fire outbreak	29													
	<p>According to the estimation of the damages, fire occurrences will be seen in 29 locations at the same time. Since this cannot be handled solely by the fire department, fires may keep spreading</p> <p>Fig.5-32 Classification of Building Damages</p>	<p>5 Enhancement of the initial fire extinguishing ability of the residents</p>												

What to Prevent (3) Deaths and Injuries during Evacuation

<p>The damages may be caused at the time of an earthquake disaster because of the delay of evacuation, which can be most frequently seen with the seniors and the like. In addition, a large number of passengers converge in the vicinity of the Ikebukuro Station, where there can be a large number of people around the station who have difficulty in going back to their homes if transportation is suspended for a long time. This can cause large disturbance.</p> <p>Fig.5-33 Deaths caused by the Niigata Chuetsu and the Chuetsu-oki Earthquake</p>	<p>It is possible that the seniors, the physically disabled, and the persons requiring care, for example, may not be able to evacuate immediately at the time of an earthquake disaster and may be killed or injured.</p>	<p>Table5-7 Estimation of damages</p> <table border="1"> <tr><td>Persons requiring care (levels 3 to 5)</td><td>3,095</td></tr> <tr><td>Physically disabled certificate (grades 1 to 4)</td><td>5,901</td></tr> <tr><td>Love Handbook</td><td>708</td></tr> <tr><td>Total</td><td>8,715</td></tr> </table> <p>(Source: Estimation of the damages in Tokyo caused by an epicentral earthquake at metropolitan Tokyo) (person)</p>	Persons requiring care (levels 3 to 5)	3,095	Physically disabled certificate (grades 1 to 4)	5,901	Love Handbook	708	Total	8,715	<p>6 Arrangement of the evacuation support organizations</p>
Persons requiring care (levels 3 to 5)	3,095										
Physically disabled certificate (grades 1 to 4)	5,901										
Love Handbook	708										
Total	8,715										
<p>Table5-6 Damages caused by the epicentral earthquake in metropolitan Tokyo estimated (M7.3, 6:00 pm in winter, wind velocity of 15 m/sec.) (person)</p> <table border="1"> <tr><td>Total number of remaining people</td><td>359,406</td></tr> <tr><td>Total number of people having difficulty in going back to their homes</td><td>158,662</td></tr> <tr><td>People remaining around the Ikebukuro Station</td><td>165,733</td></tr> <tr><td>People around the Ikebukuro Station having difficulty in going back to their homes</td><td>84,764</td></tr> </table> <p>(Source: Damages from the epicentral earthquake in metropolitan Tokyo)</p>	Total number of remaining people	359,406	Total number of people having difficulty in going back to their homes	158,662	People remaining around the Ikebukuro Station	165,733	People around the Ikebukuro Station having difficulty in going back to their homes	84,764	<p>At the time of an earthquake, the public transportation may stop. If the mass walkers start to go back home at the same time, they may not be able to go anywhere, causing human avalanches or the like and, thus, causing accidents.</p>	<p>Fig.5-34 Situation of the persons having difficulty in going back home</p> <p>Among the persons having difficulty in going home, 70% are shoppers</p> <p>(Source: Cabinet Office)</p>	<p>7 Suppressing the mass walkers going back home</p>
Total number of remaining people	359,406										
Total number of people having difficulty in going back to their homes	158,662										
People remaining around the Ikebukuro Station	165,733										
People around the Ikebukuro Station having difficulty in going back to their homes	84,764										
	<p>The persons have difficulty in going back home have no place to go and gather around the Ikebukuro Station in a mass, causing a panic or the like and may trigger a secondary disaster.</p>		<p>8 Preventing disorder around the Ikebukuro Station</p>								

Changes as a result of the endeavors for the safe community (findings etc.)

Since launching the safe community programs, by learning from the past examples of earthquakes and so forth, the close cooperation among different fields such as local disaster prevention organizations, local welfare workers/elementary-school children committee, and the like is intensified in an attempt to further develop the community's ability of disaster prevention and preparedness.

By dealing with problems noticed at the time of the East Japan Great Earthquake, countermeasures to prevent commotion around the Ikebukuro Station have been developed. In addition, since the endeavors for the safe community was started, the close cooperation with the businesses and relevant organizations are intensified more than ever.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
4 Promotion to keep the furniture and the like from falling	<ol style="list-style-type: none"> (1) Toshima city government, senior human resource center, dealers of disaster prevention equipment, social welfare council (2) Furniture, electric appliances, window glass, etc. (3) In order to promote the means for keeping cabinets, refrigerators, television sets, and so forth from falling down and in order to encourage people to attach window glass sheets to prevent glass breakage, some disaster prevention equipment is recommended to households in general. Since June, the installation project with the help, for example, from the senior human resource center has been intensified for the people who have difficulty in installing such equipment on their own. (4) The support to the people having difficulty in installation should be continued by the Toshima city government, the volunteers, and so on. 	Support to those who have difficulty in installation on their own (social welfare council) 11 cases Installation of tools on one's own (recommendation of disaster prevention equipment) Apparatus to prevent falling down: 84 items
5 Initial action drills and enrichment of the materials and equipment	<ol style="list-style-type: none"> (1) Toshima city government, neighborhood associations, self-governing associations (2) Initial fire extinguishment by the residents (3) Fire extinguishers are distributed all around the city. D-grade pumps to extinguish fire are allocated to all 129 neighborhood associations in the city. The fire extinguishers and D-grade pumps are used by each neighborhood association for the initial fire extinguishment drills once in a year at least. (4) As for the areas with a high risk of fire where it is difficult for fire engines to drive through, the installation of simplified fire extinguishing equipment, which is easier to handle than the D-grade pumps, is promoted. 	Disaster prevention drills: 157 times in total
6 Creating evacuation support plans for the seniors etc.	<ol style="list-style-type: none"> (1) Neighborhood associations, self-governing associations, Community Plaza Management Meeting, social welfare council (CSW: community social workers) (2) The persons who are at high risk of delay in evacuation at the time of a disaster such as seniors (3) Name lists of residents who need support at the emergency are made on request of seniors and the like who want to be in the list. The information is distributed to the local residents such as neighborhood associations, self-governing associations, and local welfare /childcare commissioner association to make evacuation support plan. (4) More residents who need support should be included in the name lists. The support to the neighborhood associations should be intensified. The number of evacuation support plans should be increased. 	The number of registrations in the name lists of the seniors and so forth who want to be enlisted there: 551 (6.3% of the whole)
7 Announcement and enlightenment of action rules	<ol style="list-style-type: none"> (1) Toshima city government, Metropolitan Tokyo Government, businesses, etc. (2) People who might have difficulty in going back home (3) The rule, "Do not move around with no reasons (do not make unreasonable efforts to go home)," is made to be known to the participants of the drill for the people who might have difficulty in going back home, which has been held three times (once a year) at the Ikebukuro Station. (4) Close cooperation should be made with the national government, Metropolitan Tokyo government, and business associations to try to make the rule, "Do not move around with any reasons," known to each and every person who might have difficulty in going back home. 	The number of participants in the drills in fiscal year 2010: 741
8 Embodiment of the measures for the people who might have difficulty in going back home	<ol style="list-style-type: none"> (1) Toshima city government, the association for the measures to prevent turbulence in the vicinity of the Ikebukuro Station (2) Businesses etc. in Toshima city (3) The association for the measures to prevent turbulence in the vicinity of the Ikebukuro Station is established to have discussions the business owners around the station about the measures. Thus, the plan for the measures for the people having difficulty in going back home is formulated. (4) Specific action plans should be formulated about the measures for the people having difficulty in going back home. The public and private sectors should unite to secure the facilities for the people having difficulty in going back home to take temporary refuge and to make arrangements of necessary items such as drinks and foods in advance. 	The discussion is ongoing to formulate the plan.

(8) Prevention of Child Abuses

Composition of the taskforce committee (18 members)	
Community organizations	Local welfare /childcare commissioner association, junior high school PTA association, kindergartens, mother-child life support facilities, lawyers, social welfare council.
Administrative organizations	Tokyo Elementary School Children Counseling Center, police department, public health center, education committee, Toshima city government (sections in charge of children's welfare)

What to Prevent: Child Abuses

Reason to select what to prevent	Analysis of causes	Challenges
<p>Consultations and reports concerning abuse of elementary school children are increasing. In fiscal year 2010, the number reached 533</p> <p>Fig.5-35 Transition of the Consultations and Reports Concerning Child Abuses</p> <p>Source: Statistics by the Toshima City Children and Household Support Center</p> <p>The consultation ratio concerning child abuses (6.5%) is higher than the average of the 23 cities of MPT (2.2%).</p> <p>Fig.5-36 Ratio of the Consultations Concerning the Children Compared with the Population of the Children at the ages from 0 to 17 (Actual results in fiscal year 2010)</p> <p>Source: Statistics by Tokyo</p>	<p>According to the classifications of the occurrence conditions of child abuses, the most frequent cause is the difficulty in parenting.</p> <p>Fig.5-37 Conditions of Occurrences of Child Abuses</p> <p>Source: Statistics by the Toshima City Children and Household Support Center</p> <p>According to the analysis of the factors that may cause child abuses, the largest factor is the lack of the parents' ability in parenting.</p> <p>Fig.5-38 Cause of child abuses</p> <p>Source: Statistics by the Toshima City Children and Household Support Center</p> <p>Parenting is isolated as a result of a weak relationship in the local communities and the trend toward the nuclear family. A half of the parenting parents want some support concerning parenting (such as distribution of services and information)</p> <p>Fig.5-39 Ratio of Requests about Support to Parenting</p> <p>Source: Questionnaire survey in March 2009</p>	<p>Enhancing the support for parenting</p> <p>Early detection and early action</p>

Changes as a result of the endeavors for the Safe Community (findings etc.)

Through active discussions among relevant organizations, a deep analysis became made on reality of child abuses and their causes. Thus, further problems were shared among them. At the same time with this, the relevant organizations were able to intensify the linkage among them.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
1-1 Support for enhancement of the parenting ability of parents	<ol style="list-style-type: none"> (1) Elementary schools, Toshima city government (2) Guardians/parents (3) Materials of "Nobody-is-perfect Program" and the "Parent Training" are used for the group work (parent supporting program in which parents who feel uneasiness in children's development and/or nurturing exchanged their views among the group to solve their problems by themselves) to learn the methods of parenting that were suitable to themselves. (4) Since fiscal year 2011, close cooperation is ongoing with elementary schools to expand the participants, besides the guardians/parents of the preschoolers, to the guardians/parents of elementary school children, enriching the endeavors furthermore. 	The number of group works: 4 sessions 40 participants
1-2 Consultation at the Children and Household Support Center	<ol style="list-style-type: none"> (1) Toshima city government (2) Guardians/parents and children (3) Consultation is provided at the center and at homes. At the center, consultants can be provided at any time. On top of that, the center provides playing ground for children so that parents can ask socialists for consultation about parenting while their children playing there. This is also a place where guardians/parents can be acquainted with each other and communicate. As for consultation by visit, counselors visit houses to provide consultation and give them advises in regard to parenting, when guardians/parents with difficulty in visiting the support facility ask for consultation, or some relevant organizations provide information. In addition, they can introduce parenting support service. Furthermore, as they pay visits to houses, they can find out the households that require some support at an early stage (4) "One-year-old Birthday Home Visiting Consultation" started in April 2011. The number of the visiting consultants will be increased from fiscal year 2012 and expanded further. 	4,885 visits (parents and children playground consultation) 218 visits by counselors
1-3 Hello-baby project	<ol style="list-style-type: none"> (1) Toshima city government (2) Infants up to four month old and their guardians (3) After a child birth, a midwife or a health nurse pays a visit to home at an early stage to check mother and baby's health condition including mother's depression. Considering that mothers tend to be depressed after giving birth, they get instructions from experts from the center. In addition, the households in need of some support are identified and provide necessary services. (4) To visit all the houses, the endeavor to visit unvisited mothers should be intensified 	1,592 visits
2-1 Watch-over services by the abuse prevention network	<ol style="list-style-type: none"> (1) Tokyo Children's Counseling Center, local welfare /childcare commissioner association, medical association, lawyers, police department, kindergartens, nursery schools, elementary/junior high schools, Toshima city government, etc. (2) Children being abused and their guardians/parents (3) With respect to the consultations/phone calls received by the organizations in relation to child abuses, meetings are held to make arrangement for information exchange and to examine specific cases. Thus, the information is shared, and close cooperation is made to watch over the households that need to be watched and to detect child abuses and make necessary actions at early stages. (4) Starting from November 2011, the retired personnel of the Children's Counseling Center are invited as the advisors for abuse prevention 	Meetings to make arrangement for information exchange: 17 sessions Meetings to examine specific cases: 289 sessions
2-2 Lectures for relevant organizations and city citizens	<ol style="list-style-type: none"> (1) Experts etc., Toshima city government (2) City citizens and the personnel of the organizations in relation to child abuses (3) By inviting researchers, practical activists, etc. in relation to child abuses, various types of lecturers are provided for the city citizens and the personnel of the organization related to child abuses to deepen understanding of child abuses. (4) To have more city citizens participate and for them to have awareness and deep understanding, the content of the lecturers should be reviewed. For the next fiscal year, it is planned that experts are invited to host symposiums. 	Lectures for the relevant organizations or city citizens: <ul style="list-style-type: none"> • 8 sessions • 5,434 participants

(9) Prevention of Domestic Violence (DV)

Composition of the taskforce committee (19 members)	
community organizations	Local welfare /childcare commissioners, lawyers, private-sector consultation organization, mother-child life support facilities
Administrative organizations	Tokyo School Children Consultation Center, police department, public health center, board of education, Toshima city government (relevant sections in charge of senior welfare, welfare of the physically disabled, mother-child welfare, and livelihood welfare)

What to Prevent **Violence to the intimate Partners Such as Spouses**

Reason to select what to prevent	Analysis of causes	challenges																																																													
<p>The Toshima city has been active in making endeavors for the gender-equal society.</p> <p>1992: The Gender Equality Promotion Center was established.</p> <p>2002: The Gender-Equal City Declaration was made.</p> <p>2003: The Gender Equality Promotion Ordinance was enforced.</p> <p>According to the residents' attitude surveys, the percentage of the persons without experience of violence by partners was not improving.</p> <p>Fig.5-40 Experience of the violence by partners</p> <table border="1"> <caption>Data for Fig.5-40</caption> <thead> <tr> <th>Survey Period</th> <th>have suffered physical violence</th> <th>haven't suffered physical violence</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Aug.2009(n=591)</td> <td>18.3%</td> <td>70.4%</td> <td>11.3%</td> </tr> <tr> <td>Aug.2005(n=646)</td> <td>14.3%</td> <td>73.2%</td> <td>12.5%</td> </tr> <tr> <td>Dec.1998(n=560)</td> <td>20.3%</td> <td>66.1%</td> <td>13.6%</td> </tr> </tbody> </table> <p>source: the residents' attitude survey with regard to the gender-equal society</p> <p>The number of consultations about DV dealt at the Gender Equality Promotion Center has been increasing by about 4.2 times in the past five years.</p> <p>Fig.5-41 The number of consultations about DV</p> <table border="1"> <caption>Data for Fig.5-41</caption> <thead> <tr> <th>Year</th> <th>Number of consultations</th> </tr> </thead> <tbody> <tr> <td>2006</td> <td>43</td> </tr> <tr> <td>2007</td> <td>44</td> </tr> <tr> <td>2008</td> <td>65</td> </tr> <tr> <td>2009</td> <td>84</td> </tr> <tr> <td>2010</td> <td>180</td> </tr> </tbody> </table> <p>Source: Statistics on the consultations at the Gender Equality Promotion Center</p>	Survey Period	have suffered physical violence	haven't suffered physical violence	N/A	Aug.2009(n=591)	18.3%	70.4%	11.3%	Aug.2005(n=646)	14.3%	73.2%	12.5%	Dec.1998(n=560)	20.3%	66.1%	13.6%	Year	Number of consultations	2006	43	2007	44	2008	65	2009	84	2010	180	<p>According to the residents' attitude survey, the ratio of the persons who said they did not ask for consultation was about 60%.</p> <p>Fig.5-42 "Did you ask for consultation with somebody when you were suffered from violence by your partner?"</p> <table border="1"> <caption>Data for Fig.5-42</caption> <thead> <tr> <th>Survey Period</th> <th>Asked for consultation</th> <th>Didn't ask for consultation although wanted</th> <th>Didn't want to ask for consultation</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Aug.2009 (n=108)</td> <td>29.3%</td> <td>7.6%</td> <td>51.1%</td> <td>12.0%</td> </tr> <tr> <td>Aug.2005 (n=92)</td> <td>34.3%</td> <td>14.8%</td> <td>46.3%</td> <td>4.6%</td> </tr> </tbody> </table> <p>(Source: the residents' attitude survey with regard to the gender-equal society)</p> <p>According to the survey to the medical organizations in the city (implemented in 2011 with 304 samples), what troubled those when they encountered a case where DV was suspected were: "I could not call the police because the patient did not agree" was 32.9%, and "The patient was not aware of DV" was 28.2%.</p> <p>According to the residents' attitude survey, more than 70% said that the males were treated better with respect to socially accepted ideas, custom practices, and social conventions. This is because there still are the deep-rooted ideas such as "housework and child nurturing are the jobs for women" and "husbands work outside, wives manage household."</p> <p>Fig.5-43 "Do you think the genders are equal with respect to the socially accepted ideas, custom practices, and social conventions?"</p> <table border="1"> <caption>Data for Fig.5-43</caption> <thead> <tr> <th>Response</th> <th>Aug. 2009 (n=591)</th> <th>Aug. 2005 (n=646)</th> </tr> </thead> <tbody> <tr> <td>Male is superior to female</td> <td>73.7%</td> <td>77.1%</td> </tr> <tr> <td>Male and female are equal</td> <td>9.5%</td> <td>6.3%</td> </tr> <tr> <td>Female is more accorded than male</td> <td>6.2%</td> <td>5.1%</td> </tr> <tr> <td>Cannot answer</td> <td>5.4%</td> <td>4.5%</td> </tr> <tr> <td>N/A</td> <td>6.1%</td> <td>9.3%</td> </tr> </tbody> </table> <p>source: Residents' attitude survey with regard to the gender-equal society</p>	Survey Period	Asked for consultation	Didn't ask for consultation although wanted	Didn't want to ask for consultation	N/A	Aug.2009 (n=108)	29.3%	7.6%	51.1%	12.0%	Aug.2005 (n=92)	34.3%	14.8%	46.3%	4.6%	Response	Aug. 2009 (n=591)	Aug. 2005 (n=646)	Male is superior to female	73.7%	77.1%	Male and female are equal	9.5%	6.3%	Female is more accorded than male	6.2%	5.1%	Cannot answer	5.4%	4.5%	N/A	6.1%	9.3%	<p>1 Preventing DV victims from becoming latent, preventing DV from getting more serious</p> <p>2 Improvement of awareness of being an assailant or a victim of DV</p> <p>3 Extinction of the acceptance of the discrimination based on the gender on the background of DV occurrences</p>
Survey Period	have suffered physical violence	haven't suffered physical violence	N/A																																																												
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Changes as a result of the endeavors of Safe Community (findings etc.)

The situation involved complex problems such as the grave realities of the victims of DV/date DV and child abuse was reconfirmed through opinion exchanges and educational sessions. Based on this understanding, we picked up the problem of child abuse in household with DV, and further focused on this problem.

Through the exchanges of the opinions, we reminded ourselves of the fact that the DV problems can be easily found around us. We felt that more educational sessions were necessary and that we should be ready for trying to reinforce the linkage with each other in order to prevent the latent DV in the local area in advance from happening and in order to find out such DV at an early stage.

Through the educational sessions, we reminded ourselves of the necessity to give support to the victims.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
1 Consultation about DV	(1) National government, Tokyo Women's Consultation Center, Gender-Equality Promotion Center (2) City citizens, DV victims (3) In the special consultation, lawyers, doctors, clinical psychologists, and so forth provide consultation related to each special field. In the general consultation, the counselors from the Gender-Equality Promotion Center provide consultation about the various problems around women. (4) More DV consultation cards and pamphlets will be distributed to the universities, high schools, and the like in the city based on the recognition that the counselors need their skills enhanced and that it is important to prevent DV in younger generations.	The consultation cards available at: DV - 3 places Date DV - 4 places
2 Prevention and enlightenment of DV and Dating abuse	(1) National government, Tokyo Women's Consultation Center, Gender-Equality Promotion Center (2) City citizens, DV victims (3) The classes to learn about DV and to learn how to handle are provided. As the endeavors to enlighten younger generations on the prevention, schools etc. provide educational sessions on human rights, and specific classes are provided to schools etc. (4) Further ingenuities to interest those who have no interest in DV	DV classes - 2 sessions 37 participants Date DV discussions - 2 times 56 participants
3-1 Enlightenment of gender-equal society	(1) National government, Tokyo Women's Consultation Center, Gender-Equality Promotion Center (2) City citizens (3) Classes are co-hosted with the city citizens and parties taking actions toward the gender-equal society. The classes to enhance and promote the awareness of gender equality are held. Further, with the events for the gender-equal society, the lectures to commemorate the declaration of the gender-equal city, and so forth, the endeavors are made to eliminate the acceptance of the gender discrimination deep-rooted in the society. (4) Further ingenuities to interest those who are not interested in the gender-equal society will be developed	Classes: 18 sessions 2431 participants in total Events in the gender-equal society week 1040 participants in total Lecture in commemoration of the declaration of the gender-equal city 121 participants
3-2 Promotion of the understanding by the DV-handling personnel	(1) Gender-Equality Promotion Center (2) DV-handling personnel (local welfare /childcare commissioner, lawyers from the Japan Legal Support Center, personnel from the mother-child life support facilities, personnel from police departments, elementary school children consultation offices, and the city government, etc.) (3) The basic knowledge about DV is learned from lawyers, experts, and so forth. Educational sessions are provided so that effective supports can be given to the victims and the like. (4) Information should be exchanged frequently and actively among the DV-handling personnel.	Exchange and sharing information by relevant personals Meeting: 1 times Participants: 24 persons Study session in 2010: 2 times 57 participants

(10) Prevention of Suicides and Depressions

Composition of the taskforce committee(19 members)	
Community organizations	Toshima City Medical Association, Local Life Support Center, local welfare /childcare commissioner association, social welfare council
Administrative organizations	Labor standards office, police department, Tokyo Mental Health and Welfare Center, Toshima City government(Divisions in charge of Public Reparations,Gender-equity, Industry, Community Welfare, Senior welfare, Support of child nurturing)

What to Prevent: Suicides of the Middle-aged Generation and Attempted Suicides by the Youth

Reason to select what to prevent	Analysis of causes	Challenges
<p>The mortality of suicide in Toshima city is as high as those of Japan and Tokyo. The suicide is the number one cause of the deaths of the persons at the ages from 15 to 44 years old.</p> <p>Fig.5-44 Suicide death ratio in comparison with Japan and Tokyo (%)</p> <p>Fig.5-43 Suicide death ratio according to age group (%)</p> <p>Fig.5-45 Unintentional or suicide death according to age group</p>	<p>The causes and motives of suicides come from a wide range of environments and events such as economic issues, daily-life issues, and health issues. In addition, the ratio of the persons living alone is larger than that of the entire nation.</p> <p>Chains of Risk Factors of Suicide</p> <p>Fig.5-46 Suicides and their living partners comparison between the city and the nation</p> <p>Fig.5-47 Severity of injury according to age group</p> <p>Fig.5-48 Suicide attempt</p>	<p>① Opportunities to get consultation are necessary for those who have various types of problems and worries. Different consultation desks should work in cooperation to prevent the chain of problems.</p> <p>② Attempted suicides should not lead to another attempt of suicide.</p>

Challenges as a result of the endeavors for the Safe Community (findings etc.)

Each unit was able to make specific endeavors to support the persons having difficulty in their living. The information on the content of such support was exchanged and introduced to each consultation organization. The information on the persons having risk of suicide is exchanged among relevant units in charge. [Information exchange between the local health service and the industrial sectors]

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
1-1 Publication of the consultation desk and close linkage with such consultation services	<ol style="list-style-type: none"> (1) Medical association, Local Life Support Center, Labor Standards Office, Tokyo Mental Health and Welfare Center, public health center, Toshima city government (2) Persons with suicide risk factors (unemployment, life hardship, family dispute, mental and/or physical illness) (3) Distribution of the information on the consultation desks (distribution of the table of the consultation desks, publication, etc.), periodical meetings by relevant organizations and individuals (they also take roles of the taskforce committee of Suicide prevention) (4) Creation and distribution of the suicide prevention procedure manual for the personnel at the consultation desks of the Toshima city, announcement of the consultation organizations for the bereaved of self-killing persons 	Distribution of the table of consultation desks: 2,500 copies Special city gazette: 10 thousand copies Meetings by relevant parties: 3 sessions (the result in fiscal year 2011)
1-2 Training of gatekeepers	<ol style="list-style-type: none"> (1) Tokyo Mental Health and Welfare Center, public health center (2) City citizens, the personnel in charge of health/welfare, the personnel of the Toshima city government (3) Training courses are provided, so that residents working for suicide prevention including the receptionists at consultation desks become to notice changes in the people around them, talk to them, and listen to them to actuate necessary consultation organizations and/or special consultations. Thus, the human resources to support people trying to live are increased. (4) Distributing information on measures for suicide prevention to the personnel at the local medical facilities 	Gatekeeper courses 10 sessions in total 321 participants in total (the personnel from the Community Plaza, [Kumin-Hiroba], local welfare /childcare commissioner association, and general citizens)
1-3 Support for the medical examination of depression etc. (the patients yet to be treated or yet to resume treatment)	<ol style="list-style-type: none"> (1) Medical association, Tokyo Mental Health and Welfare Center, public health center, Toshima city government (2) Patients of depression who haven't had medical treatment or quitted to take treatment (3) Enlightenment of the importance of medical examinations at the early stage, providing special consultations for patients and/or their family members who feel uneasiness in medical examinations, support for the reclusive seniors with high depression risk (4) Outreach program to provide medical treatment to the untreated patients, Medical interviews with respect to depression on the occasions of laborers' health inspections (law revision is scheduled) 	Mental health consultation: 3,586 cases Support for the reclusive seniors with high depression risk: 798 cases
2-1 Mental health promotion for the youth	<ol style="list-style-type: none"> (1) Convenience stores, public health center (2) City citizens at the ages of around 20's and 30's etc. (3) Distribution of the pamphlets related to the mental health self-management to convenience stores (posters, message cards) (4) Close linkage with the NPO(non-profit- organization)s supporting younger generations 	Distribution of pamphlets: 500 copies
2-2 Support for persons having attempted suicide	<ol style="list-style-type: none"> (1) Nippon Medical School Hospital, Tokyo Metropolitan Government Bureau of Social Welfare and Public Health, public health center (2) The city citizens etc. who were transported to the Nippon Medical School Emergency and Critical Care Center from suicide attempt (3) Support is given to the city citizens who were transported by ambulance due to suicide attempt so that medical treatment can be continuously given after discharge from the hospital. In addition, close cooperation is made with relevant consultation organizations to solve problems that caused the suicide attempts. (4) Close cooperation with the advanced-emergency-hospitals in the city 	Support for the people with experience of suicide attempt (since fiscal year 2011)

(11) Early Detection of Cancers

We have been making the endeavors to unify the illness prevention and the injury prevention in the future. In addition, many cases of suicides have illness as one of causes on its background, and the number one cause of the deaths of the city citizens is cancer. Therefore, Toshima City has been working on cancer uniquely in relation to the safe community.

Composition of the taskforce committee(15 members)	
Community Organizations	Toshima City Medical Association, Toshima Health Examination Center
Administrative organizations	Public health center, Toshima City government (relevant sections in charge of senior welfare and health)

What to Prevent (1) Death from Cancer

Reason to select what to prevent	Analysis of causes	Challenges
<p>One of two males in Japan has cancer in his life. So does one of three females in Japan.</p> <p>In addition, cancer is the number one cause of the deaths in Japan. Every year, 300 thousand people or more die from cancer.</p> <p>In Toshima City, 710 people died from cancer in 2010 which takes 31.4% of the total deaths.</p> <p>Fig.5-49 Ratio of the death causes in 2010 (Japan)</p> <p>Total death toll: 1,197,012</p>	<p>The mortality from cancer decreases as the ratio of cancer screenings increases</p> <p>Fig.5-51 Comparison between proportion of mammary cancer screenings and the death ratio</p> <p>Source:Hiroshi Saito [System management of cancer]</p> <p>Japan has low cancer screening ratio compared to other nations.</p> <p>Fig.5-52 Screening ratio of mammary cancers and uterine cervix cancers</p> <p>Source:OECD Health date 2009</p> <p>Although the cancer screening ratio in the Toshima City improved to the average of the 23 cities in MT, further improvement is necessary in the cancer screening ratio.</p> <p>Fig.5-53 Trend of cancer screening</p>	<p>Early detection by improving the ratio of the applicants for the cancer screenings</p>
<p>Fig.5-50 Ratio of the death causes in 2010(Toshima City)</p> <p>Total death toll: 2,261</p>		

Changes as a result of the endeavors of Safe Community (findings etc.)

For comprehensive and organized promotion of the countermeasures for cancer, Toshima City Cancer Countermeasures Promotion Ordinance was enforced in 2011 which is the first in the 23 cities in MPT. The ordinance has formulated the obligations of the city and the city citizens. As the implementation plan of this ordinance, Toshima City Cancer Countermeasures Promotion Plan was formulated to secure the continuous endeavors.

Countermeasure	(1) By whom, (2) To whom/which, (3) What, (4) Proposition for further improvement	Achievements in 2010
<u>1-1</u> Expansion of the scope of the cancer screenings and improvement of the method of implementation	(1) Toshima city government (2) City citizens (3) [Expansion of the Applicants] Stomach cancer/ colorectal cancer screenings - 30 years old or higher; uterine cervix cancer screening - women of 20 years old or higher at an age of an even number; mammary cancer screening - women of 40 years old or higher at an age of an even number; lung cancer screening - 40 years old or higher; prostate cancer screening - men of 50 to 74 years old (starting from fiscal year 2011) [Improvement of the Method of Implementation] From fiscal year 2010, the colorectal cancer screening became available at the health examination for the applicants of 40 years old or over. (4) Establishment of implementation of the examination which make easier for the city citizens to take such as providing examinations at weekends and at nighttime, and so on	Period of cancer screenings: Stomach, colorectal and lung cancers - all the year around Uterine cervix cancer and mammary cancer Mid May to January The number of applicants for the cancer screenings: Stomach cancer Colorectal cancer Uterine cervix cancer Mammary cancer Lung cancer
<u>1-2</u> Hosting events to promote applications for cancer screenings	(1) Toshima city government (2) City citizens (3) In fiscal year 2009, the Pink Ribbon Event was held in cooperation with the Ministry of Health, Labor, and Welfare, inviting a famous mixed voice chorus. In fiscal year 2010, the expansion and enlightenment of the screenings was attempted by inviting entertainment personalities to the application-promoting events, by showing movies, by providing lectures, and so forth. (4) Further ingenuities in the events to interest more younger generations	Cancer screening application-promoting event: 3 times - 4385 participants Implementation of citizen assembly for countermeasures of cancer: 755 participants
<u>1-3</u> Distribution of the notifications to recommend applying for cancer screenings	(1) Toshima city government (2) City citizens (3) The notifications to recommend applying for cancer screenings are sent to the recipients meeting the following conditions: [Recipient] • Subscribers to the National Health Insurance in the city - from 40 to 74 years old • Subscribers to the Longevity Medical Insurance in the city - 75 years old or higher • Subscribers to employee insurances - from 40 to 70 years old at an age of a multiple of five (4) The notifications to recommend having cancer screenings will be sent to all residents who should be applying for cancer screenings.	Distribution of the notifications to recommend applying for cancer screenings Possible applicants for the city's specific health examinations About 50 thousand Possible applicants for the Longevity Health Examinations About 25 thousand Subscribers to employee insurance: About 14 thousands
<u>1-4</u> Distribution of free medical examination coupons and medical examination handbooks	(1) Toshima city government (2) City citizens (3) Free coupon tickets for cancer screenings and the medical examination handbooks are distributed to residents who should apply for them. [Possible Applicants to Receive the Free Coupon Tickets and the Medical Examination Handbooks] • Uterine cervix cancer screening: city citizens (women at an age of 20, 25, 30, 35, and 40 years old) • Mammary cancer screening: city citizens (women at an age of 40, 45, 50, 55, and 60 years old) • Colorectal cancer screening: city citizens (40, 45, 50, 55, and 60 years old) (4) The notifications of recommendation of applying for the women's cancer screenings will be re-distributed to those who have not made application.	Women's cancer screenings Uterine cervix cancer: About 11 thousand Mammary cancer: About 8.5 thousand

Indicator4	Programs that document the frequency and causes of injuries
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(1) Injury surveillance committee

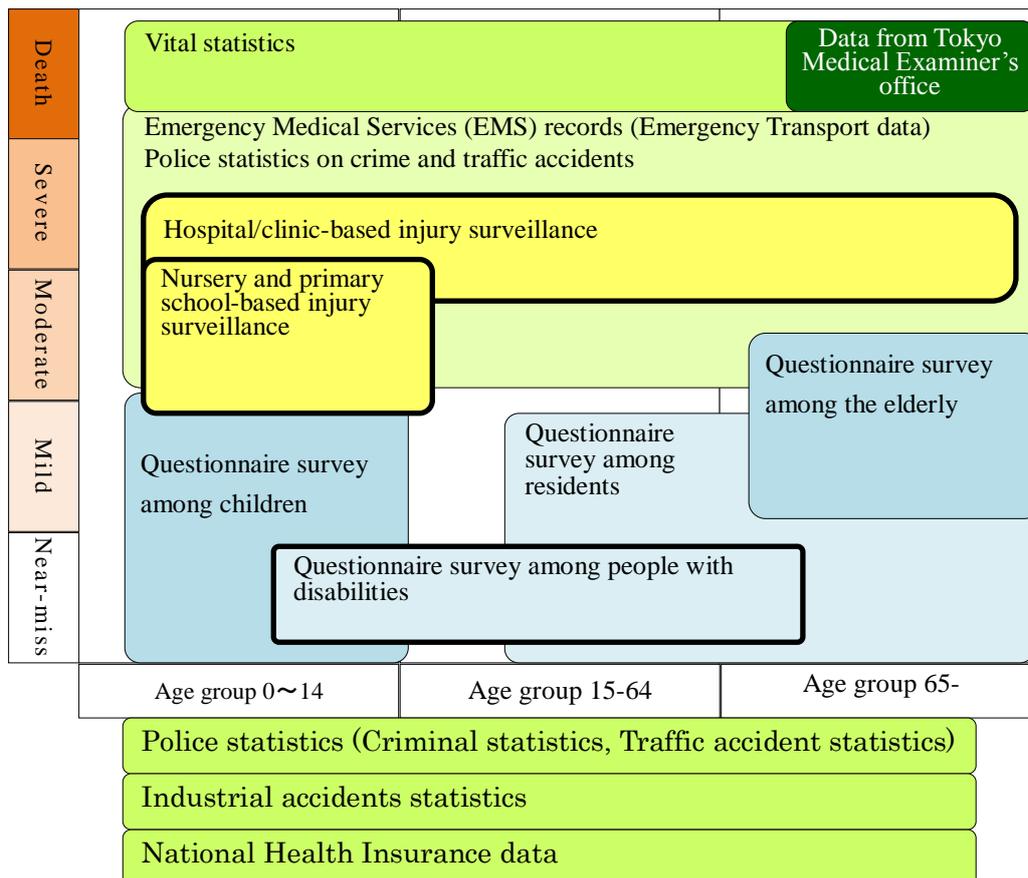
① Members

Ikebukuro Public Health Center, Division of Policy and Management in Toshima City Government
Toshima Medical Association
Toshima Fire Department, Ikebukuro Fire Department
Specialists in the field of safety promotion

② Functions

1	Data collection and analysis	To provide epidemiological analysis of injury data as well as advices on data collection methods
2	Community diagnosis	To analyze injury data and suggest priority area of injury prevention activities in the community
3	Sustaining injury surveillance	To establish and modify an injury surveillance to be sustainable
4	Evaluation	To scrutinize the evaluation methods of injury prevention activities in the community
5	Technical assistance to other committees	To provide injury data and technical assistance to other committees

(2) Injury surveillance at glance



(3) Data sources

① Official statistics

1	Vital statistics Source: Ministry of Health, Labor and Welfare	Vital statistics are the counts of vital events (live births, deaths, marriages, divorces, and fetal deaths) occurred in Japanese living in Japan including the mortalities due to intentional and unintentional injuries.
2	Statistics on solitary death ("Kodokushi") Source: Tokyo Medical Examiner's Office	Solitary deaths (passing away alone at home, unnoticed by anyone) are increasingly found in Japan due to shrinking community ties. Statistics on solitary deaths include deaths of people aged 65 years and older living alone which require the ascertainment of the cause of death by a medical examiner.
3	Police statistics on crime and traffic accidents Source: National Police Agency	Police statistics describe crime and traffic accidents, which will be analyzed using geographic information systems to plan our injury prevention activities.
4	Industrial Accidents Statistics Source: Ministry of Health, Labor and Welfare	Industrial Accidents Statistics involve deaths and leaves at least four days due to occupational injuries.
5	National Health Insurance data in Toshima City Source: Toshima City	National health insurance managed by Toshima City covers 32.9% of total population in the city (87,465 residents) as of 2010. The data can be used to describe the trend of medical expenditure for injuries.

② Emergency medical services (EMS) records Table 5-8 EMS records on injuries in 2010

EMS records mainly cover pre-hospital information collected by EMS personnel who are dispatched to the scene of an injury. Included in EMS records are all persons transported to health facilities by EMS. Injury surveillance using EMS records would be sustainable as EMS records are routinely collected and available at no cost.

Mechanism of injuries	n	%
Total	4,581	100.0%
General injuries	2,802	61.2%
(Falls among general injuries)	(1,937)	(42.3%)
Traffic injuries	1,145	25.0%
Sports injuries	100	2.2%
Occupational injuries	97	2.1%
Fire-related injuries	26	0.6%
Water-related injuries	10	0.2%
Natural disasters	1	0.0%
Self-inflicted injuries	132	2.9%
Violence	268	5.9%

③ Hospital/clinic-based and school-based injury surveillance

1	Primary school-based injury surveillance	School-based injury surveillance based on existing school insurance records and the WHO injury surveillance guideline, has been conducted since June 2011 at Hoyu primary school which is currently in the process of applying for the certification of International Safe School.
2	School insurance-based injury surveillance	School insurance-based injury surveillance based on the records of the Injury and Accident Mutual Aid Benefit System (school insurance) managed by National Agency for the Advancement of Sports and Health, has been implemented by Toshima City since the school year of 2010, which covers all public primary and junior high schools in Toshima City. In the school year of 2010 (from April 2010 to March 2011), 370 cases were reported.
3	Nursery school-based injury surveillance	School-based injury surveillance based on existing school insurance records and the WHO injury surveillance guideline, has been conducted since June 2011 at all nursery schools.
4	Hospital/clinic-based injury surveillance	Feasibility study of hospital/clinic-based injury surveillance was launched in October 2011 and will be evaluated in March 2012. The form used in this surveillance is based on the one used in the Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP).

Toshima Safe Community injury surveillance form (For first attendance)

Date _____ yy _____ mm _____ dd

Age _____ year	Sex M · F	Residence Toshima · Elsewhere	Place Toshima · Elsewhere
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Transport to health facilities
foot · bicycle · bus · taxi · motorbike · car · ambulance

① When did the incident occur?
_____ yy _____ mm _____ dd (_____ day) am · pm _____ : _____

② Where did the incident occur? (Give exact place)
(eg. : ①road in front of nursery ②kitchen at home ③escalator at the station)

③ What was the child doing at the time the incident occurred?
(eg. : ①while getting off a child from a bicycle ②while doing dishes ③while on the escalator)

④ What went wrong?
(eg. : ①a child acted violently on a bicycle ②slipped off a dish from hands ③a shoe caught in the escalator)

⑤ What actually caused the injury?
(eg. : ①a bicycle fell down ②a broken dish scattered to hands ③a finger broken as caught in the escalator)

⑥ If a specific product or article was involved, please give details?
(eg. : ①bicycle ②dish ③escalator, shoe)

⑦ What safety precautions or devices were being used at the time of the injury occurred?
(eg. : ①wearing a helmet)

For doctor Name of hospital/clinic

Department/ specialty	1. Emergency medicine 2. Pediatrics 3. Surgery 4. Orthopaedic surgery 5. Plastic surgery 6. Neurosurgery 7. Anesthesiology 8. Pediatric surgery 9. Dermatology 10. Urology 11. Ophthalmology 12. Otorhinolaryngology 13. Internal medicine 14. OBGY 15. Oral and Maxillofacial Surgery 16. Others _____
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Select up to three codes

	Nature of the injury	Body region
Severest		
Second		
Third		

Nature of the injury	Body region			
1. Fracture	System-wide	Spine & back	Torso	Extremities
2. Dislocation	0. System-wide	<u>Spinal Cord Injury (SCI)</u>	17. Chest (Thorax)	Upper
3. Sprains or strains	Head & neck	7. Cervical	18. Abdomen	22. Shoulder & upper arm
4. Internal	1. Traumatic Brain Injury (TBI)	8. Thoracic/Dorsal	19. Pelvis & Urogenital	23. Forearm & elbow
5. Open wound	7. Blood vessels	9. Lumber	20. Trunk	24. Wrist, hand & fingers
6. Amputations	8. Other than TBI	10. Sacrum	21. Back & Buttock	25. Others
7. Blood vessels	2. Head	Coccyx		
8. Contusion/superficial	3. Face	11. Others		
9. Crush	4. Eye			
10. Burns	5. Neck	<u>Vertebral Column Injury (VCI)</u>		Lower
11. Nerves	6. Others	12. Cervical		26. Hip
12. Poisoning		13. Thoracic/Dorsal		27. Upper leg & thigh
13. Drowning		14. Lumber		28. Knee
14. Suffocation		15. Sacrum		29. Lower leg & ankle
15. Others		Coccyx		30. Foot & toes
		16. Others		31. Others

What was done	1. Advice only 2. Treated, sent home 3. Treated, review later 4. Admitted to hospital 6. Other _____
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④ Questionnaire survey

Questionnaire survey among residents

Overview	Contents
Conducted in June 2010	Perceived insecurity in daily life Most severe injury experienced in the past one year Place and mechanism of an injury
Residents aged 18 years and older	
Random sample of 5000 residents	
Response rate 40.8% (n=2040)	

Questionnaire survey among the elderly

Overview	Contents
Conducted from May 2010 to February 2011	Injury experienced in the past one year Falls at home Burn, drowning, swallowing accident Outdoor injuries Perceived insecurity in daily life
Resident aged 65 years and older, living alone or with people aged 65 years or older	
All of 35,303 elderly people who met the criteria mentioned above	
Response rate: 34.3% (n=12108)	

Questionnaire survey among children

Overview	Contents
Conducted in December 2010	Injury experienced in the current school year (from April) Frequency of an injury experienced, necessity of medical treatment for the injury Mechanism, place and cause of injury
Children aged 0 to 5 years old at public nursery schools	
2,367 guardians of children	
Response rate: 74.9% (n=1,773)	

Conducted in December 2010	Availability of a confidant Frequency of bicycle use and helmet wearing Injury in the current school year (from April) Frequency of injury experienced, necessity of medical treatment for injury Mechanism, place and cause of injury
1 Pupils (grade 2, 4, 6) in a selected class at all public primary schools 2057 guardians of pupils Response rate: 56.6% (n=1165)	
2 Students (grade 2) in a selected class at all public junior high schools 895 students Response rate: 42.3% (n=379)	

Questionnaire survey among people with disabilities

Overview	Contents
Conducted in November and December 2010	Frequency of going out Evacuation plan in emergency Injury experienced in the past one year, mechanism and cause of injury Perceived threat while going out Satisfaction with public places in terms of barrier-free environment
2000 with physical disabilities Response rate: 50.8% (n=1017)	
500 with intellectual disabilities Response rate: 55.8% (n=279)	
500 with mental disorders Response rate: 33.4% (n=167)	
723 with intractable diseases Response rate: 61.4% (n=444)	

(4) Future plan of sustainable injury surveillance/data collection

Data sources	2010	2011	2012	2013	2014	2015	2016
(1) Official statistics							
Vital statistics	●	●	●	●	●	●	●
Statistics on solitary death (“Kodokushi”)	●	●	●	●	●	●	●
Police statistics	●	●	●	●	●	●	●
Industrial Accidents Statistics	●	●	●	●	●	●	●
National Health Insurance data	●	●	●	●	●	●	●
(2) EMS data							
EMS data	●	●	●	●	●	●	●
(3) Hospital/clinic-based and school-based injury surveillance							
Primary school-based injury surveillance		●	●	●	●	●	●
School insurance-based injury surveillance		●	●	●	●	●	●
Nursery school-based injury surveillance		●	●	●	●	●	●
Hospital/clinic-based injury surveillance		●	To be planed after a pilot phase				
(4) Questionnaire survey							
Questionnaire survey among residents	●			●			●
Questionnaire survey among the elderly	●			●			●
Questionnaire survey among children	●			●			●
Questionnaire survey among people with disabilities	●			●			●

(5) Overview of injury surveillance committee

2011	January 25	1st
	May 22	2nd
	September 16	3rd
	November 15	4th
	December 15	5th

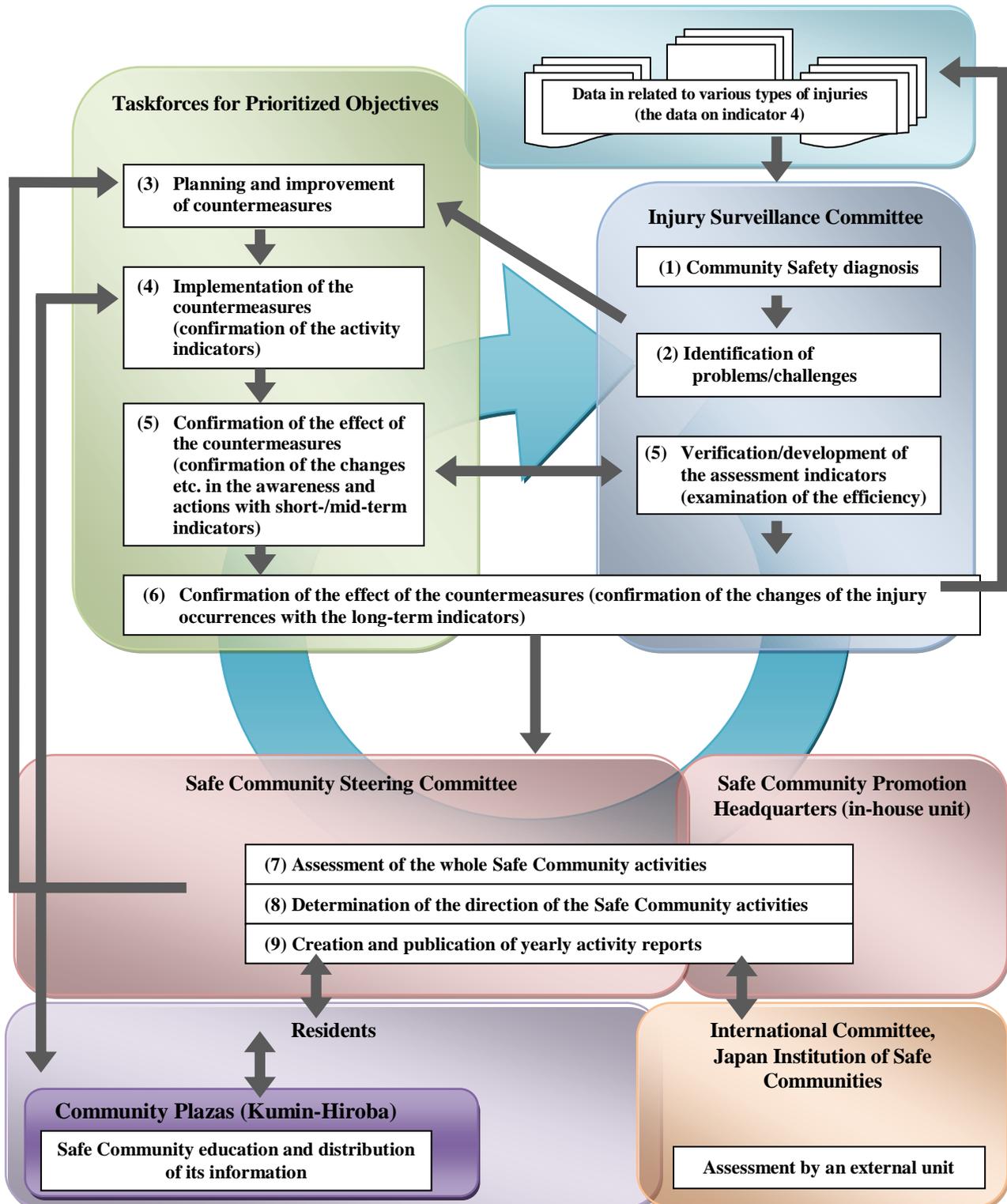
*Regularly held every year

Indicator5

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

1 Ongoing Management of the Safe Community Programs

Based on the various data collected from the injury surveillance, Toshima City runs the cycle consisting of a plan (PLAN), implementation (DO), verification (CHECK), and improvement /modification (ACTION) to advance the safe community movement.



2

Assessment of Each Prioritized Challenges

The effects of the countermeasures for the prioritized challenges described in the indicator 3 are verified and improve according to the way described below.

Legend: (1) Means for confirmation (frequency)
(2) Subject to be assessed

(1) Prevention of the Injuries and Accidents of Children

What to Prevent (1) Injuries and Accidents of Infants at Home

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Diffusion and enlightenment of injury prevention at home by using the children's accident prevention center	Indicator: The implementation ratio of the countermeasures at home (prevention programs for drowning in the bathtub, the countermeasures for stumbling and falling down) (1) Questionnaire survey (once in two to three years) (2) Guardians of the children at the ages of 0 to 5	Indicator: The ratio of the children who have experienced an injury that needs to be treated at a medical facility (1) Questionnaire survey (once in two to three years) (2) Children at the ages of 0 to 5 Indicator: The number of accident at home with which children are transported by ambulance (1) EMS Data (every year) (2) Children at the ages of 0 to 5 Indicator: The number of children's accidents at home that required examination at a medical facilities (1) Statistics of the records of the Medical Association surveillance (every year) (2) Children at the ages of 0 to 5
	Indicator: The recognition of the children's accident prevention center, the ratio of the guardians having collected information from the center (1) Questionnaire survey (once in two to three years) (2) Guardians of the children at the ages of 0 to 5	
Projects to train human resources that nurture the children in the local community	Indicator: The number of people who are actually working on nurturing the children in the local community after finishing the training (1) Questionnaire survey (every three years) (2) The participants who completed the course	

What to Prevent (2) Injuries and Accidents of Children at Children's Facilities (nursery schools, after-school childcare facilities)

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Education on safety for children etc.	Indicator: The changes in children's acts to avoid dangers (1) Periodical confirmation based on the observation records by the personnel of the facility (every three months) (2) The children using a nursery school or an after-school childcare facility	Indicator: The number of accidents of the injury on a face (1) Statistics of the accidents at nursery school/after-school childcare facility (every year) (2) The children using a nursery school or an after-school childcare facility
Inspection and correction from the point of view of prevention	Indicator: The number of findings facility/equipment to be fixed and the ratio of improvement (1) Statistics based on the report recording the locations and the correction results of the dangers/faults at facilities/accommodations that have been found in the safety checks at such facilities etc. (every year) (2) The facilities/equipment with dangers/faults	Indicator: The number of accidents at children's facilities in which a children was transported by ambulance (1) EMS data (every year) (2) Children at the ages of 0 to 5 Indicator: The number of accidents at children's facilities with which a child was examined at a medical facility (1) Statistics of the Medical Association surveillance records (every year) (2) Children at the ages of 0 to 5

(2) Safety of the seniors

What to Prevent (1)

Fall of the Seniors

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
The exercise programs to prevent falling down	Indicator: The physical ability of the participants in the program (1) Exercise ability measurement (before and after participating in the program and after a certain period) (2) The participants in the program	Indicator: The experiences of fall in the past one year (1) Questionnaire survey (every 3 years) (2) The subjects of the evaluation of the daily-life functions for the prevention of long-term cares Indicator: The ratio of injuries caused by fall (1) Statistics of the emergency transport by ambulance (every year) (2) People transported by ambulance at the age of 65 or higher
The programs to double-check risk of fall at home	Indicator: The ratio of implementation of environment improvement (1) Inspection of houses by lecturers (one month after the program), interviews with respect to the content of improvement (after a certain period) (2) The participants in the program	
Subsidy to the reforms of houses for the seniors to live on their own	Indicator: The rate of the barrier-free houses (1) House/land statistics survey (every five years) (2) Houses	

What to Prevent (2)

Senior Abuses

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
The network project for watch-over and mutual support	Indicator: The number of cases in which watch-over leads to consultation and/or intervention (1) Statistics of the projects of the seniors' general consultation center (every year) (2) The subjects of the watch-over services	Indicator: The number of abuses (1) EMS data (every year) (2) The seniors having experienced abuses
Diffusion and enlightenment in relation to abuses	Indicator: The degree of understanding about elderly abuse by the citizens (1) Questionnaire survey (every three years) (2) The city citizens at the age of 18 or higher	
Senile dementia prevention classes	Indicator: The cognitive function index of participants (1) The measurement of the effects (before and after the classes and after a certain period) (2) The participants in the senile dementia prevention class	

(3) Safety of the Physically Disabled

What to Prevent Injuries and Accidents of the Visually Disabled outdoor

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
On-street survey to report on the point of view of the physically disabled	Indicator: The awareness about the easiness in walking and about the dangerous locations (1) Interviews and questionnaire surveys (after the start of the on-street survey by the visually disabled; every year) (2) The visually disabled having participated in the investigation Indicator: The coverage of the textured paving blocks (1) Factual investigation (every year) (2) The areas in the vicinity of the Ikebukuro Station	Indicator: The ratio of the experiences of injury outdoors by the visually disabled (1) Questionnaire survey (every three years) (2) The visually disabled living in the city
Barrier-free reforms focused on the Ikebukuro Station district		
Voice road guide service		
Training to support the disabled	Indicator: The degree of understanding of the disabled and the willingness of support them on streets" (1) Questionnaire survey (every three years) (2) The city citizens at the age of 18 or higher	

(4) Bicycle Safety

What to Prevent Injuries and Accidents of Children and Seniors

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
New installation and correction of the signs, road paintings, etc.	Indicator: Changes in the rules/manners of using bicycles at the locations requiring cautions (1) The fixed point observations before and after the improvement of the traffic safety environment (2) Bicycle users	Indicator: The number of accidents in relation to the use of bicycles (1) Statistics by the police department (every year) (2) Bicycle accidents Indicator: The number of occurrences of the injuries caused by the use of bicycles (1) EMS Data (every year) (2) Injuries caused by the use of bicycles requiring transport by ambulance
Enlightenment activities on streets and implementation of the traffic safety classes	Indicator: The degree of understanding of the rules/manners of using bicycles (1) Questionnaire survey (city citizens: once every three years; the participants in the traffic safety class: after the completion of the class) (2) The city citizens at the age of 18 or higher, the participants in the traffic safety class	
Diffusion and enlightenment of the bicycle helmets for children	Indicator: The ratio of the children wearing bicycle helmets (1) Questionnaire survey (every three years) (2) Infants and children at the age of 13 or lower and their guardians	
Creating maps for traffic safety findings	Indicator: The awareness of the traffic safety findings maps (1) Questionnaire survey (every three years) (2) The city citizens at the age of 18 or higher	

(5) Safety in the Commercial and Entertainment Districts (downtown areas)

What to Prevent		
Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Installing security cameras	Indicator: The anxieties about the peace and order felt by people in the vicinity of the Ikebukuro Station (1) Questionnaire survey (2) City citizens, visitors	Indicator: The number of occurrences of violence and injuries (1) Statistics by the police department (every year) (2) Violent and vicious crimes Indicator: The number of cases in which an injury is inflicted by an assailant and transport is made by ambulance (1) EMS Data (every year) (2) The victims transported by ambulance as a result of an injury inflicted by an assailant
Environment clean-up patrolling activities	Indicator: The anxieties about the peace and order felt by people in the vicinity of the Ikebukuro Station (1) Questionnaire survey (2) City citizens, visitors	
Graffiti prevention	Indicator: The anxieties about the peace and order felt by people in the vicinity of the Ikebukuro Station (1) Questionnaire survey (2) City citizens, visitors Indicator: The number of places where graffiti are seen (1) The factual on-site investigations (every three years) (2) The places where graffiti are seen	
Clean-up spited chewed gum and thrown cigarettes	Indicator: The anxieties about the peace and order felt by people in the vicinity of the Ikebukuro Station (1) Questionnaire survey (2) City citizens, visitors	

(6) School Safety

What to Prevent (1) Injuries in School Campus

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Creating and using the injury occurrence maps (Hiyari Map)	Indicator:: Understanding of the factors of injuries (1) Questionnaire survey (every year) (2) All the students of Hoyu Elementary School	Indicator: The number of injuries in the school (1) The records of injuries and accidents in the schools (every year) (2) All the students of Hoyu Elementary School
Creating the safety education curriculums	Indicator:: The awareness and attitude to safety among the elementary school children (1) Questionnaire survey (every year) (2) All the students of Hoyu elementary school	
Promoting the mental education	Indicator:: The awareness and attitude to bullying among the elementary school children (1) Questionnaire survey (every year) (2) All the students of Hoyu Elementary School Indicator:: The number of occurrences of bullying (1) Questionnaire survey (every year) (2) All the students of Hoyu Elementary School	

What to Prevent (2) Traffic Accidents by Bicycles

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Providing the bicycle safety classes	Indicator: The ratio of wearing a bicycle helmet (1) Questionnaire survey (after participation in the class) (2) School children and their parents/guardians participating in the bicycle safety class	Indicator: The number of occurrences of accidents involving a bicycle outside the schools (1) Statistics summarizing the accidents reports to the schools (every year) (2) The children of Hoyu Elementary School
The watch-over activities in local areas	Indicator: The number of implementations of visits in the watch-over activities (1) Interview survey (every year) (2) All the students of Hoyu Elementary School Indicator: The awareness and attitude to safety among parents/guardians (1) Questionnaire survey (every year) (2) Hoyu Elementary School PTA	

(7-1) Prevention and preparedness of Earthquake Disasters (Community Development with Residents' Participation)

What to Prevent (1) Human Damages Caused by Buildings and/or Fences Falling down and Expansion of Fire

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
The development of community participation disaster prevention	Indicator: The ratio of the incombustible areas (1) Calculated from the indicators of the urban areas where wooden buildings converge (every five years) (2) The incombustible areas	Indicator: The number of deaths and injuries caused by collapsed buildings and/or fences and the expansion of fire at the time of an epicentral earthquake at metropolitan Tokyo
Expanding narrow roads/ alleys		
Promotion of the seismic diagnosis and reforms of houses.	Indicator: The earthquake-proof ratio of buildings Investigation of the house and land statistics (every five years) The earthquake-proof buildings	
Inspection of old decaying fences and promotion of their reforms	Indicator: The ratio of improvement of decaying old fences etc. Sampling survey (every three years) The fences regarded as requiring improvement according to the survey in 2011	

(7-2) Prevention and preparedness of Earthquake Disasters (Disaster Preventing Activities by the Residents)

What to Prevent (2) Deaths and Injuries at the Occurrence of an Earthquake

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Promotion of keeping the furniture etc. from tipping over	Indicator: The ratio of the implementation of the countermeasures to keep the furniture from tipping over (1) Questionnaire survey (every three years) (2) City citizens Indicator: The degree of understanding of the safety measures indoors (1) Questionnaire survey (every three years) (2) City citizens	Indicator: The number of deaths and injuries caused by earthquakes (2) The reports and statistics at the time of disasters (2) The city citizens killed or injured
The drill for initial reaction and the enrichment of the materials and equipment	Indicator: The number of participants in the disaster prevention drills (1) The summary of the disaster prevention drills (every year) (2) The number of participants in the drills	

What to Prevent (3) Deaths and Injuries at the Time of Evacuation

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Creating the evacuation support plans for the seniors etc.	Indicator: The number of the evacuation support plans for the seniors etc. (1) Statistics of the reports from the neighborhood associations etc. (every year) (2) The number of evacuation support plans	Indicator: The number of deaths and injuries of the seniors delaying in evacuation (1) The reports and statistics at the time of a disaster (2) The seniors killed or injured
Diffusion and enlightenment of the rules about behaviors	Indicator: The degree of understanding of the suppression of simultaneous attempts to go back home (1) Questionnaire survey (every three years) (2) City citizens	
Embodiment of the measurements for the people with difficulty in going back home	Indicator: The situations of linkage and cooperation among offices etc. (1) The reports from offices etc. (every year) (2) The number of temporary refuges and the quantity of stocked supplies	Indicator: The number of deaths and injuries due to disturbance prevention around the station (1) Statistics of the accidents having caused deaths and injuries at the time of a disaster (2) The deaths and injuries around the station

(8) Prevention of Child Abuses

What to Prevent Child Abuses

Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Support to the enhancement of parents' parenting ability	Indicator: The degree of the understanding of the parenting method etc. (1) Questionnaire survey (after implementation of the program) (2) The parents/guardians having participated in the program	Indicator: The number of consultations and report by phone call about a child abuse (the number of serious cases) (1) Statistics of the operations in relation to child abuses (every year) (2) Cases of serious child abuses
Consultation at the children's household support center	Indicator: The awareness of the anxieties and burden in parenting (1) The records of consultation (any time) (2) The Parents/guardians having made a consultation Indicator: The number of people who have been found to require support, such as the people who have difficulty in parenting (1) The records of consultation (any time), statistics of the operations (every year) (2) The parents/guardians having made a consultation	
The hello-baby project	Indicator: The awareness of the anxieties and burden in parenting (1) Questionnaires about satisfaction in house visits (at the time of infant health examinations) (2) The parents/guardians who have accepted a house visit Indicator: The number of people who have been found to require support, such as the people who have difficulty in parenting (1) Statistics on the number of people who need follow-ups (every month) (2) The households taken care by a public health nurse in charge of a district	
The watch-over service by the abuse prevention network	Indicator: The examples studied by the network and the number of pieces of efficient information shared in the network (1) The minutes of the meetings of the network (any time) (2) The cases studied by the network and piece of efficient information collected by the network	
Lectures for the relevant organizations and the city citizens	Indicator: The degree of the understanding of child abuse, the awareness where to report and obligation of phone calls (1) Questionnaire survey (after the implementation of the lecture) (2) The personnel of the relevant organizations and the city citizens having participated in the lecture	

(9) Prevention of Domestic Violence (DV)

What to Prevent	Violence to the intimate Partner such as the Spouse	
Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
DV consultation	Indicator: The ratio of the people answering that they know the consultation organization (1) Statistics of the operation of the gender equality promotion center (every year) (2) The people who have made consultation including the city citizens	Indicator: The number of people who said they experienced the violence from the spouse etc. in the past five years (1) Questionnaire survey of the residents' awareness (every two year) (2) The city citizens at the age of 20 or higher
Enlightenment and prevention of DV and dating abuse(intimate partner violence)	Indicator: The degree of awareness of DV and date DV(intimate partner violence) (1) Questionnaire survey (after the implementation of the prevention/enlightenment class; for each class) (2) The participants in the prevention/enlightenment classes	
Enlightenment of the gender-equality	Indicator: The awareness about the gender-equality (1) Questionnaire survey (after the classes in relation to the gender-equal society; for each class) (2) The participants in the classes in relation to the gender-equality	
Promotion of understanding by the DV-related personnel	Indicator: The number of cases taken care by the DV consultation desks of the city office in cooperation with any other organization (1) Statistics of the operation of the gender equality promotion center (every year) (2) The cases dealt in cooperation	

(10) Prevention of Suicides and Depressions

What to Prevent	Suicides of Middle-aged People and Attempted Suicides by the Youth	
Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Publication of the consultation desk and close linkage with such consultation services	Indicator:: The number of consultations at the consultation desks (1) The outlook of each operation (once a year) (2) The users of the consultation desks related to the causes and attempt of suicides	Indicator: The number of suicides and the ratio of suicides (1) Demographic statistics (once a year) (2) Suicides by the city citizens
Training of gatekeepers	Indicator:: The degree of the understanding of the signals of suicides and of the consultation organizations related to the factors of suicides (1) Questionnaire survey (for each class) (2) The participants having finished the gatekeeper training course	
Support to the medical examination of depression etc.	Indicator:: The number of cases in which a medical treatment by a psychiatrist starts (1) Interview with the users of mental health consultation (three months after the consultation) (2) The users of the mental health consultation at the public health center who are yet to be treated or are yet to resume the treatment	
Mental health promotion for the youth	Indicator: The ratio of the people who intentionally relieve the stress (1) Questionnaire survey (every three years) (2) The city citizens at the age of 20 or higher	
Support for the persons having attempted suicide	Indicator: The number of the people being supported as a person having attempted a suicide (1) Interview with the people being supported as a person having attempted suicide (three months after a support) (2) The people supported by the public health center as a person who has attempted suicide	

(11) Early Detection of Cancers

* About the early detection of cancers

This is one of the objectives uniquely tackled by the Toshima City in relation to the safe community as we are trying to unify our endeavors to prevent illness and injuries in the future and as illness can be on the background of suicides. The number one cause of the deaths of the city citizens is cancer.

What to Prevent		Deaths from Cancers
Countermeasure	Indicator of the Short-/Mid-term Effect	Indicator of the Long-term Effect
Expansion of the scope of the cancer screenings and improvement of the method of implementation	Indicator: The ratio of application for the cancer screenings (1) Statistics of the operation by the public health center (every year) (2) The applicants for the cancer screenings	Indicator: The number of the deaths from cancer and its ratio against all the deaths (1) Demographic statistics (every year) (2) The deaths from cancer
Hosting events to promote applications for cancer screenings		
Distribution of the notification to recommend applying for cancer screenings		
Distribution of free medical examination coupons and medical examination handbooks		

Indicator6**Ongoing participating in national and international safe communities network**

Toshima City has been participating in the safe community network activities in and outside Japan. By participating to the network nationally and internationally, communities can learn and share various countermeasures for safety promotion, the injury prevention programs, etc. from/with other designated safe communities.

To develop the movement of Safe Community in and outside Japan, Toshima City continues interchanges with other Safe Communities as much as possible, learns from them, and publishes the achievements of the city.

(1) Participation in the domestic network**① Interchanges with Safe Communities**

2010. May	Study visit of the safe school activities at Shimizu Elementary School, Atsugi City
June	Study visit of the SC on-site examination of Atsugi City
July	Injury surveillance study session of Atsugi City
July	Participation in "Safe Community Forum 2010" in Minowa Town
July	SC study session (Toshima City, Kyoto Prefecture, Kameoka City, Minowa Town, Komoro City) [in Kyoto City]
October	SC study session (Toshima City, Minowa Town, Komoro City) [in Kyoto City]
November	Participation in "Citizen Safety/Security Festa 2010" and presentation
November	Participation in the national SC-promoting city mayors' summit [in Atsugi City]
2011. February	Participation in Atsugi City SC designation report study session
June	Hosting "Toshima Safety/Security Festa 2011"
July	SC study session (Toshima City, Kameoka City, Minowa Town, Komoro City)[in Kyoto City]
November	Participation in Atsugi City SC designation anniversary study session

② Acceptance of Study visits

2010. May	Minowa Town
August	Kita City, Tokyo
October	Kurume City
2011. January	Izumo City Assembly
August	Shizuoka City Assembly
September	superintendent of the Board of Education, Ise City
October	Kagoshima City
October	Shizuoka City
December	Metropolitan Police Department Community Safety Bureau Director

(2) Participation in the international network

2010. March	Participation in "19th International Conference on Safe Communities" and presentation with the poster [in Suwon, Korea]
2011. April	Participation in the SC traveling study tour and 2011 SC development conference [in Taiwan]
June	Examination by the SC Certifying Center (Korea) (pre-on site examination)
September	Participation in "20th International Conference on Safe Communities" and presentation [in Falun, Sweden]
September	Study visit to SC designated city [Falun Sweden, Bergen Norway]
2012.Nobember	6 th Asian Regional Conference on Safe Communities in Toshima (planned)



Participation in the 19th International Conference on Safe Communities (in Suwon) - presentation with the poster about endeavors of Toshima City



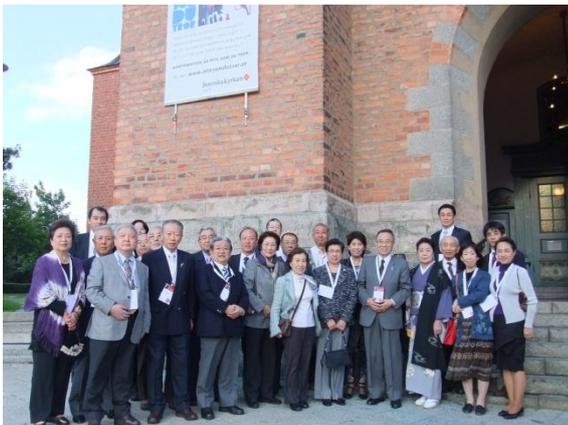
Participation in the SC traveling Study tour (in Taiwan) - Study visit of the SC designated communities in Taiwan



Pre-on-site examination by the SC Asia Certifying Center (Korea)



Hosting "Toshima Safety/Security Festa 2011"



Participation in the 20th International Conference on Safe Communities (in Falun, Sweden), presentation about "Prevention of the Earthquake Disaster" - The city mayor and the 25 local residents participated, lectured by Professor Leif Svanstrom.



Study visit to Falun, Sweden, a SC designated city - observation of a nursing care home for seniors with senile dementia

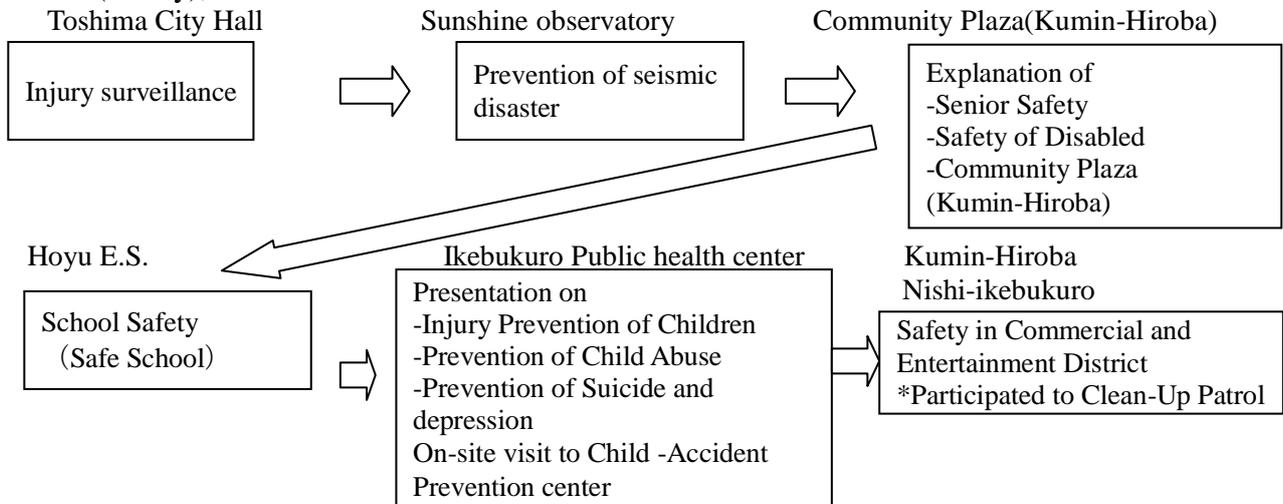


Study visit to Bergen, Norway, a designated city - discussion about safe communities with the mayor

○Overview of site visit (Pre-onsite evaluation) by experts from the Certifying Center for Safe Community (Korea)

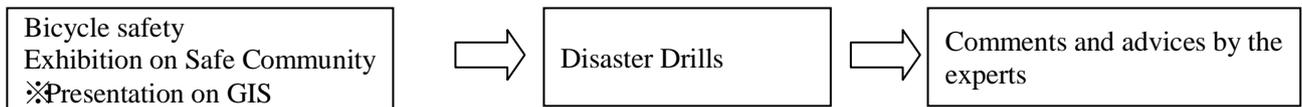
In June 2011, Toshima received a two-day visit by a group of Safe Community experts consisting of the chair of the Safe Community Certifying Center in Korea and certifiers in Asia. Three experts learned about various activities and programs for safety promotion through presentations site-visits in the communities.

June 10 (Friday), 2011
Toshima City Hall



June 11(Saturday), 2011

Kumin-Hiroba Kami-ikebukuro



Experts (Safe Community Coordinators)

Prof. JoonPil Cho (Korea)	Chair and Professor, Center for Community Safety Promotion(Safe Community Certifying Center), Department of Emergency Medicine, School of Medicine, Ajou University
Prof. Shumei Wang (China)	-Associate Professor, School of Public Health, Fudan University (Shanghai, China) -Coordinator/ Certifier, Safe Community Certifying Center (Korea)
Dr. ChoungAh Lee (Korea)	-Medical Doctor, Department of Emergency Medicine, School of Medicine, Ajou University -Coordinator/ Certifier, Safe Community Certifying Center (Korea)

○Summary of “Citizen Safety/Security Festa 2010”

As a halfway point on the way to the designation as Safe Community, in order to promote sustainable development of community safety, Toshima City conducted an event, Toshima Safety& Security Festival, in collaboration with Japanese Society of Civic Safety.

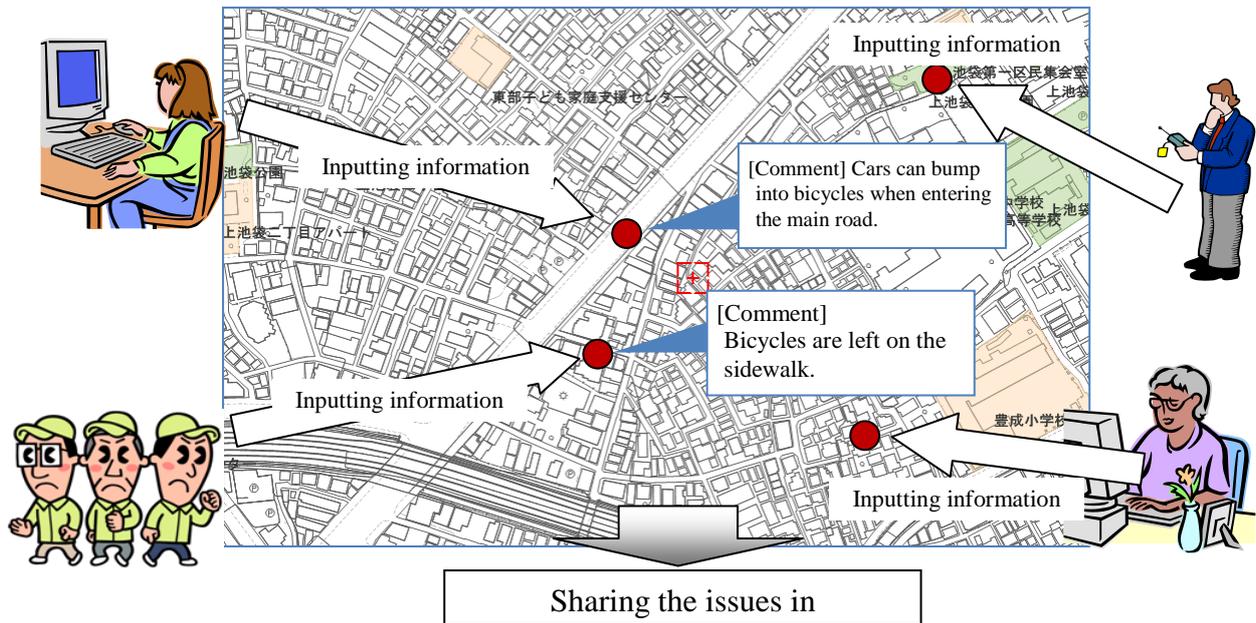
June 11 (Saturday)14:00~18:00 (Venue: Toshima Labor & Welfare Hall)

	Themes and titles	Participants
Keynote Speech	Prescriptions for Safety in the Longevity Society	280
#1 Working Session	Improvement of Safety in the Longevity Society	51
#2 Working Session	Improvement of Safety on residential roads	32
#4 Working Session	Improvement of Children’s Safety and School safety	46
Workshop	Effective implementation of Safe Community movement and Surveillance	23

Column - Toshima Safety and Security Map Information System

○Information Inputting/Sharing System

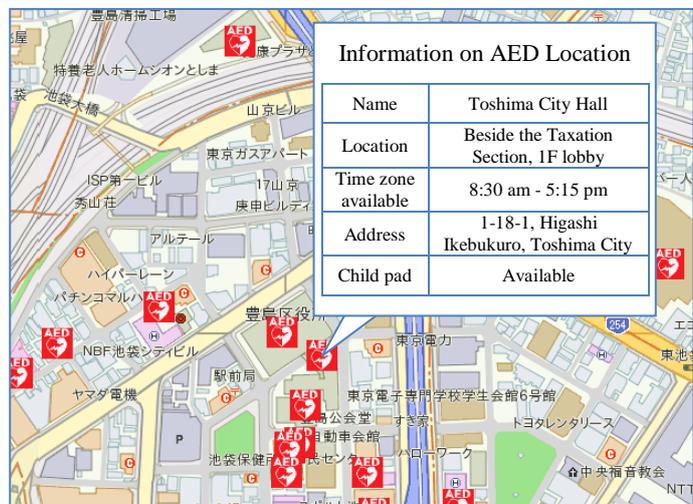
The local bodies and groups making endeavors for safety and security activities can input the information about some specific themes such as dangerous sites in the city. Thus, they can share the information by using the map on the system. It is not only from the personal computers. They can also use cell phones and smart phones for their inputs. So they can update the information in real time on their walk around the city. They can use this system for their workshops. Consequently, the local analyses of the local areas are advanced efficiently. Communities can make the good use this system for activation of community activities through efficient diagnose of safety in their neighborhoods and supporting safety promotion activities by community groups. Moreover, the information entry with this function is not limited to the local area. The information can be publicized to the general public.



○Providing Safety and Security Information - URL <http://www.sonicweb-asp.jp/toshima>

●Information on the AED Box Locations

The AED (automated external defibrillator) locations in the city are shown on the map. The information includes 155 public facilities and 178 private facilities; that is, 334 locations in total. The specific locations in the facilities and the available time zones are shown.



●Traffic Accident Information

The locations of the traffic accidents in 2010 are classified into "Bicycle accidents" (444 accidents) and "Other accidents" (509 accidents) and shown on the map.

The information is accumulated from now on for the use of traffic safety activities.

Chapter 6
Long-term Perspective of Toshima City
Safe Community

1

Long-term Goals

(1) Sharing the basic concept of Safe Community

The idea of Safe Community in which “injuries can be prevented by determining the causes” will be shared with many city residents.

Cooperation between agencies responsible for the city’s safety, including the police and fire departments, with hospitals, universities, community groups and Non-Profit- Organization (NPO) will be further developed.

(2) Comprehensive efforts for health and safety

By integrally promoting safety to prevent injuries and promoting health for better living, we will aim to comprehensively enhance the residents’ QOL (Quality of Life).

(3) Enlivening activities at community plazas (Kumin-Hiroba)

“Community plazas (Kumin-Hiroba)” which act to create communities and function as a safe community base will be set up throughout the city at an early stage. Management of the plazas shall be enhanced with the resident’s independently.

(1) Positioning in the Basic Ordinance Related to Promoting Autonomy in Toshima City

In April 2005, Toshima City enforced the “Basic Ordinance Related to Promoting Toshima City’s Autonomy”. This ordinance clarifies the basic organization of the autonomy including the government, council and community. This ordinance functions as a constitutional and long-term model in Toshima City as a local government.

If Toshima City is designated as a member of the International Safe Community Network, a council resolution will be passed. The basic concept of “Safe Community Activities” shall be positioned and programs for long-term continuance of these activities shall be declared in this basic ordinance.

(2) Positioning in Toshima City’s Basic Plan

“Safe Community” will be included in the “Basic Plan” (10-year plan) which indicates the long-term vision and basic policies for urban planning in Toshima City. This plan will be interlinked with various policies to promote Safe Community activities.

In the revised plan for fiscal 2011, Safe Community has been clearly positioned as a driving force for “Safe and Creative Urban Planning”.

The basic plan will be revised once every five years. With this progressive management, we will check the efforts and effect of Safe Community activities, and will lead to re-designation every five years.

Positioning in basic ordinance and basic policy, and promotion of long-term Safe Community activities
